



**GLOBAL ACTION ON  
MEN'S HEALTH**

**ASRT**

**Agency for Scientific  
Research & Training**

# Stakeholder Meeting Report on Men's Health in Malawi



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## EXECUTIVE SUMMARY

On 27th March, 2025 ASRT hosted a stakeholder meeting on Men's Health in Malawi with financial support from the Global Action on Men's Health (GAMH), and in partnership with Outreach Scout Foundation (OSF) and Zodiak Broadcasting Station (ZBS). The meeting was held at ASRT offices in Lilongwe. In attendance were representatives from 24 organizations. The guest speaker was Dr. Charles Mabedi, a Consultant Urologist who made a presentation on the state of Prostate Cancer in Malawi. The other key speakers were Mr. Amon Lukhele from GAMH, Mr. Robert Kalua from ZBS, Dr. Steven Mlangiza from Men of Tomorrow (MOTO) and ASRT Executive Director, Dr. Mathildah Chithila Munthali. The main objective of the meeting was to kick start a debate about men's health in Malawi, covering its challenges, gaps and opportunities for the future.

The participants were engaged through focus group discussions (FGDs) where they had to debate and consider a number of items from a questionnaire, mainly focusing on: awareness of general men's health issues in Malawi; cancer in men; barriers to care; specific knowledge about prostate cancer; roles of organizations in men's health; future direction. The meeting brought together organizations working in the health sector, healthcare professionals, and media representatives to assess challenges and propose solutions for improving men's health outcomes.

Stakeholders reached a consensus that Malawian men face significant health challenges due to low levels of awareness, cultural stigma, and systemic neglect. They also noted that prostate cancer and mental health require urgent attention. By addressing knowledge gaps, improving access, and strengthening policies, Malawi can potentially reduce preventable male mortality and promote equitable provisions of health services and healthier communities. In order to ensure continued engagement, the stakeholders agreed to create a platform to improve coordination, and support the conduct of a stakeholder-led situation analysis. The gathering also agreed to advocate for more specialist trained in prostate cancer treatment, men's health policy, as well as piloting a radio campaign on prostate cancer awareness to reach out to the nation at large. The participants agreed on a number action points to be implemented through short-, medium- and long-term approach covering issues of awareness, capacity building, and advocacy for policy development.

This report summarizes the main thematic areas covered during discussions, key findings and action points from the meeting.

## INTRODUCTION

The Agency for Scientific Research and Training (ASRT) hosted a first key stakeholder engagement meeting in Malawi to discuss Men's Health with particular focus on Men and Cancer. This initiative was designed to act as a spring board towards creating space for facilitating productive debate leading to strategies and policies for bettering Men's health outcomes in Malawi. The meeting was desired to pave way for establishing a local network in the broader space of Men's Health. It is expected that such a network would act as a focal point for education, awareness and advocacy on issues of Men's Health. The initial activity in what is planned to be a series of such engagement had particular emphasis on prostate and testicular cancers. Prostate cancer is one of the most prevalent cancers among men globally, and its impact is equally significant in Malawi. In addition, research show that testicular cancer also affects young boys. Early detection, awareness, and education are key to reducing mortality rates and improving the quality of life for those affected.

Anecdotal evidence points to the fact that efforts to address men's health issues in Malawi have disproportionately been focused on mental and sexual health. There seem to be serious gaps in informing, educating, and building awareness in the general public on men's health issues in Malawi. This means there could be a degree of unpreparedness to the overall fight against prostate and testicular cancers here in Malawi. This first stakeholder engagement meeting on men's health which was held on 27th March 2025 was intended to bring to the fore the debate on cancer in men and general health promotion to enhance the lives of men and boys and tackle preventable deaths. This meeting was to help to amplify the urgent need for workable strategies for our men in Malawi. There is need for efforts to actively engage in research, gather data to inform policies, advocacy, and community outreach programs to address issues of men's health. The meeting sought to bring to the attention of policymakers and key stakeholders the main health and social challenges facing men in Malawi, and discussed potential strategies for addressing these challenges.

The keynote presentations were delivered by Dr. Charles Mabedi. The stakeholder engagement was attended by GAMH members, policy makers and key stakeholders involved in formulation and management, implementation of policies aimed at transforming and progressing Men's Health issues in Malawi. These included government officials, non-governmental organizations, private sector players, academia and subject experts, and development partners.

