Submission to Senate Select Committee on Men's Health

About the contributor:
I am a public health policy consultant with more than 25 years' experience in health policy development, analysis and implementation. I have worked for government and non-government organisations in the UK and Australia, including the National Heart Foundation, ACT Health, the Department of Health & Ageing and the Australian Medical Association. Following a professional focus in the areas of tobacco control, environmental health and overweight/obesity, I have been researching and writing on men's health (particularly health literacy and health promotion) since 2007, and am an Affiliate Member of the Freemasons Centre for Men's Health, Adelaide.

Introduction

In 1992, a section on men's health was included in the UK Chief Medical Officer's annual report, marking the first acknowledgement at government level that men's health was problematic.[1] In 2009, such an acknowledgement has not yet been made in Australia.

While statistics continue to reveal men's poor health, there has been limited acknowledgement of men as a population group with specific health needs, beyond sexual and reproductive health.[2] International and Australian researchers have concluded that males of all ages are more likely than females to engage in more than 30 behaviours that increase the risk of disease, injury and death.[3]

This is not to 'blame' men, as individuals, but to acknowledge that it would be negligent to pretend to analyse or address 'men's health' without considering how 'what it means to be a man' influences men's health-related values, beliefs, attitudes and behaviour.

A greater understanding is required in relation to the role of hegemonic masculinity and other 'masculinities', and to the ways that concepts of masculinity may change over the life cycle.[4]

More research needs to be conducted with men themselves: the field of men's health provides important opportunities for 'lay epidemiology'.[5] There needs to be an awareness that men's health is at least as much a social issue as it as a medical one. Finally, a national policy approach

1 A K White, 2006, Men's Health in the 21st Century, *International Journal of Men's Health*, 5:1.
2 Smith JA 2007 Addressing Men's Health Policy Concerns in Australia: What can be Done? *Australia and New Zealand Health Policy*. 4:20.

3 W Courtenay, 2000, Constructions of Masculinity and their Influence on Men's Well-being: A Theory of Gender and Health: Towards an Interdisciplinary Journal, *Social Science and Medicine* 50:1385-1401.

4 JA Smith, A Braunack-Mayer, G Wittert and M Warin, 2007, 'I've been Independent for so Damn Long!': Independence, Masculinity and Aging in a Help Seeking Context. *Journal of Ageing Studies*. 21:325-35

5 'Lay epidemiology' refers to the processes through which health risks are understood and interpreted by laypeople. Empirical beliefs about the nature of illness and values about the place of health and risks to health in a 'good life' can present barriers to public health (P Allmark and A Tod, 2005, How should public health professionals engage with lay epidemiology?', *Journal of Medical Ethics* 32:460-463).

to men's health in Australia would benefit from thorough consideration of the outstanding policy research and subsequent policy developed for the Republic of Ireland.[6]

1. Defining what we mean by 'men's health'

The background papers for the development of a national men's health policy by the Department of Health & Ageing contain no indication of what is meant by 'men's health'. It is promising that the Committee's terms of reference state that they will be considering services and funding 'for men's health' *including but not limited to* 'prostate cancer, testicular cancer, and depression'. It is important to
(a) establish what we mean by 'men's health',
(b) ensure that men's health involves more than diseases and conditions that affect men, and
(c) ensure that 'men's health' incorporates issues around men's 'wellness' in their day to day lives rather than their roles vis a vis the health care system.

A widely-accepted definition of 'men's health' is:

any issue, condition or determinant that affects the quality of life of men and/or for which different responses are required in order for men (and boys) to experience optimal social, emotional and physical health.[7]

A similar definition has been adopted by the Men's Health Forum in England:

A male health issue is one arising from physiological, psychological, social or environmental factors which have a specific impact on boys or men and/or where particular interventions are required for boys or men in order to achieve improvements in health and well-being at either the individual or the population level.[8]

As the references to 'quality of life' and 'well-being' suggest, it is important to ensure that the notion of 'men's health' is broad enough to include disease prevention, health promotion, and the aspects of 'health' than do not necessarily involve direct contact with the 'health care system'.

2. A 'gender lens' and health mainstreaming

Gender has long been recognised as an important determinant of health, and gender frameworks are vital for understanding how programs can improve health outcomes for both men and women.[9]

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6 N Richardson, 2004 *Getting Inside Men's Health,* Health Promotion Department, South Eastern Health Board, Republic of Ireland. Website: www.healthpromotion.ie; Department of Health and Children (Ireland), 2008, *National Men's Health Policy 2008-2013: Working with men in Ireland to achieve optimum health and wellbeing*, by N Richardson and P Carroll, Dublin: Department of Health and Children, www.dohc.gov.ie

7 New South Wales Health 1999, *Moving Forward in Men's Health*, HSP No. 990064

8 Men's Health Forum, 2004, Getting it sorted: a policy programme for men's health, London: The Men's Health Forum (England & Wales), cited in White 2006.

