Masculinities and Health:
A framework for challenging masculine gender stereotypes in health promotion
The Masculinities and Health Framework is a planning tool to support people and organisations promoting health and wellbeing, particularly when working with men and boys. While this is a relatively new area of health promotion work for which the evidence is still developing, there is growing recognition that challenging masculine stereotypes is key to advancing gender equality and improving health and wellbeing for all Victorians.

Why focus on masculine stereotypes?

All health and wellbeing initiatives can be strengthened by considering the influence of masculine stereotypes, from mental wellbeing or healthy eating initiatives, through to preventing violence against women or preventing harm from alcohol. This work should not operate in isolation, it should form part of a suite of approaches to promoting gender equality. The benefits of helping men break free from limiting gender stereotypes flow to everyone.

What is masculinity?

Masculinity refers to a set of practices, attitudes and behaviours that instruct what men and boys should be and how they should act. It also includes social norms, the unwritten rules about how to behave in society. While not all men conform to these expectations, most feel the pressure to do so.

Masculinity is learnt and expressed through observation and interaction between people in schools and universities, at workplaces and in sporting clubs. Social expectations of men and boys are also embedded in institutions, policies and laws.

How we regard masculinity varies between different cultures and also varies over time. For example, just as our society questions and rejects the pro-smoking message of cigarette advertising these days, so do we question and reject the notion of the Marlboro Man as the epitome of masculinity.

While masculine traits are typically expected of men and boys, they are not unique to them. Many traits commonly associated with people who identify as a man or boy are also exhibited by others, including those who identify as a woman, a girl, trans, intersex, queer or gender non-binary. And in the same way that masculine stereotypes set expectations for how men and boys should behave, they often set expectations for how others should not behave. For example, when women or girls exhibit traits commonly associated with masculinity, they can be judged as acting out of line with gender expectations.

We use the term masculinities (plural), because masculinity takes many forms. It is expressed and experienced in different ways by different people, groups and systems. Individuals may show different ways of being masculine in different times and places or to different audiences. The way men respond to masculine stereotypes can change within their lifetime. The stereotypes themselves can change as society’s expectations of men evolve.

Masculine expectations are influenced by:

- our social worlds, which are a group of people who get together around a common interest or activity
- social factors that can interact with gender or masculinity such as race, sexuality, and socioeconomic status
- power and privilege differences between people and groups.
The Man Box

How expectations of masculinity affect us

A comprehensive study by The Men’s Project, an initiative of Jesuit Social Services, has explored attitudes to manhood and the behaviours of Australian men aged 18 to 30. It sheds new light on the social pressures that young Australian men experience to be a ‘real man’ and the impact this has on their wellbeing, behaviours, and the safety of our wider community.

The ‘Man Box’ is a set of beliefs within and across society that place pressure on men to be a certain way – beliefs that are alive and well in Australia today. Some of these beliefs, such as condoning the use of violence, are always wrong. Others, such as the belief that men must act strong, can sometimes be useful but at other times lead to problems. For example: bottling up negative emotions.

The diagram (at right) illustrates the unhealthy ‘rules’ of the Man Box which each fit under one of seven pillars. The majority of young men surveyed disagreed with them even though they feel pressure from society to conform with them. But there were also a significant number who agree with at least some of the beliefs making up the Man Box. Those who most strongly agree report poorer levels of mental health, engage in risky drinking, are more likely to be in car accidents and to report committing acts of violence, online bullying and sexual harassment.

These findings show that many young men feel pressure to behave in ways that align with the Man Box rules in order to be seen as a ‘real man’, despite not personally endorsing these beliefs, and despite these behaviours being harmful to both them and others.

The rules of the Man Box

1. Self-sufficiency
   - A man who talks a lot about his worries, fears and problems shouldn’t really get respect.
   - Men should figure out their personal problems on their own without asking others for help.

2. Acting tough
   - A guy who doesn’t fight back when others push him around is weak.
   - Guys should act strong even if they feel scared or nervous inside.

