

Men's Sheds function and philosophy: towards a framework for future research and men's health promotion

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Abstract

Issue addressed: The Men's Shed movement supports a range of men's health promotion initiatives. This paper examines whether a Men's Shed typology could inform future research and enable more efficient and targeted health promotion activities through Men's Sheds.

Methods: The International Men's Shed Survey consisted of a cross-sectional exploration of sheds, their members, and health and social activities. Survey data about shed 'function' and 'philosophy' were analysed using descriptive and inferential statistics.

Results: A framework of Men's Sheds based on function and philosophy demonstrated that most sheds serve a primary utility function, a secondary social function, but most importantly a primary social opportunity philosophy. Sheds with a primary health philosophy participated in fewer health promotion activities when compared with sheds without a primary health philosophy.

Conclusions: In addition to the uniform health promotion resources distributed by the Men's Shed associations, specific health promotion activities, such as prostate education, are being initiated from an individual shed level. This framework can potentially be used to enable future research and health promotion activities to be more efficiently and effectively targeted.

So what? Men experience poorer health and well being outcomes than women. This framework offers a novel approach to providing targeted health promotion activities to men in an environment where it is okay to talk about men's health.

Key words: men's health promotion, masculinity, social inclusion.

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Introduction

Men's Sheds provide mainly older men with a community location to participate in a range of activities, such as woodwork, and to socialise with their peers in a male-friendly environment.¹ The Australian National Male Health Policy (NMHP)² reported that in 2009 there were an estimated 300 Men's Sheds providing 40 000 shed members with opportunities for socialisation as well as for productive pursuits. In 2014 there are reported to be around 1000 sheds across Australia servicing an estimated 100 000 men.³ The benefit of Men's Sheds in addressing issues of social isolation as well as improving the social and emotional well being of men was officially recognised in the NMHP, which allocated AU\$3 million over four years to develop national infrastructure aimed at ensuring the growth and future sustainability of Men's Sheds. A further AU \$350 000 was also provided for the development of a health promotion 'toolbox' for Men's Sheds. The Male Health Toolbox

contained items such as carpenters' pencils (printed with the telephone number of a leading men's health counselling program) and similar items that could be used in the shed, as well as note books featuring positive health messages and referral pathway information.

In addition to their social role, several Men's Sheds offer health-related activities that not only accommodate older men in general but also marginalised male populations including disengaged youth, Indigenous men, men with mental illness, men with disabilities and war veterans.^{4,5} The aforementioned sub-groups of men attract special mention in the NMHP as being at increased risk of poor health outcomes.² It is likely that these sub-groups are further disenfranchised in relation to a health system that rarely accounts for the gendered health issues facing men.⁶

Men's Sheds are seen by many as an appropriate setting for a range of men's health promotion work^{2,7} and their potential is supported

by previously successful men's health initiatives offered in male-dominated workplaces.⁸ This understanding is supported by findings from an international survey sample of Men's Sheds that found 42.6% of Australian sheds were visited by a health worker in the 12 months before the survey with most common visits including screening sessions for cholesterol and blood sugar level checks.⁴

Previous research has also found that men's spaces, such as Men's Sheds, where mutual support is an intrinsic feature, offer useful settings to explore the different attitudes, knowledge and experience of health among men.⁹ For example, recent qualitative research about men with disabilities who go to Men's Sheds found that as opposed to succumbing to a deficit view of masculinity, Men's Sheds can act as enabling environments and encourage participation based on what participants can do rather than what they cannot.¹⁰ This attitude captures the strength-based approach to positive health outcomes underpinning the NMHP.

Ultimately though, how issues of gender and masculinity should shape male health promotion programs remains unclear. Generally where gender has been central to the design of male health promotion programs, programs focus on the notion of hegemonic masculinity rather than the broader male-perceived and lived experience of health and illness.¹¹ The problem with appealing to this popular notion is that the many men who do not conform to this idea of a hegemonic masculinity are unlikely to engage with programs. Accordingly, and learning from examples of health promotion programs for women, programs should encourage participation when context, intent, themes, language, materials and settings are considered, rather than adopting a one-size-fits-all approach.^{12,13} An example of this approach was the development and distribution of the *Spanner in the Works* booklets to all Australian Men's Sheds, which, similar to the *PitStop* program,¹⁴ utilises a mechanical analogy of male health in the untested expectation that this will appeal to all men who go to sheds. An Indigenous version of the same program was developed, again with the untested expectation that this would appeal to Indigenous men despite literature emphasising the heterogeneity of Indigenous communities and the marked cultural differences in health beliefs between Indigenous and non-Indigenous males.¹⁵ Even though the *Spanner in the Works* initiative offers health information from leading health groups together with a framework for conducting health-screening events in association with local health services, in 2012 only 5.0% ($n=39$) of Australian sheds reported conducting a *Spanner in the Works* health-screening program.¹⁶

