



First German
Men's Health Report

Condensed version

My research colleagues and I have been fighting for this report for ten years. Now, it is finally possible! It clearly indicates the importance of the targeted analysis of men's health.

Prof. em. Dr. Klaus Hurrelmann

German social, educational and health scientist

Successful employers require qualified, motivated and healthy employees in particular. As the largest, private German securities company with approx. 20,000, mostly male, employees, the topic of men's health issues is an elementary component of the corporate philosophy of the Securitas Group of Companies. For this reason, we welcome the First German Men's Health Report and support the implementation of necessary steps to ensure the life expectancy of male employees - and not just those at our company.

Manfred Buhl

Chairman of General Management at the
Securitas Deutschland Holding GmbH & Co. KG

Contents

Chapter 1: The male health status

Masculinity and Health: 6
Current debates and historical perspectives
Prof. Dr. phil. Martin Dinges

Health and the provision of 8
healthcare for men
Prof. Dr. med. Doris Bardehle

Chapter 2: Men's health in selected age groups

Health of boys in Germany: 10
Topics, practice, problems
Gunter Neubauer, Dr. rer. soc. Reinhard Winter

The ageing man 12
PD Dr. rer. nat. Kurt Seikowski, Prof. Dr. med. Uwe Paasch

Chapter 3: Health risks from the world of work and health-relevant behaviour patterns

Work, unemployment and health 14
Prof. Dr. phil. Johannes Siegrist

Risky behaviour of men 16
Prof. Dr. phil. Birgitta Sticher

Chapter 4: Selected men's diseases

Male illnesses	18
<i>Prof. Dr. med. Frank Sommer, Prof. Dr. med. Lothar Weißbach</i>	
Men's diseases:	20
Interdisciplinary considerations	
<i>Prof. Dr. med. Theodor Klotz</i>	
Mental and behavioural disorders of men	22
<i>Prof. Dr. rer. soc. Anne Maria Möller-Leimkühler, Prof. Dr. DDR. h.c. Siegfried Kasper</i>	

Chapter 5: Roadmap for the further development of Men's Health and internet offers regarding men's health

Men's health from the view of the DKV, Deutsche Krankenversicherung AG	24
<i>Prof. Dr. P. H. Birgit Babitsch, Ruth Waldherr-Ifada, Prof. Dr. med. Doris Bardehle, Sabine Mackeben-Haag, Ingo Fuß</i>	
Online offers regarding the topic of men's health	26
<i>Maren Salberg, Prof. Dr. med. Doris Bardehle</i>	
We know too little about men and men's health	28
<i>Dr. phil. Matthias Stiehler</i>	

The illustrations used in this brochure are not included in the First German Men's Health Report. They originate from the authors' presentations.

Masculinity and Health: Current debates and historical perspectives

With regards to men's health, the politicians are persistently silent: To date, German health policies simply deny the acknowledgement of special health requirements for men. The motive is evident: There is fear of possible additional costs. However: Chances for adequate perception will only increase by making this topic political.

The varied dynamic, wave-like development of the life expectancy of men allows for the recognition of two main reasons for the relative deterioration of their health status. First, the gender-specific division of labour since industrialisation with the model of the male being the breadwinner leads to a very one-sided work stress for men; second, passed down masculinity models contribute to a higher health risk for men. Thus the model, "hegemonic masculinity", which was characteristic in the 19th century, was targeted towards hardness, insensitivity to pain and thus young men especially fit for military service.

The best way of strengthening the health resources of men is to connect to the characteristics that are attributed to them as being positive. More diverse performance goals, such as professional success and calmness with regards to the world of work (instead of the hamster wheel) would be a modern orientation for men. Furthermore, historical examples show that men who fulfil the role of father and childcare giver are much more satisfied. On the other hand, one-sided stress, whether in the household or at the workplace, is rather harmful to health.

