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Men and Masculinities in Health: Norms, Help-Seeking, and Intervention Evidence

Tarcisius Niwagaba

Humanities Education Kampala International University Uganda

Email: tarcisius.niwagaba@kiu.ac.ug

ABSTRACT

Men's health outcomes and patterns of health service utilization are strongly shaped by social norms related to masculinity. Globally, men are less likely than women to seek preventive care, delay help-seeking even in severe health situations, and experience higher risks of mortality from preventable conditions and suicide. This paper reviews the conceptual foundations, empirical evidence, and intervention strategies related to men and masculinities in health, with particular attention to how gender norms influence help-seeking behavior and engagement with health services. Drawing on theories such as hegemonic masculinity and gender role conflict, the study examines how traits commonly associated with masculinity, including self-reliance, stoicism, emotional restraint, and risk-taking, shape health behaviors and discourage early interaction with health systems. The review synthesizes evidence on barriers to care, including stigma, service inaccessibility, negative past experiences, and social pressures that discourage vulnerability, as well as facilitators such as trusted providers, male-friendly environments, outreach programs, and peer support. It also analyzes intervention approaches targeting men's health across several domains, including health promotion campaigns, primary care engagement strategies, mental health programs, chronic disease management, and suicide prevention initiatives. While emerging evidence suggests that gender-sensitive interventions can improve men's engagement with health services, methodological challenges remain, particularly in the measurement of masculinity norms and help-seeking behaviors across diverse cultural contexts. The paper concludes that integrating masculinity-informed approaches into health policy and programming can improve health outcomes among men and boys while contributing to broader health equity goals.

Keywords: Masculinities, Men's health, Help-seeking behavior, Gender norms, and Health promotion interventions.

INTRODUCTION

Globally, men engage with health systems less frequently than women and often wait longer to seek care, even in difficult situations [1]. The gap broadens further when examining mental health service use, adding to the burden of lower life expectancy and increased suicide risk. Addressing men's overall health and equity offers substantial economic and social advantages [1].

Conceptualizing Masculinities in Health

Masculinities comprise the constellation of norms, practices, and identity considerations attributed to men and boys in a particular sociocultural context [2]. Normative definitions of masculinity shape the behaviors deemed appropriate for health, including the likelihood of engagement with services. However, no measure has

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successfully encapsulated health-related masculinity norms for use across diverse settings of men and boys. The evidence base maps men's service-usage patterns and health-related behaviors, documenting associations with perceived masculinity role expectations [3]. Cultural ideas of masculinity differ across societies and populations, but certain health-related traits recur, including risk-taking, stoicism, self-reliance, and emotional unexpressiveness to a degree that may hinder preventive behavior, diminish the prospect of early diagnosis, and obstruct help-seeking. Men are less likely than women to use primary or preventive care and more likely to experience catastrophic health events that are preventable, detectable, or treatable [4]. Differences in help-seeking patterns by age, ethnicity, sexual orientation, and other factors have been identified, as have barriers (e.g., stigma, masculinity norms, accessibility, discrimination) and facilitators (e.g., trusted providers, male-friendly services, outreach, privacy) of service use [5].

Theoretical Frameworks

Health behavior research has often examined social roles along a single dimension, disentangling the effects of femininity and masculinity on health [1]. An alternative approach emphasizes the multidimensionality of these roles and distinguishes between one's position as a man or woman in relation to social hierarchies. A focus on the social pressure to conform to masculinity helps explain both risk-taking and reluctance to seek help and support across a range of health issues [2]. Hegemonic masculinity describes the culturally exalted version of masculinity, characterized by dominance over others as well as traditionally masculine physical traits, behaviors, and sexual experiences. Hegemonic masculinity is varied, shaped by context and temporal milieu, and emphasizes physical power, heterosexuality, and the performance of toughness, risk-seeking, and control over emotion [3]. Gender role conflict complements hide-and-seek research by highlighting the negative impact of men's performance of "male gender stereotypes related to power, aggression, and independence in heterosexual relationships with women [4]." Although women also engage in the stereotypical traits of their gender, such behaviors have damaging consequences for men's health. Gender role conflict theory posits that men's health behaviors may differ from women's not because health is unmasculine per se, but because of the social consequences of risk-taking, help-seeking, or expressing vulnerability [5]. Helping and care are not inherently feminine; rather, they risk eliciting blame, ridicule, or dares from other men [6].

