MEN'S PERCEIVED HEALTH NEEDS

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Different influences have guided the evolution of 'men's health' and 'women's health' as political issues. Social discourse about women's health has been grounded in women's public dissatisfaction with existing health care services.[1] In contrast, claims for attention to men's health are made on the basis of epidemiological evidence of inequality, particularly in mortality rates. For example, the opening statement of the 1997 Commonwealth Parliamentary seminar into men's health declared:

'At all ages men are more likely than women to die from the leading causes of death: heart disease, cancer and injury. Young men, those aged between 15 and 24 particularly, are three times more likely to die in a car accident and four times more likely to commit suicide—a fact we discussed at great length.'[2]

However, little documentation exists of men's identification of their own health needs. Moreover, when needs are documented, they are usually defined as 'basic' or 'normative' needs—as conceived by health planners—following pre-determined, externally measured standards, such as epidemiological indicators. This approach fails to utilise men's 'felt' or 'expressed' needs (that is, expectations that men have themselves about their own health and/or wellbeing) as critical elements of policy formation and program design.[3,4]

In 1987, Redman et al. conducted a cross-sectional survey of women's health needs in the Newcastle area of NSW.[5] In 1994, in the same geographical area, Fletcher used a similar interview schedule and a comparable list of health problems to study men's health needs.[6] The study aimed to estimate the prevalence of health concerns, experiences and expressed needs among men and compare these with earlier data for women. This article describes Fletcher's study and its findings; compares these results with those of the Redman et al. survey; and contrasts the results of the survey and the study with national policies on health priorities.

METHODS

For the study conducted by Fletcher 1994, subjects were randomly selected from the 1993 Commonwealth Electoral Roll for the division of Newcastle. A target sample size of 400 was chosen so that the width of a 95 per cent confidence interval for a proportion would be, at most, about 10 per cent. A letter describing the study, including a reply paid card for refusal and a contact phone number for the study, was sent to 1053 male names. Of this, 61 letters were returned marked 'not known at this address', 329 names could not be contacted, which gave a sample size of 663. Of these, 271 names refused to participate and there were 392 responses, giving a response rate for the study of 59 per cent (392/663).

Survey questionnaire

Participants were shown a list of 52 health problems based on the study by Redman et al. and two other sources.[5,7,8.] The sequence of interview questions was:

- most important problem: 'What do you think are the three most important health or social problems facing men in Australia?';
- health concerns: 'Have you been at all worried or concerned about each problem during the last six months?';
- problems experienced: 'Have you experienced any of these [52] problems in the past six months?';
- problems needing more help: 'Choose from the list of problems [you have experienced] three areas which ... you would most like to have had more help with, from the medical system, government, work or community'.

RESULTS

Characteristics of the study sample

The study respondents were compared with the 1991 Census for Newcastle. While the study sample followed the general population profile, professionals and married men were over-represented among the respondents; tradesmen, machine operators and men who had never married were under-represented. Men aged over 45 years were over-represented and those men aged 18–24 were under-represented among the respondents.

Three hundred and twelve men (84 per cent) nominated three problems in response to the open-ended question regarding the problems facing men in Australia. Alcohol, smoking, heart disease and overweight were nominated by at least 20 per cent of the sample.

The respondents' 10 highest ranking concerns were compared with those identified by the women surveyed by Redman et al. (Table 1). There was a high degree of concordance in the items listed. The health problems frequently experienced by women and men also included many similar items (Table 2). Both women and men commonly reported stress and tiredness. However, relatively more women than men reported experiencing each of the problems.

Table 3 lists the 10 most common problems for which people said they would have liked more help. Percentages are given for both the total sample and also for those who reported experiencing the problem. Stress, cost of medical care, money problems and disturbed sleep were common problems for women and men. Women also said they would have liked more help with the issues of overweight and smoking, whereas men mentioned back-pain. Access to medical care and dissatisfaction with quality of medical care were further priorities for men.

DISCUSSION

The results provide an insight into the perceptions of the men of their health needs. The high percentage who spontaneously nominated three health problems of concern shows that men do have ideas about health matters. The responses also reveal that they regard a wide range of health and social problems as important. The 52-item list of health problems proved adequate for identifying the major concerns of men in this sample. The exception was diet, which had not been included, and which was raised by 11 per cent of the men answering the open-ended question regarding their health concerns.