Up until now, health offers were targeted almost only towards women and a very generous prevention plan exists for them; however, there is nothing that corresponds to that for men. Since 1971, the starting age for medical check-ups for men has been 45 years - for women, it is 20 years of age.

The first step “for man” would be a differentiated understanding of men’s health that not only blames gender-specific or even personal attributes, but rather takes a look at “illness-causing conditions”. There is too much talk about behaviour and too little about conditions. It is about time for German politics to get a clear understanding about how men’s health really is: A men’s health report is just the beginning.

Prof. Dr. phil. Martin Dinges

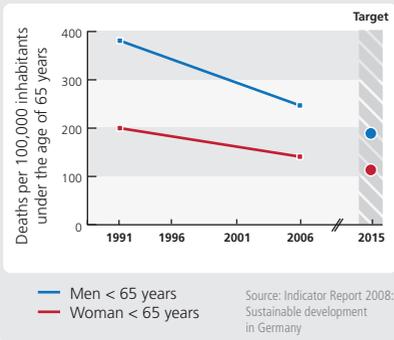
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Health and the provision of healthcare for men

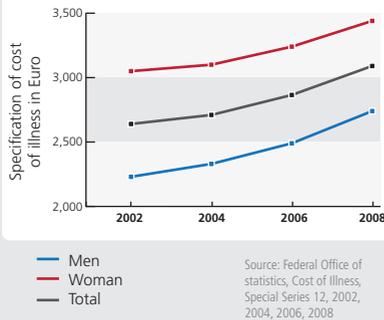
Since indicators such as life expectancy, avoidable mortality and morbidity have been able to be captured, large differences between the health of men and women have been determined.

pict. 1: Reduction of premature mortality, Germany, 1991 - 2006



An example is the percentage of men who die before the age of 65, which is considerably higher than the percentage of women (pict. 1). Often, these are preventable deaths which are caused by health risks such as smoking, improper nutrition, lack of exercise or alcohol. Furthermore, cancer illnesses increase at a higher rate for men than they do for women. In comparison to 1980, in 2010 there was an incidence increase of 23% for men and 15% for women.

pict. 2: Rapid increase of cost of illness per person, Germany, 2002 - 2008



However, the cost of illness (with the exception of those between 0 to 14 years) is higher for women than it is for men (pict. 2). The average cost of illness in 2006 for men was 2,480 Euro and rose within two years to 3,100 Euro. For women, the average cost was 3,230 Euro (2006) and 3,340 Euro (2008).

Conclusion: In order to improve the health situation of men, premature deaths of men due to lung cancer, high blood pressure, ischemic heart disease and cerebrovascular diseases must be decreased. Furthermore, the health behaviour of men must be influenced, e.g. with regards to preventative medical examinations. Men, not only women, must receive specific access to health promotion.

Prof. Dr. med. Doris Bardehle

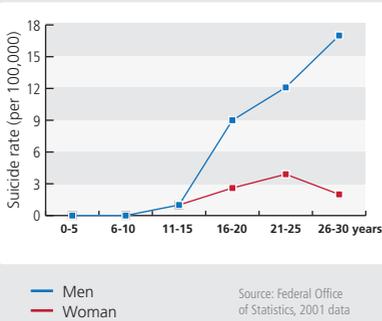
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Health of boys in Germany: Topics, practice, problems

In a basic social scientific orientation and based on the context of qualitative research of young males, the question of young men's health arises on the one hand and also on the other hand if there are deficits in the perception of typical and specific and "relative" topics related to the health of young males.

pict. 3: Young male suicides in Baden-Württemberg



Approx. two-thirds (66%) of the cases are "external circumstances" such as accidents and suicide - by far the most common reason why boys, male adolescents and young men die. Striking is that three times as many boys die in transport accidents in comparison to girls and the older the boys and the young men are, the higher the cause of death due to "deliberate self-harm" (pict. 3).

