

A high-contrast, black and white close-up photograph of a man's face, focusing on his eyes and nose. The lighting is dramatic, with deep shadows and bright highlights on his skin and hair.

# THE HEALTH AND WELLBEING STATUS OF WESTERN AUSTRALIAN MALES 2016

Men's Health  
& Wellbeing  
Western Australia



This report is designed to give you a snapshot of male health and wellbeing in WA.  
How can this information support and facilitate the development of a WA Male Health and Wellbeing Policy?  
How can it improve our understanding of the current challenges faced by men in WA, and generally in Australia?

**Disclaimer**

The material presented in this document is made available in good faith and is derived from sources believed to be reliable and accurate at the time of publication. However, the information is provided solely on the basis that readers will be responsible for making their own assessment. Readers are advised to verify all relevant representations, statements and information. The material in this document may be reproduced, provided appropriate acknowledgement is made and the original meaning is retained.

**Acknowledgements**

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- Funding and support for the work that Men's Health and Wellbeing WA deliver to the community is provided by Western Australian Department of Health, Lotterywest, corporate Western Australia, individual donors, and organisation and individual members.

**Definition**

Please note that throughout the report, we use the term 'men' or 'male' to represent all those who identify as 'male' across their lifespan.

At Men's Health and Wellbeing WA we operate from the position that while sex refers to biologically-determined differences between men and women, gender refers to differences that are socially constructed and can capture the interrelated dimensions of biological differences, psychological differences, sexual orientation and social and cultural roles. Gender is the expression of the social and cultural ideas about what it is to be a 'man' or a 'woman'.

**Acknowledgement of Traditional Ownership**

Men's Health and Wellbeing WA acknowledges the Traditional Owners of Country throughout Australia, and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures; and to elders both past, pre-sent and of the future.

**Equity, Diversity and Substantive Equality**

Men's Health and Wellbeing WA values equity and diversity in its workforce and with our stakeholders and communities we serve. We are committed to the development and sustainability of an environment that is inclusive and equal for people from all backgrounds and lifestyles, including Aboriginal and Torres Strait Islanders, people from culturally diverse backgrounds, people of diverse sexuality and/or gender and people with disabilities.

Men's Health and Wellbeing WA is also committed to substantive equality by striving to achieve equitable outcomes as well as equal opportunity. It takes into account the effects of past discrimination and it recognises that rights, entitlements, opportunities and access are not equally distributed throughout society. Substantive equality recognises that equal or the same application of rules for certain groups can have unequal results.

# CONTENT

Executive Summary	5
Introduction	7
Men In Australia And Internationally	9
Overview Of Western Australian Men	11
How Long Do They Live?	11
What Are The Leading Causes Of Death?	11
Health Service Access	12
5 At Risk Population Groups	13
Lifestyle Factors	17
WA Sector Needs Analysis – 7 Recommendations	25
A Quiet Crisis: Male Health In Rural, Remote And Regional WA Report - 10 Recommendations	27
References	29



“The thing that we want to try to do is recognise the contribution of men in Western Australia, to thank them for their contribution and to encourage people to support men in their roles and the contribution they make in our society.”

**HON NICK GOIRAN MLC**  
Legislative Council of Western Australia  
20 November 2014





# EXECUTIVE SUMMARY

Western Australian men are significant and positive contributors to West Australian life through their diverse family, work and community roles. To empower men to reach their potential and enjoy a long and high quality life, supporting the health and wellbeing of men is an important and critical community issue.

However, when it comes to men's health and wellbeing, men continue to face poorer outcomes than women on almost all measures of key health and wellbeing indicators. Men have a lower life expectancy, and have higher levels of mortality from almost all non-gender specific causes of death including injury, cardiovascular disease, cancer, suicide, respiratory disease, and obesity. These health outcomes are primarily influenced by gender, social and lifestyle factors such as smoking, excessive alcohol intake and low fruit and vegetable intake; participation in high-risk activities; tendency to use health and community services less and at a later stage when encountering a health or illness concern; and poorer social connections. Traditional male values of stoicism, suppression of emotions, and self-reliance have been shown to negatively affect the health behaviours of some men.

The impact of poor men's health and wellbeing cannot be underestimated. From a psychosocial, economic and social point of view, improving men's health and wellbeing is better for men, their partners and families, the community and the economy. What is required is a focus on promoting and facilitating men's healthy living, strengthening health and community service delivery to men, and focussing on the health and wellbeing issues that have the greatest impact on men's quality and length of life. Further, contrary to the prevalent view, men do value and are interested in their health. With the right support, men will engage proactively and make positive changes with their health and wellbeing.

Achieving improved health and wellbeing outcomes for men will not be without its challenges. Whilst the acute state of men's health and wellbeing is ongoing, the current and five-year horizon of funding opportunities to provide vital resources to meet the need is difficult. Further, services for men's health and wellbeing continues to require a greater focus, and a more strategic, coordinated and gendered approach.

Many seem to accept that men are not good at taking action for their health. We believe that men will be engaged if you build programs and services that understand and are tailored towards their needs; that utilise a “go to where men are” approach; and build on their strengths rather than focus on deficits. It is this approach that is going to make a significant and sustained difference to the state of men's health and wellbeing in Western Australia, resulting in a positive whole-of-community impact.

We have had a significant focus on advocacy and lobbying activities across government and opposition factions to gain commitment for a WA Male Health and Wellbeing Policy. Some disappointing lack of interest from some areas has been well balanced by some encouraging responses. Nevertheless, we need to continue with our advocacy in highlighting the evidence and trend of poor male health and wellbeing outcomes, and the benefits of improving this crisis. We need to emphasising that we believe there is strong community support to take a positive and proactive approach to male health and wellbeing. We need to create a clear pathway through noting that we believe a Western Australia Male Health Policy and Strategy needs to be informed by the National Male Health Policy, be adapted to Western Australia's unique and specific needs, as well as support and sit alongside the Western Australian Women's Health Strategy 2013-2017 as well as a suite of other WA health strategies. We need to call for action via commitment and support of a Western Australian Male Health Policy and Strategy.

This lobbying and advocacy activity to get a Western Australian Male Health Policy and Strategy in place is a critical foundation to sustainable improvement in male health and wellbeing. A policy will provide a long-term framework and practical guidance for improving the health of all males in Western Australia – particularly for high risk male population groups. The strategy will provide the strategic direction and key actions that are needed to make significant and meaningful improvements in male health in Western Australia. This of course will drive the much-needed funding, other resources, initiatives, and collaboration and coordination needed to make a real and long term difference.

