

Men's Rights or Men's Needs? Anti-Feminism in Australian Men's Health Promotion

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Un changement majeur au cours des dix dernières années a vu les militants masculinistes australiens s'associer à des universitaires et à des groupes de santé pour redéfinir la notion de la masculinité lésée, en recourant au vocabulaire et à des pratiques de promotion de la santé. Ce changement a donné lieu à une forme hybride de militantisme pour les droits et la santé des hommes (ADSH) où les statistiques sur la santé et les théories de la causalité sociale légitiment les attaques constantes contre le féminisme et les services offerts aux femmes. Cette stratégie gagnante s'est accompagnée de sentiments misogynes qui, lorsqu'ils sont formulés en termes strictement idéologiques, mettent en péril l'acceptabilité du mouvement de défense des droits des hommes. Dans le présent article, il est question des changements dans le discours australien de l'ADSH et de la stratégie qui passe des « droits » des hommes aux « besoins » des hommes. L'auteur expose ses craintes quant au rôle de l'ADSH dans la politique sur la santé des hommes australiens.

In a significant shift over the last ten years, Australian men's rights activists have partnered with academics and health groups to rearticulate notions of injured masculinity via the vocabulary and practice of health promotion. This shift has given rise to a hybrid form of men's rights/health activism (MRHA) in which health statistics and theories of social causation legitimate ongoing attacks on feminism and women's services. This successful strategy has attracted support for misogynist sentiments that, when formulated in explicitly ideological terms, have come to imperil the mainstream acceptability of the men's rights movement. This article discusses the shifts in Australian MRHA discourse and strategy from men's "rights" to men's "needs" and suggests reasons for concern about the role of MRHAs in Australian men's health policy.

Introduction

Since they first emerged in opposition to no-fault divorce in the 1970s, Australian men's rights activists (MRAs) and groups have consistently crafted spectacles of suffering as a political strategy. They have sought to dramatize the harms that they allege feminism is causing men and boys through a range of strategies, including

displays and protests, emotive descriptions of grief and frustration, and the politicization of male violence and social problems as evidence of the harmful impact of feminism. Generally, these complaints have been articulated in the language of men's "rights" since MRAs couched their antagonism towards feminism primarily as an ideological conflict. Recently, there have been discernible shifts among MRAs towards the vocabulary of public health and health promotion in order to renew their claims of male suffering and oppression. In this process, discourses of men's "rights" have been supplemented by the argument that men have "needs" that are going unmet and require enhanced care from the state and community. Embedded within this discourse of men's health "needs" is an amorphous, but insistent, moral claim for protection from the supposedly hostile social environment catalyzed by feminism, which is deemed antithetical to the "social determinants" of men's health. This shift has involved the translation of political rhetoric into the language of health and welfare policy as well as the foregrounding of essentialist gender ideologies as biological and scientific fact. From this perspective, feminism is no longer solely an attack on men's "rights" but, rather, the creation of a social order that is contrary to men's biological nature and, hence, corrosive to their physical and emotional health.

There is undoubtedly important work to be done in addressing gender as a social determinant of men's health. Male health promotion includes critical and reflexive scholarship on the links between masculinities and health outcomes.¹ However, as MRAs forge links with sympathetic health practitioners and academics (and, indeed, begin labelling themselves as men's health experts and consultants), the male health promotion sector has become host to claims that male health deficits and mortality rates are directly attributable to anti-male sentiment and confusion about men's social and familial roles generated by feminism. This synergy has given rise to the hybrid men's rights/health activist (MRHA) whose use of health promotion discourse is suffused with the anti-feminist sentiments and logics promulgated by MRA groups. Claims of male victimhood and disadvantage have been integral to MRA movements since their inception, but they are now being refashioned and resituated within a technocratic framework of health "needs." This article argues that the colonization of men's health by MRHAs not only generates new platforms for anti-feminist activism but is also impeding genuine health promotion efforts to improve men's well-being. This shift from men's "rights" to men's "needs" is examined with a focus on the Australian context, where MRHAs are forging international alliances with MRAs to ground claims of male persecution within health and welfare advocacy.

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1. See, for example, Alex Broom & Philip Tovey, *Men's Health: Body, Identity and Social Context* (West Sussex, UK: John Wiley & Sons, 2002); James Smith & Steve Robertson, "Men's Health Promotion: A New Frontier in Australia and the UK?" (2008) 23:3 *Health Promotion International* 283; Joan Evans et al, "Health, Illness, Men and Masculinities (HIMM): A Theoretical Framework for Understanding Men and Their Health" (2011) 8:1 *Journal of Men's Health* 7.

Male Power and Spectacles of Suffering

Claims of male suffering have a deep political resonance in the countries of the global North, where depictions of male vulnerability and pain have a legitimized place in the public sphere as the price of male power and responsibility. Historically, European imperialism and colonialism were romanticized as the “white man’s burden,” which obliged white male citizens to fight and die ostensibly in the defence of “civilized” ideals and for the benefit of those “uncivilized” peoples, who were to be invaded, displaced, and massacred.² In this fashion, the transnational expansion of their power was reconstituted as a burden forced upon white men by nature and God. Ongoing and deepening nostalgia for past wars and conflicts embeds the conflation of male violence and self-sacrifice within contemporary notions of statehood, history, and citizenship.³ In a similar vein, male suffering has been invoked to justify gendered power differentials in the “private” or interpersonal sphere as well as the abuse and violence associated with them. The framing of masculine dominance as an unwanted responsibility has been a characteristic of the ideology of the public/private divide, where male control over the home and family was supposedly justified by the stresses and strains of paid employment and civic responsibilities.⁴ The violence that undergirds such gendered inequalities in power can then be rationalized sympathetically as the actions of men burdened by intolerable responsibilities.

Hegemonic ideals of masculinity have come under challenge by social movements such as feminism and the civil rights movement as well as by macro-economic changes that have introduced considerable uncertainty and anxiety into the labour market.⁵ These developments have been marked by an apparent escalation in spectacles of masculine suffering as a legitimizing strategy for male power. During the 1990s, David Savran noted the proliferation of pop culture depictions of suffering white men whose burdened, victimized subject position rationalized their violence and aggression against others.⁶ Movies and television shows that deploy this trope have framed male violence as an understandable and often necessary defence against the threat of emasculation and dishonour.⁷ Escalating public

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2. Raewyn Connell, “Globalisation, Imperialism and Masculinities” in Michael Kimmel, Jeff Hearn & Raewyn Connell, eds, *Handbook of Studies on Men and Masculinities* (London: Sage, 2005) 71 at 79.
 3. Joane Nagel, “Masculinity and Nationalism: Gender and Sexuality in the Making of Nations” (1998) 21:2 *Ethnic and Racial Studies* 242.
 4. Carole Pateman, *The Sexual Contract* (Oxford: Polity Press, 1988).
 5. Linda McDowell, *Redundant Masculinities: Employment Change and White Working Class Youth* (Oxford: Blackwell, 2003).
 6. David Savran, *Taking It Like a Man: White Masculinity, Masochism and Contemporary American Culture* (Princeton, NJ: Princeton University Press, 1998).
 7. James Gibson, *Warrior Dreams: Manhood in Post-Vietnam America* (New York: Hill and Wang, 1994).

appetite for male-dominated combat sports, and, specifically, graphic imagery of male-male violence and injury, suggests that cultural spectacles of male suffering remain central to the social construction and legitimization of aggressive masculinities.⁸ Such injuring-because-injured masculine postures are evident in political rhetoric⁹ and policing and military tactics¹⁰ where state violence is rationalized as a form of self-defence.