This ASRT work has been possible with financial support from and in collaboration with Global Action on Men's Health (GAMH), and in partnership with Outreach Scout Foundation (OSF) and Zodiak Broadcasting Station (ZBS).

ASRT work in non-communicable diseases (NCDs) has been ongoing. Its current work with funding from and in collaboration with the Royal College of Surgeons in Ireland (RCSI), ASRT is supporting the Ministry of Health in Malawi towards developing a national breast cancer control programme (NBCP) for Malawi through the Akazi-project from 2022.

The start of the Akazi project undertook a national assessment of current capacity for early diagnosis of breast cancer, progressed into strengthening preparedness for early detection of breast cancer through establishing a national CBE training curriculum and undertook a campaign to improve breast health awareness among women and communities in Malawi. The Akazi project is ongoing and currently among the focus areas is assessing the current breast cancer care pathway in the Southern region of Malawi to identify bottlenecks and areas for improvement. The Men’s health efforts on prostate and testicular cancers will add value to the knowledge base on NCDs in Malawi.

## MEETING OBJECTIVES

1. Identify the most pressing men’s health issues in Malawi.
2. Assess knowledge gaps and myths around prostate cancer.
3. Discuss barriers preventing men from seeking healthcare.
4. Explore the role of media in raising awareness.
5. Develop actionable recommendations to inform policy and program improvements.

## PARTICIPANTS

A total of 42 organizations were invited to this meeting, as shown in the table below.

Table 1: List of organizations that were invited

List of Organizations Invited		
Global Action for Men's Health,	Malawi Health Equity Network,	Zodiak Broadcasting Stations
Blessings Hospital,	Oxfam International,	Times Media Group
Save the Children International,	Malawi Network of People Living with HIV/AIDS (MANET+),	UNICAF,
Sky Foundation, Partners in Health,	Christian Aid,	Malawi Human Rights Resources Centre,
Southern Africa AIDS Trust,	Emerging Public Leaders,	Save A Life,
Aids Health Foundation,	The Lilongwe Institute of Orthopaedics and Neurosurgery (LIONs) Hospital,	Centre for Human Rights and Rehabilitation,

Action Aid International,	African Medical and Research Foundation (AMREF),	Family Planning Association of Malawi (FPAM),
Banja La Mtsogolo,	World Health Organization (WHO),	the Ministry of Health (Malawi),
Norwegian Embassy,	Medical Aid Society of Malawi (MASM),	Kamuzu Central Hospital (KCH),
University of North Carolina (UNC),	World University Service of Canada (WUSC),	Partners in Hope,
African Bible College,	National AIDS Commission (NAC),	Islamic Health Association of Malawi,
Family Planning Services,	Clinton Health Access Initiative (CHAI),	Outreach Scout Foundation
Centre for Development of People (CEDEP),	Irish Embassy,	Foreign, Commonwealth & Development Office (FCDO),
Tobacco Control Commission (TCC),	Illovo Sugar Group and	Lilongwe Water Board.

## THE APPROACH

The program was scheduled to run from 14:30 to 17:00 and started with an official opening speech by the Executive Director of ASRT, Dr. Mathildah Chithila-Munthali, providing an overview of the objectives of the meeting and expectations. This was followed by presentations by the key invited speaker, Consultant Urologist Dr. Charles Mabedi who made a presentation on the status of men's health in Malawi, in particular prostate and testicular cancer. Among the people to make presentations were;

- ❖ Men of Tomorrow's (MOTO) Dr. Steven Mlangiza, who addressed the state of young men's mental health in Malawi,
- ❖ Mr. Robert Kalua, Zodiak Broadcasting Corporation's host of Men's Talk show presented on existing challenges and gaps in men's health awareness in Malawi
- ❖ Mr. Amon Lukhele, GAMH vice chair in Malawi who presented about GAMH and its structures.

The meeting had breakaway sessions where participants were grouped into 3 groups of 6-8 people each for an interactive focus group discussions on issues surrounding men's health and prostate cancer, followed by an open floor discussion by all participants for more insights. The program continued into an extended period of networking amongst the stakeholders. The program ended at 18:00hrs.

