

For anyone interested in improving men's health

MHFF



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Gender-sensitive health policies are the goal

In this issue



Anna Coote, director of health policy at the King's Fund, is guest contributor in our 'hot topic' column, inside on page 7.

And find out what David Hinchliffe, chair of the health select committee, has to say about men's health overleaf.



The government needs to make sure all health policies are 'gender-sensitive', in order to tackle health inequalities effectively, according to Peter Baker, director of the Men's Health Forum.

'By that I mean that all health policy, both national and local, should take into account gender and the specific experiences and needs of men and women.'

Peter was due to deliver his hard-hitting message at the first national summit on gender and health, at the King's Fund in London, on Friday 14 November.

The summit has been called by the Gender and Health Partnership, an alliance of organisations, including the Forum and Women's Health, of people with an interest in men's and women's health.

The Forum is among those calling on the government for a more gender-aware approach to health services.

'There is no joined-up thinking as far as tackling health issues from a gender perspective is concerned,' said Peter. 'There are sporadic references to it in different health policy documents, such as the recent report on women's mental health, but the message is not yet a consistent one.'

'Gender isn't really taken into account in the government's strategy to tackle health inequalities, which is probably where it is most needed. It is certainly absent from most of the national service frameworks.'

Lesley Doyal, professor of health and social care, Bristol University, was scheduled to speak about her report for the Equal Opportunities Commission

on promoting gender equality in health.

She argues that the differences between men and women have to be taken seriously if the government wants the NHS to be as efficient and effective as possible:

'There is a clear emphasis on the importance of taking diversity into account in order to deliver care which is appropriate to the needs of all patients. Surprisingly however, there appears to have been little or no attempt to include sex and gender concerns in this new paradigm.'

Gender expert Professor Michael Kimmel, of the State University of New York, was also expected to attend as guest speaker.



From the director's chair

As our new magazine demonstrates, men's health is no longer an issue of interest only to a few embattled and isolated activists. Men's unnecessarily poor health, and how to improve it, is now a matter of concern for the Department of Health, the Health Development Agency and many others in the health professions and beyond.

The Forum's database of men's health projects across the UK, accessible through our website (www.menshealthforum.org.uk) now has about 200 entries and has significantly increased in size over the past two years. Around 1,000 local men's health events took place during National Men's Health Week in June 2003.

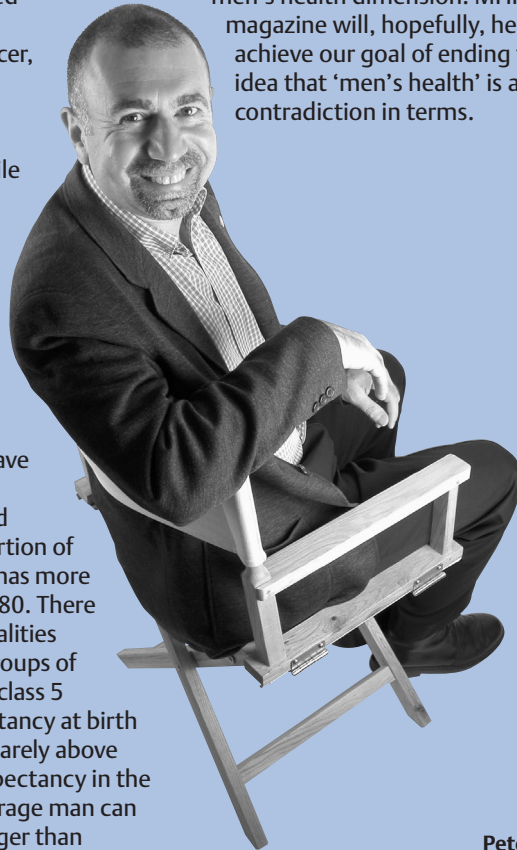
There is no room for complacency, however, since in many respects men's health has actually worsened over the last 20–30 years. Testicular cancer, prostate cancer and male malignant melanoma rates are substantially up, while the number of men aged 25–64 dying from chronic liver disease has increased five-fold, largely because of alcohol misuse.