The conflation of male suffering with male violence necessarily provokes sympathy and understanding for male aggression. This conflation introduces an asymmetry into public discussions on the impact of violence against women (VAW), in which men are differentially likely to act as a focal point for public sympathy as both victims and perpetrators of violence, while women's suffering as victims of violence can fail to meet the threshold for public concern. For example, in Australia, the deaths of young men through drunk, violent assaults in public spaces have prompted national outrage and legislative reform, while the murder of Australian women by intimate partners, which takes place, on average, once a week, has not attracted equivalent attention until relatively recently.¹¹ Incidents in which men murder their wives and children can prompt calls for "understanding" and "compassion" for the perpetrators. Recent media coverage of an Australian man, Geoff Hunt, who murdered his wife and three children and then killed himself, has been marked by an emphasis on his status as a "good bloke" who "snapped" under the "strain" of caring for his disabled wife.¹² Following another murder suicide in 2014, when Greg Hutchings murdered his daughter and killed himself in the midst of an unresolved parenting dispute, another journalist called for sympathy for Hutchings who had walked to the end of a "dark road" that many estranged parents can relate to.¹³

These gender-specific formulations of sympathy are not extended to women partnered to violent men, who routinely find their concerns trivialized and their reports of abuse and violence characterized as false allegations symptomatic of mental illness.¹⁴ Increasing numbers of Australian women are taking children

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8. Michael Salter & Stephen Tomsen, "Violence and Carceral Masculinities in Felony Fights" (2012) 52:2 *British Journal of Criminology* 309.
 9. Kevin Coe et al, "Masculinity as Political Strategy: George W Bush, the 'War on Terrorism,' and an Echoing Press" (2007) 29 *Journal of Women, Politics & Policy* 31.
 10. Michael Salter, "Toys for the Boys? Drones, Pleasure and Popular Culture in the Militarisation of Policing" (2014) 22:2 *Critical Criminology* 163.
 11. Julia Quilter, "The Thomas Kelly Case: Why a 'One Punch' Law Is Not the Answer" (2014) 38:1 *Criminal Law Journal* 16.
 12. Stella Young, "Disability and Murder: Victim Blaming at Its Very Worst", *The Drum* (16 September 2014) <www.abc.net.au>.
 13. Sam de Brito, "Greg Hutchings: Sympathy for the Devil", *Sydney Morning Herald* (31 January 2014) <www.smh.com.au>.
 14. Elspeth McInnes, "Madness in Family Law: Mothers' Mental Health in the Australian Family Law System" (2014) 21:1 *Psychiatry, Psychology and Law* 78.

interstate and overseas in order to protect them from the harms of court-ordered time with their abusive fathers.¹⁵ It is only recently, following high-profile child homicides and an apparent increase in the numbers of women murdered by their intimate partners, that victimized women and the groups that lobby on their behalf are attracting sustained media and political attention. The complex emotional dynamics underpinning debates over VAW include a reservoir of sympathy for violent men, which informs discursive linkages between male suffering and the supposed burden of male power. In contrast, women's suffering is frequently privatized in public discourse, considered too routine to be noteworthy and a personal harm suffered by the victim without a political or collective resonance. As a result, male violence retains an ambivalent quality in the public sphere where it is understood as an inevitable correlate of masculine power.

The gendered dynamics of public sympathy sets the scene for the emergence of men's "rights" movements with a focus on recuperating forms of hegemonic masculinity they deem under threat or lost to the advances of the women's movement. However, a discursive shift from "rights" to "needs" is now redirecting MRA efforts away from primarily political forms of protest against feminist incursion and towards an emphasis on male suffering grounded in a pre-political male "nature" supposedly endangered by feminism. This article identifies this shift as a strategic effort to extend gendered differentials in sympathy, albeit via the less contestable and more supplicatory language of "needs."

The Australian Men's Rights Movement

Since the early 1970s, groups of aggrieved Australian men have been campaigning against feminist-inspired legal reforms relating to no-fault divorce, parenting, child support payments, and protections against domestic violence.¹⁶ Substantially more women than men initiate separation and divorce in Australia, with one quarter of women attributing the relationship breakdown to their partner's violence and abuse.¹⁷ MRAs claim that such allegations are malicious fabrications, or, if the allegations are true, that they characterize domestic violence as the product of understandable male grievance in the context of anti-male discrimination catalyzed

15. Michael Salter, "Getting Hugged: The Impact of International Law on Child Abduction by Protective Mothers" (2014) 39:1 *Alternative Law Journal* 19.

16. In fact, vocal male opposition to the women's movement in Australia can be traced back to the late nineteenth century, when newspapers began publishing "vitriolic" letters from men railing against feminist women. See Colin James, "Media, Men and Violence in Australian Divorce" (2008) 10:4 *Newcastle Law Review* 49 at 65.

17. David de Vaus, *Diversity and Change in Australian Families: Statistical Profiles* (Melbourne: Australian Institute of Family Studies, 2004) at 222 <www.aifs.gov.au/institute/pubs/diversity/DiversityAndChange.pdf>.

by feminism.¹⁸ In this fashion, MRAs have paradoxically attempted to transform men's VAW into publicized spectacles of male (and not female) suffering. MRAs have claimed on multiple occasions that men who murder their wives or children in the context of care disputes have been provoked by anti-male judicial bias.¹⁹ Accounts of men as victims of social oppression have been prominent throughout various strands of men's activism, including overlapping "fathers' rights" groups with whom MRAs share common concerns about the status of fatherhood and the resolution of parenting disputes.²⁰ A focus on the cost of masculinity to men and men's oppression by society has also been a feature of the less openly misogynist "men's liberation" groups.²¹ The positioning of men's VAW within a broader discourse of male victimhood and disadvantage has drawn sympathy from journalists, religious figures, and politicians. Colin James has criticized Australian media coverage of the activities and claims of MRAs and the recurrent insinuation in press reports that male violence is understandable in the context of family separation and breakdown.²² In such discourses, it is the perpetrators of violence or those accused of it who qualify for public sympathy, while the impact of violence on women and children is overlooked or minimized.

