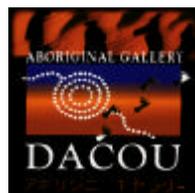


# 'Growing Up as an Indigenous Male'

## Report from the 1st National Indigenous Male Health Convention



**Ross River, Central Australia**  
**4<sup>th</sup> & 5<sup>th</sup> of October 1999**



**Heart  
Foundation**

welcome to the Heart Foundation of Australia

..... about the Heart Foundation

## Table of Contents

<b>1st National Indigenous Male Health Convention.....</b>	<b>3</b>
<b>Acknowledgments .....</b>	<b>4</b>
<b>Convention Sponsors.....</b>	<b>4</b>
<b>The Convention .....</b>	<b>5</b>
<b>Invited Speakers .....</b>	<b>6</b>
Dr Noel Hayman.....	6
Mick Adams.....	7
Frank Spry .....	9
Terrance Guyula.....	11
Vladimir Williams.....	12
Kenny Dean.....	13
Aaron Briscoe.....	14
<b>Open Forum .....</b>	<b>15</b>
<b>National Indigenous Male Health Reference Committee.....</b>	<b>18</b>
<b>Men's Places .....</b>	<b>19</b>
<b>Convention Resolutions.....</b>	<b>21</b>
<b>Statement of Principles.....</b>	<b>22</b>
<b>Achievements &amp; decisions .....</b>	<b>23</b>
<b>Future Conventions.....</b>	<b>24</b>
<b>Michael Martin, Territory Health Services .....</b>	<b>24</b>
<b>Epilogue.....</b>	<b>25</b>
<b>About the report.....</b>	<b>26</b>
The fine print .....	26

# 1st National Indigenous Male Health Convention

## **Foreword**

The role of males in Aboriginal society has been significantly diminished as a result of the process of colonisation. This has contributed in a significant way to the breakdown and collapse of Aboriginal society and community life as it is today. The impact on Aboriginal males has been both negative and devastating, for example, chronic alcoholism, family violence, high imprisonment rates, deaths in custody, youth suicide and anti-social behaviour are just a few of the negative manifestations being witnessed today.

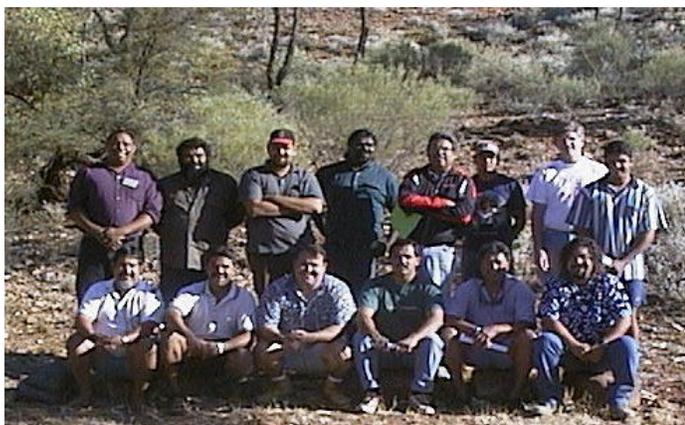
Indigenous males recognise the significance of the loss of self-esteem and self respect through alienation, loss of culture and country, and spiritual wellbeing. They have also recognised the importance of returning to, and revival of cultural and spiritual values that can provide a sense of identity and strength.

The empowerment of Indigenous males is crucial to the raising of self-esteem, quality of life, health status and spiritual wellbeing. Indigenous males must take a leading role in improving their own health status and that of their communities. Community involvement, consultation and providing the opportunity for Indigenous males to define and take control of the issues that affect them is paramount to achieving positive and successful outcomes.

Frank Spry  
Miwatj Health Aboriginal Corporation  
Nhulunbuy, NT, Australia

## Acknowledgments

**Convention Organising Committee:** In no particular order, special thanks go to Patrick Torres, Frank Ansell, Ken Lechleitner, Neville Khan, Arthur Grogan, Jimmy Perry, Lloyd Bray, Douglas Abbott, Willy Satour and Graham Smith from Alice Springs; Alan (Oopy) Campbell and Martin Campbell from Jay Creek, via Alice Springs; Robin Granites and Harry Nelson from Yuendumu; Joe Rawson from Titjikala, via Alice Springs; Jasper Hains from Ti Tree; Anthony Petrick from Harts Range; Aaron Briscoe from OATSIH, Canberra; Shane Houston from the Health Department of WA; and Robert Cockatoo from Queensland Health.



A lot of people worked hard to make the Convention a success.

For a full list of names visit the Convention website at <http://welcome.to/indigmalehealth>

**Committee Support:** Frank Spry, Roy Price and Zane Hughes from the Male Health Policy Unit in Territory Health Services assisted the Convention Organising Committee by providing logistical support and advice.

**Media Liaison:** The Organising Committee would like to pass on thanks to Tangentyere Council. The Tangentyere Media Officer, Neville Khan, provided a media liaison service and arranged for coverage of the Convention in the print, radio and television media.

**Alice Springs Street March:** Thanks go to the Alice Springs Town Council for waiving the usual 'permit to march' procedures. The Organising Committee is grateful for the support from the Town Council.



**Facilitators:** Ken Lechleitner had a prominent role as the main Facilitator. Aaron Briscoe (OATSIH, Canberra), Mick Adams and Frank Spry (Miwatj Health, Nhulunbuy NT), and Dr Noel Hayman (Queensland) also had prominent roles.

**Ken Lechleitner**

## Convention Sponsors

**Territory Health Services** provided financial sponsorship and in-kind support through the Male Health Policy Unit. The **Australian Department of Health & Aged Care** and the **Heart Foundation of Australia** provided generous financial sponsorship. **Dacou Aboriginal Art Gallery** in Adelaide, South Australia provided valuable in-kind support. Visit the Web site at <http://welcome.to/indigmalehealth> for more information about the sponsors.

