

Men's sheds—a strategy to improve men's health

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Abstract

Introduction

Australian men suffer poorer health outcomes on most measures of health status when compared with women. This disparity increases with remoteness and is particularly evident in Indigenous men. Older, retired or unemployed men, men with limited education, with lower levels of health literacy and from disadvantaged socio-economic backgrounds are most at risk. Factors including services not being offered in male specific or male friendly environments act as barriers to health service engagement of these men. Community men's sheds cater for older, retired men and are thought to offer social, emotional and other benefits to men who participate in them.

Aim

The aim of this study is to better understand the phenomenon of men's sheds and their influence on the social and other determinants of the health of men, including that of indigenous men. Of particular interest is whether men's sheds might be used as a vehicle for health promotion activities that target at risk men.

Method

The study method included a review of Australian and overseas literature, focus groups with members of men's sheds and semi-structured interviews.

Findings

Men's sheds are a recent grass-roots phenomena unique to Australia. They are diverse in structure and function but common in purpose; they are a space for men. Men's shed participants are principally older, English speaking, retired men, with little post secondary school education. Benefits of involvement in sheds include regaining a sense of purpose in life, enhanced self-esteem, decreased social isolation, and friendship. Sheds offer an environment conducive to men's learning, and also offer positive effects for partners, families and communities. Men happily share health experiences in sheds. Indigenous men speak of the need for a men's space that offers a culturally safe space to re-establish connection with Aboriginal tradition and culture and restore individual and community self-esteem and respect, and to access health services.

Conclusion

The culturally safe environment offered by men's sheds is conducive to learning and sharing information, including health information. The convergence of at risk men and men's sheds may offer an important opportunity for health promotion programs for men not engaging well with the health system. For Aboriginal men, a separate men's health space as part of a men's shed men's space could be particularly beneficial.

Introduction

In the 1995 book 'Blokes and Sheds', Thomson wrote that "An Aussie man's pride can be measured by his shed—its size, what he stores in it and what he can fix in it"[1]. Traditionally the Australian backyard shed has been a 'man's space', an informal often haphazard space where men go to 'escape' the pressures of daily life and where generations of males have been comfortable doing men's 'stuff' in the company of other men. Sheds vary in shape and size, in structure and function. They may be small with room only for a few garden tools and a shelf with several jars of nails and screws; others are large enough to house a small aeroplane. But all give a man purpose, a place where they can make or fix things, brew things or just tinker away a quiet Saturday while listening to the footy or cricket, alone or with other men.

Over the last decade or more however, the backyard shed has come under threat. With the traditional 'quarter acre block' sheds were ubiquitous but the present trend for downsizing, for home units, town houses and retirement villages leaves no room for the backyard shed. Increasingly, men particularly retired men living in these situations have nowhere to go and nothing to do. The response of the ever innovative 'Aussie bloke' is the community men's shed and since the early 1990s, community men's sheds have sprung like proverbial mushrooms across Australia to fill the void of men not having a place to call their own. In contrast to the backyard shed where commonly men have sought refuge from the pressures of daily life and from other people (including the wife and kids), the community shed is a place where men go to enjoy the company of other men, remain physically and mentally active and counter the negative effects that inactivity and boredom can have on physical and emotional well-being [2].

The community men's shed phenomena in Australia is only beginning to be understood as is its potential to improve the health of men. The aim of this work was therefore to explore the documented impact and potential opportunity of men's sheds to improve the health of men, including for Indigenous men. The work was funded by Mensheds Australia Limited (MSA) through a grant from the Commonwealth Department of Health and Ageing and undertaken by researchers from the Spencer Gulf Rural Health School (SGRHS) based in Whyalla in South Australia.

Method

This study used a qualitative design involving semi-structured interviews with representatives from MSA and nominated stakeholders. Individual and small group interviews (focus groups) were also conducted with members of selected men's sheds in Victoria, New South Wales and South Australia. The qualitative component was supplemented by a literature review using Informit™, EBSCO™, Cochrane Library™, PubMed™, and Google Scholar™ with search terms including men's health, rural, men's shed's, gender, policy, male health and health promotion. Relevant searches of federal and state government websites for policy, strategy and framework documents and for government structures that support men's health were also performed. The websites of the Australian Bureau of Statistics and the Australian Institute of Health and Welfare were also used for male population demographic data as well as data on male health trends and other related statistics. The search strategy retrieved a total of 358 articles and web based material. Publicly available documents from a number of men's shed support organisations were also reviewed. A manual review for relevance of articles to the topic of interest and to eliminate duplicate articles reduced the number of articles to 188 deemed suitable for inclusion in the review.

