

# Community Action on Health

## Addressing Men's Health Inequalities in Newcastle: What Do Men Think About Health?

May 2012



Community Action on Health are experts in innovative and practical involvement, working with patients, communities and harder to reach groups to gain the insight needed to design the best, most responsive and cost-effective services.

We have vast experience and expertise in gathering the views and opinions of patients, carers and the general public in relation to health services. For example:

- locating new GP surgeries
- services to include in new community health facilities
- visibility of existing health services
- changes to care pathways

We employ various quantitative and qualitative data collection techniques:

- Questionnaires – paper-based and online
- Participatory appraisals
- Drop-in events
- Face-to-face interviews
- Focus groups
- Informal group discussions

We also provide guidance on:

- how services can engage with patients, carers and the public
- developing patient-friendly services
- a patient-focussed approach to delivering health services

For more information about the services we can provide please contact Kieran Conaty on 0191 2263450 or email [kieran@caoh.org.uk](mailto:kieran@caoh.org.uk). Visit our website at: [www.caoh.org.uk](http://www.caoh.org.uk)

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# Section 1- Introduction

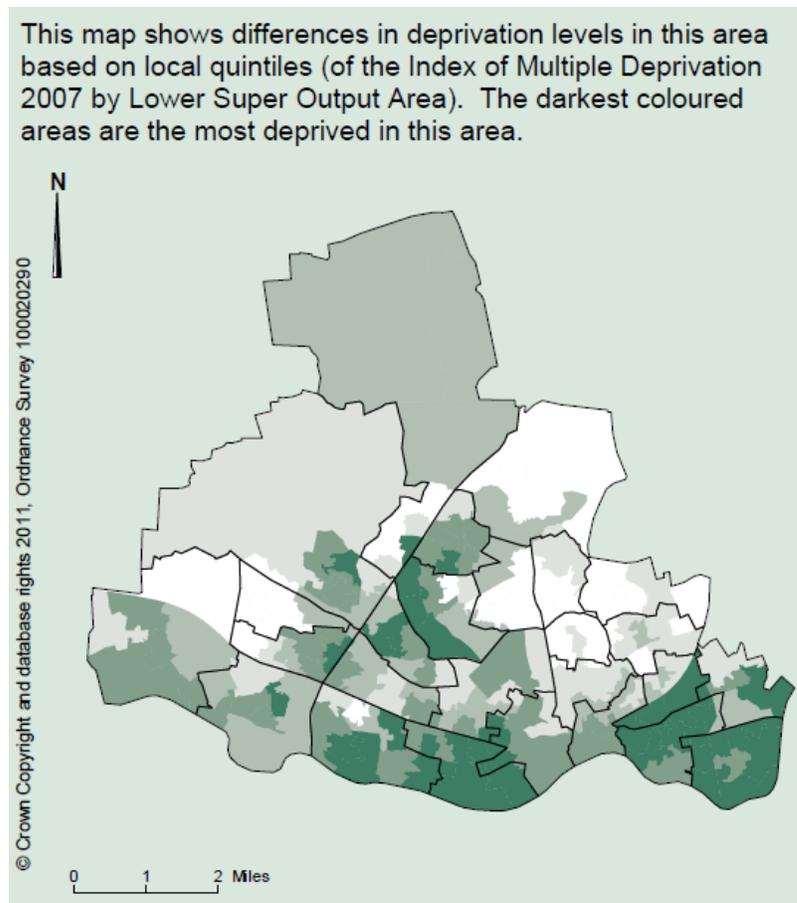
## 1.0 Introduction

### 1.1 Community Action on Health

Community Action on Health (CAOH) is an independent charity based in Newcastle upon Tyne. We are experts in innovative and practical involvement, working with patients, communities and harder to reach groups to gain the insight needed to design the best, most responsive and cost-effective services.

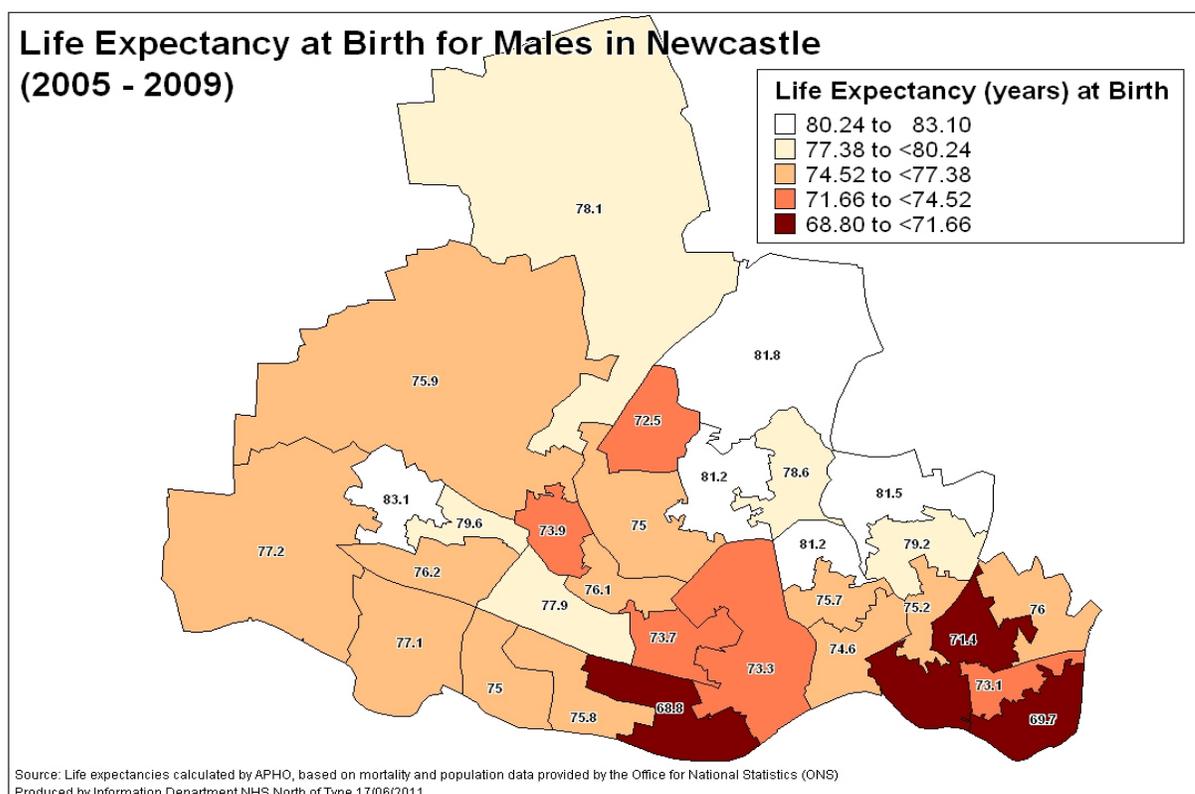
### 1.2 Project context

Although the health of people in Newcastle is generally improving, inequalities within the city do still exist. People living in more deprived areas of the city (shown as darker colours on the map below) have a lower life expectancy than those living in more affluent areas; life expectancy is 14.3 years lower for men and 11.1 years lower for women in the most deprived areas of Newcastle.



Source: Department of Health. © Crown Copyright 2011

This pattern is also evident when looking at men solely. Life expectancy for a man living in Byker is 68.8 years compared to 83.7 years for a man living in South Gosforth (Newcastle Health Profile 2011, English Public Health Observatories).



To address these health inequalities, a men’s health workshop was commissioned by the Newcastle Health Improvement Team and delivered in partnership with the Royal Society for Public Health in March 2011. The workshop’s aim was to facilitate health professionals in their ability to work with male clients to assist the effective delivery of health services to men.

Following the workshop a meeting took place to explore the opportunities to address men’s health inequalities in the city and in January 2012 a working group was established.

## 1.2.1 Health needs assessment

### 1.2.1.1 Aim

To carry out a full health needs assessment to review and better understand the health inequalities faced by men living in Newcastle.