Emancipatory social movements such as feminism have been effective in their use of liberal notions of rights and equality to construe oppression as illegitimate and socially undesirable. In many regards, MRAs have mimicked these discursive strategies to give ideological articulation to various masculine anxieties and grievances as the products of anti-male discrimination.²³ MRAs have sought to appropriate and resignify the liberal vocabulary of "rights" and "equality" in an apparent attempt to neutralize their utility for feminist activism.²⁴ However, their appeals to "equality" are generally limited to procedural matters, such as calls for men and women to be treated identically (or "equally") in family law proceedings, while overlooking or rejecting the need for substantive equality in intimate relations or society at large.²⁵ This apparent contradiction is evaded in MRA discourse

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18. Sarah Maddison, "Private Men, Public Anger: The Men's Rights Movement in Australia" (1999) 4:2 *Journal of Interdisciplinary Gender Studies* 39.
 19. *Ibid.*
 20. Michael Flood, "'Fathers' Rights' and the Defense of Paternal Authority in Australia" (2010) 16 *Violence Against Women* 328 [Flood, "Defense of Paternal Authority"].
 21. See, for example, Warren Farrell, *The Myth of Male Power* (New York: Simon & Chuster, 1993); Herb Goldberg, *The Hazards of Being Male: Surviving the Myth of Masculine Privilege* (New York: Nash Pub, 1976).
 22. James, *supra* note 16.
 23. Molly Dragiewicz, *Equality with a Vengeance: Men's Rights Groups, Battered Women and Antifeminist Backlash* (Boston: Northeastern University Press, 2011).
 24. Gwyneth Williams & Rhys Williams, "'All We Want Is Equality': Rhetorical Framing in the Fathers' Rights Movement" in Joel Best, ed, *Images of Issues: Typifying Contemporary Social Problems* (New York: Aldine De Gruyter, 1995) 191.
 25. Miranda Kaye & Julia Tolmie, "Discoursing Dads: The Rhetorical Devices of Fathers' Rights Groups" (1998) 22 *Melbourne University Law Review* 162.

through the use of personal anecdotes of male grief and loss in the aftermath of separation, and in social change more generally, which are attributed to female (over)-empowerment due to feminism.²⁶

These strategies have proven particularly compelling to a range of right-leaning parties.²⁷ In Australia, this success is apparent in the unprecedented access granted to MRAs under the Liberal–National coalition government led by John Howard from 1996 to 2007, where MRAs directly influenced reforms in relation to tax, child support, and family law.²⁸ Men’s rights groups such as the Lone Father’s Association (LFA) received government funding, despite what Hilary Winchester describes as their “bitterly misogynist” culture,²⁹ and regularly hosted events at Parliament House in Canberra that were attended by politicians and policy makers. The influence of MRAs reached its nadir when the introduction of the *Family Law Amendment (Shared Parental Responsibility) Act 2006* included a presumption of “equal shared parental responsibility.”³⁰

Hannah Arendt recounted how the politicization of pity can circumvent basic questions of fairness and proportionality and promote a sympathetic response to complainants in the absence of an assessment of the merit of their claims.³¹ In her account, a politics of pity is set in motion where a group characterizes their suffering in terms of random misfortune and appeals to the more fortunate to render assistance. Such political strategies attempt to bypass public scrutiny by inducing an emotive affinity with the complainant. In a similar fashion, the enduring success of the men’s rights movement in Australia over the last thirty years can be attributed to a politics of pity promoted by the movement itself. Gendered differentials in public sympathy provide the backdrop to the discursive strategies of MRAs for whom male power and male suffering are deeply intertwined. The pain and anger expressed by MRAs in relation to separation and divorce, and/or to accusations of violence and abuse against them, are transformed by the movement into a public spectacle of suffering that distinguishes “unlucky” men from those “lucky” enough to have escaped the excesses of feminism. Implicitly, the MRA politics of pity involves an appeal to the fraternal sympathies of other men to recognize the

26. Helen Rhoades, “Yearning for Law: Fathers’ Groups and Family Law Reform in Australia” in Richard Collier and Sally Sheldon, eds, *Fathers’ Rights Activism and Law Reform in Comparative Perspective* (Oxford: Hart, 2006) 125.

27. Susan B Boyd, “Robbed of Their Families? Fathers’ Rights Discourses in Canadian Parenting Law Reform Processes” in Collier & Sheldon, *supra* note 26, 27.

28. Michael Flood, “Backlash: Angry Men’s Movements” in Stacey Elin Rossi, ed, *The Battle and Backlash Rage On: Why Feminism Cannot Be Obsolete* (Philadelphia, PA: Xlibris, 2004) 261; Flood, “Defense of Paternal Authority”, *supra* note 20.

29. Hilary PM Winchester, “Lone Fathers and the Scales of Justice: Renegotiating Masculinity after Divorce” (1999) 4 *Journal of Interdisciplinary Gender Studies* 81.

30. *Family Law Act 1975* (Cth), s 61.

31. Hannah Arendt, *On Revolution* (New York: Penguin, 1965).

specifically masculine injuries inflicted upon their honour and status by errant ex-partners, the family court system, and, more broadly, a society that is increasingly uncertain about, or hostile to, claims of male entitlement.

The resonance of the politics of pity may account for the unusual level of political capital enjoyed by the men's rights movement, particularly among conservative political parties with a suspicion of feminism and a tradition of romanticizing male suffering and sacrifice. However, anti-feminist presentations of male suffering and victimhood have generally been organized by the public language of "rights" and the ideological dispute with the women's movement. Since the role of "rights" as a central principle for anti-feminist activism has become less salient, the vocabulary of anti-feminist activism has begun to expand and shift in an attempt to find new rhetorical resources.

From "Rights" to "Needs"

The political fortunes of Australian MRAs changed with the election of the Labor government under Kevin Rudd in 2007. In 2008, the then Health Minister Nicola Roxon removed Barry Williams, founder and president of the LFA, and Warwick Marsh, founder of the Christian evangelical men's rights group, the Fatherhood Foundation, from government advisory positions following public outcry. Media reports revealed that the men had authored a document that described homosexuality as a "gender disorientation pathology" caused by abuse, neglect, and mental illness.³² In 2012, the *Family Law Legislation Amendment (Family Violence and Other Measures) Act 2011* came into effect to reprioritize children's and women's safety in family court decisions, following research emphasizing the increased risks to children and women under the reforms of 2006.³³ MRAs responded to their diminished profile and influence with virulently misogynist and homophobic attacks on government policy and ministers. In 2011, Warwick Marsh claimed that the children of same-sex parents are likely to become future criminals, substance abusers, and suicide victims, specifically naming the infant child of a lesbian senator and her partner.³⁴

The patronage that conservative Australian politicians have extended to MRAs was renewed following the electoral success of the Liberal–National coalition in 2013. A few months after the election, Marsh and other MRAs held a summit at

32. Michael Salter, "Are Australian Men Truly 'Under Attack'?", *Guardian* (20 November 2013) <www.theguardian.com> [Salter, "Under Attack"].

33. Lesley Laing, *No Way to Live: Women's Experiences of Negotiating the Family Law System in the Context of Domestic Violence* (2010), University of Sydney & Benevolent Society <www.benevolent.org.au>.