## KEY THEMATIC AREAS FROM THE STAKEHOLDER ENGAGEMENT SESSION PROCEEDINGS

The objectives of the meeting were addressed through interactive FGD engagement session with the stakeholders. To achieve this, the stakeholders were given a list of 10 guiding questions and left to conduct FGDs amongst themselves to provide more insight on respective issue on each guarding question. The ASRT staff were note takers. The session was on men's health awareness in Malawi with particular focus on prostate cancer. The discussions highlighted critical gaps in knowledge, cultural barriers, and systemic challenges that hinder men from seeking timely healthcare.

### a. Most Pressing Men's Health Issues

#### **a. Mental Health Crisis**

Participants identified mental health as a major concern, driven by the following reasons; Financial stress, Marital problems, Drug and Substance abuse and most importantly Societal expectations that men should "be strong" and not show vulnerability. The consequences were therefore increased suicide rates and untreated depression.

#### **b. Non-Communicable Diseases (NCDs)**

Hypertension, diabetes, stroke and cancer were listed as the rising concerns worsened by late detection due to poor health-seeking behaviour resulting in grave outcomes for men in comparison to women afflicted by the same ailments.

#### **c. Substance Abuse and Risky Behaviour**

Alcohol and drug abuse, particularly among young men, along with reckless behaviour leading to trauma (e.g., road accidents mainly involving motorcyclists), were also highlighted.

#### **d. Poor Health-Seeking Behaviour Among Men**

It was noted that men tend to delay seeking healthcare, often attempting to "walk off" or "drink off" illnesses. Late reporting of health issues often leads to severe consequences for diseases like cancer and diabetes. Men rarely consider preventive check-ups or screenings which leads to higher hospital mortality rates among men due to presenting health concerns at advanced stages.

#### **e. Prostate and Sexual Health**

One of the issues noted was low awareness of prostate cancer symptoms and risk factors with Benign Prostatic Hyperplasia (BPH) often confused with prostate cancer. On general sexual health issues, high use of unregulated sexual enhancement drugs (Viagra, traditional concoctions) due to problems like erectile dysfunction, early ejaculation and low sperm count was prevalent.

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*“Even young men are seen buying dubious traditional concoctions sold by vendors and consuming copious amounts to the extent that selling such has become a very profitable and “hot” business venture.”*

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## **b. Low Awareness of Prostate Cancer Risk Factors**

A general lack of understanding about prostate cancer with limited awareness of risk factors, signs, and symptoms was cited. These were highlighted by the lack of a Chichewa (local language) word for prostate cancer, indicating cultural and linguistic barriers. It was also noted that there was confusion between prostate cancer and Benign Prostatic Hyperplasia (BPH) which is also common. Signs and symptoms were observed to not be well understood by the general population with serious issues such as difficulties in urinating old in men for example being treated with general disregard until too late.

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*“It is generally expected of old men in rural communities to suffer from kamatila (vernacular for urinary disorders) and as such little is done to address the issues until things get worse”*

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## **c. Signs and Symptoms of Prostate Cancer**

Most participants were unfamiliar with the risk factors (age, family history, race) and Common symptoms (urinary problems, back pain) were not widely recognized. It was noted that the most common symptom of prostate cancer was urinary problems (frequent urination, difficulty urinating) which were recognized as common symptoms with Benign Prostatic Hyperplasia (BPH) and the participants agreed that patients of BPH should be screened frequently for prostate cancer given that BPH was cited in the literature as a risk factor. However, urinary problems are not necessarily a symptom of early-stage Prostate Cancer.

## **d. Factors Influencing Prostate Cancer Screening**

Mixed opinions were presented on the ideal screening age, with suggestions ranging from early adulthood to 50+ years. The other risk factors stated were race as prostate cancer is more prevalent in black men and family history. Family history was emphasized and prostate cancer screening at as early as 40 years old was encouraged for men whose family history had prostate cancer before. Stakeholders also called for regular prostate cancer screening in men with BPH

## **e. Myths and Misconceptions About Prostate Cancer**

A few myths and misconceptions about prostate cancer were listed by the participants. Some of these were:

- ❖ Cancer is associated with witchcraft, especially in rural areas due to its high mortality despite the intensive health care involved, the only explanation to this was attributed to superstition
- ❖ Prostate cancer is at times mistaken for sexually transmitted infections hence triggering stigma and discrimination to patients.

