

# Male sensitive communication

- on illness, lifestyle, and being a parent  
in a hospital setting

*Svend Aage Madsen, Denmark*

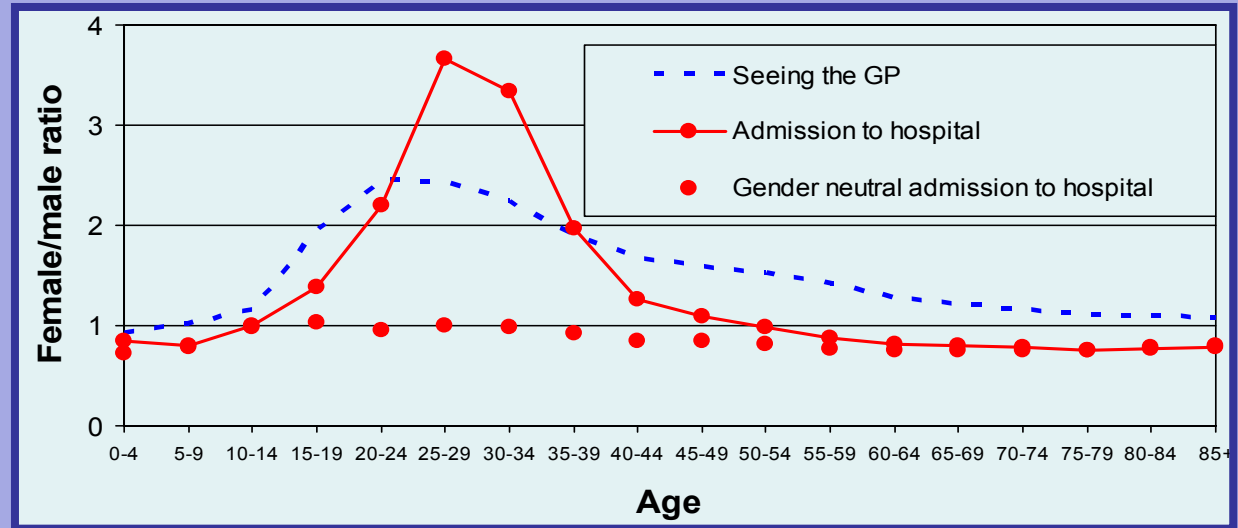
# Challenges in communicating with men

The health professional and:

- The man who is ill
- The obese man
- Men with sexual dysfunctions
- The man as a father
- Men with mood disorders

# The man who is ill 1

- Danish men comes too late to their GP – and fills up in the hospital as elder men (Juhl, 2004)



- Search in literature shows (Berglund B, 2002):
  - 64 articles on psycho-social support for men with cancer (most incl. support for women too)
  - 828 articles on interventions for women.
- Only one fifth of Danish men with a cancer diagnosis ask for rehabilitation support

# The man who is ill 2

- More attention on gender specific communication and on men's psychosocial needs show that men having a disease:
  - Seek information on treatment and how to act
  - Want to think hopefully and look forward
  - Wish to go on living as before, especially with work and family
  - Want to confront one problem at a time
- Men react on illness with "Distancing" - "Isolation" or "Autonomy" in its negative and positive aspects (Simonsen S, 2004: The Ronkedor Phenomenon)

# The man who is ill 3

## **Male sensitive communication should:**

- Focus on information
- Respect wishes of privacy and autonomy
- Support his focus on hope and solutions rather than on problems and fear
- Give opportunities for being active
- Integrate his wishes for going to work alongside with outpatient treatment
- Recognize his feelings of responsibility for his family
- Give him possibility to talk in his own pace

# The obese man 1

A Danish qualitative study on obese men  
(Olsen H & Madsen S.Aa., 2005) (Interviews) shows:

- Many men talk about positive aspects of being overweight:
  - Regard themselves as being healthy
  - Overweight gives them advantages in fighting
  - Have ideas about thin men getting older faster.

However: Many underlying fears

- Diseases will motivate to change lifestyle.  
However: They already have such diseases!

