CALL FOR PAPERS

Special issue of the
Pan American Journal of Public Health/Revista Panamericana de Salud Pública

In Collaboration with the Global Men´s Health Foundation

MEN’S HEALTH IN THE AMERICAS: STATE OF THE KNOWLEDGE AND FUTURE DIRECTIONS


Background and Rationale

Across the broad spectrum of acute and chronic illnesses, general men’s health metrics are substantially below par—as compared to women. A 2012 report of the World Health Organization highlighted that, globally, roughly 52% of all deaths from non-communicable diseases (NCDs) were registered in men. In addition, men are more likely than women to die prematurely from NCDs in almost every country. Men life expectancy at birth lags, on average, five years behind that of women and the global divide is predicted to increase over the next 15 years. Further, there are currently 27 countries in the world with male life expectancy below 60 years.

Analyzing the problem further, the age-adjusted all-cause mortality rate for men in all age groups is higher than for women, with the age groups 1-4 and 5-9 years as notable exceptions showing minor differences. For instance, in a 35-country report, the 2012 adjusted mortality rate in the 10-19 years age group was 77.5 for males and 30.6 for females, per 100,000; while in the 20-34 years age group, 200.7 for males and 64.5 for females. Available age-specific data from the Caribbean (2010 period, 15 countries reporting) shows similar patterns. Of note, the adjusted mortality rate for males aged 10-19 years was 43.3 compared to 25.6 for females, whereas in those aged 20-34 years was 167.5 and 85.7, respectively. In 2014, the male homicide rate in the Non-Latin Caribbean was 26.0, the female rate was 3.2 and the male/female ratio was 8.1.

Unhealthy life styles, rigid gender stereotypes, lack of information from health providers and health users about men’s health, and cultural and economic constraints are some barriers the health system faces. Due to socialization of gender roles, men are more likely than women to underutilize health care services and are more averse to seek help. Low access to programs addressing men’s health and its relationship with the construction of masculinities, as well as the increased rate of NCDs, are other obstacles health systems have not overcome when dealing with the intricacies and needs of men’s health.

Frequently, men are more susceptible to incorporate risky behaviors to their daily life style than women. This has consequences to their health and increases their mortality risk. Social norms and gender stereotypes influence not only men’s epidemiological profile, but also have social repercussions. It is estimated that, in Latin America and the
Caribbean, nearly 32 million men and 16 million women smoke (1), and the ratio of men compared to women who have weekly incidents related to alcohol is 4 to 1 (2). Also, rates of mortality and disability associated to the consumption of alcohol are higher in men between 15-49 years of age.

Another serious public health problem in the Region is suicide. The number of lives lost each year exceeds the number of deaths due to homicide and war combined, and suicide is the third leading cause of death in persons aged 10-24 years⁹. Approximately 65 000 suicide deaths occur each year; male suicide rates account for about 79% of the cases.

Notwithstanding the large body of evidence, the lack of a comprehensive action plan has delayed the development and implementation of needed core elements to transform men’s health in its desired fashion.

The Global Men’s Health Foundation hosted the first version of the Global Men’s Health Summit in 2015 (GMHS2015) in Panamá City, Panamá, successfully bringing together professionals of multiple scientific and non-scientific disciplines with a common goal: to be a catalyst in reaching a much-needed multidisciplinary integration on the issues surrounding Men’s Health, and establishing a call to action to shape its future. Important conclusions of this meeting were outlined in “The Panama Declaration on Men’s Health”—the first recorded global commitment to integrate efforts in the development of targeted programs around the core health needs of Men.

The GMHS2015 sphere laid the groundwork to new ambitious targets involving Men’s Health and its future directions. The Region of the Americas is at a turning point that requires accelerating the pace of the response to these targets, to promote gender equality in access to health care through continuous education and effective legislations.

This special issue provides an ideal platform to review the state of the current knowledge on men’s health in the Region of the Americas, highlight progress and limitations and foster efforts to write a new chapter in the field of personalized medicine.

Main theme and key topics
In general, to be considered, manuscripts should have a public health approach encompassing disease prevention, control programs and strategies, health systems and services, public health practice, public health policy, and health promotion and improvement of health aspects for men. The following key topics will be addressed [not listed in a specific order]:

1. Fundamentals of men’s health in the context of gender and personalized medicine. From concept to implications, this track welcomes manuscripts documenting divergences in pathophysiological processes, disease determinants —and characteristics— and health outcomes affecting men. Manuscripts addressing unhealthy diet, tobacco use, harmful use of alcohol, increased occupational risks, increased frequency as homicide victims, reduced life expectancy at birth and underutilization of primary health care services will also be considered. The main purpose is to assess/outline how documenting these differences aid in the betterment of targeted prevention, diagnosis and treatment strategies.

