

THE HEALTH OF MALES IN NSW

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Gender is increasingly recognised as a significant determinant of health. Not only are there marked differences in measures of health between men and women, but also among men themselves. This article briefly describes the health of males in NSW as presented in readily available sources, in particular *The Health of the People of NSW—Report of the Chief Health Officer 2000* and the *1997–1998 NSW Health Survey Report*.^{1,2}

OVERVIEW OF THE HEALTH OF MEN IN NSW

In 1998, the estimated male population of New South Wales (NSW) was 3,146,345, which was slightly less than the female population.¹ The life expectancy for males at birth in NSW in 1998 was 76.5 years compared with 81.9 year for women.¹ However, life expectancy at birth for Aboriginal and Torres Strait Islander men in 1998 was 58 years, significantly lower than that of the non-indigenous men.¹

Australian men have one of the highest life expectancies in the world. The World Health Report 2001 ranked their life expectancy fifth highest among all the member states and the rate was similar to the rate of the countries ranked above it.³ Life expectancy at birth for Australian men has increased steadily over the past 100 years, improving by 38 per cent. A man born in 1901 would anticipate living for 55.2 years.⁴

Utilising the Index of Relative Social Disadvantage, one of the Socioeconomic Indices for Area (SEIFA) developed by the Australian Bureau of Statistics, there is a strong social gradient of health within the NSW population. Over the period 1994–1998, for people aged 15–74 years, the most socioeconomically disadvantaged were more likely to die prematurely than those who were least disadvantaged. Further, the premature death rate from all causes was higher in males compared to females, along the social gradient.¹

PRINCIPAL CAUSES OF DEATH

Approximately 44,900 NSW residents died in 1998, of which 23,570 were males. The leading causes of death for all men were cardiovascular diseases (37.8 per cent), cancers (29.4 per cent), respiratory diseases (9.9 per cent), and injury and poisoning (7.9 per cent).¹ Men in the 15–64 year age group were nearly three times as likely to die from cardiovascular diseases than women of a similar age.¹ Figure 1 shows the principle causes of death for males in NSW by age group.

Injury is the most common cause of death among young men in the 15–29 year age group.^{5,6} Road vehicle accidents and suicide account for approximately 80 per cent of injury related deaths in this age group.^{7,8} Indeed,

suicide has replaced road vehicle accidents as the main cause of injury deaths since 1991. Males accounted for 82 per cent of all suicides in NSW in 1998.¹

Lung and prostate cancer are the most common causes of cancer death among men.¹ However, death rates from lung cancer have declined, while the death rates due to prostate cancer have changed little over the last 20 years.¹

Geographical location and occupation also contribute to differences in death rates and health status among men. Of the 10,608 work related hospitalisations in NSW in 1999–2000, 85 per cent were for men.⁵ The most common sites of injury were the hand, back, and knees.⁵ There is a clear relationship between occupation and mortality: some occupations are more hazardous than others, and the geographical distribution of some occupations varies. For example, farmers suffer higher rates of injury and death than office workers.

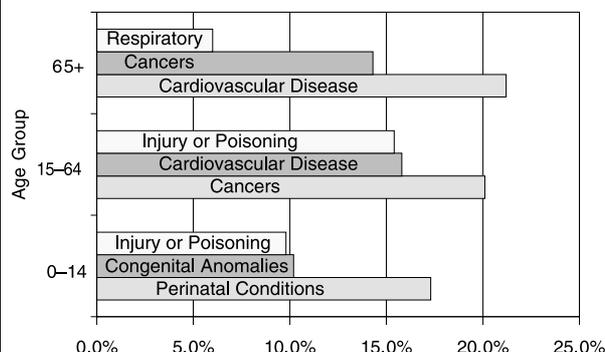
UTILISATION OF HEALTH SERVICES BY MEN

Men tend to under-utilise the range of public and private health services available. Men are more likely to under-report symptoms of physical illness and delay seeking medical attention. An Australian report indicates that in comparison with women, men visit general practitioners and medical specialist offices less frequently, and spend less time in hospitals.⁹ The reasons cited for not accessing health services are many. These include time constraints, geographical distance, cultural differences, communication issues for non-English speaking men, and poor access to health services for Aboriginal males.¹⁰

