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The study of men's health from a gender-based perspective: where we come from, where we are going

El estudio de la salud de los hombres desde una perspectiva de género: de dónde venimos, hacia dónde vamos

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ABSTRACT Comprehensive and in-depth analyses of differences and inequalities in health require a broad-based approach to the study of masculinities and men's health. Interest in this issue has grown in parallel to increased concern over specific risks and vulnerabilities faced by men, but also due to the need to involve them in programs capable of promoting progress towards gender-based health equity. This article attempts to reframe these issues from the perspective of public health, providing a wider viewpoint on men's health situated within debates on the social determinants of health and the analysis of health inequalities. Based on a relational gender approach, we formulate some recommendations regarding policy and research agendas, which we argue can contribute to advancing the study and development of programs from a gender-based perspective in health.

KEY WORDS Gender and Health; Men's Health; Masculinities; Public Health.

RESUMEN Llevar a cabo un análisis más integral y profundo de las diferencias y desigualdades en salud requiere de una aproximación más amplia al estudio de las masculinidades y la salud de los hombres en el momento actual. Estamos ante un tema cuyo interés ha ido a la par de la creciente preocupación por los riesgos y vulnerabilidades específicas de los hombres, pero también de la necesidad de involucrarlos en programas con capacidad de promover cambios positivos en el orden de género hacia la equidad en salud. Este artículo resitúa este campo dentro de la salud pública, proporcionando una visión amplificada sobre la salud de los hombres dentro del debate de los determinantes sociales de la salud y el análisis de las desigualdades. Sobre la base de un enfoque relacional de género, se formulan una serie de recomendaciones orientadas a las políticas y la investigación, que consideramos pueden contribuir a avanzar en el estudio y el desarrollo de programas desde una perspectiva de género en salud.

PALABRAS CLAVES Género y Salud; Salud de los Hombres; Masculinidades; Salud Pública.

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INTRODUCTION

Research on men and masculinities is a relatively new field of study from a gender perspective in health. Its conceptual basis is rooted in an interesting confluence of approaches within gender theory. This field of study emerged as a criticism of the foundationalist paradigm present in the theory of gender-role socialization – a conceptualization that limited the understanding of gender to the analysis of individual personality features.[1] This debate contributed to showing that masculinity was related to power relations between men, not just between men and women, approaching masculinity as a configuration of collective practices.[2] The escalating global influence of the fourth wave of feminism reaffirms the idea of understanding "masculinity" not just as a behavioral option, but as the result of processes involving cultural changes and the application of policies promoting equality.

The theory of masculinities, from the point of view of sociocultural constructivism, also derives from critical studies of ethnicity that originated in the USA in the 1970s and that evidenced how race and social class are fundamental components of our political and social lives.[3] Along these lines, studies related to feminist activism and activism for the rights of affective-sexual liberation that originated at the same time also provide a basis for critical studies, from a poststructuralist perspective of sexuality, identities, the sex-gender system[4], and social practices of gender.[5] Some studies have already evidenced the changes in gender relations between men and women, identifying new positions of gender regarding topics such as the interchangeability of certain activities, women's accountability for certain activities more related to power which had been previously denied to them, and the ritualization and exteriorization of aspects such as men's seduction and aesthetic care.[6] These changes also paved the way for the development, in different disciplines, of future concerns about men's health from the analysis of identities and how masculinities are constructed.

One of the most important conclusions of recent scientific literature explains that men's higher risk of premature death is caused by preventable factors.[7] In those societies where significant sociodemographic changes have taken place in a short period of time, the study of gender identities gains a special meaning. This situation favors a more comprehensive analysis of the differences and similarities in the behaviors and experiences that influence individuals' health. The configuration, throughout the last decade, of a body of evidence oriented to understanding men's health from their gender position and condition, manifested not only the importance of taking into account the biological necessities and particularities of men and women, but it also recognized the interaction of sociocultural factors that overlap with gender in the construction of identities as well as in the determination of roles and responsibilities that are reflected in the health of both men and women.[8] In the case of the study of masculinities, this led to highlighting the risks and health problems that individuals must face as a consequence of the interpretation of the way they express their identity and the preservation of their social position.[9]

It is essential for public health to know how gender influences health. When the relational approach reached its peak, it was revealed that certain similar social circumstances not only make men and women vulnerable but also produce different effects on them. This evidenced the necessity of creating a knowledge basis regarding the differences between men and women, as well as differences between men on one hand and women on the other.[10,11] Considering a relational approach in a wider sense implies interpreting gender as an element that connects, at the same time, socio-economic, affective, symbolic, and power relations and works simultaneously at an intrapersonal, interpersonal, and institutional level.[12] Thus, acquiring a deeper and integral viewpoint of the analysis of differences and inequalities in health requires a wider approach to the complexity and implications of the study of masculinities and men's health at present.

