World Health Organization
REGIONAL OFFICE FOR Europe

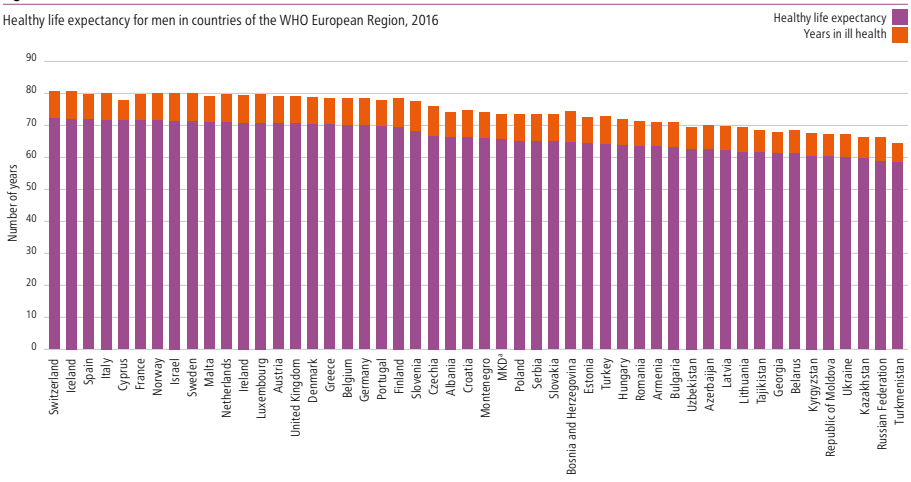
Men's health and well-being in the WHO European Region

Men in the WHO European Region are living healthier and longer lives than ever before, but many still die far too young. The reasons behind this go beyond biology.

Men's behaviours, exposure to risk and health-seeking patterns are influenced by many factors, including the place they live and their employment situation, education, cultural context and social networks. Growing evidence suggests that factors affecting notions of masculinity and femininity and the way gender roles are defined in societies have a massive effect on the health of men and women in the European Region.

Fig. 1.

Healthy life expectancy for men in countries of the WHO European Region, 2016



[a] The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the International Organization for Standardization). *Source:* WHO (2018a).

Background: about the first WHO report on men's health and well-being in the WHO European Region

The report presents a snapshot of evidence on the health issues men face and their underlying social determinants. It focuses particularly on the impact gender norms and stereotypes have on health and examines what health systems can do to understand and address the issue and provide tailored responses. The report also looks at the health impact of gender equality and men's engagement in achieving gender equality goals, and suggests pathways to achieve equality for all in fulfilment of Sustainable Development Goals 3 and 5.

KEY FACTS ON MEN'S HEALTH IN EUROPE

Although men's lives have become longer and healthier, large differences between countries persist. Average male life expectancy at birth ranges from 64.7 to 81.2 years – a difference of almost 17 years among the countries in the Region. Healthy life expectancy (the average number of years lived in good health) also differs widely, ranging from 58.7 to 72.4 years (Fig. 1).

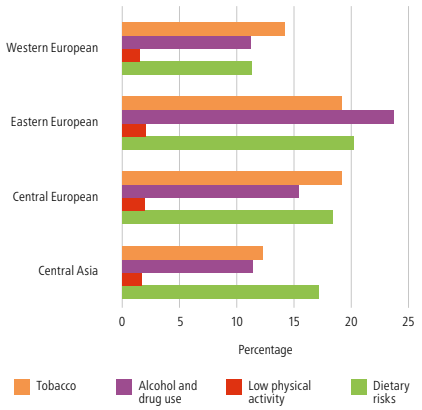
Eighty-six per cent of all male deaths can be attributed to **noncommunicable diseases and injuries.**

- The main killers are cardiovascular diseases (CVDs), cancers, diabetes and respiratory diseases.
- CVDs are the main cause of premature morality (between ages 30 and 70 years) in Europe.
- Injuries are the second leading cause of premature death among men in the Region and the main cause of death for 5–19-year-old boys.

The risk of dying prematurely from CVD is up to seven times higher for men who live in the eastern part of the Region than those in the western part

Fig. 2.

Disease burden due to each of individual behavioural risk factors for men, 2016



Source: Institute for Health Metrics and Evaluation (2018).

MEN'S RISK-TAKING AND HEALTH-SEEKING BEHAVIOUR

Men's risk-taking behaviours and underuse of health services are consistent across many countries, and are linked to socioeconomic factors and norms around masculinities and hegemonic ideals. Across socioeconomic status, men have **unhealthier smoking practices and dietary patterns, heavier alcoholic drinking habits** and **higher rates of injuries and interpersonal violence** than women. Although recent research among young people shows that girls are adopting so-called masculine patterns of alcohol consumption and boys are not necessarily defining their masculinity through risk-taking, pervasive gender norms and roles continue to influence the health and well-being of young people.

