



MEN WELFARE TRUST

Men Welfare Trust. NGO FOR MEN

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ABSTRACT

Men's and boys' mental health is frequently disregarded, despite the fact that it can have a substantial impact on their lives. When neglected, mental health concerns can have a negative impact on physical health and life span. Untreated mental health problems can lead to high-risk behaviours such as substance misuse, gambling, and other types of addiction. Unresolved emotional issues can also impair a man's capacity to operate completely in society and within his family.

Men's depression is particularly important to address as it can lead to suicidal ideation and attempts. Suicide is the second highest cause of death in men aged 10 to 34. It is the fourth biggest cause of death among men aged 35 to 54.





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About MEN WELFARE TRUST:

Men Welfare Trust (MWT) is a Delhi based Non-Governmental Organization (NGO), an integral part of Save Indian Family Movement (SIF) (www.saveindianfamily.in). MWT was registered in Delhi in the Year 2017 with a clear focus on issues related to welfare of Men.

It was a need of the hour to have an organization with dedicated team of volunteers to work on issues such as victimization of men & their families due to heavy misuse of gender-based laws such as IPC 498A (Dowry Harassment Law); Dowry Prohibition (DP) Act; Protection of Women from Domestic Violence Act (DV Act); IPC 376 (Rape Law); IPC 354 (Sexual Harassment Law); CrPC 125 & Hindu Adoption and Maintenance Act (Maintenance Laws); The Sexual Harassment of Women at Workplace Act etc., rising incidents of male suicides due to domestic/ family problems, male disposability/ homelessness of men, domestic violence on men, mental health issues, low life expectancy of men, vocational training, rehab, DV shelter homes for men to name a few.

Ever since its existence, MWT has been diligently working on above mentioned issues with a team of dedicated volunteers who selflessly invest their time and skills towards this noble cause.

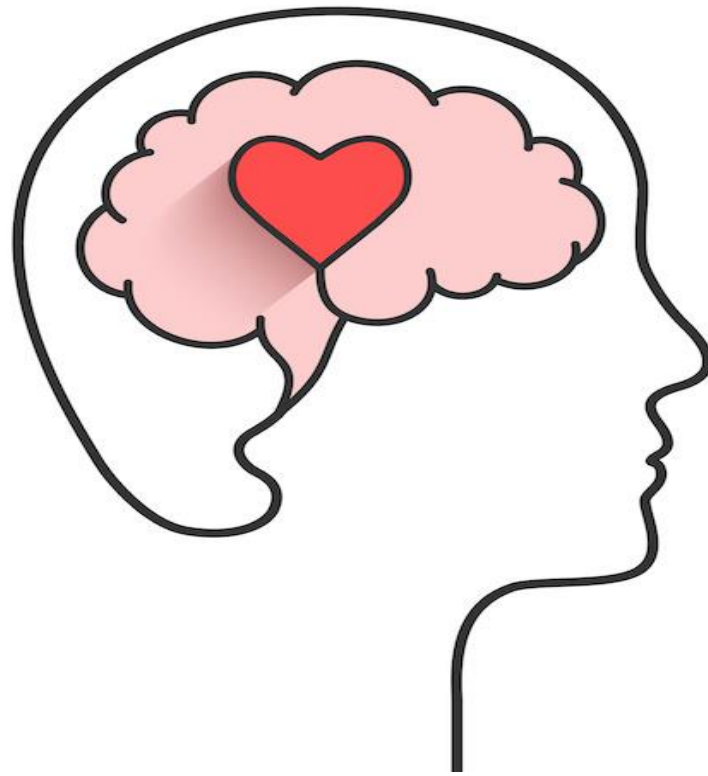
MWT is a self-supported, self-funded, not-for-profit organization with an aim to strive towards gender equality in the true sense.

SIF ONE Helpline (8882 498 498) has been receiving thousands of calls each month from men across India as well as overseas, men who are battered, abused, depressed by the widespread male-hatred in the Society.

Visit us at: <http://www.menwelfare.in/>

Helpline For Men

8882 498 498



According to the Men's Health Network; an organization devoted to greater health awareness and disease prevention for men and boys, men die at a higher rate than women from nine of the ten top causes of death in the United States.

Recent findings show that three out of four men don't go to the doctor when something is wrong.

This gender-based inequality receives little attention although successive reports have highlighted that life expectancy at birth for women tends to be higher than it is for men.

The WHO European Region's review of the social determinants of health, chaired by Sir Michael Marmot offers some indications of why the differences may exist. Factors could include greater levels of occupational exposure to physical and chemical hazards, behaviours associated with



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Male norms of risk-taking and adventure. This could be attributed to for many men, tolerating pain is a sign of manhood.

Health behaviour paradigms related to masculinity and that men are less likely to visit a doctor when they are ill. It has also been suggested that men are less likely to report on symptoms of disease or illness when they do see a healthcare professional.

For others, seeing a doctor for annual check-ups is a low priority given their many roles and busy lives.

The causes for neglect are thus multifactorial, but oftentimes preventing disease progression to advanced stages and catching a disease in early stages could mean better recovery, lesser costs and prove life-saving.

