

Men's Health Matters Because Men Matter

Roundtable Discussion Summary Report



Ethnic Communities' Council of Victoria Inc. (ECCV) is the voice of multicultural Victoria. As the peak body for ethnic and multicultural organisations in Victoria, we are proud to have been the key advocate for culturally diverse communities in Victoria since 1974. For 40 years we have been the link between multicultural communities, government and the wider community.

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Forward

For far too long health issues related to men from culturally and linguistically communities diverse have been overlooked.

We know for a fact that men in general tend to let their health slip down their list of priorities for various reasons, leading to poor health outcomes for them. Studies in Australia and overseas overwhelming demonstrate that men display little enthusiasm for engaging in the healthcare system and face barriers to effectively accessing health services. Men from culturally diverse communities, especially those from refugee backgrounds or living in rural areas, fare worse on a number of health measures and experience severe challenges in engaging with and navigating the health system.

This summary report of the Roundtable Discussion '*Men's health matters because men matter*' is important as it provides insights into health issues affecting them and solutions to encourage them to reconnect with the health services and take their health more seriously.

I would like the service providers to seriously consider the recommendations proposed at this roundtable discussion as they have the potential to improve the health outcomes of men from these communities, and possibly complement and enhance community organisations family focus programs.

On a final note, I would like to acknowledge the efforts of the ECCV Health Policy Sub-committee and its Men's Health Working Group for organising the event and putting together this summary report. A special and warm thank you goes to the Roundtable's participants and speakers for giving their precious time and sharing their experience.



Eddie Micallef
Chairperson

Background

About the ECCV

The Ethnic Communities' Council of Victoria (ECCV) is the statewide peak advocacy body representing ethno-specific agencies and multicultural organisations. It is a member driven organization of 220 members representing over 70,000 members across Victoria. For over 40 years, the organisation has been advocating and lobbying all levels of government on behalf of multicultural communities in areas such as human rights, access and equity, service improvement, racism and discrimination, employment, education, health, disability, child protection and justice.

ECCV Health Policy Sub-committee

The ECCV Health Policy Sub-committee, established under the auspice of the ECCV Board, provides a vehicle for those with an interest in health to collaborate, discuss and advocate on issues that affect culturally diverse communities in Victoria. The sub-committee also serves an important role in providing advice to the ECCV Board in order to advocate on behalf of its stakeholders to local, state and federal governments, with particular regard to emerging issues and recommendations for improved policy and practice. In addition, the sub-committee assists its members by promoting their events to ECCV's extensive membership base and network and providing opportunities to receive feedback on their projects targeting culturally diverse communities.

Roundtable discussion on men's health

In a bid to draw attention to the often overlooked health-related issues affecting men from culturally and linguistically diverse communities (CALD), the ECCV Health Policy Sub-committee decided that its main focus would be on this in 2014. A roundtable discussion, '*Men's health matter because men matter*', was conducted on 4 September 2014. Male participants of various cultural backgrounds and people working in the field of men's health were invited. Topics for discussions were divided into three categories - overall men's attitudes and perceptions towards health, men's knowledge and usage of health services, and solutions and best practice to improve the health outcomes of men from culturally diverse communities.

Introduction

Research shows that men are less likely to seek and utilise health services, and generally suffer poorer health outcomes on most health indicators than women. It has also been documented that some groups of men report far worse health outcomes¹. Men from culturally diverse communities, especially seniors and those with limited education or English language skills are over-represented in these categories and therefore most at risk.

Addressing these significant disparities in health outcomes requires an initial understanding of migration history, cultural values and structural barriers within the Australian social context.

¹ Department of Health Victoria, *Men's health and wellbeing strategy background paper*, 2010, p. 17.

People, who come to Australia on either a temporary or permanent basis, are required to satisfy specific health conditions stated in the Migration Regulations². This generally means that most migrants settling into Australia, have indicators of health status that are as good as or better than those of the Australian-born population, often experiencing lower rates of death, hospitalisation, disability and disease risk factors³. However, the same cannot be said when it comes to mental health, with a large percentage of this group, especially people from refugee backgrounds presenting signs of mental distress⁴.

