

WA HEALTHY WEIGHT ACTION PLAN 2019-2024



Photo: World Obesity Federation



HEALTH CONSUMERS'
COUNCIL

CONSUMER INSIGHTS

MEN



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Background

As one of the target groups outlined in the WA Healthy Weight Action Plan 2019-2024, Health Consumers' Council sought the views men about weight, health, and weight stigma.

We would like to thank the consumers who shared their stories with us so generously. We acknowledge that the topic of weight can be a difficult thing for people impacted by weight stigma to discuss, and we work to ensure these stories are treated respectfully and for the improvement of health services for men.

In this document, we have summarised some of the points from this feedback.

A note about this feedback

Many studies have shown that women use health services far more than men and are more engaged in their health decisions, which may have an influence on more women taking on health consumer representative roles and responding to surveys and other requests for feedback. We also know that at Health Consumers' Council our networks (from social media followings and mailing lists subscribers to consumer representative networks) are more likely to reach female audiences, so we expected our responses to be disproportionate to the general public.

However, the lack of responses from men may also provide some data in itself, raising questions that require further feedback and investigation around if or why men might find it harder to speak about weight, if or why men are less likely to seek healthcare for their weight, what information and services are available and being accessed by men in regard to weight and health, and what supports are available to men around weight and health.

Who we spoke to

The majority of feedback came from survey participants; in the Weighing in on Weight Talk survey, the anonymous responses were able to be filtered by gender, as well as a small number of participants in open invitation community conversations, one-on-one interviews as part of the Total Meal Replacement project, and conversations with organisations such as MAN UP and Swan Districts Football Club. There were two male members on our HWAP Consumer and Community Advisory Group who generously shared their stories with us.

The majority of people who responded to our survey were aged over 29, with the highest response rate from the 50-59 age group.

Weight related health conditions

While we didn't ask specifically about people's medical conditions, the medical issues men spoke to us about included:

- Type 2 diabetes
- "I have tried lots of things and have gone to the doctors. My triggers were my health indicators – I thought I was getting diabetes."
- High blood sugar (pre-diabetes)
 - "I've got cousins that have got type two diabetes and the last thing I want is to be injecting myself, and taking measurements. It's got to be an absolute nightmare, not being able to eat what you want to eat."
- Sleep apnoea
 - "And as a result of being overweight, I've developed sleep apnoea and that's an absolute pain in the butt. Been on the machine now for a week, trying to get the

right mask and you can't turn over because worried the cord's gonna go off and then wake up with dry mouth and all because I'm overweight."

- "They said oh you've got severe sleep apnoea. And you need to go down to 81 kilos. How? No assistance. No, you know, this is really going to benefit you, it's going to make a difference to your sleeping..."
- Hypertension
- "chronic health disease impact on me, my family and health care system. impact: not being able to work impacts on my ability to afford transport costs, gymnasium/pool fees, quality food dietary recommendations."

Personal experiences with weight

- "I've struggled with obesity all my life."
- "I've lost over 20kg four times, since my late teens till now [late 30s/early 40s]"
- One was preparing for bariatric surgery, and one had undergone bariatric surgery
- "The framing always feels like I'm to blame for my weight, regardless of how I've spent most of my life trying to lose weight, so I've actively been dis-encouraged to seek out any help."
- What hasn't worked is the amount of conflicting information that is out there. The weight loss industry is always coming out with a new program or product. All of us are susceptible to [being swayed] by lots of different information – it's being sold to us."
- "unable to work due to knee arthritis needing surgery. unable to have surgery due to weight excess. decreased self esteem due to inability to work and support family. body image issues due to weight."
- One consumer told us he had lost some weight through the injections for diabetes, lost 5kg in first few weeks
- "...very hard work to lose weight. especially with other social and physical issues rurally based makes access to health professionals harder. no local dietician, specialists in Mandurah. I was recommended to have weight loss surgery but am now not eligible."
- "I tried weight loss through a recognised (famous) doctor – this involved taking supplements and very controlled food. For example, no oil. It was a very restrained diet. I lost 23kg in a year. I've also done Lite and Easy and meal shakes. But I've not been successful at keeping it off."
- "If I've tried [to lose weight] without feeling the right motivation it hasn't work. If you don't have the right motivation it's never going to last. Losing weight takes a lot of effort and commitment – eventually I go back to "my normal".
- "It takes me a long time to lose weight – it's down to genes and body type."
- "I am sick and tired of going to the wardrobe and clothes don't fit. And then you go and buy some and then you lose a bit of weight, and then you got to go and buy some more."
- While they didn't name it as such, several men reflected internalised stigma around weight loss being a matter of self-discipline and motivation
 - "I don't even eat sweet stuff that much"
 - "Losing weight takes a lot of effort and commitment – eventually I go back to 'my normal'"
 - "I recognise I need to lose weight, but if I'm not motivated...I like food that has flavour. Rabbit food [like salad and vegetables] isn't appealing. I don't like rabbit food, I don't enjoy salad."
 - "The obstacle is usually me."

