Understanding gender equity in the context of men's health policy development

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The achievement of gender equity is central to improving health outcomes across the world.[1] Indeed, this will be a foundation principle within the men's and women's health policies currently being developed by the Australian Government.[2,3] For this to be meaningful and relevant to the 21st Century, it will be important to clearly define what gender equity means in the context of both men's and women's health.[4] This is not just a case of ensuring that one policy does not have a bias over the other, but is about recognising that gender equity is fundamentally about sets of relations. The editorial in the August 2009 issue of the *Health Promotion Journal of Australia*[5] seems somewhat limited in its interpretation of gender equity, failing to recognise the contested nature of the concept[6] and collapsing all discussion down to one particular relation – men's propensity toward violence. Men and violence (both in terms of those who perpetrate and those who are victims) is clearly a key public health issue that requires serious and integrated policy action. Yet, it is by no means the only issue of concern for addressing gender inequities to improve men's (and women's) health in Australia in the 21st Century.

Understanding gender equity in the context of men's health has been documented in contemporary international scholarship,[4,7,8] including that which relates to the development of public health policy.[9,10] This literature does not equate gender with women; nor does it narrowly define gender equity to mean the 'reduction of violence against women', though it does rightly maintain an emphasis on relations of power (of men over women but also of particular men over other 'marginalised' or 'subordinated' men). It acknowledges that gender is a dynamic and fluid construction that constrains and enables men *and* women; it acknowledges that the majority of men's *and* women's health concerns are best understood by adopting a gender-relations lens – the intersection between men's and women's health (and other social) practices; and that the incorporation of a gender-mainstreaming approach in the development of public policy is well-suited for building gender equity. Such approaches encourage collaboration between different groups (including men and women). They are supported by recent examples that challenge Keleher's suggestion that the men's health movement (or at least some within that movement) are not seeking to 'grasp the social dynamics behind hegemonic masculinities':[5]

- The World Health Organization published Engaging men and boys in changing gender-based inequity in health: evidence from programme interventions.[11] This report tends to focus on changing men's (hegemonic) behaviours and attitudes, in contrast to changing the health system to meet the needs of men, and clearly examines ways to engage men and boys to build health equity through program interventions.

- The Coalition on Men and Boys based in the UK published a report on men, masculinities and equality in public policy.[12] Interestingly, it adopts a broad social determinants approach (akin to the approach currently being used by the Australian Government in the development of the National Men's Health Policy) and focuses on a breadth of issues that aim to reduce gendered inequities that relate to work, fatherhood, health, education and violence.

- The National Men's Health Policy of Ireland provides some very useful insights for developing a men's health policy in Australia.[13] It explicitly uses a gender-relations and strengths-based approach to examine the intersection between gender and health (including, but not limited to, violence against both men and women).

The examples provided above are illustrative only. It is hoped, however, that directing policy-makers and practitioners to these documents will provide a more informative approach for incorporating a focus on gender equity into a national men's health policy as it moves toward an implementation phase.

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