



# The Healthy Male

Issue 21 – Summer 2007

Andrology Australia is supported by a grant from The Australian Government Department of Health and Ageing.

Newsletter of Andrology Australia – Australian Centre of Excellence in Male Reproductive Health

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## Cultural barriers in health care

In Australia, health information is often written in English, for people who speak English.

However, people from other cultural backgrounds may not understand this health information clearly, or may even extract a different meaning from it.

Men from culturally and linguistically diverse (CALD) communities can view health information resources differently because their ideologies and beliefs, life experiences, skills, and their values can all influence their interpretation of the information.

Providing health information to CALD communities requires a different approach. When preparing health information in other languages, more than translation is needed. It requires adaptation.

A recent paper looking at the provision of cancer information to ethnic minorities in the US<sup>1</sup> highlights this need for culturally sensitive health information. The study found that ethnic minority populations prefer cancer information that is respectful of their customs and beliefs about health and illness.

The paper acknowledges that ethnic groups prefer culture-specific cancer information using simplified messages, and they also prefer information to come from specific sources. For example, African men prefer prostate cancer information to come from ministers, Black physicians and organisations, Black colleges, and Black celebrities who have been diagnosed with prostate cancer. Culturally insensitive and inappropriate sources actually discourage African men from being screened for prostate cancer.

It is important to recognise that cultural, social, historical and environmental factors influence health behaviours. When developing health resources, it is necessary to receive input from health professionals and from members of the CALD community for which the resource is intended, thereby ensuring that the resources are culturally appropriate for each particular group.

<sup>1</sup> Friedman DB, Hoffman-Goetz L. Assessment of Cultural Sensitivity of Cancer Information in Ethnic Print Media. *Journal of Health Communication* 2006; 11:425-447



## From the Director

Ciao! Welcome to a culturally and linguistically diverse issue of the Healthy Male newsletter.

A significant part of our community is made up of people who were born overseas, or with parents who were born overseas; making Australia a culturally diverse country. Of course, not everyone can speak and understand a high level of English as it's often a second language for refugees and immigrants.

It's important to be able to provide health information to people from culturally and linguistically diverse (CALD) backgrounds in a language that they can easily understand. Often, just translating health information into other languages doesn't work, as some terms can't be directly translated or can have an alternative meaning. Also, some diagrams can be seen as offensive or unsuitable, instead of an explanatory medical nature.

Working together with men from multicultural communities has enabled Andrology Australia to suitably adapt one of our resources into twelve other languages. We hope to provide other male reproductive health information to members of our multicultural society in the future.

I hope you had a safe and happy festive season and I look forward to sharing with you a prosperous new year. Remember to tell your friends and colleagues to subscribe to our newsletter to also receive their free desktop calendar for 2007\*.

Professor Rob McLachlan

\* limited to one per Australian registrant

## Community education

### Launch of 'A User's Guide' – in 12 different languages!



Dr Carol Holden, CEO, Andrology Australia with newsman John Mangos at the launch

Television newsman John Mangos launched the first resource on male sexual and reproductive health to be translated into 12 different languages.

The resource, 'A User's Guide: what every man needs to know' originally developed by Andrology Australia, was translated due to increasing demand for the information from men with culturally and linguistically diverse backgrounds.

Multicultural Communication, in partnership with Family Planning NSW, facilitated the translation of the resource, with support of the project from Andrology Australia.

The brochure has been translated into Arabic, Bosnian, Chinese, Dari (Afghanistan), Farsi (Iran), Greek, Italian, Khmer, Korean, Serbian, Turkish and Vietnamese.

Carol Holden, chief executive of Andrology Australia, said it's important for men from culturally and linguistically diverse (CALD) backgrounds to also have access to accurate health information.

"Findings from the Men in Australia Telephone Survey (MATEs) clearly show that men from non-english

speaking backgrounds are less likely to seek help for reproductive health problems," said Dr Holden.

"By providing information in a culturally sensitive manner to men from CALD communities, this may break down some barriers and help men to speak to a doctor or other health professional when a problem exists," she said.

