

'Emerging issues in middle aged men's health: an international perspective'

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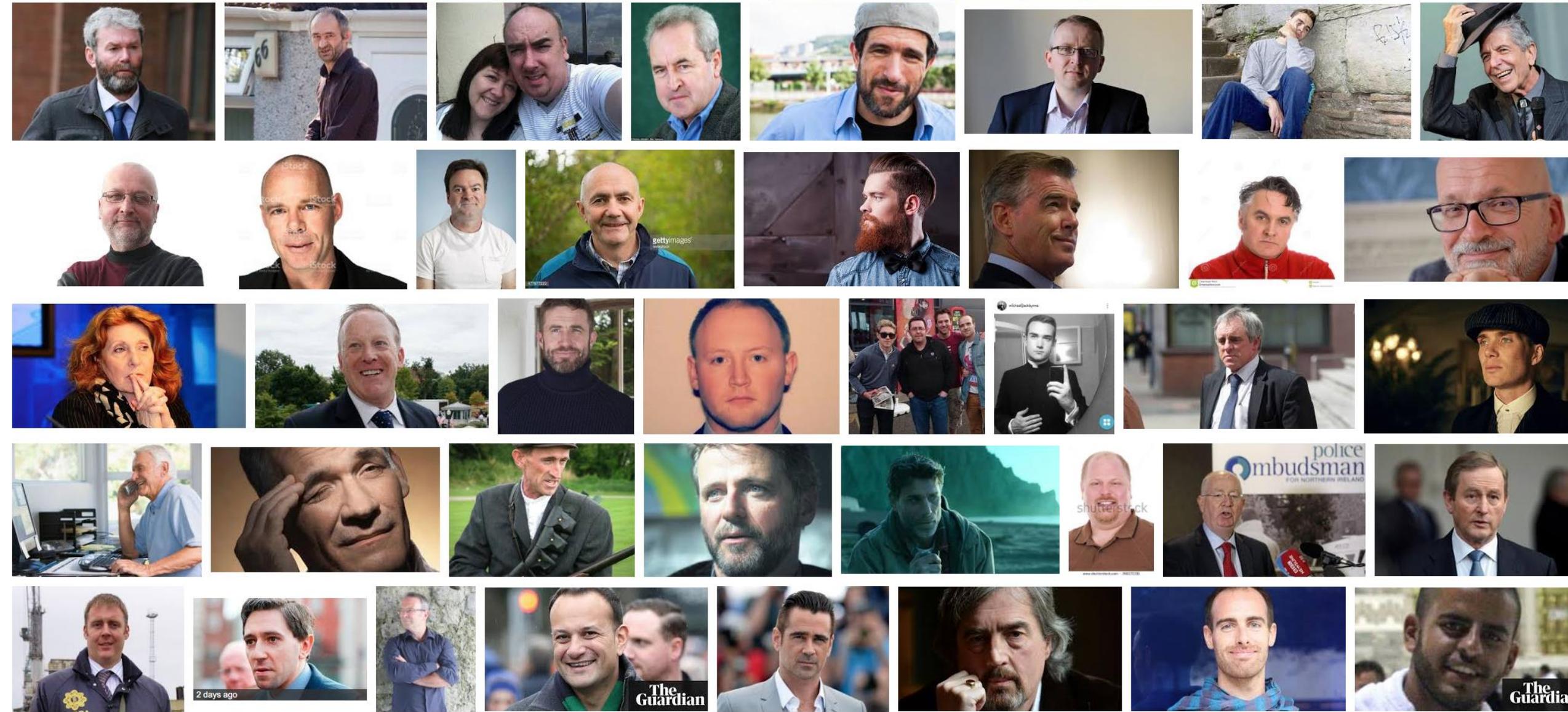
Patron Men's Health Forum (UK)

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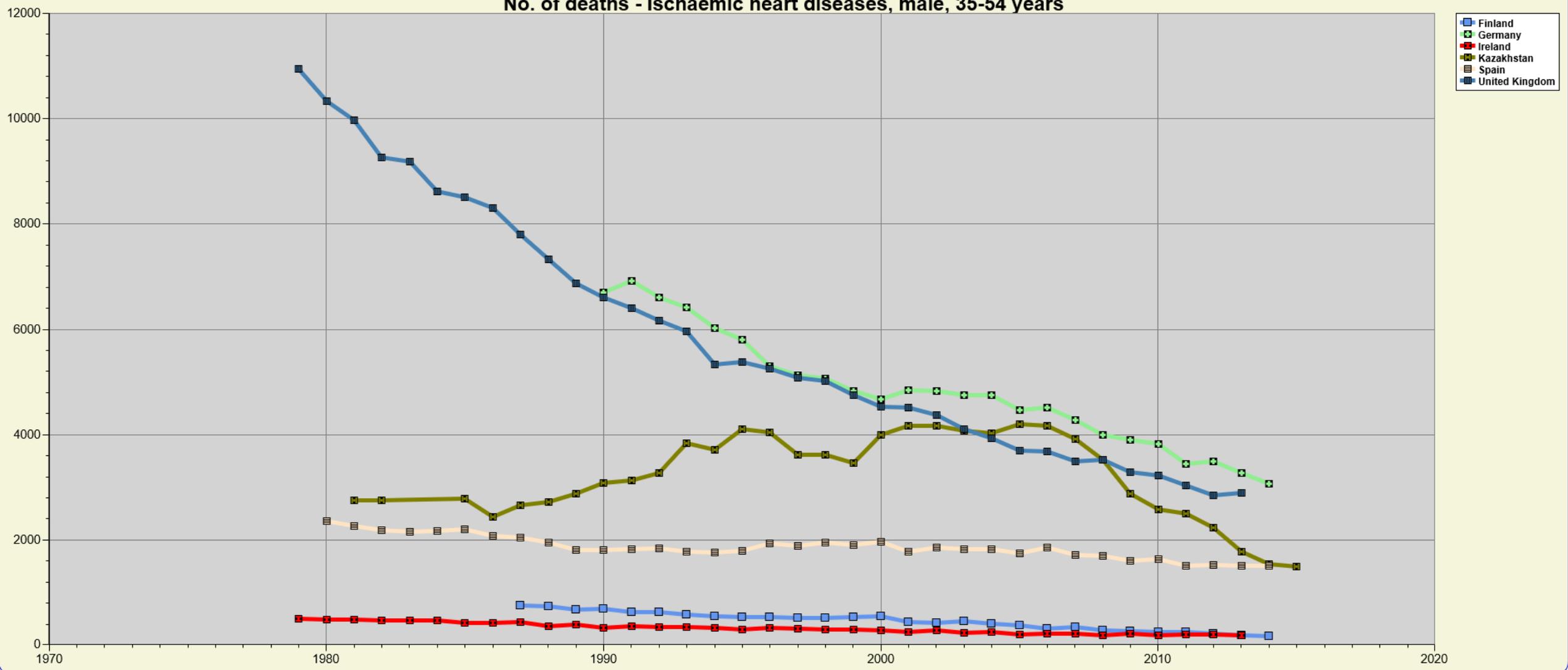
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irish × attractive hot handsome middle age white male casual classy curly hair wavy hair typical beard ireland italian american british mexican greek chubby old smart middle eastern blue eye



