Healthier masculinities scoping review
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A report prepared for VicHealth

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Executive summary

Informed by VicHealth's intention to better understand the role masculinity/ies can play in promoting gender equality, this scoping review paper provides a critical discussion of a body of literature pertaining to the concept of "healthy" or "healthier" masculinities. While relatively new, and subject to critical debate, this is a concept that has gained increasing traction in recent years among practitioners, health promoters, and academics. In short, it is a term that works as both an aspiration and a call to action. While recognising masculinity is not the preserve of male bodies, the healthy masculinity/ies agenda is part of efforts to promote ideals for boy's and men's lives that are positive, diverse, and gender-equitable. In this sense, healthy masculinity/ies connotes a gender performance that, put simply, insists upon the practice of less unhealthy, less problematic, more democratic sets of practices; encouraging men (or whomever) to be more conscious of their gender performance and its associated norms and how these have pernicious impacts on women and girls as well as on the self and other men. But what do we know about healthy masculinity/ies and how might we harness the current state of knowledge?

The present review set about answering this question, aiming to explore what health promotion methodologies are being used to promote and educate people about healthy and positive masculinities in the Victorian (and wider national and international) context; to, relatedly, establish what evaluation is being undertaken to measure attitudinal and sustained behavioural change and assess the evidence for effective strategies; and to engage with and learn from the wider academic research literature pertaining to healthy masculinity/ies.

The analysis excludes much of the large body of literature on gender-based violence, recognising this terrain as covered in the research and advocacy conducted by Our Watch. While clearly overlapping imperatives in some ways, this report focuses instead on programs and ideas that pertain more explicitly to the pursuit of healthier masculinity/ies. The research conducted for the scoping review borrows from the methods deployed in both systematic reviews and narrative reviews. A systematic search approach using key databases, *specific* agreed search terms and iterative search strategies was conducted, followed by and a screening-for-relevance process. The results of this search process were supplemented with a selection of articles drawn from researchers' knowledge of the field. The latter was purposively limited for the sake of brevity. Sixty-four pieces of literature were included in the final analysis. The literature was divided into

4 discrete sections (evaluations; models; research; "other"), critically assessed and synthesised in to a narrative review format.

Key Findings

The current literature on healthy or healthier masculinities comprises a spectrum of loosely or more directly related material, with a considerable number of articles dedicated to discussing or researching the key issues. First, and most crucially, our review finds that while a variety of health promotion/socio-ecological methodologies are being used to educate men and boys (and in some cases people of other genders) about "healthy and positive masculinities", there is a lack of robust, long term evaluation data. This makes identifying best practice difficult.

This review clearly identifies the need for more rigorous, longitudinal evaluations of programs, often highlighting what *is not* evaluated as well as the limits of current evaluation strategies. Of the 65 publications used in this review, only nine of these were program evaluations, and many of these were either case studies, or short-term evaluations conducted at the completion of the program. Longer term change in behaviour of groups or at aggregate levels is often missing, instead with much attention directed to examination of attitudes of individual men.

In short, and of primary concern, there is a need for more research that explores promotion, policy, and educational tools around healthy masculinities aimed at men and boys. Similarly, there is a need for a commitment to an extensive and robust program evaluation that will inform future decision making for interventions in this space. Regardless of the (at present) relative absence of relevant evaluative evidence, the assessed literature points to a number of inescapable key messages that health promoters and relevant stakeholders should incorporate into their logic and messaging strategies.

The literature suggests there is a need for an expansion on current public health campaigns to include sub-groups of men. Accordingly, Australian health promotion must "account for multiple masculinities in the planning, development, implementation and evaluation of health promotion activities aimed at men" (Smith, 2007, p. 20). Educating and raising awareness of a spectrum of masculinities, amongst both healthcare practitioners and the general public, would allow for flexibility and understanding around men's engagement with, for example, mental health services; the current absence of which acts as a barrier. Foregrounding the plurality of masculinities and men's lives in this way demands constant attention to wider socio-structural forces. Answering the

question of how issues of social exclusion, for example, might work against more gender-equitable relations is an imperative; individual-level interventions are not enough to bring about transformative change, particularly when considering social factors such as poverty.

Indeed, because awareness of gender inequality does not necessarily translate into support for *challenging* gender inequality, health promoters and wider stakeholders will need to invest wholeheartedly in the project of transforming the *culturally idealized* form of masculinity. That is, productive change in any context requires more than a focus on particular men, and in any case change is still likely to be very slow and incremental. On this basis, given most current healthy masculinities interventions are driven by the short-term goal of change in the attitudes and behaviour of individual men, there is a strong argument, even in lieu of evaluation data, for interventions to be delivered over a much longer time frame than is currently common practice (Jewkes et al., 2015b). This will mean supporting direct and targeted approaches inviting men to engage, and supporting them to develop the language and skills to maintain engagement long-term; but it will also mean a set of coordinated effort aiming to "transform the relations, social norms, and systems that sustain gender inequality" (Jewkes, Lang & Flood, 2015a, p.1580), horizontally and vertically at organisational, institutional community, and societal levels.

Allied to this, health promoters must ensure they retain healthy scepticism such that changes over time in hegemonic masculinity are not automatically framed as "success"; rather, we must remain mindful of how and whether newer forms of masculinity still operate oppressively. Furthermore, the relationship between raising awareness, changing gender attitudes and behaviour change is unclear, and should not be assumed. This takes us full circle, back to the opening point in this section: the pursuit of robust, long term evaluation data and best evidence is crucial.

Recommendations

Our chief recommendations are geared around a set of suggested actions and also a list of key issues that ought be the focus of advocacy, as follows:

Actions:

The health promotion sector and related stakeholders should:

1)   Consider further utilising existing research data (e.g. more extensive analysis of the Jesuit Social Services' "Man Box" data, plus expanded qualitative research) to help establish the parameters and priorities for new healthier masculinities intervention programs. This would aid in the modification or adoption of programs like Promundo's "Manhood 2.0" or in the development of new models and programs.

2)   Consider developing and making available a common evaluation tool. Following this, stakeholders might initiate a widespread suite of "joined up", medium to long term, program evaluation across Victoria, involving a wide variety of program delivery organisations across sites and settings to help develop a best practice tool kit. The absence of effective evaluation data is a critical issue. This should include robust investigations into the efficacy of single- versus mixed-sex interventions in terms of design and gender of participants and facilitators; decisions are currently often based on assumed common sense.

3)   Consider promoting/ initiating a network/ community of practice approach that engages a wide range of stakeholders in a continuing fashion to share best practice insights and data.

Advocacy:

The sector and related stakeholders should consider the following as key messages that could be promoted/ supported/ and advocated as necessary in the following ways:

Intervention design fundamentals

1)   Advocate for healthy masculinities programs and interventions aimed at boys and men that are gender-transformative. This means including critical discussions of masculinity, gender, and sexuality across a range of different risk factors and settings. Such programs must be evidence based, use integrated approaches that utilise community outreach and mobilisation and mass media campaigns, not just individual behaviour change, and should seek "to balance reflection on the power, vulnerabilities and oppression of hegemonic masculinity and positive aspects of men's aspirations" (Jewkes et al. 2015b, p. 118).

2) Advocate for the use of gender theory and theories of intersectionality as the underpinning foundations of gender-transformative approaches and interventions. This will ensure that more work is done to undo the gender binary, rather than reinforcing the notion that "real men" act in specific ways.

3) While at first seemingly contradictory to point 2, it is important that "any efforts that address men's health should build on men's strengths rather than pathologize men as problematic or toxic" (Ragonese et al. 2018, p. 7). This type of framing is pivotal in achieving point 4.

4) Advocate for programs to encourage boys and young men to engage in critical ontology of the self. This would include opening up discussions about the construction of alternative ways of adopting healthier and inclusive masculinities (or, equally, rejecting masculinity altogether) and could be achieved through the utilisation of creative approaches and mediums such as drama, fiction, film, and role play.

5) Support programs that use repeated exposure to ideas over a longer period of time and that are delivered in a range of settings. That is, because the antecedents of 'unhealthy' or problematic masculinity are pervasive, intervention programs are required across a variety of domains including but not limited to settings linked to sports, education, workplaces, health, and wider community projects.

Sector/ intervention staffing and training

6) Advocate for program facilitators and healthcare professionals to have formal training and accreditation, particularly in intersectional gender theory. Current or future programs and associated evaluations in Australia need to acknowledge multiple models of masculinity and gendered political consciousness in order to sustain meaningful change. Masculinity models in health promotion must also cater to this and consider men as active agents and participants in health promotion.

7) Emphasise how facilitators deliver programs in a way that is non-judgemental, transparent and collaborative, rather than focusing on the facilitator's gender. This means ensuring that traditional gender norms are not inadvertently reinforced via the chosen spokesperson, role

model or facilitator. In particular, the idea that participants are better engaged with only male facilitators is a practice to be avoided.

8)   Emphasise "place based" approaches that take into account how place/ environments can facilitate or constrain enactments of healthier masculinities; interventions undertaken in a program setting may not be translatable in a different setting.

9)   Promote the inclusion of external or internal advocates in programs or interventions in institution's own delivery models. This would help, in the sport setting for example, overcome the reality that coaches can be reticent about or unqualified in delivering gender transformative programs. Further, target interventions at coaches before, or certainly not only at, young players.

Influence public discourse

10) Acknowledge and promote that gender equality requires the rebalancing of power and privilege currently skewed in favour of men.

11) Advocate for more education and advertising surrounding the conceptualisation of masculinity, as young and adult men's alignment with masculine norms differ and have variable consequences.

12) Endorse/ promote the use of social media in campaigns about healthy masculinities aimed at boys and men, and emphasise the need for a clear social media strategy implemented by an expert.

13) Lobby for (social) media and public health promotion messages that focus less on "manning up" or on traditional masculine stereotypes and more on multiple versions of what it means to be a "real man" in modern society.

14) Overtly problematise news stories and commentary relating to sport spectatorship and domestic violence, making clear that such violence is firstly, a pattern of behaviour and, secondly, a product of specific gendered social and cultural norms, rather than being a specific reaction to an event.

15) Encourage moves toward redefining traditional gender roles in the family, to help address the management and (uneven) distribution of stress to mothers, and fathers.

16) Target community institutions (outside of/ in addition to program interventions), such as colleges, churches and workplaces, encouraging them to actively promote healthy masculinity and egalitarian practices. This means supporting men to explore their self-awareness, to facilitate men's adoption of non-breadwinner identities, and to encourage healthier masculinities by playing into men's commitment responsibility.

Introduction

There is growing consensus that enacting genuine, sustained change in respect of gender inequality - from violence against women, to sexual harassment, to inequities in pay, wealth, and the asymmetrical distribution of household labour and caring tasks - requires efforts to "transform the relations, social norms, and systems that sustain gender inequality and violence" (Jewkes et al., 2015a, p.1580). Transforming these deeply entrenched inequalities is recognised as being crucial if sustainable development and meaningful change is to be achieved in our local and global communities (MenEngage Alliance, 2017a, 2017b). This is an idea that emerged as central to recent work in respect of men's violence against women in the Australian context, figuring as a core component of the Our Watch, ANROWS & VicHealth's (2015) *Change the Story* framework, and also featuring in the Victorian Government's (2016) recognition of the need to contest and transform rigid constructions of masculinity and femininity.

This sentiment departs somewhat from traditional models that have emphasised challenging and changing specific "higher order" problematic behaviours of individuals (such as violence against women) or working with women in respect of violence prevention and response. However, an approach emphasizing the need to change underpinning gender relations and attitudes should be seen as complementary, rather than in competition with these traditional models. Indeed, international bodies/networks working to engage men and boys in gender equality, such as the MenEngage Alliance and Promundo, advocate for the use of approaches that challenge and transform gender roles and promote more gender-equitable relationships. The strategy for such bodies is to engage men and boys as "agents of change in challenging harmful social norms, stereotypes, traditional practices, privileges and dismantling patriarchal power structures which perpetuate and underpin systemic gender inequalities across every society of the world" (MenEngage, 2017b; see also Barker, Ricardo, Nascimento, Olukoya & Santos, 2010; MenEngage, 2017a).