<https://www.thedowneypatriot.com/articles/mens-health-should-never-be-neglected>

<https://www.mobihealthnews.com/blog/invisible-inequality-men-s-health>



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Listed below are some physical and mental ailments that are more likely to affect the male population:

PHYSICAL AILMENTS:

Cardiovascular Disease

Cardio (involving heart) and vascular (relating to arteries, blood vessels, veins etc.); diseases involving and affecting the aforementioned are thus termed as Cardiovascular diseases (CVD). These generally include conditions that cause narrowed or blocked blood vessels that ultimately cause stroke or heart attacks.

<https://asterclinic.ae/blog/commonly-ignored-mens-health-issues/>

The CDC reports that heart disease is the leading cause of death in the United States across most racial/ethnic groups; adding that between 70% and 89% of sudden cardiac events occur in men.

<https://www.thedowneypatriot.com/articles/mens-health-should-never-be-neglected>

They are generally ignored because heart diseases may even occur with symptoms that do not involve the heart. Minor health problems like snoring, gum bleeding, fatigue and dizziness may well be symptoms of heart problems. People fail to realize that these seemingly insignificant problems that are not related to the heart are actually heart problems that if



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detected early can reduce the severity of the condition to a great extent.

<https://asterclinic.ae/blog/commonly-ignored-mens-health-issues/>

HIGH BLOOD PRESSURE

Also known as hypertension, it typically has no signs or symptoms, making it that much more dangerous. Unless treated, however, the consequences to men's health can be serious, which is why it's important for men to better understand the causes and treatment of this health condition and know how to protect themselves.

ACCIDENTAL INJURY

Unintentional injuries are the number one cause of death among people between ages 1 and 44 years.

Unintentional injuries are generally preventable and fall into two categories: nonfatal or fatal (www.hhs.gov). Men are about twice as likely as women to die from an unintentional injury, with the most common causes of fatal injuries being overdose, motor vehicle accidents (MVA) and falls. By contrast, the most common causes of nonfatal injuries are falls, inadvertent strike, and overexertion.

There are several proposed theories, one of which is that there are societal gender norms that promote risk-taking behaviour in men. This may stem from the idea that maleness is often defined by strength and independence. Such gender



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socialization has historically been a factor behind the propensity of males to engage in high-risk behaviours, including drunk driving, drug use, and dangerous physical activities (J Adolesc Health 2017; 61:S12-8).

Men disproportionately occupy jobs in high-risk industries. These industries include construction, fishing, military, public safety and mining.

In the context of this societal understanding and cultivation of gender, it is not surprising then that men in some of these high-risk occupations have come to normalize withstanding physical strain and pain as a necessary characteristic aspect of the job (*Nordic Journal of Working Life Studies* 2013; 3:3).

<https://www.urologytimes.com/view/unintentional-injury-men-trends-and-risk-reduction>

MENTAL HEALTH RELATED CONDITIONS

Compared to women, men have increased dopaminergic stimulation in response to substances similar to alcohol, which is involved in the reward mechanism (*Biol Psychiatry* 2010; 68:689-96).

There also exists an intersection between masculine norms and alcoholism. Masculine norms such as risk taking have been shown to increase the likelihood of alcohol-related problems (*Addict Behav* 2011; 36:906-11). More research is needed to further elucidate the role of gender in substance use disorder, specifically in regard to opioids.



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Men everywhere, according to surveys, find it difficult to talk about mental health, despite the fact that they are substantially more likely than women to attempt suicide. In this Article, we will see why this might be the case and how to address the problem.

According to a World Health Organization (WHO) Trusted Source research from 2018, three times as many men as women die by suicide in high-income nations.

According to the American Foundation for Suicide Prevention, "Men died by suicide 3.56 [times] more often than women" in the United States in 2018.

And, according to Mental Health America, a community-based non-profit, more than 6 million men in the United States experience symptoms of depression each year, while more than 3 million suffer from an anxiety disorder.

Despite these startling statistics, the National Institute of Mental Health (NIMH) reports that men are less likely than women to have gotten formal mental health treatment in the previous year.

Stigma around men's mental health

The WHO emphasises in its 2018 report that cultural stigma surrounding mental health is one of the main barriers to people admitting they are struggling and getting assistance.

This stigmatisation is especially pronounced among men.



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"Described as a 'silent pandemic' and a 'sleeper issue' that has crept into the minds of millions, with 'chilling figures,' mental illness among men is a public health matter that demands attention."

Thus begins a study published in *Canadian Family Physician* in 2016 by The University of British Columbia (UBC) in Vancouver, Canada.

Its authors argue that prescriptive, age-old views about gender are likely both a cause of the development of mental health difficulties in men and a barrier to obtaining professional care.

Another Canadian study, published in the *Community Mental Health Journal* in 2016, discovered that more than one-third of 541 respondents with no direct experience of suicidal ideation or depression admitted to holding stigmatising beliefs about mental health issues in men in a national survey of English-speaking Canadians.

