Men's health: a global problem requiring global solutions

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Men's health is the 'Cinderfella' of public health, being generally overlooked and hidden in plain sight. Peter Baker describes the issues and highlights the benefits to all of a more concerted global effort to improve men's health.

Men's health is problematic, not just in the UK or Europe, but globally, and is an issue that has so far been largely overlooked, both by national governments and by organisations with a role in improving global public health. However, there is now enough good data available to reveal the scale of the problem (Figure 1 and Box 1), as well as sufficient evidence to demonstrate that there are workable solutions. An essential next step is to persuade organisations like the World Health Organization (WHO), the US Global Health Initiative, the UK Department for International Development and the Bill and Melinda Gates Foundation that men's health is an issue that must be systematically addressed on a national and international basis.

WHY THE GENDER GAP?

There are some broad explanations for poorer health outcomes in men at the global level. Men are far more likely than women to be at risk from an unhealthy lifestyle (including smoking and hazardous levels of alcohol consumption), to be exposed to occupational physical and chemical hazards, and to use health services ineffectively, particularly primary care and screening. Men are particularly reluctant to seek help for mental health problems, whether from family, friends or health professionals.

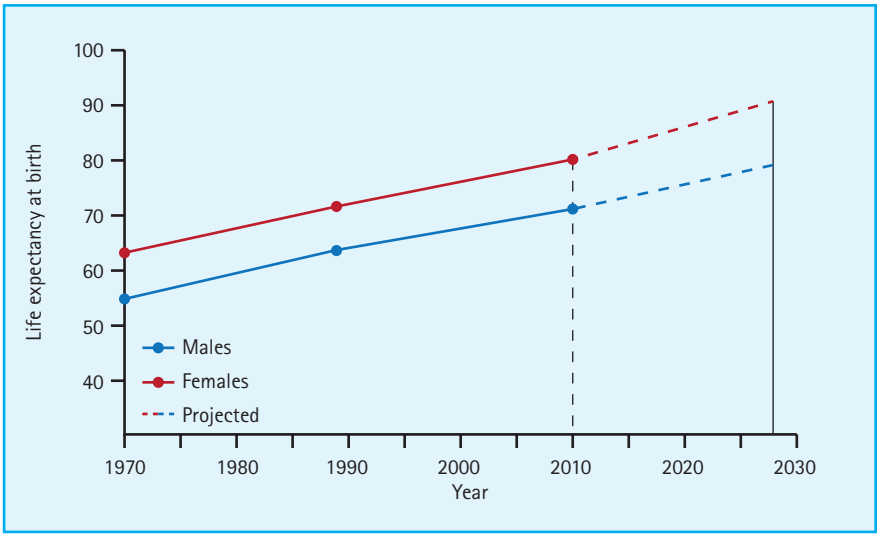

Figure 1. The gap in global life expectancy between men and women is persisting and shows no sign of narrowing[14,15]

It seems clear that, across the world, men's perception of the 'male role' inhibits important aspects of self-care and appropriate help-seeking. Currently, 25% of all Russian men die before the age of 55 years, compared with only 7% of UK men, the difference being largely due to alcohol and cigarettes. Research suggests that, for many working-class Russian men, the heavy consumption of strong spirits is linked to male status and a perceived 'ideal of the real working man.'[1]

Several studies in sub-Saharan Africa have suggested that notions of masculinity

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Box 1. Men's health: the hard facts

