Needs Analysis of Community Education in Australia on Male Reproductive Health
Andrology Australia

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Foreword

This summary report on the national analysis of information and education needs of men affected by male sexual and reproductive health issues represents one in a series of research reports developed by Andrology Australia (The Australian Centre of Excellence in Male Reproductive Health). Supplementary reports have been developed that explore different health issues, namely prostate disease, testicular cancer, male infertility, androgen deficiency and erectile dysfunction, in more detail. Andrology Australia aims to provide much needed information and education to the community and health professions to improve the understanding of male reproductive health issues. It is envisaged these publications will assist in achieving this objective.

In recent years, the state of men’s health in Australia has received greater attention. This is primarily as a result of statistical comparisons between the health of men compared with that of women, with reports of lower life expectancy and higher risk of more serious health problems, such as coronary heart disease and cancer. A growing community interest in men’s health has also been fuelled by greater media attention to gender-specific health issues, such as prostate cancer and erectile dysfunction. However, the lack of appropriate service provision and opportunities for men to discuss these issues highlight the need for specific education strategies and provision of evidence-based information focusing on male-specific health issues.

As part of Andrology Australia’s objectives to raise the awareness of male reproductive health issues in the community, a needs analysis was undertaken to understand the information sought by men when affected by a sexual and/or reproductive health issue. Such information will be utilised to develop effective and targeted education strategies to ensure that men are provided with quality and evidence-based health information. This report provides a comprehensive overview of the information needs and information-seeking behaviour of men affected by a range of sexual and reproductive health issues. The information contained within this report will provide a valuable resource to both clinical and academic communities, and individuals and organisations dealing specifically with men’s health issues.

While the information contained within this report aims to provide a national perspective in regard to men’s information needs, limitations to the methodology are acknowledged. The education strategies recommended require piloting and evaluation in different sub-groups of the community. It is envisaged that by working in collaboration with other organisations, duplication of effort can be avoided and utilisation of available resources can be maximised. This report also highlights the current lack of data in Australia on education strategies focusing on male sexual and reproductive health issues. Further studies to address this issue are essential to assist with the development of appropriate health service policy and information provision.

I would like to thank all those involved in the development of this report. My thanks also extend to all those men and women whose thoughts and contributions form the basis of the findings contained in this document. I am confident that this report will provide an important resource for many organisations with an interest in men’s health.

Prof. David de Kretser AO
Director, Andrology Australia
Table of Contents

EXECUTIVE SUMMARY ........................................................................................................... 4

1. RATIONALE FOR A NATIONAL NEEDS ANALYSIS .............................................................. 6

2. AIMS OF A COMMUNITY EDUCATION NEEDS ANALYSIS ................................................. 6

2 NEEDS ANALYSIS METHODS .............................................................................................. 7

2.1 RESEARCH METHODS ........................................................................................................ 7

2.1.1 Literature review ........................................................................................................... 7

2.1.2 Consultation process ................................................................................................... 8

2.1.3 Community education survey ...................................................................................... 9

2.2 DATA ANALYSIS ............................................................................................................... 9

2.3 STUDY LIMITATIONS ....................................................................................................... 10

3 KEY FINDINGS ..................................................................................................................... 11

3.1 LITERATURE REVIEW ....................................................................................................... 11

3.2 KEY THEMES FROM THE CONSULTATION PROCESS .................................................... 13

3.2.1 Men’s information-seeking styles ................................................................................. 13

3.2.2 Key themes in men’s information needs about reproductive health ......................... 15

3.2.3 Men’s information needs pertinent to specific health issues ...................................... 17

3.2.4 Key themes identified by participating groups ............................................................. 19

3.2.5 Sources of information ............................................................................................... 20

3.3 SURVEY ON COMMUNITY EDUCATION ABOUT MALE REPRODUCTIVE HEALTH IN AUSTRALIA ........................................................................................................ 22

4 BARRIERS & ENABLERS TO INFORMATION-SEEKING AND HEALTH ACCESS BEHAVIOURS .................................................................................................................. 24

4.1 BARRIERS TO INFORMATION-SEEKING AND HEALTH ACCESS BY MEN ..................... 24

4.2 ENABLERS TO INFORMATION-SEEKING AND HEALTH ACCESS BY MEN ...................... 25

5 EDUCATION STRATEGIES IN MALE REPRODUCTIVE HEALTH ........................................ 27

5.1 MEN’S INFORMATION NEEDS FOR PROSTATE DISEASE INCLUDING PROSTATE CANCER ........................................................... 28

5.2 MEN’S INFORMATION NEEDS FOR ERECTILE DYSFUNCTION ..................................... 29

5.3 MEN’S INFORMATION NEEDS FOR ANDROGEN DEFICIENCY ...................................... 30

5.4 MEN’S INFORMATION NEEDS FOR MALE INFERTILITY .................................................... 31

5.5 MEN’S INFORMATION NEEDS FOR TESTICULAR CANCER ............................................. 32

5.6 FRAMEWORKS FOR EDUCATION IN MALE REPRODUCTIVE HEALTH ......................... 33

5.6.1 Patient Education ........................................................................................................ 33

5.6.2 Professional Education ............................................................................................... 34

5.7 COMMUNITY EDUCATION STRATEGIES ....................................................................... 34

6 COMMUNITY AND POPULATION SUB-GROUPS .................................................................. 36

6.1 KEY ISSUES FOR MEN FROM COMMUNITY SUB-GROUPS .............................................. 36

6.1.1 Culturally and linguistically diverse (CALD) communities ............................................ 36

6.1.2 Rural and remote communities ..................................................................................... 36

6.1.3 Age groups .................................................................................................................. 37

6.1.4 Socio-economic status ............................................................................................... 37

6.1.5 Men with a disability ................................................................................................. 37

6.2 EDUCATION STRATEGIES FOR MEN FROM COMMUNITY SUB-GROUPS ..................... 39

7 CONCLUSIONS .................................................................................................................... 40

ACKNOWLEDGEMENTS .......................................................................................................... 41

REFERENCES ......................................................................................................................... 43

BIBLIOGRAPHY ....................................................................................................................... 45
APPENDICES

APPENDIX I: LITERATURE REVIEW SEARCH STRATEGY ................................................................. 54
APPENDIX II: PARTICIPANTS IN CONSULTATION PROCESS ....................................................... 55
APPENDIX III: GP FOCUS GROUP QUESTIONS .............................................................................. 61
APPENDIX IV: CONSUMER QUESTIONS .......................................................................................... 62
APPENDIX V: KEY INFORMANT INTERVIEW SCHEDULE ................................................................. 63
APPENDIX VI: COMMUNITY EDUCATION SURVEY ....................................................................... 65
Executive Summary

This report outlines findings from an analysis of the information needs and information-seeking behaviours of men affected by a sexual or reproductive health disorder. A predominately qualitative research approach was used in this study to understand men’s health experiences, information needs, information-seeking and health access behaviours, and education strategies required to appropriately inform men about reproductive health issues. Whilst limitations in the study are acknowledged, the findings from this study provide a unique resource from which education strategies can be further developed.

This needs analysis involved the exploration of men’s knowledge, information needs and health information-seeking behaviours on male reproductive health issues using three major research methods, namely a review of the Australian and international literature, an extensive consultation process with men affected by a reproductive health, GPs and key informants and a survey of community education strategies currently being undertaken in Australia.

A review of the literature demonstrated that overall, there has been a lack of research into men’s information needs, information-seeking and health access behaviour and appropriate community education strategies targeted to the range of male reproductive health issues explored. This review identified that, whilst men’s experiences with prostate and testicular cancer and education strategies for these cancers were well documented in the literature, in contrast there was no literature identified that addressed men’s information needs, attitudes and health access in relation to androgen deficiency. Other than androgen deficiency, the review also identified several issues for consideration in the development of education strategies specific for each health disorder.

Three main information-seeking behaviours were identified during the consultation process in men with a reproductive health condition. These ranged from a passive approach to information seeking in which men did not seek information or needed encouragement to seek out information and medical advice through to moderate information-seeking behaviour in which information was sought from their GP or specialist, and at least one other source that was readily identifiable and accessible. Finally, advanced information-seeking behaviour was identified in a small proportion of consumer participants who sought comprehensive or technical information to further understand their condition and treatment. Understanding the range of information-seeking behaviours is important in the development of appropriately targeted education strategies that meets the different needs.

The consultation process also identified five key themes in regard to information needs which were consistent across the different health issues. Firstly, men’s knowledge about their own bodies needed to be improved by providing information about the anatomy and physiology of the male reproductive system to enable a greater understanding of the cause of the health disorder and the impact of treatments. In addition, information needed to normalise male sexual and reproductive health issues in the community to demonstrate that male reproductive health was a normal part of health and well being, and that these issues affect many men. A need for information on treatment options, including procedures, side-effects and successful outcomes was also identified for all health conditions, reflecting a solution-oriented approach to information seeking. Being able to identify sources of quality information and support, when diagnosed with
a health condition was also identified as an important need for all health conditions. Finally, information was also needed to **encourage men to take responsibility for their health**, including sexual and reproductive health. Key themes also arose during the consultation processes that were pertinent to the specific health areas.

A number of primary and secondary sources of information were identified during the consultation with general practitioners (GPs) considered to be the first point of contact for information and medical advice for most of the health issues explored. Other primary sources of information included other health-related organisations, written information and the Internet. Being able to identify quality and valid information was a key issue identified by consumer participants during the consultation process.

Although the response rate from the community education survey was low (6%), some key findings emerged from those surveys returned. Findings from the survey suggest that prostate cancer was the most common male reproductive health issue addressed in education and androgen deficiency was the least addressed. The main aims of education activities across all issues was to provide general information, although the perceived ability to fulfill this aim varied across health issues examined. Symptoms and detection, treatment options and other information sources were the most common topics addressed in reported education activities and written information was the most commonly used education material. It was also identified that there was little information developed in languages other than English. The findings from the education survey support previously documented research and findings from this consultation.

Finally, some analysis was undertaken in regards to the provision of information and education for specific sub-groups within the community. A separate consultation is currently being undertaken by Andrology Australia to determine the information and education needs specific to Aboriginal and Torres Strait Islander males and is not included in this analysis. Although there are recognised limitations in this needs analysis, some preliminary findings support other research documenting the cultural and age differences in knowledge and perceptions about the health issues explored. The need for greater education and accessibility to information in rural and remote locations was also identified. Integration of sexual and reproductive health issues into a general men’s health program in the workplace needs to be explored further to reach men from a lower socio-economic status. The information needs of men with a disability also need to be considered.

Findings from the literature review, consultation and education survey can be used to identify current priority areas and gaps in education addressing male reproductive health. The development of appropriate education strategies to provide information to men affected by a reproductive health condition is imperative. The need for written information from a quality and authenticated source was clearly identified as a key requirement in any education strategy. As GPs were highlighted as the first point of contact for many men, education strategies also need to consider professional education to improve information provision within consultations and facilitate GP management of male reproductive health conditions. Further studies are still required to develop education strategies to target men not affected by a sexual or reproductive health condition to raise the awareness of these health problems in the community and improve men’s health in Australia overall.
1 Background

Prostate disease (including prostate cancer), testicular cancer, male infertility, androgen deficiency and erectile dysfunction impact on the health and well-being of large numbers of the Australian male population. In all of these conditions, there are many aspects that are poorly understood leading to an absence of an evidence-based approach to their management. In addition, many men do not have an adequate knowledge of their bodies to be able to fully understand the implications of these disorders and the full impact of treatment options. In order for men to make informed choices about their health, quality and accurate information must be readily accessible. It is also imperative that health professionals are provided with authenticated and evidence-based information to assist with the management of male sexual and reproductive health issues. The provision of evidence-based information and education to the community and health professionals is vital to ensure consistent messages are provided, thereby fostering a shared approach between the clinician and patient in prevention, diagnosis and treatment decisions.

1.1 Rationale for a National Needs Analysis

In response to the emergence of men’s health as an issue that requires attention, the Commonwealth Government has funded a range of national initiatives focusing on the health of the Australian male. This includes the establishment of Andrology Australia (The Australian Centre of Excellence in Male Reproductive Health) which aims to enhance the awareness of male reproductive health issues by programs directed towards community and professional education. As part of its community education program, Andrology Australia was requested by the Commonwealth Department of Health and Ageing to implement a needs analysis in order to provide a basis for the development of community education strategies in male reproductive health. The Andrology Australia National Needs Analysis of Community Education in Male Reproductive Health was conducted to determine the information needs of Australian men about male reproductive health issues, as well as to ascertain the most appropriate community education strategies to enhance men’s ability to improve their reproductive health.

1.2 Aims of a Community Education Needs Analysis

The aims of the Andrology Australia Needs Analysis of Community Education in Male Reproductive Health were to:

- Determine the information needs of affected men about a range of male sexual and reproductive health disorders;
- Identify the information needs of men from certain communities and population sub-groups, such as youth, elderly, rural and culturally and linguistically diverse (CALD) communities;
- Determine the relevant information that needs to be communicated to the community;
- Determine education strategies about male sexual and reproductive health disorders that are considered to be the most effective in communicating this health information to the community.
2 Needs Analysis Methods

2.1 Research Methods

Whilst men’s health has increasingly achieved more attention in recent years, there is a lack of research exploring men’s information needs about male reproductive health and community education strategies that could empower men to be proactive in enhancing their reproductive and sexual health. A predominately qualitative research approach was used in this study to understand men’s health experiences, information needs, information-seeking and health access behaviours, and education strategies required to appropriately inform men about reproductive health issues. A qualitative research approach helps to understand the context of people’s experiences and behaviours, particularly when the experience is emotionally laden and sensitive (Yong, 2001).

The needs analysis involved the collection of data and analysis of key themes using three major research methods.

2.1.1 Literature review

A review of Australian and international literature was undertaken to explore men’s knowledge and attitudes towards male reproductive health issues, men’s health information-seeking and health access behaviours, and male reproductive health education strategies previously implemented. The literature review involved searching on-line databases with additional hand searching and retrieval of relevant articles from referenced publications.

