

Addressing Men's Health Needs in Nepal: An Ignored Public and Clinical Health Concern

Mahesh Chandra Puri,¹ Preeti Gautam,¹ Peter Baker,² Rajendra Bhadra³

¹Center for Research on Environment, Health and Population Activities (CREHPA), Kusunti, Lalitpur, Nepal,² Global Action on Men's Health, UK,³ Health and Development Solutions, Kathmandu, Nepal.

ABSTRACT

Despite men's poorer outcomes than women in many health issues such as life expectancy, ischemic heart disease, hypertension, diabetes, HIV/AIDS, traffic-related injuries, drug and alcohol abuse, etc, Nepal's health care strategy does not have an adequately focused program to address men's health needs. This comment aims to illustrate the differences in selected health indicators between men and women and suggest Nepal's health sector strategy 2022-2030 should address to advance men's health needs.

Keywords: Health policy; men's health; Nepal

INTRODUCTION

There is no one agreed and straightforward definition of men's health for researchers, practitioners, and advocates working in this field. In the last 30 years or so, men's health has been identified and discussed as a discrete health issue, and many definitions have been suggested.¹ One helpful definition was developed by the Men's Health Forum (MHF), a national charity operating in Great Britain.² This asserts that a men's health issue is one that fulfills either of the following conditions:

- It arises from physiological, psychological, social, cultural, or environmental factors that have a specific impact on boys or men.
- It necessitates male-specific actions to achieve improvements in health or well-being at either the individual or population level.

The above definition suggests that any consideration of men's health should be holistic, including the health of boys, mental as well as physical health, both clinical and social issues, and the role of male gender norms. Men's health is not just about urology or the physiological characteristics that only biological males have. Another organization, Global Action on Men's Health (GAMH), recognizes that the term 'men's health' does not accurately capture the full range of definitions of sex, gender and sexuality or recognize those who may use

different concepts and language to self-identify. This is an issue that requires further discussion and debate.

Globally, there are marked differences between the health of men and women. In 2019, before the COVID-19 pandemic, male life expectancy at birth was 70.8 years globally; female life expectancy was 5.1 years longer, at 75.9.³ Males also live fewer years in good health: on average 62.5 years globally, compared to 64.9 years for females. Worldwide, the incidence rate for all cancers combined was 19% higher in men (222.0 per 100,000) than in women (186.0 per 100,000).⁴ Overall cancer mortality worldwide is 43% higher in men than in women (120.8 and 84.2 per 100,000, respectively). Premature deaths from cardiovascular disease were 36% higher in men than women in 2000, and the figure barely changed from 2000 to 2016.⁵ Globally, the suicide rate in men is about twice than for women.⁶ 57% of all deaths from COVID-19 have been male; there were around 8.5 million excess male deaths caused by the pandemic between January 2020 and December 2021 alone.⁷

THE SITUATION IN NEPAL

It is clear that too many men and boys in Nepal suffer from health and well-being problems that can be prevented. Men's life expectancy at birth is lower than women's (68.9 years vs 72.7 years in 2019).⁸ Though ischemic heart disease was the leading cause of death for both sexes, the death rates were higher among men

Correspondence: Mahesh Chandra Puri, Center for Research on Environment, Health and Population Activities (CREHPA), Kusunti, Lalitpur, Nepal. Email: mahesh@crehpa.org.np.

than women.⁹ The World Health Organization's STEPwise Approach to NCD Risk Factor Surveillance (STEPS) survey 2019 shows that the prevalence of raised blood pressure is significantly higher in men than women (29.8% vs 19.7%).¹⁰ Similarly, the prevalence of diabetes is also higher among men than women (6.3% vs 5.3%).⁵ Men are approximately two times more likely to die road traffic injuries compared with women (67.49 vs 39.06 per 100,000 population).¹¹ The prevalence of disability is also slightly higher among men compared to women (2.18% vs 1.71%).¹² In addition to these non-communicable diseases, men also have a higher prevalence of risk of some communicable diseases such as tuberculosis, HIV/AIDS, and the recent COVID-19 related infection. The 2019/20 annual report of the Ministry of Health and Population (MOHP), Nepal showed that the prevalence

of tuberculosis and HIV/AIDS among men was 63% and 54% respectively compared to 37% and 46% among women.¹³ Similarly, COVID-19 infection and comorbidity were higher among men than women¹⁴ (Table 1).

Nepali men across socioeconomic groups demonstrate unhealthy diets, and abuse of tobacco and alcohol, leading to poor health outcomes.¹⁵ Tobacco and alcohol abuse is higher among men as compared to women.¹⁰ A higher percentage of men than women are engaged in heavy episodic drinking (13% vs 2%).¹⁰ Likewise, the knowledge of the recommended intake of fruit and vegetables is slightly lower among men as compared to women.¹⁰ Additionally, risk-taking behavior among men also increases the likelihood of men being the victim of road traffic injuries.¹⁶

Table 1. Selected health indicators for men and women in Nepal.