## Men's Health and Wellbeing WA

Men's Health and Wellbeing WA is the peak independent not-for profit organisation dedicated to representing, promoting and supporting the health and wellbeing of men in Western Australia. We are all about improving the health and wellbeing outcomes for males across our community.

To achieve our outcomes, our core activities are:

1. Well-planned and clear systemic policy direction and critical review;
2. Building capacity of our organisation which is aligned with our vision, mission and values, so as to enhance our credibility as a peak body in the sector;
3. Contribution to cutting-edge research and practical reports with partner research institutions;
4. Partnering and collaboration with Western Australian government, not-for-profit/community-based organisations and private enterprises to achieve better health and wellbeing for boys and men;
5. Representation of, and the advocacy for the needs of boys and men's health and wellbeing in Western Australia; and
6. Enhancement and improvement of men's health and wellbeing information through the provision of accurate, evidence-based, relevant and accessible resources and service directories for service providers and consumers.

All of our core activities are directed towards our targeted service users who are:

1. Men's health services and professionals who work with men in Western Australia; and
2. Men and their families living in Western Australia.

We actively promote and effectively facilitate men's healthy living, and strengthen health and community services delivery to men to reduce health inequalities. We believe that Western Australian men are significant and positive contributors to West Australian life through their diverse family, work and community roles. We affirm that to empower men to reach their potential and enjoy a long and high quality life to continue this positive involvement, supporting the health and wellbeing of men is an important and critical community issue. To achieve this, we must focus on promoting and facilitating men's healthy living, strengthening health and community service delivery to men. We must focus on the health and wellbeing issues that have the greatest impact on men's mortality and quality of life.



**Simon H Yam**  
Chief Executive Officer  
Men's Health and Wellbeing WA

# INTRODUCTION

Western Australian men are significant and positive contributors to Western Australian life through their diverse family, work and community roles. To empower men to continue this positive involvement, allow our young men to reach their potential and to support all men to enjoy a long and high quality life, supporting the health and wellbeing of men is an important and critical whole community issue.

However, whilst acknowledging one of the highest life expectancies in the world, and an overall increase in life expectancy and quality of life for all Australians over the past five decades, rates of mortality for men continue to be higher than women and have failed to improve to the same extent as women.

The Australian Government launched the National Male Health Policy in May of 2010, thus providing a national framework for improvement in the health of Australia's males. The policy aims to build on the strengths of being a male, with specific focus areas of:

- optimal health outcomes;
- equity and ease of access to support and services;
- development of a solid evidence-base of research data; and
- provision of preventative initiatives for male health and wellbeing.

The policy responds to consistent research that shows a gender differential in illness and mortality. These differences are illustrated by different rates of injury, illness and mortality as well as different attitudes towards health and risks, and the way each group uses (or does not use) health services.

The *State of Men's Health in Western Australia 2016* provides the background, data, and next steps required to promote discussion, further consideration, and action to improve male health and wellbeing in Western Australia. Specifically, the information collated in this document emphasises the gap in the health and wellbeing of Western Australian males, particularly high-risk male population sub-groups.

When it comes to their health and wellbeing, men continue to face poor outcomes when compared to women on almost all measures of key health and wellbeing indicators. Further, these health inequalities are even greater for particular male population groups. Particularly high risk male population groups are identified as Aboriginal and Torres Strait Islander men, men from culturally and linguistically diverse backgrounds, rural, regional and remote males, and males from a low socio-economic background.

It is not surprising that Western Australian males (and indeed most males) have distinct and diverse health and wellbeing challenges that occur in the context of a varied and expansive state requiring a unique response. A Western Australian Male Health and Wellbeing Policy is required to provide the framework and foundation to drive an evidence-based, considered, targeted, adequately funded, coordinated, and collaborative response to this critical acute health gap in Western Australia. This is critical to drive real and sustainable change.

The State of Men's Health in WA 2016 will supplement the foundation from which the Western Australian Male Health and Wellbeing Policy will align and assist with the implementation and goals of:

- the National Male Health Policy 2010
- the Western Australian Women's Health Strategy 2013-2017
- the Western Australian Aboriginal Health and Wellbeing Framework 2015-2030
- the Western Australian Health Strategic Intent 2015 – 2020
- the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2025
- the Western Australian Health Promotion Strategic Framework 2017–2021\*

*(\* This document is in draft stage at the point of publication.)*

It will also be informed by two reports that the Men's Health and Wellbeing WA have produced in 2016:

- Western Australian Men's Health Sector Needs Analysis
- A Quiet Crisis: Male Health in Rural, Remote and Regional Western Australia Report

The findings from these two documents are included in this report. Both reports are also available from our website: [www.menshealthwa.org.au](http://www.menshealthwa.org.au)

Unfortunately, little of substance has been done in Western Australia to address this critical health gap. Despite three decades of adverse statistics, and the development of the National Male Health Policy, there is still a lack of interest in adapting a WA-focused Male Health Policy and a collaborative and integrated implementation plan on a state level, thus continuing to fail the Western Australian male, their families and the broader community. This is particularly disturbing in the context of the disproportionate investment in women's health as evidenced through policy, strategy, funding and resourcing, including role dedication at the Ministerial level, despite males carrying the greater health burden. Women's and male health needs must be addressed together and equitably and in a manner that recognises the importance of a gendered approach to health.

It is time for Western Australia to lead the way. It is time for Western Australia to address this issue through a specific, active male health policy. This must sit alongside women's health policy and strategy to achieve good health and wellbeing outcomes for males and females.

