SA HEALTH SUBMISSION TO THE SENATE COMMITTEE INQUIRY ON MEN'S HEALTH

February 2009

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TO THE SENATE SELECT COMMITTEE ON MEN'S HEALTH

The Senate Select Committee shall inquire into and report on general issues related to the availability and effectiveness of education, supports and services for men's health, including but not limited to:

- level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression
- adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community
- prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general
- the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

Key messages

The key messages that SA Health would like the Senate Select Committee to note are:

- the evidence about men's health outcomes strongly suggests that health service providers need to be more aware of men's health issues and how men communicate these. Service providers need to be more responsive to the way men perceive health, illness and injury, particularly avoiding stereotypical thinking about the diverse populations of men. The message that men's health is an important matter needs to be given greater priority and more effectively communicated and supported by appropriate and accessible services
- men's health requires a more focused and evidence-based approach
- a gender-based approach to understanding health outcomes is important to inform policy and funding in men's health
- from the evidence available one of the barriers to men accessing health services is their own attitude towards their health and their health seeking behaviour that is part of the consciously and unconsciously learned notions of what "being a man" entails
- men, as a population group, use health services less than women, but the reasons postulated for this requires further qualitative and quantitative research to inform policy and service development in this area
- an equity-based approach examining the socioeconomic determinants of health is important to understand how socioeconomic status is a strong determinant of an increased risk of poorer health outcomes for both men and women
- for historical, political and biological reasons there is an obvious imbalance in the number and types of services provided exclusively for women, compared to those provided exclusively for men. However, it is important to avoid drawing a simple conclusion that this difference is solely an equity issue, which if addressed would produce better health outcomes for men
- men are a diverse population group and this diversity presents challenges for the delivery of effective and culturally appropriate services for men.

1. Introduction

SA Health welcomes the Senate Select Committee inquiry into men's health and is pleased to provide the following submission. The Terms of Reference for this inquiry raise very important issues concerning men's health and are consistent with the growing need to address preventable illnesses and injuries and to better manage chronic conditions to reduce the burden on our health system.

The South Australian Government's response to men's health issues is considered in the context of:

1. *South Australia's Strategic Plan 2007* (SASP)[1] which includes health targets relating to:
   - healthy weight
   - healthy life expectancy, including lowering the morbidity and mortality rates of Aboriginal South Australians
   - improving the self-assessed health status of people living with chronic disease
   - improving psychological wellbeing
   - a healthy work life balance.

2. The *South Australian Health Care Plan 2007-2016* which supports the SASP, and identifies equity actions that will enable the South Australian health system to address the social gradient affecting the health targets. These actions can be found on SA Health's web site[2] (the significance of equity in relation to health outcomes is considered later in this submission).

3. The *South Australian Men's Health Strategic Framework 2008-2012* (the Framework) which provides strategic directions and principles for planning and service delivery for men's health[3].

SA Health notes that it is difficult to fully and accurately address the inquiry's terms of reference since there are considerable weaknesses in the research literature, data and information sources about men's health. In particular, there are only limited qualitative research studies available that could inform some of the questions raised by the inquiry.

To address these gaps in knowledge, the South Australian Government has funded a number of men's health research initiatives as part of an ongoing budget commitment of $200 000, specifically provided for new men's health initiatives. Some of these initiatives are highlighted later in this submission and inform SA Health's responses to the Terms of Reference of this inquiry (Attachment 1 – SA Health Men's Health Initiatives).

SA Health recognises the issues raised in the Terms of Reference and in 2008, released the Framework to provide a strategic response to better respond to these issues.

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[1] *South Australia's Health Strategic Plan* www.stateplan.sa.gov.au
[2] *South Australia's Health Strategic Plan* http://www.health.sa.gov.au/Default.aspx?tabid=594
[3] *South Australian Men's Health Strategic Framework 2008-2012* http://www.health.sa.gov.au/Default.aspx?tabid=62

The Framework notes that men are increasingly becoming more aware of their health needs and showing a greater willingness to seek help and talk about their physical and mental health. To some extent these changes in attitudes may at least in part be an outcome of increasing health promotion activity in this area. Although this is often supported anecdotally and should be positively regarded, SA Health is not aware of any significant body of research evidence to generally support such a conclusion.

