Chapter 2
Masculinity in Men's Health: Barrier or Portal to Healthcare?

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In the United States and most countries in the world, males are more likely than females to die in their first year of life and at every age across the remainder of the life course [1]. Strong and consistent evidence suggests that health behaviors play a key role in the etiology of most of the leading causes of death among men [2–6]. Men often use health behaviors in daily interactions to help them negotiate social power and social status, and these health practices can either undermine or promote health [5]. Men are more likely than women to engage in over 30 behaviors that have been known to increase their risk of injury, morbidity, and mortality. How men

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think about and project an image of themselves as men and respond to gendered social norms and pressures is often implicated in explanations of men's premature death due to stress and unhealthy behaviors (e.g., reckless driving, alcohol and drug abuse, risky sexual behavior, high-risk sports, and leisure activities) [7, 8]. Thus, there is a need for health research and practice that is gender sensitive in relation to men's lives and to understand masculinities in relation to health and illness [9], which may come through understanding the relationship between masculinity and diverse aspects of men's health.

Masculinity has primarily been operationalized and studied as a static factor that resides solely in each man's individual psychology [10], but masculinity is often signified by beliefs and behaviors that change over time and that are practiced in everyday social and cultural patterns, practices, and relations [10–12]. Across the life span, the stressors associated with beliefs and expectations about men's behavior, economic opportunities, and social marginalization can directly and indirectly contribute to men having poor health behaviors and high rates of morbidity from preventable diseases [1]. Increasingly, masculinity is being conceptualized and framed to be best understood in the context of social and cultural factors [4, 13, 14]. While masculinity is considered to be an important determinant of men's health, the study of men's health and well-being has not always conceptualized men as gendered beings [9, 15, 16]. Surprisingly, little research has empirically examined the relationship between masculinity and men's health [9].

In this chapter, we will discuss masculinity and how it may affect men's health and health-related behavior. We will begin by discussing how masculinity is conceptualized and measured, how masculinity and manhood shape men's health behaviors, and then how men define health. We will conclude with a brief discussion of environmental factors that shape how men engage in health-related behaviors that not only influence their health outcomes but are used to demonstrate their identities as men.

Masculinity in Men's Health

Since the 1970s, US-based studies on men have focused primarily on identifying the main elements of masculinity, assuming them to be equally relevant for all men, and then quantifying the extent to which these elements are present in individual men [11]. Hegemonic masculinity is the idealized cultural standard of masculinity that exists in a specific time, place, and culture; it sets the ideal of how to be a man and sets the standard by which all men are judged [17–19]. Early work examining the relationship between masculinity and health was dominated by the assumption that biological sex played a primary role in determining health behaviors, but recently, scholars have paid increasing attention to the health implications of gendered expectations and normative gender roles on men's health [20, 21]. Men will often prefer to risk their physical health and well-being rather than be associated with traits they or others may perceive as feminine [9, 14, 22]. Though public health campaigns such as "Real Men Get Checked," "Real Men Wear Gowns," and "Real Men, Real Depression" convey the important message that masculinity and men's

health are not inherently at odds, health-promoting behaviors often are associated with femininity and health-harming behaviors are linked with masculinity, and men's adherence to masculine ideals is thought to help explain the disparity between men's and women's health outcomes [5, 18, 21, 23, 24].

While men often recognize that there may be a hegemonic, cultural ideal of masculinity, individual men frequently define and experience their masculinities by drawing on facets of hegemonic masculinity which they have the capacity to perform [17]. Men piece together aspects of hegemonic masculinity to establish their own standards and meanings of masculinity. As they seek to establish and regularly reinforce that their masculine identities are valid in the context of their everyday lives [17], men may respond to masculine ideals by reformulating them, shaping them along the lines of their own abilities, perceptions, and strengths, and then defining their masculine identity along these new lines.

