

MEN'S REPRODUCTIVE HEALTH AS A COMPONENT OF PUBLIC HEALTH: FEATURES OF PREVENTIVE STRATEGIES

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INTRODUCTION

Changes in the geo-political, socio-economic conditions of life in the modern world, with a predominance of urbanization, computerization, and physical inactivity against the backdrop of deteriorating ecology, cause changes in the conditions for the formation of public health both in the world as a whole and in the countries of the European Region, which include Ukraine. At all times, the health of the population has been an important potential for development and prosperity of a country or a group of countries in the future.

For Ukraine, as a country that has been affected by the processes of socio-economic and medical reforms since the first years of independence, maintaining and strengthening the health of the population remains a priority. Even before the war, the reproduction of the country's population was significantly inferior to the mortality figures, forming an increase in depopulation trends and the phenomenon of men's hyper mortality almost in working age. Wartime has become a particular challenge for Ukraine. The decline in the population number as a result of fighting with the losses of both the military and civilians, forced immigration and the refugee of a significant number of the population with a predominance of women and children, exacerbates the already difficult problem of Ukraine depopulation. Development of medical and organizational measures to preserve and promote health, in particular the reproductive health of the male part of country's population, is becoming more urgent. Any investment in this process will allow in the future to preserve not only individual male potential, but also to generally strengthen the defense capability, the possibility of forming the social and economic well-being of the country in the long term.

1. Modern challenges in society that necessitate the preservation and promotion of men's health. Examples of different countries of the world

As we have all observed in recent decades, the processes of urbanization have become important for almost all countries of the world, in terms of

demography; migrations; aging of the population; increasing average life expectancy; an increase in the specific population of older age groups in the overall population structure of European countries; reduced fertility; reducing the rate of natural population growth, and in some countries even maintaining the trends of negative natural population growth.

The reaction to the formation of such trends is the initiatives of WIPO, which are trying to unite the efforts of most countries on a global scale to overcome certain national problems. An example of such strategies is the Health 2020 policy adopted in 2012 for European countries, implemented in 53 member countries of the World Health Organization. The purpose of the well-known WHO resolution EUR/RC62/R4 to improve the health and well-being of the population, achieve equality, social justice, and the availability of quality health care services for all segments of the population¹.

An example of the consolidation of efforts of many countries of the world recently can be the 'Transforming our World: The 2030 Agenda for Sustainable Development', as well as the adopted Program of Action of the International Conference of Population and Development, the Beijing Platform for Action with subsequent conferences, at which the final documents of the implementation of the adopted programs and plans were discussed².

It should be noted that each of the above programs has a separate place for the preservation of reproductive health, while this term was meant mainly to preserve the reproductive health of women, the protection of motherhood and childhood in general. Therefore, it is possible to evaluate the execution of task 5.6. 'Transforming our World: The 2030 Agenda for Sustainable Development' (dealt with ensuring equal access to sexual and reproductive health services and the realization of the reproductive rights of citizens around the world) controlled by two indicators. The first of them was the proportion of women aged 15–49 who make independently considered decisions regarding sexual relations. The second indicator was the characteristics of the use of contraceptives and contraceptive measures in combination with dynamics analysis the number of reproductive health services. Thus, the implementation of the planned plans primarily concerned women of childbearing age 15 years and older, despite the fact that the

¹ Здоровье-2020: основы европейской политики и стратегии для XXI века. Копенгаген: Европейское региональное бюро ВОЗ, 2013 (<http://www.euro.who.int/en/publications/policy-documents/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013>).

² Організація Об'єднаних Націй (2015b). Перетворення нашого світу: порядок денний у сфері сталого розвитку до 2030 року. 17 Цілей сталого розвитку та 169 завдань [веб-сайт]: ООН (<https://www.ukraine.un.org/uk/sdgs>).

regulatory framework of European region countries guarantees gender equality of access to reproductive health services for both women and men.