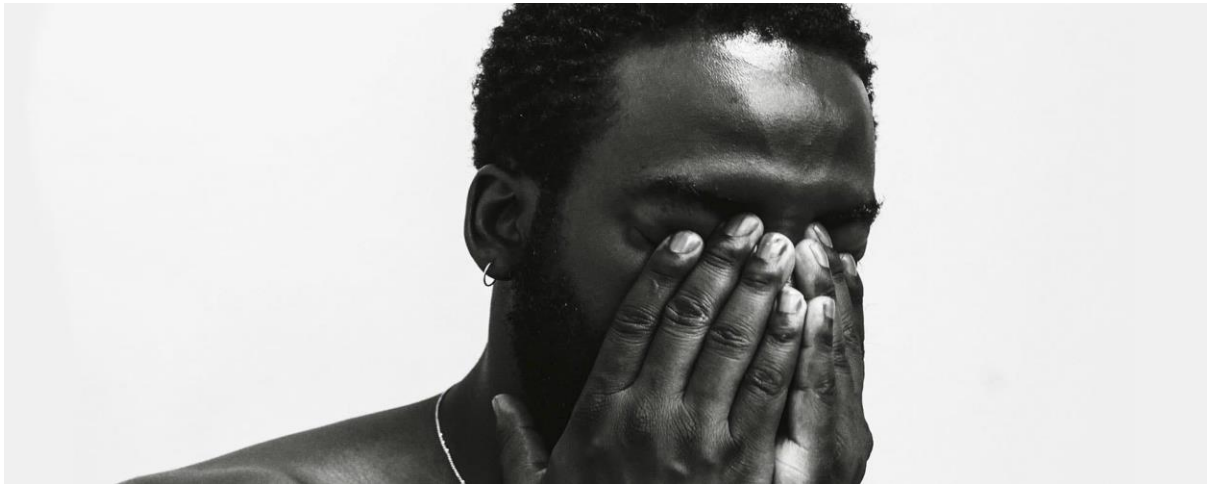
In a survey of 360 people who had first-hand experience with depression or suicide ideation, more men than women stated they would be embarrassed to seek official treatment for depression.

Men often report difficulty in talking openly about mental health issues even among peers



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Further stumbling blocks for men of colour

When it comes to caring for their mental health, men of colour and men of various racial and cultural backgrounds confront significant hurdles.

Prof. Anderson further mentions that American Indian men are the most likely to try suicide, while Black men are the most likely to be incarcerated.

According to Dr. Octavio Martinez Jr., executive director of the Hogg Foundation for Mental Health, the impact of these inequities on the mental health of people of colour and persons of other ethnic and racial backgrounds is "a double whammy."

Furthermore, the authors of a 2015 report published in the Journal of Health Care for the Poor and Underserved state that "Medical experimentation on African Americans during slavery built a foundation of mistrust in healthcare practitioners."



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All of these concerns, taken together, provide an additional barrier for people of colour seeking and obtaining mental health care when they need it.

Men may have different symptoms according to experts, which they claim is partially a "side effect" of differing perspectives on mental health.

"Some males with depression hide their emotions and may appear to be furious, irritable, or violent," according to NIMH experts,

Men "are more likely to contact their doctor about physical symptoms than emotional symptoms," according to the NIMH and some symptoms of depression are physiological, such as a racing heart, stomach troubles or headaches. The organisation also mentions that self-medicating with alcohol and other substances is a typical indication of depression in males and that this can exacerbate mental health issues and raise the risk of acquiring other health diseases.

So, what can health professionals and politicians do to guarantee that men seek help with confidence and that they receive appropriate care?

Tackling inequalities in healthcare require a focus on the health needs of both sexes. Shah (2020) suggests services need to be user-centred, designed to meet the specific needs of both groups, which is essential as part of any effort to tackle the epidemic of non-communicable diseases, which are likely to



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affect more men than women and to affect men at a younger age. In some parts of the world, healthcare systems have significantly higher costs associated with morbidity in men, often due to the late presentation.

Family medicine is the first line of defence for men's health, since general health advice is the domain of a good family practice. While men should take charge of their own health, including a family practice doctor is essential.

<https://www.wadefamilymedicine.com/the-oft-ignored-mens-health/>

<https://www.medicalnewstoday.com/articles/mens-mental-health-man-up-is-not-the-answer#Better-mental-health-education>

What is Prostate cancer?

This develops in the prostate cells. Despite the fact that the prostate contains a variety of cells, glandular cells are responsible for the majority of prostate malignancies (adenocarcinomas). Other kinds of prostate cancer are extremely uncommon.

Prostate cancer is often a slow-growing malignancy, and most people do not experience significant symptoms until the cancer has progressed to an advanced stage.

Most men with prostate cancer die from causes unrelated to the disease, and many are unaware that they have it. However,



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prostate cancer becomes deadly when it begins to develop rapidly or spreads outside the prostate.

Prostate cancer is primarily a disease of the elderly with more than three quarter of the cases occurring in men above 65 years of age. This disease has become a major health problem globally during the last few decades. Studies have shown that prostate cancer is the second most frequently diagnosed cancer in men worldwide and the fifth most common cancer overall. It is disheartening to note that approximately 4.04 million years of healthy life are lost globally due to prostate cancer alone. It is also the sixth leading cause of cancer deaths in men. Worldwide, prostate cancer is projected to have the largest proportionate increase in cancer cases in men by 2020.