- ❖ There is a general belief that cancer treatments kill patients as such faith healing becomes the most preferred treatment platform for many patients compared to regular medical treatment.
- ❖ Cancer is perceived as a "disease for the rich" and most diagnosis in rural settings are often linked to witchcraft and superstition.
- ❖ Associations with family planning methods and other modern life style choices such as consumption of processed foods and use of cosmetics.

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*“One of the biggest misconceptions is that a catheter will surely kill you and once there is a prospect that a prostate cancer patient will have a catheter inserted; we have seen cases of patient’s running from hospitals and seeking medical help from traditional herbalists and faith healing from religious leaders who claim to possess healing abilities”*

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## **f. Barriers to Seeking Prostate Cancer Care**

### **a. Cultural and Social Barriers**

There are Traditional expectations of men to be "strong and powerful," discouraging displaying vulnerability behaviour. This results in downplaying prostate cancer symptoms until it’s too late. Other cultural and social prostate cancer care include;

- ❖ Shame and embarrassment about exposing private parts for examination
- ❖ Taboos around discussing male reproductive organs
- ❖ Cultural beliefs that associate cancer with witchcraft or promiscuity

### **b. Structural and Healthcare System Limitations**

There was a lot to be desired in terms of the state of the structures and health care systems in Malawi. Some of the key areas noted by the participants were:

- ❖ Lack of screening facilities and resources in public hospitals
- ❖ Limited availability of PSA screening in public healthcare settings
- ❖ Expensive diagnostic procedures (MRI costs around MK580,000)-Table 3
- ❖ Insufficient specialized medical personnel (only 3 specialists with 11 in training)
- ❖ Inadequate infrastructure for prostate cancer treatment † Long training period (5 years) for specialists

*Table 2: Barriers to health care access summarized*

<b>Barrier</b>	<b>Impact</b>	<b>Participant Insight</b>
High Costs of Treatment and Screening	PSA test = MK25,000 MRI Scan = MK580,000	"Screening is only for the rich."

Long Distances to Health Facilities	Rural men travel long distances to access medical care hence the tendency to downplaying symptoms	"Some walk 10km just for a check-up."
Cultural Stigma	Shame around male health issues, more especially when it comes to sexual reproductive related cases	"Men fear exposing private parts."
Lack of Specialists in Men's Health problems	Only 3 prostate cancer doctors nationwide, while 11 more are now in training	"Training takes 5 years—we need more."

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*"The situation is so bad we don't conduct surgery here in Malawi in terms of prostate cancer given the risks of making the life of the patient worse due to the limited number of surgeons that can carry such a procedure, the waiting list for treatments is big in private institutions and even worse in public hospitals, I can testify that the state of prostate cancer health care is so bad we refrain from encouraging people to come for general screening because we can't manage to attend to them all"*

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### **c. Gender Disparities in Healthcare Access**

It was stated that women in Malawi have better "interfacing opportunities" with healthcare through maternal health platforms. Secondly more awareness campaigns exist for women's health issues (fistula, breast cancer, cervical cancer). In comparison men have fewer entry points into the healthcare system and lack of male-specific health programs comparable to women's health initiatives.

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*"You will be shocked to find an average Joe very aware and knowledgeable of breast and cervical cancer issues and yet not aware that he has a prostate"*

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## **g. Strategies to Improve Men's health Engagement**

Stakeholders observed that the key to engaging men was to follow them where they are found. Some of these strategies highlighted by the stakeholders to improve men's health engagement in Malawi are as follows:

### **a. Cultural integration**

Use traditional forums (kudambwe, bawo groups, jando) to discuss men's health issues. It is important to collect information from rural areas to inform culturally appropriate programming of interventions. The role of community gate keepers (chiefs, religious leaders) should be considered.

### ***b. Media campaigns***

Feature medical experts and survivors to share experiences. Bundle men's health issues together for holistic campaigns to ensure efficient use of resources. Engage corporate entities to support men's health as part of their corporate social responsibility (CSR).

### ***c. Community outreach***

Follow men in their public gatherings including their social meeting points such as beer halls. The use of posters and radio programs (e.g., Zodiak's Men's Let's Talk) should also be provided with appropriate and targeted content. Encourage policy development and government endorsement of initiatives. Promote healthier lifestyles and periodic screening from young age where possible, for example through schools and colleges.

