

We also need to talk about men's health

OPINIONS

EIVIND MELAND

eivind.meland@uib.no

Eivind Meland, specialist in general practice and professor emeritus at the University of Bergen. Supervisor for specialist candidates in primary care in Bergen, group supervisor in the Norwegian Medical Association and a member of the research committee in *Mannsforum*.

The author has completed the ICMJE form and declares no conflicts of interest.

DAG FURUHOLMEN

Dag Furuholmen, specialist in psychiatry, formerly in private practice. Author and member of the research committee in *Mannsforum*.

The author has completed the ICMJE form and declares no conflicts of interest.

Three public reports on women's health have previously been published, and the new women's health committee is working on a fourth. However, there are currently no studies of men's health, despite challenges in several areas.

International Men's Day is held on 19 November every year, and it is an opportunity to draw attention to men's health issues. In 2020, life expectancy was 84.9 years for women and 81.5 years for men. The average age at death was 82.2 years for women and 76.5 years for men (1). The difference is striking, and raises the question of whether men's health is a neglected area.

Cardiovascular disease and cancer

The incidence of cardiovascular disease decreased in Norway in the period 2012–18, but there is still a large gender gap, with men faring worse than women. This particularly applies to myocardial infarction, where the incidence of new cases is twice as high for men, but atrial fibrillation, stroke and heart failure are also more common in the male population (2). In the younger age groups, the incidence of acute coronary disease is four times higher for men than for women (3). Despite the large gender gap, just as many women as men receive preventive and disease-specific medicinal treatment (4).

There are also more than 50 % more men who die from prostate cancer than women who die from breast cancer (5, 6). Although women who die from breast cancer are younger than men who die from prostate cancer, 45 % of those diagnosed with prostate cancer are under the age of 70 (5). Screening for both types of cancer is encumbered by false positive findings and overdiagnosis. However, as there are no screening programmes for men, research-based trials of selective high-risk screening could be carried out for both types of cancer at no additional cost to society.

Suicide, substance use and accidents

Men's reduced life expectancy is not only due to differences in somatic health; almost three-quarters of suicide deaths are in men. The gender inequality in suicide deaths is lifelong, but it levels out to some degree after the age of 80 (7). Young people who have attempted suicide before the age of 20 have a higher mortality later in life, also from causes of death other than suicide. On average, men who have attempted suicide have a reduced life expectancy of 18 years compared to the average population, while women with a similar history have a reduced life expectancy of 11 years (8).

«Men's reduced life expectancy is not only due to differences in somatic health»

In all age groups, men have a higher risk of developing an addiction to alcohol than women, with most studies showing a 2–3 times higher risk in men than in women (9). Mortality from accidents and violent deaths is more than twice as high among men than women, and is particularly high for men with low and medium levels of education (10).

Partner violence

There is a widespread perception that men are perpetrators of violence and women are victims of violence. Prevalence studies in Norway show that serious partner violence against women is much more common than against men, but that the two sexes carry out milder forms of physical partner violence in equal measure (11). Can we fully trust these findings, or could they be tainted by reporting bias? It has been shown, for example, that women talk about the intimate partner violence they experience to a far greater extent than men (12).

In international literature, the gender gap is less pronounced than in Norwegian studies. A meta-study of 249 individual studies in English-speaking countries showed that one in four women experienced intimate partner violence, compared to one in five men (13). There were large variations, depending on the methodologies used and the context. Women more frequently subject their partners to verbal aggression and harassment in the form of criticism and disparagement (14). Psychological abuse is slightly less harmful to women's health than physical violence (15), but in men, such violence is often concealed as a result of the shame and guilt felt by the victim (16).

Parental alienation is a separate form of relational violence in which children are enlisted by one parent as an ally in partner conflicts with the goal of eroding the child's contact with the other parent. This primarily affects fathers, especially those with a low level of education. In an average month, 26,000–46,000 children in Norway do not see their father (17).

Loneliness, health problems and marginalisation

Marginalisation starts early in life. More boys than girls drop out of school (18). The personalisation and individualisation of learning processes may be a causal factor (19). Learning methods that require pupils to be socially competent, reflective and adaptable have now largely replaced vocational subjects. Norway differs from other OECD countries in that subjective health problems following a lack of success in school and employment more often lead to a life on welfare benefits and exclusion (20). Boys from families with a low level of education are particularly at risk of being left on the sidelines (21).

