

## Submission to the Men's Health and Wellbeing Strategy background paper



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### **About Women's Health Victoria**

Women's Health Victoria is a statewide women's health promotion, information and advocacy service. We are a non government organisation with most of our funding coming from various parts of the Victorian Department of Health. We work with health professionals and policy makers to influence and inform health policy and service delivery for women.

Our work at Women's Health Victoria is underpinned by a social model of health. We are committed to reducing inequities in health which arise from the social, economic and environmental determinants of health. These determinants are experienced differently by women and men. By incorporating a gendered approach to health promotion work that focuses on women, interventions to reduce inequality and improve health outcomes will be more effective and equitable.

Women's Health Victoria's vision is for a society that takes a proactive approach to health and wellbeing, is empowering and respectful of women and girls and takes into account the diversity of their life circumstances.

Women's Health Victoria's ways of working are guided by four principles:

- We work from a feminist framework that incorporates a rights based approach.
- We acknowledge the critical importance of an understanding of all of the determinants of health and of illness to achieving better health outcomes.
- We understand that the complexities involved in achieving better health outcomes for women require well-considered, forward thinking, multi-faceted and sustainable solutions.
- We commit to 'doing our work well'; we understand that trust and credibility result from transparent and accountable behaviours.

*Women's Health Victoria agrees to this submission being treated as a public document and the information we provide can be cited in the Men's Health and Wellbeing Strategy.*

## **1. INTRODUCTION**

Women's Health Victoria welcomes the release of the Men's Health and Wellbeing Strategy background paper. Our work is premised on the notion that women and men experience health differently and in order to be most effective, policies and programs must take into account these differences. In particular, we welcome this important and historic opportunity to develop and implement Victorian men's and women's health strategies that complement one another. Together, these have the potential to address the way in which gender influences health and wellbeing and can result in better health outcomes for both women and men, and ultimately for children.

We recognise that the foundation upon which a men's health strategy is framed will be different from that upon which a women's health strategy is based because of the different histories of development to date. The impetus from feminists for the first women's health policies was women's demand for greater knowledge and participation in their own health decision making. A significant body of knowledge and capacity in women's health has evolved from this. In addition, Women's Health Victoria has long advocated for the need for policies across the social determinants to take into account gender and therefore benefit both women and men. In 2001, we held a forum entitled *Women's Health/Men's Health – Working Together?* to focus on and generate dialogue about this issue. The time is now right to develop this next step.

It is from a standpoint of promoting and progressing a gender sensitive approach to health that we welcome the opportunity to comment on this background paper. Our expertise in respect to gender analysis, from the perspective of women's health, can be applied to the first Men's Health and Wellbeing Strategy in Victoria.

## **2. WHAT WE WOULD LIKE TO SEE IN THE MEN'S HEALTH AND WELLBEING STRATEGY**

### **2.1 A strategy that complements the Victorian Women's Health and Wellbeing Strategy**

The Men's Health and Wellbeing Strategy will be read alongside the new women's health strategy and so must complement the Women's Health and Wellbeing Strategy. While acknowledging the need to highlight that this is the first Men's Health and Wellbeing Strategy, its content should not contradict or negate the work of the women's strategy. The aims, frameworks and strategies of each strategy should be aligned. This will strengthen both and ensure that health outcomes are improved for both women and men, and therefore babies and children. The fact that the strategies are intended to complement each other should be set out explicitly in the Men's Health and Wellbeing Strategy. It is important that they are not oppositional and are not read as such.

For example, if sexual and reproductive health is included as a priority in the Women's Health and Wellbeing Strategy, then there should be some reflection of the need for men to pay attention to their own sexual and reproductive health in the men's strategy. The priority should address issues such as men's role in catching and transmitting sexually transmitted infections, and in respectful relationships. It is important to men's health to make explicit men's role in supporting their sexual partners in negotiating sex which is safe from coercion, unintended pregnancy and STI's and is non violent.

