

# **FIRST AUSTRIAN REPORT ON MEN'S HEALTH**

**WITH SPECIAL REGARD TO  
PREVENTIVE APPROACHES IN MEN'S HEALTH**

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**UPDATED SUMMARY 2006**

**Policy Division of  
Men's Affairs**

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## First Austrian Report on Men's Health – 2006 Summary

Many men tend to pay less attention to health-related complaints than women, and often do not consult doctors before their problems have persisted for a prolonged period. This might be one of the reasons why the specific health problems of men have not adequately been taken into account for a long time, not even by experts in this field.

However, it is a fact that

- Austrian men, on average, die 5.4 years earlier than women;
- men are disproportionately affected by non-gender-specific diseases such as cardiovascular diseases, cirrhosis and lung cancer;
- the risk of committing suicide is much higher for men than for women;
- men account for the majority of victims of road traffic and serious accidents at work that lead to permanent injury;

and

- still feel more healthy, on average and
- see a general practitioner less often than women.

### Focal themes

The First Austrian Report on Men's Health, drawn up by ÖBIG (Austrian Health Institute) on behalf of the Policy Division of Men's Affairs at the Austrian Federal Ministry of Social and Consumer Protection (BMSK), provides data to confirm the aforementioned statements and attempts to give explanations for this situation.

The Report also describes factors that influence health (e.g. life style, working conditions, stress situations) as well as epidemiological data, complemented by a survey and analysis of health-related patterns of behaviour and action typical of men in Austria. In addition, the study identifies best practice models of men's health and gives recommendations for prevention measures for this target group.

Parallel to this Report, the Policy Division of Men's Affairs had a study drawn up in which ethical, psychosocial and philosophical aspects of this theme are discussed in the form of a collection of essays. The two reports address several target groups: decision-makers in the field of (health) policy, interested experts and eventually, the general public.

Austria's role as a pioneer in research on men's health is documented both by this Report and the complementing publication mentioned above as well as further initiatives undertaken in Austria:

- Vienna was the first region in Europe to have a report on men's health drawn up.

- In 2001 the International Society for Men's Health and Gender (ISMH) was founded in Austria.
- In 2002 M.E.N. (the first men's health centre in the European Union) has been established at Vienna's Kaiser Franz Joseph Hospital.
- The study on suicides among men in Austria published by the Policy Division of Men's Affairs (BMSG 2003b) marks the starting point for basic research in the field of male risk behaviour and approaches to health.

## Demographic and social structures

**3.9 million** out of Austria's population of over 8 million are **men** (data from 2001 census), which corresponds to an approximate share of 48 %. A share of about one out of four is accounted for by children and young people under 19, and 12 % is older than 64. A share of 10 % of men living in Austria is accounted for by foreign citizens, 15 % of whom comes from another country of the European Union. From 1991 to 2001, the rise in the number of men (3.6 %) was slightly above the increase in women in Austria. However, only the share of men over 64 has grown and is likely to increase further, to 15.3 % in 2010 to 18 % in 2020.

In 2001, slightly more than one out of four Austrian men over 14 had not finished school education or had only completed compulsory education. Approximately 20 % had taken upper secondary education school leaving examinations, and around 8 % of all men had also completed university studies.

The **employment rate** (persons in employment; i.e., wage earners and self-employed people as a percentage of population aged 15 to under 65) was 79.9 % for men in 2003. Approximately 1.73 million men (around 80 % of persons in employment) were wage earners, and almost two thirds of these men worked in the sectors of manufacturing, trade and repair of motor vehicles and personal and household goods, public administration and construction. In 2003, the average monthly gross income of the group of wage earners was EUR 2 548.

More than half of men in employment work more than 39 weekly hours, and almost 20 % of men in employment works more than 45 hours per week. The days of sick leave per year among wage-earning men have gone down since 1991 (in 2003: 13.4 days), and the average duration of sick leave has fallen to an even greater extent. Both the annual number of days of sick leave and the average duration of sick leave are higher among men than among wage-earning women.

Approximately 31 % of Austrians over 19 is unmarried, 61 % is married, 3 % is accounted for by widowers, and 5 % is divorced. Naturally, the share of unmarried male Austrians is largest in the group aged between 20 and 44 (51 %), while the percentage of married men (81 %) and divorced men (7 %) is largest among men between 45 and 64.

