

# A Picture of Men's Health

## Men's Health: an examination of Attitudes and Behaviours



*“Men’s health is under-researched, both clinically and in terms of health promotion”*

(Men’s Health in Ireland: The Men’s Health Forum).

Research Commissioned by Derry Healthy Cities &  
Funded by Western Investing for Health

Elaine Doherty & Dr. Mark Shevlin



January 2005

## **Acknowledgements**

This report was initiated by Derry Healthy Cities with support from the Western Investing for Health Partnership. We would like to thank both organisations for their support and co-operation in this project. Thanks too, to the many health professionals who took time to speak to us and we would offer sincere gratitude to the many men who contributed to the study and in particular the community groups and employers who facilitated our access to these men.

We are very grateful for the generous co-operation of all the individuals and agencies that gave so freely of their time and support that has greatly assisted undertaking the project in an open and constructive manner.

As always the opinions and conclusions offered are those of the authors.

Elaine Doherty

## Contents

1	Executive Summary	4
2	Background and Literature Review	6
	a. European Context	
	b. National & Local Context	
	c. Mens Health in Ireland	
	d. Mortality Rates	
	e. Alcohol & Tobacco	
	f. Mens Health : Health Seeking Behaviour	
3	Methodology	18
	a. Aims	
	b. Geographic area	
	c. The Sample	
	d. Questionnaire Development	
	e. Analysis	
	f. Steering Group	
	g. Focus Groups	
4	Focus Group Overview	20
	a. Theme One : Men Interfacing with Health Service Providers	
	b. Theme Two : Men's Lifestyle Issues	
	c. Theme Three : Men's Mental & Emotional Health	
	d. Theme Four: Men's Sexual Health	
	e. Theme Five: Generational Change, role models & current perceptions	
	f. Theme Six: Health Education	
5	Men's Health: A Quantitative Analysis Summary	28
	a. Background Information	
	b. Positive Health Related Behaviours	
	c. Health Related Male stereotypes	
	d. Perceptions of Doctor contact	
	e. Summary	
6	Men's Health: The View of Health Professionals	33
7	Men's Health: The View of Rural Men	36
8	Summary Findings from Qualitative & Quantitative Studies	41
9	Implications and Recommendations	44
10	References	47

## **1 Executive Summary**

Gender based inequalities in health have long been recognised. Males have a shorter life expectancy, make less use of health resources, and engage in more risky health related behaviours.

In modern day society men face many challenges. One of the main challenges is the state of their health. Statistics suggest that male life expectancy is less than that of their female counterparts. Males residing in the Western Board area will die five years younger than females. In fact the standard mortality rate for heart disease and cancer remain the highest in Europe.

This report outlines research findings that describe men's health related behaviours and attitudes. It is suggested that the findings from this report may go some way to help develop a locally relevant and contemporary policy statement on Men's Health.

The main findings from the qualitative analyses were

- Men have limited or no contact with General Practitioners and healthcare service providers
- Men ignore symptoms of ill health
- Men were less likely to consult their family doctor
- There was very little evidence of self-directed preventative health behaviours amongst men
- The traditional male stereotype of men 'suffering in silence' was strongly endorsed

The main findings from the quantitative analyses were

- There were indications that a relatively large proportion of the sample did not engage in health related preventative measures to ensure well-being.
- Particularly in men under 45 years of age there was a reluctance to seek medical help.
- Positive health related attitudes and behaviours were more evident in those participants over 61 years.
- Health related male stereotypes were evident. A significant proportion of the respondents claimed to be 'too busy to be sick', and to 'suffer in silence'.
- The sample appeared to hold relatively negative attitudes towards attending the doctor.

Health professionals reported

- Men showed avoidance and denial attitudes towards their health
- Production of health promotion literature specifically targeting men should be made available at GP Clinics
- Men were fearful of attending their GP

Based on the findings in this report it is suggested that a strategy for men's health locally should be developed in order to address the issues outlined in the report. The need for a new approach to targeting and delivery of health services to men is evident within the report. The introduction of 'male proofing' of health services and methods to determine how men are handled within the health system need established. Also the introduction of a dedicated champion of Men's Health to encourage and enlighten men regarding health improvement may also be considered.

## **2 Background and Literature Review**

### **a. European Context**

The report 'The state of men's health across 17 European Countries' (2003) collated the latest available mortality and morbidity figures on men's health for 15 European Union countries along with Norway and Switzerland.

The findings of the report demonstrated that there were worrying inequalities in men's health and these exist between men from differing countries, and also between men and women. The report found that:

- High levels of deaths as a result of accidents and external causes further reinforces the implications of men's risk taking behaviour.
- There are worrying trends regarding male suicide with high levels of deaths in older men and an increase in the number of young men committing suicide.
- Men have a distinct and universal disadvantage in all the major disease states that can affect both genders.
- When compared to women, men have a higher rate of incidence for the majority of cancers and a higher rate of premature death across a wide range of major illnesses.
- The data also suggested that there is an issue of under diagnosis and delayed treatment, as there are no physiological or medical reasons why men should be more susceptible to all disease states. The most probable cause being a reluctance to seek medical help.

That report is not the only one to raise such concerns about Men's Health, other research highlights the fact that, compared with those of women, men have greater mortality rates, greater morbidity rates and they use health resources much less frequently (Ganon, Glover & Abel 2004). However, the fact that these concerns have been raised has led to more positive steps being taken to target male health and behaviours. Health professionals and men themselves have followed the "example of women" by highlighting the connection between gender and health behaviours (Doyal 2001).

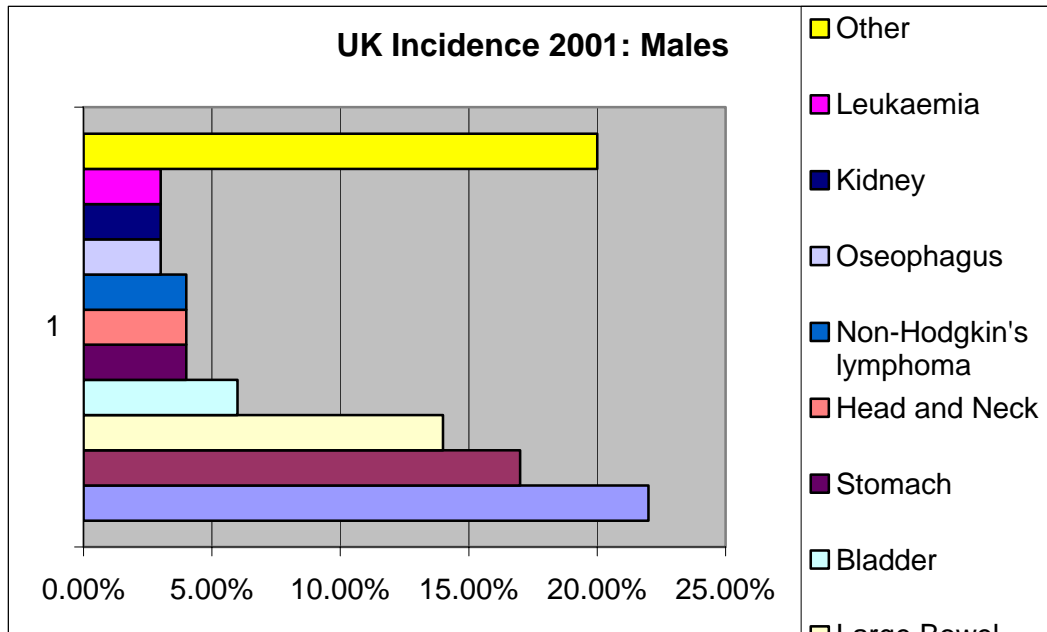
When deciding to heighten awareness of the problems in Men's Health it is important to note that differences exist in the health seeking behaviour of men across different Socio-economic groups. Men in all socio-economic groups perform badly in terms of health and health behaviours; those most at risk for poor health are those with low socio-economic status (Williams 2003). Research has shown that individuals in lower socio-economic are more likely to engage in "major health risk behaviours" (Lantz et al. 2001). Research from the National Health Strategy Research Paper (1992) showed that men from low socio-economic backgrounds are more likely to get sick than men from a higher socio-economic backgrounds, and are more likely to die as a result of a range of health issues.

