



Communication Framework Report 2018

SUMMARY

Andrology Australia led a national study to identify how males currently access information about their health, and understand their preferences for finding health information. This study included an online and hard copy survey, as well as a number of face to face discussion groups with males in different states. A summary of key findings is presented in this report.

Overall, males reported they currently used many different methods to access information about their health. The most common methods were going to their doctor or general practitioner (GP), using the internet, and going to a chemist. Doctor's visits increased with age, while online searches were used by around 50% of males of all ages. Pharmacists were accessed mostly by males over the age of 50 years. Only a small portion of males (2%) reported not using any method to find health information.

The preferred methods for accessing information again varied with age, however the top responses were visiting the doctor and online searches. Barriers for using these methods and opportunities to overcome these barriers were identified in the focus groups, and included the importance of building a trusting relationship with your GP, believing that information presented on websites was reliable, current, evidenced-based, trustworthy and free, and being able to find and access information in one place.

Traditional and social media were the least preferred methods. No matter how information was accessed, there was an expressed need for this information be current, from a reputable source, trustworthy, free, evidenced-based and solutions focussed.

Around 1 in 3-5 males, depending on age, reported not accessing health information for private health concerns. The majority of males in every age group reported accessing health information for serious health concerns.

WE SINCERELY THANK ALL THE MALES WHO TOOK PART IN THIS STUDY AND THE ORGANISATIONS ACROSS AUSTRALIA THAT HELPED US REACH MALES

Local Government

Adelaide City Council
City Library, City of Melbourne
Maribyrnong City Council

Community/Health Organisations

Ascot Vale Health Group
Australian Patients Association
Ballarat Community Health
Brunswick Betta Health
Co Health Footscray
Connect Groups
Dr Cathryn Barrett
Drummond Street Services
Elmore Vale Lions Club
Elizabeth Pharmacy, Melbourne
Freedom Centre (AIDS Council) WA
Freemasons Foundation Centre for Men's Health, Adelaide
Guardian Medical Centre
Head Space Ballarat
Headspace Bendigo
Maribyrnong Community Centre
Melbourne Sexual Health Centre
Regional Men's Health WA
Ross House Association
Salvation Army - Newcastle
Sexual and Reproductive Health WA
Ten to Men

Radio networks

3CR Community Radio - Community Mixdown with John Langer

Particular thanks to:

Deb Greenslade, Research Coordinator, Ballarat Community Health
Les Shimmin, President, Sebastopol Men's Shed
Christine Martin, Salvation Army, Hamilton
Marg McGee, Freemasons Foundation Centre for Men's Health
Marilyn and John Donn, Elmore Vale Lions Club
Tony Fisher, Secretary, Maribyrnong Football Club
Kerry Hwang, Melbourne University Futsal Club

Men's sheds

Braybrook Men's Shed
Community Men's Shed Ballarat
Men's Sheds Association

Youth Organisations

YMCA Melbourne

Sporting Organisations

Maribyrnong Park Football Club
Melbourne University Futsal Club

Seniors Groups

Life Activities Clubs Victoria

LGBTQI organisations

Australian LGBTQI Multicultural Council Inc
Gay Men's Health SA (Relationships Australia)
Living Proud WA
Rainbow Families

Universities/learning institutions

Charles Darwin University
U3A Canberra

Private Organisations

AJ Dorse Accounting
Fitness First, Bourke St Melbourne

BACKGROUND

MALE'S HEALTH SEEKING BEHAVIOUR

In 2003, Andrology Australia conducted a national survey (Men in Australia Telephone Survey; MATeS) to identify factors associated with help-seeking behaviour for reproductive health disorders¹. This survey included 5990 Australian men aged 40 years and older.

The results of this previous survey indicated that over 1 in 5 men (21%) reported having moderate to severe erectile dysfunction (either as “sometimes” or “never” being able to get and maintain an erection). Men who had never been married were the least likely to visit a doctor or speak to a health professional about erectile dysfunction. Those men living in a rural or regional area, or from a non-English speaking background, were less likely to receive treatment for erectile dysfunction compared to other men. Divorced/separated men were less likely to have a prostate-specific antigen test. These results suggest many men did not seek advice or treatment for male reproductive health disorders, despite the majority visiting a GP.

An international survey was undertaken in 2016 to understand perceptions of men about health seeking behaviour². This survey included 2000 men from across Australia, asking questions related to health beliefs, actions, barriers and desires. In contrast to popularly held beliefs, the majority of men surveyed indicated they wanted to take greater control of their health and tended not to ignore health problems. The overall results of that survey indicated that **most men want to take an active role in managing their own health**, which suggests the higher rate of poor health seen in men than women is worse than it needs to be.