The following databases were used to search for relevant studies:

- APAIS (INFORMIT) and its sub-sets:
  - APAIS Health
  - Australasian Medical Index
  - Health and Society
  - Meditext
  - Rural – Australian Rural Health Database
- Cinahl (OVID)
- Current Contents (ISI Web of Knowledge)
- Embase
- Eric (OVID)
- Medline (OVID)
- Pre-Medline (OVID)
- PsycINFO (OVID)
- Sociofile (OVID)

Studies included for review were based on selection criteria as outlined in Appendix I: Literature Review Search Strategy.
A total of 132 publications, including articles, books, reports and conference papers, were included in the review. Of these:

- 65 studies focused on prostate disease (including prostate cancer);
- 42 studies focused on testicular cancer;
- 10 studies focused on erectile dysfunction;
- 5 studies focused on male infertility.

No articles on education strategies for androgen deficiency were retrieved. An additional two publications focused on urological cancers (including testicular and prostate cancers) with a further eight general publications on men’s information-seeking and health access behaviours.

2.1.2 Consultation process

a) General Practitioner focus groups

Three focus groups with general practitioners (GPs) were held to determine GP perceptions of their own education needs and those of the community about male reproductive health issues. Four Victorian Divisions of General Practice assisted in the organisation of the focus groups. A total of 27 GPs participated (see Appendix II: Participants in Consultation Process). Questions used to determine from GPs the perceived community education needs in the area of male reproductive health are detailed in Appendix III: GP Focus Group Questions.

b) Consumer focus groups, interviews and written submissions

Male consumers who had been or were currently affected by a reproductive health condition were recruited to participate in the consumer consultation, which was limited to Victoria. This consultation process involved focus groups, interviews and written submissions. The main recruitment strategies included newspaper advertisements, flyers and leaflets distributed through GP surgeries, community health centres and RSL service clubs. The consumer consultation involved 14 focus groups, 17 individual telephone interviews, and 12 written submissions with a total of 113 men participating. (see Appendix II: Participants in Consultation Process). Questions used during the consultation with consumers to determine the information needs and information-seeking behaviour of men affected by sexual and reproductive health issues are detailed in Appendix IV: Consumer Questions.

c) Key informant interviews

Semi-structured interviews were held with key informants from across Australia to obtain the professional perspective on community education about male reproductive health issues. Key informant interviews were also conducted to determine appropriate education strategies for men in special needs group including men from culturally and linguistically diverse (CALD) communities, men with disabilities, men working in blue-collar industries, and women. Key informants represented a number of medical and allied health disciplines. A total of 69 key informant interviews were conducted (see Appendix II: Participants in Consultation Process).

The key informant interview schedule, which was modified for discussion about men from special needs groups, is detailed in Appendix V: Key Informant Interview Schedule.
2.1.3 Community education survey

A national survey was undertaken to examine past, current and planned community education activities that addressed or included information on male reproductive health issues. The survey was developed from similar surveys developed by the Australian Research Centre for Sex, Health and Society (La Trobe University) and Westgate Division of General Practice. A pilot survey was developed and tested with 12 individuals and organisations known to provide education in men’s general and reproductive health. The responses and feedback received from the pilot study were incorporated into the final survey (Appendix VI: Community Education Survey) that was later randomly distributed to those organisations/individuals throughout Australia that were identified as providing:

- A service to consumers where men with a reproductive health condition may access information or consultation;
- Information or education about male reproductive health issues that either directly or indirectly is transferred to consumers.

Organisations, services or individuals were excluded if they:

- Were anticipated to provide minimal or no information on male reproductive health;
- Provided professional rather than community/consumer education;
- Provided Internet-based information without providing consumer contact or service.

Complete community education data was received from 225 organisations from a total survey sample of 3984 individuals, and health and community agencies across Australia. Seventy eight surveys were returned with no information sufficient for analysis. While this is a low overall response rate, a methodological problem of the research is that it was not possible to identify how many organisations in the total sample actually provided men’s health information and hence saw the survey as relevant to their health promotion activities.

2.2 Data Analysis

Thematic analysis was the key qualitative analysis technique used to analyse the qualitative data collected. Thematic analysis involves examination of the themes emerging from the data (Rice and Ezzy, 1999). Rather than quantifying or measuring the frequency of themes as they emerge, the position of the theme within the narratives is considered more important. Thematic analysis was assisted by the utilisation of the computer package, QSR NVivo. Analysis of the GP focus group data involved three researchers whilst analysis of data from the consumer focus groups, interviews and submissions, and key informant interviews involved two researchers.

Quantitative data collected from the community education survey was coded and entered into the statistical computer package Statistical Package for Social Sciences (SPSS). Subsequently, two statisticians from the Biostatistics Unit within the Department of Epidemiology and Preventive Medicine, Monash University undertook data analysis. Descriptive statistics and correlations between specific variables were extracted.
2.3 Study Limitations

It is acknowledged that several limitations exist with this needs analysis that need to be considered when interpreting the findings from the study. Major limitations of the study were:

- The restriction to consultation with men who were affected by a particular health condition;
- The research being primarily limited to Victoria.

Time and resource limitations did not allow for a national study nor the incorporation of the opinions of unaffected men. The geographical restriction of the consumer consultation meant that it is not possible to create national inferences about men’s information needs about reproductive health and community education strategies. Differences between States and Territories also cannot be explored to determine if the key themes differ across the regions of Australia. Future research is required to further test some of the findings from this needs analysis at a national level.

Another limitation of the study was the potential selection bias. With only affected men being consulted, it is not possible to make any conclusions about information-seeking and health access behaviours, information needs and desired community education strategies for men not affected by a reproductive health condition. Only assumptions can be made based on key informant interviews and how consumer participants indicated they approached their health before they were diagnosed or realised they had a problem. More research into information needs of unaffected men is required. The recruitment methodology also meant that participants were self-selected, thereby attracting men with an interest in their own health. In such instances, some consumer participants could have used the focus groups as an opportunity to express their personal frustrations with the health care system, especially if their experiences were negative. Further testing is required to verify some of the key themes.

The community education survey generated an overall low response rate. A methodological problem of the research is that it was not possible to identify how many organisations in the total sample actually provided men’s health information prior to survey distribution. Without data on non-respondents it is not possible to determine if the education activities are representative of current activity in Australia. The survey findings may not truly represent what is occurring in Australia in terms of men’s health education focusing on male reproductive health. The results need to be considered with some caution.

Difficulties were also encountered in recruiting men for the focus group consultations, especially those with testicular cancer and male infertility, men from rural areas, and men employed in blue-collar industries. Specific attempts were made to recruit these men, but generated little response. The small number of these groups of men that participated in the study may impact on the validity of the study findings. Further research is needed to explore community education initiatives on testicular cancer and male infertility as well as specific strategies for rural men and men employed in blue-collar industries.
3  Key Findings

3.1  Literature Review

Overall, there has been a lack of research into men’s information needs, information-seeking and health access behaviour and appropriate community education strategies targeted to a range of male reproductive health issues. Review of the literature found that:

- Men’s experiences with prostate and testicular cancer and education strategies for these cancers were well documented in the literature;
- There was a significant lack of literature that documented men’s information and education needs about benign prostate disease, erectile dysfunction and male infertility.
- No literature was identified that addressed men’s information needs, attitudes and health access in relation to androgen deficiency, highlighting the need for research and education in this area.

Several issues were identified from a review of the current literature for consideration in the development of education strategies.

**Information-seeking and health access behaviours**

- Men were less likely than women to access health services and seek preventive advice;
- While men were often aware of their health needs and may hold concerns about their health, they may take little action to address their health needs;
- Women were identified as ‘triggers’ to men seeking medical advice yet they were often excluded from the information provision process by their partners and the health care system;
- Key non-clinical settings such as the workplace, educational institutions and sports and recreation facilities represent excellent opportunities to promote health issues to men.
- New technologies, such as interactive CD-ROMs and Internet, can assist patients to educate themselves about their health condition;
- Medical practitioners could facilitate consumer access of information from the Internet but need to be aware of quality websites to which they can direct their patients.

**Prostate disease including prostate cancer**

- The majority of men were aware of prostate cancer, but knowledge about the prostate and prostate related topics varied. In particular, men with benign prostate disease knew very little about the prostate, its role, and how it could be affected by disease;
- Men with prostate cancer wanted comprehensive information soon after diagnosis to understand their condition and facilitate decision-making about treatment. Men with benign prostate disease wanted comprehensive information about the prostate;
- GPs played a key role in providing information to men about prostate health and testing;
Men’s knowledge of prostate cancer and testing appeared to vary with age, education, income level and cultural differences;

Education for men with prostate cancer or benign prostate disease aimed to provide information about treatment. Decision-making aids were available in various forms: Internet, CD-ROMs, audiotape and videotape;

Patient support groups were a popular form of education and source of information for prostate cancer patients despite the limited evaluation of the effectiveness of such groups;

Education for the general community about prostate cancer aimed to increase men’s awareness of prostate cancer screening. Decision-making aids, either in written or video form, increased men’s awareness of the PSA test, but their interest in undergoing the test decreased primarily due to the uncertainties surrounding the PSA test.

The most common means of informing men about testing for prostate cancer was in written form with diagrams considered useful by patients;

Information about prostate cancer and benign prostate disease needs to inform men about causes, risk factors, symptoms, prevention, impact on sexual function, likelihood of an enlarged prostate leading to cancer, prostate testing: who, when, and what was involved;

Decision-making aids for early stage prostate cancer need to be flexible to enable the information needs of individual patients to be met;

Information about prostate cancer testing and treatment needs to be consistent, clear and unambiguous to be effective and meet the information needs of the patients;

**Testicular cancer and testicular self-examination**

The majority of young men were unaware of testicular cancer and testicular self-examination and did not engage in the practice;

The ability to perform testicular self-examination (perceived self-efficacy) was a common predictor of men who regularly undertook this practice;

There was conflicting literature in regard to whether the promotion of testicular self-examination generates anxiety in young students;

Common education strategies aimed at increasing awareness of testicular cancer and promoting testicular self-examination. Strategies that were used to educate adolescent males or university-aged men about testicular cancer include school or university-based courses, written information and audio-visual materials;

When compared to other strategies, written information appeared to be insufficient in providing information about testicular cancer and testicular self-examination, with leaflets that were given to students being more effective than those left in convenient locations to be accessed;

Education of a sensitive nature for adolescent males needs to be appropriately packaged.
Erectile dysfunction

- The lack of awareness about causes of erectile dysfunction appeared to reduce receptivity to information and recommendations for treatment when in contrast to their initial beliefs;
- There is a need to educate men suffering from erectile dysfunction about the interaction between psychological and physical well-being to manage their expectations about treatment;
- Increased media awareness of erectile dysfunction has assisted in removing some of the stigma associated with this sexual health disorder;

Male infertility

- Infertility can have a strong, but highly variable, impact on men’s emotions (depression, anxiety, stress), requiring a greater awareness by health professionals of those men at greater risk who require sources of support/counselling;
- Men tend to be less influential in treatment decisions, with attention focused on treatment of the female, highlighting the need for information about male infertility to be directed to the male to increase awareness and involvement in the treatment process;
- Many infertile couples move through a transition from being a passive, or traditional patient to a more active patient role. Some patients chose to remain passive relying on the health professional for decision-making regarding their infertility and treatment. Active participants tend to be more satisfied with treatment;
- The provision of adequate information is important to meet the needs of ‘active’ patients and encourage passive patients to take a more active role. Support staff, such as infertility nurses, can play a strong role in providing information and encouraging patient participation.

3.2 Key Themes from the Consultation Process

3.2.1 Men’s information-seeking styles

A number of information-seeking behaviours in men with a reproductive health condition were identified during the consultation. As the current research was limited to consultation with affected men, conclusions about the information-seeking behaviours of unaffected men are limited. However, consumer participants indicated that prior to diagnosis or realisation of a health problem, they were not active in searching for information. Their condition was a prime motivator for seeking information and medical advice. Many key informants, who stated that generally men were not interested in health issues or accessing information until their health was affected, verified this finding.
From the consultation, it appeared that there were three main information-seeking styles among affected men (see Figure 1).

- **Passive information-seeking behaviour:** Some consumer participants demonstrated a passive approach, whereby they either did not seek information or needed encouragement to seek out information and medical advice. For some consumer participants this approach was reinforced by a lack of knowledge about where to access information, whilst others were satisfied with the information and/or treatment obtained from their medical practitioner.

- **Moderate information-seeking behaviour:** The majority of consumer participants displayed this type of information-seeking behaviour. Apart from obtaining information from their GP or specialist, they commonly sought information from at least one other source that was readily identifiable and accessible.

- **Advanced information-seeking behaviour:** A small proportion of consumer participants demonstrated sophisticated information-seeking behaviours. These participants sought comprehensive or technical information from medical journals or academic databases to further understand their condition and treatment. These participants expressed dissatisfaction with the readily identifiable information that satisfied the needs of consumer participants with moderate information-seeking behaviours.

Similar distinctions have been made between active and passive patients in a model of self-care in infertility (Blenner, 1990). In Blenner’s (1990) model, patients typically commence in a passive patient role and move forward to a more active role, by seeking out information and developing a strong knowledge about their condition and treatment. However, while the model of self-care emphasises the development of an active role, fewer individuals are recognised as remaining in a passive role (Blenner, 1990). The model presented in this report highlights the variations in men’s information-seeking that may remain relatively stable, recognising differences in both men’s information needs and ability or desire to seek out information about their condition. However, further examination of this model in regards to temporal factors may be warranted to examine whether men move through different stages of the information-seeking spectrum, or maintain one particular ‘style’ of information-seeking behaviour. As shown in Figure 1, unaffected men are placed to the far side of the information-seeking spectrum, in recognition of the lack of information-seeking in unaffected men.

**Figure 1:** Men’s information-seeking spectrum for male reproductive health issues
The key role of medical practitioners in providing information and medical advice to men about their health prompted further examination of specific information-seeking styles within consultations. As shown in Figure 2, three main information-seeking styles within the medical consultation were identified:

- Men who seek no information;
- Men who need encouragement;
- Men who actively engage in seeking information.

These patterns were similar to those discussed above, but highlight some of the distinct approaches to information-seeking within consultations.

