

Understanding and Engaging Men For Healthier Outcomes

The efforts of the health care industry to raise men's awareness and participation in attending to their own health needs, has not gone far enough. Males continue to undertake "risky behaviour" despite many efforts to dissuade them.

What is desperately needed is an approach that will be attractive and useful for men.

Men need to learn about themselves, which includes those risk factors that can impact on their mortality and morbidity and mental health status.

Men typically go to the GP or Hospital when they have symptoms, rather than practising preventative health care. We all know that prevention is better than cure, but men in general, and in particular in rural communities, have not received this message. If we can get men to reduce risky behaviour patterns, seek regular check ups and adopt healthy lifestyle practices, we will have gone a long way to reducing their mortality rate and provided a pathway for men to enjoy a happy, healthy and long life.

The question asked from a sociological perspective is that we need to better understand male psyche, maleness and masculinity to try and identify strategies to overcome men's traditional behaviour to their health. It has been suggested that 'the sex role/stereotype of maleness, involving stoicism, competitiveness, ambition and other features of type A behaviour has itself been associated with an increased risk of cardiovascular disease, mental health and suicide'².

Changes in Australian society over the last 30-40 years, particularly with the Women's Movement. More women in the workplace, has caused an 'expected alteration of the role of men within the family, and within the home setting [which] is often accompanied by no loosening of pressure to adopt a more traditional role in the workplace. This has led to increasing reports of psychiatric distress among men, particularly married men and those men whose wives work'³. This is further confounded by the persistent myths of masculinity that men believe it is tough to hold on to symptoms of ill health in the hope they will disappear and that only weak men respond to stress'⁴.

In fact 'the very idea of a Men's Health Movement was rejected in many sectors of the community as the antithesis of the Australian male psyche; after all men, and in particular rural males, had to be twice as tough in order to survive the adversities of rural living'⁴.

When we add the concept of a socioeconomic gradient to the problems of men's health it is not surprising that the present health environment is one in which men are less likely to consult a GP or a counsellor.

At present men's health is still at the stage of identifying how we best approach men, inspire their interest in preventative health care, attract their attention to public health programs and generally raise their awareness of the health services and health professionals available for their use'¹.

If we are going to assist the cause of Men's Health, it is imperative that we consider 'a broader range of factors, socioeconomic and locational as well as genetic, hereditary and environmental. This might influence states of health, health risk and access to preventative, as well as curative or palliative, health services'⁵.

In understanding men and to be able to effectively counsel men we must know who they are, where they are at and treat them as individuals for who they are. The global economy is having a major impact on the workplace framework of the 50's, 60's and 70's with a shift away from guaranteed employment to a casualised work environment. Since 1986 the rate of men in casual work has risen from 11% to 21% in 1997. This simple shift of working hours and loss of the guaranteed 40hour week has impacted on men. Whereas women have for years accepted casual work for family reasons, seasonal work practices and accepted part time employment in industries like the garment trade which offered no guarantees of employment or accepted conditions of employment such as superannuation or holidays. Men until recent times have been expected to work 8 hours a day, 5 days a week and retire at 65 years and conditions of employment and the economy support this. The work traditions of their fathers are no longer relevant in the workplace today. Men are still coming to terms with the changing work structure where the 40 hour week, job till you retire at 65years and their role as the sole "bread winner" is not necessarily " a guarantee" any longer.

Another aspect of men is when identifying issues with men, men also need to see results quickly in order that they may embrace future goals that either they, or their Practitioner, may identify as important in their recovery. As an example, premature unemployment and the prospects for older men to gain employment can have some lasting effects on their health and wellbeing. Without a quick result in this area men suffer deeply which has a big impact on their self-esteem and their health. So they need support to develop some initiatives that addresses this issue.

Simple solutions usually, common sense to a person not experiencing 'pain', have a good impact on future outcomes for men. The effects of Unemployment in some cases can be overcome with a greater involvement in family, community programs, new skills training and self -employment.

We educate people so they will have the ability to cope with daily living. We also educate in order to provide skills allowing them the best opportunity to secure a career, which will provide them with an income as a means of living and a choice of direction.

Education creates knowledge which equals capacity to perform

The MAN Model of Health Promotion was designed on the same premise that:

Recognition of risks empowers individuals to reduce risks.

The model has developed a pathway for the education and empowerment of males to **Recognise** their risks and then to deal with their health needs preventively rather than reactionary. The model was not designed to overnight reduce the morbidity or mortality rates associated with men's health. The short- term goal is that men will recognise their risks, accept responsibility for their own health outcomes and then seek a means by which to reduce their risk.

Heart disease is a typical example of the demise of the health of men. The mortality rate from heart disease is anywhere up to 450% higher than women. In rural areas heart disease is again up to 15-20% higher for rural men.

