The Real Face of Men's Health

2024 AUSTRALIAN REPORT

MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH

ABOUT MOVEMBER

Twenty years ago, a bristly idea was born in Melbourne, Australia, igniting a movement that would transcend borders and change the face of men's health forever. The movement, known as Movember, united people from all walks of life and sparked billions of important conversations, raised vital funds and shattered the silence surrounding men's health issues.

Since 2003, we have challenged the status quo, shaken up men's health research and transformed the way that health services reach and support men. We have taken on prostate cancer, testicular cancer, mental health and suicide prevention with unwavering determination.

We have raised over $1.5 billion for men's health, thanks to a passionate network of global Mo's. These critical funds have delivered more than 1,300 men's health projects around the world, including hundreds of biomedical research projects and some of the largest prostate cancer registries in the world, based on the real-life experiences of hundreds of thousands of men. Since taking on mental health and suicide prevention in 2006, Movember has emphasised the importance of better social connections, early recognition of what men's poor mental health looks like and how clinicians can better respond to men in distress. We want to make sure more men know what to do when mental health issues appear and that their supporters are better prepared to step in when they need it.

Movember will continue championing new research, cutting-edge treatments and healthy behaviours. We advocate for inclusive, gender responsive healthcare systems that are tailored to the unique needs of men, women and gender diverse people from a range of cultural backgrounds. In doing so, we hope to forge a future where barriers to healthy living are overcome, stigmas are removed and everyone has an equal opportunity to live a long healthy life. By improving men's health, we can have a profoundly positive impact on women, families and society. Healthier men means a healthier world.

To learn more, please visit Movember.com or contact advocacy@movember.com.

ABOUT THE MOVEMBER INSTITUTE OF MEN'S HEALTH

Building on a 20-year legacy of investment in men's physical and mental health, the Movember Institute of Men's Health launched in 2023 and has ambitious goals to enhance quality of life for millions of men worldwide. Uniting global experts in the field of men's health, the institute will accelerate research and translate it into tangible, real-world outcomes.

The institute aims to elevate the profile of men's health with policymakers so that it is considered proportionally to the burden of disease experienced by men. By focusing on key areas such as men's mental health, prostate and testicular cancers, gender responsive healthcare and men's health literacy, the Movember Institute of Men's Health aims to combat preventable risk factors that contribute to 77% of male deaths and 54% of healthy years of life lost (IHME, 2019). In doing so, we aim to make sustainable gains to men's health internationally.

A NOTE ON STANDING BESIDE OTHERS IN GENDERED HEALTH

This is a report focused on the impact of gender on health. On average, men die before women, whereas women spend a significantly greater proportion of their lives in ill health and with disability compared with men. Added to that, trans and non-binary people have disproportionately worse health outcomes compared with the general population.

None of these things are acceptable.

Throughout this report, we demonstrate health inequities among men and, through new research, the impact that men's poor health has on others, including women. At times, we also call on data that show health disparities between males and females to paint the picture of men's health. We also show the economic cost of men's poor health. We have not included the economic cost of trans and non-binary health, women's health or the numerous areas where women's health is underserved, such as the underdiagnosis of coronary heart disease. Instead, we refer to, and support, the work done by leaders in these fields who have campaigned for decades to raise awareness of gender-based inequities in health and health outcomes.

In the same way that the Movember campaign followed the trail-blazing women raising funds for breast cancer care, we follow in the footsteps of, and owe a huge debt to, women and LGBTQIA+ health advocates who have shown the importance of an approach that takes full account of sex and gender. There is no binary choice to be made in gendered health – we hope to stand beside other organisations, including women's health advocates, to campaign for universal recognition of gender as a social determinant of health and to prioritise investment in gender responsive healthcare that acknowledges and addresses the health inequities and different needs of women, men and non-binary people.

COMMISIONED ART BY ZAC BENNET-BROOK, AUSTRALIA

Movember acknowledges the Traditional Custodians of Country throughout Australia and their connection to land, sea and community. We pay our respect to their Elders, past and present, and extend that respect to all Aboriginal and Torres Strait Islander peoples.

Executive Summary

Twenty years of campaigning in men's health has taught us that men and those around them care deeply about men's health and everyone has a story to tell.

We have many inspiring stories of when men are empowered and supported to be well and healthy – socially, culturally, physically and mentally. But we also have stories of men not knowing their risks and not feeling equipped to act. Accounts of men feeling disempowered, excluded or leaving it too late to speak to a healthcare professional[1] – or having a poor experience when they do. Every day, we hear from men themselves but also their partners, parents, children, siblings, mates, colleagues, teachers and health workers.

These stories are not ones of men neglecting their health but of gendered pressures[2] on men and how this plays out when it comes to seeking and receiving help and how this is amplified for particular groups of men. We must continue to focus on these men.

And so, when painting the picture of men's health, the faces and stories you will see represented in this report are not men alone but all those around them, those who care for the men in their lives and those who are impacted by their health.

This report outlines the state of men's health across Australia and makes clear the benefits that would ripple through families, communities and societies if we improved men's health – including billions in savings by preventing avoidable conditions in men and supporting them to live healthier, longer lives. An investment in men's health is an investment in the wellbeing and safety of women, families and communities.

Men's ill-health impacts us all. This report outlines the urgent need for men's healthcare policy and practice change, and we look forward to working with our policymakers to change the face of men's health in Australia.

THE BIG PICTURE: THE STATE OF MEN'S HEALTH

Two in five (37%) men living in Australia die prematurely, before they are 75 years old. (AIHW, 2023a) These deaths are, for the most part, preventable.

Suicide is the leading cause of death among men aged 15-44 years and is the second leading cause of death of Aboriginal and Torres Strait Islander men. Between 2020 and 2022, suicide was the third leading cause of premature death among men in Australia, and males who died by suicide in 2022 lost on average 34.9 years of life (ABS, 2023a).

Where men live is an alarmingly significant indicator of how long they live. The heat maps on page 19-20 illustrates new data produced for this report comparing premature mortality in every federal electorate (AIHW, 2023a). The new data reveal that:

Men in the Lingiari electorate, covering 95% of the area of the Northern Territory, are, on average, over 3.5 times more likely to die prematurely than men living in Bradfield, inner metropolitan Sydney, New South Wales, where men have the longest life expectancy of any Australian electorate.

The average male premature death rate in the 10 electorates with the highest proportions of Indigenous men is almost double that of the electorates with the lowest proportions of Indigenous men.

The average rate of male premature death in the most socioeconomically disadvantaged electorates (bottom 20%) is nearly 1.3 times higher than the average rate for the least disadvantaged electorates (top 20%)

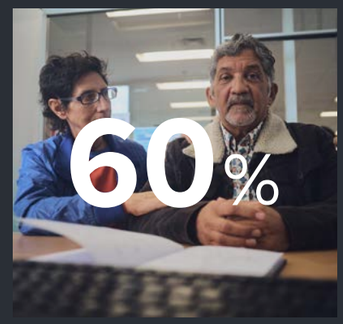
The average rate of male premature death in rural electorates is 3.5 times higher than those in electorates in inner metropolitan areas.

[1] Healthcare professional and provider and practitioner are used interchangeably throughout this report
[2] Gendered pressures - pressures experienced by men to conform to societal and cultural expectations about what being a man means

New polling commissioned for this report of 1,658 men on their experiences of health and healthcare may help explain some of the poor health outcomes for men in Australia:

report having wanted to leave their healthcare practitioner due to a lack of personal connection

feel that gender stereotypes have affected their health behaviours and experiences in healthcare settings



of men wait more than 7 days with symptoms before visiting the doctor

believe it is normal for men to avoid regular health check-ups

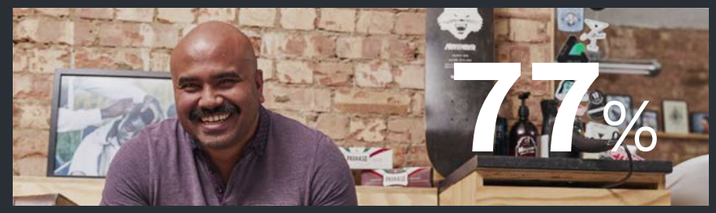
have experienced gender bias from their healthcare practitioner

agree that they find health information confusing and overwhelming

Too often the barriers preventing men from seeking help are reduced to simple stereotypes, when in fact the reasons are typically diverse, complex and interactive with one another.

The gender norms created by our society about what it means to be a man and how health systems understand and respond to these norms directly impact a man's healthcare experiences and behaviours.

We also know that different groups of men have unique experiences. When considering results according to self-reported ethnicity:



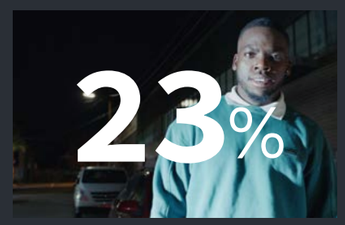
of African Australian men feel that gender stereotypes affect their health behaviours and healthcare experiences.

of Asian Australians are less likely to have received a diagnosis for a condition or been prescribed medication(s) for their condition than White men (75%)

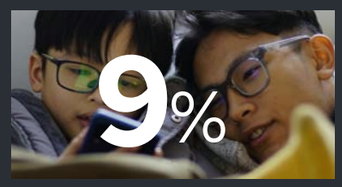
of Aboriginal and Torres Strait Islander men polled experienced their healthcare practitioner display bias towards them as a man

of Aboriginal and Torres Strait Islander men report being more likely to feel ignored (vs. 14% of men overall) after their first visit to their health provider

of Aboriginal and Torres Strait Islander men report being more likely to feel disempowered (vs. 13% of men overall) after their first visit to their health provider



of African Australian men found the logistical aspects of the healthcare facility to be poor, compared with 11% of all men



of Asian Australian men are aware of sexually transmitted infection screening and counselling programs available to them compared with 17% of men overall

THE UNEXPECTED FACES OF MEN'S HEALTH

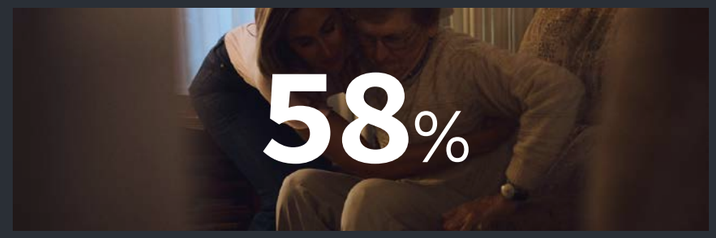
Men's poor health can have a long-lasting and profound impact on those around them. And a man's death can deeply impact all those who knew them.

The informal caregivers who care for men are among the unexpected faces of men's health. The care they provide is incredibly important, but the support required can be intense.

Men's poor health can also have significant economic impacts on those who care for them, their families, and the whole economy.

The findings of new research commissioned for this report estimate that Australia spent approximately $10.7 billion in 2023 alone on avoidable cases of five conditions that cause the most years of life lost in men (coronary heart disease, lung cancer, self-harm/suicide, chronic obstructive pulmonary disease, and stroke) (HealthLuman, 2024). While it is not realistic to avoid all preventable diseases, our new research indicates the scale and significance of the costs that could be saved through preventative interventions to target these five conditions in men.

In addition to research with men for this report, we also commissioned new polling of 1,657 people who care for men to find out more about their experiences:



report negative impacts on their mental health

report negative impacts on their social life and relationships outside of family

report negative impacts on their physical health

report a negative impact on their life satisfaction (although many caregivers do report positive impacts on the relationship with the person they care for)

report having to leave or change a job, or reduce their working hours, to support the man they look after (The Good Side, 2024)

A BRIGHTER PICTURE: WHAT WORKS IN MEN'S HEALTH

Of course, men are invested in their health, and while many men are supported to look after their health and have positive experiences in healthcare, there are still too many men who face barriers in doing so. Fortunately, there are examples of what works when it comes to supporting men to overcome these barriers and improve their health and wellbeing.

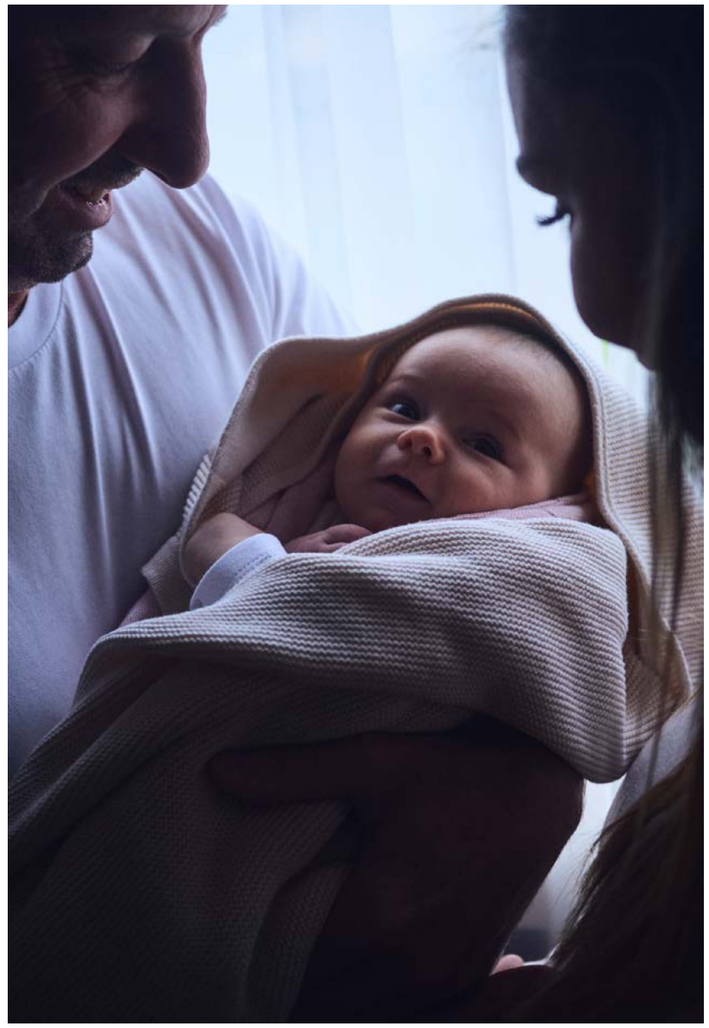
Since 2003, our amazing Movember supporters in Australia have raised nearly $456 million, which we have invested in men's health projects in Australia and around the world. This has given us evidence and great insights into what works (and what doesn't) when it comes to men's health and allowed us to communicate with men in all their diversities about various health issues.

Our insights build on those from researchers, men's health organisations, LGBTQIA+ rights advocates, First Nations and other racial justice campaigners, women's organisations, governments, multilateral organisations and more.

This report features examples, from Australia and abroad, of what is effective across four critical elements of health system function to successfully engage with men:

1. Health promotion programs, including those which embrace the power of sports and the opportunity of the workplace to reach men.
2. A responsive health system, including health services, screenings and checks designed with men in mind.
3. Upskilling of the health workforce with competencies to effectively engage with men in care.
4. Research that works to build, evaluate and translate evidence into practice to reach and benefit all men.

Unfortunately, not all men have access to services that meet their needs and preferences. In many cases, services do not exist at all. The potential for impact, if they did exist informs our plans for future investment, and our asks of the Australian Government.



A FUTURE VISION: WHAT THE AUSTRALIAN GOVERNMENT CAN DO

In some ways, Australia is seen to be leading the way in men's health, being one of a handful of countries that has had consecutive men's health strategies and, arising from these, has established national programs, initiatives and men's health agencies that support the advancement of men's health.

This has meant that Australia's approach to men's health looks better on paper than most. But, in reality, the lack of dedicated and consistent funding to deliver on the goals of the men's health strategies, and initiatives, has resulted in very little tangible impact on advancing the health outcomes of men.

What is needed now is to bring health to all men and all men to health. We need to integrate approaches that work to connect men, wherever they are, to social and lifestyle support programs that resonate with them and to holistic healthcare, promoting the power of peer support and digital technology when it is shown to be safe and effective. Care and support for fathers - from preconception, to perinatal care, to fatherhood - is one critical example that will have immediate and longer-term intergenerational impact. Building programming and strong research infrastructures around these systems will allow us to share the evidence of impact.

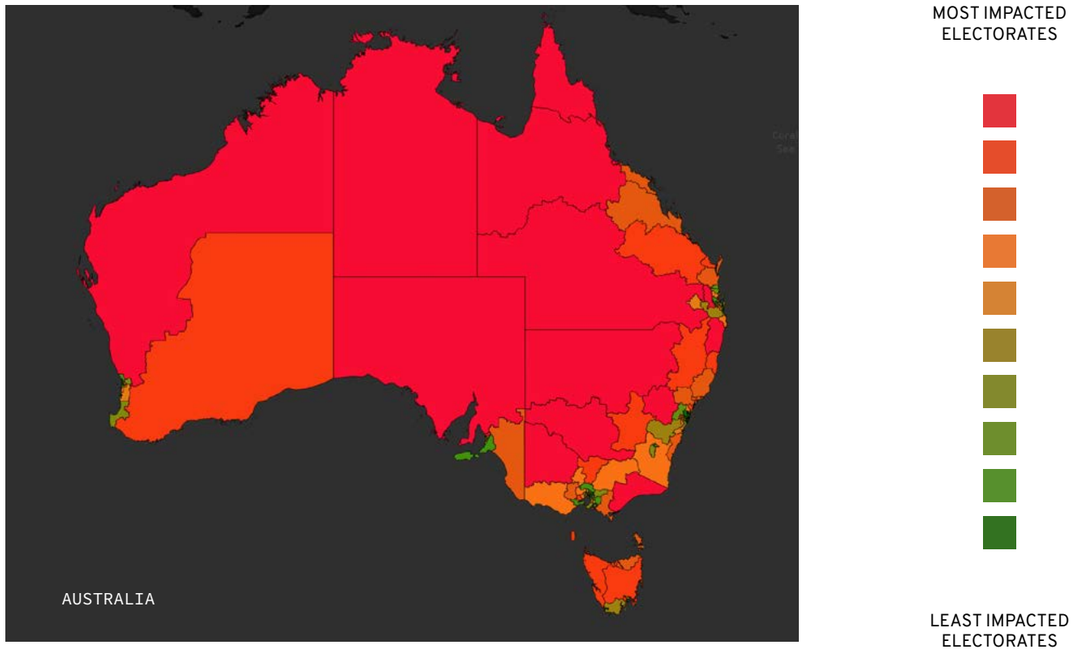
Movember, with its partners, is calling for budget investment to successfully operationalise Australia's National Men's Health Strategy 2020-2030 and support sustainable translation of what we know works into practice so that its desired outcomes can be achieved – particularly for priority populations of men. This is laid out in Table 1, along with key asks of the Australian Government and the critical areas of men's health that Movember is committed to funding.

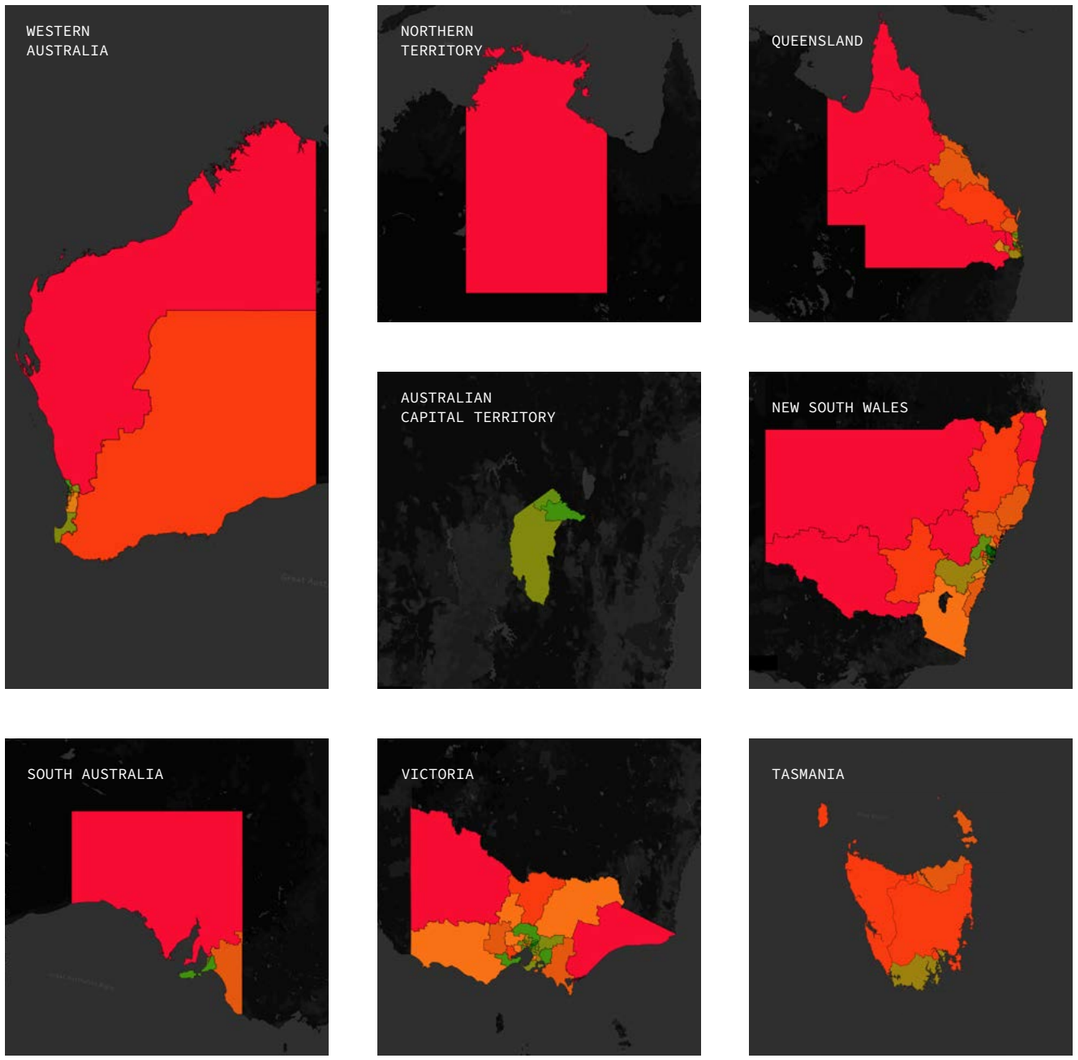
TABLE 1. MOVEMBER'S ASKS OF THE AUSTRALIAN GOVERNMENT

Invest in the Australian National Men's Health Strategy and improve health systems and policies by ensuring they are gender responsive	
1. Drive demand through support and education to strengthen **men's health literacy**, with a focus on the most at-risk groups, so that men are well equipped to get the care they need, when they need it.	1.1 Invest $7 million into expanding Movember's Ahead of the Game pilot beyond the AFL and into priority sports, such as soccer. This involves building strong and effective community-led support for boys through the mental health literacy and resilience program, including the implementation and measurement of the Mental Health Guidelines in Community Sport. The aim is to reach an additional 60,000 people including young men aged 12-18 years and their parents, coaches and club volunteers over the next 5 years. 1.2 Partner with men to co-design new health literacy campaigns that focus on improving men's engagement and positive connection with the health system - including government campaigns on health checks and screening programs with low male uptake. 1.3 Invest in the development of gender responsive health systems and policies that benefit men, women and non-binary people. This includes the National Preventive Health Strategy (AGDHAC, 2021) and the National Health Literacy Strategy, which is yet to be published at the time of this report launching.
2. Respond to demand by **transforming the health system and workforce** to have the capacity and skill to respond to the needs of men in all their diversities.	2.1 Continue to invest in and learn from the pilot of the Australian-wide men's health training and education resources hub to support the competencies of emerging and current GPs and other healthcare and public health practitioners in providing gender responsive care to more effectively reach, respond to and retain men in care. 2.2 Invest in career pathways for men's health peer facilitators to meet demand for men's health programs. 2.3 Work with peak health professional bodies to build gender competencies into learning outcomes for tertiary education curricula and into continuing professional education. 2.4 Invest in, scale and integrate proven programs (including digital and community outreach, and services) to increase men's access to, and uptake of preventive health checks and screening and lifestyle modification programs, with particular consideration for those that meet the needs of priority populations of men. 2.5 Invest in reproductive and early paternal care and fatherhood support programs. 2.6 Adequately fund and enable the men's health agencies that exist to assist the government, ensuring success of partnerships and initiatives to achieve better outcomes for men.
3. Research to understand men's engagement with the health system via robust 'living reviews' from a **central research centre** which continually monitors men's health data and quality of care outcomes in existing systems.	3.1 Over a 2-year period, match-fund Movember's $2m investment into large-scale systems-based research to understand better why, how, when and where men engage with the health system (including a map of care pathways offered to men), what the gaps are and the costs of inaction, with the aim to inform improved policy, practice and standards of care. 3.2 Build capacity for, and report, sex and gender and priority population disaggregated primary care data from Primary Health Networks that includes indicators of engagement and retainment of men in health services to inform evidence-based best practice. 3.3 Fund and support a national strategy to guide collaborative men's health research as identified by the Australian Men and Boys Health Alliance.

PREMATURE MORTALITY RATES

FIGURE 1: HEAT MAP OF AGE – STANDARDISED[3] RATE OF MALE PREMATURE MORTALITY BY COMMONWEALTH ELECTORAL DIVISION (ELECTORATES)





[3] The data has been age-standardised to account for differences in the age of the population between electorates. Age-standardised rates are a weighted average of age-specific mortality rates per 100,000 persons.

An Introduction From Roshan

I've supported Movember for 8 years because we need to change the face of men's health. I am sharing my story to be part of that change.

Having a brother is like having a built-in best friend: someone who shares your surname, part of your DNA and, in my case, a love of the great outdoors, good food and motorcycles. All of my earliest childhood memories entwine him, and so do the most significant experiences of my adult life.

Roshan and Shehan. We were a package deal.

