

Position Statement on Men's Health

1. Introduction

- 1.1 In recent times the area of Men's Health has received increased attention. This is in part due to the emergence of evidence to indicate that on many outcome measures men appear to do significantly poorer than their female counterparts. These outcomes include lower life expectancy, increased cardiovascular mortality, increased rates of injury, poisoning and suicide.
- 1.2 This disparity in outcomes cannot be explained solely on the basis of anatomical differences as "there has been a growing recognition that the biological difference between the sexes extends beyond the reproductive. A wide range of genetic, hormonal, and metabolic influences plays a part in shaping distinctive male and female patterns of morbidity and mortality." ¹
- 1.3 Compounding this is a range of social and environmental factors that serve to further influence the patterns of both wellness and illness in our community. "Differences in the living and working conditions of men and women and in their access to a wide range of resources puts them at differential risk of developing some health problems, while protecting them from others. Gender also influences the way in which women and men use health services." ¹
- 1.4 Research has shown that men often have a functional view of their bodies, which means that they don't attend to their health needs until it starts to influence their function - be it in relation to work, sexual performance or social interaction. This often results in men taking their health for granted until such time as their functional status is compromised. This has obvious implications for the provision of screening programs and health promotion activities.

2. Men, Home, Work and Society

- 2.1 However arguably many of our current employment and social contexts are not yet supportive enough to give men the flexibility they need to fulfil these new roles. This tension is aptly demonstrated by the observation that it is still uncommon for men to work in environments that freely allow them the flexibility to have greater involvement in their children's lives.
- 2.2 There are other workforce changes that are also having an effect on men's health such as the increased prevalence of casual or contract-based employment. In most families men are still the major income provider for a household and with this position comes its own demands and stresses. Men who have never had a permanent job will have no holiday pay, no sick pay and no job security. This type of work is most often forced on the lowest paid workers in our society who then find it difficult to plan for the future in relation to families, housing and retirement. This type of job insecurity can negatively affect men's health, causing elevated stress levels, illness, disability and death.
- 2.3 The ACTU *Working Hours And Work Intensification Background Paper* ² states:

- Almost one third of full-time employees work more than 48 hours per week; more than half of these are non-managerial, and a third of these work more than 60 hours per week.
- 49% of men and 61% of women working more than 45 hours per week say they want to work fewer hours. Fatigue and lack of time for non-work activities, including family, is a huge issue for these workers.
- At the same time there has been a growth in the evidence, which now makes it unambiguously clear, that working in excess of an average of 48 hours per week represents probably the largest occupational health and safety risk faced by Australian workers today.

2.4 Workers report significant challenges in balancing work and family requirements, and there is evidence that men with dependent children work longer hours than men of the same age without children.³

2.5 A recent report⁴ suggests that many men prefer to access health providers in their workplace, where they feel more comfortable and require less time off. While episodic care has a place within the health sector it is important that this does not occur at the expense of developing an ongoing relationship with a general practitioner.

3. Risk-taking

3.1 “Risky behaviours like smoking, drinking and taking risks on the road, the sports field or the workplace also take a heavy toll on men. But these behaviours cannot be seen in isolation from the social and economic contexts in which men live and work. Things like work and income interact with ethnicity, sexual and cultural identity and age to influence men’s health status.”⁵

3.2 There are also many positive aspects to risk taking behaviour that as a society we rely on. These can be seen in the actions of soldiers, fire fighters, policemen and footballers on the playing field. This brings up one of the complexities in relation to men’s health - we encourage men to be risk takers yet their health suffers because of this social requirement to do so.”⁶

3.3 Beliefs about masculinity and manhood are deeply rooted in our culture. Often they are supported by social institutions and play a role in shaping the behaviour patterns of men in ways that have negative consequences for their health. It has been stated that men are socialised to project strength, individuality, autonomy, dominance, stoicism and physical aggression, and to avoid demonstrations of emotion or vulnerability that could be construed as weakness.⁷

4. Violence

4.1 The World Health Organisation - *World Report on Violence and Health*⁸ reports that violence kills more than 1.6 million people every year. However these statistics are just the tip of the iceberg with the majority of violent acts being committed behind closed doors and going largely unreported. In addition to the deaths, millions of people are left injured as a result of violence and suffer from physical, sexual, reproductive and mental health problems.

4.2 Globally the death and disability caused by violence make it one of the leading public health issues of our time. Violence is among the leading causes of death for people aged 15-44 years of age, accounting for 14 percent of deaths among males and 7 percent of deaths among females. On an average day, 1424 people are killed in acts of homicide - almost one person every minute. Roughly one person commits suicide every 40 seconds. About 35 people are killed every hour as a direct result of armed conflict. In the 20th century, an estimated 191 million people lost their lives directly or indirectly as a result of conflict, and well over half of them were civilians.