In comparing genders more than double the number of boys between the ages of 15 and 20 who died can be traced back to masculinity expectations (risky behaviour in traffic or motor vehicle accidents) and unrealised masculinity ideals (aggression towards oneself, depression, suicide). Boys with a low social status and poor boys behave in a more risky manner in the context of their health (smoking, television consumption, problematic eating behaviour, violence).

Conclusion: The current health situation of boys in several areas (e. g. accidents, mental health, testicular cancer) is worrying. In this context, a health course for boys through promotion of research, evaluation and boy-specific prevention should aimed for.

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The ageing man

The life expectancy of men and women has continuously increased as a result of medical progress. However, what changes as we grow older?

pict. 4: Development-psychological special characteristics of mid-life

- Perception of physical changes, reduced ability to perform and sexuality
- Impairment of previous "perfect" male concept
- Children have left home
- Changed perception of one's own partnership
- Increased risk of separation and possible start of new relationship with a younger woman, who desires children ("late father")
- Stagnation of career development
- Confrontation with chronic illness
- Confrontation with the death of one's own parents or people of the same age
- Confrontation with the role of "Grandpa"

Various studies define the destabilisation in many areas of life for men at around the age of 50 years. On the one hand, developmental-psychological changes take place at this age, which are often experienced as critical life events (pict. 4). New adjustments or denial of these events are perceptible in the context of processing steps - physically, as well as mentally.

On the other hand, hormonal changes (age hypogonadism) plays a large role during the progressing ageing process. The lack of serum testosterone can cause physical, mental, as well as functional changes (pict. 5). Already at the age of 40 years, an average of 10% of men have androgen deficits, increasing up to 30% by 80 years of age.

pict. 5: Hormone changes with increasing age (age hypogonadism)

- Decreased sexual desire (libido) and decrease in the quality and frequency of erections
- Decrease in intellectual activity and spatial orientation ability
- Tiredness, depressive mood, irritability, trouble sleeping
- Decrease in muscle mass and strength
- Decrease in amount of body hair, skin changes
- Decrease of the bone mineral density with osteopenia, osteoporosis and increasing risk of fractures

Conclusion: The goal of the men's health discussion is to develop a modern image of men. It is about the different questions regarding the health risks of the ageing man. Stress, work, violent experiences, nutrition, smoking, alcohol, burnout specific to men, as well as others, but also the emphasis of the positive aspects of growing older. Functioning partnerships, male friendships and topics such as "wisdom" play a role. The future will show if the "advice-resistant health idiots"¹ can still be helped.

¹ Dinges, M.: Männer, die beratungsresistenten Gesundheitsidioten? Blickpunkt Der Mann. 5: 6-9 (2009).

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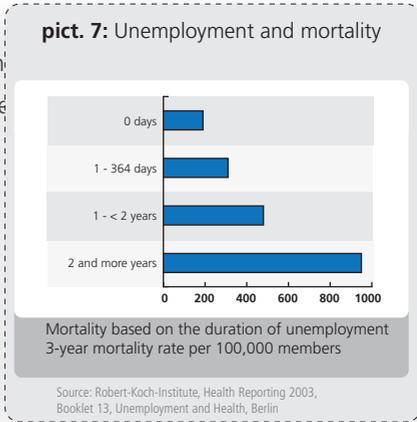
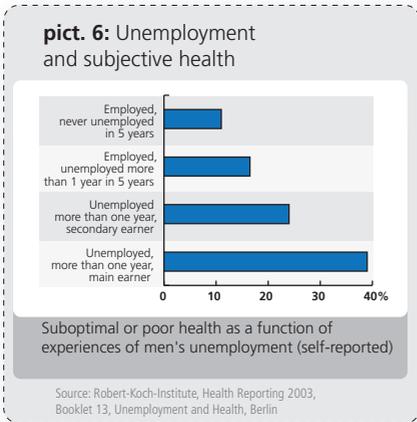
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Work, unemployment and health

Gainful employment ensures continuous income and social status, as well as contributes to the development of skills and a positive feeling of self-worth. In addition to positive effects, it also poses health risks. Men are more strongly affected by risks of illness caused by the loss of employment and long-term unemployment. Furthermore, men are exposed to greater work-related health risks in specific professional groups and/or branches. This is indicated by the influence of unemployment on health (pict. 6) and on mortality (pict. 7). In their own personal view, 23% of unemployed men defined their general health condition as "less than good" or even as "bad". Among those who are employed, only 11% made this assessment.



