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Research Paper

Men with disabilities – A cross sectional survey of health promotion, social inclusion and participation at community Men's Sheds

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Abstract

Background: The intersections between chronicity, disability and social inequality are well understood. Novel ways to counter the social determinants of health and disability are needed. Men's Sheds are a community space where men can participate in a range of shared activities and potentially experience a health and social benefits.

Objective: This cross-sectional survey was conducted to inform future research by determining who attended Men's Sheds and the range of health, social, community, and educational activities undertaken there. This paper explores the membership of people with disabilities (PWD) at Men's Sheds and the factors that predict their membership.

Methods: An online survey link was sent to all known Men's Sheds internationally in 2012. Data were analyzed using descriptive and inferential (univariate and multivariate) statistics.

Results: 32.2% of international sheds and 29% of Australian sheds specifically targeted the inclusion of PWD. 80% of these sheds have significantly more members with disabilities than sheds who do no target PWD. Factors associated with greater membership of PWD included the provision of transport, social outings and promoting occupational skills.

Conclusions: PWD are being encouraged to join and are joining Men's Sheds. This is significant as the value of participation and inclusion toward better health and wellbeing is well known. Men's Sheds offer a community space where the social determinants of chronicity and disability can potentially be countered.

Keywords: Disability; Men's Sheds; Social inclusion; Participation; Mental health

Disability, health and wellbeing

The experience of disability is a complex biopsychosocial interaction between a person, their environment and the context of their activity limitations and participation restrictions.[1] People with a long-term disability (PWD) have shorter life expectancy, and experience more chronic health problems than people without a lifelong disability, many of which are not determined by the person's disability. Rather, many of the factors influencing the poorer health of PWD are related to environmental factors, social inequality, a lack of participation and barriers to accessing health services (e.g., Refs. [2–4]). In Australia, a recent report highlights national population data demonstrating that the burden of disease for mental, neurological, respiratory, endocrine (e.g., diabetes) and musculoskeletal diseases is associated with greater years lived with a disability.[5] Further, this report illustrates the uneven distribution of the burden of disease due to the associations between some form of social disadvantage, chronicity and the experience of disability. With Australia's aging population, as the number of people living with a disability continues to increase due to factors such as age-related disability and increasing rates of non-communicable diseases that often lead to the experience of disability, addressing the needs of people with disability is of paramount importance.[6,7]

Australian regionality – patterns of chronicity and disability

Australia has a large land mass with vast areas that are sparsely populated with few services. In addition to being divided by 7 states and territories, Australia is also categorized by a remoteness classification that was developed to inform policy development for geographical areas that

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share remoteness characteristics.[8] In Australia, socioeconomic inequality and disadvantage increase with remoteness from urban centers, and these are correlated with increasing rates of chronic diseases.[9] Age-standardized rates of disability show a similar pattern (higher rate of disability in more remote areas), which may be a consequence of the higher prevalence of chronic diseases or injuries in these areas.[10] These regional data are also reflected in the Australian Aboriginal population where disadvantage is usually greater and rates of chronicity and disability continue to grow despite a slight increase in adult life expectancy.[11]

Men, health and disability

The most recent Australian census revealed that Australian males are faring worse than Australian females in the areas of health, education and crime; up to the age of 84, age-specific mortality amongst Australian males is up to one and a half times higher than for females, with remoteness and social disadvantage key determinants.[12] When compared to females in Australia, male suicide and death from motor vehicle accidents are three times greater, death from cancer is one and half times greater, and the rates of cardiovascular disease are higher with the gender gap increasing since 2001.[13] The age-standardized percentage of the Australian population living with a disability in 2009 was 18.1% for males and 17.3% for females with rates of disability for younger males (5–14 years) almost double those for females.[14] The increased disability prevalence in younger males is linked with the greater diagnosis of autism and other developmental disabilities – all with a trajectory of long-term disability and greater rates of chronic illness – in this age cohort.[10] Of note is that rates of spinal cord injury[15] and acquired brain injury[16] in Australian males are significantly greater than in females and that most injuries occur between the ages of 14 and 28 years, with a greater prevalence in remote areas. To improve the health and wellbeing of men living in Australia, the *National Male Health Policy* (NMHP) adopts a deliberate social determinants and strengths-based approach where social participation and inclusion, particularly for marginalized groups of men, is of central focus.[17] Based on the principles of Primary Health Care, the NMHP argues that participation in spaces such as Men's Sheds helps to alleviate social isolation and loneliness and offers a location to engage with marginalized men about their general health and wellbeing.

What do men with a disability need?

Similar to men's health policies, contemporary frameworks of disability have moved beyond a 'deficits view' of the individual, with a more contextual perspective based on the relationship between the person and their physical and socio-cultural environment.[18] The International Classification of Functioning, Disability and Health (ICF) is a framework of disability and health centered on not only an individual's impairment, but also their activity limitations, participation restrictions, as well as their personal and environmental factors.[1] When used, for example, as a tool for developing community based rehabilitation treatment programs, the framework brings focus to *enabling* activity and participation and thus promoting better general health and wellbeing, through facilitating personal and environmental attributes. That is, the greater the participation in healthy and meaningful activities, the reduced likelihood of acquiring secondary conditions. Although such enabling frameworks exist, a range of *disabling* barriers to social inclusion and participation remain for many people with disabilities across the globe.[19]

Social inclusion is considered to be a dynamic interpersonal process allowing people to feel acknowledged and valued.[20] The experience of being socially included has been reported to increase wellbeing[21] enhance skills and increase positive attitudes.[22] Without having opportunities for social inclusion, adults with disability may experience worse general health and wellbeing. Creating healthy and enabling environments that look beyond impairment and foster activity and participation are needed for all people with disabilities. Such spaces promote participation and counter the known social and environmental determinants, such as sedentary and isolated lifestyles, of chronic illness. For older men with disabilities, developing and maintaining effective environments for social supports is an important factor for the maintenance of mental health.[23] Men's Sheds are purported to be one such environment, but evidence supporting their link with improved health and wellbeing is primarily anecdotal.[24]

Men's Sheds – social inclusion and health promotion

Men's Sheds are grassroots community spaces where mainly older men typically gather is a shed-like building and participate in a range of activities, such as woodwork and metalwork, while they socialize in a male-friendly environment.[24] The majority of Men's Sheds are unfunded incorporated associations and, whether in receipt of any funding or not, are typically governed by a volunteer committee to respond to and meet the needs of shed members and their local community. While there are national associations for Men's Sheds, their primary role is to represent and promote the Men's Shed movement and, as such, there are no reporting obligations on individual sheds about shed activities and memberships to national associations. In 2014, the Australian Men's Shed Association (AMSA) reported that there were approximately 1000 sheds across Australia with an estimated membership of some 100,000 men.[25] AMSA also states that in addition