## **h. Role of Media and Organizations**

### ***a. Media Training and Informed Coverage***

There's a call for better-informed media personnel and journalists, through sector specialised reporting, who can accurately educate the public on men's health. There is need for innovative, trending media platforms to reach men. Social media campaigns targeting young men should be promoted.

### ***b. Corporate Responsibility***

Companies (e.g., those in betting or alcohol industries) should be involved in supporting men's health initiatives as part of CSR. It is good to note that men's health doesn't attract as much PR as female and child health and as a result companies generally avoid engaging in it.

### ***c. Visibility of Survivors and Experts***

Engaging survivors and health experts in public storytelling can normalize conversations around prostate cancer.

## **i. Existing Programs and Gaps**

### ***a. Limited and Urban-Focused Initiatives***

Programs like "Men of Tomorrow" (MOTO) and "Men's Let's Talk" exist but have limited reach and visibility, as they mostly targeting urban areas. Men's Let's talk is aired on Zodiak Broadcasting Station television and on social media, though successful it caters to a tiny demographic that can afford a TV and the internet.

### ***b. Need for Coordination***

Stakeholders emphasized the need for a holistic, bundled approach to men's health campaigns.

### ***c. Government Endorsement***

Participants believe that formal government support could encourage other stakeholders to fund and scale up existing initiatives.

#### ***d. Men's Clinics***

These are being developed in the HIV/AIDS space and they need to be supported and encouraged. These existing setups need to be used to “pull” other services and be seen as “one-stop” nodes and a network of such nodes be established.

### **j. Future Directions**

#### ***a. Conduct situational Analysis***

- ❖ Develop a deep understanding of the challenges, gaps and existing men's health promotion landscape in Malawi. There is also a need to catalogue beliefs and knowledge to inform the designing of interventions.

#### ***b. Awareness & Education***

- ❖ Develop materials in Chichewa, the main local language, explaining prostate health.
- ❖ Use male gathering spots (bawo games, churches, workplaces, schools and colleges) for health talks.

#### ***c. Healthcare Access***

- ❖ Subsidize prostate cancer screening in public hospitals
- ❖ Expand mobile clinics for rural areas

#### ***d. Capacity Building***

- ❖ Train more specialist's healthcare workers.
- ❖ Engagement with community leaders, journalists, and religious figures on matters relating to men's health.
- ❖ Train community leaders (chiefs, religious figures etc) to advocate for men's health.

#### ***e. Policy & Advocacy***

- ❖ Establish a **National Men's Health Policy**
- ❖ **Policy Strengthening:** Introduce policies mandating screening at certain ages, and ensure follow-up care is accessible.
- ❖ Encourage corporate involvement (e.g., betting/alcohol companies funding health programs)
- ❖ **Integrated Outreach:** Combine messaging on various men's health issues such as mental health, non-communicable diseases, sexual health, prostate cancer in one package.

#### ***f. Media Engagement***

- ❖ Feature men's health specific issue (cancer, mental health etc) survivor stories and medical experts on radio/TV
- ❖ Develop social media campaigns/content targeting men in all and various age groups
- ❖ Train journalists to report accurately on men's health
- ❖ **Culturally Sensitive Messaging:** Use storytelling, local dialects, and male-friendly imagery to break taboos e.g. of discussing men's genitals in public.

*“It is good that most of these companies whose main customer base is men for example alcohol bottling corporations understand that **if men can’t pee then they can’t drink.**”*

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## **ACTIONABLE RECOMMENDATIONS**

### **a. Short-Term (0-6 Months)**

- ❖ Create a WhatsApp group with all the stakeholder added to improve coordination.
- ❖ Identify relevant men’s health priority areas such as prostate cancer, mental health, HIV and traffic injuries.
- ❖ Source funding and conduct Situational Analysis
- ❖ Identify key stakeholders to lead development of a comprehensive dictionary of Chichewa local language health terms (e.g., for "prostate") to improve public understanding. The Malawi Liverpool Trust has such a dictionary which would be a good starting point.
- ❖ Pilot a radio campaign on prostate cancer awareness to reach the nation at large, for example using the existing ZBS Men’s Talk program and extend to other platforms.
- ❖ Launch myth-busting radio segments on prostate cancer and mental health to capture the wider male community national-wide.
- ❖ Form a Men’s Health Task Force (media, health workers, policymakers).
- ❖ Engage traditional leaders to champion men’s health in communities.

