Men’s Health Issues: “A- to – Z”

A - addictions; anger management; alcohol use; AIDS/HIV
B - baldness; blood pressure
C - cancer; cardiovascular health; caregiver stress; cholesterol; circumcision; condom use; communication skills
D - depression; diabetes, disability; drug use
E - eating disorders; enhancer drugs; erectile dysfunction
F - fertility; fitness; friendships; failure
G - gay men's health needs; grief; gun safety
H - health literacy; hormone replacement therapy
I – incarceration; income; insomnia; insurance
J - “joyless striving:” chasing false ideals and “shoulds” of manhood
K - knowledge: understanding male anatomy & physiology to allow men to better monitor and care for their bodies and health over a lifetime
L - libido: sex drive normally varies with aging, illnesses, stress, medication, etc
M - male "menopause" (andropause); muscle dysmorphia ("reverse anorexia")
N - nutrition
O - occupational health & safety; osteoporosis
P - penile concerns (implants, priapism, Peyronie's Disease); plastic surgery; prostate disorders
Q - "quick action" - men tend to deny, dismiss, deaden, or delay treatment for pain or other abnormalities and injuries
R - relationships: male friendships, intimate partners, and physician-patient
S - safe sex; stress management; sleep apnea; social isolation; suicide; sports (training, safety, first aid); spirituality; scrotal conditions
T - testicular self-examination; testosterone levels
U - UV protection: (outdoors: work & play, & tanning booths)
V - vasectomy; violence: (relationship, workplace, recreational)
W - work-a-holism; workout-a-holism
X – “X” chromosome: genetic factors in male disease
Y - "whY?:" living a self-examined life; question the choices, goals, and rules of manhood you live by.
Zzzz – sleep: (quality and quantity)
MALE HEALTH & WELLNESS - References & Resources (sampling)

Male Health – General

Agency for Health Care Research & Quality, Mar 2002; “Issues in Men’s Health”


Goldberg, Ken. When the Man You Love Won't Take Care of His Health, Golden Books 1998. (or audio tape)

Harvard Men’s Health Watch, 164 Longwood Ave, Boston MA 02115.
www.health.harvard.edu/aboutmens.shtml


Kellogg Foundation. “A Poor Man’s Plight,” Kellogg Foundation; pub#479; 800-819-9997 http://www.wkkf.org


Male Health – Specific


Gray, Ross (2003). Prostate Tales: Men's Experiences with Prostate Cancer, Men's Studies Press


Real, Terrence (1997). I Don't Want to Talk About It: Overcoming the Secret Legacy of Male Depression, Scribner.


Witkin, Georgia. The Male Stress Syndrome, Newmarket Press 1986

Male Health – online

Male Health Institute. www.malehealthcenter.com . Articles/Q & A from 1st men’s health center in the US.

Mayo Clinic - Men’s Health Center www.mayohealth.org [click on “men”]


An extensive compilation (1000s) of references on men’s health and other male issues.

Men's Health Network Advocacy, lobbying organization for legislative reform
PO Box 770 Washington, D.C. 20044. www.menshealthnetwork.org

Also, www.nationalmenshealthweek.com, which promotes National Men's Health Week

National Men’s Resource Center Extensive resource on widely varied men’s concerns. www.menstuff.org

Newspaper archives (e.g.): www.nytimes.com/pages/health/menshealth/index.html

New South Wales Health Department. Moving Forward in Men’s Health. A comprehensive strategic planning policy statement; Publication # (HSP) 980078; NSW: Sydney, AU

Joe Zoske, MS, MSW - Men’s Health Promotion Specialist
c/o Siena College 515 Loudon Rd Loudonville NY 12211
518-783-4123 518-782-6499 (fax) jzoske@siena.edu
[Note: listing is updated regularly; but internet addresses may change, and books may become out-of-print.]
## Male Health Promotion Strategies

<table>
<thead>
<tr>
<th>Don’t</th>
<th>Do</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treat men and women the same</td>
<td>Conduct gender-specific needs assessments</td>
<td>Perform male-specific data analysis (quantitative), and conduct male-specific focus groups and surveys (qualitative).</td>
</tr>
<tr>
<td>Scare men</td>
<td>Challenge them</td>
<td>Fear-based motivations for significant and lasting behavior change are not very effective, and even less so with men. They are socialized to not admit or reveal fear - privately or publicly.</td>
</tr>
<tr>
<td>Just ask men to go to health care</td>
<td>Take health care to men</td>
<td>Go to where men are: &quot;Work&quot; (partner with: health/wellness depts, EAPs, unions, trade groups, etc); “Play” (fitness clubs, union halls, diners, etc); “Community” (parishes, barber shops, men’s service clubs, etc)</td>
</tr>
<tr>
<td>Shame/blame men for their harmful health practices</td>
<td>Affirm masculine values (privacy, control, self-reliance, toughness, competition), while offering new information they lack</td>
<td>Risky male health behavior is often the same that validates them as men. They can’t easily consider trading manhood for health. Be patient in expecting men to change. Personal psychology and culture are very strong forces.</td>
</tr>
<tr>
<td>Just focus upon distant disease prevention or life expectancy as primary motivators</td>
<td>Emphasize performance in the here-and-now</td>
<td>Male esteem is based upon the capacity to perform, to succeed (at work, at play, at home, in bed, etc)...today, not in the future.</td>
</tr>
<tr>
<td>Assume men are knowledgeable about their bodies</td>
<td>Regularly teach basics of male anatomy &amp; physiology</td>
<td>Males are raised with little emphasis on health literacy. They relate to their bodies from the outside (size/strength vs function).</td>
</tr>
<tr>
<td>Stick to a bio-medical model</td>
<td>Use a “whole man” approach that emphasizes male quality of life</td>
<td>Men’s mental, emotional, and spiritual needs are also under-served. Seek their help in designing masculine-compatible health programs.</td>
</tr>
<tr>
<td>Treat all men alike</td>
<td>Customize program messages to specific male sub-groups</td>
<td>Male diversity = urban, rural, gay, bi, straight, boys, teens, adults, elders, farmers, office workers, immigrants, athletes, tradesmen, disabled, racial minorities, varied interest groups, etc. Each has its own elements of: language, customs, values, beliefs, stories, history, and expectations.</td>
</tr>
</tbody>
</table>

© J Zoske, 2009