The incidence of prostate cancer has shown significant variation across the globe. The highest rates of prostate cancer are reported in Australia/New Zealand, Western and Northern Europe, and North America presumably due to prostate-specific antigen (PSA) screening being done widely in these regions. However, the mortality rates of prostate cancer tend to differ in various countries. The mortality has been reported to be the highest in low- to middle-income communities of parts of South America, the Caribbean, and sub-Saharan Africa. In the Asian countries, prostate cancer incidence has been reported to vary from 3.0/100,000 in Iran to the highest of 20.3/100,000 in the Philippines in the year 2000. There has been a consistent increase in the age-standardized incidence



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rates (ASIRs) of prostate cancer in Asian countries over the last few decades, particularly in Singapore, China, Malaysia, and Japan. This has been reported to be due to changes in diet and other lifestyle factors in these countries also reported that the average mortality-to-incidence rate ratio (MR/IR) of prostate cancer was 0.57 in China compared to 0.13 in North America, indicating that in China, at the time of diagnosis, most cancers were in the advanced stage and therefore, these patients had a short survival time thereafter. However, it is interesting to note that in another Asian country, namely, the Republic of Korea, the ASIR of prostate cancer was reported to be small.

There is an increasing trend in the burden of non-communicable diseases like cardiovascular disease, diabetes mellitus, and cancers as evidenced by the various demographic and epidemiological studies conducted in India. Oral and oesophageal cancers have the highest incidence, whereas rectal, prostate, and lung cancers have the lowest. It has been reported that although the cancer rates in India are lower than those seen in Western countries, increase in life expectancy and changes in lifestyles increase the rates of cancers in this country, particularly prostate cancer analysed the time trends in the incidence of prostate cancer for different age groups of the Indian population reported in Indian cancer registries, using relative difference and regression approaches covering the following areas: Ahmedabad, Bangalore, Chennai, Delhi, Mumbai, Karunagappalli, Nagpur, Pune, and Thiruvananthapuram. The estimated age-adjusted incidence



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rates (AARs) of prostate cancer in India as a whole was $3.7/10^5$ persons during the year 2008. However, the regional variation of AAR was remarkable. It was found to be 0.8 in the state of Manipur (excluding Imphal) while in Delhi, the rate was $10.9/10^5$ person-years. The mean annual percentage change (MAPC) in the crude incidence rates ranged from 0.14 in Ahmedabad to 8.6 in Chennai. Peak incidence was observed in the age group above 65 years, indicating that prostate cancer was a cancer of the elderly. Chennai also recorded the highest MAPC of 5.66 in the age group of patients above 65 years. The estimated annual percentage change (EAPC) in the AAR ranged 0.8-5.8 in the various registries. Increase in the trend was seen in men aged 55-64 years in Bangalore, Chennai, and Mumbai during 1983-2002 and in the 35-44 years age group in metropolitan cities such as Delhi and Mumbai. This revealed an increasing trend in the incidence of prostate cancer and the annual percentage change ranged 0.14-8.6. However, one of the limitations of these cancer registry-based studies was that these registries were mostly urban-based and the data available from the rural population were very little. Projected cases of prostate cancer all over India for the periods 2010, 2015, and 2020 were estimated as 26,120, 28,079, and 30,185, respectively. Jain also reported a wide variation in annual percentage change of prostate cancer in various population-based cancer registries of India, ranging from 3.4% in Bangalore to 11.6% in Kamrup District in Assam. Apart from the variations in reporting and documentation of cases, no clear-cut reasons for this vast



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variation in MAPC across the various regions in India have been identified in any of these studies.

Yeole had analysed and reported the trends in prostate cancer in five population-based cancer registries (Mumbai, Chennai, Bangalore, Delhi, and Bhopal) over a period of two decades. It was found that the AAR for prostate cancer in Mumbai registry was 6.3/100,000 in 1988, with the corresponding figures in Delhi, Bangalore, Chennai, and Bhopal being 5.8, 5.1, 2.5, and 2.2, respectively. In 2003, there was a significant increase in the AAR in these registries to the tune of 7.2, 8.2, 6.8, 3.9, and 5.9 per 100,000 people, respectively. The rank of prevalence of prostate cancer when compared to other cancers also significantly increased in the registries during these two decades; for e.g., prostate cancer ranked eighth in its prevalence in Mumbai in 1988, whereas it ranked fourth in 2003 in the same registry. The maximum increase in AAR over the entire period of observation was noted for Chennai registry (4.95%) and the least for Mumbai registry (0.89%).

