

## Rationale

In Australia, there remains a disparity between the health of men and women. Australian men are less healthy than Australian women, dying nearly five years earlier than their female counterparts,<sup>1</sup> especially in the 25–65 years age group – the main working period of men's lives.<sup>1,2</sup> In 2014, the median age at death was 78.5 years for non-Indigenous men compared to 84.8 years for non-Indigenous women, and this shorter life expectancy occurred when measured across every age group.<sup>2</sup> The health of Aboriginal and Torres Strait Islander men is worse than any other subgroup in Australia. The reasons for this excess morbidity and mortality are complex and multifactorial (refer to Aboriginal and Torres Strait Islander health core skills unit [AH16] for more detail). Aboriginal and Torres Strait Islander men born between 2010 and 2012 can expect to live to 69.1 years compared to 79.9 for their non-Indigenous counterparts.<sup>1</sup>

Deaths in working-age males are more common than in working-age females. At age 25 years, male deaths are more than twice as common as female deaths, falling to 1.5 times as common at age 50 years, before beginning to rise again to age 64 years. Males account for 62% of premature deaths.<sup>3</sup> Among younger working-age males (aged 25–44 years), death is more likely to result from external causes than from other causes.<sup>3</sup> In 2011–13, the leading single cause of death for males aged 25–44 years was suicide (21.5% of total deaths), followed by accidental poisoning (11.6) and land transport accidents (9.7%).<sup>3</sup> Although called 'working-age people', relatively few deaths are formally work-related. Over 90% of work-related traumatic injury fatalities are in males, with 40% of these deaths occurring in men aged 45 years or over.<sup>4</sup>

Men carry a significantly larger burden of illness compared to women,<sup>5</sup> and unhealthy behaviours are more common in men. As an example, in 2013–14, 18.3% of men reported daily smoking compared to 14.1% in females, and 16.3% of males were found to be more likely to drink daily compared to 11.5% of females.<sup>2</sup> Similarly, 17% of males have reported to have used illicit drugs compared to 12.3% of females.<sup>6</sup> In 2013, 86.9% of cases of newly diagnosed HIV infection in Australia were in men.<sup>7</sup>

General practitioners (GPs) are less likely to see males in patient encounters than females. In 2013–14, the Bettering the Evaluation and Care of Health (BEACH) program reported that of 94,952 patient encounters surveyed, 43.1% of patient encounters were with males compared to 56.9% with females.<sup>8</sup> This was reflected across all age groups except for children aged less than 15 years, and was greatest among younger adults (15–24 years and 25–44 years)<sup>8</sup> This disparity in access to healthcare, with a low rate of presentation of men across the decades of middle and older age, has been linked to men's shorter life expectancy.

General practitioners are well situated to address the specific healthcare needs of men. Good general practice men's healthcare not only includes early identification and management of disease, but involves recognising that major improvements to men's health will be achieved by challenging the way masculinity is defined in Australian culture. This recognises the importance of how boys develop socially, explores ways of taking GPs and health teams to the men who under-attend general practice, and addresses the marketing of general practice services to men. Building these links between general practices and the community has the potential to enhance the relationships between men and their GPs and improve health outcomes.

## Gender in healthcare

Women and men experience health differently. Biological sex differences, such as reproductive health and sexuality, are responsible for health issues traditionally regarded as 'men's health' or 'women's health'. Gender refers to the different social and cultural roles, expectations and constraints placed on men and women because of their sex. When analysing the experiences and impacts of health on men and women, differences relating to gender, in addition to biological sex, need to be considered.

Gender can influence women's and men's health as a result of having different:

- exposure to risk factors
- healthy literacy with varied access to, and understanding of, information about disease management, prevention and control
- subjective experience of illness and its social significance
- attitudes toward the maintenance of one's own health and that of family members
- patterns of service use
- perceptions of quality of care.

Male socialisation and masculinity, social connectedness and work–life balance significantly impact on health. Masculinity has been identified as a key factor leading both men and boys to risk-taking and self-harming behaviours. What may be described as stereotypically male emotional responses may deny access to the healing effects of emotional release and act as obstacles to valuing and prioritising their own physical, emotional and mental health. Knowledge of the impact of masculinity on health and healthcare is critical to the provision of effective general practice care.

Masculine identity and behaviour vary over the course of a man's life and also vary considerably according to cultural and ethnic background, sexual and gender identity, and socioeconomic and geographical locations. An understanding of masculine behaviours and notions of maleness should take into account the wide range of masculinities that exist within multicultural Australia. For example: men living in rural and isolated areas, non–Australian-born men, Aboriginal and Torres Strait Islander men, older men, gay, transsexual and intersex men, men with a disability, men affected by mental illness, war and armed service veterans, and men with other special needs such as divorced and separated men who may, or may not, be primary carers.

Men are more likely to be both the perpetrators of violence and its victims. Violence is a significant health issue for Australian men for many reasons including the effect on victims, the health impacts of imprisonment on perpetrators and the deleterious effects on relationships.

Males are responsible for the vast majority of cases of domestic violence and GPs have a responsibility to deal with its effects. Exposure of boys to violence during their formative years contributes to a range of issues including homelessness, drug use, depression, relationship difficulties and perpetuation of the cycle of violence later in their lives.

# Male health promotion in Australia: The National Male Health Policy

The Australian National Men's Health Policy<sup>9</sup> was released in 2010. This policy encourages all males to take individual action to improve their own health as well as focusing on appropriate government action, cross-sectorial activity, and initiatives that can be undertaken by the health system and community to improve the health of Australian males.

To achieve this, the policy identified six priority outcomes for improving the health of Australian males:

- optimising health outcomes
- working towards health equity between population groups of males
- working towards health equity between males at different life stages
- focusing on preventive health for males
- building a strong evidence base on male health
- access to healthcare for males.

Quality general practice care provision is central to many of these activities, and familiarity with the policy helps to guide men's healthcare in primary care. In addition to their work in a clinic, GPs are typically well placed to become involved in community health education and promotion activities where men congregate, in order that they might provide services, heighten the awareness of men's health issues and act as advocates for male patients.

## Related contextual units

AH16 Aboriginal and Torres Strait Islander health

PS16 Psychological health

## References

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9. Department of Health and Ageing. National Male Health Policy: Building on the strengths of Australian males. Canberra: DoHA, 2010. Available at [www.health.gov.au/internet/main/publishing.nsf/Content/national%20mens%20health-1](http://www.health.gov.au/internet/main/publishing.nsf/Content/national%20mens%20health-1) [Accessed 5 August 2010].

## Useful men's health resources and tools

Andrology Australia, [www.andrologyaustralia.org](http://www.andrologyaustralia.org)

Men's health Australia, [www.menshealthaustralia.net](http://www.menshealthaustralia.net)

## Glossary

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