Surveys of the lived-experiences of men and of health professionals

March 2020

Plus Paternal
A focus on fathers

HEALTHY MALE
ANDROLOGY AUSTRALIA

Contact

Healthy Male
Level 2, 492 St Kilda Road
Melbourne, Victoria 3004
w: https://www.healthymale.org.au
e: info@healthymale.org.au
p: 1300 303 878

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
ART	Assisted reproductive treatment
D&C	Dilation and curettage
GP	General practitioner/General practice
IVF	In vitro fertilisation
LGBTI+	Lesbian, gay, bisexual, transgender/gender diverse, queer and gender non-binary
NA	Not applicable
NGO	Non-government organisation
NOS	Not otherwise specified
NS	Not specified
PND	Postnatal depression
RFDS	Royal Flying Doctor Service
SANDS	Stillbirth and neonatal death support
TAFE	Technical and further education

Executive Summary

"Good, healthy and stable fathers are so important for our society – we need to protect fatherhood and look after our fathers for future generations."

Planning for and having a child are life-changing events that should focus families' attention on health. While the health system importantly concentrates on mothers and babies, how well does the health system cater for men's health needs at this time? And what can be done to improve men's involvement?

Healthy Male conducted two national surveys to help answer these questions and many more about men's health needs and experiences on their journey to fatherhood.

The first survey was for men who had fathered or tried to father a child in the last five years. The questions asked about men's experiences of the health system, whether their health needs were discussed and/or addressed and whether they felt supported on their journeys to fatherhood.

The second survey was for health professionals from general practice, fertility support, midwifery, obstetrics and gynaecology and other health services. The questions explored current practice, systems and processes for engaging men and the barriers and enablers to creating a truly father-inclusive health system.

Survey respondents

Over 500 people contributed to Plus Paternal: A focus on fathers by completing one of the two surveys. This included 159 health professionals and 367 men, 298 of whom had fathered or tried to father a child in the past five years.

Demographic		Profile
Men	▪ From every State and Territory ▪ Median age - late thirties ▪ Had a higher level of education than the general Australian working age population[1]	▪ Over 80% of respondents to the men's survey had fathered one or more children ▪ In total, respondents had fathered almost 500 children ▪ Respondents had a similar proportion of planned and unplanned pregnancies as would be expected in the population ▪ Over half (56%) of respondents reported difficulty conceiving a child, a premature birth or the loss of a child or children through miscarriage, stillbirth or a child born who did not survive the first year of their life
Health professionals	▪ From every State and Territory ▪ Represented a range of medical, nursing, allied health and other health system support roles across various settings	• Most (87%) health professionals reported that they provide services for one or more of the priority population groups identified in the National Men's Health Strategy 2020-2030

[1] Ninety-four per cent of respondents had a certificate, diploma or degree compared with 68% in the general population. Also 71% of survey respondents had a Bachelor's degree or higher compared with 33% in the general population

"I understand that the majority of attention needs to be provided to the mother and I am supportive of this. However, having a child was still the most important event of my life, and yet I was often ignored completely during consultations preconception, during the pregnancy, and perinatally. Being treated like a member of the team on more occasions would have been valued."

Rating the engagement fathers and prospective fathers in the health system

- Men rated how well they were personally engaged, supported and informed by health professionals and services as they planned to or became a father. Forty-three per cent of men didn't give the system a pass grade through rating their experience as a zero to four out of ten.
- Health professionals rated how well the health system engages with, informs and supports men as they plan to and/or become fathers even less favourably with 61% giving it a zero to four out of ten.

"As someone that has trained and worked in health, including spending time in obstetrics, it is openly stated that pregnancy and childbirth is women's business. That has also been my experience as a father. There needs to be a shift in thinking."

PRECONCEPTION

- Over half (58%) of men who responded to the survey reported that they had contact with the health system prior to conception indicating an opportunity for proactive engagement with men at this time.
- Participants reported a lack of proactive engagement with men around their intentions to become a father, with only 16% of men recalling ever being asked if they wished to become a father and most GPs also noting a hesitance to raise the subject with men.
- One third of men had received advice or information about fertility and sperm health prior to conception, which aligns with the percentage of men who reported trouble conceiving (36%).
- Half of the men surveyed did not feel engaged, informed or supported prior to conception (47 to 53%).
- There was recognition that there has been a shift in focus towards men and their needs and that there was some access to services and information available. It was noted however that men needed to be proactive to find and access it.
- While it was acknowledged that men are attending health services more, it was considered that, when they do, they are not engaged or considered relevant to discussions of preconception health which is still largely framed as a woman's issue.
- Men and health professionals identified a series of areas for improvement including more proactive approaches to engagement with men in the preconception phase – asking questions and not making assumptions about needs and preferences, registering the man as a client and providing specific male health consultations relating to sperm health and fertility as well as advice relating to fatherhood and how to prepare oneself.

"Celebrate health in the preconception phase…encourage men to attend for a health check before they conceive. It might be the start of an important clinician-male client relationship to allow support throughout the whole parenthood journey."

FERTILITY SUPPORT

- Under half (44%) of men responding to the survey had accessed one or more of a range of fertility support services with less than half of this group feeling engaged as a potential future father when using those services and less than a third receiving information and feeling supported.

- In contrast, most health professionals providing fertility support services considered they actively engage, inform and support men. This could reflect that respondents to the survey may have an interest in men's health.
- Only 8% of health professionals considered that men have a good understanding of the importance of their preconception health. Two thirds would like more information and education to help them engage with men.
- It was recognised that there are some good practices in place and good experiences conveyed by some men and health professionals as well as a shift to men being encouraged to participate more. However, there are barriers to men's engagement with health services and to health professional engagement with men including: the stigma associated with male infertility and concepts of manhood; prevailing social norms about fertility as a women's issue; and assumptions made driven by stereotypes of the stoic male whereby men may be reluctant to raise concerns or advocate for their own needs to be met.
- Men and health professionals called for increasing public awareness to continue to shift social norms and stereotypes that limit our perspectives on men as potential fathers and limit our engagement and supportive practice. They advocated for improved information, education and support for men and their greater inclusion and engagement both in relation to their own needs as well as how they can best support their partner.

"I find it hard to say anything [in fertility support] is directed to the male either supporting physically, mentally or emotionally."

PREGNANCY

- Many (84%) men who had tried to father a child in the past five years reported one or more pregnancies with 96% reporting that they had contact with the health system during pregnancy. This level of contact with the health system highlights significant opportunities for engagement with men in this phase.
- Despite this, only 16% of men recall being asked how they were coping and only 23% received information or advice about their preparation for fatherhood, including only 19% who were provided with information or advice about relationship changes that may occur during pregnancy.
- Men are not feeling engaged, informed about their own physical and mental health or supported during pregnancy and as they prepare for fatherhood.
- When they do attend health services with their pregnant partner, men can be excluded or dismissed and their role as a future father or existing father when this is not the first pregnancy is not acknowledged or, it appears, valued.
- It was recognised that there has been a shift to greater awareness and inclusion of men but that our prevailing social and system norms and approaches are not keeping pace with our expectations for male inclusion and engagement.
- There is a strong call from men and health professionals for more programs, information, education and support for men that reflect proactive engagement and preparation for fatherhood including the role that men can play as fathers and as a support to their partner during pregnancy and birth (as relevant).
- The opportunity to integrate men as a client during pregnancy and take a proactive approach to initiating standard mental and physical health checks and the provision of advice, information and support for preparation for fatherhood was suggested by both men and health professionals.

"Men need to be told how to prepare their health and their relationship prior to birth."

BIRTH AND THE FIRST YEAR OF FATHERHOOD

- More men reported feeling more engaged by the health system in the first year of their child's life than they were during pregnancy, however this remains relatively low at 45%.
- When men do attend health services, they are not receiving information about their mental and physical health nor are they feeling supported for the most part.
- Support from employers to take time off to be with children in the first year of life was valued by men and it was considered important for men to be present in this phase. More than half (56%) of

men reported feeling supported by their employer to take time off to spend with their child or children.
- While information and support was recognised as being available, this was often limited in scope or in its focus on the needs of men. There was a need for men to be proactive to seek it out.
- Health professionals considered they engage well with men at this time of life but recognise specific gaps around informing men about perinatal depression and anxiety and about possible relationship changes in early fatherhood.
- Health professionals considered that most men do not have a good understanding of the importance of their mental health in early fatherhood nor of their role in contributing to the health and development of their children.
- Once more, most health professionals would like more information and education to help engage with men.
- Shifts in societal norms around the role of men in parenting were noted. It was felt that we have a long way to go before it is normalised and that we treat men as equal partners in parenting so as to better see their needs and respond appropriately.
- Consideration of men as a 'client' when they are interacting with the health system would come some way to improving engagement as a history would be taken and direct engagement would be supported. Extending on this concept to include structured health checks and routine opportunities for proactive engagement with men will help address the challenges highlighted in the survey responses.
- Extending our thinking, our understanding and our norms to be more father-inclusive is supported by men and health professionals, as is the importance of this being meaningful change rather than a change in name but not attitudes or practice.

"[We need] more mental health services for both parents. Both my wife and I suffered from postnatal depression. Neither was picked up by health services and when we acted on our own we found it very difficult to find services or support."

EXPERIENCING LOSS

- Men who have experienced the loss of a child or children report the lowest level of engagement across the stages of the pathway to fatherhood examined in this survey (12 to 16%).
- Health professionals reported a high level of engagement and confidence in engaging with men (70 to 73%) however only 54% reported providing information to men that is specific to their needs at this time.
- Health professionals considered that the majority of men do not have a good understanding of the importance of their mental health at this time.
- Once more, most health professionals would like more information and education to help engage with men.
- Social norms and stereotypes of the stoic male and the focus on women influences whether men are seen, heard or acknowledged at times of loss. It is expected that women have significant emotional connections with their unborn child but assumed that men do not. The experience of grief and loss for a woman is normalised but not for men. Men may be recognised as an important support for their female partner but not in relation to their own emotional wellbeing nor that they may require support at times of loss.

"I'm still hurting inside and holding back tears. My wife is still hurting but she has been able to grieve and come to terms. I don't know if I've even had the chance to grieve yet, it's all just numb."

Discussion

The survey results highlight the experiences and needs of men on their pathway to fatherhood and on the disconnect between those needs and the engagement of men by the health system. It is important to acknowledge that there may be bias in these results if men with negative experiences are more likely to be motivated to participate. Within the survey data there were both positive and negative experiences reported but the consistent themes emerging in the responses reinforce that this is an important area of men's health that has been largely overlooked.

At a fundamental level in our society, the concept of preparation for parenthood for men is not a visible area of focus or priority. The focus on women in the health system relating to the pathway from preconception to parenthood is clear. While not a focus of the survey, some of the insights from the surveys suggest that even with women, the preparation for motherhood is primarily focussed on the biological aspects of conception, pregnancy, childbirth and infant care such as breastfeeding.

Men report very low levels of engagement, information provision and support across the pathway to fatherhood, most potently at times when they have experienced the loss of a child through miscarriage, stillbirth or death in the first year of a child's life. There was a sense that it was up to the men to seek out information or support if needed rather than there being a proactive approach to this. In contrast, health professionals who completed the survey indicated that they engage well with men, they are confident in engaging men and provide men with information and support through their relevant areas of practice where they are interacting with men. This may reflect an interest in men's health by the cohort of health professionals who chose to complete the survey.

Despite the high reported levels of engagement by health professionals, they considered that the vast majority of men (88 to 91%) do not have an understanding of the importance of their preconception health or the importance of their mental health during pregnancy, the first year of fatherhood or at times of loss. Only 25% of health professionals considered that men understand their role in contributing to the health and wellbeing of their children. In addition, there were some areas in which health professionals considered that men are not provided with information or advice. This includes informing men about relationship changes during pregnancy and after the birth of a child, as well as around perinatal anxiety and depression in men.

If men are not feeling engaged, seen, valued or heard and they are not being supported or informed, then there is a responsibility of the health system and professionals to bridge this significant divide. This cannot occur without a fundamental shift in our perceptions of men as fathers and through recognising the social norms and stereotypes that are influencing, consciously and unconsciously, how we engage or whether we consider engagement is even relevant.

There is a strong call in these survey respondents for greater and more meaningful and proactive engagement of men when presenting to the health system. This is in relation to their intentions to become fathers and in supporting men as they navigate their experience from preconception to fatherhood and/or experiences of loss or inability to father a child. Men and their physical and mental health needs should be on the agenda. We need to consider structured opportunities to engage, inform, support and care for men. The development and dissemination of relevant and tailored information, formal and informal opportunities for men to learn, support each other and engage as fathers with their children and for growing public awareness and shifting norms, attitudes and practices are clear. These surveys have generated significant insights and a series of specific suggestions on how the system can be consistently improved at scale to bring about the fundamental shifts that are needed and can directly inform the Plus Paternal Case for Change.

Introduction

This Report presents the outcomes from the Plus Paternal: A focus on fathers surveys of men and health professionals.

Background

In 2019, Healthy Male (formerly Andrology Australia) began work on a new project, Plus Paternal: A focus on fathers, designed to improve the health of men and their children by influencing changes to the health system to better support the engagement of fathers and potential fathers. Plus Paternal: A focus on fathers will examine men's experiences and needs from preconception to early fatherhood to determine:

- how best to support men at various stages
- how to reduce the barriers to men engaging with reproductive health services, and
- the key systems reforms necessary to create more father-inclusive environments and care.

The Project will be conducted in various stages. During Stage 1 the emphasis will be on building knowledge: reviewing evidence; engaging with stakeholders, and; formulating recommendations for future work. It will result in a 'Case for Change' Report that identifies gaps and opportunities for engaging and supporting fathers and potential fathers and recommendations for changes to the health system and beyond.

Understanding the lived-experiences of Australian men and of health professionals working in reproductive health are important components of the knowledge building phase.

Methods

Two online survey tools, developed in Qualtrics, captured the experiences of men and health professionals respectively. Ethics approval for the surveys was provided by the Monash University Human Ethics Low Risk Review Committee (ID: 22759).

The surveys were promoted through several channels including: direct email to Healthy Male's database of men and health professionals; through the Healthy Male website; via organisations that had been involved in consultations as part of Plus Paternal: A focus on fathers and had agreed to forward the survey to their constituencies e.g. RACGP e-newsletter, through outreach to more than 30 grassroots men's community groups and; via social media channels including Facebook, Twitter and LinkedIn. Promotion of the surveys was also achieved through an article in *The Male* (Healthy Male's periodical), media coverage of the project and articles that were published in the Medical Journal of Australia and the Australian Nursing and Midwifery Journal.

Both survey tools were a mix of quantitative and qualitative (open-ended) survey questions and included questions relating to preconception (Men's only), fertility support, pregnancy, birth and the first year of fatherhood and experiences of loss (miscarriage, stillbirth, death in the first year of a child's life). The surveys captured the experiences of men and the practices of health professionals at each of the parts of the pathway, their ratings of how well men are engaged by the health system and their views on what's working well, what's not working well and what could be improved. The profile of respondents was also captured with a series of demographic questions as relevant to each survey cohort.

Please note that the health professional survey did not include a preconception component as Healthy Male had published a study of 304 GPs undertaken in 2018 which specifically addressed this area.[i] The findings from this study are summarised in the Preconception section of this report.

The surveys were open from 10th January to 24th February 2020 and were accessed via a link from a computer or mobile device. Responses were downloaded and analysed as follows:

- **Quantitative data** were analysed using simple descriptive statistics such as frequency tabulation and calculation of percentages of respondents for each category or for an interval as well as averages and ranges where relevant. Where respondents indicated their extent of agreement with statements relating to their experience of the health system (men's survey) or relating to their practice (health professionals' survey), each response was converted to a number by allocating a value to the level of agreement (Strongly agree: 5, Agree: 4, through to Strongly disagree: 1). This enabled the calculation of an average rating to inform comparisons across statements

- **Qualitative data** for each open-ended question was reviewed, a coding frame developed and verified with a member of the Plus Paternal project team and all data were then coded. The responses allocated to each code were quantified, the range of responses described and direct quotes used to illustrate the themes arising.

There are several **limitations of these surveys** that are worthy of note:

- Accessibility – the surveys were only available in English and were classified by Qualtrics as requiring a 'fair' reading level thus were only accessible to those with fair English literacy who also had access to the internet via a computer or mobile device
- Length of survey – the surveys were exploratory in nature and thus had a reasonable number of open-ended survey responses. This may have contributed to a burden of completion for respondents as well as a sense of repetition as the pattern and nature of questions were repeated across different parts of the pathway from preconception to fatherhood. Certainly more respondents started than ended the surveys as reflected by the response rates to demographic questions at the end of the men's survey which were completed by 50% of respondents
- It is likely that the survey respondents are not representative of the general population of men or health professionals. Those with a particular interest in this area due to their practice (health professional) or personal experiences both positive and negative (men) were more likely to respond.

The survey respondents

Over 500 people contributed to Plus Paternal: A focus on fathers by completing one of the two surveys. This included 159 health professionals and 367 men, 298 of whom had fathered or tried to father a child in the past five years.