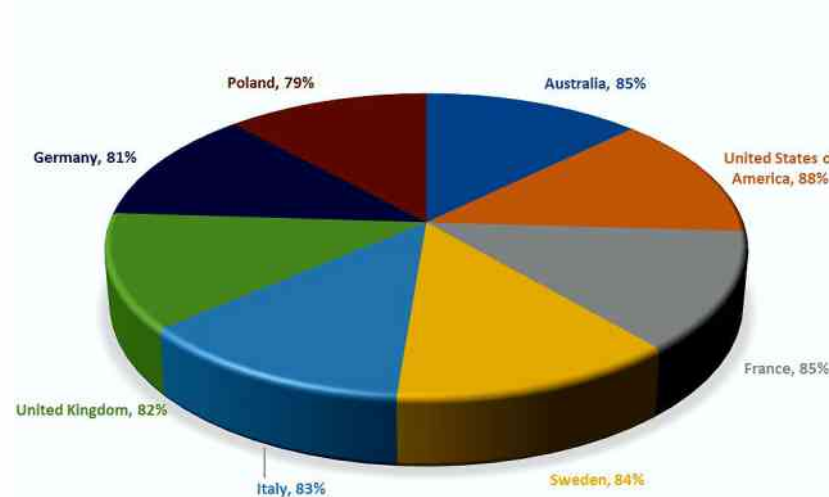


**David Pelusey**  
Chairperson  
Men's Health and Wellbeing WA

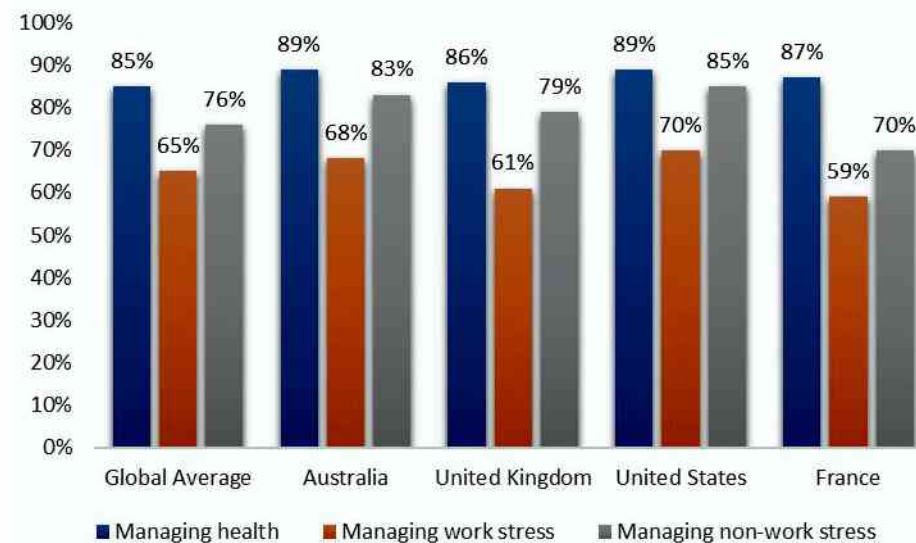
# MEN IN AUSTRALIA AND INTERNATIONALLY

## SELF-ASSESSMENT OF HEALTH

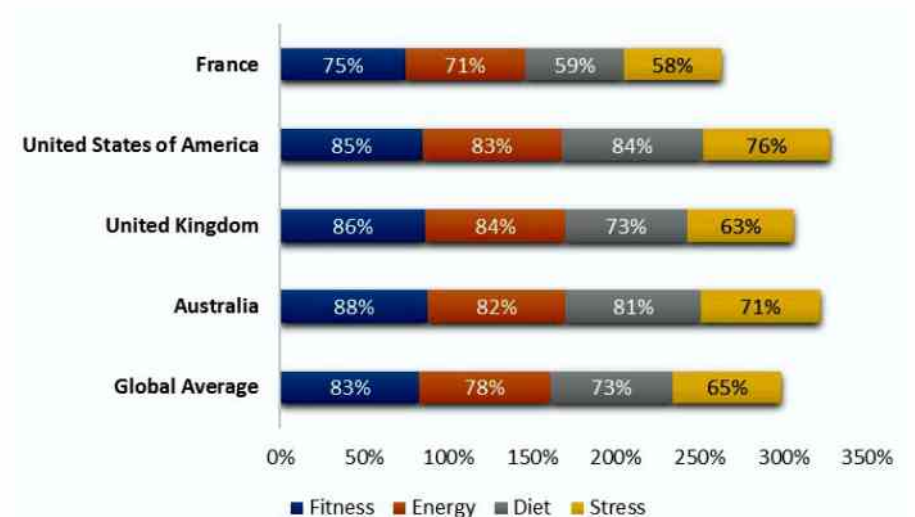
What percent of men rate their health as good as very good around the world? [1]



Self-care: What percent of men feel confident in managing their health? [1]



Taking control of health: What percent of men want to improve their health in key areas around the world? [1]







# OVERVIEW OF WESTERN AUSTRALIAN MEN

- Western Australia is the largest state in Australia and home to 2.59 million people. [2]
- There are 1.31 million males in Western Australia to 1.28 million females. Western Australia is the only state or territory other than the Northern Territory which has more females than males. [2]
- The average age of males in Western Australia is 36.1 years. [2]
- The average weekly income of Western Australian males is \$1,843.50. This calculates to an approximate yearly income of \$95,862 assuming the average male works 52 weeks per year. [3]

## How long do they live?

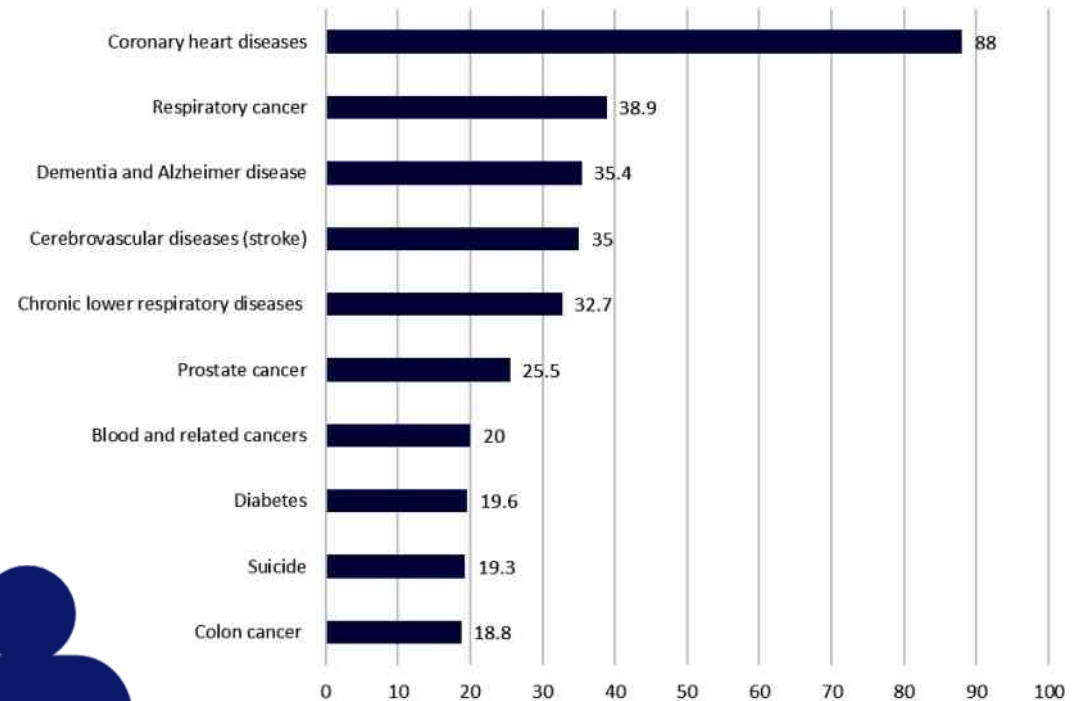
- Life expectancy is a prediction of the average number of years that a newborn baby is expected to live from birth.
- Males in Western Australia have a life expectancy of 80.5 years. This is slightly higher than the national average of 80.3 years. However, it is lower than the life expectancy of Western Australian women, which is 85 years. [4]

