



GLOBAL ACTION ON
MEN'S HEALTH

DELIVERING MEN'S HEALTH



A GUIDE FOR POLICYMAKERS AND
SERVICE PROVIDERS

Report from Global Action on Men's Health

GLOBAL ACTION ON MEN'S HEALTH

Global Action on Men's Health (GAMH) was established in 2013, launched during International Men's Health Week in June 2014 and registered as a UK-based charity in May 2019. GAMH brings together organisations and others with an interest in men's health in a new global advocacy network.

GAMH's mission is to create a world where all men and boys have the opportunity to achieve the best possible health and wellbeing wherever they live and whatever their backgrounds.

Far too many men and boys suffer from health and wellbeing problems that can be prevented. Globally, male life expectancy at birth is just 71 years but poor male health is not sufficiently recognised or effectively tackled by global health organisations or most national governments..

GAMH wants to see:

- Global health organisations and national governments address the health and wellbeing needs of men and boys in all relevant policies.
- Men and boys encouraged and supported to take better care of their own health as well as the health of their partners and children.
- Health practitioners take greater account of the specific needs of men and boys in service delivery, health promotion and clinical practice.
- Other agencies and organisations, such as schools and workplaces, helped to be more aware of their significant impact on the health of men and boys.
- Sustained multi-disciplinary research into the health of men and boys.
- An approach to health that fully recognises the needs of both sexes in policy, practice and funding and which promotes greater gender equality.

GAMH uniquely represents a wide range of organisations and individuals with experience of policy development, advocacy, research and service delivery. GAMH's focus is primarily on public health and the social determinants of health, it is concerned about a broad and cross-cutting range of men's health issues and has a strengths-based view of men and boys.

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Cover photo: Boys playing football in Kolonnawa, a suburb of Colombo, Sri Lanka.
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The Men's Health information and Resource Centre

Global Action on Men's Health is working with the **Men's Health Information and Resource Centre** (MHIRC) at the University of Western Sydney to promote and disseminate this resource.

MHIRC runs **MENGAGE**, The Male Health Clearinghouse, which provides information on approaches that have demonstrated success in working in male health. MENGAGE hosts the online database that complements this report: mengage.org.au/gamh-database

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ABBREVIATIONS

| | |
|------|----------------------------------|
| GAMH | Global Action on Men's Health |
| MHF | Men's Health Forum |
| NGO | Non-governmental organisation |
| PAHO | Pan American Health Organization |
| UK | United Kingdom |
| USA | United States of America |
| WHO | World Health Organization |

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INTRODUCTION

The COVID-19 pandemic has been a truly horrific experience for the world but it has at least helped to focus greater attention on the health of men, especially their often very poor underlying health. It is increasingly recognized that a concerted, sustained and strategic effort is now needed to improve the state of men's health.

Men's high rates of hypertension, diabetes, lung disease and other long-term health problems have left them particularly vulnerable to serious COVID-19 disease and death. It has become clearer than ever that action is needed to protect men against COVID-19 and any similar future pandemic diseases but also to improve their health generally.

Men have been dying too young for too long. Better men's health would not only be good for men themselves but also for their partners, families, health services, workplaces and the wider economy.

But policymakers and service providers who want to take action on men's health have lacked easily-accessible and user-friendly information and guidance about how to do so. *Delivering Men's Health* is a resource that aims to fill this gap. It aims to translate the now significant body of robust academic and other evidence about how to deliver appropriate policies and services to men into a format that can inform both planning and delivery.

This resource is not aimed at researchers, advocates or organisations already working in the men's health field. Instead, it is a practical guide, aimed at policymakers and service providers who want to take action but are not necessarily very knowledgeable about gender and health generally or men's health specifically. It gathers and presents information from a multinational and mostly recent range of sources.

Delivering Men's Health covers interventions in policy development, health information provision, sports- and community-based initiatives, self-management programmes, and workplace, digital and primary care services. It includes case-studies that highlight examples of good practice and programmes that address many of the key issues that impact on men's health. The resource provides a clear signpost to the steps that need to be taken to make a real difference.

This report is complemented by an online database (mengage.org.au/gamh-database) that contains other useful evidence and resources of practical benefit to policymakers and service providers. It will also support a Global Action on Men's Health training programme.

EXECUTIVE SUMMARY

- Men's health globally, nationally and locally is far poorer than it should or could be. Globally, average male life expectancy is 71 years, five years fewer than for women.
- There are major variations in male health outcomes between and within countries. Income and race are two key factors that impact on male health.
- The COVID-19 pandemic has hit men particularly hard – accounting for about 60% of all deaths, over 2.5 million men worldwide had died by August 2021.
- Systematic action to improve men's health, had it been taken before the pandemic, would have significantly reduced its impact.
- While there have been some calls to action on men's health by the World Health Organisation (WHO) and others, the delivery of men's health policies and programmes has been very limited and patchy at all levels.
- A male-targeted response is essential – it is ethically right, would save money, and be good for women's and children's health.
- To improve men's health outcomes, the evidence points to actions policymakers and service providers can take on 10 fronts:
 - Collect, analyse and publish wide-ranging and regularly-updated data on men's health to provide a guide to where action is needed and to its impact and effectiveness.
 - Engage senior decision-makers, including politicians, to achieve faster and more significant progress
 - Listen to men's voices to understand better what their needs are and how best to meet them.
 - Introduce men's health policies that address their health needs and integrate men's health into other health policies, all with clearly identified and realistic deliverables.
 - Develop outreach services that engage men 'where they are'.
 - Recognise the differences between men and focus attention on those groups facing multiple layers of disadvantage and who experience the worst health outcomes.

- Take account of gender norms by using appropriate 'male' interests and language to engage men in health.
- Ensure that the needs of boys and young men are reflected in the development and delivery of health policies and services.
- Use International Men's Health Week and other health weeks and days as opportunities to promote men's health.
- Take a 'male-positive' approach which builds on men's strengths and is more likely to engage men and achieve changes in their health practices and the use of services.
- COVID-19 has very clearly shown that action is needed to address the pandemic's disproportionate mortality burden on men as well as pre-existing health inequities. This action must be supported and driven by systematic action on policy and practice – if not now, when?

What is men's health?

Defining men's health has not proved entirely straightforward for researchers, practitioners and advocates working in this field. In the 30 years or so that men's health has been identified and discussed as a discrete health issue, many definitions have been suggested.¹

One helpful definition has been developed by the Men's Health Forum (MHF), a national charity operating in Great Britain.² This asserts that a male health issue is one that fulfils either of the following conditions:

- It arises from physiological, psychological, social, cultural or environmental factors that have a specific impact on boys or men.
- It necessitates male-specific actions to achieve improvements in health or well-being at either the individual or population level.

This definition suggests that any consideration of men's health should be holistic, including the health of boys, mental as well as physical health, both clinical and social issues, and the role of male gender norms. It also highlights that improvements in male health may require male-targeted interventions at the collective level.

However, GAMH recognises that the term 'men's health' does not accurately capture the full range of definitions of sex, gender and sexuality or recognise those who may use different concepts and language to self-identify. This is an issue that requires further discussion and debate.

In the meantime, GAMH's approach is to be as inclusive as possible and to seek to represent all those who are biologically male, who identify as male or whose experiences mirror those traditionally impacting cisgender* males (including include transgender women, transgender men, other transmasculine individuals, non-binary individuals, and others).

GAMH also believes that any definition of men's health should recognise the centrality of equity and intersectionality to ensure that the impact of race, income, age, sexuality and other areas of discrimination and disadvantage are fully taken into account.

* The term 'cisgender' applies to a person whose sense of personal identity and gender matches their sex as assigned at birth.

THE MEN'S HEALTH CHALLENGE

Men's health globally, nationally and locally is far poorer than it should or could be. Men have the potential to live long and healthy lives but far too many die far too young.

There are wide variations in men's health outcomes both between and within countries. The differences within countries are often linked to geography, social class and race. Sexuality, disability, homelessness, imprisonment, and unemployment or precarious employment also have a major impact.

There are a wide range of health issues that are a particular burden on men, including cancer, diabetes, cardiovascular disease and suicide. Men are much more likely than women to become seriously ill with COVID-19 and to die. In some countries, twice as many men as women have died from COVID-19.

