

**Measuring What Matters Consultation
Submission by the Australian Men's Health Forum
31st January 2023**

1. Introduction

The Australian Government has placed gender equality at the heart of its vision for a better future with plans to launch a *National Strategy to Achieve Gender Equality* in 2023.

The new Strategy will be developed by the Office for Women and complement the work of the National Women's Health Strategy. In addition, work to improve women's health will be supported by a new National Women's Health Advisory Council "to address stark differences in the health outcomes for women and girls".

There are no parallel plans to address the gender equality issues that impact men and boys such as:

- The gaps in educational outcomes between boys and girls at every stage of education
- The high rate of male suicide which kills more than 6 men a day
- The high rate of potentially avoidable male deaths, which kill nearly 50 men under the age of 75 every day
- The gendered barriers that restrict fathers' involvement in their children's lives, from the unequal distribution of parental leave to the unequal share of parenting time in separated families.

As the peak body for men's health in Australia, it is our position that the Government's commitment to "restoring Australia's leadership on gender equality" can only be realised if the health and social issues that impact men and boys are addressed alongside the issues that impact women and girls.

We welcome the Government's plans to develop a new framework to measure if its policies are working to improve the lives of all Australians. We also welcome the fact that the proposed measures will include a focus on gender issues that impact women and girls.

However, we are concerned that there are currently no plans to include a focus on the gender issues that impact men and boys. We are particularly concerned about the stark differences in health outcomes for men and boys, compared to women and girls.

More broadly, we are concerned with a broader range of social issues that can disproportionately impact men and boys and contribute to poorer health outcomes. For example, gaps in educational attainment between different population groups (e.g. boys and girls) are known to increase the risk of poorer health outcomes in later life.

We call on the Australian Government to ensure that gender indicators focused on some of the key issues facing men and boys in Australia are included in its Measuring What Matters framework.

2. The Gender Health Gap

Australia is one of the world's healthiest countries yet there is a persistent gender health gap.

Men born in Australia die nearly 7 years younger than women born in Australia. In 2021, the median age of death for people who are born and die in Australia was 77.8 years for males and 84.5 years for females, a gap of 6.7 years.

Every year, 27,000 Australians under the age of 75 die from potentially avoidable causes that could be prevented. Approximately 50 men and 25 women die from preventable causes every day.

Reducing the number of potentially avoidable deaths in men under 75, to the same level as women, would save the lives of more than 7,000 men a year.

In addition, when we take account of some of the main gender health gaps in mortality that impact men over 75 (including suicide, accidents, alcohol-related deaths and some cancers), we estimate that targeted action to improve men's health could save the lives of more than 10,000 men a year.

By reducing the number of male deaths to the same level as female deaths across 5 priority health issues, each year we could save the lives of:

- 1,500+ men who die by suicide
- 3,500+ men who die from cancers of the bowel, lung, mouth and skin
- 3,000+ men under 75 who die from heart disease and diabetes
- 1,500 + men die from accidents and injuries
- 750+ men who die from alcohol-induced deaths

The presence of this gender health gap is just one example of why we believe the Government needs to include gender indicators focused on the health and social issues that impact men and boys within its Measuring What Matters framework.

3. Support for the including men and boys

More than 95% of the men's health community wants the Government to measure whether its policies are working to improve the lives of men and boys in Australia.

We were keen to find out what the men's health sector thought about these proposals and so we surveyed more than 100 people who work in, volunteer for or support men's health organisations.

Firstly, we found that 97% of people surveyed agree that the Measuring What Matters framework should include specific indicators to measure if the lives of men and boys are improving, with 91% strongly supporting this proposal.

In terms of measuring specific themes people want to see included in the Government's new framework, our survey identified six key areas that generated strong support:

- 99% support the inclusion of Men's Health (e.g., life expectancy and premature mortality) should be included, with 84% expressing strong support.
- 96% support the inclusion of Men's Social Networks (e.g., men's access to social support and connection), with 80% expressing strong support.
- 94% support the inclusion of men's Experiences of Fatherhood with 78% expressing strongly support.
- 92% support the inclusion of Work/Life wellbeing (e.g., unemployment, hours worked, financial security and time use), with 68% expressing strong support.
- 91% support the inclusion of Personal Safety (e.g., men's exposure to violence, accident and injury), with 69% expressing strong support.
- 87% support the inclusion of Boys' Education (e.g., levels of qualification compared to girls), with 71% expressing strong support.

4. Recommendations

We have identified 8 key areas where we recommend the Government revises its proposed Measuring What Matters framework, to take into account gender issues that impact men and boys:

- Disaggregating data by gender across all key indicators (where appropriate)
- Measuring gender gaps in physical and mental health
- Measuring gender gaps in educational outcomes
- Measuring gender gaps in social connection
- Measuring gender gaps in time use that impact health and wellbeing
- Measuring gender gaps in personal safety
- Measuring gender parenting gaps
- Taking account of gender gaps within priority populations

4.1 Recommendation 1: Disaggregate data by gender

Where possible, we recommend that indicators are disaggregated by gender to ensure transparency. To give just 3 examples based on the indicators already proposed:

- Long hours in paid should make clear the proportion of males/females working long hours
- Educational attainment of young adults should highlight the differences between young men and young women
- Life expectancy at birth and gap in life expectancy by education should highlight the differences in male and female life expectancy

4.2 Recommendation 2: Include measures on health and mental health

Every year, 27,000 Australians under the age of 75 die from potentially avoidable causes that could be prevented. We welcome the inclusion of premature mortality in the framework and recommend that the gap between the number of potentially avoidable male and female deaths recorded is highlighted.

