

Men and Masculinities in Health: Norms, Help-Seeking, and Interventions

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ABSTRACT

Masculinities exert a profound influence on men's health behaviors, health literacy, help-seeking, and engagement with healthcare services. This review examines the relationship between masculine norms and health outcomes by synthesizing theoretical perspectives, empirical evidence, and intervention strategies across diverse cultural and healthcare settings. It explores key concepts, including masculinity, hegemonic masculinity, multiple masculinities, health literacy, and help-seeking, highlighting how socially constructed gender norms shape attitudes toward risk-taking, preventive care, and the utilization of health services. The review demonstrates that adherence to traditional masculine ideals such as self-reliance, emotional restraint, toughness, and stoicism often discourages timely help-seeking, contributes to unhealthy behaviors, and increases vulnerability to preventable morbidity and mortality. Conversely, supportive social networks, gender-sensitive communication, peer engagement, accessible health services, and positive reframing of help-seeking can enhance men's willingness to seek care. The paper further reviews community-based, healthcare system, and policy-level interventions designed to challenge restrictive masculine norms and promote gender-transformative approaches to health promotion. It also discusses methodological considerations for evaluating masculinity-related health interventions and presents evidence from mental health, reproductive and sexual health, and chronic illness management across different contexts. Finally, the review identifies significant knowledge gaps, particularly the limited evidence from low- and middle-income countries and the need for culturally responsive research addressing diverse health conditions. Strengthening gender-sensitive policies, expanding health literacy, and promoting inclusive models of masculinity are essential for improving men's health outcomes and reducing health inequities globally.

Keywords: Masculinities, Men's Health, Help-Seeking Behavior, Health Literacy and Gender-Transformative Interventions.

INTRODUCTION

Core arguments outline how masculine norms affect health behaviours, outcomes, and service engagement; theoretical claims map onto evidence [1]. Key concepts are defined: masculinity, hegemonic masculinity, multiple masculinities, health literacy, help-seeking. Scope is clarified: norms, behaviours, help-seeking, and interventions across diverse populations and settings [2]. Among the multiple constructs connected to men, masculinities stand out as they shape health behaviours, outcomes, and service engagement. These psychosocial and sociocultural norms include expectations regarding physical, sexual, and emotional health, body image, and care-seeking; they connect with concepts such as agency, vulnerability, and risk-taking [3]. Men consume less health information and obtain less functional health literacy than women, limiting their ability to stay healthy and avoid risk behaviour. Gender is a central dimension of the determinants of health information-seeking behaviour, and multiple masculinities the existence of dominant, subordinate, and marginalised masculinities play a crucial role [4]. Community definitions of masculinity inform health issues, risk behaviours, and the understanding and engagement of health services. Multiple masculinities coexist, and men individually internalise these normative definitions in different configurations. Changes in dominant forms of masculinity also influence health and health behaviour access [5]. These variables exist within a complex, dynamic system where sociocultural stratifiers intervene and connect men's health and masculinity within broader life settings. Normative models increasingly

stress men's agency as both a barrier and facilitator of health behaviour engagement, reconciling a health framework and a masculine-based theoretical scope with the notion of agency [1, 2]. A public health perspective highlights the consequences of adherence to norms around masculinity, regulating behaviours and practices with implications for individual and community health [1]. Pursuing high-risk behaviours related to sport, substance use, or sexual activity remains an integral part of many men's lives [2]. Questions about help-seeking illuminate normative dimensions of masculinity throughout men's lives under different configurations of risk and vulnerability, tracing health behaviours linked to a patriarchal public health perspective [3]. Attention has turned to behaviours among men associated with minimal health risk, influenced instead by the perceived effects of masculinity on men's health across diverse communities [4].