### **b. Medium-Term (6-12 Months)**

- ❖ Policy advocacy: Push for a National Men’s Health Strategy
- ❖ Prioritize development of prostate cancer screening and treatment guidelines.
- ❖ Workplace and institutional programs: Partner with male-dominated industries for health education. Many industries in Malawi have mainly male employees e.g. the tobacco, sugar, construction, mining, transport, Pubs industries. This approach should also include uniformed forces, MDF, Police and Immigration plus schools and colleges.
- ❖ Media training workshops for journalists on men’s health reporting.

### **c. Long-Term (1-3 Years)**

- ❖ Expand specialist training for prostate cancer treatment.
- ❖ Mobile screening camps in rural areas for prostate cancer and hypertension and integrated services.
- ❖ Telemedicine initiatives for remote consultations.
- ❖ Corporate partnerships: Engage alcohol/betting companies in funding men’s health programs.

Beyond the forementioned priority areas, ad hoc reports indicate that when considering key areas of Men's Health in Africa, and Malawi is no exception, it is important to include the following topics:

**a. Infectious Diseases:**

- ❖ **HIV/AIDS:** Significant impact, with ongoing efforts to increase testing, prevention, and treatment. HIV infected men do significantly worse compared to women.
- ❖ **TB:** A major public health concern, with men disproportionately affected.
- ❖ **STIs:** Addressing sexually transmitted infections and promoting safer sexual practices.

**b. Chronic Conditions:**

- ❖ **Diabetes:** High prevalence and a leading cause of death among men.
- ❖ **Hypertension:** Also, a significant risk factor for cardiovascular disease and other complications.
- ❖ **Cardiovascular Disease:** Heart disease and stroke are major health concerns.
- ❖ **Cancer:**
  - **Prostate and Testicular Cancers:** Early detection and screening are crucial.
  - **Other Cancers:** Colorectal, lung, and HPV-related cancers are also significant.

**c. Mental Health:**

- ❖ **Depression and Suicide:** Increasingly recognized as a major public health challenge, with efforts to increase awareness and support.

**d. Other Considerations:**

- ❖ **Substance Use:** Addressing alcohol and tobacco use, which can contribute to various health problems.
- ❖ **Violence and Injury:** Addressing accidents, injuries, and violence, which can have a significant impact on men's health.
- ❖ **Cultural and Social Factors:** Addressing societal norms and beliefs that can hinder men's access to healthcare and promote unhealthy behaviours.

Efforts to Improve Men's Health:

- ❖ **Men's Health Clinics:** Providing specialized services and resources for men.
- ❖ **Screening and Early Detection:** Encouraging regular check-ups and screenings for various conditions.
- ❖ **Health Education and Awareness:** Raising awareness about men's health issues and promoting healthy behaviours.

- ❖ **Community Engagement:** Involving men and boys in health initiatives and empowering them to take ownership of their health.
- ❖ **Addressing Social Determinants:** Addressing issues like poverty, inequality, and violence, which can contribute to poor health outcomes.

## POST EVENT MEDIA COVERAGE

The Nation Publications Limited wrote an article on the men's health meeting in the local print media making reference to the stakeholder meeting and stressing the importance of advocacy for new approach to men's health whilst quoting consultant urologist Dr Charles Mabedi and GAMH vice chair Mr. Lukhele that there is need to scale up awareness and develop policies on men's health.

The Times group shared an article on their online platform and had an hour radio program on the men's health meeting. The discussion was about alarming cases of men's health issues, specifically prostate cancer at the central hospitals in Malawi.

Zodiak Broadcasting Station (ZBS) a key partner aired a program highlighting it's full coverage of the stakeholder engagement meeting.