There is limited data regarding the effectiveness of the different types of health promotion initiatives that target men in sheds. Formal evaluation and evidence to underpin best-practice models are often lacking.¹ There is also limited data about the health profile of men in sheds, their health-seeking behaviours or how health promotion programs might be constructed to reflect the concerns

and needs of shed members. A particular challenge is the huge diversity among Men's Sheds and their participants and currently there is little insight regarding how to classify or describe this diversity. As mentioned above and given the heterogeneity of sheds it is quite likely that a single model of health promotion will not be suitable for all. A framework that differentiates shed and shed member diversity may facilitate the design of health promotion activities that better address the concerns of specific shed and member types.

In part to address this shortcoming, Hayes and Williamson¹⁷ developed the Hayes and Williamson Typology of Men's Sheds in 2007 from data drawn from a separate Delphi study, focus group interviews and detailed case studies. The typology included two broad shed 'function' categories (utility and social) plus five shed 'ethos', or philosophy, categories (occupational, clinical, recreational, educational and communal). While the Hayes typology was conceptualised from the views of shed members and offered a useful starting point for classifying sheds, it has not been revisited since 2007. Neither has there been an attempt to extend this work to the international context given that interest in Men's Sheds has been growing in England, Scotland, Ireland, New Zealand and elsewhere.^{1,4} Building on this categorisation would enable differentiation between shed proclivity for the conduct of health promotion activities. Moreover, a more granular typology drawn from representative data that is able to differentiate sheds according to particular attributes would provide value across several other domains. Examples include better stratifying research samples, increasing the specificity of health promotion approaches, identifying sheds most suitable for intergenerational mentoring initiatives, monitoring demographic shifts over time and differentiating rural from metropolitan sheds or Australian sheds from sheds in other countries.

This paper aims to advance the Hayes typology of Men's Sheds¹⁷ using representative data from an International Men's Shed Survey (IMSS). In addition, this paper seeks to determine whether a categorisation of sheds by function and philosophy yields a greater understanding into the different shed and member characteristics that might inform more effective men's health promotion activities.

Method

A cross-sectional IMSS was developed by: (1) identifying gaps in literature on Men's Sheds; (2) consultation with the Australian Men's Shed Association (AMSA); (3) feedback from a New Zealand Men's Shed representative; and (4) consultations with four Australian Men's Shed coordinators.

The final survey incorporated four sections: (1) operational structures such as days open and funding; (2) information about the sheds such as size and shed activities; (3) information about members such as number and age ranges; and (4) health and social activities such as visits by health and trade professionals. Section 2 of the survey

included questions about the sheds' primary and secondary function and philosophy. The survey was piloted using SurveyMonkey[®] by an AMSA representative, three Australian Men's Shed coordinators and Men's Shed coordinators from New Zealand and Canada. The electronic survey was further modified to ensure clarity and appropriate use of international terms. Ethical clearance for the study was obtained through the University of Sydney Human Research Ethics Committee.

The sampling frame was entities registered or named as Men's Sheds both in Australia and internationally (Ireland, New Zealand, Canada, Scotland and England). Australian sheds were emailed directly through AMSA and Irish sheds were sourced through listed email addresses on the Irish Men's Shed Association website. Although New Zealand, England, Scotland and Canada do not have official associations, contact email addresses are available on their websites. The shed coordinators or a nominee were invited to complete the survey with completion considered as notice of consent to participate. Survey data were collected between April and August 2012. At the time of the survey, Australia had an estimated 757 operational sheds. Of these, 324 sheds (42.8%) completed the survey. Of known international sheds ($n=123$), 59 sheds (48.0%) completed the survey. Survey responses were representative across Australia by state (mean response rate 42.8%) and regionality as defined by the Australian Bureau of Statistics Australian Standard Geographical Classification Remoteness Areas.¹⁸ This classification allocates areas to one of five remoteness categories; the response rate for these areas was 40.2% for Major Cities, 39.9% for Inner Regional areas, 47.5% for Outer Regional areas and 62.5% for Remote and Very Remote Australia combined.

