The Real Face of Men's Health

2024 UK 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. Sparking billions of important conversations, raising vital funds, and shattering 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. Taking on prostate cancer, testicular cancer, mental health and suicide prevention, with unwavering determination.

We have raised over £790M for men's health, thanks to a passionate network of global Movember supporters. These critical funds have delivered more than 1,300 men's health projects around the world. Funding hundreds of biomedical research projects and developing 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 diverse range of cultural backgrounds. In doing so, we hope to forge a future where barriers to healthy living are overcome, stigmas are removed, and where 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's health. 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, which 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 while women spend a significantly greater proportion of their lives in ill health and with disability when 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 okay.

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 and owe a huge debt to women and LGBTQI+ 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 prioritising investment in gender responsive healthcare that acknowledges and addresses the health inequities and different needs of women, men and non-binary people.

Executive Summary

Twenty years of campaigning in men's health has taught us that everyone has a story to tell. Stories of men not knowing their risks. Not paying attention to their physical and mental health. Accounts of men leaving it too late to speak to a healthcare professional, or simply having a poor experience when they do. Everyday, we hear from men themselves but also their wives, mothers, sisters, partners, mates, neighbours, children, teachers and doctors.

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 also all those around them, those who care for the men in their lives and who are impacted by their health.

This report outlines the state of men's health across the UK and makes clear the benefits that could ripple through families, communities and societies if we improved men's health – including billions saved by preventing avoidable conditions in men and improvements to the day to day lives of men and those closest to them.

Men's health impacts each and every one of us and we invite policymakers to be part of the story for positive change.

THE BIG PICTURE: THE STATE OF UK MEN'S HEALTH

In the UK, a boy born in 2021 can expect to live 4 years less than a girl (World Bank, 2021). Almost two in five (39%) UK men die prematurely, before they are 75 years old, (NRS, 2021; ONS 2021; NI DoH 2021) and a boy born in the UK can expect to live around 2.6 years less than a boy born in Australia (World Bank, 2021).

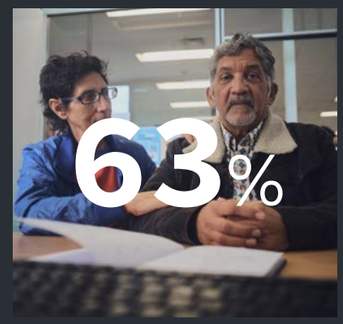
In England, the suicide rate is three times higher for men than women (ONS, 2023a), and among men aged 20-34 years suicide is the leading cause of death (ONS, 2023b). The statistics are moving **in the wrong direction** with a 6% rise in suicides (predominantly among middle-aged men) in 2023 with a clear gap between the UK's north and south – after accounting for age, the rate of male suicide in the North East was over double the rate in London (ONS, 2024a).

Where men live is a shocking indicator of how long they live. The map on page 15 illustrates new data produced for this report comparing premature mortality in every parliamentary constituency (ONS, 2024b). The new data reveal that:

- Men living in Birmingham, Ladywood are, on average, more than 3.5 times as likely to die prematurely than men living in Beckenham.
- Men living in the 10 constituencies with the highest premature death rates are almost 3.5 times as likely to die prematurely than men living in the 10 constituencies with the lowest rates, showing the disparity of premature death rates in the country.
- The average rate of premature death for males in the most deprived 20% of constituencies is 81% higher than those in the least deprived 20% of constituencies.
- The average rate of premature death for males in Scottish constituencies is 26% higher than in constituencies in the rest of the UK.
- The average rate of premature death for males in 'red wall' constituencies is 17% higher than in the rest of the UK.

New polling[1] commissioned for this report of 1,500 men on their experiences of health and healthcare may help explain some of the poor health outcomes for men in the UK:

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



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

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

have experienced gender bias from their healthcare practitioner

[1] The Good Side. (2024). Qualitative and quantitative research commissioned by Movember on men's engagement with the health system and the impact of men's poor health on others.

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.

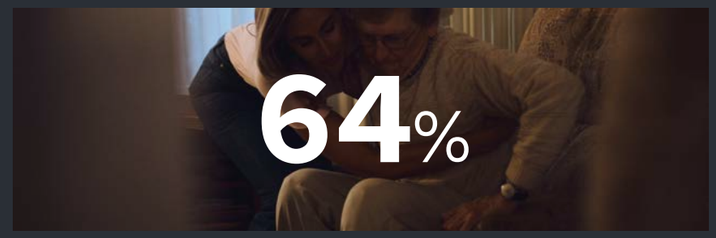
Men's poor health can also have significant economic impacts on those who care for them, their families, and the whole economy.

The findings of new health economic modelling research commissioned for this report suggests that the UK could have saved up to £9.4 billion in 2023 alone if all preventable disease cases caused by just five conditions could have been avoided in men (HealthLumen, 2024a). Although it is not realistic to avoid all preventable disease, 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.

One important health intervention that can prevent disease is the existing NHS Health Check, which is offered to men in England and Wales. Although the Health Check has been shown to be effective in reducing risk factors for non-communicable diseases, less than 40% of men currently take up the invitation to attend.

New modelling commissioned for this report shows that increasing uptake by men of the NHS Health Check to 75% of the eligible population could save £1 billion in direct healthcare costs and £2 billion in indirect costs from 2024 to 2040 (HealthLumen, 2024b).

In addition to research with men for this report, we also commissioned new polling with 1,500 people who care for men to find out more about their experiences:



report negative impact on their physical health

report negative impacts on their mental health

report a negative impact on life satisfaction (although many caregivers do report a positive impact 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

Many men look after their health but many other men face barriers to doing so. Fortunately, there are examples of what works when it comes to overcoming these barriers for men and improving their health outcomes.

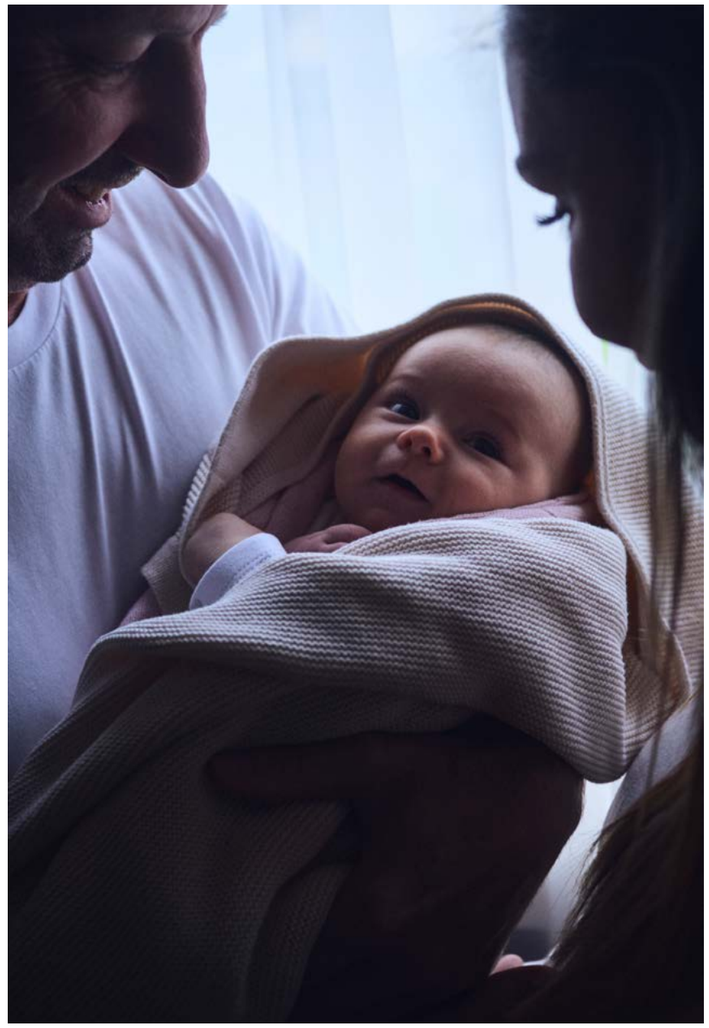
Since 2007 our amazing Movember UK supporters have raised nearly £187.5M which we have invested in men's health projects in the UK and around the world. This has given us great insights into what works (and what doesn't) when it comes to men's health and communicating with men in all their diversities about various health issues.

Our understanding of what works also builds on research from academics, men's health organisations, LGBTQI+ rights advocates, race justice campaigners, women's organisations, governments, multilateral organisations, and more.

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

1. Health promotion programmes including those which embrace the power of sports and the opportunity of the workplace to reach, respond and retain men.
2. A responsive health system including health services, screenings, checks and facilities designed with men in mind.
3. A health workforce with the competencies to respond to men.
4. Research that works to build, evaluate and translate its findings into practice to reach and benefit all men.

These examples provide the evidence of what we know to work and informs our plans for future investment by Movember, as well as our asks of UK governments.



A FUTURE VISION: WHAT UK GOVERNMENTS CAN DO

Across the UK, although there are strategies to prevent suicide and other health issues that impact men, there is not a dedicated Men's Health Strategy, like what we have seen in Australia, Ireland, and elsewhere.

There has been a lack of overall political leadership and focus on the topic. We welcome the Government's 2024 formation of a 'Task and Finish Group' focused on men's health in England, but we - alongside others - are calling for the delivery of men's health strategies across the UK nations and the appointment of a National Clinical Director for Men's Health in England and a Minister for Men's Health in Scotland. The Health and Social Care Committee concluded its men's health inquiry in May 2024 recommending the next government publishes a men's health strategy. Our asks build on this.

Figure 1 below lays out some of the key policies that should be included in the new strategy and some of the funds Movember is committed to investing in these areas.

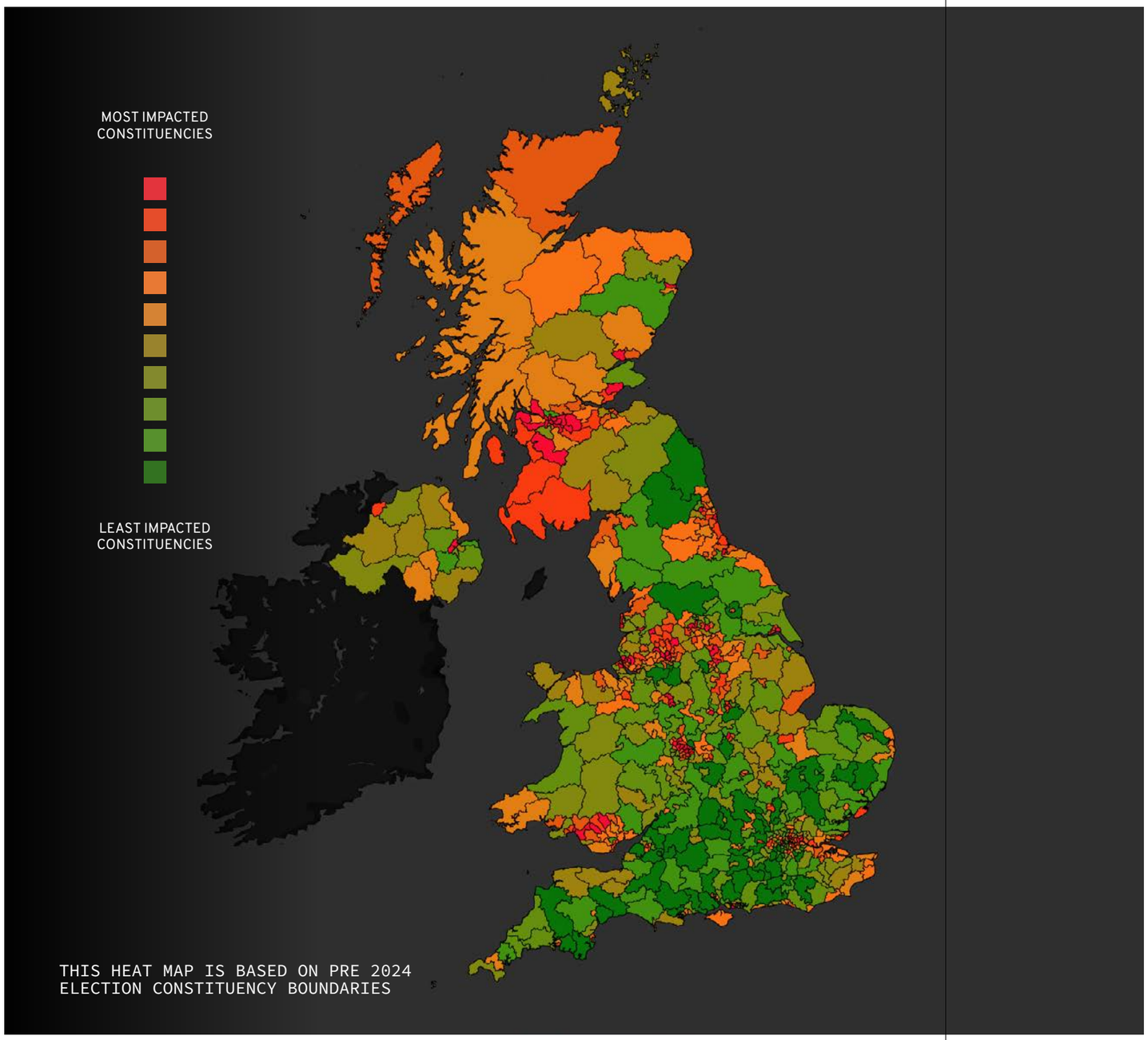
However, we can't do this alone; change has to be driven by collective impact by all those who have the power to positively impact men's health, including with leadership and investment by UK Governments.

FIGURE 1. MOVEMBER'S ASKS TO UK GOVERNMENTS:

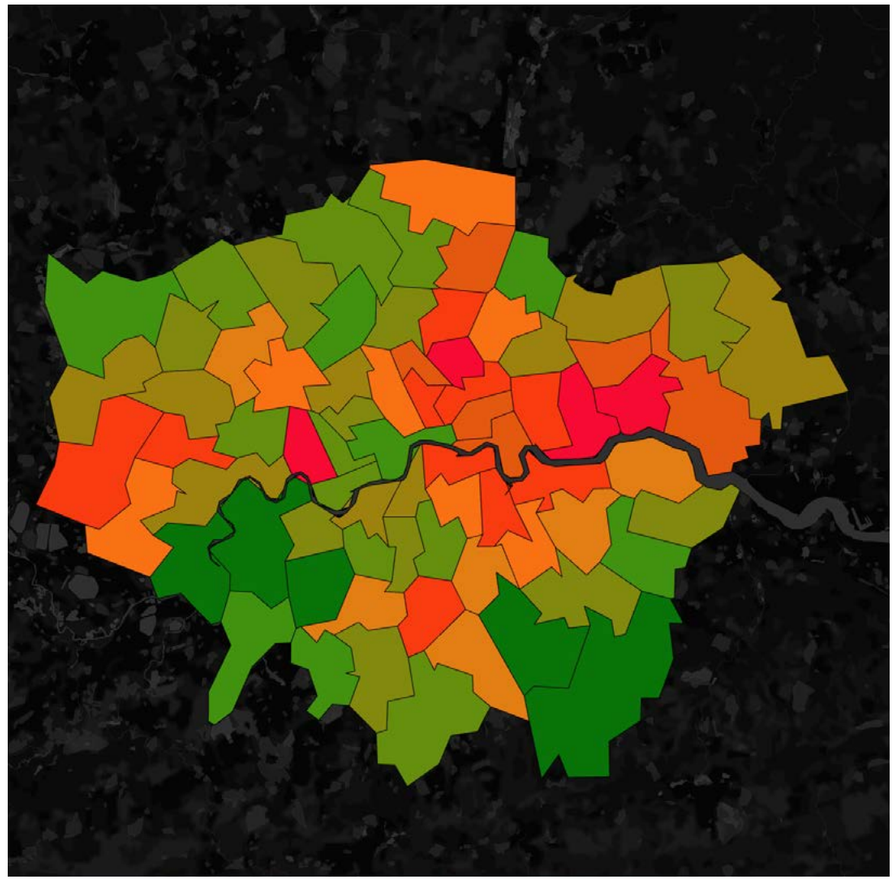
Deliver Men's Health Strategies across the UK nations that respond to men in all their diversities, and improve health systems and policies by ensuring they are gender specific

1. 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.	1.1 Invest £15M per year in grassroots programmes to build strong and effective community-led support for boys through mental health literacy and resilience programmes in sports settings. Reach every boy at least once between the ages of 11-16, prioritising the most vulnerable first. 1.2 Amplify, endorse and invest in existing gender specific health literacy campaigns that improve men's understanding of health risk and services. 1.3 Partner with men to co-design new health literacy campaigns that focus on improving men's engagement and positive connection with the health system.
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 Invest £1.5M to launch a UK-wide men's health education resources hub to support the competencies of emerging and current healthcare practitioners in providing gender responsive care to more effectively reach, respond and retain men in care. 2.2 Invest in and scale proven pilots across the UK – including digital and community health worker outreach pilots – to increase access to, and male uptake of, screening, health checks and early diagnosis programmes such as for prostate, bowel, and lung cancer. In England and Wales, increase men's uptake of the NHS Health Checks to 75% by 2030.
3. Research to understand men's engagement with the health system via robust 'living reviews' from a **central research centre** which continually monitor men's health data and quality of care outcomes in existing systems	3.1 Over a two-year period, match-fund Movember's £1M 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 related costs with the aim of improving policy and practice. 3.2 Publish sex and gender disaggregated NHS data to report annually on initiatives that are successfully engaging and retaining men in health services, supporting new qualitative studies focused on areas with best outcomes to share learnings, inform future work and identify cost saving opportunities. 3.3 Commit to launching a UK longitudinal cohort study of male health designed to collate evidence to inform government policies, programmes and services to advance the health and wellbeing of men and boys – building on international best practice set by the Australian Ten to Men study.

FIGURE 2: HEAT MAP – PREMATURE MORTALITY RATES BY UK PARLIAMENTARY CONSTITUENCY.



HEAT MAP: LONDON



An introduction from Sam

I've never written for a report before. But when Movember asked me if I could introduce this, I realised I had a lot to say.

I am an ordinary guy with three great kids and a wife who has always supported me. I have struggled with my health, and I know a lot of guys who I grew up with are struggling too, and they might be invisible to most people.

I struggled to process my emotions when I was young and developed unhealthy ways of living. This led to depression, a breakdown and I failed to bond with my baby girl. I got to the point where I wanted to sleep and not to wake up. I didn't want to be here anymore. I wasn't someone my family could depend on. I wasn't a present father and I got us into debt. My relationship with my family was strained to its limit and everyone suffered.

When I hit that point I was ready to change. But I just didn't know what to do or where to go. I never spoke to a doctor because I didn't understand how that worked. I didn't see healthcare as somewhere for men to go. A colleague of mine was so mistrusting of the system he refused to seek help and died at home sat in a chair. I've experienced male suicide in both my family and friendship groups. Most recently, two lads from two separate friendship groups drank themselves to death, both were my year at school. It is so common.

What saved my life was a local community group. Talking to other men and experts who spoke my language and knew what I was going through. I was listened to, received empathy and practical support. I also believe physical and mental health are intrinsically linked. I started playing rugby this year and those players and coaches give us the space to talk about more than just sport – those places are vital for men's health.

I am only living the life I am because of my amazing wife and family. They never pulled away from me when I was unwell. Now I am healthy and looking after myself and the kids. My wife has stopped worrying all the time and instead puts her energy into more positive things for herself and the family. Sorting my health out has impacted her life as much as mine.

When Movember told me that two in five of us are dying too young I wasn't surprised. I want to be healthy and alive for a long time - to be a role model for my kids. That's the real face of men's health. I just need to go down to the rugby club or spend time with my kids to know how real it is.

