



MEN'S HEALTH

Men's health goes beyond physical fitness, it includes mental, emotional, and overall wellbeing. Prioritising regular check-ups, healthy lifestyle choices, mental health support, and open conversations empowers men to live healthier, more balanced lives.



WHY THIS GUIDE EXISTS

South African men die younger than women. They present at clinics later, are diagnosed at more advanced disease stages, and carry a disproportionate burden of preventable conditions. This is not biology alone, it is behaviour, access, stigma, and a healthcare system that has historically not built its front door for men.

This guide provides a comprehensive, evidence-based roadmap of health checks, screenings, and tests that South African boys and men should undergo at every life stage. It is designed for parents, educators, healthcare workers, and men themselves.

Critically, it accounts for the biological and epidemiological differences across South Africa's four official population groups because the data is clear: race matters in health risk, even when we wish it did not.

45%

of South African men have hypertension. **Over 4.6 million South Africans live with diabetes.** Prostate cancer is the most common cancer in South African men yet most Black African men have never heard of it before diagnosis. HIV, TB, and depression remain chronically underscreened and undertreated. Regular testing saves lives. This guide tells you what to test, and when.

POPULATION GROUP RISK PROFILE:

WHAT THE EVIDENCE SHOWS

The following table summarises relative disease risk by population group, drawing on South African national health surveys, the **SADHS, SANHANES**, and peer-reviewed studies. Use this to understand elevated risk requiring earlier or more frequent screening.

Condition / Risk	Black African	Coloured	Indian / Asian	White
Diabetes	HIGH ↑↑	HIGH ↑↑	VERY HIGH ↑↑↑	Moderate
Hypertension	HIGH ↑↑	VERY HIGH ↑↑↑	HIGH ↑↑	Moderate-High
Cholesterol (LDL)	Lower risk	Elevated ↑	Elevated ↑	Elevated ↑
Prostate Cancer	HIGH ↑↑ (aggressive, late dx)	Moderate	Moderate	Moderate
HIV / TB	VERY HIGH ↑↑↑	HIGH ↑↑	HIGH ↑↑	Lower
Stroke / CVD	HIGH ↑↑	HIGH ↑↑ (angina 15%)	HIGH ↑↑ (angina 15%)	Moderate
Obesity	HIGH ↑↑	HIGH ↑↑	HIGH ↑↑	Moderate
Arthritis	Moderate	Moderate	Lower	Moderate
Mental Health / Depression	Similar across groups — men universally underdiagnosed		VERY HIGH ↑↑↑	
Alcohol / Substance Use	Moderate	HIGH ↑↑	Lower	Moderate-High

SOURCES:

SADHS 2016; SANHANES 2012/13; Peer et al. 2018 (PMC6160009); Annals of Global Health 2019; PMC8671114; PMC9983285

AGE 16–24: THE FOUNDATION YEARS

This is the age of invincibility and the age when the most preventable damage begins. HIV infection, substance use, undiagnosed mental health conditions, and sexual health risks all spike in this window. Most young men have never seen a doctor voluntarily.

UNIVERSAL SCREENINGS (ALL POPULATION GROUPS)

Test / Screen	Frequency	Purpose
Blood pressure	At least once; annually if elevated	Baseline; hypertension increasingly common in young SA men
HIV test	Annually if sexually active; every 3–6 months if high risk	SA has one of the world's highest HIV burdens
STI screen (syphilis, gonorrhoea, chlamydia)	Annually if sexually active	High prevalence, often asymptomatic in men
TB symptom screen	Annually (GP visit); test if symptomatic	SA is a high TB burden country
Testicular self-exam	Monthly self-exam; GP exam annually	Peak age for testicular cancer: 15–40
Mental health / depression screen (PHQ-9)	Annually or at any distress presentation	Men 5x more likely to die by suicide; severely underscreened
BMI / weight	Annually	Foundation for metabolic risk tracking
Vision & hearing	Baseline at 16–18; repeat if symptomatic	Often missed; affects educational and occupational outcomes
Dental health	Every 6–12 months	Oral health linked to cardiovascular and systemic disease
Vaccinations (HPV, Hep B, Td)	As per national EPI schedule; catch-up if missed	HPV causes cancers in men; often not offered to boys

POPULATION GROUP SPECIFIC AGES 16-24

Group	Additional Focus	Reason
Black African	HIV (6-monthly if high risk), TB, substance use screen	Highest HIV/TB burden; socioeconomic stress factors
Coloured	Alcohol & substance use screen, blood pressure	Highest substance use rates in SA; early hypertension onset
Indian / Asian	Blood glucose baseline, dietary assessment	Highest diabetes risk; metabolic syndrome starts early
White	Mental health, alcohol use, cholesterol baseline	Higher alcohol use; depression underreported

PARENTING NOTE — AGES 16-24

The single most powerful intervention at this age is normalising help-seeking. If a boy sees his father attend a clinic, discuss a health concern, or speak openly about mental health, the likelihood of him doing the same doubles. Model the behaviour.

