



**Submission to the
Senate Select Committee on Men's Health**

February 2009

Summary

A fragmented and un-coordinated resource and funding allocation currently exists. **There is a need for a co-ordinated approach to research funding and resource allocation directed to effective and evidence-based men's health interventions.** Funding priorities in men's health need to be identified through a transparent and evidence-based framework.

While community awareness about men's health has increased over recent years, **there is a need for quality and evidence-based programs across both community and professional sectors.** Providing evidence-based education specifically for male specific health issues, appropriately targeted to different population sub-groups, is imperative to more effectively engage men about their overall health and wellbeing.

Improving health literacy and providing evidence-based information is essential to normalise sensitive male health issues, such as mental health and reproductive health, and support men in their help-seeking behaviours. **Improved research, education and policy is needed to ensure that barriers to seeking information and treatment for men's health problems do not persist** and that men are effectively engaged when seeking health advice and care.

Greater support and understanding of the educational requirements and workforce capability is needed to provide co-ordinated and multidisciplinary services and support of males across the life-span and a range of health needs. **A co-ordinated education response and knowledge sharing approach that strengthens workforce capacity and community networks is essential to support efforts to raise awareness and improve men's health outcomes in the long term.**

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Andrology Australia (The Australian Centre of Excellence in Male Reproductive Health) was supported in 2000 with funding from the Australian Government Department of Health and Ageing and is administered by Monash University. Health and education experts across Australia developed a collaborative strategy to improve community and professional education and research in disorders of the male reproductive system (including androgen use and abuse, male infertility, erectile dysfunction, testicular cancer and prostate disease, including prostate cancer) and associated conditions. With continuous financial support over the past eight years, Andrology Australia is now recognised as the peak national authority concerned with a range of specific men's health issues and their associated conditions. More information about the program can be found at <http://www.andrologyaustralia.org>

This submission is provided specifically from Andrology Australia's perspective, with a particular emphasis on issues relating to disorders of the male reproductive system (as above) and associated conditions. It is acknowledged that there are many groups and organisations now working in a broad range of men's health issues that are not covered within this response. We are involved in some way in many, but not all, of these programs and in making this submission are concerned that we are not seen to be failing to recognise the range and breadth of men's health activities being undertaken in Australia.

Andrology Australia wishes to congratulate the Government for its commitment to the development of a National Men's Health Policy which is supported widely by a range of men's health stakeholders. The additional Senate Select Committee on Men's Health further demonstrates the commitment to improving men's health in Australia and Andrology Australia looks forward to future engagement with the Senate Select Committee to discuss this submission.

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

There has been growing attention to the state of men's health in Australia over recent years with recognition of their shorter life expectancy and higher risk of chronic disease, such as coronary heart disease, compared to their female counterparts¹. The community interest in men's health has been further fuelled by greater media attention to gender specific health issues, such as prostate cancer, testicular cancer, androgen deficiency and hormone replacement and erectile dysfunction. As community interest increases, a growing need for support services is being recognized with a number of national, state and territory, and local initiatives being established to improve men's health. Reproductive health problems are both prevalent and significant in their own right² but also are critical 'windows' into broader men's health from both a biomedical and social perspective. Men's health policy, service delivery, education and research must recognise the strong evidence for linkages between general health and reproductive health, quality of life and well-being. Normalising sensitive reproductive health concerns (such as erectile dysfunction, infertility, and prostate disease) benefits those men in seeking help for these problems. It also provides a marvellous opportunity for innovative public health approaches aimed at engaging men with the health system for broader management of chronic disease, quality of life and relationship matters.

Andrology Australia was established in 2000 with funding from the Australian Government Department of Health and Ageing because of the identified need for improved awareness and education on a range of male reproductive health disorders and associated conditions. Over the past 8 years, Andrology Australia has received approximately \$1million each year from the Australian Government Department of Health and Ageing, which represents approximately 92% of its total funding. Other funding sources come primarily in the form of unrestricted educational grants from philanthropic agencies and pharmaceutical industry.

