

Men, Health and Policies

The three words comprising the title of this editorial can, each in their own right, unleash broad debate about the meanings attributed to them. They are words that are not restricted to one key concept. Indeed, they are imbued with a plethora of meanings involving negotiations between different logical constructs to arrive at provisionally established concepts to deal with the discourse they give rise to. They can equally serve as a basis for both the accumulation of knowledge produced about them, and also the ruptures produced on account of such accumulations.

Without wishing to indulge in conceptual analyses, we merely single out some caveats (or provocations) to the debate that this Thematic Issue on the subject will undoubtedly elicit. We know that whatever the content of such caveats, they will be the source of criticism. However, as we are aware that it is criticism, which to a great extent fosters the production of knowledge, which aspires to be scientific, we take the risk of introducing the conceptual issues in question.

Men – always in the plural – lead us to think much more of pieces in a conceptual mosaic rather than a hermetic definition. And the parts involved are many, since we are talking about a complex reality or a controversial issue. But, at the risk of being accused of reductionism, we provisionally single out two of them. One of these pieces refers to the fact that you cannot understand this term without understanding the relationship that it establishes with the other component of the gender dyad, namely women (also always in the plural). Another piece is that the meaning assigned to the term in the plural refers to the idea of diversity, differences or any other word that is opposed to a single standard to assign meaning to the status of men as sexual beings.

What caveat can we make about Health? If health refers to the broad spectrum about human well-being, the first concern is not to waste time formulating concepts and practices surrounding illness or the process of falling ill. It goes without saying that one cannot have health with illness. But that does not mean we can guarantee that the absence of disease per se, constitutes health. Another caveat is that, given the importance of health, it cannot be considered or acted upon only by professionals who are dedicated to it, or just under the aegis of the latter. Health, being an asset so dear to a society, is the responsibility of all concerned: specialists and lay persons; groups and individuals; governors and citizens, and others that are encompassed in the word “all.”

With respect to Policies, we would initially draw attention to the fact that the plural serves to point to the various fields of policy, not only that of Health. Thus, the discussion on the topic involves a primarily intersectoral overview. This expression is usually associated with a rationale of control promoted by governments. It can also be seen as a product of the actions of social movements that are organized in favor of the establishment and defense of rights. But, when we broaden the scope of the term to the expression Policies of State, it would seem that both conflicts and negotiations between groups and individuals come into play to ensure that principles are established for the life of citizens. This leads to a major challenge: how to establish principles that ensure the rights of one group without reinforcing potential inequalities? This question permeates the reflections of some authors who have contributed in this collection of articles.

We will not attempt to deal with the combination of the three words that constitute our title. We leave the task to the other authors to introduce elements such that the discussion – which is just beginning – will unveil new horizons that arise from the premonition of absolute certainties and the reflective investment in new themes, objects and approaches that arise from the interaction between men, health and policies.

Romeu Gomes, Marcia Thereza Couto
Guest Editors