



Man Matters Policy Briefing Paper No 1

**Men's Health in Northern Ireland:
Tackling the Root Causes
of Men's [ill]-Health
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The Man Matters Project

'Man Matters' is a partnership project in Northern Ireland which involves the Workers' Educational Association, Home-Start NI, Parents Advice Centre, Ballynafeigh Community Development Association, and the Men's Health Forum in Ireland. It was launched in September 2009, and has five year support from the Big Lottery Fund.

The project focuses upon males, and addresses the themes of health, education, parenting/family, and community work/volunteering. The overarching aim is to encourage men to engage in learning in these areas. The programme works, primarily, with men, themselves, to increase their knowledge and capabilities, but it also seeks to influence how services are provided and policies are made.

Executive Summary of Briefing Paper

- Despite an overall pattern of increasing life expectancy, men in Northern Ireland die, on average, over four and a half years younger than women do.
- Local men have higher death rates than women from all of the leading causes of death and at all ages.
- Poor lifestyles and preventable risk factors account for a high proportion of chronic diseases.
- The high level of premature mortality among men in Northern Ireland has far-reaching repercussions, including upon the economy and the men's families.
- There is an increasing recognition that social, economic, environmental and cultural factors are key determinants of the health status of men.
- The burden of ill health and mortality is borne, in particular, by men from the lower socio-economic groups.
- How men behave in relation to their health is frequently in keeping with learned masculine behaviours which, typically, reflect societal expectations.
- It is important to adopt a 'gender mainstreaming' approach to men's health, and to consider men and women as more than simply biological categories.
- Gender has been identified as a key factor in men's late presentation to health services, leading to higher levels of potentially preventable health problems among men and fewer treatment options.
- The absence of male-targeted health care programmes hinders the surveillance capability for men's health problems and men's ability to identify with health care.
- Northern Ireland lacks a definition of what constitutes a 'men's health issue'.
- There is a need to move beyond a narrow disease-focus on men's health.
- It is important to support men to become active agents and advocates for their own health.
- Priority actions should include:
 - adopting a Men's Health and Well-Being Policy for Northern Ireland;
 - ensuring that men's issues and needs are reflected in government departments' Gender Action Plans;
 - commissioning new research into the needs of men and boys, and systematically collating and analysing existing data;
 - developing gender competent health and social services which focus on preventative health;
 - providing a more explicit focus on health for boys in schools;
 - placing greater emphasis on men's health in the workplace;
 - strengthening community action to support men's health;
 - supporting the increased involvement of men in family life;
 - developing appropriate mental and emotional support services for males;
 - increasing the focus on men's health through health communication and awareness raising strategies.

Why Focus on Men's Health?

In recent years, there has been a growing awareness of and concern about the burden of ill health experienced by men on the island of Ireland^[1,2]. Despite an overall pattern of increasing life expectancy, men in Northern Ireland die, on average, over four and a half years younger than women do (76.8 v 81.4)^[3]. Between 2007 and 2009, circulatory diseases (32%), malignant neoplasms (29%), respiratory diseases (13%), and external causes including injuries and poisoning (8%) accounted for the vast majority of male deaths in Northern Ireland^[4]. An examination of standardised mortality rates reveals that local men have higher death rates than women from all of the leading causes of death and at all ages^[5].

While the gap in male:female mortality for all causes of death is consistent across all age groups, it is most pronounced between young men and young women, with suicide and road traffic accidents accounting in large part for this differential^[5].

Poor lifestyles and preventable risk factors account for a high proportion of chronic diseases such as coronary heart disease, diabetes, stroke and some cancers. Almost two-thirds of Northern Irish men (64%) are either overweight or obese, less than a quarter (22%) are compliant with eating, on average, five portions of fruit or vegetables per day, while almost one in four (23%) male drinkers exceed their sensible weekly limit of 21 units^[6]. Such data partly explains why cardiovascular disease (CVD) is higher among men than women, and why Northern Irish men are twice as likely to have suffered a heart attack and almost twice as likely to have suffered a stroke^[7]. Indeed, age standardised coronary heart disease death rates for those under 65 in Northern Ireland between 2004 and 2006 were almost four times higher in males than in females (46.36 v 12.91)^[8].

The high level of premature mortality among men in Northern Ireland has far-reaching repercussions, affecting not only industry and commerce, but also impacting upon the social and financial positions of families through the loss of what is still, in many households, the primary income earner.