AGE 25-35: THE STRESS DECADE

Career pressure, financial stress, relationship formation, and fatherhood collide in this decade. Men in this age group are the most likely to ignore symptoms, avoid doctors, and self-medicate. Metabolic disease begins to take root. HIV and STI risk remain high for many.



UNIVERSAL SCREENINGS (ALL POPULATION GROUPS)

Test / Screen	Frequency	Purpose
Blood pressure	Every 2 years if normal; annually if elevated or family history	45% SA men have hypertension; many undiagnosed
Cholesterol panel (fasting lipids)	Baseline at 25; every 5 years if normal	CVD risk begins accumulating silently now
Blood glucose (fasting)	Every 3 years; annually with risk factors	Diabetes diagnosis often delayed by 5–7 years
HIV test	Annually if any sexual risk; 3-monthly if high risk	High transmission window; treatment now highly effective
STI screen	Annually if sexually active with multiple partners	Gonorrhoea, syphilis, chlamydia often asymptomatic
TB symptom screen / Mantoux	Annually in high-risk settings; at any cough >2 weeks	SA TB burden remains among world's highest
Testicular self-exam	Monthly; GP exam at annual check-up	Testicular cancer: 1 in 2000 SA men, primarily this age range
Mental health screen (PHQ-9 / K10)	Annually; any presentation with fatigue, sleep, or substance issues	Depression and anxiety peak in occupational stress years
BMI + waist circumference	Annually	Central adiposity is stronger predictor of CVD than BMI alone
Skin check (full body)	Every 2–3 years	Especially outdoors workers
Dental	Every 6–12 months	Periodontal disease links to CVD and diabetes

POPULATION GROUP SPECIFIC – AGES 25–35

Group	Additional Focus	Reason
Black African	HIV (6-monthly if active risk), blood pressure, stress/mental health, TB	Leading causes of death in this group are HIV and CVD; financial stress a major mental health driver
Coloured	Blood pressure (annual), alcohol screen (AUDIT), substance use, liver function	Highest hypertension and substance use rates; highest angina prevalence in older years begins here
Indian / Asian	Blood glucose (annual), fasting insulin, lipid panel (annual), BMI + waist	4x higher diabetes odds vs white men; metabolic syndrome most prevalent here
White	Cholesterol (annual if elevated), skin cancer screen (annual), mental health	Melanoma risk; elevated cholesterol; depression underreported in professional men

AGE 36-40: THE WARNING WINDOW

This is the decade where silent killers announce themselves. Blood pressure that has been elevated for years causes its first event. Diabetes that was pre-diabetic crystallises. Men who die at 50 often received their first warning signs here and ignored them.

UNIVERSAL SCREENINGS (ALL POPULATION GROUPS)

Test / Screen	Frequency	Purpose
Blood pressure	Annually	Hypertension management critical now
Full lipid panel (fasting)	Every 2-3 years; annually if elevated	Atherosclerosis accumulates through this decade
Blood glucose + HbA1c	Every 2-3 years; annually with risk factors	HbA1c gives 3-month average; better diagnostic than single glucose
PSA (Prostate Specific Antigen)	Discuss with GP from age 40 if high-risk (Black African, family history)	Black African men: PSA screen from 40 recommended by SA Council for Medical Schemes
ECG (resting)	Baseline recommended at 40; or earlier with family history of heart disease	Detects arrhythmias, conduction abnormalities, prior silent MI
Full blood count (FBC)	Every 2-3 years	Screens anaemia, infection, haematological issues
Liver function tests (LFT)	Every 3 years; annually with alcohol use or obesity	NAFLD (fatty liver) rising sharply in SA men
Kidney function (eGFR, creatinine)	Every 3 years	Hypertension and diabetes damage kidneys silently
HIV test	Annually if any risk; ongoing ART monitoring if positive	ART management and adherence critical from this age
Thyroid function (TSH)	Baseline; retest if symptomatic (fatigue, weight gain, mood)	Often missed in men; affects energy, mood, metabolism
Mental health + sleep screen	Annually	Depression rates rise in men post-35; sleep apnoea common and undiagnosed
Colorectal cancer (stool occult blood)	From 40 if high risk (family history); from 45 standard	Colorectal cancer 3rd most common in SA men
Eye exam (glaucoma, diabetic retinopathy)	Every 2 years	Glaucoma higher in Black African men; diabetic retinopathy screen critical with diabetes