Data analysis

To develop the categorisation, shed's primary function and philosophy were cross-tabulated. Drawing on Hayes and Williamson's⁵ original typology, shed primary function was differentiated in the survey using the terms: 'utility' (U-) – defined as a useful place or space for gathering men together to participate in several activities; 'social' (S-) – defined as a space for men to get together to socialise; and 'other' – enabling other types of shed functions to potentially emerge. After coding open-ended responses, the other primary shed function category was reclassified and henceforward referred to as 'mixed'. Terms used to characterise sheds' primary philosophy were adapted from Hayes and Williamson's typology: (1) promoting the development of occupational/vocational skills of members; (2) providing health support to members; (3) providing recreational opportunities for members; (4) providing social opportunities for members; (5) providing educational opportunities for members; (6) other (after coding open-ended questions was collapsed into 'acting as a community resource' category); and (7) an option to nominate all categories equally.

Cross-tabulation of primary function and primary philosophy created a matrix of 21 possible categorical permutations. Categories with less than five sheds were collapsed to form a new category named mixed, which left a total of seven categories: four with a primary utility function, two with a primary social function, and one mixed. From hence forward the acronyms U and S symbolise utility and social, respectively, and will be used to represent the primary function of the shed. The following seven categories of Men's Sheds were created: (1) U-Occupational Skills; (2) U-Health; (3) U-Recreational Opportunity; (4) U-Social Opportunity; (5) S-Social Opportunity; (6) S-Health; and (7) Mixed, representing a combination of sheds with a primary philosophy of affording educational opportunities for members or acting as a community resource. This seven-category variable of Men's Shed characteristics is henceforward referred to as the typology variable.

Descriptive statistics were used to summarise the characteristics of the sheds. The association between the typology variable and other characteristics were explored using Pearson's Chi-square statistic. Data were analysed using the SPSS version 22.0 software and a p -value <0.05 was taken to indicate a statistically significant association in all tests. Answers to open-ended questions were summarised and categorised thematically.¹⁹

Results

The majority of sheds provided a primary utility function (68.3%; $n=262$); providing social opportunities was the most prominent shed philosophy (36.0%; $n=138$). These utility and social foci were aligned with the Men's Shed community development ethos: '... the provision of a safe and friendly environment where men are able to work on meaningful projects at their own pace in their own time in the company of other men'.²⁰ A lesser number of sheds (7.3%; $n=28$) were categorised as having a mixed function; however, these sheds' primary philosophy was either providing educational opportunities or acting as a community resource. Fig. 1 presents a schema of the Men's Sheds typology.

Shed characteristics

Regionality

There were no statistically significant differences ($p \geq 0.05$) between the typology distributions across the remoteness categories (Table 1). Similarly, there appeared to be no association between the typology variable and shed location within Australia (states of Australia), or comparing Australian and international sheds (see Table 2). Overall proportionately more international sheds adopted a primarily social function compared with Australian sheds; however, the association was not statistically significant (Pearson $\chi^2 = 11.5$; d.f. = 6; $P = 0.075$).

Shed size

To determine the size of the facility in which activities were undertaken, sheds were asked to indicate their dimensions:

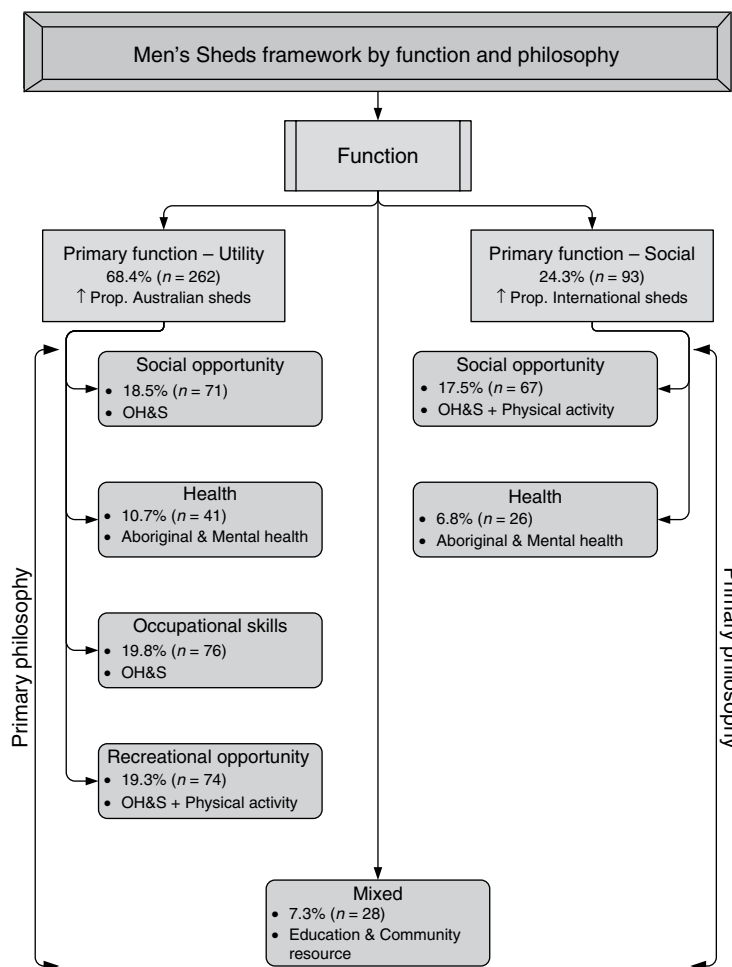


Fig. 1. Men's Sheds framework by function and philosophy. OH&S, occupational health and safety.

Table 1. Distribution of sheds within each category for each region within Australia and internationally

Values are denoted as percentage and (n); U, utility (a useful place or space for gathering men together to participate in several activities); S, social (a space for men to get together to socialise)

	Regionality				Total Australian sheds	International sheds
	Major city	Inner regional	Outer regional	Remote/very remote		
U-Social Opportunity	22.3% (23)	17.8% (19)	16.7% (14)	10.0% (3)	18.2% (59)	13.6% (8)
U-Occupational Skills	18.4% (19)	24.3% (26)	20.2% (17)	10.0% (3)	20.1% (65)	18.6% (11)
U-Recreational Opportunity	22.3% (23)	22.4% (24)	19.0% (16)	16.7% (5)	21.0% (68)	10.2% (6)
U-Health	7.8% (8)	11.2% (12)	15.5% (13)	10.0% (3)	11.1% (36)	8.5% (5)
S-Social Opportunity	15.5% (16)	12.1% (13)	19.0% (16)	23.3% (7)	16.1% (52)	32.2% (19)
S-Health	4.9% (5)	7.5% (8)	4.8% (4)	13.4% (4)	6.5% (21)	8.5% (5)
Mixed	8.7% (9)	4.7% (5)	4.8% (4)	16.7% (5)	7.1% (23)	8.5% (5)
Total	100% (103)	100% (107)	100% (84)	100% (30)	100% (324)	100% (59)

10–36 m², 37–64 m², 65–100 m², larger than 100 m², and ‘no building’, respectively. Sheds that did not have a building were more likely to be categorised as S-Social Opportunity. Pearson’s χ^2 identified a significant association between shed area and the typology variable (Pearson $\chi^2=63.4$; d.f.=24; $P<0.001$) (Table 3).

Examination of the table revealed that sheds with an area of 100 m² or more were more likely than the rest to be categorised as U-Occupational Skills or U-Recreational Opportunity and sheds in the S-Social Opportunity category were more likely not to have a building.

Type of facility

The type of facilities available at each shed were described. Overall, 63.4% ($n=243$) had an established building structure, 82.0% ($n=314$) had carpentry equipment, 47.3% ($n=181$) had metal work equipment, 19.8% ($n=76$) had equipment for mechanical repairs and 20.6% ($n=79$) had other facilities. Sheds with a S-Health and Mixed typology were less likely to have a building structure (Pearson $\chi^2 = 18.8$; d.f. = 6; $P=0.005$), carpentry equipment (Pearson $\chi^2 = 56.00$; d.f. = 6; $P<0.001$) and metal work equipment (Pearson $\chi^2 = 26.27$; d.f. = 6; $P<0.001$) than the remaining sheds (mechanical

repair or other facilities). Sheds categorised as U-Occupational Skills were more likely than the rest to house mechanical repair equipment (Pearson $\chi^2 = 13.0$; d.f. = 6; $P=0.043$) (Table 4).