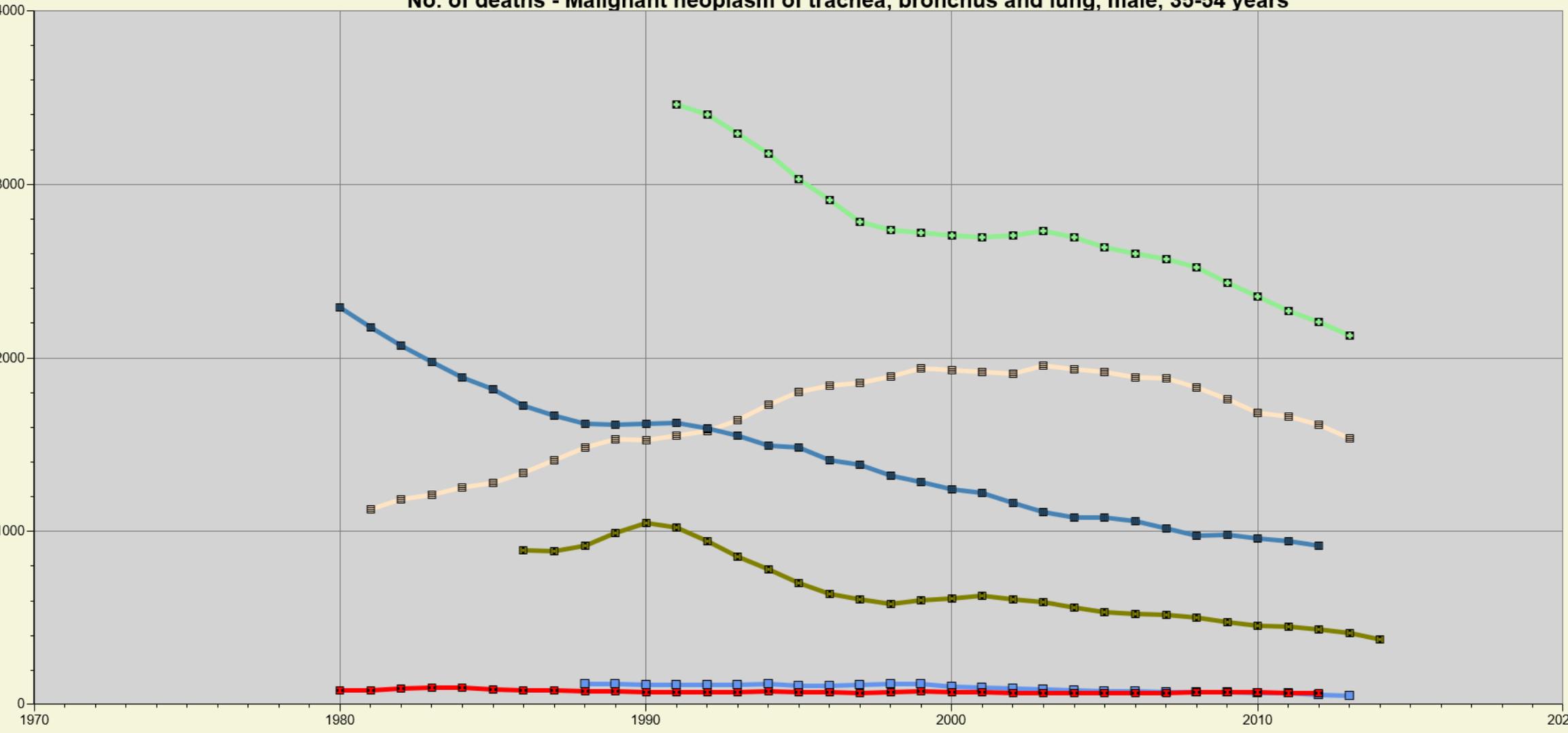
No. of deaths - Ischaemic heart diseases, male, 35-54 years



