



The Real Face of Men's Health

2026 WALES REPORT



MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH

Introducing 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 £945m for men's health globally, thanks to a passionate community of 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](https://movember.com) or contact advocacy@movember.com.

ABOUT THE MOVEMBER INSTITUTE OF MEN'S HEALTH

Building on a 20-year legacy of investment in men's physical and mental health, the Movember Institute of Men's Health launched in 2023 and has ambitious goals to enhance quality of life for millions of men worldwide. Uniting global experts in the field of men's health, the Institute will accelerate research and translate it into tangible, real-world outcomes.

The Institute aims to elevate the profile of men's health with policymakers so that it is considered proportionally to the burden of disease experienced by men. By focusing on key areas such as men's mental health, prostate and testicular cancers, gender responsive healthcare, and men's health literacy, the Movember Institute of Men's Health aims to combat preventable risk factors, which contribute to 77% of male deaths and 54% of healthy years of life lost (IHME, 2019). In doing so, we aim to make sustainable gains to men's health internationally.



A NOTE ON STANDING BESIDE OTHERS IN GENDERED HEALTH

This report focuses on the connections between gender and health. On average, globally, men die at a younger age 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 examine 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 underdiagnosis of coronary heart disease. We acknowledge and support the work of leaders in the fields of gender and health 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 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.

ABOUT THE CO-AUTHOR

A special note of thanks to Dr Mark Llewellyn, Professor of Health and Social Care at the University of South Wales, for his co-authorship and review of this report. Your insight has been invaluable as we advocate for the promotion of men's health in Wales.



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Executive Summary

Too many men in Wales are not getting the chance to grow old. In 2024, 6,793 men died before reaching their 75th birthday. This accounted for 37% of all male deaths registered that year – meaning more than one in three male deaths in Wales occurred prematurely.

Behind this headline figure is a distinctive and unequal pattern of poor health. Men in Wales are dying too young from conditions and causes that could often be prevented, detected earlier or better managed, including cancer, cardiovascular disease, suicide, respiratory disease, alcohol, drugs and liver disease. These outcomes are not shared equally. Where a man lives, the work he does, the support he has around him and the services he can access all shape his chances of living a longer, healthier life.

Men's health is too often reduced to individual behaviour or the idea that men simply do not seek help. This report shows a more complex picture. Many men do delay seeking support, but the reasons are shaped by health literacy, stigma, practical barriers, work, rurality, social connection, previous experiences of services and whether healthcare feels accessible, trusted and relevant to men's lives.

The rise of digital culture has intensified existing pressures around toughness, self-reliance, body image, success and status.¹ The pressures on boys and young men can interact with deprivation, isolation, life transitions, loneliness, and mental health risk. They can also shape whether young men feel able to speak to family, friends, teachers, youth workers, coaches, GPs or mental health services.

Men's health does not exist in a vacuum. Poor health among men affects partners, parents, children, friends, colleagues and communities, as well as public services and the economy. This is the ripple effect in action, and means that in Wales, men's health should be treated as a public health, equality and prevention issue, not as a narrow set of individual lifestyle choices.

Men's health is shaped not just by biological factors, but by broader social, economic and cultural conditions. A Welsh response should combine universal prevention with targeted action for men who face additional risks and barriers, including men in deprived communities, men in insecure work or experiencing unemployment, men with mental health or substance misuse needs and men in rural communities.

Movember's *UK Real Face of Men's Health report 2024* sets out the wider evidence on poor men's health, men's experiences of healthcare, masculine norms and gender-responsive health policy.² This Wales report builds on that evidence, focusing on Welsh data, policy context and community examples.

Better outcomes are possible. Across Wales, there are examples of programmes and community-led approaches reaching men and boys earlier, building trust, improving health literacy and creating routes into support.

The priority for Wales is not simply to encourage individual behaviour change. Wales needs gender-informed, place-based and prevention-focused action that reflects how men live. The strongest examples are those that work through trusted settings and relationships: sport and community spaces, social connection, fathers and families, healthy masculinities, mobile outreach and support for underserved groups.

But these examples remain fragmented. Wales already has important building blocks in place across mental health, suicide prevention, women's health, public health and community support. What is missing is a dedicated national plan that brings action on men's health together through a clear gender-informed lens.

Movember is calling on Welsh Government to develop a fully costed Men's Health Plan, backed by initial funding from the outset and designed to scale over future budgets: a clear, accountable plan to improve health services, systems and policies for men and boys across the life course. This should not replace existing strategies or compete with the Women's Health Plan. It should complement them, ensuring that prevention, early intervention, data, accountability, gender sensitive service design and community support are working for men and boys in all their diversity.

These priorities are informed by the 5R Framework for men's health policy published in the *Lancet Public Health* – Research, Reach, Respond, Retain and Relational – which sets out how health systems can better understand, engage, support and retain men in care.³

A Men's Health Plan should focus on five priorities:

- putting men's health on a formal footing of accountability;
- using a gender-informed prevention lens to meet men where they are;
- strengthening prevention and early diagnosis for the conditions killing men too young;
- prioritising men's suicide prevention, social connection and support before crisis; and
- building healthier futures for boys, young men and fathers.

Improving men's health is good for men, but the benefits reach much further. A healthier future for men and boys is also a healthier future for families, communities, public services and the Welsh economy.



An Introduction from Ben

In November 2011, I was taking part in Movember. I did not know it at the time, but the campaign may have helped save my life.

My son Alex was about four. We were messing around together, as fathers and sons do, when he kicked me in the nuts. Not deliberately. He was fine. I was not. A week later, it still hurt, and I thought: this isn't right.

Because I was taking part in Movember, I had seen messages about checking yourself and doing something when something did not feel right. That gave me the awareness to check myself and the courage to go to the GP rather than telling myself, "it'll probably be all right."

My right testicle was the same colour and hardness as a cricket ball. It was not the easiest conversation to have with my GP, but she referred me for an ultrasound at the University Hospital of Wales in Cardiff.

During the ultrasound, the nurse took a look and said, "Back in a minute." She returned with a senior nurse. Then came the registrar.

By this point, I was thinking: this is getting weird.

Eventually, I was taken to see a consultant.

He said, very matter-of-factly: "Oh yeah, you've got cancer."

Time just stopped.

The consultant carried on talking, but I shut down.

Sarah, my wife, was beside me. She listened when I could not. She held everything together.

That was it. I had cancer. I needed an operation. Now go home.

I had surgery ten days later. Because the cancer had been caught early, I did not need chemotherapy or radiotherapy.

I was incredibly fortunate.

For the next five years, I had blood tests, scans and follow-up appointments, until eventually I was given the all clear.

I walked out of the hospital and thought: "Oh. That's it."

There was no great celebration. No fanfare. I simply went back to work.

For a while, that was how I treated the whole experience. Physically, I was fine. I had lost a testicle, but the cancer was gone. In my mind, the box had been ticked.

But something was not right.

Sarah could see that I was not the same, even when I could not see it myself. She had supported me through the diagnosis and treatment, but she was also holding everyone around us together.

People asked how I was doing. Hardly anyone asked how she was.

Sarah pushed me to get counselling because she knew that being physically clear of cancer did not mean I was emotionally all right.

I thought: I'm physically fine. What would I need counselling for?

Through Tenovus Cancer Care, I began seeing a counsellor and I remember walking out each time feeling so much better.

But we had to find that support ourselves.

Nobody from the health service asked how I was coping mentally. Nobody routinely checked how Sarah was coping. There was no one place that explained what support existed.

My experience of cancer care was very transactional: attend this appointment, have this blood test, come back for these results. The cancer was treated successfully, but the person living through it – and the family beside him – could easily become an afterthought.

Men are often told to check ourselves, speak up and ask for help. Those messages matter.

But telling men to speak up is only half of the answer.

When men do come forward, the system must be ready to listen.

It must understand that a man who says he is "physically fine" may not be fine at all. It must recognise that men may not always have the words to explain what is happening emotionally. It must not rely on a wife or partner noticing that something has changed and pushing him towards support.

My story is about testicular cancer, but the lesson is much wider.

Wales should learn from what works and build a health system that better understands men's experiences, supports their mental as well as physical health, and recognises the impact on the families around them.

But encouraging men through the door is only part of the answer. When they get there, the system needs to be ready to support them.

I was lucky. My cancer was caught early and I am still here to tell my story.

Ben, age 52 from Cardiff





Why Wales, Why Now?

Wales has a timely opportunity to act. The new Welsh Government has set out a clear emphasis on public health and improving outcomes for people across Wales. This is the moment to move men's health from the margins of policy into the mainstream of prevention, equality and health-service reform.

The case for action is clear. Too many men in Wales are dying too young, too many are reaching support too late, and too many outcomes are still shaped by deprivation, geography, work, social connection and access to care. Without a dedicated focus on men and boys, national ambitions to reduce health inequalities, shift care upstream and build a more sustainable NHS will remain harder to achieve.

There is also a strong economic case for prevention. Men's ill health creates direct costs for health and care services, as well as wider costs linked to reduced productivity, lost earnings, unpaid care and pressure on families, workplaces and communities.

Exclusive modelling for this report by HealthLumen estimates that the direct and indirect costs of the top five diseases causing the most years of life lost in men in Wales are nearly £1.4 billion. Set against a Welsh Government health and social care budget of around £13 billion, the estimated direct costs account for over 3%.

The need to invest earlier has also been recognised by the Future Generations Commissioner for Wales. In recent evidence to the Welsh Parliament/Senedd Cymru, the Commissioner said:

“The way Wales spends right now is a breach of future-proof planning and our current budgeting is not meeting the Well-being of Future Generation Act's requirement to improve health equity for our current and future generations.”⁴

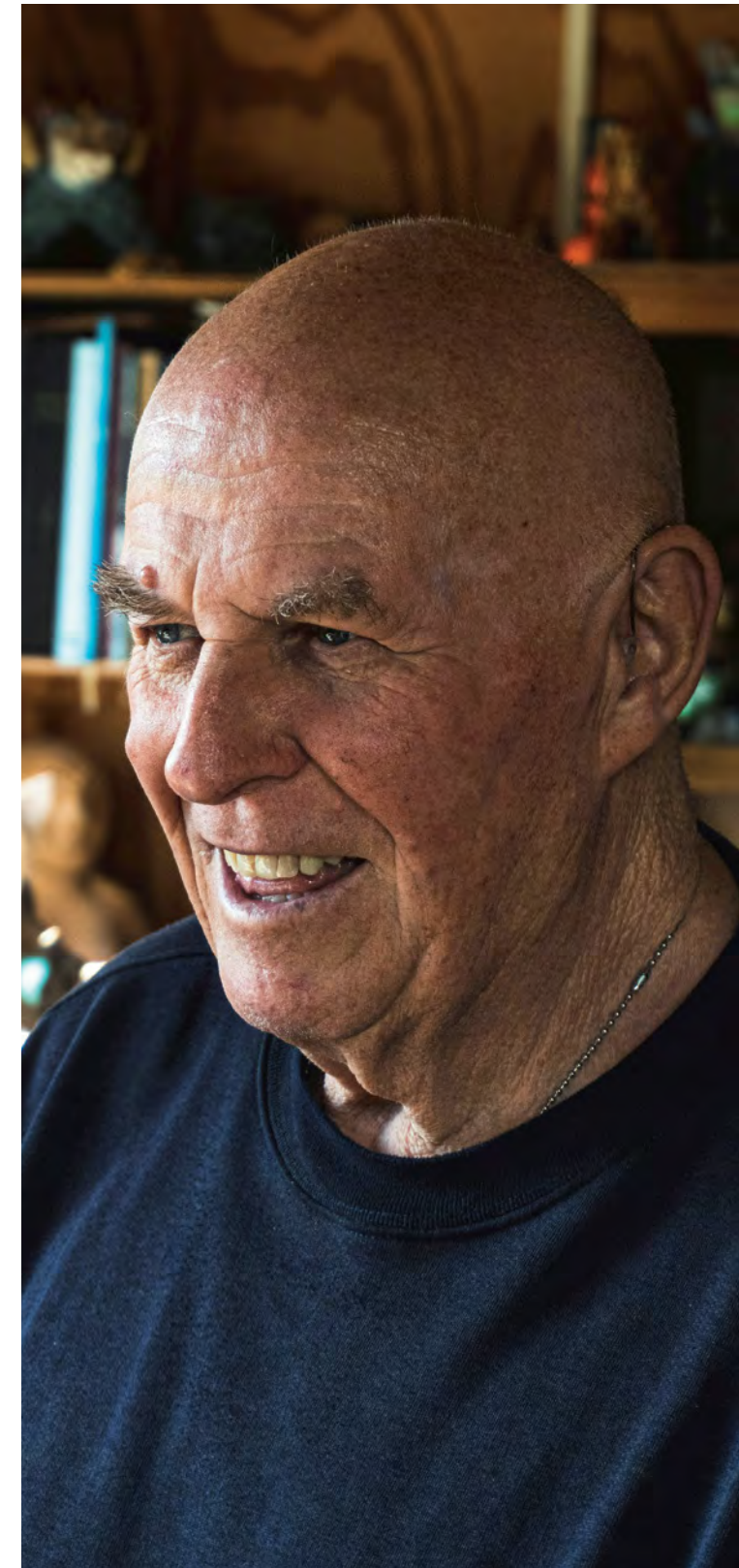
Wales would not be starting from scratch. The development of a Men's Health Plan would place Wales alongside other nations taking dedicated, national action to improve the health and wellbeing of men and boys. Ireland was the first country to adopt a national men's health policy nearly twenty years ago, with the latest action plan launched in 2024^{5,6}. Brazil followed in 2009 with a national men's health policy embedded in its public health system⁷ and Australia has a National Men's Health Strategy running to 2030,⁸ England launched its first Men's Health Strategy in November 2025 and Canada has confirmed that its first Men and Boys' Health Strategy will be published in autumn of 2026.

