Fundamental Aspects of Men's Health

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Fundamental Aspects of Men's Health

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Introduction

A wise man ought to realise that his health is his most valuable possession.

Hippocrates (?460–?377 BC)

Traditional epidemiological wisdom tells us that women get sicker, but men die quicker.

Hodgetts and Chamberlin (2002: 270)

For every age group, male mortality is higher than that of females, life expectancy is lower for men, men tend to use primary health services less than women, are more likely to delay help-seeking when ill and are more likely to adopt health-damaging or 'risky' behaviours, for example smoking, drinking, violence, fast driving.

Cameron and Bernardes (1998: 674)

White (2001) describes men's health as being a societal issue as opposed to a medical one, and argues that a broad approach therefore has to be taken. Lee and Owens (2002: 214) expand on this by stating, 'men's health is more than physiological functioning and more than the absence of illness; health encompasses an individual's physiological state, psychological well-being and social context.'

Faltermeyer and Pryjmachuk (2000) claim that what little information there is about men's health is concentrated solely on testicular self-examination, prostate cancer and sexual health. Rather than taking this narrow view of men's health, this book promotes a wider coverage of aspects pertinent to men's health.

Lloyd and Forrest (2001) state that there is no agreed definition of what constitutes men's health. They do however adopt Fletcher's (1997) definition in their report entitled *Boys and Young Men's Health* (2001: 5): 'conditions or diseases that are unique to men, more prevalent in men, more serious among men, for which risk factors are different for men or for which different interventions are required for men.' This definition is revised by the Men's Health Forum (2004: 5):

> *A male health issue is one arising from physiological, psychological, social, cultural or environmental factors that have a specific impact on boys or men and/or where particular interventions are required for boys or men in order to achieve improvements in health and well-being at either the individual or the population level.*

These definitions have driven the material covered in this textbook. When focusing on men's health, four elements of health promotion should be considered: disease prevention; health education and health information; public health promotion; and community development (Naidoo and Wills, 1998).
Most of the leading causes of death among men are the result of men's behaviours, which then leave them more vulnerable to certain illnesses (Kimmel and Messner, 1995). The aim of this book is to explore these behaviours and the actions that can be taken to be proactive in improving men's health.

Box Introduction.1: Key facts about men's health

- The average male life expectancy at birth is currently 75.6 years, but there is variation across the country. For example, in Manchester it is 71.0 years; in Rutland, Hart and East Dorset it is 79.5 years; and in Scotland it is 72.6 years.
- The average man can expect to be seriously or chronically ill for fifteen years of his life.
- Men who are defined as partly skilled or unskilled have a life expectancy of less than seventy years.
- Heart disease and stroke are, together, the biggest single cause of male deaths.
- Indian, Bangladeshi and Irish men have higher rates of heart disease and Black Caribbean, Bangladeshi and Indian men have higher rates of stroke than the rest of the UK male population.
- Cancer is the second most common cause of male deaths.
- Nearly 22,000 men in the UK are newly diagnosed with prostate cancer each year and about 9,500 die.
- The incidence of testicular cancer has increased by 15% since 1993.
- The suicide rate among men is increasing: the rate has doubled among fifteen to twenty-four year-old men in the past twenty-five years. Depression is a widespread but under-recognised problem in men.
- Sexual problems are common amongst men: almost one-fifth of men in their fifties experience problems maintaining or achieving an erection.
- Forty-seven per cent of men are overweight and another 21% are obese.
- Twenty-eight per cent of men smoke. The average male smoker smokes 111 cigarettes per week.

- Bangladeshi men are nearly twice as likely to smoke as men in the general population; smoking rates are also higher among Irish and Black Caribbean men.
- Twenty-seven per cent of men drink more than the recommended limits; 36% of men aged sixteen to twenty-four years drink excessively.

Source : White (2001); www.menshealthforum.org.uk

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Chapter 1

Men's health in context

Men's health in general

> *Men's socialisation can have an impact on men's health in a range of different ways, including having little interest in health knowledge and healthy activities; becoming poor users of health services; leaving symptoms longer than necessary; and being reluctant to ask for or accept help.*
>
> Lloyd and Forrest (2001: 8)

According to Faltermeyer and Pryjmachuk (2000), there are numerous factors affecting mortality and morbidity in men:

- men generally eat less healthy diets than women
- blood pressure tends to be higher in men
- when high blood pressure is identified, men tend to ignore it
- men tend to sleep less than women
- social networks for men are smaller than for women
- the social networks that men have tend to be less intimate.

In response to the fact that men have higher rates of premature death than women, a possible explanation suggested by Hodgetts and Chamberlain (2002) is that men are stoical about their illness and reluctant to seek help. The male health website (www.menshealthforum.org.uk) suggests four possible explanations as to why men's health is so poor:

- ⌘ 'Many men are still brought up to believe that they must be strong and tough, and behave as if they are indestructible. This makes it hard for them to look after their health; in fact, it encourages risk-taking behaviours such as smoking, excessive drinking and dangerous driving. Having to be "macho" also makes it harder to ask for help from a doctor.'
- ⌘ 'Men have some built-in biological problems. The male sex hormone, testosterone, may raise the level of low density lipoproteins (LDL), the "bad" type of cholesterol that increases the risk of heart disease. Also, when men put on weight, fat tends to build up around the waist, the worst possible place in terms of developing the furred-up arteries that cause heart problems.'

- 'Because men don't have periods, they lack a mechanism that regularly and naturally makes them feel aware of, and in touch with, their bodies. What's more, men's reproductive systems don't require them to maintain any regular contact with health care services. They don't eed to see a doctor to obtain contraception and, of course, they don't get pregnant.'
- 'Health services haven't done much to encourage men to look after their health. Most GP's surgeries are still only open at times when men are likely to be at work, for example, and often don't feel like male-friendly places. There's also been chronic under-investment in research into male-specific problems, especially prostate disease.'

In White's (2001a) work on the scoping of men's health, he found four areas emerging from his analysis: men's access to health services; men's lack of awareness of their health needs; men's seeming inability to express emotions; and men's lack of social networks. These themes will form the basis for the next section of this chapter.

Men's lack of awareness of their health needs

A common finding from the literature on men's health is the explanation that men's lack of awareness of their health needs is due to how they are socialised into their male role. This in effect leaves them vulnerable to certain illnesses (Lloyd and Forrest, 2001). Men are brought up to believe that in order to portray their maleness or masculinity, they should behave in certain ways. From a societal perspective, in general, men are seen to be combative, competitive, independent and naturally strong (Davidson and Lloyd, 2001; Lee and Owens, 2002). Men tend to see illness as something that happens to others and that sickness is a sign of weakness. The belief that they are naturally strong and in control leads to the belief that they are somehow resistant to disease and should be unresponsive to pain and unconcerned with minor symptoms (Lloyd and Forrest, 2001; White, 2001a; Lee and Owens, 2002). This leads men to be stoical, silent and to 'keep a stiff upper lip' (Pringle, undated).

It is generally thought that this socialisation process directly impacts on how men perceive and know their bodies. Auon *et al* (2002) carried out research aimed at assessing the effectiveness of a health intervention for men. They used focus-group interviews with a sample of 525 men in their workplace setting. One of their findings was that men don't take the same level of interest in their health that women do in theirs, with the consequence, as one of their participants stated, that men tend to 'self-destruct.' The researchers also found that men tended to view potentially serious symptoms as signs of growing old,