

# Men's health

Men's attitudes towards health and health services are different to those of women. These differences are due to both biological and gender factors. Men are more likely than women to engage in risky behaviours such as substance abuse and dangerous driving. They also have a higher incidence of many conditions, and are more likely to die from certain causes.<sup>1</sup>

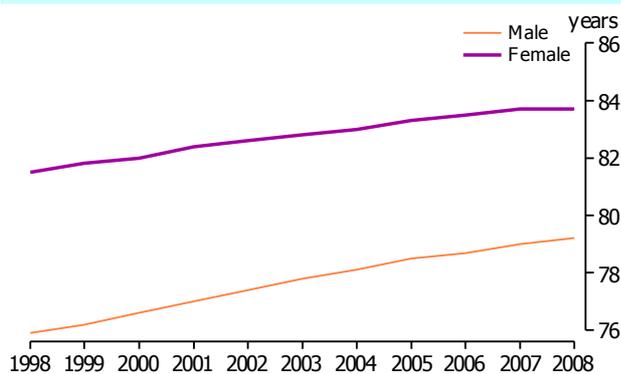
Understanding these gender and biological differences is an important step to achieving gender equity and in achieving the highest standard of public health.<sup>2</sup> In recognition of this, the Australian Government recently released a [National Male Health Policy](#), providing a framework for improving male health across Australia, across different life stages and population groups.

This article will focus specifically on issues of men's health and complements information on issues relating to women's health included in *Australian Social Trends 2004*, '[How women care for their health](#)'.

## Life expectancy

Life expectancy provides a summary indicator of the different health outcomes of men and women. A male born in Australia in 2006–2008 could be expected to live 4.5 years *less* than a female born at the same time (79.2 years compared with 83.7). However, this gap has narrowed by one year over the preceding decade, down from 5.6 years in 1996–1998.

### Life expectancy at birth – 1998-2008



Life expectancy has been calculated using data for the three years ending in the reference year.

Source: ABS [Deaths, Australia, 2008](#) (cat. no. 3302.0)

## Data sources and definitions

This article uses data from a variety of sources, but mainly from ABS 2007–08 National Health Survey and ABS [Causes of Death, Australia, 2008](#) (cat. no. 3303.0) as well as unpublished ABS causes of death data.

The 10<sup>th</sup> revision of the [International Classification of Diseases \(ICD-10\)](#) has been used in this article to classify diseases or conditions, including as causes of death.

The 2008 Causes of Deaths data will be subject to revision when ABS Causes of Death, Australia, 2009 is released in 2011. Coroner certified deaths that had not been finalised will potentially be assigned a more specific cause of death after the case is closed. For more information see the [Technical Notes](#) in ABS [Causes of Death, Australia, 2008](#) (cat. no. 3303.0).

The *underlying cause of death* refers to the disease or injury which initiated the train of morbid events leading directly to death. Accidental and violent deaths are classified according to the external cause, that is, to the circumstances rather than to the nature of the injury.

A *standardised death rate* (SDR) enables the comparison of deaths rates between populations with different age structures by relating them to a standard population (i.e. the Australian 2001 estimated resident population).

A *Male/Female SDR ratio* is the male SDR divided by the female SDR. A ratio of 1.0 would indicate that the SDR is the same for men and women. A ratio greater than 1.0 would indicate a higher standardised death rate among men and a ratio below 1.0 indicates a higher standardised death rate among women.

An *age-specific death rate* (ASDR) is the number of deaths registered during the calendar year at a specific age, per 100,000 people of that age as at 30 June of that year.

*Adjudications* are court cases where the defendant has been found guilty or innocent of at least one of the charges laid against them. Multiple charges relating to the same incident are usually heard together as one case. However, a person involved in more than one criminal incident during the reference period may be adjudicated more than once that year.

Contributing to the gap between men's and women's life expectancy is the higher death rate of males across all age groups and most of the major causes of death. In 2008, the standardised death rate (SDR) of males was 50% higher than for women (737 deaths per 100,000 men, compared with 493 per 100,000 women).