Together, these countries show growing international recognition that improving men's health requires national leadership, action across men's life course and a clear plan for reaching men in all their diversity. Wales has the opportunity to learn from these approaches while developing a Men's Health Plan rooted in its own communities, languages, geography and health inequalities.

The political opportunity is strengthened by the new Welsh Government's own prevention agenda. Ahead of the Senedd Cymru / Welsh Parliament election, Plaid Cymru committed to ensuring policymaking across government addresses the social determinants of health and to "reprioritise public and preventative health to keep people healthier for longer."⁹ As the new Welsh Government, it now has the opportunity to realise the substantial opportunity offered in preventing ill health for men and releasing savings by engaging them directly in seeking early support.

Wales also has important building blocks in place. The NHS Wales Women's Health Plan¹⁰ recognises the value of targeted, gender-responsive action through a long-term approach to closing healthcare gaps. Wales also has national strategies for Mental Health and Wellbeing¹¹ and Suicide Prevention and Self-Harm,¹² both supported by delivery plans. These are important commitments, but men's health is still spread across separate policy areas rather than brought together through one dedicated national plan which both supports the work of others and ensures collective impact and learnings.

A Men's Health Plan would not replace this work, nor compete with the Women's Health Plan. It would complement it – ensuring people in Wales experience gender-responsive healthcare systems and services that work for them, wherever they live. With its emphasis on prevention, mental health, delivery and cross-government collaboration, a Wales Men's Health Plan would support the wider ambitions already set out by the new Welsh Government. Most importantly, it would show that a healthier future for men and boys is also a healthier future for families, communities, public services and the Welsh economy.



What it Means to Be a Man in Wales Today

by Professor Mark Llewellyn

Wales is a place shaped by its hinterland – it is a small country of cultural change, economic uncertainty, and persistent health inequalities. Welsh identity centres on *cynefin* – a Welsh word with no direct English translation which suggests a strong sense of community, resilience, belonging and pride. Yet men in Wales continue to face poorer health outcomes than they should, and many will live shorter lives than they should expect.



Professor Mark Llewellyn

Men’s health in Wales reflects a clear social gradient. Life expectancy for men remains lower than for women, and healthy life expectancy is lower still. Men are more likely to die from preventable conditions such as cardiovascular disease, lung cancer, and alcohol related harm. Suicide continues to be one of the leading causes of death for men under 50. These outcomes are not simply the result of individual behaviour but are deeply connected to the conditions in which men live and work.

Deprivation plays a significant role. Men in the most disadvantaged Welsh communities experience chronic illness earlier, have higher rates of ill health, and face greater obstacles to accessing care. This reflects the inverse care law, first articulated more than 50 years ago by Julian Tudor Hart, a GP working then in Glyncoirwg in the Afan Valley: those who need healthcare the most often have the least access to it. The result is a widening gap in health outcomes between those who have more and those who have less.

Alongside these structural issues, men face cultural and psychological pressures. Traditional expectations of masculinity continue to influence how men perceive themselves and how they engage with services. Many men still feel pressure to “get on with it,” delaying help seeking for both physical and mental health concerns. This is particularly evident in post-industrial communities across the country. Younger men face a different set of challenges, needing to navigate their identities as ‘digital natives’, managing social media pressures, and confronting uncertainty around issues like housing and employment. These factors contribute to stress, anxiety, and a sense of instability that impact on people’s well-being.

Wales’ ambition to become a Marmot nation provides a powerful framework for addressing these issues. Key to this is the idea of proportionate universalism – the notion that services should be available to all but delivered with greater intensity where need is greatest. Michael Marmot’s approach emphasises that health inequalities are not inevitable, but that they arise from social and economic conditions that can be changed.

None of this comes from a place of exceptionalism. Women in Wales have also been poorly served by our health system and are subject to any number of additional challenges and inequalities. There is a need to acknowledge and confront the complex interplay of health risks, social pressures, and structural inequalities that result in poorer health outcomes. In doing so, Wales can move toward a future where every man, regardless of his background, has the opportunity to live a healthy, fulfilling life.

Marmot Nation and the Wellbeing of Future Generations Act

Wales became the world’s first Marmot Nation in June 2025, committing to Sir Michael Marmot’s principles to reduce health inequalities.¹³

Sir Michael Marmot has also called for national governments to create strategies that respond to the different ways that men and women experience health, prevention and treatment services, and that are built on gender-responsive policies.¹⁴

This national strategy pairs with the Well-being of Future Generations Act, adopted in Wales in 2015, which legally requires public bodies in Wales to focus on long-term prevention, sustainability, and social equality.

These two commitments share goals in prevention through tackling root causes by looking beyond immediate health care to address poverty, housing, and work, adopting a long-term focus and measuring decisions by community impact and generational fairness, alongside ensuring environmental protection and public health are pursued together.

The Big Picture: The State of Men's Health in Wales

Throughout this report we take a closer look at the current state of men's health, uncovering the disparities that exist across geography, socio-economic background, and life stage and discovering how these are being addressed. The picture in Wales is stark, with alarming headline figures.

According to research undertaken by The Health Foundation, since the early 2010s, UK male mortality rates have worsened compared with peer countries. The broad trend for mortality rates in each of the four nations (Scotland, Northern Ireland, Wales and England) mirrored the trend for the whole of the UK. However, there are stark inequalities observed, with male mortality rates 4% higher than England in Northern Ireland, 7% higher in Wales and 17% higher in Scotland.¹⁵

TOO MANY MEN ARE DYING TOO YOUNG

Premature Mortality

Too many men in Wales are not getting the chance to grow old. In 2024, 6,793 men died before reaching their 75th birthday, known as premature mortality. This accounted for 37% of all male deaths registered that year – meaning more than one in three male deaths in Wales occurred prematurely.¹⁶

Men make up a little under half of the Welsh population (48.9% in 2021), but face significant health inequalities, with outcomes strongly shaped by deprivation, employment status, and lifestyle factors. Across most indicators, men experience higher mortality, distinct mental health vulnerabilities – notably very high suicide rates, and greater exposure to behavioural risks than women.¹⁷ Where a man lives has a profound impact on his whole life course.

Premature mortality also varies substantially by place. In the Upper Tier Local Authority (UTLA)¹ analysis in Appendix 1, the highest rates were recorded in Blaenau Gwent, Merthyr Tydfil and Caerphilly, while the lowest rates were recorded in Powys, Monmouthshire and Ceredigion. Furthermore, the relative level of advantage or disadvantage in a place often is often akin to the rate of premature mortality; in other words, where we find areas of highest deprivation, we also find the highest levels of premature mortality. This deprivation scale can be seen through the geostatistical measure of the Welsh Index of Multiple Deprivation (WIMD).¹⁸

1. UTLA refers to a top-level local government administrative region, such as a county council, metropolitan district, London borough, or unitary authority, which handles major public services like social care, education, and transport.



>1/3

Male deaths in Wales
occurred prematurely¹⁶

The Leading Causes of Premature Mortality

Public Health Wales data provides related trend evidence for major non-communicable diseases. Although this indicator uses a narrower definition than the wider under-75 premature mortality measure used in this chapter, it shows that, despite premature mortality trends in both men and women reducing over time, men in Wales have consistently higher age-standardised mortality rates (ASMR) than women for premature deaths from key non-communicable diseases. In 2023, the male rate was 366 per 100,000, compared with 252 per 100,000 for women.

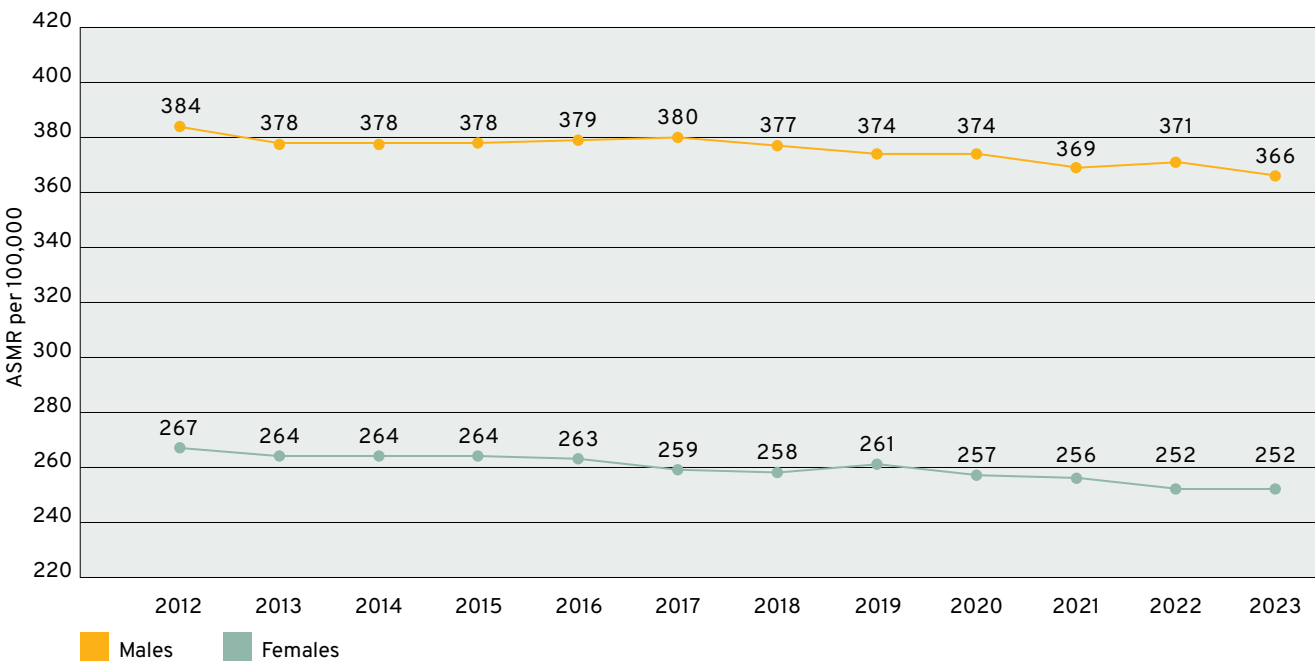
Deprivation-related inequality in premature male deaths also appears to have widened over time.³ Analysis of premature male deaths by deprivation quintile shows that in 2016, the poorest areas had about 1.7 times as many premature male deaths as the wealthiest areas. By 2025, that had risen to just over twice as many. This means the gap in premature male deaths between the most and least deprived areas has widened over time.²⁰

Using the wider under-75 definition of premature mortality, Movember analysis of Office for National Statistics (ONS) mortality data, based on the World Health Organisation (WHO) leading causes list adopted by the ONS, has identified the leading causes of premature male death in Wales in 2024 (Figure 2). The graph below shows the top six causes in that year reflecting the breadth of conditions and causes driving premature male mortality.

