



GLOBAL ACTION ON  
MEN'S HEALTH

# MEN & SELF CARE

## A Critical Gap in Health Policy & Practice



A GAMH POLICY REPORT

## Executive Summary

Men's self-care is a critical yet underdeveloped dimension of global and national health policy. Men experience poorer health outcomes, including lower life expectancy and higher rates of many preventable diseases, than women. These disparities are closely linked to weaker engagement in self-care practices, including lower use of preventive services, delayed help-seeking, poorer symptom recognition and suboptimal management of chronic conditions.

Despite the importance of self-care to men's health outcomes, health policy, including WHO's guidelines on self-care interventions for health and well-being as well as national health policies that include self-care, are currently insufficiently focused on men.

This report argues that improving men's self-care is essential to achieving stronger, more equitable, and more sustainable health systems and environments. It presents a comprehensive, evidence-informed framework for policymakers at global and national levels, combining structural reform, behavioural insight and service redesign.

Six priority policy areas are identified:

- **Embedding men in health policy frameworks**
- **Strengthening regulation of health risks**
- **Improving access to male-responsive services**
- **Enhancing health literacy**
- **Investing in workforce training**
- **Accelerating research**

These actions are mutually reinforcing and require coordinated, multi-sectoral implementation.

**The report concludes that advancing men's self-care is not simply a matter of individual responsibility but primarily a systemic public health priority with significant implications for economic productivity, health system sustainability and personal and social wellbeing. Better self-care for men would represent a key step towards the achievement of universal health coverage and better health for all.**



## Introduction

Men's health is unnecessarily poor. Male life expectancy at birth is 71.5 years, five years behind female life expectancy, according to global data for 2023.<sup>1</sup> Male life expectancy varies significantly between countries, ranging from 78.5 years in high-income countries to 62 years in sub-Saharan Africa. There are also stark differences within countries linked to race, income and other dimensions of disadvantage. United States' data for 2022 shows that Hispanic men could expect to live for 77 years, White men for 75 years, Black men for 69 years and American Indian/Alaska Native men for 64.5 years.<sup>2</sup>

Men face a higher disease burden than women across most of the top 20 causes, including cardiovascular and liver diseases, and road traffic accidents.<sup>3</sup> Men are also more likely than women to develop cancer<sup>4</sup> and to die as a result of suicide.<sup>5</sup>

These outcomes are bad for men and bad for their families, communities, workplaces and national economies. Men in poor health can create a care burden for partners and children as well reduced household incomes. They may be less able to participate in neighbourhood activities, such as volunteering, and be less productive at or absent from work. Their need for care and treatment, coupled to reduced tax contributions and increased welfare needs, is a significant strain on public finances. It has been estimated that almost USD 380 billion could have been saved across six high-income countries in 2023 alone if the five leading causes of preventable premature deaths in men had been avoided.<sup>6</sup>

Men's health presents a problem characterized by scale, severity and complexity. It is, for all these reasons, a significant public health issue that requires a strategic and systematic public health response.

This report looks at one important area of men's health where such an approach is clearly required – self-care. It builds on a previous GAMH report, *Who Self-Cares Wins: A global perspective on men and self-care* (2019),<sup>7</sup> by including new evidence and by taking account of recent developments in the men's health policy field. It concludes by setting out a set of practical policy recommendations that would result in major improvements in men's health outcomes.

Given the extreme pressures currently facing health systems worldwide, in large part generated by the rising epidemic of preventable 'lifestyle' diseases, a fresh look at the issue of self-care is particularly timely.

### Men's health and women's health

In this report, we compare men's health with women's health in several places. This is to highlight where men's outcomes are suboptimal and should not be taken to imply that women's health is not also in need of greater attention. GAMH considers that a gender-responsive approach is needed to improve the health of both men and women and that a binary – either/or – approach is neither necessary nor helpful. We also believe that better men's health would be good for everyone: partners and families, communities, workplaces, health systems and wider society. In this report, we use the term 'men' to include all those who identify as male.

