Overview of Men’s Health in the Northern Territory
Acknowledgements

The authors are grateful to the following organisations which assisted in the production of this report:

- Chronic Conditions Strategy Unit, Northern Territory Department of Health
- Health Gains Branch Northern Territory Department of Health

Dr Laura Edwards and Frank Wallner
Chronic Diseases and Men’s Health Strategy Units, Health Development Branch,
© Department of Health, Northern Territory
November 2013

This publication is copyright. The information in this report may be freely copied and distributed for

- Non-profit purposes such as study, research, health service management and public information subject to the inclusion of an acknowledgment of the source. Reproduction for other purposes requires the written permission of the Chief Executive of the Department of Health, Northern Territory.


Enquiries about this report should be directed to:
Program Leader
Men’s Health Strategy Unit
Health Development
Department of Health
PO Box 40596, Casuarina, NT 0811
Telephone: (08) 8985 8170
Fax: (08) 8985 8177
email: MensHealth.THS@nt.gov.au

Released November 2013
Overview of Men’s Health in the Northern Territory

Contents

Table of Contents .................................................................................................................. 1
Introduction ............................................................................................................................ 2
Key Points ............................................................................................................................. 3
Life Expectancy .................................................................................................................... 4
Mortality ............................................................................................................................... 5
Specific conditions............................................................................................................. 6
  Injuries and poisoning.................................................................................................... 6
  Road Traffic Accidents ................................................................................................. 8
  Suicide ............................................................................................................................. 8
Morbidity ............................................................................................................................ 10
  Hospital Separations .................................................................................................... 10
  Chronic Conditions ..................................................................................................... 11
  Cancers ........................................................................................................................ 12
  Disability Adjusted Life Years ..................................................................................... 12
Health determinants ......................................................................................................... 14
  Smoking ......................................................................................................................... 14
  Alcohol ........................................................................................................................ 14
  Overweight and obesity ............................................................................................... 15
  Other health risk factors ............................................................................................. 15
Other Factors influencing men’s health ........................................................................... 16
  Incarceration .................................................................................................................. 16
  Violence ......................................................................................................................... 16
  Access to Services ....................................................................................................... 19
  Education ...................................................................................................................... 19

Concluding Comments .................................................................................................. 20
References ......................................................................................................................... 21
Introduction:

There has been a growing interest in gender specific approaches to improving health status. The National Men's Health Policy (1) released in 2010 was a significant step in recognising that gender based inequalities also affected men in terms of health behaviours and outcomes. The release of the policy provided funding for the first specific National reports on the status of male health in Australia including an Australian Institute of Health and Welfare (AIHW) report on five population groups including Aboriginal and Torres Strait Islander (ATSI) males (2). $6.9 million was also allocated over four years for Australia's first national longitudinal study on male health which is intended to partially mirror the women's twenty year study which began in 1995. The longitudinal research project will provide considerable information about the life experiences, health determinants, health outcomes and life course for males in Australia.

While the amount of data and information on health conditions and their determinants has become more widely available, this has not been available for the Northern Territory (NT). While NT data collection systems are capable of gender disaggregation of data, this has not been standard practice. Further disaggregation by cultural background is also valuable given the worse health outcomes which affect Indigenous Australians and others from different populations groups such as those from culturally and linguistically diverse backgrounds.

For the purposes of developing policy, strategic directions and also targeted program development in male health the Men's Health Strategy Unit identified the need to produce an epidemiological overview of male health in the Northern Territory. This report summarises available data on male health in the Northern Territory (NT) including separate reporting for Indigenous and non-Indigenous males. This paper draws from a wide range of data from national and NT sources. Where possible every effort was made to use NT data, however when local data was unavailable national data has had to be used. Results from the Australian Health Survey 2011/2012 conducted by the Australian Bureau of Statistics (ABS) have been reported as non-Indigenous data in this report however, it should be noted that this survey included a small proportion of Indigenous people.
Key Points

