



Improving male health for the next generation



Findings from NCB's survey for men

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Acknowledgements

This report would not have been possible without the generosity of the men who filled in the survey, providing a unique insight into an area that men can find difficult to talk about.

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Executive Summary

This report presents responses to a National Children's Bureau survey on men's approaches to getting help and advice on health issues, and what men think might help to improve health outcomes for the next generation. Between July and December 2014, 138 men aged 16 and over took the survey. A broad body of evidence shows that men's long-term health outcomes are worse than women's for most health conditions that should affect both sexes equally. Contributing factors identified by research include poorer health literacy in men than women, prevalent attitudes to men's health, and male reluctance to seek timely help. If these factors are to be addressed for future generations, this needs to begin with boys and young men, yet little is known about the developing health-related knowledge, attitudes and behaviours of this generation, or their needs. Hearing from now adult men about their own experiences is an important first step to better understanding how future health outcomes can be improved for boys and young men.

We were taught to be quiet and cope alone; sort things out yourself.

The key issues

- Male reluctance to access health services for emotional or psychological issues is concerning, with 18 per cent of survey respondents saying they would avoid seeking help at almost any cost, and a further 42 per cent only likely to do so as a result of somebody else's concern. Men aged 25-39 reported the least willingness to seek help for mental health issues, followed by men aged 16-24.
- Fewer than a third of respondents would act early of their own accord after noticing a physical change or symptom that is out of the ordinary for them, and only one in five would proactively engage with check-ups and screenings. On the other hand, half of men would act early if a physical symptom hampers their daily functioning, and this figure rises to two thirds if functioning is impaired by an accident or injury. This suggests a risky tendency amongst men to disregard their health needs until symptoms become too obvious or severe to ignore.
- When asked what changes men think might help boys and young men to grow up feeling more able to acknowledge illness and get advice or treatment for health issues, men placed a heavy emphasis on social and cultural factors. They called for some change or significant change in how boys and men talk about health amongst peers (93 per cent), social expectations of men and women (91 per cent), role models (81 per cent) and family attitudes and communication around health (80 per cent).
- 81 per cent of men surveyed felt that some change or significant change was needed in the ages at which all males are routinely offered services such as screening tests.
- Young men who are confident in their knowledge of how to navigate health systems appear more ready to use health services than those with a lower level of self-reported knowledge.

What next?

This report makes a number of recommendations, including:

- Further research and consultation with boys and young men on how ever-changing social and cultural factors affect their health-related attitudes and behaviours; how they engage with information; and their confidence about accessing health services
- Learning more about what messages would help boys and young men to take care of their own health, and raising awareness amongst parents/carers, teachers, health professionals and wider society of the need to promote these messages
- Supporting public services to respond to boys' and men's health needs through leadership by health bodies and support for frontline practitioners
- Involving boys and young men in the development of health services and information, and seeking feedback from them
- Generating and publicising relevant gender-disaggregated data on health outcomes and behaviours, and on patient experience
- Ensuring that Personal, Social, Health and Economic Education (PSHE) addresses boys' needs for information and support around staying healthy and seeking timely help.

The findings from this NCB survey highlight important issues for men, and further exploration is needed to understand how these issues are likely to impact on the current generation of boys and young men. There is strong potential for such investigation to lead to concrete ways in which the future health of boys and young men can be invested in early on. These may include involving boys and young men in developing accessible, engaging health information, and making clear recommendations for health and education policy and practice, and beyond.

Introduction

This report presents the findings from a survey conducted by the National Children's Bureau, which explored men's readiness to access health services. The survey aimed to gather information on the approaches men take to getting help and advice on health issues, and how they think these approaches might have been formed, as well as their ideas about what might help to improve health outcomes for the next generation of men.

Between July and December 2014, NCB received 138 responses from men aged 16 and over living in England.

Rationale for the survey

Across Europe, men are at higher risk of premature death from most of the health conditions that should affect men and women equally. They are also at increased risk of suicide compared to women (White 2011): amongst 20-24 year olds there are five male suicides for each female suicide. Men have been found to have poorer health literacy than women, be more likely to engage in behaviours that pose a risk to health and less likely to acknowledge health issues (Men's Health Forum). For some health conditions, they are more likely to delay seeking medical help than women (Lyratzopoulos et al 2012 and Mcleod et al 2009). In light of this, it is not surprising that men tend to under-utilise professional health care services including health promotion and preventative programmes.

Professor Colin Cooper, Head of the Everyman Centre, Europe's first research centre dedicated to male cancer, suggests an explanation: "Historically women have always been the custodians of health in the family" he says. "They have cervical screening and breast screening and they take the kids to the GP. But men don't do any of that and tend to be much more reluctant to go when they have symptoms" (Geoghegan 2009).

Addis and Mahalik (2003) link male gender roles that characterise men as independent and in control, to men's perception that seeking medical help involves a risk of losing control and self-esteem, and an admission that they cannot sort the problem out on their own. Vogel et al (2007) stated, 'If a man feels a need to ask for help, there may be an increased feeling of failure, thus making the act of asking for help particularly difficult.' The lack of a proactive, preventative approach to health, ill health and disease could be contributing to the rates of premature mortality in men.

Turning the clock back, it is parents/carers who are responsible for ensuring children's health and wellbeing needs are met, including seeking appropriate and timely medical help. During childhood, parental approaches, cultural factors and social context will be forming and influencing boys' attitudes to health. Despite this, there is a dearth of evidence about how men's self-management of their physical and mental health is informed by early experiences. Such evidence, plus examination of how health-related attitudes and behaviours are forming in today's boys and young men, is needed to enable the disparity in health outcomes between men and women to be addressed more effectively for future generations.

Shimmin (2009) states that, 'Growing up, boys encounter what William Pollack termed the "Boy Code"—a set of expectations about how boys and men should think, feel and act: "be tough," "don't cry," "go it alone," and "don't show any emotion except for anger."' Men's reluctance to seek help to address their health needs seems to correlate with these findings.

The barriers men report to seeking timely help for health issues are concerning in terms of the potential resulting human and economic costs. Also, health services are required to take gender-related disparities in health needs and outcomes into account as part of the public sector equality duty introduced by the Equality Act 2010.

Through a survey for men, NCB sought to identify the factors, influences and thinking behind men's attitudes to health, and identify learning that could help to protect and promote the health of the next generation more effectively.

Analysis of findings by theme

Young men’s knowledge of how to use health services and preferred sources of health information or advice

Men aged 16-24 were presented with a list of sources of health information or advice, asked to select up to four of their preferred sources, and invited to give details of any others not suggested. They were also asked to rate their own level of knowledge about how to use health services.

Figure 1 shows the distribution of 59 ‘votes’ for preferred sources by the 19 young men who answered these questions. Each ‘vote’ is shaded according to the respondent’s level of self-reported knowledge about how to use health services, so the darker the column, the more well-informed the men who chose that source feel.

Figure 1: Where do men aged 16-24 prefer to access health information or advice, and is this linked to self-reported knowledge of how to use services?