When I think about Shehan now, I think of a guy with a huge zest for life. Someone who wanted to grow and constantly learn new things. It was this thirst for knowledge, and this epic sense of adventure, that eventually saw him living abroad in Hong Kong. Shehan was having fun, he was meeting new people and he was healthy.

But that all came crashing down the moment he told us 'I have cancer'.

Shehan was 27 years old when he was diagnosed with testicular cancer, a disease that, if detected early, has a 95% survival rate. Unfortunately, Shehan did what so many of us guys do: he registered a potential problem but delayed seeking help. He, like too many men, let his fear of losing a testicle prevent him from visiting a doctor. The reality is that Shehan had actually noticed a lump 12 months before diagnosis, and by the time he sought medical advice, the cancer had spread to his lungs and grown on his nerves down his back, around his hip and down his legs.

His diagnosis was advanced, and it was really hard to hear doctors in Hong Kong telling us his cancer was terminal. Deep down, we believed that, once back in Australia, Shehan would have a decent chance of survival. We had hope, and so did the specialists here in Australia. With conflicting medical advice compounding the stress felt by Shehan and our family, we knew the road to recovery would be tough.

I decided to resign from my job and relocate to Sydney to be with him. I was determined to care for him full-time, because if our roles were reversed, there was no doubt that Shehan would do the same for me. I'm not going to lie, it was hard. It was really hard. Watching my brother fade away right in front of my eyes. He changed so dramatically in such a short amount of time. All of a sudden, he was frail, he had trouble breathing and he was easily exhausted.

There were so many times when I would run upstairs just to compose myself before returning down to see him. I wanted to be brave, and I wanted to be strong for him…even though I could feel my own mental health slipping.

I tried to focus on the things that were in my control, the things that brought a bit of light to this dark situation. We would duck out for late-night McDonald's runs and take trips to the local shops to get new shoes so that Shehan felt comfortable walking. We'd set up shop in the hospital – Mum, Dad and me. Listening to music and passing the long days together.

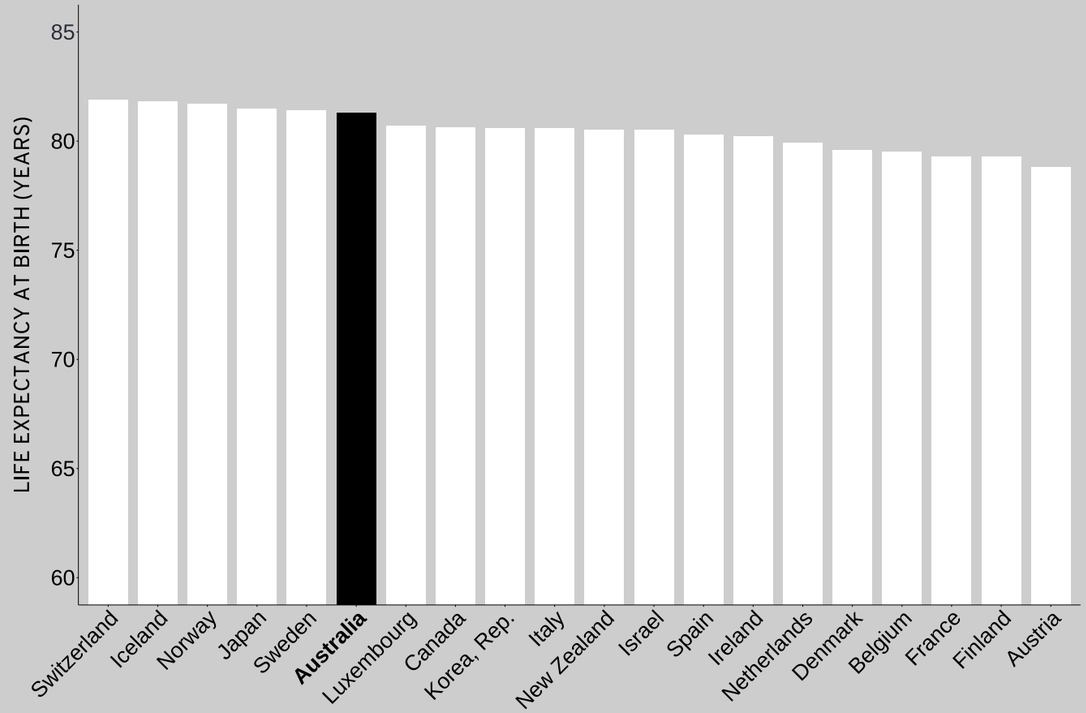
These things seem so basic now, but Shehan always appreciated our efforts so much and he always responded with a smile and a laugh. This wasn't a surprise, as Shehan, even in his final moments on earth, had spent his entire life making others feel better. Losing him will always be one of the most traumatic experiences of my life. But if my family's story encourages us to rethink our understanding of men's health then it is worth sharing. My hope for everyone reading my story and this report is they understand why we must work harder to help men recognise when they need help and create a health system that knows how to engage men and help them when they need it.

—ROSHAN, AGE 35, FROM SYDNEY

The Big Picture: The State of Men's Health

Compared with other countries, men living in Australia enjoy good health. A male born in Australia in 2019-2021 can expect to live to the age of 81.3 years on average (an increase of 1.6 years in the past 10 years) (ABS, 2022a). Men in Australia have the sixth highest life expectancy of any country in the developed world (World Bank, 2022) (Figure 2).

FIGURE 2. LIFE EXPECTANCY FOR MALES BORN IN OECD COUNTRIES IN 2021



Men are disproportionately affected by avoidable causes of death and are more likely to engage in risky behaviours than women (e.g. tobacco, alcohol, and drug use, and poor diet) (AIHW, 2021). Health challenges are not felt equally across Australia – it really depends on who you are, your life stage and where you live (AIHW, 2023b). Aboriginal and Torres Strait Islander men, in particular, live significantly shorter lives than non-Indigenous men. Men are also less likely than women to ask for help when they need it, and when they do, the health system does not always respond to their needs (Macdonald et al., 2022).

Too many men are dying too young

In 2022, close to two in five (37%) male deaths happened prematurely, before the age of 75 years (AIHW, 2023a). **This equates to more than 37,000 Australian men who died too young.**

MANY MEN'S DEATHS ARE PREMATURE AND AVOIDABLE

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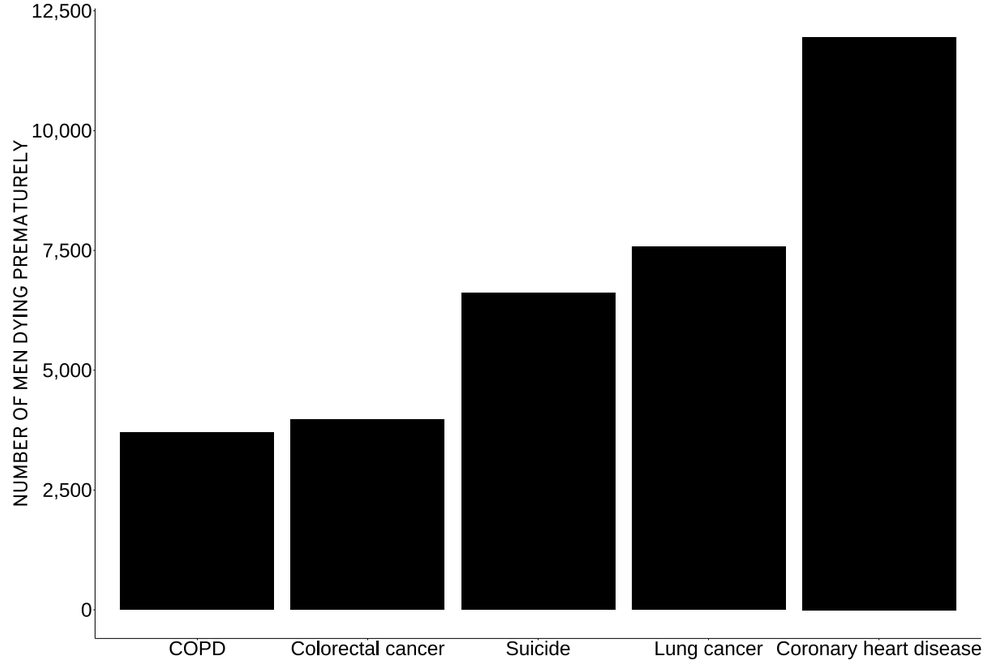
Men experience a greater overall burden of disease compared with women, largely from health conditions that lead to premature death. Conversely, it is commonly understood that, although they tend to live longer than men, women suffer from higher rates of non-fatal illnesses throughout their lives (Patwardhan et al., 2024; Phillips et al., 2023). This may depend on the population being studied and the data used. For example, recent Australian burden of disease data show that males and females born in 2023 could expect to live an average of 88% and 87% of their lives in full health, respectively (AIHW, 2023c).

From 2020 to 2022, the leading causes of premature death for men in Australia were coronary heart disease, lung cancer, suicide, colorectal cancer and chronic obstructive pulmonary disease (COPD)[4] (AIHW, 2023a) (Figure 3).

These causes are largely avoidable through lifestyle behaviour change (reducing smoking and alcohol consumption and improving diet), screening and earlier diagnosis and treatment, and restricting access to means of suicide (OECD, 2019).

FIGURE 3: TOP 5 CAUSES OF PREMATURE MORTALITY OF MALES IN AUSTRALIA 2020–22



[4] COPD refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema and chronic bronchitis.

Men in Australian are three times more likely to die by suicide than women (AIHW, 2024a) (Figure 4). Although it was the third leading cause of premature death among men in the years 2020-2022, suicide accounted for the highest number of years of life lost (80,958 years) (AIHW, 2024a).

Men who die by suicide lose, on average, 35 years of life, and suicide is the leading cause of death among men aged 15-44 years (ABS, 2023a). In 2022, suicide was the second leading cause of death for Aboriginal and Torres Strait Islander men for the 10th consecutive year (ABS, 2023a). The median age at death by suicide for Aboriginal and Torres Strait Islander men was just 34 years, 12 years younger than the population average for all men who die by suicide.

Men, women and gender and sexuality diverse people have been affected differently by the COVID-19 pandemic, highlighting sex and gender as determinants of health (White & Tod, 2022; Morgan et al., 2021). Data from the first year of the pandemic showed that women were more likely to be infected by SARS-CoV-2 and men were more likely to become seriously ill and die from the disease. Between March 2020 and 30 April 2022 in Australia, men accounted for 58% of deaths due to COVID-19 (3,112 men compared with 2,223 women) (ABS, 2022b). Research has highlighted that men's burden of disease from SARS-CoV-2 was due to a higher prevalence of underlying diagnosed and undiagnosed chronic disease and the risk factors for such in men (Wittert & McLachlan, 2020; Griffith et al., 2021).

FIGURE 4: AGE-STANDARDISED RATES OF SUICIDE BY GENDER IN AUSTRALIA, 2022

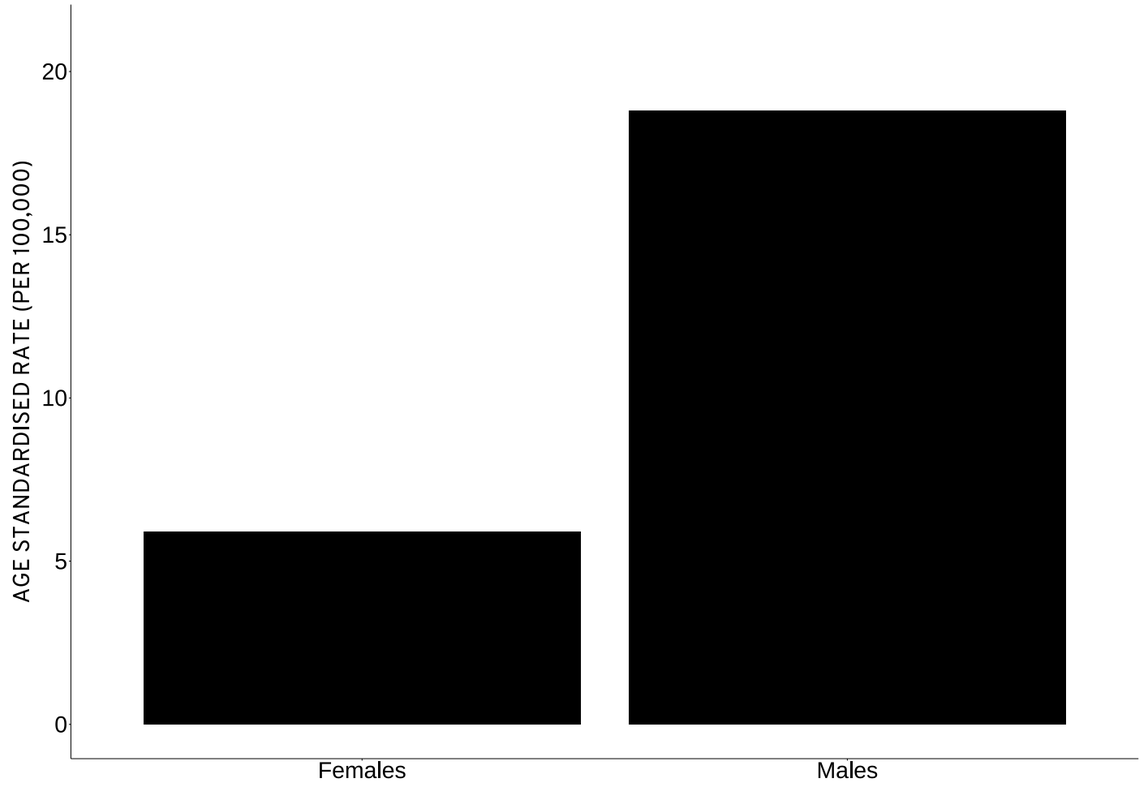


FIGURE 5: YEARS OF FULL HEALTH LOST IN AUSTRALIA IN 2023 BY SELECTED CAUSES AND GENDER

MEN ARE MORE LIKELY TO HAVE LESS HEALTHY LIFESTYLES AND ENGAGE IN RISKY BEHAVIOURS

Men in Australia, compared with women, are more likely to smoke, have high blood pressure, be physically inactive and have poorer nutrition (IHME, 2019), all imposing greater risk of early death and morbidity. Males are 14% more likely to be overweight or obese than females at all ages, and nearly two in three men (63.5% in 2022) have a waist circumference that puts them at risk of chronic disease (AIHW, 2023d).

Men have diabetes at higher rates than women in all age groups at 17.1% for males aged 64-74 years and 10.5% for females (ABS, 2023b). There is also a range of interrelated, obesity related health conditions that are poorly managed in men (e.g. sleep, apnoea, erectile dysfunction, low testosterone, subfertility and lower urinary tract symptoms) (Serefoglu et al., 2014; Wittert, 2018).

When compared with women, alcohol use disorders (59% higher), drug use disorders (93% higher) and road traffic injuries (238% higher) contribute more to the death and disability of Australian men (AIHW, 2023c) (Figure 5). Beyond socioeconomic disadvantage, how men harm their bodies, or are harmed, may be linked to how men and boys are socialised, patriarchal and power structures and, at times, an outcome of deliberate targeting and commercial exploitation of specific groups of men (Griffith et al., 2012; Baum et al., 2023). The clearest examples of the latter include that by the processed foods, alcohol and gambling industries.

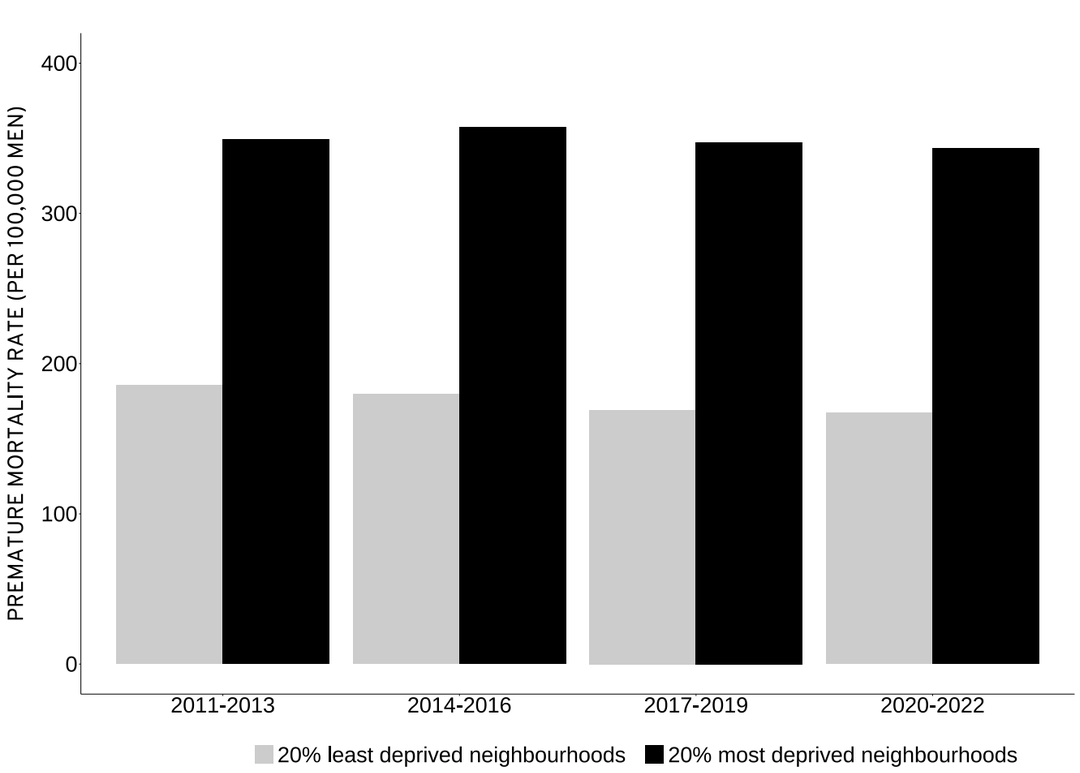
Some men are more affected than others

GEOGRAPHY AND HEALTH

The heat maps on Page 19-20 clearly illustrates that in Australia today where you live has a shocking impact on how long you live (AIHW, 2023a).

Geography and health are closely linked, and geography as a determinant of health encompasses the social, economic, political, cultural, environmental (built and natural), commercial and other determinants of health, and they must be considered together to make inroads into men's health[5] (Drummer, 2008; Smith et al., 2020a).

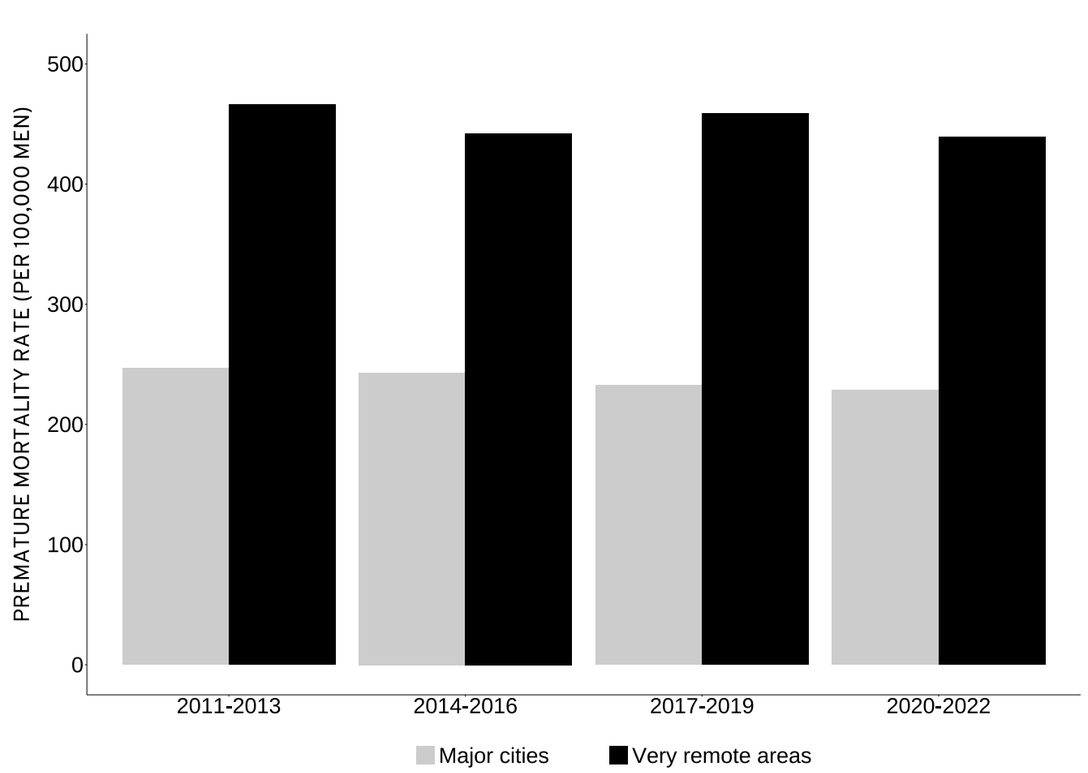
FIGURE 6: AGE-STANDARDISED RATES OF MALE PREMATURE MORTALITY BY SOCIOECONOMIC STATUS OF RESIDENCE, 2011–2022



[5] Determinants of health may interact independently of geography.

For these reasons, across the country, men living in Australia's most disadvantaged areas were twice as likely to die prematurely compared with those living in the least disadvantaged areas, and the gap has increased in recent years (AIHW, 2023a) (Figure 6). The premature death rate of men living in very remote areas of Australia was nearly double the rate of men living in major cities (439 deaths per 100,000 compared with 229 in major cities) (Figure 7).

FIGURE 7: AGE-STANDARDISED RATES OF MALE PREMATURE MORTALITY BY RURALITY OF RESIDENCE, 2011–2022



Diving deeper into specific geographic areas, after accounting for age (Table 2):

Men in Lingiari, representing the majority of the Northern Territory, are, on average, over 3.5 times more likely to die prematurely than men living in Bradfield, inner metropolitan Sydney, New South Wales.

The average male premature death rate in the 10 electorates with the highest proportion of Indigenous men is almost double that of the electorates with the lowest proportion of Indigenous men.

Men living in the 10 electorates with the highest male premature death rates are almost 2.5 times more likely to die prematurely than men living in the 10 electorates with the lowest rates.

The average rate of male premature death in the most socioeconomically disadvantaged electorates (bottom 20%) is nearly 1.3 times higher than the average rate for the least disadvantaged electorates (top 20%).

The average rate of male premature death in rural electorates is 3.5 times higher than those in electorates in inner metropolitan areas.

TABLE 2: 10 AUSTRALIAN FEDERAL ELECTORAL DIVISIONS (ELECTORATES) WITH THE HIGHEST PREMATURE MORTALITY RATES

Electorate	Age-standardised[6] premature mortality rate for males (per 100,000)	State or Territory
Lingiari	481	North Territory
Parkes	405	New South Wales
Kennedy	354	Queensland
Spence	346	South Australia
Durak	343	Western Australia
Grey	338	South Australia
Page	337	New South Wales
Mallee	335	Victoria
Maranoa	334	Queensland
Gippsland	333	Victoria

[6] The data has been age-standardised to account for differences in the age of the population between constituencies. Age-standardised rates are a weighted average of age-specific mortality rates per 100,000 persons.

Some men are more affected than others

“

His uncle was one of the Elders. He feels that, as men, they... are more prone to the mental health, but it’s all that generational trauma...and what they’ve been through and life has been different for them

”

–SARAH, AGE 42
CAREGIVER TO PARTNER WITH MENTAL HEALTH CHALLENGES.

[THE QUOTES IN THIS REPORT COME FROM QUALITATIVE RESEARCH UNDERTAKEN BY THE GOOD SIDE AND MOVEMBER IN 2023-2024.]

The National Men’s Health Strategy 2020-2030 identifies the groups of men that are disproportionately affected by poor health (AGDHAC, 2019). These groups are:

- Aboriginal and Torres Strait Islander men
- Socioeconomically disadvantaged men
- Men living in rural and remote areas
- Members of the LGBTQIA+ community
- Men living with a disability
- Men from culturally and linguistically diverse backgrounds
- Male veterans
- Socially isolated men
- Men in contact with the criminal justice system

People are multifaceted and unique, and it is possible for the same person to belong to many of these groups. Movember recognises the organisations, many who are partners acknowledged in this report, who represent and advocate for these priority groups to ensure that the right to be healthy and well is granted for everyone.

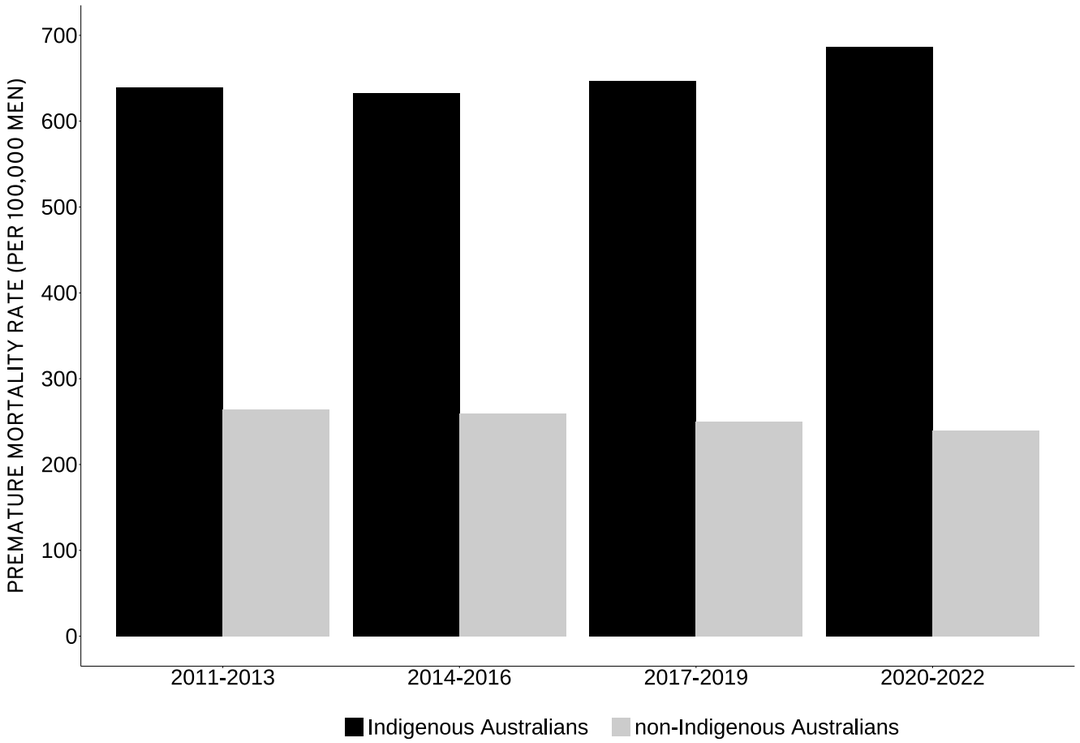
ABORIGINAL AND TORRES STRAIT ISLANDER MEN

The fact that Indigenous Australian men have the worst health outcomes of any group in Australia (AGDHAC, 2015a & 2015b) is well known and has remained so for so long that it can feel entrenched and unchangeable. National health programs attempting to change these outcomes have not seen success towards achieving their aim of 'closing the gap'. There is a lack of meaningful leadership opportunities within these programs for Indigenous Australians. Despite the many strengths and resilience of Indigenous Australians, the community continues to strive for recognition as a self-determining and decolonised community within the national construct.

