Why focus on men’s health?  
A global perspective

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The State of Men’s Health in Leeds: Main Report

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Dr. Amanda Sims, Leeds Beckett University
Robert Newton, Leeds Beckett University & Leeds City Council

Leeds Beckett University

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Leeds City Council

Institute for Health & Wellbeing

2016
Global concerns on men’s health

- Premature mortality and chronic morbidity from preventable conditions
- Risky lifestyles – smoking, alcohol, substance abuse, poor diet, physical inactivity, sedentary behaviour
- Overweight and obesity
- Health service usage and screening
- Men’s mental and emotional wellbeing
- Violence to men and to women
- Reproductive and sexual health
- Accident prevention
- Post-war / accident disabilities
An evolving world for men

• Changing position of men’s place within society

• Changing views on masculinity – gender equality, gender roles and family models

• Changing work and changing work patterns / more vulnerable employment

• A greater recognition of diversity

• A more health aware male population
Asia-Pacific Population changes

Malaysia population aged 60+ years - 9.5% in 2016 projected to be 23.6% in 2050

An ageing population means we need to keep healthy for longer and management the challenges of our older years
Sexual and Reproductive Health

• Prostate Cancer

• Lower Urinary Track Symptoms (LUTS)

• Male infertility

• Late onset Hypogonadism

• Erectile dysfunction
FIRST EXPERT MEETING ON MEN’S HEALTH IN THE WHO EUROPEAN REGION
MEETING REPORT

September 2017

http://www.euro.who.int/__data/assets/pdf_file/0007/363463/expert-meeting-report-men-health-eng.pdf?ua=1
Draft conceptual framework for the WHO men’s health initiative in the European Region

Men's health and well-being: a transformative agenda for the next 10 years

SDG – Sustainable Development Goals

http://www.euro.who.int/__data/assets/pdf_file/0007/363463/expert-meeting-report-men-health-eng.pdf?ua=1
Reducing premature mortality (SDG 3)
Deaths all causes, 95 countries with data in 2014

WHO Mortality Database
Total deaths and male excess of deaths by age across 95 countries with data in 2014

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Males</th>
<th>Females</th>
<th>Male Excess</th>
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<tr>
<td>&lt;1</td>
<td>163,507</td>
<td>131,300</td>
<td>32,207</td>
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<td>1 to 14</td>
<td>77,900</td>
<td>57,857</td>
<td>20,043</td>
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<td>15 to 34</td>
<td>495,070</td>
<td>192,147</td>
<td>302,923</td>
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<td>35 to 74</td>
<td>4,492,561</td>
<td>2,703,524</td>
<td>1,789,037</td>
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<tr>
<td>75 +</td>
<td>3,945,199</td>
<td>5,403,625</td>
<td>-1,458,426</td>
</tr>
</tbody>
</table>

WHO Mortality Database
Unconditional probability of dying between ages 30 and 69 years from four major NCDs for males and females in Member States in the WHO European Region, latest available data

WHO. Towards a Europe free of avoidable noncommunicable diseases: The future course of premature mortality in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2017.
“The adverse mortality experience of these men of working age has a profound demographic, economic and political impact. This burden of avoidable mortality is so large and has been observed for such a long time that in many countries it is seen as almost a natural phenomenon and unmodifiable.” (p5)

Figure: Top 12 attributable risks of DALYs for women and men in 2015
Data adapted from the Institute for Health Metrics and Evaluation. DALYs = disability-adjusted life-years.
WHO 25% reduction deaths from NCD by 2025 (25 by 25)

• Five leading behavioural and dietary risks - high body mass index, low fruit and vegetable intake, physical inactivity, tobacco use and alcohol use - are responsible for 30% of cancer deaths.

