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Are men underprovided for?

A mixed-methods study on the care situation of men in Germany

Male-specific diseases are health problems that either occur exclusively in men or occur more frequently and/or more severely in men. Some examples are erectile dysfunction (erectile dysfunction), benign prostatic hyperplasia (non-cancerous enlargement of the prostate that can lead to problems urinating), prostate cancer and testicular cancer. The care situation for men in Germany has been little analysed to date. At first glance, there is a gender gap. The life expectancy of men in Germany is five years lower than that of women and is reflected in a higher mortality rate across all age groups [1]. There is also a gender-specific difference in the uptake of cancer screening: in 2020, the statutory health insurance funds recorded 6.7 million screenings for men, but more than five times as many (35.1 million) for women [1]. While the specialist area of gynaecology, which is relevant for women-specific cancers, is established as a firm pillar in the medical system, men's healthcare does not receive the same attention. Urology focuses mainly on diseases of the urogenital system and is typically only utilised for men over the age of 50 [2]. Internationally, it can also be observed that men often interact less effectively with the healthcare system compared to women [3] and preventive healthcare services are often not adequately tailored to the specific needs of men [4, 5]. This shows the need for a reorientation of care approaches. The aim of the study is to determine the status quo of care in the area of men's health in Germany and to identify obstacles and potential for optimisation in the implementation of preventive and health-promoting services in order to derive specific recommendations for action.

>> The study is based on a mixed methods approach with four survey modalities. Firstly, a scoping review was carried out to map the current state of research. German and English-language publications from the last ten years (2014 to 2024) in the areas of prevention and health promotion or gaps/deficits in care for the target group of men in Germany were included. The sensitive search was carried out in the Medline/PubMed database and via Google Scholar.

In addition, qualitative interviews (expert interviews) were conducted with key opinion leaders to gain deeper insights into gender-specific healthcare. The expert interviews were conducted digitally or by telephone using guidelines, audio-recorded, verbatim transcribed and analysed using Mayring's structuring qualitative content analysis [6].

An online survey was used to map the perspective of healthcare providers from the fields of urology and general medicine with regard to current healthcare provision for men in Germany. The self-designed questionnaire was implemented on the LimeSurvey survey platform. The quantitative data collected was analysed descriptively.

A panel survey was used to gather the perspectives of men in Germany. To this end, the findings gathered during the expert interviews were translated into a questionnaire, which was implemented on the LimeSurvey survey platform. A total of 1,100 men in Germany were recruited via the online access panel of the market research institute Bilendi. The samplecan be described as representative. The descriptive data analysis was carried out using the statistical analysis programme R®, version 4.3.3.

Following the respective data analysis of the four surveys, all data analyses were triangulated.

Are men underserved? A mixed-methods study on the healthcare situation of men in Germany

Background: The health care situation of men, especially men in younger phases of life, before typical prostate problems occur, has been little studied. The aim of the study was to determine the status quo of care in the field of men's health in Germany, and to identify obstacles and potential for optimization in the implementation of preventive and health-promoting services in order to derive concrete recommendations for action.

Methods: The study is a triangulation study with a mixed methods approach. It comprises a scoping review, qualitative expert interviews (n = 10), a quantitative online survey with service providers (n = 37) and a representative panel survey among men (n = 1,100).

Results: The results of this study indicate that there is a structural underuse of care amongst men. After the end of the compulsory Childhood Early Screening Tests at the pediatrician, young men typically go a long time without regular contact with a doctor, which used to be shorter due to the physical examination as part of compulsory military service. Male-specific topics are rarely addressed by doctors and under two thirds of men have heard of male-specific cancer screening examinations. However, there are hardly any consultation sessions, for example on erectile dysfunction. Under 57% of men have a dedicated medical practitioner to whom they can turn for men-specific problems. In addition to organizational barriers, the biggest obstacles to the use of services are, in particular, an inadequate target group-specific approach and a lack of openness in dealing with male-specific illnesses.

