

Corresponding author mail id:- james.smith@menzies.edu.au

Equity, gender and health: New directions for global men's health promotion

James A. Smith^{1,2}, Daphne C. Watkins² & Derek M. Griffith³

1. Wellbeing and Preventable Chronic Diseases Division, Menzies School of Health Research, Darwin, Northern Territory, Australia
2. Vivian A. and James L. Curtis School of Social Work Center for Health Equity Research and Training, University of Michigan, Ann Arbor, Michigan, United States
3. Center for Research in Men's Health, Vanderbilt University, Nashville, Tennessee, United States

Introduction

The Ottawa Charter emphasised the importance of building healthy public policy as a central pillar of health promotion action. Gender and equity have often been a key focus of public health policy development and implementation at local, national and international levels. At a global level, the United Nation's Millennium Development Goals (MDGs), and subsequent Sustainable Development Goals (SDGs), have provided international health policy direction in this space for the past two decades [1-2]. The SDGs will continue to do so for the next ten years [2]. Indeed, a goal of the MDGs was to 'promote gender equality and empower women', and a follow-up goal of the SDGs is to strive for 'gender equality' [1-2]. A similar reference to gender equity and gender mainstreaming was included as a chapter in the final report of the World Health Organization's Commission on Social Determinants of Health [3]. However, global health promotion advocacy, research, policy and practice efforts addressing the nexus between equity, gender and health have typically focused on women and children's health from an explicit *gender equity* lens [1-4].

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The World Health Organization has occasionally embraced commentary about men and boys [5-7]; however, this has usually sat at the periphery of gender equity discussions. There have also been notable achievements in relation to the development of national men's health policies in Ireland, Australia, Iran and Brazil [8], but these policy levers are far less influential than the broader global gender equity policy discourse which has either positioned men and masculinities in a negative way; or failed to acknowledge men at all [1-3, 9-10]. Paying greater attention to alternative strengths-based narratives about boys and men is an important health promotion strategy to influence improved health outcomes for both men and women. This editorial aims to explain why this is important and highlight some positive new directions for global men's health promotion based on examples from Australia and the United States.

A complex interplay between men, equity, gender and health

We recognise that men have more privilege and power than women in most industrialised societies and that this needs to change [11]. Discussion about violence against women – particularly that generated through popular and social media – has made this apparent. Much of this commentary has focused on the negative impacts of power and patriarchy, and the harms associated with men adopting hegemonic and toxic forms of masculinity [1-3, 9-10]. Most notably, the online commentary associated with the recent rape and murder of Eurydice Dixon, and familicide of Hannah Baxter and her children, has publicly exposed the most extreme acts of male violence and harm towards women and children in Australia. The #MeToo campaign emanating from the United States, in response to violence against women, has also significantly increased public awareness of, and health education about, this significant global health issue [12]. While the incidents that have led to this recent community mobilization should never have happened, this public awakening is long overdue. It provides a new era and opportunity to address public policy limitations, and to reframe the way we approach gender equity and other social determinants of health, and the subsequent positioning of men and masculinities.

Policy discourses on gender equity have often perpetuated an unproductive binary between men's health and women's health, which has failed to address the fluidity of gender-relations [6, 13-15]. This has often ignored the structural and systemic issues that men, women and non-binary individuals are required to navigate to meet their collective health and wellbeing needs [4, 6, 13, 15]. The dualistic framing of gender equity has also been problematic for acknowledging and addressing the complex health and social inequities faced by marginalised groups of men, particularly those relating to race, age,

sexuality, socio-economic status, geography and disability [4, 16]. As a direct result, a more concerted and nuanced focus on health equity in the context men's health has emerged in public health scholarship over the past decade [17-22]. In particular, discussion about intersectionality – a need to better understand 'the complex web of conditions that help shape the lives and health of men' (Griffith et al 2019) – has increased exponentially [17-18, 20, 22-24], with a special issue on this topic due to be published in the *International Journal of Men's Social and Community Health* later this year. Patterns of health outcomes that reflect the intersection of gender and markers of marginalisation (e.g., race, ethnicity, lower socio-economic status, rurality) rarely get mentioned or receive attention in global policy documents [7, 11, 21, 25-26]. This is problematic, as these health inequities are intricately linked to the gendered inequities that affect women and girls, and the overall health and well-being of populations. Gender, therefore, is a fluid dynamic that needs to be understood within the context of other social, cultural, economic and political determinants of health.

