FRAMEWORK FOR A HEALTHIER FUTURE:
A CONCEPTUAL FRAMEWORK FOR TAKING ACTION TO IMPROVE MEN AND BOYS’ HEALTH

This paper was prepared by Glen Poole, Development Officer at the Australian Men’s Health Forum (AMHF), the peak body for men’s health in Australia. AMHF received funding from the Federal Government.
The Framework for a Healthier Future is also designed for policy makers and practitioners to use as a planning tool to help identify the actions they will take to improve men and boys’ health.

2. WHO IS RESPONSIBLE FOR MEN’S HEALTH?

Everyone’s health is shaped by a range of factors, some of which we can control and some of which we cannot. As such, the state of men and boys’ health is both an individual and a collective responsibility. We know, for example, that being unemployed is linked to poorer health outcomes.  

While an unemployed man can take responsibility for seeking work, he doesn’t control the economy or the job market or the social supports we put in place to help people experiencing unemployment.

Men’s health is also shaped by history and geography. A boy born in Australia in 2015 can expect to live 32 years longer than a boy of the same age born in Sierra Leone, and 33 years longer than a boy born in Australia in the 1880s.

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Today, any man who lives a long and healthy life is not simply benefiting from his individual choices, but also benefits from the collective actions we all take to create healthier communities. As such, men’s health is everyone’s business and not just the responsibility of individual men and boys.

3. TACKLING GENDER HEALTH GAPS

If we want to take collective action to improve men and boys’ health, it’s important to identify some of the key gender health gaps we want to tackle. We are using the phrase “gender health gap” to refer to avoidable differences in health outcomes between groups of men and women, as well as avoidable differences between different groups of men. We know, for example, that there were 26,283 potentially avoidable deaths in Australia in 2014 and around two thirds of these were men. Closing this gender health gap would save the lives of 7,000 men a year. We also know that Non-Indigenous men can expect to live 10 years longer on average than Aboriginal and Torres Strait Islander men, which is just one example of the significant gender health gaps that exist between different groups of men.

When looking at gender health gaps, it is important to remember that women fare better than men in some areas and worse in others. As such, the collective action we take to close the gender health gaps that impact different groups of men and boys, need to be balanced by our efforts to address the gender health gaps that affect different groups of women and girls.

4. WHY DO WE NEED A CONCEPTUAL FRAMEWORK?

When tackling a complex social issue, such as improving men’s health, a conceptual framework can help us to create a map of the many different factors that are at play. Most people understand that having a detailed and accurate map can help us plan the best route to a chosen destination. In a similar way, creating a conceptual framework around an issue like men’s health, helps us to understand the territory we are operating in and map out a range of pathways we could take to try and tackle the issue. When it comes to health promotion, most conceptual frameworks identify different layers of influence that are known to shape our health and wellbeing. These include:

- Individual factors, e.g. smoking (the causes of poor health);
- Social factors, e.g. unemployment (the causes of the causes);
- Structural factors, e.g. economic policy (the causes of the causes of the causes);
- Social status (an individual’s standing in the social hierarchy).

Our Framework for a Healthier Future builds on the work of existing conceptual frameworks and introduces two additional features that are generally overlooked:

- It places a specific focus on the factors that are known to shape men and boys’ health;
- It acknowledges the fact that there are many different views about gender issues.
5. THE KEY LAYERS OF INFLUENCE THAT SHAPE MEN’S HEALTH

Our Framework for a Healthier Future suggests four sets of factors that shape men and boys’ health:

- Risk Factors (how we take care of our own health and wellbeing)
- Life Experiences (how men’s daily living conditions impact their health)
- The System (the resources we invest in men and boys’ health)
- Social Status (the way we treat different groups of men and boys)

Any one of these factors can be used as a starting point for taking action to improve men’s health and wellbeing.

For example, smoking-related diseases could be targeted in various ways such as:

- Risk Factors: through universal smoking cessation programs;
- Life Experiences: through health campaigns targeting men at different life stages (e.g. expectant fathers);
- The System: through restrictions on taxation and advertising;
- Social Status: by improving educational outcomes in lower socio-economic groups to help reduce the risk of smoking.

Using the Framework for a Healthier Future as a planning tool, can prompt policy makers and practitioners to consider a variety of ways they could take action to tackle the many factors that shape men and boys’ health.
5.1 SOCIAL STATUS

One of the clearest predictors of an individual’s health status is their social status. Put simply, individuals at the top of the social ladder live longer, healthier lives on average than those at the bottom of the social ladder. In terms of health outcomes, research shows that our position on the social ladder can be shaped by a range of factors such as education, income, occupation, race/ethnicity, sexuality, Aboriginality and disability. While it is broadly agreed that social status shapes the gender health gaps between different groups of men, social status is not generally associated with the health issues that impact men more than women. Conversely women’s social status is frequently linked to some of the key health issues that impact women more than men. When it comes to addressing gender health issues, however, there is broad agreement that gender is generally taken to mean a focus on women’s health issues, but not men’s health issues. The tendency to conflate gender issues with women’s issues inevitably leads to some of the broader health issues that men face being given lower social status than women’s health issues. This uneven focus on men’s and women’s health issues, means we create fewer opportunities for the health sector to take action to improve men and boys’ health.

5.2 THE SYSTEM

The social status of different groups of men and women is shaped by a complex mix of structural factors that we refer to in our framework as “The System”. Some of the key systemic factors that are known to influence our health include:

- Government policies
- Health funding
- The economy
- The way institutions treat men and women
- Cultural norms and beliefs about gender

The many different socio-economic, political and cultural factors that combine to create “The System” play a major role in shaping the social status of different groups of men and women. The amount of time, money and energy we invest in men’s health and women’s health is also a product of “The System”. If we want to invest more resources into improving men’s or women’s health, there are many different parts of “The System” we can focus on to bring about change. As a general rule, any attempts to place more focus on men’s health should not occur at the expense of women’s health (or vice versa).