Norms and Health Behaviors

Men's health and help-seeking behaviors are influenced by norms and expectations of masculinity, such as risk-taking, stoicism, and self-reliance [8]. These norms tend to discourage healthy practices and engagement with primary care, resulting in poorer outcomes and lower utilization of services relative to women. Despite these general tendencies, some health-related norms, such as health consciousness, do support healthy behaviors. Norms influence help-seeking and use of services by men across the life course, and while proxy-based and self-reported sex differences are consistent, there are substantial variations [10]. The discrete norms aligned with masculinity that most adversely influence men's health affect behaviors around smoking, substance misuse, physical activity, and sexual risk-taking [7]. At the same time, however, stigma and perceived weakness related to help-seeking, and greater discomfort with emotional vulnerability, are associated with lower use of health services [3]. The most dominant normative influences on men's health behaviors, and the underlying measurable health behaviors, are often examined using distinct empirical methods; consequently, the connections between norms and behaviors are not always straightforwardly set out [5]. The net effect of these masculinity-related norms is that, although men as a whole are at greater risk of ill health and death than women, they perceive themselves to be healthier than women do, and thus take fewer steps to maintain or improve their health [6]. This drives a pattern of lower engagement with health services, both in terms of utilization and broader program participation, across diverse settings—evidenced across regions by both self-report and health record analyses[7].

Help-seeking Patterns among Men

Health-seeking behavior varies substantially among men, raising questions about who seeks help, what resources they pursue, and what influences their decisions to engage [2]. Men commonly perceive a need for health care yet postpone or avoid care-seeking, motivated chiefly by competing demands [3]. Barriers to seeking include stigma associated with service use, conventional masculinity norms, service inaccessibility, and negative past experiences with health professionals [1]. Conditions affecting decision-making across multiple domains, such as situational unpredictability, institutional degree of control, and availability of resources, can either hinder or facilitate access. Men report several enabling factors: personal ties to providers, availability of male-appropriate services, outreach activities, and other people's support [7]. These facilitators lessen anxiety in decision-making processes and consequently enable or accelerate entry into services.

Barriers to Care

The men's health help-seeking literature emphasizes various categories of care barriers: negative stigma towards health services and help-seeking (often framed as "masculinity norms"), lack of accessibility, negative experiences

with services, and lack of need (or exaggerated self-reliance leading to non-recognition of need) [2]. Some studies demonstrate a direct association between high masculinity stigmas and reduced care-seeking. For certain mental health services, stigma constitutes an overarching barrier. Other studies confirm strong correlations: higher levels of masculinity, part of a profile predicting lower community stigma and stronger endorsement of masculine norms, are associated with reduced psychological distress and increased levels of help-seeking [5]. In a study of illness care among generally healthy men, high masculinity and self-reliance were direct predictors of non-utilization. Outside the mental-health domain, men minimize help-seeking risk, and barriers related to stigma are also particularly relevant for those less likely to consider diagnosis and treatment [6]. As with other categories of services, stigma interacts with other barriers, particularly increasing the impact of accessibility issues. In the context of help-seeking motivations among young men for sexual health issues, the lack of or limited sexual health knowledge, privacy concerns, and the negative feelings associated with being tested are key barriers that shape service utilization [8]. Women's perceived low comfort and embarrassment levels were the two most important reasons for young men not to use sexual health services. Both the gender of health-care providers and the service setting affected young men's willingness to seek sexual health care: younger participants were less inclined to seek testing and treatment from male providers and indicated lower levels of comfort when using sexual health services within a school-based health center [9].