**Figure 2: Men’s information-seeking behaviour within medical consultations**

- **No information-seeking**: Does not seek out information or advice from medical practitioners or does not ask questions due to discomfort in asking questions or uncertainty about what to ask.
- **Needs encouragement**: Feels uncomfortable in initiating a discussion about concerns or will wait until the end of the consultation to raise issues. Needs prompting by medical practitioner to discuss issue, but will readily talk when prompted.
- **Active information-seeking**: Readily seeks out information and medical advice, and is more likely to prompt the medical practitioner to undertake tests. Willingly asks questions of medical practitioner.

### 3.2.2 Key themes in men’s information needs about reproductive health

Information needs were identified based on men’s experience of the health condition and past information-seeking behaviours that emerged from the consultation with GPs, consumers and key informants. The common information needs were primarily identified by consumer participants and key informants, with GPs suggesting more general information about all the key male reproductive health issues, age-specific information (for example, sexually transmitted infections for younger men and prostate health for older men) and information directed at women to transfer to men.

A predominant theme across all health issues was the need for comprehensive information for affected men about their condition and in contrast, brief, consistent and simple messages at a community level.

Five key themes in regard to information needs were consistent across the different health issues.

1. **Improve men’s knowledge about their own bodies**

   Information about the anatomy and physiology of the male reproductive system was considered important across health issues to enable a greater understanding of the cause of the health disorder and the impact of treatments. Information needs to:

   - Provide detail about the prostate including its location, function and the changes that occur with age;
   - Enable men to understand how erections occur with explanations of the role of the cardiovascular and nervous systems in obtaining and sustaining erections;
• Explain the role of androgens and effects on bone health, muscle strength and cardiovascular health;
• Help men understand what is normal and abnormal with regard to the male body;
• Explain the effects of ageing on the male reproductive system.

2. Normalise male sexual and reproductive health issues in the community

In this context, normalisation refers to demonstrating that male reproductive health was a normal part of health and well being, and that these issues affect many men. The provision of prevalence data (where available) and details of the potential impact on psychological well-being of male sexual and reproductive health issues, will assist in reducing the barriers men experience in accessing information and health services and facilitate discussion of the issues. Information needs to:

• Normalise erectile dysfunction in the community to dispel myths around erectile dysfunction and masculinity;
• Normalise androgen deficiency within the community to remove social attitudes that androgen deficient men are less masculine and dispel the male menopause myth;
• Normalise male infertility within the community in order to increase community understanding and compassion for infertile couples;
• Normalise the emotional impact of infertility.

3. Provide quality, evidence-based information on treatment options

A need for information on treatment options, including procedures, side-effects and successful outcomes reflects a solution-oriented approach to information-seeking. Balanced, unbiased and quality information will aid decision-making and help to identify the optimum treatment and expected outcomes. Information needs to:

• Explain to men with prostate cancer the various treatment options available, including risk and benefits of each option, success rates, likelihood of recurrence;
• Explain the treatments for erectile dysfunction and the realistic outcomes for each treatment;
• Inform men with androgen deficiency about treatment options and the impact of the condition on their long-term health;
• Provide information on the effects and duration of each testosterone treatment, and risks and side effects;
• Explain to couples the different assisted reproductive technologies available for infertility management and the realistic success of each treatment for their condition;
• Inform men with testicular cancer about prognosis and possible causes;
• Impact of treatment on quality of life and psychological well-being.
4. **Identify sources of quality information and support**

Diagnosis of a health condition is a prime motivator for seeking health information with many men seeking additional information to reinforce the advice from their medical practitioner. Information needs to:

- Identify other sources of quality information;
- Identify health care providers with special interest and appropriate qualifications to treat male sexual and reproductive health issues.

5. **Encourage men to take responsibility for their health**

A general men’s health program would assist in raising the awareness of male sexual and reproductive health issues. Information needs to:

- Promote healthy lifestyle practices such as diet and exercise;
- Educate males about taking care of their health;
- Promote men’s access to and communication with GPs for concerns about sexual and reproductive health.

3.2.3 **Men’s information needs pertinent to specific health issues**

Other key themes arose during the consultation processes that were pertinent to specific health areas.

**Prostate cancer and benign prostate disease**

Additional information to raise the awareness of prostate disease, including prostate cancer, and inform men about testing procedures is required. This information needs to be provided in order to encourage and facilitate men’s decision-making about testing for prostate cancer. Information needs to:

- Increase men’s awareness of the symptoms of prostate cancer and disease;
- Inform men about lifestyle factors that could minimise symptoms;
- Inform men at more risk of prostate cancer (for example, family history);
- Inform men about the diagnostic procedures for prostate cancer including when/if to commence testing, the associated risks and benefits, and the meaning of the results;
- Be consistent and unambiguous to avoid confusion and anxiety about symptoms and testing.

**Erectile dysfunction**

Benefits to increased education and provision of information on erectile dysfunction would include improved personal ability and self-esteem to deal with the condition, and greater understanding of the physical and psychological causes of erectile dysfunction and the expected outcomes of treatment. Information needs to:

- Inform men about the connection between thoughts, emotions and erectile function, the impact of anxiety and stress, and the need for suitable conditions for sexual relationships;
• Inform men about the association of erectile dysfunction with other diseases, such as diabetes and cardiovascular disease, and the impact of medication and surgical procedures;
• Inform men about the impact of ageing on erectile function to enable men to reconsider their expectations of sexual performance;
• Inform men about lifestyle factors, and how sexual function could be impeded by certain factors;
• Present indicators of various causes to assist men to determine what the problem may be and what the options are in terms of medical advice, treatment or support;
• Highlight the need for suitable conditions for sexual relationships for men affected by erectile dysfunction;
• Provide reassurance and information to partners about the impact of erectile dysfunction on relationships.

Androgen deficiency
Information for men with androgen deficiency is currently limited and inadequate, with much information perpetuating the existence of male menopause and testosterone treatments implied as a ‘cure-all’ for many other health issues. Information needs to:
• Inform men about the symptoms and clinical diagnosis of androgen deficiency, including androgen levels that indicate classical androgen deficiency;
• Inform younger men of the impact of long-term testosterone treatment on fertility;
• Inform men about the impact of other health conditions or treatments on androgen levels;
• Provide information on the impact of androgen deficiency on erectile function, and an active sex life.

Male Infertility
Information about infertility tends to be directed to women, with men also less likely to participate in medical consultations. Information for men will provide reassurance and greater understanding to deal with the emotional impact of infertility. Information needs to:
• Inform couples of the known causes of male infertility, including genetic, lifestyle and environmental factors;
• Highlight that many causes of male infertility are still unknown;
• Inform men about available counselling services for support;
• Inform men with spinal cord injury and men undergoing vasectomy of longer term fertility issues.
**Testicular cancer**

Increasing men’s awareness of testicular cancer needs to be balanced to avoid creating a ‘sick society’. Information is needed to highlight the positive aspects, such as the low incidence and good prognosis, so as not to generate fear and anxiety. Information needs to:

- Promote a general men’s health program to increase young men’s awareness of their body;
- Increase awareness of association of undescended testes at birth and testicular cancer, especially for men presenting for infertility treatment due to cryptorchidism;
- Inform men about the availability of sperm banking prior to treatment;
- Inform men of the effects of treatment on sexual function and fertility prospects.

### 3.2.4 Key themes identified by participating groups

The common information needs were primarily identified by consumer participants and key informants. Whilst there was consensus between the two groups of participants about the need to normalise male reproductive health through community education, and to provide specific information about each male reproductive health issue, there were some differences in information needs identified by the consumer participants and health professionals.

Consumer participants proved to be solution-oriented in highlighting that specific information about treatments needed to be made available. This was most pertinent during the consultations on erectile dysfunction and androgen deficiency. However, infertile consumer participants also demonstrated their solution-oriented nature in requesting information about the causes of male infertility be provided to affected men wanting specific answers about their infertility. Whilst male infertility key informants also supported the need for specific information about causes, known and unknown, the need to support men emotionally, especially after diagnosis, was strongly emphasised by these participants.

Quality of life issues, such as incontinence and impotence, were important for consumer participants with prostate disease and prostate cancer. However, consumers affected by prostate cancer were also more likely to advocate for the provision of information about prostate health, particularly screening for cancer. Their younger counterparts who had experienced testicular cancer also suggested that screening, in the form of testicular self-examination, needed to be promoted to men. This consumer view differed from the key informants who suggested a general men’s health education was more appropriate.

Consumer participants were also unanimous in highlighting the need to inform men about quality sources of information and support. In contrast, key informants advocated the need for information about male anatomy and physiology be made available, particularly at a younger age. Access to GPs and assuming responsibility for one’s health was also identified as an important information need for men. GPs also identified the need to promote to men the importance of accessing GPs for health checks. This was interesting given the concerns raised about constraints on GP time.
3.2.5 Sources of information

A number of primary and secondary sources of information were identified during the consultation (see Table 1). GPs were considered to be the first point of contact for information and medical advice by the majority of consumer participants with prostate cancer and disease, erectile dysfunction and androgen deficiency. This was less apparent in consumers affected by male infertility and testicular cancer where they were more likely to be referred immediately to specialists. Whilst GPs were the primary source of information, the consumer’s experience of consultations with their GP varied. Whilst some consumer participants were satisfied with the medical consultation, others were frustrated at their GP’s inability to communicate information about, or manage their condition. This is consistent with previous research indicating that while men identified their GP as the primary source of information and help, factors such as a poor relationship or communication with the GP, and inadequate explanations due to brief consultation times were identified as a primary barrier to men’s health action (Pinnock et al., 1998).

Table 1: Primary and Secondary Sources of Information on Male Reproductive Health

<table>
<thead>
<tr>
<th>PRIMARY</th>
<th>SECONDARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>• GPs and specialists</td>
<td>• Media (newspapers, magazines, TV)</td>
</tr>
<tr>
<td>• Internet sites and forums</td>
<td>• Men's health nights (primarily rural)</td>
</tr>
<tr>
<td>• Written information (brochures, books, articles)</td>
<td>• Lectures, seminars and plays</td>
</tr>
<tr>
<td>• Partners, family and friends</td>
<td>• Peer-based sources (incl. support groups)</td>
</tr>
<tr>
<td>• Health-related organisations (including Cancer Councils, IVF clinics)</td>
<td>• Audio-visual materials</td>
</tr>
<tr>
<td>• Impotence or men’s health clinics</td>
<td>• Alternative and allied health professionals</td>
</tr>
<tr>
<td></td>
<td>• Consumer information provided with treatment</td>
</tr>
</tbody>
</table>

Other health services

In addition to GPs and specialists, ‘impotence clinics’ were commonly cited as a primary source of medical advice and treatment for men with erectile dysfunction. However, discussions of such clinics were commonly accompanied by discussions of the commercial nature of clinics and the dissatisfaction with the information and service received. More specifically, consumer participants demonstrated concern over the “impotence clinics” pushing treatment of erectile dysfunction without giving consideration to the possible causes.

Written information

Written information was identified as a key source of information, with consumer participants across each health condition seeking out written information to confirm and/or elaborate on information received in medical consultations. Sources of information included pamphlets and brochures, magazine and newspaper articles, journal articles/research papers and books available in libraries and retail outlets. Whilst many consumer participants sought out this information, the need for greater availability of written resources for patients and the general community was highlighted. These findings are consistent with the literature, which has highlighted the importance
of written materials in providing men with health information (Blenner, 1990; Cameron & Bernardes, 1998; Demark-Wahnefried et al., 2000).

**Internet**

Whilst the Internet was identified in the consultation as a primary source of information, the degree to which consumer participants accessed the Internet varied across health conditions. Interestingly, consumer participants with prostate cancer were more likely to access the Internet than others, with participants highlighting the value of several prostate cancer websites. Participants with testicular cancer also highlighted a specific website that was valuable in providing information, suggesting that the Internet is a valuable source of information for men with cancer. These findings were partially supported by literature indicating that the Internet is an important source of information about cancer. However, greater awareness of quality consumer websites among physicians is required, to refer patients appropriately to quality sources of Internet-based information (Biermann et al., 1999; Moul et al., 2000).

In contrast, the Internet was used less by consumer participants with erectile dysfunction in this study than those affected by other health conditions. This may reflect the availability of quality information on the Internet. Some key informants also speculated that older men, who are at greater risk for erectile dysfunction, might be less likely to access the Internet for information. Interestingly, this contrasts with Internet utilisation in participants with prostate cancer in this study. Higher Internet utilisation by these prostate cancer consumer participants may be due to socio-demographic characteristics with most men possessing at least a secondary education qualification. Furthermore, the prostate cancer consultation attracted the most number of consumer participants possibly skewing findings about Internet utilisation. Alternatively, the personal and sensitive issues associated with erectile dysfunction may make men feel embarrassed about seeking information and hinder them from seeking information from any source, including the Internet, particularly if private access is not available.

Interestingly, while the Internet was not identified as a major source of information by consumer participants affected by infertility, key informants indicated that the Internet was a key source of information about male infertility. These contrasting findings are difficult to verify due to the small number of consumer participants involved in the male infertility consultation. However, the discrepancy in the results may be understood in light of comments made by key informants that partners were more proactive in seeking information via the Internet than men themselves. This is supported by the literature, with previous research indicating that wives or partners are more likely to seek out and share information on infertility than men (Blenner, 1990).

**Health-related organisations**

Health-related organizations, such as Cancer Councils, were indicated as a valuable source of information for consumer participants with prostate cancer. However, this was less evident in consultations with consumer participants who had testicular cancer. Whilst it is not possible to identify the factors that may contribute to this differential use of Cancer Councils, potential factors include the amount of information available on testicular cancer compared to prostate cancer, broad age differences between men with testicular and prostate cancer, and/or the nature of testicular cancer and treatment that is less likely to warrant ongoing information and support
compared to prostate cancer. Furthermore, men with testicular cancer are normally told upon
diagnosis what needs to happen immediately, whereas for prostate cancer, more treatment options
may be given depending on the circumstances. Men with prostate cancer may be more likely to
access the Cancer Councils for information to assist with making decisions about treatment.

**Partners, family and friends**

The role of partners, family and friends in assisting men to seek out information varied across the
health conditions, with the partner’s roles being stronger in male infertility, prostate cancer and
androgen deficiency than for other conditions. Women played a stronger role in locating
information on infertility because of the impact on their ability to conceive, and the difficulties
that many men experience in coping with their diagnosis. In contrast, family and friends played a
stronger role in sharing information or assisting men to seek out information on prostate cancer
compared to other health issues. Women were not as influential in seeking information for men
with testicular cancer as consumer participants were less likely to be in long-term relationships.
For younger men with testicular cancer, the role of mothers may be more influential than partners.
However, this was not raised as a significant issue.