## The Convention

The 1st National Indigenous Male Health Convention, held at Ross River Homestead on the 4th & 5th October 1999, provided an opportunity for Indigenous males from around Australia to express their views and share their experiences of health. Delegates to the Convention explored strategies to improve the health and well-being of Indigenous males, their families and their communities. The Convention Organising Committee is proud of the success of the Convention.



**Convention delegates in one of the concurrent sessions**

### *Convention Website*

Visit <http://welcome.to/indigmalehealth> to see photos of the Convention and the delegates marching through the streets of Alice Springs. The site has information about male health and a list of people and suppliers who contributed to the success of the Convention.

**Harry Terrick, Bairnsdale, Victoria.**



### **Convention Proceedings**

#### **Welcome to Ross River**

Traditional owners welcomed Convention delegates from all over Australia to their country. The Convention Facilitator, Ken Lechleitner, thanked the Traditional Owners and, on behalf of the Organising Committee, welcomed delegates to the 1st National Indigenous Male Health Convention.

Ken spoke of the issues arising out of five men's health workshops held in Central Australia this year. This provided a backdrop for the convention. The themes were

- The establishment of men's centres equipped to deal with all aspects of men's health, such as diabetes, alcoholism, mental health and family wellbeing.
- The provision of more male oriented services to improve access.
- The establishment of a National Indigenous Male Health Reference Committee made up of reps from state and territory groups.

## Invited Speakers

This section is an edited summary of the papers presented by keynote speakers. Full texts are available on the internet.

### **Dr Noel Hayman**

Program Leader Indigenous Health  
QEI Hospital Health Service District.  
(Complete paper at  
<http://www.nt.gov.au/nths/mhc/docs/menscon.doc>)



### *'Medical and Clinical Issues for Indigenous Men'*

- Current estimates show that presently there are approximately 202,000 of us Indigenous males in Australia with about 120,000 aged 15 years and older.
- Indigenous males' life expectancy is only 56.9 years compared to 75.2 years for all Australian males. This is some 20 years difference.
- Infant mortality of Indigenous males remains stubbornly fixed at 2 to 3 times that for non-Indigenous males.
- The death rates for Indigenous males are higher than those for non-Indigenous males for every age-group, especially between the 15 – 54 year age range where death rates are 3 to 7 times that of non-Indigenous males.
- The main four conditions include, cardiovascular diseases, injury, respiratory diseases and endocrine, which is mainly diabetes. These four conditions together account for over two thirds of excess death.
- The medical issues for Indigenous men that we need to target are heart disease, injury, respiratory conditions, diabetes, and hypertension.
- A compounding factor for these high rates is that Indigenous males are reluctant to visit a clinic for treatment because of the lack of cultural sensitivity.
- The main behavioural risk factors are smoking, alcohol consumption and diet.
- Smoking is the "silent killer" of our people.
- At present the smoking prevalence in Indigenous Communities is anywhere from 50 to 80%.
- There have been recent reports linking low birth weight babies to heart disease in later life. Alcohol, smoking and nutrition are all important risk factors for low birth weight babies.
- We need healthy strong babies to become healthy strong adults.



- One of the most important clinical issues for Indigenous males is the ability to access Primary Health Care Clinics. As an Aboriginal man as well as an Aboriginal doctor I know only too well how difficult it is for us to visit a doctor.
- Another access barrier includes inappropriate thought by mainstream health services to cultural differences. For example, Indigenous men have been forced to see female doctors for men's business.
- Indigenous men are more at ease with this concept of separate clinics and as a result are more likely to consult a male health worker or male doctor for a specific problem.
- There is also an access problem for Indigenous males in the prison system, they are reluctant to present to the prison medical centre when sick.
- How can we improve medication compliance for those who refuse? Can we use both traditional and western medicine to improve compliance?
- We need more men's groups around Australia to tackle this issue collectively.
- Prison health also needs to be on the agenda for change.
- For Indigenous male health to improve it will be up to Aboriginal male health professionals like all of those at our Convention to participate in bringing about change.
- I was very pleased to hear the Health Minister for the Northern Territory say that our three recommendations from our Convention would be easy to implement. I hope that Commonwealth Health will have a similar attitude towards these recommendations.

∞∞∞∞∞∞∞



**Mick Adams**

General Manager

Miwatj Health Aboriginal Corporation

Nhulunbuy, NT

(Complete paper at [www.nt.gov.au/nths/mhc/docs/adams.doc](http://www.nt.gov.au/nths/mhc/docs/adams.doc))

### ***'Improving Indigenous Men's Health: A Cultural Perspective'***

- A statement made by an Aboriginal Elder at a health forum in the Northern Territory in 1993 has fostered the interest in my research. He stated that "Men have been dragging the chain while the women have been leading the way."
- Men's health has not had the same attention as women's health.
- There is an aim to empower Indigenous men by drawing on Aboriginal and Torres Strait Islander knowledge to provide both a cultural and a gender perspective.
- Despite a huge investment, the health status of Aboriginal and Torres Strait Islander men is poor.
- Most attempts to improve men's health have been based on western medical approaches and have failed to achieve any substantive improvement.
- The impact of colonisation has been instrumental in shaping, the behaviour, health and well-being of Aboriginal and Torres Strait Islander people today.
- The processes of colonisation have taken away many responsibilities from Aboriginal and Torres Strait Islander men.
- The establishment of missions and settlements restricted men from performing their traditional roles as land owners, educators, father figures, providers and decision makers, breaking their spirit and connection to the land.

