

Comment les hommes gèrent-ils leurs maladies chroniques? Quelques résultats préliminaires

Mohamed Mohamed, BScN student
Margareth Zanchetta, PhD, RN

RYERSON
UNIVERSITY

Objective & Research questions



- Examine Canadian qualitative studies / reports about findings on men's preventive actions and self-management of mental and physical chronic diseases.
- The key research questions:
 - ▣ How do Canadian men living with single or multiple mental and/or physical chronic diseases learn about diseases and manage them?
 - ▣ How do they acquire and share health knowledge to make decisions regarding self-management of mental and/or physical chronic diseases?

Method



- The analysis combined Jone's (2004) and Sandelowski and Barroso's (2002) suggestions for analysis of qualitative study / report findings.
- Documents composed of 18 Canadian articles, thesis's and community reports written in French between 2004-2010.

Work in progress...



- The review is exploring 7 major empirical dimensions and their 66 features:
 1. Social representations
 2. Personal characteristics
 3. Culture related influence
 4. Overall perceptions
 5. Prevention & self-management strategies
 6. Socio-economic influences
 7. Influences of the context of social services and health care

Conceptual framework

The Social Uses of The Body



- There is a lack of understanding about natural needs and functions of the body (cultural roots)
- Social (holistic) representation of the body include its needs, functions and meanings
- Social class influence differences in health behaviors and discourse about the body
- Social hierarchy defines a “code of good manners to be with own body”

Issues faced in retrieving data



- Community partner
 - ▣ Did not participate in retrieving articles from the community and broke research agreement
- Ontario Francophone Professionals
 - ▣ Emailed the organization and its members
 - ▣ No replies
- Community Health Nurses Canada
 - ▣ Disseminated over 500 email and received 3 responses from community initiatives for men

Issues faced in retrieving data



- Research Centres
 - ▣ Provided 6 names of Canadian Francophone men's health researchers
- Unable to access University Francophone based databases
 - ▣ Google Scholar
 - ▣ French Canadian University professor profile in the disciplines of nursing, psychology, sociology, social work were used to gather articles.
 - ▣ Most researchers are still writing their papers...

EMERGING FINDINGS...



Suicide

Bourgeois, 2009; Chagnon, Vrakas, Bardon, Daigle & Houle, 2008; Houle 2005; Roy, 2008

Preventative

- ▣ A man that is healthy is defined as one who is:
 - physically strong
 - employed
- ▣ « *Le **travail** est important dans la participation à la société (. ..) Ça **te garde en santé**, physique et psychologique.* »—Gilles (Roy, 2008)

Suicide

Bourgeois, 2009; Chagnon, Vrakas, Bardon, Daigle & Houle, 2008; Houle 2005; Roy, 2008

Management

Suppression ————— Battle

« *C'est le plus beau rêve que je pouvais avoir: **avoir de l'aide*** » Gilles

« ***Parler** de la dépression, ça fait du bien, ça redonne confiance.* » Louis

« ***Demander de l'aide** pour moi, c'est un signe d'intelligence. »* Gilles

« *Demander de l'aide, c'est se donner **une chance.** »* Paul

Suicide

Bourgeois, 2009; Chagnon, Vrakas, Bardon, Daigle & Houle, 2008; Houle 2005; Roy, 2008

Authors' recommendations

- ▣ Redefine what it is to be a man
- ▣ Offer specialized services that cater mental health to masculinity
- ▣ Individualize discreet treatment to support men's empowerment
- ▣ Provide peer mentoring and create a social network

Depression

Roy, Charland & Tremblay, 2009; Hall, 2009; Mechakra-Tahiri, 2008; Soulard, 2008



- Stigma
 - ▣ Mental health issues are a sign of weakness
- Social determinants
 - ▣ Family
 - ▣ Friends
 - ▣ Occupation

Pornography

Corneau, Rail, & Holmes, 2010 ; Corneau & Rail, 2010

- Homosexual / men who have sex with other men
 - ▣ Self Care
 - Pornography
 - Relax
 - Control negative emotions
 - Relieve tension
 - Escape reality
 - ▣ Prevention
 - Physical protection
 - STD's/HIV
 - Emotional Protection
 - Psychological pain
 - Rejection

Pornography

Corneau, Rail, & Holmes, 2010 ; Corneau & Rail, 2010

- “Nos participants se construisent donc comme des hommes seuls et individualistes qui, en recourant à la pornographie, ont le souci de prendre soin d’eux, de gérer eux mêmes leur propre santé et d’éviter eux-mêmes certains risques.”
- *Constant improvement of their body because they see perfect bodies ?*

Pornography

Corneau, Rail, & Holmes, 2010 ; Corneou & Rail, 2010

Gaston, 26 ans

- «Souvent, plein de gens ne se protègent pas et ne veulent pas utiliser de moyens de protection et veulent du sexe sans condom. Il y a tellement de choses qui se passent, il y a tellement de maladies dans la communauté que je préfère rester chez moi, lire un magazine porno ou regarder un film porno et jouir comme ça. Pour moi, **c'est plus sain** parce que t'es seul et il y a personne d'autre avec toi.»

