Seven things you need to know about men’s health

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Men's health is a conundrum. In New Zealand, men have a lower life expectancy and health status than women, yet New Zealand is described as taking an 'ad-hoc' approach to men's health with no strategy or policies to address these health inequalities.¹ Men's health is any issue that impacts men's quality of life, and requires a gender-orientated response to improve men's health and wellbeing at an individual or population level.² The need for gendered healthcare is indisputable: a 2002 Ministry of Health paper reported that in addition to biological differences, much of gender health inequality is a product of social and cultural expectations.³ What is the current status of men's health in New Zealand and where do opportunities exist for healthcare professionals to address health inequalities?

1. Men's health is about higher and earlier mortality
   Between the ages of 50 and 75 years, the overall number of deaths for men is 30% higher than for women;⁴ men die at an earlier age than women.⁴ While women's health is a useful comparison for men's health issues, men have different health needs: priorities in improving men's health (as a discipline) is to identify these needs and the extent to which men's health can be improved.

2. Heart disease and cancer are the leading causes of death for New Zealand men
   The main causes of death for New Zealand men are presented in Figure 1. From the age of 40 years onwards, heart disease and cancer are increasingly common causes of mortality.⁴ The prevalence of heart disease and some cancers can be attributed to men's adverse lifestyles, including excessive alcohol intake, lack of exercise and inappropriate diet.⁶ Cancer does not discriminate between sexes in overall death rates between age groups. However, for heart disease, a larger number of deaths in women does not occur until the age of 85 years (Figure 2).

Figure 1: Main causes of death for New Zealand men (2013).⁴
3. Men’s health is not just about prostate or testicular cancer

Prostate and testicular cancer represent perhaps the unique men’s health concerns in this area. Over half of Health Research Council funding allocated to men’s health issues since 2010 has been awarded to projects concentrating on prostate or testicular cancer. However, prostate and testicular cancer combined account for just 4.4% of all annual male deaths. Lung cancer accounts for 5.8% of all male deaths each year, followed by colorectal cancer at 4.3%.

Among all cancers, hospitalisation for prostate and testicular cancer is low. The highest hospitalisation rate is reported in skin cancer patients (1.9% of hospitalisations). Colorectal cancer and prostate cancer account for 0.4% of all hospitalisations respectively. Early detection and reliable treatment of skin cancer means that it accounts for only 2% of deaths.

4. Suicide is the leading cause of death for young male teenagers and adults

Between the ages of 15–30 years, suicide is the leading cause of death for men. Men are more likely to choose a violent method of suicide, such as hanging or suffocation. Women are twice as likely to be hospitalised due to attempted suicide, but female mortality rates from suicide are 40% of those of men. 12% of male suicide attempts result in death, compared to just 2% for women. This disparity may arise from higher suicidal intent among men compared with women, who are less intent on dying and may be more amenable to receiving help and support.

5. Men’s health in Māori and Pacific Peoples

Life expectancy for Māori and Pacific men is 73 years and 74.5 years, respectively, compared with 80.3 years for non-Māori males. Cancer is the leading cause of death, with the highest mortality rate at the age of 65 for Māori men and 70 years for Pacific. Heart disease is the second leading cause of death, but deaths occur 5–15 years earlier among Māori and Pacific men compared with non-Māori. Diabetes is the third leading cause of death, accounting for 6% of Māori deaths, 8% of Pacific men (with significant increases in deaths occurring from 40 years), compared with just 2.6% of non-Māori deaths. Differences in health outcomes for Māori and Pacific men compared to their counterparts result from a complex combination of factors that include greater exposure to the determinants of ill-health (eg, lower socioeconomic status) and poorer access to and quality of healthcare. Similar to men’s
health in general, these mortality rates, and in particular the age of onset of disease, are also affected by health risk factors such as diet and other lifestyle factors.

6. Trauma

The rate of accidents resulting in injury or death is consistent across the age range, and accidents are a significant cause of hospitalisations. In 2013–14, men submitted over 870,000 claims to the Accident Compensation Commission (ACC); accidents result in 59,036 hospitalisations. Men aged between 20–30 years are more likely to be the victims of assault or homicide, whereas from the age of 65 years onwards, tripping or falls are the most common accidents.

7. Research activity in men’s health

To map the contemporary literature and explore whether the available research meets the needs of men’s health, two researchers (LM and LL) searched the OVID and Scopus databases from 2010 to June 2017. Articles were identified through titles, abstracts and keywords using search terms including ‘accident’, ‘cancer’, ‘heart disease’, ‘stroke’, ‘COPD’, ‘suicide’ and ‘dementia’. Results were restricted to those reporting exclusively on ‘man’, ‘men’ or ‘male’. Searches were further restricted to New Zealand-based publications, researchers and/or participants.

Results of the literature search showed a striking need for research on men’s health issues in which the risks are modifiable. For heart disease, stroke, and to a lesser degree of modifiable lifestyle change, cancer, studies of women’s health outnumbers men’s health by two to one. Topics in which risks are not directly modifiable, accidents and dementia, were well represented in the literature search.

A further search was made of Health Research Council funding since 2010. LM and LL reviewed titles and abstracts of all successful applications to identify sex-specific funding. The search revealed that for every $1 spent exclusively on women’s health research, men’s health research received $0.06.

**Conclusion and implications**

Men’s health is partly a product of biology, social expectations and systemic discrimination variable of access and quality of care, as well as a consequence of masculinity (a set of male attributes, behaviours and roles): the invulnerable approach to diet and activity, and the ‘man up’ approach to health. To improve men’s health, it is beneficial to raise men’s health awareness by enabling men to define what health means to them, improve access to healthcare resources, particularly avoiding environments, terminology or judgments that might be negative about masculinity. Nevertheless, where masculinity entails adverse activities including substance use, risk behaviours and violence, being non-judgemental may be damaging.

ACC statistics reveal that each year around 1.2 million New Zealand men contact with at least one healthcare professional for issues unrelated to chronic disease. This is a key opportunity for healthcare professionals to screen for lifestyle behaviours and promote the healthier lifestyle that would help New Zealand men to live longer, healthier lives. In order to address health inequities, education is necessary but insufficient to improve such practices. Policies that change environments in ways that reduce damaging social determinants of health may be far more effective.

Australia, Ireland and the UK have established men’s health forums and released national men’s health policies. The approaches to policy development and methodologies used provide a solid foundation for men’s health policy development in other countries including New Zealand. We plan to launch a New Zealand National Centre for Men’s Health in late 2017; further information will be available at www.otago.ac.nz/mens-health.
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Nil.

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