However, perhaps for the first time, in the framework of the implementation of the ‘Transforming our World: The 2030 Agenda for Sustainable Development’ and adopted for the implementation of one of its tasks, the “Action Plan for Sexual and Reproductive Health,” a separate section was devoted to the preservation of male reproductive health. Within the framework of its implementation of short-term prospects, the achievement of gender equality of access to sexual and reproductive health services for men with the possibility of protecting their right realization to use such services is determined³.

Such steps were unequivocally different from previously implemented policies of WHO (Regional Strategy for Sexual and Reproductive Health for Countries in the WHO European Region, 2001; WHO Global Reproductive Health Strategy, 2004), whose focus on reproductive health was primarily on maternal, child and adolescent health. We must pay tribute to the fact that the implementation of the tasks set and agreed by the countries of the European region has led to a significant improvement in maternal and child mortality rates in European countries. Such an initiative was continued by the adoption of the Global Strategy for the Health of Women, Children and Adolescents for the Period 2016–2030, the implementation of which, to date, is taking place as part of the achievement of the Goals for Sustainable Development until 2030. At the same time, unfortunately, the problems of the formation of male reproductive health, the study of risk factors that have an impact on this process, both at the individual and population level, remain ignored. Policies for preventing the occurrence of male infertility, studying the prevalence, both male infertility itself and risk factors for its development remain not agreed at the level of countries in the European region. It is such studies that would expand the possibilities of early medical and organizational preventive intervention, taking into account, among other things, the characteristics of gender socio-economic determinants of the reproductive health formation and promotion.

The results of our research allow us to assert the presence of gender characteristics of the socialization of the modern male population. Also important for study are aspects of the male population tendency to risky

³ Европейское региональное бюро ВОЗ. План действий по охране сексуального и репродуктивного здоровья: В поддержку выполнения Повестки дня в области устойчивого развития на период до 2030 г. в Европе – никого не оставить без внимания (2016). Копенгаген: Европейское региональное бюро ВОЗ (<http://www.euro.who.int/ru/health-topics/Life-stages/sexual-and-reproductive-health/publications/2016/action-plan-for-sexual-and-reproductive-health-towards-achieving-the-2030-agenda-for-sustainable-development-in-europe-leaving-no-one-behind-2016>).

behavior, their exposure to stressful behavioral factors against the background of a men special attitude to their own health. The need to popularize the stereotype of a healthy way of life in a male environment remains relevant⁴.

WHO recommendations in this regard relate to the achievement of gender equality in the implementation of the right to reproductive health and the violence prevention⁵.

From the point of view of public health, positive examples of the intersectional educational and medical preventive measures use among teenage boys and young men with their involvement in overcoming harmful gender behavioral stereotypes and harmful habits of men are subject to discussion in matters of preserving the men's reproductive health. In particular, such events could become informative for the prevention of the spread of sexually transmitted infections, the use of modern contraception methods and male hygiene.

Medical and social activities to protect the health of boys, boys and men could complement public health initiatives in the formation of a positive man's image. Especially important will be such support at various difficult time stages of the personal formation of men (the first experience of communicating with the opposite sex in adolescence, the stage of paternity, the stage of retirement). Such public health initiatives work to prevent the spread of bad habits among the male part of the population (smoking, alcoholism, exposure to psychoactive, narcotic substances, the emergence of various kinds of addictions). It is no secret that it is for the male part of the population that risky behavioral stereotypes are characteristic, the result of which is disproportionately high levels of road accidents, injuries, suicides among men⁶. It was men, during the hostilities in Ukraine, who began to protect civilians, their land and national interests, risking not only health, but also life.

If we analyze the figures described in the literature that characterize the state of health of the population of different countries, we can come to the conclusion that they have very large differences. Thus, the regional features of an integral indicator of health status, such as life expectancy, in men had

⁴ Медведовська Н. В., Квач М. Д. Дослідження динаміки медико-демографічних показників як передумова розробки та реалізації заходів із попередження передчасних втрат чоловічого населення України. *Вісник соціальної гігієни та організації охорони здоров'я України*. 2021. № 4 (90). С. 5–9.