The Framework notes that overall, South Australian men experience a good quality of health and wellbeing. However, despite this fact, there are significant variations in health outcomes amongst men. Unfortunately, consistent with the rest of Australia, the Aboriginal and Torres Strait Islander male population of South Australia, in particular, fare poorest when compared to the rest of the male population.

The Framework has as a fundamental principle, that an analysis of health outcomes must include an understanding of gender, equity and culture/ethnicity and their influence on the health of a population. This principle is essential to understanding differing health outcomes between men and women, as well as among the different population groups of men. The Framework recognises that there is always a tendency to generalise and discuss men as a homogenous group. To some extent this is a matter of convenience. However, where this homogeneity becomes a simple assumption in the planning and delivery of health programs and services, there is a considerable risk that these programs and services will fail to deliver the expected outcomes.

While this submission has a strong focus on a social view of health as it relates to men, it also recognises that the biological and medical focus of health research and services are essential to the health of men at an individual level and contribute significantly to the health and wellbeing of identified population groups.

Health and medical research, and the outcomes of service interventions at the individual level, are more often easier to identify, quantify and evaluate than research and interventions at a population level where the socio-economic determinants may be more instrumental in determining health outcomes. Nevertheless, when discussing men's health it is important to develop a sound evidence based understanding of men's health from a population and social health perspective.

With the above approaches in mind, the Framework aims to address men's health needs through the development, coordination and support of policies, programs, research and health services in community, primary health care and hospital settings. In addition, it is important to consider men's health and the planning and delivery of health services in the context of the relationships that men have with women, their partners, children and other men as well as their work, family, social and cultural experiences.

While these contexts may appear to complicate understandings of men's health, it is important to note that, outside of the biomedical model, it is these contexts that considerably influence, if not determine, health outcomes for men.

The Senate Select Committee should note that given the descriptions of the inquiry's terms of reference some repetition of points is unavoidable. However, this reinforces some common themes about men's health.

2. Level of Commonwealth, State and other funding addressing men's health, particularly prostate cancer, testicular cancer and depression

Prostate and testicular cancer

Prostate and testicular cancers are often raised as significant concern for men's health since they are the uniquely male cancers. There are a number of questions from a policy perspective that should be considered in relation to these health issues.

In relation to data on prevalence and survival rates for prostate and testicular cancer the Senate Select Committee should refer to publications such as the Australian Institute of Health and Welfare (AIHW) *Cancer in Australia: an overview, 2008* and SA Health's *Cancer in South Australia 2005.*

An accurate and reliable screening tool is required to have a national screening program. The often promoted Prostate Specific Antigen (PSA) test for men has created expectations and demands from men and many health professionals for this type of screening to be provided on a population basis. This ignores the evidence that population-based testing may produce significant numbers of false positive or false negative results that would make it too unreliable for a mass screening program. It is generally accepted that the test should be provided on the basis of clinical need and discussions between a medical practitioner and their client.

Significant in achieving higher survival rates is early detection. Hence programs that encourage men to access health services may increase the chances of early detection of these and other diseases. This is discussed further in the sections on education and awareness campaigns and men accessing services.

In South Australia, funding for the treatment of these cancers is part of the more general funding for cancer treatment in the public health sector. It is, therefore, difficult to extrapolate the amount of funding provided for the treatment of each of these cancers. The health outcomes for men diagnosed with these cancers, is however comparable with the national outcomes. As a result, it is reasonable to suggest that the treatment services provided in South Australia are comparable and meet men's health needs in this area.

When considering the data about prostate and testicular cancer, it is also important to keep in mind the prevalence and the rates of morbidity and mortality of other diseases and illnesses.