## Selected causes of death(a)(b) – 2008

Underlying cause of death and ICD-10 code	Standardised Death Rate (SDR)		Male/Female SDR ratio	Percent of total deaths	
	Male	Female	Ratio	Male	Female
	Per 100 000	Per 100 000		%	%
Prostate cancer (C61)	31.0	..	..	4.1	..
Suicide (X60-X84, Y87.0)	16.1	4.4	3.6	2.3	0.7
Transport accidents (V01-V99, Y85)	9.6	3.2	3.0	1.4	0.5
Skin cancer (C43-C44)	12.0	4.7	2.6	1.7	0.9
Diseases of the liver (K70-K77)	9.3	4.0	2.3	1.4	0.7
Parkinson's disease (G20)	7.8	3.7	2.1	1.0	0.8
Lung cancer (C34)	47.9	23.5	2.0	6.8	4.1
Ischaemic heart disease (I20-I25)	126.7	72.7	1.7	16.9	15.9
Chronic lower respiratory diseases (J40-J47)	34.6	21.0	1.6	4.6	4.1
Stroke (I60-I69)	49.5	47.0	1.1	6.4	10.3
Breast cancer (C50)	0.1	22.3	-	-	3.9
<b>All causes of death</b>	<b>736.9</b>	<b>492.9</b>	<b>1.5</b>	<b>100.0</b>	<b>100.0</b>
<b>Total number of deaths (no.)</b>	<b>..</b>	<b>..</b>	<b>..</b>	<b>73 548</b>	<b>70 398</b>

.. not applicable

- nil or rounded to zero

(a) Causes of death data for 2008 are preliminary and subject to a revisions process. See [Technical Note 2: Causes of Death - Revisions Process](#) in ABS [Causes of Death, Australia, 2008](#) (cat. no. 3303.0).

(b) 2008 causes of death data have been subject to process improvements which have increased the quality of these data. See [Technical Note 1: 2008 COD Collection - Process Improvements](#) for further information in ABS [Causes of Death, Australia, 2008](#) (cat. no. 3303.0).

Source: ABS [Causes of Death, Australia 2008](#) (cat. no. 3303.0) and unpublished ABS causes of death data.

### Causes of death

The leading underlying cause of death for Australian males in 2008 was ischaemic heart disease (including angina, heart attacks and blocked arteries of the heart), with 12,444 deaths attributable to this cause (or 17% of male deaths), followed by trachea and lung cancer, with 5,025 deaths (6.8%). Stroke was third with 4,727 deaths (6.4%). These causes of death were also the three leading causes of death for males in 1998.<sup>3</sup>

In 2008, prostate cancer, a disease exclusive to men, was the fifth leading cause of death among men. Prostate cancer was an underlying cause of death for more men than breast cancer was for women (accounting for 3,031 deaths or 4.1% of male deaths compared with 2,774, or 3.9% of female deaths). Over the 10 years to 2008, the standardised death rates (SDR) of both breast cancer among women and prostate cancer among men dropped. Prostate cancer decreased from a SDR of 37 to 31 deaths per 100,000 men, while breast cancer dropped from a SDR of 27 to 22 deaths per 100,000 women.<sup>3</sup>

Men who died of prostate cancer also had a higher median age at death (81.0 years) than women who died of breast cancer (68.1 years). This difference in median age at death may indicate that prostate cancer is likely to be diagnosed or occur at an older age, given that

prostate cancer and breast cancer have similar survival rates (i.e. the chance of surviving a certain period of time after initial diagnosis).<sup>4</sup> This also resulted in women having a higher number of Years of Potential Life Lost (a measure of premature deaths — see [Explanatory notes 43–45](#) in ABS [Causes of Death, Australia, 2008](#), cat. no. 3303.3) through breast cancer in 2008 (33,928 YPLL) than did men through prostate cancer (9,402 YPLL).

***In 2008, men were over three and a half times as likely as women to have had suicide recorded as their underlying cause of death.***

While the sex-specific nature of prostate and breast cancer is purely biological, factors related to gender, such as attitudes and behaviours, cause further differences in other major causes of death. For example, in 2008, the SDR for suicide was over three and a half times as high for men as for women (16.1 per 100,000 men compared with 4.4 per 100,000 women). While women were more likely to have ever planned or attempted suicide (6.5% of women aged 16–85 years compared with 3.9% of men — according to the ABS 2007 Survey of Mental Health and Wellbeing), gendered behaviours and societal expectations may explain the gender gap in suicide rates by influencing the severity of suicide attempts.