⁵ Global Health 50/50. The Global Health 50/50 report: how gender-responsive are the world's most influential global health organizations? London : Global Health 50/50 (2018).

⁶ Медведовська Н. В., Квач М. Д. Аналіз динаміки смертності чоловіків в аспекті демографічних втрат населення України. *Ukrainian Journal of Military Medicine*. 2022. Vol. 3. № 1. P. 26–33.

significant differences not only in countries. Differences in the expected life expectancy of different men's socio-economic status were revealed while they lived in the same country. According to the WHO Office for Europe, Switzerland belongs to countries where men live longer (81.2 years average duration of expected duration in men), as well as Northern and Western Europe⁷. Men who live in the eastern part of the European region are at risk of dying early, as their average life expectancy rate is 64.7 years. Within each of the countries, it was established that men with a low level of education, social status and prosperity risk dying early⁸. Especially among the socially vulnerable and low-income segments of the population, high rates of spread of sexually transmitted infections, AIDS, bad habits, in particular smoking and drug addiction are revealed⁹. It is poverty and low education that correlate with high prevalence of risky sexual behavior, high rates of unplanned pregnancies and high rates of spread of sexually transmitted infections (mycoplasma, papillomavirus, VIL/AIDS), often causing irreparable harm to men's reproductive function, reducing their ability to conceive a healthy child in the future. In this regard, the feasibility of early vaccination of teenage boys and young men, for example, against papillomavirus, is being actively discussed.

2. Analysis of effective strategies for preventing male reproductive health disorders

Since studies conducted in Europe have shown that men tend to seek medical care less often compared to women, tend to evade medical supervision even if a diagnosis is established and treatment is initiated, timely medical and organizational measures to prevent disorders of reproductive health of men starting from early adolescence and adolescence become necessary¹⁰. It is necessary to take into account the results of scientific studies described in the literature, confirming the fact that men are not inclined to adhere to healthy behavioral stereotypes, are less active in implementing disease prevention measures. When the need arises for

⁷ Здоровье и благополучие мужчин в Европейском регионе ВОЗ: улучшение здоровья в рамках гендерного подхода [The health and well-being of men in the WHO European Region: better health through a gender approach]; Копенгаген: Европейское региональное бюро ВОЗ; 2020. Лицензия: CC BY-NC-SA 3.0 IGO.

⁸ Mackenbach J. P., Kulhanova I., Menvielle G., Bopp M., Borrell C., Costa G., et al. Trends in inequalities in premature mortality: a study of 3.2 million deaths in 13 European countries. *J. Epidemiol. Community Health*. 2015. V. 69 (3). P. 207–217.

⁹ World Economic Forum. The global gender gap report 2017. Geneva : World Economic Forum.

¹⁰ Eurostat (2018e). Health care activities statistics – consultations. In: Eurostat [веб-сайт]. Luxembourg : Eurostat (https://ec.europa.eu/eurostat/statistics-explained/index.php/Healthcare_activities_statistics_-_consultations).

treatment for reproductive disorders, they are more likely to postpone visits to the doctor, against the background of high confidence in their knowledge of prevention and sexual health. Moreover, in some countries, the conversion of a man to a medical institution due to reproductive or sexual disorders is associated in the man himself with low self-esteem and humiliation of male dignity¹¹.

Even in such settings, WHO calls for the formation of patient-oriented public health systems that could remain sensitive in the gender dimensions of male health formation in general, and male reproductive health in particular. It is important to take into account the individual characteristics of the influence of risk factors at different age stages of the formation of reproductive health of a boy, young man and man.

It is important to adhere to gender dimensions in prevention and control programs for the spread of non-communicable diseases among men.