## What are the leading causes of death?

- The 10 leading causes of death in Australia for men, in descending order are: coronary heart disease, respiratory (lung) cancer, dementia/Alzheimer's disease, cerebrovascular disease (stroke), chronic lower respiratory diseases, prostate cancer, blood and related cancers, diabetes, suicide and colon cancer. [5]
- Seven leading causes are common to both males and females, although only coronary heart diseases share the same ranking in both sexes. Prostate cancer, blood and related cancers, and suicide are only represented within the male top 10 causes. [5]

**Suicide accounts for over three times the amount of deaths in men than it does in women.**

**19.3 men per 100,000 die due to suicide, whereas only 6.1 women per 100,000 do. [5]**



Standardised death rates. Deaths per 100,000 of estimated mid-year population.

# Health Service Access

- Males in Western Australia are less likely to use health services of any kind than females. Females were also more likely to make a higher number of visits to health services which they accessed, with an average of 4 visits to primary health services by males and over 5 by females. [6]
- Females also showed a higher degree of engagement in preventative health, a significantly higher proportion of females were vaccinated for either flu or pneumonia. [6]
- Despite the fact that females access health services more males in all categories of health service, males still use emergency services more than females; males account for 52% of emergency department presentations. [7]
- Approximately 16% of males are non-users of Medicare services in a given year in Australia. [7]
- Health literacy is the knowledge and skills that are necessary for managing health issues and general wellbeing. Health literacy is necessary to using medicinal drugs correctly, consuming less dangerous quantities of alcohol, disease and accident prevention, and how to respond in emergency situations. 40% of Australian men have an adequate or above level of health literacy, this is lower than the level of women's' health literacy in Australia. This leaves the remaining 60% with inadequate skills and knowledge to deal with their health effectively. Older men typically had higher levels of health literacy, with a greater proportion of older men having adequate levels of health literacy. [8]

# 5 AT-RISK MALE POPULATION GROUPS

- The Australian Institute of Health and Welfare have identified five at risk male population groups in Australia. Although these male population groups do not necessarily have worse health outcomes compared to males who do not belong to the groups, they are 'at risk' of disadvantage in a number of ways. [9]
- Health literacy is the knowledge and skills that are necessary for managing health issues and general wellbeing. Health literacy is necessary to using medicinal drugs correctly, consuming less dangerous quantities of alcohol, disease and accident prevention, and how to respond in emergency situations. 40% of Australian men have an adequate or above level of health literacy, this is lower than the level of women's' health literacy in Australia. This leaves the remaining 60% with inadequate skills and knowledge to deal with their health effectively. Older men typically had higher levels of health literacy, with a greater proportion of older men having adequate levels of health literacy. [8]

## 1. Aboriginal and Torres Strait Islander Men

- Approximately 3.7% of the male population in Western Australia identify as being Aboriginal or Torres Strait Islander Australians. This is higher than the national average of 3%. [10]
- The median age of Aboriginal or Torres Strait Islander males in Western Australia is 21.1 years, for males who do not identify as Indigenous the median age is 36.8 years. [10]
- The life expectancy of Western Australian Aboriginal and Torres Strait Islander men is 15.1 years lower than that of non-Indigenous men. This represents a significant gap between the two groups, and is the largest gap in life expectancy between any Aboriginal and Torres Strait Islander and non-Indigenous population in Australia. [11]
- Of Aboriginal and Torres Strait Islander males over the age of 15, approximately 52% are employed. [12]
- Western Australia has the highest rate of imprisonment of Aboriginal and Torres Strait Islanders of any state or territory in Australia. 3,383 in 100,000 of the Aboriginal and Torres Strait Islander Australians are in prison, compared to 206 in 100,000 in the non-indigenous population. [13]
- Many lifestyle factors are associated with negative health outcomes for Aboriginal and Torres Strait Islander men's health. They have poorer health outcomes in terms of violence, drug use, chronic disease, and mental health when compared with non-Indigenous males; this represents a significant health gap. [9]

## 2. Remoteness

- Men living in regional and remote areas are more likely to be socioeconomically disadvantaged, be Aboriginal or Torres Strait Islander, have a lower level of education, speak a language other than English at home, and work in manual or unskilled labour than men who live in metropolitan regions. [9]
- In major cities 53% of males report completing year 12 or equivalent. In regional areas this drops to 30%, in remote areas it is just 26%. [14]
- At least 85% of rural and remote men do not eat enough fruit and vegetables each day. [9]
- In 2003 life expectancy in major cities was 78.8 for men, in the same year regional and remote life expectancy was 77.5 and 75.4 respectively. [9]
- Males in regional areas are more likely to experience the most common forms of cancer in men than males in major cities. They are more likely to experience bowel, lung, and prostate cancer, as well as melanoma. [9]
- In major cities the overall male disability rate is approximately 16%. However, in regional areas the overall male disability rate is 22%, and in remote areas the overall male disability rate is 21%. Rates of profound disability are also higher in regional and remote areas amongst males when compared to major cities. [15]



### 3. Socioeconomic Disadvantage

- Males who experience socioeconomic disadvantage or live in socioeconomically disadvantaged areas are those who have low income, poor education, are unemployed, have difficulty finding stable housing, are employed in an unskilled profession, or are of Aboriginal and Torres Strait Islander status. [9]
- Males who are socioeconomically disadvantaged are more likely to experience poor health, higher rates of preventable death, lower life expectancy, and other health risk factors. [9]
- Poor education is associated with poor health literacy, affecting dietary choices, exercise choices, alcohol consumption, and smoking rates negatively. [9]

### 4. Men From Culturally And Linguistically Diverse Backgrounds

- Males who were born overseas represent males with diverse backgrounds. They may speak a different language as their primary language, they may practise a religion less common amongst those born in Australia, etc.
- Lifestyle factors may have a large impact on the health of males born overseas as they are currently living in a physical and social environment which is different from where they have come. For example: males born overseas are less likely to engage in risky drinking than males born in Australia, but may be less likely to engage in sport or physical exercise. [9]