For example, when examining data relating to the risks of death for men aged between 50 and 70 years, prostate cancer is ranked fifth (about 30 deaths per 1 000). However, the highest leading cause of death is heart disease (about 135 deaths per 1 000). The other leading causes after heart disease are lung cancer, stroke, chronic obstructive pulmonary disease and colorectal cancer[4]. This data indicates that although prostate and testicular cancer are important health issues and unique to men, there are other even greater health risks to men that need to be considered in developing public health funding priorities.

Many of the chronic diseases experienced by men are also experienced by women and therefore a key strategy of this Government is to address these for the population

[4] *Communicating prostate cancer risk: what should we be telling our patients?* Peter D Baade et al. (2005) Medical Journal of Australia Vol 182 No. 9

as a whole. A targeted approach towards men's health needs to be based on sound research evidence which indicates that the approach is appropriate and cost effective.

Mental Health

Depression, in particular, has been identified as a significant health issue for all Australians with growing concern about the increasing rates of men and women diagnosed with depression. A related issue is the relatively high suicide rates amongst men, particularly young men.

SA Health activity data for 2008, shows that the trends for adult men and women presenting at metropolitan and country health services for depression tend to parallel each other, although activity was greater for women than for men. This is consistent with national data about the prevalence of mood (affective) problems, including depression. Of particular significance is the increased prevalence for both men and women (again women being the greater), amongst those persons having the lowest socioeconomic status. Being poorer significantly increases the likelihood of experiencing affective problems. It is worth noting that this trend in the increasing prevalence of a range of chronic health conditions in the lower socioeconomic percentiles points very strongly to the need for strategies and policies that address equity issues in the distribution of wealth and income[5].

Under the existing national *beyondblue* and South Australian Government partnership, all South Australians have access to a wide range of *beyondblue* information and resources that promote awareness of depression and anxiety and increase knowledge relating to help seeking behaviors[6]. More recently, there have been a number of awareness raising activities across drought affected communities in South Australia that *beyondblue* have implemented. Men in particular have been targeted through this action.

Apart from the previously mentioned $200 000 ongoing budget commitment for specific men's health initiatives, SA Health funds services and programs, and provides funding to the non-government sector, for men's health issues as well as the general population. It is therefore difficult to provide a definitive figure on funding for men's health services in South Australia, particularly for those areas mentioned above and as sought in the terms of reference. The same is generally true for funding provided by the Australian Government to South Australia.

At a national level, services addressing early intervention for depression and other mental illnesses together with community-based support for these services have only relatively recently received significant attention and funding. It is worth noting that the implementation of programs has also been limited by the available workforce. Health promotion in this area is increasing but the widespread stigma in the community that may prevent sufferers, particularly men, from seeking help early still needs to be addressed.

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[5] *Men's use of health services in South Australia* John Glover (2009) University of Adelaide

[6] *Men's Health and help seeking behaviours,* Shaun M. Filiault et al (2009) Flinders University South Australia

3. Adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community

Other than limited prostate awareness campaigns and campaigns about domestic violence, there are none specifically targeting men's health education and awareness on a longer term or ongoing basis. Overall, health awareness and promotion campaigns tend to focus on the population generally with perhaps some emphasis on men as part of the general promotion. For example the Quit Campaign to stop smoking, AIDS campaign, healthy eating, anti drug and alcohol and don't drink and drive campaigns and dealing with depression all target the population more generally or a specific age group of the population.

SA Health has regularly sponsored men's health promotion activities such as *Man Alive!* which is a regular men's health promotion event. These events attract significant numbers of men and health service providers in and around the local community.

Such health promotion activities provide many intangible benefits. However, they are difficult to evaluate in terms of concrete health outcomes. Similar evaluation problems exist for a range of health promotion, education and awareness campaigns whether they are targeted towards men or the population more generally. Nevertheless community events such as *Man Alive!* have an important role in keeping open vital discussion and awareness of the importance of men's health. For this reason SA Health was a significant sponsor of the 2007 National Men's Health Conference held in South Australia and will again provide sponsorship for this conference when it is held in New South Wales in 2009.

