Australian Government
Australian Institute of Health and Welfare

# The health of Australia's males

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Latest edition

Australia's 12.2 million males (in 2017) experience varying health outcomes across population groups, including older Australians, Indigenous Australians, those in different socioeconomic groups, and those living in regional and remote areas. Males also experience different, and often poorer, health outcomes than females.

For the accompanying report on female health visit The health of Australia's females.

**Cat. no:** PHE 239

**Findings from this report:**

5-year relative survival from prostate cancer improved from 59% to 95% between 1985–1989 and 2010–2014

2 in 5 males (42%) have experienced violence since they turned 15

Life expectancy at birth for Indigenous males increased by 2.5 years to 71.6 years between 2010–2012 and 2015–2017

Males had nearly twice the rate of death from coronary heart disease and lung cancer as females in 2016

Last updated 4/03/2019 v17.0

# Who are Australia's males?

As at 30 June 2017, there were 12.2 million males living in Australia (49.6% of the total population), which means there were 98.4 males for every 100 females (ABS 2018a). Most males (68%) were younger than 50 and 15% were 65 or over. Their median age was 36.4 years, which is lower than the median age for females of 38.1 years (ABS 2018i).

Males are a diverse population, with differing health behaviours, conditions and health service use across a range of characteristics. The characteristics of five particular population groups are described below.

## Age group

In 2017, 23% of the total male population were aged under 18, 62% were aged 18–64, and 15% were aged 65 or over (ABS 2018a). The number of men aged 65 and over is increasing (by the year 2040 they are projected to account for about 18% of the total male population) (ABS 2018h), they are outnumbered by females (86 males for every 100 females), 10% are widowed, 18% live alone, and 15% need assistance with one or more of the core everyday activities of self-care, mobility and communication (ABS 2018c; ABS 2018d).

## Aboriginal and Torres Strait Islander males

In 2016, the estimated residential population of Aboriginal and Torres Strait Islander males was nearly 400,000 (3.3% of the male population) (ABS 2018a). Indigenous males tend to be younger than non-Indigenous males (35% aged less than 15, compared with 19% of non-Indigenous males) (ABS 2018e). They are culturally diverse (17% speak an Indigenous language and 61% identify with a clan, tribal or language group), and they are outnumbered by females in older age groups (82 males for every 100 females aged 65 or over) (ABS 2016; ABS 2018a).

## Remoteness

From the 2016 ABS census, 71% of the Australian male population live in *Major cities*, 18% live in Inner regional areas, 8.7% live in *Outer regional* areas, and 2.2% live in *Remote* and *Very remote* areas (ABS 2018c). Males living in *Remote* and *Very remote* areas outnumber females (113 males for every 100 females) and are community-minded (16% volunteer for a group or organisation, compared with 13% of males living in *Major cities*) (ABS 2018c).

## Socioeconomic disadvantage

Some Australian males are more disadvantaged than others. Thirteen per cent of males are experiencing poverty and around 67,400 are homeless (ABS 2018b; ACOSS 2016). There are nearly 38,000 Australian male prisoners in adult corrective services custody (ABS 2017b). Nearly 4 out of 5 males (79%) aged 15–64 are employed and 61% of 15–74 year old males have a non-school qualification (ABS 2017a; ABS 2018f).

## Region of birth

Almost a third (29%) of the Australian male population were born overseas. Of those born overseas, the majority were born in England (followed by India, New Zealand and China), and overseas-born males are outnumbered by overseas-born females (96 males for every 100 females) (ABS 2018g).

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# Lifestyle and risk factors of Australia's males

The lifestyles males lead can influence how healthy they are in the short and long term. A lifestyle including exercise, a well-balanced diet, and maintaining a healthy body weight, may reduce the risk of poor health. Risk factors such as smoking tobacco, misusing alcohol and illicit substance use, or exposure to violence, may increase the likelihood of poor health.

## Physical activity

Regular physical activity helps maintain a healthy body weight and reduce the risk of many chronic conditions and injuries. Sport and other forms of physical activity can also improve mental wellbeing and may foster social networks which provide support and opportunities for development.

Sufficient physical activity for 18–64 year olds is defined in Australia's Physical Activity & Sedentary Behaviour Guidelines as accumulating at least 150 minutes of moderate physical activity every week, and being active on most, preferably all, days. The guidelines also recommend adults complete at least two strength-based training sessions each week. The guidelines provide separate recommendations for children (ages 0–5 and 5–12), young people (ages 13–17), and older Australians (ages 65+).

In this section, we refer to 'sufficient activity' for 18–64 year olds as completing at least 150 minutes of physical activity across 5 or more sessions each week. For males aged 65 and over, 'sufficient activity' is completing at least 30 minutes of exercise on most days each week (reported here as 5 or more days).