Key men's health statistics

- Globally, average male life expectancy at birth was 71 years in 2019. Average healthy life expectancy for men stood at 63 years. For women, life expectancy was 76 years and healthy life expectancy 65 years.³
- There are wide variations between countries. A boy born in Japan or Switzerland in 2019 can expect to live for 82 years while a boy born in the same year in Lesotho can expect to die at 48, 34 years earlier. For women, life expectancy varies from 86 years in Japan to 54 in Lesotho.⁴
- Significant differences exist within countries. There is a 22-year variation in male life expectancy within England between an affluent neighbourhood where men live for 90 years on average and a deprived area where they live for 68 years.⁵
- Race has a major impact on health outcomes. Life expectancy for black males is eight years lower than for white males in the USA.⁶ For Aboriginal and Torres Strait Islander males in Australia, life expectancy is about nine years lower than that of the non-Indigenous male population.⁷
- Homeless men have much higher mortality than their housed counterparts. In Finland, they are five times more likely to die, with younger homeless men particularly at risk.⁸

- Men are particularly vulnerable to cancer. The global age-standardised incidence for all cancers combined is 222.0 for men and 186.0 for women. The mortality rates are 120.8 for men and 84.2 for women.⁹
- Prostate cancer is now the second most frequently-diagnosed cancer in men worldwide and the fourth most frequently-diagnosed cancer for all people.¹⁰ Mortality rates are falling in most high-income countries but have risen in many other countries reflecting different levels of access to diagnosis and effective treatments.
- Globally, men are twice as likely to die as a result of suicide.¹¹ The age-standardised mortality rate for suicide was 16 per 100,000 for men compared to seven for women.
- Men's late presentation to primary care services can have serious consequences. They are more likely than women to be hospitalized due to severe dental disease because of barriers to help-seeking at a stage when their condition would be easier to treat.¹²
- Globally, and mainly because of a lack of engagement with primary care services, 25% of men with HIV are unaware of their status, 45% of men with HIV are not receiving anti-retroviral treatment, and 53% do not have a suppressed viral load.¹³
- There is a similar picture for men with tuberculosis¹⁴ and for common mental health conditions,¹⁵ such as depression and anxiety.

The impact of COVID-19 on men

- Over 2.5 million men have died worldwide following a COVID-19 infection, accounting for almost 60% of all deaths.¹⁶
- On average, one man has died from COVID-19 approximately every 20 seconds since the start of the pandemic.
- Men generally die from COVID-19 at younger ages than women, so much so that, in the USA, the estimated national years of potential life lost (YPLL) rate attributable to the pandemic is almost 90% higher for males than females.¹⁷
- Lower-income¹⁸ and racial and ethnic minority¹⁹ men have also fared much worse than other men. In 2019-20, life expectancy for Hispanic males in the USA fell by 3.7 years, for Black males by 3.3 years and for White males by 1.3 years, with COVID-19 being the major factor.²⁰ Gay, bisexual and transgender men are also likely to have had poorer COVID-19 outcomes.²¹

COVID-19's toll on men has several causes.²²

- Men have a naturally weaker immune response to the virus.
- Men are more likely to have an underlying condition – such as hypertension, diabetes or lung disease – that puts them more at risk.
- Prevention guidelines on handwashing, mask-wearing and social distancing have not been effective at reaching men and they have lower vaccination rates.

- Many men have jobs, such as taxi or bus driving, that are more likely to expose them to the virus.

None of these huge disparities is inevitable, necessary or justifiable.

Had systematic action to improve men's health been taken before the pandemic struck, it is highly likely that COVID-19's impact on men would have been far smaller.

- Fewer men would have had an underlying condition that puts them at greater risk.
- Pandemic-response policies would have been informed from the outset by an understanding of sex and gender that recognized men's specific needs.
- Health promotion campaigns could have drawn on past experience of targeting men successfully.

Call to action

There have been some calls for action on men's health at the international level.

- Prior to the pandemic, the World Health Organisation (WHO) recommended that greater attention be paid to men's health in work to deliver the Sustainable Development Goals²³ and Universal Health Coverage.²⁴
- The WHO-Europe regional office issued a men's health strategy²⁵ in 2018 and, in 2019, the WHO's regional office for the Americas (PAHO) published a report on masculinities and health.²⁶
- The UNAIDS' report, *Blind Spot*²⁷ (published in 2017), made a series of recommendations for the improved delivery of HIV/AIDS services to men.
- Seven countries – Australia,^{28 29} Brazil,³⁰ Iran,³¹ Ireland,^{32 33} Malaysia,³⁴ Mongolia³⁵ and South Africa³⁶ – have developed national men's health policies. The city of Quebec (Canada) also has a men's health policy.³⁷

But the actions taken to date by health systems across the world to deliver 'real-world' men's health projects and programmes have not matched the scale of the problem. The opportunities for health improvement offered by the knowledge and insights now available from a growing body of research and practical experience have not yet been seized.

The harsh light shone by COVID-19 on the state of men's health has prompted calls for a new approach.³⁸ It is now time for health services to 'build back better' and to intervene in ways that make significant and measurable improvements.

This report will help policymakers, service providers and practitioners to do just that. It sets out some general principles that, if used to inform health interventions, would make a huge difference to men's health outcomes.

Why act on men's health?

Men's health is unnecessarily poor

- Globally, there is a five-year life expectancy gap between men and women. There is just one country where men live longer than women, Afghanistan, and the difference there is 0.1 years (just over one month).³⁹

A male-targeted response is essential

- Men, women and those of other genders experience health differently. They generally think about health differently, take different risks and use services differently. To reach men effectively, health programmes and services have to take full account of these sex and gender differences.
- Sex-specific issues such as prostate and testicular cancers, erection problems, and testosterone deficiency require sex-specific responses.
- Gender differences in employment – with men more likely to work full-time, for example – have created practical barriers to accessing services, which need to be addressed.

It is ethically right

- The WHO Constitution sees 'the highest attainable standard of health as a fundamental right of every human being' and implies a clear set of legal obligations on states to ensure the enjoyment of health for all people.⁴⁰

It saves money

- There is a growing body of evidence from the field of health economics that shows the cost of men's poor health. One analysis looked at middle-aged Canadian males.⁴¹ They are more likely than females to smoke tobacco (26% v. 20%), consume hazardous or harmful levels of alcohol (15% v. 8%), and have excess weight (66% v. 47%), resulting in an annual economic burden that is 27% higher in males than females. If the prevalence of these risk factors was reduced modestly in males – a 1% reduction in the difference between men and women each year between 2013 and 2036 – there would be a cumulative cost saving of CA\$51 billion.
- Premature death and morbidity in men has been estimated to cost federal, state, and local governments in the USA over US\$142 billion annually.⁴² It also costs US employers and society as a whole in excess of US\$156 billion annually in direct medical payments and lost productivity and an additional US\$181 billion annually in decreased quality of life, making the total cost of poor men's health over US\$479 billion a year.

Better men's health leads to better women's health

- This is most obvious in the area of sexual and reproductive health where safer sex practices by men would clearly prevent the transmission of a wide range of infections and their consequences. Greater male involvement in contraception would also help to reduce the number of unplanned pregnancies.
- High morbidity and mortality rates in men impact on women in another way, especially in lower-income households and countries: the loss or incapacity of the primary breadwinner, frequently a man, can have a hugely detrimental effect on partners and children. They may have to take on caring responsibilities, limiting employment and educational opportunities and reducing current and future income. The cost of medicines can also have a huge impact on family resources.

We know what to do

- It is no longer possible to argue that not enough is known about how to improve men's health. Over the past decade in particular, a growing volume of peer-reviewed and published scholarship has emerged from academic institutions such as the National Centre for Men's Health in Ireland, the Center for Men's Equity at Georgetown University (formerly the Center for Research on Men's Health at Vanderbilt University) in the USA, The Freemasons Centre for Male Health and Wellbeing in Australia, and the Men's Health Research Program at The University of British Columbia in Canada.
- Research has been complemented by the practical expertise of men's health organisations and others in public health who share a concern about men and have developed and delivered targeted services.

The need for a gendered approach to health

“Health planning needs to allow for the different needs of men and women, regarding exposure to risk factors, barriers to access and use of services and health outcomes. In many circumstances, men experience poorer health outcomes than women do. Although some of these poorer health outcomes may have a biological basis, they may be amplified by gender roles. Gender analysis and health policies should consider women, men and gender-diverse population groups, to ensure equitable health outcomes.”

*WHO, World Health Statistics 2019.*⁴³

“Evidence shows that gender – a social construct – has a substantial effect on health behaviours, access to health care, and health system responses. Gender norms, whether perpetuated by individuals, communities, commercial interests, or underpinned by legislation and policy, contribute to disparities in the burden of ill health on men and women. In some settings and for some conditions, women suffer more ill health, but globally males have a higher burden of disease and lower life expectancy than females.

“Some of this difference is due to gender-influenced patterns of behaviour – particularly alcohol and tobacco consumption (men) and risks associated with unsafe sexual behaviour (women). The tendency to underplay or misunderstand the role of gender, or to equate the gender dimensions of health solely with the specific health needs of women, has led to a failure to address the evidence of gendered determinants that affect and drive the burden of ill health of both men and women.”

