

Blog

Men's Health Week: who self-cares wins

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Who self-cares wins: an updated perspective on men and self-care

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Men's health has generally been overlooked in the self-care field. This matters because, even though male life expectancy and healthy life expectancy have improved significantly over the past 40 years, men's health outcomes remain far poorer than they could be. Drawing on the Global Action on Men's Health's new report, the author explores how a greater focus on self-care could make a significant difference.

In 2016, average global life expectancy for men lagged behind women by about four years and there was not a single country where men lived longer than women.¹ Genetics account for one to two years of this 'sex gap' and the remaining deficit is in large part due to men's health practices, including their risk-taking behaviours and under-use of health services. While there are many positives about men and self-care (see Box 1), an analysis of men's health practices utilising the International Self-Care Foundation's 'Seven Pillars' of self-care² (see Figure 1) reveals the scale of the problem.

Men's health literacy

Men generally have lower health literacy levels than women. A study of British adults found that men were twice as likely as women to have

limited health literacy.³ A separate analysis of the characteristics of people in London with coronary heart disease found that those with low health literacy levels were more likely to be male.⁴ Low health literacy levels are known to be a barrier to active information-seeking by men who are less likely to seek out health information than women. A low level of cancer awareness or knowledge has been linked to delayed help-seeking for cancer symptoms by men.

Mental wellbeing

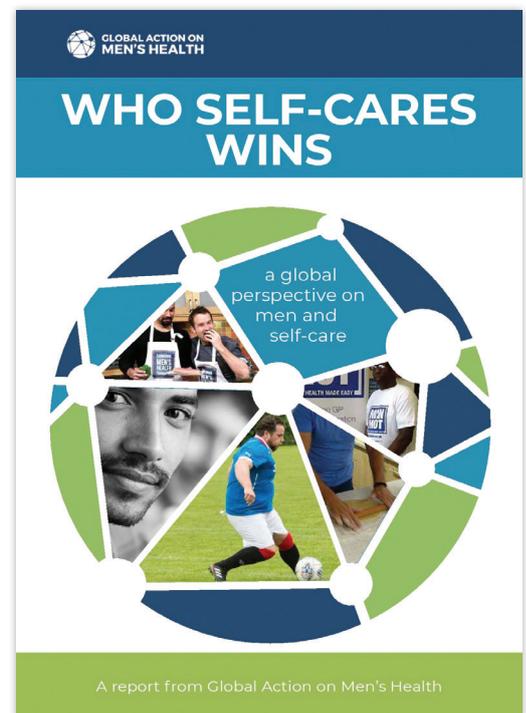
The incidence of depression in men is probably the same as for women, but because men are less likely to contact health services for mental health problems, and often present their mental distress differently from women, the diagnosis is often missed.⁵ Men are also more likely to kill themselves than women. The suicide rate for men in Europe in 2016 was 25 per 100 000, compared with 7 per 100 000 for women.⁶

Physical activity

Although men are generally more likely to be physically active than women, a significant proportion, about a quarter (23%), are deemed to be insufficiently active.⁷ Inactivity levels in men are highest in high-income countries (32%) and lowest in low-income countries (13%). Men in Kuwait are the most inactive (67%) and men in Uganda are the least inactive (6%).

Diet

Men generally have less healthy diets than women. Fruits, vegetables, nuts/seeds and wholegrains were, on



The recent Global Action on Men's Health report, 'Who Self-Cares Wins', looks systematically at men and self-care to help understand why many men have poor health outcomes and how they can be improved. The report is available online at: <https://tinyurl.com/selfcarereport-GAMH>

average, less heavily consumed by men than women globally in 2010.⁸ Men consumed 73g of fruit a day, for example, while women consumed 90g. The comparable figures for vegetable consumption were 200g and 218g, respectively.

Men also ate more meat: 44g of unprocessed red meat (40g for women) and 15g of processed meat (13g for women). Men are also more likely than women to have a diet that is high in salt.