The funding provided is directed to five priority health areas (namely prostate disease, including prostate cancer, androgen deficiency, testicular cancer, male infertility and sexual dysfunction, including erectile dysfunction) and their associated conditions, across a program of community education, professional education and research. The achievements generated by the program are significant, particularly given the limited level of funding compared to other areas of health need. Outcomes have been primarily achieved by the significant and generous in-kind support, commitment and motivation by leading internationally recognised experts in biological, medical, public health and social science sectors who give their time on a voluntary basis. Andrology Australia (described as a 'virtual centre') supports this network of expertise through co-ordination and dissemination of program activities across the nation, allowing program funds to be directed towards priority activities, rather than supporting a large administrative infrastructure.

Similarly, many programs of activity are undertaken by the development of collaborative linkages and strategic alliances with other key organisations working in men's health across Australia. This has allowed Andrology Australia to effectively utilise the expertise currently available, maximise

¹ Australian Institute of Health and Welfare 2006. Australia's health 2008. AIHW cat. No. AUS 99. Canberra: AIHW.

² Holden CA, McLachlan RI, Pitts M, Cumming R, Wittert G, Agius PA, Handelsman D, de Kretser DM. Men in Australia, Telephone Survey (MATeS) I (2005). A National Survey Of The Reproductive Health And Concerns Of Middle Aged and Older Australian Men. *Lancet*. 366: 218-224.



the use of limited resources, reduce the duplication of effort and ensure consistent health messages are disseminated with cost-effective outcomes.

While men's health is an emerging field, the evidence-base in men's health in Australia is relatively lacking with respect to health and social policy and associated initiatives. This is a potentially limiting factor in the implementation of appropriate and effective strategies and interventions to improve the health and quality of life of Australian men of all ages and backgrounds, particularly when identifying points of action/intervention and funding allocations defined within a National Men's Health Policy. A significant gap is the support for a national research agenda on men's health to enable support (in the form of funding commitment and infrastructure) and co-ordination of Australia's men's health research strategy. Establishing men's health as a priority issue as part of the Australian Government's *Backing Australia's Ability* (Promoting and Maintaining Good Health) initiative would guide decision-making and research funding allocation aimed at improving men's health research and broader men's health policy outcomes. Enhancing the men's health evidence-base within Australia through the funding support of a national **men's health longitudinal study** would provide a better understanding within an Australian context of the associations of biomedical, behavioural, genetic, environmental and social determinants. Such a study would also complement the Women's and Children's studies being supported by the Australian Government, to effectively translate research into evidence-based policy and best practice against a backdrop of a growing aged population.

It is acknowledged that with the recent announcement of the development of a National Men's Health Policy, Commonwealth funding has been allocated to a variety of men's health initiatives, most notably being the funding of \$15 million to establish two prostate cancer research centres³. In general however, the level of funding to men's health, whether clinical and/or support services, public health or research, is sporadic and significantly less than that targeted to women and child related health issues: in 2008, the NHMRC allocated \$590m and \$104m respectively compared to \$19m research funding to health issues particular to men⁴.

Andrology Australia recommends that:

The Australian Government commits a funding framework through the National Men's Health Policy that allows for a co-ordinated response and appropriate research funding and resource allocation directed to effective and evidence-based interventions. Funding priorities in men's health need to be identified through a transparent and evidence-based framework.

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

Many men do not have the requisite knowledge of their bodies to fully understand the implications of male reproductive health disorders nor awareness of available treatment options. Similarly, reproductive health conditions are often confused due to lack of basic understanding.