9 H Keleher, 2004, Why build a health promotion evidence base about gender?, *Health Promotion International* 19:3, p.277-279.

A focus on 'men's health' and 'women's health' should not be a distraction from the main game: the overall need for a 'gender lens' to be applied to health policies, programs and services . This is now routine for health (and other) policies in a number of other countries, and is an approach endorsed by the United Nations and the World Health Organization.[10] The UK's *Gender Equality Duty* makes it mandatory for all public sector organisations across the UK to take proactive steps in positively promoting gender equality for men and women.

Australia has no national gender analysis framework or, as yet, no formal commitment to gender equity in health. While the Royal Australian College of General Practitioners and the Australian Medical Association developed position statements on men's health more than 10 years ago, the momentum has lagged: the RACGP offers on-line education in women's health but not men's health, and most Divisions of General Practice do not offer men's health in-service education.[11]

Incorporating gender considerations into research, analysis, patient care and policy planning will help optimise health outcomes for both men and women.

3. Masculinity

It is a particular concern that, to the extent that gender and the 'experience of being male' are acknowledged in the development of the national men's health policy, the awareness of gender does not include an acknowledgement of the central role of 'masculinity' in men's health, either in relation to prevention or treatment. There is abundant evidence, from Australia and elsewhere, that stereotypical masculine traits do influence men's health.

We need to understand the influence of masculinity on values, beliefs, attitudes and behaviour.[12] It may seem like 'stereotyping', but expressions of fatalism, stoicism, a lack of self-efficacy, not wanting to share problems, wanting conclusive answers, giving a low priority to 'health' unless it relates to functional impairment, reluctance to engage in behaviours in order to prevent disease, refusal to apply information even when it is understood, and ridiculing other men's interest in or attempts to improve health – are all traits that heterosexual Australian males are known to display. As Alan White, who holds the UK's first Chair in Men's Health, has put it: 'We need to explore how theories relating to men and masculinity can help in unravelling men's health beliefs and behaviour.[13]

More research into how gender interacts with factors such as social class, education, age, employment status, geographical location and community, occupation, marital status, race, ethnicity, sexual orientation and disability would be extremely helpful in understanding and

10 World Health Organization, 2002, *Gender Analysis in Health: A Review of Selected Tools.* Geneva: WHO; World Health Organization, 2007, Strategy for Integrating Gender Analysis and Actions into the Work of WHO. Website: www.who.int.

11 Foundation 49, 2007, *Men's Health Education and Resource Development: National Needs Assessment*, May.

12 For examples, see J Gullotta, 2008, 'Men's Health, Who Is Responsible?, Speech to the Australian Taxi Industry Conference, Canberra, 8 April, http://www.ama.com.au/node/3001; M Jain, 2009, 'Want to live a bit longer? Speak up', Washington Post, 17 Feb., http://www.washingtonpost.com/wp dyn/content/article/2009/02/13/AR2009021302483.html.

13 White 2006.

addressing current barriers to help-seeking and prevention by men.

An understanding of how 'masculinity' influences men's health, and how it interacts with other factors, is likely to be important in progressing discussions about what needs to happen, and how, to improve men's health outcomes. There are important questions, such as whether it is more appropriate or effective to seek to improve men's health by attempting to change masculine paradigms, or by attempting to embrace and utilise them (as exemplified by *Men's Health* magazine and health promotion initiatives such as 'PitStop' and 'TuneUp'), or by attempting to circumvent them through changes to men's environment which make 'healthy choices' the default option[14].

4. Disease prevention and health promotion

Among the omissions and limitations in the suite of papers forming the backdrop to the development of the national men's health policy is a coherent focus on prevention as an issue in its own right. In suggesting that the health system and men themselves are responsible for improving men's health[15], the approach also fails to acknowledge the roles of governments and the private sector in influencing behaviour.

This is not to diminish the importance of making health services more 'male friendly' but to ensure that emphasis is also placed on keeping men healthy through individual choices as well as through structural/environmental reforms to make the healthy choices the easy choices.