- In many areas Aboriginal and Torres Strait Islander men have watched their women struggle to have their issues raised, recognised and addressed, while they sought their solace in alcohol, abuse and self-destruction.
- To address the issues raised above, I needed to carry out comprehensive research that included discussions with Aboriginal and Torres Strait Islander peoples.
- The research encompassed an Aboriginal terms of reference.
- In the past Aboriginal people have been subjected to intrusive, damaging, disempowering and prolific research.
- This scenario is the one most likely to have a negative effect on any community and produce an outcome which is misinformed, could be rejected and may harm an individual or group.
- I was open to and accepted criticism from both men and women about my method of cutting across cultural boundaries of mixing men's business with women's business. The challenge was to develop a process, which incorporated active participation for both Aboriginal and Torres Strait Islander men and women to become involved in.



**Indigenous women, youth and men marching together in Alice Springs**

- The concept of men taking control of their health, responsibilities and obligations could be encouraged from a community perspective.
- Historically, research methodologies have been inappropriate, unaccepted and most time, degrading.
- Most research has been undertaken by non-Aboriginal people for reasons external to Aboriginal people's need or interest
- Aboriginal and Torres Strait Islander people must be fully involved in research.
- The research should not only highlight gender issues; it must also incorporate government policies, genocide and racism.
- Whilst the main focus group is made up of Aboriginal and Torres Strait Islander men, processes for participation in this research project will include both men and women.
- I believe that in order to improve men's health you have to include the women.
- Men's health, like women's issues, has now been placed on the national, state and local agenda.
- If the man is well, he can provide for the family, therefore if the family is provided for, they will be nourished. If the family is satisfied then they need not draw on resources from the community, therefore the community stays healthy and all will function to their fullest potential.

## **Frank Spry**

Miwatj Health Aboriginal Corporation

Nhulunbuy, NT

(Paper at <http://welcome.to/indigmalehealth>)

### ***'The Uncle-Nephew Program'***

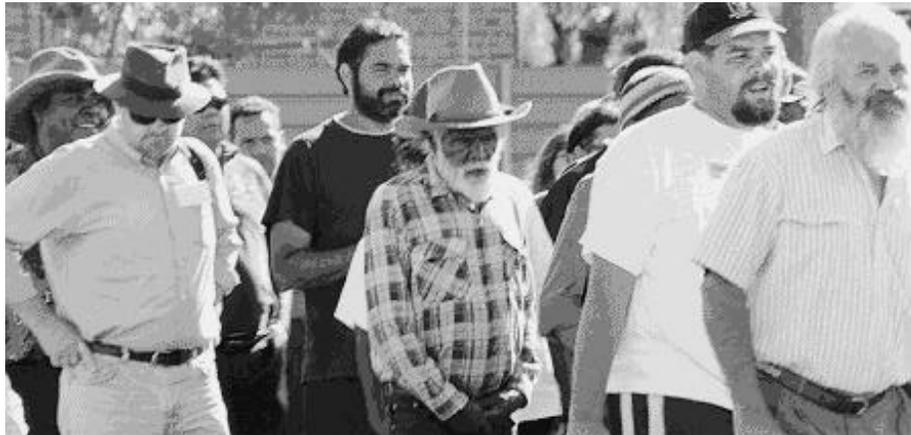
The decline in men's authority and control, a process of disempowerment, has been accompanied by a deterioration in their health and spiritual wellbeing.



**Dr Noel Hayman (left) & Frank Spry**

- In the context of the colonial 'takeover', men have been sidelined as leaders.
- The taking away of men's roles has also contributed in a significant way to the breakdown and collapse of community life.
- Existing health programs are in many ways incompatible.
- These programs are culturally inappropriate, inaccessible and do not work.
- The majority of health programs are delivered by female health workers in almost all of the Aboriginal communities in the Northern Territory.
- Specific programs like STD/AIDS, family planning, nutrition, primary and preventative health, in fact most of the program areas are not male focused and have a disempowering effect on Aboriginal men.
- The impact on Aboriginal men has been both negative and devastating, for example, chronic alcoholism, family violence, high imprisonment rates, deaths in custody, youth suicide and anti-social behaviour are just a few of the negative manifestations.
- At two recent conferences funded by the Territory Health Services, Aboriginal men testified to the loss of their own self-esteem, they emphasised the importance of returning to traditional, cultural and spiritual values that can provide strength.
- Men stood up and told their individual stories and the urgency that is needed to put into action a plan to improve their health and spiritual well being.
- Empowerment of Aboriginal men and their communities is crucial to the raising of men's self-esteem, quality of life, their health status and spiritual well being.
- Indigenous men must take a leading role in improving their own health status and that of their communities.
- Community involvement, consultation and providing the opportunity for men to define and take control of the issues that affect them is paramount to achieving positive and successful outcomes.
- Some of the links that hold Aboriginal society and culture together have been damaged, or broken. Men who have had a central role and responsibility in maintaining these links, have been cut off and alienated.
- This has resulted in 'spiritual imbalance', loss of identity and purpose, diminished roles and responsibilities, and a lack of respect and authority.
- The Uncle-Nephew relationship has a direct relationship to restoring the broken and severed links. It is an Aboriginal cultural model; Uncle/Nephew obligation and responsibility to family; respect for elders, family and community; teaching, leadership, guidance and discipline.