Aboriginal and Torres Strait Islander men are dying younger than non-Indigenous men and live more years with ill-health. The rate of premature death among Indigenous men in 2020-2022 was more than double that of non-Indigenous men, and the gap has increased in recent years (AIHW, 2023a) (Figure 8). Most stark is the fact that death by suicide is 2.6 times more common for Aboriginal and Torres Strait Islander males than for non-Indigenous males (AIHW, 2024a). 34% of suicide deaths in Aboriginal and Torres Strait Islander males occurred in those aged 15-24 years, compared with 12% of non-Indigenous male suicide deaths (AIHW, 2019).

But this health gap is not fixed and is driven by many intersecting factors, such as socioeconomic disadvantage or isolation. Cultural identity is deeply connected to health and wellness for First Nations peoples (Verbunt et al., 2021). With culturally protected and sensitised programs – co-designed and led by Aboriginal and Torres Strait Islander people – change is possible and critical (AIHW, 2023e).

FIGURE 8: AGE-STANDARDISED RATES OF MALE PREMATURE MORTALITY BY INDIGENOUS STATUS, 2011-2022



Challenges to good health extends to all culturally and linguistically diverse people and others who face structural disadvantage and vulnerabilities (e.g. living and working conditions, racial discrimination) (Khatri et al., 2022).

The prevalence of chronic disease and multimorbidity tends to increase in prevalence with increasing socioeconomic disadvantage (AIHW, 2024b). Financial hardship impacts the likelihood that men experience barriers to healthcare, which aligns with the cost of healthcare being a barrier compared with men living in neighbourhoods of low disadvantage. Those in high disadvantage areas had a 33% higher likelihood of experiencing barriers to healthcare use (Terhaag et al., 2020).

The unique challenges and health disadvantages experienced by other groups of men are summarised in the following. The reasons for health inequalities between different groups of men are complex, and better disaggregated data is needed to improve our understanding.

CULTURALLY AND LINGUISTICALLY DIVERSE MEN

From the 2021 Australian Census, for men born in Australia, 40.6% of those with low English proficiency report having one or more chronic health condition, compared with 28.7% of men with good English proficiency (AIHW, 2024c).

Men from non-English speaking backgrounds have a higher likelihood of depression and mental distress, particularly humanitarian migrant men (Abdikadir et al., 2024). Undiagnosed HIV rates are much higher among migrant gay, bisexual or other men who have sex with men than the similar Australian-born group (Patel et al., 2021).

Due to the need to satisfy health status criteria to be eligible for migration into Australia, the health status of culturally and linguistically diverse men who migrate to Australia is as good as or better than those of the Australian-born males in the first 10 years after migration, but any positive differences diminishes over time living in Australia, based on cross-sectional data. The age-standardised rate of reported chronic health conditions among men who migrated 0-5 years prior to the 2021 Census is 16.6% compared with 22.5% after 11-15 years and 27.5% after more than 15 years. The latter rate approaches that for Australian-born men (29.6%) (AIHW, 2024c).

The Australian Longitudinal Study on Male Health found that, overall, men from culturally and linguistically diverse backgrounds have 70% higher odds of experiencing barriers to health service use than non-culturally and linguistically diverse men (Terhaag et al., 2020). These barriers likely account for why men from culturally and linguistically diverse backgrounds present to emergency departments with symptoms of a severe or life-threatening nature. While sex disaggregated data is not reported, in their study of a major hospital emergency department, Moore et al (2023) found that people from culturally and linguistically diverse backgrounds were significantly more likely to have had more hospital admissions, longer median length of hospital stay and higher rates of hospital mortality compared to people from non-culturally and linguistically diverse backgrounds.

SEXUAL ORIENTATION AND GENDER IDENTITY

Among LGBTQIA+ Australians, 75% will experience a mental disorder at some point in their life (compared with 42% of heterosexual people; ABS, 2024). Among transgender men in Australia, 91% have considered suicide in their lifetime compared with 13% in the general population (LGBTQ+ Health Australia, 2022). Across their lifetime, 53% of trans men will attempt to take their own life, compared with 3% of the general population.

It is critical to note that the over-representation of GBTQ+ men in suicide rates is not due to inherent differences between GBTQ+ men and the general population. Rather, GBTQ+ men are more likely than cisgender heterosexual men to experience a range of factors that contribute to risk of suicidality (and indeed ill-health more broadly). These include, but are not limited to, victimisation and discrimination, rejection and lack of social support, and lack of access to affirming healthcare (Green et al., 2022; Price et al., 2021; Price-Feeney et al., 2021).

MEN WHO ARE SOCIALLY ISOLATED AND LONELY

Social isolation and loneliness can harm both mental and physical health and well being, and have been been identified as risk factors for poor health behaviours and premature death (Ending Loneliness Together, 2022). From their analysis of Household and Labour Dynamics in Australia (HILDA) data, the Australian Institute of Health and Welfare report that close to one in five (18%) surveyed Australian males across all age groups self reported experiencing social isolation (AIHW, 2022), with the greatest prevalence being in men aged 35-44 years. Similarly, in 2022, close to one in five (17%) males self-reported experiencing loneliness, and there has been a steady increase in this prevalence for males and females aged 15-24 since 2012.

Enhancing social connectedness as a public health response to social isolation and loneliness is critical to address this. As with all public health programming, this needs to be approached with a gender lens and be adaptable and responsive to the diversity of social drivers and preferences of different groups of men (Smith et al., 2020a; Galdas et al., 2023; Lefkowich et al., 2017).

MEN WHO LIVE WITH A DISABILITY

In 2020, 47.2% of Australian men reported living with at least one form of disability (Bishop et al., 2024). While the overall prevalence is roughly equivalent by gender, there are certain conditions (e.g. autism) that are disproportionately high in men. Among National Disability Insurance Scheme participants aged under 65 years, 62% were males (AIHW, 2024d). People who live with a disability are far more likely to experience poor general and mental health, and psychological distress, have higher health risk factors and high health service needs than those without a disability (AIHW, 2024d) and are more likely to experience loneliness (Bishop et al., 2024).

MALE VETERANS

Deaths by suicide and suicidality is the leading health issue among Australian Defences Force members, particularly for ex-serving veterans which led to the Royal Commission into Defence and Veteran Suicide in 2021[7] including an examination of defence related systemic risk factors (e.g. culture, transition from service to civilian life) (Wadham & Connor, 2022). Between 2002 and 2019, suicide was the leading cause of death in ex-serving male veterans aged 16-29 years (42.2%) and for those aged 30-49 years (25.3%) (AIHW, 2023f). In comparison, the percentage of deaths due to suicide were 29.1% and 17.4% for the Australian male population in the two age groups respectively. Overall, when compared with the Australian population of males and after adjusting for age, the rate of deaths by suicide during this period was 24% higher for ex-serving males. The highest prevalence was for those who had served less than 1 year, and longer service was protective. The proportion of male veterans with disability was also nearly twice that for males who had never served. Furthermore, members who served had a higher self-reported prevalence of several long-term health conditions compared with those who had never served.

[7] Royal Commission into Defence and Veteran Suicide, 2021 https://defenceveteransuicide.royalcommission.gov.au/publications/interim-report

MEN IN CONTACT WITH THE CRIMINAL JUSTICE SYSTEM

In 2022, 92% of people in the Australian prison system were men and nearly one in three (32%) people were Aboriginal and Torres Strait Islander (AIHW, 2023g). Men enter prison in poorer health and with poorer health literacy compared with the general population. They also have higher rates of mental health conditions and self harm, chronic diseases, smoking, illicit drug use, communicable diseases, acquired brain injuries, and experience anticipated homelessness upon release.

Men do receive relatively good healthcare while incarcerated, although more culturally appropriate and trauma-informed prison health services for Aboriginal and Torres Strait Islander peoples are needed (NACCHO, 2022). There is, however, a lack of continuity of health and social care once inmates re-enter the community, such as for mental health (Browne et al., 2022). When this is combined with barriers to reengaging with healthcare services due to marginalisation, the difficulties these men may experience to address their health and social welfare needs are compounded (Lafferty et al., 2023). This consequently risks perpetuating social disadvantage and health disparities and increasing recidivism.

Men are less likely to ask for help when they need it

The barriers preventing men from seeking help or seeking help in a timely manner are often reduced to simple stereotypes, when in fact the reasons are typically diverse and complex and interact with one another. Some men choose to self-monitor symptoms for longer before formally seeking help, and it also depends on the perceived urgency, sensitivity of the condition and prior experience (Smith et al., 2008; Palmer et al., 2024; Vincent et al., 2018).

Often implicated in the research on men's help-seeking behaviour are the societal norms about what it means to be a man. These 'traditional masculine norms' can be protective of health in certain contexts (e.g. many men's interest in physical fitness and diet), while they can also harm men when applied rigidly in others. For example, some of these norms may create stigma that prevent men from seeking help, but norms like being a protector and provider can also be leveraged to help men see the need to look after themselves to look after others. On the other hand, it is not an unusual finding in studies that men regularly report prioritising their work and their family to explain their delays to help-seeking (Vincent et al., 2018).

Many men report valuing strength, toughness and self-reliance and think they should control or restrict their emotions. Adherence to more traditional masculine norms can act as a 'double jeopardy' (Good & Wood, 1995) when it comes to men's mental health by increasing their likelihood of experiencing distress and simultaneously maintaining negative attitudes toward seeking help (Macdonald et al., 2022; Seidler et al., 2016; Government Equalities Office, 2019; Shelswell & Watson, 2023). Men with symptoms of depression and higher conformity to traditional masculine norms are significantly less likely to access mental healthcare than those with lower conformity to masculine norms (Wong et al., 2022). While only one of many masculinities that men enact in their lives, the pressure to conform to these idealised, traditional masculinities can impact how, when and where men engage with their health (Seidler et al., 2016). In the most extreme cases, strict conformity to these masculine norms can lead to some men reporting feelings of vulnerability to being more anxiety-inducing than the thought of being dead, which plays a role in explaining low help-seeking for suicidality (Player et al., 2015).

Gender as a sociocultural determinant also plays an important role in the health disparities seen between different groups of men, and the barriers they face to healthcare engagement. Semi-structured interviews with Aboriginal and Torres Strait Islander men revealed that despite men being motivated to engage with primary healthcare services for preventative healthcare, they face gendered barriers such as feelings of invincibility and shame, and being uncomfortable, fearful, along with waiting times, a lack of health literacy, and a lack of culturally appropriate and responsive services (Canuto et al., 2018a).

Men who are refugee entrants or who migrate from countries with strong patriarchal structures may be more likely to uphold traditional masculine traits such as independence, stoicism and prioritising the care of others over self (ECCV, 2015), all of which are known to influence health service engagement (Macdonald et al., 2022). These determinants interact with other social and structural factors to influence accessibility and utilisation of healthcare services (Fauk et al., 2021). These include stressors associated with adaptation to new environments, access to transport, lower levels of health literacy and knowledge of local healthcare, the lack of culturally responsive services, cost, mistrust and stigma associated with vulnerability. Men who have sex with men from these cultures are also likely to face a heightening of these barriers along with privacy concerns (Zhang et al., 2022).

This diversity of men also includes the life stage of men. Analysis of regular health service use by participants of the Australian Longitudinal Study on Male Health found that conformity to specific masculine norms mediates healthcare service use differently for different generations of Australian men (McGraw et al., 2021). Conformity to norms, such as winning (competitiveness and achievement) predicts an increased likelihood of health service use in Millennial and Generation X males.

HEALTH LITERACY

Women's relationships with their health and healthcare are often established during adolescence, and in many cases are built around their reproductive and sexual health needs. Many men, in contrast, miss out on having this scaffold built around them to support their 'health literacy' – the skills needed to understand and look after themselves and know when, where and how to get help.

It is not surprising, therefore, that a number of studies have shown men to have worse health literacy than women (Oliffe et al., 2020; Christy et al., 2017; van der Heide et al., 2013; Simpson et al., 2020). Gender differences in health literacy are also influenced by intersecting sociocultural drivers. For example, low income, low education and living alone are factors that have been associated with lower health literacy amongst men (Oliffe et al., 2020), and the more male-dominated an occupational group is, the lower the scores of health literacy are (Milner et al., 2020).

Health literacy supports men's confidence in finding, understanding and using health information. With these skills men can overcome barriers to negotiating and navigating their entry into the health system itself due to lack of knowledge, denial, lack of familiarity, lack of trust, lack of confidence to engage and initiate conversations and stigma (Clark et al., 2018; Schuppan et al., 2019; Shand et al., 2015; Hoydyl et al., 2020; Macdonald et al., 2022). Health literacy may also help to overcome men's embarrassment to talk about health issues or fear screening, testing, diagnosis, treatment and/or mortality.

Building and acting on health literacy is often stifled by rigid adherence to traditional masculine norms like self-reliance and stoicism (Seidler et al., 2016). While such norms continue to be challenged as we promote a wide range of healthy masculinities for boys and men, handing down of these traditional norms through generations and their continued cultural reinforcement slows progress in men's health. For example, structural and cultural barriers such as workplaces stigmatising men's absences for caring duties such that fathers are less likely to leave work and take a son to the doctor (Wynter et al., 2024). This reduces the potential for egalitarian parenting roles and perpetuates a burden on women as carers.

Poor levels of health literacy are associated with lower uptake of preventive care services and screenings, more hospitalisations and use of emergency care, higher mortality rates and higher care costs (Coughlin et al., 2020; Berkman et al., 2011). Those with lower health literacy levels are far more likely to have more advanced illness at the point when they engage with health services, meaning delayed diagnosis and treatment, and ultimately worse health outcomes (Aljassim et al., 2020; Shahid et al., 2022).

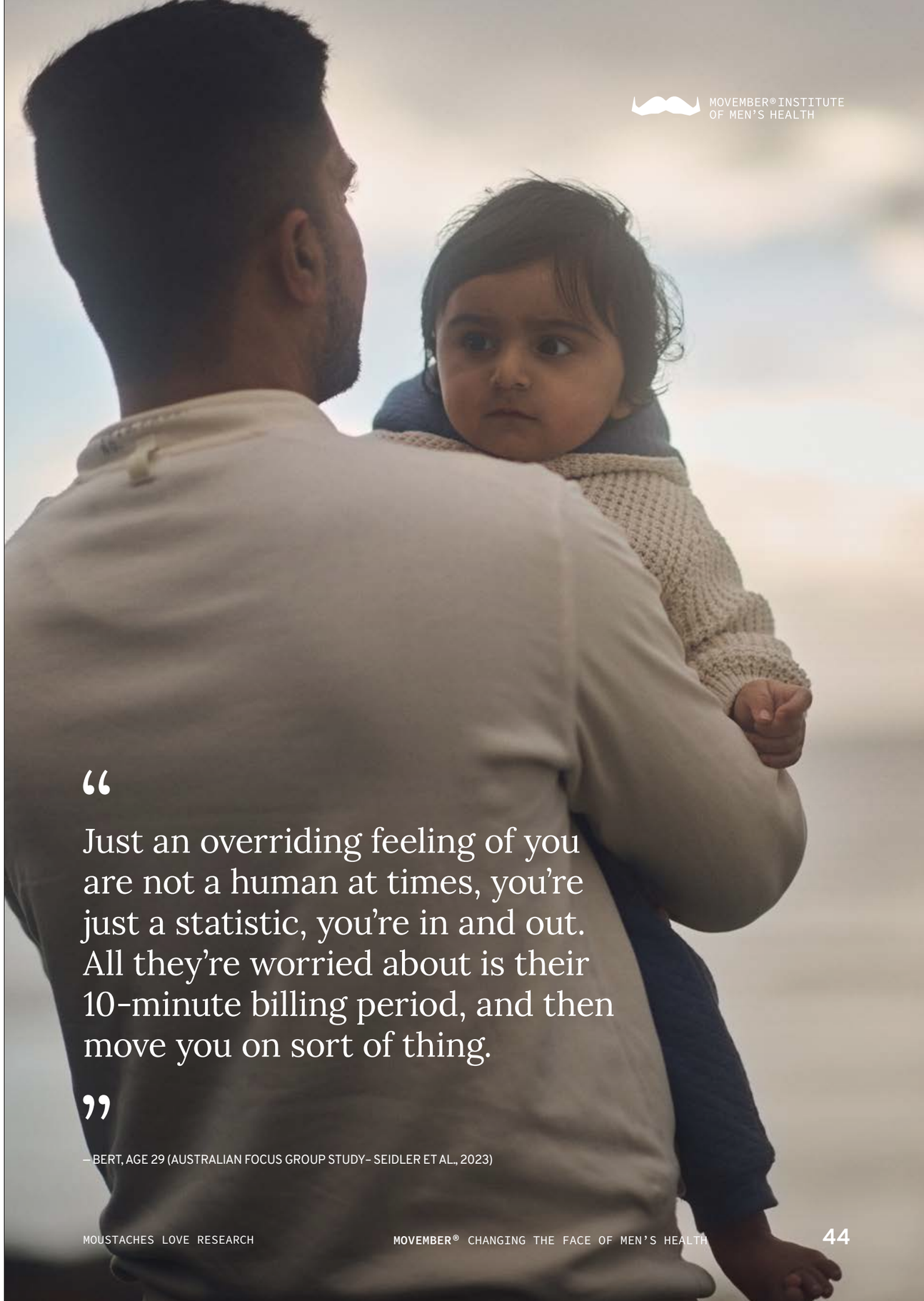
There is, therefore, an education and access gap for us to tackle by considering when, where and how we reach men with health information. This is likely to be different for different groups of men and for men at different life stages.

Also it is important to build into literacy programs the significant role of informal supports (e.g. friends, family and workplaces) and culture in men's lives as connective pathways to further improve access to health information and services (Palmer et al., 2024; Smith et al., 2020b).

And when men do ask for help, the health system does not always respond to their needs

While we know about the barriers and enablers to men seeking help when and where they need it (Mursa et al., 2022), we know far less about what happens when men do engage with the health system, how the health system responds and how and why men drop out of care. The same can also be said for women.

A number of reasons have been cited to explain why men slip through the cracks. These range from structural factors (e.g. long waiting periods, lack of availability of services, lack of coordination between services, consultation costs, lack of transport, inconvenient operating hours) to the lack of engaging, appropriate and effective care for many men presenting with health concerns (Macdonald et al., 2022). This includes the quality of the healthcare experience (e.g. poor communication or lack of connection between men and health practitioners, discrimination, biases or insufficient knowledge from staff on men's health issues and lack of culturally appropriate services).



The data from the 2022-2023 National Patient Experiences cross-sectional survey (ABS, 2023c) suggest that the health system is failing men too often, once men decide to seek care. When considering patient experiences with general practice:

More than one in three men (36.9% men aged 18-24 years; 45.2% men aged 25-34 years and 35.1% men aged 35-44 years) do not have a preferred GP.

More than one in four men (26%) waited longer than acceptable to get an appointment with a GP.

More than one in four men (26.4%) at least once delayed seeing, or did not see, a GP when needed. The age group that was more likely to report this was men aged 45-54 years (32.7%).

Of the men who delayed seeing or did not see a GP when needed, 20.9% reported cost was not a reason, pointing to other barriers at play here.

More than one in every 10 men (11.2%) report that their GP spent enough time with them sometimes, rarely or never. This proportion was greater in 25-34-year-old men (14.5%).

For those who treat men, evidence from male GPs suggests that adhering to masculine gender norms of male stoicism and strength impacts their relationships with male patients by creating an environment where poor health is downplayed (Hale et al., 2010). Indeed, evidence suggests that traditional masculine norms can be indulged and protected by some clinicians who are not attuned to the impacts of masculine norms in healthcare, with stoic or emotionally detached men garnering more respect from some clinicians and potentially perpetuating men's actions towards resilience and independence (Seidler et al., 2024a). These challenges are more likely to impact vulnerable groups of men. At times of crisis, distance to specialist services, cost and availability can have a direct impact on outcomes. This is especially important for Australians who live outside of major cities and increases with remoteness and, for those in more deprived areas (AGDHAC, 2019).

There is much more research to do, but it is clear that men are not always getting the support they need. An example is in relation to when fathers make contact with the health system during the perinatal period. where fathering services do not exist nor do midwives and maternal child health nurses feel equipped to support them (Wynter et al., 2021).

> "What would you do if a father was struggling with his mental health? "...I really wouldn't know how to go about it to be honest...Whereas for women you can refer them to [helpline] or a psychologist...but for dads there's none of that network...it would have to be all external...he'd have to go and find his own solution...his own GP and get a referral, but nah I wouldn't say I know how to refer a dad..."

—TAKEN FROM WYNTER ET AL., 2021 (MIDWIFE)

> "It would be beneficial to have further learning and discussion surrounding how 'masculinities' impact groups of men differently and how to create an environment as future clinicians to avoid such barriers to ensure all people identifying as men have a safe place to discuss their health and us as future clinicians provide the best patient care possible."

— FEMALE, MEDICAL STUDENT (AUSTRALIAN SURVEY, SEIDLER ET AL., 2024B)

One reason the health system is not responding well to men's needs is the lack of formative education and training about men's health and gender responsive healthcare for Australian healthcare professionals. Sex and gender considerations in healthcare provision have not been consistently incorporated, or are entirely lacking from undergraduate, and post-graduate medical and allied health curricula (Khamisy-Farah & Bragazzi, 2022) as well as in continuing professional education. This can play out in dire ways, with evidence showing mental health practitioners have a significantly lower willingness to treat and refer male patients experiencing suicidality than females, with practitioners self-perceived competence the strongest predictor of outcome (Almaliah-Rauscher et al., 2020).

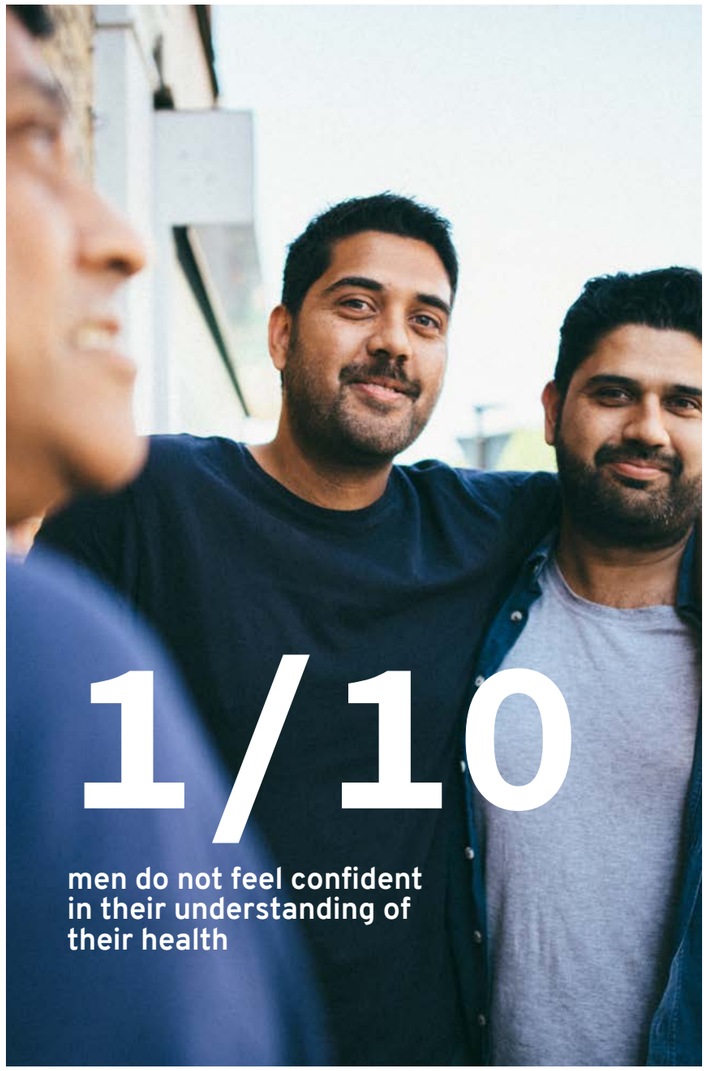
In a recent survey of Australian medical students, 65% reported minimal to no men's health coverage in their medical school education, and 29% of students reported feeling unprepared for working with men in clinical practice (Seidler et al., 2024b). Despite gender norms being a known determinant of healthcare engagement and outcomes for men, more than 60% of medical students felt minimally prepared or not at all prepared for exploring interaction between men's experiences of masculinity and their health based on the education they had received. Correspondingly, 78% of students would have liked more formal education on men's health. The lack of men's health content within medical curricula align with the findings of a recent review of the course summaries and learning outcomes of a sample of Australian medical school curricula. Moreover, men's health was seldom referenced across university curricula for nursing, pharmacy, psychology, social work and public health (Seidler et al., 2023).