Recognising Differences in Health Outcomes between Men

Sex-differences in mortality on the island of Ireland have been described as a *fundamental inequality in health*^[2,p11]. There is, however, a need to recognise the substantive differences in health status between different categories of men.

There is an increasing recognition that social, economic, environmental and cultural factors are key determinants of the health status of men. The burden of ill health and mortality is borne, in particular, by men from the lower socio-economic (SEG) groups^[9]. Standardised death rates for the principal causes of death are much higher in 'deprived' compared to 'non-deprived' men, and account for 10.5 years of 'potential years of life' lost among deprived men (6.5 years in non-deprived men)^[10].

The gap in life expectancy between deprived and non-deprived men in Northern Ireland (4.7 years - 72.4 v 77.1) is also higher than that between deprived and non-deprived women (3.2 years - 81.7 v 78.5 years)^[10]. Suicide rates are almost twice as high in deprived compared to non-deprived men (27.1 v 15.8), with standardised admission rates to hospital for self-harm being more than three times higher (223 v 71)^[10]. In the case of cancer, the Northern Ireland Cancer Registry reveals that men from lower SEGs have higher incidence of cancer and poorer survival rates than men from higher SEGs.^[11]

Whilst there is a strong gendered dimension to lifestyle choices and risky behaviours that place men at higher overall risk of suffering ill health than women, these

Standardised death rates for Northern Ireland by sex and cause of death

Cause of Death	Male	Female
All Causes	775.1	536.4
Neoplasms	228.6	158.7
Disease of Circulatory System	243.4	157.1
Disease of Respiratory System	99.9	72.6
External Causes	65	24.1

Source: Office for National Statistics^[5]

need to be considered within the context of much broader economic, social, environmental and cultural factors. It is now well-established that men who live in poorer material and social conditions are less likely to eat healthily or to engage in adequate physical activity, and more likely to be overweight / obese, drink excessively, smoke, and use illicit drugs^[12]. Indeed, there is what can be described as a *stepwise gradient*^[13;p496], with ill-health and premature death increasing with each step down the SEG scale.

It is only by targeting the reduction of poverty in Northern Ireland that we can begin to tackle such health inequalities. In order to support men to look after their own health, it is crucially important that men have access to meaningful employment in a safe and healthy work environment, lifelong learning opportunities, and adequate and affordable housing^[14]. There is also an onus on health policy makers to recognise diversity within men, and to acknowledge the right of all men in Northern Ireland to the best possible health, irrespective of social, cultural, political or ethnic differences.

The marked effect of poor socio-economic conditions on the health of men makes men's health not just an issue of gender equality, but a more fundamental equity concern, which relates to the right of all men in Northern Ireland to be able to live a long and fulfilling life.

Adopting a Gendered Approach to Men's Health

It is also crucially important to adopt a gendered approach to men's health, and to consider men and women as more than simply biological categories, constituted solely by biological differences. Such an approach enables us to recognise how different patterns of gender conditioning impact upon the value that men place upon their health, and how they manage their health within the healthcare system.

How men behave in relation to their health is frequently in keeping with learned masculine behaviours, which typically reflect societal expectation of particular masculine roles, and are grounded in wider cultural and institutional masculine ideologies. For example, numerous studies have highlighted how men tend to avoid seeking help when they are unwell because of fear of being labelled feminine or effeminate^[15]. It has also been shown that men who engage in health damaging or risk behaviours often do so to prove their masculinity to others^[15]. The extent to which men endorse 'traditional' or 'dominant' definitions of masculinity is related to unhealthy behaviours such as poor diet^[16], excessive alcohol consumption^[17], and non-use of health services^[18].

In making the case for a more explicit focus on gender and men's health at a policy and service delivery level, it is worth taking a closer look at how health issues such as CVD, cancer and depression are gendered in the case of men:

- (i) Whilst the gendered nature of CVD has been well documented in the context of women's health^[19], it is only more recently being understood in the context of men's health. It is important to recognise that the prevalence of risk factors for CVD is higher among men^[7], there is a gendered pattern to risk factors, men^[14] are less likely than women to be compliant with CVD medications^[20], and men tend to present late with CVD symptoms^[21].
- (ii) Similarly, whilst the [age-adjusted] higher incidence and mortality from cancer among men can be partially explained by higher levels of smoking and alcohol related cancers, symptom recognition and patient delay in presenting to health services have also been identified as key issues in tackling cancer mortality among men^[22]. These latter issues may have particular relevance in the case of melanoma

Age standardised death rates per 100,000 for various causes of death by deprivation and sex, 2006

Cause of Death	Level of Deprivation	Male	Female
Respiratory Disease	Deprived	53.9	41.3
	Non deprived	26.5	21.4
Cancer	Deprived	174.7	141
	Non deprived	119.1	104.2
Circulatory Disease	Deprived	178	98.7
	Non deprived	111.4	58.6

Source: Stewart et al (2007)^[10]

skin cancer data in Northern Ireland. During the period 2001 to 2005, there was, on average, a 41% higher incidence of melanoma skin cancer among females compared to males. Yet, the mortality rate from the disease during the same period was, on average, 43% higher in males^[11].

