

MIND GENDER THE GAP

The fact that men and women experience different kinds of health problems is reflected in a range of statistics. More men than women are dependent on alcohol and drugs. More men than women are killed in road traffic accidents. The suicide rate among men rose throughout the 1980s and 1990s, while the rate for women dropped.

An understanding of the complex nature of masculinity, and how men's attitudes and behaviour affect their health, would seem an obvious starting point for health studies and programmes involving them. Yet, in a recent report on boys' and young men's health, the authors were often struck by the lack of gender awareness – both in the literature and in practical work – amounting, in some cases, to gender 'blindness'.

Boys' and Young Men's Health: Literature and practice review, an interim report was produced by Working With Men, a national, not-for-profit organisation based in London, on behalf of the Health Development Agency's (HDA) Young People's Health Network. The report focuses on the 11-25 age group, highlighting gaps in information and giving examples of good practice. It also recommends ways in which the HDA and others could address young men's health.

The reviewers were surprised to find that gender is rarely mentioned in either qualitative or quantitative studies, even where it appears to be an obvious factor – for example, in the incidence, causes and methods of suicide. Sometimes differences are noted, but not explored: the Social Exclusion Unit's report *Rough Sleeping* states that around 90% of people sleeping on the streets are male, but does not wonder why. Where men are considered as a group, unhelpful generalisations such as, 'men don't use services', or 'men don't express their feelings', are made.

The report emphasises the need to be far more explicit, 'so it is clear which men, in which situations, with which conditions we need to concentrate on'. At the same time, the lack of any agreed definition of 'men's health' is a fundamental problem. Too often it is confined to sexual health and 'obvious' male diseases, such as prostate cancer – overlooking a range of other factors that might influence their attitudes and behaviour to their own health.

As a result, practitioners often fail to consider how a person's gender might lead them to make assumptions about that individual – or, by the same token, might influence the way the patient presents their symptoms and reacts to a diagnosis. What is needed, say the reviewers, is a broad definition of men's health, placed within a public health and inequalities framework.

The report explores three 'underpinning' issues: the male propensity to take risks, young men's use of services and how they seek help; and 'physicality' (their tendency to be constantly on the move and their need to assert themselves physically). This leads to another key recommendation: to recognise and accept the complexities of adolescence, rejecting 'one-dimensional' explanations and solutions. For example, both the positive and negative sides of risk-taking should be addressed in health work with men, says the report – and that includes acknowledging that males learn through experimentation.

The study explores specific aspects of men's health (see box below). It highlights several areas where a lack of gender awareness has hampered research and/or the development of effective interventions: accidents, weight and eating disorders, and mental health and suicide. The report recommends gender-based research in these areas, including studies to examine the relationship between masculinity and young men's perception of their own bodies.

The reviewers struggled to find many existing projects that worked specifically with boys and young men. But those they found (41 in total) did throw up some helpful pointers. For example, young men were more likely to approach a service when access was made easy – through phone lines, drop-ins or an activity base (such as football).

Projects that focused on groups with a specific identity (for example, this could be cultural, ethnic or community-based) generally found it easier to attract recruits. Not surprisingly, young men resented schemes where attendance was compulsory (young offenders' or school projects, for example). Schemes that were 'clearly on their side' had a good response – as did those dealing with issues directly relevant to the young men's lives.

The reviewers found that young men were most likely to seek help when desperate – when their fear of the issue they confronted was greater than any fear of appearing inadequate. Sometimes, initiatives need time to become established; they may wait until they have heard from their peers that it's 'okay' to go along. Project workers'

attitudes were important, too. A willingness to 'look past' – not to be distracted by – disruptive behaviour was effective. Successful workers, of both sexes, were positive and enthusiastic.

The report also looked at how boys and young men learn about health. It notes that work in schools (particularly sex education) is more effective 'when a gender perspective is introduced'. It also notes that young men are more likely to take an interest if the sessions are practical (involving visits to agencies, for example). The report adds that more attention could be paid to the role of parents in providing information and advice.

- *Boys' and Young Men's Health: Literature and practice review, an interim report* is available in PDF format on the HDA website at: www.hda-online.org.uk. The final report will be completed later this year.

ISSUES COVERED AND MAIN RECOMMENDATIONS

Eight aspects of health are explored in the report

- Accidents and resulting disabilities
- Child and adolescent cancers
- Weight and eating disorders
- Smoking, drinking and drugs
- Sexual health and behaviour
- Mental health
- Suicide
- Hyperkinetic disorders

It focuses on three underpinning issues

- Risk-taking
- Seeking help and the use of services
- 'Physicality'

Key recommendations include

- A broad definition of men's health is needed, placed within a public health and inequalities framework
- Research studies should explicitly explore gender issues
- The complexities of adolescence need to be recognised and accepted statistics

STATISTICS

- Three times more males than females are killed in road traffic accidents
- More than half of boys aged 13-15 who have had sex said they did not use contraception on the first occasion
- Young men are three times more likely than women to be dependent on alcohol and twice as likely to be drug-dependent
- Between 1974 and 1990, suicides among men aged 15-24 increased by 102%. The rate for women fell in the 1980s & 1990s