



MEN'S HEALTH

AN INTRODUCTION

Edited by DIANA KARZMARCZYK
AND SUSAN A. MILSTEIN



Men's Health

This comprehensive book addresses men's health and wellness in the context of the male psyche, provides up to date research on men's health, discusses theoretical frameworks, shares perspectives from men and lists consumer resources and tools.

Men's Health explores social, cultural, physical and psychological approaches to men's health with sections focusing on the psycho-social issues, the body, relationships, healthy living and aging, while taking into account cultural differences. Each chapter:

- provides a review of the current science and emerging research of the topic;
- outlines theoretical frameworks, best practices and recommendations for advancing men's health through service delivery, research, education, policy and advocacy;
- features a personal assessment tool on the topic; and
- includes vignettes from men, their friends and families, and care providers.

Suitable for students taking undergraduate courses on men's health and wellness, this broad-ranging textbook is the ideal introduction to the topic.

Diana Karczmarczyk is a Master Certified Health Education Specialist who holds an MPH degree in public health with a focus on community health education and a PhD in Education with a minor in public health and a specialization in international education. She has been teaching public health courses in higher education for almost 20 years on topics including men's health, sexuality and human behavior, health education and promotion, health behavior theory, program planning and evaluation, personal health and wellness, social determinants of health, and community needs assessments and partnerships.

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An Introduction

**Edited by Diana Karczmarczyk
and Susan A. Milstein**

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Dedicated to Dr. David Anderson.

Because of your constant support and incredible mentorship, this book happened. Thank you for always believing in me and in this idea, supporting and challenging me to pursue my passion, and reminding me that I can make an important contribution in the world.

Diana Karczmarczyk PhD, MPH, MCHES



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Contents

<i>Lists of figures</i>	ix
<i>List of tables</i>	x
<i>List of contributors</i>	xi
<i>Preface</i>	xv
<i>Acknowledgments</i>	xvi
PART I	
Male psyche	1
1 Introduction to men's health	3
SUSAN A. MILSTEIN AND DIANA KARCZMARCZYK	
2 Masculinity and seeking help	14
NORMAN EBURNE	
3 Body image	24
JAMES E. LEONE	
PART II	
The body	37
4 Male anatomy	39
MICHAEL J. ROVITO AND RAZAN MAXSON	
5 Sexual health	53
SUSAN A. MILSTEIN	
6 Sexual orientation	66
DIANA KARCZMARCZYK AND COURTNEY M. GONZALEZ	
7 Chronic diseases	79
EMIL T. CHUCK AND LEDRIC D. SHERMAN	

PART III

Relationships 93

8 Mental health 95

SALVATORE J. GIORGIANNI, JR., ARMIN BROTT, SUSAN A. MILSTEIN,
AND DIANA KARCZMARCZYK

9 Healthy relationships 108

BARRY SHARP

10 Fatherhood 120

STEPHEN HOWES

11 Violence 130

SARA K. FEHR AND DIANA KARCZMARCZYK

PART IV

Staying healthy 143

12 Alcohol, tobacco, and drugs 145

ADAM E. BARRY, ALEX M. RUSSELL, AND ZACHARY A. JACKSON

13 Nutrition 158

KATIE POTESTIO

14 Physical fitness/activity 174

KAYLA K. MCDONALD

Index 186

Figures

1.1	Levels of influence in the socio-ecological model	5
1.2	Office of Minority Health's Five Plays for Men's Health	10
3.1	Etiologic pathway to eating disturbances	27
4.1	DaVinci's 'Vitruvian Man'	40
4.2	Cross-section of male anatomy	42
5.1	Hugs and kisses poster	63
6.1	Sexual orientation laws in the world, 2019 from The International Lesbian, Gay, Bisexual, Trans and Intersex Association (ILGA)	70
7.1	Number of people with diabetes worldwide and per regions in 2017 and 2045 (20–79 years)	82
7.2	Estimated total numbers of adults (20–79 years) living with diabetes in 2017	83
8.1	Age-adjusted suicide rates, by sex: United States, 2000–2016	99
8.2	Example of screening tool	101
10.1	Fatherly figures: a snapshot of dads today	121
10.2	The father absence	123
10.3	Gordon Stokes	125
10.4	What's your fatherhood style?	127
11.1	James Landrith	134
11.2	NoMore_ANDRE	136
11.3	Findings of the National Crime Councils' National Study of Domestic Abuse	138
13.1	Issa	159
13.2	A Social-Ecological Model for food and physical activity decisions	161
13.3	How to fight nutrition gender stereotypes	163
13.4	Comparison of the original and new formats of the Nutrition Facts Panel	166
13.5	Choosemyplate.gov	169
13.6	Sample meal plan for Issa	169
13.7	Ten ways to limit sugary drinks in your community	171
14.1	Completing 150 minutes of physical activity each week	176
14.2	Austyn Rock Climbing	181

Tables

2.1	Male personality types and descriptions	17
4.1	Male and female genetic expression, gonadal differences, and physical differentiation	43
7.1	Comparison of risk factors across the globe	80
9.1	A comparison of signs of healthy and unhealthy relationships	111
11.1	Cultural views of domestic violence against women	137
13.1	Daily nutritional goals for males ages 19–30 years and relevance of macronutrients to men’s health	164

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Preface

The impetus for the book originally was as a result of me teaching human sexuality. In this course, many of the available textbooks tend to come from a female-centered, cisgender and heteronormative perspective. It is typically the story of man meets woman, there is a sperm and an egg, they have babies and live happily ever after. Classroom instruction counters that narrative as much as possible with lots of information and alternate perspectives. I found that any time there was a topic about men's health, whether it was infertility or challenges in relationships, or anything that came through a gendered lens it always caught the attention of my students. They were truly curious to learn more. Unfortunately, we did not always have either the time in the course or the data to go into the topics further. The same thing happened in other courses that I taught that included discussions on nutrition, weight management and emotional health. Many times these topics raised a lot of questions that had a lot to do with gender expectations and norms.