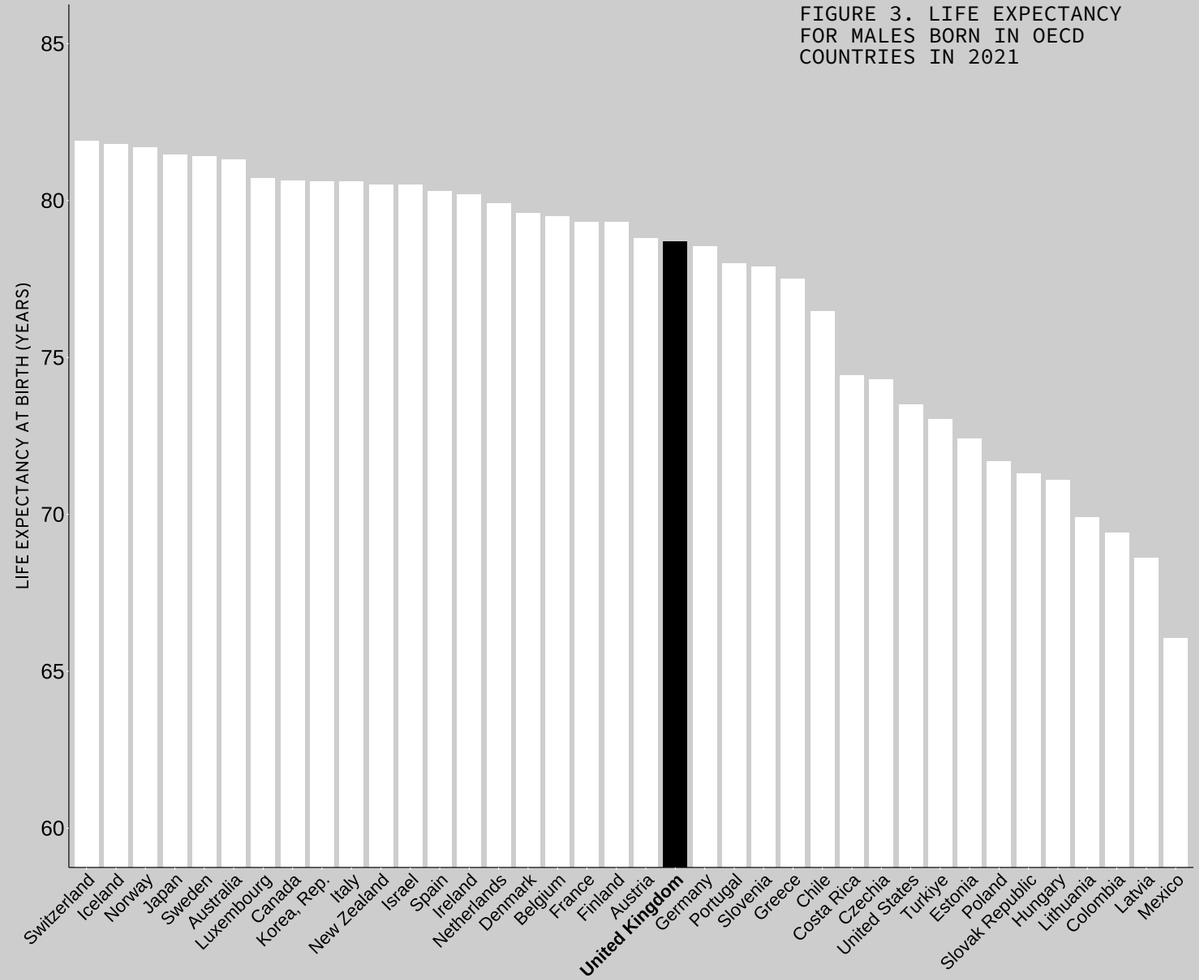
So that's why I am writing this. So you know men want help and we need help. From our friends and families yes, but also from doctors, employers and community groups who make it possible for us to live a healthy life. It's only when those who make the decisions understand the reality of men's health and commit to making change happen that we'll stop losing our men too young.

—SAM, AGE 39, FROM ESSEX

The Big Picture: The State of Men's Health

The health of men in the UK is worse than in many other wealthy countries. A boy born in the UK in 2021 can expect to live to 78.7 years – 4 years less than a girl, more than 3 years less than boys in Switzerland, 2.6 years less than boys in Australia, and 1.3 years less than boys in Ireland (World Bank, 2021) (Figure 3).

FIGURE 3. LIFE EXPECTANCY FOR MALES BORN IN OECD COUNTRIES IN 2021



Male Life Expectancy

The UK is one of only two countries in the G7 where male life expectancy has decreased since 2012 (World Bank, 2021) (Figure 4). Male life expectancy in the UK had improved slightly from 79.1 to 79.6 years between 2012 and 2019, but decreased to 78.7 years in 2021 during the COVID-19 pandemic. The trend in female life expectancy was similar, however the relative decrease during the pandemic was more pronounced for males.

Men are disproportionately affected by avoidable causes of death (ONS, 2021a; NRS, 2021; NI DoH, 2021; IHME, 2019) and are more likely to engage in risky behaviours than women. Health challenges are not felt equally across the UK – it really depends on who you are and where you live (ONS, 2022a; NRS, 2021; NI DoH, 2023; ONS, 2022b). Men are also less likely to ask for help when they need it (NHS, 2021a; McManus et al., 2016), and when they do, the health system does not always respond well to their needs (Prostate Cancer UK, 2023; Mughal et al., 2023; Lyratzopoulos et al., 2013).

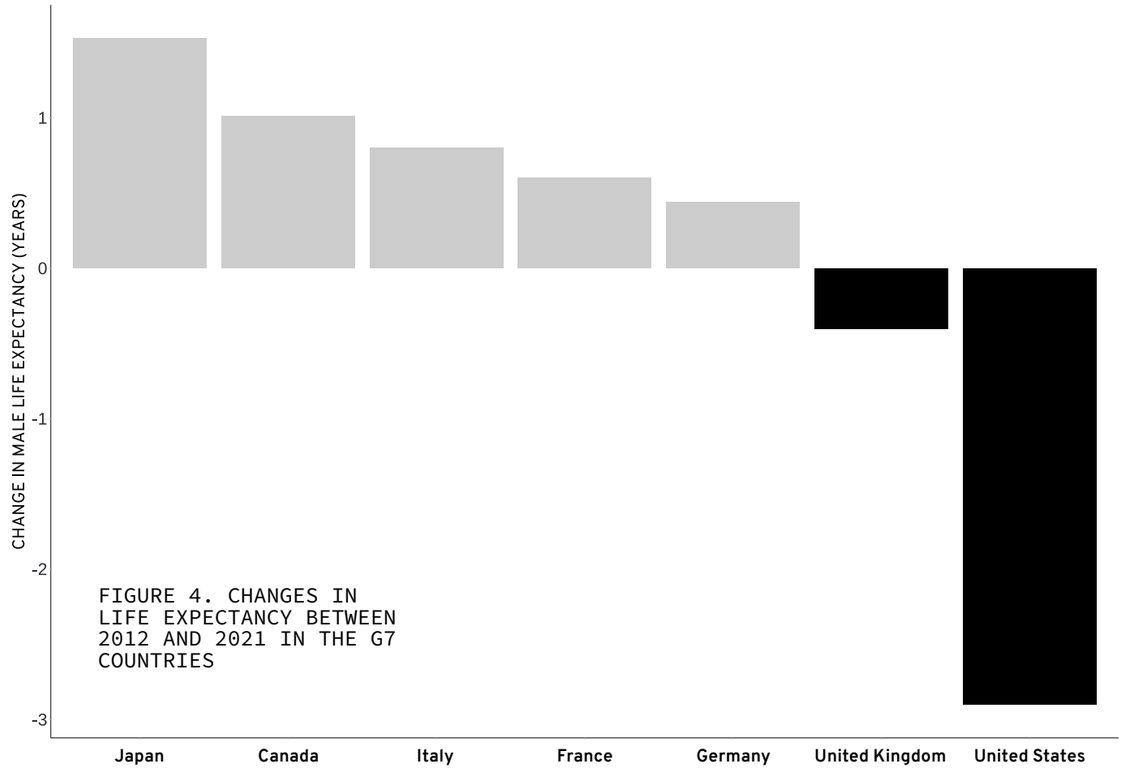


FIGURE 4. CHANGES IN LIFE EXPECTANCY BETWEEN 2012 AND 2021 IN THE G7 COUNTRIES

Too many men are dying too young

In 2021, almost 2 in 5 (39%) male deaths happened prematurely, before the age of 75 years. This equates to over 133,000 men across the UK who died too young (NRS, 2023; ONS, 2021a; NI DoH, 2021).

MEN ARE DISPROPORTIONATELY AFFECTED BY AVOIDABLE CAUSES OF DEATH

Men experience a greater overall burden of disease, when compared with women, largely from health conditions that lead to premature death. Conversely, women tend to live longer than men but suffer from higher rates of non-fatal illnesses throughout their lives (Patwardhan et al., 2024).

In England and Wales: ischaemic heart disease, COVID-19, malignant neoplasm (cancer) of trachea, bronchus and lung, accidents (road traffic, falls, drowning and poisoning), and cirrhosis or other liver diseases are the top causes of premature mortality (ONS, 2021a) (Figure 5).

In Scotland: ischaemic heart disease, COVID-19, cancer of trachea, bronchus and lung, accidental poisoning (including drug/alcohol) and liver disease are the top causes of premature mortality (NRS, 2021) (Figure 6).

In Northern Ireland: heart disease, COVID-19, cancer of trachea, bronchus and lung, accidents and suicide are the top causes of premature mortality (NI DoH, 2021) (Figure 7).

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

FIGURE 5. TOP FIVE CAUSES OF PREMATURE MORTALITY OF MALES IN ENGLAND AND WALES, 2021

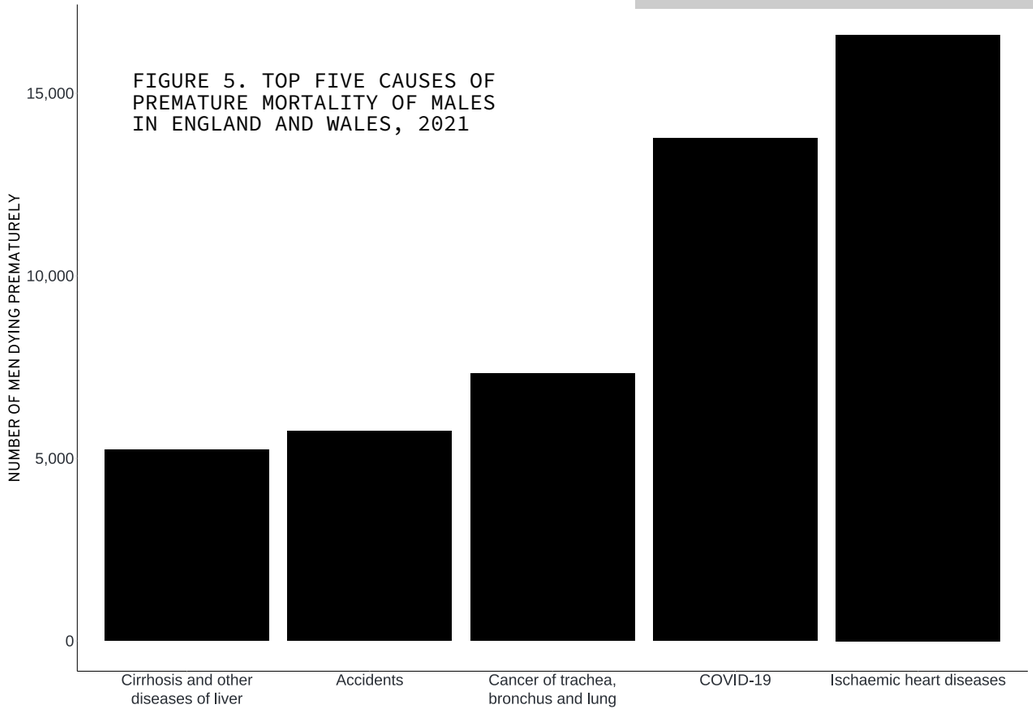
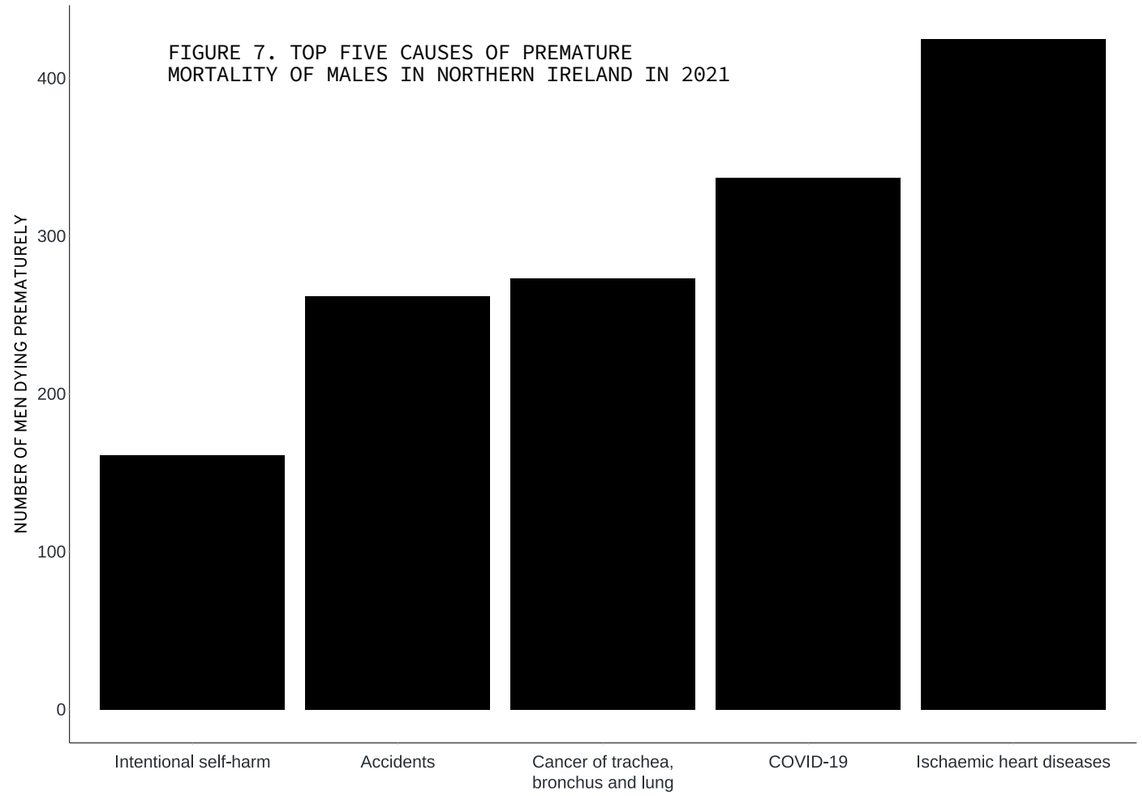


FIGURE 6. TOP FIVE CAUSES OF PREMATURE MORTALITY OF MALES IN SCOTLAND IN 2021

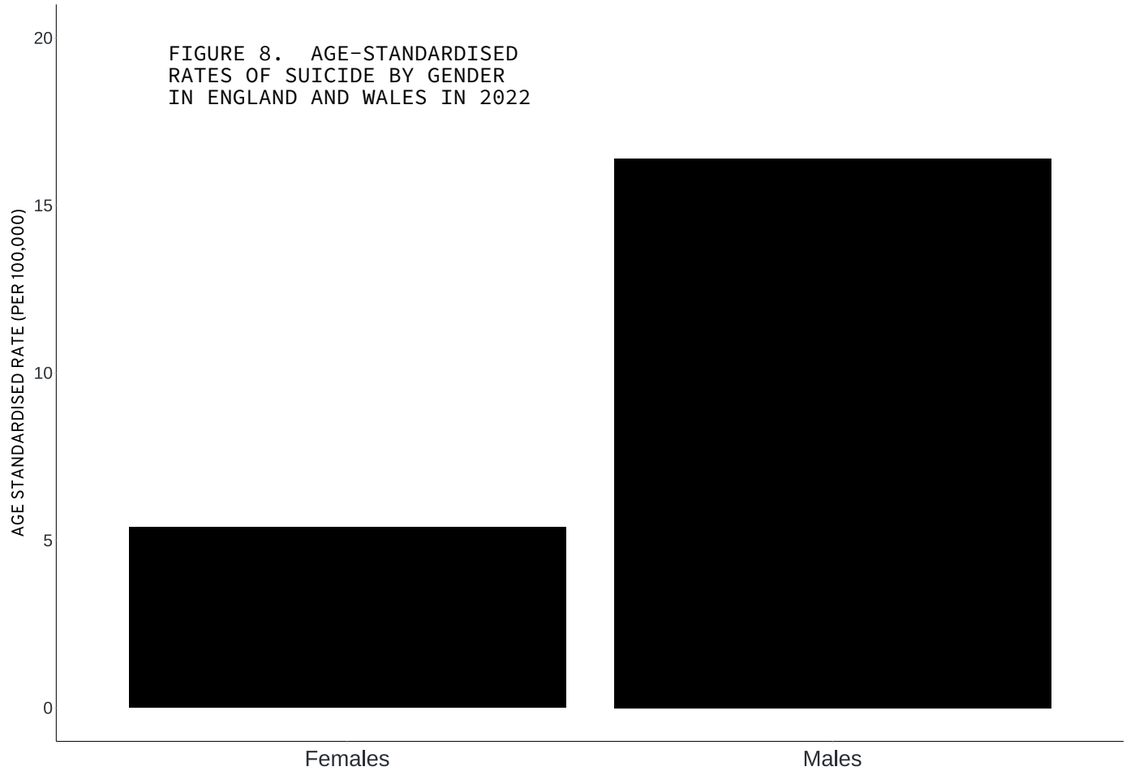
FIGURE 7. TOP FIVE CAUSES OF PREMATURE MORTALITY OF MALES IN NORTHERN IRELAND IN 2021



In England and Wales, suicide was the leading cause of death among men aged 20-34 years and suicide accounted for one quarter of all deaths registered in that age group (ONS, 2023b). More broadly, the suicide rate was three times higher for men than for women in 2022 (Figure 8) (ONS, 2023a). In England, provisional data for 2023 show a 6% increase in suicides, predominantly amongst middle-aged men (ONS, 2024a). There were also significant regional differences – after accounting for age, the rate of male suicide in the North East was over double the rate in London.

Men and women have been affected differently by the COVID-19 pandemic (White & Tod, 2022) highlighting sex and gendered patterns of disease and gender as a major determinant of health. Data from the first year of the pandemic showed that whereas women were more likely to be infected by SARS-CoV-2, men were more likely to become seriously ill and die from the disease. Between March 2020 and January 2021 in England and Wales, 18% more men than women died of COVID-19 (63,700 men, compared with 53,300 women) (ONS, 2021b). Research has highlighted that men experienced a greater burden of disease from SARS-CoV-2 due to a higher prevalence of underlying diagnosed and undiagnosed chronic disease and risk factors for such in men. This elevated risk is further amplified by intersectional factors (Wittert & McLachlan, 2020; Griffith et al., 2021).

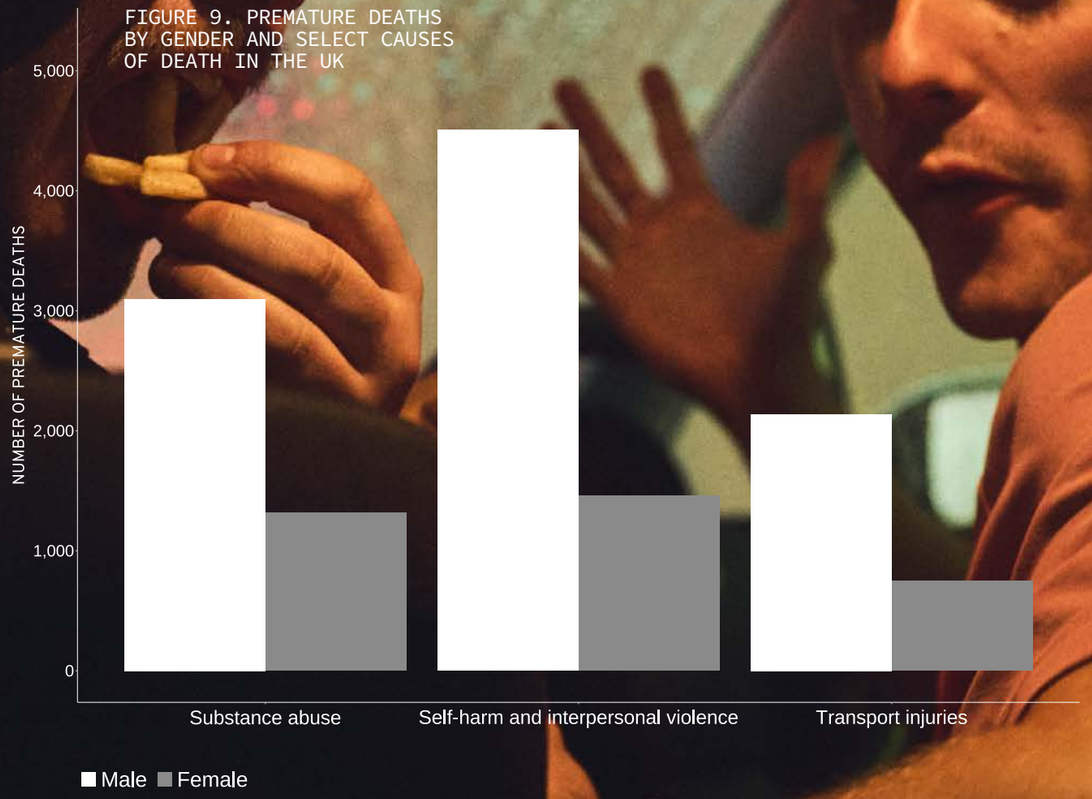
FIGURE 8. AGE-STANDARDISED RATES OF SUICIDE BY GENDER IN ENGLAND AND WALES IN 2022



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

Men in the UK, compared with women, are more likely to smoke (ONS, 2022c), drink alcohol, have high cholesterol and high blood pressure (IHME, 2019), and use drugs (NHS, 2018; Scottish Government, 2018). In 2021, men in England were more likely to be classed as overweight/obese (i.e. with a BMI of 25+) than women (69% vs 59%) (House of Commons Library, 2023a). Men are more likely to die from substance abuse (35% more likely than women), self-harm and interpersonal violence (109%) and transport injuries (85%) (IHME, 2019) (Figure 9).