**RECOMMENDATION: The Men's Health and Wellbeing Strategy should explicitly complement the Women's Health and Wellbeing Strategy. This should be clearly stated.**

## **2.2 Acknowledgement of the principle of gender equity and its impact on men's health**

Men's health must be understood from the context of gender inequity. Inequitable and gendered power relations are played out at an interpersonal and institutional level and impact on health.<sup>1</sup>

Gendering men's health...would involve not only considering how adopting dominant masculine practices are a health hazard, but also exploring how the broader manifestations of these practices... harm men, women and children and also oppress various groups of people.<sup>2</sup>

This premise should be the foundation of the Men's Health and Wellbeing Strategy and should be clearly stated. To work from an understanding that gender equity will help to overcome 'the social inequities that result from hegemonic dominance of men over women and its health consequences' is vital.<sup>3</sup> Efforts are needed to ensure that health service providers, and others working across the spectrum of the social determinants of health, should have the capacity to consider how gender affects health.

Working only from a model which identifies the areas of greatest burden of disease for men will not provide an understanding of the health impact of inequitable and gendered power relations. We have found that the Department of Human Services Gender and Diversity Lens can be a useful tool for evaluating the impact of gender in a systematic and consistent way. It considers:

- the promotion of gender analysis and principles of diversity in program, project and policy design;
- the potential impact that a program, project and policy may have on the targeted area by taking into account the cultural and gender issues; and
- the needed adjustments in the program, project and policy components to make it culturally relevant and meet gender equity objectives for all targeted groups.<sup>4</sup>

The lens is acknowledged at page 4 of the background paper, but should be included in the section 'what works to improve men's health'. Investment in building capacity including training should be funded to ensure that service providers and policy makers have the capacity and resources to use the lens systematically and effectively. In addition, a robust evaluation process of the outcomes of this approach should be developed and funded.

**RECOMMENDATION: The strategy should be based on the notion that gender impacts on health. The effect of gender inequity on men's health should be clearly stated.**

**RECOMMENDATION: The DHS Gender and Diversity Lens should be promoted as a key tool to address gender inequity to improve health. Its implementation should be a requirement across the social determinants of health in policy development and service delivery.**

**RECOMMENDATION: That funding be allocated to build workforce capacity across policy and service delivery to connect gender inequity and health (for example, training on the use of the Gender and Diversity Lens).**

**RECOMMENDATION: That funding be made available to evaluate outcomes for the application of the Gender and Diversity Lens.**

### **2.3 Inclusion and interrogation of masculinity as a factor that influences men's health**

'Masculinity' is a construct that is central to men's health. Women's Health Victoria would like to see an acknowledgment of the role that masculinity plays in health behaviours and outcomes, and critical analysis of this key concept. This should be a guiding principle for the strategy and could be incorporated into the 'gender perspective' principle.

The background paper does include discussion of gender and masculinities but this should be explored in more depth. Consideration of gender and masculinities should form the basis of the strategy itself because 'the masculine stereotype does not allow men to seek help and access health care, even if help is needed and is potentially available for them'.<sup>5</sup> It has been noted that:

If men's health could be afforded the same level of gender-based critique seen in women's health, then a more robust health promotion evidence base relating to gender would emerge.<sup>6</sup>

This is the message that needs to be promoted by the Men's Health and Wellbeing Strategy. Without a critical analysis of traditional or hegemonic forms of masculinity and its impact on health, gender stereotypes are reinforced. 'The social expectations placed

on men in the framework of a hegemonic masculinity are that a man should be independent, self-reliant, powerful, strong, tough, robust and invulnerable'.<sup>5</sup>

Assumptions about what is masculine and what is feminine are not examined in the background paper, and in doing so, gender stereotypes are reinforced. The background paper uses examples such as:

Going to the doctor or using other health services is considered to be at odds with men's notions of being strong and independent and putting up with discomfort, as well as reflecting feminine vulnerability or weakness (Noone & Stephens 2008). (p56)

...men (are) found to be more likely to adopt health behaviours perceived to be common among other men, and in some studies to avoid behaviours seen to be the norm for women due to a fear of being seen as feminine (Harvard Health Letter 2008; Mahalik et al. 2007a). (p60)

Men with less identification with feminine characteristics and greater identification with stereotypical masculinity have been found to have a greater risk of dying from coronary heart disease (Emslie & Hunt 2009). (p68)

These stereotypes harm both men and women – men are expected to be macho, physical, have more dangerous jobs and to take risks.<sup>7</sup> The consequences of this for health must be explored in relation to all the issues set out in the strategy. The strategy should embrace the opportunity and potential for 're-defining concepts of masculinity to embrace health'.<sup>1</sup> For example, in relation to violence:

Encouraging men to internalise an abhorrence of violence, to take pride in nonviolent and respectful relations and to speak out against the violences of men are the most effective strategies for men to end violence.<sup>8</sup>

Ways of encouraging men to prioritise their own health must be promoted. Foundation 49's list of 'things that would encourage men to have an annual health check' is cited in the background paper. A number of the factors listed demonstrate the reliance of many men on others to prioritise their health. There is no analysis of why this might be the case and how to challenge constructions of masculinity that lead to this.<sup>9</sup> Many of the examples of men's health programs that are provided in the background paper also address lifestyle concerns, rather than broader social influences that impact on men's health. Programs that interrogate traditional notions of gender and masculinity should be supported in the strategy.

As with women, it is important to note that men are not a homogenous group and that there are multiple masculinities.<sup>1, 6, 10</sup> The notion of 'hegemonic masculinity' is one that fits gender stereotypes of what a man should be, but is in no way the only form of masculinity. Furthermore, 'different men may experience forms of oppression along

other axes (other than patriarchy), for example race, class or sexuality'.<sup>2</sup> This is referred to in the background paper on page 80.

**RECOMMENDATION: That masculinity and its impact on health as a concept be explained in the strategy in relation to each of the health issues discussed.**

**RECOMMENDATION: That masculinity be incorporated as a key principle of the strategy.**

**RECOMMENDATION: That strategies that promote alternative forms of masculinity are supported and developed.**

**RECOMMENDATION: That gender stereotyping be challenged, or discussed in terms of how it impacts on health and reinforces gender inequity.**

#### **2.4 Using gender analysis to understand the statistics**

Gender analysis is the tool by which the impact of gender on health can be illuminated. It identifies and analyses the similarities and differences in conditions, situations, needs and priorities between women and men and takes into account variables such as biology, socio-economic circumstances, culture, behaviour and gender. It asks questions of the data about women's and men's health, such as:

- What are the sex differences in this issue?
- Where does the evidence to support the sex differences come from?
- How does the social construction of gender impact on women's/men's lives?
- What are the social, cultural, economic and political factors which impact on women's/men's health? Identify the underlying causes of specific behaviours.
- What is the relationship between these determinants?
- What are the factors which impact on women's/men's access to and experience of health services?
- What is the nature of power relations between men and women as they pertain to either of their health seeking behaviour?
- How do gender roles influence the ability of women/men to participate in health promoting activities, community activities, etc?

These questions are not asked in the background paper. Sex disaggregated statistics are provided, however without analysing these statistics, an incomplete picture of men's and women's health is made. The information or data itself becomes the conclusion – it is not critically analysed. Data must be deconstructed and placed in its broader context. The following two examples demonstrate the need for gender analysis.

#### **2.4.1 Example: Gender analysis of life expectancy statistics**

The life expectancy of men compared to women is set out on page 2 of the background paper. Women live four years longer than men. However in order to understand what this means, the data needs to be analysed further. It would be useful to deconstruct the statistics using the questions listed above. For example, there are biological factors that contribute to women living longer relating to hormones and physiological and reproductive systems.<sup>11</sup> There are also social factors to consider, including how gender and traditional notions of masculinity influence men's health behaviours.

#### **2.4.2 Example: Gender analysis of violence statistics**

On page 38 of the background paper, a number of statistics are set out in which rates of violence are compared between women and men. Simply comparing the statistics, without critically analysing them, is not enough. We know that men are more likely to be victims of violence than women and form the majority of perpetrators of violence. The strategy needs to go further than this to examine the way in which notions of masculinity influence violent behaviour and its health effects on both men and women. Analysis of violence in public spaces versus intimate partner violence needs to be explicit.

It therefore becomes evident that reporting sex-disaggregated statistics is not enough and can result in a misleading or incomplete understanding of the issues.