In research on men's health, there is a need to examine three key factors associated with masculinity: *how different conceptions of masculinity are related to health*; *how notions of masculinity are constructed and embedded in social, economic, and political contexts and institutions*; and *how culture and subcultures influence how men develop their gender identities and how they respond to health issues* [25, 26]. Some researchers are beginning to explore the centrality of masculinity versus racial identity and cultural beliefs in men's identities and health [27–30]. Research on African American, Asian American, and Latin American men is finding that there are forms of manhood that diverge from hegemonic masculine norms [31–34] and that experiences of discrimination and racism may highlight stigmatized identities (e.g., race, ethnicity, sexual minority status) in their daily experience more than masculinity [35, 36]. African American, Asian American, and Latin American men often seek ways to integrate hegemonic masculine norms with their racial and ethnic identities in ways that create new standards of masculinity that are racial and ethnic specific [34, 36].

In addition, one of the key areas that is emerging in both the quantitative and qualitative men's health research is how sexual orientation, sexual identity, and traditional conceptualizations of masculinity intersect to affect the health behaviors and health outcomes of men [37–41]. The minority stress model posits that the vigilance that "men who have sex with men" may have in expecting to experience discrimination based on their sexual identity may lead them to internalize negative social attitudes and conceal their sexual orientation, increasing stress-related mental and physical health concerns [42]. Gay men also have consistently higher rates of steroid use associated with body image issues and different standards of what the ideal masculine body should look like [40].

Conceptualizing and Measuring Masculinity

Within any society, there can exist a hierarchy of masculinities that are compared to a dominant or hegemonic ideal [18]. In the United States, the normative form of hegemonic masculinity is defined by race (white), sexual orientation (heterosexual),

SES (middle class), and possessing certain traits: assertiveness, dominance, control, physical strength, and emotional restraint [5, 9, 11]. Though it is useful to determine if men adhere to hegemonic ideals of masculinity, hegemonic masculinity does not have uniform meanings and negative influence within and across men's lives [4, 11]. Masculinity is defined in diverse ways that vary by race, ethnicity, class, sexual identity, disability status, and other factors, but are organized around a common membership in the category of "man" [36].

Masculinity is often defined in relational terms as that which is not feminine [9, 43]. Measures of masculinity serve as the operational definitions of masculinity in empirical studies [11, 44]. How we operationally define masculinity in men's health helps to determine how well we have captured gendered constructs that are relevant to health. We will briefly describe selected groups of measures of masculinity. Space does not permit an exhaustive review, but see reviews by Loue [45], Smiler [11], and Thompson [46] for a more thorough discussion of measures of masculinity.

The Male Role Norms Inventory [47] and its subscales measure men's adherence to hegemonic male norms. The Conceptions of Masculinity Scale [39], one of the few measures of masculinity designed specifically with and for gay men, assesses perceptions that masculinity is defined by men's sexual behavior, social behavior, and physical appearance. The Meaning of Masculinity Scale [39] measures a specific, traditional form of gay men's masculinity. Factors associated with male norms such as the salience of norms, subjective norms, and conformity to norms (e.g., Conformity to Masculine Norms Inventory [48], Male Gender Norms scales, Salience of Traditional Masculine Norms [49]) have been used in research to highlight different aspects of psychological stressors that affect men's health and health practices. Measures of male norms assess the degree to which men indicate their level of agreement or disagreement to an array of dominant cultural norms of masculinity in the United States [47, 48, 50, 51]. Measures of attitudes and feelings about the hegemonic gender roles males often perform (e.g., Gender Role Conflict Scale, Male Gender Role Stress Scale [52], Male Subjective Norms [53]) highlight key psychological stressors in the lives of males that result from discrepancies between how men perceive their personal characteristics and how they perceive men are expected to behave. Measures of masculine conceptions or ideologies examine the degree to which men feel that they are able to fulfill a single form of stereotypically masculine roles [46]. Conformity to Masculine Gender Norms describes men's perceptions of their ability to adhere to traditional masculine norms. Measures of gender role conflict or stress assess ideologies and beliefs about the meaning of being male and the extent to which one endorses or internalizes cultural norms and values of masculinity and the male gender role [54].

