

CHAPTER 5
HEALTH
SEEKING
BEHAVIOUR



5. HEALTH SEEKING BEHAVIOUR

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: p.1813)

It's actually acknowledging and accepting the problem, that's where the big bottle neck is... it's the whole denial and fear and 'oh I'll be alright, this thing will pass off and sure I'll be okay in a months time', it's that whole blockage, that is where I think the crux of the problem lies (M42, Richardson 2003d).

- Although research is limited in Ireland, it is well documented internationally that compared to women, men have limited contacts with physicians and healthcare services in general (Roter and Hall 1997; Courtenay 1998; The Lancet 2001; Richardson 2003c). Hence it is hardly surprising to learn that for almost every condition common to both sexes, the outcome for men tends to be poorer.
- In terms of accessing health services, men are slower to notice signs of illness, and when they do, they are less likely to consult their doctor (Kraemer 2000; The Lancet 2001). It has been estimated that 40% of male consultations are at the prompting of a female (Denyer 1998). Little wonder then that eight out of ten men admit to waiting too long before going to see their doctor.
- According to Stakelum and Boland, the main reasons for men being reactive, rather than proactive, in the maintenance and promotion of their own health are rooted in the following four areas:
 - Lack of awareness as to when they should attend for screening;
 - Linked to this is the absence of a preventative healthcare ethos in the current delivery of general practice;
 - Men believe that, unlike women, they are not socialised into the health culture from an early age, and are therefore less likely to develop the confidence to seek preventative help;
 - Finally, men are less likely to interpret their symptoms as arising from physical symptoms, which may be a form of denial bound up in what men regularly referred to as the 'macho principle' (2001: p.23).
- In addition, Stakelum and Boland (2001) found that there was very little evidence of self-directed preventative health amongst men. Any health screening that did occur was superimposed on men due to previous illness, school medicals, or pre-employment checks, rather than being actively sought by the men themselves. For adolescent males it was the school medical, or a pre-college medical that was their last experience of preventative health checking.
- Late presentation can result in poorer health outcomes, and explains why men, despite being half as likely as women to develop malignant melanoma, are twice as likely to die (Banks 2001).

- The 1997 Northern Ireland Health and Social Well-being Survey (O'Reilly and Browne 2001) indicated that 66% of men and 82% of women had consulted their GP in the previous year. Consultation rates for women were higher than those for men and were fairly constant throughout the age range.
- Continuous Household Survey (CHS) data for consultations with the NHS GP in the 14 days before the interview were 12% for men and 19% for women (16% overall) (McWhirter 2002).
- In a study relating to the health status, attitudes and behavioural patterns of middle aged men in a General Practice in an urban area of Dublin (O'Keeffe 2000), the results show very little differences between the attitudes and behaviours of the men who attended the well-man clinic and those who did not. The men did recognise the importance of health maintaining behaviours yet in practice the health status was poor as indicated in the results from the screening in the well-man clinic. The majority of the men had visited the GP within the last year.

The results of this study not only indicate the need for health promotion initiatives but also indicate that a GP service which is acceptable to the community and is well utilised has a key role to play in the prevention of cardiovascular disease (O'Keeffe 2000: p.10).