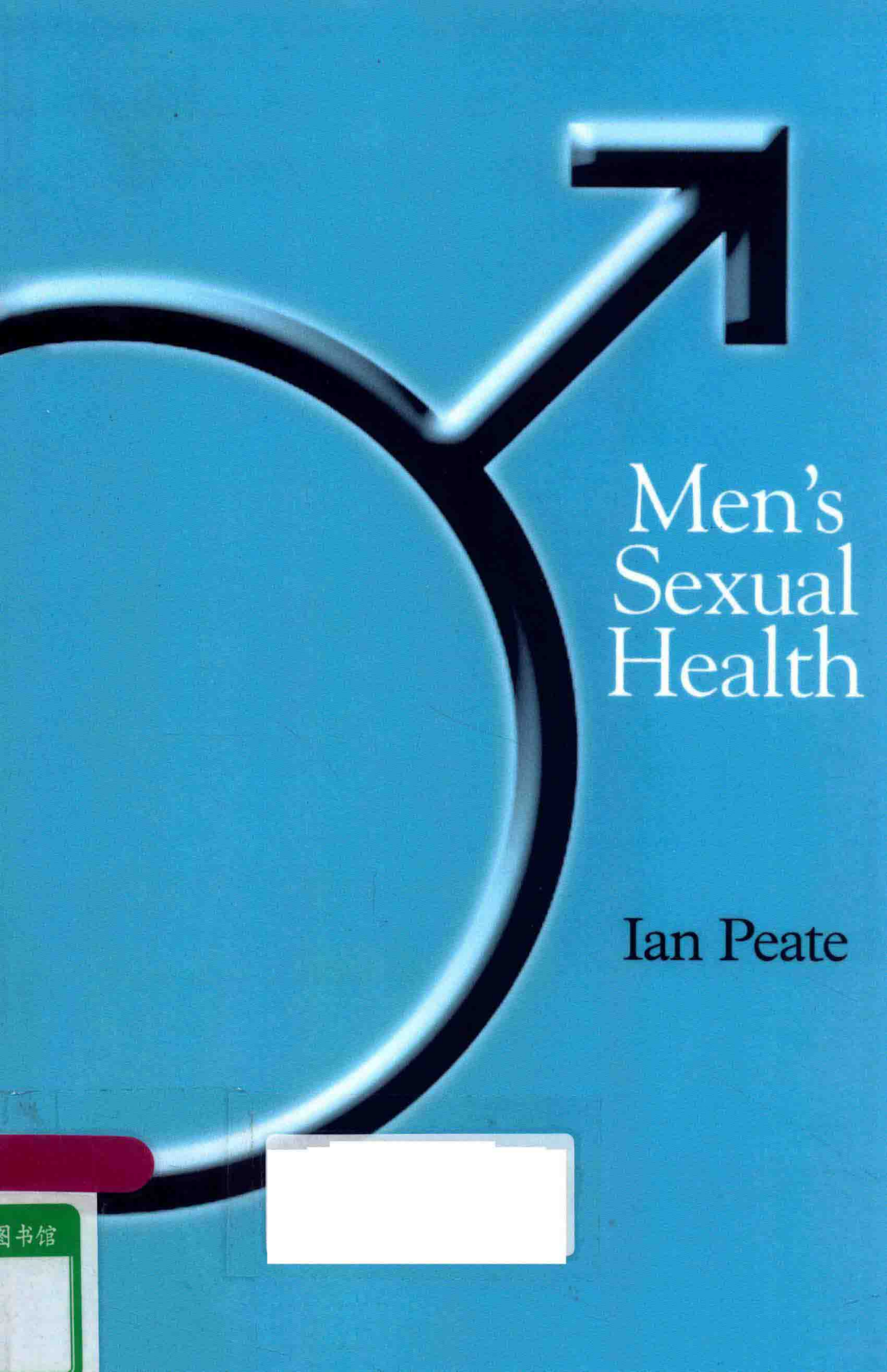

Men's Sexual Health

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This book is dedicated to my parents,
Mary Ann and James Samuel Peate.