- Australian men have a life expectancy of 5 years less than women.
- Life expectancy for NT Aboriginal men is 21 years less than NT non-Aboriginal men and 9.6 years less than NT Aboriginal women.
- The gap between NT Aboriginal males and NT non-Aboriginal males has widened due to the slow improvement in life expectancy for Aboriginal males.
- NT males are more likely than NT females to die of almost all of the leading causes of death with the exception of genitourinary causes.
- The greatest difference in death rates between males and females was seen for injury and poisoning in non-Indigenous Territorians (2.8 higher) and nervous system disorders in Indigenous residents (2.7 higher).
- Males have significantly higher death rates for most injury & poisoning causes- in particular suicide rates which are 4 to 8 times higher in males than females and motor vehicle accidents which are between 1.6 and 2.0 times higher.
- The suicide rate for NT Indigenous males between 2001 and 2005 was 62.9 per 100 000, eight times higher than the Indigenous female rate (7.8 per 100 000) and six times the overall Australian suicide rate of 10.5 per 100 000
- Except for suicide, road traffic accidents (RTA) represent the most significant cause of injury death for males in the Northern Territory. Almost 70% of people admitted to hospital for RTA are male.
- Lung cancer is the leading cause of cancer death nationally and also in the NT for males. This is followed by prostate cancer and colorectal cancer for non-Indigenous NT males and unspecified cancer and lip/oral cancers for Indigenous NT males.
- Men suffer higher rates of death and disability (Disability Adjusted Life Years) than women across all disease categories except for diabetes for Indigenous people and acute respiratory infections in non-Indigenous people.
- Smoking rates are much higher for NT Indigenous males (59.9%) and non-Indigenous males (27.7%) compared to the National rate of 18.2%.
- Approximately one-third of NT males are drinking at levels which are risky or high risk for health problems in the short term.
- Rates of hospitalisation for alcohol-attributable conditions across the NT were 460 per 10000 among Aboriginal males and 87.4 per 10,000 for non-Aboriginal males.
- Males are more likely to be overweight or obese than women across all groups however, NT males have lower prevalence of obesity compared to the national average.
- NT males psychological distress scores were lower than NT females and Australian males.
- 96% of prisoners in the NT were men and 82% of all prisoners were Indigenous.
- Nationally, 50.1% of men report that since the age of 15 they have experienced violence.
- In the NT one-third of assault victims are male, and of these 29% were domestic violence incidents.
- Alcohol was involved in 53% of non-Indigenous male and 64% of Indigenous male assault incidents in the NT.
- Nationally, men’s use of healthcare services is about 10% less than women. For Aboriginal men in the NT there were approximately one-third less episodes of health care in 2010 compared to Aboriginal women.
Life expectancy

Overall, across Australia, men have a life expectancy of 5 years less than women (Figure 1). This gap is significantly wider in the NT where Indigenous men have a life expectancy 21 years less than non-Indigenous men and 9.6 years less than Indigenous women. Figure 2 shows the change in life expectancy for Aboriginal and non-Aboriginal males compared to Australian males for the period 1966-2003. The gap between NT Aboriginal males and NT non-Aboriginal males has widened due to the slow improvement in life expectancy for Aboriginal males. In comparison, there has been a narrowing of the life expectancy gap for Aboriginal females compared to non-Aboriginal females in the NT. NT Aboriginal males have the shortest life expectancy of any population group when compared to males from NSW, QLD, WA \(^3\).

The gap in life expectancy between non-Indigenous and Indigenous is the subject of a number of initiatives, such as the Closing the Gap in the Northern Territory National Partnership between the Commonwealth and Northern Territory governments.

Figure 1: Life expectancy at birth by Indigenous status and gender, NT and Australia (2006)

![Life expectancy chart]

**Figure 2**: Life expectancy of NT Aboriginal males compared to NT non-Aboriginal males and Australian males.

![Life expectancy graph](image)


**Mortality**

**Leading causes of death**

There are significant differences between NT males and females in the leading causes of death. Males are more likely than females to die of almost all of the leading causes of death with the exception of genitourinary causes. Table 1 shows the death rate per 100000 people for leading causes of death and also the standardised death ratio (SDR) for males and females; Indigenous and non-Indigenous. The greatest difference between males and females was seen for injury and poisoning in non-Indigenous Territorians (rate ratio 2.8) and nervous system disorders in Indigenous residents (rate ratio 2.7).