SA Health supports health education and awareness campaigns, but there needs to be careful consideration given to the evaluation of the effectiveness of such campaigns both in the short and longer term.

Campaigns need to have a supportive focus. Evidence shows that health awareness campaigns with an individual focus are less effective than population level activities aimed at developing health promoting environments and society[7,8]. Effort is needed to determine effective men's health messages and targeting rather than simply assuming that putting a picture of a man in a health promotion message will relay a message to all (or any) men. Like all health promotion and health services, this needs to be developed in a way that does not blame the victim (for example, lifestyle choices) but encourages them to seek help.

Health promotion messages for men need to take into account the wider health determinants, such as age, cultural background and socioeconomic status in order to appropriately market different health messages to the relevant population. Too often these messages seem to be developed from one homogenous male viewpoint rather than with an understanding of market segmentation.

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[7] Smith, J A (2007) *Addressing men's health policy concerns in Australia: what can be done?*
[8] Smith, J A (2007) *Beyond masculine stereotypes: Moving men's health promotion forward in Australia*, Health Promotion Journal of Australia 2007: 18 (1)

4. Prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general

There is an increasing (although still limited) amount of sound research that analyses the attitudes that men have towards their own health and wellbeing. Sound qualitative research, in conjunction with quantitative research, can over time construct a body of narratives about men's experiences of health, illness, injury and health services that can inform health professionals and service providers.

Generally, the research and anecdotal evidence supports the prevailing view that men's attitudes towards their health and their bodies works against early help-seeking behaviours which may be linked to admission of vulnerability. These attitudes are often sourced in their internalised notions of masculinity and the norms of their culture or subculture. This is most clearly evidenced in men's greater risk-taking behaviour compared with women, leading to significantly higher rates of accidents, injury and deaths arising from a variety of areas such as interpersonal violence, motoring accidents, sports and suicides.

There is significant data about men's health, including self-reported data, available from the National Health Surveys and reported in Australian Institute of Health and Welfare publications. The Senate Select Committee should note that self-reported data has certain limitations, in particular that the data cannot identify undiagnosed cases and it relies upon the accuracy of the respondents' reported diagnoses or assessment of their health.

Notwithstanding these limitations, in 2008 in South Australia 86% of men generally assessed their health as excellent to good while 14% assessed their health as fair to poor. Approximately 9% - 10% of men reported that they suffered from cardiovascular disease, a mental health condition or asthma, and approximately 8% reported that they had diabetes and 19% reported themselves as having arthritis[9].

This data indicates that men in South Australia generally believe that they are in good health. The risk is that for many men, this belief along with certain cultural beliefs and notions of masculinity could work against them seeking medical help when needed.

5. The extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas.

Primary health care services that focus on accident and illness prevention and health promotion in community settings are important to better address the needs of communities and identified populations.

Primary health care services are often in competition for funding with hospitals and other acute care services. Funding for hospitals is a topic in the public arena at both national and State levels, with considerable pressure to increase hospital-based services. Funding for primary health care services (excluding General Practitioner services) does not attract the same level of pressure or public debate. However, it is the primary health care sector (including General Practice) that provides the major proportion of non-clinical and clinical support for men.

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[9] *Men's Health Indicators SAMSS January 2008 to December 2008,* Population Research and Outcome Studies Unit, SA Health

The level of funding for health services as provided by the *AIHW's Health Expenditure Australia 2006-07 Report* shows that recurrent expenditure for hospitals was 37% of total expenditure for health goods and services and community health and public health was 7% of total expenditure. Medical services, that is those provided by medical service providers, accounted for 19.1% of the total expenditure.

To better address men's health needs, SA Health strongly supports primary health care services as having a pivotal role in accident and illness prevention, health promotion strategies and early intervention. However, workforce capacity is a significant factor in being able to provide services or implement strategies.