4.3 Men are more likely to perpetrate violent crime and be victims for all offences except sexual assault and kidnapping/abduction.⁹ As such it is critical that not only the medical profession but also the wider community recognises violence as a significant health issue for Australian men.

5. Men's Health across the life cycle

5.1 The health issues for men vary across the life cycle and behaviour that impacts on a man's health and wellbeing often starts very early in his life.

5.2 Young Boys

5.2.1 According to a report released by the New South Wales Department of Health boys in NSW have higher rates of death than girls in NSW for all major causes of childhood death.¹⁰

5.2.2 "Boys' wellbeing is also reflected in social indicators of health such as literacy levels, academic achievement and anti-social behaviour. Nationally, for every socioeconomic group, boys perform worse than girls in assessments of literacy, and the gender gap is larger in the lower socioeconomic groups."¹¹

5.2.3 There appears to be an association between young boys play activities - that are often centred on traditionally masculine roles such as cars and guns - and later patterns of health-risk behaviour.

5.3 Adolescents and young adult men

5.3.1 The adolescent and early adult years are periods in life when many of our healthy and unhealthy behaviours are formed. For many young men this is also the period of time in which they cease to regularly attend their family doctor and increase their participation in preventable high-risk activities such as binge drinking and dangerous driving. GPs have a key role to play in helping young men negotiate the health care system, from which they often feel excluded. This can be achieved by a number of strategies including school and workplace visits, and seeking to make the practice environment man-friendly.

5.3.2 The male-female difference in death rates increases dramatically above the age of 14 years with injury the most common cause of death amongst this group for young men (12 – 24 years). Their risk of death is four times as great as their female counterparts however this jumps to six times as high for suicides.⁵

5.3.3 “As a young man progresses through adolescence concerns about sexuality, sexual orientation, body image, mental health, arise and risk taking and experimentation may occur at this time.”⁵ General practitioners have a critical role to play in helping to guide young men through this challenging period.

5.3.4 A frequent time of re-contact with health services occurs when men embark on parenthood. This is a health watershed with many men re-evaluating their health and gaining much from family life, while at the same time responsibilities and commitments (e.g. mortgage) increase with subsequent time and relationship pressures. Poorer health can result from reduction in leisure time and physical activity due to the double demands of increased working hours (to boost income) and time spent with children. Approximately 15% of women develop post-natal depression: this has a significant impact on their partners, with a paucity of support services.

5.4 Adult Men

5.4.1 Research show that from 45 years of age men begin to start going back to their general practitioner more regularly, however by this stage the problems managed are more chronic in nature.¹² Many of the unhealthy behaviours in youth such as poor diet, inadequate exercise, and excessive alcohol consumption begin to show up in increased rates of obesity, diabetes, hypertension and cardiovascular disease.¹³ For those men who are working a significant influence on their health at this age are occupational hazards and stress. Unemployment, being single and/or poor are significant determinants of poorer health.⁶

5.4.2 Sexual health problems (including erectile dysfunction), mental health problems (often as a consequence of changing employment status or relationship breakdown), and prostate cancer are important issues that general practitioners need to be aware of in this age group.

5.5 Elderly Men

5.5.1 It has been reported that difficulties in adjusting to new roles associated with ageing including carer health issues may have an effect on men’s health. Male suicide rates are greater for men than women across all age groups, however there is a marked peak within the elderly population of men.¹⁴ The higher rates could be associated with the social isolation that men often face when their spouse dies, as research suggests that men are less resilient under these circumstances than women.¹⁵ Only 75% of men over the age of 75 attend their GP once or more per year.¹²

6. Specific Health Issues

6.1 While there are adverse health outcomes that are shared by all men in society there are some specific groups in our community that have significantly disproportionate morbidity and mortality rates.

6.2 Indigenous Men

- 6.2.1 Current data suggests that the health of the Aboriginal and Torres Strait Islanders male population is the worst of any subgroup in Australia. These men live on average 20 years less than their fellow non-indigenous countrymen – with the average life expectancy of an Aboriginal and Torres Strait Islander man just 56 years of age. There are many reasons for this excess mortality and morbidity including issues related to unemployment, poverty, frequent incarceration and low self-esteem.¹⁶
- 6.2.2 In this environment it is not surprising that more than half of male deaths identified as Indigenous were among males less than 50 years old. Major causes of Aboriginal and Torres Strait Islander male deaths include cardiovascular disease, injury, respiratory disease, cancer and endocrine diseases.
- 6.2.3 There has been little improvement in mortality figures over time. However there have been changes in the causes of mortality with a marked decline in deaths from infectious diseases matched by a large increase in deaths from chronic diseases.