A social model of health is identified as being one of the principles of the 'framework for action' outlined in the background paper. Women's Health Victoria welcomes this approach. However, conducting a gender analysis of the social determinants of health would illuminate structural inequalities along gender lines that lead to poor health outcomes. Reducing inequalities in the social determinants of health will benefit the health of both women and men (and of children in their care) in Victoria.<sup>1</sup>

**RECOMMENDATION: Gender analysis is applied to the statistics which are placed in their broader social context.**

**RECOMMENDATION: A gender analysis of the social determinants of health is incorporated into the strategy.**

### **2.5 Making comparisons of the data**

Data for men and women is compared throughout the paper. This does not constitute gender analysis. Much work has been done to show that such an approach is unhelpful and does little to illuminate the real issues facing men and women. It fails to take into account the wider context of gendered power relations that are weighted towards men.<sup>7</sup> It does not consider the impact of constructions of gender, masculinity and power on health.<sup>2</sup> It also sets up women's and men's health as adversarial or oppositional, when they should be regarded as complementary.<sup>2</sup>

The construction of men, as a group, as victims and in competition with women for health funding is unhelpful, and unlikely to open a constructive way ahead.<sup>12</sup>

The language that is used throughout the background paper exacerbates these comparisons. Loaded and emotive words are used that encourage an oppositional view of men's and women's health. For example, the word 'only' is used on occasion when data is compared:

- There were 3,985 male prisoners in Victoria compared to *only* 238 female prisoners (p22)
- Around 6% of the male disease burden is due to deaths (from mental disorders) compared to *only* around 2% for females (p33)
- Illicit drug use accounted for 2.1% of the burden of disease for Victoria men, compared with *only* 0.9% for women (p49) (italics added)

This implies a judgment on health differences and a reporting rather than an analysis of the statistics. The data does not reveal what those statistics mean to the lived experience of men and women, nor does it show how different groups of men experience health.<sup>2</sup> It does not contribute to a greater understanding of the health issues but demonstrates the need for comprehensive gender analysis.

In some situations, a comparison between women's health and men's health may be warranted and can illustrate the differences. But it must go further and ask questions that enable a gender analysis of the statistics to take place – why the health issues that women face are different to those that men face. It is important that comparisons are not made 'without any consideration of how they shape dominant perceptions of men's health and women's health'.<sup>2</sup>

**RECOMMENDATION: Comparisons between data for women and men, especially without gender analysis, are avoided in the strategy.**

**RECOMMENDATION: Loaded or emotive language is avoided when comparing statistics between women and men.**

## **2.6 Inclusion of violence against women as a men's health issue**

Violence against women is not included in the paper as a men's health issue. This is disappointing. Men are acknowledged as the overwhelming perpetrators of violence against women (and men) only briefly. Yet the health consequences of violence against women for victims, perpetrators, their families and the wider community are considerable. In order to affect real change in the reduction of violence against women, men must take responsibility for the role they play. This includes the need for non-violent men to stand up against violence supportive attitudes and behaviours. Considering violence against women as a men's health issue is an important step in this direction.

It is also important to highlight and refer to the comprehensive body of research that shows that men make up the majority of perpetrators of violence against women. Without it, the strategy will risk fuelling a dialogue about women's violence against men that is not evidence-based.<sup>8</sup>

The background paper sets out the intervention area of a 'health-promoting society'. Challenging and eliminating violence supportive attitudes and behaviours are vital to creating a health-promoting society and should be included here. Understanding how unequal power relations between men and women contribute to violence against women, and challenging traditional forms of masculinity, is essential.<sup>13</sup> Women's Health Victoria urges the inclusion of violence against women as an issue that impacts on men's health and a health-promoting society. This also provides scope to intersect with work already being done on respectful relationships and the primary prevention of violence in *A Right to Respect: Victoria's Plan to Prevent Violence Against Women*. It is important that a holistic approach to violence prevention is taken across all relevant strategies.

**RECOMMENDATION: That violence against women be included and framed as a men's health issue.**

**RECOMMENDATION: The strategy should acknowledge that men make up the overwhelmingly majority of perpetrators of violence against women.**

**RECOMMENDATION: That challenging and eliminating violence supportive attitudes and behaviours, and promoting respectful relationships, should be included in the 'health promoting society' section.**

## References

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4. Department of Human Services. Gender and Diversity Lens for Health and Human Services. Melbourne: Department of Human Services; 2008 [cited 13 October 2009]; Available from: <http://www.health.vic.gov.au/vwhp/publications/genderdiversity.htm>.
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