The report informs not only on the current important scientific findings regarding the influences of unemployment and precarious employment applicable to Germany and other countries. It also presents findings on the influences of the quality of work and employment under “normal work conditions” on increased risk of physical and mental illness. Due to more frequent and longer exposure, as well as gender (role) specific characteristics, the work-related illness burden is generally higher for men than it is for women.

Conclusion: Measures for reducing work-related health risks and increasing employability and fitness to work must be supported. In particular, the illness burden of middle to older working age men should be decreased.

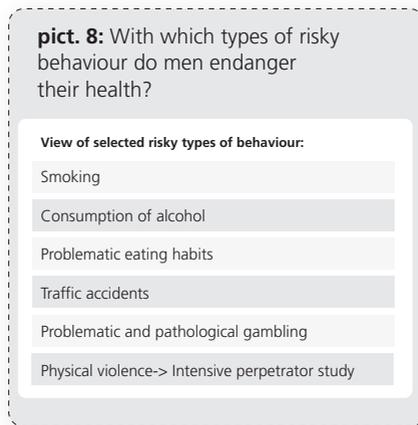
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Risky behaviour of men

Physical violence, especially with dangerous and grievous bodily harm is mostly exerted by 18 to 21-year-old men. Men in this age group are especially at risk in the context of health, both as perpetrators as well as victims due to acts of violence (pict. 8).

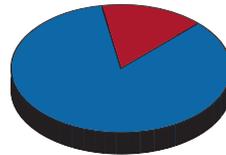


Is the genetic make-up of men to blame for the intensified characteristic of risky behaviour? The influence of testosterone on the male brain is explained in more detail. The realisation is that during the process of gender-specific differentiation biological potential is important, however development at a physical level is variedly shaped by the social, mental and cultural surroundings.

The examples of 264 young men in Berlin - so-called "intensive perpetrators" - show how they process their difficult, marginal situation, which is characterised by a lack of resources and what function risk behaviour, especially violent behaviour, has for them (pict. 9). Violent actions are viewed as a suitable means to prevent the ever-threatening destruction of their own strength and status whilst still fulfilling the wish for greatness. In order to achieve this, they are ready to run the risk of being hurt themselves during a physical confrontation. Their own body is exploited as the instrument for this purpose.

pict. 9: Mainly, young men are the perpetrators and victims of physical violence

Example: Dangerous and grievous bodily harm
(2.5% of all crimes // §224 / § 226 StPO
(Strafprozessordnung - Criminal Code))



75% of the victims are men (18-21 years old)

— Men
— Woman

Prof. Dr. phil. Birgitta Sticher

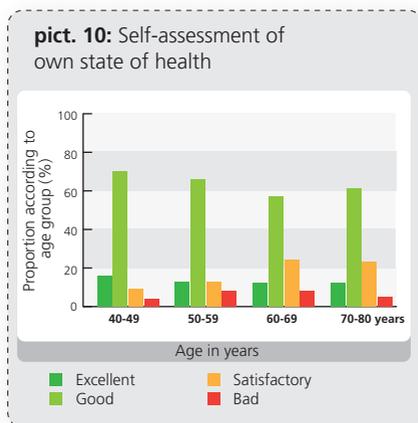
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Male illnesses

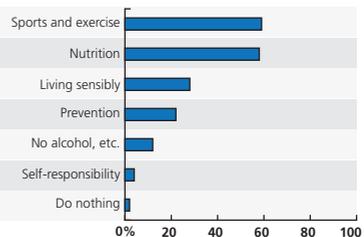
Although male illnesses can be associated with less presence and willingness to perform, they are largely taboo for our society. By contrast, female illnesses are accompanied by a great deal of social interest, are well-communicated and are prominently supported publicly - from early recognition to prevention - by research. Thus, the handling of male illnesses and female illnesses is very different.

