

Mission:

To build a network of international workforce, mobilizing communities to be self-sufficient, executing effective and efficient assessments, feasibility studies, and implementing projects for the complete physical, mental and social wellbeing of all.

—Optimal Wellbeing.

What do we do?

A-Kins Analysts and Project Managers, a minority woman owned community based small business, is a specialty provider of Health Consulting Services including:

- Health Care Advisory & Support Services
- Health Care Strategic Plans/Project Management
- Business Plan Development/Financial Resource Planning/Analysis

.....Health Care Systems Development; Research; Analytics; and community based social determinants of health -Economics.

"Successfully implementing challenging projects in challenging places".

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Africa: A Sustainable Economy, Means a Sustained Health Care System.....

Men's Health in Africa



African Men: A Sustainable Health Care System

*The Mandate of the
African Man:*

*"Protect the Land, the
People and the
Societies, that is, our
heritage".*

**The African mandate to
African men is to protect
the Land, the People, and
the Societies.** The more

men in the household, the better the protection of the land, the people, and the societies, to which they belong i.e. their heritage. Hence, the great need for African Men to have male children.

The African man is seen as the head of the household. In order to be strong and healthy, African Men and their sons often get the best plate of food in the house. African Men are fed to be strong, working-the-land, "Ọmọ Onílẹ̀" -as sons of the soil/land (Oní-lẹ̀), so they can provide for the household. While the men of

the house, are out all day working, to provide for the family, the women take care of the household, the home front. This is often misunderstood in some cultures, as the women being the head of the household, but it is not the case. Men are the head of the households, even when men are out, home

en still celebrate the return of their men with good food and good rest. They feed their sons and wish them good health for the journey ahead; but the men, they seem to have forgotten the charge of our forefathers: "Protect the Land, the People and the Societies, -that is, our heritage". *They have forgotten how to be good providers, in the new world.....*



Broken Men.....

The Healthy African Man is one whose heritage is not far from his heart. He keeps the aged culture of protecting the

protecting the Land, people and societies, for extended periods of time. Upon the return of men and their sons, to the households, the women of the household celebrate their home-coming, providing good food for their men and sons to eat, be strong, and healthy. The men are left alone to rest. **They do work hard!**

Today, the traditions have continued, but with a little tilt. The women still hold the fort in the households, when their men and sons are gone. Wom-

*In order to raise
healthy Black Men in
the world, one must dig
deep, and learn from
Africa.*

land, his family, and transfers the rich-wise heritage cultural values, engraved like aged-stone on his heart, to the children in his household.

The health of the African Man begins at the "homeland", with the "family-people", and the "heritage/cultural value-societies. Even though the African culture poses African

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Men as hard-hearted, the healing of their bodies actually begins **“at the engraved stones, in their hearts”**. So, African Men’s health can be linked to their heart, and ultimately, their bodies and souls/mind follow. Healing the heart of the African man, is the **first step in African Men’s health**.



The African man is lost in this world when he forgets his heritage, in-printed upon his heart. He stops protecting his family/community and has no homeland to call his own. His heart begins to fail, and so does his health. When the health of African men fails it becomes a heavy burden, as many lives in the household depend on one shoulder. The women have stepped-in, holding the fort in the households and providing for the families, at the same time.



The African households would like to celebrate African Men once again. The homecoming of men who protect the Land, the People, and their Heritage/Cultural Societies. Do Afri-



Do African Men
protect the land,
.....is the Land
protected and tilled,
bearing its fruit in
its season?

Do African Men
protect the people,
....are the families,
households and
communities
protected, and are
the women and
children safe?

Do African men
remember their
heritage, the
societies of cultural
values,.....do they
transfer the rich
wise inherited
culture to the
Children, preparing
them for the
future?

can Men need mentors to teach them of these aged mandates or have they left their values in the fields of the world?

The social norms and instincts of an African Man is to “Protect the Land, the People and the Societies”, that is his heritage. These instincts, give African Men behavioral norms that are different from other men. **These behavioral norms are in-printed on their hearts like aged stones and are in their genes.** The norms may not fit into other societies, cultural norms, and situations African Men may face throughout life. The African man fails in these new societies and new communities, because his in-print instincts are constantly being tamed to conform to other social norms that do not fit the in-print mandate upon his heart: “Protect the Land, the People and the Societies”, that is, his heritage.

Some of the new society/community norms, in the world today, in a haste to understand African Men, have placed them in various **psychological boxes**, all

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through life; in an attempt to make African Men fit in the *-new world, new communities, and new societies*, they find themselves in. **One must remember, there is a whole continent of African Men, in Africa.** These men are functional in their own skin, and on their own land, "Protecting the Land, the People and the Societies". Psychological boxes do not play a role in raising African Men in the continent of Africa. So, why are they used to raise Black Men in other continents?

Every survival instinct in black men has its place in each society. Raising young African Men, to conform to the new society they find themselves in, does not warrant *psychological boxes*. Other Men in the world are also placed in several *psychological boxes*. These boxes should be studied, but **prevention should prevail.**

Prevention in Men's health begins with a fine balance between the Ego and the heart of Men, where the aged-stone heritage is in-printed!

Men's
Behavioral Health
Prevention:

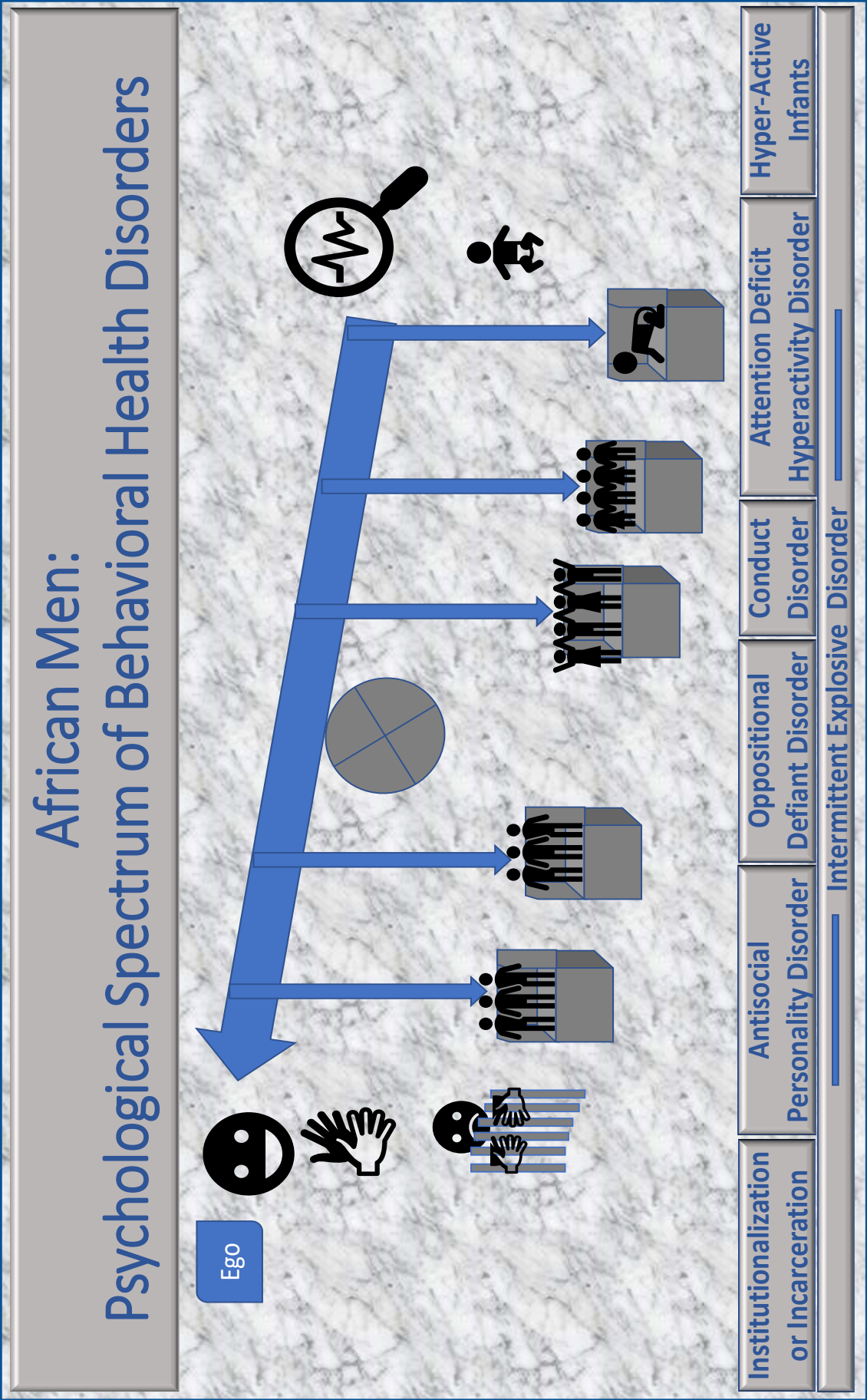
....A fine balance
between the Ego and
the heart of Men!

