

Written evidence submitted by Dr John Barry (MRS0032)

Executive summary

- Behaviours can impact health, and some health behaviours show sex differences.
- Blaming men, or masculinity, for men's health problems is dangerously reductionist especially when other factors that impact men's health are not taken into account. It also doesn't tend to improve health or health behaviour.
- I recommend scientific and unbiased research into the role of (1) sex differences in immune response have in coronavirus mortality, (2) sex differences in health behaviour, both pre and post-hospitalisation, (3) gender-sensitive strategies for improving long-term health. I also recommend that (4) efforts are made, especially in the media and academia, to present men and masculinity in a more positive light.

1. Biographical details

1.1. I am a Chartered Psychologist and Associate Fellow of the British Psychological Society, Honorary Lecturer in Psychology at University College London, Director of the Male Psychology Network, clinical hypnotherapist, and author of over 60 peer-reviewed publications on a variety of topics in psychology and health. I am also co-editor of [The Palgrave Handbook of Male Psychology and Mental Health](#) (London: Palgrave Macmillan ISBN 978-3-030-04384-1). I have made this submission because I believe that in this time of international crisis, we have lost sight of who the primary victims are.

2. How people have been affected by the illness or the response to it

2.1. Around [65% of coronavirus deaths are male](#), thus it is clear that men are disproportionately affected. However very often the [narrative in the media](#) and in politics seems to be that although [more men die, the main crisis is the inconvenience to women](#). The response to the fate of men in this pandemic can be described as classic [victim blaming](#) i.e. the trend is to focus on men as the source of their problems, without due consideration of other contributory factors, such as sex

differences in immune functioning. Disappointingly, but not surprisingly, the response from [academia](#) and health authorities tends to be to presume masculinity and male-typical behaviour are problematic when it comes to men's health and the coronavirus pandemic.

- 2.2. In an interview with a leading health research, men's greater cigarette consumption was suggested as a reason for men's greater risk of death from coronavirus. China was given as [an example](#), where over 50% of men in China smoke tobacco compared to only around 5% of women, and smokers are more vulnerable to respiratory conditions. However men are more likely than women to die from coronavirus in countries where there is little sex difference in smoking. For example, in Denmark [around 35% of both men and women smoke](#), yet the death rate from coronavirus is around [65% higher in men \(as of 30th March 2020\)](#).
- 2.3. Another common suggestion is that men's greater risk of death is due to washing their hands less frequently than women. However this suggestion is flawed because although [equal numbers of men and women contract the coronavirus, men die more from it](#).
- 2.4. Both of these examples, cigarette smoking and handwashing, indicate that men's health behaviour isn't a sufficient explanation for men's susceptibility to coronavirus. It also shows a strong tendency in the media and even in academia to the victim-blaming of men.

3. Specific impacts on people due to them having a protected characteristic

- 3.1. The physical impact on men of ignoring the actual causes of their death is to perpetuate the increased risk of their deaths. The psychological impact is an unknown quantity, though is likely to involve a sense of feeling a lack of empathy from the outside world, a sense of rejection, and alienation. Research on the psychological impact is needed.

4. What needs to change or improve, which could be acted on in three weeks' time

- 4.1. Some positive suggestions were made in a recent [peer-reviewed publications on sex differences in coronavirus risk](#). Although the paper restated the mantra that

masculinity is bad for men's health due to increased risk-taking and reduced help-seeking, it went on to make three important points, which I predict will be far more successful in reducing men's deaths than health promotion campaigns that run the risk of patronising and alienating men:

- 4.2. *"...men have a weaker immune response and have also been shown to have more chronic mucus hypersecretion, which may worsen their prognosis and increase the likelihood of death"*
- 4.3. *"The association of sex with post-hospitalization risk is complex, and likely to be influenced by multiple factors"*.
- 4.4. *"...there are few studies that evaluate the effectiveness of interventions that promote the access of men to primary care. A [recent review](#) found that physical activity, education, peer support-based interventions improve quality of life in men with long-term conditions. More studies are needed to understand what is successful in improving elderly men's health and reducing the risk of readmission"*.
- 4.5. The authors, Alessandra Buja et al from the University of Padua, Italy, are to be congratulated for breaking with the popular narrative by highlighting these three points.

5. **What needs to change or improve, which could be acted on in six months time**

- 5.1. The general attitude to men, especially in the media and academia, needs to be less relentlessly negative, and I would encourage the government to discuss ways in which this can be achieved.
- 5.2. There is already [research](#) demonstrating that harnessing traditional masculinity can improve health, but perhaps the three points above (4.2 – 4.4) will inspire other to think of how male-typical behaviour might be useful, not least in the [emergency services](#), populated mainly by men, where risk-taking is to the benefit of other people's health. However this awareness should be part of a campaign to recognise to recognise the positive benefits of men to society e.g. the crucial roles of the delivery drivers and bin men, and the politicians too (male and female), who risk their health in order to keep the country running. Nobody will forget the massive value of the huge numbers of women who are keeping things together for us all too, the mums, the supermarket workers, and of course the healthcare workers. Their efforts are

highlighted in the media on a daily basis though, while the plight of men in general goes unrecognised and even treated [with contempt](#). This popular narrative around men can be seen as creating, or exacerbating, the gender [empathy gap](#), and part of a wider [unconscious bias](#) against men. In contrast, approaches to women's health are generally conducted with more [sensitivity to the social factors](#) that impact their health behaviour.

- 5.3. This submission does not assert that men should take no responsibility for their health behaviours, but that it is time to investigate the ways in which male psychology can be beneficial to health. In the meantime I urge influential players such as [the World Health Organisation \(WHO\)](#) to be careful not to perpetuate a narrative that stigmatises masculinity, promotes victim blaming and the alienation of men.
- 5.4. I don't think men's health is going to benefit from another policy document taking a doubtful view of masculinity. We should take heed of the points raised by Buja et al (2020), and take the hard road of immunological research and meaningful research into how we can harness male psychology in order to promote better health behaviour in men. In the meantime I would like to encourage health professionals, media pundits, politicians and anyone else with an opinion to please consider retiring the tired old narrative that men and/or masculinity are the principle cause of men's health problems.

6. Conclusion

- 6.1. It is unsurprising that men's health has not been dealt with in a positive way, because very sadly this is the pattern we have seen for so many of men's issues [e.g. male suicide, male victims of domestic violence, boys underachievement in education](#). If we can overcome our unconscious biases and take the action I recommend in this document (research into the causal role of sex differences in immune response and health behaviour, improving long-term health behaviours, and making the narrative less biased) then I would expect that we will deal with the current pandemic and future crises in a much more effective way.

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