In this regard, then, *gender-transformative* programs are those influenced by masculinity theories that view masculinities as "socially constructed, contested, fluid and locally and regionally determined" (Dworkin, Fleming & Colvin, 2015, pp. 130-131). Within this report the term gender-transformative will be used to describe interventions and programs that are more likely to challenge traditional views of gender in both boys and girls (Ellsberg et al., 2018). If gender

relations are reduced to simple norms or gender roles this may ignore the way that gender is built into social structures and institutions. Instead, gender-transformative programs utilise gender theory to move beyond gender roles and stereotypes and in so doing transform gender and the social norms, inequalities, and power relations that are associated with it (Greaves, 2014) in order to "democratise gender relations between women and men" (Dworkin et al., 2015, p. 130). In short, crucial theoretical underpinnings of such programs include the understanding that gender is something that one 'does' in their social transactions, rather than what one 'is'; that gender is *relational* and imbued with power, such that thus there is a need to democratise gender relations between women and men; that there is a need to disrupt the gender binary, and that we should accordingly 'view masculinities as socially constructed, contested, fluid and locally and regionally determined' (ibid).

While ostensibly targeting men and masculinity, in that men need to both "change themselves and align themselves with women to deepen and sustain the goals of women's rights and empowerment in the economic, political and domestic spheres" (Jewkes et al. 2015a p.1594), gender-transformative approaches will be successful only if women and men across age and generation divides are actively part of the process. As Jewkes et al (2015a, p. 1593) make clear, "gender norms are reproduced through generations and operate across the life course and not just among those most at risk of current perpetration".

While nomenclature varies, a term with growing traction in relation to the above issues is "healthy masculinity". This term implicates traditional masculinity as far too imbued with toxic elements that are a threat, in respect of physical and mental health, to people of all genders as well as underpinning and legitimizing gender inequality in a variety of other domains. Locating the origin of this term is difficult, but since the reporting of the United States (US) based Healthy Masculinity Action Project in 2012 the phrase has proliferated. Indeed, the nomenclature is prominently visible in Australian and wider international media, too. Examples (not returned in our evidence search) include the ABC's online reporting of a "healthy masculinity" photo exhibition in October 2018, an explication of the "healthy masculinity movement" in online magazine *Mashable* in June 2018, an account about a program for building healthy masculinity in YMCA Victoria in March 2018, an advocacy piece in *The Good Men Project* in November 2018, and a "what is healthy masculinity?" explainer in *Psychology Today Australia,* in June 2017. The usefulness of the term healthy masculinity is subject to some debate, with critique centering on the idea that masculinity

- as a representation of gendered practice - can never be anything other than unhealthy given it is used to reinforce and police the link between sex and gender practice. However, as Michael Flood (2018, para. 26) recently noted in *The Conversation*, irrespective of the adopted nomenclature, "we need to promote ideals for boys' and men's lives that are positive, diverse and gender-equitable". Working from this basis, and similar to the broader construct of masculinity, healthy masculinity does not pertain to only male bodies; indeed, men need not be masculine at all. However, healthy masculinity connotes a gender performance, that, put simply, insists upon the practice of less unhealthy, less problematic, more democratic sets of practices, and encourages men (or whomever) to be more conscious of their gender performance and its associated norms and how these have pernicious impacts on the self and others. There is no doubt that this can feel a little nebulous. However, the writing of renowned gender scholar Raewyn Connell (2000) offers a helpful starting point when thinking about what healthy masculinity – as a more democratic set of practices – might be. She writes:

> Democratic gender relations are those that move towards equality, non-violence, and mutual respect between people of different genders, sexualities, ethnicities and generations. Some of the qualities in 'traditional' definitions of masculinity (e.g. courage, steadfastness, ambition) are certainly needed in the cause of peace…The task is not to abolish gender but to reshape it; to disconnect (for instance) courage from violence, steadfastness from prejudice, ambition from exploitation (Connell 2000: 29-30)

This might translate into dissolving the commitment to ideas of being a real man. Instead, men/boys might then engage in behaviours such as greater emotional vulnerability, sharing feelings of sadness, fear, shame, kindness and joy to both women and other men/boys. Healthy masculinity would also include: accepting and not judging the gender performances of others; respecting women and girls and advocating for their rights and safety; encouraging and praising the strengths of colleagues and peers rather than mocking or 'jokingly' bullying; embracing meaningful friendships with people of all genders and sexual orientations; treating women and girls respectfully, engaging in equitable divisions of household labour and caring tasks; and feeling confident to draw a personal line in the sand when deciding how much to drink, how fast to drive or how soon one should engage in sexual relationships (rather than abide by social or peer conventions). A further component of healthy masculinity would be to call out efforts to police or chastise the positive behaviour in this indicative list.

The present evidence review canvasses extant literature that speaks explicitly, but to greater or lesser extents, to the issue of positive, healthy or healthier masculinities. The nomenclature is evolving, as is practice in this space. Accordingly, while we have used a systematic method, our review is not exhaustive. Indeed, as below, we have added into this review a small selection of material with which the research team is familiar, but that was not returned via the databases used as part of our literature search.

Aims

In this project, our aim was to synthesise international evidence and broader research literature relating to the role that masculinity(ies) can play in promoting gender equality, and to identify promising practice in relation to gender-transformative programming that promotes so called healthy, healthier, positive, and/or inclusive masculinity(ies).

To meet these aims, we operated with the following research questions:

1) What health promotion/ socio-ecological methodologies are being used to promote and educate people about "healthy and positive masculinities" in the Victorian/ Australian/ International context?

2) Who is being targeted and what evaluation is being undertaken to measure attitudinal and sustained behavioural change?

3) What evidence exists for "effective strategies"?

4) What insights can be gleaned from the research literature pertaining to healthy masculinities? (beyond solely evaluation studies)

Caveats

This review is driven primarily by relevant nomenclature. It is, first and foremost, an assessment of literature that pertains to healthy/ier masculinity/ies. This means that a large number of publications on gender equality in the workplace, for example, would not have been returned via the literature search. Furthermore, while recognising the significant overlap of the issues, the review deliberately excludes much of the substantial body of literature related explicitly or exclusively with sexual or gender-based violence. A very wide variety of excellent academic research, commentaries, evaluations and policy literatures related to such issues can be found

at https://xyonline.net/. Furthermore, while unpublished at the time of writing, Our Watch is preparing a review and commentary that will be an invaluable resource for readers interested in issues of gender-based violence. The scope of the present paper, then, is different from reviews that would emphasise interventions aimed at ending violence against women and girls, and different to those reviews looking at gender equality more broadly in a variety of settings. Some material that speaks to these issues is included in our review, but only when the material was returned via the keyword search process described in Appendix 1 and/or only if the material still overtly speaks to some of the issues of healthier masculinity, more broadly.

This review, as requested, pays attention to evidence and discussion that is more overtly potentially translatable to the Australian context. Hence, while much good work is emerging from South Africa (SA), for example, and while SA performs well on its gender gap index score, the country's political history, the social context, in respect of the proportions of single parent/ non-two parent families, and the high prevalence of rape and murder of women make for a unique set of circumstances that were deemed to be not commensurate with the purpose of the present review. Publications have also been included if they are comparative or include several countries, some of which are translatable to the Australian context (see for e.g. Miller et al., 2016).

Research methodology

The review of literature for this report borrows from the methods deployed in both systematic reviews and narrative reviews. A systematic search approach using key databases, specific search terms and iterative search strategies was supplemented with a small selection of items drawn from researchers' knowledge of the field. After screening this combined body of literature for relevance, the content was assessed and evaluated, resulting in an extended narrative review, which we present below in the Literature Review. Overall we discuss 65 publications from the United Kingdom (UK), the US, Canada, Australia, New Zealand (NZ), or Scandinavian countries. All articles involve boys or men and relate directly to healthier or healthy masculinities. For a full description of the research methodology and criteria used for this report please see Appendix 1.

Healthier masculinities literature

Publications relating to healthier masculinities were categorized by *type*, including: program evaluation, models, research, and "other" (comprising advocacy, policy, and reports). Within this, the publications covered a number of different *settings* including community, education, family, health, media, psychology, sport, workplaces and the criminal justice system. The literature pertaining to each *type* is analysed and a narrative synthesis of the literature across *settings* (rather than by settings) is provided in order to present the key messages extracted from each *type*. The literature presented below is that identified in the systematic review and does not reflect a comprehensive overview of each type of intervention, nor a comprehensive list of the settings they appear, or are undertaken, in. It does, however, offer considerable insight into what does or does not exist in relation to healthy masculinities in Victoria, Australia.

We present our analysis of the literature in the following order. First, we address the literature on ***program evaluations***. This is followed, secondly, by proposed practice of conceptual ***models*** geared towards the achievement of healthier masculinities that have not yet been evaluated. Thirdly, we turn to the wider ***research*** pertaining, in various ways, to healthier masculinities. This takes in empirical and theoretical research literatures, and forms a major part of our discussion as this was the category of literature that predominated in our search. Fourthly, we address the key messages that were gleaned from an analysis of the material we designated as advocacy, policy, report, and reviews. These four types are discussed together under the heading ***"other"***.

1.   Program evaluations about healthy masculinities

This section includes an exploration of ten program evaluations relating to healthy masculinities (including six publications added by the researchers). In their evaluation of a men's behaviour change program in Australia, Brown, Flynn, Fernandez Arias, and Clavijo (2016, p. viii) recognise that there "is little Australian research, and no independent nor any large scale research" to adequately "provide any context, directions to pursue, or basis for comparison". As will become clear, and is to be expected given the greater impetus towards anti-violence programs, a similar assessment might be made in relation to programs and evaluations on healthier and/or positive masculinities more generally, whereby the evidence base is thin and not sufficiently robust.

Program evaluations relating to healthy masculinities that *are* included in this review sit within the contexts of education, family, sport, and health and provide only a preview into programs of this

type. These evaluations are of programs for boys and men that range in length, with shorter programs running for one session from 60 – 90 minutes, such as the Coaching Boys Into Men (CBIM) program in the US (Abebe et al., 2017), and longer men's behaviour change programs running for between 12-52 weeks (Brown et al., 2016). It was noted in a report by the World Health Organisation (2007), however, that very few programs with men and boys extend beyond the pilot stage or a short-term program.

1.1 Programs and interventions for men and boys

Various programs have been used to engage men and boys on issues relating to healthy masculinities and gender equality. One such program is The Boys Forum, which explores the effectiveness of gender role interventions in schools. This program was conducted with a group of 51 boys aged 13 to 14 years at a US middle school (O'Neil, Challenger, Renzulli, Crapser & Webster, 2013). Led by male role models the program used media, group discussions, empowerment themes, and adult self-disclosure to promote psychosocial development, and to encourage the boys to reflect on the challenges of growing up male, and embrace more positive masculinities. Findings from the evaluation of the The Boys Forum indicate that boys felt positively about the program and internalised some of the content, suggesting that boys not only can but *want to* engage with critical thinking around masculinity from a relatively young age (O'Neil et al., 2013). In some cases, this engagement translated into positive thoughts and actions, with the majority of boys reporting feeling better about themselves, and almost half of the boys stating that they had reached out for help for their problems because of the program.

Another program aimed at young male athletes in the US is Coaching Boys Into Men (CBIM). CBIM is an evidence-based adolescent relationship abuse and sexual violence prevention program conducted with coaches of male student athletes and specifically encourages young men to talk about respect and healthy masculinity (Abebe et al., 2017). The CBIM program's 60 minute leadership training sessions teach a number of strategies, including ways to respond to disrespectful behaviour or language among adolescent male athletes and talking to athletes about nonviolence, respect, and healthy masculinity. A key component of the program is "recognition of what constitutes abusive behaviours, promoting bystander behaviour, and discussing healthy masculinity norms" (Abebe et al. 2017, p. 13).

Several evaluations of the CBIM program have drawn attention to its use of bystander intervention models to promote norms of nonviolence and respect for women (Abebe et al., 2017; Miller, Jaime & McCauley, 2016). Miller et al. (2016) summarise three evaluations of the program that were conducted in California, Mumbai, and Pennsylvania. Abebe et al. (2017) also conducted a cluster- randomised control trial with 973 athletes (aged 11-14) from participating middle schools, and administered surveys at the beginning and end of their sporting season and 12 months later. The California and Mumbai (but not the Pennsylvania) evaluations by Miller et al. (2016) and that by Adebe et al. (2017) all found that the intervention resulted in athletes having positive outcomes. These included a better understanding of what constitutes abusive behaviour, displaying improved attitudes towards gender equity, and reporting higher levels of positive bystander intervention in peers' disrespectful or harmful behaviours, and lower perpetration of abuse (at the time of the twelve month survey). Additionally, there was increased bystander intervention behaviours among the coaches, and significant improvement in their confidence talking to athletes about gendered violence. As studies that have implemented long term, mixed methods evaluation strategies, and strategies that test both the intervention participants (coaches) *and* the boys they work with (made accessible by the middle school setting), these studies are highly useful as models for future healthy masculinity interventions.

