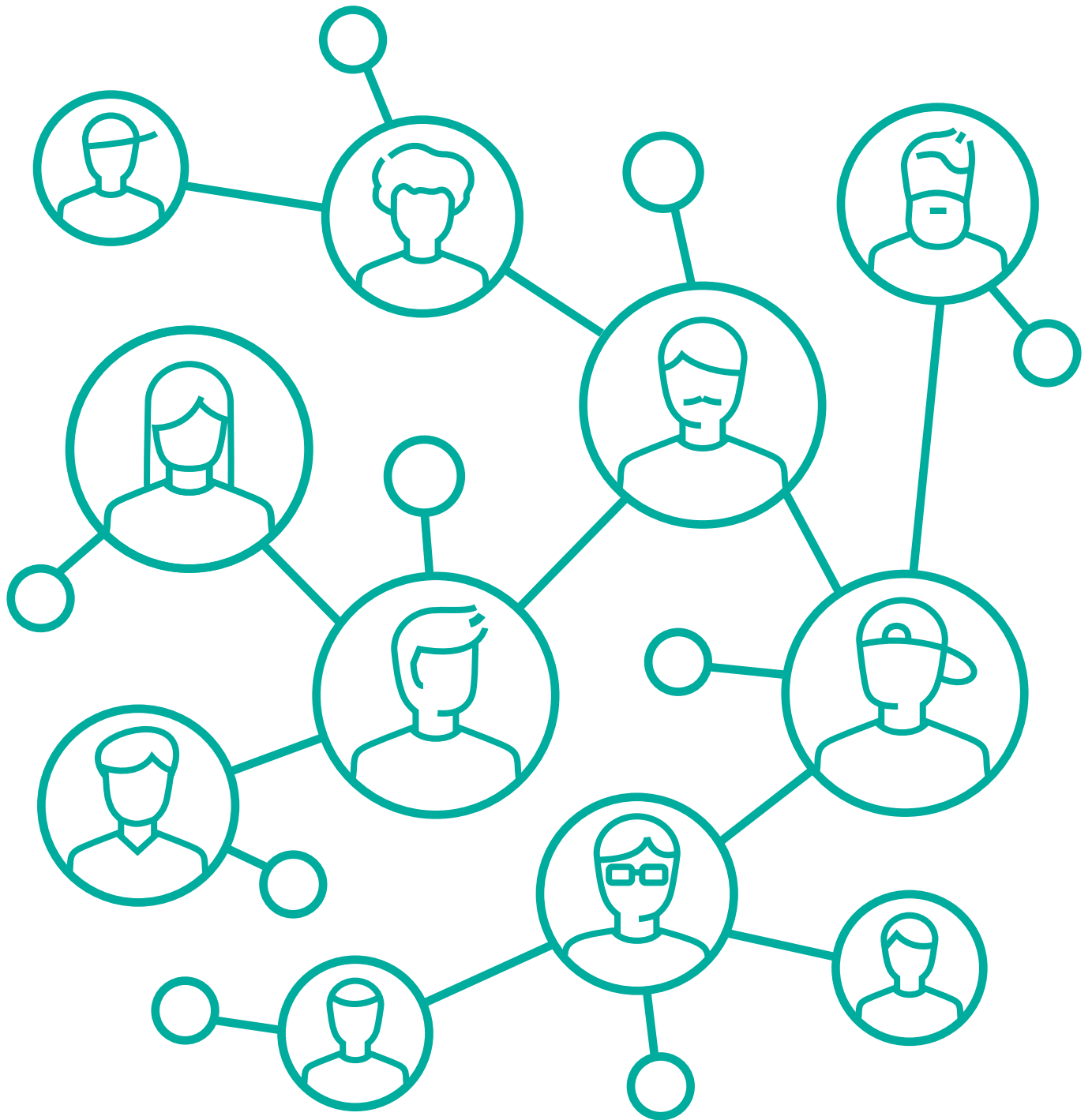


Masculinities and Health:

A framework for addressing masculine gender stereotypes in health promotion



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 always 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 negative ‘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.



What are healthier masculinities?

Harmful masculine stereotypes are characterised by discrimination and respect are the opposite of healthier masculinities.



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

The table below shows some examples of attitudes, relations with others, norms (unwritten rules), structures and behaviours that are expressions of freedom 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.