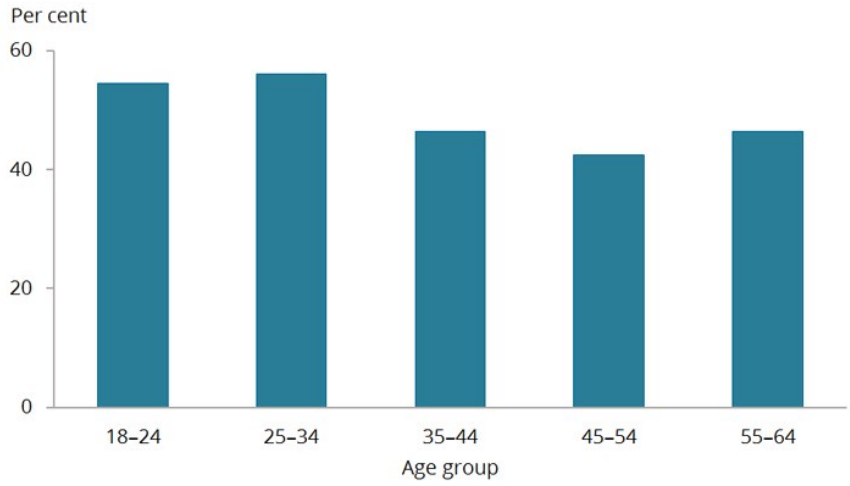
1 in 2

Australian men aged 18–64 get enough exercise

In 2014–15, 49% of men aged 18–64 exercised sufficiently (ABS 2015a). Exercise rates were highest among men aged 25–34 (56%) and lowest among men aged 45–54 (43%).

1 in 4 (27%) men aged 65 and over were sufficiently active.

**Figure 1: Sufficient physical activity, men aged 18–64, by age-group, 2014-15**




Note: "Sufficiently active" here refers to having completed at least 150 minutes of physical activity over 5 or more sessions in the previous week.

Source: ABS 2015a (Table S1).

## Overweight and obesity

Excess body weight, known as overweight and obesity, is a risk factor for many conditions, including cardiovascular disease, high blood pressure, Type 2 diabetes, sleep apnoea and osteoarthritis. Excess body weight can be measured using the body mass index (BMI).

7 in 10

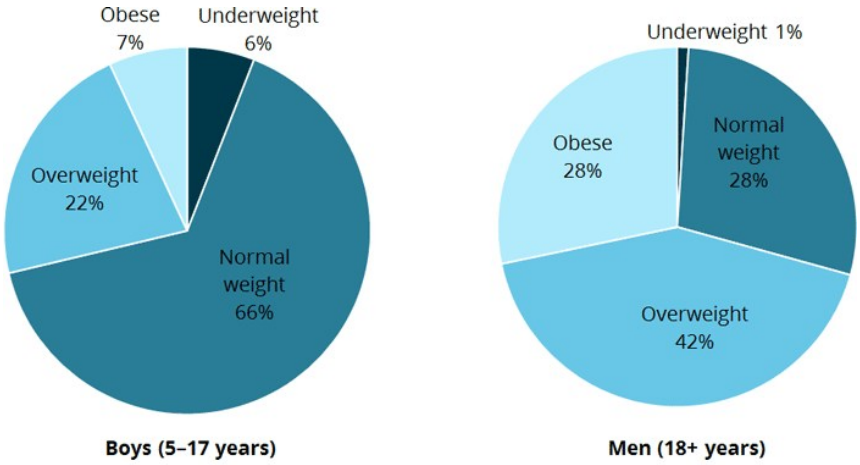
Australian men are overweight or obese

In 2014–15, 7 in 10 adult males in Australia (71%) were overweight or obese: 42% were overweight, and 28% were obese (ABS 2015a). The proportion of males who are overweight or obese differs by population group (ABS 2013; ABS 2015a; ABS 2015b):

- 44% of young men (aged 18–24) are overweight or obese, compared with 82% of men aged 55–64
- the rate of overweight and obesity in men does not vary substantially across areas of socioeconomic disadvantage, ranging from 69% to 73%
- 75% of men living in Inner regional areas are overweight or obese, compared with 69% of men living in Major cities
- in 2012–13, the overall rate of overweight and obesity was the same for Aboriginal and Torres Strait Islander men and non-Indigenous men (70% for both, after adjusting for differences in age structure). For obesity alone, 38% of Aboriginal and Torres Strait Islander men were obese in 2012–13, compared to 27% of non-Indigenous men, after adjusting for differences in age-structure.

The proportion who are overweight or obese differs between boys and men—7 in 10 (71%) men aged 18 years and over are overweight or obese, compared with 3 in 10 (28%) boys aged 5–17.

**Figure 2: BMI, boys aged 5–17 and men aged 18 and over, 2014–15**




Notes:

1. Boys and men have different cut-offs for BMI.
2. Totals may not add to 100% due to rounding.

Source: ABS 2015a (Table S2).

While excess weight is commonly managed using dietary intervention and exercise, for those who are morbidly obese or who are obese and have other conditions related to their excess weight, weight loss surgery may be appropriate.

Weight loss surgery (bariatric surgery) is surgery that aims to help obese patients lose weight and lower the risk of medical problems associated with obesity. It restricts the amount of food a recipient can eat or alters the process of food digestion so that fewer calories are absorbed.

In 2014–15, males accounted for 21% of hospital separations for weight loss surgery (4,800 separations) compared to 79% for females (18,000 separations) (AIHW 2017c).

For more information visit Weight loss surgery in Australia 2014–15

## Tobacco smoking, alcohol and illicit drugs

Tobacco smoking is the leading preventable cause of poor health and death in Australia (AIHW 2016). The main data sources reporting on tobacco smoking in Australia are the ABS National Health Survey's (NHS), the National Australian Aboriginal and Torres Strait Islander Health Survey, and the AIHW National Drug Strategy Household Survey (NDSHS).

