



MOVEMBER® INSTITUTE
OF MEN'S HEALTH
MOUSTACHES LOVE RESEARCH

The Real Face of Men's Health

QUALATIVE AND QUANTATIVE METHODOLOGY
CONDUCTED BY THE GOOD SIDE IN 2024





Impact on others

This study consisted of two mixed methods sub-studies:

1. Impact on others as caregivers - focused on the experiences of people who care for men with health conditions and the impact that informal caregiving has on their lives.
2. Men's Experiences in Primary Care - focused on men, including those with health conditions and those without, and their experiences of engaging with healthcare .

Qualitative study

A two-phase qualitative study was undertaken in two markets: the UK and Australia. We recruited people who care for men with mental or physical health conditions to take part in a set of online tasks over 3 days and a sub-sample was taken forward into online discussion groups. The study focused on understanding:

What caregiving looks like?

What is the impact of caregiving on their lives?

Participant sample

Participants were recruited by third-party recruiters and screened with the following criteria:

Provide care for at least one man over age 18 who has a physical or mental health condition (including addiction and substance abuse issues)

Congenital conditions were excluded

Parents caring for their children since birth of childhood were excluded

Provide at least 4 hours of care per week (with a focus on informal caregivers)

A spread of participant experiences and demographics was maintained across the sample in both markets through screening and quotas. A best-effort approach to participant engagement was adopted, being conscious of the sensitivity required when encouraging participation from a sample with diverse and competing priorities. Accommodations were made, where appropriate, to ensure participants were able to contribute in a way comfortable for them, accounting for individual needs and constraints.

UK SAMPLE

35 participants took part in the online activities

24 of 35 participants took part in 2-hour online group discussions

TABLE 1: UK SAMPLE

Men's health condition	Mental health conditions			Physical health condition			Total
	Addiction of substance abuse	Other conditions					
Age of caregiver (years)	25-60	18-30	31-60	20-29	26-40	41-60	18-60
Online ethnography (number of participants)	6	6	6	6	6	6	6
6x Online focus groups (number of participants)	4	4	4	4	4	4	4

The sample sought an approximate 1:3 gender balance (male: female) to represent the female skew among carers for men. The gender split in the final sample was as follows:

Online task: 12 men and 23 women

Discussion groups: 7 men and 17 women

AUSTRALIA SAMPLE

24 participants took part in the online activities

19 of 24 participants took part in 2-hour online group discussions



TABLE 2: AUSTRALIAN SAMPLE

Men's health condition	Mental health conditions			Physical health condition			Total
	Addiction of substance abuse	Other conditions					
Age of caregiver (years)	25-60	18-30	31-60	20-29	26-40	41-60	18-60
Online ethnography (number of participants)	2	6	3	4	6	3	24
6x Online focus groups (number of participants)	2	4	2	4	4	3	n=19

The sample maintained a 1:3 gender balance (male: female) to represent the female skew among carers for men. The gender split in the final sample was as follows:

Online: 6 men and 18 women,

Groups: 5 men and 14 women

Two participants (8.3%) were Aboriginal and Torres Strait Islander women who participated in both the online and groups

Methods

PHASE 1: ONLINE COMMUNITY

Participants took part in 3 days of online activities, (approximately 3 hours per day) via the platform recollective. Participants gave informed consent through the online platform and verbally to recruiters.

Participants were paid upon completion of all tasks. The online tasks captured their lived experiences as caregivers and included a diary task, mapping highs and lows of caregiving, a letter to themselves in ten years and projective tasks focused on the impacts of caregiving.

PHASE 2: ONLINE COMMUNITY

Participants were selected to take part in the online discussion groups based on:

Their engagement with the online tasks
Their availabilty
Sampling to capture a spread of experiences across each group

Participants joined 5 x 2-hour online group discussions via zoom to explore their experiences in more depth. The discussion focused on:

There reflections on being a caregiver
The impact of their energy, life, satisfaction, social life, work, relationships, mental and physical health and finances
The nature of their relationship with the man they care for to receive
Their reflections on gender stereotypes and how these influences men’s engagement with care and healthcare
Online groups were recorded and transcribed

QUANTITATIVE STUDY

This study involved an online survey of 1500 caregivers, per market, who provide support for men in their life who experience physical or mental health conditions. This study was conducted in the UK and Australia.

Participants
Participants were recruited via existing online survey panels. The panel provider was Observant Ltd.

Entry screening
Participants were screened on the following criteria:

Do any men in your life have any of the following healthcare conditions? (Serious illness exemption achieved through defining a set list of included conditions) (Required: YES)

Do you provide support for them for any of these conditions? (Required: YES)

What caring responsibilities do you undertake? (Must include something from the list)

How many hours do you spend doing this? (Minimum 3 per week, maximum 35 hours per week)

Exclusions:
Childhood conditions and complex conditions such as schizophrenia, boderline personality disorder and bipolar disorder were excluded as the study was focused on informal and median level care. Full time carers were excluded to allow focus on the impact on informal, unrecognised care.

Minimum quotas were applied to capture a statistically significant proportion of male carers, mental health versus physical health conditions, and a spread across health conditions, age, and carer roles.

Survey
The survey took 15 minutes to complete and consisted of 11 screener questions and 34 further survey questions. Survey questions were closed response scales and tick-all-that-apply checkboxes. Areas of focus includes:

Caring activities and time spent
The impact of caring, positive and negative
Barriers to caregiving
Support needs

Men’s experiences in primary care



OBJECTIVES:

To understand the drivers of men’s effective engagement and satisfaction with healthcare.

To understand men’s engagement with healthcare practitioners and their satisfaction with primary care such as general practitioners and allied health practitioners and social care workers.

To explore men’s agreement on the gender stereotypes and their influence on health behaviours and attitudes and seeking and experiences of healthcare.

QUALITATIVE

To supplement an existing qualitative study conducted in Australia in 2023, we conducted a small UK study of men’s experiences, through a single 2-hour focus group.

PARTICIPANTS

Men with and without health conditions were recruited, by a third party recruiter, with the aim of fulfilling a 50/50 sample split. Among the six participants:

Two had ongoing mental health conditions
Two had ongoing mental health conditions (with one also having a physical health condition)
Two did not currently have any health conditions

METHOD

We conducted a two-hour discussion via zoom with six UK men aged between 23 and 60. The discussion focused on their health, their attitudes to healthcare and their experiences in healthcare. All participants gave informed consent. The discussion was recorded and transcribed.

QUANTATIVE

This study involved an online survey of 1500 men, per market. This study was also conducted in the UK and Australia.

PARTICIPANTS

Participants were recruited via existing online survey panels. The panel provider was Observant Ltd.

Entry screening:
Participants were screened on the following criteria:

Age (Required 18-64)
Gender (Required: identify as a man)

Survey
The online survey took 15 minutes and consisted of 4 screener questions and 45 further survey questions. Survey questions were closed response scales and tick-all-that-apply checkboxes. Areas of focus included:

Healthcare usage
Healthcare satisfaction
The nature of initial healthcare interactions
Awareness of preventative screenings
Healthcare experiences regarding: practitioner communication, manner and responsiveness
The importance of practitioner-patient relationships and connection
Attitude towards gender stereotypes and the impact of gender bias in healthcare
Support needed to promote healthcare engagement