Prostate illnesses are specific to men (benign enlargement, prostate carcinomas and prostate inflammation), as well as sexual disorders (e. g. erectile and ejaculation problems) and male fertility disorders. However, there is much more to men's health. When men are requested to assess their own health, they tend to overestimate - across all age groups (pict. 10).



If asked what is healthy in their opinion, sport and exercise, as well as nutrition are mentioned most often. Other parameters are secondary in comparison (pict. 11). Our society should help men develop realistic expectations of themselves, not to perceive illness as failure, and to correct the existing perception of health.

pict. 11: Perception - what is healthy?



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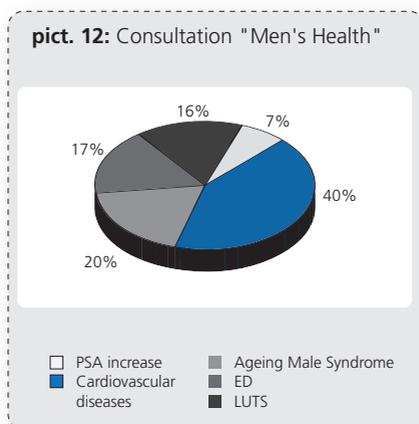
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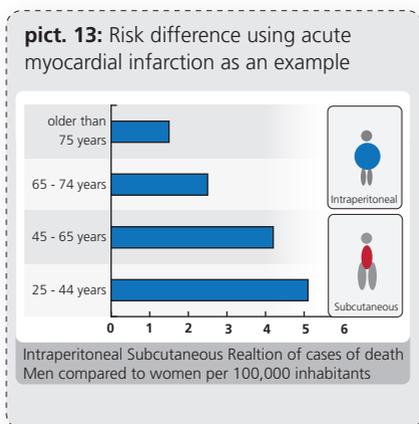
Lothar Weißbach, born in 1940, is the scientific director of the Stiftung Männergesundheit (Foundation for Men's Health) and is active at the Men's Health Centre at the MEOCLINIC in Berlin. Research focus: Prostate carcinoma and urological diseases

Men's diseases: Interdisciplinary considerations

In a study dating from 2004, questions regarding the following illnesses or symptom complexes were asked during a "Men's Health" consultation of those affected: Cardiovascular diseases (approx. 40%) followed by Late Onset Hypogonadism (LOH), also called Ageing Male, as well as hypogonadism not related to age (approx. 20%). Furthermore, erectile dysfunction (ED) with approx. 17% plays a relevant role. The classic urological symptom complexes (e. g. voiding disorders, urinary tract infections) with approx. 16% impact (LUTS). The PSA problem and discussion was approx. 7% of the cases during the consultation (pict. 12). Here you recognise the broad interdisciplinary approach that includes a gender-specific perception of male health in medical practice everyday.



The main cause of death for men, as with women, is coronary heart disease (CHD). However, the male mortality risk is comparable to that of a woman who is 10 years older. The cardiovascular risk is two to four times higher in the course of a long life than that of women, however this clear risk difference drops with increasing age and disappears at the age of 75 years (pict. 13).



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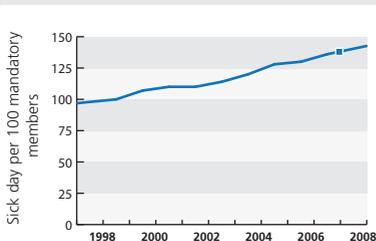
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Mental and behavioural disorders of men

In contrast to the general decrease in the numbers of days lost to sickness, mental disorders have conditionally increased absenteeism; distinctly more for men than for women (pict. 14). Consequently, between 1994 and 2003, the number of cases of inability to work due to mental illness rose to 82% for men in comparison to “only” 57% for women. The most important disorders are: depression, anxiety disorder, somatoform and dependency disorders. Mental disorders are among the most common and cost-intensive illnesses.