«We want to highlight the fact that men's health also suffers as a result of gender disparities»

Men are also more likely than women to be single for much of their life, which can affect high-risk behaviour and impact on how they deal with health problems. Having children and being married are associated with better health, and the impact of the family on health is far greater for men than for women (22). Unmarried men do not live as long as married men (23).

Being part of an intact family with healthy, non-violent parents has a preventive effect on suicide at a young age (24). It is well documented that children of divorced parents generally fare better emotionally and socially when they are allowed to maintain contact with their father (25, 26). Despite this knowledge, fathers often feel ignored and undermined when dealing with the child welfare authorities, the family protection service and other actors in the welfare state and legal system (16). Many feel they are stigmatised as violent or as less capable of providing care than women, which impacts on their mental health and well-being.

We do not deny that women are impacted by gender inequalities in health, but we want to highlight the fact that men's health also suffers as a result of gender disparities. We particularly caution against gender-based stereotyping that contributes to the marginalisation of boys and men. When combined with socio-economic factors, such stereotyping can have an especially detrimental effect on the health of boys and men from marginalised sections of the population. We can no longer turn a blind eye to this.

REFERENCES

1. Folkehelseinstituttet. Forventet levealder i Norge. Oslo: Folkehelseinstituttet, 2021. <https://www.fhi.no/nettpub/hin/samfunn/levealder/> Accessed 24.10.22.
2. Folkehelseinstituttet. Forekomst av hjerte- og karsykdom i 2018. Oslo: FHI Folkehelseinstituttet, 2019. <https://www.fhi.no/hn/helseregistre-og-registre/hjertekar/forekomsten-av-hjerte--og-karsykdom-i-2018/> Accessed 24.10.22.
3. Kringeland E, Tell GS, Midtbø H et al. Stage 1 hypertension, sex, and acute coronary syndromes during midlife: the Hordaland Health Study. *Eur J Prev Cardiol* 2022; 29: 147–54. [PubMed][CrossRef]
4. Folkehelseinstituttet. Legemiddelforbruket i Norge 2015–2019. Oslo: Folkehelseinstituttet, 2020. <https://www.fhi.no/contentassets/o0c2c40952bb4c3da07216b656b72a7b/rapport-legemiddelstatistikk-2020.pdf> Accessed 24.10.22.
5. Kreftregisteret. Prostatakreft. Oslo: Kreftregisteret, 2021. <https://www.kreftregisteret.no/Temasider/kreftformer/Prostatakreft/>
6. Kreftregisteret. Brystkreft. <https://www.kreftregisteret.no/Temasider/kreftformer/brystkreft/> Accessed 24.10.2022.
7. Strøm MS, Raknes G, Stene-Larsen K. Selvmord i dødsårsaksstatistikken. Folkehelseinstituttet 10.6.2021. <https://www.fhi.no/hn/helseregistre-og-registre/dodsarsaksregisteret/selvmord-i-dodsarsaksstatistikken/> Accessed 24.10.2022.