**b. National and Local Context**

There is consensus in the published research findings that paints a bleak picture of the current state of men's health generally and of men in Ireland and the Northwest in particular. There is a suggestion that men don't engage in health seeking behaviour because they simply have no regard for their health, however it had been found that men may simply be fearful and unable to discuss their health concerns (Banks 2001)

Men's health has moved to the forefront in recent times with the men's health magazines, news coverage of men's health issues and research and conferences for men and health practitioners (BMJ 1996). This growing coverage and awareness underlies the current situation that men find themselves in.

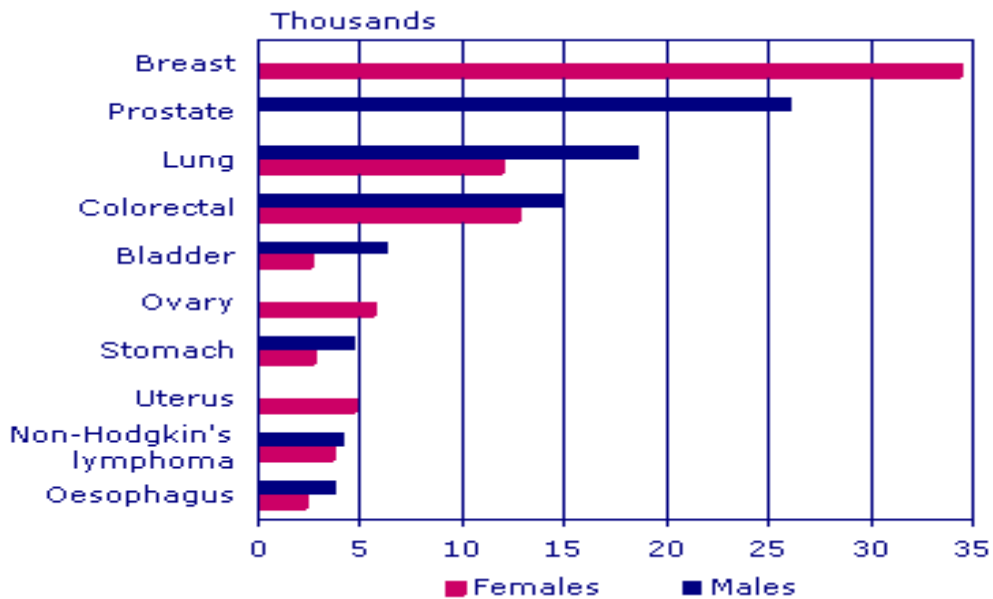
In comparison with women deaths from “melanomas are 50% higher in men”, yet men have a “50% lower incidence of the disease” (Banks 2001). The table below shows the reported incidence of cancer in males in 2001:



**(Cancer Research UK, 2004)**

This table may further the argument for educating men about the importance of screening and self examination and the motivating of men to engage in positive health seeking behaviours. Prostate cancer kills 10,000 men a year in the U.K alone, the second biggest cancer killer after lung cancer (Cancer Research UK 2004)

Differences between males and females in the occurrence, symptoms, and diagnosis of a wide range of health problems are also well documented (Doyal, 2001). This is compounded by factors such as socio-economic status, poor working conditions, male responses to stress and employment status. These factors can cause men to engage in alcohol and drug abuse, smoking, risk taking and other health endangering behaviours (Williams 2003). The National Statistics Office (2004) have published a table which shows the comparison between men and women who experience the same type of cancer:



The table clearly shows that men report a higher incidence of cancers, which affect both sexes. This may be due to the risk taking behaviours usually associated with males. It suggests that men may benefit from being targeted by educational campaigns which not only increase awareness of male specific cancers, but also cancers that affect both sexes.

The 'Investing for Health Strategy' sets a number of targets to reduce levels of obesity, smoking, accidental deaths and serious injuries. The promotion of mental health is also firmly on their agenda and they aim to reduce the incidence and impact of emotional stress, mental illness and suicide. Suicide is still a source of major concern in the U.K, with it being the "single greatest cause of death in young men" (Good, Dell & Mintz 1989)

'The Male Link' undertook a comprehensive survey of local men's attitudes and values. This study recorded the experience of 632 males, ages 15 years and over, from across Northern Ireland and the Border Counties. The report concluded:

*Overall, there was a very strong view across all groups that men should look after themselves more and, as part of this, that they should also visit their doctor for "non-serious" complaints. However, younger men were less sure than men in the 50-69 year old age group. This*

*may reflect their lack of life experience. Despite this positive endorsement for looking after themselves, there was some feeling that men's health is not taken seriously by the Health Services. However, quite a few men were undecided. Although there was a strong negative reaction to the statement that "Sometimes suicide is the only escape from life's problems", it is worrying that 17% replied positively to some degree with a further 9% being undecided. It would be useful to know if this is due, in some part, to the perceived lack of interest in men by health and support services.*

The need for development of an explicit policy on improving men's health seems established. In 2001 the vice-chairman of the Men's Health Forum in Ireland, said the need for such a policy was highlighted by the findings of a Europe-wide report which reported that the life expectancy of Irish men to be much lower in many other EU countries. Men in Ireland live on average to age 73 compared to men in Sweden who live an average 78 years.

Men in Britain can expect to live to almost 76. The study, from the European Men's Health Forum, also found that out of 17 countries studied, Ireland had the highest alcohol intake among men. It also found that Ireland was one of the few countries where more young men were committing suicide than older men. Also the Standard Mortality Rate in Northern Ireland for heart disease and cancer remain among the highest in Europe.

### **c. Men's Health in Ireland**

Men's Health has been recognised as an important public health issue both nationally and regionally. In Northern Ireland the Forum for Political Dialogue (1998) published a report on Men's Health, which draws attention to the need for men to make lifestyle changes with regard to their health behaviour.

Generally men in Ireland are likely to die nearly 6 years before women do. Males residing in the Western Board area will die five years younger than their female counterparts. This differential death rate is consistent at all ages, and for all leading causes of death.