3. Physical attractiveness
   - It is very hard for a man to be successful if he doesn’t look good.
   - Women don’t go for guys who fuss too much about their clothes, hair and skin.

4. Rigid gender roles
   - It is not good for a boy to be taught how to cook, sew, clean the house or take care of younger children.
   - A man shouldn’t have to do household chores.
   - Men should really be the ones to bring money home to provide for their families, not women.

5. Heterosexuality and homophobia
   - A gay guy is not a ‘real man’.
   - Straight guys being friends with gay guys is totally fine and normal (the only positive statement in the box).

6. Hypersexuality
   - A ‘real man’ should have as many sexual partners as he can.
   - A ‘real man’ would never say no to sex.

7. Aggression and control
   - Men should use violence to get respect if necessary.
   - A man should always have the final say about decisions in his relationship or marriage.
   - If a guy has a girlfriend or wife, he deserves to know where she is all the time.
What does freedom from masculine stereotypes look like?

Harmful masculine stereotypes are characterised by discrimination and disrespect, hypersexuality, overt aggression, risky and controlling behaviours, homophobia, low self-awareness and a desire to seem invulnerable. As the Man Box example shows, most men personally reject these problematic expressions of masculinity, but can feel social pressure to act in line with them publicly. Harmful masculine stereotypes contribute to poorer social outcomes such as gender inequality, as well as poor health and wellbeing for men.

Freedom from unhealthy masculine stereotypes, on the other hand, is characterised by equality and respect, non-violence, reflection and self-awareness, emotional expression and vulnerability, and accountability.

The table below shows some examples of attitudes, relations, norms, structures and behaviours that are associated with men who are freed from unhealthy masculine stereotypes.

To achieve the positive behavioural outcomes described below, there needs to be significant work to first shift awareness, knowledge and confidence. This is presented further under ‘Frames for Action’ on page 10.

<table>
<thead>
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<th>What's the evidence?</th>
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<td>Research has found that many young people, especially young men:</td>
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<td>• feel there is social pressure on men to behave or act a certain way because of their gender</td>
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<td>• believe men need to be strong, not show vulnerability, and always be in control</td>
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<td>• still regard men as the main breadwinner and head of the household</td>
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<td>• are unlikely to act if they witness abuse or disrespect of women and hold relatively high endorsement of violence-supportive views</td>
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<tr>
<td>• have poor knowledge of, and a low level of support for gender equality.</td>
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Research repeatedly finds that young men who are most constrained by the ‘rules’ of harmful masculine stereotypes report poorer levels of mental health, take part in risky drinking, are more likely to be in car accidents and to report committing acts of violence, online bullying and sexual harassment.

Through gender transformative practice (see box below) we can examine, question and discard such entrenched gender roles.

This field is emerging and complex. It comprises a range of interventions, theories and perspectives. Our understanding will continue to grow as new approaches are evaluated and further research is conducted.

Gender transformative practice:
• challenges traditional views of gender in both boys and girls
• understands that gender stereotypes are social constructions and limiting
• encourages critical awareness of prevailing gender roles and norms
• promotes the dignity of women and girls
• pushes for a more equitable distribution of resources and allocation of duties between genders
• recognises that gender is relational and addresses the power relationships between women and men (and among men).
Good practice design

There are some critical questions to consider when designing interventions to challenge masculine norms.

**WHY DO THIS WORK?**

- **What health issue or issues are we addressing?**
  Example: mental wellbeing in young people.
- **How do masculine social norms impact this issue?**
  Example: harmful masculine stereotypes do not enable men to emotionally express themselves and seek help.
- **What would a positive shift in norms look like?**
  Example: men would feel able to be more vulnerable and seek help when it is needed.
- **Have we considered masculine norms, practices and structures in our current health promotion projects?**
  Examine existing activities and approaches through a masculinities lens to strengthen its overall impact.