Sarah Hawkes and Kent Buse, ‘Gender and global health: evidence, policy, and inconvenient truths’, *The Lancet* (2013).⁴⁴

10 WAYS TO IMPROVE MEN'S HEALTH

There are many ways to improve men's health – and practitioners are constantly coming up with innovative and effective approaches. In this section, 10 core and evidence-based approaches are suggested. For each, top tips and case-studies are highlighted to provide a practical guide to action.

The 10 ways are:

- Collect, analyse and publish the data
- Engage senior decision-makers
- Listen to men's voices
- Introduce health policies that address men's health needs
- Meet men 'where they are'
- Recognise the differences between men
- Take account of gender norms
- Include boys and young men
- Use Men's Health Week and other hooks
- Be positive about men and recognize their strengths

Not all these approaches will be relevant to each and every policymaker or service provider. But at least one or two should be appropriate for most people working in the public health field.

1. Collect, analyse and publish the data

KEY MESSAGE

The collection and publication of wide-ranging and regularly-updated data on men's health is essential: it provides a guide to where action is needed and to its impact and effectiveness.

There is a dearth of sex-disaggregated health data and even less data about gender differences and health. But data is, clearly, essential to the development of good policy and practice. It can help to identify issues that require attention and be used to monitor the impact of policies and programmes.

Health reports that do include sex-disaggregated data, and even highlight areas where men are doing badly, often fail to link the findings to any recommendations for action. The European Commission's report on the state of men's health in Europe, published in 2011, provides a clear example of this: it presented a wealth of data across virtually every aspect of men's health but did not contain a single recommendation.⁴⁵ Unsurprisingly, the Commission did not follow up the report with any proposed changes in policy or practice..

TOP TIPS

- Data should be used to identify areas of need in men's health. Some of these will be highlighted by data comparing men and women, for example those that show higher rates in men, such as suicide.
- There will also be areas where men's outcomes will be the same or better than women's but there may still be a need for action. A good example is body image disorders – men are less likely than women to develop these but the proportion of males affected is still significant and they are often overlooked and under-served.
- Differences between different groups of men must be explored. An intersectional approach can help to identify specific groups of men who are most at risk and in need of support.
- Data must be made publicly available to help generate comment and analysis as well as to improve accountability.
- It is not enough to cite data on men's health: the identification of areas of need must be linked to recommendations for action and a delivery plan.
- Data and other types of information should be used to monitor and evaluate the impact of actions taken to improve men's health.
- Monitoring and evaluation should ideally be 'baked in' to men's health policies and programmes from the outset rather than added as an after-thought later.

- Because evaluation is best conducted independently, organisations should consider commissioning a local university or other research centre.
- Evaluation reports should be made publicly-accessible, even if the outcomes are disappointing. Both ‘good’ and ‘bad’ findings can contribute to the evidence base.

CASE-STUDY: The Men’s Health Report Card

A ‘Men’s Health Report Card’ has been published for the USA state of Tennessee in 2010, 2012, 2014, 2017 and 2020.⁴⁶ It analyses and presents key data about men’s health in an accessible format, tracks progress over time and provides a clear indication of where action is required.

The indicators included in the 2020 Card include:

- Age
- Race
- Alcohol use
- Seat belt wearing
- Physical activity
- Obesity
- Flu vaccination
- Opioid use
- Traumatic brain injury
- Sexual health
- The leading causes of death

The Report Card provides a model that can be used elsewhere. Versions of the Card have already been published in Australia⁴⁷ and Ireland.⁴⁸

CASE-STUDY: The state of men’s health in Leeds

Leeds is the third largest city in the UK. Following the identification of men’s health as a gap by the city’s strategic planning process, a local university (Leeds Beckett) was commissioned by the city council to analyse the state of men’s health to guide future commissioning decisions with the aim of ensuring that public health provision reached out and targeted those men most in need.

The report covered the main issues facing boys and men with regard to their physical and mental health and wellbeing.⁴⁹ It primarily explored the key causes of mortality in men, men’s use of services, and the main intersectional factors, social determinants and lifestyles which impact on men’s health.

The health issues covered by the report included circulatory disease, cancer, accidents, diabetes, suicide and mental health, alcohol, smoking, weight, and accessing services. Education, race, housing, employment and poverty were among the social determinants considered.

The report's recommendations included that:

- The city's health and wellbeing strategy take account of how services could be developed to meet the needs of men better.
- There should be greater investment in those parts of Leeds with the biggest clustering of men's health issues.
- Discussions about public health should cover 'men' and 'women', 'boys and girls' and 'fathers and mothers' rather than 'the population' or 'parents'.
- All health and social care policy should make specific reference to gender.
- There ought to be a men's health campaign for Leeds to raise the overall awareness of the population of the health issues facing men.

2. Engage senior decision makers

KEY MESSAGE

Progress is likely to be faster and more significant if senior decision-makers, including politicians, are engaged in the issue

Men's health is, unfortunately, not seen as a pressing political issue. It is unusual for politicians, let alone government ministers, to raise it and ask for action to be taken. Individual men and their families may draw their elected representatives' attention to concerns about their care and treatment but this is rarely on behalf of men as a group. The capacity of the relatively small number of organisations that are engaged with men's health issues to advocate for change is also limited.

This makes it harder to achieve change – but not impossible. There are several practical steps that anyone working in the health field who wants to see improvements in men's health can take to push the issue up the agenda.

TOP TIPS

- Collect and share key data. Men's health is a problem that hides in plain sight and senior decision-makers are often surprised when its full extent becomes clear.
- Identify policy alignment. Show how taking greater account of men can help deliver existing health priorities. For example, an effort to improve uptake of bowel cancer screening programmes would benefit from an understanding of why men under-use bowel cancer

screening (eg. fear of a positive diagnosis) and the male-targeted changes that could help (eg. a personal invitation from a man's GP).

- Demonstrate the impact on service delivery and budgets. Many finance-conscious politicians and senior managers can be engaged and motivated by policies that reduce the demand on services and costs. Men's health should be viewed as an investment rather than an expense.
- Become a men's health champion – or find one. Just one person operating at the right level can be enough to facilitate change. The introduction of Ireland's first national men's health policy was enabled by a senior health service official whose support gave the concept much greater profile and credibility with top-level decision-makers.
- Challenge fatalism. Use the evidence of successful interventions with men to demonstrate that it is possible to improve their health.
- Better men's health – such as lower levels of alcohol consumption and improved help-seeking for mental health problems – would help to reduce male violence towards partners. Women's health would also benefit in other ways: improved sexual and reproductive health for men would have immediate and obvious benefits and lower male premature mortality and morbidity rates would reduce the burden on women and families who depend on men's incomes.
- Reassure about risk. Some senior decision-makers may feel there are political risks with supporting men's health. For example, they may fear a negative reaction from women's organisations. In fact, there are no known examples of any political backlash following a decision to address men's health. So long as any support for men's health is not at the cost of women's health – by transferring funding, for example – women's organisations are unlikely to be concerned. It is increasingly recognised that 'doing' men's health or women's health does not have to be seen as a binary choice and there is now increasing collaboration between men's and women's health organisations.⁵⁰
- Show that men's health work is becoming more mainstream. Seven countries now have national men's health policies and a WHO men's health strategy for Europe was launched in 2018. The European strategy includes a call to governments to consider 'ensuring a model of care that recognizes the different health needs and health-seeking behavioural patterns of men, supports continuity of care and makes health and social services more accessible and appropriate.'⁵¹

CASE STUDY: HPV vaccination for boys in the UK

- HPV (human papillomavirus) is a very common sexually transmitted infection that can impact on the health of everyone. It can cause a range of cancers (cervical, vaginal, vulval, anal, penile, head and neck) as well as genital warts. Infection can be easily prevented by vaccination at an age, usually 11-13, before young people become sexually active. Girls-only vaccination programmes do not effectively protect males against infection, especially men who have sex with men.

- HPV vaccination for girls was introduced in the UK in 2008. But the programme was not extended to boys until 2019. This followed a sustained campaign by HPV Action UK, a partnership of over 50 NGOs.⁵²
- A core part of the campaign involved the successful lobbying of senior parliamentarians, especially from the governing (Conservative) party. These politicians were able to ask questions in parliament, table debates, and have behind-the-scenes discussions with ministers.
- Medical opinion-leaders and high-profile health and clinical organisations were encouraged to join the campaign. Over 100 influential academics and clinicians signed a public statement supporting the introduction of gender-neutral vaccination. Journal papers and commentaries on HPV vaccination were co-written with senior doctors and researchers.
- Briefings were provided to members of the government's vaccination advisory committee who were known to be supportive of boys' vaccination.
- The case for action was well-aligned with the government's wider health priorities: HPV Action argued that not only would vaccinating boys prevent more cases of cancer, it would also be cost-effective and help to tackle health inequalities.