# The obese man 2

- Some men
  - Describe their obesity as the reason why they don't have a partner:
  - Find themselves sexually unattractive
  - Are reluctant in contacting women because of their overweight
  - Feel that other men don't regard them as rivals in relation with women
  - They are worried about the influence of the overweight on their sexual functions
- Most men think that their weight it is their own responsibility
- None of the men in the study see the physician as someone who can help with loosing weight

# The obese man 3

Challenges in communication with obese men:

- They want health personnals and GPs to:
  - Accept that obesity is the man's own responsibility
  - Respect the man's autonomy
  - Present proposals for action -
  - No blaming or moralizing

# Men with sexual dysfunctions 1

A Danish study (Lyngdorf P & Hemmingsen L, 2004):

- 5 pct. of all men at 45 and half of all men at 75 in Denmark suffer from erectile dysfunctions
- Only one out of ten have spoken with a physician about the problem
- Of the treated men, 75% were satisfied with the treatment

# Men with sexual dysfunctions 2

What to do in a male sensitive way? (Advices developed by NHBD & SMSdk 2005)

- Ask if the man wants to talk about possible sexual malfunctions
- Ask him if there sometimes are problems
- Tell him in general terms that such problems are well known, and that other men are seen with such problems too
- Tell him that there are treatment possibilities
- Accept if he doesn't want to talk about it now, and tell him that he is welcome to come back and talk about it another time
- Be straightforward
- Let him tell

# The man as father 1

## A Danish study on men in hospital

(Madsen, S.Aa., Lind, D. & Munck, H. 2002) (Questionnaires):

- 95 % of Danish fathers attend delivery at the hospital (N: 700)
- 98 % attend the birth of their child because they want to (N: 200)
- 70 % wish to stay overnight with the child and the mother at the hospital, which is seldom possible (N: 200)
- 80% participate in prenatal preparation courses and prophylactic consultations (N: 200)

# The man as father 2

## **Prenatal consultations with GP/Family Physician:**

- 80% of the participating men do not feel invited to participate
- 50 % of the participating men do not feel directly addressed by the GP at consultations

## **Consultations with midwife in hospital:**

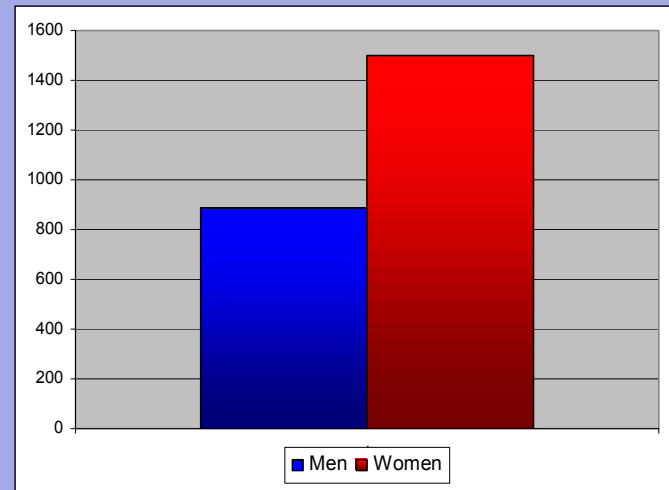
- 54% men did not regard themselves as invited
- 40% men did not feel they were directly addressed to by the midwives during consultations.

# The man as father 3

- The fathers' involvement, interest and engagement in participating in prenatal courses and delivery must be welcomed
- Men must be recognized, be invited, and have equal conditions – as fathers
- Professionals must acquire qualifications related to male sensitive communication and fatherhood

# Men with mood disorders 1

- Men are diagnosed with a depression only half as often as women
  - This is also the case with men's mood disorders relating to being a parent
- Don't health professionals see men as depressive – but rather as irritating or frightening?



The Danish Ministry for Gender Equality (2004)

# Men with mood disorders 2

- Research on male depression is needed
  - “Male depression” symptoms: irritability, anger attacks, symptomatic substance intake, and hyperactive behaviour etc (see Rutz W et al., 2002)
- Acknowledgment of the existence of mens' mood disorders related to parenthood (EU project by Madsen, Juhl & Vestergaard in Copenhagen, 2004-6)

# What is needed?

- To gain understanding into male specific attitudes to health and mental well-being
- Unless a better understanding is developed, men will continue to suffer ill-health unnecessarily and will remain resistant to support services.
- A comprehensive and dedicated research programmes both at EU and national levels is required.