

CHAPTER 6
CONCLUSION AND
RECOMMENDATIONS



6. CONCLUSION

Men learn to conceal vulnerability, to be stoic and independent, and may turn to unhealthy behaviours and indeed risk behaviours that are culturally defined as masculine to 'prove' their masculinity to themselves and others. Self-care practices on the other hand have become culturally defined as 'feminine' (Richardson, 2003c).

The statistics outlined in this report demonstrate that men's health on the island of Ireland is in critical need of attention:

- The risk of dying from malignant cancer before the age of 75 was about 1 in 8 for women, but about 1 in 6 for men (National Cancer Registry of Ireland 2001);
- One in every 273 men will develop testicular cancer; some needlessly die from it each year because of failure to detect it in time (Armstrong 2001);
- Even though prostatic cancer killed 900 Irish men in 2002, there is no prostatic cancer screening (Smith 2003);
- In 2001, four times more men than women died by suicide (CSO 2000a, NISRA 2002);
- For every seven women who are aged 65 years or over, there are five men and amongst those who are 85 years of age or over, there are three women for every one man (Murphy-Lawless 2003);
- Statistics show that heavy drinking among men has increased from 35% to 41% over the last four years (Andrew 2003);
- In 2001, 6,790 persons in the RoI were convicted of drink driving offences, some 93% of those convicted were male (Garda Siochana 2001).

Data presented in section four of this report makes it clear that men engage in risk behaviours and lifestyle habits that are detrimental to their health. According to Griffiths (1996), however, it is not just the impact of lifestyles and biology but society's expectations of men that also need to be addressed. Such expectations have created an environment in which men are less able than women to recognise physical and emotional distress and to seek help.

Research further indicates that men are reluctant users of primary care services, make little use of preventative services and often present late in the course of an illness. "Men often believe that their role is to 'tough out' illness for as long as possible rather than admit to what feels like a weakness" (MHF (UK) 2002:8); a belief that is reinforced by cultural and institutional values:

It is society's expectations regarding the stereotypical male role, which exerts the biggest cost on men's ability to seek and obtain timely healthcare (Stakelum and Boland 2001:20).

The Men's Health Forum UK maintains that in order to work effectively with men, policy makers and practitioners must "improve their understanding of male gender roles and seek to develop and deliver services that are aimed at men as they are and not as some might wish them to be" (2002:3).

Compared to countries like Australia, USA and the United Kingdom, Ireland lags far behind in terms of being proactive in the area of men's health (Richardson 2003b). In Australia for example, during the 1990's men's health emerged as a vibrant issue at both a policy and service delivery level, resulting in two national men's health conferences, a draft national policy, as well as the development of taskforces, advisory groups and policy and strategy documents within several Australian states (Richardson 2003c).

It was not until very recently that men have been identified as a target population for the strategic planning of healthcare in the RoI (Department of Health and Children 2000, 2001). However, as Richardson (2003b) notes, there still remains a fundamental lack of understanding and clarity about what is meant by 'men's health' in Ireland, which is at least in part a function of very sparse and fragmented research in men's health in general.

“The major gap in existing research in Ireland is on the relationship between gender as a dynamic construct and men's health, and the role of masculinities in actively constructing behaviours and attitudes, that ultimately impact on health. New research in these areas is called for” (Richardson 2003c: p55).

It is envisaged that the information contained throughout this report will, to some degree, act as a launching pad for further research into men's health.

6.1 RECOMMENDATIONS

To impact upon the issue of men's health, the Men's Health Forum in Ireland recommends:

■ **The Establishment of an Advisory Group for Men's Health on the island of Ireland:**

The Forum recommends the establishment of a multi-sectoral Advisory Group for Men's Health by Spring 2004. It is important that the Advisory Group would liaise closely with gatekeepers and stakeholders who are engaged in the area of men's health at statutory, community and voluntary levels.

The Group's main role would be to provide terms of reference in relation to men's health and monitor and assess progress made both north and south of the country; thus ensuring that male health issues are constantly kept in focus. The Group's work would also aim to develop and strengthen understanding and awareness about men's health in both jurisdictions.

■ **Research and Data Collection:**

Given the importance of historical, political, economic and socio-cultural influences on masculinities, there is an urgent need to explore masculinities specifically within the context of health in Ireland. To understand what it is 'to be a man' in Ireland is an important and necessary step if we are to appreciate how men on this island actively construct behaviours and attitudes that ultimately determine their health status.

It is vital that research increasingly takes '*sex differences*' into account. Where the population analysed includes men and women, the findings should be broken down by sex. This is as important as findings stratified by age, social class or ethnicity. A more critical appraisal of such sex differences (ie. a '*gendered*' approach to health) is called for in the future.

The collection of data within each jurisdiction also needs to be strengthened, and differences in data collection protocols and procedures reduced, so that north-south data can be combined and compared in a more meaningful way.

The Forum also calls for the establishment of an all Ireland Men's Health Database by Autumn 2004. The aim would be to create greater awareness around men's health by providing up-to-date statistics, trends and alliances in men's health on the island of Ireland. It is envisaged that the information contained within this report will lay the foundations for such a Database.

■ **Policy Development:**

At a practical level, there is a need to develop a national policy for men's health relevant to all men on the island of Ireland, similar to that adopted for women in 1995 in the RoI. The development of a national policy would emanate from extensive consultations throughout both NI and the RoI. It is also increasingly important that men (who can speak about their experiences and needs as men) are brought into the process of policy and practice development. It should also be noted that the establishment of a working group for men's health in the RoI was planned for **early 2002**, (Department of Health and Children 2001) but has yet to be delivered.

■ **Increased Training and Awareness:**

Research clearly indicates that men and women engage in health differently, hence, training should be provided for health professionals and service providers on men's health issues and on working with men as a specific sub-group. Training is particularly needed on how to identify men's health needs at the local level and how to design and deliver effective services for men.

There is an urgent need for more health promotion initiatives that are specifically targeted at men rather than based on the traditional population-wide approach. The Forum recommends targeting and promoting one particular men's health issue annually for the next five years (2004-2009). For example, year one may be given to increasing awareness around prostate cancer, year two to mental illness, year three to suicide and self-harm etc.

In addition, men's health advocates must be encouraged at every level in order to lobby and campaign for improvements to men's health policy and services and to act as men's 'champions' for 'ordinary men'.

■ **Resources:**

The Forum calls for an urgent review of resources (i.e. funding, health programmes and initiatives, training, time and research) specifically allocated to men's health.