Men’s health status in Australia, whether marked in terms of injury, disease, or by life expectancy shows a remarkable difference from that of women (Australia Parliament, 2009). Australian men have shorter life expectancy than females; mainly Aboriginal and Torres Strait Islander males have considerably less life expectancies than others (Australian Government Department of Health and Ageing, 2010). So in recent years men’s health has appeared as a major community issue. Men’s health is influenced by variety of factors such as nutrition, stress levels, support networks, and other social and cultural factors. (Karoski, 2011). Their risk taking behaviors such as alcoholism and smoking place them more prone to health issues such as various cancers, heart diseases and lung diseases. Their health status is again complicated with their shyness to seek medical care. (Better Health Channel, 2010). Men’s have distinctive needs in the health system. Without giving appropriate consideration to these needs can leads to further inequalities of health results between men and females. With this intention Australian Government developed a national male health policy in 2010. The policy encourages men to acquire responsibility for their health. This policy begins with a discussion of male health issue and then lays six priority area of action such as optimal health outcome, health equity, preventive health, improved health and access to health care services, and evidence based health care to males. (Australian Government Department of Health and Ageing, 2010). This literature review deals with barriers for men to access health services. Also mentioned about one of the contemporary health issue, prostate cancer, health promotion strategies and nurses role in prevention of prostate care.

Access to health services is very essential for quality health. World health organization identifies that gender, education, income, ethinicity, place of residence all are closely linked to people’s access to health care. Equity of access to health care is a barrier for men to access health care. (Australian Government Department of Health and Ageing, 2010). According to Karoski (2011) health system is unresponsive to men’s needs. For example men who are employed in full time job have difficulty in accessing health services during working hours. Men employed in rural areas face geographical and time constraints in accessing health services. They are also reluctant to seek General Practitioner services due to the irritability they felt while the time they spends in waiting rooms. Men’s health is associated with masculine traits and behaviors. Adherence to traditional masculine values keeps the men often take a tough attitude toward illness and they often delay in seeking medical attention. (Karoski, 2011).

Another barrier of men’s access to health service is the shortage of general practitioners, male health workers and specialist medical services particularly in rural and remote areas and also in some in urban areas. High cost of health care services is another blockade. (National Male Health Policy Supporting Document, n. d). Out of pocket expense of healthcare expenditure is a fence for accessing health care. Also working hours may be inappropriate for males working full time or those with long commuting times. Low level of health literacy also acts as a major hurdle for men to in the way of entry to health services. In 2008, men living in side regional and outside the regional or rural areas were 22% that is less likely than men in major cities to hold an adequate level of health literacy. In addition to this Aboriginal and Torres Strait Islander people have lack of culturally appropriate services and lack of interpreter services. These are also obstacles for men in reaching health services. (National Male Health Policy Supporting Document, n. d). Also men living in culture with limited knowledge of how to reach appropriate health services and with limited family and social network, feelings of shame and embarrassment of health matters especially on reproductive and sexual health problems, distance to health care services and lack of transport facilities are also act as fence of accessing health care. (National Male Health Policy Supporting Document, n. d).

To examine, men’s understanding of seeking help and health service use, a qualitative study was conducted in South Australia in the year 2008. The back ground of the study was men’s reluctance to seek health services. Semi structured interviews was used as the method of data collection. There were 1,195 participants in the age between 35 to 80 years and a sample population is randomly drawn from it. From the large sample they invited 36 men to take part in the qualitative study. The result of the study was men self monitored their health prior to seeking professional help. Man’s perception of health has main influence on the way they monitored health and their use of health services. If a health condition they recognized as life threatening or visually distressing, then they sought medical help sooner. Also previous experience of illness, ability to continue normal activities and day to day tasks also affects their willingness to see general practitioner. The suggestion from this study is that allowing men in more meaningful discussion about their life style, health, and manifestations of deviation from health will ultimately contribute to early identification of diseases such as cancer, heart disease and others, treatment and thus people can enhance the quality and longevity of lives. (Smith, Braunack- Mayor, Wittert, Warin, 2008).