<http://apps.who.int/healthinfo/statistics/mortality/whodpms/>

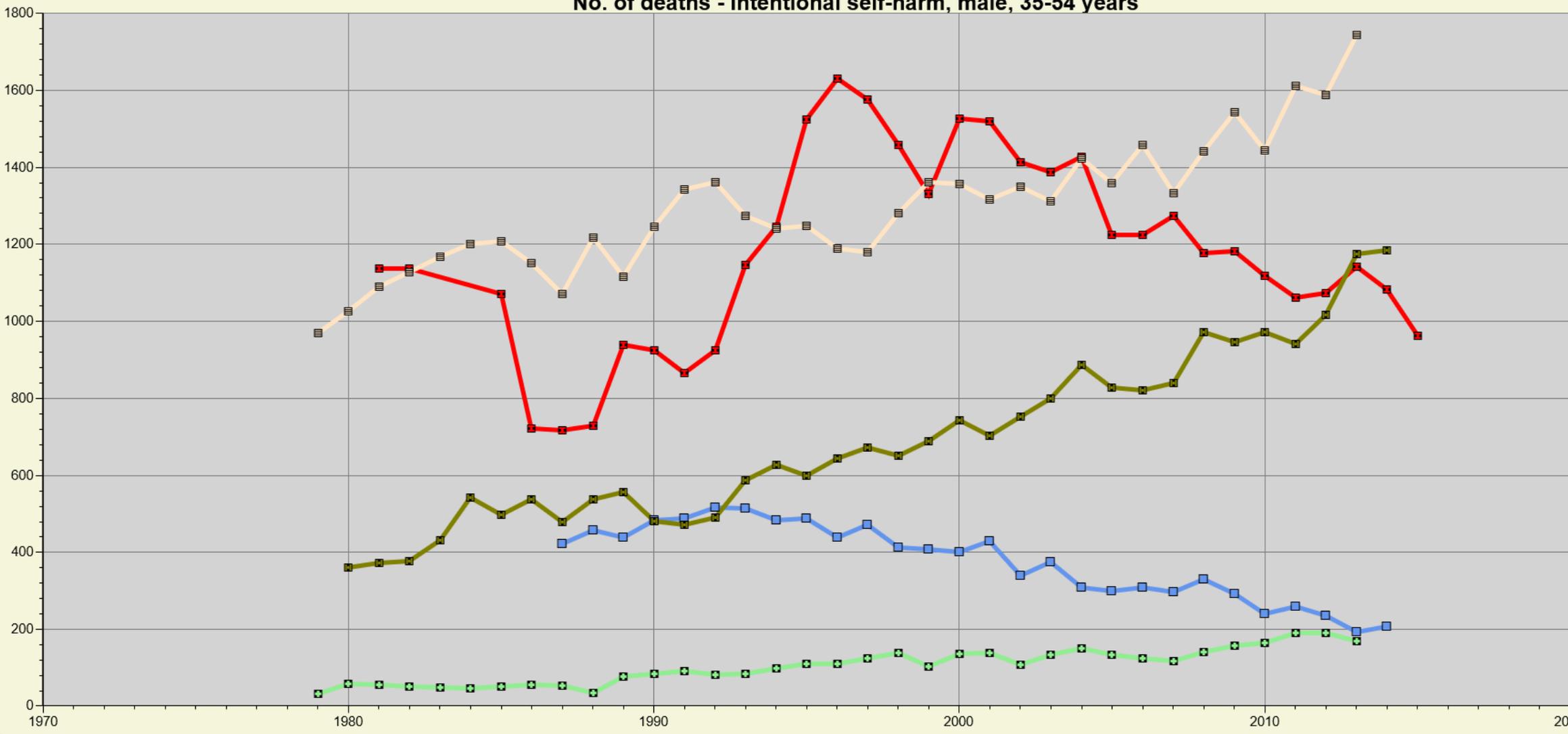
No. of deaths - Malignant neoplasm of trachea, bronchus and lung, male, 35-54 years

- Finland
- Germany
- Ireland
- Kazakhstan
- Spain
- United Kingdom



No. of deaths - Intentional self-harm, male, 35-54 years

- Finland
- Ireland
- Kazakhstan
- Spain
- United Kingdom





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Minisymposium

Gendered epidemiology: Making men's health visible in epidemiological research

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SUMMARY

This paper will argue that it should no longer be seen as acceptable to present data that is limited to just a population wide or age standardised sex analysis. Such blunt approaches miss the opportunity to develop our understanding of the pivotal role that sex and gender play in health, wellbeing and illness. Taking what we have referred to as a gendered epidemiological approach, would: (i) ensure the routine inclusion of sex differences, (ii) explore how sex differences can be analysed in conjunction with other factors influenced by gender (age, social class, education, marital status etc), (iii) highlight differences within each sex and not just between the sexes, and (iv) apply a gendered lens to the interpretation of the findings. This more nuanced stance is required to ensure that the complexity of men and women can be reflected in the field of public health.

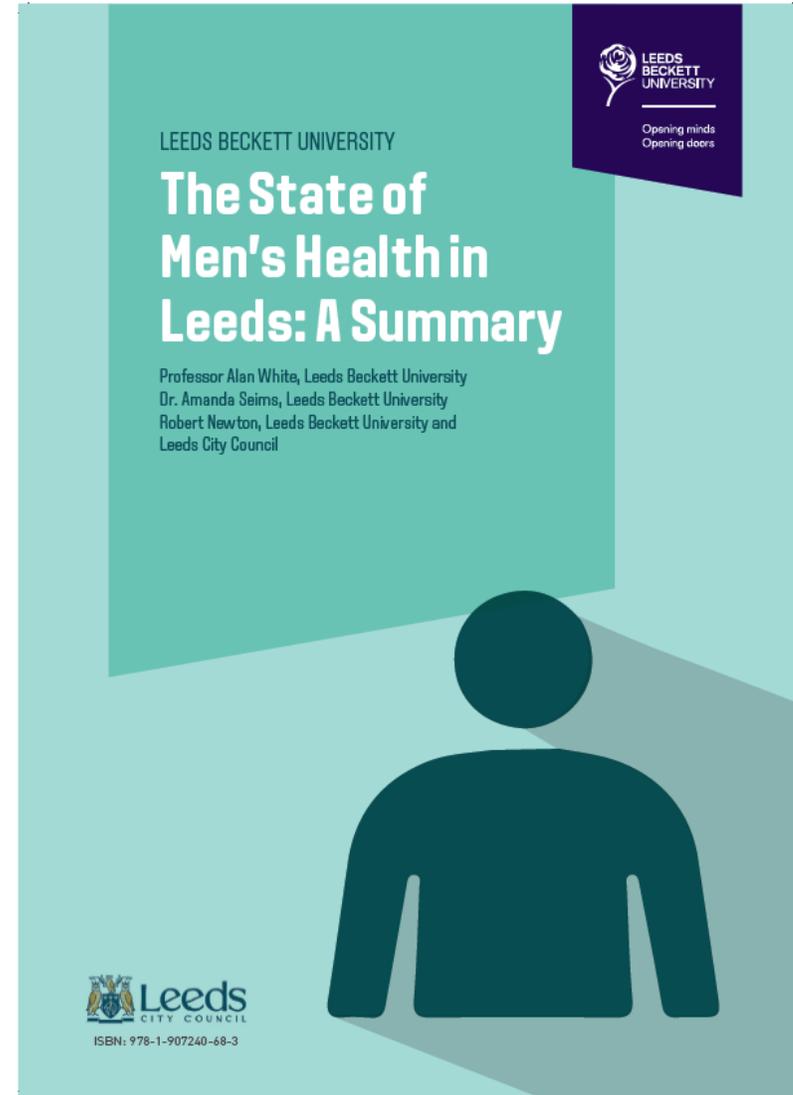
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The State of Men's Health in Leeds: Main Report