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Interest in this issue has grown in parallel to increased concern over specific risks and necessities faced by men, but also due to the need to involve them in programs capable of promoting progress in gender order towards health equity.

ABOUT THIS STUDY

This article has a double purpose: in the first place, to (re)situate the study of men and masculinities within the studies of gender and health, and in the second place, to provide a panoramic view to contribute to expanding the vision from a framework of social determinants and inequalities in health. For that purpose, the relational approach is taken as a reference, based on the belief that making one step ahead in the understanding of health-illness-care processes of individuals implies the consideration of the synergies that exist between their actions.

This article, based on a critical review of scientific works, originated from a process of reflexive confrontation between the authors to find answers to a general concern: how can the study of men and masculinities contribute to improving the knowledge and approach of gender differences and inequalities in the field of health? To this end, this article of theoretical nature is structured into three complementary sections. In the first section, an approach to the study of men and masculinities from a gender perspective is made; moreover, in quality of state of the art, certain keys are provided about the role of the relational gender theory in the analysis of men and masculinities from a framework of social determinants of health. The second section of this article begins with an approach to the implications of the relationship between risk and gender identity, so afterward it is possible to provide a wider viewpoint in relation to critical studies about men based on materialist/structuralist and psychosocial explanations made from a life-cycle approach. Summary messages were added in order to facilitate the reading of this article and to contribute to the structuring of these two first sections. Lastly, throughout the third section, diverse suggestions are made, based on a more pragmatic approach in relation to the policies and research studies that are considered fundamental to keep progressing on this issue.

GENDER AND HEALTH IN THE STUDY OF MEN AND MASCULINITIES

Message: From the development of gender theory and its progressive implementation in public health policies, emerges the necessity of analyzing men's health without forgetting its interrelation with women's health.

Bodies of knowledge oriented to understanding men's health from their position within gender order[13] are becoming increasingly available. This became clear at the beginning of a new century, which benefited from the acknowledgement of the necessity of paying more attention to men's lower life expectancy, but it also became clear when the role of men's attitudes, expectations, and behaviors started to be highlighted as primary factors causing health inequalities in relation to women.[14,15] Below are two particular events narrated to illustrate how the incentives of research and political agendas have contributed to promoting and re-conceptualizing men's health.

In November 2001, an editorial in the *British Medical Journal*, titled "*Are men in danger of extinction?*", reflected on an emerging issue in scientific studies: the future of men and their health.[16] One of the central aspects that the authors manifested is that, despite having most of the social determinants of health in their favor, men report higher mortality rates. Also in November, the first Men's Health World Congress, held in Vienna, paved the way for the foundation of the International Society of Men's Health. This editorial reflected such initiatives, expressing the hope that they would promote the resumption of research about gender roles and the implications for

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the population's health. The second event refers to a call made to the Commission of Social Determinants of Health with the aim of "building a world movement for equity in health."[17] Within this movement, in the 54th session of the Commission on the Status of Women (CSW), the necessity of involving men in the achievement of gender equality will be specifically discussed.[18]

Message: Relational gender theory plays a central role in placing men within the framework of social determinants of health.

The development of paradigms complementary to those of biomedicine has helped the analysis of health-illness-care processes from a more sensitive perspective of local and particular aspects, interpreting the etiology with consideration of multicausal networks.[19,20] Although inequalities in health between men and women have been explained for a long time from biological conceptions, incorporating them as natural,[21] currently, illness is not/must not be characterized without considering an individual's experiences within the social framework in which they have spent their lives.[22] The consideration of these subjective singularities constitutes one of the keys for the development of the gender-relational approach in the scientific works of public health.