The design of programs is brought to the fore, here. This echoes a report by the World Health Organisation (2007), which points to the importance of integrative approaches that include a range of content and the importance of well-designed programs with boys and men in order to lead to change in behaviour and attitudes. This report is an evaluation of 58 studies across numerous countries, including one study from Australia, of interventions with men and boys focused variously on, among other things, sexual and reproductive health and HIV prevention, treatment, care and support, fatherhood, and gender-based violence. The report indicates that there were thousands of studies excluded due to lack of (or access to) evaluation data. However, based on a combination of their gender approach (gender-neutral, gender-sensitive, or gender-transformative) and their overall effectiveness measured by evaluation design and level of impact, interventions were rated as "effective" (29%), "promising" (38%) and "unclear" (33%). More weight was given to those using quasi-experimental and randomised control trial designs and provided confirmation of behaviour change on the part of men or boys.

The Australian evaluation in the WHO report, of fathers' support services at UnitingCare Burnside, was classified as gender-sensitive and was given a low rating for outcome indicator levels, but an overall classification of "promising". Crucial here, though, is that the use of gender-transformative approaches "had a higher rate of effectiveness" than other programs (World Health Organisation, 2007, p. 4) and that the findings included "evidence of behaviour change in all program areas and in all types of program interventions (group education; service-based; community outreach, mobilization and mass-media campaigns; and integrated programs)". The underlying logic and theoretical foundation of a program is therefore crucial and the use of gender transformative approaches that include community outreach, mobilization and mass media campaigns, and not just individual behaviour change are more effective (World Health Organisation, 2007). This is also apparent in a much more recent evaluative systematic review of program features and outcomes in community and school-based programs targeting young males aged 12–25 years (Gwyther et al., 2019). While reporting on programs overtly geared towards the enhancement of men's and boys' wellbeing (as opposed to an explicit focus on gender equality), Gwyther et al (2019) signal the need for the '[i]ncorporation of male-targeted approaches through gender-sensitive and gender-transformative programs', and raise concerns about the limited use, and sometimes complete absence, of masculinity theory as an overarching framework in the 40 pieces they critically discuss.

Using integrative approaches also means utilising a range of different methods for engaging boys and men. One Canadian based program, called WiseGuyz, serves a good illustration. WiseGuyz is a school-based program for boys in Grade 9 (ages 13 to 15) and is based around understanding masculinity ideologies and how these influence adolescent boys specifically in relation to sexuality, gender equity, sexual health, and their relationships (Claussen, 2017). Based on this foundation, the WiseGuyz program aims to educate boys to "be conscious, critical, and self-aware" of masculinities that influence the development of identity and their relationships (Claussen, 2017, p. 160). Using group-based discussions, the sexual health education program seeks to change beliefs and expectations in relation to adolescent boys and sexual relationships, by critically examining dominant forms of masculinity.

The evaluation of this program used focus groups and the Male Role Norms Inventory Scale–Adolescent–revised (MRNI-A-r) standardised scale with 52 adolescent boys aged 13 to 15 who had participated in the WiseGuyz program at the Calgary Sexual Health Centre (Claussen, 2017). Some

of the boys reported that the educational element within the program that encouraged boys to be "conscious, critical, and self-aware" with regards to masculinity ideologies allowed them to think more critically about masculinity (Claussen, 2017, p. 161). Further, that a sexual health promotional program, like WiseGuyz, might be an effective way for lessening the endorsement of traditional masculinities. Another evaluation of the WiseGuyz program was conducted with 142 Grade 9 boys in the US (Exner-Cortens, Hurlock, Wright, Carter & Krause, 2019). Findings from a pre-experimental (no control group) evaluation indicate that participants reported improvements in friendship closeness and in positive mental health, as was indicated by their emotional, psychological and social well-being. Both evaluations provide support for programs such as WiseGuyz that give boys the opportunity to critically reflect on how male norms influence aspects of their life, such as their identity, behaviour, and well-being (Claussen, 2017; Exner-Cortens et al., 2019).

The utilisation of arts in healthy masculinity programs has also been documented as effective. MacNeill et al. (2018) undertook a review of programs that sought to promote gender equality through arts-based activities, in which they discussed the Locker Room Talk project, run by not-for-profit organisation the Too Much Information Project (TMI Project, 2018). Conducted with American high school footballers, the program uses memoir writing and storytelling to "confront the hyper masculine culture the boys inhabit and redefine what it means to be men, through inspiring them to find their own authentic self" (MacNeill et al., 2018, p. 21). Though the authors cite the widespread success of the TMI project in general, they do not provide any substantive evaluation of the efficacy or outcomes of this particular program. Despite this, wider research on the use of arts-based programs with fathers suggests that using arts-based approaches to engage men and boys in discussions of masculinity could assist in the development of personal narratives around being a man and identity formation (see, for e.g., Block et al., 2014; Boswell, Poland, & Price, 2010; Buston, 2018).

As well as the use of integrative approaches, evaluations also point to the importance of facilitators and facilitator skills in the delivery of programs around healthy or positive masculinities (Brown, 2016; Miller et al., 2016). In the Men's Behaviour Change program in Australia, facilitators were considered crucial to men's understanding of whether programs were successful (Brown et al., 2016) and formal training and accreditation of program facilitators were important aspirations within the program management (Brown et al., 2016). Although one of the three evaluations of

the CBIM program reported by Miller et al (2016) showed no significant difference in outcomes for athletes enrolled in the program, such as intentions to intervene, knowledge of abuse, or positive bystander behaviours, it did point to the importance of the facilitators in the delivery of the CBIM program (Miller et al., 2016). Participants reflected on "how having their coaches engage in these serious discussions was meaningful" (Miller et al., 2016, p. 239). An additional strategy used in the facilitation of this program was the utilisation of anti-violence advocates alongside coaches in the presentation of material as some coaches are reticent about implementing the program. In these instances, advocates were well-received as they were non-judgemental and were able to build rapport with those attending and employed interactive delivery styles that integrated themselves into the groups they worked with (Miller et al., 2016).

These findings provide some useful methods and models for the delivery and facilitation of health promotion around healthy masculinities and violence in Victoria. Conversely, at times it is also unclear whether the inclusion of male role models, such as those used in the Boys Forum, and the centrality of males is based on common assumptions with regard to male role modelling or a conclusion drawn from robust data (e.g. see below summary of Robb et al., 2015).

Tangentially related, on the theme of role models, is a very small evaluation of a men's sheds intergenerational mentoring program in Australia (Wilson et al., 2013). While this program was not geared towards gender transformative outcomes, its focus on how nine teenage men at risk of social exclusion fared on this program speaks to the issue of role models and engagement. Wilson and colleagues (2013) use as evidence the voices of the older men who had acted as mentors to the younger men. The older men reported positive outcomes for themselves and perceived benefits for the young men, but the latter is of course highly speculative as the young men were not consulted.

1.2 Gaps in programs and evaluations

The evaluations of the programs above support longstanding calls for gender transformative approaches to be a central part of the design of interventions. The above also speaks clearly to recent suggestions by The Men's Project and Flood (2018) that efforts should be made to: highlight the harms of traditional masculinity; highlight the gap between men's ideals and the social norms they abide by; engage men and boys in critical dialogue about these things, and;

to promote alternatives to traditional masculinity. However, there were a number of gaps noted in the program evaluations.

At present, evaluations of programs relating to healthy masculinities tend to be conducted close to the completion of the program itself and are rarely longitudinal in nature (O'Neil, Challenger, Renzulli, Crapser & Webster, 2013; see also Gwyther et al., 2019). This limits the ability to draw conclusions regarding program effectiveness over the longer-term and risks making judgements on what could primarily be program satisfaction data. One such study involved three evaluations of The Boys Forum in the US. Three evaluations were conducted including a pre-assessment of the boys' gender role attitudes, a questionnaire immediately after the program, and a questionnaire three weeks after the program (O'Neil et al., 2013).

While results indicated that the majority of boys had positive feelings about the program and cognitively internalised the content over time, the end of program evaluation limits the ability to relate these findings to longer-term implications of this content on the boys involved. Longer term assessment of this program would provide more robust evidence as to its efficacy. This was a point also raised in Brown et al.'s (2016) study, with an emphasis on the need for long term assessment of programs aimed at boys and men that move beyond "end of program" analyses and instead are large scale, multiple site, longitudinal studies that focus on how and whether boys and men maintain progress in respect of attitudes and understandings of gender relations (Brown et al., 2016).

What becomes clear is as well as needing gender-transformative foundations, programs also need to engage men and boys over longer periods of time and have their effectiveness evaluated longitudinally (Gwyther et al., 2019; Brown et al., 2016; World Health Organisation, 2007). This echoes the evidence in the literature on anti-violence program evaluations, where Lundgren and Amin's (2015) review of 142 interventions noted better efficacy for any program that goes beyond awareness-raising or discussion sessions. Gwyther et al's (2019) review of school and community based programs, noted above, elaborates the problems here, pointing to how a lack of long term evaluation can lead to limited efforts at refinement. Indeed even among the programs they note as 'gender-transformative interventions', none in their sample reported any follow-up data.

Additionally, though, the language used in the advancement of some of these healthier masculinities types of programs, such as The Boys Forum, reinforce gender roles, rather than

being gender inclusive and transformative. The stated aim of The Boys Forum is to help young men navigate "gender role transition" periods such as puberty. This works to reify, rather than challenge, the essentialist notions of male and female sex roles (O'Neil., 2013, p. 194). As well as this, the title of Coaching Boys Into Men may be understood in a way that frames boys using a deficit model in which men are categorised as being those who are less likely to engage in harmful or unequal gender practices. This notion of cultivating "proper men" or "real men" is at odds with gender-transformative approaches that aspire to work towards reducing the emphasis on gender differences.

More narrowly, while advocates for changes in masculinity have stressed the need to emphasise diversity and change that already exists and/or is happening among men and boys (e.g. Roberts, 2018; The Men's Project & Flood, 2018), it remains unclear whether this strategy is taken up in any program material. The importance of doing so is clear in the data from the Man Box Study (The Men's Project & Flood, 2018) which finds that most men reject traditional, problematic masculine social norms, and yet see their own (often progressive views) as being at odds with how "society" tells them to "be a man".

The final point of concern that emerges from these evaluations relates to what is not said. We have not found any data or discussion on interventions that explicitly outline and/or evaluate work done with gay, bisexual and transgender men; men of diverse cultural and ethnic backgrounds are part of the equation in some sections of this review, but Aboriginal and Torres Strait Islander men are present in healthy masculinities initiatives largely through their striking absence.

2. Models for healthy masculinities

This section draws on the four models for promoting healthy masculinity that were identified in the literature and which were not, at the time of writing, underscored by evaluation data (Abebe et al., 2018; Lander & Nahon, 2017; Kiselica, 2011; Seidler, Rice, River, Oliffe & Dhillon, 2018). The first of these model is Manhood 2.0, a practical community based intervention model for adolescent boys in Pittsburgh (US). We have included this in our discussion of models because, as of April 2019, the program website indicates it is still undergoing evaluation, with no results published. The model that underpins the program is, nonetheless, likely of interest to readers.