Findings

Community men's sheds are a grassroots movement that appears unique to Australia. Golding has defined them as "... typically located in a shed or workshop-type space in a community setting and [that has] become a focus for regular and systematic, hands-on activity by groups deliberately and mainly comprising men." [3]. It is noteworthy that men's sheds have emerged across the country in the absence of any policy framework, support or co-ordination at State or Federal level. This is a phenomenon largely unprecedented and possibly unique among community based primary health care strategies in this country. At a policy level they are largely under-acknowledged, under-resourced and mostly unintegrated with the health system [4].

Community men's sheds come in all shapes and sizes, with different governance, management, operational and finance structures, with different aims and objectives and numbers of participants. It is estimated that there are approximately 300 sheds operating or being planned in Australia at the present time [3-5]. South Australia has the highest number of sheds per capita followed by Tasmania [5].

Sheds have been established under the auspices of aged care organisations, health centres, hospitals, non-government organisations, Vietnam Veterans organisations, community houses, welfare agencies or church groups. Men's sheds are located in community settings and range from informal, casually evolved 'double' garages to large-scale community- or industry-sponsored semi-commercial operations. Sheds in cities tend to be larger and have younger members compared to rural sheds. Existing sheds generally cater for older (50 + years), English-speaking, retired men, with little formal post-secondary school education, and about half of whom have a trade qualification. About half of the shed members are also involved with other community organisations [2, 3, 6].

Sheds may be run by volunteers or facilitated by others, for example health promotion officers or men's health workers. Most sheds provide a workshop-type space containing tools and machinery for the construction, repair, finishing or restoration of various products. Some conduct craft and hobby activities, repair old machinery, or refurbish old computers. Still others provide support for men with mental health or physical disabilities or support youth and the unemployed. There are a growing number of sheds that participate in formal work-for-the-dole and similar programs wherein they provide meaningful, supervised work, work experience or skills development for long-term unemployed people who are mostly men [2, 4].

The most successful men's shed are built on a solid foundation of partnership, planning and community support, with strategic intent, good leadership, sound policy and processes and support from external agencies. There is not a one-size-fits-all model for a men's sheds or a simple or single recipe for success. Like any new business operation, sheds are most vulnerable during their start-up phase, where enthusiasm is high, experience is minimal, processes are lacking, expertise is deficient and capital is scarce; this is when planning and support count most. An early association with a men's shed support organisation (eg MSA) is likely to alleviate the likelihood of failure in the formative stages.

The key criteria for success of men's sheds include: ensuring local support; learning from others, including affiliation with a men's shed support organisation from the outset; having multiple partners and supporters; a suitable location; secure funding; a skilled manager and management group; a good business plan together with a sound marketing, recruitment, and communication strategy; a wide range of activities for men to take part in; extended opening hours; and links with a larger organisation, including a health service that can provide support for health programs. Ensuring documentation and evaluation of outcomes is also helpful to demonstrate benefit and increasing the likelihood of attracting future funding [2, 4].

For Indigenous communities additional success factors include: employing or engaging Aboriginal people as part of the steering group or management committee members and providing relevant training,

mentoring and support to enable them to take a leadership role; provision of appropriate material, funding, time and other resources to enable a reasonable expectation of achieving positive outcomes, while also being respectful of Aboriginal ways of working; and establishing trusting and respectful partnerships between health services, health providers and other stakeholders and Aboriginal communities [7].

Study participants reported that the key benefit of men's sheds is in decreasing social isolation, creating friendship, and enhancing self-esteem. Community men's sheds provide mateship and a sense of belonging through positive and therapeutic informal activities and experiences with other men. Men's sheds achieve positive health, happiness and well-being outcomes for men who participate, as well as for their partners, families and communities.