Behavioral Health Disorders in African Men/Black Men.

When a child is born, most of the time, the race of the child is defaulted to the race of the mother, except when the child comes out black. The black child is classified as black based on his color. **The black child is raised in the new world system, with the notion that black children are hyperactive, and difficult to teach.** Most black children are living their in-printed instincts to be inquisitive and learn from the environment. **They are active, strong children, with strong will; that is, they know what they want at an early age, and go for it.** These behaviors are their coping skills, *survival instincts* -In-printed upon their hearts. These coping skills are often misinterpreted as: "stubborn"

-strong-willed, "uncontrolled" -they know what they want, and they go for it, "hyperactive with a lack of focus"-learn-better-by-doing, by activities. It is no surprise that when the black child is given a sport, hands-on, or speech project, at school or work, they excel more than their peers. This is how black children learn, and cope with the new society/new communities, they now find themselves in, all over the world **-Acculturation.**

Once black children become old enough to know what is right-from-wrong, and go to school, they are often classified as: distracting, talkative, not keeping their hands to themselves, lacking in focus, and one with poor attention span, in the class. These smart children are tamed and placed in the psychological box- **"Attention Deficit Hyperactivity Disorder"**, before the age of 12years. This is done in order to save the class from being distracted by the active, talkative, hands-on black children. Most black children do learn best this way. They are then placed on medication to **"calm-the-nerves"**, so, other children



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can focus and learn in the classroom. The medication makes these children fall asleep, and become less engaging in the class; becoming frustrated children, in the school system, they find themselves in. Those children whose parents refuse medication, get a visit from the social worker.

Out of frustration, the black children **“act-out”**, more often than not, and before the age of 15 years, they are placed in yet another psychological box - **“conduct disorder”**. This disorder is also added to their names. In an attempt to be heard, they act on their strong-will, and yet, another psychological box, **“Oppositional Defiant Disorder”** is also added to the list, at the end of their names. By the time they graduate high school, they have had more detention time than any average man, in his lifetime. These black children are set up for a tough adulthood, from the age of 18 years.

By 18 years, any other “brush with authority” earns the black child an automatic,

Men's
Behavioral Health
Prevention:

....Flex Schools for
young active minds!

Men's
Behavioral Health
Prevention:

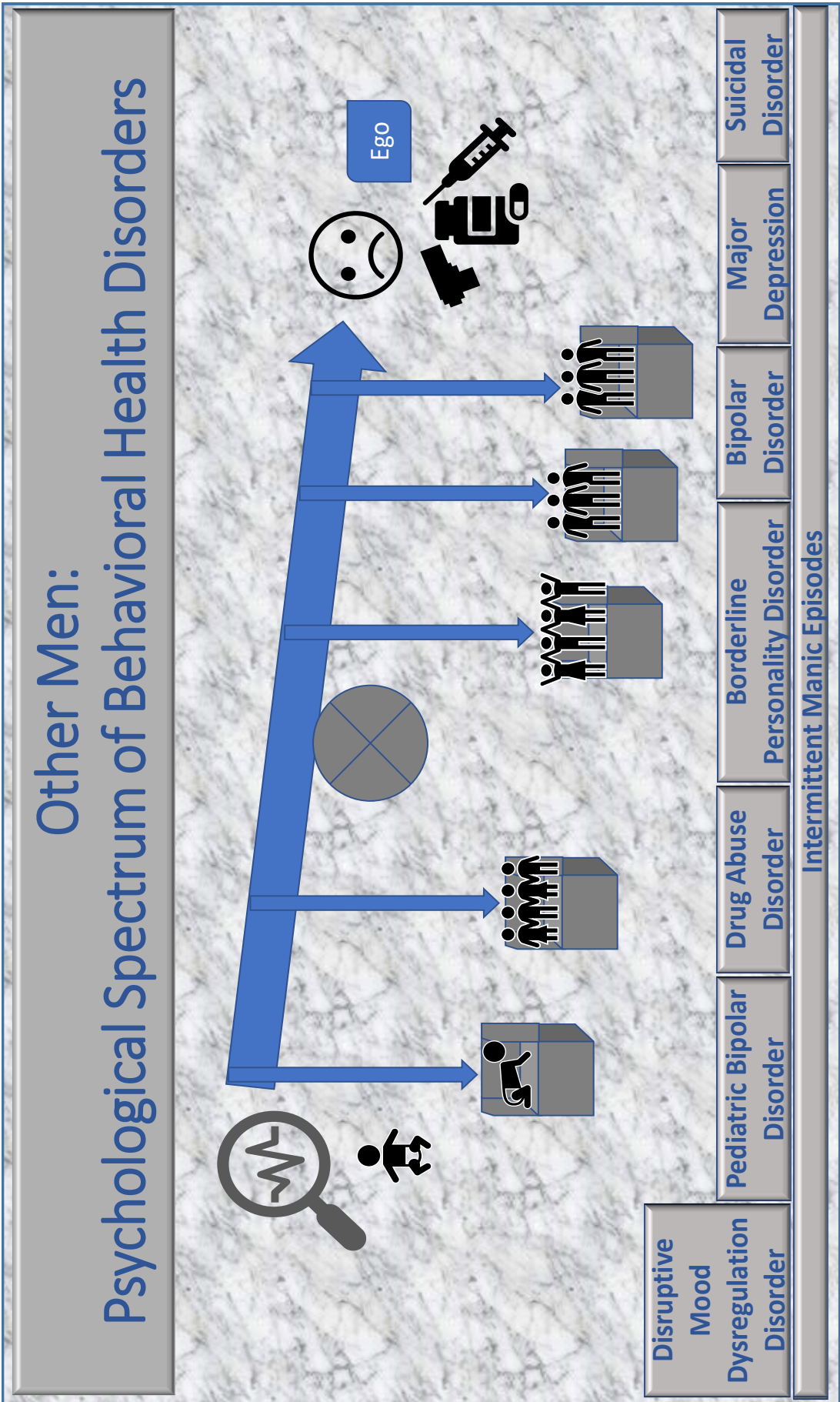
As sports is to
physical health,
life coping skills
is to mental health!

psychological box placement, **“Antisocial Personality Disorder”**; because of the array of disorders already listed at the end of their names, while in the school system. This makes it easy for law enforcement to pick black young men up at the age of 18 years for minor offenses, and get them detained, institutionalized, or incarcerated, *-easily justified* - by their array of school-tract-records, the behavioral health disorders, listed at

the end of their names, and earned, over years of being in the new world-school systems.

I propose **Flex Schools**. Having grown up in Africa, I have seen whole nations raise black men, and lead them through successful careers, without psychological boxes coming to play. I have seen African children learning by being them-selves, not having to change their outward nature, or learning mode, for the sake of “the class”. These are brilliant children who learn very fast and often become bored, waiting for the class to move to the next topic. They often get into trouble, while they wait for others to catch-up.

In these Flex Schools, there will be various modes of learning, not just one-for-all. The children can learn at their own pace. They will be allowed more independent learning, as a challenge, reducing boredom at school. Flex school also avails children spots, a way to help children spend-energy, and develop the ability-to-focus. The new world school systems have however scraped



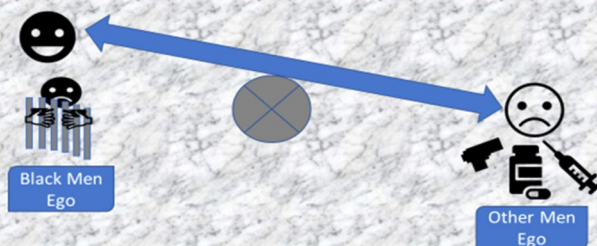
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recess and physical education in most schools, killing learning and focus for many African Children. In the Flex schools, children will be given the opportunity to learn to cope with the new societies, new communities, and situations they find themselves in, in the new world. Learning coping skills, and how to behave in the community at their own pace, without psychological boxes, helps build self-esteem, and what the new world expects of black children, with no prejudice.

Behavioral Health Disorders in Other Men

Other children also get placed in psychological boxes! I believe most of these boxes are missed in the early stages. These boxes, if discovered and prevented early, could help prevent devastating outcomes in the future.

African Men's Health: Prevention



Men's Behavioral Health Prevention:

Are all young black men hyperactive?...No!