Professor Alan White, Leeds Beckett University
Dr. Amanda Seims, Leeds Beckett University
Robert Newton, Leeds Beckett University & Leeds City Council



Institute for
Health & Wellbeing



“There needs to be a concerted effort made to address the causes of the health challenges men face. To tackle men’s physical and mental health, action is required both at the structural level of service provision, in reaching out and targeting men more effectively, and also at the societal level addressing the social determinants of health”

Housing and living arrangements

- Almost one in five men live alone.
- Nearly two thirds of residents in the city's council-owned high-rise flats are male. This type of housing can be linked to high levels of depression and social isolation. Male residents of these flats are typically aged between 31 and 60.
- Men are more likely than women to become homeless.

Employment

- Excluding students, there are nearly 70% more men than women in Leeds registered as unemployed
- In Leeds, there 60% more men than women who are workless for more than two years
- Of those in work, three times as many men compared to women work at least 49 hours a week (17% of all men in work)

Education

- The percentage of boys in Leeds (of all those eligible) achieving level 2 in key stage 1 writing (5-7 years) was 77% compared to 87% for girls.
- In three MSOAs over 70% of young boys did not achieve level 2 in key stage 1 reading.
- In some poorer areas of Leeds, seven out of 10 boys are not achieving five or more GCSEs (including English and maths) at grades A* to C. This may impact on their ability to obtain good jobs.
- In 2011, 15 per cent of men in Leeds had no qualifications and, in nine local areas, more than 30 per cent of men had no qualifications.

Men as fathers and carers

- 2,254 lone fathers with dependent children in Leeds
- Over 10,000 babies born in Leeds each year – but few services are focused on reaching out to the fathers (63,900 babies born in Ireland in 2016)
- 30,053 men (8.2% of the male population) in Leeds provide unpaid care, with 6,476 men providing 20+ hours of unpaid care per week

RESEARCH ARTICLE

Open Access

Social determinants of male health: a case study of Leeds, UK



Alan White^{1*} , Amanda Seims¹, Ian Cameron² and Tim Taylor²

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%, $P = 0.00$) 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

Co-occurrence and clustering of lifestyle risk factors

- Lambeth & Southwark men's health study
- Over 72% of men presented with combinations of lifestyle risk factors.
- Co-occurrence was more prominent for unemployed, widowed, divorced/separated and white British men.