	ATTITUDES	RELATIONS	NORMS	STRUCTURES	BEHAVIOURS AND PRACTICES
MENTAL WELLBEING 	Believes it's important to regularly check in with mates about their wellbeing.	Able to have open conversations and encourage or praise the strengths of friends or colleagues.	Men are celebrated for being empathetic and vulnerable, and are encouraged to seek help when needed.	A revised education curriculum mandates teaching about the social and emotional development of men and boys.	Men and boys show emotional vulnerability and can share feelings of sadness, fear, shame, kindness and joy.
ENCOURAGING PHYSICAL ACTIVITY 	Believes boys and men should be free to participate in all kinds of physical activity, including dance and sports like netball which were once seen as 'girly'.	Supports and encourages other men to engage in non-traditional male sports.	Women play sports that were once thought to be only suitable for men, and no-one raises so much as an eyebrow.	Media organisations adopt guidelines about how they report on sport and will no longer express traditional masculine stereotypes about the play or objectify female players.	Men and boys enjoy healthy competition but are never violent in team sports.
PREVENTING HARM FROM ALCOHOL 	Views binge drinking or drinking to excess as risky and unhealthy.	Would stop a friend from driving if they had been drinking.	Alcohol is no longer considered an 'essential element' of catching up with mates.	New advertising standards are introduced requiring advertisers to step away from portrayals of traditional gender roles and stereotypes when promoting alcohol products.	Men rarely or never drink to the point of getting drunk.
PROMOTING HEALTHY EATING 	Thinks it's important to understand the nutritional content of the food they eat.	Actively invites friends and family for meals, plans the menu and cooks for them.	The slogan 'Feed the man meat' is considered old fashioned and a bit of a laugh for most of the community.	More flexible working arrangements for men supports more time at home for shopping and healthy food preparation.	Men and boys equally share food shopping and meal preparation responsibilities
PREVENTING VIOLENCE AGAINST WOMEN 	Rejects the idea that joking with male friends about being violent towards women is okay.	Amplifies the voices of female colleagues in the workplace.	Men are expected to treat women with respect, and violence and abuse are seen as inexcusable.	Policy, legislation, resources and other structures actively promote gender equality.	Men and boys call out sexism, jokes or language that belittle women and girls when witness to it.

What's the evidence?

Research has found that many young people, especially young men:

- feel there is social pressure on men to behave or act a certain way because of their gender
- believe men need to be strong, not show vulnerability, and always be in control
- still regard men as the main breadwinner and head of the household
- are unlikely to act if they witness abuse or disrespect of women and hold relatively high endorsement of violence-supportive views
- have poor knowledge of, and a low level of support for gender equality.

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 principles

These principles have been identified from the literature and in consultation with stakeholders. You can use these principles when designing new initiatives, reviewing existing initiatives, or when assessing a prospective partner to support your work.

Aim for change

Aim to transform the attitudes, behaviours, norms, and structures associated with harmful masculine stereotypes and wider gender inequalities. Activities that work across different levels or frames will have the greatest impact.

Prioritise shared outcomes

Any initiatives tackling masculine stereotypes should improve gender equality and health and wellbeing.

Acknowledge inequality

Recognise and respond to the power imbalances that exist and are amplified by factors such as race, sexuality, education, disability, income etc. This includes hierarchies and power imbalances between men and others, and between different men.

Language is powerful

Frame your work positively, to emphasise that there are many ways to embody and experience masculinity in a healthy way. This is a strengths-based approach. Frame masculinity as a gender stereotype applied to men, that limits and constrains men's ability to be their full selves. Avoid overly generalising and negative language about men, while balancing this with critical attention to harmful behaviours among men.

Do no harm

Always be alert to the safety of people touched by your intervention, the people engaged in the intervention, and those who interact with them. Remember there are different types of safety; including emotional and mental safety, physical safety, and cultural safety.

Call on the expertise of others

Co-designing your initiative with key stakeholders builds empathy and buy-in and helps to connect with the problem. Your co-designers could include your target group, people with expertise, and people with lived experience.

Collaborate for leverage and to avoid duplication

By collaborating with others, you bring in diverse perspectives, leverage promising practice and avoid duplication of existing work.

Employ evidence and undertake evaluation

Incorporate research in the design, review and re-design of your interventions. Ongoing monitoring and evaluation supports a continuous improvement approach.

Just increasing *awareness* of gender inequality does not always translate into support for challenging gender inequality. Evaluations should address how programs change both attitudes *and* behaviour over the medium to long term.

