

# Men's health and wellbeing: taking up the challenge in Australia

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*Tackling the problems of men's health requires a comprehensive national policy*

Health care service delivery takes into account many patient factors, such as age, ethnicity, socioeconomic status — and sex. While the place of “women's health” is now well established in health care, many contributors to this special men's health issue of the Journal believe that “men's health” has not received sufficient, specific attention. Are they right?

Enter “men's health” into PubMed and you will retrieve about 400 citations; do the same for “women's health” and you will get about 18 000. Perhaps “men's health” is a relatively new concept in the coding world. Or perhaps there is uncertainty about what the term encompasses, and thus a tendency to prefer other, better defined, keywords. Should men's health be largely concerned with the functioning and diseases of uniquely male organs, such as the prostate, penis and testis, and related sexual health concerns? Or, should it be a response to the lower life expectancy and higher rates of many health problems and risk factors for men in our society? In this issue, various perspectives of the developing discipline of men's health are acknowledged.

In Australia, it is well known that men do not live as long as women, and that Indigenous men live nowhere near as long as non-Indigenous men. Less well known is that the mortality rate ratio in Australia in 1998–2000 for men aged 25–64 years in the most socially advantaged group of the population was higher than that for women in the same age range in the most socially disadvantaged group — 218.8 v 206.7 per 100 000 people, respectively<sup>1</sup> (see Malcher, page 459). So, it seems that Australian men in all circumstances are at a disadvantage when it comes to health.

Common health problems well known to be more prevalent in men include ischaemic heart disease in men aged 40–74 years<sup>2</sup> (see Harris and McKenzie, page 440) and the metabolic syndrome when two of three commonly used definitions are applied (see Chew et al, page 445). Lung cancer in men causes nearly one in four of all cancer deaths in Australia.<sup>3</sup> Suicide is higher among males than females in the 15–24-years and the over-65-years age groups.<sup>4</sup> Further, one in three men over the age of 40 years reports erectile dysfunction, prostate disease and/or lower urinary tract symptoms (see de Kretser et al, page 412). While there can be no dispute that men suffer significant health problems, there is ongoing debate about the contributions of biological, psychological, social and environmental influences on men's health, including their fertility (see Aitken et al, page 414; Cram et al, page 433).

What also seems to be at issue is whether a male sex-based approach to health care service delivery would (or even could) make a significant difference to health outcomes. Here, the different approaches to men's health do seem to have several key features in common; in particular, emerging evidence that common stereotypical presumptions about men and their health may

not be true. Contrary to commonly held notions, contributors to this issue believe that men *do* seek to be physically and emotionally healthy and some men *do* see doctors (see Macdonald et al, page 416; Holden et al, page 418; Woodhouse, page 471). These contributors also share a conviction that men may be more willing to engage with health care services if such services better met (or, at least, acknowledged) *specific* needs — for example, the needs of “men who have sex with men” (see Pitts et al, page 450), veterans (see Cooper et al, page 453) or men at particular stages of their life cycle (see Fletcher et al, page 461; White et al, page 454; Handelsman, page 436).

Lastly, contributors to this issue of the Journal share a belief that, while there is much that organisations and individual medical practitioners can achieve, our men, our relationships, our families and our society will better benefit if we direct our efforts through coordinated, sustained activity. Such activity might be spearheaded by an Australian national men's health policy. Such a policy might incorporate and build on as many perspectives as possible, including the social determinants of men's health (see Macdonald, page 456) and existing position statements. Such statements would include the Australian Medical Association's position statement on men's health<sup>5</sup> and the Royal Australian College of General Practitioners' position statement.<sup>6</sup> Having identified and taken up the baton of men's health, it's time for us to keep running with it.

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