Disease	Men	Women	Source
Life expectancy at birth in years	68.9	72.7	World Health Organization, 2019
Healthy life expectancy in years	60.6	62.1	World Health Organization, 2019
Ischemic heart disease (All ages)	Highest (First)	Third	Nepal Burden of Disease, 2017
Mortality from injuries per 100,000 population in the year 2020 (All ages)	67.49	39.06	Pandey et al, 2020
Prevalence of disability (All ages)	2.18	1.71	Central Bureau of Statistics, 2011
Prevalence of raised blood pressure (Aged 15-69 years)	29.8	19.7	STEPS Survey Nepal, 2019
Percentage who were unaware of their raised blood pressure (Aged 15-69 years)	81.3	75.4	STEPS Survey Nepal, 2019
Prevalence of raised blood sugar (Aged 15-69 years)	6.3	5.3	STEPS Survey Nepal, 2019
Percentage of Tuberculosis among identified cases (All Ages)	63.0	37.0	MOHP Annual Report, 2019/20
Percentage of HIV/AIDS among infected cases (15 and above years)	53.8	46.2	MOHP Annual Report, 2019/20
Percentage who currently use tobacco (smoke or smokeless) (aged 15-69 years)	48.3%	11.6%	Nepal Burden of Disease study, 2017
Percentage who never consumed alcohol (Aged 15-69 years)	56.0	86.5	STEPS Survey Nepal, 2019
Percentage who engage in heavy episodic drinking alcohol (6 or more drink on any occasion in the past 30 days) (Overall population)	12.4	1.7	STEPS Survey Nepal, 20
Percentage who at less than 5 servings of fruit and / or vegetables on average per day (Aged 15-69 years)	97.0	96.3	STEPS Survey Nepal, 2019
Percentage who knew recommended intake for fruit and vegetables (Aged 15-69 years)	9.8	10.4	STEPS Survey Nepal, 2019
Percentage with insufficient physical activity (defined as <150 minutes of moderate-intensity activity per week, or equivalent) (Aged 15-69 years)	8.2	6.6	STEPS Survey Nepal, 2019

Men also have a biological disadvantage. Evidence suggests that the presence of estrogen among women protects them against cardiovascular disease during their reproductive age.¹⁷ Men, therefore, develop heart disease around ten years earlier than women. Furthermore, men are much more heavily involved in hazardous occupations such as agriculture, forestry, manufacturing, mining, and construction.¹⁸ Men's attitudes to health and their help-seeking behaviors are strongly influenced by male gender norms, meaning they often delay acting on health problems and seeking help, and services and policies often do not meet men's needs effectively. Health clinics are often inaccessible to many men, for example.

Poor men's health impacts women's health too. Sexual and reproductive health is a good example: safer sex practices by men would clearly prevent the transmission of a wide range of infections and their consequences on women. Greater male involvement in contraception would help to reduce the number of unplanned pregnancies. High morbidity and mortality rates in men impact women in another way, especially in lower-income countries: the loss or incapacity of the primary breadwinner, frequently a man can have a hugely detrimental effect on partners and children. They may have to take on caring responsibilities, limiting employment and educational opportunities and reducing current and future income. The cost of medicines can also have a huge impact on family resources.

CONCLUSIONS

It is time for a focus on men's health in Nepal. This should complement, and not compete, with action on women's health. The disproportionate mortality burden among men during the COVID-19 pandemic, which exacerbated the underlying problems in men's health, shows that action is now required. Male-targeted public health action is ethically right, would save money, be good for women's and child's health, and could be integrated into the forthcoming health sector policies and strategies of Nepal.

We recommend including the following programs/actions in the upcoming Nepal Health Sector Strategy, 2022-2030. Some of these recommendations are also made to policymakers globally by GAMH.²

- Collect, analyze and publish data on men's health to provide a guide to where the action is needed and to its impact and effectiveness. A report on the state of men's health in Nepal, with recommendations for action, would provide a good starting point.

- Conduct research that aimed at understanding the social and economic as well as structural determinants of the gender disparities in health.
- Listen to Nepalese men's voices to understand better what their needs are and how best to meet them. International research into men's health shows what actions are likely to be effective for men but more research is needed into the specific needs and views of men in Nepal.
- Introduce men's health policies, strategies, and programs that address their health needs and integrate men's health into other health policies, all with clearly identified and realistic deliverables. Seven countries around the world now have national men's health policies and they can act as a catalyst for action.
- Develop outreach services including specific health promotion (or risk reduction) strategies that engage men 'where they are'. Men can be reached at workplaces, sports venues, religious organizations, and barbers' shops, for example.
- Recognize the differences between men and focus attention on those groups facing multiple layers of disadvantage and who experience the worst health outcomes, such as low-income men or those living in remote areas.
- Ensure that the needs of boys and young men are reflected in the development and delivery of health policies and services. The health of boys and young men is often particularly overlooked.
- Use International Men's Day (Nov 19) and Men's Health Week (13-19 June 2022) and other health weeks and days as opportunities to promote men's health.

CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

REFERENCES

1. Bardehle D, Dinges M, White A. What is Men's Health? A definition. *Journal of Men's Health*. 2017; 13(2):e40-52. [\[Article\]](#)
2. Baker P. Delivering Men's Health: A Guide for Policymakers and Service Providers. Global Action on Men's Health; London (UK). 2021. <https://gamh.org/wp-content/uploads/2021/09/Delivering-Mens-Health-report.pdf>. Accessed 17 March 2022

3. World Health Organization. World health statistics 2022: monitoring health for the SDGs, sustainable development goals. Geneva: World Health Organization; 2022. https://cdn.who.int/media/docs/default-source/gho-documents/world-health-statistic-reports/worldhealthstatistics_2022.pdf?sfvrsn=6fbb4d17_2. Accessed 12 June 2022.
4. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global cancer statistics 2020: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J Clin.* 2021; 71: 209- 249. [Article]
5. Zhang J, Jin Y, Jia P, Li N, Zheng ZJ. Global Gender Disparities in Premature Death from Cardiovascular Disease, and Their Associations with Country Capacity for Non-communicable Disease Prevention and Control. *Int. J. Environ. Res. Public Health* 2021, 18, 10389. [Article]
6. Naghavi M. Global, regional, and national burden of suicide mortality 1990 to 2016: systematic analysis for the Global Burden of Disease Study 2016 *BMJ* 2019; 364 [Article]
7. World Health Organization. 14.9 million excess deaths associated with the COVID-19 pandemic in 2020 and 2021. <https://www.who.int/news/item/05-05-2022-14.9-million-excess-deaths-were-associated-with-the-covid-19-pandemic-in-2020-and-2021> Accessed 12 June 2022.
8. World Health Organization, Nepal: gender and health 2020. <https://apps.who.int/iris/bitstream/handle/10665/344677/GER-Nepal-eng.pdf?sequence=1>. Accessed 19 March 2022.
9. Nepal Health Research Council (NHRC), Ministry of Health and Population (MoHP) and Monitoring Evaluation and Operational Research (MEOR). Nepal Burden of Disease 2017: A Country Report based on the Global Burden of Disease 2017 Study. Kathmandu, Nepal: NHRC, MoHP, and MEOR; 2019. http://nhrc.gov.np/wp-content/uploads/2019/04/NBoD-2017_NHRC-MoHP.pdf. Accessed 17 March 2022.
10. Dhimal M, Bista B, Bhattarai S, Dixit LP, Hyder MKA, Agrawal N, et al. Report of Non-Communicable Disease Risks Factors: Steps Survey Nepal 2019. Kathmandu: Nepal Health Research Council. 2020. https://www.who.int/docs/default-source/nepal-documents/ncds/ncd-steps-survey-2019-compressed.pdf?sfvrsn=807bc4c6_2. Accessed 17 March 2022.
11. Pandey AR, Chalise B, Shrestha N, Ojha B, Maskey J, Sharma D, Godwin P, Aryal KK. Mortality and risk factors of disease in Nepal: Trend and projections from 1990 to 2040. *PLoS ONE.* 2020 15(12): e0243055. [Article]
12. Central Bureau of Statistics. National Population and Housing Census 2011 (national report). Kathmandu, Nepal: National Planning Commission; 2012. <https://unstats.un.org/unsd/demographic-social/census/documents/Nepal/Nepal-Census-2011-Vol1.pdf>. Accessed 17 March 2022.
13. Ministry of Health and Population (MoHP). Annual Report Department of Health Services 2076/77 (2019/20). Kathmandu, Nepal. 2020. <https://dohs.gov.np/annual-report-2076-77-2019-20/>. Accessed 17 March 2022.
14. World Health Organization, Nepal. WHO Nepal Situation Updates on COVID-19. <https://www.who.int/nepal/news/detail/20-03-2020-who-nepal-situation-update>. Accessed 18 March 2022.
15. World Health Organization, Denmark, Europe. Men's health and well-being in the WHO European Region. <https://www.euro.who.int/en/health-topics/health-determinants/gender/mens-health>. Accessed 18 March 2022.
16. World Health Organization, Geneva, Switzerland. Gender and Road Traffic Injuries. 2002. https://www.mengage.org.au/images/Road_Traffic_a85576.pdf. Accessed 18 March 2022.
17. Iorga A, Cunningham CM, Moazeni S, Ruffenach G, Umar S, Eghbali M. The protective role of estrogen and estrogen receptors in cardiovascular disease and the controversial use of estrogen therapy. *Biology of sex differences.* 2017; 8(1):1-6. [Article]
18. Central Bureau of Statistics. Report on the Nepal Labour Force Survey 2017/18. Kathmandu, Nepal: National Planning Commission. 2019. [Download PDF]