

HEALTH PROMOTION FACTORS AMONG MALE STAFF AT A UK UNIVERSITY: A CROSS-SECTIONAL SURVEY

ALENA VASIANOVICH, EDWIN VAN TEIJLINGEN, GARTH REID

Department of Public Health, University of Aberdeen Medical School, UK

ABSTRACT

Men's health is recognised as an issue of growing importance in many developed countries. This article identifies associations between health-related behaviour in different groups of men working in a UK university and highlights various lifestyle issues, i.e. smoking, alcohol consumption and physical activity. A cross-sectional survey was conducted using a postal questionnaire. This study has shown that not all men have equally risky lifestyles. Needs assessment studies could indicate which public health interventions would be most appropriate for specific sub-groups of men within their workplace.

INTRODUCTION

Men's health is poor according to a range of measures and varies across socio-economic class [1]. In 2003-05 the average life expectancy at birth of females born in the UK was 80 years compared to about 76 for males [2]. According to WHO, a person born in Belarus in 2003 can expect to live 68.5 years on average: 74.7 years if female and 62.3 years if male [3]. Life expectancy in Belarus is lower than the average across European countries by about 13.6 years for males, and 7.2 years for females [3]. Men are more likely than women to have a heart disease and stroke; men in routine and manual jobs are more likely to smoke and have chronic health problems [1]. Between ages of 15 and 64 men attend their family doctor almost half as often as women [4]. Smoking, lack of physical activity and alcohol use are among the key lifestyle factors identified towards poor health and early death [5]. Several health and lifestyle surveys have been undertaken in the UK and Scotland. The latest Scottish Health Survey 2003 (SHS) reported results on health and health-related behaviour [6]. Smoking prevalence amongst men in Scotland is around 28% [7] and some 13,000 Scots die annually from smoking-related illness [8]. Alcohol consumption contributes to a wide range of health and social problems [9]. However, it is an established part of Scottish culture with 27% of men reported usual excessive alcohol consumption [5]. Levels of physical activity are decreasing [10]. Men spend a considerable amount of their time working and different jobs/work environments can have different effects on their health and health-related behaviour [11]. WHO rated physical inactivity as one of the key causes of death in developed countries, and noted that it is partly responsible for a range of disease [12]. The choices those men make about their behaviour, especially about food, alcohol, tobacco and/or physical activity have economical and cultural dimensions [13]. Many men need encouragement to consider their own health and to help them understand the impact of their lifestyle [13].

METHODS

A cross-sectional survey, using a postal self-completed questionnaire was undertaken [14]. This study explores associations between health-related behaviour such as smoking, alcohol use and physical activity, in different groups of men within their workplace on the basis of socio-economics and demographic factors. Validated questions were taken from several UK studies [6, 15-18]. After piloting [19], 1,344 questionnaires were sent to all male university staff. The anonymous questionnaires were returned to the authors in a pre-addressed envelope with 38% response rate.

RESULTS AND DISCUSSION

In our study relatively few men were current smokers, three times less than the Scottish average (9% vs. 29%) [6]. Marital status, education level and job were the major factors associated with smoking. Table 1 highlights that about one third were heavy smokers. Unlike other studies [6] we did not find an association between age and smoking prevalence.

Table 1. **Daily cigarette consumption (n=47)**

Factors	Description	N of men	%
Light smokers	≤10	21	43.5
Medium smokers	11-15	11	23.9
Heavy smokers	16+	15	32.6

There were fewer heavy smokers in our study compared to other study (33% vs. 38%) [6]. Younger men (34-42) were more likely to be heavy smokers (33%). That in contrast to the SHS that reported that smokers aged 16 to 34 was much less likely to smoke heavily [6]. The majority drank, many (37%) consumed alcohol on 1 to 2 days per week and only 6% consumed alcohol less than once per month. Consuming more than the recommended limit of 21 units per week was reported by approximately 16% of men and this percentage was significantly less than that reported by the SHS (27%) [6]. Only 6% of men in our study reported that their drinking was a problem and it was half of that in the national survey (12%) [6]. Drinking was statistically significantly associated only with age similar to the SHS [6]. Most (77%) men were physically active in an average week. Less than half (39%) were physically active for at least 30 minutes a day 5 times per week; slightly less compared to similar study (42%) [6]. Only age and marital status in our study were the major factors associated with having recommended level of physical activity compare to the SHS that reported age, socio-economic status and time spent sitting at a screen [6]. Our study participants generally reported relatively high levels of physical activity.