Studying gender order from a relational theory, considering the narrow link existing between biological and socio-cultural spheres,[23] transforms gender into an essential element in the study of the causes and factors through which gender inequalities are perpetuated in a specific context. This contributed to describing gender primarily as a social characteristic, and not exclusively as a characteristic of individuals. Although there are diverse ways of conceptualizing gender, a social structure with two essential elements of analysis could be established: difference/dichotomy *versus* inequality/asymmetry.[24] These are both key dimensions; however, the reality is that the approach of the gender-health pairing has more than just one framework of reference.

The notion of gender as an element related to health emerged with strength in scientific works during the second wave of feminism, where it was developed, in the first instance, as a concern about the necessities of care and differential morbidity in women. This caused, primarily, criticisms to the androcentric model of medicine and to the reproductive health care and the medicalization involved in such type of care.[25] On the other hand, since the mid-1970s, the fact that conformity with traditional norms about masculinity seemed to favor an increase of risks for physical health and to cause emotional impoverishment started to be manifested.[26,27] Upon the basis of sex-role theory, this school of knowledge was centered on affirming that men, from an early age, learn behaviors that increase their exposure to lethal accidents and cause them to suffer from specific diseases.[9] At the beginning of the 1980s, the underlying social factors of health-illness processes in women began to be explored with a more analytical approach. This led to stressing the differences and inequalities in health status, and also gender bias in the research field and public health care.[28] Studies in such matters were diversified, focusing on the way men and women perceived and experienced health-illness processes, at the same time that violence against women and the rights of gays, lesbians, and transgender persons became objects of interest. This meant an impulse for the development of research focused on men's health.

During the 1980s, the escalating criticisms to the sex-role theory – primarily due to the emphasis on the importance of early childhood in relation to gender socialization and the omission of matters regarding privilege structures– originated a whole body of knowledge explaining how individuals interiorize gender.[1] Progressively, gender was incorporated as an analytical category of sex differences and relations between men and women, and consequently, it became considered as a determinant of health.[29] In addition, this century was a landmark in policies and research on gender and health. Certain publications burst into the scientific works

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contributing to this situation; that was the case of *Gender and Health: An update on hypotheses and evidence*, a seminal article in which Lois M. Verbrugge[30] described the primary patterns, hypotheses, and explanations of differences of gender in health in the USA. The results showed that men suffered from more life-threatening illnesses, which led to a higher incidence of permanent disabilities or premature death. These results were later corroborated by a series of reports by the *Morbidity and Mortality Weekly Report*, which provided evidence of the differences in mortality rates in men and women aged 15 to 24 years old considering the six leading causes of death in the USA: traffic accidents, suicide, other non-intentional harm, homicide, cancer, and cardiovascular diseases.[31] Such publications contributed to expressing the necessity to approach the impact and implications of gender on men's health.

With all of these contributions, the relational approach requires the existence of body-reflexive practices in relation to gender, which are formed in interpersonal relations, not as barely individual and internal acts, but as building blocks of social life. Thus, gender should be analyzed from its multidimensionality, taking into account that relations are constituted on the basis of historical and dynamic processes.[32] This approach provides a notion that places gender expectations on all individuals, who are socialized in the order established by such a structure and within a hierarchy that causes inequalities in health.

Message: The fact that biological factors alone do not explain why gender gaps in health change through time and among different social groups, inevitably leads to focus on factors pertaining to the social order that underlies health-illness processes.

Explanatory frameworks often focus on the distribution of health and its determinants, the origins, and the causes of inequalities in health or the mechanisms that perpetuate them. In any event, there is a basic key assumption: not only is men's and women's health different, but it is also unequal. It is different because there are biological factors that are manifested distinctly in health and in the risks of getting a disease, and it is unequal because there are factors pertaining to the social order, explained partly by gender, that impact unfairly, due to their preventable nature, on individuals' lives.[33] This causes gender to be understood not just as a principle articulating beliefs, values, and customs, but also articulating the differences in the exposure and vulnerabilities to risk factors.[21] This shows how the biophysiological differences that exist between women and men modify and shape the responses of individuals' bodies to the impacts of the surrounding environment on their health.