McMahon et al (2002) conducted a pilot study in GP's waiting rooms to find uptake and effectiveness of interventions to promote health in men. The men participating in the study showed significant changes in health behaviours and in turn health status. Another finding that was of interest was that men preferred interventions that had a strong "clinical component". This may be of interest to those devising programmes to promote a change in men's health seeking behaviour.

### **d. Mortality Rates**

Gender based differences in health can be no more starkly viewed than in terms of mortality rates. The annual directly standardised mortality rate (per 100,000) during the period 1989-1998 on the island of Ireland for men and women was 1007 and 662 respectively. This represents a 54% higher level for men, and has been described as a "*fundamental inequality in health*" (Balanda & Wilde, 2001).

The greatest disparity between males and females, in terms of causes of death, was in rates of circulatory disease. Circulatory diseases amongst males was 61% higher than it was for females and the mortality rate was higher for males in the Republic of Ireland than in Northern Ireland. In fact the standardised death rate for males was significantly higher in the Republic of Ireland than it was in the (combined) EU-15 countries. The higher mortality

rate in men, compared to women, holds constant in “cardiovascular disease, cancer and dementia” (Giampaoli 2000).

The incidence of coronary heart disease in Ireland is high and men’s health behaviours do little to reduce the number of cases. Research has found that men of all ages were less motivated than women to change their health behaviours to ensure a reduction in CHD. Older men claimed it too late in life for them to change whilst younger men reported that it was too early in life for them to change (Gabhainn et al. 1999)

Although the risks of developing cancer do not differ significantly for males and females, males are more likely to die as a result of cancer.

Gender also plays a role in road traffic injuries and fatalities. Males are at greater risk of injury and death as a result of traffic accidents. This is attributed to numerous things, one of which is male’s high risk behaviour when driving. Males are more likely to engage in risk behaviour with an acceptance of risk and a disregard of pain and injury (WHO 2002). These factors contribute to the greater incidence of road traffic accidents among men.

It may be interesting to note that the role of the male as the provider has been found to contribute to men’s shorter life expectancy, with men dying as a result of work related injuries (Waldron 1995). Traditional ideas and stereotypes may be a barrier to men seeking help with illness.

Four to five times more men than women died by suicide on the island of Ireland (NISRA, 2002). The Republic of Ireland ranked sixth amongst EU countries in terms of standardised death rates amongst men due to suicide and intentional self-harm (22.8 per 100,000). In both Northern Ireland and the Republic of Ireland, there were clear occupational class gradients in mortality from suicide and intentional harm (Balanda & Wilde 2001).

## **e. Alcohol and Tobacco**

Alcohol consumption and smoking are two risk factors associated with many severe illnesses e.g.: cancers, coronary disease, cirrhosis of the liver etc... Gender differences exist between men and women in their drinking and smoking habits, with men's health behaviours causing them to be the at risk group again (Merbach, Klaiberg & Brahler 2001). Across the population men are more likely than women to drink and smoke excessively, behaviours which leave them more susceptible to illness. This when combined with their "apparent reluctance" to consult a doctor (Banks 2001) suggests that men's health needs to become an issue which is addressed sooner as opposed to later.

A lot is known about the patterns of drinking and smoking of both sexes. Men drink about three times as much alcohol as women do. They also have a much higher prevalence of binge drinking than women, and subsequently experience greater adverse health consequences associated with drinking (Ramstedt & Hope, 2003). For the period 1989 to 1998 the standardized mortality rates for alcohol misuse deaths was twice as high for males than females for all of Ireland.

This pattern was consistent for both North and South. Women tend to drink less alcohol and also have a higher percentage of abstainers from alcohol than men (York & Welte 1994). Stereotypes and "traditional attitudes" may be responsible for the amount of alcohol males drink, the stress placed on men by the media and their peers to drink may be an important factor (McCreary, Newcomb & Sadava 1999)

"Smoking is the biggest cause of death and illness in the U.K" (Department of Health 1998). It is estimated that around 12 million adults in the U.K smoke with 28% of the male population partaking in the past time. The age group 20 – 24 years has the highest number of smokers with 38% of men in this age group smoking (ASH 2004). The national Health and Lifestyle Surveys in the Republic of Ireland (2003) showed that fewer people are smoking, although

the prevalence of smoking is slightly higher among males (28%) than females (26%). Women are less likely to smoke than men, therefore are at less of a risk for developing smoking related illnesses (Schofield, Connell, Walker, Wood & Butland 2000).

Socio-economic status also has an effect on the incidence of smoking. 35% of men in manual occupations smoke. That figure drops to 20% for men in managerial positions (General Household Survey 2003). Smoking habits remain strong amongst manual workers. Indeed, smoking occurs most among those in “working class jobs” who have a low level of education and fall into a low-income bracket (Barbeau, Krieger, Soobader 2000). Research has also shown a link between long-term unemployment and smoking in young people. (Reine, Novo, Hammarstrom 2004). There may be an argument for targeting low income and unemployed groups when designing interventions for health behaviours.

#### **f. Men’s Health: Health Seeking Behaviour**

“Male’s generally underutilise health services” (Bayram, Britt, Kelly & Valenti 2003). Men’s low rates of health seeking behaviour have only recently come to be considered problematic (Courtenay, 2000). Traditionally the ‘normal’ frequency of seeking health related help was based on an average man’s level of activity: if men sought help less than women, then women were thought to be over utilizing services, while men were using services just the right amount (Courtenay, 2000). Such interpretations of sex differences in help-seeking behaviour served both to position women as weak and to construct men as the stronger sex.

Courtenay (2000) points out that these beliefs were maintained in spite of strong evidence that men need more help than they receive. Before age 65, men suffer 2.5 times more heart attacks than women. By age 65, one in three men suffer from high blood pressure, a primary risk for heart attacks, yet men are less likely than women to have their blood pressure checked.

Men die earlier than women, even when exposed to similar lifestyles and environments. Men's health seeking behaviour is often suggested to be the cause of this difference. Men are "more stoical about illness and reluctant to see help for it" (Hodgetts & Chamberlain 2002). This reluctance to seek help often means that men present to their G.P's much later, thus reducing their chances of positive health outcomes.

One in nine men will be diagnosed with prostate cancer, yet few will have the easy and painless digital rectal exam and prostate specific antigen blood test to detect it (women, facing similar odds of breast cancer, are much more likely to examine their breasts regularly and have a mammogram). About 50% of prostate cancer diagnoses occur when the cancer has spread beyond the prostate (Evans & Mooler 2003). This may be due to men's low levels of positive health seeking behaviours. Other research suggests that late presentation of symptoms to GPs may be considered to be male "health risk taking behaviour" (Kumar et al. 2001)

Men are at greater risk of stress-related illnesses than women, yet only 20 percent of people in the typical stress-management programme are men. Men are 30 percent more likely than women to have a stroke. One out of three male strokes occurs before age 65. It has been estimated that more than 3 million men have early type II diabetes, a disease with major complications, and don't know it.

Men are less likely than women to engage in preventive health screens (for example, cholesterol, blood pressure, skin cancer, testicular vs. breast self-exams). In fact, most men don't even know how to perform a testicular self-examination and most doctors don't mention the importance of this examination to young men, who are most at risk.

Men's general diets are worse than women's, with higher levels of calorie intake (far exceeding what is necessary because of their larger, on average, body mass), higher fat intake, more cholesterol, fewer fruits, vegetables, and fibre (A.M.A, 1990).