3. Listen to men's voices

KEY MESSAGE

Listen to men's voices to understand better what their needs are and how best to meet them.

Men often feel overlooked, not cared for or not listened to by health organisations. Many experience services as not being 'for them'. There is good evidence, however, that policies and services are much more likely to reflect men's needs and to be effective when they have been designed following a conversation with men and with the organisations that represent them. Better still is a community empowerment approach which enables men to co-produce healthcare services, to run their own community-based projects (such as Men's Sheds) and to act as advocates.

Listening to men will help to ensure that services meet their particular needs and are not based on stereotyped assumptions. Even organisations that specialise in working with men can benefit from talking to men when developing a new initiative. For example, when the Men's Health Forum (Great Britain) began a project whose aim was to encourage young men to get tested for chlamydia (a sexually transmitted infection), its initial plan was to appeal to men's sense of responsibility towards their partners.⁵³

This approach did not survive first contact with focus groups of male soldiers and students, however. The actual campaign, which ultimately

proved successful, was based on realistic images of the circumstances in which young men might have sex, used the idea of a challenge encapsulated in the strapline 'Put Ya Tackle to the Test', and highlighted that how easy it was to get a test.

TOP TIPS

- Conduct surveys of the target male population to find out what they think of existing health services or proposed new initiatives.
- Convene focus groups comprising a representative sample of men to discuss policy priorities, specific health campaigns, and service delivery.
- Hold public meetings or men's health events. A men's health stall at a community fair can provide an opportunity to hear men's views as well as disseminate health information and conduct basic health checks.
- Consult organisations that represent or work with men.
- Invite men to respond to public consultations.
- Co-produce health interventions with men in the target groups.
- Seek evaluations and feedback from male service users.
- Organise panels of male service users and organisations working with men.

CASE-STUDY: Australia's men's health policy

The first Australian men's health policy took account of consultations that were conducted across Australia, with over 1,300 people participating in 26 public forums held in regional and metropolitan locations in each state and territory. Individuals and organisations also made more than 90 submissions.⁵⁴

CASE-STUDY: Ireland's men's health policy

Ireland's first national men's health policy was in part based on a three-year research project. This adopted both quantitative (questionnaire) and qualitative (focus groups and semi-structured interviews) methodologies and sought to explore specific health issues among a representative sample of over 600 men.⁵⁵

The findings of this research were launched at a national men's health conference attended by over 150 delegates. There was also a consultation process with a series of men's health days hosted around the country and attended by around 400 individuals and organisations, focus groups, consisting of sub-populations of men whose voices were not represented at the men's health days, and a call for submissions from the public.

4. introduce health policies that address men's health needs

KEY MESSAGE

Develop a men's health policy and integrate men's health into other health policies. The deliverables should be clearly identified and realistic.

Health policies that address men's health are very much the exception rather than the norm, although there have been some signs of change in the last few years. The lack of a policy focus on men has meant that, in the vast majority of countries, there has been limited action on men's health and services have continued to be delivered without any consideration of men's specific needs.

The reasons for the omission of men from policy are set out in GAMH's report, *From the Margins to The Mainstream: Advocating the inclusion of men's health in policy*, published in 2020.⁵⁶

- Gender in general, and men's health in particular, is missing from the agendas of most global and national health organisations.
- Gender and men's health is not covered in medical and other professional training programmes.
- There is a lack of sex-disaggregated data which can inform decision-making.
- Men are often perceived to be responsible for their own health problems because of their 'reckless' behaviours.
- There is a reluctance to allocate limited resources to a group which is seen as already too powerful and privileged.
- Most men's health organisations around the world lack the capacity to make an effective case for change.

National men's health policies are not a panacea. But where policies have taken account of men, they have led to changes in service provision and real and measurable improvements in men's health.

- A comprehensive, independent review of Ireland's first national men's health policy, which ran from 2008-2013, found that it was particularly effective in accelerating men's health research, developing new health promotion initiatives and community-based programmes, and in expanding training for health professionals.⁵⁷ The review led directly to the government's adoption of a second national men's health policy covering the period 2017-2021.
- Brazil's men's health policy has been adversely affected by a lack of funding, staff turnover in federal, state and municipal men's health teams, the lack of involvement of male service users, and a political climate increasingly hostile to gender-based policies and services.⁵⁸ Despite these problems, however, the policy has successfully improved fathers' active involvement in sexual and reproductive health initiatives and in pregnancy, birth and the overall care of children. The work with

fathers has helped to improve men's use of primary care services and the adoption of healthier lifestyles. Many family health services have extended their opening hours to attract more working men. Training on men's health has also been made available to health professionals.

National men's health policies can identify the issue as a priority and create a vision and identity for men's health work. They can act as a blueprint and resource for service providers and practitioners. But it is also important to include men's health in broader strategic health plans as well as in health policies concerning specific issues. This means that policies on mental health, cancer, sexual health, diabetes, heart disease and other key issues should explicitly cover men's needs – and women's needs too, of course.

TOP TIPS

- Men's health policies must be developed through a comprehensive consultation process with a wide range of stakeholders, including men themselves. This will also help to ensure their continued engagement during the implementation phase.
- They should take full account of research and other evidence concerning men.
- Policies require sustained high-level support, including at a political level, effective governance, adequate 'ring-fenced' funding, and dedicated staff who can support implementation.
- Policies can contain a commitment to improving men's health across the board as this is helpful as statement of vision and intent but they should also avoid being over-ambitious or idealistic.
- They should above all be practical, realistic and aligned with existing health priorities. Men's health potentially covers every health issue that can affect a man but policies should focus on a set of clearly identifiable, specific, prioritised and achievable deliverables.
- A commitment to action is required rather than just an acknowledgement of a problem. The planned actions must have a delivery plan with timescales and which sets out roles and responsibilities for implementation.
- Training and guidance must be provided to those tasked with delivery. Ireland's ENGAGE training programme, provides a well-evaluated model.⁵⁹ Adopting a 'training the trainers' approach, around 100 trainers have undergone a four-day training programme to equip them to deliver a comprehensive one-day training course to service providers. Around 1,860 trainers have so far been trained.
- Independent non-governmental organisations (NGOs) with expertise in working with men should be supported and fully involved in policy implementation and delivery.* These organisations can often act more quickly than national or local state institutions and are able to add expertise and energy and play the essential role of a 'critical friend'. In the UK city of Leeds, the council's public health department works

* Before engaging with men's NGOs, due diligence should exclude collaboration with organisations with a so-called 'men's rights' agenda. These are misogynistic and anti-feminist groups whose aim is to reinforce male power and privilege.

closely with 'Men's Health Unlocked', a partnership of four NGOs collaborating to deliver a range of innovative men's health projects.

- Men's health policies should, where appropriate, be systems-wide. For example, schools have a key role in improve men's health literacy by communicating information about health risks and help-seeking to boys. Employers can also have a significant impact on men's health and wellbeing.
- A commitment to fund and develop further research is important and policies must be monitored, evaluated, reviewed and, where necessary, updated.

CASE STUDY: Ireland's men's health policy

Ireland is one of only seven countries to have developed national men's health policies. It also has had two: the first ran from 2008-13 and the second, *Healthy Ireland – Men*, is for the period 2017-21.⁶⁰

- The second policy was far more focused than the first, which had almost 120 actions which were not ranked by priority. The second policy contains a far more realistic – and achievable – 28 actions.
- The governance structures for *Healthy Ireland – Men* were aligned with those for Ireland's overarching public health policy, *Healthy Ireland*, to help ensure effective implementation.
- The policy aims to support the implementation of the priority programmes for *Healthy Ireland* - healthy eating and active living, wellbeing and mental health, positive ageing, alcohol, tobacco, and healthy childhood.
- The policy has a particular emphasis on addressing health inequalities between different sub-populations of men.
- *Healthy Ireland – Men* aims to build the capacity of those who work with men and boys to adopt a gender-competent and male-friendly approach to engaging men and boys at both an individual and an organisational level.
- The policy contains a strong commitment to research that underpins the development of men's health practice in Ireland and contributes to the *Healthy Ireland* agenda.

CASE-STUDY: England's national suicide strategy

The United Kingdom government's national suicide strategy for England contains an explicit commitment to tackling male suicide.⁶¹

- The strategy sets out to address the inequality that men remain the most at-risk group and are three times more likely to die by suicide than women.
- It takes into account other factors that may impact men such as relationship problems, financial difficulties, alcohol/drug problems

and other issues such as pressures on body image, especially in young men.

A range of actions were set out in an implementation workplan.

- Guidance has been sent to local councils, which are responsible for the delivery of public health services, stating that local plans should address high-risk groups such as men.
- Funding was made available for suicide prevention and reduction work for middle-aged men.
- Support was provided for local suicide prevention interventions with a sports focus.
- A national campaign, run by an independent charity, has been funded with the aim of encouraging men to talk about mental health and to reduce stigma.