Men come to sheds for comradeship, for socialisation, to learn new things, to regain a sense of purpose in life, and to be able to contribute to their community. For Indigenous men, a comfortable and culturally safe male space can help to re-establish connection with Aboriginal tradition and culture, improve socialisation, encourage learning of new skills, reconnection with old ones and restore self-esteem and respect. These factors are important in terms of physical, emotional and social well-being for Indigenous men, their families and their communities [8].

Discussion

In forming our conclusions about the opportunities offered for men's health by men's sheds, we gave consideration to those attributes of men's sheds that align with the characteristics of health programs described elsewhere that have successfully engaged men and that have encouraged men to consider factors that influence their health. We considered the factors that make for successful sheds and reflected on what types of supports foster development and sustainability of the men's sheds phenomenon.

Of significance to the Men's Shed movement, is the growing body of evidence to support the premise that lesser social connectedness is associated with poorer health outcomes. Conversely, having increased social supports is associated with better mental and physical outcomes. For example in a 10 year follow-up of 'The Australian Longitudinal Study on Ageing', investigators found that stronger friendship networks are associated with lower levels of mortality [9]. Similarly, having close friends and relatives was found to be predictive of better physical functioning in older women in the 'American Nurses' Health Study' [10]. Likewise, greater social networks and the corresponding improved emotional support improved cognitive function in older men and women in the 'MacArthur Studies of Successful Ageing' [11]. These findings are important for the many older retired men or unemployed men, where social networks are limited and the resulting social isolation can lead to diminished social and emotional well-being and reduced mental health and where coming together with other men in a shed environment may promote friendship and social support.

Compared with women, Australian men suffer poorer health outcomes on almost every measure of health status including self-report of health status where men are less likely than women to report themselves to be in excellent or good health [6]. This disparity increases with remoteness and is particularly evident in Indigenous male populations [12]. Older, retired or unemployed men, men with limited education, with lower levels of health literacy and from disadvantaged socio-economic backgrounds are at most risk. Interestingly, these demographic characteristics are very similar to that of the membership of many men's sheds across Australia. This suggests that men's sheds might provide a vehicle to target men who are less likely to be engaged with the health system.

We also know that in terms of health service utilisation, men are less likely than women to access health services and more likely to delay seeking health services or health advice. They spend less time with

doctors than women and receive less health advice as a group. When they do access health care services, they focus on physical problems and are less likely to discuss mental and emotional problems [13, 14]. A number of reasons have been proffered for men's seemingly poor health-seeking behaviour (Table 1) [9-14].

Table 1 Possible barriers to health service engagement by men

<p>Cultural factors</p> <ul style="list-style-type: none"> • a fear of vulnerability, • men are stoic, • men suppress emotion, • men value independence, • men are in denial, • men are fearful of being judged negatively by peers. <p>Attitudinal factors</p> <ul style="list-style-type: none"> • men are not interested in their health, • men are to blame for their poor health status, • men have a functional view of health, preferring to wait until something goes wrong rather than seek preventative services, • men have a 'DIY' approach to health, preferring to help themselves rather than seek professional help. 	<p>Service factors</p> <ul style="list-style-type: none"> • health services are not men-friendly, • health services staffed mainly by women, • health services are decorated by women for women, • health promotion material available or on display primarily aimed at women and/or children, • services have limited operating hours (eg limited after hours services), • lack of men's specific health services, • lack of privacy and confidentiality, • lack of training of health providers in how best to engage and communicate with men, • lack of male health care providers; particularly pertinent for Aboriginal men.
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The cultural and attitudinal factors described above are for the most part stereotypical views of men's health-seeking behaviour and a number of authors have challenged this view in recent times [15-20]. There is now good evidence that men in fact are interested in their health and do seek information and advice. They also consider carefully when and from whom to seek help [21].

Men's sheds are of particular interest because they have the ability and potential to reach older and isolated men that would otherwise not be likely to be involved in learning or to access men's health or well-being programs. They are an ideal avenue to improve the social and emotional well-being of men and an ideal vehicle for health promotion and illness prevention programs. Importantly, men's sheds provide an opportunity for men to learn about health, illness prevention and how to make more effective use of the health system. This learning can be from other men, shed facilitators, health promotion officers or health educators.