The pattern of health related behaviour in Ireland is similar to that found worldwide.

- Men have limited contacts with physicians and healthcare services compared to women.
- Men are slower to notice signs of illness
- Men are less likely to consult their doctor
- There is very little evidence of self-directed preventative health amongst men

There are other factors, which may cause men to seek medical advice less readily. These factors include the accessibility of Health care, their socio-economic status and their masculinity.

Research points to the importance of health care being accessible to ensure it is utilised. Living in a rural community, or an urban community can affect health-seeking behaviour. A study conducted in Kazakhstan (Thompson, Miller & Witter 2003) found that those living in urban areas are more inclined to report illnesses, consult doctors and access health resources. This has been found to hold true across most populations, with higher rates of illness reporting occurring in urban areas, with the highest reporting in areas nearest to a doctor's surgery (Carr Hill, Rice & Roland 1996). Gregoire (2002) offers research to support this claim finding that health-seeking behaviour is reduced greatly by "geographical isolation and inaccessibility of many services in rural areas"

Again the previous findings in the report for socio-economic status hold true when considering male health seeking behaviour. Men with low socio-economic status are more likely to have an aversion to positive health behaviours and will steer clear of health protective behaviours (Williams 2003), such as self-examination, reduction in alcohol intake, early presentation at the doctor's etc...

Men also face an added problem when deciding whether or not to engage in health seeking behaviours, that is the concept of masculinity. Men are often conditioned by society to adhere to adages such as “Take it like a man”, “Grin and bear it” etc... A man’s unwillingness to show weakness may be a factor in understanding their reluctance to seek help when a health problem arises (Griffiths 1996). Lee & Ownes (2002) argue, “Capitalism and patriarchy, through their reliance on a restrictive definition of masculinity, limit men’s choices and impact their health”. Again this idea of the male as the stronger sex may have an impact on men causing them to averse to recognising and admitting they are ill. Men who go against this type of gender generalisation are singled out as deviant, and treated as such (Seymour-Smith, Wetherell & Phoenix 2002). These stereotypes and traditional attitudes may have to be challenged in order for there to be an increase in positive health seeking behaviours among men.

### **3 Methodology**

#### **a. Aims**

The aims of this research were to form an attitudinal baseline in order to gauge some basic factors in men's attitudes and responses to their health. To provide baseline information to inform any emerging strategies or action plans addressing identified needs.

#### **b. Geographic Area**

The study focused on men living in Derry, Limavady and Strabane.

#### **c. The Sample**

The survey consisted of 441 questionnaires

#### **d. Questionnaire Development**

Development of the questionnaire involved the formulation of questions, which met the research specifications. Questionnaires were deliberately short to ensure quick feedback and consisted of a series of statements which participants were asked to answer according to a scale of 1- 5. One indicated that they strongly agreed with the statement, whereas five indicated that they strongly disagreed.

Questionnaires were administered as postal questionnaires to males in the workforce within the public and statutory sectors and were distributed to men at locally held Men's Health MOT sessions.

#### **e. Analysis**

The statistical package for the Social Sciences was used for the analysis of the questionnaire data.

**f. Steering Group**

The steering group members were consulted in order to elicit the most salient themes and issues to be addressed in both the questionnaire and the focus groups.

**g. Focus Groups**

A number of focus groups were also conducted to gather the views of men regarding their health. The focus groups were encouraged to explore issues around – the following main themes

:

- Men Interfacing with Health Service Providers
- Men's Lifestyle Issues
- Men's Mental and Emotional Health
- Generational Change, role models and current perceptions
- Men's Sexual Health

Each focus group consisted of between 4 and 12 men and represented men from various age groups.

The perspectives of the men themselves were central to the research. Such a qualitative approach allowed for respondents' own experiences, beliefs, attitudes and behaviours to be centralised in the data collection process.

**Health Professionals**

A sample of ten GP's were recruited to share their views about men's health. A semi-structured interview was used to elicit their views on men's health.

#### **4 Focus Groups Overview**

The findings from the focus group are reported under six general themes. These are;

- Theme One: Men Interfacing with Health Service Providers
- Theme Two: Men's Lifestyle Issues
- Theme Three: Men's Mental & Emotional Health
- Theme Four: Men's Sexual Health
- Theme Five: Generational Change, role models & current perceptions
- Theme Six: Health Education

**a. Theme One: Men Interfacing with Health Service Providers**

Men generally don't like going to the doctor, they get stressed, feel nervous and generally feel like they are a nuisance. This was further compounded by lack of accessibility and lengthy waiting times. Men do not attend their GP for regular check ups and when they did attend they found communication difficult. It was felt that there needs to be real recognition of men's mental health needs. In many cases the lack of communication, empathy and confidence between patient and doctor resulted in men avoiding their family doctor completely.

The young men's experiences of visits to the doctors were very negative. They said the environment was depressing and always crowded. They found doctors arrogant and aloof and difficult to confide in. They described the doctors as being curt and disinterested. The men in the group felt that they had no time to go to a doctor's appointment due to other commitments such as work. There was the fear of becoming a nuisance to the doctor or being made to feel weak.

There seemed to be a common feeling of discontent with regard to health service providers, particularly with attitudes regarding GPs. Most participants agreed that these doctors were remote disinterested and difficult to talk to. They felt that doctors were stressed and overworked and that surgeries felt like a cattle market.

There were some positive stories but they tended to be from people who lived in rural areas that attended small practices. Most participants also felt the more effort could be done in surgeries to make them a more welcoming, friendly environment for men. They also felt that surgeries were more geared to female health, as most of the literature was geared towards female health issues.

## **b. Theme Two: Men's Lifestyle Issues**

Healthy eating and regular exercise were issues for consideration for the majority of the men. Laziness, being self conscious, lack of energy, little time or motivation were all reasons given for not taking physical exercise. The men were aware of the potential health benefits of regular exercise but the majority of focus group members did not participate in any healthy physical activity. They also believed that although diets and healthy eating may prove beneficial it must go hand in hand with exercise for maximum benefit to health. Although the awareness was there, good practice was only implemented by some of the older men. The men had also suggested that poor diets, smoking, drinking and unhealthy eating habits were as a result of their fathers influence.

The younger men perceived healthy lifestyle as something they would implement when they were older and that time was on their side. Exercise and sport were not high on the agenda of any of the group members. Adopting a healthy lifestyle was seen to be 'uncool' and peer pressure also had some bearing on their reasons for smoking and binge drinking.

A large percentage of the men admitted to over indulgence in alcohol and some had taken or still take illegal drugs.

The young men's reasons for continuing these lifestyles were associated with peer pressure. The young men also expressed concern at the drink culture, which plays a major part in young men's lives in the area. Other barriers to change were mostly lack of motivation and procrastination. Some men expressed concern that they were addicted to drugs or drink and were too ashamed to seek help. Some men came from middle class backgrounds and agreed that their parents drank at home on a regular basis and felt that this had influenced their own behaviour and attitude to alcohol in what they now see as a negative way.