Preface

In recent years, concern about men's health has come from various institutions and individuals – ranging from general political debates, social policy architects and the mass media, to the feminist, gay and men's movements. In this book, men are generally defined as males aged 16 years or older; younger males are also included where relevant. Some health problems are relevant only to men, e.g. prostate or testicular cancer; however, other health-related issues affect men more than they do women.

In a study undertaken by Dunn et al. (1998), a random sample of 1000 patients (both men and women) from four GP practices were asked about current sexual problems. The study revealed that men complained about the following:

- Difficulty getting an erection
- Difficulty maintaining an erection
- Either or both of:
  - premature ejaculation
  - sex never or rarely pleasant.

Approximately half the responders said that they would like to receive help for sexual problems; however, only about five per cent of those who wanted help had received it. Given an opportunity to choose from where such help would be most welcome, there was a preference for family doctor, family planning, well man clinic or trained marriage guidance counsellor. This study clearly demonstrates that men do want to receive sexual health advice; in fact, there is a high prevalence of sexual health problems and a gap between need and provision of service. Nurses, as highlighted in the study, are ideally placed to offer men help and advice.

For many men, the world in which they find themselves today is very different from the world in which their forefathers lived. Many aspects of their lives are different. Family life has changed. Nowadays more men marry later in life and marriage is still the most common form of

partnership. However, separation and divorce have increased and many more couples are co-habiting before marriage. Nevertheless, and in spite of the changes in family make-up, families still play an important role in men's lives – family support and family contact are still common factors in many men's lives.

With regard to employment, specifically within sectors that have apprenticeship schemes, such as the motor industry and construction and electrical installation engineering, men outnumber women, whereas women predominate in such occupations as health and social care and hairdressing. There has been an increase in the numbers of men gaining qualifications in information technology areas, which may suggest that society is becoming more technological. A generation ago, it was unusual for men to study beyond the compulsory school-leaving age; now this is the norm. Although education results are improving for both younger men and women, the increase in females achieving better school levels and more qualifications is much faster than among their male counterparts. Women today are seen to accomplish more than men at various educational levels.

The established belief that the male is the family breadwinner is also being challenged with increasing numbers of women competing in the workforce, although women are still in the majority when it comes to part-time work.

Since the Second World War there have been many changes in the British economy. There has been a reduction in the number of jobs commonly associated with the manufacturing industries (historically this is where most men sought employment), with an equal increase in the number of jobs in the service sector. Many men are now employed in non-manual jobs, whereas a few generations ago they would have been engaged in manual work. There are still differences between the earnings of men and women – the weekly pay gap is wider than the hourly pay gap. This anomaly is because of the distinction between weekly and hourly pay; women tend to work on an hourly basis, whereas men are usually employed on a weekly or monthly basis. An additional reason may be that more men are employed in occupations where there is a greater possibility of overtime.

Men's health is almost a contradiction in terms. If men enjoyed good health they would not, on average, die when six years younger than their female contemporaries; even though there are more males born each year, men are consistently reported as living shorter lives than women. A male born in 1998 will have a life expectancy of slightly less than 75 years, compared with a female, who has a life expectancy of just under 80 years. When comparing females with males, men consult their doctors less often and are admitted to hospital more often than women. This last fact demonstrates

that they have more serious health problems than women. Being a man can therefore have important implications – it can be a serious health hazard and should come with a government health warning! According to the International Covenant on Economics, Social and Cultural Rights (Article 122), all men and women have the right to the highest attainable standard of health. To fulfil this obligation, health policymakers must understand that men and women, as a result of their biological make-up and their gender role, have dissimilar needs, obstacles and opportunities (Meryn, 2002).

The most common cause of death among the male population is coronary heart disease; this is often linked to lifestyle. From a historical perspective men have tended to smoke more cigarettes than women; however, proportionally more men have given up smoking. The Government's recommendations on alcohol consumption are more often exceeded by men than by women. Men are 60 per cent more likely to be obese than women. Younger men eat less healthily; their diet has a higher fat content than that of older men or women. When considering physical activity, it is interesting to note that most men, and slightly more men than women, engage in at least moderate physical exercise, and considerably more men than women take part in vigorous physical exercise.