In public health, research about gender takes the relation established between gender and power as a central element.[34] However, attempting to achieve equality in men's and women's health is as wrong as assuming differences that do not exist.[35] On the other hand, when analyzing the differences and similarities in men's and women's health, it is interesting to take into account that these are rarely of exclusive biological nature or social order.[8]

From a biological perspective, men are considered to be more vulnerable than women. This statement is usually supported by arguments related to estrogen levels and chromosomal composition, which help to reduce women's risks for cardiovascular diseases through a decrease in the circulation of bad cholesterol. In contrast, testosterone in men causes a higher risk of suffering potentially lethal diseases due to immunosuppression.[36] However, biological factors alone do not explain why gender gaps in health change over time and among different social groups and contexts. For this reason, when analyzing gender inequality in health, studies usually focus on social factors that include well-being, social status, and behavioral patterns in men and women.

The interrelation between biological factors and gender relations is expressed in multiple ways, for example, when considering that women become infected with HIV/AIDS at an early age in comparison to men or that

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they have higher mortality due to gender violence.[21] Although women suffer from more illnesses and their health is worse than men's, they have a higher life expectancy. It is a widely documented phenomenon, with diverse reviews that provide descriptions of its magnitude and scope.[37,38] Gender inequity in morbidity is not as unambiguous as that related to mortality. The gap between women and men varies among specific diseases depending on the life-cycle stage.[39] At earlier stages, men tend to get involved in more harmful behaviors, which increase the risk of premature death due to accidental injuries or homicide.[40] On the contrary, women are more prone to suffering processes of chronic nature that do not necessarily potentiate premature death, but which have a great negative impact on their quality of life.[41,42]

In recent years, the development of different conceptual models to explain gender inequalities in health – like the model proposed by the Women and Gender Knowledge Network, which is structured by feedback processes of causes, factors, and consequences[43] – has contributed to expressing that approaching the issue of why men have a lower life expectancy when they suffer from fewer chronic diseases requires taking into consideration a combination of circumstances and biological, socio-structural, psychosocial, and behavioral characteristics that differentiate their lives.[44] Analyzing these explanatory categories in terms of exposure or differential vulnerability acquires relevance in the case of men.

THE DARK SIDE OF PRIVILEGE

Health, risks, and gender identity

Message: The 'risk-gender identity' pairing is fundamental in the analysis of masculinities and men's health but requires a further approach to individual decisions, analyzing the increase in risks as a result of processes of social interaction.

One of the primary approaches to risk is related to the consequences of "lifestyles."[45] On the basis of risk, the interpretation of patterns of health and illness is usually associated with personal decisions and, therefore, with self-control and individual responsibility issues.[46] From this perspective, the analysis of risk factors has a tendency to minimize the impact of social, economic, and political structures. This means that, in order to understand why an individual performs risky behaviors, it must be considered that, far from being a rational-individual decision, it is the result of a process of social interaction. In addition, the exposure to risk may be considered a negotiation with the dominant discourses, in which the model of hegemonic masculinity prevails, forcing individuals to position themselves – this is the case of several men – in relation to such expectations. In this negotiation, the social privilege received by the adoption of the hegemonic model reduces the possibilities of change through healthier relations and forms of behavior.

Considerations made on risk gain particular relevance when referring to the youth population. Youth is a stage of life characterized by the search for referents, which is a fundamental aspect when it comes to analyzing the role of risk in the configuration of gender identity in men.[47] This makes more sense when realizing that higher health risks are the result of preventable factors and behaviors.[15] This is the reason why only from a gender perspective it may be understood that a higher mortality rate and road accidents of men, or the fact that they utilize preventive health services less frequently, has a relation to concepts and behaviors associated with the way they construct themselves as men and are represented as dominants.[48,49] This means that gender is primarily expressed in daily routine activities.[50] These are the circumstances where exposure to risk seems to be an essential strategy to fulfill the expectations of what being a man means.[8]

Masculinity has been essentially described in scientific bibliography in a problematic sense.[51] This leads inevitably to the issue of why men show risk behaviors that

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threaten their health to a larger extent. A prevailing perspective was provided by Will Courtenay.[52] In his thesis, he points out that risk behaviors, in addition to being culturally considered "masculine," may also be used to make the virility stand out. From this perspective, an association with certain ideals of masculinity is what constitutes one of the most important differences in health between men and women.[53] This has also led to describing ways of understanding masculinity as a primitive state of society. This theoretical perspective is based on two essential principles. On the one hand, masculinity is described as a social status that cannot be gained but which may be lost (in contrast to the concept of being a woman, which is perceived as a status that flows with biological changes and that, once obtained, cannot be lost). On the other hand, masculinity is primarily confirmed by other individuals, and, therefore, public demonstrations are needed for its existence.[54]

