

# Getting Inside Men's **Health**

# Executive Summary



# FOREWORD





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It gives me great pleasure to see the publication of *Getting Inside Men's Health*. This report provides us with valuable and wide-ranging insights into many of the key issues pertaining to men's health. The report is very timely, in that it will have an important function in terms of informing the development of a National Policy on Men's Health.

Whilst there has been an increased awareness of the statistics surrounding men's health in recent years, this report addresses in a very meaningful way, the issues that underpin these statistics. The report is highly comprehensive, both in terms of the range and depth of questions that it addresses, and in the use of both quantitative and qualitative methodologies. As the report shows, the culture in which a man finds himself has a crucial bearing on his health status.

*Getting Inside Men's Health* will appeal to a wide audience – policy makers, service providers, health and allied health professionals, and to those who work with men in the community and voluntary sectors. The recommendations contained in the report offer a clear blueprint for developing policy and service-delivery measures for Irish men in the years ahead.

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**Pat McLoughlin**

Chief Executive Officer South Eastern Health Board





# Foreword



I very much welcome the publication of this important research project on men's health. Action 15 of the Health Strategy states that a policy for men's health and health promotion will be developed. It further states that the Department of Health and Children will take the lead role in preparing and driving a policy for men's health in partnership with the health boards and other agencies. The Health Promotion Strategy 2000-2005 also identified the development of a national plan for men's health as an important initiative.

The development of any national policy should be based on extensive consultation and comprehensive research in order to ensure that all relevant stakeholders commit to the policy and that any resulting recommendations are evidence based. It is also essential, in the case of a men's health policy, that men are an integral part of the policy development.

As an important first step in this process the Health Promotion Unit supported the appointment of a men's health research officer in the South Eastern Health Board and commissioned this research report in 2002 with a remit to research the role of gender and masculinity on Irish men's concept of health, document their knowledge, beliefs and attitudes to health and illness, health behaviours and risk behaviours and identify the barriers that Irish men perceive in accessing the health services.

The Unit has also commenced a consultation process and established a national steering committee to oversee the development of a men's health policy and action plan.

The findings of this research "Getting Inside Men's Health" will inform the development of the new men's health policy and action plan which we hope to publish in 2005. I would like to thank all involved in this important project, particularly the men who gave of their time to participate in the process.

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**Chris Fitzgerald**  
*Principal Officer Health Promotion Unit*



# 1. INTRODUCTION

Whilst traditionally, men in Ireland have been the predominant players in the decision-making process affecting health service policy and provision, Irish men themselves have not argued, lobbied or campaigned in the same way that women have, for improvements to their health at a personal or individual level. As a result, there has been somewhat of a deficit in the area of men's health, which, at an overall strategic and service delivery level, has tended to be fragmented and ad-hoc. Indeed, men have not until very recently (Department of Health and Children, 2000; 2001), been identified as a target population group for the strategic planning of health care. The purpose of this report is to inform the development of a national policy for men's health, and to begin to address this deficit.

# 2. KEY STATISTICS ON MEN'S HEALTH

- Irish men die on average nearly 6 years younger than Irish women do, and have the second lowest life expectancy in the European Union (prior to enlargement).
- Underpinning men's lower life expectancy is the fact that men have higher death rates than women for all leading causes of death and at all ages (Figure 1).
- Sex differences in mortality are particularly pronounced in the case of transport accidents (three times higher) and suicide and intentional self-harm (four times higher).
- It is widely reported that men engage in higher levels of health damaging behaviours and risk behaviours. For example, Irish men drink more frequently (73% more) and binge drink more frequently (90% more) than Irish women, whilst the percentage of occasions that end up in binge drinking for Irish men is up to six times higher than other European countries.
- It is also well documented that compared to women, men have limited contacts with physicians and health care services in general. A recent US report concluded that:

**Many men fail to get routine check-ups, preventive care or health counselling, and they often ignore symptoms or delay seeking medical attention when sick or in pain.**  
*The Lancet (2001 P1813)*

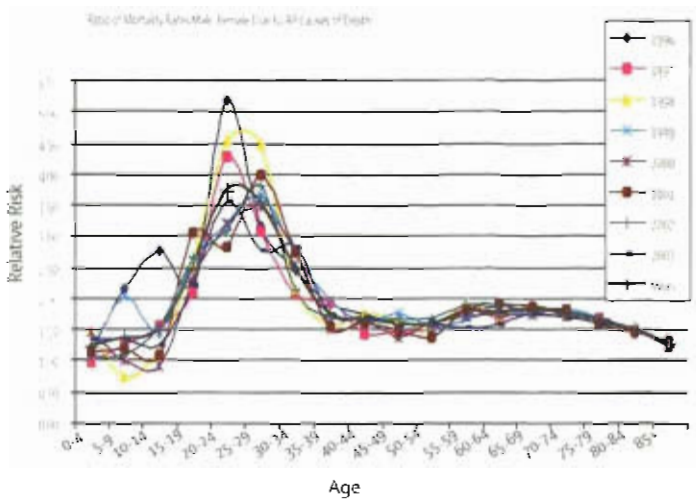


Figure 1: Ratio of mortality rates male: female due to all causes of death

# 3. DEFINING 'MEN'S HEALTH'


There has been a general tendency in the literature to define men's health in terms of the margins of difference between men and women, and the predominant conditions, risk factors and causes of death for which men are more likely to die than women. Whilst the sex-differences literature serves as a crucial backdrop to understanding 'men's health', there are a number of limitations that should be considered in interpreting this literature:

- Men and women tend to be seen as distinct biological categories, constituted solely by biological differences.
- There are differences between men, not just between men and women.
- The positing of men's health against women's health may result in a disproportionate focus on comparison and equivalence, and almost inevitably to conflict and rivalry between the two.
- There tends to be a blurring in the distinction between 'sex' and 'gender', with gender frequently being used to denote the biological distinction of male and female.
- There tends to be a general failure to unravel gender differences.

Men's health must therefore be defined more broadly, in a way that seeks to address the underlying causes of men's health issues. In the context of a more holistic approach to men's health, the New South Wales Health Department, Australia defines a men's health issue' as

**.....any issue, condition or determinant that affects the quality of life of men and/or for which different responses are required in order for men (and boys) to experience optimal social, emotional and physical health.**  
*New South Wales Health Department, Australia (1999, P7)*





In order to work in a proactive way with men, there is a need for greater understanding and appreciation of why men take risks with their health, why they are more likely to engage in health damaging behaviours than in preventative health behaviours, and why they are prone to present late during the course of an illness.