These surveys showed that:

- based on the ABS NHS, in 2014–15, 16.9% of men aged 18 or over and 3.9% of boys aged 15–17 years smoked daily (ABS 2015a).
- based on the AIHW NDSHS, in 2016, 14.6% of men aged 18 or over and 2.7% of males aged 14–19 smoked daily (AIHW 2017b).

The proportion of males who smoke tobacco differs by age and between population groups (ABS 2015a; ABS 2015b; AIHW 2017a):

- 19.4% of younger men (aged 18–44) smoked daily, compared with 14.6% of older men (aged 45 or over)
- 24.6% of men living in the lowest socioeconomic areas smoked daily, compared with 8.7% of men living in the highest socioeconomic areas
- 25.0% of men living in Outer regional and remote areas smoked daily, compared with 15.5% of men living in Major cities
- 43.9% of Aboriginal and Torres Strait Islander men smoked daily in 2014–15, compared to 17.0% of non-Indigenous men, after adjusting for differences in age-structure.

## Alcohol

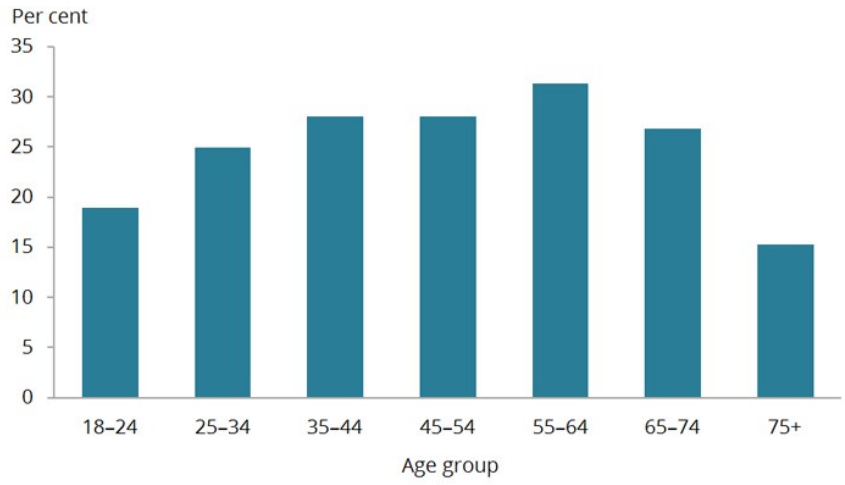
Excessive alcohol consumption is a major risk factor for a variety of health problems, including liver and heart conditions, and poor mental health. It also contributes to accident and injury, such as motor vehicle accidents, physical violence and homicide. The main data sources reporting on alcohol consumption in Australia are the AIHW National Drug Strategy Household Survey and the ABS National Health Survey. Although these surveys use different methodologies, they show similar results.

Based on the AIHW NDSHS, in 2016 24% of men (ages 18+) were lifetime risky drinkers (AIHW 2017b). Almost half of men aged 18 and over (45%) exceeded the single occasion risky drinking threshold at least once in the last 12 months.

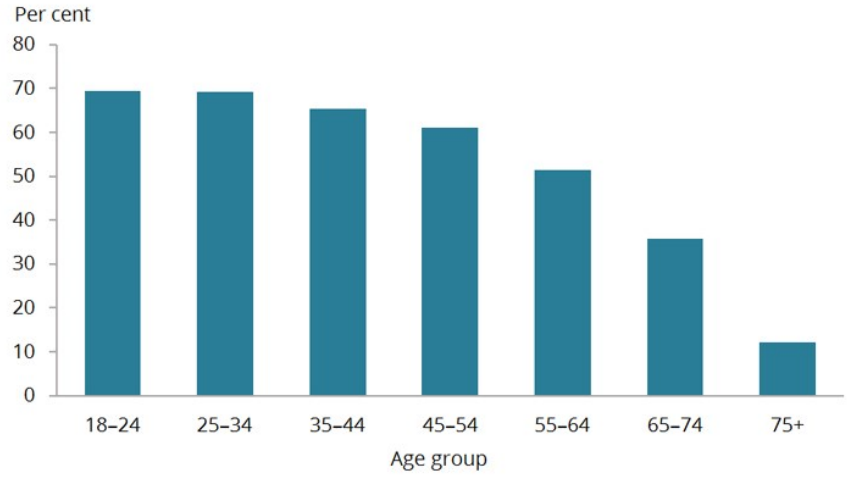
Based on the ABS NHS, in 2014–15, more than half of men aged 18 and over (57%) were exceeding the single occasion risk threshold, and one in four (26%) exceeded the lifetime risk guideline. The rates of lifetime and single occasion risky drinking vary by age-group (see Figure 3) (ABS 2015a).

**Figure 3: Lifetime and single occasion risky drinking, men, by age-group, 2014–15**

**Lifetime risky drinking**




**Single occasion risky drinking**




Note: Alcohol consumption risk levels based on 2009 National Health and Medical Research Council (NHMRC) guidelines for the consumption of alcohol.

Source: ABS 2015a (Table S3).