- 'Uncle-Nephew' approach can be used as a strategy to deal with Aboriginal men's issues.
- Uncle-Nephew is a cultural way of teaching and relating through family kinship and ceremonial responsibility. It supports and affirms values and beliefs that are fundamental to Aboriginal men's view of the world, and Aboriginal society. (The Strong Women, Strong Culture, Strong Babies is founded on similar fundamental concepts)



**Indigenous youth, old men and supporters on the go in Alice Springs**

- Empowering 'Elders' (uncles/men) to take control, leadership and responsibility is an important process in terms of dealing with their own health.
- 'Uncle-Nephew relationship' is a system based on the obligations of the Mothers-Brother (Uncle) to her son (Nephew). The relationship between the Uncle and Nephew is very strong, at times closer and more important than the Father - Son relationship.
- The 'Uncle-Nephew relationship' is based on an Aboriginal cultural framework. It has the potential to resolve very many issues including dealing with conflict situations.
- Men's Health Programs could be facilitated through the 'Uncle-Nephew' framework. Some of these programs might include; Nutrition, Family/Domestic Violence, Substance Abuse (petrol sniffing), Weight loss programs such as Gut Busters, Well Men's Checks, Diabetes, Tobacco, etc.
- Proposed Men's Centres are extremely important and central in terms of providing a 'place' where men can gather, maintain cultural activities and encourage younger men (Uncle/Nephew) in men's matters.
- Finally an Uncle/Nephew approach is about engaging Aboriginal men, Grandmothers, families and the community through a system that is already in existence and understood.
- The empowerment of Aboriginal men and their communities is crucial to the raising of men's health status.
- Community involvement, consultation and providing the opportunity for men to define and take control of the issues that affect them is paramount to achieving positive outcomes.

∞∞∞∞∞∞∞

## **Terrance Guyula**

Senior Male Health Worker

Gapuwiyak Health Centre, NT

(Paper at <http://welcome.to/indigmalehealth>)

### ***'A Men's Health Program Model At Gapuwiyak'***

We believe that there should be some form of Men's Health program in every community and each community would add its own style (and) we feel there are ingredients that are essential.

**The scenario in another community:** Mr X has been named as a contact for an STD (his wife had a positive Tampon Test as part of her antenatal check up). He is picked up by a Health Worker (his aunt) and now sits in a crowded waiting room where he is the only adult male. Next to him sits his mother-in-law. The clinic staff are all female except the doctor who calls him into the consulting room. Mr X has to produce a urine specimen and carries the readily recognisable yellow-topped urine bottle through the waiting room to the only toilet. After this, the female Health Worker labels the specimen at the desk in front of the rest of the waiting room. By now everyone has worked out what is going on. Mr X later confides to his close friends how humiliated he felt. They all vow never to go back to the clinic.

### **The Gapuwiyak Men's Clinic**

- Gapuwiyak has a demountable "donga" (transportable building) about 25 metres from the main clinic.
- It was the vision of Terrance Guyula, Senior Male Health Worker, who felt frustrated by numerous current problems in Men's Health and difficulty accessing male patients.
- It was set up with assistance from Miwatj. Ongoing costs are mainly covered by Territory Health Services and the Gapuwiyak Community Council.
- It has a main office and waiting area, a bathroom/toilet and a private consulting room.
- The vast majority of men presenting to the Health Service are seen at this clinic.
- After opening, the number of adult males attending service increased by 600%.
- Miwatj staff and local nursing staff worked together with the Men's clinic to get appropriate systems in place, like a men's day sheet for clinic attendance.
- Also, the clinic became a discrete point for condom supply.
- This has been a significant achievement as it is preferred by the men.
- The Men's clinic is used as a platform for Health Promotion on Men's Health Issues.



**Vladimir Williams**

(Presenting on behalf of Tim Agius)

NSW Dept of Health

Sydney

Complete Paper at <http://www.nt.gov.au/nths/mhc/docs/tim/index.htm>

***'Promoting Aboriginal Men's Health within NSW'***

- The Aboriginal community has long determined that Aboriginal health solutions must involve men as well as women as a family unit.
- Aboriginal men have been denied their rightful place within our society through racist policies that resulted in the stolen generation.
- The systematic devaluation of the role and importance of Aboriginal men has resulted in the destruction of Aboriginal self-determination.
- The future health needs of Aboriginal men must be viewed and addressed in a way which recognises this reality.
- Few studies have attempted to identify the barriers to improving men's health.
- The push for the development of a men's health strategy in NSW has offered the first real opportunity to begin the process of identifying the links between gender and health as it relates to men generally and Aboriginal men specifically.
- Through a process of community consultation and participation, NSW Health is in the process of developing key implementation strategies that seek to address the specific health needs of Aboriginal men within a holistic framework, grounded on a social view of health.
- It will seek to identify current progress in the identification of the specific health needs of Aboriginal men and will provide feedback on the key priority areas identified and strategies developed to address these needs.

∞∞∞∞∞∞∞



**Kenny Dean**

Manager Aboriginal Health Promotion  
Southern Aboriginal Corporation  
Albany WA.

(Paper at <http://welcome.to/indigmalehealth>)

***'Noongar Men of the Southwest Region, WA'***

In 1996 Noongar men of the Southwest held their first gathering since the 1940's.

- Both the Wandering and Mogumber missions were established between the 1915 and 1918 periods. This was the Government's idea to re-educate the Aboriginal people of the southwest. To take children often forcibly from their families and placed in these missions. Adult Aboriginal people were also forcibly removed for almost any reason at all.
- The Government did all of this without consideration to Indigenous people's lives and what the effects would have on Indigenous people later on in their lives.
- Catholic and Baptists tried to look after Indigenous people, but had no idea about our lifestyles and culture.
- The missions were handed over to the WA Aboriginal Lands Trust (1976 onwards). Then in the 1980's the ALT handed the missions over to the peak Aboriginal Resource Agencies, the Southern Aboriginal Corporation (Wandering farm) and the Wheatbelt Aboriginal Corporation (Mogumber).
- Then came other gatherings such as the Father and Son Learning Together camp at Albany (1997), and the Indigenous Men's Conference held in Fremantle WA in November 1997. The Indigenous Men's Conference saw Indigenous men attend from all over Australia.
- Since attending these gatherings myself as an organiser and facilitator, I have found that there is a lot of concern regarding the well being of Indigenous men in a way that they put their health last. A report states that men look after their cars better than their own health.
- Out of the Wandering and Mogumber men's gatherings came two reports that were put into a 'Noongar Men's Health Manual' for Noongar men to read and present as facilitators at men's meetings in their own towns and areas.
- The other concerns from the men's gatherings were; Alcohol & Drugs; Mental Health; Unsafe Sex; Diet & Nutrition; Land claims; Language & Culture; Child Abuse; Domestic violence; and Father and Son relationships.