2. Urologic, sexual and reproductive health. Manuscripts submitted under this track should specifically address the continuum of prevention, diagnosis and treatment (excluding clinical trials) of the most common functional/structural urologic pathologies affecting men, including urinary tract infections, nephrolithiasis, urinary incontinence, benign prostatic hyperplasia, interstitial cystitis, among others. In addition, this track will accept manuscripts on common issues affecting male sexual and reproductive health (e.g. contraception, sexually transmitted disease, fertility), as well as sexual dysfunction.

3. Cardio-metabolic health. Cardiovascular disease is the leading cause of death globally, accounting for more than 17.3 million deaths per year in 2013 —a number that is expected to grow to more than 23.6 million by 2030. In 2013, cardiovascular deaths represented roughly 31% of all global deaths. Manuscripts submitted under this track should address the gender disparities in the diagnosis, treatment (excluding clinical trials) and prevention of the most prevalent
cardiovascular and metabolic diseases, including, but not limited to, coronary artery disease, stroke, heart failure, diabetes mellitus and peripheral vascular disease.

4. Mental health. In developed countries like the United States, one in five adults experiences a mental health problem each year, with significantly greater incidence and prevalence in men. Further, the economic burden of serious mental illness in the United States translates into roughly 195 billion dollars in lost earnings per year. Manuscripts concerning this topic should focus on major mental health problems affecting men, including depression, anxiety, bipolar disorder, psychosis and schizophrenia, eating disorders, suicide, substance abuse, homophobia, violence and bullying, with a special interest in current and future public health research and prevention directions.

5. Cancer. This tract accepts articles on the wide body of evidence related to the most common types of cancers in men, encompassing prostate, lung, colorectal, bladder and skin cancers. Topics ranging from disease prevention to socio-economic impact are welcome.

6. Masculinities. Social constructs of masculinity in different cultural contexts imply, for example, that being a man means being tough, brave, risk-taking, aggressive and not caring for one’s body or mind. Boys learn what manhood means by adopting behaviors from their families and social groups. These constructs influence for example, risk taking, differentiated health seeking behavior, compliance with drug therapy and willingness to participate in support groups and networks. All these variables are interconnected and influence the health outcomes of boys and men. Manuscripts addressing all social aspects of masculinity are welcomed in this section.

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Language of Submissions
Papers will be accepted in Spanish, English or Portuguese. The manuscript selection process will follow the journal peer review procedures.

Publishing Standards
Contributions will include original research papers, systematic reviews, opinion and analysis, special reports, or brief communications. In submitting papers, authors must follow the Instructions to Authors of the Pan American Journal of Public Health.

Please indicate in the cover letter that the manuscript is being submitted for the special issue on Men’s Health in The Americas: State of the Knowledge and Future Directions.

Deadline: December 8, 2017

Questions: contacto_rpsp@paho.org

Subject: Men’s Health

www.paho.org/journal
The UN’s Global Strategy for Women’s, Children’s and Adolescents’ Health (2016–30) overlooks boys and men, taking a partial vision of health (3).

World leaders at the 2016 G7 made important commitments to improving women’s health but did not mention men, or their engagement to support improvements in women’s health. (4)

The global strategy for increasing contraceptive uptake by an additional 120 million users, Family Planning 2020, includes only women as users (3).

Global health NGOs have shown insufficient interest in men as a specific group.

In many countries, men’s health is not recognized as an issue of concern by governments or health providers (3).

Only four countries – Australia, Brazil, Iran and Ireland – have developed national men’s health policies (3).

Evidence shows that promoting positive models of manhood and masculinities, such as caring and involved fatherhood, while concurrently addressing structural barriers, can improve men’s health and health-seeking behavior (5).

References

1. Institute of health metrics and evaluation. Daily smoking patterns for both sexes, all ages. Available at: https://vizhub.healthdata.org/tobacco/). Accessed on 29 June 2017.

Bibliography


Australia Institute of Health & Welfare (AIHW). The health of Australia’s males: 25 years and over Canberra: Australia Institute of Health & Welfare; 2013.


1 PAHO mortality database
2 PAHO. Core indicators. Health Situation in the Americas 2016.