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# A Call for Gender-Inclusive Global Health Strategies

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# A Call for Gender-Inclusive Global Health Strategies

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## Abstract

The WHO's "Global Strategy for Women's, Children's, and Adolescents' Health 2016-2030" (GS-WCAH 2016-2030) is a comprehensive plan developed to improve the lives of women, children, and adolescents. Due to the success in the creation, ratification, and advocacy of the GS-WCAH 2016-2030, the clear health outcome disparities between males and females, and the general absence of male health from existing policies and sponsored programs, it is time now to develop a global strategy specifically drafted to improve the lives of men and boys. The following commentary provides three points for why a male-oriented program, like the GS-WCAH 2016-2030, should be created: (a) health outcomes disparities, (b) economic impact of poor male health, and (c) fathers' role in promoting the health of women, children, and adolescents. Implications for how male health can be incorporated into future projects and priorities are provided, as well as advocacy for overall gender-inclusivity in regard to global public health efforts.

## Keywords

men's health movement, policy and law, fathering, psychosocial and cultural issues, social support, psychosocial and cultural issues, men's health programs, health-care issues, health promotion and disease prevention, health-care issues

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*"By helping to create an enabling environment for health, the Global Strategy aims to transform societies so that women, children and adolescents everywhere can realize their rights to the highest attainable standards of health and well-being. This, in turn, will deliver enormous social, demographic and economic benefits."* (Every Woman Every Child, 2015)

- Ban Ki-moon, Former UN Secretary General

This excerpt from the "Global Strategy for Women's, Children's, and Adolescents' Health 2016-2030" (GS-WCAH 2016-2030), by one of the world's most influential people, highlights the GS-WCAH's immense potential for success and broad-reaching goals. This comprehensive international strategy was developed in response to an overwhelming need to improve the lives of women, children, and adolescents. As we reflect upon the recent progress in improving global health outcomes within this population, which includes young males into its collective discussion, perhaps it is time now to develop a specific, standalone global strategy, like the GS-WCAH 2016-2030, to improve the lives of men and boys.

Men's health is generally absent from existing policies and sponsored programs. Hawkes and Buse (2013), for example, note that the Gates Foundation fails to mention gender in any of its mission or vision statements and that the Global Fund to Fight AIDS, TB, and Malaria primarily focuses on empowering women and girls in the face of gender inequalities. There is a virtual absence of an Office of Men's Health in most, if not all, nations around the world. Most notably is the imbalance in the U.S. government where a number of federal offices of women's health exist in parallel to a complete lack of an office of men's health (Men's Health Network, 2017).

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A simple search on the WHO's websites reveals only one page dedicated exclusively to men's health. Ironically, this page indicates that the true efforts of their men's health initiative lies in "improving women's health and achieving gender equity require[s] assessing and involving men" (World Health Organisation, 2017). Only three other references to male health of any notable substance can be found in the entirety of the WHO's web presence.

Considering the absence of a focused political effort, as well as the clear and present data indicating health outcome disparities between males and females, a need emerges to create formal policies promoting wellness for everyone, inclusive of boys and men. This includes developing global strategies to confront the many issues contributing to the poor health outcomes and risky behavior choices seen within male populations.

The following commentary provides three points for why a male-oriented program, like the GS-WCAH 2016-2030, should be created: (a) health outcomes disparities, (b) economic impact of poor male health, and (c) fathers' role in promoting the health of women, children, and adolescents. This list is, of course, not exhaustive. Due to their emerging popularity in the literature and the compelling arguments linking these issues as possibly contributory to the disparate outcomes between males and females, these topics served as a framework for crafting future debate on the subject. Implications for how male health can be incorporated into future projects and priorities are provided, as well as advocacy for overall gender-inclusivity in regard to global public health efforts.

## Gender Health Disparities

The 2015 global average life expectancy (LE) at birth was 71.4 years (World Health Organization, 2016). Examining the data more closely, however, females outlived males in every country. The global female population lived, on average, 73.8 years while males lived, on average, 69.1 years. Even in Switzerland, where males have the highest LE at 81.3 years, males still fall short of the Swiss female LE by 2 full years. Japanese females, alternatively, have the highest LE and outlive their male counterparts by approximately 6 full years. While LE data may not identify specific health conditions or concerns for each country, LE, along with infant mortality rates perhaps, provides for a broad glimpse of a country's cumulative performance with respect to health outcomes. Keep in mind, however, that LE is a raw measure and that it speaks little, if anything, to the quality of life or productivity in society.