∞∞∞∞∞∞∞

Aaron Briscoe  
Men's Health Coordinator  
Office for Aboriginal and Torres Strait Islander Health  
(Complete paper at  
<http://www.nt.gov.au/nths/mhc/docs/arronb.pdf>)



### ***'Indigenous Men's Health Access Strategy'***

- Male statistics feature more significantly amongst many of the major causes of mortality and morbidity than they should.
- While it is important that gender does not determine the level of health care provided, there are issues that need to be addressed in a gender specific context.
- These problems are particularly obvious when looking at specific sub-groups. Eg., there is a marked disparity between the Indigenous population and non-Indigenous population.
- One of the main problems in trying to determine the exact difference between the two populations is the lack of data.
- There is anecdotal evidence that suggests Indigenous males do not seek treatment because of an unwillingness to attend health services.
- At a population level, increased access to primary health care services has improved many aspects of Indigenous health in the past twenty years or so. However, anecdotal evidence suggests there are still many barriers to accessing health services for Indigenous males.
- There is still much work to be done to identify the more detailed issues, both at a national and regional level.
- Develop a framework to focus primarily on supporting those Indigenous males who wish to use Aboriginal primary health care services. The secondary focus will be on providing guidance to mainstream primary health services...
- All State/Territory Governments have entered into framework agreements on Aboriginal and Torres Strait Islander Health that provide the basis for equitable outcomes.
- An agreed national strategy will help to ensure consistent approaches across the country. It is recognised that Indigenous men and their needs differ greatly throughout Australia.
- Allow men to take an active role in dealing with their own health care needs.
- For example, with the support of the Miwatj Health Service and the Gapuwiyak Council, the Gapuwiyak men's health program was established in 1997.
- This example demonstrates three things. Firstly, men's health must be addressed through specific strategies; secondly, when services are specific to male health issues, the men will attend; and thirdly, the service was developed within the terms set down by local men.
- To make existing programs more responsive and reduce the possible duplication of programs and resources, one possible option is to ensure that the health of Indigenous males is a major theme running through all programs.
- There are limited resources available to address broad population health issues within the Indigenous community. Therefore, it is important that services are effectively targeted without any unnecessary duplication.
- Workforce strategies - One of the key issues in improving men's health access will be an increase in the number of men who work in the health sector. For example, the role of male health workers is an important factor in drawing Indigenous males to primary health care facilities.

- The use of Service Activity Reporting within the Aboriginal community health sector
- The Service Activity Reporting (SAR) process will: contribute data and information to the policy and program development process; identify workforce issues; and total episodes of care by services – including a breakdown by gender.

- Promoting an evidence based approach to men's health



- Research is an important part of our overall understanding of men's health issues and needs to play a key role in developing an evidence base to improve services.
- Indigenous men must have control of any information collected and the research needs to bring health benefits.
- Need to integrate men's health programs into existing Aboriginal primary health care centres and increase participation in the research process.
- Summary - There are many issues that need to be addressed, these include: the health status of Indigenous males in prison; injecting drug use; family violence and suicide.

∞∞∞∞∞∞∞

## Open Forum

The Convention was opened up for individuals to address all of the delegates. There were a variety of comments made by the speakers. The delegates were from diverse backgrounds and their perspectives and priorities were varied. The points made by speakers are **not listed in any particular order or categorised by topic**.

- 'Loss of control of the big issues'. Good health is impossible unless the root causes of poor health are tackled. A healthy life means 'regaining control'
- We have to 'get our own house in order' (within the family) before we look at the community, town etc. 'The ball is in our court'
- There needs to be restoration of traditions, to restore culture in order to address mental health problems, we need to develop our solutions to health problems.
- Need to share to survive: that is, to share food and share information. In traditional society, "not sharing is a punishable crime"
- Issues that men face are the result of social change from healthy nomadic life to an easy (and unhealthy) life. Men have become too comfortable.



- Women have done it and achieved their own centres. Now it is men's turn. Need to make Government more accountable.
- Kava is a problem in the East Arnhem Region and there is a need for Indigenous men, NT and Commonwealth governments to work together.
- Aboriginal communities need to develop the solutions and work with government and not just leave everything to government.
- Drug abuse by Aboriginal youth is a threat to Aboriginal culture. The dysfunctionality of our youth will kill off our culture. The answer is in our hands.

**Jack Vincent, Katherine, NT**



- Cultures do change and need to change to survive. Take away food has been readily adopted by Aboriginal culture, but at the expense of traditional healthy food. Also, smoking tobacco has become a culturally acceptable activity today. If it has already changed to an unhealthy way of life, then this means it can revert to a healthier life.
- There are clashes between traditional obligations and contemporary living. Keeping healthy food at home in the fridge is often decided against because of the sharing obligations of Aboriginal cultural traditions, and to avoid conflict it is easier to go out and buy take away food.
- Aboriginal culture needs to adapt to a contemporary way of life whilst maintaining obligations, but these need to be moderated to allow a healthier and sustainable adaptation to the new approach.
- Hunting and gathering bush tucker produced a healthy diet and provided exercise and strengthening of social cohesion in the process of hunting. "Must follow the old generation because they know
- Impact of the Port Arthur massacre on Aboriginal lifestyle and health. The increased gun control means that many Aborigines can no longer hunt their traditional foods, resulting in reduced meat in the diet. For Aboriginal people, guns and gun control is a diet-related health issue.



