

## 17.0 OVERALL SUMMARY OF THE REPORT

The purpose of this report was to bring together for the first time the available health data on men to review the state of men's health across Europe,

The male population of these 17 countries amounts to some 190,500,000 of which the majority are within the age bracket 25-64. But, as the numbers of babies born diminish, the trend will be towards a larger older population. Men's life expectancy is increasing at a rate faster than that of women, but for many of the countries in this study the projected life expectancy of men in 2020 (UN 2002) still has men with a shorter life than women were enjoying in the 1980's. The changes in marital status and the increasing trend towards divorce will leave more men alone as they enter old age.

There are marked differences between the countries for many of the health conditions examined. There appears to be a difference between the health issues predominant in the southern European countries and those in the north. Cardiovascular disease is a case in point, with ischaemic heart disease having the highest death rates in the north, whilst cerebrovascular disease have the highest rates in the Southern countries.

There are many success stories, with decreases in lung cancer, coronary heart disease, etc that suggest that men's health is improving. But it is also apparent from the data that men have a distinct and universal disadvantage in all the major disease states that can affect both genders. And, though women have a higher total death rate if the upper age bracket of women is removed from the data then in all the countries and across all the disease states, men suffer a greater death rate than women.

When the causes of death are examined cardiovascular disease is the biggest cause of premature death, followed by deaths as a result of malignant neoplasm with prostate cancer rising in importance.

The high levels of deaths as a result of accidents and external causes further reinforces the implications of men's risk taking behaviour. In the countries where transport accidents are the lowest there has been strict legislation introduced, for instance the wearing of seat belts in cars and crash helmets on bikes. Whilst homicide levels are low it seems that many men die as a result of violence.

There are worrying trends regarding male suicide with an increase in the number of young men committing suicide, coupled with the already high levels of deaths in older men.

The changing pattern of HIV/AIDS with an increase in heterosexual transmission and the worrying recent trend of increasing levels of sexually transmitted disease in some countries may mean that the safe sex message is being ignored.

This study has not set out to look for causal factors, however the implication of the findings suggest that lifestyle has a major role to play. Those countries with a high level of smoking also have high death rates due to cancer of the lungs; high alcohol intake correlates the death rates due to liver disease, accidents and violence. The data on the increasing weight of men, with more men being over-weight than women and, in some countries more obese as well links in with the rising incidence of diabetes. A lack of physical exercise is also implicated in the rising trend towards poor health in men, with the World Health Organisation focusing global attention on the need to have more exercise (for instance the Move for Health campaign). However there is a lack of international data on the state of men's lack of fitness.

The data also suggests that there is an issue of under diagnosis and early treatment as there are no physiological or medical reasons why men should be more susceptible to all disease states.

### 17.1 Overall conclusions

- Health is gendered – there clear and unambiguous differences between men and women.
- There are wide variations on health between the countries of this study.
- Even though health is improving for many conditions there are still marked inequalities that exist, both between countries and between men and women.

### 17.2 Implications of the study

There is a need for policy to be formulated that is gender sensitive - gender must become 'mainstream'. The findings of the report suggest that there needs to be a re-focusing of health strategy to target both men and women's individual health challenges rather than relying on a 'one policy fits all' approach. A gendered approach to health care seems to be needed.

There is a need to strive to a convergence between the countries such that the good health practices of one country can be recognised and acted upon.

There is a need for more data to be collected that is disaggregated for both gender and country to enable a more sensitive understanding of health needs, this is especially true for data on morbidity.

### **17.3 Limitations of the study**

This study has many limitations due to its broad approach of using international data on mortality. It has not been able to engage with the debates on socio-economic factors, or on, for example, the debates relating to men's position vis-à-vis women, especially in relation to the issue of men's violence. There is now a need to synthesise health research and strategy from the individual countries in order to provide an international picture onto different health issues. Particularly there is a need for research into the health beliefs of men and health behaviour of men.

There are many studies that still need to be done on the current countries of the European Union, but there needs to be comparable work undertaken on the pre-accession countries so an understanding of men's health needs in these countries can be considered alongside the men in these 17 countries.

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## APPENDIX 2 – REFERENCES FOR DATA SOURCES

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World Health Organisation, Switzerland: WHO. The World Health Organisation does not endorse any specific products, services, companies or organisations.

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