**Peer-support groups**

Support and information from peers and peer-based groups was more evident for participants
with prostate disease than other conditions explored. The current study reinforced findings in the
literature indicating that peer-based groups are a strong source of information and support in men
with prostate cancer (Gray et al., 1997).

Most consumer participants indicated that they had not sought information prior to experiencing
symptoms or being diagnosed with their health condition. This has strong implications for the
development of future education strategies, as consumers and key informants indicated that
different strategies are required for those who are unaffected compared to those affected by a
health condition.

### 3.3 Survey on community education about male reproductive health in Australia

Some key findings emerged from the 225 completed surveys returned as part of the community
education review. It is noted however, that without data on non-respondents, it is not possible to
determine if the education activities are representative of current activity in Australia.

Findings from the survey suggest that:

- Prostate cancer was the most common male reproductive health issue addressed in education
  (65.3% of respondents) and androgen deficiency use was the least addressed (29.0% of
  respondents);
- Education activities were more likely to be held in metropolitan locations, although a large
  proportion of activities were held in rural and regional areas;
The main aims of education activities across all issues was to provide general information with activities about prostate disease, including prostate cancer, more likely to fulfill this aim compared to activities about other reproductive health issues;

Symptoms and detection, treatment options and other information sources were the most common topics addressed in reported education activities;

Face-to-face or group presentations was the most commonly used method of delivering education for all male reproductive health issues;

Written information was the most commonly used education material used to convey information about all male reproductive health issues, whilst email was the least commonly used education material;

English was the predominant language used in education activities;

The general population was the most commonly reported primary target audience for education activities addressing testicular cancer and prostate disease, including prostate cancer;

Education activities addressing male infertility, androgen deficiency, and erectile dysfunction were more likely to be directed towards affected individuals;

The most successful element of reported education activities was increased awareness and knowledge and the provision of education. This was most applicable to education activities addressing prostate disease, including prostate cancer, erectile dysfunction, male infertility and testicular cancer;

Improved health outcomes were the most successful element of education activities addressing androgen deficiency.
4 Barriers & enablers to information-seeking and health access behaviours

4.1 Barriers to Information-Seeking and Health Access by Men

Various barriers to men’s participation in their own health through seeking information and accessing health services were identified in this consultation. While there were some variations in the barriers reported across health conditions, informational, social and professional barriers were commonly addressed for each of the health issues. Classification of these barriers in this way highlights the central components of the barriers identified and provides a clearer understanding of issues that need to be addressed in the implementation of future education activities (Table 2).

Informational barriers

Informational barriers identified include:
- Lack of information that was consistent and comprehensive;
- Difficulty locating information or not knowing where to locate information.

In contrast to men with other health conditions, consumer participants with prostate cancer indicated that ambiguous or inconsistent information was a greater issue than a lack of information. In contrast, benign prostate disease was considered to be an area in which there was less information available, with prostate cancer being the primary focus of education. Across all health issues investigated, difficulties in locating quality information or distinguishing between higher and lower quality information was an issue for many consumer participants.

The feminisation of counselling and information regarding male infertility has also meant that men receive minimal information and attention for fertility issues. This finding is consistent with earlier research indicating that the predominant focus of treatment and research may marginalise men’s role in and experience of infertility, treatment and support (Carmeli and Birenbaum-Carmeli, 1994). In the current consultation, consumers and key informants indicated a need for greater balance in information provided by GPs and specialists to couples, to include men in education and discussions about infertility and treatment.

Social barriers

Common social barriers identified for each health issue, particularly in association with erectile dysfunction, include:
- Traditional male attitudes towards health;
- Lack of open discussion;
- Negative community attitudes towards male reproductive health issues;
- Lack of commitment to men’s health by health services and government.

While consumer participants with prostate disease (including prostate cancer) raised these issues as barriers, it was also apparent that there was greater community discussion and support for men in relation to prostate health, particularly in rural locations. Issues pertaining to current funding and
campaigns for women’s health, and the lack of equivalency between men’s and women’s health were also raised by many consumer participants as significant barriers to the development of men’s health awareness within the community.

**Professional barriers**

Professional barriers to gaining information were also commonly discussed by consumer participants and include:

- Constraints on medical practitioners’ time;
- Insufficient training in male sexual and reproductive health issues;
- Lack of information provision and discussion during consultations.

The inability of health professionals’ to adequately convey information, due to the issues outlined above, limit the information and support that many participants received. Findings from an earlier study provide an interesting perspective on the latter professional barrier. Crawford et al., (1997) found large discrepancies between patient and physician perceptions of information provided by physicians, whereby 99% of urologists claimed to provide discussion about prostate cancer treatment, whilst only 20% of participants recalled having such discussions. While it is difficult to ascertain the degree to which practitioners are offering discussion and men are retaining the information, these discrepancies highlight the need to ensure that men receive and retain important information about their condition.

<table>
<thead>
<tr>
<th>INFORMATIONAL BARRIERS</th>
<th>SOCIAL BARRIERS</th>
<th>PROFESSIONAL BARRIERS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insufficient information</td>
<td>Negative community attitudes</td>
<td>Constraints on GP and some specialist time and resources</td>
</tr>
<tr>
<td>Difficulties locating information and resources</td>
<td>Traditional male attitudes regarding health</td>
<td>Lack of information provided</td>
</tr>
<tr>
<td>Inability to distinguish between quality/non-quality information</td>
<td>Lack of open discussion</td>
<td>Difficulties in identifying professionals specialising in men’s health</td>
</tr>
<tr>
<td>Ambiguous or inconsistent information</td>
<td>Stigma and myths associated with male reproductive health</td>
<td>Insufficient GP training in male reproductive health; diagnosis, treatment and referral</td>
</tr>
<tr>
<td></td>
<td>Attention and funding for women’s health</td>
<td>Commercial nature of ‘impotence clinics’</td>
</tr>
</tbody>
</table>

### 4.2 Enablers to Information-Seeking and Health Access by Men

Several enablers to men’s participation in their own health, through seeking information and accessing health services, were identified in this consultation.

**Normalisation**

Normalisation was a key word that was proposed during the needs analysis as a means of reducing the barriers men experienced in accessing information and health services. Many consumer participants and key informants indicated that male reproductive health issues needed to be
normalised in order to facilitate discussion of the issues. In this context, normalisation referred to demonstrating that male reproductive health was a normal part of health and well being, and highlighting that these issues affected many men.

**Role of partners, family and friends**

The involvement of women/partners, family and friends was also suggested as an enabler to men’s participation in information-seeking and health access behaviours. For some health issues, most notably male infertility, women were already assuming an active role in seeking information. In other instances, it was also stated by some key informants that partner attendance during a medical consultation facilitated uptake of the information that was provided.

**School education**

The consultation also identified that school education was imperative in changing the existing social norms surrounding men’s information-seeking and health access behaviours. Education in schools to educate adolescent boys about the male body, with indications of what is normal and abnormal, may assist in reducing the subsequent embarrassment that often prevents adult males from accessing appropriate health services later in life.
5 Education strategies in male reproductive health

Education strategies for each health issue are based on information needs and information-seeking behaviours identified from consultations with consumers, GPs and key informants. The findings from this consultation are supported with findings from the literature review and community education survey. As the needs and information-seeking behaviours identified were based on the experiences of affected men, these needs may not be reflective of the needs of unaffected men. However, the education strategies identified provide the basis of a range of activities for further research and development, piloting and evaluation.

Education strategies for each health disorder, based on the consultation findings, are summarised in the following tables. Additional background information is detailed in the respective supplementary report.
# Needs Analysis of Community Education on Male Reproductive Health

## 5.1 Men’s Information Needs for Prostate Disease including Prostate Cancer

<table>
<thead>
<tr>
<th>Education Strategy</th>
<th>Improve men’s knowledge about their own bodies</th>
<th>Increase men’s awareness of prostate cancer and disease</th>
<th>Inform men about testing for prostate cancer</th>
<th>Provide quality, evidence-based information on treatment options</th>
<th>Identify sources of quality information and support</th>
<th>Encourage men to take responsibility for their health</th>
</tr>
</thead>
</table>
| Education of medical practitioners | Update GPs’ clinical guidelines for diagnosis and management of prostate cancer | Increase GP awareness of appropriate testing for prostate cancer | Improve ability of GPs and specialists to assist affected men with making decisions about treatment options | • Information for GPs regarding who and when to refer patients  
• Provide a website for medical practitioners to obtain referral details of specialists managing prostate disease | | Identify GPs with an interest in men’s health with a plaque/symbol in clinic |
| Media | Increase awareness about prostate health and checks using television, metropolitan and rural newspapers, magazines or community role models. | | | Raise awareness of quality websites, such as Andrology Australia and Lions Prostate Cancer websites, via the media | | Promote men’s access to GPs as part of a healthy lifestyle |
| Written Information | Provide comprehensive written information about prostate disease for patients via medical practitioners that would reinforce or elaborate on the verbal information provided in consultations | | | | | Posters in GP surgeries to increase awareness about prostate health and checks. |
| Internet | • Provide and promote websites that offer comprehensive, consistent and authenticated information about prostate health;  
• Promote websites to medical practitioners, to enable downloading of information for patients with no Internet access.  
• Produce a consumer guide to facilitate searching for prostate cancer and disease information on the Internet, emphasising reputable websites. | | | | | |
| Education for women | Increase women’s awareness of prostate health and checks via women’s magazines, Country Women’s Association and relevant health services. | | | | | Promote men’s access to GPs via partners. |
| Male friendly environments | Increase awareness about prostate health and checks via Men’s Health nights and brochures, booklets and information sheets, in community health centres, workplace, social, sports and service clubs eg RSL, Rotary, Lions Clubs. | | | | | Collaborate with relevant health organisations, services and clubs to provide Men’s Health Nights, particularly for rural locations |
## 5.2 Men’s Information Needs for Erectile Dysfunction

<table>
<thead>
<tr>
<th>Education Strategy</th>
<th>Improve men’s knowledge about their own bodies</th>
<th>Normalise erectile dysfunction in the community</th>
<th>Increase men’s awareness of causes of erectile dysfunction</th>
<th>Provide information about psychological issues associated with erectile dysfunction and treatment</th>
<th>Provide quality, evidence-based information on treatment options</th>
<th>Identify sources of quality information and support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education of medical practitioners</td>
<td>Improve ability of GPs to initiate discussion and communicate with their patients about erectile dysfunction</td>
<td>Improve GPs knowledge about treatment options</td>
<td>Provide opportunities to up-skill other health professionals about ED management and communication skills, incl. diabetes nurse educators.</td>
<td>Information for GPs regarding other health professionals (GPs, specialists, psychologists) with an interest in erectile dysfunction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media</td>
<td>• Raise awareness about erectile dysfunction using television, radio, metropolitan and rural newspapers, women’s magazines. • Community role models used to promote messages.</td>
<td>Raise awareness of quality websites via the media</td>
<td>Promote men’s access to GPs to discuss sexual health problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Information</td>
<td>• Provide comprehensive written information about erectile dysfunction via health professionals, chemists, community health centres, libraries and service clubs • Provide CD-ROM and audio-visual material such as videos as an alternative formats of information for patients</td>
<td></td>
<td>Posters in GP surgeries to identify GPs who are comfortable discussing sexual health issues</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Workplace and clubs</td>
<td>Increase men’s awareness of erectile dysfunction via Men’s Health nights and distribution of written information such as brochures, booklets and information sheets, in community health centres, workplace, social, sports and service clubs eg RSL, Rotary, Lions Clubs.</td>
<td></td>
<td>Promote men’s access to GPs to discuss sexual health problems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Internet</td>
<td>• Provide and promote websites that offer comprehensive, consistent and authenticated on-line information about erectile dysfunction • Provide anonymous on-line networks and discussion forums for men with erectile dysfunction</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education for diabetic men</td>
<td>• Provide comprehensive information about erectile dysfunction for diabetic men via the National Diabetes Supply Scheme • Raise awareness of link between diabetes and erectile dysfunction in the Diabetes Australia newsletter</td>
<td></td>
<td>Promote diabetic men’s access to GPs to discuss sexual health problems</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### 5.3 Men’s Information Needs for Androgen Deficiency

<table>
<thead>
<tr>
<th>Education Strategy</th>
<th>Encourage men to be more responsible for their health</th>
<th>Normalise androgen deficiency</th>
<th>Increase understanding of condition and impact on long-term health</th>
<th>Explain various treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education of medical practitioners</td>
<td>Increase GP awareness and improve diagnostic and management skills</td>
<td>Increase community awareness so as to normalise androgen deficiency via newspapers, magazines and radio.</td>
<td>Increase GP awareness and improve diagnostic and management skills</td>
<td>Provide symptom checklists for GPs</td>
</tr>
<tr>
<td>Media</td>
<td>Promote men’s access to GPs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Written Information</td>
<td>Provide comprehensive written information about androgen deficiency for patients via medical practitioners.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Internet                 | • Provide and promote websites with quality information to consumers  
                           | • Promote websites to medical practitioners, to enable downloading of information for patients with no Internet access | Provide peer support for men with androgen deficiency using online networks and discussion forums | Provide peer support for men with androgen deficiency using online networks and discussion forums |                                  |
| Education for women      | Promote men’s access to GPs                           |                               | Increase women’s awareness about androgen deficiency symptoms and prevalence through the print media. |                                  |
| School Education         | Educate adolescent males about sexual health issues including role of hormones in health. |                               |                                                                 |                                  |
| Men’s Health Nights      | Promote men’s access to GPs                           | Increase community awareness so as to normalise androgen deficiency. | Conduct men’s health nights and opportunities for discussion among peers (rural men). |                                  |
| Support groups           | Provide opportunities for discussion such as support or networking groups. |                               |                                                                 |                                  |
### 5.4 Men’s Information Needs for Male Infertility