³ First Ever National Men's Health Policy. The Hon Nicola Roxon MP Media Release. 8 June 2008. Accessed online at: <http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr08-nr-nr094.htm>

⁴ NHMRC research funding datasets based on burden of disease and health issues. Accessed online at: <http://www.nhmrc.gov.au/grants/dataset/issues/index.htm>

Many men believe that urinary symptoms are a sign of prostate cancer, rather than the more common benign prostate enlargement. This may create anxiety and subsequently help-seeking avoidance for men in the event that cancer may be diagnosed⁵. In contrast, media attention to such conditions as 'male menopause' or 'testosterone as an elixir of youth' may result in men being over prescribed treatments that have no proven benefit⁶. Without quality information and awareness of services, men may also be vulnerable to exploitative commercial men's health clinics proffering expensive and/or inappropriate treatment. Similarly, while there is no national prostate cancer-screening program in Australia, more men are being voluntarily tested⁷ as the community has become increasingly aware of prostate cancer and the PSA test. While the growing voices of prostate cancer advocates and an increasing number of media reports of celebrity survivors and supporters have been successful in raising the awareness of this condition, there remains a lack of evidence to the effectiveness of population-wide screening. Consequently, such awareness raising campaigns need to be balanced with the provision of evidence-based information for both consumers and professionals to ensure that up-to-date and balanced information is provided to allow an open and informed discussion between patient and doctor. Providing men and health professionals with a reliable source of information and education is fundamental to preventative health strategies and ensuring that men receive best medical and evidence-based care.

Health conditions may also remain undiagnosed when they are poorly understood by both the community and health professionals. Men, and their families, may miss out on effective treatments which may impact on their quality of life and relationships, and ultimately their health in general. For example, Klinefelter's Syndrome is a common genetic condition estimated to affect 1 in 650 males, although population studies from Denmark and UK revealed that over 70% of men with Klinefelter's Syndrome are never diagnosed during life⁸: a similar under-diagnosis in Australia is likely. The low detection rate is partly attributed to a lack of awareness as, in striking contrast to women, most men go through life without ever having a pelvic examination by any doctor which would easily detect the unmistakably small testes characteristic of this condition.

If Klinefelter's is detected early and testosterone therapy started, proper development of reproductive maturation as well as bone and muscle mass can occur; missing this diagnosis for simple, cheap and effective treatment that is life changing is an opportunity lost for a better quality of life. Recognition will also address learning and behavioural problems thereby assisting psychosocial adjustment and improving their quality of life and that of their family. Raising the awareness of such conditions through the medical professionals will improve the diagnostic pick-up rate and ensure men receive appropriate treatment.

Furthermore, there is little community awareness of the associations between general and reproductive health at both the professional and public level, resulting in the possibility that many men are missing out on affordable and effective treatments which improve overall quality of life

⁵ Burman M and Weinert C (1997). Rural dwellers' cancer fears and perceptions of cancer treatment. *Public Health Nurs.* 14: 272-279

⁶ Stuckey BG (2004). Testosterone prescribing in Australia. There is yet no convincing evidence that testosterone therapy is safe or effective in counteracting any effects of ageing. *Med J Aust.* 181:412-413.

⁷ Smith DP, Supramaniam R, Marshall V and Armstrong BK (2008). Prostate cancer and prostate-specific antigen testing in New South Wales. *MJA* 189: 315-318

⁸ Bojesen A, Juul S, Gravholt CH (2003): Prenatal and postnatal prevalence of Klinefelter Syndrome: A national registry study. *J. Clin. Endocrinol. Metabol.* 88: 622-626



and wellbeing. Emerging evidence identifies that strong associations exist between erectile dysfunction and cardio-vascular disease⁹ and diabetes¹⁰ suggesting that common mechanisms exist between reproductive problems and chronic diseases. Consequently, erectile dysfunction is an important but still insufficiently recognized as an important sentinel event for cardiovascular disease with powerful motivational properties. It has been suggested that assessment of erectile function in middle-aged and older men may provide a useful indicator to detect, and potentially prevent other life-threatening conditions¹¹. In order to raise the community awareness of the associations between chronic disease and reproductive health disorders it is imperative to encourage men to speak to their doctor early. Similarly, education of health professionals to be receptive in providing simple strategies to consider reproductive health disorders as part of overall health assessments, irrespective of men's age, culture or sexual desire may also allow early detection and prevention of other more life-threatening conditions.