How it works: Program H|M

LEARN through questioning and critical reflection about gender norms, to develop new attitudes and skills

REHEARSE these attitude and behavior changes, and these new skills in safe environments of group educational sessions

INTERNALIZE these new gender attitudes and norms

LIVE gender-equitable, non-violent and healthy attitudes and behavior in everyday life and relationships in a sustained way

ACHIEVE ultimately, positive outcomes, i.e.:
• gender equity itself,
• outcomes related to health and well-being, i.e., increased condom use and improved SRH, reduced STIs and HIV/AIDS, reduced gender-based violence
• youth as agents of change

SUPPORTING INFLUENCES & STRUCTURES Peers questioning and transforming gender norms together; role modeling of gender-equitable lifestyles, and taking action through advocacy in one's community and broader levels; Institutions, structures, services, and policies support these changes
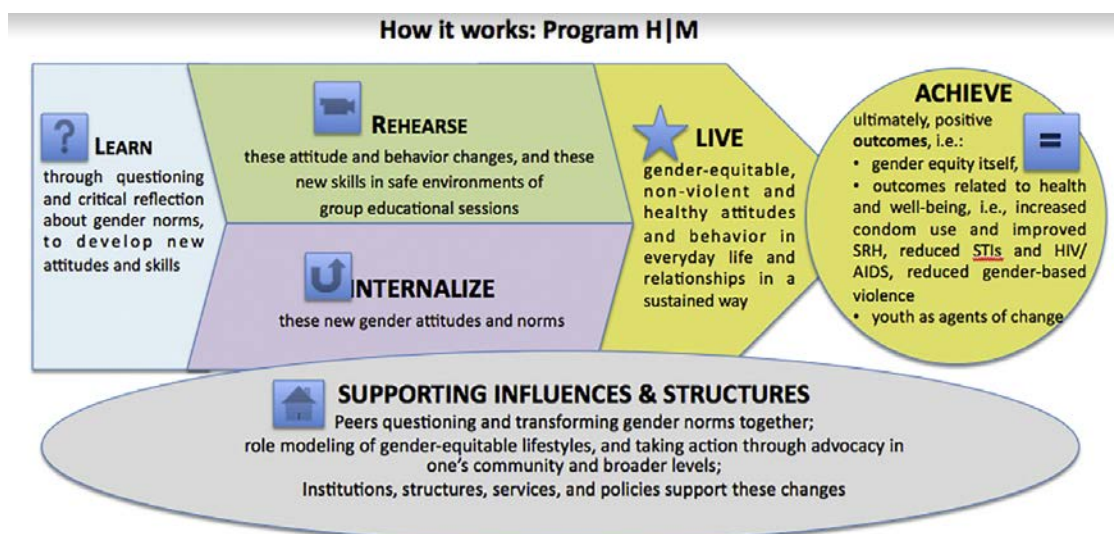
Fig. 1. Conceptual model for Program H.

Figure 1. Conceptual model for Program H (as per Abebe et al., 2018, p. 20).

Manhood 2.0 is a gender-transformative initiative, premised on Program H, which was created in Brazil by Promundo (2019). While its primary aim is to reduce violence against women, it explicitly aspires to engender healthy masculinities. Manhood 2.0 involves challenging harmful gender/ sexuality norms, shifting gender norms, reducing homophobic attitudes, improving knowledge around sexuality and sexual consent, and promoting bystander intervention (Abebe et al., 2018). The proposed model also includes discussions about social media use and internet pornography, an exploration of intersectionality using arts-based approaches that cover racism and the marginalisation of African-American males in the US along with white and male privilege, female contraception, and bystander intervention skills (Abebe et al., 2018). This is done over an 18 hour curriculum, with six sessions of three hours delivered once or twice a week, and is delivered via a range of neighbourhood settings (Abebe et al., 2018). To do so, it includes an integrated curriculum and community outreach model as presented in Figure 1. above.

Abebe et al.'s (2018) proposed evaluation of the program is premised on a two-arm cluster-randomised control trial conducted with adolescent males between the ages of 13 and 19. This will feature 21 clusters across 20 neighbourhoods in Pittsburgh and follow up surveys will be collected three and nine month intervals after the end of the program. The intervention is to be compared against attitudes and self-reported behaviours of those in a control group undertaking a different community based program, aimed at improving young people's job readiness. The

effectiveness of the gender-transformative program will be measured nine months after intervention. At times it is difficult to ascertain whether some aspects of the evaluation have taken place or not. This makes analysing the proposed evaluation somewhat limiting. Despite this, there are a few things to note. First, Manhood 2.0 is a program aimed at lower socio-economic populations and targets young men at risk of marginalisation (Abebe et al., 2018). This speaks to implicit prejudices that presume boys from lower socio-economic backgrounds are somehow more problematic in their constructions and performances of masculinity. Secondly, although some mention is made of the training of facilitators Abebe et al. (2018) also indicate that "the facilitators... are stakeholder-identified men from the communities where the program is taking place"[1]. The taken for granted assumption that males would make ideal facilitators is fraught with tension and limited evidence (e.g. see previous section on program evaluations; also, as below, Robb et al., 2015).

Another healthier masculinities model, one directly related to the health space, is that proposed by Seidler, Rice, River, Oliffe, and Dhillon (2018). This model seeks to complement current de-stigmatisation and promotional help-seeking practices to engage men in mental health services. Instead of focusing on the narrative that men do not seek help, the authors propose that suitable treatment approaches should instead be the focus (Seidler et al., 2018). This means more than simply getting men into a mental health service; a masculinities model for mental health care would remove barriers in order to provide effective care once men engage with the service. A four-pronged approach is proposed, which takes into consideration the plurality of masculinities and the need to become more flexible and diverse when engaging men in this space.

This involves, firstly, the need for an expansion of current public health campaigns to include sub-groups of men and, secondly, an increase in focus on person-centred care using techniques such as Cognitive Behavioural Therapy in support of evidence which demonstrates the need for non-judgemental, transparent, and collaborative relationships between patient and clinician. This corresponds with findings from the UK based Beyond Male Role Models program in which personal qualities and commitment and the ability to form relationships of mutual care and respect are prioritised (Robb, Featherstone, Ruxton & Ward, 2015). The third prong involves targeting education of healthcare professionals with regards to the plurality of masculinities

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[1] Quote taken from Children's Hospital of Pittsburgh website page advertsing the program
http://www.chp.edu/research/clinical-studies/adolescent-medicine/engendering-healthy-masculinity)

and the various challenges and barriers faced by men with regards to accessing mental health services (Seidler et al., 2018). The purpose of which is to challenge their own beliefs and biases around gender thus allowing for the development of more nuanced and adaptive approaches to engaging men. Lastly, Seidler et al. (2018) note the need for comprehensive health economic data around the public health costs of low engagement of men in mental health services as the current estimate in the US is US$500 billion, when taking into account the "impact of alcohol and substance misuse, domestic violence, and depression on societal productivity, health, and law enforcement" (Seidler et al., 2018, pp. 99-100).

Our advice is that, while the models Siedler et al. (2018) and Abebe et al. (2018) currently await full evaluation data, these models each contain important underpinnings that would help the move towards healthier masculinities: recognising, promoting, and respecting *masculine plurality*, and, as a corollary, a gender-transformative orientation. These are approaches that could and should feature strongly in training and development in the health promotion sector, both for health promotion staff and associated staff and facilitators at organisations running men's behaviour change programs.

2.1 Transferring international models to the Australian context

The masculinities model proposed by Seidler et al. (2018) for men's mental health could work well in an Australian context. Educating and raising awareness of a spectrum of masculinities, amongst both our healthcare practitioners and the general public, would allow for flexibility and understanding around men's engagement with mental health services; the current absence of which acts as a barrier. Likewise the economic burden of mental health is equally as problematic in the Australian context with the cost estimated in 2012 for young men aged 12-25 coming in at $3.27 billion per annum, or $387,000 per hour in lost productivity (Degney, Hopkins, Hosie, Lim, Rajendren, & Vogl, 2012). Kiselica (2011) also offers some important, if somewhat cursory, nods to community based programs with men in the US. One of these is a national level awareness raising campaign called the Country Boys Project. This program offers a reminder that the hardships faced by boys, in relation to being/ becoming a man, in low socio-economic communities ought to be understood from the perspective of such boys, thus acknowledging the influence of place in producing different, locally idealised versions of masculinity. Within an Australian context this would thus involve the development or promotion of models in low socio-economic communities that are drawn from the experiences of boys from within these communities.

3. Research

Beyond the relatively small literature on relevant evaluation studies and/or proposed models, our search process returned a wide array of research literature that, to greater or lesser extents, pertains to the issue of healthy masculinity. Here we summarise the major findings and arguments of 45 research papers. Although this literature is highly disparate, we have identified seven major themes across them. The first four pertain to the complexities of engaging men in gender equality, including the challenges and barriers to engaging men in gender transformation; the importance of intersectionality; the inadvertent harm of public health strategies; and some successful strategies offered by research literature to overcome these barriers and social divisions. The fifth briefly discusses the challenge of moving from attitudinal to behavioural change, and ultimately, onto the broader aim of transforming the culturally idealised form of masculinity. The sixth explores the importance of engaging women in these processes. And lastly, we highlight three studies that found an adherence to masculine norms and hegemonic traits is linked with positive social and health-related outcomes, but we contextualise these alongside a number of studies that found the opposite.

3.1 The challenges of engaging boys and men in gender-transformative "healthy masculinity" initiatives

A number of the research pieces returned in this review explore the socio-structural mechanisms that maintain and reinforce masculine norms and prevent men's engagement with gender transformative healthy masculinity initiatives, and gender equality more broadly. Specifically, they examine the perpetuation of harmful gender stereotypes in the media, barriers to gender equality in sport and workplace settings, and the relationship between social exclusion and men's engagement in *un*healthy masculinities.

It is well established that gendered socialisation begins at an early age and, despite an increasing public discourse around healthy masculinities, marketing and media remains highly gendered (Maclaran, 2015). For instance, using self-reported data drawn from 134 (predominantly white) mothers of preschool children, Coyne et al. (2014) explored the role of superhero televisual media in celebrating and (re)producing particular masculinities among young boys and girls. Perhaps unsurprisingly, they found that superhero exposure increased male-stereotyped play over time for boys, and increased weapon play over time for both boys and girls. Similarly, Gough's (2006)

deconstructive analysis of a men's health insert in UK-based newspaper *The Observer* found the insert not only reproduced harmful masculine norms, but also absolved men from actively protecting their health. Though somewhat intuitive, these findings serve as a reminder of the role the media plays in (re)producing restrictive gendered behaviours and preventing a wide uptake of healthy masculinities.

The social research literature is replete with studies making similar claims about sporting and workplace cultures, and the role they play in reinforcing harmful masculine norms, though given they do not necessarily pertain to healthy masculinities, relatively few were returned as part of our literature search. One returned study, by Brooks-Hay and Lombard (2018), drew on interviews and focus groups with key stakeholders in England and Scotland to demonstrate the deeply embedded and intersecting relationship between sport spectatorship, alcohol, violence, and masculinity in the UK. Similarly, Berdahl and colleagues (2018) found that many workplaces are still deeply masculinist spaces, which value and reward raw ambition, ruthlessness, and domination. This creates organisational cultures that exclude women, as well as men who embody non-hegemonic masculinities (Berdahl et al., 2018). As such, there continues to be extreme resistance or feelings of unease at the prospect of workplace culture change toward gender equality. Though only tangentially relevant to this review, these studies highlight the pervasiveness of masculinist cultures. In accordance with these findings, gender-transformative projects should account for the complex and intersecting relationships between masculinity and setting-specific norms, and employ multi-faceted approaches to address the compounding barriers to engagement that they create. This suggestion is supported by Ellsberg et al. (2018, p.408) who, in their review of literature on adolescent intimate partner and sexual violence, found that "multisectoral programs that engage with multiple stakeholders appear to be the most successful in transforming deeply entrenched attitudes and behaviours".

The last set of research articles pertaining to barriers to engagement focus on social exclusion and deprivation, and the (supposed) imperative for disadvantaged boys and men to rely on sexism and homophobia to establish their masculinity. Limmer (2014) conducted focus groups and follow-up interviews with 43 young men aged 15-17 to explore their understanding and enactment of masculinity. Nineteen of these participants were considered "socially excluded" (involved in the criminal justice system, or excluded from education etc), while the other 24 were from affluent areas and engaged in the education system. Limmer (2014) found that the socially excluded men

were unable to access masculine capital through financial gain, success or social dominance, and therefore relied on peer approval through overt heterosexuality, sexism, and homophobia. Lorimer et al. (2017) found similarly in their Scottish study of 116 men and women aged 18-40, most of whom were unemployed, lived in social housing and did not hold school level qualifications. Drawing data from 35 individual interviews and 18 single-sex focus groups, the authors found these men, too, felt trapped by their inability to live up to hegemonic masculine ideals and relied more heavily on hypersexuality and forms of physical dominance. Importantly, Lorimer et al.'s (2017) participants acknowledged that this inhibited their ability to engage in healthier and more gender-equitable intimate relationships.