34. Salter, "Under Attack", *supra* note 32.

Parliament House, with the then Health Minister Peter Dutton as guest speaker.³⁵ The presence of Dutton is relevant because the meeting was described as a necessary corrective to the neglect of men's health needs caused by the feminist stifling of men's voices under the previous government. A media release stated that the event was a crucial forum in which men could speak freely without tiptoeing around the "feminist mine-field" that was preventing "academics, politicians and everyday men from saying what they really think."³⁶ It subsequently emerged that the event was a partnership between Marsh's Fatherhood Foundation and the advertising agency M&C Saatchi to launch a brochure publicizing M&C Saatchi's skills in targeting male consumers for corporate clients.³⁷

This mix of men's rights with health policy and private sector involvement is indicative of the fragmentation and reconstitution of the men's rights movement over the last ten years. The construction of "men's rights" in terms of an ideological antagonism towards feminism has become less salient in a political and media landscape more attuned to claims of identity and injury than ideology.³⁸ Conflicts over "rights" now sit alongside, and to some extent are decentred or displaced by, technocratic claims about health and social "needs" advanced by experts and policy makers as well as social movements.³⁹ Within the public language of "needs," previously informal and private practices of care are deemed to be the responsibility of the state.⁴⁰ This linguistic shift has involved an expansion of the state's remit to a wider array of harms than those auspiced by the language of "rights," including those background and contextual factors that enhance well-being and autonomy and, hence, make the exercise of "rights" possible.

As the "needs" of disadvantaged groups become an object of state administration (as well as, or at times in place of, social movement mobilization), the discipline and practice of health promotion has taken an increasingly prominent role in responding to matters previously articulated in terms of inequality and injustice. Health promotion was defined at the sixth Global Conference on Health Promotion in 2005 as "the process of enabling people to increase control over their

35. *Ibid.*

36. M&C Saatchi, "Not All Men Are Bastards" (media release), (13 November 2013) <<http://medianet.com.au/releases/release-details?id=788923>>.

37. Salter, "Under Attack", *supra* note 32.

38. Walter Benn Michaels, *The Shape of the Signifier: 1967 to the End of History* (Princeton, NJ: Princeton University Press, 2004); Wendy Brown, *States of Injury: Power and Freedom in Late Modernity* (Princeton, NJ: Princeton University Press, 1995).

39. Nancy Fraser, "Talking About Needs: Interpretive Contests as Political Conflicts in Welfare-State Societies" (1989) 99:2 *Ethics* 291.

40. *Ibid.*

health and its determinants, and thereby improve their health.”⁴¹ In Australia, health promotion typically incorporates both social and ecological models of health, including a focus on the link between social inequality, health care utilization, and the broader determinants of health. Specific social, environmental, or individual factors that are statistically associated with health or disease are identified as “social determinants” that can be addressed via public policy in a manner conducive to community and population health. Social determinants include macro-level factors such as social stigma or inequality that have an important association with poor health outcomes.⁴² Thus, health promotion is a field with broad appeal to social movements since it can provide a new language for the legitimization and implementation of political agendas concerned with discrimination and social inequality.

Health promotion approaches are widely credited as the key to Australian successes in relation to HIV prevention, smoking cessation, and reductions in road and accident fatalities, among other public health problems. Over the last fifteen years, health promotion and public health approaches have been influential in international public policy responses to VAW. The health impacts of VAW have been quantified, leading to coordinated efforts to change the social determinants of VAW, including sexist gender norms and gender inequality.⁴³ In this process, factors previously identified by feminist theorists as dimensions of female oppression (such as, for example, misogynist attitudes and gendered gaps in average income and asset accumulation) are being re-articulated within civil society and the state apparatus as threats to public health and productivity, necessitating state intervention and administration. A health promotion approach to VAW has been particularly prominent in Australia, where state and federal government have articulated a commitment to changing the social determinants of VAW.⁴⁴

The tendency of MRAs to mirror and invert feminist political vocabulary and strategy has continued as men’s “rights” activists have begun repositioning themselves as health experts and potential partners in both public and private sector efforts to promote men’s health and well-being. MRAs have long adopted a victimized subject position *vis-à-vis* feminism in order to legitimize anti-feminist

41. Sixth Global Conference on Health Promotion, *The Bangkok Charter for Health Promotion in a Globalized World* (11 August 2005), *World Health Organization* <www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf>.

42. Ruth Bell, Peter Goldblatt & Michael Marmot, “Social Inequalities and Public Health” in Marni Sommer & Richard Parker, eds, *Structural Approaches in Public Health* (London: Routledge, 2013) 28.

43. Erin Krug et al, *World Report on Violence and Health* (Geneva: World Health Organization, 2002) <http://whqlibdoc.who.int/publications/2002/9241545615_eng.pdf?ua=1>.

44. Council of Australian Governments, *National Plan to Reduce Violence against Women and Their Children* (Canberra, Australia: Commonwealth Government, 2012) <www.dss.gov.au>.

hostility.⁴⁵ This position has included claims of psychological injury and ill health as the result of anti-male discrimination.⁴⁶ However, MRA attempts to position this victimized posture within a public health framework has a number of strategic advantages. Using the language of men's "rights" and "equality," previous MRA efforts have been directed towards the law as a key battleground for contesting feminist gains.⁴⁷ This strategy has created something of a legal cul-de-sac for MRA groups, which cannot progress beyond an insistence on formal legal and procedural equality without acknowledging the overwhelming evidence of social, economic, and political gender inequality.⁴⁸ Furthermore, MRA groups have fundamentally over-estimated the power of law to regulate the messiness of family life and deliver the benefits they desire for themselves and their members.⁴⁹

The language of "needs" enables a number of discursive manoeuvres that potentially overcome the self-contradictions of men's "rights" discourse. First, needs talk presumes, rather than establishes, a needy subject that others have an obligation to assist, commensurate with the politics of pity described (and decried) by Arendt.⁵⁰ Thus, needs talk can serve as a tool for the assertion of victimhood, attended by powerful moral claims on others, that evades the political terrain of rights claims.

Second, needs talk avoids the dissonance inherent in constructing a picture of male oppression by aggressively asserting men's "rights," the very act of which presumes a capacity for autonomy and self-determination that weakens the efforts of MRAs to characterize men as a disenfranchised group. Jeremy Waldron notes that the "[t]alk of needs sounds somehow more compassionate, more open, more responsive, less aggressively individualistic, less *male*, than the table-thumping adversarial rhetoric of rights."⁵¹

Third, needs claims invoke a more ambiguous and expanded chain of moral obligations in contrast to rights talk, which is circumscribed to a degree by established legal principles and frameworks. Needs talk therefore enables MRAs to call on health and welfare agencies to acknowledge and address the ill-defined problem of "gender inequality" as it pertains to apparent deficits in men's health. The supplicatory tone of such appeals can deflect scrutiny from the nature of the needs being claimed and how they are defined.

45. Dragiewicz, *supra* note 23.

46. Angela Melville & Rosemary Hunter, "As Everybody Knows: Countering Myths of Gender Bias in Family Law" (2001) 10:1 Griffith Law Review 124.

47. Rhoades, *supra* note 26.

48. Kaye & Tolmie, *supra* note 25.

49. Rhoades, *supra* note 26.

50. Arendt, *supra* note 31.

51. Jeremy Waldron, "The Role of Rights in Practical Reasoning: 'Rights' Versus 'Needs'" (2000) 4:1-2 Journal of Ethics 115 at 123.