<table>
<thead>
<tr>
<th>Education Strategy</th>
<th>Normalise male infertility in the community</th>
<th>Improve understanding of the causes of male infertility</th>
<th>Provide quality, evidence-based information on treatment options</th>
<th>Identify sources of quality information and support</th>
<th>Provide information about psychological issues associated with infertility</th>
</tr>
</thead>
</table>
| Education for health professionals | Educate health professionals to ensure treatment is inclusive of male partner | Information for health professionals regarding counselling and support services for infertile couples | | Information for health professionals regarding counselling and support services for infertile couples | - Information for health professionals regarding counseling and support services for infertile couples  
- Increase health professional (GPs, specialists and infertility nurses) awareness and provide education on psychological issues associated with male infertility.  
- Education in regard to impact on relationships |
| Media | Increase community awareness of male infertility via metropolitan and rural newspapers, magazines and television | Increase awareness of the known causes of infertility through the print media | | | Increase awareness of emotional impact on couples via metropolitan and rural newspapers, magazines and television |
| School Education | Educate adolescent males about fertility in terms of an understanding of male anatomy and physiology | Inform young males that male infertility is associated with disorders of the male reproductive system. | | | |
| Internet | | | | - Provide and promote websites with quality information to couples requiring infertility treatment  
- Promote websites to medical practitioners, to enable downloading of information for patients with no Internet access | |
| Written Information | | | | | Provide comprehensive written information about male infertility for couples via health professionals and infertility clinics |
## 5.5 Men’s Information Needs for Testicular Cancer

<table>
<thead>
<tr>
<th>Education Strategy</th>
<th>Improve men’s knowledge about their own bodies</th>
<th>Improve men’s awareness of the existence of testicular cancer</th>
<th>Encourage men to take responsibility for their health</th>
<th>Provide quality, evidence-based information on treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>School Education</strong></td>
<td>Educate adolescent males about male anatomy and physiology to reduce their embarrassment of their bodies.</td>
<td>Educate adolescent males about the existence of testicular cancer</td>
<td>Educate adolescent males about assuming more responsibility for their health and feeling comfortable in seeking information or accessing health services.</td>
<td></td>
</tr>
</tbody>
</table>
| **Media** | • Increase awareness of the existence of testicular cancer via newspapers, magazines and radio without creating alarm;  
• Use sporting/role models to raise the awareness of positive outlook once diagnosed.  
• Rural media was recommended as one means of educating men in these regions about testicular cancer. | | Promote men’s access to GPs as part of a healthy lifestyle | |
| **Education in male friendly environments** | Workplace and sports club health promotion strategies could include:  
• Provision information and presentations on men’s health issues at men’s sports nights;  
• Distribution of written material;  
• Placement of posters and stickers in locations such as toilets and gyms. | | | |
| **Internet** | • Provide and promote websites with quality information to consumers;  
• Promote websites to medical practitioners, to enable downloading of information for patients with no Internet access;  
• Provide a website for medical practitioners to obtain referral details of specialists managing testicular cancer. | | | |
| **Written Information** | | | Provide comprehensive written information about testicular cancer for patients via medical practitioners. | |
5.6 Frameworks for education in male reproductive health

Two distinct frameworks have been identified to address the differential education needs:

- Affected men in the community;
- Health professionals such as GPs.

Although the needs of unaffected men were not explored in this analysis, some information in regard to community education emerged that warrants further exploration and is described later in this report.

Findings from the national survey can be used to identify current priority areas and gaps in education addressing male reproductive health. Data from the national survey identified prostate cancer as an area in which the most education has been undertaken to date. This highlights the need for a collaborative approach to prostate cancer education between key organisations to enhance current strategies, facilitate greater distribution of resources, and ensure consistency in information distributed. In contrast, gaps have been identified in the current provision of education in each of the other areas of male reproductive health, emphasising the need to increase education about erectile dysfunction, androgen deficiency, male infertility, testicular cancer and benign prostate disease.

5.6.1 Patient Education

The provision of written information was identified as a key strategy for educating men affected by a reproductive health condition. The need to provide written information was consistent across the different health conditions. In terms of prostate cancer, the information needed to be consistent, clear and unambiguous. This finding was reflected in the literature when Meredith et al. (1995) found that existing written information for men about radical prostatectomy was inconsistent, utilised technical language, and did not provide information relevant to patients. As a result, the information did not meet the needs of patients.

Ensuring access to quality information on the Internet was also identified as a key strategy for educating men about their reproductive health condition. Literature supports this finding in relation to use of the Internet for cancer education, but suggests that medical practitioners can facilitate patient access to quality information on the Internet (Moul et al, 2000; Biermann et al., 1999; Sachetti et al., 1999). Views on the use of Internet to convey information about male infertility and testicular cancer were less consistent. This suggests that further research may be needed to examine the viability of the Internet for patient education about male infertility and testicular cancer, and piloting of website information and use to examine the success of these strategies.

Other strategies including men’s health nights and support networks/groups, were also identified for men affected by prostate cancer and benign disease, erectile dysfunction and androgen deficiency. Not surprisingly, the endorsement of support networks/groups for men with prostate cancer also emerged in the literature despite the limited evaluation of the effectiveness of such groups (Smith et al., 2002; Gray et al., 1997; Gregoire et al., 1997).
5.6.2 Professional Education

The role of GPs, specialists and other health professionals in providing education to men and their families about male reproductive health was strongly reinforced in the consultations. Professional education was identified as a key strategy to improve information provision within consultations, highlighting the need to provide greater opportunities for professional development in men’s reproductive health issues. Furthermore, approximately one quarter of education activities identified from the national survey were directed towards health professionals indicating that professional education is currently recognised as a priority.

As GPs were highlighted as the first point of contact for many men, strategies were identified to facilitate GP management of male reproductive health conditions. These include opportunities for professional education and provision of information via websites, CD-ROMs, medical publications, Divisions of General Practice and the Royal Australian College of General Practitioners. Education opportunities for other relevant health professionals including nurses and specialists were also highlighted, particularly for erectile dysfunction and prostate disease (including prostate cancer).

5.7 Community Education Strategies

Although this consultation was limited to men affected by a reproductive health disorder, education strategies that were considered to be effective in communicating the relevant health information to the community were explored with consumers and key informants. It is acknowledged that the education strategies identified during this consultation require further exploration and evaluation in men unaffected by a reproductive health disorder.

During this consultation process, distinctions were made between education strategies required for affected men (see 5.6.1 Patient Education) and unaffected or at-risk men within the community. The role of the media including print, television and radio, and the use of role models or celebrities were highlighted as key methods in which to increase community awareness of male reproductive health issues. Support for utilisation of the media in highlighting reproductive health conditions also emerged in literature about prostate cancer education where media and spokespersons were used to encourage men to undergo screening during Prostate Cancer Awareness Week (Crawford, 1997; De Antoni, 1997). Consumers and key informants also highlighted the value of raising awareness and ‘normalising’ health conditions by putting a face to the issue similarly to the recent Impotence Australia/Pfizer advertisements that had Pele convey a message about erectile dysfunction.

Other strategies and education needs varied across the health issues investigated. Basic written information was considered more important for erectile dysfunction, prostate cancer and benign prostate disease. The education of adolescent males in the school setting about sexual and reproductive health issues such as testicular cancer, fertility and hormones were also considered to be important. Consumers and key informants stressed that existing masculine attitudes towards health could only change by educating males when they were young. These findings are consistent with the literature indicating support for education of adolescent males in the school setting about testicular cancer (Best et al., 1996; Vaz et al., 1989; Marty and McDermott, 1986; Luther et al.,
School education was considered important as it engendered male responsibility for health from a young age (Cook, 2000; Meadus, 1995; Turner, 1995; Rosella, 1994; Friman and Finney, 1990). The role of women in education was highlighted for prostate cancer, benign prostate disease and androgen deficiency. Of a lower priority were other strategies such as men’s health nights addressing prostate health, erectile function and androgen deficiency, and posters and stickers for testicular cancer.

One issue that was raised across several consumer focus groups and interviews was the use of a light-hearted or humorous approach to men’s health to attract community attention. This was particularly evident for consumers with testicular cancer. However, further consultation and/or piloting of education materials will be required to ensure that information is presented in an appropriate way that appeals to the relevant audiences.
6 Community and Population Sub-Groups

Specific sub-groups within the community are recognised as requiring further consideration in the provision of information and education. These sub-groups include:

- Men from culturally and linguistically diverse (CALD) communities;
- Men from rural and remote communities;
- Men from different age groups;
- Men from different socio-economic groups;
- Men with a disability.

A separate consultation is currently being undertaken by Andrology Australia to determine the information and education needs specific to Aboriginal and Torres Strait Islander males and is not included in this report.

6.1 Key Issues for Men from Community Sub-groups

Although there are recognised limitations in this needs analysis as outlined previously, review of the literature also identifies cultural and age differences in knowledge and perceptions about prostate cancer (Barber et al., 1998, Cameron & Bernardes, 1998). Pinnock et al., (1998) have also addressed the need for education on prostate health for older men from CALD communities, provided in languages other than English via a range of media options. However, little research has been conducted to examine these issues in relation to other male reproductive health conditions. A summary of the issues relative to each health disorder that were identified in this analysis is presented in Table 5. Further detail is also provided in the supplementary reports.

6.1.1 Culturally and linguistically diverse (CALD) communities

In relation to education provided for CALD communities, very few education activities identified in the national survey provided information in languages other than English. This further highlights the need for education that accommodates the needs of non-English speaking members of the community or those for whom English is a second language. The cultural differences in regard to the impact of sexual health on personal relationships also need to be considered.

6.1.2 Rural and remote communities

The need for greater education in rural and remote locations was also indicated by the distribution of activities providing education across Australia. As may be anticipated, fewer activities were provided in rural and regional locations and particularly in remote areas, indicating the need to facilitate access to health information outside of metropolitan areas.
6.1.3 Age groups

Interestingly, while a number of issues relating to age were evident in the consultations, the majority of education activities identified in the national survey were non-age specific. This highlights the need to consider age factors in the presentation of information for each health issue, addressing the common ages at which men are more likely to be affected by the health conditions, and when it would be most relevant for them to know about these conditions. While consumers highlighted the need for greater awareness in younger men before they are affected by a condition, the age at which information should be presented is likely to vary across groups (i.e., testicular cancer education in adolescence and prostate education from middle-age).

6.1.4 Socio-economic status

In line with consumer and key informant consultations where socio-economic status and workplace considerations were not raised as a key issue, similarly, data from the national community survey indicated that few education activities were undertaken within workplace settings. Despite this finding, workplace has been identified as a viable setting for the promotion of men’s health (Hayes, 2001). However, factors such as senior management support, worker participation, content driven by worker needs, and a variety of activities were highlighted as important in ensuring the success of workplace health promotion. It appears that male reproductive health promotion may need to be integrated into a general men’s health program in the workplace to be viable. Further research to explore how to incorporate information in the workplace about male reproductive health issues is required.

6.1.5 Men with a disability

Issues pertaining to disability and the relationship between some forms of disability and reproductive health issues are also an important consideration for education strategies. In the current consultations, issues relating to erectile dysfunction and infertility in spinal cord injury and erectile dysfunction for men with multiple sclerosis were identified, as well as issues regarding the communication of reproductive health messages to men with an intellectual disability. Very few activities identified in the national survey were directed towards men with a disability, highlighting this as an area that needs further consideration, and collaboration with relevant organisations and health services.
### Table 5: Key Issues for Men from Specific Communities and Population sub-groups

<table>
<thead>
<tr>
<th>CALD Communities</th>
<th>Residing in rural or remote locations</th>
<th>Age</th>
<th>Socio-economic status (SES)</th>
<th>Disability</th>
</tr>
</thead>
</table>
| **Prostate Cancer and Disease** | - Wives and partners of Southern European men less influential in health access behaviours.  
- Lack of discussion amongst family members of diagnosis.  
- Cultural appropriateness of providing diagrammatic information especially in presence of women. | - Less access to medical facilities, testing, and treatment.  
- Need to travel for testing or treatment.  
- Preference for local treatment can limit treatment options.  
- Strong networks and links within community.  
- Strong role of women. | - Greater community awareness of prostate health in men aged 45 – 50 years.  
- Age specific information about treatment for men with prostate cancer and disease.  
- Targeting isolated older men (divorced, widowed, no social contact).  
- Perception of 'old man’s disease'. | - Men from lower SES less likely to access GPs and have PSA test.  
- Men from lower SES less proactive in making treatment decisions.  
- Greater proportion of men are likely to be retired or semi-retired.  
- Impact of farming responsibilities on treatment.  
- Further research required |
| **Erectile Dysfunction** | - ED is strongly linked to masculinity in some CALD communities.  
- ED less openly discussed. | - Importance of anonymity in information provision.  
- Difficulties obtaining medical advice from local GPs.  
- Internet was main source of information. | - Older men unhappy about GP attitudes towards ED in the ageing male.  
- Psychological factors more likely in younger men.  
- Some young diabetic men concerned about impact of ED on fertility. | - High cost of treatment is prohibitive for many men especially those on a pension such as older men and men with disability.  
- Disability impacts on access to, and administration of treatment.  
- Need for information about ED for men with MS and long standing spinal cord injury.  
- Need to modify information for men with intellectual disability.  
- Less need for information about ED after arrival in spinal injury unit.  
- Further research required |
| **Androgen Deficiency** | - Information needs to be made available in other languages. | - Difficulties obtaining medical advice from local GPs.  
- Men’s Health Nights popular source of information.  
- Strong role of women. | - Raising awareness of androgen deficiency in middle aged men.  
- Information for adolescent and younger males with predisposing conditions. | - More information-seeking in higher educated men.  
- Impact of occupation on treatment choices.  
- Further research required |
| **Male Infertility** | - Male infertility strongly connected to masculinity and marriageability.  
- Concerns about donor conception.  
- Influence of bilingual GPs varies across CALD communities.  
- Religious leaders influential for some cultural groups. | - Some farmers more knowledgeable about IVF treatment.  
- Older men presenting at IVF clinics seeking vasectomy reversal.  
- Information for younger men undergoing vasectomy about risks and limits of reversal. | - Greater impact on men whose partner is trying to conceive.  
- Older men presenting at IVF clinics seeking vasectomy reversal.  
- Information for younger men undergoing vasectomy about risks and limits of reversal. | - High cost of treatment is prohibitive for men from lower socio-economic groups.  
- Tailored information for men with spinal cord injury.  
- Cost of IVF treatments prohibitive for some men with spinal cord injury.  
- Further research required |
| **Testicular Cancer** | - Greater difficulties adjusting to loss of tests in some men from CALD communities.  
- Restrictions on the presence of women in medical consultations. | - Difficulties accessing GPs or obtaining medical advice from GPs.  
- Basic and non-threatening information for adolescent males.  
- Fertility less of an issue for older men.  
- Impact on adolescent males.  
- Role of mothers for some younger men. | - Further research required | - Further research required |
6.2 Education strategies for Men from Community Sub-groups

The development and implementation of future education strategies for these community and population sub-groups were also considered as part of this consultation and outlined below. Further exploration, testing and evaluation are required for all education strategies suggested.