Worryingly, two thirds of men now have a body mass index above recommended levels and the proportion of men who are obese has more than tripled since 1980. There are also major inequalities between different groups of men – men in social class 5 still have a life expectancy at birth that, at 71 years, is barely above average male life expectancy in the early 1980s. The average man can expect to live no longer than 75 years.

Despite these problems, men remain reluctant to ask for help from

health services and those services have as yet done little to encourage men to use them. The typical GP surgery still seems about as welcoming to most men as an evening class in flower-arranging.

The Men's Health Forum has, we think, played an important role in raising political, professional and public awareness of men's health. There is still much more for us to do, especially achieving national and local health policies that include a men's health dimension. MHF magazine will, hopefully, help us to achieve our goal of ending the idea that 'men's health' is a contradiction in terms.



Peter Baker
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Interview

Tackling male attitudes to health

David Hinchliffe, chair of the House of Commons' health select committee, says men need to talk more.

Most men don't like to talk about health. But get David Hinchliffe on the topic of men's health and it's like opening the floodgates.

Yes, he's painfully aware men don't like talking about health problems, and yes, he knows they'd never set foot in a family planning clinic. No, he wasn't in the least surprised to discover they are reluctant to be tested for chlamydia, a problem highlighted recently in his committee's report on sexual health.

But it's not just men's attitudes to their sexual health that bothers him. It's their attitude to health in general. He wants men to be as open as women – and to start talking more about health.

'We as a society seem to be unable to encourage men to talk openly about health issues in a way women do quite regularly and normally,' he says, launching in almost immediately, without any prompting. 'It is something that has worried me for a long time, not just in terms of health but in terms of wider emotional issues, that men have difficulty in discussing their own problems.'

On the face of it, Hinchliffe presents as a tough-talking Yorkshireman, as likely to admit to a health problem as he is to stopping drinking his much-loved pint of beer. (He admits, with a mischievous grin, to drinking 'slightly above' the government's recommended limit of two pints a day.)

But there is another side to him. A former mental health social worker in

his home town of Wakefield, he'd try to get clients to discuss their problems in support groups. 'You can get women talking together but it is more difficult to get men engaged,' he admits.

The committee's report on sexual health touched on the issue of men's health, suggesting some sex education classes should be single sex. 'For a lot of lads it would have been easier to talk about issues that were male issues with a man,' he states.

It even tackled the highly controversial subject of sexual dysfunction – which he admits the (predominantly male) health select committee would have been far too embarrassed to talk about had it not been for Liberal Democrat member Sandra Gidley mentioning the issue.

He says he was surprised to discover one in three men suffer from some form of erectile dysfunction. Surprised, 'because no man would talk to another man about it. It just wouldn't happen.'

It may come as a surprise to others that he felt sexual dysfunction should be treated as a serious health, rather than lifestyle, issue – especially when pharmaceutical companies have been criticised from other quarters for hyping the issue out of proportion. But his thinking is again shaped by his social work experience, where sexual dysfunction was a factor for many clients:

'I don't think we in any way fully appreciate the extent to which sexual dysfunction contributes to wider issues – it might be mental ill health or whatever – which is why we felt this was such an important area,' he says. But drugs are not, he says, the only answer.

'The advent of Viagra has not at all been helpful in looking at a range of other possible responses to that kind of problem. It could cost money, but sometimes actually getting a group of blokes together to talk about it is not going to cost that much money.'

The need to get men talking is a recurrent theme. I wonder how prepared his committee will be to talk

about men's weight in their current investigation into obesity?

