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Men's Health: Where do we Stand and what Lies Ahead?

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Abstract

Men's Health lags behind even to this day despite of increased awareness and much ado. The gravity of the situation is yet to be realized as data from various parts of the world is still missing. Available literature since the beginning of time has portrayed Man as the stronger sex and focused on his sexual abilities. Current studies point to the deficiencies that are inherent to men and suggest reasons for the poor health of men when compared to women. The present article focuses on what has been proposed and established and provides suggestions regarding what can be done further to bring the health of men to the same status as enjoyed by women.

Introduction

It is now an old and established fact that Men live less than women and suffer more [1,2]. The difference in life span of the two sexes ranges from 3-12 years in most regions of the world making it an almost universal phenomenon. Many diseases like metabolic syndrome, suicide, cardiovascular disease, road traffic accidents, occupational hazards and mental illnesses affect and kill men more than women. It has been estimated that most of these chronic health illnesses are preventable (upto 70%) and arise out of lifestyle issues [3] and sociocultural factors [4]. Even though women fall sick more often with minor ailments, they have lower mortality resulting from better care for their illnesses [5]. Contrary to this when men turn up in hospitals their disease is more advanced and less amenable to cure. Right from genetic makeup to the external environment most factors are not conducive for survival of men. The need for health promotion and illness prevention to uplift health care for men is also largely unmet [6] across all age groups and adds to the morbidity. Even adolescent and young adult male health receives very little attention despite being aware of the fact that even little intervention can lead to a huge impact in smoothening the disparities and inequalities between the two sexes. We classically look at men's health from two viewpoints, the first is arising from studies on men and masculinity and the other from comparison between health of men and women [7] while there is a need to amalgamate the two to make a positive difference. This article amalgamates the two and updates the readers regarding the concept of men's health.

The History of Men's Health

Across the four major epicenters for health in the ancient world, men's health was given high priority with focus being on sexual health. Literature from that era teems with spirits, daemons and venereal diseases from which the man had to protect himself. Seminal qualities and 'doshas' were realized and were an important arena of research. Erectile function was a major morbidity and numerous elixirs, broths, herbs and drugs were prescribed to protect masculinity. The concept of chronic and lifestyle disease was unknown and deaths in men due to warfare and trauma were rampant. It was not earlier than the 18th century when focus shifted mainly to women in view of maternity related morbidity and men's health was self-sustained during preparation for wars. Since then the health of women and children has overtaken men's health and today major health policies are directed at upliftment of health of women especially during the reproductive years. With the change in physical requirements and recognition of lifestyle and non-communicable diseases men's health status has reverted and the deterioration has become apparent in the last two decades.

The Present State of Men's Health

Current Literature suggests that men are a weaker sex from the very beginning. A number of factors including prenatal factors, familial conditioning and education influence male health outcomes. Certain influences mediated by epigenetic changes can be transferred genetically and can alter the expression of disease [8]. Males are weaker since inception and more susceptible to maternal stress. Premature birth, stillbirth [9], brain damage, cerebral and congenital anomalies of the genitalia and limbs are more common in the male child [10]. Physiologically a new born girl is stronger and equivalent to a 4-6 week new born boy [11]. Similarly many disabilities also target males more commonly making men fragile as compared to women [12] and males suffer more often from premature death during early adulthood [13].

There is a growing health inequality based on economic factors, age, race, ethnicity and sexuality. Men are linked to hegemonic masculinity and traditional gender roles are widespread in the community [14]. It is well recognized that masculine beliefs are associated poor mental and sexual health outcomes and levels of engagement with health services are also inferior [15]. A recent study of male population in South Korea revealed an increase in disease burden in elderly men due to rapid westernization of society leading to an acute economical health burden [16]. There is an increase in prostate related diseases, erectile dysfunction, heart disease, Hypertension, cancers, obstructive lung diseases, metabolic syndrome, diabetes and mental disorders like depression dementia and sleep disorders. At the same time there has been a better understanding of the interrelationship between cardiovascular disease, metabolic syndrome, prostate health and erectile function.

In many parts of the world sexual medicine is in its infancy and the topic is still a taboo for conservative societies. Men are suffering in

silence owing to lack of awareness and opportunities for cure. Adding to it is the belief that health seeking behavior is a deviation from masculinity [17]. In the MALES study variables like good job, honor and being in control of life and family were realized as important predictors of satisfaction as a male as they were congruous with masculine image [18]. Culture bound definitions and portrayal of role of men usually becomes more important actual health issues that require urgent attention [19]. Many diseases of sexual nature like premature ejaculation and erectile dysfunction or penile deformities are considered a sign of weakness in the male as sexual prowess is considered an inherent masculine trait. Man should have a voracious sexual appetite and it is so believed that man is always ready for sex. The fact that men can deny sex because they are not in the mood is yet to penetrate the society even though the prevalence of sexual aversion is on a rise due to stress and environmental factors