Given the lack of understanding of men's experiences of engaging with the health system, Movember commissioned new research[8] to try to plug some of the gaps.

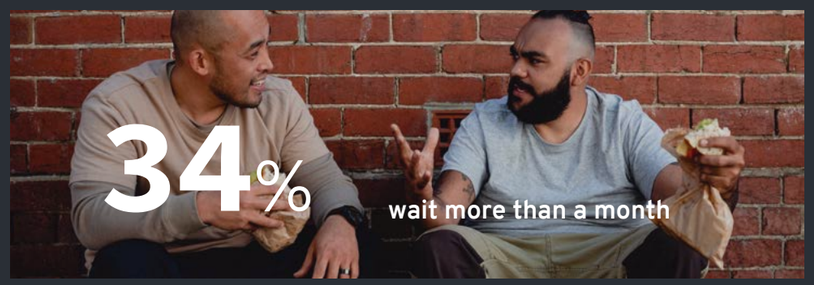
[8] The polling in this report is from research carried out by 'The Good Side' in March 2024. Details on methodology for this research can be found here

MOVEMBER POLLED 1,658 MEN IN AUSTRALIA ON THEIR EXPERIENCES OF ENGAGING WITH PRIMARY CARE. THE SAMPLE WAS NATIONALLY REPRESENTATIVE.

Most men feel at least somewhat confident in their understanding of their health, but not all do. There is room for improvement, especially among younger men.



When it comes to seeking help for a health problem, most men delayed visiting the doctor (Figure 9):



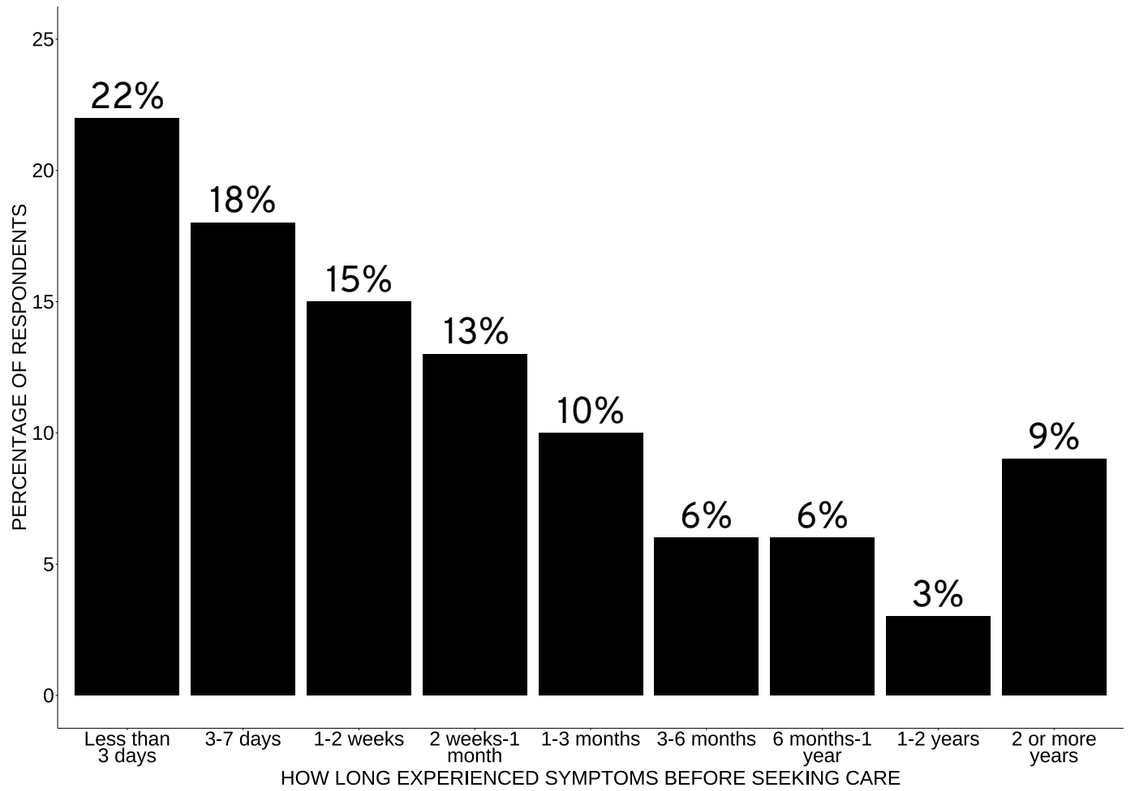
“

I’ve had a friend share a story to [with] me about prostate cancer that his dad was going through, and he kept it silent the whole time. So, they didn’t know until it was too late. And all those frequent urination and the rest...of the thing, even his mum didn’t know. It’s that bad. It is not complex because they like to keep things [to themselves]. ...We like to keep things to ourselves. We like to keep our business to us and not feel overly...like we don’t want to concern everyone else. We just want to feel concerned about everyone else, not the other way around. So, yeah, I feel like being a male actually affects or [has] an impact.

”

– EDDIE, AGE 34 (AUSTRALIAN FOCUS GROUP STUDY, SEIDLER ET AL., 2023)

FIGURE 9. POLLING RESULTS: HOW LONG MEN EXPERIENCED SYMPTOMS BEFORE SEEKING CARE IN RELATION TO THE LAST TIME THEY APPROACHED THE HEALTHCARE SYSTEM WITH A PROBLEM



Stereotypes and men's health behaviours

In regards to stereotypical health attitudes and behaviours in men, nearly half of the men surveyed agreed that:

Men are less likely to follow medical advice than women (53%), and

it is normal for men to avoid regular health check-ups (53%) (Figure 10).

Men are less likely to believe in stereotypes around men's mental health, but these biases still exist, with:

30% agreeing that handling pain without help is a masculine thing to do, highlighting the potential negative impact of traditional gender norms, and

one in every five men polled agreeing that men are less likely to get depressed (19%) and less likely to need mental health support (20%) than women.

42% of men agreed that men's health isn't taken as seriously as women's health.

These stereotypes drive the likelihood of engaging (or not engaging) in a behaviour if it is thought to be 'normal'. These perceptions that men do not seek help may be self-fulfilling and so much more so when reinforced by healthcare professionals.

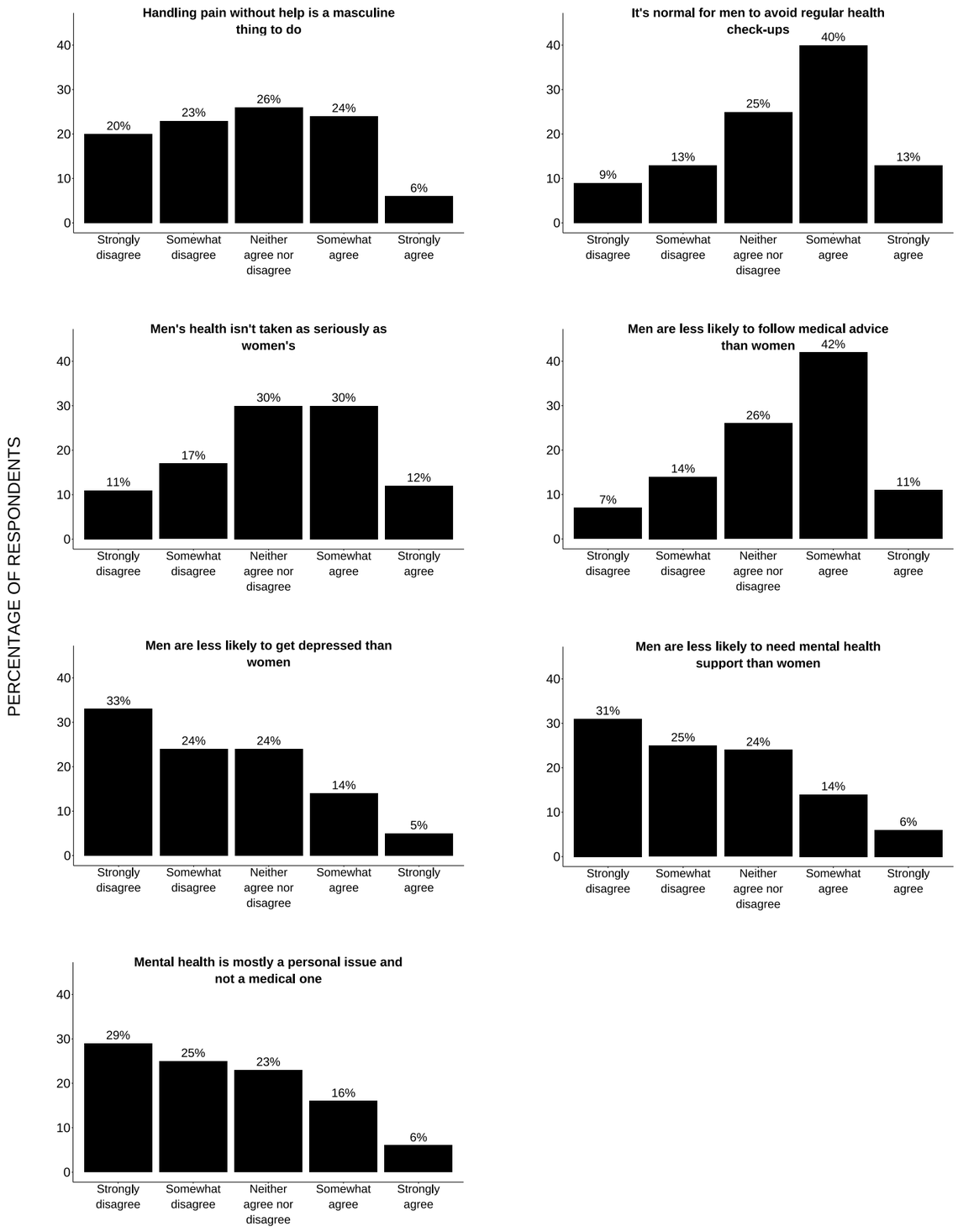
The polling also found that in relation to their own health behaviours:

Nearly two out of every three men (63%) feel that gender stereotypes (e.g. 'toughing it out') have affected their health behaviours and experiences in healthcare settings. This was the case for 73% of 25-34-year-old men and 77% of African Australian men.

For men who have a mental health condition, 71% of men feel that gender stereotypes affected their health behaviours and experiences, with 16% of these men feeling that it affected them greatly.

FIGURE 10: POLLING RESULTS: MEN'S AGREEMENT WITH COMMON STATEMENTS ABOUT MEN AND THEIR HEALTH

MOVEMBER® INSTITUTE OF MEN'S HEALTH



Stereotypes, bias and healthcare interactions

When men do seek help, too often the health system does not adequately respond to their needs.

But 50% or more of particular subgroups of men experienced this gender bias. These included:

- 54% of men aged 18-24 years and 48% of men aged 25-34 years
- 50% of Aboriginal and Torres Strait Islander men, with 15% of Aboriginal and Torres Strait Islander men experiencing this bias always
- 50% of bisexual men

"Guy walks in, covered in tattoos, and with a shaved head…You're not treated as delicately, I guess. You're a tough guy. You can deal with it. You can handle it…How does it make you feel? Like not going back to see that doctor. That's how it makes you feel. I'm not going back to see that idiot, you know?"

– EVAN, AGE 52 (AUSTRALIAN FOCUS GROUP STUDY, SEIDLER ET AL., 2023)

“

It’s often difficult to approach and we have had no formal teaching except for being told “men are difficult consumers” and that the only specific training we have had is grossly generalised and often placed the problems with men’s health with the patient.

”

– MALE MEDICAL STUDENT (AUSTRALIAN SURVEY; SEIDLER ET AL., 2024B)

For example, most men feel having a healthcare provider actively listening to their concerns is important; however, only 41% of men report experiencing this (Figure 11). This experience of a healthcare professional actively listening to concerns was reported less so by:

- Asian Australian men (34%)
- Young men aged 18-25 (28%)
- African Australian men (8%)

And for men presenting to a healthcare provider with the first sign of illness, only 29% reported feeling that their healthcare provider actively listened to their health concerns, which may act to demotivate men to attend a practitioner early in the future. This compares with 48% presenting with ongoing symptoms and 56% presenting with severe or concerning symptoms.

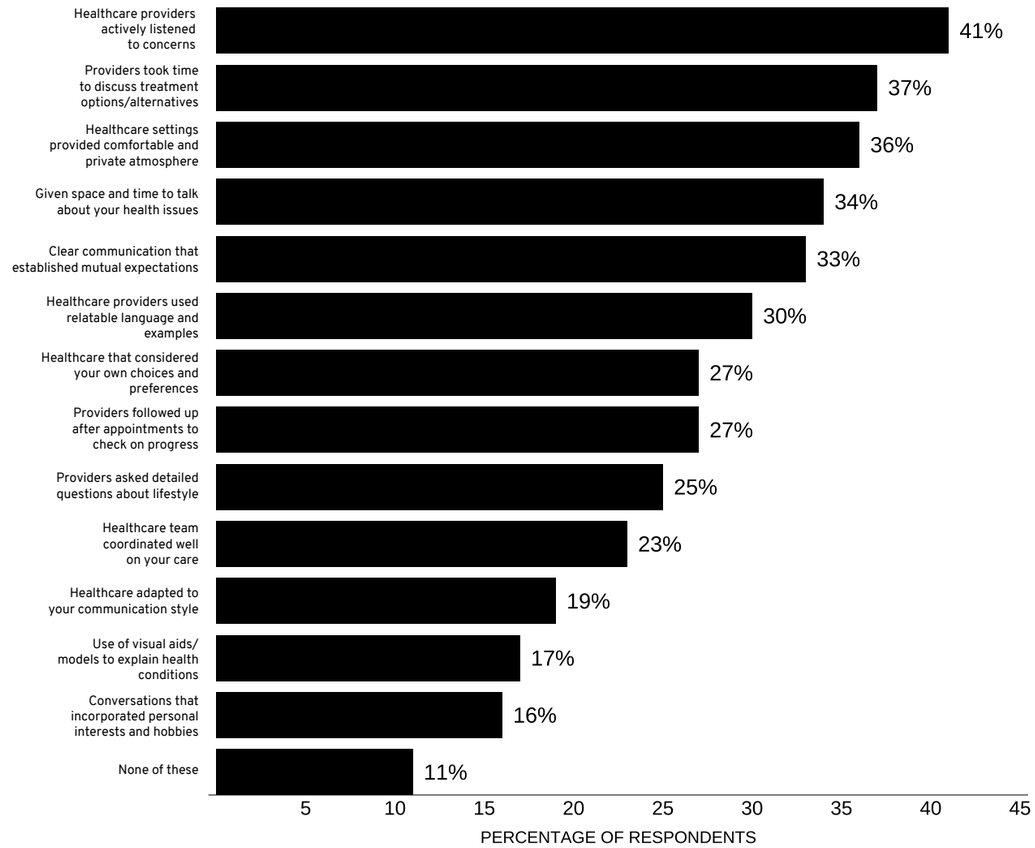
Only a third or less of men experienced many of the other positive elements of healthcare interactions (Figure 11). These include:

- 19% experienced healthcare interactions adapted to their communication style
- 25% experienced providers who asked detailed questions about their lifestyle
- 27% experienced healthcare that considered their own choices and preferences
- 33% experienced clear communication that established mutual expectations

The polling suggests that first healthcare encounters have a profound impact on men’s willingness to re-engage and that negative experiences discourage future engagement:

83% of men who feel satisfied in their first encounter say they will seek help in future, compared with only 47% of those who felt unsatisfied.

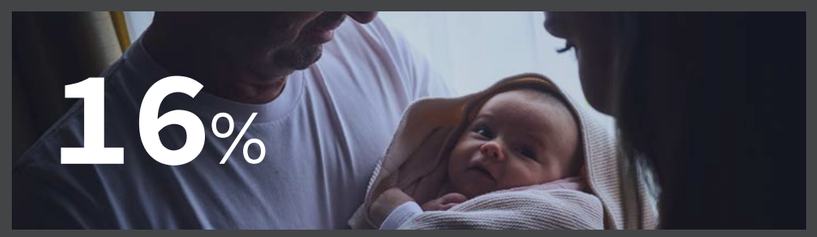
FIGURE 11: POLLING RESULTS: THE PERCENTAGE OF MEN WHO EXPERIENCE POSITIVE ELEMENTS OF HEALTHCARE ENGAGEMENT (DURING HEALTHCARE INTERACTIONS IN THE PAST 12 MONTHS)



58% OF MEN REPORT THAT THEY FACED ONE OR MORE BARRIERS TO EFFECTIVE ENGAGEMENT WITH HEALTHCARE PROVIDERS

report healthcare encounters that feel rushed

feel that the communication they receive in a healthcare encounter lacks empathy or connection



feel that their healthcare practitioners overlook or minimise their health concerns

find it difficult to express the severity of their health concerns or symptoms

Younger men surveyed aged 18-24 years were more likely than men overall to report experiencing some barriers to effective engagement with their healthcare provider. These are small but important differences.
For example:

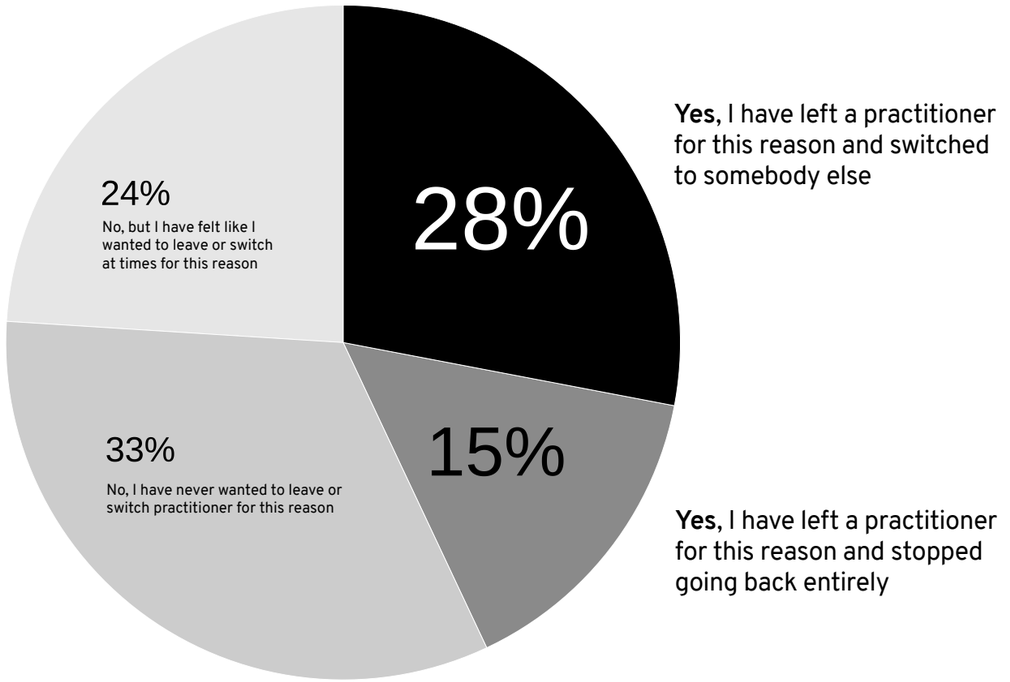
- 21% of 25-34-year-old men reported communication that lacked empathy or connection (compared with 16% of men overall)
- 17% of 18-24-year-old men report healthcare practitioners expressing biases that downplay their health concerns (compared with 12%)
- 16% of 18-24-year-old men felt they received care that focused only on their weaknesses or illness rather than strengths or healing (compared with 10%)
- 15% of 25-34-year-old men reported healthcare settings that made them feel unwelcome (compared with 10%)

Many men struggle to build meaningful connections with their healthcare practitioners:

Many men (67%) report having felt like wanting to leave their practitioner or having left their practitioner, due to a lack of personal connection (Figure 12).

Of the 43% who left their practitioner, more than a third of men stop going back entirely.

FIGURE 12. POLLING RESULTS: THE PERCENTAGE OF MEN WHO HAVE FELT LIKE OR HAVE LEFT A HEALTHCARE PRACTITIONER BECAUSE OF LACK OF PERSONAL CONNECTION



Practitioners are not consistently asking ‘gateway’ questions throughout consultations that may encourage men to share concerns and open up. These are missed opportunities to make every contact count with men during healthcare encounters.

26% of men report that their healthcare practitioner never or rarely enquires about other things going on in their personal and social life that may be affecting their health.

22% of men report that their healthcare practitioner never or rarely enquires about other health concerns beyond the presenting complaint.

Finally, the polling reveals that different groups of men have other different healthcare experiences. When considering results according to self-reported ethnicity, Aboriginal and Torres Strait Islander men are more likely to feel more negative after their first visit to their health provider than men overall. They are more likely to feel:

ignored (35% compared with 14%)

disempowered (34% compared with 13%)

discouraged (32% compared with 13%)

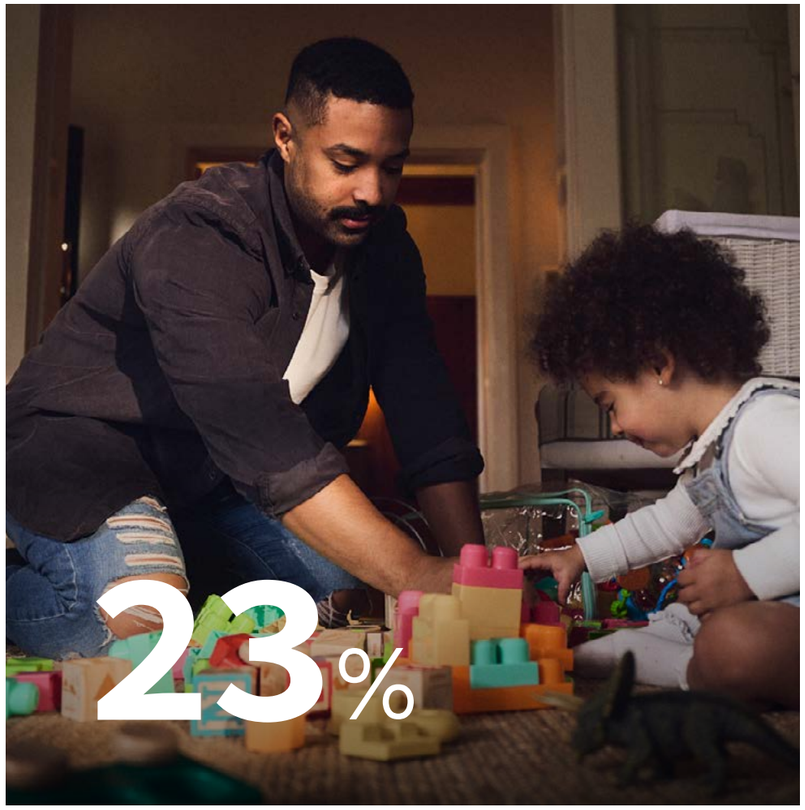
stressed (30% compared with 17%)

confused (30% compared with 15%)

disrespected (25% compared with 9%)

dismissed (18% compared with 12%), and

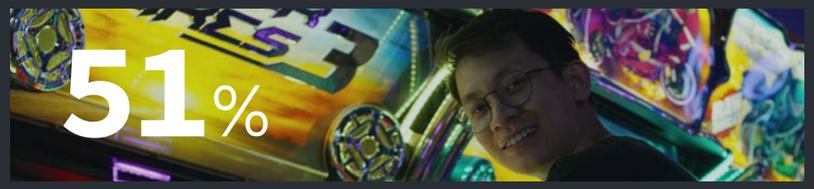
misunderstood as a man (20% compared with 9%)



of African Australian men found the logistical aspects of the healthcare facility (e.g. ease of booking, access to the location and the building, clarity of any processes regarding appointments, tests or re-booking) to be poor, compared with 11% of all men.