## Survey of relevant health indicators

### Average life expectancy of Austrians in 2004



### Persons dying before the age of 65 (1995 to 2004)



### Suicides between 1995 and 2004



### Share of men and women in the present number of 330 000 chronic alcohol abusers



### Men and women involved in traffic accidents under influence of alcohol (2004)



### Share of smokers in the overall population (1999)



### Healthy diet considered to be of personal relevance (1999)



### Sweat-breaking sports or exercise at least once a week (1999)



### Share of men and women having obtained medical check-ups, average from 1995 to 2004



### Inpatients per 100 000 inhabitants<sup>1</sup> (2004)

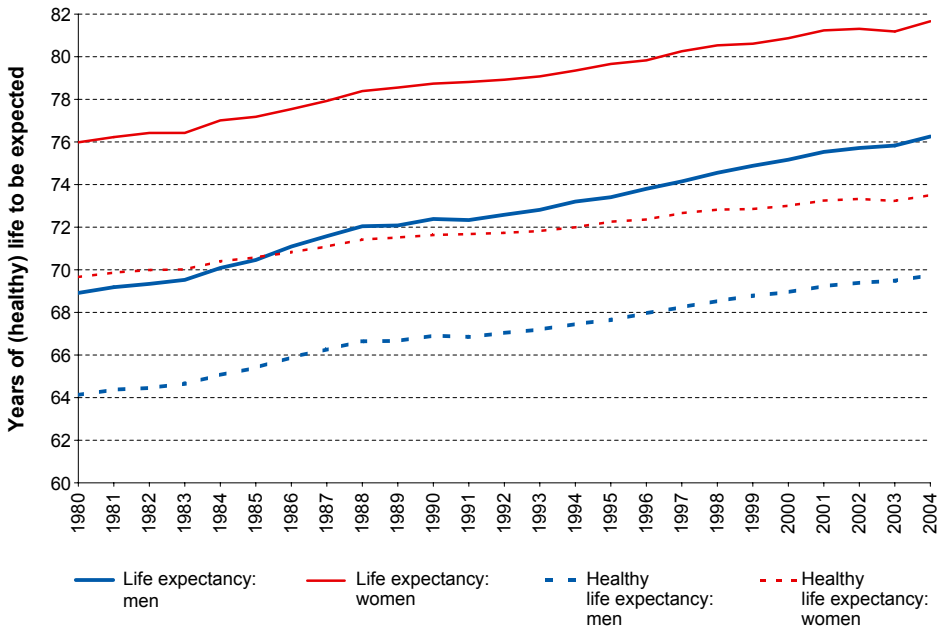


Source: *First Austrian Report on Men's Health*, p. 3

<sup>1</sup> age-standardised, standard population = European population (excluding pregnancy-related indications)

## Live expectancy

In 2004, **life expectancy** at birth was approx. 76.3 years for men in Austria, which corresponds to the life expectancy of women 20 years ago. At present, the gender difference with regard to life expectancy is 5.4 years. This difference has not changed since the previous year but in the long run, a levelling-out trend clearly shows: in the past 20 years, the life expectancy of men has risen by 6.2 years, and by 4.7 years in the case of women. Compared to men of other countries in Europe, the life expectancy of Austrian men is fairly high.



**Figure 1: Life expectancy and healthy life expectancy in Austria by gender, from 1980 to 2004**  
 Sources: STATISTICS AUSTRIA – mortality statistics 1980–2004, censuses 1971–2001, population updates, sample censuses of 1991 and 1999; calculations by ÖBIG

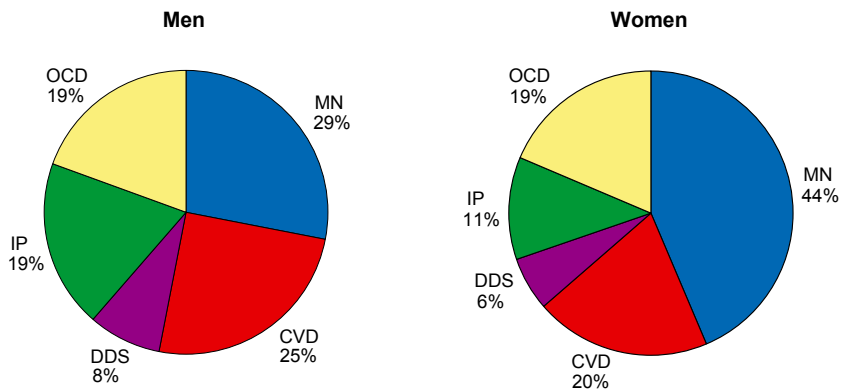
**Healthy life expectancy** has not risen to the same degree as life expectancy in general. In 2004, men in Austria could expect to live around 69.7 healthy years, which is 2.3 years more than 10 years ago and 4.7 years more than 20 years ago. The rest of the increase in life expectancy is likely to go hand in hand with serious mental and physical impairments.

## Mortality and morbidity

Corresponding to the lower life expectancy of men, the mortality rates are higher for men than for women. In the period from 1995 to 2004, mortality was higher by two thirds in the case of men compared to women, and in the age group under 65, the mortality of men was more than twice as high as the mortality of women.

The differences according to gender already show with regard to infant mortality. In the decade from 1994 to 2003, an annual average of 4.4 girls per 1 000 live births died before their first birthday, compared to 5.4 boys (2003: 4.0 girls v. 4.9 boys). The most frequent causes of death include congenital anomalies; immaturity without further specification; and other perinatal causes of death. Regarding children up to 5 years, the mortality of boys exceeds the corresponding figures for girls by almost one third.

The most frequent causes of deaths among men, as well as among women, are cardiovascular diseases and cancer. Between 1995 and 2004, cardiovascular diseases were diagnosed in 43 % of the men who had died in this period, and approximately 27 % had died of cancer. In the age group under 65, cardiovascular diseases account for a markedly smaller share of causes of death for either gender. In particular, death because of cancer is more frequent. Among men, almost one out of five die due to injury and poisoning.



**Figure 2: Deaths among people under 65 by gender and main cause of death, from 1995 to 2004**

MN = malign neoplasms, CVD = cardiovascular diseases, DDS = diseases of the digestive system, IP = injury and poisoning, OCD = other causes of death

Sources: *Statistics Austria – censuses of 1991 and 2001, population update, mortality statistics 1995–2004; calculations by ÖBIG*



Mortality due to **cardiovascular diseases**, in particular ischemic heart diseases, has been reduced significantly over the past 10 years, and especially since 1997, but on the other hand, the hospitalisation rates due to cardiovascular diseases have gone up. The reason for the downwards trend in mortality may thus be due to the fact that cardiovascular diseases are detected and treated at an earlier stage than 10 years ago.