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 masculinities do not enable men to emotionally express themselves and seek help.

What would a positive shift in these masculine 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 masculinities?

The evidence shows that interventions are most effective when they target a specific group.

Does our target group have particular demographic or cultural factors that we need to take into account?

Example: masculine norms in different cultures or social worlds.

Who else shares space or works with our target group? Should they also be engaged?

Example: co-workers and managers in a workplace engage and interact regularly. If working with one group only, another can reinforce or reduce the impact of your work.

Are there different power levels or advantages in the group? If so, what actions might we take in response?

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 portray masculinity in a stereotypical way? Are representations positive or negative?

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?

Taking a whole-of-setting approach involves considering all individuals and groups in that space, how they interact with each other, and who and how to engage beyond your target group. Much of the research emphasises the effectiveness of engaging both men and women.

Consider 'place-based' approaches that take into account how place/environments can facilitate or constrain enactments of healthier masculinities.

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 masculinities 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 way young men express their masculinity at a sporting club may be different 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 taking a healthy masculinities approach to 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—VicHealth 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.

Communications, social marketing and community engagement

LEVEL	EXAMPLES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES
Individual/ Relationship 	Direct participation programs A group-based sexual health program for adolescent boys that critically examines dominant forms of masculinity, and how this impacts on sexual health behaviours. 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.	<ul style="list-style-type: none"> Greater understanding and awareness of gender equality and harmful/healthier masculine norms. Improvement in attitudes associated with healthier masculinities e.g. towards more gender-equitable and health-affirming attitudes. Less unhealthy, violent and risky behaviours associated with harmful masculine stereotypes e.g. less violence against women, less risky drinking, more help-seeking. Greater bystander action against sexism, racism and homophobia. Improved interpersonal skills. More meaningful social connections. Practitioners who are better equipped to undertake healthier masculinities work. 	<ul style="list-style-type: none"> improved individual mental health and wellbeing decreased mortality and health problems from unhealthy, violent and risky behaviours associated with harmful masculinities (e.g. risky drinking) more respectful and equitable relationships organisations value and promote healthier masculinities safer, more inclusive social environments shifts in norms around masculinities improved quality of life for all increased gender equality decreased frequency and severity of violence, bullying, sexual harassment and accidents associated with harmful masculinities reduced healthcare and other system costs associated with harmful masculinities increased social and economic stability.
Organisational 	Organisational and workforce development A community health service considers masculine norms when developing a new service to support father engagement and accessibility. A workplace introduces fair and equal paid parental leave and actively encourages new parents of any gender to take advantage of it.	<ul style="list-style-type: none"> More organisations adopt gender-transformative practice in the development of health promotion programs, campaigns and other initiatives. More organisations design and implement evidence-based interventions that challenge gender stereotypes. More organisations co-design healthier masculinities interventions with gender equality experts and impacted stakeholders. Increased monitoring and evaluation of healthier masculinities interventions. 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. Greater collaboration between organisations working in healthier masculinities. 	
Community 	Community mobilisation and strengthening A council delivers a social marketing campaign to reduce harm from risky drinking, which considers how masculinities influence the way men consume alcohol. Members of a local sports club advocate to the committee for changes to the club culture, including discouraging aggressive on-field and spectator behaviour.	<ul style="list-style-type: none"> More activities and programs that challenge gender stereotypes and promote more gender equality e.g. community parenting programs. More mobilisation on issues related to healthier masculinities. Increased community commitment to connect individuals with the supports, services and resources they need to reject gender stereotypes. 	
Systemic 	Advocacy Legislative and policy reform A state government mental wellbeing strategy includes a consideration of masculinity and how this impacts on men's help-seeking. 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).	<ul style="list-style-type: none"> Social norms value and endorse healthier masculinities. Policy and legislation supports the removal of male gender stereotypes. Greater financial and other resource allocation to advance healthier masculinities. Increased media representations of men and boys that are free of gender stereotypes. 	

Research, monitoring and evaluation

References and contributors

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Contributors

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

For a full list of contributors please go to www.vichealth.vic.gov.au/media-and-resources/publications/healthiermasculinities

Disclaimer

The field of healthier masculinities 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.



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VicHealth is committed to health equity, which means levelling the playing field between people who can easily access good health and people who face barriers, to achieve the highest level of health for *everyone*.



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VicHealth acknowledges the Traditional Custodians of the land. We pay our respects to all Elders past, present and future.