At the onset of the Andrology Australia program, it was apparent that there was very little health information targeted to men to support their help-seeking behaviours. Evidence-based information is needed so that men and their families are able to make considered judgments about their own health and have informed discussions with health professionals. For the past eight years, Andrology Australia has played a key role in filling this void by the development and provision of quality men's health information that is disseminated through a wider community network. With a website that receives more than 1.1 million hits and 45,000 visitors to the site each month, <http://www.andrologyaustralia.org> is recognised as the key source of quality and evidence-based health information on a range of men's health issues.

As the wider community awareness of men's health issues has increased a number of national, state and territory, and local initiatives have been established to improve men's health. The program supports an increasing number of organizations servicing men's health needs through the provision of resources and information. Such knowledge sharing allows improved service delivery at a local level, avoids duplication of effort and resources and also ensures the provision of consistent health messages to the consumer and best practice strategies for the professional. Since 2003, Andrology Australia has provided resources and support to this growing network of individuals and organisations that introduce men's health programs into their local community. In 2008, more than 1000 organisations received resources for men's health events across all States and Territories. With a network of >9,000 individuals and practitioners with an interest in men's health, the program has access to a wide range and growing network of individuals committed to raising the awareness of men's health, either their own, their families or that of their communities. Strengthening community capacity in this way, helps ensure that men have access to quality health information to guide their decision-making and help-seeking behaviours.

Furthermore, a unique feature of the Andrology Australia program is the balance of the community education program with the provision of education and training for health professionals, primarily for GPs in the first instance, but now extending to other sectors, including medical schools, practice nurses and male Aboriginal health workers. With the development and

⁹ Rosen RC, Wing R, Schneider S, Gendrano N, 3rd (2005). Epidemiology of erectile dysfunction: the role of medical comorbidities and lifestyle factors. *Urol Clin North Am.* 2005;32:403-417.

¹⁰ Chu NV, Edelman SV (2002). Erectile dysfunction and diabetes. *Curr Diab Rep.* 2:60-66

¹¹ Esposito K, Giugliano F, Di Palo C, Giugliano G, Marfella R, D'Andrea F, D'Armiento M, Giugliano D. (2004) Effect of lifestyle changes on erectile dysfunction in obese men: a randomized controlled trial. *JAMA* 291:2978-2984



dissemination of accredited men's health education in different formats (such as forums, workshops, small group learning and online), supported by professional resources (such as summary guidelines, orchidometers) and patient resources, community education and awareness campaigns can extend to the professional sector to ensure that men receive appropriate advice and management when they seek advice from a health professional.

Improving community and professional awareness of the links between reproductive health and more serious health problems and quality of life will potentially create supportive environments for men to seek health advice. The availability of quality, unbiased and evidence-based information tools is essential to improve understanding of health issues and to aid in any decision-making process being mindful that such initiatives will need to be tailored to men of different ages, racial, ethnic and/or socioeconomic backgrounds. Ensuring accessibility to such information will encourage men to consider their own health more and is a fundamental aim of the Andrology Australia program.

Through the range of activities undertaken by Andrology Australia over the past eight years, there has been a demonstrable increase in the awareness of male specific health issues in the community and amongst the professions. Andrology Australia provides a co-ordinated response to the provision of education, awareness raising campaigns and strengthening of both community and professional capacity to support men to make informed decisions about their health across the continuum of care.

Andrology Australia recommends that:

The Australian Government recognises the need to support innovative health promotion and education strategies across both community and professional sectors. The need to specifically raise the awareness and provide evidence-based education about male specific health issues across the life-course, appropriately targeted to different population sub-groups, is essential to more effectively engage men about their overall health and well-being.

A co-ordinated and knowledge sharing approach that strengthens workforce capacity and community networks is essential to support efforts to raise awareness of men's health.