### 1.2.1.2 Objectives

The overall objectives of the health needs assessment are to:

- Review published literature focusing on the reasons why men do not access health services as much as women and to establish what interventions have been undertaken to encourage better health service use by men
- Meet with key stakeholders to gather intelligence on gender specific service use
- Develop an online questionnaire to be distributed to a representative sample of health service providers serving Newcastle residents
- Coordinate and facilitate a series of focus group interviews with commissioners, provider services and men
- Cross reference results from the questionnaires and focus groups to the literature review evidence base
- Develop recommendations for both commissioners and health service providers

### **1.3 The project**

Having been invited to be part of the working group for the health needs assessment, CAOH was tasked with gathering men's views of health.

The key objectives of the project are to:

- Explore men's perceptions of being healthy and being ill
- Identify any triggers to men using health services
- Explore men's perceptions around gender differences in knowledge of common diseases and any actions to improve men's knowledge
- Explore perceptions around gender differences in use of health services and any actions to improve their use by men
- Gauge men's attitudes towards healthy lifestyle messages
- Identify any information needs around healthy living



# Section 2 - Methodology

## 2.0 Methodology

To meet the objectives of the project, two complementary methodological processes were required.

## 2.1 Qualitative techniques

In order to gain a depth of understanding of men's views and perceptions of health a qualitative methodological approach was deemed to be the most appropriate, enabling the collection of meaningful data. Qualitative research is concerned with gaining an understanding of how people feel, their beliefs, reasoning and motivations and therefore fitted with the objectives of the research.

### 2.1.1 Participatory engagement

In order to ensure that the largest number of men were able to give their views, a participatory engagement technique was employed. It involved CAOH staff facilitating interactive discussions with individuals who gave their views via eye-catching display boards, post-it notes and coloured stickers.

### 2.1.2 Focus groups

To complement the participatory engagement and add depth to these findings, three focus groups were also held. Focus groups are a commonly used technique for collecting qualitative data. They take place within a group setting with members sharing a common interest which enables them to feel comfortable and able to give their views freely. In addition, interaction within the group may also produce other data, when for example a memory is triggered by someone else's comments.

To ensure consistency, the same questions were used in both the participatory engagement and focus groups.

## 2.2 Participants

Recruiting participants for the research required a purposive sampling technique. The overall criterion was obviously that participants were male. In addition, the following groups were targeted to ensure that the views of a wide variety of men were gathered:

- Men living in the more deprived wards in Newcastle and particularly those identified as quintile 4 and 5 by the Index of Multiple Deprivation (see Section 1.2) and who were:
  - Aged between 18 and 65 years old
  - Employed:
    - Manual workers
    - Office-based workers
  - Unemployed

## 2.3 Recruitment

Taking into consideration the target group above, participatory engagement took place in the following locations:

Location	Date
<b>Unemployed participants</b>	
Newcastle Futures: Go West	11.04.12
	19.04.12
Newcastle City Jobcentre Plus	26.03.12
	28.03.12
Newcastle West Jobcentre Plus	10.04.12
Ingeus	18.04.12
	26.04.12
<b>Employed participants</b>	
Sanofi Aventis	17.04.12
YHN - Newcastle Furniture Service	20.04.12
Newcastle City Council Neighbourhood Response Teams - Rothbury Terrace Depot	30.04.12
Newcastle City Council Neighbourhood Response Teams - Condercum Road Depot	01.05.12
Newcastle University Estate Teams - Richardson Road	02.05.12
Newcastle University Estate Teams - Castle Leazes	03.05.12

Participants of the three focus groups were recruited from organisations that took part in the participatory engagement activities and also from a men's activity group based at HealthWorks.

A total of 196 men took part in the research. A profile of all participants can be found in Appendix 1.

# Section 3 - Findings

## 3.0 Findings

This section provides a summary of the findings of the participatory engagement and focus groups with men living and working in Newcastle.

### 3.1 Participant profile

In total 196 men took part in the research; three-quarters (146 people) resided within the city with the remainder living in the surrounding areas and in particular North Tyneside, Northumberland and Gateshead. Participants were aged between 17 and over 65 years old.

One hundred and eighty-seven men identified themselves as White British; to complement CAO's research the Health and Race Equality Forum (HAREF) were tasked with conducting three focus groups to gather the views of Black and Minority Ethnic men living in the city; these findings will be provided separately.

Just over half of participants (103) were in employment, with 73 working in manual and 30 working in office-based jobs. For a full breakdown of participants see Appendix 1.

### 3.2 What does being healthy mean to you?

Participants were initially asked what being healthy meant to them. The most frequently mentioned characteristics were:

- Being physically fit and able
- Having good mental health
- Eating healthily
- Exercising

#### 3.2.1 Physically fit and able

Nearly two-thirds of men felt that being healthy was related to how physically fit and able they were to carry out their daily activities as they wished. There was a correlation between age and how frequently it was mentioned, with older participants more likely to identify this. Employed participants were also slightly more likely to mention this aspect of health.

“Being fit enough to get around.”

“Being able to do things; being mobile.”

“Being able to do what you want to do without being uncomfortable.”

“Being fit - physically. Being able to move about and do what you want.”

In terms of their daily activities, being physically able to get to work was important for some men, with 15 men citing this directly.

“Able to get through the day, able to get to work, able to do what I need to do.”

“Being able to come to work every day, not being impeded from my day to day activities.”

“Being fit enough to come to work.”

“Being able to get up and put in a good days work and enjoy it.”

### 3.2.2 Good mental health

In addition to the physical aspect of health, almost one third of men felt that being mentally well was a factor in being healthy and in fact many believed that physical and mental health went hand-in-hand. Being stress free or having strong friendships was mentioned in relation to this.

“Well they both go together in a sense don’t they, if you feel bad mentally you tend to feel bad physically and vice versa.”

“A healthy mind, healthy body, as they say.”

“A sense of well-being, both physical and emotionally.”

“Feeling good about yourself, being confident in yourself both physically and mentally.”

“Being stress free and having a good family life.”

“Mental health, you know, make sure that I’m you know, seeing my friends regularly and getting outside now and again if it’s you know dark days and I haven’t necessarily got a reason to leave the house. Try and make one. Things like that.”

### 3.2.3 Eating healthily

The third most common response when men were asked what being healthy meant to them was having a healthy diet. Just over one quarter of men mentioned this with younger men more likely to do so.

“Healthy by you know watching what I eat as well. I do sort of, I log my calories so that I make sure that I get like vitamin A, vitamin C, iron and things like that. Proteins as well. And try and keep the sugars and carbs down and you know the fat levels and things like that.”

“Eating healthy, getting your 5-a-day.”

“Eating healthy foods at set times.”

“Not eating fatty foods - having a balanced diet.”

“It's important to me, eating right is key.”

#### 3.2.4 Exercising

When considering what it means to be healthy, over one fifth of men specifically mentioned exercising or doing some sporting activities and again this was mentioned more frequently by younger men.

“If you take time out of work to keep yourself fit whether it be swimming, walking, you know, it does make an advantage to you.”

“Doing sport and keeping fit.”

“Looking after yourself, playing football.”

“Going to the gym, not using the bus – walking.”

“Being able to go to the gym, playing golf and staying active.”

#### 3.2.5 Other factors

Being free from illness, pain or disease or not needing medical attention was also mentioned by a minority of men (28).

“Having no pain, being pain free.”

“Being illness free.”

“Not needing to go to the doctors or hospital.”

Not being overweight, drinking alcohol in moderation and not smoking were mentioned rarely by participants.

### 3.3 What does being ill mean to you?

Participants were also asked what being ill meant to them and the most frequently mentioned characteristics were:

- Being physically unwell
- Having a minor illness
- Being mentally unwell
- Being unable to carry out daily activities

### 3.3.1 Being physically unwell

One quarter of men felt that being physically unwell equated to being ill and a large number of people specifically mentioned being physically unable to get out of bed.