Social exclusion and deprivation therefore increases the imperative for *some* men to engage in *un*healthy masculinities. Care should be taken, however, to avoid *apriori* labelling men from marginalised backgrounds as automatically sexist, hypersexual, homophobic, and motivated by dominance (Roberts, 2018). Problematic masculine norms and how they (differentially) manifest among boys and men from both marginalised backgrounds *and* those from privileged backgrounds must be given equal attention (Roberts, 2018). In line with this, gender- transformative projects should account not only for setting-specific conditions, but also give due consideration to the intersecting and potentially compounding effects of social characteristics such as class, race, and ability.

3.2 The importance of intersectionality

Academic writing on intersectionality has long stressed the need to recognise and acknowledge the function of multiple social divisions, especially in the ways that these interlock as systems of oppression (Crenshaw, 1990). Drawing on, or complementing, this logic, and against the grain of popular imaginings that position men as a coherent homogenous group, studies of men and masculinities have also long held an intersectional approach. This approach particularly foregrounds plurality through assessments of intersections such as age-gender, class-gender, "race"-gender, place-gender and (though nowhere near as often) "race"-class-place-gender. Indeed, the recognition that masculinities are multiple emerges consistently throughout the present review. Our search returned a set of research pieces that, in varying ways and to lesser or greater extents, demonstrate the importance of considering intersectionality when promoting gender equality.

The most direct discussion of intersectionality was evident in Fleming, DiClemente, and Barrington's (2016) literature review of masculinity and men's sexual risk-taking. In one of their key findings, they emphasise the need for further research around the multiple, intersecting identities men embody, and how they work in favour of those who represent the dominant form of masculinity, and against those who do not. As part of this intersectional lens, Fleming et al. (2016, p.794) encourage a consideration of how individual men experience power across contexts, by highlighting that "men who are marginalised at a societal level (e.g. young men or ethnic-minority men) may be dominant in another context (e.g. small peer group, local villages)". Importantly, they draw attention to the (at times overlooked) issue of age, by citing a study by Gibbs, Sikweyiya and Jewkes (2014) which found that younger men "adopt a more violent and sexual masculinity because, unlike older men, they are unable to meet the provider role" (Fleming et al. 2016, p.794). The authors argue that integrating these more nuanced considerations of intersectionality will result in a less monolithic understanding of how masculine norms influence men's behaviours.

In line with the work on social exclusion cited above (Limmer, 2014), a number of research pieces returned in this review discuss the connection between social characteristics and men's ability to engage with healthy masculine norms. Moving to the issue of locality, Lei et al. (2014) drew on longitudinal data derived from surveying 703 African American young people, to explore the relationship between neighbourhood-level gender inequity and acts of violence. Commensurate with existing theories of neighbourhood social ecologies, these researchers found that boys' violent perpetration is correlated with neighbourhood gender inequity, whereas girls' acts of violence tended to be similar, regardless of equity levels. This suggests a strong link between masculinity, setting and violence, and speaks to the importance of socio-ecological framing. Similarly, in their qualitative study of men in drug treatment programmes, Wilton, Deverteuil, and Evant's (2014) participants consistently raised concerns about how to integrate the masculinities learned in the program back into their everyday lives. The authors argue that the composition of specific local opportunities, resources, and locally valued masculinities is pivotal, as "space and place mediate, facilitate and/or constrain the enactment of more or less healthy masculinities by different men" (Wilton et al., 2014, p. 301). As such, programs or interventions must be developed with the understanding that progress achieved in a manufactured setting is not always practically translatable into people's everyday lives.

Where the above research suggests disadvantage might lead to *un*healthy masculinities, Stykes (2015) demonstrates a positive link between social advantage and healthy approaches to fatherhood. Using longitudinal data for 2,789 fathers from the Fragile Families and Child Well-Being Study, the author shows that men with higher economic capital, education levels and relational capital with the child's mother (e.g. family cohabitation and mothers' satisfaction with fathering) were more involved as fathers. Importantly, they note that these factors were a much higher predictor of verbal interaction (i.e. reading or telling stories) than their participants' baseline visions of masculinity. In fact, valuing traditional fathering was not found to be a significant predictor of verbal interaction. This piece demonstrates the importance of class; however, it should be noted that the broader literature on class and fatherhood has illustrated that middle class men engage in *spoken* egalitarianism, but it is working class men who often must and do engage in *lived* egalitarianism (Roberts, 2018; Lyonette & Crompton, 2015).

Tangentially linked to this discussion of disadvantage is the role that social policy and welfare plays in reinforcing traditional gender norms and restricting the wider uptake of more equal gender relations. Through a policy comparison and 52 interviews with fathers in Sweden and Poland, Suwanda and Plantin (2014) explored the role of policy in (re)producing types and degrees of fatherhood involvement. They found that Poland's family welfare system is more *genderising* (positioning women as primary carers and men as helpers), whereas the Swedish system adopts a more feminist, "shared parenting" discourse (Suwanda & Plantin, 2014, p.519). These policy frameworks were reflected in the participants' attitudes to domestic work with Polish men more likely to view themselves as breadwinners and Swedish men more likely to be concerned with developing relationships with their children. Despite this, gender inequality is still observable in both societies, however, this study highlights the transformative scope of welfare states. In the Australian context there is a particular need to address these structurally embedded gender norms, as recent evidence has indicated that, after the arrival of a second child, mothers' (and not necessarily fathers) time pressure increases while their mental health deteriorates (see Ruppanner et al., 2018).

Most pertinent to this review, however, is the work of Harnois (2017) and Estrada and Jiminez (2018) around the intersection of race and gender. The former, used multiple regression analysis on data from a representative sample of 598 men in the US to explore the role of race and sexuality in men's awareness of gender inequality, and whether this corresponds with overt

support for gender activism. Despite being groups who are seldom represented as "feminist" in academic research or wider public discourses, black men and married men were found to be more overtly supportive of gender activism than white and non-married men (Harnois, 2017). Similarly, in their study of 140 Latino male university students, Estrada and Jiminez (2018) documented a growing shift towards the culturally-specific notion of *caballerismo* (a masculine identity that embraces family centredness, social connectedness, and honourable behaviour), and found that it was associated with positive social outcomes. Despite limited discussion of social class, these studies illustrate the need to carefully re-think assumptions about which men are most likely to hold progressive views and align themselves with gender equality (Roberts, 2018).

The above research pieces serve as a reminder of the need for an intersectional lens when planning health promotion efforts on healthier masculinities. Doing so, as noted by Fleming et al. (2016), will help health promoters better understand the nuances of how masculinity influences men's behaviour, and develop more appropriate responses for specific populations of men.

3.3 The inadvertent harm of public health interventions

Particularly pertinent to this review are the research pieces that confront the issue of inadvertent harm in public health interventions, and which highlight the need for gender-transformative interventions in the media. Fleming et al. (2014) explored the media strategy for the US sexual health campaign Man Up Monday. The analysis demonstrates how negative, stereotypical, or rigid gender tropes are deployed in the campaign, serving to support rather than challenge hegemonic masculinity ideals. Instead of taking this approach, the authors support numerous studies (some of which are discussed elsewhere in this report) that acknowledge the success of gender-transformative public health interventions, especially with regard to sexual health and HIV prevention. In combination with the claims made by Dworkin et al. (2013) in relation to the consideration of norms and attitudes around gender equality, Fleming et al. (2014) explain that gender-transformative approaches are "underused globally", with public health programming in developing countries having outpaced high-income countries. Implementing media strategies such as this in an Australian context would mean adopting similar media strategies as those used for Stepping Stones (in South Africa) and Promundo's Project H (in Brazil) as these provide examples of best practice (as noted above). In Australia, while this sort of health promotion as a media strategy might require refinement, it is crucial that messaging strategies are modified so that they focus "less on manning up and more on questioning the characteristics of contemporary

masculinity that prevent men from seeking health care services" and which underscore gender inequality (Fleming et al., 2014, p. 1033).

There has also been some criticism in the wider psychology literature of the promotion of new psychology models that promote positive masculinity, like those outlined above (see, e.g. Kiselica, 2011; Lander & Nahon, 2017 in the section on "models"). These views have been explored in research conducted by O'Neil (2010), whose main engagement is with contentions by Michael Addis and colleagues about the threat posed by generic masculinity, essentialism, and positive-healthy masculinity. The premise of this argument is that positive masculinity is an oxymoron, in that its insistence on masculinity at all "promotes essentialism, inhibits the deconstruction of gender roles, limits social change, and detracts from emphasizing human qualities in men" (O'Neil 2010, p.104). Yet, this ignores previous literature that points to the need for wider understandings of masculinities. As such, O'Neil (2010, p. 105) counters this assessment and proposes that, "[p]ositive-healthy masculinity is needed if men are truly going to be able deconstruct their gender roles, understand essentialism, regain their human potential, and understand how sexism is the real form of violence that causes their pain and sucks out their passion for living". Doing so will involve the adoption of health promotion agencies' efforts to put positive or healthy masculinities on the agenda.

3.4 Successfully engaging men and boys: lessons from the literature

Alongside studies around the barriers and complexities involved in gender transformative work, a body of research that more pointedly discusses strategies to overcome them and increase men's engagement. Two studies returned via our search worth noting immediately are those by Casey and Smith (2010) and that by Seidler et al. (2016). The former, drawn on by Flood (2010), found "that three factors are critical in shaping men's initial entries into anti-violence work: (1) personal, 'sensitising' experiences which raise men's awareness of violence or gender inequalities;
 (2) invitations for involvement; and (3) making sense of these experiences in ways which are motivating". Similarly, in their systematic review of masculinity and men's help-seeking for depression, Seidler et al. (2016, p.115) note that in "contrast with the typical and popular assumption that men rarely engage in help-seeking behaviours, [their] review reflects a more nuanced conclusion that men will seek help if it is accessible, appropriate and engaging". Similar themes are addressed in the remaining research pieces returned in this review, with authors emphasising that successfully engaging men requires: addressing socio-structural factors; creating

space for open discussion and critical reflection around gendered experiences; grounding strategies and interventions in research and theory; and a commitment, patience, and critical self reflection on the part of facilitators.

3.4.1 Addressing socio-structural barriers

As demonstrated by Lorimer et al. (2017) and Limmer (2014) (see above), social disadvantage can restrict men's ability to engage with healthy masculinities. As such, gender-transformative interventions must address these socio-structural barriers if they are to be successful. One way to approach this is to identify the barriers within specific communities and pair solutions to these barriers with the intervention. Although only a pilot study at the time, Dworkin et al. (2013) cited the US-based "MEN (making employment needs) Count" intervention as a successful example of this approach. Grounded in the theory that "men in destabilised structural contexts engage in increased sexual risk behaviour and violence as means of demonstrating masculinity", this intervention addressed these risk behaviours alongside *and* through programs that improve the men's access to stable housing and employment. Similarly, Gibbs, Jacobson, and Wilson (2017) found that intimate partner violence interventions that combine economic strengthening with gender-transformation tended to have more positive outcomes than those using cash transfer or economic strengthening interventions only. A second, or perhaps complementary, approach, is to raise men's awareness of how their social characteristics inform their perspectives and experiences. Acknowledging that men can "simultaneously dominate and be marginalised", violence prevention practitioners interviewed as part of a study by Burrell (2018, p.460) (outlined detail below), argued that working with men should involve:

> helping [them] to understand not only how different forms of violence are interconnected with one another and with the structures of patriarchy, but how these inequalities also intersect with and mutually reinforce other systems of oppression based around class, 'race', sexuality, and disability for example.

While some of this literature relates to issues of men's violence, the uniting theme is that individual-level interventions are insufficient to bring about transformative change. Of paramount importance for health promoters and program developers will be to focus on and amplify program content that exposes, educates on, and seeks to address wider socio-cultural factors and how these reinforce, intersect with, and perpetuate gendered harms.

