

Men's rights or men's needs? Anti-feminism in Australian men's health promotion

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In a significant shift over the last ten years, Australian men's rights activists (MRAs) have partnered with academics and health groups to rearticulate notions of injured masculinity via the vocabulary and practice of health promotion. Health promotion is defined by the World Health Organisation as 'the process of enabling people to increase control over their health and its determinants, and thereby improve their health'.¹ In Australia, health promotion typically incorporates both social and ecological models of health, including a focus on the link between social inequality, health care utilisation and the broader determinants of health.

In their appropriation of health promotion, MRAs promote a discourse of masculine suffering in which health statistics and theories of social causation legitimate ongoing attacks on feminism and women's services. This has been a successful strategy in attracting support for misogynist sentiments that, when formulated in explicitly ideological terms, had come to imperil the mainstream acceptability of the men's rights movement. This paper discusses the shifts in Australian MRA discourse and strategy from men's 'rights' to men's 'needs' and suggests reasons for concern about the role of MRAs in Australian men's health policy.

Men's rights groups in Australia

Since they first emerged in opposition to feminism in the 1970s, Australian MRAs have resorted to a range of strategies to dramatise the harms they claim that feminism is perpetrating against men. In the early 1980s, militant MRAs engaged in a campaign of bombing and murder aimed at family courts and judges, and some groups turned to the organised stalking and terrorisation of ex-partners in the 1990s (James 2008, Flood 2004). Paradoxically, this violence was positioned by MRAs as symptomatic of male suffering rather than perpetration. Feminism was described as a force that had disadvantaged men and boys in ways that were generative of masculine grievance, aggression and violence (James 2008). For MRAs, this legitimised forceful resistance and a reassertion of men's 'rights' as citizens. This 'injuring-because-injured' masculine subject position crafted by MRAs resonated more broadly with cultural and political representations of hegemonic masculinity as 'under attack' from social movements, globalisation and the 'feminising' nature of urban life itself (Savran 1998).

Emancipatory social movements such as feminism have been effective in their use of liberal notions of rights and equality to construct various forms of inequity as illegitimate and socially undesirable. In many regards, MRAs mimicked these discursive strategies to give ideological articulation to various masculine anxieties and grievances as the products of anti-male discrimination. In Australia, the reconstruction of the opposition of a vocal minority of men to feminism as a grand political conflict between 'women's rights' and 'men's rights' was effective in garnering sympathy from conservative politicians. Under the Liberal-National government, led by John Howard from 1996 – 2007, MRAs gained unprecedented access to the upper echelons of government and directly influenced reforms in relation to tax, child support and family law (Flood 2004, Flood 2010). Men's rights groups such as the Lone

¹ http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf

Father's Association (LFA) received government funding despite their 'bitterly misogynist' culture (Winchester 1999) and regularly hosted events at Parliament House in Canberra that were attended by prominent politicians and policy makers.

The political fortunes of Australian MRAs changed with election of the Labor government under Kevin Rudd in 2007. In 2008, the Health Minister Nicola Roxon removed Barry Williams, founder and president of the LFA, and Warwick Marsh, founder of the 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 (Salter 2013). In 2012, family law amendments were passed to reprioritise children's and women's safety in family court decisions. 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 singling out the infant child of Senator Penny Wong and her partner (Salter 2013).

From men's rights to men's needs

The patronage that conservative Australian politicians have extended to MRAs was renewed shortly after the electoral success of the Liberal-National coalition in 2013. A few months after the election, Warwick Marsh and other MRAs held a summit at Parliament House, with the new Health Minister Peter Dutton as guest speaker (Salter 2013). The presence of Minister 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'.² 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 publicising M&C Saatchi's skills in targeting male consumers for corporate clients (Salter 2013).