Deaths caused by **cancer** have decreased only slightly, although the corresponding hospitalisation rates have risen by approximately 37 %. Among men, one out of four fatalities due to cancer is caused by lung cancer. The second-most frequent cause of death in the group of malign neoplasms is prostate cancer, before colonic and rectal cancer, pancreatic cancer and gastric carcinoma. What deserves mention in this respect is that men account for almost twice the share in fatalities caused by lung cancer compared to women. More than two out of three persons who died because of lung cancer in the period from 1995 to 2004 were men. Regarding incidence rates (annual new cases per 100 000 inhabitants), prostate cancer ranks before lung cancer. The chances of healing are significantly higher in the case of prostate cancer than with regard to lung cancer, however.

The mortality rates of men are higher than the rates of women also in the case of other **pulmonary diseases** (in particular chronic obstructive pulmonary disease and pneumonia). Every year almost 2 000 men die of pulmonary diseases in Austria. The corresponding mortality rate is more than twice as high for men as for women, and the hospitalisation rates due to pulmonary diseases are by one third higher in the case of men compared to women, with pronounced gender-related differences especially in the age group over 45.

Another typical field of male diseases concerns the **liver**. In Austria, approximately 1 350 men (average from 1995 to 2004), but only half as many women, die of chronic liver disease and cirrhosis. This corresponds to a mortality rate of 35 men and 15 women per 100 000 inhabitants in Austria, which is above the average of West European countries for both men and women. In line with the trend for Western Europe, the mortality rates have gone down for both genders since 1992. The hospitalisation rates are also twice as high for men as for women.

The most frequent **external cause** of death of Austrian men (i.e., deaths due to injury and poisoning), after accidents, is suicide. From 1995 to 2004, approximately 1 180 men annually committed suicide (40 % of all external causes of death). Every year, slightly more than 700 men die as a consequence of traffic accidents (one out of four external causes of death). Twice as many men as women die due to injury or poisoning, and almost three times as many men commit suicide. The suicide rate among men in Austria is rather high compared to the men in the majority of oth-

er European countries: higher rates are found only in Finland, Hungary and recently, Belgium. The annual trends regarding external causes of death show a slight decline from 1995 to 2004.

The fact that the suicide rate is twice as high among men as among women is in flagrant contradiction to the hospitalisation rates because of mental diseases (which are at similar levels for men and for women), and to the answers given in the sample census, according to which the share of women was considerably higher than the share of men with regard to any complaints that might indicate a mental disorder. As a rule, the manifestations of depression are different for men and women. Apart from the leading symptom of the disease, i.e., a depression of mood, typical psychopathological signs showing in men also include anger, irritability and hostility. This irritability often shows as a mood that goes hand in hand with reduced control of impulses or increased anger and aggression.

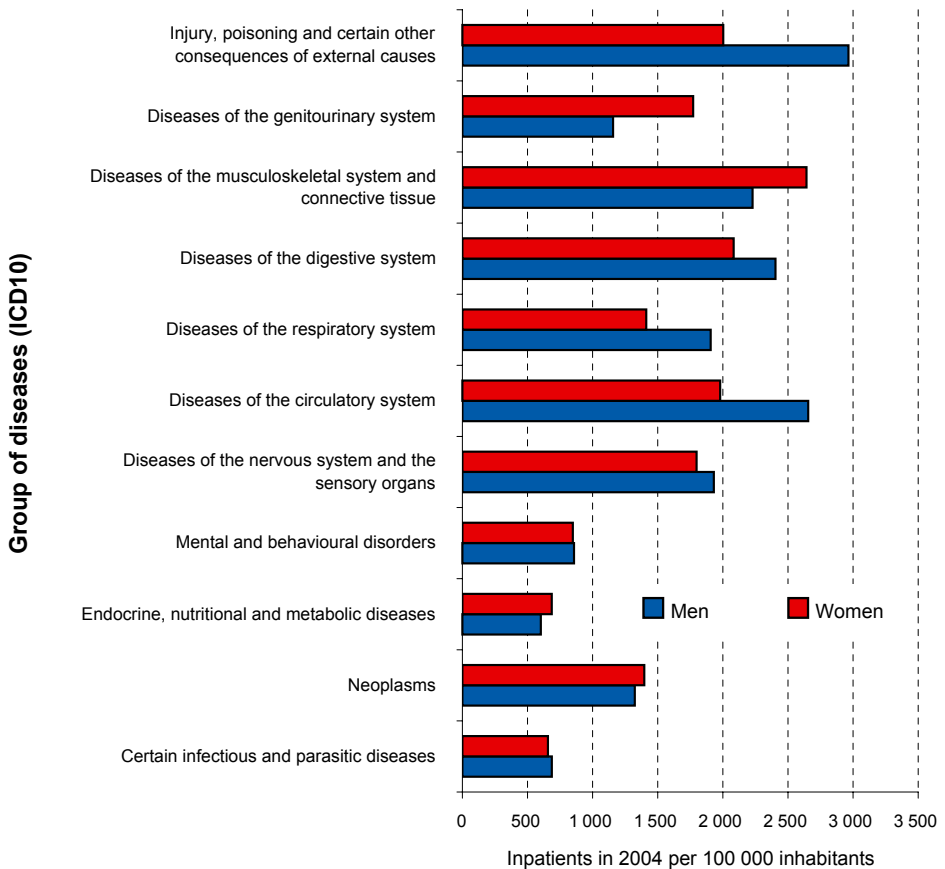
The age-standardised mortality rate is higher for men than for women also with regard to **diabetes** (18.6 v. 14.0 annual deaths per 100 000 inhabitants in the period from 1995 to 2004), while the hospitalisation rate is almost the same for men as for women. Up to the age of around 40, diabetes hardly plays any role in this context. The number of diagnoses of diabetes starts to rise strongly as of the age of around 40 in the case of men, and at a somewhat later age in the case of women. In the sample census, only 2 % of men (v. 2.3 % of women) indicated that their blood glucose levels were elevated.