### **John Tregenza**

- East Timor crisis resulted in the Australian government providing urgent assistance and funds to help the people of East Timor. It is a shame that the crisis in Aboriginal health, in our backyard, does not get treated with the same urgency.
- People can return to a traditional diet. Farming kangaroos and emus etc can be done if hunting is no longer a viable proposition. Won't have to pay high prices for a kangaroo tail in the shops.
- Youth don't know who to look up to. 'Who are the elders?'. Aboriginal people need to accept responsibility for their our problems. We can take control of our lives.
- Any decisions on men's health be used to influence curriculum for training health workers. Education for our kids is very important, too.
- Family violence programs are mostly targeted at women. Men need to be involved. Need for centres to help men released from prison settle back into the community.

- Aboriginal Health Worker reported that youth suicide and drug abuse is on the increase, kids (mainly male) stay out at night and family supports are necessary. Education is important.
- Need for more male Aboriginal Health Workers. Need for unity of purpose. ‘We must settle our differences for a common cause’.
- Men’s health is an issue that needs to be placed on the health agenda of ATSIC and OATSIH. Need to address the higher political issues instead of getting bogged down in the smaller issues that produce band-aid solutions. Get health issues on the national health agenda.
- Impacts of loss of land, dispossession, alienation, stolen generation and loss of traditions, on health that have also left Aboriginal people empty. The importance of Uncles is their role in teaching their nephews and youth traditional values.
- Men need centres in which they re-establish and strengthen traditional relationships, such as the Uncle-Nephew relationship. Fathers and sons could also use the Centre’s to strengthen families bonds, and to learn how to look after their own health and the health of their families.
- Existing health programs need to be reoriented to become more accessible for males, particularly Indigenous boys, adolescents and men.
- Need to accept and include all Indigenous people. HIV/AIDS is a significant issue for Indigenous people, especially for gay Indigenous people.
- Difficulties experienced by gay Indigenous people in that they are often unable to get support from within the Aboriginal community. Aboriginal people can be hard on those who do not conform and as a result, Aboriginal gays are alienated from both Aboriginal and non-Aboriginal communities. In this respect Aboriginal gays are doubly disadvantaged.
- Need to adjust community health clinic infrastructure to become more accessible to men.
- Conventional approaches have not been successful. We must design our own models or look at innovative models.
- Must recognise the diversity of views about Aboriginality and what it is to be male. Must be inclusive.



## National Indigenous Male Health Reference Committee

Convention members were asked to split up into State/Territory groupings and elect their members of the Committee.

Northern Territory (Top End) (Barkly Region) (Central Australia)	Mick Adams (CHAIR) Darrin Trindall Doug Abbot
South Australia	Jamie Nyangu Paul Elliott
Victoria	Charlie Solomon Harry Terrick
Western Australia South West	Kenny Dean Sandy Davies Patrick Green
New South Wales	Chris Lawrence Vladimir Williams (interim names)
Tasmania	Reference Committee to send out letter inviting nominations
Torres Strait Islands	David Waigama Bill Lui
ACT	Aaron Briscoe Bob Huddleston
Queensland	Christopher Knott Dr Noel Hayman (Secretary)

Mick Adams and Dr Noel Hayman were elected by nominated members. There was unanimous endorsement (show of hands) of these appointments. Convention delegates made the following suggestions with respect to what the reference Committee could undertake in its first year;

- Gain support and endorsement for the NIMHRC
- Ensure each State/Territory stages its own Indigenous male health Convention annually, and that the National Indigenous Male Health Convention is held bi-annually with the National Men's Health Conference.
- Work with local groups to examine the issues, and develop strategies for submission to Government.
- Develop formal links with the National Aboriginal and Torres Strait Islander Health Council that advises the Commonwealth Minister for Health.

- Advocate for resources, additional to current resources available within programs, specifically to address a range of male health problems, notably (i) alcohol, (ii) other drugs, (iii) domestic violence, (iv) suicide, (v) sexual abuse, and (vi) anger management.
- Advocate to ensure youth alcohol prevention and harm minimisation programs are adequately resourced.
- Advocate to ensure an equal amount of funds is allocated to health promotion and preventive programs for children and youth. Work at all stages of the health continuum, from health promotion to acute health care.
- Examine education programs for children and youth.
- Ensure all Indigenous male health strategies and support programs acknowledge and address issues of sexuality.
- Government and non-government organisations provide financial assistance in staging further State/Territory and National Indigenous Male Health Conventions.

∞∞∞∞∞∞∞

## Men's Places

These were variously referred to by delegates as men's centres, men's refuges, men's shelters etc. During the Convention a consensus developed around the name Men's Place. Delegates working on the role of Men's Places generated the following ideas

- Not short term
- Young to old (boys, youth and older men)
- Approaches to ATSI (funding)
- locally determined health priorities
- control of funding & resources
- Community responses to male health issues
- Multipurpose facility
- Programs for young males
- Leadership programs
- Develop strategies for male health
- Networking
- Address cultural issues
- Customary Law advisory role
- All Convention delegates joined in the debate on the need for, organisation and role of Men's Places. The following list contains the comments of Convention delegates on the proposed Men's Places. (In no particular order)
- Need to develop strategies for each region to ensure that all health workers are working on the same issues
- Work towards 5 year funding commitment