The proportion of men who exceed the lifetime alcohol risk guidelines varies by age and between population groups (ABS 2013; ABS 2015a; ABS 2015b):

- 19% of younger men (aged 18–24) exceed the lifetime alcohol risk guidelines, compared with 31% of men aged 55–64
- 23% of men living in the lowest socioeconomic areas exceed the lifetime alcohol risk guidelines, compared with 29% of men living in the highest socioeconomic areas
- 37% of men living in *Outer regional and remote* areas exceed the lifetime alcohol risk guidelines, compared with 24% of men living in *Major cities*
- 29% of Aboriginal and Torres Strait Islander men exceeded the lifetime alcohol risk guidelines in 2012–13. This was the same proportion as for non-Indigenous males (after adjusting for differences in age-structure).

## Illicit substances

Illicit substance use includes the use of illegal drugs (such as cannabis and heroin), or inappropriate use of prescription pharmaceuticals (such as sleeping pills) or other substances (such as naturally occurring hallucinogens). Illicit use of drugs causes death and disability and is a risk factor for many diseases. The effects of illicit drug use can be severe, for example leading to poisoning, heart damage, mental illness, self-harm, suicide and death. Illicit drug use is also associated with risks to users' families and friends and to the community. It contributes to social and family disruptions, violence, and crime and community safety issues. The AIHW National Drug Strategy Household Survey reports on illicit drug use in Australia.

In 2016, 18% of Australian males aged 14 years and over had used an illicit drug in the previous 12 months ('recent use') (AIHW 2017b).

The pattern of illicit substance use differs by age groups—32% of men aged 20–29 had recently used illicit drugs, compared with 7.9% of men aged 60 or over.

## Violence

Violence is the intentional threat or actual use of physical force or power against oneself, another person, or a group, that results in injury, death, psychological harm, abnormal growth or deprivation. The main data source for violence is the ABS Personal Safety Survey.

More than 2 in 5

Australian men have experienced violence since they turned 15

In 2016, for men aged 18 or over (ABS 2017):

- 42% had experienced violence since the age of 15—41% had experienced physical violence and 4.7% had experienced sexual violence
- 6.0% had experienced violence in the last 12 months, with the highest rates for men aged 18–24 (11%), and the lowest for men aged 65 and over (1.4%)
- 6.1% had experienced partner violence since the age of 15
- 6.5% had experienced an episode of stalking since the age of 15
- 16% had experienced emotional abuse by a partner since the age of 15
- 25% had experienced sexual harassment during their lifetime.

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# How healthy are Australia's males?

A person's health status is their overall level of health, and can be measured through self-assessed health status; presence of chronic disease and comorbidities; mental health; sexual heath; life expectancy; and level of disability.

## Self-assessed health status

Self-assessed health status is a general measure of health status, combining physical, social, emotional and mental health and wellbeing.

Nearly 3 in 5

Australian males rated their health as excellent or very good

In 2014–15, 55% of males (aged 15+) rated their health as excellent or very good (ABS 2015).

The proportion of males rating their health as excellent or very good varied by age-group: 64% of males aged 15–34 rated their health as excellent or very good, compared with 32% of men aged 75 years and over.

## Chronic disease, comorbidity and burden of disease

### Chronic disease

The term chronic disease applies to a group of diseases that tend to be long-lasting and have persistent effects. Chronic diseases have a range of potential impacts on a person's individual circumstances, including quality of life, as well as broader social and economic effects. Chronic diseases also have a significant impact on the health sector.

Self-reported data from the Australian Bureau of Statistics (ABS) 2014–15 National Health Survey (NHS) provides an estimate of the prevalence of chronic disease among the Australian population. Chronic disease data is collected for arthritis, asthma, back problems, cancer, COPD (chronic obstructive pulmonary disease), CVD (cardiovascular disease), diabetes, and mental health conditions. These chronic diseases were selected for reporting because they are common, pose significant health problems, have been the focus of recent AIHW surveillance efforts, and action can be taken to prevent their occurrence. This survey data is self-reported and is therefore likely to under-report the true prevalence of chronic disease. However, using this data enables us to look at the comorbidity of chronic diseases across the Australian population, which is not possible using separate data sources. For more information on data quality visit Data sources.

1 in 2

Australian males have a chronic disease

In 2014–15, 48% of males reported having one or more of the 8 selected chronic diseases (arthritis, asthma, back problems, cancer, cardiovascular disease, COPD, diabetes and mental and behavioural problems) (ABS 2015).

**Table 1: Selected chronic diseases reported by males, all ages, 2014–15**

| Condition | Number | Per cent |
|---|---|---|
| **CVD (cardiovascular disease)** | 2,042,700 | 17.9 |
| **Back problems** | 1,851,900 | 16.2 |
| **Mental and behavioural problems** | 1,803,400 | 15.8 |
| **Arthritis** | 1,409,000 | 12.3 |
| **Asthma** | 1,119,800 | 9.8 |
| **Diabetes** | 647,100 | 5.7 |
| **COPD (chronic obstructive pulmonary disease)** | 301,500 | 2.6 |
| **Cancer** | 195,500 | 1.7 |

Source: ABS 2015

Note: This survey data is self-reported and likely under-reports the true prevalence of chronic diseases. For more information on data quality visit Data sources.

The prevalence of these chronic diseases varies with age:

- 86% of men aged 65 and over have a chronic disease, compared with 33% of males aged under 45.

### Cancer

Cancer describes a diverse group of several hundred diseases in which some of the body's cells become abnormal and begin to multiply out of control. Some cancers are easily diagnosed and treated, others are harder to diagnose and treat, and all can be fatal. Cancers are named by the type of cell involved or the location in the body where the disease begins.