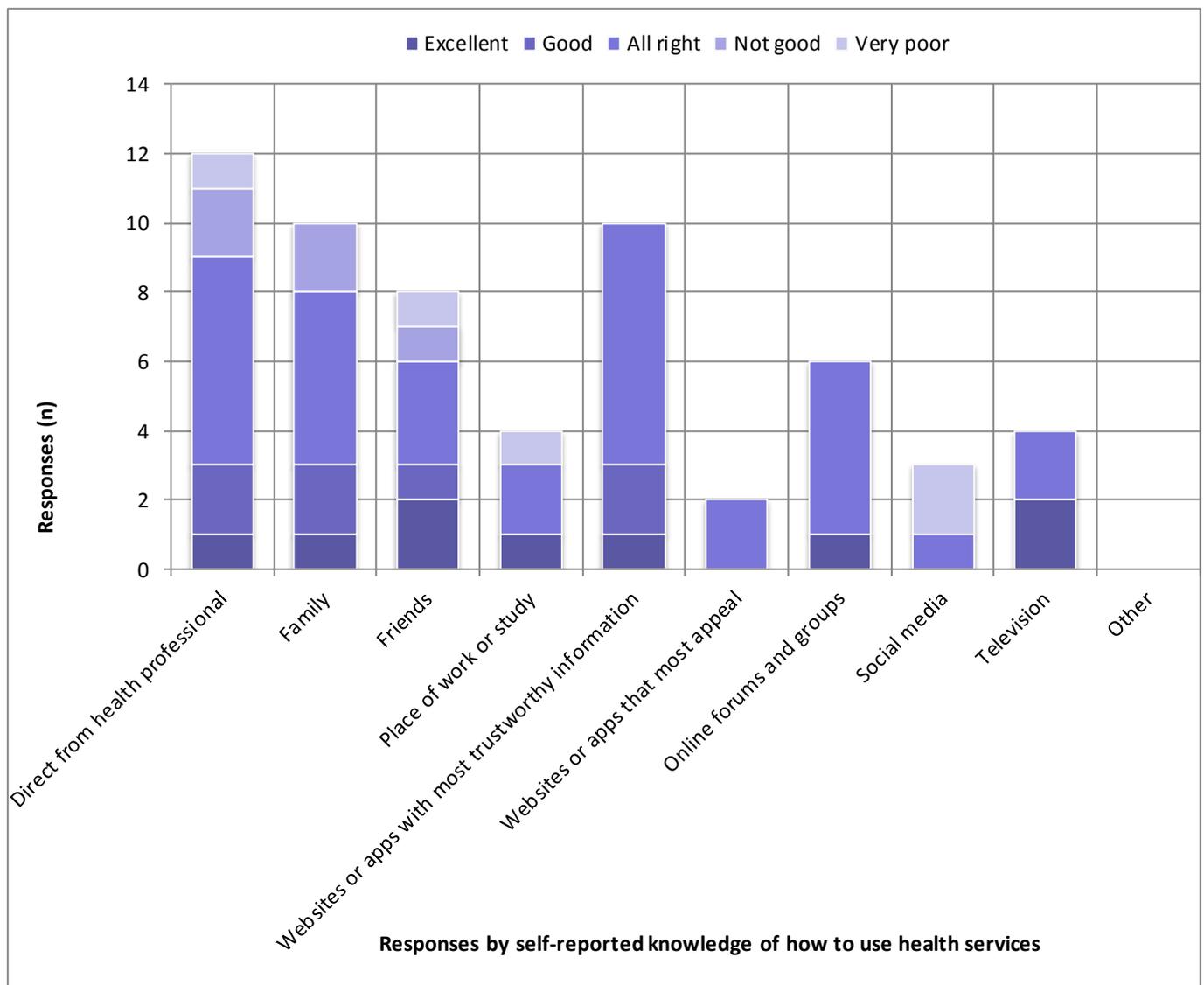


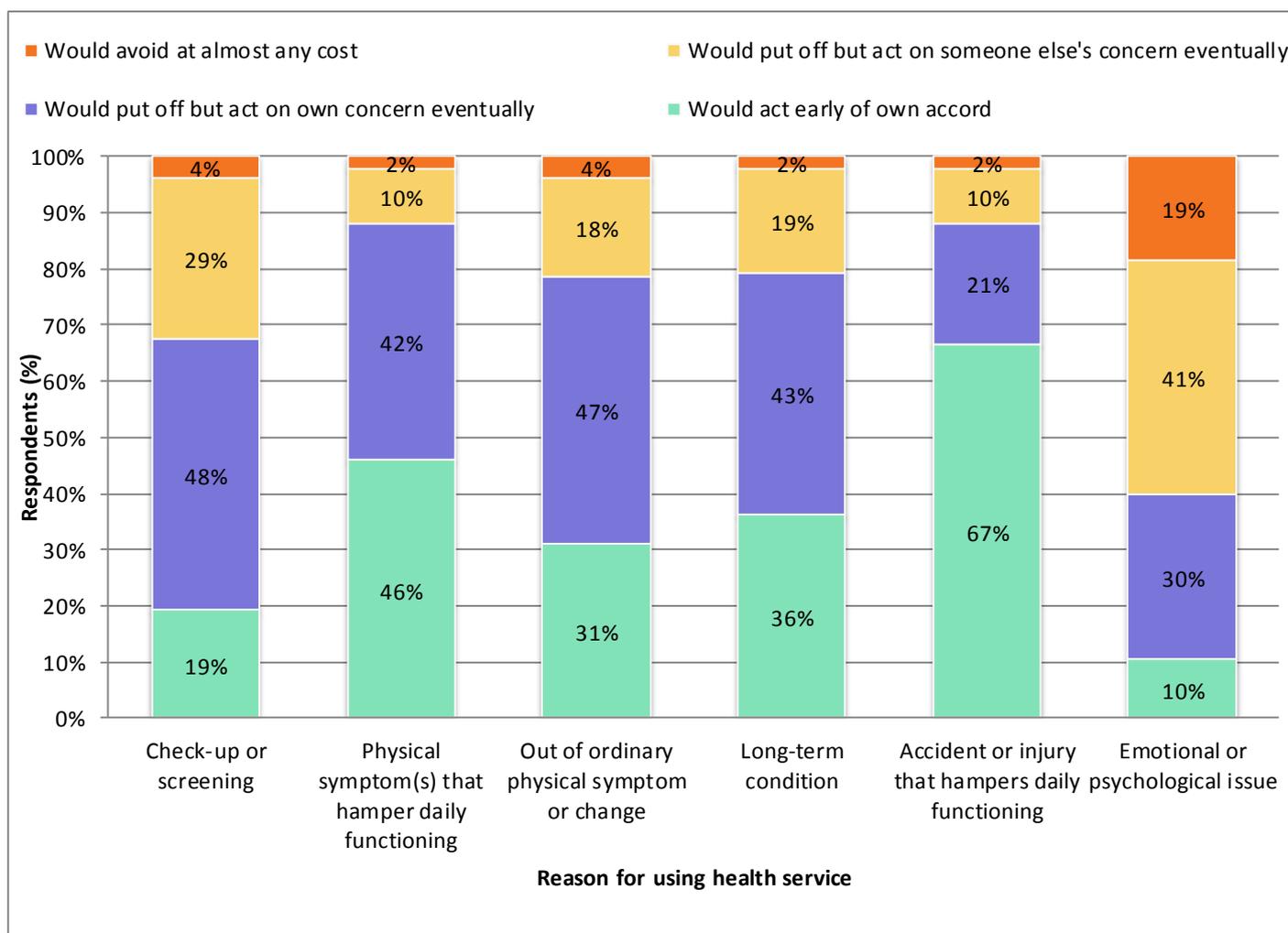
Figure 1 shows that, for these young men, there is no substitute for human interaction from professionals, and that only websites selected on the basis of their trustworthiness can rival family and friends when it comes to getting health information and advice. However, the levels of reluctance to access health services reported by young men suggest that even accurate information and sound advice may not always be delivered, understood or retained coherently, or acted upon.

It is worth noting that one simple question answered by a small group of individuals cannot uncover the complex ways in which people engage with the vast range of information available. For example, how much of the information and advice young men that report getting through TV and digital media is actively sought out and how much do individuals come across incidentally? These respondents clearly filter online information for trustworthiness, but what criteria do they use? Young men's engagement with information, and confidence in their knowledge of health systems and services, merits more detailed investigation.

Men's readiness to use health services

The most striking finding from men about their readiness to access different health services (Figure 2) is their reluctance to seek help with emotional or psychological issues. Whilst individuals' interpretations of 'early' will vary and possibly depend on the nature of a particular mental health issue, it is alarming that only two fifths of the men would seek help of their own accord. Almost one in five would avoid seeking help at almost any cost.

Figure 2: How readily would men of all ages use health services for different reasons?



Several men commented on why they would avoid seeking help from health services for emotional or psychological issues:

I'm sure [my GP] would be sympathetic though unsure as to how helpful he might be? Medication isn't always the answer.

It is about recognising the problem rather than avoiding it. At what stage does 'feeling down' become depression?

With regards to emotional or psychological issues I would normally resolve this with close friends.

Of the men who answered that they would act early of their own accord, two, aged 40-54 and 16-24, commented on their personal experiences of mental health issues:

I am very conscious of my physical and emotional health and so would not hesitate in seeking help through my GP. I have had really bad GPs in the past who don't even look you in the eye when talking to you, and I was describing about my disturbed sleep and increased low mood due to a recent relationship breakdown. I find this a huge barrier to men seeking support for this type of problem. Needless to say I did not return to her surgery.

Have had mental problems, encourage other men to see GPs. Suicide amongst men in their 20s is too high.

A key driver for men in deciding to access healthcare of their own accord appears to be the impact of a health issue upon their daily functioning. Two-thirds of respondents would act early of their own accord after an accident or injury that hampers their daily functioning; 46 per cent would do so if their daily functioning were hampered by one or more other physical symptoms. This figure is only 19 per cent for check-ups or screening. . Although some screening tests may be sought in response to symptoms (e.g. sexual health screening), this disparity suggests that the general approach taken by many men is to wait until a health issue makes a marked impact on their daily life before seeking help.

One comment highlighted some men's willingness to take risks with their health or bury their head in the sand.

Speaking from experience having on three occasions put off potentially life threatening symptoms on the grounds that they only happen to other people (and I'm a health care worker!)

Others gave some insight into how loved ones, professionals and role models can influence men to access healthcare. It would be interesting to explore whether influencers are most often male or female.

Having a long term girlfriend/now wife has made me go to see the doctors more than if I was single. Also now in our thirties, we are a bit more open and the bashfulness has gone from talking about weird bits of the body!

My wife is a doctor, so discussion of health comes up quite a lot. My younger sister had diabetes, and my parents have both been in for screening of various things, and it was openly discussed within the family. I think that had quite a significant impact on how I view these things.

My readiness to seek health advice seems to be based on the influence of my friends, family and partners. The influence of these people has generally been positive and encouraging, although my mum has always had a fear of the dentist and this may explain why I don't go as often as I should! Generally, I think that males are more likely to act on health concerns if they have support and encouragement from peers.

In my opinion, men do not have an innate sense of 'worth' when seeking health advice [...] They need to stay healthy to take care of their spouses and families, but men will put up with other problems if they think they are the only ones affected.

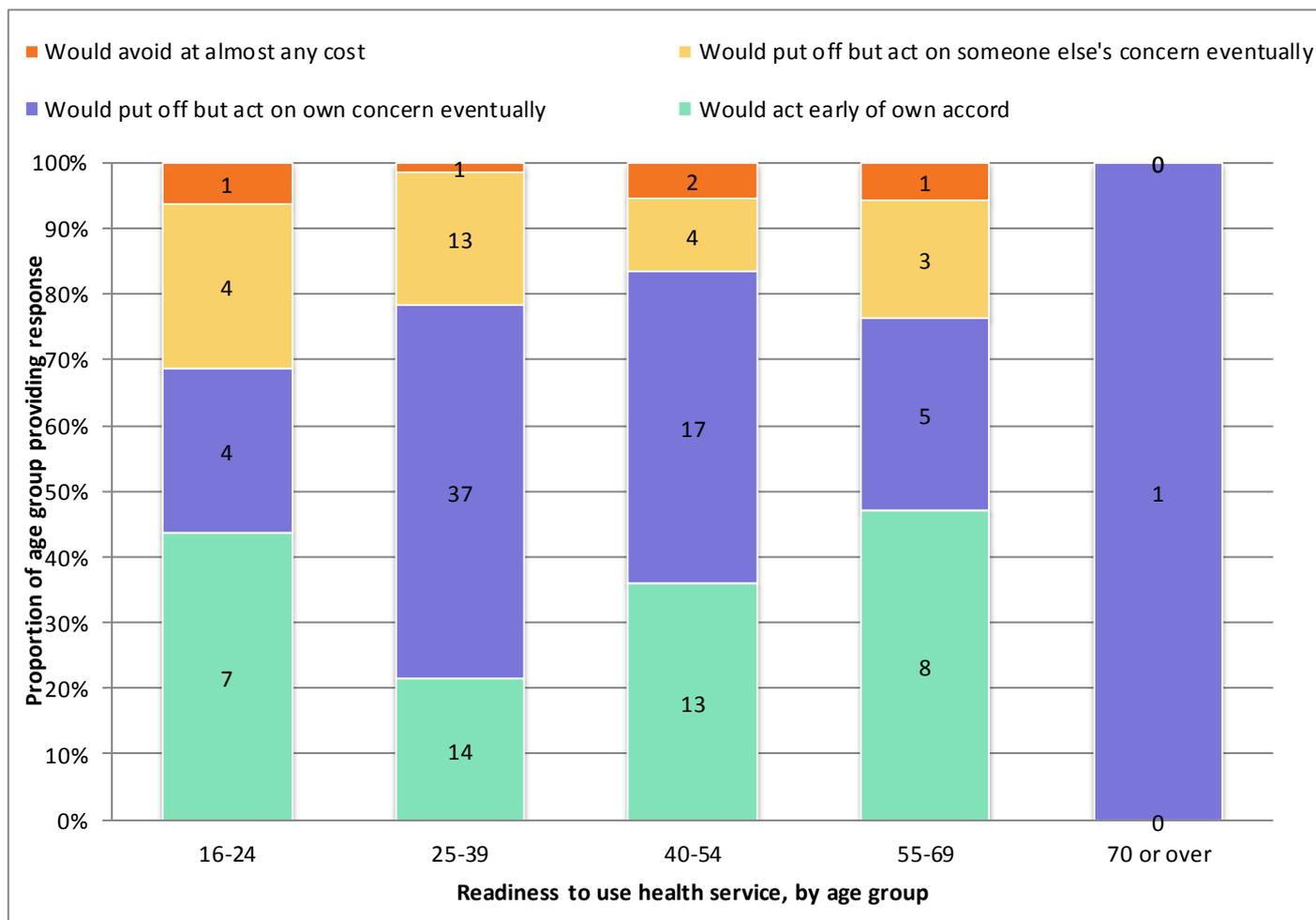
Men's readiness to use health services by age

Men's self-reported readiness to use health services varied by age to a greater or lesser extent depending on the nature of the health needs. The charts below show the health needs for which these age differences were most pronounced or interesting. The *proportion* of men from each age group who gave each answer is shown for the purposes of comparison, but it is important to bear in mind the differences in *numbers* of respondents, which are labelled on each chart (on their respective bars). For example, one man aged over 70 participated in the survey compared with 65 aged 25-39.

