

EXECUTIVE SUMMARY

MASCULINE NORMS AND MEN'S HEALTH

MAKING THE CONNECTIONS



MASCULINE NORMS AND MEN'S HEALTH: MAKING THE CONNECTIONS / 2018

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About Promundo:

Founded in Brazil in 1997, Promundo works to promote gender equality and create a world free from violence by engaging men and boys in partnership with women and girls. Promundo is a global consortium with members in the United States, Brazil, Portugal, and Democratic Republic of Congo that collaborate to achieve this mission by conducting cutting-edge research that builds the knowledge base on masculinities and gender equality; developing, evaluating, and scaling up high-impact gender-transformative interventions and programs; and carrying out national and international campaign and advocacy initiatives to prevent violence and promote gender justice.

For more information, see: www.promundoglobal.org

About Global Action on Men's Health:

Global Action on Men's Health is a collaborative project that brings together men's health organizations into a global network. Global Action on Men's Health's mission is to create a world where all men and boys have the opportunity to achieve the best possible health and well-being wherever they live and whatever their backgrounds. The network works towards this vision by encouraging the World Health Organization, individual states, and non-governmental organizations to develop research, policies, and strategies on men's health.

For more information, see: www.gamh.org

About Movember Foundation:

The Movember Foundation is the leading global charity dedicated to changing the face of men's health. It raises funds to deliver innovative, breakthrough research and support programs that enable men to live happier, healthier, and longer lives. Committed to disrupting the status quo, millions have joined the movement, helping fund over 1,200 projects focused on prostate cancer, testicular cancer, and suicide prevention. In addition to tackling key health issues faced by men, the foundation works to encourage men to stay healthy in all areas of their life, with a focus on men staying socially connected and becoming more open to discussing their health and significant moments in their lives.

For more information, see: www.movember.com

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What are the links between masculine norms and men's health outcomes globally?

What implications do these links have for efforts to improve men's health – alongside efforts to improve the health of women and children – and as part of broader efforts to create healthier, thriving societies?

The aim of this report is to provide an overview of the current state of men's health globally and to illustrate the direct connections between health-risk behaviors and hegemonic masculine norms.ⁱ Addressing men's health requires an understanding that gender is relational, and an understanding that healthcare systems and efforts to promote health must incorporate an understanding of the relations among men, women, and children at the household and community levels, as well as consider the context of broader systematic and persistent inequalities and discrimination that women face in private and public life.

This document is targeted at practitioners, policymakers, donors, and advocates who have

an interest in strengthening national and global responses to address the intersections of masculine norms and men's ill health. While it focuses on men globally, men and masculinities are not uniform across the world; there is substantial variation in terms of culture, religion, ethnicity, sexual orientation, and gender identity. This analysis does not intend to minimize these differences. Rather, it intends to provide a global snapshot that will serve as a starting point for future, more nuanced analyses.

Presenting a new analysis of men's health using data from the 2016 Global Burden of Disease (GBD), we outline the leading causes of morbidity and mortality among men globally. The report highlights seven of the most influential risk behaviors that, in large part, drive these poor health outcomes, and it presents evidence on the connections between hegemonic masculine norms and these risk behaviors and poor health outcomes. The key point is that salient norms related to masculinities, and the gendered nature of paid work and men's lives, are a driving force in men's ill health: globally, on average, men die 5.5 years earlier than women, and men are over-represented in nearly every major burden-of-disease category.¹

ⁱ A set of rules and expected behaviors that is associated with men and manhood in a given culture and that emphasizes certain expressions of masculinity and enforces certain men's dominance, power, and privilege over women, as well as over certain other men. The expression also refers to versions of manhood that enjoy greater power than other, "subaltern" masculinities (e.g., lower income, racial/ethnic minority, non-heterosexual).

While biological factors are involved in male-specific ill health, the vast majority of men's morbidities and excess mortality are related to health practices and the social and cultural influences that shape them. In short, while some gender norms can be protective in terms of health outcomes, men's poor health is most often driven by their efforts to live up to or adhere to restrictive societal norms related to manhood.