The men were well aware of the benefits of healthy eating and what it entailed but do not put this into practice. They also commented that there were confused messages from the media and their lifestyles in general made it difficult for them to adopt a healthy lifestyle. The young men smoke and drink and would not consider changing their habits at present nor would they worry about a healthier lifestyle until they are older. Most of their parents were aware of their habits and had given up trying to discourage them.

The men believed that due to a lack of awareness, poor health education and culturally induced behaviour patterns in their work and personal lives men's health and well being were deteriorating steadily.

**Smoking Cigarettes:** The majority of men smoked cigarettes at some time in their lives; they smoked between 20 and 40 per day. Many continue to smoke and smoke between 20 to 30 cigarettes per day. They were all aware of the negative health effects associated with smoking. Some stated that it would take bad news regarding their health before they would stop smoking cigarettes. They felt that warnings in the media were ineffective and found anti smoking advertising on television repulsive, so they would change channels and refuse to watch. Others said that when they were growing up it was '*cool to smoke*,' however they were aware that this was no, longer the case and due to current legislation smoking had become anti social.

**The Picture of Health:** Exercise and physical activity were top of the list, followed by someone free from debt, Healthy foods and a basic diet were also considered important as was a caring relationship. Contentment, peace of mind and a positive outlook were also mentioned as was hard work and alcohol in moderation

Good relationships and happiness were also considered important in relation to good health. The absence of sexually transmitted disease, maintaining a healthy weight, good hygiene and refraining from smoking were also considered important.

The young men seemed knowledgeable about the importance of self examination and said it was something they did. They were aware of testicular cancer and prostate cancer but felt this was something that only affected old men.

**c. Theme Three: Men's Mental and Emotional Health**

It was agreed that there was a link between emotional and physical health. Most of the group agreed that mental health affected physical health and that depression was a serious illness. All the men in the focus groups found that expressing their emotions and talking about things was difficult at some level. None of the men really talked with parents or guardians. Emotions were only really expressed when it was feelings of anger or regret, mainly towards parents or peers. Few of the men had ever discussed their mental health with their G.P. "Men would find it easier to talk with a few drinks in them with their mates."

**Men get depressed too:** The men agreed that emotional health was directly related to physical health and that depression was a real illness and should be treated as such. The majority of the group had suffered from depression at some stage in their life. Most of the men turned to drink during these dark days and were reluctant to seek medical help.

The men agreed that they had experienced psychological problems such as depression and believed that these were real illnesses. However they never discussed them with a G.P or other peers. Some men openly admitted to using alcohol and cannabis to combat feelings of depression and anxiety. Many of the younger men had seen their parents in a depressed state and the common cause seemed to be money problems.

**Stress or Pressure:** Men sometimes said that they were under pressure or suffering from stress. This was caused by family pressures and relationship problems, poor performance in exams, debt, work, unemployment, and loneliness. Many identified with the symptoms of stress and would turn to

alcohol as this helped them open up and talk to their friends about their problems.

Most of the young men were drinkers, smokers and took drugs when they got the chance. They concluded that their parents would use alcohol when feeling depressed or stressed, however they believed that their fathers would never admit to being stressed and would never consider talking to a doctor about stress.

The men felt under pressure and were constantly striving for something. Sometimes they were not sure what exactly they were striving for. They felt the pressure of many social expectations for them to behave in a certain way, to be successful, and believed they were not allowed to be a failure in society. Some put themselves under stress daily trying to achieve the unachievable.

**'It wasn't a man thing to do.'** There was general consensus that men have as many feelings as women, however they are, - 'Not supposed to show that side of themselves.' Whilst growing up families as a rule did not discuss men's emotions, there was no outlet for such expression, they were taught that emotions were shameful and had to be repressed. The men stated that when they were young they were not encouraged to release emotion but were told to *'hold it in'* and hide their emotions. They believed that this suppression of emotions could also lead to stress and ill health. Others also kept their innermost thoughts and emotions to themselves as they were fearful of being perceived as weak; they also found it difficult to trust another with these feelings.

**In touch with my feminine side or 100% male or metro sexual\***it was recognised that families, culture and society did not allow men to express their emotions and feelings. The majority of the group said they never talked about sex or emotions in the family as these topics were taboo. The men said that although they knew that it was good to talk about a problem, they found talking and sharing the problem difficult. Many of the men found it difficult to talk to anyone about how they were feeling.

**d. Theme Four: Men's Sexual Health**

The younger men were very knowledgeable about the various sexually transmitted diseases. Some expressed great concern at the prospect of contracting any of these diseases but there was a general 'don't care' attitude. Most were sexually active and believed the responsibility for contraception was as much the girls as theirs. They were well informed about different methods of contraception but despite this failed to practice safe sex and just hoped for the best!

**e. Theme Five: Generational change, role models and current perceptions**

In regards to their parents health there was a general consensus that their parents' health was of importance to them and had clearly influenced their attitudes to their own health. In the majority of families the parents tended not to attend their doctor regularly. One man stated that his Father never mentioned his health and had engendered negative perceptions of doctors at a young age. Talking about health issues were considered taboo neither encouraged nor discussed. One man stated that *'talking about your health wasn't a part of family culture.'* The majority of the group had no contact with doctors until adulthood.

Some of the younger men stressed the importance of their father's health as their father's ill health would and has caused worry and concern. Some of the men had also suggested that poor diets, smoking, drinking and unhealthy eating habits were as a result of their fathers influence.

Most participants had sporting heroes as their role models in their earlier years. The general opinion seemed to be that their mothers were responsible for the well being of their father.

With increasing awareness and education many of the younger men expressed concern about their father's attitude to health. There was general feeling that fathers preach but they don't practice.

**f. Theme Six: Health Education**

The young men agreed that in school health education was a subject that was covered in depth, beginning in third year and becoming more detailed as the boys matured. It was suggested that schools should begin this in first year as by third year some of them had already started smoking and drinking. However it was mostly to do with the physical side of health and didn't explore issues relating to mental health.

Issues relating to puberty were not discussed with anyone. The young men agreed that this was a very sensitive issue and stated that they were too embarrassed to discuss these issues with even their closest friends and would never have contemplated discussing this with parents.

The men agreed that they learned of sex and man hood from television and from friends as well as experimenting for themselves with no real guidance.

Information regarding healthy lifestyle was scarce and there was no guidance of how or where to gain advice or obtain the information for themselves.

## 5 Men's Health: A Quantitative Analysis Summary

### a. Background Information

A survey was conducted in order to explore various health related attitudes and behaviours in men from the Northwest. An opportunity sample of 351 men from the Northwest were recruited during a Men's MOT session as participants in this study. They completed a questionnaire that was designed to elicit information on three main areas:

1. Positive health related behaviour
2. Traditional male stereotype in relation to health
3. Perceptions of contact with GP's.

Sixty four percent of the participants were employed. The majority of participants were aged between 31 and 45 years (29 %.) Over one quarter of participants were aged between 15 and 30 years (27%) with 22% aged between 46 and 60 years and almost one quarter (19%) aged between 61 and 75 years. The age distribution of the sample is fairly evenly balanced and therefore provides a relative sample across the various age groups. The sample breakdown by age is presented below. (Table 1.).

