

Invited Editorial



## ***Masculinity and Ethnicity: Implications for men's health and palliative care services***

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### **Introduction**

The intersection of masculinity, ethnicity, and palliative care highlights an urgent and underexplored area for future research—particularly in understanding how societal and culturally-specific constructs of masculinity shape men's experiences of serious illness and end-of-life care. While the field of palliative care research has grown, it remains limited in addressing how men from minoritised ethnic groups engage with and experience palliative care services. These gaps extend beyond service engagement to include how illness is understood, how care is sought or resisted, and how cultural norms surrounding masculinity and ethnicity influence caregiving, emotional expression, and decision-making. This editorial sets out an agenda to address these gaps, arguing for the development of culturally appropriate, masculinity-sensitive interventions that are attuned to the diverse and intersecting identities of men receiving or providing palliative care.



## Masculinity, ethnicity, and men's health: A complex dynamic

Masculinity, a social construct, plays a significant role in shaping how men approach health, illness, and care. Within the context of this editorial, the term 'men' refers to individuals assigned male at birth. We acknowledge the complexities and ongoing debates around gender identity and expression. However, our focus is shaped by the literature and empirical studies reviewed, which predominantly centre on cisgender men's experiences of illness and palliative care. Future research must extend this discussion to include the perspectives of trans men and non-binary individuals, whose experiences remain significantly underexplored in palliative care. Traditional masculine ideals—such as strength, independence, and stoicism—can discourage men from seeking help, particularly for conditions perceived as weakening or emasculating, such as cancer. This internalisation of masculine norms often contributes to delayed healthcare engagement, diagnosis, and treatment.<sup>12-5</sup>. These dynamics—particularly the reluctance to seek help and the internalisation of stoic masculine norms—can become even more pronounced in palliative care settings, where care provision often involves acknowledging physical dependency and emotional vulnerability. Such expectations may conflict with how some men, and society more broadly, construct and value masculine identity. For example, advanced prostate cancer can profoundly impact men's sense of masculinity, as physical decline, loss of sexual function, and reduced economic productivity challenge traditional roles and self-perceptions, especially within patriarchal societies..

Valuable insights into how masculinity is constructed and enacted in relation to health are provided by the Health, Illness, Men and Masculinities -framework and work on hegemonic masculinity<sup>7</sup>. Connell's<sup>2</sup> work on hegemonic masculinity explores how culturally privileged forms of masculinity—often characterised by authority, control, heterosexuality, and emotional restraint—serve to maintain male dominance within social hierarchies. These dominant expressions of masculinity marginalise alternative masculinities and contribute to the subordination of women.. Hegemonic masculinity is underpinned by patriarchal attitudes that reinforce gendered norms and power structures. It fosters gender stereotypes

that are deeply embedded within cultural beliefs and values. These stereotypes influence how men respond to and cope with illness—often privileging ideals such as independence, dominance, stoicism, and hierarchical power relations.<sup>8 9</sup> Other theories of masculinity—such as complicit and marginalised masculinities—further illuminate how men navigate expectations around health and illness. Complicit masculinity refers to men who may not fully embody hegemonic norms but still benefit from the patriarchal system, while marginalised masculinity describes men whose expressions of masculinity are devalued due to factors such as race, class, or disability. These frameworks are grounded in social constructionist perspectives, highlighting how societal expectations shape how men are ‘supposed’ to manage physical and emotional distress.<sup>10</sup> Understanding these gendered dynamics is essential for developing care approaches that challenge restrictive norms and promote more open, supportive, and person-centred care for men living with serious illness..

The intersection of masculinity with ethnicity adds further complexity to how men engage with health and palliative care services. For example, men of Black African and Caribbean descent—both in Africa and the diaspora—may navigate dual pressures: the cultural expectation to embody stoic, authoritative masculine roles, and the systemic barriers created by racial inequality and healthcare discrimination. These intersecting identities can amplify stigma, deter help-seeking, and influence how care is perceived, accessed, and received.<sup>11 12 13</sup> A recent scoping review explored how Black men with prostate cancer experience significant stigma, which is often enacted through social interactions and perpetrated through cultural beliefs and masculinity norms, deterring them from seeking timely care and support<sup>14</sup>. Research indicates that men who strongly adhere to traditional masculine norms—such as emotional restraint, autonomy, and control—are less likely to seek psychological support or engage with palliative care services, which can complicate their illness trajectory.<sup>15</sup> These challenges are often heightened for men from minoritised ethnic backgrounds, where cultural expectations of masculinity may overlap with, or reinforce, these norms. In palliative care settings, this intersection can manifest in late referrals, inadequate symptom management, and underuse of supportive services,

ultimately resulting in poorer care experiences and limiting the range of interventions that might improve quality of life.

