

Iranian Men's Health: A Look at the Challenges and Strategies for Improving Health

Amin Mirzaei¹ 

¹ Department of Public Health, Faculty of Health, Ilam University of Medical Sciences, Ilam, Iran

Article Info

Article type:

Letter to Editor

✉ Correspondence to:

Amin Mirzaei

Department of Public Health, Faculty of Health, Ilam University of Medical Sciences, Ilam, Iran

Email:

mirzaei.amin62@gmail.com

➤ How to cite this paper

Mirzaei A. Iranian Men's Health: A Look at the Challenges and Strategies for Improving Health. *Journal of Health Sciences Perspective*. 2024; 1(1):45-44.

Dear Editor

Men's health is one of the most overlooked issues in Iran. Neglecting this issue not only threatens men's individual health but can also have widespread consequences for society's health and the quality of family life. Various studies show that men are more exposed to occupational and environmental risk factors than women, and unhealthy habits, including smoking and poor nutrition, are more common among men (1). Men of all ages are less likely than women to monitor their health and are less receptive to healthcare, including disease screening. In general, men have a lower life expectancy than women and are at a higher risk of mortality (2, 3).

Gender has been highlighted as an important determinant of health in various studies (4). The World Health Organization has emphasized the role of masculinity in shaping men's expectations and behaviors as a key factor in the health inequalities between men and women (5, 6). Studies indicate that men are less likely than women to seek social support, including for healthcare, because, unlike women, health-promoting behaviors are often

associated with femininity, while risky health behaviors are linked to masculinity. When faced with health risks, including physical injuries, men tend to ignore them because they view addressing them as a sign of weakness and something associated with women (6, 7).

Many of the behaviors that lead to poor health outcomes in men, such as engaging in risky behaviors like speeding, smoking, avoiding preventive healthcare, delaying treatment, and ignoring medical advice, can be explained by the role of masculinity (8, 9). Young men are also less likely than young women to seek healthcare and are much more likely to experience health risks, such as traffic accidents, sports injuries, and smoking. In order to embody masculinity, boys often avoid showing weakness and vulnerability, and may even embrace physical risk-taking, such as dangerous driving (6, 10, 11).

For various cultural reasons, Iranian men play a major role in providing for their families, which often leads to significant stress from both their economic responsibilities and job-related pressures. This can result in chronic diseases, including high blood pressure, heart disease, and depression (1, 12). Although health is considered a valuable blessing that Iranian men should appreciate, due to various cultural, economic, and social factors, they often fail to prioritize their health. In fact, health is not a priority for many Iranian men (12). Providing better health services for men would not only improve their health and well-being, but healthier men would also be better able to serve as health advocates for their families, thereby improving family well-being.

Iran's healthcare system should be revised to provide more accessible services to men, with a focus on cultural access to health services. While many health services are available



© The Author(s)

Publisher: Ilam University of Medical Sciences

to men in healthcare centers, men often receive fewer services than women for various reasons. Cultural barriers, such as the overcrowding of health centers (especially by women receiving health services) and the fact that health services are primarily provided by female healthcare workers, can discourage men from seeking care. Additionally, men's working hours and lack of time during office hours to access health services can be significant obstacles.

Several measures can be taken to increase Iranian men's willingness to seek healthcare services. First, many target groups for health services, including men, may not be aware of the services available to them. Therefore, informing men about available health services is an important first step. Second, due to the low number of men seeking care, health centers have become places primarily focused on women and children. To address this, decisions can be made to improve the situation. For example, employing more male healthcare workers can encourage men to seek services. Specific days or hours during the week can also be allocated to provide services specifically for men. Finally, it is suggested that an integrated men's health care program be developed at the Ministry of Health level and communicated to medical universities for implementation. This would ensure that health services for men are delivered in a legal, organized, and planned manner.

In conclusion, the health of Iranian men requires serious attention and a shift in cultural and social attitudes. Issues such as neglecting physical and mental health, unhealthy lifestyles, and the reluctance to seek healthcare contribute to increased health risks and a decline in the quality of life for men. To improve this situation, healthcare services must be designed and delivered in a way that encourages men to seek care and pay attention to their health. This can be achieved through reforms in the healthcare system, awareness-raising, and changing attitudes towards masculinity and health. Focusing on men's health will not only improve their quality of life but will also have positive effects on the overall health of the community and family well-being.

References

1. Rostami-Nejad, M, Tavakkoli S, Rostami-Nejad Mazhar. "Men's Health and Their Proper Exercise". SOREN journal. 2022; 3 (1): 1-3 [In Persian].
2. Evans J, Frank B, Oliffe JL, Gregory D. Health, illness, men and masculinities (HIMM): A theoretical framework for understanding men and their health. *Journal of Men's Health*. 2011; 8(1), 7–15.
3. Will HC. College Men's Health: An Overview and a Call to Action. *Journal of American College Health*. 1998; 46:6, 279-290.
4. Raphael D. Introduction to the social determinants of health. In: Raphael D, editor. *Social determinants of health: Canadian perspectives*. 2nd edn. Toronto: Canadian Scholars' Press; 2008. p. 2–19.
5. World Health Organization. What about the boys? A literature review on the health and development of adolescent boys. Geneva: WHO; 2000, Available from: http://whqlibdoc.who.int/hq/2000/WHO_FCH_CAH_00.7.pdf.
6. Evans J, Frank B, Oliffe JL, Gregory D. Health, illness, men and masculinities (HIMM): a theoretical framework for understanding men and their health. *Journal of Men's Health*. 2011; 8(1):7-15.
7. Courtenay W. Engendered health: a social constructionist examination of men's health beliefs and behaviors. *Psychol Men Masc* 2000; 1(1):4–15.
8. Gibson M, Denner B. Men's health report 2000. The MAN model. Pathways to men's health. Daylesford, Victoria, Australia: Centre for Advancement of Men's Health; 2000. Available from: http://nrha.ruralhealth.org.au/conferences/docs/PAPERS/5_man.Pdf.
9. Taylor C, Stewart A, Parker R. 'Machismo' as a barrier to health promotion in Australian males. In: Laws T, editor. *Promoting men's health – an essential book for nurses*. Ascot Vale: Ausmed Publications; 1998.
10. Addis M, Mahalik J. Men, masculinity, and the contexts of help seeking. *Am Psychol* 2003;58(1):5–14.
11. Young K, White P. Researching sports injury: reconstructing dangerous masculinities. In: McKay J, Messner M, Sabo D, editors. *Masculinities, gender relations, and sport*. Thousand Oaks, CA: Sage; 2000. p. 108–26.
12. Beigi AB, Cheng KK. Factors Affecting Men's Health in Iran. *American Journal of Men's Health*. 2011; 5(2):101-.