Taken together, these six leading causes accounted for around 43% of all premature male deaths in Wales in 2024. Suicide was the sixth leading cause and is explored in more detail below as a major men’s health and policy issue.



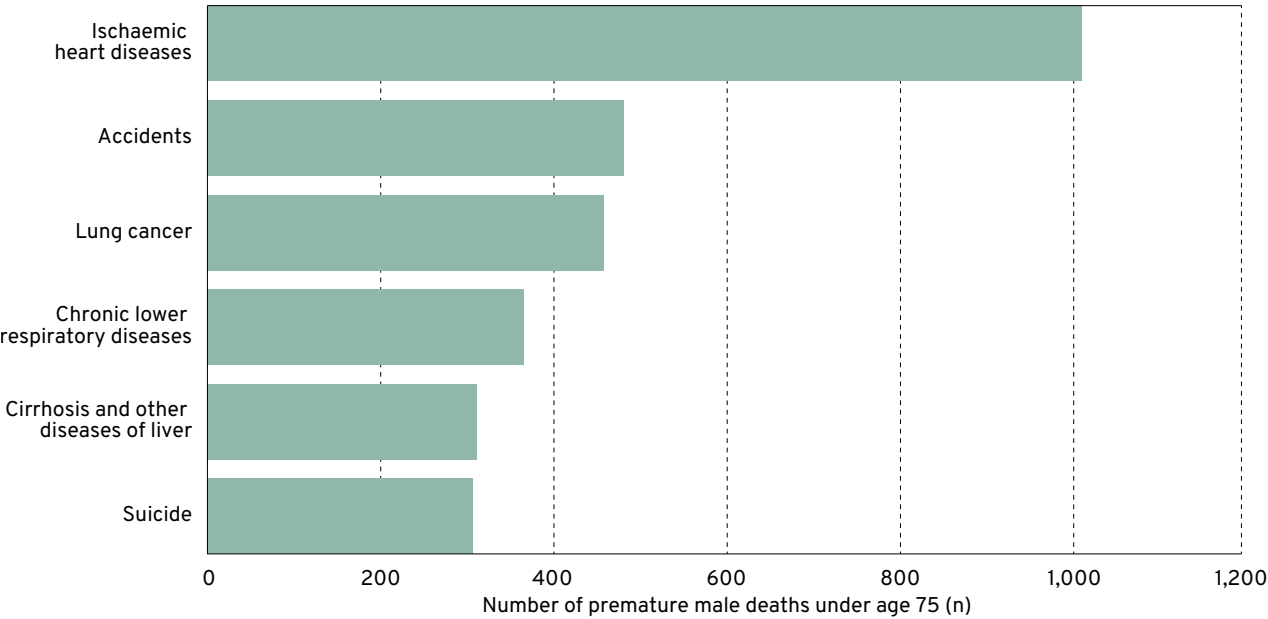
Figure 1: Premature mortality from key non-communicable diseases² by sex, Wales (2012–2023)¹⁹



2. For this indicator, premature mortality is defined as deaths between ages 30 and 70 from key non-communicable diseases, including cardiovascular disease, cancer, diabetes and respiratory disease. This is not directly comparable with the wider under-75 premature mortality figures used elsewhere in this chapter.

3. Note: This analysis is based on premature male death counts by deprivation quintile for death registration years 2016 and 2025, rather than age-standardised mortality rates. Ratios were calculated from these counts. The figures should therefore be interpreted as evidence of widening inequality in the distribution of premature male deaths, not as a direct measure of individual risk.

Figure 2: Top Six leading causes of premature male mortality in Wales (2024)⁴



4. Causes are based on the WHO leading causes list adopted by Office for National Statistics (ONS). Data: ONS (2024) Mortality statistics – underlying cause, sex and age. Accessed July 2026 via NOMIS: <https://www.nomisweb.co.uk/datasets/mortsa>

The sections below set out what this means across cardiovascular disease, cancer, suicide and mental health, respiratory disease, and alcohol, drugs and liver disease.

Cardiovascular Diseases

Cardiovascular Disease (CVD) is the umbrella term for a range of conditions affecting the heart and blood vessels. These can include diseases which a person is born with, as well as those that develop later, such as coronary heart disease, atrial fibrillation, heart failure, stroke and vascular dementia. CVD kills 5,000 men and 4,300 women in Wales each year.²¹

About 2,700 people under the age of 75 die from CVD in Wales each year.²² In 2024, ischaemic heart disease⁵ was the leading individual cause of premature male death in Wales, accounting for 1,011 deaths among men under the age of 75. Cerebrovascular diseases, including stroke, accounted for a further 219 premature male deaths.²³ The Quality Statement for Heart Conditions and the Cardiovascular Disease Prevention Plan for Wales provide important national frameworks for prevention and care, but neither sets out a specific gendered response to the higher burden of premature CVD mortality among men.^{24, 25}

Premature CVD deaths vary heavily depending on deprivation and location. The table in Appendix 3 shows that Local Authorities including Blaenau Gwent, Merthyr Tydfil, and Neath Port Talbot record some of the highest premature death rates in Wales. This again emphasises that, in Wales, the communities facing the highest levels of deprivation also exhibit the highest rates of premature mortality.

5. Ischaemic heart disease happens when fatty plaque narrows the heart arteries. This cuts down blood and oxygen flow to the heart muscle. It can cause chest pain, shortness of breath, and lead to heart attacks.

Cancer

Cancer remains a major cause of death for men in Wales. In 2025, cancer accounted for more than a quarter of all deaths in Wales, with lung, bowel, prostate and breast cancer together accounting for 44% of cancer deaths. Lung cancer remained the leading cause of cancer death, followed by bowel cancer.²⁶ Bowel screening data for Wales in 2023/24 shows a clear gender gap: coverage was 62.6% among males compared with 66.9% among females, while uptake was 63.3% among males compared with 67.7% among females.²⁷

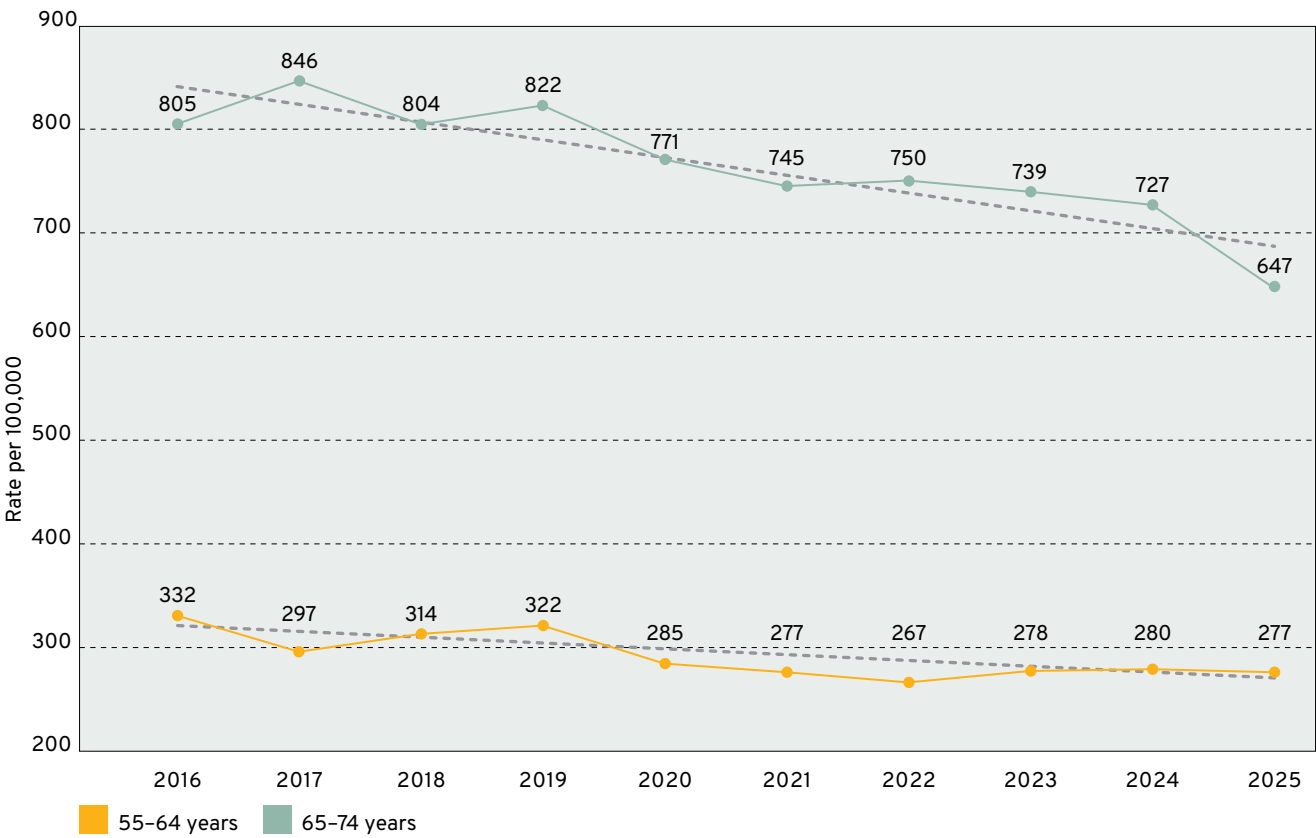
There remain clear inequalities in cancer outcomes, with Public Health Wales analysis showing that cancer death rates remain considerably higher in the most deprived areas of Wales, with little recent improvement.

Cancer is also one of the biggest drivers of premature male mortality in Wales. Figure 2 shows individual cancer sites separately, rather than cancer as a single broad category. When cancer is considered as a whole, it accounted for 2,098 deaths among men under the age of 75 in 2024 – around 31% of all premature male deaths.²⁸ Wales does not currently have a national cancer strategy, although Welsh Government has announced that a new ten-year National Cancer Strategy will be published in February 2027.²⁹ This creates an important opportunity to ensure the new strategy takes account of gender differences in cancer risk, screening uptake and outcomes, including lower bowel screening uptake among men, while reinforcing the need for a wider Wales Men’s Health Plan that brings action together across the conditions killing men too young.

Public Health Wales cancer mortality data also shows that age-specific cancer mortality rates among men aged 55–64 and 65–74 have declined over the past decade (Figure 3). This is not the same as an all-cause under-75 premature mortality trend, but it provides useful evidence that cancer mortality rates have fallen among men in these age groups in Wales, with a more marked decline for older men.³⁰

As the table in Appendix 2 shows, premature mortality rates due to cancer also vary across Wales. The cancer death rate remains considerably higher in the most deprived areas of Wales compared to the least deprived areas, with little change over time. Accordingly, in 2025, men were 54% more likely to die from cancer in the most deprived when compared to the least deprived parts of Wales. The highest rates were recorded in Caerphilly, Wrexham, Denbighshire and Merthyr Tydfil, while the lowest rates were recorded in Monmouthshire, Powys and the Vale of Glamorgan.

Figure 3: Male age-specific cancer mortality rates over time, Wales (2016–2025)⁶



6. Note: This chart shows cancer mortality rates among men aged 55–64 and 65–74. It is not directly comparable with the wider under-75 premature mortality figures used elsewhere in this chapter.

Prostate cancer is a core men’s health priority. UK-wide audit work covering England and Wales highlights the importance of timely diagnosis, consistent treatment pathways and monitoring outcomes for people diagnosed or treated with prostate cancer.³¹

Prostate Cancer

According to recent analysis by Prostate Cancer UK, age-standardised incidence rates of Stage 4 prostate cancer (the most acute stage) increased to an all-time high at 43 per 100,000 per year in 2022. Yet, when detected early, prostate cancer is treatable and almost 100% of men diagnosed with Stage 1 prostate cancer (the least acute stage) will be alive after five years. This figure drops to just 50% when men are diagnosed at Stage 4.

