

New Zealand men's health care: are we meeting the needs of men in general practice?

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ABSTRACT

AIM: To describe and compare how men and health professionals perceive men's health and health care.

METHOD: A qualitative study with an inductive thematic analysis of transcripts from three sequential sets of focus groups. The first set included groups totalling 21 general practitioners and 10 practice nurses; the second set with a group of 12 men under 25 years and a group of 10 older men over 35 years; and the third set with the original groups of health professionals. Datasets were analysed individually, sequentially and comparatively for men's and health professionals' beliefs about health and health care.

RESULTS: In the initial focus groups, health professionals reported system, structural, and attitudinal barriers inhibiting men attending general practice. Men reported broad-based health beliefs and, despite reluctance to seek formal health care, men value general practice care and want recognition of their preferred consulting styles. In the final focus groups, researchers fed-back analysis of the health professionals' and men's focus group data with the aim of encouraging further focussed men's health initiatives. However, there was a general lack of enthusiasm from health professionals to do more than what was being done already.

CONCLUSIONS: Despite men and health professionals recognising the importance of men's health, there is general unwillingness on the part of both men and health professionals, for different reasons, to engage with men's health care in general practice. Understanding how men view health and health care delivery has the potential to inform alternative approaches in general practice care.

KEYWORDS: New Zealand; men's health; general practice; general practitioner; practice nurse

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Introduction

In New Zealand (NZ), the gap between women's and men's life expectancy reached a high of a 6.5 year gap in 1975–1977. Recent figures show NZ men can expect to live to 78.0 years and NZ women 82.2 years.¹

There is limited evidence about the causation of health and life expectancy differences between men and women, although men are believed to be more vulnerable than women over the whole lifespan.² It is believed that male gender culture, including lifestyle, attitudes and occupation,

is pathogenic rather than protective of health.³ Men's harmful lifestyle behaviours include excessive alcohol intake, lack of exercise and inadequate/inappropriate diet⁴ and when men exhibit suicidal behaviour they use potentially lethal means.^{5–7} They are often employed in more hazardous occupations and undertake physical activities more likely to result in accidents.⁸ Some men have significant problems with expressing anger and engage in unlawful and risk-taking activities.⁹ Men's sense of immortality and immunity from accident or disease¹⁰ is said to be linked to testosterone levels.¹¹

Provision of primary health care is associated with lower mortality, particularly where socio-economic disparities exist.¹² However, men delay seeking health care¹³ and attend doctors significantly less frequently than women,^{14,15} particularly men of minority or indigenous ethnicity,¹⁶ low income, reduced educational advantage, sexual orientation differences¹⁷ and/or disability.¹⁸ Men without partners have additional risks.¹⁹ Health outcomes for all these groupings of men are known to be poorer.¹⁵

When men do consult, they do not always report the extent of their health concerns¹⁵ and some fear possible physical contact by their doctor, during examination.²⁰ Often men do not receive appropriate preventive care/opportunistic screening from the general practice team.^{15,21} However, despite the above factors, men report that they generally like and trust doctors and nurses and would like them to spend more time in partnership discussing health concerns.²²⁻²⁵

A review of the NZ medical literature since 2002 found few published works specifically focussed on men's health or perceptions of general practice care.^{21,26-32} NZ men appear to have similar life-style behaviours, health outcomes and general practitioner (GP) consultation patterns to men internationally, although little is known about NZ men's understanding of what constitutes 'health'³³ and health care delivery in general practice settings and whether there may be differences between younger and older men. This qualitative study aimed to address this gap.

Methods

This is a qualitative study with data gathered from three sequential sets of focus groups over the course of nearly a year with an iterative inductive thematic analysis³⁴ of each set of data (Figure 1). Semi-structured interview question frameworks designed to assist understanding of the experience of primary care from men's and health professionals' points of view were used (Table 1).³⁵⁻³⁹ Health professional focus groups at the start and end of the year-long project in 2002/3 allowed for feedback of the results of analysis of the initial health professional and men's focus groups and possible action planning

WHAT GAP THIS FILLS

What we already know: There is considerable international writing on men's health and health care identifying issues of poor health in comparison to women and less frequent consulting with health professionals. There has been limited research into similar issues in New Zealand.

What this study adds: This study reports health professionals' and men's understandings about men's health and health-seeking behaviour as well as men's views of health and possible barriers inhibiting them attending general practice. Although reluctant to seek health care in general practice, men want recognition of their preferred consulting styles and say they value health professional's care.