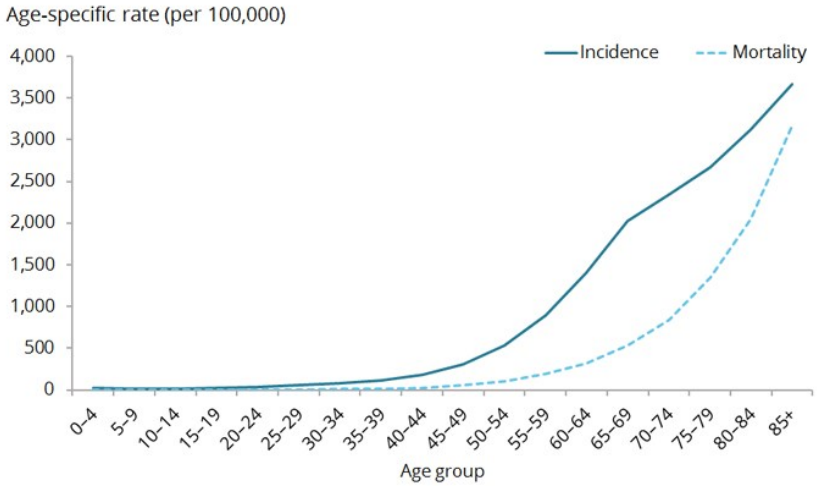
The primary source of national cancer incidence data is the Australian Cancer Database – a data collection of all primary, malignant cancers diagnosed in Australia since 1982.

16,665

Estimated new cases of prostate cancer will be diagnosed in 2017, the most common cancer among males

In 2017, it is estimated males will account for 54% of all new cancer cases (72,169 cases) (AIHW 2017a). The risk for Australian males of being diagnosed with cancer before their 85th birthday is 1 in 2 (see Figure 4 below). The most common cancer diagnosis in males is prostate cancer, followed by colorectal cancer, melanoma of the skin, and lung cancer.

**Figure 4: Estimated age-specific incidence and mortality rate from all cancers, males, 2017**




Source: AIHW 2017a (Table S4).

### Mental health

The World Health Organisation defines mental health as 'a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community.' Poor mental health may adversely affect any or all of these areas and has consequences for an individual, their family and society.

Nearly 1 in 2

Australian males have experienced a mental health problem

In 2007, more than 3.8 million (48%) males aged 16–85 had experienced a mental health disorder in their lifetime (ABS 2008).

18% of males aged 16–85 experienced symptoms of a mental health disorder in the previous 12 months.

### Chronic disease comorbidities

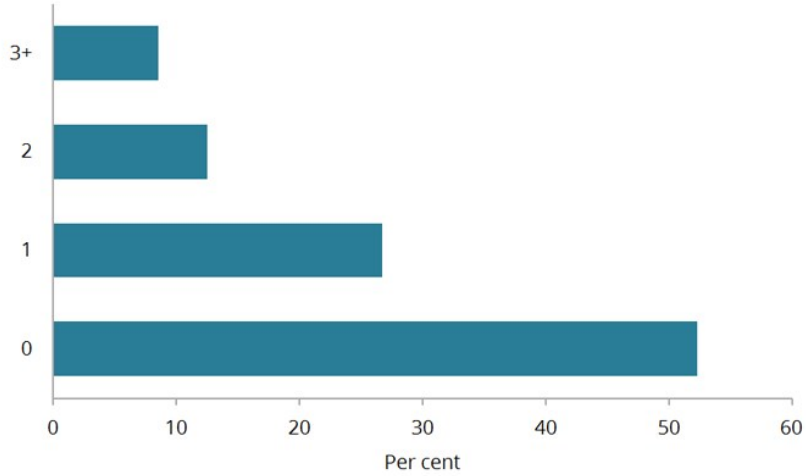
Some people have more than one chronic disease or health problem at the same time. This is referred to as a comorbidity. Having comorbid chronic conditions can have important implications for a person's health outcomes, quality of life and treatment choices.

Comorbidity data are presented for the following eight chronic diseases because they are common, pose significant health problems, have been the focus of recent AIHW surveillance efforts, and action can be taken to prevent their occurrence:

- arthritis
- asthma
- back problems
- cancer
- COPD (chronic obstructive pulmonary disease)
- CVD (cardiovascular disease)
- diabetes
- mental health conditions.

In 2014–15, 48% of all Australian males had one or more of these chronic conditions: 27% had one, 13% had two, and 8.5% had three or more. Chronic disease comorbidity was lower for males than females (21% of all males had two or more chronic conditions compared with 25% for females) (ABS 2015).

**Figure 5: Number of chronic conditions, males, 2014–15**




Note: Based on the selected chronic conditions; arthritis, asthma, back pain and problems, cancer, cardiovascular disease, chronic obstructive pulmonary disease, diabetes, and mental health conditions.

Source: ABS 2015 (Table S5).

The most common comorbidities in males were:

- 717,300 males reported CVD and arthritis (6.3% of all males)
- 580,100 males reported CVD and back problems (5.1%)
- 509,300 males reported mental and behavioural problems and back problems (4.5%).