Concern for occupational health and safety

Occupational health and safety (OH&S) issues were identified to be a priority concern by 58.2% ($n=223$) of the sheds. Sheds categorised as S-Social Opportunity (16.6%, $n=37$), U-Social Opportunity (17.9%, $n=40$), U-Occupational Skills (23.3%, $n=52$), and U-Recreational Opportunity (19.3%, $n=43$) were more likely to be concerned about

Table 2. Distribution of sheds within each category of taxonomy for each state within Australia and internationally

Values are denoted as percentage and (n); Int., International; U, utility (a useful place or space for gathering men together to participate in several activities); S, social (a space for men to get together to socialise)

	States								International Int.
	NSW	Vic.	Qld	SA	WA	Tas.	NT	ACT	
S/U Social Opportunity	14.0% (14)	17.8% (13)	8.2% (4)	16.7% (6)	25.6% (10)	15.8% (3)	0.0% (0)	40.0% (2)	32.2% (19)
U/S Social Opportunity	18.0% (18)	15.1% (11)	18.4% (9)	30.6% (11)	15.4% (6)	15.8% (3)	0.0% (0)	20.0% (1)	13.6% (8)
U/S Occupational Skills	20.0% (20)	21.9% (16)	30.6% (15)	16.7% (6)	15.4% (6)	10.5% (2)	0.0% (0)	0.0% (0)	18.6% (11)
U/S Recreational Opportunity	30.0% (30)	17.8% (13)	16.3% (8)	13.9% (5)	10.3% (4)	26.3% (5)	33.3% (1)	40.0% (2)	10.2% (6)
U/S Health	8.0% (8)	16.4% (12)	12.2% (6)	8.3% (3)	10.3% (4)	15.8% (3)	0.0% (0)	0.0% (0)	8.5% (5)
S/U Health	7.0% (7)	2.7% (2)	4.1% (2)	5.6% (2)	12.8% (5)	10.5% (2)	33.3% (1)	0.0% (0)	8.5% (5)
Mixed	3.0% (3)	8.2% (6)	10.2% (5)	8.3% (3)	10.3% (4)	5.3% (1)	33.3% (1)	0.0% (0)	8.5% (5)
Total	100% (100)	100% (73)	100% (49)	100% (36)	100% (39)	100% (19)	100% (3)	100% (5)	100% (59)

Table 3. Dimensions of each shed within each category

Values are denoted as percentage and (n); U, utility (a useful place or space for gathering men together to participate in several activities); S, social (a space for men to get together to socialise)

	Shed size				No building	Total
	10–36 m ²	37–64 m ²	35–100 m ²	>100 m ²		
U-Social Opportunity	18.0% (9)	20.0% (13)	18.1% (15)	17.9% (27)	8.8% (3)	17.5% (67)
U-Occupational Skills	12.0% (6)	18.5% (12)	16.9% (14)	25.8% (39)	14.7% (5)	19.8% (76)
U-Recreational Opportunity	8.0% (4)	20.0% (13)	25.3% (21)	23.2% (35)	2.9% (1)	19.3% (74)
U-Health	16.0% (8)	7.7% (5)	10.8% (9)	12.6% (19)	0.0% (0)	10.7% (41)
S-Social Opportunity	22.0% (11)	16.9% (11)	21.7% (18)	11.9% (18)	38.2% (13)	18.5% (71)
S-Health	12.0% (6)	7.7% (5)	4.8% (4)	5.3% (8)	8.8% (3)	6.8% (26)
Mixed	12.0% (6)	9.2% (6)	2.4% (2)	3.3% (5)	26.5% (9)	7.3% (28)
Total	100% (50)	100% (65)	100% (83)	100% (151)	100% (34)	100% (383)

Table 4. Categories for each facility type and equipment

Values are denoted as percentage and (n); U, utility (a useful place or space for gathering men together to participate in several activities); S, social (a space for men to get together to socialise)

	Facility type and equipment					Total ($n=893$)
	Building structure ($n=243$)	Carpentry equipment ($n=314$)	Metal work equipment ($n=181$)	Mechanical repair equipment ($n=76$)	Other facilities ($n=79$)	
U-Social Opportunity	29.9% (46)	40.3% (62)	19.5% (30)	5.2% (8)	5.2% (8)	100% (154)
U-Occupational Skills	22.6% (46)	34.3% (70)	25.5% (52)	10.8% (22)	6.9% (14)	100% (204)
U-Recreational Opportunity	27.4% (54)	34.0% (67)	19.3% (38)	9.7% (19)	9.7% (19)	100% (197)
U-Health	31.4% (32)	37.3% (38)	20.6% (21)	5.9% (6)	4.9% (5)	100% (102)
S-Social Opportunity	29.6% (37)	36.0% (45)	18.4% (23)	6.4% (8)	9.6% (12)	100% (125)
S-Health	28.8% (17)	30.5% (18)	13.6% (8)	11.9% (7)	15.3% (9)	100% (59)
Mixed	21.2% (11)	26.9% (14)	17.3% (9)	11.5% (6)	23.1% (12)	100% (52)

OH&S than those with a primary health philosophy (Pearson $\chi^2 = 12.7$; d.f. = 6; $P = 0.049$).