Younger men were more likely than older men to say they would delay check-ups or screenings. However, it is still worth noting that only 16 of 54 respondents aged over 40 (the age at which men currently become eligible for a free NHS Health Check) would 'act early of their own accord.'

For physical symptoms or changes that are out of the ordinary for individuals (Figure 3), the 25-39 year old men were the age group least likely to act early of their own accord but the most likely to 'put off but act on own concern eventually' (discounting the 70+ category due to sample size). Men aged 16-24 and 55-60 were more polarised in their approaches, with higher proportions saying that they would act early of their own accord and saying that they would avoid seeking help at almost any cost. Given the small sample size of men aged 16-24, it is not possible to draw clear conclusions from this age group. However, between 25 and 69, men seem increasingly willing to get uncharacteristic physical symptoms or changes checked out.

Figure 3: How readily would men of different ages use health services in response to a physical symptom or change that is out of the ordinary for them?



Some younger men, like this respondent aged 25-39, may have been put off seeking healthcare by previous experiences:

Being of good general health makes it difficult to be taken seriously/given medication for flu or mild infections.

The view that men's health is often not taken seriously was expressed by another respondent:

The Myth of Man Flu - when a man is ill, it is generally dismissed as man-flu i.e. not real flu, just a few melodramatic snuffles. Three contemporaries of mine passed away recently from perfectly preventable conditions because they didn't seek help when they needed it and continued to neglect their health.

When it comes to accidents or injuries that hamper men's daily functioning, Figure 4 shows that men report greater willingness to act early of their own accord as they get older. This may reflect a feeling of invincibility commonly associated with adolescents and young adults, which neuroscientists have been exploring and debating in recent years (e.g. Casey et al 2008, Steinberg 2008, and Persoskie 2013).

Figure 4: How readily would men of different ages use health services after accidents or injuries that hamper their daily functioning?

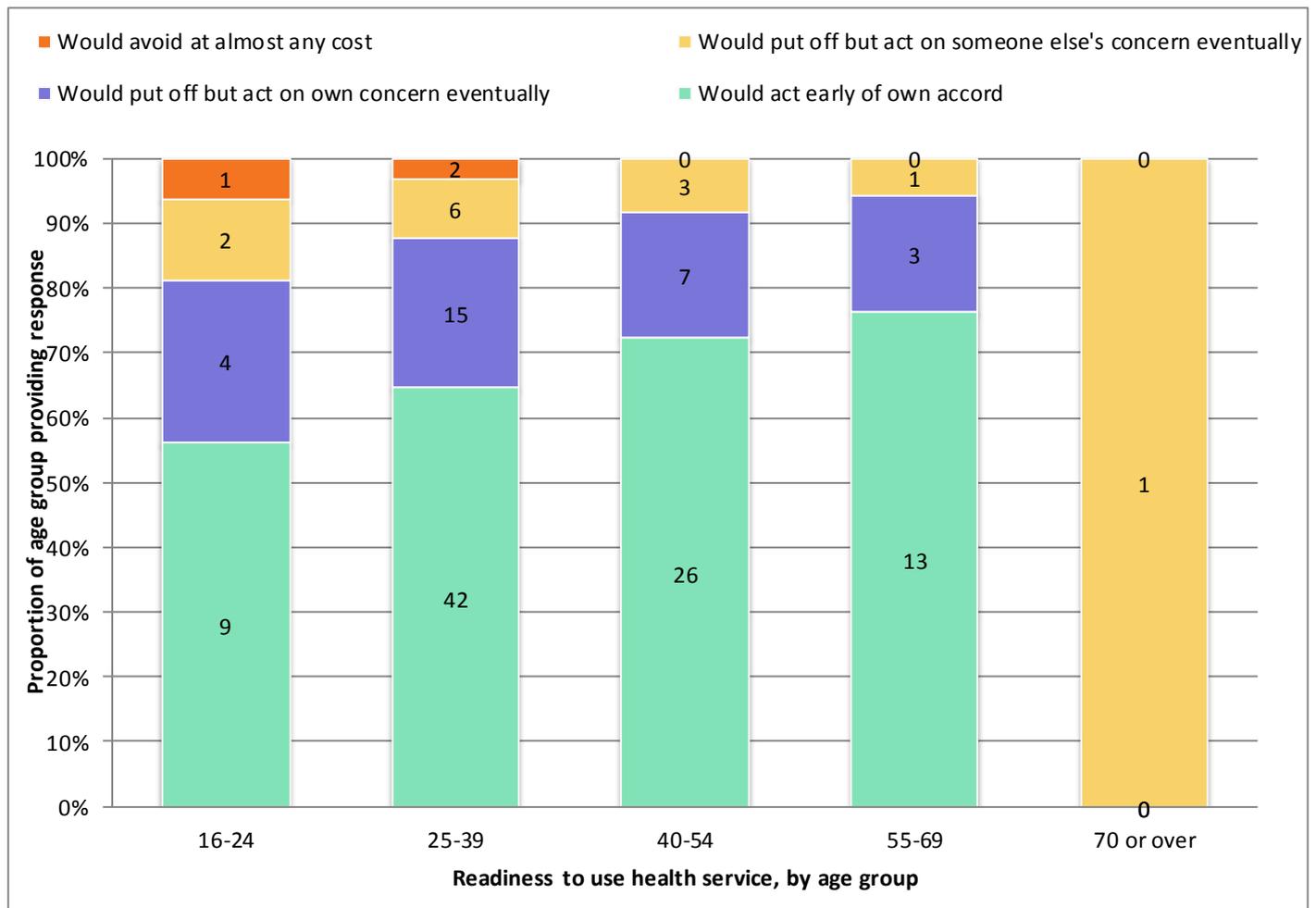
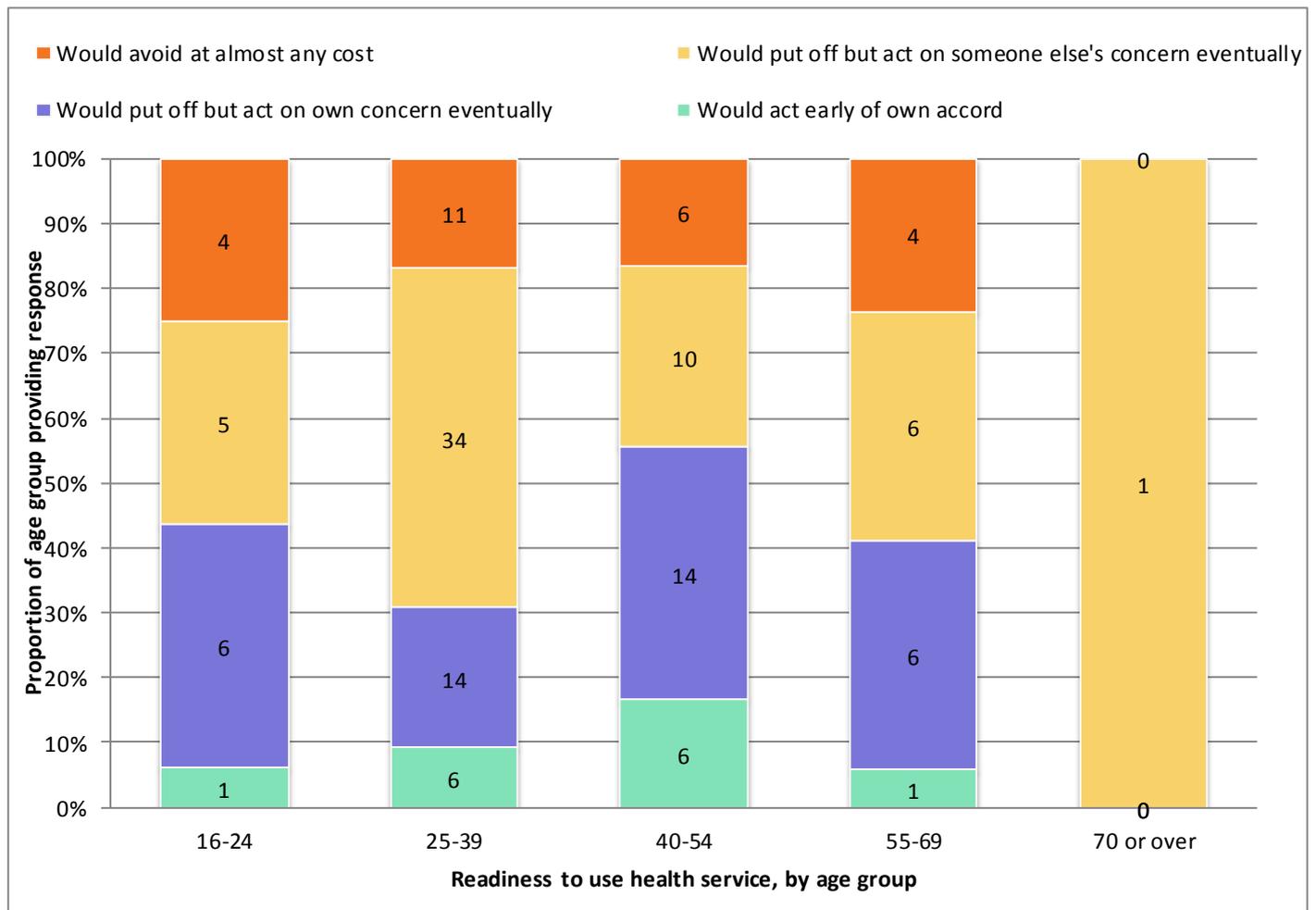


Figure 5 suggests that levels of extreme aversion to using health services to address emotional or psychological issues ('would avoid at almost any cost') are reasonably consistent across age groups. Except for the one respondent aged over 70, the proportion of men in each age group who would avoid using health services for emotional or psychological issues was between 17 and 25 per cent, with the youngest age group and the 55-69s showing aversion most frequently. Over half of men in the 25-39 bracket 'would put off but act on someone else's concern eventually'. Age differences bear further examination given the significant shifts in social and cultural attitudes towards both mental health and gender over the previous century; the possible influences of maturity and ageing on individual attitudes; and inevitable variations in how individuals understand and define emotional or psychological issues.