### Burden of disease

Burden of disease quantifies the health impact of disease on a population in a given year—both from dying early and from living with disease and injury. The summary measure 'disability-adjusted life years' (or DALY) measures the years of healthy life lost from death and illness.

In 2011, males experienced a greater share of the total disease burden (54%) than females (46%) (AIHW 2016). The distribution of overall burden between the sexes varied by disease group. Compared with females, males experienced almost three-quarters (72%) of the total burden from injuries and a greater proportion of the total burden from cardiovascular diseases (59%). Nearly half (47%) of the burden of disease in males is from cancer, cardiovascular disease, and mental & substance use disorders.

After cancer, the ranking of disease groups contributing to total burden of disease differed for males and females. For males, cardiovascular diseases ranked second, followed by mental & substance use disorders, injuries, and musculoskeletal conditions (see Table 2). For females, musculoskeletal conditions ranked second, followed by cardiovascular diseases, and mental & substance use disorders (AIHW 2016).

For more information visit Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011.

**Table 2: Leading causes of burden, DALY and proportions, by disease group, males, 2011**

| Disease group | DALY | Proportion (%) |
|---|---|---|
| **Cancer** | 470,110 | 19.5 |
| **Cardiovascular** | 388,306 | 16.1 |
| **Mental & substance use disorders** | 283,652 | 11.8 |
| **Injuries** | 283,228 | 11.7 |
| **Musculoskeletal** | 232,044 | 9.6 |
| **Respiratory** | 184,297 | 7.6 |
| **Neurological** | 128,273 | 5.3 |
| **Gastrointestinal** | 78,839 | 3.3 |
| **Infant/congenital** | 68,212 | 2.8 |
| **Endocrine** | 60,587 | 2.5 |

DALY = Disability Adjusted Life-Year.

Source: AIHW 2016

## Sexual health

Sexual health includes the prevalence of sexual problems and sexually transmissible infection rates.

Over 1 in 2

Australian men have experienced a sexual difficulty

More than half (54%) of men aged 18–55 years had experienced some sexual difficulty lasting at least 3 months in the last 12 months: 37% reported 'reaching climax too quickly' and 17% 'lacked interest in having sex' (Schlichthorst, Sanci & Hocking 2016).

'Reaching climax too quickly' was the most common issue across all age groups (between 32% and 39%). Other types of sexual difficulty differed by age: 'did not reach climax or took a long time' was the next most common issue in 18–24 year old men, while 'lacking interest in having sex' was most common among men of other age groups (25–34, 35–44 and 45–55).

More information on male reproductive health can be found at Andrology Australia.

### Table 3: Sexual difficulty among men, by age group, 2013–14

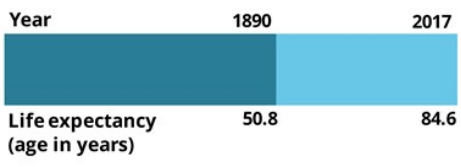
| Age group (years) | Sexual difficulty (a) | Per cent (b) |
|---|---|---|
| 18–24 | Reached climax too quickly | 31.5 |
| | Did not reach climax or took a long time | 16.8 |
| | Lacked interest in having sex | 14.6 |
| | **At least one sexual difficulty over past 12 months** | **48.3** |
| 25–34 | Reached climax too quickly | 36.3 |
| | Lacked interest in having sex | 15.1 |
| | Felt anxious during sex | 10.2 |
| | **At least one sexual difficulty over past 12 months** | **51.6** |
| 35–44 | Reached climax too quickly | 39.2 |
| | Lacked interest in having sex | 16.7 |
| | Did not reach climax or took a long time | 13.8 |
| | **At least one sexual difficulty over past 12 months** | **54.2** |
| 45–55 | Reached climax too quickly | 38.0 |
| | Lacked interest in having sex | 20.2 |
| | Had trouble getting or keeping an erection | 19.9 |
| | **At least one sexual difficulty over past 12 months** | **56.6** |

a. Sexual difficulty experienced for at least three months in the 12 months before the study.
b. Proportion of males in each age group. Note that males may report more than one sexual difficulty.

Source: Schlichthorst et al. 2016

## Life expectancy and mortality

Life expectancy is expressed as either the number of years a newborn baby is expected to live, or the expected years of life remaining for a person at a given age, and is estimated from the death rates in a population.



**Australian males born in 2015–17 can expect to live 33 years longer than males born in 1881–1890 did**

Life expectancy changes over time, and differs between population groups (ABS 2018a; ABS 2018b):

- males born in Australia in 2015–2017 can expect to live to the age of 80.5 years on average (an increase of 1.5 years in the past 10 years).
- for Aboriginal and Torres Strait Islander males born in 2015–2017, life expectancy was estimated to be 71.6 years (an increase of 2.5 years since the last ABS estimates of Indigenous life expectancy in 2010–2012). While the gap between Indigenous and non-Indigenous male life expectancy narrowed by 2 years from 2010–2012 to 2015–2017, life expectancy for Indigenous males is 8.6 years less than for non-Indigenous males (80.2 years).
- International comparisons of life expectancy at birth projected for males in 2015–2020 indicate that Australian males have the 3rd highest life expectancy in the world (81.3 years). Switzerland is ranked 1st with 81.6 years.