Fourth, despite being more diffuse and less bounded than rights talk, needs claims are often advanced “as a matter of calm, technocratic authority,” as expert discourses lend needs claims professional or scientific weight.⁵² Hence, the language of “needs” can provide a pseudo-scientific mystification of partisan viewpoints and political agendas. Finally, and importantly, the language of “needs” distances MRA movements from other reactionary “rights” claimants (such as white supremacists, who employ similar appeals to procedural “equality” to contest civil rights legislation) and, instead, seeks common cause with health promotion initiatives for gay, Indigenous, ethnic minority, and working-class men. MRHA organizations are notable for their stated commitments to sexual and racial diversity in contrast to previous MRA conflation of masculinity with heterosexuality⁵³ and apparent racial divisions within men’s movements.⁵⁴

In the Australian context, there has been a proliferation of “men’s health” organizations and websites where claims about men’s health needs resonate with the traditional concerns of MRA groups. These “men’s health” groups emphasize well-known gender disparities in health, including higher rates of cardiovascular disease, lung disease, some cancers, suicide and car accidents, and lower rates of health care utilization than women.⁵⁵ Health researchers and medical authorities have explained these health disparities by pointing to gender differences in lifestyle factors (such as higher rates of smoking, alcohol intake, and obesity) and the higher prevalence of risk-taking behaviours and dangerous professional occupations among men.⁵⁶ In turn, these are linked to masculine norms that promote health-compromising behaviours and mitigate against help seeking.⁵⁷ Importantly, gender disparities in health are not produced by inequalities between men and women but, rather, are shaped by the intersections of gender, class, sexuality, ethnicity, geography, and other factors.⁵⁸ While MRHA groups seek to auspice the health needs of diverse groups of men under their ambit, they focus on broad indicators of gendered differences in health outcomes to argue that all men are being neglected or betrayed by health and welfare systems that are supposedly not “male friendly” in the context of a broader social environment, which they claim

52. *Ibid* at 129.

53. Richard Collier, “Coming Together?: Post-Heterosexuality, Masculine Crisis and the New Men’s Movement” (1996) 4:1 *Feminist Legal Studies* 3.

54. Michael A Messner, *Politics of Masculinities: Men in Movements* (Thousand Oaks, CA: Altamira Press, 1997).

55. Mark Harris & Suzanne McKenzie, “Men’s Health: What’s a GP to Do?” (2006) 185 *Medical Journal of Australia* 440.

56. *Ibid*; Ann Gregory, Michael Lowy & Nicholas Zwar, “Men’s Health and Wellbeing: Taking Up the Challenge in Australia” (2006) 185:8 *Medical Journal of Australia* 411.

57. Raewyn Connell, “Masculinities and Men’s Health” in Bettina Baron & Helga Kotthof, eds, *Gender in Interaction* (Amsterdam: John Benjamins, 2002) 139.

58. Harris & McKenzie, *supra* note 55.

undermines men's health and well-being. This shift is not universal among MRAs, and a continuity of men's "rights" advocacy continues to the present day, particularly among those groups specifically focused on family law and disputing criminal allegations of violence and abuse. However, multiple actors within the MRA movement have developed a hybrid style of activism grounded in men's "rights" discourse but supplemented by health promotion statistics and vocabulary, indicating a shift from MRA to MRHA.

For example, the organization Men's Health Australia (MHA) describes itself as "Australia's primary source of information about the social and psychological wellbeing of men and boys."⁵⁹ While claiming to be organized primarily around the issue of men's health, the MHA website describes feminism as a "pernicious and poisonous" creed that stereotypes men as "lazy, slobbish, barbaric, barely civilisable."⁶⁰ This hostility to feminism provides the backdrop to the MHA's description of men and boys as a victimized group whose needs are overlooked and marginalized by the private, public, and non-government sectors that, they suggest, have been swayed by feminist ideology. Indicators of poor mental and physical health among men, such as early death and suicide, are analyzed in the context of an overall neglect of men's needs, which is supposedly catalyzed by feminism. The MHA describes government bodies such as the Australian Bureau of Statistics as a "so-called impartial statistical body" that "conveniently ignores" evidence of male disadvantage while emphasizing statistics that illustrate women's experiences of gender inequality.⁶¹ Public statements from the MHA can mix conspiratorial insinuations about the influence of "politically motivated feminist cliques" with more conciliatory statements that it is "probably appropriate" for bureaucrats working on "woman's issues" to have a "strong feminist perspective."⁶² However, claims that domestic violence and child protection programs do not have "equal regard" for men follow from these statements.⁶³ The MHA argues that men have been forced to withdraw from crucial areas of public and civil life in areas such as education, where they claim that men are vulnerable to false allegations of sexual abuse by "some little feminist not getting the marks she feels entitled to."⁶⁴ Pro-

59. Men's Health Australia homepage, *Men's Health Australia* <www.menshealthaustralia.net>.

60. Men's Health Australia, "Feminism, Forget It Sisters (UK)" (29 June 2011), *Men's Health Australia* <www.menshealthaustralia.net>.

61. Men's Health Australia, "ABS Releases Gender Indicators and Ignores Male Disadvantage" (7 February 2012), *Men's Health Australia* <www.menshealthaustralia.net>.

62. Men's Health Australia, "Feminists 'Tilt' Figures" (12 September 2010), *Men's Health Australia* <www.menshealthaustralia.net>.

63. *Ibid.*

64. Men's Health Australia, "Sexual Abuse and Feminist Domination (NZ)" (3 May 2010), *Men's Health Australia* <<http://mhaweb.squarespace.com/content/sexual-abuse-and-feminist-domination-nz.html>>.

feminist theories of masculinities such as those developed by Raewyn Connell⁶⁵ and Michael Kimmel⁶⁶ are derided by the MHA as “femo-masculinities.”⁶⁷

There is international collaboration between men’s “rights” and men’s “health” organizations, particularly in Australia and North America. MHA representatives have provided comment to the well-known North American MRA website A Voice for Men⁶⁸ and have participated in an online panel with their founder Paul Elam.⁶⁹ The language of men’s health “needs” has proven appealing to A Voice for Men, which recently proclaimed that “health advocacy” is a “key element” of its work, including a focus on the “social determinants” of men’s health.⁷⁰ In the United States over the last five years, well-known MRA Warren Farrell has been lobbying for the establishment of a White House Council on Boys and Men, claiming that male emotional and physical health is poor because men and boys are a “national afterthought” and that “traditional masculinity” is no longer honoured.⁷¹ As the next section in this article illustrates, MRHA activities are grounded in a presentation of male health promotion that is synonymous with the suppression of feminism and the validation of hegemonic masculine ideals. While such claims lack a basic grounding in empirical research and are divorced from mainstream public health approaches, they are nonetheless evident in literature and “health promotion” events funded by government and non-government agencies. This presence is indicative of the growing influence of MRHA discourse in policy and practice responses to men’s health needs.

MRHA Health Promotion Activities and Literature

In the Australian context, the health promotion turn by MRHAs has generated alternative strategies for consensus building and dissemination beyond the confines of men’s “rights” discourse. For example, the Australian “One in Three” website is a partnership between MRAs, health researchers, and practitioners who have

65. Raewyn Connell, *Masculinities* (Sydney: Allen & Unwin, 1995).

66. Michael Kimmel, *Misframing Men: The Politics of Contemporary Masculinities* (New Brunswick, NJ: Rutgers University Press, 2010).

67. Men’s Health Australia, “Links”, *Men’s Health Australia* <www.menshealthaustralia.net/links>.

68. A Voice for Men, “Men Die Earlier but Women’s Health Gets Four Times More Funding” (5 January 2014), *A Voice for Men* <www.avoicformen.com>.