Facilitators and Enabling Factors

Men's health is influenced by a range of facilitating factors that increase accessibility and service utilization. Studies consistently show that men are more likely to seek help from health professionals when they have access to services that are known to be male-friendly, have outreach strategies, or offer services in private settings [4]. The concepts of masculinity, situated learning, and situated cognition are used to categorize successful facilitating factors [6]. Trusted health-care providers who have built rapport and understanding of a client's lifestyle and personal situation can help facilitate men's health-seeking behavior. Such individuals are perceived as caring while also respecting the individual's privacy [3]. Clinicians capable of providing both medical treatment and social support, or referrals to such persons, can foster greater motivation among men to discuss health issues [6]. Availability of male-specific workshops can also encourage men to attend health services, as does companionship by a trusted peer. A further facilitating factor where reliable health information is available involves the provision of male-vocated, culturally sensitive, and professional services that highlight masculinity attributes regarding support provision [8].

Intervention Evidence: Design and Outcomes

Prevention and treatment interventions addressing the health behaviour and service use patterns identified in previous sections were reviewed across five areas. In each case, the design features, outcomes, and factors enabling or constraining success are summarized [1]. Health promotion campaigns have attracted considerable attention. Well-informed media campaigns can raise awareness and stimulate behaviour change among diverse and widely dispersed groups of men, thereby enhancing low participation in other health initiatives [3]. Targeted approaches that avoid reinforcing negative stereotypes and stigma can impact engagement with practices and services that promote health equity 5. Campaigns are often more effective when integrated with ongoing outreach initiatives that facilitate access, model desired help-seeking behaviours, and harness momentum established through media action [2]. Men's health outreach and engagement strategies incorporate a range of service delivery and information-sharing methods to foster initiation and continuity of care. Strategies include primary care provision, supplementary programming, community-based outreach, and mass media, delivered via telephone, in-person, through print material, or online [7]. Interventions targeting a range of men's health risks, behaviours, or conditions enable consideration of platform delivery and modality in relation to both approaches and objectives. Engagement parameters frequently tracked include session completion, service uptake, and materials accessed within a population, programme, or intervention period [8]. Interventions addressing mental health, psychosocial distress, and related issues are increasingly being implemented to help men respond effectively to difficult life events. Diverse modalities are used, including internet-based resources, one-on-one or group programmes, sites for connection, service directories, referral systems, and crisis hotlines for immediate and longer-term concerns [9]. Ongoing user interaction during delivery aids monitoring and adaptation, while session volume, programme completion, crisis handling, and difficulty situation descriptions are common data sources, helping link objectives and programme design. Commonly used outcome measures include self-reported well-being, depression, suicidality, anxiety, stress, emotional regulation, and support [10]. Chronic disease management initiatives focus on men's adherence to treatment, preventive appointments, and self-monitoring of health indicators, while prevention efforts continue to target risk-awareness, behaviour alteration, and early-stage intervention [11]. The specific focus of adherence, early intervention, or risk-reducing behavior directly influences programme channels.

Relevant data reside within medical records, community databases, or client reports, informing modifications and sustaining responsiveness [7].

Suicidality outreach interventions encompass crisis prevention, attempted suicide follow-up, and post-suicide-group provision. Initiatives typically address screening procedures and measurement, accessibility of help-lines, crisis capability qualification, and post-suicidal discussion availability, while varied outcome metrics are applied.