• Eight risk factors – alcohol use, tobacco use, high blood pressure, high body mass index, high cholesterol, high blood glucose, low fruit and vegetable intake, and physical inactivity – account for 61% of cardiovascular deaths

• Around 60% of adult-onset diabetes can be prevented through lifestyle modifications

• Around 60% of chronic respiratory disease deaths are attributable to tobacco smoking or exposure to indoor smoke from solid fuel fires.

http://www.who.int/nmh/events/2012/discussion_paper2_20120322.pdf
Alcohol, drinkers only (recorded 3 year average + unrecorded) per capita (15+) consumption in litres of pure alcohol

WHO Global Health Observatory
Age standardised death rates for Road traffic accidents, selected countries, 2015
Current tobacco smoking, age-standardized rate, selected countries, 2013

WHO Global Health Observatory
Prevalence of overweight among adults, BMI ≥ 25 (age-standardized estimate) (%), 2016

WHO Global Health Observatory data repository
Interviewer-measured body mass index (BMI), overweight and obesity prevalence, by age and sex, England, 2011

Median percentage of population overweight (BMI 25-30), by sex and educational attainment, 2004

Body dysmorphic disorder (BDD)

Settings based approaches

• Going to where the men are:
  • Workplace
  • Sports settings
  • Community settings
  • Religious meeting places
  • On-line
FOOTBALL FANS IN TRAINING

Football Fans in Training
Get fit, shed a few pounds and become more active with YOUR SPL club.

Are you:
- Male?
- Aged 35-65?
- Trouser waist over 38”?

Do you want to:
- Get fitter?
- Lose some weight?
- Become healthier?

Football Fans in Training (FFIT) 2010/11
412 men who were on FFIT in autumn 2010 lost a total of 2,300 kg in weight!
and in total their waist measurements dropped by 2,400 cm!

That’s almost 19,658 pies!
That’s just over 3 full-sized goal widths!

Contact Details:
Freephone 0800 389 2129 or
Text ffit to 88802 or
Email ffit@sphsu.mrc.ac.uk

Football Fans in Training programme delivery is funded by the Scottish Government and the Football Pools
Weight loss (kg)

Adjusted between-group difference 12 weeks: 5.18 kg (CI 6.00, 4.35)  p<.0001

Adjusted between-group difference 12 months: 4.94 kg (CI 3.95, 5.94)  p<.0001

The European Commission and FC Barcelona have launched the "Quit smoking with Barça" campaign aimed at millions of Europe’s smokers. This is a pioneering campaign which concentrates on the advantages of giving up smoking and involves personal counseling from Barça stars.

Standard web browser - 37.2 % of smokers at baseline quit smoking at (minimum) 3 months follow-up

The mobile application 27.4 % of smokers at baseline quit smoking at (minimum) 3 months follow-up

Reducing inequalities (SDG 10)
A changing perspective on men’s health – Intersectional factors and the Social determinants

Gender, Ethnicity, Race, Sexuality, Age, Disability, Socio-economic factors

Disadvantaged men live shorter lives, have higher rates of illness, and disability and poorer access to healthcare services.
Cardiovascular deaths, England & Wales by income (IMD 1 and 5), for males and females, by age, 2014
Social determinants of male health: a case study of Leeds, UK

Alan White, Amanda Seims, Ian Cameron and Tim Taylor

Abstract

Background: The social determinants of health have a disproportionate impact on mortality in men. A study into the state of health of the male population in Leeds was undertaken to guide public health commissioning decisions. This paper reports on the data relating to the social lives of men.

Methods: A cross-sectional study was undertaken, comprising descriptive analysis of data relating to educational attainment, housing, employment (including benefit claimants), marital status and relationships. Data was considered for the whole city and localised at the Middle Super Output Area (MSOA) level and mapped against the Index of Deprivation.

Results: Boys' educational attainment was found to be lagging behind girls' from their earliest assessments (Early Years Foundation Stage Profile, 46% vs. 60%, \( P = 0.001 \)) to GCSEs (53% vs. 63%, \( P = 0.00 \)), leaving many men with no qualifications. There were 68% more men than women identified as being unemployed, with more men claiming benefits. Men living in social housing are more likely to be housed in high-rise flats. Almost 50% of men aged 16–64 are single, with 2254 lone fathers.

Conclusions: There appears to be a lack of sex/gender analysis of current cross city data. In areas of deprivation a complex picture of multiple social problems emerges, with marked gender differences in the social determinants of health, with males seeming to be more negatively affected. There is a need for more focused planning for reaching out and targeting boys and men in the most deprived inner city areas, so that greater efficiency in service delivery can be obtained.

Keywords: Men's health, Social determinants, Education, Housing, Employment, Relationships

#ITSOKAYTOTALK

Andys Man Club

Let's Talk About Mental Health

Our aim is to halve the number of suicides in men under 45.