Theoretical Foundations of Masculinities in Health

Despite the widely recognized impact of socio-cultural norms on health behaviors, the general conceptualization of masculinity remains weak and continues to complicate the understanding of men's health issues [1]. Psycho-social frameworks describe masculinity as a set of internalized norms, as active representations which men enact in particular situations and as identity-related references that evoke different interests in various cultural contexts [5]. The sociological tradition defines masculinity in relation to social structures and gender-related power, enunciates the concept of hegemonic masculinity, stresses the plurality of masculinities and points to the subsistence of masculine norms in the female sector [6]. Public health approaches characterize masculinity as a set of rigid behavioral norms followed and ascribed to boys in early adolescence, which complicate the widely acknowledged association between systematic sex-disaggregated data collection and the health of men and boys [3]. These conflicting approaches hinder the theorizing of how socio-cultural norms shape men's help-seeking and the diffusion of convincing evidence supporting this connection [7]. Two competing paradigms appear nevertheless. The first model links masculinity to health generally and risk exposure in particular, describing how agency and stigma intervene [8]. The second considers masculinity as a shared blueprint through which various health-related socio-cultural norms reverberate, framing health decisions exclusively through masculine aesthetics [9].

Conceptualizations of Masculinity

Conceptualizations of masculinity apply within public health to understand links between sociocultural norms and health actions and experiences [10]. Societal expectations regarding what it means to be a man shape engagement in specific health protective and risk-taking behaviours, with persuasive influences playing out through peer group socialization, social media, and advertising [11]. Harms related to excessive alcohol consumption, substance abuse, and risk finance are associated with patterns of heavy drinking and gambling among young men who seek to reinforce masculine identities and assert agency in a favourably viewed manner [12]. Formal education and health literacy tools play critical roles in enabling individuals to access, navigate, interpret, and apply services, ultimately supporting healthy lifestyles, positive long-term outcomes, and the ability to handle ill health [13]. However, gaps in health literacy often prevail; 22% of young Swedes report low competence regarding the personal use and expectations of the healthcare system, which holds significant implications for those exposed to risk factors [4]. The framing of health services as adult-focused leads to reluctance in seeking support regarding acute psychosocial problems often experienced during girl-boy transition, remaining true across diverse contexts [1].

Socio-Cultural Norms and Health Behaviors

Socio-cultural norms about masculinity have pervasive impacts on health behaviors, risk factors, and help-seeking among men worldwide [2]. Theoretical accounts differ on how masculinity translates into health-specific behaviors, and the dominant explanatory mechanisms remain contested [3]. Psycho-social theories posit that adherences to male-specific norms shape health-related knowledge, attitudes, and practices [1]. By contrast, public-health perspectives focus on engagement with stigmatizing services, predicting that high masculine norms inhibit access to care, contraceptives, and other preventive services [3]. Sociological paradigms interlink structural social dynamics and the construction of gendered identities. They argue that socio-cultural templates channel individuals toward particular configurations of normative masculine ideals within local peer groups; adhering to those specifications then influences relevant health practices and help-seeking behaviors [4]. Health issues typically arise at the nexus of determinants spanning multiple interacting levels, so intervening at only one such as the individual configuration of masculine norms may undercut prospective change. Nevertheless, the rhetoric of socio-cultural influences remains pivotal [5]. To help men negotiate multiple competing demands without undermining adherence to masculine ideals, sex-specific services are needed to enlarge the menu of acceptable ways of being a man. Expanding the range of cultural constructions circulating within local peer groups generates opportunities for experimentation through which identities can be adapted [6].

Help-Seeking and Health Service Utilization

Men frequently face obstacles in seeking assistance for physical and mental health issues and engaging with health services. Barriers among men include the following: [1] stigma attached to help-seeking, [2] adherence to norms

of masculinity that discourage help-seeking or identification of problems, [3] distrust of the healthcare system, [4] physical and financial accessibility, and (5) negative prior experiences with health programs or services [1]. Facilitators of help-seeking and service engagement among men include: [1] working with male residents during outreach; [2] use of a common language and gender-sensitive communication; [3] health providers perceived as trustworthy, supportive, and non-judgmental; [4] accessibility (proximity, hours) convenient to men's time constraints; [5] peer support and co-design of interventions; [6] positive framing of care as supportive rather than evaluative; [7] a coherent narrative of care rather than a fragmented approach; [8] integrated or holistic care to address multiple health problems; [9] opening discussions about male-related health needs generally; and [10] a sustained multi-media campaign that normalizes men's health as a community issue.