- **Globally, male life expectancy, at 68 years, lags five years behind female life expectancy. There is not a single country in which male life expectancy exceeds female. Overall, the gap between the sexes has actually widened since 1970 and will continue to widen. By 2030, male life expectancy is expected to be seven years shorter than female life expectancy.**
- **Men have a >40% probability of dying between the ages of 50 and 74, while for women the probability is <30%.**
- **The gap in global healthy life expectancy widened in the two decades after 1990. By 2010, it was 58 years for men and 62 years for women.**
- **The global suicide rate in men is almost twice that in women; the European region has the biggest male:female ratio (4.0).[13]**
- **Men have a higher incidence rate in 32 of 35 cancer sites.[13] In over 80% of countries, the age-standardised death rate for cardiovascular disease is higher for men.**
- **Of 67 risk factors and risk factor clusters identified in the Global Burden of Disease (GBD) 2010 study, 60 were responsible for more male than female deaths and the top 10 risk factors were all more common in men.**
- **In 2010, three times as many men as women died as a result of tobacco use. 3.14 million men died due to alcohol-related issues, compared with 1.72 million women. Almost one million more men than women died from dietary risk factors, such as low fruit and vegetable intake and eating too much processed meat.**
- **Almost 90% of deaths attributable to occupational risk factors in 2010 were male. The two biggest occupational risks were injuries and exposure to particulate matter, gases and fumes.**
- **About 1.25 million people die each year as a result of road traffic accidents; some three-quarters (73%) are men.**

not only increase the risk of acquiring HIV but also inhibit men from getting tested for HIV, accepting their HIV positive status, taking instructions from nurses and engaging in health-enabling behaviours, including using hospital services appropriately.[2] Across Africa, disproportionately fewer men than women access antiretroviral therapy (ART), men start ART later in the disease course than women, and men are more likely than women to interrupt treatment and to be lost to follow-up.[3]

FAILURE OF HEALTH POLICY

Health policies and services have not systematically sought to engage men. This is true at the local, national and global levels. An analysis by the Men's Health Forum (MHF) of 147 Joint Strategic Needs Assessments (JSNAs) in England in 2014 found that only 18% of local authorities were adequately recording information by gender and were thus aware of specific health issues in males and females. Areas with very poor male life expectancy were particularly 'guilty'.[4] The Men's Health Caucus of the American Public Health Association has noted that, in the USA, there has been 'no centralised national effort to co-ordinate the fragmented men's health awareness, prevention, and research efforts at the regional, state, and local level'.[5] Both MHF and the Caucus believe that a national men's health policy would help to tackle this deficit. To date, only three countries (Australia, Brazil and Ireland) have published such policies.

A study of the policies and programmes of 11 major global health institutions, including WHO, found that a focus on the 'prevention of and care for the health needs of men is noticeably absent'.[6] A recent *Lancet* editorial, commenting on global initiatives on adolescent health, observed that 'the emphasis is on adolescent girls…boys are an important, and neglected, part of the equation'.[7] When Michelle Bachelet, a former Minister of Health and senior UN and WHO official and now President of Chile, highlighted the need to apply 'a gender lens' to health in Latin America and more widely, she mentioned only women, despite a six-year male:female difference in life expectancy in her own country.[8]

The historic focus on women and girls by global health organisations is perhaps understandable, given the extent of social, economic, political, cultural and other forms of discrimination and disadvantage experienced by females around the world. The sheer scale of male violence, against both women and other men, can also make it difficult to be sympathetic to men's needs. (The Global Burden of Disease study calculated that, worldwide in 2010, over 186 300 women died as a result of intimate partner violence.) Paying attention to maternal health also makes sense as a strategy to improve the survival chances and longer-term health of children.

There is also a fatalism about the possibility of changing male risk-taking and help-seeking behaviours and a fear that money spent on men's health could be wasted. The lack of grassroots activism on men's health, as well as only limited advocacy on the issue by non-governmental organisations, has meant that politicians and policymakers have not felt pressure from 'below' to take action.