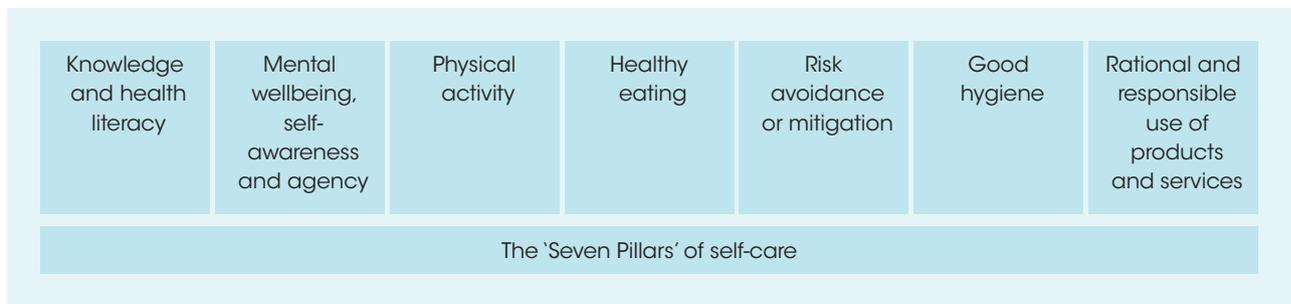


Figure 1. The 'Seven Pillars' of self-care, as detailed by the International Self-Care Foundation²

Risk avoidance

Men are generally less likely to have practices that avoid risks to their health. Adult men are still more than five times more likely to smoke than adult women.⁹ Globally in 2016, around 39% of adult men drank alcohol compared with a quarter of women (25%).¹⁰ Men are three times more likely than women to use cannabis, cocaine or amphetamines,¹¹ and 80% of those who inject non-prescribed drugs are male.¹² Men also often combine several unhealthy practices. A study of men in London found that about three quarters (72%) of men presented with combinations of risk factors.¹³

Hygiene

Men are more likely to take less care of their personal hygiene and are less likely than women to wash their hands after using the toilet. A study of the handwashing practices of college students using restrooms in the USA found that 76% of women washed their hands compared with 57% of men, and that 56% of women used soap compared with 29% of men.¹⁴ In Britain, 22% of men do not always wash their hands after defaecating at home compared with 17% of women.¹⁵

Use of health services

Men generally under-use health services, particularly primary care services. Studies from many countries – including the European Union¹⁶ – show that men are less likely to seek help from primary

Box 1. The good news about men's self-care

- 75% of men globally are not smokers and the global prevalence of smoking in men fell by an average of 2% a year in the period 2005-2015²⁰
- Around 60% of men globally do not currently drink any alcohol,¹⁰ and the proportion of male non-drinkers aged 16-24 in England specifically increased from 16% to 25% between 2005 and 2015²¹
- 77% of men globally do enough physical activity to benefit their health²¹
- In the UK, eight out of 10 men aged 65 take up the offer of screening for abdominal aortic aneurysms²²
- Even though men may take longer to be diagnosed with many health problems, especially concerning mental health, differences in UK primary care consultation rates between male and female patients receiving medication for cardiovascular disease and depression are relatively small²³
- 90% of men in Ireland say they like to be very involved in decisions about their own health and the medicines that they take, a finding consistent with a desire for increased self-care.²⁴

healthcare services than women. Men in the UK are less likely to participate in free health checks designed to detect undiagnosed cardiovascular disease and diabetes or the risk factors for these conditions.¹⁷ They are also less likely to have an eye health check¹⁸ and, despite being at greater risk of bowel cancer, are less likely to take part in screening programmes.¹⁹

The barriers to men's self-care

The influence of gender norms on men's health practices cannot be under-estimated. Men who most closely identify with 'traditional' masculinity are more likely to exhibit damaging lifestyle practices.²⁵ The barriers that inhibit men's help-seeking include their need for independence and control, embarrassment, and 'restricted emotional expression'.