Every year, more than 2,500 men are diagnosed, and around 640 men die from prostate cancer in Wales. Across the UK, it is the second biggest cause of cancer deaths in men.³² Black men face double the risk of prostate cancer compared to other men, with a 1 in 4 chance of developing the disease in their lifetime. Risk increases from age 45 onwards for Black men, ten years earlier than the general population and multiplies for men who have had a brother or father diagnosed with the disease.³³

Suicide and Mental Health

In 2024, 307 men in Wales died before the age of 75 from suicide and injury or poisoning of undetermined intent,⁷ making it one of the six leading causes of premature male mortality.^{34, 35}

Males accounted for 77% of the 440 deaths recorded by Public Health Wales’ real-time suspected suicide surveillance for 2024/25.³⁶ Deaths by suspected suicide among Welsh residents occurred at a rate of 16.8 per 100,000 people, with the highest age-specific rate amongst males aged 35 to 44 years, at 41.8 per 100,000. It is the leading cause of death for men under 50 in Wales.³⁷ Wales’ Suicide Prevention and Self-harm Strategy provides an important national framework, but it does not set out a specific gendered response to male suicide, despite men accounting for the majority of deaths.³⁸

Behind these deeply concerning numbers are real people and devastated families, friends and communities that the statistics do not show. Research in Australia found that the death of a person by suicide has a ripple effect impacting on average 135 people directly and many more indirectly, and can have a range of profound psychological, physical, emotional and financial impacts on them.³⁹

Suicide is preventable, and targeted interventions to support middle-aged men could help stop them from reaching crisis point.⁴⁰

Work undertaken by Public Health Wales has shown that risk is also strongly related to deprivation and employment status. The rate of suspected suicide in 2024/25 was more than twice as high in residents of the most deprived and next most deprived areas compared with residents in the least deprived areas.⁴¹ The rate among people reported to be unemployed was far higher than for other employment status groups. Many people who died by suspected suicide had a reported mental health condition, a history of previous self-harm, or contact with services or the police.

7. In UK suicide statistics, suicide includes deaths caused by intentional self-harm and deaths caused by injury or poisoning where the intent was undetermined. This helps account for deaths where intent cannot be determined.

Respiratory Disease

Chronic lower respiratory disease was one of the leading causes of premature male mortality in Wales in 2024, accounting for 366 deaths among men under the age of 75.⁴²

Respiratory diseases in Wales are a major health challenge, heavily driven by conditions like Chronic Obstructive Pulmonary Disease (COPD), asthma, and obstructive sleep apnoea (OSA), which disproportionately affect men and deprived communities. Wales suffers from some of the highest respiratory death rates and avoidable respiratory mortality in Europe.⁴³

COPD diagnosis in Wales was most prevalent in the 80–84 age group and is more prevalent in males, with 10.3% of 80–84-year-old males being affected. This compares to 8.2% in the female population.⁴⁴ Similarly, an estimated 13% of adult men – double the 6% of adult women – are living with Obstructive Sleep Apnoea.⁴⁵ The Quality Statement for Respiratory Disease sets out expectations for respiratory services in Wales, but does not include a specific gender lens, despite the higher prevalence of some respiratory conditions among men.⁴⁶

Alcohol, Drugs and Liver Disease

Alcohol, drugs and smoking are important contributors to men’s preventable ill health. Evidence for England and Wales shows that avoidable mortality due to alcohol- and drug-related causes has increased since 2001, with the largest rises seen from 2019 onwards. In Wales, these trends should be considered alongside deprivation, mental health, employment insecurity and deaths of despair.⁴⁷

In 2024, cirrhosis and other diseases of the liver accounted for 311 premature male deaths in Wales. Accidental poisoning accounted for 241 deaths, although this sits within the broader accidents category and should not be double counted.⁴⁸ The Quality Statement for Liver Disease sets out a vision for liver disease services in Wales, including alcohol-related liver disease, but does not include a specific gendered response to the male burden of premature deaths linked to alcohol, drugs and liver disease.⁴⁹



Some Men are More Affected than Others

Geography

Where a man lives in Wales shapes whether he reaches old age, and how many of those years are spent in good health. It is often also linked to socio-economic deprivation.

Being deprived does not just mean being poor, it can also mean having fewer resources and opportunities than we might expect in our society, for example in terms of health or education. The Welsh Index of Multiple Deprivation (WIMD) is the official measure of relative deprivation for areas across Wales and is produced by statisticians at the Welsh Government. It identifies areas with the highest concentrations of several different types of deprivation: income, employment, health, education, access to services, housing, community safety and the physical environment.

Higher concentrations of overall relative deprivation consistently appear across parts of the South Wales Valleys, Northeast Wales, major cities like Cardiff and Newport, and specific coastal towns (such as Rhyl). However, all but one of the twenty-two local authorities (Monmouthshire) contain at least one of the most deprived 10% of areas in Wales.⁵⁰



Movember’s premature mortality map, derived from ONS data, shows clear variation in men’s premature mortality across Wales’ 16 Senedd constituencies. The highest rates are concentrated in parts of South Wales, many of which also experience high levels of socio-economic deprivation, where male premature mortality reaches more than 500 deaths per 100,000. By contrast, several constituencies record rates below 400 deaths per 100,000.^{51, 52, 53}

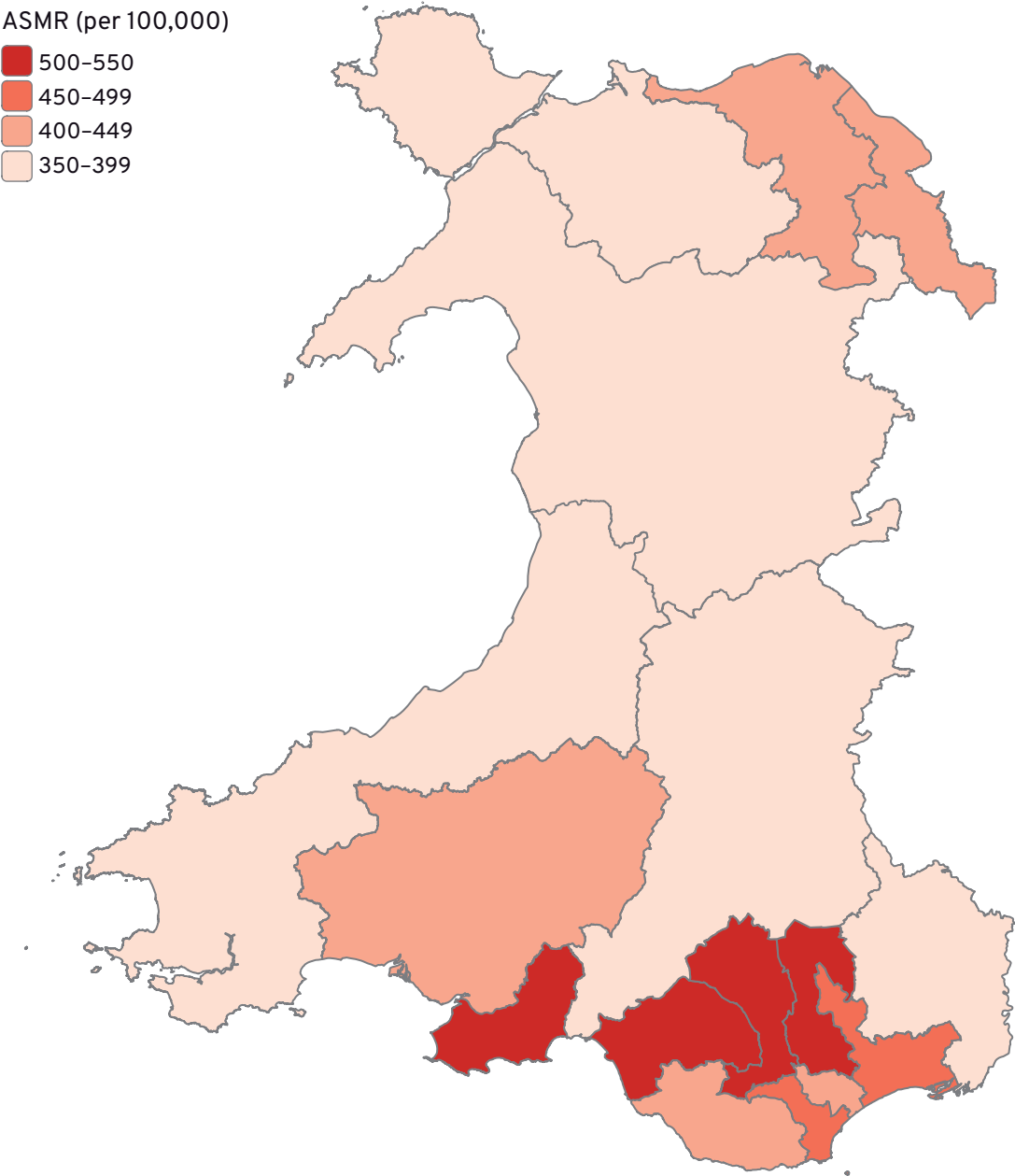
These figures should be read as a within-Wales comparison, rather than a direct comparison with other UK nations or different geographic units. However, they reinforce a wider pattern seen in men’s health data: where a man lives is closely associated with his chances of dying before the age of 75.

Deprivation and Life Expectancy

Whilst average male life expectancy in Wales is 78 years,⁵⁴ for men living in the most deprived areas, it is just 74.1 years. This compares with 81.6 years for those in the least deprived communities; a gap of more than seven years.

The gap is even sharper when looking at healthy life expectancy. Male healthy life expectancy at birth (from 2018 to 2020) was 54.2 years in the most deprived areas of Wales, compared with 67.6 years in the least deprived areas.⁵⁵ This means men in the poorest communities are not only living shorter lives; they are spending far fewer years in good health. Men in the most deprived areas have around 80% of the healthy life expectancy of men in the least deprived areas – meaning where a man lives can shorten his healthy life expectancy by around one year in every five.⁵⁶

Figure 4: Male Premature Mortality Rates Across Wales, age-standardised rates across 16 Senedd Cymru/ Welsh Parliamentary Constituencies (2023)⁸



8. The 2023 premature mortality age-standardised mortality rates for Wales’ 16 Senedd constituencies were estimated from published ONS ASMRs for the former 32 Westminster Parliamentary constituencies. Each new Senedd constituency comprises two Westminster constituencies, based on the final boundaries published by the Democracy and Boundary Commission Cymru. Senedd constituency rates were calculated as population-weighted averages of the two constituent Westminster constituency rates, using mid-2023 resident male population aged 0-74 years. These figures should therefore be interpreted as estimates based on weighted aggregation, rather than directly observed Senedd constituency rates.