Men's health matters for everyone: for men themselves; for women, who generally bear the burden of care for sick and disabled men; for children, who can experience adverse outcomes from the poor health of caregivers; and for societies, which bear the social and economic cost of men's illness and premature death. Poor health affects men's mobility, productivity, and overall quality of life. Furthermore, women are generally responsible for picking up the pieces of men's poor health or premature death, which create greater care and income-generation burdens for women. The loss of a husband, father, son, or brother can have lasting psychological, financial, and social effects on families and communities.²

On the other hand, men in good physical and mental health are better able to participate in caregiving and household responsibilities, reducing the care burdens on partners and families. Additionally, men who exemplify health-seeking and self-care often serve as role models for younger boys and men.

Despite the growing body of evidence, the need to improve men's health struggles to gain traction and attention on the world's stage. Only three countries in the world – Brazil, Ireland, and Australia – have developed national men's health policy frameworks or departments.³ Even when men's health is discussed, the focus is often on the biological drivers of men's ill health, not on the social determinants, including masculine norms.

What Do Masculinities and Masculine Norms Have to Do With Health?

The leading health-risk behaviors that account for a major share of men's ill health are directly related to masculine norms and masculinities interacting with other factors. These six health behaviors – poor diet, tobacco use, alcohol use, occupational hazards, unsafe sex, and drug use – according to 2016 GBD data, account for more than half of all male deaths and about 70 percent of male morbidity globally.⁴ To this list of six health behaviors, the authors added men's limited health-seeking behavior. It is worth noting that there are some positive masculine norms that may support health-seeking behavior. Evidence shows that, in some settings, men who are more involved as fathers and caregivers are more likely to have better health, suggesting that the care of others may also support an ethic of self-care.⁵ More research is needed on other ways that positive masculine norms may support men's health.

"Masculinities" refers to the plural and dynamic ways in which masculine norms, attitudes, identities, power dynamics, and behaviors are lived.⁶ This report focuses on masculine norms, which are a set of rules and expected behaviors that are associated with men and manhood in a given culture.

In a 2017 multi-country study of masculine norms, Promundo referred to these norms collectively as the "Man Box,"⁷ a set of beliefs that place pressure on boys and men to think and behave in specific ways. The idea of the "Man Box" is based on a construct originally created by Paul Kivel.⁸ In the study, Promundo, in partnership with Axe, operationalized the prevalent social constructions of masculinity seen in many parts of the world into seven "pillars." These components, or "pillars of the Man Box" as we called them, are salient and widely reinforced norms about manhood, even as they vary tremendously by individual and cultural context. Clearly not all men have internalized these norms, but in various studies from around the world, most men affirm that they have been pressured or encouraged to act in these ways at least some of the time. We adapted these pillars of the "Man Box" slightly to the context of men's health:

1 Self-Sufficiency and Emotional Control

There is a widespread social expectation that men should not rely on other people, talk about their feelings, or seek help for their physical and emotional health. Pillar 1 encompasses how men cope with stresses and disease in their lives.

2 Acting Tough and Risk-Taking

A man's toughness is seen as closely tied to physical strength and invincibility. The beliefs included in Pillar 2 hold that a man must be willing to defend his reputation by fighting or using physical force, if necessary, as well as take risks and engage in activities that are not perceived as weak.

3 Attractiveness

Pillar 3 includes ideas related to men's physical appearance, body image, and physical attractiveness. Men who prioritize physical attractiveness will engage in behaviors that they believe make them appear desirable to women and seem "cool" to their peer group. This pillar is associated with the potentially dangerous use of anabolic steroids and other mind- and body-altering substances.

4 Rigid Masculine Gender Roles

Pillar 4 reflects the perception that certain activities and duties are either masculine or feminine. Men who subscribe to these rigid beliefs relate to the still-common expectation that men contribute to family well-being primarily as financial providers, while seeking healthcare or taking care of the health of those in the home is a female task.

5 Superiority Among Males

Pillar 5 reflects the socially constructed hierarchy of male identity and a belief that men must experience feelings of superiority. This includes the marginalization or idolization of men based on specific behaviors seen as more or less masculine. Men who do not engage in certain behaviors (e.g., excessive drinking, eating meat) are deemed to be feminine or non-masculine, and are marginalized by other men.

