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A Primary Health Care Approach to Men's Health in Community Health Settings: It's *Just* Better Practice

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Promoting men's health in primary care settings such as general practice is now common, but what might primary health care for men's health look like in community health settings? This paper reports on case studies of diverse community-based health and wellbeing services for men in South Australia. The programs selected as case studies include Aboriginal men, gay men and homosexually active men, men from culturally and linguistically diverse backgrounds, older men, middle-aged men, fathers, young men, as well as services that focus on childhood sexual abuse and violence intervention. The case studies share the following main features—they have a social view of health, use a primary health care approach with an emphasis on prevention, address issues of access and equity, use social justice principles, and work across a number of sectors. These features were integrated into a socially just primary health care framework for men's health in community health settings. Socially just primary health care can address health inequities within men's health that are related to, among other things, class, race, ethnicity and sexuality. Socially just primary health care services can work collaboratively with women's health on common concerns such as violence intervention and childhood sexual abuse. Moreover, socially just primary health care services reflect local concerns, where health professionals work with men rather than acting as outside experts.

Key words: Men, Primary health care, Community health services, Social justice

The emerging men's health movement of the 1990s, while advocating "for better health outcomes for men", did not clearly articulate "a primary health care framework for men's health" (Keleher, 2001, p. 60).

In South Australia the low use of community health services by men was identified as a problem back in the 1980s (Baum & Cooke, 1986). In the 1990s, a comprehensive review of best practice in the Australian primary health care sector (Legge et al., 1996) did not document any specific cases of "men's health". However, since then many diverse programs and services have been developed. This paper reports on a number of case studies of diverse community-based health and wellbeing services for men in South Australia that form the basis of a socially just primary health care framework for men's health in community health settings. For instance, a group of retired men working with young unemployed people, an Aboriginal community men's group, a violence intervention project and a service providing counselling for young homeless men who have experienced childhood sexual abuse are all working with men using primary health care approaches (individual services, group work

and community development) but they wouldn't necessarily describe their programs as men's health.

In this paper, the interpretation of primary health care is as a philosophy that "emphasises social justice, equity, community participation ... [and] emphasises working with people to enable them to make decisions about their needs and how best to address them" (Wass, 2000, p. 9). Social justice is understood as a "belief system that gives high priority to interests of the least advantaged" (Germov, 2002, p. 84) and "is also about fair and equal access to services and resources" (Smith, 2004, p. 49).

The context of men's health and primary health care

Men's health

Claims such as "[m]en's health issues are now on the GP's agenda" (Hall, 2003, p. 401) and "the term men's health has become part of the mainstream health lexicon in Australia" (Macdonald & Crawford, 2002, p. 77) assume that men's health is now widely accepted and understood. However, "...men's health' is not a simple concept nor a

single problem. Some groups of Australian men are doing very well (exceptionally well, in world terms). Others are doing badly” (Connell et al., 1998, p. 2). For instance, there are high rates of male deaths from accidents and suicide and there is still a seventeen-year difference in average life expectancy at birth between the Indigenous population of Australia and the total Australian population (Australian Bureau of Statistics, 2004).

Recent developments of health promotion frameworks for men’s health still use a level of analysis of men’s health that is influenced by sex differences at the population level; for instance, men die, on average, earlier than women do. Examples of these frameworks include “Moving Forward in Men’s Health” (NSW Department of Health, 1999) and “Getting Inside Men’s Health” (Richardson, 2004).

While comparisons, to emphasise their needs, can be justified for population groups such as Indigenous people in Australia who experience structural and/or historical disadvantage (Pease, 1999), research into men’s health has shown that simplistic comparisons of men’s health and women’s health are considered unhelpful (Annandale & Hunt, 2000; Connell, 2000) and there is now a call for a more sophisticated approach to sex, gender and health (Connell et al., 1998; Doyal, 2001; Krieger, 2003; Schofield, 2004).

Primary health care

Primary health care has been acknowledged as a central plank of an effective health system (Department of Human Services [DHS], 2003). In 1978, the Alma Ata Declaration on Primary Health Care stated a role for governments:

Governments have a responsibility for the health of their people which can be fulfilled only by the provision of adequate health and social measures. ... Primary health care is the key to attaining this target as part of development in the spirit of social justice. (International Conference on Primary Health Care, 1978).

South Australia has developed a Primary Health Care Policy Statement, which was launched on the 12th September 2003—the 25th anniversary of the signing of the Alma Ata Declaration. The Primary Health Care Policy Statement has direct relevance to addressing inequity in men’s health, in particular in its focus on (a) “reducing the current inequalities in health status between different sections of the

population and providing equal opportunities to good health for everyone” and (b) “responding to diversity by recognising, respecting and being accountable to the unique cultural needs and values of diverse populations” (DHS, 2003). So, although the health system cannot create health, it does have a significant role to play in developing practices that can contribute to the reduction of health inequities (Keleher, 2001).