As geographical remoteness increases so does the use by men of hospital emergency departments. Table 1 shows that among the area health services in NSW, Northern Sydney had the lowest emergency department attendances for males (9.4 per cent), and the highest number occurred in the Far West (30.2 per cent).² Overall, emergency

FIGURE 1

PRINCIPAL CAUSES OF DEATH FOR MALES IN NSW BY AGE GROUP



Source: *The Health of the People of NSW—Report of the Chief Health Officer 2000*.¹

department attendances by men in urban areas were much lower (13.0 per cent) than in rural areas (21.0 per cent).²

The participation by men in health screening activities varies widely according to the risk factor considered. For instance, Figure 2 shows that in a 12-month period, 4.8 per cent of men had their blood pressure taken, 72.2 per cent had their blood cholesterol levels measured, and 40.3 per cent had a faecal test for bowel cancer.¹

RISK FACTORS IN MEN'S HEALTH

Lifestyle factors contribute to the aetiology of the major causes of death including cardiovascular disease and cancer. In the *1997–1998 NSW Health Survey Report*, 50 per cent of men reported being overweight and obese,² while only 10.3 per cent reported eating the required levels of vegetables. However men have responded positively to many health messages, for example the percentage of men who are current smokers has declined to around 26 per cent in 1998,² from over forty percent in the 1980s.⁹ Also, 38 per cent of men reported in 1997–1998 that they applied sunscreen,² and 67 per cent reported levels of adequate physical activity (Figure 3).²

The population health strategy outlined in this issue of the *Bulletin* involves linking 'lifestyle' factors with their socioeconomic context. The World Health Organization recognises unemployment as a social determinant of health,¹¹ noting that evidence from a number of countries shows that, even allowing for other factors, unemployed people and their families suffer a substantially increased risk of premature death.¹¹

Not only does unemployment cause lifestyle changes such as poor nutrition—which can lead to cardiovascular disease, respiratory disease, and hypertension—but also psychological wellbeing is affected.^{10–14} Low levels of psychological wellbeing can lead to depression and suicide.^{11–14} The effect of unemployment on physical and mental health problems tends to increase with the duration of unemployment.^{11–14}

The unemployment rate among men in NSW has fluctuated considerably over recent years in line with economic conditions. For example in 1993 unemployment

TABLE 1

HEALTH SERVICES UTILISATION BY MEN: SELF-REPORTED EMERGENCY DEPARTMENT ATTENDANCES, HOSPITAL ADMISSIONS, AND GENERAL PRACTITIONER VISITS IN A 12 MONTH PERIOD.

Area Health Service	ED Attendances %	Hospital Admissions %	General Practitioner Attendances %
Central Sydney	11.0	10.8	81.4
Northern Sydney	9.4	9.0	85.8
South Eastern Sydney	12.4	10.0	83.8
South Western Sydney	14.4	12.5	86.7
Western Sydney	11.2	9.5	83.2
Wentworth	14.3	11.3	86.2
Central Coast	15.2	14.8	89.7
Hunter	17.8	13.1	84.5
Illawarra	16.1	9.3	85.2
Northern Rivers	21.3	11.0	82.1
Mid North Coast	16.4	15.7	84.1
New England	21.8	13.2	78.2
Macquarie	22.3	13.5	79.0
Far West	30.2	13.9	78.6
Mid Western	24.7	14.4	82.0
Greater Murray	21.3	13.8	77.8
Southern	18.9	12.1	80.7
All Urban	13.0	10.8	84.9
All Rural	21.0	13.4	80.7
NSW average	14.8	11.4	83.9