Also, mental disorders play an ever-increasing important role during stationary treatment and early retirement. Every third early retirement is now due to a mental disorder.

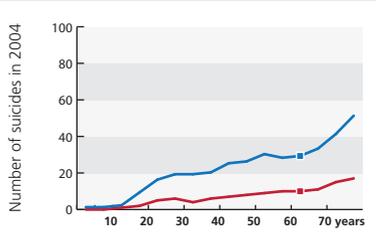
pict. 14: Sick days due to mental disorders



Source: Federal Assoc. of Health Insurers (Bundesverband der Betriebskrankenkassen), Health Report 2009, Copyright Joachim Jahnke, www.jjahnke.net/

Accomplished suicides are a male phenomenon: Two-thirds to three-fourths of all suicide victims are men (pict. 15). One of the most important risk factors for suicide is a depression. Estimations indicate that approx. 80% of all those who committed suicide in every age group were suffering from depression. The illness of depression goes hand in hand with a distinct risk of suicide.

pict. 15: Suicide - important indicator of mental health



— Men
— Woman

Source: Cause of death statistic 2004, Federal Statistical Office

Conclusion: Mental illnesses of men are on the rise, however, they are a stepchild of health reporting (to the greatest possible extent also gender-specific regional reports), of men's medical care which is mainly internally oriented, of men's health research and not least of health and social politics, even if "gender-mainstreaming" is proclaimed here (gender-mainstreaming is still factually female-mainstreaming).

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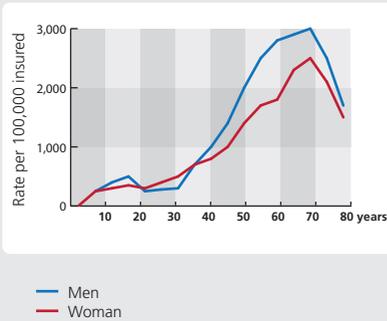
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Male health from the view of the DKV, Deutsche Krankenversicherung AG

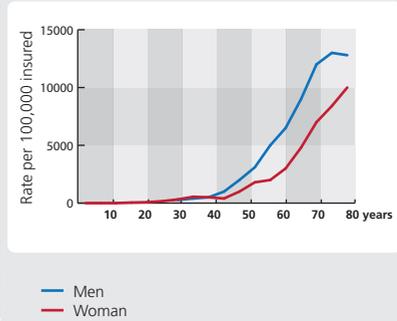
Based on epidemiological data, the DKV compared the health situation of those insured, both male and female, to each other. The underlying data represents health trends of those privately insured, which is approx. 11% of the population in Germany.

The invoice data of the service suppliers from the time period from 2004 to 2009 for various illness groups was analysed more thoroughly. The data analysis shows that there is a higher percentage of prevalence and incidence for men in almost every viewed diagnosis group, which in part only aligns or respectively reverses in high age groups. In comparison to women, there is a relatively high risk among men of having gout (38%), diabetes mellitus (59%), mental and behavioural disorders due to alcohol (55%), lung and bronchial carcinoma (44%), obesity (33%), as well as high blood pressure and colorectal carcinomas (respectively 15%). For example, beginning at the age of 45, there is a distinct increase of those insured being diagnosed with obesity (pict. 16) and diabetes mellitus (pict. 17), which is more distinct for men than for women.

pict. 16: Average age-specific prevalence rate of obesity (2004-2009)



pict. 17: Average age-specific prevalence rate of diabetes (2004-2009)



Conclusion: The health-related burden of men, clearly recognisable from the DKV data, must be taken into account in a preventative and therapeutic context.