Table 1. Age of participants in quantitative study

Age	Percent
15-30	27
31-45	29
46-60	22
61-75	19
76 or older	3

The men were asked what had motivated them to attend for Men's Health Screening. The main reasons that were given for attending the Men's MOT were that their friends were also attending (35%), others had been encouraged to attend by their wives or partners (20%), However 19% of men attended due to health concerns with another 19% cent attending due to the accessibility of the venue. ( see Table 2 below)

Table 2. Reasons for attending the Men's MOT session

Reason for attending	Percent
Wife/partner	21
Friends going	38
Timing	6
Venue	18
Health concerns	18

**b. Positive Health Related Behaviours**

In relation to positive health related behaviours the men were asked to respond to certain statements using a five point scale. All ten health related statements in the questionnaire were responded to on a 5-point scale from "Strongly Disagree = 1" to "Strongly Agree = 5".

**"As soon as I feel that there is something wrong with me I see my doctor as soon as I can"**

Almost 60% of the participants agreed with this statement to some degree. However, almost 25% of the sample stated that they tended to avoid presenting to a doctor soon after the emergence of symptoms.

**"I try to look after myself so that I don't get sick"**

Almost 80% of the participants agreed with this statement. This suggests that preventative health measures are commonly practiced. Less than 7% stated that they do not take care of themselves in order to avoid ill health.

**"I know that I need more exercise"**

Over 60% of the participants stated that they believed that they needed more exercise. This suggests that the majority of the participants feel that they are not exercising adequately.

**c. Health Related Male Stereotypes**

**“I am generally too busy to be sick”**

Almost 40% of the sample indicated that they either agreed or strongly agreed with the statement. This suggests that health concerns are secondary to work or other commitments.

**“I usually ‘suffer in silence’ if there is something wrong with me”**

The traditional male stereotype of men “suffering in silence” was strongly endorsed by 5 % of the sample whilst a quarter of the sample (27.5%) agreed with the statement. This suggests that traditional stereotypes about appropriate behaviour for males are prevalent in the sample. Such attitudes are likely to prevent men presenting for medical help.

**“Worrying about sexual health is only for young men”**

Less than a third (27%) of the participants believed that sexual health issues were exclusively the concern of young men. Sexual and reproductive health concerns were considered to be a lifelong issue by slightly more than half of the participant (56.6%).

**“I often feel that I am under stress”**

Around 30% of the participants agreed to feeling under stress compared to over 50% who disagreed. The distribution of responses suggests that only a relatively small percentage of respondents claimed to strongly endorse the statement that they often experienced stress. However it is important to note that one third of the men stated that they often feel stressed.

## **Age Differences**

Those who consider themselves too busy to be sick are generally aged 31-60 years. Those above retirement age, and the youngest group, reported substantially lower scores. This suggests that a focus on work may have a considerable negative influence on health related behaviour.

It was the older respondents in the sample (61 years and older) who considered sexual health only to be an issue for young men. All age groups up to the age of sixty disagreed to some degree with the statement. This suggests that sexual health is generally considered to be an issue that should be considered throughout the lifespan.

The youngest and the oldest age groups reported the lowest levels of stress. The 31-60 years group, the same group that were found to be too busy to be sick, reported the highest levels of stress.

### **d. Perceptions of Doctor**

#### **“I would feel uncomfortable going to a doctor because I feel stressed”**

The majority of participants stated that they felt stressed about going to see a doctor. This may explain the relatively high percentage (over 60%) of men who do not see a doctor as soon as symptoms become evident.

#### **“Going to the doctor is a hassle”**

There appears to be two general responses to this statement. Over 40% disagree/strongly disagree and slightly over 40% agree/strongly agree.

#### **“Going to the doctor makes me nervous”**

Almost 60% of the participants claim to be nervous about visiting the doctor. This is consistent with the high percentage of participants who stated that visiting the doctor made them feel stressed.

**e. Summary**

- There were indications that a relatively large proportion of the sample did not engage in health related preventative measures to ensure well-being.
- Younger men do not seem to be as health conscious as the older men
- Particularly in men under 45 years of age there was a reluctance to seek medical help.
- Positive health related attitudes and behaviours were more evident in those participants over 61 years.
- Health related male stereotypes were evident. A significant proportion of the respondents claimed to be 'too busy to be sick', and to 'suffer in silence'.
- There is evidence for persistent, cross-generational beliefs in male stereotypes in relation to health
- The sample appeared to hold relatively negative attitudes towards attending the doctor. Young people finding the doctor a "hassle" while older men find it causes stress and nervousness.

## **6 Men's Health: The View of Health Professionals**

A Sample of ten GP's was recruited to share their views about men's health. A semi-structured interview was used to elicit their views on the following issues:

- Men's attitudes towards health
- Use of health related services
- Barriers to healthy living
- Men's views of doctors, and doctor's views of men

### **In general, how would you describe men's attitude health towards their health?**

Avoidance and denial attitudes, toward their health among men, were reported by GP's as commonplace. They considered men in general tend to have a 'Laissez-faire' or 'leave well alone' attitude towards their health. They tend to ignore problems or complain about problems to female partners rather than visit their GP. They also have a tendency only to present to their GP when they have a specific or urgent problem and don't attend for health promotion or prevention.

Age and personality were both considered as important factors in relation to health. Younger men, particularly tend only to present to their GP when they have a problem. Gender was viewed as an important factor in determining good health and the macho male image was referred to by one GP as 'Superman Syndrome'.

### **Do you find that men promptly attend their GP when necessary? If no, why not?**

GP's felt that men were fearful of attending for appointments. They have a 'wait and see' approach,' with many afraid of appearing weak or soft. Men

generally do not attend their GP promptly unless forced to by wives or partners. Those who do visit their GP present with less unnecessary trivial problems than women. and attend generally for symptom relief. Two out of three GP appointments are taken up by female patients who live longer and have less chronic disease.

### **What are the main barriers to men having a healthy lifestyle?**

Lifestyle issues were perceived as important to good health: laziness, lack of exercise, obesity, poor diet, excess alcohol, smoking, and drug abuse compounded ill health in men. The GP's thought that unhealthy behaviours were believed to be more enjoyable for men, whereas women were happy to discuss a healthy lifestyle, and men were not. An important perceived barrier to a healthy lifestyle was work. Busy work schedules and pressures of work effectively meant that men are unable or unwilling to fit appointments into the working day.

### **How do you think male patients view their doctor?**

The GP's believe that men viewed them

- Usually with trust and respect, but often with trepidation
- As someone who sorts out their problems, not a facilitator for a healthy lifestyle
- Overpaid, under worked, only used when they need a sick line
- Some see male doctors as a threat but have respect for their knowledge

### **How do you think men could be encouraged to engage with health services?**

GP's acknowledged that attending a GP surgery can be a difficult decision for many men and they often find it male unfriendly. For example, there are few

male receptionist or practice nurses: eighty to ninety per cent of health service staff are female. Such an environment may act as a barrier to male attendance.

Gender is also an important factor determining the source of health information used, the press and magazine publications are a powerful medium for instilling gender identity and health insight, therefore more health promotion targeting men through the media and including television, newspapers, magazines, and general publications, is crucial. These may include endorsement by role models such as sportsmen who could encourage men to engage in healthy lifestyles.