Regarding the most frequent diagnoses, i.e., cardiovascular diseases, cancer, injury and poisoning and diseases of the digestive organs, men undergo **inpatient treatment** more often than women of the same age group. The total age-standardised **hospitalisation rates** (excluding pregnancy-related indications) are slightly higher for men than for women<sup>2</sup>. The greatest gender-specific differences are found with regard to the following diagnoses: injury and poisoning (hospitalisation rates of men 50 % higher than the corresponding rates of women), pulmonary diseases (35 % higher), cardiovascular diseases (34 % higher) and digestive diseases (15 % higher). All figures given refer to the year 2004.

The picture is reversed, however, as far as visits to general practitioners are concerned: men, irrespective of educational levels and age, tend to see GPs less often than women, but use outpatient departments more frequently.

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<sup>2</sup> Age standardisation means that identical age structures of the male and female populations are assumed in order to exclude influences due to different shares of men and women in individual age groups. Without age standardisation, the hospitalisation rate is higher for women, because their share in the older population groups is considerably larger than the shares of men.



**Figure 3: Hospital morbidity rates of the Austrian population by gender and diagnose group, in 2004**

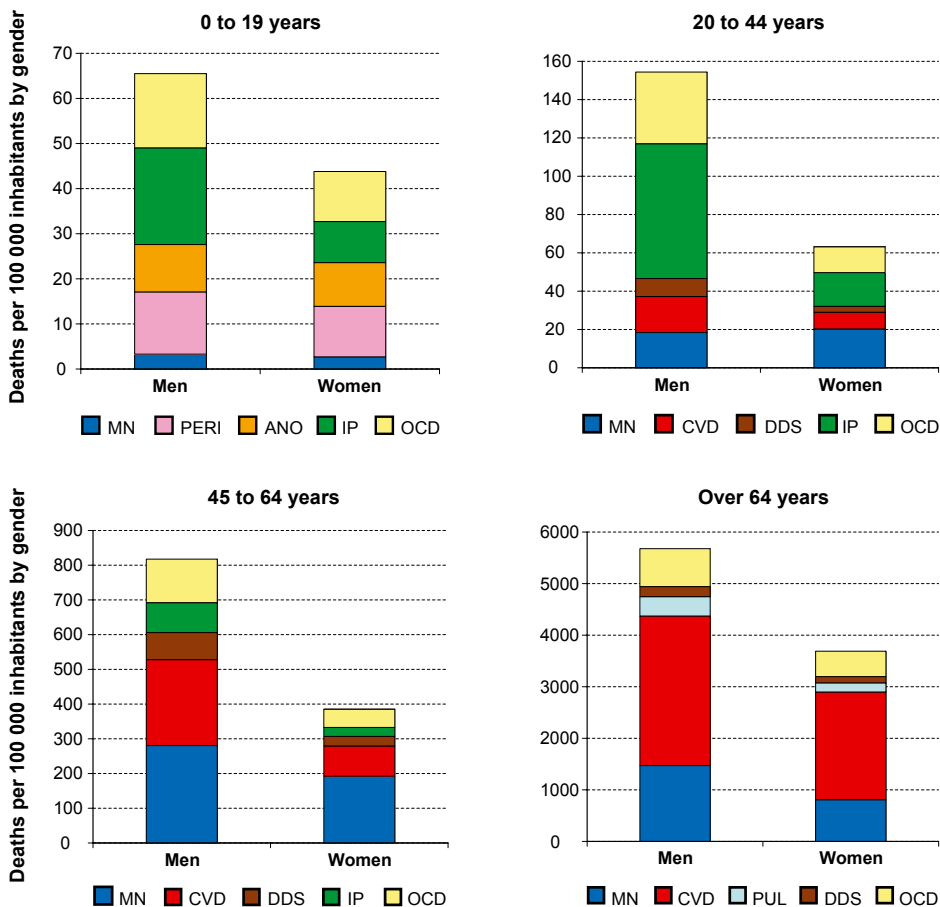
Sources: Federal Ministry of Health and Women – Diagnoses and performance documentation of 2004; STATISTICS AUSTRIA – population update, calculations by ÖBIG

### Mortality according to age group

Generally speaking, men in Austria face a higher risk of dying at early adulthood or before than women. This difference in gender-related mortality tends to get smaller with rising age, however. The following figures refer to the period from 1995 to 2004.

For children and adolescents up to the age of 19, the most frequent causes of death are injury and poisoning, which are found twice as often among the male population in this age group as among girls and young women. In the age group between

20 and 44, the overall mortality of men is two to three times as high as the mortality of women. The greatest difference in this respect concerns injury and poisoning (diagnosed four times as often in men than in women). Fatal cardiovascular diseases among men in this age group occur twice as often as among women, and the



**Figure 4: Most frequent causes of death by gender and age group, from 1995 to 2004**

MN = malign neoplasms, PERI = certain conditions originating in the perinatal period, ANO = congenital malformations, deformations and chromosomal abnormalities, EXO = external causes of death, CVD = cardiovascular diseases, PUL = diseases of the respiratory system, DDS = diseases of the digestive system, OCD = other causes of death

Sources: Statistics Austria – censuses of 1991 and 2001, population update; mortality statistics 1995-2004; calculations by ÖBIG

mortality rates because of digestive diseases are also significantly elevated for men. Women between 20 and 44 are affected more strongly than men in this age group only with regard to fatal cancer.