“Having physical symptoms.”

“Being physically sick and not being able to get out of bed.”

“Being restricted in your movement - anything that stops me from doing what I want to do.”

“When I physically cannot get up and I cannot get into work, but it has to be really bad.”

### 3.3.2 Having a minor illness

A similar number people related being ill to experiencing minor illnesses or injuries such as sickness or a virus or simply being in pain.

“Something viral, that makes you vomit or have diarrhoea. Having an unhealthy muscle ache, symptoms like flu.”

“It has got nothing to do with your lifestyle, it’s something you catch.”

“Being hung-over.”

“Being under the weather, cold, flu, sickness.”

“Physically sick such as an upset stomach.”

“It’s about being stuck in bed with a colds or flu or an injury.”

“Being grumpy, fed up, aches and pains, feeling under the weather.”

### 3.3.3 Being mentally unwell

Just under one quarter of participants felt that being ill could also be related to being mentally unwell particularly in terms of being depressed or suffering from stress.

“Having a lack of motivation and staying in the house.”

“Feeling depressed, run down or exhausted.”

“Being run down, over worked or stressed.”

“Feeling out of sorts, you know yourself, feeling demoralised, feeling like you can’t be bothered.”

“I would say like, eh, both mental and physical it’s about capability you know, if you’re ill you can’t do the things that you want to as well because you’re not – either you’re not motivated or you – you feel like physically ill so you can’t do things and that can be disabling.”

### 3.3.4 Being unable to carry out daily activities

Related to being both physically and mentally unwell, a similar proportion of participants specifically stated that being ill meant being unable to carry out their day-to-day activities or do the things that they wanted to do. In addition, eighteen people associated being ill with being unable to go to work.

“Anything that impairs your basic day to day life, that’s what I would say an illness was.”

“Something that would stop you from getting a lot done that you would usually get done that day or that week sort of thing, depending on what kind of illness it was.”

“I think if it stops you doing what you would normally do or what you would want to do.”

### 3.3.5 Other factors

Other participants associated being ill with generally “feeling bad”, “feeling unwell” or “not feeling right.”

Nineteen people specified having what would be considered a serious illness as being ill. For example, “having some kind of disease”, “having a heart attack” or “cancer, things that can kill you” although it must be noted that only two people recognised this as the only characteristic of being ill. A further seven men associated it with “having to go to hospital.”

## 3.4 If you are feeling ill or not 100% well, what do you do first?

Participants were then asked what their normal course of action would be if they woke up one morning and were not feeling 100% well.

### 3.4.1 Nothing

About two-fifths of the men questioned said that they would simply do nothing and carry on their daily routine as normal and this was slightly more common amongst men aged 25 to 35 years old, those who worked and those in manual occupations.

“The same as I do every day, it wouldn’t bother me.”

“I would just get on with it until I thought I was properly ill.”

“I would ignore it and wait to see what happened.”

“I would just come in [to work] and see how I went and if I could manage and could do it then see that night and see if I was going to come in the next day and usually you – sometimes you can work it off, depending on how bad it is, obviously. I’ve had a few times when I’ve nearly had to go home.”

“Nine out of 10 times I will go to work, if I was really bad I would stay off work. The doctor would be my last resort.”

“I would get up, pull myself round and come to work.”

“Get on with it, I rarely take medication - paracetamol seems to upset my stomach. I wouldn't go to the doctor, would not want to waste their time. Until last year I have not been for 20 years.”

### 3.4.2 Self-medicate

Taking over-the-counter medication was the answer to feeling unwell for just over one quarter of men.

“I think very few of us would actually say, ‘oh I don’t feel well, I think I’d better go and see the doctor’, they just take painkillers or come in and soldier through.”

“If I’ve got a bit of a cold I just take a few Lemsips, along with a few paracetamol, ibuprofen, just the lot you know and then see how it goes.”

“Painkillers, maybe some tablets then maybe see how I was.”

“I would get up and get on with it, maybe take some paracetamol.”

“I would take some tablets and get on with it.”

### 3.4.3 Wait

A number of men said that they would simply wait for a few days to see whether their illness developed before they took any action. If they had not improved or felt worse they would make an appointment to see their GP.

“I would wait a while and if I am still bad after a few days I would then go to the doctor at my own discretion.”

“It depends, I would stick it out a bit then go to my GP.”

“Depends, I hate going to the doctors. I would leave it a couple of days.”

“I would try and get on with it for the first few days then go to my doctors.”

“I would do nothing and wait to see what developed then maybe go to the GP.”

#### 3.4.4 Contact a health service

Twenty-one men said that they would either telephone or make an appointment to see their GP.

#### 3.4.5 Self-care

Others said that they would employ their own, non-medicinal coping strategies.

“I would start with a warm drink like. Maybes a hot shower, fresh air, fluids, fruits. Things that would – you would normally with the shudders and things you would normally help try and pick you up and later on in the day if it was still there, maybes even a good meal... the fluids for me is a big key.”

“I mean sometimes if I’ve got a headache or whenever I feel tired and I’m in a session [gym] then I’ll go and do a gym session and I’ll feel great afterwards. It’ll completely change my whole day.”

“Firstly I would have a cup of tea and some food.”

“I would stay in bed, drink liquids and stay warm.”

“I would still come to work and let it run its course. Eat well and drink fluids and take some paracetamol.”

### 3.5 Triggers to using health services

The project also sought to identify what triggers men to actually use health services, such as their GP practice, local pharmacy or walk-in centre. Having an illness that persisted for a period of time and did not get any better or got worse, or having a ‘serious illness’, were most frequently mentioned by around one third of participants respectively.

#### 3.5.1 Prolonged illness

Some people put a time scale on the decision to seek medical attention, ranging from “a day or so” to “a couple of weeks.”

“It would have to get to a point where it was not getting better, I would not go straight to my GP.”

“If I didn't get better in a few days - it would have to be very, very bad; I used to work in the NHS so I don't like to bother doctors.”

“If it's persistent you're better off going eventually.”

“If the problem didn't go after a couple of weeks or got worse.”

“It would have to be after a length of time.”

### 3.5.2 Serious illness

A “serious illness” or injury was another trigger to approaching a health service, mentioned by slightly more so be those in employment. Some participants named specific illnesses whilst others commented more generally on the scenario that would make them seek medical assistance.

#### Specific illnesses

- Passing blood – stools or vomiting
- Growths or lumps
- Difficulty breathing
- Chest pain/tight chest
- Physical injury
- Broken or severed limb
- Bad back
- Internal pain
- Swine flu

“I think it would have to be something serious and I think I would have to be taken.”

“Only if I was basically dying.”

“I would have to be scared for my health.”

“Something serious, something life threatening.”

“It would have to be pretty drastic, something that needed an examination and would result in a prescription or procedure.”

### 3.5.3 Pain

Rather than a serious illness, just over one-in-ten men said that being in pain would be the trigger for them to contact a health service. Those aged under 25 were more likely to suggest this.

“I would have to be in pain to go to the doctor.”

“If I was in severe pain.”

“When you get to the point where you just can’t do anything but the pain just kind of blacks out everything else.”

“When I was in agony.”

### 3.5.4 Unrecognisable illness

Nineteen men felt that they would be likely to seek medical attention if the illness was unfamiliar to them or unusual.

“If I didn’t understand what was wrong.”

“If it was something I didn’t recognise or couldn’t sort myself.”

“If it was an unusual pain, something I didn’t recognise.”

“If I felt something wasn’t quite right, something irregular.”

“I would have to be really bad or something unusual.”

### 3.5.5 Immobilised

A number of men specifically said being unable to move or actually get out of bed would be their trigger.

“If I couldn’t move.”

“I would have to be dying, not being able to move!”

“I would have to be bed bound.”

“If I was physically unable to get out of bed or something was not right.”

### 3.5.6 Being unable to carry out daily activities

Finally being unable to carry out daily activities including going to work, was also mentioned by a number of participants.

“Something that caused me to be unable to follow my normal routine.”