69. Paul Elam, “MHRM 2014: Does Anti-Feminism Help or Hurt the Men’s Movement?” (21 December 2013), *Youtube* (video) <www.youtube.com/watch?v=EyAmDPhaOS4>.

70. A Voice for Men, *supra* note 68.

71. Coalition to Create a White House Council on Boys & Men, “Executive Summary: Proposal for a White House Council on Boys and Men”, *WhiteHouseBoysMen.org* <www.whitehouseboysmen.org>.

developed social marketing material to disseminate the claim that “one in three” victims of domestic violence are male.⁷² In style and tone, “One in Three” is a parody of previous social marketing campaigns in Australia designed to raise awareness and reduce VAW. It uses statistics, imagery, and slogans to characterize men as a victimized social group discriminated against by women’s services. Despite the close ties of the campaign to men’s rights and anti-feminist groups, Michael Flood observes that the campaign is careful to avoid overtly anti-feminist sentiment.⁷³ Instead, it is characterized by a tone of concern about male well-being that positions women as perpetrators of violence and effaces the serious health burden of male-perpetrated violence against males.⁷⁴ However, in less guarded moments, One in Three representatives have voiced specifically anti-feminist sentiment.

In an interview for A Voice for Men, One in Three co-founder Greg Andresen explains that, although he has previously been “really into attacking feminism,” in his One in Three work, he has “chosen to play nice and ‘toe the line’ to get a foot in the door.”⁷⁵ In his testimony to the Senate Inquiry into Domestic Violence in Australia, One in Three representative Andre Humphrey states that feminist agencies “have not helped women particularly well, but the ideology has been used to deny, particularly for men, access to services ... My disparagement of those services is because they discriminate, and that is a thing that I do not like.”⁷⁶ The overall aim of the campaign to undermine a gendered understanding of domestic violence is particularly problematic in the context of long-term trends in Australia. From 1995 to 2013, the proportion of Australians who agreed that “men mainly or more often commit acts of domestic violence” fell from 86 percent to 71 percent.⁷⁷

In their realignment with a language of “needs” rather than “rights,” some MRHAs have developed various training packages and resources that they claim will build sector and community capacity to address men’s health problems. These

72. One in Three Campaign, *One in Three Australia* <www.oneinthree.com.au>.

73. Michael Flood, “He Hits, She Hits: Assessing Debates Regarding Men’s and Women’s Experiences of Domestic Violence” [online seminar] (22 June 2012), *No Violence* <www.noviolence.com.au>.

74. *Ibid.*

75. Elam, *supra* note 69.

76. Finance and Public Administration References Committee, “Domestic Violence in Australia” (4 November 2014) <<http://parlinfo.aph.gov.au>>.

77. VicHealth, “Australians’ Attitudes to Violence against Women: Findings from the 2013 National Community Attitudes towards Violence against Women Survey (NCAS)” (Melbourne: Victorian Health Promotion Foundation, 2014) at 10, *VicHealth* <www.vichealth.vic.gov.au>.

resources include workshops, brochures, and manuals whose relatively neutral titles contrast with their anti-feminist content. In one course on “working with men,” participants are taught that female perpetration of domestic violence is ignored by state agencies, and male victims of domestic violence face widespread social stigma and discrimination to the point of suicide.⁷⁸ Health workers are instructed to “assume the worst” about the severity of violence perpetration by women as well as men who may be “sociopaths, narcissists, chauvinists.”⁷⁹ Other MRHA literature and training courses claim to improve male well-being by celebrating “inherent” masculine qualities and rejecting “anti-male feminism.”⁸⁰ Much of this work is at least superficially congruent with a recent public health emphasis on “working” or “engaging” with men and boys on issues around violence and gender, substantiating Bob Pease’s concern that health promotion frameworks may legitimize MRA activities by depoliticizing VAW.⁸¹

There have been some attempts to develop accredited MRHA courses at the university level. In January 2014, Associate Professor Gary Misan at the University of South Australia began promoting a suite of “graduate courses in male studies,” the first offering of which is a “professional certificate in male health and health promotion.”⁸² Misan has claimed that the aim of his course is to challenge the “gender ideology” that has led to “culturally embedded assumptions” that “negatively influence male experience and wellbeing—and consequently community health and wellbeing.”⁸³ In short, feminism is making men and society sick. It emerged in media reports that Misan’s course was developed in consultation with MRA groups such as the Men’s Rights Agency,⁸⁴ which claims that feminism has turned men into “second class citizens.”⁸⁵ Misan proposed classes to be taught by

78. See, for example, Greg Millan, “Working with Men Affected by Intimate Partner Violence” (Men’s Health Forum NSW, 2013), *Men’s Health Forum NSW* <<http://menshealthforumnsw.org.au/wp-content/uploads/2013/05/EM-Working-with-male-victims-IPV-Handout.pdf>>.

79. *Ibid.*

80. See, for example, *Peacock Publications* <www.peacockpublications.com.au/purchase-book.html>.

81. Bob Pease, “Engaging Men in Men’s Violence Prevention: Exploring the Tensions, Dilemmas and Possibilities” (2008) Australian Domestic & Family Violence Clearing-house, Issues Paper 17 <www.adfvc.unsw.edu.au/PDF%20files/Issues%20Paper_17.pdf>.

82. Gary Misan, “Graduate Courses in Male Studies Expression of Interest” (Australian Institute of Male Health and Studies, 2013) <www.bswhn.org.au/attachments/article/900/malestudies_eoi.pdf> (accessed 29 June 2015, since removed).

83. Gary Misan, “New PostGraduate Course in Male Studies” <http://static1.1.sqspcdn.com/static/f/929640/19610828/1343372677690/Grad_Dip_Male_Studies.pdf?token=aok51SY3RfO8VFzX6myYnT0%2BNBA%3D>.

84. Gary Misan, “Proposed Graduate Diploma in Male Studies—Your Feedback Sought”, *Men’s Rights Agency* <www.mensrights.com.au>.

85. Men’s Rights Agency, “About Us”, *Men’s Rights Agency* <www.mensrights.com.au/about-us/>.

North American MRAs, including lawyer Roy Den Hollander, who has reportedly attempted to sue nightclubs for offering cheap drinks and free entry to women but not men,⁸⁶ and psychology professor Miles Groth, who advocates for special “men’s centres” to shelter men from hostile women.⁸⁷ Following negative media attention, the University of South Australia distanced itself from Misan’s course proposals.⁸⁸ It emerged that, while the professional certificate was proceeding, the university curriculum review process had rejected Misan’s more controversial proposals.