# Self-care and men

The World Health Organization (WHO) defines self-care as ‘the ability of individuals, families and communities to promote health, prevent disease, maintain health and cope with illness and disability with or without the support of a health worker. This includes health promotion, disease prevention and control, self-medication, giving care to dependent people, seeking hospital, specialist or primary care when needed, and rehabilitation, including palliative care.’<sup>8</sup>

The Global Self-Care Federation (GSCF) suggests that self-care involves six factors:<sup>9</sup>

- **Making healthy lifestyle choices**
- **Avoiding unhealthy lifestyle habits**
- **Making responsible use of prescription and non-prescription medicines**
- **Self-recognition of symptoms**
- **Self-monitoring**
- **Self-management**

Many men are not scoring well in respect of all six of these factors. They are more likely than women to smoke or drink alcohol heavily, for example, be less aware of ‘red flag’ symptoms of serious disease and be less likely to check their blood pressure or weight. Men generally also seek medical help later rather than sooner and are less likely than women to seek health information or feel confident to self-care.<sup>10</sup>

## Men and self-care: key facts

**Healthy lifestyle choices.** Men are much less likely than women to consume fruit and vegetables<sup>11</sup> but more likely to eat meat<sup>12</sup> and have a high salt intake.<sup>13</sup>

**Unhealthy lifestyle habits.** Over half (52%) of males globally drink alcohol compared to about a third (36%) of females and men are over twice as likely to be heavy episodic drinkers.<sup>14</sup> WHO predicts that about five times as many 15+ year old males will be using tobacco in 2030 compared to females (31% v 6%).<sup>15</sup>

**Use of medicines.** While men generally appear more likely than women to follow professional advice about taking medicines,<sup>16</sup> there is a significant illegal trade in erectile dysfunction (ED) drugs.<sup>17</sup> These drugs may be unsafe and the men who use them are not being screened for potential underlying causes of their ED (eg. undiagnosed cardiovascular disease). There are also growing concerns about the promotion of muscle-building and hair loss products by influencers and through gym-related online forums that exploit men’s body image anxieties.<sup>18</sup>

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**Symptom recognition.** Men are less likely than women to be aware of common cancer symptoms. They are 60% less likely to recognise the potential significance of a change in the appearance of a mole.<sup>19</sup>

**Self-monitoring.** Overweight and obese men are less likely to have an accurate perception of their own weight than women.<sup>20</sup> Very significant numbers of men have undiagnosed hypertension with men more likely to be undiagnosed in most age-groups. One study found that 66% of males and 26% of females aged 16 to 24 years, and 55% of males and 44% of females aged 25 to 34 years had undiagnosed hypertension.<sup>21</sup>

**Self-management.** Men with multiple chronic diseases are more likely than women to have lower levels of health literacy, be more reluctant to get involved with patient support groups, have limited contact with health professionals, have lower adherence to treatment plans, be less focused on preventive actions and wait longer before seeking medical help.<sup>22</sup>

## The drivers of poor self-care in men

Men's poor self-care is rooted in a range of social, behavioural and systemic factors. The key drivers are male gender norms that encourage risk-tasking and help-avoidance, a lack of a policy focus on men, health services that are designed without men in mind, the absence of men's health from training programmes for professionals and limited research into how to deliver effective health promotion to men.

### Male gender norms

Traditional gender norms encourage men to appear to be strong, competitive, in control, and powerful.<sup>23</sup> These 'cultural scripts', which remain prevalent globally and which are now being explicitly encouraged in the so-called 'manosphere', valorize toughness and risk-taking and belittle vulnerability, uncertainty, tenderness and help-seeking. Conformity to male gender norms is associated with lower health literacy and poorer use of health services.<sup>24</sup>

### The policy response

Men's needs are inadequately reflected in global policies on cancer, mental health, sexual and reproductive health, and primary care.<sup>25,26,27,28</sup> The same is true for self-care policy. The recommendations in the WHO guidelines on Self-Care Interventions for Health and Well-being,<sup>29</sup> a critically-important tool for policymakers globally, are overwhelmingly women-centred (but are limited in scope for women too), and omit entire areas of men's health (including mental health, male infertility, male cancers, sexual dysfunctions and cardiovascular disease). Men are mentioned only in the context of HIV and condom use.<sup>30</sup> The words 'men', 'man', 'male' and 'men's' appear a total of 37 times in the guidelines while the equivalent words for women appear 170 times, almost five times more often.

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At the national level, while policies can include and promote self-care as part of public health, they rarely recognise issues specific to men. Even national policies or strategies dedicated to men's health, where they exist, often do not explicitly identify self-care as an issue to be addressed.