Barriers to Help-Seeking among Men

Barriers to help-seeking among men have been widely documented. Stigma associated with certain health issues and traditional masculine ideals such as self-sufficiency, emotional stoicism, and rationality act as major disincentives [5]. Help-seeking is perceived as a sign of weakness and vulnerability; not requesting assistance is seen as a demonstration of strength and adherence to masculine norms [6]. Distrust of service providers based on negative prior interactions and the belief that professionals do not understand men's needs constructs additional barriers [7]. Other impediments include the non-availability or inconvenience of appropriate services and prior negative experiences which create an aversion to seeking subsequent support [8].

Facilitators of Help-Seeking and Engagement with Care

Men display reluctance to seek help for health concerns, influenced by hegemonic norms of masculinity that promote self-reliance, self-control, toughness, concealment of feelings, denial of physical weakness, and avoidance of help-seeking [9]. People close to men, including family, friends, partners, and medical professionals, endorse help-seeking as beneficial for maintaining well-being, role performance, functioning, health, and life span. Contradictory messages regarding help-seeking emerge when men note observing other men engaged in help-avoiding behaviours, particularly on the job or for ailments perceived as serious [10]. Witnessing such behaviours downplays the value of seeking medical services, as men strive for normality to preserve masculine identity [1]. Imperatives of masculinity affect the health topics men engage about with peers; for instance, financial stability a major stressor for men is rarely probed in a men's mental health workshop [11]. Strengthening good financial management is perceived as önemli yet inadequately acknowledged [7]. Masculinity norms actively govern expected actions when depression symptoms emerge, influencing the decision of whether to seek help. Traditional masculinity upholds self-reliance, autonomy, emotional restraint, and control, framing the pursuit of professional assistance as relinquishment of influence and exposure to vulnerability [12]. Depression directly contradicts prevailing masculine attributes; the condition signifies loss of control, dominance, and strength [2].

Interventions and Programs Addressing Masculinities in Health

The following community-, healthcare-system and policy-level interventions address the influence of masculinities on men's health and help-seeking [13]. Community-based programs focus on changing men's health-related behaviors through peer-led workshops or social marketing campaigns that model positive masculinity, increase awareness of normative gender standards, or aim to change attitudes and uptake of health services [1]. Interventions targeting the healthcare system emphasize training healthcare providers to promote help-seeking and designing male-friendly services and outreach strategies [2]. Policy and structural actions include funding models that ensure equitable access to health services responsive to different populations, equity-focused national and local public policies, and accountability mechanisms for public and private healthcare systems to ensure gender-responsive services [3]. Community-based interventions addressing masculinities are mainly implemented by civil society organizations and often adopt peer-led approaches, either through self-founded organizations or as the voluntary component of governmental activities. These programs are categorized based on the type of intervention: [1] peer-led group workshops or talks; [2] media campaigns targeting men; [3] normative-change approaches to awareness and attitudes toward health, masculinity, and help-seeking; and [4] co-designing campaign messages with the target population. Peer-led group interventions are one of the most widely reported programs focusing on masculinities and men's health [5]. Typically lasting from a few hours to several weeks, they engage group dynamics, narrative sharing, invited expert presentations, and collective discussions. Participants are encouraged to reflect on their health and masculinity, share relevant practices and experiences, and identify barriers to adopting healthier behaviors [6]. Programs specifically address men's and boys' health; sexual and reproductive health; HIV prevention; adolescent health; gender-based violence; and alcohol, tobacco, and substance use [7]. In the health-care system, national health policies determine the design and implementation of interventions, which are generally financed through state health budgets. Demographic trends such as the increasing male share of health service utilization and low uptake of certain services by young men have motivated adaptations to the health-care system [8]. Important measures include training health-care providers to apply gender-sensitive communication and developing gender-broad approaches that widen service portfolios while remaining sensitive to masculinities [9]. Two additional initiatives involve outreach strategies

designed to expand awareness of existing services among men and the establishment of care pathways integrated across multiple health conditions targeting frequent co-morbidities observed within specific populations [10].