	Demographic	Profile
Men	▪ From every State and Territory ▪ Median age - late thirties ▪ Had a higher level of education than the general Australian working age population[2]	▪ Over 80% of respondents to the men's survey had fathered one or more children ▪ In total, respondents had fathered almost 500 children ▪ Respondents had a similar proportion of planned and unplanned pregnancies as would be expected in the population ▪ Over half (56%) of respondents reported difficulty conceiving a child, a premature birth or the loss of a child or children through miscarriage, stillbirth or a child born who did not survive the first year of their life
Health professionals	▪ From every State and Territory ▪ Represented a range of medical, nursing, allied health and other health system support roles across various settings	• Most (87%) health professionals reported that they provide services for one or more of the priority population groups identified in the National Men's Health Strategy 2020-2030

[2] Ninety-four per cent of respondents had a certificate, diploma or degree compared with 68% in the general population. Also 71% of survey respondents had a Bachelor's degree or higher compared with 33% in the general population

Men's lived experience survey respondents

The men's lived experience survey was completed by 367 men[3] with the profile of survey respondents summarised in Table 1. The column heading 'Within 5 years' in Table 1 and throughout this report refers to men who have fathered or tried to father a child in the past five years. This was the survey's target group. The term '> 5 years' refers to men who have fathered or tried to father a child more than five years ago.

Table 1: Men's lived experience survey: Respondent demographic profile

DEMOGRAPHICS	Within 5 years	>5 years	Total
Number of respondents	298	69	367
Age (years)	n=149	n=36	n=185
Median	37	60	39
Range	24-62	29-76	24-76
Sexual identity	n=143	n=37	n=180
Heterosexual/straight	95%	97%	96%
Bisexual	4%	3%	3%
Gay/lesbian	1%	0%	1%
Highest education qualification achieved	n=150	n=39	n=189
Postgraduate e.g. Master's degree, Doctorate	36%	41%	37%
Bachelor's degree	34%	33%	34%
Graduate certificate or diploma	15%	16%	15%
TAFE/Technical certificate	10%	0%	8%
Year 12 or lower	5%	10%	6%

[3] Note that the gender identity of two respondents was not reported as 'man'. One identified as a woman and one as a transman. 'Completed' in this context refers to a response to one or more survey question.

Table 1: Men's lived experience survey: Respondent demographic profile (continued)

DEMOGRAPHICS	Within 5 years	>5 years	Total
State or territory of residence	n=148	n=38	n=186
Victoria	35%	34%	35%
New South Wales	24%	26%	25%
Queensland	17%	13%	16%
Western Australia	7%	5%	7%
Tasmania	5%	11%	6%
Australian Capital Territory	5%	5%	5%
South Australia	5%	5%	5%
Northern Territory	1%	0%	1%

- Despite there being 367 total responses, the demographic questions which were located at the end of the survey were only answered by 50% of respondents.
- Most respondents identified as heterosexual/straight and all except two respondents described their gender identity as man.
- Survey respondents as a group were more highly educated than the general Australian population based on a comparison with ABS statistics. Ninety-four per cent of respondents had a certificate, diploma or degree compared with 68% in the general population. Also 71% of survey respondents had a Bachelor's degree or higher compared with 33% in the general population[ii].
- Respondents were from every Australian state and territory with the proportions reflecting the overall population break down for Australia with the exception of New South Wales (only 25% of respondents despite having 35% of the Australian population) and with Victoria, ACT and Tasmania having more respondents than would be expected if an equal distribution by state and territory were achieved.

The experiences of fatherhood of survey respondents are described in Table 2 with key insights from the data including:

- Over 80% of survey respondents had fathered one or more children with almost 500 children in the survey cohort, a median of two children per respondent.
- Many (77%) men reported that pregnancies were planned with 23% for whom one or more pregnancies were unplanned. This aligns with the results of a national telephone survey of 1,390 Australian women who reported 26% of pregnancies as unintended[iii].
- While over 90% of men who responded to the survey became fathers when their female partner became pregnant with their own sperm, respondents also reflected a range of other methods for family formation including the use of donor insemination, surrogacy, adoption, fostering or as a stepfather.
- More than half of respondents had experienced difficulty conceiving or one or more experiences of loss such as a miscarriage or stillbirth. Thirty per cent of men noted that their partner had lost one or more babies through miscarriage (Miscarriage is considered to occur in up to 20% of confirmed pregnancies[iv]). Four percent of respondents reported having experienced a stillbirth compared with reported rates of stillbirths of 0.7%.[v] These data suggest that men who had experienced loss were more likely to respond to this survey.

Table 2: Men's lived experience survey: Respondent's experience of fatherhood

EXPERIENCES OF FATHERHOOD	Within 5 years	>5 years	Total
Fathered one or more children	245 (82%)	53 (77%)	298 (81%)
Number of children	n=220	n=50	n=270
Total	372	121	493
Median	median: 2	median: 2	median: 2
Range	range: 1-5	range: 1-7	range: 1-7
Whether pregnancies were planned	n=220	n=50	n=271
Planned	78%	70%	77%
Unplanned	9%	12%	9%
Both (a mix of planned and unplanned)	13%	18%	14%
How respondents became fathers	n=227	n=51	n=278
Female partner became pregnant with my sperm	93%	96%	94%
Female partner became pregnant with donor sperm	1%	2%	1%
Through a surrogate mother with my sperm	<1%	0%	<1%
Through a surrogate mother with my partner's sperm	<1%	0%	<1%
Through adoption	<1%	0%	<1%
Rather not say	1%	0%	1%
Other: Ten responses specified – IVF (3); donor egg my sperm (3); child from another father (2); foster parent (1); egg donation to another couple (transgender male) (1)	4%	2%	4%
Challenges conceiving or experiences of loss	n=169	n=35	n=204
Percentage of total respondents who reported challenges conceiving and/or experiences of loss (of total respondents)	57%	51%	56%
Fertility problems or troubles conceiving	36%	25%	34%
A miscarriage or miscarriages	31%	26%	30%
A premature birth	7%	9%	8%
A stillbirth	4%	1%	4%
A child born who did not survive their first year of life	1%	1%	1%
Other problems: 19 responses specified: • Specific male infertility issues (5): Klinefelter's and Sertoli Cell Only Syndromes; Germ cell aplasia; Sperm maturation arrest; Hypopituitarism; Difficulties sustaining an erection; Transgender man • Traumatic birth experiences (3): child resuscitated at birth (2), mother's life at risk (1) • Ectopic pregnancy (2) • Genetic issues (2): dominant genetic condition (1), complicated genetic testing results (1) • Wife did not want children but didn't communicate (1)	6%	6%	6%

Health professional survey respondents

The health professional survey was completed by 159 respondents with all noting a professional group as outlined in Table 3.

Table 3: Health professional survey respondents' reported profession

PROFESSION	Number of respondents	%
Fixed categories provided in the survey	**159**	
GP	39	24%
Maternal and child health nurse	17	11%
Practice nurse	14	9%
Midwife	11	7%
Community health nurse	8	5%
Psychologist	8	5%
Social worker	7	4%
Counsellor	6	4%
Endocrinologist/Andrologist	4	2%
Nurse practitioner	4	2%
Aboriginal health worker	1	<1%
Obstetrician/Gynaecologist	1	<1%
Relationship counsellor	1	<1%
Respondents who selected 'other'	**48**	**30%**
Coding of 'other' professions[4]		
Nurse (educator, manager, fertility/IVF, mental health, prostate cancer)	9	
Allied health (occupational therapist, pharmacist, physiotherapist, sonographer)	7	
Support/community development workers and educators	5	
Embryologist	4	
Other practitioners (Naturopath, nutritionist, psychotherapist, reflexologist)	4	
Health promotion	3	
Service managers/coordinators	3	
Other support roles (Communications, risk manager)	3	
Other medical (sexual health physician)	1	

- There was a range of professions represented across the survey respondents including medical, nursing and allied health roles, both generalist and specialist as well as other professionals working in the health sector in various supporting roles.

Table 4 shows the settings in which the health professionals work with 28 respondents reporting that they work across two or more settings. Percentages are expressed based on total respondents and do not add to 100% due to multiple responses being allowed (n=159).

[4] Note that there were nine respondents who selected 'other' who did not specify their profession or gave responses that were not coded in this table as their specific profession could not be ascertained e.g. retired, public servant, consultant, lobbyist.

Table 4: Settings in which health professionals work

SETTING	Number of respondents	%
Fixed categories provided in the survey	**159**	
General practice	44	28%
Private practice	37	23%
Community health service	29	18%
Hospital - public	21	13%
Non-government organisation	17	11%
Aboriginal health service	14	9%
Local government	10	6%
Hospital – private	9	6%
Respondents who selected 'other'	**19**	**12%**
Coding of 'other' settings[5]		
Clinic (public 1, private 4, not specified 1)	6	
Sector (corrections, defence, mental health, RFDS, primary health)	5	
State government	5	
Other service (Helpline, Men's Group)	2	
Remote rural	1	

- Health professional survey respondents work across a range of settings including primary care, community health, hospitals and private practice and across different sectors.

Of the 159 health professional respondents, 58% noted woman as their gender identity, 41% man and 1% asexual.

The postcode of their usual place of work was provided by 144 respondents (90%) with the breakdown by state and territory shown in Table 5 and compared to the Australian population distribution.

Table 5: Health professional respondents – Jurisdiction in which they usually work

STATE/TERRITORY	Number of respondents	%	Australian population (for comparison)
New South Wales	24	17%	32%
Victoria	42	29%	26%
Queensland	37	26%	20%
Western Australia	11	8%	10%
South Australia	19	13%	7%
Australian Capital Territory	3	2%	2%
Tasmania	2	1%	2%
Northern Territory	6	4%	1%

- Respondents' usual place of work spanned all Australian states and territories with the respondent distribution being similar to the overall Australian population. Variations of note include the lower level of responses from New South Wales and higher engagement in South Australia.

[5] Note that there were 10 respondents who selected 'other' who did not specify their profession or gave responses that were not coded in this table e.g. retired, public servant, consultant, lobbyist.

Representation of priority populations

The National Men's Health Strategy, 2020-2030 identified nine priority population groups. Survey respondents from the men's lived-experience survey nominated whether they identified as a person from one of more of those groups (Table 6).

Table 6: Men's lived experience survey – identification as a member of a priority population group

	Within 5 years	>5 years	Total
Identify as a person from one of more of the priority population groups from National Men's Health Strategy 2020-2030	n=40 13%	n=12 17%	n=52 14%
Aboriginal and Torres Strait Islander males	3	1	4
Males from socioeconomically disadvantaged backgrounds	3	0	3
Males living in rural and remote areas	13	6	19
Males with a disability, including mental illness	12	2	14
Males from culturally and linguistically diverse backgrounds	5	4	9
Members of the LGBTI+ community	5	0	5
Male veterans	3	0	3
Socially isolated males	5	1	6
Males in the criminal justice system	0	0	0

- A small proportion of respondents to the men's lived-experience survey identified as being from one or more of the priority population groups.
- All of the priority population groups were represented by at least three and up to 19 survey respondents with the exception of incarcerated males who were not represented as one may expect.
- Note that seven individual men were from two or three of these priority populations.

Eighty-seven per cent of health professional survey respondents nominated that they provide care to men from one or more of the priority population groups (Table 7).

Table 7: Health professional provision of services for men from priority population groups

Priority population group	Number of respondents	% of total respondents
Aboriginal and Torres Strait Islander males	85	53%
Males from socioeconomically disadvantaged backgrounds	101	64%
Males living in rural and remote areas	72	45%
Males with a disability, including mental illness	1	<1%
Males from culturally and linguistically diverse backgrounds	91	57%
Members of the LGBTI+ community	83	52%
Male veterans	51	32%
Socially isolated males	69	43%
Males in the criminal justice system	33	21%

- Except for males with a disability (including mental illness), many of the health professionals who responded to the survey are interacting with men from priority populations as part of their practice.
- More than half the health professional respondents provide services for men from four of the priority population groups including: males from socioeconomically disadvantaged backgrounds; males from culturally and linguistically diverse backgrounds; Aboriginal and Torres Strait Islander males; and members of the LGBTI+ community.
- It is surprising that only one health professional noted that they provided services for men with a mental illness given the inclusion of GPs, psychologists, social workers and counsellors in the cohort. This may reflect a number of issues: that men are not proceeding to a formal diagnosis of a mental illness and are thus not within the focus of the professionals responding; their practice is primarily focussed on women; or the category being framed as ‘males with a disability, including mental illness’ was not clear or the mental illness component of this category not picked up.

Findings

Overall rating of the engagement of fathers and prospective fathers in the health system

Key insights

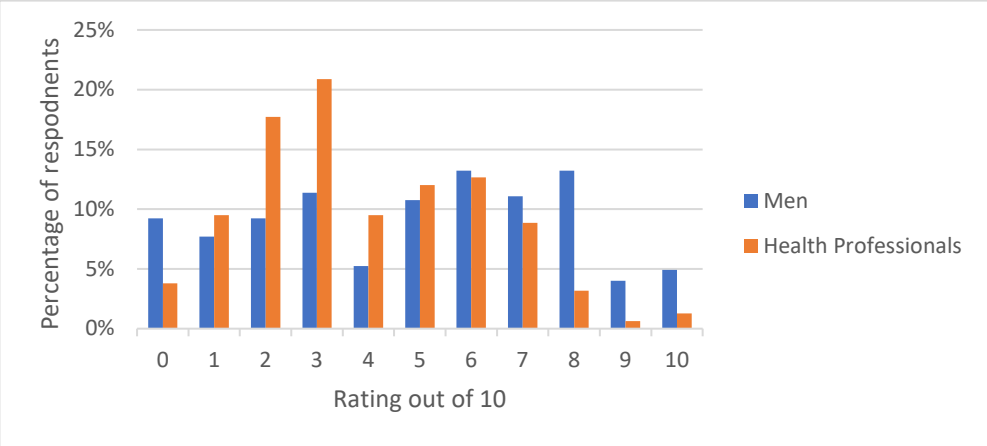
- Men rated how well they were personally engaged, supported and informed by health professionals and services as they planned to or became a father. Forty-three per cent of men didn't give the system a pass grade through rating their experience as a zero to four out of ten
- Health professionals rated how well the health system engages with, informs and supports men as they plan to and/or become fathers even less favourably with 61% giving it a zero to four out of ten.

In each of the surveys, respondents were asked to provide an overall rating of the engagement of men on a scale from 0 to 10 where 0 is not at all and 10 is extremely well for the following questions:

- **Men's lived-experience survey** – How well would you say that you were personally engaged, supported and informed by health professionals and services as you planned to or became a father?
- **Health professional survey** – How well would you say that the health system engages with, informs and supports men as they plan to and/or become fathers?

Men rated their overall engagement as a median of 5, average 4.8 out of 10 with responses ranging from 0 to 10.[6] Health professionals rated overall engagement as a median of 3, average 3.9 out of 10 with responses ranging from 0 to 10. The distribution of responses is shown in Figure 1.

Figure 1: Ratings of health system engagement with men on the pathway to fatherhood



- Generally, men rated the system more favourably than health professionals.
- Despite this, 43% of men gave a rating of four or less out of ten and so the ratings were still low.
- Overall, 61% of health professionals rated the system's engagement with men as between zero and four out of ten.

[6] Based on respondents who had fathered or tried to father a child in the past five years.

The pathway to fatherhood: PRECONCEPTION

Key insights

- Over half (58%) of men who responded to the survey indicated that they had contact with the health system prior to conception indicating an opportunity for proactive engagement with men at this time.
- Participants reported a lack of proactive engagement with men around their intentions to become a father, with only 16% of men recalling ever being asked if they wished to become a father and most GPs also noting a hesitance to raise the subject with men.
- One third of men had received advice or information about fertility and sperm health prior to conception, which aligns with the percentage of men who reported trouble conceiving (36%).
- Half of the men surveyed did not feel engaged, informed or supported prior to conception (47 to 53%).
- There was recognition that there has been a shift in focus towards men and their needs and that there was some access to services and information available. It was noted however that men needed to be proactive to access it.
- While it was acknowledged that men are attending health services more, it was considered that, when they do, they are not engaged or considered relevant to discussions of preconception health which is still largely framed as a woman's issue.
- Men and health professionals identified a series of areas for improvement including more proactive approaches to engagement with men in the preconception phase – asking questions and not making assumptions about needs and preferences, registering the man as a client and providing specific male health consultations relating to sperm health and fertility as well as advice relating to fatherhood and how to prepare oneself.

Men's engagement with and ratings of the health system in the time prior to conception

Men were asked if they recalled having contact with the health system in the months prior to conception. Contact was defined as a visit to a GP or other health professional in relation to their plans for fatherhood or for other unrelated reasons.

Of the 275 men who responded to this question:

- 38% recalled attending a health professional related to having a child and a further 20% attended a health service for other reasons in the months prior to conception (58% overall; 54% within 5 years; 41% >5 years).
- 16% could recall ever being asked by a health professional if they wished to become a father (16% within 5 years; 16% >5 years).
- 32% reported that a health professional had provided them information or advice about fertility or sperm health prior to conception (33% within 5 years; 25% >5 years).