### 5. Older Males

- Due to the constantly increasing life expectancy for both males and females in Australia, Australian males are now living longer than ever. Approximately 12% of the Australian male population is aged 65 years and over, and are thus classified as older males. [9]
- For every 100 females over the age of 65, there are only 84 males [16]
- Males over 65 years are unlikely to have positive health risk factors. 86.7% do not have adequate vegetable intake, 61.7% do not exercise enough, and 77% are overweight or obese. [9]
- Males under 65 years of age are unlikely to have a profound or severe disability at a rate of 4%. However, males over 65 are increasingly likely to experience a severe disability, with those over 85 more than 45% likely to have a severe limitation. [9]





# LIFESTYLE FACTORS

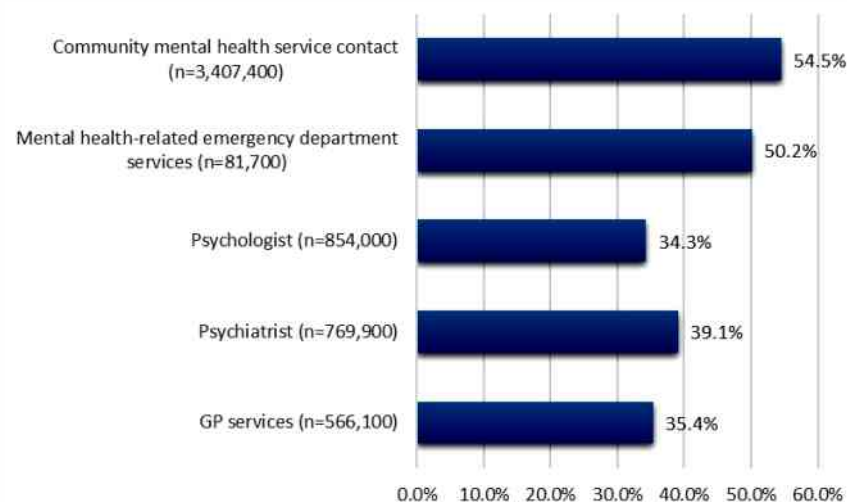
## Smoking

- Smoking tobacco is the most preventable cause of poor health and mortality in Australia. Deaths resulting from tobacco smoking are responsible for approximately 15,000 deaths per year, and are estimated to cost Australia more than \$30 billion per year. [17]
- 16.9% of men are daily smokers; this is higher than the 12.1% of women who are daily smokers. [17]
- **Regional, Rural And Remote:** Approximately 13% of people in major cities are daily smokers. In inner regional areas of Australia this figure rises to 16.7% of the population. When examining the smoking rate of outer regional and remote Australia the percent of people who are daily smokers is 20.9%, significantly higher than for those who live in major cities. [17]



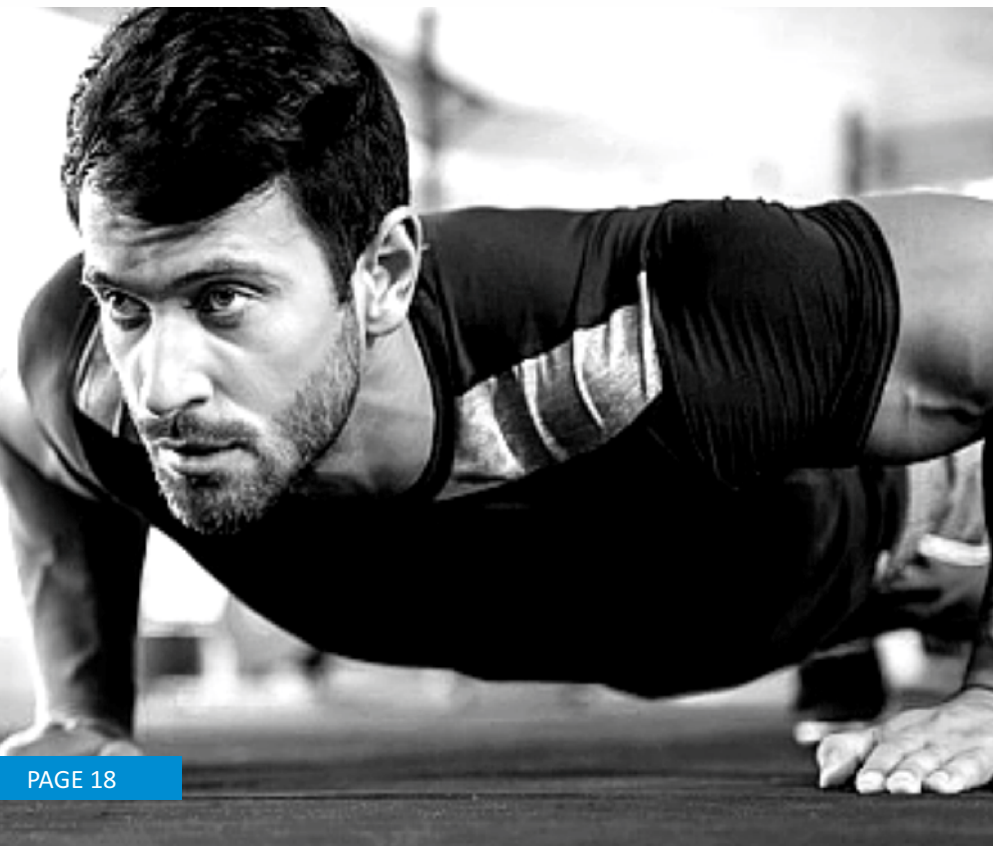
## Mental Health

- More than 3.8 million males aged between 16-85 years, had experienced a mental disorder in their lifetime; this accounts for 48% of males. 1.4 million males (18% of the male population) had symptoms of mental illness in the previous 12 months. [18]
- The most common disorders experienced were anxiety disorders (11%), substance use disorders (7%), and affective disorders (5%). Males accounted for 68% of all substance use disorders. [18]
- Mental health is essential to the wellbeing of people and any portion of the population. Approximately 7.9% of men in Western Australia have a level of psychological distress that could be described as high or very high. High and very high levels of psychological distress likely lead to at least some impairment amongst those who are experiencing it, having further negative impact on social links and employment. [17] [19]
- Mental health related service use by males is as follows. [17]



