

2011 Men Issues, Masculinities - Research and Intervention Conference

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This reflection is Andrew's summary of some of the comments made throughout the conference and may not actually be the speaker's content and opinions.

Day 1

360 representatives from 26 countries attended this three day event in Quebec City, Canada. The organising team consisted of 24 researchers across 10 universities and worked hard to organise this inaugural and bilingual event. Two perspectives have been chosen for this event:

- openness (liberal approach that highlights opportunities and challenges men face culturally)
- importance of equality between men and women.

They hoped this event would create an international research network. The papers were peer reviewed by a team of 48 people.

Konrad Sioui, the Indian Grand Chief of the Wendat Community, welcomed people on behalf of the first nations. He recognised the importance of the first nation community and how they do not have a passive role in the community, but a vibrant one, with work still to be done.

A Quebec Health Report recognised the importance for new ways of doing things in supporting men's health. Quebec City is very progressive in its policy development, allowing men 7 weeks paternity leave. The Ministry of Education is concerned about high rate of drop outs for adolescent boys. The Action Plan in Mental Health identified and funded 12 activities that addressed suicide related issues. The Minister of Quebec's Department of Health and Social Services recognised that only two countries had a men's health policy – Ireland and Australia. He said that he would ensure that Quebec developed one.

Steve Robinson from Leeds Metropolitan University in the UK spoke about how a focus on masculinities is still essential. The critiques about masculinities have included:

- The term is not clearly defined and has been hijacked by the Sciences and reduced to a set of characteristics that men have in various amounts. Masculinities itself is labelled as problematic and stops focusing on what can be done.
- Multiple meanings for masculinities exist
- Predicting behaviour is not easy or reliable
- Masculinity characterises the behaviour of men and can create a false unity as there are multiple expressions of men's behaviours
- Poor stereotypes of men are used to define challenges men face
- Research is primarily narrative based
- Overall support for R. Connell's work

- However he recognised there was a lack of men's voices in R. Connell's work
- It can create a false binary of difference between men and women and over highlight competition rather than the similarities.

However, masculinities allows you to identify what men share together. An adequate concept of masculinity is built on:

- Processes that arrange how people behaviour and are based in a dynamic of gender relations
- These configurations vary – but some dominance occurs.
- Masculinities also constrains men's experiences and choices regarding their behaviour
- Different groups of men are subordinated and this creates poorer health outcomes – such as men with disabilities and black young men

Michael Allis from Clark University, USA (represented by a stand in), recognised that men's mental health issues have been invisible. The men struggle with these issues, they have a great cost and they impact on the key relationships surrounding men. Rather than viewing mental health resources as a competition with women's health issues, he focuses on the invisibility and silence regarding the focus on men (e.g. substance abuse, suicide, depression, less access to supports and the high rate of work place injuries. Is the model of mental illness the useful tool to understand these challenges for men? The medical model is rejected by many men as not being valuable or relevant, especially due to the power differential. Mental health issues are more identified with women as traditionally they are associated with femininity. Many of the factors that impact men are similar to those that effect women. Signs for progress:

- That there is a growing interest of attention about men's mental health – especially in Australia. Information needs to be disseminated on a large scale
- There is a small but significant contacting the stigma about men accessing help i.e. men's sheds movement
- Development of Associations of learning for the development of knowledge and research.

In the workshops, **William Affleck**, Quebec PHD student spoke about the lived experiences of bereaved fathers. The discussion focused on:

- Expectation of the wife to talk and their need to be emotionally detached
- Expectation of the wife to talk and their need to be stoic
- Failure of society to recognise father's experience.

Svend Aagge Madsen form Copenhagen University Hospital recognised that 7-10% of men experience post-natal depression. 10-14% of women are identified as well, six weeks after birth using the Edinburgh Depression scale. While men are diagnosed with depression only half as much as women, they are twice as likely to suicide. There is a connection between suicide and depression. He concluded that men's depression is un-detected, with a lack of appropriate mental health services for men and that men's different presentation of symptoms that are not always recognised. Key aspects are the withdrawal and acting out behaviours. Gotland Make Depression Scale was developed as a program used on a Swedish island was only effective with the women, not the men. 25% of men accessed help before the birth, another 25% around the birth and 50% accessed help one month after the birth of the child. One third

of men expressed anger as part of their depression. Only a small percentage 2-6% of men self-reported that they acted on this anger against their children with violence.