In the case of young individuals, the process of identity construction gains greater relevance regarding the idea of risk because it is a stage of life where not only what is prohibited may seem attractive, but also the fact that normative messages usually come from an authority figure that the individual is willing to challenge may be seen as an invitation to transgression.[55] In parallel to a negative conception of risk, a positive conception of risk has started to gain importance in recent years. This positive conception was described to be consubstantial to the life process,[56] an essential compound of self-knowledge and social-affective development and, therefore, the definition of identity in each individual.[57] This conception of identity has precisely highlighted the importance of gender in the understanding of sexuality. Research has described the experience of masculinity as a social event intimately associated with the way they practice their sexuality, which has not only led to highlighting the role of heteronormativity in the process of identity construction, but also the imbrication of risk behaviors with the delimitation of power relations.[58] Likewise, the different expectations that gender order expects in relation to behaviors considered appropriate have a great influence on the sexual behavior of individuals.[59] However, the knowledge of certain biomedical notions, together with neoliberal ideals in relation to personal choices and psychological models of individuals' behavior, has contributed to accentuating discourses that ignore the importance of context and social determinants in the composition of relations and health experiences. From the principal currents, this has caused differences in men's health that are justified on the basis of individual behaviors. Although it is a significant and useful approach, in the latest years and parallel to this approach, research lines have been developed whose behavioral explanations are framed within a wider spectrum of determinants of health.

Health from critical studies on men and the explanatory frameworks about inequalities

Message: Within the analysis of inequalities in health, critical studies about men provide an extended vision when characterizing masculinities and studying men's health following explanations that are materialist/structuralist, psychosocial, and based on the life-cycle approach.

Social consideration is something that both the gender perspective and public health have in common. It is precisely the assumption of such a social dimension that places health in an outstanding position in any discussion about equity and social justice.[60] This does not only inevitably lead to take into account inequality in mortality or natality, but also inequality in basic opportunities, professional inequality, or the inequality related to the domestic sphere. From this point of view, gender equality is related to justice in the distribution of benefits and responsibilities, which are key elements for the understanding of masculinities.

In this sense, critical studies on men – a field that emerged from feminism, in which

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academic and socio-political movements for affective-sexual diversity may be included[61] – have provided an extended viewpoint characterizing masculinities and studying the interrelation established between men's and women's health. In the following pages an approximation of such studies is developed but focusing the analysis on explicative approaches of health inequalities prevailing in scientific works.

Structural Explanations

From this approach, on the basis of social and political epidemiology, the analysis of health inequality emphasizes economic processes and political decisions that condition access to resources as well as the elements that make up the complex material of our societies, particularly in public infrastructure (education, public health care services, work health regulations, among others).[62,63] In this way, the relationship between health inequality and socioeconomic inequality would particularly include aspects such as income level, educational level, professional status, or occupational situation.[64] Thus, gender inequality in health would be primarily the result of the differences in the socioeconomic position of men and women. One of the explanatory hypotheses highlights that if there is a convergence in such socioeconomic positions, then there will be a convergence in health status.[65] However, these matters are not only of economic nature, they are also matters of power and the capacity to make decisions. In this sense, roles and the sexual division of labor played, and still play, a decisive role. This is the reason why this approach gains a special meaning when gender is understood as a social structure.

From a critical perspective, men are recognized as the most socially and economically favored group. Not only do they occupy higher positions in most professional categories, particularly in professions with higher social prestige, but they also have working conditions with better health benefits,[29,66] including lower poverty risk during their lives. Among other reasons, this is due to the higher probabilities for men of having stable jobs, full-time jobs, and higher pay than women for equal jobs.[67] In the same way, the fact that women started having paid jobs did not mean an equitable redistribution of reproductive labor and care.[68,69]

Although it was explained that men have less support networks,[70] with the potential of improving well-being and/or softening the impact in adverse situations,[71] scientific evidence is not conclusive about this. In fact, women tend to report chronic stressors to a greater extent than men.[72,73] For men, the situation of not coordinating the productive and reproductive spheres to the same extent as women, particularly not taking responsibility for informal care, reduces their risk of suffering certain health conditions and increases the risk of suffering others.[74,75] Also along these lines, studies comparing the health of men who belong to different socioeconomic groups are yet very limited.