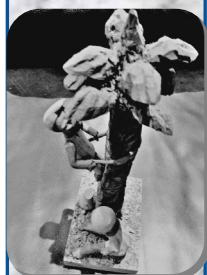
Are all other young men depressed:...No!

When a child is born, most of the time, the race of the child is defaulted to the race of the mother. So, when a child is born, the mother is asked for her race and the child is defaulted to this same race. The in-print on the young child's heart, often driven by the developing-ego is quite different from that of African children. African children are

more outspoken, and more active. At a very early age, the children (in other men category) are placed in a **Disruptive Mood Dysregulation Disorder** psychological box, because of their lack of

expression. They act-out in elaborate fashion, that exceeds expected age, and is in excess expectation-of-action, for the situation at hand. These act-out events often occur when nothing goes the child's way. The child shows signs of lack-of-ability-to-cope with certain situations, before the age of 10 years. The child is really deficient in talking-about-feelings, and situational coping skills begin to fail. These disorders are usually seen in these children, in situations where things do not go their way. With impaired expression, and lack of ability to talk through situations, or learn to cope, the child (in the other men category), starts showing signs of irritability, and frustrations in life, before the

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age of 18 years. This child is now placed in the **Pediatric Bipolar Disorder** psychological box. This disorder is very-high-risk for drugs. These children often turn to drugs for coping, the **-Drug Abuse Disorder** psychological box. The child who turns to drugs in order to get through tough low-times in life, often ends up having **Borderline Personality Disorder**, yet another psychological box. These children have "highs" in life when all goes well, and they cope with "lows" in life, by using drugs, when all is not well. They quickly become Bipolar **-Bipolar Disorder**, another psychological box, having *multiple swings of "high and low"* moods, lasting short intervals of time period. They intermittently cope with these "highs and lows" period of their life, by using drugs.

As young adults, the children (in other men category) become very high risk for **Major Depression** and **Suicide**. If these psychological boxes were never discovered or prevented, they

Men's
Behavioral Health
Prevention:



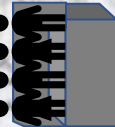





*The measure of one's
Manhood is really not
in age, but in the
ability to cope,
"in"
adverse life
situations.*

may harm themselves or others. Hence, the increase in school shooting, and mass shooting, we see in US today **-Intermittent Manic Episodes**, an *-extreme end*. There is a need for mental health programs in the school systems. As sports is to physical health, life-coping-skills is to mental health!

African Men: Home/Land and Psychological Spectrum of Behavioral Health Disorders. For young African men, one must review the mandate of the African Man, and Black Men, all over the world. Mandates, written upon their hearts, in order to bring healing to their body,

soul, and minds. **Starting with homeland, "Omọ Onilé"**. In Africa, a child is born to the land. It is said that the soul of one, is attached to the land, one's homeland. Healing for the African Men begins with a sense of belonging to the land they call home. This is a part of the heritage teachings, and the heritage tales and songs all African children learn. It helps to bring stability to the life of a child, **"the knowing of belonging"**, one's Homeland Heritage. A sense of security, that is, a knowing that even when all falls apart, this land, that one's soul is attached to, stands surely, as one's land. It encourages the young African child to work hard at preserving the land he owns. Building on the land, is a constant dream, all through life, for the African child. A goal to aim for, and focus on, while one grows, from a child to a young adult. **A sense of ownership** helps with the African child's self-esteem, as equal owners in the land they call home, with liberty and justice for all.



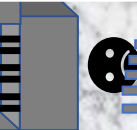
<div>       </div> <div>   </div> <h1>African Men: Home/Land & Psychological Spectrum of Behavioral Health Disorders</h1>					Prevention is Now!		
Behavioral Health Disorders		Old World (15 th -18 th Century)	New World (19 th -Millennium)	Black Heritage/Culture			
Hyper-Active Infants		A Child is Born to Landowners	A Child is Born to a Home	A Child is Born to the Land. The Soul of the Child is attached to the Land	Giving Children a Sense of Belonging, in the Land they Duel in, and Call Home		
Attention Deficit Hyperactivity Disorder		"Children learn the Land" by playing in it	Children learn to Rest at Home	Children learn the Folk-Tales of the Land by Play	Giving Children a Sense of Stability in the Land they Call Home		
Conduct Disorder		"Children learn the Land" by Safely Dueling in it	Children learn to make the Home their Safe Haven	Children learn the Heritage/Cultural Values of the Land by Doing	Giving Children a Sense of Security in the Land they Call Home		
Oppositional Defiant Disorder		"Children learn the Land" by working it	Children learn to keep the Home	Children learn their Role in the Land by Serving the Community	Giving Children Preservative Roles in the Land they Call Home		
Antisocial Personality Disorder		"Young Adults learn to Own the Land" by working it	Young Adults learn to Own/Rent a Home	Young Adults Learn to work with Elder Mentors, Building the Land, Community by Community	Giving Young Adults the Power to Preserve, Secure, and Build the Land they Call Home, Community by Community		
Institutionalization or Incarceration		"Young Adults learn to Own the Land"	Young Adults learn to Make a Home	Young Adults are Accepted into Traditional Marriage Institution of the Land and Their Traditional Heritage/Cultural Role, as Landowners	Giving Young Adults Ownership of the Land they Call Home. Accepting them as Equals in the Land they Own, with Liberty and Justice for All		
Lack of Understanding or Being Heard Leads to = Intermittent Explosive Disorder							



African Men: People, Family/Community & Prevention is Now!				
Psychological Spectrum of Behavioral Health Disorders				
Behavioral Health Disorders	Old World (15 th -18 th Century)	New World (19 th -Millennium)	Black Heritage/Culture	Prevention is Now!
Hyper-Active Infants	A Child is born into his community	A Child is born into his Family	A Child is born into his Heritage within His Community	Initiatives to Keep the Family Unit Together within <u>Communities of Families</u>
Attention Deficit Hyperactivity Disorder	Children are Raised by their Families	Children are raised by their Families and the Local Government School System	Children are raised by the Community, in Heritage/Cultural Age-Groups	Initiatives for the <u>Community and School Systems</u> to <u>Support Young Families</u>
Conduct Disorder	The Community Determines the Conduct	The Law Enforcement Government Agency, and the School Systems, Determine the Conduct	The Cultural Values Determines the Conduct	<u>Community Support Children with an understanding of Stressor Factors Causing Conduct Disorders, and attempt to remove Child from the Stressors, by Giving Children Some Form of Stability</u>
Oppositional Defiant Disorder	Same as above	Same as above	Same as above	Same as above
Antisocial Personality Disorder	Community Sheriff/Jail	Government Adolescent Detention Center	Young Adults in Role Orientated Mentorship by Elders	<u>Community Paid Apprentice Workshops/College Scholarships</u>
Institutionalization or Incarceration	Jail	Jail	Community Supports young Families Accepted into the Marriage Institution, with Cultural/Heritage Roles and a Trade	<u>Community Supported Small Businesses/Jobs</u>
Lack of Understanding or Being Heard Leads to = Intermittent Explosive Disorder				



African Men: Society, Heritage/Cultural Values & Psychological Spectrum of Behavioral Health Disorders



Behavioral Health Disorders	Old World (15 th -18 th Century)	New World (19 th -Millennium)	Black Heritage/Culture	Prevention is Now!
Hyper-Active Infants	Family Birth Attendant	Prenatal Clinics	Maternal Care by the Community According to the Cultural Heritage	<u>Prenatal Care and Support by the Community</u>
Attention Deficit Hyperactivity Disorder	Children are Separated from Adults and raised by their Family Nannies	Pre-School	Children's Folk-Tale Groups, Learn Cultural Values by Play	<u>Pre-School Flex for those Children who Learn by Doing or have Stressor-Coping Skill Needs</u>
Conduct Disorder	Home School or One Classroom for all Pupils in the School	Elementary/Primary School	Pre-Puberty Cultural Value Group, Learn Cultural Values by Doing	<u>Elementary/Primary School Flex for those Children with Social Needs/Learning Stressor-Coping Skills</u>
Oppositional Defiant Disorder	Apprentice/Workshops	Middle/High School or Secondary School	Puberty Cultural Value Group, Learn Cultural Values by Role Orientated Activities in the Community, in order to Gain Acceptance into Adulthood	<u>Middle/High Boarding Schools, (Taking the Children Away from Stressor/Offensive Situations in their Families or Communities)</u>
Antisocial Personality Disorder	Apprentice/Workshops	College	Young Adults working with Elder Mentors in order to build the Community	<u>Re-Introducing Young Adults into the Community, with Fully Developed Coping Skills for Apprenticeship/College</u>
Institutionalization or Incarceration	Work/Jobs	Work/Jobs	Acceptance into Traditional Marriage Institution and Traditional Heritage/Cultural Role Institutions or a Trade	<u>Acceptance into the Community as Equals, with Liberty and Justice for All</u>