CASE-STUDY: Tackling HIV and AIDS in Namibia

Namibia's National Strategic Framework (NSF) for HIV and AIDS (2017/18-2021/22) is based on a range of 'high impact' programmes and interventions.⁶² One of these is 'Male Involvement'.

- The NSF states that men are increasingly at risk and vulnerable to HIV and AIDS. There are low rates of HIV testing by men, male circumcision and condom use. Men lack comprehensive knowledge of HIV and there are low rates of enrolment on antiretroviral therapy (ART). Retention on ART is also low.
- The low uptake of HIV services has a significant impact on men's mortality and morbidity, especially for those living with HIV and AIDS.
- Men are affected by 'negative sociocultural norms' and are the key drivers of multiple and concurrent partnerships, sex work, gender-based violence, and inter-generational sex.
- NSF interventions aim to address these challenges by using differentiated models of service delivery. Male-targeted HIV interventions such as HIV testing services, voluntary medical male circumcision, condoms, PrEP (pre-exposure prophylaxis), and treatment of sexually transmitted infections will be scaled up. Men living with HIV will also be tested for TB and offered appropriate prevention therapies.

5. Meet men where they are

KEY MESSAGE

Develop outreach services that engage men 'where they are'.

Many successful men's health initiatives have engaged with men in settings where men feel more comfortable and where they can access

the service more easily rather than in traditional venues such as clinics.

There have been several well-established programmes linked to professional sport, for example, chiefly soccer but also rugby and hockey. Other successful initiatives have been delivered in workplaces, in local communities and digitally.

Taking services to where men are is important and can be very effective.

- More projects using an outreach approach are needed and should be provided on a long-term basis.
- The success of this approach shows that the idea that men are not interested in their health is a myth.

While taking services to where men are is important, it is vital not to overlook the importance of making mainstream services more accessible to men. In fact, only mainstream services can be delivered on a scale that will have the necessary impact on the male population as a whole. It is therefore essential that service providers learn the lessons from outreach projects and use them to improve men's access to and engagement with mainstream services

TOP TIPS

- Identify where there are significant numbers of men who are in need of health support. Examples of places where men are can include workplaces, community venues, sports settings, faith organisations, and cyberspace.
- Develop partnerships with organisations operating in these locations with a view to delivering interventions jointly. Consult with men in the target group and co-design interventions with them. This will help to ensure that programmes will appeal to men.
- Be imaginative – even seemingly unlikely settings can prove effective. Men's health checks have been delivered in pubs, at horse racecourses and in do-it-yourself store car-parks, for example.
- Ensure that interventions are monitored and evaluated.
- Plan for sustainability so that successful services can continue once the initial funding has run out.
- Mainstream primary care services can be made more accessible to men by removing obstacles, such as by extending opening hours, and by utilizing digital technologies for making appointments and accessing information, advice, and consultations.⁶³
- Creating a more male-friendly ambience within traditional settings can make a difference, which may include things like providing male-interest magazines and male-targeted health information.
- Identifying and specifically reaching out to men who are under-using services can lead to a significant uptick in health appointment

attendance. Simply contacting men with a specific appointment for a health check can be very effective.

- Pregnancy can provide a good entry point if men are encouraged to attend antenatal services with their female partners.⁶⁴ While there, men can be offered preventative health and screening services.
- Whatever the type of service, when promoting it to men, it is important to be clear that the service is 'male-friendly'. Telling a group which is unsure whether a service really is for them can have a positive impact.

CASE-STUDY: Football Fans in Training

One of the most comprehensively evaluated interventions using sport, Football Fans in Training (FFIT), delivers a healthy living and weight loss programme to men in Scotland.⁶⁵

- FFIT is specifically designed to appeal to men. It taps into many men's interest in soccer and their loyalty to their local team.
- The programme takes account of men's greater willingness to engage with weight management programmes with a strong emphasis on physical activity.
- FFIT is delivered by community coaches at 24 top professional soccer clubs to groups of men aged 35-65 who are obese or at high-risk of becoming obese.
- Participants attend 12 weekly sessions which combine time in the classroom with a training session.

The results have been impressive.

- After 12 months, FFIT participants lost an average of 5.6 kg compared to 0.6 kg for men in a control group.
- Participants' waist circumference fell by 7.3 cms compared to 2.0 cms for the control group.
- There were marked improvements in blood pressure, body fat, physical activity, diet, alcohol consumption and self-esteem.

CASE-STUDY: POWERPLAY

POWERPLAY is a good example of an effective workplace health intervention. It is specifically designed for men in male-dominated industries in northern British Columbia (Canada) and focuses on physical activity, healthy eating and wellbeing.⁶⁶

- Central to POWERPLAY are two six-week friendly competitions, including walking more than 2,775 kilometres, equivalent to the distance of the Great Northern Circle Route (a 10-day road trip through the wilderness).

- Health screening is also available and participants are given a 'playbook' (a small, spiral-bound book of information about each of the two challenges along with tips for increasing physical activity and healthy eating) and can attend 10 'toolbox talks'.
- Men participating in the programme report increases in physical activity and greater awareness of the importance of healthy eating.

CASE-STUDY: Barbershops

Barbershops are emerging as a site for effective community-based health promotion aimed at men.⁶⁷

- Barbershops have a particular cultural significance for many African American men, dating back to the civil rights movement.
- They offer a safe space with opportunities for activities such as cancer screening, blood pressure and blood sugar checks as well as interventions on mental health, diet and exercise.
- In one intervention, held in 52 black-owned barbershops in Los Angeles (USA), black patrons with hypertension were supported by pharmacists to achieve significant reductions in blood pressure.⁶⁸
- In the UK, the Lions Barber Collective trains barbers to talk to their male clients about mental health issues with the aim of reducing suicides.⁶⁹ An evaluation of participating barbers showed a marked increase in self-reported confidence following training in supporting clients with mental health problems, including suicide ideation.⁷⁰

CASE-STUDY: Men's health champions

Men's health champions are currently being trained in the UK.⁷¹ Champions can operate in community settings such as voluntary groups (including Men's Sheds) but also in workplaces, gyms, faith organisations, and elsewhere.

- Champions are non-medical people trained to talk to their male peers about health issues and to signpost them to services when appropriate.
- Champions can help to normalize conversations about health and help-seeking and support men to make positive changes to their health and wellbeing.

CASE-STUDY: Men's Sheds

Men's sheds are a community-based, grassroots movement which originated in Australia but since spread to Ireland, the UK, Canada, New Zealand, Denmark and elsewhere.⁷² There are now almost 1,000 Sheds in Australia and over 450 in Ireland alone.

- Sheds are informal spaces where members, typically older men, develop new and practical skills, work together on community projects, and develop a sense of belonging and camaraderie.

- Sheds have been shown to have inherent health-promoting qualities, including a protective effect against loneliness. They have been linked to increased physical activity, improved diet, lower alcohol use, and improved health knowledge.
- The Irish Men's Sheds Association worked with its members to develop a more structured health intervention, Sheds for Life.⁷³ This is a 10-week programme, funded by Ireland's national health service, which uses a gender-sensitive, male-targeted approach and covers, among other issues, healthy eating, physical activity and mental health. It also includes a health check by a nurse.

CASE-STUDY: QuitNow Men

The digital realm provides another useful setting for engaging men and there are an increasing number of projects using new technologies.

- The Canadian website QuitNow Men is designed to have a look and feel that appeals to men aged 18-45 years by using masculine images, direct language, and content that includes interactive video dramas.⁷⁴
- Strong and positive messages are used to promote change, positive identities (such as being healthy and strong) are connected with being smoke free, and men's stories about quitting are included to show common challenges and create a community of mutual help.
- To reflect men's preferences for autonomous decision-making, the website is structured to offer men choices by providing an array of resources to map, monitor, and maintain their decision to quit.
- Use of the website has successfully supported men to quit smoking or to reduce their level of consumption.⁷⁵

6. Recognise the differences between men

KEY MESSAGE

Focus attention on those groups of men facing multiple layers of disadvantage and who experience the worst health outcomes

Men are not a homogeneous group.

- They are differentiated by nationality, culture, social class, education, race, age, physical ability, sexuality and in many other ways.
- Growing up, they may have been exposed to similar sets of expectations about men and how they should behave but that is not the only characteristic that defines them and which affects health outcomes.

This means that an 'intersectional' or equity-based rather than a 'one-size-fits-all' approach can enable a focus on sub-populations of men with the worst health outcomes.⁷⁶ Approaches tailored to specific groups of men are also much more likely to work.

This does not mean that other men can be ignored. Interventions should be universal but their scale and intensity proportionate to the level of vulnerability and need.