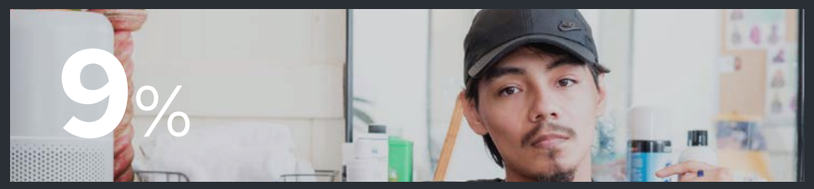
Of the Australian Asian men polled:

had received a diagnosis for their health condition, compared to 75% of White men

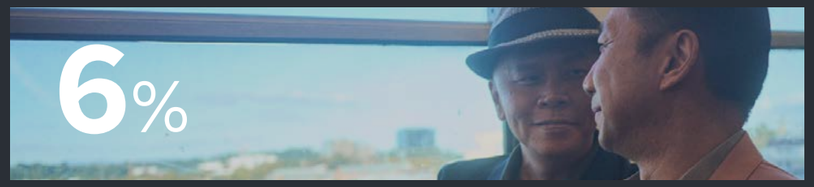


had been prescribed medication for their health condition, compared to 64% of White men

Asian Australian men were less aware of a number of screening programs available to them compared to men overall.



were aware of sexually transmitted infection screening and counselling (compared with 17%)



were aware of prostate specific antigen (PSA) screening for prostate cancer (compared with 16%)

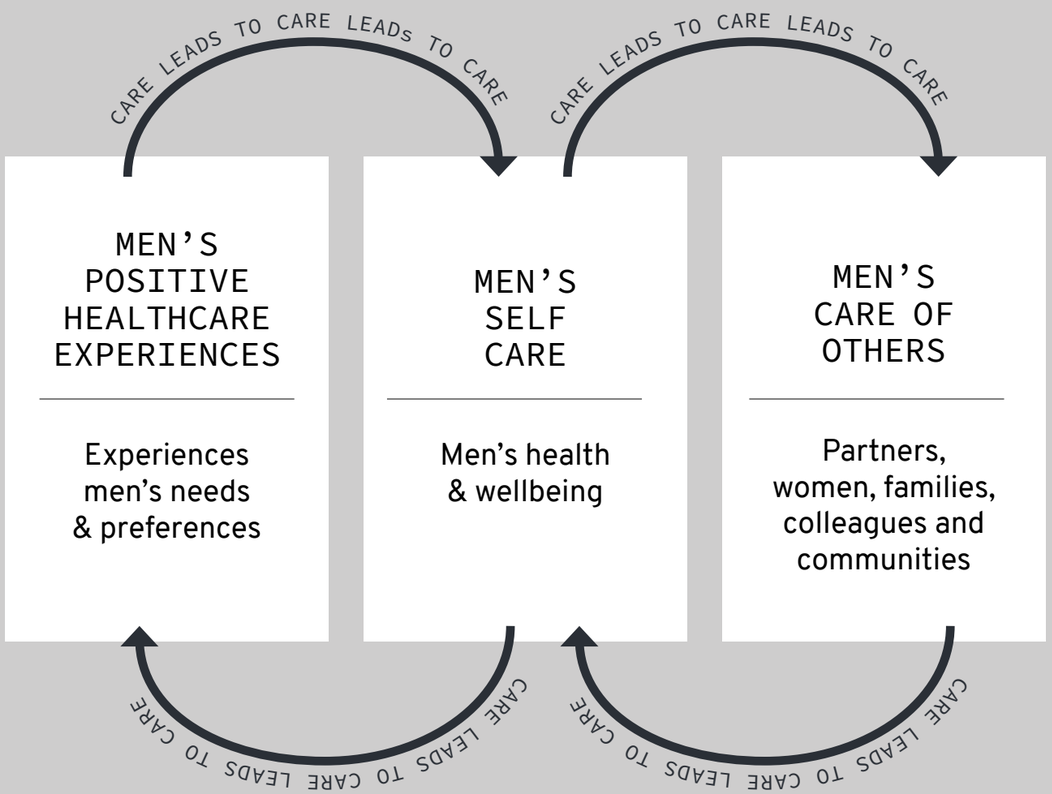
Conclusion:
The state of men's health

Too many men in Australia are dying too young, of causes which are often avoidable. Certain men are more impacted than others: your Indigenous status and where you live in Australia have a significant impact on how long you live. There isn't yet a full picture of men's experience of healthcare, and more research is needed. However, the new polling results in this report reinforce that too many men face challenges and have poor experiences when they do engage with health care. Much needs to be done to create a healthcare system that is sensitive and responsive to all men's needs and preferences, so men don't slip through the cracks. And when men do seek help, the health system does not always respond to their needs.

The Unexpected Faces of Men's Health

While the previous chapter clarified the true state of men's health in Australia and the challenges men face when engaging with healthcare, this chapter goes beyond the man, to understand the profound impact on those closest to them and the broader impact of men's poor health on the economy.

It goes without saying that if men have positive healthcare experiences, they are more empowered to care for themselves, which then enables them to care for others (Gupta & Hook, 2021). This virtuous cycle of care leads to care leads to care is critical for healthy men and healthy families and healthy communities.



THE IMPACT OF MEN'S POOR HEALTH ON OTHERS

There are many ways that a man's ill-health can impact those around him. It is the partners, parents, children, siblings, mates, colleagues, teachers and health workers who are among the unexpected faces of men's health.

A man's physical or mental health across his reproductive life course can impact the pregnancy outcomes of a partner (Carter et al., 2023) and the health of his children from conception to adulthood (Kotelchuck, 2022). Increased body mass index in fathers has been found to not only affect pregnancy outcomes but also correlate with altered growth curves and increased body mass index in childhood (Campbell & McPherson, 2019).

Furthermore, a father's dietary preferences and eating behaviours influence those of his children (Litchford et al., 2020). Mental health challenges that affect fathers are associated with an increased risk of behavioural and emotional difficulties in their children - especially their sons - highlighting the intergenerational impact of mental ill-health in men (Ramchandani & Psychogiou, 2009). A recent review highlighted that paternal depression was associated with a 42% increased risk of depression in offspring (Dachew et al., 2023). Fathers can also be instrumental in preventing intergenerational transmission of mental health risk through better relationships with their sons (Macdonald et al., 2021a).

Fathers' own health, behaviours and attitudes can also impact women's reproductive health, wider health and healthcare seeking behaviours. Research highlights how paternal negative behaviours can enable and reinforce maternal negative behaviours in a wide range of ways, including alcohol usage, smoking, and dietary habits (Leonard & Das Eiden, 1999; Gage et al., 2007; Saxbe et al., 2018).

Conversely, when fathers are healthy, supported and enabled, paternal positive behaviours and family involvement have a wide range of positive outcomes for children and mothers in the short - and long-term, socially, emotionally and academically (e.g. Ewald et al., 2020, Bom et al., 2019).

This highlights the importance and broader impact of inclusive, gender responsive cross-sector policy, services and support for fathers from family planning, through to perinatal and maternity care, and throughout fatherhood (Prehn et al., 2024).

SEXUAL HEALTH

When a man has poor sexual health, this can impact on both his and his partner's health (e.g., through the transmission of sexually transmitted infections and sexual satisfaction) (Heiman et al., 2011). For men living with prostate cancer, the impact of treatment on their intimacy and sex lives can be severe and long lasting, affecting both them and their partners. (Gupta et al., 2023; Ramsey et al., 2013; Grondhuis Palacios et al., 2019).

Other research points to a wider psychological impact on intimate partners when a man is diagnosed with prostate cancer and other cancers. This can take the form of uncertainty about the future, anxiety, depression, feelings of shock, and fear of the death of their male partners (Green et al., 2021).

MENTAL HEALTH

Men's poor mental health can be associated with risky coping behaviours, including gambling and over-consumption of alcohol and other drugs. These coping behaviours can, in turn, contribute to significant harms to those around them. Gambling can damage family finances and have emotional, physical, mental and social costs to partners, children, wider family and friends (GambleAware, 2023). Heavy alcohol and substance use can contribute to violence against partners, family members or complete strangers (Abramsky et al., 2011; Cafferky et al., 2018; Gavriel-Fried et al., 2021; Wilson et al., 2020). Further, the burden (i.e., anxiety, healthcare costs, low quality of life) associated with caring for a male loved one with substance use disorders (including alcohol, illicit and pharmaceutical drugs) can be significant, with caregivers more likely to be female (i.e., wives, mothers and sisters (Swanepoel et al., 2022; Maina et al., 2021).

A MAN'S LIFE LOST

A man's death can have a profound impact on those around him. Losing a spouse or intimate partner is devastating. In addition to the emotional grief and personal loss, it also presents a real financial risk to many households (Fadlon et al., 2020). This risk disproportionately affects women because they are much more likely to be the survivor. In Australia, over 80% of people who have lost their spouse or partner are women (ABS, 2022c). This means that more women suffer from the 'widowhood' effect, where the death of a spouse or significant other can result in poor health, transition to residential care and a higher risk of reduced life expectancy for those left behind (Boyle et al., 2011; Peña-Longobardo et al., 2021; Nihtilä & Martikainen, 2008).

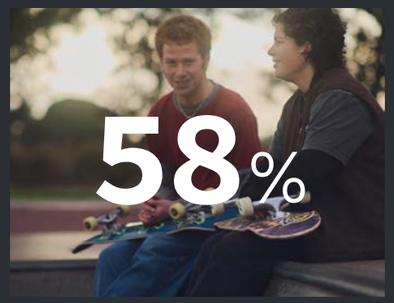
Men account for 75% of deaths by suicide, and Australian research has reported that the death of a person by suicide has a ripple effect impacting, on average, 135 people directly and many more indirectly, and can have a range of profound psychological, physical, emotional and financial effects on those left behind (Cerel et al., 2019).

Informal caregivers

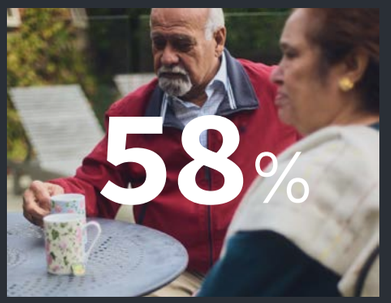
As part of its exploration of the unexpected faces of men's health, this report dives deeper into the experience of one overlooked group in particular: the informal caregivers who look after men when they are not well.

The act of caring for men falls disproportionately (but not entirely) on women – be they partners, mothers, sisters, daughters, or neighbours (Sharma et al., 2016). The care they provide is incredibly important and the men in their lives are often dependent on them. This burden can be intense and we must find ways to reduce the impact.

Over 1 in 10 (2.65 million people) Australians are informal carers (AIHW, 2023h). Movember commissioned new polling[9] of 1,657 caregivers[10] of men in Australia to better understand the experiences of these everyday heroes. The sample included women (64%), men and gender-diverse individuals who are caregivers. It reveals just how all-consuming caregiving can be. The starkest findings related to the impact on caregivers' physical and mental health (Figure 13). Of those polled[11]:



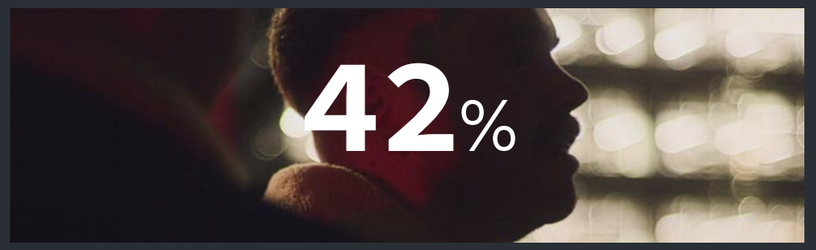
reported negative impacts on their mental health



experienced worries or anxiety

reported negative impacts on their physical health

experienced overwhelm or stress



experienced low mood or depression

[9] The polling in this report is from research carried out by 'The Good Side' in March 2024. Details on methodology for this research can be found here.
[10] In this report we define caregivers as people who care for men with physical and, or, mental health conditions. The focus is on informal and casual caregiving, rather than full time caring or paid caregivers.
[11] As the caregiver polling survey sample was not weighted to be nationally representative, here and further references to the results refers to "of those polled".

"

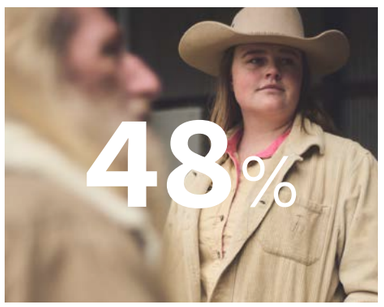
I sometimes feel I've lost myself to the needs of my father, it just takes a toll on me and my body and my mental health.

"

–ZAHRA, AGED 24 YEARS, CAREGIVER TO FATHER WITH DIABETES

of caregivers reported a negative impact on their energy levels

of caregivers reported a negative impact on their social life



of caregivers report a negative impact on finances

of caregivers reported a negative impact on their life satisfaction

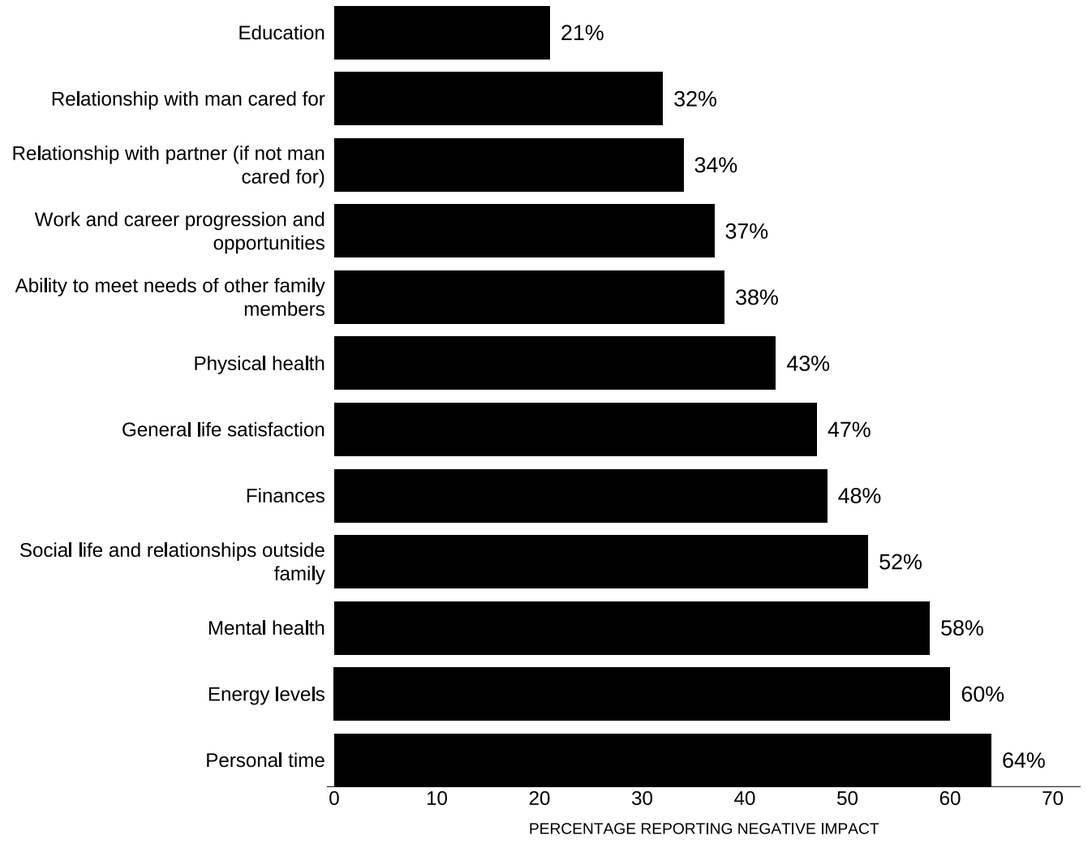
"

I used to have hobbies. I used to go out and play hockey, which I can't really do because especially with the kids, I have to stay home and make sure that I'm there for him, especially if it's a really bad day.

"

–KATE, AGED 38 YEARS, CAREGIVER TO HUSBAND WITH ARTHRITIS

FIGURE 13: POLLING RESULTS: THE IMPACT OF CAREGIVING RESPONSIBILITY ON DIFFERENT AREAS OF LIFE



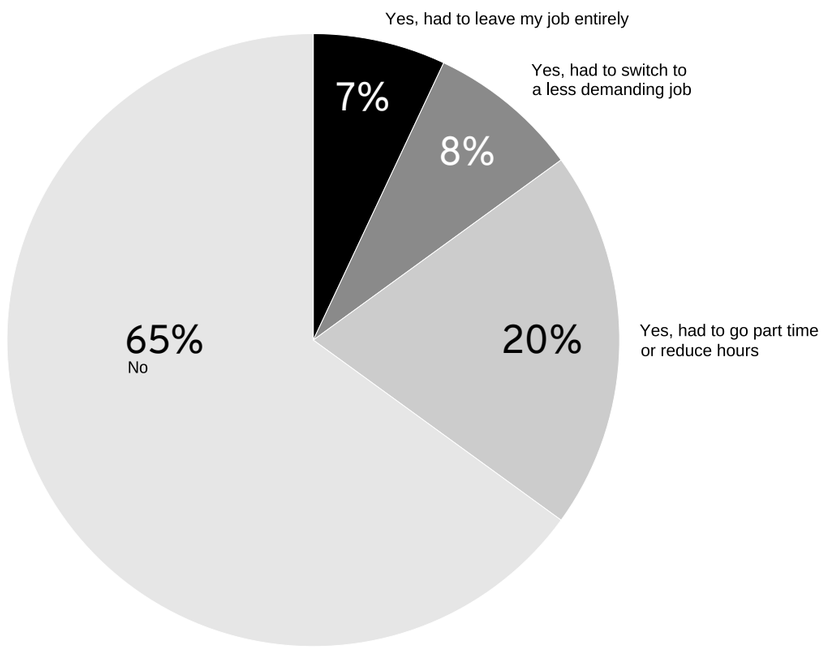
CAREGIVING FOR A MAN CAN ALSO HAVE A SERIOUS IMPACT ON A PERSON'S CAREER OR WEALTH (FIGURE 14). THE NEW POLLING REVEALS THAT:

of caregivers report having to leave or change their job, or reduce their hours, to support the man they look after.

"I don't have the energy and the patience that I need to perform my work. I've had to cut down. I would say not take on any promotions or anything like that. Not take on additional responsibilities because I'm a little bit unreliable. I could get called away at any time or I could need a day off to care at any time."

– JOANNE, AGED 59 YEARS, CAREGIVER FOR PARTNER WITH DIABETES

FIGURE 14: POLLING RESULTS: PERCENT OF CAREGIVERS WHO HAVE HAD TO LEAVE, CHANGE JOB OR REDUCE HOURS TO SUPPORT MAN WITH HEALTH CONDITION



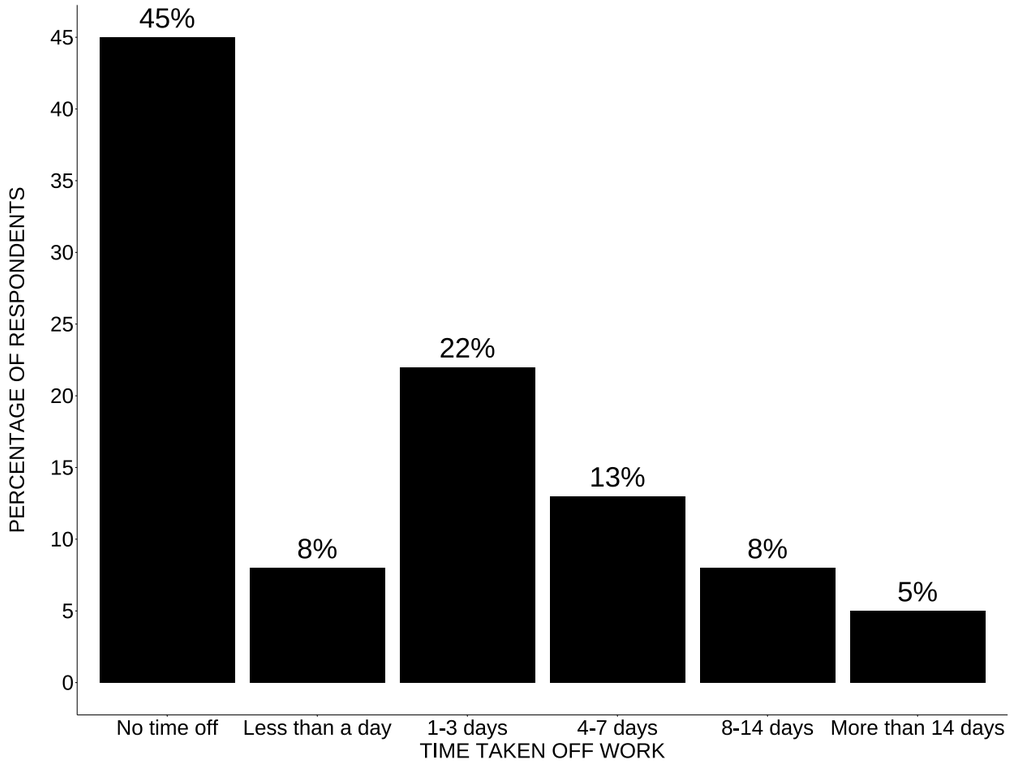
Many caregivers polled who are in employment have had to take some time off work due to their caring responsibilities in the past 12 months (55%), with 1-3 days being the most common time taken off (Figure 15).

The polling suggests that caregiving also has more hidden costs, with 63% of caregivers reporting a negative impact on personal time. Caregivers can feel constantly 'on call' both physically and emotionally, leading to a sense of constantly being time poor.

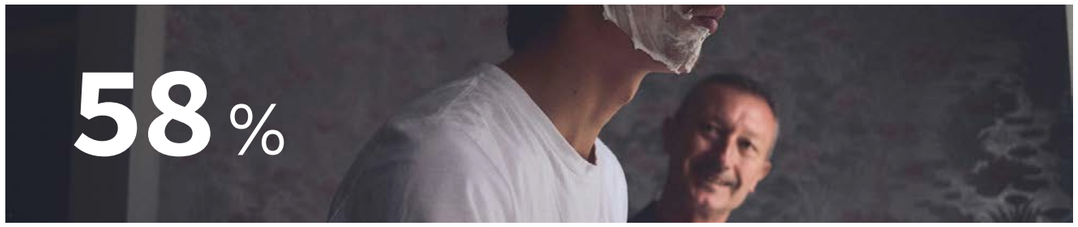
"I want to scream sometimes if somebody tells me one more time to take a moment for myself, I wish I had a moment to give myself. I don't have a moment, and if I do, can I afford it?"

– LAUREN, AGED 40 YEARS, CAREGIVER TO HUSBAND WITH ANXIETY

FIGURE 15: POLLING RESULTS: THE DAYS OFF WORK TAKEN BY EMPLOYED CAREGIVERS



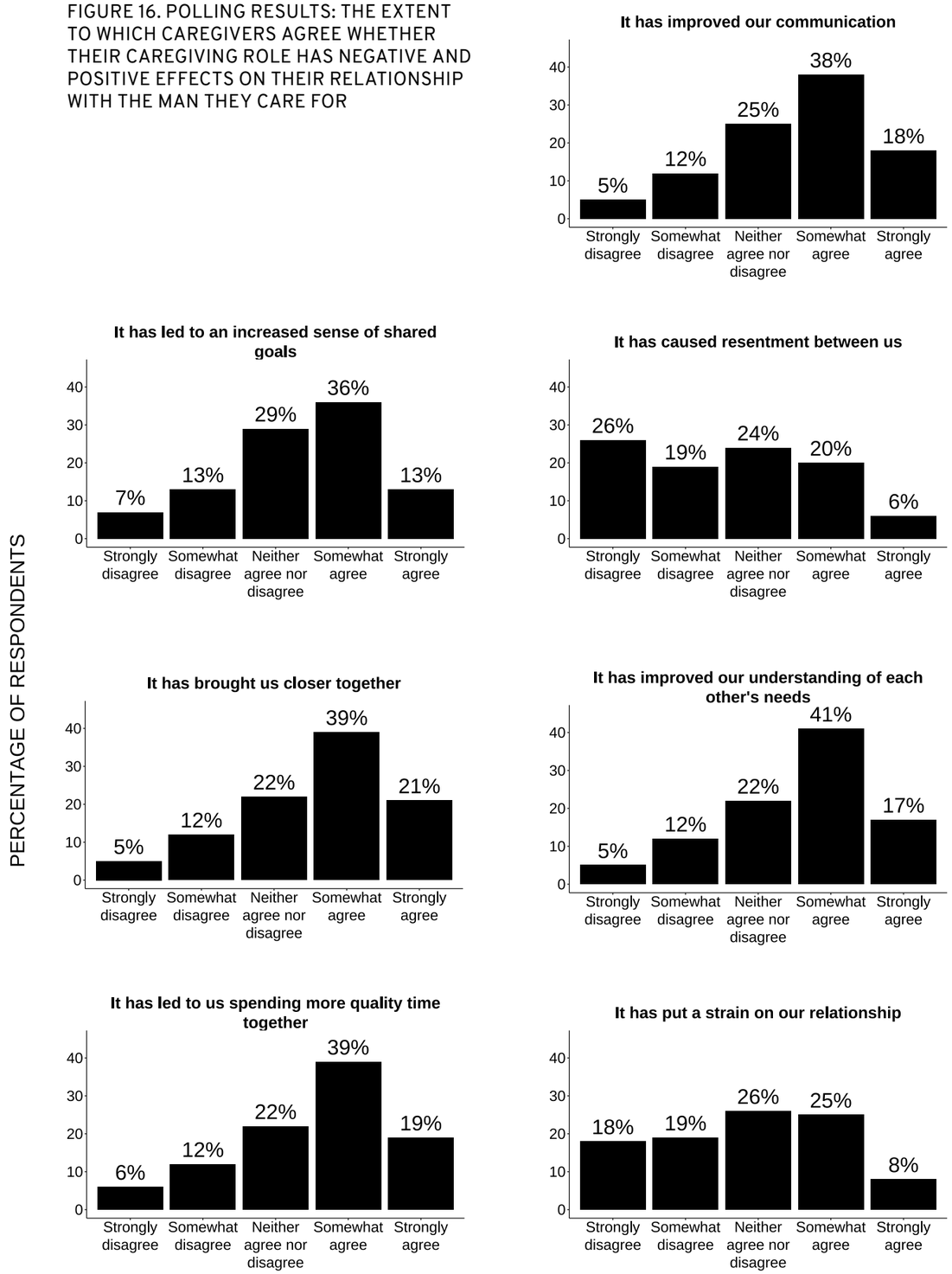
It is important to note that there can be plenty of positive aspects of caregiving. Caregivers agree that there are positive effects on the relationship with the man they care for (Figure 16):



agree that caregiving led to them spending more quality time together

agree that it improved their mutual communication.

FIGURE 16. POLLING RESULTS: THE EXTENT TO WHICH CAREGIVERS AGREE WHETHER THEIR CAREGIVING ROLE HAS NEGATIVE AND POSITIVE EFFECTS ON THEIR RELATIONSHIP WITH THE MAN THEY CARE FOR



Men themselves can also be caregivers to men (36% of survey sample), and polling shows that how the caregiving burden is experienced differs for men and women (Figure 17).

As caregivers, women are more likely to take on multiple support roles, particularly those with an emotional and logistic focus, including but not limited to:

- Emotional support (80% of women vs 65% of men)
- Talking to them about their health and coping (65% vs 51%)
- Domestic support i.e. cleaning, cooking, shopping (65% vs 44%)
- Attending healthcare appointments (50% vs 42%)
- Researching the condition and treatments (46% vs 29%).

