

## INTRODUCTION



households in areas selected via a stratified random sampling technique, and invited all of the eligible males

consuming alcohol at harmful levels, taking drugs). Schlichthorst et al. [13] reflect on their findings and conclude that discussions about sexual health and sexual functioning should constitute part of a routine health check for men of all ages.

In the final paper, Schlichthorst et al. [14] move away from looking at particular conditions, and consider instead men's health service use. In particular, they consider the likelihood of men consulting with a general practitioner (GP) in a given year or having an annual health check-up. They report that 81 % of men consult with a GP annually, but only 39 % have an annual health check. An interesting mix of factors is predictive of both types of health service use. On the one hand, low levels of use are associated with indicators of good health (e.g., those who rate their own health as excellent are less likely to visit a GP). On the other hand, low levels of use are also associated with indicators of poorer health (e.g., those who consume alcohol at harmful levels are less likely to have an annual health check). Either way, it would seem to be the case that there are missed opportunities for proactive discussions about health promotion and disease prevention.

The capacity of Ten to Men to increase knowledge about male health

The articles in the collection tell an important story. Some common themes emerge from the individual sets of data analysis. In particular, it is evident that, irrespective of the health issue, men who are disadvantaged financially or geographically are the most affected. In addition, and not unrelatedly, conditions cluster together both within and across physical health and mental health domains.

This set of articles provides a taster of the enormous capacity of Ten to Men to address policy-relevant questions about male health. There is so much to be done

**Availability of data and materials**

Ten to Men response data are available to researchers via a request and review process. Information on accessing Ten to Men data is available at <http://www.tentomen.org.au/index.php/researchers.html>. Copies of Wave 1 questionnaires, Wave 1 data books, and the Ten to Men Data User's Manual are also available at that site.

Enquires about potential collaborations including sub-studies involving members of the Ten to Men cohort can be addressed to the Study Coordinator at [info@tentomen.org.au](mailto:info@tentomen.org.au).

**Authors' contributions**

JP drafted the manuscript and JP, DE and JM were responsible for drafting and critically revising the manuscript. All authors have approved this manuscript version for submission.

**Competing interests**

The authors declare that they have no competing interests.

**Consent for publication**

Not applicable.

**Ethics approval and consent to participate**

The Australian Longitudinal Study on Male Health was approved by the University of Melbourne Human Research Ethics Committee (HREC 1237897 & 1237376). Participants provided written consent for their participation.

**Author details**

<sup>1</sup>Centre for Mental Health, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne 3010, Australia. <sup>2</sup>Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne 3010, Australia. <sup>3</sup>School of Science and Health, Western Sydney University, Penrith 2751, Australia.

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