Health Promotion Campaigns

Men and masculinities in health: norms, help-seeking, and intervention evidence [4, 1]. Numerous campaigns targeting healthy eating, exercise, social connection, and substance use reduction have been implemented specifically for men. Two studies investigated the effectiveness of the "HAT TRICK" programme, which endeavours to reframe health promotion as an activity consistent with rather than contrary to masculinity [8]. The programme employs a gender-sensitive methodology in health promotion by, for example, embracing nostalgia for earlier forms of masculinity and desiring associated clothing and outdoor equipment. The HAT TRICK programme proved feasible and appealing to men, who reported enhanced acknowledgement of healthy activities [7]. The Men's Shed initiative provides another example of 'man-friendly' involvement for men from diverse backgrounds experiencing challenges in engaging with the conventional health system 6. Participants access expert information on healthy eating, physical activity, abuse, depression, and otitis media, as well as assistance regarding current veterinary concerns and machinery maintenance [4]. Although health professionals frequently join discussions, these interactions arise more as a consequence of Men's Shed involvement than as a primary objective [8]. The workplace has emerged as a priority focus area for public health efforts to implement effective men-specific health initiatives through both on-site campaigns and labour-based outreach strategies. Evidence indicates that men often thrive through one-on-one peer discussions, corroborating the value of small group settings and co-workers with similar health objectives in fostering engagement. Notably, such encouragement can exhibit higher potency than that supplied by health professionals [7]. Multiple public health organisations around the globe are marketing access to a broader spectrum of men-specific, engaging Men's Shed-type opportunities through media channels targeted at both men and health providers. Meta-analyses demonstrate that men's health initiatives highlight the protective roles of masculinity rather than its detrimental dimensions during risk interactions [4]. Group outreach projects that broach potentially sensitive subjects such as alcohol, drugs, family life, violence, and health issues with consideration of the male perspective have been well-received [6].

Primary Care Engagement and Outreach

The willingness of men to engage with primary care services represents one of the most significant barriers to the attainment of positive health outcomes. Across a wide range of both physical and mental health domains, men are considerably less likely than women to seek assistance from general practitioners [8]. In order to effectively address the factors underlying these patterns, it is essential to implement targeted interventions that consider the health preferences and requirements of men based on their unique sociocultural contexts. Key insights from the existing literature point to a general reluctance among male patients to pursue support from clinicians until they are confronted with a significant health crisis [7]. Mental health concerns, for example, frequently go untreated due in large part to widely held norms surrounding masculinity, which discourage help-seeking even in the presence of debilitating symptoms [9]. When deciding whether or not to consult a medical practitioner, the availability of trusted practitioners and established support networks plays an important role in determining help-seeking trajectories within male populations. The accessibility of routine check-ups and health screenings also has a significant influence on men's likelihood of engaging with health services, particularly at younger ages [5]. Primary care engagement is rarely discussed as a health concern requiring immediate attention among local men unless explicitly raised, impoverishing the content of patient–provider interactions. Although men's help-seeking norms may impede proactive pre-emptive health consultations on the part of non-acutely ill individuals, many are still open to discussing health and well-being more generally [4]. The same observations apply to the substantial numbers of men who may not even possess a regular health practitioner. An effective response must therefore focus on widespread and methodical integration of health and well-being screening activities into all areas of routine health care and community outreach programs in order to foster primary care uptake [3]. The inclusion of these issues in governmental and institutional frameworks aiming to stimulate additional men's health promotion outreach constitutes a highly constructive step toward stimulating more widespread engagement of men with primary health care. Some men remain interested in discussing a broad spectrum of health and well-being topics beyond the ability to conduct a health dialogue with the practitioner during inspections and routine pre-emptive consultations [6]. This perspective can be sufficiently expanded to explicitly include individuals without a designated health practitioner, emphasizing either the the urgent invitation made to several organisations for the connection of individuals with a local generalist able to establish a longer-term relationship, or the coverage of

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outreach programs successfully reaching remote communities or particular population segments lacking independent generalist access after service evaluation indicated a more urgent primary need that precedes retroactive issue introduction[7].

Mental Health Interventions

Despite the traditional view that men are relatively unconcerned about their mental health, results reveal considerable ongoing help-seeking among diverse male groups [6]. Available evidence on mental health interventions for men is therefore reviewed here, concentrating on specific intervention activities. The review integrates findings from disparate studies, including Young Men's Mental Health [9], Mental Health Promotion and Mental Health Services for Young Males, and the Men's Health: Mental Health Promotion for Men and Boys [5]. Interventions promoted via social marketing, peer education, integration into wider health screening processes, and outreach to high-risk and excluded populations constitute much of the work reviewed[4]. While YAMHS is far from exhaustive, evidence adumbrated indicates promising avenues for further research to inform the design of future interventions [7]. The review specifically presents findings concerning modality (e.g., group, individual), outreach, perceived acceptability, dropout, behavioural and outcome measures, and extent of engagement with a series of interventions aimed at improving the mental health of boys and men in the UK [8].