Some Men Face Barriers to Seeking Help Early

Ethnicity, Sexuality, and Disability

The reasons for health inequalities between ethnic groups are complex and not fully understood. There is a strong relationship between health and deprivation, and ethnic minority groups are over-represented in more deprived communities.⁵⁷ Ethnicity and other social determinants also intersect with gender experience and expression, resulting in the nature of health inequalities being experienced differently based on gender.⁵⁸ In a survey by NHS England in 2021, it was reported that gay and bisexual men are more likely to have poorer mental health than heterosexual men.⁵⁹

Men's health in relation to disability in Wales intersects with significant economic, social, and healthcare disparities, notably influenced by high levels of deprivation and lower employment rates. Around 19.8% of males in Wales report a disability, facing distinct structural barriers to optimal wellbeing. 26.7% of males in the most deprived areas indicated that they were disabled, compared with 14.8% in the least deprived areas; an 11.9% difference.⁶⁰

Health Literacy, Awareness Campaigns and Delayed Presentation

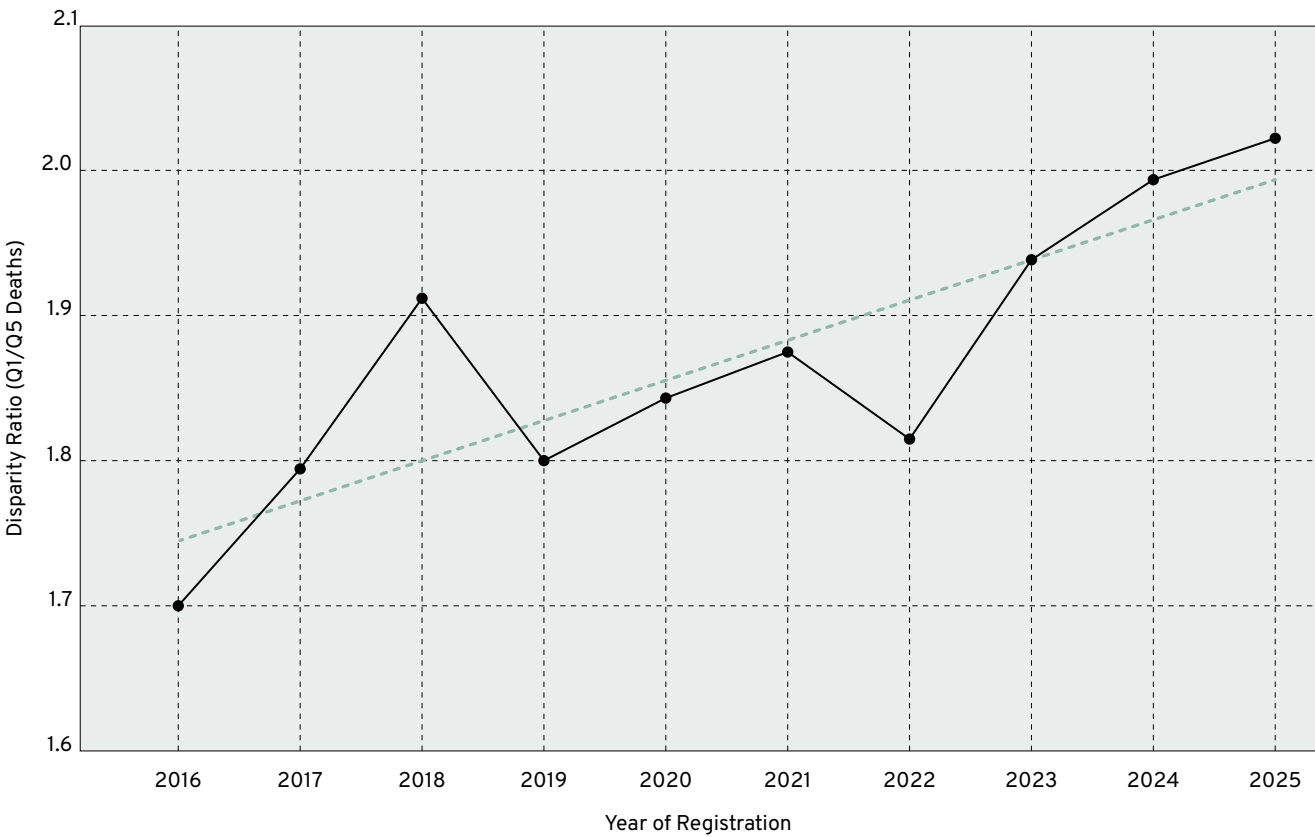
The Real Face of Men's Health UK report highlights delayed help-seeking as a major barrier to good health amongst men, with 64% of men reported waiting more than seven days with symptoms before visiting a doctor.⁶¹ The same report found 48% of men saw missing health checks as normal.

In Wales, these patterns matter because late presentation can worsen outcomes for cancer, cardiovascular disease, mental health, diabetes and other preventable or manageable conditions.

Prostate Cancer UK have developed a risk checker for men to use anonymously across the UK to discover whether they have one or more of the main risk factors for prostate cancer (age, ethnicity, family history).⁶² Engagement to run awareness campaigns has proved difficult in Wales, resulting in a lower than anticipated use of the checker, when compared to other regions and nations of the UK. Despite this, of the 3,065 checks that were made from confirmed Welsh postcodes, nearly 80% were found to be 'high-risk'.

Source: Prostate Cancer UK (2026) www.prostatecanceruk.org

Figure 5: Premature Mortality Deprivation Disparity Ratio Among Men in Wales (2016–2025). Ratio of deaths in the most deprived WIMD quintile compared with the least deprived IMD quintile, men under 75.⁹



9. Note: This chart shows the ratio of death counts in the most deprived and least deprived IMD quintiles among men under 75. It is not an age-standardised mortality rate and should not be described as a direct measure of individual risk. Trend over time is statistically significant, p=0.002.



Stigma

The British Association of Urological Surgeons (BAUS), in their "state of the nation" survey of just over 1,000 men across the UK in 2025, supports these findings. Stigma and taboo are still real to men's health, with almost a third (32%) of those who have experienced a urological issue or symptom – such as urinary incontinence, erectile dysfunction or a testicular lump – reporting a delay to seeking medical advice.⁶³

The survey findings indicated that nearly a quarter of men (24%) would feel uncomfortable talking to their GP about a urological issue or symptom and more than a third of men (39%) said they would avoid discussing issues with a healthcare professional because of worry that their symptoms were not serious enough. Nearly a third (31%) of men who said they would avoid discussing issues with a healthcare professional said that they believed their symptoms – which could include blood in urine or semen – would clear up on their own.

Practical Barriers

Alongside stigma, barriers may include fear of being judged, difficulty recognising symptoms, previous poor experiences of services or not knowing where to go, work patterns, transport, and digital exclusion.⁶⁴

This matters in Wales, where rurality and transport can make accessing healthcare harder. Rural areas account for 82% of Wales' land area and are home to 32% of the population – just over 1 million people.⁶⁵

In a recent report by Llais, for men without access to a car, getting to an appointment can become a barrier in itself.⁶⁶

Work can also make it harder for some men to seek help early. Men working shifts, in insecure work, in manual roles, or in jobs where taking time off is difficult may be less able to attend appointments during standard opening hours.

THE HEALTH SYSTEM AND HEALTH POLICY DON'T ALWAYS RESPOND TO MEN'S NEEDS

While there is limited Wales-specific research on how men experience access to healthcare, the Welsh Government acknowledged in 2016 that major health delivery plans needed further work to understand and address their impact on men's health at a population level.⁶⁷ This suite of major health delivery plans, including for cancer, heart and liver disease were population-wide, and did not acknowledge that, as men in general have higher risk and prevalence for some diseases, specific interventions were required. There has been no further statement specifically on men's health from the Welsh Government since then.

Trust

In research from 2025 by the OECD, only 51% of men in Wales said they trusted the NHS. Whilst this is more than for their female counterparts (43%), it is much lower than the international comparator used in the study (67% for men and 58% for women).⁶⁸

Low trust matters because it can shape whether people seek help early, stay engaged with care, and feel able to make decisions with healthcare professionals.

Gender Responsive Healthcare

The World Health Organization and the Lancet Commission on Gender and Global Health advocate that the greatest advances to the health of our communities will be achieved through gender-responsive healthcare systems that put gender equity at the centre of how care is designed and delivered.^{69,70}

Men's poorer health outcomes are too often framed only as a problem of men not seeking help early enough.⁷¹ But the evidence also points to a system and policy problem: services are not always designed, delivered or communicated in ways that work for men.⁷²

Gender-responsive healthcare does not mean treating all men in the same way. It means recognising the diversity of men's lives and designing care that responds to their different needs, circumstances and experiences.⁷³

THE RIPPLE EFFECT

Men's poor health is rarely felt by men alone. Ben's story in this report shows how diagnosis, treatment and recovery can affect not only the man going through it, but also the partner or family member supporting him, navigating information and holding things together. UK polling commissioned by Movember found that informal caregivers for men can experience negative impacts on their own physical health, mental health, work, finances and relationships.⁷⁴ In the most devastating cases, the impact can be even wider: research on suicide bereavement shows that a death by suicide can affect a large circle of people directly and indirectly.⁷⁵ In Wales, where too many men are dying before 75 from causes that could often be prevented, detected earlier or better managed, this ripple effect is another reason men's health should be treated as a public health, equality and prevention issue.



The Cost of Ill Health

The ripple effect is also economic. Poor health among men is not only a clinical problem, but also an economic one. The disparities that shorten men’s lives are associated not just with a significant healthcare burden but also a considerable financial burden on families, employers and the public purse.⁷⁶

- New HealthLumen⁷⁷ analysis, commissioned by Movember UK for this report, estimated the cost to Wales of the five conditions responsible for the most years of life lost (YLL) in men.¹⁰ The conditions considered were:
- coronary heart disease (CHD)
 - chronic obstructive pulmonary disease (COPD)
 - colorectal cancer
 - lung cancer
 - stroke

The total cost to Wales of just these five conditions in men was estimated at approximately £1.35 billion a year, with results shown as direct healthcare and indirect costs.¹¹ HealthLumen’s work estimated £402 million in direct costs, which accounts for expenses for medical care and treatment, and £948 million in indirect costs, including productivity lost to premature death and illness, and the burden carried by informal carers.



10. Years of life lost is a measure of premature mortality, estimating the number of years lost when people die earlier than expected.
11. In their report, HealthLumen highlight the following limitations with this work. Some of the costs identified included only a small part of the total cost of the disease. As only rapid literature reviews were conducted, some literature that was not cited or did not contain the specific key words of the search may have not been identified. This study has not adjusted for potential inclusion of comorbidities in the costs of the diseases identified, and therefore, the costs of one or more conditions may overlap if not adjusted for in the cost source. It was assumed that there was no change in the cost of managing or treating the condition from the year of the cost presented to 2025. Any changes in the severity of the condition between the cost year and 2025 are not considered in the costing.

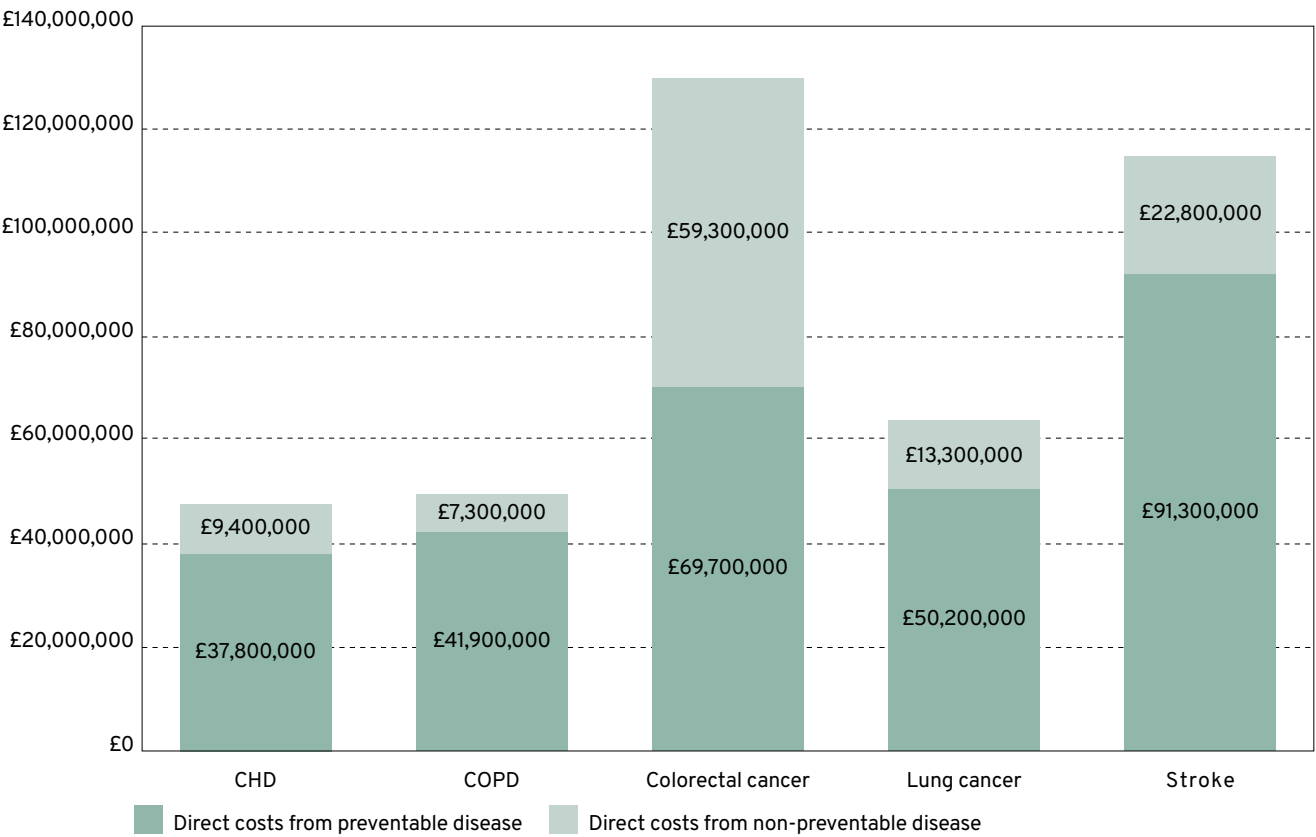
What this means is that £1 in every £33 spent from the Welsh Government’s health budget is spent on these five conditions in men. However, the opportunity exists for this to change.