The Senate Select Committee is referred to the attached research commissioned by SA Heath in 2008-09, which provides a detailed analysis of men's health service use and health outcomes in South Australia by age, socioeconomic status and geographical location.[10]

In summary the analysis showed that relative to women, men's use of community health services was 56% lower; their use of general medical practitioners was 27% lower and specialist practitioners 11% lower. Interestingly, men's use of community mental health services was 8% higher.[11]

For historical, political and biological reasons there is an obvious imbalance in the number and types of services provided exclusively for women compared to those provided exclusively for men. However, it is important to avoid drawing conclusions that this difference is necessarily an equity issue, which if addressed would produce better health outcomes for men.

The research referred to above also showed that for the same principal diagnosis, hospital admission rates for men and women were about the same or higher for men, more significantly in the areas of cancer, circulatory system diseases and injury, poisoning and other external causes.

While the data is sound, it is difficult to draw valid conclusions from this and other data about the adequacy of treatment services, support programs or funding across South Australia since the benchmark for adequacy is not well established and, as this submission suggests, the availability of services may not on their own, mean that men will use the services. For example, a study commissioned by SA Health on men's use of call centres in 2009 reviewed available literature to see, amongst other matters, if men may make greater use of call centres given the anonymity of their use. The study found that there are significant variations in usage of health call centres and that there were consistently lower usage rates by older people, people from ethnic minority groups, those with extreme socioeconomic disadvantage and men[12].

In addition to the research commissioned by SA Health, the Senate Select Committee is directed to an attached presentation to SA Health by the Flinders University of South Australia (Attachment 2). The presentation makes relevant points about men's health and the factors which may impact on men's attitudes and behaviour in relation to

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[10] *Men's health and wellbeing in South Australia: an analysis or service use and outcomes by socioeconomic status*, John Glover (2007) University of Adelaide

[11] Ibid.

[12] *Improving men's access to primary health services: Men and health call centres,* Murray Drummond (2009) University of South Australia.

seeking help about a health issue. Some of these points are reflected in this submission.

6. Other issues

Indigenous male health

The South Australian Government has a strong commitment to improving the health of Indigenous people living in South Australia. Given its significance it is addressed separately in this part of the submission.

Overall the issues raised in the previous sections are relevant to Aboriginal and Torres Strait Islander men. However, the following should also be noted:

- There are significant differences in the top 10 leading causes of death for Aboriginal and Torres Strait Islander men compared with non-Aboriginal men. These are listed in the attached Framework. This indicates service priorities should reflect the major causes of morbidity and mortality for Aboriginal and Torres Strait Islander men and not just those of the total male population.
- There are several factors consistently reported that limit effective service delivery for Aboriginal and Torres Strait Islander people generally and more so for Aboriginal and Torres Strait Islander men. These factors constantly challenge mainstream health services:
    - historical factors such as colonisation and past policies that have led to mistrust of governments, mainstream health services and non-Aboriginal people in general.
    - health services not being culturally appropriate for Aboriginal and Torres Strait Islander people.
    - health services not having Aboriginal and Torres Strait Islander staff or enough culturally competent non-Aboriginal staff.
    - lack of a holistic approach to health which does not pay sufficient attention to the interplay of physical, spiritual, cultural, emotional and social and community wellbeing needs.
    - insufficient services and well trained Aboriginal and Torres Strait Islander male health workers to provide effective education, health promotion and community building strategies to engage Aboriginal and Torres Strait Islander men.

Gender relationships and work

Violence is an area that is strongly addressed from the women's health perspective in terms of intimate partner violence, but needs a matching focus from a men's health perspective given that men's experience of violence is different.

There needs to be recognition of men experiencing intimate partner violence as victims which, while it is in no way as prevalent as intimate partner violence against women, exists as does intimate partner violence in same sex relationships. There are also higher rates of morbidity and/or mortality from stranger violence and suicide.

Gendered relationships are also reflected in the various occupations and generally, men more than women are employed in work that holds far greater physical risks. There is therefore a need for the sound management of higher risk occupations through regulatory or other mechanisms to minimise the risks of injury to men.