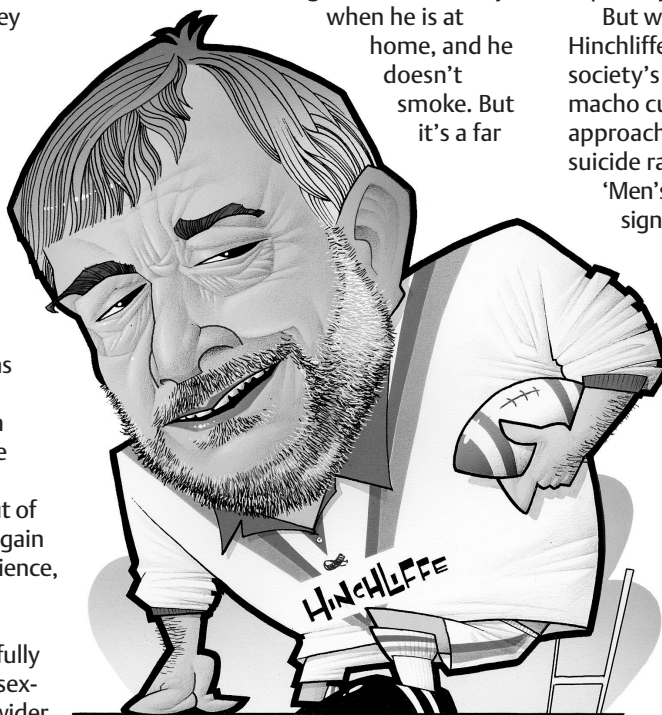
'Men don't worry about their weight – and I'm a good example,' jokes Hinchliffe, who might best be described as 'stocky'.

'I think the male culture is such that it is less unacceptable to have a beer gut – I've got to say that haven't I?' He smiles, looking down at his stomach.

'Beer is a big attraction for men. The whole beery environment. And I like a pint.' He pauses for effect, mentally supping his bitter. 'I enjoy my beer.'

Another pause and a smile. 'That's a factor that is so important to lots of men.'

He tries to exercise, walking his dog seven miles a day when he is at home, and he doesn't smoke. But it's a far



cry from his youth, when he used to play rugby (league) until, at 29, he ended up in hospital for four days with concussion after a head injury, and was forced to give up.

'At one point in my late teens and twenties I would have been playing two games of rugby on a weekend, so I was pretty fit. It is the process of moving from that period of sports activity to later life, to middle age, that is the real worry area.'

Sixteen years in the Commons has, inevitably, taken its toll. Walking the

corridors of power is his main exercise when he is in London. 'Like many of my colleagues in here, you bang on weight.'

His committee are keen to use sport – and indeed any other medium – to get health messages through to men, whether it is about obesity or sexual health:

'If you look at the focus of male interest, around clubs, pubs, sport, sports centres, these are the obvious points of contact with young men. I think we really do need to address the fact that we are missing out on huge numbers of men. As a consequence there are serious problems arising, especially in sexual health.'

But will this alone be enough? Hinchliffe is only too aware of how society's attitudes, particularly the macho culture, underlie men's approach to health and to the high suicide rates among young men.

'Men's attitude to their health is very significantly a social problem. I think it ties into male violence, the fact that so much crime arises from young men – alienated young men – and we don't seem able to address why that is the case. That all ties in with men individualising their problems and, ultimately, committing suicide.'

Changing men's beliefs is a long-term project, he admits, but one that has to begin in school, drawing on models from less macho Scandinavian countries.

'We need to crack that in the school environment so we produce a generation of young men who come out with fundamentally different attitudes.'

Meanwhile, far more could be done by men to make existing health services more appropriate for their needs.

'Many, many women are active in mental health groups and certainly in childbirth groups, fighting for choice in maternity, so there has been an articulate female voice there. That is missing with men's health and that is something we should increasingly try to generate.'

Lynn Eaton

News

Briefs

Men are getting heavier. According to official statistics, 47% are now overweight (BMI 25–30) and 21% are obese (BMI 30+). Yet most advice on weight loss is aimed at women.

The Forum is looking for partners to work with it in planning a package of health promotion tools targeted at men. These will be designed to produce sustained weight loss through dietary changes and increased levels of physical activity.

For more information contact the Forum director, Peter Baker, on 01273 276547 or peter.baker@menshealthforum.org.uk

Pharmacy services are a particularly under-utilised service for men, says the Forum in its response to the Department of Health consultation paper 'A vision for pharmacy in the new NHS'. It argues that pharmacies should do more to market themselves to men to persuade them to use the service.