Lack of Understanding/Lack of Being Heard, Leads to = Intermittent Explosive Disorder

African Men: A Sustainable Health Care System

African Men: People, Family/Community and Psychological Spectrum of Behavioral Health Disorders. A child is also born into his community, through his family. "My people, my family and my community" cannot be separated from the African Child's soul. **It is like taking his soul out of his body, while he is yet alive.**

A community with broken families (i.e. when at war), adopts the-community-of-families, to take over the upbringing of the children. Hence, in an African community, no child is left behind! All children are cleaned, fed, taught their cultural values and their heritage. They have a stable-upbringing within the community, even though their family may be broken as -omọ ọdọ (as the child who has come to dwell with us). They are also given their inheritance, their land, in due time. It is believed that every child belongs to the land, and has equal rights, to exist within the community, the land. **Young families with young children are always supported and encouraged within the communities.**

Children in families with stressor factors are often removed from the stressor situations and given to other families, within the community, or other community members to raise. This gives the children affected, a sense of **"stability"**, while being raised. Young men within the community are linked to cultural mentors and also trade apprentice mentors, with the aim to get them in a trade as young adults, preparing to have young families of their own, within the community. This gives the young men a sense of community ownership, a sense of belonging, while they contribute to the building of the economy of their community. **All of the apprenticeships are paid, so, the young men, can save up for their marriage.** In due time, the young men become young adults with their own young families, contributing to the upkeep and economy of the community.

These young men are welcome into the traditional institute of marriage, with respected elder mentors by their side. They also have trade mentors -apprentice mentors, who help them with

the success of their new trade or business. **These mentors are by the young men's side, during the adversities that may come their way through-out life.** The young men become matured, learning coping skills and long-suffering for their families, along-side their community and trade mentors.

African Men: Society, Heritage/Cultural Values and Psychological Spectrum of Behavioral Health Disorders. When a woman is with child, the community goes out of its way to make both mother and unborn child comfortable, they hold them, the mother and unborn child, sacred! This is our cultural heritage. Maternal prenatal care is implemented by the community. A child is known to be born to the cultural heritage of his people -family, community, and the land. All children are placed in age-groups for heritage/cultural learning. The learning starts **-At Play**. Children learning folk tales, songs and dance, by their mother's feet, and then, out in

African Men: A Sustainable Health Care System

the community, by age-group activities –**By Doing**. Adolescents and young Adults learn –**By Role Orientation Methods**, within the community. Learning a desirable trade via apprenticeship. At the end of the apprentice-mentorship, the young adult is graduated and introduced to the marriage institution. There, the men are thought how to be the heads of the households and likewise, the women, how to make a home and be a wife.

Young men graduate with a sense of ownership, and a sense of self, **“who they are, and what their heritage is”**. The status of every man within the community, and their career path is clear. Each man is once again linked to a mentor, learning coping skills, alongside his mentor through life, and then goes on to be a mentor himself, and life goes on in cycles.....

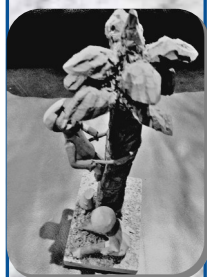
Dividing Africa into three, one can easily see where the needs are by population density. One can compare health outcomes of African Men and associated social determinants of health i.e. poverty level, and economic development or trade. The North Sub-Sahara or North of Africa comprise of Tunisia, Egypt, Libya, Algeria, Morocco/ Western Sahara, and Mauritania nations. The South is known as South of Sub-Sahara or South of Africa and comprise of Angola, Botswana, Namibia, Zambia, Zimbabwe, Mozambique, Malawi, Madagascar, Mauritius, Eswatini, Rwanda, Swaziland, Lesotho, South Africa. The Mid Sub-Sahara comprise of all other African Western, Eastern and Central nations (please see maps below).

The population estimate of Mid Sub-Sahara Africa is about 1 billion; North Africa follows with about 225 Million, and South Africa, about 65 Million population. About 49% of the population are Male in each of the three regions in review. The me-

dian age of each the three regional populations, that is, the age at which the population is divided into two equal halves, is 21years in both Mid Sub-Sahara Africa and South Africa. In these two regions, the estimated life expectancy of males is 61 and 60 years, respectively. While North Africa has the median age of 26 years, and the life expectancy of men is 71 years, 2018.

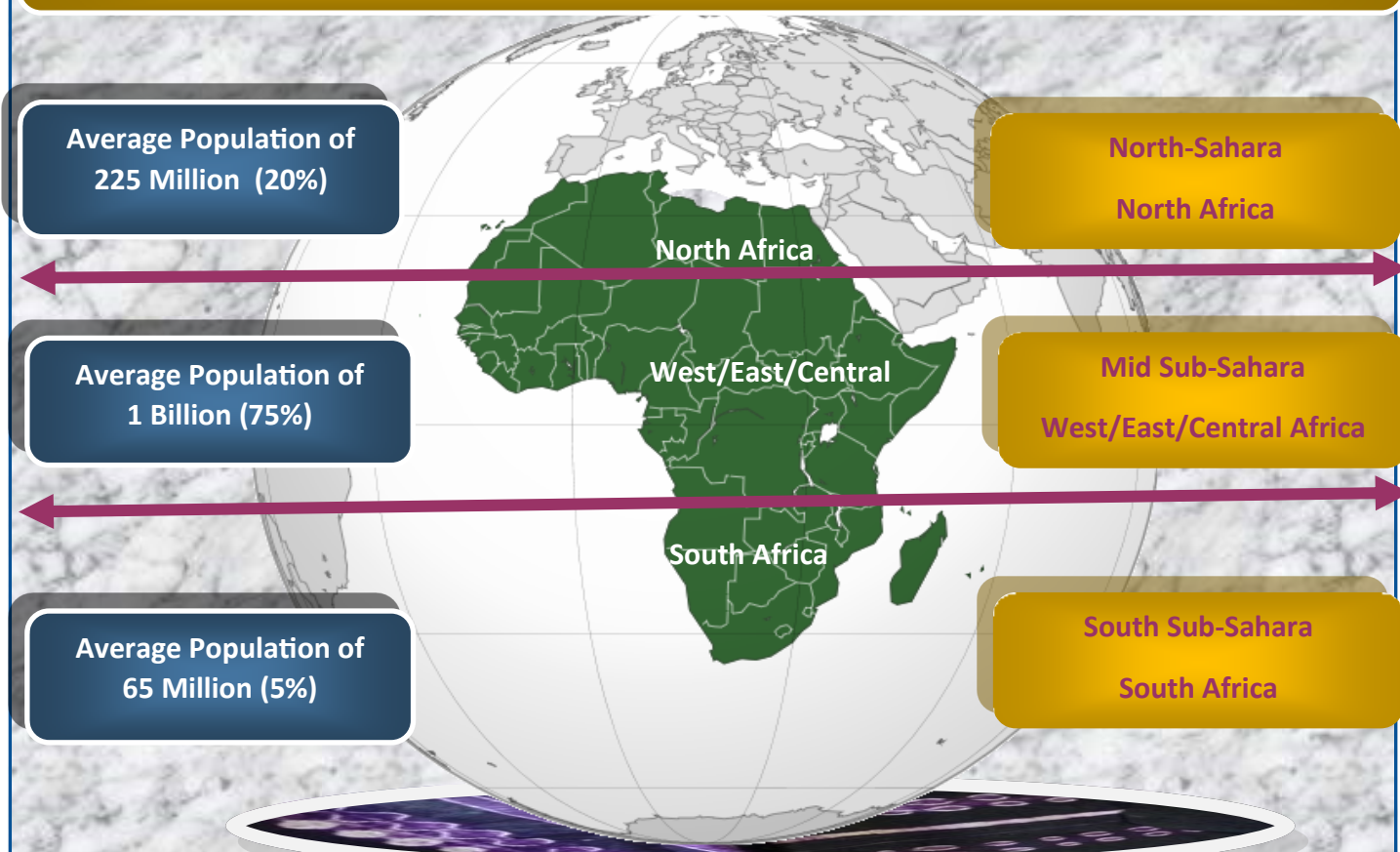
Top 3 causes of male deaths in Africa are often classified into unintentional accidents, including motor vehicle accidents; blood disease/ infections, including malaria; and other chronic cardiovascular diseases, like hypertension.

