

Is there a case for differential treatment of young men and women?

Alan White, Helen J Fawkner and Mike Holmes

Men's health needs, health beliefs, and health-related behaviour are different to those of women

Our current research examining young men aged 15–44 years presents worrying epidemiological evidence — a picture of men dying prematurely of conditions such as ischaemic heart disease and cancer, at a time when screening and treatment for many of these diseases has improved (Box).¹ This evidence suggests that these men are either not following health advice or not using health services soon enough for effective remedial treatment. Here, we argue that there is a need for health professionals to rethink service provision for young men.

What is “men’s health”?

Men’s health may be defined as “... any issue, condition or determinant that affects the quality of life of men and/or for which different responses are required in order for men (and boys) to experience optimal social, emotional and physical health”.² This definition highlights that men’s health is concerned with a broader range of issues than specific diseases of the male reproductive organs.

In general, epidemiological evidence suggests that men and women have different health challenges through the lifespan, with men consistently having the higher mortality across all countries surveyed from conception onwards.^{3,4} For most disease states, men appear to have a higher rate of premature death and are more susceptible to the effect of worsening socioeconomic status.^{1,4} Men’s poorer social and emotional wellbeing is also reflected in higher suicide rates;^{1,4} for example, in Australia, men are four times more likely than women to commit suicide in the age range 15–44 years (1206 male deaths and 291 female deaths in 2001).¹ Men are also more likely to die from drug and alcohol misuse.⁴

If the health challenges facing men and women are different, then you might expect that there should be visible recognition of this in the way services are configured and the way health policy is framed. Similarly, if men and women differ in the way that they use health services, having one service for all is likely to end up serving men or women (or both) inappropriately.

What do we know about men’s help-seeking behaviour?

As interest in men’s health has grown during the past 5–10 years, there has been a corresponding increase in research suggesting that men do differ from women in their help-seeking behaviour,^{5–8} with sporadic and infrequent use of services, lack of engagement with health material, and a tendency to delay when faced with health problems of key concern. These problems appear most pronounced in younger men. We suggest there may be three main reasons for these findings and offer suggestions as to how services might be reconfigured.

Firstly, men are not invited to engage actively with health services in the same way that women are from puberty onwards for non-illness related reasons (eg, within formal screening programs, and for contraception and antenatal care). This leads to men failing to recognise the range of health service provision available and its link with preventive health practices.

Patterns of mortality in young men and women

Our study¹ was the first international analysis of patterns of mortality in young men and women (aged 15–44 years). Data from 44 countries were considered using the World Health Organization Statistical Information Service Mortality Database.

We found that men were at greater risk of premature death, with accidents and suicide being the key causes in the earlier years. Deaths as a result of disease processes became markedly more prominent in the 35–44 years age group. ♦

Secondly, it can be argued that most health service provision is female-orientated, with services predominantly provided during the day, when men are more likely to work full-time, have less opportunity for flexible working, and are often in precarious employment where taking time off for visits to doctors may be perceived as a sign of vulnerability, by the men themselves and by their peers and employers.

Thirdly, beyond these structural constraints, there is another difference between men’s and women’s health behaviour that merits consideration. How men and women manage their health and wellbeing is, in part, predicated on their own health beliefs and how these beliefs affect their health behaviour — whether these beliefs differ between men and women is, therefore, germane. For example, patterns of premature mortality among young men suggest that risk-taking is a significant factor, and rates of premature death from disease processes also implicate aspects of men’s lifestyles.^{1,4} But this question goes deeper: we need to explore both the intrinsic drivers of men’s behaviour and how society moulds men’s values, attitudes, and behaviour.

It is widely accepted that the expression of masculinity is socially constructed and there are multiple masculinities.⁹ In Western cultures, there is a restrictive conceptualisation of masculinity, which limits men’s choices and appears to have a negative influence on their health.¹⁰ For example, at the individual level, gender roles may partially explain a variety of risk-taking behaviours (such as unsafe sex, binge drinking, and steroid and other drug use).^{10,11} In addition, stigma and the fear of discrimination may work against men with mental or physical health difficulties. Together with the social pressures relating to full-time work and the current work environments for men, the so-called benefits, or patriarchal dividend, that men are said to enjoy can also be a powerful negative force for men experiencing problems.¹⁰

Where do we go from here?

As the mortality data confirm, men’s health is not as good when compared with women’s, but such direct comparison with the way women manage their own health may be inappropriate, as we are not comparing like with like. Thus, the challenge that men face with regard to their help-seeking behaviour is a complex issue,¹² which is not amenable to a “quick fix”. The common perception that men are being stubborn, or in denial, about their health is

clearly simplistic and, if it is true, may be as much a product of socialisation and how services are structured as it is about individual choice. Nevertheless, we cannot maintain the status quo and wait for some sort of “new man” to emerge — the current and future threats to men’s health are too pressing. The increases in skin cancer, in young male obesity with its related health risks, and in substance use all suggest a pressing need to target the young man.

There is already considerable recognition within Australia,¹³ as elsewhere, that men’s health requires specific attention and that health services and policy need to take this into account in making knowledge and services more accessible to men, for example, via specialist men’s health care clinics, and men’s health information nights held in men-friendly environments (such as pubs and sporting clubs) or the workplace.¹⁴ This work is already being taken forward through the ongoing activities of the Men’s Health Information & Resource Centre at the University of Western Sydney; the GPs4MeN group; the biannual National Men’s Health Conference; and, in 1997, the House of Representatives Standing Committee on Family and Community Affairs’ discussion of a National Men’s Health Policy.¹⁵ Nevertheless, as with many other countries, these initiatives have yet to permeate into mainstream action.¹⁶

The fact that a number of Australian organisations have begun implementing such innovations is to be celebrated; however, these approaches could be further developed. This includes tackling boys’ and men’s beliefs about their health from an early age through both formal education and more broad-based health promotion campaigns, with more focus on providing services and education through the workplace, as has been done successfully in Europe and the United States. For example, the Internet-based weight loss campaign run by the Men’s Health Forum in England with British Telecom workers saw 4000 men lose an average of 2.2 kg over the 6-week program.

More fundamentally, there is a need for the public, the health care professions, and policymakers to recognise that men’s health needs, health beliefs, and health-related behaviour are different to those of women. The recognition of Men’s Health as a field of practice in its own right, to stimulate the development of research, debate, education and practice, would seem a prerequisite step.

Author details

Alan White, PhD, RN, Professor¹

Helen J Fawcner, BSc, MSc, PhD, Lecturer in Psychology¹

Mike Holmes, PhD, Professor of Health Psychology²

¹ Centre for Men’s Health, Leeds Metropolitan University, Leeds, United Kingdom.

² Faculty of Health, Leeds Metropolitan University, Leeds, United Kingdom.

Correspondence: a.white@leedsmet.ac.uk

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