



Older Men, Missing in Action?

Where are all the men?

While I've been taking part in *Make Movement your Mission (MMYM)* during the last 10 weeks, (for those of you who don't know, *MMYM* is a Later Life Training movement and physical literacy programme for older people "at home" during the Covid19 pandemic), I've been reminded of a subject that's always on my mind. As a result of our monitoring of *MMyM*, including Facebook comments, Tweets and the *MMYM* posts, I am asking myself, so where are all the men, they seem to be "Missing in Action"? What do I mean? So, during the first phase of this programme I've been struck by the low visibility of men in the "general conversation" amongst on-line participants, both older, older people, their families and also instructors as well as contributing teachers and leaders. From the data we get, the hard facts are that amongst both public and professionals involved in *MMYM*, only 17% are men. This prompted me to think back a bit about both my other professional experiences in active ageing eg., in physical activity promotion, as well as my own personal experience of ageing. I'm wondering, is this a true reflection of what is going on and are my observations about men's participation during *MMYM* accurate and if so, does this reflect something much wider? If so, is there a problem in reaching older men and why?

What do we know about older men, health and physical activity?

Research into ageing and health is consistent in highlighting that men die earlier (although there are differences in the causes of death) but there are indications that the gap may be diminishing. The reasons for this "Longevity Gap" between men and women are frequently reported as "men don't take care of themselves as well as women do". For example, surveys have found that women are much more likely to use health services and to visit those services more frequently during the course of a year, than men are. Hence the labels of "reluctant" or "hard to reach" being applied to men, or referred to more recently, as "unreachable". Men are also more likely to engage in "risky" behaviours – like smoking and drinking heavily – than women. Do men respond to "health scares" in the same way, do they take screening and prevention as seriously and is health even a sufficient "hook"?

However, when we look at national surveys of physical activity, men's overall participation in physical activity is consistently higher than women but participation modes (eg., fitness activities, sport, dance) are different. Trends also suggest that in midlife (50 – 65), the participation gap narrows. We don't have much evidence to go on, but we do know from the most recent (self-report) national survey in England that amongst men between 65 and 74, 42% are not meeting the aerobic and strength recommendations and in the 75+ segment of the population, that figure has risen to 63%. Data on the components of fitness from the Allied Dunbar National Fitness Survey, and the normative data used in the Functional Fitness MOT, indicate that in spite of individual differences, men do score higher than women on the components of functional fitness (with the exception of flexibility?).

However, those components of fitness still decline at a similar rate over time and in later life, there is little difference in rates of accidental falls. So does it really matter if men are “Missing in Action”?

Are older men doing health - but differently?

Perhaps older men are active but do things differently. Until fairly recently, specific older men’s health projects enjoyed quite a high profile. Breakthrough work designed to reach older men in health promotion has been undertaken through the Men’s Sheds programme, a concept imported from Australia, as well as other work undertaken in relation to Prostate Cancer. Similarly, the Men’s Health Network led by Leeds Beckett University and the Men’s Health Forum highlighted policy, issues and services that did or did not meet the needs of men, including older men. Follow up-reviews found some limited evidence that Men’s Sheds and other gendered social activities may have impacted on the mental health and wellbeing of older men, but little evidence of the impact on physical health and physical activity participation. Other work on (older) men’s health was initiated through professional soccer clubs as was new work undertaken by professional Rugby League clubs. So is it true that specific practice in older men’s health has lost momentum with important learning perhaps gradually fading away or locked up in Men’s Sheds”. Has it been “mainstreamed” and if so, is there still a need for gendered services?

Early activity, growth and change

In the 1980’s, the then Sports Council released their brief “50+ and All to Play For” campaign and in 1986 tested activity promotion for older men using sports development processes in working men’s clubs in the North East and a regional brewery chain, to reach men in midlife in pubs in Suffolk. But predominantly, the history of activity and exercise related to older people had its’ roots in movement, music and dance, delivered through the voluntary sector. The emerging health and fitness sector with the notable exception of the Central YMCA, had largely ignored the 50+ ageing population. The predicted and rapidly changing demography soon meant that to be 50 was no longer “old” and public health policy related to ageing began for those people 65 years and over. The sport and recreation sector had the opportunity to reach, but provided few options to engage with older people unless they chose to continue with their chosen activities beyond their 60s and 70’s in a limited number of “veteran”, “masters?” or senior activities or accepted the bowls and tea dance stereotypes. As rates of participation amongst young men remained high, throughout this time, major campaigns and programmes were established that targeted young people, BAME populations and disabled people. The ageing population was left to its’ own devices.

Is there a “lasting legacy?”

In the early 2000s, the health sector started to recognise the importance of physical activity and exercise in relation to the health of the rapidly expanding older population. Exercise referral, falls prevention were amongst the new services available to an ageing population and led new thinking in education and training for instructors and teachers as well as service development. We had started to provide for an older population and local and national services began to respond. Age Concern as they were in 2009, undertook innovative work

through the significantly funded Big Lottery Fit as a Fiddle programme, part of which focussed on older men's settings, groups. The Football League Extra Time programme also took up similar work through the Premiership soccer clubs. The good news and a major step forward was that in 2011 the UK Chief Medical Officers published the UK Physical Activity Guidelines for Older Adults 65+, another major breakthrough in policy if not in practice! Even so, the legacy programme of the 2012 London Olympics (with the exception of Scotland) ignored the older population.