Table 8 shows the level of agreement of men who responded to the survey to statements relating to their experience of the health system prior to conception. Each response was converted to a number by allocating a value to the level of agreement (Strongly agree: 5, Agree: 4, through to Strongly disagree: 1). This enabled the calculation of an average rating for each statement to inform comparison.

Table 8: Extent of agreement about men's experience of the health system prior to conception[7]

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
I felt that health professionals engaged with me as a potential future father	224	2.5	5%	17%	24%	29%	24%	0%
I felt that health professionals provided me with useful information about my own health (mental and/or physical)	223	2.5	3%	24%	23%	22%	28%	0%
I felt that health professionals provided me with support	224	2.6	2%	23%	28%	24%	23%	0%

- Around one quarter of respondents agreed with these three statements relating to feeling engaged, informed and supported by health professionals prior to conception.
- Half of the respondents disagreed or strongly disagreed with each statement.

Men's reflections on the health system in the time prior to conception

Men were asked to consider three open-ended questions reflecting on their experience of the health system in the time prior to conception. Their qualitative responses were coded and key themes identified and described with the use of quotes for illustrative purposes. Only responses from men who had tried to or had fathered a child in the past five years have been included in this analysis.

The first question explored **what is working well for men in the health system** at this time with 120 comments made. Fifty-three (44%) did not reflect a positive comment about what was working well in the system.

"Fertility specialist wrote off low viable sperm in a minute. Longest ever conversation was about my shirt."

The remaining comments that were positive in nature are grouped and described in Table 9 from most to least frequently raised points.

[7] Results in this table are presented for all men's lived experience survey respondents combined as the average ratings did not differ at all or by less than 0.1 when comparing men 'within 5 years' or '>5 years'

Table 9: Men's reflections on the health system: PRECONCEPTION – <u>what's working well</u>?

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	22	• Fertility testing and fertility services; support and advice (general and in relation to sperm health); counselling/mental health; walk-in clinics; parenting classes • Service provision for physical health complaints was noted as working well • Support and services being available if you seek them out
Information/education	15	• The availability of information with specific mention of online resources • Specific information mentioned: Fertility information, You Tube videos on preparing for fatherhood • That information is available if you ask for it
Access – men's engagement and attendance	11	• The value of regular attendance and engagement with your GP • The ability to attend appointments with your partner
Health workforce	11	• Disciplines specified: GPs, fertility specialists, psychologists • Characteristics of health professionals: Well trained, male doctors
Awareness	10	• Growing awareness of specific conditions or health issues in men: men's health; mental health; male infertility; prostate cancer • Increased focus on men: health policy; support services; research (focus and funding)
Roles, norms, societal issues	10	• That the system works well for and is focussed on women and when men attend, while secondary in focus, the information and advice provided is of value
Access – other – cost, time, availability	4	• Specific provisions/systems: Medicare and bulk billing • Affordable health care

"If you engage with your doctor semi-regularly, I have found they often remind me to do a general health check-up."

"I thought our GP was excellent in his support and advice, but I felt the male partner's needs were rarely asked about, particularly in the IVF system."

"I see a psychologist which is subsidised by Medicare and have a very good GP. I also used the services of the free psychologist I was offered when attempting to conceive using public IVF."

"When talking about mental health with a GP, it is now considered an illness and not a weakness. Help is given freely."

The second open-ended question explored **what is not working well for men in the health system** at this time with 126 comments made and have been coded, themed and grouped and are described in Table 10 from most to least frequently raised.

Table 10: Men's reflections on the health system: PRECONCEPTION – <u>what's NOT working well</u>?

Theme	Number	Specific points raised
Information/education	37	Lack of information provision on: • What's involved, preconception health, what to expect, roles and how to prepare for fatherhood and parenting • Fertility issues/problems/treatment – sperm health; mental health impacts; potential for miscarriage; how best to support partner • Risks of the transition to fatherhood on mental, emotional, financial and social wellbeing and functioning
Access – men's engagement and attendance	33	• That men are not engaged, considered or acknowledged in the process by health professionals • Male health in general, mental health and reproductive health not considered • Men's reluctance to engage (7) or men having to be proactive to achieve engagement
Roles, norms, societal issues	33	• A focus on women: Framed as appropriate for women to be a point of focus but that men are excluded from the whole process if not attending with a partner and, if they do, may not be acknowledged • Gender stereotypes: Reinforced by health professionals; Men made to feel weak for raising concerns
Access – to specific services, health professionals, interventions, support and advice	28	• Inadequate access to support (21) with specific areas mentioned: male infertility issues and treatment process; when partner is not coping or has postnatal depression; miscarriage; or where advice is provided but not support • Limited mental health assessments, treatment, services and focus • Limited access to specific services for men
Everything (is not working well for men)	9	
Awareness	7	• Limited awareness of male fertility factors: sperm health; fertility challenges; age; illnesses and where to go for information
Health workforce	6	• Men noted experiences of a lack of compassion, respect or confidence in health professionals
Access – other – cost, time, availability	4	• Limited time for conversations or to raise issues • Cost
Access – priority population groups	1	• Transgender men – *'no one seems to know what to do for you unless you find a very specialised service'*
Research	1	• Limited research on male infertility

"Unless you are with your partner, you are completely excluded in processes."

"I was completely and utterly unprepared for the changes to all aspects of my life of becoming a father and did not even understand the ways that life could change. Preconception, I had little concept of how my life opportunities and options would shrink given the extra demands on my time. I vastly underestimated the extra stress from the extra demands on our finances. I would never have estimated that poor sleep could extend to five-plus years with having two kids. I feel like none of these risks to my physical, mental, social and financial wellbeing were communicated by the health system."

"My wife and I have had three kids and no health care professionals have spoken to me directly about anything."

"I hate going to doctors, not because of the old school stigma… 'It'll be right, just toughen up' but because the doctors make me feel as though I'm wasting their time that I'm even there in the first place. I've had doctors laugh when I've asked about a worrying lump. It was worrying and painful to me. That definition itself would warrant medical advice!... I thought nothing of it to start with, I would usually just leave the doctors feeling like a fool to be so stupid to even worry about my health and that I just wasted everyone's time. It was only when I started sitting in on appointments with my wife and how they were so empathetic and caring for her yet the same doctor just the other week made me feel weak. There may still be stigma that men don't care about their health but, in my experience, I think it's more accurate to say the health system doesn't care about men's health."

"We were meat for the grinder. I had a nurse tell me 'now you can go out and throw yourself in front of a bus' after signing an enduring consent for donated sperm. Gee, thanks! Tell someone facing the enormous stress of IVF that they can go and kill themselves."

The final preconception question for men explored **how the health system could have been improved to better meet their needs on the pathway to fatherhood** with 140 comments made as described in Table 11 from most to least frequently raised.

Table 11: Men's reflections on the health system: PRECONCEPTION – <u>suggested improvements</u>

Theme	Number	Specific points raised
Information/education	39	Provide information about: • Preparation for fatherhood – roles, risks, coping with pressures, how to support partner, the needs of the baby, what to expect at the different points in the pathway, impacts on own and partner's mental health • Fertility issues/problems/treatment – conception, the science of IVF, vasectomy reversal, reproductive health, the time it may take to conceive, how to increase chances of conception-stress, diet, general health, hormones • Risks of the transition to fatherhood on mental, emotional, financial and social wellbeing and functioning
Access – to specific services, health professionals, interventions, support and advice	38	Improve access through: • Specific appointments for men preconception and pre-fatherhood – mental and physical health checks, information provision, advice and support • Support services – counselling, mental health, assessment and referrals • Access to peer support or outreach services • Programs – father's groups run by dads; parenting classes

Theme	Number	Specific points raised
Access – men's engagement and attendance	33	Improve engagement with men through: • Being more proactive when men do attend: Ask and offer information and advice (How are they going/feeling? What do they need? Do they intend to become a father?)
Nothing (needs to change or unsure)	20	
Awareness	7	Increase awareness through: • Promotion of the roles men have and contributions they make as fathers • Promoting free services and services specific to men that are available • Encouraging men's attendance to discuss their needs and fatherhood
Access – other – cost, time, availability	6	• More timely access to testing to address fertility challenges and concerns • Reduce cost as a barrier to access
System barriers	6	Address key barriers through: • Seeing men as a client and stakeholder • Exploring ways that privacy provisions can be removed as a barrier to communication when a man is seeking to support his partner in need • Assisting navigation through surrogacy legal issues • Increasing the focus on quality improvement
Roles, norms, societal issues	4	• Rights - Recognise the rights of men to make informed choices about fatherhood • A focus on women – Improve support for women and inform men through women
Health workforce	3	• Improve access to male health professionals • Educate the health workforce that men matter • Use quality measures to drive improved practice
Access – priority population groups	1	• Don't make assumptions (transgender desire to have children and need specific information and advice)

"There should be recommended visits with the GP covering all the processes involved (particularly for first-time fathers), the role of fertility medications, pros and cons of the public/private systems to guide us. Also about the role fathers can play."

"Consistent tests between clinics and consistent treatments. Also, when you are in your late thirties, GPs should test for more than basic semen analysis and waiting six to 12 months hoping to conceive as there isn't that time to waste."

"I understand that it's very difficult due to privacy and patient confidentiality however not being able to help with just little things such as talk on the phone to emergency when my wife was bleeding and in pain because I was not the 'patient' or not being able to book or assist with the preparations for the miscarriage [D&C] as it is not my body. I totally understand why but in reality when your wife is in pain and crying while trying to organise her own appointment…and you as a man can't do anything, it

breaks your already broken heart. My wife would beg me to do all the admin crap as she still wasn't emotionally ready for it, yet I couldn't. We are both married. We both went into this together. Yet it seems only my wife can proceed on the journey. I'm just here to carry her bags. How pathetic am I?"

"Perhaps access to a specialist in male fertility. Was there a researched diet/exercise plan to improve it? Was there a medical intervention available? I was never really given any information. No one was interested in how I was emotionally dealing with being unable to conceive naturally."

"Ask probing questions and have some form of information handy for dads to engage with to start preparing us for fatherhood from the outset. Ask questions like 'Have you thought about how life will change once you fall pregnant? How are you feeling about becoming a dad? Have you spoken to anyone about it? Will you talk to someone before the 12-week mark that can support you throughout the term of the pregnancy, including if it is not successful?'"

"More acknowledgement of fathers' involvement in parenting, especially multiples. The number of times I was called a 'hands-on' father (as opposed to 'hands off'?) surprised me."

"Any discussion about my feelings or experiences would have been appreciated."

"Even when I asked questions about what I should do for my health prior to conception, I was told that I don't need to do anything and all the focus was then directed onto my wife."

Health professional perspectives on health system engagement with men preconception

In 2019, an Australian study was published exploring the perspectives of 304 GPs on men's preconception care.[i] Given the recency of this study, it was determined that the Plus Paternal health professional survey should not include a preconception section to prevent duplication with this recent study. A series of key findings from the Australian study are highlighted here:

- Most GPs thought it was part of their role to provide preconception care for men but they felt they lacked knowledge about factors that affect male fertility and reproductive outcomes, which was supported by their answers to knowledge questions in the survey.
- The study found that few GPs routinely asked male patients about whether they planned to become a father, and many perceived there were barriers to raising this topic. This included a sense that this is a sensitive subject and that it should be initiated by the man as well as fertility being perceived as a woman's issue.
- Over 90% of GPs considered that more information and/or education about factors affecting male fertility would increase their confidence in talking to male patients about preconception health. Specific information resources that most GPs were interested in accessing included patient factsheets and trustworthy websites to refer patients to.

The pathway to fatherhood: FERTILITY SUPPORT

Key insights

- Under half (44%) of men responding to the survey had accessed one or more of a range of fertility support services with less than half of this group feeling engaged as a potential future father when using those services and less than a third receiving information and feeling supported.
- In contrast, most health professionals providing fertility support services considered they actively engage, inform and support men. This could reflect that respondents to the survey may have an interest in men's health.
- Only 8% of health professionals considered that men have a good understanding of the importance of their preconception health. Two thirds would like more information and education to help them engage with men.
- It was reconised that there are some good practices in place and good experiences conveyed by some men and health professionals as well as a shift to men being encouraged to participate more. However, there are barriers to men's engagement with health services and to health professional engagement with men including: the stigma associated with male infertility and concepts of manhood; prevailing social norms about fertility as a women's issue; and assumptions made driven by stereotypes of the stoic male whereby men may be reluctant to raise concerns or advocate for their own needs to be met.
- Men and health professionals called for increasing public awareness to continue to shift social norms and stereotypes that limit our perspectives on men as potential fathers and limit our engagement and supportive practice. They advocated for improved information, education and support for men and their greater inclusion and engagement both in relation to their own needs as well as how they can best support their partner.

Men's engagement with and ratings of the fertility support system

Men reflected on any interactions they may have had with the health system if they and/or their partner had experienced problems with conceiving a child or children. This was framed as being with their GP, specialist fertility support services such as IVF or with other health professionals or services. Forty-four per cent of respondents who had tried to father a child in the past five years reported that they had accessed health services for fertility support in the past five years (72 men).

Of those who accessed health services for fertility support, the following health services were noted as being accessed: Specialist doctors (43%); Counselling (30%); IVF (14%); Relationship counselling (10%); and GP (1%). Table 12 shows the level of agreement of men who responded to the survey to statements relating to their experience of the health system related to seeking fertility support.

Table 12: Extent of agreement about men's experience of fertility support

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagre e	Strongly disagree	NA
I felt that health professionals engaged with me as a potential future father	67	3.0	9%	36%	15%	24%	16%	0%
I felt that health professionals provided me with useful information about my own health (mental and/or physical)	67	2.6	3%	28%	15%	28%	25%	0%
I felt that health professionals provided me with support	67	2.7	1%	30%	25%	24%	19%	0%
My fertility problem was evaluated to explore the potential causes and possible treatments	67	3.3	10%	30%	4%	6%	12%	37 %

- Less than half of the men considered they were engaged as a potential future father and less than a third felt informed about their mental and physical health or supported.
- Of men with fertility problems, 67% noted their problem was evaluated to explore potential causes and possible treatments.

Men's reflections on the health system when accessing fertility support

Men were asked to consider three open-ended questions reflecting on their experience of the health system relating to fertility support in the past five years.

The first question explored **what is working well for men in the health system** at this time with 37 comments made. Thirteen (35%) did not reflect a positive comment about what was working well in the system.

"Nothing. Honestly my experience was so negative, I have ongoing problems engaging as a father."

The remaining 24 respondents who provided comments that were positive in nature are grouped and described in Table 13 from most to least frequently raised points.

Table 13: Men's reflections on the health system: FERTILITY SUPPORT – what's working well?

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	9	• Access to services in general and access to fertility testing for men
Access – men's engagement and attendance	7	• Engagement by: specialist; GP • Made to feel comfortable; sperm health discussed • Need to be proactive
Health workforce	3	• Knowledge of fertility specialist and counsellor noted
System enablers	3	• Relaxed, non-judgemental, sensitive environment
Information/education	2	• Technical information about fertility treatment process and testing

"When you have a good GP they are amazing at telling you the facts."

"This is probably where I felt most excluded as a father. But this is very much dependent on the individual specialist that we saw."

The second question explored **what is not working well for men in the health system** at this time with 42 comments made, 39 of which described things that weren't working in the system as described in Table 14 from most to least frequently raised points.

Table 14: Men's reflections on the health system: FERTILITY SUPPORT – <u>what's NOT working well</u>?

Theme	Number	Specific points raised
Access – men's engagement and attendance	9	• Men feeling excluded or ignored • Infertility issues bypassed and not investigated
Access – to specific services, health professionals, interventions, support and advice	7	• Access to psychological support and specialist services
Information/education	7	• Inadequate information on: sperm health and how to improve; impacts of hormonal treatments on women and how to support physical and mental health
Access – other – cost, time, availability	4	• Delays in testing and identifying opportunities to improve sperm health • Cost
Roles, norms, societal issues	4	• Male infertility stigmatised in our culture and linked to 'manhood' • Sexism about men's value; stereotypes guiding assumptions that may not be correct
System barriers	3	• Environment not comfortable or welcoming • Inconsistent services and quality of service provision
Health workforce	2	• GP knowledge re: infertility and options available

"Some of the venues for sperm collection were not ideal. One even had religious leaflets about how the collecting of sperm was wrong!"

"The sperm health check could have been conducted earlier. As would help with mental health during this process. We got a referral to a psychologist eventually, but could be useful from the beginning."

"Acknowledgement as half of the couple trying to fall pregnant. Traditionally sexist comments about male value."

"The impacts of the hormone treatments were not well explained. I worked extremely hard to be supportive however I was unprepared for the hormonal attacks on my wife's resilience and the associated mood instability."

"The medicine of fertility isn't settled and different fertility specialist and clinics use very different tests and treatments for male/female infertility and also very different IVF medications and treatment regimes."

"I barely met minimum standards for fertility and I was only told to take a regular vitamin as this may help. It matters greatly to me that I am less than fully fertile, but as long as the IVF docs could work with it then it wasn't even considered to matter."

"Stigma around infertility being somehow linked to manliness limits the willingness of people to engage with help."