### Disability-free life expectancies

Life and health expectancies at age 65 are used for monitoring healthy ageing. In 2013–15, life expectancy for men aged 65 (that is, the number of additional years a person aged 65 could expect to live) was just under 20 years (AIHW 2017b). Men aged 65 in 2015 could expect to live an additional 9 years free of disability and around 10 years with some level of disability, including 3 years with severe or profound core activity limitation. This equates to these men living 53% of their remaining life with disability, including 17% with severe or profound core activity limitation (AIHW 2017b).

### Mortality

Mortality data, such as premature deaths and potentially avoidable deaths, can help in understanding death and the fatal burden of disease in the population at a point in time.

Mortality rates vary between population groups. In 2016 (AIHW 2018b):

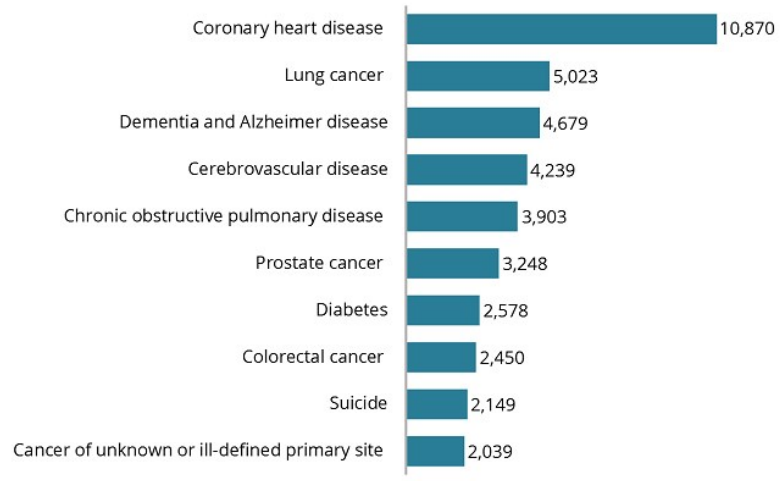
- Males accounted for 62% of premature deaths.
- Males in *Very remote* areas had a higher percentage of potentially avoidable deaths, with 64% of premature deaths being potentially avoidable, compared to 50% in *Major cities.*
- The median age at death for males decreased with increasing remoteness: from 79 in *Major cities* to 68 in *Very remote* areas.
- The median age at death for males also decreased with decreasing socioeconomic group: from 81 in the highest socioeconomic areas to 77 in the lowest socioeconomic areas.

### Causes of death

Monitoring causes of death helps to measure the health status of a population. Causes of death can be used to assess the success of interventions to improve disease outcomes, signal changes in community health status and disease processes, and highlight inequalities in health status between population groups.

In 2016, there were 81,867 deaths among Australian males. The leading cause of death was coronary heart disease, followed by lung cancer and dementia and Alzheimer disease. Males had nearly twice the rate of death from coronary heart disease and lung cancer as females when adjusted for differences in the age structure of the populations (AIHW 2018a).

### Figure 6: Leading causes of death among males, 2016




Notes:

1. Data are based on year of registration of death; deaths registered in 2016 are based on the preliminary version of cause of death data and are subject to further revision by the ABS.
2. Leading causes of death are based on underlying causes of death and classified using an AIHW-modified version of Becker et al. 2006. International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10) codes are presented in parentheses.

Source: AIHW 2018a (Table S6).

Prostate cancer only affects males and is the 6th leading cause of death for males. Between 1985–1989 and 2010–2014, 5-year relative survival from prostate cancer improved from 59% to 95% (AIHW 2018a).

For more information visit Leading causes of death.

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Last updated 26/02/2019 v39.0

# How do Australia's males access health care?

The Australian health system provides a wide range of preventive, treatment and palliative health care services. Monitoring people's health needs, their help-seeking behaviours, and their patterns of health service use helps governments and health service providers identify inequalities in access and predict future health care needs.

## Medicare

The Medicare Benefits Schedule (MBS) records information on medical services and tests subsidised by the Australian Government. People who reside in Australia and are Australian or New Zealand citizens or hold a permanent visa are eligible for Medicare enrolment.

In 2017–18, Australia's males claimed over 170 million services through Medicare, and received an average of 14 Medicare services per person in that year. By comparison, females claimed 19 Medicare services per person (Department of Health, 2018).

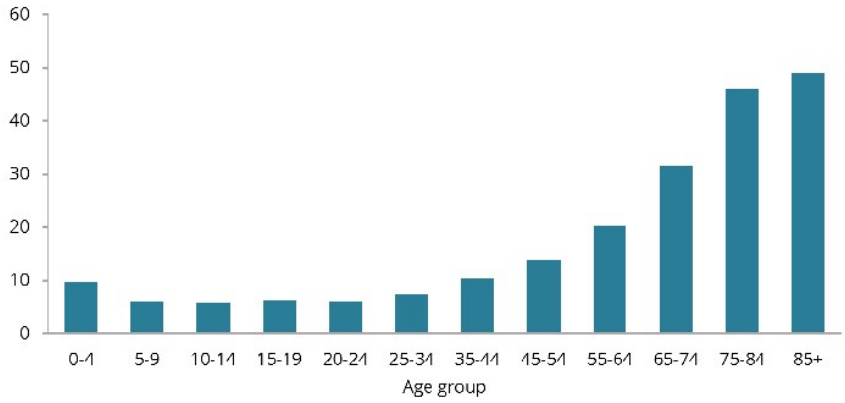
46

Medicare services claimed on average by males aged 75–84 in 2017–18

The average number of services claimed by males varies by age group. In 2017–18:

- those aged under 45 claimed fewer than 8 services per person.
- those aged 75 and over claimed more than 47 services per person.

