

Promoting Men's Health.

Advocating for Men's Issues

13 March, 2009

To the Committee,

Committee on Men's Health

The South Australian Men's Health Alliance (SAMHA) congratulates the Senate on the establishment of the Select Committee on Men's Health and welcomes the opportunity to provide a submission for the committee's consideration.

SAMHA is an alliance of men from a variety of backgrounds, actively engaged in promoting men's health and wellbeing, and advocating for men's issues.

As the peak body for Men's Health in SA, SAMHA is committed to achieving its objectives with adherence to principles of equity, justice, and intellectual integrity.

This submission is designed to highlight just some of the key issues in response to the four areas of inquiry set out in the Committee's terms of reference. SAMHA would welcome any opportunity to expand on these points or provide the Committee with further explanation.

(i) level of Commonwealth, state and other funding addressing men's health, particularly prostate cancer, testicular cancer, and depression

- Funding for men's health is clearly insufficient. Men have lower life expectancy and higher morbidity and mortality rates for many illnesses including and in addition to prostate cancer, testicular cancer and depression. For example, the most likely cause of death for an Australian male between 15-45 is suicide, yet there is no specific men's health funding to address this highly gendered statistic (approx 80% of all suicides are maleⁱ).
- Funding is ad hoc and only exists for individual programs that are usually developed at a local level by individuals from a variety of disciplines and servicesⁱⁱ.
- There is no comprehensive plan or policy to guide funding or to cement funding commitments including dedicated staffing (e.g. men's health workers) and project initiatives across rural and metro SA.
- There is no comprehensive plan or policy to provide a framework for evaluating the outcomes of funded activities, or to ensure that funds are provided for activities that are evidence based practice, current data and other initiatives.
- There is insufficient funding for research into men's health, from prevention and promotion measures, through to diagnostic, treatment and rehabilitation practices. For example, there is a lack of consensus among health professionals (especially GPs) on efficacious screening for prostate cancer, which means providing clear advice to men about early detection and intervention at the population level is compromised by the inconsistent advice given to men at the individual level.

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- There is no funding for a secondary school testicular cancer self-examination (TSE) component of sexual health education for boys. Rates of testicular cancer for males aged 15 to 35 are three times that of cervical cancer in same-age girlsⁱⁱⁱ. TSE is simple, cheap and easy in terms of both education and execution.
- There exists significant federal and state funding for depression (e.g. BeyondBlue) but this does not seem to flow down to effective working with men experiencing depression at health service level. There is a lack of research into, and practical understanding of, contributing factors to depression in men, i.e. partner/children separation, work stress, work-life balance, financial responsibility.

(ii) adequacy of existing education and awareness campaigns regarding men's health for both men and the wider community

- The primary message of many education and awareness campaigns blames men for their own health outcomes. Recent examples include the "Be a Man" campaign to encourage men to get prostate examinations. This phrase is never a positive phrase when used amongst men. The interpretation is that not getting a prostate check means you are to blame for not being 'manly enough'. In contrast, a recent women's cervical cancer campaign acknowledged that pap smears are uncomfortable and easy to put off but that women really should make it a priority. There was no suggestion that women who didn't do so were in any way 'sub-female'.
- Many men's health messages are delivered in a patronising way that belittles men. Because programs such as "Pit Stop" employ a motor vehicle theme and successfully target *part* of the male population, other health workers assume that all men are only interested in health messages that are 'blokey' and involve football or cars. This results in men's health campaigns that are simplistic, over-reliant on clumsy metaphors, and that incorrectly assume that men are too disinterested or too dumb to understand even basic health information. This does little to improve men's health literacy.
- While local initiatives such as men's health nights have been very good at targeting men, by being held at times when men can attend, and in male friendly environments, many campaigns do not try to make themselves male friendly^{iv}. Education and awareness campaigns need to be provided in environments where men can actually be found. Men and Communities (SA), Pit Stop (WA), MERV (NSW) and Foundation 49 (Vic) are examples of programs that are specifically designed to be male friendly.
- Education and awareness campaigns often simplistically target men's reproductive health issues such as prostate and testicular health. While these are important, focussing on them alone sends a message to men that other aspects of health are less relevant. Men must also be engaged in managing their stress levels, their diet, exercise regimes and maintaining healthy relationships, as these are critical to their health and well being.
- While there has been an increasing amount of health information provided to men, there are few campaigns that specifically target young boys or provide curricula during schooling to better men's health in the future.
- The promotion of fatherhood and parenting often sends mixed messages to men. While the societal expectation to be a supportive partner and involved parent is heavily endorsed in antenatal education and literature, little practical information is provided to men about how to be a dad, how to manage their new responsibilities, and how to balance them with their existing ones (most commonly as a breadwinner). Often men