Approximately 50 percent of immigrants arriving in Australia between 2008 and 2013 were men. Of these, a significant proportion came from countries with strong patriarchal structures where men act as providers and decision makers in the private (household) and public spheres. As a result, they hold certain beliefs about masculinities such as toughness, a feeling of invincibility and suppressions of emotions. In general, these personality-related traits have been reported to influence their attitudes in terms of health service usage. Additionally, the process of settlement and the associated adjustments to a new environment combined with their perceptions that health and communities services primarily focus on families and children have been recognised as hampering them engaging with the health system⁵.

Other barriers to accessing health services reported include - but are not limited to⁶:

- Lack of transport to attend appointments, especially for men living in rural areas.
- Lack of or limited access to interpreters.
- Lack of opportunities to interact with healthcare professionals from their cultural ethnic background.
- Financial cost.
- Trust towards health professionals.

Issues raised in the Roundtable Discussion

The following key issues were discussed during the event attended by a very diverse group of over 25 participants.

² Department of Immigration and Border Protection, *Fact Sheet 22 - The Health Requirement*, Last modified November 5, 2014, <https://www.immi.gov.au/media/fact-sheets/22health.htm>, Viewed 1 January 2015

³ Australian Institute of Health and Welfare, *Whose health? How population groups vary*, 2008, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=6442453685>, Viewed 23 December 2014

⁴ Department of Health Victoria, *Men's health and wellbeing strategy background paper*, 2010

⁵ Carlton Neighbourhood Learning Centre Inc., *Horn of African men in Carlton: their awareness, perceptions, and recommendations to service providers*, 2007

⁶ Correa-Velez, Ignacio, and Gifford Sandy, *Settlement: Health and settlement among men from refugee backgrounds living in South East Queensland*, 2011, Latrobe Refugee Research Centre, Latrobe University, C:\Users\massan\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\O204S12W\PDF (Published version).pdf, Viewed 28 December 2014

Predictors of attitudes towards health

Construction of masculinities

Like their mainstream male counterparts in Australia, men from culturally diverse backgrounds, by and large, have notions of manhood consisting of possessing physical strength, displaying toughness and performing the traditional roles of protector and provider. As eloquently put by one of the participants:

Men's health and wellbeing are connected to their perceptions of masculinity which revolve around one important identity – being a provider and protector. As such, you are supposed to be a strong person, and as a result, men tend to neglect their health or ignore signs and symptoms of illness.

A significant number of participants corroborated this statement, adding that men, regardless their cultural backgrounds, want to maintain this belief in their invincibility and strength as providers, despite an increase in women's participation in the paid labour market and undertaking the bulk of household activities.

Cultural attitudes

The second factor deemed to be essential in influencing men behaviours towards their health within culturally diverse communities is family connections. Most participants were from collectivist cultures where health, in most cases, is seen as collective rather than individual responsibility. Participants pointed out the fact that men who interact with family members are more likely to adopt a more caring attitude towards health than those who are single or without family networks. They may feel pressured to seek medical help due to family members' concern. Unlike Western cultures where health-related issues are seen as private matters and often discouraged as a subject of conversation within a social context, health can be a topic of conversation in most culturally diverse communities, except maybe when it concerns terminal illness or diseases considered to be taboo. Participants were of the view that discussing general health concerns within a family context could be a good opportunity to encourage men to look after their health. In addition, participants indicated the needs for family, particularly wives, to have more involvement in the health of male members of the family. They also suggested that service providers undertake cultural competence training so that they deliver services that take into account collectivist value systems which place the family rather the individual at the centre when engaging with people from culturally diverse communities on health issues.

Use of 'one size fits all' approach by service providers

Throughout the roundtable discussion, the need to recognise that men from culturally diverse communities are not a homogenous group was widely acknowledged. Characteristics such as reasons for migration, duration of stay, country of birth, social class, status, education and sexual identity were seen as important explanatory factors for the attitude towards health. As a result of this diversity, participants emphasised the necessity for healthcare professionals to be aware of the many nuances that come along with and pay special attention to the needs of some groups, including men who are same sex attracted, those without family and other support networks and refugees.

