

Starting a conversation about men's health...

The Men's Health Initiative of BC (MHIBC) is developing a stronger understanding of male-gendered health and spreading that awareness to males of all ages, their partners and families, and to healthcare professionals.

In the past decade we've recognized the need to make men's health a distinct and important issue – much like the women's health movement has for the past 30 years! However, the science of male health is still very much in its infancy. Gender as a key determinant of health, and the experience of being a male in our society, both strongly affect our health and how it is managed. Many questions need to be asked and answered on gender-specific and gender-dominant issues affecting all the ages and stages of the male lifespan.

This paper's objective is to start a conversation with governments, corporations, philanthropists, and the general public about the wide-ranging needs of men's health to ensure that the planning and delivery of health services better meet the needs of men and, in time, to develop a gender-specific action plan that identifies practical and economically rational approaches to improve long-term health outcomes in men and boys.

This paper highlights some of the health issues that impact men and boys, as well as possible ways to address this shortfall in health delivery, research and education. Your comments and feedback are invited and will form an important part of our Initiative.

Background

In countries around the world including Canada, a consistent pattern of life expectancy has developed over the past century: men die at an earlier age than women. In fact, women outlive men in 212 of the 221 countries from around the world in which this data is available.

Canadian men have a life expectancy of 76. In BC, men live an average of 4.4 years less than women. But beyond length of life, more revealing statistics relate to the age at which a person loses their good health ("health expectancy") and the number of years of life lost because of dying at an early age ("potential years of life lost"). With an average health expectancy of 65 years, Canadian men may experience 11 or more years of poor health and disability before they die. Canadian men also have a 20% higher number of potential years of life lost, they are more likely to die at a younger age—as a result of a stroke, heart attack, risk-taking behavior, suicide, or workplace fatality.

Further, boys are 70% more likely than young girls to have a learning or development disability; and in their teen years, young men account for 80% of spinal cord injuries, violent crimes, and substance abuse issues.

Men are almost 30% more likely than women to be diagnosed with cancer and just over 50% more likely to die as a result. And males account for a staggering 97% of workplace fatalities.

Simply put: men get diseases at earlier ages, experience worse symptoms and outcomes, and, as a result, have shorter 'average' life and health expectancies than women.

But the good news is—much of this is preventable!

What is men's health?

There are several definitions used to define men's health. Here is one:

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.

A broader definition that goes beyond the biological definition includes:

Physiological, psychological, socio-economic, cultural or environmental factors that have a specific impact on boys or men and/or require male-specific actions to achieve improvements in health or well-being at either the individual or population level.

Furthermore, it is important to understand the difference between sex (being male) and gender (masculine in a particular culture and environment) when examining men's health. While there are many sex-specific conditions (e.g. prostate or testicular cancer), they become gender issues in the manner in which men treat their illnesses—or, as is the case in many men, avoid or are late to report symptoms and how they subsequently cope with the illness.

What is the issue with men?

Since the early days of human civilization, men have been known as the 'hunters and gatherers.' Their role was to provide for and protect their families. Boys have been encouraged to fend for themselves; they are told not to cry or show emotion. This psychological and emotional conditioning has made denial, fear, and avoidance prevalent characteristics in how men approach their health management; resulting in a reactive rather than proactive approach, with late diagnosis of illness and poorer outcomes. Since sickness may be seen as an expression of weakness, many men actively avoid or delay help, thus compromising their health.

When men do see medical practitioners, they tend to take less time than women and to ask fewer questions, and consequently to receive less information. Men are also less willing to acknowledge their feelings and are more focused on physical concerns and thus do not address mental or emotional issues that may impact their overall health status.

"Machismo" also plays a significant role in men's health. Because of physical differences and the basic nature of our societies, men are more likely to work in more dangerous professions, take risks resulting in illness or fatalities, and not seek social support. Clearly we should not "blame the victim" as it is critically important that men participate in these more dangerous roles. However, risky behavior (i.e. car accidents) is the second leading factor of why men die earlier than women, and men are also more likely to drink excessively and have poorer diets.

Why is men's health important?

