

An inclusive approach to male health

EMHF Background Information

The European Men's Health Forum (EMHF) believes that men should not always be treated as a homogenous group. Specific groups of men require specific health interventions. For example, tackling gay men's sexual health issues require tactful approaches around interventions that would not appeal to most heterosexual men. And health initiatives that are successful with white men may not be as effective with males from black and ethnic minority populations.

Black and ethnic minority male populations – overcoming the barriers to health

The black and ethnic minority male population is growing rapidly and will in future make increasing demands on health services throughout Europe. This population is generally younger than white males and more likely to be living on low incomes. Men from this group face specific inequalities in health and healthcare provision. For example:

- Indian, Bangladeshi and Irish men have higher rates of ischaemic heart disease.
- There are higher rates of stroke in Black Caribbean and Indian men.
- And higher rates of diabetes in black and South Asian men.
- Bangladeshi men are nearly twice as likely to smoke than men in the general population, and smoking rates are also higher among Irish and Black Caribbean men.
- Men from all ethnic minorities visit the doctor less regularly than the general population.

In some ethnic communities, such inequalities may be compounded by a lack of awareness about health issues. A culture of denial, stigma and shame about illness may exist, and traditional attitudes can hinder access to and by health service staff.

Mental healthcare is also comparatively more problematic for black and ethnic minority populations. Men from these groups are often over-represented in psychiatric institutions, compared with people from white communities. For example, black men are more likely than white men to be diagnosed with mental illnesses such as schizophrenia. And there is evidence that, even when they do come into contact with mental health services, young men (in particular) stop their treatment prematurely.

Overall, health services are often seen to be culturally inappropriate for men from black and other ethnic minority groups. They appear to present difficulties such as location, language barriers, and lack of staff from black and ethnic minority communities or staff who understand the cultural and religious needs of their patients. These factors are all symptomatic of what is perceived by many people from ethnic minorities as institutional racism.

Overcoming these issues may remove what is arguably one of the greatest barriers to equitable health service design, development and delivery in Europe.

Gay men and health: towards a new approach

Gay men also face specific physical and mental health problems. For example, they are at particular risk of hepatitis A and B – viruses that can lead to liver cancer. In Western Europe, gay men continue to be the group most severely affected by HIV. Also, rates of other sexually

transmitted infections, especially gonorrhoea, remain high, and there have been recent outbreaks of syphilis.

These persistent rates of HIV and other sexual infections show that gay men still take part in risk-taking behaviours. The reasons for this are complex, but factors such as low self-esteem, difficulties in forming relationships, perceptions of risk based on gender socialisation, and low educational attainment all play a part.

Young men grow up in a hostile environment where the word 'gay' is still a term of abuse. Homophobic bullying is commonplace in schools, and the incidence of violent attacks on, and domestic abuse of, gay men is unacceptably high. Added to this is the fact that significant numbers of young gay people face rejection by their families. It is therefore perhaps unsurprising that UK surveys reveal that between 10% and 50% of gay, lesbian and bisexual youths have attempted suicide.

Yet gay men are no more prone to mental and emotional distress – or to mental illness – than anyone else. The difference is the influence of social factors in a world that still regards gay sexuality as 'bad' and puts obstacles in the way of achieving health and wellbeing. These negative social attitudes do not exist only in European countries as a whole. They are also prevalent in European health services. And this explains why many gay men continue to avoid traditional forms of healthcare provision, preferring instead to access services in the voluntary and community sectors.

Thus, there is a need within health services to promote positive images of, and role models for, gay men. Tackling perceived homophobia, and the discrimination, prejudice and inappropriateness these attitudes engender, is a particularly urgent part of the approach to improving gay men's health services. Importantly, the health of this group of men can no longer be seen as being solely about HIV/AIDS and other sexual issues.

EMHF: tackling inequalities in men's health across Europe

The EMHF is an independent, non-profit-making, non-governmental organisation that promotes men's health across Europe, without discrimination on race, colour, sexual orientation, nationality or any other grounds. It encourages Europe-wide national, local and regional organisations (both governmental and non-governmental) to include men's issues in their health policies and practices. It also aims to improve delivery of health services to men and to influence men's health-related behaviours.

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