FIGURE 9. PREMATURE DEATHS BY GENDER AND SELECT CAUSES OF DEATH IN THE UK



How men care for themselves or harm their bodies is more than just poor choices by individual men – it is linked to how men and boys are socialised and, at times, an outcome of deliberate targeting and commercial exploitation of specific groups of men.

And men's health is predicted to only be getting worse. In 2019, 35% of men in England were classed as healthy; by 2049 it is estimated this will drop to 21% (Head et al., 2024). The proportion of men with complex multimorbidity (i.e. three or more chronic conditions affecting three or more body systems) is predicted to increase from 30% in 2019 to 53% in 2049. Preventative healthcare is vital to mitigate this.

Some men are more affected than others

GEOGRAPHY

Men experience very different health outcomes depending on the level of deprivation in their local area (Figures 10 & 11):

In 2018-20 in England, men in the least deprived 10% of areas lived on average 10 years longer than those in the most deprived 10% of areas (ONS, 2022a).

In 2019-21 in Scotland, men in the least deprived 10% of areas lived on average 14 years longer than those in the most deprived areas (NRS, 2021).

In 2019-21 in Northern Ireland, men in the least deprived 20% of areas lived on average 7.3 years longer than those in the most deprived 20% of areas (DoH, 2023).

In 2018-20 in Wales, men in the least deprived 20% of areas lived on average 7.5 years longer than those in the most deprived 20% of areas (ONS, 2022b).

The heat map on page 15 clearly illustrates that in the UK today where men live has a shocking impact on how long they live. The heat map is based on new data[2] for this report comparing rates of premature male death (deaths before age 75) between parliamentary constituencies in the UK (data sourced from NRS, 2021; ONS, 2024b; NI DoH, 2021) (Table 1). This report marks the first time these data have been published. After accounting for age[3]:

Men living in Birmingham, Ladywood are, on average, more than 3.5 times as likely to die prematurely than men living in Beckenham.

Men living in the 10 constituencies with the highest male premature death rates are almost 3.5 times as likely to die prematurely than men living in the 10 constituencies with the lowest rates.

The average rate of premature death for males in Scottish constituencies is 26% higher than in constituencies in the rest of the UK.

Men in Glasgow North East are almost twice as likely to die before the age of 75 than women.

The average rate of premature death for males in the most deprived 20% of constituencies is 81% higher than those in the least deprived 20% of constituencies.

The average rate of premature death for males in 'red wall'[4] constituencies is 17% higher than in the rest of the UK.

[2] These data do not include the Channel Islands and the Isle of Man.
[3] The data have 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.
[4] The Red Wall Constituencies are: Ashfield, Barrow and Furness, Bassetlaw, Birmingham Northfield, Bishop Auckland, Blackpool South, Blyth Valley, Bolsover, Bolton North East, Bridgend, Burnley, Bury South, Clwyd South, Darlington, Delyn, Don Valley, Dudley North, Gedling, Great Grimsby, Heywood and Middleton, Hartlepool, Hyndburn, Leigh, Newcastle-Under-Lyme, North West Durham, Penistone and Stocksbridge, Redcar, Rother Valley, Scunthorpe, Sedgefield, Stoke-On-Trent Central, Stoke-On-Trent North, Vale Of Clwyd, Wakefield, West Bromwich East, West Bromwich West, Wolverhampton North East, Workington, Wrexham, Ynys Môn.

FIGURE 10. MALE LIFE EXPECTANCY IN ENGLAND AND SCOTLAND BY DEPRIVATION DECILE

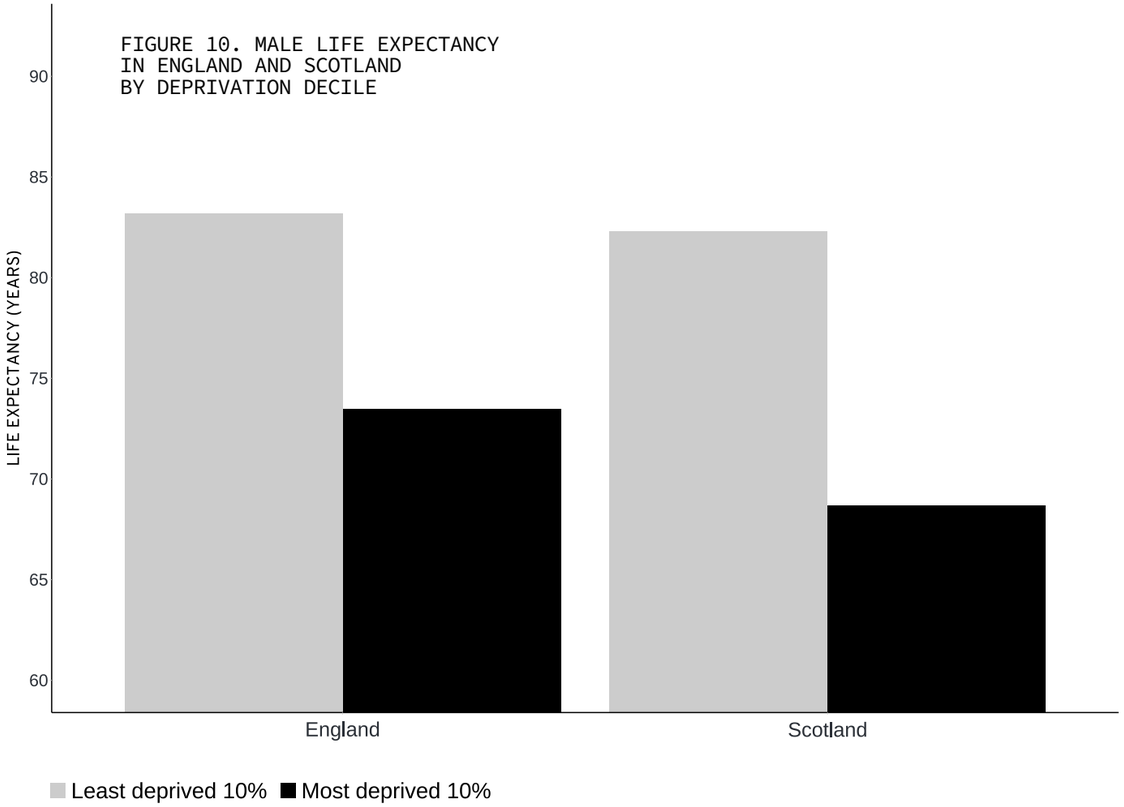


FIGURE 11. MALE LIFE EXPECTANCY IN NORTHERN IRELAND AND WALES BY DEPRIVATION QUINTILE

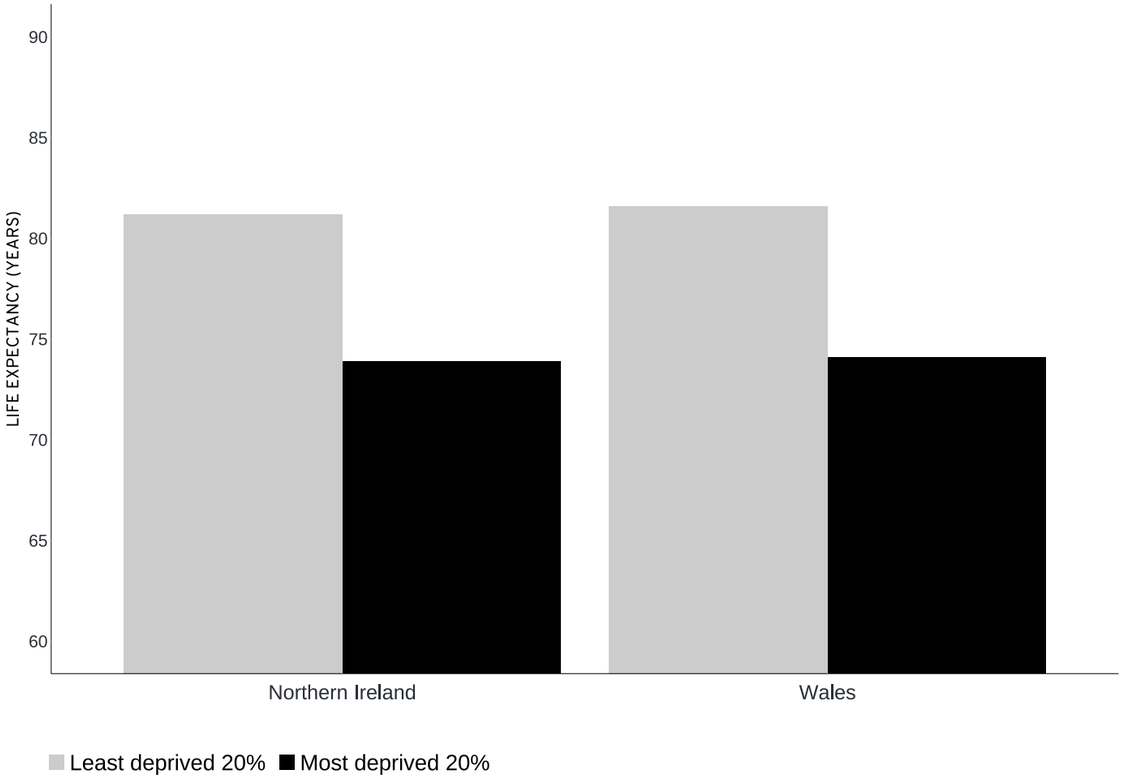


TABLE 1. TEN CONSTITUENCIES WITH THE HIGHEST PREMATURE MORTALITY RATE FOR MALES.

Constituency	Age-standardised premature mortality rate for males (per 100,000)	Country/region
Glasgow North East	1012	Scotland
Glasgow East	967	Scotland
Glasgow South West	943	Scotland
Glasgow Central	927	Scotland
Birmingham, Ladywood	896	West Midlands
Glasgow North West	864	Scotland
Leeds Central	834	Yorkshire and The Humber
Blackpool South	827	North West
Motherwell and Wishaw	783	Scotland
Blackley and Broughton	780	North West

ETHNICITY[5]

Men from different ethnic groups also experience different health outcomes:

Black men in England are twice as likely to be diagnosed with, and are more likely to die from, prostate cancer than other men. 29.3% of Black men will be diagnosed with prostate cancer in their lifetime, compared with 13.3% of White men (Lloyd et al., 2015; Delon et al., 2022).

In England, men from Black or Asian (with the exception of Chinese) backgrounds are more likely to be at high risk of diabetes than men from White backgrounds (NHS, 2022a). The risk is particularly high for men of Indian or Bangladeshi background.

In England, men from Black Caribbean backgrounds are more likely to have a longstanding condition than men from any other ethnic group (NHS, 2022a).

In England, men from ethnic minority communities were more likely to die from COVID-19 between January 2020 and March 2021 compared to White men, and compared with women from ethnic minority communities (ONS, 2021e).

The reasons for health inequalities between ethnic groups are complex and not fully understood. There is a strong relationship between health and deprivation, and ethnic minority groups are over-represented in more deprived communities (NICE, 2021). The disproportionate impact of the COVID-19 pandemic is not fully accounted for, but potential reasons include ethnic minority groups being more likely to work in health and social care key worker occupations, and having underlying health conditions (Platt, 2021). A systematic review of inequalities in the mental health experiences of Black people in the UK (men and women) found Black populations were less likely to access mental health support via traditional pathways due to stigma and mistrust of mental health services. Instead, Black Africans especially, sought help from community leaders.

Ethnicity and other social determinants also intersect with gender experience and expression, resulting in the nature of health inequalities being experienced differently based on one's gender (Griffith, 2020).

SEXUAL ORIENTATION AND GENDER IDENTITY

Gay and bisexual men are more likely to have poorer mental health than heterosexual men (NHS, 2021b).

In England, the risk of a long-term mental health condition is one in six for trans males, compared with one in 11 for cis-gender males (Watkinson et al., 2024).

[5] There are significant challenges and problems associated with the recording of ethnicity in health data. In a report by Race Equality Foundation and Wellcome Trust, they find that the categories used to describe different communities are often inappropriate or inconsistent. We echo the recommendations made in their report that work and research is needed to develop better understanding of the links between ethnicity and health, to ensure that ethnic categories reflect the communities in the UK, and to involve these communities in the defining and categorisation of ethnicity. There are also gaps in the data that do exist – overall health outcomes broken down by ethnicity are not systematically collected in the UK.

MEN ARE LESS LIKELY TO ASK FOR HELP WHEN THEY NEED IT

Although many men do take care of their health and seek help when they need it, others face a range of barriers when doing so. A clear indication of this is the low uptake of health checks by men. In England, adults aged 40-74 with no pre-existing health conditions are offered an NHS Health Check every 5 years. More than 1.3 million males were invited to a Health Check in 2017-18 (NHS, 2019) 62% of them did not complete their health check.

> “I feel like you kind of get to a bit like a breaking point or you’re going to fall off a cliff before you actually decide to take action.”

—LUKE, AGE 29
[THE QUOTES IN THIS REPORT COME FROM QUALITATIVE RESEARCH CARRIED OUT BY ‘THE GOOD SIDE’ IN MARCH 2024. PSEUDONYMS HAVE BEEN USED TO PROTECT CONFIDENTIALITY]

The barriers preventing men from seeking help are often reduced to simple stereotypes, when in fact the reasons are typically diverse, complex and interacting with one another. Often implicated in the research on men’s help-seeking behaviour are the norms created by our society 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), whereas they can also harm men when applied rigidly in others. Some of these norms may create stigma that prevents 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 and to look after others.

Many men report valuing strength, toughness and self-reliance and think they should control or restrict their emotions. These beliefs 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., 2021; Government Equalities Office, 2019; Shelswell and Watson, 2023). Men with symptoms of depression and strong conformity to traditional masculine norms, are significantly less likely to access mental healthcare (Wong et al., 2022). Although 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 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).

The impact of the ways boys and men learn about the roles and expectations of masculinities in their lives can also be felt in the way they find, understand and use information and services to benefit their health (Isaacs et al., 2011; Schuppan et al., 2019; Osborne et al., 2013; Macdonald et al., 2022).

HEALTH LITERACY

While a woman’s relationship with their health and healthcare is established early during adolescence, built around their reproductive and sexual health needs, many men may miss out on having the scaffolding 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. 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.

Poor levels of health literacy are associated with lower use 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 & Ostini, 2020; Shahid et al., 2022). 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, research has found that low income, low education and living alone has been associated with lower health literacy amongst men (Oliffe et al., 2020), and the more male-dominated an occupational group is, the lower scores of health literacy are (Milner et al., 2020). There is, therefore, an education gap for us to tackle by considering when, where and how we reach men with health information. An important caveat is the significant role of informal supports (e.g. friends, family and colleagues) in men’s lives as connective pathways to further health information and services.

Health literacy also 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, lack of familiarity, lack of trust, lack of confidence to engage, and stigma (Clark et al., 2018; Ferguson et al., 2019; Schuppan et al., 2019; Shand et al., 2015; Macdonald et al., 2022). Men may also be embarrassed to talk about health issues or fear screening, testing, diagnosis, treatment and/or mortality (Macdonald et al., 2022). When you combine these attitudes and beliefs about their own health and the health system to the structural impediments experienced by men, like cost and accessibility of care, their poor help-seeking rates become readily understandable.

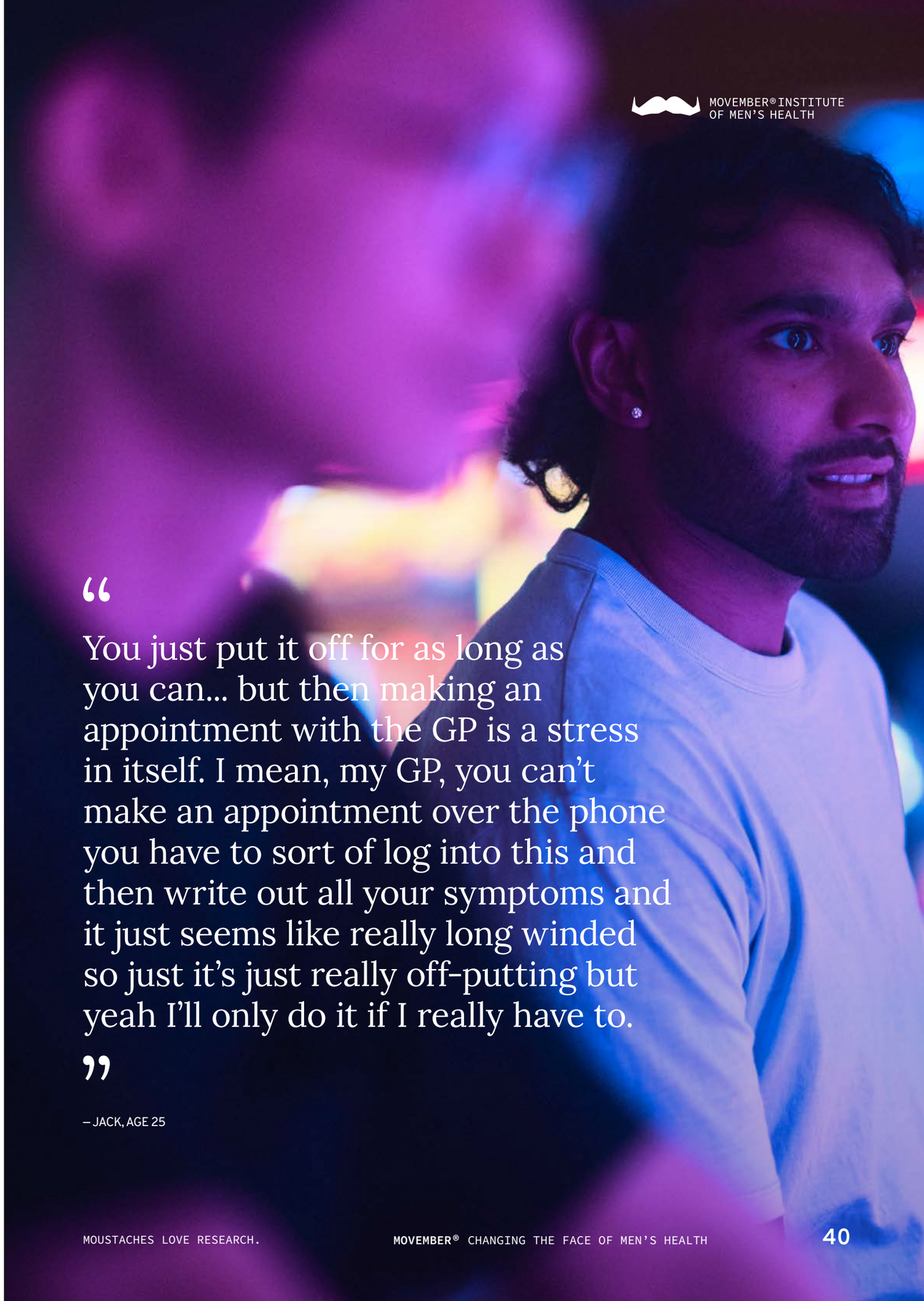
A 2023 survey found that 61.3% of men in the UK said they faced barriers in seeing a GP (Men and Boys Coalition, 2023). The main reasons were long waiting times (54%), inconvenient opening hours that clashed with work (23.7%) and a belief that GPs only deal with people who are very ill (20.1%).

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

Although we know that many men aren't seeking help when they need it, 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 the universal (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 male-specific (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). When combined, a review of contemporary research on men and masculinities indicates that Western healthcare systems are often inadequately prepared to provide engaging, appropriate and effective care for many men presenting with health concerns (Macdonald et al., 2022).

For those treating men, evidence from male GPs suggests that adhering to masculine gender norms of male stoicism and strength from both patients and GPs impacts their relationship 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 (Seymour-Smith et al., 2002). This reflects the perspectives of some young men in the UK who viewed their experience of accessing healthcare as embarrassing and disempowering (Jeffries and Grogan, 2012).



THE DATA THAT ARE AVAILABLE SUGGEST THAT THE HEALTH SYSTEM IS FAILING MEN TOO OFTEN:

82% of men aged 40-54 who died by suicide in 2017 were in contact with primary care services prior to their death, and half (50%) had been in contact with mental health services (The University of Manchester, 2021).

43% of men aged 40-54 who died by suicide in 2017 saw their GP in the 3 months before their death (Mughal et al., 2023).

Only 33% of referrals to NHS talking therapies in England 2020-21 were for males (NHS, 2021a).

Women in the UK are 1.6 times more likely to receive mental health treatment, even after controlling for prevalence of mental health conditions (McManus et al., 2016).

Men in the UK are diagnosed at a later stage of disease than women for a number of cancers, including malignant melanoma, lung, bladder and other urological cancers (Lyratzopoulos et al., 2013).

THE HEALTH SYSTEM RESPONDS POORLY TO DIFFERENT GROUPS OF MEN:

There are huge variations in stage at diagnosis across the UK. For example, in London, one in eight men (12.5%) are diagnosed with prostate cancer, when the disease is advanced, whereas in Scotland it is one in three men (35%)[6] (Prostate Cancer UK, 2023).

47% of Black men surveyed did not believe their health is equally protected by the NHS compared with White people (House of Commons Joint Committee on Human Rights, 2020b).

Black men are more likely to be deterred from a bowel cancer screening due to embarrassment and medical mistrust (Kerrison et al., 2023).