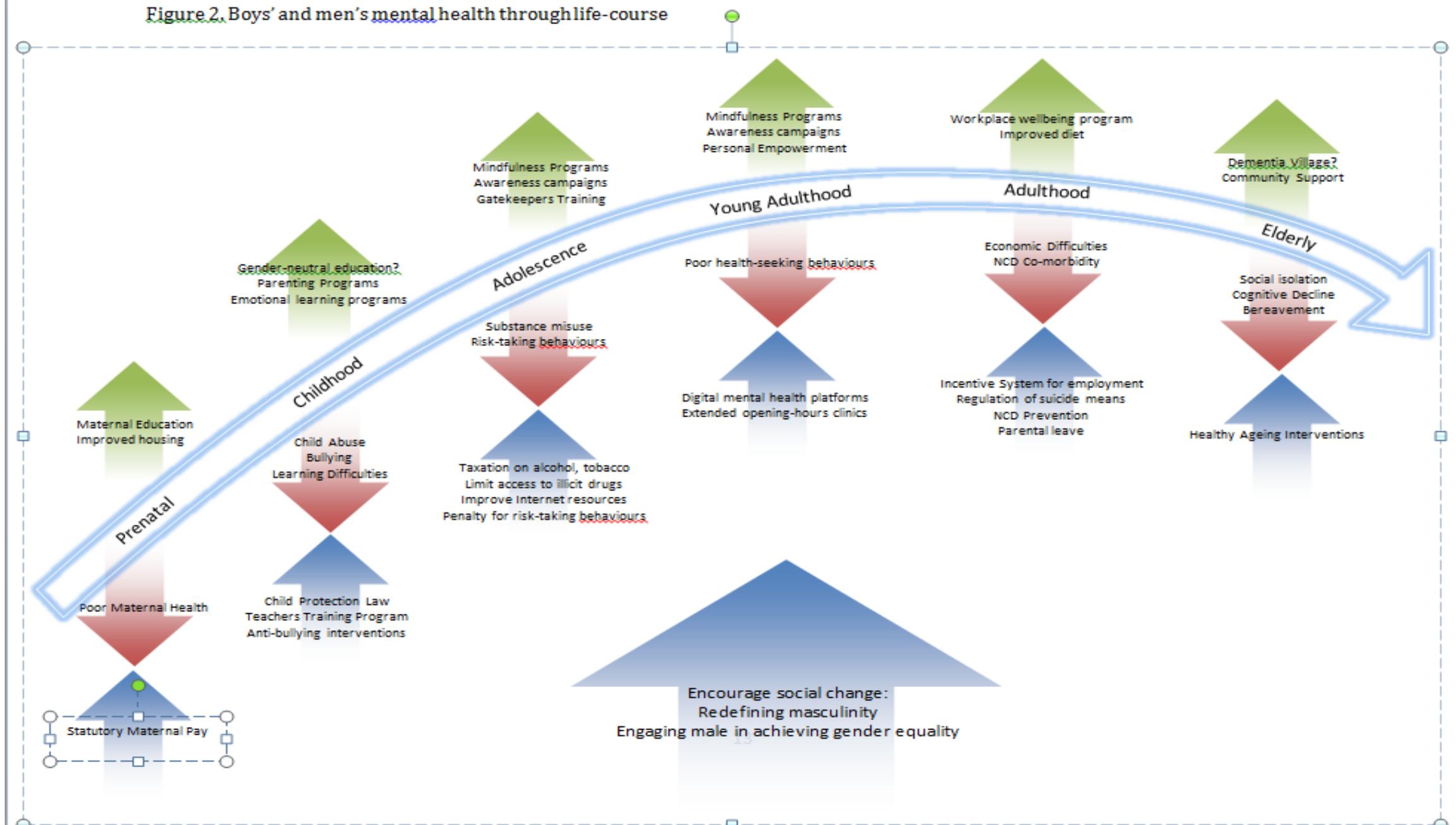
WHO Men's Health Report & Strategy

- Presenting trends and comparative analyses of premature mortality, morbidity, disability, health and well-being among men in the European Region;
- Addressing links between risk factors, masculinities, and their social, economic, cultural and environmental determinants
- Identifying barriers to men's health in the responses from the health systems; and
- Identifying governance mechanisms to strengthen men's health and engage men achieving gender equality.

Life course perspective

“A life course approach emphasises a **temporal and social perspective**, looking back across an individual’s or a cohort’s life experiences or across generations for clues to current patterns of health and disease, whilst recognising that both past and present experiences are shaped by the wider social, economic and cultural context”. p4

Figure 2. Boys' and men's mental health through life-course



Lifecourse – a Gay man’s perspective

“Due to significant historical change in the late 20th and early 21st century related to both health and cultural attitudes toward homosexuality, gay men of distinct birth cohorts may diverge considerably in their health and identity development.”

Hammack, P. L., Frost, D. M., Meyer, I. H., & Pletta, D. R. (2018). Gay Men’s Health and Identity: Social Change and the Life Course. *Archives of Sexual Behavior*, 47(1), 59–74.

Table 1 Generation-cohorts of gay men alive, 2017

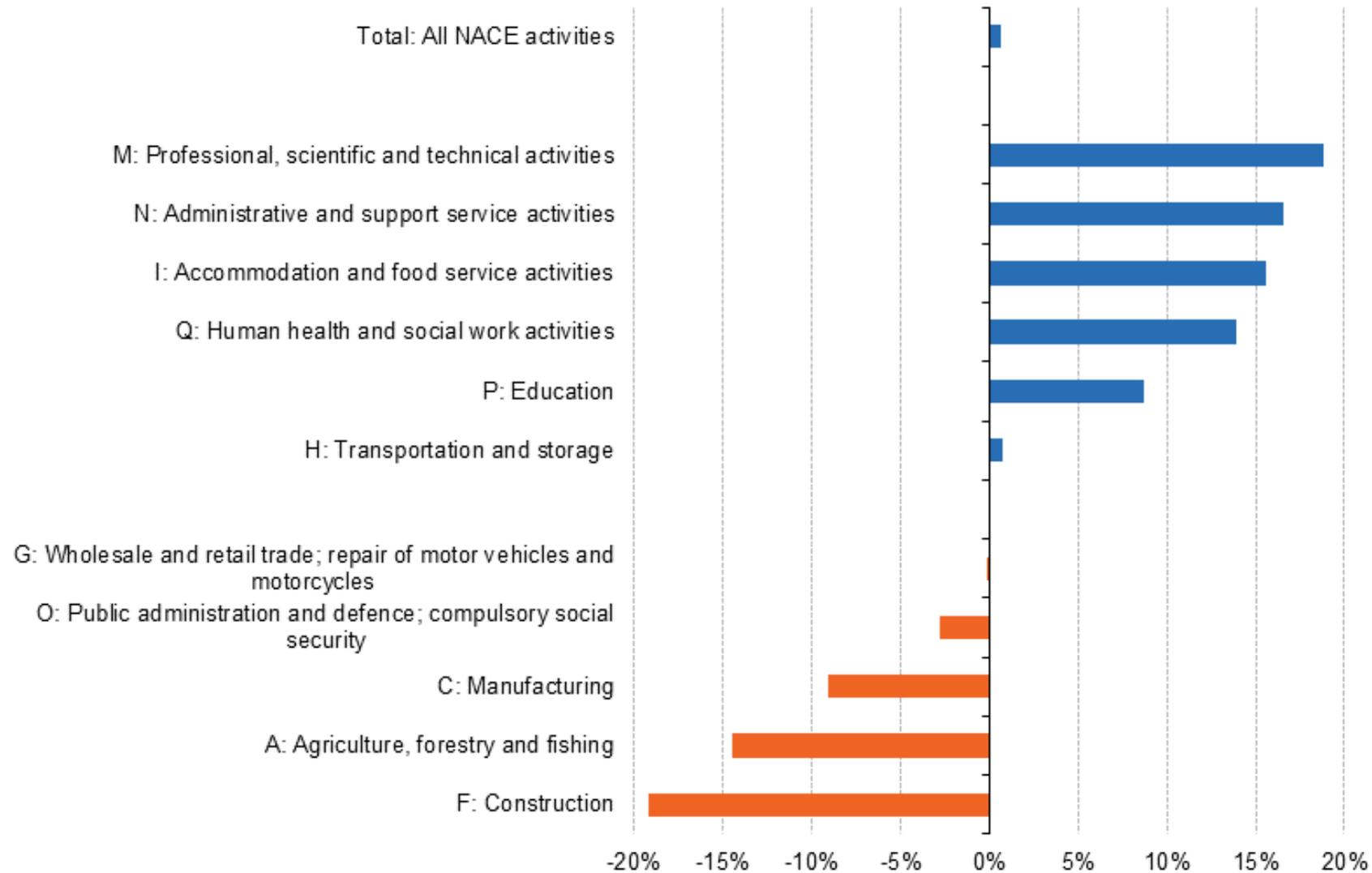
Generation	Approximate birth years	Age at CDE1 (Stonewall, 1969)	Age at CDE2 (AIDS discovery, 1981)	Age at CDE3 (HAART introduced, 1996)	Age at CDE4 (Lawrence v. Texas, 2003)	Age in 2017
1. Sickness	1930s	30s	40s	50s	60s	70s–80s
2. Liberation	1940s	20s	30s	40s	50s	60s–70s
3. AIDS-1	1950s–1960s	10s (puberty)	20s	30s	40s	50s–60s
4. AIDS-2	1970s–1980s	0	10s	10s	20s	30s–40s
5. Equality	1990s	0	0	<10	10s	20s

