

Why Is Men's Health Important?

The statistics relating to illness and morbidity rates among men are giving increasing cause for concern. A clear association already exists between social class and mortality rates. Men in social class five are more than 50% more likely to die from coronary heart disease than men in the general population. However, men's health is poor according to a wide range of measures. Some of the most significant are:

- Males are more likely to die than females at all ages.
- The average male life expectancy at birth is currently 74.6 years; for women it is 79.6 years.
- Males are more likely than females to die from cancer, heart disease, HIV infection, accidents and suicide.
- Men take more risks with their health than women: they are more likely to drink more than the recommended alcohol limits, to smoke, to be overweight, to use illegal drugs or to expose themselves to the sun without using sunscreen.
- Men aged 16-34 are more than twice as likely as women to have a major or minor accident.
- Men are much less likely than women to consult a GP or a dentist – on average, males visit an NHS GP four times a year while women visit six times a year.

Men from minority ethnic communities face specific health problems and disproportionate levels of inequality. The majority of the minority ethnic population is concentrated in some of the most deprived inner city areas and poorer wards of small northern towns. In these localities they may be the majority not the minority population, presenting particular challenges to service providers.

The 1999 Health Survey for England found that:

- Higher rates of ischaemic heart disease (angina and heart attack) were reported by Indian, Bangladeshi and Irish men and higher rates of stroke by Black Caribbean, Bangladeshi and Indian men (all compared with the general population).
- Higher rates of diabetes were reported by men from all the ethnic minority groups.
- Men from the South Asian and Chinese communities were less likely to be obese while Irish men were more likely to be obese.
- Bangladeshi men were nearly twice as likely to smoke as men in the general population; smoking rates were also higher among Irish and Black Caribbean men. Chinese men were less likely to smoke than men in general.
- All minority ethnic groups consumed less alcohol than the general population except for Irish men.

Despite these statistics, gender is rarely mentioned in either quantitative or qualitative studies, even where it appears to be an obvious factor. As Trevett points out, the Social Exclusion Unit's report *Rough Sleeping* states that around 90% of people sleeping on the streets are male, but does not ask why. Furthermore,

“Where men are considered as a group, unhelpful generalisations such as, men don’t use services’, or ‘men don’t express their feelings’ are made... At the same time, the lack of any agreed definition of men’s health is a fundamental problem. Too often it is confined to sexual health and ‘obvious’ male diseases, such as prostate cancer – overlooking a range of factors that might influence their attitudes and behaviour to their own health.”

It is clear therefore that the problem of men’s health has to be understood as a product of several influences, amongst which class, gender-relations and ethnicity are clearly three major ‘environmental’ factors, each of which impacts on men’s attitudes, behaviour and the circumstances of their lives.

New initiatives on men’s health

New solutions, which deal with (amongst other things) cultural images of masculinity, for instance and opportunities for change, as well as problems of accessing health care services, are therefore required to tackle inequalities in men’s health.

Specific men’s health initiatives are an important part of this approach and while particular attention should be paid to those groups of men with the worst health – men in social classes 4 and 5 and some ethnic minority communities – men’s health per se must be directly addressed if such health inequalities are to be significantly reduced during the first decade of the 21st century.

from ‘Men’s Health Needs Are They Being Addressed? – A Report’.
Published in 2002 by Community Health UK