

Men's Health: Key to Healthier Women, Children, and Communities

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Many people seem to view the health status of the genders like opposite ends of a seesaw, believing that for one to rise, the other must fall. The health status of American men has often been portrayed as an issue having no bearing on the well-being of other groups or the nation as a whole. However, in the real world, the genders interact and their health outcomes are interrelated on many levels. Just as you cannot effectively weed half a garden, in failing to address the health challenges facing both genders, you cannot do a thorough job of addressing the health needs of either gender. The health of any community depends upon a positive balance between the genders. Men's health may be considered a vital but frequently overlooked aspect of community health.

Clear and demonstrable effects on the economic well-being of society caused by preventable male illness and premature death include lost time from work, diminished work productivity, disability, and diminished family income. Poverty is strongly associated with widowhood. Health problems may reduce a man who was formerly a provider and taxpayer to a dependent and tax burden.

Following widowhood or disability of a husband, a woman may experience loss of a long-term companion and bereavement. In disability, a substantial burden of care typically falls to the woman. Family earnings are typically reduced without the male contribution, and in disability, there may be increased health care expenses in the face of diminished earnings. A surviving spouse of either gender is at

increased risk of dying over the course of the next year.

The issue that brought me into the area of men's health about 20 years ago was the observation that the average life expectancy for African American males at that time was less than 65 years, insufficient to collect Social Security or Medicare. The Fulton County Department of Health and Wellness reports the average life expectancy of an African American male in the main county comprising the City of Atlanta remains only 63 years today. Amid the growing recognition of men's health challenges, there is an especially grave set of health concerns facing African American males.

Men's Participation in the Health Care System

Men as a group are measurably less involved in preventive health care. A recent CDC study of ambulatory care use by women reported that even after excluding pregnancy-related visits, "the rate of doctor visits for such reasons as annual examinations and preventive services was 100 percent higher for women than for men and medication patterns differed significantly" (Brett & Burt, 2001).

Thirty-three percent of men have no regular physician, as opposed to only 19% of women, and the disparity is especially pronounced in younger age groups (Sandman et al., 2000). In addition, 24% of men have not seen a physician in the past year, as opposed to only 8% of women, again with the disparity especially pronounced among the young (Sandman et al., 2000). Most striking, less than 20% of males stated that if they were in pain or sick, they would seek help promptly. Twenty-four percent of males stated that even if they were in pain or sick, they would delay seeking health care as long as possible, and 17% of males stated that even if they were in pain or sick, they

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would delay going to a doctor for a week or more (Sandman et al., 2000). Minority men (Black and Latino) tend to fare even worse in all income brackets (poor, near-poor, middle, and high income), being twice as likely to have had no physician contacts in the past year (U.S. Department of Health and Human Services, 1998, Figure 43, p. 125) and less likely to carry health insurance coverage than their female counterparts (Agency for Healthcare Policy and Research, 1996, p. 9).

Part of men's lack of involvement in preventive health care appears to be related to male socialization. Male reluctance to seek help via counseling is related to traditional gender role socialization (Campbell, 1996). It has been observed that, historically, men have utilized therapeutic services less frequently than women. Several characteristics inherent in traditional male gender role socialization appear to be related to this lower utilization, including achievement orientation, restricted emotional expression, instrumental nature, self-reliance, and restricted expression of same-sex affection (Campbell, 1996).

When a boy skins his knee at age 8, he frequently gets told "brave boys don't cry." Therefore, when he is 50 and having chest pain, he may say "it's only indigestion." Males are often taught from childhood an expectation that if you just ignore pain, it will go away with time. With childhood's minor ailments and injuries, that is usually true. However, by middle age, time has reversed the rules. Mild symptoms may indicate early progressive disease states that can quickly go from manageable to incurable.

Examining men's health and longevity outcomes, the male-to-female mortality ratio from all causes stands at 1.6 to 1. All 10 of the leading causes of death as defined by the Centers for Disease Control and Prevention (CDC) affect men more than women, with strikingly higher death rates for heart disease (1.8:1), accidents and adverse events (2.4:1), and chronic liver disease and cirrhosis (2.3:1), with the greatest ratio disparity being suicide (4.3:1). The Black-to-White mortality ratio for all causes is a strikingly similar 1.5 to 1. Eight of the 10 leading causes of death affect African Americans more than Whites, especially heart disease (1.5:1), stroke (1.8:1), diabetes (2.4:1), and kidney disease (2.5:1), with the two exceptions being chronic obstructive pulmonary disease (0.8:1) and suicide (0.5:1). Homicide ranks 13th in the United States as an overall cause of death. However, for African American men of all ages, it ranks 5th, and is the 2nd leading cause of death for ages 15 to 24. According to the Department of Justice, over the

course of a lifetime, an African American male has a 1 in 30 chance of being murdered.

In the United States in 1920, there was only a 1-year difference in the life expectancies of the genders. Today, the average difference stands at between 5 and 6 years and about 8 years for African Americans. How did the interventions that led to the overall increase in life expectancy over the course of the 20th century differ between the genders?