**Table 1: Death rates per 100000 for leading causes of death by gender and Indigenous status, 1997-2006***

<table>
<thead>
<tr>
<th>Cause</th>
<th>Male Indigenous</th>
<th>Female Indigenous</th>
<th>Indigenous male to female rate ratio</th>
<th>Male non-Indigenous</th>
<th>Female non-Indigenous</th>
<th>Non-Indigenous male to female ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Circulatory</td>
<td>660</td>
<td>426</td>
<td>1.5</td>
<td>243</td>
<td>191</td>
<td>1.3</td>
</tr>
<tr>
<td>Cancer</td>
<td>328</td>
<td>213</td>
<td>1.5</td>
<td>239</td>
<td>161</td>
<td>1.5</td>
</tr>
<tr>
<td>Injury and poisoning</td>
<td>198</td>
<td>100</td>
<td>2.0</td>
<td>88</td>
<td>32</td>
<td>2.8</td>
</tr>
<tr>
<td>Respiratory</td>
<td>256</td>
<td>168</td>
<td>1.5</td>
<td>91</td>
<td>47</td>
<td>1.9</td>
</tr>
<tr>
<td>Digestive</td>
<td>83</td>
<td>76</td>
<td>1.1</td>
<td>39</td>
<td>20</td>
<td>2.0</td>
</tr>
<tr>
<td>Endocrine &amp; nutritional</td>
<td>168</td>
<td>164</td>
<td>1.0</td>
<td>34</td>
<td>26</td>
<td>1.3</td>
</tr>
<tr>
<td>Specific conditions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>----------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Injuries and poisoning</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

It is nationally recognised that injuries and poisoning disproportionately affect males and data from the Northern Territory also confirm this. Table 2 show age adjusted death rates per 100000 people for selected injuries. Across all causes except for assaults and accidental falls in Indigenous persons, males have significantly higher death rates- in particular suicide rates which are 4 to 8 times higher in males than females and motor vehicle accidents which are between 1.6 and 2.0 times higher.

Overview of Men’s Health in the Northern Territory 2013
Table 2: Age-adjusted death rates per 100,000 for selected injuries, by sex and Indigenous status (2001 to 2005)

<table>
<thead>
<tr>
<th></th>
<th>Indigenous males</th>
<th>Indigenous females</th>
<th>Indigenous male to female ratio</th>
<th>Non-Indigenous males</th>
<th>Non-Indigenous females</th>
<th>Non-Indigenous male to female ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Motor Vehicle Accident</td>
<td>58.7</td>
<td>36.5</td>
<td>1.6</td>
<td>17.8</td>
<td>9.0</td>
<td>2.0</td>
</tr>
<tr>
<td>Assault</td>
<td>18.6</td>
<td>21.3</td>
<td>0.9</td>
<td>2.4</td>
<td>1.5</td>
<td>1.6</td>
</tr>
<tr>
<td>Drowning</td>
<td>6.4</td>
<td>3.3</td>
<td>1.9</td>
<td>3.2</td>
<td>0.8</td>
<td>4.0</td>
</tr>
<tr>
<td>Suicide</td>
<td>62.9</td>
<td>7.8</td>
<td>8.1</td>
<td>26.9</td>
<td>5.7</td>
<td>4.7</td>
</tr>
<tr>
<td>Accidental falls</td>
<td>3.6</td>
<td>4.3</td>
<td>0.8</td>
<td>11.8</td>
<td>7.2</td>
<td>1.6</td>
</tr>
<tr>
<td>Fire</td>
<td>13.4</td>
<td>4.0</td>
<td>3.4</td>
<td>0.5</td>
<td>0.0</td>
<td>NA</td>
</tr>
<tr>
<td>All Other</td>
<td>51.9</td>
<td>34.3</td>
<td>1.5</td>
<td>24.1</td>
<td>8.6</td>
<td>2.8</td>
</tr>
</tbody>
</table>


Figure 4 shows the standardised death rate ratios for specific injury causes expressed as an increased percentage for Indigenous and non-Indigenous NT males over females. For example for motor vehicle accidents the 200% figure equates to an SDR of 2.0 indicating that the death rate is twice as high for non-Indigenous males when compared to non-Indigenous females.

Figure 4: Standardised death ratios for NT males expressed as a % excess of deaths compared to females
**Road Traffic Accidents**

Outside of suicide for Indigenous males, road traffic accidents (RTA) represent the most significant cause of injury death for males in the Northern Territory. They account for one-quarter of all injury deaths (male and female). Almost 70% of RTA injuries admitted to hospital are male, with over 38% being younger males in the 15-29 years age category.