- (iii) In the context of depression, previous studies have cited a gender-bias in the diagnosis of depression, such as differences in help-seeking behaviour and symptom reporting patterns^[23]. O'Brien et al ^[18;p515] describe as the 'unwelcome scrutiny of their male identities', men's attitude to seeking help for depression, which, they conclude, continues to contribute to the relative invisibility of men's mental health problems. It has been argued that male depression is often manifested through more 'acceptable' male outlets, such as alcohol abuse and aggressive behaviour^[24]. With depression being implicated with over half of suicides^[25], this gives rise to the anomaly that although international studies show that women are diagnosed with depression about twice more often than men, men are approximately twice as likely to die from suicide^[26]; with suicide rates in Northern Ireland being almost four times higher in men than in women^[10].

Gender has also been identified as a key factor in men's late presentation to health services, leading to higher levels of potentially preventable health problems among men and fewer treatment options^[15]. A Danish study^[27], which demonstrated an overall pattern among men of lower contact rates with GPs but higher hospitalisation and mortality rates, led the authors to conclude that men react later than women in seeking help for severe symptoms, resulting in higher rates of hospitalisations among men for the causative condition. The proportionally greater use of primary care services by women in the early years reflects the provision of antenatal care, contraception and screening services, which are more likely to habituate women into regular contact with health services. The general absence of male-targeted health care programmes hinders the surveillance capability for men's health problems and men's ability to identify as participants in health care. Not surprisingly, many men eschew traditional interpersonal medical consultations and, instead, opt for online medicinal products - a trend which is worrying, given the risk of exposure to potentially harmful counterfeit drugs.

Gender-Mainstreaming Men's Health

Clearly, there is a need for a more rigorous 'gender mainstreaming'^[28] approach to men's [and women's] health. Such an approach recognises that gender equality is best achieved through the incorporation of men's and women's health concerns in the development and implementation of policies, both within and beyond health. The positioning of men's health within a mainstreamed equality agenda with a gender focus^[29] affords a more holistic approach than a focus on gender alone. In other words, an approach that recognises diversity between men, and which strives for health equality among all men in Northern Ireland, is likely to offer a more constructive framework in which to advance men's health than one which focuses on margins of difference between men and women.

Defining 'Men's Health'

It is only by recognising diversity between men, and endeavouring to adopt a social determinants and gender-mainstreaming approach to men's health, that we can move the men's health agenda in Northern Ireland forward in a way that serves to promote men's health in the broadest sense. It is within this context that the National Men's Health Policy in the Republic of Ireland defines a men's health issue as^[14;p2]:

"any issue that can be seen to impact on men's quality of life, and for which there is a need for gender-competent responses to enable men to achieve optimal health and well-being at both an individual and a population level".

Shaping a Future Policy Framework for Men's Health

Whilst men's health, at a local policy level, is still in its formative stage of development, internationally, there are important lessons to be learned from policy endeavours in men's health^[14,30,31].

In the Republic of Ireland, it wasn't until men were identified as a specific target population group at a national health policy level^[32], that the impetus for developing a national men's health strategy began. The importance of specifically commissioned research to inform the development of the policy^[15], and an extensive consultation process with all key stakeholders in shaping the policy, cannot be over-emphasised.

The theoretical principles underpinning a men's health policy also need to move beyond a narrow disease-focus on men's health. The need for a gender mainstreaming and social determinants approach to men's health is paramount. This can best be achieved through an inter-departmental and inter-sectoral approach which seeks to promote men's health in synergy with other sectors such as education, employment, environment and social affairs, and which strengthens alliances and partnerships with the community and voluntary sectors.

It is also important to support men to become more active agents and advocates for their own health. This can be facilitated by adopting a positive approach to men's health. Whilst it is imperative not to overlook the 'problems' with men's health, it is equally important to build on the many strengths of men in Northern Ireland, and to challenge men to take increased responsibility for their own health.