CALD communities

When developing information tools and education strategies for men from CALD communities, the following issues need to be considered:

- Utilisation of ethnic media including newspapers, SBS radio and television;
- Collaboration with ethnic organisations, bilingual GPs and religious leaders to develop education strategies appropriate to the needs of the community;
- Promotion of general health information sessions using appropriate language;
- Provision of culturally appropriate information in core community languages.

Rural and remote communities

The following strategies were suggested to disseminate information and education to rural and remote locations:

- Utilisation of rural print media to convey health messages;
- Education of men on general health issues through the popular ‘Men’s health night’ forums;
- Collaboration with health services and rural associations for country women and farmers.

Age groups

Education can be provided to older men through service clubs and relevant sports clubs whereas information for younger males can be developed for schools, media and health services.

Socio-economic status (SES)

The workplace has been identified as a potential setting for the promotion of men’s health, particularly for men from a lower SES who are less likely to access a health practitioner. Further research is required to explore the possibility of effectively incorporating information about male reproductive health issues into workplace strategies.

Men with a disability

Audio-visual materials, written information in newsletters of disability organisations, and information sessions are potential strategies to convey health issues to men with disabilities.
7 Conclusions

The current needs analysis has demonstrated a broad range of information-seeking behaviours and needs in relation to a range of male reproductive health conditions. One of the most significant findings from the consultation process was the identification of five key themes in men’s information needs that encompassed the different health conditions being investigated. This needs analysis has also confirmed that there are significant gaps in the information currently being made available to men affected by a sexual or reproductive health condition.

For affected men, the aims of any education strategy will be to facilitate understanding of conditions and encourage men’s participation in the decision-making process about the treatment and management of their condition. For health professionals, education needs to be based around enhancing and updating professional knowledge about diagnosis, treatment and management of male reproductive health conditions, as well as increasing awareness of men’s information, discussion and support needs within consultations. The key role that health professionals, primarily GPs, have in men’s health education has also been emphasised during this consultation.

Whilst comprehensive data has been obtained on the education needs of men affected by a reproductive health condition, it is recognised that limited conclusions can be made about the information-seeking behaviours and needs of men that are not affected by a reproductive health condition. However, the consultation process has highlighted several key issues pertaining to community education about male reproductive health. At a broader level, the key aims of community education are to raise general awareness of male reproductive health issues and promote male involvement in their health and access to health services.

Of benefit to the development of future education strategies is the documentation of men’s understanding of their condition, information needs, information-seeking behaviours and barriers to men’s information access. The current study has extended upon previous research by examining and comparing these issues for prostate cancer, benign prostate disease, erectile dysfunction, androgen deficiency, male infertility and testicular cancer. Whilst several studies have been undertaken within Australia and internationally to examine information and education needs in relation to prostate cancer and testicular cancer, little research has been undertaken to date to examine education needs across the remaining health conditions, nor to undertake comparisons of the needs across health conditions. The current study is also unique in gaining perspectives from both consumers and key health professionals on the education needs across each of the specific reproductive health issues. In recognising this, the study was designed to utilise exploratory methods of research. Whilst valuable information was obtained through the consultations, several methodological limitations were identified highlighting areas in which further research is needed to further examine the findings of this report.

A key outcome of the study is the recognition that several education activities on male sexual and reproductive health already exist in Australia. Although there is little education on some health issues, a key priority of Andrology Australia is to enhance the current level of education where it exists, rather than duplicate effort and resources. Consequently, the need for collaboration between relevant health organisations, services and groups is recognised as a priority to ensure that the implementation of effective education initiatives can be sustained in the longer term.
Acknowledgements

The authors would like to express their appreciation to the many individuals and organisations whose advice and assistance was sought for the needs analysis.

Many thanks to the Andrology Australia Advisory Board for offering general advice on the implementation of the needs analysis. In particular, a special thanks to Professor Doreen Rosenthal for providing advice on the needs analysis plan, implementation of the consumer focus groups and key informant interviews. Many thanks also to Associate Professor Mark Frydenberg for his advice on the prostate cancer and testicular cancer consultations, and Associate Professor Doug Lording for providing advice on the erectile dysfunction consultation and assisting with consumer recruitment. The assistance of Professor David de Kretser, Professor Leon Piterman and Associate Professor Rob McLachlan with the recruitment of consumers and GPs and identification of key informants is also acknowledged.

Andrology Australia established a Consumer Advisory Group and a Service Provider Advisory Group as part of its community education program. The aim of these groups is to provide the consumer and service provider perspective on community education on male reproductive health. Many thanks to the members of each group for their advice, feedback and support.

Thanks are also extended to Associate Professor Gary Dowsett from Australian Research Centre for Sex, Health and Society (La Trobe University, Victoria) and Ms Corinne Siebel from the Westgate Division of General Practice (Victoria) for giving permission to refer to their education surveys during the development of the Andrology Australia community education survey. Andrology Australia is also grateful to Dr Carole Pinnock for her advice on survey design, and the individuals and agencies who offered their time to assist with piloting of the survey.

Many thanks go to the Department of General Practice, Monash University for assistance with the organisation of the GP focus groups. Thanks are also extended to Dr Jon Willis from the Australian Research Centre for Sex, Health and Society (La Trobe University) for his valuable assistance in planning and facilitating consumer focus groups, and suggestions for data analysis.

Thank you to Dr Rory Wolfe of Biostatistics Consulting Service at the Department of Epidemiology and Preventive Medicine, Monash University for his advice on the design and piloting of the community education survey, and for data analysis. Thanks also to Vasuki Prabaharan for her assistance with data analysis.

Various agencies offered their time in assisting with recruitment of consumers. Many thanks to Anne Donaldson from Inglewood and District Health Service, Sonja Smolenaers from Beaufort and Skipton Health Services, David Mill from the Men’s Network (NSW), Dr Hennie Williams from Family Planning Victoria, Dr Robert Hall from the School of Rural Health, Monash University, and Les Mather from the Westgate Prostate Cancer Support Group.

The authors would also like to thank the Andrology Australia Management group members, Mrs Vanessa Fleming-Baillie and Mr Christopher Race for their comments, review and assistance with the preparation of this report.
Finally, Andrology Australia is extremely grateful to all the GPs, key informants and consumers who gave their time and provided invaluable advice to Andrology Australia about community education in male reproductive health and whose contributions form the basis of this report.
References


Bibliography


APPENDICES
Appendix I: Literature Review Search Strategy

The search terms used to collect literature on men’s knowledge and attitudes towards male reproductive health issues and men’s information-seeking and health access behaviours were as follows:

1. men OR male AND
2. testicular OR prostate OR infertility OR androgen OR testosterone OR impotence OR erectile OR andrology OR reproductive OR reproduction AND
3. health behaviour/behavior OR health care seeking OR health care utilisation/utilization OR health attitudes

The limits applied to this search included human, adults and articles in English. There were no limits on year(s) of publication.

The search terms used to collect literature on male reproductive health education strategies previously implemented were as follows:

1. men OR male
2. testicular cancer OR male infertility OR prostate cancer OR benign prostatic hyperplasia OR androgen deficiency OR testosterone deficiency OR erectile dysfunction OR impotence
3. Health promotion OR health education OR community education
4. Patient education
5. 1 AND 2 AND 3
6. 1 AND 2 AND 4

The term “testicular self-examination” was also used as a single search term. The limits applied to this search included human, adults and articles in English. There were no limits on year(s) of publication.
Appendix II: Participants in Consultation Process

a) General Practitioner focus groups

The recruitment and facilitation of GP focus groups was performed in collaboration with the Department of General Practice, Monash University. A representative sample of GPs reflecting a range of interest in men’s health, gender and type of practice (solo and group) were identified and invited to participate in the focus groups. Three focus groups were conducted (two metropolitan and one rural) with a total of 27 GPs from the following Victorian Divisions of General Practice:

- North East Valley Division of General Practice;
- Monash Division of General Practice;
- Central Bayside Division of General Practice;
- Central Gippsland West Division of General Practice.

b) Consumer focus groups, interviews and written submissions

Men who had been affected by a reproductive health condition were invited to participate in the consumer consultation. A total of 113 men participated in the consultation that included focus groups, telephone interviews and written submissions. However, 14 men made more than one contribution on different health conditions resulting in a total of 129 consumer contributions for analysis.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Total number of consumer participants</th>
<th>No. focus groups</th>
<th>No. telephone interviews*</th>
<th>No. written submissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Androgen Deficiency</td>
<td>23</td>
<td>2</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Erectile Dysfunction</td>
<td>30</td>
<td>4</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Male Infertility</td>
<td>9</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Prostate Disease including Prostate Cancer</td>
<td>59</td>
<td>7</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Testicular Cancer</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total number of consumer contributions</strong></td>
<td><strong>129</strong></td>
<td><strong>14</strong></td>
<td><strong>19</strong></td>
<td><strong>12</strong></td>
</tr>
</tbody>
</table>

*, two consumer interviews focused on two conditions
c) **Key informant interviews**

**Androgen Deficiency**

Ms Linda Byart  
Director, Well Men’s Clinic, WA

Dr Ann Conway  
Endocrinologist, Department of Andrology, Concord Repatriation General Hospital, NSW

Mr Lachlan Dodds  
Urologist, Ballarat Urology Centre, Vic

Mr Richard McMullin  
Urologist, Ballarat Urology Centre, Vic

Dr Anthony Morrow  
Endocrinologist, NSW

Mr Leo Turner  
Clinical Nurse Consultant, Department of Andrology, Concord Repatriation General Hospital, NSW

Dr Margaret Zacharin  
Endocrinologist, Department of Endocrinology & Diabetes, Royal Children’s Hospital, Vic

Prof Jeffrey Zajac  
Head, Department of Medicine, University of Melbourne, Vic

**Erectile Dysfunction**

Mr Michael Arthur  
Community Spinal Nurse, Paraplegic Association of South Australia, SA

Ms Anita Bowen  
Counsellor, Shine South Australia, SA

Assoc Prof Peter Colman  
Director, Department of Diabetes and Endocrinology, Royal Melbourne Hospital, Vic

Mr Greg Davey  
Counsellor, Vic

Ms Karla Fritis  
Counsellor, Impotence Australia, NSW

Dr Tim Geraghty  
Director, Spinal Injury Unit, Princess Alexandria Hospital, Qld

Ms Cath Harmer  
Education Manager, Diabetes Australia, Vic

Ms Sandy Havlin  
Diabetes Nurse Educator, Diabetes Australia, WA

Dr Jim Hazel  
Endocrinologist, Diabetes Clinic, Westmead Hospital, NSW

Mr David Henty  
Psychologist, Tas

Mr John Kearney  
Diabetes Nurse Educator, Western District Health Service, Vic

Dr Simon Kennedy  
Psychologist, Behaviour Work Group, Vic

Mr Zyron Krupenia  
Psychologist, WA

Ms Chris Leech  
Occupational Therapist, Multiple Sclerosis Society of Queensland, Qld
Erectile Dysfunction key informants cont:...

Assoc Prof Douglas Lording  Medical Director, Cabrini Hospital, Vic
Mr Chris Love  Urologist, Vic
Dr Michael Lowy  Sexual Health Physician, Australian Centre for Sexual Health, NSW
Ms Pene Manolas  Counsellor, Impotence Australia, NSW
Dr Elizabeth McDonald  Medical Director, Multiple Sclerosis Society of Victoria, Vic
Ms Judy O'Dea  Diabetes Nurse Educator, Diabetes Health Assessment Unit, Royal North Shore Hospital, NSW
Dr Sue Rutkowski  Director, Spinal Injury Unit, Royal North Shore Hospital, NSW
Mr Aart Simons  Consultant Psychologist, Multiple Sclerosis Society of Queensland, Qld
Dr Peter Sutherland  Urologist, SA

Male Infertility

Prof Gordon Baker  Dept of Obstetrics and Gynaecology, University of Melbourne, and Melbourne IVF Reproductive Services, Vic
Ms Jenny Blood  Senior Counsellor, Reproductive Services, Royal Women’s Hospital, Vic
Mr Jim Clark  ACCESS Australia Infertility Network, NSW
Mr Roger Cook  Senior Lecturer in Psychology, Swinburne University of Technology, Vic
Ms Felicity Garner  Senior Social Worker, North Shore Fertility Clinic, NSW
Mr David Golovsky  Urologist, St Vincent’s Clinic, NSW
Dr Ann Jequier  Medical Director, Joondalup IVF, WA
Mr Peter O’Connor  Clinical Director, Men and Relationships Counselling, Vic
Dr Greg Phillipson  Gynaecologist, Christchurch Obstetrics and Gynaecology Associates, New Zealand (previous appointment at Reproductive Medicine Unit, University of Adelaide, SA)
Dr Kelton Tremellen  Gynaecologist and CREI Fellow, Reproductive Medicine Unit, University of Adelaide, SA
Prostate Disease (including Prostate Cancer)

Ms Liz Abell  
Manager, Cancer Information and Support Services, Cancer Council South Australia, SA

Ms Sally Carveth  
Support Services Co-ordinator, Cancer Council New South Wales, NSW

Assoc Prof Gillian Duchesne  
Director, Dept Radiation Oncology, Peter MacCallum Cancer Institute, Vic

Mr Mark Fogarty  
Clinical Nurse Consultant, Freemasons Hospital, Vic

Assoc Prof Mark Frydenberg  
Head, Dept Urology, Monash Medical Centre, Vic

Mr Max Gardner  
Chairman, Support and Advocacy Committee, Prostate Cancer Foundation of Australia, NSW

