Why we need National Male Health Policy

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INTRODUCTION

We need a National Male Health Policy because the National Mortality and Morbidity Rate of males demonstrate a rate of premature death of men that is not only unacceptable but also from diseases that are preventable.

"Most people assume that men, by virtue of their economic advantages in society, must be correspondingly healthy. Those of us who look at health statistics know, however that being male is a risk factor for premature mortality from infancy through to old age.

There is increasing recognition of this issue, but little yet in the way of progress".

Extract from media release launching the Man Model of Health Promotion in Canada. David Bowering M.D. MHSc., Medical Health Officer, North Okanagan Health Region British Columbia Canada.

WHAT IS MEN'S HEALTH?

Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity (World Health Organization, 1998). Accordingly, men's wellbeing is more than absence of disease and illness. It includes men taking charge of their lives, utilizing and stimulating available resources to provide services and creating opportunities for better health for men. It involves challenging and questioning, but also accepting limits and boundaries (Williamson P., 1995).

Male Gender (extracts Murphy C., 2001)

Gender is a significant determinant of health. Observation and epidemiological studies prove that there are differences in the health status of different subsets of men and women (Huggins A., 1999).

Many myths exist in relation to what represents appropriate attitudes and behaviours for men. These myths are often reflections of various roles men play in society that are frequently related to the sex role and work role expectations imposed by society. Many of these stereotypes held by society in general, and by men themselves, present barriers to men as they strive for optimal health (Forrester D., 1986). Research has shown that these stereotypes and expectations are stricter in rural areas (Bond G., 2000).

Much ill health among men is a consequence of lifestyle (Fareed A., 1994). Gender is a significant determinant of health. Observation and epidemiological studies prove that there are differences in the health status of different subsets of men and women (Huggins A., 1999).

Personal beliefs about masculinity and attitudes that place work and other commitments first and take precedence over health and well-being result in men ignoring warnings or symptoms of ill health and making poor use of preventative and treatment services. The 'Aussie Bloke'culture, 'she will be right, mate' can kill or put men at risk.

Behaviour and subsequent health outcomes are influenced by many factors including peers and family members, responding to workplace expectations and community needs. This is of particular concern when the dominant social culture reinforces participation in risk taking behaviours and unhealthy lifestyles (Fareed A., 1994). Most of the causes of ill health in men are preventable by men taking responsibility for their health and changing their lifestyles (Grochulski A., 1998).

The Male Journey (Murphy C., 2001)

National figures show that after the first year of life, boys have a death rate 35% higher than girls (Mathers, 1996). Generally more boys than girls have mental health problems, including disruptive and antisocial behaviours (Mathers, 1995).

Boys experience many of the social factors affecting men's health during childhood.

Men aged 15-24 years may not be informed of health issues know where to seek help or may be reluctant to seek help.

For men aged 25-54 years, a major influence on their health is the workplace. They experience pressure due to job insecurity, long working hours, promotion and rapidly changing technology. Unemployment and forced retirement can be a major health hazard for men in this age bracket.

For older men (55+), the focus moves from work related stresses to retirement. The life expectancy of men in the year 2001 being 75 years means a greater life span after retirement than their forefathers. This brings with it, it's own issues.

INDIGENOUS MALE HEALTH

Indigenous males are more likely to die from heart disease, have one or multiple risk factors for heart disease i.e. smoke, have an excessive alcohol consumption, have diabetes, hypertension, are overweight and do little exercise. A compounding factor contributing to these prevalence rates is the reluctance of indigenous males to attend health clinics because of a lack of cultural sensitivity (Hayman N., 1999).

It is estimated that the average life expectancy of Aboriginal males is 55.2 years, approximately 20 years less than that of other Australian males (Department of Human Services, 1999).

WHY DO WE NEED A NATIONAL MALE HEALTH POLICY?

History of recent policy discussions (Denner, B., & Gibson, M., 2000)

Since 1994 when the then Federal Health Minister, Carmen Lawrence acknowledged that men throughout their life span were more likely to experience ill health or death than women, little has occurred at the state or federal levels of government to formally address men's health needs. Further in 1999, the Healthy Horizons Framework for Improving the Health of Rural, Regional and Remote Australians similarly identified men's health issues in terms of suicide, depression and other mental health problems, injuries, homicide and fewer GP consultation rates (Gibson, M. & Denner, B. 2000). The Commonwealth Department of Human Services and Health produced a draft National Men's Health Policy in 1996 informed in part by community consultation in the first National Men's Health Conference in Melbourne in 1995, but the final report is still pending (AIHW and HF Aust 1999). In 1998 the NSW Health Department produced a discussion paper on Strategic Directions in Men's Health (Noblet A.J. & Murphy C.P., 1995) and in 1999 at the state level, the South Australia government began to develop a Men's Health Policy. Similarly, the Standing Committee on Health and Community Care submitted a report to the Legislative Assembly in ACT on Men's Health Services (Denner, B. 2000). Until 1995, men had not been consulted about their individual or gender-specific health needs.