The single greatest cause of death in young males is suicide. When men attempt suicide it is more likely to be by using one of the more aggressive and violent methods. Men are also more successful in their attempts than women. *Our Healthier Nation*, a publication produced by the Government (Department of Health, 1999a), addresses four key areas of health – cancer, heart disease, accidents and mental health. This publication is particularly important for men because the four key areas impinge significantly on the health of the male population. Prostate cancer, testicular cancer, male breast cancer, coronary heart disease, accidents at work and as a result of high risk-taking activities, and suicide rates among men, especially among younger men, are all issues that nurses need to address when considering holistic nursing care.

Men commit most crimes, and are the major perpetrators of violence. Over a third of all male offenders are cautioned for, or found guilty of, handling stolen goods. Young men are most likely to become victims of violent crime, because they are more likely to find themselves in places or situations where violent crimes take place, e.g. pubs or football matches.

Inequality, whether characterized by social class, geographical area, ethnicity or gender, is a topic underpinning the work of the Health Development Agency (HDA). The HDA, a special health authority working to improve the health of people and communities in England and in particular to reduce health inequalities, has produced a report *Boys' and Young Men's Health* (Health Development Agency, 2001). The study

provides an insight into the services available to boys and young men aged between 11 and 25 years. Gaps were highlighted between service need and service provision. Although there was evidence of much innovation in service provision (often nurse led), there still needs to be a more proactive approach to the services provided to men in general.

This book addresses issues of male sexual health from a variety of perspectives and contributes significantly to the overall provision of health-related services for all men regardless of age. The HDA's report stated that young men tend to access services when their condition (either physical or psychological) became much worse, especially when the fear of the issue with which they were confronted was bigger than the fear of appearing inadequate as a man. The key to addressing these issues lies in making access to services easier, e.g. providing young men with Internet or telephone advice and drop-in centres that are accessible, i.e. open when men can get there.

No matter what innovative practices are being used or developed and devised, the vital point is that these initiatives be subjected to rigorous research and evaluation in order to assess their effectiveness. There is clearly a lack of empirical research and evidence-based practice about men's health generally. The whole area has a dearth of research. Nurses are ideally placed to address this and to develop and construct databases to inform future practice. Although it is acknowledged that research into health, and especially sexual health, is often complex we must strive to put our nursing interventions to the test. We must discuss and make known examples of good 'effective' practice.

The report – *Boys' and Young Men's Health* – recommends that practitioners need to consider how they speak to young men who are seeking their help or advice. Nurses are in the forefront of helping to push the male health agenda forward and addressing the inequalities associated with male healthcare provision. The recommendations are that gender/masculinity issues be made more explicit. When nurses consider gender, they will be able to appreciate how some issues, e.g. suicide, are often gender driven. Furthermore, there are inequalities which may have been prevented if the gender issue had been addressed, e.g. the majority of people sleeping rough are men. Sex and masculinity are complex and will affect particular groups in a variety of ways.

Real interest in men's health is relatively new. During the late 1960s and the early 1970s, feminists began to develop radical views on society; this provoked a discussion and an awareness of their specific healthcare needs. They began to ensure that they had a voice concerning their health needs and started to challenge the patriarchal approach to all aspects of healthcare. It could be suggested that women have had their health needs

addressed for over 20 years and that now men need to have their needs noted and acted upon. One aspect of this, an offshoot, could be that it allowed men to bring their needs for a health service to the forefront (however, this needs more debate). Men appear to feel that they have to be strong in mind and body, exemplify the image of fitness and be the household provider.

Men are often encouraged to be tough, hard and unfeeling, whereas women are often expected to be caring, tender and kind. This may continue to be perpetuated as long as society places pressures on men to conform to societal norms, i.e. what it is to be male.

Cultural stereotypes reinforce what is known as the 'male wound' (this debate needs more discussion than this text can provide). In this respect, it has been suggested that men go through two influential points in life at a very early stage – a splitting-up period. In the womb, testosterone is produced in the male embryo and this aids the conversion of a female pathway into a male one. Second, after having spent his life with his mother for the first three years or so, the male is then required to remove his identity from her and begin to identify with his father. This male wounding has the potential in later life to accentuate any problems that may arise in the family and other relationships that he forms. This biological sex difference starting *in utero* means that men are inherently at a disadvantage from the outset and will be more likely to fare less well psychologically than women. The male is again disadvantaged.