Figure 1: Nations Publications Limited article in the print media

[https://www.facebook.com/watch/live/?ref=watch\\_permalink&v=8703540263082563](https://www.facebook.com/watch/live/?ref=watch_permalink&v=8703540263082563)  
Link to the Times Group online, television and radio program

[https://m.facebook.com/story.php?story\\_fbid=1000020912311167&id=100069098034320](https://m.facebook.com/story.php?story_fbid=1000020912311167&id=100069098034320)  
Link to the Times 360 Facebook Post

<https://www.facebook.com/share/19bPmgfdvy/?mibextid=wwXIfr>  
<https://www.facebook.com/share/v/1ECqbq2yWk/?mibextid=wwXIfr>  
Links to the Zodiak Broadcasting Station Online Post

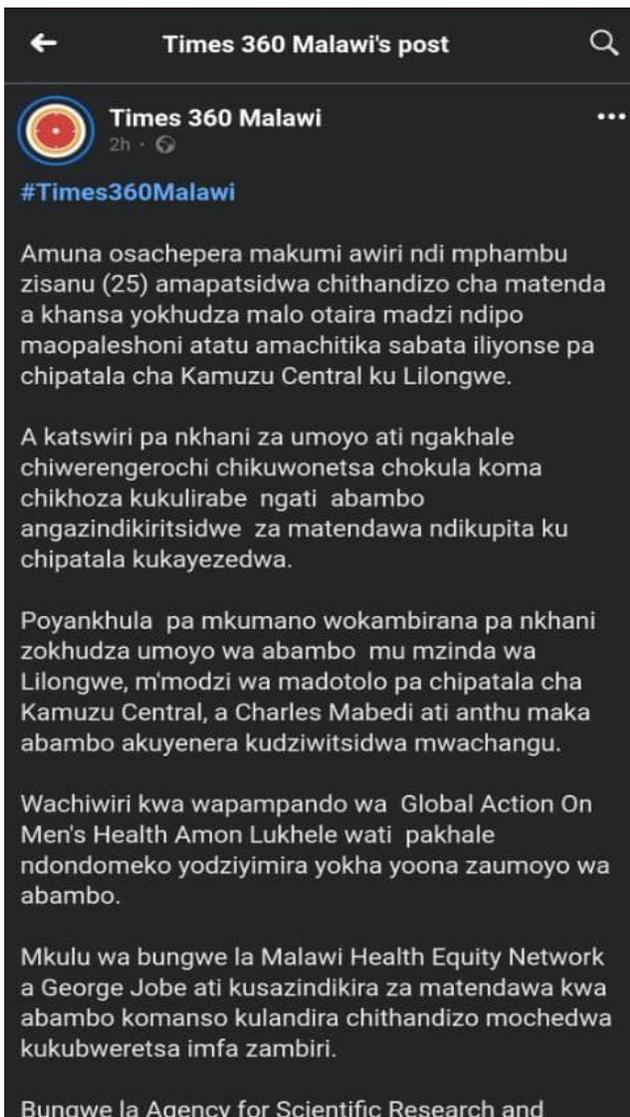


Figure 2: Times Group Online post in Malawian local language

## CONCLUSION

The meeting concluded that Malawian men face significant health challenges due to low awareness, cultural stigma, and systemic neglect. Prostate cancer and mental health require urgent attention. By addressing knowledge gaps, improving access, and strengthening policies, Malawi can reduce preventable male mortality and promote healthier communities. The stakeholders agreed on the need for a coordinated effort on an initiative to raise awareness on Men's Health national wide. The participants agreed on continued engagement using online platforms like WhatsApp while efforts are being made to initiate the awareness program. Media coverage has been good and the initiative has been widely welcomed covered in the local print media and their online platforms in addition, the meeting has also initiated wider debate at a national level.

## ANNEX

### a. Guiding Questions

Listed were the 10 guiding questions that were used during the FGDs:

#### **a. General Men's Health Awareness**

1. What do you believe are the most pressing men's health issues in Malawi, and why?
2. How familiar are you with the common risk factors for prostate cancer, and do you think these are well understood by the general public?

#### **b. Prostate Cancer-Specific Knowledge**

3. What are the early signs and symptoms of prostate cancer, and how can men recognize them?
4. At what age do you think men should start considering prostate cancer screening, and what factors influence this decision?
5. What are some of the misconceptions or myths about prostate cancer that you've encountered, and how can we address them?

#### **c. Barriers to Care and Awareness**

6. What do you think are the biggest barriers preventing men from seeking information or care for prostate cancer?
7. How can we better engage men in conversations about their health, particularly regarding sensitive issues like prostate cancer?

