



This is an appropriate time for the Western Australian Government to seize the opportunity created by the positive social attitudes and prosperity associated with the resources boom in our state to develop and implement an effective and overdue men's health policy and strategic plan within the Department of Health. The current focus on the considerable wealth created by these industries, which are largely dependant on the skills and productivity of a predominantly male workforce, reinforce that the wellness of our men is not only a critical health issue, but an important economic consideration as well. Recent studies have revealed that every male in the Australian workforce with an untreated chronic illness, eg depression, costs an average of \$9,960 to their employer every year in lost productivity and time off¹.

Men's health in Australia is a deadly serious matter as the male mortality rate continues to be considerably higher than that for women. The poor health status of our men is complicated by the fact that men are more likely than women to shy away from medical treatment of any kind, what is called "reluctance with help seeking behaviour". Their lack of health awareness and unwillingness to adopt a healthier lifestyle also disadvantages men.

The ABS reports that the death rate from the main causes of death is predominantly higher for men than women². The average death rate per 100,000 persons (1997-2000) includes:

- Malignant (cancerous) tumours- 237.8 males compared to 146.7 females
- Ischaemic heart disease- 190 males compared to 119.9 females
- Cerebrovascular diseases (strokes etc)- 65.9 males compared to 65.8 females
- Chronic lower respiratory diseases (lung problems)- 46.4 males compared to 23.2 females
- Diabetes mellitus- 18.8 males compared to 13.6 females
- Influenza and pneumonia- 13.6 males compared to 11.4 females
- Accidents- 35.6 males compared to 17.7 females
- Motor vehicle traffic accidents- 13.1 males compared to 5.5 females
- Suicide- 21.9 males compared to 5.5 females

One of the most alarming statistics on male suicide from this ABS report is that the number of men killing themselves each year is actually higher than the number of males killed on our roads road toll but the issue does not get the same attention.

¹ Jeff Kennet, beyondblue, *How to Create a Positive Workplace*, Address to the Australian Institute of Management WA, 2005

² Australian Bureau of Statistics *Mortality Atlas Australia* December 2002

Research has shown that men have specific issues, they have more alcohol and other drug problems, they engage in more risk taking, and they often don't ask for help. So some of the key health challenges are about reducing the stigma of being seen as weak and making existing medical help more readily available.

Although the health statistics are clear, the underlying reasons and causes behind them are often not. Some of the theories that attempt to explain the gender differences in health status include:

- Males are more likely than females to suffer from genetic disorders, so are inherently 'weaker' and more susceptible to illness. Most researchers do not support this theory.
- Men are encouraged by our culture to be 'tough'. Many men believe that complaining of feeling ill or pain or visiting the doctor is a threat to their masculinity or a waste of time, unless they are on their death bed.
- Health is largely determined by social factors such as education status, employment and income.
- Unlike women, men (particularly younger men) do not value good health and longevity.

Males in our society are less inclined than women to take an active role in maintaining their own health, especially prevention and early intervention. They are also less likely to seek professional help for problems, particularly those of an emotional nature. Some of the social and cultural reasons for this are:

- The Western definition of masculinity includes strength and silence (the 'stoic digger'). Men may feel that it is a sign of weakness or 'femininity' to seek help.
- Males, particularly younger men, tend to act as if they are invulnerable. This can lead to destructive behaviours such as drug or alcohol binges, reckless driving or other risk taking.
- Women are more likely to have regular contact with doctors because of period, contraception and pregnancy issues. Men don't have a similar "system" that requires them to regularly see a doctor. Maybe they should.

The 'macho' theory proposes that if men stopped behaving like tough guys, they may start looking after themselves. Some researchers believe that blaming cultural factors like masculinity is a way of passing the buck. Bad health may not be the individual's fault entirely, but rather the fault of the social environment in which they live. Some of the remote and regional health districts within WA have higher rates of male obesity, melanoma, suicide, and hospitalization due to adverse effects from drugs and other substances than the WA state average.

Information from the National Health Strategy's Research Paper³ showed that men from low socioeconomic backgrounds, ie remote and regional, are more likely to get sick than men from higher socioeconomic backgrounds, and are more likely to die than their metropolitan counterparts as a result of health issues, including:

- Pneumonia and influenza- 265 per cent more likely to die
- Cerebrovascular disease- 102 per cent more likely to die

³ National Health Strategy's Research Paper 1992

- Respiratory disorders (such as bronchitis and emphysema)- 98 per cent more likely to die
- Suicide- 77 per cent more likely to take their own lives
- Diabetes- 74 per cent more likely to die
- Lung cancer- 55 per cent more likely to die
- Ischaemic heart disease- 54 per cent more likely to die

In the huge growth area of male depression, statistics indicate that one out of every six Australian men suffers from depression at any given time⁴.

- Men are more likely than women to resort to negative behaviours, eg withdrawal, in an attempt to deal with their depression
- Depressed men are twice as likely as depressed women to abuse alcohol and other drugs, ie engage in 'self medication'
- Male depression is associated with an increased risk of chronic health disorders such as cardiovascular disease and diabetes
- The suicide rate for males aged between 15 and 24 years has tripled in the past 3 decades
- Teenage and elderly males are particularly at risk of depression
- Life issues, such as the death of a spouse, separation, divorce and unemployment, trigger serious depression in men more often than in women

Most men's and boy's health problems are preventable. What is required is an effective government policy and a new approach to health interventions and health promotion which delivers messages to males that their health is important and encourages them to access health services. Men typically resist accessing medical, allied health or welfare services when their health or wellbeing is at risk. Accordingly, health services need to be mindful of men's attitudes to health and how it impacts on men's and boy's health status, health risk behaviour and the utilization of health services.

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⁴ Mental Health Council of Australia, , *Not for Service* 2005