

# Current issues in men's health

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The early death of so many men in the UK – a quarter before the age of 65 years – is so commonplace that most of us treat it as normal. We behave as if men are somehow biologically programmed to die young and that there is little that can be done about it. But the huge variations in premature male mortality geographically and by social class make it clear beyond doubt that much of this is preventable.



Figure 1. Men are deterred from using GP services by limited opening hours, difficulties making appointments, and what is perceived to be a 'feminised' environment

The most plausible explanation for the high level of premature male mortality is a combination of men's behaviours and their use of health services.

## A CASE OF SELF-NEGLECT?

It is well established that men take more risks with their health than women, especially men in the most disadvantaged socioeconomic groups. Men are more likely to smoke – although the sex differences in smoking have narrowed significantly in recent years – and to drink alcohol at hazardous levels. They are more likely to eat a poor diet – with too little fruit and vegetables and too much red or processed meat – and to consume too much salt. Although weight is still widely perceived to be a 'women's issue', a greater proportion of men have a body mass index of 25 or over.

In spite of their poor health outcomes, men are also less likely than women to use primary health services (Figure 1). They are 20 per cent less likely to visit the GP and are even more reluctant to ask a community pharmacist for advice and information. They attend fewer dental check-ups and are less likely to use health trainer or contraception services. Men are also less likely to access health information online. It has been suggested that men's underuse of primary care services leads to delayed diagnosis and, as a result, unnecessarily high usage of secondary care services.<sup>1</sup>

## BEING A MAN

Men's unhealthy lifestyles are a consequence of the persistence of a dominant form of masculinity that values risk-taking and stoicism and associates taking care of personal health with

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femininity. Help-seeking is seen as 'unmanly' and is experienced by many men as embarrassing or even shameful. Men also tend to be fatalistic, avoiding seeing the doctor because of a fear that a positive diagnosis for a serious condition is an inevitable death sentence.

But it would be a mistake simply to blame men for self-neglect. It is not the fault of any individual man that he has been brought up with a set of beliefs about what it means to be male and how he is expected to behave. Young men, especially, have limited room for manoeuvre within the constraints of traditional masculinity, and their peers are often particularly quick to punish any deviation too far from the norm. When showing an interest in health is overwhelmingly felt to be inappropriate male behaviour, it is clearly going to be difficult to engage men, especially if they have not yet developed any serious or chronic health problems.

#### HEALTH SERVICES: FAILING MEN?

But masculinity is not the only problem. Most health services have not yet adapted to meet men's needs better. Even though equality legislation has, since 2007, required health and other public services to take account of the specific needs of both men and women, action has been most noticeable by its absence. The Equality and Human Rights Commission has recently concluded that, without a major rethink by

the new health bodies on how they tackle discrimination and advance equality, some groups, including men, will continue to experience poorer health.<sup>2</sup>

Research by the Men's Health Forum suggests that men are frequently deterred from using GP services by their limited opening hours, difficulties making appointments, and what is perceived to be a 'feminised' environment. One man said that when he went to his GP surgery, he felt like he was walking into a ladies' hairdressers. Some men's perception of the pharmacy environment is very similar: when men were asked why they did not use pharmacy services, one said it was because there were 'racks of make-up and no spanners'.

Health improvement campaigns have also generally not targeted men effectively. Efforts to stop men smoking, reduce their alcohol consumption or lose weight that do not take account of their specific beliefs, behaviours and needs are unlikely to make a difference. Men and women view their body shape and weight very differently, for example, helping to explain why it is harder to engage men in weight management programmes and why different approaches are needed for men and women.

#### A TEN-STEP PROGRAMME

The problems with men's health are clear. Many of the solutions are less obvious, but

we now know enough to suggest with considerable confidence the approaches that are most likely to improve men's health outcomes (Box 1).

#### Start with boys

The Men's Health Forum believes that no young man should leave school without a basic understanding of his health needs and knowing how to make an appointment with a GP.

#### Improve men's access to health services

GP surgeries should continue to extend their opening hours. Patients should be able to make appointments online as well as by phone (this service is already offered by some surgeries). The potential of online GP consultations should be explored. The Pfizer-led 'Man MOT' service ([www.manmot.co.uk](http://www.manmot.co.uk)) has proved popular and enabled significant numbers of men to consult a GP online, mostly about conditions considered embarrassing.

#### Improve men's uptake of national NHS screening programmes

These include health checks (for 40- to 74-year-olds), chlamydia screening and bowel cancer screening. Men are currently in the minority in all these programmes. The Men's Health Forum has recently published research that suggests how men's involvement in bowel cancer screening can be significantly improved.<sup>3</sup>

#### Develop more and better male-targeted health interventions

The success of Premier League Health – a men's health initiative run by most of the top football clubs – has demonstrated that it is possible to recruit significant numbers of men traditionally assumed to be 'hard-to-reach'.<sup>4</sup>

#### Exploit new settings for delivering men's health services and improvement programmes

Sports stadia, workplaces, pubs, clubs and DIY stores are among the venues for which

#### BOX 1. A ten-step programme to improve men's health outcomes

- Start with boys
- Improve men's access to health services
- Improve men's uptake of national NHS screening programmes
- Develop more and better male-targeted health interventions
- Exploit new settings for delivering men's health services and improvement programmes
- Include men's health in professional training
- Initiate a sustained men's health research programme
- Ensure that the NHS's new equality delivery system is effective
- National health policy must embrace men much more comprehensively
- Local health policies must include men



Figure 2. Conducting men's health checks at a barbers' shop

evidence of effective outreach work is accumulating (Figure 2).

### Include men's health in professional training

Men's health – and not just the clinical issues – should become a routine part of pre- and post-qualification training. The Centre for Pharmacy Postgraduate Education already offers a men's health continuing education module, although so far a relatively small proportion of pharmacists have taken advantage of it.

### Initiate a sustained men's health research programme

The Centre for Men's Health at Leeds Metropolitan University, the Medical Research Council's gender and health team and other academics have taken a lead, but a bigger research effort is needed. Areas needing attention include men's use of primary care services, how to change men's behaviours and the economic benefits of improving men's health (for the NHS as well as the wider economy).

### Ensure that the NHS's new equality delivery system is effective

The system should ensure compliance with equality legislation and deliver improved outcomes for men. This is an issue not just for local authorities in their new role in public health, but also for the NHS commissioning board and local commissioning consortia. Action to tackle health inequalities must include all the inequalities and their inter-relationships; to date, most activity has focused exclusively on socioeconomic inequalities, while gender has largely been sidelined.

### National health policy must embrace men much more comprehensively

This is now starting to happen in the fields of mental health and cancer, but other important areas lag behind, including obesity and cardiovascular disease. The potential for policy change driving improvements in practice is evident from the National Chlamydia Screening Programme: once a national

### FURTHER INFORMATION

For further information about the Men's Health Forum, see the Charity News on page 41 of this issue and visit [www.menshealthforum.org.uk](http://www.menshealthforum.org.uk).

policy decision was made to drive up the numbers of men tested, the proportion of men screened increased about five-fold within a few years to more than one-third.

### Local health policies must include men

The Joint Strategic Needs Assessment is critically important. The Men's Health Forum would like to see all parts of the local health economy collaborating to push men's health up local agendas. In the London Borough of Greenwich, for example, a local Men's Health Forum brings together the council, the primary care trust, the voluntary sector and employers to encourage and co-ordinate greater activity.

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