“If I could physically not do my normal activities.”

“If I was struggling to do things such as not being able to work.”

“Anything that inhibits your ability to be effective on that day, or that week of work, that’s when you would then say, ‘right I need to take time off’.”

“If I could not come to work.”

However a number of men from one organisation drew attention to an issue in their workplace which deterred them from taking time off when ill. Participants perceived that taking time off sick would put their job at risk and if they were too ill to come in to work, considered taking it as annual leave instead.

“Years ago if you were bad, say you woke up and you had, you could take time off. Now, no matter what’s wrong with you, you’re frightened to take time off because if you get a sickness record and next year you’ve got to go for your job, an interview for your job; that could be a factor. They say it isn’t, but it could be. They just say it isn’t, you know. But so now I think a lot of people are coming to work when they shouldn’t really be at work.”

“People tend to ring in with holidays rather than ring in sick.”

“The managers will actually ask, say if you phone in and you’ve got – you’re ill, ‘I feel ill I’m not coming in today’. They’ll actually ask you, ‘do you want to put it down as holiday then?’”

### **3.6 Gender differences in noticing the symptoms of common diseases**

Much research exists evidencing a gender difference in recognising the symptoms of common diseases such as cancer; men generally do not notice the signs as quickly as women. Participants were asked whether they agreed with this research and gave their reasons why. Some men put forward both ‘for’ and ‘against’ arguments.

#### **3.6.1 Agree**

Just over half of participants agreed that women were quicker at noticing symptoms of common diseases. Some men simply agreed whilst others gave reasons for their response.

##### **3.6.1.1 Health-focussed**

Over one third of people felt that women did notice the symptoms more quickly because they were more aware of their bodies, were more health focused – and this was often related to having children or being called for regular smear tests or breast screenings – or simply that they cared about their health more.

“Women are more self-aware, they think about health and wellbeing more.”

“Women take more care of themselves, they are more observant.”

It’s the nature of women, they persist into looking into things.”

“Women will investigate symptoms and go to the GP about them.”

“Women have more brains, women are more health alert, they tend to look after the children and so are more health aware.”

“Women are more aware. I think child birth is the reason they are more aware.”

“Women check more and have more check-ups, they are more alert.”

“Women tend to have more routines checks than men.”

On the flipside of this argument, a further 14 participants said that men did not care about their bodies or are simply not health-focused.

“Men have a lack of interest in their health. They need someone else to do it for them.”

“Men just let things go, we don’t pay attention to the details.”

“Men just don’t show much interest - it has to be something major.”

“Some men don’t take care of their bodies; women always want to look after themselves.”

### 3.6.1.2 Informed

Nearly one quarter of responses related to information although men aged under 25 were more likely to highlight this. Participants suggested that women noticed the symptoms more quickly because they were targeted with information about what to look for, how to check and going for screenings.

“There’s more on the telly for women. The adverts are all about breast cancer, women’s cancer, those sorts of things. Where’s the point to remind men of what they’re supposed to do?”

“Women are more clued-up, there is more advertising for cancers associated with women.”

“Women are more paranoid due to the media, they are encouraged to look more and given more information about symptoms.”

“Women get more attention, they have more screening programmes.”

“There is also more information out there for women about how to check themselves.”

“Many men don’t know how to check themselves.”

“I don’t know the signs or symptoms of cancer.”

### 3.6.1.3 Other reasons

Other reasons given by a minority of participants were that men simply do not check themselves and that women “panic a bit more”, “get scared” or “are paranoid.”

### 3.6.2 Disagree

In contrast to the discussions above, about four-in-ten participants disagreed with the research suggesting that women notice symptoms of common diseases more quickly than men. Those aged between 36 and 49 years old were more likely to disagree. Again some people were unable to give a reason why whilst others suggested that men ignore the symptoms or that it is simply not related to gender.

#### 3.6.2.1 Ignore the symptoms

The strongest argument against the research was that it was not a case that men did not notice the symptoms as quickly as women, more that they did not act upon them. This was because they did not want to face the reality and were scared, were too proud or too macho, thought that they would be able to “brush it off” or were embarrassed about visiting their GP.

“I think men know the symptoms but are more likely to ignore them.”

“I think men do check but don’t follow it up.”

“Men are more ignorant, we just ignore things until it goes wrong.”

“Men don’t want to face the reality.”

“Men are happy to brush things under the carpet.”

“Men turn a blind eye, they don’t want to know.”

“They notice but will ignore it. It’s that macho attitude.”

“Men have more pride, they don’t want to be seen as a wimp.”

“Men like to feel on top of things, not admitting weakness or feeling ill.”

“Men think they are tough and strong and don’t want to look weak.”

“If it’s down below there, I’m not going to tell him!”

“Well, I had a suspected hernia a good few months back playing too much football and there was a lump there and whatnot. And it were really, really painful when I coughed and stuff and when I strained and yet again you say it’s down below but I just thought, ah it’ll go, it’ll wear off, it’ll be fine and it was month after month after month and I thought – I’d even jacked football in and it was still there and I thought there’s something not right there - and I eventually went to get it checked out. I mean I literally was handled through the door basically off the missus...and literally certain things are a no-no.”

### 3.6.2.2 Not gender-related

Twelve participants felt strongly that there was no correlation between noticing the symptoms of common diseases early and gender, and that it was simply down to the individual and their knowledge and behaviour.

“I think it depends on the person.”

“Everyone is different, some better than others.”

“I think it's more 50/50 – it's down to the individual.”

“No, I think it's 50/50, more men know now than ever.”

“It's on a par, it's more individual than that.”

### 3.6.3 Improving men's knowledge of the symptoms of common diseases

Participants were also asked what they thought could be done to improve men's knowledge of the symptoms of common diseases. Just over one-in-ten men either could not suggest anything or felt that there was nothing further that could be done.

“There has been a lot done already; it's down to the men to pay attention.”

“I think there is adequate information around and it is accessible.”

“Nothing, people need to be able to rely on themselves. It totally depends on the person.”

A further 12 people felt that a culture change was needed in men's attitudes to their health.

“There are signs everywhere - you will always have to compete with men's attitudes.”

“My knowledge is there and there are plenty of opportunities to find out more - I just choose not to.”

“It's a psychological approach - need people to get over admitting they are weak.”

“It's not the knowledge but breaking down the taboo of checking.”

“You see a lot of information encouraging men to self-check, but men are stubborn about talking about their problems.”

Despite the claim that most men are aware of the symptoms but just do not act upon them, the majority of participants (about two-thirds) felt that greater promotion of the

signs and symptoms of diseases was needed. Moreover, participants suggested some key messages to be disseminated:

- Top 10 cancers and their signs and symptoms
- How to check for signs and symptoms
- Early presentation of signs and symptoms and the consequences of not doing so
- Encouraging men to go to their GP generally

They felt that the messages should be “blunt” and “hard hitting” and that real life stories of men “not facing up to their health problems” would make them take notice.

The most frequently suggested methods of sharing the messages were via:

- Television
- The workplace
- Leaflets
- GP practices

In terms of television it was suggested that advertisements and stories in soap operas could be developed. Advertising should also be considered during commercial breaks in football matches.

The second most frequently mentioned way to get the messages to men was through workplaces. Men particularly asked for health workers to come in to their places of work, such as canteens, and have a staffed information stall where people could take away leaflets and ask questions face-to-face. Some also suggested more formal compulsory health sessions for workers.

“I know it sounds daft but you go on a training day for manual handling which is one where you pick it up a box you put it down type thing. A similar sort of thing to that. Or like group discussions like we’re having now.”

“Provide basic training on illness and disease awareness, so people recognise the common symptoms and the correct course of action.”

Workplaces could promote the messages themselves too through occupational health and displaying leaflets and posters in communal areas. One participant also suggested adding information to the bottom of people’s payslips or including information with payslips.

In terms of GP practices, participants wanted more paper-based information in the surgery buildings but also wanted GPs themselves to be proactive and give patients information when they visited for a check-up.

