Improving the health of Australian men

By Kylie Woolcock

Introduction

Australian males have one of the highest life expectancies in the world (78.7 years).\(^1\) However, they continue to have a lower life expectancy than Australian women (83.7 years).\(^1\) Indigenous men have an even lower life expectancy (67.2 years), as do males in rural and remote locations (70 years). Poorer health outcomes are also apparent in migrant males; socially disadvantaged males; gay, bisexual and transgender males; males with disabilities; males with mental health conditions; and servicemen and veterans.\(^2\)

The major contributors to premature death in males include coronary heart disease, lung cancer and other heart diseases, which are largely preventable, as well as suicide and land transport accidents.\(^2\) The increased risk of preventable disease in Australian males is associated with important lifestyle factors including:\(^3\)

- Nutrition – only 5% of adult males eat sufficient serves of both fruit and vegetables\(^4\)
- Physical activity – only 32.4% of males aged 15 years and over undertake sufficient physical activity\(^4\)
- Overweight and obesity – 68% of adult males are overweight or obese\(^4\)
- Smoking – 16.4% of males (14 years and over) smoke daily\(^4\)
- Alcohol consumption – 14.4% of males (15 years and over) engage in risky or high risk drinking behaviour and 9.6% of males (14 years and over) drink alcohol daily.\(^4\) Males over the age of 70 years are most likely to drink daily, while males aged 18–29 years are most likely to drink in a pattern that places them at risk of alcohol-related injury.\(^5\)

Primary prevention activities (to reduce the likelihood of developing a disease or disorder) and secondary prevention activities (to prevent or minimise the progression of a disease or disorder) that are tailored to the needs of males have been identified as priorities for improving the health of males.\(^2\)

Male awareness of risk factors

One factor that contributes to poor male health outcomes is gaps in their awareness about risk factors, age-related disease risk, and symptoms of chronic disease.\(^2\) For example, it has been reported that males have:\(^2\)

- low levels of knowledge about the benefits of physical activity in preventing diabetes, cardiovascular disease and cancer;
- low levels of awareness of the association between bodyweight and diabetes;
- a lack of knowledge about reproductive health (which can lead to unnecessary anxiety and delays in seeking advice and treatment);
- low levels of awareness of their risk of sexually transmitted infections, such as chlamydia; and
- low levels of awareness about the long-term health consequences of binge drinking.

Male health seeking behaviour

Another factor that contributes to poor male health outcomes is the difficulty in engaging males in preventive health activities.\(^2\) It has been reported that compared to females, males are:\(^2\)

- less willing to attend health education sessions
- less interested in information on illness prevention
- less willing to have an annual health check-up; and
- less willing to seek advice from a medical practitioner.

Male access to health services

It has also been reported that males access health care services at lower levels than females.\(^7\) Health expenditure on males aged 20–54 years is 8–10% lower than for females in this age group after maternal expenditure is removed from the data.\(^2\)

A commonly held view is that males are reluctant to visit medical practitioners because it may be seen as a ‘sign of weakness’.\(^2\) However, other barriers to access have also been identified including:\(^2\)

- cost / out of pocket expenses that can’t readily be met
- opening hours being unsuitable for males working full time or with long commuting times
- a lack of GPs and other health care services in rural and remote areas
- a lack of availability of male health care workers, which may be particularly important in some cultures.

Strategies to implement in the pharmacy

Certain health promotion and public health strategies have been directed at engaging men in health care and overcoming some of

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**Learning objectives**

After reading this article you should be able to:

- Discuss men’s health seeking behaviours and some of the barriers to men accessing health services
- Discuss the role of the pharmacist in addressing the health needs of men
- Identify potential health promotion strategies that support men’s health and increase men’s use of health services

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the barriers to men accessing health services. Some aspects of these strategies can be implemented in a pharmacy setting.

1. **Be opportunistic and leverage transitional points**

Pharmacists should consider how they can more effectively ‘reach’ and engage men. Pharmacists and other pharmacy staff can identify and utilise particular transitional points in men’s lives as positive health promotion opportunities. For example, during early adulthood and before fatherhood there are potential opportunities to raise awareness about male sexual and reproductive health and identify risk factors for infertility, impotence and chronic disease. Some examples are listed in Table 1.

2. **Support the efforts of campaigns and services in your area**

Programs that reach beyond the individual to the social context (e.g. mass media campaigns that reinforce public health messages) have been found to increase health-related behaviour change in males.

With the recent release of the **National Male Health Policy**, the Australian Government has committed to action to improve the health of Australian males. This will see an increase in media campaigns and other public health interventions that target male health priority areas. Programs to improve male health are also delivered at a local government and community level. Some examples include:

- The MS Project
  A national men’s preventive health program that encourages males to take five preventive steps towards improving their health:
  1. Share their family history with their GP;
  2. Know their healthy weight;
  3. Check their blood pressure;
  4. Stop smoking – it’s the only healthy option; and,
  5. Maintain a healthy mind and a healthy body.
  For more information, visit www.m5project.com.au
- ‘Tradies Tune Up’ project
  An ACT and regional NSW project that uses a fully equipped mobile van to provide males in the building and construction industry with a 20-minute health check or ‘tune-up’. The health checks include an assessment of cholesterol, blood pressure, blood glucose, alcohol consumption, diet, waist measurement and mental health. For more information, visit: https://ozhelp.org.au/site/whatwedo_categories.php?task=detail&id=0005
  - Men’s Sheds
    There are more than 650 registered Men’s Sheds across the country that offer a ‘safe and friendly environment where men are able to work on meaningful projects at their own pace in their own time in the company of other men. Men’s Sheds are community-based, not-for-profit organisations that aim to advance the well-being and health of their male members. For more information, visit www.mensshed.org.
- 3. **Transform traditional gender norms**

The World Health Organization (WHO) has categorised interventions aimed at achieving equity in health into:

- **gender-neutral** (programs that do not distinguish between the needs of men and women, neither reinforcing nor differentiating gender roles);
- **gender-sensitive** (programs that recognise the specific needs of males based on the social construction of the gender role); and
- **gender-transformative** (programs that seek to transform gender norms and promote a more gender-equitable relationship between males and females).