**Table 3: Demographic characteristics of patients admitted to hospital following a road traffic accident in the Northern Territory 1999-2007**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male gender</td>
<td>2,860 (68.5%)</td>
</tr>
<tr>
<td>Age group</td>
<td></td>
</tr>
<tr>
<td>0-14 years</td>
<td>532 (12.8%)</td>
</tr>
<tr>
<td>15-29 years</td>
<td>1,601 (38.4%)</td>
</tr>
<tr>
<td>30-44 years</td>
<td>1,219 (29.2%)</td>
</tr>
<tr>
<td>45-59 years</td>
<td>582 (14.0%)</td>
</tr>
<tr>
<td>60+ years</td>
<td>238 (5.7%)</td>
</tr>
<tr>
<td>Indigenous</td>
<td>1,451 (34.8%)</td>
</tr>
</tbody>
</table>

Source: Flint S. NT Disease Control Bulletin 17 (1), March 2010

**Suicide**

Suicide is a critical public health issue for men in the NT. The age-adjusted suicide rate for Indigenous males in the NT between 2001 and 2005 was 62.9 per 100,000, eight times higher than the Indigenous female rate (7.8 per 100,000) and six times the overall Australian suicide rate of 10.5 per 100,000 in 2005. Suicide rates for Indigenous males have increased significantly since the 1980s (Figure 5). Figure 6 shows unconfirmed suicide rates per 100,000 for males and females in the Northern Territory. Unconfirmed suicides are those in which the coroner is unable to conclusively confirm that suicide was intended. The male rate is more than four times that of females.

**Figure 5: Age-adjusted suicide rates by gender and Indigenous status 1981-2002 (number of deaths per 100 000 population)**
Figure 6: NT Unconfirmed Suicide Deaths by Sex, 5 year average 2006-2010 per 100,000 population, (36 p. 9)

- Source: Notifications Territory Coroner’s Office, 2005-11 (August year-to-date), reproduced from Submission No. 18, Section A, Attachment 2, p8
Morbidity

Hospital Separations

Causes of hospital admissions will change along the life course for both males and females. Figure 7 shows major causes of hospital separations for all NT males for the period 2001/02 to 2007/08. Figure 8 shows the major causes of hospital admissions for males aged 15-24 years. Injury and poisoning which includes road transport accidents are the leading cause of admission for both Indigenous and non-Indigenous males followed by mental disorders.

Figure 7: Hospital separations for males in the Northern Territory 2001/02 to 2007/08

Figure 6: Principal diagnosis for hospital admission (15–24 year old males)

Chronic Conditions

Prevalence of chronic conditions is difficult to gather especially disaggregated by gender and Aboriginality. The following information in Table 4 shows prevalence rates for a number of preventable chronic diseases and has been drawn from a number of data sources which makes direct comparison and interpretation difficult.

<table>
<thead>
<tr>
<th>Source</th>
<th>Male Indigenous</th>
<th>Male non-Indigenous</th>
<th>Female Indigenous</th>
<th>Female non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>Zhao et. al</td>
<td>NATSIHS</td>
<td>Australian Health Survey 11/12</td>
<td>Zhao et. al</td>
</tr>
<tr>
<td>Diabetes</td>
<td>7.5</td>
<td>7.0</td>
<td>4.1</td>
<td>11.5</td>
</tr>
<tr>
<td>Ischaemic Heart Disease</td>
<td>3.6</td>
<td>10.5^</td>
<td>3.1*</td>
<td>3.4</td>
</tr>
<tr>
<td>Renal disease</td>
<td>9.3</td>
<td>2.4</td>
<td>NA</td>
<td>12.9</td>
</tr>
<tr>
<td>COPD</td>
<td>3.4</td>
<td>14.8#</td>
<td>1.1*</td>
<td>4.3</td>
</tr>
<tr>
<td>Rheumatic heart disease</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Chronic mental illness</td>
<td>NA</td>
<td>NA</td>
<td>11.9</td>
<td>NA</td>
</tr>
<tr>
<td>Cancers</td>
<td>0.6*</td>
<td>1.6*</td>
<td>0.5*</td>
<td>2.3</td>
</tr>
</tbody>
</table>

*Small numbers should be interpreted with caution  ^Total diseases of the heart and circulatory system  #Total disease of the respiratory system

Sources: Zhao et al, Estimating chronic disease prevalence among the remote Aboriginal population of the Northern Territory using multiple data sources (8), Australian Health Survey (9) and National Australian and Torres Strait Islander Health Survey (10)
Table 4 shows that for most chronic conditions prevalence rates are lower in Aboriginal males than females except for ischaemic heart disease. This is somewhat surprising and is in contrast to the higher mortality rates for males across major disease categories. Possible reasons for this may include methodological issues, lower diagnosis in males compared to females and that Aboriginal men may die prior to the diagnosis of chronic disease.