6.3 Men's health in rural and regional areas

- 6.3.1 Men in rural and regional areas of Australia face additional health issues by virtue of their location, work and lifestyles. For rural men particular health problems include mental stress (attributed to, among other things, lack of work or over work, loneliness and lack of emotional skills), alcohol dependency, obesity and physical inactivity.
- 6.3.2 There are also more opportunities for urban based men to access preventative health and public health education programs such sexual health clinics and counselors, than for rural men.⁶ In addition rural men have reduced access to recreational facilities once they cease the traditional pastimes of football, cricket and tennis.
- 6.3.3 The physical nature of rural work is often hazardous, involving heavy machinery and chemicals, long shifts, and social isolation. The recent economic problems in many rural areas due to the drought have had negative repercussions for the health of the men in those communities.¹⁷ In addition remote and very remote areas have substantial Indigenous populations. With Indigenous health so poor this contributes to the overall poor status of men in rural and regional areas.¹⁴

6.4 Gay and Bisexual Men

- 6.4.1 The Australian Medical Association's Position Statement on Sexual Diversity and Gender Identity specifically addresses the health needs of this population.¹⁸

6.5 Vietnam Veterans

- 6.5.1 The veteran population of men is a cohort of high risk taking individuals who also have high health risk due to the nature of their service to the country. The death rates among veterans differs substantially from the rest of the community with a study finding that, on average, male gold card holders had a death rate around 14% higher than the community death rate.¹⁴ The *Australian Vietnam Veterans Health Study*¹⁹ found that:

- 30 per cent reported experiencing panic attacks

- 41 per cent said they suffered anxiety disorders and 45 per cent depression
- 31 per cent reported suffering post traumatic stress disorder (PTSD)
- For veterans' children the prevalence of spina bifida maxima, cleft lip or palate, and deaths due to accidents, illness and suicide were all shown to be higher than expected.

6.5.2 In an analysis of population-based surveys, 49% of the veterans with a DVA health care entitlement card rated their health as either fair or poor, compared with about 33% of other males of equivalent age in the general community. It was also found that veterans report poorer health and more health problems than people of the same age in the general community.¹⁴

6.5.3 Some of the health conditions officially accepted as being related to military service include sensory-neural hearing loss, post-traumatic stress disorder, chronic bronchitis, solar keratosis, coronary heart disease, tinnitus, alcohol dependence and alcohol abuse.¹⁴

7. Men and doctors

7.1 It has been well documented that men are generally reluctant to access primary care services and may ignore or not recognise symptoms of ill health while women may acknowledge the same symptoms and take action sooner.

7.2 According to a component of the BEACH (Bettering the Evaluation and Care of Health) program that investigated male consultations in General Practice¹² a lower percentage of Australian males (76%) attended their General Practitioners during the last twelve months compared to Australian females (87%).

7.3 There have been many strategies proposed to help general practitioners to overcome barriers to men accessing their services.⁶ These include:

- Showing the practice has an interest in men's health, through displaying men's health posters and information.
- Providing evening clinics, and appointment times more readily accessible to men working shifts, commuting or living out of town.
- Providing services/clinics in places where men congregate such as pubs or factories and other workplaces.
- Encouraging males of all ages to be conscious of their health and give them concrete examples of how they can maintain and improve it.
- Getting men to open up and talk during the consultation by providing them with a questionnaire to complete before entering the consulting room that will prompt discussion on health promotion issues.

7.4 Medical practitioners are the gatekeepers to the health system in our society and therefore it is important for men to establish a relationship with their doctor so that they have access to these services.

8. The role of the Australian Medical Association

- 8.1 The Australian Medical Association believe that men and women should be given equal opportunity to realise their full potential for health. Initiatives that address the health needs of one gender should not occur at the expense of the other gender.
- 8.2 The Australian Medical Association believes that General Practitioners have a significant role to play in improving the health of Australia's men and calls for appropriately funded programs within their practices and in the community.
- 8.3 The Australian Medical Association calls for programs that facilitate the development of parenting skills in men.
- 8.4 The Australian Medical Association calls for a federally funded, National Men's Health Program based on a National Men's Health Policy.
- 8.5 The Australian Medical Association believes that men's health policy should address not only biological causes of ill health but also the socio-environmental factors (such as safe workplaces, access to recreational facilities) that impact on men's health.
- 8.6 The Australian Medical Association believes that the detrimental effects of men's risk taking behaviours can only be addressed if society supports alternative notions of manhood and acceptable male behaviour.
- 8.7 Violence is a public health issue with men more likely to be the perpetrators of violence as well as the victims of violent crime. The Australian Medical Association calls for effective anti-bullying and anti-violence projects that seek to decrease the amount of violence in our communities, specifically targeting schools and workplaces.
- 8.8 The Australian Medical Association believes that research that seeks to examine the uptake of health risk behaviours and the social environment within which young men work and play could be useful in decreasing the mortality and morbidity associated with injury within this group.
- 8.9 The Australian Medical Association believes that if health services are to meet the needs of both men and women then the issue of gender needs to be incorporated in the planning and delivery of health services.
- 8.10 The Australian Medical Association is supportive of initiatives to develop culturally appropriate health services for men.

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