These challenges suggest that effective palliative care for men in general and specifically from minoritised ethnic backgrounds must address not only the physical aspects of illness but also the cultural and gendered experiences that shape their engagement with palliative care. The reliance of men on familial support, while culturally ingrained, often places immense strain on family caregivers, particularly women, who take on both emotional and practical caregiving roles<sup>16</sup>. This highlights the need for gender-sensitive palliative care services that acknowledge and address the ways in which masculinity influences caregiving dynamics and health outcomes.

### **Cultural competency and masculinity in palliative care**

The culturally constructed nature of masculinity requires palliative care systems to be adaptable and culturally competent to meet the needs of men in receipt of or providing palliative care. An intersectional analysis by Dworzanowski-Venter<sup>17</sup> identified that traditional masculine norms can hinder men's engagement in palliative care, as these norms often discourage expressions of vulnerability and reliance on support services. For men from African or other non-Western backgrounds, cultural norms around death, dying, and care may differ significantly from those embedded in Western models of palliative care. Cultural avoidance of discussing death, even when a loved one is terminally ill, along with taboos around writing a *will* and the perception of advance care planning as an individualistic act, can be further complicated by the expectation that men, as heads of families, bear responsibility for both nuclear and extended family members. For instance, the concept of “compassionate communities,” which emphasises community and familial involvement in care, resonates deeply with African cultural values and reflects in their expectation of the design and implementation of palliative care services<sup>6</sup>. However, these culturally aligned models must also challenge harmful masculine norms that discourage men from accepting vulnerability and care. There is the need to consider religion-culture intersections which further makes it more complicated and requires a holistic approach to palliative care underpinned cultural context and understanding.

Researchers have argued that for men, culturally sensitive interventions are essential in improving their engagement with healthcare services<sup>18</sup>. These interventions must account for the dual impact of ethnicity and masculinity on men's healthcare experiences. It is our view that by integrating cultural competency into palliative care models, healthcare systems can better support men from diverse ethnic backgrounds in navigating the emotional, psychological, and physical challenges of serious illness.

### **Challenges and future palliative care directions**

While the need for masculine-sensitive and culturally competent palliative care is clear, several challenges remain. First, the limited availability of research on masculinity and palliative care, hinders the development of effective interventions. Much of the existing research focuses on Western populations and non-palliative care contexts, leaving a gap in understanding how masculinity impact on palliative care men. Given the substantial cultural differences between Western and non-Western contexts, there is a strong need for research that explores how masculinity shapes men's experiences of palliative care across diverse cultural settings. Much of the existing evidence base is situated within Western paradigms, which may not fully reflect the values, social roles, and gender norms present in other regions. For example, in some African contexts, men may be expected to embody strength, decisiveness, and familial authority—roles that can conflict with the dependency often associated with receiving palliative care. These culturally specific expressions of masculinity underscore the importance of developing context-sensitive approaches that are responsive to local realities and not simply transferred from one setting to another..

Second, there is a need to challenge the societal norms that discourage men from engaging with palliative care services<sup>14, 15, 18</sup>. This requires a multifaceted approach that includes education, advocacy, and policy changes. Health professionals need to be trained to recognise and address the ways in which masculinity influences men's health behaviours. Additionally, public health campaigns that challenge harmful masculine norms and promote positive help-seeking behaviours are essential. Healthcare professionals need to be 'open-minded to understand the cultural constructions of masculine values and proactively engage with men from diverse populations to understand how best to apply this understanding in

clinical discussions and provisions, including palliative care services. Therefore, there is a pressing need for a systematically constructed review and empirical work that explores how masculinity influence men's experiences of palliative and end of life care as well as the cultural and social factors that shape men's experiences of illness and care within the context of palliative care.

### **Toward an inclusive palliative care model**

The future of palliative care must be inclusive and culturally competent, recognising the unique challenges faced by men especially from minoritised ethnic groups. Masculinity, and ethnicity intersect in ways that profoundly impact men's experiences of illness, caregiving, and end-of-life care. To tackle these dynamics, palliative care systems should provide more compassionate and effective care for men. Consequently, research agendas must prioritise exploring the interplay of masculinity, race, and palliative care, ensuring that care models are responsive to the diverse needs of men and their families. This agenda-setting editorial highlights the importance of incorporating masculinity, ethnicity and cultural sensitivity into palliative care models.

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