8. Jokinen J, Talbäck M, Feychting M et al. Life expectancy after the first suicide attempt. *Acta Psychiatr Scand* 2018; 137: 287–95. [PubMed] [CrossRef]
9. Folkehelseinstituttet. Rusmiddellidelser i Norge. Oslo: Folkehelseinstituttet, 2022. <https://www.fhi.no/nettpub/hin/psykisk-helse/rusmiddellidelser/> Accessed 24.10.2022.
10. NORHEALTH. Violent deaths, by educational attainment, Statistics, Fact sheets. <https://www.norgeshelsa.no/norgeshelsa/> Accessed 24.10.2022.
11. Justis og beredskapsdepartementet. Frihet fra vold. Oslo: Justis- og beredskapsdepartementet, 2021. <https://www.regjeringen.no/contentassets/2dda3b36640d4dfbbac11598a1d-c792/209755-jd-frihetfravold-web.pdf> Accessed 31.10.2022.
12. Sogn H, Hjemdal OK. Vold mot menn i nære relasjoner. Oslo: Nasjonalt kunnskapssenter om vold og traumatiske stress, 2010. https://www.nkvts.no/content/uploads/2016/04/vold_mot_menn_i_nare_relasjoner_rapport-2010.pdf Accessed 31.10.2022.
13. Desmarais SL, Reeves KA, Nicholls TL et al. Prevalence of Physical Violence in Intimate Relationships, Part 1: Rates of Male and Female Victimization. *Partn Abus* 2012; 3: 140–69. [CrossRef]
14. Stockdale L, Tackett S, Coyne SM. Sex differences in verbal aggression use in romantic relationships: a meta-analytic study and review. *J Aggress Conflict Peace Res* 2013; 5: 167–78. [CrossRef]
15. Domenech del Rio I, Sirvent Garcia Del Valle E. The Consequences of Intimate Partner Violence on Health: A Further Disaggregation of Psychological Violence-Evidence From Spain. *Violence Against Women* 2017; 23: 1771–89. [PubMed][CrossRef]
16. Lien MI. Den mannlige smerte – menns erfaringer med vold i nære relasjoner. Oslo: Proba samfunnsanalyse, 2017. <https://proba.no/wp-content/uploads/probarapport-1702-den-mannlige-smerte.-menns-erfaringer-med-vold-i-naere-relasjoner.-1.pdf> Accessed 24.10.2022.
17. Lyngstad J, Kitterød RH, Lidén H et al. Hvilke fedre har lite eller ingen kontakt med barna når foreldrene bor hver for seg? Oslo: SSB Rapporter, 2015. <https://www.ssb.no/befolknig/artikler-og-publikasjoner/hvilke-fedre-har-lite-eller-ingen-kontakt-med-barna-nar-foreldrene-bor-hver-for-seg> Accessed 31.10.2022.
18. Stoltenberg C, Abdelrahman HM, Chaudhry RA et al. Nye sjanser – bedre læring. Oslo: Departementenes sikkerhets- og serviceorganisasjon, 2019. <https://www.regjeringen.no/contentassets/8b06e9565c9e403497cc79b9fdf5e177/no/pdfs/nou201920190003000ddpdfs.pdf> Accessed 31.10.2022.
19. Krejsler J. Pædagogikken og kampen om individet. København: Hans Reitzels Forlag, 2004.

20. Terum LI, Hatland A. Sysselsetting og trygd under arbeidslinja. *Søkelys på arbeidslivet* 2014; 31: 3–22. [CrossRef]
21. Markussen S, Roed K. Egalitarianism Under Pressure: Toward Lower Economic Mobility in the Knowledge Economy? Bonn: Institute of Labor Economics, 2017. <https://docs.iza.org/dp10664.pdf> Accessed 31.10.2022.
22. Kravdal Ø, Emily Grundy E, Lyngstad TH et al. Family Life History and Late Mid-Life Mortality in Norway. *Popul Dev Rev* 2012; 38: 237–57. [CrossRef]
23. Berntsen KN. Trends in total and cause-specific mortality by marital status among elderly Norwegian men and women. *BMC Public Health* 2011; 11: 537. [PubMed][CrossRef]
24. Nrugham L, Larsson B, Sund AM. Predictors of suicidal acts across adolescence: influences of familial, peer and individual factors. *J Affect Disord* 2008; 109: 35–45. [PubMed][CrossRef]
25. Reiter SF, Hjörleifsson S, Breidablik HJ et al. Impact of divorce and loss of parental contact on health complaints among adolescents. *J Public Health (Oxf)* 2013; 35: 278–85. [PubMed][CrossRef]
26. Nielsen L. Shared Physical Custody: Summary of 40 Studies on Outcomes for Children. *J Divorce & Remarriage* 2014; 55: 613–35. [CrossRef]

Publisert: 21 November 2022. Tidsskr Nor Legeforen. DOI: 10.4045/tidsskr.22.0643

Received 9.10.2022, first revision submitted 24.10.2022, accepted 31.10.2022.

Copyright: © Tidsskriftet 2026 Downloaded from tidsskriftet.no 5 February 2026.