The final preconception question for men explored **how the health system could have been improved to better meet their needs on the pathway to fatherhood** with 44 comments made of which 40 reflected an area for improvement as described in Table 15 from most to least frequently raised.

Table 15: Men's reflections on the health system: FERTILITY SUPPORT – <u>suggested improvements</u>

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	15	• Improve support for men: counselling, mental health, support groups, care • Undertake fertility testing for men earlier in the process and offer fertility treatment as relevant
Information/education	11	• Improve education for men about: sperm health, physical and mental health and how to improve fertility; How to support partner through IVF; process and implications
Access – men's engagement and attendance	10	• Acknowledge the presence and role of men and also their needs and feelings
Roles, norms, societal issues	7	• Treat men as equal partners in the process; Treat women as a whole person, not just her body • Reduce stigma and blaming of infertile men • Recognise that men can find this process and experience very difficult rather than assuming the stoic male stereotype • Recognise that men's mental health and relationship issues impact on their health and wellbeing
Health workforce	2	• Improve standards of knowledge; Deliver trans-sensitive training
System barriers	2	• Improve consistency and quality of fertility testing and treatment services
Access – other – cost, time, availability	1	• Reduce the cost of care
Access – priority population groups	1	• Improve fertility service access for rural couples

"Perhaps being spoken to as a human being looking to raise another human being rather than just an inconvenience to their day might have been a good place to start."

"My wife was getting calls from the nurses every couple of days and as part of that, they were checking in on how she was doing. At least one call to the fathers with the questions wouldn't be a bad idea."

"I am thrilled that IVF has my wife pregnant but I wish my health and wellbeing mattered too."

"Mental health support for men when trying to conceive. Repeated failures are really hard for the man too, especially as us men have to be the 'rock' and support the woman. I think most of us probably just suck it up and feel we can't talk about it because, whatever we're feeling, it's ten times worse for our partners."

"Maybe not blaming us. We didn't choose this. It's in no way our fault. Stop making us the perpetrators."

Health professional perspectives on health system engagement with men in fertility support

Of 156 health professionals who responded, 91 (58%) noted that they come in contact with people who wish to have a child and are seeking fertility support as part of their practice. The nature of services provided was reported as: Advice and education relating to improving general health and healthy sperm production (alcohol and other drug use, smoking, exercise, nutrition, weight loss, STI checks); basic fertility testing including semen analysis and testosterone levels; family planning advice and support; emotional support/counselling; referrals to specialist fertility services; and the provision of specialist fertility services (testing, advice, support, treatment, embryology, diagnostic ultrasound, genetic testing).

Eighty-eight health professionals commented on contact with men through their practice, with 70 (80%) noting that they come in contact with men through their fertility support practices:

- 20% noted that men always or often attend as the person who is the primary focus.
- 59% always or often have men attend their practice with a partner, where the partner is the primary focus.

Table 16 shows the level of agreement of health professionals to statements relating to their fertility support practice.

Table 16: Extent of agreement of health professionals about provision of fertility support

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
I actively engage men in the services that I provide	64	4.0	19%	59%	16%	3%	0%	3%
I provide men with information and support related to their specific needs	64	4.1	23%	62%	9%	2%	0%	3%
I feel confident in engaging with men	64	4.1	28%	56%	11%	5%	0%	0%
I clinically evaluate the male partner in an infertile relationship	62	4.1	32%	40%	6%	6%	2%	13 %
Men have a good understanding of the importance of their preconception health	64	2.0	0%	8%	11%	52%	28%	2%
I would like more information and education to help me engage with men	63	3.8	24%	43%	25%	3%	2%	3%

- Most health professionals considered that they actively engage, inform and support men as part of their practice relating to fertility support and 85% reported feeling confident in engaging with men.
- 72% of health professionals agreed that they clinically evaluate the male partner in an infertile relationship.
- Only 8% considered that men have a good understanding of the importance of their preconception health.
- Two thirds of health professionals would like more information and education to help them engage with men.

Health professional reflections on the engagement of men in the provision of fertility support services

Health professionals were asked to consider three open-ended questions reflecting on the engagement of men in the provision of fertility support services. The first question explored **what is working well for men in the health system** at this time with 44 comments made, 11 of which did not reflect a positive comment about what was working well in the system.

"I find it hard to say anything is directed to the male either supporting physically, mentally or emotionally."

The remaining 33 respondents who provided comments that were positive in nature are grouped and described in Table 17 from most to least frequently raised points.

Table 17: Health professional reflections on <u>what's working well</u> for men in the health system: FERTILITY SUPPORT

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	17	• Availability of and access to specialist fertility services • Accessibility of semen analysis • Male-specific fertility testing and support services • Assisted Reproductive Treatment (ART) services: mandated counselling; support groups
Access – men's engagement and attendance	6	• Increasing engagement of men with their fertility, their health in general and increasing likelihood of their attendance with partner
Information/education	5	• Accessible web-based information • Specific information for men (if actively seek it out)
Awareness	2	• Growing awareness of men's health and male infertility
Health workforce	2	• Passionate health professionals willing to provide support • Male GPs
Access – other – cost, time, availability	1	• Availability of after-hours appointments

"Semen analysis is often done. We focus on men's health and nutrition and ability to have sex and timing as well as testicular biopsy and other high level treatment. We have a terrific male focus but rare to see it well done elsewhere."

"Men that actively seek advice and engage with healthcare providers are given advice and support."

"The passion to offer support but we do not yet have the consumer understanding."

The second question explored health professional perspectives on **what is not working well for men in the health system** in relation to fertility support services with 59 comments made, 55 of which described things that weren't working in the system as described in Table 18 from most to least frequently raised points.

Table 18: Health professional reflections on <u>what's NOT working well</u> for men in the health system: FERTILITY SUPPORT

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	13	• Access to specialist fertility service with particular challenges noted in rural areas and for public services • That preconception care is not well managed for men – access to testing, where to access support, lack of tailored and responsive approaches or male-specific services, preconception health checks with education and advice are uncommon
Access – men's engagement and attendance	13	• That when men attend they are excluded, not engaged or seen as unimportant • That men themselves may not attend, can be difficult to engage, are not proactive in seeking advice and have limited understanding of their own fertility • Semen analysis can be challenging/uncomfortable
Awareness	12	• Limited promotion of men's health, male fertility, paternal health and preconception care • Limited awareness of the links between lifestyle, nutrition, ageing and general health on sperm health, fertility and offspring health (awareness of men and some health professionals)
Information/education	11	• Lack of quality information on: men's preconception health; sperm health; fertility and role in optimising outcomes; parenting; and fatherhood • Information available is not focussed on men, may be too medical and hard to find
Roles, norms, societal issues	11	• Men are not seen as having a relevant or important role in conception and their mental health and preconception health is not a point of focus • Men may not be engaged themselves and see this as women's business, as do some health professionals • Stigma associated with male infertility
Access – other – cost, time, availability	3	• Barriers to engagement include: Challenges in finding time for engagement; Hours of service and accessibility for working men; Cost
Priority population groups	2	• Aboriginal and Torres Strait Islanders – not proactive in seeking support even if trouble conceiving; Aboriginal men's health check does not include questions around wanting to be a father • No information available for transsexual female to male men who wish to have a child
System barriers	2	• That care is not always reproducible and of high quality
Health workforce	1	• That some health professionals do not have adequate skills to engage well with men

"Men are not considered very important. Only if they have low sperm counts."

"Any man who does not engage with providers can become lost and forgotten during the treatment. More severe examples of this occur when a male partner sees their only job as dropping off the sperm and don't understand the importance of their overall health and that resources are available to them. Also some people still see fertility as solely a female issue."

"Still a long way to go before we reach the real needs that exist for men, in a way that works for men."

The final fertility services question for health professionals explored **how the health system could have been improved to better meet their needs** with 60 comments made of which 56 reflected an area for improvement as described in Table 19 from most to least frequently raised points.

Table 19: Health professional's reflections on ways to improve men's engagement by the health system: FERTILITY SUPPORT

Theme	Number	Specific points raised
Information/education	19	• Educate school age boys and girls on fertility and the contribution of male and female factors • Increase accessibility of information including digital formats. Tailor information for men. Integrate information for and about men into women's information • Address these topics: Preconception education for men and women; better understanding of male role in fertility and factors of influence e.g. ageing, health, lifestyle and other factors; the value of support; experiences of other men; portrayal of different family formations/types; coping styles of individuals and couples
Health workforce	14	• Provide workforce education on: men's experiences and views; how to better engage with men individual and couples jointly around fertility, preconception health and parenting including practical tips; evidence-based practice; male inclusive practice; men's health checks and examinations/testing relating to fertility • Increase the male health workforce: health workers, doctors, support staff
Awareness	12	• Increase public awareness/health promotion: changing the narrative on fertility as a woman's issue; preconception health for men and women; health and lifestyle factors and link to fertility; healthy parenting, healthy dads – it takes two; what to expect; perinatal mental health
Access – men's engagement and attendance	12	• Normalise men's attendance at health services and encourage men's engagement, acknowledge them when they do attend and integrate them into the conversation; proactively ask questions, listen and respond
Access – to specific services, health professionals, interventions, support and advice	10	• Provide specific services and routine health checks for every man; engage in reproductive health planning; improve access to fertility testing and focus on male factor infertility; opportunistically engage with men re: fertility within routine checks and integrate immunisation, vitamins, full history, genital examination, testing e.g. testosterone levels and development of a clinical plan as needed
System barriers	6	• Improve health care environments to be more male-focussed; engage men to inform design of

Theme	Number	Specific points raised
		male-friendly services; display images of men as fathers and of diverse family types • Improve reproducibility and quality of fertility services across the system
Access – other – cost, time, availability	5	• Increase availability of after-hours services including antenatal and preconception clinics • Increase MBS remuneration and also availability of bulk billed services
Roles, norms, societal issues	5	• Destygmatise male infertility; Challenge the stoic stereotype – it's okay to not be okay • Improve access to leave from work to participate

"Encouraging them to engage with the system… I suspect GPs sometimes write referrals for semen analysis while only seeing the female partner and may also sometimes not give the results directly to the male partner."

"Greater inclusion of men in discussions around reproductive health. They often feel like they are there for their sperm cells only and then all attention is focussed on the female."

"Flexible times for antenatal and preconception clinic visits so men can come and explicitly inviting male partners. Including preconception/fertility 'anticipatory guidance' during annual adult health checks so men and women are prompted to see the clinic when unable to conceive or planning to conceive."

"Better provision of preconception health campaigns to the public and to health professionals that focus on men alone and men and women. Take the emphasis off the dominant societal narrative that fertility is a women's issue."

"I see a lot of men with low to average testosterone. I would like to see support for men regarding lifestyle (exercise, healthy weight, reducing stress) and environmental factors that are reducing sperm counts and testosterone levels."

"Realisation that it takes two to make a baby and that men are crucial to the process. Feminism could make way for men. A healthy society requires healthy men and women to be parents."

The pathway to fatherhood: PREGNANCY

Key insights

- Many (84%) men who had tried to father a child in the past five years reported one or more pregnancies with 96% reporting that they had contact with the health system during pregnancy. This level of contact with the health system highlights significant opportunities for engagement with men at this phase.
- Despite this only 16% of men recall being asked how they were coping and only 23% received information or advice about their preparation for fatherhood, including only 19% who were provided with information or advice about relationship changes that may occur during pregnancy.
- Men are not feeling engaged, informed about their own physical and mental health or supported during pregnancy and as they prepare for fatherhood.
- When they do attend health services with their pregnant partner, men can be excluded or dismissed and their role as a future father or existing father when this is not the first pregnancy is not acknowledged or, it appears, valued.
- It was recognised that there has been a shift to greater awareness and inclusion of men but that our prevailing social and system norms and approaches are not keeping pace with our expectations for male inclusion and engagement.
- There is a strong call from men and health professionals for more programs, information, education and support for men that reflect proactive engagement and preparation for fatherhood including the role that men can play as fathers and as a support to their partner during pregnancy and birth (as relevant).
- The opportunity to integrate men as a client during pregnancy and take a proactive approach to initiating standard mental and physical health checks and the provision of advice, information and support for preparation for fatherhood was suggested by both men and health professionals.

Men's engagement with and ratings of the health system during pregnancy

Men reflected on the time during the pregnancy related to a child or children they had fathered in the past five years. Eighty-four per cent of respondents who had tried to father a child in the past five years reported that one or more pregnancies had occurred (157 men).

Men were asked whether they recalled having contact with the health system during pregnancy with 138 responding to this question. Of those men, 93% did report contact with the health system related to having a child and a further 3% for other unrelated reasons. Four per cent of respondents noted no contact with the health system during pregnancy.

Men were asked about their interactions with the health system during pregnancy with the following responses:

- 16% of men recalled a health professional ever asking them how they were coping as they prepared to become a father.
- 23% reported being provided with verbal, written or digital information or advice about preparing for fatherhood during pregnancy.
- 19% were provided with verbal, written or digital information or advice about relationship changes that may occur during pregnancy.

Table 20 shows the level of agreement of men who responded to the survey to statements relating to their experience of the health system prior to conception.

Table 20: Extent of agreement about men's experience of the health system during pregnancy

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
I felt that health professionals engaged with me as a potential future father	137	2.4	4%	20%	20%	28%	28%	0%
I felt that health professionals provided me with useful information about my own health (mental and/or physical)	138	2.1	2%	14%	15%	31%	37%	0%
I felt that health professionals provided me with support	138	2.3	2%	14%	226%	28%	30%	0%

- Only 16 to 24% of men agreed that they had been engaged, informed and supported during pregnancy.
- Most respondents disagreed with each of these statements including almost 70% who disagreed that they had been provided with useful information about their own mental and physical health.

Men's reflections on the health system during pregnancy

Men were asked to consider three open-ended questions reflecting on their experiences of the health system during pregnancy. Only responses from men who tried to or had fathered a child in the past five years have been included in this analysis.

The first question explored **what is working well for men in the health system** at this time with 85 comments made. Thirty-four (40%) did not reflect a positive comment about what was working well in the system.

"Nothing. It is literally pointless for me to even be there. I'm just the assistant."

"Little – I was a non-factor."

The remaining 51 respondents who provided comments that were positive in nature are grouped and described in Table 21 from most to least frequently raised points.

Table 21: Men's reflections on the health system: PREGNANCY – <u>what's working well</u>?

Theme	Number	Specific points raised
Access – men's engagement and attendance	27	• Men are encouraged to attend and participate: appointments, ultrasounds • Some respondents felt engaged and included by their midwife or doctor; Men are engaged and informed if they are proactive • The expectation that men will support the woman
Access – to specific services, health professionals, interventions, support and advice	16	• Group programs: childbirth/antenatal/parenting classes designed for couples; specific dad's classes • Services specified: Fertility support and treatment; support; overall health system access; good quality care and support for the woman was valued
Information/education	9	• Availability and accuracy of information about pregnancy, birth, how to support the mother and what to expect with a young child

"[I was] welcome to attend appointments. Medical staff are good communicators in my experience. Staff readily and enthusiastically answer any questions asked."

"There were antenatal classes. I learned how to swaddle a baby – that was actually useful."

"Our local midwife was very supportive and gave advice to me also. Our local council also put on parenting classes focussed on the family unit rather than the baby."

"Our obstetrician talked to my partner and I as a team, which we both really appreciated."

The second question explored **what is not working well for men in the health system** at this time with 87 comments made, 79 of which described things that weren't working in the system as described in Table 22 from most to least frequently raised points.

Table 22: Men's reflections on the health system: PREGNANCY – <u>what's NOT working well</u>?

Theme	Number	Specific points raised
Access – men's engagement and attendance	38	• Encouraged to attend but actively excluded or dismissed and their coping and preparation not on the agenda
Access – to specific services, health professionals, interventions, support and advice	27	• Men's mental health and coping not in focus and access to support limited including for men whose partner has postnatal depression or anxiety
Information/education	14	• Lack of information beyond practical tasks such as nappy changing and bottle feeding • Specific topics noted as gaps: preparation for fatherhood, coping, role and relationship changes, supporting women, mental health risks (for man and partner), dealing with an abnormal pregnancy, information for women on stress in fathers
Roles, norms, societal issues	11	• Focus on women - Framed as appropriate but within the context of a complete lack of focus on the father
System barriers	5	• Men not seen as a patient/stakeholder • The focus on women can be purely medical and not holistic e.g. a respondent noting an inadequate focus on his partner who was in distress
Access – other – cost, time, availability	2	• Limited time for conversations or to raise issues and cost barriers

"There's very little I came across about practical skills for parenting for future fathers. I didn't know how to change a nappy, do a bottle, check temperature etc when baby came. This was very disempowering and led to feelings of uncertainty. My wife, on the other hand, had this experience from nieces and nephews, mum's groups, the health system. I don't remember the health system taking seriously the effect of future sleep deprivation on men (yes, mum's do most of the night stuff but men are affected too)."

"I had anxiety. No one knew."

"I attended almost all health visits my wife did and not once was I properly interacted with or engaged with."

"Focus is 100% on mother and child. With the first child, I thought this was fine. After the first child, with child number two, I was questioning why the fathers were not being engaged with at all."