It is possible to take into account the positive experience of East and Central Asia, where protocols for organizing and conducting preventive medical examination of women and children have been implemented and are in force. But at the same time, such a positive experience in order to achieve gender equality would be advisable to expand to the male population, with the coverage of its preventive medical examinations, including the reproductive male sphere.

The introduction of such programs could begin by informing adolescents about the problems of the spread of sexually transmitted infections. At the same time, it is important to take into account the results of studies, according to which the main audience of information and educational robots among adolescents to prevent the spread of sexually transmitted infections, in most cases, are girls, not boys. Moreover, in examining boys' awareness of reproductive and sexual health, it was found that it was the adolescent boys who indicated a lack (from their point of view) of comprehensive information on the use of modern contraceptive methods during organized consultations with medical personnel. Therefore, when planning regional, regional or state programs of this content, it is advisable to take into account the needs of adolescents of boys and boys, their peculiarities of perception of information on reproductive health at this age¹².

It is important that the implementation of such programmes and strategies include comprehensive intersectoral preventive measures,

¹¹ Eurostat (2018e). Health care activities statistics – consultations. In: Eurostat [веб-сайт]. Luxembourg : Eurostat (https://ec.europa.eu/eurostat/statistics-explained/index.php/Healthcare_activities_statistics_-_consultations).

¹² Public Health Agency of Sweden. Sexuality and health among young people in Sweden. UngKAB15 – a survey on knowledge, attitudes & behavior among young people 16–29 years old. Solna Municipality : Public Health Agency (2017).

involving both the public and private sectors of health, education and culture. During the period of health care reform with the priority development of its primary level, it becomes advisable to provide additional education to primary-level physicians in family planning, contraception, and reproductive health.

The experience of the countries in European Region, which managed to ensure the integration of health care institutions working with young people of different ownership, becomes valuable. It turned out that the specifics of working with the younger generation, especially at the primary level, require training medical personnel in the competencies of friendly, partner communication with young men and women at this age. Especially important is the need for an established dialogue (so-called “feedback”) with a teenager in the process of forming his sexual and reproductive health. Changing priorities and lifestyles in society leaves an imprint on the shift in the primary prevention paradigm. Preference is given to evidence-based screening, low-cost and effective interventions available and understandable primarily to young people. For this, it is important to study which information channels today remain important for adolescents, what information for them can become an authoritative opinion. Individual projects attract media people and public figures to this work, whose advice is understandable for adolescents and young people. At the same time, schools, lyceums, educational institutions of secondary special and higher education remain an effective platform for information and educational work, the implementation of programs for the preservation of sexual and reproductive health of adolescents and youth.

The initiatives and efforts of educational programs should be combined by interaction with medical personnel, including the advisory participation of the latter. If necessary, adolescents can be redirected to youth-friendly medical institutions, where, taking into account the gender characteristics of the formation of reproductive health at their age, the presence or absence of individual risk factors, they will be provided with paid, anonymous medical care.

An example of properly organized government initiatives in this matter is the experience of Ireland, whose national program is aimed at protecting male health, the first stage of which began back in 2009. It envisaged the implementation of cross-sectoral initiatives gathered around its first stage, Healthy Ireland: Supporting Men’s Health 2017–2021. International experts praised the results achieved within its implementation. First of all, the conclusions that the implementation of the plans should accurately take into account the gender and national characteristics of the male population are noteworthy. Focusing on the efforts of working specifically with men allows for more real results compared to the implementation of common strategies

in health care. In this regard, the next stages of the program take into account gender specifics from the standpoint of achieving gender equality in the formation of reproductive health¹³.