EMPOWERING MALES THROUGH EFFECTIVE COMMUNICATION

To empower males to manage their own health effectively, they need to be supported to access health information in an appropriate manner. Understanding the preferences of males about how they want different information communicated to them about different types of health conditions is an important first step to help empower men and improve men's health.

SCOPE

To understand the preferences of Australian males, a national survey was conducted, to hear directly from males about their preferences and barriers to accessing health information. Focus groups were then run to explore these themes in more detail, investigating what makes information attractive, easy to understand, trustworthy, and makes males feel comfortable and safe.

¹ Holden et al, (2006). Men in Australia Telephone Survey (MATeS): predictors of men's help-seeking behaviour for reproductive health disorders, Medical Journal of Australia, 185: 418–422

² <http://gamh.org/men4selfcare/>

PARTICIPANTS

The survey was commenced by 486 males. Of these, 92% (n=449) completed the questions relating to methods of accessing health information.

Demographics		Demographics	
Age in years, mean (SD)	50 (18)	Live in regional areas, n (%)	106 (24%)
Age distribution, n (%)		Live alone, n (%)	80 (18%)
18-30 years	86 (19%)	LGBTQI+, n (%)	41 (9%)
31-50 years	133 (30%)	Born in Australia, n (%)	349 (78%)
51-65 years	116 (26%)		
66+ years	114 (25%)		
Cultural identity, n (%)		Education, n (%)	
Australian	329 (73%)	≤ Year 12	70 (16%)
Aboriginal and/or Torres Strait Islander	7 (2%)	TAFE/Technical Certificate	67 (15%)
British	96 (21%)	Bachelor's Degree	136 (30%)
European	57 (13%)	Graduate Certificate or Diploma	60 (13%)
Asian	28 (6%)	Postgraduate degree	115 (26%)
Other	9 (2%)		
State of residence, n (%)		Income per annum, n (%)	
Vic	181 (41%)	\$0-\$20,000	58 (13%)
NSW	87 (19%)	\$20,001 - \$50,000	88 (20%)
SA	114 (25%)	\$50,001 - \$75,000	73 (16%)
QLD	31 (7%)	\$75,001 - \$100,000	83 (18%)
WA	11 (3%)	\$100,001 - \$180,000	81 (18%)
Tas	5 (1%)	\$180,001 +	31 (7%)
NT	4 (1%)	Prefer not to say	35 (8%)
ACT	15 (3%)		

