The Real Face of Men's Health

2025 REPUBLIC OF IRELAND REPORT

MOVEMBER® INSTITUTE
OF MEN'S HEALTH
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ABOUT MOVEMBER

Twenty-two years ago, a bristly idea was born in Melbourne, Australia, igniting a movement that would transcend borders and change the face of men's health forever. The movement, known as Movember, united people from all walks of life, sparked billions of important conversations, raised vital funds and shattered the silence surrounding men's health issues.

Since 2003, we have challenged the status quo, supported men's health research and transformed the way that health services reach, respond, and retain men in healthcare. We have taken on prostate cancer, testicular cancer, mental health and suicide prevention with unwavering determination. We have raised over €29.7m for men's health in Ireland, thanks to a passionate community of global Movember supporters. These critical funds have contributed to more than 1,300 men's health projects worldwide, including hundreds of advancements in biomedical research and the creation of some of the world's largest prostate cancer registries, built on the real-life experiences of hundreds of thousands of men.

Since taking on mental health and suicide prevention in 2006, Movember has emphasised the importance of better social connections, early recognition of men's mental health challenges, and improving clinician competencies in responding to men in distress. We want to ensure that more men know what to do when mental health challenges arise, and that their supporters are better prepared to step in when needed. Movember will continue championing new research, cutting-edge treatments, and community programmes to promote healthy behaviours in men. We advocate for inclusive healthcare systems that are tailored to the unique needs of men, women, and gender-diverse people from wide-ranging cultural backgrounds. In doing so, we hope to create a future where barriers to healthy living are overcome, stigmas are removed, and everyone has an equal opportunity to live a long, healthy life.

By improving men's health, we can have a profoundly positive impact on women, families, and society. Healthier men mean a healthier world.

To learn more, please visit **Movember.com** or contact **advocacy@movember.com**.

ABOUT THE MOVEMBER INSTITUTE OF MEN'S HEALTH

Building on a legacy of more than 20 years of investment in men's physical and mental health, the Movember Institute of Men's Health has ambitious goals to improve the quality of life for millions of men worldwide.

By uniting global experts in men's health, the Institute aims to accelerate research and translate it into tangible, real-world outcomes. The Institute aims to work with partners in Ireland to raise the profile of men's health with Irish policymakers, ensuring it is prioritised in proportion to its impact on public health. By focusing on critical areas including men's mental health, suicide prevention, prostate and testicular cancers, and healthcare that is responsive to the needs of boys and men, the Institute seeks to address preventable risk factors that contribute to 77% of male deaths and 54% of healthy years of life lost. Through these efforts, the Institute aims to drive sustainable, global progress in men's health.

ABOUT AUTHORS

The Men's Health Forum in Ireland (MHFI) is a local partner and collaborator on this report with Movember. MHFI is led by Colin Fowler the Director of Operations and was established in 1999. MHFI (www.mhfi.org) is an all-island, volunteer-led network, which works collectively to improve the health and wellbeing of men and boys through research, training, advocacy, partnership working and piloting practical health initiatives. Members of the Forum contributed to the development of Ireland's National Men's Health Policy and continue to play a pivotal role in shaping and supporting the implementation of the Healthy Ireland - Men Action Plan. MHFI coordinates and supports a wide range of initiatives, including Men's Health Week, Men's Health in Numbers publications, the Engage, MANifest and CAIRDE training programmes, the production of evidence-based resources and toolkits, running webinars and events, and acting as a resource / information hub for practitioners.

MHFI also work in partnership with co-author, Dr Noel Richardson, Director of the National Centre for Men's Health (NCMH) at South East Technological University (SETU) in Ireland and men's health policy advisor with the HSE for the past twenty years. The NCMH is internationally recognised for its leadership in men's health research, policy, and practice. It has been central to shaping Ireland's approach to men's health most notably through its role in developing the world's first national men's health policy in 2009. Since then, the Centre has continued to inform public discourse, influence national policy, and deliver community-based programmes that promote gender and evidence-informed approaches to improving the health and wellbeing of men and boys. Dr Richardson was co-author of the first European Union Report on Men's Health (2011) and also collaborated on the WHO European Region Men's Health Report and Men's Health Strategy (2018). He has published a broad range of research reports and academic papers in the area of men's health. His research interests include men's health and masculinities; men, mental health and suicide prevention; and health promotion interventions targeted at 'hard to reach' groups of men in community and workplace settings.

Co-author Dr Aisling McGrath is also an academic and accredited Health Promotion Practitioner in the faculty of Health Sciences at South East Technological University. Her work focuses on health inequalities with particular emphasis on men's health and the intersection of masculinities and help-seeking behaviour. Dr McGrath contributes to several research projects that aim to advance a gender-responsive approach to improving men's health outcomes across Ireland, in settings such as Men's Sheds, sports clubs and universities. She has authored numerous reports and peer-reviewed publications in this area.

A NOTE ON STANDING BY OTHERS IN GENDERED CARE

This report focuses on the connections between gender and health. On average, globally, men die younger than women, while women spend a significantly greater proportion of their lives in poor health and with disabilities compared to men. Trans and non-binary people have disproportionately worse health outcomes compared to the general population. None of these outcomes are acceptable.

Throughout this report, we highlight the health inequities faced by men and, through new research, examining the impact of men's poor health on others, including women. We also draw on data that shows health disparities between men and women to paint a clearer picture of men's health and to highlight the economic costs of men's poor health.

However, we do not address the economic costs related to the health of trans and non-binary people, women's health, or the many areas where women's health is underserved, such as the underdiagnosis of coronary heart disease. We acknowledge and support the work of leaders in these fields who have campaigned for decades to raise awareness of gender-based inequities in health and health outcomes. In the same way that the Movember campaign followed the trail-blazing women raising funds for breast cancer care, we follow in the footsteps of, and owe a huge debt to, women and LGBTQ+ people. These advocates have shown the importance of an approach that takes full account of sex and gender. There is no binary choice in gendered health. We hope to stand alongside and in solidarity with other organisations, including women's health advocates, in advocating for the universal recognition of gender as a social determinant of health and in prioritising investment in healthcare that acknowledges and addresses the health inequities and diverse needs of women, men and non-binary people.

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An Introduction from Redmond and Geraldine Murphy

PHOTOGRAPH: THE IRISH TIMES, TOM MAHER/INPHO.

Our son Red Óg was a miracle from the very start. After the heartbreak of a miscarriage, we weren't sure we'd ever get to be parents. But we were gifted Red Óg — and from day one, he was full of life.

As a young boy, he never stopped. He was only still when he slept. Go-karts, footballs, races, games — always moving. He was lively, loved the fun, and everything he touched, he wanted to do well. A perfectionist. We used to tell him, "Nothing in this life is perfect," but still, he'd strive for it. He had drive, and a deep kindness that shone through. Red Óg was quiet, unassuming, but very sociable and respectful. He mixed well with everyone. He was humble and thoughtful — more than even he realised.

As a family, sport was everything. We were steeped in the GAA. We brought our boys to every match, every corner of Ireland. It was part of life. They had no choice — but they didn't mind. Red Óg took to it naturally. He excelled in Gaelic football, athletics, and soccer. He looked to excel as a player and be a leader on the pitch - he helped bring the team on and helped them win.

He kept a diary of every match — notes on how he played, where he could improve. Two words stood out: **Courage** and **Belief**.

We always talked after games. We'd have a post-match analysis — what went well, what didn't, what could be better. He took it all in. He was coachable, determined, and driven, but also very hard on himself. He wanted to be better, every time.

He took his responsibility as a big brother seriously. The one the other two looked up to. And with his friends, it was the same. Always smiling. He had a great group around him and a lovely girlfriend, and when he went out, he really enjoyed himself — he knew how to have a good time.

He always showed respect — to us, to his girlfriend, to his friends, to people in the community. And he was smart. While he came across confident, there were times he doubted himself. He never showed off — he just worked hard and wanted to do things right.

And then — we lost him.

It doesn't make sense. That week, there was so much going on. He was doing teaching practice. He'd just been awarded Sigerson Cup Midfielder of the Year. He was planning for an awards night, considering going to America to play football.

We spoke to him every day. The night before, we talked on the phone and over text. "Chat to you tomorrow," we said. Nothing seemed out of the ordinary. No signs. He was tired, but he was always tired. He'd done his lesson plan and contacted a teacher to print it.

And then, in what we believe was just a few moments — we lost him. He was 21.

We don't believe he planned to die by suicide. Something must have overwhelmed him in those few hours. Our GP described it as "a heart attack of the brain." He reached a point of no return.

Since losing him, we've heard from so many people — strangers, friends, neighbours. They all say the same thing: they never saw it coming. Red Óg had everything. He was the last person they expected to be struggling.

There weren't any signs that he was struggling — he seemed to be achieving all his goals in life. That's why this is so important to talk about what is happening with our boys and men. It can happen to anyone, even those who appear to be thriving.

We're doing his work for him now. We tell his story, so others don't feel alone. If we help even one person, one family, that's all that matters. One life and one family saved.

To any young man reading this: if you're going through something, please **seek help**. You are never a burden. And you are never alone.

To other families like us: take it one day at a time. Or if that's too much, just one minute at a time. Be kind to yourself. It's okay to ask for help – it's brave. And we need to make that normal, especially for our boys and men.

And to everyone else: our leaders, government, employers, friends, families – think what you do to help the men, old and young, in your lives. Red Óg had the most amazing support system and access to care and we still lost him, think of all those who don't have that. You can help.

We do this because we believe Red Óg is still with us. Pulling strings. Helping us. And we'll keep going — for him, and for everyone else who needs to hear it.

This is the real face of men's health. This is our son. His name is Red Óg.

- GERALDINE & REDMOND MURPHY

Executive Summary

IRELAND LEADING THE WAY IN MEN'S HEALTH

Ireland was the first country in the world to publish a National Men's Health Policy in 2009, leading the way globally. Since the introduction of the policy there has been meaningful improvement in men's health, particularly in reducing premature deaths. New analysis suggests that by 2018, up to 17,342 potential years of life lost in men may have been avoided, relative to expected trends, during the period following the introduction of the policy.

This report presents findings that **strengthens the case for continued leadership and progress in men's health in Ireland**, highlighting changing male roles, concerning health trends, and new insights on the unexpected impact of men's health on the community, carers and the economy. In new research, we listened to GPs on the frontline and over 2,000 members of the public whose **appetite to support men's health cuts across typical divides and presents a unifying public sentiment strongly supporting a national response**.

This report recommends that the Government commit to the original ambition of the National Men's Health Policy 2009, allocating an initial investment of €10M and commissioning a full cost analysis to ensure proper resourcing and implementation of this and future action plans to support the broad range of men in Ireland. The report clearly shows that supporting men's health is not a zero-sum game, it makes sense for women, children, families, and society at large. It also helps to avoid perpetuating restrictive gender stereotypes, which traditionally positioned women as primarily responsible for care-giving and nurturing roles. Women's and men's health strategies should complement, not compete with one another, reflecting shared values of equity, wellbeing and social cohesion.

BEING A MAN IN IRELAND TODAY – MASCULINITY AND CHANGING ROLES BY NOEL RICHARDSON

Ireland is at an important transition, with what it means to be a man becoming more fluid due to cultural change, economic uncertainty, technological advances and greater openness to vulnerability. The impact of masculinity influencers, debates on toxic masculinity, impact of cultural moments (e.g. Netflix's Adolescence), the rise in male allyship, changing male role models, new fatherhood roles, and digital platforms are shaping how men see themselves – especially younger men seeking identity, connection and guidance online.

This report shows how social expectations of masculinity affect men's health decisions and outcomes, varying across and within cultures. While these pressures can harm men's identity and wellbeing, there's also clear evidence of men and boys' capacity to adapt and thrive through change.

Encouragingly, Irish society is not only ready for this shift, **the national conversation is changing**. From Men's Sheds to workplaces, sporting arenas, and classrooms, the appetite for understanding and supporting men is growing.

The Big Picture: Men's Health Outcomes

Although overall health outcomes for men are improving, too many men in Ireland are dying too young, of causes that are largely preventable, and are also spending a significant portion of their lives in poor health.

The full report takes a closer look at the current state of men's health, uncovering the disparities that exist across geography, socioeconomic background, ethnicity and life stage. Drawing on the latest national and EU-level data across risk factors, and incorporating new analysis and data, it provides a comprehensive snapshot of health outcomes for men in Ireland.

New analysis shows:

In 2022, 7,453 males died prematurely in Ireland. This is the equivalent of 40.2% of all male deaths.

Premature death is 40% higher among males compared to females in Ireland. This gap in premature death has remained relatively consistent over time.

The male death rate was substantially higher across all five leading causes of death compared to the female rate.

Men living in the most deprived areas of Ireland are expected to live 5 years less than men living in the most affluent areas of Ireland and are nearly 1.5 times more likely to die prematurely.

Men in the most deprived areas are 46% more likely to die prematurely compared to women living in those same communities.

Although health outcomes for men are shaped by a range of intersecting factors, evidence suggests that poor lifestyle and health behaviours have a key role to play. These include high levels of alcohol, drug, and tobacco use, elevated rates of overweight and obesity, low levels of physical activity, and limited awareness and lower uptake of preventative health services, such as screening and early detection.

Against a backdrop of an ageing population - the number of men aged 65 years or older in Ireland is projected to more than double by the year 2055 – these challenges demand urgent and sustained attention. Thus, a key priority in the future will be to focus on healthy ageing and not just adding years to life, but life to years, thereby also ensuring that men can continue to contribute to their families and communities in meaningful ways.

The Unexpected Faces of Men's Health

THE IMPACT OF MEN'S POOR HEALTH ON LOVED ONES

The challenges impacting men's health affect partners, families, colleagues and Irish society as a whole.

When men have access to effective, trusted and timely healthcare, they are more likely to engage in self-care and contribute as active fathers, partners, caregivers and citizens. Yet when men's health fails, whether due to late intervention, stigma or systemic barriers, the burden of responsibility often falls on those around them.

Men's poor mental health can manifest in risky behaviours such as problem gambling or heavy alcohol use. This can have serious consequences for men themselves, and for families, including financial hardship, gender-based violence, family breakdown, and intergenerational trauma. In Ireland, intimate partner violence remains a significant issue, with women more likely to experience severe harm.

When men experience chronic illnesses, it is often their loved ones who quietly bear the responsibility of care. In 2022, there were over 299,000 unpaid carers in Ireland. Nearly two thirds were women. Yet their experiences, especially when supporting men, remain largely invisible in the national conversation on men's health.

Movember conducted a survey of 802 informal caregivers (family, friends, partners) supporting men with physical and/or mental health conditions.

Most caregivers were women (68%) and reported markedly higher levels of emotional, psychological, and physical strain and lower life satisfaction than their male caregiving counterparts.

The most commonly reported negative experiences of caregiving for men in Ireland included persistent worry or anxiety, stress and emotional overwhelm, low mood or depression, difficulty coping, and feelings of isolation.

Access to formal and informal mental supports play an important role in protecting those who care for men in Ireland. Caregiving does not happen in isolation. It is shaped by healthcare systems, workplace flexibility, financial stability, and community support.

To improve men's health, we must ensure that those providing care are not doing so at their own cost. A well-supported caregiver is better able to provide meaningful, consistent care.

The emotional, physical, and financial costs are real, especially for women, who continue to carry the greatest share of this invisible labour. While caregiving can be a source of strain, it also brings potential for deep meaning, closer relationships, and a renewed sense of purpose. Caregivers report increased understanding, appreciation for life, and emotional resilience. **When supported properly, caregiving can be a powerful, affirming experience. If we are serious about improving men's health in Ireland, we must invest not only in accessible, preventive health services for men but also in the people who support them.** That means designing systems that ease the impact and uplift the experience of caregivers, recognising them as central to our collective health and vital to a strained healthcare system.

AT THE FRONTLINE: GPS ON THE REALITIES OF MEN'S HEALTH

While men often rely on loved ones for support, GPs are usually their first and most regular point of contact when health issues arise, and play a key role in connecting them to specialist services. To explore this further, 'IPSOS B&A' engaged 80 Irish GPs about their experiences with male patients.

By capturing GP perspectives, this report sheds light on the barriers and opportunities for supporting men more effectively, particularly as it relates to mental ill-health or suicide.

GPs cited **time constraints and men's reluctance to discuss sensitive topics** – particularly mental health – as major barriers to addressing men's health.

GPs cited **stigma**, social norms around **self-reliance, lack of support networks** and **fear of career impact** as key reasons why men were reticent to seek help for their mental health.

Just **14% of GPs were very confident in working** with men experiencing suicidal behaviour while **24% were not that confident**.

The most prominent issues reported in working with males presenting with suicidal behaviour were **access to quality mental health services**, limited honest communication from male patients, and lack of crisis supports.

GPs strongly advocate for increased access, male-friendly mental health services, more psychologists and psychiatrists, free or low-cost counselling outside of hospital settings, and reduced waiting times. They also highlight barriers including rejected referrals, inflexible appointment systems, and long waits, which disproportionately affect younger and more marginalised groups of men. They stressed the value of local services, early intervention, and lifestyle-based approaches, along with improved access in rural areas and better public education. GPs also want more gender-specific training for staff and a more joined-up system of care. Further research is recommended with mental health professionals to better understand system-wide challenges and opportunities in engaging men, particularly around suicide prevention and early intervention.

THE PUBLIC'S PERCEPTION ON THE STATE OF MEN'S HEALTH IN IRELAND

Understanding how the Irish public views the state of men's health, from concerns about mental wellbeing to ideas of what it means to be a man today, provides critical insights into where opportunities for progress lie. New nationally representative polling by 'More in Common' for this report reveals that public support for action on men's health cuts across typical divides and presents as a unifying issue, not a partisan one.

Key findings include:

Almost half the Irish public think men's health services have improved in the last 15 years.

3 in 4 Irish adults express concern about the state of men's health, a sentiment shared across all age groups, genders, and political affiliations.

Young men (18-24) have highest net concern at 73%.

Half of the Irish public believe that young men are growing increasingly disconnected from Irish society.

2 in 3 believe the government does not focus enough on the issues affecting men.

3 in 5 Irish dads feel that society doesn't focus enough on supporting them.

More than **8 in 10 Irish people** think the Men's Health Action Plan is a good idea.

Focus group discussions conducted by More in Common also touched on the **crucial role women play in prompting men to seek medical help**, acting as gatekeepers to care. While vital, it also reinforces the hidden emotional impact many women carry as informal caregivers, particularly when men are hesitant to act.

There was **strong agreement that society should talk more about men and young men's suicide, loneliness and men's mental health challenges. Stigma around seeking help was seen as the biggest barrier to men accessing support for their mental and physical health.**

When asked what traits men should try to exemplify nowadays, the most popular responses included providing for your family and keeping loved ones safe.

ECONOMIC CONSEQUENCES OF MEN'S POOR HEALTH

The ripple effects of men's health extend beyond individuals, families and society, to a widening economic concern. New research commissioned for this report by HealthLumen reveals the significant economic costs of men's ill-health to Ireland. Men's poor health results in direct costs to the health and care systems, as well as indirect costs to the wider economy, through reduced productivity, lower earnings, and lost tax revenue for the government.

The research estimates the costs of the five conditions that cause the largest number of years of life lost to ill-health for men in Ireland: coronary heart disease, stroke, chronic obstructive pulmonary disease, lung cancer, and suicide. The overall costs of these five conditions in men were over €1 billion in 2025 alone. Of this, €716 (69%) was identified as potentially preventable. This would cover half of the capital expenditure allocated to the Department of Health for 2025.

While complete prevention of these diseases may be a long-term goal, this data indicates the scale and significance of the costs that could be saved through interventions targeted to prevent avoidable ill-health. The avoided costs could be reinvested in the healthcare system to improve the care for those where ill-health is not able to be avoided.

A Future Vision: What the Irish Government Can Do

As the first country in the world to publish a national men's health policy in 2009, Ireland has been at the forefront, internationally, in advancing men's health at a health policy level. While the policy launch coincided with the global financial crash, those tasked with implementing the policy demonstrated what can be achieved through innovation, a collaborative and partnership approach, prudent use of resources, and building a strong evidence base for men's health.

Mary Butler TD, Minister of State with responsibility for Mental Health's announcement of €2 million in August 2025 in funding for male-focused talk therapies and counselling, starting in September 2025, is a massive step forward, and one to build on through sustained investment and a system-wide approach that is needed to match the scale of the challenge outlined in this report.

This report's findings provide a strong mandate for continued leadership and progress from all sectors. Including, not only a cross departmental but a whole of government approach and support for men's health by recognising that men's health impacts not just men but cascades to families, loved ones, community, and wider society. It also recognises the multiple roles that men fill – as 'men', husbands/partners, fathers/grandfathers, workers/ providers, carers, and as community members.

OUR PLEDGE

Movember wants to form a long-term and meaningful partnership with the Irish Government to tackle the complex issues in men's health together. In doing so, Movember will be committing our own funding, community networks, and our research and programmatic delivery expertise. Beyond our current investments, Movember will provide €1M into building capacity and real-world community men's health research from 2026. We will also provide €200K investment in national awareness campaigns built with men, for men that improve men's engagement and positive connection with their health.

Based on the research in this report, including new data and analysis from it's authors, Movember makes the following recommendations. These seek to build upon the solid foundations put in place by successive Irish governments for men's health by focusing on some areas that merit particular support in the years ahead.

Key recommendations: Call on this Government to recognise the need to progress the National Men's Action Plan 2024-2028. To invest an initial €10M in tandem with commissioning a full cost analysis to ensure appropriate resourcing and implementation of the Action Plan, supporting the broad range of men in Ireland. To prioritise the development of a Cross Government Policy Statement on Men's Health.

POLICY CALL 1. To consider increasing the number of strategic stakeholders supporting the action plan and the number of partners within government sectors to enhance collaborative efforts, ensure the effective implementation of HI-M objectives and adapt to the changing needs of men.	1.1 In collaboration with partners, develop and publish a long-term sustainability and development plan with initial allocated funding of €10 million over the next two Budget cycles for the scaling-up of evidence-based men's health programmes in the community that have successfully engaged men, and specifically those with the poorest health outcomes. Work to secure investment in networks that develop and deliver programmes encompassing gender equality, healthy relationships and zero tolerance of sexual violence. 1.2 Develop and announce a Cross Government Policy Statement on Men's Health, incorporating relevant cross departmental commitments that will enable the monitoring and regular reporting of key progress in men's health and initiatives relating to the Men's Health Action Plan across government departments. 1.3 Consider the inclusion of diverse representation from across government departments on the new HI-M Implementation Group, including regular update reporting on agreed Actions.
POLICY CALL 2. Consider adopting an outreach approach to engage boys, men and carers in the community in adopting healthy lifestyles and self-management, including timely access to healthcare when they need it, to promote physical, social and emotional wellbeing.	2.1 This Government to consider applying a gendered lens across its own relevant and appropriate public health campaigns. To include the prioritisation of a men's health toolkit developed with internal and external partners to support the implementation of gender-specific approaches to existing programmes. 2.2 Work in collaboration to develop and expand existing targeted and culturally appropriate health and well-being programmes to foster the development of healthy masculinities, in partnership with the men's health sector, online influencers and digital platforms and advocacy partners – specifically for those men with the poorest health outcomes including Traveller men and racially, ethnically and all minoritised men. 2.3 Explore availability of additional resources in order to support the goals of the National Carers Strategy by assisting those caring for men in the management of their own physical, mental and emotional health by providing them with gender responsive information and training, supporting them to access funded services and men's health community programmes and networks, and increasing their confidence to support the men in their lives. 2.4 This government to explore the possibility of sustained investment in Movember Ahead of the Game programme in partnership with the Irish Life GAA Healthy Club Programme to ensure its continued growth and impact, building on the €1M already committed by Movember.
POLICY CALL 3. Build policy and resources that effectively support men at key points of intervention and transition – supporting their own health, productivity and wellbeing and that of their communities.	3.1 Work in collaboration with internal and external partners to develop tailored resources for fathers to support positive health and communication with their children on areas of health and wellbeing and parenting (including parenting alone/ co-parenting fathers). 3.2 Explore the possibility to commission a review of current paternity leave policies seeking to increase the number of new Dads supported on paternity leave, addressing potential barriers and stigmas, normalising leave-taking and establish a dedicated workstream to advise on adequate and flexible parental leave policies that work for families, employers and government. 3.3 Progress current, and seek to establish new, initiatives to support the mental health of workers by investing in evidence- based workplace interventions to reach male workers, in partnership with Irish employers and representative groups.
POLICY CALL 4. Continue to build a healthcare system and workforce that responds to the needs of men.	4.1 Review investment in comprehensive training programs such as ENGAGE and Men in Mind to strengthen the healthcare workforce's knowledge, skills and confidence in effectively working with men. Work with internal and external partners to develop a plan to trial Men in Mind and expand the delivery of the ENGAGE programme to frontline service providers and community facilitators from Sláintecare partner organisations, including consultation with advocates from new communities, and increased advocacy efforts for its integration into relevant third-level health and allied health professional programmes. 4.2 Explore investment in health literacy campaigns built with men, for men, that improve men's engagement and positive connection with the health system via national awareness campaigns, including considering match funding a €200K investment from Movember. 4.3 Consider new and increased investment in national screening and prevention programmes, maximising digital channels and community-based interventions. Ambitions to include, an increased male uptake of cardiovascular disease risk assessments, bowel cancer and mental health screening, with opportunity of the scope of such programmes to act as a conduit for men to access local services and programmes. 4.4 Work with partners to explore new and increased investment opportunities in the Irish Prostate Cancer Outcome Registry (IPCOR) to enable sustainment beyond 2028 and ensure the continued collection and use of high-quality data that allows healthcare providers to monitor care quality, address disparities in treatment, and deliver the best possible outcomes for patients.
POLICY CALL 5. Advance research to better respond to how men engage with their health, and healthcare services.	5.1 Aim to provide robust, up-to-date, and inclusive national data on the experiences and health outcomes of men through potential areas such as: • Address gaps in knowledge about how men move through, or drop out of, the health system by partnering with the Movember Institute of Men's Health to better understand, at a population level, how, when, and where men are utilising healthcare services. • Building on existing measures, develop a comprehensive data collection framework that captures differences across sex, gender, and priority populations, providing the evidence needed to guide future strategies and uncover potential cost savings. Building on the points above, a focus on gathering and sharing information about the experiences,perceptions of masculinity, and health outcomes of Traveller men and men from minority ethnic backgrounds would be beneficial, as there is currently limited data available in these areas. 5.2 Match or increase the investment of €1M by Movember Institute of Men's Health into building capacity and real-world community men's health research over the lifetime of the Action Plan, including the regular collation of representative data on men's health outcomes and attitudes towards masculinities and health, in order to track progress and to ensure that men's health work continues to be underpinned by empirical evidence.

Being a Man in Ireland Today – Masculinity and Changing Roles

BY NOEL RICHARDSON

Much of my life's work has centred around improving men's health. Reflecting on my own family of origin, I was curious about the lack of questioning around men's premature mortality, the positioning of health as 'women's business,' and the somewhat fatalistic outlook that men's poorer health outcomes were somehow an inevitable or normal consequence of 'being a man'. Having lived through unprecedented socio-economic and cultural transformation in Ireland in recent years, what it means to be a man is changing. I am still curious, still questioning, and still very conscious of the need for this work to continue.

Growing up on a farm in Limerick, I learned how men defined themselves through their work. Labour acted as a symbol of strength, independence, and responsibility, and was central to shaping male identity, masculinity, and social status. My work in men's health has taught me that changes to work (e.g., changes to labour market, redundancy, retirement) can have negative repercussions on men's sense of identity and masculinity (1, 2). I have learned, for example within an Irish farming context, that increasing pressure to scale, and contemporary regulation of farming practices have given rise to tensions associated with a perceived loss of autonomy and mastery, as well as causing ripple effects for farmer mental health and wellbeing (3, 4). Despite a post COVID economic boom, labour market vulnerability and lack of security of job tenure – including concerns about the risk of job displacement caused by generative AI – continue to be concerns for some (5). Likewise, the current housing crisis and rising rents – resulting in 440,000 Irish young adults still living with their parents (6) – is impacting the pathways for young men to achieve "traditional success".

And yet, there is increasing evidence of boys' and men's capacity to adapt and cope with change, and to adopt caring and nurturing roles, including self-care. The exponential growth in Men's Sheds in Ireland is indicative of more typically marginalised or isolated men being proactive by joining a Shed to seek solace, share skills, and work towards a common purpose, challenging preconceived ideas of how men in Ireland care for their health and seek help (7). NGOs and national campaigns (e.g., *Movember*, *White Ribbon Ireland*) have also played key roles in fostering male engagement with issues such as help seeking, consent and domestic violence. There has been increasing evidence of high-profile men in areas such as sport and entertainment speaking out about health issues and being advocates for other men by helping to normalise and mainstream conversations on men's health. This has been particularly important in terms of challenging stigma and taboo around men's mental health, by embracing vulnerability and emotional expression, and challenging more restrictive masculine stereotypes. Grounds for optimism that the tide is turning.

This cultural shift is also unfolding in the digital realm, where younger men increasingly look online for community, identity, and guidance. As noted elsewhere in the report, many young men today feel a distinct absence of positive male role models. In that vacuum, online influencers have emerged as powerful cultural figures, sometimes helpfully, by promoting mental wellbeing and open emotional expression; other times harmfully by reinforcing more rigid or extreme notions of masculinity (8-10). For example, a recent report from Movember shows, these influencers can also impact health (11). Young men who regularly watched men and masculinity influencer content were more likely to report worse mental health outcomes, a reduced willingness to make their mental health a priority, and a higher rate of risk taking (such as steroid use). We need more thoughtful engagement in this area to determine how this influence could be leveraged more positively, including stronger evidence from Irish-based research.

INCLUDING MEN IN THE GENDER SPOTLIGHT

In my earlier years in men's health work, it was difficult to avoid the feeling of imposter syndrome – the focus on gender and health being traditionally synonymous with women's health. There wasn't yet much of an appetite for unravelling how gender shapes health experiences and outcomes for men. As this report shows, men also face gendered barriers to good health, and addressing these systematically is crucial to achieving equity – supporting the health of men and women. Crucially, supporting men's health is not a zero-sum game, it makes sense for women, children, families, and society at large. We also know that supporting men to be more engaged as fathers has positive ripple effects on family health outcomes, including maternal and child health (12). It also helps to avoid perpetuating gender stereotypes, which traditionally positioned women as primarily responsible for care-giving and nurturing roles. Women's and men's health strategies should complement, not compete with one another, reflecting shared goals of equity, wellbeing, and social cohesion (13, 14).