**Figure 7: Average number of Medicare services claimed by males, per person, by age group, 2017–18**




Source: Department of Health, 2018 (Table S7)

## Primary health care

In Australia, primary health care is usually a person's first encounter with the health system when they have a health concern. Primary health care broadly encompasses health care that is not related to a hospital visit.

8 in 10

males reported visiting a GP in the previous 12 months

In 2017–18, 80% of males aged 15 and over reported visiting their GP in the last 12 months (ABS 2018).

Barriers to accessing health services may impede the best possible health outcomes for men. In 2017–18, among males aged 15 and over (ABS 2018):

- 1.0% reported not seeing a GP when they needed to in the previous 12 months
- almost 1 in 6 (17.5%) waited longer than they felt acceptable to get an appointment with a GP
- more than 1 in 40 (2.7%) delayed seeing, or did not see, a GP when needed due to cost reasons at least once in the past 12 months
- 1 in 20 (5.1%) delayed getting, or did not get prescribed medication, due to cost.

The **Ten to Men Australian longitudinal study on Male Health** also captures self-reported information on the primary health care habits of Australia's men (Schlichthorts et al. 2016):

Nearly 1 in 10

men (8%) were unable to access health care when needed in the last 12 months

The proportion of men (aged 18+) visiting a GP varied by age and health status. In 2013–14:

- The odds of visiting a GP increased with age and decreased with remoteness
- Men with 3 or more health conditions were 4 times as likely to visit a GP in the last 12 months as those without an underlying health condition.

Of Australian men aged 45 years and over who had at least one GP visit in the 12 months between November 2014 and November 2015 (ABS 2017):

- almost 1 in 5 (18%) reported that they had spoken to their GP about their emotional and psychological health
- nearly 4 in 10 (39%) indicated that they received care from a health professional other than their GP or specialist doctor or nurse for their physical health (e.g. physiotherapist, podiatrist, dietitian)
- almost 1 in 10 (8%) indicated that they received care from a health professional other than their GP or specialist doctor or nurse for their emotional or psychological health (e.g. psychologist, counsellor or social worker)
- nearly 8 in 10 (79%) reported they were currently taking at least one medication on a regular and ongoing basis
- almost 3 in 4 (73%) indicated they were always or usually involved in making decisions about their medications for their own health.

## Private health insurance

In Australia, private health insurance is available for those who wish to fully or partly cover the costs of being admitted to hospital as a private patient and/or the costs of other ancillary health services.

In 2017–18, 57% of males reported having some form of private health insurance (ABS 2018). 47% had both hospital and extras cover, 6% had hospital only and 4% had extras only cover.

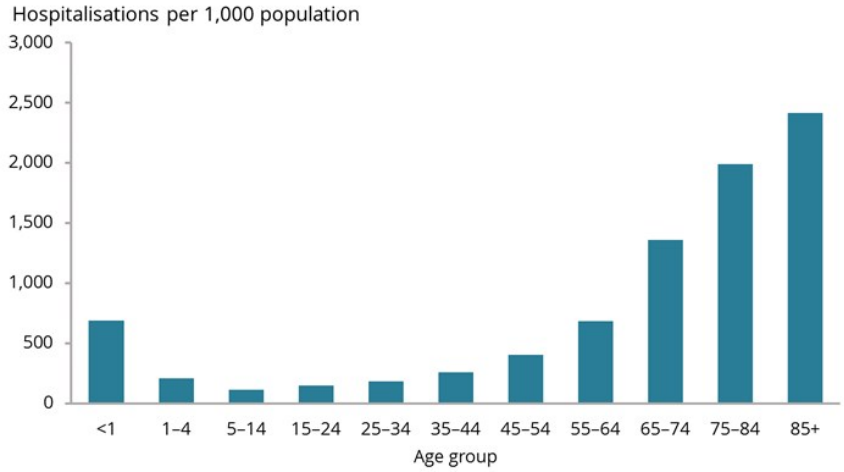
## Admitted patient care

Admitted patient care refers to care provided by public and private hospitals to admitted patients. A hospitalisation is an episode of hospital care that starts with the formal admission process and ends with the formal separation process.

In 2016–17, there were 5.2 million hospitalisations among males, accounting for 47% of all hospitalisations (AIHW 2018).

Hospitalisation rates generally increase with age, and are highest among men aged 85 and over.

**Figure 8: Hospitalisation rate, males by age group, 2016–17**




Source: AIHW 2018 (Table S8).

Note: See boxes 1.1, 1.2 and appendixes A and B of *Admitted patient care 2016–17 Australian hospital statistics* for notes on data limitations and methods.

In 2013–14 to 2014–15, Aboriginal and Torres Strait Islander males experienced 66 potentially preventable hospitalisations per 1,000 population (compared to 73 for Indigenous females, after adjusting for differences in age-structure). The Indigenous male rate of potentially preventable hospitalisations was 2.8 times higher than for non-Indigenous males, after adjusting for differences in age-structure (AIHW 2017).

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# Data

- Data tables: Male and female data tables
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Last updated 28/09/2017 v1.0