He recognised that there is a tension between autonomy and attachment - The need for closeness, attachment and care giving and freedom and control.

Michael Dadson from University of British Columbia spoke about the themes of father-child closeness. Challenges in fatherhood studies:

1. Understudied and studied as a supplement to motherhood
2. Narrow conceptualisations are common
3. Qualitative research is often limited
4. Few conceptualisations of fatherhood.

His research looks at the experience rather than just the behaviours. Experience, describe and identify meaning of experience. Linked with attachment styles and utilised the father/child closeness scale questions.

Father/child closeness themes

Directional factors

- Initiating closeness
- Relationship with others
- Sharing closeness

External factors

- Communication
- Physical availability
- Time spent

Transitional factors

- Accountability
- Role Model
- Emotional availability

Core factors

- Relational value
- Spiritual value
- Transcendent value/ Immanent value

Minna Harjui-Veijola from University of Jyväskylä, Finland looked at the significance of family relationships according to boys. Explored boys own experience and knowledge and what relationships were the most significant. 15 boys aged 22-12 from two schools were part of the study and were asked:

- How do you spend time in your family members?
- What are your family members like?
- What is the best and worst thing about our family?
- What sort of conflicts occur in your families?
- The boys also created a network map based on closest to remote and used three zones – family members, relatives and others.

A mobile diary was used with questions being texted to them. Most boys rated all relationships in the close zone 14/15 for the father and 15/15 for the mother. Most boys identified a nurturing mother and a functional father. The father play's a large and more unspoken role in his family's life. Close and happy tension compared to close and conflicting. The results were questioned for polarising popular stereotypes of nurturing/functional roles within women/men.

Ismail Baba from Malaysia spoke about how to empower boys on HIV/AIDS related issues in schools. There are 85,000 reported cases of HIV and 15,000 among children attending school. People with HIV are often discriminated against by teachers. Stigma and discrimination by the wider student community are things that hinder education HIV education programs. 49 boys aged 11-13 were part of the study and divided in three support groups. Many boys were curious about sexuality but were never given a chance to ask answer questions. Teachers do not want to teach the sex education curriculum as they do not want to be seen as an expert in sex. Young women use the internet and peers to get information about sex education. Homosexuality is very stigmatised in Malaysia with a previous Prime Minister being jailed 15 years ago for being homosexual.

Dennis Gouws dennis.gouws@uconn.edu from Springfield College USA spoke about how the men are doing? Undergraduate student report on the treatment of male students in their educational environments. The percentage of completed degrees has fallen from 62%-39% for men and women increased from 39% - 64% between 1960 to 2010 (projected to 2020). He explored if men were discriminated against with jokes, are men equally represented, are men equally represented in awards, books etc.

34% of university students (78%) reported in stances when men were treated inappropriately. Men were generally negatively stereotyped. Men's roles portrayed as positive but corny. Had little recognition and recognition of father's roles. Courses with general focuses were taught by women and focused entirely on women. Spoke about alienated classrooms. Reflected that many men survived by moving to colleges where the gender balance was more equal.

Colleges and universities need to adopt a more male positive approach regarding how men are viewed. Myles Goth wrote Engaging college men – Discovering what works and why (2010).

John Oliffe from University of British Columbia spoken about how men's health has often been over focused on the biomedical approach and really been re-branded by the pharmaceutical companies. The men's movement is a piece of the men's health story. Empirically he does not know if this will be a significant issue, in British Columbia in the 70's there was a 7.4 years between men and women, now this is 4.4 years. He proposed that there will be no gap in the next 40 years. The issues experienced are not just men's health issues but they affect children, family etc.

