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Biopsychosocial Approaches to Men's Health Disparities Research and Policy

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Though a century ago the life expectancies of men and women were about equal¹, the life expectancy at birth between the sexes has grown in the most recent four decades.² In most industrialized societies across the globe, men tend to have more opportunities, privileges and power than women, yet these economic and social advantages do not translate into better health outcomes.³ In recent years, there have been important global efforts to document the ways in which women fare better than men across a number of health outcomes^{4,5}, but the European Commission's report on the state of men's health in the European Union and other efforts have been criticized for not attending to disparities among men^{6,7}. Men's health research has primarily focuses on the extent to which social and cultural factors shape men's health practices and health outcomes⁸, but an important gap exists in how we explain differences in health among men.^{9–11} Men's health disparities are differences in health outcomes that are determined by cultural, environmental and economic factors associated with socially-defined identities and group memberships.¹¹ This special issue of *Behavioral Medicine* helps to fill this gap by using a biopsychosocial approach to explaining health differences and health disparities among men in and to inform future research and policy to improve men's health. This body of work also highlights the critical role that an intersectional approach can play in systematically moving the field forward through research and policy.

Context of Men's Health Disparities Research

Within the field of men's health, previous special issues have addressed men's health^{12–14}, social determinants of men's health¹⁵, social determinants of men's health disparities¹⁶, minority men's health¹⁷, the health issues of African American men^{18,19}, describing men's health disparities^{20,21}, sexual minority men's health (primarily HIV/AIDS)^{22–25} and addressing men's health disparities⁷. These publications have added significantly to the fields of men's health and men's health disparities but few of these issues have included the breadth of populations or health issues covered in this issue of *Behavioral Medicine*. Collectively, this issue illustrates that men's health outcomes are not determined by constructs and factors that are necessarily unique to men and it illustrates why a

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biopsychosocial approach that takes into account men, men's social context and societal structures that contribute to men's health and illness is important.²⁶

While this biopsychosocial approach is becoming a critical aspect of medical care, explanations for gender differences in health tend to focus on biomedical factors such as men's presumed reluctance to seek medical care and psychological factors such as men's adherence to unhealthy beliefs and norms.²⁷ This view of men's health decontextualizes men's health and ignores the cultural, economic and social changes that shape men's health behaviors and practices and ultimately men's health outcomes.²⁸ Similarly, the literature on men's health has tended to focus primarily on the adverse effects of masculinities, gender performance and/or sexual orientation that may contribute to differences and disparities among men. Conversely, the nine articles that comprise the special issue of *Behavioral Medicine* on men's health highlights the strength of critically evaluating not just *what* factors affect men's health but *why* and *how* they do so. Collectively, these studies make an important contribution to men's health and men's health disparities research by highlighting a variety of factors that may not be unique to men but that nonetheless have important implications for men's health. All papers provided important insight into where and how to use a biopsychosocial approach to intervene to improve men's health and well-being.

For example, special issues on men's health disparities have primarily focused on men from lower socioeconomic groups or those of particular racial and ethnic backgrounds but few issues have included explicit attention to sexual minority men. Importantly, this special issue highlights how sexual orientation, sexual identity and sexual practices may each confer health risks associated with health risks that are not only sexual in nature. Reynolds and colleagues' paper highlights how even among a population of low income men, many of whom are homeless, being gay or bisexual still exacerbates men's health risks and is associated with fewer outpatient visits than their heterosexual counterparts.²⁹ Cook and Calebs' paper explores how the social stressors and stigma associated with sexual minority status can have deleterious effects on attachment, social connectivity and social support across the lifecourse.³⁰ Bauermeister and colleagues exploration of the sexual behaviors of young men who have sex with men again suggests that the intersection of multiple dimensions of vulnerability – living in lower socioeconomic disadvantaged neighborhoods, having fewer economic resources and having less stable housing – are linked to the need of these men commodifying their bodies for shelter, food or to fulfill other basic needs.³¹ In sum, this special issue highlights how gender identities, roles and relations are not only diverse but mediate men's health behaviors and practices^{32–34}, illustrating why it is important to examine how sex, gender and sexual orientation may intersect with other aspects of men's identities and experiences to accurately identify the determinants of the health of men around the world¹¹. This has important implications for research and policy.