Promotion through newspapers, the internet and radio was also suggested less frequently. Several people suggested using celebrities and in particular sports personalities to get the messages out or advertising in football stadiums and cinemas. Targeting wives or girlfriends was also considered.

“Get to men through their girlfriends.”

“I listen to the females of my family - use mothers and girlfriends.”

In addition to getting information about the signs and symptoms of common disease, a number of participants suggested things that the NHS could do. Encouraging men to go for health checks or actually inviting them via a letter and appointment to attend for a health check, or having drop-in screening sessions was suggested. Participants also requested shorter waiting times.

“I would like to be offered an annual MOT to check for all these things - it would give you peace of mind.”

“Make health checks compulsory for men every five to 10 years.”

“More screening and advice for men; call men in for tests or offer mobile testing in places like car parks.”

### **3.7 Gender differences in using health services**

As discussed in section 3.6 above, research shows a gender difference in people's knowledge of signs and symptoms of common diseases and this disparity can also be seen when examining people's actual use of health services. Evidence suggests that men do not use health services as often as women and again participants were asked to consider whether they agreed with the research. As before some participants put forward both 'for' and 'against' arguments.

#### **3.7.1 Agree**

The vast majority of participants (almost nine-in-ten) agreed that men are less likely to use health services than women. This supports the findings above where a high proportion of participants felt that men simply did not act upon their symptoms rather than not actually noticing them.

##### **3.7.1.1 Health-focussed**

One quarter of participants (mentioned slightly more so by those aged under 25 years old) felt that women were more likely to use a health service or go more quickly because they were more aware of their bodies or more health conscious and again having children was a factor in this – women are in regular contact with health services through their children and family responsibilities meaning that they need to look after their own health.

“For some reason women just know when something is not right, they are more aware of their body.”

“Women are more cautious about their health, if they think they have a symptom they need to get it checked out.”

“They go more with the children so they are more health service aware.”

“When I do go to the doctors it’s always full of women, women tend to have more health problems than men. They also have children and are more likely to be the ones looking after them.”

Similarly, one sixth of participants said that men are not health-focused and choose to “get on with it”, or ignore any health concerns.

“Men are not so clever about health, we are prepared to put up with things and we are reluctant to talk about it.”

“Men just get on with it, the wife tells me to go. I don’t think men really care.”

“Men just crack on.”

“Men ignore things until it 'kicks' in.”

“I would put it off or not make a big deal about it.”

“Men put things off longer than women or men leave it to the last minute.”

### 3.7.1.2Macho

One quarter of participants agreed that men did not use health services as often as women because they are too macho or proud and do not want to show weakness.

“Men don’t want to admit that they’re not invincible.”

“It’s a testosterone thing; men don’t like to admit they have a problem.”

“Men will do anything but go to the doctors, it’s a masculine thing, they don’t want to rely on others.”

“Men are too prideful, they want to be strong, a father figure, have no days off sick at work - if you can open your eyes you can go to work.”

“Men have this macho image and think things will just go away.”

### 3.7.1.3GP issues

A further 14 participants were put off going to their GP specifically. Some said that they simply did not like visiting their doctor whilst others were concerned about wasting their time or did not feel that they received a quality service from them.

“I don’t do doctors, I hate them.”

“Men have no patience and will just leave it - don't want to waste the GPs time.”

“I don't want to waste the doctor's time.”

“I avoid going unless I have a good reason, in the 1990s we were told not to waste a GP's time for simple things.”

“I think there is a lack of confidence in GPs.”

“You can go in with this big thing that's really bothering you and you sit down and they go, 'oh right there you go', they haven't chatted with you and tried to reassure you and things like that so then you think, 'oh well I'm not going the next time, waste of time that'. I remember once I was ill in bed, was only the flu but it was one of them ones where you can't get – but I went on the bus, went to the doctors and I got wrong for leaving my bed! I would never ever go for that again, so ...”

“For me, it's been a long time since I've been to the doctors, because every time I phone my doctors it's always – I've got to wait a week for an appointment anyway, so I've got to go to a walk-in centre and they might not even know what the hells the matter with me so I've got to go all the way to the hospital and it's like too much of a frigging naff on you've got to go to like three different places to find out what the hell's wrong with you.”

#### 3.7.1.4 Embarrassment

Twelve participants felt that embarrassment put men off using health services, especially if their illness was “down there.”

“Depends on how bad it is but if it's something stupid I wouldn't go, I would feel too embarrassed to go.”

“That's a big worry for guys, when you get 'down there' checked out. If you go and you've got a guy you think 'oh no'. If you go and you get a female and you're like 'I hope not'. Either way you're embarrassed!”

“Women are more relaxed about going to see their GP, men find it embarrassing.”

“I don't like seeing my doctor - it's a different person every time and it can be embarrassing.”

#### 3.7.1.5 Worry

A further 12 participants felt that women were more likely to use health services because they worried more about illnesses.

### 3.7.1.6 Other reasons

Several participants suggested that women were more prone to being ill or more informed or targeted with information. Others said that they would only use a health service if they had a serious illness.

### 3.7.2 Disagree

Fewer than 25 people disagreed that women used health services more than men. Most felt that there was no gender difference in use whilst eight people commented that age was a factor. One participant believed that “younger men are better at going than older men”, the others felt that older men were more likely to use health services because they were more susceptible to illness.

“Your age as well, as you get older you’re more aware of things.”

“I tend to worry a lot more when something happens – like when I did my back the other day I thought, ‘oh it’s my back, I’m knackered’, you know, at 55, but then you go to the hospital and the doctor says, ‘oh it was just the muscle’, the relief is unbelievable.”

“I tend to go more often now but didn’t when I was younger as I thought I was invincible.”

“The older generation, 50-plus, would use it more.”

### 3.7.3 Encouraging men to use health services

As with improving men’s knowledge of diseases, participants were also asked what they thought would encourage men to use health services such as GP practices and local pharmacies. Again some felt that there was nothing health services could do, they already do enough or it was “up to the person, not the NHS.” Others simply did not know. However, the majority of people did put forward suggestions.

#### 3.7.3.1 Promotion

Again, making men more health aware through promotion was seen as the key to encouraging them to use health services. It was suggested that the key messages should include:

- The role of each service
- Using your GP/pharmacist as an advice service – not just when you are physically ill
- How to check for signs and symptoms of common diseases
- The importance of early presentation - include statistics on survival rates of early versus late presentation
- Not to feel like you are wasting your GP’s time or taking up the space of someone more ill than you

As with the promotion of the symptoms of common diseases, there was an agreement that men would be more likely to take notice of promotional campaigns that were to the point.

“Hit people with some home truths.”

“Scare them into going, show shock stories.”

“Use pictures of people who are ill - scare men.”

“Throw the message in their face.”

“Shock them; use the auto glass approach, the worst case scenario.”

When considering how to go about disseminating the information, the most commonly mentioned methods or locations were:

- The workplace
- Television e.g. Sky Sports channels
- Leaflets
- Places men frequent e.g. Football matches, sports grounds, pubs, clubs (toilets)

In terms of the workplace specifically, participants suggested the NHS could run health days including health MOT's and workshops about specific illnesses as well as giving out general information in the form of leaflets and posters.

As well as NHS staff visiting workplaces, employers themselves could provide health information which would benefit them too.

“If they had things like to check that you're not drinking too much, know the difference between a good night's drinking when you shouldn't be driving the van.”

It was also suggested that the NHS should work with employers to support them to provide a healthy workplace for staff.

As mentioned in section 3.5.6 above, some workers are “scared to ask for time off” when ill in case it impacts upon their future employment. Although this may only be a perceived scenario, employers should work to get the message across to staff that taking time off sick will not have negative consequences.

“Let you know that...you're not going to get into trouble if you ask your manager, 'look I genuinely think there's something the matter, can I have a couple of hours off to go to the doctors?' or if you've got a company doctor, 'can I visit them?'”