Shed members' characteristics

Sheds with a primary health philosophy (U-Health and S-Health) have proportionally more members from Aboriginal descent and more members with mental health problems. Across all categories, there was proportionally higher membership of men aged 61–80 years. This reflects the appeal of Men's Sheds among retired men. Sheds belonging to the S-Health and U-Health and Mixed categories had proportionally more men in the 20–40 year-old category.

Health promotion activities

Mentoring

Mentoring programs at Men's Sheds are an important part of shed activities; 36.8% ($n = 141$) reported having a mentoring program, the majority of which (Australia 60.6%, $n = 77$; internationally 71.4%, $n = 10$) are targeted at youth.¹⁰ While there was a trend for sheds with a primary utility focus to conduct mentoring programs the association was not significant (Pearson $\chi^2 = 12.4$; d.f. = 6, $P = 0.053$). The specific breakdown is as follows: U-Occupational Skills (22.0%, $n = 31$), U-Social Opportunity (19.1%, $n = 27$), U-Recreational Opportunity (17.7%, $n = 25$) and U-Health (15.6%, $n = 22$). Of these, 11.3% ($n = 16$) rated their mentoring programs as mildly effective, whereas 88.7% ($n = 125$) rated their mentoring programs to be moderately to highly effective.

Guest speakers

It was reported that many sheds had had guest speakers in the last 12 months covering a range of topics, such as social aid, blue-collar trade topics and health. Of the different topics discussed by guest speakers, there appeared to be a trend for health as a topic to be more frequently discussed in sheds categorised as Mixed (92.3%), S-Health (90.0%), U-Social Opportunity (86.8%) and U-Health (81.5%); compared with U-Occupation Skills (73.5%), U-Recreational Opportunity (62.0%) and S-Social Opportunity (63.0%) (Pearson $\chi^2 = 15.8$; d.f. = 6; $P = 0.015$).

Visits by health professionals

There was a relatively even distribution between categories of sheds that were visited by a GP, nurse or other allied health professional. Similarly there was an even distribution of the different health topics being discussed by guest speakers. Sheds were asked whether health-screening tests – such as cholesterol, blood pressure, eyesight and hearing tests – were conducted at the shed. An even distribution of the types of health checks conducted between categories was found, except for hearing tests and cholesterol. There appeared to be a trend for members from U-Occupational Skills and S-Health categories to screen more frequently for hearing problems (Pearson $\chi^2 = 12.9$; d.f. = 6; $P = 0.045$), while screening for cholesterol was significantly higher among members in the U-Social Opportunity category (Pearson $\chi^2 = 12.4$; d.f. = 6; $P = 0.047$).

Irrespective of function, sheds with a primary health philosophy (e.g. U-Health, 34.2%; and S-Health, 26.9%) received a proportionately higher funding contribution from government (local, state and federal).

Healthy lifestyle activities

A large number of Men's Sheds encouraged a range of activities to promote a healthy lifestyle. For example, 27.2% ($n = 88$) of Australian sheds and 10.2% ($n = 6$) of international sheds provided a meal to their members with 55.3% ($n = 52$) reporting that these were provided as a healthy lifestyle initiative. There were no significant differences between categories undertaking healthy lifestyle initiatives ($P > 0.05$).

Nearly a third of sheds (32.4%; $n = 124$) organised activities to promote physical activity. The breakdown by category was as follows: U-Recreational Opportunity (18.5%, $n = 23$); S-Social Opportunity (17.7%, $n = 22$); U-Social Opportunity (15.3%, $n = 19$); U-Occupational Skills (13.7%, $n = 17$); U-Health (13.7%, $n = 17$); S-Health (7.3%, $n = 9$) and Mixed categories (13.7%, $n = 17$).

