



Implications of critical race theory for Aboriginal and Torres Strait Islander men's health

Since 2020, the global public health community, spurred by the Black Lives Matter movement, has increasingly asked itself hard questions concerning health equity. Advancing such conversations, Eileen Yam and colleagues (April, 2021)¹ compellingly argue that critical race theory, and especially intersectionality, must more firmly support public health action aiming to address the nexus between gender oppression and global health outcomes.

We contend that women-focused public health is not the only discipline currently neglecting critical race theory. We believe a greater focus on intersectionality within the global men's health community is equally imperative.

By definition, men's health has traditionally treated gender as its most fundamental category. However, this framing has generated research that is unattuned to more subtle drivers of health and has reinforced simplistic, binary conceptualisations of gender. Symptomatically, appeals to better address interconnections between health, masculinities, and cultural identities have started to emerge.² Studies have shown, for example, that understanding these interconnections illuminates public health opportunities with Aboriginal and Torres Strait Islander men, the First Nations peoples of Australia.^{3,4}

Intersectionality often remains ignored in men's health, despite its potential to "improve health equity outcomes".⁵ In 2020, the organisation Global Action on Men's Health reported that by "failing to adopt an intersectional approach" it appears to international public health communities "that all men are equally

privileged and powerful and therefore not deserving of attention".⁶ We therefore argue that emphasising intersectionality within men's health is crucial to ensure the discipline remains relevant.

This attention to intersectionality must extend to the national and subnational contexts discussed by Yam and colleagues. Listening to, and genuinely engaging with, Aboriginal and Torres Strait Islander men, for example, must be a key priority for men's health in Australia.⁴ From this foundation, researchers, policy makers, and practitioners can work collaboratively with these communities to enact public health approaches that respond to the links between health, gender, and culture.

Yam and colleagues also note the importance of recognising additional social categories, such as sexuality, which intersect with gender and culture to influence health outcomes. Men's health initiatives must do the same. Indeed, we should explicitly ask: what social categories warrant closer attention to promote Aboriginal and Torres Strait Islander men's health?

Although whole-population approaches can support many broad-scale public health responses, greater attention is necessary regarding the interconnections between masculinities and culture, ethnicity, and race. As our world changes, so too must our approaches to Aboriginal and Torres Strait Islander men's health.

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*Anthony Merlino, Kootsy Canuto,
James A Smith
anthony.merlino@menzies.edu.au

Wellbeing and Preventable Chronic Diseases Division (AM, JAS) and Freemasons Centre for Male Health and Wellbeing (AM, KC, JAS), Menzies School of Health Research, Charles Darwin University, Darwin, NT 0815, Australia; Wardliparingga Aboriginal Health Equity Theme, South Australian Health and Medical Research Institute, Adelaide, SA, Australia (KC)

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