3.4.2 Creating space for open discussions and critical self-reflection

Despite the commonly held view that men are less willing to talk about feelings, a key finding among the research pieces identified through our search was the importance of creating space for men and boys to engage in open discussions about sensitive topics. One such study from the UK examined Year 6 and 9 boys' construction of masculinity through observations and all-male group interviews at three primary and three secondary schools over a three year period (Farrell, 2016). While traditional narratives of masculinity persisted through the privileging of sporting prowess, disciplinary authority, reputation, and competitiveness, Farrell (2016) highlights the boys' willingness to share openly and critically reflect on their experiences in the all-male group interviews. Through this process, he argues, they were able to collectively construct alternative ways of being to create conditions for healthier, more inclusive, masculinities. Farrell (2016, p. 294) suggests that "diaries, film, journals, fiction, drama and role play offer considerable potential as educational technologies to support gender programs". The task here is for critical educators to create integrative opportunities for discussions in which boys, and all school aged children, can critically reflect on their own experiences in order to learn to engage in a critical ontology of the self.

Offering a space for self-awareness and the legitimisation of individuals' voices is also central to working with adults. Indeed, the recent Man Box Study (The Men's Project & Flood, 2018) in Australia underscored the need to encourage similar critical self reflection among adult men. Relatedly, though centred on sexuality rather than gender, Tillapaugh (2016, p.101) found that the simple act of discussing issues of gender, sexuality, race, and other social characteristics helped their six male undergraduate participants "examine aspects of themselves in unique and meaningful ways". Morell (2014) drew similar conclusions in their study of white evangelical college men's construction of masculinity and experience of norm-related stress. Drawing on 27 semi-structured interviews, the research found participants experience the most gender norm-related stress around being a family provider and expressing emotions (Morell, 2014). However, there was a sense of self-awareness and resistance among the men; resistance to masculine ideals that are incongruent with their faith, and resistance to patriarchal masculine constructs they felt pressured to adhere to. Morell (2014) therefore argues that the participants *want* to subvert masculine norms, and that institutions such as churches and colleges (and we should extend this to include, for example, workplaces and sports teams) should provide space

for men to explore this self-awareness and facilitate their adoption of non-traditional masculinities. However, in order to be effective, interventions that seek to create space for open discussion should be informed by masculinity theory, and focus on critiquing harmful masculine norms.

The use of integrative opportunities and the importance of space was also illustrated in several studies with young men and adults in the criminal justice system. One study in particular examined young masculinities in prison in Scotland (Buston, 2018). This study used participant observation along with in-depth interviews to evaluate an educational parenting program run with young men aged 18 to 21 in HMP YOI Polmont (Buston, 2018). The program provided information, skills, and reflectively based sessions, such as those on attachment and positive disciplining, to help young fathers in prison understand "the positive role they can play in their child's life" (Buston, 2018, p. 282). One key aspect of the program was the atmosphere, which was seen as relaxed and informal, with board games and informal discussions, while at the same time providing more formal components such as worksheets and class materials (Buston, 2018). While the parenting classroom was a place in which hyper-masculine presentations of the self were present and played out, it was also a place where boys were able to express their softer side. This was helped with activities that encouraged the expression of feelings, such as the use of artwork and storybooks.

There has also been some recent focus on softer or more gentle expressions of masculinity for adult prisoners, or primary carer fathers specifically, within the prison system. Several research studies in the correctional setting explore alternative forms of masculinity and thus provide an alternative narrative than the "hyper-masculine" framework common to research in this area. The first is a theoretical publication by Bartlett and Eriksson (2018). This article draws on a study that was conducted between 2011 and 2013 and examines the views of 39 primary carer fathers in prison in Victoria, Australia. It explores differing expressions of masculinity that are performed within the prison environment and a conflict of identity that may exist for imprisoned fathers within these spaces (Bartlett & Eriksson, 2018). Three main themes were identified in the article: The first relates to Erving Goffman's "presentation of the self", where fathers enter the prison with a conception of the self and this is transformed into an expression of fathering in the "front" or "back" stages of the prison (Bartlett & Eriksson, 2018). The second relates to prison spaces, with the authors noting that "visits take place in a liminal space that does not allow for a father's backstage self to be nurtured, nor for fathering to be actively performed" (Bartlett & Eriksson,

2018, p. 7). Lastly, and in line with the current review, findings indicate that fathers create their own script for being a father in prison in order to manage a "range of models and malleable expressions of masculinity" (Bartlett & Eriksson, p. 10). This work points to a range of masculinities that exist for fathers in prison; masculinities that differ from the hyper-masculine subculture that exaggerates understandings of male socialisation. Rather than being fixed, these men instead display considerable agency in managing different expressions of masculinity in different settings and if given the opportunity are open to exploring these.

These studies emphasise several things. The first is the challenge in providing spaces and programs that allow for a coalescence of masculinities or - healthy masculinities. While several of the studies did not use the healthy masculinities nomenclature, they spoke of softer or malleable models of the self (Bartlett & Eriksson, 2018) in which "sharing, talking, nurturing and reflection" were paramount (Buston, 2018, p. 301). This means working towards providing these spaces and more programs in the prison environment, as well as in the community, that encourage and support healthy masculinities.

3.4.3 Utilising critical masculinity scholarship to develop theoretically informed practice

Whether directly or indirectly, a number of research pieces underscore the importance of integrating critical masculinity theory into gender-transformative projects. The most prominent critical theory of masculinity emerges in Connell's (1987) theorising of the 'gender order'. Central to this theory is the concept of 'hegemonic masculinity', which denotes the culturally most-esteemed version of masculinity. The function of hegemonic masculinity is to subordinate or marginalise other forms of masculinity and, crucially, to also subordinate and oppress femininity. The material effect of this, despite gender not being the property of bodies, is that the oppression of women and men practicing non-normative masculinities (e.g. gay men) is seen to be legitimised. Shifting the most idealised version of masculinity from its traditional format - one based in hyper-heterosexuality, emotional distance, dominance and which endorses sexism, violence and competiveness - towards the celebration of more democratic, respectful and gender neutral ideals is a core aspiration for gender scholars and activists.

In the aforementioned study by Berdahl and colleagues (2018), the authors note that efforts toward gender equality in the workplace have, thus far, focused too heavily on "fixing" (making more masculine) or "valuing" (as a resource) women, rather than critically engaging with norms

of masculinity. As a result, these interventions do not address the underlying organisational cultures that value and reward the attributes typical of white and class-privileged men. Similarly, in Edwards and Banyard's (2018) literature review of sexual violence prevention programs, they found many lack sufficient coverage of risk factors associated with male perpetration, and argue for strategies that are more grounded in research and theory. Likewise, in their reviews of gender violence prevention programs, both Jewkes et al. (2015a) and Ellsberg et al. (2018) found that the most effective programs are those that challenge the acceptability of violence, in addition to tackling masculine social norms head on, and doing so through theoretically informed practice. In a separate piece, Jewkes et al. (2015b, p.118) engage specifically with Connell's (1987) much heralded hegemonic masculinities framework, and argue for interventions that "balance reflection on the power, vulnerabilities and oppression of hegemonic masculinity and positive aspects of men's aspirations". Though not directly related to healthy masculinities, Greaves (2014, p.792) found that the most effective tobacco control initiatives they studied were those that were informed by gender theory and sought to transform gender and social inequities as means of reducing tobacco consumption. The grounding of interventions in theory is therefore deemed essential for programs seeking to establish and retain participatory groups that document and discuss experiences, dilemmas, and contexts of masculinity, and thus promote "new possibilities for individual and group positioning" (Jewkes et al., 2015b, p.118).

As Jewkes et al. (2015b; p. 117) note, "most interventions are driven by the short-term goal of change in the attitudes and behaviour of individual men". The project of transforming the culturally idealized form of masculinity in any context, which is a key goal for gender activists, requires more than focus on particular men, and in any case change is still likely to be very slow and incremental. On this basis, these authors argue that theory should be used to ensure that the ambition of the program is not simply to create more "gender equal men", but to retain an emphasis on the need to deconstruct gender binaries and gendered power hierarchies. Necessary here is the rejection of the constant differentiation between masculinity and femininity and the idea that particular bodies have such descriptors legitimately attached.

As part of this more theoretically informed approach, interventions must strike a balance between sufficiently emphasizing and critiquing the privilege men gain from patriarchal gender relations, and acknowledging meaningful, positive changes in masculinities. Flood (2015) highlights that, in an attempt to encourage men's engagement, interventions tend to focus on the benefits of

gender equality *to* men, particularly around the constraints that current rigid norms and patriarchal structures promote. However, this risks "downplaying the patriarchal organisation of gender and violence and thus the actual obstacles to change", which includes the benefits gained by men who perpetrate violence and the power and privilege that comes with gender inequalities more generally (Flood, 2015, p. 167). Flood (2015) argues, therefore, that along with the benefits of men's engagement, there needs to be an acknowledgement of the (justifiable) "costs" of undermining patriarchal privileges. Relatedly, the literature warns against focusing too heavily on the continuance of patriarchy, such that "changes over time in hegemonic masculinity are not celebrated, but treated with suspicion" (Jewkes et al., 2015b, p. 116). The seemingly contradictory task of simultaneously appealing to, challenging, and acknowledging the progress of men arose in a study by Burrell (2018) as one of the most difficult elements of engaging men in gender equality.

Burrell's (2018) expert-informant interviews with 14 activists, practitioners, and researchers explored the obstacles they face when working with men in the domestic violence prevention space. The participants highlighted a number of issues including the need to "support rather than supersede the women's movement", build "pro-feminist engagements without diluting them", and, as discussed above, bring about both individual and socio-structural change (Burrell, 2018, p.447). The biggest challenge identified, however, was balancing "the need to embrace and encourage men's humanity, and illuminate and confront the inhumane ways in which they often behave towards others" (Burrell, 2018, p.457). To this end, Burrell (2018, p. 456) deduced a triadic approach which helps men "make sense of the micro, meso and macro dynamics through which violence against women is perpetuated, and how they relate to their own lives, personally and politically". Navigating these dynamics is a difficult task for practitioners in the gender transformation space. However, when it comes to the role of facilitators, trust, commitment and dependability are said to be the most important qualities.

3.4.4 Notes on facilitators, staff, and role models

Research on community based initiatives points to the important role of facilitators and staff in the delivery of programs relating to gender for boys and men. Pertinently, Flood (2015) highlights the need to ensure that the selection of facilitators and spokespeople does not inadvertently reinforce traditional gender norms, or abide by the automatic assessment that boys need male role models. When using the concept of a "real man", it is essential that representations of different types of men are demonstrated and endorsed. Similarly, Burrell's (2018, p.458)

expert-informants underlined the need "for practitioners to be reflexive about their social positioning in relation to different systems of power", and to recognise that "structural privileges may make it easier for some men to speak out about violence against women than others". Beyond these social characteristics, a number of research pieces shed light on the styles of facilitation that are most effective with men.

Robb, Featherstone, Ruxton, and Ward's (2015) "Beyond Male Role Models" study sought to understand the role of gender dynamics in respect of vulnerable and marginalised young people's engagement with support services. Data was drawn from interviews with 50 young men and 14 young women, and 12 male and 17 female service-provider staff. The authors found that, while sharing gender (or other social characteristics) with service staff has some impact on engagement with service provision, effective work with young men seems to depend above all on the service-provider's personal qualities, commitment, and ability to form relationships of mutual care and respect. Though they do not engage as much with questions of gender, Ebert and Strehlow (2017) drew similar conclusions from their study of on site "industrial chaplaincy" for men who work fly-in-fly-out (FIFO) jobs in the mining sector. Through interviews with 29 FIFO workers, they found that onsite availability, proactive outreach, and effective trust building helped overcome barriers embedded in mining culture and masculinity. Specifically, having someone "to listen, but not fix" in informal ways allows men to circumvent the rules of manliness that prevent them from discussing their feelings of isolation or even simply "venting" their frustrations (Ebert & Strehlow, 2017). The skills of the facilitators were also seen as crucial in the Being a Young Dad in Prison Program (Buston, 2018). In running the program, an emphasis was placed on providing a nurturing and caring environment, as well as on strong supportive relationships. The key to this was the ability of facilitators to create this classroom climate and was achieved by *inter alia* sending birthday cards to the young men, making tea and coffee, and challenging homophobic or misogynistic comments (Buston, 2018). In addition to exploring strategies for successfully engaging *boys* and *men*, many of the research pieces returned in this review emphasise the effectiveness of gender-transformative interventions that engage both men *and* women.