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 with feminism has become less salient in a political and media landscape more attuned to claims of identity and difference than ideology (see Michaels 2004, Brown 1995). 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 (Fraser 1989). As the 'needs' of disadvantaged groups become an object of state administration (as well as, or at times in place of, social movement mobilisation), 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. Accordingly, MRAs began repositioning themselves as health experts and potential partners in both public and private sector efforts to promote men's health and wellbeing.

The health promotion turn by MRAs

² <http://medianet.com.au/releases/release-details?id=788923>

In their translation of the men's rights agenda into a discourse about men's 'needs', MRAs have taken a prominent role as facilitators and coordinators of discourse on men's health in Australia. For example, Men's Health Australia (MHA) was founded in 2007 by a coalition of networks and groups that, while organised around the theme of men's health, included well-known MRAs and proponents of conspiracy theories about the 'domestic violence industry' such as Michael Woods.³ Since that time, MHA has promoted itself as a peak national body on the issue of men's wellbeing. MHA focuses on indicators of poor mental and physical health amongst men, such as early death and suicide, in the context of an overall diminution in male status that MHA claims is catalysed by feminism. Pro-feminist theories of masculinities such as those developed by Raewyn Connell and Michael Kimmel are derided by MHA as 'femo-masculinities' that feminise men and masculinity.⁴

MHA is by no means a fringe organisation. It promotes men's health conferences whose keynote speakers include politicians and senior representatives of public health organisations. MHA is the peak body for a number of men's health organisations, research centres and consultancies that market men's health training and services. Prominent MHA members include representatives of the government-funded Men's Shed movement, which is a national network of men's facilities that encourage men and boys to engage in stereotypically masculine activities such as fixing furniture and repairing bicycles. However the MHA list of 'experts' on men's health and wellbeing also includes well-known MRAs, including the Fatherhood Foundation's Warwick Marsh, the president of Men's Rights Australia Sue Price, the executive officer of Dads in Distress Barry Guidera, and Paul White, the founder of the Sydney Men's Network and author of a male 'liberation manifesto'.

There has been a proliferation of 'men's health' websites and organisations over the last ten years whose 'boards', 'experts' and 'editorial committees' are populated by a recurring roster of MRAs. In a pattern familiar to scholars of MRAs, many so-called men's health groups and networks are little more than websites constructed by individual MRAs to create the impression of a more substantial organisation and membership. However, by adopting a health promotion *patois*, MRAs have been relatively successful in colonising men's health as a new site of mobilisation. This represents a shift from their prior focus on family law, however many of the traditional concerns of MRA (particularly about false allegations of abuse and violence) remain even where articulated in terms of health rather than law or ideology. In this process, MRAs have actively sought influence within government consultation processes on health policy, and positioned themselves as potential recipients of government funds, or at least as important collaborators in policy solutions to men's health needs.

Health promotion activities by MRAs

The health promotion turn by MRAs has generated alternative strategies for consensus-building and dissemination. For example, the 'One In Three' website is a partnership between MRAs, health researchers and practitioners who have developed social marketing material to disseminate the disingenuous claim that 'one in three' victims of domestic violence are male.⁵ In style and tone, 'One In Three' is a parody of previous social marketing campaigns in Australia designed to raise awareness and reduce violence against women. In the manner

³ For more information on Woods, see the paper by Dr Michael Flood at <http://www.adfvc.unsw.edu.au/PDF%20files/Flood.pdf>

⁴ <http://www.menshealthaustralia.net/links>

⁵ <http://www.oneinthree.com.au/>

of an orthodox public health campaign, 'One In Three' uses statistics, imagery and slogans to position men as a vulnerable and victimised social group with unmet needs that require public investment and support.