Figure 1. Study methodology

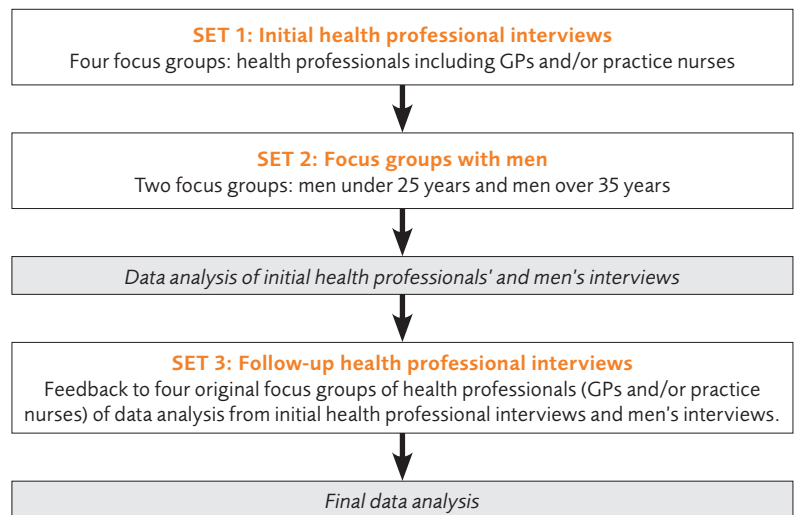


Table 1. Interview framework: range of question topics

Group	Question topics
SET 1: Initial health professional focus groups	Male attendance patterns in general practice Health professionals' understandings of men and their health Why men attend general practice less frequently than women Local initiatives already undertaken to improve attendance by men and suggested initiatives to improve attendance
SET 2: Men's focus groups	What does it mean to be healthy? How can GPs and health professionals support/meet men's health needs?
SET 3: Follow-up health professional focus groups	Analysis of men's and initial health professionals focus group data Discussion of findings Possible changes in approaches to practice as a result of this information

Table 2: Barriers to men receiving health care perceived by health professionals (focus group set 1)

Theme	Exemplar
System and structural barriers	
Men don't like paying for health care	'Men tend to look at it and go: "Hell I'm not paying the 50 bucks to go and see somebody for 15 minutes". So they just don't do it' (GP M)
General practice opening hours may prohibit men accessing care	'I think [being able to] get away from work is important. They're more likely [to be]... working full-time' (GP F) 'The opening hours aren't terribly conducive 8:30 till about 5:30' (GP M)
Health professional gender may matter	'...there are some men who [only] want to take their problem to a man..., but a lot of people don't mind' (GP M)
Lack of a team-based approach	'But certainly the chance to do things like blood pressures and blood sugars... which could then lead on, lead on to a discussion about lifestyle, I think it's a good role for the nurses. ...and we've got time to talk about it' (Nurse F)
Health professionals' understandings about barriers	
General pessimism about men's health	'Men are less well, less healthy than women' (GP F) 'Males only present at GPs when they are quite sick, they are not in a frame of mind to have health promotion material. ...not prepared to take on board what you are saying...' (Nurse F)
Men don't recognise when to seek health care	'A guy in his 40s, lots of risk factors, classic, didn't have a GP, ...and I said "You really need to get a GP" and he said... "Oh no I feel like I am just wasting their time. It's not a real problem, you need a cut finger to go to the GP—a real problem"' (Nurse F)
Men don't organise their health care	'Because [it's] partners who definitely tell them to come in and mothers' (GP F)
A relationship built over time	'I find it a lot easier to talk about those things if you've got a relationship with the person in the first place... that's why men miss out...' (GP F) 'A relationship with their GP and an opportunity to explore other—other things. ...the opportunity doesn't arise if they're not there for that regular attendance' (GP M)
Men may find it hard to form relationships with health professionals	'It's very hard to go, and if you're a 'stiff upper lip' male, to go to a stranger, someone you've not really seen before ...because you never go to them or you go to all different doctors all the time... [it's very hard] to voice fears' (GP F)
Ambivalence re advising on consultation frequency	'I'm not sure that anybody's talking about really regular check-ups... I mean screening blood pressure is five-yearly, there is an evidence base on that I think' (GP M)

by health professionals in the follow-up focus groups, as a result.