More recently, we have witnessed the flourishing of walking sports and whilst some of these are not exclusive to men, this development has provided additional opportunities for predominantly men's groups whose sporting lives perhaps are diminishing. Given recent research relating to team sports providing good opportunities for increasing strength and bone health, most exercise and movement instructors will recognise the specifics of movement patterns and activities within walking sports as a potentially contribution towards these components of fitness. The innovative Sporting Memories project continue to reach older men in a variety of settings across the UK. So is it sufficient to leave it at "re-kindling the fire or passion of a sport or the spirit of competition to attracts men to take part in the first place" or is there more to it than that?

So what is it about older men becoming socially isolated?

Should we revisit our understanding that one size doesn't fit all and include a "gendered filter" in what we do? We know later lives are changing and that there is an increase in singles and people choosing to live alone and that men respond differently to socialising whilst living alone. Sport England have highlighted that at retirement, women and men have different motives for participation. Recent research from Bristol University published by Age UK (Older Men at the Margins) on men and isolation in later life, differentiated five different groups of older men, those single and living alone, those who have become carers, those in urban and rural areas and those with hearing loss. The research also reported women as the ones within marriage who maintain social networks and consequently, when men become widowers or single again, there is significant shrinkage in contact with family and friends. Those who age without ever having had children experience even more isolation and loneliness in later life. Loss of a driving licence and transport opportunities may also contribute towards a lack of social contact, exacerbated by living alone. Later life for men has also been characterised as a period of "withdrawal" and as with women, changing identities but differently. Does this suggest that we need to find many more ways of reaching older men and in particular as a result of the fall-out from Covid19?

What we provide and how we provide it, meeting the needs of different older men?

Older men who live alone have cited reasons such as older people's services, clubs and activities being staffed predominantly by women, a lack of activities that interest them, and a lack of male staff running services as reasons why they struggle to access appropriate social support and activities. Do we "do things to men," in that they passively receive activities and services, rather than being provided with other opportunities to be involved, lead and contribute? At a time of changing identities in later life, when we know men may be looking for something more akin to what it is to remain a man or purposeful activity that

resonates with their previous lives, are messages about “gentle”, fun and falls meaningful or a turn off? Is it reasonable to suggest that older, older men in care homes, supported and sheltered housing or visited at home, will find that the majority staff who support them are female and have specific views on what men can or should do. Might these views affect the both the content and nature those opportunities and how person centered they are?

Are our messages meaningful and relevant to older men?

So what messages (explicit or hidden) are we using to engage and target older (and older, older) men? Deeply embedded within Western society, the prevailing narrative associated with growing older is one of physical, psychological and cognitive decline, depicting ageing as a natural and inevitable downward trajectory of physical deterioration. It portrays “*a tragedy of accumulating deficits, diminishing reserves, and deteriorating attractiveness and strength*”. Consequently, insights into an alternative ageing narrative, one of improvement, wellbeing and growth, focus on messages that may be more applicable to older men of the Third Age, rather than those of the Fourth Age?

We know that the terms ‘fitness’, ‘sport’ and ‘football’ are more likely to be selected by men rather than words with direct health or feminine connotations, including ‘youth, slimming’ and ‘dieting. Are our promotional materials dominated by couples, how do they show meaningful images of men? Qualitative research from the Men’s Health programme revealed three key messages that resonate with older men’s experiences with physical activity, those of “The things I’ve always done,” “Out and About,” and “You do need the group atmosphere at times.” How is this interpreted for the older male population?

No conclusions – yet!

I am really grateful to a couple of professional colleagues and friends (who at the moment shall remain nameless) who assisted my reflections. I have asked a lot of questions and haven’t attempted to provide any solutions. That’s another story, but it is important to find out what others think and look at solutions and I’m more than interested to pursue this. But am I making this up or just planning for my own future to ensure that my later life movement and physical activity opportunities will remain Pom Pom free? If you want to comment and offer me your thoughts and help me find some of those solutions, happy to hear from you (contact details below). Just so you know, I love dance and music!

If you’re interested, some good background reading

Age UK online - Older Men at the Margins
www.ageuk.org.uk/discover/2019/april/older-men-at-the-margins/

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Sandlund, M. & Skelton, D.A. (2017) Gender perspectives on views and preferences of older people on exercise to prevent falls: a systematic mixed studies review. BMC Geriatrics 17:58 DOI 10.1186/s12877-017-0451-2 <https://pubmed.ncbi.nih.gov/28212622/>

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Carstensen, G et al (2019) Before evening falls: Perspectives of a good old age and healthy ageing among oldest-old Swedish Men. Archives of Gerontology and Geriatrics 82 (2019) 35–4436 homepage: www.elsevier.com/locate/archger

More information on Make Movement your Mission at facebook.com/groups/MakeMovementYourMission

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