We know that the likelihood of men responding to health advice is increased when they are engaged as partners in the process. Men seem to need practical advice on how to apply health information in their daily lives. In part this means providing information in a format that acknowledges the heterogeneity of men and that men can understand. Also, intervention settings need to be varied. Programs need to be conducted in environments that different groups of males find comfortable and non-threatening and that are conducive to the way men learn. For older men, particularly those with bad experiences of schooling and the education system, a 'see and do' approach is preferred, particularly in rural settings. The best environments are local, informal, practical, group (i.e. with other men) sessions, in places that are easily accessible and where they feel comfortable. A community men's shed could provide such a setting by addressing many of the barriers described as service factors in Table 1 above as well as providing a diverse range of in-situ models and settings that suit the participants.

The situation is similar in Indigenous communities where Aboriginal men are calling for multipurpose, separate (from women) men's specific 'places' where they can seek health care and health advice. Many Indigenous men feel alienated or uncomfortable attending female-dominated (doctors, nurses, Indigenous Health Workers) health services. As a result many do not access these services for preventative care, treatment or advice [8, 15, 16]. The concept of a men's shed, perhaps with a space set aside as a 'health area' where men could access health services (preferably from men) would satisfy this need.

Surprisingly when asked what were their key health concerns, study respondents highlighted not the expected physical or metabolic problems such as prostate cancer, erectile dysfunction, diabetes, or heart disease but rather men social and emotional well-being issues such as loneliness, boredom, social isolation, loss of self-esteem, purpose and identity since retirement. This finding is consistent with other investigators who describe that men's key concerns were for social and emotional health and well-being driven by the change in men's roles, experience of work and relationships since the 1970's [2]. In the absence of social and emotional health, men questioned the purpose of physical health and were not acting on the health promotion messages [17].

Health statistics indicate that there is an urgent need for more effective health promotion programs for men and for programs that target the more disadvantaged men in society. What constitutes best practice models for such programs remains to be described and evaluated. However, by moving from a settings or social marketing approach to an approach comprising multiple strategies, the health needs of more marginalised groups might be better addressed. Men's sheds, because of the plethora of models, heterogeneous composition and cultural origins (e.g. Indigenous men's sheds), may provide an ideal environment in which to explore these different health promotion models.

The literature also suggests that men need concrete advice on how to use health information and convert it to practice in their daily lives and that men generally learn best by seeing and doing [18]. Aoun describes men as grateful for the opportunity to talk about health issues with other men [19]. He showed that in well-facilitated groups men can and will talk about their concerns, including health, and address them in partnership with family, friends and health providers, given appropriate support. This is particularly evident in rural settings where men want learning provided in less formal, less structured, practical group settings, locally and on site through organisations they know and feel comfortable within, for example in men's sheds.

Hayes postulates that for men's health promotion interventions to be effective, a different approach is required. Men need to be engaged as partners in the process and this means providing interventions in male-friendly environments that are conducive to the way men, particularly older men, like to learn [17]. Most men want learning provided in informal, practical group settings, locally and on site through organisations they know and feel comfortable in. Men generally learn best by doing and through practice in familiar situations, through organisations and people they know and trust rather than via abstracted learning 'about' something in simulated situations. Men, particularly older men with typically negative previous experiences of school and formal learning, generally prefer to learn through being involved in an activity in real and familiar situations [20]. The community men's shed fulfils this niche.

Conclusion

Developing more comprehensive and scalable programs designed to empower men to take control over their own health and health help seeking behaviour fits well with the men's sheds construct in that the model provides a socially supportive environment for men. The men's sheds model encompasses the enablers to men's health by providing a place for men to socialise, learn, and provide mutual support in an environment where men feel comfortable within and as part of their community.

The culturally safe environment offered by men's sheds is conducive to learning and sharing information, including health information. The convergence of at risk men and men's sheds may offer an important opportunity for health promotion programs for men not engaging well with the health system. For Aboriginal men, a separate men's health space as part of a men's shed men's space could be particularly beneficial.

The community men's shed initiative has clearly opened doors for very substantial outcomes in men's health and well-being to be achieved in Australia, including for Indigenous men. The next phase in the development of men's sheds requires state and national policy recognition of men's sheds as a legitimate avenue for the provision of primary health care services for Australian men.

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Presenter

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