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Minority men's engagement with health promotion (Boyz2men): an exploratory cross-sectional study

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Abstract

Background Ethnic health disparities continue to widen in the UK. For example, UK black men have double the risk of prostate cancer compared with white men, and deprivation has a greater negative impact on men's health outcomes than on women's. Few culturally tailored health programmes have engaged minority men in the UK. Boyz2men (B2M) aimed to obtain a snapshot of self-reported health of ethnic minority boys and men and explore the feasibility and acceptability of health intervention activities among this population.

Methods B2M was cross-sectional, mixed-methods study, which was conducted in Leeds, West Yorkshire, UK, in 2017–18. All male individuals aged 16 years or older who had responded to community flyers, word-of-mouth invitations, social media, and other media, and who self-defined as being from a minority ethnic group, were included in the study. Questionnaire data (sociodemographic factors; GP attendance, health-related behaviours; physical and mental conditions, such as cardiovascular diseases and depression, all self-reported) was supplemented by two focus groups. 26 healthy-eating, physical activity, and health empowerment sessions were planned. Six Black or Asian community health champions (CHCs) delivered and led evaluation of the sessions. Leeds Beckett University approved the study (ref:44443/51896) and all participants gave written informed consent.

Findings We included 126 participants, of whom 42 were Black African, 38 were Black Caribbean, 40 were South Asian, and six were North African. Mean age of participants was 47 years (SD 17); 82 (65%) of the sample lived in neighbourhoods with the highest levels of deprivation, and 54 (43%) of the 126 men were unemployed. Black Caribbeans (17 [46%] of 37 participants, data were missing for one participant) and North Africans (4 [66%] of six participants) were more likely to smoke than other groups (6–31%; p=0·006); Sikh men were more likely to drink alcohol (12 [71%] of 17 participants) than other groups (17–61%; p=0·001). Lunch was often skipped, and a third of the total sample exercised regularly. Two or more physical conditions were reported by 45 (36%) and at least one mental health problem by 15 (12%). Narratives around cutting down on smoking, concern about alcohol consumption, and time or pain as barriers to exercise emerged from the focus groups. Half of the planned sessions were not delivered because of issues such as difficulty securing venues. However, due to popularity, 12 further exercise sessions were provided in addition to the six planned, achieving 25 sessions in total. Barbershops and places of worship had potential for engaging men, but activities were not practical in all venues, and study personnel experienced challenges in building trust when working cross-culturally with respect to ethnicity or religion.

Interpretation Peer-led health education in social spaces shows promise for health promotion among ethnic minority boys and men. Further surveys and intervention might contribute to policy and practice that responds to intersections between gender, ethnicity, and deprivation.

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Contributors

CH (principal investigator) conceived the study and led the fieldwork. MM is a collaborator, she analysed the data and prepared the first draft of the Abstract. CH commented on the Abstract and both authors approved the final version.

Declaration of interests

We declare no competing interests.

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