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# Health information seeking behaviour in men living in regional Australia

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## Abstract

**Introduction:** Disparities between men's and women's health still remain and the health experiences of men living across Australia can differ widely. As part of a nationwide study on how men seek health information, we stratified responses by post-code to define men's health information seeking behaviour in a regional setting.

**Methods :** Males aged 18 years and over took part in an anonymous online survey on their current and preferred methods of accessing information about general, minor, serious and private health concerns. Men's experiences and preferences for obtaining information about their health were also collected through two Focus Group sessions held in a regional area of Australia.

**Results:** One hundred and eight responses to the online survey were collected from males living in regional Australia, with 95% living in inner or outer regional areas. The mean (±SD) age was 55 (±16) years, with distributions across age groups (10%, 18–30 years; 27%, 31–50 years; 33%, 51–65 years; 30%, over 65 years). Multiple methods of accessing information were used by men, including GP/specialist (95%), online search (62%), pharmacist (69%) and wife/partner (59%). Around one in three males aged 18–30 years did not seek any information about minor, serious or private health concerns. Men aged 31–50 were most likely to seek information for all types of conditions. One in three men over 50 said they did not seek information on private health concerns. Primary reasons for this was 'not being worried about it', or 'not feeling comfortable discussing it'. Themes emerging from the Focus Groups (n=35, ages 22–86 years) included men's preferences for accessing their GP, a feeling that men 'deprioritise' their health, the need to have reliable, evidence-based information from reputable online sources, as well as feedback on their preferences for receiving health messaging.

**Conclusions:** The results presented here indicate that men living in regional areas are generally interested in their health and for the most part seek information when they have a health issue. The data collected from the survey and feedback from the Focus Groups will provide direction on our future communication approaches with a lens on the preferences and views of men living in regional Australia.

## Introduction

Male health and well-being has improved over time, yet disparities in health between males and females still remain, and the health experiences of men living across Australia can differ widely. In 2016, 62% of premature mortality occurred in males.[1] Men die in greater numbers than women from the leading causes of death in Australia, including cardiovascular disease, lung cancer and respiratory disease, prostate cancer (male-specific), bowel cancer, diabetes and suicide.[2] It is therefore unsurprising that men are more likely to harbour the key risk factors for these conditions, and are less likely to participate in screening or receive medical intervention for largely preventable diseases, compared to women.[3]

Access to healthcare and health seeking behaviours differ between men and women for a variety of reasons, some practical and some cultural.[4] Yet Australian men do visit their GP; estimates are that at least four in five men visit a GP at least once every 12 months.[5,6,7] However, a large number of men delay these appointments until their illness is advanced and symptoms are affecting their day to day life.[8] Men's knowledge of general health, specific diseases and their associated risk factors is lower than females.[9] This may be due in part to the way in which health information is delivered to men, often in a gender-neutral way that may not specifically target or appeal to a male audience.

The reason men may not seek timely healthcare has been explored elsewhere and includes factors such as: full-time working hours and lack of out-of-hours services; lower expenditure on men's health leading to fewer available services; a viewpoint that primary healthcare services are for women and children; perceptions about their own health, for some, feelings of 'invincibility'; fear or anxiety about being diagnosed with a serious health condition; and personal cost.[4,10]

Data included in a recent report to inform the Federal Government's National Men's Health Strategy 2020-2030 show that men living in regional or remote communities of Australia experience significant health disparities and face additional barriers to care compared to men residing within our capital cities.[3] Men who have unique needs including those with a disability, from the LGBTQI community, from culturally and linguistically diverse backgrounds, and Aboriginal and Torres Strait Islander males, present even greater disparities in health that are augmented when residing in rural and remote areas.[3]

Andrology Australia is a national program that delivers evidence-based information on men's health topics to consumers and health professionals, with a specific focus on reproductive and sexual health. We recently undertook a national survey and conducted several focus groups to better understand the behaviours and preferences of Australian males in seeking health information. This study was conducted to inform communication approaches to effectively deliver health information and campaign messages to specific groups of males to whom the messaging is most appropriate.