Misan is a director of the MRHA organization Australian Institute of Male Health and Studies (AIMHS), which supports and disseminates the online journal *New Male Studies*.⁸⁹ “Male Studies” purportedly refers to a new academic discipline devoted to the study of male behaviour from a socio-biological perspective that rejects feminism and the pro-feminist “men’s studies” literature as containing “male averse attitudes.”⁹⁰ Male studies literature mixes anti-feminist and misogynist sentiment with evolutionary psychology, overlaid with references to public health and health promotion. For example, in one *New Male Studies* article, AIMHS co-director John Ashfield claims that research has established biology as the “primary” determinant of behaviour at the individual and social level. In his account, “[s]ex-specific abilities and behaviours are grounded in male and female biology,” compelling men and women to take up different roles and positions in society.⁹¹ According to Ashfield, the developmental journey of men and boys to their full biological destiny is a fraught one that requires masculinized environments free from the “puerile regression” of the “world of women.”⁹² He argues that men’s overall health is poor because society is pervaded by a feminist ideology that disrupts healthy male development and blunts the relevance and effectiveness of health promotion and health services to men.⁹³

Such arguments promulgate a teleological view of masculinity as a biological phenomenon that requires a conducive environment if it is to reach its full evolutionary expression. Morbidity and mortality among men therefore results when

86. Barbara Ross & Stephen R Brown, “‘Men’s Rights’ Activist Loses Court Case That Called Nightclub’s \$350 Vodka a Human Rights Violation”, *New York Daily News* (1 August 2013) <www.nydailynews.com>.

87. Jedediah Bila, “Academia and Young Men: The Interview Some ‘Feminists’ Won’t Want You to Read”, *Amac: The Voice of Americans 50+* (30 April 2012) <www.amac.us>.

88. Amy McNeilage, “University of South Australia Distances Itself from Male Studies Proposal”, *Sydney Morning Herald* (14 January 2014) <www.smh.com.au>.

89. *New Male Studies*, <<http://www.newmalestudies.com/>>.

90. Jennifer Epstein, “Male Studies vs Men’s Studies”, *Inside Higher Ed* (8 April 2010) <www.insidehighered.com>.

91. John A Ashfield, “Towards an Integrated Perspective on Gender, Masculinity, and Manhood” (2012) 1:1 *New Male Studies* 19 at 21.

92. *Ibid* at 24.

93. *Ibid* at 26.

biological masculine imperatives are impeded by “unnatural” pro-feminist attitudes and beliefs. Precedent for this form of argumentation exists in previous MRA claims that boys and men have a psychological “need” for each other’s company⁹⁴ and that society has become “feminized” in ways that are injurious to the self-esteem and well-being of boys and men.⁹⁵ However, the language of public health provides a new style of legitimation for these claims in ways that have, at least in the Australian context, enabled MRHAs to position themselves as key voices in male health promotion. Highly speculative accounts of masculinity as a biological state that is being disrupted or corroded by feminism have been incorporated into health service evaluation and promotion activities.

For example, the Men’s Sheds movement is a government-funded community-based initiative involving groups of men who gather in local sheds to undertake stereotypically masculine activities, such as fixing or building furniture. The Men’s Sheds organization commissioned Misan to evaluate the organization in 2008.⁹⁶ Misan’s evaluation strongly endorsed the organization and called for increased government funding on the basis that Men’s Sheds increase men’s social and emotional well-being. However, his conclusions are informed by his conviction that current approaches to men’s health are pervaded by “ill-informed dogma” that blame men for “all the world’s evils.”⁹⁷

In a subsequent publication with K.C. Glover, Misan argues that Men’s Sheds are healthy for men due to a male biological need for male companionship rooted in “evolutionary history.”⁹⁸ Glover and Misan claim to have established this link by observing the “wordless communication” between the members of Men’s Sheds as they show each other how to use equipment—a capacity they surmise that most likely “developed on the hunt” in the prehistory of human evolution.⁹⁹ They celebrate Men’s Sheds for enabling men to come together in groups since they believe “groups of powerful men” are the engines of history and human evolution.¹⁰⁰ According to the authors, “[g]roups of males created and preserved civilization” only to be disparaged by feminist critics who do not appreciate that their freedom and well-being is contingent on the sacrifice of men who “fight and die” in war

94. Boyd, *supra* note 27 at 33.

95. Maddison, *supra* note 18 at 43.

96. Gary Misan, “Men’s Sheds: A Strategy to Improve Men’s Health” (2008), *Men’s Sheds Australia* <http://202.74.67.49/docs/publications/860_Mensheds_Report_Misan.pdf> [Misan, “Men’s Sheds”].

97. *Ibid* at 11. A more comprehensive evaluation of Men’s Sheds was undertaken in 2013. See Paul Flood & Sharon Blair, “Men’s Sheds in Australia: Effects on Physical Health and Wellbeing (Full Report)” (2013) *Beyond Blue* <www.beyondblue.org.au>.

98. KC Glover & Gary Misan, “Men Together: Questions of Men’s Experience in Sheds” (2012) 1:2 *New Male Studies* 63 at 65.

99. *Ibid*.

100. *Ibid* at 66.

and work to “provide us with the creature comforts that are now often taken for granted.”¹⁰¹

The MRHA argument that men’s well-being requires the celebration of stereotypical masculinity enjoys a considerable degree of prominence in male health promotion activities in Australia. For example, the national Australian Men’s Health Week is organized by the Men’s Health and Research Information Centre (MHIRC) at Western Sydney University and funded by the Commonwealth Department of Health and the mental health charity beyondblue. The head of the MHIRC, John MacDonald, has dismissed pro-feminist explanations of men’s health disparities as “pathologizing” or “blaming” men and, instead, claimed that men must have “a sense of being valued” in society if they are to maintain good health.¹⁰² MacDonald does not explicitly propound an evolutionary theory of male health but, rather, posits the existence of an “inner life force” that is “nourished” when maleness is “honoured and encouraged in positive ways.”¹⁰³ This account of masculinity blurs the boundaries between the biological and the spiritual in a manner reminiscent of the male spirituality movements of the 1970s and 1980s for whom the “life force” of masculinity was damaged by feminism and could only be restored by revering the “deep masculinity” within men and boys.¹⁰⁴

This conception of masculinity as a “life force” that must be “honoured” is reflected in the focus of Men’s Health Week on improving male health by celebrating “the many and wonderful contributions that boys and men bring to our lives.”¹⁰⁵ The Men’s Health Week website claims that celebrations of masculinity will counter those “environmental factors” that degrade men’s and boys’ health.¹⁰⁶ The website does not go into detail on precisely what those “environmental factors” are. However, the MHIRC literature frequently alludes to anti-male discrimination and the systemic neglect of men’s needs in the health system and society as major contributors to the male burden of disease. A recent MHIRC paper authored by Micheal Woods (co-director of the MHIRC and ambassador of the aforementioned One in Three campaign) proposes that boys and men are discriminated against by a health system that is not “male friendly” and neglects “male social roles and

101. *Ibid* at 67.

102. John Macdonald, “Shifting Paradigms: A Social-Determinants Approach to Solving Problems in Men’s Health Policy and Practice” (2006) 185:8 *Medical Journal of Australia* 456 at 457.

103. John Macdonald, *Environments for Health: A Salutogenic Approach* (London: Earthscan, 2005) at 103 [Macdonald, *Environments for Health*].

