

Inquiry into Tasmanian experiences of gendered bias in healthcare



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Men's Resources Tasmania's response to the Tasmanian Legislative Council Inquiry into Tasmanian experiences of gendered bias in healthcare.

To the secretary

Men's Resources Tasmania (MRT) is pleased to contribute this brief submission to the Tasmanian Government inquiry on gendered bias in healthcare.

MRT is a community based, not-for-profit organisation that supports and promotes the health and wellbeing of men and boys in Tasmania. We contribute a male voice to community conversations and public sector policy and provide workshops and presentations on health and wellbeing issues relevant to men and boys in a variety of settings.

MRT operates through volunteer involvement, with some support from members, member organisations and other supporters. As we are unfunded and this submission is being collated and written through volunteer involvement, we are very limited in our ability to conduct proper consultations and to write a more comprehensive report.

MRT is glad to contribute to this inquiry, and will demonstrate that gendered approaches to health and social issues tend to be focused on ensuring women reach equality, while men experiencing poorer outcomes are often not considered.

As an organisation that represents the interests of men and boys, the focus of our submission is "men's health" (a term we generally use to mean the health of males of all ages).

Our submission highlights areas of health system bias against men and boys. We also believe there will be examples of the health system bias against women and girls. Though this is not our area of expertise, we support efforts to address bias against women and girls.

The terms of reference have not provided a clear definition of what is meant by gendered bias, so we would like to share the following perspectives.

Gender is recognised as a social determinant of health. Consideration of gender, or failing to consider gender, can impact the lives and health of women and girls, men and boys and gender diverse people.

Gender should not be viewed as a binary determinant of health that negatively impacts men but not women (or women, but not men).

We also recognise that gender bias can impact the lives and health of non-binary people and more broadly people with diverse bodies, sexualities and genders.

Gender bias is the tendency to give preferential treatment to one gender over others. There are currently campaigns in Tasmania which are biased towards growing support for women such as the 'A woman's place is anywhere she wants to be' campaign, run by Keystone Tasmania that seeks to engage more women in the construction industry. This is of course is a good example of positive discrimination. A potential negative impact of this, is that there are to date no policies to



engage more men in traditionally female dominated sectors like health services or early childhood education.

Gender blindness is the failure to consider, or failure to recognise the importance of gender in planning, developing, delivering and evaluating programs and services. This may result in **gender neutral** services that may or may not lead to gender biased outcomes. For example Slip Slop Slap sunscreen campaigns of the past targetted the whole population. Men experience higher rates of melanoma and inclusion of more targetted campaigns would be appropriate.

Gender inclusive action leads to the adoption of programs, services or communications that address the experiences of different genders. Gender inclusive approaches ensures gender is considered in the planning, developing, delivering and evaluating programs and services. The homeless sector in Tasmania could generally be viewed as taking a more gender inclusive approach than other sectors as it includes a number of specialist services focused on the specific needs of women (e.g. Hobart Women's Shelter) and men (Bethlehem House and DIY Dads at Hobart City Mission).

There is an overwhelming gender bias in support in health sectors being directed to toward women, often with an assumption that men are okay. Evidence from many reports and organisations including from the Tasmanian Government as well as the Australian Bureau of Statistics and Australian Institute of Health and Welfare, clearly demonstrate that men experience significant disparities in many areas of their health and health systems.

1. Examples of Tasmanian's lived experience of gender bias in healthcare

Due to the lack of time and resources, MRT has not been able to gain specific evidence and stories of lived experience of gender bias experienced by men and boys in the Tasmanian context.

2. Areas of healthcare in which gendered bias is particularly prevalent

Health Conditions

In terms of men's and women's health, where a health condition is predominantly experienced by one gender, it is common for the other gender to experience bias. For example, most people with autism are male and so the systems of diagnosis, treatment and care may be biased against girls and women with autism. The reverse is true of eating disorders, where most patients are female and systems of diagnosis, treatment and care may be biased against girls and women with autism. A gender inclusive approach to each issue might yield better results for all.