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

The Men in Australia Telephone Survey (MATeS) conducted by Andrology Australia provided the first Australian data demonstrating that reproductive health disorders are common. One in three men over the age of 40 years is affected by a reproductive health disorder with increasing prevalence with age¹². Excluding prostate and testicular cancer, male reproductive health disorders are generally not life-threatening but have a major but under-recognised impact on relationships, quality of life and overall well-being. However, few men discuss reproductive

¹² Holden CA, McLachlan RI, Pitts M, Cumming R, Wittert G, Agius PA, Handelsman D, de Kretser DM. Men in Australia, Telephone Survey (MATeS) I (2005). A National Survey Of The Reproductive Health And Concerns Of Middle Aged and Older Australian Men. *Lancet*. 366: 218-224.



health problems with their doctor even though younger men express high levels of concern about developing reproductive health problems in later years¹³.

Failing to discuss sensitive and personal health concerns in doctor consultations is a cumulative factor in men's health behaviours. Compared to women, men demonstrate less healthy lifestyle behaviours, such as diet, smoking and higher alcohol consumption and underlying social, cultural and environmental determinants, for example delayed help-seeking, symptom reporting¹⁴. A significant body of evidence suggests that men are less likely than women to seek help even accounting for less accommodating (after-hours) medical service. However gender comparisons regarding help-seeking behaviours provide little insight into the factors underlying the observed behavioural differences¹³.

Few studies exist to understand those motivators that directly influence men's help-seeking behaviours. Discourse tends to focus on the influence of 'traditional masculinity' and/or 'masculine beliefs' on male help-seeking behaviours^{15,16,17} being modulated by age and socioeconomic factors¹⁸. O'Brien et al¹⁹ while acknowledging that further research is needed, suggests that with regard to health behaviours, masculine traits of power and control may be manifest as an avoidance of help-seeking. In other instances however, 'preservation' of some other aspect of being male (for example sexual performance), may support men in seeking help. Traditional masculine traits intersect with other physiological, sociological and cultural aspects of men's lives when they are deciding to seek help. More recently, findings emerging from Australian research from the Florey Male Ageing Study^{20,21} challenge the prevailing belief that men are not interested in their health and provide insights into motivators of men's help-seeking behaviours. Such research is imperative to develop effective health promotion and education strategies that support men's health more broadly.

¹³ Holden CA, Jolley D, McLachlan RI, Pitts M, Cumming R, Wittert G, Handelsman DJ, de Kretser D (2006). Men in Australia Telephone Survey (MATEs): predictors of men's help-seeking behaviour for reproductive health disorders. *Med J Aust.* 185:418-422.

¹⁴ Galdas PM, Cheater F, Marshall P (2005). Men and health help-seeking behaviour: literature review. *J Adv Nurs.* 49(6):616-23.

¹⁵ Chapple A and Ziebland S (2002). Prostate cancer: embodies experience and perceptions of masculinity. *Sociology of Health and Illness* 24: 820-841

¹⁶ Davies J, McCrae BP, Frank J, Dochnahl A, Pickering T, Harrison B, Zakrzewski M, Wilson K (2000). Identifying male college students' perceived health needs, barriers to seeking help, and recommendations to help men adopt healthier lifestyles. *J Am Coll Health* 48(6):259-67.

¹⁷ Moynihan C (1998). Theories in health care and research: theories of masculinity (1998). *BMJ.* 317(7165):1072-5.

¹⁸ Holden CA, Jolley D, McLachlan RI, Pitts M, Cumming R, Wittert G, Handelsman DJ, de Kretser D (2006). Men in Australia Telephone Survey (MATEs): predictors of men's help-seeking behaviour for reproductive health disorders. *Med J Aust.* 185:418-422.