U.S. females outlived males by almost 5 years in 2014 (Men's Health Network, 2016). The difference is illustrated by higher death rates in 9 out of the 10 leading causes of death for males compared to females (Heron,

2016). The leading cause of death for both sexes, heart disease, indicates a serious health trend: Death rates (per 100,000) are 210.9 and 131.8 for males and females, respectively. Cancer, the second leading cause of death, produced a death rate difference of roughly 60 per 100,000 between U.S. males and females. Baker et al. (2014) flatly state that the health of men and boys are "substantially worse" than women and girls globally and that little is being done to formally call attention to this concern (p. 618).

The aforementioned statistics confirm what the general population already knows—*males across the globe live sicker and die younger than females*. The reasons for these disparities, however, are not as outwardly evident. A few factors place males at higher risk for premature death and illness: (a) males have less access to and engage with the health-care system less regularly, (b) males are typically employed in the most dangerous occupations such as mining firefighting, and the military, and (c) males are raised with risk-taking and masculine social constructs, among others, like tobacco use, alcohol abuse, adverse dietary factors, and sedentary behaviors (Addis & Mahalik, 2003; Leone & Rovito, 2013; Leone, Rovito, Mullin, Mohammed, & Lee, 2017).

The above-mentioned risk factors, and subsequent adverse health outcomes, are reason enough for the development of comprehensive global health strategies focused on male health. Exploring other areas to buttress our plea, however, provides for a more well-rounded rationale for the need to develop global policies focused on improving the health of men and boys.

## Economic Impact of a Healthy Male Workforce

Gender health disparities have impacts far beyond the life of one man or family wherein poor health outcomes of men create burdens that can hinder economic growth and productivity. In the United States, the financial and economic cost of the health outcome disparities between men and women is immense. Brott et al. (2011), for example, indicated that U.S. men's premature death and morbidity are costing government more than \$142 billion each year, while U.S. employers and society were losing another \$156 billion annually to medical payments and lost productivity and another \$181 billion from costs associated with reduced quality of life. In the context of developing countries, the costs of losing men prematurely to often preventable causes of death may be even more acute, leaving families already in a precarious situation without the physical, emotional, and financial support of a male primary contributor (Thorpe, Richard, Bowie, LaVeist, & Gaskin, 2013).

The death or premature morbidity of a father, husband, brother, son, or other male family members can leave women and children in a particularly vulnerable position. In the United States, more than half of elderly women living in poverty became so after the premature death of their husbands (Addis & Mahalik, 2003). The loss of men from the workforce due to early death or a disabling health event robs communities of resources to help guide their growth and development and can diminish the tax revenue of struggling economies. Put another way, the cumulative effect of the years of potential life lost during some of the most productive years of a man's life, has documented negative socioeconomic consequences.

This section highlighted the impact of potential lost productivity and economic impact due to males living sicker, dying sooner, and literally "falling out of society." Ultimately the social and economic health of vibrant communities involves the active participation of *all* its community members, gender notwithstanding. The previously described social ills that often manifest in communities do not do so by random occurrence; rather, policies, practices, and social norms often guide these outcomes, such as early morbidity, mortality, and social issues, such as violence.

Jacobson (2006, p. 24) notes, "We must put aside arguments regarding essentialism or the naturalness of existing patterns [in males], just as we have put them aside in the past to argue against the notion that it is natural for women to have inferior status in societies." This notion relates to Leone and Rovito's (2013) theory of normative contentment, which suggests that societal expectations for males to live sicker and die younger are contributory factors to adverse proximal, intermediate, and distal health outcomes among men and boys. Jacobson (2006) poignantly adds, "Many men in developing (and developed) countries lead lives that could be measurably improved by targeted programs and policies."

### **The Role of Fathers in Women's, Children's, and Adolescents' Health**

Fathers have a significant impact on the health of their children from preconception through adult ages (Rovito & Rovito, 2015). Alternatively, children in single-parent households are at higher risk for cognitive, social, and emotional problems in addition to well-documented consequences with economic issues (Amato, 2005). Engaging men before and during the pregnancy of their partners, arguably, leads to better birth outcomes and fosters a sense of mutual responsibility that has lasting benefits for all members of the family (Plantin, Olukoya, & Ny, 2011).