A survey of LGBTQ+ people in the UK (LGBT Foundation, 2023) found that 12% of GBTQ+ men (including trans men) had experienced discrimination based on their sexual orientation or trans status from their GP in the last year.

LGBTQ+ people surveyed in England had a poorer experience of cancer care than heterosexual and cis-gender people (NHS, 2022b).

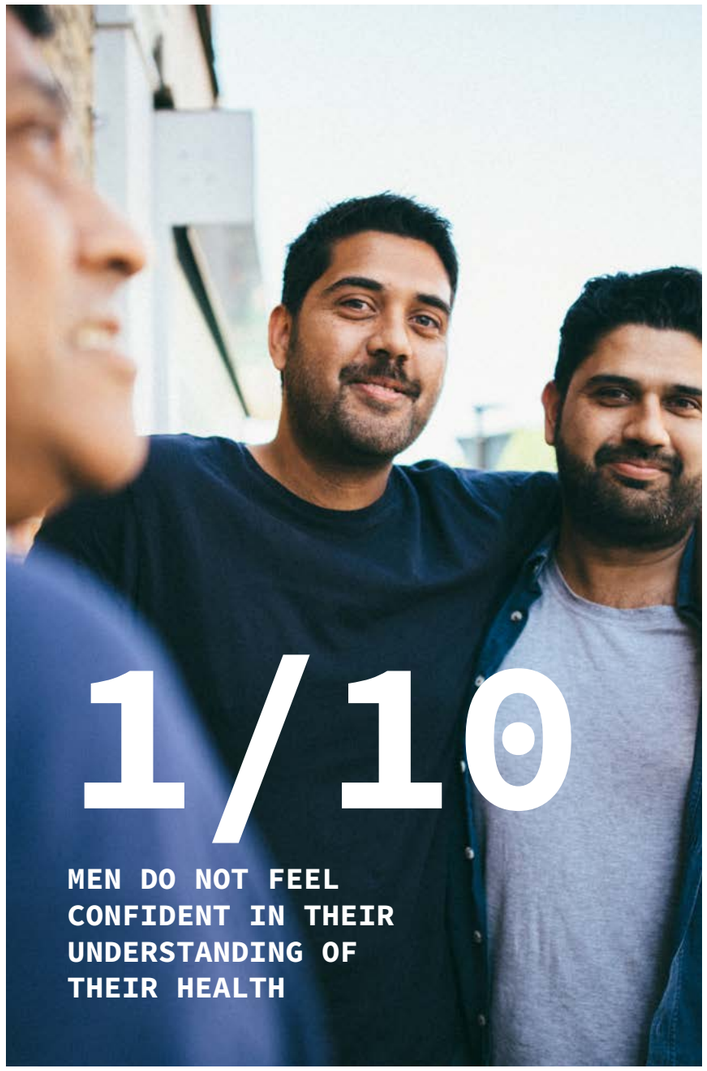
New findings also suggest that the number of new prostate cancer cases annually will rise globally from 1.4 million in 2020 to 2.9 million by 2040 (James et al., 2024). The rise cannot be prevented by lifestyle changes or public health interventions alone and so governments around the world will need to prepare strategies to ensure healthcare systems are responding to an increasing number of men with cancer.

There is much more research to do, but it is clear that men are not always getting the support they need and we know from the work in the women's health strategy in England the same is true for women. One reason the health system is not responding well to men's needs is the lack of training about men's health that healthcare professionals receive. When it comes to training healthcare professionals, gender and sex have been inconsistently incorporated into undergraduate, graduate and post-graduate medical and allied health curricula (Khamisy-Farah & Bragazzi, 2022), as well as in continuing professional education and learning. 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 a sense of competence for working with men being the strongest predictor of outcomes of care for men (Almaliah-Rauscher et al., 2020). Given the lack of understanding of men's experiences of engaging with the health system, Movember commissioned new research[7] to try to plug some of the gaps.

[6] This analysis compares the proportion of stage 4 prostate cancer diagnoses in Scotland, Wales and Northern Ireland, with the proportion of metastatic diagnoses in England.
[7] 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 at HERE

MOVEMBER POLLED 1,500 MEN IN THE UK ON THEIR EXPERIENCES 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 12):

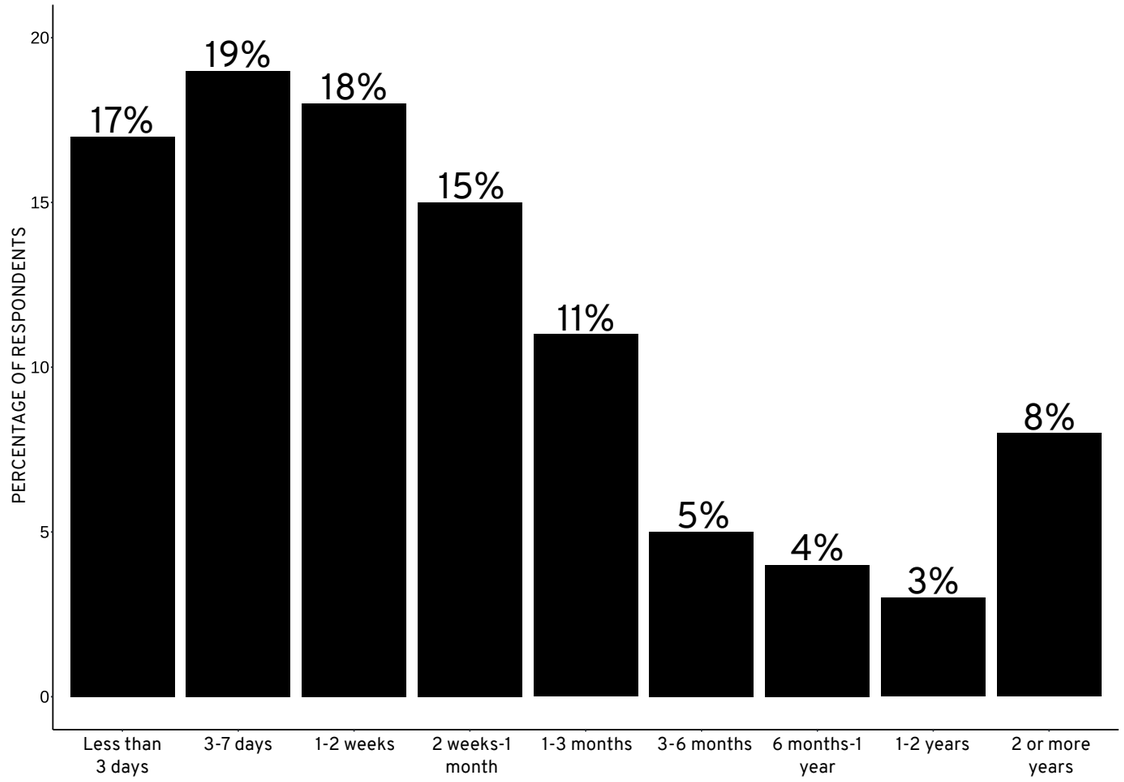
“

Yeah, I mean, I'm like one to just try and, like, leave it for as long as I can, if I'm unwell. But obviously, if it's getting worse and worse, then that's when I would go. Well, I would, depending on what it is, but I would try to get something over the counter.

”

– JACK, AGE 25

FIGURE 12. POLLING RESULTS: HOW LONG MEN EXPERIENCED SYMPTOMS BEFORE SEEKING CARE, IN RELATION TO THE LAST TIME THEY APPROACHED THE HEALTHCARE SYSTEM WITH A PROBLEM



Delaying seeking help when experiencing symptoms significantly impacts men's satisfaction once they do engage with healthcare. From the men surveyed:

Only 4% of men who visit the doctor after the first signs of symptoms are dissatisfied with their care, compared with 16% of men who visit the doctor with severe or concerning symptoms.

This underscores the potential cascading benefits of encouraging men's early engagement in formal help seeking.

> "Women will [say] 'Oh yeah. It's a man flu, isn't it' [That's] difficult to hear, you know, man flu, kind of 'man up' from women."
>
> — ALI, AGE 34

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 that women (49%), and

It is normal for men to avoid regular health check-ups (48%) (Figure 13).

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

36% agreed that handling pain without help is a masculine thing to do, demonstrating a negative impact of traditional gender norms.

More than a quarter of men agreed that men are less likely to get depressed (27%) and need mental health support (26%) than women.

And a further 43% of men agreed that men's health isn't taken as seriously as women's health.

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

Nearly two thirds of men (62%) feel that gender stereotypes (e.g. 'toughing it out') have affected their health behaviours and experiences in healthcare settings.

For men who describe their most recent healthcare visit as being for mental healthcare (non-hospital or hospital), 80% of men feel that gender stereotypes affected their health behaviours and experiences, with one in three of these men feeling that it affected them greatly.

FIGURE 13. POLLING RESULTS: MEN'S AGREEMENT WITH COMMON STATEMENTS ABOUT MEN AND THEIR HEALTH.

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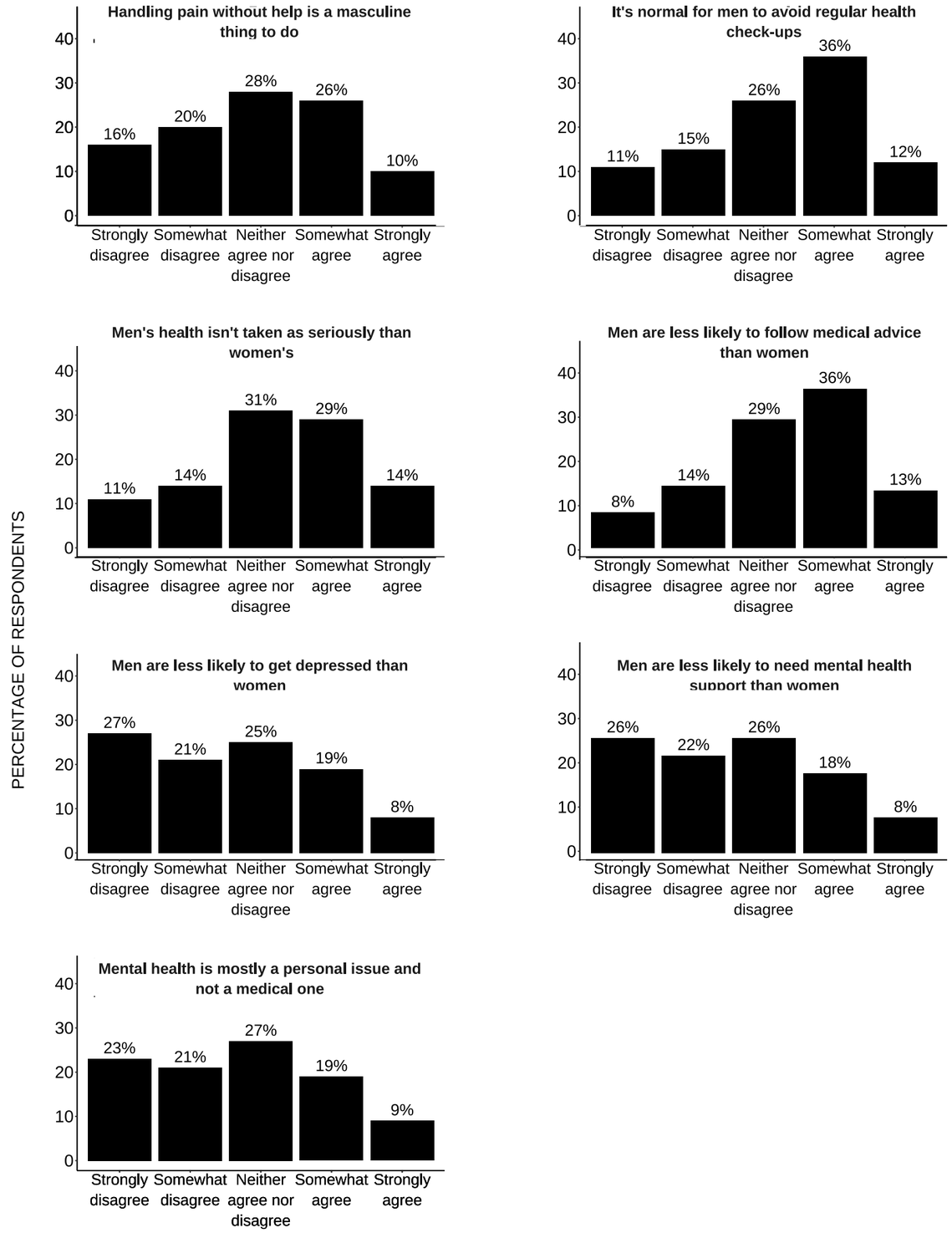
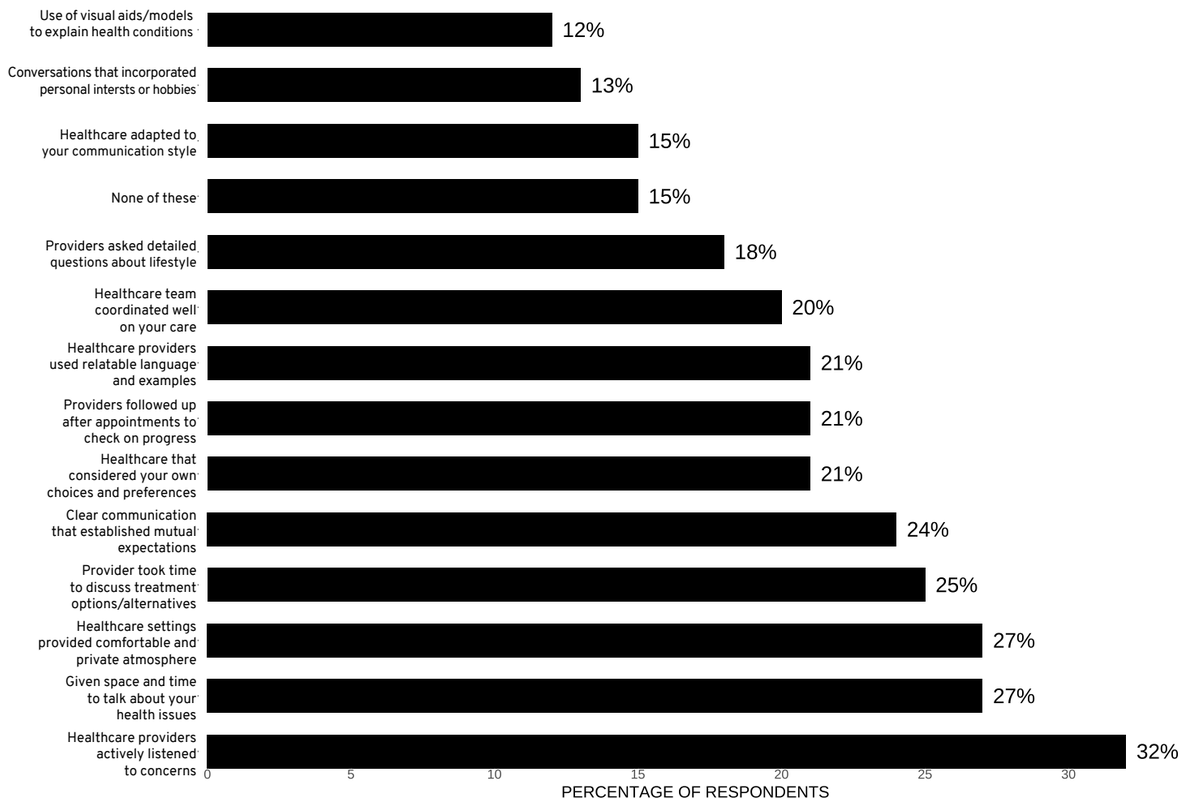


Stereotypes, bias and healthcare interactions

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

FIGURE 14.
POLLING RESULTS: THE PERCENTAGE OF MEN WHO EXPERIENCE POSITIVE ELEMENTS OF HEALTHCARE ENGAGEMENT (DURING HEALTHCARE INTERACTIONS IN THE LAST 12 MONTHS) AND THEIR HEALTH.



"I hesitate to share my worries with a healthcare provider if you just don't feel comfortable with that person... you might go, 'actually, I'm not going to say that'. And you know, sort of come away disappointed."

– DAVID, AGE 47

The percentage of men who have experienced bias was higher for particular sub-groups. For example it was experienced by:

72% of men who are underemployed (wage is below industry average).

72% of men presenting at their first visit for reproductive health issues.

58% of young men aged 18-24 years.

58% of men living in Greater London.

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:

82% of men who feel satisfied in their first encounter say they will seek help in future, compared with only 54% of those that felt unsatisfied.

There is also a gap in men's expectations and their experiences in primary care. For example, many men feel healthcare professionals actively listening to their concerns is important, however, only 32% of men report experiencing this (Figure 14). Only one in five men experienced many of the positive elements of healthcare interactions. These include:

15% of men experienced healthcare adapted to their communication style.

21% of men experienced healthcare that considers their own choices and preferences.

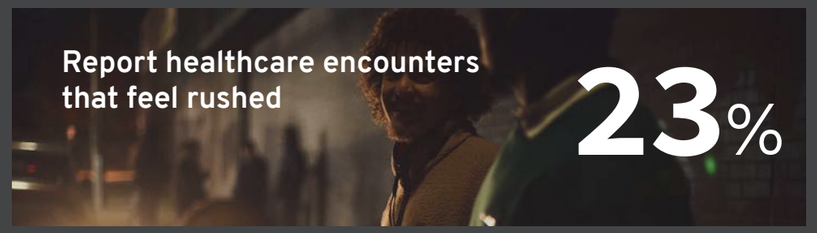
24% of men experienced clear communication that establishes mutual expectations.

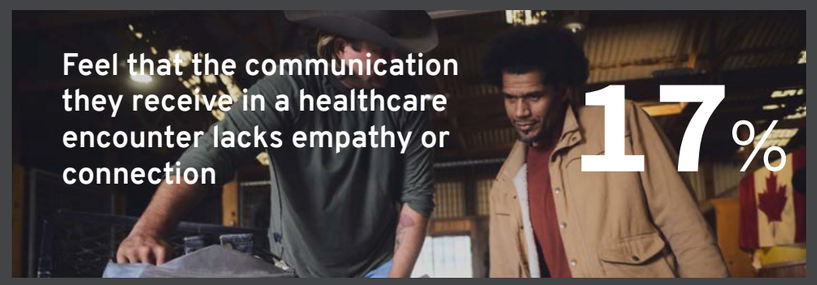
"Men like straight-talking don't they? Give it as it is. If you stick to the treatment plan, these are the benefits you're open to see. If you don't, this is what might happen."

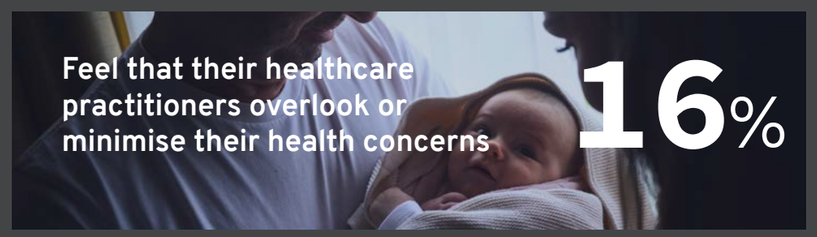
– WILL, AGE 50

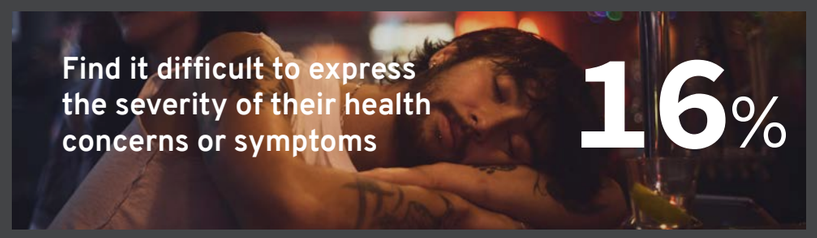
FURTHERMORE 66% OF MEN REPORT THAT THEY FACED ONE OR MORE BARRIERS TO EFFECTIVE COMMUNICATION WITH HEALTHCARE PROVIDERS.