Source: *1997–1998 NSW Health Survey Report*.²

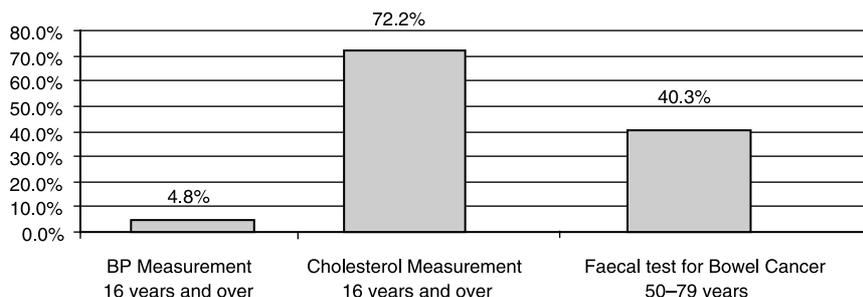
was 13.3 per cent, while in 1999 it had fallen to 7.5 per cent.¹ Unemployment rates for men are higher in rural areas. For 1996 the State average unemployment rate for men was 9.5 per cent,¹ with the highest rate in the Mid North Coast Area Health Service (18.5 per cent), followed by the Northern Rivers Area (16.6 per cent).¹

CONCLUSION

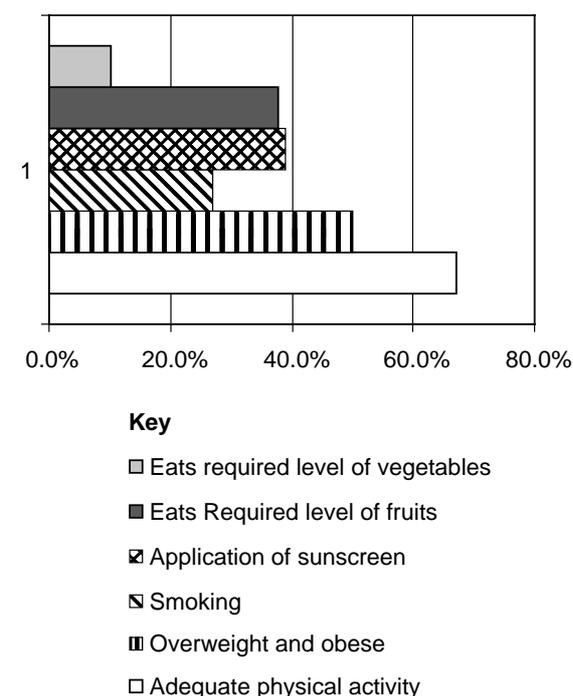
Men in NSW are living longer, and by international standards enjoy a high life expectancy. However, they

FIGURE 2

SCREENING MEASUREMENTS FOR THE NSW MALE POPULATION OVER A 12 MONTH PERIOD



Source: *1997–1998 NSW Health Survey Report*.²

FIGURE 3**RISK FACTORS IN MALE HEALTH**

Source: 1997–1998 NSW Health Survey Report.²

tend to use health services at a lower rate than women, and die more frequently from cardiovascular disease, cancer, and injury including suicide. They also have poor health-related behaviours in health screening, nutrition, and smoking. Men also experience higher levels of hospitalisation due to work-related injuries.

As stated in *Moving Forward in Men's Health*, in order to promote and improve men's health, and make health

services more appealing to men, further research is required into men's health, as well as a community-wide and intersectoral approach, so that all sectors of the community are working together.

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THE WELLBEING OF BOYS**Richard Fletcher**

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This article describes the current health status of boys between 0–14 years, and suggests ways that their wellbeing could be improved.

HEALTH STATUS OF BOYS

Boys in NSW have higher rates of death than girls in NSW for all major causes of childhood death (Figure 1). Boys also have higher rates of illness. For example, based on data presented in the *Health of the People of NSW—Report of the Chief Health Officer 2000*,¹ boys have higher rates for hospital separations in NSW for respiratory diseases, perinatal conditions, and injury or poisoning.¹ National

health data shows that, when compared to girls, boys have higher rates of disability, handicap, and chronic and recent illness.² Boys' wellbeing is also reflected in social indicators of health such as literacy levels, academic achievement and anti-social behaviour.

Nationally, for every socioeconomic group, boys perform worse than girls in assessments of literacy, and the gender gap is larger in the lower socioeconomic groups.³ Since 1975, there is evidence of a decline in mastery of reading at age 14 among boys that is not evident among girls.⁴ When compared to girls, boys' achievement at university entrance level has also shown a recent decline in NSW, from 0.6 marks below girls in 1981 to 19.4 marks below girls in 1996.⁵ Eighty per cent of individuals suspended from school are boys, and boys are twice as likely as girls