Pornography

Corneau, Rail, & Holmes, 2010 ; Corneou & Rail, 2010

Bernard, 39 ans

- compare la pornographie à « boire un verre de vin », pour « **libérer des frustrations** » et pour se « sortir de son état normal pour un moment ».

Fabrice, 28 ans

- « l'utilise pour se « **faire plaisir** » et « **relâcher du stress.** »

Breast cancer

Dubois & Loiselle, 2009; Taquet , 2007

- Management
 - Prefer quick and cheap access to health information
 - internet vs phone calls/visiting the ER
- Gender differences
 - *Better acceptance of long wait times and lower standards of care ?*
- Impact of body image on masculinity
 - Redefine what it means to be a man (after BC)

Sexual abuse

Fisher & Goodwin, 2009

- Preventative measures:
 - ▣ Physical Strength (Muscles)
- Self Management

Hyper-Masculinity	Passive/Avoidance of Reality
Rage	Emotional isolation
Alcohol/Drugs	Self blame
Sexually compulsive	Minimize the abuse
Suicide ideation-mutilitation	Dissociation

Sexual abuse

Fisher & Goodwin, 2009

Bogdan

- «J'ai essayé de repousser tellement de sentiments en lien avec mon expérience d'abus par peur de dévoiler ma faiblesse en les exprimant. Un soir, un homme dans mon groupe de thérapie...a pleuré et pleuré. Les autres hommes du groupe et l'animateur l'ont écouté et l'ont **félicité de son courage. J'ai alors réalisé** que de démontrer des émotions était un signe de force, pas de faiblesse.»

OUR RECOMMENDATIONS



When dealing with chronic illness



- Reinforce autonomy
 - ▣ Provide self management resources
 - Internet, brochures, books
- Redefine masculinity in relation to chronic illness
 - ▣ Address psychological impact of changing body image
 - Support groups
 - Psychotherapy/family therapy
 - Health education

Standardize and implement psychosocial screening tools and procedures

- Proposed process:
 - Recruit team of men's health specialists
 - Create partnership with community stakeholders to ensure follow-up services
 - Establish an efficient referral and contra-referral system for at risk consumers
 - Suicide
 - Depression
 - Create men's health centres that are open late, have a healthcare team that caters to mental health, and includes a general practitioner and nurse practitioner
 - **Advocate for the development of** a Canadian men's health policy and national initiatives that respect the internal diversity of the populations composed by boy, teens, adults and senior men.

Masculinity Campaign

- *Go beyond existing sexual and disease focused campaigns*
 - Target masculinities as lived by multiple diverse ethno-cultural groups
 - Educate about impact on sense of masculinity, self-image and social images / roles
 - Disseminate plain information about BC and PC as risk conditions for men- Genetic studies / intergenerational risks
 - Openly discuss men's human rights to have emotions and feelings when addressing suicide prevention among adolescents, adults an seniors

Possible interventions



1. Expand to immigrant / refugee men the existing support to resettlement, job training, literacy course, and social insertion.
2. Involve relatives and friends as collective action in treatments
3. Incorporate assessment of risky sexual behaviours including:
 - the demystification about the semen as the only source of STD transmission
 - discussion about pornography and risky sexual behaviours as strategy for stress management

Possible interventions



1. Refer clients to men-friendly community organizations able to provide help and guidance to their concerns and doubts
2. Create a safe and welcoming environment to support men disclosure of emotions and feelings
3. Encourage within the therapeutic relationship with clients the verbalization of needs, doubts and worries

Organization health policies



- Incorporate the concept of “ human rights to emotions and feelings” as an matter of equity for men as clients.
- Educate staff about the risk of overgeneralization due to prevalent ideas of hegemonic, traditional masculinity that deny the diversity and meaning of being a man a multicultural and unequal society
- Challenge existing health policies that determine privileges, special attention based on declared “gender”
- Acknowledge that men and women have their lives intertwined to conceive and implement upstream health initiatives