Cancers

Figure 9 shows the rates of incidence and mortality for various cancer sites for Indigenous and non-Indigenous males in the Northern Territory. Lung cancer is highly ranked in terms of incidence and also mortality for both population groups and is closely related to tobacco smoking. Lung cancer is the leading cancer cause of death nationally for males with 4934 deaths in 2010. This is followed by prostate cancer (3235 deaths) but was the most diagnosed form of cancer overall in Australia with 18560 men diagnosed in 2012 [11]. Cancer rates are much lower in Aboriginal males possibly due to low rates of diagnosis and that they are more likely to die prematurely from other causes. Colorectal cancer is the third most frequent cause of cancer deaths for males and is also one of the most treatable if diagnosed early.

Figure 9: Age standardised rates of incidence and mortality (per 100,000) of most common cancers (ranked by incidence rate) by sex and Indigenous status in the NT [23].

Disability Adjusted Life Years

Disability Adjusted Life Years (DALYs) are a measure of the total years of life lost due to premature death and pre-death disability. DALYs are calculated using the years of life lost due to premature mortality and the years of productive life lost due to disability. Table 5 shows the total DALYs by gender and Indigenous status. The population numbers are similar for both genders within the Indigenous and non-Indigenous populations which allows for approximate comparisons. The male to female ratio for both Indigenous and non-Indigenous Territorians shows that men suffer higher rates of death and disability across all disease categories except for diabetes for Indigenous people and acute respiratory infections in non-Indigenous people. Overall the male to female ratio was 1.36, which is higher than the male to female population sex ratio of 1.11 [12].
Table 5: DALYs by gender, Northern Territory, 1994-1998

<table>
<thead>
<tr>
<th></th>
<th>Male Indigenous</th>
<th>Female Indigenous</th>
<th>Indigenous male to female ratio</th>
<th>Male non-Indigenous</th>
<th>Female non-Indigenous</th>
<th>Non-Indigenous male to female ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>6.2</td>
<td>4.4</td>
<td>1.4</td>
<td>5.9</td>
<td>2.6</td>
<td>2.3</td>
</tr>
<tr>
<td>Mental disorders</td>
<td>3.0</td>
<td>2.9</td>
<td>1.0</td>
<td>6.9</td>
<td>5.8</td>
<td>1.2</td>
</tr>
<tr>
<td>Unintentional injury</td>
<td>3.8</td>
<td>1.9</td>
<td>2.0</td>
<td>5.8</td>
<td>1.7</td>
<td>3.4</td>
</tr>
<tr>
<td>Malignant neoplasms</td>
<td>2.3</td>
<td>1.9</td>
<td>1.2</td>
<td>6.1</td>
<td>4.0</td>
<td>1.5</td>
</tr>
<tr>
<td>Chronic respiratory disease</td>
<td>2.5</td>
<td>2.3</td>
<td>1.1</td>
<td>2.9</td>
<td>2.1</td>
<td>1.4</td>
</tr>
<tr>
<td>Intentional injury</td>
<td>1.6</td>
<td>1.0</td>
<td>1.6</td>
<td>3.1</td>
<td>0.6</td>
<td>5.2</td>
</tr>
<tr>
<td>Acute respiratory infections</td>
<td>2.9</td>
<td>2.5</td>
<td>1.2</td>
<td>0.4</td>
<td>0.5</td>
<td>0.8</td>
</tr>
<tr>
<td>Nervous system and sense organ disorders</td>
<td>1.2</td>
<td>1.1</td>
<td>1.1</td>
<td>2.2</td>
<td>1.5</td>
<td>1.5</td>
</tr>
<tr>
<td>Neonatal disorders</td>
<td>1.6</td>
<td>1.4</td>
<td>1.1</td>
<td>1.5</td>
<td>1.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.7</td>
<td>2.2</td>
<td>0.5</td>
<td>1.0</td>
<td>0.8</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Adapted from Zhao Y et al. Burden of disease and injury in Aboriginal and non-Aboriginal populations in the Northern Territory, MJA 2004 (12)

*NB. Not age-standardised and expressed as total DALYs (not by rate)

Figure 10: Age-standardised DALY rate per 1000 population by gender and Indigenous status, NT, 1994-1998 compared with Australia in 1996

Source: Zhao Y et al, Burden of disease and injury in Aboriginal and non-Aboriginal populations in the NT, MJA 2004 (12)
Health determinants

Smoking

The NT has the highest smoking prevalence in Australia. In the recent National Health Survey, which is comprised predominantly of non-Indigenous Australians, 27.7% of NT men and 22.2% of NT women were current smokers, compared with 18.2% of men and 14.4% of women nationally \(^9\). Overall smoking prevalence has decreased in recent years, however prevalence for Indigenous Territorians remains very high at almost 60% for males and well about 10% above the National average for non-Indigenous NT males (Table 6). Compulsory tobacco sales reporting commenced in January 2010 which will provide more detailed information on tobacco use and trends in the NT in coming years.