Experience in implementing WHO strategies in this matter in Germany, on the contrary, demonstrates the effectiveness of attracting specialized medical care, including private clinics, in the correct formation of sexual and reproductive health. The role of family doctors in this matter is not leading, and patients, if necessary, can turn directly to gynecologists, urologists, andrologists and sex therapists, who for the most part work in private health care. It is the urological and venereal clinics in Germany that are the main ones in the diagnosis and treatment of reproductive health disorders. In Estonia, specialized private and state urological and gynecological clinics, specialized departments of hospitals, maternity hospitals are also involved in the diagnosis and treatment of infections transmitted by sex. Independent youth reproductive health centers have also been set up, where youth care is provided free of charge and all costs are covered by a special health insurance project or local government fund due to lack of insurance. The situation remains similar in Belarus, where medical assistance in the field of sexual and reproductive health is provided only by narrow specialists in clinics and even hospitals in terms of profile. At the same time, such medical care is completely free for citizens of Belarus¹⁴.

Portugal's health system can be an example of primary care's leading role in the prevention, diagnosis and treatment of virtually any sexual and reproductive disorders, including counseling: on family planning; to control the spread of sexually transmitted infections; monitoring a healthy pregnancy; on antenatal care.

Primary Health Care Centers, together with Portugal's network of youth centers, provide free medical and counseling assistance in the area of reproductive health preservation for young people. If consultation or treatment is necessary, a referral is given to a specialist, since the practice of interaction of Primary Care Centers with Family Planning Centers, youth centers of general health, multidisciplinary hospitals of the Portuguese Youth Institute is generally accepted¹⁵.

¹³ Richardson N., Carroll P. Making men visible in health policy: lessons learned from Ireland's national men's health policy. *Eur. J Public Health*. 2017. V. 27 (3). P. cxx186.140. https://academic.oup.com/eurpub/article/27/suppl_3/ckx186.140/4555760

¹⁴ Elgar F. J., Pfortner T., Moor I., Clercq De B., Stevens G. W. J. M., Currie C. Socioeconomic inequalities in adolescent health 2002–2010: a time-series analysis of 34 countries participating in the Health Behaviour in School-aged Children study. *Lancet*. 2015. V. 385 (9982). P. 2088–95.

¹⁵ Promundo (2018). International Men and Gender Equality Survey (IMAGES). In: Promundo [веб-сайт]. Washington (DC): Promundo (<https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images/>).

For the preservation of reproductive health, including for men, Swedish health care also relies on a well-organized primary health care delivery system. Work to prevent reproductive health disorders is carried out by midwives of the Centers for Obstetrics and Primary Care, whose competence includes these functions. Their provision of medical care to the able-bodied population of the country includes counseling on family planning, the use of various methods of contraception, pregnancy testing, antenatal examinations. At the same time, the detection and treatment of sexually transmitted infections takes place in specialized (urological, gynecological) clinics, polyclinic and inpatient departments of the corresponding profile. Beginning in the 60s of the twentieth century and today, Sweden remains one of the countries in Europe, with the most developed network of Centers for the Preservation of Reproductive Health of Youth, which are organizationally part of the structure of Primary Care Centers, providing medical services on a fee-free basis. These services are so in demand that according to the results of surveys conducted among the youth of this country, 80.0 % of girls and at least 17.0 % of boys visited such a center at least once in their lives^{16, 17}.

In most cases, reproductive health care is provided to women. The provision of similar services to men of different ages has significant regional characteristics, are completely non-systemic, and do not comply with the principles of gender equality, as confirmed by the conclusions of many international studies. Perhaps in this way, social movements and organizations are becoming more and more popular, which join the efforts of the public to promote men in the preservation of reproductive health, responding to changing risk factors and the conditions for its formation. Examples of such social movements are Men's Shed, whose first branch was established in Australia in 1998, and later in Ireland (in 2011), and since 2014 in Canada, Spain, Great Britain and other European countries. The values of this male movement remain "leadership, equality, openness." The stated tasks are implemented through the involvement of men of different ages and professions in projects to popularize a healthy lifestyle in their environment, promote health, and overcome gender barriers to limiting the availability of health care services, including the preservation of sexual and reproductive health.

¹⁶ Promundo (2018). International Men and Gender Equality Survey (IMAGES). In: Promundo [веб-сайт]. Washington (DC): Promundo (<https://promundoglobal.org/programs/international-men-and-gender-equality-survey-images/>).