Community-Based Interventions

Community-based approaches often rely on peers as facilitators and encourage discussion of masculine norms and their effects on health [11]. Interventions include peer-led, educational, and support interventions; media campaigns using narrative and participatory methods; collective norm-change approaches; and the co-design of initiatives with men from diverse backgrounds [8, 12]. Peer-led, community-based initiatives focused on men's health equip participants with information and skills to challenge restrictive masculine norms and adopt healthier behaviors [13]. Sessions centre on identifying individual priorities and personal and societal barriers to progress; exploring choices, values, and self-regulation; and developing and testing strategies to meet goals. These approaches help men with substance use, sexual health, prostate cancer, obesity, gender-based violence, and family responsibilities [1]. Educational approaches include community-led workshops that inspire collective reflection and learning about the role of masculinities in health [2]. An initiative with equity-seeking groups in Canada tackles hypermasculinity, violence, and harassment in schools through participatory theatre [3]. Educational initiatives can be combined with existing health promotion programs targeting themes such as diabetes, smoking, and mental health [4]. Media campaigns use storytelling, humour, and multiple platforms to reach diverse audiences. Participatory methods engage men in co-creating materials, notably in topics related to father involvement and men's health in countries such as Brazil, Pakistan, and South Africa. Campaigns aiming to reshape collective norms feature content about the positive influence of fathers or men who care about their health as fathers [5].

Healthcare System Interventions

Across settings, prospective community-based initiatives that focus on information, education, communication, and skills training can raise awareness about masculinity norms, negative influences on health, and strategies for change [6]. Such initiatives improve health information-seeking behavior by stimulating interest in health education among men, fostering an exploration of diverse masculinities, and offering examples of healthy, safe masculine identities [7]. Community-based programs addressing masculinity-related norms not only build knowledge about health and health services, but also strengthen community networks and social support, both of which enhance perceived availability of health care and increase health service utilization [8]. Healthcare service-delivery systems inherently comprise rules and norms concerning the type, quantity, and quality of services offered [9]. A wide-ranging health-system perspective therefore examines how service norms such as the expectation that patients assume responsibility for their own health coalesce to shape overall help-seeking behavior, service utilization, and treatment adherence [10]. Such approaches have identified specific strategies to engage men as clients and encourage longer-term retention [11]. Given the individualistic gender-related framework underpinning service specifications, service providers remain a critical target for efforts to address masculinities in health-care service delivery, yet comparatively little empirical attention has focused on the dynamics at play within these regulations [9].

Policy and Structural Approaches

Whether interventions and programs addressing men's health through a masculinities lens are implemented at the community or healthcare systems level, policy and structural approaches enhance their potential for impact [1]. First, program funding models that prioritize gender-related issues can motivate organizations to design and deliver interventions tailored to men's health needs [2]. Second, health equity-focused policies encourage stakeholders to consider how programs can mitigate the specific barriers experienced by, and promote the essential health rights of, men and other groups [3]. Third, establishing accountability measures that ensure the integration of a gender-responsive lens into planning, implementation, monitoring, evaluation, and reporting can facilitate the production of clear data on men's health status and programs directly targeting it [4]. These steps not only bolster the actual implementation of interventions addressing the role of masculinities in health among men, but consequently widen the potential scope of programmatic interventions to additional health topics [4].