## Selected causes of death (a)(b) of males across the life course – 2008

Underlying cause of death and ICD-10 code	Age specific death rates for males (i.e. deaths per 100 000 men in age group)				
	1-14	15-24	25-44	45-64	65 or over
<b>Cancer (C00-D48)</b>	<b>2.2</b>	<b>4.2</b>	<b>17.2</b>	<b>193.9</b>	<b>1 407.3</b>
Cancer of the digestive organs (C15-C26)	0.1	0.3	4.1	65.0	367.2
Lung cancer (C34)	0.0	0.0	2.0	44.1	294.1
Skin cancer (C43-C44)	0.0	0.3	2.3	11.4	67.4
Prostate cancer (C61)	0.0	0.0	0.1	8.1	218.8
Brain cancer (C71)	0.7	0.4	2.5	9.7	27.5
Blood and lymph cancer (C81-C96)	0.6	1.6	2.4	16.1	130.3
<b>Diseases of the circulatory system (I00-I99)</b>	<b>0.6</b>	<b>1.9</b>	<b>16.5</b>	<b>112.8</b>	<b>1 492.3</b>
Ischaemic heart diseases (I20-I25)	0.1	0.3	8.6	73.5	794.4
Stroke (I60-I69)	0.2	0.5	2.7	14.3	330.5
<b>Diseases of the respiratory system (J00-J99)</b>	<b>0.9</b>	<b>1.0</b>	<b>2.4</b>	<b>18.0</b>	<b>413.1</b>
Influenza and pneumonia (J10-J18)	0.1	0.1	0.7	2.5	48.1
Chronic lower respiratory diseases (J40-J47)	0.6	0.4	1.0	10.3	237.9
<b>External causes of morbidity and mortality (V01-Y98)</b>	<b>5.5</b>	<b>45.4</b>	<b>62.4</b>	<b>53.1</b>	<b>129.8</b>
Transport accidents (V01-V99, Y85)	2.0	16.4	12.2	8.3	11.3
Other external causes of accidental injury (W00-X59)	1.9	5.5	13.4	12.9	80.9
Suicide (X60-X84, Y87.0)	0.3	14.3	23.4	19.7	19.1
<b>Other selected causes of death</b>					
Diabetes (E10-E14)	0.0	0.1	1.5	10.7	140.7
Dementia and Alzheimer's disease (F01, F03, G30)	0.0	0.0	0.0	1.3	207.7
<b>All causes of death</b>	<b>14.9</b>	<b>60.1</b>	<b>117.5</b>	<b>462.4</b>	<b>4 331.0</b>

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Source: ABS [Causes of Death, Australia 2008](#) (cat. no. 3303.0) and unpublished ABS causes of death data.

Other causes of death that were higher among men in 2008 included transport accidents (with a male to female SDR ratio of 3.0), skin cancer (2.6), diseases of the liver (2.3), Parkinson's disease (2.1), lung cancer (2.0), and ischaemic heart disease (1.7).

In 1998, the pattern was similar to that of 2008. However there has been a change in the SDR male/female ratio for lung cancer deaths. In 1998, males were almost three times (2.8 times) as likely as females to die from lung cancer, however an increase in the female SDR and a decrease in the male SDR, reduced this ratio to twice as likely (2.0 times) in 2008.<sup>3</sup>

### ...across the life-course

While death rates are much lower for boys and young men than older men, the main causes of death differed across stages of the life-course. Boys and young men were more likely to die from external causes, but as age increased, cancers and diseases of the circulatory system became the main causes of death.

In 2008, the death rate among boys aged 1–14 years was 15 deaths per 100,000. External causes, mostly accidents, contributed over a third of these deaths (37%). Cancer caused 15% of boys' deaths.

For young men aged 15–24 years, the death rate was 60 deaths per 100,000. External causes claimed the majority of these deaths (75%) – a much higher proportion than for females of the same age (56%) or males of other ages (37% for boys, 53% for those aged 25–44 years, 11% for those aged 45–64 years and 3% for older men). More specifically, transport accidents caused 27% of deaths for young men and suicide caused 24%.

The death rate for men aged 25–44 years was 118 deaths from all causes per 100,000 men, over half of which were attributable to external causes (53%), specifically suicide (20%) and transport accidents (10%). Cancers caused 15% of deaths for men at this age and diseases of the circulatory system caused a further 14% of deaths.