One contemporary issue affecting men’s health in Australia is prostate cancer. 1 in 3 Australian men have been diagnosed with cancer by the age of 75, and remain in it for rest of their life. In each year 3,300 men die of prostate cancer and around 20,000 new cases diagnosed. (Prostate Cancer Federation of Australia, 2011). Prostate cancer is the most commonly diagnosed cancer in Australia, and it is the fifth largest reason of death among men. At the age of 50, most of the males are affected with prostate cancer. (Australia Parliament, 2009). Prostate cancer is the uncontrolled growth of prostate gland. Anatomically prostate gland is situated directly below the bladder and just ahead of the bowel. Prostate cancer occurs when some cells of the prostate replicate fastly than other cells in the prostate and causing a tumor or swelling. It is usually one of the slowly growing cancers. (Prostate Cancer Federation of Australia, 2011). It may cause various impacts in people’s life. Impotence, erectile dysfunction, depression, urinary incontinence, relationship difficulty and emotional disturbance. (Australian Government Department of Health and Ageing, 2010). Age is the main risk factor of prostate cancer. Risk increases with increasing age. Male over 60 years of age accounts for over 85% of new cases and 96% of deaths. Family history is another risk factor. Lifestyle and environmental factors also increases risk. (National male health policy Supporting Document, n. d).

A study carried out in Western Australia to assess the impact of nutritional patterns in prostate cancer. Data is collected from the population by using food frequency questionnaire. Firstly incidence of prostate cancer cases data was collected through Western Australia cancer registry controls and then questionnaire given. Questionnaire includes 3 distinct dietary patterns such as vegetable, western and health concerned dietary patterns. Study results shows that risk for prostate cancer increases with western patterns of diet which consists of high intake of processed meat, fried fish, hamburgers and high fat milk. Suggestion from this study was that adopting changes in dietary patterns will helps in reducing risks of development of cancer. (Ambrosini, Fritschi, Deklerk, Mackerras, Leavy, 2008).

Focus on preventive health helps in reduction of cancers. It is one of the six priority areas for action in national male health policy. (Wallace, Wallace & Powel, 2004). Prevention measures include primary, secondary and tertiary approaches. Primary prevention involves reduction or elimination of the risk of disease in individuals. It decreases the likelihood of occurrence of disease in a healthy individual. Secondary prevention involves early detection and treatment of disease. Tertiary preventive approaches help to minimize morbidity by preventing complications that may result from permanent or irreversible diseases. (Wallace et al, 2004).

Nurses have multiple roles and responsibilities in cancer related care. They act as educators, counselors, client advocates, and care giver. They also act as as a member of multi professional health team. Additional roles include physical care, emotional support, patient and family education, consultation to address psychological issues, symptom management and research. (Cohen, Ferrel, Vrabel, Visovsky, Schaefer, 2010). Nurses working in the community are in the unique position to assess risk factors of diseases. If they identified the risk, they can easily implement measures for risk reduction. In primary prevention, nurses can assess and teach the client about the risk factors of disease. They can also provide direction for lifestyle changes. (Wallace& Wallace et al, 2004). It includes educating the clients about the importance of avoiding fat and fatty acids containing foods and also instruct them to include fruits and vegetables in their diet (Tierney, Phee, Papadakis, 2006 ). Nurses also act as a liaison between client, family, society and health care system (Wallace et al. 2004). They should also provide care to the clients in a collaborative and holistic manner. Nurses also can act as a navigator; it is a new role in oncology nursing, provides access to health care services and decreases barriers to care in complex health care systems. (Cohen et al, 2010).

In secondary prevention nurses can help the clients in early diagnosis and treatment. Based up on assessment nurses can guide men at risk towards screening for prostate cancer. Nurses should educate people about importance of screening services for individuals at risk. They should provide information about why and how diagnostic tests are performed. Such nursing intervention helps the clients in reduction of diagnosis related stress by helping them be knowledgeable about diagnostic test. (Wallace et al, 2004). History collection and effective screening results in early detection of cancer. Lower participation in screening and late diagnosis of cancer results in poor outcome. A qualitative study conducted in Western Australia to explore the understandings, beliefs and perspectives about cancer services among aboriginal people. In this study, semi structured interview is used as a method of data collection. The results shows that majority of them have misunderstandings about cancer, screening methods and treatment methods. (Shahid, Finn, Bessarab, Thompson, 2009). So proper education about screening and treatment from the side of nurses is very important in increasing peoples participation in screening programmes.