In 1997 Bernard Denner made a presentation to Federal Parliament House of Representatives Standing Committee on Family and Community Affairs discussion on Men's Health. A Paper has been published but no apparent outcome of this Federal Initiative chaired by Mr John Forest, MP, Member for Mallee has been forthcoming.

There is enough evidence and enough talk. Now is the time to act

A National Strategic Framework for Men's Health will acknowledge men's health as a national health priority based on the National Health Priorities and the mortality and morbidity status of men

- There is epidemiological evidence that men have a shorter life expectancy than women, access health care less frequently and respond differently to life stresses
- Many of the factors contributing to the poorer health status for men are preventable and can be addressed in the community setting
- Stereotypes held by society and men themselves, present barriers to men when responding to their individual health needs
- Recognition that men need Programs that they feel will provide a result and outcome.

A Strategic Framework for Men's Health incorporating a national men's health program initiative into the existing health care services as well as initiating separate and dedicated services for men will provide men with opportunities to address their issues.

At present the debate is still at the stage of identifying how we best approach men, inspire their interest in preventative health care, attract their attention to public health programs and generally raise their awareness of the health services and health professionals available for their use. This contention was supported in the Draft National Men's Health Policy which recognised a social view of health incorporating social, economic, cultural and political factors which lie outside the health system and make a major contribution to patterns of health and illness among population groups, including men. It has been well documented that men are more likely to have adverse lifestyle patterns, poor health service utilization particularly preventative health services and show a poor uptake of health promotion messages. If men at present do not come to the health services, and then men's health programs may need to journey to where men are gathered, be it the workplace, the football or the pub. (Denner, B., & Gibson, M., 2000)

There are many barriers to why men ignore their health maintenance. An absence of after-hours medical clinic sessions makes attending a GP problematic (Verrinder A., 2000). Workplace health programs for men are essential to overcome issues of discomfort or the obligation to work, that men experience.

There is no debating the national health status of men which clearly demonstrates by the epidemiological and life expectancy data that there is a problem that needs to be addressed. The figures (Table 1 and 2) indicate that there is a community health issue that needs addressing.

Causes of Death	Men	Women	% Rate M/F
Suicide	971	237	410%
Cancer	571	742	77%
Heart Disease	232	68	475%

Table 1 Australian National Figures
Numbers of Death …Age Group 25-44 (1997),
Australian Bureau of Statistics

	MALE	FEMALE
Australia*	75.6	81.2
Victoria *	75.7	81.4
Loddon Mallee	74.9	81.1

Table2 Example…Life expectancy in years for men and women comparing
Victoria, Victorian Regional Area and Australia, 1996
*** AIHW – Health in Rural and Remote Australia, 1996**

Life expectancy in years for Australian geographical locations shows that the life expectancy of men living in rural or remote areas is up to 4.1 years less than that of men living in metropolitan areas. For women the difference is slightly less at 3.8 years (Strong K., 1998).

We tend to believe that country living is better for us (Welch N., 2000). Whilst parts of these assumptions may be correct, rural statistics show that for some people, and in particular men, living in rural or remote areas can mean that they are more likely to have:

- Higher mortality and morbidity rates for some diseases and injuries
  Suicide and self-injury
  Road vehicle accidents
  Asthma
  Diabetes
  Infant mortality

- Increased rates of hospitalization (Strong K., 1998).

In Australia, rural and remote men require special attention not only in relation to gender issues and health but also in relation to geographical location, service availability and utilization.

It is not sufficient to view men's health entirely by diseases or that all men are the same.

Men's health incorporates:

- Conditions specific to men (e.g. prostate and testicular cancers)
- Identified areas of greater morbidity and mortality for men (e.g. injury)
- Social factors which impact on men's health behaviours and outcomes (e.g. Unemployment,education and relationship breakdown)
- Rurality has an impact on men's health outcomes (mortality rates and Indigenous rates)

Our research clearly indicates that men have health needs beyond the National Mortality and Morbidity Health Status of men. Our research (Table 3) is based on 6 years of Men's Health Nights nationally and further illustrated by results based on Canadian feedback.

No.	**Issue / Australian Men**	**Issue \ Canadian Men**
1	Heart Disease	Heart Disease
2	Cancer	Cancer
3	Exercise / Fitness	Exercise / Fitness
4	Cholesterol	Blood Pressure
5	Stress Management	Cholesterol
6	Blood Pressure	Urinary / Bladder

7	Wellbeing	Diabetes
8	Urinary / Bladder	Wellbeing
9	Retirement	Stress/Depression
10	Diabetes	Retirement/Social Activities

Table 3 Top 10 issues for Australian and Canadian Men

When you consider the risk factors of women's health and the resources available to women to fight disease such as cancer, we then need to consider why men do not have the same. One answer is that women are more proactive and demand better health outcomes than men do. In a word women 'Value' themselves. In Australia the attitude and 'image' of the 'stoic' man has to change in order that men not only live longer, average age man 76 years, woman 84 years, but reduce their premature mortality rate by a more proactive practice to early intervention and better lifestyle practices.