## HIV/AIDS

Although HIV affects only a relatively small proportion of Australians, the majority of those affected are men. The human immunodeficiency virus (HIV) can be transmitted through behaviours such as unprotected sexual contact and the sharing of contaminated needles. A HIV infection acts as a long-term risk to health by increasing the chance of 'opportunistic infections' taking advantage of a weakened immune system. Acquired immunodeficiency syndrome (AIDS) refers to the advanced stages of HIV infection.

The United Nations estimates that in 2007, 18,000 Australians aged 15 years or over were living with HIV, with only a minority of these cases being women (1,200).<sup>5</sup> The Australian National HIV Registry found that 86% of HIV infections diagnosed in 2008 were of males. In over two-thirds (69%) of all newly diagnosed HIV cases in 2008, male homosexual/bisexual contact was reported.<sup>6</sup>

For men aged 45–64 years, there were 462 deaths from all causes per 100,000 men. Cancers were the underlying causes of death in 42% of these (14% were due specifically to cancer of the digestive organs, such as the colon or pancreas, and 10% due to lung cancer). Diseases of the circulatory system caused a further 24% of deaths of men of this age, with 16% due specifically to ischaemic heart disease. External causes contributed 11% of male deaths of this age.

For men aged 65 years or over, the death rate from all causes was 4,331 deaths per 100,000 in 2008. Diseases of the circulatory system caused over one-third (34%) of these deaths – (18% due to ischaemic heart disease and 7.6% due to stroke). Cancers claimed almost a further third (32%) – (8.5% due to cancer of the digestive organs, 6.8% due to lung cancer and 5.1% due to prostate cancer). Diseases of the respiratory system claimed a higher proportion of deaths than in other age groups (9.5%), as did dementia or Alzheimer's disease (4.8%). Although suicide only made up a very small proportion of male deaths of this age (0.4%), age-specific death rates for suicide among men aged 65 years or over were higher than for young men aged 15–24 years (19 deaths per 100,000 compared with 14).

## Diseases or conditions

As with causes of death, certain conditions or diseases were more likely to affect males than females. In 2007–08, 15% of males of all ages had a chronic condition caused by injury, 13% were partially or completely deaf, 4.3% had chronic ischaemic heart disease and 1.9% had cancer.<sup>7</sup> After adjusting for different age profiles between males and females, chronic ischaemic heart disease was more than twice (2.1 times) as common among males than females, partial or complete deafness was 1.9 times as common, having chronic conditions caused by injury was 1.6 times as high, while having cancer was one

and a half times as likely for males as for females. Towards half (44%) of Australian males will have been diagnosed with cancer at some stage of their life by the age of 75 years, compared with under one-third (30%) of females.<sup>8</sup>

## ...mental health

The ABS 2007 Survey of Mental Health and Wellbeing showed that of those aged 16–85 years, substance use disorders (mostly alcohol related) were more common in men (7.0%) than in women (3.3%). This difference was mostly driven by a gap between men and women aged 16–24 years (15.5% and 9.8% respectively) and those aged 25–34 (11.3% and 3.3% respectively).

## Health risks or protective factors

Many factors can raise or lower a person's risk of ill health. Moderate to high levels of exercise and good nutrition are considered positive behaviours, while health risks include smoking, obesity, risky drinking and dangerous driving.

## Positive behaviours

### ...exercise

Exercise has many health benefits, one of the chief ones being that it enables the body to burn off surplus energy stores. The ABS 2007–08 National Health Survey graded a person's level of exercise against the National Physical Activity guidelines (see the box '*Nutrition and physical activity guidelines*' for more information).

In 2007–08, men aged 18 years or over were more likely to have a level of exercise that met the National Physical Activity guidelines in the week prior to interview than were women (33% compared with 29%), however, there were variations across the life course. While almost two-fifths (37%) of young men aged 18–24 years met the physical activity guidelines, the levels were lower for men aged 25–44 years (32%).

There was larger variation by socioeconomic area. Men living in the least disadvantaged areas were about 1.4 times as likely to have met the physical activity guidelines as those living in the most disadvantaged areas (41% compared with 30%).

Just over one-fifth (21%) of men reported being more physically active than 12 months before. This rate was slightly lower than for women (24%).