There have been variations in the reported incidences of prostate cancer in the eastern parts of India had reported a very low incidence (4.2% of all malignancies) of prostate cancer in Kolkata during the period of 1998-1999 from a population-based cancer registry. However, Chatterjee analysed prostate cancer profile in the population of West Bengal from 2003 to 2010 and showed that the frequency of this cancer was increasing with the overall 5.71% incidence and this rise was



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moderate during 2003-2006 but it rose drastically from 2007 (17.76%) and reached the maximum peak (28.97%) in 2010. She also found a higher prevalence of prostate cancer in persons with blood group A followed by blood group B and blood group O. The exact reason for this significant drastic increase in the incidence of prostate cancer in this region was again unknown. It could be presumed to be due to the increase in awareness on the part of the treating doctors and the public, leading to better identification of this disease. The author also attributed the increase in the number of new prostate cancer cases to the growth in the size of the population, especially in the proportion of elderly persons. It was also observed that prostate cancer rate was increasing with 5.71% incidence in Eastern India as a whole.

Tyagi have reported their observation on the incidence and risk factors of prostate cancer on patients registered by the Delhi population-based cancer registry during the period from January 1998 to December 2000. The mean age of patients with prostate cancer was 69.7 years. They reported that over the years, prostate cancer had become the fifth most common cancer in Delhi. These authors also observed that the incidence of prostate cancer was higher among North Indians compared to South Indians.

Swaminathan in their study observed that the average annual age-standardized rate for prostate cancer had significantly increased by 47% during the period of 2002-2006 in Chennai



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Compared to the previous years. They had observed that prostate cancer had become the ninth most common cancer in Tamil Nadu.

Herbert compared data available from various cancer registries and observed that the average annual cancer incidence rate for prostate cancer in India ranged 5.0-9.1 per 100,000/year, whereas the comparative rate in the United States were 110.4 for whites and 180.9 for blacks. Of all prostate cancers, 85% were detected late (stages III and IV) in India in contrast to the United States where only 15% were diagnosed in the late stages. A notable difference was also observed between the rural and urban areas. The rural registry at Barshi in western Maharashtra registered the lowest ASIR of 1.5/100,000; while the registry in Mumbai had higher incidence rates of around 7.1/100,000. In 1994, Sharma had also reported that the highest incidence of prostate cancer in the country (11.6/100,000) was in the urban city of Jaipur. These indicate that there exist significant differences in the incidence of prostate cancer in the rural and urban areas in India. This again could be either due to the lack of awareness about this disease in the society or due to the poor reporting and documentation of cases in the rural populations.



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RISK FACTORS FOR PROSTATE CANCER - THE INDIAN SCENARIO

India is a land of diversity. The religions, cultures, environment, literacy rates, and food habits of the society vary from one region to another. These variations can have a significant bearing on the incidence of prostate cancer in various regions across the country. There are several risk factors implicated in the causation of prostate cancer, namely, positive family history, history of diabetes mellitus, height, weight and obesity, smoking habit, physical activity, body mass index (BMI), and vasectomy. However, in India, the studies on the actual role of these risk factors in the causation of prostate cancer are limited.

Ganesh reviewed prostate cancer cases registered in Mumbai and found that the average ages for the cases and controls were 64 years and 46 years, respectively. Literacy rate was similar in both the groups. An equal proportion of cases and controls (13.8%) had a family history of prostate cancer. History of diabetes mellitus was fourfold among the cases and history of hypertension was threefold among the cases as compared to the controls. Those with BMI <24.9 had twice the enhanced risk for prostate cancer when compared to those with BMI >25. The number of children and vasectomy did not contribute to any significant risk in this study. Consumers of betel leaf with or without tobacco and pan masala, gutka chewers, smokers, and alcoholics also did not show any significant increased risk.



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Similarly, consumption of raw vegetables, meat, fish, tea, coffee, etc., also did not result in any additional risk of prostate cancer. This is contrary to the studies conducted in 2010 by Huncharek which showed an increased risk of prostate cancer for chronic smokers. Interestingly, another study conducted earlier by Terry had indicated a reduced risk of prostate cancer for fish eaters. The association of family history of cancer and prostate cancer risk seen in a previous study was also not observed in these studies.

Tyagi also observed that there was no statistically significant association between family history of cancer and prostate cancer. However, past smoking habit and current alcohol consumption, especially consumption of whisky, significantly increased the risk of prostate cancer. The risk of prostate cancer reduced with the increasing dietary consumption of tea, citrus fruits, melons, eggs, fish, and sunflower oil. Though an increased risk of prostate cancer was evident among vasectomized men, the association was not statistically significant. Production of carcinogenic heterocyclic amines during cooking of red meat and pyro lysates during cooking of meat over charcoal/smoke had been attributed as the reason for increased prostate carcinogenesis in the non-vegetarians. A₂ allele of the CYP17 polymorphism has also been reported to be associated with an increased risk of prostate cancer in smokers and no vegetarians.



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Singh in 2013 studied the relationship of lifestyle, age, and BMI with PSA levels in benign prostatic hyperplasia (BPH) and prostate cancer in the North Indian population. They found that the mean age of prostate cancer patients (67.56 ± 5.72 years) was significantly higher than that of BPH patients (63.56 ± 7.92 years). The prevalence of hypertension, smoking, use of tobacco, and alcohol consumption was similar in both the groups. However, there was no significant effect of BMI on the risk of prostate cancer that is in contrast to the findings of Amling and Freedland who had earlier studied the positive correlation of obesity to prostate cancer.