6 Hypersexuality

Pillar 6 emphasizes not only that a man should be unambiguously straight or heterosexual, but also that he should always be ready for sex and always eager to acquire another "sexual conquest." The hypersexuality implied in Pillar 6 serves to undermine men's sexual agency and sexual health, along with women's, in that it can contribute to sexual coercion and limited attention to sexual health.

7 Power, Aggression, and Control

Pillar 7 emphasizes the need for men to use physical, emotional, sexual, financial, and psychological violence when necessary and to hold control and power over women and male peers around them.

While men's individual health-related behavior is important, using a masculinities lens underscores that men's health is shaped, in large part, by a specific set of masculine norms that encourage certain attitudes and practices, among others, risk-taking, aggression, and limited self-care. Addressing men's ill health – which includes that, of the 12 leading causes of global mortality, 11 disproportionately burden males⁹; that the global average life expectancy at birth for men is 69.8 years compared to 75.3 years for women¹⁰; and that cardiovascular disease is the leading cause of mortality and disability-adjusted life years (DALYs) among males globally, accounting for 31 percent of all male deaths¹¹ – requires changes to healthcare systems, to social norms about manhood, and in individual men.

Furthermore, it is important to recognize the plurality, contextual factors, and fluid nature of gender norms. Many men around the world regularly engage in health-promoting and health-seeking behaviors, even as many men also show poor health-seeking and risky health-affected behaviors. Finally, men's health must be understood via an intersectional approach; norms about manhood interact with other social factors, such as the acute vulnerability of racial/ethnic and sexual minorities as a result of systemic and structural forces.^{12,13,14} Indeed, there are vast regional disparities in age-standardized morbidity and mortality rates among the World Health Organization regions, which attest to the extent to which poverty, living conditions, and occupation-related risks drive men's ill health. Men in Africa have the poorest health globally, followed by men in South-East Asia. Stratifications by country, according to World Bank income classifications, show a clear positive relationship between higher income and better health indicators.¹⁵

Policy, Research, and Programming Recommendations

National governments, global health institutions, researchers, civil society organizations, corporations, and activists should act to strengthen the response to men's health – alongside efforts to improve the health of women and children, and as a part of broader efforts to

create healthier, thriving societies. Any efforts that address men's health should build on men's strengths rather than pathologize men as problematic or toxic. It is important to recognize and leverage the fact that many men are already striving to take care of their individual health and well-being. In addition, in advancing men's health practices, it is important to address not only attitudes and practices at the individual level, but also men's lack of inclusion in health policies, structures, and services. Efforts to include men's health in the national healthcare sector should be supported by civil society, by additional research, and by the support of donors and international agencies. Resources that have been dedicated to women's and girls' health programs should not be reallocated or reduced due to these efforts.

National and local governments should ...

- Ensure that health policies and services actively address potential barriers to men's use of services – such as available hours and staff composition – and increase the provision of health services that actively seek out men as well as women in the workplace, in the community, and in other settings.
- Develop and implement multisectoral health and well-being policies, and monitor the differential effects by sex.
- Develop and implement multisectoral health and well-being policies that take into consideration the effects of social, economic, and cultural factors, including masculine norms, on the health outcomes of men.
- Integrate awareness of harmful masculine norms into occupational safety and employment policies in an attempt to neutralize their effects.
- Promote policies and create gender-transformative programs that, by implicitly or explicitly questioning the underlying masculine norms that often drive harmful behavior (e.g., tobacco use, drunk driving, and unprotected sex), aim to reduce men's risk-taking and harmful behavior.
- Publish and appropriately fund national and local men's health strategies, as part of broader work on gender and health, that ensure specific consideration for men who are members of minority groups.^{16,17}

- Build the capacity of medical and health personnel within countries to understand masculinities and men's health needs and to incorporate them into their diagnostic, referral, and treatment practices. Again, this should be undertaken with attention to the allocation of funds and resources, to ensure access for all.

Global and regional health institutions and bodies should ...

- Adopt specific global commitments, and accompanying frameworks and strategies, to better address the links between masculinities and men's ill health.