This special issue not only highlights critical aspects of men's health but it explicitly uses a biopsychosocial approach. This approach helps men's health and men's health disparities research move to consider the socially-meaningful characteristics that shape differential health risks among men^{27,35–37}. It is important to recognize how sexual orientation, sexual identity, racial identity, ethnic identity, religiosity and spirituality, and other factors intersect with gender to create unique biopsychosocial contexts and points of intervention for

men^{38–40}. As has been done here, it is critical to highlight and illustrate how identities, social statuses and group memberships other than gender affect men's health^{11,34,41}.

Toward a Biopsychosocial Approach to Men's Health Disparities Research

A biopsychosocial approach to men's health is rooted in the need to consider sex and gender simultaneously.^{39,42,43} Most men's health outcomes are modifiable because they are shaped heavily by psychological and social factors, despite their biological components.⁴⁴ While there is a need to recognize and consider the common elements and determinants of health of humans who share these sex characteristics, gendered social norms, expectations, responsibilities and obstacles shape the health risks of people who fit this group.^{43,45} As this special issue illustrates, observable (e.g., skin color, eye shape), psychosocial (e.g., sexual orientation, racial identity, ethnic identity, social class, economic position) and cultural (e.g., religion, Meritocracy, American Creed, homophobia) characteristics beyond sex, are a necessary precondition for understanding men's health. If we are to understand the sex and gender vulnerabilities of males, it is critical to consider how sex and gender intersect with other key factors to shape men's health outcomes.^{38,43,46} As this special issue highlights, more attention needs to be paid to the context in which men are at risk for, develop, contract experience and cope with health and disease.⁸ It is the extent to which this biopsychosocial approach sheds light on the determinants of men's health that may be the primary contribution of men's health and men's health disparities research.⁸

In some areas of biomedical and public health research and practice, there is a tendency to rely on the demographic boxes that men check as a proxy for their risk, resources and potential resilience. While these factors have demonstrated how they are defined by others, demographic labels do not capture the complexity of how these men identify and define themselves. Historically, beyond the sex/gender box that signifies economic and sociopolitical power relative to women, many of the demographic and psychosocial boxes that diverse groups of men check have been the markers of subordination or marginalization.⁴⁷ Groups of males who are marginalized or disadvantaged (e.g., poor men, men of color, uninsured men, gay men)³⁵ tend to be invisible when it comes to health policy yet hypervisible when determining risk and blame for poor health.⁴⁸ It is in these populations that we tend to see the greatest need for a biopsychosocial approach to understanding how specific life circumstances and vulnerabilities shape their health profiles and patterns.⁴⁹ These men face a wide range of determinants of health that warrant a biopsychosocial and intersectional approach to capture the complexity of their strengths, resource limitations and opportunities.

Understanding the basis of poor status of men's health as a group and the heterogeneity of men's health outcomes across populations within and across countries would benefit from consistently using a biopsychosocial approach and adding an intersectional approach¹⁶. Intersectionality provides a systematic way to explore how sex and gender affect men's health yet these determinants of men's health also rely on other identities, characteristics and categories for meaning as determinants of health.^{38,50} It is only when we move beyond identifying proxies for determinants of men's health to identifying how gendered mechanisms and pathways that affect men's health intersect and are shaped by non-gendered

ones will we make progress in reducing men's health disparities in the US, Australia and globally. It is critical for biopsychosocial and intersectional approaches to be applied to research and practice, but also to policies that affect men's health. Increasingly it has become obvious that the determinants of men's health are global, not just within each nation, and each country's interdependence with others has important implications for economic, social and political determinants of men's health.⁵¹

Toward a Biopsychosocial Approach to Men's Health Disparities Policy

Gender mainstreaming is the notion that a gendered perspective should be incorporated into all policy processes and spheres, not just in relation to women's health.⁵² Gender mainstreaming has been offered as a tool to facilitate moving beyond a discussion that reify and presumes gender differences in health to looking for interconnections and the diversity among these sex and gender categories that may be fodder for more effective policy and practice. It is important to move beyond the antagonistic zero-sum battle in to reach the zenith of the hierarchy of suffering to recognize that health systems and policies that have presumably been gender neutral or male-dominated have failed men and women alike.⁵³ Both men and women can find common ground in supporting the need for gender-sensitive policies, programs and evaluation indicators of the effectiveness of these efforts.⁵³