Chronic Disease Management and Prevention

Chronic disease management and prevention interventions tailored for men demonstrate the need for gender-sensitive approaches [7]. The DESMOND trial, which targets newly diagnosed type 2 diabetes, highlights how many successful interventions help men but lack appropriate outreach; similar efforts to support medication adherence, disease self-management, and reduction of costly healthcare visits remain relevant [8]. Male-focused, lay-led self-management education in chronic obstructive pulmonary disease, cardiovascular disease, and diabetes improves health status and reduces hospital admissions, yet participation barriers exacerbated by help-seeking norms and heavy work commitments suggest the added value of programme delivery through already-scheduled professional sport activities [10]. Attention to masculinity in the context of chronic cough and tuberculosis symptoms underscores the persistent need for research on masculinity's impact on health behaviour in high-HIV-prevalence settings where delay contributes to active transmission [11]. Chronic diseases are among the leading causes of morbidities and mortality worldwide [9]. Evidence suggests that tailor-made chronic disease prevention and management interventions can raise awareness and assist behavioural and lifestyle changes among men, which ought to be considered within the context of such a high burden [10].

Suicidality and Crisis Intervention

The evidence base addressing men's suicide and crisis intervention needs is growing, with progress on screening for suicide risk, improving access to care, enhancing crisis response, and reducing suicidal ideation and attempts[3]. Several suicide-prevention initiatives implement routine screening with referral pathways and follow-up care for men identified as at risk [11]. Men exposed to such programmes have been more likely to disclose suicidal thoughts or risk to health-service workers and are less likely to die by suicide. Other work highlights that carefully training non-mental-health specialists, including clergy members and high school teachers, to screen for suicide risk does not adversely affect screening quality or increase the risk of suicide amongst those screened [10]. In the online-offline space, indirectly reaching men most open to help-seeking through male-grooming events, partnering with hairdressers for suicide-prevention discussions, providing chatbots at crisis helplines, or advertising on male-oriented websites can increase access to crisis services without detracting from general public support or discouraging contact by women, while providing emotionally focused ads in combating hate speech reduces suicidal ideation for nonwhite youth [9]. Nevertheless, substantial gaps remain, including disparities in crisis-service provision, assessment of suicidal behaviours, and the broader data-collection framework [12]. Priority steps include longitudinal studies linking patterns of help-seeking for crisis and non-crisis triggers with subsequent suicidal behaviours; evaluation of peer-led, male-friendly self-help groups and crisis services; and assessing mobile applications for men's suicide at the time of life crises that respond to high-suicidal-risk populations [13].

Measurement and Methodology in Masculinity Research

Masculinity research continues to evolve, yet measurement remains a substantial challenge. Various self-report questionnaires assess particular aspects of masculinity and masculinity-related gender norms among diverse populations [6]. Many metrics developed in Western contexts lack cross-cultural validity, and few scales have undergone rigorous psychometric testing [7]. The existing studies applying masculinity-related measures seldom address reliability and consistency analysis. The same measures can elicit different interpretations and survey responses when applied across different cultural and sociocultural contexts [12]. Help-seeking measurement can adopt a wide range of approaches, including self-report questionnaires, administrative data, and triangulated combinations. These tools assess men's intentions, motivations, attitudes, and reported service utilization across

different timelines such as lifetime, past year, past month, past week, and a single occasion [1]. Each approach involves distinct advantages and drawbacks: self-report metrics capture broader dimensions of help-seeking, utilization from auxiliary services or informal supports, and convey fine-grained understanding of sought assistance and care pathways, but are susceptible to bias; administrative datasets cover consultations from formal services with high reliability yet are invariably constrained to a limited list of services; and a combination of techniques permits richer analysis of the help-seeking construct while retaining flexibility in methodology for each method[8].

