



Changing Men's Health: Leading the Future

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Generally, men are expected to enjoy more opportunities, privileges, and power than women, but men have a lower life expectancy than women throughout the world. Current men's health issues have been discussed in terms of the gender difference in life expectancy. This discourse started in the early 1990s in a few European countries, Australia, and the United States of America. However, the issues of men's health have still received little national, regional, or global acknowledgement or attention from health policy-makers or healthcare providers in most countries and regions in the world.

Men's lower life expectancy may be explained by biological, ethnic, and socio-cultural factors. From a biological perspective, several hypotheses have been proposed to explain gender differences in longevity, such as better protection from oxidative stress in women, compensatory effects of the second X chromosome, telomere length, more active female immune function, and the protective effects of estrogen in women [1].

Initially, the field of men's health focused only on the gender disparity in life expectancy, especially as shown in Western data. Hence, it was easy to mistakenly view men's health as an issue of gender differences. Life expectancy at birth is often used as a marker to demonstrate men's poor health status. However, more useful statistics for evaluating men's health needs include causes of death and their morbidity profiles. In fact, poorer health profiles for men than for women have been reported in the annual

vital statistics of the World Health Organization (WHO) and the United Nations, with discrepancies found in metrics including life expectancy at birth, mortality rates, disability-adjusted life years, and non-sex-specific disease death rates. In the 2016 World Health Statistics, men had a shorter life expectancy than women in all countries [2]. On an average, men's life expectancy at birth was 6 years shorter than that of women. It has been proven that disease trends were affected by income, rather than the healthcare system. Men from higher-income countries lived longer than those from lower-income countries. The main causes of death for men in developed countries are non-communicable diseases, in contrast to communicable diseases in developing countries [3].

Regardless of the cause of death (communicable diseases, non-communicable diseases, or injuries), men have a higher mortality rate than women. In addition, men have higher morbidity and mortality from coronary heart disease, hypertension, diabetes, and cancer. Traditionally male-specific illnesses have been emphasized in men's health, but the causes of death are not male-specific and share many preventable common risk factors, such as smoking, alcohol consumption, sedentary lifestyles, obesity, hypertension, and high-risk behaviors.

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CHANGING MEN'S HEALTH THROUGHOUT THE WORLD: LEADING THE FUTURE BASED ON WORLD HEALTH STATISTICS

The global increase in mean life expectancy and the drastic reduction in fertility rates have resulted in a rapidly aging global population. Worldwide population aging is a demographic success story in many ways, in that it is the result of considerable economic and social developments. In many countries, the number of older persons is growing faster than the number of people in the traditional working ages, which puts pressure on both governmental economic programs and health systems to manage the non-communicable diseases and chronic conditions associated with old age. Despite gender inequity, the new concept of men's health should be considered along with this increase in the population of old men. Men's health is now a global public issue, and the importance of men's health should be recognized and emphasized in most countries of the aging planet. Gender disparities should be properly addressed in the health policies and programs of each country, with different goals. Preparing for the economic and social shifts associated with an aging population is thus essential to ensure progress in development, including progress towards achieving the Sustainable Development Goals of the WHO, in particular those related to poverty eradication, the promotion of health, gender equality, employment, and sustainable human settlements, as well as reducing inequality within and across countries.

A PUBLIC HEALTH APPROACH TO MEN'S HEALTH

Effective strategies for addressing men's health issues require a comprehensive understanding of men's health needs, which involves not only an understanding of the epidemiology of men's health but also their health-seeking behaviors and the social structure surrounding men.

According to the WHO European Region's review of the social determinants of health, men's poorer survival rates "reflect several factors - greater levels of occupational exposure to physical and chemical hazards, behaviors associated with male norms of risk-taking and adventure,

health behavior paradigms related to masculinity and the fact that men are less likely to visit a doctor when they are ill and, when they see a doctor, are less likely to report on the symptoms of disease or illness" [4].

In the Asian Men's Attitudes to Life Events and Sexuality (Asian MALES) study, men who placed importance on being a "family man" sought medical help more readily than those who did not [5]. As reported in many men's health reports, men's health-seeking behavior is greatly influenced by the society and culture surrounding them. The concepts of masculinity differ between Asian and Western cultures, as reflected in masculine health behaviors, such as being stoic, tough, in control, and able to take care of themselves; men seek to demonstrate these characteristics because society expects this of them as part of manliness. Men with illnesses and psychological ailments are considered weak by society. Hence, socially constructed masculinity is thought to compromise men's health. These discrepancies between men's health needs and men's health-seeking behaviors should be considered and reflected in the policies of each country. For example, being in control can be translated to 'care by self' in Western countries and family responsibility is also retranslated as 'healthy enough to care for the family' as part of redefining masculinity in some Asian countries. Taking action is not just a matter of equity, but is also a matter of economics. Social structures that adversely affect men's health include poor socioeconomic status, unattended stress, high-risk occupations, unemployment, poor social support, and man-unfriendly health care. Supportive social structures are also important for men's health, but social networks are less available for men. Social networks and help lines provide a cushion for many health challenges such as facing stressful life events, and also present opportunities for men to talk about their health problems.

In most countries and global health institutions, including the WHO, gendered policies for health improvement focus primarily or exclusively on health services for women or children, rather than gender-sensitive approaches to men's health. Men's underuse of primary care services eventually results in the use of more expensive hospital services. Health services not only need to be man-friendly, by being tailored to men's working hours, providing men's health information, having outreach programs, and

ensuring confidentiality, but they also need to focus on preventive measures for the main causes of male mortality and morbidity, such as preventive health checkups and the promotion of healthy lifestyles. Any effort to improve public health must include attention to the health needs of both sexes and responsiveness to the differences between them [6].

Male-specific issues, such as erectile dysfunction, premature ejaculation, testosterone deficiency syndrome, and prostate and testicular cancer, are often not considered as priorities compared to lifestyle-related health problems, such as smoking, ischemic heart disease, and hypertension. Although they do not contribute directly to the mortality rate, problems specific to men are prevalent and are associated with considerable morbidity and a substantial impact on men's quality of life. More important, erectile dysfunction is associated with cardiovascular risk factors and predicts cardiovascular-related diseases, such as diabetes, hypertension, hyperlipidemia, and angina. Hence, illnesses that contribute significantly to men's mortality and adversely affect men's quality of life should be given due attention.

It is time to not only acknowledge the benefits of such action to men, but also to recognize and measure its potential benefits to women, children, and society as a whole. Men's physical illness, for example, can impair the psychological health of their female partners; when men are sick, injured, or die, households and female partners suffer a loss of income [7]. Closing the men's health gap can benefit men, women, and their children.

CONCLUSION

Men have a lower life expectancy than women in most countries around the world. This gender disparity is consistent regardless of geography, race, and ethnicity. Current men's health concerns have evolved from the traditional focus on andrology and male sexual health to a more holistic approach that encompasses physical, mental, emotional, social, and spiritual life experiences and

the health needs of men throughout their lifespan. To address these issues in the context of the different challenges faced by each country, the worldwide men's health gap should be closed in accordance with the improvement of healthcare programs by national governments and global health institutions.

In a public health approach, healthcare stakeholders should recognize the importance of men's health, and it should receive as much attention as is paid to maternal and child health, without diminishing efforts for women and children.

Disclosure

The author has no potential conflicts of interest to disclose.

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