Other workers felt that employers could do more to monitor the health of their staff and particularly those carrying out manual jobs.

“I’ve always thought a big company like this should...once a year... couple of times a year – you know yourself, because the job does you in, so they should be looking after you... You’ve got some [employees] limping, you stand out there and watch people come to work, they’re limping in and – it shouldn’t be happening because we give our life to this company. We should be looked after.”

It was also suggested that workplaces could offer free gym passes or facilities for workers to keep fit.

“My sister-in-law works in the town, she’s a government worker, they can go to the gym at dinnertime, they don’t pay a penny.”

Council workers also recalled a health bus that travelled around sites where “you could get your eyes done, your blood pressure, but that was just a one off, it should be a regular thing for us.”

Employers should also be encouraged to support good mental health in the workplace. For some it was felt that jobs had become more pressured and staff are not given the opportunity to chat to workmates or have breaks together.

“In our place you’re not encouraged to socialise with your friends, they just want work, work, work, work, work. It’s sometimes hard to keep a healthy mind because you’ve got to come to work and do your work and worry about your job and worry about getting seen talking to this one, talking to that one, popping into the shop for a packet of crisps, they just want you to work.”

“The job’s changed itself, it’s more - It’s being seen to be more efficient because of the money, the government, you know, the cut backs and that, so the managers are saying ‘we want to speed it up a little bit more’ so they get squeezed, we get squeezed, so it’s a little bit different when you come in, you’ve been fired here, fired there and everywhere so you don’t have that enthusiasm.”

“We’ve got to have our dinner in the van.”

“If people get up in a bad mood and you’re on your own, it’s sometimes hard to get you out of that.”

Five people also suggested using female family members and friends to get the information and messages to them and also newspapers or magazines.

“An advert campaign aimed at women.”

“Use girlfriends, wives and mothers to get the messages across, especially mothers!”

“You can’t encourage men, go through the women in the family, daughters are good at bossing their fathers.”

Several young people also suggested having sessions at school about men's health and how to use health services.

“There should be at least one lesson in it, when they get to a certain age, to build up the awareness.  
Give them the information.  
Not just sexual health, everything, mental and physical, just everything. I'd say about 13-14 upwards.”

### 3.7.3.2 Practical changes

About one third of participants made suggestions about practical things the NHS could do to encourage men to use health services. Normalising the use of health services was seen as key for 24 participants who suggested GPs could invite men to have regular health check-ups throughout their adult life. In addition, taking this service to men in workplaces and other male dominated settings in a drop-in form would encourage them to get checked out.

“More checks, your GP should send for you, you should be checked every two years.”

“More health checks for men - to get them used to it.”

“They should go out to the men.”

“Have health checks in regular places or at work places or in car parks.”

“Could be done through work - more health checks at work.”

“I think if it's quite spontaneous and it's random rather than... 'Hello, can I have an appointment for next Tuesday?' You've got to wait a week so there's a week of waiting - And then you're like you know you're getting closer to it and you're thinking oh I'll not bother, I'll not bother. I'll just- just cancel it and after the pain thing, just cancel it's fine and get on with it and then when you get there you've got to do the 'Hi I'm here for an appointment and you're looking and then you sit down and you sit and wait and you weigh the pros and cons and then you go in and then - whereas where it's the roadshow where you're going, you're in and then it's right what's your problem so.”

Making GP appointments more accessible for people who work was suggested by a number of participants.

“Being able to get an appointment - it can put you off.”

“It can be hard to get appointments and I can't be bothered.”

“For me access is the problem, appointment times are often 9-5.”

“They should offer more flexible appointments at night, after work.”

“My doctors is open till six o'clock, they need later surgeries till nine, ten o'clock at night.”

The attitude of GPs was also seen as a barrier to using the service. Some participants felt that doctors seemed disinterested in them or in a hurry.

“Make seeing the doctor less formal, some doctors don't want to talk to you or show interest.”

“GPs often have the wrong attitude and are too off hand, which puts men off.”

“When I last went I didn't feel listened too, so now I don't bother - they need to improve that.”

“GPs don't listen, they just want you in and out. They don't listen to your problems.”

“They should reassure men that no problem is too small, they can often make you feel like you have wasted their time.”

“I got asked for how long a sick note I wanted before – before I was diagnosed with what was wrong with us. I went with a bad back and then sat down and he says oh how long- how long a sick note and I was like I don't want a sick note I want – I want this diagnosed. There's something wrong with me back!”

“In some doctors' surgeries they're righteous prats and you know for a fact you're not going to bother going. Because if you go - like I know a doctor that just say for instance you'd just had your leg took off he would say, right take two paracetamol and that's it. You know and you think I've got a problem down that region or whatever and I'm not going to him and there's only two other women doctors or whatever you'd say ha ha no chance. I'm not going to go there!”

### **3.8 Leading a healthy lifestyle**

The last part of the research looked at healthy living and in particular men's attitudes towards health promotion messages and where to look for information and support to help them lead a healthy lifestyle.

#### **3.8.1 Healthy lifestyle messages**

Participants were asked to consider four prominent health promotion messages and their awareness and adherence to them.

- Eating a balanced diet
- Not smoking
- Drinking alcohol in moderation
- Taking regular physical activity

All participants were aware of the messages but did not always act upon them.

“Everybody knows what’s out there but whether we take any notice of it, I know what you shouldn’t do but I don’t always take notice.”

About one quarter of people said that they took no notice of the messages whatsoever. The main reason being that people just want to “enjoy life” and not worry about how their lifestyle might impact upon their health.

“I live life as I want to.”

“Not much, I enjoy life.”

“I don’t do any, I know the messages but just ignore them - you only live once!”

“I want to be happy and not worry about guidelines.”

“I don’t take any notice, I know I should but don’t. You should enjoy life while you have it. I have high cholesterol so every year I get an MOT - I changed my diet for two weeks but I can’t be bothered.”

“I do understand it and do listen but the extra life it affords will be rubbish - I prefer a quality of life over quantity.”

Others said that they had never experienced any ill effects from their current lifestyle and therefore did not feel the need to modify it.

“Not much really, I do try to drink in moderation, I know the messages but I have not had a problem, so haven’t taken much notice.”

“Not much, I know the messages but don’t think it is that important, and nothing has happened to me to say otherwise.”

“I smoke and don’t exercise and my diet isn’t great, but I don’t feel I need to change as I have had no ill effects.”

A number of people chose not to adhere to the healthy lifestyle messages as they felt they contradicted themselves.

“You hear one thing then another, it’s often confusing.”

“They all contradict each other, for example fruit and vegetables are good for you, but your dentist doesn’t want you to eat too much of them.”

“None, don’t bother with them, they keep changing the messages and contradicting themselves. Life is more about common sense.”

Several participants were deterred because they knew of people who had led healthy lifestyles and died young or conversely lived unhealthy lifestyles and had longevity.

“None, I want to live life. You hear of lots of people who are super fit dropping down dead.”

“I’ve kept fit all my life and I’m knackered now.”

“So I mean it’s not all about just going to – eat the right stuff, keep fit and you’ll live forever because you won’t. Life’s a lottery isn’t it?”

“I mean some people will drink like fishes on Shields Road and live till they’re 100 and then you get somebody fit as a butchers dog who just drops down dead.”

“Because I had a doctor right... he went hiking one day and he hadn’t come back. Just dropped down dead. Heart attack and there was him, fit as a fiddle. Never drank, never smoked, doing his walking so you think well, if he can die like that what, what chance have I got to do that if you know what I mean? I’ll say well, oh I’m not going to give up me fags because he’s fit as a fiddle and he’s going to die.”

“Same for myself. The doctor – he made the headlines in the Chronicle my doctor, my surgery. Playing squash and he dropped down, something the matter with his heart and he was very, very fit and all you know...but if there’s something the matter in there. It doesn’t matter how fit you are does it?”