In the age group from 45 to 64, the mortality risk is still more than twice as high for men as for women. Deaths caused by cancer and cardiovascular diseases or due to diseases of the digestive system are accounted for by considerably higher shares than in the younger age groups, with greater differences with regard to men than to women: the mortality rate because of cancer is already almost 1.5 times as high for men as for women. In the group over 64, the majority of all deaths of either gender are caused by cardiovascular diseases, followed by cancer as the second-most frequent cause of death, which is accounted for by approximately one out of four men and approximately one out of five women. In this age group, the overall mortality rate of men back to only 1.5 times the rate of women.

## Self-assessment of the state of health

According to a survey of 1999, approximately three out of four Austrians (men and women) regard their state of health to be very good or good. Men, in Austria as well as in almost all other European countries, generally consider themselves to be healthier compared to the self-assessment of women, with differences growing with rising age. In addition to age as the most relevant factor, the educational status (which is linked to the type of occupation and the available income) also strongly influences the individual feeling of well-being. The higher their educational level is, the more satisfied people are with their own state of health.

Approximately 1.7 % of Austrians need help for essential personal activities sometimes, and 3.7 of the people need such help often or always. The share of persons depending on help by others often or always is slightly lower among men than among women. Naturally, the percentage of people who rely on assistance because of impairments increases with age: it is more than 22 % in the group older than 85 years. 1.9 % of the population needs help by others for routine activities of daily life.

In 2002, 348 000 men and women in Austria (4.3 % of the population) received nursing benefits. In this group, approximately 16 000 persons were recognised as persons in need of high-degree (stage 6 or 7) nursing care, with the extent of impairments and thus the demand for nursing care rising with age. The percentage of women who receive nursing benefits is twice as high as the relevant share of men.

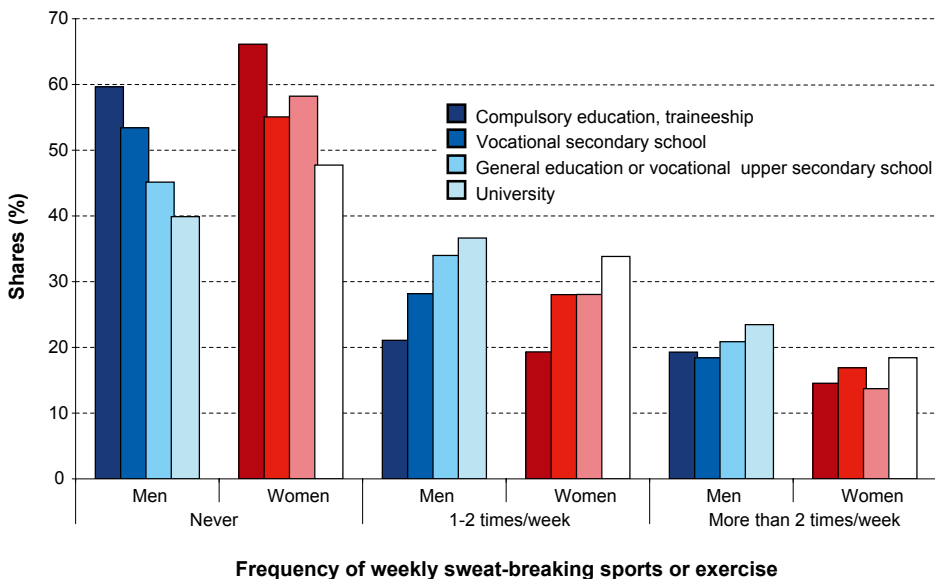
## Factors influencing health

An analysis of the data gathered in the 1999 sample census shows that between one out of four and one out of three men in Austria is overweight, and 11 % is regarded as massively overweight, with a body-mass index over 30. The share of overweight

men is considerably higher than the corresponding share of women (less than 20 %), while in the group of massively overweight persons no gender-related differences are found. The percentages of overweight or massively overweight men are markedly rising with age up to the age group from 45 to 64. Excessive weight, a frequent indirect consequence of unhealthy patterns of behaviour, considerably increases the risk of contracting diseases such as cardiovascular diseases or diabetes.

A healthy **diet** strongly contributes to the preservation of health and well-being. Studies in this field show that a healthy diet plays a significantly less important role for men than for women. Differences in the nutritional patterns of the genders obviously form in early childhood already and they are maintained for long periods of life. Men tend to eat fruit and vegetables less often than women and considerably higher shares of men prefer rich meals with large quantities of meat.

In addition, more men in Austria are **smokers** than women; larger shares of men drink alcohol on a daily basis and the quantities they drink are also considerably larger compared to women. Traffic safety is also more strongly endangered by men under the influence of alcohol than by women. What is particularly alarming is the



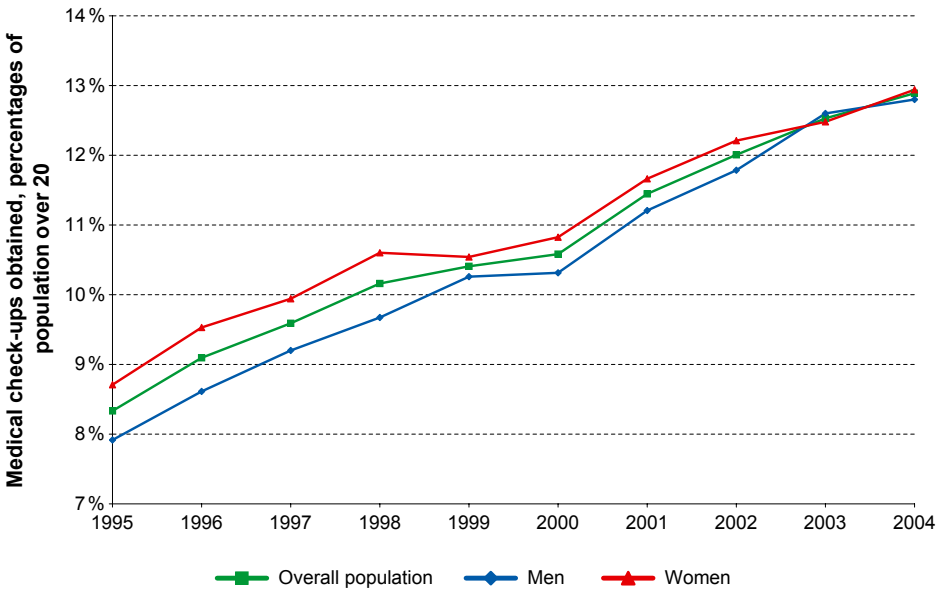
**Figure 5: Frequency of weekly sweat-breaking sports or exercise among the age group from 45 to 64 by gender and educational level, in 1999**