- “I know when I'm in the right frame of mind, I can lose weight... I've got to be motivated to do it. Otherwise nothing happens.”

Food, taste and the social aspect

- One man told us that while people talk about diets a lot, they don't talk enough about how food taste. For example, the advice is not to have dressing on salad, but no advice is given on how to still make things taste good.
- “Losing weight isn't just about willpower [to stick to the diet] but it's also about the effort in planning meals etc. What was challenging was the social aspect. I enjoy cooking with my family, and eating with family and friends at the end of the day. Getting together and sitting down for a meal. I would have people round and I'd watch them eating what I'd cooked... the other thing was people constantly apologising for eating in front of me – it was socially difficult.”
- “It's hard if you're in a house with other people – and needing to cook different meals for different people. If your partner's not motivated to lose weight it can be hard.”

Who would you talk to about weight?

- Most consumers said they either had spoken to their GP, or would speak to their GP if they needed to; however, experiences around the helpfulness of doing so varied.
 - “I had a great GP – he was very helpful. He'd also had success on VLCD [very low calorie diet] which helped with credibility. He was really great for me. What was great was me committing to seeing him monthly – we kept a careful eye on my pathology etc because I did the program for longer than 3 months.”
 - “...instantly I just get told to lose weight the rest is up to me.”
 - “Was very considerate and careful to point out that as I get older there is need to maintain a little extra weight for overall well-being.”
 - “I felt it was 'vital' I should have been asked what I ate and when; and how much grog n junk I ate and 'why' ?!”
 - “[It should be a requirement to ask] what weight would you like to be; do you think you are ready to 'change' yet?”
 - “I have known my Dr for 20yrs but he didn't bring it up until I asked him. He went straight for the surgical option.”
 - “I am very lucky that I have a GP who is very very switched on to this very person-centred, she actually seems to care about me...And she goes that extra mile...she's very sensitive to how she talks about it, she doesn't tell me, 'you must do this'.”
 - “Most of us who are overweight, don't want to be overweight. There's no one size fits all with this but what we need is GPs and people that actually support us and ask us, you know what's happened, what's going on in your life, you know, what's happening to you. Can you tell us a little bit what's going on, and then look at it from that angle, because it's not just about diets and exercise.”
 - “A GP and a patient are never going to achieve anything unless it's a safe place. They need to feel safe, they need to feel they can trust their GP, that their GP has their best interest at heart, and they're interested in the whole person. No weight loss is going to happen unless the motional, physical and environmental needs are all taken into account. You can't expect someone to lose weight if they haven't got the tools to go and do a decent meal.”