FOR EXAMPLE, **OVER ONE IN SIX MEN:**









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Younger men surveyed aged 18-24 years are more likely than men overall to report experiencing some barriers. These are small but important differences. For example:

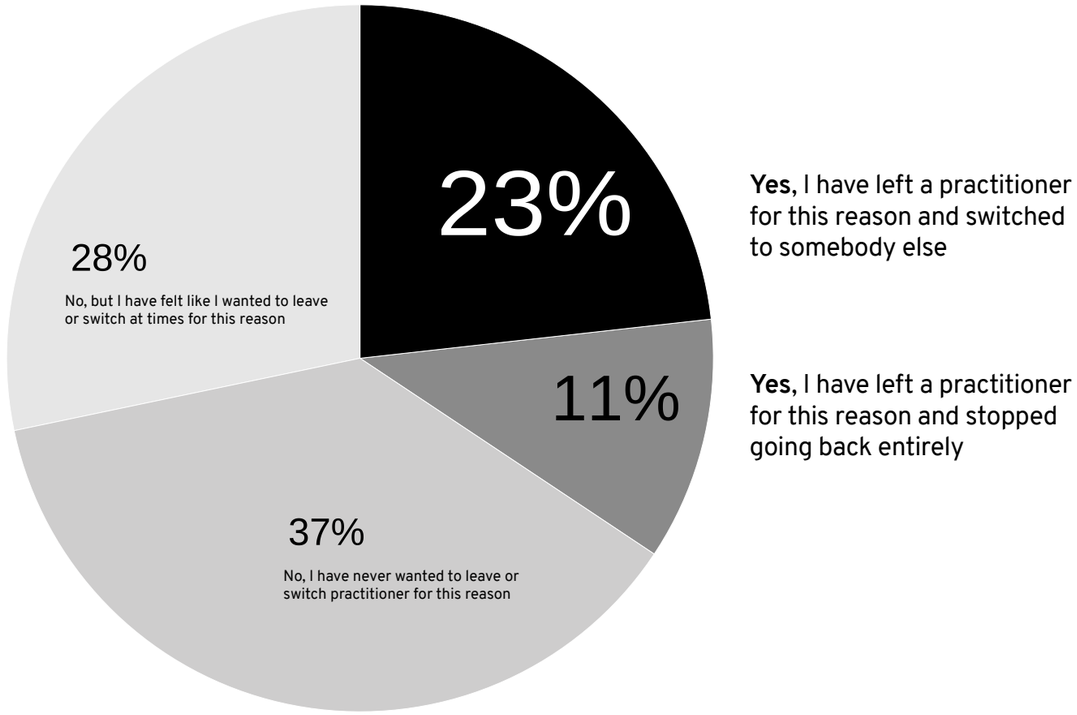
- 17% report feeling misunderstood as a man (compared with 12% off all men).
- 17% reported healthcare settings that made them feel unwelcome (compared with 12%).
- 22% report communication that lacks empathy or connection (compared with 17%).
- 18% report healthcare practitioners downplaying their health concerns (compared with 13%).
- 16% report communications written in a style that doesn't resonate with them as a man (compared with 10%).

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

Most men (62%) report having felt like wanting to leave their practitioner, or leaving their practitioner due to a lack of personal connection (Figure 15).

Of the 34% who left their practitioner, a third of men stop going back entirely.

FIGURE 15. 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.

Finally, the polling further reveals that different groups of men have different health and healthcare experiences:

Gendered health stereotypes – such as “it’s normal for men to avoid regular health check-ups” – tend to be believed less frequently by Black men than White men (35% vs 50%).

White men are more aware of most health screenings than Asian and Black men – based on selecting from a list of 18 health checks available to UK men.

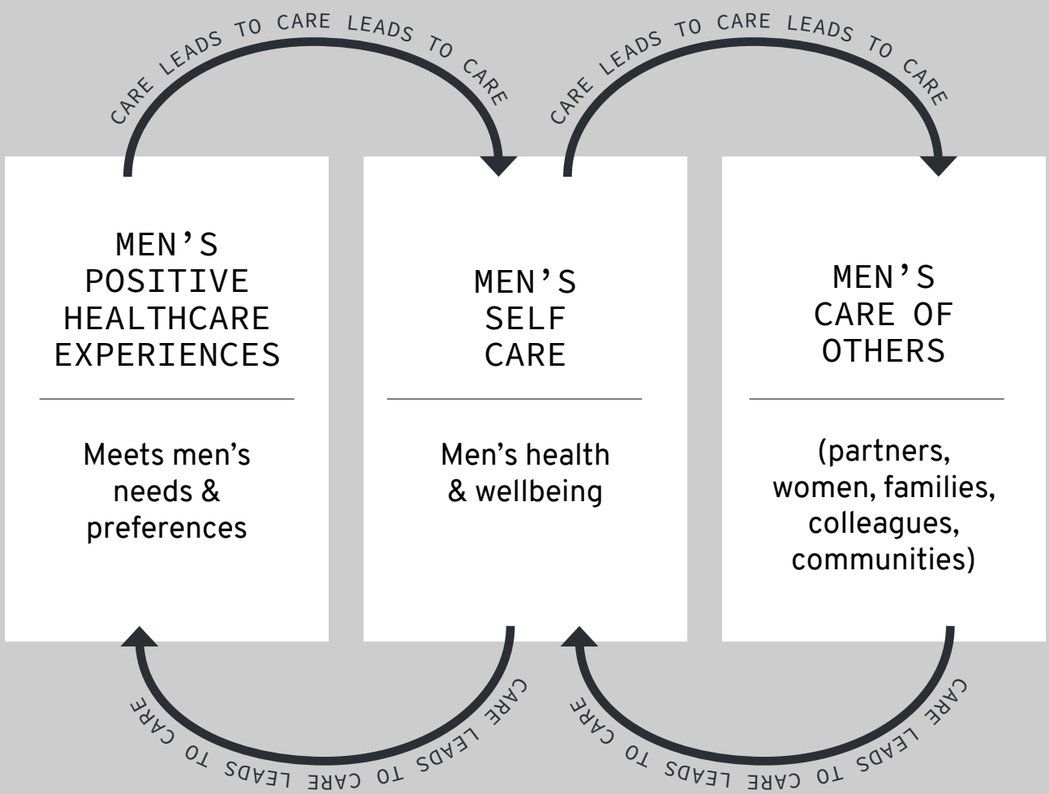
White men are more likely to have received a diagnosis for a condition than Black and Asian men (67% vs 52% and 59%) or been prescribed medication(s) for their condition (64% vs 56% and 46%).

Conclusion:
The state of men's health

Too many men in the UK are dying too young, of causes which are often avoidable. Certain men are more impacted than others – where you live in the UK has a significant impact on how long you live, and how many of those years are healthy. There isn't yet a full picture of men's experience of healthcare and more research is needed. However, the new polling in this report reinforces research that shows that barriers, including stigma and a lack of health literacy, are preventing too many men from seeking help for their health. 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 the UK and the challenges faced, this chapter goes beyond the man, to understand the long lasting and profound impact on those closest to him and the broader impact of men's poor health on the economy.



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 wives, mothers, sisters, partners, mates, neighbours, children, teachers and doctors who are among the unexpected faces of men's health.

When a father struggles with poor physical or mental health this can impact on their children from conception to adulthood (Kotelchuk, 2022). Increased body mass index in fathers has been found to affect both pregnancy outcomes and also correlates with altered growth curves and increased BMI in childhood (Campbell & McPherson, 2019).

Furthermore, a father's dietary preferences and eating behaviours influence those of their 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, similar in magnitude to those caused by maternal mental health challenges (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' 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).

When a male partner has poor sexual health, this can impact on both their partner's health and satisfaction (GAMH, 2018). For men living with prostate cancer, the impact of the disease and treatment on their and their partner's sex lives can be traumatic and long lasting (Gupta et al., 2023; Ramsey et al., 2013; Grondhuis Palacios et al., 2019).

Other research looks at the wider psychological impact on intimate partners of a man's diagnosis of prostate cancer and other cancers. This can take the form of uncertainty about the future, anxiety, depression, feelings of shock and fear of death of their male partners (Green et al., 2021).

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 use contributes to violence against partners, family members and complete strangers (Fals-Stewart et al., 2003; 2005; Leonard, 1993; Murphy et al., 2001; O'Farrell et al., 2003; Cafferky et al., 2018; Leonard et al., 2003; Abramsky et al., 2011).

Given the minimum levels of health required to carry out caregiving tasks, men with poor health are also less able to share the burden meaning it falls more heavily on others (Bom et al., 2019).

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 England and Wales, over 70% of those widowed are women (ONS, 2021d), meaning more women suffer from the 'widowhood' effect where the death of a spouse or significant other can result in poor health and a much higher risk of death for those left behind (Boyle et al., 2011; Peña-Longobardo et al., 2021). The rate of older people going into a nursing home or long-term care setting has been noted to immediately increase after the loss of a spouse (Nihtila et al., 2008).

The death of a close friend can have a significant negative impact on physical and mental well-being up to 4 years following bereavement, with less socially active people experiencing a bigger impact (Liu et al., 2019).

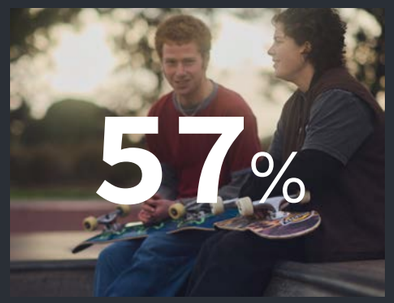
Research in Australia found that the death of a person by suicide has a ripple effect impacting on average 135 people directly and many more indirectly, and can have a range of profound psychological, physical, emotional and financial impacts on them (Cerel et al., 2019).

> "Remember that the caregivers are most probably having a harder time than the person they're caring for. They're dealing with their own emotions and trying not to show them and dealing with the person they're caring for. I think sometimes that goes unnoticed."
>
> —JESSICA, 40, CAREGIVER FOR PARTNER WITH ADDICTION AND SUBSTANCE ABUSE

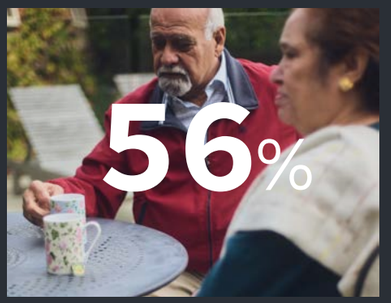
Informal caregivers

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 it daughters, partners, wives, mothers, sisters, neighbours or colleagues (Sharma et al., 2016). The care they provide is incredibly important and the men in their lives are dependent on them and almost always deeply grateful. But the burden can be intense, and we must find ways to reduce the impact.

In the UK, 7% of the population (4.9 million people) are informal carers (House of Commons Library, 2023b). Movember commissioned new polling[8] of 1,500 caregivers for men[9] to understand better the experiences of these everyday heroes. The sample includes women, men and gender-diverse individuals who are caregivers. It reveals just how all-consuming caregiving can be. The starkest findings related to the impact of caregiving specifically on their physical and mental health (Figure 16). Of those polled[10]:



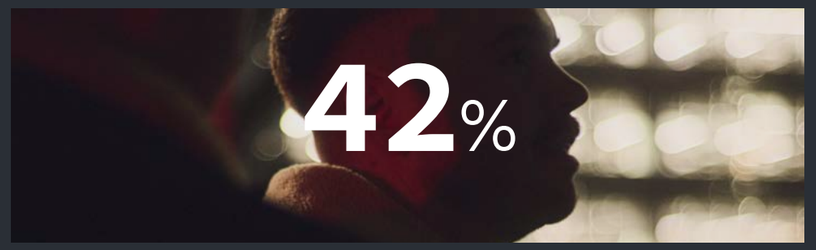
report negative impacts on their mental health



experience worries or anxiety

report negative impacts on their physical health

experience overwhelm or stress



experience low mood or depression

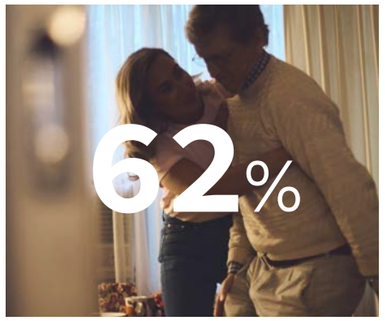
[8] (The Good Side, 2024).
[9] In this report we define caregivers as people who care for men with physical and mental health conditions. The focus is on informal and casual caregiving, rather than full time caring or paid caregivers.
[10] As the caregiver polling survey was not weighted to be nationally representative, here and further references to the results refers to "of those polled".

“

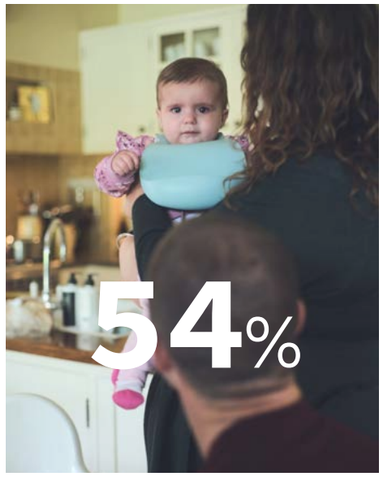
I think people looking from outside-in are only focusing on the person who is suffering, but not the person who is actually doing all the care because their mental health is not stable either.

”

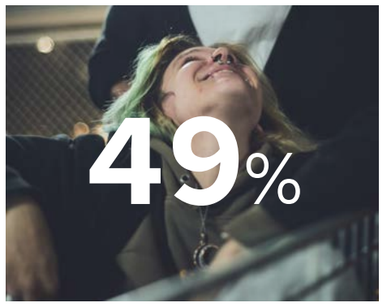
–SHREYA, AGE 55, CAREGIVER FOR HUSBAND WITH ANXIETY AND OCD



of caregivers report negative impacts on their energy levels



of caregivers report a negative impact on their social life



of caregivers report a negative impact on their life satisfaction

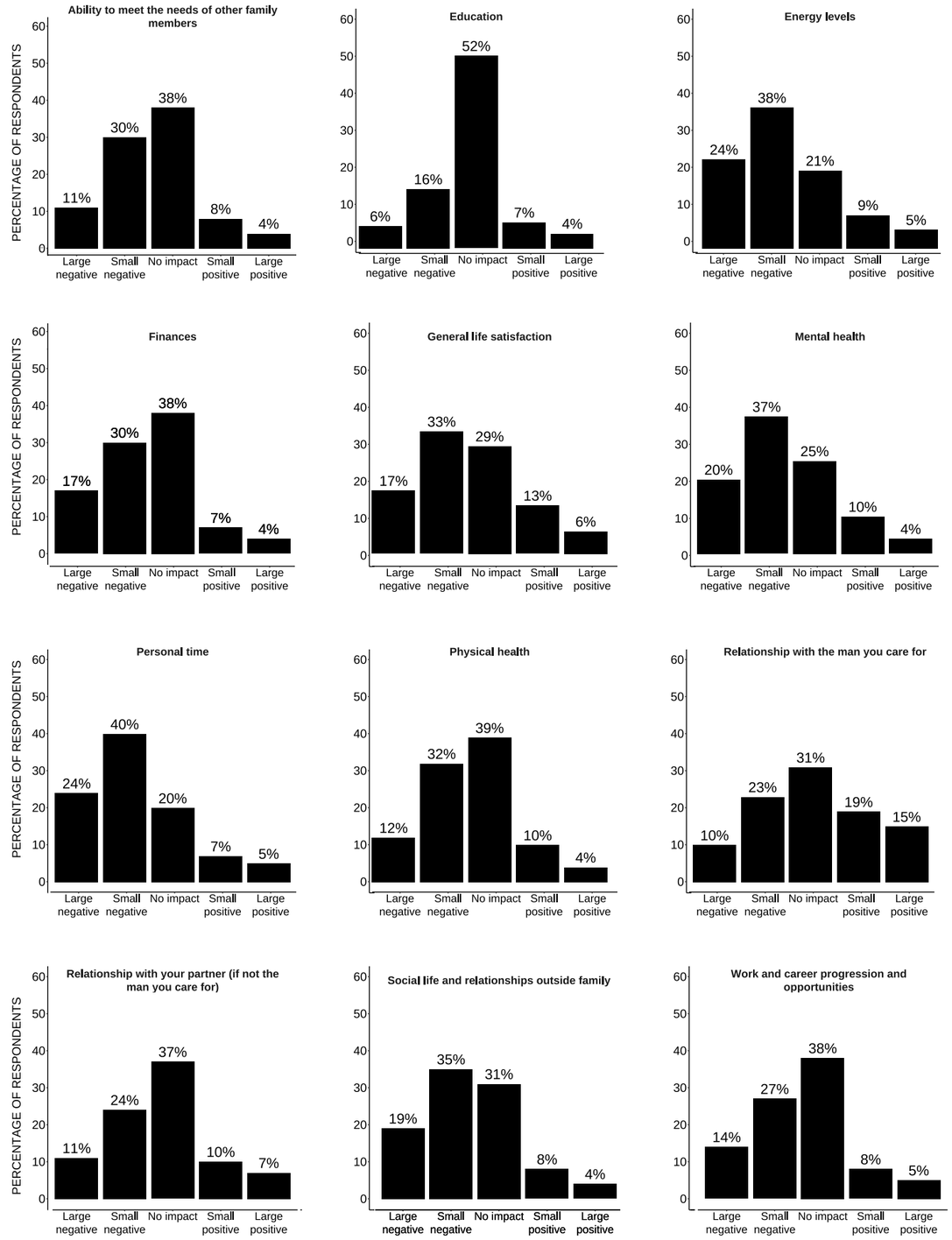
“

I would love my friends to go, ‘do you know what, shall we go have a girlies’ weekend away’, but that is never gonna happen because I wouldn’t be able to leave him.

”

–TRACY, AGE 50, CAREGIVER FOR HUSBAND WITH INFERTILITY, ERECTILE DYSFUNCTION AND LOW MOOD

FIGURE 16. POLLING RESULTS: THE LEVEL OF IMPACT OF CAREGIVING RESPONSIBILITY ON DIFFERENT AREAS OF THE CARER’S LIFE

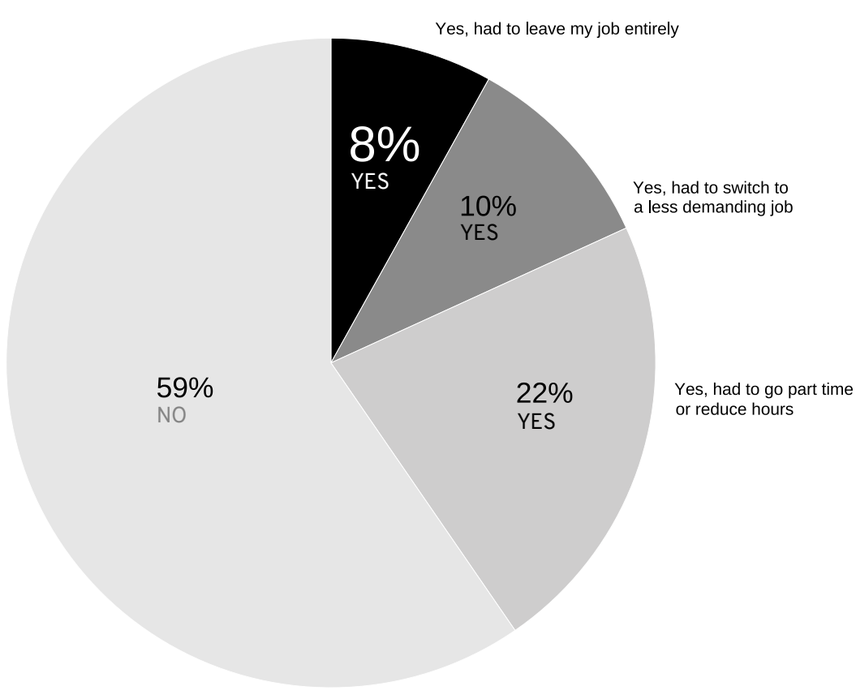


CAREGIVING FOR A MAN CAN ALSO HAVE A SERIOUS IMPACT ON A PERSON'S CAREER OR WEALTH (FIGURE 17). THE NEW POLLING REVEALS THAT:

of caregivers report a negative impact on finances

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

FIGURE 17. POLLING RESULTS: PERCENTAGE OF CAREGIVERS WHO HAVE HAD TO LEAVE, CHANGE JOB OR REDUCE HOURS TO SUPPORT MAN WITH HEALTH CONDITION.



Most caregivers polled who are in employment have had to take some time off work due to their caring responsibilities in the past 12 months (61%), with 1-3 days being the most common amount of time taken off (Figure 18).

"I've had the opportunity for promotions and I've knocked them down. I said no because of the caring."

– SAMMAR, AGE 40, CAREGIVER FOR BROTHER WITH BODY DYSMORPHIA AND AN EATING DISORDER

"I won't be returning to work because it's just impossible. He has to basically have someone with him, just for daily tasks that I need to do. It's hard because it's forced. I love spending time with my family but going to work is like my free time. Just being able to have a normal conversation."

– AMANDA, AGE 28, CAREGIVER FOR PARTNER WITH ANXIETY AND DEPRESSION

"It's not just your physical time. It's not just the time you spend caregiving for them, but it's time you spend worrying. That's an untold amount of time. So it is very, very, very draining, draining on your time."