Around two-thirds of the spend on these diseases stems from preventable causes and modifiable risks. If the Welsh Government’s emphasis on prevention in its wider health strategy is implemented with men in mind, this spend would not be inevitable. The government needs to ensure that the right interventions are made at the right time and with the right services to not only improve lives, but free up substantial public funds.

Direct Costs

Figure 6 shows HealthLumen’s estimate of direct costs associated with the five highlighted conditions. Direct costs include medical care and treatment, such as NHS expenditure, hospital care, treatment, prescriptions and other healthcare-related costs where data was available. HealthLumen estimated that these direct costs totalled around £402 million in men in Wales in 2025.

Figure 6: Direct costs associated with leading causes of YLL in men in Wales (2025)



Notes: Direct costs include medical care and treatment such as NHS expenditure, hospital care, treatment, prescriptions and other healthcare-related costs where data was available. Values are shown as direct costs from preventable and non-preventable disease; figures are indicative estimates from HealthLumen commissioned by Movember UK.
Source: HealthLumen analysis commissioned by Movember UK for The Real Face of Men’s Health in Wales (2026).

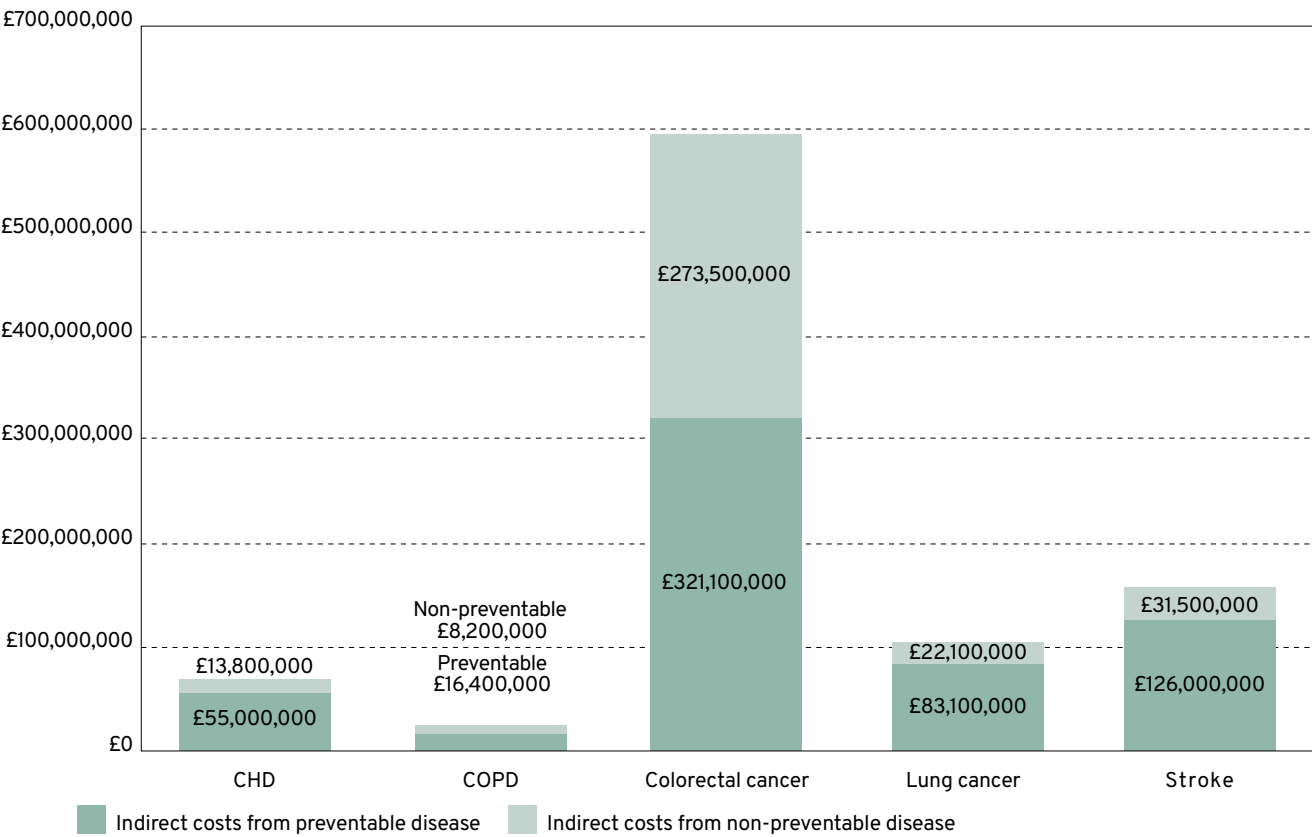
Conclusion: The State of Men’s Health

Indirect Costs

The indirect costs dwarf the direct ones, a measure of how far the effects of men's ill health travel beyond the consulting room. These are costs met by the public purse (either from the Welsh or UK Governments), by employers, and by the impact on families and communities.^{12,13} This shows the ripple effect that the impact of men's ill health has: it reaches far beyond the NHS.

HealthLumen puts these costs at almost £1 billion per year, with colorectal cancer alone accounting for just under £600 million through mortality, morbidity and the demands placed on informal carers (Figure 7). Around 64% of the indirect total is attributable to preventable disease, which could be lessened with more appropriate intervention at an earlier stage.

Figure 7: Indirect costs associated with leading causes of YLL in men in Wales (2025)



Notes: Indirect costs include productivity lost to premature death and illness, and the burden carried by informal carers. Values are shown as indirect costs from preventable and non-preventable disease; figures are indicative estimates from HealthLumen commissioned by Movember UK.
Source: HealthLumen analysis commissioned by Movember UK for The Real Face of Men's Health in Wales (2026).

12. These figures should be interpreted as indicative estimates rather than a full assessment of the total cost of men's ill health in Wales. They cover only five conditions and are shaped by the availability and quality of published data.
13. HealthLumen also highlights several limitations with this analysis. Some cost sources captured only part of the total cost of each condition; the work was based on rapid literature reviews; the analysis did not adjust for possible overlap between conditions; and it assumed no change in cost or disease severity between the original cost year and 2025. Where Wales-specific data was unavailable, HealthLumen used the best available UK or England proxy data and adjusted costs to 2025 values.

Too many men in Wales are dying too young, often from causes that could be prevented, detected earlier or better managed. Some men are more affected than others, with deprivation, geography, work, rurality and access to services all shaping how long men live, and how many of those years are spent in good health.

We still do not have a full enough picture of men's experiences of healthcare in Wales, and more research is needed. But the evidence in this report shows that stigma, low health literacy, practical barriers and services that are not always designed around men's lives are stopping too many men from getting help early. There is much more to do to make prevention, early diagnosis and support work better for men in Wales.



A Brighter Picture: What Works in Men's Health

Across Wales, organisations and communities are already showing what effective support for men and boys can look like. Many of the strongest examples are not traditional clinical interventions, but trusted programmes rooted in sport, community, peer support, family life and local relationships. These approaches meet men and boys where they are, build trust over time and make it easier to talk about health before problems reach crisis point.

The examples that follow bring together a small number of well-developed programmes and community-led approaches from across Wales. They cut across different conditions and risk factors but share common principles: meeting men where they are, using trusted relationships, reducing stigma, linking health with practical support and designing services around men's lives. Together, they show what good, gender-responsive men's health action can look like in practice.

IN THE CLUBHOUSE

Movember Ahead of the Game (MAOTG)

MAOTG is a whole-club mental health literacy and resilience programme for young players aged 12 to 18. Delivered by professional sports club foundations in familiar sporting settings, usually around regular training sessions, it helps young people recognise mental health warning signs, start conversations and know where to go for support. Delivery in Wales forms part of Movember's wider global Ahead of the Game programme, which has already reached more than 150,000 young people, parents and coaches.

The programme also works with the parents, carers, coaches and volunteers around young people. This means responsibility does not sit solely with a young person to recognise when something is wrong and ask for help. Instead, MAOTG helps build a wider support network that can identify concerns and respond earlier.

MAOTG is currently being delivered in Wales through Cardiff City FC Foundation and Swansea City FC Foundation. This provides an established infrastructure from which the programme could reach more young people, families, coaches and volunteers across Welsh communities. This is particularly relevant in Wales, where Sport Wales has reported high levels of sport and physical activity participation among young men aged 16 to 24.

Academic research and programme evaluation have found improvements in depression and anxiety literacy, intentions to seek help from formal sources, confidence in finding mental health information, resilience and wellbeing among young people who took part in MAOTG.⁷⁸

Evaluation of the programme's Rugby League World Cup delivery also found that 92% of young athletes surveyed felt more confident recognising signs of mental health conditions in themselves and others.⁷⁹

Together, MAOTG shows how community sport can improve young people's mental health knowledge and confidence, while strengthening the support network around them.

Focus Fun Football, Mental Health Matters Wales – Treorchy Hub

In February 2026, Andrew Thomas attended the Treorchy Hub of Mental Health Matters Wales just two days after leaving his rehabilitation centre and proposed the idea of a six-week football programme called Focus Fun Football. The initiative aimed to improve men's mental health through physical activity, teamwork, and peer support. The programme concluded with a community football match, which was featured by S4C, highlighting the positive impact of the project.

The Focus Fun Football programme has been highly successful, engaging 32 men from the local community. Following its initial success, the group has now progressed to entering a local football league, providing participants with an ongoing opportunity to stay active, maintain motivation, combat loneliness, and strengthen community relationships.

The impact has extended far beyond football. Many participants now regularly attend the Men's Wellbeing Group at the Treorchy Hub, while others have become involved in different activities at the hub. Several individuals have also chosen to become volunteers, giving them a renewed sense of purpose, increased confidence, valuable work experience, and opportunities to develop new skills and career pathways.

This project demonstrates how community-led initiatives, shaped by compassion, partnership and lived experience, can create lasting improvements in mental wellbeing and provide men with connection, purpose and opportunity.

IN THE COMMUNITY

The John Hartson Foundation

The John Hartson Foundation is a strong example of how lived experience, sport and public awareness can be used to improve men's health outcomes. Founded by former Wales international footballer John Hartson after his own experience of testicular cancer, the charity works to raise awareness of the signs and symptoms of the disease and encourage men to seek medical advice early.⁸⁰

Testicular cancer is particularly relevant to men's health because it is the most common cancer affecting younger men aged 15 to 45, yet it is highly treatable when detected early. The Foundation uses Hartson's public profile and personal story to challenge embarrassment, silence and delay around checking symptoms. Its message encourages men to check themselves regularly, notice changes such as lumps or swelling, and contact a GP rather than ignoring concerns.

Alongside awareness-raising, the Foundation fundraises to support people affected by cancer and their families, including practical and emotional support services not normally provided by statutory services. It is also expanding its work to address some of the harms caused by gambling. The Foundation's work shows how trusted role models and direct, accessible messaging can reduce stigma, promote early diagnosis and help men take responsibility for their health before problems become life-threatening.