Discussion

The categorisation of Men's Sheds used in this paper advances the Hayes and Williamson's original typology¹⁷ by providing a more granular categorisation based on primary function and philosophy. Although findings from the IMSS demonstrated that Men's Sheds provide a dual utility and social function⁴ with mentoring a common activity for many sheds,²¹ the Men's Sheds typology advances this knowledge and offers a framework for future research that can better tailor men's health promotion activities. Indeed, an understanding of the target population and the program setting are crucial health promotion competencies that ensure more effective delivery of community health programs.²² The IMSS has demonstrated that a large proportion of sheds offer a range of diverse health promotion programs, suggesting that shed participants find the setting of Men's Sheds conducive to such activities.

Sheds categorised as Social in their primary function (i.e. S-Social Opportunity; S-Health) were proportionately more likely to be international sheds (see Table 1), to be situated in a smaller buildings (see Table 2) and were less likely to have construction equipment (see Table 3). This is not surprising as few countries can boast the physical space that Australia enjoys. Furthermore, these categories also had proportionately more men in younger age ranges (see Fig. 2). While this remains open to conjecture, this is possibly the result of the significantly high reported male unemployment rate in younger age groups in Ireland and elsewhere as a result of the post-global financial crisis recession.^{23,24} Why sheds in regional and remote areas of Australia do not seem to target younger age groups when youth unemployment rates can likewise be very high is not clear, but may be due to a range of factors, such as perceptions that sheds are for older retired men or different policy settings in Australia around unemployment and study/training programs.

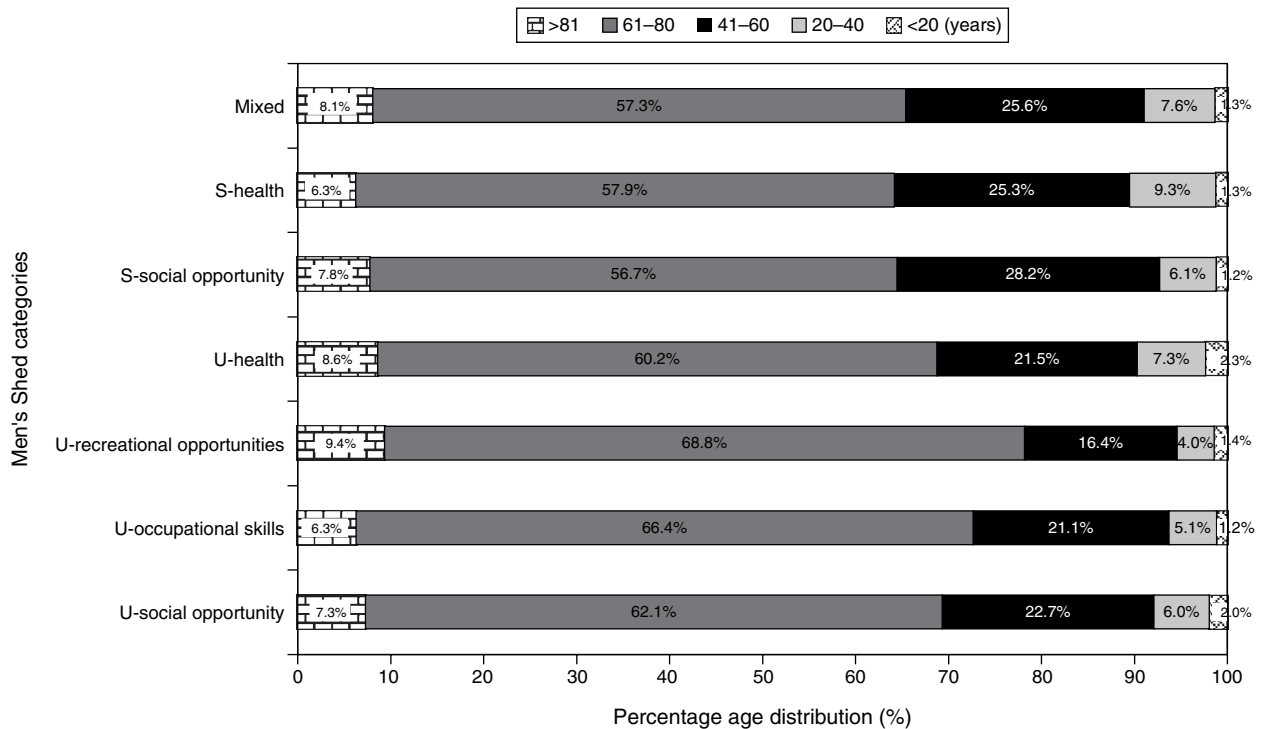


Fig. 2. Age distribution of shed members by category. U, utility (a useful place or space for gathering men together to participate in several activities); S, social (a space for men to get together to socialise).