## Nutrition and physical activity guidelines

The [National Health and Medical Research Council \(NHMRC\)](#) has recommended a minimum of two serves of fruit and five serves of vegetables per day for adults (the guidelines differ for those aged less than 18 years). One serve of fruit is approximately 150 grams of fresh fruit or 50 grams of dried fruit. One serve of vegetables is approximately half a cup of cooked vegetables or one cup of salad vegetables.

[The National Physical Activity Guidelines for Australia](#) recommend exercise of at least a moderate level (including brisk walking), for most days of the week for at least 30 minutes or more on each of those days, and with each exercise session lasting 10 minutes or more.

### ...nutrition

In 2007–08, only a small proportion of people aged 15 years or over met the recommended guidelines for vegetable and fruit consumption (6.2%). The rate among men (4.8%) was lower than for women (7.6%). It was also lower for younger men (3.6% for those aged 15–24 and 3.1% for those aged 25–44) than those aged 65 years or over (9.3%).

### ...health service use

In 2007–08, men were less likely to report that they have GP check-ups at least annually than were women (49% compared with 62%). While there was no significant gap for those aged 65 years and over (around 86% for both men and

## Health literacy

The ability to access and use health information is a fundamental skill which allows people to make informed decisions and helps them to maintain their basic health.

In 2006, health literacy levels were similar for men and women across most ages although males aged 20–29 years were less likely to have adequate health literacy levels compared with women of the same age (43% compared with 51%) and men aged 55–64 years were more likely to have adequate health literacy levels (35%) than women of the same age (28%). For more information see *Australian Social Trends June 2009*, 'Health Literacy'.

women), the gap is mainly driven by differences in men and women aged 15–24 years (20% for men and 44% for women) and 24–44 years (36% for men and 53% for women). Women of child bearing age may be more accustomed to routine medical care than men due to their use of reproductive medical services.<sup>9</sup>

Younger people are more likely to assess their health as good, very good or excellent, and this may be reflected in the lower rates of GP check-ups among younger people as a whole. Nevertheless, there was a clear gap in GP use between young men with poor or fair health and young women with the same health status – that is, people more likely to be in need of a GP check-up. Only around one-third (34%) of young men who assessed their own health as poor or fair had GP check-ups, compared with around two-thirds (65%) of young women with the same self-assessed health status.

## Positive or negative behaviours or risks among men aged 15 years and over – 2007-08

	Age group (years)				Total 15+
	15-24	25-44	45-64	65 or over	
	%	%	%	%	%
<b>Positive behaviours</b>					
Met National Physical Activity guidelines (excluding 15-17 years)	37.3	31.9	33.0	34.0	33.3
Consumed recommended daily intake of fruit and vegetables	3.6	3.1	5.3	9.3	4.8
Have GP check-ups at least annually	20.1	36.4	63.2	85.2	49.3
Discussed healthy lifestyle with GP or other health professional	21.3	36.8	47.1	47.1	38.9
<b>Negative behaviours or risks</b>					
Current smoker	19.8	30.4	20.6	8.3	22.2
Risky drinker - long-term risk(a)	12.0	16.3	16.2	8.9	14.4
Risky drinker - short-term risk(b)	15.4	16.3	11.4	3.8	12.8
Overweight or obese(c)	38.0	66.2	75.9	77.0	66.0
High blood cholesterol	n.p.	n.p.	12.3	16.9	7.6
High blood pressure	**0.8	3.0	16.6	31.1	11.1

n.p. not available for publication but included in total

\*\* proportion has a relative standard error greater than 50% and is considered too unreliable for general use

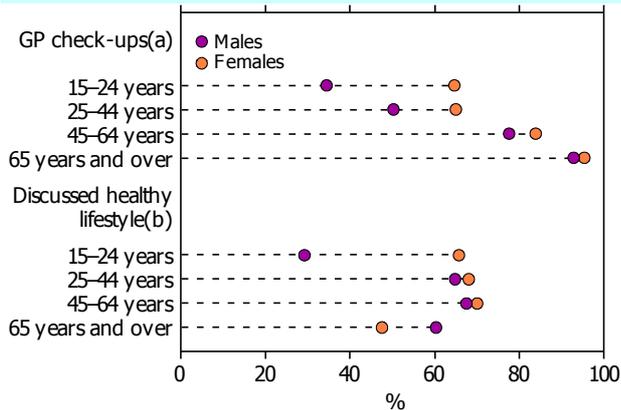
(a) Exceeded 2001 National Health and Medical Research Council's guidelines to minimise risk in the long-term (no more than an average of 4 standard drinks a day for men and 2 standard drinks a day for women) over a seven day average.