While there is considerable research utilizing these scales, there remains surprisingly little empirical research examining how measures of masculinity are associated with, or predictive of, health behaviors or health outcomes [44]. The studies that have included measures of masculinity and health outcomes have had inconsistent findings. Some studies found positive relationships between masculinity and health, while others reported more negative associations [55]. For example, Levant and colleagues (2013) found that masculine risk-taking and self-reliance were nega-

tively related to health behavior measures but that emotional control, primacy of work, and winning were positively related [55, 56]. This complexity is echoed in the work of Gordon and colleagues who found that toughness was related to both more exercise and increased junk food consumption [57]. Engaging in positive health behaviors and being rational and decisive and making autonomous decisions also may draw on hegemonic ideals of masculinity, highlighting that masculinity may not only be associated with risky behavior [4]. The work on masculinity and health is particularly limited to men who are not college students at 4-year colleges and universities, a very selective and non-generalizable group to males in the United States. There also is a paucity of work focusing on masculinity and health across the globe [58]. One area where there is particularly little is in studying how these measures of masculinity are associated with the health of middle-aged and older men, across racial and ethnic groups.

While Kimmel asserts that homophobia is a core characteristic of hegemonic masculinity, studies of Latin and African American men are finding that these men's definitions of manhood may not include homophobia, violence, physical domination, or emotional isolation [32, 36, 59]. Machismo is measured as a combination of traditional machismo (i.e., hypermasculine traits such as dominance) and caballerismo (i.e., nurturing qualities, family centeredness, social responsibility, and emotional connectedness) [60]. The values espoused in caballerismo and black manhood are most congruent with feminist masculinities that include being an ethical human being, having emotionally healthy relationships with others, being involved with activism in the community, and rejecting aspects of hegemonic masculinity (e.g., objectification of women, physical and sexual domination of women, and homophobia) [32, 33, 36, 59]. The work on Asian American men and masculinity highlights how this group of men has historically been viewed as hypermasculine and effeminate simultaneously [34]. The notion that there is a singular masculinity that represents the hegemonic ideals of a particular racial or ethnic group is a misnomer; the concept of Asian American masculinity, for example, is one that was not defined by that specific population [34]. Thus, masculinity is complex, can be related to desirable as well as undesirable behaviors, and resides both within the psychology of men and their interactions with their social environment [11].

Stress, Masculinity, and Men's Health Behavior

Stress directly and indirectly contributes to high rates of unhealthy behaviors, chronic disease diagnoses, and premature mortality among men [1]. Smoking, alcohol and substance abuse, unhealthy eating, sedentary behavior, and poor sleep all are behaviors that are adversely affected by stress [61]. In the context of medicine and public health, men's self-representation and internalization of notions of masculinity and masculine social norms and pressures are often implicated in explanations of men's premature death due to stress and unhealthy behaviors (e.g., interpersonal violence, reckless driving, alcohol and drug abuse, risky sexual

behavior, high-risk sports, and leisure activities) [7–9, 14, 22]. These behaviors often are culturally sanctioned ways of distinguishing among males and between males and females and may help explain the association between masculinity and men's risky and unhealthy behaviors [5, 9].

These behaviors also may be affected by men's experiences of psychosocial stress. For example, Whitehead's (1997) Big Man Little Man Complex argues that men are trying to achieve a level of respectability through economic success, educational attainment, and social class status while simultaneously demonstrating prowess along the social and cultural dimensions of traditional masculinity: virility, sexual prowess, risk-taking, physical strength, hardiness, etc. [62]. These factors highlight that masculinity may lead to stress and coping that results from trying to achieve success in areas of respectability and risky behaviors that may represent traditional aspects of masculinity (e.g., eating large portions, alcohol abuse, substance use, speeding while driving, risky types of physical activity, high numbers of sexual partners, inconsistent safe sexual practices). The aspects of masculinity that men find stressful and use to define themselves and that they try to portray to others appear to change over time.