- When we asked in the Weighing in on Weight Talk survey, what a health professional could do, or should avoid doing, when talking about weight, the responses from men spoke to the need to avoid generalisations, stereotypes, and blame:
 - “Please don’t assume we are stupid or lazy or unwilling to try. We do as we are told by professionals and continue to get sicker. It’s not our fault we are given out of date advice.”
 - “Actually have a conversation with the patient about their weight and health issues and work with them, not just immediately go to ‘you need to eat right and exercise more’.”
 - “Don’t judge, talk to them like they haven’t ruined their life and try and find solutions that work for the individual.”
 - “Actually have a conversation with the patient about their weight and health issues and work with them, not just immediately go to ‘you need to eat right and exercise more’.”
 - “Approach on the basis that people with overweight problems are embarrassed about their situation.”
 - “Give gentle advice if patient is responsive but close subject if obviously a delicate issue to patient.”
- The men who participated in the survey echoed the responses we’ve heard from all demographics during this project: consider the needs of the individual and provide resources and support for their specific circumstances.
 - Other participants suggested, “Use empathy”, “Listen to the person” and “try and find solutions that work for the individual.”
 - “[With regards to the GP raising the topic] I don’t think it would be difficult for them to raise the topic. I have a good holistic GP, and I have a good relationship with them. [Because there’s already a relationship] I would have naturally discussed weight loss with my GP.”
 - “Place printed material in waiting rooms that direct people with weight issues to resources and advise them that their GP would be willing to discuss the issue.”
 - “Please be gentle, we aren’t stupid fat or lazy.”
- During our conversation for the Total Meal Replacement Project, it was raised that seeing a psychologist, mentoring from others who had similar experiences, and support groups may be helpful
 - “I’d also say psychological support to help remember that other people’s views are not important. Everyone has a view about weight loss. When you start on the program people comment like ‘you just need to eat healthily...’. It would be helpful if people can get coaching in both resilience and staying on your own path.”
 - “In addition to my GP and [support from] my family, I think seeing a psychologist would be helpful, specifically around the goal of weight loss. I’m someone who sees a psychologist regularly, but I saw someone specifically around weight loss.”
 - “Also, people in a mentoring relationship – people who’ve been through the experience. You get lots of advice from people who don’t need to lose weight or have never struggled with their weight. I relate to someone who’s had the personal lived experience – like, if someone says, ‘I used to be 30kg overweight’, I know they understand. There’s far too much theory out there.”
 - “I was part of a support group when I lost weight in 2017 and it was mostly women, I was often the only bloke. I would have liked there to be more men. There’s

something comfortable about a group with more guys, if not all guys. If I had the option for a support group for men, I'd take it."

- "I would find it helpful to speak to a dietician to get more guidance on supports and foods, and developing meal plans."

Experiences of weight stigma and bias

- "These are pretty vulnerable conversations – particularly blokes don't generally like these sorts of conversations."
- "I can't see anyone being attracted to a guy that's got a large stomach, is obese, it's just, I want to feel better about myself too."
- "These days, I'm more confident talking about weight and weight loss, but 10 years ago I wouldn't tell anyone...As a child, I went on a school camp, and I was very conscious about being overweight. I didn't eat anything for a whole week because I didn't want to eat around other people...From an early age, [as an overweight child] you get picked on – so you're trained [not to trust people] very early in life."
- In the Weighing in on Weight Talk survey, we asked about experiences talking to health professionals about weight and heard from male participants about the impact stigma can have on seeking support
 - "[I'm] embarrassed to raise the issue as it raises prospects of being stigmatised."
- The survey asked if weight had ever been brought up at a routine appointment
 - "It's always felt like, 'You could be healthier if it wasn't for your weight.' It feels demeaning and disrespectful, especially when [I'm there for] something like a cold or an injury unrelated to my weight."
- "I always felt when I was growing up, if somebody was fat...it's their fault. I've since learned that it isn't necessarily at all..."
- "[When someone pointed at my stomach] I just thought how dare he, what's it got to do with him?"
- "Why should we make a comment about how somebody looks?...That's not who they are...We don't know what's going on in somebody's life..."

What services are available in the community?

- Men spoke about commercial programs such as VLC and Weight Watchers.
- Two spoke about bariatric surgery.
- Dietician through referral from GP
 - "I've tried to go to see a dietitian, but I found that didn't work for me. You only get four sessions or whatever it is on the care plan..."