A large part of the Indian population is involved in agriculture and associated industries. Therefore, these people are potentially exposed (occupationally or environmentally) to some types of pesticides, either directly or indirectly. In the majority of instances, there exist only poor safety measures during the application and handling of these carcinogenic compounds. This could lead to widespread dispersion of these harmful and carcinogenic compounds, causing toxicity to human beings. Studies conducted by Banerjee reported that some of these pesticides, mainly organochlorine pesticides (OCPs), possessed estrogenic properties and could be called xenoestrogenic pesticides. OCPs such as hexachlorocyclohexane (HCH), dieldrin, and endosulfan were found to be the most commonly used xenoestrogenic OCPs in India. He further reported that since prostate cancer was an



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Estrogen-dependent cancer, these pesticides might increase the risk of prostate cancer incidence in the population exposed to these carcinogenic agents.

PROSTATE CANCER PECULIARITIES IN NONRESIDENT INDIAN COMMUNITIES

There have been a few interesting reported on the demography and peculiarities of prostate cancer in non-resident Indians staying in countries worldwide. Tewari analysed the pathological characteristics of prostate cancer in 2,367 men who underwent robotic-assisted radical prostatectomy in the United States between Jan 2005 and July 2010 by a single surgeon. It was found that a significantly greater percentage of Asian Indians compared to Caucasians had extra prostatic extension, indicating more advanced cancer in this group. However, the biochemical recurrence rates (BCRs) were not significantly different in the two groups at a median follow-up of 16 months (94.6% vs 95.4%). Patel also found that South Asian men had a significantly higher rate of positive surgical margins and positive nodal status after radical prostatectomy, whereas the Gleason score was not significantly different in the various groups he studied.

Some studies have shown striking variations in the pattern of incidence of prostate cancer in various races. In the United States, African American men were seen to be at the highest risk of developing prostate cancer, with an annual incidence of



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178/100,000 while Asian Americans had a lesser annual incidence of 88.3/100,000. More interestingly within this subgroup, the South Asian population (Indians, Pakistanis, Nepalese, Bangladeshis, and Sri Lankans) representing the third largest Asian American population in the United States had the least incidence of prostate cancer ranging 3.9-9.1/100,000. These authors implicated the differences in diet and availability of screening methods to be the reason for the lower incidence of prostate cancer in this population.

Jain observed that compared to the rates in native Asian Indians, the rate of cancer in South Asians in California was higher for all sites except oropharyngeal, oesophageal, and cervical cancers. This variation could be associated with screening and tobacco habits rather than true differences in the underlying risk. South Asian men in California experienced 15-fold increase in the risk of prostate cancer as compared to Indian males.

Metcalfe studied the risk of prostate cancer among South Asian men (men of Indian, Bangladeshi, and Pakistani origins) in four areas of Southern England and found that the prostate cancer rates in these patients were significantly lower (nearly 20%) compared to the white community (age-adjusted rate ratio 0.81; 95% confidence interval 0.65-1.00); however, the mean age of presentation with prostate cancer was lower in South Asian men (69 ± 9.2 years vs 73 ± 8.8 years). It has been reported that this disparity could be due to poor access of patients to the



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health care system, resulting in nonreporting of the disease or genuinely due to the greater protection of South Asian men due to exposure to sunlight during early childhood and lowered serum vitamin D levels in South Asians residing in the United Kingdom.

Awareness of prostate cancer

The current study assessed the awareness and prostate cancer screening practices among 257 males attending outpatient department at Kigali teaching hospital. The age of respondents ranged between 40 and 80. The staff must explain the procedures to the patients, and sign when they are agree with the procedures. Most of the participants were married (89%). These findings are quite similar to that conducted in Nigeria where age range was between 40 and 88 (Abdulrahman, Gobir, Abubakar, Onoja, & Joshua, 2016). The majority of respondents (80%) are aware of prostate cancer, but many of the respondents (64%) do not know the risk factors of prostate cancer. The staff must explain the procedures to the patients, and sign when they are agree with the procedures this is approximately similar to study findings conducted in South Africa, where the knowledge was 63% (Korley, 2018), and lower than the findings found in The study conducted in Nigeria found on the same where awareness about prostate cancer was only 5% (Awosan, Yunusa, Agwu, & Taofiq, 2018).



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Moreover, the findings of the current study on awareness of prostate cancer differs from the study findings of the study conducted in Nigeria, whereby 60.4% were aware about prostate cancer (Awosan et al., 2018) and totally different to other study findings conducted in same country found only 5% (Abdulrahman et al., 2016).