REASONS TO IMPROVE MEN'S HEALTH

But there remain good reasons for seeking to improve men's health, besides it being an ethical imperative. Better male health would reduce the burden on partners and children who depend on men's incomes or who could end up becoming carers

to the detriment of their own income or education. Poor mental health and alcohol misuse is a factor in male violence towards partners and others. Better male health would also reduce the burden on national economies caused by lost productivity and costs to health services. The annual economic burden associated with smoking, excess weight, alcohol and physical inactivity in Canadian men alone has been estimated at about £18 billion.[9]

The UN has recently agreed 17 sustainable development goals (SDGs) that aim to 'end poverty, protect the planet, and ensure prosperity for all'. Goal 3 aims to 'ensure healthy lives and promote wellbeing for all at all ages' and includes the specific targets of:

- By 2030, reducing by one third premature mortality from non-communicable diseases through prevention and treatment and promoting mental health and wellbeing
- Strengthening the prevention and treatment of substance abuse, including narcotic drug abuse and the harmful use of alcohol
- By 2020, halving the number of global deaths and injuries from road traffic accidents.

It is difficult to see how these goals can be achieved without action that takes account of gender differences and men specifically. This has recently been acknowledged by the WHO's Gender, Equity and Human Rights team, although as yet there is no published WHO strategy or work programme.

IT IS ACHIEVABLE

There is a growing evidence base showing that 'gender-sensitive' health interventions aimed at men can improve outcomes. Sport has been shown to be an effective medium for engaging men in lifestyle improvement programmes[10] and research suggests that men prefer men-only weight management interventions.[11] A study of the core elements that make for successful work with boys and men around mental health promotion, early intervention and stigma reduction found that the settings within which interventions take place need to be 'male friendly' and culturally sensitive to the specific requirements of different groups of men and boys.[12] Interventions aimed at men to increase the uptake of chlamydia screening, improve early diagnosis for testicular cancer and change attitudes to dangerous driving have also proved effective.

In a report on health inequalities in the UK, Professor Sir Michael Marmot, one of the world's leading authorities on the social determinants of health, called for a greater policy focus on men's health to help tackle the fact that deprivation has a bigger negative impact on men's health outcomes than women's.[13]

Global Action on Men's Health (GAMH) has recently been established to advocate for men's health to be included in the policy agendas of national and international health organisations, including the WHO (Box 2). GAMH's work seeks to complement that of the International Society for Men's Health, which has a primarily clinical (and mostly urological) focus.

Organisations that aim to improve public health throughout the world must now start paying attention to the problems facing men as well as women. Their goal

Box 2. Global Action on Men's Health

Global Action on Men's Health (GAMH) aims to create a world where all men and boys have the opportunity to achieve the best possible health and wellbeing wherever they live and whatever their backgrounds.

GAMH wants to see:

- **Global health organisations and national governments address the health and wellbeing needs of men and boys in all relevant policies**
- **Men and boys encouraged and supported to take better care of their own health as well as the health of their partners and children**
- **Health practitioners take greater account of the specific needs of men and boys in service delivery, health promotion and clinical practice**
- **Other agencies and organisations, such as schools and workplaces, helped to be more aware of their significant impact on the health of men and boys**
- **Sustained multidisciplinary research into the health of men and boys**
- **An approach to health that fully recognises the needs of both sexes in policy, practice and funding and which promotes greater gender equality**

GAMH represents a wide range of men's health and related organisations, each of which has experience of policy development, advocacy, research and service delivery. Its members include the Men's Health Forum (England and Wales), Men's Health Forum in Ireland and the European Men's Health Forum, as well as other men's health organisations in the USA, Canada, Australia, South Africa and Europe. GAMH is concerned about a broad and cross-cutting range of men's health issues (*eg* health literacy, risk-taking behaviours, use of services) and focuses primarily on public health and the social determinants of health.

GAMH is a membership organisation that both organisations and individuals can join. Individual membership costs £40 (for the period up to December 2019).

For more information: www.gamh.org

must be to 'level up' the health of both sexes and certainly not to improve men's health by diverting attention away from women. A genuine commitment to tackling inequalities necessitates nothing less than a completely new and global approach to gender and health. Better health for all cannot be achieved if the problems facing men are left hidden in plain sight.

Declaration of interests

Peter Baker is Director of Global Action on Men's Health.

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