Men Weighed Down By Body Shaming

Health Consumers' Council regularly contributes to the Medical Forum magazine, which is aimed at health professionals with a primary audience of GPs. For the July 2021 edition focussed on men's health, we contributed an article sharing some of what we have learned through the Healthy Weight Action Plan consumer engagement, as well as exploring the difficulties in hearing from men around this issue.

The article features input about men and body shaming from MAN UP co-founder Gareth Shanthikumar, who said "Men, just like everyone else, experience challenges when it comes to their weight. This struggle may manifest in slightly different ways."

“As men, we’ve been conditioned to believe that to be a real man, we have to look like that, leaving us to feel worthless when we don’t.”

[The full article is available here.](#)

Community organisations

We connected with a number of community organisations who may be helpful in reaching a male target audience for future engagement activities.

Aussie-FIT

Aussie-FIT is a free 12-week program, designed to support men to make positive health changes, such as losing weight or becoming more active. Participants get a ‘behind the scenes’ experience at their club and are trained by coaches. The aim is to help men learn skills to help them enjoy a fit and healthy lifestyle for the long term. They are supported by the Aussie-FIT team, as they challenge themselves with realistic and attainable fitness goals, and learn how to sustain their new lifestyle beyond the 12 week program.

MAN UP

MAN UP was brought to life by Gareth & Haseeb who both had had their fair share of issues when it came to toxic masculinity and all the issues that young men are typically faced with when growing into adults. The belief that all men should be brave, stoic and emotionless all the time was pervasive amongst the community, leading to many negative mental health issues from an inability to conform to this stereotype. Further, the impact on others, specifically women was as clear as day. Countless women were faced with discrimination, assault and criticism due to men’s inability to deal with stressors in a positive way. MAN UP offers peer-to-peer education workshops for high school boys, and regular, in-person 'check-in' sessions for creating a community of men, as well as online webinars and programs.

Swan Districts Football Club

The Swan Districts AFL club are running the Aussie-FIT program in conjunction with Heart Foundation and Curtin University. However, they also have many other initiatives and are committed to inclusion – they regularly have a street doctor attend and provide lunch during these days; they have a range of sporting and non-sporting community activities which also include basketball and netball; they are working with Department of Communities and Department of Justice; they have programs across WA including up north, and are interested in extending into other areas.

Butterfly Foundation

“More than 37% of people experiencing eating disorders identify as male.” Butterfly Foundation is the national charity for all Australians impacted by eating disorders and body image issues, and for the families, friends and communities who support them. Their RESET program supports schools and other youth, community and sporting organisations in raising awareness of body image issues, reducing stigma and encouraging help seeking in males.

About

Health Consumers' Council

Health Consumers' Council (WA) Inc. is an independent, not for profit organisation established in 1994 with the purpose of giving a voice to health consumers in Western Australia and improving health outcomes by encouraging and supporting consumer engagement and involvement in health services.

Heathy Weight Action Plan

The [WA Healthy Weight Action Plan 2019-2024](#) is a joint initiative of WA Health, WA Primary Health Alliance, and Health Consumers' Council to create a roadmap for sustainable changes to support people and families who are at-risk of overweight and those with overweight and obesity. It is the first step of many to create a coordinated approach across health to tackle the complex causes of overweight and obesity and work with our partners across WA to drive long-term change.

Resources

[WA Healthy Weight Action Plan 2019-2024](#)

[Partners in Change – Healthy Weight](#)

[Shift. A guide for media and communication professionals](#)

[The Personal Cost of Weight Issues in Australia 2020](#)

WA HEALTHY WEIGHT ACTION PLAN 2019-2024

Health Consumers' Council received funding from the WA Department of Health to connect and involve people impacted by overweight and obesity.

We have a number of documents available for people working within WA health services to contribute to improving health services in this area.

* Please note these insights are not exhaustive and in some cases come from small numbers of people. We share these in the hope that they add value to the evidence-based information on this topic.

Health Consumers' Council (WA) Inc
Unit 6, 40 Lord St, East Perth WA 6004
GPO Box C134, Perth WA 6839
T: 9221 3422 | F: 9221 5435
E: info@hconc.org.au
W: www.hconc.org.au



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