Mr Stephen Lindsay  
Urologist, Vic

Prof Villis Marshall  
Clinical Director, Surgical Specialties Service, Royal Adelaide Hospital, SA

Ms Ann Pardon  
Psychologist, Cancer Council of Northern Territory, NT

Mr John Russell  
Urologist, Vic

Mr Alan Stapleton  
Head, Urology Unit, Repatriation General Hospital, SA

Mr Stan Wisniewski  
Urologist, WA

Testicular Cancer

Dr Michael Boyer  
Medical Oncologist, Royal Prince Alfred Hospital, NSW

Mr Laurie Cleeve  
Urologist, Vic

Dr Joe McKendrick  
Director, Dept Oncology, Box Hill Hospital, Vic

Assoc Prof David Nicol  
Director, Dept Urology and Renal Transplantation, Princess Alexandria Hospital, Qld

Dr Guy Toner  
Medical Oncologist, Peter MacCallum Cancer Institute, Vic
### Special Needs Groups*

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Susan Alcarez</td>
<td>Co-ordinator, CELAS (Spanish Latin-American Welfare Centre of Victoria) Vic</td>
</tr>
<tr>
<td>Ms Fran Batrouney</td>
<td>Occupational Health Advisor, Huntsman Chemical Company, Vic</td>
</tr>
<tr>
<td>Ms Annalise Beckman</td>
<td>Former Disability Services Co-ordinator, Family Planning ACT, ACT</td>
</tr>
<tr>
<td>Ms Holly Brennan</td>
<td>Disability Services Manager, Family Planning Queensland, Qld</td>
</tr>
<tr>
<td>Ms Jo Duffy</td>
<td>Disability Services Co-ordinator, Family Planning ACT, ACT</td>
</tr>
<tr>
<td>Mr Conrad Gershevitch</td>
<td>National Co-ordinator, Federation of Ethnic Communities Councils of Australia</td>
</tr>
<tr>
<td>Ms Olympia Giatris</td>
<td>Welfare Officer, Greek Orthodox Community of South Australia, SA</td>
</tr>
<tr>
<td>Dr Caroline Harvey</td>
<td>Medical Director, Family Planning Queensland, Qld</td>
</tr>
<tr>
<td>Mr Demos Krouskos</td>
<td>Acting Director, Centre for Culture, Ethnicity and Health, Vic</td>
</tr>
<tr>
<td>Mr Peter Legzdins</td>
<td>Co-ordinator, Ethnic Communities Council of New South Wales, NSW</td>
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<tr>
<td>Mr Ayman Qasem</td>
<td>Counsellor, Australian Arabic Services Council, NSW</td>
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<tr>
<td>Mr Nhan Tran</td>
<td>Co-ordinator, Vietnamese Community of Australia (NSW Chapter), NSW</td>
</tr>
<tr>
<td>Ms Therese Warren</td>
<td>Occupational Health Advisor, SA</td>
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</table>

* includes key informants about men from culturally and linguistically diverse communities, men with disabilities, male blue-collar workers and women.
Reference Committees
Two reference groups were established to provide advice and feedback for the needs analysis from both the service provider and consumer perspective.

Service Provider Advisory Group

Mr Bernard Denner  Health Educator, Centre for the Advancement of Men’s Health, Vic
Dr Jeffrey Grierson  Research Fellow, Australian Research Centre in Sex, Health & Society, La Trobe University, Vic
Mr Rick Hayes  Lecturer, School of Public Health, La Trobe University, Vic
Dr Greg Malcher  General Practitioner, Vic
A/Prof Rob McLachlan  Consultant Endocrinologist and Andrologist, Monash IVF and Monash Medical Centre, Vic
Ms Robyn Metcalfe  Men’s Cancer Program Co-ordinator, Cancer Council Victoria, Vic
Ms Janet Michelmore  Director, Jean Hailes Foundation, Vic
Mr David Mill  Director, Men’s Network (NSW), NSW
Dr Carole Pinnock  Chair, Australian Prostate Cancer Collaboration (APCC) Education Committee, SA
Dr Mark Wenitong  Australia Indigenous Doctors Association, Qld

Consumer Advisory Group

Mr Spence Broughton  Qld
Mr Mark Campbell  Vic
Mr Jim Clark  NSW
Mr Jim Giles  SA
Mr Brett James  NSW
Mr Brett McCann  NSW
Mr Phil Morley  WA
Mr Stephen Russell  Vic
Mr Michael Schulz  SA
Mr David Stanley  Vic
Mr Rob Woods  Vic
Appendix III: GP Focus Group Questions

The GP focus groups were conducted in collaboration with the Monash University Department of General Practice to determine GP training and community education needs in male reproductive health issues. Questions used for the needs analysis to determine GP training needs in the area of male reproductive health were as follows:

- Within your Division of General Practice and/or in your professional development activities, how are your education and training needs in men’s sexual & reproductive health currently being met?
- How could these best be met?
- What would motivate you to gain more knowledge/ information on men’s sexual & reproductive health issues?
- As part of this national ‘Train-the-Trainer’ program, there will be training of a cohort of GPs to be national trainers on men’s sexual and reproductive health issues. These trainers will conduct sessions within Divisions. What do you think of this approach?
- What types of educational materials would be most useful in this training?
- An outcome of this project is to establish a database of resources for Australian GPs on men’s sexual & reproductive health (for example, of publications, focus group results, etc). What do you consider useful and in what form?

Questions used for the needs analysis to determine from GPs the perceived community education needs in the area of male reproductive health were as follows:

- For which male reproductive health issues do your male patients and/or families currently seek information? Who initiates discussion about sexual function?
- What type of information is sought by your male patients and/or their families about these male reproductive health issues?
- What action do you take in fulfilling the information needs of your patients and/or their families?
- What information should be made available to consumers about male reproductive health issues?
- How should this information be made available to consumers?
Appendix IV: Consumer Questions

Questions used during the consultation with consumers to determine the information needs and information-seeking behaviour of men affected by sexual and reproductive health issues.

- What has your experience of ____________ (prostate disease, testicular cancer, infertility, erectile dysfunction or androgen deficiency) been like? *(Prompts)*
  - What stands out to you about your experience of ________?
  - How did you find out that you had your condition? What were the signs/symptoms?
  - What concerns do you have or have you had about your condition or treatment?
- What did you know about your condition before you were diagnosed or realised you had a problem?
- How has your knowledge about your condition changed over time?
- What information were you given at diagnosis and during treatment? *(Prompts)*
  - How did you go about finding out these issues?
  - What information did you find that was useful?
  - What difficulties did you experience in trying to find useful information?
  - How have your family or friends played a part in you finding the information or help you need?
- What are the most important issues about _________ that men should know?
- At what time in a man’s life should he be educated about this issue?
- What is the best way for your average person to find out about ___________? *(Prompts)*
  - Where would be the best places to provide information about ________ for men?
  - What would be some useful ways to present this information?
  - What types of information or health promotion activities do you think men tend to notice?
  - What stops men from seeking health information or support?
  - What would encourage them to be more proactive in enhancing their health?
- Are there any more thoughts that you have on the issues we've talked about?
Appendix V: Key Informant Interview Schedule

The following key informant interview schedule was modified to reflect discussion with other subgroups (for example men from culturally and linguistically diverse communities, blue collar workers).

- Can you please comment on the state of education or information that is currently available for men about ___________? What are the gaps in the information available?
- Is there a need for further education for men about this issue? If so, where does the need lie?
- What are the specific issues in or aspects of ___________ that need to be addressed in a men’s health promotion program?
- What are the aspirations of your male patients in terms of their health including their sexual and reproductive health?
- What type of information is sought by your male patients about ___________?
- What is their level of knowledge about this condition upon referral to this service? How does this level of knowledge change during the management or treatment of condition?
- How aware are your male patients of their own bodies in terms of anatomy and physiology?
- What type of information is sought by partners about ___________?
- How do the following variables impact on the type of information sought about ___________?
  - Age – young/er vs old/er
  - Ethnicity
  - Socio-economic status – low vs middle vs high?
  - Rural vs metro
- What action is taken in fulfilling the information needs of your male patients and/or their partners? (Counselling? Referral?) What is their receptivity to these actions?
- Can you comment on the information-seeking behaviour of your male patients?
  - Do they access information from other sources? If so, where?
  - What information do they seek?
- What information should be made available to men affected by ___________ vs the general male population?
  - Risk factors
  - Treatment
  - Other
• How should information be made available to men – affected vs general male population?
  – Settings
  – Strategies
  – Target groups

• Are there any existing health promotion strategies or campaigns that could be applied to providing information to men about ______________?

• What outcomes would you like to see for your male patients and men overall if they participated in a health promotion activity focusing on ________________?

• What are your thoughts on the basic literacy approach as a means of providing health information to men? What other approaches should be considered?

• Men have recognised the influence that their partners have on health access and information-seeking behaviour and suggested women be educated so they can educate their partners. What are your thoughts on the this approach as a means of providing health information to men?

• What are the barriers to male participation in men’s health promotion programs?

• What would encourage male participation in men’s health promotion programs?(or How can male reproductive health be demystified so that men are able to openly discuss issues affecting them like women are able to do so?)

• Are there any other issues about ______________ that Andrology Australia should consider when developing its community education campaign? (state issues etc)
Appendix VI: Community Education Survey

MALE REPRODUCTIVE HEALTH EDUCATION ACTIVITIES SURVEY

Overview
Thank you for taking the time to complete this survey. This survey has been developed to gain information about men's health education activities across Australia that either directly address or incorporate education about male reproductive health issues. The information that you provide in this survey is important in ensuring that we have a comprehensive understanding of past, current and planned men's health education activities to clearly establish future directions for education in male reproductive health. It is also important that we identify as many education providers as possible through this survey. If you are aware of any organisations or individuals who may provide education or distribute information that includes male reproductive health issues, we would appreciate it if you could nominate them in this survey.

Please ask that the appropriate staff member(s) complete this survey. Where more than one staff member has been involved in separate education activities within the organisation, this survey may be photocopied or additional copies may be requested from Andrology Australia.

Definitions

Education Activities
For the purpose of this survey, ‘education activities’ is defined broadly and encompasses a wide range of activities such as telephone information services, workshops for consumers or health professionals, pamphlet distribution, videotapes or one-on-one consultations or support. We would like to obtain as much information as possible about all forms of education activities provided throughout Australia that have in some way addressed male reproductive health issues. If you are uncertain about whether an activity or initiative you have provided is classified as an education activity, please complete the survey to the best of your ability as we would appreciate any information that you may provide about your service or activities.

Male Reproductive Health
Refers to the functioning of the male reproductive system. Andrology Australia has a focus on education and research in specific areas of male reproductive health including androgen deficiency, steroid use, prostate disease (including prostate cancer), infertility, erectile dysfunction and testicular cancer.

Andrology
Refers to the study of the functions and diseases peculiar to males especially of the reproductive organs. Andrology is the male equivalent to gynaecology for women.

Checklist
Before returning your survey, please check that you have included the following:
- Completed the ‘About Your Education Activities’ section
- Completed an ‘Activity Sheet’ for each main education activity that you or your organisation have undertaken or planned for future implementation
- Completed the ‘About Your Organisation’ section
- Where possible, included copies of any education materials that you or your organisation have used
- Completed the subscription form for The Healthy Male newsletter, if you or your organisation wishes to receive quarterly newsletters from Andrology Australia

This survey is based on education activity surveys developed by the Australian Research Centre in Sex, Health and Society at La Trobe University and the Westgate Division of General Practice.
ABOUT YOUR EDUCATION ACTIVITIES

We would like to know about any forms of education that you or your organisation have provided in the past, are currently providing, or are planning for the future. A series of questions are presented below followed by a set of ‘Activity Sheets’. Please answer each question by putting a ✓ in the appropriate box (☐) or written response where required.

1. Please indicate which areas of men’s health you or your organisation have undertaken education activities in:

___________________________________________________________________________

2. How long have you or your organisation been undertaking these activities? ___________

3. What motivated you or your organisation to target education in men’s health?

___________________________________________________________________________

___________________________________________________________________________

4. Have your men’s health education initiatives included information on male reproductive health issues?

☐ 1 YES

☐ 2 NO → Please go to question 5

Please go to question 5

5. Have you or your organisation ever implemented, or are you planning to implement, any education activities that includes information on any of the following male reproductive health issues?

Prostate disease
- Prostate cancer
- Prostatitis
- Benign prostatic hyperplasia

Testicular cancer
Androgen/testosterone deficiency
Steroid use
Other reproductive health issues

Erectile dysfunction

Male infertility

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6

☐ 7

☐ 8

☐ 9

Please specify:___________________


6. What motivated you or your organisation to target or include male reproductive health in your education initiatives?

___________________________________________________________________________

___________________________________________________________________________

If you have ticked any of the boxes in question 5, please continue to the ‘Activity Sheets’ section over the page.
ACTIVITY SHEETS

Please list each of the MAIN education activities that you or your organisation have undertaken or are planning, that have included male reproductive health issues (if in doubt, include rather than exclude):

A. ___________________________________________________ Please complete Activity Sheet A
B. ___________________________________________________ Please complete Activity Sheet B
C. ___________________________________________________ Please photocopy additional sheets
D. ___________________________________________________ Please photocopy additional sheets
E. ___________________________________________________ Please photocopy additional sheets
F. ___________________________________________________ Please photocopy additional sheets

One Activity Sheet is required per education activity that you or your organisation have run or are planning. If more sheets are required for additional activities, please photocopy the Activity Sheets enclosed before commencing.

Please answer each question on the following Activity Sheet(s) by putting a ✓ in the appropriate box or a written response where required. If a section is not relevant to your program/activity, or if the information is not available, please indicate this on the sheet.

Please note that the following Activity Sheets are written in present tense. For activities that have been undertaken in the past or are currently in the planning stage, please complete the survey in terms of how the activity could be best described.

Where possible, Andrology Australia would appreciate any copies of any education materials (such as brochures, posters, workshop programs) that you or your organisation have used in the education activities outlined in this survey. Andrology Australia wishes to obtain materials for research purposes only to gain an overview of the education strategies being undertaken in male reproductive health. Andrology Australia will not use any materials or content without expressed permission from the author or organisation.