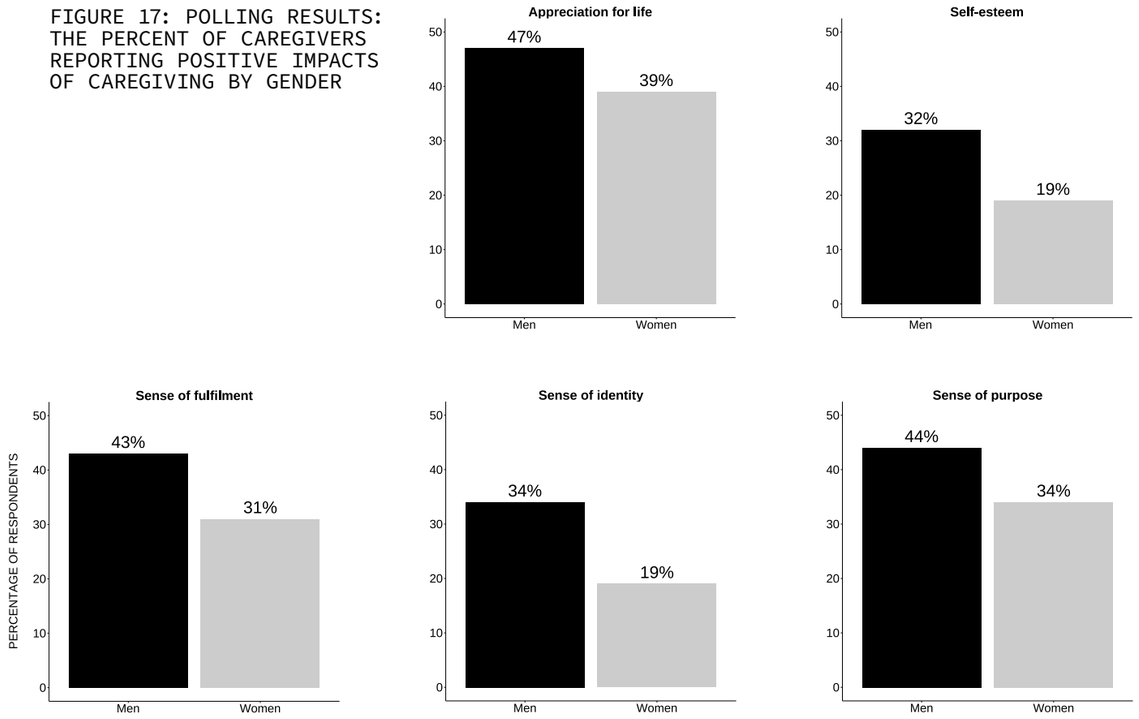
Women as caregivers report greater mental health burdens than men as caregivers. They are more likely than men to report experiencing:

- Worries or anxiety (66% vs 45%) related to caregiving
- Low mood or depression (46% vs 35%) related to caregiving
- Overwhelm or stress (52% vs 33%) related to caregiving.

When compared with female caregivers, male caregivers are more likely to benefit from (Figure 17):

- An increased sense of purpose (44% vs 34%)
- Increased fulfilment (43% vs 31%)
- Increased self-esteem (32% vs 19%)[12].

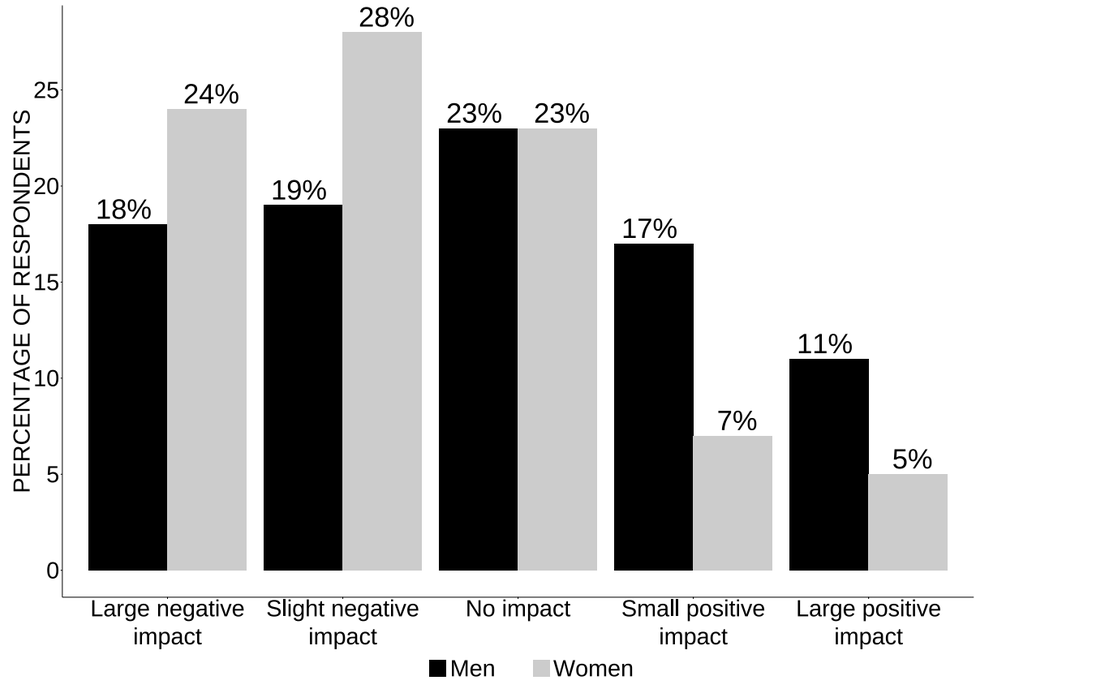
FIGURE 17: POLLING RESULTS: THE PERCENT OF CAREGIVERS REPORTING POSITIVE IMPACTS OF CAREGIVING BY GENDER



[12] Comparative statistics compare the proportion of men vs women reporting a small or large positive impact

Among the caregivers polled, women reported a greater negative impact on their intimate relationships than men (52% vs 37%) when caregiving for a male partner (Figure 18).

FIGURE 18: POLLING RESULTS: THE EXTENT TO WHICH THE INTIMATE RELATIONSHIP WITH THEIR PARTNER (WHO IS THE MAN THEY CARE FOR) IS IMPACTED BY THE MAN'S HEALTH CONDITION – BY GENDER OF CAREGIVER



The findings of this new polling resonate strongly with existing research, which finds that while providing care may have its rewards for caregivers (Roth et al., 2015; Shiraishi & Reilly, 2019), it often means bearing emotional, physical, social and financial burdens (Sharma et al., 2016; Mylek & Schimer, 2023). In Relationships Australia's recent Relationships Indicators report, people in carer roles reported being more likely to experience multiple pressures on their relationships, and were more likely to feel socially lonely (Fisher et al., 2022).

Furthermore, women caregivers are more likely to perform multiple competing roles when caregiving, and men are more likely to gain satisfaction from caregiving than women (Swinkels et al., 2019; Dahlberg et al., 2007). Other findings show that caregiving for people with mental health issues can be particularly challenging (Lamont & Dickens, 2021; Hsiao et al., 2020), especially when caring for men (Yu et al., 2019).

Reducing the number of men in poor health can alleviate the burden on others who would otherwise provide caregiving.

THE ECONOMIC IMPACT OF MEN'S POOR HEALTH

When a man has health challenges, this can limit his earnings. Depression, for example, is the leading cause of disability in Australia, and is associated with reduced weekly hours worked, lower household income and increased deprivation (Campbell et al., 2022).

A study in Canada found that for men with either poor general health or poor mental health, there is an approximate $35,000 drop in the combined household income compared with those with good to excellent health (Martin, 2018).

As revealed by this report's polling, a man's ill-health can also create a financial burden for caregivers, who may sometimes also have to quit their jobs or work fewer hours. Caregiving for a man can also have direct costs on carers, including extra costs for food, transport and medicine. The poll findings on the financial cost of caregiving are supported by existing academic research, which suggests that the financial needs of carers are not adequately addressed (Temple & Dow, 2018; Wayland et al., 2021).

Looking at the bigger picture, men's ill-health also has significant economic costs to the country. There are direct costs to the health and care systems of looking after men. And there are indirect costs to the economy as a whole, caused by reduced productivity and earnings, which also means less tax income for the government.

New research commissioned for this report (HealthLumen, 2024) reveals the very significant economic costs of men's ill-health to Australia. The research estimates the economic costs of the five conditions that cause the largest number of years of life lost to ill-health by men in Australia in 2019[13] (coronary [ischemic] heart disease, lung cancer, suicide, chronic obstructive pulmonary disease and stroke).

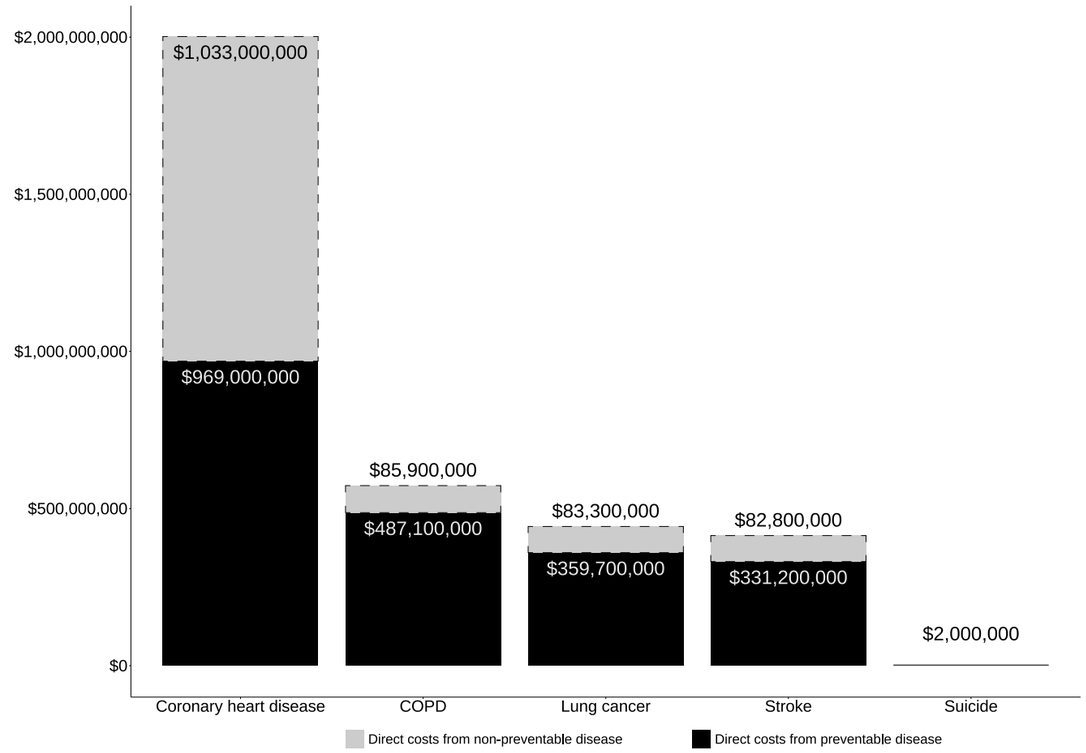
In 2023, the direct healthcare costs of these five conditions in men in Australia totalled $3.4 billion. Healthcare for coronary heart disease alone accounted for $2 billion of these costs (Figure 19). These direct costs include GP visits, hospital services, and costs for pharmaceuticals among other things.

Additional indirect costs to the wider society amounted to $10.5 billion. Chronic obstructive pulmonary disease accounted for $5 billion of these costs[14]. These indirect costs included lost productivity, costs of informal care and lost tax revenue to the government.

The analysis reveals that $2.1 billion of these direct healthcare costs and $8.6 billion of the indirect costs were due to preventable disease (caused by 'modifiable risk factors')[15] (Figure 20).

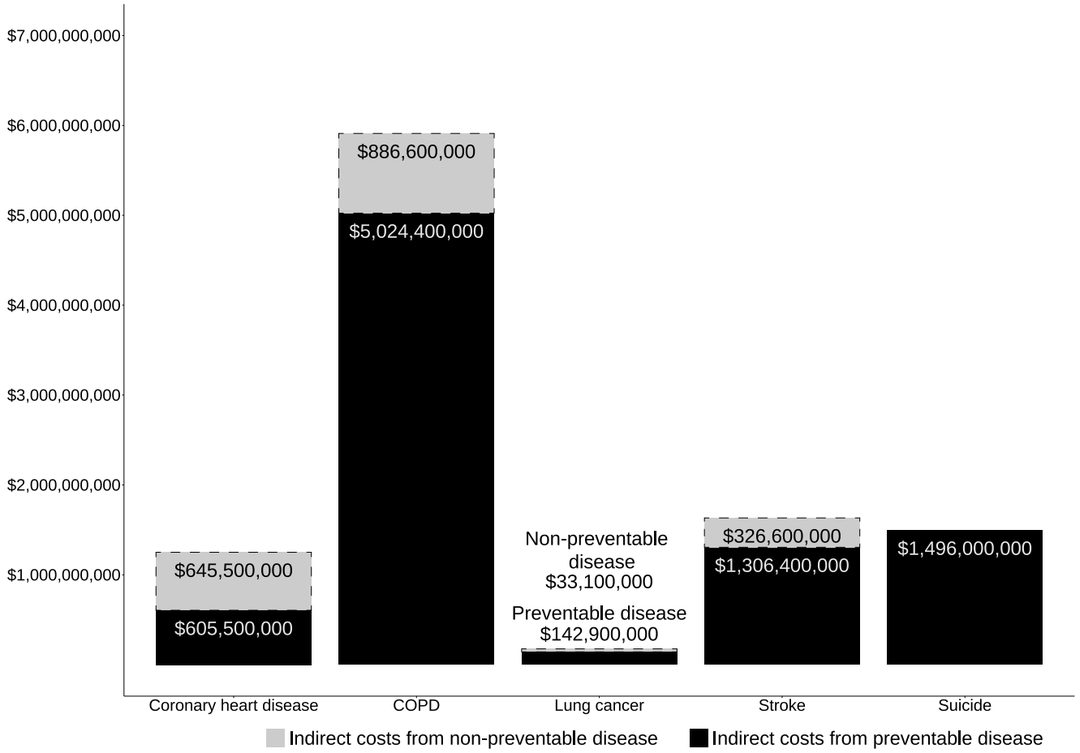
This equates to nearly one tenth of the government's overall spending on health in 2023-2024 (AGDHAC, 2023), or 1.6% of the government's total spending for 2023-24 (Mercer, 2023).

FIGURE 19: BREAKDOWN OF AVOIDABLE DIRECT COSTS OF SPECIFIC DISEASES IN MEN IN AUSTRALIA IN 2023



[13] 2019 was used to determine which conditions to focus on because it is the most recent year for which comparable data was available for the 5 countries the research looked at. By focusing on 2019 we also remove COVID-19 from the picture which allows us to make more generalisable conclusions as 2019 was a more 'normal' year.
[14] Chronic Obstructive Pulmonary Disease (COPD) refers to a group of diseases that cause airflow blockage and breathing-related problems. It includes emphysema and chronic bronchitis
[15] The direct healthcare cost calculated for suicide in Australia by Health Lumen differs substantially from the Productivity Commission Inquiry Report 2020 (around $14.4M compared with our $2.2M). The approach was to only included male-only direct costs Within our estimate only direct male costs were included (e.g. production disturbance, human capital, administrative, transfer, and payments to carers), whereas The Productivity Commission Inquiry Report 2020's estimate includes additional costs for those affected by suicide fatalities, and as such it is expected that their direct cost calculation would be higher.

FIGURE 20: BREAKDOWN OF AVOIDABLE INDIRECT COSTS OF SPECIFIC DISEASES IN MEN IN AUSTRALIA IN 2023



In recognising the impact of socioeconomic disadvantage on men's health, which is not something that can be addressed easily or quickly, it is not realistic to assume all preventable health conditions may be avoided.

Nevertheless, this data indicates the scale and significance of the costs that could be saved through preventative interventions to target these five conditions. It should be highlighted that this savings estimate is likely to be an underestimate of the benefit when considered over time, as it does not account for the better health trajectory of these men across their life course.

Conclusion:
Healthier men, healthier world

Given the broad consequences of men's poor health on others, the good news is that improving men's health can have a transformative impact not just on men themselves, but also on others.

New research also shows that improving men's health can save the healthcare system and wider society billions of dollars and boost economies.

And fortunately, through 20 years of working with men, Movember has learnings about what can work when it comes to improving men's health.

A Brighter Picture: What Works in Men's Health

We want men and boys to understand their health and see the health system as a place where they belong, where they are understood, and are responded to effectively in ways they want and need. To achieve this we need to know, apply and strengthen what works when it comes to reaching men with programs that improve their health literacy to drive help-seeking, and ensure we deliver healthcare approaches built with men in mind.

Of course, men care about their health. But for all men to feel compelled and confident to take control of their health, we must offer a healthcare experience that resonates with men, positively integrating healthcare into their lives.

This means that along the health system continuum and throughout their life course, boys and men are equipped with the health literacy skills that give them agency to understand their health and health risks and empower them in self-care. Men's help-seeking journeys must also be supported, so that when they do reach out for support, they are met with practitioners that can connect with them holistically, engage and respond to them effectively, and retain them in care until their health needs are met.

To get there, we need to invest in, and apply insights from what we already know works in 1) men's health promotion, 2) in gender responsive healthcare services, 3) in the approaches and competencies practitioners apply to effectively engage men in care, and 4) in the research agenda to strengthen the men's health evidence base.

This chapter features examples, from Australia and abroad, of what works across these four critical elements of health system function in terms of how to effectively engage with men. These examples span the entirety of the sector with differing levels of evaluation and evidence. The key design and delivery features common to their success are discussed.

What works in health promotion to advance health literacy in men

There is an association between strong health literacy and engagement with healthcare. Men with higher levels of health literacy are more likely to regard preventive health services that promote healthy lifestyle and help-seeking as important (Smith et al., 2023).

Ensuring health literacy is specific and well researched is essential, as there is growing evidence to show that the perpetuation of masculine stereotypes through generic men's health promotion efforts can inadvertently have health-damaging consequences (i.e. reinforce unhealthy masculine norms, as a means to try and engage with men at a population level - e.g. "it ain't weak to speak" (Galdas et al., 2023)).

COMMUNITY BASED MEN'S HEALTH PROMOTION PROGRAMS

Community based men's health promotion aims to reach men in both community and online places and spaces of meaning to them. These programs are specifically designed to bring men together in peer groups for the purpose of sharing health literacy information and/or providing social connection. These programs can overcome structural and gendered barriers that some men face in accessing relevant health information and services (Macdonald et al., 2022).

Health promotion interventions delivered through professional sporting organisations can significantly improve weight- and lifestyle-related health outcomes, and the role of community-based sport settings in particular has been highlighted as an effective setting to advance health literacy in men (George et al., 2022). A recent systematic review reported the positive effects of sports-based interventions on the mental health and mental health literacy outcomes of young males (Petersen et al., 2024). Current evaluations of these programs indicate that there would be a significant return on investment, regarding men's health literacy, from further funding and scaling of these programs.

In the clubrooms and beyond

MOVEMBER'S AHEAD OF THE GAME*

(AUS, UK, IRE, NZ) program is a series of mental fitness workshops for young people aged between 12-18 years, delivered through community sports clubs. The program is delivered across our markets and our AFL partnership in Australia. The program teaches adolescent players, parents and coaches how to talk about their mental health and get support if, and when they need it. A non-randomised controlled trial of the program at community sports clubs across Australia found a significant increase in young men's intentions to seek help from formal mental health sources such as a GP or a psychologist, and a significant increase in their confidence to seek out mental health information (Vella et al., 2021). *Funded by Movember.

Similar sports-based programs, including Football Fans in Training have used football club settings to deliver health lifestyle modification programs for men.

FOOTBALL FAN IN TRAINING

(UK, AUS, NZ, CAN, EU) is a 12-week session-based weight management and healthy living program delivered to men in professional football clubs. Originating and scaled up across the UK (Hunt et al., 2014), it has since scaled out to other countries and sports. Randomised controlled trials have shown that men achieve significant reductions in a range of cardiometabolic risk factor measures, including weight and waist circumference, blood pressure, alcohol consumption, fruit and vegetable consumption, and psychological wellbeing (Hunt et al., 2014; Maddison et al., 2023).

THE CHANGING ROOM*

(UK - Scotland) is a 12-week, peer facilitated mental health and well-being program for men, aged 30-64 years, run by the Scottish Association for Mental Health. The program brings together men, on their home football stadium turf, to talk with peers not only about football, but also how they are feeling and to support each other to navigate through, and make sense of, a crisis, and connect men to crisis support, if needed. In an external evaluation, significant increases in mental well-being, life satisfaction and social support were reported by participants, along with improvements in their relationships, career and social lives (Scottish Government, 2023; First Person Consulting, 2022). *Originally funded by Movember.

BROTHERS THROUGH BOXING*

(UK) is a six-month program which connects young, socially-isolated men through regular boxing training and group discussion. Currently based in Peterborough, Cambridgeshire and London (with plans to scale across the UK), it targets men aged 16-25 years who are not currently in employment, education or training. Analysis from longitudinal data showed significant positive change with life satisfaction, mental wellbeing and social connectedness all significantly improving upon completion of the program (First Person Consulting, 2022). Improvements in these outcomes were maintained at follow-up. Among young male participants, 80% report reduced feelings of loneliness (Boxing Futures, 2024). *Originally funded by Movember as part of the Social Innovations Challenge grants.

In the workplace

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MATES IN CONSTRUCTION

(AUS) is a workplace-based, peer-to-peer suicide prevention program that builds construction workers' suicide literacy and resilience, as well as connecting them to support when needed. A recent review of the impact of the Mates in Construction program found evidence of benefits to participants' mental health and suicide prevention literacy (Gullestrup et al., 2023). Results also showed the importance of peer-to-peer support when it comes to men's health promotion and suicide prevention.

BUDDY UP

(CAN) is a peer-based suicide prevention campaign for men. Co-designed with men, this campaign encourages men to 'Buddy up' and look for signs of distress in their work peers and offer support. Evaluation of the program reported that 95% of men were more confident to talk with their peers about mental health and suicide, with participants reporting that the program fostered new healthy masculine cultures of disclosing mental health challenges through teamwork and preventive action (Sharp et al., 2023).

In the classroom

SILENCE IS DEADLY*[16]

(AUS) is a program focused on encouraging young men to discuss and reflect on connections between typical ideas of 'how men are' and discomfort when seeking help. It is led by male rugby players who model healthy masculinities by discussing positive, help-seeking experiences and lessons learnt in challenging traditional masculine norms (Calear et al., 2017). A controlled evaluation trial showed that at 12-week follow-up, the Silence is Deadly program increased young men's intentions to seek help from their friends (Calear et al., 2021).

In addition, a range of school-based programs aims to normalise vulnerability and connection between young men to destigmatise health issues and encourage help-seeking. Examples currently being implemented and evaluated in Australia include Tomorrow Man, Top Blokes and The Man Cave programs.

Separately, a systematic review of school-based wellbeing programs for young men found significant scope for expansion of the rigour of program evaluations (Gwyther et al., 2019), which is critical if we are to scale up what works to connect young men with health in schools.

**Funded by Movember as part of its Scaling What Works grants.*

DADS TUNING INTO KIDS

(AUS) is a sessional based parenting program that has been shown by randomised controlled trial (involving 162 fathers of 4-year-old children attending preschool) to support fathers in building their own and their children's emotional socialisation competence, that in turn has positive effects for a father's parenting satisfaction, and their psychological wellbeing (Havighurst et al., 2019). Fathers reported reduction in their children's difficult behaviours. Benefits at 6 months follow-up also extended to improved functioning of the partners of fathers. This is an example of the potential of investment in services for fathers to have intergenerational impact.

Another Australian program being developed and tested that aims to support fathers' mental, physical and social health and wellbeing in early fatherhood includes Working Out Dads (AUS) (Giallo et al., 2020).

THE WIZEGUYZ*

(CAN) is a school-based, evidence-informed and gender-transformative program designed to create male-friendly spaces for adolescent guys (aged 13-15 years) framed around life skills for health and well-being. Comprehensive evaluation of the program (from over 800 participants) has been conducted since 2014, with data indicating that the young men who complete the program have improved mental health, are better able to engage in healthy relationships and feel more comfortable making social connections and coping with negative emotions (Claussen, 2019; Exner-Cortens et al., 2019; WizeGuyz, 2016). This program has recently been scaled from a school-based program to youth justice settings with an adapted curriculum aiming to empower vulnerable young men.

**Funded by Movember.*

[16] Movember acknowledges that the term "deadly" has different meanings for different cultures, which may not reflect the intended meaning for this program

Social connection in community

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MEN'S SHEDS

(AUS, UK, CAN, NZ, IRE) originally established in Australia, these are community-based spaces that offer and cultivate social connection for men through local peer group networking and support. There are close to 1,000 Sheds across metropolitan, rural and remote communities in Australia alone. Sheds offer an environment conducive to men learning and sharing health information in non-traditional formats. In independent evaluations of Australian Men's Sheds, Shedders report heightened self-esteem, better physical health and enhanced mental well-being and help seeking (Flood & Blair, 2013; Cordier et al., 2014; Kelly et al., 2019). The concept of Men's Sheds as an alternative healthcare route and as a social prescribing option for healthcare practitioners has been recently described (Kelly et al., 2021).

The **Men's Table, Mr. Perfect, The Fathering Project, Grab Life by the Balls, Fat Farmers** and **When No One's Watching** (AUS) are some of the many other community-run peer support programs for men or new fathers, focused on bringing them together to connect, support one another, and share life's challenges, typically over a coffee, a meal or fitness group, or other social activity.

Men's online health resources

There are a range of long-standing and recently initiated online programs that offer dedicated men's health information and resources. These can be used by community groups and in health services in general or in key times of need (e.g. new fatherhood, psychological distress).

HEALTHY MALE

(AUS) funded by the Australian Government, provides evidence-based, easy to understand resources written by clinical experts, focusing on a range of common health conditions, including sexual and reproductive health conditions, that affect men. The website received over two million visits between 2017 and 2020, with its clinical resources being downloaded almost 6,000 times (Urbis, 2021).