Conclusions: Possible solutions for overcoming the lack of care include adapting the system to the needs and circumstances of men in the long term, for example through adequate health communication strategies and low-threshold access to prevention and care services at all stages of life. Longitudinal research approaches could help to gain a more comprehensive picture of healthcare for men in Germany.

Keywords

men, health care, men's health, gender medicine, mixed methods, panel

Results

A total of eleven articles were included in the scoping review in June 2024 (see Fig. 1). The publications focussed on two topics: (1) ascribed gender roles (n = 5) and (2) systematic barriers and obstacles (n = 6).

Between April and May 2024, a total of 37 doctors from the

fields of general medicine (83.78%, n = 31) and urology (16.22%, n = 6) took part in the online survey.

Between April and July 2024, a total of ten expert interviews were conducted with experts from the fields of gender health, men's health and prevention. The average duration of the interviews was 18:53 minutes.

As part of the panel survey, a total of 1,100 men in Germany aged between 18 and 84 were interviewed in July 2024.

Healthcare for men

According to experts, there tends to be an under-provision of care and at the same time a 'therapy that is then put over women' that is strongly orientated towards the male model. This expert assessment is in line with the findings of the scoping review: Gender-specific differences in prevalence, incidence, comorbidity and disease severity are well documented, but are often not included in prevention strategies and treatment approaches [7].

Gender roles

The topic of social and cultural role models tookcentre stage both in the expert interviews and in the literature.Although men's health behaviour has changed considerably in recent years, historical and cultural influences continue to affect gender-specific health behaviour, with traditional images of masculinity making access to health information and services more difficult [8].

According to the experts, the lack of awareness of their own health, the lack of problem recognition, the discrepancy between self-perception and reality and the fear of bad news play a significant role in the fact that men often ignore health problems and do not take advantage of necessary examinations and treatments. In the representative panel survey, 56% of men agreed with the statement that they should deal more with men-specific issues (strongly agree: 13.91% or somewhat agree: 41.64%) (see Fig. 2). At the same time, 70% of men stated that they were fully (23.73%) or somewhat (46.64%) motivated to deal with their health in general and actively seek help when problems arise.

Men-specific health services

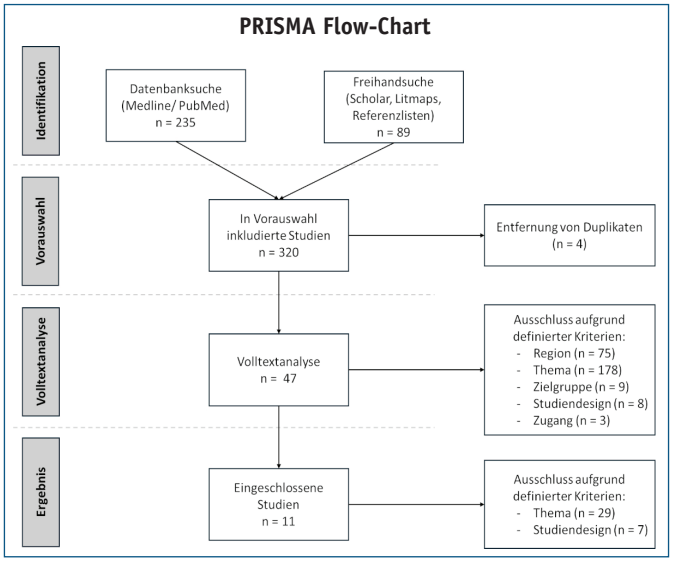


Fig. 1: *PRISMA flow chart. Source: own illustration*

According to the experts interviewed, the main problem with healthcare for men is not the services themselves, but rather the willingness of men to take advantage of these services. 41.09% of the men interviewed in the panel survey thought that existing services for men-specific illnesses were sufficient. Of the doctors who took part in the online survey, 41% saw weaknesses in recognising and addressing the needs of male patients and just under 30% stated a considerable need for improvement. On the other hand, cancer screening, urological care optionsand health insurance-funded services were particularly praised.The results of the panel survey showed that 65.18% of men had heard of cancer screening for male-specific diseases, such as prostate examinations (e.g. PSA test) and testicular examinations, and 40.00% had already utilised them (see Table 1).