As we move toward policies that consider gender in their framing and in the examination of their impact, it also is critical so bring the biopsychosocial and intersectionality frameworks to bear on these policies.⁴ It is critical for policy makers to report and evaluate gender differences in health, social and economic policies without looking to blame the population who seems not to benefit from the policy as much as the other. Gender should be considered as a variable that can be considered for shaping and refining the policy not as a blunt marker of success or failure. Beyond the sex and gender differences in policy effectiveness, it is critical to consider how sex and gender differences can be analyzed alongside other socially-meaningful characteristics. Sexual orientation, gender expression, racial identity, ethnic identity, and other factors are essential to integrating with gender and sex to accurately interpret policy evaluation metrics. The goal, therefore, is to understand men's health and men's health disparities in their own right, not in comparison to women.⁴ This is a challenge, particularly in the US where policies and programs to improve men's health have focused primarily on changing men's health behaviors and changing men's notions of masculinity.⁵⁴ While it is certainly progress to see benchmarks explicitly for men's health for the first time, the men's health topics included in Healthy People 2020 seem to reflect more our cultural beliefs that men's health is synonymous with men's sexual functioning, sexual risk behavior and virility, rather than the leading causes of death for this population.⁵⁵ There are other models, however: Brazil, Ireland and Australia for example.

Brazil, Ireland, and Australia have been leaders in implementing national men's health policies and strategies.² Brazilian policy focused primarily on increasing men's use of primary health care services. While lauded for paying explicit attention to men, Brazil's policy has been criticized for focusing too much on individual behavior and personal responsibility and not paying enough attention to social determinants of health.⁵⁶

Ireland, the first country to adopt a national men's health strategy, created a system-wide response that included roles for a broad range of government departments, non-governmental organizations, employers and others. It highlighted the need to focus on prevention and community development efforts rather than healthcare. Notably, Ireland acknowledged that masculinities shaped the ways men behaved yet focused on men's strengths and highlighted their efforts to become more active agents and advocates for their health.⁵⁶ Included in this effort was an effort to increase gender-sensitive health service provision for men by training health service providers.

Similar to Ireland's, Australia's men's health policy has been particularly important because it moved away from the clinical or social pathologies or notions of masculinity to a strength-based approach to men's health, and one that incorporated a social determinants of health approach.⁵⁷ This move to considering and highlighting the valuable roles males play in family and community life and away from the maladies of masculinity that are so often blamed for men's poor health outcomes was critical to moving away from a deficit focused conversation and policy around men's health. Moreover, the efforts to move from the internal causation and decontextualized approach that locates men's health problems in the men themselves offered new points of interventions beyond health care access and encouraging men to engage in healthier behavior. As opposed to limiting the problem to changing men and masculinity, the Australian men's health policy restored some balance to the conversation and highlighted how individual choices and agency are shaped, constrained and mediated by social, economic, cultural, political and environmental factors. These factors are not only gendered by racialized and shaped by other socially-meaningful characteristics that lend themselves to intervention beyond healthcare access and funding. Recognizing that men's health results from a similar social construction of gender as women's health does reinforces the need to integrate a gender perspective in exploring the implications of all policies.⁴

Conclusion

This special issue of *Behavioral Medicine* highlights the value that a biopsychosocial approach, combined with an intersectional approach, can play in refining how we describe and address men's health and men's health disparities. Both in Australia and the US, social and cultural forces interact with psychological factors to affect men's health. More research and policy are needed that consider the diversity among men across nations from a biopsychosocial approach to reveal common structural determinants of health that may not be unique to a particular country. Future research using an intersectional approach to men's health should focus on how markers of uniqueness, difference and diversity can be sources of risk and strength that explicate the pathways and mechanisms that connect the dimensions of a biopsychosocial approach to understanding individual-level and population-level determinants of health³⁸. These sources of commonality may be the foundation of a unified global discourse that can help to marshal resources to improve men's health and reduce men's health disparities.⁵⁸

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