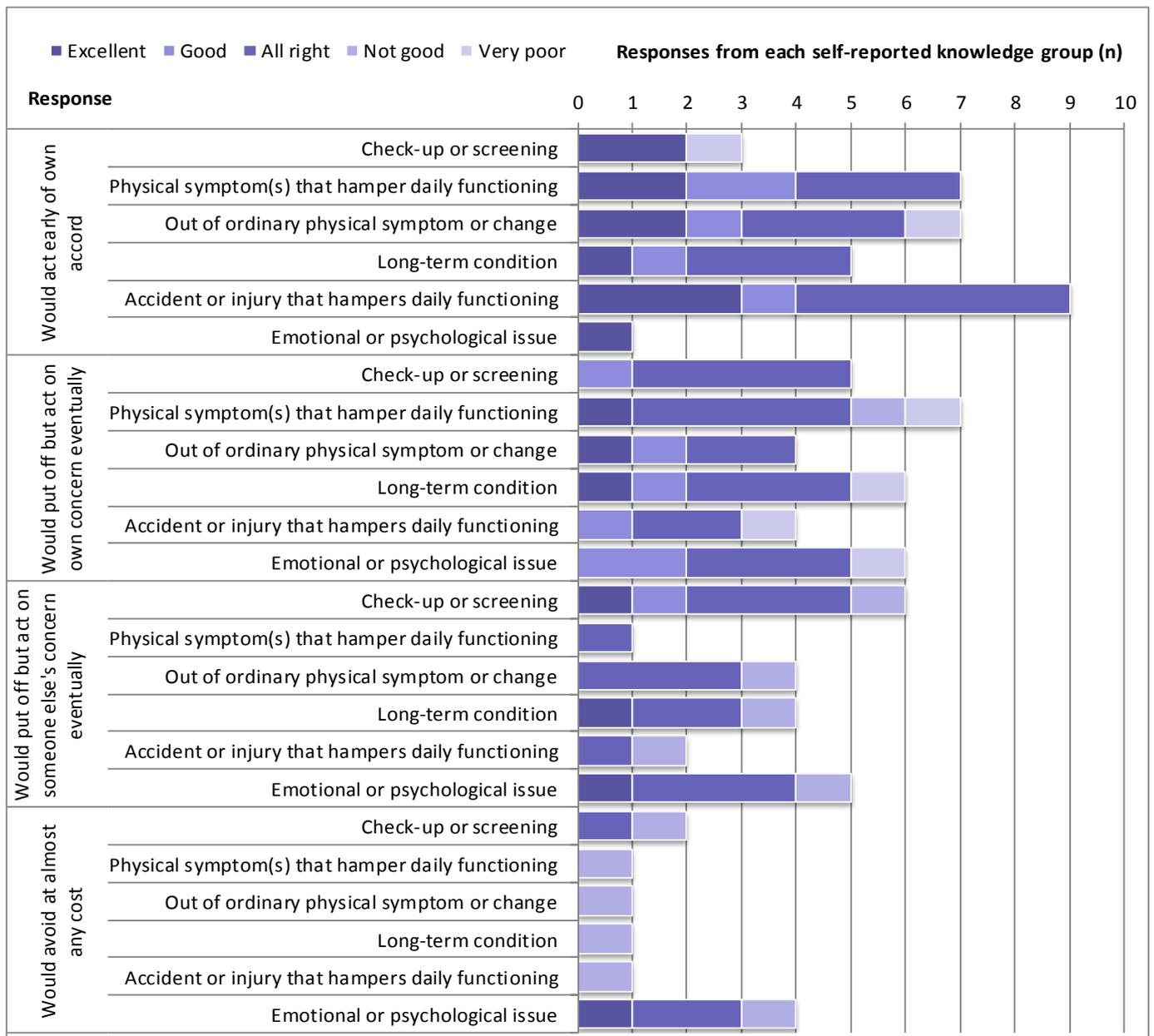
Figure 5: How readily would men of different ages use health services to address emotional or psychological issues?



We asked younger men (aged 16-24) to assess their own knowledge of how to use health services, and explored their readiness to access services for different reasons in the context of this self-reported knowledge.

As Figure 6 shows, where young men have said they would act early of their own accord about a health issue from any of the categories, they are disproportionately likely to also report above average knowledge of how to use health services. The opposite is true for those who would avoid seeking help at any cost. Confidence in one’s knowledge of how to navigate health systems does appear to be connected to readiness to use health services for these young men.

Figure 6: Does the readiness of men aged 16-24 to use health services vary depending on their self-reported knowledge of how to use services?



Is reluctance to use health services for emotional or psychological issues an indicator of more general reluctance to access healthcare?

We wanted to explore whether men of any age who were most resistant to seeking help from health services for emotional and psychological issues also expressed reluctance to use health services for other reasons. For this purpose, we focused on the two possible survey answers reflecting the least readiness to access healthcare:

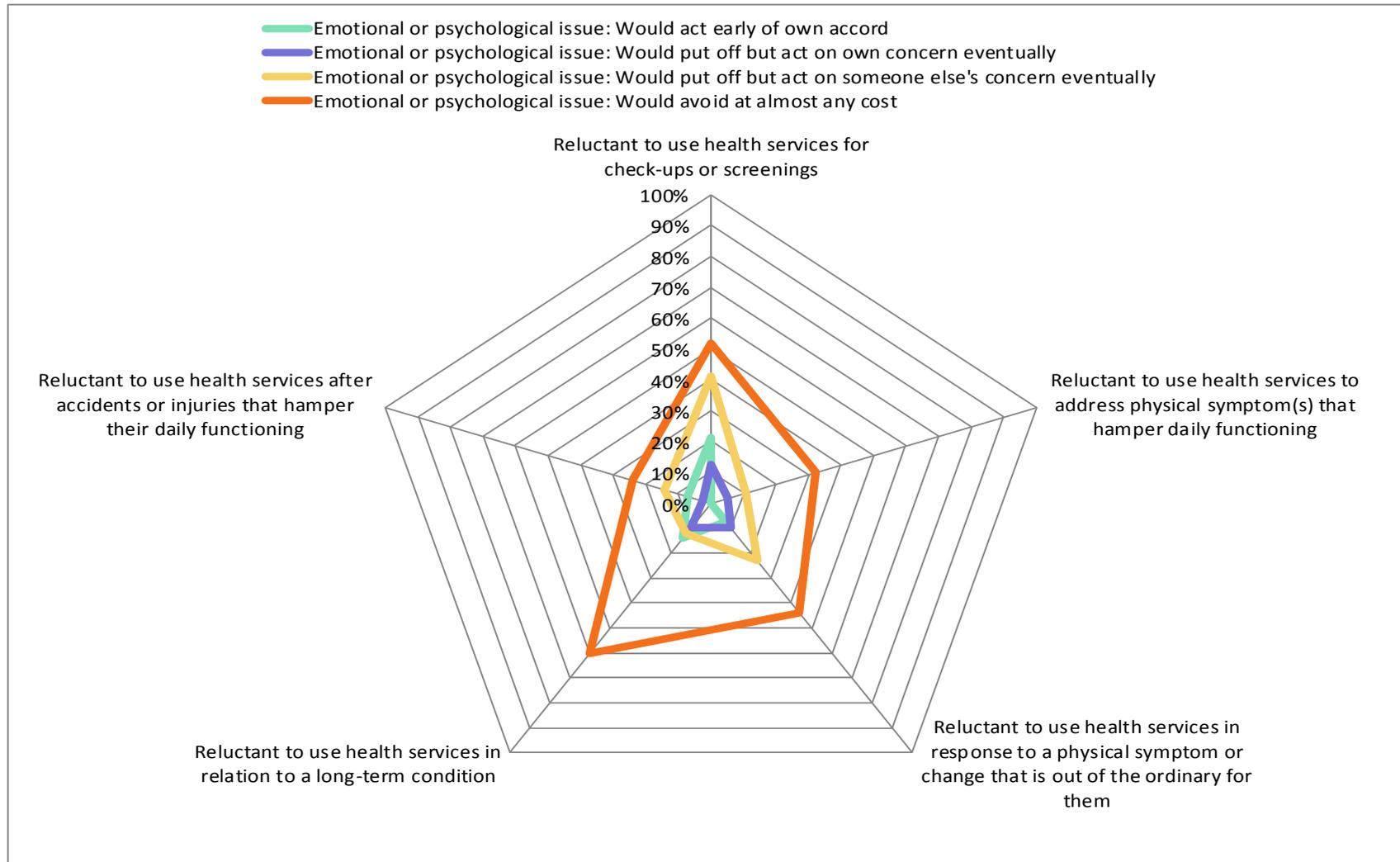
- ‘Would put off for a period, but someone else’s concern would prompt me to seek help eventually’ and
- ‘Would avoid at almost any cost’.

Figure 7 shows men’s ‘reluctance’ (i.e. where men have provided either one of the answers above) to use services for different reasons, classified in terms of their willingness to use health services in relation to emotional and psychological issues.

Given that seeking help seems more difficult for emotional or psychological issues than for physical health problems (Figure 2), it is unsurprising that men who feel able to act early of their own accord in relation to emotional and psychological issues consistently express the same proactive approach for physical health issues. However, it should not be assumed that reluctance to access healthcare to address mental health needs would automatically suggest a broader reluctance to use health services – yet Figure 7 appears to show that this is the case. The correlation is particularly pronounced in relation to long-term health conditions. Of the 25 men who said they would avoid using services for emotional or psychological issues at almost any cost, 12 reported that only somebody else’s concern would prompt them to seek help for a long-term condition and 3 would avoid doing so at almost any cost.

As explained above, the ‘reluctance’ illustrated by Figure 7 combines two possible survey answers. There were 19 instances in which men gave the answer indicating the most extreme resistance to seeking help (‘avoid at almost any cost’) for a given *physical* health issue (including check-up or screening). These answers came from ten individuals, seven of whom were amongst the 25 men who would avoid using health services for emotional or psychological issues at almost any cost, and three of whom would delay doing so until prompted by somebody else’s concern. This suggests a link in the strength of reluctance as well as the frequency with which men who avoid seeking help for physical health matters also avoid doing so for mental health needs. Two men said they would avoid accessing health services at almost any cost for any reason at all.