– DAVID, AGE 39, CAREGIVER FOR PARTNER WITH ADDICTION AND SUBSTANCE ABUSE

FIGURE 18. POLLING RESULTS: THE DAYS OFF WORK TAKEN BY EMPLOYED CAREGIVERS

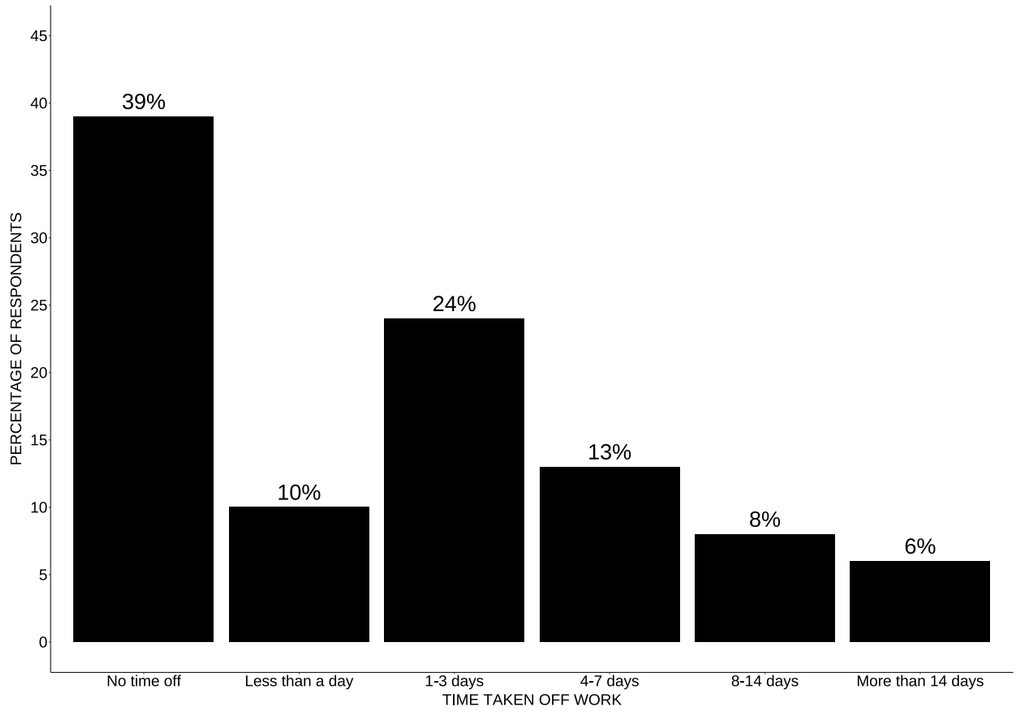
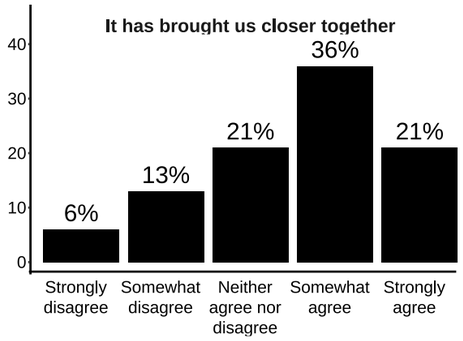
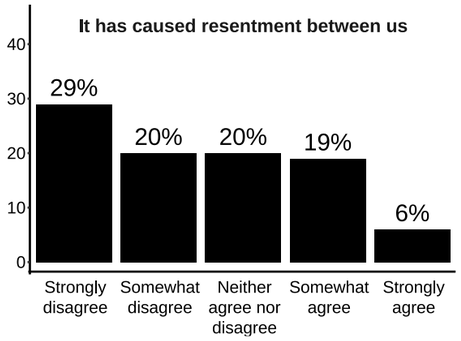
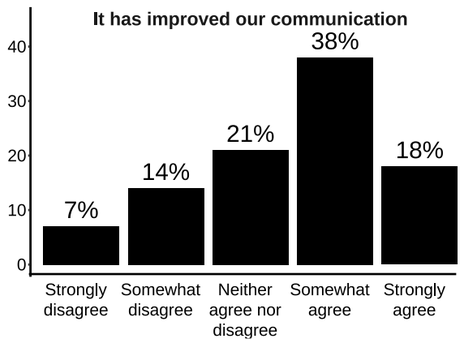
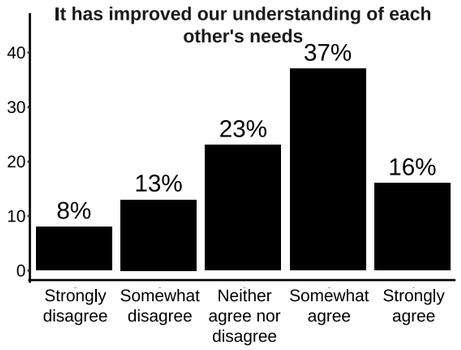


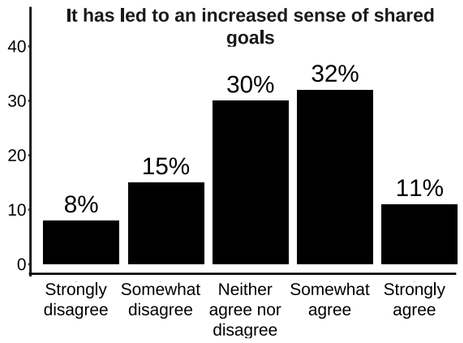
FIGURE 19. POLLING RESULTS: THE EXTENT TO WHICH CAREGIVERS AGREE WHETHER THEIR CAREGIVING ROLE HAS NEGATIVE AND POSITIVE EFFECTS ON THEIR RELATIONSHIP WITH THE MAN THEY CARE FOR

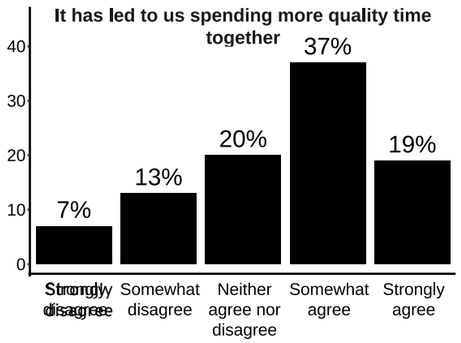


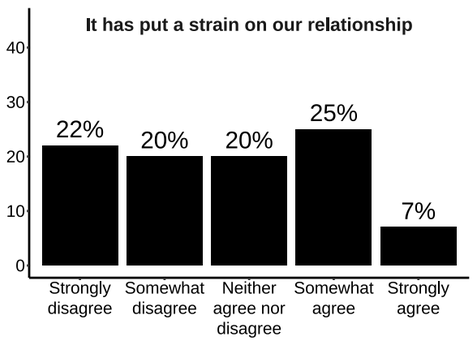












It is important to note that there can be plenty of positive aspects of caregiving:

Caregivers agree that there are positive effects on their relationships with the man they care for (Figure 19). For example:

56% agree that caregiving led to them spending more quality time together, and

56% agree it improved their communication.

> "With me and my dad, we were always really close, but it's like a new dimension to our relationship and I think it is because of the fact that it's a mental health condition and he's opened up to me. It's brought us closer as a result."
>
> –SARAH, AGE 38, CAREGIVER FOR FATHER WITH AN EATING DISORDER

Men themselves of course can also be caregivers, and gender plays a significant role in how caregiving is experienced (Figure 20).

Women as caregivers are more likely than men to take on multiple support roles, including emotional and logistic categories, including but not limited to:

- Emotional support (77% of women vs 65% of men).
- Talking to them about their health and coping (62% vs 44%).
- Domestic support i.e. cleaning, cooking, shopping (62% vs 44%).
- Attending healthcare appointments (45% vs 38%).
- Researching the condition and treatments (38% vs 27%).

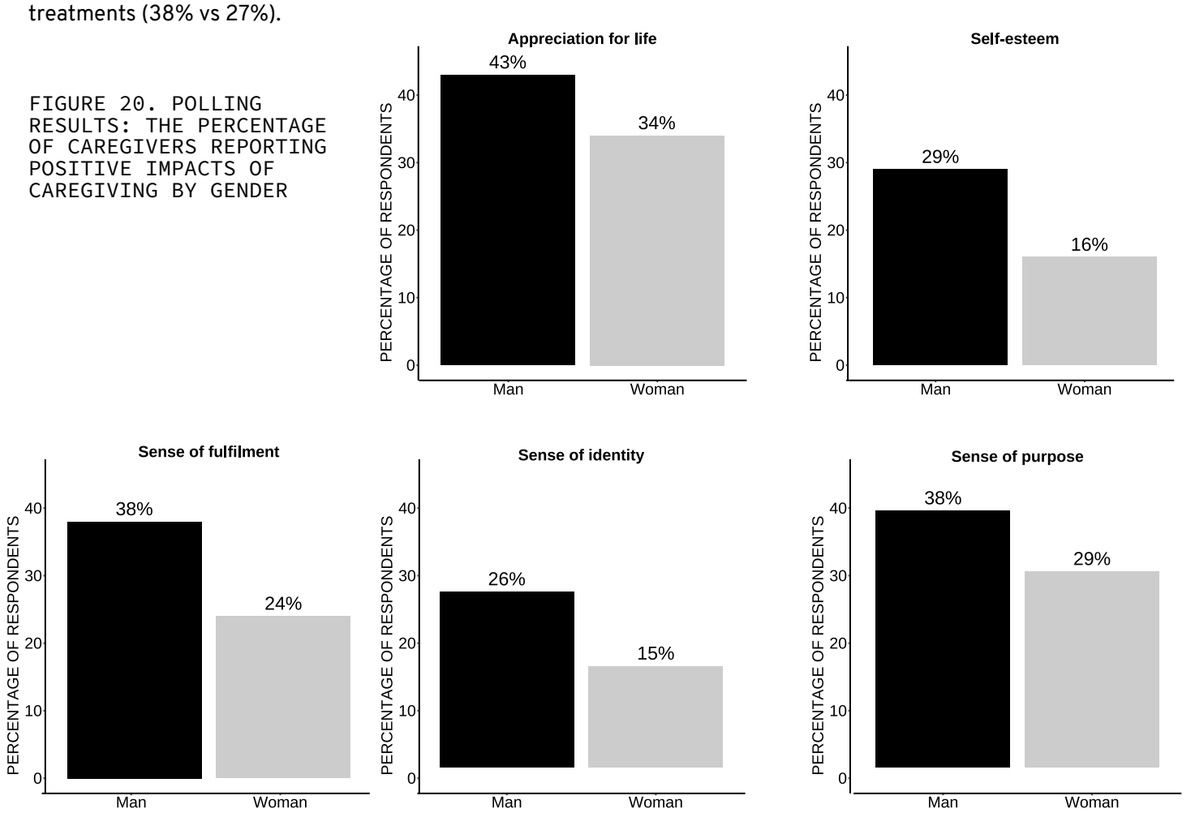
Women as caregivers report greater mental health burdens than men as caregivers.

- Women are more likely than men to report experiencing worries or anxiety (60% vs 47%) related to caregiving.
- Low mood or depression (45% vs 35%) related to caregiving.
- Overwhelm or stress (49% vs 32%) related to caregiving.

As caregivers, men are more likely than women to benefit from:

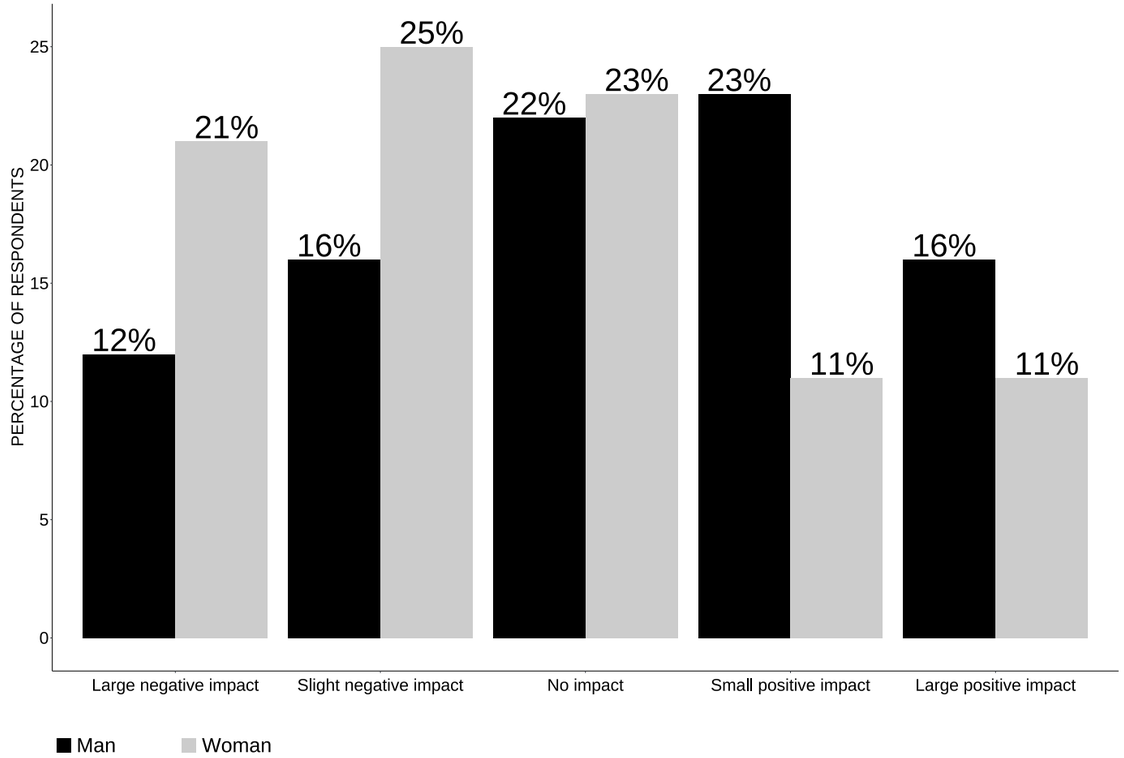
- An increased sense of purpose (38% vs 29%).
- Increased fulfilment (38% vs 24%).
- Increase self-esteem (29% vs 16%)11.

FIGURE 20. POLLING RESULTS: THE PERCENTAGE OF CAREGIVERS REPORTING POSITIVE IMPACTS OF CAREGIVING BY GENDER



Among the caregivers polled, women reported a greater negative impact on their intimate relationships than men (46% vs 28%) when caregiving for a male partner (Figure 21).

FIGURE 21. 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 strong 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; Carers UK, 2022).

Other findings also show that caregiving for people with mental health issues can be particularly challenging (Van der Sanden et al., 2013; Lamont & Dickens, 2019; Hsiao et al., 2020; McKee, 2020), particularly when caring for men (Yu et al., 2019; Sibitz et al., 2002).

The academic literature shows that women caregivers are more likely to perform multiple competing roles when caregiving (Dahlberg et al., 2007; Calasanti & Bowen, 2006), and that men are more likely to gain satisfaction from caregiving than women (Swinkels et al., 2019; Dahlberg et al., 2007; Lai, 2012).

Reducing the number of men in ill health can reduce the amount of caregiving required by loved ones and the negative impacts it has on them.

THE ECONOMIC IMPACT OF MEN'S POOR HEALTH

When a man has health challenges this can limit their earnings. Depression, for example, 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, having either poor general health or poor mental health is associated with approximately an £18,000 drop in the combined income of them and their spouse compared with those with good to excellent health (Martin, 2018).

As revealed by the polling in this report, a man's ill health can also create a financial burden for caregivers, who may sometimes have to quit their jobs or work for less. Caregiving for a man can also have direct costs including food, transport and medicines. 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 (Lai, 2012; Temple & Dow, 2012; Wayland et al., 2021).

Looking at the bigger picture, men's ill health has significant economic costs for 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.

> "I think a couple of years ago, it was just me, my wife and my daughter. So, [his brother] staying home and being with me, it's an extra charge. That's something I have to adjust to, spending more on feeding him."
>
> –BRANDON, 30, CAREGIVER FOR BROTHER WITH DEPRESSION

New research commissioned for this report (HealthLumen, 2024a) reveals the very significant economic costs of men's ill health to the UK. The research estimates the costs of the five conditions that cause the largest number of years of life lost to ill health for men in the UK[12] (coronary heart disease [CHD], lung cancer, chronic obstructive pulmonary disease [COPD], stroke and colorectal cancer).

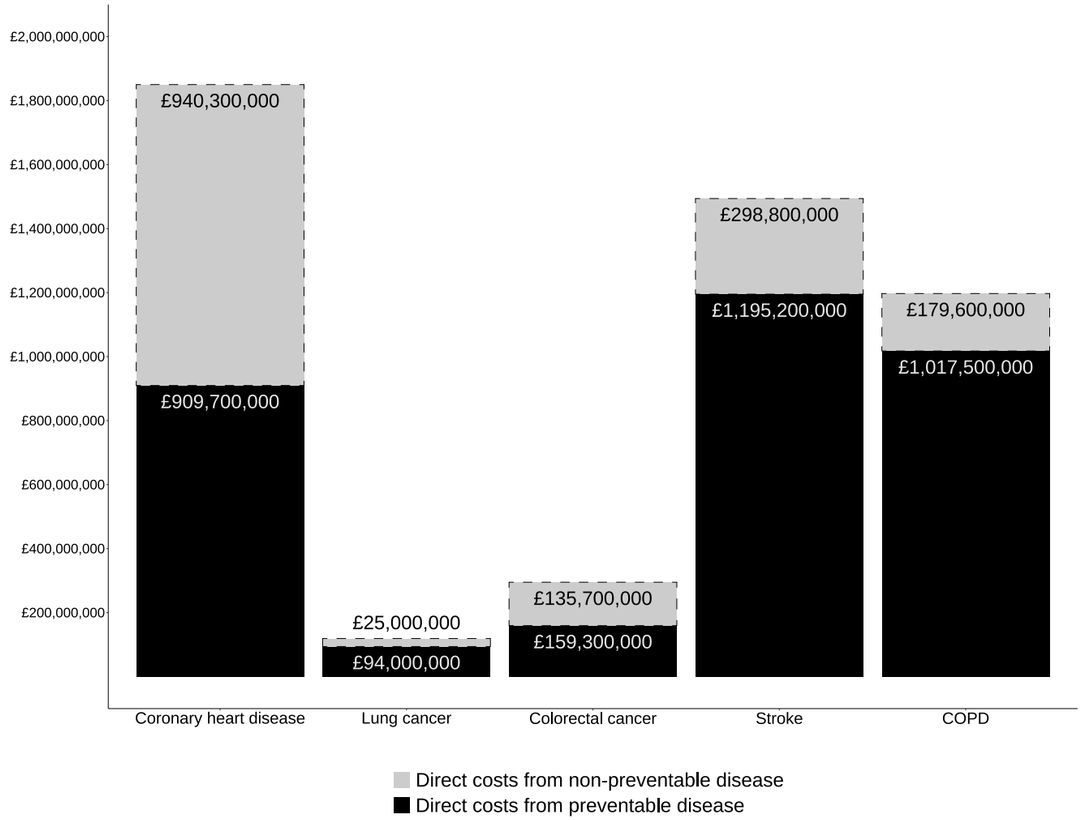
The direct healthcare costs of these five conditions in men in 2023 in the UK were **£5 billion** (Figure 22). Coronary heart disease contributed £1.9 billion of these direct costs. These direct costs include GP costs, the costs of hospital services and costs of pharmaceuticals among other things.

There were additional indirect costs to wider society of **£10.3 billion** (Figure 23). Coronary heart disease contributed £5.8 billion of these indirect costs. These indirect costs included lost productivity, costs of informal care and lost tax revenue to the Government.

£3.4 billion of these direct healthcare costs, and £6.1 billion of the indirect costs were due to disease that is preventable (caused by 'modifiable risk factors').

This means that if all this preventable disease had been avoided in men, the UK could have saved a total of £9.4 billion in 2023 alone (Figure 22). This would cover the annual costs of over nine of England's biggest hospitals (The King's Fund, 2023).

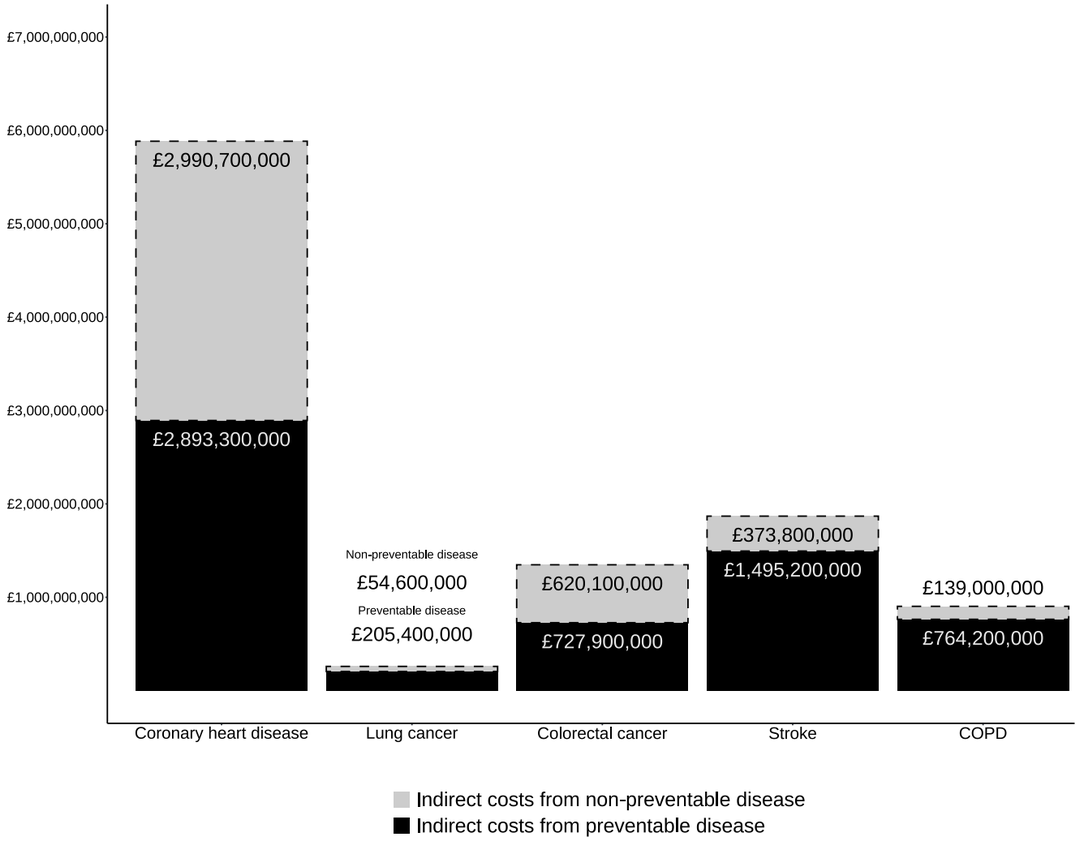
FIGURE 22. BREAKDOWN OF DIRECT COSTS OF HEALTH CONDITIONS IN MEN IN THE UK



This study was unable to model all diseases that are impacted by the NHS health check, such as type 2 diabetes, and as such we are likely to be underestimating the full impact of increasing uptake to the NHS health check. In reality the impacts are likely much bigger'

[12]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 from the picture which allows us to make more generalisable conclusions as 2019 was a more 'normal' year.