Additionally, the high rate of male suicide is an issue of major concern within the men's health community. We recommend the inclusion of male and female suicide rates as a key indicator.

4.3 Recommendation 3: Include measures on the gender education gap

There are significant gender gaps in education, which can lead to gender health gaps in later life.

At a minimum, we recommend that the 3 proposed measures on education (students with low skills, student skills in science and educational attainment of young adults) are disaggregated by gender, to show the differences between male and females.

In addition, further measures on education could be considered to highlight gender gaps in literacy, numeracy, school retention rates and university enrolment.

4.4 Recommendation 4: Include measures on social connection

Social connection is a key protective factor that can help reduce the risk of poor physical and mental health. We welcome the inclusion of time spent in social interactions in the framework and recommend that differences between men and women are highlighted. We also recommend that the proportion of men and women who do/don't spend time on social interaction is highlighted.

Further, we welcome the inclusion of the share of people that report having friends or relatives that can assist them when needed in the framework and recommend that any differences between men and women are tracked.

4.5 Recommendation 5: Include measures on life/work balance

We are concerned that the proposed measure “gender gap in hours worked”, defined as “minutes of paid and unpaid work per day that women work in excess of men among the working age population” is a meaningless and unhelpful measure.

Firstly, it is questionable whether this gap is statistically significant. Based on the 2021 Time Use Survey, the gender gap in hours and minutes worked is less than 3%.

Secondly, data from the Time Use Survey suggests that there is a positive correlation, on average, between longer hours worked and better health.

For example, women in excellent health spent around 12 hours per day on paid/unpaid work while men in poorest health spend around 9 hours per day on paid/unpaid work.

In terms of long hours worked, if this measure is to be included then we recommend that the gender gap in long hours worked is also reported.

More broadly, we recommend the Government’s reviews which measures of “time use” are most significant in meeting its objective of measuring how effective its policies are at improving the lives of all Australians.

4.6 Recommendation 6: Include measures on men’s safety

Our survey of the men’s health community found strong support for the proposal to measure the gender gap in feeling safe walking home alone at night. There was also overwhelming support for measure men’s (e.g., men’s exposure to violence, accident and injury).

We support the proposal to measure the number of homicides recorded each year and recommend that the gender of the victims is also reported.

There are a number of significant gender gaps in deaths by accident and injury with men and boys accounting for:

- 3 in 4 road deaths
- 7 in 10 deaths by accidental poisoning
- 4 in 5 deaths by accidental drowning
- 7 in 10 murders
- More than 9 in 10 workplace deaths

Teenagers and younger adults are particularly vulnerable, with accidents and injuries accounting for around a third of all male deaths between the ages of 15 and 34. In this age group, approximately 4 in 5 people who die by accident or injury are men and boys.

We recommend that in addition to the gender gap in feeling safe, the Government also measures the gender gap in the risk of dying from accident and injury.

4.7 Recommendation 7: Include measures on parenting/fatherhood

Men's experiences of fatherhood are strongly associated with their health and wellbeing. Broadly speaking, positive experiences of fatherhood are linked to better health, while negative experiences of fatherhood are associated with poorer health.

There is significant gender gap in the amount of time spent with children, with women spending more than 50% of time on childcare each day than men. According to the 2021 Time Use Survey, this gap is most notable for the most disadvantaged populations, with men who have the lowest levels of education, the lowest income and the poorest health, spending less time with their children than other mums and dads.

In our survey of the men's health community, we tested support for four different measures that could be tracked over time and found:

- 98% support measuring the proportion of time children with separated parents spend in the care of their biological fathers, with 70% expressing strong support.
- 91% support measuring the proportion of children who don't live with their biological fathers, with 66% expressing strong support.
- 89% support measuring the number of days paid parental leave fathers receive compared to mothers, with 58% expressing strong support.
- 85% support measuring the proportion of time fathers of young children spend on childcare compared to mothers with 46% expressing strong support.

4.8 Recommendation 8: Include measures for priority populations

Finally, there was strong support in our survey for the inclusion of the 9 priority populations named in the National Men's Health Strategy. In particular, 9 out of 10 people surveyed backed the inclusion of:

- Socially isolated males
- Male veterans
- Males living in rural & remote areas
- Males with a disability, including mental illness
- Males in the criminal justice system 89%
- Males from socioeconomically disadvantaged backgrounds 88%

Furthermore, a clear majority of those surveyed support the inclusion of:

- Aboriginal & Torres Strait Islander males
- Males from CALD (Culturally and Linguistically Diverse backgrounds)
- Males/Men who are LGBTI+

We recommend that the Government consider ways to ensure it is measuring how effective its policies are at improving the lives of these priority populations and taking care to disaggregate this data by gender to highlight any significant differences between males and females within these populations.

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