Most of private workers among the study participants demonstrated awareness of prostate cancer 78%, this is contrary to the study conducted in South Africa where the self-employed had less level of knowledge (Ernest et al., 2017).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4831497/>

LOS ANGELES, Calif., September 18, 2018 – The Prostate Cancer Foundation (PCF) today released the results of its first national public awareness report about risks, actions and attitudes toward prostate cancer in the **PCF 3P Report 2018: Public Perception of Prostate Cancer**. The PCF 3P Report indicates that 69% of Americans surveyed lack an understanding or believe that there are noticeable symptoms associated with the early stages of the disease. Prostate cancer is almost symptomless. Of note, only 42% of men have discussed screening with their doctor citing “exhibiting symptoms” being the top reason followed by risk factors and recommendation. Racial minorities (particularly African-American men), who are considered an at-risk group are less likely to be screened than Caucasian men, even though they are statistically more likely to be diagnosed with prostate cancer.



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“The PCF 3P Report illustrates the profound need for more prostate cancer health education and awareness. Men need to understand that if they are in an at-risk group or over 50, they should be discussing prostate cancer screening options with their primary care physician as one in nine of them will be diagnosed. This is critical information that will help save men’s lives,” said Jonathan W. Simons, MD, President and Chief Executive Officer.

The most recent guidelines for prostate cancer screening recommend the decision to screen for prostate specific antigen (PSA) be based on a shared clinical decision with their healthcare provider, but the PCF 3P Report indicates that this discussion is not taking place as often as it should due to lack of awareness and reticence to the perceived intrusiveness of the tests. After citing the lack of symptoms for not discussing prostate cancer with their doctors, discomfort about an inspection of the prostate (14%) and a preference “not to know” (12%) were the additional top reasons cited. It was revealed that 68% of men would be screened if they knew they could begin with a blood test. With the advancement in early detection methods available today, prostate cancer is 99% treatable.

Each year, even though more than three million men in the U.S. (14 million globally) are diagnosed with prostate cancer, there remains a general lack of understanding and ongoing dialog



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about this disease. As an example, 21% of Millennials thought women have a prostate. “Men tend to feel invincible in the face of aging, some may call this denial. Their self-image is caught up in their identity of being young, virile, healthy, athletic, and capable of doing physical tasks. Preventative medicine, which seeks to protect against diseases or future health issues is not consistent with this self-image,” said Joseph LaBrie, Ph.D., Social Psychology Researcher and Professor of Psychology at Loyola Marymount University. “Although men fear the prospect of an anal digital exam, a deeper fear may also be ‘at play’. It is the fear of losing one’s healthy self and the stigma that is still associated with cancer itself. Furthermore, prostate cancer is linked with sex and sexual virility, two things men desperately do not want to lose. No wonder there is so much avoidance and lack of communication about this disease. “Surveying more than 2,000 adult men and women 18 and older (Millennials, Gen-Xers and Boomers) from across the U.S., the PCF discovered some interesting facts about the public’s perception regarding prostate cancer:

- A significant lack of understanding about prostate cancer and its symptoms exists among Americans with 69% of people either unsure or believe there are noticeable symptoms for early-stage prostate cancer. Men were more likely than women (32% vs. 29%) to believe there are noticeable symptoms



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- Men are more likely to have negative feelings about going to the doctor because they believe that prostate cancer screening tests put them in *extreme discomfort* and an embarrassing position with a DRE (or the anal probe). There is a lack of awareness that men can be screened for prostate cancer simply with a blood test.
- Less than half of respondents – only 2 in 5 – believe there is a link between prostate and breast cancer. Although people are beginning to understand that there are genetic links between prostate cancer and some breast cancers, most don't know the term BRCA, a gene mutation commonly associated with breast and ovarian cancers (which was brought to the world's attention by actress and filmmaker Angelina Jolie). Only 12% believe that the BRCA gene most related to breast cancer is also related to prostate cancer.
- Overall, minorities are less likely than Caucasians to discuss prostate cancer screenings with their doctors as only 2 in 5 men have been screened for prostate cancer. Moreover, African-American, Asian and Hispanic males are less likely to have been screened. This is particularly troubling as research shows that African-American men are 74% more likely to develop prostate cancer than any other ethnicity and are also 2.4 times as likely to die from the disease, than Caucasian men.
- Millennials are under informed when it comes to prostate cancer as 21% believe women can get prostate cancer.



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Since the PCF was founded 25 years ago, the death rate from this disease dropped by 52%, due in great measure to the research led by the PCF, which has raised more than \$765 million and provided funding to more than 2,000 research programs at more than 200 cancer centres and universities globally. Recently, it was reported that for the first time in 25 years, while death rates for all other cancers continue to decline, the death rate from prostate cancer has plateaued rather than drop (based on data from 2013-2015), leading to speculation that it could be in part to changes in screening, treatment, and prevention. In 1993, there were no clinical trials in place for advanced prostate cancer or studies focused on reducing deaths through early intervention and prevention. Due to the lack of public understanding about the prevalence of prostate cancer and continued stigma, it continues to remain an underrepresented disease in public consciousness and funding.

<https://www.pcf.org/news/the-prostate-cancer-foundation-reveals-the-first-national-report-about-lack-of-basic-prostate-cancer-understanding-in-the-u-s/>

Indian Data

In the rest of India's PBRCs, Packed red blood cells it is one of the top 10 cancer hotspots. According to the data, this cancer affects practically all of India's regions equally.