Table 6: Crude prevalence of smoking aged 18 years and over, by sex and Indigenous status 2007/08

<table>
<thead>
<tr>
<th></th>
<th>Male (%)</th>
<th>Female (%)</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NT Indigenous</td>
<td>59.9</td>
<td>49.9</td>
<td>54.6</td>
</tr>
<tr>
<td>NT non-Indigenous</td>
<td>27.7</td>
<td>22.2</td>
<td>25.0</td>
</tr>
<tr>
<td>Australia</td>
<td>18.2</td>
<td>14.4</td>
<td>21</td>
</tr>
</tbody>
</table>


Seventeen percent of the health gap between Indigenous and non-Indigenous Australians is reported to be due to smoking \(^{13}\). In the NT from 1998 to 2009 there were 5675 smoking-attributable hospitalisations in Indigenous men and 5254 smoking-attributable hospitalisations in women, making up 5.7% and 3.9% of all hospitalisations respectively. This is higher than the proportion of smoking-attributable hospitalisations in non-Indigenous Territorians, 4% and 2.1% for men and women respectively \(^{14}\).

Alcohol

Alcohol is a major contributor to disease and mortality in the NT both directly (such as through chronic liver disease) and indirectly (such as through motor vehicle accidents). Overall, alcohol consumption in the NT has decreased from 14.4 litres of pure alcohol per person per year in 2002/2003 to 13.5 litres per person in 2010/2011. Measures of alcohol consumption between Indigenous and non-Indigenous people are difficult to compare as they are based on different surveys. Female non-Indigenous Territorians are the least likely to drink at risky levels (Table 7). The NHMRC published revised guidelines on alcohol consumption in 2009, recommending that men and women drink no more than two standard drinks per day and no more than 4 standard drinks on a single occasion. The most recent Australian Health Survey reports that 63.4% of males and 45.3% of females exceeded this recommendation in the short term and 34.5% of males and 14.4% of females exceeded this recommendation on a longer term basis.

Table 7: Alcohol consumption by gender and Indigenous status, age >15, NT

<table>
<thead>
<tr>
<th></th>
<th>Male Indigenous</th>
<th>Female Indigenous</th>
<th>Male non-Indigenous</th>
<th>Female non-Indigenous</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumed alcohol within</td>
<td>63.5</td>
<td>36.2</td>
<td>91.6</td>
<td>85.3</td>
</tr>
<tr>
<td>previous 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Short term risky/high risk</td>
<td>29.9</td>
<td>30.3</td>
<td>33.0</td>
<td>23.6</td>
</tr>
<tr>
<td>levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Definitions of short or high risk drinking used in Table 7

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indigenous</td>
<td>&gt;4 standard drinks/day over 12 months</td>
<td>&gt; 2 standard drinks/day over 12 months</td>
</tr>
<tr>
<td>non-Indigenous</td>
<td>= or &gt;7 standard drinks on one occasion</td>
<td>= or &gt; 5 standard drinks on one occasion</td>
</tr>
</tbody>
</table>

Sources: Dept of Health Northern Territory Health Gains Planning Fact sheet, ‘Alcohol Use in the Northern Territory’; the Australian Health Survey

Rates of hospitalisation for alcohol-attributable conditions across the NT were estimated in 2008-09 to be 460 per 10,000 among Aboriginal males and 87.4 per 10,000 for non-Aboriginal males. The rates for females were 387.4 for Aboriginal females and 37.2 for non-Aboriginal females. The most common cause of alcohol attributable hospitalisation among NT Aboriginal people was assault injury (37.1%) followed by pancreatitis (12.1%) and epilepsy (9.1%). For non-Aboriginal NT people the most common causes were fall injury (16.9%), occupational/machine injury (13.5%) and assault injury (13.0%) \(^{(15)}\). These figures are not available disaggregated by gender.