“It’s like everything you know, because whatever you say is good there’s always a negative to go with it you know and like some people find in some families somebody will say ‘me granddad smoked a pipe until he was 107 and he didn’t wheeze once’. But then you know somebody will say, right I’ve only had two fags and then they catch cancer and they die so there’s you know there’s never, there’s always a plus and a negative but you’ve just got to find the middle ground that you want to take.”

Others felt that they knew what was best for them so did not listen to health messages.

“I take notice of my body and let that guide me, a bit of everything does you good.”

“I go on what I feel is healthy for me.”

Several people said that they did not take notice of the messages because they did not like to be told what to do.

“I don’t like to be criticised about my lifestyle. They shouldn’t preach or tell people they can’t do something. They should emphasise moderation.”

“If someone tells me to do something I am likely not to!”

“I don’t want to live my life how I am told to – I want to live it my way so I smoke, don’t exercise and have a bad diet.”

Conversely, one third of participants said that they take notice of all of the messages and try to act upon them although those aged under 25 years old were less likely to do so and this finding was reinforced by the comments of some older participants.

“I quit smoking and have a physical job. My diet is pretty good and I don’t drink, I lived to excess when I was young and have learned my lessons.”

“You take more notice as you get older, you can see the repercussions of these taking affect!”

“A lot now that I am getting older, you start seeing the effects of a bad lifestyle.”

“Over the past 18 months I have improved. I hit 40 and starting thinking about my health, my dad is diabetic and I want to avoid that.”

“I take a lot of notice – I have got to that age when you become more at risk!”

Motivations for doing so varied. Some people simply wanted to take care of their bodies whilst others wanted to live a long life.

“I take notice of them all, as you get older you want to enjoy your grandchildren so you try and stay healthy.”

“I take a lot of notice, I try to keep healthy. I want a healthy retirement.”

“I try to follow a strict regime. I want to be healthy and live longer and have less time off work.”

“I take notice as I want the health benefits.”

“Yes, I do them all, I feel the benefit, the more you do the better you feel.”

Children were another motivator; parents wanted to lead by example or live a long and healthy life to care for their children.

“Yeah I do them all, but it’s more of a lifestyle change, I have children so want to live longer in good health.”

“I take quite a lot of notice; I have children and want to lead by example.”

“Yes, I take notice to all of them, I changed my diet a while ago, I want to live longer as I have a family.”

“I try hard with my diet; I have four children so try to be responsible with food.”

“The bairn was born and I got basically sick of going outside, come back in, had to brush my teeth, wash my hands, change my clothes, it was like twenty times a day so I got a bit sick of doing that.”

Finally, having experienced illness or seen others in ill health motivated some people.

“Nowadays 100%, mainly due to my wife as we have both had scares, prior to that I took no notice and I thought I was invincible.”

“I am pretty good - my brother died from liver disease so I changed my lifestyle, I am more aware and motivated to look after myself and I feel better for it.”

“I have lost some friends through various health problems so I try to look after myself.”

“I have diabetes so I try to live as healthy as possible.”

“Since my stroke I am more aware.”

The remaining participants said that they followed the messages in part and tried to live a healthy lifestyle. Participants were most likely to take part in physical activity and least likely to eat healthily.

There were various reasons why people felt unable to follow all of the health promotion messages and for some people motivation or willpower was a factor.

“It depends on the day, your mental health. If I wake up feeling good then I look after myself.”

“But when you are unemployed you have a lot of down days and it can be difficult to focus on being healthy when you’re feeling down.”

“I think it’s seasonal as well isn’t it, when it’s winter sometimes you’re like, with the nicer weather, go on a diet and get fit and read up on this and go to the gym and all that and when the winter comes back and you think ‘ohhh’ unless you’re bang into it.”

“It’s all willpower – that’s why I am knackered!”

Others felt that the messages were unrealistic; people tried to incorporate them into their lives but felt that they were “often impracticable to do every day” and most felt that it was okay to have some days where they lapsed “I think, you know, everything in moderation, even moderation!” This was particularly true at weekends and when drinking alcohol.

“I mean scientifically yes, it’s brilliant, it works and it’s that the way it should work but we’re not in that area of life, we’re in a natural environment where stressful things happen, there’s parties going on you know...”

“I don’t think anyone would ever stick...if I’m out with the lads and the lads are all merry and all that and we’re at a party and things are flowing then that’s it, I’m up to four or five in the morning you know I’ve regretted it the following day and

the day after but I'll not go 'I've had me four units lads' you know that would be the last thing I would ever say you know so it's not going to happen realistically."

"I apply them as best I can Monday to Friday, but the weekend is for enjoying."

"I like to drink and smoke mostly at weekends, I know the messages, but at weekends you enjoy yourself."

The cost of adhering to healthy living messages was another factor and particularly around eating a balanced diet. Participants felt that healthy food was expensive:

"Healthy diets are expensive - there's more to it than just a doctor telling you to eat healthy."

"Even things like when you go shopping you're watching the pennies; they're buying things like burgers, chips, things like that. Whereas people that have got more money – they say 'oh it doesn't cost any more to live a healthy lifestyle' but fresh veg does cost more than buying it in packets."

"To be fair though when we go shopping it's more about what will last, as long as we can possibly do, more than what's healthy for us...you tend to go for what's going to last longer rather than what's healthier for you."

"Being unemployed makes it difficult to get my 5-a-day - fruit is expensive."

"It's when you go to Morrison's and all the offers is all the shit, buy one get one frees. It's never buy one apple and get one free is it?"

In terms of diet, several people felt that they were given mixed messages about what was healthy and what was not.

"The messages are often mixed around food - it's up to the individual to apply it as best they can."

"The healthy eating is scare mongering."

"One time they said that drinking coffee, black, strong, that would give you cancer. Is that meant – there are too many things ifs and buts but there are no real answer. It's all about science say this and you know that'll kill you and then they say oh no, eggs are good for you."

"Eggs is a big one yeah. They've changed their mind about eggs every day."

### 3.8.2 Information and support

Finally, participants were asked if they knew where to look for information and support to help them lead a healthy lifestyle. All but three people felt able to find it and nearly two-thirds said that they would look on the internet. Most said that they would simply go to Google to search for information whilst 44 men named the NHS Choices website.

The next most frequently mentioned source of information and support was a GP, about two-fifths of people suggested this and six people said that they would visit the practice nurse. A further 21 people said that they would contact NHS Direct whilst friends and family would be the first port of call for 16 people. Finally, 13 people said that they would get information and support from work.

### 3.9 Summary

The majority of participants and especially so older people or those in employment, felt that being healthy meant being physically fit and able to carry out daily activities including work. Having good mental health was also important as was eating healthily and exercising, the latter two, more so for younger men.

Being physically unwell and unable to get out of bed, having the symptoms of a minor illness such as sickness or a cold, being mentally unwell and being unable to carry out daily activities were identified as the main characteristics of being ill.

Contacting a health service was not the first port of call for men if they were ill. Two-fifths would do nothing and this was more common amongst younger men, those in employment and those who carried out manual jobs. One quarter of men would self-medicate with over the counter drugs whilst others would choose to wait a few days and then visit their GP if necessary. A minority of men would contact a health service or use non-medicinal methods to look after themselves.

The trigger for men to actually use a health service was a prolonged illness (although there was no consensus as to how long that might be) or having a serious illness or injury. Passing blood, lumps, difficulty breathing or a broken limb were some of the illnesses mentioned. Being in severe pain, having an unrecognisable illness or being immobilised were also motivators for contacting a health service as was being unable to carry out daily activities. In terms of work, some participants suggested that they were unlikely to take time off work sick to use a health service no matter how ill they were, as they perceived that it would show a lack of commitment to their job.

Just over half of participants thought that men were unlikely to notice the symptoms of common diseases as quickly as women. They felt that women are more aware of their bodies and also more health-focussed due to having children and having regular screening appointments. Others thought that women were more informed about signs and symptoms of diseases because they were targeted with this information. For those who disagreed about the gender difference it was felt that it was more the case that men simply ignored the symptoms due to being too proud to show weakness or too macho or they were too scared to face up to them or embarrassed to visit their GP.