Have we become so used to men dying earlier than women that it is just an accepted fact? We know from research that the longevity gap between men and women is much less biological than it is behavioral. Also, as teenagers grow into their adult years, men are less likely to visit a healthcare practitioner than women. This is predominantly due to reproductive care issues results in men disengaging from the system in all ways, including self-assessments of risk, lifestyle modifications, general health screening measures, and lack of proactive recognition of symptoms.

The development of many chronic conditions is not inevitable. In fact, factors within an individual's control can prevent the development of a chronic illness and/or limit its severity. We have seen, with measurable success, the short- and long-term effectiveness of changing behaviors and attitudes on health (i.e. smoking cessation programs, the mandatory use of bicycle helmets, promoting more exercise, etc.) - imagine what more can be done.

Of course the health of every individual is important, but why the specific focus on men's health? While societal shifts are occurring men still play a pivotal role in the family dynamic. It has been estimated that 50% of widows that were not living in poverty drop below the poverty line after their husband's death. While there is little literature existing on the "exact" total cost, men's health issues may have a greater financial burden on our socioeconomic systems than we realize due to late treatment costs, longer years of illness, loss from the workforce, and negative impact on children, etc.

While life expectancy for men is increasing and death rates for almost all causes have decreased dramatically across age groups, many of the risk factors which result in chronic illnesses remain highest among men. These risk factors include tobacco smoking, physical inactivity, poor diet, obesity and alcohol abuse.

Males make up the largest proportion of the following causes of death:

- Prostate cancer (100%)
- Tumors of the male genital organs (100%)
- HIV disease (93.2%)
- Hanging, strangulation and suffocation (82.9%)
- Intentional self harm (78.9%)
- Accidental drowning and submersion (76.6%)
- Transport accidents (74.7%)
- Bladder cancers (72.2%)
- Cancer of the esophagus (69.0%)
- Melanoma of skin (67.7%)

Males are also over represented in deaths from lung cancer, emphysema, and liver diseases; they experience 70 per cent of the burden of disease for injuries including 78 per cent of the burden for suicide, 73 per cent for road accidents, and 71 per cent for homicides and violence.

Risk factors and health issues for boys and men are different than those for girls and women; they also change across the lifespan.

Boys (0-14 years)

Boys have a higher risk of injury than girls at every age after infancy. Boys 6-14 years are diagnosed with significantly higher rates of ADHD and conduct disorders than girls of the same age.

Young males (15-24 years)

Vehicular accidents and suicide are leading causes of death in young males. While more women attempt suicide, the male death rate from suicide remains almost three times higher than for females. Alcohol and illicit drug use are also major contributors to the burden of disease in this age group. With increasingly earlier ages of first sexual encounters, sexual health issues affecting this age group include contraception, sexually transmitted infections, sexual identity and gender diversity. Testicular cancer is a gender domain specific illness with an incidence peak in this age group.

Working age males (25-64 years)

Some of the leading causes of death and morbidity in men of working age can be linked in part to behavioral risk factors such as excessive drinking, smoking, risky driving, and risky leisure activities, as well as eating less healthily and making less use of medical services. Heart disease, work related accidents, and circulatory diseases affect significantly more men than women in this age group.

Sexual health is an important issue for this age group, with one in five men over the age of forty experiencing erectile dysfunction. Often the diminishment of erectile function is a harbinger of more systemic illnesses including diabetes and vascular disease.

Older males (64 and over)

High proportions of male deaths in this group are from heart disease, respiratory disease, and lung cancer. Two issues which are not typically associated with this age group have seen an increase in recent years: suicide rate and sexually transmitted infections. Prostate cancer also becomes more common as men age. This age group is also prone to experiencing the symptoms and sequelae of declining hormone (testosterone) levels.

In approximately 25 years, more than ¼ of our population will consist of seniors. The far-reaching social and economic consequences of this increase threaten the sustainability of our health care resources.

Has there been progress?

In 2002 the World Health Organization (WHO) released the Madrid Statement that recognized the importance of gender equity. In part it says: "to achieve the highest standard of health, health policies have to recognize that women and men, owing to their biological differences and their gender roles, have different needs, obstacles, and opportunities".