Copies of the full response are available free from the Forum or at www.menshealthforum.org.uk

The Men's Health Forum, with Bournemouth University, has just launched a research project to look at men's attitudes to treating indigestion.

Indigestion affects up to 40% of the adult population each year, yet few men would consider visiting their GP about it. Some take over-the-counter remedies. Many just suffer in silence.

Natasha Young, a research fellow at Bournemouth University, said: 'We hope this project will produce useful information about men's attitudes to indigestion and how men respond to it, as well as how they respond to health information.'

website update:

Visit the Forum's website at www.menshealthforum.org.uk. For health advice and information on specific medical conditions, visit the recently updated linked site at www.malehealth.co.uk

Let's talk about sex...

The Men's Health Forum has been out 'on manoeuvres' in recent months – visiting UK troops stationed in Germany to find out about their attitudes to sex. David Wilkins, policy officer, and Robbie Porter, training officer, have talked to 22 soldiers in four separate focus groups on their attitudes to sexual relationships and sexual health. This is the first part of a project aimed at increasing men's awareness of chlamydia.

According to the Health Protection Agency, 81,680 people were diagnosed as having chlamydia in 2002 – a 14% increase on the previous year. For men, the consequences are not that significant. They may have no symptoms at all, or just a stinging sensation after intercourse, which may last a few days. But if they pass the infection on to a woman, she can end up infertile.

The Forum has received more than 80% of the funding for the project from the Department of Health, Roche Diagnostics and the National



Forum is invited to join national suicide group

David Wilkins, the Men's Health Forum policy officer, has been invited to join the expert working group on male suicide, set up by the National Institute for Mental Health in England.

The group is advising on various bids to set up pilot projects on reducing suicide levels around England. These will aim to find new ways of interacting with men on mental health issues.

'The expert group is keen that the projects should reflect some of the work already done by the Manchester-based project, CALM – the Campaign Against Living Miserably,' says David. 'That has been really innovative, basing its work around the club culture

and using DJs and footballers to get its message across.'

David worked for HealthWorks, the health promotion agency for Dorset, before joining the Forum in 2002, and was heavily involved in setting up the county's suicide prevention strategy for young men in 1995.

'At the time, Dorset was one of the first health authorities in the country to have done anything like it,' he said.

Suicide is the leading cause of death among men aged 15–24 years. Men are three times more likely to commit suicide than women. The Department of Health's national service framework on mental health calls

Pharmaceutical Association have also contributed to it. The two-year project will involve discussion groups with both young male soldiers in Germany and young male students from Birmingham University. The student discussion groups were due to begin in November.

'So far, we've had some very interesting insights into the way young male soldiers view sex,' says Robbie Porter. 'A lot of the time, it's not just about having sex, it's more about proving your manhood to the other squaddies. It will be interesting to see whether the same kind of attitudes emerge among the students.'

'If we are to make a significant impact on infection rates we need to find ways of encouraging men to give some thought to safer sexual practices,' says David Wilkins.

One of the biggest problems is encouraging men who think they may have caught the infection to come forward for testing.

The project's main emphasis is on finding out the most effective way of getting the message about chlamydia across to men. This phase of the project, which will be based on health promotion work in a workplace setting, will begin next year, based on the findings of the focus groups.

'But it's also looking,' says David, 'as if the project will give us a fascinating insight into young men's attitudes to sex in general.'

The project was mentioned by the Department of Health in its response to the recent Commons' health select committee report on sexual health.

'We're delighted it was cited as an example of the work the department is funding to try to reach men who do not traditionally use health services,' says David.

For more information contact David Wilkins on 01963 362047 or david.wilkins@menshealthforum.org.uk

on primary care trusts to develop strategies to help reduce the number of suicides.

The Forum has also funded research into how agencies can best target men with mental health problems.

The report, 'Soldier it! Young men and suicide', calls on specialist agencies to think carefully how they target young men with mental health problems.

Researcher Trefor Lloyd, of the Working with Men project, interviewed 25 young men in the London Borough of Newham about who they might approach for help in a crisis.