Read on to find out how you can help. Forget Fears.

http://andysmanclub.co.uk
Supporting Fathers in Little Hulton to be the very best versions of themselves... for their families.

Photo Credit John Houlihan / Witness.co.uk
UNHCR
The UN Refugee Agency

65.6 million
forcibly displaced people worldwide

Refugees
22.5 million
17.2 million under UNHCR mandate
5.3 million Palestinian refugees registered by UNRWA

Stateless people
10 million

Refugees resettled
189,300 in 2016

http://www.unhcr.org/uk/figures-at-a-glance.html
The emasculating reality of refugees

• Work is often scarce, dangerous and low level.
• Men are housed in sub-standard accommodation, with many to a room and with poor sanitation.
• Diets tend to be poor and there may be limited access to cooking facilities
• Few services support male refugees
• Male trafficking / male rape
• Survival sex work
• Mostly men that are returned - Threat of punishment / death

Gender inequalities (SDG5)
Sustainable development goal 5 – gender equality

“Regardless of where you live in, gender equality is a fundamental human right. Advancing gender equality is critical to all areas of a healthy society, from reducing poverty to promoting the health, education, protection and the well-being of girls and boys.”

A majority of the men surveyed in the four countries support a wide array of inequitable, traditional attitudes. However, a sizeable minority – a quarter or more of the men surveyed in every country – show support for at least some dimensions of women’s equality and empowerment.
“Men and women were both likely to show signs of depression ... [with] 26 per cent to 38 per cent of men [affected].

...All told, one-fifth to one-half of men in the four sites reported being ashamed to face their families because of lack of work or income.” (p18)
The influence of social constructs of hegemonic masculinity and sexual behaviour on acceptability of vaginal microbicides in Zambia

Oliver Mweemba, Rachael Dixey, Virginia Bond & Alan White

To cite this article: Oliver Mweemba, Rachael Dixey, Virginia Bond & Alan White (2017): The influence of social constructs of hegemonic masculinity and sexual behaviour on acceptability of vaginal microbicides in Zambia, Global Public Health, DOI: 10.1080/17441692.2017.1337800
Violence

Violence between men and men and between men and women remains a worrying feature of life for men globally.

The implications of violence have to be acknowledged and greater attempts made in identifying those men at risk of interpersonal violence and the setting up of intervention programs for the perpetrators and victims (both male and female).

Men recorded higher mortality rates compared to women in all countries.
The Role of Men in Gender Equality - European strategies & insights

Study on the Role of Men in Gender Equality
Contract ref. no. VG/2010/0592
December 2012

Taking a gender transformative approach to gender equality and violence reduction

Key men’s health initiatives
National Male Health Policy
BUILDING ON THE STRENGTHS OF AUSTRALIAN MALES

National Men’s Health Policy 2008 - 2013
WORKING WITH MEN IN IRELAND TO ACHIEVE OPTIMUM HEALTH & WELLBEING

http://www.unfpa.org.br/Arquivos/plano_nacional.pdf
CENTER FOR RESEARCH ON MEN’S HEALTH

What is the Center for Research on Men’s Health?

We are a university-wide center in the U.S. that focuses on men’s health and men’s health disparities. Founded in the Spring of 2016, the Center seeks to improve men’s health by understanding and addressing biological, psychological and social factors that influence men’s health. We have particular expertise in the health of African American men, but we also do research on other men in the U.S. and across the globe.

Updates and Upcoming Events

Grant to develop method of measuring medical trust in African American men

Vanderbilt University Medical Center has received a two-year, $250,000 grant from the Robert Wood Johnson Foundation to develop a new way to measure trust in African American men as it relates to health care.

Dr. Derek Griffith, Director of the CRMH, is co-investigator on this grant.