#### **d. Organizational Role**

8. What role do you think media and organizations can play in raising awareness about prostate cancer and men's health?
9. Are there any existing programs or initiatives in Malawi that focus on men's health, and how effective do you think they are?

#### **e. Future Directions**

10. If we were to design a campaign or program to improve men's health literacy, particularly around prostate cancer, what key elements would you include?

**b. Photo Gallery**



*Figure 3: Group Photo*



*Figure 4: Dr. Mathildah Chithila Munthali Presenting*



Figure 5: Dr. Charles Mabedi Presenting



Figure 6: Steven Mlangiza from MOTO presenting

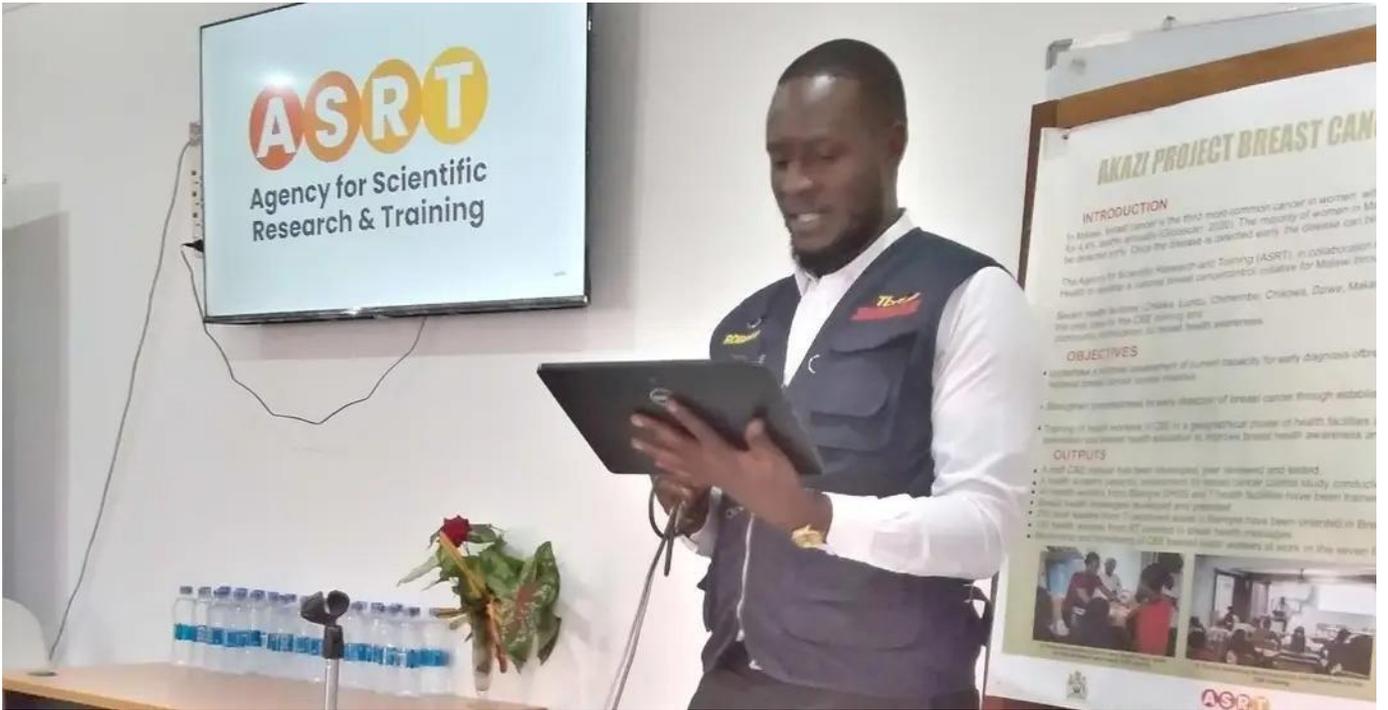


Figure 7: Robert Kalua from ZBS Presenting



Figure 8: Amon Lukhele presenting



*Figure 9: Group 1 having the stakeholder engagement session*



*Figure 10: Group 2 having the stakeholder engagement session*



*Figure 11: Group 3 having the stakeholder engagement session*



*Figure 12: The set-up before the meeting commenced*