Newham has almost double the national suicide rate for both 15-24 and 25-34 year olds and the third highest unemployment rate in London.

The men were aged between 15 and 22. Three identified themselves as

gay, nine were white European, eight were Asian, five were Black African and three Black African-Caribbean.

Most saw being strong and handling their emotions as central to their identity of being a man.

For many, instead of talking about a problem, they would pray, listen to music, play sport or go to the gym.

The research recommends that, if agencies are to target young men effectively, they need to develop 'male-friendly' messages which highlight 'emotional fitness' and 'mental strength' rather than rely on phrases, like 'Desperate, need someone to talk to?'

'Soldier it! Young Men and Suicide', is available from the Forum price £6.50 (inc. p&p) National Institute for Mental Health in England: www.nimhe.org.uk

Scotland in the driving seat on male MOTs

The Forum's director, Peter Baker, has given a warm welcome to plans from the Scottish health department to introduce health MOTs for men in supermarkets, golf clubs, libraries and football grounds.

'It's wonderful news,' he said. 'On its own, this initiative won't solve all the problems but it does show Scotland is beginning to take men's health seriously.'

Announcing £4m funding over two years for well man clinics, deputy health minister Tom McCabe said: 'Scotland's record on men's health is not one we can be proud of, but we are beginning to take steps to turn this around. Providing support and check-up services in locations and at times which men are more at ease with is vital to success.'

The first male cancer clinic opened in Edinburgh in October.

'We will be looking very closely at the evaluation of this project to see whether this is a way forward for the UK as a whole,' said Peter. 'We'll certainly be discussing the idea with the Department of Health in England.'

Mr McCabe made the announcement while visiting the Lanarkshire NHS Board, which is running a 'Weigh-in Without Women' project, allowing men to manage their weight and diets in a more comfortable environment.

If you'd like MHF magazine to consider featuring your scheme to improve men's health, contact the editor, Lynn Eaton at lynn.eaton@menshealthforum.org.uk or write to her at the Forum.

News

Findings

Stress associated with watching sporting events can trigger acute vascular disease and sudden death according to a recent research report published in the *Journal of Epidemiology and Community Health*. The report demonstrated that heart attack and stroke increased significantly in men on days when their local professional football team lost at home.

The average size of the male member is between 3.14 and 3.54 inches, increasing to between 5.51 and 6.29 inches when erect, according to a worldwide survey released at the European-American Urology Congress. Sexual health experts hope the findings will halt a growing trend for insecure young men to seek penis enlargement.

Men's need to appear independent, strong and self-reliant makes them poor at maintaining their health compared with women, according to a recent report. The study of men and women referred to a urology clinic, by Susie Hale and colleagues at Staffordshire University, also showed that men had negative attitudes towards male GPs compared with women.

Male sex workers may be basing decisions about whether or not to use a condom on the attractiveness and personal hygiene of their clients, a recent study of London sex workers reveals. Research from the University of Gloucestershire found that, while male sex workers often used condoms when performing oral sex on clients they considered unappealing or they felt had poor personal hygiene, they sometimes failed to for attractive clients.

Uncircumcised men have an eight-fold higher risk of becoming infected with HIV compared to circumcised men, according to a study of 2,298 Indian men presented at the annual meeting of the Infectious Diseases Society of America by Dr Steven Reynolds of Johns Hopkins University, Baltimore.



Feeling the pressure

Tackling the low level of men's awareness of their blood pressure was high on the agenda in Westminster on 22 October. The All Party Group on Men's Health, which is supported by the Forum, held a reception to raise the issue with MPs — and gave them a chance to get their own blood pressure checked. Pictured is Howard Stoate, MP, chair of the group, with Chris Carney, from the blood pressure unit at St George's hospital, Tooting.

Forum director Peter Baker spoke of men's reluctance to have their blood pressure checked for fear of what it might show. 'Health providers,' he said, 'need to take blood pressure and other health checks out to where men spend their time, such as at work.'