Metrics of Gender Norms

Four facets of masculinity are correlated with multiple risk behaviors in adolescent men: male peer support for risk-taking, self-reliance, fearlessness, and exaggerated masculinity [8]. These aspects can be combined to create a single masculinity measure that predicts risk behaviors better than the sum of individual components. Support for the involvement of traditional masculinity in the use of nicotine and marijuana is also provided by early work on these data, although peer support for drug use is found to be more important than individual identification with traditional masculinity [9]. The length of stay in psychiatric institutions is found to be longer for male patients with higher masculinity scale scores, while the diagnosis of schizophrenia is inversely related to masculinity. Male patients admitted for depression show lower masculinity scale mean scores than healthy controls [9]. Patterns of help-seeking are more complex, with males seeking help for higher-frequency problems but lesser severity or distress [10]. The level of gender role conflict is an important factor affecting help-seeking intentions. Such helper-interaction processes have rarely been investigated from the male-comfort perspective, and sex dissimilarities in aspect-based preferences for initial-care seekers have not been compared [8].

Assessing Help-seeking and Utilization

Research indicates that men, regardless of age or cultural context, seek health services less frequently compared to women [5]. Men are less likely to visit their general practitioners for small health concerns, consult a specialist when recommended, or utilize preventative services such as screening [6]. Furthermore, studies consistently demonstrate that men are more likely to delay seeking care for severe health conditions or avoid seeking help altogether, even in life-threatening situations. While a quantitative summary may mask contextual differences, these findings resonate with a wealth of qualitative evidence underscoring men's reluctance to seek care and their fear of being perceived as weak [7]. Despite a consistent pattern of lower help-seeking levels, an emerging literature is beginning to paint a more nuanced picture, indicating that men from specific populations and demographic subgroups, such as adolescents, young adults, busy men, men in intimate relationships may take fewer risks, be more receptive to help, and utilize health services more frequently than their peers in other populations [9]. It is crucial to isolate and understand when and under what conditions men seek care, what types of care men seek, and the factors that enable or inhibit such behaviour. These processes represent crucial intervention points for health-promoting activities focused on men [5].

Policy Implications and Implementation Considerations

Increasing attention is directed towards implementing services and health promotion interventions that reflect relevant evidence regarding the health of men and masculinities [10]. Several implications arise at the policy, programming, and implementation levels to promote deeper consideration of men and masculinities as desired, on-time, and preferred entry points to accessing the health spectrum across multiple domains. Masculinities inflect critical health and non-health behaviours across sub-populations of men, encouraging designs that resonate and engage early, pre-emptively, and proactively with those at risk of escalation [9]. Scaling-up approaches encourage deliberate design and implementation of distinctive services, coordination beyond health promotion capabilities, and finally enable amplification through engagement of male-attracted groups and distributed access routes, ensuring coverage of multiple micro-communities are evenly accessed[5]. Fundamental to all material interventions is the continued attention to ongoing measurement of the postulated influence of the material to which a system is exposed; such selection and tracking remain vital to reliably interpreting behavioural uptake and participation signals as well as engaging with the fidelity of exposure received [8]. Health-care systems now recognise the potential to connect with hard-to-access groups to improve service engagement. Health-care services are regularly cited by men seeking assistance. Programmes designed to share consideration with men and masculinities address diverse situations within varying health spectra, yet broader participation tends to surface external to the health sector itself [9]. The pre-existing diversity of topics addressed offers the potential to pre-emptively engage those systems believed to attract the least attention. Once on board, broader issues may subsequently become approachable [7]. Capacity within systems considered as men and masculinities now successfully addresses diverse themes to include I, HIV/AIDS, sexual health, MCH, nutrition, work and occupational health, physical environment, sexuality, etc., whilst the articulation of men and masculinities typically tends not to reprise as exclusive cornerstones of the material itself. Programming positioned at this juncture is