Almost 60% (n = 22) of the doctors participating in the online survey stated that they discussed preventive measures for the early detection of male-specific diseases in patient consultations at

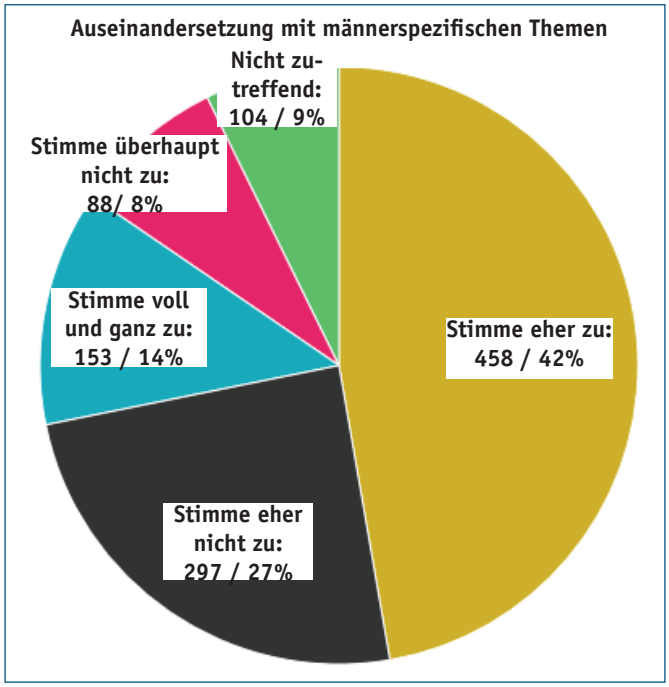


Fig. 2: *Result of the panel survey regarding dealing with men-specific topics. Source: own illustration.*

almost every appointment. Many service providers felt that they were not sufficiently or only partially trained to recognise and treat male-specific illnesses ('partially': 54.05% (n = 20), 'sufficiently': 35.14% (n = 13), 'not sufficiently': 10.81% (n = 4)).

Only 14.18% of men in the panel survey fully agreed (and 32.64% somewhat agreed) that male-specific topics are specifically addressed by doctors.

Men's health and sexuality

According to the experts interviewed, men are particularly underserved in the area of sexual medicine. For example, erectile

dysfunction is often not addressed in consultations at the doctor's surgery. Men would therefore often purchase medication for the treatment of erectile dysfunction via the internet. As no counselling takes place in these cases and there is no clarity about the quality of the products, this is associated with risks. Low-threshold access to PDE-5 inhibitors through over-the-counter sales in pharmacies in conjunction with advice from pharmaceutical staff could help to remove taboos from the subject of erectile dysfunction. This has been shown by experience from the UK, where an OTC switch of sildenafil was implemented. According to the experts surveyed, feelings of shame are one reason that prevents men from presenting to a practice with erectile dysfunction (see also [9-11]). The results of the panel survey showed that almost one in four men fully or somewhat agree with the statement that they feel ashamed or uncomfortable talking about male-specific problems (9.91% and 28.82% respectively) (see Fig. 3). At the same time, over 70% of men stated that they were able to talk openly with doctors about male-specific illnesses in general. The panel survey showed that the majority of men are aware of services on sensitive topics, but only a very small proportion actually make use of these services (see Table 1).