#### 4. GENDER, MASCULINITIES & HEALTH

There has been a tendency in the literature to focus on the 'health' issues of 'men's health', with comparatively less focus on 'men', or more specifically men as gendered beings (Connell et al, 1998). A focus on gender on the other hand requires a much broader analysis of social, cultural and psychological issues that impact on the characteristics, norms and roles of both men and women. There is a need to distinguish between sex (being male) and gender (living as masculine in a particular culture), in examining those health issues that are solely or predominantly 'men's health' issues. The construction of gender identity and behaviour that is aligned to the notion of 'traditional masculinity' has been found to be particularly damning in terms of greater risk for morbidity and mortality. Courtenay aptly summarises what Sabo (1999, p2) describes as 'traditional gender scripts for men':

*A man who enacts gender as socially prescribed would be relatively unconcerned about his health and well-being in general... He would see himself as stronger, both physically and emotionally, than most women. He would think of himself as independent, not needing to be nurtured by others... He would be unlikely to ask others for help. He would spend much time out in the world and away from home. The intense and active stimulation of his senses would be something he would come to depend on. He would face danger fearlessly, take risks frequently, and have little concern for his own safety*

*Courtenay (2000a, p10)*

The discourse around masculinities and health considers men's health in relation to the active construction of beliefs, attitudes and behaviours that impact on health. As Connell (2000) highlights, the construction of masculinities, both individually and collectively, and in the context of different settings, is central to understanding men's health. What it is 'to be a man' in Ireland is an important and necessary question if we are to begin to understand how Irish men actively construct behaviours and attitudes that ultimately determine their health status. This will enable a much better understanding of the complexity of issues underpinning the statistics on men's health, as well as affording more opportunities at the levels of care and prevention, that are more focused on and

sensitive to men.

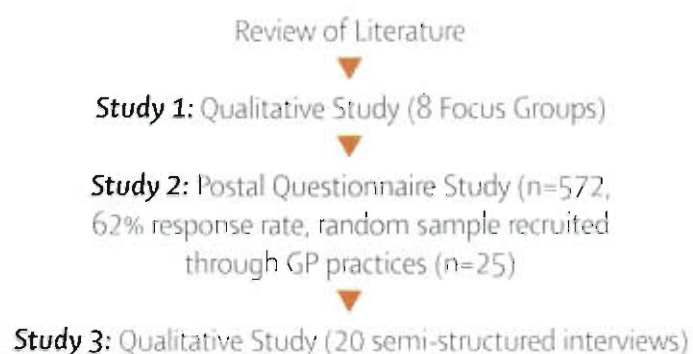
#### 5. AIM

To investigate the role of gender and masculinities on Irish men's lay concept of health, their knowledge, beliefs and attitudes in relation to health and illness and health practices, and on the barriers that Irish men perceive in accessing health services.

#### 6. METHODOLOGY

The study design comprised four discrete phases (Figure 2).

**Figure 2 Study Design**



#### 7. SUMMARY OF KEY FINDINGS

##### 7.1 Men's Health Consciousness and Concept of Health

###### *Are men health conscious?*

The evidence from this study strongly suggests that health has largely been excluded from the culture and context of Irish men's lives. As a result, it appears that many Irish men can pass through their 20s, 30s and perhaps 40s without ever really being conscious or proactive about their health. Tony (a 38 year old bouncer) recalls a total absence of health from the school curriculum:

*There was never any real mention of health at all. I cannot actually remember anywhere in school that we actually discussed health, at any level...as a young man, you don't really talk about things [medical issues] like that...they [young men] don't get sick, you know.*

**Tony 38**

Boys and young men's lack of exposure to health is compounded by what Stephen (a 24 year old post-graduate) describes as his sense of invincibility.

*...health is something, well in my own case that wouldn't come in to the equation, I think, yeah, I'll worry about that in twenty or thirty years down the road. I think definitely the younger you are you have that feeling of invincibility* Stephen 24





This lack of health consciousness may indeed be the precursor to behaviours likely to compromise health, such as increased risk behaviours or health damaging behaviours. Sadly, it seems to require the experience of a health crisis, in relation to either oneself or someone close, to act as a 'wake-up call' to an increased health consciousness.

### **How men define their own health**

Overall, health was described as having physical, mental, social and emotional features, as an absence of illness/disease and as a resource to fulfil the more traditional provider male role. Some of the men described being very much in control of their health, whilst for others, health was more aspirational and subject to a number of limitations. While most participants favoured particular orientations to conceptualise health, in most of the men's accounts, these orientations were presented not as discrete entities, but as inter-related concepts of health.

There was also a strong sense throughout the men's narratives of health being tied in with constructions of the 'ideal' male body, and of health as an 'embodied' experience. Indeed, being overweight for some men had connotations of a subordinate masculinity.

Many men described the pressures of combining work and family life as a barrier to maintaining health, and more specifically to sustaining health behaviours and a healthy lifestyle. In such pressurised situations, it is clear that the healthy 'choices' may not always be the easy choices.

The diverse and, in many cases, more holistic concepts of health that participants articulated, challenge the portrayal of the male body as a machine, a portrayal that has come to be almost synonymous with men's health and men's health promotion literature. While such measures may be appropriate as a hook to get men more involved in their own health, there is clearly a need to define men's health within a much broader and more holistic framework.

## **7.2 Male Patients Views on GP Care**

### ***It is still with reluctance that many men go to the doctor***

Whilst three out of four men reported having consulted a GP within the past 6 months, nevertheless, just over half (52%) of the men expressed varying degrees of reluctance to attend their GP. Playing down symptoms, cost and losing out on work were attributed most to this sense of reluctance. Although men prefer male GPs, it is most likely at the behest of a woman that 'reluctant' men end up going to the doctor, with 98% of 'reluctant attenders' citing a female close relative/friend as the person most likely to

influence their decision to go to the doctor.

### **Making GP services more male-friendly**

Areas identified for improvements to GP care included more flexible opening hours, a more male-friendly waiting room, decreased waiting times for consultations to begin, and improved communication between GPs and male patients. There was also a clear implication that going to the doctor was, for many men, simply incongruous with 'being a man'. Ray (a 47 year old accountant) expresses very clear disquiet and actively seeks to dissociate himself from 'falling in' with this system:

***I certainly hate sitting in a doctor's waiting room... without being sexist, like there would be a lot of women and children and noise and nattering and I just wouldn't feel comfortable...you can't help feel that an awful lot of people in the surgery are wasting the doctors time... I'm not like them when I go in there but I have to fall in with that whole system and I'm treated the same***

**Ray 47**

### **Men are very often afraid to seek help**

In the quantitative study, the top three factors associated with fear or anxiety about going to the doctor were: (i) concern about having a serious condition diagnosed (32.6%); (ii) concern about being admitted to a hospital as a result of the visit (25.3%); and (iii) the prospect of having private parts examined (20%). Fear of going to the doctor, and more specifically fear in pondering what might be wrong, emerged as a very prevalent theme in the men's narratives. The many guises of fear – silence, denial, procrastination, fatalism, the notion of a self-healing ability – are evidence of men's struggle to openly acknowledge and allow fear as a perfectly normal part of coping with sickness and seeking out medical help when sick.

