

DEFINING “MEN’S HEALTH”: TOWARDS A MORE INCLUSIVE DEFINITION

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Abstract

A definition is required for men’s health that captures current thinking around men and their health and well-being globally. A new definition of men’s health should reflect greater complexity than that has existed in previously accepted, over-simplistic definitions of what constitutes “men’s health.” In addition, the most commonly used definitions in the field that originated from the westernised countries of the Global North do not seem to be inclusive of the heterogeneity among a significant proportion of the world’s population. Definitions are important as they help drive academic endeavour, practice and policy; they also help shape organisations working in men’s health and, as such, they need to be as broad as possible. This paper outlines the limitations and conceptual concerns in the current definitions and argues for a more inclusive definition.

Keywords: Men’s Health; definition; diversity; ethnicity; sex; gender; sexual and gender minorities; intersex

INTRODUCTION

Currently, there is no definition of men’s health that adequately represents the complex and multi-centred field of knowledge now evident in the global field of men’s health. Nor do the existing definitions account for recent developments in sex and gender theory and practice. Existing definitions do not meet the requirements of all groups served by the field of men’s health, and they do not adequately reflect known determinants of men’s health. As more countries and international organisations come to recognise the need for greater activity in men’s health, the need for a unifying definition becomes more important.

Everyone under the umbrella of men’s health has a stake in openly recognising both inclusivity in the diversity of men and in being able to inform efforts to protect and promote the rights of vulnerable and marginalised males. Having an internationally recognised definition that encapsulates this new thinking on men’s health should help in building inclusive health services, and may help in designing more effective programmes and policies.¹

In this paper, we lay out conceptual concerns with the current definitions. We briefly review some current definitions of men’s health, note their limitations, propose some criteria for a new definition of

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men’s health, and finally offer some considerations to advance the field.

BACKGROUND CONSIDERATIONS

In the last half-century, women’s health movement and discourse emerged before there was such a discourse about men. The women’s health movement particularly challenged the control of institutions, funding, and policy-making by men which in the health sector meant that a range of needs among women, especially among marginalised groups of women, were disregarded or supported inadequately.

When specific concerns about men’s health were later articulated, much of the discourse relied on defining “men’s health” in contrast with, or even in competition with, “women’s health.” This was historically understandable, but problematic; it gave a backlash character to some of the “men’s health” discourse and limited the scope of issues and determinants of interest. Among other things, the discourse often defined gender very narrowly—as a margin of difference in statistical comparisons—an approach that is increasingly contested.² This approach severely limits our understanding of gender relations and effects, and determinants of men’s health and wellbeing. Any definition of men’s health that is rooted in comparisons with women’s health limits our capacity to identify, examine, and address the challenges that men are facing qua themselves that affect or represent opportunities to improve men’s health and wellbeing.

A definition of men’s health must deal with the fact that gender is a complex structure of embodied social relationships, including—at least—power relations, economic relations, emotional relations, and symbolic relations, all able to influence one another, and all are influenced by intersectional factors.³ A notable example of this interplay concerns gender identity, which may be strongly influenced by sexual preferences, and has a significant influence on health, a connection not fully recognised in public health work.⁴

“Masculinities” are patterns of practice associated with the social position of men. They vary from one society to another and vary within a given society, and even within a given institution. A major finding of research on masculinities is that not only are masculinities diverse but that their diversity is not random as well. There are relations of hegemony and marginalisation, recognition, and oppression between groups who bear different forms of masculinity; and these relations are likely to have implications on health. This background needs to be considered when we think about policy and programmatic efforts to address the health patterns and requirements of specific groups of men, such as in the cases of violence against gay men, racial and ethnic inequities, the diseases associated with poverty, or industrial injury in occupations, such as steelmaking, transport, or the building trades.

In understanding men’s relationships with health, it is important to include men’s and boys’ role in working towards gender equality and peaceable life. This was spelt out by the United Nations (UN) some time ago,⁵ and is a theme of the recent WHO Regional Office for Europe report and strategy on men’s health.^{6,7} Violence is a continuing and problematic issue in health. Men, as a general category, undoubtedly include the perpetrators of most of the world’s violence, including military violence. Yet many men are not violent, but all men are vulnerable to violence.⁸ Valuable research from South Africa throws light on this vulnerability, noting that, given the history and the current circumstances, young black men have good reasons for being fearful, a fact which becomes important in the construction of masculinities.⁹ There are groups of men who work actively to reduce violence, and this too should be a part of our understanding of men’s health.