## Physical Activity

- The proportion of adult men who are active enough to physically benefit from the activity is 42%. As men aged they typically become less active, until 55-74 where they become a little more active, slumping into a more permanent decline after this. [7]
- **Regional, Rural And Remote:** People living in regional and remote areas are often perceived as being more active than those in major cities. This is due to industries such as agriculture, forestry, and fishing being physical professions which are almost exclusively run outside of major cities. However, in a given week 36% of men in major cities do not exercise, in inner regional areas this increases to 41%, with 47% of men in outer remote and regional areas not exercising in a given week. [20]



## Alcohol Consumption

- Alcohol consumption is a risk factor in health, as consumption is linked to injuries, vehicle accidents, homicides, and physical health (e.g., liver health, obesity). 58% of males over the age of 14 are consuming alcohol on a daily or weekly basis, with those aged 60 years and over most likely to be daily drinkers. [7]
- 17.4% of Australians exceed the guidelines of 2 standard drinks per day. In Western Australian men 31.4% exceeded the lifetime risk guidelines. This is significantly higher than the national average and the national male average of 25.8%. Indeed, Western Australia had the highest proportion of adults who consumed alcohol daily, at 20.8%. [17]
- Abuse is often related to alcohol consumption. Males are more likely than females to be victims of verbal abuse (26% to 19%) and physical abuse (10.4% to 7.1%). [7]
- **Regional, Rural And Remote:** 38.4% of outer regional and remote men drink at risky levels, compared to 25.4% in major cities. [9]

## Illicit Drug Use

- Illicit drugs are associated with negative health outcomes such as the spread of blood borne viruses, poor mental health, and malnutrition. Drug use can also result in outcomes such as poor family relationships, domestic violence including child abuse, and other criminal acts. Males are more likely than females to have used illicit drugs in the last 12 months (46% to 38% respectively). [7]
- Drug induced deaths are currently increasing in incidence in Australia as a result of both prescription drug abuse and illicit drug use. The male drug induced death rate is higher than the female drug induced death rate at 8.3 to 4.5 deaths per 100,000 respectively. [21]
- **Regional, Rural And Remote:** 14.9% of people in major cities are recent users of illicit drugs. In outer regional areas 16.7% of people are recent users of illicit drugs, this figure rises again for remote and very remote people, of whom 18.7% are recent users of illicit drugs. [22]



## Violence

### In Australia

- Men are more likely than women to have experienced violence in the last 12 months (8.7% to 5.3%) [23]
- Males aged 18 to 24 were the most likely to experience violence, with 24.2% of responders saying that they experienced violence in the last 12 months. [23]
- 48.1% of males have experienced physical violence at some point in their lives since the age of 15. The majority of these experiences are with strangers (35%), with the remainder being from persons known to them (25.6%). This is compared to 34.4% of females experiencing physical violence since the age of 15. [23]
- Seeking advice or support in the wake of an assault is one way of coping with an attack. Advice and support can be offered by friends or professional organisations. In males who have experienced violence since the age of 15 and are physically assaulted by other males, they seek support or advice 44.9% of the time. In females who have experienced violence since the age of 15 and are physically assaulted by males, they seek support 68.1% of the time. If males are physically assaulted by a female the proportion of those who report the incident drops to 35.3%, whereas for women the proportion of reports is stable at 60.7%. [23]

### In Western Australia

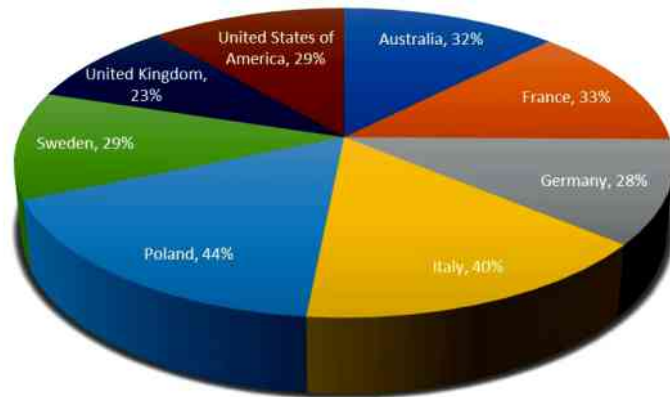
- Men were more likely than women to experience violence in the last 12 months; 8.6% of the male population to 6.8% of the female population respectively. [23]
- Men were almost as likely to be assaulted by a stranger than by someone who was familiar to them; with 44,600 men being assaulted by strangers, and 47,700 men being assaulted by someone that was known to them. [23]
- Young men are particularly vulnerable to experience of violence. 23.4% of men aged 18 to 24 years have experienced violence in the previous 12 months. [23]



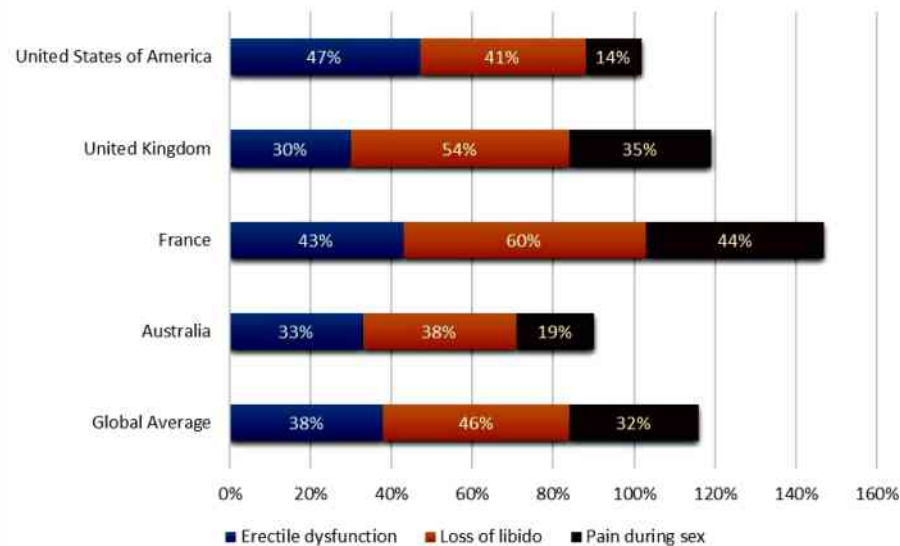


## Sexual Health

- What proportion of men feel that health services are not meeting their sensitive health needs, in particular sexual health, around the world? [1]



- Global surveys show that men take action when they have health issues such as a sexually transmitted disease, 98% seek medical attention. However, there are many sexual health issues that men do not take action on. The following table shows the percent of men who do nothing when a sexual problem arises. [1]