POPULATION GROUP SPECIFIC — AGES 36-40

Group	Additional Focus	Reason
Black African	PSA from age 40 (earlier than other groups), blood pressure monthly if hypertensive, HIV status + ART adherence, ECG	Black African men present with prostate cancer at more aggressive stages; hypertension mortality peak is 40s-50s
Coloured	Blood pressure (monthly if hypertensive), liver function, ECG, substance use review	Highest hypertension burden; alcohol-related liver disease; CVD event risk rising sharply
Indian / Asian	HbA1c (annual), full lipid panel (annual), kidney function, eye exam (diabetic retinopathy)	Diabetes complications — retinopathy, nephropathy — peak in this window; cholesterol management critical
White	Skin cancer check (annual), cholesterol (annual if elevated), melanoma mapping	Highest melanoma risk; lipid management important from this decade

THE PSA CONVERSATION FOR BLACK AFRICAN MEN

South Africa's Council for Medical Schemes recommends PSA screening from age 40 for men with a life expectancy of 10+ years and risk factors, including being Black African. Most Black African men with prostate cancer have never heard of the disease before diagnosis. Early detection changes the outcome from incurable to curable.

AGE 40–50: THE DECADE OF RECKONING

This is where South African men die. The data is unambiguous. Cardiovascular disease, hypertensive crisis, unmanaged diabetes, advanced prostate cancer, and suicide cluster in this decade. It is not inevitable. It is a consequence of a decade of ignored warning signs and a fixable one.

UNIVERSAL SCREENINGS (ALL POPULATION GROUPS)

Test / Screen	Frequency	Purpose
Blood pressure	Every 3–6 months	Target: below 130/80; home monitoring recommended
Full lipid panel	Annually	LDL, HDL, triglycerides, total cholesterol — full picture
HbA1c + fasting glucose	Annually	Diabetes management; pre-diabetes intervention window
PSA + Digital Rectal Exam (DRE)	Annually from 45; from 40 if Black African or family history	1 in 18 SA men diagnosed with prostate cancer; DRE catches what PSA misses
ECG	Annually	Silent MI detection; arrhythmia monitoring
Stress ECG (exercise tolerance test)	Every 2–3 years if cardiac risk factors	Coronary artery disease detection under load
Colorectal cancer (colonoscopy)	From 45 (standard); from 40 with family history or symptoms	Polyps found early are curative; advanced colorectal cancer is not
Full blood count + metabolic panel	Annually	Anaemia, kidney function, liver, electrolytes
Liver function + hepatitis B/C screen	Annually	NAFLD, cirrhosis, hepatitis — all rising in SA men
Testosterone (total & free)	Baseline at 40; retest if symptomatic	Andropause / hypogonadism: fatigue, mood, libido, muscle loss
Mental health + alcohol screen	Annually	Suicide rates peak in 40s–50s in SA men; alcohol abuse often co-morbid
Sleep study (polysomnography / home test)	If symptomatic: snoring, fatigue, apnoeic episodes	Sleep apnoea independently increases CVD, hypertension, and diabetes risk
Eye exam (full)	Every 2 years	Glaucoma, cataracts, diabetic retinopathy
Dental + periodontal	Every 6 months	Periodontal disease correlates strongly with CVD and diabetes
HIV + ART monitoring	6-monthly if positive and on ART; annually if negative but at risk	Prostate cancer rates now being studied in HIV-positive men on long-term ART

POPULATION GROUP SPECIFIC — AGES 40-50

Group	Additional Focus	Reason
Black African	PSA annually from 40, blood pressure fortnightly if hypertensive, HIV/ART adherence, mental health (financial stress intersection), TB	Prostate cancer most aggressive in this group; hypertensive stroke kills more Black African men in their 40s than any other cause
Coloured	Liver function, ECG, alcohol review (AUDIT-C), blood pressure, stroke risk assessment (CHA2DS2-VASc)	Highest stroke and angina rates; alcohol-related liver disease; CVD event risk highest in this decade
Indian / Asian	HbA1c quarterly if diabetic, full kidney function, eye exam annually, foot exam (diabetic neuropathy), cardiac stress test	Diabetes complications — nephropathy, neuropathy, retinopathy — are fully active; cardiac risk through cholesterol and insulin resistance
White	Skin cancer (annual dermatology), colonoscopy from 45, cholesterol management, mental health (executive stress, alcohol)	Colorectal cancer and melanoma; alcohol-related conditions; depression in high-achieving professional men



AGE 50–60: THE MEN WE LOSE

Chapter reference: 'The Men We Lose at 50.' This is the decade of highest mortality in South African men. The diseases of the previous decades now demand clinical attention. Men who have not screened before need to start immediately. Men who have screened need to intensify monitoring.