HEALTHY (IRISH) MASCULINITIES

Raewyn Connell's pioneering work on gender and masculinities was hugely impactful in framing my approach to masculinities and men's health. I learned that the concept of masculinity is not fixed or monolithic, but rather a social construct that is historically shifting and varies across and within cultures (15, 16). I discovered that what it means to be a man, and the expectations associated with masculinity, have been redefined and reinterpreted throughout history and continue to evolve in response to social, cultural, and economic changes. I realised that a more nuanced approach that embraced diversity needed to underpin the framing of any discussion about Irish masculinity(ies) and men's health. One that accounted for the unique needs, experiences, and challenges facing different male population groups and that stayed clear of stereotypes. I am reassured by the findings from this report that people in Ireland are open to a more contemporary framing of Irish masculinity(ies). I welcome the report's valuable insights into how socially constructed ideals and expectations around "being a man" shape men's health decisions and health outcomes. And these insights will be hugely influential in helping to shed further light on the implementation of Healthy Ireland Men 2024-2028 (17).

Contemporary discourse on masculinities and men's health inevitably gravitates to the notion of 'toxic masculinity' — a term used to describe cultural norms that pressure men to conform to narrow definitions of strength, emotional suppression, and dominance, and that is frequently associated with homophobia, misogyny, and sexual violence. While the concept may have some merit in drawing attention to tackling these issues, I believe it also carries several conceptual limitations. It is seen as overly simplistic, a catch-all blanket label that fails to capture the diversity of male experiences; it risks essentialising masculinity itself as inherently harmful, rather than distinguishing between the context of different toxic masculinity practices; it can alienate men, making them defensive rather than open to reflection and change; and by focusing on individual behaviours, it can distract attention away from systemic and structural dimensions of gender privilege. There is therefore an urgent need to promote healthier, more diverse expressions of male identity.

Boys' and men's experiences in connection with others and in community is central to the context in which healthy masculinities develop (18). This was explored in a recent commentary piece on the Netflix series 'Adolescence' by Conor Hammersley in the Irish Examiner (19). Conor cautions against offering 'toxic masculinity' as a catch-all and over-simplistic explanation for what might appear at a surface level to be inherently angry young men predisposed to dangerous ideologies. He argues that the problem is much more deep-rooted – the absence of belonging, identity, purpose — needs that once might have been met in family, school, or community, but which now often go unanswered:

> "When it comes to boys and young men, the challenges are getting more elusive. The goal is to meet them where they are, not where we expect them to be. It's in these familiar settings—spaces where relationships form naturally, without stigma or surveillance—that conversations around belonging, purpose, and wellbeing can begin to take root."
>
> — CONOR HAMMERSLEY

GARNERING SUPPORT FOR MEN'S HEALTH – BOTTOM-UP AND TOP-DOWN

In recent years, male allyship is emerging as a critical component in advancing gender equality. Within a historical Irish context of Catholic conservatism and entrenched patriarchal norms, male allyship challenges traditional gender roles and facilitates a reconfiguration of masculinities. Recent developments — such as the referenda on same-sex marriage (2015) and to the Repeal of the Eight Amendment (2018) — have created a new landscape for male allies to work alongside women's health advocates in the pursuit of a 'bottom-up' approach to gender equality. In my experience, real change is contingent on gender transformative approaches, those that go beyond simply including men in existing efforts, and instead actively seek to challenge and change harmful gender norms, power imbalances, and institutional structures that sustain inequality (20).

Author Michael Kimmel talks about a key contradiction in men's lives: while men as a group hold most of the power in society, many individual men don't actually feel powerful. If we don't talk about how power works, the systems that give certain people privilege will stay hidden and unchallenged — making it harder to achieve gender equality.

This report urges men in Ireland to rethink and challenge more restrictive masculinity norms by taking better care of their own health and encouraging other men to do the same. This can only happen, however, through simultaneously changing the wider cultural norms that are deeply embedded at an institutional level.

Ireland is at an important transition where the lived realities of being a man are more fluid, driven by cultural change, economic uncertainty, technological advances and new openness to vulnerability. While many men continue to grapple with more traditional cultural norms that equate masculinity with stoicism, being a provider, and self-reliance, a new narrative is emerging - one that acknowledges men's diverse experiences and emotional lives, and invites more inclusive, supportive definitions of health, wellbeing and identity. Encouragingly, Irish society is not only ready for this shift, the national conversation is changing. From Men's Sheds to workplaces, sporting arenas, to classrooms, the appetite for understanding and supporting men is growing.

What Works:

SHEDS FOR LIFE

Sheds for Life (SFL) is a structured 10-week health promotion initiative developed specifically for the Men's Sheds setting in Ireland. Building on the organic health promoting environment of the Sheds, SFL was co-designed with Shed members and tailored to suit their unique preferences. Through a targeted approach, SFL is delivered directly within the informal, male-friendly Shed environment by allied organisations in community-based health and wellbeing — a strategy which enhances the reach of health promotion to under-served men. The initiative includes physical activity, healthy eating and mental health workshops, health checks, and modular components such as digital literacy, first aid, bereavement workshops and chronic disease awareness.

HEADSUP

The HEADSUP programme - formerly known as 'Mojo' - was originally developed in 2011 to support men who were affected by unemployment and/or the recession. HEADSUP is an evidence-based mental health education and training programme for men who are finding life stressful, feeling isolated or lonely, and hoping to learn new ways to improve their wellbeing. This group-based initiative focuses upon four core elements: wellbeing and resilience (helping men to gain an understanding of mental health recovery and wellness); life planning (assisting men to identify and achieve their personal goals and access supports and services); physical wellbeing (recognising the strong correlation between good physical and mental health); and positive social support (encouraging men to develop their connections and networks). HEADSUP gives men an opportunity to set goals and determine a realistic life plan to 'get back on track'.

The Big Picture: Men's Health Outcomes

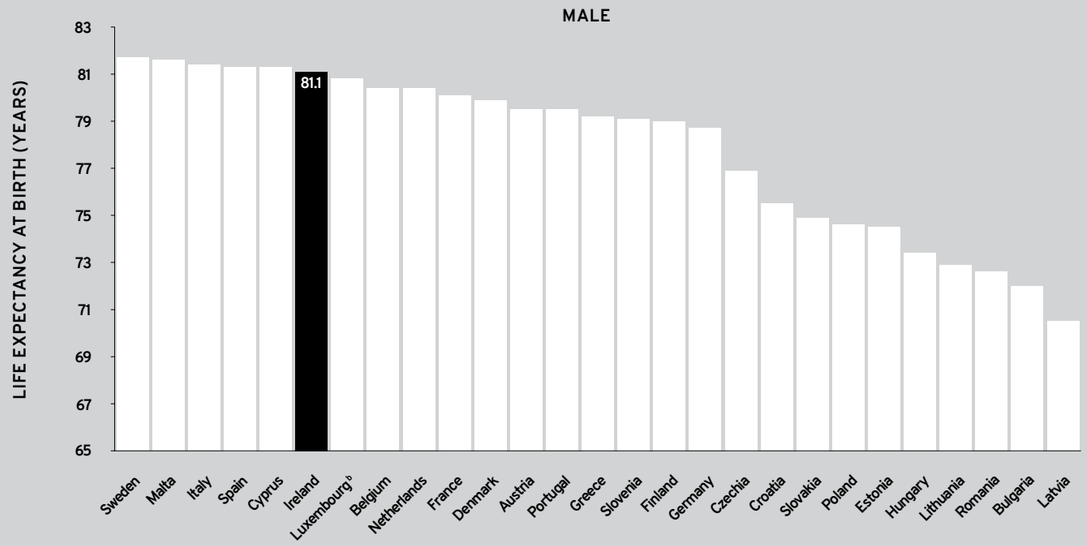
Ireland is often recognised as a country where men are living longer than ever before, with male life expectancy among the highest in Europe. Yet behind this progress lies a more complex and urgent story. Many men in Ireland are not only dying too young, but are also spending a significant portion of their lives in poor health. This chapter takes a closer look at the current state of men's health, uncovering the disparities that exist across geography, socioeconomic background, ethnicity and life stage. Drawing on the latest national and European Union level data, this chapter provides a comprehensive snapshot of health outcomes for men in Ireland.

LIFE EXPECTANCY

A male born In Ireland in 2023 is expected to live to 81.1 years (21) and 66 years of this is expected to be in good health (22). Years living in good health is often referred to as healthy life years[a]. Males born in Ireland in 2023 have the sixth highest life expectancy in the European Union and rank fifth in terms of healthy life years (21, 22). Life expectancy for men in Ireland improved by 2.4 years between 2012-2023. The number of years males are expected to live in good health also increased by 2.3 years from 2014-2019.

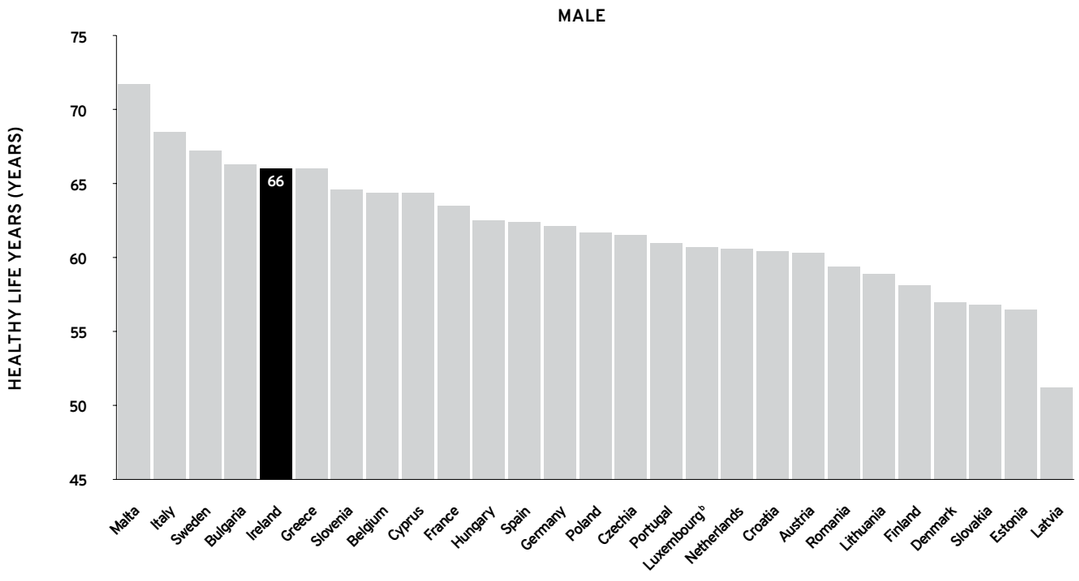
The life expectancy for males born in Ireland in 2023 is 3.5 years lower than that of females (21). This marks an improvement since 2012, when the life-expectancy gap between males and females was 4.4 years (21).

FIGURE 1. LIFE EXPECTANCY IN EUROPEAN UNION, 2023, BY SEX.



[a] The indicator of healthy life years (HLY) measures the number of remaining years that a person of specific age is expected to live without any severe or moderate health problems.

FIGURE 2. HEALTHY LIFE YEARS IN EUROPEAN UNION IN 2023, BY SEX.



[b] 2022 data, no 2023 data available for Luxembourg

While men in Ireland overall enjoy good health there are significant health inequalities hidden within the population. Males living in the most deprived areas of Ireland are expected to live 5 years less than males living in the most affluent areas of Ireland (23). **Contributing to these inequalities are risk factors including:**

Persistently high levels of alcohol, drug, and tobacco use, which continue to harm men's health (24-26).

Elevated rates of overweight and obesity, coupled with low levels of physical activity (24).

Limited awareness and lower uptake of preventative health services, such as screening and early detection (27).

Amongst minority ethnic groups in Ireland, members of the Traveller community experience significant disadvantage (28). The life expectancy for male Travellers born in Ireland in 2008 was 61.7 years, 15.1 years lower than the general male population at that time (24).

A Note for Readers:

It is important to note that the most widely cited data on Traveller men's health is now over 15 years old, stemming from the All-Ireland Traveller Health Study published in 2010 (28). While this study remains a vital reference point, the absence of more recent data significantly limits our understanding of current health trends and challenges within this population. More broadly, there is limited disaggregated health data for other minority ethnic groups in Ireland. Without robust, up-to-date, and inclusive data collection practices, the experiences and health outcomes of racially and ethnically minoritised men remain underrepresented in national health discourse and thus, neglected in policy responses. This represents a critical barrier to addressing health inequalities and undermines efforts to build a truly equitable and gender-responsive healthcare system.

GROWING AND AGEING POPULATION

With Ireland's male population both growing and ageing, these challenges demand urgent and sustained attention. As of 2024, there were approximately 2.66 million males living in Ireland, a 15.6% increase over the past decade (29). The percentage of the male population aged 65 years or older in Ireland has increased from 11.8% to 14.8% over the past 10 years (29). This is projected[c] to reach 27.2% by the year 2055 (29). Thus, a key priority in the future will be to focus on healthy ageing and not just adding years to life, but life to years.

TABLE 1. MALE POPULATION IN IRELAND – 2014 TO 2055.

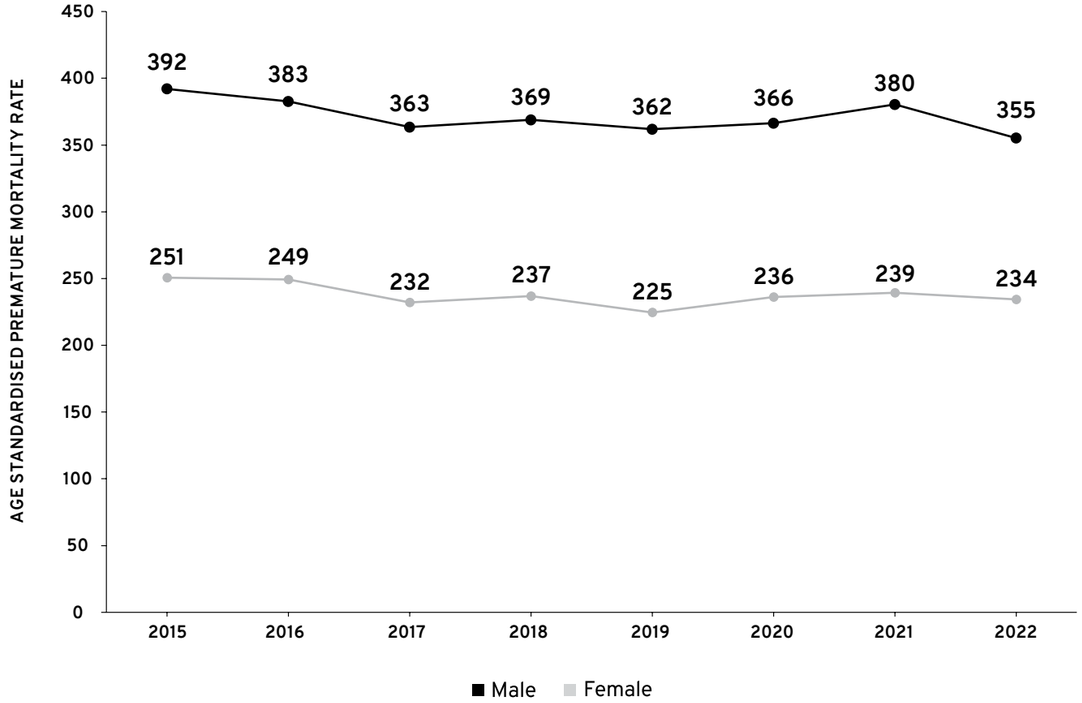
	2014	2024	2055
Total male population	2.30 million	2.66 million	3.12 million
Number of males aged 65 years or older	272,500	393,100	849,001
Percentage of male population that is 65 years or older	11.8%	14.8%	27.2%

[c] Projection based annual net migration at +75,000 persons in 2022 and decreasing incrementally to +30,000 persons per annum by 2032 and remains at this level to 2057.

TOO MANY MEN ARE DYING TOO YOUNG

New analysis of the Central Statistics Office (CSO) Death Occurrence data for this report revealed 7,453 males died prematurely[d] in Ireland in 2022. This is the equivalent to 40.2% of all male deaths (30). Premature death is 40% higher among males compared to females in Ireland. This gap in premature death has remained relatively consistent over time (see Figure 3).

FIGURE 3. AGE-STANDARDISED PREMATURE MORTALITY RATES IN IRELAND BY SEX FROM 2015 TO 2022.



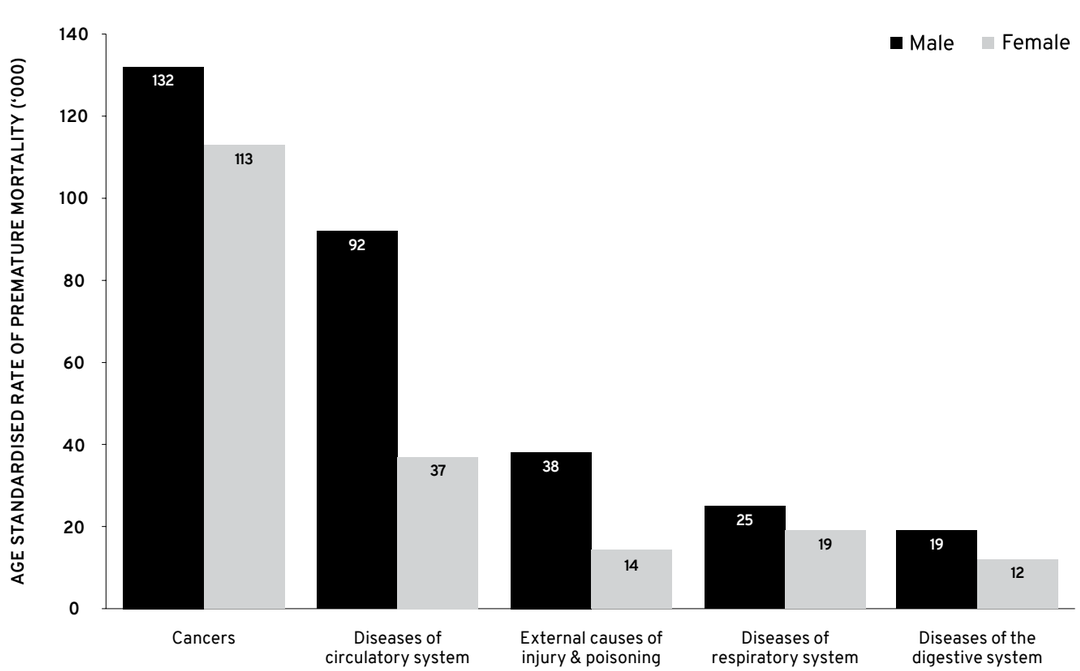
[d] Premature mortality is defined as death occurring before age 75.

WHY ARE MEN DYING YOUNG?

The five leading causes of premature death amongst males in 2022 were: cancers[e], diseases of the circulatory system; external causes of injury and poisoning (which includes accidents and suicide), diseases of the respiratory system; and diseases of the digestive system. These leading causes of premature death have remained in the same order since 2015 (see Appendix 1 on page 126).

This suggests that males in Ireland face the same persistent health challenges over time and despite best efforts, more focus needs to be applied to change this story. The conditions which lead to premature death are largely avoidable through improved screening, earlier diagnosis and treatment, lifestyle modifications (e.g., reducing tobacco and alcohol use and improving diet), and other health promotion and disease prevention services that are responsive to the health needs of boys and men.

FIGURE 4. TOP 5 CAUSES OF PREMATURE DEATH IN IRELAND IN 2022, BY SEX.



[e] Also referred to as 'neoplasms' in CSO data.

The five leading causes of death[f] among males and females in 2022 were the same, however, **the male death rate was substantially higher across all five leading causes of death compared to the female rate.**

Specifically, male premature death rates were 17% higher from cancers, 148% higher from diseases of the circulatory system, 172% higher from external causes of injury and poisoning, 32% higher from diseases of the respiratory system, and 58% higher from diseases of the digestive system.

From 2020-2022, the most commonly diagnosed cancer overall amongst men in Ireland (31) excluding non-melanoma skin cancer (NMSC) were:

Prostate cancer –
representing 31.5% of all invasive cancers.

Colorectal cancer –
representing 11.2% of all invasive cancers .

Lung cancer –
representing 10.4% of all invasive cancers.

Melanoma of skin cancer –
5.1% of all invasive cancers.

Head and neck cancer –
4.6% of all invasive cancers.

These differences highlight the urgent need to support men to live longer, healthier lives and that the successful management of all the most frequently diagnosed cancer is enhanced through early detection (31). Moreover, the average age of prostate cancer diagnosis in Ireland is 66 years and as there are a rapidly growing number of men over 65, it is crucial to encourage early detection and screening pathways for those at highest risk (32). In addition, colorectal cancer, a condition with a proven screening programme (BowelScreen), is traditionally underused by men compared to women (23.9% versus 30.6% uptake in 2023 respectively) (27, 33).

[f] Top-level disease definitions used see methodology for list of conditions filtered for.

List for methodology section: “Infectious and parasitic diseases”, “Neoplasms”, “Diseases of the blood and blood-forming organs”, “immunological disorders”, “Endocrine, nutritional and metabolic diseases”, “Mental and behavioural disorders”, “Diseases of the nervous system and the sense organs”, “Diseases of the circulatory system”, “Diseases of the respiratory system”, “Diseases of the skin and subcutaneous tissue”, “Diseases of the digestive system”, “Diseases of the musculoskeletal system/connective tissue”, “Diseases of the genitourinary system”, “Complications of pregnancy, childbirth and puerperium”, “Unknown and unspecified causes”, “External causes of injury and poisoning”.

What Works:

IRISH PROSTATE CANCER OUTCOMES RESEARCH (IPCOR)

IPCOR is a collaboration between Movember and University College Dublin (UCD) to transform prostate cancer care across Ireland. Prostate cancer remains the most commonly diagnosed cancer among men in Ireland, affecting 1 in 6 men during their lifetime. The Irish Prostate Cancer Outcomes Research (IPCOR) is a unique, data-driven initiative establishing a nationwide prostate cancer registry which captures high-quality information on prostate cancer treatment and patient outcomes from newly diagnosed prostate cancer patients in the Republic of Ireland. This vital data allows healthcare providers to monitor care quality, address disparities in treatment, and ensure the best possible results for patients.

Since its launch in 2016, IPCOR has created Ireland’s largest dataset on prostate cancer, with over 6,800 cases tracked from 16 hospitals. Now, with Movember’s support, IPCOR 2 will expand its capabilities. In addition to collecting clinical data, IPCOR 2 will track patient-reported outcomes such as side effects and quality of life, and for the first time, it will collect biological samples, such as blood, urine, and tissue, to support groundbreaking research. Hospitals will be able to use IPCOR’s new electronic reporting system to access real-time patient data, helping doctors provide more personalised, responsive care. IPCOR 2 is a valuable addition across Ireland. The IPCOR 2 data will shape the future of prostate cancer detection and treatment, capturing information about how prostate cancer develops and progresses, and will drive new discoveries and improving outcomes for men in Ireland.

DISEASES OF THE CIRCULATORY SYSTEM

This group of conditions is the second largest cause of premature mortality in men, and the cause with the largest absolute difference between men and women. Men in Ireland have relatively high obesity rates, high alcohol consumption, and low physical activity levels compared to Irish females and/or men internationally - all of which are well known risk factors for this group of conditions. (24, 34).

EXTERNAL CAUSES OF INJURY AND POISONING

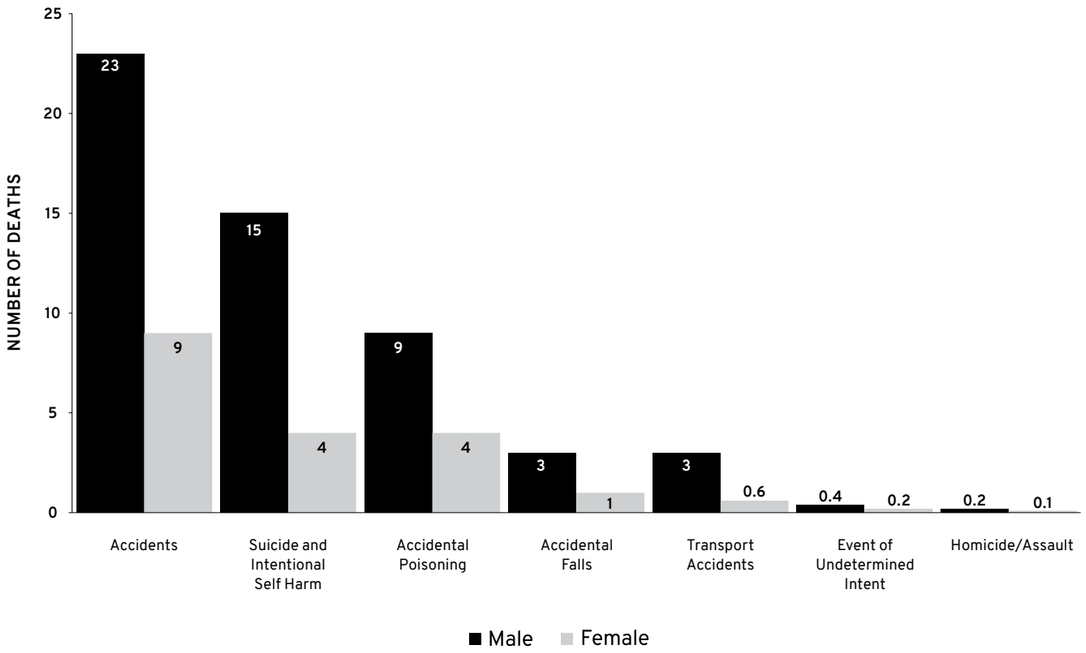
This group includes accidents, suicide, poisoning, and transport incidents. This group of conditions represent a major and persistent contributor to premature mortality in Ireland.

Figure 5, shows that men are disproportionately affected across every category of external death, with rates significantly exceeding those of women. Males accounted for 72% of all premature deaths from accidents and were overrepresented in subcategories including;

- 4 out of 5 suicides
- 2 out of 3 accidental poisonings (including overdose) deaths
- 3 out of 4 deaths due to falls
- 4 out of 5 road traffic deaths

The disparity reflects males' higher exposure to: high risk occupations, risky activities and elevated risk of suicide compared to females.

FIGURE 5. EXTERNAL CAUSES OF PREMATURE DEATH IN IRELAND BY SEX (2022).



DISEASES OF THE RESPIRATORY SYSTEM

The higher rates of this condition in men are associated with their higher tobacco use as well as occupational exposure to hazardous substances, compared to females (35). These associations, tobacco use and unsafe workplaces, are common with other leading causes of death in men, including 'External causes of injury and poisoning'.

DISEASES OF THE DIGESTIVE SYSTEM

As with other leading causes of death males are more likely to be overrepresented for risk factors for diseases of the digestive system including excessive alcohol, smoking, and high-risk diets - key risk factors for liver disease, ulcers, and a number of other leading causes of death (36, 37).

LEADING CAUSES OF DEATH OVER THE LIFE COURSE

The causes of death for males change as they get older (34). For boys aged 0-14, most deaths are linked to complications at birth (perinatal period) and genetic issues. For young men (15-34), external causes of injury and poisoning (including accidents and suicide,) account for more than half of all premature deaths.

As men enter middle age (35-54) cancer and circulatory diseases become the leading causes of deaths (53% combined) while external causes still contribute to a significant amount (22%). In later middle age (55-74) cancer and circulatory diseases become even more dominant (68% combined). In this age bracket the third leading cause[9] is diseases of the respiratory system. Respiratory diseases are often caused by long-term exposure to harmful substances like tobacco smoke, air pollution, and workplace hazards, which build up over time and lead to serious illness and death later in life (38).

The transition of causes of death across age ranges highlights the need for different types of support at different life stages; from perinatal care for the youngest men, to better mental health support and accident prevention measures for young men, and early action to address risk factors that lead to the development of chronic disease in middle age. Across all ages many of these deaths are preventable with earlier intervention, better access to care, and a stronger focus on healthy lifestyle behaviours and prevention.

TABLE 2. LEADING CAUSES OF PREMATURE DEATH AMONG MALES IN 2023.

CAUSES OF DEATH	AGE GROUP			
	0-14	15-34	35-54	55-74
Certain conditions originating in the perinatal period	34%	-	-	-
Congenital malformations and chromosomal abnormalities	28%	-	-	-
Symptoms, signs, abnormal findings, ill-defined cause	11%	-	-	-
External causes	6%	53%	22%	4%
Neoplasms	8%	12%	31%	41%
Diseases of the circulatory system	-	13%	22%	27%
Diseases of nervous system	-	6%	4%	-
Diseases of the digestive system	-	4%	11%	5%
Diseases of respiratory system	-	-	-	9%
All other causes of death	13%	13%	10%	13%

[9] Excluding the more general category of 'all other causes of death'.

What Works:

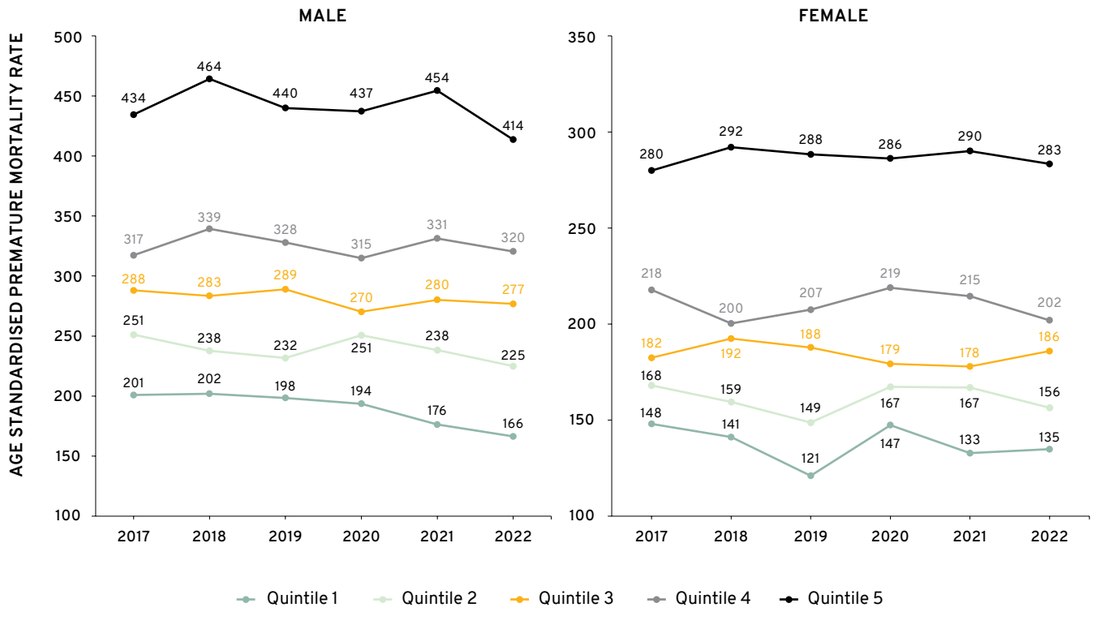
MEN ON THE MOVE

Men on the Move is a free, twelve week, community-based beginners' physical activity programme for inactive adult men. It seeks to help these men to get active, have fun and improve their fitness levels. The programme is delivered by Local Sports Partnerships in conjunction with the Health Service Executive. Men on the Move creates an environment within which participants can connect with their surroundings and other men in a safe and non-judgemental setting. It consists of structured group exercise, experiential workshops, access to tips and resources, and a final celebration event. While the physical benefits of this intervention are obvious, many participants also acknowledge the mental health improvements that they experience.