In this conference proceeding, we look at the sub-group of men responding to our survey who live in regional Australia and describe their views, practices and preferred methods for accessing health information.

## Methods

The study was approved by Monash University Human Research Ethics Committee (Project ID: 13706).

### Study participants and recruitment

The anonymous survey was open to men aged 18 years and over from June to October 2018. Invitations to complete the survey were distributed via email databases and advertised in newsletters of relevant professional organisations, including through local government, community and health organisations, Men's Sheds, sporting organisations and radio. The survey was divided into sections to gather: demographics (including post-code); current and previous methods to access health information; if/how information is accessed for different types of health concerns (general, minor, serious and private) and their top-rated information preferences; and if participants had any feedback for ways to improve the delivery of health information to males. Participants were prompted with a list of different methods for accessing health information (e.g. general practitioner (GP), pharmacist, online, partner, friend), with an option for a free text answer. Examples were provided to define a general health concern (e.g. diet, exercise) but not for minor, major and serious health concerns to avoid biasing responses. Responses were stratified according to region based on post-codes, according to the 2017 remoteness area definitions provided by the Australian Bureau of Statistics.[11]

Seven focus groups were held in both urban and regional settings. In this paper, we present themes from two Focus Groups undertaken in the regional centre of Ballarat, Victoria. Focus Group sessions lasted between 60 and 90 minutes and were facilitated by two study investigators. The conversation was guided using 'prompt' questions on the men's experiences and preferences for obtaining information about health. The participants were offered the opportunity to provide their suggestions for how to improve the delivery of health information.

### Data management

Online survey data were managed in SPSS. Focus groups were recorded and quotes documented. Each investigator performed initial thematic analyses separately prior to combining into key themes.

## Results

### Participant characteristics (online survey)

One hundred and eight men living in regional areas of Australia responded to the survey. Regional responses made up 24% of the total responses received (108/450). Table 1 shows the demographic characteristics of regional respondents. Participants were broadly spread across each demographic characteristic, including age, education level attained and income (Table 1). Most respondents (95%) lived in inner or outer regional areas. Four per cent of respondents stated their cultural identity to be Aboriginal and/or Torres Strait Islander. Nine per cent identified as LGBTQI+.

### Health seeking behaviours and preferences of Australian men living in regional areas

***Online survey***

Most men living in regional areas had previously sought information about their health. The sources of information used recently (in the last 3 months) and at any time in the past to seek information about health are presented in Figure 1. The most common methods for seeking health information in the past were from a GP/specialist (95%), online searches (62%), pharmacists (69%) and

wife/partner (59%). Almost half of men (48%) stated that they have used information sheets or pamphlets available through health services, or received information from a psychologist/counsellor.

The participants were then asked about their preferred methods for accessing information for different types of health concerns, including general, minor, serious or private issues. Men were able to select three options, in no particular order, from the same list provided for past used methods. Across all age groups, seeing a GP/specialist or performing online searches were the two top-rated preferences for men to seek information about health (Table 2). Seeking information from a parent was the third most popular preference for younger men (18–30 years), while this switched to a wife or partner for middle-aged men (31–65 years). After the age of 65, a pharmacist was the third most preferred method for information on health (Table 2).