Among the most frequently reported conditions, stress, tiredness, back problems, overweight and lack of exercise, only overweight had a lower prevalence than that reported in a national survey of risk factors.[9] The percentage of men reporting lack of exercise (34 per cent) was similar (35 per cent) to the 1994–1995 Population Survey Monitors conducted by the Australian Institute of Health and Welfare.[10] Stress and tiredness (both 50 per cent) were more prevalent than levels found in the 1995 National Health Survey, where 3.4 per cent of the survey reported nerves, tension, nervousness, emotional problems.[11] Back problems were experienced by 40 per cent of the men compared with 12 per cent of men in the National Health Survey. A comparable Western Australian survey of 374 men in the Pilbara area found 33 per cent reported back or neck problems and 22 per cent had experienced stress.[12]

This survey suggests that men have unmet health needs; however, specific groups of men may have needs that are underestimated in this survey. For unemployed men, their health concerns, experiences and priorities were clearly dominated by their unemployment. The overall study results may poorly reflect the views of these men. In order to target the most disadvantaged men effectively, studies to identify the health needs of low-income men are warranted.

In their conclusions, Redman et al. suggested that women have a broader concept of health than men.[5] Our results suggest that both men and women have similar concerns,

TABLE 1

MOST COMMON CONCERNS ABOUT HEALTH IDENTIFIED BY WOMEN AND MEN IN NEWCASTLE, NSW

Problems for women (*n*=129)		Problems for men (*n*=372)	
Percentage	**Problem**	**Percentage**	**Problem**
52.3	**Tiredness**	58.6	**Stress**
50.4	**Overweight**	57.0	Skin cancer*
47.3	**Stress**	51.3	**Tiredness**
46.5	Anxiety	46.8	Back problems*
45.0	**Road traffic accident**	44.9	Heart disease
41.1	**Money problems**	41.4	**Road traffic accident**
40.0	**Lack of exercise**	41.1	**Lack of exercise**
38.8	Depression	38.7	**Disturbed sleep**
35.9	Cost of medical care	38.2	**Money problems**
35.7	**Disturbed sleep**	35.8	**Overweight**

Items identified by both women and men are shown in bold *Items not listed in the survey for the other group

TABLE 2

MOST COMMON HEALTH PROBLEMS EXPERIENCED BY WOMEN AND MEN IN NEWCASTLE, NSW

Problems for women (*n*=129)		Problems for men (*n*=372)	
% Problem	**%**	**Problem**	
70.3	**Tiredness**	49.5	**Stress**
56.6	**Stress**	49.5	**Tiredness**
53.1	**Anxiety**	40.3	Back problems*
50.8	**Disturbed sleep**	37.4	**Disturbed sleep**
50.4	**Overweight**	33.9	**Overweight**
45.3	Not enough time to yourself	33.6	Lack of exercise
45.0	Depression	28.8	Eye trouble*
41.1	**Money problems**	26.6	**Money problems**
40.6	Not feeling confident	25.5	Anger*
38.0	Premenstrual tension*	22.8	**Anxiety**

Items identified by both women and men are shown in bold *Items not listed in the survey for the other group

TABLE 3

PROBLEMS FOR WHICH RESPONDENTS WOULD HAVE LIKED MORE HELP: PERCENTAGES FOR ALL RESPONDENTS AND PERCENTAGES FOR THOSE WHO EXPERIENCED THE PROBLEM

All women (*n*=129)	Experienced Problems **	Problem	All men (*n*=371)	Experienced Problem	Problem
16.4	29.0	**Stress**	12.9	26.1	**Stress**
16.4	32.5	Overweight	9.7	42.4	**Cost of medical Care**
14.8	36.0	**Money Problems**	8.9	33.3	**Money Problems**
11.7	41.9	Smoking	8.6	21.3	Back problems*
10.2	29.2	Period problems*	8.6	47.1	Job dissatisfaction
10.2	56.7	Caring for elderly or sick relative*	8.4	55.4	Dissatisfaction with quality of medical care
10.2	37.6	**Cost of medical care**	5.9	12.0	Tiredness
9.4	20.9	Depression	5.1	13.7	**Disturbed sleep**
9.4	20.8	Not enough time to yourself	5.1	15.2	Lack of exercise
8.6	16.9	**Disturbed sleep**	5.1	57.6	Poor access to medical care

Items identified by both women and men are shown in bold

* Items not listed in the survey for the other group **Estimated from data in Redman et al.

nominating social, as well as medical aspects of health, as most important. Women, however, may know more about health care than men.[13]

If the health status of men is to improve, then men's concerns should be identified and addressed. Given the overlap between the men's and women's health concerns, the assumption of competition between male and female health needs should be treated with caution. Indeed, adopting methods of determining priorities for women, which explicitly seek to incorporate women's views with epidemiological evidence of need may well provide guidelines for developing men's health policies and programs.[14]

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