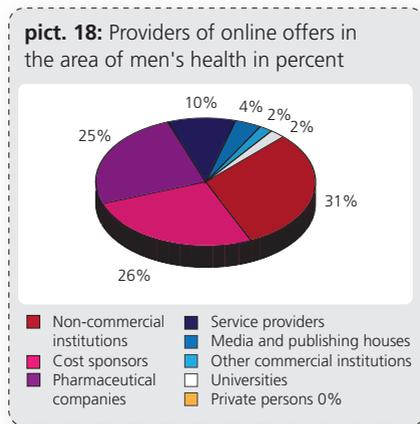
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Online offers regarding the topic of men's health

Respectively, the first 50 hits in the individual search engines were assessed for the research. The topic of men's health is only the focus of 22 of the 51 websites examined. The remaining 29 providers focus on other areas of work or deal with health topics in general. Thus, men's health is mostly only a category and not the main concern of the information (pict. 18).



The Internet, due to its anonymity and low inhibition threshold, offers many opportunities to men who find it difficult to communicate their health-related issues. Even if there are initial research approaches, their is probably more information available about man than is necessary for the Internet user in order to design appealing and informative offers. Better quality assurance can be achieved through better cooperation on the part of the providers - whether this be commercial or non-commercial. Non-commercial offers stand out due to the fact that they provide very little health information and instead focus on the own advertisement and product advertisement.

One quarter of all offers are from service suppliers (doctors or doctors' offices), which are specialised in the area of men's health and they present and promote the range of services of their practice in addition to information regarding male illnesses and prevention measures. These are often related to individual health services. Media and publishing houses are represented with 25% of the providers researched on the Internet.

Conclusion: The illustration of men's health on the Internet can still be expanded. Thematic aspects play a special role in the illustration on the Internet. Neutral and independent information as well as a holistic view of the topic must be the standard.

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We know too little about men and men's health

The present "First German Men's Health Report" is designed to provide a wider foundation for men's health research and practice. The topic of the discussion is man in his physical, mental and social reality, with its health implications. It becomes clear how the social perception of men is still limited. Through dealing with men's health, there is the chance that stereotypes can be dissolved.

Emergency situations which can effect men individually become clear and are also connected to the social status of men: the lower life expectancy in comparison to women, the higher risk at the workplace, and also self-harming behaviour. The close connection between mental suffering, unhealthy behaviour and physical illnesses is the central topic of men's health.

However, the authors of this report are not merely satisfied with calling men "health idiots" and to repeat the same, never-ending pleas to men to finally behave in a more healthy manner. Instead, they ask for the causes of problematic health data: What are the reasons for such an unhealthy coping behaviour? What does society expect from men and what effects do these expectations have on health? How can the understanding of the roles of men be expanded, can "healthier" perceptions of masculinity be developed?

This research report indicates one thing especially: Thus far, there has not been sufficient concentration on men during the health discussion. This correlates to the widespread attitude of our society - that men must be consistently capable of performing. Male-specific prevention is usually exhausted with the request to simply leave the unhealthy behaviour alone. Neither the intrapsychic or the interpersonal nor the social dynamics are taken into consideration.

There needs to be a rethink in medicine and politics - yes, even the public perception of men - so that new paths are found not only due to a demand, but rather, so these may also be practically implemented.

There are six focal points in the Men's Health Report 2010 for the further development of men's health in our country:

- Intensification of the research regarding men's health.
- Better accessibility for men to health topics and the motivation for more personal responsibility.
- Further establishment of medical science for men. Men must know who they can turn to when they have health problems.
- Retention of high standards for medical supply. Further development of men's health must not only be available for men that are socially advantaged.
- Reduction of health risks that are specific to men.
- Increase of the quality of life for men. It is about developing a positive self-image for men in our society, which opens up better life perspectives.

As the individual contributions to the Men's Health Report prove, increased men's health research is needed in many areas. Thereby, emphasis should be especially on interdisciplinary approaches in order to satisfy the male specifics better than it has been to date. Here the research for women's health can serve as an example.

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Research focus: Social scientific men's health research

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