In 2011-12, alcohol was involved in 53% of non-Indigenous male and 64% of Indigenous male assault incidents \(^{(16)}\).

**Overweight and obesity**

The prevalence of overweight and obesity is increasing in Australia. The following data are from two different sources at different periods so should be interpreted with caution. Both surveys used direct measurement rather than self report which does provide more accurate results. Males are more likely to be overweight or obese than women across all groups. The prevalence of overweight and obesity in NT Indigenous people is lower than non-Indigenous Territorians and also the national average (Figure 11).

**Figure 11: Overweight and obesity by gender and Indigenous status, NT and Australia**

Source: Australian Health Survey 2011/12 and National Aboriginal and Torres Strait Islander Health Survey 2004/2005

**Other health risk factors**

Table 8 shows four factors associated with prevention of chronic diseases. Rates of inadequate consumption of fruit and vegetables were higher than the average for Australia. NT males report being slightly less sedentary than NT females. Interestingly, NT males psychological distress scores were lower than NT females and also Australian males.
Table 8: Health risk factors by gender, NT and Australia (percentage)

<table>
<thead>
<tr>
<th></th>
<th>NT Male</th>
<th>NT Female</th>
<th>Australian male</th>
<th>Australian female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate fruit</td>
<td>62.5</td>
<td>52.4</td>
<td>56.2</td>
<td>47.3</td>
</tr>
<tr>
<td>Inadequate vegetables</td>
<td>93.5</td>
<td>93.9</td>
<td>92.9</td>
<td>90.5</td>
</tr>
<tr>
<td>Sedentary/low exercise in last week</td>
<td>65.7</td>
<td>67.8</td>
<td>62.4</td>
<td>72.6</td>
</tr>
<tr>
<td>High/very high psychological distress (Kessler distress scale result &gt;21)</td>
<td>7.0</td>
<td>11.1</td>
<td>8.8</td>
<td>12.7</td>
</tr>
</tbody>
</table>

Source: ABS, Australian Health Survey 2011/12

Figure 12: Health risk factors by gender, NT and Australia

Other Factors Influencing Male Health

Incarceration

Prison populations are almost exclusively made up of men. A census of prisoners in 2009 revealed 96% of prisoners in the NT were men and 82% of all prisoners were Indigenous, much higher than the proportion of the NT Indigenous population of 30% (17).

Violence

Interpersonal violence is a significant public health issue for males and females in Australia. The National Public Safety Survey 2005 (18) shows that the nature of violence is gendered. For example 50.1% of men report that since the age of 15 they have experienced violence compared to 39.9% of women. Of this violence, 41% of men experience physical assault compared to 29% of women. Whereas rates of reported sexual assault of women are 17% compared to 4.8% in men. The report also shows that in the 12 months prior to the survey 11% of men experienced a violent incident compared to 5.8% of women.
People were three times more likely to experience violence by a man than by a woman. Men were more likely to be physically assaulted by a stranger in the most recent incident since the age of 15, whereas women were more often assaulted by a current and/or previous partner. Of those men who were physically assaulted, 65% were assaulted by a stranger.

Figure 13 shows hospital separations due to assault in the Northern Territory over the period 1992-93 to 2007-08. Assault rates are much higher for Indigenous males and females than non-Indigenous people.

Figure 13 - Assault separations per 1000 population, NT, two-year average, 1992-93 to 2007-08

![Figure 13 - Assault separations per 1000 population, NT, two-year average, 1992-93 to 2007-08](image)


In 2011-12 Indigenous females comprise 52% of recorded assault victims followed by non-Indigenous males at 18%, Indigenous males at 15% and non-Indigenous females at 10%. Figure 14 below shows assault victims by demographic group in the Northern Territory.

Figure 14 - Demographics of NT assault victims , 2011-12

![Figure 14 - Demographics of NT assault victims , 2011-12](image)


The assault victimisation rate in 2011-12, for Indigenous males was 2,957 victims per 100,000, twice as large as the rate for non-Indigenous males of 1,446 per 100,000 population. However, Indigenous females have a much greater
assault victimisation rate of 10,710 victims per 100,000 which is more than 12 times the rate for non-Indigenous females of 876 per 100,000.

Domestic violence was associated with 75% of assaults on females and on 29% of male assaults. Figure 15 shows the percentage of assaults for which domestic violence was involved for the period 2006-2012. These percentages have remained relatively constant, apart from an increase of 17% between 2010-11 and 2011-12.