**Maurice Walker, Darrin Trindall, Anthony Castro, Steve 'Budda' Kelly & Richard King**

- Men's places important as a place where men can gather to talk about their problems
- A place which takes a practical approach to male health problems
- Will be a focal point of efforts to deal with male suicide, men released from gaol, & other mental health issues
- Men's place will be a "safe place for men coming out of prison, to stop them going back" and returning them safely to their country
- Be a place where men are encouraged to become health workers and for existing male health workers to "get more training".
- Will deal with domestic violence problems, "women have their refuges, men need theirs"
- "Develop an environment where men can share." Men have difficulty talking with women. The men's place can address these sorts of problems; a place where men can take care of each others physical, mental and emotional wellbeing.
- Young men are drifting away from their traditional lifestyle. Men's places may provide an area where these problems can be addressed.
- The male prison population is an issue; staff of men's places can provide visiting services to assist the rehabilitation process
- Indigenous men are not outsiders. We can research ourselves. "The Convention is a form of research". Men's places can play an active role in research.
- A place where older men teach the young about Indigenous life and traditions. Father to Son; Uncle to Nephew.
- Where men's health service is made culturally appropriate.
- What men's places do will vary from place to place, eg Alice Springs and small community will be different.
- Old men's business needs very specialised services; definitely no women, exclusively male places to deal with all manner of male health problems and flexible to accommodate cultural variation.
- Recommendation made for the recruitment and training of men to work in men's places.
- Need to reinstate traditional ways of communication; eg stories, message stick
- Men's place a multipurpose centre to deal with all manner of problems, social, legal, health and other problems relating to family wellbeing, family breakdown etc.
- Question: How much funding is allocated to men's health?
- Answer: No specific funding is directed at male health within the Indigenous health sector.
- Research: Concern that communities are sick of research without follow-up services.
- Response: More Indigenous male involvement in research is needed.
- Katherine West Health Board: The advantages of the Katherine West Coordinated Care Trial were discussed.
- Funding: We can identify the problems. Just give us the tools (money and resources) and we can do the job.



- MBS/PBS: Commonwealth "unspent" MBS/PBS can be 'tapped' into.
- Much of Aboriginal health funding is swallowed up in government administrative costs--funding never reaches the ground. More funds must reach the ground. 'Cashing out' MBS/PBS is one way that is already being used.

## Convention Resolutions

Ken Lechleitner presented the following statement to the 3rd National Men's Health Conference in Alice Springs on the 6th of October 1999. The NT Minister for Health, Family and Children's Services, the Honourable Stephen Dunham MLA accepted the resolutions in principle on behalf of the Northern Territory Government.

### Outcomes of the Convention

Establishment of a National Male Health Reference Committee;

Endorsement for the development of Men's/Male Places – to promote Indigenous male well-being;

To promote and fund a National Indigenous Male Health Conference every 2 years;

Each state and territory conducts an annual Indigenous Male Health Conference.

### RECOMMENDATIONS FROM THE CONVENTION

That the newly established National Indigenous Male Health Reference Committee be appointed as a Sub-committee to the National Aboriginal and Torres Strait Islander Health Council as advisers to the Council and the Commonwealth Health Minister on health and social issues regarding Indigenous male health matters.

That the Office of Aboriginal and Torres Strait Islander Health in the Australian Department of Health and Aged Care allocate appropriate funding to enable the newly established National Indigenous Male Health Reference Committee to operate sufficiently in order to promote and attend to the issues affecting Indigenous men's health.

That male health programs be established in the Territory Health Services and the Office for Aboriginal and Torres Strait Islander Health under the services such as the Community Development and Social Health branch to assist in providing an avenue to attend to Indigenous male health matters.

That State and Territory health services fully fund the concept of annual Indigenous Male Health Conferences in their states and territories.

We would like your support by endorsing the outcomes and recommendations submitted to you in this 3rd National Men's Health Conference. In addition we call on Mr Michael Martin, Deputy Secretary of the Territory Health Services, to advocate on behalf of the Indigenous men of Australia to have these outcomes and recommendations endorsed and implemented by the Federal Minister of Health.

## Statement of Principles

Mick Adams, the inaugural Chairman of the National Indigenous Male Health Reference Committee, presented the statement at the 3rd National Men's Health Conference in Alice Springs on the 6th of October 1999.

### STATEMENT OF PRINCIPLES

The first National Indigenous Male Health Convention held at Ross River was attended by over a hundred and fifty Indigenous males from the Northern Territory and other parts of Australia.

This Convention represents a new era for Indigenous men. It provided an opportunity for men to talk freely about men's issues and to evaluate the effects of the past, the disadvantage of men's health in the present and the measures necessary to promote and ensure a healthier future.

Dominant among men's issues is the impact on health, which relates to the breakdown in social structures, traditional obligations and men's role in the family and relationships within the community.

The clear message from the Convention was that Indigenous men should take greater responsibility themselves to improve the status of men's health and play their rightful role as leaders, fathers, uncles, husbands and grandfathers.

The Convention recognises the need for redirecting resources to enable culturally appropriate and accessible services for men. The Convention supported greater recruitment and involvement of male Aboriginal Health Workers and male nurses and the development of male places for health care support.

However, the strong feeling of the Convention was that Indigenous men should provide leadership and direction to achieve these outcomes. The National Indigenous Male Health Reference Committee has been formed with the mandate to develop holistic strategies that examines the multiple factors that determines men's health such as employment, education, high incarceration rates and the disempowerment of men.

## Achievements & decisions

### 1. Alice Springs Street March

Marched through Alice Springs and presented a Statement on Male Indigenous Health at the opening of the 3rd National Men's Health Conference.



**Marching through Alice Springs – 6 October 1999**

### 2. National Indigenous Male Health Reference Committee

Formed the National Indigenous Male Health Reference Committee. Work is in progress to establish links with peak health agencies and organisations.