Initial health professional focus groups, undertaken by the research team were with four Wellington area peer review groups. These groups are a mechanism to ensure the quality of work undertaken by health professionals. Groups of GPs or practice nurses meet regularly to provide quality assurance to each other's professional practice through formal clinical review, and by discussion of other relevant matters, set by an agenda. There were two focus groups with GPs only, one with a mix of GPs and practice nurses, and one with practice nurses only. The follow-up focus groups drew from the same peer groups (with minor changes in group composition) reconvened about a year later. The peer groups represented localities with differ-

ent socio-demographic profiles covering a patient population of approximately 48 000. The majority of health professional participants were the same in the initial and follow-up focus groups with 20 GPs and 10 practice nurses in the initial and 21 GPs and 10 practice nurses in the follow-up group. There was an equal gender mix of GPs and by far the majority of practice nurses were female. There was a predominance of those over 40 years.

Focus groups of a purposeful community sample of men were undertaken by experienced male facilitators and included one for 'younger men' defined as under 25 years old; the other for 'older' men defined as over 35 years old. The men's separate focus groups consisted of 12 younger men under the age of 25 years and 10 older men over the age of 35 years.

All focus group interviews were audio-taped and transcribed verbatim as text responses with speaker gender identified and QSR NVivo software used to manage the interview data and subsequent coded sections.⁴⁰ Health professional focus group data (both initial and follow-up) were analysed using inductive thematic analysis⁴¹ identifying themes held in common or disparate between those interviewed, and/or themes that coincided or were different from the literature.^{42,43}

Transcripts were reviewed by all members of the research team and data coding categories and content independently undertaken and reviewed by two members of the team.⁴⁴ Theme generation was undertaken by two members of the team and verified by the research team as a whole.⁴⁵ The men's focus group data were analysed by male facilitators and a member of the research team, in a similar manner to that outlined above, exploring similarities and differences between the different age groups.

Project ethical approval was obtained from the Wellington Ethics Committee (WGT/02/09/092).

Results

Three qualitative data sets were collected: health professionals' views of men's health and health-seeking behaviour in general practice; men's views on health and health care, and health professionals' views on men's health care after feedback of analysis from the initial health professional interviews and men's focus groups.

SET 1: Health professionals' views of men's health and men's health-seeking behaviour in general practice

The GPs and practice nurses identified barriers to men's health-seeking behaviour, which were grouped under system and structural barriers and health professionals' understandings about barriers (Table 2).

Health professionals felt that factors such as working hours and/or the geographical location of general practices inhibited men's consulting. If they did consult, general practice service delivery

approaches were not well-orientated to men's needs or expectations, with the environment and staffing composition more suited to women and children and general practice opening hours conflicting with men's working hours.

It was perceived that men have a reluctance to pay for the GP consultation, especially if it results in advice on preventative health or health promotion rather than a medication prescription or intervention. The practice nurse's role seems underdeveloped in relation to men's health needs, with limited vision from the general practice team about involvement in screening/health promotion role with men, especially if provided in the workplace or community.

A number of ambivalent and almost contradictory attitudes emerged about men's health. Some health professionals felt more could be done for men and cited opportunities they had offered in the past. These included:

- Evening clinics for men;
- Community-based health promotion targeting men;
- Nurses undertaking health promotion/screening of men;
- Free initial assessment undertaken by practice nurses;
- Modifying information to different cultural needs;
- Undertaking a longer initial consultation;
- A brief health questionnaire while waiting for appointment;
- A health screening tool;
- An age-related male health check schedule (repeated three-yearly, usually from 40 years);
- Initiatives which targeted patients from low socioeconomic areas;
- Evidence-based screening such as blood pressure, blood glucose, Body Mass Index and smoking.

In contrast, others reinforced commonly expressed pessimistic stereotypes about men and their health, suggesting little could be done to support men's health, and endorsed the status quo. Some health professionals felt men did not recognise important health concerns or prioritise seeking care if they did. Female partners or fam-

ily members were recognised as being key to initiate and organise health care for their men and this increased the risk for men without partners or interested family.

The pattern of less frequent male consultations was thought to impact on the quality and depth of the patient–health professional relationship inhibiting men revealing their health concerns and therefore reducing the opportunities for health care to occur. However, health professionals were also reluctant to advise more frequent male consultations as they might with women (e.g. for screening) because of lack of research evidence particularly supporting screening or health promotion for men. They also noted some men appeared to choose not to have a regular doctor and sought after-hours type medical services. Whilst this may meet their immediate (often acute) health care needs, health professionals felt it prohibited continuity of care, often for long-term conditions.