UK Men's Sheds Association (UKMSA)

Across Wales, there are over 100 Men's Sheds, each rooted in its local community. These independent community spaces give men a place to come together, take part in activities, share skills and build friendships. Sheds are often built around practical activity – making, fixing, gardening, crafts or community projects – with conversation and support happening naturally alongside the activity.

UKMSA supports Sheds across the UK, including in Wales, where it has dedicated staff supporting Shed development and sustainability. This support helps local Sheds to grow, remain sustainable and continue offering practical, community-based spaces where men can connect.

This “health by stealth” approach matters because loneliness, isolation, retirement, unemployment, illness and bereavement can all reduce men's contact with supportive networks. Men's Sheds are not clinical services, and that is part of their strength. By giving men a place to belong, a reason to leave the house and a way to contribute, they can help reduce social isolation, support mental wellbeing and create trusted routes to further help when needed.

“Men's Shed is a big part of my life now. I really enjoy being engaged with all these other men, who've become friends of mine.”

Terry Murphy, Pontypridd Men's Shed

ManVan

Back in 2016, Wales led the way with a joint project between Movember and Tenovus, A ManVan for Wales. This provided a concrete example of a Wales-specific cancer support model focussed on mobile, localised support for men affected by prostate, testicular and penile cancer, which directly addressed unequal access across Health Boards as well as the wider effects of cancer on men's lives.^{81, 82, 83}

The rationale for the project was to find men wherever they were in Wales with prostate, testicular and penile cancer who were not well served and could not access the same level of support across different Local Health Boards. The van also provided an opportunity to discuss unhealthy diets and lifestyles among Welsh men, low awareness of key cancer symptoms, reluctance to present health concerns to a doctor, and unmet needs around financial stability and sexual relationships during and after cancer.

Although the project was not adopted nationally in Wales after it ended, it remains an important example of how mobile, targeted and community-based support can reach men who may otherwise miss out on specialist cancer information and care.



Prostate Cancer UK

A retired man from Caerleon, near Newport, John, was diagnosed with prostate cancer in February 2023 at the age of 72. He had been fit and active for most of his adult life and had no typical symptoms. His only concern was a dull ache at the base of his spine, which he initially put down to age and years of running.

After watching Bill Turnbull speak publicly about prostate cancer, he asked his GP for a PSA blood test. The result was raised, leading to further checks which confirmed advanced, aggressive and incurable prostate cancer that had spread to his spine, pelvis and lymph nodes.

Treatment began immediately, including hormone therapy, radiotherapy, vertebroplasty, ablation and chemotherapy. Despite severe pain, reduced mobility and complications including a pulmonary embolism and neutropenic sepsis, he has remained positive and committed to research that could improve PSA testing.

His story underlines the need for men in Wales to understand their risk, talk to their GP and seek advice early, even without obvious symptoms. By sharing his experience on social media and joining Prostate Cancer UK's March the Month challenge, he has encouraged friends to book PSA tests.

Helpu

Helpu is an early intervention, suicide prevention and signposting service (www.helpu.org.uk) for men, which exists to make connections easier to find while championing the grassroots organisations already changing, and saving, lives across Wales. Because behind every statistic is someone who mattered: a father, a son, a brother, a partner, a friend.

For too long, society has responded to men in distress with simple messages like "*Talk more*". If it were that easy, Wales wouldn't continue to lose hundreds of men to suicide every year. Many boys grow up learning to hide vulnerability rather than understand it. By adulthood, many men don't have the words for what they're experiencing, fear becoming a burden, or don't seek support until they're in crisis.

Helpu wasn't created by government or as part of a national strategy. It was built from the ground up by people with lived experience who recognised a gap. They saw grassroots organisations, community groups and volunteers supporting men across Wales, but no single hub helping men discover that support when they needed it most.

The Helpu motto is 'Connection Is Protection'. Helpu know relationships, community and a sense of belonging are among the strongest protective factors for men's health. Whether it's a sports club, walking group, Men's Shed, counselling service or simply hearing another man's story, connection reminds men they are not alone.

Connection isn't the reward for better health. It's often where better health begins.

Open Up, Listen Up – Samaritans Cymru

Samaritans Cymru's Open Up, Listen Up campaign was launched to support male suicide prevention in Wales by reframing the message around men's mental health. Rather than simply telling men to "talk more", the campaign recognises that many men do share how they feel but are not always properly heard. Its central message is that when men are ready to open up, they deserve a great listener.

The campaign provides clear routes to support, including Samaritans' free, anonymous and non-judgemental 24/7 helpline on 116 123, alongside a Welsh language line available daily between 7pm and 11pm. It also offers practical listening tips for friends, families, colleagues and communities, helping people respond with care when someone is struggling or not acting like themselves.

For organisations, *Open Up, Listen Up* demonstrates the value of creating environments where people feel safe to seek help early and where listening is treated as an active, learnable skill. By combining public messaging, bilingual support and simple guidance for bystanders, the campaign positions suicide prevention as a shared responsibility across Wales. It offers a practical model for employers, public services and community partners seeking to strengthen wellbeing, reduce stigma and encourage compassionate conversations.

SHAPING MASCULINITY

YMCA Cardiff Positive Masculinity Project

The YMCA Cardiff Positive Masculinity Project provides a practical example of how early intervention can support men's health by helping boys and young men develop healthier attitudes to identity, relationships and emotional wellbeing. Funded through Welsh Government innovation funding, the project has engaged more than 500 young people across Cardiff and the Vale of Glamorgan, creating safe spaces to discuss masculinity, online influences, peer pressure and stereotypes.

At the centre of the work is the bilingual toolkit Supporting Boys and Young Men in the Digital Age, designed for practitioners, parents, teachers and youth workers.⁸⁴ It supports adults to start open, informed conversations about respectful relationships, mental health and the pressures young men face in digital environments. By focusing on prevention, the project helps challenge harmful norms before they become embedded, while encouraging empathy, confidence and emotional expression.

The project demonstrates how youth-focused, relationship-based support can reduce stigma, strengthen protective factors and equip young men with the language and confidence to seek help, build healthy relationships and contribute positively to their communities.

Digital culture can intensify pressures around toughness, self-reliance, body image, success and status.⁸⁵ Support for boys and young men therefore needs to work across both online and offline spaces, helping them build emotional literacy, healthy relationships and confidence to seek support.

SUPPORTING FATHERS
AND FAMILIES

For Dads, By Dads

For Dads, By Dads is a free ten-week support programme in Torfaen Health, Sport & Fitness and Torfaen Early Years aimed at helping new and expectant dads in a safe environment and being surrounded by other men in the same time of their lives going into fatherhood.

The programme features weekly workshops, walks and talks, covering a wide range of subjects to support dads on their parenting journey, including health and wellbeing, dad support, nutrition, midwife and health visitor information, child and infant first aid to name a few. After completing the programme, dads are given an opportunity to engage with local community groups, clubs and forums suitable for their needs.

The programme has worked closely with University of South Wales on research into fathers and were winners of the TVA 2024 ‘Heart of the community award’.



Lads & Dads

Lads & Dads is a men’s mental wellbeing and support group based in Bridgend, South Wales. Established in 2019 by Rob Lester after his own experience of bereavement and delays in accessing support, the organisation was created to ensure men have a safe, informal place to talk about life’s challenges. Its ethos is simple: no man should feel alone with their mental health.

The group has grown into a community of around 2,600 active members, supported by a volunteer committee. Members use the group to share advice and lived experience on issues including grief, debt, family courts and everyday pressures. Lads & Dads also creates opportunities for connection through weekly sea dips, organised walks, allotment work, “Hat Chat” sessions, wellbeing events and community outreach.

Outcomes since the establishment of the group have included reduced isolation, earlier peer support, greater confidence to talk about mental health, and stronger links between men, families and local services. The group also provides practical help, including crisis support and signposting, and has supported wider community needs such as food vouchers for families. Its informal, activity-based model shows how trusted community spaces can break stigma, reach men who may not seek formal help, and provide a lifeline during difficult periods.

Finding your Way Project –
Samaritans Cymru

The parenthood journey can have a significant impact on mental health and suicide risk. Samaritans Cymru’s Finding Your Way project supports people across Wales during pregnancy, birth and early parenthood, including fathers whose mental health needs may otherwise be overlooked.

The project’s Wales research found that, among male respondents with a mental health condition, the most commonly reported pressures included lack of informal and formal support, relationship difficulties, comparing themselves to others, stigma around struggling with pregnancy or early parenthood, and expectations being different from reality.

The project highlights the need to better understand fathers’ experiences during the parenthood journey, including financial pressure, limited time away from work, traumatic birth experiences, relationship stress and feelings of exclusion from support. It also points to the importance of earlier conversations with fathers through maternity, health visiting and community touchpoints.

Supporting all parents throughout the parenthood journey improves outcomes for individuals, families and children. In Wales, men are three times more likely to die by suicide than women.⁸⁶ Research from Swansea University shows that new fathers in Wales face a significant risk during their baby’s early life. Over a 22-year study period (2002–2021), 107 fathers died by suicide during the first 1,001 days of their child’s life, compared to 16 mothers.⁸⁷ We cannot afford to exclude the screening of men’s mental health during the parenthood journey.

One respondent captured this clearly:

“It would be great if community nurses engaged with fathers, it’s all focused on mother and baby.”

The examples in this chapter show that change is possible. Across Wales, we can already see programmes and community-led approaches reaching men and boys earlier, building trust, improving health literacy and creating routes into support. But too often, this work is fragmented, short-term or dependent on local leadership and limited funding. If Wales is serious about improving men’s health, these examples need to become part of a more coherent national approach – one that supports what works, builds the evidence base and embeds men’s health across prevention, service design and public policy. The next chapter sets out how Welsh Government can make that happen through a dedicated Men’s Health Plan, with clear actions, accountability and delivery built in.





A Future Vision: What the Welsh Government Can Do

At the start of this report, we outlined that too many men in Wales are not getting the chance to grow old. In 2024, 6,793 men died before reaching their 75th birthday, accounting for 37% of all male deaths in Wales registered that year.

Improving men's health is good for men, but the benefits reach much further – to their partners, sisters, families, children, workplaces, communities and public services. This report has shown that too many men in Wales are dying too young, too many are reaching support too late, and too many outcomes are still shaped by deprivation, geography, work, social connection and access to care.

Wales now has a political opportunity to act. A new Welsh Government has the chance to set a clear direction on men's health: one that is ambitious, preventative and rooted in the realities and lived experiences of Welsh communities.

WITH THIS IN MIND,
MOVEMBER COMMITS TO:

Ensuring all boys and men are supported through policy, programmes and services in actively looking after their health, and the wellbeing of others, with a specific focus on groups who experience health inequities and/or inequalities.

Promoting the mental health of boys and men and preventing male suicide. Supporting the understanding, measurement and promotion of healthy relationships in the lives of boys and men.

Understanding and addressing the role that gender plays in boys' and men's health to advance family and community health.



A MEN'S HEALTH PLAN
FOR WALES

Wales has already recognised the value of targeted, gender-responsive action through the NHS Wales Women's Health Plan 2025–2035. A Men's Health Plan would not compete with this work. It would complement it – applying the same seriousness, visibility and accountability to the health inequalities faced by men and boys.

Based on the evidence in this report, and in making these commitments, Movember's core ask of Welsh Government is to learn from international experience in developing and implementing men's health strategies, and to:

Invest in a Men's Health Plan to improve health services, systems and policies for men and boys across the life course.

Underpinning this core ask are five specific policy priorities that Welsh Government should take forward through a Men's Health Plan.

These policy priorities are informed by the 5R Framework for men's health policy, published in *The Lancet Public Health*. The framework sets out five principles for designing gender-responsive health systems: Research, Reach, Respond, Retain and Relational.⁸⁸ For Wales, this means improving the data and evidence on men's health, reaching men in the places they already are, responding to the different ways men present and seek help, retaining men in care once they engage, and recognising the relationships, families and communities around them.