3.5 Engaging women, as well as men

There is currently a lack of robust evidence about the efficacy of single-sex interventions in relation to prevention of violence against women and gender equality interventions. Indeed, as a number of authors included in this review highlight, the need to engage women as well, in ways

that empower them to combat unequal gender relations (see also Flood, 2015). In a systematic review of systematic reviews Ruane-McAteer et al. (2018, p.3) note that:

> across international health and development policy and feminist scholarship more broadly, there is recognition of the need to have an approach which engages men alongside women in sexual and reproductive health and rights to achieve global health development goals for women and men, while not losing sight of addressing the structures of power and privilege that men hold as a group over women in society.

Similarly, Latzman et al. (2018) make a strong case for better understanding and preventing adolescent dating violence through models that use multicomponent interventions that target both men and women. Speaking specifically about gender-transformative projects, however, Dworkin et al. (2013) call for more research into the efficacy of including both men and women, given the demonstrated efficacy of approaches which humanise the "other".

3.6 Moving from attitudinal change to behavioural change

An additional issue raised by the research pieces in this review is that increasing men's awareness of gender inequality does not necessarily translate into support for *challenging* gender inequality. Indeed, the relationship between awareness, attitude and behaviour change is unclear, and should not be assumed (Jewkes et al., 2015a). This is evidenced by Stick (2017), who conducted an online survey of 456 adult male athletes across Canada, to examine the extent to which liberalising trends around healthy masculinities have altered men's behaviour (rather than simply their attitudes) and gender power structures more broadly. The survey was designed to "capture the distribution of men who support inclusive masculinity as opposed to traditional oppressive hegemonic masculinity, in ideology and behaviour" (Stick, 2017, p. 28). Stick (2017) found that participant ideologies and behaviours were misaligned - "they appear to be torn between how they feel and how they behave, or how they think they should behave" (Stick, 2017, p. 56). While proliferation of inclusivity and progressiveness is reducing men's engagement in homophobia, sexism and racism, they still appear to be constrained by other masculine norms including limited emotional expression (we note that this is at odds with the discussions of emotional expression outlined as above and, for example, as per the Man Box study (The Men's Project & Flood 2018)). In all, Stick (2017) argues that despite social progress, discrimination founded on core oppressive hegemonic principles of masculinity remain and the gender hierarchy remains largely unchanged.

Similarly, Burrell's (2018, p.459) expert-informant participants "felt that the focus of work with men is too often on changing individual attitudes, leaving the patriarchal structures that provide the foundations for men's violence largely untouched".

One way to address this is to avoid focusing on the short term goal of changing attitudes and behaviours, and instead design interventions that aim to transform the culturally idealized form of masculinity (Jewkes et al., 2015b, p. 117). This requires more than a focus on particular men, is likely to be very slow and incremental, and as such should involve interventions that are "delivered over a much longer time frame than is currently common practice" (Jewkes et al., 2015b, p. 119; see also Gwyther et al., 2019). To this end, Burrell's (2018, p. 459) expert-informants emphasised "the need for preventative interventions to be coordinated both vertically and horizontally throughout an organisation or institution, in order to address the patriarchal inequalities embedded within it". In all, these studies and their findings highlight the need for current and future programs and associated evaluations in the Australian context to attend to multiple measures of masculinity, multiple spheres and levels of society, and the broader gendered political consciousness, if we are to sustain meaningful change. Central to any future agenda on promoting and delivering healthy masculinities, then, is that program evaluations should address how programs bring about both attitudinal and behavioural change - seen as discrete categories - over the medium to longer term.

3.7 The apparent value in traditional masculine norms

Several studies in this review found that adherence to masculine norms and hegemonic ideal were linked with *positive* social and health-related outcomes. The first study offers a somewhat narrow definition of healthy masculinity and focuses on how ten ostensibly "healthy" men talk about their lifestyles (Sloan, Gough & Conner, 2010). In this small sample, healthy men *downgrade* the relevance of health concerns when talking about their lifestyle choices. Instead, relying on the idea that discourses of health are feminine terrain, the men's the accounts of ostensibly "good lifestyle choices" seemed to correlate with strongly hegemonic masculine themes – such as autonomy and self-reliance (Sloan, Gough & Conner, 2010). Similarly, Barlow and Hetzel-Riggin (2018, p. 449) examined "pro-social behaviour, gender roles, empathy, impulsivity and self-control, and posttraumatic growth in survivors of trauma" in a sample of primarily Caucasian college psychology students who had experienced interpersonal violence. Whilst feminine traits were found to positively predict posttraumatic growth, contrary to previous studies and the author's

hypothesis, it was masculine role adherence that demonstrated strongest positive, and significant, prediction of posttraumatic growth; even more so when paired with altruism (Barlow & Hetzel-Riggin, 2018). In a slightly less relevant piece, Ye Kim, Fouad, and Lee (2018) report a positive relationship between traditional masculine norms and men's work/ family role management. While these studies offer limited utility in relation to the current objectives, they do serve as a call to action for health promoters and researchers to investigate the talk and practice of actively healthy men (Sloan, Gough & Conner, 2010).

Despite these findings, a large body of research demonstrates the negative impact that traditional masculine norms have on men's social and health-related outcomes. Pasciak and Kelly's (2013) study of 96 Midwestern male patrol officers, for instance, found traditional masculine norms limit the efficacy of post-trauma counselling. Similarly, Houle and colleagues (2015) found a negative relationship between masculinity and health promoting behaviours among a diverse sample (in terms of age and occupation) of 669 male workers. While predominantly focusing on health and service responses, a literature review by Rice, Purcell, and McGorry (2018) also notes that the more adolescent boys and young men conform to traditional notions of masculinity, the poorer their help-seeking attitudes are, which in turn makes their mental health risk greater. Similarly, in their systematic review Seidler et al. (2016, p.106) found that "conformity to traditional masculine norms has a threefold effect on men experiencing depression, impacting: i) their symptoms and expression of symptoms; ii) their attitudes to, intention, and, actual help-seeking behaviour; and, iii) their symptom management". Interestingly, the authors note that in "contrast with the typical and popular assumption that men rarely engage in help-seeking behaviours, our review reflects a more nuanced conclusion that men will seek help if it is accessible, appropriate and engaging" (Seidler et al., 2016, p. 115). Considered alongside Flood's (2010) findings regarding the efficacy of "invitation for involvement", this supports the implementation of direct and targeted approaches that invite men to engage, and support them to develop the language and skills to maintain engagement long-term. However, in their literature review, Fleming and Agnew-Brune (2015, p.74) argue that, while research on masculine norms makes up an increasing proportion of studies on the relationship between gender and health, researchers need to continue to build this evidence base and focus more on "examining the mechanisms by which these norms influence behaviour".

4. Other

As noted at the outset of this review, the deployed search strategies returned a variety of literature beyond evaluations, models, and research pieces. Grouped here according to setting (health, family, and education), the following selection of position statements, commentaries and grey literature covers a wide range of topics. Broadly, it highlights: the issue of men's health-seeking behaviours and ways to address the lack thereof; the particular importance of engaging men in sexual and reproductive health; potential policy actions to improve father involvement in carer duties; and a (supposedly) successful program that sought to reduce campus sexual assault through fostering healthy masculinities. Though they are not necessarily evidence-based, they each provide some important reflections or, in some cases, simply serve to further evidence the points made in the Research section (above).

Before summarising these pieces, it is worth briefly noting that the literature search also returned a further eleven advocacy pieces that appeared in the US-based press. These types of commentary make clear that the 'healthy masculinity' nomenclature is in the public domain (see also our Introduction). That said, while most of these media pieces were supportive or somewhat neutral about local colleges/ universities implementing programmes related to toxic, healthy or plural masculinities, one article in the Washington-based *The Enquirer* reported that a "healthy masculinities" program at University of Texas was placed on hold to be internally reviewed following negative press coverage. Beyond this, there are no overt lessons to be taken from these press pieces and they have therefore been excluded from this review. We have, however, included full bibliographic details of these pieces immediately after the reference list at the end of this paper.

4.1 Health

Our search returned four publications that advocate for a better understanding and promotion of healthy masculinities in the healthcare sector. Specifically, these publications discuss men's health and help seeking behaviour in Australia (Smith, 2007) and internationally (Ragonese, Shand & Barker, 2018); and also, the importance of engaging men in sexual and reproductive health (Hook et al. 2018), especially young men (Santa Maria et al. 2018). As well as highlighting the issue of men's health-seeking behaviours, these articles provide some useful recommendations about how to address this through more effective health policy and promotion.

In line with the research outlined in section 3.3, Smith (2007) and Ragonese et al. (2018) are critical of the tendency for health promotion in Australia to be aligned with hegemonic constructions of masculinity. Echoing Fleming et al. (2014), Smith (2007) argues that this alignment inadvertently perpetuates traditional gender roles, and may lead to the reinforcement of poor health-related behaviours amongst men. Similarly, Ragonese at al. (2018) point to the continued focus on biological drivers, rather than social determinants such as masculine norms, in discourses around men's health and help seeking behaviours. This approach tends to pathologize men as toxic or problematic, and in doing so, may reduce the opportunities for positive change in men's health-seeking behaviours. To remedy this, Smith (2007, p.20) calls for an approach that "accounts for multiple masculinities in the planning, development, implementation and evaluation of health promotion activities aimed at men". However, men are not the only stakeholders in this process.

Speaking specifically about sexual and reproductive health (SRH), Hook et al. (2018) and Santa Maria et al. (2018) emphasise the importance of educating and engaging men in health promotion, and highlight the harm inflicted, not only on men but on women and children also, when they are not. In their position statement on young men's sexual health, Santa Maria et al. (2018) express that, due to rigid masculine norms, adolescent and young adult men are both *more* likely to engage in sexual risk-taking, and *less* likely to access comprehensive SRH resources and services. As such, they argue for the development and implementation of comprehensive, evidence-based SRH education, delivered in schools, communities and families, as well as healthcare services that are developmentally appropriate and inclusive of a diversity of masculinities. Similarly, Hook et al. (2018, p. 5) suggest that,

> global frameworks have traditionally failed to adequately address the ways in which inequitable gender dynamics and masculinities play a role in perpetuating poor SRH outcomes, a paradigm that ensures women continue to bear the responsibility of family planning, exacerbates gender inequalities, and leads to suboptimal health outcomes for men, women, and children.

As such, Hook et al. (2018, p. 5) argue that men must be engaged as active agents in SRH, not in a way that grants them control over women's bodies, but instead as "equitable partners invested in their own health and supportive of women's autonomy". To this end, Hook et al. (2018) highlight a number of important principles for this work, including: the centering of women's rights and

choice; the use of gender-transformative, life-cycle and evidence-based approaches; the creation of opportunities for men to be positive agents of change; and, the acknowledgement and affirmation of diverse contexts and masculinities, and how they interact.

Alongside work with men as health-seekers, Hook et al. (2018) and Santa Maria et al. (2018) advocate for broad-level education and development of healthcare professionals, in acknowledging and understanding the diversity of masculinities, and employing more flexible approaches to engaging men in health seeking behaviours. This aligns with the model proposed by Seidler et al. (2018), who call for the expansion of current health promotion efforts to cater to the diversity of masculinities, and the need for updated workforce development in this area. As one of only three countries in the world with a national men's health policy (Ragonese et al., 2018; the other two are Brazil and Ireland), Australia is better placed than many western nations to address the lack of systemic approaches to men's engagement with regards to help seeking and health related behaviours.

4.2 Family

Not only can efforts be made in the health sector, change can and *is* happening in relation to fathers' involvement in children's lives, as is highlighted in the "State of the World's Fathers" report by Heilman et al. (2017). In line with much of the research around household division of labour, the report emphasises the unequal distribution of unpaid care work between men and women. To address this, the authors outline a series of priority actions they deem necessary for achieving a more equitable distribution, including: overt policy levers, such as guaranteed and adequately paid leave for all caregivers, of all genders, and in equal duration; and non-transferable evidence gathering exercises such as efforts to "systematically measure men's and women's time use, including time spent on unpaid care work" (Heilman et al., 2014, p. 15). Having these in place will work to ensure that all people have the scope to be both caregivers and financial providers. While the discussion of the *effectiveness* of Father-Inclusive Parent Training initiatives is limited to low to middle income countries, these guidelines may prove useful, too, for working with boys and men in Australia.