**Table 1 Demographic data of online survey respondents, regional men (n=108)**

| **Demographics** | | **Demographics** | |
|---|---|---|---|
| Age in years, mean (SD) | 55 (16) | Live alone, n (%) | 21 (19%) |
| Live in regional areas, n (%) | | Age distribution, n (%) | |
| Inner Regional | 69 (64%) | 18-30 years | 11 (10%) |
| Outer Regional | 34 (31%) | 31-50 years | 29 (27%) |
| Remote | 2 (2%) | 51-65 years | 36 (33%) |
| Very remote | 3 (3%) | 66+ years | 32 (30%) |
| Born in Australia, n (%) | 87 (81%) | LGBTQI+, n (%) | 10 (9%) |
| Cultural identity[a], n (%) | | Education, n (%) | |
| Australian | 84 (78%) | ≤ Year 12 | 19 (18%) |
| Aboriginal and/or Torres Strait Islander | 4 (4%) | TAFE/Technical Certificate | 24 (22%) |
| | | Bachelor's Degree | 24 (22%) |
| British | 30 (28%) | Graduate Certificate or Diploma | 21 (19%) |
| European | 4 (4%) | Postgraduate degree | 20 (19%) |
| Asian | 3 (3%) | Income per annum, n (%) | |
| Other | 1 (1%) | $0-$20,000 | 15 (14%) |
| State of residence, n (%) | | $20,001 – $50,000 | 35 (32%) |
| Vic | 36 (33%) | $50,001 – $75,000 | 15 (14%) |
| NSW | 20 (18%) | $75,001 – $100,000 | 19 (17%) |
| SA | 22 (20%) | $100,001 – $180,000 | 14 (13%) |
| QLD | 16 (15%) | $180,001 + | 5 (5%) |
| WA | 3 (3%) | Prefer not to say | 5 (5%) |
| Tas | 5 (5%) | | |
| NT | 4 (4%) | | |
| ACT | 2 (2%) | | |

[a] Respondents could select more than one answer.

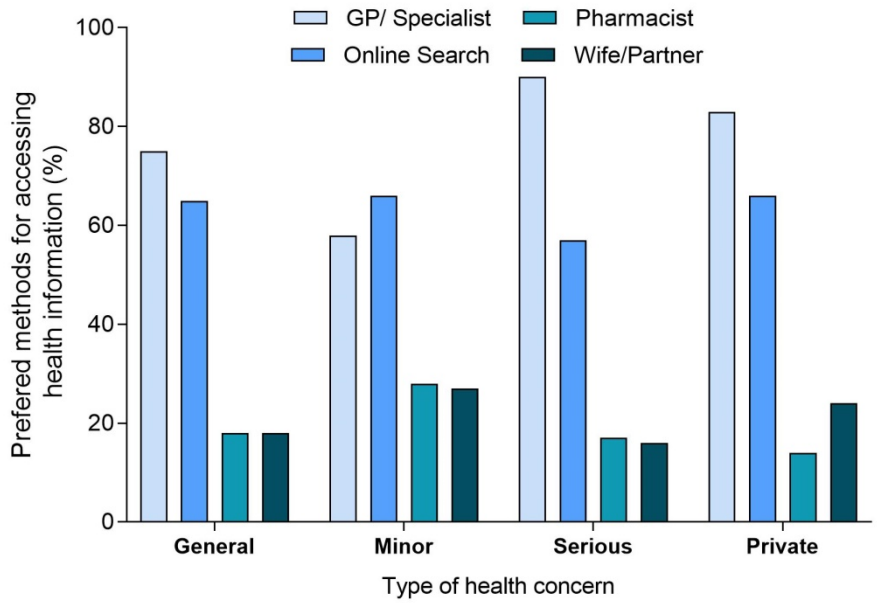
**Figure 1** **Current and past sources of health information accessed by men living in regional areas of Australia**


**Table 2** **Top-rated preferences for seeking health information among regional men, across age groups**

| |
|---|
| For males aged **18–30 years**, the top-rated preferences were: |
| 1. GP/specialist (63%) |
| 2. Online searches (58%) |
| 3. Parents (50%) |
| For males aged **31–50 years**, the top-rated preferences were: |
| 1. GP/specialist (82%) |
| 2. Online searches (63%) |
| 3. Wife/partner (28%) |
| For males aged **51–65 years**, the top-rated preferences were: |
| 1. GP/specialist (74%) |
| 2. Online searches (73%) |
| 3. Wife/partner (25%) |
| For males aged over **65 years**, the top-rated preferences were: |
| 1. GP/specialist (80%) |
| 2. Online searches (58%) |
| 3. Pharmacist (23%) |