POLICY PRIORITY NO.1
PUT MEN'S HEALTH
ON A FORMAL FOOTING
OF ACCOUNTABILITY

Ambition without accountability changes nothing. Men's health in Wales needs visibility, named ownership and a clear plan of action. At present, responsibility for improving men's health is spread across different policy areas, services and sectors. A dedicated Men's Health Plan would bring that work together and make clear who is responsible for driving progress.



POLICY PRIORITY NO.2
USE A GENDER-INFORMED
PREVENTION LENS TO MEET
MEN WHERE THEY ARE

Men's health is often lost long before a man reaches a clinic. Prevention and early support need to be designed around how men live, work, communicate, seek help and disengage from support. This means offering flexible, local, culturally competent, bilingual and stigma-free routes to care, and reaching men in places they already know and trust. It also means targeting investment where the need is greatest, rather than assuming the same provision will work equally across Wales.

- Design services around men's lives, including how men work, communicate, seek help and disengage from support.
- Support proactive outreach through workplaces, sports clubs, barbers, community groups, faith and cultural organisations, libraries, job centres, farming networks, Welsh-language spaces and third sector organisations.
- Target prevention, outreach and early support in the communities where men have the poorest health outcomes, using deprivation, geography, rurality and service-access data to guide where effort and funding go first. A Men's Health Plan should track whether investment is reaching the men and communities most at risk.
- Invest in and scale community sport-based mental fitness programmes such as Movember Ahead of the Game across Wales, using the existing infrastructure of professional sports club foundations, trusts and community clubs as trusted routes to reach boys and young men earlier. Delivery should be developed with Movember, Welsh Government, UK Government and local partners, and shaped around Welsh communities, languages and local need.
- Recognise the wider impact of men's poor health on partners, families, friends, workplaces and communities, and involve them appropriately in prevention and support.

POLICY PRIORITY NO.3

INVEST IN PREVENTION
AND EARLY DIAGNOSIS FOR
THE CONDITIONS KILLING
MEN TOO YOUNG

Too many men in Wales are dying from conditions that could be prevented, detected earlier or managed better. Action on men’s health must focus on the leading causes of premature male mortality, while also addressing the reasons men may present late or miss opportunities for prevention.

- Launch a new public investment fund for grassroots men’s health community programmes in Wales, prioritising communities where men are dying youngest and barriers to prevention, screening and early diagnosis are greatest. Movember is open to partnering with Welsh Government to fund, including by working with Government to expand the base of other potential funders that could contribute to it. The fund would be used to build a robust framework for impact measurement, including measures of healthy masculinity, to show the future return on investment in a Wales Men’s Health Plan.
- Take focused action on cancer, cardiovascular disease, respiratory disease, alcohol and drug-related harms, and liver disease.
- Strengthen cancer prevention and early diagnosis for men, with focused action on prostate, testicular, lung and bowel cancer.
- Target communities where mortality is highest, including areas affected by deprivation, poorer access to preventive care and late presentation.
- Use mobile and outreach cancer support models where geography, deprivation or service variation make access harder, learning from the ManVan for Wales approach to localised cancer support for men.

POLICY PRIORITY NO.4

PRIORITISE MALE SUICIDE
PREVENTION THROUGH
EARLIER HELP AND SUPPORT
BEFORE CRISIS

Male suicide prevention must reach beyond crisis services alone. Men at risk may be isolated, unemployed, bereaved, in debt, struggling with substance use, facing relationship breakdown or disconnected from support. Earlier help, stronger social connection and trusted community routes can reduce risk before men reach crisis point.

- Prioritise suicide prevention for men through earlier help, real-time data, community outreach, post-self-harm follow-up and workplace interventions.
- Target support for men who are unemployed, isolated, bereaved, facing financial stress, new fathers or living in communities with higher suicide risk.
- Invest in peer support, such as Men’s Sheds, alongside volunteering, activity-based programmes and community-led models that bring men into regular, low-pressure contact with others.
- Ensure men are not lost between services, particularly after self-harm, crisis contact or contact with emergency care.

POLICY PRIORITY NO.5

BUILD HEALTHY
MASCULINITIES, DIGITAL
RESILIENCE AND FATHER-
INCLUSIVE SUPPORT

Men’s health is shaped across the life course. Action needs to start earlier by supporting boys and young men to build emotional literacy, healthy relationships, digital resilience and confidence to seek help. It should also recognise fatherhood as a key opportunity to support men’s mental health, family relationships and connection to services.

- Build healthy masculinities and digital resilience by supporting schools, colleges, youth services, parents, carers, coaches and community organisations to help boys and young men critically engage with online influence, body image, risk-taking, emotional literacy and help-seeking.
- Ensure work with boys and young men is credible, non-judgmental and does not stigmatise them for the content or pressures they encounter.
- Make fatherhood part of men’s health policy by supporting father-inclusive perinatal and early years services, parenting support and community-based dad groups.
- Encourage father-inclusive workplace practice across Welsh Government, NHS Wales, local authorities, public bodies, universities, employers and anchor institutions.



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YMCA

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Glossary

Below is a list of terms used in the report alongside the definitions as adopted by Movember and the source references.

Caregiver (informal): For the purposes of new research conducted to support this report, we define caregivers as people who provide at least four hours of informal care a week for at least one man over the age of 18 who has a physical or mental health condition (including addiction and substance abuse, and excluding congenital conditions and parents caring for their children since birth or childhood).

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.⁸⁹

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.⁹⁰

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.⁹¹

Health Literacy: The degree to which people have the ability to find, to understand and to use information, supports and services to inform health related decisions and actions for themselves and others.⁹²

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 men and boys, they are not biologically driven and not only performed by men.^{93, 94}

Men: Movember’s definition of men includes anyone who identifies as male. It is a broad term to describe boys, adolescent and adult men, consistent with that used in the Australian National Men’s Health Strategy 2020–2030.⁹⁵ “Men” is not intended to exclude males with diverse sexualities, intersex men and men with a transgender experience.

Young Men: At Movember, our Young Men’s Mental Health Portfolio supports men aged 12–25 years.

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, with a focus 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 requires dedicated prevention and care services.⁹⁶

Appendix 1

Incidence rates for all-cause premature mortality (Wales) – Deaths occurring 21 March 2021 to 7 December 2023 ¹⁴				
Upper Tier Local Authority (UTLA) ¹⁵	Rate per 100,000 person-years at risk	Std. Error	Rate LCI	Rate UCI
Blaenau Gwent	618.19	23.15	572.81	663.57
Merthyr Tydfil	598.81	24.80	550.20	647.41
Caerphilly	566.53	13.72	539.65	593.42
Neath Port Talbot	544.54	14.93	515.27	573.80
Rhondda Cynon Taf	540.02	11.82	516.84	563.19
Torfaen	530.62	18.49	494.39	566.85
Wrexham	528.90	15.42	498.68	559.12
Swansea	517.94	11.63	495.15	540.72
Denbighshire	517.49	17.09	484.00	550.99
Newport	508.87	14.92	479.63	538.10
Bridgend	482.89	14.20	455.07	510.72
Carmarthenshire	482.54	11.77	459.48	505.61
Flintshire	472.19	13.22	446.28	498.10
Pembrokeshire	470.35	14.04	442.83	497.88
Isle of Anglesey	462.58	18.59	426.14	499.02
Conwy	449.93	14.25	422.00	477.86
Cardiff	448.11	9.76	428.97	467.25
Gwynedd	444.05	14.79	415.05	473.04
Vale of Glamorgan	411.14	13.31	385.05	437.23
Ceredigion	407.93	17.29	374.06	441.81
Monmouthshire	393.42	14.71	364.58	422.26
Powys	384.39	11.93	361.02	407.76

14. LCI = lower confidence interval (95%) and UCI = upper confidence interval (95%). The area is based on the person's usual residence as provided by the informant upon registration in England or Wales. Figures exclude deaths of non-residents and are based on 2022 Upper Tier Local Authority (UTLA22) boundaries.

15. An upper-tier local authority is a higher level of local government responsible for strategic, wide-area public services. In two-tier systems, it coexists with lower-tier district councils, while single-tier or unitary authorities combine all upper and lower tier responsibilities into one organisation.

Appendix 2

Incidence rates for premature mortality due to cancers Wales, deaths occurring 21 March 2021 to 7 December 2023 ¹⁶				
Upper Tier Local Authority (UTLA) ⁸	Rate per 100,000 person-years at risk	Std. Error	Rate LCI	Rate UCI
Caerphilly	190.30	7.90	174.80	205.90
Wrexham	187.80	9.20	169.90	205.80
Denbighshire	182.40	10.10	162.60	202.20
Merthyr Tydfil	182.40	13.70	155.60	209.10
Blaenau Gwent	175.30	12.30	151.20	199.50
Pembrokeshire	175.00	8.50	158.30	191.70
Neath Port Talbot	174.20	8.40	157.70	190.70
Newport	172.90	8.70	155.80	190.00
Flintshire	170.20	7.90	154.70	185.70
Rhondda Cynon Taf	167.30	6.60	154.40	180.20
Carmarthenshire	159.70	6.70	146.50	172.90
Gwynedd	158.00	8.80	140.80	175.20
Conwy	157.30	8.40	140.90	173.60
Torfaen	156.60	10.00	136.90	176.20
Swansea	156.00	6.40	143.50	168.50
Bridgend	154.50	8.00	138.80	170.20
Ceredigion	153.30	10.50	132.70	173.90
Cardiff	152.40	5.70	141.20	163.70
Isle of Anglesey	152.40	10.60	131.60	173.20
Vale of Glamorgan	144.70	7.90	129.30	160.10
Powys	142.40	7.20	128.20	156.50
Monmouthshire	129.80	8.40	113.40	146.30

8. UTLA refers to a top-level local government administrative region, such as a county council, metropolitan district, London borough, or unitary authority, which handles major public services like social care, education, and transport.

16. LCI = lower confidence interval (95%) and UCI = upper confidence interval (95%). The area is based on the person's usual residence as provided by the informant upon registration in England or Wales. Figures exclude deaths of non-residents and are based on 2022 Upper Tier Local Authority (UTLA22) boundaries.

Appendix 3

Incidence rates for premature mortality due to cardiovascular disease, Wales, deaths occurring 21 March 2021 to 7 December 2023 ¹⁷				
Upper Tier Local Authority (UTLA) ⁸	Rate per 100,000 person-years at risk	Std. Error	Rate LCI	Rate UCI
Blaenau Gwent	140.79	11.03	119.17	162.40
Merthyr Tydfil	127.68	11.51	105.11	150.24
Swansea	123.95	5.71	112.77	135.14
Caerphilly	117.27	6.26	105.00	129.54
Neath Port Talbot	116.73	6.93	103.15	130.30
Torfaen	116.27	8.69	99.24	133.30
Denbighshire	113.72	8.00	98.04	129.41
Carmarthenshire	109.53	5.58	98.59	120.48
Newport	109.50	6.95	95.87	123.13
Isle of Anglesey	108.61	8.93	91.11	126.11
Rhondda Cynon Taf	107.07	5.28	96.72	117.43
Wrexham	103.26	6.84	89.85	116.66
Flintshire	98.34	6.04	86.50	110.18
Pembrokeshire	97.26	6.37	84.77	109.74
Conwy	94.01	6.52	81.24	106.79
Gwynedd	90.80	6.68	77.72	103.89
Bridgend	87.79	6.09	75.86	99.73
Cardiff	84.37	4.28	75.97	92.77
Ceredigion	84.21	7.82	68.88	99.53
Vale of Glamorgan	83.14	5.99	71.41	94.87
Monmouthshire	80.31	6.62	67.33	93.29
Powys	79.26	5.38	68.72	89.81

8. UTLA refers to a top-level local government administrative region, such as a county council, metropolitan district, London borough, or unitary authority, which handles major public services like social care, education, and transport.

17. LCI = lower confidence interval (95%) and UCI = upper confidence interval (95%). The area is based on the person's usual residence as provided by the informant upon registration in England or Wales. Figures exclude deaths of non-residents and are based on 2022 Upper Tier Local Authority (UTLA22) boundaries.

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