Primarily available to download from the NSW Multicultural Health Communication ([www.mhcs.health.nsw.gov.au](http://www.mhcs.health.nsw.gov.au)) and the Andrology Australia ([www.andrologyaustralia.org](http://www.andrologyaustralia.org)) websites, there are also links to the 'User's guide' fact sheets from the Family Planning NSW website.

Men involved in the focus groups who greatly assisted in adapting the resource were present at the launch. To date, more than 600 of these 'User's guides' have been disseminated, with Greek, Chinese and Italian the most requested languages.

Friends and family members of CALD men who do not have access to the Internet can also request free print copies in English and any one of the language translations from Andrology Australia ph:1300 303 878.

## Latest news

### Where there's smoke, there's decreased sperm quality

The effect of smoking on semen quality has been investigated in a number of studies, but the results have been conflicting.

However a recent study conducted in Denmark<sup>1</sup>, the largest study of its kind, found that tobacco smoking in adult life moderately impairs semen quality.

A total of 2562 healthy men participated in the study, which was conducted between 1987 and 2004, each of whom provided semen and blood samples and answered a questionnaire about lifestyle and other factors related to health.

The researchers observed changes in several semen characteristics with current cigarette smoking. The sperm concentration, the semen volume, the total sperm count and the percentage of motile sperm dropped with increased smoking.

Men who smoked more than 20 cigarettes a day had about 19 per cent lower average sperm concentration and a 29 per cent lower total sperm count than non-smokers, after considering other factors related to sperm quality.

The mechanism behind the harmful effect of smoking on semen quality

is not fully understood. Oxidants in cigarette smoke are thought to damage sperm DNA, and smokers have more oxidative DNA damage in their sperm than do non-smokers.

Given the cross-sectional design of this study, the researchers were unable to confirm a causal relationship between current smoking and decreased semen quality, however it is sensible for doctors to advise men to stop smoking to avoid decreased infertility.

1 Ramlau-Hansen CH, Thulstrup AM, Aggerholm AS, Jensen MS, Toft G and Bonde JP. Is smoking a risk factor for decreased semen quality? A cross-sectional analysis. Human Reproduction 2007; Vol.22, No.1 pp.188-196



# Focus on: Culturally and Linguistically

Authors: Peter Todaro (Multicultural Communication) and Leissa Pitts (Family Planning NSW)

Australia is a multicultural society. According to the Australian Government Department of Immigration and Multicultural Affairs, the 2001 Census found that:

- 23 per cent of Australians were born overseas;
- 20 per cent of Australians had at least one parent born overseas;
- about 200 languages are spoken, and a wide variety of religions are practised<sup>1</sup>.

These statistics show that people from culturally and linguistically diverse (CALD) backgrounds living in Australia make up a large part of the community. It is important to then provide health information to these different language groups, to ensure they can also make informed decisions about their health.

## Is reproductive health different between nationalities?

Not only do men from CALD backgrounds have higher rates of chronic illness, but some nationalities also experience higher rates of reproductive health problems. For example, Afro-Caribbean men are more at risk of having prostate cancer than Asian men. There are also differences between nationalities when it comes to men seeking help for their reproductive health problems. The 'Men in Australia Telephone Survey' found men from non-english speaking backgrounds were less likely to speak to a health professional about an erectile problem than other nationalities<sup>2</sup>.

## What is being done to help CALD communities?

There is very little information on male reproductive health available in other languages. Andrology Australia's 'A User's Guide: what every man needs to know' is a popular men's health resource that describes the most common reproductive health problems men may experience. It was decided that this would be an appropriate resource to develop for men from CALD backgrounds, as it provided basic information on anatomy and a range of conditions.

The languages chosen for translation of the guide were Arabic, Bosnian, Chinese, Dari (Afghanistan), Farsi (Iran), Greek, Italian, Khmer, Korean, Serbian, Turkish and Vietnamese.

The languages were chosen due to the size of the CALD group in Australia, their proficiency of the English language, residency status (e.g. male refugee/humanitarian entrants) and with feedback from other key stakeholders.