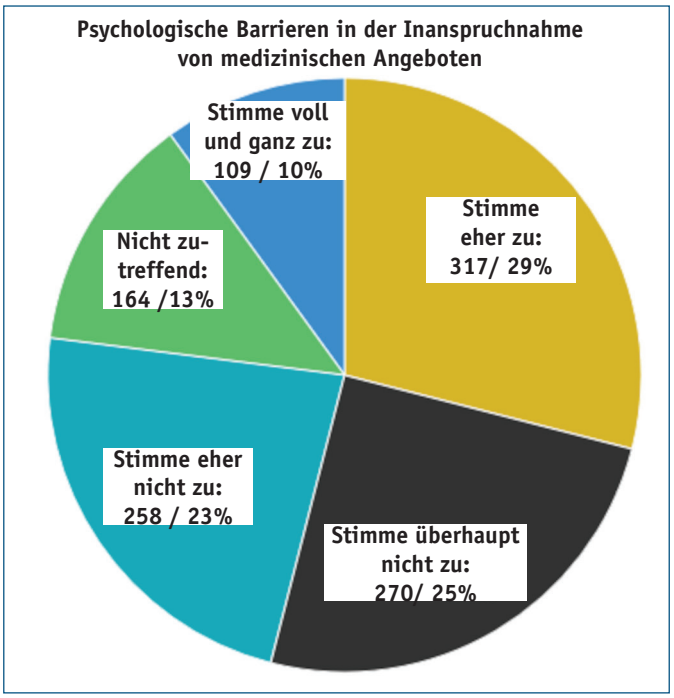


Fig. 3: *Result of the panel survey regarding psychological barriers to the utilisation of medical services. Source: own illustration.*

Structures of outpatient care

According to the experts, another barrier to adequate healthcare for men is the organisation of outpatient care. The hurdles include: Difficulties in getting an appointment with a doctor, long waiting times for an appointment and in the waiting rooms, opening hours of doctors' surgeries that are not compatible with working life, and the limited time available to talk to the doctor themselves. The results of the panel survey also revealed that only slightly more than half (56.72%) of men think that there is enough time for men-specific problems during a doctor's appointment (18.27% and 38.45% fully and somewhat agreed respectively). Not only men are confronted with these challenges in outpatient care , but these organisational hurdles have an additional negative effect on many men who are already difficult to motivate.

According to the experts interviewed, another problem is that prevention programmes for men only start very late, when additional manifest health problems such as diabetes or obesity often already exist. After the end of the early detection examinations U1 to U9 at the paediatrician, there is a long period of time for men without regular contact with a doctor. During the period of compulsory military service between the 1960s and 2011, at least the physical examination could be regarded as an institutionalised check-up in young adulthood.

Kenntnis und Inanspruchnahme männerspezifischer Angebote		
Angebot	**Davon gehört (N = 1.100)**	**In Anspruch genommen (N = 1.100)**
Krebsvorsorgeuntersuchungen (z. B. PSA-Test)	717 (65,18%)	440 (40,00%)
Beratungen und Behandlungen bei Erektionsstörungen	807 (73,36%)	163 (14,82%)
Beratungen und Therapien bei Libidoverlust oder anderen sexuellen Funktionsstörungen	751 (68,27%)	121 (11,00%)
Diagnostik und Behandlungen bei Hormonstörungen	759 (69,00%)	111 (10,09%)
Selbsthilfegruppen für männerspezifische Erkrankungen	737 (67,00%)	85 (7,73%)

Table 1: *Awareness and utilisation of male-specific services. Source: own illustration.*

Measures to improve the care situation for men

The experts interviewed see possible measures to improve the health care situation of men in better education and sensitisation to health risks as well as in the promotion of a more realistic self-perception. For example, the topic of prevention should be taught more in schools and universities. This approach was confirmed by the service providers surveyed and is in line with the recommendations for action in the literature analysed [12].