5.3 LIFE EXPERIENCES

Everyone’s health is shaped by the daily living conditions in which we are born, grow, live, work, play and age. These are the social determinants of health which are strongly influenced by the social status of different groups. Our social status is shaped by a combination of our individual choices and the way “The System” treats different groups of men and women. In our Framework for a Healthier Future we refer to the daily living conditions that shape our health as our life experiences.

The life experiences known to have a significant impact on men and boys’ health include:

- Boys’ education
- Our experiences of boyhood and fatherhood
- Men’s working lives
- Our social connections and relationships
- Access to male-friendly support services
If we want to take action to improve men’s health then it is vital that we understand and address the significant impact that these life experiences play in shaping our health.

For policymakers and practitioners, focusing on men and boys’ life experiences provides an opportunity to identify some of the different life stages and settings where the health sector could engage more effectively with different groups of men and boys.

5.4 RISK FACTORS

When we look at individual risk factors, research shows that men are more likely to experience poor health linked to specific behaviours. We know, for example, that men experience:

- 71% of disease linked to alcohol
- 60% of disease linked to smoking
- 60% of disease linked to body mass
- 56% of disease due to lack of exercise

At a collective level, the resources we invest in addressing health issues like smoking, drinking, weight loss and lack of exercise, are generally targeted in a universal way that doesn’t consider the different needs of men and women.

For policymakers and practitioners concerned with improving men’s health, taking a gender inclusive approach that ensures an equitable balance of male-friendly and female-friendly approaches, may be a more effective way to respond to different health risks. In terms of men’s health, some of the key individual risk factors include:

- Smoking
- Alcohol
- Diet
- Exercise
- Weight

5.5 HEALTH OUTCOMES

If we want to take collective action to improve men and boys’ health, it is vital to have accurate data on the different health outcomes we want to improve, so we can measure the progress that is made.

As such, it is important to ensure that relevant data is disaggregated by gender, to identify differences between men and women, but also by different groups of men by characteristics such as age; geography; socio-economic status; Aboriginality; race and ethnicity; sexuality and disability. Some of the key men’s health outcomes that could be targeted include:

- Life expectancy
- Morbidity rates
- Suicide rates
- Health behaviours
- Health literacy
- Subjective wellbeing
- Access to health services

Ensuring accurate data on these and other health outcomes is widely available will help the health sector to make evidence-based decisions on how to improve men and boys’ health.
6. TAKING ACTION TO IMPROVE MEN’S HEALTH

Our Framework for a Healthier Future identifies five sets of actions under the following headings:

- Research and Evaluation
- Healthcare and Health Promotion
- Community Development
- Strategic Partnerships
- Advocacy for Men and Boys

The actions identified in the following sections do not represent an exhaustive list, rather they are designed as a prompt for policymakers, practitioners and everyone interested in thinking more deeply about the social factors that shape men and boys’ health.

6.1 RESEARCH/EVALUATION

- Identify specific outcomes for targeted intervention (e.g. reducing male suicide rates)
- Undertake gender impact assessments to ensure resources reach both men and women
- Evaluate interventions to help identify examples of best practice

6.2 HEALTH PROMOTION AND HEALTH CARE

- Identify risk factors in men for targeted health promotion
- Identify links between social factors and individual factors
- Identify opportunities for advocacy work, partnerships and men’s health campaigns

6.3 COMMUNITY DEVELOPMENT

- Build community awareness of the social factors that shape men’s health
- Develop community support for action on men’s social issues
- Work to expand the availability of male-friendly support services

6.4 STRATEGIC PARTNERSHIPS

- Develop men’s health policies/put men’s health in all policies
- Promote theories on sex, gender and health that translate into best practice
- Build strategic partnerships and frameworks

6.5 ADVOCACY FOR MEN AND BOYS

- Develop narratives and messages that make the case for action on men’s health
- Give voice to the health and social needs of men and boys
- Make the case for more resources to improve men and boys’ health
7. GETTING AUSTRALIA TALKING ABOUT MEN AND BOYS’ HEALTH

Our Framework for a Healthier Future is designed to encourage everyone who is concerned with health and wellbeing to engage in meaningful conversations about improving men and boys’ health.

If we know, for example, that our level of education shapes our health and that most schools produce better results for girls, then that knowledge calls for a greater focus on improving boys’ education. After all, better education today, means better health tomorrow.

There are many different viewpoints on why boys underperform girls at school and opinions vary on what action is needed to improve boys’ education.

When we engage in meaningful conversations that actively include a diversity of viewpoints, we are more likely to identify practical solutions that can be put into practice.

The same principle can be applied to all of the factors identified in our framework. For example:

**Health Outcomes**: why are three out of every four suicides men?

**Risk Factors**: how can we reduce the impact of alcohol on men’s health?

**Life Experiences**: how do we make health services more male friendly?

**The System**: how do we ensure every State has a men’s health policy?

**Social Status**: how do we improve the health of Indigenous men?

8. CONCLUSION

Men die six years younger than women on average. There are many different viewpoints about why this gender health gap exists and many different opinions about what action we should take to create a healthier future for men and boys. Adopting this “Framework for a Healthier Future” could help develop a deeper understanding of the many different factors that shape men’s health.

For policymakers and practitioners in particular, taking a gender inclusive approach that ensures an equitable balance of male-friendly and female-friendly approaches to tackling the different social issues that shape our health, could help improve the health and wellbeing of future generations of men and boys.

References