

Developing men's awareness of health issues

Lannes Johnson
MBChB, FRNZCGP,
MMedSci (Hons)

Is there a need for New Zealand (NZ) to develop, or encourage, men's awareness of health issues? Awareness by men themselves, their children, their partners, or all of the above? Would there be benefits in respect of health gain including quality of life, with a resulting reduction in secondary care health expenditure, or in the country's productivity, with a consequent improvement in NZ's gross domestic product?

There is no dispute regarding the gender mortality and morbidity differences between men and women in NZ; what is uncertain is the aetiology of the disparity and thus how to alleviate it. Men's shorter lives have not been shown to be due to biological differences and behavioural differences may account for some disparities (e.g. accidents, suicides, cancer and deaths from cardiovascular disease), but certainly in NZ we do spend a lot more on women's health. The role of this differential allocation of health budget has not been fully investigated. Professor White, one of the first chairs in men's health in the United Kingdom (UK) commented:

Men's health is not a medical issue; it is societal. Therefore a much broader approach needs to be taken. This leads us into research questions around men's lifestyles and the social pressures on men to conduct their lives in certain ways; it makes us look at social structures, including education, work, leisure.¹

In December 2004 the Public Health Advisory Committee (PHAC) commissioned a literature review on men's health. The review, which was both comprehensive and excellent, was carried out by Eileen McKinlay of the Wellington School of Medicine and Health Sciences, Otago University:

The review confirmed that health outcomes were poorer for New Zealand men than women, in terms of morbidity, mortality and life expectancy. The literature identified several factors proven or suspected to cause the disparities in health outcomes between men and women. There was, however, little agreement on which of these factors impacted most on men's health, and how to address these factors. The findings from the review suggested more in-depth research was needed to provide a foundation for effective strategies to improve men's health.²

In 2006 HealthWEST Primary Health Organisation (PHO) was commissioned by the then Minister of Health (Pete Hodgson) to research men's health in NZ and investigate actions that could improve men's health. The authors looked at the economic ramifications of poor health in the workforce, examined men's attitudes to health and made recommendations to the Minister:

Health is not simply a by-product of economic development, but is a substantial driver of economic development as well. The health of the population affects a country's productivity, labour supply, education levels, and capital formation. Healthy people learn better, live longer—and work, earn, and save more.³

Limited awareness of health issues may lead to poor health and one of the fundamentals for improving health in a population is improving health literacy; the development by Janine Bycroft of Health Navigator is one tool to address this (<http://www.healthnavigator.org.nz/>). The success of the cervical smear and breast screening campaigns relied on women's awareness of the associated health issues. There has

CORRESPONDENCE TO:

Lannes Johnson
Clinical Director,
Harbour Health,
PO Box 9, Greenhithe
Auckland 0756,
New Zealand
ljohnson@
harbourhealth.org.nz

been little in the way of corresponding national awareness campaigns for men in NZ and, internationally, awareness efforts have been poorly evaluated:

Only a paucity of interventions have been comprehensively monitored and evaluated, and which in turn have shown clear beneficial impact on men's health. However there is potential for men's health awareness activities to catalyse interest in health and to seek advice or support. Three possible benefits of men's health activities are: raised awareness of health issues, connecting men with health or other support networks, and some degree of behaviour change.³

The need to promote health awareness in men has been recognised by many national groups, notably the Cancer Society, the Prostate Can-

chair in men's health (despite the altruistic, academic and economic justification for this) and actions to improve men's health have been largely left to employers who recognise the value of good health in the workforce, a few passionate individuals and concerned non-government organisations.

Men in NZ visit a GP less often than women but, more importantly, they engage less in comprehensive health checks² and, except for cardiovascular disease/diabetes screening, there is limited support for the practice team to manage this. 'There are barriers to overcome if the practice team is to undertake health promotions within general practice consultations.'⁴

It is possible that systematic population screening and raising health awareness, with

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cer Foundation, Aged Concern, a number of men's action groups, and a (very) few District Health Boards and PHOs. An excellent publication by rural general practitioner, Dave Baldwin (*Healthy Bastards*) provides comprehensive men's health advice (and includes a chapter on women's health for male edification). There has been the occasional programme on TV and a (very) few press releases that relate to men's health. There is no organised 'Men's Health Movement' despite international examples and academic recognition of men's health as an indexed term (MeSH or Medical Subject Headings) in MEDLINE/Pubmed in 2008.

However, unlike Australia, the United States and UK, NZ has no declared government policy on men's health; no national men's awareness day, no Ministry of Men's Affairs, no academic

specific focus on ethnicity and socioeconomic issues, may address some of the gender disparities and reduce health and societal costs in the community:

Men have a lower life expectancy than women, and there are enormous costs associated with premature death and disability that impact families, employers, and society as a whole. Men play a critical role in families as fathers and sons providing care and support to other family members. As members of the workforce, they are employers and employees whose health and well-being greatly affect productivity and economic well-being. Improving the health of men through early detection of male health problems and timely treatment of disease can result in reduced morbidity and mortality resulting in benefits for men, families, and society.⁵

The Ministry of Health's website, under 'men's health', reveals an encouraging commitment (<http://www.moh.govt.nz/menshealth>):

The Ministry of Health is working on programmes and initiatives aimed at encouraging men to be more aware of their health and to access healthcare. These include:

- providing targeted men's health checks at convenient times and locations
- supporting workplace based men's health initiatives
- establishing a men's health innovation fund to support community based men's health initiatives
- developing a men's health social marketing campaign
- improving access to good quality men's health information by supporting existing websites, telephone health services and a range of information pamphlets

These programmes seem to be in abeyance at the present time, although there is a small research project looking at the 'burden of risk' (cardio-vascular, major cancers, self-harm, depression) in working men in Waitakere who have not experienced a comprehensive health check in the previous five years.

Although addressing inequalities in health in NZ is a key focus of health strategy and policy, men's health does not specifically feature in this regard. Rather, the focus is more on addressing inequalities patterned by ethnicity and deprivation, and issues of men's health within these groups appears at best in the margins.⁶

The McKinlay review highlighted many initiatives to improve men's health; however the issue may be less of awareness and more of availability; in primary care many practices are not 'man friendly'. Hours of opening do not accommodate men's difficulties in time away from work, practice nurses are busy with women and children, and the concept, and promotion, of a comprehensive men's health check (tailored to age) may not be well supported in all practices. Men appear to

have a particular perception of health which may mean that they do not always recognise when to seek help and may find it difficult to engage with the health services.⁶

Goodyear-Smith and Birks have commented on the disadvantages of a gendered approach to health and advocates a more targeted health policy:

New Zealand governmental agencies promote a gendered approach to health care policy and service delivery on the basis that women have special health needs not met by the existing health services. We argue against such an initiative on the basis that giving priority for female services disadvantages males, who already have higher morbidity and mortality than women. A needs rather than advocacy-driven public health policy directed at high-risk groups for specific health problems rather than specific populations may be a more efficient, equitable and effective means of disease prevention and treatment.⁷

PHOs definitely have a role in addressing these difficulties, but a national policy on men's health could set the pace. Without political leadership from the Ministry of Health and possibly the financial sector, progress will be slow. Improving men's health is critical to improving productivity and thus economic recovery.

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