- Approximately one in six Australian males have had a sexually transmitted disease in their lifetime. This figure is the same for females. [24]
- 49% of males who had casual heterosexual sex in the past 6 months use a condom. [25]
- 58% of males who had anal sex with a male partner always use a condom. [25]
- 4.6% of men report experiencing sexual violence since the age of 15. 34.8% of these experiences were perpetrated by strangers, whereas 65.2% were perpetrated by persons known to the victim. [23]







## Safety at Work

- The majority of workplace injury occurs in the male population. The most recent statistics show that in a given year approximately 354,000 males will experience a work-related injury, whereas 284,300 females will experience a work-related injury. [26]
- The majority of work-related injuries amongst men occurred amongst technicians and trade workers (30%), labourers (19%), and machinery operators and drivers (15%). These are typically male dominated professions. [26]
- In a given year approximately 96% of workplace fatalities were men. [27]
- Workplace deaths are progressively decreasing. However, this is affecting men and women's workplace deaths differently. In the same period that women's workplace deaths were reduced by 67%, men's workplace deaths were reduced by 36%, indicating that there are still improvements to be made. [27]



## Road Trauma

- Annually there are approximately 7 deaths per 100,000 males in Australia. This is elevated compared to approximately 2.8 deaths per 100,000 females. [28]
- Men make up the majority of deaths that result from road trauma at 72.4% of road deaths. Younger men were more likely to die than older men. The median age of men who died in road deaths was 39.9 years, compared to a median age of 44.7 years for women. [29]
- **Regional, Rural And Remote:** The most recent statistics show that there are more crashes in regional and remote regions than in major cities. In 2014 there were 1,055 fatal crashes in Australia; 365 were in major cities, whilst the remaining 690 fatal crashes took place in regional and remote areas. This means that 65.4% of fatal crashes took place in regional and remote areas. [28]
- In 2013 there were 35,059 crashes which were serious enough to result in hospitalisation; 23,176 of the people hospitalised were from major cities, with the remaining 11,883 hospitalisations being residents of regional and remote areas. This means that 33.9% of people hospitalised as a result of crashes were from regional and remote areas. [28]
- Despite the fact that 29.1% of the population lives in regional and remote areas, people who reside in these areas and drive on these roads account for considerably more than 29.1% of hospitalisations and fatal crashes. [30]

## Overweight and Obese Men

- Being overweight or obese increases several health risks for both men and women. Health risks include cardiovascular disease, type 2 diabetes, and high blood pressure. [17]
- In Western Australia 66.5% of men are overweight or obese, compared to 54.6% of women. The national average level of overweight or obese men is 70.8%, indicating that Western Australian men are of a healthy weight more frequently. [17]
- The level of obesity and overweightness increases with age in both Australian and Western Australian men. In men aged 45 years or older in Australia 79.5% are overweight or obese, in Western Australia 75.7% of men aged 45 years and older are overweight or obese. [17]
- **Regional, Rural And Remote:** In major cities around Australia the proportion of overweight or obese men is 69.1%. For inner regional areas 75.4% of men are overweight and obese; whereas in outer regional and remote areas 73.9% of men are overweight and obese. [17]

## Prison

- At the end of 2016 there were 36,009 male prisoners in full time custody in Australia, and 3,142 female prisoners in full time custody. The male prison population is over 11 times higher in men than it is in women. [31]
- In Western Australia the total number of male prisoners in full time custody is approximately 5,686. The total number of female prisoners in full time custody is approximately 607. [31]
- Of the 5,686 prisoners in full time custody in Western Australia 1,410 were Aboriginal and Torres Strait Islander. This means that Aboriginal and Torres Strait Islander prisoners make up 24.8% of the male prison population. Aboriginal and Torres Strait Islander men make up only 3.7% of the Western Australian male population, which means that Indigenous men are vastly over-represented in the prison population. [10] [31]
- At the end of 2016 there were 3,750 men in community based corrections, and 1,097 women. [31]



# WA SECTOR NEEDS ANALYSIS 2016

## 7 Recommendations

In our capacity as the peak body for men's health and wellbeing in WA, we conducted a comprehensive analysis on the needs of the men's health and wellbeing sector in WA. The results from this survey presented an important role in contributing to identifying the current needs and priorities of the sector.

As part of the needs analysis, we reached a broad range of agencies and individuals who work in the male health and wellbeing sector and broader health sector. We gathered rich and helpful information through focus groups, meetings and questionnaires. The ultimate goal was to gather information that assist us in supporting and promoting the sector most effectively to improve men's health and wellbeing in WA. This includes driving adequate funding to support initiatives, supporting health and wellbeing sector services to engage men, and to support males to access relevant services available to them within WA. The following are seven recommendations from the Sector Needs Analysis Report.

- **Recommendation 1**  
Improved communication and co-ordination - Greater efficiency in communication within the health sector, enhanced dialogue from provider to provider and liaison with governing bodies to generate more integrated and collaborative approaches to male health service delivery.
- **Recommendation 2**  
More male-specific training and education programs for service providers - Professional development content needs to be more oriented to men's issues, particularly health and wellbeing, training service providers need to have access to tools for greater effective ways to engage their male clients.
- **Recommendation 3**  
More male specific information and resources - Funding needs to be provided for more evidence-based information and resources for men's health providers to establish credibility and accountability for our work.
- **Recommendation 4**  
Improved service access and awareness – We need greater promotion of the services that health providers can offer to men, more effective methods in encouraging male engagement and increased exposure of men's health in the community.
- **Recommendation 5**  
A male health policy - An outlined WA male health policy aligned with long-term strategic plan catered specifically to aid the operations of men's health providers, and reflective of the specific needs of men in the WA community as it relates to their physical and mental health.
- **Recommendation 6**  
Increased funding - Increased funding to support evidence-based initiatives and sector delivery support.
- **Recommendation 7**  
A peak body for men's health - to coordinate, promote, support, and represent the needs and activity of health service providers within the WA health sector.

The full report can be accessed from our website: [www.menshealthwa.org.au](http://www.menshealthwa.org.au).



# A QUIET CRISIS: MALE HEALTH IN RURAL, REMOTE AND REGIONAL WA REPORT 2016

## 10 Recommendations From Report Implications

All Western Australian men are significant and positive contributors to Western Australian life through their diverse family, work and community roles. However, males in non-metropolitan areas have not only been identified as being significantly inferior to that of males living in metropolitan Western Australia and Australia, there is less access to health and wellbeing services.