If you wish to discuss this further please contact Carolyn Poljski, Health Promotion Officer, on (03) 9594 7534 or Carolyn.Poljski@med.monash.edu.au
**Description**

1. Name/description:

2. Is this activity a:
   - [ ] Past activity (no longer running)
   - [ ] Current activity
   - [ ] Future or planned activity (not yet commenced)

3. Commencement date of activity: ______________ End date of activity: ______________

4. Please indicate the targeted State or Territory of this activity: (one box only)
   - [ ] VIC
   - [ ] NSW
   - [ ] QLD
   - [ ] NT
   - [ ] WA
   - [ ] TAS
   - [ ] ACT
   - [ ] SA
   - [ ] Australia-wide
   - [ ] Non-specific location

5. Does this activity target metropolitan or suburban locations? [ ] YES [ ] NO

6. Does this activity target rural or regional locations? [ ] YES [ ] NO

7. Does this activity target remote locations? [ ] YES [ ] NO

**Aims**

8. What is the main aim of this activity?
   - [ ] To prevent disease
   - [ ] To facilitate early detection of conditions
   - [ ] To provide support or counselling
   - [ ] To provide general information
   - [ ] All of the above
   - [ ] Other

**Focus**

9. Which reproductive health issue(s) does this education activity address or include?

<table>
<thead>
<tr>
<th>The main focus of the activity</th>
<th>Included but not the main focus</th>
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<tbody>
<tr>
<td>Prostate disease</td>
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<td>- Prostate cancer</td>
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<td>- Benign prostatic hyperplasia</td>
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<td>Erectile dysfunction</td>
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<td>Male infertility</td>
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<td>Testicular cancer</td>
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<td>Androgen/testosterone deficiency</td>
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<td>Steroid use</td>
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<tr>
<td>Other male reproductive health issues</td>
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</table>

Please specify issue(s): ________________________________________________

10. Which topics are addressed in this activity?
    - [ ] Symptoms and detection
    - [ ] Prevention
    - [ ] Self care
    - [ ] Treatment options
    - [ ] Information sources
    - [ ] Healthy living
    - [ ] Support services or networks
    - [ ] Statistics
    - [ ] Other: _________
### Implementation

11. Which ONE method most accurately describes how this activity is delivered? (✓ one box only)

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<td>Telephone information or counselling</td>
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<td>Audio-visual information distribution</td>
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12. What type(s) of education materials are used to convey information in this activity?

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<td>Newsletters/magazines</td>
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<td>Visual tools (e.g. Power Point)</td>
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<td>No materials</td>
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<td>Other: ______________________</td>
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13. Are these materials:

- Produced by you or your organisation?  
- Adapted from other materials for your own use?  
- Existing materials developed by others?  
- Not applicable

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14. Which language(s) is this activity provided in?

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### Target groups/population

19. Who is this education activity typically directed towards? (✓ one box only)

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<td>Individuals ‘at risk’ of a health condition</td>
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<td>Affected individuals (i.e. those who have/had a reproductive health condition)</td>
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<td>Friends and family of affected individuals</td>
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<td>Both affected or ‘at risk’ individuals and their family/friends</td>
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16. Which personnel or individuals were involved in the development of this activity?

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17. Which personnel or individuals are involved in the delivery of this activity?

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18. Can you please describe the characteristics of the personnel or individuals involved in the delivery of this activity? (age, gender, whether employed within or outside organisation, languages spoken)

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15. Where does this activity MOST COMMONLY take place? (✓ one box only)

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10. What type(s) of education materials are used to convey information in this activity?  

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19. Who is this education activity typically directed towards? (✓ one box only)

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<tr>
<td>4</td>
<td>Affected individuals (i.e. those who have/had a reproductive health condition)</td>
</tr>
<tr>
<td>5</td>
<td>Friends and family of affected individuals</td>
</tr>
<tr>
<td>6</td>
<td>Both affected or ‘at risk’ individuals and their family/friends</td>
</tr>
<tr>
<td>7</td>
<td>Other: ______________________</td>
</tr>
</tbody>
</table>
EDUCATION ACTIVITY SHEET A (cont:)

20. Which gender does this activity target? (✓ one box only)
  □ 1 Men  □ 2 Women  □ 3 Transgender  □ 4 Non-gender specific

21. Which age group does this activity target? (✓ one box only)
  □ 1 Below 18  □ 2 18-35  □ 3 36-55  □ 4 56+  □ 5 Non-age specific

22a. Does this activity target individuals of a specific sexual orientation? □ 1 YES □ 2 NO
22b. If yes, please specify:
  □ 1 Heterosexual  □ 2 Homosexual  □ 3 Bisexual

23a. Does this activity target specific socioeconomic groups? □ 1 YES □ 2 NO
23b. If yes, please specify:
  □ 1 Professionals or white collar workers  □ 2 Trades or blue collar workers
  □ 3 Unemployed  □ 4 Retired  □ 5 Students  □ 6 Other:________________________

24a. Does this activity specifically target any special needs groups? □ 1 YES □ 2 NO
24b. If yes, please specify:
  □ 1 Elderly  □ 2 Indigenous  □ 3 Disabled  □ 4 War Veterans
  □ 5 People of diverse cultural and linguistic backgrounds. If yes, please specify which ethnic
  group(s):______________________________________________________
  □ 6 Other:__________________________

Evaluation

25. What would you say is the most successful element of this activity?
___________________________________________________________________________

26. What do you think are the most important indicators of this activity's success?
___________________________________________________________________________

27a. Has the effectiveness of this activity been measured in any way? (✓ one box only)
  □ 1 Yes → Please go to Q. 27b. □ 2 No → Please go to Q. 29a.
  □ 3 Unsure → Please go to Q. 29a.
  □ 4 Not applicable (N/A) → Please go to Q. 29a.
27b. If yes, how?
___________________________________________________________________________

28. If yes, was the activity considered to have met its intended aims or goals? (✓ one box only)
  □ 1 It met all of the aims  □ 2 It met most of the aims  □ 3 It met some of the aims
  □ 4 It met few of the aims  □ 5 It met none of the aims

29a. Will this activity be continued? □ 1 YES □ 2 NO □ 3 UNSURE □ 4 N/A
29b. If no, please explain why:
  □ 1 Lack of funding  □ 2 Lack of audience interest  □ 3 Lack of resources
  □ 4 Activity not meeting goals  □ 5 Other:__________________________
**Description**

1. Name/description: ____________________________________________________________

2. Is this activity a:
   - 1. Past activity (no longer running)
   - 2. Current activity
   - 3. Future or planned activity (not yet commenced)

3. Commencement date of activity: _______________ End date of activity: _______________

4. Please indicate the targeted State or Territory of this activity: (one box only)
   - 1. VIC
   - 2. NSW
   - 3. QLD
   - 4. NT
   - 5. WA
   - 6. TAS
   - 7. ACT
   - 8. SA
   - 9. Australia-wide
   - 10. Non-specific location

5. Does this activity target metropolitan or suburban locations?  
   - 1. YES
   - 2. NO

6. Does this activity target rural or regional locations?  
   - 1. YES
   - 2. NO

7. Does this activity target remote locations?  
   - 1. YES
   - 2. NO

**Aims**

8. What is the main aim of this activity?
   - 1. To prevent disease
   - 2. To facilitate early detection of conditions
   - 3. To provide support or counselling
   - 4. To provide general information
   - 5. All of the above
   - 6. Other ____________________________

**Focus**

9. Which reproductive health issue(s) does this education activity address or include?

<table>
<thead>
<tr>
<th>Reproductive Health Issue</th>
<th>The main focus of the activity</th>
<th>Included but not the main focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prostate disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Prostate cancer</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>- Prostatitis</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>- Benign prostatic hyperplasia</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Male infertility</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Testicular cancer</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Androgen/testosterone deficiency</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Steroid use</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Other male reproductive health issues</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Please specify issue(s): ________________________________________________

10. Which topics are addressed in this activity?
   
   - 1. Symptoms and detection
   - 2. Prevention
   - 3. Self care
   - 4. Treatment options
   - 5. Information sources
   - 6. Healthy living
   - 7. Support services or networks
   - 8. Statistics
   - 9. Other: _______________
EDUCATION ACTIVITY SHEET B (cont:)

Implementation

11. Which ONE method most accurately describes how this activity is delivered? (✓ one box only)
   - 1. Face to face group presentations/sessions
   - 2. Telephone information or counselling
   - 3. One on one discussion or consultation
   - 4. One on one formal counselling
   - 5. Paper based written information distribution
   - 6. Internet or email information distribution
   - 7. Audio-visual information distribution
   - 8. Other: _________________________

12. What type(s) of education materials are used to convey information in this activity?
   - 1. Written (e.g. pamphlets, booklets)
   - 2. Websites
   - 3. Video or audio tapes
   - 4. Printed visual (e.g. posters)
   - 5. Email
   - 6. Newsletters/magazines
   - 7. Visual tools (e.g. Power Point)
   - 8. No materials
   - 9. Other: _________________________

13. Are these materials: All Some
   - 1. Produced by you or your organisation?
   - 2. Adapted from other materials for your own use?
   - 3. Existing materials developed by others?
   - 4. Not applicable

14. Which language(s) is this activity provided in?

15. Where does this activity MOST COMMONLY take place? (✓ one box only)
   - 1. Within your organisation or clinic
   - 2. Outside your organisation or clinic
   - 3. Entertainment or social venues
   - 4. Workplace settings
   - 5. Presented in media
   - 6. No regular setting
   - 7. Distributed by mail-outs
   - 8. Internet
   - 9. Other: _________________________

16. Which personnel or individuals were involved in the development of this activity?

17. Which personnel or individuals are involved in the delivery of this activity?

18. Can you please describe the characteristics of the personnel or individuals involved in the delivery of this activity? (age, gender, whether employed within or outside organisation, languages spoken)

Target groups/population

19. Who is this education activity typically directed towards? (✓ one box only)
   - 1. General population
   - 2. Health care professionals
   - 3. Individuals ‘at risk’ of a health condition
   - 4. Affected individuals (i.e. those who have/had a reproductive health condition)
   - 5. Friends and family of affected individuals
   - 6. Both affected or ‘at risk’ individuals and their family/friends
   - 7. Other:
## EDUCATION ACTIVITY SHEET B (cont:)

20. Which gender does this activity target?  (✓ one box only)
   - Men 1
   - Women 2
   - Transgender 3
   - Non-gender specific 4

21. Which age group does this activity target? (✓ one box only)
   - Below 18 1
   - 18-35 2
   - 36-55 3
   - Non-age specific 4

22a. Does this activity target individuals of a specific sexual orientation? 1 YES 2 NO
22b. If yes, please specify:
   - Heterosexual 1
   - Homosexual 2
   - Bisexual 3

23a. Does this activity target specific socioeconomic groups? 1 YES 2 NO
23b. If yes, please specify:
   - Professionals or white collar workers 1
   - Trades or blue collar workers 2
   - Unemployed 3
   - Retired 4
   - Students 5
   - Other: __________________________

24a. Does this activity specifically target any special needs groups? 1 YES 2 NO
24b. If yes, please specify:
   - Elderly 1
   - Indigenous 2
   - Disabled 3
   - War Veterans 4
   - People of diverse cultural and linguistic backgrounds. If yes, please specify which ethnic group(s): __________________________
   - Other: ____________________________________________

### Evaluation

25. What would you say is the most successful element of this activity?
   __________________________________________________________

26. What do you think are the most important indicators of this activity’s success?
   __________________________________________________________

27a. Has the effectiveness of this activity been measured in any way? (✓ one box only)
   - Yes Please go to Q. 27b.
   - No Please go to Q. 29a.
   - Unsure Please go to Q. 29a.
   - Not applicable (N/A) Please go to Q. 29a.

27b. If yes, how?
   __________________________________________________________

28. If yes, was the activity considered to have met its intended aims or goals? (✓ one box only)
   - It met all of the aims 1
   - It met most of the aims 2
   - It met some of the aims 3
   - It met few of the aims 4
   - It met none of the aims 5

29a. Will this activity be continued? 1 YES 2 NO 3 UNSURE 4 N/A
29b. If no, please explain why:
   - Lack of funding 1
   - Lack of audience interest 2
   - Lack of resources 3
   - Activity not meeting goals 4
   - Other: __________________________
ABOUT YOUR ORGANISATION

We are interested in gaining information about your organisation for demographic purposes. Please note that your organisation names and contact details will not be directly linked to the presentation of results in the final report or any subsequent publications.

1. Organisation name: ___________________________________________________________
2. Organisation address:_________________________________________________________
3. Post code: ______________
4. State/Territory: □ 1 VIC □ 2 NSW □ 3 QLD □ 4 NT □ 5 SA □ 6 WA □ 7 TAS □ 8 ACT
5. Organisation size (number of staff): □ 1 Small (1-100) □ 2 Medium (101-400) □ 3 Large (401+)
6. Which one category best describes your organisation? (√ one box only)
   □ 1 Community Health Centre □ 2 Community Service Groups
   □ 3 Division of General Practice □ 4 Government- Commonwealth
   □ 5 Government- Local □ 6 Government- State
   □ 7 Hospital- Private □ 8 Hospital- Public
   □ 9 Non-profit Organisation □ 10 Peer-based Group
   □ 11 Professional Organisation □ 12 Religious Organisation
   □ 13 School, TAFE or University □ 14 Sexual Health Service
   □ 15 Social Club □ 16 Workplace-based service
   □ 17 Other: ______________________
7. Contact person: _____________________________________________________________
8. Position _________________________________________________________________
9. Phone: _________________________________________________________________
10. Fax: _________________________________________________________________
11. Email: _________________________________________________________________
12. Are you willing to be contacted by Andrology Australia for further discussion of the issues raised in this survey in the future? (No obligation involved)
    □ 1 YES □ 2 NO
13. Can you suggest any other health organisations that may have undertaken initiatives in men’s health that may be willing to complete this survey?
    ____________________________________________________________

Please return your completed survey via MAIL in the reply paid envelope, or addressed to: Carolyn Poljski, Andrology Australia, C/O Monash Institute of Reproduction and Development, Monash Medical Centre, 246 Clayton Road, Clayton VIC 3168. Alternatively, please FAX your survey, marked ‘Private and Confidential’ to Carolyn Poljski on (03) 9594 7111