Diversity

As stated in the introduction to this submission, there is a risk of ignoring the diversity of men and considering men's health from a single perspective. Men's health needs to address the health needs of diverse groups of men and this diversity presents challenges to health service policy makers and service providers.

The following populations should be identified:

- men from the range of culturally and linguistically diverse backgrounds
- gay/bisexual/transgender men
- older men
- boys and young men
- men living with disabilities
- homeless men
- men in prisons
- men living in rural and remote regions
- men who are educationally or financially disadvantaged.

Each of these groups add to the complexity when considering men's health. Each group will have different responses, capacities and opportunities to deal with even the limited health issues discussed in this submission.

Bibliography

Australian Institute of Health and Welfare *Cancer in Australia: An Overview, 2006* http://www.aihw.gov.au/publications/index.cfm/title/10476

Baade P D, Steginga S K, Pinnock C B, Aitken F A (2005) *Communicating prostate cancer risk: what should we be telling our patients?* Medical Journal of Australia Vol 182 No. 9

Drummond M (2009) *Improving men's access to primary health services: Men and health call centres.* Adelaide: University of South Australia

Filiault S M (2009) *Men's Health and help seeking behaviours,* Flinders University South Australia

Leahy K, Glover J, Hetzel D (2009) *Men's health and welbeing in South Australia: an analysis of service use and outcomes by socioeconomic status.* Adelaide: PHIDU, University of Adelaide

South Australian Government *South Australia's Strategic Plan 2007* http://www.health.sa.gov.au/Default.aspx?tabid=594

SA Health (2008) *Men's Health Indicators SAMSS January 2008 to December 2008,* Population Research and Outcome Studies Unit, http://www.health.sa.gov.au/pros/portals/0/BR%202002-20%20SAMSS.pdf

SA Health (2008) *South Australian Men's Health Strategic Framework 2008-2012* *http://www.health.sa.gov.au/*

Smith, J A et al. (2008) *"It's sort of like being a detective": Understanding how Australian men self-monitor their health prior to seeking help* http://www.biomedcentral.com/1472-6963/8/56

Smith, J A (2007) Beyond masculine stereotypes: Moving men's health promotion forward in Australia, Health Promotion Journal of Australia 2007: 18 (1)

Smith, J A (2007) *Addressing men's health policy concerns in Australia: what can be done?* http://www.anzhealthpolicy.com/content/4/1/20

South Australian Cancer Registry (2007) *Cancer in South Australia 2005 – with projections to 2008.* Adelaide: South Australian Department of Health

ATTACHMENT 1 - SA HEALTH MEN'S HEALTH INITIATIVES

FLOREY ADELAIDE MALE AGEING STUDY
(Professor Gary Wittert – University of Adelaide)

- A longitudinal study of chronic disease among 1 200 men, aged 35-80 and living in the north-west regions of Adelaide. The study investigates the biomedical, socio-demographic, behavioural, physical and psychological factors that interact to contribute to the health of men. It examines endocrinology of ageing, prostate health, obesity, and utilisation of health services.

MEN'S HEALTH AND WELLBEING IN SOUTH AUSTRALIA: AN ANALYSIS OF SERVICE USE AND OUTCOMES BY SOCIOECONOMIC STATUS
(Professor John Glover – University of Adelaide)

- An analysis of South Australian men's health and medical service use by age and socioeconomic status by examining existing Australian data, and South Australian data, as well as research findings and literature providing information about health service use by men.

REPORT ON IMPROVING MEN'S ACCESS TO PRIMARY HEALTH CARE: MEN AND HEALTH CALL CENTRES
(Dr Murray Drummond – University of South Australia)

- A systematic review of the peer reviewed literature regarding men and health call centres. Specifically, the report analysed marketing of the health call centres to men, men's utilisation of those health call centres and their satisfaction with the services rendered to them by those health call centres.