GEOGRAPHY AND PREMATURE MORTALITY: THE IMPORTANCE OF LOCALISED FOCUS

Where a man lives in Ireland can have a profound impact on how long he lives (39), but this impact is not the same across the country. Geographic location shapes factors like employment opportunities, housing conditions, access to healthcare, social capital, and environmental risks. The broad level data available suggests that these influences operate between counties, but more critically, the biggest gaps are often found within counties, in smaller areas where pockets of deprivation exist.

FIGURE 6. PREMATURE MORTALITY RATES BY DEPRIVATION LEVEL AND SEX IN IRELAND (2017–2022).



By Socioeconomic Status

Men's health outcomes vary significantly depending on the level of deprivation in the areas where they live (Figure 6). In 2022, men living in the most deprived 20% of areas in Ireland were, on average, almost 1.5 times more likely to die before the age of 75 than those living in the least deprived areas.

When we examine this data over time, several concerning trends emerge:

Premature mortality increases with deprivation: The more disadvantaged an area is, the higher the rate of premature death among men.

The responsibility is unevenly shared: The increase in premature mortality between the second most deprived and the most deprived men is almost twice the size of the average increase between quintiles[h].

Health inequalities are persistent: The gap in outcomes between more and less deprived areas is not closing over time. In fact, it appears to be holding steady, or worsening in some cases.

A similar pattern is observed among women, with premature mortality increasing in line with area-level deprivation. However, the impact is less severe than it is for men. In the most affluent areas, men are about 23% more likely to die prematurely than women. **In the most deprived areas, this gender gap widens significantly where men are 46% more likely to die prematurely compared to women living in those same communities.**

The leading causes of premature death are largely the same for men in both affluent and disadvantaged areas. What differs is the rate at which men in more deprived areas are affected, highlighting that it's not just what men die from, but how often, and how early these deaths occur that reflects the scale of inequality. As shown in Table 3, men living in the most disadvantaged areas of Ireland face significantly higher rates of death across all leading causes. These conditions are closely associated with known risk factors such as smoking, alcohol use, poor diet, and limited access to early detection or timely healthcare, factors that are unequally distributed in disadvantaged areas.

TABLE 3. CAUSES OF PREMATURE DEATH IN MOST AFFLUENT AND MOST DISADVANTAGED AREAS IN IRELAND.

Cause of premature death	Premature mortality per 100,000 men		Ratio of most affluent to most disadvantaged
	Most affluent	Most disadvantaged	
Cancers	75	130	1.7 times
Circulatory diseases	35	100	2.9 times
External causes	20	70	3.5 times
Respiratory diseases	15	55	3.7 times
Digestive diseases	10	35	3.5 times

[h] In 2023 the difference in premature mortality rates between quintiles 4 and 5 was 94 per 100,000 men. In contrast the average increase between quintiles 1 to 4 was 51 per 100,000 men (59 + 52 + 43 /3), 94/51 = 1.84 or 84% higher. A quintile is one of five equal groups where the population has been divided based on a particular variable, in this case deprivation score. Each quintile represents 20% of the population in order of increasing deprivation.

By County

There are clear differences in the age standardised rates (ASR) of male premature deaths by county in Ireland. The heat map in Figure 8 illustrates that where men live in Ireland influences their risk for premature death. This is because health is shaped not just by personal choices, but also by where we live, including local jobs, housing, services, culture, and the environment. All of these factors need to be taken into account to improve men's health.

Key findings from this analysis reveal:

A 36% gap exists between the five counties with the highest and lowest age-standardised rates (ASR) of male premature death.

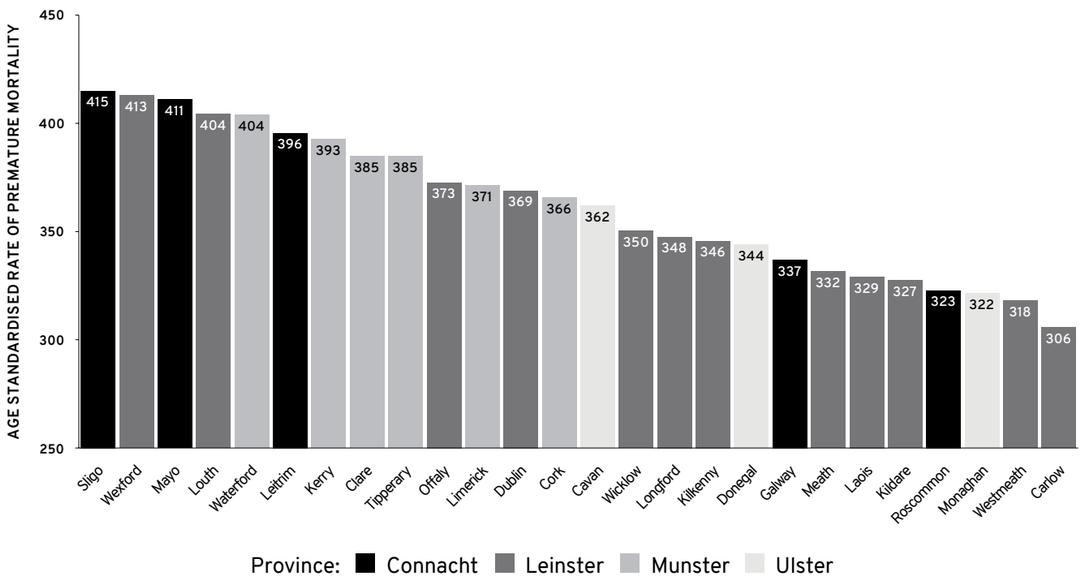
Sligo has the highest male premature mortality rate, with men living there 1.4 times more likely to die before the age of 75 than men in Carlow, which reports the lowest rate.

Other counties with high ASRs include Wexford, Mayo, Louth and Waterford (See Figure 7). However, not all men in these counties experience the same health risks.

A Note for Readers:

While county-level statistics provide a high-level snapshot, they don't provide the full picture. Media headlines that compare counties can often miss the fact that poor health outcomes are frequently driven by pockets of deprivation within counties, rather than broad county-wide disadvantage.

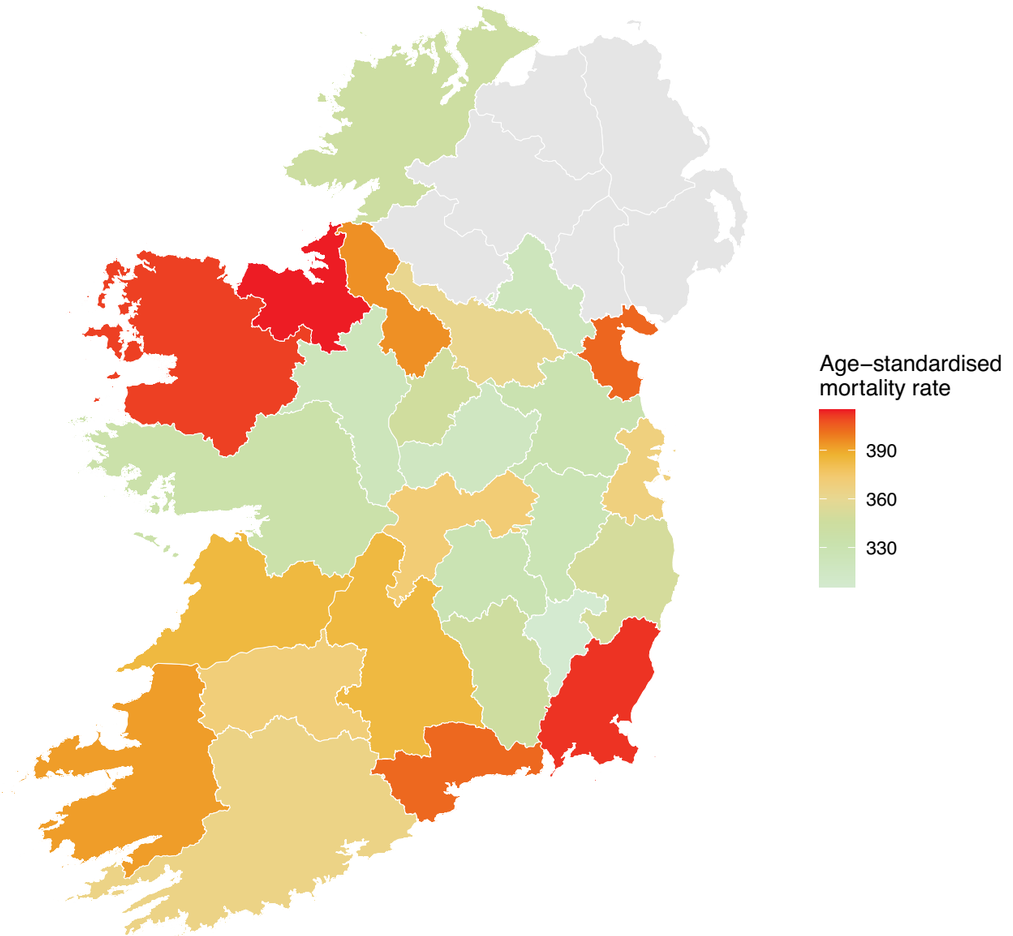
FIGURE 7. AGE-STANDARDISED PREMATURE MORTALITY RATES FOR MALES ACROSS COUNTIES IN IRELAND (2022).



PREMATURE MORTALITY RATES

Age-standardised premature mortality rates in 2022.
By County in Ireland

FIGURE 8. HEAT MAP HIGHLIGHTING THE GEOGRAPHIC VARIATION IN PREMATURE MORTALITY RATES FOR MALES ACROSS IRELAND IN 2022.



Source: CSO Ireland

LEADING CAUSES OF PREMATURE DEATH BY COUNTY

The four maps shown here (Figure 9) break down male premature deaths by specific causes (2020–2022), showing how different health outcomes manifest geographically:

Suicide and intentional self-harm: Highest mortality is concentrated in the northwest, especially in counties like Sligo, which may indicate a greater mental health need in that region.

Alcohol-related causes: Elevated mortality rates are seen in parts of Munster and the Midlands, suggesting localised harms from hazardous drinking patterns.

Diseases of the circulatory system (e.g., heart disease): Higher rates are found in the south and west, potentially reflecting regional differences in diet, activity, or healthcare access.

Smoking-related causes: The impact of smoking is greatest in parts of Leinster and Munster, with stark variation across the country.

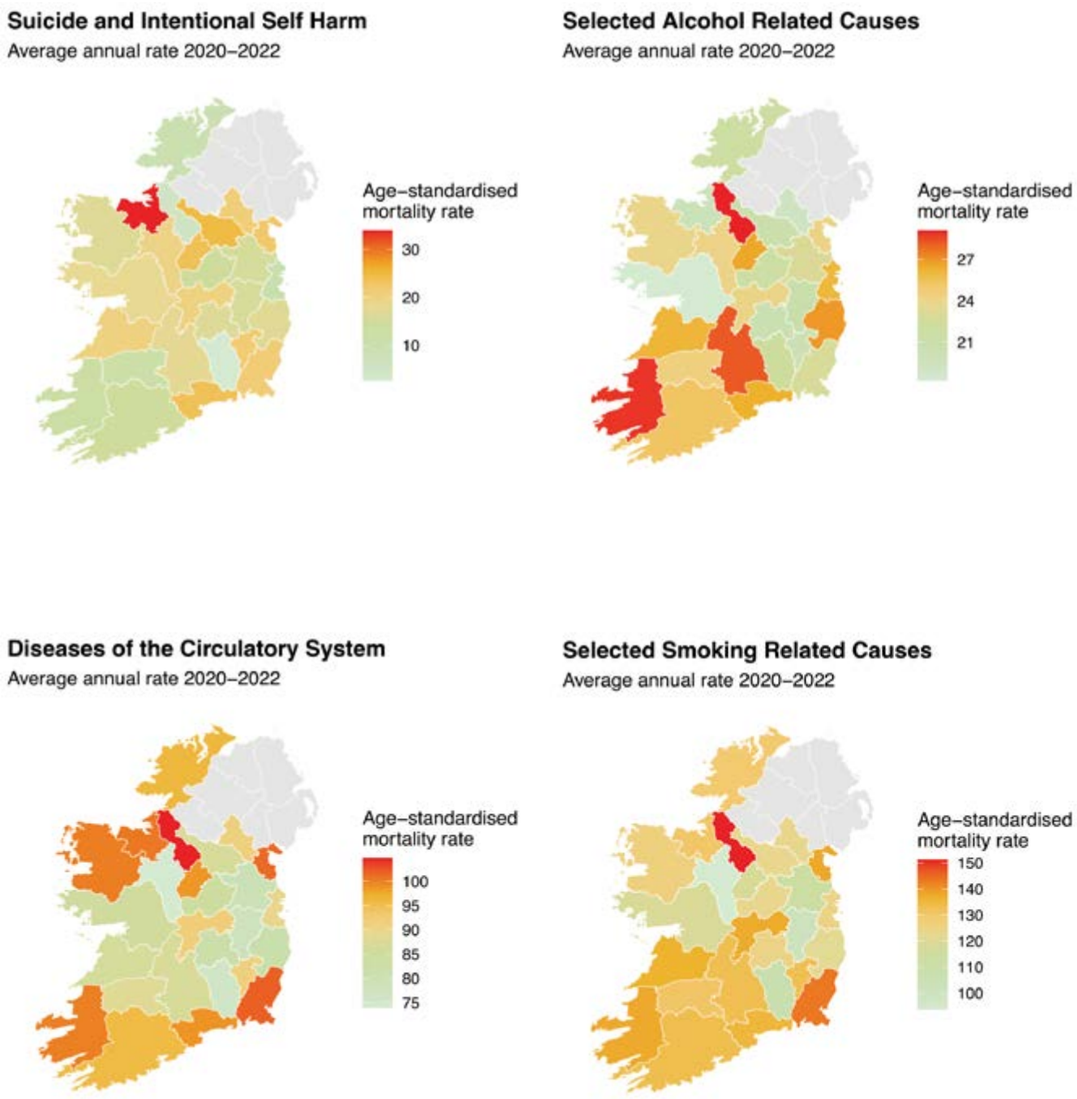
These maps demonstrate that different health issues affect men in different regions. While there are broad national trends, there are also distinct local patterns in suicide, alcohol harm, smoking, and heart disease. **These geographic patterns emphasise that a national response must be locally informed.**

The data supports the need for approaches that tackle the social determinants of health such as poverty, unemployment, social isolation, and limited access to care in a targeted and coordinated way. While the data helps highlight geographic disparities, it is observational in nature, it shows where problems exist, but not necessarily why. **Understanding the underlying drivers behind these trends is essential for shaping more effective, locally tailored interventions.**

A Note for Readers:

Average income and income inequality indicators (like median income or Gini coefficients) do not explain the differences seen across entire counties. This might seem surprising given earlier findings that showed clear health differences between the most and least deprived areas. To better understand and respond to health inequalities, we need to look more closely at these smaller areas where disadvantage is most concentrated.

FIGURE 9: MAP HIGHLIGHTING THE GEOGRAPHIC VARIATION IN PREMATURE MORTALITY RATES FOR MALES BY SPECIFIC CAUSES ACROSS IRELAND IN 2022



What Works:

FARMERS HAVE HEARTS CARDIOVASCULAR HEALTH PROGRAMME

The Farmers Have Hearts Cardiovascular Health Programme is a health intervention which targets male Irish farmers. The programme consists of a baseline health check, a health behaviour change intervention, and a repeat health check at 52 weeks. The research found that 74% of Irish male farmers have four or more risk factors for cardiovascular disease (40). This means that they are three times more likely to have an acute cardiac event (stroke or heart attack) compared to those with fewer risk factors. 75% of all farmers participating in the research were advised to visit their GP to get further support and advice. The overall goal of this programme is to increase farmers' use of health services, promote sustainable health behaviour change, and reduce cardiovascular disease risk.

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

Although health outcomes are shaped by a range of different and intersecting factors, evidence suggests that poor lifestyle and health behaviours have a key role to play.

Alcohol Use

Alcohol use in Ireland shows clear differences between men and women and is shaped by age and social backgrounds (24). Men are more likely than women to start drinking earlier (median age 15 vs. 16), drink regularly, heavily, and to seek treatment for alcohol issues. More men also tend to drink weekly (43% vs. 33%) and multiple times per week (26% vs. 17%) (24).

Over the past decade, both weekly drinking and binge drinking have decreased across all men (24). However, issues remain, among younger men, with 50% reporting recent binge drinking (24), and middle-aged men (35-49), represent the largest group seeking treatment for alcohol-related problems (26).

Data shows that men make up the majority (64%) of those in alcohol treatment, with 28% reporting concurrent drug use, mainly cocaine (68%) and cannabis (47%). More affluent men tend to consume similar or more alcohol than less affluent groups, but those from less affluent backgrounds experience more negative consequences, with high rates of unemployment (48%), homelessness (10%), and early school leaving (22%) among men in treatment (26).

Overall, despite reductions in consumption, alcohol-related issues persist across all ages, especially among younger binge drinkers and middle-aged seeking treatment.

Drug Use

In 2022-2023, nearly 1 in 10 (9%) males reported using an illegal drug (excluding sedatives or tranquillisers) in the past year, with usage highest among young men aged 15-24, at 23% (25). Usage remained relatively high (17%) in men aged 25-34 and declined with age thereafter. Cannabis was the most commonly used substance among younger men (15–24), while cocaine use peaked in the 25–34 age group (8%), suggesting distinct patterns of use across different age cohorts.

In 2023, 104 individuals sought treatment for problem drug use—an increase of 47% since 2017—with men accounting for 69% of cases (25).

Cocaine was the most frequently reported drug among male treatment seekers in 2023 (excluding alcohol), representing 39% of drug-related treatment cases. This marks a near threefold increase since 2017, with men comprising 72% of those receiving treatment for cocaine. Co-use of substances is also common. Many in treatment reported concurrent alcohol use, and the number of men citing both cocaine and alcohol as problem substances more than doubled, rising by 116% between 2017 and 2023 (25).

Smoking and E-Cigarette Use

Ireland made significant progress in reducing smoking rates from 23% to 17% between 2015 and 2019, but this progress has stalled since then, with rates remaining static at 17 to 18% through 2024 (24, 41). Men smoke at higher rates than women (20% vs 15% in 2023-24) and typically try their first cigarette at age 15, beginning daily smoking at 18. The highest smoking prevalence rates are among men aged 25-34 (25%), remaining relatively high until dropping substantially after age 65 (24, 41).

While there were major declines in smoking among men aged 25–54 and women aged 15–44, worrying trends have emerged elsewhere. Smoking has slightly increased among young men aged 15–24 and among men aged 55–64. Women over 65 now smoke more than men the same age reversing previous patterns, highlighting the importance of gender response strategies to tackle factors that can lead to premature death (24).

Data from 2024 shows that smoking remains strongly linked to socioeconomic disadvantage, with higher rates among the unemployed (25% vs 18% employed) and those with lower education levels (23% vs 16%). Smokers are significantly more likely to report long-standing health problems and mental health issues, with over one third (39%) of smokers, and almost half (45%) of ex-smokers reporting that they have a long-standing illness or health problem, compared with 32% of those who have never smoked.

Meanwhile, e-cigarette use has doubled from 4% to 8% of the population between 2021-2024, with the highest uptake among young people aged 15-24 (reaching 16%), particularly young men (20%). This trend represents a concerning development that may undermine progress made in traditional smoking cessation programmes (24).

Physical Activity and Healthy Eating

In 2024, men were more likely than women to meet national physical activity guidelines (50% vs 33%) but both sexes experienced significant declines with age (24). For men, sharp drops occurred between ages 25–34 and 35–44, and again after 75+. These declines reflect major life transitions like increased work demands, reduced sports participation, and parenting. Since 2019, overall activity levels have fallen by 4% for both genders, but this masks a sharper decline in men. Notably, the proportion of active men aged 35–44 fell from 63% to 50%, and from 53% to 46% among those aged 45–54, suggesting fitness decline is beginning earlier in men's lives (24).

Men reported poorer dietary habits compared to women in 2024, with only 22% of males eating five or more portions of fruit and vegetables daily, significantly lower than the 33% of females (24). Men were also more likely to consume sugar-sweetened drinks, with 11% reporting regular consumption compared to just 7% of women, highlighting a pattern where men's advantage in physical activity is offset by poorer nutritional choices.

Overweight and Obesity

In 2024, men showed significantly higher rates of overweight and obesity compared to women, with 63% of males affected versus 50% of females (24). The weight gap between men and women emerges and widens with age. While young adults aged 15-24 start on equal footing, with 65% of both men and women reporting normal body weight, by the 65-74 age group, a 20% difference in obesity rates has developed between men and women.

This weight disparity carries serious health implications, as obesity increases the risk of various conditions such as certain cancers, high blood pressure, hyperlipidaemia and diabetes (42).

While there has been some modest progress - with 3% fewer males living with overweight and obesity since 2019 - the overall proportion remains high. This indicates the need for targeted effort towards interventions that better engage men in weight management.

FIGURE 10. PROPORTION OF THE POPULATION MEETING THE PHYSICAL ACTIVITY GUIDELINES IN 2019 VS 2024 BY AGE AND SEX.

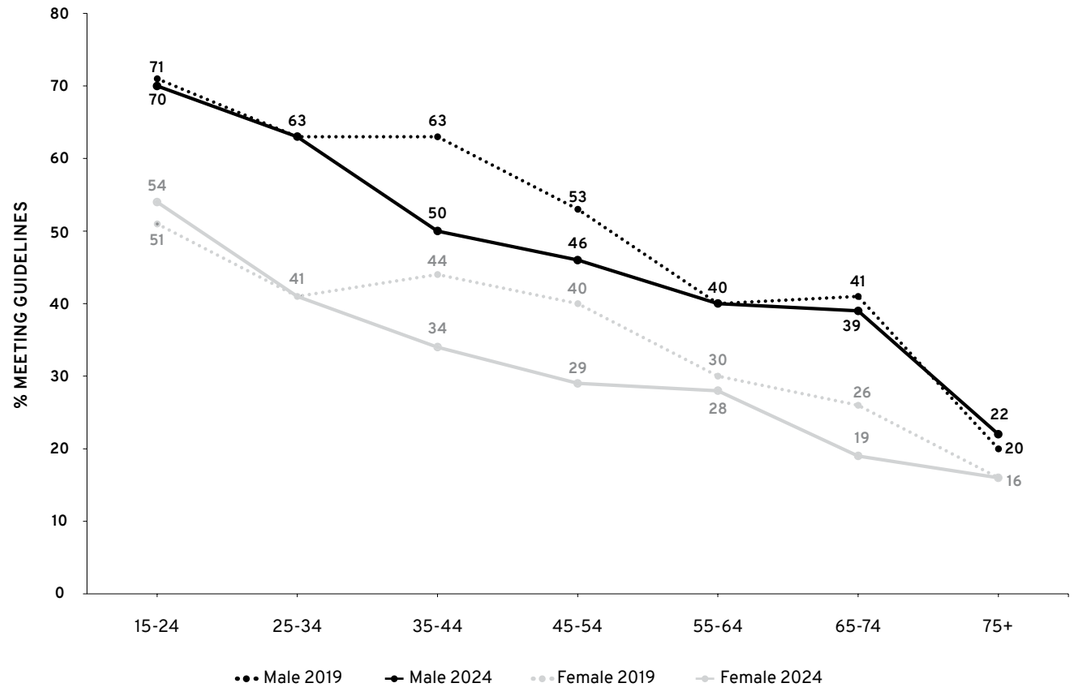
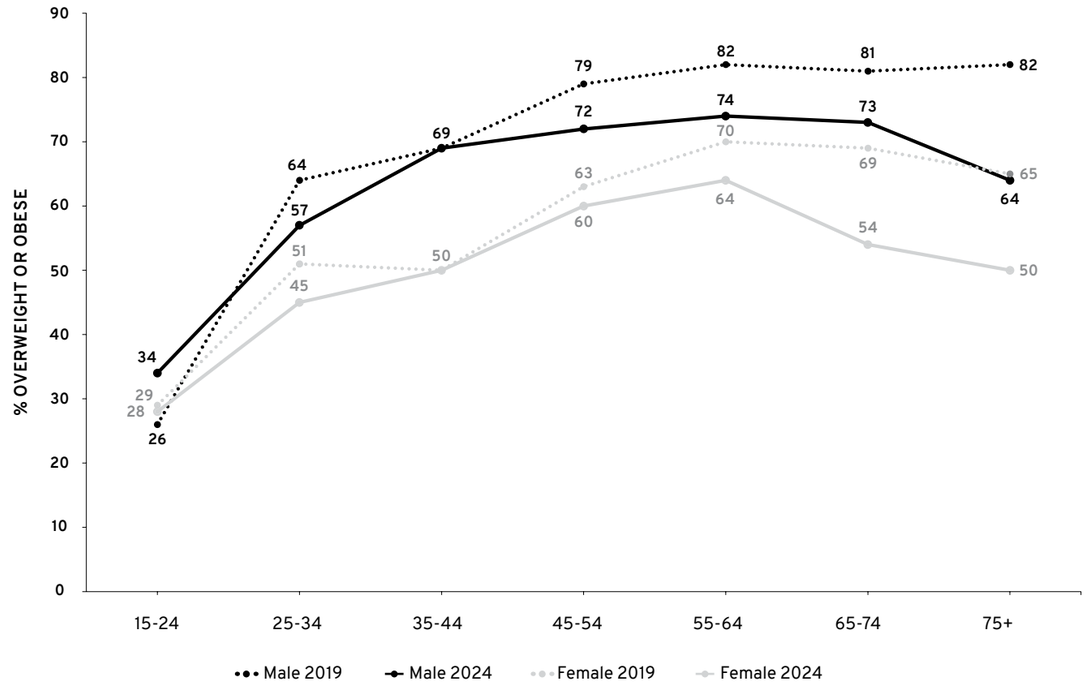


FIGURE 11. PERCENTAGE OF OVERWEIGHT AND OBESITY BY AGE AND SEX IN 2019 AND 2024.



SCREENING UPTAKE

Men are less likely to seek preventive care and regular health screenings, which can lead to delayed diagnosis and poorer health outcomes. Colorectal cancer is one of the most common cancers in Ireland, yet screening rates remain low-especially among men (27).

In 2022 and 2023, only 27% of initial participants took part in bowel screening, with just 24% of men attending compared to 30% of women. Initial participants are people invited to take their first bowel screen and/or those invited previously who did not take up the offer of screening at that time. This is a missed chance to catch cancer early, when it's easier to treat. Men also tend to know less about the warning signs of bowel cancer, which may explain why they take longer to seek help, and why cancer is found more often when they are screened (27, 41).

Promoting preventive care, screening participation, awareness of disease symptoms, and encouraging help-seeking in men could lead to earlier detection and better health outcomes, especially for conditions like cancer (43). In addition, systemic barriers such as health services not being designed or delivered with men's specific needs in mind, limited provider training in engaging men effectively, and a lack of male-friendly environments, can further discourage men from accessing care. Addressing both individual and structural barriers is therefore essential in closing the gap in men's health outcomes.

What Works:

PLACE 4U MEN'S HEALTH AND WELLBEING PROGRAMME

The PLACE4U Men's Health and Wellbeing Programme in Clonmel, County Tipperary, is a community-driven initiative aimed at improving the physical and mental wellbeing of men through meaningful engagement, connection, and support. The programme offers a 10-week structured course that provides a safe, supportive space where men can come together to explore health topics, build resilience, and learn practical tools for improving wellbeing. Weekly sessions include physical activities, creative workshops, nutrition advice, mental health discussions, and access to health checks and guest speakers from local services. The programme is especially focused on engaging older men and those who may be socially isolated, unemployed, or dealing with long-term health issues. Feedback from participants has highlighted increased social connection, improved self-confidence, better understanding of health behaviours, and greater willingness to seek support when needed.

AGRICULTURAL DEVELOPMENT SERVICE

The Irish Agricultural Development Service (Teagasc) actively promotes farmers' health as a component of Sustainability using the Total Worker Health Model. This is achieved by conducting research related to farmers' health in association with health promoting organisations, and communicating findings to the farming community through on-line and print media channels. Teagasc Health and Safety Specialists provide leadership to both Teagasc advisors and educators in promoting farmers' health in their work at training courses, farmer peer-to-peer discussion groups, on-farm events and one-to-one interactions with individual farmer clients. On-going promotion of farmer health by a science-based and trusted source creates awareness and openness for adoption of health promoting practices. Such a platform facilitates the engagement of farmers with advisors in health messages from such programmes as 'On Feirm Ground'.

What Works:

THE NATIONAL MEN'S HEALTH POLICY

As the first country in the world to publish a National Men's Health Policy (NMHP) in 2009, Ireland has been at the forefront internationally in pioneering a policy focus on men's health (44). The leadership shown in this area clearly demonstrates a commitment to addressing the specific health needs of men and promoting gender-specific and gender transformative healthcare practices. The policy was informed by a specially commissioned men's health report 'Getting Inside Men's Health' (45) and an extensive consultation process. The follow-up Healthy Ireland – Men Action Plans, published in 2017 (46) and 2024 (17), and closely aligned to the Healthy Ireland Strategic Action Framework (47), sought to consolidate a sustainable and inclusive approach to men's health through collaborative partnerships with healthcare providers, government agencies, community organisations and workplaces. Indeed, partnership has been the cornerstone of men's health policy implementation to date.

This is evidenced by the emergence of a broad range of men's health initiatives and programmes which provide solid foundations and a strong mandate for a continued men's health policy focus (17). The continued strengthening of the evidence base around men's health provides a rich tapestry from which to expand and upscale men's health interventions, as well as mainstreaming a gendered approach to programme and service delivery. The development of resources, toolkits and training materials have helped to fill in the gaps in terms of effectively engaging men in their health. Knowing 'what works', in what circumstances and with which target groups, has supported capacity building at a service and programme delivery level, as well as providing a platform from which to expand men's health work in the future. Whilst overall improvements in men's health outcomes are to be welcomed, there continues to be significant differences in health outcomes; not just between men and women, but between different population groups of men. There needs to be a specific focus on targeting those under-served sub-population groups most at risk. The COVID-19 pandemic drew attention to the higher incidence of underlying conditions among certain population groups of men (48), thereby further underlining the need for an explicit focus on gender within the context of an equity-based, intersectional approach to men's health.