The 2017 Tennessee Men’s Health Report Card

https://www.vanderbilt.edu/crmh/
The Centre for Men’s Health New Zealand is dedicated to improving the health and wellbeing of all New Zealand men

Our areas of focus:

- Optimal health outcomes for all males throughout the lifespan
- Promoting health equity, recognising specific health inequalities for Māori and Pacific Island males
- Developing proactive strategies for preventative health for males, particularly regarding chronic disease and injury
- Building and disseminating a strong evidence base on male health through research, knowledge exchange, and education, and using this to inform policies, programmes, and initiatives
- Promoting better access to healthcare for males through initiatives and tailored healthcare services, particularly for disadvantaged and at-risk groups
Welcome to the Freemasons Foundation Centre for Men's Health

The Centre brings together and supports a multidisciplinary network of men's health researchers spanning the three South Australian universities, the South Australian Health and Medical Research Institute, other research institutes and health services. This network extends to centres of research excellence nationally and internationally. We aim to advance knowledge about, and empower men to be partners in, the management of conditions that contribute the most to ill-health, loss of independence and workforce participation and premature death. In doing so, we aim to reduce the long-standing differences between sexes and between different sub-populations of men in health and health outcomes. Subscribe to our e-Newsletter to find out more.

Why a Partnership with the Freemasons Foundation?

The Freemasons Foundation Centre for Men’s Health at the University of Adelaide is an initiative of the Freemasons Foundation. The Foundation is the charitable arm of Freemasons South Australia/Northern Territory and is one of the leading charities supporting men, their families and communities. In keeping with this mission, the Foundation has provided major funding to the Centre since 2007 to allow us to support students and early career scientists to undertake research aimed at improving the health and well-being of men.

https://www.adelaide.edu.au/menshealth/
We work to improve men’s health.

what’s your goal?

Get your head right
Quit the smokes
Beat prostate cancer
Get your health on

visit site
QuitNow Men
Tools, tips, and strategies to quit smoking for good.

Dr. John Oliffe

http://menshealthresearch.ubc.ca
Factors influencing young men’s decision to undergo health screening in Malaysia: a qualitative study

Chin Hai Teo, Chirk Jenn Ng, Alan White

Preventive Medicine 67 (2014) 295–302

Men’s Health Index: A Pragmatic Approach to Stratifying and Optimizing Men’s Health

Hui Meng Tan, Wei Phin Tan, Jun Hoe Wong, Christopher Chee Kong Ho, Chin Hai Teo, Chirk Jenn Ng

Department of Surgery, Sime Darby Medical Center, Subang Jaya, Department of Primary Care Medicine, Faculty of Medicine, University of Malaya, Kuala Lumpur, Malaysia, Department of Surgery, Thomas Jefferson University, Philadelphia, PA, USA, Department of Surgery, Queens University Belfast, Belfast, United Kingdom, Department of Surgery, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Improving Health Screening Uptake in Men: A Systematic Review and Meta-analysis

Chin Hai Teo, BSc, Chin Jun Ling, MBBS, Chirk Jenn Ng, MBBS, MMed (Fam Med), PhD
Sex and gender reporting in global health: new editorial policies

Sanne A E Peters,1 Robyn Norton1,2

Sex and gender in psychiatry

Sex, Gender and Health Research
There is significant evidence to demonstrate that biological and social differences between women and men contribute to differences in their health. Sex (biological attributes) and gender (socio-cultural factors) influence our risk of developing certain diseases, how we respond to medical treatments, and how often we seek health care. Accounting for sex and gender in health research has the potential to make health research more rigorous, more reproducible and more applicable to everyone.

CIHR is a signatory on the Government of Canada’s Health Portfolio Sex- and Gender-Based Analysis Policy, as well as the Tri-Council Policy Statement on Ethical Conduct for Research Involving Humans. Both policies underscore the importance of integrating sex and gender into health research when appropriate. As such, and as indicated in the Grants and Awards Guide, CIHR expects that all research applicants will integrate gender and sex into their research designs when appropriate.

Consideration of Sex as a Biological Variable in NIH-funded Research
OBESITY AND GENDER

Posted at 09:28 on Thu, 01/10/2013

Tags: Gender Medicine

Previous studies have reported that obesity and eating disorders are more prevalent in women than men. Eating behaviour patterns differ in men and in women, they are affected by motivational state (fed versus fasted), and there are also neural differences in cognitive, emotional and reward processing. Several structural brain differences between obese and lean persons have been identified, and cerebral white matter changes have been found related to elevated body weight in men compared with women.

Read more

Female patients in fertile age with chronic hepatitis C, easy genotype, and persistently normal transaminases have a 100% chance to reach a sustained virological response

Posted at 13:47 on Wed, 09/28/2011

Tags: Gender Medicine

Background Patients with chronic hepatitis C and persistently normal alanine transaminase levels have recently been included in the guidelines for antiviral treatment.