Sources: Statistics Austria – results of sample census 1999, special programme on health-related issues; calculations by ÖBIG

large share of smokers among male adolescents (37 %), accounting for the strongest rise in all age groups from 1991 to 1999.

**Sports and exercise** are activities in which men engage to greater degrees than women. Men with higher levels of education tend to exercise more frequently than men with lower educational levels. One reason for this fact may be that the latter more often do work that requires physical exertion.

**Obtaining medical check-ups** has long been a domain of women in Austria. However, since the late 1990s, stronger rises in shares of men have led to a levelling-out trend, and in 2003 the share of men undergoing check-ups (12.6 %) was even slightly higher than the percentage of women. In sum, in the period from 1995 to 2004 approximately 10.5 % of all men and around 11.1 % of the women over 19 took part in cost-free health check-ups.



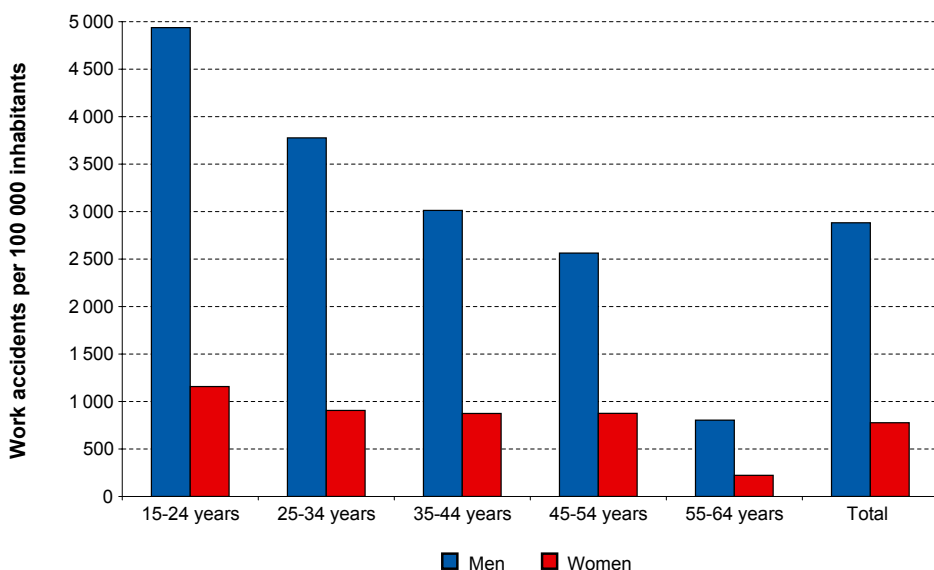
**Figure 6: Basic medical check-ups obtained in Austria by gender, from 1995 to 2004**

Sources: Main Association of Austrian Social Security Institutions – statistical yearbooks 1995–2005; Statistics Austria – censuses of 1991 and 2001, population update; calculations by ÖBIG

Preventive check-ups that specifically address men include examinations for an early detection of prostate and testicular cancer. Prostate cancer may be identified at an early stage by means of a blood test that measures the concentration of the enzyme PSA (prostate-specific antigen).

## The situation at the workplace and in private life

The majority of men spend approximately two thirds of their lifetime in working life. Therefore, **work-related stress factors** are of central importance for the health of men. Considerably more men than women indicate that their health is affected because of their occupation (massive pressure of time, heavy physical work, conflicts at the workplace). Men also have work accidents many times as often as women, and in addition, more men than women work in industries with higher risks of accidents. Men are also more strongly affected by acknowledged occupational diseases. In this context, noise-induced hearing loss deserves special mention as a particularly frequent occupational disease of men.



**Figure 7: Work accidents per 100 000 inhabitants of working age (15 to under 65 years) by age group, in 2004**

Sources: Austrian Workers' Compensation Board – work accidents in 2004, Statistics Austria – census 2001, population update; calculations by ÖBIG

Contrary to the situation at the workplace, men feel less strongly affected by stress and problems related to their **private life situation** than women, or by the mix of stress factors from private life and working life duties. A survey conducted by ÖBIG (see below) shows that almost all men who live in families, with their partners and children, feel mentally balanced, compared to only somewhat more than half of the men who live alone.



## The survey by ÖBIG

ÖBIG conducted a representative nation-wide phone survey among 500 men aged between 16 and 87 in order to attempt a further investigation of the health-related behaviour of men and the reasons why they tend to attribute little attention to their own state of health.

The health **problems** that were indicated most frequently include high blood pressure, back pain and the consequences of unintentional injury. Only a small minority of the respondents said that they suffered from a reduction of energy, anxiety or a depression of mood. With regard to their psychological and mental situation, a predominant share of men said it was satisfactory, and only 3 % said they felt imbalanced.