YEARS OF LIFE GAINED

Since the launch of Ireland's first National Men's Health Policy in 2009, new analysis of national mortality indicates that there has been meaningful improvement in men's health, particularly in reducing premature deaths. To examine this, a statistical method called 'difference-in-differences'[i] was employed to assess the impact of the introduction of the policy.

A strength of the difference-in-differences method is that it can be used to account for wider trends, such as economic recessions, by comparing two groups (in this case males and females) within the same location. To observe trends over time, 16 years of data (2003-2018) were used, covering the period before and after the policy was Introduced. The Central Statistics Office data described the potential years of life lost (PYLL; which measures the years lost due to deaths before age 70) for men and women in Ireland over this period.

Using this technique, the data allows us to estimate what the male PYLL would have looked like in a world where the policy was not introduced, often called a "counterfactual". The difference between this and the real-world data can be used to estimate the impact associated with the introduction of the National Men's Health Policy between 2010 and 2018, the first full year following introduction of the policy and the latest data available.

A Note for Readers:

Potential Years of Life Lost (PYLL) tracks the number of years lost when someone dies young, in this case, before the age of 70. For example, if a man dies at 50, that counts as 20 years of life lost. This analysis examines potential years of life lost (PYLL) per 100,000 population in Ireland from 2003-2018.

STRENGTHS OF THE ANALYSIS	LIMITATIONS AND CAUTIONS
The use of a difference-in-differences approach helps isolate the association between the men's health strategy and changes in male premature mortality by comparing trends in men and women over time.	As with all non-experimental designs, the analysis cannot establish causality, only an association.
The analysis draws upon high quality CSO data (2003–2018), allowing for comparison before and after the 2009 policy.	Females are used as a comparison group, but differing trends in male and female mortality post 2009 may be influenced by other gender-specific factors.
The creation of a counterfactual trend (i.e., what would have happened without the policy) adds nuance and controls broad trends that impact both males and females.	Factors that impact genders differently post 2010 (e.g. other policies, economic shifts, or health interventions affecting men more than women) could be associated with the policy.
The analysis provides rare empirical evidence linked to a national men's health policy offering useful insights for future planning.	Population changes due to gendered migration patterns may influence per-capita mortality rates.
The association between the time period of the strategy introduction and male PYLL trends was found to be statistically significant, adding weight to the findings.	If the underlying decline in 2010-2018 is higher than modelled the policy effect size may be moderated. However, based on testing, the policy under plausible circumstances is still very likely to be associated with an effect.

The data shows that premature death has declined for both men and women in Ireland since 1980, with both sexes showing similar progress between 2003 and 2009 (Figure 12). After the introduction of the National Men's Health Policy in 2009 (44), male premature death kept a steady pace, consistent with earlier years. However, the rate of decline in females' premature death slowed noticeably between 2010 and 2018.

If male trends had followed the same slower pattern as women after 2009, men's outcomes would have improved more slowly. The difference between this "what if" hypothetical trend (the "counterfactual") and what actually happened provides an estimate of the potential impact of the National Men's Health Policy (44).

[i] See technical notes for further information on the method.

The scale of this estimated impact is illustrated in Figure 13, which shows the total number of PYLL avoided each year following the introduction of the National Men's Health Policy (44). The initial impact in 2010 was modest, with an estimated reduction of 29 years of life lost. However, despite some year-to-year variation, there is a clear upward trend over time.

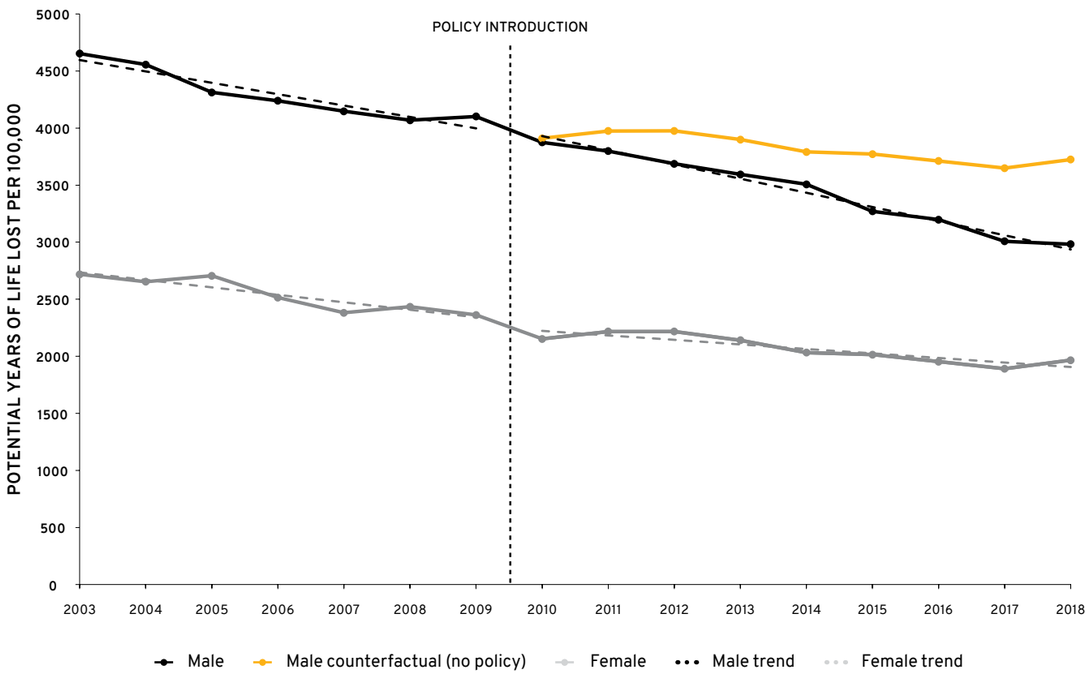
By 2018, the analysis suggests that up to 17,342 years of premature male death may have been avoided, relative to expected trends, during the period following the introduction of the policy. While this does not prove causation, the timing and scale of the reduction align with the policy's implementation and may indicate a positive association. This growing effect over time likely reflects a lag between the policy's implementation and the emergence of measurable health benefits. While some gains were seen relatively quickly, the steady increase supports the importance of long-term, strategic policymaking in delivering meaningful and sustained improvements in population health.

Overall, the data reveals persistent but narrowing gender disparities in premature mortality. The analysis indicates a statistically significant reduction in the male PYLL rate relative to the female rate associated with the introduction of the National Men's Health Policy. While the disparity between males and females remains, the National Men's Health Policy may have had a measurable impact in narrowing this gender divide. However, it's important to note that PYLL is just one measure of health; other relevant measures of health should also be assessed. These could include preventative indicators (e.g., smoking cessation and routine health care), disease related measures (number of diagnoses, self-rated mental health) and quality of life indicators.

Importantly, these results emerge during a period marked by major economic and social shifts, including the aftermath of the global financial crisis, constraints on health spending, and increased migration. The fact that male PYLL trends did not stall during this time and instead maintained the downwards trend is particularly noteworthy. While we cannot draw direct causal conclusions from observational data, the analysis adds weight to an argument that the National Men's Health Policy helped buffer men in Ireland from the broader slowdown in health gains observed after 2009.

As Ireland continues to reform its health system supported by the National Men's Health Action Plan (17) and through initiatives like Sláintecare (49), these findings reinforce the value of gender-informed policy as a tool to reduce inequality and support longer, healthier lives.

FIGURE 12. COMPARISON ON POTENTIAL YEARS OF LIFE LOST BETWEEN MALES AND FEMALES.

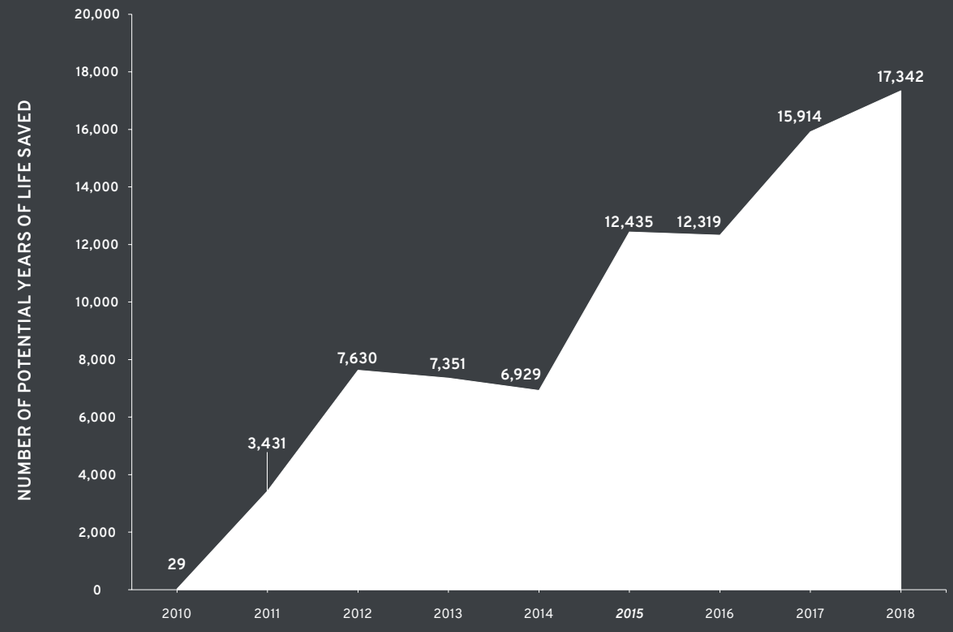


What Works:

MEN'S HEALTH IN NUMBERS

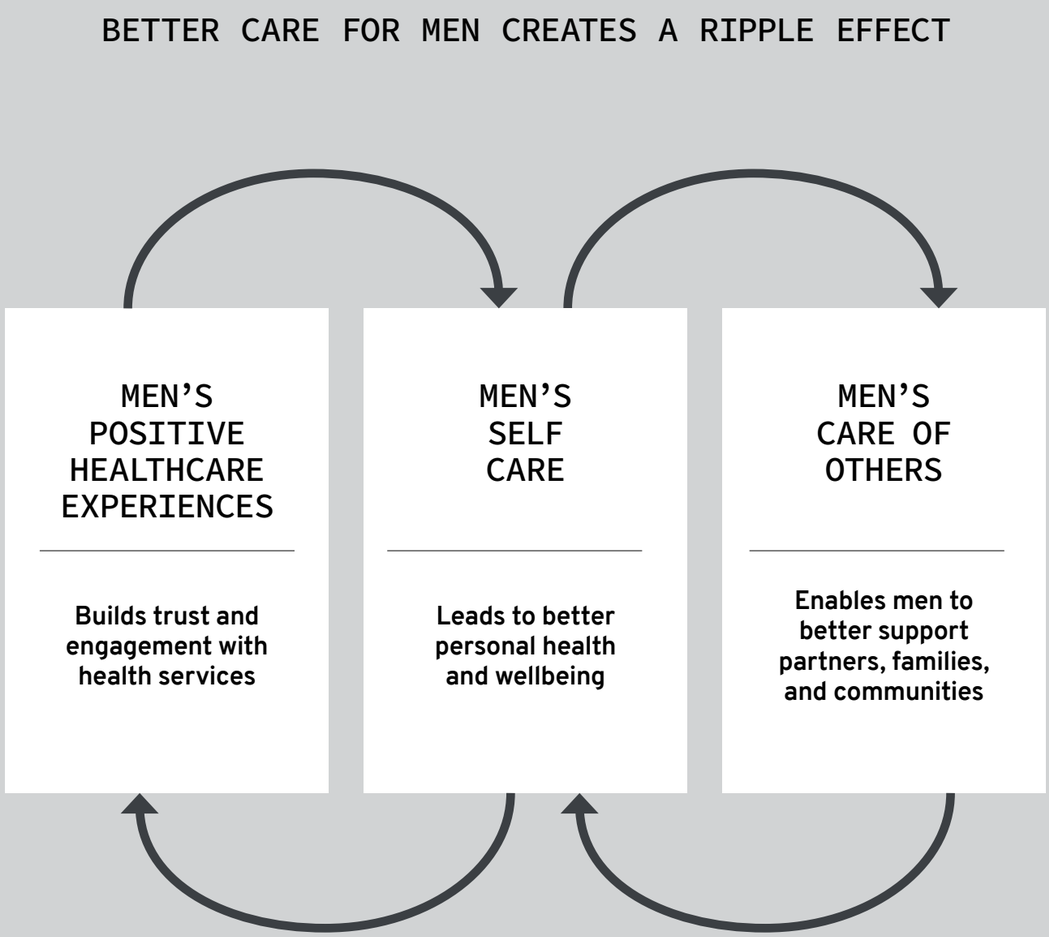
To work in an evidence-informed way, a key challenge is gaining access to reliable and easy to understand data upon which to base future interventions. The 'Men's Health in Numbers' publications offer Irish decision-makers, service providers and practitioners access to this information. There are two types of publication: (i) a comprehensive 'Trends Report' that describes, in detail, changes in significant markers of men's health on the island of Ireland in the last 20+ years (50); and (ii) an infographically-driven 'Men's Health Report Card' that provides a lay person's synopsis of contemporary key men's health statistics in Ireland (51). This free resource has been used by a broad range of organisations to inform Men's Health Week content, practical interventions, funding applications and the development of new services.

FIGURE 13. ESTIMATED IMPACT ON POTENTIAL YEARS OF LIFE LOST ASSOCIATED WITH NATIONAL MEN'S HEALTH POLICY.



The Unexpected Faces of Men's Health

While the earlier chapters explored the pressures men in Ireland face and how these shape their health outcomes, this chapter expands this lens. It explores how men's health challenges affect others, from partners and families to colleagues and communities, as well as the wider reverberations through Irish society. When men have access to effective, trusted and timely healthcare, they are more likely to engage in self-care. In turn, they are better equipped to be active caregivers, involved fathers, supportive partners, and engaged citizens. Yet, when men's health fails, whether due to late intervention, stigma or systemic barriers, the responsibility often falls on those around them.



Positive healthcare experiences empower men in Ireland to care for themselves and contribute meaningfully to others, benefitting partners, families, workplaces and society as a whole.

This chapter looks at the ripple effect of men's health and illness, public perceptions, the economic cost and the mostly invisible care systems that support men behind the scenes. In doing so, it calls for a broader, more inclusive and connected vision of health in Ireland.

The Impact of Men's Poor Health on Loved Ones

Men's poor mental health can manifest in risky behaviours such as problem gambling or heavy alcohol use, both of which carry serious consequences for families (52). In Ireland, harmful alcohol consumption remains a critical public health issue (53), contributing to gender-based violence, family breakdown, and intergenerational trauma (54, 55). Likewise, gambling related problems cause emotional distress, financial hardship, and social isolation, often resulting in ripple effects through households (56).

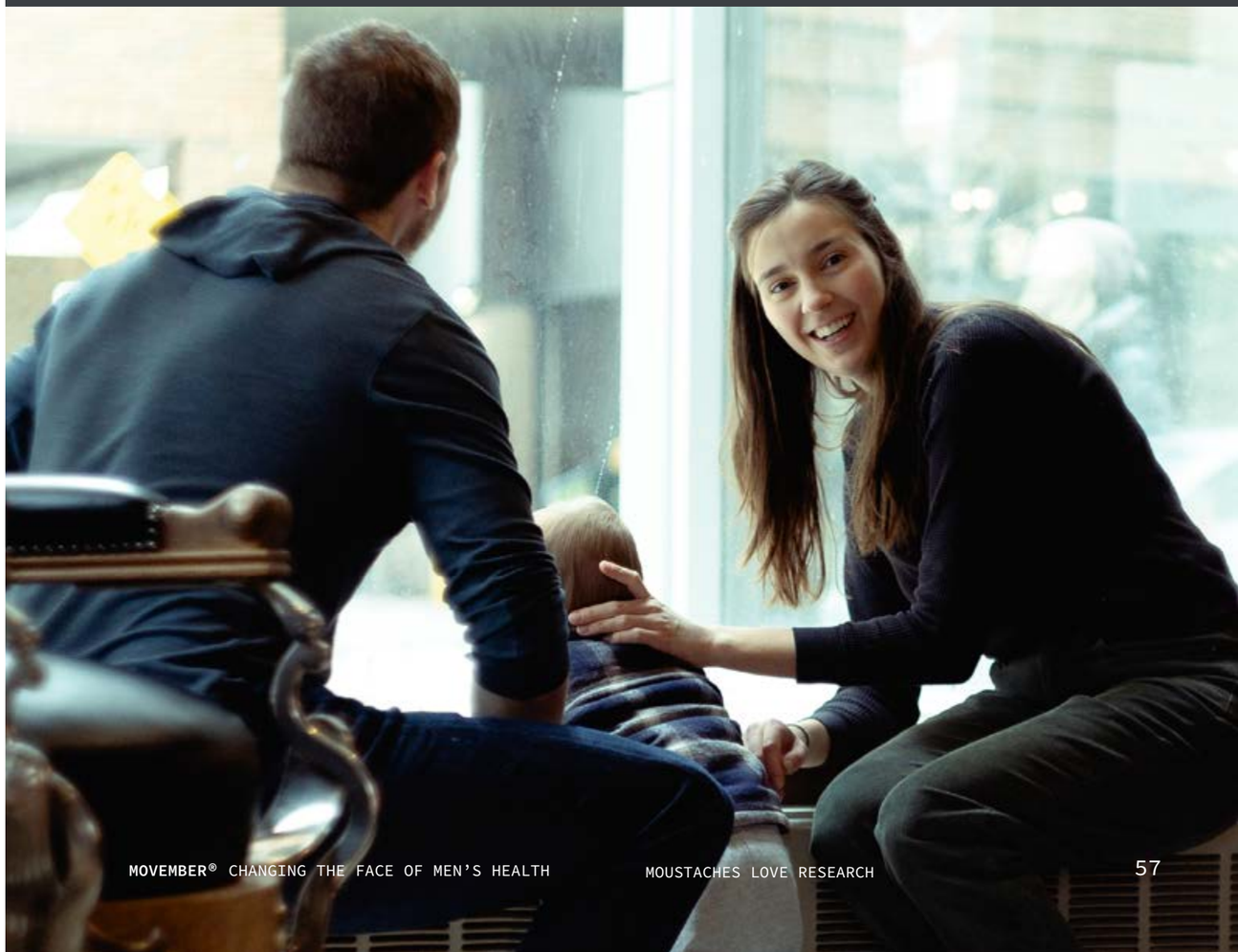
> "I think the family benefit as well. So obviously wives and partners…then kids as well could obviously benefit from men's health – if that [men's health] was being looked at from a family basis."
>
> - DAVID, DUBLIN.

Critically, there is also growing recognition of the link between men's experiences of violence and their future behaviour. Men's poor health can, in some cases, contribute to harmful behaviours, including the use of violence in relationships. While the use of violence is always the responsibility of the individual, it often occurs within a wider context of personal and structural vulnerability, including experiences of childhood trauma, poor mental health, substance misuse, and unresolved distress (57). These factors can increase risk, but they do not excuse harm. Intergenerational transmission of trauma is a stark reminder that gender-based violence is not only a justice or women's issue, it is a profound men's health issue too. Left unaddressed, the cycle continues, compounding harm across generations (58). For instance, according to the Central Statistics Office, 23% of women and 6% of men experienced sexual violence both as an adult and a child (59). Intimate partner violence (IPV) also remains a significant public health and human rights issue disproportionately affecting women (60). In Ireland, 35% of women have experienced psychological, physical and/or sexual abuse from an intimate partner, higher than the EU average of 31.8% (60).

Women are also more likely to experience repeat victimisation and more severe forms of harm. For many, the effects are compounded by gendered patterns of economic dependency, caregiving responsibility, and social stigma (61). While robust EU-wide data on men's experiences of IPV are limited, emerging evidence highlights the importance of better understanding how men conceptualise and experience such violence. Addressing IPV through a gender-informed and trauma-aware lens can help disrupt cycles of harm and provide more effective support for all those affected (17, 62, 63) . Indeed, addressing men's health, particularly mental health, substance use, and the legacy of trauma, must form part of a broader, integrated approach to violence prevention. This includes early intervention, trauma-informed care, and accountability. Health services, in particular, have a critical role to play. Men who use violence are more likely than other men to interact with the health system, often because of their own health issues, distress, or injury (62, 63). This presents a vital window for connection where healthcare professionals are uniquely positioned to intervene early, not by replacing the justice system, but by helping men access support before harm escalates.

> "It's a rising tide [men's health], lifts all boats [family] sort of situation."
>
> - CHRIS, DUBLIN.

> "It makes a huge impact on the entire family. But also, if we have men with healthy, good mental health, it makes a huge difference on society as a whole."
>
> - MITCH, DUBLIN.



What Works:

WHITE RIBBON

White Ribbon is a campaign in over 60 countries which seeks to engage with men and boys around ending violence against women and gender-based violence. Ireland has been a long-standing contributor to this campaign, and has developed a range of programmes. These include: a Post-Primary School Programme which targets secondary school teachers, staff and management; an Organisations Programme which promotes inclusivity and equity in Irish workplaces and supports organisations to develop a culture of safety and freedom from domestic, sexual and gender-based violence; and Game Changer which seeks to harness the positive influence of Gaelic Games to challenge the social and cultural norms that contribute to gender-based violence and sexual exploitation.

> “My grandad has dementia and I am his primary caregiver. I had to switch to a remote job, I work from home so that I can be with him 24/7. I do not leave my house unless it's for his appointments or to go for a walk with him. I have lost friends and have almost no social life, have no time to take care of myself.”
>
> - INFORMAL CAREGIVER FOR GRANDFATHER WITH DEMENTIA.

Intimate partners of men with chronic or life-limiting illnesses also face complex psychological challenges. For example, men in Ireland living with prostate cancer report relationship strain and altered intimacy, while their partners often experience anxiety, grief, and exhaustion (64). These issues are compounded when caregiving roles fall heavily on women, many of whom manage full-time work and household responsibilities alongside informal care (65).

Premature deaths among men in Ireland — whether through accidents, suicide, or chronic disease – are particularly impactful, creating long-lasting grief in families and communities (17). Male suicide in particular has a devastating effect, leaving behind partners, children, and friends grappling with trauma and unanswered questions (66, 67). In the Irish context, where male suicide rates remain stubbornly high and gender norms still shape help-seeking behaviours, these effects are especially pressing (17).

Although men's poor health heightens their need for care, it simultaneously reduces their capacity to be caregivers (68). As Ireland's population ages, more men will be called on to provide support for ageing spouses or parents. Doing so effectively depends on their own physical and mental resilience (69). Supporting men's health, therefore, is not just about extending years of life, it's about ensuring men can continue to contribute to their families and communities in meaningful ways (17, 20, 65).

In Ireland, the majority of care for men living with long-term physical or mental health conditions is provided informally (70, 71). Encouragingly, around one-third of these caregivers are men, demonstrating that caring roles are not exclusive to women. Insights from the Irish Men's Sheds Association suggest that many men who provide regular care may not identify with the label of 'carer', potentially leading to underreporting in national statistics. This points to the importance of recognising and validating diverse caregiving experiences, particularly in conversations around men's health and wellbeing.

Partners, parents, siblings, or friends often quietly step into the role of informal caregiver for men experiencing poor health. These individuals are predominantly women, providing unpaid care that is crucial but frequently goes unrecognised in health systems and policy discussions (65). This often comes at great emotional, financial, and physical cost. They juggle medication schedules, GP appointments, emotional reassurance, and often, financial pressures, while trying to deal with other responsibilities and maintain their own wellbeing. In rural counties, long travel times and limited services can amplify this burden. According to Census 2022, over 299,000 people identified as unpaid caregivers in Ireland, and nearly two-thirds (61%) of them were women (72). Yet their experiences, especially when supporting men, remain largely invisible in the national conversation on men's health.

This underscores a broader truth: improving men's health is not only beneficial to men but has much wider benefits to family and community.

In Ireland, providing unpaid care is a widespread and impactful part of many people's lives. In 2025, Movember conducted a survey for this report of 802 informal caregivers (family, friends, partners) supporting men with physical and/or mental health conditions. On average, these caregivers provided 10.1 hours of unpaid care per week. Most caregivers were women (68%), who consistently reported more negative impacts compared to men across life domains such as energy levels, mental health, and life satisfaction.

"It's hard going working full time, minding children and also taking care of my husband. I often plan days out for the family only ending up unable to go when my husband is not well enough."

- WOMAN WHO CARES FOR HER HUSBAND INFORMALLY.

"Mentally it can be extremely draining, it never really gets any better it's just constant cycle of just trying to do the best you can and be there as much as possible. I miss having free time but he needs me."

- UNPAID CAREGIVER FOR MALE PARTNER.

Caregivers in Ireland report major disruptions to their personal lives, including time, energy, and mental health. **Of those surveyed:**

68% say their energy is impacted.

60% feel their mental health has declined.

65% experience frequent worry or anxiety.

57% of caregivers who are women report reduced life satisfaction vs 35% men.

75% of female caregivers say their energy levels and personal time have been negatively affected, compared to 54% and 59% of male caregivers respectively.

43% of men report fewer negative effects and stronger positive outcomes, including a greater sense of identity (43% vs 19% of women).

69% report a loss of personal time.

“

I do not socialise much anymore. He has lost all motivation to do anything due to his condition which also adds stress. I spend hours at night researching his condition. I also sometimes cry myself to sleep worrying about what will become of the situation.

”

- FAMILY CAREGIVER, CARING FULL-TIME FOR MALE RELATIVE.

“

There’s much more stress as the financial responsibility falls to me. He feels pressure that I’m pushing him back to work as his health is a lot improved - at least for part time work. I feel no longer like a romantic partner, almost like a responsible parent role.

”

- LOVED ONE CARING FOR INTIMATE PARTNER.

“

I feel isolated and unless in my position, others don’t know how hard it can be... it’s 24 hours of mentally being aware.

”

- SURVEY RESPONDENT, CAREGIVER FOR MALE RELATIVE.

Providing care frequently impacts work commitments and causes increased financial strain. Better health for men means less invisible labour for caregivers, especially women.

80%

of carers report that barriers they face negatively affect the quality of care they are able to provide.

44%

of caregivers who have made adjustments to their work also reported a lack of financial support with a lack of home care access a significant structural barrier.

27%

also reported financial strain even without having to adjust work commitments.

78%

took time off work in the past year.

35%

report out-of-pocket costs.

35%

adjusted or left work for caregiving.

> “Minding my partner does not affect my mental health but working multiple jobs so that we can afford rent does.”
>
> - PAID CAREGIVER CARING FOR PARTNER.

> “I feel so tired all the time and my intimate relationship is impacted a lot and I have no one to tell because I don’t want to upset him.”
>
> - LOVED ONE CARING FOR INTIMATE PARTNER.

> “The isolation, only going out for shopping. I am locked in.”
>
> - INFORMAL CAREGIVER CARING FOR FAMILY MEMBER.

> “I am one of the seven kids that look after him. A schedule was put up and each was assigned a week in turns to care after him on a full-time basis, which means remote working or taking holidays. Rather than being easier on us, it has put a strain on us siblings’ relationships as not everyone contributed, which creates friction.”
>
> - RESPONDENT ON CARING FOR PARENT.

While caregiving can affect intimacy and increase feelings of isolation, it also deepens emotional bonds for many.

67%

report a negative impact on intimacy.

66%

report greater closeness.

65%

report improved communication.

30%

of partner-caregivers report increased isolation.

38%

of women report significantly more relationship strain vs the 26% of men.

Despite the challenges, caregiving also brings personal growth and can strengthen emotional resilience:

70%
report more quality time.

66%
report better mutual understanding.

55%
feel more appreciation for life.

49%
report a stronger sense of purpose.

44%
feel fulfilled.

26%
of early-stage informal caregivers report improved mental health, versus 15% of long-term caregivers.

Support (formal and informal) is important in improving these wellbeing outcomes for caregivers:

63%
need regular encouragement.

52%
of unsupported caregivers cite financial constraints versus 25% of formally supported caregivers.

56%
of unsupported caregivers report low self-esteem versus 43% of formally supported caregivers reporting positive self-esteem.

“I am part of the scaffolding of his life and I am happy to do it. We are partners. I do worry about him and I do feel he is a bit cavalier about health matters. That’s life, I guess. I think the capitalistic system we live in doesn’t really help with security and stability, achieving the sort of goals that our parents did when they were our age. If we had more security, perhaps things would be different.”

- WOMAN CARING INFORMALLY FOR HER PARTNER.

“As a caregiver, it has made me realise that our life is ephemeral, so we also should have a sense of purpose and play our role in offering helping hands in any way possible.”

- INFORMAL CAREGIVER CARING FOR MALE LOVED ONE.

Table 4 highlights the negative and deeply gendered impacts of caregiving for men in Ireland. While caregiving can be a shared experience, it is not experienced equally: **women who care for men report markedly higher levels of emotional, psychological, and physical strain than their male counterparts.** Three-quarters of female caregivers say their energy levels and personal time have been negatively affected (both 75%), compared to 54% and 59% of male caregivers respectively. Women also report a sharper decline in mental health (72% vs. 46%), and are more likely to experience reduced sleep quality, self-esteem, and physical wellbeing.

These statistics reflect a broader gender disparity in caregiving responsibility. Caring for a man, be it a partner, parent, or friend, is often an all-consuming task that carries real and unequal costs. This underscores the urgent need for more visible, equitable, and well-supported care systems that recognise the hidden workforce of caregivers behind men's health in Ireland and the need to do more to ensure individuals, including men, are supported to stay in good health.

TABLE 4. THE IMPACT OF CARING FOR MEN ON THE LIFE OF THE CAREGIVER.