Social determinants of health – key concepts

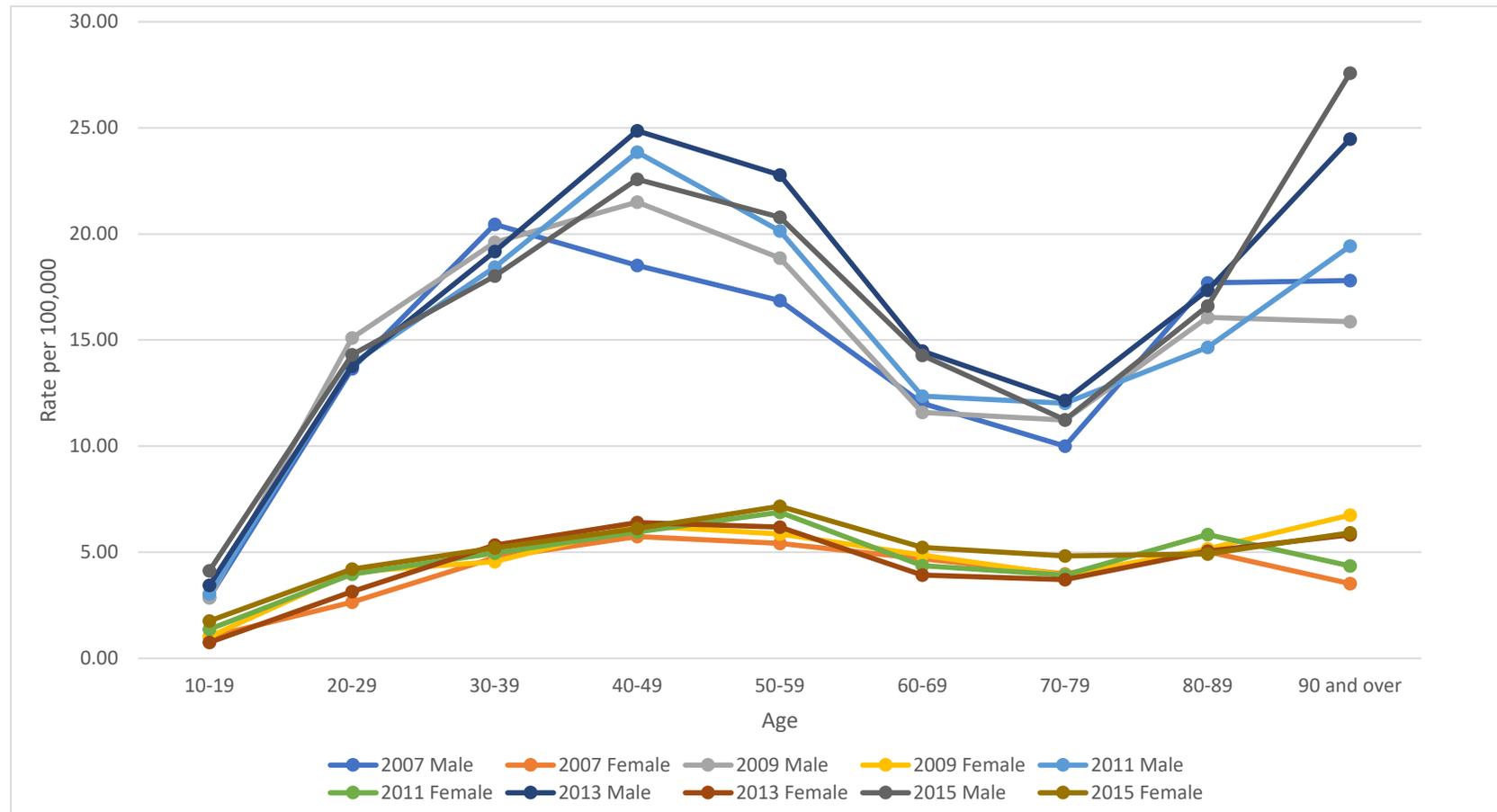
- Employment conditions
- Social exclusion
- Public health programmes and social determinants
- Women and gender equity
- Early child development
- Globalization
- Health systems
- Measurement and evidence
- Urbanization