### ***The need to reverse the paradigm that going to the doctor somehow represents failure or personal weakness in men***

One of the most important challenges facing men's health must be to reverse the paradigm that going to the doctor somehow represents failure or personal weakness in men. Health care needs to be portrayed as a strong ally of modern day constructions of masculinity:

***... men taking charge of their health can help them attain, maintain, or regain their greatest potential productivity, vitality, strength, virility, stamina, attractiveness – all the things that make men 'feel like men' Bonhomme, 2004, p4***



### 7.3 How Men Cope with Illness

#### *Coping with illness – a sliding scale of acceptability*

Throughout all three studies, there was evidence of men feeling constrained in being open and honest in dealing with illness. The nature of the illness or problem strongly influenced the extent to which men felt that they could be open. In the quantitative study for example, one in four men cited 'problem with back passage' and one in five 'stress or a mental health problem', as issues about which they would have difficulty in talking to their doctor. For many men, there appears to be a sliding scale of acceptability in terms of how they cope with different illnesses. The continued stigma that is perceived to be associated with mental health issues, in particular, appears to prompt some men to 'self-medicate' with alcohol, and/or to resort to violent behaviour, rather than to run the risk of being consigned to a lower status masculinity. Gordon (a 52 year old unemployed man) asserts:

***I would not tell anyone that I was depressed...I'd just hold it back in there [thumping his chest] and go on about my business***  
Gordon 52

#### *A desire for certainty when facing illness*

Many men described experiencing relief after they had made the transition from the sense of uncertainty experienced prior to presentation to health services, to the sense of certainty experienced post-diagnosis. Men's desire for certainty in the face of illness is driven by an apparent innate fear of that which is often uncertain about being sick or unwell. Indeed, it may be the fear and uncertainty of 'what might be wrong' that poses a bigger threat to men's health, than the reality of ill-health itself.

#### *The 'strong' silent type – putting things off for as long as possible*

There remains a prevailing sense of men feeling compelled to maintain a 'manly' silence and stoicism in the face of illness. Calum (a 38 year old community worker) suggests that men like to think that they are impregnable, and that their ability to survive difficult situations in the past will stand them in good stead for dealing with any illness in the future:

***...and some of it is a Clint Eastwood approach – whatever comes, I've been here before. Calum 38***

It is argued that cultural influences that characterise a macho (Irish) identity as the desired embodiment of masculinity have a bearing on men's health behaviours, and in particular their willingness to seek help. This results in an impasse between recognising and acknowledging the benefits of being open and seeking help when sick, but

feeling constrained from acting this way by more traditional constructions of masculinity.

There was also evidence of men being resilient and wanting to be resilient in a very positive way in dealing with illness, of overcoming adversity and 'getting on' with things. Where such resilience results in 'blocking out' emotional responses to illness, there remains a large vacuum for men who attempt to cope in such a way.

#### *Men may opt to accept a modified or curtailed lifestyle than to seek help*

A number of participants spoke about putting up with and adjusting to impaired physical functioning rather than seeking help. This reticence to seek help may over time result in these men accepting a modified or curtailed level of functioning as 'normal'.

#### *Supporting men to be more open in facing illness*

Many men appear to recognise the need to be more open in confronting illness, but are conscious that by so doing, they run the risk of stepping outside the boundaries of more traditional constructions of masculinity. Raising the profile and level of acceptability of men's health issues, as well as contesting traditional constructions of masculinity that demand stoicism and silence in the face of illness, are crucial steps in supporting men to cope more effectively with illness.

### 7.4 Self-Reported Health Status and 'Health Neglect'

In the quantitative study, four out of ten men reported 'poor' health. Half of those reporting poor health also reported 'neglect of health' as a reason for their impaired health status. The top four factors associated with neglect of health were smoking (38.7%), poor diet/overeating (28.8%), excess alcohol consumption (20.9%) and sedentary lifestyle/lack of exercise (16.8%). One in three men reported a long-term illness, health problem or disability, with one in five of this group attributing late presentation to health services as a contributory factor to the illness/disability.

### 7.5 Lifestyle/Health Behaviours

#### *Alcohol*

Data from this study adds further substance to existing evidence that the scale of excessive and binge drinking among Irish men is alarmingly high. Excluding non-drinkers, 25% of the drinking population in the quantitative study were excessive drinkers (21 units or more per week), while 34% reported at least weekly binge drinking (6 drinks or more). Amongst 18-29 year old men, 51% reported weekly binge drinking.





There was a strong consensus running through the men's narratives in both qualitative studies that a 'drinking culture' imbues Irish society, and that excessive and binge drinking have for young men in particular become adopted as a means of defining their masculinity and as a way of displaying in a very public way allegiance to male peer groups. Unlike smoking perhaps, there is no evidence of a rejection of such drinking patterns as being socially unacceptable, but rather the 'drinking man' continues to be upheld with considerable honour even by his more abstemious male peers.

The pervasiveness and cleverness of alcohol advertising was highlighted, particularly in the way that such advertising connects alcohol use with prominent displays of masculinity, such as connotations of sexual freedom and sexual prowess, and the achievement of optimum performance in elite sport.

There was compelling evidence of a strong association between alcohol and impulsiveness among young men, specifically in terms of an increased likelihood of engaging in violence or other risk behaviours. Tony (a 38-year-old bouncer) states:

***...the majority of times it would be drink-related, definitely... the problems on the streets after alcohol, its mainly eighteen to twenty-five year olds, the young men, full of drink, full of bravado, sticking their chest out ... Tony 38***

Colm (a 22 year old student) describes young men's heightened sense of feeling obliged to reciprocate violence after drinking.

***...like you'd back away from a fight at any time except when you have drink on you... you'd snap, you don't have the same control... its stupid because your man could be twice the size of you, but you think in your mind, like I'll take him, its ridiculous Colm 22***

The majority of 'binge' or 'excessive' drinkers did not themselves classify their drinking in such terms. For example, half of those consuming over 50 units per week (i.e. 25 pints, over twice the recommended maximum limit) considered themselves to be 'moderate' drinkers, while nine out of ten weekly binge drinkers similarly considered themselves to be 'light' or 'moderate' drinkers.

The data in this study highlights the urgent need to challenge the drink culture that is endemic in Irish society. Whilst there is considerable justification for focusing

alcohol measures on young men, to do so in a disproportionate way runs the risk of masking the widespread acceptability of alcohol in Irish society. The shift in attitudes to smoking towards that of being socially unacceptable, coupled with a continued decline in smoking levels, highlights the importance of a change in culture in bringing about behaviour change. The example of smoking may serve as a benchmark for alcohol.

### **Smoking**

The incidence of reported smoking (26%) represents further evidence of an overall downward trend in smoking among Irish men in recent years. Smoking was significantly ( $p<0.05$ ) associated with other health damaging behaviours, and smokers were significantly ( $p<0.05$ ) more likely than non-smokers to report having neglected or paid little attention to their health over the course of their lives.