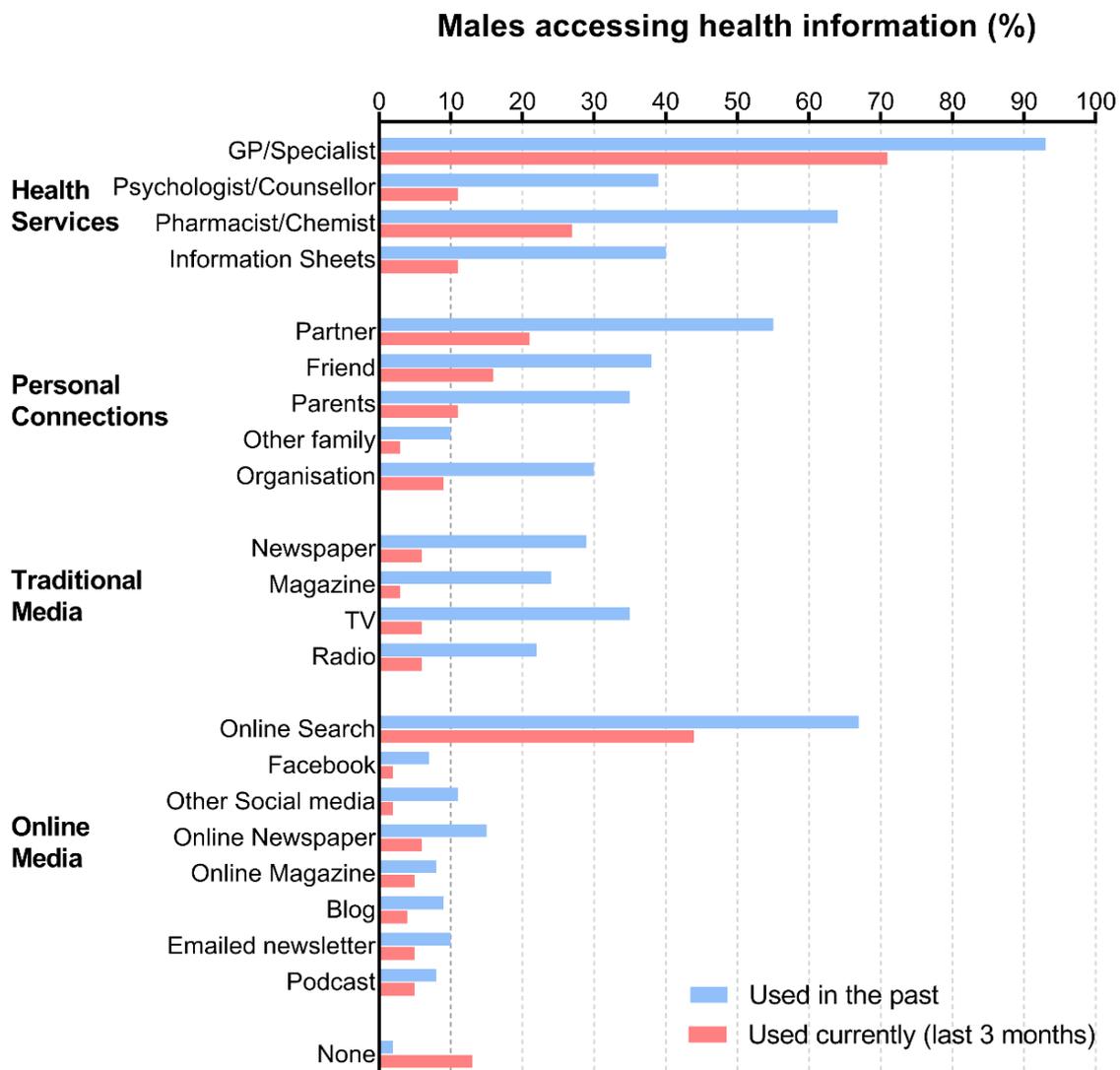
CURRENT METHODS USED TO ACCESS INFORMATION

Males reported using many methods to access health information.

The most frequently used methods were:

- GP/Specialist (93% in the past, 71% within the last 3 months),
- Online searches (67% in the past, 43% within the last 3 months), and
- Pharmacist/chemist (64% in the past, 27% within the last 3 months).

Only a very small proportion of males (2%) reported they had never accessed health information, while 13% had not accessed information within the last 3 months.



CURRENT HEALTH SEEKING BEHAVIOUR

1. MALES WHO DON'T SEEK HEALTH INFORMATION

18-30-year old males

Around 1 in 3 males aged 18-30 years did not seek any information about minor or private health concerns.

1 in 5 males did not seek information about serious health concerns.

Proportion who do not access any information

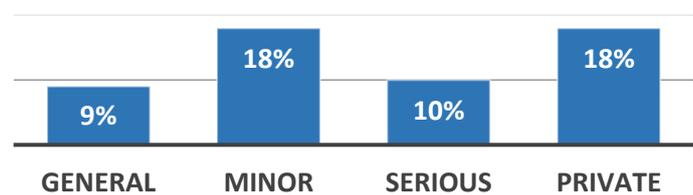


31-50-year old males

Around 1 in 5 males did not seek any information about minor or private health concerns.

1 in 10 males did not seek information about serious health issues.

Proportion who do not access information



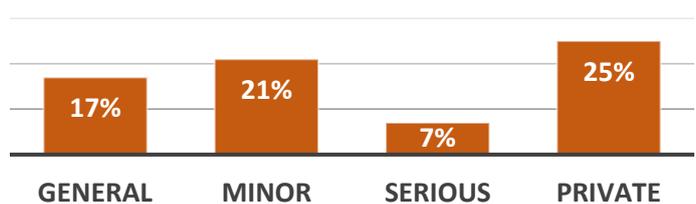
51-65-year old males

1 in 4 males did not seek any health information about private health concerns.

1 in 5 males did not seek any information about minor health concerns.

Most males sought information about serious health concerns.

Proportion who do not access any information

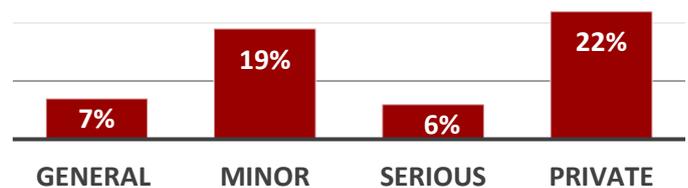


65+year old males

Around 1 in 5 males did not seek any information about minor or private health concerns.