We recognise, as have others, that a missing element of the gender policy discourse on health equity is the central position of boys and men [13, 27-28]. In particular, scholarship about the need for boys and men to resist and call out unhealthy hegemonic and toxic masculine norms – particularly those who use violence against women – has emerged [10, 12, 29-30]. This has been a central feature of theoretical and conceptual discussion in men's health promotion scholarship as well [27, 31-34]. A broader acknowledgement of alternative and multiple masculinities, particularly among marginalised groups of men, has subsequently been advocated [20, 27, 35-38]. This is a critical factor for improving gender equity – and ultimately improving population health outcomes [11, 29-30].

Until a more comprehensive discussion and acknowledgment of masculinities and men is embedded in national and global health policy discourses [8, 39], and gender-relations elements and intersectionality are discussed in an open and transparent manner [11, 17, 23, 40-41], there is minimal likelihood of achieving gender equity, health equity, or optimal population health [15-16]. A balanced and honest discussion about the strengths of alternative masculinities, in comparison to the more frequently used deficit discussions about gender norms that are tied to hegemonic and toxic masculinity, provides a new and important direction for men's health promotion. While it has taken over a decade for this concept to take traction [15, 21, 31-32, 34], we are now starting to see research emerge that can help guide men's health promotion policy and practice responses in more productive ways. We briefly summarise three research projects that each of the authors have led in either Australia or the United States to

illustrate this shift in understanding. Importantly, these approaches adopt an explicit strengths-based position that aims to advance health equity in men's health.

Research examples that inform new directions in promoting global men's health equity

Example 1 – Health literacy among young Aboriginal and Torres Strait Islander males

Aboriginal and Torres Strait Islander males have some of the worst health outcomes of any population in Australia [25, 42-44]. A recent project funded by the Lowitja Institute turned its attention to the health literacy of young Aboriginal and Torres Strait Islander males in the Northern Territory. It aimed to understand the interplay between health literacy, gender and cultural identity for this marginalised population [45]. It used a combination of yarning sessions and an innovative Facebook Photovoice approach to achieve this goal [45]. Findings revealed that Aboriginal and Torres Strait Islander males conceptualise and negotiate health from both Western and Aboriginal paradigms and are constantly resisting and embracing different constructions of masculinity – sometimes simultaneously [45]. This is consistent with other national and international research that has emphasised the importance of understanding Indigenous and Black masculinities [20, 35-37,46-47]. Within an Australian health promotion context this means adopting more nuanced approaches to Indigenous masculinities when developing gender sensitive, culturally appropriate, and contextually relevant interventions and strategies tailored to the needs of young Aboriginal and Torres Strait Islander males. Outreach health promotion efforts that incorporate a deeper focus on relationships between friends, family and the broader community are particularly important [45]. Opportunities for the intergenerational exchange of cultural knowledge are also highly valued [45]. Embracing emerging social media platforms as a means to engage and interact with this population about their health and wellbeing also has significant potential [45]. As such, there is potential to learn from online health interventions with young Black men in the United States, especially those relating to mental health [48-49].