TOP TIPS

- Health outcome data must be analysed across several dimensions of disadvantage simultaneously to enable the identification of the most vulnerable groups.
- Examples of particularly disadvantaged groups include men who are gay, bisexual and transgender, homeless, prisoners, low-income or unemployed, from a racial or ethnic minority, or disabled.
- Policies and programmes should take account of overlapping areas of discrimination and disadvantage to ensure that those specific groups of men with the worst health outcomes receive a greater level of attention and support.
- Many of these groups will be very reluctant users of mainstream health services – perhaps because of past experiences of discrimination or a suspicion of ‘authority’ – and may require bespoke outreach interventions.
- Interventions should be developed in partnership with users themselves and organisations that have experience of working with them.

CASE-STUDY: Engaging Aboriginal and Torres Strait Islander men in prostate cancer health programmes

In Australia, Aboriginal and Torres Strait Islander men are less likely to be diagnosed with prostate cancer than other men but are more likely to die within five years of diagnosis.⁷⁷ Men in this community face many culturally-specific barriers to accessing health services.

- A study by the Prostate Cancer Foundation of Australia suggested that a prostate cancer information and education programme for Aboriginal and Torres Strait Islander men is more likely to be effective if it is designed with the community in mind.
- Materials should provide factual information and deal with culturally sensitive issues appropriately.
- Programmes should deliver information through trusted people in the community including community leaders.
- Programmes should include culturally appropriate resources.
- Resources should include easy explanations, containing no jargon and include pictures.
- There is a strong oral tradition and values around ‘telling’ information and this should be incorporated where possible.

CASE-STUDY: Foot care for homeless men

Best Foot Forward is a project that aims to provide high-quality foot care for homeless men in the city of Bath (UK).⁷⁸

- Poor foot care and subsequent health-related problems are a particular problem for homeless people, the majority of whom are men, who can feel particularly embarrassed about showing health practitioners their feet and who often only seek help when they are experiencing severe pain.
- Neglect can cause sore and painful ulcers which can sometimes lead to foot loss.
- Homeless people can find maintaining appointments a challenge and often impossible due to their personal circumstances.
- They lack access to facilities to carry out basic self-care such as soaking and washing their feet and changing their socks regularly.

Best Foot Forward offers a monthly drop-in foot clinic.

- The service is promoted by posters, outreach teams and word-of-mouth.
- A specialist foot health practitioner is available at the monthly drop-in session.
- Service users are able to drop in to wash and soak their feet and exchange their socks for a new pair.

Not only did the foot health of the men seen by the service improve but the contact provided an opportunity for the men to raise other health issues.

CASE-STUDY: Men's Health Unlocked

The Men's Health Unlocked programme in Leeds (UK) has distributed 100 Wi-Fi enabled tablets to men who were digitally excluded and isolated and living in deprived areas of the city.⁷⁹ The tablets were preloaded with health and wellbeing apps.

- Almost one-third of the men receiving tablets lived in areas defined as being within the top 3% of the most deprived areas in England. 50% of tablet recipients belonged to a minority ethnic community. Men who are homeless and deaf were also targeted by the project.
- 88% of recipients said that they felt lonely some or a lot of the time. 60% of the men identified themselves as having long-term medical conditions lasting 12 months or longer. Over 50% of men reported a negative score with their emotional wellbeing.
- The tablets were used for a wide variety of tasks. Alongside social and entertainment sites, this included training, job search, watching Mass, research, helping with a child's homework and sorting out housing issues.
- 89% of the men reported improved digital skills since acquiring a tablet. 71% said they felt less isolated as a result. Over two-thirds said

that other people around them had benefited from their use of the tablet.

- Three further agencies have now bought tablets for their clients.

CASE-STUDY: DUDES Club

The DUDES Club for Indigenous men was established in Vancouver (Canada) in 2010 and since then clubs have been set up in communities across British Columbia.⁸⁰

- The DUDES Club promotes Indigenous men's wellness through an approach that builds solidarity and brotherhood, enabling men to regain a sense of pride and purpose in their life.
- The Club promotes holistic, cost-effective men's health through dialogue, education and health screening opportunities.
- The healthcare providers who are involved prioritise cultural competence and safety, genuine connections, and support to help men navigate the healthcare system.
- Men who often carry with them intergenerational trauma related to the loss of or damage to their land, culture, family, language, and identity, are able to begin to drop some of their 'armour'.
- All initiatives are community-driven and highlight the importance of peer champions.
- An evaluation, which was based on the four dimensions of the Indigenous medicine wheel (mental, physical, emotional, and spiritual), found high participant satisfaction and positive outcomes across all the dimensions of health and well-being.⁸¹ Over 90% of men indicated that the DUDES Club programme had improved their quality of life with more regular attendees reporting greater physical, mental, and social benefits.

7. Take account of gender norms

KEY MESSAGE

Use appropriate 'male' interests and language to engage men in health.

Men's attitudes to health and their behaviours are strongly influenced by gender norms. It therefore makes sense to try to engage men in health in ways that are congruent with those norms, which do not feel threatening to men's sense of themselves as men, and which signal that services and programmes are welcoming to men and have been designed with men in mind. This approach is well-aligned with commitments to create person-centred and inclusive health services.

- Many men's health initiatives have adopted 'blokey' names, such as It's A Goal! (a mental health project in the UK), Pit Stop (a health check

service in Australia) and Spanner in the Works?⁸² (a health information website in Ireland).

- Mental health projects and practitioners have adapted their language, referring to 'stress' rather than 'depression', for example, or using terms like 'dropping the baggage' and 'repairing' oneself.⁸³ Weight management programmes aimed at men have found that many feel more comfortable talking about 'getting fit' than they do about 'going on a diet'.

TOP TIPS

- Develop an understanding of how gender norms impact on men's health. There is now an extensive and accessible body of evidence that describes how men are expected to be physically strong, brave and resilient in the face of adversity, to not show concern about their health or ask for help, to take risks, to be competitive, and to prioritise work and providing for the family. Promundo's report, *Masculine Norms and Men's Health: Making the Connections*, provides an excellent summary of the evidence.⁸⁴
- Learn from health interventions that have successfully made use of male gender norms in their design and delivery.
- To engage men, wherever possible, use the terms men prefer, rather than those in vogue at any given time in professional or academic circles.
- Use humour to help men feel more comfortable with using health information or services. It can help to 'break the ice' and relieve some anxiety about discussing personal health issues.
- Where appropriate, use physical activity as a hook. Physical activity is perceived to be an 'appropriate' activity for men and its presence can help make health programmes feel less threatening.
- Consider offering men-only services. There is good evidence that many men prefer men-only weight management programmes, for example, because of a perception that 'traditional' services are female-dominated and designed for women.
- Consult with the target group of men to ensure that the use of male gender norms in any intervention is appropriate and engaging – there is a risk that stereotyping what attracts men will actually turn them off. Not all men are interested in sport or cars.
- Avoid utilising 'traditional' male norms that reinforce gender inequality. Sexualised images of women might well attract the interest of many men but should not be used in health campaigns. Similarly, references to male aggression are not recommended.

CASE-STUDY: It's A Goal!

- It's A Goal! (IAG) is a UK-based therapeutic group work programme primarily for men with mental health needs.⁸⁵ It utilises many men's interest in soccer to support engagement and reduce perceptions of stigma.
- Soccer terms are fully integrated into the programme structure which refers to 'goals' rather than 'problems', 'players' rather than 'service users', 'coaches' rather than 'mental health workers' and 'matches' rather than 'sessions'. 'Matches' are held at soccer stadia, not traditional clinical settings.
- Soccer banter and humour is used by 'coaches' to break the ice and to help 'players' feel more comfortable and to get to know each other. For example, at the start of 'matches', fans of different teams josh about the results of recent matches.
- Soccer-related scenarios are used to facilitate self-understanding by helping 'players' to identify what kind of 'player' they are. A 'goalkeeper' might feel under attack and isolated while a midfielder could be someone who 'holds things together'. The importance of playing as a team is highlighted to show that 'players' can provide mutual support and ask each other for help.
- The majority of people accessing IAG have been white working-class men, often unemployed and experiencing a range of psycho-social problems such as depression, anxiety, anger, low confidence and self-esteem, and drug and alcohol misuse. Several evaluations have shown that the programme achieves a range of positive mental health benefits for participants.

CASE-STUDY: Pit Stop

- Fast Track Pit Stop is delivered in Western Australia as part of the state government's Regional Men's Health Initiative.⁸⁶ It is run at community events, such as local agricultural shows, and aims to be a simple and non-invasive way of helping men become more aware and take charge of their own health and wellbeing.
- Pit Stop is themed around the servicing of a vehicle. Men are offered an assessment of their 'chassis' (waist measurement), 'oil pressure' (blood pressure) and 'shock absorbers' (coping skills).
- If the participants have something 'out of tune', they are given some simple pointers to help them 'retune'. Men are also offered a wellbeing tips booklet and information about specific health problems as well as a Pit Stop-branded pen and magnet.

