



Australasian Men's Health Forum

The National Peak Body for Men and Boys

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2009 President's Report

Although I gave a report at the last AGM, this is actually a short report of the journey of the AMHF since the last conference which was in Adelaide. It is customary to say that the AMHF is moving along, but that is indeed the case. AMHF is clearly the peak body for male health in the country.

And I repeat that: the peak body for male health in the country. I know there is at least one other group which had maybe designs on that title but that has never come out in the open about this, so we ARE the peak body and the Federal Government in practice acknowledges that fact.

Secondly, we are the peak body of male (clearly **boys** and men) health in the country. A word about "health": a group was concerned that, as a peak body representing male issues in the country the word "health" might be inappropriate and a "steering group" had a year long discussion about this matter. I personally stood back from this because I could see the importance of people being able to identify with the title otherwise they would not feel the organisation represented their concerns. Some of these concerns were to do with family law matters, with housing and homelessness, with suicide, with the situation of male refugees and others.

The argument for keeping the name as is, lies in the idea of the **social determinants of health**. I am asking AMHF to take this seriously and not just as some academic game or fancy names. The whole world is expanding its ideas on health and realises that there are political, legal, other social and emotional dimensions to health. The Aboriginal world has long since recognised this complexity of human health and we will continue to learn from them as they allow. The World Health Organization and other agencies are all calling for a recognition of these determinants – they vary, of course, from place to place even in the same country and even in the same city but many are related to the list given by the WHO in its 2003 booklet called the Solid facts.

Just hear them for a moment;

The social determinants of health as listed by WHO 2003:

The social gradient – between poverty and richness – where you are on that ladder can make you live 10 years longer or shorter than other people. Not rocket science, but backed up by serious scientific work. Consequence for us – AMHF must be about advocating for decent living standards for all men

Stress: again, obvious but supported by thousands of research papers and our own experience: stress shortens life if not handled properly. Consequence for AMHF: men experience stress in different ways and sometimes differently for women. They should be helped in gender-sensitive ways..

Social exclusion/inclusion: BOTH, because we are looking at health and not just disease - they can add years to life and quality to life and subtract the same. Consequences for AMHF? Obvious – to try to work at the alleviation of men's stress, for example, caused by unjust legal systems etc. And to encourage programs and organisations which foster and sustain the collective inclusive dimension of life – like the Shed Movement – the jewel in the crown of men's health in Australia. Not about health? oh, yeah? – not about medicine, yes, but surely about health.

Other determinants are personal relationships, access to services – health and others, drug and alcohol, employment, unemployment, transport and others, but I hope you get my point. AMHF is concerned with all of the factors which foster male health or which undermine it.

If you want to call this “wellbeing” ok, EXCEPT my prediction will be that the medical world will be delighted – they will do “health” (actually they only do disease) and not only money but the nation's attention will be diverted away from family courts, homelessness, etc as not having to do with health. For me, disaster and playing into their hands.

A brief word about “masculinities” Ten years ago in Perth (actually Fremantle) at the national men's conference a national body was suggested but one which would be monitored by a group of women. I am glad we did not go down that road – can you imagine a group of men being invited to monitor a national women's body? That way of thinking is dying, I trust, or at least is being challenged by AMHF – we are not into gender wars but into evidence based practice (and not one based on some sociology which says masculinity is something suspicious and whose violence needs curbing).