

The 9th National Symposium of the Gender Health Research Network Chronic diseases and men's health

Chronic diseases cause an increasing burden of illness and are one of the most frequent causes of death worldwide. Men are more concerned than women, dying more frequently from chronic diseases, particularly in premature ages. Although the underlying reasons of this gender difference is complex, gender-related factors seem to play a major role for health behavior, help seeking and access to health care.

The aim of the workshop is to address chronic diseases from a men's perspective and to broach the issue of constructs of gender regarding chronic diseases. Possibilities for prevention and health promotion targeting men will be presented and discussed.

Chronic diseases from a man's perspective; findings from the First State of Men's Health in Europe Report

Alan White, Centre for Men's Health, Leeds Metropolitan University, England

By 2060 across the EU27 there will be an estimated 32million more men over the age of 65 years and 24 million less men aged 15-64 years (EC 2011), this will pose a particular challenge to societies across Europe. We need to be striving to ensure the younger population remain well so that they can help sustain the ageing population and also so that they can enter older age in as healthy a state as possible.

Levels of self reported chronic (or long standing) illness vary markedly by age, sex and country, as does self perceived health suggesting that a more thorough gender analysis is needed to fully understand the implications of chronicity to men.

Many issues relating to chronic ill health are now emerging in men that were previously not recognised as a male issue, such as osteoporosis. In addition with advances in modern medicine improving recovery rates many of the conditions that were previously seen as leading to an early death are emerging as chronic illness.

Managing chronic illness should start by addressing the causes. Analysis of men's lifestyles and health activities reveals there are many factors that lead men to ill-health. The launch of the First State of Men's Health in Europe Report (EC 2011) give many indications as to how we should be addressing the challenges men face with their increasing burden of chronic ill-health.

Chronic disease among men in the Geneva area, by sexual orientation

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Background

Several large surveys have suggested increased morbidity for several chronic conditions among gay/bisexual men.

Methods

In 2002, a comprehensive health survey was conducted among 571 gay men in Geneva, Switzerland, using probability-based time-space sampling. The respondents resident in Switzerland were matched with respondents from the 2002 Swiss Health Survey by age, region, and nationality for post-hoc analysis along common variables. The Swiss Health Survey collects data on treatment for a small number of chronic conditions in the past 12 months. This mixture of reporting a condition with receiving treatment does not give prevalence estimates of the condition in a population and may be problematic for men's health generally and for stigmatized

populations such as homosexual men in particular. The Geneva Gay Men's Health Survey followed EUROHIS recommendations and collected data on a larger number of chronic conditions by condition, diagnosis, treatment, and medication use separately.

Results

While 25.5% of gay men reported having had allergies in the past 12 months, 10.8% of gay men and 14.3% of matched general population men reported having been treated for allergies in the past 12 months. Although rates of treatment for hypertension did not differ significantly between the two groups (6.1% vs. 7.3%, AOR=1.06), gay men reported significantly more risk factors for chronic disease—i.e., high cholesterol, high blood pressure, high glucose, and smoking—(AOR=1.67-3.89), even after adjustment for socio-demographic characteristics and health behaviors. Yet in the comparisons, only the difference for bronchitis (3.7% vs. 1.6%, AOR=4.89) and overweight/obesity (16.9% vs. 38.3%, AOR=0.54) achieved statistical significance. In terms of mental health, 17.2% of gay men reported depression and 20.1% reported chronic anxiety in the past 12 months, of who one half to two thirds received treatment.

Conclusions

These results lend support to increased morbidity for certain conditions and many key risk factors for chronic diseases among gay men. Yet this analysis also highlights some issues in the way data on chronic diseases are collected in the Swiss Health Survey. Between-group comparisons may not capture true similarities/differences in disease prevalence, as help-seeking/receiving treatment is likely to differ between those same groups.

Männerspezifische Interventionen zur Prävention und Gesundheitsförderung

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Im aktuellen 1. Deutschen Gesundheitsbericht werden sechs Schwerpunkte für die Weiterentwicklung der Männergesundheit formuliert. ¹ „Präventionsangebote müssen besser an die Bedürfnisse der Männer ausgerichtet werden“ ist einer der Forderungen. Im Bericht dazu heisst es: „Die mediale Vermittlung von Gesundheitsthemen, aber auch Präventionsprogramme erreichen viel häufiger Frauen und gehen so an der Lebenswelt der Männer vorbei“.

Erwerbsarbeit, Arbeitsbedingungen sind nach wie vor zentrale Themen der männlichen Lebenswelt, dies zeigt die aktuelle Studie „Männer in Bewegung“² Die Ansicht „*Der Mann erfährt in der Arbeit seinen Sinn*“ haben 1989, 42% zugestimmt. 2009 hat sich die Zustimmung auf 62% erhöht. Diese Auffassung verdoppelte sich bei der Teilgruppe „moderner Mann“ sogar von 21% (1989) auf 45% (2008).

Auf die Frage, ob sie zu Hause blieben, wenn sie krank sind antworten 2008, 26% der Männer mit „nie“ oder „fast nie“, 1989 waren es 22%. Begründet wird das Verhalten mit der Angst vor einem allfälligen Verlust des Arbeitsplatzes.

Deutlich verändert hat sich gemäss der Studie in den vergangenen 20 Jahren auch der Anteil derjenigen Männer die sich überhaupt nicht um ihre Gesundheit kümmern, von 10% (1989) auf 17% (2008). Diese Fakten machen zwei Aspekte deutlich:

- wer Männergesundheit zum Thema machen will, muss auch Erwerbsarbeit, Arbeitsbedingungen thematisieren – für viele Fachkräfte ein heikles Thema, weil Gesundheitsförderung dann auch politisch werden könnte!
- Gross angelegte Präventionskampagne für die Gesamtbevölkerung sind durch kleinere, gendersensible, auf die Lebenslage der Zielgruppen ausgerichtet Interventionen zu ersetzen.

Im Rahmen der Präsentation wird an Hand von Praxisbeispielen aufgezeigt, wie männliche Lebensstilelemente (Erwerbsorientierung, Externalisierung, u.a.) in der fachlichen Arbeit berücksichtigt werden können.

¹ <http://www.maennergesundheitsbericht.de/>

² <http://www.bmfjsfj.de/BMFSFJ/gleichstellung.did=121132.html>