There was an apparent willingness among the majority of smokers to quit, with almost half of current smokers having failed in the past to quit. The majority of smokers reported using smoking as a means of managing stress.

### **Physical Activity**

Three out of four men in Study 2 did not meet the recommended type and amount of physical activity for health, and there was a marked decline in physical activity levels between the 18-29 and 30-39 age groups. For men in their 30s, in particular, it appears that retiring from competitive sport coincides with retiring from physical activity in general. This period in men's lives may also coincide with 'settling down', not feeling the same need to make an effort with physical appearance, and with new demands to juggle family and work responsibilities. The significance of this data is set against a backdrop of increasing overweight/obesity levels among Irish men generally, and an apparent propensity for overweight men to consider themselves to be normal weight.

### **Stress**

One in three men reported feeling regularly/constantly stressed, with levels of reported stress also being significantly higher among men in their 30s. Work, and combining work with other responsibilities were cited as the principal sources of stress.

## **7.6 Preventative Health Behaviours**

The findings in this report clearly point towards an absence of a preventative health ethos among Irish men, particularly among young men, who tend to see themselves as invincible, and are not inclined to connect current health-damaging behaviours with long-term harm. That just one out of five 'drinkers' reported monitoring their own alcohol





consumption is indicative of a tendency among Irish men to minimise the potentially damaging effects of excessive and binge drinking behaviour. Three out of four men aged 50 and over reported never having had a Digital Rectal Examination, while just one in seven men aged 20-29 reported practicing Testicular Self Examinations (TSE) monthly. Both statistics point towards a serious lack of awareness among Irish men of male specific preventative health issues. While six out of ten men reported being effective at managing stress, there was strong evidence of potentially health-compromising behaviours being used in the management of stress. In particular, those who reported as being ineffective (as distinct from effective) at managing stress were significantly ( $p < 0.05$ ) more likely to report having neglected their health, to engage in risk behaviours and to cite potentially health-damaging behaviours as their likely means of coping with stress. This highlights the potential indirect consequences of stress on men's lives, and the need to offer alternative and more health promoting stress management techniques to men.

The lack of a preventative health ethos is consistent with an overall lack of health consciousness as highlighted earlier. That health is seen as something that should be fixed and not preserved also appears to be linked to a narrower and utilitarian concept of health. This ethos may also be driven by a culture that very often is at odds with prevention (e.g. drinking), and by poor levels of knowledge/awareness of health.

## 7.7 Risk Behaviours

The data from this report strongly implicates risk-taking behaviour, particularly among young men, as an integral part of the active construction of masculinity, and as a necessary means of avoiding the ridicule of being labelled feminine or effeminate. The issue of male violence, for example, was found to be an obligatory way of defining and sustaining allegiance to male peer groups. The findings also highlight how the enforcement of legislative measures, coupled with social marketing strategies, are central to curbing men's risk taking behaviour.

This is particularly important, for example, in the context of drink driving, where the law on drink driving appears to be the subject of interpretation rather than adherence. The comparatively low level of reported adherence to speed limits among young men must be acted upon in the context of the unacceptably high mortality rate from road traffic accidents among young men. The low level of reported sunscreen use is of continued concern against a backdrop of the high prevalence of non-melanoma skin (NMS) cancer, and the steady increase in both the incidence

and mortality rate from melanoma skin cancer amongst Irish men. Although the overall reported incidence of 'unsafe sex' was quite low, young men's indifference to the risks of unsafe sex, their willingness to divest responsibility for contraception use to their partners, and the focus on pregnancy prevention as distinct from Sexually Transmitted Infection (STI) prevention, are all areas of men's sexual health that need to be addressed.

*I think women are more responsible for that [using condoms] than the men, because lads won't care, if they've drink involved they won't care, they'll just go and do what they're going to do... a lad will just do whatever he gets away with*  
**Tony 38**

Finally, it should be stressed that risk-taking behaviours may affect not only the health of the men who engage in them, but can also potentially compromise the health and well being of others. It has been demonstrated in the United States for example that the spread of STIs is associated disproportionately with men's unsafe sexual practices, while men are at fault in nearly 8 out of 10 automobile accidents (Courtenay, 2000a). The quantification of Irish men's risk taking behaviour, over and above the impact on the risk takers themselves, may help to copperfasten increased measures to tackle this aspect of men's health.

## 7.8 Knowledge/Awareness of Health

It has been shown in this report that Irish men's knowledge of fundamental health issues continues to be a key area of concern, and adds further weight to the earlier assertion that health has never been on the agenda for many Irish men. For example:

- Less than half of respondents knew what the function of the prostate gland was, while almost one in four men were unable to correctly identify its location. Between a third and a half of respondents were not aware of some of the most common prostate cancer symptoms.
- Three out of four men aged 18-29 were not aware that young men were at highest risk of developing testicular cancer, with almost half of the same age category never having heard of TSE. It is hardly surprising therefore that just one in seven young men reported monthly practice of TSE.
- Against a backdrop of growing overweight/obesity levels among men in Ireland, less than one in three men correctly identified 15-20% as a healthy percentage body fat range for men.
- Almost three out of four men either did not know or did not correctly identify '21 units' per week as the sensible drinking limit for males. It is therefore perhaps less





surprising that eight out of ten 'excessive' drinkers and nine out of ten weekly 'binge' drinkers regarded themselves as no more than 'moderate' drinkers.

These findings are also consistent with the fact that men in this study identified improved information / education / awareness as the most important factor that would have been needed for them to have managed health problems more effectively. It should be pointed out that there has been a general absence of health promotion literature targeting men specifically, while it is only in more recent times (e.g. Irish Cancer Society) that national health awareness campaigns have begun to have a focus on men.

## 7.9 Emotional/Relational Health

### 'Men's process'

'Men's process' refers to how men operate in terms of dealing with emotional or mental health issues. Three out of four men reported adopting strategies of 'avoidance' or 'silence' in the way that they managed themselves through an emotional or mental health issue. Those men who adopted such strategies were significantly more likely to be 'reluctant attenders' at their doctor; to have 'neglected or paid little attention to their health over the course of their lives'; and to perceive themselves as 'ineffective at managing stress'.

The qualitative data also highlighted a tendency for men to deny or 'control' emotions, and to distance themselves from acknowledging issues that might bring to the surface their own vulnerability. This is inevitably associated with a cycle of unresolved emotional issues being suppressed and then resurfacing. Fear of being labelled as unable to 'handle' emotional issues is associated with a lower status or subordinate masculinity.

### *The struggle between resisting and yielding to depression*

For some men, depression is seen as perhaps the ultimate 'failure' to sort out emotional issues. In keeping with the stigma or taboo that was earlier described as being associated with certain illnesses, dealing with depression can also be seen as a powerful threat to a man's masculinity. There is an apparent dilemma for men who suffer from depression, in weighing up the 'price' of being open and allowing vulnerability versus the even greater 'price' of being stoic and silent in 'handling' their depression.