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In India, the incidence of this malignancy is steadily and rapidly increasing. According to cancer projection estimates, the number of cases will double by 2020.

Lung Cancer

Lung cancer is the abnormal growth in the cells that line the air passages. These abnormal growths may be found in either one or both lungs and multiply to form tumours, causing interference in the lungs' ability to provide oxygen to the body.

Reports state that the life expectancy in men with lung cancer is lesser than in women. It is also considered the leading reasons for deaths caused by cancer in men.

Lung cancer is most commonly ignored because the symptoms it manifests are very unlikely. Moreover the symptoms only start showing up at a later stage, although symptoms of lung cancer are much evident in men than in women.

Testicular Cancer

Testicle or testicular cancer is cancer that develops in one or both testicles in men or young boys. Testicular cancer is a highly treatable and usually curable form of cancer.

The testicles (also called the testes; a single testicle is also called a testis) are a part of the male reproductive system. These two organs, each normally somewhat smaller than a golf ball in adult males, are contained within a sac of skin called the scrotum, which hangs beneath the penis. The testicles manufacture the male hormones. The most abundant is testosterone. They also



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produce sperm, the male reproductive cells. Sperm cells are carried from the testicle by the vas deferens to the seminal vesicles where they are mixed with fluid produced by the prostate gland. During ejaculation, sperm cells, seminal vesicle fluid, and prostatic fluid enter the urethra, the tube in the centre of the penis through which both urine and seminal fluid exit the body.

The testicles contain several types of cells, each of which may develop into one or more types of cancer. It is important to distinguish these types of cancers from one another because they differ in their prognosis (outlook for survival) and in the ways they are treated.

What are the key statistics about testicular cancer?

The American Cancer Society estimates that in the year 2004 about 8,980 new cases of testicular cancer will be diagnosed in the U.S. An estimated 360 men will die of testicular cancer in the year 2004.

Testicular cancer is one of the most curable forms of the disease. Studies show that the cure rate exceeds 90% in all stages combined. The 5-year survival rate for stage 1 and stage 11 testicle cancer is more than 95%. The 5-year survival rate for stage 111 disease, in which cancer has spread beyond local lymph nodes, is 75%.



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The 5-year survival rate refers to the percent of patients who live at least 5 years after their cancer is diagnosed. Many of these patients live much longer than 5 years after diagnosis, and 5-year rates are used to produce a standard way of discussing prognosis. Five-year *relative* survival rates exclude from the calculations patients dying of other diseases, and are considered to be a more accurate way to describe the prognosis for patients with a particular type and stage of cancer. Of course, 5-year survival rates are based on patients diagnosed and initially treated more than 5 years ago. Improvements in treatment often result in a more favourable outlook for recently diagnosed patients.

<http://www.menstuff.org/issues/byissue/testicles.html>

Testicular Cancer Cases Outpace Breast Cancer in California

According to the California Cancer Registry, and the American Cancer Society's *Cancer Facts and Figures 2000*, there were 411 new cases of breast cancer in women 0-34 and 461 new cases of testis in men. Testicular cancer is usually more serious because it is at a more advanced stage when young men finally get it checked. Yet a recorded message while waiting to speak to someone at the American Cancer Society suggest women 20 and over have a mammogram every three years. No comment about young men and their greater risk of dying of testicular cancer. Also, the ACS provides a free self-exam card to hang



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on your shower nosel regarding a breast cancer self-exam (which older men should consider getting), and they used to have one for young men on a testies self-exam, but no longer provide it. We have produced and provide such a card for young men and would be interested, if we could get funding, to produce one with a breast self-exam on one side, and testies self-exam on the other and make it available to college dorms, housing units and social organizations. Let us know if you know of someone who would be interested in helping us with this project.

<http://www.menstuff.org/issues/byissue/testiclesnb.html>

A Note from a Surfer

Years ago I discovered I had two and a 'half' testicles. It was about the time when the famous UK jockey Bob Champion discovered he had testicular cancer.

I can tell you I was alarmed. Within hours I had seen my doctor, the next evening a specialist. He saw me privately in an evening and came at me in a darkened room with a torch light - apparently something to do with the transparency of the swelling. Six weeks later I had an epidermal cyst removed, plus a check-up on the other side too - a lab test showed it was not malignant.

Any lumps anywhere now are checked out fast. The earlier a patient male or female gets attention the better.



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Sadly my wife had one that did not make itself noticed until quite by accident - annual eye examination - pressure - urine test - Physical - What this? She goes into hospital for a big operation on the 19th August.

Mine was bad enough and when I came round I was bandaged from hip to navel I thought the lot had gone. But no! The early discovery ensured we got it before too much damage. I still have a husky voice!

Menstuff - Do keep up the good promotion - It could save a surfer from really serious ill health or even losing his prize jewels.

Stan Clare, Preston, United Kingdom.

<https://www.tcaw.org/issues/testicles.html#1>

<https://asterclinic.ae/blog/commonly-ignored-mens-health-issues/>

<https://www.thedowneypatriot.com/articles/mens-health-should-never-be-neglected>

<https://www.mobihealthnews.com/blog/invisible-inequality-men-s-health>