"The only things men are told is that they are irrelevant and the women have it harder (which is 100% true but not useful)."

"'Can you provide me with a minimally viable sample? Okay, now be a good boy and support your wife.'…You are not treated as a patient but as a possible complication."

"While men are invited to be part of the process, I don't think we are properly included in the experience. Sometimes practitioners seemed surprised when I turned up for regular checks. All the conversation was typically directed at my wife. Sure I was asked if I had any questions, but again, it's hard to know what you don't know…My involvement was treated as entirely voluntary rather than engaging me to show me how I can be better involved and equipped for what was to come."

"I remember asking my GP for health advice relating to becoming a father and he told me it was a strange question."

The final preconception question for men explored **how the health system could have been improved to better meet their needs on the pathway to fatherhood** with 87 comments made of which 79 reflected an area for improvement as described in Table 23 from most to least frequently raised points.

Table 23: Men's reflections on the health system: PREGNANCY – <u>suggested improvements</u>

Theme	Number	Specific points raised
Information/education	32	• Inform men to support their preparation for fatherhood: supports available; options for having children; lived experiences of men; coping with challenges (work, sleep, stress); how to support partner, child and self; risks of pregnancy; loss and grief; common scenarios; and tips and strategies • Inform women on the transition to fatherhood and stressors/mental health issues facing men • Tailor information to men and deliver in mobile-friendly forms
Access – men's engagement and attendance	32	• Engage men – consider them, include them, acknowledge their life is also changing and recognise their role and needs • Ask questions of men
Access – to specific services, health professionals, interventions, support and advice	20	• Introduce specific appointments for men during pregnancy for: mental and physical health checks; information provision; advice/education; and support • Increase support services provision: counselling; mental health, assessment and referrals • Improve access to peer support and to antenatal education specifically for dads
System barriers	2	• Register men and see them as a patient/client • Rename maternal and child health to be inclusive
Roles, norms, societal issues	2	• Address stereotypes that hinder engagement
Research	1	• Undertake research into the impact of pregnancy experiences on men
Access – other – cost, timing, availability	1	• Address cost issues as a barrier to service access

"If you want men more involved and enjoying fatherhood more, then upskill them in the practical everyday things before baby comes. Part of this should be teaching coping strategies to future dads on how to cope with a lack of sleep. Maybe even a questionnaire that identifies people at risk of insomnia (pre-baby) to target help to those who will be affected most."

"A single session to check in how I was feeling might have been revealing."

"It's a huge change with the first child and it hit me like a train. Freedom's gone. As a father I felt I was patronisingly dismissed. There was even an air of 'toughen up' about it all, 'you'll be right'. I felt the lack of formal support and preparation led to some toxic masculine traits. I felt incredible weight to support my family and do everything for them. Why not appointments for the father? Why not a separate father-only appointment? Why not be asked some questions at the same time as seeing the mother?"

"Any engagement as to your welfare and your significance. Fathers are always second-class parents. During pregnancy there's a biological reality to this which men understand but we are treated like an optional accessory not as a potential co-parent and valued contributor to the raising of a child."

"Train staff to better involve fathers in the process…Ask probing questions like 'have you spoken with your partner about what your role will be through the birth?, or 'do you feel like you will know what to do in x scenario e.g. when the waters break?' Having brochures available that are tailored to the dad's experience would be hugely helpful – I have never seen a single one. Having a kid is life changing and no one ever has a conversation with the dad about what that will actually look like, how we can be better involved or even helping us identify the support we may need. I think the practitioners could also use some of the time during check-ups to help set the expectations of fatherhood for dads."

"Don't just include fathers, treat us as equal partners and parents. Be aware that our health and wellbeing is just as important to the child's wellbeing as the mothers in the long run. Prepare fathers for being a dad and don't just treat us as assistants, carers or servants to our partners. Inform us of the severe emotional and mental changes that we may undergo after the birth."

"Understand that we are overwhelmed and a little bit scared."

Health professional perspectives on health system engagement with men during pregnancy

Of 143 health professionals who responded, 105 (73%) noted that they come in contact with people during pregnancy. The nature of pregnancy-related services provided was reported as: Preconception care; prenatal, antenatal and postnatal care; contraception advice; early parenting/baby care; testing services; mental health support/counselling; running parents groups/playgroups; diabetes education; and fertility support.

Ninety health professionals commented on contact with men through their practice, with:

- 3% noting that men always or often attend as the person who is the primary focus.
- 36% of health professionals that men always or often attend their practice with a partner, where the partner is the primary focus.

Table 24 shows the level of agreement of health professionals to statements relating to their pregnancy-related practice.

Table 24: Extent of agreement of health professionals about pregnancy-related services

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
I actively engage men in the services that I provide	89	3.9	26%	43%	22%	6%	2%	1%
I provide men with information and support related to their specific needs	88	3.9	23%	55%	10%	7%	3%	2%
I feel confident in engaging with men	89	4.1	34%	51%	10%	4%	0%	1%
Men have a good understanding of the importance of their mental health during pregnancy	89	2.1	2%	7%	12%	57%	20%	1%
Men are informed and supported about relationship changes in pregnancy and fatherhood	89	2.3	2%	12%	18%	42%	25%	1%
I would like more information and education to help me engage with men	89	3.9	27%	47%	15%	2%	6%	3%

- There was a high level of agreement from health professionals (69 to 85%) that men are engaged, supported and informed as part of their provision of pregnancy-related services.
- The exception to this is around men being informed and support about relationship changes in pregnancy and fatherhood whereby only 14% of health professionals agreed that this was occurring.
- Only 9% of health professionals considered that men have a good understanding of the importance of their mental health during pregnancy.
- Almost three quarters of health professionals would like more information and education to help them engage with men.

Health professional reflections on the engagement of men in the provision of pregnancy-related services

Health professionals were asked to consider three open-ended questions reflecting on the engagement of men in the provision of pregnancy-related services. The first question explored **what is working well for men in the health system** at this time with 62 comments made, 24 of which did not reflect a positive comment about what was working well in the system.

"Not sure what is working well in this area for men."

"I am unaware of any relevant health system that engages men prior to or after fatherhood."

The remaining 38 respondents who provided comments that were positive in nature are grouped and described in Table 25 from most to least frequently raised points.

Table 25: Health professional reflections on <u>what's working well</u> for men in the health system: PREGNANCY-RELATED SERVICES

Theme	Number	Specific points raised
Access – men's engagement and attendance	23	• Men are encouraged and welcome to attend appointments, classes, scans, birth and to stay at maternity wards • Men are increasingly present and engaged
Access – to specific services, health professionals, interventions, support and advice	8	• The quality of medical care and support with the following specified: specialist care; out of hours helpline support; fatherhood/men's programs; Kidstuff; and alternative practices
Information/education	4	• That information (print and online) is available with a focus on medical topics such as genetic screening and also through antenatal classes
Roles, norms, societal issues	4	• There is a shift to more involvement of fathers in parenting and valuing and visibility of fathers • Paternity leave and carer's leave when a man's pregnant partner is unwell is a helpful provision
Access – other – cost, time, availability	2	• Availability of evening and weekend clinic hours and parenting classes
Health workforce	1	• Male GPs who have children was noted as being of value in providing appropriate care and supporting engagement of men
Research	1	• That there is increasing research into fatherhood
System barriers	1	• Friendly, open and respectful environments

"Men [are] expected, welcomed, encouraged to attend antenatal classes to support [their] pregnant partner. Expected to be present during labour, in theatre for caesarean section."

"At least there are now more posters with men as part of the family."

"Some services encourage men to be involved, have community days or fathers' days where women and their partners are encouraged to attend the health services."

"The world has come a long way with fathers being included and I am seeing more fathers taking on the role of stay-at-home dad."

"Men are a valued and honoured member of the team."

The second question explored health professional perspectives on **what is not working well for men in the health system** at this time with 70 comments made, 64 of which described things that weren't working in the system as described in Table 26 from most to least frequently raised points.

Table 26: Health professional reflections on <u>what's NOT working well</u> for men in the health system: PREGNANCY-RELATED SERVICES

Theme	Number	Specific points raised
Access – men's engagement and attendance	19	• When men not attending or seeing the need to attend or, when they do, not being acknowledged, considered included or engaged. Men are not seen as a patient
Access – to specific services, health professionals, interventions, support and advice	19	• Lack of support; advice for coping with stress; mental health screening or conversations • Lack of specific services or MBS items to support direct care provision at this time; very few male-specific groups, clinics or services; lack of debriefing for men post-traumatic events
Roles, norms, societal issues	18	• System norms: focus primarily on women (mother and baby) with language, environment and information focussed on women with men seen predominantly as a support for their partner; emphasis on safety of women, relationship dysfunction and risks versus strengths-based approaches • Social norms: men often perceiving this area as women's business • Norms relating to men's roles and work: Challenges accessing leave to support a sick partner or to care for child when partner unwell
Information/education	8	• Limited information available to support preconception health and preparation for fatherhood including biological and emotional processes and how to provide effective support to their partner
Access – other – cost, time, availability	5	• Challenges in finding time in consultations for engagement with men • Hours of service often being inaccessible for working men (GPs, outpatient clinics, maternal and child health services) • Cost – no dedicated MBS item to support men's health checks
Priority population groups	1	• Aboriginal and Torres Strait Islander experiences and interplay of culture, experience and shifting norms not well researched
System barriers	1	• Fee for service models disincentivise holistic provision of care
Health workforce	1	• Not enough male health workers: midwives, child health nurses, social workers

"[Not] spending time engaging with fathers especially about the changing relationships and their mental health."

"Focus on the bearer of the baby rather than the parents of the child."

"The women rather than the family is the focus (sometimes necessarily so). It's a delicate balance in supporting a woman in a dysfunctional relationship but where a man may wish to also have assistance or be involved."

"The language we use and the environments are still geared towards women. Unsure how much of a barrier this is to fathers and fathers-to-be feeling included and open to asking questions and seeking help for their needs. Language such as woman-centred care and Maternal and Child Health nursing does not seem inclusive."

"There is little solid research or evidence about Aboriginal and Torres Strait Islander cultural practice on the culturally secure provision of perinatal services. This includes acknowledgement of how this has changed over time i.e. that where previously there was a strong delineation between men's and women's business, this is changing. There is also a dearth of knowledge, skills, tools and training about the impact of trauma, AOD and violence on relationships and how to talk with men about this in a way that is both sensitive to their needs but holds them accountable for the safety of their partner and child/ren."

The final pregnancy-related services question for health professionals explored **how the health system could be improved to better meet men's needs** with 73 comments made of which 63 reflected an area for improvement as described in Table 27 from most to least frequently raised.

Table 27: Health professional's reflections on ways to improve the health system: PREGNANCY- RELATED SERVICES

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	29	• Focus on both the dad and the mum as 'patients/clients' – a family care model of funding with parenting preparation and coping as a core point of focus. Integrate paternal health as a component of maternity care e.g. male history and action at each antenatal appointment where a men attends • Provide specific services and routine health checks for men: antenatal check; GP visit post miscarriage; 6-week postnatal check; STI screening; mental health screening • Provide antenatal and postnatal classes specifically for men: preparation for fatherhood; roles, anxieties; supporting partner; stress management/coping strategies; managing emotions; impact of pregnancy and parenthood on relationships; what comes after birth • Group programs: dad's group/playgroups – support group system akin to 'mother's groups'
Access – men's engagement and attendance	15	• Encourage men's engagement, acknowledge them when they do attend and support participation. Place an emphasis on the 'family', use digital platforms to increase engagement and ask men how they are going and what their needs are • Encourage all men to have their own GP
Information/education	11	• Topics specified: Men's role in pregnancy; parenting education; emotional and relationship changes • Secondary school level education on fatherhood and male fertility
Access – other – cost, time, availability	9	• Increase availability of after-hours services and MBS remuneration to support specific service provision for men
Health workforce	6	• Provide education on: how to better engage with men; shifting attitudes to greater openness and

Theme	Number	Specific points raised
		inclusion; the male role in parenting and impact on men's wellbeing • Increase the male health workforce
Awareness	5	• Public awareness/health promotion: normalise mental health issues in preparation for parenthood; normalise men seeking fertility advice; men engaging in regular health checks (reinforce from young age); services available
Address system barriers	2	• Improve health care environments to be more male-friendly (language, environment) • Improve communication across the system and services, especially high risk families
Roles, norms, societal issues	1	• Challenge the separate focus on women and gender as a social determinant of health

"Overall greater education of staff is needed as they do not appreciate the importance that fathers play in the parenting journey or understand the significant impact on a partner's own wellbeing as they enter fatherhood. Increased funding needed to help establish support groups for fathers in the community. Greater focus also needed nationally on the education of expectant parents to the emotional and relationship changes parenting will bring."

"Offering and setting up screening and plans for parent checks during the pregnancy. With focus on mum and dad rather than the pregnancy."

"Campaign targeting young men to take an interest in their own health, start the importance of health checks early, so they are used to talking and engaging with health staff."

"With high risk families there needs to be better talking to each other during the pregnancy journey, so everyone knows what is happening with each family to be. Too many services protect their own patch and so vital information does not get shared."

"Our systems are geared towards women being the primary patient/client therefore not set up well to respond when a father has a need for support, assessment, referral etc."

"More of a focus on 'what comes after birth' than the birth itself during antenatal education and visits including what these changes mean for marriages/relationships (not just how to change a nappy!). Looking after own mental health – I include male partners in PND education for women i.e. 'your partner may be the one to recognise that you're not coping – listen to him'. Should probably point out to male partners ways to look after their own mental health. Especially after a prolonged fertility journey preceding the actual baby."

"Support group system similar to the 'mothers' groups' for mums and babies. Would help normalise a lot of the adjustment and transitions that occur when a man becomes a father. Increase confidence in men of engaging with their babies and the value of a loving, respectful, healthy relationship for the couple and their child(ren)."

"Funded GP visits for men post miscarriage and at six weeks post birth, if the norm, would be more likely attended by men. I feel they aren't going to seek out these services as think 'it hasn't happened to them' and they 'need to be strong for their partners'."

"Have an Item Number for men's consultation in relation to pregnancy, which couples will be told about and the woman more likely will push men to tick that box just like the Boostrix situation."

"The needs of men cannot be separate from the needs of women and children. While there are specific cultural and societal issues facing men in their accessing of health services there is also a significant lack of acknowledgement of the impact of toxic masculinity on the health of men, their families and the wider society. No 'improvements' can be made without being based in a sound understanding of gender as a social determinant of health."

The pathway to fatherhood: BIRTH AND THE FIRST YEAR OF FATHERHOOD

Key insights

- More men reported feeling more engaged by the health system in the first year of their child's life than they were during pregnancy, however this remains relatively low at 45%.
- When men do attend health services, they are not receiving information about their mental and physical health nor are they feeling supported for the most part.
- Support from employers to take time off to be with children in the first year of life was valued by men and considered important for men to be present in this phase. More than half (56%) of men reported feeling supported by their employer to take time off to spend with their child or children.
- While information and support was recognised as being available, this was often limited in scope or in its focus on the needs of men. There was a need for men to be proactive to seek it out.
- Health professionals considered they engage well with men at this time of life but recognise specific gaps around informing men about perinatal depression and anxiety and about possible relationship changes in early fatherhood.
- Health professionals considered that most men do not have a good understanding of the importance of their mental health in early fatherhood nor of their role in contributing to the health and development of their children.
- Once more, most health professionals would like more information and education to help engage with men.
- Shifts in societal norms around the role of men in parenting were noted. It was felt that we have a long way to go before it is normalised and we treat men as equal partners in parenting so as to better see their needs and respond appropriately.
- Consideration of men as a 'client' when they are interacting with the health system would come some way to improving engagement as a history would be taken and direct engagement would be supported. Extending on this concept to include structured health checks and routine opportunities for proactive engagement with men will help address the challenges highlighted in the survey responses.
- Extending our thinking, our understanding and our norms to be more father-inclusive is supported by men and health professionals, as is the importance of this being meaningful change rather than a change in name but not attitudes or practice.

Men's engagement with the health system at birth and the first year of fatherhood

Men reflected on any interactions they may have had with the health system from the birth of a child or children and the first year of fatherhood based on experiences in the past five years. This was framed as care that might be provided by their GP, midwives, obstetricians, community-based nurses or from other health professionals or services. Sixty-seven per cent of respondents who answered this question reported that they had become a father in the past five years (104 men).

Of the men who became a father in the past five years, 98% reported having contact with one or more health professionals in the first year of their child's life. Health professional contact included with the following disciplines: GP (84%); Maternal and child health nurse (64%); Midwife (60%); Paediatrician (52%); Obstetrician (39%); Community health nurse (38%); Telephone help line support (16%); Psychologist (12%); Counsellor (6%); and Social worker (3%).

Table 28 shows the level of agreement of men who responded to the survey to statements relating to their experience of the health system during the first year of their child or children's life.