### *Source of support for emotional/mental health issue*

Men are much more likely to turn to women than to other men to seek support for an emotional or mental health issue. Whilst the issue of why men appear to struggle to

find ways of supporting one another is quite complex, it has been posited that: (i) identification with the traditional male provider role; (ii) the fear of being seen as weak or effeminate; and (iii) the wider impact of child sex-abuse revelations on men, emerged as factors from the qualitative data that may act as barriers to intimacy between men.

## 7.10 Impact of Marriage/Co-Habiting & Fatherhood on Health

### *Marriage/cohabiting*

The majority of married/co-habiting men reported that marriage/co-habiting had a very positive influence on a range of practices that impacted upon their health. Approximately two out of three married/co-habiting men attributed a heightened awareness of health, taking fewer risks and eating a healthier diet with being married or cohabiting. Half of the men reported having more medical check-ups, reducing alcohol intake and exercising more.

These findings add considerable weight to the assertion that Irish women continue to play a very positive and supportive role in Irish men's health. The statistics on mental health show that married men are less likely than married women to be admitted to a hospital for a psychiatric illness, while widowed and divorced males are more likely to be admitted than widowed or divorced females (Daly and Walsh, 2003). Norcross, Ramirez and Palinkas (1996) cite a number of studies showing that health benefits accruing from relationships, and from marriage in particular, appear greater for men than for women. This gender difference is most pronounced when a marital relationship is disrupted through divorce or the death of a spouse, when the consequences are more detrimental to the health of men than women.

### *Fatherhood*

#### *Juggling 'provider' and fatherhood roles*

The great majority of Irish fathers - 68% of 'younger' fathers (children under the age of 16), and 84% of 'older' fathers (children 16 years or over) - reported being either solely or mostly responsible for providing for their children. While there is evidence of a shift towards more shared responsibilities among younger fathers, it appears that a large majority of Irish men continue to assume responsibility for the provider role. The corollary of men assuming responsibility for providing for their families is, of course, that the majority of fathers report their spouse/partner as being principally responsible for childcare. For example, approximately two-thirds of all fathers stated that their wives/partners were solely responsible for taking children to the doctor. Whilst this





may quite simply be due to mothers being 'freer' to do so, it does add some weight to the argument that both help-seeking behaviour and care giving are seen as a woman's responsibility. At a more practical level, it is perhaps a chance missed in terms of offering opportunistic health care to fathers who bring their children to the doctor.

### Provider-role identity

'Younger' fathers were much more likely to reject what could be described as traditional notions of male provider and female nurturer roles, and to support change in favour of more active fatherhood. It could be said that an anomaly existed between men's reported 'practices' on the one hand and their attitudes in relation to work and childcare on the other. For example, while 72% of fathers reported that their wives/partners were primarily or more frequently responsible for caring for their children, 69% stated that they would rather work less in order to spend more time with their children.

Approximately two-thirds of fathers felt that in trying to get on in their job, no allowances were made for them as fathers, and that the provision of paternity/paternal leave was inadequate for fathers. These findings support the contention that it is more out of necessity than choice that many fathers combine their roles as providers and fathers. Ferguson (2002) cites the negative attitudes of employers and colleagues as the biggest barrier to creating family-friendly workplaces, and as a reason why approximately 90% of fathers have never availed of parental leave. Supporting men to change requires fundamentally challenging a culture whose dominant institutions place significant barriers in the way of men who want to be active fathers.

### Relationship between fatherhood and health

There were indications from the men's narratives of an increased consciousness about health arising from fatherhood. As Ray (a 47 year old accountant) indicates, this was associated with a sense of obligation to his children and with the rather logical deduction that healthier fathers were potentially better providers for their children:

*when you've kids, it dawns on you that you have a responsibility to them, and you'd like to maybe be involved with them while they grow up as opposed to having a poor quality of life yourself* Ray 47

In the quantitative study, approximately two-thirds of all fathers attributed taking less risks with their health as a result of becoming a father. In the context of alcohol

consumption, diet, exercise and stress management, between a third and half of all fathers reported that fatherhood had a positive influence on these lifestyle behaviours. One in three fathers also reported having more regular medical check-ups on becoming a father.

### 7.11 Inter-Relationships Between Men's Health Variables

'Composite scores' were compiled for a number of men's health variables to enable an examination of overall trends in the data. The magnitude and complexity of the relationship between these variables (Figure 3) is consistent with Courtenay's assertion (1998, p286) that unhealthy behaviours frequently occur in clusters, and that the interaction of these behaviours may well compound men's health risks.

Figure 3 Inter-relationships between men's health variables ( $p < 0.05$ )



These clusters may in Courtenay's view, represent *organised constellations of behaviours*. For example, in this study, men who reported negative patterns of self care practices were almost twice as likely to have a low level of knowledge/awareness of health, three times more likely to engage in 'unhealthy' health behaviours, almost three times more likely to engage in a high number of risk behaviours, over twice as likely to adopt a low level of preventative health and half as likely to acknowledge problems and seek help when faced with an emotional/mental health issue.

The inter-relationship between men's health variables highlights the importance of a holistic and inter-disciplinary approach to men's health. As health service delivery tends to be segregated across different disciplines, each with a different ethos and way of working, there is inevitably a fragmentation in the way that services are ultimately delivered on the ground. The data from this section highlights the need for health professionals to work in partnership to work out ways of targeting multiple aspects of men's health in a more integrated and holistic way.



## Relationship between men's Health Variables and Socio-Demographic Factors

### Age

Younger men (18-29) were significantly ( $p < 0.05$ ) more likely than older men to engage in negative self-care practices; to have 'unhealthy' health behaviours; to report a low level of preventative health; and to engage in a high number of risk behaviours. In relation to the latter for example, young men were significantly ( $p < 0.05$ ) less likely to use seat belts in the back of a car, to report compliance with speed limits or to use sunscreen to protect their skin. They were significantly ( $p < 0.05$ ) more likely to have in the past year been a passenger with a driver who was drunk and to have engaged in unsafe sex at least occasionally. They were also significantly ( $p < 0.05$ ) more likely to drink excessively and to binge drink weekly. Nevertheless, men in their 20's, rather paradoxically, were significantly ( $p < 0.05$ ) less likely to report neglect of their health compared to men in their 30's or 40's. Courtenay (1998) has stated that a belief in their own invulnerability and unrealistic perceptions of risk, are issues that are highly prevalent among young men. It has also been proposed that young men may be far more likely to reject certain health behaviours (e.g. accessing health services/health screenings) that might have connotations for them of being feminine, and on the other hand to adopt risk behaviours or negative health behaviours (e.g. binge drinking) that might confer to them status or 'respect' within their peer group.

### Social Class

Less well-off men were significantly ( $p < 0.05$ ) more likely to engage in 'negative' self-care practices, to have a low level of knowledge/awareness of health, to report having neglected or paid little attention to their health over the course of their lives, and to report weekly binge-drinking and more sedentary lifestyles. These findings are consistent with the construction of a working class masculinity, which traditionally has been associated with foregoing safety and taking risks.