SET 2: Men's view of health and health care in general practice

Men's focus group transcripts revealed that the word 'health' is not one they readily identified with and group facilitators needed to give time and attention to draw men's opinions out. Despite this reluctance, it became apparent that there were three commonly-held health beliefs: 'balance in life', 'effective relationships' and 'strong sense of self', and two beliefs where there was variation between the two groups: family health history and preferred health professional style (Table 3). Men described barriers to general practice consultation and varying patterns of seeking health care.

Men believed that having 'balance in their life' was important to keeping well. Their comments included consideration of diet, exercise, stress, mental health, family, friends, work and study. Younger men focussed on the need to exercise to look good and not eating 'junk-food' whereas older men talked of 'cholesterol' and regular activity. Both younger and older men talked about the importance of having 'effective relationships' with friends or for romance (younger men), or with family (older men).

Men talked of health as being a strong sense of self; perhaps also described as mental resilience. Older men described this in terms of achieving inner confidence or fortitude. This emerged as they discussed the challenges of employment, retaining jobs and alleviation of work stress and also when considering personal relationships such as partnership break-up and forming new relationships. Younger men's sense of self wavered depending on the success of study, living situations or romantic friendships. They talked considerably about the positive and negative impact of alcohol on their sense of self.

Older and younger men differed in how they viewed the impact of health history. Younger men did not talk about other family members' health whereas older men were notably concerned about family health history and recounted in-depth details of father's, uncles' and grandfathers' health care problems. Not unexpectedly, older men had a lot more to say about health professionals and approaches to care. As well as their own health care experiences, this included health care given to partners and children as well as parents.

Younger and older men differed in choice of health professional and how they judged health professional interactions. Younger men felt strongly that they wanted a GP who was 'young' in age. In contrast, older men assessed GP consultations by the quality of the relationship, including being able to discuss wider issues. Some older men felt this role should be more like a life-coach, implying a partnership model with a wider scope. To support their choices, men wanted access to public information about a range of general practices and their services and about different GPs (including age, gender, interests and specialty areas).

There was no pattern according to men's age in seeking general practice health care and considerable variation was described. Some men did not consult regularly, but would consult the same GP if acutely ill. Other men consulted when they had vague symptoms or deliberately consulted different GPs, or 'out-of-hours' doctors, especially

Table 3. Men's view of health and health care in general practice (focus group set 2)

Theme	Exemplar
Balance in life	<p>'I work and sleep and do not do a lot. After a couple of weeks I start feeling a little bit lethargic. Oh I really should go and get some exercise, and ... Yeah! I feel heaps better, and you go to work... and you're more on to it' (Younger man)</p> <p>'Health is whatever is relevant to the individual, but the important thing would be that the balance would be right for the individual' (Older man)</p>
Effective relationships	<p>'I've been at my most happy... my best memories are just sitting around... with my friends... just talking shit and being an idiot with my friends I feel good too. I feel at my best and feel good when I've gotta girl as well. Or if, you know, if I'm, if I'm in a relationship and it's going well, or if I'm scoring...' (Younger man)</p> <p>'At 53, ...in the second marriage I've got an inherited family of two step-daughters... and my own five-year-old... and I have a working wife' (Older man)</p>
Strong sense of self	<p>'Being I guess mentally healthy is important to me' (Younger man)</p> <p>'Sunday you're a bit depressed after the weekend boozing. I'm feeling like, oh, [I] made a bit of a dick of myself last night, you know... so that's-that's your mental health' (Younger man)</p> <p>'If you can adapt to different situations... it can be better for your health. I think people are like that when they face like their own personal challenge' (Older man)</p>
Impact of health history	<p>'I have a few uncles who were farmers. One or two of them popped off with bowel cancer 'cos their idea of when it was time to go to the doctor was by the time you were bleeding from the rear orifice and in considerable pain, 'cos they were just brought up that you don't groan, a bit of aches and pains, a bit of blood—so what' (Older man)</p>
Preferred health professional style	<p>'I've never had a young doctor... of course there's young doctors out there but, I mean, in a way I guess I'd quite like to have someone close to my age... that I could feel I could relate to more' (Younger man)</p> <p>'The doctor's manner itself I think is important. I very happily go to my GP because I enjoy talking with her when I go about whatever [health issue]' (Older man)</p> <p>'I find I'm too busy to read up on health and what to take and what to do and almost like a personal coach for my health. I'd probably buy into that... scheduling that sort of time' (Older man)</p>
Seeking health care	<p>'I left it [and] it turned into tonsillitis and bronchitis and then I got an infected lung and throat and shit. ...[I] didn't go because of the cost initially... I ended up going to A&E about, what, four o'clock in the morning or something 'cos I couldn't breathe' (Younger man)</p> <p>'I went to the physio last year... I was bloody surprised because I thought they were going to give me... a massage and... put some gel on my shoulder... and then that'll be it, I'll be sweet. [But instead] they gave me all these exercises to do and I was a bit disappointed because I had to do something to make myself better' (Older man)</p>
Barriers to seeking health care	<p>'I've got no incentive at the moment to do anything. Like, I mean, I've never been to the GP as far as I know... there's been no reason to go' (Younger man)</p> <p>'The GP's not your only option... I'm talking about alternative remedies, going to see a Chinese doctor... or go and see an acupuncturist... or even getting a massage' (Younger man)</p> <p>'Like I went to a GP and half an hour wait, just for a five minute [appointment]... and they charge you... If you're working eight to 10 hours a day and you've got a family at home and you have to wait for an hour' (Older man)</p>