In fact, despite good intention and considerable investment, there has been little to no overall improvement in the health of regional, rural and remote males. It is suggested that resources have not been directed towards the most effective approaches and there is a need to place greater emphasis on targeted programs and preventative measures.

This report provides an evidence-based understanding to the health sector on the state of men's health in rural, regional and remote Western Australia. It builds an understanding of the determinants that underpin these outcomes, and explores the implications of these determinants as they relate to the provision and operation of health services in non-metropolitan Western Australia.

The following are ten recommendations based on the implications highlighted in the report.

- **Recommendation 1**

**Reverse Health Service Provision Deficit:** Males in rural and remote areas need to be empowered and equipped with tools and resources to address their health issues.

- **Recommendation 2**

**Reverse Masculinity Stigma and Hesitation to Seek Help:** The stigma and social construction of 'rural masculinities' need to be openly redefined to remove stereotypes and expectations of their gendered roles.

- **Recommendation 3**

**Improve Connectivity between Client and Health Services:** The isolation of men in rural and remote areas has to be removed, thereby improving their connections and familiarity with health services that are available to them.

- **Recommendation 4**

**Service Provision, Funding and Males in Health Service Roles:** Greater financial resource needs to be allocated towards male specific programs, service and support sources for men in non-metropolitan Western Australia.



- **Recommendation 5**

**Importance of Mobile Health Services:** Men in rural and remote areas need to have greater accessibility and engagement with health services through mobile health services.

- **Recommendation 6**

**Requirement of a Funding Subsidy for Metropolitan Service Access:** Financial costs of health services for men in non-metropolitan areas need to be equitable with their peers in the metropolitan area.

- **Recommendation 7**

**Improve Service Directory for Rural, Regional and Remote WA:** Introduce a health service directory non-metropolitan specific and easily accessible to clients and their families in remote areas.

- **Recommendation 8**

**Improve Language, Approachability and Breaking down Barriers in Service Delivery:** A focus in a positive, relatable, accessible and non-judgemental health service delivery for men in rural and remote settings must be emphasised.

- **Recommendation 9**

**Increase Male Specific Programs, Marketing, Digital Media and Confidentiality:** There is a requirement for more targeted health promotion towards males in rural and remote areas due to differences in contexts.

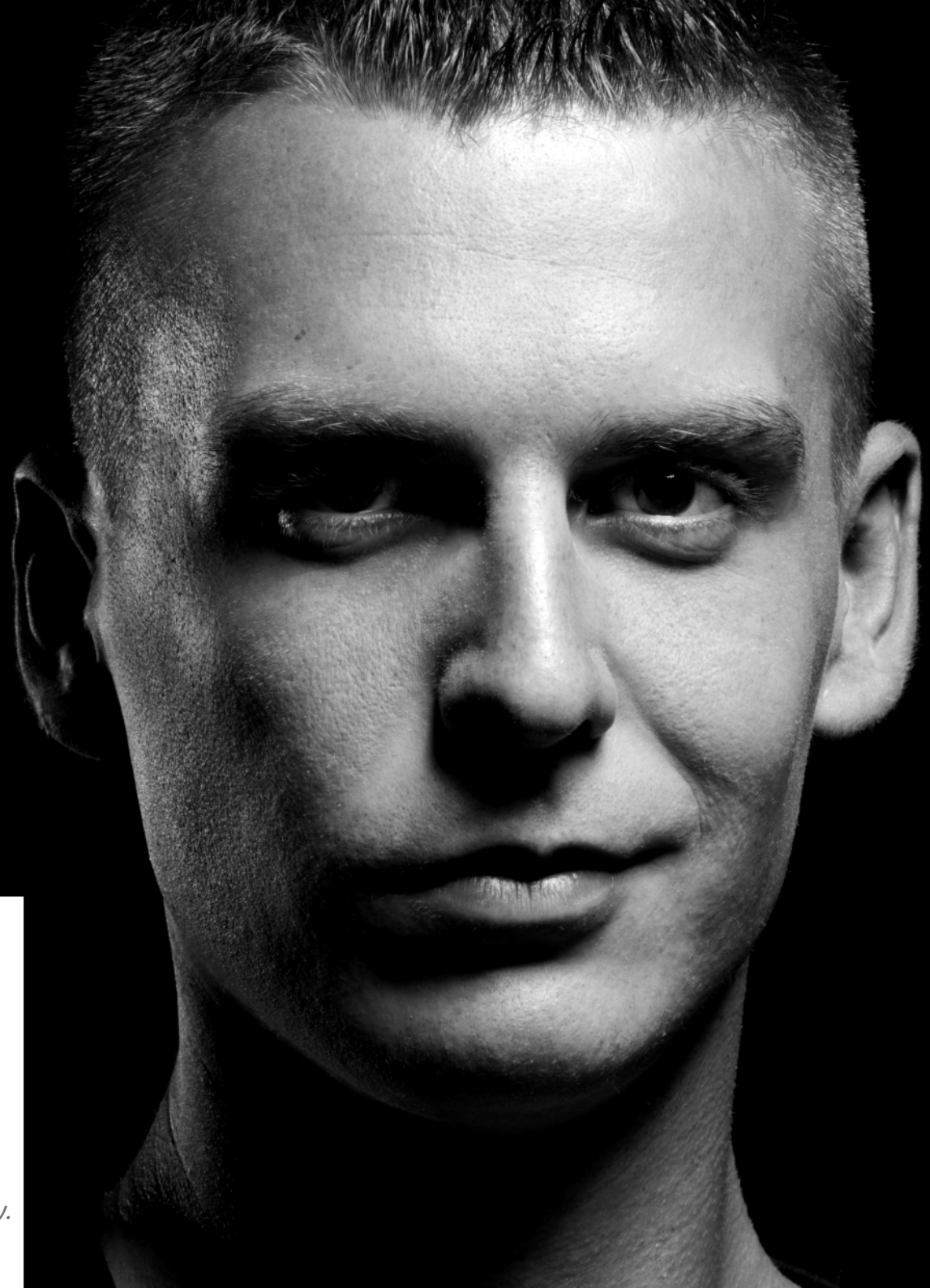
- **Recommendation 10**

**Investigate Social Determinants:** It is critical that services in regional, rural and remote areas consider their specific and most critical social determinant of health when considering the most effective and sustainable solutions for assisting males' health and wellbeing.

The full report can be accessed from our website: [www.menshealthwa.org.au](http://www.menshealthwa.org.au).

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MEN'S HEALTH AND WELLBEING WA

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*Improving the health and wellbeing outcomes  
for boys and men in the Western Australian community.*