As stated further below, MRT and AMHF has made a strong case to demonstrate the inequity in the provision of suicide prevention services, and the resulting statistics that currently see over 80% of suicides in Tasmania being men.¹

¹ https://www.mrtasmania.org/s/Time-To-Act-AMHF_TAS_Male_Suicide_WEB.pdf

Reproductive Health and Roles

Reproductive health is one area where biological differences and gendered roles are most influential. The reproductive needs of women and girls require much more frequent interaction with the health system from an early age, which can help normalise women's engagement with health services.

Men and boys do not have a comparable mechanism to embed early engagement with the health services and therefore may require more targeted outreach to help make health service use the norm.

Health Screening

The majority of people targeted by universal health screening initiatives are women. In addition to screening for female-specific cancers, new mothers are screened for mental health conditions, alcohol and substance misuse and domestic violence.

There is currently no screening program for new and expectant dads, despite the fact that an estimated 1 in 3 new parents who experience depression are men, with around 30,000 new dads affected every year.

These proactive health screening programs that mostly target women, create more frequent interaction with the health system, which helps normalise women's engagement with health services.

Funding

Governments at all levels consistently direct more funding to improve the lives and health of women and girls through research grants, health screening programs, women's budgets and women's health strategies.

Even when a health issue predominantly impacts men we find that funding is repeatedly directed towards initiatives that are more effective at reaching women. Below is an example, that may reflect other areas of the health system.

In 2022, Men's Resources Tasmania contributed to a report produced by the Australian Men's Health Forum, that demonstrates the bias in suicide prevention in Tasmania. The *Time to act on male suicide in Tasmania report*² highlights the following information, much of which is from the Tasmanian Suicide Register:

- Men account for over 80% of suicides in Tasmania
- 90% of men who die by suicide have seen a community service provider before their death, [suggesting many services are not supporting men in ways they can relate to].
- Nearly 46% had received mental health treatment in the six weeks before their death
- 41% had seen their GP in the six weeks before their death
- 10% were treated for mental health in hospital emergency departments

² https://www.mrtasmania.org/s/Time-To-Act-AMHF_TAS_Male_Suicide_WEB.pdf



The report also highlights that up to 4 out of 5 recipients of the suicide prevention services funded in Tasmania are women. MRT does not advocate for a reduction in supports for women, rather that inequities experienced by men are also addressed.

The inequities experienced in suicide prevention, where males have consistently accounted for 75% of suicides for decades, are significant. Most action on to prevent suicide has remained gender blind, and is a demonstration of systemic blindness to the inequities experienced by men.

There is often assumptions in policy and service delivery that men, as one generic group are doing okay.

Principle 7 from The AMHF's Charter for Men's Health³, focuses on supporting men in all their diversity. There are many different groups of men who provide a way to target information and services, and here are some broad groups:

- Age cohorts – boys, young men, middle aged and older
- Aboriginal and Torres Strait Islander Men
- Men from CALD backgrounds
- Men with disability
- Trans, gay, bisexual, asexual and queer men
- Men in regional and remote communities
- Men or low-socio economic status
- Fathers and step fathers
- Men engaged in the justice/corrections systems

3. The impacts of gender bias in healthcare on overall health outcomes;

The most recent Tasmanian Population Health Survey 2019 reports⁴:

- Male have experienced a greater increase in high levels of psychological distress
- Males continue to experience risk of lifetime harm from alcohol use at consistent rates while female rates have reduced
- While all rates are increasing, males continue to have higher rates of being overweight or obese than female.
- Males continue to have lower rates of meeting recommended fruit and vegetable consumption guidelines
- Males had lower levels of health literacy at almost every age

3 https://assets.nationbuilder.com/amhf/pages/1934/attachments/original/1651409470/CHARTER_FOR_MEN_S_MENTAL_HEALTH_E_%281%29.pdf?1651409470

4 https://www.health.tas.gov.au/sites/default/files/2022-05/Report_on_the_Tasmanian_Population_Health_Survey_2019.pdf



According to the Tas Men's Health Report Card 2019⁵:

- Men in Tasmania are dying 6.2 years younger than women
- Males account for nearly 56% of all cancer deaths each year in Tasmania
- When compared with women of the same age in Tasmania, heart disease kills:
 - 2.8 times more men aged 35-54
 - 5.1 times more men aged 55-64
 - 3.1 times more men aged 65-74

While an inequality is not in itself evidence of bias it is often an indicator that targeted action needs to be taken.