if acutely ill. Men frequently described their preference for 'quick fix' approaches to health care, perhaps reflecting a view of the body being a machine.

Men felt that general practice care focussed more on women's and children's needs. Older men were concerned about the health of their partners and children and keen that they received care and remained in good health. They did not seem to mind paying for their family's health care, but the cost of their own care was seen as a barrier.

Time spent waiting in the general practice for the appointment was also a problem for men.

Men varied in how important they considered general practice consultations in maintaining or improving their health, especially if they did not perceive anything to be wrong. The 'warrant of fitness' type check-up seemed an appealing analogy for men, especially with measurements of physical/health aspects (blood pressure, blood tests, health questionnaire). They were not averse to consulting professionals other than GPs.

SET 3: Health professionals' views on men's health care after feedback of analysis

The design of the study meant the follow-up health professional focus groups provided an opportunity to feed back the results of the initial health professional focus groups plus the analysis of the men's focus group data (Table 4). It also allowed the possibility for focus groups to suggest and plan to undertake initiatives to address men's health needs.

The focus groups of health professionals, in response to the feedback, seemed somewhat perplexed that men valued the care given in general practice; in particular, the value men placed on a wider and more holistic GP role, and they were unsure of how to respond to this information. In response to feedback that men were interested in their health and open to health care support in general practice, focus group participants debated the merits of various initiatives already undertaken, including men's health screening in the community, work-based initiatives and opportunistic screening in general practice. They felt some initiatives had been successful in increasing attendance for limited periods of time but expressed uncertainty about the evidence for these initiatives and whether initiatives led to improved health outcomes.

In light of the new information, health professionals at the follow-up focus groups were asked whether they might consider re-trying past or implementing new initiatives. However, despite being now more aware of men's health beliefs, preferences for health care and consultation patterns, most health professionals felt unconvinced about trying to do more and there was little eagerness to undertake further work in this area. Time pressures from current workloads also seemed to impact on enthusiasm.

Discussion

This is a small study in one location and represents a snapshot of men's and health professionals' perceptions at one point in time. Because of this there are therefore limitations in transferability to other settings. Transcription difficulties in identifying and matching the text of individual speakers, a problem inherent in focus group

methodology due to large numbers and/or over-talking, means the researchers could not analyse or follow (or identify) the responses of particular individuals in each group. However despite these issues, the study adds to our broader understandings of men's views of health and health care and health professionals' understandings of the barriers to men's health care in NZ.

Men's view of health in this study was not orientated around the presence or absence of physical or mental illness, currently perceived as the core business of general practice.⁴⁶ Men considered their health in a broad-based, even holistic manner. Older and younger men differed in their view of the impact of family history and health professional care. The men did not describe a consistent pattern in seeking health care. Men's reasonably positive beliefs about health did not necessarily align with their judgement of when to seek health care or with the model of care offered in general practice settings⁴⁷ which in our study appeared to operate from a conventional health belief model.⁴⁸ As a result, both older and younger men perceived a gap between the health care services currently offered and what they would prefer; however, there was unexplained ambivalence about what they would like.