Programs identified as being gender-transformative have been shown to be more effective at changing health-related behaviour compared to other programs.

In the pharmacy, it is important to engage the father in the health care of other family members. When discussing a child’s health, the role of the father as carer needs to be acknowledged. Men should be encouraged to participate more actively in the care of their children. Becoming a father is often the first time men need to interact with the health system, and it can be motivation for them to stay healthy themselves. Evidence suggests that when fathers are engaged and involved in the health care of their families, there are improved health outcomes for themselves and their children.

4. **Tailor your communication approach to men**

Traditional masculinity is a social construction that is associated with emotional restrictiveness, avoidance of femininity, self-reliance/independence, aggression/dominance, and competition/achievement. It has been suggested that these characteristics can contribute to negative health behaviours and poorer health outcomes in men. Gender norms influence how men interact with the health care system. For some men, messages about health can be threatening because they suggest vulnerability and mortality. Males may experience a sense of danger or fear, and then act to control those feelings. If men feel they are susceptible to the ‘threat’ and can take action to control it successfully, they engage in ‘danger control’. They take positive action to adapt their behaviour. If they feel they are susceptible to the ‘threat’ but cannot take the needed action to address it,

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**Table 1. Examples of health promotion opportunities for different transitional points in male lives**

<table>
<thead>
<tr>
<th>Transitional point</th>
<th>Example health promotion opportunity</th>
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<tbody>
<tr>
<td>Leaving school and early adulthood</td>
<td>Highlight the benefits of prevention of sexually transmitted diseases and reduction of risk behaviours</td>
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<tr>
<td>Fatherhood</td>
<td>Promote fatherhood as a motivating factor for better self-care</td>
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<tr>
<td>Workplace</td>
<td>Identify occupational health risks (e.g. daytime drowsiness associated with sleep apnoea), and discuss risk factors with males in their workplace</td>
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<tr>
<td>Relationship breakdown</td>
<td>Identify where males can be vulnerable to depression and risk behaviours such as excessive drinking, smoking, self-harm or poor self-care</td>
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<tr>
<td>Drought or other adverse events in rural life</td>
<td>Acknowledge the impact such events have on males</td>
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<tr>
<td>Retirement or retrenchment</td>
<td>Identify opportunities for active health care while acknowledging the greater risk of depression or poor mental health outcomes for isolated males.</td>
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</tbody>
</table>
they engage in 'fear control'. To cope with fear, they may avoid or deny the health concern, or minimise the associated risk in an attempt to retain a perception of self-reliance and independence.\(^a\) Pharmacists can support men to take control of their health by identifying and addressing these feelings during the counselling process. They can provide information to support men to care for their own health and highlight the benefits of adopting healthy behaviours.

It is also important to be aware of the different ways that males and females communicate with health care providers. Certain counselling techniques can be used to address male communication characteristics (see Table 2).


<table>
<thead>
<tr>
<th>Male tendency</th>
<th>Counselling technique</th>
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<tr>
<td>Provide minimal verbal and non-verbal feedback</td>
<td>• Use open-ended questions</td>
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<tr>
<td>Do not interpret subtleties in conversation or body language</td>
<td>• Ask for feedback</td>
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<tr>
<td>Less likely to share concerns or problems</td>
<td>• Demonstrate professional competence</td>
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<td></td>
<td>• Be direct, concise and matter-of-fact</td>
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<td>• Use humour thoughtfully to facilitate a ‘laid back’ and ‘friendly’ environment</td>
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<td></td>
<td>• Resolve health issues promptly</td>
</tr>
<tr>
<td>Avoid taking orders (which undermines independence)</td>
<td>• Provide ways they can self-monitor their health.</td>
</tr>
</tbody>
</table>

**Questions**

1. **Select the LEAST appropriate statement.** Becoming a father:
   a) is a motivating factor for better self-care.
   b) provides an opportunity for health professionals to engage males in discussions about improving their own health.
   c) is often the first time men need to interact with the health system.
   d) provides a health promotion opportunity to identify occupational health risks.

2. **A health promotion program addressing the risk factors for sleep apnoea would be BEST targeted at men:**
   a) who have recently retired or been retrenched.
   b) for whom daytime drowsiness presents an occupational risk.
   c) who have recently become fathers.
   d) who have experienced drought, flood or other adverse event in rural life.

3. Interventions that neither reinforce nor differentiate gender roles are referred to as:
   a) gender-restrictive.
   b) gender-neutral.
   c) gender-sensitive.
   d) gender-transformative.

**Conclusion**

There are a range of factors contributing to the differences in health outcomes and life expectancies between males and females in Australia. Pharmacists can optimise the health of males in their community by:

- identifying opportunities to engage with men about their health;
- addressing health and health information needs of males;
- collaborating with local health services and other organisations to reinforce key health messages delivered through national campaigns targeted at male health; and
- tailoring communication and counselling to the needs of males.

**References**


A score of 3 out of 4 attracts 0.75 CPD credits.