Example 2 – The YBMen Project

In the United States, young Black men (ages 18 to 30) experience mental health challenges due to their exposure to a greater frequency and severity of psychosocial stressors compared to other young men [16, 37, 50-51]. The Young Black Men, Masculinities, and Mental Health (YBMen) project was created to address these complex intersections through an educational and social support program specifically designed by and for young Black men [37, 48]. This culturally-sensitive, age-appropriate, and gender-specific program uses a private social media group (e.g., Facebook, Instagram, etc.) to provide mental

health education and social support to young Black men by facilitating online discussions about mental health, manhood, and social support using prompts from popular culture and current news headlines. The research design for the YBMen project is a quasi-experimental, mixed methods design in which the YBMen project team partners with schools and community groups to adapt the program content to specific subgroups of Black men. The duration of the YBMen intervention is between two and six weeks long; though the final program length and content are determined by the YBMen team and partners. Baseline and post-intervention surveys and interview data are collected from participants to determine change over time. During week 1, participants are introduced to the YBMen group and oriented to the style and format of the intervention. This is to get participants acclimated to the social media group and build an online “community”. During week 2, participants receive content on Black masculinity and are familiarized with the idea that multiple masculinities exist for men beyond rigidly defined gender roles. During week 3 participants receive mental health education and awareness materials to increase their mental health literacy. Week 4 covers “social support”, “wellbeing”, and “coping” to teach participants about topics related to their social support, well-being, and coping strategies. Week 5 concludes the program with a review of content from previous weeks and participants’ plans for moving forward. A comparison of baseline and post-intervention data revealed improved mental health, progressive definitions of manhood, and increased social support for participants. Additionally, the YBMen project harnesses this information to improve future engagement efforts and health programming for Black men. Emerging recommendations from the YBMen project relate to leveraging social media and technology; accounting for intersectionality; giving vulnerable sub-groups of Black men specialised attention; and situating our work with Black men in the places where they live, learn, and work [37, 52-54]. More information can be found at <https://www.ybmenproject.com/>.

Example 3 – Mighty Men: A Faith-based Weight Loss Intervention to Reduce Cancer Disparities

In addition to the mental health needs of Black men already noted above, they also face high rates of cancer, heart disease and other chronic diseases related to obesity [55]. Yet, relatively few programs have focused on the ways that race and gender intersect to affect weight loss, physical activity and diet change among African-American men [56-57]. African American men have higher rates of developing and dying from cancers associated with obesity, poor diet and physical inactivity than White men, White women and African American women. This led to the development of Mighty Men - a six-month faith-based weight loss intervention for African-American men aged 35-74 years [58]. The primary focus was to help men lose weight and maintain weight loss by focusing on increasing weekly levels of healthier

eating and leisure time physical activity. *Mighty Men* is a 6-month weight loss intervention that includes four components: (a) tailored goals/ messages (via SMS text message), (b) self-monitoring (via wearable device (Fitbit) and SMS text messages), (c) small group training and education and (d) educational and community-based information and resources. For African American men in this age group, we found that adhering to busy work schedules, striving for success in their careers, seeking to fulfill the role of financial provider, balancing family time and responsibilities, and being active in their community were critical priorities that were congruent with their phase of life and more valued than making time to engage in healthy eating or physical activity [58]. Our tailored motivational messages help to counter these norms by helping men to recognise and identify ways to create and maintain a healthy lifestyle and fulfill these important roles. In addition to motivational messages tailored to manhood, *Mighty Men* participants focus on four main behaviour change goals designed to produce an energy deficit [59]. *Mighty Men* is an example of the importance of utilising an intersectional approach to understand the unique ways that programs, policies and institutions can promote the health and well-being of men who are African American, adult, male, and of a certain age or phase of life. *Mighty Men* is based on strengths and aspirations of African American men rather than the negative images and narratives that plague discussions of these men and their health [59].

Conclusion

This editorial argues that a greater focus on equity, gender and health is required to advance men's health promotion globally. We have identified some of the barriers that have prevented the men's health promotion agenda to flourish; and have also provided a snapshot of emerging research and programs that have started to examine the intersections between race, age, and gender among some of the most groups of men in Australia and the United States. This reflects a timely transition in men's health promotion – and one that resonates much more closely with action on social determinants of health to address global health inequities. We encourage the health promotion community to embrace this new direction and to think more innovatively about alternative gender representations when developing, implementing and evaluating health promotion interventions aimed at men. This has the potential to benefit the health and wellbeing of all men, their families, and the communities in which they live and work.

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