Socially Just Primary Health Care

Case studies

The case studies in this project (Table 1) were chosen to reflect a diversity of services and programs across different issues and across different groups of men, but were not intended to be representative of all health programs and services that are provided for men and boys. A case study approach is useful in addressing the complexity of primary health care (Keen & Packwood, 2000; Legge et al., 1996).

Interviews were conducted with the people most closely associated with the program or service. Documentation of each case was also reviewed and additional insights sought from research in particular cases. Analysis was conducted throughout the data collection, with particular emphasis on checking interpretations with participants and peer debriefings (Ezzy, 2002).

What can be learned from these case studies?

Nearly all of the case studies in this project share the following features:

- They have a social view of health.
- They take a primary health care approach, with an emphasis on prevention.
- They address issues of access and equity.
- They use social justice principles.
- They work across a number of sectors.

In addition, a majority of the case studies place strong emphasis on (a) the relationship of their work to the wellbeing of women and children and different groups of men (b) safety and respect (for the individual and for others), (c) accountability for their work (d) individuals taking responsibility for their actions and choices, and (e) community

Table 1: Case studies

Group	Program	Description
Aboriginal men	SPIRIT	The SPIRIT (Support, Promote, Inform, Raise Ideas Together) Aboriginal Men's Group is based at Murray Bridge in South Australia and uses a community development approach to addressing the needs of Aboriginal men.
	"Males in Black"	Males in Black formed after a number of Indigenous men identified health, wellbeing and social issues affecting Indigenous males around in Port Augusta in South Australia. Since then Males in Black has held a number of social functions where Indigenous males can come together, socialise and participate in health promotion activities.
Gay men and homosexually active men	Gay Men's Health	The Gay Men's Health Program of the AIDS Council of South Australia provides counselling, group work, community development, and health promotion for gay and same-sex attracted men, including HIV-positive men.
Men from culturally and linguistically diverse backgrounds	Migrant Health Service	The Migrant Health Service is a multicultural, multilingual health care agency that provides primary health care to newly-arrived migrant and refugee communities. Men's health projects include the Positive Images of Men's Health project and the World United Soccer project.
Young men	eXtreme Choices	The eXtreme Choices program works with young men who are broadly defined as "at risk"; for example, harmful drug use, difficulty in managing anger, truancy and criminal behaviour. The program uses modes that include cognitive behaviour therapy, wilderness therapy, adventure-based recreation, experiential education and group work.
	Relationship Violence: No Way!	Relationship Violence: No Way! is a peer education program that aims to prevent violence in young people's relationships.
Fathers and Middle-aged men	Fatherhood Support Project	The Fatherhood Support Project focuses on issues related to becoming and being a father and works with agencies in reaching fathers in the community.
	Man Alive	The Man Alive service provides counselling for men and has also developed a number of short group programs addressing a variety of concerns such as stress, redundancy, and self-esteem.
Older men	The Shed	The Southern Community Project Group (The Shed) is a community-based, volunteer-run group, based in Adelaide's southern metropolitan area. The group runs a number of programs, including an after-hours primary school program, a program for workshops for school-leavers and unemployed young people, and products and repairs to special needs equipment.
Childhood Sexual Abuse	SideStreet Counselling	SideStreet Counselling responds to the specific needs of young people who are homeless or at imminent risk of homelessness and have been subjected to sexual abuse and/or physical abuse.
Violence Intervention	Northern Violence Intervention Program	The Northern Violence Intervention Program (NVIP) is an interagency initiative to reduce domestic violence. Within a criminal justice and social health framework the NVIP works with men who use violence, and with women and children who experience violence and abuse.

development, participation and inclusion.

A socially just primary health care framework

What would primary health care practice within a context of social and gender justice mean for men's health in community health settings? The features of the case studies suggest that a socially just primary health framework for men's health is not merely good practice; it is *just better practice*. The concept of *just better practice* combines good practice (Szirom, 2003) with social justice (Finn & Jacobson, 2003; Pease, 1999; Tamasese & Waldegrave, 1993) in the context of gender relations (Courtney, 2000; Flood, 2001; Schofield, Connell, Walker, Wood, & Butland, 2000).

"Good" practice is preferred to "best" practice in human service settings as "context and

circumstances" are important and "social services are not a set of 'products' which can be controlled" (Szirom, 2003, p. 1). However, "better" practice questions "the relations of power, domination, and inequality" (Finn & Jacobson, 2003, p. 73), "challenges social inequality" (Pease, 1999, p. 34) and acknowledges the relational nature of gender; that is, the way that "men's and women's interactions with each other and the circumstances under which they interact contribute significantly to health opportunities and constraints" (Schofield et al., 2000, p. 251).