**WHO’S INVOLVED?**

- **Does the data indicate that some parts of our target population are particularly impacted by harmful masculine stereotypes?**
  Example: masculine norms in different cultures or social worlds.
- **Does our target group have particular demographic or cultural factors that we need to take into account?**
  Example: masculine stereotypes applied to men, that limits and constrains men’s ability to be their full selves.
- **Who else shares space or works with our target group? Should they also be engaged?**
  Example: coaches and committee members in a sporting club may have a higher level of power and influence than players.
- **How might we support our target population to maintain engagement in the long term, beyond the time frame of our initiative?**
  Example: young men or boys who participate in a program are supported to become long term champions of change in their organisations and communities.

**WHICH SETTINGS/SOCIAL WORLDS?**

- **Does the setting or social world entrench or challenge harmful masculine stereotypes?**
  Example: an online gaming community that either engages in sexist jokes or alternatively, challenges online sexist behaviour.
- **Are there existing attempts to challenge masculine stereotypes in this setting or social world?**
  Example: drinking at risky levels is discouraged and does not occur at social gatherings. Men are involved in organising and cooking food for these gatherings.
- **What other social norms are evident in this setting or social world?**
  Example: drinking at risky levels is discouraged and does not occur at social gatherings. Men are involved in organising and cooking food for these gatherings.
- **Consider ‘place-based’ approaches that take into account how place/environments can facilitate or constrain efforts to challenge masculine stereotypes.**
  Example: interventions undertaken in one specific location may not be translatable in a different context.

**WHAT’S THE METHOD?**

- **What level (or frame) are we working at?**
  Example: we could be working at the individual/relationship level, the organisation level, the community level or the systemic level.
- **What type of health promotion action(s) are we employing?**
  Actions include direct participation programs, organisation development, strengthening communities and environments, community mobilisation, communications or social marketing, advocacy, policy reform or legislative reform.
- **How might wider socio-cultural factors reinforce, intersect with, and perpetuate harmful masculine norms in our work?**
  Factors such as race, sexuality and socioeconomic disadvantage can overlap with masculinities and have an amplifying effect.
- **Have we considered multiple masculinities in our planning, development, implementation and evaluation approach?**
  Masculinities can vary across time, culture and the individual. Example: the masculine stereotypes applied to young men at a sporting club may be different to those at school or home.
- **Is a gender-transformative approach built into every aspect of our design?**
  Example: choose facilitators or spokespeople for your program who challenge traditional gender norms.
Frames for action

This chart provides examples of challenging masculine stereotypes in health promotion actions at each level as well as the expected medium and long-term benefits of this work. Influencing all levels are communications, social marketing and community engagement, and research, monitoring and evaluation.

Through our strategic imperatives—encouraging regular physical activity, preventing tobacco use, preventing harm from alcohol, improving mental wellbeing and promoting healthy eating—Victoria Health supports, initiates and activates many different types of health promotion work.

This work is multi-level and multi-layered and occurs in many settings including sport, the arts, workplaces, education and online. The evidence shows that considering masculinities in all health promotion activities and in all settings can strengthen their impact and outcomes.

This Framework covers four frames or levels of action: individual, organisational, community and systemic.