Men's help seeking behaviour has been a focus, but the biggest gap is 20-45 years old age range and reflects family and work at focus and women attend the doctor for birth issues. Up until 45 years old, men attended hospital emergency department 2% more than women. Methods vs Programs vs Knowledge transfer – programs traditionally applied to women are now looking at targeting men i.e. women quit smoking by engaging men. Men are good at finding appropriate times to smoke. The right time – the right reasons booklet has been used in four provinces for men exploring smoking issues and being a dad www.menshealthresearch.ubc.ca . Regarding Canada's men's health policy, John encourages centres for men's health.

Robert Hewasley, from the University of Pennsylvania, started the first batterer program in the USA and after a long time he realised is actually working with hurt men, not just violent and destructive men. He had to come to terms with his own hurt, anger and experience in being violated rather than projecting it onto the behaviour change participants. Maybe we need to let go of the term masculinities and focus on the context of men's lives. This reflects where feminism has gone. Generative perspective - asking men to go out of their way to support others who live on the margins. Men are often portrayed on TV as either ignorant, buffoons or wise men.

Day 2

Jocelyn Lindsay from University Laval remembered the key developmental points for the men's movement as it moved from the human potential movement to the activist and political context and then responded to suicide, delinquency and other issues. There was no one single discourse in Quebec's men's movement and today it reflects a pro-feminist liberal perspective. Is it a social movement – there has been a communication platform and development of networks. The major focus has been on social services and has not really impacted on the arts and other arenas. Has the movement reflected on the broader context of men's lives? There is a new generation of younger men coming through.

John Macdonald from Western Sydney University is an Australian Scotsman who delivered his presentation in French. John told the story about the important risks men take in fighting bushfires near his house. Men are doubly unlucky. Men's health has predominantly reflected biological approaches and masculinities that are pathological. There starting point is the deficits of men and we need a new way to look at men. Hegemonic masculinities has helped us but it is time to find a new point of view and direction. The pathological point of view looks at the diseases of men. Salutogenic vision is the opposite of the pathological perspective. Recent programs for men's health are not leading to salutogenesis. The fight for enhancing the interests of women needs to continue but the word masculinities has a negative

connotation and is reactive and limiting. Traditionally mortality issues for men are related to deficits perspectives. This would never been done with women lives. He closed by challenging people to develop a new perspective.

John Crownover from Care International in Bosnia and Herzegovina spoke about how in re-building those communities the acknowledgement and recognition of the needs of young men was not a priority. Young men over representation in driving accidents, suicide, alcohol use and harm to self of others. The young men's initiative focused on a broad set of issues faced by young men. Youth work and empowerment were major approaches. Initially some research occurred to find out what 65 young men thought about their lives, relationships violence etc. Most young men did not engage in violence but the process allowed them to talk about the challenges in their life.

Scott North from Osaka University in Japan, spoke about the division of labour in Japan and how traditional roles have often resisted women into the workforce. Women primarily provide the unpaid welfare roles across the society. Men's lives are usually absorbed by work and women are more likely to have a better balance. Japan's economy put a lot of pressure on men and advancement in society does not lead to greater positive leisure, recreation and health outcomes. 35,000 suicides occur per year with 70% involving men. Also rises in depression and falling fertility have contributed to low birth rates. Still, the salary man's ideal life course consisted of continuous employment with the one employer, having a wife, children but few men arrive home from work before 10pm each night. Less than 20% of men fit this experience and it continues to fall rapidly. Companies have reduced the number of employees by 10% each year. Colleagues, who traditionally were friends for life, have become competitors for holding onto your job. Men cannot often choose to act differently due to the lack of alternative options and all businesses opting for similar employment environments. To stay on in lifetime employment, it is best to imitate your boss – dress, hair style, interests, stay at the office until the boss leaves etc. Management tends to challenge men's choice to go home early for child care reasons meaning that men tend to work 60 hours per week. Unless these issues are responded to, the society is going to suffer with a negative birth rate and shrinking economy.

John Oliffe www.menshealthresearch.ubc.ca spoke about how heterosexual men's relations shape their depression. Men's depression is under-diagnosed, utilises self help, the diagnostic criteria does not always pick up (i.e. anger) and there are fragmented pathways to getting help. In heterosexual relationships, women are key caregivers and much of men's depression plays out at home. The qualitative interview involved 26 men and their partners with diverse sampling of city and rural experiences. The men either self identified or were diagnosed with depression. The men and women interviewed separately. John emphasised again that gender relations are co-create rather than a single context.