The production of health promotion literature specifically targeting men should be made available at GP clinics.

Attending for 'Prevention Care' should be promoted as a positive, in the fashion of taking the car for a service. Men Only clinics offering health checks and assessment and telephone triage for men were suggested as ways of encouraging men to engage with health service providers. Making services more male friendly and more convenient were also proposed.

However one GP remarked 'the excuse that appointments are not convenient is a red herring because in countries that have evening surgeries the majority of users are female.'

## **7 Men's Health: The View of Rural Men**

The following views were from men recruited for the study in Strabane and Limavady. The participants represented a random sample of males of all ages from these areas.

### **Good Health**

Many of the men had difficulty understanding the question 'What does good health mean to you?' Some commented that they did not know if they were in good health. Others stated that whilst they did not take exercise they worked hard. This statement tended to reflect stereotypes regarding men's attitudes to work and how they feel a hard workingman is perceived. 'Hard working men have no time to be ill.' When prompted for answers they stated 'staying active, taking exercise, keeping fit, watching what you eat, and avoiding flu's and colds. Others response ranged from 'getting fresh air, plenty of sex, being able to get up every morning, staying slim, enjoying yourself without having to worry about your health to peace of mind.'

### **Services**

There were strong feelings regarding a general lack of health services in the area and in particular the length of time they had to wait for an appointment with the doctor and length of hospital waiting lists. One stated that 'you would nearly be dead before you would get an appointment with a doctor', another said, 'if I am feeling sick I must wait for two weeks for an appointment by that time I am feeling better.' Others were concerned that the first questions the doctor ask men was 'do you smoke'; they found that off putting.

Many of the Strabane men were complimentary to current Health Service Provision in relation to their GP's and had no problem communicating with them. Good communication with their GP, it was believed, depended very much on the doctor's personality and men's ability to communicate with their doctor. 'Your attitude to your Doctor is important in terms of communication.' However, they also felt that there was limited help available outside business hours.

Men felt there was a lot of emphasis and awareness on health issues which concerned women, such as Breast Cancer Awareness', but less emphasis on cancers specific to men such as 'testicular' and 'prostate cancer.' This they felt needs to be addressed and that health screening for men should follow the example set by female health screening. They felt it was the responsibility of health service professionals to create an awareness of illnesses that are of particular threat to men's health. Some men surveyed believed that current health services were inadequate and there was a perceived need for more services and staff targeted towards men's health, particularly men over fifty.

Many found health services adequate, and felt there were both good doctors and bad doctors. There was a perception by some that doctor's hand out tablets too easily without follow up. One young man stated that he was taking sleeping tablets long term; he telephones his doctor to get repeat prescriptions but rarely has consultations with the doctor.

It was believed in the past that doctors had more time whereas nowadays doctors have a huge workload, dealing with long lists of patients, creating long waiting lists and affording doctors little time to spend interacting with their patients. This was the perceived to be the case at both doctors' surgeries and in hospitals.

One elderly gentleman recalled when there wasn't a National Health Service. He felt that today's society does not appreciate the health care system and that many individuals within society abuse the service. 'Free health care is not appreciated. I remember when you had to pay for healthcare.'

### **Going to the doctor**

Men don't visit their GP unless there is something very obviously wrong with them, i.e. a broken arm or leg. Some felt they would be cast as hypochondriacs if they visit GP too often.

Some of the men already had serious health issues and had been attending their doctor as a consequence of this. Others tended to avoid going to the

doctor and did not attend for regular check ups. They stated that they tended to 'drag it out'; it was a 'macho thing.' They were fearful and did not want to hear bad news about their health. Many agreed that men tend to 'tough it out' rather than attend a doctor. In general, work was a priority and as a consequence men's health was pushed to one side, one man stated that 'I will work on and not concentrate on my health'.

Men simply do not like attending the doctor they are scared to go to the doctor and if they find something wrong with them they think the worst, one man quoted 'they (men) are cowards, everything is a drama, and they put things off.' Were health is concerned women are braver than men."

Another said 'I wouldn't be too fussy about going to the doctors unless there was something serious wrong with me. However one man stated that he learned later on in life that it is important to go to the doctors. Although he had felt tired and unwell for six months before he attended the doctor. His marriage break up caused stress and anxiety. His daughters encouraged him to attend his GP and he was diagnosed with Diabetes.

**Attitudes: 'I'm just that type of person.'**

There was a general feeling that men's attitudes to health must be addressed in order for them to avail of health services. Men put off going to the doctor, one man could not remember the last time he attended his GP, and although he stated he goes to his dentist for an annual check up he has avoided going to his doctor. Another man stated that it had been six years since he had been to a doctor and that he does not attend unless there is something wrong.

Men in general do not talk about health issues. Men find it a very personal thing. They also tend to self medicate rather than run to a doctor, 'if I have a headache I take a painkiller'

Most men do not share their problems with each other. 'It is taboo for men to talk to other men about their health.' Some felt it would be helpful if men could talk to each other about their problems. There was a belief that society and

Irish culture instils the notion that men must be tough. Illness was perceived as a weakness. One man stated 'That's alright but men have responsibilities.' 'They leave their health until its too late.'

### **Responsibility**

Women appear to take responsibility for men's well being. One man said if he felt there was anything wrong with his health he would talk to his wife; however some men do not share their concerns about health with their partners one stated 'there is no point in crying, no one listens to you.'

### **Awareness**

Men's health must be targeted through education and advertising. General opinion was that there was a distinct lack of education and information on health issues for men in particular. It was suggested that men should be invited to attend for an annual check up in the same way as dentists do, sending them regular reminders. Or they should be advised by their GP to visit ever six months. They also believed that male specific information leaflets regarding prevention and symptoms of male specific illnesses and promoting good health should be made available.

Some men believed that the 'macho image' and traditional male stereotypes need to be broken down. These male attitudes to health may be addressed and challenged by bombarding them with information through advertising. One man suggested that men should be targeted through the media 'put the health message in the tabloids which most men read.'

Magazines in doctors' surgeries are mainly directed at women. They should provide men with magazines such as Men's Health and provide Health Information leaflets targeted at men.

### **Summary of findings**

There did not appear to be any systematic differences between the views of the men from rural areas and those from more urban areas. Recurrent themes include:

- There was evidence reflecting male stereotypes regarding men's attitudes to health – 'Hard working men have no time to be ill.'
- There was a perceived lack of health services in the area and waiting times were also a concern.
- There were mixed views of doctors – some were positive while others avoided contact and self medicated.
- Women appear to take responsibility for men's well-being.
- It was thought that male specific information leaflets regarding prevention and symptoms of male specific illnesses should be made available.