I was supposed to be the only editor of this book, but during the process, one of the chapter authors, Dr. Susan A. Milstein, offered to share her editing experience. Because this is a unique contribution in such an important space, having an additional editor helped me challenge my ideas and perspectives, ultimately resulting in a stronger and comprehensive finished product.

This book was always intended to be an edited work. The original idea came about because there were not many books on this topic that were coming from a health perspective. They were often psychology or sociology books. I felt like there were so many things I wanted to make sure were tackled in a book on men's health, and I knew that there were people who were working with men that could speak to specific topics. These subject matter experts would be able to identify best practices, policy recommendations, programs and efforts, and the current research. Authors were given general guidelines on what to address for each chapter. Specifically they were asked to provide information from an international perspective, and to give suggestions for books and movies for further reading and exploration. Because this is an edited work, each chapter will feel different to the reader, as every author was encouraged to use their own voice.

Each chapter also includes a story and personal assessments. Sometimes the story is from men, sometimes it is about them, but the idea is for the reader to get an idea of what men experience with regard to each topic. The personal assessments are designed to allow the reader the chance to reflect on each topic. These stories and personal assessments were designed to create a book that could serve not only as a textbook for a college course, but also as a resource for anyone in the world who cares about men's health.

Diana Karczmarczyk PhD, MPH, MCHES

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Part I

Male psyche



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1 Introduction to men's health

Susan A. Milstein and Diana Karczmarczyk

What is health?

In order to have a discussion about men's health, it's important to first define the word "health." In decades past, being sick or healthy were seen as two sides of a coin, you were either one or the other. Looking at health this way is limiting because it does not take into account that while someone might not be sick, that doesn't mean they're healthy. Defining people as only being sick or healthy also doesn't speak to their quality of life.

Did you know?

In the preamble of its constitution, the World Health Organization defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

(2019a, para. 1)

In the 1980s the wellness movement became recognized worldwide, and this helped to change how we talk about health (WHO, 2019b). This movement brought with it a new way of looking at health, creating models where there were multiple dimensions of health and wellness instead of focusing solely on whether someone is sick or healthy. Today the terms health and wellness are often used interchangeably, and there are multiple models of health and wellness that exist. Most models use four similar basic dimensions of health: physical, spiritual, social and psychological, and all of these dimensions can be thought of as existing on a continuum. It's important to include a discussion of these dimensions in a book on men's health because many men equate physical health with general health, while often ignoring the other dimensions.

Physical health is how the body is functioning. Physical health is not the same as one's overall health. It's possible to have a healthy looking physique, and have high cholesterol. It's possible to be managing a long-term chronic disease, and ultimately die because of old age and not complications related to the disease.

Spiritual health is a person's understanding that their life has purpose. For some people, spiritual health is linked to their religious beliefs. Whether a person is religious or not, spiritual health is still an important component of one's overall health.

Social health is about the relationships that one forms with other people. It's important to note, especially at a time when some people focus on the number of followers they have on social media and the number of likes or views their posts get, that social health is

not necessarily about the number of friends you have. Social health is about the quality of the relationships you have with others, whether they are offline or online.

In some models, emotional and mental health are separated into two distinct dimensions, but in others they are presented under the umbrella term of psychological health. Psychological health is not merely the presence or absence of mental illness. It's also about people's ability to recognize and understand emotions and the ability to express emotions in a healthy way.

Did you know?

Men are 24% less likely than women to have visited a doctor in the past 12 months.
(AHRQ, 2012)

In his own words

Ali Rezaian, George Mason University, student – class of 2016

The fact is that a majority of common health issues affecting men are not receiving the attention that they should. Much of this may simply have to do with men attempting to align with the commonly held perceptions of them in today's society, where their masculinity is seemingly compromised if they take an interest in seeking help. Statistics on health discrepancies between men and women are alarming to say the least. Men also deal with many more emotional troubles than people realize, as well.

Socio-ecological model

There are many theories about what shapes the health behaviors of individuals. The socio-ecological model (SEM) describes the different levels of influence that explain people's behaviors and who or what may impact them in changing their behaviors (Kilanowski, 2017). At the core of this model is the principle that individuals are shaped by their environment and those around them, and how individuals can impact the environment and those around them. The model is typically depicted with nested circles with the innermost circle being the individual, referred to as intrapersonal (see Figure 1.1). Individuals have their own knowledge, beliefs and existing health behaviors. In health promotion efforts, the focus on this level usually results in directing education and/or developing the skill set of the individual to improve their health. The next circle closest to the individual is indicated by the interpersonal level of influence. This level includes the individual's friends or family. These are the people in the individual's life that can impact the choices they make about health. For example, an individual who smokes is influenced by their family members. So, if the individual wants to quit smoking but the rest of the family continues to smoke, then the likelihood of that individual being successful lowers. However, if the rest of the family members that smoke also quit, then the chances are higher that the individual will be able to successfully quit.