## What organisations were involved?

Multicultural Health Communication Service (MHCS) and Family Planning NSW approached Andrology Australia in relation to developing culturally appropriate reproductive health information.

Multicultural Health Communication Service (MHCS) is a service of NSW Health that works towards improving

communication between the health system and people from CALD communities. The service undertakes communication and social marketing campaigns, translations, social research as well as managing a multilingual website that has over 430 publications on health in a wide range of languages, [www.mhcs.health.nsw.gov.au](http://www.mhcs.health.nsw.gov.au)

Family Planning NSW is an independent, not-for-profit organisation that provides reproductive and sexual health services in NSW. Services include clinical, health promotion, workforce development and professional education, community education and research.

MHCS and Family Planning NSW were supported by Andrology Australia to translate and focus test 'A User's Guide' into 12 languages.

The project was undertaken with the assistance and collaboration of a number of organisations working with CALD communities and included Men's Health and Information Resource Centre (MHIRC), University of Western Sydney, NSW Health Department, NSW Refugee Health Service, Sydney West AHS Health Promotion and Multicultural HIV Hepatitis C Service. Without their cooperation the project would not have been possible.

## Why was the project done?

Men from CALD backgrounds are increasingly being recognised as a priority area for health services. Having a low income, being unemployed or underemployed, doing dangerous work or working in jobs of low control, being overweight and not being physically active are all areas detrimental to health. Many immigrant men fit into one or more of these areas. Men from refugee background may have experienced considerable trauma that affects their reproductive health. Many refugee men have not had access to clinical support or education regarding their health and often their reproductive health has become a silent and unspoken aspect of their well-being. The process of focus testing this resource with relevant communities engages men in collective dialogue in this area of men's health.

A high number of requests for information on male reproductive health were being received by MHCS. Family Planning NSW have also received a number of requests from boys and men for reproductive health information in their Go Ask Edith FAQs ([www.fpahealth.org.au](http://www.fpahealth.org.au)) Feedback from a number of organisations that service CALD men suggested that the need for information on male reproductive health was particularly high and yet unavailable to service providers and their male clients.

## What were some of the other aims of the project?

As well as the translation of the guide, the project also aimed to identify the barriers to and gaps in service provision for men's reproductive health. The project was also useful to develop some understanding of the differing perspectives of CALD men towards their



# Diverse Communities

reproductive health needs, and to increase the ability of health staff to respond to their clients' needs.

The project was also used to determine best practice for producing culturally appropriate male reproductive health resources, and the promotion of this material.

## What evidence was gathered to support the project?

The focus group discussion approach was the preferred form of gathering information, as it provided an informal situation to discuss the views and perceptions of CALD men. Focus groups were seen as a supportive community based approach, and were also used because the aim was not to do a direct translation of the guide but to provide a resource that had been developed with input from community members.

Focus groups were held with men from each of the different language groups. The Andrology Australia resource was translated with direct feedback from health workers and community members from CALD backgrounds, so that the resource was culturally appropriate and relevant to the language groups without losing the accuracy of the content. Each focus group discussion was facilitated by a community member who had attended specific training in the facilitation of these focus groups. An interpreter was also available in each group to directly translate the discussion content to a note taker.

Surprisingly, men in the focus groups were open and willing to discuss the resource, even though some service providers thought the resource to be controversial to CALD men due to the nature of the content and the images used. Many of the men in the focus groups thanked the facilitators for the opportunity to input into the production of the resource and willingly discussed the content.

A questionnaire was also used to find out service providers' cultural insights into the resource. The questionnaire aimed to find if the resource lacked any information, contradicted beliefs or practices specific to a certain cultural group, or if it could be offensive in any way in its original form.

## What were some of the findings?

Many of the groups found the terminology used in the guide was too complex, scientific, and not easily understood. Most groups asked for the language to be simplified, and to even use 'jargon' particular to the language.

Men in the groups felt that the message 'it is important to see your doctor if you have any concerns' should have more emphasis. Several men said that they only visited the doctor when their wives insisted that they go. There was also discussion that the resource should contain more information about the testing and treatment when diagnosed with a reproductive problem.