(b) Exceeded 2001 National Health and Medical Research Council's guidelines to minimise risk in the short term (no more than 6 standard drinks a day for men and 4 standard drinks a day for women) at least weekly within the last 12 months.

(c) Based on measured BMI.

Source: ABS 2007-08 National Health Survey

## People with fair or poor self-assessed health, actions taken – 2007-08



- (a) Whether people reported that they have check-ups with a GP at least annually.  
 (b) People who had discussed a healthy lifestyle with a GP or other health professional in the last 12 months.

Source: ABS 2007-08 National Health Survey

The National Health Survey assessed whether a person had discussed healthy lifestyle issues with a GP or other health professional in the 12 months prior to the survey. Discussing healthy lifestyle issues included talking about reducing or quitting smoking, drinking alcohol in moderation, increasing physical activity and eating healthy food or improving their diet.

In 2007-08, men were almost as likely as women to have discussed a healthy lifestyle with any health professional (39% compared with 42%). However, there were big differences by age, especially for those with fair or poor self-assessed health.

While around two-thirds (66%) of young women with fair or poor self-assessed health had such a discussion, the rate was half that (29%) for young men of the same health status. However, the pattern was reversed for men and women aged 65 years or over (60% of men with fair or poor self-assessed health compared with 47% of women).

## Negative behaviours or risks

### ...long-term risk

Lifestyle behaviours such as tobacco smoking, risky alcohol consumption, along with obesity, are three of the more prominent chronic health risks in modern Australian society. Such risk factors not only impact upon the people's health, but affect their ability to participate in other aspects of life such as family and community activities.

In 2007-08, men aged 15 years or over were more likely than women to have each of these risk factors. They were more likely to be current smokers (22% compared with 18%), more likely to drink to levels considered risky or high risk

## Alcohol guidelines

In 2001, the [National Health and Medical Research Council \(NHMRC\)](#) provided guidelines for drinking alcohol. The main guideline for reducing health risks in the long-term limits consumption to 4 standard drinks a day for men and 2 standard drinks a day for women. To minimise risks in the short term, consumption is limited to no more than 6 standard drinks a day for men and 4 standard drinks a day for women. Although these guidelines were revised in mid-2009, the 2001 guidelines have been used here as these were the guidelines in place when the data was collected in the the 2007-08 National Health Survey.

to health in the long-term (14% compared with 11%), and more likely to be overweight or obese (66% compared with 54%). For more information see *Australian Social Trends December 2009*, '[Smoking, risky drinking and obesity](#)'.

Men who had consumed alcohol in the past 12 months were just as likely as women to have reported that their usual consumption had decreased over that period (19% of those who had consumed alcohol in the past 12 months). Around one third of men who were current smokers reduced their smoking level compared with 12 months ago (30% compared with 34% of women).

### ...high blood pressure or cholesterol

High blood pressure or high levels of cholesterol can contribute to, and impede recovery from chronic illness.<sup>10</sup>

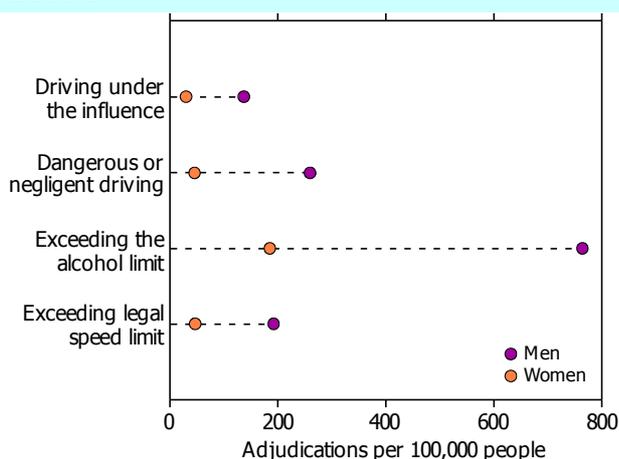
In 2007-08, men aged 18 years or over were slightly less likely than women to have had their blood pressure checked in the two years prior to the survey (87% compared with 94%). Of those aged 15 years or over, similar rates of men (11%) and women (12%) reported high blood pressure. A similar rate of men and women also reported high cholesterol (7.6% compared with 6.7%).

