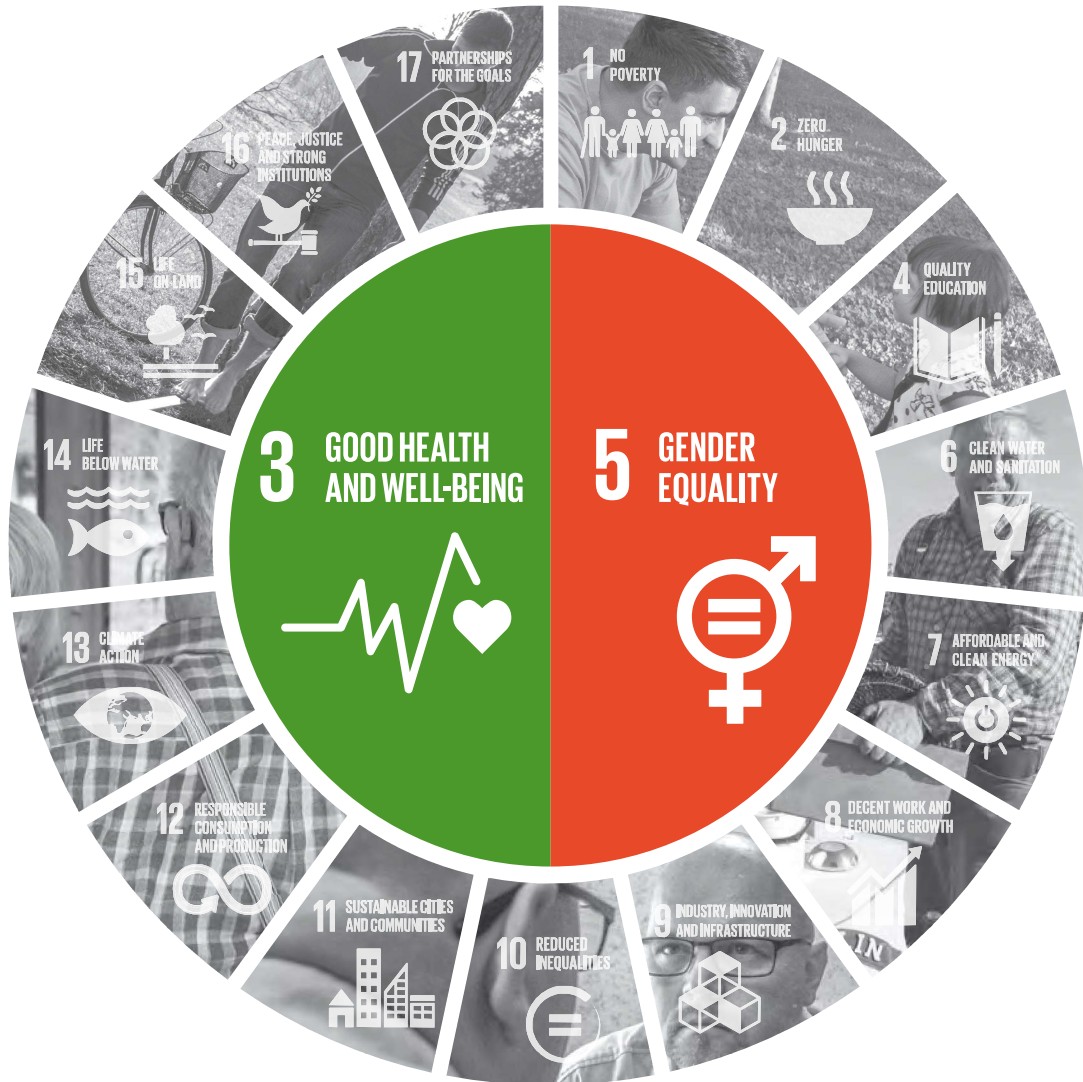




World Health Organization

REGIONAL OFFICE FOR Europe



The health and well-being of men in the WHO European Region: better health through a gender approach





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ABSTRACT

Although declining, high levels of premature mortality among men in some countries of the WHO European Region and gaps between men within countries require specific attention. A growing evidence base on the effectiveness of gender-responsive approaches to men's health, and on the positive health impact gender equality policy has on men, need to be considered in relation to improving the health of men and women. Building on the guiding principles of the 2030 Agenda and Health 2020, and the interconnected nature of Sustainable Development Goals 3, 5 and 10, a strategy on the health and well-being of men in the WHO European Region will be considered by the 68th session of the WHO Regional Committee for Europe in September 2018. This report provides a background to the strategy and presents a snapshot of the evidence of the health issues men face and the underlying social determinants of health. It takes a special focus on the impact of gender norms and stereotypes on health while also looking at gender-responsive health system approaches for men's health, and the health impacts of gender equality policy and engagement of men in achieving gender equality goals.

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Unhealthy diets

Poor quality of diet is a major cause of mortality and disability worldwide. International food programmes traditionally have focused on food security and micronutrient deficiency, but the diet-related health burdens due to NCDs are now surpassing those from undernutrition in nearly every region of the world (Imamura, 2015).

Dietary risks accounted for 2.3 million deaths in Europe in 2016, of which 49.6% occurred among men. These risks contributed most to DALYs associated with five causes: ischaemic heart disease, cerebrovascular diseases, neoplasms, diabetes mellitus and hypertensive heart disease. Eastern Europe had the highest rates of DALYs associated with dietary risks (World Bank, 2017a). As the leading risk factor in central Asia, dietary risks accounted for 17.2% of total DALYs for men; they ranked second in the other subregions of Europe.

Among harmful dietary factors, diets low in whole grains, nuts, fruits and vegetables, diets high in sodium and diets low in seafood omega-3 fatty acids were responsible for 57.8 million DALYs (World Bank, 2017a).