There have been several government health initiatives, e.g. the drive to modernize the NHS, the introduction of statutory bodies such as the National Institute for Clinical Excellence (NICE), and a commitment to clinical governance through the Commission for Health Improvements (CHI). The Prime Minister described the CHI in October 1999 as the boldest step yet to modernize the NHS. The overriding aim of the CHI is to ensure that every NHS patient receives the same high level of care. The Commission will eventually visit every NHS trust and health authority, including all primary care groups, local health groups and GP practices on a rolling process. Hence, men's sexual health needs will and should be addressed through the CHI and other governmental regulatory systems.

The National Service Frameworks (NSFs) also address issues that are pertinent to men. Four NSFs have been established so far; for older people, coronary heart disease, mental health and diabetes mellitus. Each NSF has implications for men's sexual health and each can be used to provide a framework for policy making and standard setting. All of these initiatives will strengthen the overall profile of men's sexual health needs.

There is no definition of what is meant by 'men's sexual health'; up to now, it has not been the subject of investigative research to any informative

extent. There is no global definition of this concept. Yet, this is necessary because it would allow us to broach the subject in a broader manner than we do currently. We could maintain this breadth of definition to the advantage of our patients, e.g. by not pigeon-holing. We as nurses have to consider men from a social, political and economic perspective; to do otherwise would further disadvantage men. An advantage of this is to look at the whole being, not just from a sociological perspective.

Nurses are often mothers, fathers and partners to men as well as healthcare professionals, and as such we need to challenge our own perceptions of who men are and who we think they should be, and to take a new interest in men and masculinity. It will take many years for these feelings and images to be challenged and addressed, but we can begin to challenge them and prepare for the needs of current and future generations of males.

This book is for nurses in both institutional and community settings, who nurse people on a daily basis and who need to consider the complex sexual healthcare needs of men; it should be accessible for all nurses in the pre- and post-registration fields. Within the text you will find information that is readily available, accessible and easy to locate; it is hoped that this approach makes the book both user-friendly and readable. The text can be read as a whole or used for reference to clarify or reinforce specific issues.

Men must be actively involved in the decision-making process when it comes to the delivery of high-quality sexual healthcare. It is important that men's health issues be incorporated into health improvement plans. Local community plans should also consider men's health needs. Primary care trusts (PCTs) are in their infancy but it is hoped that each annual report prepared by the PCTs will comment on issues such as men's health. The contribution made by the voluntary sector as advocates should not be underestimated. Voluntary organizations are also in a position to monitor the activities of statutory bodies such as the NHS.

To develop a health service and policies that effectively meet the complex needs of the male population, nurses working in primary care settings, traditionally the GP surgery, must be prepared to devise alternative approaches. This could take the form of operating clinics in non-traditional settings, e.g. pubs, the workplace or barbers' shops. These approaches will mean that, at a grass-roots level, the needs of the people will be central to any improvements that are being considered by policymakers. The way forward, when considering men and their health needs, is in accord with Banks' (2002) lateral thinking.

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CHAPTER ONE

Men's bodies

This chapter considers some central issues relating to the male body, e.g. gender and the concept of masculinity. It aims to encourage nurses to see the male not only as a physical entity but also as a psycho-sociocultural being. It sets the agenda for the rest of the text, demonstrating that men are complex beings with specific needs.

Nurses are asked to face the challenge with which they may be confronted when providing care for men. Care nurses are asked to provide for a wide and varied client group, and must be aware of the various factors impinging on men and their attempts to be healthy. To deliver high-quality sexual health care, nurses must confront any misconceptions, fears or anxiety that they have about their own sexuality or the sexuality of their client group.

Male identity is a very complex issue. Often, when nurses work with their patients, they become involved in a kind of bodywork of some sort; we communicate with our patients, even when we do not touch them physically. We do this using body language, gesture or with words. Social norms dictate distance in a social setting; however, when nurses are involved with patients in a therapeutic manner, they need to renegotiate these social norms, particularly when nurses are involved in sexual health issues; this is amplified even further when nurses work with male patients.

Hence, nurses are faced with new challenges when they attempt to help or to care for male patients with specific sexual health needs because, during this type of bodywork, the encounter has the potential to become sexualized (Heath and McCormack, 2002).