nevertheless able to target directly men and masculinities themes [3]. While barriers to accessing the health sector provide characteristics complementary to those perceived within the male-attracted domain, prior selection of participating systems is critical to ensuring partnership capacities extend beyond the materials of health-care settings and remain central to accessing an adequate range of non-health domains[5]. Agencies heavily servicing the domains associated with health penetrate the highest female-attracted networks; alternative agencies operating amidst categories of low contact with health, and perceived distance from and less compatibility with gender and masculinity itself may consequently secure tangible gains before sufficient engagement deters [2].

Gaps in Evidence and Future Directions

Critical examination of the current evidence highlights important knowledge gaps and ways in which the investigation of men and masculinities in health can move forward [11]. Development of fit-for-purpose measurement tools and indicators that adequately capture masculinity theory and allow for assessments of connections between masculinities, health behaviour, and outcomes is needed [12]. Additional priority areas for the evidence agenda over the next five to ten years are identified: masculinities in relation to health systems strengthening and universal health coverage; masculinities and climate change; men's and boys' experiences of violence as a public health and gender priority; masculinities in the context of sexual and reproductive health; men, masculinities, and the COVID-19 pandemic; and COVID-19 recovery responses, particularly in humanitarian settings [13].

CONCLUSION

Men's health behaviors and engagement with healthcare systems are deeply influenced by socially constructed norms of masculinity. As highlighted throughout this review, expectations surrounding self-reliance, emotional restraint, and risk-taking can discourage men from seeking timely medical assistance, particularly for preventive and mental health services. These norms contribute to patterns of delayed care, lower utilization of health services, and higher rates of preventable illness and mortality among men. Understanding these dynamics is therefore essential for addressing persistent gender disparities in health outcomes. The evidence reviewed demonstrates that help-seeking among men is shaped by a complex interaction of social norms, institutional barriers, and individual experiences. Stigma associated with vulnerability, concerns about appearing weak, negative past encounters with healthcare providers, and limited service accessibility all play important roles in discouraging engagement with health systems. At the same time, enabling factors such as male-friendly services, trusted healthcare professionals, peer support networks, and community outreach initiatives can facilitate more positive health-seeking behaviors. These findings underscore the importance of designing health interventions that acknowledge the social and cultural contexts in which masculinities are constructed and expressed. Intervention studies provide promising insights into strategies for improving men's health engagement. Programs such as gender-sensitive health promotion campaigns, community initiatives like Men's Sheds, workplace-based interventions, and targeted mental health services demonstrate the potential of approaches that align health promotion with aspects of masculine identity rather than challenging it directly. Similarly, efforts to integrate health screening and outreach into community settings, workplaces, and digital platforms can expand access and reduce psychological barriers associated with traditional healthcare environments. In areas such as chronic disease management and suicide prevention, early evidence suggests that tailored interventions can enhance treatment adherence, improve well-being, and reduce health risks among men. Despite these advances, significant challenges remain in the field of masculinity and health research. Measurement tools for assessing masculinity norms and their relationship to health behaviors remain underdeveloped, particularly in non-Western contexts. Many existing scales lack cross-cultural validity, limiting the comparability and generalizability of findings across different populations. Future research should therefore prioritize the development of robust, culturally sensitive measurement frameworks and longitudinal studies capable of capturing the evolving relationship between masculinities, health behaviors, and service utilization. From a policy perspective, incorporating gender-responsive approaches into health systems is crucial. Health services must move beyond one-size-fits-all models and adopt strategies that actively engage men while addressing structural barriers to care. Integrating masculinity-informed perspectives into health promotion, public policy, and community programming can strengthen preventive care, enhance mental health support, and ultimately improve overall health outcomes for men and boys. Continued research, interdisciplinary collaboration, and policy innovation will be essential to advancing a more inclusive and effective approach to men's health within global health systems.

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