In order to improve men's knowledge of the signs and symptoms of common diseases, promotion was crucial and several key messages were suggested. Campaigns should be hard-hitting using real life stories and television, the workplace, leaflets and GP practices were frequently mentioned. In addition to promotion it was suggested that encouraging men to go for health checks or having drop-in screening sessions should be considered.

The vast majority of participants believed that women are more likely to use health services than men. Mirroring the findings discussed above, because women are seen to be more interested in their health and eager to get things checked out they are more likely to contact a health service. The macho attitude of men that they will be alright and do not need help was also identified as a barrier. A small number of people also had issues with their GP – they simply did not like going, lacked confidence in them or felt like they were wasting their time. Embarrassment for men and women being prone to worrying was also mentioned. Those who disagreed suggested that age not gender was a factor.

Again it was felt that the NHS carry out greater promotion to encourage men to use health services and similar suggestions to the signs and symptoms of diseases were made. In addition to promotion the NHS should work closely with employers to support them to provide a healthy workplace in terms of wear and tear on the body, exercise facilities and mental health support. Practical changes were also suggested to normalise the use of health services for men. Inviting men for regular health check-ups and having health check drop-ins in places men frequent was suggested. Making GP appointments more accessible for workers and considering the quality of care provided by GPs was also mentioned.

Finally, all participants were aware of healthy living messages but around one quarter chose not to adhere to any of them as they wanted to enjoy life, had had no ill health by not adhering to them, felt that the messages contradicted themselves or had known people who led healthy lifestyles but had ill health or had died young. Others did not like to be told how to live their life. One third of participants said they followed all of the messages although those aged under 25 were less likely to do so. People wanted to have a long life, had responsibilities as parents or had experienced ill health. Those who followed them in part cited a lack of motivation or willpower, unrealistic messages, a lapse at the weekend, the cost of healthy food and mixed messages about it as barriers. The internet was seen as the best place to find information about healthy living followed by going to your GP and using NHS Direct.



# Section 4: Recommendations

## 4.0 Recommendations

It is suggested that the Men's Health Steering Group take time to analyse the findings of this research together with the other elements of the project in order to develop recommendations for both commissioners and health service providers. However, from the findings of this piece of research, some recommendations can be made.

Although outside of the scope of this project it is suggested that a culture change is needed in men's attitude to their health, the importance they place upon it and how they act upon ill health. However, the following recommendations could go some way to affecting this locally.

Although the recommendations around promotional activities have been separated into increasing knowledge of the symptoms of common diseases and using health services, it is suggested that many are transferable.

## 4.1 Increasing men's knowledge of the symptoms of common diseases

### 4.1.1 Promotional activities

Despite some awareness, it is suggested that greater promotion around the symptoms of common diseases is needed. This should include:

- Top 10 cancers and their signs and symptoms
- How to check for signs and symptoms
- Early presentation of signs and symptoms and the consequences of not doing so
- Encouraging men to go to their GP generally

Promotional messages should be hard hitting and use real life stories of men who have not looked after their health.

Messages could be shared:

How

- Television advertisements, particularly during commercial breaks in football matches or other sporting events and also incorporated into soap opera storylines
- Leaflets
- GP practices verbally giving out information at the end of consultations
- Health workers should visit places of work such as canteens and disseminate information verbally and also have written information to take away. Compulsory health awareness sessions for workers should also be considered.
- Use celebrities, especially sports personalities
- Target women to pass on the information to men

- Information on the bottom of payslips

Where

- Workplaces
- Football stadiums
- Cinemas
- Newspapers
- The internet
- Radio

#### 4.1.2 Practical changes

Men should be encouraged to go for health checks through a pre-booked invitation from their GP practice or having drop-in screening sessions at locations frequented by men.

Workplaces themselves should ensure that men feel able to take time off work if they are ill, without any repercussions.

## 4.2 Encouraging men to use health services

In order to encourage men to use health services, the following should be considered:

### 4.2.1 Promotional activities

Information should be disseminated around:

- The role of each service
- Using your GP/pharmacist as an advice service – not just when you are physically ill
- How to check for signs and symptoms of common diseases
- The importance of early presentation - include statistics on survival rates of early versus late presentation
- Not feeling like you are wasting your GP's time or taking up the space of someone more ill than you

Again, men would be more likely to take notice of hard hitting messages.

Messages could be shared:

How

- Television advertisements e.g. Sky Sports channels
- Leaflets
- Newspapers and magazines
- Health days including health checks and workshops
- Target women to pass on the information to men

Where

- Workplaces
- Places men frequent e.g. Football matches, sports grounds, pub and club toilets
- Secondary schools

#### 4.2.2 Practical changes

Normalise the use of health services for men by GPs inviting them to regular health check-ups throughout their adult life. Also provide health check drop-in sessions in workplaces and other male dominated settings.

The NHS should work with employers to support them to provide a healthy workplace for staff including:

- Ensuring staff are aware of sickness policies and feel able to take time off when ill
- Offering free or discounted gym membership or facilities for staff to keep fit
- Ensuring staff are supported in their mental wellbeing e.g. providing time for them to interact

GP appointments should be made more accessible for people who work.

Ensure that men are made to feel comfortable and listened to when visiting their GP.

### 4.3 Leading a healthy lifestyle

In order to assist men to lead a healthy lifestyle the following should be considered:

#### 4.3.1 Promotional activities

Ensure that men are aware of the impact of not leading a healthy lifestyle and in particular the impact in later life.

Consider a campaign around continuing to lead a healthy lifestyle at weekends.

Ensure messages around healthy eating are clear.

#### 4.3.2 Practical changes

Consider working with shops to reduce the costs of healthy foods.



# Appendices



## Appendix 1 – Participant profile

### Age

	Frequency	Percentage (%)
Under 18	1	0.5
18-24	33	16.8
25-35	38	19.4
36-49	63	32.1
50-65	59	30.1
Over 65	2	1.0
Total	196	100.0

### Ethnic background

	Frequency	Percentage (%)
White British	187	95.4
White Irish	0	0.0
Any other White background - Italian	1	0.5
Any other White background - Welsh	1	0.5
Mixed White and Black Caribbean	0	0.0
Mixed White and Black African	1	0.5
Mixed White and Asian	0	0.0
Any other Mixed background	0	0.0
Asian or Asian British - Indian	0	0.0
Asian or Asian British - Pakistani	0	0.0
Asian or Asian British - Bangladeshi	0	0.0
Any other Asian background - Iranian	1	0.5
Black or Black British – Caribbean	1	0.5
Black or Black British - African	2	1.0
Any other Black background – Portuguese	1	0.5
Chinese	0	0.0
Any other ethnic group - Iranian	1	0.5
Total	196	100.0

### Employment status

	Frequency	Percentage (%)
Employed	103	52.6
Unemployed	93	47.4
Total	196	100.0

### Job type

	Frequency	Percentage (%)
Manual	73	70.9
Office-based	30	29.1
Total	103	100.0

## Location

	Frequency	Percentage (%)
Benwell and Scotswood	18	9.2
Blakelaw	7	3.6
Byker	6	3.1
Castle	2	1.0
County Durham	3	1.5
Denton	6	3.1
East/West Gosforth	9	4.6
Elswick	9	4.6
Fawdon	4	2.0
Fenham	16	8.2
Gateshead	10	5.1
Kenton	10	5.1
Lemington	5	2.6
Middlesbrough	1	0.5
Newburn	3	1.5
Newcastle	2	1.0
North Tyneside	16	8.2
North/South Heaton	8	4.1
North/South Jesmond	5	2.6
Northumberland	13	6.6
Ouseburn	2	1.0
South Tyneside	5	2.6
Sunderland	2	1.0
Walker	10	5.1
Walkergate	7	3.6
Westerhope	2	1.0
Westgate	10	5.1
Wingrove	2	1.0
Woolsington	3	1.5
Total	196	100.0