FIGURE 23. BREAKDOWN OF INDIRECT COSTS OF HEALTH CONDITIONS IN MEN IN THE UK



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Although it is not realistic to assume all preventable health conditions may be avoided, these data indicate the scale and significance of the costs that could be saved through preventative interventions to target these five conditions.

One important measure that can prevent disease is the NHS Health Check, which is offered to men in England and Wales. Although the health check has been shown to be effective in reducing risk factors for non-communicable diseases, less than 40% of men currently accept the invitation and attend their NHS England Health Check. People don't attend the NHS Health Checks for a variety of reasons, including a lack of awareness or knowledge, a misunderstanding of the purpose of the health check, aversion to preventative medicine and difficulties in accessing healthcare (Harte et al. 2018).

New modelling commissioned for this report (HealthLumen, 2024b) finds that increasing uptake in England alone to 75% of the population (for example by scaling up awareness campaigns and successful pilots of digital delivery and community health worker outreach to hard-to-reach groups) could avoid 82,000 cases of COPD, 48,000 cases of lung cancer, 27,000 cases of CHD, 10,000 cases of stroke, and 6,000 cases of colorectal cancer in men between 2024 and 2040. It could also save £1 billion in direct healthcare costs, and £2 billion in indirect costs from 2024-2040.

The new research also finds there would be 283,000 additional years of healthy life (QALYs) in the male population, and 85,000 years of working life gained if uptake of NHS Health Checks could be increased in this way.

Increasing uptake of NHS Health Checks is likely to impact more health conditions and diseases than covered by the model used, and therefore the impact is likely to be larger than presented in this report. Increasing uptake of NHS Health Checks to 75% of the population would also of course have major health benefits for women and would create significant additional cost savings as a result.

Further details about the methodology used in this research can be found below, or made available by contacting advocacy@movember.com

METHODOLOGY →

Conclusion:
Healthier men, healthier world

Given the broad and deep impact 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 pounds 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 to understand their health and see the health system as a place where they belong, that understands them, and can effectively respond to them in ways they want and need. To achieve this we need to know, apply and strengthen what works when it comes to reaching different groups of men with programmes that improve their health literacy to drive help-seeking, and ensure we deliver healthcare approaches built with the diversity of 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 which resonates with men, and which is positively built into their lives.

This means that along the health system continuum and throughout the life course, boys and men are equipped with the health literacy skills that gives them agency to understand their health and health risks and empowers 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 learnings 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 the UK and abroad, of what works across these four critical elements of the health system function 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

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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 indicating 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 isn't weak to speak) (Galdas et al., 2023).

COMMUNITY BASED MEN'S HEALTH PROMOTION PROGRAMMES

Community based men's health promotion aims to reach men in community and online places and spaces of meaning to them. These programmes are designed specifically to bring men together in peer groups for the purpose of sharing health literacy information or providing social connection. These programmes 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). Current evaluations of these programmes indicate there would be a significant return on investment, regarding men's health literacy, from further funding and scaling of these programmes.

In the clubhouse

MOVEMBER'S AHEAD OF THE GAME

(UK, AUS, CAN, IRE, NZ) is a series of mental fitness workshops for young people aged between 12-18, delivered through community sports clubs. It has been proven to increase mental health literacy and confidence to seek help from formal sources in adolescent athletes who take part (Vella et al., 2021). Ahead of the Game was delivered to more than 8,000 teenage rugby league players, along with their parents and sports coaches, in the host towns and cities of the Rugby League World Cup in 2022, and continues to be scaled up through rugby league, football and other sports, reaching over 20,000 participants in those communities in 2023-2024. Similar sports based programmes including Football Fans in Training (UK, AUS, NZ, CAN, EU) (Hunt et al., 2014; Maddison et al., 2023) have utilised football clubs to deliver workshop sessions on broader men's health issues including weight management and healthy living (diet and exercise principles).

FOOTBALL FANS IN TRAINING

(UK, AUS, NZ, CAN, EU) is a 12-week session-based weight management and healthy living programme, facilitated by health professionals and delivered to men in professional football clubs. Originating and scaled up across the UK, it has since scaled out to other countries and sports (Hunt et al., 2020). 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 well-being (Hunt et al., 2014; Maddison et al., 2023).

THE CHANGING ROOM*

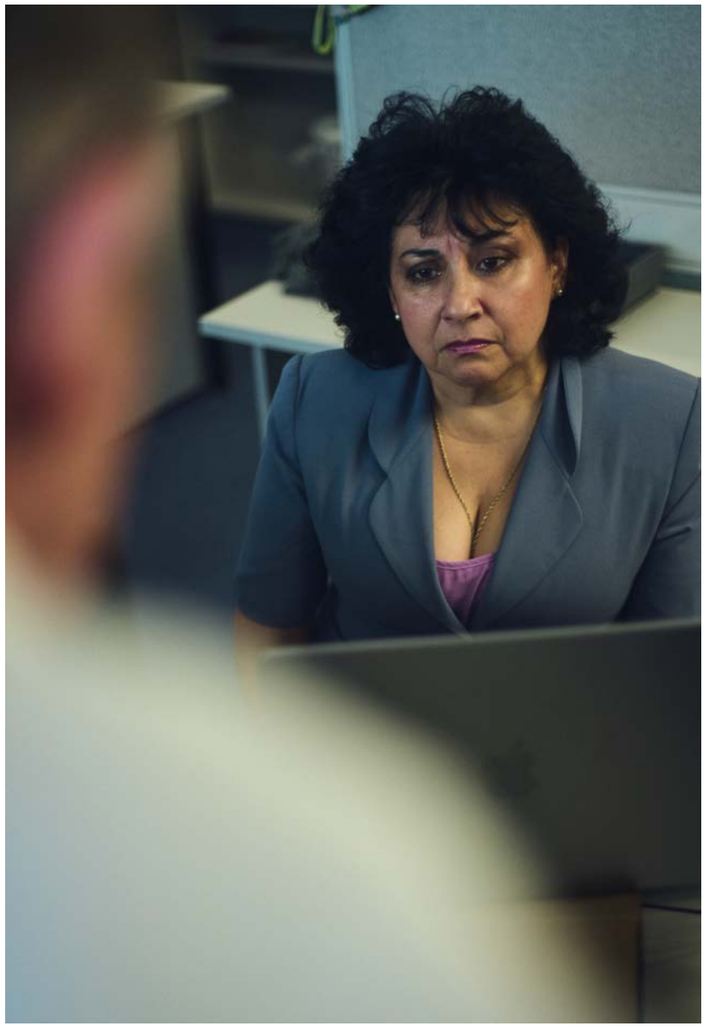
(UK - Scotland) is a 12-week peer facilitated mental health and well-being programme for men, aged 30-64 years run by the Scottish Association for Mental Health. The programme brings together men, on their home football stadium turf, to talk with peers not only about football, but also how they are feeling 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 improvement in their relationships, career and social lives (Scottish Government, 2023; First Person Consulting, 2022).

*Originally funded by Movember.

BROTHERS THROUGH BOXING*

(BTB; UK) is a six-month programme 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 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 programme (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



BALM* (BEHAVIOURAL ACTIVATION FOR LOW MOOD AND ANXIETY IN MALE)

(UK) is a mental health programme for men working on the NHS frontline that leverages practical, collaborative and action-oriented strategies that are consistent with a strengths-based masculinities approach. Men work through practical steps of behaviour change with a trained peer 'coach' in up to eight structured 30-minute telephone sessions. Preliminary evaluation has shown that coaches and participants rated their satisfaction with the programme highly. Evaluation also reported a significant reduction in men's depression and anxiety scores following the programme, which was sustained at 6 months follow-up.

*Funded by Movember.

OFFLOAD IN THE WORKPLACE*

(UK) is a men's mental health literacy programme for men in the construction industry and other workplaces including Scottish and Southern Energy (SSE), the Environment Agency, NHS Trusts and the West Yorkshire Fire and Rescue Service. This programme is an iteration of the initial Offload intervention delivered in community-based sports settings. Recent evidence from this workplace iteration reports that 97% of participants had a better understanding of how to manage their mental health, 96% had better coping strategies and 100% felt more able to discuss their mental health with support networks including friends or family (Rugby League Cares, 2024; Wilcock & Smith, 2019; Wilcock et al., 2021).

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

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 programme reported that 95% of men were more confident to talk with their peers about mental health and suicide, with participants reporting that the programme fostered new healthy masculine cultures of disclosing mental health challenges through teamwork and preventive action (Sharp et al., 2023).

In the classroom

GROWING2GETHER'S YOUTH MENTORING PROGRAMME*

(UK) is a 16- to 18-week programme which pairs Scottish young people (13-15 years of age) facing psychosocial, behavioural and educational disadvantage with similarly disadvantaged toddlers. Young men who participate in the programme experience significant increases in mental health and self-esteem, with the vast majority reporting positive impacts on their lifestyle choices (e.g. intention to use alcohol and drugs) and social connection (Humphrey, 2024).

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

THE WISEGUYZ*

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

*Funded by Movember.

Social connection in community

MEN'S SHEDS

Men's Sheds (UK, AUS, CAN, NZ, IRE) are community spaces where men come together to make, repair and repurpose, supporting projects in their local communities. This results in increased social connections for men improving wellbeing and connection with their communities and at the same time reduces loneliness and combats social isolation. With more than 1100 Men's Sheds across the UK, Sheds offer an environment conducive to men learning and sharing health information in non-traditional formats and in ways that respond to the needs of men while respecting the environment of the Shed. 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, 2014; Cordier & Wilson, 2014; Kelly et al., 2019). This is consistent with UK Men's Sheds Association data and external reports reporting a 96% reduction in loneliness, 75% reduction in anxiety, 89% reduction in depression and 88% feeling more connected to their communities.

Men's online health resources

There are a range of long-standing and recently initiated online programmes 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).

HEADSUPGUYS.ORG

(UK, and 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, including the UK. 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).

MEN'S HEALTH CHAMPION TRAINING

(UK) is a 2-hour online intensive programme for the general public, run by the Men's Health Forum. It is designed to equip individuals with theoretical knowledge and practical skills to make a positive impact on the health and wellness of men in their workplaces and/or communities. Participants learn about various aspects of men's physical and mental health and well-being as well as strategies for talking to men on a peer-to-peer basis about improving their health and well-being and using mainstream services more effectively. An independent evaluation of the programme found that 'overall, the training and experiences in the role helped Champions become more confident in supporting others and engaging in meaningful conversation' (Lowry et al., 2022).

MOVEMBER'S INFLUENCER CAMPAIGN

(UK) aims to use the power of online influencers' reach and engagement to increase young men's knowledge of and help-seeking for mental ill-health. Beginning by identifying key media partners and influencers reaching young men, social media content and messaging were designed to normalise emotional expression, openness and help-seeking. To date, the campaign's content has received over 8 million views and more than 500,000 engagements. More than half of the entire UK 15–19-year-old population has seen one of the videos produced.

THE RISK CHECKER

(UK) from Prostate Cancer UK is an online tool which 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 make an informed choice (Norori et al., 2024).

GOOD VIBRATIONS

(UK) is a programme run by Age Northern Ireland supporting the mental health and well-being of men aged 50+ years in communities and workplaces. This co-designed, 6-week online programme aims to fill in a gap in the provision of dedicated health and mental health support for older men in the context of alarmingly high rates of suicide and alcoholism alongside self-reported uncertainty about where to turn to for health and life guidance. In addition to the 6-week programme, a men's health guide has been produced and is freely available, as well as a podcast series ('How's the form?') where host Joe Lindsey chats to Northern Ireland's best-known men about life after 50.

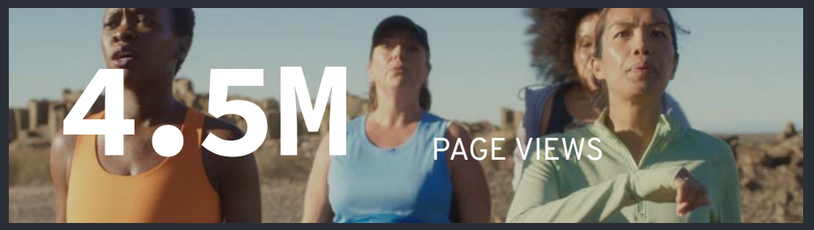
Men's Health Podcasts (UK)

- Rylan: How to be a man
- Changing MENtality
- Manup! UK Men's mental health
- MenTalkHealth UK
- Belfast Men's Health Group
- How's the form?
- TalkSport's Men's Room

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 media promotion campaigns

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



Public health outreach campaigns remain the most effective way to reach people en masse. 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 virus. The advocacy efforts that followed prompted investment in research that led to improved preventative approaches, treatments and support, dedicated healthcare programmes, 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. 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.

BOYS NEED BINS

was an awareness raising and political advocacy campaign led by Prostate Cancer UK in partnership with a range of charities and other stakeholder organisations in 2023 on the everyday challenges that men with incontinence face when in their communities and workplaces. With the campaign report, Lifting the lid on male incontinence, that was informed by the lived experience provided by 2,400 men, the campaign is being used to successfully apply pressure across local and national governments to review current legislation to have dedicated bins placed in all public and workplace men's toilets.

CALM

(Campaign **A**gainst **L**iving **M**iserably; **UK)** has partnered with prominent organisations (e.g. ITV, EA, Spotify, Dave) to leverage men's interests such as music, comedy and sport in reaching millions of men through their suicide prevention campaigns. A recent campaign led to a petition signed by 400,000 people for government action on suicide, culminating in the UK government appointing the world's first ever Minister for Suicide prevention. Other notable campaigns include implementing suicide prevention messaging within the video game FIFA, TV advertising, live and online comedy shows and public spaces. CALM reported answering 155,525 calls and messages on their helpline and live chats in 2021-2022, with 646 suicides reported to be directly prevented by this helpline in 2019-2020 (CALM, 2022; 2024).

END FORCED GENITAL CUTTING

is an ongoing campaign coordinated by the National Secular Society, UK which aims to outlaw non-consensual, non-therapeutic genital cutting, including circumcision in males. The campaign has been supported by global clinical expert opinion and has seen success with, for example, Amazon, in 2017, withdrawing its infant circumcision training kits from sale over child safety concerns.

A responsive health system: health services, screenings, checks and facilities designed with men in mind

The World Health Organization and the Lancet Commission on Gender and Global Health advocate that the greatest 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 disseminate 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).
A Movember-led scoping review of the literature (Seidler et al., 2024) identified three key strategies for designing health systems and services that can effectively engage men:

Tailoring communication style and language that leverages masculine socialisation to benefit men's uptake of health services.

Purposefully structuring treatment towards men to orient treatment towards their needs.

Centring the client-therapist relationship to empower men's agency within healthcare interactions.

Preventative healthcare

MOVEMBER® INSTITUTE OF MEN'S HEALTH

Screening programmes 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. Although not all of these programmes take place in the UK, they make the need clear for similar programmes to be funded in the UK. As the rise in prostate cancer is likely to be mirrored by rises in other conditions such as diabetes and heart disease, it is recommended that early diagnosis and screening programmes should focus on men's health more broadly (James et al., 2024). And so the evidence is clear: men's health benefits from engagement in effective prevention and health screening services.

THE SCREENING PROGRAMME FOR ABDOMINAL AORTIC ANEURYSM

(UK) is a powerful example of a male-only intervention that engages men well to save lives. The programme has seen high uptake rates with 79% of men aged 65 in England being screened upon receiving an invitation letter (NHS, 2023). Screenings like these have life-saving effects, with pooled data from four randomised controlled trials across Denmark, the UK, and Australia finding significant reductions in AAA-related and overall mortality after 3-5 years (Lindholt and Norman, 2008).

THE HPV VACCINATION PROGRAMME

(UK) was introduced for 12–13-year-old girls in 2008, and extended to boys of the same age in 2019 (Falcaro et al., 2021). From 2018-2022, the rate of genital warts declined by 71.5% in young men aged 15-17 and by 79.3% in gay, bisexual and men who have sex with men in the same age bracket (UK HSA, 2023). This is thought to be a result of the population-wide protection offered by the adolescent vaccination programme (POST, 2023). The HPV vaccination was made available nationally to men who have sex with men in 2018, and up to the age of 45.

THE MAN VAN PROJECT

(UK) was a community-based prostate cancer screening programme piloted between 2022 and 2024 (The Royal Marsden NHS Foundation Trust, 2024). The Van visited men's places of work, churches and other community organisations in London, with an emphasis on screening men in manual jobs (given their lower rate of service use and long working hours) and men from ethnic minority groups (given their increased risk of developing and dying from prostate cancer)(Simson, 2023). Over the course of the pilot, thousands of men were screened, resulting in almost 100 prostate cancer diagnoses (Moghul et al., 2023; 2024).

NORTHAMPTON TOWN FC COMMUNITY TRUST

(UK) is the official charity of Northampton Town Football Club that has been commissioned by Northamptonshire Public Health to deliver NHS Health Checks since 2022. Over the past 2 years, the trust has delivered over 1,055 health checks with 48% of all checks supporting men specifically. The model of delivery sees a trained Trust health coach visit businesses, schools or community groups to deliver the full NHS health check on site - making it easier for people to access and reducing the strain on local GP surgeries with high take-up to the checks (less than a 7% no-show rate).

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).

It does not require major shifts in health service design to create settings that are more responsive to men's gendered preferences, and 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 out of this chapter's scope, the digital revolution does offer the potential to meet men's preferences to seek help online (Ellis et al., 2013). If integrated correctly into health services, these can act as adjunct bridge offerings to fill the critical time gap between men needing face to face help and receiving it, particularly for men in crisis (River, 2018; Trail et al., 2022), and to provide ongoing follow-up care so men do not fall through the cracks.

THE AHEAD PROJECT

(UK) in Lancashire aimed to drive uptake of NHS Health Checks among men aged 40-65 who had repeatedly missed or declined such appointments. Flexibility in appointment scheduling around men's work schedules has been noted as a facilitator of health service access and uptake by men (Macdonald et al., 2022). By upskilling clinic staff to better communicate with this demographic, and by offering extra evening and out-of-hour appointments, a GP surgery increased the number of health checks compared with the previous year by 258% (Baker, 2018).

The following 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.

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, only 4% of men had severe stress levels, compared with 61% at the start of the programme (Saini et al., 2022). Therapists report that James' Place therapeutic environment, specialised training, and adaptability to men's individual needs make it highly appealing to men (Hanlon et al., 2023). £625,000 of funding was awarded from the government's suicide prevention strategy which will provide 5.3 full-time-equivalent therapists in James' Place centres in Liverpool, Newcastle and London, to help save the lives of men in active suicidal crisis.

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 precipitate and perpetuate their distress.

Intersectionality

Health services and programmes that account for men's multiple, intersecting identities are more likely to engage and retain men relative to services which are not sensitive to these identities. Migrant and ethnic minority men, in particular, are likely to benefit from culturally appropriate services.

TARAKI'S CHAI IN THE CITY*

(UK) aims to combat the stigma surrounding mental health for men and boys from Punjabi communities. Through facilitated discussion groups, the project gets Punjabi men talking about their mental health, life challenges, and things they may not feel comfortable speaking about freely with their family or friends. The goal is to create a model that can be scaled globally and eventually tailored to particular communities of Punjabi men, including first generation, LGBTQ+ and disabled Punjabi men.
*Funded by Movember as part of its Social Connections Challenge

MIND'S YOUNG BLACK MEN PROGRAMME*

(UK) is a culturally sensitive support programme for Black men aged 11-30 years. The programme consists of peer support to prevent mental health problems, content to challenge stigma around mental health, and support to encourage young men to access help. A pilot evaluation found that participants experienced improvements in mental wellbeing, self-esteem, and social support. Additionally, future evaluations will be informed by collaborative research with young men themselves to ensure that the programme's efficacy is measured against outcomes that are meaningful to this population (Mind, 2023).
*Funded by The Matrix Causes Fund, ServiceNow, Terra Firma, and internal investment

DUDES CLUB

(CAN) is a peer support programme 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).