In their realignment towards a language of 'needs' rather than 'rights', some MRAs have developed various training packages and resources that they claim will build sector and community capacity to address men's health problems. For example, the 'NSW Men's Health Forum' is a website run by 'One In Three' member Greg Millan, who uses his 'Forum' to market himself as a 'men's health consultant' on male victimisation in domestic violence.⁶ The Fatherhood Foundation recently began charging \$1,810 to train men to become 'fatherhood trainers' who are then certified by the Foundation's to deliver its training courses to men for a fee.⁷ Warwick Marsh claims that these are 'men's health courses' that will improve the wellbeing of men and children by 'restoring' the position of the father as 'nurturer, protector, provider'.⁸ Various individuals associated with MRA-affiliated health groups also offer training and workshops to corporate and public sector clients on masculinity and wellbeing.

The MRA agenda behind many of these 'health promotion' activities is readily apparent. However the rearticulation of men's 'rights' as 'needs' is becoming entrenched within the Australian male health promotion sector in confusing and potentially deceptive ways. 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'.⁹ In addition to his position at the university, Misan is a director of the 'Australian Institute of Male Health and Studies' (AIMHS), which is affiliated with MHA and includes well-known North American MRAs on its list of directors and consultants. Misan has claimed that the aim of his course is to challenge 'gender ideology' (that is, feminism) that has led to 'culturally embedded assumptions' that 'negatively influence male experience and wellbeing – and consequently community health and wellbeing'.¹⁰ In short, feminism is making men and society sick.

Following media attention and public concern, the University of South Australia distanced itself from Misan's claims.¹¹ It emerged that, while the professional certificate was proceeding, the university curriculum review process had rejected Misan's more controversial proposals. However the AIMHS website suggests that Misan is still pursuing 'male studies' courses at the University of South Australia and that the current professional certificate is simply the vanguard for more aggressively anti-feminist offerings.¹² Australian male health promotion has emerged from within an anti-feminist and misogynist milieu that appears to be consolidating rather than dissipating over time. At this point, it is unclear whether men's health and wellbeing is a genuine issue of concern for MRA-affiliated health groups or simply a legitimising device for misogynist sentiment. However it is clear that their proposed solutions for men's health problems consistently ignore the social determinants of health and focus primarily on attacking feminism and women's services.

⁶ <http://menshealthforumsw.org.au/>

⁷ http://www.fatherhood.org.au/greatDads_trainTheTrainer.html

⁸ <http://www.fatherhood.org.au/resources/Good%20to%20Great%20Prospectus.docx>

⁹ http://www.bswhn.org.au/attachments/article/900/malestudies_eoi.pdf

¹⁰ <http://menshealthsa.com.au/CMS/index.php?mact=News,cntnt01,print,0&cntnt01articleid=10&cntnt01showtemplate=false&cntnt01returnid=56>

¹¹ <http://www.smh.com.au/national/education/university-of-south-australia-distances-itself-from-males-studies-proposals-20140113-30quw.html>

¹² <http://aimhs.com.au/cms/index.php?page=about-us-menu-one>

Conclusion

As public health frameworks and health promotion activities have become prominent in responses to entrenched social problems, MRAs are mobilising around the issue of men's 'needs' rather than men's 'rights'. This rearticulation of anti-feminist sentiment draws on the language and practices of health promotion to renew characterisations of men as a social group oppressed by the women's movement. Naïve arguments that the solution to men's health problems lie in celebratory accounts of masculinity, or a nostalgic restoration of lost masculine pride, are hardly novel. However the MRA turn to health promotion provides a legitimising vocabulary for such proposals and has generated a new range of strategies to garner attention, influence, credibility, and, potentially, income.

While some MRA misappropriations of health promotion are clumsy and relatively visible, 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. MRAs and MRA-affiliated health academics and organisations have come to dominate the field of Australian men's health policy over the last ten years. Health researchers and practitioners concerned about men's health are now likely to find themselves in close proximity, knowingly or unknowingly, to MRAs with little or no health related expertise who draw a direct link between men's health problems and feminism. It is notable that the broader men's health sector in Australia has yet to repudiate the influence of MRAs on men's health discourse and policy, despite the threat to its credibility and effectiveness.

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