The themes they defined are:

- Trading some places – men are emotional and partner more practical
- Business as usual – partner as caregiver
- Edgy tensions – relationship tensions.

Implications and recommendations

- Importance of supportive partner versus burden of care
- Role of men-centred interventions
- Role of couple-centred programs.

Alejandra Cabrera from Pasmó, Guatemala spoke about common definitions of men in Central America:

Powerful

- *Focus on their achievements in the world.*
- *Define men by powerful action and their success at work.*
- *All Powerful men expect much of themselves and of others.*
- *Like classic gender roles, laments change*
- *A real man is "El que domina la casa y la mujer"*
- *Expects to be listened to, served and obeyed*
- *Ideal men: Presidents, Bill Clinton, the Pope*
- *High margins of infidelity, compared to the other profiles (77%).*
- *Tend to use more commercial sex services (28%)*
- *Tend to frequent more motels to have sexual intercourse (33%)*

Energetic

- *Focus on their achievements to change the world.*
- *Define men by powerful action and their success at work.*
- *The modern man of power*
- *A real man takes action to improve the world*
- *Ideal men: Powerful humanitarians: Bono, Bill Gates*
- *The majority self-defined homosexuals are in this profile (6%)*
- *High motel use of sexual intercourse (25%)*

Protector

- *Focus on taking care of their family.*
- *Define men by their ability to provide.*
- *Most very religious men are in this group.*
- *Ideal men = dedicated fathers; Jesus*
- *View mistakes as chances to learn*
- *Want to be good examples to their children*
- *Low consistent condom use (18%)*
- *They represent the lowest infidelity margins with respect to the others (60%)*
- *They use commercial sex services with less frequency than other profiles (5%)*

Seekers

- Young single men, students or workers.
- Define men using traditional *macho* images, but disagree
- Ideal men: A variety - Bono, Ricky Martin, Pele
- Know women as equals in work and school.
- Idealistic about marriage.
- Think that men should be faithful.

- Still undefined as men – heading in various directions.
- High homosexuality index (5%)
- The highest consistent condom use (28%)
- The highest infidelity rates (79%)
- Tend to have high sexual intercourse rates in motels (29%), cars (11%) and brothels (8%)

Relaxed

- Focus on taking care of their family.
- Define men by their ability to provide.
- Most very religious men are in this group.
- Ideal men = dedicated fathers; Jesus
- View mistakes as chances to learn
- Want to be good examples to their children
- Low consistent condom use (18%)
- They represent the lowest infidelity margins with respect to the others (60%)
- They use commercial sex services with less frequency than other profiles (5%)

Passionate

- Focus on expressive, perceptive aspects of life.
- Define men as capable of feeling deeply and empathizing with others.
- Ideal men: Understanding men
- Like and respect women, give them their space.
- Profile where there are more men who identified themselves as bisexuals (4%)
- Very few perceive themselves as high risk to acquire HIV (5%)
- They tend to be less likely to have sexual intercourse in their house (71%)

Day 3

Tim Shand spoke about the MenEngage program in South Africa. They had 57 evaluated programs for working with men found that engaging men does lead to better outcomes for men, women, children and leads to less violence and better health outcomes. They were divided into the following categories:

- Gender neutral – no difference in how they engaged men or women
- Gender sensitive – recognised a difference between engaging men and women
- Gender transformation – wanted to work differently with men but work to challenge negative behaviours. Identified as the most effective programs. Reflect on socialisation processes and its impact on behaviour.

He thought that there are lots of good and effective programs. Programs targeting men are small and short term. Very few men's programs link with women's programs as they operate in parallel. Effectiveness is increased when you work separately with men and women but at times bring them together. South Africa has high level of challenges HIV, violence and poverty etc. Need to work at multiple levels – individuals, community, organisations and government. Main campaign has been 'One man can'... love passionately..., change the world..., demand justice..., change the world... make a difference...etc. They developed a social media campaign with well known faces to highlight messages of positive masculinities. Have taken men in positions of authority to the equality court to hold them to account for statements they make. They explored questions in the equality survey:

- What do men think about laws for gender equality?
- Do men share equally with household tasks?
- Do you support women's rights?