EXISTING DEFINITIONS OF MEN’S HEALTH AND THE PROBLEMS OF DEFINITION

The most visible, and arguably the most important, area in which men’s health definition is required are the global organisations and countries that are

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establishing trans-national and national men’s health policies. The two reports that have emanated from the Pan American Health Organisation (PAHO) and World Health Organisation (WHO) on the health of men^{6,10} define gender and masculinity and lay out the contextual factors which impact men’s health. However, they do not offer an actual definition of men’s health. In addition, we know the following nine countries that have in place, either now or historically, an official government position on men’s health: Australia,¹¹ Brazil,¹² Costa Rica,¹³ Iran,¹⁴ Ireland,¹⁵ Malaysia,¹⁶ Mongolia,¹⁷ the Philippines,¹⁸ and South Africa.¹⁹ All, bar one, are from the Global South.

The Malaysian Men’s Health report adopted the following definition that was devised for the creation of Asian Men’s Health Report:

Men’s Health can be defined as a discipline that promotes the physical, mental and social well-being of men throughout their life cycle (from boyhood to manhood) and addresses health problems related to men.²⁰ (p. 1)

In the process of developing the Iranian men’s health policy, the following definition was suggested:

A state in which a man has a level of ability that can freely [with no help] perform his physical, mental and social activities, and considers health as a resource for continuing his life. It is worth bearing in mind that men’s health goes beyond biological and psychological functional interactions, i.e., social, cultural and environmental factors have a vast and profound effect on determining the general status of men’s health.¹⁴ (p. 183)

The others have not defined explicitly men’s health, but instead made reference to a range of health areas that require attention and, in varying ways, mention the complexity of the factors that impact men’s lives and their health. In part, these

statements reflect the state of play in the geo-socio-political understanding of men’s health at the time of writing the policy.

For instance, the preparatory work undertaken for the Brazilian Men’s Health policy noted the following (p. 3):

One of the main objectives of this policy is to promote health actions that significantly contribute to the understanding of the unique male reality in its diverse socio-cultural, political-economic contexts.²¹

Further (p. 7),

[The policy] explicitly recognizes the social determinants that result in the vulnerability of the male population to health problems, considering that social representations about the current masculinity compromise access to comprehensive care, as well as having a critical impact on the vulnerability of this population to situations of violence and risk to health.²¹

Since the above-cited early work, and a number of different iterations of the men’s health policy, the following current version has evolved¹²:

- (I) Recognition of the social determinants, ways of life, and the social situation of the male population in order to establish health promotion and prevention actions, stimulating men’s autonomy, care, and self-care.
- (III) Incorporation of masculinity issues in interface with other social markers, such as race/colour, ethnicity, sexual orientation, age group, disability as well as social and cultural vulnerabilities in health practices, in particular, in care and health self-care.

The Australian Men’s Health Policy¹¹ is the most expansive with regard to what constitutes a

men’s health issue and the factors that impact men to influence their health and wellbeing (p. 16):

A man or boy’s health is influenced by the complex interplay of a range of determinants, including: social; economic; cultural; environmental; and political influences. These determinants work in tandem to shape an individual’s health, influence exposure to risk factors, and inform interactions with the health system. They include factors associated with [the following]:

- Individual factors – knowledge, literacy, behaviours, attitudes, biology, genetics, choices, [and] level of independence
- Daily living situations – education, physical environment, social participation and connection, [and] access to health care
- Socio-demographics – place of residence, housing, education, employment, occupation, financial situation, income, race/ethnicity, Aboriginality, disability, [and] gender; as well as
- The wider socio-economic, political, and cultural context.¹¹

Aside from these policy documents, the most widely quoted stand-alone definition of men’s health is that offered by the Men’s Health Forum (MHF) in the United Kingdom:

A male health issue is one arising from physiological, psychological, social, cultural or environmental factors that have a specific impact on boys or men and/or where particular interventions are required for boys or men in order to achieve improvements in health and wellbeing at either the individual or the population level.²² (p. 5)

This originated as part of a push for greater recognition of men’s health within the UK public health policy. Although a product of its time, it has proved successful in broadening the perspective of

men’s health away from a purely biomedical and reproductive health model.

Bardehle and colleagues in Germany conducted a literature review and convened an expert review panel, to reach a consensus definition of men’s health.²³ Following is the key statement:

Men’s health encompasses the dimensions of health and diseases, which are particularly relevant for men and boys. Health is a state of physical, mental, and social wellbeing resulting from a balance of risk and protective factors, which is the responsibility of the individual, the partners as well as being a collective responsibility. Protective factors are a healthy and conscientious lifestyle, accepting one’s strengths but also weaknesses as a man, meaningful experience and zest for life, [and] social support and personal recognition. In particular, men suffer from an unequal distribution of risk and protective factors, determined by education, ethnic and social background, [and] income and professional position. Health problems in men require special preventive and care services throughout life, which for the most part still need to be developed.

This is helpful, and shows the need to move forward. However, it is rather long and, retrospectively, can be seen to be missing important attributes, given continuing social and cultural change, and the need to define the field in a way relevant to a global audience.