CASE-STUDY: Man Manuals

- The Men's Health Forum (Great Britain) has for the past 20 years produced a very wide range of popular health information booklets ('Man Manuals') under the Haynes' brand. Haynes is an iconic publisher of car maintenance manuals.⁸⁷

- Currently-available Man Manuals cover diabetes, stress, alcohol, healthy eating, cancer, sexual health, 'How to Live in a COVID World' and many other issues.
- The Haynes branding, familiar to middle-aged and older men in particular, has helped give male users the confidence to look at and use the Manuals.
- The guides use gentle humour, in the text but also in specially-commissioned cartoons, to help break down men's psychological barriers to accessing health information.

8. Include boys and younger men

KEY MESSAGE:

Take account of the needs of boys and young men in the development and delivery of health policies and services.

When men's health advocates talk about 'men's health' they usually mean 'the health and wellbeing of men and boys'. But boys and young men can too often be overlooked. This is despite the fact that the health of adolescents, male and female, is considered a priority by the WHO. Although its *Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)* focuses mostly on the health of women and girls, it does include a call for the engagement of boys in health programmes.⁸⁸

- Boys and young men are at risk of a range of potentially serious health issues, such as suicide and other mental health problems, alcohol and drug misuse, interpersonal violence, accidents, and sexually transmitted infections.
- The top four causes of death globally for males aged 15-29 are, in decreasing order of scale, road injuries, interpersonal violence, tuberculosis, and suicide.
- The health-related behaviours of boys and young men can have a significant impact on the health of others, most obviously in the area of sexual and reproductive health.
- Gender norms become entrenched in adolescence making this a particularly important time to engage males in health. There is an opportunity to educate boys and young men about health with potential benefits throughout their life-course.

TOP TIPS

- Include boys and young men in overarching and specific health policies and programmes.
- Collect and publish data on the health and wellbeing of boys and young men to help identify areas of need using an intersectional, equity-based approach.

- Review existing services and programmes to check whether boys and young men are making equitable use of them. If not, act to improve their access.
- Recognise that male-targeted interventions may be more beneficial for boys and young men than gender-neutral programmes.⁸⁹
- Work with schools, colleges and sports organisations to develop health programmes designed with boys and young men in mind.
- Collaborate with other agencies with experience of working with boys and young men.
- Involve boys and young men in the development of health resources and services. Consider establishing an advisory panel of boys and young men.
- Use digital platforms to reach boys and young men.
- Ensure that health services, including mental and sexual health services, are as accessible as possible for boys and young men. Provide easy-to-access and clear signposting to specialist services. Ensure that boys and young men have a basic understanding of how health services work and how to use them.
- Consider opportunities for working with boys and young men on relationship issues, both same sex and mixed sex.
- Provide information and training for health practitioners on boys' and young men's health.
- Avoid blaming and shaming boys and young men while also challenging stereotypes such as 'big boys don't cry' and 'boys will be boys'.
- Have high expectations of boys and young men and be aware of the pressures on them to conform to 'traditional' gender norms.
- Highlight the strength and courage of boys and young men who reject harmful gender norms and adopt different ways of being male.

CASE STUDY: Boys in Mind

Boys in Mind is a multi-agency alliance of professionals and young people in the Bath and North East Somerset region of England.⁹⁰ It works with primary and secondary school staff to help them understand the issues around male suicide and mental health and the positive things which can be done as part of their mental health and well-being policies and practices for the whole school community.

Boys in Mind aims to reduce the stigma and isolation which often exists for boys and young men, enabling them to:

- Talk about problems when they arise and ask for support when they need it.
- Know that other boys and young men share similar challenges and feelings.

- Care about themselves and each other and be able to demonstrate this.
- Show emotion and cry when they need to.
- Explore and challenge unhelpful, inaccurate and misleading stereotypes about what it is to be a man.

CASE-STUDY: The Health Provider Toolkit for Adolescent and Young Adult Males

The Partnership for Male Youth, which is based in the USA, has developed a clinical toolkit for healthcare providers who serve adolescent and young adult males between the ages of 10 and 26.⁹¹ It contains four major clinical tools:

- A downloadable checklist for health care providers that covers nine major domains (eg. mental health, substance misuse, health eating and physical activity, sexual and reproductive health) where the health care needs of young adult males are most pronounced and unique.
- A compilation of suggested patient interview questions for each domain.
- Supporting materials for each domain consisting of background information, practice tools and references.
- A video library of continuing medical education (CME) and patient education presentations on subjects covered by the toolkit.
- The clinical toolkit was developed under the guidance of a multi-disciplinary team of eminent clinicians and researchers from the fields of paediatrics, family medicine, adolescent medicine, sexual and reproductive health, psychiatry, psychology, social work, substance use, trauma, violence and urology.

CASE-STUDY: Ahead of the Game

Movember's Ahead of The Game is a series of mental fitness workshops which have been proven to increase mental health literacy and boost resilience in young athletes who take part.⁹²

- This evidence-based programme is aimed at adolescent boys aged between 12-18 and is being delivered through community sports clubs (rugby league, rugby union and soccer) in the UK, ice hockey in Canada, and rugby and Australian rules football in Australia and New Zealand.
- The programme was tested by researchers at the University of Wollongong in Australia on 350 boys aged between 12 and 18 across three different sports including soccer, rugby league and swimming, over a season-long period.⁹³
- Teenagers who took part in the study - the biggest of its kind in the world - demonstrated a better understanding of what mental health is, had greater intentions to help others with a mental health problem

and were more confident about seeking help themselves if they needed to.

- During the two-hour workshops, the athletes learn how to identify signs of anxiety, depression and low mood in themselves and others. In separate workshops, their parents and sports coaches learn how to distinguish between potential mental health problems and normal teenage behaviour.

9. Use International Men's Health Week and other hooks

KEY MESSAGE

International Men's Health Week, which takes place every June, and other men's and related health events provide an excellent opportunity to promote men's health.

Although men's health interventions should generally run throughout the year, events such as International Men's Health Week (which takes place every June) provides a prominent platform for announcements, the launch of new initiatives, highlighting specific issues or services, and running time-limited but high-impact projects.

Men's Health Week began in the USA in 1994 following a Senate Joint Resolution to establish the Week by Senator Bob Dole. The Week was linked to Father's Day in the USA (the Week always ends on that Day, the third Sunday in June) and it became an international event in 2002 when it was first marked in the UK. It has since been adopted in Australia, Canada, Denmark, Ireland, New Zealand and beyond.

The Week provides an opportunity for a wide range of organizations and individuals to draw attention to the poor state of men's health, organize activities that engage men, and advocate changes to health policy and practice.

The theme for each Week is usually determined for each country by its leading men's health organisation and as many other organisations as possible are encouraged to participate.

Men's Health Week is not the only regular men's health event on the calendar.

- Testicular cancer awareness month (April).
- Prostate cancer awareness month (March in the USA and Australia; September in the UK).
- Movember (November).
- International Men's Day (November).

There are also other health days and weeks which are particularly significant for men.

- World Cancer Day (February).
- International Hypertension Day (May).
- World Suicide Prevention Day (September).
- World Heart Day (September).
- World Diabetes Day (November).

TOP TIPS

- Gather information about Men's Health Week and other men's health-related events. See how these align with existing policies and programmes.
- Wherever possible, use the opportunity to promote men's health.
- Work in partnership with men's health and other organisations (and provide financial and other support wherever possible).
- Monitor and evaluate the impact of activities.

CASE-STUDY: Men's Health Week 2021 - Ireland

Recognising the impact of COVID-19 on men and their health, Men's Health Week 2021 in Ireland focused on men re-building their relationships with family, friends, neighbours, work colleagues, community groups, clubs, churches, men's programmes, sporting bodies and health services.⁹⁴

The theme chosen for the Week was 'MAKING THE CONNECTIONS' and the calls to action to men were:

- CHECK IN with yourself to see how you are coping/feeling and to identify any health worries that you might have.
- CHECK UP on your family, friends, neighbours, colleagues to see how they're doing and to offer support.
- If you notice anything worrying or which needs medical attention, CHECK IT OUT and seek information/help/support/treatment as soon as possible.

Over 100 organisations from all sectors actively participated in the Week in Ireland and the MHF in Ireland, which co-ordinated the event, produced and disseminated a wide range of resources including social media materials, posters, postcards, and health information booklets. The Week was funded by Ireland's Health Service Executive and Northern Ireland's Public Health Agency (the Week covers the whole island of Ireland).