## Health service access

Men's access to primary care services – a critical setting through which to advance self-care - remains sub-optimal. Data for 27 European Union countries shows that, in 2019, men were less likely to have seen a specialist medical practitioner (13% less likely than women), to have seen a general medical practitioner (by 8%) or to have seen a dentist (by 6%) in the last 12 months.<sup>31</sup> The 'access gap' is particularly large for men of working age. Although men's use of services in lower-income settings has been less researched, there is evidence of similar barriers, albeit within an overarching context of services often being severely under-resourced and overstretched for everyone.<sup>32</sup>

A systematic review of the international literature identified access barriers for men related to four main areas: individual; health system; structural, and cultural.<sup>33</sup> The barriers include male gender norms and poor health literacy, inconvenient opening hours and practitioner unavailability, language barriers and discrimination. The perception that health services have not been designed with men in mind is reinforced by the frequent lack of male-targeted health promotion materials in health facility waiting rooms.<sup>34</sup>

## Professional training

Clinical conditions like prostate cancer aside, men's health is not part of the mainstream curriculum in pre- or post-qualification training for health professionals. The majority of doctors, nurses and others work without an evidence-based understanding of how to practice gender-responsive healthcare.<sup>35</sup> This knowledge gap means that barriers to men's access remain in place and that men who do see a practitioner may find the consultation unsatisfactory. This is especially important in primary care because of its role as the entry and referral point into the broader healthcare system.

## Research

Medical research has focused disproportionately on men but there is a marked lack of research on the steps needed to keep men healthy and how to enable early diagnosis of their health problems.<sup>36</sup> There are just a handful of men's health research institutes around the world and, while their (and others') work has provided a robust evidence base for more effective work on men's health, serious gaps remain. Also, most of the research has taken place in high-income English-speaking countries meaning that far too little is known about how to improve men's health in other settings, not least in low-income countries where men's health is poorest.



## The policy solutions

Better men's self-care would be good for men and for societies. Healthier lifestyles, greater self-recognition of symptoms and self-monitoring as well as better self-management of health problems, including more responsible medicine use, would improve men's health outcomes significantly. There could be a particular impact on men in the Global South where, for many, access to health services can be very limited.<sup>37</sup> The financial saving to health systems as a result of better self-care by men would also be substantial.<sup>38</sup>

### GAMH's recommendations for action:

#### 1. Embed men in health policy

A system-wide policy response to men's health is an essential starting-point. In particular, national men's health policies – as well as regional and local policies – can help to focus political, professional and public attention on the issues, unlock funding and act as a catalyst for research and practical action.<sup>39</sup> The National Men's Health Strategy for England, published in 2025, includes a focus on supporting individual behaviours and improving men's access to healthcare services.<sup>40</sup> Importantly, these issues are addressed structurally rather than in terms of simply exhorting men to change their lifestyles.

Nine countries currently have national men's health policies with a tenth, for Canada, expected in late-2026. There is also a regional policy for Europe, published by WHO Europe in 2018. More such policies are required. Existing health policies that focus on men's health should also be updated to include explicit attention to improving men's self-care. It is also vital that policies with a self-care focus, including future WHO guidelines, take proper account of gender so that the needs of both men and women are addressed. In fact, all health policy should be men's health 'proofed' to make sure that men's issues, including self-care, are included.

Health policies addressing men's health must have a strong equity and intersectional focus to ensure that those groups with the worst outcomes are identified and then targeted with greater intensity. Policies should also take account of the knowledge and expertise of civil society organisations working on men's health and wellbeing. These are likely to have a level of insight and practice experience in working with men that will be invaluable to both policy development and policy implementation.

#### 2. Regulatory action

There have been dramatic falls in male tobacco use in many countries over the past 30 years. This is partly due to greater awareness of the health risks of smoking, but a primary driver has been much stronger tobacco control through taxation, advertising and sponsorship bans, restrictions on where smoking is permitted in indoor spaces, health warnings on products and support for

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smoking cessation. These measures are population-wide and gender-neutral but, because men are significantly more likely to smoke, men have disproportionately benefited from this.

While more needs to be done to reduce tobacco use in both men and women (eg. by steadily raising the age of sale for tobacco products), the positive role of regulation is very clear. Similar action is now needed to address hazardous levels of alcohol consumption and gambling and to drive down unhealthy levels of salt and sugar consumption, all areas where men are at risk. One study of the impact of minimum unit pricing for alcohol found that, over a 32-month period, male deaths and hospitalisations wholly attributable to alcohol fell by 15% and 6% respectively (the equivalent rates for females were 6% and 3%).<sup>41</sup>

The digital marketing of health-related products and the growing prevalence of inaccurate or misleading health advice and information, including on AI platforms, is an emerging area of concern and for potential global regulation.<sup>42</sup>

## 3. Improve access to services

Action to improve men's use of primary care services must be central to any effort to improve men's self-care. Evidence-based strategies that could help to tackle these barriers include male-specific clinics, offering services at convenient times (fitting around full-time work, for example), going to where men are (eg. workplaces, sports venues, faith organisations, barbershops) and training clinicians to recognise and respond to male-specific presentation.<sup>43</sup> Digital programmes, if evidence-based and properly regulated, may also help to engage men.