Targeted health promotion strategies for sheds with larger numbers of younger unemployed men could be more about health issues pertinent to younger men such as testicular cancer, sexual health, skin cancer, substance abuse, depression and suicide prevention in tandem with a focus on strategies that may lead to employment.

There were notable differences regarding health promotion activity between sheds with a primary health philosophy (e.g. S-Health and U-Health) and other Men's Sheds typology categories. Although S-Health and U-Health sheds' primary philosophy were health, health topics were less likely to be discussed, were less concerned about OH&S, had proportionately more men in younger age ranges, were proportionately more likely to target Aboriginal men and men with mental health issues, and had fewer construction facilities than other shed categories. The observed trend suggest that S-Health and U-Health categories were more likely to be the types of sheds that may be linked, either directly or indirectly, with a community mental health service and do fewer construction-like projects. This hypothesis is supported by S-Health and U-Health receiving proportionately more government funding compared with other Men's Sheds typology categories. From this, we postulate that for these men 'typical' health programs may have little appeal and it is rather the socialisation aspect of sheds that brings cultural, spiritual (in the case of Indigenous men) and social and emotional well being (all) to the participants.

Promoting physical activity was one of the health promotion strategies used proportionately more in the S-Social Opportunity

and U-Recreational Opportunity categories. Of note was that these categories also had proportionately more men in the 81 years and over age range (see Fig. 2), which suggests that the promotion of physical activity could be linked to the functional limitations of age-related disability and that it is possible these sheds may directly or indirectly collaborate with aged-care or other community services. Innovative and flexible fall-prevention programs in the shed environment are an example of a potentially well-matched strategy for this category; the appropriateness of environmental setting and flexible formats are keys to the sustainability of such programs.²⁵

While Men's Sheds have been suggested as a vehicle to focus men's health promotion strategies better, there is still a preponderance of the one-size-fits-all model of health promotion being applied to Men's Shed participants (and men in general), rather than a more contextual approach tailored to the needs of different types of sheds and their different demographics. Moreover, the models proffered to date (e.g. Spanner in the Works) perpetuate the redundant notion of hegemonic masculinity in which all men are supposed to be interested in things mechanical and the like, when this study suggests that a large proportion of sheds and their participants in fact do not adhere to this notion.²⁶ That is, just because many sheds participate in construction activities, this does not mean that health promotion messages need to be reduced to metaphorical illustrations of man as a machine. Perhaps more helpful would be approaches that draw less upon stereotypical notions and more on the strong sense of shared identity among Men's Shed users,

where the capacity to care about one another's health and well being appears to be central to the success of Men's Sheds. The expanded Men's Shed typology proposed here offers a way of better classifying Men's Sheds so as to more effectively frame and deliver health messages to the different groups of men who frequent different types of sheds. For example, while it is known that regional variations in chronic disease and mortality exist across Australia²⁷ as well as a relationship between remoteness and socioeconomic disadvantage,²⁸ this survey did not demonstrate any regional differences. Therefore, one way to minimise the impacts of the known shortage of health workers in regional and remote areas²⁹ would be to use this framework to better focus the limited health-screening opportunities that do exist in the regions.

Future research could also use the typology to better target the environmental settings for more specific health promotion strategies. For example, the typology might be used to identify sheds with a nominated health focus where a more overt health promotion approach might be used, while a different approach might be utilised for sheds classified by the typology as having more social or utility orientations. There are, however, some limitations to the typology as we did not collect detailed data about the health status of individual shed members. In addition, a cross-sectional survey such as this cannot unpack the deeper meaning of the identified categories. Further, as the survey was completed by shed leaders, it is possible that their responses may have been influenced by personal opinion.

Conclusion

This paper presents an advancement of the original typology for Australian Men's Sheds. In particular, it allows characterisation of sheds by primary function and philosophy plus insight into shed location, activity, size, member profile, health promotion proclivity and other factors. Applying the expanded typology may offer a step towards the design and delivery of men's health promotion strategies that are better tailored to the orientation of particular types of Men's Sheds. This typology may also be helpful when planning and evaluating health promotion at Men's Sheds or for increasing the specificity of health promotion approaches. Future uses include informing research sampling frames, planning other shed programs, and monitoring demographic and other changes over time including between geographic regions.

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