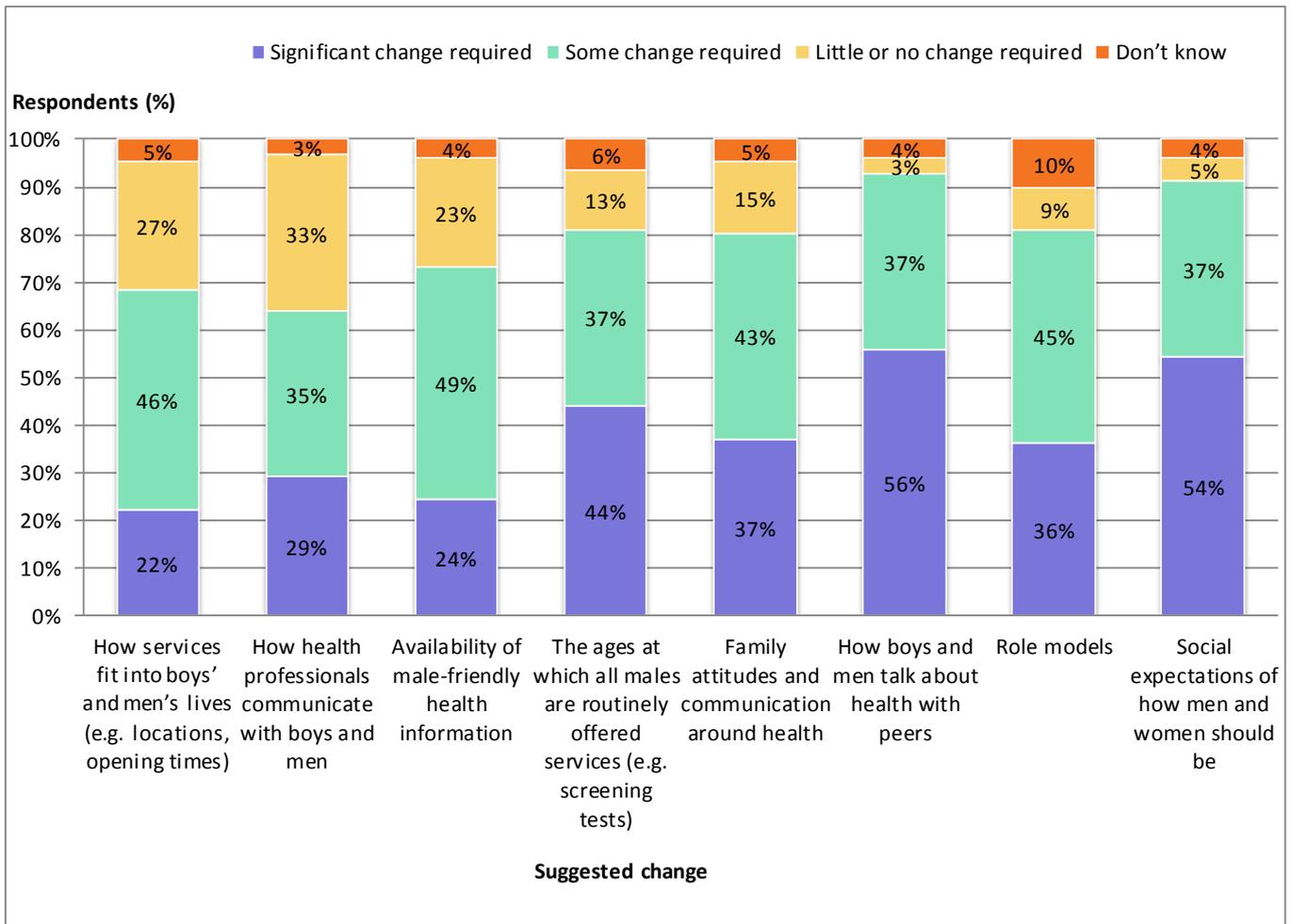
Figure 7: Men's readiness to use health services to address emotional or psychological issues in relation to reluctance to use health services for other reasons (All ages)



'Reluctant' is defined as having answered 'Would avoid at almost any cost' or 'Would put off for a period, but someone else's concern would prompt me to seek help eventually' when asked how readily they would use health services for particular reasons.

What needs to change for the next generation?

Figure 8: What changes do men of all ages think might help boys and young men to grow up feeling more able to acknowledge illness and get advice or treatment for health issues?



When asked what changes men felt would help enable boys and young men to address their health needs effectively in the future, survey respondents most clearly identified social factors as areas for significant change (Figure 8). Of 127 men who answered this question, 71 said that how boys and men talk about health with peers needed to change significantly, and 69 wanted to see significant change in social expectations of how men and women should be. Notably, only four of 127 men felt that little or no change was needed in how health is talked about amongst males, and only six were satisfied that social expectations required little or no change. Family attitudes and communication were deemed to need significant change by over a third of respondents, as were role models. Men felt less strongly that health services, professionals and information needed to change; however, four fifths wanted to see at least some change in the ages at which all males are routinely offered services such as screening tests. It is possible, in the context of the survey results, that many men's feedback on the factors associated with healthcare delivery is informed by very limited experience of using services.

The head in the sand attitude of men regarding their health [...] extends into families and is mirrored by healthcare professionals to an extent.

I guess the idea has always been that men should just 'man up' (a putrid phrase), be stoic and get on with it, whatever their age, but that's a problem with society that health services can't solve on their own. I think there's a big problem, not just in the UK but in the West in general, about what is expected of men and who their role models are.

The accompanying emotional feelings around health problems, anxiety, fear, 'not wishing to burden/worry family' etc. prevent full and frank discussion. Men often lack the support network available (actively and passively) to women. Isolation (social) can be an enormous factor for men.

However, some comments reflected a view that individuals are able to take responsibility for their own health but choose not to.

I don't believe that at this point in time family attitudes nor social expectations are factors. By nature, speaking for myself and those I know, men are a little more flippant and lazy when it comes to health issues. And tend to hope that the problems will fix at their own accord.

The suffering has to be worse than the time / attention I give it.

A few individuals highlighted mistrust for doctors, the health system and industry as a barrier to men's health needs being met.

Corruption of food industry and politicians goes a long way as to causing distrust in doctors as well as the over prescription and poor health advice given by doctors.

I wouldn't really want to medicate to resolve a problem like [depression] – which I'm reasonably sure is what the GP would give me if I went to see him/her.

Others commented on the accessibility and suitability of health services and information for men.

I work in Public Health and there is a limited amount of male friendly literature and resources targeting men.

From a personal point of view, having access to specialists is the key thing. It takes me sometimes 3 weeks to get an appointment at a doctors, by which time I either can't be bothered, or it gets so bad I go to hospital.

One person suggested that the portrayal of health services and professionals in the media and popular culture can be unhelpful.

Image of medical profession, it is all or nothing from carry on style to over serious dramas. I think the media distorts a true experience of illness and treatment.

It is possible that men who were inclined to complete a survey of this nature are more likely than the general male population to be dissatisfied with social attitudes and communication around male health. Nevertheless, the serious need for change illustrated by these findings is alarming.

The areas in which men of different ages would like to see change

There are some interesting differences between men of different ages in the changes they believe might help boys and young men to grow up feeling able to acknowledge health issues and get timely advice and/or treatment. It is important to remember that responses will vary in terms of individuals' frames of reference. For example, one person might imagine changes to be implemented now that would benefit boys and young men in the present, whilst another may be considering changes further into the future. It is also possible that some men will have based their answers purely on their own experiences, regardless of their current age, and that some will be more familiar than others with the needs and perspectives of today's boys and young men.

The perceived need for change in how health services fit around boys' and young men's lives consistently increased across each age group, with 41 per cent of men aged 55-69 answering 'Significant change required', compared with 13 per cent aged 16-24.

Maybe mobile clinics visiting large factories or building sites may make it more accessible for men who work long hours or night shifts and don't have the time to visit the doctors during regular opening hours.

Having access to facilities outside of working hours would encourage more men ... Regular check ups and acting early can often be put off due to working demands.

For both health professionals' communication (Figure 9) and the availability of male-friendly health information (Figure 10), we can see that 25-39 year olds generally perceive the least need for change. After that, the perceived need for change in professionals' communication increases across the 40-54 and 55-69 age groups. In part, these findings probably reflect older men's greater experience of accessing healthcare. The greater desire for change in professionals' communication and available information expressed by 16-24 year old men compared with those aged 25-39 may be linked to the need for services and information to be more 'young people friendly' (Department of Health, 2011), but merits further exploration.

More information needs to be given to all cultures in our communities and the medical profession to have a greater listening ear and to lose the image that men are macho and are not wimps. This is greatly far from the truth.

Figure 9: Do men think that how health professionals communicate needs to change for the future benefit of today's boys and young men? (By age group)