Measurement and Evaluation

Norms of masculinity have been shown to impact health behaviors, outcomes, and service engagement in men. Despite rapid global political, economic, social and cultural change, the regulatory ideals of hegemonic masculinity remain powerful in the contemporary world, contributing directly and indirectly to elevated risk for premature mortality, morbidity, and disability among men [5]. Health literacy and help-seeking behaviours also vary across different masculinities, which has implications for targeting of gender-sensitive programmes [6]. Contextualising empirical research underpins the definition of masculinity, masculinities, health literacy and help-seeking behaviours a necessary first step for more robust cross-context analysis [7]. Findings consistently confirm that gender norms shape masculine identities; that masculine identities construct beliefs and attitudes toward help-seeking; and that these beliefs and attitudes deter some men from seeking attention or treatment for health needs [8]. Efforts to reframe such attitudes and beliefs, and interventions designed to facilitate such help-seeking,

constitute a diverse set of strategies by which different forms of masculinity are engaged in improving selected health outcomes [9, 10].

Indicators of Masculinity-Related Health Outcomes

Men occupy marginal positions in global health knowledge systems [7]. Compared to women or broader populations, men remain less explicitly or thoroughly addressed across disciplines. This extends to gender studies, public health, and health service development [8]. Where men do figure, attention tends to focus narrowly on masculinity's role in various fields mental health, reproductive and sexual health, in-depth case studies of chronic illness management or across health generally [9]. A similarly restricted scope characterizes help-seeking and service use, norm-oriented interventions, and measurement. The broader context and connection of help-seeking to such themes and mainstream population health discourse becomes obscure [10]. Yet health defined as a fundamental human capability, the conditions enabling its development, and the pursuit of equitable access to varied lives [1] forms the foundation on which all activities build: the absent opposite of the middle term in definitions of masculinity [10]. Circumstances underpin an individual's choice of lives; processes reflect how men construct health and negotiate the resources to support, restore, or recover it [11]. Filling such gaps can foster dialogue across disciplines and enrich collective understandings of masculinity; help-seeking, norms, or health beyond the inadequately explored margins [12].

Methodological Considerations in Evaluation

Men and masculinities in health: norms, help-seeking, and interventions [6]. Hegemonic masculinity shapes men's health behaviors and health service engagement across populations. Aspects of masculinities are associated with specific health beliefs and practices, often negatively influencing men's health [7]. Stigma arises from social norms of masculinity that shape health behaviors and are amplified by limited health literacy. Gender inequalities in health are closely related to the norms of masculinity that shape men's lives [8]. The relevance of understanding masculinities for health and well-being has gained international attention. Unlike women's health, men's health is experiencing profound ripples in Western states. The topic cuts across a diverse array of health issues and remains prominent in local policy agendas [1]. Understanding gender influences on men's health in diverse geographical regions is crucial, particularly among younger generation and among a broader range of health issues [11]. Indicators pertaining to the impact of masculinities on health include help-seeking rates, service engagement, mental health status, stigma, and risk behaviors [9]. Evaluation of interventions addressing masculinities in health draws on a variety of approaches that shape the indicators and intended outcomes for health [10]. Evaluating the outcomes of gender-transformative interventions therefore requires consideration of their scope and study design when assessing their impact on health [11]. The variation in policy models and health system arrangements across geographical regions necessitates consideration of the validity and reliability of proposed engagement measures in different local contexts [12]. Ethical and equity impacts also warrant attention when seeking funding or justification for particular approaches among policy-makers and practitioners [13].

Case Studies Across Contexts

Every context presents unique conditions and challenges associated with masculinities and health [10]. This section provides a selection of case studies illustrating how these factors shape experiences of men's health, the role of normative notions of masculinity in determining health outcomes, and initiatives addressing men's health across diverse settings [11]. The first case study, focused on mental health, looks at how cultural adaptations of evidence-based interventions enhance their relevance and effectiveness for specific populations [12]. The second case study on reproductive and sexual health highlights how these aspects can present barriers to access and seeks to shift perceptions of masculinity within particular cultural settings [13]. The third case study examines chronic illness and preventive care for men living with HIV, where help-seeking and care coordination for co-morbidities were shaped by multiple masculinity narratives and specific chronic-disease models [9].