We know that health promotion is a values-based activity and that, to be successful, health messages must be communicated within culturally specific frames of reference, in ways that match the core motivators of a target audience, and in language that is relevant to the target group[16]. Successful health promotion involves offering people something they value in exchange for adopting the recommended behavior. 'You need to know and understand the target group's experiences, beliefs, values and needs. … The psychosocial motivations of consumers for social acceptance, belonging, status and the social norms that frame their needs.'[17]

For various reasons, including budgetary constraints, gender has been often been neglected in the planning and implementation of health promotion and disease prevention strategies. It is assumed that interventions will be effective for *both* men and women. Programs in the areas of exercise, nutrition, relaxation and addiction have all been designed without sensitivity to gender

14 World Health Organization, 1986, *Ottawa Charter for Health Promotion*. Geneva: WHO; National Preventative Health Taskforce, 2008, *Australia: the Healthiest Country by 2020: A Discussion Paper,* Canberra: Commonwealth of Australia, http://www.preventativehealth.org.au/internet/preventativehealth/publishing.nsf/Content/discussion-healthiest.

15 Department of Health & Ageing , 2008, *Developing a Men's Health Policy for Australia: Setting the Scene*, p.vii, http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-mens-policy-kit.

16 L Downing, 2008, Framing your message, in *VicHealth Letter* Issue No.33, Spring, p.11.

17 J van Vugt, 2008. Marketing & public health, in *VicHealth Letter* Issue No.33, Spring, p.5.

differences. There is now sufficient evidence to support the view that gender differences in health-related behaviour are relevant in the planning of health promotion and prevention. Switzerland has developed an instrument to support the process of gender sensitivity[18]. The wealth of detailed and sophisticated knowledge and understanding that regularly forms the basis of commercial marketing needs to be more extensively utilized for social marketing to various populations of men.

There seems to be little disagreement that, 'there are health improvement potentials that have not yet been exploited and there should be a stronger emphasis on men as a target group for disease prevention and health promotion'.[19] Work relating to health promotion for men would benefit from a sustained and adequately resourced effort to bring together the currently dispersed research evidence in coherent and accessible forms.[20]

5. Men's health literacy

Health literacy – and men's health literacy, in particular -- needs to be the focus of more research and theoretical understanding.

Unlike the United States, Britain and Canada, Australia lacks a national health literacy strategy. Whether defined in its limited sense as the ability to read and comprehend health-related information to successfully function as a patient or in its broader sense as encompassing the skills and abilities to access, understand and apply information to promote and maintain good health in everyday life, health literacy has received little more than a mention in recent Australian discussions around chronic disease prevention or in the development of new national strategies for women's and men's health. While Australia's National Health & Medical Research Council has noted that health literacy needs to be addressed, it has given little indication of what its understanding of health literacy, or its challenges might be. Addressing men's health literacy presents numerous challenges, and the discussion about factors which impact on men's health literacy has not really begun.

Health literacy authority Prof Don Nutbeam has explained that:

> Improving health literacy in a population involves more than the transmission of health information … Helping people to develop confidence to act on that knowledge and the ability to work with and support others will best be achieved through more personal forms of communication, and through community-based educational outreach … to promote [a] greater independence and empowerment among the individuals and communities we work with – we will need to acknowledge and understand the political aspects to education, focused on overcoming structural barriers to health.[21]

At its most basic, presenting information in a way that will be readily understood and acted upon is integral to health literacy, health education and health promotion. With evidence that men are especially skeptical and cynical about health information, and with traditional masculinity

18 P Kolip, 2008, Gender sensitive health promotion and prevention, *Bundesgesundheitsblatt Gesundheitsforschung Gesundheitsschutz.* 2008 Jan;51(1):28-35.

19 P Kolip, 2007, Men as a target group for disease prevention and health promotion, *Int J Public Health* 52, pp.267-268.

20 JA Smith and S Robertson, 2008, Men's health promotion: a new frontier in Australia and the UK?, *Health Promotion Intl* 23(3), pp.283-289

21 D Nutbeam, 2000, Health Literacy as a Public Health Goal: A Challenge for Contemporary Health Education and Communication Strategies in the 21st Century. *Health Promotion International,* 15:3, 259-67.

associated with poor health behaviours, information must be sufficiently relevant and engaging to help encourage change in what are often entrenched attitudes, beliefs and behaviours.

Although Australian research on health literacy lags behind that in countries such as the US, UK and Canada, there is enough information to suggest that Australian men's health literacy offers significant scope for improvement. There are opportunities to improve men's knowledge, understanding, and motivation in relation to day-to-day information that impacts on health-related choices and behaviour.

6. **Making it happen**

The awareness and promotion of men's health needs to be supported and resourced at all levels of government and within non-government agencies. This goes beyond gender-awareness training for health professionals and implies a cultural shift in the way policies and programs are designed, implemented and evaluated. The Australian Bureau of Statistics and the Australian Institute of Health and Welfare, as well as State-based data collection facilities, need to stop 'controlling for gender' in their data analysis and to start looking more closely at what the data tell us about gender and health. We need major longitudinal men's health studies.

A Chair of Men's Health (as has been established in the UK) could be an important focal point for increased research, legitimacy and awareness around men's health.

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