http://www.who.int/social_determinants/sdh_definition/en/

Employment growth by sector, EU-28, 2008-2016



Trends in suicide death rates, by sex, England & Wales, 2007 - 2015

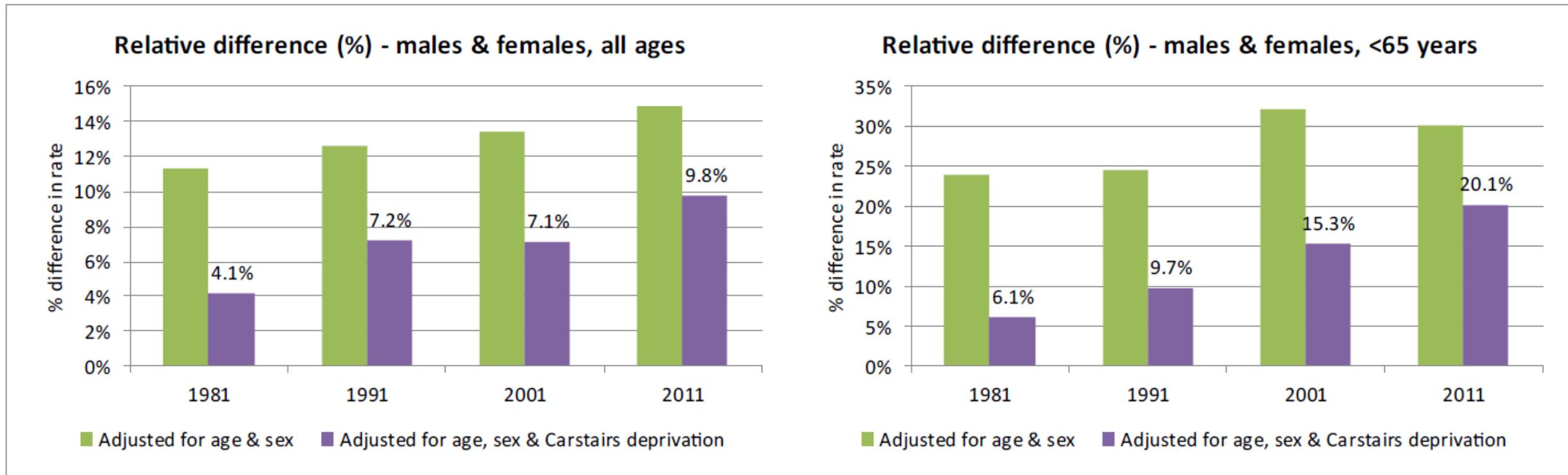


Audit of Suicides and Undetermined Deaths in Leeds 2011-2013



	2008-2009		2011-2013	
Female	38	21%	37	17%
Male	141	79%	176	82.6%

Glasgow effect - Relative difference in mortality rates between Scotland and England & Wales, all ages and age <65 years, 1981 to 2011.

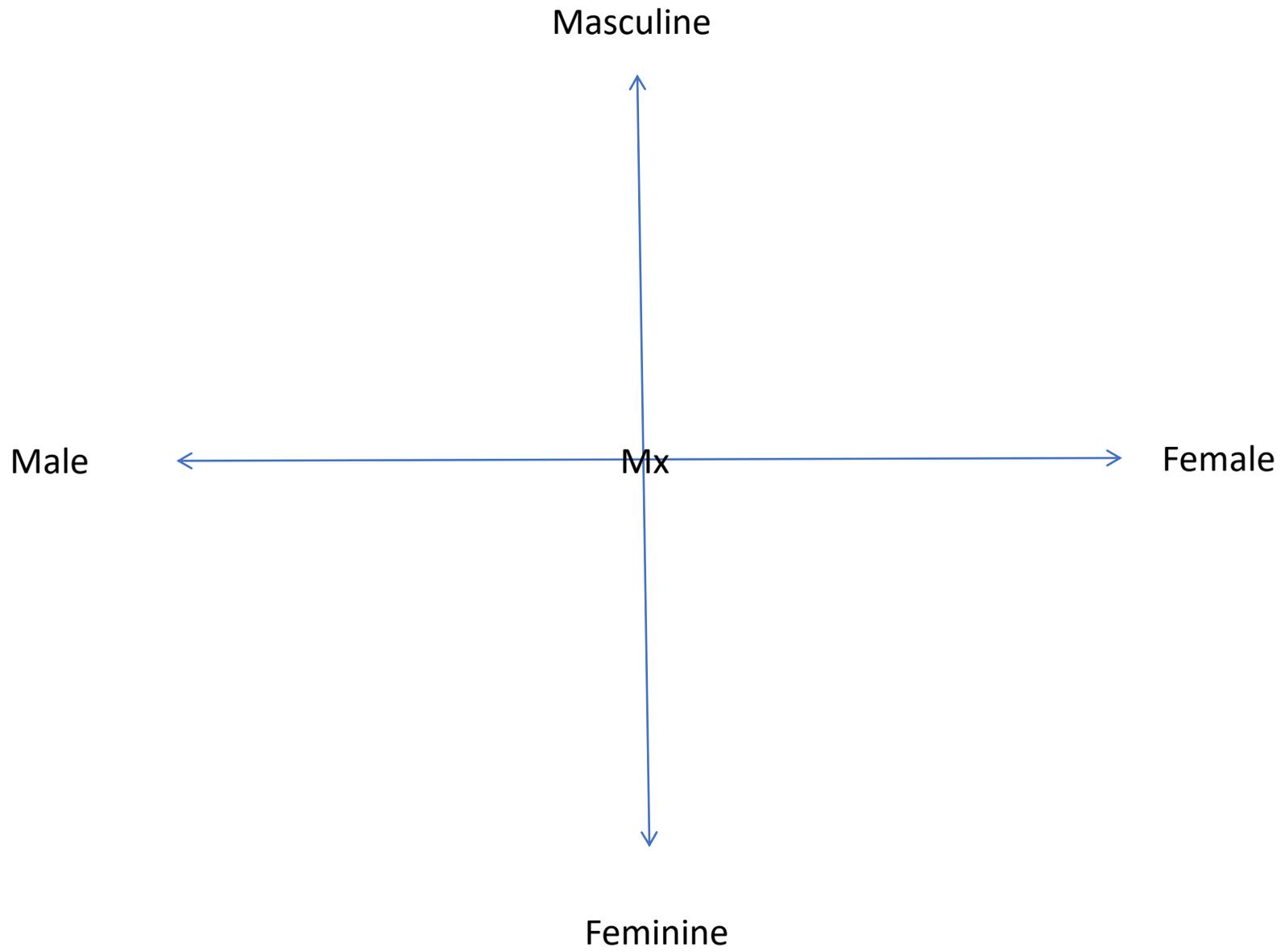


The Glasgow effect – not just deprivation

- ...vulnerable to important socioeconomic (deprivation, deindustrialisation) and political (detrimental economic and social policies) exposures, resulting in worse outcomes.
- “a different experience of deprivation, weakened social relationships, relatively greater stress, worse mental and physical health, compensated for in some cases by greater reliance on alcohol and drugs related ‘coping mechanisms’, resulting in yet worse health outcomes”

Intersectionality and men's health

- Greater than a summation of the various categories of difference:
 - Gender
 - Ethnicity
 - Race
 - Sexuality
 - Age
 - Disability
 - Socio-economic factors





Tyler Ford - My life without gender: 'Strangers are desperate to know what genitalia I have'

<https://www.theguardian.com/world/2015/aug/07/my-life-without-gender-strangers-are-desperate-to-know-what-genitalia-i-have>

The Health of the Deaf

- An invisible disability
- Profoundly Deaf from birth can create a cultural minority
- A quarter of Deaf individuals have additional disabilities and a high probability of complex mental health needs.
- Rates of obesity, blood pressure, diabetes are high – but few are tested
- Lack of awareness, underdiagnosis and undertreatment of chronic conditions may be putting them at risk of preventable ill- health and potentially reduced life expectancy.

