



## Men and health

Stephen Neville

A search on men's health in past issues of the *New Zealand Medical Journal* (NZMJ) yielded only a few articles—mostly on prostate cancer. In contrast, a search on women's health yielded a substantial number of published works. Recently, however, there appears to be more interest in men's health issues, in particular encouraging New Zealand men to be more active in their healthcare decisions<sup>1,2</sup>—hence the publication of men's health articles in this issue of NZMJ.

This editorial will highlight the state of men's health, the issues that impact on this group's health, and men's engagement with health and health professionals. The published articles raise the profile of men's health, emphasise the heterogeneity of men (particularly gay men), and show that compared to women men are more likely to be victims of violent acts.

The relatively few available published works consistently show the poorer state of men's health. It is widely acknowledged that men do not live as long as women. Moreover, although the following conditions are not exhaustive or exclusive to men, some of the common causes of male deaths include cancers, heart disease, cerebrovascular disease, as well as deaths from intentional and non-intentional injury.

Research demonstrates that men are more likely than women to present to healthcare organisations with intentional and non-intentional injuries resulting from self harm, violence, and accidents.<sup>1</sup> This is further supported by Hsee and Civil in two featured articles on victims with gunshot<sup>3</sup> or abdominal stab injuries<sup>4</sup> presenting at Auckland City Hospital over several years. Although neither article directly focuses on men, the findings identify that men are more likely than women to present to trauma services with intentional or non-intentional gunshot or stab wounds.

Causes of death from the above conditions are both preventable and treatable, yet for some reason men continue to die prematurely. Gray attributes this to men having minimal knowledge about their health, being less likely to undertake health promoting activities, being poor users of health services (particularly primary health services), leaving symptoms associated with being unwell for some time before seeing a health professional, and finally being reluctant to ask for or accept help when offered.<sup>5</sup> The article, in this issue of NZMJ, titled *Men's health and the health of the nation*<sup>6</sup> by Johnson, Huggard, and Goodyear-Smith supports these points.

Every year since 2006, The College of Nurses Aotearoa (NZ) and Age Concern New Zealand, through the development of a consumer alliance, have actively promoted men's health by supporting International Men's Health Week (IMHW). This annual event aims to increase awareness of men's health issues and encourages the development of policies and services that meet men's specific health needs. In addition, IMHW promotes the awareness of preventable health problems and encourages early detection and treatment of disease among men and boys.

Other organisations—like the Cancer Society of New Zealand and the Ministry of Health (MoH)—have also targeted men’s health as an area needing further attention. For example, the MoH has recently established The Men's Health Innovations Fund to support community-based men’s health initiatives aimed at improving men’s health in New Zealand.

While the intentions of the above organisations have certainly contributed to raising the profile of men’s health issues, there is an underlying subtle assumption that the target male audience will be heterosexual and married. For example, at a recent men’s health event the host organisation repeatedly reinforced the important role men’s wives have in encouraging their husbands to regularly visit their health practitioner for a check-up. There is no doubting the good intentions meant by comments such as these, however it does highlight that unless otherwise stated men are categorised by default as heterosexual and married.

Health professionals are certainly aware of the health inequalities associated with ethnic communities within New Zealand such as Māori and Pacific Island peoples, and how these differ from the dominant pakeha ethnic group. However, health professionals are often much more ignorant of the cultural lives of people who do not exclusively identify as heterosexual. This is supported by Neville and Henrickson’s research identifying that healthcare contexts are shaped by assumptions of heterosexuality.<sup>7</sup>

As the New Zealand population continues to increase there will be a concomitant rise in the numbers of non-heterosexual men—also referred to as men who have sex with men (MSM)—seeking and expecting appropriate health care. It is therefore pivotal that all health professionals acknowledge the existence and rights of MSM.

The term MSM is used in public health, general, and specialist sexual health literature to describe men who identify as gay, as well as those who classify themselves as bisexual and/or heterosexual but report engaging in sexual activity with other men.<sup>8</sup> Consequently, MSM may be married to women, have sexual relationships with both men and women, be in a long-term exclusive relationship with another man, or may be in a committed same sex relationship but not be sexually exclusive.

From the latter half of the 20<sup>th</sup> Century onwards, legislative changes in New Zealand have meant that people attracted to the same sex cannot be discriminated against on the basis of sexual orientation.

Despite an apparent acceptance of homosexuality in recent times, there remains a continuing and underlying stigma associated with living a non-heterosexual lifestyle.<sup>9</sup> Consequently, a pervasive and often covert level of homophobia and heterosexism continues to be promulgated within society and throughout all healthcare contexts, which directly and negatively impacts on health and well-being. For example, not accessing primary healthcare services when feeling unwell and/or engaging in risk-taking behaviours (like not using a condom when engaging in anal intercourse) that have negative consequences on an individual’s future health status.

Consequently, Adams et al’s article published in this issue of the *NZMJ* titled *Doctoring New Zealand’s gay men*<sup>10</sup> is timely and important as currently New Zealand is experiencing an increase in the number of HIV infections.<sup>11</sup> Previous research and this current paper support the premise that if primary healthcare

providers are comfortable with working with people identifying as MSM (by providing this group of people with opportunities to disclose their sexual identity) then MSM are more likely to participate in primary healthcare programmes and seek healthcare when unwell.<sup>7</sup>

Both Adams' and Johnson's articles emphasise the importance of providing appropriate primary healthcare services to men. Johnson et al offers suggestions that primary healthcare providers could use to encourage men's participation in health, including being non-judgemental in their approach. However, how might displaying a non-judgemental attitude be operationalised?

Firstly, being aware of and understanding the different subcultures that men inhabit. Secondly, knowing about the generic, as well as specific health issues that affect these different subcultures of men. Thirdly, when gathering subjective health data ask questions in a way that gives the consumer confidence that as a health professional you are serious about being non-judgemental. For example, instead of asking a person their marital status say "Do you have sex with men, women, both or neither?"

Finally, if health professionals are serious about addressing men's health issues then the provision of a service that is appropriate and meets the needs of all men is paramount.

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