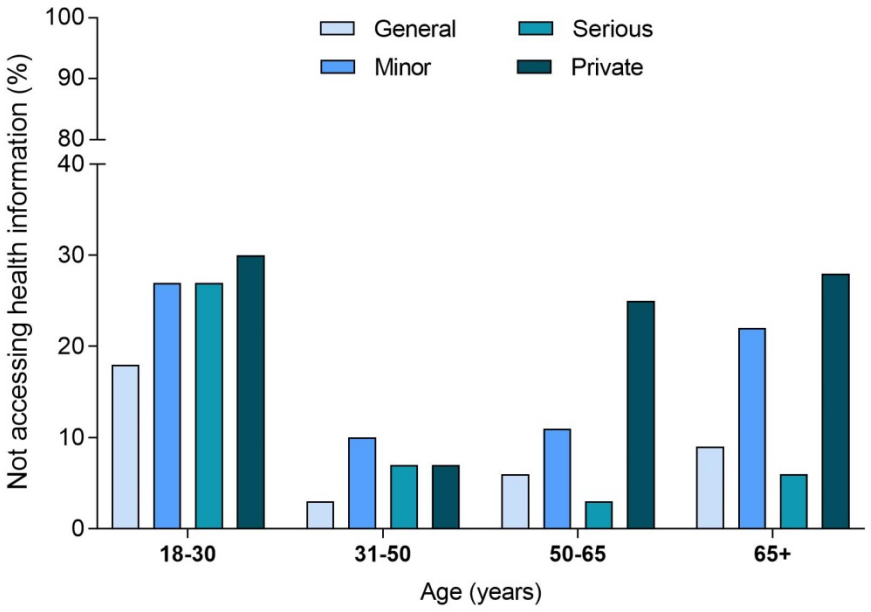
Figure 2 shows men's top-rated preferences broken down into general, minor, serious or private health concerns (full dataset; Appendix 1). Across all types of health concerns that we asked men to think about, their preferred method for accessing health information was speaking to their GP/specialist (average; 77%) or performing online searches (average; 64%). For serious and private health concerns, GP/specialists were the top choice for receiving information followed by online searches (Figure 2). For general or minor health issues, the preference for seeking information from a GP/specialist or online were similar. Around three in ten men rated using a pharmacist or their wife/partner for information on what they perceived to be a minor health issue (Figure 2).

**Figure 2** **Top-rated preferred sources of health information for different types of health concerns (Full dataset; Appendix 1)**




In our survey, some men stated that they did not actively seek information about certain health concerns. As shown in Figure 3, overall, younger (18–30 years) and older (65+ years) men were more likely to not seek information on health than middle-aged men (31–50 years). Around one in three males aged 18–30 years did not seek any information about minor, serious or private health concerns. After the age of 30, most men accessed information about a serious health concern. While only one in ten men aged 31–50 years did not access information about private health concerns, this increased to one in three men under 30 years or older than 50 years (Figure 3).

**Figure 3** **Proportion of men who responded that they have not accessed health information for some types of health concerns**




For minor health problems, seven in ten men said they did not look for information because they were 'not worried' about it. A quarter of men said they 'wanted to wait' before seeking information on their minor health issue. Primary reasons for not accessing private health information were 'I wasn't too worried' (32%), 'I didn't feel comfortable talking about it' (31%), and 'I was too embarrassed' (16%).