SPANNER IN THE WORKS

(AUS) is a men's health promotion program, offered by the Australian Men's Shed Association and Healthy Male that comprises resources catering for men of different age groups in the form of a 'service and maintenance' schedule that men can access to support their health information needs. The resources also include a comprehensive health promotion toolkit that can be distributed to community organisations and workplaces to be used for men's health promotion events. Evaluation of the program found that the initiative was effective in reaching both healthy and at-risk men through a large agricultural event in rural Australia (Seaman et al., 2020).

HEADSUPGUYS.ORG

(Global) is an eHealth resource for men with depression. The website includes a "Self-Check" tool that men can use to self-screen for depression, as well as resources for finding a therapist in multiple countries. HeadsUpGuys.org has global reach, being accessed by users in more than 20 countries between 2015-2020. During this time, the Self-Check page was visited by 355,614 unique users, with four out of every five users scoring above the threshold for moderate depression (Ogrodniczuk et al., 2021).

SMS4DADS

(AUS) is an auto-text algorithm-driven messaging service that provides information and support for new dads and those who are transitioning to fatherhood to help them to understand and connect with their baby and support their partner (Fletcher et al., 2017; 2019; 2023). It also acts as a health and wellbeing check-in service using an interactive mood tracker and connects them to professional support and perinatal mental health services. A recent feasibility study reported 93% of men found the messages helpful, 83% felt less isolated and 81% found the messages helped their relationship with their partner.

FAMILY MAN*

(AUS) (formerly Parentworks) is an online, self-directed, father-inclusive parenting program that recognises that being a family man can be both rewarding and challenging. It aims to provide a toolkit of resources and support to help fathers navigate their role so they can be an effective, present parent to build stronger families. Originally developed by the Like Father Like Son team at the University of Sydney, it is based on the evidence-based parenting program by Dadds and Hawes (2006). It has been shown, by randomised, wait list, controlled trial, to result in lower levels of parent-reported child conduct problems and parenting stress and domestic disruption. (unpublished report)

*Funded and hosted by Movember.

MAN THERAPY

(US) is an online health resource, co-designed through cross-sector collaboration (health, marketing and technology sectors), that aims to reduce suicidality and depression amongst men. Man Therapy has been evaluated through a randomised controlled trial that demonstrated that the intervention reduces suicidal ideation and symptoms of depression in men (Frey et al., 2022), and increases help-seeking to professional health services (Gilgoff et al., 2022).

IFARMWELL

(AUS) is a mental health and wellbeing online program co-designed with farmers that uses principles of acceptance and commitment therapy to equip farmers with coping strategies to help manage uncertainty, stress and improve their mental wellbeing. In an evaluation involving 228 Australian farmers, distress significantly decreased and mental wellbeing increased following completion of the program, and these effects were maintained at 6-month follow-up. Improvements were greatest for farmers who started the modules with high levels of distress and low mental wellbeing. Satisfaction and usability of the program was high and 95% of participants said they would recommend ifarmwell to others in need of the advice and the tools it offers (Gunn et al., 2022).

THE RISK CHECKER

(UK) from Prostate Cancer UK is an online tool that aims to equip men with the knowledge to make an informed decision about whether a prostate-specific antigen (PSA) blood test is right for them. The design of the tool included a co-production workshop with a small number of clinical experts and men at risk of prostate cancer. An evaluation found that 75% of the men at risk who used the tool felt it helped them to make an informed choice (Norori et al., 2024).

Podcasts offer situational, peer-to-peer approaches to increase health literacy and help-seeking among men and are growing in popularity (Shepherd et al., 2024), particularly amongst younger men as a preferred source of information and support (Caoilte et al., 2023).

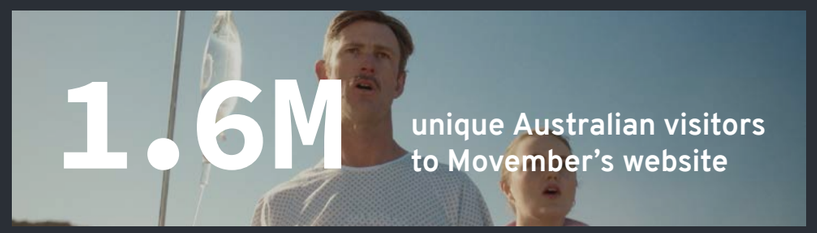
Although yet to be formally evaluated, they are based on the evidence for peer-to-peer interventions in men, and critically, reach large and culturally diverse audiences through engaging formats and cover contemporary and emerging health subject matter that resonates with men.

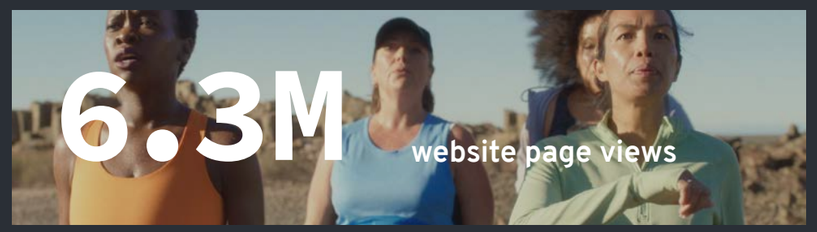
Men's Health Podcasts (AUS)

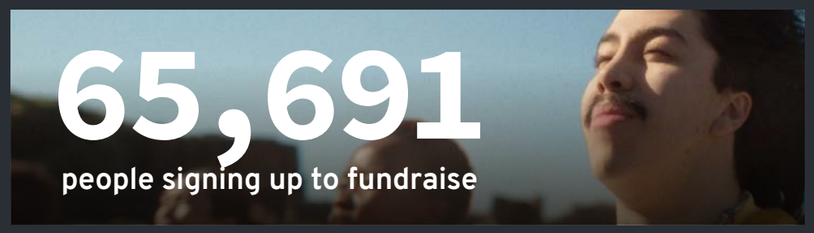
- How Other Dad's Dad
- Young Blood Men's Mental Health
- Real Stuff
- Understanding Boys
- Mindful Men
- Dads in Progress (Movember)
- Now and Men

Men's health media promotion campaigns

For Australia alone, the 2023 **'Mo is Calling'** campaign resulted in:







Public health outreach campaigns remain the most effective way to reach people at scale. They have the potential to achieve population-level behaviour change, through targeted education, awareness-raising and advocacy.

The HIV public health campaign is one of the best-case examples of the profound impact such campaigns can have. In tandem with specialist care pathways and pharmaceutical innovation, this campaign helped to control the spread of the HIV virus. The advocacy efforts that followed prompted investment in research that led to improved preventative approaches, treatments and support, dedicated healthcare programs, and served to combat stigma and discrimination of people living with HIV (LaCroix et al., 2014).

The Movember Campaign is another best-case example of how men and communities can be mobilised on a mass, global scale to affect change.

THE MOVEMBER CAMPAIGN

is Movember's annual month-long fundraiser and global men's health awareness drive. For Australia alone, the 2023 'Mo is Calling' campaign resulted in 5.8 million video views, and close to 1.6 million unique Australian visitors to Movember's website, 6.3 million page views, and 65,691 sign-ups to fundraise. Movember also has a number of specific sub-campaigns such as **Know Thy Nuts** to promote self-screening for testicular cancer. Men who engaged with this content were significantly more likely to have checked their testicles in the year prior than the general population (68% vs 28%) and more likely to have spoken to a healthcare professional about something that didn't look right than the general population (29% vs 18%) (Younger Lives, 2021).

At a country level, men's health campaigns that are co-designed with men themselves and delivered through stakeholder partnerships have been shown to have reach and impact.

DOING IT TOUGH'S

(AUS) "I found support that worked" campaign was developed in consultation with men with lived experience of suicide and mental ill-health, featuring men describing when and where they were able to access support. The campaign reached more than 2.2 million people, and directly connected more than 285 people with the appropriate support (Suicide Prevention Australia, 2023).

MAN UP*

(AUS) is a 3-part documentary which encourages conversations and normalises men's emotional experiences, mental ill-health and help-seeking. A controlled evaluation showed that men who viewed the Man Up documentary showed a reduction in their conformity to masculine norms, alongside increased likelihood of seeking help and recommending help to others (King et al., 2018).
*Funded by Movember.

KNOW YOUR MAN FACTS

(AUS) is an ongoing campaign that gives people the information they need to improve men's health. Produced by the Australian Men's Health Forum, Know Your Man Facts toolkits cover topics that empower men to take action on their physical and mental well-being. Resources include infographics, booklets, and end-to-end presentations with speaker notes that anyone can deliver throughout the year and during key events, such as International Men's Health Week (June) and International Men's Day (November).

INTERNATIONAL MEN'S HEALTH WEEK (IMHW)

(Global) is a dedicated week in June each year originally devised by the Men's Health Network (US) along with representatives from six leading men's health organisations around the world to increase awareness of male health issues. It is a highly successful annual campaign, now in its 30th year, spanning countries and regions globally. The week sees grassroots men's health education events in workplaces and communities all the way through to alignment of scientific and advocacy activity to advance men's health policy and practice.

A gender responsive healthcare system: health services, screenings, designed with men in mind

The World Health Organisation and the Lancet Commission on Gender and Global Health advocate that advances to the health of our communities will be achieved through gender responsive healthcare systems that privilege gender equity in their design and delivery of care (Hawkes et al., 2020; Manandhar et al., 2018).

Men's health disadvantage, and the reasons tied to it, are often misunderstood as a function of men's lack of help-seeking or their unwillingness to engage in care (Seidler et al., 2016). Yet the available evidence highlights that the lack of gender-sensitised, male-oriented services is a critical barrier to help-seeking among men (Macdonald et al., 2022). The key here is to develop and embed models of gender responsive healthcare that "purposefully respond to the depth and diversity of people's gendered health and illness experiences to optimise their outcomes" (WHO, 2016).

Healthcare practitioners obviously play a critical role in the delivery of gender responsive healthcare. A Movember-led scoping review of the literature (Seidler et al., 2024a) identified a range of gender responsive strategies that can be applied by health practitioners to effectively engage men in care under the three themes of: Tailoring communication and language to reach men and keep them connected throughout health care encounters.

Tailoring communication to reach men and keep them connected throughout health care encounters.

Purposefully structuring treatment in a collaborative manner to effectively respond to men's health care needs, and

Centring the theraputic alliance to be receptive to, affirming and responsive to men's gendered patterns of health and help seeking in order to retain men in care.

The sections that follow highlight a selection of programs, services and research that use these strategies to make a real difference in men's health.

Preventive healthcare

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Screening programs and designated health checks can be powerful measures to improve men's health, given that the major burden of disease in men is due to premature mortality from preventable injury and disease. Below are just a few examples of the impact screening can have on men's health. The evidence is clear: men's health benefits from engagement in effective prevention and health screening services.

GENDER-SENSITISED SCREENING NOTIFICATION

(AUS)[17] The uptake and therefore health impact of screening programs can be enhanced by using gender-sensitised approaches. A randomised, controlled trial tested the impact of language adjustments in the advance-notification letter used for the Australian Government's colorectal screening program. The adjustments were made based on evidence regarding the best timing, content and structure of messaging for men in the target demographic. It resulted in a 12% greater likelihood of men taking up the screening, effectively equating to 34,414 additional men screening per year and 2,409 positive tests allowing early intervention (Zajac et al., 2016).

OZHELP'S EARLY INTERVENTION HEALTH SCREENS

(AUS) provide health and wellbeing checks ('Tune Ups') for companies in the building and construction industry. By attending places of work in this majority-male industry, Tune Ups provide referrals to men who have (or are at risk of) mental and physical health problems. When followed up three months after their Tune Up, 29% of participants reported having visited their GP, 40% reported talking to a friend or counsellor after their Tune Up, and 98% found their Tune Up helpful (OzHelp, 2023).

THE EPIC-NSW

(Expanded PrEP Implementation in Communities–New South Wales) **(AUS)** study tested the provision of HIV PrEP medication to at-risk men who have sex with men in New South Wales, Australia. PrEP was close to 100% effective at preventing new cases of HIV (Grulich et al., 2018).

[17] Note: this gender sensitised screening was not taken up by the Australian Government's program, but is included here to highlight the benefit of such approaches.

Male-friendly and male-specific services

Health services can also make changes to better accommodate men and ensure that every contact counts (White & Tod, 2022). The design of health services is one factor in reaching and responding to men, particularly when it comes to intervening early for mental ill-health and chronic disease. Too often, men report structural barriers that get in the way of them using services in a timely manner when health issues arise – from cultural insensitivity, access times that conflict with work and family commitments, waiting periods, lack of relevant male-specific information, to poor coordination between different services (Mursa et al., 2022; Palmer et al., 2024; Seidler et al., 2020; Wynter et al., 2024; Baker & Shand., 2017).

It does not require major shifts in health service design to create settings and approaches that are more sensitive and responsive to men's healthcare needs and preferences. Through collaborative co-design initiatives that integrate the role of masculinities in men's health, the positive impacts can be profound. While wait times are more systemic issues that are out of the scope of this report, the digital revolution does offer the potential to meet some men's preferences to seek help online (Ellis et al., 2013). If designed with men in mind and integrated correctly into health services, digital apps and e-health interventions can bridge the critical time gap between men needing face-to-face help and receiving it, particularly for men in crisis, and to provide ongoing follow-up care so men do not fall through the cracks (River, 2018; Trail et al., 2022, Opozda et al., 2024).

THE BENDIGO MEN'S HEALTH CLINIC

(AUS) in Bendigo, Victoria, is a dedicated clinic within the Community Health Service, offering a men's health model of care staffed by a men's health nurse practitioner. It offers bulk billed comprehensive 45-minute holistic healthcare consultation for rural men who have a preference for a male-specific services, and community and workplace screening and education programs that often initiate men's first contact with healthcare. It is one of only a limited number of dedicated men's health services in Australia, and has extended operating times to accommodate for working men. Its 20 years of operation and evaluation data, confirm that the male-sensitive engagement strategy is successful and resonates with men (Strange & Tenni, 2012).

Below are examples in settings where dedicated service delivery works and is recommended to target men who, for gendered reasons, may be less likely to take up traditional services. In addition to being valuable services for these men, the approaches and expertise utilised by these services can inform the sector more broadly.

MENSLINE

(AUS) provides a support, information, and referral service for men with family and relationship concerns. This national service answered 66,726 calls in the 2019 financial year, highlighting the high demand for male-specific services of this kind (Urbis, 2021).

JAMES' PLACE

(UK) is a suicide prevention service for men. The James' Place model is person-centred, structured, action-oriented and solution-focused. Multiple stakeholders, including men with lived experience of suicide, took part in the co-design of the service (Hanlon et al., 2022). The model has been shown to lead to clinically significant improvements in men's health outcomes. Following treatment (which consists of nine sessions), only 4% of men had severe stress levels, compared with 61% at the start of the program (Saini et al., 2022). Therapists report that the James' Place therapeutic environment, specialised training, and adaptability to men's individual needs make it highly appealing to men (Hanlon et al., 2023). Recognising the impact of the service for men in suicidal crisis, the UK Government awarded £625,000 of funding under its suicide prevention strategy to provide two full-time-equivalent therapists in James' Place centres in Liverpool, Newcastle and London.

THE HOPE SERVICE

(UK) emphasises men's preferences for practical support by integrating mental health treatment with practical, financial and specialist advice for men at risk of suicide (Farr et al., 2022). This approach can be particularly useful for men who do not see mental illness as their primary concern, allowing the service to collaborate with these men in addressing the psychosocial stressors that cause and perpetuate their distress.

Culturally responsive services

Health services and programs that accomodate for men's different identities are more likely to engage and retain men, compared with services which are not sensitive to these identities.

Indigenous Australian men have around 70% higher odds of experiencing barriers to health service use than non-Indigenous men (Terhaag et al., 2020). Indigenous men in particular are therefore likely to benefit from culturally appropriate services (Wenitong et al., 2014; Canuto et al., 2018a; 2018b).

In order to best meet the needs of Aboriginal and Torres Strait Islander men, and all First Nations people, services should be available that are Indigenous-led and Indigenous-controlled. 80% of Indigenous men in South-East Queensland for example, overwhelmingly prefer to access social, emotional and mental healthcare (80%) and care for sensitive health issues (79%) via Aboriginal and Torres Strait Islander Community Controlled Health Services[18].

DARDI MUNWURRO

(AUS) is an Indigenous-led organisation delivering a range of programs for Aboriginal and Torres Strait Islander (First Nations) men. Dardi Munwurro's ultimate goal is to break the cycle of intergenerational trauma in the Aboriginal community and disrupt the patterns of behaviour that can result in domestic violence by addressing the social determinants of First Nations men's health. This approach acknowledges the importance of family, community, and culture to First Nations people for achieving positive health and wellbeing outcomes. While 80% of Dardi Munwurro clients report issues with substance abuse, this rate drops to 34% amongst those completing programs (Deloitte Access Economics, 2021). Dardi Munwurro also runs the Brother to Brother 24 hour crisis support line for Aboriginal men, originally established during the COVID-19 pandemic. It is staffed by Aboriginal men, including Elders with lived experience, and it receives an average of 100 calls per month. Likewise, the Danila Dilba health service operates a men's health clinic in Darwin and has seen similar success. This service has delivered improved health outcomes to almost 80% of the Greater Darwin First Nations population.

DUDES CLUB

(CAN) is a peer support program to improve First Nations men's wellbeing (Efimoff et al., 2021). Sessions are co-led by local elders and include First Nations' teachings and practices. Over 90% of participants report improved quality of life, with those who attend regularly reporting the greatest physical, mental, and social benefits (Gross et al., 2016).

[138] Data from the The Staying Deadly Survey – Queensland Urban Indigenous Mental Health Survey Report. Brisbane: Queensland Centre for Mental Health Research, 2023. DOI: 10.14264/1c4e5ce

THE GLEN

(AUS) is an example of an alcohol and other drugs (AOD) rehabilitation service providing culturally safe services for men. Managed by an Aboriginal Community Controlled Organisation (ACCO), it provides a culturally appropriate program of rehabilitation services alongside a program to maintain and strengthen connection to Aboriginal culture, traditional practices and ongoing involvement with Aboriginal Elders. This service has separate residential services for men and women, enabling the program to bring a gender lens alongside its cultural lens. A benchmarking study comparing The Glen with non-ACCO AOD services found that participants at The Glen were more likely to complete treatment, and to show larger reductions in symptom distress compared to non-ACCO services (Kelly et al., 2022).
*Funded by Movember

DEADLY CHOICES

(AUS) is a program delivered by member health services of the Institute for Urban Indigenous Health (IUIH), the largest Aboriginal and Torres Strait Islander Community Controlled Health Service in Australia. The program has successfully increased participation rates by Aboriginal and Torres Strait Islander people in South East Queensland, in the free Medicare 715 preventative health check program, at rates that exceed that for the rest of the country. The program has been particularly useful in increasing participation by men. From the age of 15 years and upwards, men are generally under-represented in the regular client population of the IUIH clinics, with the difference most stark in the 20-29 years age group. While not gender specific, the Deadly Choices program has successfully incentivised men to participate. This includes through the offering of culturally and sport theme inspired shirts and other merchandise, engaging sporting players for appearances or as Indigenous Ambassadors, and holding adjacent events to the health service such as weekly to fortnightly Men's yarning groups, and barbeques during Men's Health Week, Movember and prostate cancer awareness month. By getting men in the door, the preventative health check then provides an opportunity to link men into further health care as required.

Building a workforce with the competencies to respond to men

Evidence of what works in terms of engaging men in healthcare has also been integrated into education curricula for current and future healthcare practitioners. This is an important system level approach to building a health practitioner workforce who can deliver gender responsive healthcare to men.

What works in upskilling current practitioners to effectively engage men and respond to their needs?

We have evidence that these training programs work in upskilling practitioners and increasing their confidence and competence in engaging men in healthcare. Improving the gender responsiveness of practitioners should improve men's health outcomes, however we currently need more evidence from men themselves to validate the impact of these interventions.

MEN IN MIND*

(AUS) is the world-first online professional training program co-designed with practitioners and men to help therapists engage with their male patients more effectively. A randomised controlled trial found the program significantly improved their self-reported confidence and competence of mental health practitioners for in engaging and responding to help-seeking men (Seidler et al., 2024c). Of the therapists, 81% reported confidence in engaging men experiencing suicidality compared with 47% at baseline. Improvements in confidence and competence were maintained at 3-month follow-up. The program is currently being scaled across Australia, with UK piloting and roll-out planned. This training can be adapted for health professionals across other public and clinical health disciplines and incorporated into tertiary curricula to develop gender competencies for working with men in our future healthcare practitioners.

*Creation and development of Men in Mind was funded by Movember.

THE MEN'S HEALTH CONTEXTUAL UNIT OF THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS (RACGP)

(AUS) is an optional, assessed unit of study to equip general practitioners with the specialised knowledge and skills necessary to address the unique health needs of male patients. Emphasising a holistic approach, the program integrates evidence-based practices and provides a structured guide for self directed learning and practical skills that encourages: 1) the development of effective communication techniques to engage men in healthcare, including talking to and engaging men about their mental health and sexual health, 2) offering preventive health checks at all opportunities 3) considering the challenges and barriers that men, including Aboriginal and Torres Strait Islander men, face in accessing healthcare and strategies to overcome these during and after a consultation, and 4) health literacy and resources for men.

ENGAGE

(IRE) is a men's health training program, launched in Ireland in 2012, that aims to upskill frontline healthcare professionals on building relationships with, and meeting the health and wellbeing needs of, men. The program is delivered by trained facilitator-led workshops. A study found participants self-reported improvements in their knowledge, skill, and capacity to identify priorities for men's health and to engage men in their services immediately after the training, with 93.4% reporting that the program had improved their practice five months after training (Osborne et al., 2018). The latest iteration of the program involves seven units and an additional unit 'On Feirm Ground', for Agricultural Advisors to support and improve the health of Irish farmers. Updated evidence and content have coincided with Engage merging into a new program '**Connecting with Men**' in 2022, and this new iteration is awaiting evaluation.

SEXUAL HEALTH & REHABILITATION TRAINING (SHAReTraining)

(UK) gives healthcare professionals such as nurses and psychologists the knowledge and skills to deliver sexual healthcare to men with prostate cancer and their partners. Graduates' reported knowledge of sexual healthcare increased from 51% of course material pre-course to 75% post-course, and mean self-efficacy rating for providing comprehensive care increased from 57% pre-course to 80% post-course, which was retained at three-months follow-up (Matthew et al., 2023). This program has now been adopted in five countries.

What works in developing the men's health competencies of future healthcare practitioners?

Australian university health curricula are largely devoid of content that provides healthcare professional students with foundational understanding of gender responsive healthcare and gender competencies for working with men (Seidler et al., 2023). We can, however, draw on what works when sex - and gender-based medicine education has been integrated into undergraduate and postgraduate medicine curricula.

Sex-and gender-based medicine (EUR, US, CAN) integration into medicine curricula at Radboud University (Netherlands) was evaluated over 4 years with 442 GP registrars. More than 80% reported that the education was highly beneficial to their practice (male 82%, female 90%) with their most commonly recalled learning points being: 1) gender as a determinant of health, 2) gender bias in healthcare, and 3) gender in communication (Dielissen et al., 2009).

Research that works: Build, evaluate and translate

Underpinning the success of the men's health programs mentioned throughout this chapter is years of evidence building through research. Alongside primary data collection through empirical research and evaluation is the need for theoretical frameworks, population-level men's health data, ongoing synthesis of literature, and knowledge translation capacity including for advocacy and policy. Evidence shows that these various research functions are best achieved comprehensively and efficiently through innovative collaborations, with long term vision and investment. This section includes examples of what works here.

TEN TO MEN: THE AUSTRALIAN LONGITUDINAL STUDY ON MALE HEALTH

(AUS) is an Australian Government–funded national longitudinal study that tracks boys and men's health and wellbeing status, health attitudes and behaviours and health services utilisation over time. The study commenced in 2013 and is now up to Wave 5 of data collection, taking place in 2024. It provides high-quality evidence, supported by comprehensive data linkage that can be applied to strengthen the responsivity of health promotion programs and health services to meet men's health needs (Pirkis et al., 2016; Swami et al., 2022).

AUSTRALIAN FATHERHOOD RESEARCH CONSORTIUM

(AUS) is a collaborative research program that fosters collaboration between researchers, practitioners and policy makers that aims to build evidence on contemporary fatherhood for men living in Australia. The goal is to translate evidence into effective policy and practice to better support men and their families, and promote healthy inclusion of fathers in family life. Outputs of interest have included sleep, mental health, intimate partner violence, and alcohol (Giallo et al., 2023; Macdonald et al., 2021; Wynter et al., 2020).

OPEN DOOR

(AUS) is an Australasian multidisciplinary research hub that conducts and supports collaborative lived experience research on military veterans' health and wellbeing, in partnership with veterans, service personnel, their families and the wider sector. It serves as a comprehensive resource for researchers, healthcare providers, and policymakers. Open Door aims to bridge the gap between research and policy by providing evidence-based recommendations and supporting advocacy efforts. The latter includes most recently its contribution towards the Royal Commission into Defence and Veteran Suicide (e.g. Wadham et al., 2023).

REDUCING MALE SUICIDE RESEARCH EXCELLENCE CLUSTER

(AUS, CAN, UK, US) is an international research collaborative to improve men's mental health and lead suicide prevention interventions globally. This approach uses a masculinities lens to tackle men's mental health from a global perspective. In doing so, this group fosters collaborations with the world's best researchers within men's health, rather than segmenting the field into competing for funding and working in isolation on a vastly smaller scale.