### Education

Poorly educated men were significantly ( $p < 0.05$ ) more likely to report poor health and a long-term illness/disability; to engage in 'negative' self-care practices; and to have a low level of knowledge/awareness of health.



# CONCLUSION

## & RECOMMENDATION





## **Development of a national policy for men's health in and the mainstreaming of gender in health**

Recommendation 15 of the current Health Strategy states 'policy for men's health and health promotion will be developed' (Department of Health and Children, 2001). The purpose of this report is to inform the development of policy. The Department of Health and Children has entered into an extensive consultation process during which it will also bring to the forefront the issues and concerns relating to men's health from the statutory, community and voluntary sectors. The development of a policy that is informed by research and based on extensive consultation is laudable. The policy can only be effective, however, if it offers a clear blueprint for targeted interventions, and if it is resourced adequately.

Men's health is not just a men's issue. In the context of a relational approach to health, it is argued that health issues affecting men may also have a profound impact on the welfare and quality of life of women and children. Issues may for example be economic or material in nature, such as reductions in income or increased medical expenses for women and children through reduction or loss of family income, or increased medical expenses. As outlined in this report, initiatives designed to support fathers and increase their involvement in childcare have been shown to result in the development of closer bonds with their partners and healthier relationships with their children. In some cases, some health issues are inextricably linked, as in the case of sexual health for example. Whilst there is therefore a need to focus on sex-specific and gender-specific health issues affecting men and women separately, the concept of 'relational' health looks at health care in a relational way.

**Recommendation 1** The development of a National Policy for Men's Health that contains specific timeframes for implementation and clear measures for monitoring and evaluation of recommendations.

**Recommendation 2** The 'mainstreaming' of gender in health policy that promotes the integration of gender concerns in the development and evaluation of policies and programmes, that ultimately leads to the best possible health outcomes for men and for women.

### **Men's health on the political agenda**

To raise the profile of men's health, it is vital that it is placed on the political agenda. Schofield et al (2000) argue that the positioning of men's health in the realm of public politics and government was vital in terms of raising men's health as a theme of public concern. In the United States, National Men's Health Week is now an

National Men's Health Week Act that was passed by Congress in 1994 and signed into law by President Bill Clinton the same year. It has also been shown in the United Kingdom that the profile of men's health has been raised substantially following the introduction of an all-party parliamentary committee on men's health, which is chaired by the Men's Health Forum (UK).

**Recommendation 3** That the joint Oireachtas Committee on Health and Children examine the issue of Men's Health that will support and foster men's health as a theme of public concern in Ireland.

### **Defining men's health in a holistic and 'salutogenic' way**

Men's health must be understood as much more than the sum of male-specific illnesses or diseases. This narrow focus may result in dangerous public misconceptions that male health problems are limited to, for example, the prostate gland, and the subsequent mindset that; 'if the prostate gland is ok, there is nothing else to be concerned about'. A more holistic approach that focuses on men's quality of life, and that supports men to experience optimal social, emotional and physical health, is called for.

As described throughout this report, the literature on men's health tends to have a strong pathological focus, in particular on male-specific diseases, and what Macdonald and Crawford (2000) describe as the 'social pathologies' (men's violence, men's limitations in expressing feelings, men's 'failure' to use health services). The discourse, in particular around masculinities and health, tends to rely on the 'negative' risk aspects of men's health, and less on the resources that men bring to their own health. Rather than addressing the underlying causes of these issues, there is a tendency to focus on blaming men, and at a service delivery level to see men as 'hard work'. In moving forward to a national policy on men's health, the challenge must be to re-orientate the focus away from a narrow 'pathological gaze' and instead to adopt a 'salutogenic' approach to men's health (Macdonald and Crawford, 2000). This approach focuses on human resilience, what is health enhancing in the context of people's lives, and which extends to their physical, emotional, economic and cultural environments. A salutogenic environment promotes in boys and men a positive sense of self, and affirms the inherent value of boys and men.

**Recommendation 4** To adopt a holistic approach to men's health at both a policy and health service delivery level, that seeks to address the underlying causes of men's health issues. In order to work in a proactive way with men, there is a need for greater understanding and appreciation

of why men take risks with their health, why they are more likely to engage in health damaging behaviours than in preventative health behaviours, and why they are prone to present late during the course of an illness.

**Recommendation 5** To orientate men's health policy and service delivery towards a positive outlook on men's health, that seeks to foster in boys and men a positive sense of self, and that affirms the inherent value of boys and men.

### *An increased and more integrated focus on research in the area of men's health*

Much of the existing literature on men's health in Ireland tends to stop short at highlighting sex differences, without examining the potentially damaging effect of 'being male' on health. There has been a general failure to connect how men set about defining themselves as masculine with negative health consequences. It is strongly recommended that a key priority in the development of a national men's health policy would be to establish a National Men's Health Research Network. This report, together with such publications as *Men Talking* (North Eastern Health Board, 2001) and *Men's Health in Ireland* (McEvoy and Richardson, 2004), can serve as an impetus for this to occur. The establishment of such a network is vital in terms of developing a connected and integrated approach to future research that can support practical action with relevant community-based organisations, and in which the outcomes can be closely linked to healthcare policy and provision. Principally, there is a need to develop more multidisciplinary research teams that can link biomedical research with social scientific research. This means a broadening and diversification of research methods, and appropriate multidisciplinary programmes to facilitate the research. It may also require a review of how health research funds are disseminated, and in particular to question if biases exist towards the more tried and tested quantitative, biomedical methods.

It is also critically important to locate and construct future research initiatives in community, work, and other settings where men feel at ease, and where those men in most need are targeted. A healthy and respectful policy towards those men being researched should inform the research work, and their payment ought to be included when funding is being sought (as per Men's Development Network policy). Given the relational nature of gender, the development of a Centre for Gender and Health Studies (with appropriate focus on men and masculinities) may well be the way forward for the advancement of health issues for both women and men in the future.

**Recommendation 6** The establishment of a National Men's Health Research Network that can link different

aspects of men's health together, and that more closely connects research to health care policy and provision. The main functions of this body would be (i) to promote increased multidisciplinary research initiatives; (ii) to promote gender and masculinities as key variables in reaching the criteria necessary to achieve research funding; (iii) to have an input into the prioritisation of men's health research questions; (iv) To promote increased community-based and community-driven research; (v) to ensure that research findings are disseminated in an appropriate way to policy makers, health workers and community leaders; (vi) to treat researchees as part of the research team.

**Recommendation 7** The establishment of a Centre for Gender and Health Studies that focuses on gender-specific health issues affecting men and women separately, but that also considers health and health care in a relational way.