¹⁷ Elgar F. J., Pfortner T., Moor I., Clercq De B., Stevens G. W. J. M., Currie C. Socioeconomic inequalities in adolescent health 2002–2010: a time-series analysis of 34 countries participating in the Health Behaviour in School-aged Children study. *Lancet*. 2015. V. 385 (9982). P. 2088–95.

The number of similar functions and interactions in the male environment of public organizations is growing. According to the results of the recently published report, there were 241 organizations in the countries of the European Region, 78 % of which were non-government.

The interaction of such male community organizations with public health services has been effective, especially in consolidating efforts to support men, including psychological, organizing various kinds of advice to them. The active activities of these public organizations (Men's Health Forum in Ireland, Great Britain, Men's Health Society in Denmark, Men's Health Foundation in Germany, Men's Health Forum in the European Region) help in supporting scientific research, promote medical and educational preventive programs for the preservation of men's health, including their sexual and reproductive health. For example, on their initiative, the World Men's Health Week is held annually in June. Charitable contributions from the combined activities of these public organizations are directed to the fight against male genital cancer (prostate, testicles) and the prevention of mental disorders in men (the activities of the Movember charitable foundation). Another example of a united active social activity is MenEngage Europe, which consolidates the efforts of more than 25 public organizations in Ireland, Spain, Kyrgyzstan, Russia, Malta, Finland and other countries of the European Region on the united platform of the same name MenEngage, in order to prevent gender inequality and violence in society in general, in particular, when implementing measures to preserve the reproductive and sexual health of men and women.

CONCLUSIONS

Thus, the results of our study showed that despite the existence of active initiatives and strategies of WHO to preserve the reproductive health of men, in most countries of the European Region, as in the world, there are no regional programs gender-oriented on the problems of preservation and promotion of reproductive health, taking into account the peculiarities of its formation in men. Studies of risk factors for sexual and reproductive health disorders in men of different ages remain relevant. At the same time, there is a certain activity of the social movement in the world aimed at preserving the health of men, including its psychological and reproductive components. The above makes it possible to conclude that the provision of medical services for the preservation of sexual and reproductive health in terms of its formation in men is just beginning to develop in most European countries. Until recently, the preservation of reproductive health in regional programs was associated with the preservation of the health of women of childbearing age and children, as indicated by indicators of the effectiveness of their implementation. Ukraine, as a country in the European Region, should form

its strategy for preserving the reproductive health of men, taking into account the positive experience of different countries of the world in the development of this area, since it is this problem that will be extremely relevant in the near future of the country's recovery from the war.

SUMMARY

Global initiatives of the WHO, the World Bank, the UN, supported by developed countries of the world and countries of the European region in terms of preserving the health and well-being of the population, including by ensuring equal access to health system services. Health itself is recognized as the highest value in a developed civil society. The last international initiatives that were supported by most countries of the world were ensuring the right of every person to make an informed decision on their own reproductive health, overcoming gender inequality in the availability of the right to have the maximum attainable level of reproductive health, equality in the ability to use public health services. In modern conditions, the demographic, socio-economic crisis in the world for the countries of the European region and Ukraine, in particular, the search for ways to preserve the reproductive health of men remains relevant. The paper presents an analysis of regional results of implementation of WHO initiatives in this direction. The feasibility of intersectional impact on different segments of the population is substantiated, taking into account the peculiarities of formation of reproductive and sexual health of men of different ages. The studied experience of the implementation of measures involving the public health system, public organizations, educational institutions, as a platform for communication with boys teenagers, young men and men of reproductive age, indicates the appropriateness of taking into account the peculiarities of perception of information by men of different ages and their passive attitude to their own health, preventive diagnostic services. The development of programs with the systematic implementation of measures at all levels will combine the efforts of institutions of state and non-state ownership around the solution of the problem of preserving the reproductive health of men.

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