UNIVERSAL SCREENINGS (ALL POPULATION GROUPS)

Test / Screen	Frequency	Purpose
Blood pressure	Monthly (home monitor); quarterly GP review	Hypertensive crisis risk is highest here
Full lipid panel	Every 6 months	Statin therapy monitoring; CVD risk management
HbA1c + glucose	Every 3–6 months if diabetic; annually if not	Diabetes complications prevention
PSA + DRE	Annually	Prostate cancer median diagnosis age in SA: 66–71; screening window is now
Colonoscopy	Every 3–10 years depending on prior results	Colorectal cancer risk peaks in this decade
ECG + cardiac risk assessment	Annually	SCORE2 or Framingham risk scoring recommended
Stress ECG / coronary calcium score	Every 2–3 years or as directed	Subclinical coronary artery disease detection
Chest X-ray or CT (lung cancer)	Annual low-dose CT if >20 pack-year smoking history	Lung cancer: 4th leading cancer in SA men; often diagnosed late
Bone density (DEXA)	Baseline at 50–55, especially if low testosterone or on steroids	Osteoporosis underdiagnosed in men; fracture risk real from 50s
Testosterone (total & free)	Annually if symptomatic; monitoring if on TRT	Andropause management; bone, muscle, mood, libido
Kidney function + urine albumin	Annually	Hypertensive and diabetic nephropathy peaks here
Liver function + ultrasound	Annually	Cirrhosis, NAFLD, hepatic carcinoma risk
Mental health + suicide risk	Annually; any behavioural change	Peak decade for male suicide in SA; grief, loss, retirement transitions
Vision (full ophthalmology)	Annually	Glaucoma, macular degeneration, cataracts
Hearing test (audiogram)	Every 2 years	Occupational hearing loss common; affects cognitive and social health
Skin cancer (dermatology)	Annually	Cumulative UV damage manifests here

POPULATION GROUP SPECIFIC — AGES 50-60

Group	Additional Focus	Reason
Black African	PSA with urology referral if elevated, hypertension management (target <130/80), HIV long-term monitoring, prostate cancer awareness	Black African men present with prostate cancer at PSA >20ng/ml on average; hypertensive stroke mortality highest in this decade
Coloured	Cardiac risk scoring (annual), liver ultrasound, stroke history review, alcohol cessation support, blood pressure (fortnightly)	85% hypertension prevalence in older Coloured adults; 15% stroke/angina — highest of any group
Indian / Asian	Comprehensive diabetes review (quarterly), cardiac CT, kidney function (eGFR), foot and eye specialist annually, arthritis management	Highest diabetes (24.4%) and arthritis (43.5%) rates; multimorbidity is the rule not the exception
White	Colonoscopy, skin (annual dermatology), lung CT if smoker, cholesterol management, cognitive screen	Colorectal and melanoma risk; highest cognitive functioning scores also mean earlier detection of decline



AGE 60-70+: DIGNITY IN LONGEVITY

The goal here shifts from prevention to management, early detection of age-related decline, and quality of life. South African men who reach 65 in reasonable health can live well into their 80s. The screenings at this stage are about protecting that trajectory.

UNIVERSAL SCREENINGS (ALL POPULATION GROUPS)

Test / Screen	Frequency	Purpose
Blood pressure	Monthly (home); 3-monthly GP	Hypertension management; avoid hypotension from overmedication
Full metabolic panel (glucose, lipids, kidney, liver)	Every 6 months	Integrated chronic disease monitoring
PSA + DRE	Annually (discontinue after 75-80 depending on health status and life expectancy)	Active monitoring; treatment decisions depend on age and comorbidities
Colonoscopy	Every 3-5 years (stop at 85)	Colorectal cancer detection
ECG + cardiac review	Every 6 months	Atrial fibrillation, heart failure, arrhythmia management
Bone density (DEXA)	Every 2 years	Fracture prevention; osteoporosis management
Cognitive screen (MMSE / MoCA)	Annually from 65	Early dementia and Alzheimer's detection
Depression + anxiety screen	Annually	Post-retirement identity crisis; grief and isolation are major drivers
Hearing (audiogram)	Annually	Hearing loss linked to cognitive decline and social isolation
Vision (ophthalmology)	Annually	Glaucoma, cataracts, macular degeneration — all treatable if caught
Falls risk assessment	Annually	Muscle weakness, balance, medication side effects — leading cause of injury in elderly men
Prostate + bladder function	Annually (IPSS score)	BPH (benign prostatic hyperplasia) affects most men over 60; treatable
Abdominal aortic aneurysm (AAA) ultrasound	Once at 65 if ever smoked	Rupture risk; often silent; one-time screen is cost-effective
Skin cancer	Annually	Risk does not plateau
Dental	Every 6 months	Tooth loss linked to malnutrition, CVD, dementia
Vaccinations (flu, pneumococcal, shingles, COVID)	Annual flu; once-off pneumococcal; shingles from 60	Immune senescence makes these diseases more dangerous