There was a strong suggestion from the questionnaire responses that men would be reluctant to discuss reproductive

health because it is a sensitive topic. However, while the focus groups said that the topic was not discussed openly, they also acknowledged that it should not be a cause of embarrassment because it was vital to their well-being. There were also comments that the resource would encourage men to discuss these issues with their doctor. Given that women are often the facilitators for men in their access to health services, a number of men stated that the resource needs to be appropriate for women to pick up and read or for the resource to be appropriately packaged to be taken home.

## Was there any other knowledge gained from the project?

By undertaking the translation of the guide and making it available to CALD men, it was important to identify the most suitable communication formats that CALD men access. For example, some CALD communities have a high rate of illiteracy in their own language and therefore need extra illustrations, as well as simplified English or audio-visual tools.

Also, the project created awareness about improving the accessibility of health services to CALD men. Raising awareness of appropriate services is important because CALD men face barriers to accessing health information. Some of the barriers include long working hours, unfamiliarity with the health system, limited use of the English language, a lack of services for their needs and the sensitive nature of matters related to reproductive health.

## What resources are now available?

Currently, the 'User's guide: what every man needs to know' is available in 12 different languages in fact sheet format. These fact sheets are available to download from the Multicultural Health Communication Service and the Andrology Australia websites. If unable to access the Internet, these organisations can be contacted by telephone and printed copies can be mailed out.

## Are there any recommendations for the future?

Due to the number of requests for the resource so far, it has been recommended that the resource be reviewed and tested amongst more groups such as Spanish and some African languages including Dinka, Somali and Swahili.

It has also been suggested that the resource be made available as a printed hard copy to make it available at doctors surgeries, pharmacies, welfare associations and other community organisations.

1 <http://www.immi.gov.au/living-in-australia/a-diverse-australia/government-policy/australians-together/current-policy/intro.htm> viewed on 20 November 2006.

2 Holden CA, Jolly DJ, McLachlan RI, Pitts M, Cumming R, Wittert G, Handelsman DJ and de Kretser DM. Men in Australia Telephone Survey (MATeS): predictors of men's help-seeking behaviour for reproductive health disorders. MJA 2006; 185: 418-22

## Men's health workshop



A/Prof. Doug Lording discusses a case study with GPs at the workshop

Male reproductive health was the focus of Andrology Australia's first men's health workshop held at the September Royal Australian College of General Practitioners Annual Scientific conference.

The Andrology Australia workshop, facilitated by A/Prof. Doug Lording, was a three-hour session that included topics on management and treatment of erectile dysfunction and androgen deficiency, engaging the patient in discussion, and how to conduct a male physical examination.

The workshop aimed to teach participants to appreciate the prevalence, clinical features and management of androgen deficiency and erectile dysfunction. It also gave them greater knowledge, skills and attitudes towards the treatment and diagnosis of these disorders in clinical practice and made them feel more confident in their abilities to initiate and engage male patients in discussion on sensitive reproductive health issues.

The management and treatment of androgen deficiency and erectile dysfunction were the areas most GPs indicated they were hoping to learn about at the workshop. A few GPs had hoped to learn about topics that were not the focus of the workshop, such as prostate disease/cancer, which may be considered for future workshops.

The majority of participants said the workshop has enabled them to considerably improve their overall understanding, knowledge, treatment and ability to engage the patient on male reproductive health issues.

GPs indicated the key insights they developed through the workshop were the association between erectile dysfunction and co-morbidities, such as cardiovascular disease and diabetes; treatment of erectile dysfunction, including alternative PDE5 inhibitors; and the investigation and treatment of androgen deficiency. This feedback highlights where education may need to be targeted in future workshops.

The majority of participants rated the workshop as excellent in regard to its educational content, presentation format and quality of learning experience.

Andrology Australia hopes to continue running such workshops at future meetings.

## Research round-up

### The impact of infertility on men

Limited research has been conducted into what psychosocial impact the diagnosis of male infertility has on men and their partners.

Andrology Australia is supporting a study, 'Secret men's business', which will provide a novel insight into the impact of male infertility on the psychosocial behaviours of men and their partners.