Figure 15 – Percentage of assault victims for whom domestic violence was involved\(^{(16)}\).

\[
\begin{array}{c}
\text{Indigenous female} & \text{Indigenous male} & \text{Non-Indigenous male} & \text{All victims} \\
\hline
\text{2006-07} & 100\% & 80\% & 60\% & 40\% & 20\% & 0\% \\
\text{2007-08} & 100\% & 80\% & 60\% & 40\% & 20\% & 0\% \\
\text{2008-09} & 100\% & 80\% & 60\% & 40\% & 20\% & 0\% \\
\text{2009-10} & 100\% & 80\% & 60\% & 40\% & 20\% & 0\% \\
\text{2010-11} & 100\% & 80\% & 60\% & 40\% & 20\% & 0\% \\
\text{2011-12} & 100\% & 80\% & 60\% & 40\% & 20\% & 0\% \\
\end{array}
\]


In 2011-12 males represented 7% of all reported sexual assault victims in the Northern Territory. Females make up 86% with the remaining 7% unknown. The sexual assault victimisation rate for Indigenous males was almost twice as large as the rate for non-Indigenous males. Figure 16 shows the victimisation rates by Indigenous status and gender for sexual assault from 2006-07 to 2011-12.

Figure 16 - Sexual assault victims per 100,000 relevant population\(^{(16)}\)
Access to Services

Access and service usage disaggregated by sex is difficult to obtain either nationally or by state or territory. The Australian Institute of Health and Welfare (AIHW) reported that total healthcare expenditure was approximately 17% lower for males than females \(^{(19)}\). An ongoing survey of a sample of General Practitioners reports that 43% of visits are by males in 2009-2010\(^{(20)}\). This is in line with MBS data (2008-09) which shows that Australian males account for around 41% of total MBS expenditure. Figure 12 shows remote primary health care service utilisation for Aboriginal clients in the NT from 2009-2010. In 2010, there were 281,200 episodes of care for males in comparison to 417,240 for Aboriginal females. Aboriginal males use of these services is approximately one-third less than females.

**Figure 17 – Episodes of primary health care for Aboriginal clients 2009-2010**

In 2011, at Department of Health clinics in the Northern Territory, there were 805 Aboriginal female adult health checks completed compared to 649 checks for Aboriginal males.

Potential barriers to primary health care service usage have been suggested as being that: there are fewer targeted services for men; organisational culture of the service; operational barriers eg. opening hours, appointments; men's social conditioning (masculinity); workplace inflexibility \(^{(21)}\).

Education

Educational attainment for young people in the NT is similar for males and females. The proportion of Indigenous young people who complete year 12 is much lower than non-Indigenous young people. This is estimated using an apparent retention rate (by excluding repeat years and students moving between states/territories). The apparent retention rate from year 7-year 12 in 2009 was 34.5% for NT Indigenous young people and 66.2% for NT non-Indigenous young people \(^{(22)}\). The proportion of young Territorians who have obtained post-secondary qualifications increased between 2001 and 2006 however, there is a large gap between Indigenous and non-Indigenous (Figure 18).
Concluding comments

This report has summarised some key published data regarding the status of male health in the Northern Territory. In the past two years there has been improved information about male health at a National level through the funded reports published by the Australian Institute of Health and Welfare however, much of this data is not disaggregated by jurisdiction or by cultural background. At the Northern Territory level, disaggregating data by gender is not routinely undertaken yet given that gender is a key determinant of differing health outcomes between males and females it is critical that this becomes standard practice.

This report is limited by the practicalities of obtaining disaggregated data and the resources available to obtain, interpret and analyse this. Ideally regular gendered data reports which can be compiled into overviews of the current status of men’s and women’s health at regular reporting periods (2-3 yearly) would serve an important purpose of monitoring changes in health status for key health indicators.

Overall, this report reinforces other national reports which show that on most health indicators including life expectancy, rates of chronic disease, mental health, injuries and accidents males in the Northern Territory have worse health outcomes than females.

However, it is important to recognise that there are health differentials for men and women at different stages along the life course. Death rates due for most causes are higher for NT Aboriginal males than non-Aboriginal males and life expectancy lags significantly. Suicide and injury-poisoning are significant causes of premature death and disability for all males in the NT particularly in the 15-24 age group.
References


21. Poole G, Millan G. Emale newsletter issue 121, April 2013