Men's Mental Health Issues

It is likely that depression in men is greatly under-recognized (Kilmartin, 2005). Twice as many women as men are diagnosed with major depression, but men commit suicide 4 times more often than women, abuse alcohol and other drugs at least twice as often, and are believed to commit 86% of all violent crimes. Interviewers of male subjects need to be especially attuned to gender-based differences in style of expression. Men's socialization to avoid introspection and awareness of helpless feelings leads many men to fail to recognize that they may have a mental health problem requiring intervention. A man who reports difficulty concentrating, loss of motivation, distractibility, and sleep disturbance might not even be consciously aware of underlying feelings of sadness. Researchers note that men are socialized to remain stoic, to banish thoughts about problems from consciousness, and to dissociate themselves from their emotions. Men may convert vulnerable emotions into anger and take action in response to these feelings. For men, "acting out" may take the form of chronic anger, self-destructiveness, drug use, gambling, womanizing, and workaholism, which may actually be behavioral expressions of underlying depression (Kilmartin, 2005).

The Relationship Between Men's Health and the Health of Women and Children

Financially, it is likely that widowhood is even more devastating to women than divorce. Both cross-sectional and longitudinal data have indicated that the end of marriage is correlated with higher poverty rates (Morgan, 1989). Findings indicate that 40% of widows and more than 1/4 of divorced women fall into poverty for at least some time during the first 5 years after the end of marriage (Morgan, 1989).

More than one half the elderly widows now living in poverty were not poor before the death of their husbands. Fiscal implications for society include Medicaid, food stamps, and housing assistance (U.S. Administration on Aging, 2001).

Increases in women's death rates shortly after widowhood have been observed. In one study, increased deaths from all causes were more marked in widows than in widowers, with a twofold increase in mortality from all causes in the first month after widowhood (Jones, 1987).

Several aspects of the health status of fathers also may impact the frequency of birth defects in children. Advanced paternal age has been reported to be associated with increased risk of preauricular cyst, nasal aplasia, cleft palate, hydrocephalus, pulmonary stenosis, urethral stenosis, and hemangioma (Savitz, Schwingl, & Keels, 1991). Fathers who smoked were associated with children with cleft lip (with or without cleft palate), hydrocephalus, ventricular septal defect, and urethral stenosis (Savitz et al., 1991). Alcohol use among fathers was most positively related to the offspring's risk of ventricular septal defect (Savitz et al., 1991).

Women have long been warned that advanced age is associated with greater risk to the health of their offspring. More recently, research has identified a significant, monotonic association between advancing paternal age and risk of adult schizophrenia and schizophrenia spectrum disorders, even after the analysis controlled for maternal age and other potential confounders (Brown et al., 2002). The researchers concluded that advanced paternal age at the time of birth of the offspring may be a risk factor for adult schizophrenia.

Statistically significant associations with childhood leukemia were identified in the offspring of military fathers who served in Vietnam and Cambodia by analyzing data from three case-control studies from the Children's Cancer Group (Wen et al., 2000). Acute myelogenous leukemia (AML) and acute lymphocytic leukemia with 1:1 matched controls were studied. Associations with AML were found that were especially strong among children under 2 years of age.

Spouses and children can be affected by direct exposure to men's health problems as well. CDC estimates that 1:160 African American Women in the United States is HIV positive, but that 1:50 African American men in the United States is HIV positive. Because a significant proportion of HIV cases among women are related to heterosexual

transmission, this places African American women at substantial risk. Other sexually transmitted infections may have especially severe consequences among women. Human papilloma virus infection is known to cause cervical cancer. Herpes simplex virus infection may lead to major obstetrical complications. Chlamydia may lead to pelvic inflammatory disease and infertility among women. Clearly, women and children may be adversely affected if these and other sexually transmitted infections are not controlled among men.

In addition, infectious diseases may be spread by other routes as well (e.g., tuberculosis).

Smoking among men may lead to secondhand smoke exposure for family members.

Anyone who has lived with an alcoholic or drug user knows that other family members who are not users themselves may be profoundly affected by the substance use, and groups such as Al-Anon and Nar-Anon were founded to address this problem.

Be Careful Not to Belittle Men in Promoting Their Participation in Health Care

It is important to recognize that men's inattention to health matters does not reflect a lack of intelligence. Ken Goldberg, MD, points out that men take astonishingly good care of their cars (Schardt, 1995). The real problem is likely related to cultural role expectations, such that men have rarely been taught to prioritize the care of their bodies. In addition, health care providers need to carefully listen when a man is concerned or in pain. There is a need to recognize the cultural hurdles many men must overcome in the act of seeking health care. Caregivers must try to facilitate communication by being receptive and nonjudgmental toward men's inexperienced attempts to communicate.

The benefits to society of addressing men's health include reducing or controlling rising health care costs through preventing advanced disease and reducing lost time from work, disability, and diminished work productivity. A tetrad approach is necessary to optimize community health outcomes: children's health, women's health, men's health, and minority health. Men's health currently receives the least attention of the four, but failure to address the health needs of any of these groups impairs the ability to serve the others.

Increased attention to the health of American men should be welcomed as a logical complement to women's health and children's health, and an essential component of building a complete and inclusive health care system and achieving optimal overall health in our communities and in the nation as a whole.

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