CASE-STUDY: Men's Health Month 2021 - Canada

In 2021, the Canadian Men's Health Foundation expanded Men's Health

Week into a whole month of activities.⁹⁵ (The Men's Health Network has done the same for several years in the USA.) The theme for Canada was 'Move for Your Mental Health'. Men were asked to make a pledge to be more physically active to help improve their mental wellbeing.

- A typical 'Move Pledge' could include walking for 15 minutes daily for seven days or walking 50,000 steps during the month, cycling or swimming for 30 minutes twice a week, running 100 km at an average of just over 3 km a day.
- Men were encouraged to share their pledge on social media and post their progress to encourage others. They could also create a fundraising page for the Foundation on Facebook.
- Information and advice was provided through online events, the stories of well-known Canadian men, expert advice from health and fitness professionals and the Foundation's well-established and well-evaluated Don't Change Much website.
- Over 10 million people were reached by the Foundation's activities during Men's Health Month and there were 332,000 digital interactions with its health messages and 110,000 views of the speaker and workout videos.

CASE-STUDY: Movember

Movember was launched in Australia in November 2003 and is now an international event with Australia, Austria, Belgium, Canada, Czech Republic, Denmark, France, Hong Kong, Germany, Ireland, Netherlands, New Zealand, Norway, Singapore, South Africa, Spain, Sweden, Switzerland, UK and USA among the participating countries.⁹⁶

- Movember provides an opportunity for fundraising for projects to tackle prostate and testicular cancers and also to improve men's mental health and suicide prevention. Movember has so far funded over 1,250 men's health projects around the world.
- The event is also a platform for awareness-raising about these and other men's health issues.
- In 2019, around 400,000 people registered to take part in the campaign and helped to raise over AUS\$120 million.

10. Be positive about men and recognize their strengths

KEY MESSAGE

A 'male-positive' approach which builds on men's strengths is more likely to engage men and achieve changes in health practices and the use of services.

It is easy to see men as 'a problem' when it comes to health. After all, if they did not smoke, drank less alcohol, ate a healthier diet, drove more

slowly and used health services more effectively, their outcomes would almost certainly be significantly better.

Tackling men's health is not without its challenges but a wholly negative view is very one-dimensional. It overlooks the fact that men do, in general, care about their health and that most do not smoke at all or drink alcohol excessively. A majority of men do enough physical activity to benefit their health. Around the world, millions make use of primary and secondary care services on a daily basis. There is also very good evidence that even more men would take better care of their health if services were provided in appropriate, 'male-friendly' ways.

Clearly, many men do not conform rigidly to the gender norms prescribed for men. They do not neglect every aspect of their health, taking many unnecessary risks and refusing to use services. And, in any case, not all male gender norms are health-damaging or 'toxic'.⁹⁷

- Men's role as providers and protectors for their families can encourage the adoption of better self-care.
- Many men's interest in physical strength and fitness can be beneficial to their health.
- Concepts such as 'bravery' and 'courage' can help men to face up to health issues and seek help when necessary.
- Some seemingly unhealthy practices can actually have positive aspects. For example, men drinking alcohol with other men provides friendship and social support that can be important for mental wellbeing.

Of course, a significant number of men do conform more closely to 'traditional' male gender norms. These men are likely to experience worse health outcomes as a result. But while any individual has some control over the decisions they make about their health, it is important to remember that it is very difficult for anyone to overcome by sheer act of personal will the impact of the social determinants of health, which include gender norms.

Men's health can also be affected by practical problems related to their gender. Men's work – men predominate in construction, transport, agriculture and mining – often exposes them to a wide range of physical hazards. The demands of working life – such as long hours and lengthy commutes – also create practical barriers to accessing services that have not been designed with men in mind. Moreover, men who lose income for time taken off for medical appointments may not prioritise their healthcare because of their role as a financial provider for their families.

Men can find health settings 'too feminine': most health promotion literature available in clinic waiting rooms is aimed at a female rather than a male audience⁹⁸ and community pharmacies often have prominent displays of women's beauty products. Some specific groups of men face additional barriers to accessing primary care, such as homeless or migrant men, men who have been recently released from prison, and gay men who have experienced homophobia from healthcare practitioners.

While unacceptable, violent or abusive actions by men must of course

be challenged, being generally negative, blaming or critical about men's health behaviours is unlikely to lead to successful engagement. It is more likely to make men feel defensive and resistant. There needs to be reframing of the way men's health is perceived and a pivot towards an approach that is humane, caring, optimistic, aspirational and positive as well as assets-based and built on men's strengths is much more likely to get results.

TOP TIPS

- Help to change the way men's health is discussed by ditching the notion that men are in some way 'deficient' or to blame for their poor health and never using the phrase 'toxic masculinity' because it implies that men are irredeemably 'bad'.
- Adopt a more sympathetic and empathetic approach to men which, while holding them accountable for unacceptable behaviours, takes account of the impact of gender norms and the practical problems they face, including men's ability to access to primary care services because of the nature of their work.
- Highlight those aspects of masculinity that are health-promoting, such as an interest in physical strength and fitness and having the courage to ask for help when necessary.
- Many men's positive health practices and strengths should be highlighted.⁹⁹ Use men's stories and case-studies to provide practical information other men could find useful and to be inspirational by showing how men can respond positively to health problems. Stories can help to change gender norms by making it seem unexceptional for men to discuss their health more openly. Case-studies can also – more than any number of statistics – help to generate more public and political interest in men's health and increase the pressure for changes in policy and practice.

CASE STUDY: 'Men, we are with you'

A positive and humane approach to men is exemplified by Prostate Cancer UK's 'Men, we are with you' campaign.¹⁰⁰

Explaining the thinking behind the campaign, the charity says: 'We're celebrating men and the brilliant, silly, caring, selfless things they do that make them great. The things we miss when they're lost too soon.'

The centrepiece is a made-for-television video in which the actor Zoe Wanamaker, whose father Sam died from prostate cancer, reads these lines from Hamlet:

What a piece of work is a man
How noble in reason
How infinite in faculty
In form, and moving, how express and admirable

In action how like an angel
In apprehension how like a god
The beauty of the world
The paragon of animals
And yet to me, what is this quintessence of dust?’

The film includes short clips of real prostate cancer patients and their families and ends with the statement: ‘One man dies every 45 minutes from prostate cancer.’

CASE-STUDY: A strengths-based approach to working with men

Matt Englar-Carlson and Mark Kiselica, respectively professors of counselling and of psychology (both based in the USA), have described a ‘positive masculinity’ approach to assisting male clients in clinical practice.¹⁰¹ They have identified 10 male strengths that can be identified, affirmed and built on. These strengths, which have the potential to be more widely used in health promotion work with men both individually and collectively, include:

- Male ways of relating. Recognize that boys and men, especially ‘traditional’ males, tend to form friendships by engaging in activities that have a high action orientation, such as playing sport or working on a project together. Practitioners can tap into men’s relational style by encouraging clients to take action to solve their problems and by talking to male clients about their concerns while participating in action-oriented activities.
- Male ways of caring. Many men are socialized to protect their loved ones, to fix things around the house, and to offer solutions to others when they are faced with a problem. Recognizing and promoting the ways that men express caring for their fellow human beings can help men have more fulfilling lives.
- Male daring, courage, and risk taking. Healthy men express their courage by taking risks without being reckless. At times, they may be called upon to face peril for the sake of completing a task or protecting a loved one. Men who demonstrate such courage can be appreciated while supported to distinguish acceptable and necessary acts of daring (e.g. working on a job that has hazardous conditions to earn the income that will help him support his family) from acts of recklessness (e.g. drinking and driving).
- Male heroism. Men look for and learn from their heroes, who represent a broad spectrum, from some of the great figures in history, to sports stars, to everyday decent men. Health practitioners can promote heroic role models who can demonstrate, by example, healthy patterns of being male.

CONCLUSION

The COVID-19 pandemic, which has taken a disproportionately heavy toll on men's lives, will hopefully mark a turning point in public health. As health systems strive to build back better, they have a new opportunity to ensure that full account is taken of sex and gender, as well as other key social determinants of health, to ensure that no one is left behind.

For men, this would mean being treated sympathetically and empathetically rather than being blamed for their poor health. There will be a better understanding of the realities of men's lives, including the constrained gender roles they are expected to follow and the impact of work that is sometimes hazardous and often involves long hours.

Men's health needs will be researched and analysed and policies developed that take them fully into account with a particular focus on men in the most vulnerable and disadvantaged groups. Funds will be invested in new programmes and projects that deliver the kinds of services they find accessible and feel more comfortable using and which they have been involved in designing. A sustained effort will be made to engage boys and young men to ensure that they grow up better informed about health and how to use services.

Policymakers and service providers who want to ensure better health for all now have the evidence that shows the systematic action that is required to achieve this vision.

If not now, when?

FURTHER INFORMATION

There is an online database that links to the evidence that underpins this report. It can be accessed here: mengage.org.au/gamh-database

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