There is increasing evidence that sexual health problems coexist and often precede other common conditions in males. This provides a potential window of opportunity. Erectile dysfunction can not only predict the probability of major killers like heart disease [20] but also point to need of additional treatment to improve quality of life [21]. Erectile dysfunction has more power to predict adverse cardiac events than history of smoking and up to 10% of patients suffer from a heart attack within 5 years of erectile dysfunction [22]. Similarly erectile dysfunction can decipher underlying diabetes [23] and metabolic syndrome. The other important barriers that have been recognized include lack of time to exercise, peer pressure, high health care costs, lack of available resources on men's health, and absence of evidence based strategies regarding what works with men [24]. The need to integrate men's health at the preventive and primary level has been realized and the most developed nations of the world are still under the process of integrating men's health facilities into national health policies [25]. Erectile dysfunction can be an important screening tool in preventive men's health.

Causes of Poor Men's health

The poor status of men is multifactorial. Women receive medical intervention starting from menarche through pregnancy and then menopause but men often shy away from checkup [26]. The belief that body is similar to a machine and intervention is required only when the harm is done stands as one of the principal reasons of increased morbidity and mortality in men. Women are found to have a more progressive approach towards preventive health than men [27]. Men refuse to consult unless convinced by their spouses and are less likely to independently seek help, show vulnerability and accept weakness [28]. Men require constant motivation and need to be pushed to utilize health services by family and friends apart from being triggered by acute illnesses [29]. Men prefer physician initiated discussion regarding sexual dysfunction and only 20% of them are able to convey their sexual problem to a physician [30]. Masculinity is actually a set of social beliefs that guides how men should project themselves [31]. It enforces a subconscious need to be physically and emotionally tough, dominant and willing for sex [32]. The stigma behind men consulting physicians [33] has been identified as a primary and prominent barrier especially with regards to mental health [34]. Another major barrier in reaching men has been their underutilization of public health services which limits most programs aimed at their health upliftment [35]. In the presence of sexual dysfunction many people trust quacks and traditional healers more than physicians and they become the first point of contact for such patients. Culture based sexual health concerns and presence of traditional healers provides a window of opportunity for intervention programs and the need to direct men to sensitized experts.

Steps for Action

The need to encourage preventive health care has been addressed as an issue of immediate concern and such issues have been raised in many countries across the world [36]. The upcoming issues in promotion of Men's Health include increasing Men's Health Literacy, centrally funded global program on Men's Health, and the need of providing professionals dedicated towards Men's health have been realized and there needs to be an established policy for Men's Health [37]. Non-government Organizations can play a huge role in uplifting Men's Health by providing trained professionals specialized in this area. There is also a need to promote research but above all the focus needs to be on encouraging men to be open about their health issues. There is an apparent reluctance to discuss health related problems and seek professional help. In such situations help may need to be delivered.

By not focusing on one dominant form of masculinity but rather a number of masculinities a larger population can be touched and motivated. It is important to adopt a new definition of masculinity that is conducive to promotion of health and inculcates dependable relationships with genuine communication of all issues. It is also necessary to take multiple masculinities also into account. It has been suggested that we recognize the influence of masculinity on the health of men and build a comprehensive health policy based on it [38]. A holistic care that caters to both acute and chronic illnesses, increased avenue for research amongst men and demonstration projects that help evaluate the best practices must be the goals of a comprehensive health policy. All men have the right to health and health information irrespective of racial, cultural or political differences.

Erectile dysfunction and hypogonadism are two important issues in men's health that need to be better understood to not only prevent and manage other disease but also to achieve optimal quality of life. The close association between metabolic syndrome and hypogonadism can offer cure beyond the usual by deciphering new pathways and there is enough evidence to realize how treatment of one condition affects the other [39]. Erectile dysfunction begets mental health illness [40] and this must be discussed and followed by appropriate counselling in the presence of the partner if possible [41]. Erectile dysfunction is also the marker of endothelial function and can act as a sentinel marker of men's health. We need to utilize the opportunity of medical consult for sexual dysfunction to screen for more.

Bringing literacy and awareness through education programs is another key route to create a change in attitude of men towards health issues [42]. Men are willing to seek medical care and comprehensive programs on Men's Health are needed to be effective [43]. It is only the last two decades that we have started making some efforts towards this cause. Activities aimed at increasing health awareness among men are on a rise but there is a scope for much more. There is a need to engage men in the health system and force them to think about their health by enforcing critical health literacy and promoting access to healthcare.

Urologists and more specifically andrologists are most apt to be men's health experts as they deal with presentation of the syndrome in one form or the other and get an opportunity to identify hidden associations. They have the power to influence a behavioral change

towards better health and refer patients who need specialized psychological or medical help. Similar to the role gynaecologists play in uplifting health care amongst women, urologists can play the role of a torchbearer for men's health. Management of factors like waist hip ratio and metabolic syndrome can be easily done by a urologist and considered preventive against health problems in men [44]. Developing such preventive side of men's health can bring a vast change in the years to come; after all, a journey of a thousand miles begins with a single step.

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