Men, aged 15 years or over and living outside Major Cities were slightly more likely than those living in Major Cities to report having high blood pressure (14% compared with 10%) or high cholesterol (8.7% compared with 7.0%).

### ...short-term risk

In addition to having higher rates of long-term risks to health, men, especially younger men, are more likely than women to partake in certain activities dangerous to health in the short-term. These activities include drinking alcohol at dangerous levels, the use of illicit drugs and dangerous driving.

## Rates of adjudications for selected offences – 2008-09



Source: Unpublished ABS 2008-09 Criminal Courts collection data and 2008 estimated residential population.

In 2007–08, 13% of men aged 15 years or over drank alcohol to levels considered risky or high risk to health in the short-term at least once a week. This was much higher than the rate for women (5.9%) and was highest for young men aged 15–24 years (15%) and men aged 25–44 years (16%).

In the 2007 National Drug Strategy Household Survey, 23% of people aged 15–24 years reported using illicit drugs during the previous 12 months – around twice the proportion of people aged 25 years and over (11%). Young men showed a higher prevalence of marijuana/cannabis use than young women (21% compared with 16%). Young men also had a younger age of initiation to alcohol than women (15.1 years of age compared with 17.4).

According to the ABS Criminal Courts collection, in 2008–09, men were more likely than women to appear in court charged with offences relating to dangerous or negligent driving (259 adjudications per 100,000) or driving under the influence of alcohol or other substance (137 adjudications per 100,000). These rates were much higher than for women (around six and four times respectively – 46 and 31 adjudications per 100,000).

Men were also more likely to appear in court charged with exceeding the legal alcohol limit (764 adjudications per 100,000) or exceeding the speed limit (193 adjudications per 100,000) than were women. These rates were around four times higher than for women (186 and 47 adjudications per 100,000 respectively).<sup>11</sup>

Among young men aged 20–29 years, rates of adjudications for dangerous or negligent driving, driving under the influence and exceeding the legal alcohol limit were all higher than for older age groups. However, adjudications for exceeding the speed limit did not show the same pattern, being higher for men aged 40–44 years, than young men.

## Vulnerable groups

### ...Indigenous men

An Indigenous male born in Australia in 2005–2007 could be expected to live 11.5 years *less* than a non-Indigenous male born at the same time (67.2 years compared with 78.7).<sup>12</sup> The 2004–05 ABS National Aboriginal and Torres Strait Islander Health Survey and National Health Survey, reveals some of the poorer health outcomes of Indigenous men that may relate to their lower life expectancy. After adjusting for age differences, Indigenous men aged 18 years or over were 2.8 times as likely to have chronic diabetes/high sugar levels and 1.6 times as likely to be obese as non-Indigenous men. Related to this, Indigenous men were 1.7 times as likely to report their health as fair or poor.

### ...men with disabilities

People with a disability or restrictive long-term health condition may find it more difficult than others to function from day to day, within their personal lives and in their wider community. In 2007–08, according to the National Health Survey, around 350,000 men had a profound or severe restriction to their core activities of self-care, mobility or communication (this translated to 4.3% of all men aged 15 years or over and compared with around 430,000 women or 5.1%).

Men with a profound or severe restriction were more likely to be living in the most socioeconomically disadvantaged areas (29%), and less likely to be in the least disadvantaged areas (12%) than men with no disability or long-term health condition (15% and 25% respectively). While low income can reduce access to medical services, the direction of causality is not necessarily one way. People with a disability may have a reduced capacity to earn income or family members may reduce or cease employment to provide care.<sup>13</sup>

Men with a profound or severe core activity limitation were less likely to have private health insurance than men with no disability or long-term health condition (29% compared with 56%). They were also less likely to have private health insurance than women with the same level of core activity limitations (29% compared with 41%). This was related to the fact that men with a profound or severe core activity limitation were more likely to have a government health concession card (78%) than were men with no disability or long-term health condition (16%) or even women with the same level of core activity limitation (69%).

## ...prisoners

Historically, limited information has been available surrounding the health of prisoners. Despite this, it has generally been acknowledged that prisoners have relatively poor health outcomes when compared with others. Men make up the vast majority of prisoners (93%), with a rate of 329 male prisoners per 100,000 men in the wider population (compared with 24.7 female prisoners per 100,000 women).