### 3. Male Places

General agreement to work towards the establishment of male centres or places as defined above.

### 4. Annual Meetings

Agreement was reached by delegates to meet annually.

Agreement was reached to run the 2nd National Indigenous Male Health Convention in the year 2001, prior to the 4th National Men's Health Conference. (Update: there has been a proposal to bring the 2nd National Indigenous Male Health Convention forward to the year 2000).

### 5. Interim Secretariat

Territory Health Services agreed to provide an interim secretariat service to the National Indigenous Male Health Reference Committee.

## Future Conventions

- Convention delegates agreed to hold an Indigenous Male Health Convention annually, and that other States do likewise.
- Each State/Territory representatives to make sure recommendations/resolutions agreed to at the Convention are taken back to the State/Territory Bodies to work on them and to make sure they are appropriate.
- Reference Committee/State Bodies to actively seek funding for conventions/meetings. National Indigenous Male Health Reference Committee can advise State/Territory based counterparts. Independent Aboriginal health sector be encouraged to release as many men as possible to attend future conventions/meetings.

∞∞∞∞∞∞∞

## Michael Martin, Territory Health Services

Michael Martin said Territory Health Services is pleased to support the 1st National Indigenous Male Health Convention, and all people involved in organising it should be congratulated. He suggested that one of the Convention's resolutions should be to lock this event into the annual Calendar so 'there are regular men's meetings'.

- Michael Martin made the following points:
  - THS will support future development of male health facilities but we must work with communities in partnership to progress the initiatives.
  - The answers to male health belong to Aboriginal people.
  - Asked that Aboriginal Health Workers are supported as too many trained Health Workers are no longer working as Health Workers.
- Convention has been successful because people in Central Australia wanted to be involved in the organising of the Convention. Therefore, men must build on the impetus and desire to take control. But don't expect fast results.
- Suicide is very much a health priority. Talking about it is a good thing. Must talk about problems before things can happen.
- There have been some success stories; not enough but they are there. Aboriginal Health Worker training and career structures/pathways program have been announced.
- Must identify the most appropriate contacts within Territory Health Services to obtain definitive information on the issues of concern.
- Looked forward to working in partnership with the National Indigenous Male Health Reference Committee and the regional male health groups in the NT.

∞∞∞∞∞∞∞

## Epilogue

(parting words)

*“The clear message from the Convention was that Indigenous men should take greater responsibility themselves to improve the status of men's health and play their rightful role as leaders, fathers, uncles, husbands and grandfathers”.*

**Diversity & commonality:** The exchanges at Ross River highlighted the diversity in masculinity and being an Indigenous male in Australia. Yet, the exchanges also confirmed the common attributes shared by Indigenous males from all over Australia.

**Statistics:** Unfortunately, some of the common attributes are related to poor health and an absence of well-being. For example, the Australian Bureau of Statistics reports that the average life expectancy for Indigenous males is about 57 years across Australia. When compared to the 75 year life expectancy for all Australian males, there is an 18 year difference. These figures did not come as a revelation to the Convention. As one Aboriginal man from Central Australia commented:

*“We are tired of hearing how bad our health is. We know what the problem is... give us the tools to fix the problem...”*

**Australia compared:** While the tools (funds and resources) are available in Australia, the life expectancy of Indigenous males is on a par with males living in countries with few resources. For example, the rate is about the same in Papua New Guinea, Mongolia, Ghana, Swaziland, Yemen, Bangladesh, Lesotho, Western Sahara, Bolivia and Nepal. Also, the life expectancy of Indigenous males in Australia does not compare very well to the life expectancy of Indigenous males in other colonised countries, such as the USA, Canada and New Zealand.

**NT case study:** From 1982 to 1996, the life expectancy for non-Aboriginal males, non-Aboriginal females and Aboriginal females in the Northern Territory increased.

On the other hand, there was no increase in the life expectancy for Aboriginal males. This phenomenon indicates that there are serious flaws in the delivery of health services to Aboriginal males in the NT. Similar situations exist in the other states and territories.

These situations need an urgent response. Indigenous males are working to “fix the problems”. All sectors of the community and government are invited to work with us.

∞∞∞∞∞∞∞

## About the report...



The report is based on notes taken at the Convention by Mike Hall, Territory Health Services, Darwin. Mick Adams provided editorial and publication advice. Doug Rosas, Darrin Trindall, Ken Lechleitner, Dr Dayalan Devanesen and Frank Spry offered publication advice. Joe Martin-Jard, Roy Price and Zane Hughes of the Male Health Policy Unit arranged the production and distribution of the report.

Photos by **Robert Assan**, Roy Price, Patrick Torres, and **Vladimir Williams**.

### **The fine print**

#### **Reproduction conditions**

For the purposes of promoting male health, the information contained herein may be copied and distributed freely as long as its use is acknowledged and is for non-commercial purposes.

#### **Disclaimer**

Whilst every effort has been made to ensure the accuracy and reliability of the information contained in this report at the time of production, Territory Health Services cannot warrant that the information is completely accurate. The views expressed in this report are not necessarily supported by THS. Neither the Northern Territory of Australia nor its employees, servants or agents will be responsible or liable for any loss or damages occasioned by the publication of this report.

#### **Apologies**

We apologise if there are any misspelled names, misquotes and other unintended inaccuracies. Please contact Joe Martin-Jard on 08 89992424 or Roy Price on 08 898516911 for comments and corrections. Alternatively, send an email message to [mens.health@nt.gov.au](mailto:mens.health@nt.gov.au).

Produced by Territory Health Services (THS), Male Health Policy Unit

Typeset and layout by Joe Martin-Jard

Printed by Territory Health Services, Darwin, Northern Territory, Australia.