Men and health professionals agreed that general practices are orientated to women's and children's needs with no particular focus on men. While men thought check-ups or warrants of fitness were an appealing approach, health professionals were uncertain about the evidence to support this.

While men talked a lot about GPs, there was less discussion about the practice nurse's role, with opportunity to develop extended roles in this area. Men did not perceive GPs and nurses as the only professionals able to assist them with their health needs, although they are one of the groups they might approach.^{15,49}

This study suggests a lack of alignment between men's understandings of health and the model of general practice care and this may contribute to men's generally reluctant attitude to consulting. This gap presents a barrier to general practice providing continuity of care, especially if men

Table 4. Health professional responses to men's health issues (focus group set 3)

Theme	Exemplar
Bemusement about how men view general practice care	<p>'You quote the fellow saying: "But I didn't know who they [GP] were or what their background was." Is that a basis on which to make a decision? And it raises an interesting point about how ah GPs promote themselves' (GP M)</p> <p>'It's interesting how you brought out the characterisation of the body as a machine in young men particularly, [but] older men, too, but coming for the warrant check and as long as you can [tick the box] things are all okay' (GP F)</p> <p>'The older men are really thinking about this issue and the younger men sort of fairly dismissive... there's no depth to what they've said unlike our older men who've started to... experience health problems' (GP M)</p>
Ambivalence about the role of general practice in men's health care	<p>'There was a distinct gap between what they perceived as health and the need for health, and what they... suggested that we [health professionals] can do... they're talking about lifestyle issues which I have no control over which are in their hands' (GP M)</p> <p>'I tend to see a man when he comes in as his illness whereas as women I will see more holistically. A man with diabetes or asthma—that is what he wants fixing up' (Nurse F)</p> <p>'[Men's impressions of health care are what] a lot of GPs would like to achieve. To talk to people about their lifestyle and their diet and whether they exercise. But it doesn't feel like [that when men are] in a consultation [all] they want is the antibiotic for the sore throat that they've had for three weeks, or they want a fix for what they've come for' (GP F)</p> <p>'If we weren't so busy... we could be promoting sort of [men's] "Well Health checks" if I had an extra half-hour a day then I could fit one in' (GP F)</p> <p>'[Men are] not used to going to doctors if they don't know what their GPs can offer. I'm not sure the GP knows what they can offer for the 40-year-old or the 45-year-old' (GP F)</p>
Screening is difficult	<p>'Opportunistic screening is really only possible when you've got tons of time. I think it's just ridiculous. And the alcohol thing is particularly in that basket, isn't it?... Opportunistic screening is sort of fitted in at the last minute, try and choose something really small. Unless it's been such a minor consultation which you've got something five or 10 minutes to do something. Well, if I'm behind I probably go: Praise the Lord, move on' (GP M)</p>
Concerns about community or work-based men's health checks	<p>'[In a work-based health clinic] masses of people would come because it was free and they would bring up everything they had from the year dot because they're going to get a free consultation and it usually had nothing to do with work... and then it wasn't fair to their own GP, in a way it wasn't very fair to themselves... I was discouraged by the whole thing' (GP M)</p> <p>'You'd have to have it [community-based health check] really strongly evidence-based what you were going to be checking men for at this check and that you could link it with improved health outcomes and there seems to be some difficulty there, linking all these things together' (GP M)</p>

consult with vague symptoms, or do not consult regularly and only if acutely ill. Some men deliberately consult different GPs or 'after-hours' clinics. This lack of continuity has implications for Primary Health Organisations with funding tied to enrolment with one health provider. The implementation of the Primary Health Care Strategy in NZ has resulted in an increase in overall consulting patterns (due to the lowering of fees and other facilitators to access general practice).⁵⁰ It would be wise for general practice to review how appealing their services are to men when planning a response to this shift and further research could explore this as well as community or work-based approaches to health care.

In summary, older and younger men have common views on what it is to be healthy—namely a need for balance across their life; having effective relationships and a strong sense of self. GPs and practice nurses are aware there is potential to address men's health needs, and are aware that they themselves, the physical environment and model of care create barriers. They are hesitant to initiate specific strategies to address these, despite men being willing to attend as long as access and cost is acceptable and health professionals are cognisant of their preferred consulting style. Understanding how men view health and health care delivery can inform innovation in general practice care.

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COMPETING INTERESTS

None declared.