Table 28: Extent of agreement about men's experience of the first year of fatherhood

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
I felt that health professionals engaged with me as a father	103	3.1	9%	36%	22%	16%	17%	0%
I felt that health professionals provided me with useful information about my own health (mental and/or physical)	102	2.5	2%	23%	24%	23%	29%	0%
I felt that health professionals provided me with support	103	2.8	2%	27%	32%	22%	16%	0%
Beyond the health system, I felt supported by my employer to take time off work to spend with my child or children	96	3.5	28%	28%	14%	16%	15%	0%

- Under half (45%) of men felt engaged with as a father in the first year of their child's life. This is certainly higher than the level of engagement as a potential father that was reported in pregnancy but still low given men in this phase are now actually fathers presenting with their children to health services.
- Less than 30% of men agreed that they were provided with useful information about their own physical or mental health or that they felt supported
- A little over half of the men felt supported by their employer to take time off to spend with their child or children.

Men's reflections on the health system in their first year of fatherhood

Men were asked to consider three open-ended questions reflecting on their experience of the health system in the first year of fatherhood.

The first question explored **what is working well for men in the health system** at this time with 55 responses made. Eleven (20%) did not reflect a positive comment about what was working well in the system.

"Time off?!!?! Oh you guys are hilarious. I got a week of pat leave and was answering phone calls throughout. That's it."

The remaining 44 respondents who provided comments that were positive in nature are grouped and described in Table 29 from most to least frequently raised points.

Table 29: Men's reflections on the health system: FIRST YEAR OF FATHERHOOD – what's working well?

Theme	Number	Specific points raised
Access – men's engagement and attendance	20	• Men's participation is increasingly encouraged • Men felt welcomed, respected and were increasingly engaged after their child was born especially if attending alone with their child or as the primary carer • Some health professionals and male doctors were noted as more engaging
Roles, norms, societal issues	12	• Employment provisions – Paternity leave considered good for families • Focus on women – that the maternal and child health elements of the system work well • Increased recognition that dads and mums can both take on the main parenting role
Access – to specific services, health professionals, interventions, support and advice	7	• Support and mental health services were considered to work well if you seek them out • Access to specialists, services for children, crisis support (sleep services) and maternal and child health service were specifically noted
Information/education	5	• About baby health and on being a father and if you ask for it
Health workforce	1	• Training of health professionals

"We were treated with absolute respect. Having two dads and a very early birth meant more complications, but ultimately everyone was amazing."

"As a stay-at-home dad, I was treated fairly well by health professionals, though I felt a bit like a circus act at times due to the over-the-top reactions and overt praise from people when they found out."

"It was clear from the moment that my daughter was born that I was a welcome guest in all parts of the process at both hospitals (wife in one, daughter in NICU in another)."

"My employer offers a high amount of flexibility generally, and long paid parental leave scheme. I was able to use other accrued leave as desired to have time off."

The second question explored **what is not working well for men in the health system** in the first year of fatherhood with 58 respondents providing a comment, 52 who described things that weren't working in the system as described in Table 30 from most to least frequently raised points.

Table 30: Men's reflections on the health system: FIRST YEAR OF FATHERHOOD – what's NOT working well?

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	26	• Limited support including mental health services access • Lack of focus on preparation for/adaptation to fatherhood: physical and mental health, practical preparation and skills, managing fatigue; health checks and advice • Limited specific programs for men/opportunities to build social networks with other dads
Roles, norms, societal issues	22	• Limited recognition and respect for the role of the father in society and the system and their contribution beyond support for the mother • Limited acceptance of fathers in primary carer roles and structural changes to enable active parenting e.g. family change facilities • Challenges accessing employment provisions that are supportive of dads taking leave and having flexibility to take on active roles • Bias towards women as being at the centre of parenting – men not a point of focus, not prepared and experience seen as being less important than the woman's
Access – men's engagement and attendance	11	• Men feeling excluded or ignored/irrelevant • Not encouraged to ask questions or take any active role
Information/education	4	• Limited information for dads on how to cope in the first year and managing their mental health at this time
Access – other – cost, time, availability	4	• Cost as a barrier to accessing mental health services • Limited time available within consultations to engage and seek advice/support
Access – priority population groups	2	• Limited access to specialist services in rural areas • Limited health professional skills in working with transgender people
System barriers	1	• The need for a GP mental health plan prior to access psychology support seen as a barrier

"If my wife attended appointments as well, discussion was mostly directed to her. There appeared to be an expectation that I would not be able to answer questions about our baby. This even occurred, at times, after my role as stay-at-home dad had been explained. There was no discussion about my mental health, how I was coping or if I needed any support."

"The maternity ward was weird. The midwives completely blanked the dads. I'd smile and say good morning and was ignored, like I was literally invisible."

"If you happen to take your child to an appointment while your wife is with you then you may as well have waited in the car because you no longer matter."

"Even for my fourth child I was treated like an idiot by some of the midwives in the hospital."

"The experience feels like men can opt in, but the system doesn't know what to do with us or how to engage with us when we do. Each practitioner treats their area of specialty, but the system as a whole doesn't prepare you for becoming parents and only focusses on the healthy delivery of the child and the wellbeing of the mother."

"As the father, I was expected to be back at work within four weeks of my child's birth. This meant I was largely absent when my partner and child were engaging with the health system. I think we need to enable fathers to spend more time with their child in the first year, this would also benefit partners both physically and mentally."

"Men are just treated at the appointments as cardboard cut outs and to hear how the baby is doing. They need to be better engaged by health care professionals and treated as having an active two-way role in the family unit where they can affect change but also be affected by the process of becoming a father."

The final question explored **how the health system could have been improved to better meet their needs in the first year of fatherhood** with 59 comments made of which 52 reflected an area for improvement as described in Table 31 from most to least frequently raised points.

Table 31: Men's reflections on the health system: FIRST YEAR OF FATHERHOOD – suggested improvements

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	27	• More support and advice for men including mental health checks; support groups; and father education sessions. Advice to encompass health and wellbeing, preparation for fatherhood, parenting – practical issues and maintaining wellbeing • Access to crisis prevention and support as needed including when experiences of birth trauma
Access – men's engagement and attendance	16	• Encourage attendance and engage when men are present – include, acknowledge, communicate, ask questions and provide advice
Roles, norms, societal issues	13	• Acknowledge the father as having a legitimate role as a parent • Improve employment provisions that enable men to spend more time with their children in their first year of life • Maintain the focus on women but extend that focus also to men/fathers
Information/education	5	• Increase information on: Adjustment to life post-birth; depression, mental health, coping strategies
Access – priority population groups	3	• Improve access to mental health networks for rural men • Increase visibility of and support for same sex parents
Access – other – cost, time, availability	3	• Reduce cost of access to mental health services • Time available to be properly supported
Health workforce	2	• Midwife training on engaging with men, especially when there has been a traumatic experience • Training on working with transgender people

"[Make it] easier for men to take parental leave. In my case I had to show my wife was incapable of caring for our newborn before I could take primary carer's leave."

"There needs to be recognition that times are changing and fathers are not all disconnected from child rearing. I wonder if the lack of trust in or expectation of fathers may contribute to dads feeling or being disengaged."

"We had an especially traumatic birth experience, my wife had an emergency C-section under general, and my daughter was born unresponsive, not breathing, with barely a detectable pulse. I then had a week of juggling 16-hour days with my wife and daughter in two hospitals, running breast milk and my wife on day passes back and forwards, monitoring my daughter for seizures, trying to help my wife feel connected to the process etc. At a MINIMUM during this process, a psychologist or social worker should have taken me aside for a 15-minute sanity check."

"Consider the experience of the father and how to include us in the process. Design ways to prepare and encourage dads to be involved. Consider the wellbeing of the dad throughout the birth experience…particularly if the delivery turns out to be high risk or has complications. I've known of dads that were informed that they may need to choose which life to save – the baby or the mother, but then weren't offered any form of support afterwards to deal with the psychological impact of being faced with such a decision. Train all practitioners to zoom out to support parents becoming parents, not just treating their specialty in the process. Also, the system only prepares you for the birth of the child, not what comes afterwards. Most dads are back at work when continued support like community health nurses commence providing support so we never have that access, let alone information tailored for dads post-birth."

"The health care professionals need to take time in appointments to address the father and ask direct questions as to how the father is coping. There are many things that he could be struggling with which can affect the mother, the baby and the family unit and these could be prevented by starting a conversation."

Health professional perspectives on health system engagement with men in the first year of a child's life

Of 126 health professionals who responded, 82 (65%) noted that they provide services that support new families in the first year of a child's life. The nature of services provided included: General practice care; paediatric care; health checks; vaccinations; counselling – emotional support, mental health screening and referrals; specialist referrals; baby health checks and developmental assessments; care for sick children and those with special needs; breastfeeding, feeding and settling support and advice; parenting support and adjustment; provision of home visits; education workshops; and peer programs (Dad Factor; Circle of Security; Playgroups).

Seventy-five health professionals commented on contact with men through their practice, with:

- 9% noting that men always or often attend as the person who is the primary focus.
- 26% always or often have men attend their practice with a partner, where the partner is the primary focus.
- 34% always or often have men attend their practice with a child or children where their child is the primary focus (26% rarely or never).

Table 32 shows the level of agreement of health professionals to statements relating to their service provision in the first year of a child's life.

Table 32: Extent of agreement of health professionals about provision of services in the first year of a child's life

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
I actively engage men in the services that I provide	75	4.0	27%	49%	13%	7%	1%	3%
I provide men with information and support related to their specific needs	74	3.8	24%	49%	14%	9%	3%	1%
I feel confident in engaging with men	75	4.1	32%	51%	13%	1%	1%	1%
I provide men with information about perinatal depression and anxiety in men	75	3.1	12%	32%	24%	16%	15%	1%
Men have a good understanding of the importance of their mental health during early fatherhood	75	2.1	1%	8%	16%	47%	27%	1%
Men are informed and supported about possible relationship changes in early fatherhood	75	2.2	0%	11%	25%	40%	23%	1%
Men have a good understanding of the importance of their role in contributing to the health and development of their children	75	2.7	0%	25%	31%	27%	16%	1%
I would like more information and education to help me engage with men	75	3.9	25%	44%	21%	4%	1%	4%

- 73 to 83% of health professional consider that they are confident in and engage, support and inform men in the first year of a child's life when they come in contact.
- 44% of health professionals agreed that they provide information about perinatal depression and anxiety in men but only 11% considered that men are supported and informed about possible relationship changes in early fatherhood.
- Very few health professionals agreed that men have a good understanding of the importance of their mental health during early fatherhood (9%) or of their role in contributing to the health and development of their children (25%).
- Once more most health professionals noted a preference for more information and education to help them engage with men.

Health professional reflections on the engagement of men in services in the first year of a child's life

Health professionals were asked to consider three open-ended questions reflecting on the engagement of men in the provision of health services in the first year of a child's life. The first question explored **what is working well for men in the health system** at this time with 57 comments made, 14 of which did not reflect a positive comment about what was working well in the system or where respondents were unsure.

"I feel there is very little working well for fathers in the child health community. In fact there is nothing I can say that is working well."

The remaining 43 respondents who provided comments that were positive in nature are grouped and described in Table 33 from most to least frequently raised points.

Table 33: Health professional reflections on <u>what's working well</u> for men in the health system: FIRST YEARS OF A CHILD'S LIFE

Theme	Number	Specific points raised
Access – men's engagement and attendance	27	• Increasing engagement of men in parenting (including as primary carer): engagement with breastfeeding; taking time off after birth especially in the first few weeks; attending health services, immunisations and playgroups with their child (dads and grandfathers) • Increasing health service engagement with men – welcoming, encouraging participation
Access – to specific services, health professionals, interventions, support and advice	10	• Men are considered in family/child health assessments • The availability and accessibility of services and immunisations including urgent and after-hours appointments and telephone counselling is valued • Specific programs mentioned: Dads Group Inc; Launching into Learning; and men's playgroups, parenting and child engagement groups
Information/education	7	• Inclusion of men in the 'blue book' (Child health record); web-based resources for men and a small number of written materials; information on how men can assist the mother
Awareness	5	• Increasing awareness in society and portrayal in the media of: the father's role in child health; recognising fathers in the parenting relationship; men's perinatal mental health
Roles, norms, societal issues	2	• The focus on women and children is working well • Employment provisions that enable men's engagement and more men taking leave to care for their children are valuable
Access – other – cost, time, availability	1	• The availability of free services

"I feel that the momentum around supporting, educating and engaging men is just starting to become recognised as an important thing in children's lives."

"If the man is the sole carer for the child, then they have available supports and focus."

"There is greater awareness of the importance of the role of the father and/or the perinatal mental health needs of fathers."

"Telephone counselling line means men can call outside of business hours which are often the times they are engaging with their children and family."

"Greater awareness and attempts to engage with fathers and noticeable increase in men attending and engaging in health services for their children."

The second question explored health professional perspectives on **what is not working well for men in the health system** at this time with 58 comments made, 50 of which described things that weren't working in the system as described in Table 34 from most to least frequently raised.

Table 34: Health professional reflections on <u>what's NOT working well</u> for men in the health system: FIRST YEAR OF A CHILD'S LIFE

Theme	Number	Specific points raised
Access – men's engagement and attendance	21	• While attendance is improving, it is still limited and true inclusion and consideration of needs of men when they do attend is lacking; men are not typically targeted for interventions or are included in female-focussed interventions as an add on • Men's knowledge and understanding of their possible role, relationship changes and impact of fatigue on mother, emotional literacy, interpersonal skills is limited • Health professional engagement with men and also knowledge re: men's roles and engagement with men's mental health is limited
Access – other – cost, time, availability	12	• Hours of service and accessibility for working men is a barrier to engagement
Access – to specific services, health professionals, interventions, support and advice	8	• There are not enough services or groups focussed on men • Men are not engaged as a client and there is a lack of follow-up or screening for men's emotional and social wellbeing
Information/education	6	• Quality tailored information on parenting and fatherhood including how to support mother and child is limited
Roles, norms, societal issues	5	• Limiting stereotypes: focus on women and children; insufficient employment provisions to support men to take time off in the first year of a child's life
System barriers	3	• Communication across systems and services is limited • The system is ill-equipped to address the needs of women, men and non-binary people • The child and primary carer (usually woman) are seen as the clients so the father is not usually registered which introduces challenges if needing to provide services/referrals and also means they are not in focus e.g. a history is not taken
Priority population groups	2	• Men from diverse cultural backgrounds not encouraged enough to attend and participate • Poor understanding of experience and needs or representation of non-binary people
Awareness	1	• Limited representation of men as caregivers in the public arena

"The man is not generally supported, targeted for interventions e.g. emotional literacy, parenting and interpersonal skills, mental health."

"Men don't understand what is normal such as 'it's normal to be irritated by a crying baby' or 'it's normal to be resentful of the baby and the time needed to be devoted to the baby by your partner'."

"Encouraging men from a variety of backgrounds to engage with healthcare services relating to their child/family."

"Men are often unable to attend appointments due to work commitments, and no groups for fathers. Sometimes they attend the first group but are uncomfortable so don't attend again."

"Men rarely get the time off work needed to fully engage in services. Cultural barriers e.g. not important to take the time off work, the woman should be the primary care giver."

"Engagement is entirely pushed by the man depending on his needs and ability to self-advocate."

"Our systems are set up with the child and primary carer (usually the mother) as the clients in the system. Therefore, at this point screening and assessment is not routine. Rather, only when the father or his partner disclose that the father is in need of support is assessment and care planning triggered. The Electronic Medical Record system also is not set up to manage this and it is very cumbersome for clinicians when they need to register the father as a client and retrieve an EMR number to document etc."

"No consistent understanding of gender as a determinant of health and the ways health services can be reconfigured to meet the needs of women, men and non-binary people in culturally secure ways. Health services are still predominantly planned for the white non-Indigenous cis middle class population that reflects in many cases the workforce but not their clients."

The final question for health professionals explored **how the health system could have been improved to better meet men's needs in the first year of a child's life** with 64 comments made of which 54 reflected suggested improvements as described in Table 35 from most to least frequently raised points.

Table 35: Health professional's reflections on ways to improve men's engagement by the health system: FIRST YEAR OF A CHILD'S LIFE

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	22	• Services, interventions and education that are tailored, designed and accessible to men: Emotional literacy, parenting, interpersonal skills, mental health/support/screening; social supports and group programs (that are truly inclusive or men-focussed); and health forums • Structured system of male health checks: postnatal; with immunisation services; Medicare items for men's health and early fatherhood mental health checks • Specific programs mentioned: Postnatal wellbeing; Circle of Security; Dads and Bubs/fathers groups; and support for men in family breakdowns
Awareness	11	• Increase public awareness/health promotion: Importance of father in child health; positive father figures; normalisation of parenting difficulties; where to access information and support
Information/education	8	• Increase accessibility of information including digital formats. Tailored information for men as well as information for and about men integrated in women's information e.g. Maternal and Child Health information packs; inclusion of images of men playing an active role with children • Topics specified: Parenting education
Access – men's engagement and attendance	7	• Improve engagement of men and understanding of men and health professionals through open discussions and asking about needs and preferences; Increase open-minded and flexible approaches

Theme	Number	Specific points raised
Roles, norms, societal issues	7	• Cultural change needed around importance of fatherhood and also of parenting (mums and dads) • Employment provisions that enable healthy engaged parenting for men: paternity leave; flexible work arrangements; leave to attend appointments or act as a carer
Health workforce	3	• Education and training • Increase in male Aboriginal health workers to work directly with men and child/ren
System barriers	3	• Remove mental health care plan as requirement to access psychological support • Register male as a client in services provided to families in the first year of life • Incorporate cultural sensitivity and gender analysis and responsiveness into health service accreditation
Access – other – cost, time, availability	5	• Increase availability of after-hours services including antenatal and preconception clinics • Increase MBS remuneration and also availability of bulk billed services

"Ability to access psychologist without a mental health care plan – men rarely visit a GP enough to be a regular patient for a MHCP."

