INDIGENOUS MALE HEALTH

A report for Indigenous males, their families and communities, and those committed to improving Indigenous male health

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EXECUTIVE SUMMARY

Approximately half of Australia's Indigenous population is male. Knowledge of the status of their health, although not complete due to limitations on Indigenous identification, is an area of acute need.

A 'gendered approach' to health is not a new idea and it is becoming more apparent that gender is a key determinant of health in Australia. The interaction between gender and health has been well recognised and has proved very useful with respect to women's health. It may be possible to achieve better health access and outcomes for Indigenous males by considering this approach.

This report is an overview of Indigenous male health. It takes account of the:

- historical, social and cultural background of Indigenous males and its relationship to health and behaviour;
- fact that Indigenous males do not necessarily want a complete isolationist approach, and regard Indigenous women and family as a significant support and integral part of their health;
- documented lack of Indigenous males in the health workforce at all levels.

MAIN FINDINGS

The life expectancy of Indigenous males is 18–19 years less than that other men in Australia.

Indigenous males die at 3 times the rates of other males from all causes and at all life stages.

Specific health issues

- Cardiovascular disease, injuries, cancers and respiratory diseases account for most Indigenous male deaths. Measures of morbidity such as hospitalisations also show higher rates than for non-Indigenous males.
- Risk factors include substance (especially alcohol and tobacco use) misuse, social and emotional problems. Adolescents appear to be especially vulnerable.
- Family violence is a significant issue for Indigenous males both as perpetrators and as victims. There is a startling lack of input from, and engagement of, Indigenous males in this problem.
- General male access to, and use of, appropriate health services is poor. Access appears to be worse for Indigenous males with a general lack of specialist and specific services. This requires more study.

- Remote, rural and urban Indigenous males have different needs and slightly different health profiles—traditional men in remote areas require more strict gender-specific (men's business) health services; for urban males health problems such as illicit substance misuse are more prevalent.
- The health of Aboriginal and Torres Strait Islander prison inmates needs to be reviewed as it is not well documented and little published data is available.
- There continue to be high rates of sexually transmitted diseases in the Indigenous population. Indigenous males appear to be screened less and to have less access to appropriate services than Indigenous women.
- Little data was found on the roles and responsibilities concerned with the transition from traditional to contemporary life styles for Indigenous males. Study of the concept of 'masculinity' for Indigenous males has been limited.
- Several models of Indigenous male health programs were identified but few had been vigorously evaluated. Little is known about specific prevalence and incidence rates for Indigenous male clinical issues of impotence, and prostate and testicular cancer. Numbers of Indigenous male researchers are insufficient to research and document these health needs.

General health issues

Although the main causes of ill health in Indigenous males are lifestyle diseases and are hence entirely preventable with lifestyle modification, the area of Indigenous male health does have proven needs.

The Commonwealth, and many States and Territory governments are developing Indigenous and mainstream male health policies.

- The Northern Territory has full-time male health policy units and is developing a discussion paper for Indigenous male health.
- New South Wales and South Australia are close to releasing Indigenous male health policy documents.

A large body of work on male health is being undertaken by both community and public sectors, although to date, no comprehensive national male health policy exists. A national working party—chaired by Mr Mick Adams and supported by the Office for Aboriginal and Torres Strait Islander Health—is developing the *National Framework for Improving the Health and Wellbeing of Aboriginal and Torres Strait Islander Males*.

This document is currently in draft form and the Working Party is in the process of seeking endorsement by the National Aboriginal and Torres Strait Islander Health Council, and the Standing Committee on Aboriginal and Torres Strait Islander Health.

Leadership in Indigenous male health is needed at all levels of government. Development of policy must include input from Indigenous males at all stages in development, implementation and evaluation.

There are more 'gaps' than 'evidence' on Indigenous males in the medical literature.

Areas of need include:

- strategic research;
- expansion, development and evaluation of programs; and
- education and workforce issues (there are far more female than male Indigenous health workers both in the workforce and studying health courses).

Research is required on:

- diseases that are the main causes of mortality (e.g. cardiovascular disease and injuries);
- effective interventions;
- social, emotional and mental health issues;
- development of Indigenous male children and youth in communities both as an immediate issue and as a predisposing factor to later poor health;
- lifestyle diseases and lifestyle modification, and the effectiveness of programs targeting these difficult issues; and
- specific male reproductive health problems such as prostate disease and impotence.

Models of programs for Indigenous males that are apparently successful need to be evaluated and, if found to be effective, promoted at a national level. Culturally valid programs for Indigenous males (e.g. from Canada) need to be investigated further and assessed as to their effectiveness for Aboriginal and Torres Strait Islander males in Australia.

Several models of service delivery do show initial success although formal evaluations have not as yet been carried out. In many communities Indigenous males have formed voluntary health and support groups, and are attempting to take responsibility for their own health and that of their families and communities. This trend appears to be growing nationally.

Expansion of programs does not necessarily need new infrastructure and resources, but may be able to take place using existing structures and resources in more efficient and innovative ways.

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACR	albumin creatine ratio
AFAO	Australian Federation of AIDS Organisations
AIDS	acquired immuno deficiency syndrome
AIHW	Australian Institute of Health and Welfare
AHW	Aboriginal Health Worker
AMHIP	Aboriginal Men's Health Implementation Plan
AMS	Aboriginal Medical Service
BEACH	Bettering the Evaluation and Care of Health
BMI	body mass index
BPH	Benign Prostate Hypertrophy
CDEP	Community Development Employment Project
CHCH	Community Holistic Circle Healing
DMO	District Medical Officer
GP	General Practitioner
HDL	high density lipoprotein
HIV	human immunodeficiency virus
IDU	injecting drug use
MAP	Mobile Assistance Patrol
MRA	Men's Rights Agency
NACCHO	National Aboriginal Community Controlled Health Organisation
OATSIH	Office for Aboriginal and Torres Strait Islander Health, Commonwealth Department of Health and Ageing
PCR	polymerase chain reaction
RCIADIC	Royal Commission into Aboriginal Deaths in Custody
RPR	rapid plasma reagin
STD	sexually transmitted disease
STI	sexually transmitted infection