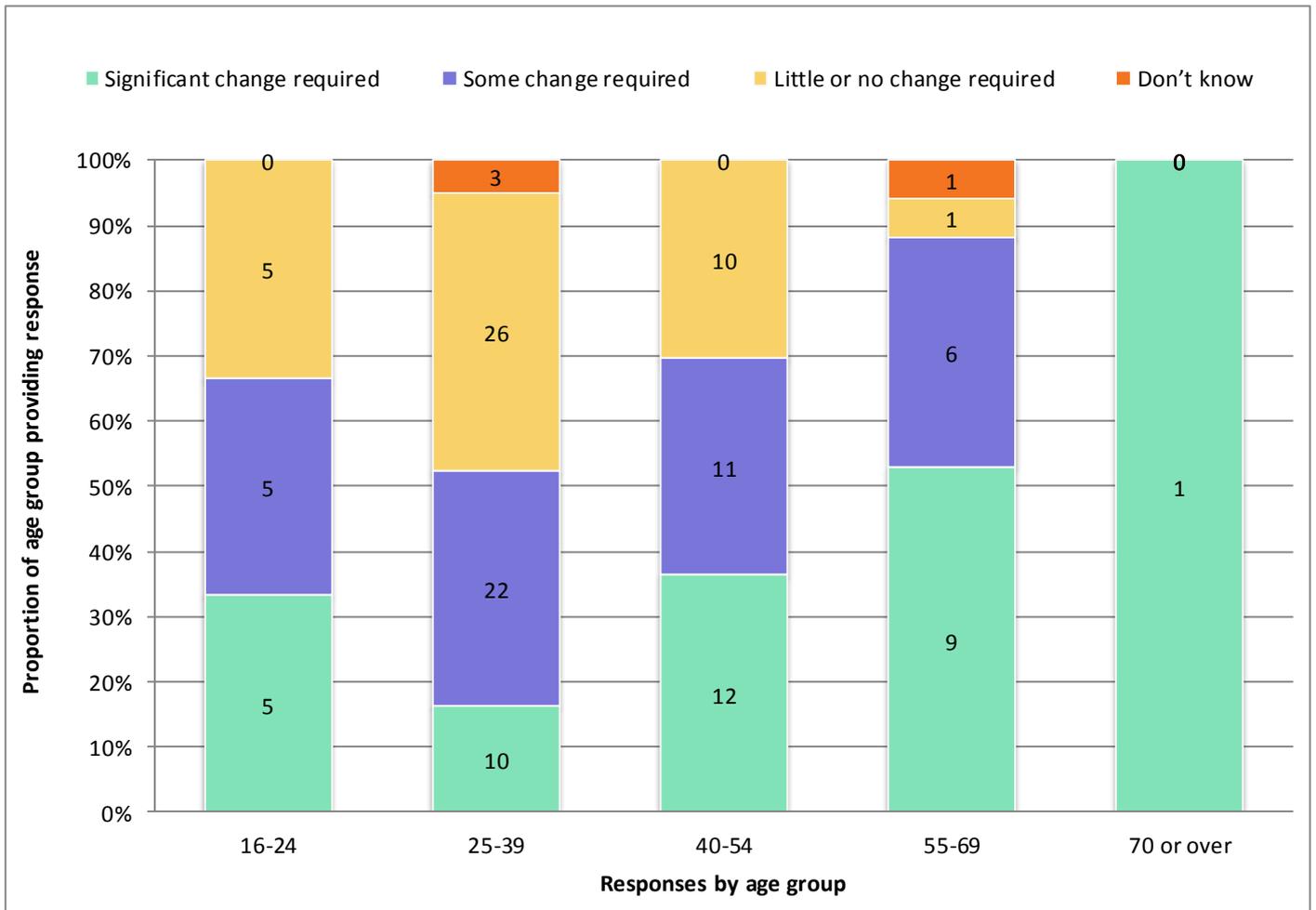
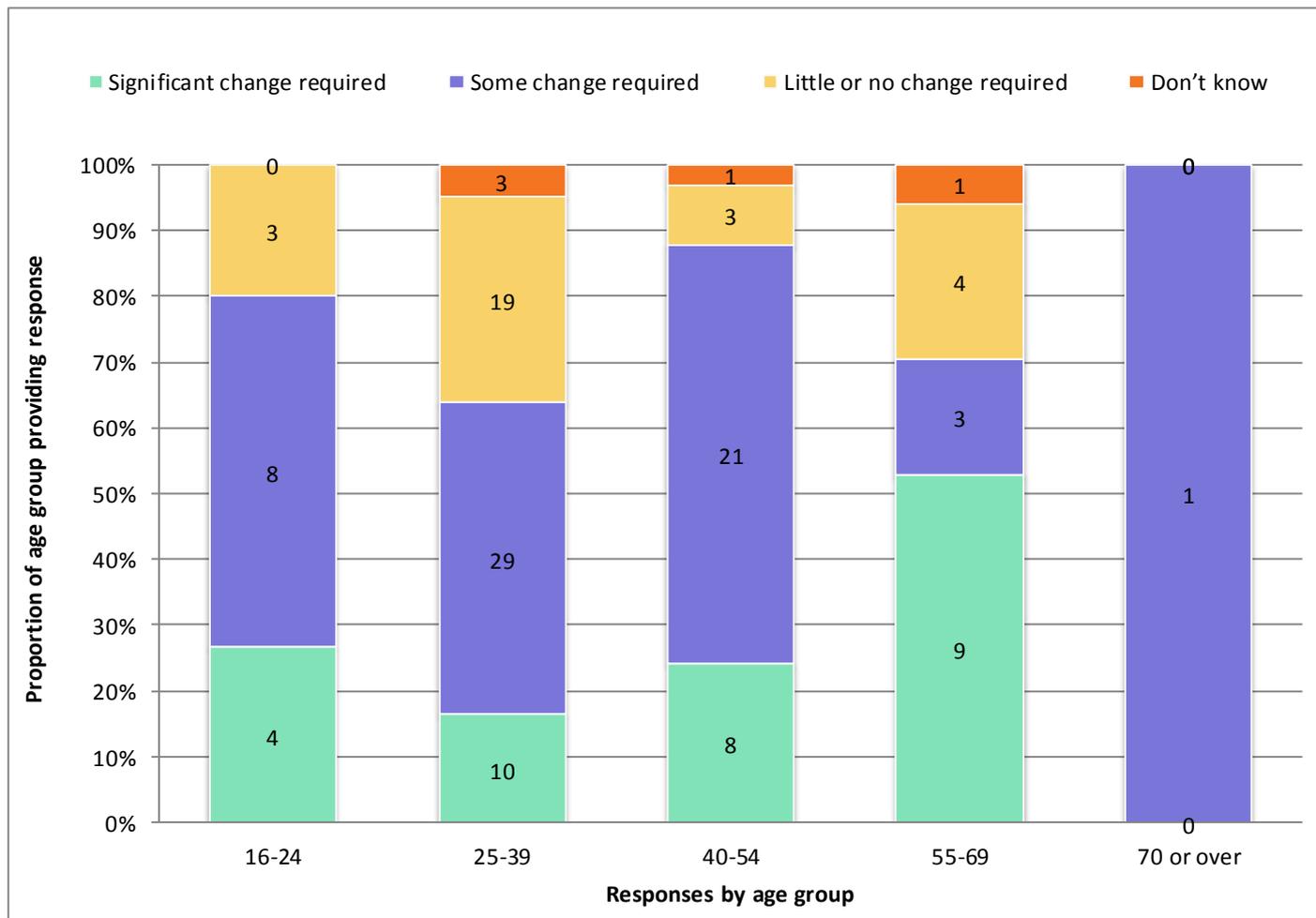
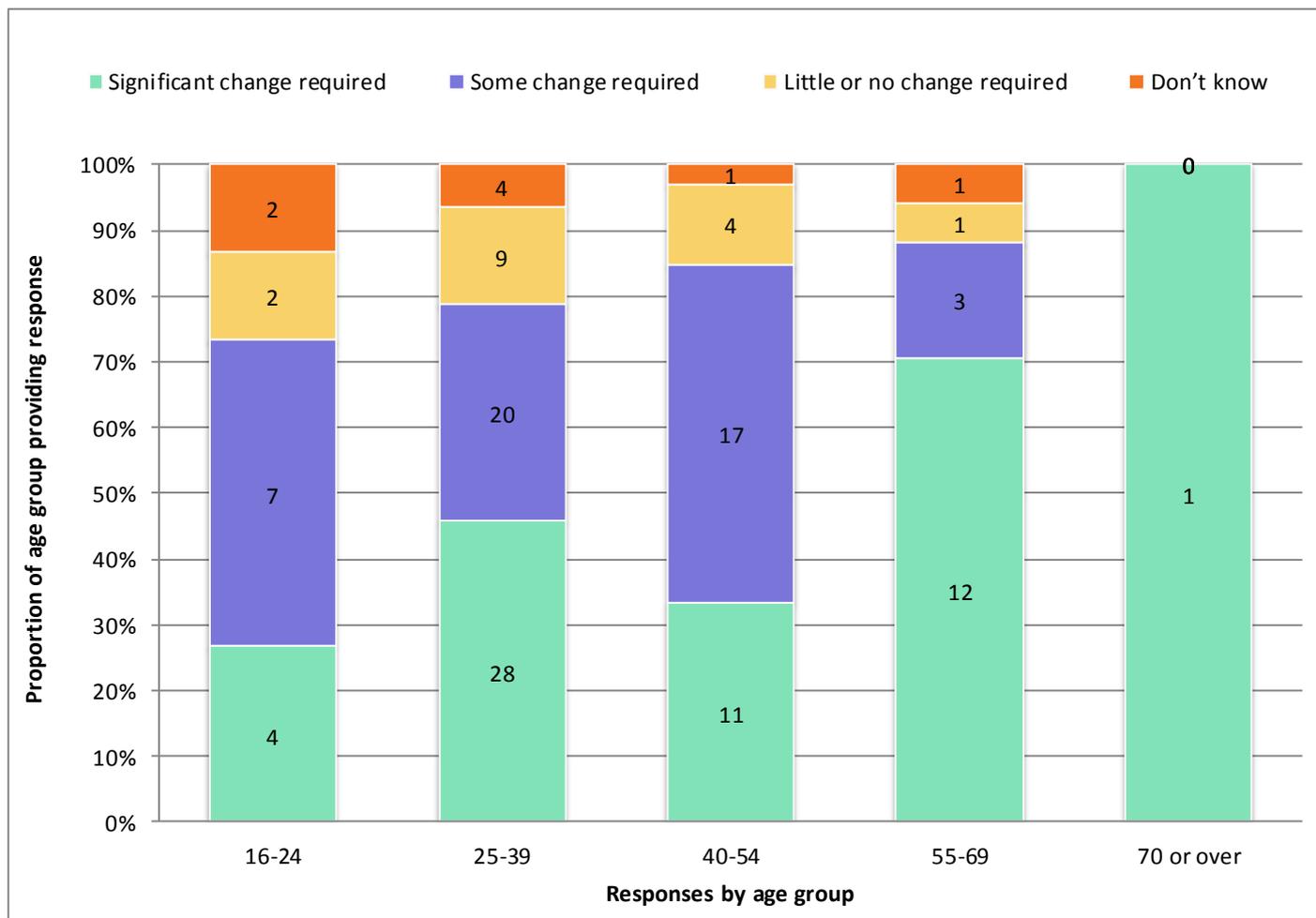


Figure 10: Do men think that the availability of male-friendly health information needs to change for the future benefit of today's boys and young men? (By age group)



Interestingly, the ages at which men are routinely offered services such as screening tests emerged as a key area in which men of all ages felt change was needed (Figure 11). This was expressed particularly strongly by men aged over 55, who are likely to be most affected by health issues identified through screening, and by 25-39 year olds, who are not yet eligible for the free NHS Health Check offered to people aged 40-74.

Figure 11: Do men think that the ages at which males are routinely offered services needs to change for the future benefit of today's boys and young men? (By age group)



The perceived need for significant changes in family attitudes and communication around health broadly increased across the age groups, with more than half of respondents aged 55-69 answering 'Significant change required' compared with just over a quarter aged 16-24. This trend may reflect the family experiences of different generations of men during times of changing social attitudes, or a different understanding amongst older men of how family experiences shaped their approaches to managing their health. The belief in a need for change in family attitudes and communication was high across all age groups: those who felt that either some change or significant change was required accounted for at least four fifths of each group. One man aged 25-39 commented:

Feeling that you couldn't talk to your father about a health issue would mean that you also would have more of a struggle raising the same issue with a doctor.

Over half of men aged 16-24 and 25-39 felt that how males talk about health amongst peers should change significantly; this proportion increased to 61 per cent in 40-54 year olds and 71 per cent in 55-69 year olds. Amongst 16-24 year old men, all those who didn't answer 'Significant change required' answered 'Some change required'.

Certain things may be brought up in the pub, but brushed off again the next day.

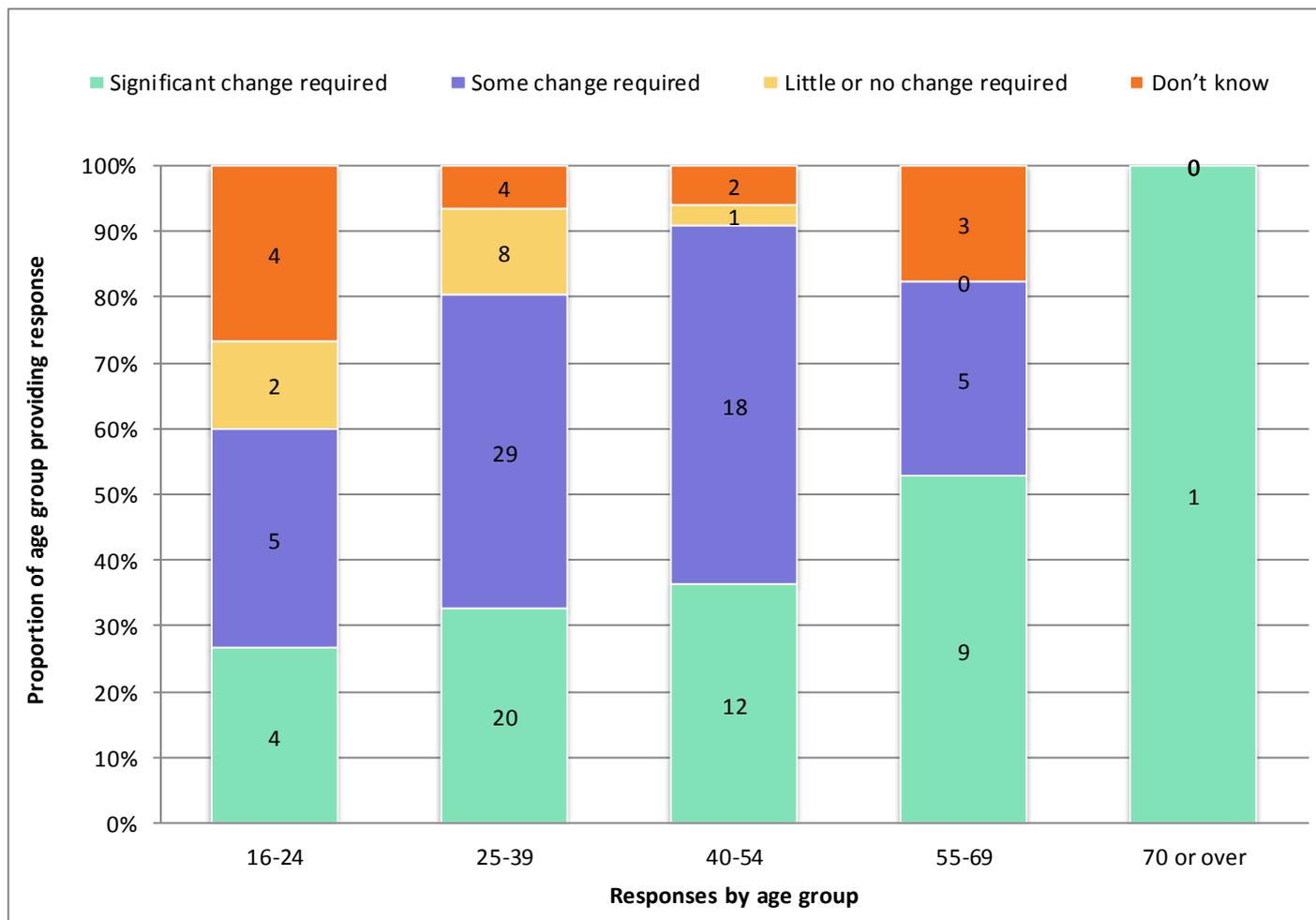
Just under half of men aged 16-24 called for significant change in social expectations of how men and women should be. This proportion increased across each age group to two thirds of men aged 55-69, though the respondent aged 70+ answered 'some change required'. Over 90 per cent of men in each of the two youngest age groups felt that either some change or significant change was warranted.