"Change things to 'parents'. Sometimes there is a new parent's group but the name has changed and not the focus. Dad's feel awkward."

"Need more outreach for maternal and child health. Need to provide services when men can attend or arrange leave from work without stigma. Develop more than can be accessed for men on the internet."

"Men as a rule struggle with engaging with other men, but if they are in the high risk categories, [have a] greater focus on providing services at the levels these men can identify with and feel comfortable with, so they will come. Short term higher costs with longer term benefits, and healthier, brighter children and confident fathers!"

"Flexible times for clinic services so working men can attend. Having male Aboriginal health workers included in maternal and child health services to 'model' men working with kids and promoting their development. Also to engage with fathers about their role in promoting children's health and development and in identifying mental health concerns."

"Support and promote their role. Give them access to services in a way that is relevant to them and their needs e.g. family breakdown creates major mental stress in male populations."

"More information specifically for men, leaflets are good as they may read them quietly at home. Posters showing men caring for children in our facilities, it's currently ALL women. More support for men when times are tough especially with family break-ups and men still wanting to be involved in their children's life, not much support for them and I don't have much info on where they can get help. Post-birth mental health information for men."

"Structured follow up specifically for men during pregnancy and postnatal period e.g. women often see a midwife at 28 weeks for antenatal education and for postnatal advice and then again are recommended to have a six-week postnatal check with GP/obstetrician. Something similar for men may provide a platform for discussion about their mental health, concerns about birth, concerns about partner, concerns about baby."

“I do not consider this to be confined to the health system. As a GP and mother of four sons who have a very hands-on dad, I would like to see paternity leave provisions to allow men to take a more active role in the lives of children from an early age. Better for mum, dad and especially the children.”

The pathway to fatherhood: EXPERIENCING LOSS

Key insights

- Men who have experienced the loss of a child or children report the lowest level of engagement across the stages of the pathway to fatherhood examined in this survey (12 to 16%).
- Health professionals reported a high level of engagement and confidence in engaging with men (70 to 73%) however only 54% reported providing information to men that is specific to their needs at this time.
- Health professionals considered that the majority of men do not have a good understanding of the importance of their mental health at this time.
- Once more, most health professionals would like more information and education to help engage with men.
- Social norms and stereotypes of the stoic male and the focus on women influences whether men are seen, heard or acknowledged at times of loss. It is expected that women have significant emotional connections with their unborn child but assumed that men do not. The experience of grief and loss for a woman is normalised but not for men. Men may be recognised as an important support for their female partner but not in relation to their own emotional wellbeing nor that they may require support at times of loss.

Men's engagement with the health system at times of loss

Men reflected on whether they had experienced the loss of a child through miscarriage, stillbirth or a child born who did not survive the first year of their life. Sixty-nine per cent of men who answered this question reported that they not experienced loss in the past five years. The remaining 59 men had experienced a miscarriage or miscarriages (56 men in total), the termination of a pregnancy for medical reasons (ten men in total), a stillbirth (six men) or a child or children born who did not survive the first year of life (one man). Note that of these 59 men, 12 had experienced more than one of the types of loss e.g. seven men who experienced both a miscarriage or miscarriages and the termination of a pregnancy for medical reasons.

Men who had experienced loss were asked to nominate the health professionals that they had seen in relation to their experience of loss. Fifty-two men (88%) reported having contact with one or more health professionals including with the following disciplines: GP (52%); Obstetrician (44%); Midwife (20%); Maternal and child health nurse (12%); Psychologist (10%); Counsellor (8%); Paediatrician (7%); Community health nurse (2%); Social worker (2%); and Telephone help line support (2%).

Table 36 shows the level of agreement of men who had experienced loss of a child or children relating to their experience of the health system at that time.

Table 36: Extent of agreement about men's experiences of loss

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
I felt that health professionals engaged with me as a father	50	2.3	0%	16%	22%	30%	32%	0%
I felt that health professionals provided me with useful information about my own health (mental and/or physical)	51	2.1	0%	16%	16%	23%	45%	0%
I felt that health professionals provided me with support	51	2.2	0%	12%	27%	16%	45%	0%

- A very low percentage of men agreed that they had felt engaged, informed and supported in relation to their experience of the loss of a child or children (12 to 16%).
- More than 60% of men disagreed or strongly disagreed with these statements, with the provision of useful information about the man's own physical and mental health having the highest level of disagreement at 68%.

Men's reflections on the health system relating to experiences of loss

Men were asked to consider three open-ended questions reflecting on their experience of the health system when they experienced loss of a child or children.

The first question explored **what is working well for men in the health system** at this time with 35 men responding. Twenty-seven responses (77%) were negative and not a reflection of what was working well.

"Nothing. You deal with it alone."

"I was too concerned for my partner's wellbeing to worry about myself. In retrospect, I should have discussed this with a GP at the time."

The remaining eight respondents described the following **elements of the health system that were working well** at times of loss:

- **Access** – to specific services, health professionals, interventions, support and advice including medical support, explanations and support when in the system.
- **Roles, norms, societal issues** – a focus on women – The care and support for women was noted as done well.

"There was peace of mind that medical professionals follow up with our partners, especially after miscarriages."

"Our obstetrician was very supportive during our miscarriage."

The second question explored **what is not working well for men in the health system** relating to experiences of loss with 35 respondents providing a comment, 32 who described things that weren't working in the system as described in Table 37 from most to least frequently raised points.

Table 37: Men's reflections on the health system: EXPERIENCING LOSS – <u>what's NOT working well</u>?

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	17	• Access to support and mental health care • If an early miscarriage, limited engagement with the health system where support could be provided and men felt isolated
Access – men's engagement and attendance	9	• When men were present, they were not included and their loss not acknowledged • Lack of empathy or care for men; not asking if they are okay or need support
Roles, norms, societal issues	9	• Stereotypes – Expectations of stoicism and lack of emotion; Men not being recognised as experiencing loss and grief in these circumstances • Focus on women
Access – other – cost, time, availability	2	• Cost and challenges navigating the system
Information/education	1	• Limited information for fathers about loss

"Wasn't even acknowledged. Could have been invisible."

"Men seen as there for support, not that we are grieving as well."

"Nobody follows up with the man, in my experience. You pretty much have to bury how you're feeling and focus on supporting your partner through it."

"I have never received any support or even been asked if I was okay after going through our miscarriage by a healthcare professional. There has been no consideration as to how it may have impacted me."

"There's so little support it's almost funny."

The final question explored **how the health system could have been improved to better meet their needs experiencing loss** with 33 comments made of which 31 reflected an area for improvement as described in Table 38 from most to least frequently raised points.

Table 38:Men's reflections on the health system: MEN EXPERIENCING LOSS – <u>suggeste improvements</u>

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	17	• Increase access to support for men individually as well as for the couple through outreach and follow-up • Improve communication during the process about what's happening and the tests being conducted
Access – men's engagement and attendance	10	• Acknowledge the man's loss and grief; Ask how the man is doing and offer support; Do not dismiss as common; Show compassion and sensitivity
Information/education	5	• Information tailored to fathers and visible re: how to deal with miscarriage or other forms of loss
Roles, norms, societal issues	4	• Acknowledge the father as having a legitimate role as a parent who is experiencing grief and loss as opposed to merely being a support for their partner's grief
Awareness	2	• Increase awareness of the impact of the loss of a child on men and reduce the stigma of medical termination
Access – other – cost, time, availability	1	• Cost
Health workforce	1	• Education on men's experiences of grief and loss

"Sole focus is on the mother, which is understandable given the physical issues. Personally, I was invested in the pregnancy from day one. The loss to this day still brings back many sad feelings. The health system, society and family don't even consider a man might have experienced anything substantial."

"Someone should have checked in with me."

"I was broken trying to keep it together for my wife, for everyone. It's in that state you understand why male suicide is so high."

"I don't think health professionals are trained to understand how men may display grief around miscarriage. I think this should be included in their training."

"A few phone calls in the days afterwards. A point in the right direction for ongoing counselling. Even the first session booked for us or something."

"When we are asked if we have had a miscarriage (and the answer is yes), actually ask if we are okay. Also have some set of open questions to actually see if we need help like: Have you spoken to anyone about it? What impact did it have on your relationship/wellbeing etc?. Also, have information about dealing with a miscarriage (ideally even one tailored for men) that is automatically given to us if we mention that we have had a miscarriage. Don't just treat the answer as factual, insignificant and in the past."

Health professional perspectives on health system engagement with men during experiences of loss

Of 120 health professionals who responded, 83 (69%) noted that they come in contact with people who have experienced loss such as a miscarriage, stillbirth or the death of a child in the first year of life. The nature of services provided was reported as: general practice; debriefing and counselling (individual and couple); education, information provision and support; medical interventions (D&C following loss, medical termination); triage and diagnostic services/genetic testing; referrals to specialists, social work, mental health services and NGOs; supporting people in fertility treatment and monitoring subsequent pregnancies post-loss; fertility treatment; physiotherapy; and reflexology.

Seventy-nine health professionals commented on contact with men through their practice, with:

- 4% noting that men always or often attend as the person who is the primary focus.
- 43% always or often have men attend their practice with a partner, where the partner is the primary focus.
- 27% always or often have men attend their practice with a partner where the man and their partner are both the focus of the consultation.

Table 39 shows the level of agreement of health professionals to statements relating to their service provision in the relation to the loss of a child.

Table 39: Extent of agreement of health professionals about provision of services relating to the loss of a child

	n	Average rating	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	NA
I actively engage men in the services that I provide	78	3.9	24%	46%	17%	8%	0%	5%
I provide men with information and support related to their specific needs	78	3.6	21%	33%	26%	17%	0%	4%
I feel confident in engaging with men	78	4.0	28%	45%	17%	8%	0%	2%
Men have a good understanding of the importance of their mental health at this time	78	2.4	6%	6%	24%	45%	15%	2%
I would like more information and education to help me engage with men	77	3.8	22%	47%	17%	8%	3%	4%

- 70 to 73% of health professionals reported that they actively engage men in the services that they provide relating to the loss of a child and that they feel confident in doing so.
- Just over half noted that they provide men with information and support specific to their needs
- Only 12% of health professionals consider that men have a good understanding of the importance of their mental health at this time.
- Once more many health professionals noted that they would like more information and education to help them engage with men (69%).

Health professional reflections on the engagement of men in services relating to the loss of a child

Health professionals were asked to consider three open-ended questions reflecting on the engagement of men in the provision of health services relating to the loss of a child. The first question explored **what is working well for men in the health system** at this time with 50 comments made, 25 of which did not reflect a positive comment about what was working well in the system or where respondents were unsure.

"I don't know that anything is providing men with good support in these instances. Often women are reporting they don't feel supported and the services available are often directed at them."

The remaining 25 respondents who provided comments that were positive in nature are grouped and described in Table 40 from most to least frequently raised.

Table 40: Health professional reflections on <u>what's working well</u> for men in the health system: EXPERIENCES OF LOSS

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	15	• Comprehensive hospital services including support; better access to mental health services (care planning and psychology/counselling); urgent and after hours appointments; NGOs (SANDS, Red Nose); men can seek advice or access support if they wish to; grief and loss counselling and ART-related counselling services
Access – men's engagement and attendance	5	• Men are able to attend appointments and are engaged. There is increasing acknowledgement that this can be hard for men
Roles, norms, societal issues	2	• Focus on women and perception that women are more affected by loss
Health workforce	1	• Well educated

"My wife and I have lost a baby at birth and this has helped me immensely in this role in supporting grieving parents."

"Most of the best support is not structured in the health system, but rather from the NGO sector."

"[There is] some capacity of current public hospital services to provide support to both parents following the loss of a child."

"Some men are very attuned to what they need and what is on offer and so the system works very well for them. At the other end of the spectrum are men who are not very psychologically minded so they may not access services that could assist them…They may also resist the efforts of others to engage them in appropriate services."

"Once service is accessed there is support. It's getting people to access the service."

"The health system has been well educated in supporting families now – right from the time of the loss. The flow on effect to other professionals is done very well overall."

"I find that men tend to suffer more than women (but don't always share it initially), often but perhaps it is just that the woman gets considerably more attention post-loss."

The second question explored health professional perspectives on **what is not working well for men in the health system** at this time with 51 comments made, 40 of which described things that weren't working in the system as described in Table 41 from most to least frequently raised.

Table 41: Health professional reflections on <u>what's NOT working well</u> for men in the health system: EXPERIENCES OF LOSS

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	14	• Not enough services are focussed on men and limited referral pathways are available; lack of support and follow-up; screening for depression and access to counselling; waiting lists for services that are available; groups for grieving men including online support
Access – men's engagement and attendance	10	• Men's experience of grief and loss not seen or normalised; may be overlooked; not listened to or not engaged/may not raise concerns or not within the context of an attendance with a partner
Roles, norms, societal issues	9	• Focus on women - A predominant focus on women of service provision but also in relation to expectations of the experience of grief and loss as profound for women and not for men • Stereotypes – Assumption of the tough, stoic male and resultant stigma for men in relation to seeking help or displaying sensitivities. The same stereotypes can lead to health professionals being dismissive of men's experiences • Employment – That it is not normalised that men could/should be provided leave at times of loss to grieve
Access – other – cost, time, availability	8	• Hours of service and accessibility for working men; having sufficient time to spend with people when attending health services; also service affordability
Information/education	4	• Lack of quality tailored information on grief and loss for men
System barriers	2	• The need for a mental health care plan to access counselling may pose a barrier to access for some • Men are not considered a patient in situations of loss
Awareness	1	• Limited awareness of services available and how to access them
Health workforce	1	• Lack of knowledge and awareness to enable better engagement and support

"That it is totally normal, expected, understandable AND 'allowable' that a man may be experiencing grief as well, even if he did not carry the baby."

"The belief prevails that men are tougher, that they are somehow more emotionally resilient to loss."

"There is often more follow-up for women focussed on the biological aspects e.g. bleeding, scans etc which possibly reduces the likelihood of men attending. There is still stigma and difficulties for people around the couple knowing what to say."

"Accepting that once a woman knows she is pregnant she has a mental and emotional shift. Even if loss is early there is still a loss of what could have been."

"[There is] even less of a focus than any other presentation related to parenthood."

"Support for the man mentally and emotionally. They generally go straight back to work and bury their fears."

"Fathers don't get enough time to grieve."

"I don't think the father is considered a patient during times of miscarriage or loss of a child."

"Early stage miscarriage where couples may not be engaged with a hospital, or recurrent miscarriages, couples may push through and keep trying, experiencing complicated grief."

"As a society we can both support feminism and also find a place for the wonderful men in our lives to participate equally."

The final question for health professionals explored **how the health system could have been improved to better meet men's needs when experiencing loss** with 55 comments made of which 45 reflected an area for improvement as described in Table 42 from most to least frequently raised points.

Table 42: Health professional's reflections on ways to improve the health system: EXPERIENCES OF LOSS

Theme	Number	Specific points raised
Access – to specific services, health professionals, interventions, support and advice	21	• Increase services, interventions and education that are tailored, designed and accessible to men: Psychosocial support and follow-up; counselling (individual and couple); support groups/networks (including online); GP support including male-only consultations; and have a range of support options available • Increase funding to enable access to a range of support options including within health services and NGOs; Specific NGO mentioned: SANDS
Access – men's engagement and attendance	10	• Actively encourage men's attendance at follow-up appointments; listen, include and engage; encourage men to talk; take a whole of person and couple approach
Information/education	8	• Increase accessible quality information in print and online formats about men and loss
Roles, norms, societal issues	7	• Normalise the experience of grief and loss and acknowledge it for both men and women; recognise that experiences and needs may be different, that it is an expectation that support will be needed and that time and space will be required to grieve • Have employment provisions that enable grieving at times of loss of a child: flexible work arrangements; bereavement leave
Health workforce	6	• Improve education on experiences of grief and loss: how to support men and partners; how needs might differ; what services are available • Increase access to male health workers including those who have experienced loss
Access – other – cost, time, availability	4	• Increase availability of after-hours services • Increase time available within consultations to provide adequate support
Awareness	2	• Public awareness/health promotion: That loss impacts both men and women; different ways of coping; support that is available

"Active encouragement of both parents to attend for follow-up with [their] GP or obstetrician."

"Listening to men as individuals and probing beyond the carer role to address feelings."

"More information about how to support men and their partners; bereavement leave; mental health services for men."

"More awareness (excellent job by Pink Elephants) that loss impacts men and women, equal in some ways, very different in others. Equally valid and requiring support."