And as there is strong evidence that many more health initiatives target action towards women than men, it's reasonable that this creates a bias in the effectiveness of the health system in many areas, supporting better outcomes for women, while potentially failing to be as effective for men.

4. Systemic behaviours that cause gender bias in healthcare;

Health Policy

In terms of Government policy, men's health is given lower status than women's health at every level of government.

In Tasmania, there is a Women's Strategy which includes a focus on Women's Health as one of four key goals and a commitment to ensure women and girls have an "equal opportunities for good health and wellbeing".

This puts in place a range of structural initiatives to improve women and girls health, such as the Tasmanian Government applying a gender impact assessments to policies, programs and services to ensure they are responding to the needs of women and girls at every life stage.

As such, a positive bias towards women's health, which excludes men's health, is baked into the Tasmanian policy landscape, both within health and across other departments and sectors influence our health. With no government minister, office, or state government employee tasked with advocating for, and taking action to address men's health, there is no accountability.

Health Advocacy

Independent health advocacy on behalf of different populations is an important component of an effective health system and leads to better outcomes for individuals and communities.

The Australian Men's Health Forum identifies the capacity to advocate as an indicator of high levels of health literacy as it requires knowledge of both the medical and social factors that shape men's health. AMHF says that when "men advocate effectively for their health it leads to changes in policy and practice and funding that ultimately lead to the improvement of men's health at a community level".

⁵ <https://www.mrtasmania.org/s/2019-TAS-Mens-Health-Report-Card-cmn3.pdf>



Government initiatives like the Tasmanian Women's Council provide a structural mechanism for Government to engage with women's advocates on a range of health and social issues.

Across Australia there are a broad range of initiatives in place to connect Government to women's advocates. These include the Six National Women's Alliances which collaborate with the Office for Women and the National Women's Health Advisory Council.

There are no equivalent mechanisms for men and one national peak body, the Australia Men's Health Forum, which is funded to employ just 2 FTE staff.

Workforce Diversity

A key principle of public service is that its workforces should reflect the diversity of the communities they serve (which includes men).

Furthermore, the Government's Workforce Gender Equality Agency (WGEA), a gender diverse workforce has a larger pool of talent to draw from, is more efficient, productive and creative and makes better decisions.

In addition, the Federal Government has identified the under-representation of men in female dominated professions like health as a driver of gender equality.

The over-representation of one gender in any workforce can create a culture that is more effective at engaging with that gender. As the health workforce is dominated by women, it is inevitable that the culture may be less "male-friendly" than it would be if it employed more men.

Our systems and structures are blind to inequities experienced by men.

The AMHF paper *How can Governments do better for men and boys?*⁶ Recommends developing a more equitable system. 'The majority of Government initiatives to improve gender equity focus on women and girls.' In Tasmania there are a variety of organisations and services that specifically focus on women and girls, and LGBTIQ+ populations. The Tasmanian Government's women's portal (<https://www.women.tas.gov.au/organisations>) shows a significant list of 'women's organisations' which overwhelmingly focus on the needs of women. Some of these organisations are open to access by men and boys, however even those organisations that could be considered gender neutral are far more successful at reaching, or providing services to women.

The Tasmanian Government has a Women website (<https://www.women.tas.gov.au/>) with various additional links including the following.

The Women's Gender Analysis webpage https://www.women.tas.gov.au/information_and_resources/gender_analysis that speaks of Valuing Gender Inclusion. While we acknowledge there are many areas in society where women need and deserve focus to address inequities that affect them, men are not recognised in the areas where they experience inequities. This leads to a gender bias towards women.