Building a workforce with the competencies to respond to men

The three evidence-based approaches to gender-responsive healthcare listed above (communication, structuring treatment and the alliance) have also been applied within men's health education programmes to upskill practitioners. Evidence within this field exists for both current health workforce (through personal development courses) and the future health workforce through embedded training within tertiary curricula.

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

We have evidence that these training programmes work in upskilling practitioners and increasing their confidence and competence in engaging men in healthcare settings. 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, UK) is the world-first online professional training programme co-designed with practitioners and men to help therapists engage with their male patients more effectively. A randomised controlled trial found the programme significantly improved their self-reported confidence and competence in engaging and responding to help-seeking men (Seidler et al., 2023a). 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 programme 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.

ENGAGE (IRE) IS A MEN'S HEALTH TRAINING PROGRAMME,

launched in Ireland in 2012, that aims to upskill frontline healthcare professionals on building relationships with, and meeting the health and well-being needs of, men. The programme 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 programme had improved their practice 5 months after training (Osborne et al., 2018). The latest iteration of the programme 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 programme '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 3-months follow-up (Matthew et al., 2023).
*Funded by Movember through the TrueNorth programme.

THE MANKIND INITIATIVE

(UK) has produced a 6-hour training programme on how to support male victims of domestic abuse. The programme is primarily intended for police, local authorities, GPs and other professionals. It has been well received by police force members, with 70% rating it as "Excellent" (The Mankind Initiative, 2024).

RESPECT, THE OPERATORS OF THE MEN'S ADVICE LINE

(UK), produce a Toolkit for Work with Male Victims of Domestic Abuse (Respect, 2019). The Toolkit is intended for frontline workers who may encounter male victims of domestic abuse. It outlines how to identify and respond to male victims, accurately assess the situation and respond appropriately.

THE MEN'S HEALTH CURRICULUM FROM THE ROYAL COLLEGE OF GENERAL PRACTITIONERS (RCGP)

(UK) is a comprehensive learning module for general practitioners of the National Health Service. It is aimed at practitioners before they start independent work in general practice, but also as continual professional development for established practitioners. It aims to develop their knowledge based competencies to address a range of men's health issues in practice. It covers prostate, sexual, mental, cardiovascular and lifestyle health, emphasising early detection, prevention and patient education. It sensitises trainees to the role of gender in men's health; including practitioner-based gender biases and masculinity's influence on help-seeking behaviours and engagement in healthcare. It promotes strategies to overcome barriers, fosters open dialogue, and considers intersectionality to provide personalised care and improve health outcomes for male patients. Evaluation of the curriculum has not been published to date.

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

University health curricula in most Western countries are largely devoid of content that provides healthcare professional students with foundational understandings of gender-responsive healthcare and gender competencies, including for working with men (Seidler et al., 2023b, Khamisy-Farah & Bragazzi, 2022). 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 (SGBM) (EUR US) 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 recalled learning points being i) gender as a determinant of health, ii) gender bias in healthcare, and iii) gender in communication (Dielissen et al., 2009).

Research that works: Build, evaluate and translate

Underpinning the success of the programmes mentioned throughout this chapter is years of evidence building. This evidence shows everything from theoretical and policy frameworks, to population statistics and literature reviews synthesising best practice approaches to engaging men in their health and healthcare (Galdas et al., 2023; Seidler et al., 2024). To ensure these frameworks and reviews are accurate, up-to-date and comprehensive, men's health data are required. Evidence generated shows such data are best achieved through innovative collaborations, with long-term vision and investment. Some examples of what works here are below.

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 programmes and health services to meet men's health needs (Pirkis et al., 2016; Swami et al., 2022). Whilst no male-specific cohort studies exist in the UK, a number of longitudinal studies contain health data on boys and men (for example, Understanding Society: The UK Household Longitudinal Study, Next Steps and Growing up in Scotland).

REDUCING MALE SUICIDE RESEARCH EXCELLENCE CLUSTER

(CAN, AUS, UK, US) is an international research collaborative to improve men's mental health and lead suicide prevention interventions globally. This approach utilises a masculinity 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 MESSAGE (MEDICAL SCIENCE SEX AND GENDER EQUITY) INITIATIVE

(UK) has co-designed a sex and gender policy which advocates for high-quality, reproducible and inclusive biomedical, health and care research that requires consideration of sex and gender at every stage, from study design and recruitment to data analysis and transparent reporting of results (MESSAGE, 2023). Unlike other high-income countries – notably Canada, the United States and European nations under Horizon Europe – the UK has historically had no standard, unified policy requirement to ensure researchers adequately consider sex dimensions in cell and animal studies, and sex and gender dimensions in human studies. Supported by a growing number of UK research organisations, the project will address critical sex and gender data gaps in the medical evidence base, thereby enhancing scientific rigour, ensuring the safety and effectiveness of medicines and care, and improving the health of all people in the UK.

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 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, relationships and health outcomes. 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 have 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 and also measuring the cost of these restrictive norms.

THE NATIONAL PROSTATE CANCER AUDIT (NPCA)

assesses the quality of services and care provided to men with prostate cancer in England and Wales. The NPCA collects clinical information about the treatment of all patients newly diagnosed with prostate cancer in England and Wales and information about their outcomes. The NPCA determines whether the care received by men is consistent with current recommended practice, such as those outlined in the National Institute for Health and Care Excellence (NICE) Guidelines and Quality Standards as well as to provide information to support healthcare providers, commissioners and regulators in helping improve care for patients. The audit was commissioned by the Healthcare Quality Improvement Partnership (HQIP) in response to the need for better information about the quality of services and care provided to patients.

These projects are examples of forward thinking, innovation and collaboration in order to build a strong evidence base to advance men's health and wellbeing. The success and impact of these projects are 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 wellbeing for all boys and men (Manandhar et al, 2018). Achieving this goal requires transnational partnerships which have the intersectionality of men's health as the overarching framework (Griffith, 2012; Smith et al., 2020).

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 programmes 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. We aim to overcome this with time. This will enable the translation of evidence into new public health programmes and healthcare, and the scaling up and out of men's health programmes, services and education approaches that work, to impact all men.

A Future Vision: What UK Governments Can Do

Improving men's health is good for men, but also has a profound impact on their wives, mothers, sisters, partners, mates, neighbours, children, teachers and doctors. This report showcases new research showing the significant benefit to society: the UK 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 caring 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:

Ensuring boys and men are supported to actively look after their health to benefit themselves and others.

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

Using premature mortality and suicide prevalence amongst men as clear metrics of how well a group is doing, men living in the UK 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 the 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 many examples of what works when it comes to improving men's health, 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.

The evidence in this report informs Movember's asks to the UK Government and policymakers across England, Northern Ireland, Scotland and Wales. These ladder up to an overarching ask to bring together experts in the field to deliver men's health strategies across the UK nations.

DELIVER MEN'S HEALTH STRATEGIES ACROSS THE UK NATIONS THAT RESPOND TO MEN IN ALL THEIR DIVERSITIES, AND IMPROVE HEALTH SYSTEMS AND POLICIES BY ENSURING THEY ARE GENDER SPECIFIC.

Movember wants to work with UK governments and a wider set of partners to support a health system that is gender responsive, that reaches, responds to and retains men in healthcare, meeting their needs in the most effective ways. At the heart of this is a call for Men's health strategies that respond to men in all their diversities and that has an evidence-based focus on the role of healthy masculinities in improving health outcomes. Men's health strategies will establish new norms and expectations for boys' and men's relationship with health and care services throughout their lives.

In May 2024, the Health and Social Care Committee's inquiry on men's health published its recommendations in a letter from its chair, calling for a men's health strategy that drives gender-responsive care. Movember, Global Action on Men's Health and other partners in the sector gave written and oral evidence to the inquiry, setting out the importance of a men's health strategy. This evidence sets out the importance of a men's health strategy. It states that a strategy would act as a catalyst for action, with the potential to develop other, more specific health policies. It has the potential to drive funding for research, training and more male-friendly services. It can also play a role in breaking down silos across disease-specific health policy areas (GAMH, 2023). In addition to this strategy, Movember calls for the appointment of a National Clinical Director for Men's Health in England and Minister for Men's Health in Scotland to mirror and partner with their counterparts in Women's Health to support gender-responsive healthcare and support the delivery of a men's health strategy or plan.

Across the UK, there have been multiple calls for Men's health strategies. A coalition of men's health charities, practitioners, academics and others are backing a call for a strategy in England, Wales, Northern Ireland and Scotland (APPG M&B, 2022). The Northern Ireland Assembly appointed a panel to identify topics for inclusion in a new Gender Equality Strategy (Early & Devine, 2023). The panel recommended a Men's health strategy for Northern Ireland, given the international evidence on the role of such strategies in having a positive impact on access to and uptake of services, and improved health outcomes (Gray et al., 2020).

Sir Michael Marmot, one of the world's leading voices on social determinants of health, called for national governments to create strategies that respond to the different ways that men and women experience health, prevention and treatment services, and that are built on gender-responsive policies (UCL IoHE, 2014).

There are precedents for national Men's health strategies around the world: Ireland (2008; 2017), Brazil (2009), Australia (2010; 2019), Mongolia (2014), Malaysia (2018) and South Africa (2020). The WHO European Region published a Men's health strategy (2018), covering its 53 member states, and there are local plans in pockets around the world, including in Australia, Canada and Denmark.

Ireland launched the world's first strategy in 2008: National Men's Health Policy 2008-2013 (DHC, 2008), which paved the way for a second strategy running from 2017-2021. A review of the first strategy found it made a significant contribution to men's health in some areas, including health promotion initiatives encouraging men to adopt positive behaviour, community programmes and men's health training for healthcare professionals (Baker, 2015a; Baker, 2015b). Since 2008 when it launched, Irish men's life expectancy has increased from 76.8 (2005-2007) to 79.6 (2015-2017) and the life expectancy gap between men and women has declined from 4.8 to 3.8 years. Over the same period, men's life expectancy in the UK fell behind Ireland (MHF, 2021). While there are several factors at play here and more work is needed before drawing a definitive causal link between the strategy and improved life expectancy, the strategies show promising signs of progress.

Australia launched its first Men's health strategy in 2010, followed by an updated one to cover 2020-2030. While it is too early for evaluations to show whether this strategy has led to its intended outcomes, it has been praised for its life-course approach and its focus on inequalities between different groups of boys and men (APPG M&B, 2022). Although there has been initial investment in key men's health initiatives, the lack of adequate funding to fully operationalise and embed the strategy's objectives has been a major criticism (Smith, 2018).

The Women's Health Plan in Scotland and the Women's Health Strategy in England – both of which focus on a life-course approach for improving women and girls' health – launched in 2021 and 2022, respectively (Scottish Government, 2021; DHSC, 2022a).

These plans are a significant win for gender-specific care, as it showed the two governments recognised the role of gender in driving health outcomes. Action on men's health and women's health must not be seen as a binary choice. Action is needed on both, and progress will benefit all.

There are pockets of progress in the UK in tailoring policies to men. For example, the UK Government's Suicide Prevention Strategy – which highlights men aged 40-54 as one of the target groups – talks of the need for bespoke services to prevent suicide by addressing the specific needs of middle-aged men (DHSC, 2023a). It also points to several resources from organisations like the Samaritans that offer guidance on designing services with men in mind. The Government's upcoming Major Conditions Strategy has committed to consider the different impact on gender – calling out women-specific and men-specific issues – considering wider determinants of health (DHSC, 2023b).

Equally, the recent TRANSFORM prostate cancer screening trial – named the biggest in 20 years – has the backing of the UK Department of Health & Social Care who have committed £16M, along with £1.5M from Movember, and support from Omaze and the Freddie Green and Family Charitable Foundation. Prostate Cancer UK worked in consultation with the National Screening Committee and the National Institute for Health and Care Research to make sure the trial will provide the evidence needed to revolutionise prostate cancer screening and diagnosis for men.

The extension of the HPV vaccine to boys aged 12-13 in 2019 (Falcaro et al., 2021; JCVI, 2018) and to gay, bisexual and other men who have sex with men up to the age of 45 in 2018 were further examples of a shift towards recognising the role of gender in health outcomes.

In January 2024, the Department of Health and Social Care launched a Task and Finish Group on men's health to identify ways of improving men's engagement with the health system. It also created the position of Men's Health Ambassador, with the aim of raising awareness and understanding of the health issues that disproportionately affect men, championing men's proactive engagement in their health and helping break down the barriers that men can face in accessing health services.

While these examples are steps in the right direction, they are piecemeal. A gender-specific approach needs to be rolled out consistently in policies, strategies and practices across government. The solution lies in Men's health strategies.
To pave the way towards Men's health strategies, we recommend that the current Task and Finish Group and any future similar working groups on men's health consider how best to take this broader agenda forwards, with the aim of establishing a men's health strategic planning group with civil society members.

Under this overarching call sit three key asks to the UK governments as presented on the following pages.

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 UK GOVERNMENTS TO:

1.1 Invest £15M per year in grassroots programmes to build strong and effective community-led support for boys through mental health literacy and resilience programmes in sports settings. Reach every boy at least once between the ages of 11-16, prioritising the most vulnerable first.

1.2 Amplify, endorse and invest in existing gender-specific health literacy campaigns that improve men's understanding of health risk and services.

1.3 Partner with men to co-design new health literacy campaigns that focus on improving men's engagement and positive connection with the health system.

Girls' and women's health literacy and relationship with their health and care are established early during teenage years. For boys and men, this doesn't happen despite the prevalence and impact of sexual and reproductive conditions that they face. These often create significant physical and psychological burdens that affect boys' and men's confidence, social relationships and family health, workforce engagement and overall wellbeing (De Jonge et al., 2024; Serefoglu et al., 2014; Hoskins & Varney, 2015).

This is compounded by the fact that too often, men are left out of health policies. 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).

Movember is already investing in this space through its Men's Health Literacy Portfolio which includes new investments in formal, informal and online help seeking, and aims to improve preventative health and early intervention. Movember's Young Men's Mental Health Portfolio includes a £5.5M UK commitment in sports and health over 3 years, including funding for Ahead of the Game – Movember's community-led sports programme that reaches young men with essential health literacy.

But Movember can't do this alone. This is why we are calling for investment in grassroots programmes, tools and campaigns that reach and support boys and men to better understand their health and be more proactive about seeking help. This includes tools like the Online Risk Checker that our partners over at Prostate Cancer UK have developed, as well as the range of grassroots and community initiatives set out in the 'Brighter Picture' chapter that have shown promising signs of effectiveness and could be scaled up for wider benefit to reach and respond to men.

Policy Ask #2: Respond to demand with a responsive health 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 UK GOVERNMENTS TO:

2.1 Invest £1.5M to launch a UK-wide men's health education resources hub to support the competencies of emerging and current healthcare practitioners in providing gender-responsive care to more effectively reach, respond and retain men in care.

2.2 Invest in and scale proven pilots across the UK - including digital and community health worker outreach pilots - to increase access to, and male uptake of, screening, health checks and early diagnosis programmes such as for prostate, bowel, and lung cancer. In England and Wales, increase men's uptake of the NHS Health Checks to 75% by 2030.

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 professionals who are trained in gender-responsive care, and as such, are expert at reaching and responding to men in all their diversities.

Movember wants healthcare professionals to have the confidence and capacity to respond to the increasing demand that better men's health literacy and healthcare experiences will create. This can be achieved by working with health professional peak bodies and the tertiary education sector, and a diversity of men themselves, to deliver men's health education initiatives that better equip future and current healthcare professionals with the competencies to more effectively reach, respond and retain men in healthcare for better health outcomes. This would be optimally supported by an online men's health education resources hub. Including dedicated resources for lecturers teaching undergraduate and postgraduate courses and trainee programmes for health professional students, along with continuing professional development training programmes for current healthcare practitioners. Movember is already developing a framework for this in partnership with the Australian Government, supporting the Australian healthcare workforce to more effectively work with men.

There is a useful precedent for this in the Women's Health Strategy for England, which commits to working with education institutions, professional bodies and wider stakeholders to consider "how sex-based differences in general health conditions can be included in undergraduate and postgraduate education training (given its importance for) tackling disparities between men and women..." (DHSC, 2022a). When it comes to men's health in particular, there is a real need for healthcare professionals to have the skill and capacity to effectively communicate with and engage men in care. Without this, there are significant barriers for both men and healthcare professionals (Seidler et al., 2024).

Movember's Gender Responsive Healthcare Portfolio enables healthcare systems and practitioners to better respond to men's needs and preferences to improve health outcomes. Movember continues to invest in its ongoing Men's Health Education programme, including £312,000 into Men in Mind, a training programme for mental health practitioners to increase their competence and confidence to more effectively reach, respond to and retain men in care.

Movember is experienced at bringing together expertise to drive best practice across the health workforce. This includes a collaboration with an expert panel of 37 researchers and clinicians with expertise in prostate cancer 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 health concerns with men and partners; enable clinicians to empower men 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; Wittman et al., 2022).

There are plenty of interventions that have shown promising signs of increasing men's uptake of health services, checks and screenings. Although many of these have been carried out locally on small scales, there is real potential to take the knowledge of engaging with men and apply this to the design of interventions. The Department of Health and Social Care's investment of almost £17M into the development of a Digital NHS Health Check in England is a welcome step to increase uptake to NHS Health Checks in England (House of Commons, 2024).

The Real Face of Men's Health

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

MOVEMBER® INSTITUTE OF MEN'S HEALTH

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

MOVEMBER CALLS ON THE UK GOVERNMENTS TO:

3.1	Over a 2-year period, match-fund Movember's £1M 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 related costs with the aim of improving policy and practice.
3.2	Publish sex and gender disaggregated NHS data to report annually on initiatives that are successfully engaging and retaining men in health services, supporting new qualitative studies focused on areas with best outcomes to share learnings, inform future work and identify cost-saving opportunities.
3.3	Commit to launching a UK longitudinal cohort study of male health designed to collate evidence to inform government policies, programmes and services to advance the health and wellbeing of men and boys – building on international best practice set by the Australian Ten to Men study.

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 in knowledge. That's why Movember is inviting UK governments 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 £52M 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 £800,000 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. To underpin this, there needs to be better sex disaggregated NHS data to paint the picture of men's health. For example, data on health outcomes broken down by sex, gender and ethnicity are not systematically collected across the UK which makes it challenging to see a full picture of the state of the health of men in all their diversities. And gathering data in the areas of progress is key to learning the lessons of what is working.

To achieve change, this has to be driven by collective impact

Over the last 20 years, Movember and its many partners have focused on fundraising and then investing the funds in programmes to boost men's health. Movember now wants to be more ambitious and push towards systemic change. As part of this, Movember will put its money where its mouth is by investing in the system-wide actions recommended here. This ambition will hopefully be matched by the Government and others in response to these asks. As we continue our work in reaching men, we will also focus on specific strategies and programmes 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. Over the last 5 years, 2.1 million people have fundraised for or donated to Movember in the UK. 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 LGBTQI+ 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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Glossary

THE 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 four 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 – The degree to which people have the ability to find, to understand and to use information, supports and services to inform health related decisions and actions for themselves and others (CDC, 2023).

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 (Australian Government Department of Health, 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 website).

List of Abbreviations

MOVEMBER® INSTITUTE OF MEN'S HEALTH

APPG M&B: All-Party Parliamentary Group on Men and Boys

AUS: Australia

BALM: Behavioural Activation for Low Mood and Anxiety in Male

BMI: Body Mass Index

BTB: Brothers Through Boxing

CALM: Campaign Against Living Miserably

CAN: Canada

CDC: Centers for Disease Control and Prevention (US)

CHD: Coronary Heart Disease

COPD: Chronic Obstructive Pulmonary Disease

DHC: Department of Health and Children (Ireland)

DHSC: Department of Health and Social Care

EU: European Union

EUR: Europe

FIFA: Fédération Internationale de Football Association

G7: Group of Seven

GAMH: Global Action on Men's Health

GBTQ+: Gay, Bisexual, Transgender, Queer, and others

GP: General Practitioner

HIV: Human Immunodeficiency Virus

HQIP: Healthcare Quality Improvement Partnership

HPV: Human Papillomavirus

IHME: Institute for Health Metrics and Evaluation

IMAGES: International Men and Gender Equality Survey

IRE: Ireland

JCVI: Joint Committee on Vaccination and Immunisation

LGBTQI+: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and other identities

MHF: Men's Health Forum

MESSAGE: Medical Science Sex and Gender Equity

NHS: National Health Service

NI: Northern Ireland

NI DoH: Northern Ireland Department of Health

NICE: National Institute for Health and Care Excellence

NIHR: National Institute for Health and Care Research

NPCA: National Prostate Cancer Audit

NRS: National Records of Scotland

NZ: New Zealand

OCD: Obsessive-Compulsive Disorder

OECD: Organisation for Economic Co-operation and Development

ONS: Office for National Statistics

POST: Parliamentary Office of Science and Technology

PSA: Prostate-Specific Antigen

QALYs: Quality-adjusted life years

RCGP: Royal College of General Practitioners

SGBM: Sex and Gender-Based Medicine

SHAReTraining: Sexual Health & Rehabilitation Training

SSE: Scottish and Southern Energy

UK: United Kingdom

UNESCO: United Nations Educational, Scientific and Cultural Organization

US: United States

UCL IoHE: University College London Institute of Health Equity

WHO: World Health Organisation

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