### *Raising awareness of men's health issues and harnessing an increased preventative health ethos amongst Irish men*

This study has shown unequivocally that health has largely been excluded from the culture and context of Irish men's lives. Many Irish men give little serious consideration to their health, and are reluctant to identify as participants in health care. Sadly, it seems to require the experience of a health crisis, in relation to either oneself or someone close, to act as a 'wake-up call' to an increased health consciousness. Against such a backdrop, it is hardly surprising that Irish men's knowledge and awareness of fundamental health issues continues to be alarmingly poor. It has also been shown that there is an overall lack of a preventative health ethos amongst Irish men, particularly amongst young men, who tend to see themselves as invincible, and are not inclined to connect current health-damaging behaviours with long-term harm. The absence of a preventative health ethos is consistent with a culture that very often is at odds with prevention. There is therefore an urgent need for increased education and awareness raising of men's health issues, which should be targeted at both boys and men.

**Recommendation 8** The expansion of 'boys and men's health' on the primary and post-primary school curricula (e.g. SPHE), that will include a focus on both 'male' specific health issues and on the relationship between masculinities and health.

**Recommendation 9** An increased priority on men's health in the workplace, that embraces the workplace as a key setting for delivering men's health initiatives, and that involves both employers and representative bodies/unions working in a cohesive way on promoting men's health.



**Recommendation 10** The co-ordination of a *National Men's Health Week* in Ireland, that will link with *International Men's Health Week*, and that will promote different aspects of men's health each year.

**Recommendation 11** The use of specific campaigns to target men's health issues, such as the Irish Cancer Society's 'Men's Cancer Week', that will promote increased awareness of men's health issues and the importance of men presenting early rather than late during the course of an illness. Similar campaigns should target, for example, cardiovascular disease, mental health and sexual health.

**Recommendation 12** A thorough evaluation of the effectiveness of written health education and health promotion materials needs to be carried out in the context of men, with particular focus on the mediums used to present health messages and the social and cultural contexts in which they are presented. Particular attention needs to be paid to the appropriateness of written health materials for different social classes and different education levels. It is imperative that such materials are used not in isolation, but as part of wider and more holistic men's health initiatives.

**Recommendation 13** The allocation of increased resources to the development of help lines and Internet sites as mediums of help seeking that are deemed to be attractive and acceptable to men (e.g. Irish Cancer Society, 2004). The availability of such supports also needs to be adequately publicised.

**Recommendation 14** Increased efforts are necessary to educate men around the links between late presentation to health services and impaired health status, and to support men to be more proactive about their own health.

***Making healthcare and health services more amenable to men***

A tendency to play down symptoms, cost and losing out on work were the factors most likely to be attributed to an overall sense of reluctance on the part of men generally to seek help when sick. Late presentation to health services has been implicated as a key factor in men's higher mortality rates and lower life expectancy. There is a need to challenge what might be described as the traditional male gender script, that confers status to health damaging and risk behaviours, and that infers weakness and femininity to positive health care practices. The paradigm that being sick or going to the doctor somehow represents failure or personal weakness in men must be reversed.

**Recommendation 15** Healthcare needs to be portrayed as a strong ally of modern day constructions of masculinity. The message must be clear that men taking charge of their health can help them attain, maintain, or regain their greatest potential productivity, vitality, strength, virility, stamina, attractiveness – all the things that make men 'feel

like men' (Bonhomme, 2004).

**Recommendation 16** Health services, and in particular primary care services, must be made as convenient and as 'male-friendly' to men as possible. In particular, there is a need for more flexible opening hours, a more male-friendly waiting room, decreased waiting times for consultations to begin, and ways of improving lines of communication between GPs and male patients.

**Recommendation 17** It is recommended that training in 'men's health' be developed and offered to all those working with men in health services, and that this training be included in the training curricula of all health professionals and allied health professionals.

***Supporting men to cope more effectively and more openly with illness***

Stepping outside the boundaries of the traditional man who is invulnerable and stoic, continues to be an issue for many men in terms of acknowledging and dealing with illness in an open and honest way. The sense of feeling compelled to maintain a 'manly' silence and stoicism in the face of illness, is manifested most strongly in the context of mental health issues. As a result, men learn to live with their fear, and may 'self-medicate' with alcohol or turn to violent behaviour rather than seek help.

**Recommendation 18** There is a need for increased education and awareness raising that challenges the culture that infers weakness or cowardice on those men who acknowledge feeling pain or fear. These feelings should be seen as intrinsic warning signals and as healthy tools of survival. Boys and men should be taught to distinguish between 'pain' which may be less harmful in a sporting or labouring context for example, and 'pain' which at specific times may require medical intervention (Bonhomme, 2004).

**Recommendation 19** Continued efforts are needed to raise the profile and level of acceptability of men's health issues, and to open up channels to services for men who require help. This is particularly a priority in the areas of mental and sexual health. There is an urgent need to challenge the stigma that for some men continues to be associated with seeking help for depression.

***Supporting men to find a language to deal with emotional/mental health issues***

This report has shown a propensity for Irish men to adopt strategies of 'avoidance' or 'silence' in the way that they manage themselves through emotional or mental health issues. This can result in an attempt to deny or 'control' emotions, and to distance themselves from acknowledging issues that might bring to the surface their own vulnerability. This is inevitably associated with a cycle of unresolved emotional issues being suppressed and then resurfacing. Depression is seen by some men as perhaps the



ultimate 'failure' to sort out emotional issues.

**Recommendation 20** That SPHE, *Exploring Masculinities* and similar initiatives (e.g. *Victory and Defeat*, Men's Development Network, 2003) for boys are given a high level of priority at both primary and post-primary level. It is imperative that boys are challenged to be more reflective of the potentially damaging effects of adhering to traditional constructions of masculinity, particularly in terms of having an impaired language for expressing emotional distress. It is also important that boys are supported to be more open and 'honest' about seeking help for emotional problems, without paying the 'price' of having stepped outside the boundaries of traditional constructions of masculinity.

**Recommendation 21** That the forthcoming mental health strategy [currently in process] gives careful consideration to the issue of men's 'invulnerability' to depression, to men's propensity to use alcohol or aggressive behaviour as more 'acceptable' male outlets to deal with depression, and to what Courtenay (2000b) describes in an American context as a gender-bias amongst mental health clinicians in the under-diagnosis of depression in men. It is equally important that practical work currently being done on the ground with adult men should be supported to address these issues (E.g. Men's Development Network, 1995).

#### **Challenging the 'drinking culture' in Irish society**

The findings in this report add further substance to the assertion that a 'drinking culture' exists in Ireland. More specifically, it has been demonstrated that excessive and binge drinking have for young men in particular been adopted as a means of defining their masculinity and as a way of displaying in a very public way allegiance to male peer groups. Such patterns of drinking are sustained within a wider public acceptance of alcohol, and by alcohol advertising that connects alcohol use with prominent displays of masculinity, including connotations of sexual prowess and the achievement of optimum performance in elite sport. This may partly explain why those men who drink to excess or who binge drink generally do not see themselves as excessive or binge drinkers. Nevertheless, they are significantly more likely to engage in impulsive risk behaviours and violent behaviour.