***Focus groups***

Two focus groups were held in the regional town of Ballarat, one at the Men's Shed (n=26, aged 22-86 years), and one at a Community Health Centre (n=9, aged 32-68 years). Men were asked open questions to prompt the conversation with the aim to gather their preferences and views on accessing health information. On whom they talked to regarding their health, common answers were their GP or their wife/partner. At the Men's Shed it was clear that there was a spirit of looking after one another; men stated that they had been referred to certain health services through advice from a friend at the Shed.

A common theme arising from the focus groups was the method of accessing the GP. The majority of men preferred seeing the same GP at each visit, as this GP knew their medical history and was familiar with their general health. Males who did not have a regular GP stated this was because they used large super-clinics, due to cost and ease of making an appointment. Despite this, the majority still stated they would prefer to access a regular GP. The majority of males stated they still felt some anxiety or fear no matter how well they knew their doctor.

Another theme that emerged was men 'deprioritising their health'. The majority of men stated they would only spend time accessing health information when the concern was interfering with their everyday life. Some men would put off seeing the doctor for as long as possible due to prioritising their work, finances, other responsibilities and other aspects of their lives over their own health.

For preferred methods for receiving health information, men from the focus groups stated they liked receiving reminders from their GP, one-page fact sheets to take home, and word-of-mouth

recommendations from friends or colleagues. While some men used the internet to search for health information, there was a general distrust of this method and a concern that the information online was conflicting, not evidence-based or not genuine. It was acknowledged that reputable health bodies, such as a government health website, would be considered trustworthy, although they were still wary of using the internet as a sole source of information.

The men asserted that health promotion campaigns should be clear, thought-provoking and provide actionable rather than generic advice, for example, 'After 40, you need to….'. They stressed that the context of the health message is vital, because when it is authentic and relatable to them, there is a lower chance that they would ignore it. Pictorial images on men's health advertising and factsheets were provided to prompt discussion. Feedback included that diagrams or pictures were helpful to reinforce messages that they had previously seen, and that these could contain humour as long as this did not detract from the message. Using images of men that they did not identify with, such as being very muscular or using a celebrity, was not considered genuine and the message might not be trusted.

## Discussion

Andrology Australia's mission is to deliver evidence-based health information to males of all ages and backgrounds. Optimising how health messages are communicated may help to empower men to take control of their health through improving health literacy, encouraging more timely help-seeking behaviour and access to treatment, and promoting self-directed action for disease prevention.

Despite the challenges that some men face in accessing health information or services, a recent global study illustrated that men do want to act in managing their own health. In 2016, an international survey including two thousand Australian men, found that almost nine in ten men expressed a wish to take charge of their health, two-thirds of men visit their GP when feeling unwell and one in seven men look up their symptoms online.[6]

In this study, we report the views of men living in regional Australia as part of wider findings from a national online survey and Focus Groups focussed on men's behaviours and preferences for seeking health information. Although the focus of the study was not specifically on regional areas, a quarter of the responses were from men living in regional areas. We do nonetheless note the limitations of the small sample size, and acknowledge that the responses are not representative of men living in the remotest areas of Australia. However, these data do provide a unique snapshot of behaviours and preferences of Australian men who may not enjoy access to the same health services available in our urban cities.

It was reassuring that the men surveyed in this study predominantly used their GP or specialist to access health information, and this was generally preferred across ages and for all types of health problems. Using the internet as a source of medical information was high on the list for previously used and preferred methods, which was not unexpected. While seeing the GP was the top choice when the men thought they had a serious health problem, online searches were slightly preferred when they perceived their issue as minor.

A consistent theme that emerged from the Focus Groups was that men did not always trust online searches about health, and they believed there was conflicting and sometimes inaccurate information online. However, accessing information from a website associated with a government health body was considered authentic and would increase confidence in the information supplied. Health organisations should consider this in their branding to ensure that any national endorsement

from medical bodies, government health departments or funding from State or Federal government is clear to the consumer, reassuring them that the information provided is of high quality and likely to be evidence-based.