Far less effort (it seems) is put into health alerts/ awareness for male related illnesses (my perception) If a male sport or entertainment professional 'comes out'! with e.g. experiences of depression/cancer/life limiting condition this will often be accompanied by a flurry of activity in press and media but usually not sustained. Whereas womens health issues are routinely (quite rightly) mentioned, discussed and supported on a regular basis.

It is not considered 'manly' to be seen to look after one's health in the same way that women are permitted e.g. following a vegetarian/vegan diet, doing yoga, practising meditation, limiting alcohol intake - yes, some men do these activities and many women don't but there is be a perception in many strata of society that these practices are not particularly masculine pursuits.

When asked about whether role models need to change, men aged 16-24 expressed the least certainty about the need for change, as shown in Figure 12. The view that significant change is required increased across age groups, but apart from the one respondent aged over 70, it was men aged 40-54 who were most certain that at least some change is needed. Further exploration is needed to identify who young men’s health role models are now and may be in the future, and why these may or may not need to change.

Figure 12: Do men think that role models need to change for the future benefit of today's boys and young men, in terms of health? (By age group)



In my experience accessing health services, the staff I encounter face-to-face are mostly female, and I wonder whether this both reflects and reinforces the fact that women are more likely to seek help when they're unwell [...] It may be that things have changed quite a bit, but I can't really remember having any male health professionals come out and visit us [at school] to talk about things.

One young man who had experience of mental health difficulties himself offered this insight:

Role models need to be expanded away from someone that is aspirational aka David Beckham. Instead highlighting common experiences with people who perhaps have passed away i.e. Gary Speed, Robin Williams. There needs to be an "outing" by men with mental health problems, from all sectors.

It is interesting that this respondent gives examples of men who have killed themselves as opposed to living role models opening up about mental health issues. Also, this is the second example of a survey respondent using terminology around 'coming out' with reference to men publicly disclosing health issues (see previous page for the other quote).

Small sample size made it difficult to analyse the changes men aged 16-24 wanted to occur in the context of their self-reported knowledge of how to use health services. Just over half of 16-24 year old men reported 'all right' knowledge, yet they were disproportionately likely to answer that 'little or no change' was required in a given area, accounting for three-quarters of these responses.

Improving the next generation of men's readiness to use health services for emotional or psychological issues

Because of the high levels of aversion to accessing healthcare to address mental health needs, we analysed what changes men wanted to see for the next generation according to their readiness to use health services when experiencing emotional or psychological issues. It is important to remember that the question 'What changes do you think might help boys and young men to grow up feeling more able to acknowledge illness and get advice or treatment for health issues?' relates to all physical and mental health needs.

Of the 13 men answering this question who would act early of their own accord to seek help for an emotional or psychological issue, seven felt that health professionals' communication needed to change significantly, and the remaining six said that some change was required in this area. In each other group, at least a quarter of respondents identified little or no need for change in health professionals' communication.

Whilst men who would avoid accessing healthcare for emotional or psychological issues at any cost wanted to see change in family attitudes and communication, role models and how males talk about health with their peers, a higher proportion of them also answered 'little or no change required' or 'don't know' than the other groups. It is not possible to infer clear conclusions about why that might be. The proportion of respondents wanting to see significant change in how boys and men discuss health was highest amongst those who would most avoid seeking help for mental health issues (at 64 per cent), closely followed by those whose own concern would prompt them to access services after some delay.

Social and cultural factors affecting men's responses to their health needs

The final question in the survey was an open one inviting comments, based on men's own experiences, on whether and how men's and boys' responses to their own health needs are influenced by factors such as culture, race, religion, sexual orientation, class or health status (e.g. having a disability or long-term health condition). Out of 138 men taking the survey, 61 responded to this question. A few answers were more closely related to other questions and gave further insight on those areas; a number of men wrote that they did not believe social and cultural factors made a significant difference to men's approaches to health.

Several men mentioned socio-economic class as an important factor.

Primarily I think because of lack of education and awareness (and therefore greater conformity to societal stereotypes and pressures) men from more underprivileged socio-economic classes tend to seek medical help less when they require it. Because ethnic minorities are disproportionately represented in lower socio-economic classes men in from these backgrounds are also less likely to seek the medical help they need when they need it.

Two people mentioned pressures upon men from migrant communities.

I work with a lot of migrant communities and health is often bottom of their list. Priorities like finding decent housing and finding work etc all come before keeping fit or eating a healthy diet, for example.

Being a man is the culture in any culture and the need to look and be strong in face of problems causes issues of ill health. In particular people that are first generation migrated to the UK.

Race was mentioned by several respondents.

Assumptions made because of race: must be open and happy.

I know how my level of education has helped me to access help, and the fact I am white has and male has meant I experienced less discrimination.

There are lots if problems that are cultural but one that I can comment on (as in know the context) is young White men and suicide, including those of middle class upbringing. [...] I don't want to sound like I'm singling out a race but talking from experience, as my data shows, it is something I can comment on.

One respondent felt that men in his demographic group experienced relatively little pressure to be stoic in comparison to men from other communities.

It is difficult for me to say this is the actual case, specifically for those outside my culture and religion etc (I'm white British of no religion and 'middle classed'), but what I've heard through the media etc, I believe that this is an issue. I think it is more of an issue for certain social-economic and/or cultural groups that puts a high value on 'macho' behaviour.

Sexual orientation came up in a number of comments as being significant.

Sexual orientation is a key issue - all aspects of the NHS need to be fully inclusive.

I don't think culture, race, religion has any impact what so ever on how men or boys respond to their own health needs. However, sexual orientation can have some influences but only because of the media coverage around HIV and Cancer. [...] Recreational drug use [...] comes with health issues and on a rising trend with young men. In particular gay young men.

Being gay and sexually active with multiple partners in the past has meant that I am more aware of sexual health partly through going for regular testing, plus gay men are very likely to discuss areas of sexual health that can overrun to other health related problems. The non-judgemental approach at GUM clinics puts Health Services in a very favourable light.

Two respondents highlighted particular challenges of growing up in a rural area.

As a young gay man living in a rural area I would not have gone to my GP for sexual health advice.

Living in a village the doctor's surgery is intermittent and you may not visit the surgery for years so do not know what is offered - if anything in a village surgery.

Another felt that past experience of quality of care was more important than any demographic factor, though quality of care could vary between areas.

The medical care one has received will dictate that persons mentality towards medical care. If someone receives at a young age, some what negligible care, then they are likely to resist seeking help later in life. I believe this to be the main factor. Whilst living in London the health care I received was awful but having moved to Kent, my opinion of the health system has changed. I have developed into a person who now seeks health advice, where as before, I wouldn't go to the doctors for love nor money.

Family medical history was mentioned as a factor influencing when men choose to engage with health services.

I would go for a routine check up for bowel cancer as my grandmother died from this and my Mum and Dad have had polyps removed but I'm not interested in finding out my cholesterol levels - I take plenty of exercise and eat reasonably healthy so that would be just one more thing to worry about as far as I was concerned. I don't want to live to 100 on a diet of mineral water and lettuce leaves.

Recommendations and areas for future development and exploration

These survey findings highlight important issues that could form the basis of recommendations to improve men's current access to healthcare and approaches to seeking help. However, the survey aimed to identify what might help improve outcomes for the next generation of men, so this section discusses what steps could be taken to support long-term improvements.

The survey findings are particularly striking in two areas:

- The extent of men's reluctance to access health services in relation to emotional and psychological issues, with 18 per cent of respondents saying they would avoid seeking help at almost any cost, and a further 42 per cent only likely to do so as a result of somebody else's concern.
- The importance attributed to social factors by respondents when asked 'what changes do you think might help boys and young men to grow up feeling more able to acknowledge illness and get advice or treatment for health issues?' Men call for some change or significant change in discourse amongst boys and men (93 per cent), social expectations of men and women (91 per cent), role models (81 per cent) and family attitudes and communication around health (80 per cent).

Supporting public services to respond to boys' and men's health needs

Supporting public services to respond to boys' and men's health needs could include:

- **Leadership from national and regional health bodies, and Royal Colleges**, to help services be 'ahead of the curve' in attitudes towards gender. Support for frontline practitioners could also enable them to promote help-seeking behaviours in men and proactively reduce barriers to men accessing healthcare.
- **Opportunities for boys and young men to participate** in the development of the health services and information they use, including individuals from diverse backgrounds and with different experiences and health needs.
- **Training and development opportunities for health and education practitioners** to increase their awareness of boys' need for helpful messages about male identities and roles, body image, communication about health, and engagement with health services and information. This should be informed by further exploration of boys' views, experiences and influences. NCB's report, *Opening the Door to Better Healthcare*, highlighted the need for improved training for GPs to support their interaction with children. As GPs are generally the first port of call when seeking health support, work to take this forward may need to consider the distinct needs of boys and girls (NCB 2013).

Improving information about boys' and young men's current and future health needs and behaviours

Data on children and young people's health is often lacking in comparison to the range of data available regarding adults. The Children and Young People's Health Outcomes Forum (2012) have made a number of recommendations for actions to address this. Our survey findings highlight a specific need to better understand the current and future health needs and behaviours of boys and young men.

Possible steps to improve data include:

- **The consideration of potential age and gender dimensions in the collection and analysis of feedback** on patient experience. NHS guidance on implementing the Friends and Family Test (FFT), published in July 2014, reminds NHS-funded services and GP practices of their duty under the Equality Act 2010 'to have due regard to the need to eliminate discrimination and to advance equality of opportunity' (NHS Employers et al 2014). It strongly recommends the collection of FFT responses includes equality data on age, gender, ethnicity and disability.
- **Organisations working in children's health disaggregating the data they gather and publish** on children and young people's views, experiences and health-related outcomes by gender. As the Men's Health Forum's 'Men's Health Manifesto' (2014) notes, 'a significant proportion of relevant health and lifestyle data is not reported in gendered form'. The Manifesto's recommendation to disaggregate data by gender should include data relating to children and young people's health.