Professor Graham MacGregor, chairman of the Blood Pressure Association, also spoke at the event. He said: 'Over a third of the eight million men with hypertension are unaware of their condition. This leaves them at greater risk of stroke and heart disease.'

Mark Cumberland, 34, and who has had high blood pressure, highlighted the dangers of ignorance. 'I didn't think I'd have anything to worry about — I was regularly cycling up to 100 miles a week and thought I was pretty healthy. It was purely by chance I had a check-up. I hate to think how many men are dangerously ignorant of their condition.'

Letter from Manila

Ian Banks, president of the Men's Health Forum and president of the European Men's Health Forum, has been in the Philippines, through most of October, to help advise on setting up a men's health network there.

The EU-funded Women's Health and Safe Motherhood project called him in after reaching the conclusion — long suspected by women — that women's health is partially determined by the health of their male partner.

This will involve producing a training manual for non-governmental

organisations, with workshops for the man on the street on various health issues. There will also be a seminar for health professionals, non-governmental organisations and politicians, attended by celebrities to raise public awareness.

'The Philippines is a region of severe poverty and diseases more or less specific to the area,' says Ian. 'Kidney disease, for instance, is the highest in the world.'

'But the life expectancy and morbidity of Philippine men shows the same basic trends as in Europe, with a higher incidence of disease and lower

Catch this training

The Men's Health Forum offers various training courses which are aimed at practice nurses, health visitors, GPs, mental health social workers and other practitioners interested in working more effectively with men.

Training officer Robbie Porter has run an increasing number of full- and half-day training courses in the last year, ranging from facilitating a workshop for community members in Beckton to addressing the members of the British Dietetic Association at their annual conference in Nottingham.

Standard courses include: an introduction to men's health; working with young men; men and sexual health; planning services for men and men, mental health and suicide.

'But we are able to provide training specifically geared to the needs of individual organisations,' says Robbie. 'One primary care trust has just sent 25 staff on a Forum-run course on men and fatherhood.'

Responses from those attending the forum's courses so far have been very positive. One person recently said: 'It inspired me to see what services I can offer to my clients and offered realistic ways of going about it.'

Contact Robbie on 01905 21340 or email him at robbie.porter@menshealthforum.org.uk

life expectancy than women.

'As in the UK, chlamydia is on the increase and not helped by a dreadful lack of insight combined with often dangerously inaccurate public information.'

In a survey conducted amongst young Philippine men in Manila over 80% thought chlamydia was an edible shell fish, while a similar number reckoned women had a prostate but it didn't cause as many problems.

Ian adds: 'The saddest piece of journalism I saw came from a so-called medical doctor's advice on sexually transmitted infections – that the most convenient and easiest way to check whether a male has an STI is to squeeze his penis.'

Hot topic: Gender in health

Anna Coote, director of health policy at the King's Fund, a leading health think-tank, believes this month's gender and health summit should help the men's health movement learn from women's health groups – and vice versa.

Whose health should we worry about most – men's or women's? Men get ill more and die younger than women. They are much more likely to kill themselves, and suicide is now the major cause of death among men under 44. More men than women are diagnosed with most cancers, and they have greater rates of premature death from nearly all diseases. In later years, when women are past childbearing age, many more men than women are admitted to hospital.

'Both men and women suffer when clinicians, managers, researchers and policymakers fail to understand the ways in which sex and gender influence health and health care.'

Yet in every age group from 16–74 women go to the doctor more often than men, who only catch up at 75 plus. There has been an active women's movement calling for more sensitive and appropriate health care for women since the early 1970s. It was not until the late 1990s that a 'men's health movement' emerged. What are we to make of these differences? Is there an unhealthy balance that favours women?

Women are the main family carers and guardians of children's health. The upper echelons of the health professions and health service management are still heavily dominated by men. Domestic violence, almost entirely perpetrated by men, is a major cause of injury and death among women. And women have had to fight for decades for a degree of choice in childbirth and to be treated with due respect by clinicians.

