

Men's health

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What is health?

The idea of harmony and equilibrium as an aspect of health has been around since before Christ. Plato (429-347 BC) saw health as a harmony among body processes. Galen (129-200) wrote that four humors were responsible for health and illness was a disturbance in their equilibrium.

It is no surprise that the World Health definition of health is, " A state of complete physical; mental and social well being and not merely the absence of disease or infirmity "

Most would agree that there are physical, emotional, spiritual, social and cultural aspects to health, which is dynamic.

Over the ages our views on health have changed from:

Negative passive (absence of pathology)-----to positive active wellbeing
Specific single cause-----to multiple inter related causes
Acute disease-----to chronic, degenerative problems
Objective (measured)-----to subjective (feelings)
Personal health (internal)-----to public health (external)
Biomedical-----to holistic

How do people see health? The results of surveys show that the following components are seen as important among the general public

- health as absence of disease
- as a reserve –recovery from illness
- a behaviour- healthy life style
- as physical fitness (young men)
- as an energy, vitality appearance, coping(women)
- in terms of relationships (women)
- as a capacity to function (older)
- as psycho-social wellbeing
- in terms of happiness, contentment (older)

So why talk about Men's health?

For several reasons-

- Women have been active for years addressing the deficiencies in Women's health knowledge, planning, policies and services.

- Men lag well behind in confronting the issues and in research, funding and policies concerning Men's health
- There are differences in the health status of men and women in ill health and mortality.

The 1999 report of the Chief health Officer of NSW notes-

- Men die at a greater rate in all age groups. (nearly 3 males to 1 female in the younger ages)
- Men have higher levels of morbidity for many common illnesses
- Men are more likely to commit suicide (up to 8 times in some age groups)
- Men suffer from a greater level of severe mental illness
- Men suffer from a greater rate of all cancers that are not sex related.
- Men use health services (hospitals, GP's alternative therapies and telephone services) at a lower rate than women. (Men visit GP's 30 % less than women)
- The Australian health system spends 30 % less on health of males
- Men use preventative services at a lower rate than women
- Men are the overwhelming majority of those injured or killed in work settings. While comprising only 56 % of the workforce, male fatalities account for 86.7 % of all industrial fatalities

This differential has been known for decades but little has happened to address the situation.

But what are the " causes " of this difference between the health of women and men?

There are two main explanations put forward-

- Men's health and illness is based on biology that is –due to chromosomes and hormonal differences
- The problem lies in a combination of masculine identity and lifestyle choices

The "biology" explanation is relevant to a small number of genetic abnormalities but does not account for lower use of services, workplace injuries and deaths or early deaths from preventable diseases.

The "maleness" explanation suggests that men are unable to seek help, express their feelings, are ignorant about health and indulge in risky lifestyles. This is "The Men behaving badly " story. There is nothing wrong with the services – the men themselves are to blame. Blame the victim!

But we know that-

- Not all men are unhealthy
- The differences are largely explained by the relative poor health of men in the lower socio-economic groups
- There is no causal link between maleness and health status (There are some connections between attitudes , lifestyle and gender.)

- Some aspects of maleness are health enhancing .

Men's health is linked to his environment-social factors-in the following way-

- Economic change has been shown to reduce the life expectancy of men
- Unemployment increases the incidence of heart disease in men
- Work factors can increase mortality and morbidity
- Relationships with family and community are important
- Poverty gives rise to changes in social life resulting in further poverty, insecurity, loss of self esteem, loss of control and stress.

We must look to the social environment to explain the problems in Men's health.

In 2001 the Australian government spent \$ 21,250,000 on women's health but only \$1 million on specific projects for men

So what do we need to correct this situation?

- Be positive about being male –we are not to blame !
- Recognise that there are problems with Men's health
- Action is needed from Men themselves and
- Our governments should provide equal access to resources and services to address the needs of all sections of our community.
- We need a National Men's health policy.
- We must not promote our own issues at the expense of other groups.

Turning now to focus on our personal health what are the main threats to an individual's wellbeing. ?

In 1996 the ten leading causes of burden of disease for men

(Burden of disease measures several factors including impact of disability and premature death) **were-**

- Ischaemic heart disease (Angina, heart attacks)
- Stroke
- Lung cancer
- Chronic lung problems ("chronic bronchitis ")
- Suicide
- Road traffic accidents
- Diabetes mellitus
- Depression
- Bowel cancer
- Dementia

The ten leading causes of death in men in Australia in 1999 were-

- | | |
|----------------------|---|
| • Various Cancers | • Diabetes Mellitus |
| • Heart attacks | • Other blood vessel diseases |
| • Stroke | • Transport Accidents |
| • Cancer of the lung | • Chronic chest disease-(asthma, "chronic bronchitis" |
| • Accidents | |
| • Suicide | |

The ten major risk factors are-

Tobacco	Unsafe Sex
Lack of Exercise	Occupation
High blood Pressure	Illicit Drugs
Alcohol	High blood Cholesterol
Obesity	Lack of Fruit and Vegetables

So what do we need to consider in our personal health ?

- Our family history - diabetes, heart disease, high blood pressure
- some cancers- melanoma, stomach, bowel, prostate
- Our Occupation
- Our lifestyle - exercise, diet, alcohol, smoking, sexual
- Immunity status - Tetanus, Influenza, Pneumococcus

What can we easily get measured or looked at?

- Body Mass Index
- Blood Pressure
- Blood Cholesterol / Sugar-consider Prostate Specific Antigen (PSA) can be tested at the blood bank, chemists and/or health expo
- Eyesight/hearing
- Skin inspection –ask your partner
- Self examination –skin, gland areas, testicles, stool and urine
- Bowel scan test –diabetes risk assessment

When to seek help?

- On a regular basis if you are in a high risk group
- Yearly examination by a doctor if you are over 50-full examination
- When you have noticed a marked persistent change in feelings ,or bodily function
- If you have a sudden symptom like chest pain, severe indigestion , or any pain, blood in the stool or urine
- If your partner is worried!

How to seek help

Face to face with a doctor who examines you

- make an appropriate appointment
- write down your story/history
- take a urine specimen for testing
- tell him or her if you are on any type of medication
- remember your doctor cannot forecast what is going to happen
- persist until you get an answer which is satisfactory to you.
Discuss a second opinion if necessary (face to face)

If you seek information and not opinion there are –

- telephone helplines

- literature from community health centres, chemists, Cancer Council offices, special groups like Asthma , Diabetes
- Websites www.menshealth.uws.edu.au
www.malehealth.co.uk
www.health.nsw.gov.au
www.prostatehealth.org.au