THE INTERNATIONAL MEN AND GENDER EQUALITY SURVEY (IMAGES)

(US, Global) project, led by Equimundo in partnership with Instituto Promundo in Brazil and the International Center for Research on Women, was initiated in 2008 to explore men's and women's attitudes, behaviours and experiences concerning gender equality and masculinities over time. It is one of the most extensive efforts, globally, to understand men's perspectives and experiences on gender equality and how these perspectives influence their actions and relationships. IMAGES involves large-scale cross-sectional surveys conducted in multiple countries allowing comparative analysis of gender norms, roles, and relations across diverse cultural contexts. By collecting data from both men and women, IMAGES provides insights into the complexities of gender dynamics and how they impact individuals' lives.

The findings from the survey and complementary research have yielded a range of reports and data that has supported policymakers, researchers, and communities to develop more effective strategies for promoting gender equality and challenging harmful gender norms and stereotypes (Equimundo, 2022). Building on IMAGES, Equimundo, in partnership with Unilever and other partners, has also carried out the Man Box study and the Cost of the Man Box studies looking at the prevalence of restrictive norms around manhood that inhibit men's health- and help-seeking, alongside measuring the cost of these restrictive norms.

PROSTATE CANCER OUTCOMES REGISTRY PCOR–ANZ

(AUS, NZ) is a Movember-funded clinical registry which offers a best-case example of how data can be used to drive continuous quality improvements in clinical care pathways and treatments for improved patient experiences and health outcomes for men with prostate cancer. The PCOR-ANZ is a purposeful data collaboration between men, clinicians, clinical sites, and organisations that provide linkage data and researchers. As of 2023, PCOR-ANZ included over 90,000 males across 268 participating sites (Ong et al., 2024). The Registry is a critical research tool for clinicians, scientists and students, and its data has been used in 77 research contributions published in the peer-reviewed literature (2014-2023) that is used more broadly to drive international evidence-based practice in prostate cancer.

THE MEN ANDROGEN INFLAMMATION LIFESTYLE ENVIRONMENT AND STRESS STUDY (MAILES)

(AUS) is a longitudinal male ageing study established through a collaboration between clinicians, public health leaders and researchers in 2002 to track the health, risk and healthcare profiles of men as they age (Grant et al., 2014). Men are from areas of socioeconomic disadvantage in Adelaide. The study has contributed substantially to the evidence base on risk factors for chronic disease and multimorbidity, experienced disproportionately by these sub-populations of men, to inform preventative and healthcare interventions. This longitudinal data can form part of a global collaboration of longitudinal studies that combines men's health data to strengthen statistical precision to support more rapid translation of evidence into practice.

These projects are examples of forward thinking, innovation and collaboration in order to build a strong evidence base to advance the health and wellbeing of men. The success and impact of these projects is notable, however men's health research and the evidence it produces must be further strengthened if we are to achieve systems-wide healthcare that ensures healthy lives and promotes well-being for all boys and men (Manandhar et al, 2018). Achieving this goal requires transnational partnerships which have the intersectionality of men's health as their overarching framework (Griffith, 2012; Smith et al., 2020c).

Appropriate measures of masculinities, relevant consumer and practitioner reported quality-of-care indicators, and health economics data captured throughout programming are needed. This is to support effective monitoring and evaluation so that the impact (including the cost effectiveness) of men's health programs can be reliably and sensitively quantified, in addition to changes in the gender-responsivity of our healthcare system over time. All this requires sector-wide capacity, collaboration and coordination.

When considering all evidence presented in this chapter, we must, however, take into account the considerable limitations of the men's health field to date, stemming from barriers to sustained funding, capacity and effective means for collaboration. Responding to these barriers will enable the translation of evidence into new public health programs and healthcare, and the scaling up of men's health programs, services and education approaches that work, to impact all boys and men.

A Future Vision: What the Australian Government Can Do

Improving men's health is good for men, but also has a profound impact on their partners, parents, children, siblings, mates, colleagues, teachers and health workers. This report showcases new research showing the significant benefit to society: the Australian Government could save billions by preventing avoidable conditions in men while also improving the day-to-day lives of those closest to them.

There is a clear power imbalance between men and women in society. Women are often underrepresented and positions of power are still overwhelmingly held by men, and too often, women and girls face discrimination, gender-based abuse and violence, and economic disadvantage. As highlighted in this report, women also give their time and energy to care for men in ill-health. What we know is that ultimately this unequal world is not good for men and boys either.

WITH AN AIM TO ADDRESS THIS, MOVEMBER COMMITS TO:

Ensure boys and men are supported through policy and programs, to actively look after their health to benefit themselves and to care for others

Support the understanding, measurement and promotion of healthy masculinities in the lives of men and boys. Understanding the role that masculinities play in men's and women's health, as well as supporting broader family and community health and wellbeing, is vital.

Using premature mortality and suicide prevalence amongst men as a clear metric of how well a group is doing, men living in Australia are doing badly overall. The intersectionality of men's health also means certain groups of men experience a greater burden of ill-health than others. When men seek help, they experience biases, and barriers to engaging effectively in healthcare, and therefore their health needs are not met. As highlighted by the caregiver and health economic data in this report, the ripple effect of men's poor health on society is clearly significant, extending to those around them and far beyond the home into the workplace, health systems, and broader society.

Fortunately, many men who have access to resources and have agency to do so are being proactive about looking after their health. For this report, a large number of men have generously provided insights into their healthcare experiences and within this are their accounts of what does work for them. There are a lot of examples of what works from the grassroots level, through to the work of Movember's partner organisations and beyond, and all the way up to government-led initiatives – so there is a lot to build on. This bottom-up and top-down approach is necessary to achieve transformational systems level change to impact men's health. Within this is the need for policy and practice guidelines to ensure sustainability, particularly given the vulnerability of grass roots programs and other initiatives to loss of funding and repositioning of priorities, and so foundational changes are built upon in the future.

The evidence in this report informs Movember's asks to the Australian Federal Government, and the State and Territory and Local Governments.

INVEST IN THE AUSTRALIAN NATIONAL MEN'S HEALTH STRATEGY, AND IMPROVE HEALTH SYSTEMS AND POLICIES BY ENSURING THEY ARE GENDER RESPONSIVE

Movember wants to work with the Australian Government and a wider set of partners to support a health system that is gender responsive, that reaches, responds and retains men in healthcare, meeting their needs in the most effective ways.

At the heart of this is a call to adequately invest in the Australian National Men's Health Strategy 2020-2030 (AGDHAC, 2019). To ensure the Men's Health Strategy achieves the change it needs to, it must be accompanied by a meaningful budget that underpins the three core objectives and associated actions[19]. The Australian Men and Boys' Health Alliance, which Movember is part of, has set out a budget summary consisting of eight recommendations. This calls for a total investment of $175 million into improving the health of Australian men and boys from 2024-2028 (AMBHA, 2023).

Movember also calls on the government to invest in the gender-specific calls to action of other national strategies, such as the National Preventive Health Strategy (AGDHAC, 2021) and the National Health Literacy Strategy (which is yet to be published at the time of this report being launched). This includes a number of gender-specific goals, including reducing the rate of male suicide in support of the Towards Zero Suicide target; increasing bowel cancer screening participation rates in men from 42% to 53% by 2025; and increasing the human papillomavirus immunisation rate in boys from 76% to at least 85% by 2030. Importantly, all levels of government need to ensure that future health policies, strategies, and practices have a gendered approach built into them as standard practice. In doing so, this will create a flow-on effect where gender responsiveness will subsequently begin to be integrated within organisations and into public awareness.

It is essential that this investment mirrors the strong focus in the Australian National Men's Health Strategy on Aboriginal and Torres Strait Islander men who are disproportionately affected by poor physical and mental health, experience higher rates of chronic disease, lower life expectancy, substance misuse and barriers to healthcare. To date, government efforts to 'close the gap' when it comes to health outcomes for Aboriginal and Torres Strait Islander men have not had impact. Much more work is needed to co-design sustainable, Indigenous led programs with Aboriginal and Torres Strait Islander people. The Movember Institute of Men's Health is investing $17.61 million to empower First Nations communities and organisations across Australia to design and deliver tailored and localised health strategies. This forms part of a landmark investment of $59 million into Indigenous health, with the launch of the Social and Emotional Wellbeing Initiative across Australia, Aotearoa New Zealand, Canada and the USA.

Proper investment into the Australian National Men's Health Strategy and other gender responsive policies will establish new norms and expectations for boys' and men's relationship with health and care services throughout their lives.

Under this overarching call sit three key asks to the Australian Government.

[19] Objective 1: Empower and support all men and boys to optimise their own and each other's health and wellbeing across all stages of their lives; Objective 2: Strengthen the capacity of the health system to provide quality care for all men and boys; Objective 3: Build the evidence base for improving the health and wellbeing of men and boys

Policy Ask #1: Drive demand in men's health service usage through support and education

Drive demand through support and education by strengthening men's **health literacy**, with a focus on the most at-risk groups, so men are well equipped to get the care they need, when they need it.

MOVEMBER CALLS ON THE AUSTRALIAN GOVERNMENT TO:

1.1 Invest $7 million into expanding Movember's Ahead of the Game pilot beyond the AFL and into priority sports such as soccer. This involves building strong and effective community-led support for boys through the mental health literacy and resilience program, including the implementation and measurement of the Mental Health Guidelines in Community Sport. The aim is to reach an additional 60,000 people including young men aged 12-18 and their parents, coaches, and club volunteers over the next 5 years.

1.2 Partner with men to co-design new health literacy campaigns that focus on improving men's engagement and positive connection with the health system - including government campaigns on health checks and screening programs with low male uptake.

1.3 Invest in the development of gender responsive health systems and policies that benefit men, women and non-binary people. This includes the National Preventive Health Strategy (AGDHAC, 2021) and the National Health Literacy Strategy, which is yet to be published at the time of this report launching.

Girls' and women's health literacy and relationship with their health and primary healthcare is established early during teenage years (AIHW, 2023i), driven largely by sexual and reproductive health needs including contraception, and cervical cancer screening. This familiarity likely accounts for the greater uptake of mental health consultations by women. For boys and men, this doesn't happen, despite the prevalence and physical, psychological and social impact of sexual and reproductive conditions they face (De Jonge et al., 2024; Serefoglu et al., 2014; Hoskins & Varney, 2015).

This is compounded by the fact that too often, men are either left out of health policies or a gender lens is not applied. A report by Global Action on Men's Health found that men are mostly absent from the mental health policies of many of the leading organisations in global health (GAMH, 2024). Bringing men's/fathers' voices to the table in family-centred policies is critical. This should be a basic principle in government policy and actions going forward, as it presents the best chance for long-term, cultural and intergenerational change.

The Australian Government has already prioritised health literacy in its National Preventative Health Strategy, with its identification of a National Health Literacy Strategy as one of its eight urgent priorities. This is to be celebrated, as Australia is one of the few countries, globally, to take a national approach to health literacy. However, the Government's current approach to the National Health Literacy Strategy risks being gender blind. Movember agrees with the Australian Men's Health Forum's call for 'Gender Specific' to be added as a key principle for action in the National Health Literacy Strategy (AMHF, 2023). Movember also calls on the government to invest in the gender-specific Calls to Action of these and other national strategies. Investing in the development of gender responsive health systems and policies will also benefit women and non-binary people.

Movember is already investing in this space through its Men's Health Literacy Portfolio which includes new investments in initiatives to promote formal, informal and online help seeking, and aims to improve men's agency for preventive health and their access to early intervention. Movember's Young Men's Mental health portfolio includes a $7 million commitment in sports and health over three years, including funding for Movember's Ahead of the Game – our community-led sports program that reaches young men with essential health literacy information.

But Movember can't do this alone. This is why we are calling for investment in grassroots programs, tools and campaigns that reach and support men to both better understand their health and in seeking help. This includes apps and e-health tools built on international evidence like the Online Risk Checker that Movember's partner, Prostate Cancer UK has developed. It also includes the range of grassroots, community initiatives set out in the 'Brighter Picture - What Works in Men's Health' chapter that have shown to be effective and could be scaled up for wider benefit to better reach and respond to men's health and wellbeing needs.

What is lacking here are investments in co-designed, gender and culturally responsive campaigns and health literacy support that specifically cater for priority communities of men who often experience a greater burden of ill-health. Funded partnerships with organisations on the ground in these communities will fast-track this critical work however this needs to be supported by rigorous health data for these priority populations of men.

Policy Ask #2:
Respond to demand with a gender responsive healthcare system and workforce

Respond to demand by transforming the **health system and workforce** to have the capacity and skill to respond to the needs of men, in all their diversities.

MOVEMBER CALLS ON THE AUSTRALIAN GOVERNMENT TO:

2.1 Continue to invest in and learn from the pilot of the Australian-wide men's health training and education resources hub to support the competencies of emerging and current GPs and other healthcare and public health practitioners in providing gender responsive care to more effectively reach, respond and retain men in care.

2.2 Invest in career pathways for men's health peer facilitators to meet demand for men's health programs.

2.3 Work with peak health professional bodies to build gender competencies into learning outcomes for tertiary education curricula and into continuing professional education.

2.4 Invest in, scale and integrate proven programs (including digital and community outreach, and services) to increase men's access to, and uptake of preventive health checks and screening and lifestyle modification programs, with particular consideration for those that meet the needs of priority populations of men.

2.5 Invest in reproductive and early paternal care and fatherhood support and policy to reach all men (includes culturally responsive).

2.6 Adequately fund and enable the men's health agencies that exist to assist the government ensuring success of partnerships and initiatives to achieve better outcomes for men.

Health systems that are gender responsive and tailored to men's needs are essential, so that as soon as men walk through the door or pick up the phone, they are in male-friendly spaces and speaking with healthcare practitioners who are trained in gender responsive healthcare for men, and as such, are experts at meeting men, in all their diversities, where they are. Movember wants healthcare practitioners to have the confidence and capacity to respond to the increasing demand that better men's health literacy and healthcare experiences will create. By working with health professional peak bodies, the tertiary education sector, and a diversity of men themselves, Movember, through its Gender Responsive Healthcare Portfolio, aims to deliver men's health education initiatives for healthcare practitioners. The goal is to better equip emerging and current healthcare practitioners with the competencies to more effectively reach, respond and retain men in healthcare for better health outcomes.

This would be optimally achieved through an online men's health education resources gateway. This gateway, referred to as a men's health education hub would include dedicated resources for lecturers teaching into undergraduate and postgraduate courses and trainee programs for healthcare students, along with continuing professional development training programs for current healthcare practitioners. This work is already underway in partnership with the Australian Government in a project funded under the Australian National Men's Health Strategy 2020-2030. Movember invested over $440,000 in this health practitioner education project that was match funded by the Australian Government for 2022-2023 (Seidler et al., 2023). For this, Movember reviewed existing curricula in Australia at a tertiary education and continuing professional development level and identified a lack of men's health and gender responsive healthcare for men content.

Arising from this project Movember has developed a framework for this education Hub. This project will be extended in July 2024 with a $2.`1 million 2-year investment from the Australian Government to establish and pilot this interdisciplinary men's health education resources Hub for healthcare practitioners who work with men. This funding is to be matched by Movember. Movember also continues to invest $2.2 million into Men in Mind - a program for mental health practitioners to increase competence and confidence to reach, respond and retain male clients in therapy.

Movember is experienced at bringing together expertise to drive best practice across the health workforce. This includes its collaboration with an expert panel of 37 researchers and clinicians to create evidence-based sexual health guidelines for men with prostate cancer and their partners. The guidelines include 47 statements and recommendations that aim to increase clinician preparedness and confidence to initiate sensitive conversations about sexual concerns with patients and partners; enable clinicians to empower patients with prostate cancer to take ownership of their sexual recovery; and to drive better consistency of care and best practices amongst the global clinical community (Movember, 2022; Wittmann et al., 2022).

There are plenty of interventions that have shown promising signs of increasing men's uptake of healthcare, health checks and screenings. Although many of these have been carried out on a small scale or are local or state based only, there is real potential to take the knowledge of engaging with men and apply this to the design of interventions with broader reach. This includes reaching priority populations of men. This programming should continue to focus on the National Agreement on Closing the Gap Priority Reform 2[20] – Building the Community-Controlled Sector, funding Aboriginal and Torres Strait Islander Community Controlled Health Services to deliver services for Aboriginal and Torres Strait Islander men, in ways that suit them.

As highlighted at points throughout this report, there are major gains to be made through an investment in reproductive and early paternal care and fatherhood support and policy to reach all men. This focus is critical because this is the beginning of the intergenerational cycle. If we can be gender responsive to men as they prepare for, and enter, fatherhood, we have a better chance of fathers engaging with family because they respond to the message that they matter. This will also serve to instil a new norm for men's healthcare engagement that they pass onto their sons.

SYSTEM LEVEL SUPPORT

For the majority of men, general practice is the first point of contact with the health system. Our policy asks include supporting primary care practitioners through education to provide care for men, and creating a demand for such through health literacy and programs. Movember acknowledges that the health system needs to then enable the delivery of these innovations. Given the complexity of innovating in healthcare at a systems level, Movember aims to partner on specific advocacy, policy and programming, service training, pilots and scaling, to build towards an Australian integrated model of gender responsive healthcare. This will be the topic for a future report.

[20] The National Agreement on Closing the Gap enables Aboriginal and Torres Strait Islander people and governments to work together to overcome the inequality experienced by Aboriginal and Torres Strait Islander people. https://www.closingthegap.gov.au/national-agreement

Policy Ask #3: Undertake research to understand how men engage with their health and the system at large

Research to understand men's engagement with the health system via robust 'living reviews' from a central research centre that continually monitors men's health data and quality-of-care outcomes in existing systems.

MOVEMBER CALLS ON THE AUSTRALIAN GOVERNMENT TO:

3.1 Over a two-year period, match-fund Movember's $2m investment into large-scale systems-based research to understand better why, how, when and where men engage with the health system (including a mapping of care pathways offered to men), what the gaps are and the costs of inaction, with the aim to inform improved policy, practice and standards of care.

3.2 Build capacity for, and report, sex and gender and priority population disaggregated primary care data from Primary Health Networks that include indicators of engagement and retainment of men in health services, to inform evidence-based best practice.

3.3 Fund and support a national strategy to guide collaborative men's health research as identified by the Australian Men and Boys Health Alliance

While the understanding of how men are moving through (and too often dropping out of) the health system is building year-by-year, there are still gaps of knowledge. That's why Movember is inviting the Australian Government to partner with the Movember Institute of Men's Health by match-funding large-scale research into men's healthcare engagement to better understand, on a population level, how, when and where men are utilising healthcare services.

The Movember Institute of Men's Health is an international innovation and learning hub that will build the next generation of men's health researchers and leaders, bringing together the brightest minds and leading organisations in the field. With an initial 5-year $100 million global investment it will focus on knowledge generation and translation into practical, real-world outcomes to address critical men's health issues. As part of the Institute, Movember is investing $1.5 million in a partnership with the Clinton Foundation. Through a co-design and creation process, the partnership will explore if, and how, different masculinities predict men's health outcomes over time. The findings will then be used to inform new screenings, practitioner training, and design elements for health systems.

You can't treasure what you can't measure, and therefore to underpin this, there needs to be better disaggregated health and healthcare data to paint a better picture of men's health. For example, there are challenges of teasing out health service and outcomes data for priority populations of men in Australia such as culturally and lingistically diverse men born overseas, including humanitarian entrants. This makes it challenging to see a full picture of the state of the health of men in all their diversities, and what works, and where the gaps exist.

As part of the Australian Men and Boys' Health Alliance, Movember is calling for a national strategy on men's health research. This is critical for driving innovation, removing duplication and informing cross-cutting policies that improve the health of men and boys in Australia. It will also play a key role in bolstering Australia's ongoing global leadership in research excellence on men's health (AMBHA, 2023). Furthermore, there is an economic argument for this strategy. Men's health needs are gaining prominence at a consumer level, and there are, consequently, many programs seeking to fill the space of missing support that are often, unfortunately, not evidence-based. These programs are seeking, and often receiving, government and philanthropic funding. Movember therefore considers it vital that the limited funds available are strategically directed to where they will have impact and to programs backed by evidence. Adequate funding for research is critical to guide these investments.

Achievable change has to be driven by collective impact

Over the last 20 years, Movember and our many partners have focused on fundraising and then investing the funds in programs to boost men's health. We now want to be more ambitious and push towards systemic change. As part of this we will put our money where our mouth is by investing in the system-wide actions we are recommending. This ambition will hopefully be matched by the government and others in response to these asks. As we continue our work in reaching all men we will also focus on specific strategies and programs across our portfolios and will continue to work with the government on further, specific asks across the life stages and conditions most impacting the health of men.

We also want to share our learnings with decision-makers more consistently and put our brand and passionate supporters at the service of impactful policy change. Since 2003, Movember has funded over 1,320 men's health projects around the world, with over 6 million supporters fuelling this momentum. This is a powerful voice for change.

OF COURSE, WE CAN'T DO THIS ALONE

Movember's definition of men is broad and inclusive, and we champion healthcare that is sensitive to the needs of everyone, including men in all their diversities and trans men, so that everyone benefits. Movember specifically supports healthcare that is fully responsive to the specific requirements of men and women, healthcare that is responsive to the specific needs of different ethnic groups, and healthcare that is responsive to the specific needs of LGBTQIA+ people.

We hope that men's health organisations, LGBTQI+ rights advocates, race justice campaigners, women's organisations, businesses, governments and all the many faces of men's health will join in, and champion, change.

Men's health impacts everyone. It's time to do something about it – to transform the system from the ground up.

Join Movember in changing the face of men's health.

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Healthy Male

Institute for Urban Indigenous Health

Jean Hailes

Mates in Construction

Professor James A Smith, Men's Health Researcher, Flinders University

The George Institute for Global Health & Imperial College London

Relationships Australia

Suicide Prevention Australia

The Man Cave

The Men's Table

Thorne Harbour Health

Welcoming Australia

Glossary

BELOW IS A LIST OF TERMS USED IN THE REPORT ALONGSIDE THE DEFINITIONS AS ADOPTED BY MOVEMBER AND THE SOURCE REFERENCES.

Caregiver (informal) – For the purposes of new research conducted to support this report, we define caregivers as people who provide at least 4 hours of informal care a week for at least one man over the age of 18 who has a physical or mental health condition (including addiction and substance abuse, and excluding congenital conditions and parenting caring for their children since birth or childhood). See research methodology for more details.

Gender – The characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from and within societies and can change over time (World Health Organisation, 2024).

Gender responsive healthcare – Healthcare that identifies gender differences and inequalities in women, men and non-binary people regarding their health and healthcare experiences, and sets about addressing them through system-based change (UNESCO, 2017).

Healthcare / Health system – All organisations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence wider determinants of health, as well as more direct health-improving activities (WHO, 2007).

Health literacy - (adapted from CDC, 2023)

Personal health literacy – is the degree to which individuals have the ability to find, understand and use information, supports and services to inform health-related decisions and actions for themselves and others.

Organisational health literacy is the degree to which organisations equitably enable individuals to find, understand and use information, support and services to inform health-related decisions and actions for themselves and others.

Healthy Masculinities - refers to the way of being for those who identify as male, whereby they seek to, and are able to flourish for themselves and as a part of family and community. The embodiment of healthy masculinities are an authentic awareness of one's values, a reflective capacity to understand how to healthily relate to others and a strong ability for emotional regulation. Healthy masculinities are not about physical prowess or strength, but valuing and respecting one's body remains central. Healthy masculinities are not attained, they are consistently pursued through self-development and reflection with one's agency, drive and desire, central pillars.

Masculinities (masculine norms) – Encompass the diverse, socially constructed ways of being and acting, values and expectations associated with being and becoming a man in a given culture, society, location and temporal space. While masculinities are mostly linked with biological men and boys, they are not biologically driven and not only performed by men (Kaufman, 1999; OECD, 2019).

Men – Movember's definition of men includes anyone who identifies as male. It is a broad term to describe boys, adolescent, and adult men, consistent with that used in the Australian National Men's Health Strategy 2020-2030 (AGDHAC 2019). "Men" is not intended to exclude males with diverse sexualities, intersex men and men with a transgender experience.

Young Men – At Movember, our Young Men's Mental Health Portfolio supports men aged 12-25 years.

Men's health – A state of complete physical, mental and social wellbeing as experienced by men and not merely the absence of disease or infirmity (WHO, 1946), with a focus on how sex and gender intersects with other determinants of health to influence boys' and men's exposure to risk factors and interactions with the health system and health outcomes across the life course that requires dedicated prevention and care services.

Systems level change – Confronting root causes of issues (rather than symptoms) by transforming structures, customs, mindsets, power dynamics and policies, by strengthening collective power through the active collaboration of diverse people and organisations. This collaboration is rooted in shared goals to achieve lasting improvement to solve social problems at a local, national and global level (Catalyst 2030 https://catalyst2030.net/).

List of Abbreviations

ABS – Australian Bureau of Statistics

ACCO – Aboriginal Community Controlled Organisation

AGDHAC – Australian Government Department of Health and Aged Care

AFL – Australian Football League

AIHW – Australian Institute of Health and Welfare

AMBHA – Australian Men and Boys' Health Alliance

AMHF – Australian Men's Health Forum

AOD - Alcohol and other drugs

AUS – Australia

CAN – Canada

CALD – Culturally and linguistically diverse

CDC – Centers for Disease Control and Prevention (US)

COPD - Chronic obstructive pulmonary disease

COVID-19 – Coronavirus disease

ECCV – Ethnic Communities' Council of Victoria

EU – European Union

EUR – Europe

GAMH – Global Action on Men's Health

GP – General Practitioner

HIV – Human Immunodeficiency Virus

IHME – Institute for Health Metrics and Evaluation

IRE – Ireland

LGBTQIA+ – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and other identities

NZ – New Zealand

OECD – Organisation for Economic Co-operation and Development

PCOR-ANZ – Prostate Cancer Outcomes Registry - Australia and Nw Zealand

PrEP – Pre-exposure prophylaxis

RACGP - Royal Australian College of General Practitioners

SARS-CoV-2 – The virus that causes COVID-19

UK – United Kingdom

US – United States

WHO – World Health Organisation

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