The point is that both men and women suffer when clinicians, managers, researchers and policymakers fail to understand the ways in which sex and gender influence health and health care. That is why men's and women's health organisations have formed the Gender and Health Partnership, which is holding its first UK Summit on 14 November, at the King's Fund in London.

The summit aims to forge stronger links between specialists in men's health and women's health, and to spotlight the need for a gendered perspective on policy and practice. This means understanding that men and women behave differently for a range of cultural, social and economic reasons. Inequalities between them influence behaviour and attitudes – and all this impacts upon health and health care. Leading figures in the men's health movement recognise a debt to feminism, which developed this way of looking at the world. And most feminists have long insisted that men's and women's interests are inextricably bound together. So women and men must work together in this field. They can gain more by making common cause than by competing.



What's the score? Male menopause

Hot flushes, irritability, loss of libido. Oh my God. I am a 48 year-old man with a menopause. Get me a consultant andrologist.

Hold on there. You might not feel as fit as a twenty-something. You might be going grey or bald and getting fat. You feel a little depressed that middle-aged males are redundant. But you can't blame all this on the fact that, in middle age, men experience a slow decline in testosterone production – look at Charlie Chaplin, still fathering kids at age 80.

What about testosterone replacement, buttock implants, scrotum patches and gels with names like lewd Italian sport stars?

The pharmaceutical market for treating erectile dysfunction is worth \$17bn a year. Testosterone therapy could well be the next big thing. But sceptics say this is another symptom of the medicalisation of our lives. Professor John McKinlay, of the Massachusetts Male Ageing Study, says 'there is simply no support' for the existence of the andropause.

A bloke at work says testosterone jabs made him a human dynamo in the bedroom. When do I start?

Steady on. Tan and Cuthbertson from the University of Texas Health Sciences Center say short-term use of testosterone may be useful, but long-term use raised concerns about gynecomastia (that's breasts, fella), prostate cancer and heart disease.

Is there no hope for us?

Look mate, you're 48. Life is at a crossroads but you can't blame your endocrine glands. Confront your inner demons. Most of all get up and get fit. Testosterone levels fall among beer-drinking couch potatoes whose slothfulness also induces menopause-like symptoms.

Mark Gould

Men's health week 2004 to highlight cancer

Cancer is to be the subject of next year's National Men's Health Week, from 14–20 June.

Cancer is now the biggest killer of British men, overtaking heart disease for the first time, according to figures released by Cancer Research UK.

This is partly due to a fall in the number of deaths from heart disease.

In 2001, there were around 79,800 deaths from cancer and around 79,500 deaths from heart disease in UK men. Lung, prostate, bowel, oesophageal and stomach cancer are the five biggest causes of men's cancer deaths.

Although prostate and testicular cancer are big concerns, the week will address all cancers, including lung, stomach and bowel cancers, and aims to raise awareness of how men can help to reduce their risk of the disease.

Matthew Maycock, national men's health week coordinator, says the

Forum will be supporting primary care trusts and others to run local health promotion activities.

'We'll be looking at lifestyle, diet and smoking, as well as encouraging men to come forward early on if they are worried about signs of a potential problem. Most men take an average of 14 weeks after the first symptoms of testicular cancer appear before they go to seek help from a doctor.

'Cancer is a large killer of men, yet men have not yet been adequately targeted with health promotion messages. Men's lives can be saved if we can take the right action now.'

If you are interested in getting involved in a local event as part of the national week, please contact Matthew on 020 7388 4449 or email him on matthew.maycock@menshealthforum.org.uk

Want to keep abreast of men's health issues?

MHF magazine will bring you a lively mix of interviews, opinions and information about men's health, every quarter. It is available on a subscription basis, or free to members of the Forum.

An annual subscription is £20 for individuals and £40 for organisations. Make sure of a regular copy by sending a cheque payable to the Men's Health Forum, at the address below, with your name and address.

Members of the Forum receive MHF magazine as part of their membership package but can order additional copies at a reduced rate of £15 each



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The Men's Health Forum's mission is to provide an independent and authoritative voice for male health and to tackle the issues affecting the health and well-being of boys and men in England and Wales.

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