Mental Health

Men's reluctance and/or inability to seek support for mental health issues appears closely linked to dominant societal constructions of masculinity emphasising self-sufficiency, emotional restriction, and avoidance of vulnerability, conceptualised variously as hegemonic masculinity or the "man box" [12]. Men report lower levels of access to and engagement with treatment compared to women, a tendency exacerbated by additional psychosocial and contextual factors [13]. Some researchers have suggested that social definitions of masculinity may determine men's access to, perception of, and decision to utilise mental health services. Narrowly constructed self-definitions and prevailing societal definitions of masculinity may restrict help-seeking options [1]. Among male students, help-seeking is stigmatised independently from common male-connoting issues such as academic stress and relationship difficulties; indeed friendship disconnection is an additional impediment [3]. Positive male social identity derived from camaraderie, respect, and celebration of achievements allows more freedom to seek support [2]. Other hinderances among men from diverse backgrounds include limited language skills, cultural stigma, fear of mental illness attribution leading to deportation, and orientation to formal services that conflicts with the client-centred holistic practice applied [4].

Reproductive and Sexual Health

Access to sexual and reproductive healthcare is a critical component of men's health and has a direct bearing on the health of women, children, and society at large [1]. Despite their importance, these services are seldom used by men. At the institutional level, services do not cater to needs specific to men and prohibited access to contraceptives and pre-exposure prophylactics remains common, as illustrated by a study in Sweden conducted among healthcare professionals [2]. Men indicate a social price attached to reproductive health service use and help-seeking stigma is linked to a fear of being judged, labelled as a pervert, or thought to be incapable of managing difficulties on one's own. Women's control of contraception further restricts men's possibilities to access services [3]. Cross-national comparative analyses of men's reproductive health subsequently confirm that men's reproductive health-service access is high where societal structures prioritise men's involvement in shared, responsible reproductive choices and decision-making [4]. In reproductive and sexual health, masculinity intersects with four normative expectations: expressivity, relatedness, entitlement, and self-determination [5]. These are positioned along an agency-emotionality dyad and underpin four generalised models of manhood: 'the liberator', 'the emotionally responsive partner', 'the aware partner', and 'the independent [6]'. In a qualitative study conducted in a context of gender norms reinforcing women's control, sedimented-relatedness expectations were associated with sexual health-service non-use [7].

Chronic Illness and Preventive Care

Men frequently value routine preventive care, such as regular physical exams, yet they perceive the need to seek assistance for injury or illness especially in the workplace as profoundly tied to masculinity and masculine identity [4]. They may get hurt on the job, for example, yet avoid care in order to stay on the job; they construe medical treatment as feminine, associated with withdrawal from work and with weakness and vulnerability [5]. Men encounter contradictory messages about medical help: on the one hand, they acknowledge the importance of medical care and receive encouragement from family, employers, and the medical community to seek treatment for injuries; on the other, they perceive medical treatment as incompatible with masculine ideals [6]. Reframing medical care as an enabler of masculine roles and responsibilities an enabler, for instance, of providing for one's family may help to mitigate masculinity-related barriers to seeking help [1]. Patterns of masculine identity have been found to shape adherence to medication regimens, uptake of screening tests, willingness to engage in lifestyle modification, and coordination of care across multiple providers [2]. The potential for stigma attached to chronic illness further complicates disclosure and help-seeking; men from environments where illness threatens social status may conceal symptoms even when they directly affect ability to work and provide for others [13].

Ethical and Equity Considerations

Respecting the autonomy, dignity, and confidentiality of research participants and of service users, in general is a fundamental ethical consideration in the conduct of research, and in the provision of health and social services [4]. Further to this, these activities must adopt a framework of fairness, equity, and non-discrimination for all men, regardless of their socio-economic status, ethnicity, culture, religion or language; geographical context; disability; sexual orientation; mobility; age; and other intersecting characteristics [5]. Consideration of these factors is critical to an understanding of how masculinities, men's health and the construction of gender-responsive services are perceived differently by diverse populations and at different stages of development [9, 4].