Our findings do suggest that there is a need to better reach younger and older men with health promotion messages, given these groups of males were most likely to avoid seeking health information. Younger men may experience fewer chronic health problems, however they are more likely to experience mental health problems, participate in risky behaviours, receive a serious injury, and need guidance or care around sexual health, than other groups of men.[3] It is important that these men are reached with health promotion methods that focus on prevention, increase health literacy, reduce stigma around health, and communicate that their health matters.

While men over 50 years were very likely to seek information on a serious health issue, fewer did so for what they considered a private health concern. In our study, one in three older men living in regional areas indicated they would not seek information about a private health issue. This is of concern, given that men in this age group are at an increased risk of conditions that affect their sexual and urinary function, which can have a significant impact on quality of life and mental health.[3] Many of these conditions, such as erectile dysfunction and lower urinary tract symptoms, are related to other serious health conditions such as cardiovascular disease and depression and should not be ignored.

Feedback received from Focus Group sessions in this study will be of particular benefit for informing Andrology Australia's health promotion campaigns and health messaging approaches, to ensure they contain the right pitch, are solution-focussed and are clear on the call to action. Many of the men we surveyed also indicated that they went to family members, such as parents or spouses, for health information, highlighting that in certain cases it can be important to consider messaging that will resonate with family members. Pharmacy was another area that men identified that they have used and would use for seeking information on health issues, particularly for older men over 65 years. Providing evidence-based patient information resources through pharmacists and supporting pharmacists through education and training in men's health may encourage more men to utilise this service for seeking health information.

In summary, it is reassuring that the majority of men living in regional areas who participated in our study, do actively look for information or seek help when faced with a health issue, in many cases through their GP, online (using reputable sources), from pharmacists, and from family members or peers. As noted by some of the men in this study, there is a recognised need manage their own health better. This in itself is positive and helps to address the cultural change that is required in order to effectively engage young and old men in their health care. The responses provided in this study will inform our future communication approaches to better reach males living across Australia.

## Acknowledgements

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## Appendix 1 Top-rated preferred sources of health information for different types of health concerns. Each respondent could select three choices

| Method | | General | Minor | Serious | Private |
|---|---|---|---|---|---|
| **Health services** | GP/specialist | 75% | 58% | 90% | 83% |
| | Psychologist/counsellor | 9% | 2% | 13% | 9% |
| | Pharmacist | 18% | 28% | 17% | 14% |
| | Information sheets/pamphlets | 14% | 8% | 5% | 6% |
| **Personal connections** | Wife/partner | 18% | 27% | 16% | 24% |
| | Friend | 5% | 9% | 6% | 6% |
| | Parents | 7% | 6% | 4% | 1% |
| | Other family member | 2% | 4% | 5% | 2% |
| | Organisation | 10% | 3% | 5% | 1% |
| **Online media** | Online search | 65% | 66% | 57% | 66% |
| | Social media/YouTube | 3% | 3% | 2% | 3% |
| | Online newspaper | 4% | 1% | 2% | - |
| | Online magazine | - | - | - | - |
| | Blog | - | 1% | - | - |
| | Emailed newsletter | 4% | 5% | 4% | 3% |
| | Podcast | 1% | 1% | - | 1% |
| **Traditional media** | Newspaper | 4% | 2% | - | - |
| | Magazine | 2% | 1% | - | 1% |
| | TV | 3% | 2% | - | - |
| | Radio | 2% | - | - | - |

## Presenter

**Dr Kirsten Hogg** manages the scientific and medical content at Andrology Australia (The Australian Centre of Excellence in Male Reproductive Health). Kirsten has a background in medical research (reproductive biology), and for the past 12 months has been involved in public health research activities examining views and behaviours of health professionals and consumers in tackling men's health. This evidence-based approach allows Andrology Australia to develop information resources for health promotion and education that meet the needs of patients and doctors alike. Andrology Australia is funded by the Australian Government Department of Health and administered by Monash University.