4.3 Education

Finally, an article published in the Campus Security Report periodical (Sutton, 2016), reported on a university program that sought to address campus sexual assault by fostering healthy masculinities

among male students. Through focus groups, activities and roleplay, the Man Up Against Violence program aims to equip students with the tools to question and challenge masculine norms, confront the sexist language and behaviours of their peers, and accurately name and stand up to sexual violence. In line with the recommendations made in Section 3.4.3, the Man Up Against Violence treats masculinity as a problematic social construct characterised by a rejection of femininity, and thus as a key factor in men's enactment of violence against women. The program was so well-received by students that the President's Office has adopted it as mandatory training for university staff and administrators. However, the article does not provide any formal evaluative data to indicate the efficacy of the program, and the long-term impact on participants' attitudes around masculinity and sexual assault.

Conclusions

The primary objective of this scoping review was to search for and critically assess literature related to the concept of healthy/ier masculinity/ies. This is a concept with growing traction among health promoters, academics and other stakeholders interested in men's potential role in achieving gender equality. The nomenclature is evolving and has only started to take hold in the last few years, nonetheless as the review has illustrated, the term and/or its associated ideas appears in a wide variety of literature, academic or otherwise.

The literature included in the review was sourced via a systematic method, applying various strings of pre-defined key terms into a search of established scientific databases (see Appendix 1), and all is, to greater or lesser extents, related to ideas about healthy/ier masculinity/ies. Despite using a systematic review method, this is not an exhaustive account of the literature. Some literature relating to healthy masculinities may have fallen outside the search parameters. Other bodies of work that focus on gender-transformative approaches, but which do not make mention of healthy masculinities, will have also been excluded. This is especially the case in respect of the literature on gender-based violence, which was largely avoided as the objective of the review was to explore the emerging body of work on healthy masculinities beyond the realm of gendered violence. Several pieces of literature focussing on gender-based violence are discussed, but only where they fell within the search parameters because of the key word search.

First and foremost, we were interested in the literature that documents and evaluates health promotion strategies and behaviour change interventions for men and boys, in the Western

context, that used the language of healthy masculinities (Section 1). The clear finding from these ten papers is that there is a paucity of program evaluations. Additionally, extant programs rarely deploy long term evaluation methods. The evidence base is extremely thin, making it difficult to identify best practice.

The review also sourced four models for promoting healthy masculinity. These were somewhat disparate, and each lacked official evaluation data (Section 2). Nonetheless they each speak to the growing traction of the concept across various domains and offer possibilities for program design in various ways.

Beyond this, the most extensive component of our scoping review has been a critical discussion of the wider academic literature (Section 3). The search procedures returned far more academic research papers (45) than any other kind of material. These were both empirical and/or theoretical in orientation, and covered a wide array of settings, including community, education, family, health, media, psychology, sport, workplaces and the criminal justice system. Lastly, the review briefly discussed a collection of six "other" pieces of literature (Section 4), comprising grey literature, academic commentaries and advocacy or position statements. Despite there being very little in the way of robust evaluation data, the academic research and 'other' literatures provide many important and useful insights.

The key message, in line with the arguments presented in this review, is that there is a need in the Victorian context for a coordinated series of widely implemented, evidence-based interventions, that are monitored, evaluated and funded for long term effectiveness. Evaluations must also look to the gendered dynamics of programs - with assumptions that facilitators and/or audiences should be all male lacking in evidence.

Even in the absence of that evaluation data, the literature nonetheless points to a number of important underlying foundations and principles that are crucial for the future program development and health promotion messaging and the work of wider stakeholders. These include that program design and promotion, and associated staff, should have a *gender-transformative* orientation. This is an orientation that rejects essentialist logic that situates gendered behaviour as having a biological underpinning; understands that gender is built into social structures and institutions; and is confident in deploying gender theory to move beyond gender roles and stereotypes and in so doing transform gender and the social norms, inequalities, and power

relations that are associated with it. This is an orientation that focuses less on men and boys 'manning up' or being a 'real man' as a solution of any kind, and more on questioning the characteristics of traditional masculine stereotypes. The ambition is not simply to create more "gender equal men", but to retain an emphasis on the need to deconstruct gender binaries and gendered power hierarchies.

Gender-transformative projects, and their staff and advocates, should account not only for setting-specific conditions, but also give due consideration to the intersecting and potentially compounding effects of social characteristics such as class, race, and ability. This will lead to opportunities to recognise the diversity of masculinities, to develop more appropriate responses for specific populations of men, and to design programs that encourage and accommodate multiple masculinities. There can be no one size fits all approach. At the same time, though, there is a pressing need to re-think assumptions about which men are most likely to hold progressive views and align themselves with gender equality.

There should also be a recognition that programs or interventions must be developed with the understanding that progress achieved in a manufactured setting is not always practically translatable into people's everyday lives. Furthermore, targeting individual attitudes in the pursuit of healthier masculinities is not sufficient; reconfiguring the culturally idealised form of masculinity is the greater, more important, challenge and one to which the sector must aspire. This must be the chief concern given that awareness of gender inequality does not necessarily translate into support for *challenging* gender inequality. Achieving this aspiration will require addressing socio-structural factors; creating space for open discussion and critical reflection around gendered experiences; grounding strategies and interventions in research and theory; and commitment, patience, and critical self-reflection on the part of facilitators.

Lastly, while there is a need to ensure that gender equality is not positioned as a zero sum game, there must also be recognition that widespread achievement of healthier masculinities demands a rebalancing of the unequal distribution of power and privilege that favours men.

A full set of recommendations can be found on page X of this scoping review report.

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Appendix 1: Literature Search and Evaluation

Inclusion Criterion

There are limited evaluations of healthier masculinities programmes in Australia. Accordingly, the inclusion criteria were initially quite broad in order to scope the overall subject. As such, this review includes a wide range of sources including peer reviewed journal articles, reports, book chapters, books, dissertations, manuals, and grey literature.

The initial inclusion criteria includes programmes, evaluations, preventions, promotions, psychological/psychotherapy models (or methodologies), reviews, or theoretical discussion relating to healthy/healthier or positive masculinity for young men and men of all ages. The written material is drawn from the United Kingdom (UK), the US, Canada, Australia, New Zealand (NZ), or Scandinavian countries and all the articles and results included are written in English. Initially, articles were included if they involved boys or men. This means that some articles include discussion of boys, girls, men, and women.

Exclusion Criterion

Results were excluded if they were not relevant, for example when they related to men's health more generally, or were not explicitly related to or using the terms healthier or healthy masculinities. Articles were also excluded if they were a book review, about research methods, and not directly relating to a programme, evaluation, policy or evaluation, and if the full text was not available. Publications relating to girls or women only were excluded as well as those located outside the countries mentioned above.

Literature Identification: Stage 1

The initial search at Stage 1 involved 7 search strategies all with keywords relating to masculinity and/or programme and/or policy and/or evaluation as is shown in Table 1. below. Whenever possible, truncated terms were used, however due to limitations in some databases that did not allow truncated words these words, such a "health*" and "masculinit*" were swapped for "healthy" and "masculinity".

Table 1. Search strategy, timeframe and keywords used

Search strategy	Publication date	Keywords
1	2014 – 2018	("positive masculinit*" OR "Health* masculinit*") AND (Prevention OR Promotion)
2	2001 – 2018	("positive masculinit*" OR "Health* masculinit*") AND (Prevention OR Promotion)
3	2001 – 2018	("positive masculinit*" OR "Health* masculinit*") AND (Prevention OR Promotion OR evaluation OR program)
4	2001 – 2018	("positive masculinit*" OR "Health* masculinit*") AND (Program OR Policy OR framework OR evaluation)
5	2001 – 2018	("gender equality" OR "Health* masculinit*") AND (Program OR Policy)
6	2001 – 2018	(Masculinit* OR "positive masculinit*" OR "Health* masculinit*") AND (Program OR Policy OR evaluation)
7	2001 – 2018	("gender transformative" or "Healthy masculinit*") AND (Program or Policy or framework or evaluation)

One initial test search was conducted in PsycINFO and ScienceDirect using search strategy 1, and publications were limited to between 2014 and 2018 as the aim was to build this review based on recent literature. Articles were selected by searching the title and abstract only. From this initial search, there were three results from PsycINFO and six results from ScienceDirect. Due to the low number of results, the publication date was increased to publications between 2001 to 2018 to include a wider scope of literature. Search strategies 1 to 7 were then run in the following databases: PsycINFO, ScienceDirect, Cochrane, and ProQuest. These databases were included as they were recommended by an expert as the databases to use when searching for documents relating to men's programmes and sociology. At Stage 1, 86 publications fit the initial inclusion criteria out of 357 articles (excluding those that came up in multiple searches in the same database).

To ensure consistency, all search strategies were conducted in the same way. There are, however, a few cases to note. In the initial search at Stage 1 there were four searches (one in PsycINFO, two in ScienceDirect, and one in ProQuest) that resulted in over 1,000 results, with some up to 21,612 publications[2]. In these instances, after reading over a sample of 27 titles for each of these four searches, it was determined that the search strategy was too broad; all results in this search were excluded. ProQuest permitted the use of filters used to narrow the search. Consequently, the following filters were used in an attempt to get a more refined result: publication date between 2014 and 2018, peer reviewed only, full text, excluding South Africa, Africa, Brazil, and India. This resulted in 128 publications. As noted above, the researchers read through a sample of 27 articles, with 8 being determined to be relevant. A further scan was conducted of the remaining 101 titles. Only when an article fit the criteria was the abstract then read to assess inclusion.

Screening for Inclusion: Stage 2

At Stage 2, the 86 publications were then read by two researchers to determine relevance. Cross-checking was employed, where each researcher read over the title and abstract of the publications identified by the other researcher and any articles that did not fit the inclusion criteria were excluded. After screening for inclusion 32 publications were excluded leaving a total of 54 publications used in this review as identified using the search strategies above.

The search strategies returned eleven items (of the 86 read in total) that were advocacy pieces that appeared in the US-based press. While we have heard anecdotally that there are concerns about potential backlash to health promotion activities that focus on positive or healthy masculinities, these types of commentary make clear that the nomenclature is in the public domain (see also the Introduction). That said, while most of these media pieces were supportive or somewhat neutral about local colleges/ universities implementing programmes related to toxic, healthy or plural masculinities, one article in Washington-based *The Enquirer* reported that a "healthy masculinities" programme at University of Texas was placed on hold to be internally reviewed following negative press coverage. Beyond this, there are no overt lessons to be taken from these press pieces and they have therefore been excluded from this review.

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[2] These searches included: PsycINFO search strategy 6 with 21,612 publications (excluded); ScienceDirect search strategy 5 with 5,320 publications (excluded); ScienceDirect search strategy 6 with 10,372 publications (excluded); and ProQuest search strategy 6 with 1,692 publications (excluded).

Quality Assessment

We based the quality of assessment on a model identified by Xiao and Watson (2017) in an article that provides guidance on conducting systematic literature reviews. As per Xiao and Watson (2017) our process included skimming the full-text articles to ascertain quality and eligibility and in doing so to take note of, for example, reputation of the publisher, whether the item is peer reviewed, and whether the logic of argument and results seems consistent with (social) scientific principles. Peer review was important but not essential for inclusion in our review, as such we have also included some grey literature.

Iterations

To supplement the literature search methods, as noted above, the research team drew on formal knowledge within the area of healthier masculinities and added 10 articles to the previous 54 articles identified. These were drawn from the researchers' personal libraries and were known publications and reports that had not shown up in the initial search. Discussion between researchers determined that these articles included keywords relating to men and boys, behaviour change, and violence; however masculinity or healthier masculinities was a subject implied within the article, rather than being front and centre, and therefore did not emerge in initial database searches using the keywords identified previously. The means that the review in total encapsulates discussion of 65 articles.

Data Extraction and Analysis

When assessing each study, the researchers extracted information relating to the following subtopics: (2) the type of study or article, such as programme evaluation, and (1) the setting of the study, such as sport. The research team extracted further information related to (where appropriate) methods, findings and core arguments from the publications, and, after cross-checking several articles together, divided up the work of extraction and analysis for the remaining articles. This is an established method used for systematic literature reviews (Xiao & Watson, 2017). The literature was then split into further subtopics based on themes identified within the literature, such as "The use of integrative approaches", and these are presented within the "type" of study/ article sections.