REPORT ON IMPROVING MEN'S PARTICIPATION IN PRIMARY HEALTH SERVICES IN SOUTH AUSTRALIA
(Dr Richard Fletcher – University of Newcastle)

- An analysis of the ways in which men's participation in children's early development and in family care activities enhances health and wellbeing of family members with a view to informing policy development and father-inclusive practice in children's centres in South Australia.

VIOLENCE INTERVENTION TRAINING PACKAGE FOR SOUTH AUSTRALIAN HEALTH REGIONS
(Ms Dallas Colley - Nada Counselling Consulting and Training)

- Development and implementation of processes to maintain sustainable good practice to support and retain the workforce of men's anti-violence group workers.

Attachment 2

Men's health and help seeking behaviors

Shaun M. Filiault, Ed.M.
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A startling truth ....

According to ABS statistics:

Life expectancies for:

- Australian male born in 2008 = 78 years
- Australian female born in 2008 = 83 years

Despite comprising slightly less than 50% of the population, men make up the majority of the burden of disease in Australia

Men are at increased risk for:

- Hypokinetic diseases:
  - Type 2 diabetes
  - Obesity (and associated conditions)
- Sexually transmitted infections
- Various cancers:
  - Melanomas
  - Lung cancer
  - Bladder cancer
- Suicide and self inflicted injuries
- All forms of accidents (especially MVAs)
- Risk behaviours

Why?

Social, not biological causes

Hegemonic Masculinity

A normative & traditional construction of what it means to be a man in Australia (Connell 2005)

Masculinity, as currently practised in Westernised cultures, may put men's health at risk (e.g. Courtenay 2000; White & Hunter 2009)

Men's help seeking behaviours

Men utilise health services less frequently than do women (Australian 2008; Smith et al 2006)

BARRIERS

- Waiting times (especially GPs)
- Non-normative (functional incapacity)
- Weakness (effeminate, power relations)
- Fear (poor prognosis)
- Lack of confidentiality (others finding out)
- Feminised health services (HS environment)

Indigenous Men

- HealthDirect (NZ call centre):
- Maori: 15.1% of calls, 14.6% of NZ population
- Direct marketing campaign to Maori:
  - Maori adviser in service development
  - Local elders consulted
  - Media campaign in Maori media

Older men

- Hegemonic masculinity and independence
  - HIM idealises youth
  - Some loss of independence with ageing
  - Impact of retirement
- Diseases associated with age:
  - Erectile dyfunction
  - Prostate cancer

Older men

- Older Men and NHS Direct (UK Call Centre):
- Older men less likely to have heard of available primary care resources
- UK survey of patients presenting at A&E without first calling NHS Direct
  - Overall, 62% never head of service
  - 0% of men of 65 had heard of service

Gay men

- Increased risk of:
  - Psychopathology (esp. depression)
  - Drug use
  - STIs (More than just HIV!)

"You fear, you're frightened of the judgmental attitude of the doctor. You're frightened that he might not have your best interest at heart. Better to be silent about it all, and not create waves."

Gay men

- Have done extraordinarily well at community-based initiatives:
  - HIV prevention and research
  - Fenway Community Health (Boston)
  - Anti crystal meth campaigns (Minneapolis)
  - "Up ya bum" (Sydney)

Current efforts

- Grass root efforts:
  - Pit Stop
  - Wood Shed
  - Need to move beyond 1-off efforts
- Research agenda
  - Freemason's centre
- State and national policy
  - No clear state or national policy, to date

Lessons Learned

- Men must view their needs as "worthy"
- Groups to whom services are directly marketed show high levels of use
  - E.g. Maori use of HealthLine
- Groups with little knowledge of service (older men) are less apt to use
- Suggests the value of direct marketing

Lessons Learned

- Service development and provision should actively consider the needs and wants of real men
- When service development and marketing actively considers those needs and wants, use increases
  - Value of community-driven initiatives (e.g. gay men)
- When service development has not actively considered those needs and wants service use decreases (older men) or may be inappropriate (gay men)
- Value of "social marketing" to help men view their health concerns as "worthy"

When engaging in health provision and programming, consider want your population says it *really* needs, not what you think they need.