¹⁹ O'Brien R, Hunt K, Hart G. (2005) 'It's caveman stuff, but that is to a certain extent how guys still operate': men's accounts of masculinity and help seeking. *Soc Sci Med.* 2005 61:503-16

²⁰ Smith JA, Braunack-Mayer A, Wittert G, Waring M (2008). 'It's sort of like being a detective': Understanding how Australian men self-monitor their health prior to seeking help. *BMC Health Services Research* 8:56

²¹ Smith JA, Braunack-Mayer A, Wittert G, Waring M (2007). "I've been independent for so damn long!" Independence, masculinity and ageing in a help seeking context. *J Aging Studies* 21:325-335



There is a myth that men don't visit their doctor, whereas in fact most men over the age of 40 years have visited a doctor in the last 12 months²². But compared to women, men visit the doctor less often, have shorter consultations and see their GP later in the course of their illness. Merely focusing on the prevailing attitudes of men towards their health and how these affect men's health in general, does not recognise the range of barriers to men's help-seeking behaviours that exist, particularly if the area is of a sensitive nature. Discussing sensitive issues such as mental health, sexual dysfunction or reproductive health is a shared responsibility between patient and doctor. It is important for health professionals to maximise opportunities to engage men effectively on every consultation. Indeed, a health professional's own attitude and knowledge may inadvertently effect their interaction with the patient. For example, with a stereotypic image of older people being sexually inactive, the health professional's personal attitudes towards sexuality may create a barrier for an older man and/or couples to seek sexual health advice²³.

Andrology Australia recommends that:

The Australian Government recognises that improving health literacy and providing evidence-based information is essential to normalise sensitive male health issues, such as mental health and reproductive health, and support men in their help-seeking behaviours.

Improved research, education and policy is needed to ensure that barriers to seeking information and treatment for men's health problems do not persist and that men are effectively engaged when seeking health advice and care.

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

An inquiry into the extent, funding and adequacy for treatment services and support for men highlights the apparent need to provide services better aligned to the identified health needs of men. However, the provision and adequacy of services aligned to men's health is a complex and multifaceted point of inquiry that needs to be considered against a background of the current health system. It is well-recognised that reform of the national health service, and corresponding workforce requirements, is needed to better respond to the changing health needs of the ageing population against a backdrop of ongoing shortages of general practitioners and specialist services, particularly in rural areas. Such factors equally apply to the provision of health services for men, with current treatment services reflecting the barriers, distribution and access limitations that exist across different regions and cultural groups.

²² Holden CA, Jolley D, McLachlan RI, Pitts M, Cumming R, Wittert G, Handelsman DJ, de Kretser D (2006). Men in Australia Telephone Survey (MATEs): predictors of men's help-seeking behaviour for reproductive health disorders. *Med J Aust.* 185:418-422.

²³ Andrews C, Piterman L. Sex and the older male: GP perceptions and management (2007). *Aust Fam Physician* 36: 867-869

Living in a rural area has been linked to reduced help-seeking behaviour and rural men are less likely to have visited a doctor in the previous 12 months.²⁴ The limited accessibility to health services²⁵ in rural areas may be an involuntary barrier to rural men's use of health services.

More research is needed to better understand the barriers that exist for rural men when accessing health services. For example, while the prevalence of prostate cancer is not different across geographical regions, prostate cancer mortality appears to be higher in rural areas compared to those men living in major cities²⁶. The higher mortality rates in rural areas may be due to rural and remote patients being diagnosed later in the course of the disease. However, further research is needed to better understand such disparities and how diagnostic and treatment services can be improved. A sound evidence base is essential for creating informed policy and approaches to improving men's health in specific and most disadvantaged population groups.

When rural men do access health services, their level of specific enquiry and treatment for more personal and sensitive health issues, such as reproductive health disorders, are minimal²⁷. Living in a small community may limit men's discussion of sensitive issues²⁸ as their GP may be known to them socially. Privacy may not exist as readily in relationships within rural locations as it does in many urban settings.

The specific needs of Aboriginal and Torres Strait Islander males and men from culturally and linguistically diverse backgrounds also need to be taken into consideration in the provision of health services and support programs. The provision of appropriate and gender-specific Indigenous male health services is imperative but can be more difficult to provide in remote communities due to the generally limited availability of health resources. Evidence suggests that more appropriate and gender-specific Indigenous male health services often report significant and sustained increases in attendance by males when specific male clinics are introduced²⁹. Similarly, having more male health staff (doctors and nurses), male health co-ordinators and men's counseling programs where possible, will help support men and encourage access to health services. As many urban Indigenous males maintain their strong links with traditional communities, ways and culture, it can also be difficult for them to access mainstream health services as they are perceived as inappropriate to their culture³⁰.