Indigenous people are greatly over represented within the prison population. In 2009, the prison rate among Indigenous men was 4,230 prisoners per 100,000, while for Indigenous women it was 359 prisoners per 100,000.

The inaugural national report, *The Health of Australia's Prisoners 2009* was released by the Australian Institute of Health and Welfare in June 2010 and aims to help fill the gap in data surrounding prisoner health. During a one-week census period in 2009, just over four in five (81%) prison entrants reported that they were smokers; nearly three quarters (71%) reported illicit drug use over the previous 12 months; and over half (52%) reported a risk of alcohol related harm over the same period. Over a third (37%) of prison entrants reported that they had been told by a doctor, psychiatrist or nurse that they have a mental health disorder.

Male prisoners were less likely than female prisoners to have attended a prison clinic during the one-week census period (21% compared with 34%).

## Looking ahead

The new Australian Government National Men's Health policy has identified six priority areas for action. These include optimal health outcomes for males; health equity between population groups; improved health at different life stages; a focus on preventative health; building a strong evidence base; and improved access to health care.<sup>14</sup>

The ABS 2009 Survey of Disability, Ageing and Carers, *2011–12 Australian Health Survey* and annual mortality data will monitor the impact of this intervention.

## Endnotes

- 1 Sarah Payne, 2009, *How can gender equity be addressed through health systems?*, World Health Organization, Copenhagen, p. 1, <[www.who.int](http://www.who.int)>.
- 2 World Health Organization, 2001, *Madrid Statement* <[www.who.int](http://www.who.int)>.
- 3 When discussing leading causes of death, Trachea cancer has been grouped with Lung cancer as per the WHO recommended tabulation of leading causes. Trachea cancer has not been grouped with Lung cancer in the rest of the analysis as it only contributes small numbers. 1998 data are based on unpublished causes of death data, using the 10<sup>th</sup> revision of the *International Classification of Diseases* <[www.who.int](http://www.who.int)>.
- 4 Australian Institute of Health and Welfare, 2008, *Australia's Health 2008*, pp. 178–179, <[www.aihw.gov.au](http://www.aihw.gov.au)>.
- 5 UNAIDS/World Health Organisation, 2008, *Epidemiological Fact Sheet on HIV and AIDS: Core data on epidemiology and response*, Australia, p. 4, <[www.who.int](http://www.who.int)>.
- 6 National Centre in HIV Epidemiology and Clinical Research, 2009, *HIV/AIDS, Viral Hepatitis and Sexually Transmissible infections in Australia: Annual surveillance report 2009*, p. 33, <[www.nchecr.unsw.edu.au](http://www.nchecr.unsw.edu.au)>.
- 7 Actual rates for cancer would be higher, as people in institutions were out of scope of the National Health Survey.
- 8 Australian Institute of Health and Welfare, *Australian Cancer Incidence and Mortality (ACIM) books*, last viewed 8<sup>th</sup> June, 2010 <[www.aihw.gov.au](http://www.aihw.gov.au)>.
- 9 Uncommon Insights, 2007, *Literature Review on Effective Sex and Gender-Based Systems/Models of care*, U.S. Department of Health and Human Services, p. 2, <[www.womenshealth.gov](http://www.womenshealth.gov)>.
- 10 Australian Institute of Health and Welfare, *Australia's Health 2008*, p. 153,156, <[www.aihw.gov.au](http://www.aihw.gov.au)>.
- 11 The rates for exceeding the speeding limit are lower than for exceeding the legal alcohol limit because this data only relates to charges that have been heard by the courts. Any charges that are dealt with by the issuing of an infringement notice are not included.
- 12 Australian Bureau of Statistics, *Experimental Life Tables for Aboriginal and Torres Strait Islander Australians, 2005–2007*, cat. no. 3302.0.55.003, <[www.abs.gov.au](http://www.abs.gov.au)>.
- 13 Australian Institute of Health and Welfare, 2009, *Australia's Welfare 2009*, cat. no. AUS 117, AIHW, Canberra, p. 153, <[www.aihw.gov.au](http://www.aihw.gov.au)>.
- 14 Australian Government Department of Health and Ageing, *'National Male Health Policy'*, viewed 24 June, <[www.health.gov.au](http://www.health.gov.au)>.