Life expectancy is directly correlated with economic situation in Africa, as cost of health care is directly correlated to poverty line. Poverty line is a proxy to economic situation in Africa. Therefore, it is important to understand that the life



African Men: A Sustainable Health Care System

Dividing Africa into 3 & Estimating Population



US African American Population, 2018: 4,384,043.5 (13.4% of US population)
US African American Male, 2018: 2,156,949.4 (49.2% of US African American population)

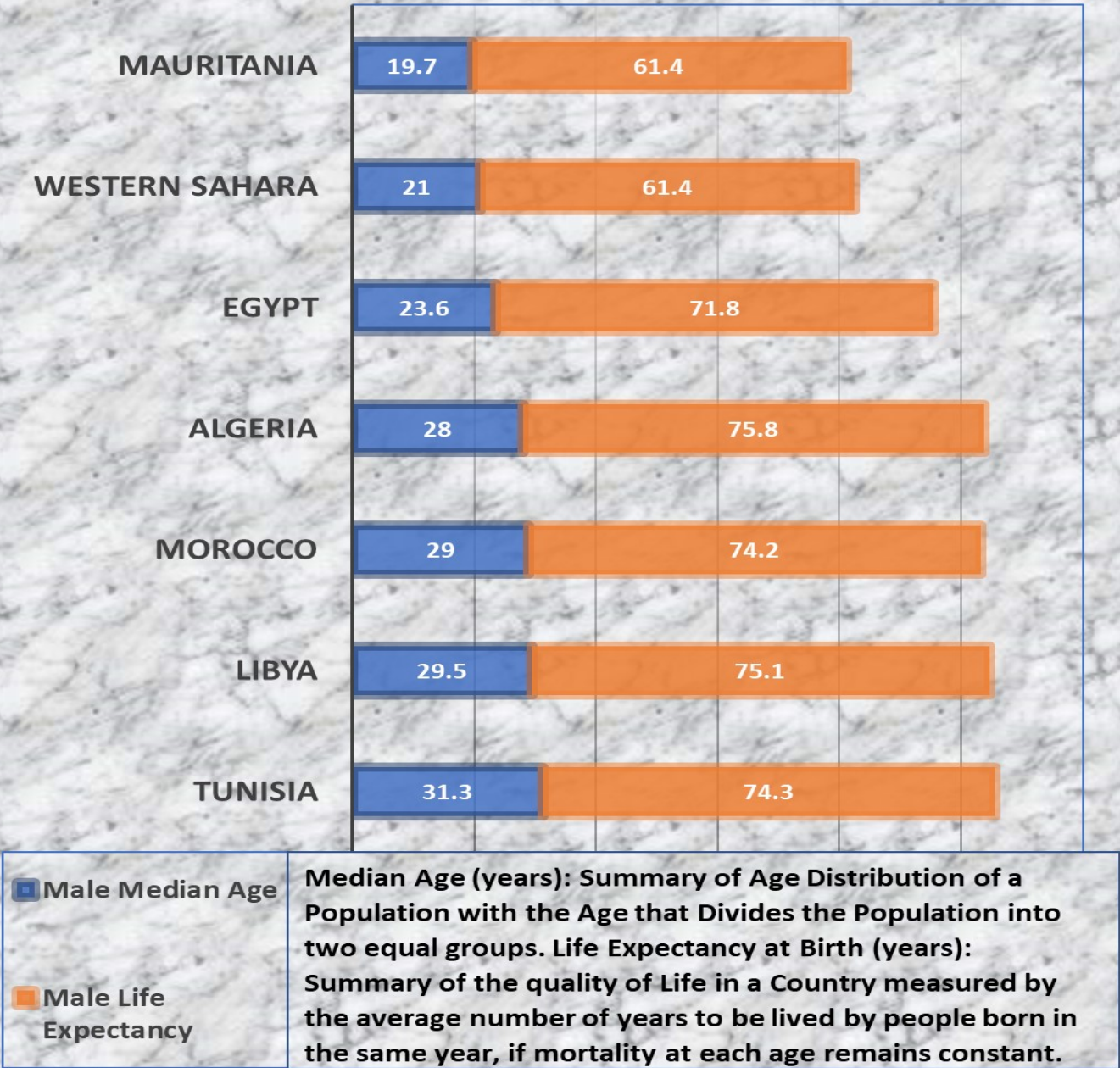
**For the purpose of this comparison analysis,
Africa is divided into 3: North-Sahara, Mid Sahara and South-Sahara.**

The North Sub-Sahara or North of Africa comprise of Tunisia, Egypt, Libya, Algeria, Morocco/Western Sahara, and Mauritania nations. The South is South of Sub-Sahara or South of Africa and comprise of Angola, Botswana, Namibia, Zambia, Zimbabwe, Mozambique, Malawi, Madagascar, Mauritius, ESwatini, Rwanda, Swaziland, Lesotho, South Africa. The Mid Sub-Sahara comprise of African Western, Eastern and Central nations.

References: US Central Intelligence Agency -CIA
<https://www.cia.gov/library/publications/resources/the-world-factbook/>

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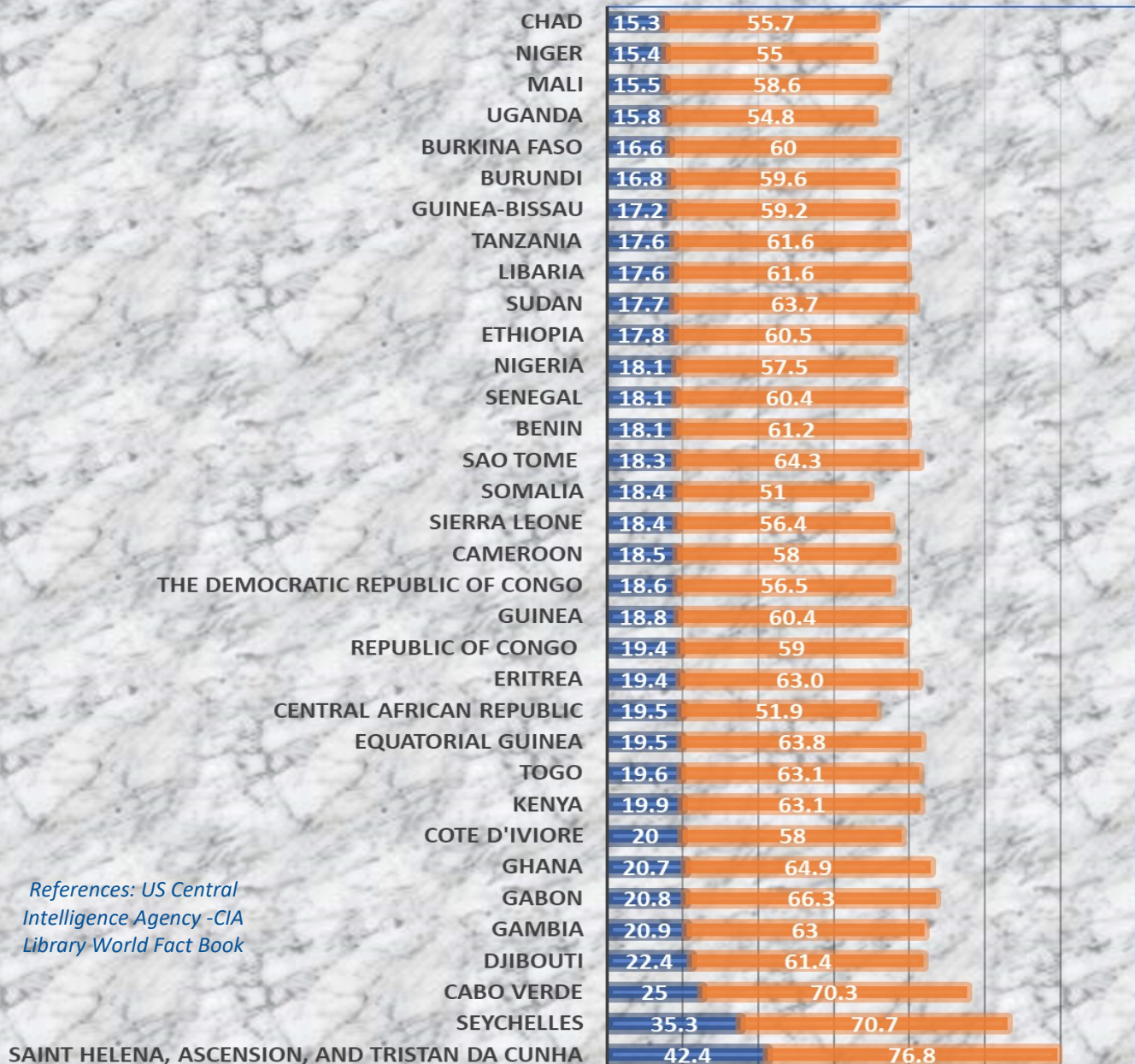
North African Men: Median Age and Life Expectancy at Birth, 2018