Key Priorities to Address Men's Health Needs in Northern Ireland

1. Adopt a Men's Health and Well-Being Policy for Northern Ireland

The template for doing this is already in existence in the Republic of Ireland. This would provide a much-needed structure to measure if the needs of men and boys are being met. At present, there is no framework in Northern Ireland to determine what should be done to support men and boys or explicit guidance on how this could be achieved. This leaves service providers in a vacuum. The impetus for, and approaches to, policy development in the Republic of Ireland, as well as the methodologies used in developing the policy, provide a useful roadmap for men's health policy development in Northern Ireland^[33]. There is also value in having a men's health policy document, in that:

"it identifies men's health as a priority area; it creates a vision and an identity for 'men's health'; it acts as a blueprint and a resource for practitioners and ongoing [health] policy development; and it provides the leverage for expanding men's health work, particularly at an inter-sectoral and inter-departmental level." ^[34,p9]

2. Ensure that men's issues and needs are reflected in government departments' Gender Action Plans

At present, this is not the case. Indeed, in some Departmental Gender Action Plans, men are rarely even mentioned. When the term 'gender equality' is used, it often only refers to the rights of and inequalities facing women. There is, therefore, an onus on all government departments to apply a gender lens to policy development. Gender mainstreaming is characterised by the integration of a gender perspective into the design, implementation, monitoring and evaluation of policy in all sectors of public life.

3. Commission new research into the issues facing / needs of men, young men and boys, and systematically collate and analyse existing data

A Northern Ireland publication similar to 'Social Focus on Men' (from the Office for National Statistics) would provide an evidence base for both the extent and effect of the issues affecting local males. There is also a need for a more thoughtful disaggregating of data across the health sector; not just by sex, but in terms of the interplay of sex differences with other variables such as age, socio-economic status and ethnicity.

4. Develop gender competent health and social services with an increased focus on preventative health

Consideration should be given, in particular, to developing best practice guidelines or a 'Q Mark' that reflects best practice in engaging men with health and social services^[35]. In doing so, there is also a need to develop and provide training and support for service providers on best practice in engaging with men.

5. Provide a more explicit focus on health for boys in schools

Men's health starts with boys' health. The literature on men's health draws attention to the critical influence that behaviours and values developed early in life have on men's health practices in later life. Schools are important settings for the delivery of early interventions with regard to men's health policy initiatives. There is a need to provide a visible and integrated focus on boys and men's health within primary and secondary school curricula which foster positive models of personal and social development, and sexual health.

6. Place greater emphasis on men's health in the workplace

There needs to be a more explicit focus, at a policy level, on the workplace as a key setting for delivering men's health initiatives. This could involve both employers and unions / representative bodies working in a cohesive way to promote men's health.

An important health policy task is to identify men's health aspects of occupational health and safety. Unemployment, lack of security of job tenure, and involuntary early retirement can have a potentially negative impact on men's health. Specific policy measures should be developed for marginalised sub-groups of men, for example, minority ethnic groups, gay and transsexual men, disabled men, isolated rural men, or homeless men.

7. Strengthen community action to support men's health

This should be done in a way that specifically targets those men who experience social isolation and disadvantage. By seeking to build social capital among these communities of men affected by social disadvantage and marginalisation, there is the opportunity to enable these men to take greater control over their lives and their health, and to change the circumstances that contribute to their disadvantage. There is a need, in particular, to develop strategies and to provide sufficient resources to pilot new approaches to engaging men in health-focused projects, adult education programmes, and improving the educational outcomes for young men.

8. Support the increased involvement of men in family life

This can be achieved by providing resources to develop innovative models of parenting education for fathers, and ensuring that existing family support services actively include male carers in their provision. Measures that support and enable men to be more involved and active as fathers (for example paid / extended paternity leave) have beneficial effects not just for fathers, themselves, but also for their partners and children, and society as a whole.

9. Develop appropriate mental and emotional support services

Such services are crucially important in helping men (and young men in particular) to deal with times of crisis or upheaval in their lives. At present, many men turn to alcohol, drugs, or even suicide as a coping mechanism. There is a need to provide programmes to help males to build resilience and develop their emotional intelligence. These initiatives need to be both accessible and widely promoted.

10. Provide an increased focus on men's health through health communication and awareness raising strategies

It is important to talk positively about the lives of men and the important contribution that they are making to their local communities. Good health communication strategies must consider the experience of different men within the health care system, attitudes towards different types of health problems, and willingness to use certain types of health services. Particular attention should be paid to the needs of deprived male populations.

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