"Provision of information for men (verbal and in brochure format) on how they may be impacted by a baby loss, their own coping styles, how they may differ in coping styles to their partner and what the loss journey can be like for men and women – so that men can be aware of more sensitive times and help to safeguard their relationship, their partner, their family and themselves (versus the typical narrative of couples shutting down and avoiding painful or uncomfortable conversations). Basically a resource that aims to prompt discussion and consideration to alleviate the disenfranchised grief that partners may unknowingly experience and how that sadness and stress may play out in a relationship e.g. a grieving partner may have less resilience in coping with existing children when the household is sleep deprived and this sadness might be more readily expressed as anger and irritability rather than more commonly expected symptoms of sadness or depression."

Men's lived-experience survey: One thing men would change

Men were asked to nominate one thing that would improve men's journey from preconception to early fatherhood. A series of quotes are included below grouped to key themes that have emerged from the survey findings.

Equal engagement of men and women as parents or prospective parents

"Treat parents as a team that will be supporting each other."

"Recognising that as much as a woman is impacted by pregnancy, her involved partner is also affected - and that effect can go beyond mental, it can be physical."

"Just being spoken to at appointments. We are supposed to be going into this parenting thing as a team but only one of us gets any advice or support or acknowledgment."

"I am a small business owner. I was all good, but nervous heading into the first child. After the birth it was nuts. I never expected to feel the need to support my family as much as I did. I took a lot on. It took a toll on my health and mental health. It was a huge adjustment for me. When number two came along and we went through the process again I was able to notice how there was nothing in the process that noted the father or offered any support for [me]. I felt throughout both births the system was patronisingly dismissive of my role in all of this, "Oh just fuddy duddy silly dad doing the wrong thing" sort of stuff. The views were dated and my partner also commented on the views and lack of support for the father. I questioned the maternal health service on [whether] there are fathers' groups as well as mums' groups (when my partner was connected with hers). We'd have to create our own or find one. I knew of no other fathers in our close circle at the time. Would have been great to be able to relate to others going through the same thing."

"I don't even get a patient file, I am basically just the donor. My health should matter beyond 'is this significantly impacting the patient (wife)?'."

Employment provisions that support engagement of men as fathers

"Provide government paid parental leave to fathers for at least the first 1-2 months of becoming a father. And more support given to fathers because their lives are impacted just as much (if not more) than the mother. Good, healthy and stable fathers are so important for our society - we need to protect fatherhood and look after our fathers for future generations."

"Mental health checks and greater support from my employer in taking time off to support my partner following the birth of our child."

Proactively prepare men for fatherhood – inform, support, empower

"Making preconception health and info part of the general conversation that males engage in. Engaging blokes in a safe / familiar environment with non-clinical language."

"Let fathers know what a good father does with his children and how to support a wife during the period. Dads don't know, it is hit and miss."

"Providing initiatives that actively empower fathers to build their confidence as a parent and to become proud of their role as father."

"Actively educate men on the benefits of having an engaged father for children."

"Acknowledgement that for fathers, the change when the first child arrives is from a dyad to a triad, and in the majority of cases of which I'm aware (as well as my own), this transition can be a real challenge. Often the mother-child relationship becomes primary and the mother-father relationship secondary, if at all. I've spoken to many men who would have liked someone to talk to (another dad?), somewhere to go, some education perhaps in those first few weeks post-pregnancy, so that men had some notion of what to expect, how to navigate the changed dynamic and what quality support the man could have provided to help out."

"Men need to be told how to prepare their health and their relationship prior to birth."

Mental health challenges

"My wife experienced severe pre- and postnatal depression/anxiety. Information about what I could do to help would have been very useful."

"More mental health services for both parents. Both my wife and I suffered from postnatal depression. Neither was picked up by health services and when we acted on our own we found it very difficult to find services or support."

"More support and resources for men who suffer from postnatal depression."

A health pathway for men across the pathway from preconception to fatherhood

"I think I would have found the transition from man to Dad easier if I had regular contact with a professional male whilst my wife was pregnant rather than me having to seek help and advice from my GP post-birth when I was struggling mentally to support my wife, kids and work."

"More individual consulting and involvement including what to expect for yourself and your partner."

"Redesign the healthcare experience to be inclusive of fathers as active participants, not bystanders. Prepare information that is tailored for dads. Train practitioners to not only treat their area of expertise in the process, but also to zoom out to the bigger picture and treat mums and dads about how they are progressing to be a parent and deal with the overall life change that is happening."

Intervene early on male infertility issues and provide additional support

"Provide early intervention on sperm health, as so much pressure is on the female, as well as early education when starting to fall pregnant with the GP or other services on what is to come (i.e. hospital, public vs private, different stages of pregnancy, after birth)."

"1. More awareness of male factor infertility in the community. 2. More GP awareness and requests for further testing for male factor infertility to correctly diagnose, or even to screen…At my age, if all tests like semen analysis plus DNA fragmentation and other tests were done preconception, couples could save a year that they don't have trying to conceive."

"Better support for men with fertility issues. Especially around mental health and coping with the stress of IVF."

"I wish my wife and I had better access to counselling services to help with the emotional fatigue and stress of going through IVF."

Raise public awareness about the important role of fathers in child health and wellbeing

"Make people aware that dads are a huge part of raising children."

"Acknowledge that giving the father's emotional and physical health more attention can improve the emotional health of the mother, baby and family unit. It is all connected!"

Provide more support for men at times of loss

"Offering more support and recognition after miscarriage, termination and stillbirth. We still mourn the loss of our three children, but we received no support beyond what we found ourselves."

Men's lived-experience survey: Final thoughts

Partnership approaches to parenthood

"My partner and I work as a team and support one another. The medical system is an isolating experience."

"Society needs to create opportunities so that fathers and mothers are able to nurture their child from conception, gestation to infancy and beyond."

"I understand that the majority of attention needs to be provided to the mother and I am supportive of this. However, having a child was still the most important event of my life, and yet I was often ignored completely during consultations preconception, during the pregnancy, and perinatally. Being treated like a member of the team on more occasions would have been valued."

Preparing dads for parenthood

"Most Dads are good people and are judged by how they support their 'partners' during the mentioned period. But put simply Dads, particularly new Dads just don't know what is expected from them. Good blokes but just don't know."

"Great survey on a topic that really needs to be addressed. One final thought is that the system should also prepare dads for how to be a carer e.g. have information on hand as to what type of leave might be available with information on the benefits of being an active carer after birth and the different options of what this could look like. Also have information to set the expectations of how life could change and the challenges they will face as a dad, partner, carer etc in the first year."

"I can't tell my partner this but after my experiences, if I had my time again, I'm not sure I'd do it all again. I love my kids but knowing what I know now, feeling what I feel now, I'd consider going down a different path."

"The man is treated as if invisible."

The challenges along the pathway to parenthood

"The journey to pregnancy is difficult. The journey through pregnancy is difficult too. Then when a healthy baby is born the difficulties really start!"

The need to change social norms – from a focus on women to a focus on both parents

"As someone that has trained and worked in health, including spending time in obstetrics, it is openly stated that pregnancy and childbirth is women's business. That has also been my experience as a father. There needs to be a shift in thinking. I am sure if men were more involved throughout pregnancy and particularly in the first year or two following childbirth, the problems suffered by women would be substantially less."

"The holistic approach should involve fathers' mental and physical wellbeing."

The need to change social norms – embracing the changing role of the active engaged father

"Engage fathers-to-be and convince them that it's easier and more enjoyable to be actively involved in parenting a baby than their fathers and mates might have convinced them. Engage mothers-to-be, in order to convince them that fathers willing to be actively engaged parents are perfectly able to do plenty of parenting jobs. For me, one of the stressful things with parenting was having my wife insist on taking over doing some parenting jobs from me and then complaining about how much work she had to do…If you want to ensure fathers are disengaged from parenting, just reinforce the feeling among women that only mothers can be competent parents."

"Society will be better for everyone when men are viewed as an important part of the birth and child raising process. The Finnish example of equal leave for both parents is something for which we should aim."

"It seems society as a whole is still in the mindset that women raise the kids and men just provide money. This also transfers to the medical staff. When the health nurse that's weighing the 4 month old while I am dealing with the 3 year old's melt down over the battery in his flashing shoes going dead and the 4 year old deciding he is going to go for a wander says to me 'Babysitting the kids for mum today are we?' 'Uh... NO I am a parent, I'm PARENTING my kids while my wife is at her doctor's

appointment and doing the grocery shopping. The information and support isn't readily available because we are expected not to be involved in our children's upbringing."

The need to change social norms – employment provisions that support father's engagement

"A lot needs to change in the employment space so fathers can be better involved in their children's care."

Acknowledging and celebrating different family formations

"I am also the father of a stepdaughter. Not sure that your survey considered the differences to becoming a father of a baby vs taking on the role for a child who is much older. Both have been fantastic experiences that I really value."

"I feel invisible as a transman in the pregnancy/parenting whirl - we may have used donor sperm, but I am definitely our child's father. It would be nice to have the full, rich story more commonly known."

Mental health challenges

"The depression and disengagement that I felt from myself, my partner and my child ultimately served as a foundation for one of the reasons that my marriage ended. I didn't realise the level of postnatal depression I had until years after the birth of my eldest child."

"Postnatal depression in men needs to be highlighted and destigmatised. Most men I have talked to feel like they have no right to be depressed because we didn't go through the childbirth process, but it's simply not true."

"I think the lack of support for fathers during fatherhood is hurting us as a society in many ways. Whether it be depression through to domestic violence. I can't believe how hard I had to look for father focused services, and those that did exist were not subsidised making it only available to those who could afford it."

"Happy fathers are good fathers."

Experiences of trauma and loss

"A year on from the traumatic experiences of my daughter's birth I am still struggling with many aspects of this. I have found myself unable to identify support available to me as a father to help with this. Most of the support lines focus on providing support to the mother or at least advertise as such. I am now in the position of having to identify (and pay for) my own support to try and make sure that I am equipped to deal with the emotional cost of our efforts towards a second pregnancy."

"I'm still hurting inside and holding back tears. My wife is still hurting but she has been able to grieve and come to terms. I don't know if I've even had the chance to grieve yet, it's all just numb."

"Pregnancy loss needs to be taken more seriously my wife has PTSD-like symptoms but told it couldn't be, because it wasn't rare to lose a baby - despite having flashbacks and intrusive thoughts. We caught our baby covered in blood over a toilet and weren't given any support."

"Having our first baby was traumatic. My wife and son both nearly died…Coming home, my wife's attention was almost completely focused now on our son rather than on "her and me" (and of course she was right to do so). The emotional adjustment required to normalise my sense of displacement was significant and difficult…Looking back, "male postnatal depression" may well be an accurate description of my mental state at the time. But I was young, supported by a strong community, and had a demanding job that took much of my attention and energy. The sheer momentum of life kept me going, I think, until I became adjusted to the new situation. Added to that, and given the shocking nature of the birth, I felt none of the flood of bonding love that many feel on holding their newborn. My son looked like something from Mars, the poor boy. At the time I thought my wife was dying, and knew it now was my job to raise (what I thought was) a deformed child alone. I knew I had absolutely no idea how I was going to manage. Fortunately, things turned out very much better than I had feared, but that was my mental state upon the arrival of my first son."

Experiences of fertility treatment

"My IVF journey is just beginning. It took 2 years to encourage my wife to feel comfortable with the process. My job is stressful and I fear not being able to balance work and life while this happens."

“IVF is a business out to produce a product, women are mothers and men are in the way or useful social handbags. Men are reminded that they are only a biological necessity, and that they should really be grateful that they are this, as they are nothing else.”

Health professional survey: Final thoughts

Health professionals were asked to share any final reflections that they think may be useful for Healthy Male to consider as we seek to identify better ways to engage, inform and support men as they prepare for and transition to fatherhood. A series of quotes are included below grouped into key themes.

Improve engagement with men

"Men often shut down in emotional situations rather than expressing feelings. The 'I'm okay' is often accepted as time demands negate further probing. I often include the men by saying 'It's okay to say I'm okay, but braver to say I'm not!' Letting men know they will be heard is the best support."

Improve the focus on men and women

"Although the health system is described as mother-focused it would be better described as uterus-focused as there are many women that also feel very neglected, ignored and disrespected by the system."

Address the needs of men in priority population groups

"Rural men are hidden - mental health issues are still not talked about and the need to follow a trail for help has caused more than one suicide that I know of. Men should be able to phone a number like the drug line for addicts at the time they need help and be linked to a counsellor or psychologist within the day and physically seen within the week. At present they can't find a GP and, if they do, it's not always possible then to get a Mental Health Care Plan or into a psychologist. The barriers need to be broken down."

"Homosexual cisgender men have some literature support available to them regarding parenthood but the content is heavy on legal conditions and has little to do with stress management, sleep management etc. There is no literature available for transsexual FTM men who wish to be fathers that is not written from the perspective of a biologically female person carrying children and as such is unsuitable for many WPATH diagnosed transsexual FTM regardless of whether they identify as homosexual or heterosexual."

Increase programs for and a focus within existing practice on fathers

"Establishing more support groups such as those established by Dads Group Inc. in all areas including regional areas of Australia. These groups need funding to assist in establishing and ensuring better sustainability…Men are keen for additional information on mental health support for self and partner, [on the] impact to relationships and [are] keen to know about infant development. The hospital I work at…has developed an excellent program as part of the childbirth classes - Emotional Preparation for Parenthood and this program needs to be implemented nationally. It is currently being modified to be more father inclusive…Having peer educators (people with lived experience) co-facilitate this program has been the key to its success."

"We will benefit as a society if fathers have access to the same service provision as mothers. A lot of our work as Early Intervention Clinicians with toddlers and older children is around emotional regulation and to succeed at this we work with the parent on their own emotional regulation so that they can role model this and be available to help co-regulate their child, but often we are only working with one half of the parenting partnership."

"Men need to be taught practical ways to improve their own health and support their partner…Many men seem to have very poor health literacy and do not think about, prioritise or take responsibility for their own health."

Improve support for fathers experiencing grief and loss

"Although I don't get to input too much into the early supports for fathers, I do see the long-term effects of the lack of service engagement with fathers, through the long-term effects of unresolved grief. This could be via the couples who have difficulties in conceiving, choices made in terminations, stillbirths and, in my case, premature births. I have found that many of the services are focused on the maternal support with the fathers left to tough it out on their own. Not surprising that the accommodation we had when we were going through our premmie experience for the second time was known as divorce alley. Also, I was amazed with miscarriages how many men had similar experiences to me, and had no one to talk to, enabling them to get through a most difficult time. It is getting better but there is a long way to go. Prevention is often better than the long journey of curing the forgotten effects of grief often involved with childbirth. It is not always plain sailing."

"When my ex-partner and I went through our first IVF cycle, and it failed, it was akin to a miscarriage with the associated distress and grief. During this time I was never asked, 'Are you okay?' and I wasn't. Crucial are male-sensitive services, geared towards providing inclusive care which address, not only the male issues but the ways in which men engage with health and the emotions they experience in relation to their wellbeing."

Engage men in their preconception health and create a relationship with the health system that endures

"Celebrate health in the preconception phase - host an annual event that we can participate in, advertise, encourage men to attend for a health check before they conceive. It might be the start of an important clinician-male client relationship to allow support throughout the whole parenthood journey."

"The relationship of men with their newborn particularly in the first six months is vital to their child's emotional and physical development. I believe that men should be given a higher priority with the provision of adequate men's health services in both the government and non-government sectors. At present I am unaware of any men's health workers working in our region and I believe this is and has been detrimental to community and the family's wellbeing…This to me is unacceptable."

Social norms – the focus on women

"I work with vulnerable families due to domestic violence, homelessness, poverty etc. Though our services are for family, it is the women and children that we focus more on, men are at the peripherals and often appear reluctant to engage."

Reframe social norms

"Society expects men to be stoic. We need to change this perception."

"There is STILL a negative unconsciously biased undertone directed toward fathers, the role of fathers and the importance of fathers in a newborn baby's life facilitated by some within the healthcare system - most notably midwives who are steadfast on upholding and driving a specific feminist ideology and agenda. There is no doubting that having a baby is a special and important time for mothers, however, it is also a special time for fathers. We play an important role in supporting our wives and partners as well as supporting a newborn baby. This needs to be better acknowledged. We then, most of us, return to work within a very short space of time to help support our families, often losing important time with our wives and children. Within my experience alone I was often ignored, spoken down to or had subtle jibes made about the limited role fathers play in rearing a newborn in regards to feeding and settling - as well as general comments made about being a 'male' or a 'man' e.g. "You're a man, you just won't get it" or "C'mon dad, hold the baby - actually try and look like you are doing something." This way of thinking is ingrained in some areas of society, in particular health, humanities and education. Working within a healthcare setting myself it is often visible on many levels."

Build the male health workforce

"As one of only four child health nurses in [my state], I believe we need to get more incentives to get more male nurses in the child health system. …Offer reduced/free Uni fees. Same with midwifery."

"I think this is a great project. Very tough area to approach as mental health issues for men still seem to be associated with a stigma of weakness and the focus on primary carer/infant/child dyad is so embedded in practice."

Improve investigations of male factor infertility

"A couple seeking fertility treatment shouldn't be submitted to invasive treatments until both are investigated."

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