References: US Central Intelligence Agency -CIA Library World Fact Book

African Men: A Sustainable Health Care System

Mid African Men: Median Age and Life Expectancy at Birth, 2018



References: US Central
Intelligence Agency -CIA
Library World Fact Book

■ Male Median Age

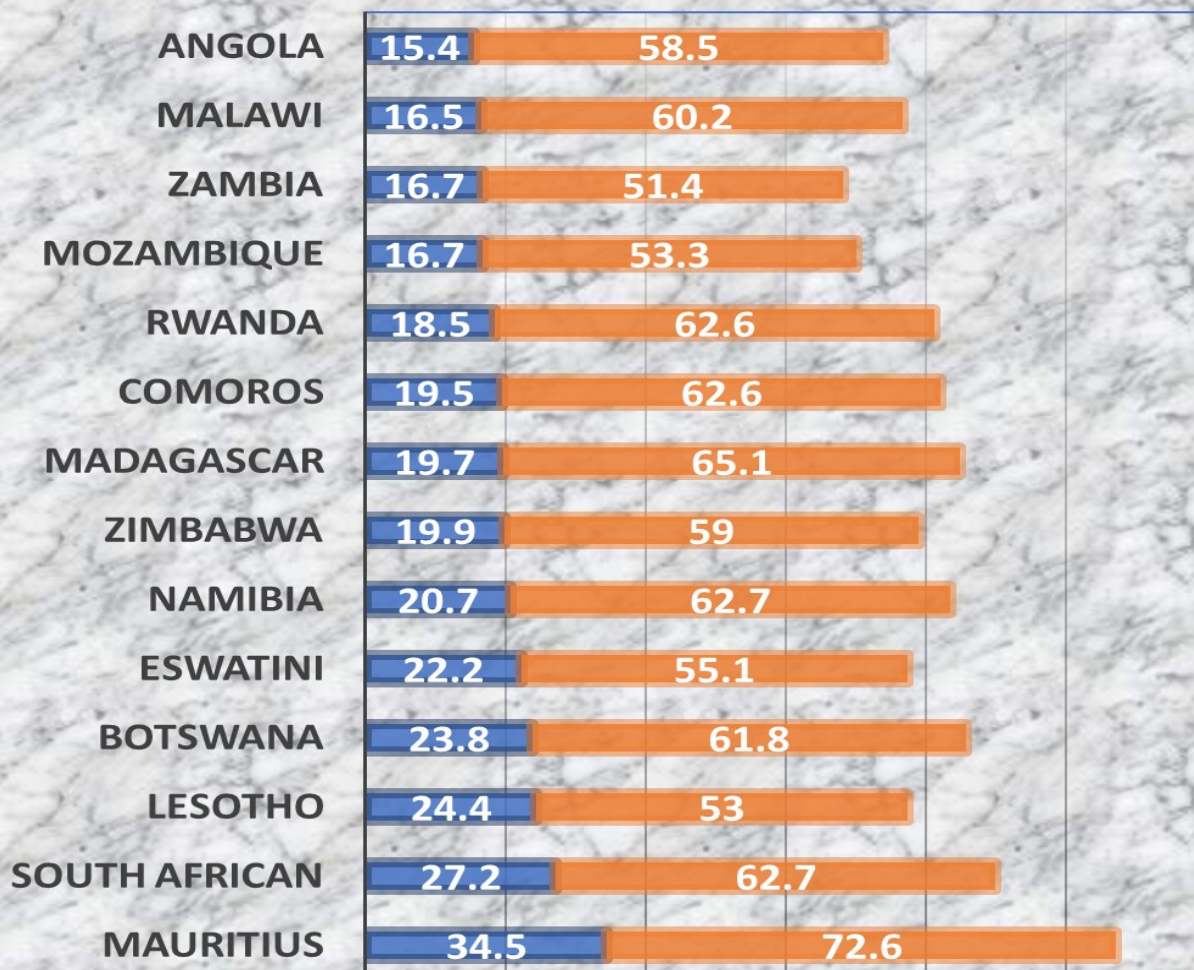
■ Male Life Expectancy

Median Age (years): Summary of Age Distribution of a Population with the Age that Divides the Population into two equal groups.

Life Expectancy at Birth (years): Summary of the quality of Life in a Country measured by the average number of years to be lived by people born in the same year, if mortality at each age remains constant.

African Men: A Sustainable Health Care System

South African Men: Median Age and Life Expectancy at Birth, 2018



■ Male
Median Age

■ Male Life
Expectancy

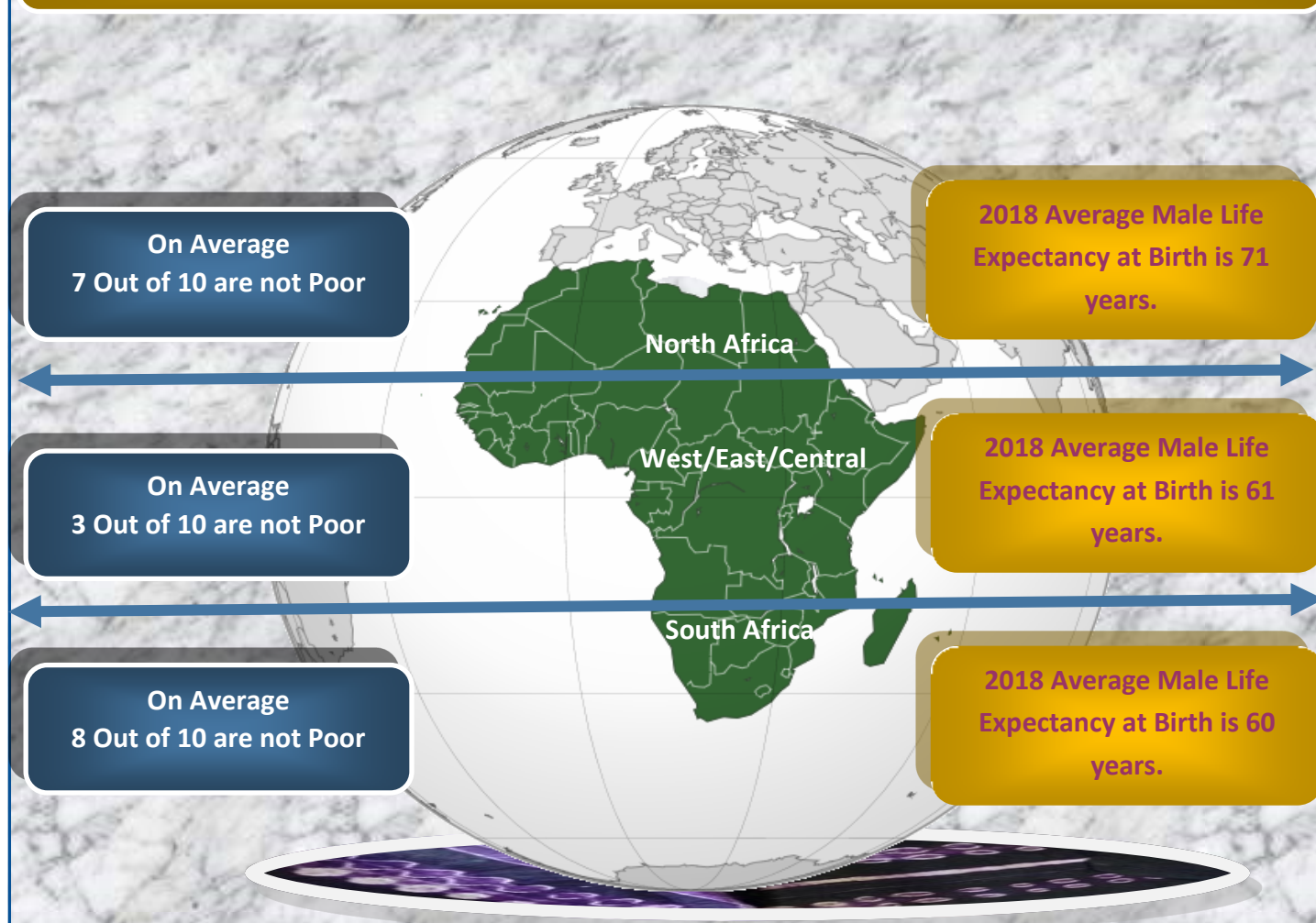
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References: US Central Intelligence Agency -CIA Library World Fact Book

African Men: A Sustainable Health Care System

Rate of Poverty Versus Population Life Expectancy



In 2010, US Estimates On Average 9 Out of 10 are not Living Below Poverty Line, and the 2018 Average Male Life Expectancy is 77.8 years.