Further consultation with boys and young men is needed to better understand:

- **The impact of social and cultural factors** on boys' and young men's current and future health-related attitudes and behaviours, and how they would like peers, families, role models and wider society to support them
- **Young men's engagement with health information and confidence** in their knowledge of health systems and services.
- **Young men's health role models** – who they are now and may be in the future, and why and how these may or may not need to change.

Potential areas for specific research include:

- **The long-term benefit of engaging boys and young men** with health information and services in general, regardless of specific current or potential health outcomes. For example, the current debate about whether the national vaccination programme of human papilloma virus (HPV) for girls aged 12 and 13 should be extended to boys weighs the costs of vaccinating adolescent boys against potential reductions in HPV-related cancers and other illnesses. As 81 per cent of respondents to this survey felt that at least some change was needed in the ages at which all males are routinely offered services such as screening tests, further research could investigate the possible impact of providing routine health interventions such as HPV vaccination to adolescent boys on their attitudes towards using health services in the future.

- **Investigating gendered dimensions of bullying experiences** among children and young people with SEN, disabilities or health conditions. The links between bullying at school and masculinity have been subject to research (e.g. Trickett 2009), as have links between bullying and special educational needs, disabilities and health conditions (Anti-Bullying Alliance): however, little research exists on the interaction of both these issues. Further investigation could illuminate the link suggested by one survey respondent, and the potential impact of school experiences on health-seeking behaviour in later life: ‘Admitting you have a health problem is a sign of weakness, and opens you up to criticism, bullying, and discrimination. A simple example is wearing glasses at school - the least is being called names.’

Research and consultation will need to take account of and explore changes in pressures and possibilities for men. Men’s sense of expectation that they comply with traditional stereotypes of masculinity emerges strongly through the survey findings, yet consumer research from a leading advertising agency published in 2014 suggests that the ‘shifting of the idea of the “real man” towards a more progressive attitude’ called for by one of our survey respondents is underway. JWT London’s study on contemporary masculinity concluded that, ‘no longer just the hunter-gatherer, British boys are exploring new roles, lifestyles and looks in different areas of their lives. Nor are they as one-dimensional as the media would often have us believe. Just like women, they juggle the roles of parent, partner, provider, worker and one of the boys. Brands need to acknowledge and reflect their complexity. On the flipside, a proliferation of options may be daunting and lead to choice paralysis for those men who were comfortable following tradition.’

Nurturing and promoting positive health-seeking attitudes and behaviours in boys and young men

The survey findings suggest several ideas for potential ways to nurture and promote positive health-seeking attitudes and behaviours in boys and young men, including:

- **Supporting boys to develop more realistic and balanced male identities.** The survey findings suggest that boys could benefit from hearing men and women characterised as equally susceptible to physical and mental health issues, and equally responsible and empowered custodians of their own health and wellbeing (and that of their families). Potential areas for changes could include how boys see the adults in their lives interact with them and with each other, and how those adults address health needs; how services and professionals engage with boys and young men; and/or through culture, the media, advertising and political discourse.
- **Creating opportunities for boys and young men to have contact with health professionals and to explore how digital resources can best meet their needs.** This could be beneficial if answers from the 19 survey respondents aged 16-24 are at all indicative of their age group. When asked their preferred sources of health information and advice, 12 selected ‘direct from health professionals’ and 10 selected ‘websites or apps with the most trustworthy information’.
- **Education.** In its ‘Men’s Health Manifesto’, the Men’s Health Forum calls for Personal, Social, Health and Economic Education (PSHE) to address male health issues; the health system; empathy, emotional intelligence and healthy sexual behaviour; and mental health stigma. Several comments from survey respondents support this call. One man aged 25-39 commented: ‘I remember girls had a

talk about sexual health, periods etc and the boys went to play football, no talk, no information, nothing... hopefully this may have changed.’ Another said: ‘Men and boys need to be taught not only how to take care of themselves first without and then with the use of pharmaceutical drugs.’

The findings from this NCB survey highlight important issues for men, and further exploration is needed to understand how these issues are likely to impact on the current generation of boys and young men. There is strong potential for further investigation to lead to concrete ways in which the future health of boys and young men can be invested in early on. These may include involving boys and young men in developing accessible, engaging health information, and making clear recommendations for health and education policy and practice, and beyond.

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Appendix 1: Survey methodology

The survey for men was an online questionnaire, open from July to December 2014, during which time it was taken by 138 men. The web-based survey provider SurveyMonkey was used and the survey structure was kept simple, with four questions (six for younger men); multiple choice questions and Likert scales were used to make the survey accessible, maximise responses and completion rates, and for ease of analysis. Two of the questions included space for comments, and one was an open question inviting free text responses only. The survey questions were tested by male staff at NCB.

Challenges in designing the questions included the subjectivity of the topics being covered and the difficulty of providing simple categories to cover all manner of symptoms or health issues and all degrees of severity. In addition, although we recognised that information on demographics or personal experience of health issues and services might illuminate the findings, we did not collect this information as we felt it might deter men from completing the survey. The final survey question did invite men to offer this kind of detail if they wished.

We recognised that it would be helpful to know how men rated their own health literacy and where they preferred to access health information. Questions on these areas were open to men aged 16-24 only, as the answers of older men seemed insufficiently likely to indicate trends emerging in boys and young men now, particularly in light of how the internet has revolutionised access to information over the last two decades.

We used a convenience sample of men who could be reached by NCB's publicity, including on social media, in NCB bulletins and through staff connections. NCB is a Health and Care Voluntary Sector Strategic Partner and promoted the survey throughout the partnership programme. The collective reach of the 22 Strategic Partner organisations, which span the breadth and depth of the voluntary and community sector (VCS) and represent a wide range of equalities groups, is estimated to be over 300,000 VCS organisations. The Men's Health Forum is one Strategic Partner that encouraged men to complete the survey.

This sampling method enabled a huge potential reach for the survey. However, it is likely that, without special drives to recruit clients or supporters, staff in Strategic Partner organisations and their member organisations are more likely to have responded than members of the public in contact with the organisations. Hard copies of the survey were made available for services to use with clients or patients, but none were returned. We are aware that our findings are likely to reveal 'the tip of the iceberg', in that responses came from a self-selecting sample of men sufficiently interested in and able to discuss health matters to complete this survey. This survey constitutes a snapshot of men's views: a larger-scale, more complex survey would be needed to get a detailed, representative picture of men's attitudes to their own health.

Recruitment for the survey particularly encouraged responses from younger men, although the survey was open to men of all ages. Some services working specifically with young men around health and related issues were approached individually to ask for help in promoting the survey. However, resources did not permit the development and marketing of a highly youth-focused survey, and it was important to gather responses from men in older age groups too.

The table below shows the age breakdown of respondents.

Age group	Number of respondents	Percentage of all respondents
16-24	19	14%
25-39	65	47%
40-54	36	26%
55-69	17	12%
70 or over	1	1%
Total	138	100%

The inclusion criterion was that respondents must have answered at least one question besides their age. Responses suspected to be duplicates (i.e. where free text comments were almost identical for two respondents and one is partially completed) were also consolidated.

Responses were analysed and charts created using SurveyMonkey's analysis tools and Microsoft Excel. Responses were explored both by age and by willingness to access health services, with some distinction made between accessing services for physical and mental health issues.

Appendix 2: Survey

The survey is shown on the following pages as it appears in a downloadable version created using SurveyMonkey.

Survey for men: what might help today's boys and young men to lead longer, healthier lives?

Men are more likely than women to die prematurely ([Men's Health Forum](#)).

We are interested in how health can be improved for the next generation of boys and young men. This short survey is for **men aged 16 and over who live in England**. It aims to gather information on the approaches men take to getting help and advice on health issues, and how they think these approaches might have been formed. Your participation will help us to identify further work that may be needed in this area.

Your answers are **anonymous and confidential**. You can leave the survey at any time.

This survey should take **5-10 minutes**.

Thank you for your time. If you have any questions, please email ehamblin@ncb.org.uk.

About NCB

The National Children's Bureau (NCB) is a leading charity that works with and for children and young people, to influence government policy, be a strong voice for young people and practitioners, and provide creative solutions on a range of social issues. [Find out more](#).

Paper surveys for services working with young men

We hope that practitioners working with men aged 16-24 will encourage them to complete this survey. A [printable version of this survey](#) is available to distribute and collect. Responses can be posted to us, or collated and sent by email. Please email ehamblin@ncb.org.uk to arrange.

Survey for men: what might help today's boys and young men to lead longer, healthier lives?

*1. How old are you? Please tick one box.

- 16-24
- 25-39
- 40-54
- 55-69
- 70 or over

2. Where do you like to get health information or advice? Please select up to four of your most preferred sources.

- Direct from a health professional
- From family
- From friends
- Through my place of work or study
- Websites or apps with the most trustworthy information
- Websites or apps that most appeal to me
- Online forums and groups
- Social media
- Television
- Other (please specify)

Survey for men: what might help today's boys and young men to lead longer, healthier lives?

*3. How would you rate your knowledge of how to use health services?

- Very poor
 Not good
 All right
 Good
 Excellent

*4. How readily would you use health services for the following reasons? Please give one answer for each row.

	Would act early of my own accord	Would put off for a period, but concern for my own health would prompt me to seek help eventually	Would put off for a period, but someone else's concern would prompt me to seek help eventually	Would avoid at almost any cost
Check-up or screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical symptom(s) that hamper your daily functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A physical symptom or change that is out of the ordinary for you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Long-term health condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accident or injury that hampers your daily functioning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Emotional or psychological issue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments

Survey for men: what might help today's boys and young men to lead longer, healthier lives?

*5. On the whole, men are less likely than women to acknowledge illness or to seek help when sick ([Men's Health Forum](#)).

What changes do you think might help boys and young men to grow up feeling more able to acknowledge illness and get advice or treatment for health issues? Please give one answer per row.

	Significant change required	Some change required	Little or no change required	Don't know
How services fit into boys' and men's lives (e.g. locations, opening times)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How health professionals communicate with boys and men	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Availability of male-friendly health information	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The ages at which all males are routinely offered services (e.g. screening tests)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family attitudes and communication around health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How boys and men talk about health with peers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Role models	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social expectations of how men and women should be	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments or other ideas

Survey for men: what might help today's boys and young men to lead longer, healthier lives?

6. Answering this question is optional.

People's experiences may be influenced by factors such as culture, race, religion, sexual orientation, class or health status (e.g. having a disability or long-term health condition).

From your own experience, do you think that any of these factors influence how men and boys respond to their own health needs? Please explain your answer.

Thank you for your time. Your responses will help to identify areas where work may be needed, and to inform our consultation with boys and young men.

For **information and help** around men's health visit menshealthforum.org.uk

If you have any further comments about boys' and young men's health, or any questions about this survey, please contact Emily at ehamblin@ncb.org.uk.

Please click 'Done' to finish.

Help us to gather more mens' views by **sharing this survey on [Facebook](#) or [Twitter!](#)**