Structural explanations of inequality were barely used as a reference when analyzing men's health. This may happen because while socioeconomic inequality was useful to explain disadvantages in women's health, there is not a conclusive theory to explain, for instance, a lower life expectancy in men.[38] Another way of expanding the debate about inequality in health and studies of men is to describe the structural explanations as a symbolic representation of power, of masculinity over femininity, on the basis of relative variables of income level and wealth accumulation. From a critical perspective, it is manifested that these asymmetries of power in gender relations are part of the "catalogue" for underlying incentives to certain attitudes and behaviors that often lead men to damage their own health.[12] It is interesting to consider the interrelation between "generalized" hegemonic practices and institutionalized practices– such as long working hours, working overtime, or the fact of not exercising the right to paternity leave–which have health implications that reinforce the sexual division of productive and reproductive work, for men and women, respectively.

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Psychosocial explanations

This school of knowledge is centered on the analysis of personal perceptions and experiences regarding stress conditions derived from social inequality. The stress produced by the social environment in which an individual lives alters endocrine functions and increases the vulnerability of the organism, increasing the chances of getting diseases.[76] The "adverse exposures'' play a decisive role in health results. However, in contrast to sociostructural factors, in psychosocial factors of health, collective subjectivity acquires special significance. Several investigations have shown that individuals exposed to stressful situations have a higher risk of suffering physiological and psychiatric disorders, impoverished physical health, and/or substance abuse.[77] While a great portion of research focused on the exposure to particular situations, other studies have highlighted the role of "chronic stressors."[78]

From a critical perspective, the debate about the potential impact of psychosocial factors is one of the most controversial among investigations about inequalities in health. In the case of masculinities, the ways in which such factors go through gender have been scarcely taken into account. From this approach, the effect on men – if they consider themselves economically and socially inferior (in relation to other men, but particularly in relation to their partner, in heterosexual relationships) – is usually associated with a reduction in self-esteem levels, something that, directly or indirectly, affects the perception of well-being, in addition to contributing to other risk behaviors, such as the abusive consumption of psychoactive substances.[79] Scientific research also points to another field of study of great interest: the interaction between gender, mental health, and unemployment. Some studies have described how the adoption of the role of the primary provider at a family level could affect men's health more negatively if they have to face the loss of employment. In the case of a study conducted by *Artazcoz et al*.[66], family responsibilities taken by women, especially regarding child-raising, caused a softening effect in the negative impact on mental health after the loss of employment, an effect which is not present to the same extent in men.

One of the values added through the inclusion of psychosocial explanations to the studies about men's health is related to the possibility of analyzing simultaneously the psychosocial effects, considering different "hierarchies." This implies that the impact of masculinities may be seen, for instance, in relation to a social class or ethnic group to which a man belongs (which implies conceptual similarities to the intersectional perspective). This also helps to describe certain negative behaviors affecting health as a way of agency from which it is possible to overcome other forms of inequality existing among different groups of men. It is necessary to remember that, from a relational approach, gender is constituted primarily through social interaction,[80] a feature that underlines its performative meaning. This means that gender is understood as an entity involving repetitive actions that define the shared experience; it is a characteristic compound of men's analysis, helping the description of "manhood acts" as a way of subjectivity that generates a collective sense of belonging and also contributes to the explanation of the adoption/avoidance of specific risks.[81]

Explanations from the life-cycle approach

The life-cycle approach includes elements of materialism and cultural and psychosocial explanations, but it expands the causal chain of such explanations. Briefly, it suggests that health status, at a specific age and for a specific group, reflects both the current status as well as prior life circumstances.[82] However, the life-cycle approach is not only about the collection of data throughout a life-course but also involves the comprehension of the temporal system of exposure variables and their interrelations.[83] In the field of public health, one of the prevailing models was the "cumulative effects" model, according to which the intensity and duration of exposure to unfavorable environments in different stages

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of life have an adverse cumulative effect on health. In regard to the line of this model, prolific studies have evidenced how the cumulative effect of living conditions of low-income individuals, along with other poverty indicators, such as low schooling levels or poor working conditions, causes significant health inequality.[84]