In 2011, India Estimates On Average 8 Out of 10 are not Living Below Poverty Line, and the 2018 Average Male Life Expectancy is 67.8 years.

References: US Central Intelligence Agency -CIA
<https://www.cia.gov/library/publications/resources/the-world-factbook/>

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expectancy of men in Africa is directly linked to jobs, economic development!

If you have a good job in Africa, your economic life avails you of good healthcare (100% out-of-pocket costs). You can afford to keep you and your family alive for longer –life Expectancy at birth. Unlike US, where the life expectancy is correlated with healthy food and lifestyle, these come naturally to African Men. Healthy lifestyle and healthy feeding is easier to achieve in Africa, but the cost of health-care, and quality of health care is a tall order, that is hard to reach.

Estimating the number of jobs that will correlate with a significant change in health outcomes for African Men, would have to depend on estimating median age or half of Mid Sub-Sahara and South Africa.; that is, 21 years and over. This half of the population is combined

*Men's
Behavioral Health
Prevention:*

*As men's health is to
Heritage/Cultural
values in-printed
upon their Hearts,*

*so is men's Mental
Health to Copping
Skills and
Mentorship*

*As poverty is to poor
health outcomes, so is
lack of jobs for men to
poor economic
development and
poor health outcomes
for the man,
his family and
his community
or nation.*

with half of north Africa, with a median age of 26 years and above. For each of these regions, about 49% of the popula-

tion in each nation are men, therefore one is creating Jobs for at least 55 Million Men 26 years and above in North Africa; 245 Million jobs for Men 21 years and above in Mid-Sub Sahara Africa; and 16 Million jobs for Men 21 years and above in South Africa (please see calculations below).

Economic development in the world is tied to having trade agreements and exporting local produce and services –local commodities, to western countries i.e. US, and China. Third-World countries who trade (GDP percent of export trade) with the Western World and China, at a ratio of at least 2:1 have more economic development and stability; and ultimately, better health outcomes than other Third-World countries, due to the affordability of healthcare (out-of-pocket costs) for the people and better preventive healthcare affordability by their government. An example



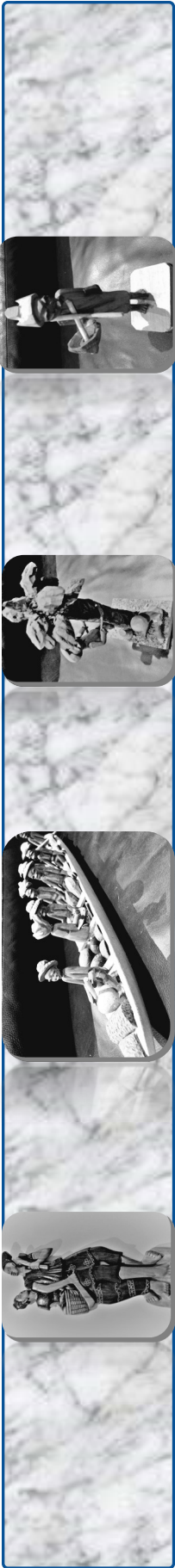


North African Men's Health: Jobs = ↑ Preventive Health

In North Africa: 49% of 225 Million are Male = 110 Million Male



Therefore, North Africa needs about 55 Million jobs for Men 26 years and above.
The poverty seen in 3 out of 10 people would reduce and more men and their families will be able to afford health care.



Mid Sub-Sahara African Men's Health: Jobs = ↑ Preventive Health

In Mid Sub-Sahara Africa: 49% of 1 Billion are Male = 490 Million Male



Therefore, Mid-Sub Sahara Africa needs about 245 Million jobs for Men 21 years and above. The poverty seen in 7 out of 10 people would reduce and more men and their families will be able to afford health care.



South African Men's Health: Jobs = ↑ Preventive Health

In South Africa: 49% of 65 Million are Male = 32 Million Male



Therefore, South Africa needs about 16 Million jobs for Men 21 years and above.
The poverty seen in 2 out of 10 people would reduce and more men and their families will be able to afford health care.

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is India. India has a population of over 1 Billion people, and a 2-3:1 ratio of trade with Western-World countries, including US-3, United Emirates-2 and China-1. India's maternal and child health outcomes, including Maternal Mortality Rate is 145 Deaths per 100,000 –57th out of 184 nations in the world, 2017. Its Infant Mortality Rate is 39 Deaths per 1,000 live births –46th out of 224 nations in the world, 2018. It is however still working in its life expectancy for both male and female, 69.1 years –163rd out of 223 nations in the world, 2018.

North of Africa, has a trade ratio of 2:1 (Western World i.e. US – 2, China –1). It has an average male life expectancy of 71 years, 2018. North Africa has an average Maternal Mortality Rate of 183 Deaths per 100,000 –8th to 102 worst nation out of 184 nations in the world, 2017. Its average Infant Mortality is 22 Deaths

per 1,000 live births – 26th to 130th worst nation out of 224 nations in the world, 2018.

The South and Mid Sub Sahara African nations however have the worst maternal and child health outcomes in the world, apart from war zone

*As subsistence/
Sustenance farming
is to Living in Africa,
so is good healthcare
outcomes to Western
World Trading
in Africa.*

countries like Afghanistan. The average Infant Mortality Rate in 2018 range from 93 to 29 Deaths per 1,000 live Births (2nd to 65th worst nation in the world –with Afghanistan ranking 1st). Average Maternal Mortality Rates in 2017, range from 119 to 1,150 Deaths per 100,000 (2nd-62nd worst nation in the world apart from Afghanistan, ranking 1st).

The male life expectancy

in South African, and Mid Sub Sahara African nations, is 60 and 61 years respectively, while the average ratio of trade with the Western World versus China is 0.3:1 for Mid Sub Sahara African nations, and 1:2 (Western World; Asia) for South African nations, 2017.

Therefore, creating jobs for Men, is directly correlated with the life expectancy of Men in Africa, so they can afford health care for their families, live longer, and reduce the percentage of those living below the poverty line, helping the Government afford more preventive health care for the nations, via paid taxes by the rich.

Subsistence, sustenance farming is actually keeping Africa alive. That is, Africa has kept its nations alive by farming and trading within itself –*Africa trading within Africa*. Wealth and poverty in the New World is corollate with trade with other nations espe-



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Trade with Western World Versus Median Age

In 2017, On Average 20-40% Export GDP
Trade with Western World (2)
& China (1), 2:1 Trade Ratio

2018 Male Average Median
Age is 26 years. These young
men need jobs.

In 2017, On Average 10-30% Export GDP
Trade with Western World (0.3)
& China (1), 0.3:1 Trade Ratio

2018 Male Average Median
Age is 21 years. These young
men need jobs.

In 2017, On Average 20-50% Export GDP
Trade with Western World (1)
& Asia (2), 1:2 Trade Ratio

2018 Male Average Median
Age is 21 years. These young
men need jobs.

In 2017, US On Average 12.1% Export GDP
Trade with Western Americans (2-Canada, Mexico)
& China (1), 2:1 Trade Ratio

In 2017, India, On Average 19.1% Export GDP
Trade with Western World (3-USA, 2-United Emirates)
& China (1), 2-3:1 Trade Ratio