Aim To evaluate the efficacy of PEG-interferon α-2a and weight-based ribavirin doses in patients with these characteristics in a single Italian centre.

Download full article

DISEASE, INEQUALITIES, AND VIOLENCE

Posted at 17:06 on Tue, 07/27/2010

Tags: Gender Medicine

From Science July 2010

Gender inequalities must be addressed in HIV prevention (Science 2010: 329: 145-7)
ISMH – DEDICATED TO THE UNMET NEED OF IMPROVING MEN’S HEALTH

The International Society of Men’s Health (ISMH) is the only international organisation dedicated to the rapidly growing field of men’s health. The comprehensive scope of men’s health brings together multiple disciplines such as urology, cardiology, endocrinology, oncology, gerontology, psychiatry, psychology, sexual and reproductive medicine, public health and others.

COMING SOON - THE MEN'S HEALTH ACADEMY

SAVE THE DATE – MEN’S HEALTH WORLD CONGRESS 2016
February 26-29, 2016
GLOBAL ACTION ON MEN'S HEALTH

Putting men and boys on the gender agenda

Men's health is unnecessarily poor throughout the world. Globally, the gap between male and female life expectancy and healthy life expectancy has widened in the last 40 years.

Global public health organisations have not identified this as an issue or taken any significant steps to address the problem. Men are almost entirely absent from global public health policy.

Global Action on Men's Health (GAMH) exists to address this inequality. GAMH will:

- Encourage the World Health Organisation (WHO) and other international agencies involved in public health to develop research, policies and strategies on men's health
- Urge individual states and non-governmental organisations (NGOs) to implement measures to tackle men's health problems
- Provide guidance on how to take effective action on men's health
- Focus primarily on public health and the social determinants of health

GAMH will act as a focal point for a new network of men's health and other organisations around the world that support its aims and objectives.

GAMH is supported by an increasing number of men's health organisations around the world and welcomes the involvement of others who support its goals.

GAMH fully supports initiatives to improve women's health and does not believe that resources currently allocated to women's health should be transferred to men's health.

http://gamh.org/
Global Men’s Health report with GAMH this Autumn

https://promundoglobal.org/
THE MOVEMBER FOUNDATION IS THE ONLY CHARITY TACKLING MEN’S HEALTH ON A GLOBAL SCALE, YEAR ROUND. WE HAVE ONE GOAL: TO STOP MEN DYING TOO YOUNG.

SELECT YOUR COUNTRY

AUSTRALIA
AUSTRIA
DEUTSCH | ENGLISH
BELGIUM
NEDERLANDS | FRANÇAIS | ENGLISH
CANADA
ENGLISH | FRANÇAIS
CZECH REPUBLIC
ČESKY | ENGLISH
DENMARK
DAENIS | ENGLISH
FINLAND
SUOMI | ENGLISH
FRANCE
FRANÇAIS | ENGLISH
GERMANY
DEUTSCH | ENGLISH
HONG KONG
IRELAND
Netherlands
NEDERLANDS | ENGLISH
NEW ZEALAND
NORWAY
NORSK BOKMÅL | ENGLISH
SINGAPORE
SPANISH | ENGLISH
SOUTH AFRICA
SWEDISH
SWITZERLAND
DEUTSCH | FRANÇAIS | ITALIANO | ENGLISH
UNITED KINGDOM
UNITED STATES
MOVEMBER WORLDWIDE – LIVING ELSEWHERE

https://www.movember.com/?reset=1
www.facebook.com/MovemberMalaysia/
http://menengage.org/regions/africa/
Successes in men’s health

• Improved public health
• Success of statins and health checks
• Improvement in survival from cancer and other previously fatal diseases
• Fewer men smoking
• Safer cars and better driving instruction, with harder driving tests, with enforcement of road traffic legislation
• Health and safety at work
But...

• Progress needs to be faster to keep up with the demographic and social changes

• Men need to be healthier and live safer lives.

• Health care is getting more expensive

• Different challenges are emerging
Conclusion – why focus on men’s health?

• Poor men’s health impacts across society

• Such variation in men’s health means this is not a biological inevitability

• We have to make men’s health visible and an issue that cannot be avoided

• There is a clear need to have greater emphasis on the health of men in policy, practice, research and education

• Malaysia has the potential to set a great example of how this can be achieved!