Making men's health policy relevant for the 21st century

Helen Keleher

Department of Health Social Science, Monash University

The Australian government has stated its intention to develop a National Men's Health Policy (NMHP) in 2009. This policy (we are told) will focus on reducing the barriers men experience in accessing health services, tackling widespread reticence among men to seek treatment, improving male-friendly health services, and raising awareness of preventable health problems that affect men.[1] The Consultation papers provided to date for this policy[3] refer to the concept of gender equity in somewhat simplistic terms as Saunders and Peerson (2009 in this issue) point out. The achievement of gender equity is fundamentally about overcoming the social inequities that result from hegemonic dominance of men over women and its health consequences. The background papers and final report of the Women and Gender Equity Knowledge Network of the WHO Commission on the Social Determinants of Health (CSDH) as well as the final report of the CSDH itself, are instructive in this regard.[2,3,4]

Normative attitudes and behaviours that create gender inequities are produced and reproduced in intimate relationships, sexual and reproductive health, violence, domestic life. The systematic and deeply entrenched social systems that create gender inequities are not random but occur in consistent and persistent patterns across society. Gender inequality damages the physical and mental health of women and girls, and also of men and boys despite the many tangible benefits it gives men through resources, power, authority and control. Cultures of masculinity are discernible in hierarchical relations of power in families, work and social life, intimidation of boys and youth, violence, sexism, norms of sexual conquest and sexual assault, lack of respect for women, and homophobia, and the effects manifest in men's health. Policy that purports to increase health status is doing both women and men an injustice if those gender inequities are not acknowledged, and by not doing so, the policy runs the risk of being self-defeating.

The pressure from women to develop Australia's first National Women's Health Policy and Program in the late 1980s was a response to the effects on women of hegemonic masculinities that were maintained by men across all strata of society. The gender order was based on sexist and dominant norms about women. Women and children experienced high levels of violence in a hidden, silent epidemic. In the 1980s, sexism and discrimination was entrenched in the health system with substantial literature documenting the ways in which health services and providers were not meeting women's needs.

Despite the 1989 National Women's Health Policy, the culture of violence against women has not abated. Today, one in three Australian women will report being a victim of physical violence and almost one in five will report being a victim of sexual violence in their lifetime.[4] Violence is the leading contributor to the burden of illness and injury among women,[5] women are overwhelmingly the victims of violence, women are much more likely to fear for their lives because of violence and men are the perpetrators of that violence. In response to this shocking data, the Australian Government has also supported the development of The National Plan to Reduce Violence against Women (2009),[6] which has been received by the Council of Australian Governments (COAG). The Plan reports that the Australian Government's position on domestic violence and sexual assault is one of zero tolerance.

So now, in these early years of the 21st century, why are men calling for a National Men's Health Policy (NMHP)? Is the men's health movement seeking to grasp the social dynamics behind hegemonic masculinities, homophobia and violent behaviours and deal with the gendered norms that perpetuate such a culture? It does not appear to be so. Papers informing the NMHP[7] are silent about men's violence with no acknowledgement of its effect on the health and wellbeing on its victims, or indeed its effects on the economy and wider society including men who are not perpetrators.

Smith and Bollen (2009, in this issue) point to the importance of integrating men's health policy with other policies designed to push forward health system reforms. Men's health policy cannot ignore the Australian's Government's own efforts to change the culture of violence against women documented in The National Plan to Reduce Violence against Women. Indeed, given this Plan, it is not just unacceptable for the NMHP policy to ignore the men's health issues involved in the culture of violence against women, gay men and children, but the policy will be much diminished if it maintains a culture of silence about this national problem and will fail in its intention to improve men's health.

Australia has a history of poorly co-ordinated national policy and there are lessons to be learned from those failures. Aligning both men's and women's health policies will be a step forward but by co-ordinating the NMHP and the NWHP with the National Action Plan to Reduce Violence against Women, Australia will be much more strongly positioned to achieve better health for all its citizens. But policy alone is not sufficient. We have to be able to measure the effect on gender equity from policies, programs and services through improved data collection, and gender-sensitive and rights-sensitive

indicators. Otherwise policies, programs, interventions and services that seek to change cultures of violence will operate in the same vacuum as they have been for decades past.

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The Oxford Health Alliance gives young people a voice on chronic disease

Fred Hersch, Steve Leeder

Menzies Centre for Health Policy, University of Sydney, New South Wales

Hester Rice

Events and Youth Workstream Project Manager, Oxford Health Alliance, London, United Kingdom

One only has to read the newspapers (let alone any journal related to health) to be confronted by the epidemic of chronic disease. Whether it be stories of the rise of childhood obesity or the escalating costs of chronic disease, the truth it seems is out there. The challenge for politicians and the policy makers in general is how to address these growing concerns and begin the transition towards a society that promotes health and well being. While discussion begins, a significant population is being left out of the policy debate on this serious issue: young people – those who represent the generations (X, Y) who will be responsible for picking up the bill and who will need to be engaged in any serious efforts towards addressing the problem.

The emergence of chronic disease is a truly global challenge. A recent World Health Organization report, *Preventing Chronic Disease: A Vital Investment*, confirms what many have known: an estimated 388 million people will die from chronic diseases worldwide over the next 10 years[1] and 80% of this morbidity and mortality will occur in developing countries. The way we live is making us sick. And we are exporting ill health. The good news is that the solution is at hand. Prevention works.

In the developed world, preventative action over the past decades has meant that we have been able to defer the major effects of these conditions until the later years. As our population ages, the time bomb is ticking. Aside from the human cost, chronic disease and its associated morbidity has terrifying economic consequences. The burden of this will be placed on the shoulders of the younger generations – the gen X and Ys. Their voice needs to be considered in the policy discussion.

The Oxford Health Alliance enables collaboration between experts and activists from a wide range of disciplines in order to raise awareness and change behaviours, policies and perspectives about the epidemic of chronic disease at every level of society. This is a debate about the type of societies we want to live in in the future. Nothing less. In 2008, the Oxford Health Alliance established the Young Professionals