Most males sought information about serious health concerns.

Proportion who do not access any information



2. SIMILARITIES IN HEALTH SEEKING BEHAVIOUR ACROSS AGE GROUPS

- General practitioner – common for all types of health concerns, especially serious and private health concerns
- Online Search – around half of all males use online searches

	GENERAL	MINOR	SERIOUS	PRIVATE
GENERAL PRACTITIONER/ SPECIALIST				
18-30 YEARS	32%	55%	47%	56%
31-50 YEARS	47%	55%	68%	67%
51-65 YEARS	55%	37%	68%	56%
65+ YEARS	72%	64%	78%	72%
ONLINE SEARCH				
18-30 YEARS	48%	55%	33%	60%
31-50 YEARS	55%	68%	58%	70%
51-65 YEARS	42%	58%	58%	69%
65+ YEARS	45%	44%	53%	59%

3. DIFFERENCES IN HEALTH SEEKING BEHAVIOUR BETWEEN AGE GROUPS

18-30 year old males

- Social networks: Parents, Friends, Partners, Other family members
- Organisations.

31-50 year old males

- Social networks: Partners, Friends.
- Private concerns less frequently discussed with friends.
- Psychologists for serious and private health concerns

51-65 year old males

- Social networks: Partners, Friends, Other family members.
- Private concerns were discussed most often with partners.
- Pharmacists/chemists for minor and serious concerns

65+ year old males

- Social networks: Partners, Friends, Organisations
- Private issues were discussed most often with partners.
- Pharmacists/chemists

HOW DO MALES PREFER TO ACCESS HEALTH INFORMATION?

For **males aged 18-30 years**, the top-rated preferences were:

1. GP/Specialist (particularly for serious and private health concerns)
2. Online searches
3. Friends and parents

For **males aged 31-50 years**, the top-rated preferences were:

1. GP/Specialist
2. Online searches
3. Wife/Partner

For **males aged 51-65 years**, the top-rated preferences were:

1. GP/Specialist
2. Online searches
3. Pharmacist/Chemist
4. Wives/partners

For **males aged 65+ years**, the top-rated preferences were:

1. GP/Specialist
 2. Online searches
 3. Pharmacist/Chemist
 4. Wives/partners
-

Other key findings for 18-30-year-old males were:

- 15-20% wanted information from their pharmacist/chemist (except about private issues).
- Information sheets were a preferred method to receive general health information.
- Organisations were the preferred source for all types of health concerns by 6-8% of males.
- Traditional and social media were rarely preferred for all types of health concerns.
- Friends were preferred over parents to access information about private health.

Other key findings for 31-50-year-old males were:

- Information sheets and organisations were preferred methods to receive general information.
- Pharmacist/chemist was preferred method for accessing information, except for private issues.
- Emailed newsletters were a preferred method of receiving private health information.
- 1 in 10 males preferred receiving information from a psychologist/counsellor for serious and private health issues.

Other key findings for 51-65-year-old males were:

- Information sheets, organisations, emailed newsletters and online newspapers were other preferred methods to receive general health information.
- Organisations were used to access all types of health information.

Other key findings for 65+ year-old males were:

- Psychologists/counsellors were preferred method for accessing general, serious and private health issues, despite low rates reported of their utilisation.
- Information sheets were preferred method to receive general and serious health information.
- Friends and organisations were preferred for general health information.

ALL INFORMATION PROVIDED TO MALES NEEDS TO BE:

- Reputable.
- Up to date.
- Trustworthy -written by professionals who can be trusted.
- Free to access.
- Evidenced based.
- “Solution focused”, easy to understand and clear.

REFLECTIONS

- Males talked about how they recognised a need to be ‘better’ at managing their own health
- Males strongly related to a need to trust the data (from a credible source)
- Males identified GPs as a credible source
- Males alluded to preference for GPs starting the conversation especially about serious and private health matters
- Males want one central on-line place to go for health information
- Males want no gimmicks or threats in the communication and no humour for more serious health issues
- Males want health messages that cut to the chase
- Males want succinct (one page) information handouts with infographics
- Males want safe places to talk about health issues. Males looked to work places/sporting clubs to create these safe places
- Many males reported wanting to find reliable information they knew they could trust in the one place.

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October 2018

FINAL

VERTEXHEALTH

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Community Engagement Specialists