Men's Health: The Need for Change

Canadian Men’s Health: Cause for Concern

There’s something wrong with the health of Canadian men. Most Canadian men, despite enjoying more positive determinants of health and socio-economic power (Spitzer, 2005), reveal a distressing collective health profile.

In Canada, men die on average five years earlier than women and lead in 14 of the 15 causes of death (Canadian Mental Health Association, 2004; Jalbert, 1999; Underwood, 2004; WHO, 2002).

Young men also take greater risks in driving, drinking and using drugs, smoking, sex, sports, work, fighting and using lethal weapons (Courtenay, 2003).

What’s in This Article for You?

• Canadian men’s health: Cause for concern.
• Masculinity as a health determinant.
• Health behaviours and beliefs: Implications for males’ health and physical activity.
• Fostering healthier lifestyles for boys and men.

Although most Canadians gained less weight between 2002 and 2005, men aged 18 to 33 are gaining weight (Statistics Canada, 2006).

Despite the fact that men are more physically active than women, a higher percentage of men (65 per cent) than women (53.4 per cent) are overweight and obese (Statistics Canada, 2006).

Despite higher rates of illness and injury, men are more likely to avoid preventative care, pay less attention to health information, delay treatment and not follow recommendations suggested by health-care providers (Courtenay, 2003).
Masculinity as a Health Determinant

The socialization of boys and men may help us answer several important questions:

- Why is men’s health vulnerable?
- Why is the age-standardized mortality rate for cardiovascular diseases among men 62 per cent higher than the female rate (Statistics Canada, 2007)?
- Why is the male age-standardized mortality rate for cancer 44 per cent higher than the female rate (Statistics Canada, 2007)?
- Why do men resist seeking support for personal health problems?

Masculinity is a social construction about what it means to be a man. Because manliness is measured by the continual proving of manhood, masculinity is also about performance (Connell, 1993).

In Canada, the current dominant perception of masculinity is white, heterosexual and middle-class. Masculinity is associated with stereotypical traits of physical strength, emotional stoicism, assertiveness and control.

Men and boys who admit to weakness (e.g., illness or injury, the need to seek help) and an interest in their health (e.g., seeing a dietitian) do not conform to this idealized masculinity.

At an early age, boys learn to “take it like a man” because showing vulnerability or weakness poses a threat to stereotypical masculinity (Addis & Mahalik, 2003).

Health Behaviours and Beliefs: Implications for Males’ Health and Physical Activity

Boys and men’s health behaviours and beliefs have implications, both for their health (Courtenay, 2003) and the amount and type of physical activity they do.

Health Behaviours

1. Boys and men take part in far fewer health-promoting activities.

Boys and men are less likely to read health-promotion material (e.g., Canada Physical Activity Guides) and to become physically active or improve eating habits for health-related reasons.

A solution might include using social marketing approaches to health promotion and applying these in the workplace. For example, many health promotion materials are designed for women. Perhaps we need to provide health materials specifically designed for men.

2. Boys and men tend to engage in risk-taking behaviours.

They are more likely, for example, to take steroids or performance-enhancing drugs. This tendency to take risks may also lead them to seek out extreme sports where the risk of injury is significant.

As practitioners, we need to be aware of the potential for this behaviour and have measures in place to educate against and counter this tendency.

3. Boys and men respond to stress in less healthy ways.

Boys and men may deal with stress though aggression, anger or social isolation. They also may turn to drugs or alcohol as a method of coping.
Physical activity is an excellent way to cope with stress for both genders.

4. **Men have smaller social networks than women.**
A smaller and ineffective social network is a risk factor for morbidity and mortality (Courtenay, 2003; Public Health Agency of Canada, 2004).

Sports, recreation and physical activity may help to create supportive social networks and foster social bonds. However, competitive sports may exclude boys and men who reject stereotypes of masculinity.

5. **Men use fewer health-care services than women.**
“Real men” can stand on their own and “tough it out” without the help of a health-care worker.

One solution may be to actively invite men to see physicians, dietitians, health-care providers or fitness leaders. For example, practitioners could offer health-promotion activities to men in their workplaces.

### Health-Related Beliefs

1. **Body image beliefs.**
Boys and men’s perceptions of their body and weight influence their physical and mental health. For example, their perceived body image could affect whether they participate in physical activity or exercise.

Men and boys who do not have the ideal body image may feel uncomfortable participating in sports or attending fitness programs.

2. **Masculinity is strongly associated with male health risks.**
Beliefs about masculinity have been linked with unhealthy behaviours — smoking, alcohol and drug use, and behaviours related to safety, diet, sleep and sexual practices. Boys and men need to be supported in adopting healthier lifestyles.

3. **Men are less likely than women to perceive themselves as being at risk for illness, injury and a variety of health problems.**
Men are not as concerned as women about their risk for obesity, Type 2 diabetes or developing cancer.

Despite the fact that men are more physically active than women, a higher percentage of men (42 per cent) than women (24 per cent) are overweight (Statistics Canada, 2001).

Men may not ask advice or seek out education on health issues, such as regular physical activity or their diet. It’s important for practitioners to search for ways to understand their risks in a context that men and boys will appreciate.

4. **Readiness to change unhealthy behaviours.**
Women are more likely than men to be contemplating changing unhealthy habits or to be already maintaining healthy habits.

The promotional tools practitioners use to encourage women to be active may not necessarily work with men.

Practitioners also need to raise awareness among men’s partners (who can influence men to become healthier).

### Fostering Healthier Lifestyles for Boys and Men

Trying to improve the health of boys and men is challenging. The following list is not exhaustive but will give you some idea of what you can do to foster healthier lifestyles among Canadian boys and men:

- Challenging harmful masculinities and fostering healthy masculinities among boys and men. For example, sports are one major area where masculinities are “played out.” Boys need to learn how to appropriately express anger, frustration and aggression.
- Creating exercise activities that are not solely rooted in competitive sports provides opportunities for boys and men who reject stereotypes of masculinity.
- Examining, understanding and changing obesogenic environments (e.g., workplaces, poorly designed communities), improving
access to nutritional food and access to recreational and fitness opportunities.

- Addressing issues in various groups of men. For example, immigrant men are less likely to be at least moderately active in their leisure time than Canadians overall (Gilmour, 2007).
- Creating innovative and men-centered approaches to preventing excessive weight gain.
- Developing a gendered approach (a “gendered lens”) in your work, whether at the grassroots or government levels.

The state of men’s health in Canada and across the globe has been called the “silent health crisis.” We need to acknowledge the relative invisibility of boys and men’s personal health and social support needs (Long, 2007).

Recognizing this crisis does not undermine the real economic, health and social burdens of women. Rather, it reinforces the need to apply a gendered lens to understanding and improving the health and well-being of both Canadian men and women.

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