One study, looking at psychological help-seeking, suggested that the gender gap in help-seeking attitudes was entirely due to masculinity beliefs.²⁶

There has been a marked lack of interest in men's health by policymakers. An analysis of the policies and programmes of 11 global organisations found that they did not address the specific health needs of men.²⁷ Only three countries – Australia, Brazil and Ireland – have published national men's health policies. Governments in some other countries (including the UK) have funded men's health organisations and projects but without a systematic approach.

The policy vacuum around men's health has meant relatively few services are targeted at men or delivered in a way that meets men's needs. Men often find conventional primary care services difficult to

access. Booking systems can be hard to use and appointments may not be available at convenient times, often due to work commitments.

Self-care is not a strategic priority either. The UK government published a new public health strategy in 2018, *Prevention is better than cure: Our vision to help you live well for longer*, which mentions 'self-care' just once. It is still widely believed that self-care is solely the responsibility of individuals who have a more-or-less equal capacity to do so. This has meant that the people who most need support with self-care are generally not being targeted by existing programmes.

However, the benefits of improving men's self-care are very clear. Around half of the sex difference in all-cause mortality in Europe is due to smoking, and around one fifth is due to alcohol consumption.²⁸ Globally, about 45% of male deaths are due to health behaviours, according to Institute for Health Metrics and Evaluation data.²⁹ Better self-care by men would therefore lead directly to improved mortality and morbidity outcomes.

Healthcare costs would also be reduced. If the prevalence of four health risk factors – physical inactivity, excess weight, alcohol use, and smoking – was reduced modestly in Canadian males there could be a cumulative cost saving of CAD 51 billion over about 25 years.³⁰ A separate analysis suggests that men's premature mortality and morbidity costs the US economy approximately USD 479 billion annually.³¹

While it is clearly the responsibility of individual men to take care of their own health, strategies to improve men's health cannot simply be based on exhortations to change chronic lifestyle practices that are rooted in gender norms and other social determinants of health. A multidimensional and structural approach based on evidence of good practice (see Box 2) is much more likely to be effective.

Box 2. Football Fans in Training has achieved significant participation and resulted in positive outcomes for men who took part

- Football Fans in Training (FFIT) in Scotland provides a robustly evaluated example of a lifestyle programme – in this case, focused on weight management – that uses a gender-sensitive approach to engage men
- Based at professional football clubs, FFIT has achieved significant participation and resulted in positive outcomes: men who took part in the programme lost almost 5kg more weight than men in the comparison group.³² They also had lower waist size, lower percentage body fat and blood pressure, reported higher levels of physical activity, better diets and felt better about themselves
- In 12 weekly sessions, participants were informed about diet and healthy living for weight loss, how to set goals and monitor their eating and physical activity, and top tips for making long-term lifestyle changes. The FFIT programme also included a pedometer-based walking programme and group physical activity sessions
- The FFIT approach is now being used more widely in Europe, branded as EuroFIT, and also for hockey fans in Canada.

Global Action on Men's Health is therefore calling for:

1. Tougher tobacco, alcohol and sugar control measures. A tax imposing a 20% increase in the price of sugar-sweetened beverages would result in major reductions in consumption in the UK, especially in boys and young men.³³
2. Health policies that recognise the needs of men, including national men's health policies. The new WHO Europe men's health strategy³⁴ asks member states to ensure that health policies address key issues for men's health and the impact of gender norms and roles.
3. The establishment of self-care as a strategic priority in public health policy and practice.
4. Action to improve men's health literacy. Schools have an important role in communicating information about health risks and help-seeking to boys but this must be reinforced by sustained exposure to health messages into adulthood.
5. Health services that are more accessible to men. A mix of marketing, outreach, streamlined appointment systems, flexible opening hours, 'male-friendly' environments (eg displays of men's

health information) and digital services is required.

6. Better training in men's health for health and related professionals. The ENGAGE training programme in Ireland, which is aimed at health, education, social service and other staff from a wide variety of disciplines, provides a good model.³⁵
7. Full account to be taken of male gender norms in policy and service delivery.
8. Accelerated research into improving men's engagement in self-care and better practical guidance for policymakers and practitioners.

Declaration of interests

Peter Baker authored the report 'WHO Self-Cares Wins for Global Action on Men's Health'.

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