As children grow and mature, their level of engagement with their fathers is one key factor in both physical and mental health outcomes. Researchers have found that

the presence of the father in his daughter's life can deter maladaptive behaviors (Lopez & Corona, 2010; Nielsen, 2007). Others have found that fathers directly influence risk-taking behavior among adolescents, with particularly strong influence on male offspring (Lopez & Corona 2010). Conversely, the lack of paternal guidance can contribute to worsening health outcomes for children (Garbarino, 2001).

Mounting evidence suggests that in addition to the positive effect on children's health, greater father involvement may also result in positive health outcomes for fathers themselves. Fathers are less likely to engage in risk-taking behaviors, substance abuse, and perpetrate violence among others (Bond, 2010). Fathers engaged in the lives of their families creates a greater self-awareness of personal health, both physically and psychologically, and a greater awareness of positive health behaviors (Baker et al., 2014; United Nations, 2011).

The significant contributions of fathers in the lives of their family present clear evidence as to the impact social policies can have in promoting public health for all. Keeping these points in mind, the GS-WCAH 2016-2030 can serve as a model for future male-focused health strategies to holistically support healthy communities.

### **A Call for Gender-Inclusive Global Public Health Policies**

Health theory often confirms that when people feel valued and invested, they often contribute to society as productive individuals; the GS-WCAH 2016-2030 has the potential to influence and advance this dialogue, as well as serve as a guide for future related efforts. Males play critical roles in families, local communities, and in national/global societies, and in recent years, males worldwide are taking more active roles in caregiving and family life (Bond, 2012). Health disparities between genders that result in premature disability or death, therefore, should be an alarming concern not only for the males that they directly affect, but also for the women, children, and adolescents indirectly affected.

The aforementioned three topics, inclusive of the overall global gender health disparity, economic impacts, and role of fathers, again, is by no means an exhaustive list of salient points to make the case for why the WHO should develop a comprehensive global male health promotion strategy. Rather, this commentary serves to further a dialogue that truly represents humanistic and inclusive societal values so all people and communities have the opportunity to be heard and advance as they see fit. This is meant to serve as a springboard into further debate on how to best promote inclusiveness in health strategies and, eventually, optimal health among all

populations. The adage “a rising tide lifts all boats” is a fitting statement to summarize our point best.

In summary, men and boys are intricately woven into the fabric of our society, however, they are absent from global, as well as most national and regional, public health policies. Outlining specific plans to encourage healthy growth and create and sustain fulfilling environments among this population, therefore, serves our community’s best interests. The health of men and boys can no longer be allowed to be a problem hiding in plain sight. It is time to change the discourse about gender and to recognize that, when it comes to the health of all, as well as encouraging a vibrant economy and society, it is best to begin mainstreaming gender-sensitive interventions and policies.

Previous calls on the gender-health disparity, familial economic burdens resulting from premature male deaths and disability, and the overall societal burden of an unwell male population make this present commentary just the latest call to refocus our collective efforts in promoting a true public health for all (United Nations, 2011). Public health programs and social policies that fail to present comprehensive strategies to improve the health of men and boys fall short of their potential to truly spur change. A global effort focused on male health would recognize men as an integral part of their family, community, nation, and global society, which could then provide culturally sensitive support in areas including disease prevention and management, mental health treatment, and recovery from addiction, to name a few.

The authors of this paper provide the following recommendations/call to action to advance the dialogue on producing focused efforts in men’s health:

1. We call caution to a prevalent theme of “normalizing” the notion that males live sicker and die younger (Leone & Rovito, 2013; Thorpe et al., 2013). The gaps between LE and overall mortality and morbidity among males and females are not “normal” phenomena and need to be corrected.
2. We call caution to assuming the issues of disparate health outcomes and risk factors can correct themselves. A concerted effort is needed from policymakers and informed citizens to foment preliminary first steps. We encourage productive, robust townhall-type discussions about how we can best incorporate all people into resolute industries to make our communities healthier and more prosperous.
3. We collectively encourage the WHO and other related organizations, including national and regional governments, to begin the discourse necessary to start drafting strategic policies outlining a detailed plan to promote the health of men and boys. This discourse should include all major stakeholders from the public and private sectors.
4. We encourage the major parties involved to produce working draft policy initiatives by the year 2020, which should incorporate not only men and boys, but all sexual orientations and gender identities within male populations. Health disparities go far beyond the traditional gender binary, and to truly work against said gendered health disparities, one must be an advocate for all, especially those in the minority in most need of allied voices.

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