## **8 Summary Findings from qualitative & quantitative studies**

### **Summary**

- The majority of the participants were aged between 31 and 45 years
- Views of men from urban & rural environments were sought.
- Views of health professionals were sought.
- The majority of participants were employed
- The men attended the Men's Health MOT sessions mainly because their friends were attending or they had been encouraged to do so by their wives or partners.
- However a significant amount attended due to health concerns

### **Positive Health Related Behaviours**

- Well over half of the men who participated in the survey claimed that they attended their doctor as soon as they felt unwell.
- However a significant number of men tended to avoid presenting to a doctor soon after the emergence of symptoms relating to ill health
- There were indications that a relatively large proportion of the sample did not engage in health related preventative measures to ensure well-being.
- Particularly in men under 45 years of age there was a reluctance to seek medical help.
- The majority of the sample agreed that they needed to engage in more exercise and physical fitness activities
- The majority of the participants felt they were not exercising adequately
- Positive health related attitudes and behaviours were more evident in those participants over 61 years.
- The 61 – 75 olds were the most proactive in terms of attending their doctor and engaging proactively in health related behaviours The 31 – 45 year olds held the most negative beliefs about their health

## **Health Related Male Stereotypes**

- Health related male stereotypes were evident. A significant proportion of the respondents claimed to be 'too busy to be sick', and to 'suffer in silence'.
- Health concerns for men were secondary to work or other commitments
- The 31 – 60 year old age group considered themselves too busy to be sick.
- The traditional male stereotype of men 'suffering in silence' was strongly endorsed
- These attitudes are likely to prevent men from presenting for medical help
- Sexual Health is an issue that should be considered throughout the lifespan.
- One third of the men stated that they often feel under stress
- Those reporting the highest levels of stress were to be found in the 31 – 60 year age group.

## **Perceptions of their Doctor**

- Almost half the sample stated that 'going to the doctor is a hassle'
- Across all age groups there was a generally negative attitude towards visiting the doctor
- More than half of the participants felt nervous about visiting the doctor

## **Perceptions of Men by Doctors**

- Avoidance and denial attitudes toward their health among men, were reported by GPs as commonplace
- GPs believed that production of health promotion literature specifically targeting men should be made available at Gpclinics
- GPs believed that men were fearful of attending surgeries

### **Perceptions of Rural Men**

- There was evidence reflecting male stereotypes regarding men's attitudes to health – "Hard working men have no time to be ill."
- There was a perceived lack of health services in the area and waiting times were also a concern. There were mixed views of doctors – some were positive while others avoided contact and self medicated
- Women appear to take responsibility for men's well-being
- It was thought that male specific information leaflets regarding health would be useful.

## 9 Implications and Recommendations

“There is an urgent need to advertise and promote Men’s health in a positive way” (BMJ,2001) Until recently women’s health has been to the forefront of health promotion, however the problems faced by men have now begun to be addressed. Campaigns aimed at promoting men’s health, and to encourage positive health behaviours in men, may not be successful if they are framed in the same way as campaigns to promote women’s health have been. Although those campaigns have raised awareness and saved lives, men don’t respond to the same motivators as women. Men engage in risk taking behaviours, often with disregard for their own safety (WHO,2002), therefore highlighting a behaviour as dangerous may not be enough to prevent men from engaging in it. Highlighting “anticipated benefits” (a potential motivator) were significantly related to health motivating behaviours, health program attendance and health screening participation” (Leob, 2004). Heralding the benefits of positive health behaviours may be one way of encouraging men to engage in them. Men also appear to respond more positively to fact-based information #, with the explanation having a “clinical component” (McMahon, Hodgins & Kelleher, 2002).

It may be useful to provide men in rural areas with information on local “Health Check” events in their area, or the local surgery opening hours, with a contact number for the local surgery opening hours, with a contact number for the local medical practitioner. Men in rural areas are less likely to attend their GPs as they are isolated and may not have access to the surgery (Gregoire 2002). It is important to ensure these men have access to health care information.

However, it is not only those living in rural communities that need to be made more aware of men’s health. It had been found that a “lack of awareness” may be responsible for men presenting their symptoms later rather than sooner (Banks, 2001). The importance of using the media to highlight the importance of health behaviours is one which health promoters are aware (Whitehead, 2000). It provides health professionals with a valuable tool allowing a mass audience to be reached at the same time.

In schools health education often comes low on the agenda with the demands for academic achievement meaning that schools focus their attention elsewhere (Banks, 2001). Girls tend to seek out health related information elsewhere, perhaps if this notion of men's health was promoted in teenagers the health seeking behaviours would be encouraged from an earlier age. Magazines catering for men's health are only available for adult males, however girls have access to health information in magazines aimed at teenage girls. This may account for some of the difference in positive health behaviours between the genders. A publication for boys may be a place for health information to be displayed

As discussed earlier in the report, any campaign to promote men's health must target those men who fall into a low socio-economic group. These men are more likely to smoke, have greater risk of work related death and engage in greater risk taking behaviours. Men in this group are more likely to have an aversion to positive health behaviours (Williams, 2003).

"It is important that further research is undertaken into the roles of sex and gender, so that preventative, diagnostic and therapeutic activities can be developed" (Healthinfonet,2005). The role of gender is an important one and should be recognised by health professionals. The role of gender needs to be shown in health research, treatment delivery and in government and local authority decisions affecting health.

The main findings and themes that emerge from this report are consistent with other European countries. Males in North West of Ireland were less inclined than women to take an active role in maintaining their own health. They are also less likely to seek professional help from problems. One of the social and cultural reasons for this emerged as males holding certain beliefs about masculinity: there was evidence of a stereotypical belief that masculinity is reflected in strength and silence. Men may feel that it is a sign of weakness to seek health related help.

The findings presented in this report suggest that a 'one size fits all' approach to men's health would be inappropriate. Many of the key health related issues appeared to be age related. For younger men the key issues related to their perceptions of masculinity and the associated behaviours that have negative implications for their health and well-being. This helps explain the increasing number of accidents, suicides, and other risk taking behaviour among young men. For men in middle age the issues are stress, exercise, health screening, medical checks and encouraging men to present earlier for diagnosis or treatment.

Based on the findings in this report it is suggested that a strategy for men's health locally should address the following issues:

- The findings of the report suggest that a 'one policy fits all' approach does not adequately address the unique health needs of males in the North West of Ireland.
- The fact that there are differential health profiles associated with males and females should be accepted and addressed at policy level.
- Those involved in the planning, provision, and delivery of health services should be more aware of the specific health needs of men.
- Health related research should ensure that gender differences are considered as a design issue.
- There needs to be greater progress in developing programmes to encourage healthy behaviour in the workplace and encourage a better work-life balance to reduce stress.
- Health services need to be more male friendly (male proofed), encouraging men to approach their doctors when symptoms of ill health first appear.
- Media campaigns targeting men and encouraging men to talk about their health and reduce the anxiety associated with visiting the doctor.

## 10 References

American Medical Association (2001). Complete Guide to Men's Health. John Wiley & Sons: US.

Balanda K., Wilde J.(2001). Inequalities in mortality 1989-1998. A report on all-Ireland mortality data. Dublin: Institute of Public Health in Ireland: Ireland.

Courtenay, W.H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine*, 50(10), 1385-1401.

Doyal, L. (2001). Sex Gender and Health: The Need for a New Approach. *British Medical Journal*, (323), 1061-1063.

Health Promotions Agency (2002). Investing for Health Strategy. HPA: UK

The National Health & Lifestyle Surveys (2003). A joint project of the Department of Health & Children and the Centre for Health Promotion Studies. National University of Ireland: Galway.

National Health Strategy's Research Paper (1992). Men's health. The Better Health Channel: Victoria, Australia.