The Strategic Task Force on Alcohol (Department of Health & Children, 2004) maps out a very comprehensive set of recommendations to tackle the issue of alcohol in Ireland, and does so using the ten strategy areas for alcohol action that were outlined in the WHO European Charter on Alcohol. This men's health report endorses these recommendations, and reiterates the importance of a holistic approach to challenge the apparent drink culture that is endemic in Irish society. Furthermore, it calls for increased recognition of the gendered nature of alcohol-

related problems, and specifically the following:

**Recommendation 22** That the role of alcohol in the construction of masculinity amongst young men is considered as a fundamental principle in the delivery of any current/future SPHE module on alcohol and drugs to second level boys. In particular, the role of alcohol as a rite of passage to male peer groups needs to be challenged.

**Recommendation 23** That counter-advertising measures are considered to challenge the association that currently exists between alcohol and prominent displays of masculinity. Specific measures should be considered such as the portrayal of the deleterious effects of excess alcohol consumption on sexual performance and on the achievement of optimum performance in sport. The involvement of top-level sportsmen as positive role models in such advertising should also be considered.

#### **Supporting smokers to quit smoking**

In this study, smoking was significantly associated with other health-damaging behaviours. However, the incidence of reported smoking represents further evidence of an overall downward trend in smoking among Irish men in recent years, whilst there was also an apparent willingness among the majority of smokers to quit.

**Recommendation 24** That evidence-based smoking cessation programmes, are delivered in a flexible and convenient way, in for example, the workplace.

#### **Increasing physical activity and reducing overweight/obesity levels among men**

For many Irish men it appears that 'retiring' from competitive sport coincides with retiring from physical activity in general. In the context of men's health, this is all the more significant when set against a backdrop of increasing overweight/obesity levels among Irish men generally, and an apparent propensity for overweight men to consider themselves to be normal weight. It has also been shown in this report that men's dietary habits are poorer than women's, while many men's awareness of basic nutritional information is also quite limited.

**Recommendation 25** The endorsement of 'physical activity' for men, as something much broader than vigorous activity or competitive sport, and as an intrinsically valuable component of a healthy lifestyle. In the United States for example, its 'extramural sport' is participation based and designed to cater for all levels.

**Recommendation 26** That National Governing Bodies for Sports are encouraged to harness 'retired' men's interest in competitive sports, in ways that do not revolve around traditional and formal fixture lists. A structure based on a more informal, less regimented approach, which nevertheless taps into the inherent attraction of



competitive sport for many men, is recommended.

**Recommendation 27** Increased education and awareness initiatives that target men specifically, and that focus on correct nutritional habits and healthy weight ranges for men.

#### ***Increased stress management programmes for men***

The findings from this report present further evidence of the importance of stress as a health issue for Irish men, with work and striving to achieve a work-life balance being the most significant sources of stress. More importantly perhaps, it has been shown that it is not just stress itself that can impact adversely on men's health, but also the tendency for many men to resort to health-compromising behaviours as a means of managing stress.

**Recommendation 28** That an increased focus is placed on more health promoting stress management initiatives for men, particularly in the workplace, and that more flexible and family-friendly work practices are made available in particular to fathers of young children.

#### ***Tackling risk-taking amongst men***

The findings from this report strongly implicate risk-taking behaviour, particularly amongst young men, as an integral part of being a man, and as a necessary means of avoiding the ridicule of being labelled feminine or effeminate. The issue of male violence, for example was found to be an obligatory way of defining and sustaining allegiance to male peer groups.

**Recommendation 29** Improved enforcement of legislative measures, particularly in relation to speeding, drink driving and the use of seat belts in the back of cars. This is a particular priority in relation to young men.

**Recommendation 30** Increased uses of social marketing strategies aimed at curbing men's risk taking behaviour. In particular, there is a need for such measures to challenge the notion of young men being invulnerable and to explicitly connect risk to both short-term and long-term harm. Television programmes such as *Jackass* that promote and glorify risk-taking behaviours should also be challenged.

**Recommendation 31** An increased focus on skin cancer protection initiatives, including a review of the effectiveness of existing preventative measures with men.

**Recommendation 32** Increased measures that target men taking greater responsibility for their own sexual health, and in particular that distinguish between pregnancy prevention and STI prevention as distinct elements of sexual health.

#### ***Targeting those men who are not in long-term relationships with women***

It has been shown in this report that the status of being married/Cohabiting is associated in a very positive way with

men's health, notably for example in the case of mental health. Women continue to play a very positive and supportive role in Irish men's health, particularly as the principal brokers of health care for spouses/partners who may be reluctant to seek help.

**Recommendation 33** To support men to take more responsibility for their own health and to prioritise and monitor more closely at a primary care level those men who are not in long-term relationships with women.

#### ***Supporting men in their role as fathers***

The findings in this report confirm that whilst there has been a blurring in attitudes amongst men towards the more traditional male provider and female nurturer roles, the reality is that the majority of men continue to be drawn towards the former. It has been proposed that it may be out of necessity more than choice that many fathers revert to providing for their families, with the result that they adopt a less hands-on approach than they would like as fathers. There was also evidence of an increased consciousness about health arising from fatherhood, and of fathers being less likely to take risks with their health.

**Recommendation 34** The introduction of paid paternity and paternal leave (in line with Scandinavian countries), and the creation of more family-friendly workplaces, to enable men to adopt a more hands-on approach as fathers.

**Recommendation 35** The development of practical initiatives, e.g. parenting programmes, that will support men in their role as fathers.

#### ***Targeting socially disadvantaged men***

In the context of health inequalities, this report has highlighted in a very clear way how low social class and low education level are linked to impaired health status. This data highlights the wide-ranging structural and social changes that are necessary to address the health issues of poorer and less well-educated men. It has been stressed that government departments and local authorities must be encouraged to recognise the potentially vital role that education, housing, environment, leisure, social services, community development projects and men's development projects can play in addressing men's health, especially those in disadvantaged areas.

**Recommendation 36** The expansion and increased resourcing of Men's Health Programmes, Men's Development Projects and Community Development Projects aimed at men affected by marginalisation, disadvantage and poverty, and an increased focus on improved integration of public services in disadvantaged areas, in partnership with non-governmental organisations.

A man with dark hair and a slight smile, wearing a dark suit, white shirt, and a pink tie with dark polka dots, stands on a rooftop. His left hand is in his pocket, showing a ring. The background is a blurred city skyline with a bridge and buildings under a bright sky.

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To be cited as  
Richardson, N. (2004). *Getting Inside Men's Health*.  
Health Promotion Department, South Eastern Health Board.



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Eastern  
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an  
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Health  
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Published by South Eastern Health Board

© November 2004

ISBN 0-3-0318-07-4. Accession Number is 71042004

Design and Print by Modern Printers. 056 7721739