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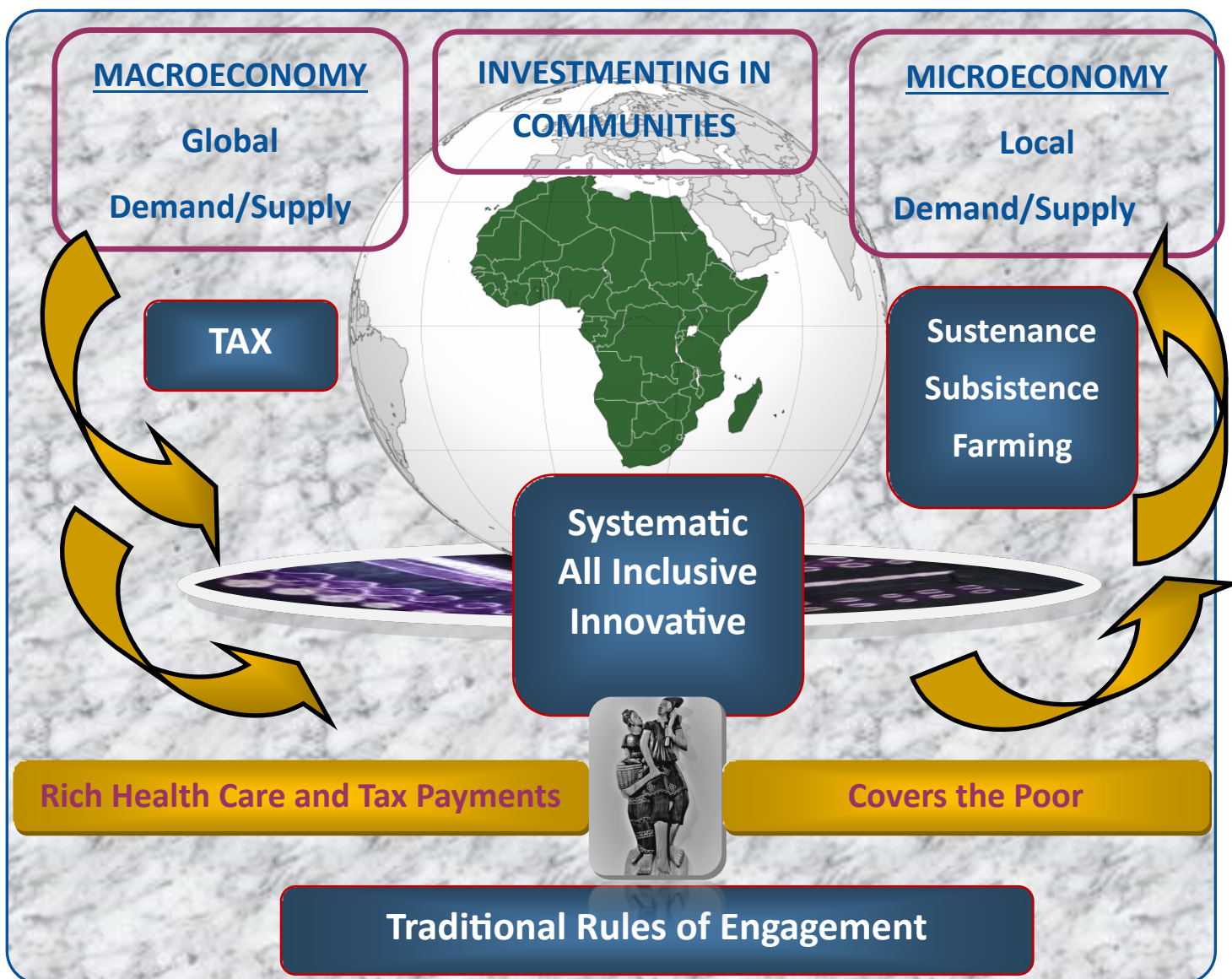
cially in the Western World. The Third World countries trading with US, for instance, have more men working, and better health outcome for men, and longer male life expectancy.

health outcomes of Men is directly linked to their Ego, their hearts, as is their jobs/trade. Men's health is also correlated with health outcomes of their families.

while high Health Care costs and poor Health-Outcomes co-rotates with Poverty-lines in African Nations.

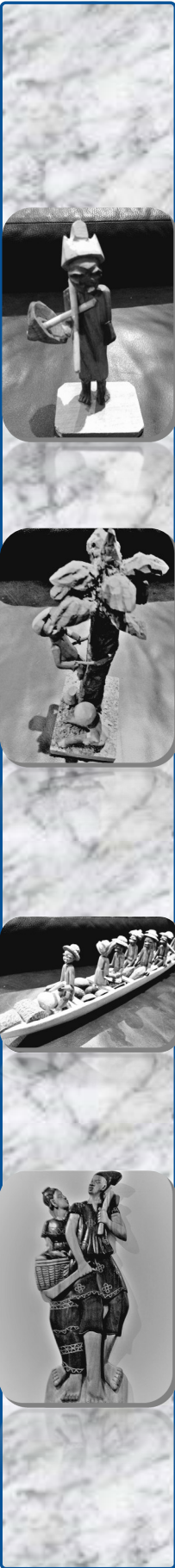
It is my hope to help the nations understand that the



Poverty line is linked directly to the Economy of the nations -jobs, by correlation;

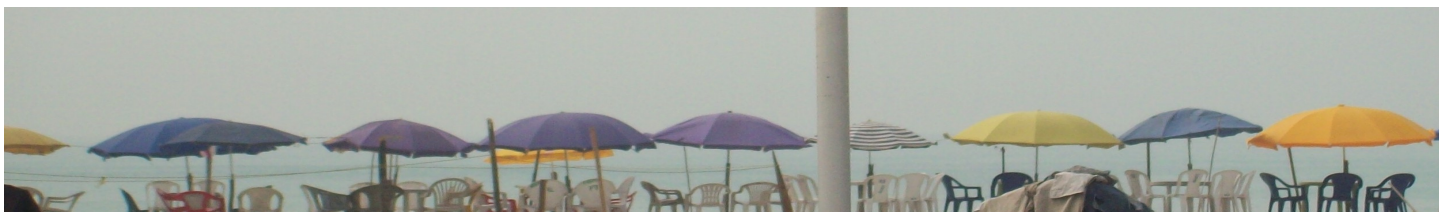




<div></div> <div> African Men:</div> <div></div> <div>Psychological Spectrum of Behavioral Health Disorders</div>	
Behavioral Health Disorders	Definitions
Hyper-Active Infants	Children born with a high degree of curiosity and activity.
Attention Deficit Hyperactivity Disorder	Is diagnosed before the age of 12 years as hyperactive, impulsive, easily distracted, difficulty focusing, talkative children with symptoms manifested at home and at least one other location like school or play activities. Lasting more than 6 months.
Conduct Disorder	Impulsive criminal activity with no remorse or regard for the rights of others. Hostile and manipulative. These are behaviors that occur before the age of 15 years.
Oppositional Defiant Disorder	Acts of disobedience to rules and laws without remorse or regard for repercussion. Lasting more than 6 months.
Antisocial Personality Disorder	Is diagnosed at 18 years as impulsive criminal activity with no remorse or regard for the rights of others. Hostile and manipulative. These behaviors occur before the age of 18 years and/or with a prior history of conduct disorder before the age of 15 years.
Intermittent Explosive Disorder	Impulse control disorder with tension that escalates without regard to consequence, and often leading to relief, regret, and or embarrassment. They are unplanned episodes and reactions are disproportional to the situation at hand. These impulsive behaviors may last about 30 minutes per episode.
Institutionalization or Incarceration	From Detention to Jail.



<div>Other Men: Psychological Spectrum of Behavioral Health Disorders<div></div></div>	
Behavioral Health Disorders0	Definitions
Disruptive Mood Dysregulation Disorder	Temper outbursts that are disproportional to the situation at hand and age of child. These occur several times before the age of 10 years.
Pediatric Bipolar Disorder	Adolescent with severe impairment in social or occupational function, marked by irritable mood with increased activity or goal directed activities, and at least three (3) symptoms from Manic episodes below.
Borderline Personality Disorder	Unstable relationships, self-image, affects, and excessive impulsivity in ways that are self damaging. Dysfunctional efforts to avoid abandonment, associated with mood instability and suicidal behaviors.
Drug Abuse Disorder	Pattern of substance use involving tolerance, withdrawal, cravings, and using more for longer. Causing "use of so much time" -on drugs, interrupting social, recreational and functional work/school/home activities.
Bipolar Disorder	Cycles of manic and hypomanic episodes, varying in level of severity/dysfunction, with or without depressive episodes. See mania below.
Major Depression	Sever depressive mood with functional impairment: appetite and sleep disturbance, low energy and agitation/retardation, low self-esteem, poor concentration, loss of interest, excessive guilt feelings and feelings of hopelessness. These may or may not include suicidal thoughts. Lasting two (2) or more weeks per episode.
Intermittent Manic Episodes	Sever impairment in social or occupational function: impulsivity, irritability, grandiosity, increased energy, goal directed activity or psycho-agitation, flight of ideas, talkativeness and reduced need for sleep. Marked changes from baseline are noticed. These can occur with or without Psychotic features (hallucinations: hearing voices or seeing things). Lasting more than one (1) week per episode.
Suicidal Disorder	One with suicidal thoughts, intent or plan.



The Best of Two Worlds: Bar Beach, on the Island, Lagos Nigeria



Author: Folorunso Akintan MD MPH MBA

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Contact Author: Folorunso Akintan, MD MPH MBA

1700 McHenry Ave

Suite #65B 184

Modesto, CA 95350

Phone: 209-272-6991

Email: folo.akintan@a-kins-analysts.com

Website: www.a-kins-analysts.com

Facebook: <https://www.facebook.com/A.Kins.Analysts.Project.Managers>

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