The findings will provide greater community awareness of the health attitudes and coping strategies associated with a diagnosis of male infertility.

Fertility and parenthood are key components in the gender identity of men and women. Infertility is a psychologically

confronting and emotionally stressful issue that many people have to deal with.

Current research has identified that women have an increased level of distress compared to men when infertility is caused by a female or idiopathic nature. It is not clear how a diagnosis of male infertility would affect such psychological behaviour in men and women.

Men often perceive problems associated with the male reproductive organs, such as infertility, as a questioning of their masculinity. These perceptions have the potential to negatively impact on men's relationships with their partners and loved ones unless access to health information and coping strategies are available.

The project, which is being conducted by Dr Dragan Ilic from the Monash Institute of Health Services Research, is in its initial stages and in need of more participants.

Men or women affected by male infertility are asked to volunteer for the study and participate in a confidential discussion on the issue. Please phone 03 9594 7524 or email [kerry.murphy@med.monash.edu.au](mailto:kerry.murphy@med.monash.edu.au) for further information.

### Online education for GPs

Andrology Australia presents the first of 4 online case studies involving GP management of the reproductive health of the younger male. Each online case study has been fully accredited for ACRRM/RACGP points, and the four case studies together comprise an Active Learning Module which attracts Category 1 RACGP points.

Topics covered in the first case include male physical examination, androgen deficiency and Klinefelter's syndrome. Topics covered in subsequent cases include male infertility, testicular cancer, prostatitis and premature ejaculation.

Upon completion of the ALM, GPs will receive an Andrology Australia orchidometer for their practice and free registration to the quarterly newsletter the Healthy Male.

The ALM is a key initiative for Andrology Australia and developed in conjunction with the Department of General Practice, Monash University and by Genesis Ed. All were co-written with input from affiliated specialists and a national GP reference group.

The first case study is online now, visit the health professional section at [www.andrologyaustralia.org](http://www.andrologyaustralia.org)

### Upcoming symposium at International Conference on sexual health

Andrology Australia is supporting a Symposium at the upcoming 18th World Congress of the World Association of Sexual Health in Sydney, April 2007. The Symposium 'Androgen replacement therapy: use, misuse and abuse' will be held on Monday 16 April and Chaired by Dr Peter Liu (ANZAC Research Institute) and Prof. Rob McLachlan. Speakers include:

- **Androgen use:** Prof. Rob McLachlan (Director, Andrology Australia)
- **Androgen misuse:** Prof. David Handelsman (Director, ANZAC Research Institute)
- **Androgen abuse:** Prof. Marian Pitts (Director, ARCSHS, La Trobe University)

Please visit [www.sexosydney2007.com/default.asp](http://www.sexosydney2007.com/default.asp) for more information.

### Award winning men's health team

Andrology Australia's administrative team has won a Monash University Vice-Chancellors Award for Exceptional Performance by General Staff in 2006.

Vice-Chancellor and President of Monash University Professor Richard Larkins announced the winners at a formal presentation on Friday 1 December.

Andrology Australia received the award for its excellent community outreach, for the collaborations it has established and for the quality information it has distributed.

The annual awards recognise the contributions of general staff exceeding the normal requirements of their positions and are equivalent to the Vice-Chancellor's awards for distinguished teaching.

Professor Rob McLachlan, Director of Andrology Australia, said he and the Board were pleased the organisation's hard work had been recognised in this way.

"The work done by administrative staff can often go unnoticed, but the dedication and efficiency of our administrative team is invaluable to Andrology Australia's operation and is greatly appreciated by everyone involved in the program," Prof. McLachlan said.

Andrology Australia was one of five teams (individuals and groups) which were recognised with these awards.



From l to r: Liz Rowell, Dr Carol Holden, Dr Dragan Ilic, Professor Richard Larkins Vice-Chancellor, Dr Carolyn Allan, Dr Megan Cock, Cassy Bezeruk receive their awards

### Newsletter of Andrology Australia

Australian Centre of Excellence in Male Reproductive Health  
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