

HEALTH AND SOCIAL WELLBEING: MEN & DENTAL HEALTH

Issue/Problem	Lower levels of dental registration and visits to the dentist amongst men.
Evidence Base (Equality & Inequalities Report)	<p>Overall, more men (19%) than women (12%) failed to be registered with a dentist.</p> <p>For all age groups aged 16-59, more men waited 12 months or more before visiting a dentist. Men aged 30-39 were twice as likely to have waited 12 months or more before visiting the dentists as their female counterparts (36% and 17% respectively).</p> <p><i>Ref: Continuous Household Survey 2002/03 cited in “Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:104-105)</i></p>
Evidence Base (Literature Review)	<p>There is significant evidence of gender differences in relation to risk taking and help-seeking behaviour¹. Men, particularly unemployed men and those in living in areas of deprivation, are most likely to engage in risk taking behaviours such as smoking, drugs use and excessive alcohol use. These are important factors to consider in relation to oral health as smoking and excessive alcohol use are closely associated with conditions such as periodontal disease and oral cancer.</p> <p>Research evidence suggests that, in general, men tend to be reluctant users of health services, particularly preventative health care. Men, in comparison to women, also tend to have limited contact with physicians and other health care professionals². The UK Men’s Health Forum³ offer a number of suggestions as to why men tend to under-utilise primary care services (such as oral health services) including:</p> <ul style="list-style-type: none">▪ difficulty of access – primary care services may be based some distance from a man’s workplace and appointments are often only available during normal working hours.▪ cultural norms – many men believe they should “tough out” illnesses or pain for as long as possible rather than admit that they need help.▪ lack of confidence – many men lack the confidence to discuss their concerns with health care professionals.

Inequalities and Unfair Access Issues Emerging from the DHSSPS (2004) “Equality and Inequalities in Health and Social Care: A Statistical Overview” Report

Research also suggests that many men still rely upon women, particularly their partners or mothers, for health advice or to make appointments⁴. Older men and divorced or separated men are particularly disadvantaged as they are less likely than other men to have contact with family, friends and neighbours for whom they can turn to for support and advice⁵.

Men and women have different perspectives on dental visits. A recent British Dental Health Foundation survey found that fear of pain was the most common reason (40%) for men. More men (21%) than women (17%) were afraid of needles and injections. Men appear to have different requirements to help them overcome the fear of the dentist. Whilst women appear to value a more patient friendly environment to help them develop confidence in using services, men tended to prize information. Over one quarter of men in the survey (26%), in comparison to only 19% of women, stated that they were likely to feel more confident about using services if they had better knowledge about the type of treatment they would receive⁶.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

The [new Oral Health Strategy](#), the five year [Tobacco Action Plan](#) and the [Alcohol Strategy](#) may all work towards promoting oral health amongst men. However, it is clear that more action is needed to improve men's access to dental health services and encourage an increase in dental registration amongst men.

Is the problem amenable to further intervention by the DHSSPS or other?

- More attention should be paid to male roles and social identities in shaping preventative health care approaches.
- Policy makers and oral health care practitioners should improve their understanding of male gender roles and seek to develop and deliver services aimed at men.
- Develop oral health initiatives specifically aimed at men (which could be promoted in workplaces, sports and other social clubs etc), these should include raising awareness amongst men of issues such as oral cancer and healthy eating.
- Commissioning of research to identify the barriers experienced by men in accessing oral health services.
- Provision of dental health services in non-traditional settings (e.g. workplaces, sports clubs, social clubs etc).
- Develop confidential and anonymous access to oral health advice (e.g. helpline, website).
- Action should be taken to help men overcome their fear of the dentist and to help them feel more confident in using dental services. The provision of accurate information on treatment should play a key role in this.

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¹ Thom, B. (2003) *Risk-Taking Behaviour in Men: Substance Use and Gender*. London: NHS Health Development Agency.

² McEvoy, R. & Richardson, N. (2004) *Men’s Health in Ireland*. Belfast: Men’s Health Forum in Ireland.

³ Men’s Health Forum UK. *Getting It Sorted: A Policy Programme for Men’s Health*. London: Men’s Health Forum UK.

⁴ Men’s Health Forum UK. (2004) “*Still Lazy After All These Years*”. Men’s Health Forum Press Release. 26 April 2004.

⁵ Economic and Social Research Council. “*How Loneliness and Health Risks of Older Men Go Unseen in a World Geared Towards Older Women*”. Press Release. 24 March 2003.

⁶ British Dental Health Foundation Press Release. “*Fear Factor: Men and women’s attitudes differ about the dentist according to survey by dental charity*”. 15 July 2003.