Emond A, Ridd M, Sutherland H, *et al.* The current health of the signing Deaf community in the UK compared with the general population: a cross-sectional study. *BMJ Open* 2015;**5**:e006668.

Fellinger J, Holzinger D, Pollard R. Mental health of deaf people. *Lancet* 2012;**379**:1037–44.



The emasculating reality of refugees

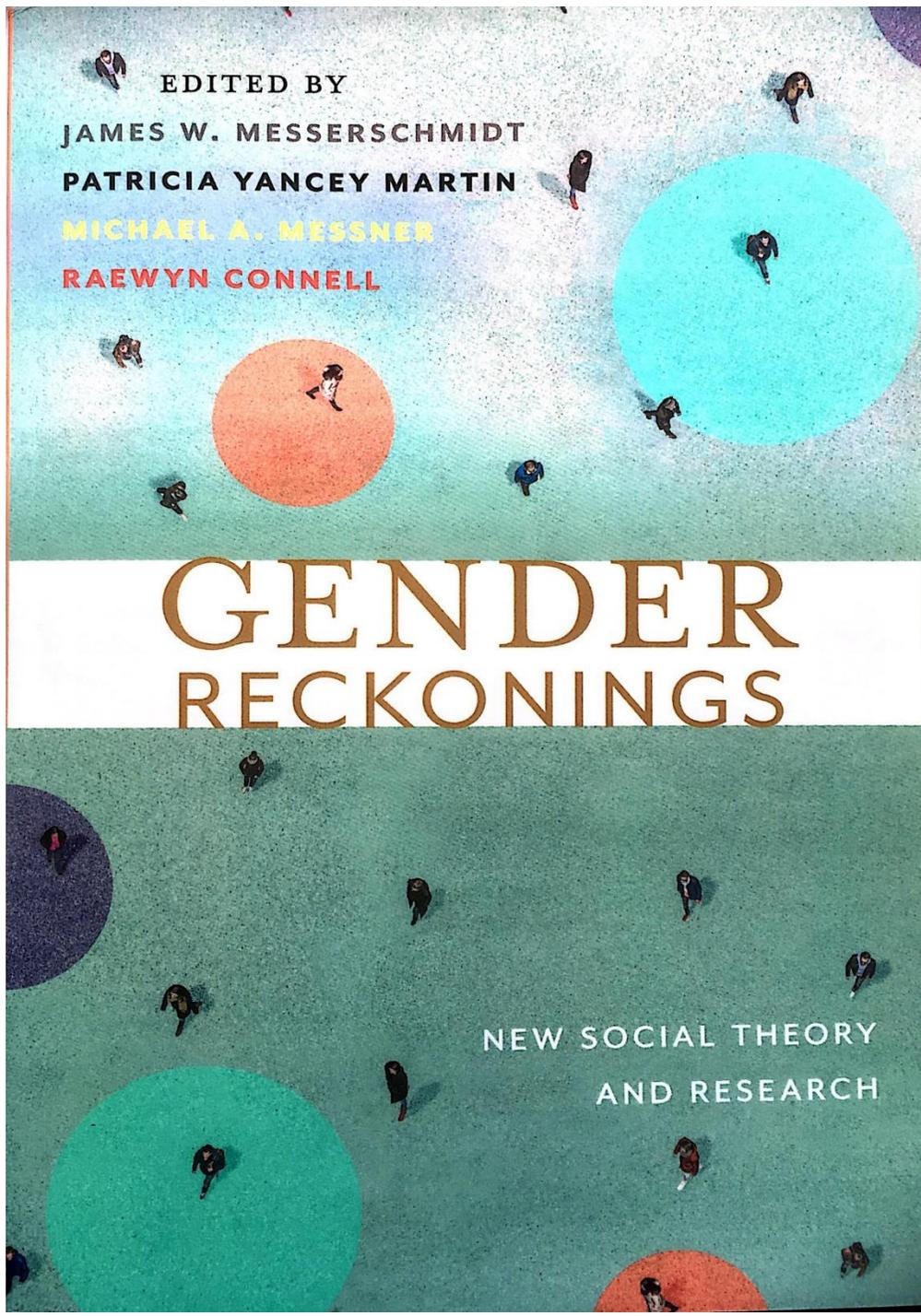
- Work is often scarce, dangerous and low level.
- Men are housed in sub-standard accommodation, with many to a room and with poor sanitation.
- Diets tend to be poor and there may be limited access to cooking facilities
- Few services support male refugees
- Male trafficking / male rape
- Survival sex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

Intersectionality

- ...in the present climate of increased forced migration and neoliberal disruption, the demographic shifts taking place in various contexts are accompanied by interlocking processes of social exclusion based for example on gender, racial, ethnic, socioeconomic and sexual differences.
- ...it enables us to reveal a range of minority political struggles that are often obscured and diluted within a liberal discourse of 'diversity'

Not just the category you belong to ...

- The actual individuals' position within the power structure, their own experience of identity and belonging, and their normative values.
- Individuals as members of groups may share common positions with specific material, political, and institutional implications within a power structure while their individual experiences of this membership may vary significantly



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GENDER RECKONINGS

NEW SOCIAL THEORY
AND RESEARCH

Messerschmidt et al. *Gender Reckonings: New Social Theory and Research*. New York, New York University Press 2018.

Summary

- Our world is becoming more challenging not less
- Changes are happening that impact on our identities and our sense of self
- Many of the most marginalized in our societies are at the most risk and yet our view of 'diversity' may be obscuring the real issues
- "Men's health" will have to evolve to meet the new world order