The question being debated is how we best approach men, inspire their interest in preventative health care, attract their attention to public health programs and generally raise their awareness of the health services and health professionals available for their use. Recent Federal Government initiatives to increase General Practitioner (GPs) numbers in rural areas as a solution for better health outcomes for males is too simplistic when you take into account that most males without symptoms do not attend at a GP.

Difficulties arise when attracting asymptotic clients to behaviour change programs. This is especially so in males. (Men's Health Report, 2000).

Men typically go to the General Practitioner (GP) or Hospital when they have symptoms, rather than practicing preventative health care. We all know that prevention is better than cure, but men in general, and in particular in rural communities, have not received this message. If we can get men to reduce risky behavior patterns, seek regular check ups and adopt healthy lifestyle practices, we will have gone a long way to reducing their mortality rate and provided a pathway for men to enjoy a happy, healthy and longer life.

If we are going to assist the cause of Men's Health, it is imperative that we consider a broader range of factors, socioeconomic and locational as well as genetic, hereditary and environmental. As demonstrated in Table 3 by what men see as their issues of health depends on their environment, age, social status and work.

We can also draw conclusions from the Man Model of Health Promotion for men, that men do not value themselves enough. This translates into the ineffective way, and the unwillingness, men have to address health issues. Men need to be reminded of their value beyond their perception that their 'job'and ability to generate income is their only worth.

The very existence of a more proactive approach to male health through a National Male Health Policy may encourage men to value themselves and their health better.

It cannot be under rated the value of a Health Education strategy that will create a greater understanding of the issues and risks associated with maleness. Education empowers men to act. Men respond to and deal with issues that they can understand and without this understanding they will not be empowered to deal with their issues.

The MAN Model of Health Promotion was designed on the premise that recognition of risks empowers individuals to reduce risks.

The MAN model has developed a Health Promotion process for the wider community of men, learning from the model of women's health, to achieve a greater awareness of their issues. Men have demonstrated when given the opportunity in away that they feel is ‘comfortable’ then they will attend at sessions on health education with Men’s Health Nights attracting over 12,500 men in recent years. The ‘GutBusters’ Program for men is also clear evidence that men will embrace ‘male friendly’ and male relevant activities that deal with their health. This needs to be encouraged with a National Health Strategy.

Men's Health is a very important issue as the results of male "unwellness" both physically and mentally affects families, relationships, communities and the workplace, besides the impact on the man himself.

It is important to recognise that men are different and that their needs are different. Recognizing that men are different provides Health Practitioners with a greater ability to achieve results for the wider community of men in their endeavours to move forward from those risk factors that at the time impact on their health and wellbeing.

BENEFIT OF A NATIONAL MALE HEALTH POLICY

A National Male Health Policy will set a framework and strategy that will provide the Health Industry with a direction based on best practice models that attract men to act in dealing with male health issues in a similar way as women deal with women’s health issues.

Every State and Territory has a direction and works in collaboration with the Federal Health Departments in addressing the national health priorities of women based on Longitudinal Studies, research, best practice health promotion models such as breast screening, cervical cancer and screening for general female health issues. The health system also tackles the issues of women’s wellbeing based on long-term research into women’s wellbeing. This is a product of a National Women’s Health Policy and a National Women’s Health Office that sets the agenda for Federal initiatives and provides guidance and strategies for State and Territory Women’s health programming.

The States of New South Wales, South Australia, Western Australia and the Capital Territory have all developed a Men’s Health Strategy Paper or Policy but little has advanced from that in each State or Territory. Victoria is still to release a Policy or Strategy for Men’s health.

A National Male Health Policy will help provide guidelines to States and Territories in order that more local Policy will be adapted to meet the needs of all males. Men's health is a national priority and cannot simply be treated as a gender issue in the National Health Policies. It cannot simply be assumed that the Health System without guidance, a Policy or Strategy for men's health will effectively address the issues of men's health.

CONCLUSION

Australia is not alone in their lack of a National Male Health Policy. Recently the work of the Man Model in Canada highlighted the lack of a National Male Health Policy and direction for men's health in their country. The frustration of Health Professionals to be able to adequately deal with male health issues without health policy guidelines and funding is apparent in both countries. The Canadian Province of British Columbia for example does not have a state policy that helps Health Services to address their similar issues of high mortality and morbidity rates of males along with issues of depression, suicide and risky behaviours. In Australia the lack of State policy for men's health is also putting men at risk and frustrating health workers in their quest to educate men to their risks.

We should learn from the benefits of the National Women's Health Policy and the example and strategies it helps set for States and Territories. We need to adopt as a matter of urgency a National Male Health Policy for all Australian Males. A Longitudinal Study on Men's Health similar to the Australian Longitudinal Study on Women's Health currently being conducted by University of Newcastle should be funded for males. The findings of the Women's Study will provide further guidance for strategies to deal with women's health issues in the 21st Century. Such a study for male health would help set an agenda for funding and program strategies from Federal, State and Territory Governments that would help support the Health Industry to address the issues and reduce the mortality, morbidity and premature death rate of Australian males.

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