POPULATION GROUP SPECIFIC — AGES 60-70+

Group	Additional Focus	Reason
Black African	PSA + urology (active prostate cancer management), HIV long-term ART review, hypertension and kidney function, cognitive screen	Prostate cancer aggressive disease burden; HIV-positive men on long-term ART entering new health territory; kidney damage from decades of hypertension
Coloured	Cardiac management, stroke rehabilitation review, oral health, grip strength testing, alcohol abstinence support	Highest stroke prevalence; lowest grip strength (55.3%) of any group — indicator of frailty and mortality risk
Indian / Asian	Comprehensive diabetes management (quarterly), kidney function (renal specialist if eGFR declining), eye + foot specialists, arthritis management, functional disability assessment	Highest functional disability (29.1%) and diabetes (24.4%); arthritis management critical for quality of life
White	Cognitive screen (annual from 65), skin (dermatology), colonoscopy, cardiac monitoring, mental health (isolation, post-retirement identity)	Highest cognitive scores correlate with earlier detection of decline; melanoma risk continues; social isolation post-retirement is a depression driver



MENTAL HEALTH: THE SCREEN EVERY MAN NEEDS

Mental health is listed in every age bracket above, but it deserves its own section. South African men are five times more likely to die by suicide than women. They are significantly less likely to seek help. Depression, anxiety, trauma, and substance abuse are the shadow diagnoses behind the cardiovascular events, the accidents, and the absences.

Test / Screen	Frequency	Purpose
PHQ-9	Depression severity (9-item)	Annual screen from age 16; any fatigue, sleep, or mood concern
GAD-7	Anxiety severity	Alongside PHQ-9; high comorbidity
AUDIT-C	Alcohol use disorder	Any man with elevated CVD, liver, or behaviour concerns
CRAFFT / ASSIST	Substance use (cannabis, stimulants)	Ages 16–24 primarily; any suspected poly-substance use
K10 (Kessler)	Psychological distress	Population-level screening; used in SA occupational health settings
PTSD Checklist (PCL-5)	Post-traumatic stress	Men with violent trauma exposure, crime victimisation, or combat history
Columbia Suicide Severity Rating Scale	Suicide risk	Any man presenting with hopelessness, withdrawal, or passive suicidal ideation
MoCA / MMSE	Cognitive function	From age 65; or earlier if memory concerns raised

THE RULE NO MAN SHOULD BREAK

If a man has not had a health check in more than 2 years, one test takes priority above all others: go and sit in front of a doctor. Not the pharmacy. Not the internet. A doctor. Everything else follows from that conversation.

Test	16-24	25-35	36-40	40-50	50-60	60-70+
Blood pressure	Baseline + annual	Every 2 yrs	Annual	3-6 monthly	Monthly/ quarterly	Monthly
HIV test	Annual (high risk: 3-monthly)	Annual	Annual	Annual	Annual	Annual if at risk
Cholesterol (fasting lipids)	—	Baseline at 25	Every 2-3 yrs	Annual	6-monthly	6-monthly
Blood glucose / HbA1c	—	Every 3 yrs	Every 2-3 yrs	Annual	3-6 monthly	6-monthly
PSA / Prostate	—	—	From 40 if Black African	Annual from 45 (40 if high risk)	Annual	Annual (to age 75-80)
Colonoscopy	—	—	From 40 if family hx	From 45	Every 3-10 yrs	Every 3-5 yrs
Mental health screen	Annual	Annual	Annual	Annual	Annual	Annual
Testicular exam	Monthly self + annual GP	Monthly self + annual GP	Annual GP	Annual GP	Annual GP	Annual GP
ECC	—	—	Baseline at 40	Annual	Annual	6-monthly
Bone density (DEXA)	—	—	—	—	Baseline 50-55	Every 2 yrs
Cognitive screen	—	—	—	—	—	Annual from 65
Testosterone	—	—	Baseline if symptomatic	Annual if symptomatic	Annual	Annual