Four out of five men interviewed thought they were leading healthy lives. **Health awareness** is more pronounced among older men than in the younger age group, and rises with higher education levels. Healthy exercise, careful driving, a healthy diet and regular medical check-ups as well as sports were the most frequently indicated personal measures taken to keep healthy.

The men who did not lead healthy lives indicated unhealthy food, smoking, lack of exercise and abuse of alcohol as the most prominent factors. The reasons they gave for the corresponding lifestyles were pleasurable feelings, lack of independence and lack of time.

**Overview: Influencing factors detrimental to health, by age group, indications given as percentages of respondents**

| Under 19   | 20 to 44 years                                       |
|--|--|
| Stress (55 % and 69 %)                               | Stress (59 % and 66 %)                               |
| Difficult situation at the workplace (21 and 38 %)   | Difficult situation at the workplace (35 % and 41 %) |
| Lack of sleep (55 %)                                 | Lack of sleep (36 %)                                 |
| Lack of health awareness (34 %)                      | Smoking (29 %)                                       |
| Unhealthy diet (34 %)                                | Lack of exercise (31 %)                              |
| 45 to 64 years                                       | 65 years or older                                    |
| Stress (44 % and 59 %)                               | Stress (12 % and 67 %)                               |
| Difficult situation at the workplace (20 % and 29 %) | Difficult situation at the workplace (3 % and 67 %)  |
| Lack of health awareness (30 %)                      | Difficult situation at the place of residence (27 %) |
| Unhealthy diet (26 %)                                | Unhealthy diet (21 %)                                |
| Lack of exercise (31 %)                              | Lack of exercise (18 %)                              |

The first figure in the bracket refers to the total number of respondents, the second figure refers to people in employment.

Men in Austria, in particular men in employment, regard stress as the strongest **health hazard**. Other typical factors that are considered to be detrimental to health include lack of sleep, lack of exercise, an unhealthy diet and lack of health awareness. More than one out of five men also include the situation at work, smoking, hazardous jobs or insufficient attention to physical symptoms among typical factors that are detrimental to their state of health.

According to the survey, the family and the immediate living environment are the most important sources of information on health-related matters and also have the greatest influence on men's personal health-related behaviour. Other sources of information that were often indicated include doctors, friends and acquaintances. The press, TV and radio, colleagues at work or friends in clubs and associations play a less significant role, and celebrities are regarded as least relevant in this regard.

## Problem areas

For men, the risk to suffer from a disease not related to gender at some time in life tends to be higher than for women. In addition, men use preventive health services such as cost-free check-ups considerably less often than women, and their health awareness is lower. As a result, they suffer from avoidable diseases more frequently than women of the same age: for instance, men in Austria are twice as likely to die of cirrhosis as women, and the shares of men who suffer from lung carcinoma are still higher than the corresponding shares of women, although the gender gap is closing.

The data obtained from the sample census and other public statistics, the survey conducted by ÖBIG and talks with experts have shown that the following problems and influencing factors affect men's health to relevant degrees:

- Life style (diet, alcohol, exercise, smoking)
- Stress
- Larger number of accidents, which are related to deliberate high-risk patterns of behaviour in particular among young men
- Physical stress, e.g., due to heavy work or shift work
- Health services, in particular medical check-ups, are used less often and at later stages

## Best practice models

Austria's role as a pioneer of men's health is also reflected in the establishment of the International Society for Men's Health (ISMH) in 2001. The central objective of the ISMH is to build an international, interdisciplinary network of researchers of men's health, for a regular exchange of relevant research results, which in turn will help to reduce the world-wide mortality and morbidity rates among men at an international level. As of the year 2001, annual Congresses on Men's Health have been organised in Vienna ([www.wcmh.com](http://www.wcmh.com)).

An effective way to communicate active approaches to health to a larger group of men is to organise health information events such as men's health days, which have already taken place in several provinces (e.g., Vienna, Lower Austria and Salzburg). Another helpful approach is to establish specialised health-care centres for men, such as M.E.N at Kaiser Franz Josef Hospital in Vienna or the men-doc outpatient clinic of urology at Vienna's Lainz Hospital. Both M.E.N and the Austrian Institute for Family Studies also organise workshops at schools, e.g., on changing gender roles or sexual health. In addition, several Austrian men's counselling centres also provide health-related services.

Health campaigns that exclusively address men are primarily found in the field of sexual health, in particular on the themes of erectile dysfunction and cancer prevention. The initiative Health as a Man's Business, which was started in October 2003 as a cooperation of ISMH, the Austrian Medical Association, the Austrian Cancer Aid Association and the City of Vienna, is a good example of an effective campaign for a broad public. The aim of the campaign was to provide a guide to staying healthy that motivates men to take care of their health.

Medical check-ups and early detection programmes have been identified as important instruments of prevention and health promotion. In 2005, the examinations included in the routine check-up that all Austrians (over 18 years) may obtain free of cost once a year were reviewed in order to ensure that the individual needs of the persons obtaining check-ups are met and to take gender and age into account as well. Another initiatives in this field include the "Men's Health Certificate" and the AndroCHECK initiative of the Austrian Professional Association of Urologists ([www.androcheck.at](http://www.androcheck.at)).

Eventually, the *Männerratgeber* guide published in summer 2005 ([www.maenner-ratgeber.at](http://www.maenner-ratgeber.at)) provides additional information on specific health services for men.

## Measures planned

The measures of prevention and health promotion recommended in the Report are based on an analysis of existing health services for men. They were drawn up by ÖBIG after talks of about two hours with 31 experts in men's health (physicians of various fields of specialisation, psychologists, psychotherapists, sociologists, special-

ists in social medicine, educational experts, social workers, health promotion experts, journalists and economists) in agreement with the members of the project advisory board.