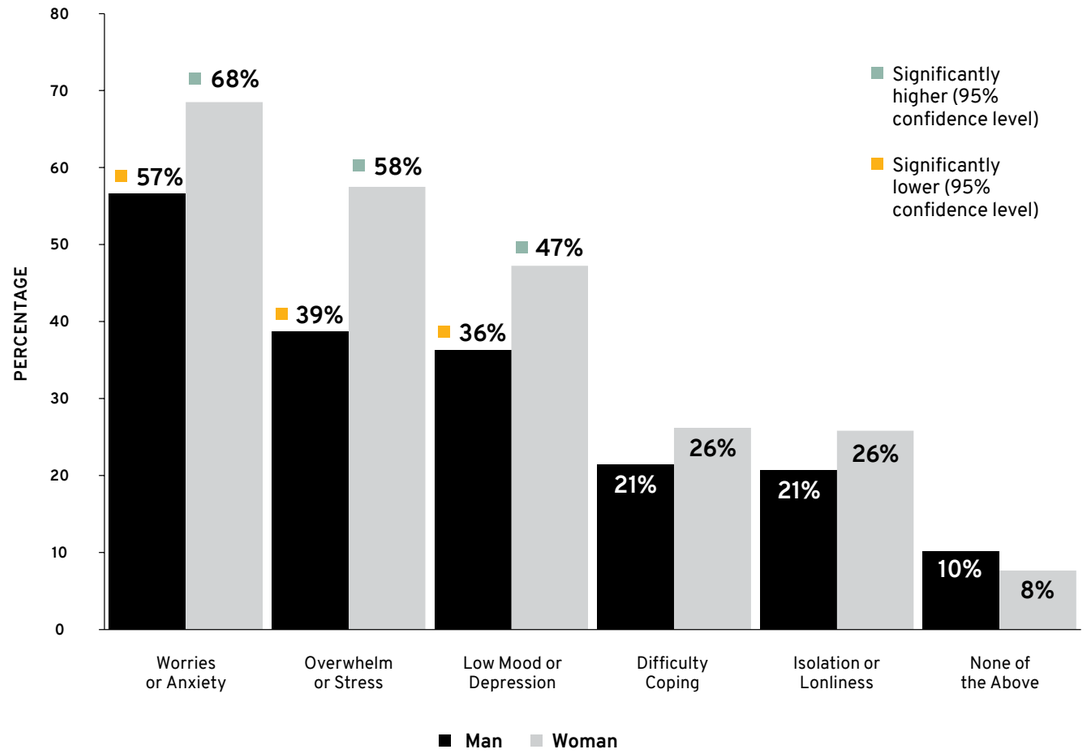
LIFE AREA	TOTAL (%)	MEN (%)	WOMEN (%)
Personal time	69%	59%	75%*
Energy levels	68%	54%	75%*
Mental health	63%	46%	72%*
Social life	56%	48%	60%*
Finances	52%	46%	55%*
Life satisfaction	50%	35%	57%*
Physical health	44%	32%	49%*
Work/career	43%	36%	46%*
Family responsibilities	41%	32%	45%*
Partner relationship	32%	29%	34%
Relationship with him	28%	15%	35%*
Education	21%	18%	22%

* Represents a signficant diffference (confidence level 95%).

> "I am feeling helpless and lost sleep worrying about how he's coping, worrying that there's more I could do more but finances won't allow."
>
> - WOMAN INFORMALLY CARING FOR MALE LOVED ONE.

The mental health toll on informal caregivers caring for men is both significant and multifaceted. Figure 14 highlights the **most commonly reported negative experience is persistent worry or anxiety, affecting 65% of caregivers.** This is closely followed by high levels of stress and emotional overwhelm (51%), while 44% report symptoms of low mood or depression. One in four caregivers also experience difficulty coping (25%) and feelings of isolation (24%). This mental health impact also appears to disproportionately impact women, with clearer gender gaps reported in the top mental health challenges, highlighting that the mental strain of informal caregiving weighs more heavily on women's wellbeing (See figure 14).

FIGURE 14. GENDER DIFFERENCE IN MENTAL HEALTH CHALLENGES.



THE EMOTIONAL CLOSENESS OF THE CAREGIVING RELATIONSHIP HAS AN IMPACT

Caregivers supporting partners or spouses in Ireland report notably higher rates of negative self-perception compared to those caring for friends or more distant relations.

For example, 48% of those caring for a partner or spouse report a negative impact on their self-esteem, compared to just 21% of those caring for a friend. Similarly, 41% of partner/spouse caregivers experience a negative effect on their sense of identity, while this figure is only 16% among those caring for a friend. Across other indicators such as sense of purpose (39% vs. 13%) and sense of fulfilment (46% vs. 20%) this pattern remains (see Table 5). Caregivers for close male family members such as partners and spouses report lower levels of positive transformation and higher levels of emotional toll, suggesting that the intensity and intimacy of the caregiving relationship increases vulnerability to emotional strain. These findings underscore the importance of tailoring caregiver support not only to the caregiving tasks, but also to the intensity and proximity of the caregiving relationship. In particular, those living with and caring for partners or close family members, who often face greater emotional and practical strain.

> “I feel needed but trapped. My whole life depends on his mood and trying to prevent triggers, making him feel confident and calling doctors for him. We also have a kid with additional needs that is with me day and night so it is intense and I feel I have no one that can care for my kid as my husband can’t and we have no family available here. I LOVE them, but I am exhausted.”
>
> - WOMAN INFORMALLY CAREGIVING FOR HUSBAND AND CHILD.

Access to formal mental supports play an important role in protecting those who care for men in Ireland.

Caregivers who look after men often give a lot of themselves, and the support they receive in return can make a big difference. The data shows that when caregivers feel well supported, the emotional toll is significantly lower.

Those who receive formal support (such as from therapists or counselling services) report fewer negative impacts on their self-esteem, identity, and fulfilment compared to those who feel unsupported.

Among caregivers who feel well supported, just 22% reported a decline in self-esteem. But this jumps to 56% for those who feel unsupported. A similar pattern appears across other areas: negative impacts on sense of purpose (13% vs. 45%), identity (16% vs. 48%), appreciation for life (14% vs. 44%), and fulfilment (20% vs. 50%) are all far more common when caregivers lack adequate mental health support.

TABLE 5. IMPACT OF CAREGIVING ON SENSE OF SELF BY RELATIONSHIP TO CARE RECIPIENT.

NEGATIVE SENSE OF SELF	TOTAL IRELAND	PARTNER, SPOUSE & CHILD	PARTNER / SPOUSE	PARENT	SIBLING	GRANDPARENT	CHILD	GRANDCHILD	FRIEND	AUNT / UNCLE
Sense of purpose	29%	37%	39%	32%	19%	25%	30%	33%	13%	13%
Self-esteem	40%	48%	48%	41%	27%	50%	47%	38%	21%	33%
Sense of identity	33%	39%	41%	34%	27%	33%	35%	24%	16%	33%
Appreciation for life	30%	33%	34%	35%	21%	30%	31%	33%	20%	17%
Sense of fulfilment	34%	42%	46%	32%	30%	25%	31%	33%	20%	25%
Base size (n=)	n=802	n=340	n=263	n=167	n=63	n=40	n=77	n=21	n=120	n=24
This segment is significantly higher or lower than the others (95% confidence level)										

TABLE 6. DIFFERENCES IN SENSE OF SELF OUTCOMES BASED ON PRESENCE OF FORMAL MENTAL HEALTH SUPPORT FOR CAREGIVERS.

Formal mental health support and sense of self outcomes	Total Ireland	Yes, I feel well supported	Somewhat, but I could use more support	No, I do not feel supported	I am not sure what support is available
Sense of purpose - Negative	29%	13%*	29%	45%*	31%
Self-esteem - Negative	40%	22%*	42%	56%*	31%
Sense of identity - Negative	33%	16%*	35%	48%*	19%
Appreciation for life - Negative	30%	14%*	31%	44%*	38%
Sense of fulfilment - Negative	34%	20%*	33%	50%*	38%
Base size (n=)	n=802	n=251	n=308	n=227	n=16
* Difference between caregivers who feel supported and those who do not are significant (p<0.05)					

INFORMAL CARE MATTERS TOO

Informal support from friends and family plays a powerful role in shaping how caregivers experience their role and their ability to cope. Table 7 shows how those who feel well supported informally report significantly fewer negative impacts across all measures of self-perception. For instance, just **16% of caregivers with strong informal support report a negative impact on their sense of purpose, compared to a striking 46% of those who lack such support.** The same pattern holds for self-esteem (22% vs 68%), identity (17% vs 53%), and fulfilment (19% vs 56%). These findings emphasise that caregiving is not just a solo responsibility; it's something that happens within social networks. These networks, made up of partners, family, friends, and community, not only help sustain the person giving care but also play a direct role in a man's recovery and wellbeing. When caregivers feel supported, they're better equipped to continue supporting others. And when men are embedded in supportive environments, they're more likely to engage with care, follow through on treatment, and take steps to improve their health (7).

These findings in relation to informal supports for carers show that support services and social networks don't just help caregivers manage day-to-day challenges, they help protect their mental and emotional health, too. If we want to strengthen the invisible networks that care for men in Ireland, making sure those caregivers feel supported is a vital place to start. The ripple effect of men's health is clear and we must also recognise that the best way to ease the pressure on caregivers is by reducing the demand in the first place. That means addressing the barriers that prevent men from looking after their own health and wellbeing.

TABLE 7. DIFFERENCES IN SENSE OF SELF OUTCOMES BASED ON PRESENCE OF INFORMAL MENTAL HEALTH SUPPORT FOR CAREGIVERS.

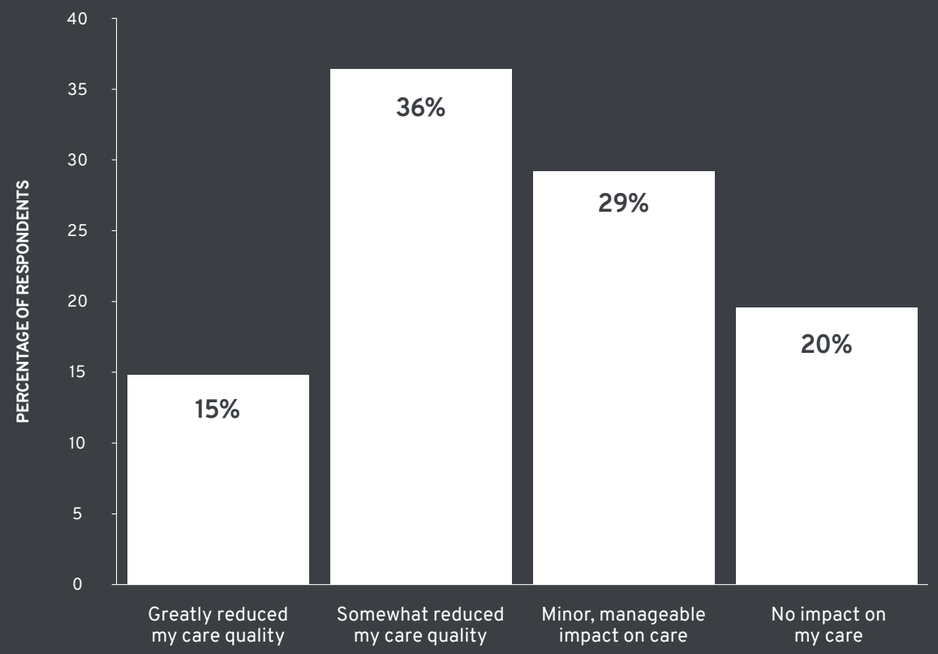
Informal mental health support and sense of self outcomes	Total Ireland	Yes, I feel well supported	Somewhat, but I could use more support	No, I do not feel supported	I am not sure how friends and family could support me
Sense of purpose - Negative	29%	16%	31%	46%	48%
Self-esteem - Negative	40%	22%	43%	68%	48%
Sense of identity - Negative	33%	17%	37%	53%	52%
Appreciation for life - Negative	30%	13%	34%	49%	56%
Sense of fulfilment - Negative	34%	19%	35%	56%	60%
Base size (n=)	n=802	n=306	n=323	n=148	n=25
* Difference between caregivers who feel supported and those who do not are significant (p<0.05)					

SUPPORTING CAREGIVERS AND SUPPORTING MEN'S HEALTH GO HAND IN HAND

Building on this, we must also confront the systemic and personal barriers that make caregiving harder and diminish the quality of care that can be offered. The majority of caregivers (80%) report that these challenges have negatively impacted their ability to provide care (See Figure 14). For 15% of caregivers, the effect is profound, leading to a significant decline in the quality of support they can give. These barriers include both structural barriers (such as limited access to public home care services, long waiting times, inflexible work policies, and high out-of-pocket healthcare costs) and personal barriers (such as emotional burnout, financial strain, lack of time, and social isolation).

> "It's hard on women as their kids are needing them the same time their parents need them. My children are 12 and 14. My daughter is getting bullied at school so we have so much going on with her but I need to mind my Dad so it's a juggle. Work is so difficult so it's hard to balance it all."
>
> - RESPONDENT INFORMALLY CARING FOR HER FATHER.

FIGURE 15. PERSONAL AND STRUCTURAL BARRIERS IMPACT ON CARE QUALITY.



Caregiving does not happen in isolation. It is shaped by healthcare systems, workplace flexibility, financial stability, and community support. To improve men's health, we must ensure that those providing care are not doing so at their own cost. A well-supported caregiver is better able to provide meaningful, consistent care.

These findings demonstrate that when men fall ill or struggle with mental distress, it is often their loved ones who silently absorb the strain. Informal caregivers are the backbone support for men who can no longer independently care for themselves, yet their needs remain under-recognised and unsupported. The emotional, physical, and financial costs are real, especially for women, who continue to carry the greatest share of this invisible labour. Caregiving is not only a source of strain. For many, it also brings deep meaning, closer relationships, and a renewed sense of purpose. Caregivers report increased understanding, appreciation for life, and emotional resilience. **When supported properly, caregiving can be a powerful, affirming experience. If we are serious about improving men's health in Ireland, we must invest not only in accessible, preventive health services for men but also in the people who support them.** That means designing systems that ease the responsibility and uplift the experience of caregivers recognising them as central to our collective health and vital to a strained healthcare system.

> "Being a carer is an extremely tough job, there is nowhere near enough supports available to family members looking after a parent, sibling etc. when needed and financial support to my knowledge is extremely hard to receive. You still have to try do everything you can to help no matter the outcome."

RESPONDENT CARING FOR MALE LOVED ONE.

What Works:

THE MEN'S DEVELOPMENT NETWORK

The Men's Development Network (MDN), based in Waterford and operating nationally, is a pioneering organisation dedicated to promoting the engagement of men and boys on their health, wellbeing, gender equality and ending gender-based violence. MDN supports men and boys using a developmental and transformative approach across five national programmes that focus on domestic violence intervention and victim support, health education and training. Under the mission statement "Better Lives for Men; Better Lives for All," MDN develop specific programmes and practices that are evidence-based and underpinned by social justice and equality perspectives. Whether working with men on a one-to-one level or in groups these practices are informed by research and advocacy which aim to inform policy.

Projects include the Men's Health & Leadership Programmes, the MEND Domestic Violence Intervention Programme, the national Male Advice Line, and a Men's Counselling Service.

CAIRDE

CAIRDE (Construction Alliance to Reduce Suicide) is an initiative which uses the construction industry in Ireland as a setting to create and embed a whole organisation mental fitness culture, which can actively promote and support men's mental health and resilience, and reduce the risk of suicide. Through a process of systematic reviews, primary research (73-75), consultation and co-production with industry employees, CAIRDE established the necessary evidence base, explored key risk factors, identified models of effective practice, and designed two workshops: (i) General Awareness Training (to reduce suicide stigma, improve suicide literacy and enhance intention to seek/offer help among construction workers); and (ii) Connector Training (supporting management and supervisory staff to create a help-seeking culture in the industry and to connect those in distress to professional services).

At the Frontline: GPs on the Realities of Men's Health

While the loved ones of men are a vital informal caregiving support, General practitioners (GPs) are often the first and most frequent point of contact for men experiencing health challenges and the gateway for men to gain access to other specialised health services.

The connection between gender and health has important consequences for healthcare service delivery, impacting how certain health issues are detected and managed (76, 77). For instance, key indicators of depression in men often include anger, irritability, and substance use — so-called 'acting out' symptoms that are typically absent from standard screening tools employed by clinicians for diagnosing depression (78, 79). This is of particular concern in light of the fact that men who are suffering from depression get diagnosed at half the rate of women, yet they are three times more likely to die by suicide. This 'gender paradox in suicide' reflects men's increased likelihood to use more lethal methods for suicide, their lower likelihood to engage with service providers around their mental health and/or to be formally diagnosed with a mental health problem, leading to underreporting of suicide ideation, self-harming behaviours and suicide attempts by men (79, 80).

Only

29%

of GPs felt they had a very good understanding of men's health.

Whilst broader engagement across the health system and with specialists is needed, we worked with GPs for this report based on their central role and unique positioning to recognise and respond to men's health needs. Their ability to do so effectively however is often shaped by systemic factors, training, and the tools at their disposal. To better understand the realities faced on the frontline, research carried by IPSOS B&A engaged directly with 80 Irish GPs to explore their insights, experiences, and challenges in working with male patients. By capturing GP perspectives, this report sheds light on the barriers and opportunities for supporting men more effectively, especially those from marginalised backgrounds and those at risk of mental ill-health or suicide. It also highlights gaps in training, access to care, and gender-informed approaches that could make a real difference to outcomes. In doing so, this research provides vital guidance for service planners, educators, and policymakers seeking to deliver more accessible, and gender-responsive healthcare for men in Ireland.

The sample of GPs included a mix of experience levels, genders, and regions - 56% were male; 43% had been in practice for more than 15 years, and a similar number of participants were drawn from across Dublin, Munster, Connaught/Ulster, and the rest of Leinster. Male patients made up almost half (45%) of all those seen by this sample of GPs. The majority of GPs see patients from diverse and underserved groups. GPs acknowledge a particular difficulty in engaging with males aged 17 years and under and marginalised males such those from ethnic minorities, members of the Traveller community, LGBTQI+, and farmers. While 60% of GPs feel that they have a fairly good understanding of men's health, only 29% of GPs felt they had a very good understanding. Male GPs were more confident in the extent of their men's health knowledge compared to female GPs. The survey identified the two biggest barriers to addressing men's health issues in their practice were lack of time and men's reluctance to discuss sensitive topics. Findings indicate that male patients most often seek advice for: diabetes, cholesterol or blood pressure; cardiovascular health; general health and wellbeing and prostate cancer. Almost half of GPs say that male patients seek help for mental health issues very often (48%).

MEN'S MENTAL HEALTH AND SUICIDAL BEHAVIOUR

On average, GPs reported assessing and/or treating 14 males per week for mental health issues. Mental health treatment and assessment is most common among those aged 18-34 years old and 35-54 years old. However, nearly one in five (18%) of GPs proactively report that they rarely or never screen male patients for depression. The primary barriers to seeking mental health support among males from the GPs perspective, were the stigma of seeking help, social norms relating to self-reliance, independence, lack of support networks, and fear of negative consequences impacting career.

Suicide remains a leading cause of death among men in Ireland, particularly those in early and mid-adulthood (66). In 2022, 79% of all deaths by suicide were among males - with suicide also being a significant contributor to premature death among men in their young and middle years (39). GPs play a vital role in early detection and intervention, yet they often face systemic and cultural barriers in supporting male patients (81). Survey findings indicate almost all GPs (97%) have seen male patients presenting with suicidal behaviour in the past year. On average, GPs saw 15 male patients per year presenting with suicidal behaviour, with the most cases being observed among males aged 18-34 years old and 35-54 years old. Though there was general confidence among GPs in spotting suicide warning signs and knowing how to intervene, there was a lower level of recognising male-specific warning signs. Just 14% of GPs were very confident in working with men experiencing suicidal behaviour while 24% reported that they were not that confident. GPs who were confident noted that past experience dealing with men's mental health issues, deliberate engagement, good local support services and being relatable were key factors to their high confidence levels:

> "I have actively engaged several men in working through their suicidal ideation or linked them in for psychiatric admission."
> "...the feedback with the patients has been good, the outcomes also have been good. In the area where I work, there is a good mental health service that support us with those patients."

> "As a middle-aged male I think this cohort feel more able to confide in me. I am an open and approachable doctor and give patients plenty of time to speak and that prolonged consult can be very beneficial."

GPs who were not that confident cited a lack of experience in engaging with males around suicidality, the high-risk nature of the situation and limited supports available to men, placing more responsibility on the GP:

> "I don't feel confident as the risk is so high, so I am very cautious and careful with this cohort and see them regularly and get specialist input very quickly. I do not feel confident to deal with suicidal patients due to lack of support from secondary care/ mental health services."

The most prominent issues reported in working with males presenting with suicidal behaviour were access to quality mental health and psychiatric services, lack of honest communication about mental health from male patients, and lack of interventional or emergency supports.

GP KNOWLEDGE AND UNDERSTANDING OF MASCULINITIES

More than 8 in 10 GPs (86%) recognise how masculinities can contribute to mental ill-health among men and when it presents in practice. However, GPs are less comfortable about discussing masculinities and gender-norms directly with male patients.

Similarly, 86% of GPs agree that they can adapt their approach to make men feel more comfortable talking about their mental health and bypass barriers such as males who are unmotivated, struggle to engage during consultations, become angry during consultations and/or who find it difficult to describe their emotions. However, GPs are less confident in their knowledge of using gendered-informed approaches. Only 36% know how to leverage masculinities to support males in suicidal distress, just 24% are aware of gender-informed strategies to boost motivation, and only 29% know how and when to use male-specific depression screening tools. Just 31% of GPs were aware of the national Men's Health Action Plan.

GPS PREFERENCES FOR TRAINING ON MASCULINITY

There was little evidence of any formal GP training around the impact of masculinities on mental health and suicide risk, but the majority were open to learning more about the topic. While most GPs believe their own practice meets the needs of men, confidence in services across the country was notably lower. The Irish College of General Practitioners (ICGP) was the most common source of training for working with male patients, with 89% of GPs who received this training finding it useful. GPs reported a preference for digital pathways to information on men's health, particularly through continuous professional development (CPD). There was also a preference for online webinars, self-paced online training, and in-person educational meetings as opposed to participatory activities such as role play. The preferred length and time of day for training on men's health among GPs was 1-6 hours, in the evening or over the weekend.

> "Improve early access to tailored support for men, focusing on normalising help seeking and offering flexible, male-friendly options outside traditional settings."
>
> - GP RESPONDENT.

GP PERCEPTIONS ON WHAT NEEDS TO CHANGE TO BETTER SUPPORT MEN'S MENTAL HEALTH

Findings indicate that GPs strongly advocate for increased access, reduced waiting times, and male-friendly mental health services. A recurring theme was the urgent need for more psychologists, psychiatrists, and free or low-cost counselling, particularly outside hospital settings. Barriers were highlighted including rejected referrals, inflexible appointment systems, and long waiting times, which disproportionately affect younger and more marginalised groups of men. There is consistent support for community-based services, early intervention, and non-pharmaceutical, lifestyle-oriented approaches. Many respondents call for better rural access, more public education, and stronger gender-informed training for healthcare providers to reduce stigma and support earlier help-seeking. A major concern was the lack of coordinated secondary care.

These findings highlight both the vital role GPs play in supporting men's mental health and the significant barriers they face in doing so. While many are actively engaging male patients around issues of distress and suicide, confidence, training, and service availability remain inconsistent. Strengthening gender-informed practice, expanding access to tailored supports, and reducing systemic barriers are critical next steps. To build on these findings, further research is recommended with mental health professionals to deepen understanding of the system-wide challenges and opportunities in engaging men, particularly around suicide prevention and early intervention.

> "Better and quicker access to tertiary assessment and care, and if tertiary referral centres reject our referrals and recommend another service then they should refer the patient to these centres themselves instead of bouncing the referral back to us and wasting time."
>
> - GP RESPONDENT.

> "I would promote the involvement of non-medical health providers. There is a massive increase in mental health issues in the young (under 30s) and a majority would be better served being treated in a non-medical setting (e.g. mild to moderate anxiety or mild to moderate depression)."
>
> - GP RESPONDENT.

> "Reduce waiting times to see psychiatrist. A lot of referrals made have been rejected and GPs are advised to refer patients to community counsellor."
>
> - GP RESPONDENT.

What Works:

ENGAGE

The ENGAGE National Men's Health Training Programme was developed to assist practitioners to build effective relationships with males of all ages in order to address their health and wellbeing needs (82). Engage offers service providers a range of focused one day experiential and interactive workshops that increase their understanding of the world of men, and help them to develop strategies for making realistic connections with men in order to support health improvement. In addition to the core programme, there are also workshops which target young men, middle-aged men and farmers. All Engage materials are rigorously field-tested and evaluated before being adopted, and the workshops are delivered by a team of people who have undergone an in-depth facilitator training course.

MEN IN MIND

Movember-funded Men in Mind is a world-first, research backed training programme co-designed with practitioners and men to equip mental health professionals with the knowledge and skills to engage men more effectively. A randomised controlled trial indicated that Men in Mind significantly improved practitioners' self-reported confidence and competence for engaging and responding to help-seeking men (83). Specifically, 82% reported confidence for working with men experiencing suicidality compared with 47% at baseline, and these gains were maintained at 3-month follow up. Men in Mind has scaled across Australia and has recently been funded by the Australian government to be adapted for practitioners across primary care and incorporated into tertiary curricula to develop gender competencies for working with men. Movember is excited to partner with healthcare sector partners and/or government to bring Men in Mind to Europe. In particular, most practitioners reported confidence to engage suicidal men at 1-year follow-up (84).

ON FEIRM GROUND

The On Feirm Ground programme works with agricultural advisors to enable them to support farmers experiencing health difficulties (4). The programme was informed by the findings of a formative evaluation report, and was designed as one of the specialist units within ENGAGE: Ireland's National Men's Health Training Programme. On Feirm Ground workshops seek to: (i) equip agricultural advisors with the knowledge, skills and competencies to engage and signpost farmers on health issues; and (ii) mainstream a health promotion focus into routine farming extension activities. The content focuses on the broad determinants of farmers' health, farming masculinities and the potential 'health connector' role for farm advisors. On Feirm Ground is, currently, being targeted at other agricultural professionals, including vets, agri-business and agri-finance.

The Public's Perception on the State of Men's Health in Ireland

Following on from the insights shared by GPs, it is clear that addressing men's health cannot rely solely on the clinical setting. The barriers GPs observe, from stigma and silence to lack of tailored services, reflect wider societal attitudes that influence how men think about and engage with their health.

Public perception plays a powerful role in shaping the health outcomes of men in Ireland (3). How men's health is talked about in families, workplaces, media, and communities influences not only whether men seek support, but also how society responds to their needs (85-90). Stigma, outdated norms, and assumptions about masculinity can create silent barriers to care, while informed, compassionate public attitudes can drive cultural change and policy momentum (52, 91). Understanding how the Irish public views the state of men's health, from concerns about mental wellbeing to ideas of what it means to be a man today, provides critical insights into where opportunities for progress lie.

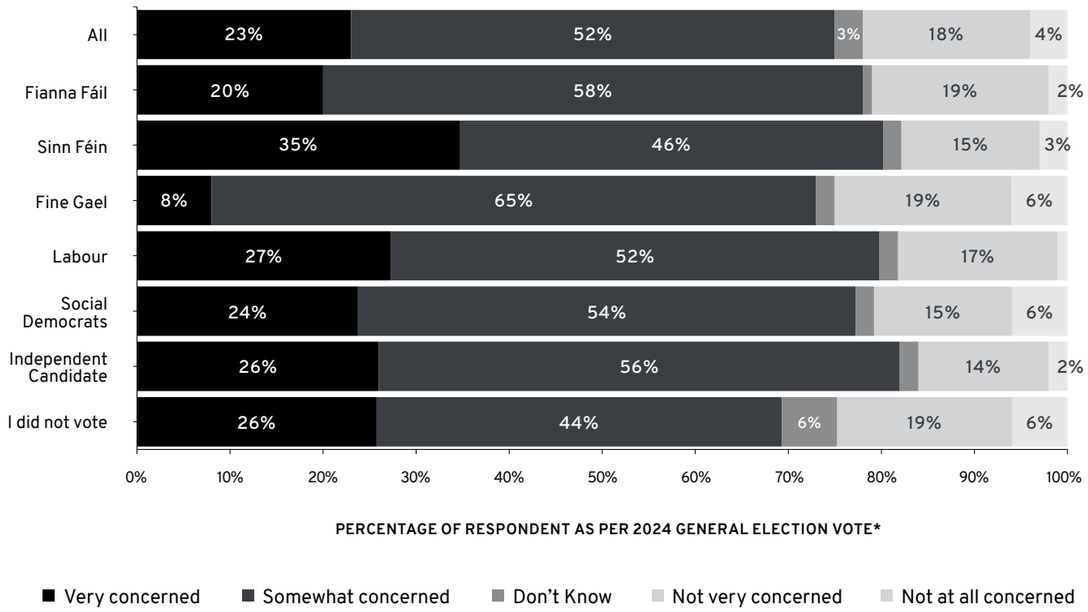
Across Ireland, concern about men's health is widespread and deeply felt. According to a new nationally representative polling by 'More in Common' for this report , three in four Irish adults (75%) express concern about the state of men's health, a sentiment shared across all age groups, genders, and political affiliations. This collective awareness suggests that men's health is no longer viewed solely as a private issue concerning individual men but as a pressing public concern with wider social implications.

Among the many challenges facing men in Ireland today, public concern to talk more about these issues is highest for suicide (75%), loneliness and isolation (70%), and addiction (61%). These findings reflect how deeply these issues are felt across Irish society, not only by those directly impacted, but by families, friends, colleagues, and communities.

Concern about men's health in Ireland is both broad and bipartisan, with three in four Irish voters expressing concern about men's health issues.

Insights from focus groups conducted with the public also underscores the fact that, for many, men's health is not an abstract issue but personal to them. The majority of participants had a story or emotional touchpoint tied to men's health, often connected to mental health, suicide or addiction.

FIGURE 16. PUBLIC CONCERN ABOUT MEN'S HEALTH BY POLITICAL AFFILIATION (SOURCE MORE IN COMMON).



**Smaller parties with fewer than 100 respondents in the survey are not visuallised.*

“

When I hear the word health associated with men, I immediately think of mental health and specifically suicide... it seems to be something that touches everyone in this country in particular.

”

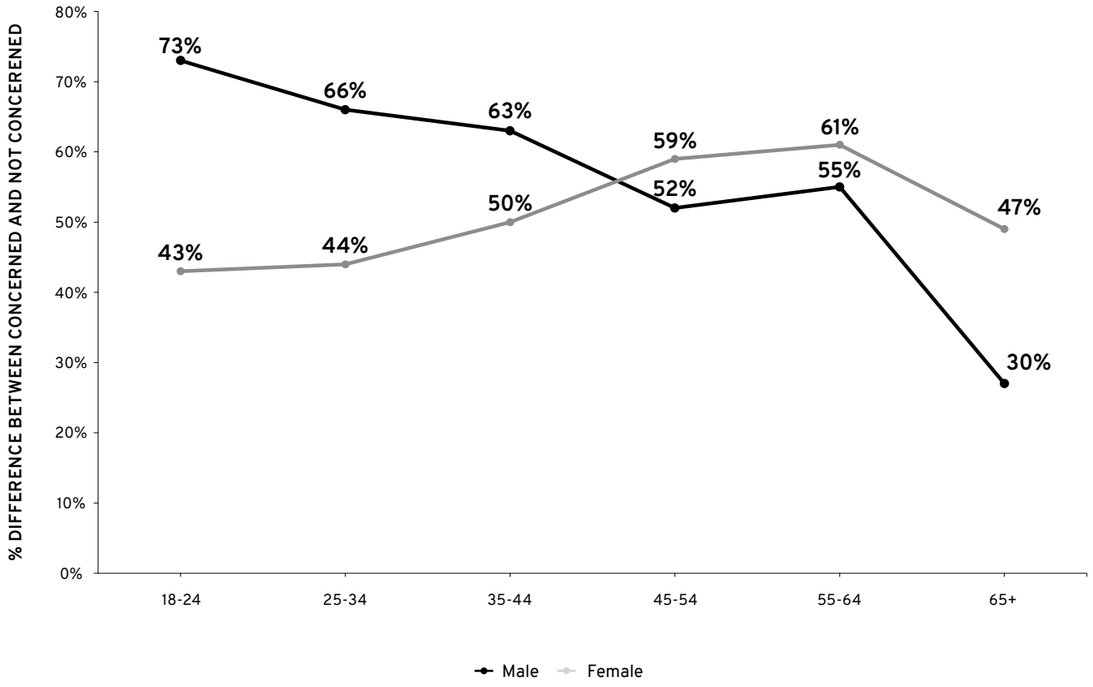
- ED, DUBLIN.

