

20 February 2009

Committee Secretary
Senate Select Committee on Men's Health
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Committee Secretary

I respond to the invitation to provide a submission to the Senate Select Committee on Men's Health. My suggestions in relation to the Terms of Reference are buttressed by a Victorian workplace study of 200 men that revealed:

- 35 per cent had unacceptably high blood pressure
- 10 per cent had high cholesterol
- Four per cent had erectile issues
- 11 per cent were living with mental health problems and
- Six per cent had high blood glucose readings (linked to diabetes risk).

These figures mirror, almost exactly, health statistics for the wider male population.¹

I recognise in particular that the health of Aboriginal men poses significant and unique problems requiring culturally appropriate measures to discern and address the serious discrepancies in the levels of their health and wellbeing. I also recognise that men in rural communities are missing out on good health because of a lack of awareness and knowledge but also a lack of medical services.

Although the Committee's focus may to some degree be disease-related, any consideration of men's health must also acknowledge the impact of poverty and the social determinants of health. Socially disadvantaged people have less access to health resources, suffer greater levels of ill health and die

¹ Foundation 49, *Health Advice for Australian Men*, Issue 2, May 2007, p3.

earlier than people in more privileged social positions. Men from low socio-economic backgrounds comprise one of the sub-groups with the poorest health in Australia. For that reason initiatives that encompass education and employment offer opportunities to improve men's health and I welcome that.

I would also propose that oral health is fundamental to overall health and wellbeing and quality of life. Poor oral health and inadequate access to dental care are relevant to my previous comments relating to Aboriginal and Torres Strait Islanders and people in low socio-economic groups. Accordingly, oral health promotion and affordable treatment should be considered in any integrated health plan. I note with pleasure some recent indications of positive developments, encompassing oral health.

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

I note that prostate cancer kills as many men as does breast cancer in women but this is not apparent given the discrepancies in the comparative expenditure of government agencies. Therefore, what is needed is:

- Increased funding for men's health at both the Commonwealth and state level, as there has been blatant discrimination (some deliberate and some by oversight) against men and their health needs.
- Increased dedicated research and education funding focussed on prostate cancer, comparable to the excellent program, *BreastScreen Australia*.
- A boost in funding for programs to promote awareness about prostate cancer among men in general, but especially in regard to men in rural and lower socio-economic areas.
 - Sadly, country men have a 21% higher death rate from prostate cancer than other Australian men which is unacceptable.
- Increased support for men suffering from testicular cancer.

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

- There is a general lack of information and advertising on health issues directed specifically at men – a special approach is needed that takes account of “a male view of life, risk etc”.
- As men often do not have a history of seeing a doctor or other health professionals, education and awareness campaigns should be targeted at men in a gender specific way, eg using the car analogy: “you get your car checked and serviced, but when are you going to get yourself checked out?”
- Awareness campaigns should also target issues such as relationships, anger management and sex education for younger males, as well as the high incidence of violence and sexual assault against men, usually by other men. Helplines (telephone) should be provided and made

readily accessible to men. Dedicated male call lines should be considered!

- Preventative health checks for all public servants via the practice of *in situ* workplace health screening should be introduced. This should encompass checks for blood sugar levels, blood pressure, skin cancer etc etc and should be provided in the private sector too.
 - Some larger private employers and local governments have already implemented this practice, eg ANZ bank and in South Australia, the City of Onkaparinga and the City of Marion.
- For cultural reasons, among others, men are often reluctant to have a rectal digital examination for early signs of prostate cancer. The PSA (Prostate Specific Antigen) test can provide a useful time series alternative or addition, thus avoiding the “rectal homophobic mind set”.
- Many men, especially those over 50, experience sexual dysfunction. Accordingly, funding is needed for a campaign to draw attention to this taboo subject. This needs to encompass holistic aspects such as emotions/feelings and not just focus on penile penetration (the cultural obsession!)

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

- The oft quoted view that men are just ignorant, stubborn and stupid when it comes to health issues is unfounded.
- Rather, many men for noble reasons believe that they are healthy and therefore should not waste the time of medicos and other health professionals by having a check up, as confirmed by a recent UK study. Conversely, some may see it as ‘weak’ to seek medical advice.
- Accordingly, emphasis should be placed on the social construction of masculinity, recognising the diverse ways men understand themselves and their bodies, how that impacts on their health and why they delay seeking health care before issues escalate to a serious level.
- Attention should also be focused on other aspects of men's health and wellbeing, including workplace accidents and car accidents, both of which claim mainly male lives.
- Consideration needs to be given to early intervention in regard to depression (and other mental issues) and that means early assessment and referral at school level (particularly secondary school).
- Schools should be providing comprehensive health education programs, including physiology and sexual awareness programs based on science and in the context of the total male person, eg feelings, emotions etc.

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

- As indicated briefly above, men in general and rural men and those from lower socio-economic groupings in particular, are frequently overlooked and neglected as regards appropriate health measures.
- Men in rural communities require targeted support focussed on obesity, blood pressure, diabetes, etc. Rural men suffer from inadequate GP and specialist services such as urology, while facing the tyranny of distance in obtaining assistance.
- Since depression and other mental illnesses is a significant health problem for rural men, exacerbated by drought, increased treatment and support services are needed to encourage men in country areas to seek assistance.

I welcome this inquiry and look forward to your deliberated outcomes and recommendations. I close by including a slogan I use: "Macho man is dead man" – hence the need for changes in approaches to men's health!

Yours sincerely



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