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Background

Numerous studies have found that men overall have lower rates of medical help seeking and health care utilisation compared with women [1–6]. This behaviour has been observed across a diverse range of health problems such as general physical health problems, mental health problems, life-stresses, and alcohol and substance use [7–14]. Data on primary care in the UK show that among those aged 21 to 58 years, men consult a general

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Two questions from the Ten to Men adult questionnaire were used to assess health care utilisation. The first asked participants to name the health services or type of health professional (e.g., dentist, GP, chiropractor etc.) with whom they had consulted in the 12 months prior to the survey. A list of 25 services was provided including an option to name others. Participants marked “yes” to all services that applied to them. The second question asked participants to state how often they saw their family doctor for a general health check-up, i.e. not because they are sick or injured. The response options were more than once a year, once a year, less frequently, and never.

7.3–8.2) indicated that they were unable to access health care when needed in the last 12 months. For this group, there was no evidence of a trend of increasing or decreasing odds by age ($p = 0.35$), but there was evi-

Table 1 C – 'GP 12 ' ' -' '

	M 1: C 'GP 12 '				M 2: C ' ' -' '			
	18–34		35–55		18–34		35–55	
	U	M-	U	M-	U	M-	U	M-
	O 95 % CI	O 95 % CI	O 95 % CI	O 95 % CI	O 95 % CI	O 95 % CI	O 95 % CI	O 95 % CI

C :(-299(C-)-)-291(%)-2TJ % CI

compared to women's rates of GP visits [6]. This paper highlights some of the complexities that research into men's health care utilisation and help seeking faces.

We found that 81 % of participants reported having consulted a GP in the last 12 months with increasing odds of visiting a GP as age increases and decreasing odds as remoteness of residence increases. We also found that only 39 % of men had regular health check-ups and while the odds increased with age, there was no association with the remoteness of residence. Our analyses show that a person's general health status affects the odds of visiting a GP. Men with very good to excellent self-rated health were less likely to have visited a GP in the last 12 months but those taking pain medication on a daily basis and those who were diagnosed with one or more health conditions were more likely. The magnitude of effects was greater for older than younger men. Across men of all ages, having private health insurance increased the odds for a GP visit in the past 12 months.

Socio-demographic factors showed fewer significant effects on the odds for visiting a GP in older men compared with younger men. We found that those living outside of a major city were less likely to attend a GP in the last 12 months. This raises issues of equity in terms of healthcare access for those living in rural and regional Australia. People living in rural areas have less choice of healthcare services available and they are more likely to have longer travel distances to attend these services mostly without access to public transport [50–52]. Medical workforce shortages in rural areas makes access to health services even more challenging [53]. Rural health services have to provide care to a more dispersed population than urban services while at the same time, are often smaller, less resourced and face additional expenses associated with distance [54].

Health and lifestyle factors showed greater relevance among older men with those smoking and those with excellent to good self-rated health attending the GP less often. Of concern was that smokers were less likely to have consulted a GP in the last 12 months which means that the opportunity to influence lifestyle choices or even monitor health risks in this population group is diminished. It has been well established that smoking is associated with lower socio-economic status [55, 56], but it is a concern that even after adjusting for socio-economic variables such as education, remoteness and financial difficulties, our study shows that older smokers are less engaged with the healthcare system. The factors that were most strongly related to past GP visits seem to measure ill health (e.g., taking daily pain-medication, having been diagnosed with health conditions over the past 12 months and rating own health less positive). This suggests that men may see a GP as particular health conditions present or on a needs basis, rather than planning their visit in advance.

In contrast to GP visits, the odds of engaging in regular health check-ups were reduced by having finished secondary school, being born in Australia, having experienced financial difficulties or being married. In addition to factors measuring ill health (i.e. taking daily pain medication and number of diagnosed health conditions) the health risk factor of being obese increased the odds for regular health check-ups. While this provides an opportunity for GPs to discuss healthy lifestyle choices with at risk men, the overall low number of men choosing to see a doctor for a general health check-up is reducing the significance of this opportunity. Further, engaging in harmful alcohol consumption decreased the odds for regular health check-ups meaning a reduced opportunity for intervention by a doctor or medical professional.

The majority of men (61 %) did not engage in regular health check-up visits, which we believe represents a missed opportunity for preventative health care discussions. Health check-ups have been demonstrated to improve the frequency of preventive care and support regular discussions on changing health behaviour in middle age [57, 58] and have also been found to improve the quality of preventative care [59]. Further, adults who received ongoing care from regular visits to the GP are found to be more likely to receive the preventive services as recommended by policy guidelines [18]. Lower consultation rates may therefore translate into lost opportunities to detect and intervene with problems early and this is where men may be missing out compared to women [19].

It is possible that existing funding mechanisms in Australian general practice are deterrents against routine health checks [60]. For example, among those aged 45 to 49 years with documented risk factors for chronic disease, GPs can only claim one cardiovascular health check consultation over this five year period [17, 61]. Providing GPs with more options to initiate preventive health care discussions with patients could increase health sions79(i)-1(yst)(it)-491653000ctorHpr mhe7(ke)16re13(n,)cknomessv

associations between health care utilisation and health outcomes.

There are several limitations of this analysis which must be considered when interpreting the data. Firstly, we did not include social or emotional and cognitive psychological factors as predictors (e.g., masculine norms, gender roles, or attitudes to help seeking). In the context of health services utilisation it is plausible that attitudes to health and help seeking play an important role [27, 28]. Visiting the doctor for regular health check-ups might see a different sub-group of men and most likely those men who show initiative in looking after their health and are engaged with their health and health services in general. In contrast, GP visits in the last 12 months as an outcome measure might capture those men who saw a doctor because of a specific health care need (i.e. illness or injury). However, investigating the role of attitudes and social roles requires more complex analysis which was beyond the scope of this paper. Secondly, the measurement of health care utilisation used in this paper is based on self-report which is likely to be subject to recall bias. At the time of analysis we did not have access to participants' health records including types of services accessed, diagnostic tests performed and medications prescribed. These data would add crucial information to further our understanding of this field and address any bias caused by self-report.

The strengths of this analysis are that a range of socio-demographic and health-related variables were available allow6(d)- paper.

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T U & M ' H . 2013;4(5):39–41.