The reason for the higher mortality rate for heart disease in rural men is not that they have heart disease, at a higher rate than their urban counterparts, but that Emergency Medical Intervention response times to the heart attack victim is not the average 6 minutes as in urban areas.

More men are saved in urban areas and go on to develop a better lifestyle in order to maintain life. This is a harsh and risky pathway to a better health attitude, but it is reality for men.

The harsh reality for stoic rural men is that a heart attack will kill them because the "tyranny of distance" cannot, and will not, guarantee a 6 minute response time from a paramedic team or ambulance in most cases.

Rural men (people), even more so than their urban counterparts, need to recognise their risk factors and be empowered to reduce the risks to avoid the likely outcome of death from heart disease due to a delayed emergency medical intervention.

The model was also developed to provide a means by which Health Practitioners would have greater access to men via Men's Health Nights and Sessions. These sessions also provided a greater opportunity to evaluate through a needs analysis the Issues of a broader range of men other than those at risk and generally in the health system. It again provided Health Practitioners and Men with an opportunity to **Engage** with each other in Better circumstances.

The model has been instrumental in achieving these results through Men's Health Nights and ongoing Sessions based on the evaluation of individual nights in each community. It has also greatly lifted the community image of and understanding of a broader range of men's health issues.

The long term effect of this knowledge and understanding by men of their health must surely be compared with the goals achieved by women when they were given permission to take responsibility of their health outcomes back in the seventies. Women's Health benefited greatly from their ability to take charge of and be more responsible for their health outcomes and engage better with Health Practitioners based on their new knowledge.

The MAN model has developed this process to the wider community of men, learning from the model of women's health, to achieve similar results.

Bernard Denner, the founder and developer of the MAN model recognised that men in the 1990's were as ignorant of their health issues and risks as that of women prior to 1960's. The MAN model system of health prevention was instigated in order to create an awareness and knowledge of men's health issues to a wider society of men, women and health practitioners. Creating with this knowledge a better understanding of the pathways through General Practitioners and Counsellors to address issues and a higher acknowledgment of men's health in the wider community. The recent release of Men's Health Report 2000 co-written with Dr Michelle Gibson highlights the involvement of over 8,500 men who have provided the Health Industry with a health insight into the average bloke based on their concerns other than those demonstrated by the male Mortality and Morbidity Figures. That men are not interested in their health is a myth because over 8,500 men have attended programs across 3 states (which is only a sample number of men who have attended other nights developed from the model), proving that men are interested in their health when given the right opportunity and in the right setting.

Men's Health is a very important issue as the results of male "unwellness" both physically and mentally affects families, relationships, communities and the workplace, besides the impact on the man himself.

It is important to recognise that men are different and that their needs are different. This knowledge provides Health Practitioners with a greater ability to achieve results for men in their endeavors to move forward from those risk factors that at the time impact on their health and wellbeing.

The Centre for Advancement of Men's Health (CAMH) has developed a Model that clearly demonstrates that men are interested in their health and that Health Practitioners need to engage with men that encourages and supports them to reduce their risk factors.

Men's Health Initiates should learn from women's health. A greater awareness of their health status will enable men in the wider community to implement this knowledge to reduce their risks. This is what the Man model aims to achieve.

References:

1. Gibson, M and Denner, B (2000), *Men's Health Report, 2000*
2. Fletcher R (1992) *Australian men and boys, a picture of health*, Newcastle, Department of Health Studies, University of Newcastle.
3. Dickstein L, Stein T and Pleck J (1991) Men's changing social roles in the 1990s: Emerging issues in the psychiatric treatment of men. *Hospital and Community Psychiatry*, 42(7): 701-705.
4. O'Hehir B, Scotney E and Anderson G (1998) Healthy Lifestyles - Are Rural Men Getting the Message?, *Rural Public Health in Australia 1997, Proceedings of the National Rural Public Health Forum, Adelaide, June 1997, pp159-169.*
5. Geddes E, Bott R and Burgan B (1993) *The Impact of Socio-Economic and Locational Disadvantage on Health Outcomes and Cost*, Report 10, Social Justice Research Program into Locational Disadvantage, Department of Health, Housing, Local Government and Community Services, Commonwealth Government Printer, Canberra.

Projects conducted across 5 States by the **Centre for Rural & Regional Health Education** in conjunction with **Centre for Advancement of Men's Health** and **Centre for Promoting Healthier Workplaces** with the support of Hepburn Health Service Daylesford:

Men's Health Programs...

Adolescent Health in Secondary Schools...

Workplace Health Programs...

Cardiovascular Rural Health Project...Grampians Region Victoria

Women's Health Programs in the Workplace...

Farmsafety in Primary Schools...

Professional Development for Health Practitioners...

And the development of a Health website called MANNET