Gaps in Knowledge and Future Directions

Men have a crucial role in reducing the burden of disease and mortality. Diverse categories of men, mainly of European descent, have been the focus of studies on how social positions and masculinities affect health, health behavior, and service utilization [5]. One revitalized area of research examines how certain masculinities, especially hegemonic masculinity, act as barriers to help-seeking, health promotion, and service utilization across a range of health concerns [6]. There are still considerable gaps in theoretical development and empirical exploration. Three areas in particular warrant attention. The first gap is the need for more data that document the relationships between different masculinities and a wider range of health concerns, health behaviors, health-service utilization, and health outcomes [7]. Most research focuses on the impact of masculinity on psychological distress, violence, substance abuse, suicide, and sexual and reproductive health [8]. Although many men experience multiple health issues, including tuberculosis, diabetes, chronic obstructive pulmonary disease, cardiovascular disease, falls and fall injuries, general well-being, obesity, oral health, sleep, and stress, the role of masculinities in shaping services engagement for these issues remains largely unexplored [9]. Similarly, relationships between masculinities and care-seeking for injuries, communicable diseases, and preventive health interventions such as vaccination and screening have received limited attention in the literature. Moreover, many men seek help for a wide range of health issues; therefore, more research is needed to understand how different masculinities influence engagement with diverse health concerns, especially within countries with high economic growth and health service accessibility [9]. A second gap concerns a lack of documentation exploring the ways in which certain masculinities, in particular hegemonic masculinity, shape health, health service engagement, and health outcomes across different cultural contexts, especially in sub-Saharan Africa, Eastern Europe, and Southern Europe [10].

For instance, evidence suggests that masculine norms associated with stigma, self-reliance, and fear of being viewed negatively perpetuate high rates of HIV risk behavior [11]. Despite the establishment of similar behavioural patterns worldwide, further documentation at different cultural and socio-economic levels would help broaden understanding of the significance of hegemonic masculinity across various settings [12]. Cultural factors play a vital role in shaping behaviour patterns, yet within health and health-service contexts, limited comparative data are available between high-resource and low-resource countries [13]. Health systems rooted in Western paradigms promote the notion that such concepts are not relevant to other regions of the world, thereby perpetuating the absence of valuable insights for many countries engaged in the formulation of sense-making research to address disparities in health and health service access [13].

Conclusion

Masculinities remain a fundamental social determinant of men's health, influencing health behaviors, risk-taking, health literacy, help-seeking, and engagement with healthcare services throughout the life course. The evidence reviewed demonstrates that traditional masculine norms, particularly those emphasizing self-reliance, emotional control, and toughness, frequently discourage preventive healthcare utilization and delay timely intervention, thereby contributing to poorer physical and mental health outcomes. At the same time, masculinities are not fixed or uniform; multiple and context-specific forms of masculinity create opportunities for positive health behaviors when supported by appropriate social, cultural, and institutional environments. The review highlights that effective interventions extend beyond individual behavior change to address the broader social, community, healthcare, and policy contexts that shape masculine identities. Community-based peer interventions, gender-sensitive healthcare services, culturally appropriate communication, and supportive public policies have demonstrated considerable potential in reducing stigma, improving health literacy, and increasing men's engagement with preventive and therapeutic services. These approaches are most effective when they recognize men's diverse experiences and promote healthier, more inclusive expressions of masculinity rather than reinforcing restrictive gender norms. Despite growing scholarship, important gaps remain. Evidence is disproportionately concentrated in high-income countries, while limited research has examined the influence of masculinities on diverse health conditions and healthcare utilization in low- and middle-income settings, particularly in sub-Saharan Africa and other underrepresented regions. Future research should prioritize culturally sensitive, intersectional, and longitudinal studies that examine how masculinities interact with socioeconomic status, ethnicity, age, disability, and other social determinants to influence health outcomes. Developing standardized measures for evaluating masculinity-related interventions will further strengthen the evidence base. Ultimately, advancing men's health requires integrating gender-transformative approaches into public health practice, healthcare delivery, and policy development. Promoting positive masculinities, improving health literacy, reducing stigma, and ensuring equitable access to responsive healthcare services will contribute not only to improved health outcomes for men but also to healthier families, communities, and societies.

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