feel sidelined or feel that they are considered secondary parents, with little information or support provided to them^v. Very little exists to assist men (and the community) to better understand the needs of men preparing for and navigating fatherhood.

- The tone of many generic health messages implies deficits in males. This is evident in the many drug and alcohol campaigns where men are universally depicted as aggressive and irresponsible and women as regretful victims. Idealising women and demonising men in this way makes the health message relevant to a tiny minority of the community, perpetuates sexist and outdated gender stereotypes and alienates most of the target audience.
- Most men's health campaigns focus on behaviour change, which implies that most males have equal opportunity and access to the support they need to enact this change. Many men are frustrated with this message because while they wish to change and improve their health behaviours, they are regularly confronted with barriers which make it difficult to do so – and these rarely seem to get addressed. For example, many men find it difficult to access their doctor outside working hours, and know that waiting for hours at the doctor's surgery for a delayed appointment is not an acceptable reason to be absent from the workplace.

(iii) prevailing attitudes of men towards their own health and sense of wellbeing and how these are affecting men's health in general

- Men are very interested in their health^{vi}. Masculinity and machismo are frequently blamed as the main motivator for men not being engaged with their health. However most men have never been exposed to appropriate, positive health information that allows them to make informed decisions and assume appropriate responsibility for their own health and well being.
- Societal attitudes both blame men for their poor health outcomes while at the same time requiring their (health-diminishing) disposability. Although work safety has improved dramatically in recent years, many men still work in difficult and dangerous environments where they are lucky to avoid permanent disability or even death^{vii}. It is grossly incongruous to require these men to take such risks day-in and day-out, while also criticising them when they don't conform to health-promoting ideals of eating the right foods or getting enough exercise.
- Men do not always feel that they can prioritise their health over family and bread-winning commitments. Although all parents make sacrifices and do not always put themselves first, the more time a parent is required to spend in the workplace means less time to spend with the family, and less time to spend on themselves. Even simple activities such as walking for 30 minutes each day are difficult to fit into hectic work and family schedules.
- Fathers often feel that they are less important in the lives of their children compared to mothers, as this is the dominant discourse in society. This manifests in men spending less time with and for their children as expectations such as "breadwinning" often prevail. This is evidenced by the current opportunity Australia has to create more flexible work practices through paid parental leave. Much of the public discussion on the issue is concerned solely with maternity leave which reinforces parental stereotypes of 'man as breadwinner' and 'woman as carer', while doing nothing to aid more day-to-day involvement of fathers in their children's lives.

- Men are often encouraged and required to participate in dangerous occupations and pastimes (e.g. mining, construction and contact sports) that can impact negatively upon their health, but which also contribute a great deal to society – and men are often valued for this contribution and enjoy making it.

(iv) the extent, funding and adequacy for treatment services and general support programs for men's health in metropolitan, rural, regional and remote areas

- There is very little ongoing commitment by government to funding permanent men's health positions in order to provide sustainable programs and to engage with needs analysis and project development.
- The majority of health services and programs do not provide a male friendly environment, thus alienating men and decreasing their engagement with services and their own health.
- Underlying the extent of services that are or could be provided is the notion of competency. Funding more workers or services without establishing competency in men's health, including competency in working with men, is pointless. Appropriate professional education that affirms men and masculinity must be provided for the emerging men's health sector.
- Men's health provision lacks general support because of the absence of an overall policy or framework that is designed to consolidate the sector so that it can provide a consistent and comprehensive service.

Thank you for the opportunity to provide this submission.

Yours sincerely,

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South Australian Men's Health Alliance**

More information about the South Australian Men's Health Alliance may be found at www.menshealthaustralia.net

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