Men’s Health and Gender Equity: How and Why to Promote Both

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Three Stories

1. The women’s health movement (1960’s–1980’s)

2. The emergence of men’s health studies (1980’s–90’s)

Story #1: Women’s Health Movements

- Margaret Sanger, 1900
- Second Wave feminism 1960’s
- Self-help groups…1200 or more in 1973
- 1977 congressional caucus, women’s issues
- First federal task force for women’s health to ensure meeting women’s health needs, 1983
- NIH requires women to be in funded clinical research
- Office of Research on Women’s Health created within NIH, 1990
- CDC creates Office of Women’s Health, late 90’s
- Women’s health advocacy expands
- Advances in education
- Diversification and degendering of allied health professions
The Study of Gender & Health

The Study of Gender and Health = The Study of Women’s Health
Story #2: Men’s Health Studies

The systematic analysis of men’s health and illness that takes gender and gender health equity into theoretical account.
Masculinity is dangerous to your health.
Men’s health issues during 70’s

- Conformity to traditional masculinity and men’s roles led to health problems
- The “deficit” model
- Focus on the costs of men’s violence
- Overinvestment in work and career
Compared with women, men...

- Have less healthy diets
- Eat more meat, fat & salt...less fruits & veggies
- Have higher cholesterol
- Have higher blood pressure and do less to control it
- Use less sunscreen
- Use fewer medications

- Are more often overweight
- Use tobacco products
- Wear seatbelts less
- Carry weapons
- Drive drunk
- Have more sex partners
- Have fewer friendships & smaller social networks
Traditional Masculinity and Health Risks for Men

- Symptom denial
- Fighting
- Suicide
- Poor nutritional practices and less knowledge
- Underutilization of healthcare

- Medical distrust, especially among men of color
- Gendering of risk-taking behavior
- Less readiness to change unhealthy behaviors
Men’s Health: Publishing Limbo?

- Editors’ perceptions of the “men’s health prevention” market


- Men’s Health Magazine
Cultural Silences & the Valorization of Traditional Masculinity

- Concussion in sport
- School shootings
- Prison masculinities*
- The institution of war

There is no such thing as “masculinity” only masculinities.

No such creature…the “typical” man.

Multiple masculinities.

HIERARCHY AND INEQUALITIES: Intersections among gender, economic disparities, culture, & sexual orientation.
Men’s Health Issues in New Light

- Alcohol use, illicit drug use
- Anabolic steroid use
- Erectile disorders
- HIV/AIDS
- Prostate Cancer
- Suicide
- Testicular Cancer
- Violence
The Triad of Men’s Violence

Men beat up other men.
Men beat up themselves.
Men beat up women.
Story #3: Relational Analysis & Reciprocal* 

Women’s and men’s lives are intertwined.

The health processes and outcomes of women and men are interrelated.

Premise: The health of each sex is influenced by the social and cultural synergies between the sexes.

Positive Gendered Health Synergy: the pattern of gender relations promotes favorable health processes and outcomes for both sexes.

Negative Gendered Health Synergy: the pattern of gender relations is linked with unfavorable health processes and outcomes for both sexes.
Positive Gendered Health Synergies

- Men’s involvement in pregnancy, child birth, and child care; breastfeeding outcomes;
- HIV/AIDS educational interventions
- Gender violence prevention*
- Psychosocial adaptation after coronary event**
- Caregiving
- Men’s support for provision of sports opportunities to “community”—i.e., kids, parents, families!***


Health Correlates of Sports & Physical Activity for U.S.A. Girls

- Lowered risk for certain cancers
- Musculo-skeletal function
- Cardiovascular health
- Psychological well-being
- Enhanced math and science performance
- Reduced risk for teen pregnancy
- Higher rates of seatbelt use

Negative Gendered Health Synergies

- Men’s violence
- Human trafficking
- Sexual quests and STI’s, unintended pregnancy
- Family abandonment
- Opposition to gender equity in sport
Taking Gender and Gender Relations into Account

- Gender awareness needs to inform health policy, health education, and health promotion

- Attention to gender differences but also health synergies between women and men

- Gender mainstreaming.
“Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, policies or programs, in all areas, and at all levels. It is a strategy for making women’s as well as men’s concerns and experiences an integral dimension for the design, implementation, monitoring and evaluation of policies and programs...”

A condition “in which both men and women have access to the resources they need to maximize their capacity for health.” Doyal*

In the end, understanding and unraveling patriarchy will enhance the health of both women and men.**


Recommendations

Develop health promotion strategies that address both women’s and men’s health needs.

Build bridges between women’s and men’s public health advocates.

Use relational approaches to understand the differences, similarities, and connections between women’s and men’s health.

Male health planners should develop a gender-aware, women-centered approach to gender health equity.

Avoid overgeneralization, focus on diversity among men.
Grandpa Sabo’s Advice

“Find out where you’re going to die and stay the hell away from there.”
Don Sabo’s Advice

Be a buddy to your body and your body will be a buddy to you.
Questions, Comments, Reactions?

Thank you!