Socially just primary health care for men's health in community health settings is interconnected at social, community and individual levels, such that "the impact of inequality on both individual health and the health and wellbeing of societies serves to highlight the importance of social justice

to both the experience of individuals living in a society and the health and success of society as a whole. ... Among other things, [social justice] serves to highlight and reconfirm the importance of the Primary Health Care approach” (Wass, 2000).

At a social level, socially just primary health care services advocate social and gender justice and equity. For example:

- SideStreet has an active advocacy process to promote and engage other service providers' awareness of and responsiveness to the concerns of sexual abuse.
- The Northern Violence Intervention Program (NVIP) works closely with a number of agencies, including the Police, courts, and health services, and the approach of the NVIP to men's use of violence is supported by the gender accountability philosophy of their organisation.
- The Fatherhood Support Project has promoted the role of fathers in antenatal and postnatal education in major tertiary hospitals and community settings in the North and West of Adelaide.

At a community level, socially just primary health care services have a commitment to access and equity, community development, participation, collaboration, and accountability. For example:

- The SPIRIT project has taken a community development approach to addressing the needs of Aboriginal men. Similarly, Males in Black has grown from a community development base and has a strong sense of its community and its relationship to the community of Aboriginal women in Port Augusta.
- The Shed is a community-based, volunteer-run group that runs a number of programs, including a maintenance and repair program for local residents, an after-hours primary school program, and work for the dole. It has a solid reputation: “We don't need to go to organisations for things now—they come to us.”
- UnitingCare Wesley Adelaide's culture of service excellence ensures a strong focus on supervision practices, organisational learning, access and equity, and respect and accountability for the work of the SideStreet Counselling Service.

- The Migrant Health Service collaborates widely for support for its projects. Stakeholders come from other health and community services, local government, recreation and sport agencies, schools and service organisations.
- Primary health care principles of health promotion and community development are vital concepts in the eXtreme Choices program.
- Gay Men's Health has well articulated principles and values, which include respect, accountability, confidentiality, a holistic view of health, supporting their volunteers, and working with the community and in partnership with other agencies.

At an individual level, socially just primary health care services have a duty to safety, respect, and responsibility. For example:

- The male workers in the Northern Violence Intervention Program (NVIP) have individual commitments to transparency and accountability for their work. They place the safety and wellbeing of the women, children or other persons who have been or may be vulnerable to abuse, as paramount, at all times. At the same time, NVIP believes that individuals who abuse are responsible for, and must always be held fully accountable for, their actions. The NVIP also deems interventions with men must at all times be respectful and non-abusive if men are to be assisted to cease their abuse and develop respectful ways of being and relating.
- The Shed is an outlet for meaningful participation by predominantly older (retired) men. The strengths of the Shed are its volunteers and its versatility.
- Relationship Violence: No Way! operates within a supportive program and organisational environment that allows the project to strongly value and act accountably to young people's contributions, and promote them as casual workers in the violence prevention area. The principles of safety, respect, responsibility and accountability are embedded in the mentoring guidelines.
- Recognising that there are no right ways, but some more skilful ways, to conduct groups, Man Alive's approach is “softly, softly with a structure”. Once the men are engaged, the structure allows the men to reflect on their experiences, learn useful skills and build social contacts.

Conclusion

Socially just primary health care for men's health in community health settings is important because without social and gender justice there are a number of implications. First, there may be a continuation of addressing men's health as a problem, which focuses on treating the most common illnesses and disease with little attention to prevention and addressing the social determinants of health which lead to ill-health (Hayes, 2002; Macdonald & Crawford, 2002). Second, men's health may conflict with or ignore women's health (Pease, 1999), and third, a simplistic view of men as a single and uniform population group may result in services being delivered "based on traditional epidemiological methods usually conducted out of context and extrapolated to situation" (Baum, 2003, p. 516).

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The potential for socially just primary health care for men's health in community health settings is in (a) addressing health inequities within men's health that are related to, among other things, class, race, ethnicity and sexuality (b) working collaboratively with women's health on common concerns (e.g., violence intervention and childhood sexual abuse), and (c) primary health care services that reflect local concerns, where health professionals work with men rather than acting as outside experts; that is, they are "on tap, not on top" (Baum, 2003, p. 516).

Socially just primary health care for men's health, that, in the words of Bob Pease, "challenges social inequality will be more effective in meeting the health needs of both women and men" (Pease, 1999, p. 34).

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