The public appetite for action on men’s health cuts across typical divides and presents as a unifying issue, not a partisan one, with public sentiment strongly supporting a national response.

Beyond the broad national consensus around the state of men’s health in Ireland, the data reveals a particularly striking trend where younger men in Ireland are the most concerned of all.

Men aged 18–24 are significantly more likely than any other age group (male or female) to express concern about men’s health issues, with 73% net concern. This reflects a generational shift in attitudes where perhaps younger men are more aware of the challenges men face, particularly around mental health, loneliness, and suicide.

FIGURE 17. GENERATIONAL TRENDS IN CONCERN ABOUT MEN’S HEALTH IN IRELAND.



By contrast, concern among men declines steadily with age, reaching just 30% among those 65 and older. Meanwhile, concern among women increases with age, overtaking men in the 45–54 bracket. This crossover highlights a key demographic insight reflecting both hope and concern. It is hopeful because it suggests the next generation is aware of the problems men face and is actively pushing against silence and stigma, contradicting assumptions that young men are ambivalent, irresponsible or disinterested in their health (92). Instead, younger men may be more engaged precisely because they are experiencing greater uncertainty, isolation, and a loss of traditional community structures, recognising the toll of unspoken distress, societal pressure, and delayed intervention.

In contrast, less concern among older men may reflect a generational comfort with traditional gender roles, where health concerns are often delegated (implicitly or explicitly) to female loved ones (93). This reliance can contribute to a reduced sense of personal responsibility for health as men age (87). These dynamics align closely with broader themes throughout this report related to evolving masculinity and shifting gender expectations, indicating a societal transition in how men perceive, prioritise, and manage their health.

In discussions, many participants spoke of a visible change over time where younger generations of men in Ireland are more open about vulnerability, more emotionally expressive, and more likely to engage in help-seeking than men of previous decades.

“

Irish men today are able to express vulnerability and you can see their caring and empathy and demonstrating emotional intelligence without shame, which they probably wouldn’t have been able to do back even 20 years ago. So, I think that’s an amazing thing to be able to now be able to do without fear and shame.

”

- EARBHLA, MAYO.

This shift is an opportunity. Yet, concern alone won’t drive change unless matched by support, and investment in evidence-based men’s health responses. The National Men’s Health Action Plan, Healthy Ireland-Men 2024-2028 (17) provides a blueprint for action to address these concerns. Harnessing young men’s willingness to talk and act on these issues is essential to building a healthier future for all men and their loved ones in Ireland.

76%

believe that the situation with men's mental health has either stayed the same (37%) or is getting worse (39%) while only 14% feel thing are improving.

56%

of Irish adults believe it is very difficult or difficult for men in Ireland to manage their own health and wellbeing.

54%

feel attitudes to men's health in Ireland are better today than 15 years ago, with 10% believing they have gotten worse.

34%

of respondents see stigma around seeking help as the biggest barrier to men accessing support for their mental and physical health in Ireland today.

61 %

of dads feel society doesn't focus enough on supporting fathers.

25%

of people say men's physical health is improving, and 21% believe it's deteriorating.

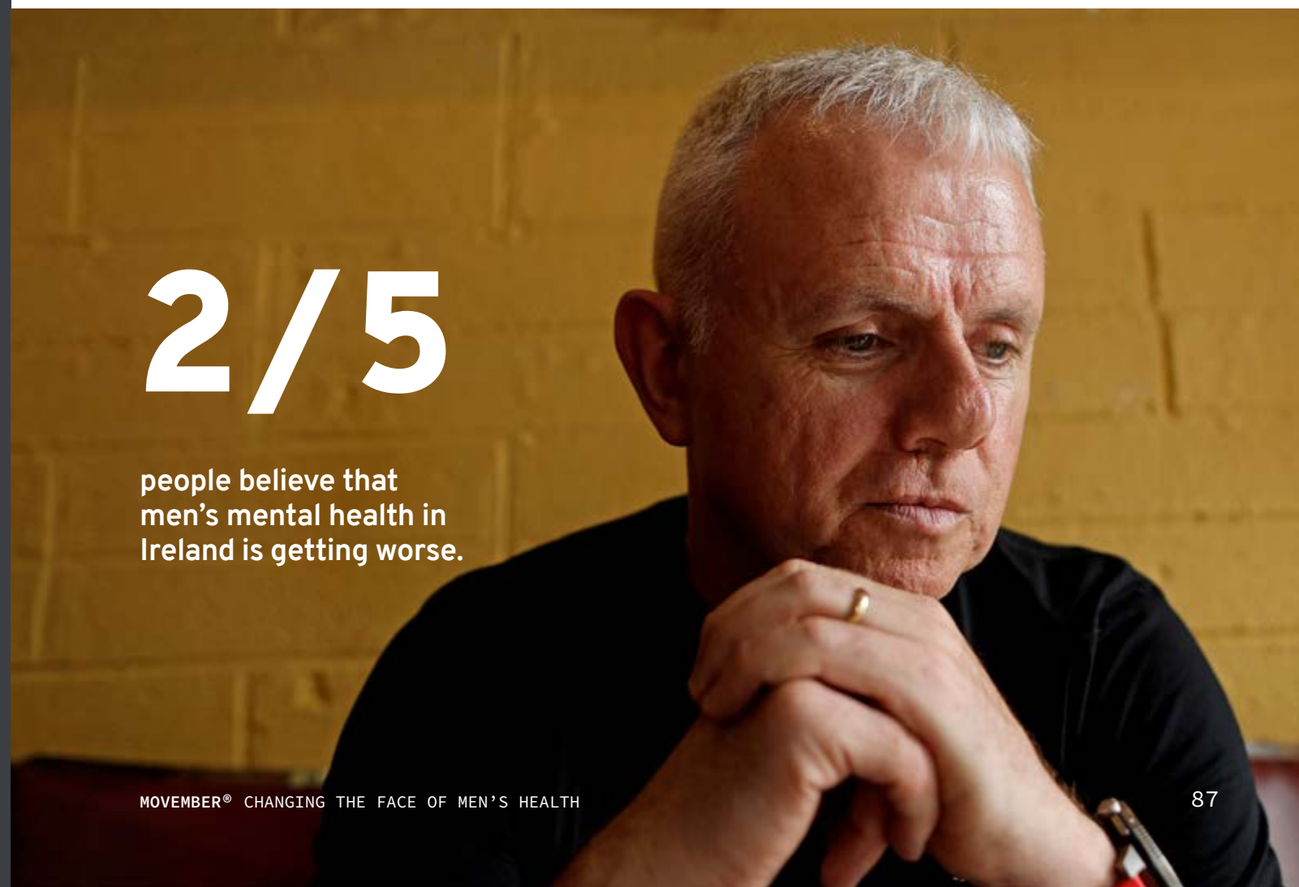
There's a clear public mandate for talking more about men's issues particularly suicide **(75%)**, loneliness **(71%)**, mental health challenges **(62%)** and substance misuse **(61%)**.

More than half of respondents to the survey agreed that it is difficult for men in Ireland to manage their own health and wellbeing, a perception shared by both men and women.

This finding cuts across political lines and participants attributed this perception to systemic and cultural issues such as limited male-friendly supports in the health service, financial and emotional pressure to remain stoic providers, and enduring social norms that discourage help-seeking.

> "Men don't go to doctors or hospital unless they're dying. That hasn't changed. No matter what anybody says, we're very slow to get things checked."
>
> - TIMMY, KERRY.

When it comes to men's mental health, public sentiment is also pessimistic. Two in five people believe that men's mental health in Ireland is getting worse, while only 14% feel things are improving. Many respondents believe the situation is static or worsening due to insufficient community supports and a lack of accessible mental health services. Focus group discussions reinforced this view highlighting how social changes like the decline in traditional third spaces (e.g., pubs, sports clubs) may have left some men more isolated. Others, however, pointed to growing awareness in schools and changing workplace cultures as reasons for cautious optimism.



2/5

people believe that men's mental health in Ireland is getting worse.

What Works:

GAA HEALTHY CLUBS PROGRAMME

Movember Ahead of the Game is a mental fitness and resilience programme delivered in partnership with the GAA, GPA, and Movember, and delivered through the Irish Life GAA Healthy Clubs network (94). This initiative equips young players, their parents, and coaches with tools to build mental resilience, support emotional wellbeing, and foster open conversations - both on and off the pitch. To date, over 10,000 participants across all 32 counties have engaged in the programme, underscoring the value of meeting participants where they are: in trusted, familiar environments like their local GAA clubs. Importantly, only clubs officially recognised as Healthy Clubs were eligible to deliver the programme, ensuring it is embedded in a wider culture of wellbeing before being offered to all clubs. Movember has invested €1,037,260 to date in the programme, the National Office of Suicide Prevention (NOSP) €30,000 and Healthy Ireland allocated €50,000 as a once-off investment in 20025 to support Phase 3 of delivery reflecting the programme's proven impact and growing national momentum are delivered by a team of people who have undergone an in-depth facilitator training course.

THE FOOTBALL COOPERATIVE

The Football Cooperative (FC) is an innovative, football-based programme for middle-aged men designed to support men through social connection, physical activity, and personal development. This grassroots initiative was developed in collaboration with local sports clubs, and men's health advocates. Through a place-based model, the FC incorporate a network of recreational football sites that each deliver weekly games year-round. Games provide an opportunity for flexible, inclusive, and team based physical activity focused on enjoyment with a competitive edge. The FC is an early intervention and gendered health promotion initiative. The approach focuses on removing barriers and building community. Through this the FC enables participation for men in regular, social, recreational football games within a community setting (95).

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> "I think the whole pub culture thing has gone as well, so a lot of men would have the last 20, 30 years have gathered in the pub and okay, people who would've drank heavy, it wasn't a good thing, but it is a good outlet and it's an outlet that we're actually losing. The pubs are closing down, especially rural pubs and that culture is kind of fading away."
>
> - DAVID, DUBLIN.

> "My nephew is trans and he's in secondary school at the moment and they have just been absolutely wonderful with him. They've done lots of stuff to make them more, feel more included and raise awareness and stuff around his classmates and stuff like that. So, I definitely see in the past 20 years the difference between how they kind of tackled the issue of bullying and LGBT issues has hugely come on."
>
> - MITCH, DUBLIN.

> "I think the workplace, when it comes to fitting in diversity and healthcare, I think they're literally at the top of the game at the moment. My job does team bonding, you're talking to like 1200 [employees] in my job and you can join different groups. So basically I can join any groups from cricket to chess to movies to trivia coding or even if I wanted to dive into someone else's culture or nationality, you can attend them."
>
> - JOHN, DUBLIN.

In contrast, one if four people say men's physical health is improving, a somewhat more positive outlook. This suggests that while visible aspects of health may be considered as getting better, the more hidden issue of mental health remains a source of concern.

Over half of Irish adults (54%) believe that attitudes to men's health have improved in the last 15 years. Only 10% of the overall population believe things have gotten worse. Discussions provided insights that the public recognise efforts to raise awareness and reduce stigma whether through campaigns, policy initiatives, or community conversations.

However, around a quarter (23%) feel attitudes have stayed the same, and 12% are unsure, signalling that there's still a significant portion of the population who haven't seen or felt these changes in their own lives. Ensuring this progress continues and reaches those who remain disconnected from it will be key to building a meaningful, gender-informed culture of health in Ireland.

A third of Irish adults (34%) identify **stigma as the biggest obstacle to men accessing support for their physical and mental health, more than any other factor.** This finding echoes earlier insights from both GPs and the general public, suggesting that stigma is not only widespread but deeply entrenched. Closely linked to this is the influence of cultural expectations to "man up", with 16% citing it as the biggest barrier, further reinforcing how traditional gender norms shape health behaviours. While long waiting times (21%) and costs of treatment (12%) are also cited as key challenges, the fact that social and psychological barriers rank highest (compounded by the limited availability of male-focused health services (10%)) suggests that solving the access issue is about both expanding services and transforming culture.

When asked what would make the biggest difference in helping men access support, the public again pointed to reducing stigma (26%) as the most impactful intervention. That was followed by calls to reduce waiting times (17%) and make treatment and medications more accessible (15%), practical improvements that could complement cultural shifts.

> "I think the schools are very good. They have mental health awareness weeks now. A lot of the schools, I can only speak from my own experience with my son."
>
> - LISA, KERRY.

> "I think things have improved a lot though because I'm retired, I'm listening to RTE or various TV radio channels and there is enormous amount of help being provided on the media channels now."
>
> - MARY, MAYO.

> "The screenings are better and the treatments are better and they're starting younger . Probably those health days you'd see in the squares in vans and they do blood pressure checks and pulse checks. I think they're really good even if workplaces run them or insurance companies and they just get everybody in and say right, we'll just do a really quick over check."
>
> - JOANNE, KERRY.

What Works:

MEN'S HEALTH WEEK

International Men's Health Week always begins on the Monday before Father's Day and ends on Father's Day itself during June. The week offers an annual opportunity to: heighten awareness of preventable health problems for males of all ages; support men and boys to engage in healthier lifestyle choices / activities; and encourage the early detection and treatment of health difficulties in males. MHW gives everyone (health professionals, service providers, sporting bodies, community groups, employers, policy makers, the media, churches, individuals ...) an opportunity to help improve the health of men and boys. 100+ organisations from across the island of Ireland contribute to the Planning Group which determines the theme, key messages and resources for the week.

https://www.mhfi.org/mhw/about-mhw.html

In focus groups across Dublin, Mayo and Kerry, participants repeatedly referenced the pressure to "man up" and the perception that admitting health problems, especially mental health struggles, is a sign of weakness. This aligns strongly with the quantitative finding that stigma is seen as the biggest barrier to accessing care, even above structural issues like waiting times or cost.

Importantly, the discussions also touched on the crucial role women play in prompting men to seek medical help, a dynamic that echoes the earlier findings related to informal caregiving. Whether it's a partner recognising a symptom or encouraging a GP visit, women often act as gatekeepers to care (96). While this support is vital, it also reinforces the hidden emotional labour many informal caregivers, particularly female partners, shoulder, especially when men themselves are hesitant to act.

Together, the data and personal stories of the public suggest that reducing stigma leads to improvements in men's health which in turn eases the responsibility on loved ones. Breaking down cultural barriers around help-seeking could benefit not only men in Ireland but the families and communities that support them.

> "I wouldn't ever really speak to anyone about the state of my mental health... if it's not good I probably wouldn't talk about it."
>
> - CHRIS, DUBLIN.

> "On the married men living longer, I can vouch for that one. I had a cough and my wife saw the cough, heard the cough 'go to the doctor', didn't go to the doctor, 'Brian that's still there'. Months later went to the doctor and 10 weeks later I was having open heart surgery."
>
> - BRIAN, KERRY.

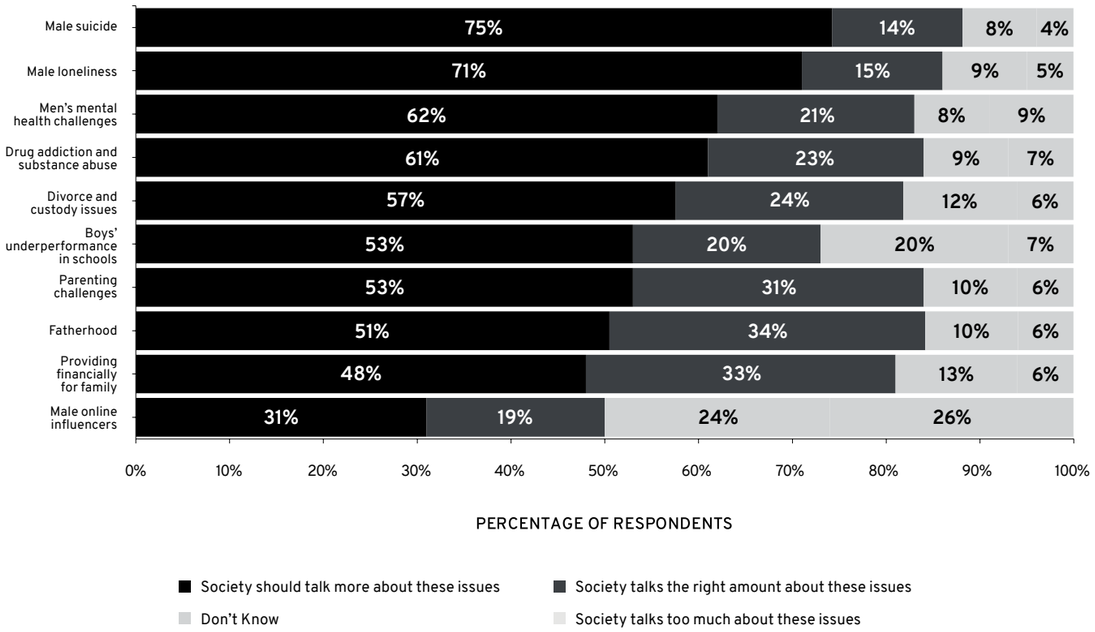
Positively there is a strong and growing public appetite for more open conversations about men's challenges, particularly those relating to mental health, suicide, loneliness and addiction.

Figure 18 reveals an overwhelming **public consensus that society should talk more about male suicide (75%), loneliness (71%) and men's mental health challenges (62%).** These findings align closely with both qualitative focus group insights and earlier quantitative data showing widespread concern about men's wellbeing across demographics. It's especially telling those issues like drug addiction, divorce and custody, and school underperformance also draw significant public support for greater discussion. In contrast, only one topic, male online influencers, is viewed by a notable minority as already over-discussed. This shows that **the public is not only aware of the challenges men face, but may actively want these issues brought into the spotlight, destigmatised, and addressed more seriously.**

Figure 19 provides deeper insight into the pressures driving this concern. **While some challenges are universal such as the rising cost of living (42%) or balancing work and family (21%) others are distinctly gendered, like the difficulty of asking for help (23%), the pressure to provide (21%), and changing expectations around masculinity (12%).** These pressures sit at the intersection of cultural, social and economic systems, creating a complex landscape for men in Ireland to navigate.

Focus group participants drew particular attention to the decline of the pub as a social anchor for men, especially in rural areas (97). While new spaces like cafés and gyms are emerging, they don't always replace the casual familiarity or cultural comfort of traditional male gathering spaces. As David in Dublin observed, "The pubs are closing down… so we are going to lose that outlet."

FIGURE 18. PUBLIC PERCEPTIONS ON TALKING MORE ABOUT MEN'S HEALTH ISSUES.

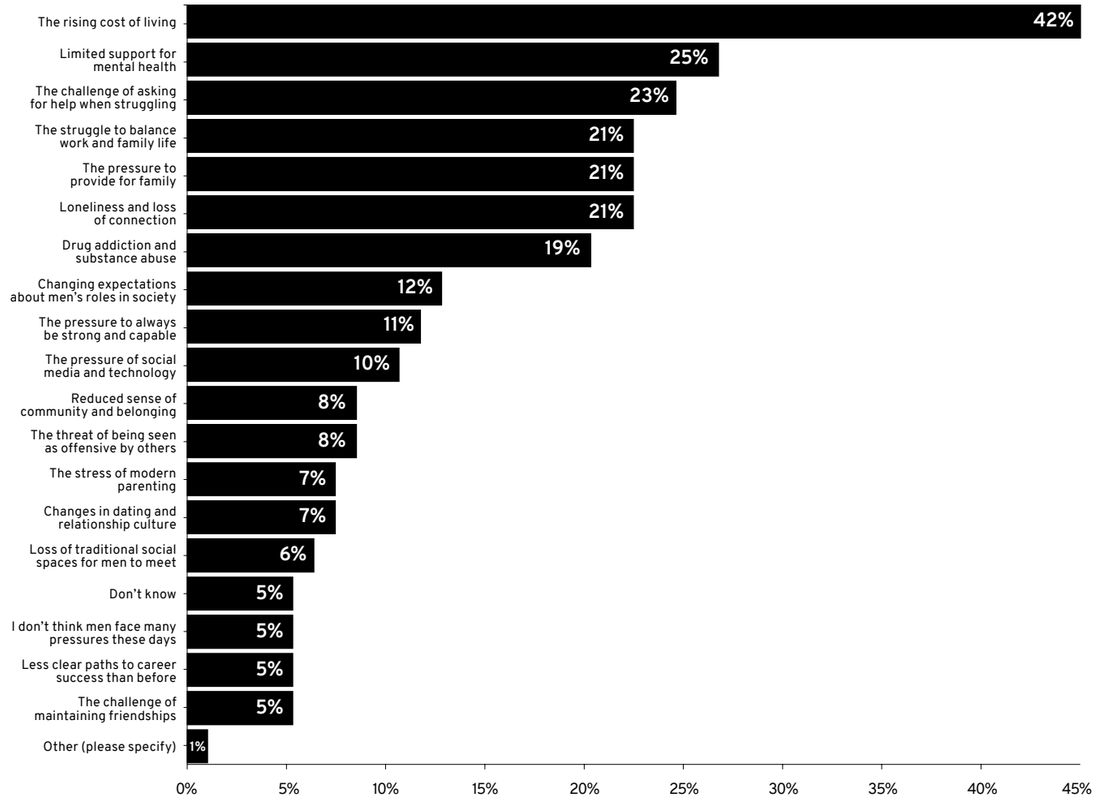


The introduction to this report emphasised the vital role fathers play in shaping family health (12, 98) and Figure 7 illustrates that Irish society may not yet fully recognise or support that role, where **three in five Irish dads feel that society doesn't focus enough on supporting them. This sentiment is echoed across other groups too, including over half of mums and non-parents.** While there is strong appreciation for modern fathers' increased involvement in caregiving, the data, and the voices behind it, suggest that these evolving roles haven't been met with sufficient structural or cultural support (99). In focus groups, participants reflected positively on men's shifting roles in family life, highlighting a growing confidence among men to care openly, emotionally, and attentively.

However, admiration for these changes is tempered by a clear need for greater support for men in Ireland on their fatherhood journeys. This echoes a previous sentiment, that supporting fathers not only benefits men but also improves outcomes for their partners, children and society (17).

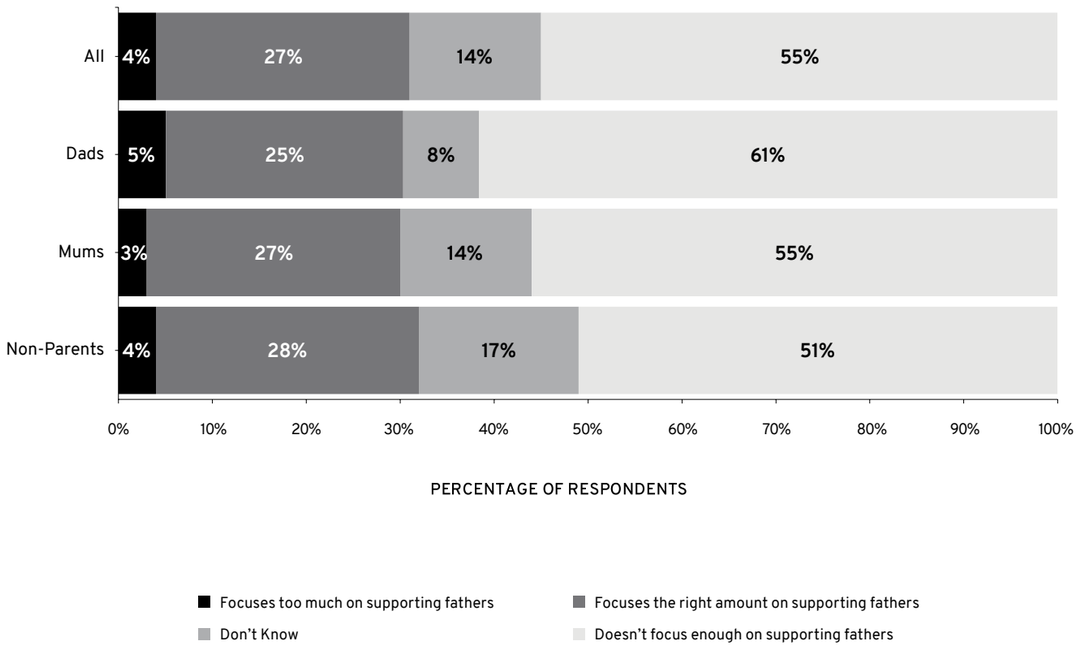
> "I just think the wonderful thing about modern men is they can show that they can care for children. Like you said earlier, they can care for their wives and they can cook for them and just show that soft side of their personality, which in my dad's time, and he was no different to a lot of other dads, you would not change a nappy."
>
> - MARY, MAYO.

FIGURE 19. PUBLIC PERCEPTIONS ON THE BIGGEST PRESSURES FACING MEN IN IRELAND TODAY.



Developing tailored resources for fathers can enhance their engagement and confidence supporting stronger communication with their children, better health outcomes, and more effective parenting, including for fathers parenting alone or co-parenting (100). A formal review of current paternity leave policy in Ireland is also warranted which examines update, barriers and impact to ensure that leave entitlements meaningfully support Irish fathers during critical early years (99). These measures would help create a more enabling environment for fatherhood in Ireland one that reflects and supports the evolving role of men in modern families.

FIGURE 20. PUBLIC PERCEPTIONS ABOUT HOW SOCIETY SUPPORTS FATHERS IN IRELAND TODAY.



PUBLIC PERCEPTIONS ON GOVERNMENT ACTION ON MEN'S HEALTH

While support from family, workplaces, and communities is critical, institutional action particularly from government is equally important in shaping outcomes for men's health (101). Yet public confidence in government commitment appears low. Despite widespread concern about men's mental health, suicide, and wellbeing, in the public perception, two out of three people believe the government does not focus enough on the issues affecting men.

Focus group findings highlighted what was seen as a disconnect between politicians on the one hand and 'ordinary men' on the other – the perception being that politicians' privileged position shielded them from day-to-day, real-life challenges on the ground.

Similarly, only one in four think the HSE is performing well in this area, compared to nearly half who say it is doing poorly. Showing the opportunity to raise greater awareness of the work planned by the Men's Health Action Plan. Participants criticised long wait times, lack of accessibility, and the stigma attached to certain services.

> "Well it doesn't affect them so they don't really care. The issues that myself and everybody else on this call have doesn't affect the people at the top of the chain."
>
> - JOHN, DUBLIN.

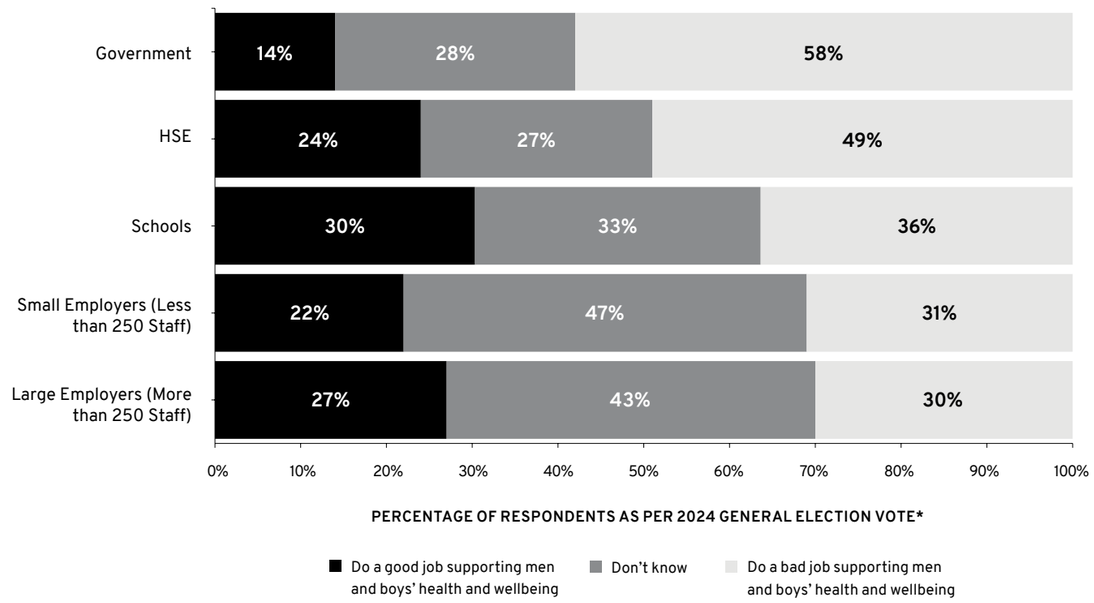
> "I had to go to private people because it's not accessible, it's not affordable. A lot of counselling places are very in the centre of towns. Men don't want to be seen going in there."
>
> - LISA KERRY.

Despite frustrations with both the government and the HSE, almost half the Irish public think men's health services have improved in the last 15 years. In focus groups when asked about these changes, most pointed to awareness raising as making it more likely that people would go and get support rather than specific views on men's health services.

These findings reflect a broader call for action both for improved services, and approaches that are more responsive to the realities of men's lives. Accessibility, anonymity, affordability, and local relevance were key themes. By addressing these barriers, institutional trust is likely to improve, and prevent men from disengaging from the supports well intended to help them.

