

# Masculinity-Informed Strategies to Improve Cancer Screening Uptake in Texas: Meeting men where they are

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## Background

Men experience **lower cancer screening rates and later -stage diagnoses** than women yet remain underrepresented in prevention outreach efforts. Limited interventions leverage how **masculinity, cultural identity, and structural barriers** shape men's decisions about screening.

**Analysis:** Using PEN-3 framework three major domains which focus on the role of culture in health beliefs, behaviors, and outcomes.

## Results



Men are driven by wit, win, and word of mouth.

Anticipated stigma, discomfort, and cost are often managed by avoidance.

Meet men where they live and lead. At the workplace, youth sports, and church, screening is transformed from a clinical hurdle into a service to their family.



Photo 2: Men's focus group  
Credit: Canva

## Study Objectives

- We aimed to:
- Examine men's perceptions of cancer screening and preventive care.
  - Identify motivators and barriers to seeking cancer services.
  - Understand how masculinity influences access, awareness, and decision-making.
  - Inform culturally relevant outreach and messaging strategies.

### PEN-3 Analytic Domains

- **Cultural Identity:** Identity is shaped by Individual sense of self, family, community, and neighborhood.
- **Relationships & Expectations:** Family, friends, and peers generate social pressure that influences health decisions.
- **Cultural Empowerment:** Cultural beliefs and institutional practices can either support (positive), block (negative), or do not affect (neutral) health actions.



### Masculinity Norms and Expectations

"A man shouldn't be sick. **He is like a superhero that he is not expected to be sick**, frankly speaking... So, even if he is in pain or whatever, he is going to try to cover this in order not to be seen that as a weak person in the society."

"Nobody talked about high cholesterol in our family till I was diagnosed... **I said, 'hey, do you guys have high cholesterol?'** 'We don't know.' 'Get it checked out.' We found out all of my cousins, all of us, we have high cholesterol."

## Quotes From Our Participants

### Suggestions - Messaging Content

"Hey. **You don't want your wife marrying somebody 20 years younger than you?**"

"We're men. And **most men are jokers, and macho**, and stuff... It's crazy that we try to be so professional with a lot of stuff [health messaging], with a bunch of unprofessional people..."

### Suggestions - Outreach Strategies

"That's how I see my role as a man. So, **I take care of everybody else, and maybe I put myself last.**"

"Believe it or not, little league-type events, **[they] really want to see their kids**, and I want to be around to see my kids succeed."

## Methodology

- **Design:** Qualitative semi-structured interviews and focus groups.
- **Criteria :** Men **35+** with **no prior cancer diagnosis** , residing in the catchment area.
- **Analysis :** Rapid qualitative thematic content analysis.
- **Recruitment :** Aug–Nov 2025. Network sampling via **Community Advisory Board (CAB) and community partnerships.** (Photo 1.)

## Participant Demographics:

- **52 participants**
- **Demographics:** Ages 35–72 (Mean: 51).
- **Language:** 75% English / 25% Spanish.
- **Income:** Modal household income \$50k–\$75k.
- **Race/Ethnicity:** See Table 1.

Race/Ethnicity	Count
Black	27
White	11
Hispanic	11
Asian	4
Other	4

Table1: Participant race/ethnicity



Photo 1: CAB Meeting, Dec. 2025.  
Credit: COE Team

## Action steps: Leverage masculine Identity

Cancer centers can improve screening uptake by integrating **culturally informed, masculinity -aware strategies** into prevention and outreach efforts.

- Embed outreach in familiar, relationship-rich environments.
- Leverage responsibility toward **family and community** as a motivator.
- Acknowledge reluctance to appear vulnerable.

