

# LIST OF ABBREVIATIONS

<b>BPH:</b>	Benign Prostatic Hyperplasia
<b>CHS:</b>	Continuous Household Survey
<b>CSO:</b>	Central Statistics Office
<b>DSR:</b>	Directly Standardised (Mortality) Rate
<b>EU-15:</b>	Comparison of 15 European Countries
<b>GHA:</b>	Gay Health Authority
<b>GMHP:</b>	Gay Men's Health Project
<b>GP:</b>	General Practitioner
<b>GUM:</b>	Genito-Urinary Medicine
<b>MHF:</b>	Men's Health Forum, UK
<b>MHFI:</b>	Men's Health Forum in Ireland
<b>MPV:</b>	Mechanically Propelled Vehicle
<b>NEHB:</b>	North Eastern Health Board
<b>NHS:</b>	National Health Service
<b>NI:</b>	Northern Ireland
<b>NISRA:</b>	Northern Ireland Statistics and Research Agency
<b>NMS:</b>	Non-melanoma Skin Cancer
<b>RoI:</b>	Republic of Ireland
<b>RTA:</b>	Road Traffic Accident
<b>SEG:</b>	Socio-Economic Group
<b>SEHB:</b>	South Eastern Health Board
<b>SOPHID:</b>	Survey of Prevalent HIV Infections Diagnosed
<b>STI:</b>	Sexually Transmitted Infections
<b>UA:</b>	Unlinked Anonymous
<b>VRL:</b>	Virus Reference Laboratory

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# TECHNICAL NOTES

When assessing North-South comparisons, it is important to consider the many factors that influence rates of mortality and morbidity; such factors may range from socio-economic and environmental factors to lifestyle factors and the provision of health and social services.

Methodological discrepancies in the recording and presentation of some data were also noted between both jurisdictions (RoI and NI). As a result, it often proved impossible to combine statistics for both the RoI and NI to produce an 'all of Ireland' result. In such instances, so as not to skew the overall presentation of data, the statistics for each jurisdiction will be presented separately and explained accordingly.

Although 'health' goes beyond 'the absence of disease or infirmity', for practical purposes the health of a population is frequently measured by health indicators derived from life expectancy, mortality and morbidity statistics (Department of Health and Children 2001). While this presents a limited picture, it is of value in describing population trends over time and making comparisons with other countries.

# INTRODUCTION

*On the island of Ireland, excess mortality amongst males represents a fundamental inequality in health (Balanda and Wilde 2001: p.11).*

Men in Ireland die, on average, nearly 6 years younger than women do, and have higher death rates at all ages, and for all leading causes of death. Evidence of sex differences in the incidence, symptoms, and prognosis of a wide range of health problems is also well documented. There has, however, been little evidence to date that these differences are reflected in the planning and delivery of healthcare, or in wider social and economic policies (Doyal 2001).

Whilst the issue of women's health (Department of Health and Children 1997) has been the source of extensive consultation and careful strategic planning in the RoI, the same cannot be said for men's health. Although men have been identified as a target population group, for the first time, in the strategic planning of health promotion and healthcare (Department of Health and Children 2000; 2001), there appears to have been little momentum to date to act on these initiatives.

There is growing evidence that in constructing, displaying and maintaining their male identity, men engage in risk behaviours that can be seriously hazardous to their health (Courtenay 2000). Since sickness may be seen as an expression of weakness, many men may decide not to seek help, and instead to present a stoical, brave and unflinching front to the outside world.

The absence of a strategic policy on men's health is partially a result of very sparse and fragmented research into men's health in general in Ireland. The purpose of this report is to begin to redress this deficit and to draw together the principal issues and concerns relating to men's health on the island of Ireland. Hence, the report considers mortality, life expectancy, morbidity and risk behaviour trends amongst Irish men, and where possible, makes comparisons with women and with other European countries. The report also remarks upon health seeking behaviour amongst men on the island of Ireland.

# EXECUTIVE SUMMARY

## **The following are the principal findings of this report:**

- Statistics confirm that in spite of increased male life expectancy, men on the island of Ireland continue to die, on average, six years younger than women do and have higher death rates at all ages, and for all leading causes of death.
- Compared to men in the highest occupational class, men from the lower occupational classes have worse health in all years and for all the conditions which are analysed in this report.
- Sex differences in mortality figures are particularly pronounced in the case of road traffic accidents (RTAs) and suicides.
- Compared to women, men have higher levels of health damaging behaviours and risk behaviours.
- Although research is limited in Ireland, it is well documented internationally that compared to women, men have limited contact with GPs, are reluctant users of primary care services and often present late in the course of an illness.
- Although social and economic roles of men and women are changing, traditional values and attitudes towards gender remain prevalent. Boys and young men continue to be socialised to appear in control, to be strong and to take risks; thus reinforcing their exposure to illness and accidental deaths.
- Men's health is under-researched, both clinically and in terms of health promotion.