Lifestyle risks and low awareness of benefits associated with health related activities

The roundtable discussion also touched on issues concerning lifestyle factors, focusing primarily on physical activity and drug and alcohol use. There is a strong body of evidence suggesting that the uptake of physical activity among Australians who speak a language other than English at home is generally lower compared to those born in Australia or came from English speaking countries. Some participants commented on the lack of awareness about the benefits of physical activity and its aiding in the prevention and management of certain diseases including heart disease and diabetes. They also conveyed a commonly-held view among community members that going to the gym or running for pleasure to keep fit is still considered a Western 'thing'. As to alcohol or substance use, the participants admitted that it is generally less prevalent compared to the general population but recognised high levels of tobacco smoking and khat use among some culturally diverse communities. Of those users, men represented a significant portion.

Men awareness of and attitudes towards health services

Awareness of local health and other services

The general consensus among participants was that men tend to be less aware of available local services or programs relevant to their communities needs than women. The reason for this is that women are more likely to engage with health system and programs targeting families because of their roles as primary carers of children. However, some participants (predominantly community workers) identified a number of organisations or programs that they were aware of. Additionally, several participants stated that men are likely to search for information about the availability of a specific service when the need arises. This attitude is not specific to men, but is unfortunately common across culturally diverse communities. Similarly, the uptake of regular health checks was deemed to be low for a several reasons including cost and a lack of familiarity with the concepts of disease prevention or early intervention. This is supported by a 2013 study which found that people from culturally diverse communities are less likely to use preventative health services in comparison to their Australian-born counterparts⁷. As a possible solution to promote the benefits of regular health checks (while at the same time improving men's knowledge of available local services), participants suggested that information be displayed at places where people are likely to notice them, thus creating the potential for such information to be used when needed.

Use of health services

When it comes down to health services usage, key factors perceived as barriers were unfamiliarity with the health system, especially the concept of preventive medicine, language and stigma associated with some illnesses. While some CALD community members possess the language skills to navigate the Australian health system quite easily, others, particularly those from emerging

⁷ Christine M. Caperchione, Gregory S. Kolt, and W. Kerry Mummery, *Examining Physical Activity Service Provision to Culturally and Linguistically Diverse (CALD) Communities in Australia: A Qualitative Evaluation*, 2013, <http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0062777>, Viewed 19 December 2014

communities or refugee backgrounds, face obstacles associated with language barriers to effectively access to health care services.

As regards to cultural factors, stigma has been identified as the dominant issue hindering help-seeking. For example, there is a great deal of misconception and stigma associated with mental health. As a result of this, affected community members and their families are reluctant to seek help for mental health issues and tend to resort to other means in dealing with the condition. As one person commented:

Mental health is seen as a possession and family members are likely to seek religious healers to help the mentally ill family member.

Another participant acknowledged this reluctance to seek professional help for mental health problems and stated:

Most members of my community find easier to consult a GP for physical health problems but are not comfortable talking about mental health issues because of the sensitive nature of the issue.

Participants also cited the complex and onerous Australian health system and lack of awareness regarding the benefits of prevention over treatment as hindrances to using health services. Concepts such as prevention are particularly not appreciated with many people from culturally diverse communities tending to display behaviours oriented towards disease management.

Solutions and best practices for better health outcomes

No 'one size fits all' approach

The consensus among participants was that programs targeting culturally diverse communities have a tendency to be generic, overlooking unique circumstances or characteristics associated with certain groups of people. Participants recommended that service providers consider a number of broad factors when addressing the health needs of these men. Various strategies may need to be used, for example, when communicating information to men from CALD backgrounds. Mass communication (newspaper, radio, television magazine) including contemporary communication tools (social media) were seen to be more effective in reaching out men from established CALD communities whereas face-to-face interactions were identified as more practical and beneficial in providing information to men from emerging communities or refugee backgrounds. Some of the other broad factors that merit attention in devising programs tackling health issues included:

- the reasons and circumstances in which people came to Australia;
- demographic factors such as age, marital status, level of education, income level, employment situation and geographical residence;
- the needs of specific groups such as same sex attracted men, men from refugee backgrounds, seniors and those with limited English proficiency.