Community pharmacies have a particular role in supporting men's self-care both through advice and information from the pharmacy team and the provision of over-the-counter (OTC) products. Historically, men have used pharmacies sub-optimally but this is now beginning to be addressed by the profession with the International Pharmaceutical Federation (FIP) leading a new initiative to change both policy and practice.<sup>44</sup> This has the potential to make pharmacies 'male-friendly' spaces with, for example, greater availability of men's health information, better use of private consultation rooms, and offers of free blood pressure and other health checks.

## 4. Address health literacy

Men who are more health literate are more likely to take action to improve their health, be aware of potentially concerning symptoms, use health products responsibly and access services more effectively, including screening. Health promotion programmes can learn from commercial organisations about marketing information and services to men more effectively. (It is instructive to note that Coke Zero was created as a brand for males who wanted a no-calorie soda drink that was not Diet Coke, a product targeted primarily at females.)<sup>45</sup> Male-targeted information also needs to be tailored to sub-groups of men, particularly those facing greater disadvantage, such as low-income men or men from ethnic or racial minorities.<sup>46</sup>

Targeting men who are new fathers around issues such as smoking, alcohol and physical activity could also be productive as can initiatives delivered in 'male-friendly' community venues and using lay language. Celebrities may also have a role in increasing men's awareness of health issues and reducing stigma: when the British Olympic cyclist Sir Chris Hoy announced he had

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been diagnosed with advanced prostate cancer, there was an immediate seven-fold increase in enquiries to the UK's National Health Service (NHS) website page on prostate cancer symptoms.<sup>47</sup>

Engaging with boys and young men – in education, youth work, sports or other settings – is crucial, especially at a time when they are at risk from a constant stream of often false and misleading online content about health, sex and relationships.<sup>48</sup> Boys and young men can be supported to reflect on gender norms that are harmful to their health and that of others, as well as given accessible information about a range of relevant issues such as sexual and mental health.

## 5. Improve professional training

Health and related professionals cannot be expected to take action on men's health without appropriate training, guidance and support. Small-scale pockets of mostly post-qualification training are currently available but this is far from sufficient. One early lesson from Brazil's men's health policy was that professional training is essential. A review of the policy recommended: 'Implement training, trainings and more trainings for healthcare managers and professionals.'<sup>49</sup>

Ireland's successful ENGAGE men's health training programme has been found to improve service providers' capacity to engage and work with men and made a positive and sustained impact on attendees' professional practice.<sup>50</sup> It provides a model that could be adapted for use in other countries. Practitioners should also be able to access technical guidance on working with men which includes case-studies of well-evaluated and effective projects and programmes.

## 6. Accelerate research

Research by academics with specific expertise in the men's health field must be accelerated with the support of higher levels of public and private funding. The new Men's Health Academic Network in England, established by the Department of Health and Social Care to bring together researchers and practitioners to strengthen the evidence-base in this area and support the delivery of England's national Men's Health Strategy, is a model that could be replicated in other settings. Health research generally should take better account of sex and gender.

There are two areas of particular relevance to self-care where more research is needed: how men's health literacy and their access to primary care health services can be improved. A better understanding of how to engage with men, especially young men, about gender norms – to develop what has been called 'healthy masculinities' – is also required.

# Conclusion

Improving men's self-care will lead to better health outcomes for men and would positively impact families, communities and society generally. Tackling the barriers to men's self-care – including gender norms, a policy vacuum and sub-optimal use of health services – requires a systematic and sustained public health approach. This response must embrace policy change,

tougher regulation of tobacco and other harmful products, improved access to primary care (including community pharmacies), action to improve men's health literacy, professional training and an intensified research effort.

As health services become increasingly overstretched as a result of ageing populations, the growing prevalence of chronic diseases, cuts in funding and workforce shortages, improving men's self-care must be an essential part of the response and a key step towards the achievement of universal health coverage and better health for all.

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## **MEN & SELF-CARE: A Critical Gap in Health Policy & Practice**

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# **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 global advocacy network. Its 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.

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