PROBLEMS WITH APPLYING THE CURRENT DEFINITIONS TO MEN’S HEALTH PRACTICE AND POLICY

A number of problems arise in applying these current definitions to the populations included in the field of men’s health. The first is, how should sex and gender be understood when deciding who are to be included in a definition of men’s health? Health practitioners, researchers, and policy makers have

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grappled with the complexities of defining sex and gender.²⁴ The classification of bodies according to their reproductive biology, and the way bodies function and the psychosocial factors that shape how people view themselves and interact with others within the actual socio-cultural settings where they live, are not the same thing. The distinction between “sex” for the former, and “gender” for the latter, was made familiar in the 1970s. Unfortunately, in many contexts, this distinction is ignored, and these terms are interchanged at will.

Any definition of men’s health must include those who are biologically male, but whom this definition includes and excludes is not always clear, or easy to establish. Biomedical research has shown the existence of a variety of groups showing variation in bodily form or genetic makeup: XY females, and babies with ambiguous genitals—indeed a range of intersex conditions, some of which may not be identified before adolescence.²⁵ Undoubtedly, the biological capacity to be a father is often understood to signify masculinity, but it is in fact far from universal.

Nor is a definition of who is psychosocially a man a simple matter. In some societies, a person born identifiably male may not be regarded as “a man” until he has reached some psychosocial developmental milestone, such as being initiated, married, or becoming a father. A concept of men’s health should clearly not obscure issues about the health of boys. In some social contexts, an elderly or disabled person may not be treated in practical terms as a man, yet in other contexts, older men may have high prestige and respect. In colonial societies, indigenous adults could be addressed as “boy” and denied not only the status but also the health services available to men among colonisers. Racial and class hierarchies persist globally, and powerfully affect health status and access to services.

In recent decades, it has become more common in the Global North for young people and others to prioritize their psychological sense of self and their gender, seeing their personal identity as the most important feature of gender. More attention has been given to those making a transition

between positions in the gender order, and also to those who reject any definition of themselves, or any fixed definition, in terms of gender categories. Terms such as transgender, genderqueer, and non-binary have become familiar in the Global North. In other places and other cultural contexts, *travesti*, *hijra*, *kathoe*, *waria*, two-soul people, and others are long-established groups who complicate gender boundaries.

The second problem is the persistent lack of data. Even the simplest version of a sex/gender variable is often omitted from official health statistics. If sex-/gender-relevant data are collected, the same may be discarded or treated as a confounding variable.²⁶ These variables often conflate sex and gender, making the interpretation of the data challenging and their application to programmes and policies problematic. Those working in gender medicine and wider public health areas have fought for long and hard to get sex-disaggregated data.²⁷ This is a continuing struggle, even in statistics concerned with a health event as significant as the COVID-19 pandemic.

The third problem concerns global inequalities. Mainstream health research is produced within a highly unequal global economy of knowledge, dominated by elite institutions in the Global North.²⁸ A small group of rich, English-speaking countries, the United States, the United Kingdom, Canada, and Australia, contributes 70% of the world’s health inequalities research.²⁹ It is, therefore, highly likely that health research, and policy-making influenced by this research, will reflect the concepts and practical concerns that emerge from these societies.

However, the large majority of the world’s population lives somewhere else—in Asia, Africa, South and Central America, the Caribbean, Pacific Islands, and Eastern Europe. In addition, if perspectives from colonized, quasi-colonized, and post-colonial societies are omitted in defining men’s health, two troubling consequences probably emerge. In practical settings, the definition will lack broad legitimacy across the majority world. In research settings, men and masculinities from the Global North constitute

the norm in relation to which men in other regions and settings are judged and understood.

The fourth problem concerns recognition of the heterogeneity among those defined (on any criterion) as a man. Often, broad references to men’s health make invisible the inequalities associated with class, race, disability, sexuality, and ethnicity, although these are powerful influences on health and illnesses. For more than a decade, research on “men’s health disparities,” and more recently “men’s health equity,” has emerged from the margins of the men’s health literature.³⁰ We consider that these issues should be a part of the basic conceptualisation of the field.

The fifth problem concerns change. Gender orders, that is to say, the large-scale patterns in gender relations, change over time. Today we are observing many changes in the way men, women, and other groups consider themselves, are viewed, and how they present themselves to their families, friends, work colleagues, and authorities. Changes in the way gender and gender relations are enacted can have important consequences for health and wellbeing. However, change is uneven and shaped by socio-political context. What emerges in one region may not appear in another. Changes may even move in contrary directions—for instance, when official discrimination against homosexual men and women is ramped up in some parts of the world (e.g., Russia, Uganda, etc.) but reduced in others (e.g., Australia, South Africa, etc.). It is therefore important that a definition of men’s health should not be static, should not assume an unchanging pattern of gender, nor should it lack recognition of the socio-political context.