Politically led activity, intended to improve male health by development of dedicated health policies, has occurred in two countries (Australia and Ireland) while others like the UK and United States have developed task forces to begin working on these efforts.

While Canada does not have either, work around gender equality has occurred. For example, the Canadian Institute for Health Research (CIHR) is funding gender-based research specifically to explore the relationship between gender and health.

The European Men's Health Forum (EMHF) supports a network of organizations focused on men and boys' health and organized the 2005 Vienna Declaration on the Health of Men and Boys. This calls on governments and health providers to:

- Recognize men's health as a distinct and important issue
- Develop a better understanding of men's attitudes toward health
- Invest in "male sensitive" approaches to providing healthcare
- Initiate work on health for boys and young men in school and communities
- Develop coordinated health and social policies that promote men's health

What about women's, gay, aboriginal and other health movements?

There have been great efforts by various groups in raising awareness about specific gender- or population-based health needs. All policies must be complementary and integrated—ensuring that the health system is responsive—so that men, women and all socioeconomic and racial populations can access health services and health information that is appropriate for their individual needs.

It is MHIBC's desire to ensure that all organizations, services, and associations are well integrated and coordinated, to minimize unnecessary duplication of services and wasteful spending.

What about men in rural and remote Areas?

Certain groups of men face specific risks. Men in rural regions often have limited access to health services, and recreational and support facilities. Suicide rates among farmers and Aboriginals are much higher than the national average. Work for rural men is often physically demanding and potentially hazardous, particularly as they often work in isolated areas or on their own.

Social, Cultural, and Other Factors

Socialization, masculinity, social connectedness, and work life balance significantly impact on men's health. Prevailing images of masculinity, such as risk-taking and engaging in physically demanding and onerous work (often under unacceptable health and safety standards), can influence behavior and impact health outcomes.

Gender equity

Internationally, gender issues are being specifically taken into account and incorporated into health policies. The WHO's 2002 "Madrid Statement" states that gender equity means that men and women are given equal opportunity to realize their health, and that gender is also a determinant to health.

A gender equity approach to health implies removing any health inequities that exist as a result of being a male or a female in society. A gender equity approach recognizes the different challenges that face men and women in managing their health, including their different health requirements and the different barriers they face in access to services.

It is important to not alienate any groups. The women's health movement deserves high praise, and should be seen as an example of what is required in men's health. Suggesting that men are more or less disadvantaged, or diminishing the importance of the fact that women do suffer discrimination or have less access to appropriate resources is a sensitive issue. Rather, we are advocating a strong emphasis on gender-based and gender-sensitive health care provision for both genders.

Conclusion

The goal of improving men's health requires obtaining more data on men's perceptions of their health, their health practices, and their health needs. This information should form the basis of advocating for the development of a greater discussion about men—leading towards a national policy on men's health.

Men's health is a smart investment. We know that healthy people are more productive, have reduced absenteeism, and incur lower healthcare costs. Studies of men's behavior tell us that most accidents and deaths are avoidable. Spending money on prevention today is a good investment for tomorrow.

Addendum: What needs to be done?

MHIBC is suggesting the discussion about men's health be built on five pillars:

Consultation
Prevention, outreach and awareness
Research
Education
Advocacy for Health policy

Consultation

A vibrant and honest discussion needs to occur around men's health involving all groups providing men's services and men and boys themselves. National focus groups need to be organized and supported by governments.

Prevention, outreach and awareness

A strong prevention focus with action plans to address behavioral risk factors. It will incorporate frameworks such as biological, social determinants of health, health inequalities, health risk assessments, male-friendly health settings, and social learning.

Research

A lot is known about men's health, including which groups are most disadvantaged and how men access health services. However, there are gaps in the knowledge, especially around how men can best address their personal risk factors and make changes to improve their health. A discussion needs to build on the knowledge that already exists and identify areas where more information is needed.

Education

There are no professional bodies with dedicated male health curricula. Educational campaigns should include the lay public as well as healthcare providers.

Advocacy for Health Policy

Much can be learned from the active engagement of the Irish and Australian governments in the development of National Male Health policies so that similar activities can be promoted in Canada.

If you want to provide any feedback or comments, log onto the website for details about how to do this.

www.aboutmen.ca