Researchers, scholars, and academic institutions should ...

- Widen the breadth of research on alternative dimensions of masculinities that are less researched and that could promote healthy behavior, such as responsibility, self-control, and how men's positive involvement as fathers and caregivers may also provide a way to promote self-care and help-seeking.

Civil society organizations, practitioners, and advocates within public health systems should ...

- Design and implement evidence-based and gender-transformative programs and advocacy efforts^{18,19} that effectively address gender inequities and the consequences associated with men's exercise of hegemonic power over women and other men.

Donors should ...

- Strengthen the focus on masculinities and men's health within their work, without diluting resources for women's health, and look for ways to engage men in their own self-care that also support better outcomes for women (related to sexual health, for example).

Corporations and other employers should ...

- Provide flexible working conditions and hours – as well as comprehensive, adequately paid leave – so that all employees can take the time they need to care for their own health and the health of their families.



REFERENCES

1. Institute for Health Metrics and Evaluation (IHME). (2017). GBD Compare data visualization. Seattle, WA: IHME, University of Washington. Available from: <http://vizhub.healthdata.org/gbd-compare>
2. Thorpe, R. J., Richard, P., Bowie, J. V., LaVeist, T. A., & Gaskin, D. J. (2013). Economic burden of men's health disparities in the United States. *International Journal of Men's Health*, 12(3), 195-212.
3. Baker, P. (2018). Men's health: The case for global action. *The Lancet Global Health Blog*. Available from: <http://globalhealth.thelancet.com/2018/04/17/mens-health-case-global-action>
4. Institute for Health Metrics and Evaluation (IHME). (2017). GBD Compare data visualization. Seattle, WA: IHME, University of Washington. Available from: <http://vizhub.healthdata.org/gbd-compare>
5. Heilman, B., Levto, R., van der Gaag, N., Hassink, A., & Barker, G. (2017). *State of the world's fathers: Time for action*. Washington, DC: Promundo, Sonke Gender Justice, Save the Children, and MenEngage Alliance.
6. Ibid.
7. Heilman, B., Barker, G., & Harrison, A. (2017). *The man box: A study on being a young man in the US, UK, and Mexico*. Washington, DC and London: Promundo-US and Unilever.
8. Kivel, P. (1998). *Men's work: How to stop the violence that tears our lives apart*. Center City, MN: Hazelden Publishing.
9. Institute for Health Metrics and Evaluation (IHME). (2017). GBD Compare data visualization. Seattle, WA: IHME, University of Washington. Available from: <http://vizhub.healthdata.org/gbd-compare>
10. Ibid.
11. Ibid.
12. Griffith, D. M. (2015). "I am a man": Manhood, minority men's health and health equity. *Ethnicity & Disease*, 25(3), 287-293.
13. Griffith, D. M. (2012). An intersectional approach to men's health. *Journal of Men's Health*, 9(2), 106-112.
14. American Psychological Association, APA Working Group on Health Disparities in Boys and Men. (2018). Health disparities in racial/ethnic and sexual minority boys and men. Available from: <http://www.apa.org/pi/health-disparities/resources/race-sexuality-men.aspx>
15. Institute for Health Metrics and Evaluation (IHME). (2017). GBD Compare data visualization. Seattle, WA: IHME, University of Washington. Available from: <http://vizhub.healthdata.org/gbd-compare>
16. Griffith, D. M. (2016). Biopsychosocial approaches to men's health disparities research and policy. *Behavioral Medicine*, 42(3), 211-215.
17. American Psychological Association, APA Working Group on Health Disparities in Boys and Men. (2018). Health disparities in racial/ethnic and sexual minority boys and men. Available from: <http://www.apa.org/pi/health-disparities/resources/race-sexuality-men.aspx>
18. Barker, G., Ricardo, C., Nascimento, M., Olukoya, A., & Santos, C. (2010). Questioning gender norms with men to improve health outcomes: Evidence of impact. *Global Public Health*, 5, 539-553.
19. World Health Organization (WHO). (2007). *Engaging men and boys in changing gender-based inequity in health: Evidence from programme interventions*. Geneva: WHO.

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