Limitations of our study were (1) its cross-sectional nature; (2) not every area of life, lifestyle and health-related behaviour was covered in the questionnaire [20]; and staff was generally highly skilled and educated. Our findings suggest that many would still benefit from a health promotion intervention offering advice, support and involvement in physical activity or behaviour changes. Universities, as potentially health-promoting workplaces, may help to encourage staff to change lifestyles [21]. A few risk factors were more common in this sample than in the general population, which would suggest that some health promotion intervention such as to change behaviour aimed at men working in academia might be appropriate

Our response rate was relatively low, 38%, compared to similar surveys [6, 16, 17, and 18]. This might be related to the specific focus on men's health and/or the target groups of busy university staff. Men often struggle with balancing a dilemma between 'do not care' and 'should care' [22], which may also influence their decision to participate in men's health research.

CONCLUSION

In spite of some shortcomings, our study shows that there are areas of health-related behaviour, which should be addressed to this study population. It might be worth considering changes in the work environment and/or behavioural-change approaches to help men to adopt healthy behaviours.

REFERENCES

1. Men's Health Forum Scotland, Raising men's health awareness. [<http://www.mhfs.org.uk/mhfs/index.php>]
2. Office for National Statistics, Life Expectancy [<http://www.statistics.gov.uk/cci/nugget.asp?id=168>].
3. WHO, The World Health Report 2004 – Changing history. Geneva, World Health Organization, 2004. [<http://www.who.int/whr/2004/en>]
4. Men's Health Forum Scotland: About the Well Man Pilot Projects [http://www.mhfs.org.uk/mhfs/about_pilot_project.php].

5. Scottish Executive: Health in Scotland 2004: Edinburgh, The Scottish Executive, 2005.
6. Scottish Executive, The Scottish Health Survey 2003: Summary of Key Findings, 2005. [<http://www.scotland.gov.uk/Resource/Doc/924/0019811.pdf>]
7. Scottish Executive, Scotland's people: results from the 2003/2004 Scottish Household Survey: annual report, Scottish Executive, Edinburgh, 2005. [<http://www.scotland.gov.uk/library5/housing/shsar03-20.asp>]
8. Scottish Executive: A Breath of Fresh Air for Scotland: Edinburgh, Scottish Executive, 2004.
9. Thom B: Smoking, drinking and drug use: a privilege and a burden. *J R Soc Health* 2004; 5:207-209.
10. Douglas F, *et al.* Promoting physical activity in primary care settings; health visitors' and practice. *J Advanced Nurs* 2006; 55:159-168.
11. Taylor, RJ *et al.* Health & illness in the community. Oxford University Press. 2003.
12. WHO, Annual global Move for Health Initiative: A concept paper. World Health Organization, Geneva, 2005.
13. Baxter M (ed.): Health & Lifestyles. London: Tavistock, 1990.
14. Oppenheim A N (ed.): Questionnaire design, interviewing and attitude measurement. London: London Pinter; 1992.
15. University of Aberdeen, Department of Public Health, The Well Men Services Project. [http://www.abdn.ac.uk/public_health/research/wellmen.shtml]
16. Grampian Health Board, Grampian Adult Lifestyle Survey 2002. Aberdeen: 2003. [<http://www.nhsgrampian.org/grampianfoi/files/110-als2002%20report%20final%20draft%2028%20April.doc>]
17. The Liverpool and Seaton Lifestyle Survey (2003). www.liv.ac.uk/haccru/reports/Liverpool_and_South_Seaton_Lifestyle_Survey.pdf
18. Tayside Adult Health & Lifestyle Survey (16-74 years) (2003). www.thpc.scot.nhs.uk/PDFs/Adult%20Health%20and%20Lifestyle%20Survey.pdf
19. McColl E *et al.* *Design and use of questionnaires*. *Health Technol Assess* 2001; 5:31.
20. O'Dowd T, Jewell D: Men's Health. Oxford, Oxford University Press; 1999
21. Tsouros A, *et al.* (eds.): Health Promoting Universities: Concept, experience and framework for action. Copenhagen, WHO, 1998.
22. O'Brien R, *et al.* It's caveman stuff, but that is to a certain extent how guys still operate: men's accounts of masculinity and help seeking. *Soc Sci Med* 2005; 61: 503-516

HEALTH PROMOTION FACTORS AMONG MALE STAFF AT A UK UNIVERSITY: A CROSS-SECTIONAL SURVEY

ALENA VASIANOVICH, EDWIN VAN TEIJLINGEN, GARTH REID

Summary

Men's health is recognised as an issue of growing importance in many developed countries. This article identifies associations between health-related behaviour in different groups of men working in a UK university and highlights various lifestyle issues, i.e. smoking, alcohol consumption and physical activity. A cross-sectional survey was conducted using a postal questionnaire. This study has shown that not all men have equally risky lifestyles. Needs assessment studies could indicate which public health interventions would be most appropriate for specific sub-groups of men within their workplace.

Поступила в редакцию 6 апреля 2009г.