A constant in the study of men and masculinities has been the emphasis on the exploration of social dynamics around which identities are "(re)negotiated."[85] That is the reason why some of the most influential theoretical approaches when studying men's health have recently underlined the necessity of the inclusion of a perspective centered on the life cycle. This is helping to establish positive synergies between research oriented by this approach and the study of men's health from a critical perspective. Longitudinal studies, based on the monitoring of health-illness processes in different stages of the life cycle, are of great importance in the development of this approach. There is a significant body of knowledge about the differences in women's health results under specific social circumstances, for instance, regarding their civil status, their participation in a work environment, or the age of their sons and daughters.[86] However, in the case of men, there are scarce studies centered on transitional stages such as paternity or retirement, in which the analysis centered exclusively on the age factor may not reflect as a whole all the dynamics generated around such processes.[87] The incorporation of the life-cycle approach would facilitate a more in-depth viewpoint of the cumulative effect of the experiences within a "relational environment." This would strengthen the understanding of how hegemonic conceptions of masculinity resist/change over time.

REFLEXIVE CONCLUSIONS: AN AGENDA TO KEEP PROGRESSING

A focus on the relationship between gender and equity progressively incorporated the issue of masculinity into the debate about social determinants of health, an aspect intimately associated with the new agenda of public health. This has created a field of study favored by the development of different explanatory approaches to gender inequality in health, and which should not be considered as opposite interpretations when applying them to the study of men and masculinities. This leads to the formulation of a series of suggestions oriented to policies and research in the field of public health that are considered to be useful to contribute to the progress in this study and the development of programs from a gender perspective in health.

Suggestions oriented to policies

Despite the fact that the wider gap in morbidity between men and women is caused by behavioral differences, focusing on the design of programs and policies exclusively on the basis of risk behavior in men contributes to strengthening a gender approach that is conceptually restrictive. This is the reason why, for instance, it is relevant to question the relations which are established between the different conceptions of masculinity and the exposure to socioeconomic and psychosocial factors. Similarly, it is necessary to recognize health inequality among men. Approaching men's health as a homogeneous group implies that the heterogeneity of their life experiences is being ignored, which does not contribute to promoting healthier forms of masculinity. The promotion, from a gender perspective , of a movement favoring men's health, along with the women's movement, should start with the acknowledgement of the complexities in the constitution of masculine identities.

Policies and examples of health practices oriented to promoting men's health in a way that also contributes to the improvement of women's health should be developed and evaluated. This is particularly necessary in relation to the responsibilities within the domestic sphere, encouraging men to take responsibility for the informal care of

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dependent relatives and to have a more active participation in childraising.

It is also necessary to develop and spread more examples of how intersectionality and the incorporation of a gender perspective may be applied in a pragmatic way, with a special interest in men who show higher conformity with the traditional notions of masculinity or non-normative identities. Thus, programs promoting health and specific interventions should not be limited to approaching risk factors exclusively, but should constitute health from a gender perspective, knowing that there are already positive ways of developing masculine identity. The acknowledgement of the consequences of hegemonic masculinity behaviors on men's (and women's) health should not become a form of guiltiness, but an aspect that must orient the development of more integral and sensitive health policies regarding the incorporation of a gender perspective.

Research-oriented suggestions

It is necessary to strengthen a comparative and collaborative viewpoint when it comes to approaching men's and women's health. This involves not analyzing the health-illness processes as mere opposite processes. It is important to develop research lines centered on providing evidence, when possible, about the interactions between sex and gender and their effects on individuals' health. Moreover, a relational approach facilitates the study of stereotypes, values, and daily practices associated with differences/similarities in exposure, not only to risk factors but also to conditions or factors favoring health. This would help to improve the design of preventive actions and health promotion.

Likewise, the studies that have analyzed men's health within different socioeconomic groups are yet too limited. It would be interesting to strengthen the development of studies centered on the intersection between hegemonic social practices and institutionalized practices, such as long labor hours or extra hours, situations that have consequences for individuals' health and that contribute to strengthening certain social roles among men and women.

It requires a more detailed analysis of the circumstances and living conditions of those men who perpetuate and praise attitudes and practices that put their health at risk. The development of methodologies of mediation and socio-community integration of participative-action-research would be of great significance to evidence other forms of understanding masculinity, including those related to affective-sexual diversity and gender identities, and would contribute to the visibility of those expressions pertaining to a more positive notion of masculinity. In this sense, it is especially important to study how non-hegemonic conceptions benefit men's health and how this also has an impact on women's health.

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