<table>
<thead>
<tr>
<th>LEVEL</th>
<th>EXAMPLES</th>
<th>MEDIUM TERM OUTCOMES</th>
<th>LONG TERM OUTCOMES</th>
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<tr>
<td>Individual/Relationship</td>
<td>Direct participation programs</td>
<td>• Greater understanding and awareness of gender equality and benefits of abandoning harmful masculine stereotypes.</td>
<td>• Improved individual mental health and wellbeing</td>
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<td>• Improvement in attitudes e.g. towards more gender-equitable and health-affirming attitudes.</td>
<td>• Decreased mortality and health problems from unhealthy, violent and risky behaviours associated with harmful masculine stereotypes (e.g. risky drinking)</td>
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<td></td>
<td></td>
<td>• Less unhealthy, violent and risky behaviours associated with harmful masculine stereotypes e.g. less violence against women, less risky drinking, more help-seeking.</td>
<td>• More respectful and equitable relationships</td>
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<td></td>
<td></td>
<td>• Greater bystander action against sexism, racism and homophobia.</td>
<td>• Organisations value and promote freedom from masculine stereotypes</td>
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<td></td>
<td></td>
<td>• Improved interpersonal skills.</td>
<td>• Safer, more inclusive social environments</td>
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<td>• More meaningful social connections.</td>
<td>• Shifts in norms around gender stereotypes</td>
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<td>• Practitioners who are better equipped to recognise and challenge masculine stereotypes.</td>
<td>• Improved quality of life for all</td>
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<td>Mental wellbeing workshops in sporting clubs led by experienced facilitators that create space for men to talk about a range of themes and learn to open up and talk about their feelings with each other.</td>
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<td>• Increased gender equality</td>
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<td>Organisational</td>
<td>Organisational and workforce development</td>
<td>• More organisations adopt gender-transformative practice in the development of health promotion programs, campaigns and other initiatives.</td>
<td>• Decreased frequency and severity of violence, bullying, sexual harassment and accidents associated with harmful masculine norms</td>
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<td>A community health service considers masculine norms when developing a new service to support father engagement and accessibility.</td>
<td>• More organisations design and implement evidence-based interventions that challenge gender stereotypes.</td>
<td>• Reduced healthcare and other system costs associated with harmful masculine norms</td>
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<td>A workplace introduces fair and equal paid parental leave and actively encourages new parents of any gender to take advantage of it.</td>
<td>• More organisations co-design masculinities interventions with gender equality experts and impacted stakeholders.</td>
<td>• Increased economic stability</td>
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<tr>
<td></td>
<td></td>
<td>• Increased monitoring and evaluation of masculinities interventions.</td>
<td>• Greater social connections and economic stability</td>
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<td>• More organisations have policies and procedures that support men to adopt healthier and more gender equal relationships and roles e.g. parental leave policies that include fathers, improved father-engagement practices.</td>
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<td>• Greater collaboration between organisations challenging masculine stereotypes.</td>
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<td>Community</td>
<td>Community mobilisation and strengthening</td>
<td>• More activities and programs that challenge gender stereotypes and promote more gender equality e.g. community parenting programs.</td>
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<td></td>
<td>A council delivers a social marketing campaign to reduce harm from risky drinking, which considers how masculine stereotypes influence the way men consume alcohol.</td>
<td>• More mobilisation on issues related to masculinities.</td>
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<td>Members of a local sports club advocate to the committee for changes to the club culture, including discouraging aggressive on-field and spectator behaviour.</td>
<td>• Increased community commitment to connect individuals with the supports, services and resources they need to reject gender stereotypes.</td>
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<tr>
<td>Systemic</td>
<td>Advocacy Legislative and policy reform</td>
<td>• Social norms value and endorse men who are free from masculine stereotypes.</td>
<td>• Reduced healthcare and other system costs associated with harmful masculine norms</td>
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<td>A state government mental wellbeing strategy includes a consideration of masculinities and how this impacts on men’s help-seeking.</td>
<td>• Policy and legislation supports the removal of male gender stereotypes.</td>
<td>• Increased social and economic stability</td>
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<td>New legislation prevents advertisers from linking alcohol consumption and stereotyped notions of masculinity (e.g. the ‘real men’ or ‘lovable larrikins’ of many alcohol ads).</td>
<td>• Greater financial and other resource allocation to challenge masculine stereotypes.</td>
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<td>• Increased media representations of men and boys that are free of gender stereotypes.</td>
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References and contributors

References

This framework is informed by the following research and reports:


Australia’s National Research Organisation for Women’s Safety 2019 *Young Australians’ attitudes to violence against women and gender equality: Findings from the 2017 National Community Attitudes towards Violence against Women Survey (NCAS)*, Sydney.


Contributors

VicHealth acknowledges the many people and organisations who contributed to developing this resource.


Disclaimer

The field of masculinities and health is relatively new. While there is now significant activity and research being invested in this work the evidence base is still developing. Even the language around this work is evolving, and it is not yet known which initiatives, actions and programs will be most effective. What is known is that the removal or reduction of harmful gender stereotypes and negative social norms benefits individuals and the community alike.