They developed a scale about men's equitable attitudes. Men are a lot more equitable than what we give credit for. While changes occurred, young men and men with higher education were more equitable. Policy is making a difference. Paternity leave is increasing and creating greater involvement in child birth. Greater equality is linked to improved sex life. Spoke about how men can have a confused identity regarding the diverse roles they are now doing.

Petteri Eerola from University of Jyväskylä, Finland said that the new father was often defined by different authors as:

- The new father
- The generative father
- The responsible father
- The positively involved father
- The nurturing father
- Shared parenting
- Nurture
- Engagement
- Involvement

He interviewed 16 fathers aged 22-27 years with children aged 6-18 months who either held a degree or were university students with interviews lasting 90 minutes average.

Modern narrative of fathering (6)

- Breadwinning
- Gendered parenting roles
- Father as mother's assistant

Transition narrative of fathering (4)

- Father as role seeker
- Father's challenge to engage with the family-centred lifestyle
- Mothers role as gatekeeper
- Growth into parenthood

Postmodern narrative of fathering (6)

- Shared parenting
- Participation in family planning and preparation for fatherhood
- Satisfying couple relationship
- Nurture and care giving

Francine de Montigny from University of Quebec presented on the father friendly initiative or how professionals are empowered to support father involvement. They researched with 185 fathers, found that negative breast feeding and the more support they got, the more stressed they felt. It is difficult for fathers to have space in the health care system. There are few specific services and little financing. Most services focus on the mother's needs without addressing fathers concerns. Health services perceive

mothers more positively than mothers and prefer interacting with mothers. It is difficult to engage fathers in programs. Fathers reported being used as a support, 'a tool' for mother's wellbeing and not as an individual in their own right. Working with dads does not increase the professional's workload, it helps them.

Sydney Weaver from the University of British Columbia spoke about the father involvement in maternal harm reduction services. The 12 bed unit provides drug reduction services for mothers with the fathers being excluded. This is problematic as the fathers' absence and drug use affects family outcomes. Gender, race and class are identified factors for father exclusion, particularly for Indigenous fathers. Domestic violence is frequently linked to illicit drug use, providing a rationale for excluding fathers from mothers' treatment. The dominant view of domestic violence excludes the social context of colonisation, loss of culture and poverty' Taylor et al, 2004, p.72). Father engagement in services was also highly correlated with father involvement in baby care at .79 at a 0.01 level of significance. Mother engagement was highly correlated with father involvement in baby care at .59 at a 0.01 level of significance. The mother felt they were doing the bulk of the work because the father was not taught how to care for the baby. However the mothers wanted the father to be involved and be supported to play a more active role. Mothers describe partners as a familiar, important support at a difficult time in their lives: "He was my main support and I really needed him to be around me, we stayed at home until I went right into labour". Children motivated fathers to recovery and get clean. Their efforts were not recognised and often ignored or look on suspiciously. Service providers cited a lack of institutional support/resources in their attempts to work with men. Peer support fathers, who previously had been on the ward was identified as a useful approach.

Conclusion

The three days were excellent for appreciating the diversity of research and work with men and communities throughout the world. In many presentations, the speakers spoke about the challenges men faced regarding socialisation and traditional masculinities, but also identified strengths and changes to the traditional position. This tempered position occurred when specific research contexts were discussed, rather than the straight presentation of theory. Dr John Macdonald took the strongest position in advocating for a non-pathological (salutogenesis) position in understanding masculinities. With this audience of researchers and academics, you appreciated why this terminology was vital, rather than the social and more popular term – non deficit perspective.

The issue of fathering was still only discussed in small pockets. When discussed in English speaking workshops, there was a high level of excitement and optimism, with an acknowledgement of traditional masculinity issues and men's strengths. The context of fathering still captures a vital opportunity for change, responsibility to care and support the next generation and is a fundamental motivation in men's lives.