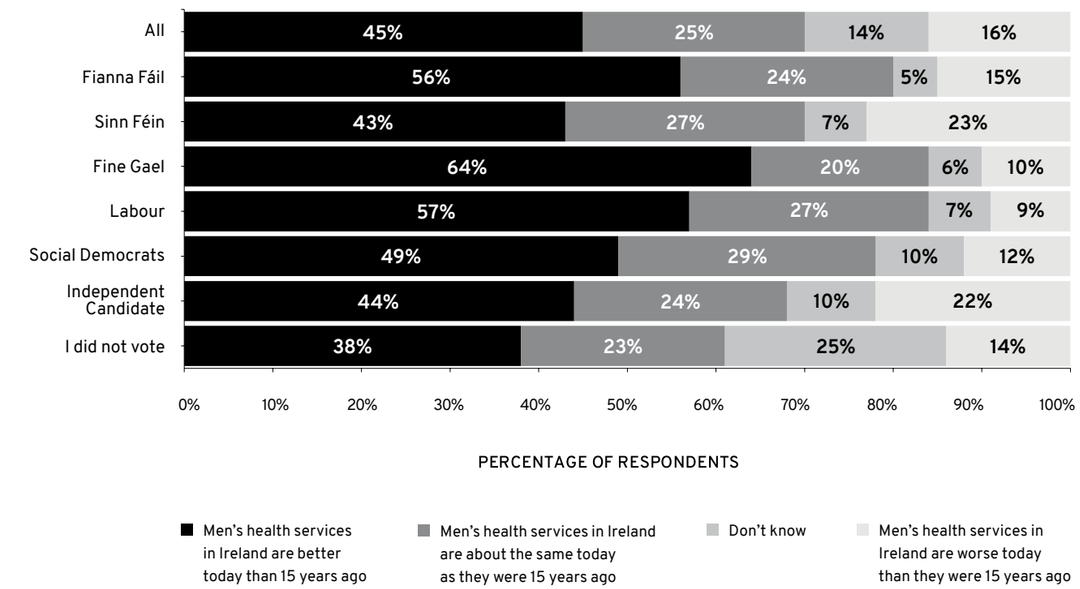
On a positive footing, **more than eight in ten (83%) of Irish people think the Men's Health Action Plan is a good idea.** This widespread support suggests that the public is highly receptive to the idea of targeted government action on men's health, even if they are unfamiliar with the current strategy in place, which was evident in the focus groups. This finding presents both a challenge and an opportunity. While public trust in institutions may be low, there is strong appetite for meaningful, visible action. Making the National Men's Health Action Plan (17) more visible, through clear communication and community outreach could help rebuild trust and show that men's health is a priority that the government is taken seriously.

FIGURE 21. PUBLIC PERCEPTIONS OF ORGANISATIONAL PERFORMANCE IN SUPPORTING MEN'S HEALTH.



**Smaller parties with fewer than 100 respondents in the survey are not visuallised.*

FIGURE 22. PERCEPTIONS OF HEALTH SERVICES IN IRELAND.

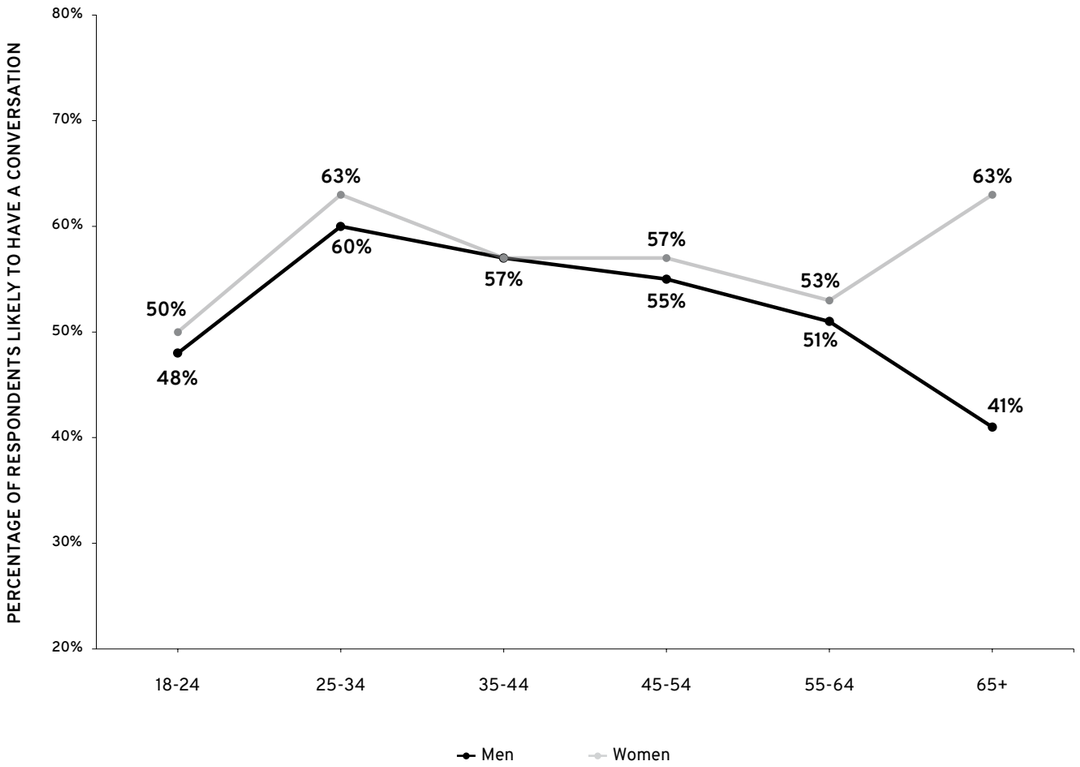


PUBLIC PERCEPTIONS ON THE CHALLENGES FACING YOUNG MEN, MANHOOD AND MASCULINITY

The appetite for visible, targeted government action also intersects with **growing public concern for the wellbeing of younger men in Ireland.** As highlighted earlier, young men emerged as the group most concerned about men's health issues yet they are also widely seen as facing some of the greatest challenges in today's society. The following section explores these perceptions in more depth, examining how Irish society views the realities facing young men.

More than half of Irish men and women say they are likely to have a conversation with friends about what it means to be a man today (see Figure 23). While Irish women are more open to this conversation than men in Ireland across all age groups, the gap is marginal among those less than 65 years old. The highest interest is among men in the 25–34 age group (60%). Likelihood to discuss manhood declines steadily with age - only 41% of men aged 65+ are likely to have such a conversation. The trend shows a gender and generational gap, with younger people more open to discussing what it means to be a man. This supports broader findings about changing attitudes toward masculinity and the growing appetite, especially among younger generations, for dialogue about men's roles in modern Irish society.

FIGURE 23. LIKELIHOOD OF PUBLIC TO DISCUSS CONVERSATIONS ABOUT WHAT IT MEANS TO BE A MAN.



Across Ireland, people are rethinking what it means to be a man. In focus group discussions, men and women shared honest views about how masculinity is changing for the better. The conversations show that people in Ireland want a version of masculinity that's more open, caring, and respectful, and less focused on being "tough" or traditional. Focus group discussions highlighted how there has been a shift in what it means to be a man compared to older generations. Men are now more comfortable showing emotion, being involved in family life, and rejecting outdated gender roles. T**his move away from how men "should be" to who men "are" was celebrated as progress not just for men, but for society as a whole:**

"I have four men in my life. My husband and three sons who are now husbands. The wonderful thing about modern men is they can show that they can care for children…can care for their wives… and just show that soft side of their personality. And the men are happier as far as I can see…they can show their soft side and that they do care and they're kind and loving. It contributes in a positive way to society and the community in general."

- MARY, MAYO.

When asked about the most important traits for men today, focus group discussion repeatedly emphasised the need for respect, empathy, and emotional intelligence. There was praise for younger men's increased respect for women, boundaries, and difference, suggesting that the modern Irish man is increasingly being socialised toward mutual care and equality:

"

...integrity, morals, responsibility, respect. I see it a lot just from my own son. I know for an absolute 110% fact that he would've been bullied if he was in school in my time. But the lads, he's around...they bring him on, they treat him with so much respect...they see that his brain just works different and it's great. I think the younger generation are actually even teaching the older generation a bit more, which is amazing.

"

- LISA, KERRY.

"

They have so much respect for themselves and for others. My boys are doing better than the older generation in the sense of respect. They're more understanding. Even with women, the way they talk to them and things.

"

- MARGUERITE, SPECIAL NEEDS ASSISTANT, KERRY.

"

The men in my life, they are great advocates for minorities and for those less fortunate than us.

"

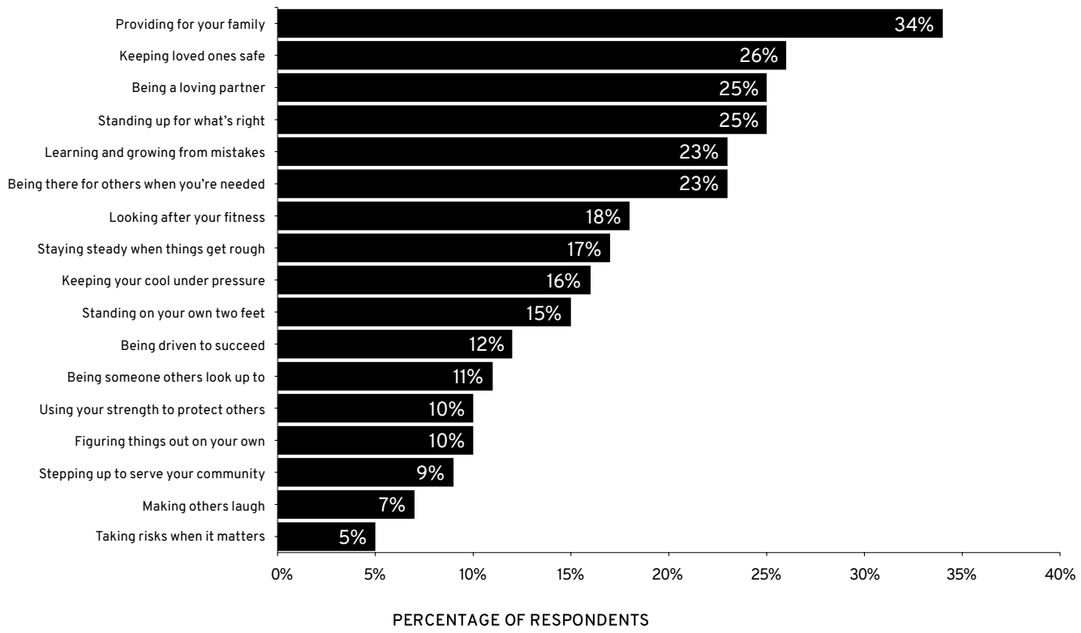
- MARY, KERRY.

Many males also spoke of the value of being a good father, being dependable, and feeling respected in their roles not necessarily for being "tough," but for being kind and capable. These views reflect a broader social trend. Modern Irish masculinity is less about physical strength and stoicism and more about character, particularly in how men treat others, support their communities, and parent their children. A similar opinion was evident in the public perceptions data, when asked what three traits men should try to exemplify nowadays (see Figure 23).

The most popular traits men should try to exemplify included providing for your family (34%), keeping loved ones safe (26%), being a loving partner and standing up for what's right (25%), and being there for others and learning from mistakes (23%). Overall, the results suggest that modern Irish views of masculinity prioritise emotional availability, protection, and ethical responsibility over traditional notions of strength, risk-taking, or rigid gender roles. This provides valuable insights into how positive aspects of masculinities could be leveraged to promote greater health and wellbeing among males in Ireland. For example, demonstrating how looking after your own health can have a positive impact on providing for your family, as per previous chapters.

Despite progressive views, there remains some tensions in how to be a man in different spaces and discomfort with the label "toxic masculinity". Some men discussed the need to "mask" emotions in public, which suggests that while emotional openness is accepted in private, there's still a pressure to perform traditional masculinity in public spaces. Others associate the word "masculinity" with "toxic masculinity". This is often due to its dominance in media and public discourse (102, 103) and some objected to the term, arguing it generalises and vilifies men.

FIGURE 24. PUBLIC PERCEPTIONS ABOUT THE TRAITS THAT MALES IN IRELAND SHOULD EXEMPLIFY.



“I don’t mind the word masculinity until you put the word toxic in front of me. Masculinity in my head is strong, proud warrior, someone who can provide for family or even go as far as put up a shelf, but in the public eye you’d be buying mask. But once I got home, I just got back to being the same softie I was before I left, to be honest with you... But once I walk out the front door, I mask again.”

- JOHN, DUBLIN.

“I feel the weight of this term toxic masculinity and I don’t like it because it feels like I’m being attacked for being a man. But see, I know that I’m a decent guy. I work hard and I look after the people around me as best I can.”

- CHRIS, DUBLIN.

A Note for media and the reader: Reframing the Conversation Around Masculinity

As this report highlights, terms like **“toxic masculinity”** can carry emotional weight and generate strong reactions, sometimes sparking important dialogue, but also risking polarisation. While originally intended to describe specific harmful norms (e.g., emotional suppression, aggression), the term has become a flashpoint in media and public debate. There is a feeling that the term could unfairly generalise or vilify men, which can create defensiveness and derail meaningful conversations about gender, health, and identity.

We urge media and stakeholders to resist sensationalism and instead reflect the deeper intention of this report: to build bridges. Language matters, and the goal is not to soften accountability but to broaden inclusion and open conversations. If our language shuts down the very people we hope to engage, such as young men navigating complex cultural shifts, we risk reinforcing the same disconnection we’re trying to address.

Practitioners on the ground are already adapting their approaches to meet men where they are. We invite the media to do the same: to spotlight diverse male voices, move beyond clickbait, and help create an aspirational narrative that empowers all men to live healthier, more connected lives.

This highlights some tension among those who see the critique of harmful masculine norms as necessary and others who feel it undermines their identity and reduces masculinity to a problem. There was also shared concern about the absence of constructive and visible male role models for young men in Ireland. While survey data found that actors and sportspeople were perceived as the most likely role models. Many focus group participants worried about the values promoted by some figures, and **participants lamented the lack of visibility for ethical, hard-working, community-oriented men in Ireland.** They also warned that without alternative role models, younger men may gravitate toward figures who promote materialism, aggression, or performative acts of masculinity:

“The new generation, they want bling bling, and unfortunately that man has it but there’s no one even there on an educational platform they can even look up to or someone that’s just a hard worker man that worked his way up. There’s nobody there at all.”

- JOHN, DUBLIN.

“My kids have to look outside of Ireland for role models, like Marcus Rashford and everything he did... getting food to kids in underprivileged schools.”

- DEREK, DUBLIN.

There was also a sentiment that young men are finding it difficult to navigate issues such as loneliness, purposefulness and social media pressure. **Half of the Irish public believe that young men are growing increasingly disconnected from Irish society** (see Figure 25). This belief is held more strongly among those aged 18-34 years and 75+ years. The majority of the Irish public (62%) also believe that young men in Ireland face greater difficulty to find their place and purpose compared to previous generations (see Figure 26). This broad consensus across all age-groups highlights a perceived shift in how young men relate to society and their roles within it.

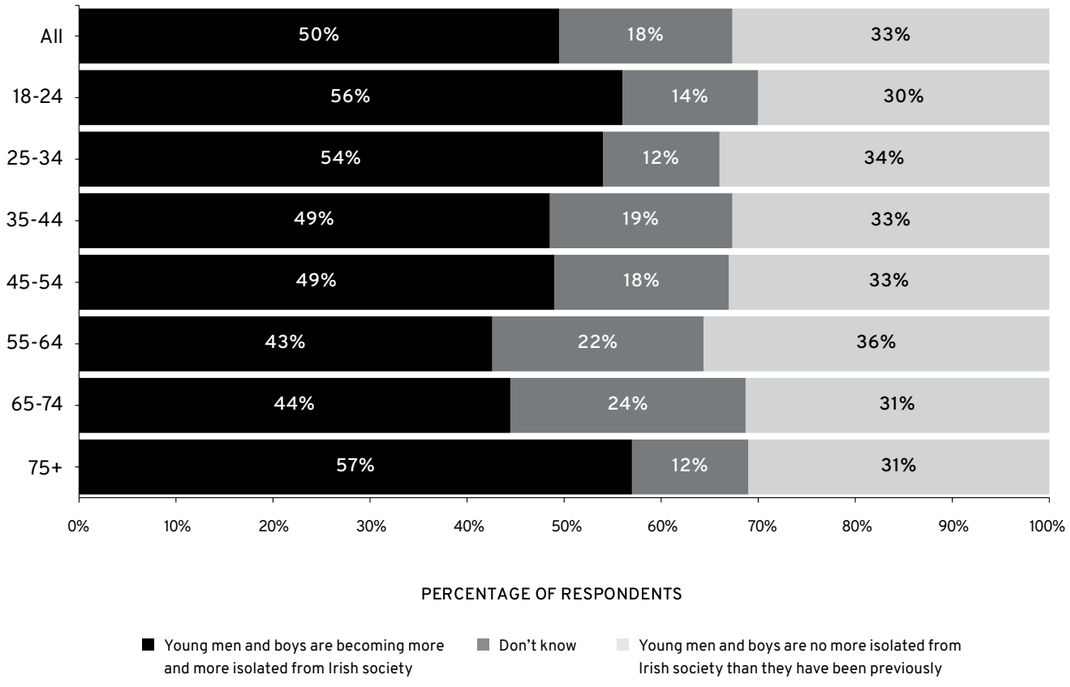


FIGURE 25. PUBLIC PERCEPTIONS ABOUT ISOLATION AMONG YOUNG MALES IN IRELAND.

There was continuing concern that boys are not fully equipped for pressures from drugs, social media culture and high profile "bad influence" role models online:

> "For younger men ... social media has created a different world that everyone has to fit into...and pressure to be like everyone else...I suppose the elephant in the room is drugs, cocaine in particular – you see it in the smallest village. If you don't want to take it, there's something wrong with you."
>
> - TIMMY, KERRY.

> "Unfortunately...I think a lot of young boys would look up to people like [influencer name]... there's a huge issue with promoting toxic masculinity, especially in young boys and teenagers."
>
> - ORLA, MAYO.

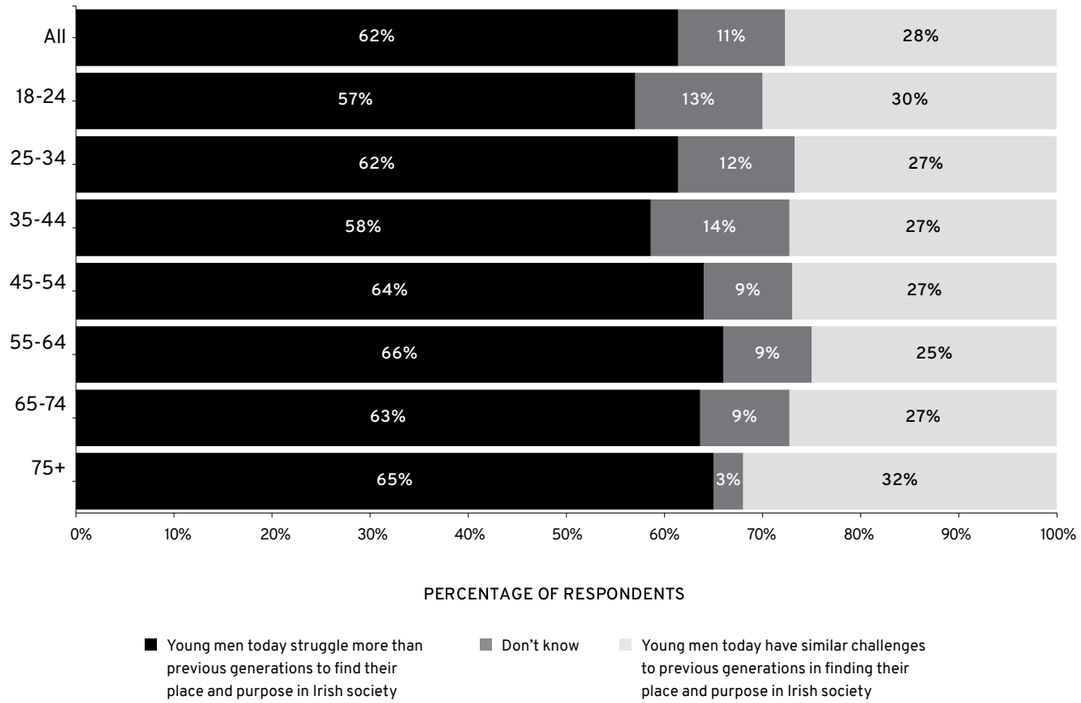


FIGURE 26. PUBLIC PERCEPTIONS ABOUT YOUNG MEN FINDING PURPOSE.

These findings show that Ireland is in the middle of a meaningful shift in how we understand what it means to be a man. While challenges remain, such as pressure to conform to outdated ideals, a lack of visible role models, and specific issues facing young men **there is a growing appetite, particularly among younger people, to open up new and healthier ways of being male in today's world.**

Across generations and communities, people spoke of their hopes for a version of masculinity that is rooted in kindness, responsibility, respect, and emotional honesty. Younger men, in particular, are embracing this change and, in many cases, leading it. To build on this progress, the conversation needs to continue - at home, in schools, in workplaces, and in the media. **There is a need for positive male role models to take centre stage and create spaces where boys and men feel safe to talk about their struggles and strengths, and continue promoting values like empathy, respect and purpose.** The Irish public highlighted that masculinity doesn't need to be one thing, it can be many things, and in that flexibility, there's great potential for positive change.

Together, these insights reveal an Irish society in transition. One that is rethinking masculinity, recognising the emotional and social pressures facing young men, and calling for greater support structures in response. There is growing momentum for a more open, supportive, and inclusive vision of manhood, with particular emphasis on respect, emotional intelligence, and shared responsibility. However, the lack of visibility of strong, constructive role models and the societal pressures many young men face such as isolation, purpose, and online influence, pose ongoing challenges. These shifting dynamics not only shape individual wellbeing but have broader implications for families, communities, and the economy. The next section explores these economic consequences in greater depth, highlighting the tangible costs of inaction and the potential benefits of investing in men's health and wellbeing.

What Works:

'ACTION MAN' MANUAL

While some aspects of our health are determined by things which are beyond our personal control (such as genetics, our income, the environment that we live in and our access to services), there are also simple, practical and realistic things which we can all do to improve our health and live a longer life. The free 'Action Man: ten top tips for men's health' manual doesn't preach or lecture - it simply explains: (i) WHY an action is needed; (ii) WHAT can be done about it; and (iii) HOW to find local support if it is needed. The ten top tips put the reader into the driving seat, and give them the tools and DIY instructions to make positive changes - if they want to.

www.mhfi.org/ActionMan.pdf

Economic Consequences of Men's Poor Health

The ripple effects of men's health extend beyond individuals, families and society, creating a broader economic impact. As highlighted in 'The Big Picture', in Ireland, as across comparable high-income countries, men die younger, experience more years lost to chronic disease, and are disproportionately affected by conditions such as heart disease, lung cancer, suicide, and alcohol-related harm (34).

Poor health outcomes among men, especially younger men, carry a significant financial burden for Ireland's healthcare system and wider economy, particularly when it comes to preventable or manageable conditions (17). While much of the public discourse has focused on emotional wellbeing, loneliness, and shifting masculine norms, it's also crucial to acknowledge the real and rising economic costs of underinvesting in men's health (108). Therefore, improving men's health and wellbeing is a social and moral imperative, and makes sound economic sense (14, 106, 107).

> "I think when I hear the word health associated with men, immediately think to mental health and specifically suicide. I'm sorry to jump in there immediately, but it seems to be something that is touches everyone in this country in particular."
>
> - ED, DUBLIN.

New research commissioned for this report estimates the costs of the five conditions that cause the largest number of years of life lost to ill-health for men in Ireland; coronary heart disease (CHD), stroke, chronic obstructive pulmonary disease (COPD), lung cancer and suicide. The overall costs are divided into direct and indirect costs. Direct costs account for the impact on the health systems due to these five conditions in men. This includes resources more frequently associated with illness such as GP costs, the costs of hospital services, and costs of pharmaceuticals. The indirect costs are the impact to the broader economy caused by the deaths of men. These indirect costs included things not often considered in terms of poor health including the costs of informal care, lost productivity and missing tax revenue to the Government.

The overall costs of these five conditions in men was over €1 billion in 2023 alone. Direct health costs accounted for €300 million, while the majority, €735 million, were indirect costs felt by wider society. Of the total €1 billion in estimated costs, €716 million (69%) was identified as potentially preventable. While complete prevention of these diseases may be a long-term goal, this data indicate the scale and significance of the costs that could be saved through interventions targeted to prevent avoidable ill-health. Not only is the prevention of these diseases good for men, the avoided cost can also be reinvested in the healthcare system to improve the care for those where ill-health is not able to be avoided.

The costs in this report are based on modelling provided by health economists. Where possible Irish data was used, where not available, international data was appropriately adjusted and used. The values provided represent the best estimates of the impact however actual costs may vary.

While this study focuses on direct healthcare and productivity costs, it also implicitly highlights the cost of inaction. Men's reluctance or delay in seeking care often rooted in stigma, norms around masculinity, and lack of accessible services exacerbates the impact on the system and on informal caregivers. Addressing suicide through healthcare responsive to the men's needs, earlier intervention, and accessible mental health services is not only a moral and public health imperative but also a sound economic investment for Ireland's future.

FIGURE 27. AVOIDABLE DIRECT HEALTHCARE COSTS OF MEN'S HEALTH ISSUES IN IRELAND.

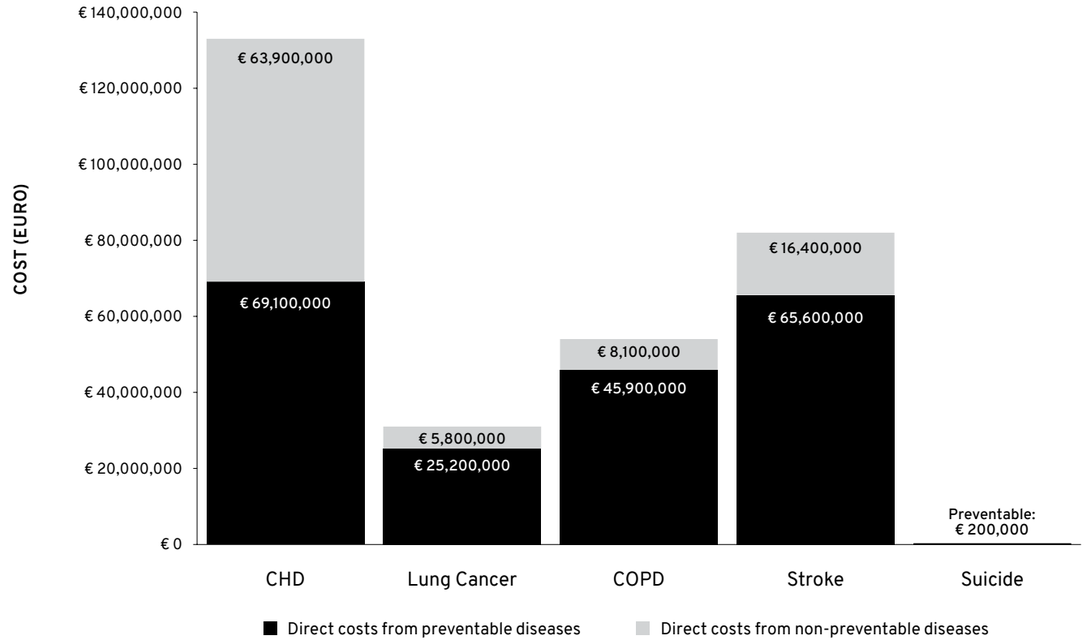
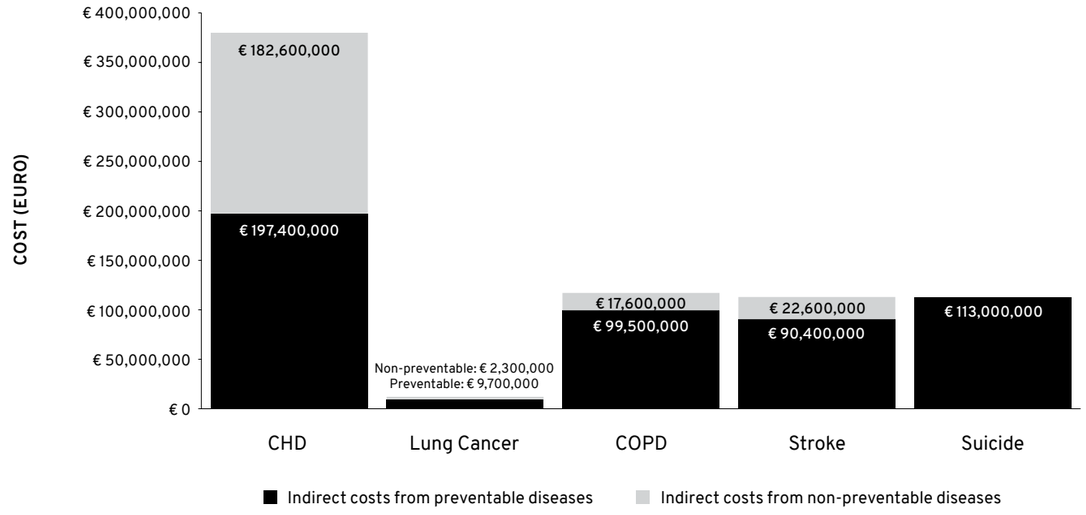


FIGURE 28. AVOIDABLE INDIRECT COSTS OF MEN'S HEALTH IN IRELAND.



Conclusion

This section presented a compelling case for understanding the state of men's health which was outlined in 'The Big Picture', not as an isolated issue but as one with broad-reaching consequences for families, communities, and Ireland's national economy.

Drawing on the data and lived experience from informal caregivers, GPs and the public as well as economic analysis, the chapters illustrate how men's physical and mental health impacts not only individual wellbeing but also the social fabric of Irish life. The ripple effect of men's health is undeniable. Whether through the hidden labour of caregivers, the struggles of young men navigating identity and purpose, or the immense societal costs of preventable illness and suicide, it is clear that men's health has consequences far beyond the individual. To build a healthier, more equitable Ireland, action must start with recognising men's health as a shared issue which is interwoven with family wellbeing, economic resilience, and social progress. Investing in men's health is not only a moral imperative it is also a strategic choice with wide-reaching returns for society as a whole.

A Future Vision: What the Irish Government Can Do

As the first country in the world to publish a national men's health policy in 2009, Ireland has been at the forefront, internationally, in advancing men's health at a policy level. While the policy launch coincided with the global financial crash, those tasked with implementing the policy demonstrated what can be achieved through innovation, a collaborative and partnership approach, prudent use of resources, and building a strong evidence base for men's health.

Mary Butler TD, Minister of State with responsibility for Mental Health's announcement of €2 million in August 2025 in funding for male-focused talk therapies and counselling, starting in September 2025, is a massive step forward, and one to build on through sustained investment and a system-wide approach that is needed to match the scale of the challenge outlined in this report. This report's findings provide a strong mandate for continued leadership and progress from all sectors, including not only a cross departmental, but a whole of government approach. This support for men's health recognises that men's health impacts not just men but cascades to families, loved ones, community, and wider society. It also recognises the multiple roles that men fill – as 'men', husbands/partners, fathers/grandfathers, workers/providers, carers, and as community members.

OUR PLEDGE

Movember wants to form a long-term and meaningful partnership with the Irish Government to tackle the complex issues in men's health together. In doing so, Movember will be committing our own funding, community networks, research and programmatic delivery expertise. Beyond our current investments, Movember will provide €1M into building capacity and real-world community men's health research from 2026. We will also provide €200K investment in national awareness campaigns built with men, for men that improve men's engagement and positive connection with their health.

Based on the research in this report, including new data and analysis from it's authors, Movember makes the following recommendations. These seek to build upon the solid foundations put in place by successive Irish governments for men's health by focusing on some areas that merit particular support in the years ahead.