In the case of prostate cancer serum Prostate Specific Antigen (PSA) is an effective tool in early detection (Tierney et al, 2006). In 2004 a cross sectional study conducted in Sydney, to determine men’s interest in screening PSA to detect early prostate cancer. In this study a total of 514 men aged 50-70years randomly selected and computer assisted telephonic structured interview is used as a method of data collection. 61.2% people reported that they want to undergo screening test for unspecified cancer with the understanding of importance of undergoing screening test of prostate cancer and 60.9% probably or definitely wanted to undergo screening at the risk of unmasking indolent cancer without understanding the value of screening. Greatest interest was elicited in that scenario describing life time risk of dying from prostate cancer. The future suggestion from this study was policy makers need to provide the people about medical evidence relevant to prostate cancer screening, because this will help in improving people’s participation in prostate cancer screening programmes. (Gattellari &Ward, 2004). If cancer is detected proper treatment is very important in improving health status. Nurse should educate people about various treatment options such as surgery, radiation and chemotherapy. They also inform the clients about services available in the community. (Wallace, et al 2004). Tertiory prevention includes activities follow up and supportive services. (Tierney et al, 2006).

Various health promotion strategies are available for the prevention of prostate cancer. Australian government started many initiatives. They are Prostate Cancer Foundation, Andrology Australia, the Australian Prostate Cancer Collaboration, the Australian Prostate Cancer Bio Resource and Foundation. (Australia Parliament, 2009). The Government provides a wide variety of programmes which provide equal access to health care for all Australians. Australian government invested around $560 million for the construction of new centers and for up gradation of existing cancer centers in regional and rural communities across Australia. Regional cancer centers will enable Australian men living in rural or urban communities to receive care closer to their residence. Andrology Australia is another government initiative, which brings all the experts together to elevate awareness about a variety of male specific health issues. The aims of this initiative are strengthen the community capacity to increase the consciousness of men’s health issues, make sure equity among groups of men by giving them information about alternative formats, and support research projects related to prostate cancer. (National Male Health Policy Supporting Document, n.d).

Men’s health ambassador speakers program is another promotion initiative through Prostate cancer foundation of Australia from the side of government to raise men’s awareness about prevention of prostate cancer. Australian Government spended $15 million in last 5 years for the establishment of two prostate cancer research centers in Australia to develop effective diagnostic tests, screening tools and treatment for prostate cancer. Expansion of research will improve outcomes for men affected by prostate cancer. (National Male Health Policy Supporting Document, n.d).

Another health support strategy is the medical practical guidelines for psychosocial care of people with cancer. Cancer Australia is the Governments national cancer agency. It provides lots of initiatives for supporting clients. The various initiatives are building cancer support networks programme, under priority given research scheme and clinical cancer trials programme. The main aim of building cancer support net works programme was provision of a wide range of face to face and online training opportunities to health professionals in existing cancer support groups. Under priority driven collaborative cancer research scheme a huge amount of money is spended by Government in relation to prostate cancer and its treatment. Support for cancer clinical trial programmes includes conduction of national cancer clinical trials in prostate, bladder, renal and other uro genital cancers. (National Male Health Policy Supporting Document, n.d).

In conclusion, men’s have unique health needs. So men’s health goes beyond physical, sexual, emotional and reproductive health. They have several barriers in reaching health care. Men’s adherence to traditional masculinity, lack of facilities, lack of knowledge about importance of attending health services are some of the barriers of men in accessing healthcare. Due to this barriers health issues among male is increasing and it affects their health status and wellbeing. So Australian Government establishes national male health policy. This policy focuses on improvement of men’s health through various activities which focuses on six priority areas of improving health. One of the main health issues affecting males is prostate cancer. It is caused by various modifiable and non modifiable factors. Emphasize given on preventive aspect helps in reduction of cancer incidence. Preventive activities such as health education, screening, early diagnosis treatment and follow up services help in favorable outcomes. Nurses also play a major role in providing care to males suffering with cancer. They can act as health educators, counselors, supporters and care providers. Government also provides many programmes for prevention and also for providing better diagnosis and treatment services for clients suffering with prostate cancer. As a whole for improving health status of men in Australia muilti disciplinary approach from all areas is very important.

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