104. Melville & Hunter, *supra* note 46.

105. Men’s Health Week, “2015 Theme: MoMENts In Time”, *Men’s Health Week* <www.menshealthweek.org.au>.

106. Men’s Health Week, “Why Men’s Health?”, *Men’s Health Week* <www.menshealthweek.org.au>.

health needs.”¹⁰⁷ Misan and Chloe Oosterbroek provided the second paper in this series, in which they claim that men are being blamed for their own ill health by “usually feminist” health theories.¹⁰⁸ According to this paper, men’s aptitudes and orientations are “mostly biologically determined,”¹⁰⁹ but society now expects men and boys to display values contrary to their nature, such as “passivity and acquiescence.”¹¹⁰ They claim that this demand has caused widespread confusion among men and boys, compromising their health and preventing them from accessing health services. Despite their anti-feminist slant, both reports were published with funds from the New South Wales state health department.

Appeals for “male-friendly” services are a near-ubiquitous feature of MHRA material, alongside claims that services and systems are too female focused and hostile to male values and interests. However, when tasked to identify the nature of this bias, MHRAs are unable to identify specific instances or examples of men being denied health care or being discriminated against on the basis of their gender, while their descriptions of “male-friendly” services are generic. In both MHIRC reports referred to above, recommendations for the development of “male-friendly” services include increased accessibility, convenient opening times, and responsiveness to the needs of the local community and specific client groups. Such so-called “male-friendly” service recommendations are not specific to men but, rather, are basic elements of good practice and customer service in health care settings.¹¹¹ Those few male-specific recommendations available in the reports are superficial and limited to calling for magazines and posters that interest men and for the employment of male as well as female staff. Elsewhere, Misan has lamented that health services are “staffed mainly by women, are decorated by women for women, and provide health promotion material intended primarily for women and children.”¹¹² MacDonald’s book on men’s health contains a cartoon with a similar message, depicting a man sitting in the waiting room of a doctor’s clinic, looking lost and bewildered at the posters for “breast examinations” and “baby checks” on the walls, while a female secretary types away in the background.¹¹³

107. Micheal Woods, “Practitioners’ Guide to Accessible Health Care for Men (Men’s Health Resource Kit 1)” (2014) at 10, *University of Western Sydney* <www.uws.edu.au/_data/assets/pdf_file/0009/744696/Resource_Kit_1_Practitioners_Guide_to_Accessible_Health_Care_for_Men.pdf>.

108. Gary Misan & Chloe Oosterbroek, “Practitioners’ Guide to Effective Men’s Health Messaging (Men’s Health Resource Kit 2)” (2014) at 3, *University of Western Sydney* <www.uws.edu.au/_data/assets/pdf_file/0010/744697/Resource_Kit_2_Practitioners_Guide_to_Effective_Mens_Health_Messaging.pdf>.

109. *Ibid* at 2.

110. *Ibid* at 3.

111. Carol A Holden, Carolyn A Allan & Robert I McLachlan, “‘Male Friendly’ Services: A Matter of Semantics” (2010) 39 *Australian Family Physician* 9.

112. Misan, “Men’s Sheds”, *supra* note 96 at 11.

113. Macdonald, *Environments for Health*, *supra* note 103 at 104.

There is a clear lack of proportionality between their sweeping claims of systematic discrimination against men in health systems and the scant evidence MRHAs can provide for this bias. Their specific complaints are limited to the posters and reading materials available in waiting rooms. Allegations that health services are staffed mainly by women are incoherent since only one third of Australian doctors are female,¹¹⁴ but it is possible that MRHAs are objecting primarily to the gender of administrative staff. The proposition that men are being oppressed to the point of ill health and suicide because there are too many women in low paid administrative roles in the health sector is nothing short of farcical. Unsurprisingly, such arguments have been dismissed by medical practitioners, who dispute that the pursuit of “male-friendly” services will improve men’s health and, instead, emphasize the importance of scaling up preventative health care to improve male health care seeking and health overall.¹¹⁵

Conclusion

This article has described how some men’s “rights” activists have adopted the vocabulary of health promotion in an apparent attempt to reinvigorate their contestation with feminism and overcome the limitations and contradictions of men’s “rights” discourses. A blurred men’s rights/men’s health discourse now emanates from a core group of “men’s health” and “male studies” groups in partnership with health academics, consultants, and organizations. The language of men’s “needs” provides an alternative foundation for male assertions of gendered oppression and injustice based on pseudo-scientific claims about masculinity as a fragile biological state that obligates the state and community to engage in public celebrations and affirmations of masculinity. In this account, nothing less than the constant validation of masculinity will guarantee male health and well-being. Feminist and pro-feminist explanations of gender differentials in health are dismissed as being critical of men and, indeed, one of the driving forces behind male suffering. Despite their misogynist and anti-feminist leanings, MRHA organizations and spokespeople retain working relationships with policy makers and organize major men’s health symposia and activities. It is notable that some MRHA organizations drive major national male health promotion initiatives despite the poor quality of their evidence base and their ties to national and international anti-feminist groups.

Naïve arguments that the solution to men’s problems lie in celebratory accounts of masculinity or in a nostalgic restoration of lost masculine pride are hardly new

114. See Health Workforce Australia, “Australia’s Health Workforce Series: Doctors in Focus” (Adelaide: Health Workforce Australia, 2012) at 11, *Health Workforce Australia* <www.hwa.gov.au/sites/uploads/australias_health_workforce_series_doctors_in_focus_20120322.pdf>.

115. Holden, Allan & McLachlan, *supra* note 111.

for MRAs. However, the turn to health promotion provides a pseudo-scientific vocabulary for such proposals and generates a new range of strategies to garner attention, influence, and credibility. Whereas men's "rights" discourse was focused on the status of men's citizenship in the wake of feminism, mobilization around men's "needs" employs men's bodies as the final and incontestable site of the spectacle of male suffering. Statistics on male risk taking, injury, and disease are characterized as the undeniable symptoms of the masculine bewilderment and developmental injuries wrought by feminism. This rationale lies behind the policy-friendly vernacular of "social determinants" and "social cohesion" increasingly employed by MRHAs. However, MRHA use of this terminology is disconnected from robust research evidence on male health risk factors and, indeed, obscures major risks to men's health, which suggests that anti-feminism, rather than a genuine concern for men's well-being, remains the overriding motivation. The public health rhetoric that characterizes their "outward facing" documentation, written for policy makers and practitioners, contrasts with the more explicitly anti-feminist pseudo-science contained within books and online articles aimed at an "internal" MRHA audience.

By misconstruing male morbidity and mortality as evidence of anti-male discrimination, MRHA groups not only seek to undermine women's health funding and initiatives but also are obstructing the development of much-needed policy responses to the health challenges facing boys and men. There are concerning signs that the conflation of men's "rights" with men's "needs" is becoming an embedded feature of male health promotion and men's health policy more generally in the Australian context. MRHA advocates and discourses are suffused throughout men's health promotion efforts in a manner that suggests an increasingly unclear line of delineation. Health researchers and practitioners concerned about men's health are now likely to find themselves in close proximity, knowingly or unknowingly, to MRHAs with little or no health-related expertise who draw a direct link between men's health problems and feminism. Government funding is being allocated to men's health events and resources, which are underpinned by extremist political agendas and spurious pseudo-science that are highly unlikely to improve male well-being, even as major cuts are being made to women's services. These developments speak to the continuity of a gendered politics of pity in ascribing different standards to the suffering of men and women, and the capacity of men's movements to mobilize this gendered differential via diverse strategies to legitimize claims of male privilege and ongoing attacks on feminism.