⁶ https://www.amhf.org.au/10_ways_politicians_can_do_better_for_men



The Tasmanian Governments Women's Strategy 2022-27 is an important document that champions efforts to address inequities experienced by women. This is also supported by a [Women's Health Action Plan 2020-23](#).

The Tasmanian Government's Women's Information and Resources webpage has 9 links to actions, fact sheets, awards and strategies to address women's needs.

There is no website focused on strategies and actions relating to men and boys, as such, the Government and the health system is gender blind to the health and other needs of men and boys.

The Women and Girls in Tasmania Health and Wellbeing Fact Sheet⁷ provides the following evidence that highlights areas where men experience poorer outcomes.

- In the 2016 Tas Population Health Survey, Self-assessed health status is experienced at similar levels, but with more women experiencing the best self-assessed health and more men experiencing the poorest self-assessed health.
- Tasmanian's living with profound or severe disability, experienced at similar rates across most age cohorts, except over 85, where women live on average 6 years longer than men
- 62% of people who die from Ischemic Heart disease are male
- 64% of people who die from cancers are male
- 58% of people who die from diabetes are male
- Males are more likely to smoke tobacco, and to be consuming alcohol at risky levels
- Male use of cannabis has increased significantly from 2010 – 2016, while women's use has remained stable
- Male rates of obesity have increased from 2011 – 2015, while women's have remained fairly stable

There is no Government website, policy or strategy highlighting these issues for men at a systemic level.

The Tasmanian Government Gender Budget Statement 2022-23 states:

This Gender Budget Statement – the first for the Tasmanian Government – highlights how the 2022-23 Tasmanian Budget targets areas of inequality experienced by women, men and gender diverse Tasmanians.⁸ The following table is our desktop assessment of the Tasmanian Gender Budget Statement 2022-23.

**90% of the Tasmanian Gender Budget
statement is focused on addressing inequities
experienced by women.**

⁷https://www.women.tas.gov.au/_data/assets/pdf_file/0031/238738/180436_DPAC_WGIT_Fact_Sheet_Health_and_Wellbeing_wcag.pdf

⁸ <https://www.treasury.tas.gov.au/Documents/2022-23-Gender-Budget-Statement.pdf>

Activity	Amount	% of total	Comment
Services and programs for the whole population	\$36.8M	64%	Services and programs for the whole population, though the overwhelming majority of the recipients of these services is women. \$28M of this money is focused on Family and domestic violence services of which there are no male specific services, and perpetrator programs are underfunded and do not meet demand.
Services and programs specifically for women	\$16.5M	28%	
Funding for programs directed at men	\$4.1M	7%	Funding for programs directed at men – 90% going to shelters for a very small number of men, and the remainder for men's sheds. There is no funding directed at male suicide, or broader population wide activities focused on men.
Services and programs to address LGBTIQ+ and CALD populations	\$590,000.00	1%	Men and people identifying as male within these populations anecdotally report experiencing poorer outcomes and less support for similar reasons to elsewhere in the system
Total	\$57.9M		excludes funding for hospitals.

Men have not advocated well for their health and wellbeing in the past. However for the last decade or more, small community-based organisations have developed in Tasmania but struggled to attract funding and other support. In recent years grassroots organisations seeking to improve health and social outcomes for men have been established all over the country, including in Tasmania. While there are some disease specific organisations like the Prostate Cancer Foundation, Healthy Male (Andrology Australia) that focus on male health, the Australian Men's Health Forum is the only funded male health peak body, and its funding support less than 3 FTE staff.

The Tasmanian Government Health Dashboard reports on eligible women screened, but not on screening of men. The screening reported is for breast cancer, and we are not suggesting there needs to be reporting on screening of men for prostate cancer, which we understand is not currently recommended. However other screening of other diseases such as melanoma, bowel cancer which are more commonly experienced by men could also be reported. When issues affecting men are not reported it is easy to assume there is no issue.

