



Men's Health

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It still surprises those of us working on men's issues that it has taken so long to realise - and that there is so little real grassroots support and advocacy for - men's health as a legitimate domain in public health.

In May 2010, the Australian Government launched a long-awaited national men's health strategy, entitled (somewhat tawdryly) the *National Male Health Strategy: Building on the Strengths of Australian Males* (Commonwealth of Australia 2010). It was long awaited because work had first started well over 15 years ago during the Keating Labor Party administration under its then Federal Health Minister Dr Carmen Lawrence. That naming dampens the long debate over any challenge to women's health and its funding, and now allows particular men's health concerns to gain some air time, e.g., prostate cancer, drug and alcohol misuse, risk behaviours in the workplace, etc. It also has allowed issues relegated to the margins and treated as somewhat dismissive (for some), such as erectile dysfunction, to find a place beyond a smirk or wink. The headway made on this particular issue is, however, undercut by the federal government's refusal to date to add treatments for erectile dysfunction (e.g., Viagra, Cialis, etc.) to the national Pharmaceutical Benefits Scheme, thereby providing more affordable assistance to men with such problems arising from prostate cancer, cardiovascular disease and diabetes.

This lack reflects a somewhat unconcerned approach by government to Australian men's sexuality and sexual health needs. Indeed, the new national strategy barely mentions sexual health at all (reproductive health gets a Guernsey) and *sexuality* loses out as a problematic through which a number of concerns about men and their sexual behaviour and attitudes might better be addressed. Also, the fact that the strategy makes no links with the five national HIV/AIDS, Hepatitis C, Hepatitis B, Sexually Transmissible Infections, and Indigenous Sexual Health strategies not only reveals poor policy thinking, but a predilection to keep the sexual out of focus.

The fields of men's studies and masculinity theory now face this very same problem, and the theoretical tools that these fields use must develop faster if they are to handle, encompass, interrogate and understand the phenomena that will need to be addressed within the emerging and enlarging discourse of men's health. A few examples will suffice: how can 'blokey' men's health ambassadors be of much use in assisting transwomen with prostate cancer; how will we deal with the emerging evidence of female-perpetrated domestic violence against men; what are the longer-term health consequences of the increasing commodification of men's bodies by the cosmeceutical industry, the fashion industry (with size 0 young men on catwalks), and the sex and pornography industries; what are we to do with the increasing evidence of the far more widespread and long-term effects of war on men's mental health and their lives after service?

We believe the men's health agenda is not yet ready for all this and more; but as the papers in this Special Issue of *Health Sociology Review* reveal, things are moving ahead. We hope that the trend toward policy strategies focused on men's health might open at least some of the way forward for more progress toward producing really useful knowledge about men.

Clearly, the research agenda on men's health is on the move as new issues emerge and old problems are recast within the framework and policy settings that men's health provides. This Special Issue heralds the way forward.