It is important to start at the outset by stating that there is a difference between what is understood by sex and gender. It is Kimmel (1995) who states that sex is the division between men and women, made on a biological basis. Gender is that which cultural meaning has ascribed to such biological differences. The biological attributes of being a man are therefore measurable and distinct from those of a woman. When nurses begin to apply gender issues to their patients, this is where the debate about nature versus nurture

emerges. There are not only sexual differences in males and females; there are also issues such as culture and the concept of male identity. In this chapter, issues about sexual theory itself and the male are described. This is discussed in an attempt to highlight how, over time and subject to a changing social context, healthcare needs do differ between men and women.

The concept of sexuality is discussed and an attempt to define it presented. It is also important for nursing staff to understand the differences between sexuality and gender and also how difficult, if not impossible, it is to define these key terms.

A further discussion is presented about why, since the early 1990s, men's health has received more attention than it has done in the past. Nurses must address this very complicated issue from a holistic perspective in order to provide men with the high standard of care that they deserve.

Sexuality

Nurses must understand that sexuality and sexual health are an appropriate and legitimate aspect of nursing care; they have a professional obligation to address them. Some nurses may feel embarrassed about broaching the subject; when this is the case there may be many several reasons, including the following (RCN, 2000):

- Inadequate education about sexual health and sexuality at both pre-registration and post-registration levels.
- Personal views on sexuality, e.g. a hatred of homosexuality, or the use of contraception may be contrary to a nurse's own religious beliefs.
- Nursing culture may not regard sexuality and sexual health as important or appropriate, e.g. in elderly care settings.
- Lack of confidence, embarrassment and lack of knowledge may also prevent a nurse from instigating discussion about the topic.

There has been a plethora of literature over the past 20 years on the subject of sexuality. Wheeler (2001) considers the continuing discussion of sexuality within the realms of nursing and states that one document that has encouraged the debate has been *Sexuality and Sex Health in Nursing Practice*, produced by the Royal College of Nursing (2000). The Department of Health (2001) also encourages nurses to discuss and debate sexuality in its document *The National Strategy for Sexual Health and HIV*. Publication of such documents has the potential to raise the profile of sexuality and health care. Nurses are expected to treat the individual holistically, but until recently this could have been considered empty rhetoric, i.e. although the concept of holism was espoused it never really happened. The reason for making such

a suggestion is that one aspect of the individual was often omitted – that of his sexuality. According to the RCN (2000), nurses are often wary of discussing sexuality with their patients because they received little education or training on the topic.

Sexuality is viewed in relation to such things as biology and the act of reproduction; this is not wrong but it should go further. Caplan (1987) and Brechin and Swain (1987) suggest that sexuality is a fundamental aspect of 'self'. Carr (1991) asserts that sexuality is the vehicle by which an individual will define him- or herself – it is central to his or her being.

The concepts of sexuality and sexual health have produced much debate over the years; they have also proved problematic for many health professionals in attempts to define the two concepts. One of the many reasons why these concepts bring problems is that society is constantly changing, which brings with it new definitions of social norms and societal boundaries. Sex and sexuality are complex spheres of human experience. Expectations of ourselves and others are in a constant state of flux.

One definition of sexual health often cited is by the World Health Organization (WHO, 1975):

> . . . the integration of somatic, emotional, intellectual and social aspects of sexual being, in ways that are positively enriching and that enhance personality, communication and love.

Van Ooijen (1995) considers sexuality from a female perspective as:

> . . . a woman's expression of herself as a sexual being; it is integral to her being. Whether or not she is sexually active is not an issue. It applies whatever her sexual orientation and whatever her sexual state of health.

It could be suggested that such a definition would also apply to men; however, as this text demonstrates, encouraging men to have an awareness of their sexuality is often more difficult than with women.

Fogel (1990) considers sexuality from a psychosocial perspective, thus:

> . . . the way we individually and uniquely express and project our identity and interrelate our physiological and psychological processes which are inherent in the way we sexually develop and sexually respond, both to ourselves and others.

Fogel's interpretation of sexuality appears to be all encompassing. She includes the important issue of a life span/developmental continuum. Furthermore, this definition explicitly acknowledges the uniqueness of the individual and his relationship with others.