KEY RECOMMENDATIONS

Call on this Government to recognise the need to progress the National Men's Action Plan 2024-2028. To invest an initial €10M in tandem with commissioning a full cost analysis to ensure appropriate resourcing and implementation of the Action Plan, supporting the broad range of men in Ireland.
To prioritise the development of a Cross Government Policy Statement on Men's Health.

Policy Call #1

To consider increasing the number of strategic stakeholders supporting the action plan and the number of partners within government sectors to enhance collaborative efforts, ensure the effective implementation of HI-M objectives and adapt to the changing needs of men.

MOVEMBER CALLS ON THE IRISH GOVERNMENT TO:

1.1	In collaboration with partners, develop and publish a long-term sustainability and development plan with initial allocated funding of €10 million over the next two Budget cycles for the scaling-up of evidence-based men's health programmes in the community that have successfully engaged men, and specifically those with the poorest health outcomes. Work to secure investment in networks that develop and deliver programmes encompassing gender equality, healthy relationships and zero tolerance of sexual violence.
1.2	Develop and announce a Cross Government Policy Statement on Men's Health, incorporating relevant cross departmental commitments that will enable the monitoring and regular reporting of key progress in men's health and initiatives relating to the Men's Health Action Plan across government departments.
1.3	Consider the inclusion of diverse representation from across government departments on the new HI-M Implementation Group, including regular update reporting on agreed Actions.

Policy Call #2

Consider adopting an outreach approach to engage boys, men and carers in the community in adopting healthy lifestyles and self-management, including timely access to healthcare when they need it, to promote physical, social and emotional wellbeing.

MOVEMBER CALLS ON THE IRISH GOVERNMENT TO:

2.1	This Government to consider applying a gendered lens across its own relevant and appropriate public health campaigns. To include the prioritisation of a men's health toolkit developed with internal and external partners to support the implementation of gender-specific approaches to existing programmes.
2.2	Work in collaboration to develop and expand existing targeted and culturally appropriate health and well-being programmes to foster the development of healthy masculinities, in partnership with the men's health sector, online influencers and digital platforms and advocacy partners – specifically for those men with the poorest health outcomes including Traveller men and racially, ethnically and all minoritised men.
2.3	Explore availability of additional resources in order to support the goals of the National Carers Strategy by assisting those caring for men in the management of their own physical, mental and emotional health by providing them with gender responsive information and training, supporting them to access funded services and men's health community programmes and networks, and increasing their confidence to support the men in their lives.
2.4	This government to explore the possibility of sustained investment in Movember Ahead of the Game programme in partnership with the Irish Life GAA Healthy Club Programme to ensure its continued growth and impact, building on the €1M already committed by Movember.

Policy Call #3

Build policy and resources that effectively support men at key points of intervention and transition – supporting their own health, productivity and wellbeing and that of their communities.

MOVEMBER CALLS ON THE IRISH GOVERNMENT TO:

3.1	Work in collaboration with internal and external partners to develop tailored resources for fathers to support positive health and communication with their children on areas of health and wellbeing and parenting (including parenting alone/ co-parenting fathers).
3.2	Explore the possibility to commission a review of current paternity leave policies seeking to increase the number of new Dads supported on paternity leave, addressing potential barriers and stigmas, normalising leave-taking and establish a dedicated workstream to advise on adequate and flexible parental leave policies that work for families, employers and government.
3.3	Progress current, and seek to establish new initiatives to support the mental health of workers by investing in evidence-based workplace interventions to reach male workers, in partnership with Irish employers and representative groups.

Policy Call #4

Continue to build a healthcare system and workforce that responds to the needs of men.

MOVEMBER CALLS ON THE IRISH GOVERNMENT TO:

4.1	Review investment in comprehensive training programs such as ENGAGE and Men in Mind to strengthen the healthcare workforce's knowledge, skills and confidence in effectively working with men. Work with internal and external partners to develop a plan to trial Men in Mind and expand the delivery of the ENGAGE programme to frontline service providers and community facilitators from Sláintecare partner organisations, including consultation with advocates from new communities, and increased advocacy efforts for its integration into relevant third-level health and allied health professional programmes.
4.2	Explore investment in health literacy campaigns built with men, for men, that improve men's engagement and positive connection with the health system via national awareness campaigns, including considering match funding a €200K investment from Movember.
4.3	Consider new and increased investment in national screening and prevention programmes, maximising digital channels and community-based interventions. Ambitions include an increased male uptake of cardiovascular disease risk assessments, bowel cancer, and mental health screening, with the opportunity for such programmes to act as a conduit for men to access local services and initiatives.
4.4	Work with partners to explore new and increased investment opportunities in the Irish Prostate Cancer Outcome Registry (IPCOR) to enable sustainment beyond 2028 and ensure the continued collection and use of high-quality data that allows healthcare providers to monitor care quality, address disparities in treatment, and deliver the best possible outcomes for patients.

Policy Call #5

Advance research to better respond to how men engage with their health, and healthcare services.

MOVEMBER CALLS ON THE IRISH GOVERNMENT TO:

5.1 Aim to provide robust, up-to-date, and inclusive national data on the experiences and health outcomes of men through potential areas such as:

- Address gaps in knowledge about how men move through, or drop out of, the health system by partnering with the Movember Institute of Men's Health to better understand, at a population level, how, when, and where men are utilising healthcare services.
- Building on existing measures, develop a comprehensive data collection framework that captures differences across sex, gender, and priority populations, providing the evidence needed to guide future strategies and uncover potential cost savings.

Building on the points above, a focus on gathering and sharing information about the experiences, perceptions of masculinity, and health outcomes of Traveller men and men from minority ethnic backgrounds would be beneficial, as there is currently limited data available in these areas.

5.2 Match or increase the investment of €1M by Movember Institute of Men's Health into building capacity and real-world community men's health research over the lifetime of the Action Plan, including the regular collation of representative data on men's health outcomes and attitudes towards masculinities and health, in order to track progress and to ensure that men's health work continues to be underpinned by empirical evidence.

Acknowledgements

THANK YOU TO THE MOVEMBER COMMUNITY AND ALL OFFICIAL MOVEMBER GLOBAL AND IRISH PARTNERS WHO SUPPORT US ALL YEAR ROUND.

And a special thank you to the individuals and organisations who are working to improve men's health, including those who support the launch of this report.

Alcohol Action Ireland

Anna Loughlin, Registered Advanced Nurse Practitioner - Prostate Cancer

ARC Cancer Support

Bon Secours Hospital, Cork

Catherine McGarvey, Advanced Nurse Practitioner Prostate Cancer and Survivorship

Construction Workers Health Trust

David Galvin, Consultant Urologist, Associate Professor and Conway Fellow, University College Dublin

Dr Mohamad M Saab, Senior Lecturer, School of Nursing and Midwifery, University College Cork

Dublin Rape Crisis Centre

East Galway and Midlands Cancer Support

Elephant in the Room

Exchange House Ireland National Traveller Service

Family Carers Ireland

Football Cooperative

Gaelic Athletic Association (GAA)

Gaelic Players Association (GPA)

Global Action on Men's Health

HEADSUP Kildare

HUGG

Iarnród Éireann/Irish Rail

Irish Association for Counselling and Psychotherapy (IACP)

Irish Haemochromatosis Association

Irish Men's Sheds Association

Irish Pharmacy Union (IPU)

Marie Keating Foundation

Men's Development Network

Men's Health Forum Ireland

Michael McKeon, Associate Professor of Intellectual Disability Nursing, School of Nursing, Psychotherapy and Community Health, Dublin City University

Professor Michal Molcho, University of Galway

Samaritans Ireland

Shine

South East Technological University (SETU)

Teagasc - Irish Agriculture and Food Development Authority

Glossary

BELOW IS A LIST OF TERMS USED IN THE REPORT ALONGSIDE THE DEFINITIONS AS ADOPTED BY MOVEMBER AND THE SOURCE REFERENCES.

BowelScreen: Ireland's National Bowel Screening Programme, offering free colorectal cancer screening to eligible individuals to support early detection and prevention.

Caregiver (informal): For the purposes of new research conducted to support this report, we define caregiver as a person of any gender who spends at least 3 hours per week providing any type of informal care to at least one man over the age of 16 who has received a diagnosis and/or receives regular or sporadic treatment for their physical and/or mental health conditions.

Counterfactual: A hypothetical scenario used in evaluation studies to estimate what would have happened in the absence of a particular intervention or policy.

Deprivation (area-level deprivation): A measure of disadvantage in a geographic area, based on the Pobal Deprivation index including factors like income, employment, education, and housing. Linked to poorer health outcomes.

Difference in Differences Analysis: A statistical method that estimates the effect of a specific intervention or treatment by comparing the changes in outcomes over time between a population of interest (males) and a comparator (females).

Gender Responsive Healthcare: Healthcare that identifies gender differences and inequalities in women, men and non-binary people regarding their health and healthcare experiences, and sets about addressing them through system-based change.

Gender: The characteristics of women, men, girls and boys that are socially constructed. This includes norms, behaviours and roles associated with being a woman, man, girl or boy, as well as relationships with each other. As a social construct, gender varies from and within societies and can change over time.

Gender-based violence (GBV): Harmful acts directed at individuals based on their gender. GBV includes physical, sexual, and psychological abuse.

Gender-responsive: An approach that recognises the different needs, experiences, and challenges of people based on gender, aiming to ensure policies, programmes, and services are fair and equitable.

Gender-transformative: A strategy or approach that actively challenges harmful gender norms, roles, and relations to achieve greater equality and improved health outcomes.

Gini Coefficient: A statistical measure of income inequality, with 0 representing perfect equality and 1 indicating maximal inequality.

Health literacy: The ability to find, understand, and use health information and services to make informed health decisions.

Healthcare / Health System: All organisations, people and actions whose primary intent is to promote, restore or maintain health. This includes efforts to influence wider determinants of health, as well as more direct health-improving activities.

Healthy Ireland: The national framework for action to improve the health and wellbeing of people living in Ireland.

Healthy masculinities: Positive expressions of being a man that include emotional openness, respect for others, nurturing behaviours, and support for gender equality.

Help-seeking behaviour: The process of seeking assistance for physical, mental, or emotional health issues. Often influenced by social norms, stigma, and access to care.

Intersectionality: A framework that recognises how overlapping identities - such as gender, race, class, sexuality, and disability - can create unique experiences of discrimination or privilege.

Masculinities (masculine norms): Encompass the diverse socially constructed ways of being and acting, values and expectations associated with being and becoming a man in a given culture, society, location and temporal space. While masculinities are mostly linked with biological males, they are often not biologically driven or only performed by males.

Men: Is a broad term to describe boys, adolescent, and adult men. "Men" includes diverse sexualities, intersex men and men with a transgender experience.

Men's health: A state of complete physical, mental, and social wellbeing as experienced by men and not merely the absence of disease or infirmity (WHO, 1946). The focus is on how sex and gender intersect with other determinants of health to influence boys' and men's exposure to risk factors, and interactions with the health system and health outcomes across the life course that require dedicated prevention and care services.

Men's Sheds: Community-based spaces where men can connect, share skills, work on projects, and support one another. They are especially valuable for isolated or older men.

Perinatal period: The time frame shortly before and after birth, typically from the 22nd week of gestation through the first week of life.

Premature mortality: Death that occurs before the age of 75, often used as an indicator of preventable deaths and overall population health.

PYLL (Potential Years of Life Lost): A measure of the number of years a person would have lived had they not died prematurely. It highlights the impact of early death on society.

Role model: A person whose behaviour is emulated by others, especially among young people. Positive male role models can shape healthier attitudes and behaviours.

Sex: The biological and physiological characteristics of males and females, such as reproductive organs, chromosomes, hormones, etc.

Sláintecare: The Irish government's reform programme to transform health and social care services with the goal of delivering universal healthcare access based on need, not ability to pay.

Socioeconomic status (SES): An individual's or group's economic and social position in relation to others, based on income, education, and occupation. A key factor influencing health outcomes.

Systems level change: Confronting root causes of issues (rather than symptoms) by transforming structures, customs, mindsets, power dynamics and policies, by strengthening collective power through the active collaboration of diverse people and organisations. This collaboration is rooted in shared goals to achieve lasting improvement to solve social problems at a local, national and global level.

Toxic masculinity: A term used to describe cultural norms associated with harm to society and men themselves, such as emotional suppression, dominance, and aggression. (Note: This report encourages careful and nuanced use of this term.)

Young men: At Movember, refers to males aged 12-25 years supported under the Young Men's Mental Health Portfolio.

List of Abbreviations

AI – Artificial Intelligence

ASR – Age Standardised Rates

CAIRDE – Construction Alliance to Reduce Suicide

CHD – Coronary Heart Disease

COPD – Chronic Obstructive Pulmonary Disease

CPD – Continuous Professional Development

CSO – Central Statistics Office

DOH – Department of Health

ESRI – Economic and Social Research Institute

EU – European Union

FC – Football Cooperative

GAA – Gaelic Athletic Association

GP – General Practitioner

HI-M – Healthy Ireland - Men

HPV – Human Papillomavirus

HSE – Health Service Executive

IBEC – Irish Business and Employers' Confederation

IGCP – The Irish College of General Practitioners

IHF – Irish Heart Foundation

IHREC – Irish Human Rights and Equality Commission

IMSA – Irish Men's Sheds Association

IPCOR – Irish Prostate Cancer Outcomes Research

IPSOS – International polling and research firm (Ipsos MORI)

IPV – Intimate Partner Violence

LGBTQ+ – Lesbian, Gay, Bisexual, Transgender, Queer, and others

MDN – Men's Development Network

MHFI – Men's Health Forum in Ireland

MHI – Mental Health Ireland

NCMH – National Centre for Men's Health

NCRI – National Cancer Registry Ireland

NGO – Non-Governmental Organisation

NMHP – National Men's Health Policy

NMSC – Non Melanoma Skin Cancer

OECD – Organisation for Economic Co-operation and Development

PLACE4U – Practical Learning and Community Empowerment for You

PYLL – Potential Years of Life Lost

RIS – Research Information Systems (used for citations)

SES – Socioeconomic Status

SETU – South East Technological University

WHO – World Health Organisation

Appendices

APPENDIX 1:

Additional data for premature mortality.

TABLE 8. TOP 5 CAUSES OF PREMATURE DEATH AMONG MALES IN IRELAND FROM 2015–2022.

Rank	2018	2019	2020	2021	2022
1	Cancer – 145 per 100,000	Cancer – 147 per 100,000	Cancer – 140 per 100,000	Cancer – 132 per 100,000	Cancer – 132 per 100,000
2	Heart diseases – 98 per 100,000	Heart diseases – 95 per 100,000	Heart diseases – 88 per 100,000	Heart diseases – 91 per 100,000	Heart diseases – 92 per 100,000
3	External causes of injury and poisoning – 37 per 100,000	External causes of injury and poisoning – 34 per 100,000	External causes of injury and poisoning – 42 per 100,000	External causes of injury and poisoning – 39 per 100,000	External causes of injury and poisoning – 38 per 100,000
4	Respiratory diseases – 28 per 100,000	Respiratory diseases – 29 per 100,000	Respiratory diseases – 22 per 100,000	Respiratory diseases – 24 per 100,000	Respiratory diseases – 25 per 100,000
5	Diseases of the nervous system – 15 per 100,000	Diseases of the nervous system – 15 per 100,000	Diseases of the nervous system – 16 per 100,000	Diseases of the nervous system – 15 per 100,000	Diseases of the nervous system – 14 per 100,000

TABLE 9: LEADING CAUSES OF MALE PREMATURE MORTALITY IN IRELAND BY DEPRIVATION QUINTILE IN 2022.

Rank	Quintile 1 (Most Affluent)	Rate	Quintile 2 (Affluent)	Rate	Quintile 3 (Middle)	Rate	Quintile 4 (Disadvantaged)	Rate	Quintile 5 (Most Disadvantaged)	Rate
1	Neoplasms	77.8	Neoplasms	96.2	Neoplasms	116.7	Neoplasms	132.9	Neoplasms	166.8
2	Circulatory system	33.3	Circulatory system	52.7	Circulatory system	64.9	Circulatory system	71.2	Circulatory system	94.8
3	Respiratory system	11.6	External causes of injury and poisoning	15.1	External causes of injury and poisoning	20.9	Respiratory system	25.7	Respiratory system	34.9
4	Nervous system	11.5	Digestive system	13.2	Respiratory system	19.9	External causes of injury and poisoning	23.8	External causes of injury and poisoning	27.6
5	Digestive system	6.6	Respiratory system	13.1	Nervous system	13.3	Digestive system	15.1	Digestive system	19.7

APPENDIX 2:

Additional data from the risk factors ('Men Have Less Healthy Lifestyles and are More Likely to Engage in Risky Behaviours') section.

TABLE 10. DATA ON ALCOHOL CONSUMPTION FROM THE HEALTHY IRELAND SURVEYS 2014–15 AND 2024.

Age Group		Total	15-24	25-34	35-44	45-54	55-64
% Drinking at least once a week	2014-15	60	42	57	54	69	73
	2023-24	43	31	38	37	52	51
	% percent change - last decade	-28.3%	-26.2%	-33.3%	-31.5%	-24.6%	-30.1%
% Binge drinking[12]	2014-15 report	57	75	67	56	52	52
	2023-24 report	42	50	47	45	45	40
	% percent change - last decade	-26.3%	-33.3%	-29.9%	-19.6%	-13.5%	-23.1%

TABLE 11. DATA ON DRUG USE FROM THE HEALTHY IRELAND SURVEYS 2014–15 AND 2024.

	Gender	Total	15-24	25-34	35-44	45-54	55-64	65+
Drug use, excluding sedatives or tranquilisers [13]	Male (%)	9	23	17	11	4	2	1
	Female (%)	5	16	9	3	1	1	1
	% male to female*	180%	144%	189%	367%	400%	200%	100%
Cannabis	Male (%)	8	22	14	8	3	2	-
	Female (%)	4	14	8	2	1	-	-
	% male to female*	200%	157%	175%	400%	300%	-	-
Cocaine	Male (%)	3	6	8	3	1	-	-
	Female (%)	1	4	2	1	1	-	-
	% male to female*	300%	150%	400%	300%	100%	-	-
Sedative/ tranquilliser use [14]	Male (%)	3	2	1	5	3	5	4
	Female (%)	10	10	6	7	10	12	14
	% male to female*	30%	20%	17%	71%	30%	42%	29%

[12] Definition of 'Binge drinking' in 2014-15 was 'Consuming 6 or More Standard Drinks on a Typical Drinking Occasion' and in 2023-24 'have had at least 60 grams or more of pure alcohol on at least one occasion in the past 30 days' where a standard drink is 10g of alcohol
[13] Drug use in the last year excluding use of sedative or tranquilisers (%)
[14] Both prescribed (91%) and non-prescribed use

TABLE 12. PREVALENCE OF SMOKING AMONG MALES AND FEMALES BY AGE, 2015–2024 (%).

Sex		15-24	25-34	35-44	45-54	55-64	65-74	75+
Male	2014-15	19	35	28	28	18	18	7
	2023-24	20	25	22	23	22	12	5
	% change 2015-2024	5%	-29%	-21%	-18%	22%	-33%	-29%
Female	2014-15	19	29	25	22	18	13	7
	2023-24	16	15	16	16	17	15	8
	% change 2015-2024	-16%	-48%	-36%	-27%	-6%	15%	14%
Male female compariosn	% rate of female to male smoking	80%	60%	73%	70%	77%	125%	160%

TABLE 13. LOWEST AND HIGHEST AGE STANDARDISED RATES OF MALE PREMATURE MORTALITY IN 2022 BY COUNTY.

Counties with the lowest male premature ASR in 2022		Counties with the highest male premature ASR in 2022	
County	ASR	County	ASR
Carlow	306	Sligo	415
Westmeath	318	Wexford	413
Monaghan	322	Mayo	411
Roscommon	323	Louth	404
Kildare	328	Waterford	404

APPENDIX 3:

Additional data from the ‘Economic Consequences of Men’s Poor Health’ section.

MEN’S DIRECT HEALTHCARE COSTS

Direct healthcare costs associated with men’s health in Ireland are considerable and health economics data from HealthLumen present some sobering statistics. Coronary heart disease (CHD) alone accounts for an estimated €133 million annually, making it the single largest contributor to men’s healthcare expenditure at €53 per male. Stroke follows at €82 million (€33 per male), while chronic obstructive pulmonary disease (COPD) adds another €54 million, costing €22 per male. Lung cancer represents €31 million in direct costs (€12 per male). These figures illustrate the immense burden that male health issues place on Ireland’s healthcare system and this only covers direct costs (the immediate medical expenses associated with diagnosing, treating, and managing men’s health conditions). These include hospital stays, surgeries, medications, outpatient care, and other health service use. They do not include the broader economic impacts of illness, such as lost productivity, informal caregiving, or early death. These indirect costs will also be explored.

The direct cost of treating **Chronic Obstructive Pulmonary Disease in men (€54 million)** is driven largely by inpatient hospitalisation, which accounts for over €47 million, highlighting the serious nature of exacerbations. Emergency outpatient services also contribute notably (€5.25 million), suggesting that acute episodes are both frequent and resource-intensive. In addition, of its €54 million in total costs, €45.9 million (85%) is considered avoidable. This is a clear area where earlier intervention and better management could not only improve quality of life but reduce system pressure.

Coronary Heart Disease remains the most financially burdensome condition among men in Ireland, with direct costs totalling €133 million. The majority of this stems from inpatient care (€72.8 million) and medications (€39 million), indicating that men with CHD often require both ongoing pharmaceutical treatment and intensive hospital-based care. Coronary Heart Disease (CHD) is not only the most expensive in terms of total direct costs but also the most preventable, with €69.1 million of its €133 million total linked to preventable causes. These figures underline the long-term nature and high acuity of managing heart disease and the importance of preventative strategies.

Stroke also carries heavy financial implications, costing the health system €82 million annually for men. Much like CHD, the bulk of the cost lies in inpatient care (€67 million), followed by medication and outpatient services and follows a similar pattern with €65.6 million in preventable costs. Stroke’s long-term health consequences, including disability and rehabilitation needs, make it both a high-cost and high-impact condition on men’s lives and public health resources.

Lung cancer treatment costs men’s healthcare services over €31 million, with significant portions allocated to public admitted services (€11.1 million) and pharmaceutical benefits (€8 million). Interestingly, the use of private hospital services (€4.7 million) is also notable, potentially reflecting limitations in access or wait times in the public system. Furthermore, while generally less avoidable due to its complex causes, data still shows that €25.2 million out of €31 million (or over 80%) in direct costs are tied to preventable factors (most notably tobacco use, which remains a major driver of male cancer mortality). The cost spread across multiple domains indicates a complex and intensive treatment pathway, and it reinforces the need for upstream interventions such as smoking cessation and early detection.

Note: While the costs shown are based on the best available estimates, several of the figures are derived from international proxies (such as Canada and Australia) due to the limited availability of detailed condition-specific cost data for Ireland. These proxies were adjusted to reflect Ireland’s context as closely as possible, but actual costs may vary slightly. Direct costs in this context are narrowly defined, typically including immediate medical care, but exclude a wide range of associated expenses, such as emergency response services, longer-term psychiatric interventions, and community-based supports. These omissions highlight the limitations of standard costing models, which often fail to reflect the full scope of human and societal impact.

MEN’S INDIRECT HEALTHCARE COSTS

Direct costs are the visible tip of the iceberg but indirect costs highlight a far larger and more complex burden. These are the often less visible but economically significant costs that result from lost productivity, reduced workforce participation, early retirement, absenteeism, and premature mortality. As with previous sections, they capture the ripple effects of men’s health issues on families, workplaces, and the wider economy.

In Ireland **CHD, carries by far the highest indirect cost among men in Ireland, at €380 million** annually which is more than triple the indirect costs of any other condition shown. This reflects the high number of men affected during their working years and the severe consequences for both mortality and long-term disability. At €152 per male, it highlights the urgent need to treat CHD not only as a health issue but as a major economic drag. **In addition, COPD and Stroke follow closely behind with €117 million and €113 million in annual indirect costs respectively.** These chronic conditions often lead to long-term impairment and recurring health events, which can reduce productivity and necessitate long-term care or early retirement. Lung cancer at €12 million, still represents a significant toll when viewed through the lens of lost years of productivity and premature death. These numbers make a powerful economic case for early intervention and prevention strategies, particularly for working-age men, where the cost of inaction extends beyond individual and clinical levels into structural highlighting that **beyond the moral imperative, investing in men’s health is fiscally responsible.**

TABLE 14. MEN'S INDIRECT HEALTHCARE COSTS BREAKDOWN BY CONDITION.

Condition	Indirect Cost Type	Cost (2023 EURO)
COPD	Wage-based productivity loss	116,847,000
CHD	Productivity loss due to mortality	215,311,000
	Productivity loss due to morbidity	71,157,000
	Informal care	93,200,000
Stroke	Productivity loss due to mortality	40,341,000
	Productivity loss due to morbidity	16,630,000
	Informal care	56,513,000
Lung Cancer	Time costs	6,793,000
	Lost earnings from employment	5,673,000
Suicide	Production disturbance costs	2,557,000
	Human capital costs	95,092,000
	Administrative costs	473,000
	Other (Payment to carers)	7,812,000
	Transfer costs	7,364,000

In terms of avoidable costs, **CHD stands out, with €197.4 million in avoidable indirect costs** and an additional €182.6 million in non-preventable costs. This means that nearly half of the total indirect burden of CHD could be preventable. In addition, **COPD also shows a significant proportion of preventable costs, with €99.5 million (out of €117 million total) attributed to avoidable factors.**

Stroke has a relatively lower proportion of avoidable costs, with €90.4 million deemed preventable and €22.6 million non-preventable. However, prevention, such as managing high blood pressure and cholesterol, could substantially ease the long-term economic burden. For Lung Cancer, only €9.7million is considered preventable out of a relatively modest total indirect cost. This reflects both the aggressive nature of the disease and limits to prevention once the disease is advanced. Nonetheless, it underscores the importance of early detection and anti-smoking efforts.

SUICIDE IN IRELAND: AN URGENT CRISIS WITH UNCLEAR COSTS

It is estimated that in 2023, the medical cost associated with male suicides in Ireland was €164,000. Additionally, the indirect costs—covering lost productivity, informal care, and other factors—exceeded €113 million. These figures are drawn from the best available proxy (116), given the lack of Irish specific modelling. Particularly for direct costs, this is undoubtedly a conservative estimate. While this approach provides a useful and robust benchmark, it almost certainly underestimates the true economic impact in Ireland. **Ireland's male suicide rate, at 14.9 per 100,000, compared to 3.6 for women.** Direct costs in this context are narrowly defined, typically including immediate medical care, but exclude a wide range of associated expenses, such as emergency response services, longer-term psychiatric interventions, and community-based supports. These omissions highlight the limitations of standard costing models, which often fail to reflect the full scope of human and societal impact.

The indirect costs of suicide, estimated at €113 million, more clearly reflect the magnitude of the issue. These include losses in productivity, human capital, informal care, and economic contributions. These are particularly devastating as suicide disproportionately affects younger, working-age men in Ireland. Even so, this figure is based on a proxy from Australian research, as Ireland currently lacks robust, up-to-date national modelling on the economic costs of suicide. While this proxy offers a reasonable benchmark, it likely underrepresents the true burden in the Irish context.

For instance, Australia's estimated total cost per suicide is AUD $1.69 million (approximately €1.03 million), including both direct and indirect costs. If we adjusted this Australian estimate for **Ireland's annual number of suicides (approximately 400 per year, with the majority being men), the total cost to Irish society would exceed €400 million annually.** This underscores the urgent need for Ireland-specific modelling that reflects current social, health, and economic conditions and recognises the full ripple effects of suicide across families, workplaces, and communities.

Moreover, Ireland's last major study on suicide costs almost two decades ago, used 2002 data and estimated the total cost of suicide at over €835 million annually (117). This figure was based on a much smaller economy, and since then, Ireland's GDP has grown by nearly 400%. Adjusted for inflation and economic growth, the actual costs today would likely far exceed those projected by the Australian proxy.

Table 15 highlights that the total combined cost per male across these five major conditions is €412.97, of which over 70% (€293.22) stems from indirect costs. This breakdown highlights that the economic burden of men's health issues extends well beyond the healthcare system into the broader economy via lost earnings, informal caregiving, and reduced productivity.

TABLE 15. DIRECT, INDIRECT AND TOTAL ECONOMIC COSTS OF MAJOR HEALTH CONDITIONS PER MALE IN IRELAND.

Disease	Direct Costs Per Male	Indirect Costs for Ireland Per Male	Total Costs Per Male
Coronary Heart Disease	€53.06	€151.60	€204.66
COPD	€21.54	€46.68	€68.22
Lung Cancer	€12.37	€4.79	€17.16
Stroke	€32.71	€45.08	€77.79
Suicide	€0.06	€45.08	€45.14

THE COST OF INACTION IN A TWO-TIERED SYSTEM

This section has illustrated the substantial economic burden of men's health issues in Ireland which is costing hundreds of millions of euros annually in both direct healthcare expenses and indirect losses such as productivity, informal care, and premature death. Conditions like CHD, stroke, COPD, and suicide have a profound and far-reaching impact that is not only on the health system but on the economy, communities, and families. These costs do not exist in a vacuum, they are shaped by the structure of Ireland's two-tier health system, which continues to produce unequal access to prevention, early detection, and treatment. The current hybrid model, partially state-funded but still heavily reliant on private health insurance, often results in delayed care for those without coverage (118), disproportionately affecting men who are already less likely to engage with preventive services.

Historical underinvestment in primary care and mental health services has only deepened these gaps. Many men reach healthcare services at a crisis point when conditions are more advanced, more expensive to treat, and more damaging to long-term outcomes (115). This drives up costs for individuals and the system alike, and leaves missed opportunities for earlier, more cost-effective interventions. Though Sláintecare (51) offers a roadmap toward a more equitable and universal healthcare model, progress remains slow, and inequities persist particularly in men's access to preventive and mental health care. **These figures reflect the burden of costs on both men in Ireland and Irish society and gaps need to be closed through better prevention, earlier access, and implementation of our gender-informed policy.**

APPENDIX 4:

Additional methodology for difference-in-difference policy analysis section

The method used for the PYLL is called "difference-in-differences", a type of statistical analysis that helps identify whether a change (like a men's health policy) is associated with changes in outcomes, in this case premature mortality. A strength of this method is that by comparing with groups of people (in this case men and women in Ireland) living in the same location it can check for the size of effect, even when other large scale societal changes, like recessions, are occurring. It works by comparing trends in men's premature deaths before and after a key time point (i.e., 2010) and the same trend in women's premature deaths. The assumption isthat, in the absence of the policy, male and female trends would remain similar. This then allows us to estimate what the male PYLL would have looked like in a world where the policy was not introduced, often called a "counterfactual". The difference between the counterfactual and real world, CSO data helps us understand the potential effect of something like the Men's Health Policy.

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