Settlement services

Eligible migrants and humanitarian entrants receive the government funded Adult Migrant English Program (AMP) on arrival. The program provides 510 hours of free English classes. Several participants stated that these language classes are good opportunities to encourage men, especially

those from refugee backgrounds, to discuss health and health behaviours given the fact that they represent sizeable percentage of the number of persons granted humanitarian visas between 2008-2009 and 2012-2013 as part of the Offshore Humanitarian Program (See Table below⁸).

	2008-09	2009-10	2010-11	2011-12	2012-13
Male	48.7%	48.3%	48.9%	50.8%	50.7%
Female	51.3%	51.7%	51.1%	49.2%	49.3%

Table: Percentage of men granted visas (subclass 200 (Refugee), 201 (In-country Humanitarian Program), 202 Global Special Humanitarian Program), 203 (Emergency Rescue)).

Greater family involvement

Family involvement in men’s access to information and health services was noted by participants as essential. It is noteworthy to mention that many people from CALD backgrounds come from collectivist societies, whereby a person’s identity is mostly shaped by one’s roles and experiences within a group context⁹. This presents challenges for health professionals inclined to believe that responsibility for health rests with individuals. This is how a community leader responded to the following question – Is health a community problem or individual problem?

Initially, it is an individual problem, and then it becomes family problem and when it is beyond family control, then it becomes a community problem. That is why it is important to involve family members and relevant wider communities to change men’s attitudes towards their health.

Several other participants shared this view, and recognised that family (immediate and extended) has an important role to play in both promoting health lifestyles and improving men’s access to health services. One approach suggested is to invite family members (especially children and wives) to participate in education and awareness activities so that they can have a better understanding of health issues affecting men and therefore positively influence help seeking behaviour patterns.

Other possible venues to improve men’s health

Because of the relative neglect of men’s health in Australia, a number of participants felt it was necessary to raise the importance of this issue in the public’s mind. Therefore, they suggested several possible educational avenues to increase awareness about men’s health and provide opportunities for men to discuss about their health and wellbeing needs. Events such as the one organised by ECCV “Men’s health matters because men matter” and Men’s Health Week were seen as useful, as they allow men from CALD backgrounds to discuss topics related to masculinity and gender relations.

⁸ Department of Immigration and Border Protection, *Australian Offshore Humanitarian Program 2012-13, 2013* <http://www.immi.gov.au/pub-res/Pages/statistics/humanitarian-programme-statistics.aspx>, Viewed 23 December 2014

⁹ Leake, David, and Black, *Essential Tools – Culturally and Linguistically Diversity*, 2005, Ronda National Centre on Secondary Education and Transition, <http://www.ncset.org/publications/essentialtools/diversity/partIII.asp>, Viewed 28 December 2014

Men's Sheds were also recognised by participants as a model of best practices in both giving men social support and improving male health and wellbeing. However, it was suggested that the uptake for the Men's Shed programs generally remains low among men from culturally diverse backgrounds, particularly among younger age groups. Nevertheless, a shift has been occurring as we increasingly see Men's Sheds that target men from CALD backgrounds offering them practical skills and opportunities for social interactions.

Recommendations

On the basis of feedback received from the roundtable participants, ECCV recommends that;

Recommendation 1:

Education and awareness raising programs about men's health be designed, funded, implemented and evaluated by service providers in collaboration with community associations. These will involve a range of tailored health promotional activities (social media, radio interviews, seminars, workshops discussions forums) about the health and wellbeing of men from culturally diverse communities, alongside opportunities for men to reassess their traditional views of masculinity.

Recommendation 2:

Service providers and community associations actively promote strategies which will enable families (e.g. both immediate and extended) to play a greater role in helping men improve their health and accessing health services.

Recommendation 3:

Service providers recognise collectivist cultural norms (e.g. seeking extra family support, interdependence of group members) in their staff cultural awareness training and service delivery.

Recommendation 4:

Service providers and community associations recognise and address the distinctive health needs of specific groups, such as same sex attracted men, men without family and social support networks and men from refugee backgrounds.

Recommendation 5:

Settlement services provided to new arrivals, such as English language classes, be used to encourage men's involvement in health awareness programs and services.

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