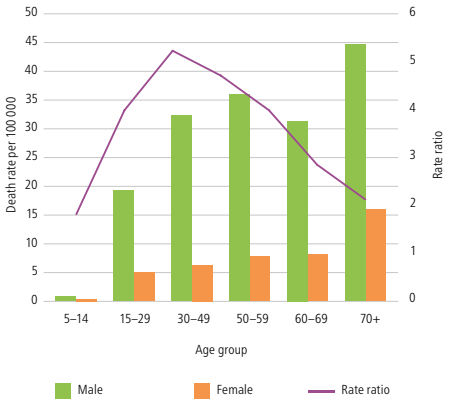
Some key data (Fig. 2)

- Three quarters of all road-traffic deaths occur among young men under the age of 25.
- Smoking is the leading risk factor among men in western and central Europe, attributable to 14.2% and 19.2% of years lost to ill health or death.
- Alcohol and drug use is the leading risk factor for men in eastern Europe, attributable to 23.7% of years lost.
- Nutrition habits are the leading risk factor for men in central Asia, attributable to 17.2% of years lost.
- Raised blood pressure is the leading metabolic risk factor for men's ill health across the WHO European Region (attributable to 14.81% of years lost), and the prevalence is higher than in women.

Suicide rates among 30–49-year-old men are five times higher than among women of the same age

Fig. 3.

Estimated death rates from suicide by age and sex, WHO European Region, 2016



Source: WHO (2018b).

MEN AND HEALTH SERVICES

Men go to their doctor less frequently than women, report better subjective health and less unmet health-care needs, and receive more informal care. Reasons behind these differences are complex; further research is needed to investigate men's health needs and health-seeking behaviour.

Men with raised blood pressure face barriers in accessing the health system. Recent data show that diagnosis, treatment and control of hypertension could be improved in many countries.

MEN AND MENTAL HEALTH

Serious emotional problems and depression symptoms often remain undiagnosed in men. Failure to recognize mental health problems contributes to suicide rates being significantly higher in men (Fig. 3).

WHAT FACTORS INFLUENCE MEN'S HEALTH AND WELL-BEING?

Health studies tend to explain differences in men's health based on their individual behaviour. In recent years, these behavioural explanations have been framed within a wider range of factors that influence health, including the nexus between gender norms and other social determinants of health.

Wealth and education

In countries with **higher income equality**, boys have **lower mortality rates** and better health. Men with **lower levels of education** have **higher mortality rates**, go more frequently to the doctor because of ill health and report higher levels of unmet health needs. Meanwhile, an increasing number of boys across many European countries leave education early and do not undertake other forms of training.

Employment

Traditional norms of masculinity link having a job with men's sense of purpose. Research suggests that the traditional role of the male breadwinner is associated with higher levels of hypertension and an increased rate of smoking. Gender-based job segregation means that some of the health loss for men is linked to work-related accidents and injuries. Long-term unemployment carries serious health risks for men, including depression, use of alcohol and drugs, excess weight gain, increased risk of heart disease and suicide.

Retirement and living arrangements

Post-retirement health and well-being for men is influenced by many factors, including income, social networks and men's capacities to endorse different roles after leaving the labour market. **Retirement** has been linked to changes in men's lifestyles, including lower levels of physical activity, heightened stress and increased tobacco and alcohol consumption. **Care and loneliness** are also important factors for men's health in older age. Older men are less likely to live alone than women, but those who do so may be at higher risk of experiencing loneliness and lack of social contact. Although most unpaid care is provided by women, the proportion of men providing informal care to their spouses increases with age.

Gender equality

Living in a country with gender equality benefits men's health, producing, for example, lower mortality rates, higher well-being, half the chance of being depressed, a higher likelihood of having protected sex, lower suicide rates, and a 40% reduced risk of violent death. Achieving gender equality requires that men be engaged in transforming patterns of care (including self-care, parenting and unpaid care), preventing gender-based violence against women, and improving sexual and reproductive health.

The gap in life expectancy between low- and high-educated men is higher than the gap between low- and high-educated women

Social exclusion and discrimination

Many of the more challenging health issues facing men in the European Region find their roots in the intersection between gender, social exclusion and discrimination. For example:

- most people in prison across Europe are males who come from sections of society with high levels of poor health and social exclusion; men in prison face higher risks of contracting HIV and sexually transmitted infections, and present with higher levels of multidrug-resistant tuberculosis, HIV and hepatitis C;
- **homeless men** experience mental health disorders and substance abuse and are more likely than homeless women to live rough on the streets;
- **sexual minorities** experience higher levels of discrimination both outside and within health-care settings, with negative health impacts; and
- most **unaccompanied refugee and migrant adolescents** arriving in Europe are boys; recent research in one country shows that this group has a **nine-times higher suicide rate** than the same age group in the recipient country.

References

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A fact sheet based on the WHO Europe report *The health and well-being of men in the WHO European Region: better health through a gender approach* | September 2018

All the above activities were fully or partially funded through a grant of the Government of the Russian Federation in the context of the WHO European Office for the Prevention and Control of Noncommunicable Diseases.

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