5. Work in other jurisdictions to limit gender bias in healthcare;

The National Men's Health Strategy calls on health services to take a male-centred approach that "consciously considering the needs and preferences of men in the design, delivery, promotion and continuous improvement of programs and services".

At present only Western Australia, New South Wales and the Northern Territory have any form of men's policy. However, both Queensland and Tasmania have developed suicide prevention strategies with dedicated sections that specifically focus on men.

MRT is not able to comment further on this area, however we are confident that there are many programs, organisations across the world starting to make positive improvements in varying aspects of men's health.

6. Best practice for addressing gender bias in healthcare;

International best practice tells us that one of the key ways to improve men's access to healthcare is by developing male-friendly services. This fact was acknowledged in Australia's first National Male Health Policy, which called on health professionals to "make their practices more male friendly".

Internationally, Ireland's Men's Health Action Plan identifies the ongoing development of male-friendly services as one of its four overarching themes, committing to: "build capacity with those who work with men and boys to adopt a gender competent and men-friendly approach to engaging men and boys at both an individual and an organisational level".

Australia's current Men's Health Strategy names the provision of "male-centred information, programs and services" as the first of its guiding principles. This male-centred approach is defined as "consciously considering the needs and preferences of men in the design, delivery, promotion and continuous improvement of programs and services".

More information on best-practice approaches to making health services more male-friendly can be found in AMHF's 10 Step Guide to Male-Friendly Services available to download at www.amhf.org.au.

7. Gender bias in research grant allocation and health related research; and

Gendered approaches to research funding tends to focus on the gender of the researcher and the gender of research subjects in medical trials. A review of the allocation of research funding clearly shows a bias towards researching women's health over men's health.

For example, in 2021 the NHMRC allocated more than six times more funding to women's health (\$81m), than men's health (\$13m), or ten times more funding when research in women's health and maternal health is combined (\$131m).

While the NHMRC has a gender equity strategy to increase the number of women and non-binary researchers receiving grants, it has no strategy in place to increase research funding into men's health.

While men may have traditionally made up a greater proportion of researchers, they have not necessarily all been focused on understanding men's health.

8. Any other matter incidental thereto.

On the morning our submission we have received a members email from the AMHF summarising some results of a survey they conducted to inform submission they are writing for the Commonwealth Government's gender strategy. Here are some of the results⁹:

Close to 150 people completed an online survey, including people working for men's organisations (18%), people working in health (13%), people working in sectors related to health like education and social work (34%), men's health advocates (38%), men's health volunteers (21%) and academics (9%).

- *74% of people say they support the Government's plans for a National Gender Equality Strategy*
- *85% think it should focus on both women and men*
- *85% are concerned that men and boys will be excluded from the strategy*
- *77% say we may need a separate Men's Strategy to tackle the gender issues that impact men and boys.*
- *80% say the Strategy should take account of health issues that have a greater impact on women and girls (e.g., eating disorders) as well as health issues that have a greater impact on men and boys (e.g., suicide).*
- *76% highlight the lack of male-friendly health services that respond to men's needs and preferences.*
- *74% say one of the causes is that the Government puts less time, money and resources into improving men's health, compared to women's health.*
- *88% say approaches to Gender Equality that focus on women's issues but not men's issues, can reinforce gender stereotypes that men don't have problems and men don't need to get help.*
- *90% say the belief that women **have** problems and men **are** problems is an unhelpful gender stereotype and 89% say the belief that men should be strong and solve their own problems is an unhelpful gender stereotype.*

For more details of the survey results covering a range of questions on issues like gender norms and stereotypes, violence prevention, men's role as parents and carers, men's health, men working in female-dominated industries and the gender issues that can impact men and boys see our website:

We appreciate the opportunity to provide constructive contributions, and we are willing to contribute further as time, funding and resources allow.

⁹ https://www.amhf.org.au/what_does_the_men_s_sector_think_about_gender_equality