The term 'male-friendly' service is often used, and most recently adopted in the proposed National Men's Health Policy, to suggest that health services and support programs need to better

²⁴ Holden CA et al. Men in Australia Telephone Survey (MATEs): A national survey of the reproductive health and concerns of middle-aged and older Australian men. *Lancet* 2005; 218-24

²⁵ Johnston G, Wilkinson D. Increasing inequitable distribution of general practitioners in Australia, 1986-96. *Aust N Z J Public Health* 2001; 25: 66-70

²⁶ Coory M, Baade P (2005). Urban-rural differences in prostate cancer mortality, radical prostatectomy and prostate-specific antigen testing in Australia. *MJA* 182: 112-115

²⁷ Holden CA, Jolley D, McLachlan RI, Pitts M, Cumming R, Wittert G, Handelsman DJ, de Kretser D (2006). Men in Australia Telephone Survey (MATEs): predictors of men's help-seeking behaviour for reproductive health disorders. *Med J Aust.* 185:418-422.

²⁸ Warr D, Hillier L (1997). "That's the problem with living in a small town": privacy and sexual health issues for young rural people. *Aust J Rural Health* 5: 132-139.

²⁹ As cited in Wenitong M (2002). Indigenous Male Health. A report for Indigenous males, their families and communities, and those committed to improving Indigenous male health. Office for Aboriginal and Torres Strait Islander Health. Commonwealth Department of Health and Ageing.

³⁰ Wenitong, M & Findlay, S (2001). Current Therapeutics: Indigenous Men's Health Issues for GPs.



reflect the health needs of men to encourage use of services. While at the best this may mean the provision of co-ordinated and multidisciplinary primary care, at the worst, such services could be perceived as preying on the vulnerabilities of men in seeking ineffective, inappropriate and costly (financially and emotionally) healthcare. The term 'male-friendly services' does not capture the need to improve the knowledge and skills of the current *and* future workforce in men's health. Workforce capability to support men in a wide variety of health needs across a range of sectors and disciplines is significantly lacking.

Each local community differs in the specific services it currently provides for men, however practical limitations such as a general lack of services in regional/remote Australia, and the increasing number of 'all female' general practices, may present as involuntary barriers with no feasible intervention available to improve immediate engagement for some men. Currently in such instances, men may be referred directly to a specialist or present at emergency services for initial diagnosis which unnecessarily uses already limited resources and potentially delays help-seeking, resulting in later presentation on diagnosis. As reflected in legislation recently adopted overseas, a 'male duty of care' (or 'gendered duty of care'³¹ or 'gender competency'³²) approach better reflects the need for public authorities (including health services) to demonstrably incorporate a range of services that better meet the identified needs of men (or women), without merely increasing opening hours or including men's magazines in reception areas.

The emergence of men's issues as a specific aspect of health, medical care and disease prevention is relatively new in Australia. Many factors influence the health service needs for men, and evidence-based initiatives are needed to respond effectively to changing needs while maintaining quality services and best practice. Workforce capacity and community networks need to be strengthened to develop and support the changing patterns of health care and provide adequate and appropriate health services and programs for men.

Andrology Australia recommends that:

The Australian Government recognises that greater support and understanding of the educational requirements and workforce capability is needed to provide co-ordinated and multidisciplinary services and support of males across the life-span and a range of health needs.

³¹ Equal and Human Rights Commission: Gender Equality Duty. Accessed online at: <http://www.equalityhumanrights.com/en/forbusinessesandorganisation/publicauthorities/Pages/PublicauthoritiesGenderqualityduty.aspx>.

³² Richardson N and Carroll P (2009). National Men's Health Policy (2008-2013). Working with men in Ireland to Achieve optimum health and wellbeing. Accessed online at: http://www.dohc.ie/publications/national_mens_health_policy.html