Finally, we need to think about the second word in the phrase “men’s health.” A “health” perspective in itself can be a problem if it emphasises individual bodily condition over all other dimensions of wellbeing as the often-quoted definition given by WHO suggests. Some authors suggest that men do not aspire to be healthy in a narrow sense, they aspire to be well.³¹ This line of thought highlights that we should go further than questions about the social determinants of health, to fundamental questions about human relationships and position in nature.

Here we might learn from the South American countries that have replaced a purely material definition of development with a broader idea of *buen vivir* (roughly, “to live well”) and from communities that recognise rights for the earth, or for rivers, as well as for humans. That is to say, we might want to begin to define men’s health in a more collective and more ecological manner.

SOME CRITERIA FOR A COMPREHENSIVE DEFINITION OF MEN’S HEALTH

Any definition of men’s health must have the capacity to be recognised by different audiences. They include policy makers, researchers, and health professionals. This must also include the wider public for whom men’s health services can be of value.

The definition of men’s health must include those who are male in terms of their reproductive biology. This is the most common understanding of “men’s health” in formal health services, and is particularly appropriate to “andrology,” the medical specialty dealing with men’s reproductive health. It must also include under the “men’s health” banner services to those who are male in reproductive biology but do not identify as men or are not socially regarded as men. Some of the people included are also be appropriately included in the definitions of women’s health; this recognises that “men” and “women” are not absolutely distinct groups, and that health services need to recognise this.

Any definition must include those who are socially defined as men, or who understand themselves as men. This would include in men’s health agenda health services to trans-men or trans-masculine persons in contemporary West European/North American culture. It would also reach out to those in a number of other cultures who have both female reproductive biology and are recognised as husbands and fathers in a gendered kinship system. Again, there could be an overlap with women’s health agendas. Further, a definition should include those who are biologically intersex, or who actively choose not to be defined in gender binary terms

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(for instance, non-binary people). The principle that should be followed is not gate-keeping through an *a priori* definition of men but the capacity of individuals and groups to benefit in practice from men’s health policies and services.

A definition of men’s health should recognise the importance of differences among men. It would be a prime error to assume by definition a standard set of health needs for all men. Some of the biggest variations in health are those between men in different social, economic, and cultural circumstances. This is recognised in most men’s health reports and in the general “social determinants of health” literature.^{6,7,10}

The term “intersectionality” is now widely used for the interaction between gender divisions and other dimensions of social difference and inequality: race, class, sexuality, indigeneity, disability, nationality, and more.³² Any or all of these divisions may shape self-definition, opportunities, exposure, and other factors in health and wellbeing. Privilege in the gender order may be amplified by other factors that produce better access to health care, housing, education, and legal services. Health status is likely to be worse, and may be much worse, where there are concentrations of disadvantage, limited opportunities, and chronic stressors in the lives of specific groups of men.

While it is very important to recognise the effects of social structures on health, this must not mean that personal agency or subjectivity is forgotten. The concept of men’s health must include the subjective factors (as well as the biological and social-structural factors) that shape men’s health and wellbeing. The future definitions of men’s health should recognise the active responses, both individual and collective, that people make to their circumstances, and the possibilities of their actions transforming those circumstances.

CONCLUSION

The absence of a working definition of men’s health is problematic; it leaves people and organisations working in the field, or trying to understand

the needs of men, without a ready-to-hand globally recognised prompt and guide.

We think it important that both men’s and women’s health should not be seen as a sharply defined binary, and that the services, programmes, and policies involved should not be forced to compete in a zero-sum game.³³ Definitions are required that open up the field of study, giving opportunities for exploration that lead to policies and practices that improve men’s health and wellbeing. We note that authors rethinking the women’s health field face issues similar to those explored in this paper.³⁴

Adopting a more inclusive definition of men’s health has serious practical implications for the work of local, national, and global organisations that provide services to men or advocate policies that address men’s health issues. Men’s health organisations are required to reflect upon who they serve, their current missions and visions, their assumptions about men and masculinities, the other organisations they collaborate with, and their governance and working practices. Those dependent on grants would need to consider possible conflicts with funders who may not accept a more inclusive yet scientifically, socially, or culturally accurate definition. In the current state of politics, some governments and state agencies may also be antagonistic or actively hostile.

In outlining the concepts that should underpin a definition of men’s health, we have noted serious difficulties, and, of course, opportunities. We re-emphasise that a key reason why a better definition of the field should be produced is that all those who are to be benefitted from men’s health services or ideas should be able to recognise themselves in the wording and underlying sentiment of a definition and feel as included. In this field a definition is not just words; it has consequences for action and ultimately for men’s health.

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