From the experts' point of view, a more open approach to sensitive topics through targeted placement in talk shows or social media could help to remove taboos from topics. More than half of the men surveyed in the panel agreed or somewhat agreed (11.09% and 40.27% respectively) that it helps them to see how others deal with male-specific illnesses. According to the experts, a more open approach on the part of doctors would also contribute to removing taboos. According to one expert interviewed, the topic of erectile dysfunction is an effective starting point for a range of prevention topics for men. Sexuality plays an important role in men's health and problems in this area could motivate men to become active in terms of their health.

In the online survey, the participating service providers named various approaches to improving the care situation for men. The-

se included a target group-specific, open and direct approach to men (28.57%, n = 10), optimisation of the existing information situation and information options with targeted, simple and automatic information to improve men's self-awareness (20.00%, n = 7) and efficient and comprehensive preventive care appointments (17.14%, n = 6).

The experts surveyed saw broad, long-term educational campaigns with prominent role models as a good strategy for reaching the target group. In the panel survey, the men surveyed stated that they most frequently obtained information on men-specific topics from their family doctor (59.00%), urologist (43.00%), on the internet (41.91%), from friends and family (15.18%), in pharmacies (11.45%), in brochures and magazines (10.36%) and on social media (4.91%). Only 63% of the men surveyed think that information material on male-specific illnesses is easy to obtain, sufficiently available and attractively designed (15.64% fully agreed and 47.45% somewhat agreed).

According to the experts surveyed, so-called challenges in particular, i.e. programmes with a competitive character, represent approaches to better reach men. The literature also advises taking into account the competitive behaviour of men in prevention approaches [13]. In addition, factors such as group components with like-minded men, the use of humour when communicating health information and the inclusion of nutrition and exercise components are helpful in motivating men to participate in prevention programmes [14]. According to the experts interviewed, a targeted approach in settings such as the workplace and the use of direct communication via managers or colleagues wouldincrease men's motivationto take advantage of programmes. Information stands in front of football stadiums, at certain trade fairs, such as hunting and car shows, or at sports clubs would also be well suited for target group-specific health education work.

Specific men's health consultations or so-called 'men's doctors' would also be useful. The results of the panel emphasise this demand, as only just under 57% of the men surveyed agreed with the statement that they had a contact person for their men-specific problems.

Discussion

The results of this triangulation study show that socially and culturally ascribed gender roles play a central role in addressing the issue of men's health. When designing effective prevention programmes, the scientifically proven different health needs of men should be taken into account, but the risk of reinforcing gender stereotypes should not be overlooked. Structural factors in outpatient care such as long waiting times, communication barriers, low/inappropriate availability of service providers and services as well as difficulties in identifying the right contact persons for men-specific problems represent barriers to the utilisation of and access to health information and services [15]. The descriptions of the various barriers at an individual, systemic, structural and cultural level from the surveys are consistent with the results of the literature review [3, 5, 16]. The results of the triangulation study also indicate that men are prepared to deal with their own health. However, existing services for male-specific illnesses need to be optimised and even service providers rate the status quo of healthcare for men as only mediocre.

Promising approaches to improving the utilisation of preventative and health-promoting services for men include structural

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changes in outpatient care that enable low-threshold services, as well as raising awareness and training service providers on men-specific topics. Raising awareness of health issues in general and men's health in particular should begin at an early age. In addition, a targeted, male-specific approach is necessary that takes into account the lifeworlds of men.

In order to gain a more complete understanding of healthcare for men in Germany, further studies should be carried out, particularly with a longitudinal focus. <<

Author's statement

Volker Amelung, Ann-Kathrin Klähn and Fenja Demandt are employees of the Institute for Applied Health Services Research (inav) in Berlin. Volker Amelung, Ann-Kathrin Klähn and Fenja Demandt independently collected and analysed the data and interpreted the results. The article was financed and commissioned by Mylan Germany GmbH (A Viatris Company). The results and assessments are those of the authors. No influence was exerted by the Viatris group of companies.

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