The following activities will play central roles:

- medical measures, e.g., better accuracy and acceptance of preventive measures, attributing greater significance to and standardising of counselling talks with physicians or therapists, as well as recommendations for a definition of the term specialist in men's medicine;
- psychosocial and educational measures, e.g., aimed at a reduction of the number of male smokers and at placing more emphasis on themes such as health education of children as well as raising the social acceptance of health-awareness among men;
- political measures, for instance establishing a competence centre of boys' and men's health in the Policy Division of Men's Affairs in the BMSG in order to build networks of experts in men's health and men's centres in Austria; expansion of gender-related research projects initiated by the Division of Men's Affairs;
- measures aimed at support by the media for a sustainable communication of the relevance of men's health and changes in lifestyle;
- health promotion measures for specific settings in the fields of traffic, workplace and sports.

In future, sports will play a more prominent role with regard to preventive approaches, as experience of Germany and the results of ÖBIG's survey show that men are well aware of the fact that sports and exercise are important for health and well-being.

The study on suicides among men in Austria published by the Policy Division of Men's Affairs at the Austrian Federal Ministry of Social and Consumer Protection (BMSK 2003b) has been an important step towards a definition of male at-risk groups. Further important research projects in this field should focus on underlying motivations and prevention models, which could serve as a basis for gender-related measures of health promotion.

## Conclusions

In future, health care will have to take into account gender aspects to a greater extent and the role that gender plays will have to be reflected in a systematic way. This approach does not aim at an expansion of the existing health-care services but they should more clearly be oriented towards specific needs to meet concrete demands, i.e., a stronger focus should be placed on individual target groups – such as the target group of men.

The publication of the First Austrian Report on Men's Health has been an important step in this direction. However, the corresponding analyses have shown that etiological research in the field of men's health has to be intensified even in Austria, a pioneer in this area compared to other European countries. According to experts, what is also needed is a better orientation of health care services towards the specific needs of men, in particular with regard to medical check-ups.

This reorientation will start to take effect when the measures recommended in this Report are implemented, and for the next stage it is advisable to establish a competence centre of boys' and men's health in the Federal Ministry of Social and Consumer Protection. This will be a good basis for coordinated networking of actors in the field of men's health in Austria and for a better alignment of the existing health care and counselling services specifically addressing men.

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## Remarks on data quality

The data and analyses on which the First Austrian Report on Men's Health is based primarily relate to the period from 1992 to 2001 (reporting period). For the updated summary, the periods covered by the Report have either been extended as available data for the following years have also been included, or the relevant data refer to the decade from 1995 to 2004.

The data used, and the conclusions drawn from them, differ with regard to their quality, completeness and reliability. The available official routine statistics have been the primary data source. An overview of the most important sources with regard to data providers, types of data, periods of reference (periods for which data have been available), greatest sensible geographic detail, validity and purpose of use is given below.

**Statistics of the Austrian Workers' Compensation Board** (data provider: Austrian Workers' Compensation Board: acknowledged work accidents, accidents on the way to or from work and occupational diseases by age, gender, industry, kind of occupational disease, district of the place of residence, district of the place of work, fatalities; high validity but decreasing with greater regional differentiation).

**Documentation of diagnoses and performance** of Austrian hospitals (data providers: Federal Ministry of Social Security and Generations, Statistics Austria; data basis for calculations of hospital morbidity: inpatients by age, gender, place of residence, primary and/or secondary diagnoses as well as medical services performed; high validity but only of limited use for epidemiological analyses, e.g., because of distortions due to high hospital mortality rates in regions with high bed density, certain incentives caused by the nature of the hospital financing system and the transition from ICD 9 to ICD 10 codes in 2000/2001).

**Cancer statistics** (data provider: Statistics Austria; data basis for calculations of cancer incidence: regional cancer registries; new cancer cases by age, gender, place of residence and tumour localisation; great differences in validity and completeness according region and time of reference, thus only of limited overall reliability).

**Sample censuses** (data providers: Statistics Austria, Provincial Statistical Offices; state of health and general health-related condition of respondents; of limited validity to some extent because data come from self-assessments of the respondents, great differences in sample sizes in individual regions, longitudinal studies are problematic in some cases because of differences in interviewing techniques; data basis for analyses of subjective state of health, health impairments, health-related patterns of behaviour, etc. As a rule, only the population older than 15 is included. Sample census surveys only study samples and not the overall population, therefore any interpretation has to take into account that the corresponding results may show considerable statistical ranges. The indicators derived from the sample census surveys of 1999 that are given in this Report (e.g. on subjective state of health or health-related patterns of behaviour) may differ from the figures published by Statistics Austria, because the calculations by ÖBIG are not based on imputed data (= missing data completed according to the principle of the closest donor) but on raw data. This is due to the fact that for the reporting year 1991 no imputed data are available and because comparisons between the two years seem to be sensible only if the same type of data is used.

**Mortality statistics** (data provider: Statistics Austria; data basis for calculations of mortality and life expectancy: deaths by age, gender, place of residence and primary cause of death; high validity but validity decreases with degree of detail regarding primary causes of death and regions; inaccuracies in time series may be due to the transformation from ICD 9 to ICD 10 codes in 2001/2002).

**Censuses of 1971, 1981, 1991 and 2001** (data providers: Statistics Austria, Provincial Statistical Offices; data basis for the majority of calculations of health indicators: inhabitants by age, gender, place of residence and socioeconomic characteristics; very high validity, for the years between censuses, data obtained by population updates were used, the reliability of which may not be as good).

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