Dietary risk is greatest in men aged 50 and older, but DALYs caused by dietary factors are apparent at an earlier age in the countries of central Asia, and eastern and central Europe (World Bank, 2017a).

There was a distinct gap between western Europe's and other countries' DALYs rates for the main types of dietary risk among men in 2016. One of the leading dietary risks in central Asia is a high level of sodium consumption, while the leading risk in western European countries is diets low in fruits, nuts and vegetables.

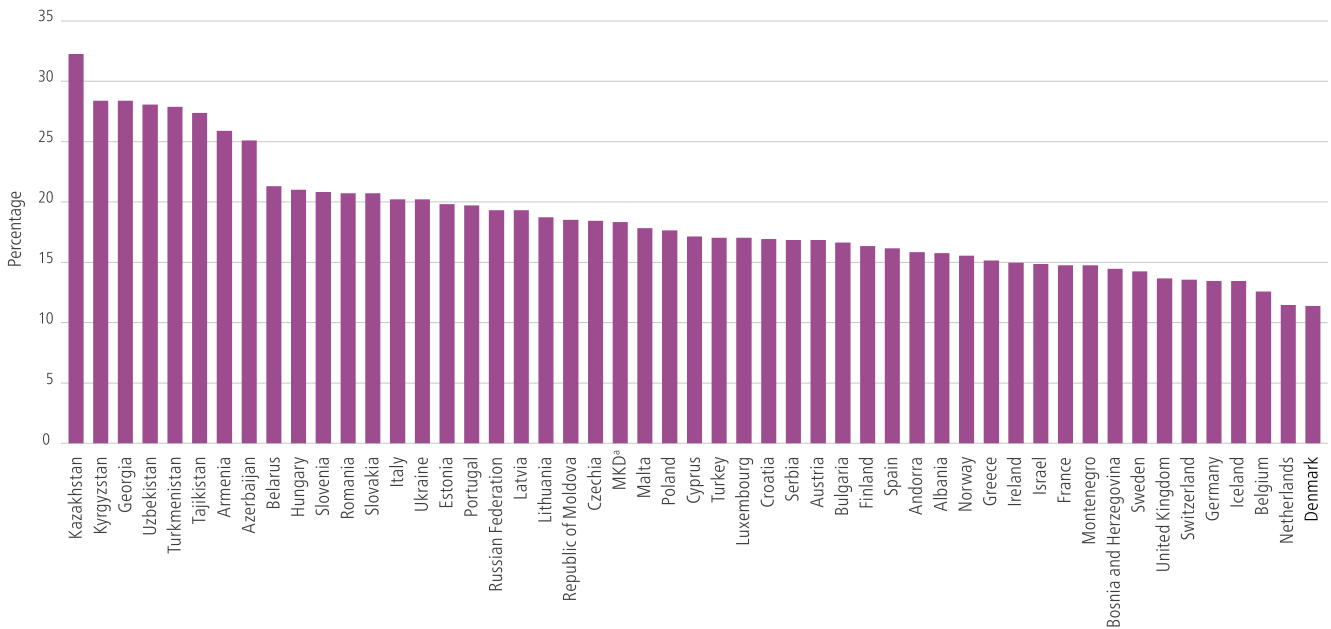
The proportion of cardiovascular deaths attributable to high sodium intake is particularly high for premature deaths, as shown in Fig. 1.18. Men tend to consume more salt than women, and the share of premature CVD deaths is higher in males than in females. In central Asia and eastern and central Europe, for example, almost every third premature death from stroke and every fifth from heart attack in males can be attributed to sodium intake of more than 2 g/day (WHO Regional Office for Europe, 2017).

Physical inactivity

WHO recommends that adults aged 18–64 should do at least 150 minutes of moderate-intensity aerobic physical activity or at least 75 minutes of vigorous-intensity aerobic physical activity throughout the week, or an equivalent combination of moderate- and vigorous-intensity activity. Those not reaching this threshold are considered physically inactive (WHO, 2010b). The average rate of male inactivity in Europe was 22% in 2010. People who are insufficiently active

Fig. 1.18.

Proportion of cardiovascular deaths in countries of the WHO European Region among 20–69-year-olds, both sexes, attributed to sodium consumption of more than 2 g per day, 2010



*The former Yugoslav Republic of Macedonia (MKD is an abbreviation of the ISO). Source: calculations from the WHO European Office for the Prevention and Control of Noncommunicable Diseases, based on Mozaffarian et al. (2014).

have a 20–30% increased risk of death compared to people who are sufficiently active (WHO, 2017d).

Fig. 1.19 shows that the proportion of males meeting WHO recommendations for physical activity ranges from 13.6% in Latvia to 91.1% in Kyrgyzstan. Higher numbers in the eastern part of the Region probably can be explained by the higher proportion of rural population in these countries (around 60%). Data in Fig. 1.19 have been collated by the WHO European Office for the Prevention and Control of Noncommunicable Diseases using various data sources, including Global Health Observatory (GHO), EU health-enhancing physical activity factsheets and national sources for the years between 2010 and 2018. It should be noted that countries use a variety of tools and methodologies; these data may not therefore be directly comparable and should be interpreted with caution.

Excess body weight

The prevalence of overweight and obesity in the Region has been increasing steadily. In 2010, WHO estimated that 62.5% of the adult male population was overweight (BMI ≥ 25 kg/m²) and prevalence is increasing, especially in the CIS, SEEHN and countries that joined the EU after May 2004 (WHO, 2017e). Similarly, the prevalence of male obesity (BMI ≥ 30 kg/m²) is also increasing. Estimates from 2014 indicate that 20.9% of the male population in the Region was obese. Differences between countries were more pronounced for obesity (range 13.6–