Masculinity Changes over Time

Because the fundamental meaning of masculinity and the salience of different aspects of masculinity change over the life course, it is critical to consider how both the notions of masculinity change over time and the importance of key health behaviors changes over time [4, 9]. Each phase of life can be distinguished, in part, by men's efforts to fulfill salient role performance goals [7, 63]: educational and professional preparation in the preadult and early adult years, being a provider for himself and his family in the middle-adult years, and dignified aging as men move through older adulthood [63, 64]. While these goals may not be universal, it remains critical to recognize that there are social and cultural pressures that men experience and that these pressures and strains, which may be rooted in efforts to fulfill salient roles, change as men age [25]. Some of the masculinities men try to perform when they are younger tend to demonstrate their physical strength, sexual prowess, and risk tolerance, but as men age, they tend to also want to demonstrate more positive aspects of masculinity: being a responsible father, provider, and husband/partner [14, 32, 63]. These changes in notions of masculinity highlight the positive aspects of masculinity that can be the foundation for interventions to promote healthy behaviors, lifestyles, and outcomes [53, 65–68]. In sum, age-related dimensions of gendered behaviors also demonstrate how masculinities are related to leading causes of death among men at different ages.

From ages 15 to 44 years, the leading cause of death among men is unintentional injury, including accidental drug overdose, which remains a leading cause of death through age 64 years. Often in younger ages, these injuries and accidents are presumed to be the result of reckless and risky social behaviors, while in middle and older ages, it is presumed that these patterns are the result of work-related injuries.

Homicide is a leading cause of death for men only from ages 15 through age 44 years, while suicide remains a top 4 leading cause of death from ages 15 to 54 years (and drops to 8th in the 55–64-year age range). Heart disease and cancer are the leading causes of death for men age 45 years and older. For example, the risk of being diagnosed with and dying from cancer, diabetes, and heart disease increases with age [69, 70]. While men are diagnosed with hypertension at a higher rate than women until age 45 years, from ages 45 to 64 years, the percentages of men and women with hypertension are similar. After 65 years of age, women are diagnosed with hypertension at a higher rate than men [70]. These data emphasize the importance of incorporating a life course perspective in our explanations of men's health and men's health disparities [71–73].

Social Determinants of Masculinity and Men's Health

Understanding the poor health status of men includes considering how masculinities and gendered social determinants of health (e.g., social norms and expectations of biological males of a certain age) shape men's lives and experiences, particularly through economic and environmental factors [33, 74–76]. There is a tendency to blame men for their poor health behavior and not to consider the wider social and economic determinants of men's health or men's health behavior that we have included in research on racial disparities, SES inequalities, and women's health [77]. All men do not benefit equally from the social, economic, and political benefits of being a man; many men are marginalized by race, ethnicity, sexual orientation, and class and unable to achieve aspects of hegemonic masculinity that may be achieved by their peers of other socially defined groups [76]. Racism, segregation, economic discrimination, and other structural forces have limited the ways some men can define themselves in relation to hegemonic masculine norms (e.g., fulfilling the role of economic provider, moving their families into desirable housing and neighborhood conditions, and accumulating wealth to pass on to their children and grandchildren) [14, 32, 35, 44, 63, 78, 79].

Disproportionate poverty, likelihood of working in low-paying and dangerous occupations, residence in proximity to polluted environments, exposure to toxic substances, experiences of threats and realities of crime, as well as consistently worrying about meeting basic needs all differentially affect socially defined groups of men [24, 26]. Understanding the basis of poor status of men's health as well as premature death includes looking at multiple social determinants of health including poverty, poor educational opportunities, underemployment and unemployment, incarceration, and social and racial discrimination—all challenging and influencing poor men, African American men and Latin American men, and their capacity to achieve gendered goals and maintain good health [75].

The health and masculinities of African American, Asian American, and Latin American men are understudied [26, 75, 80], despite these men often accounting for much of the reported difference in mortality globally between men and women [5, 10]. The health and healthcare of African American men and Latin American

men and other marginalized groups of men are overlooked, not prioritized, and not considered an area of focus in many countries [75]. While the health of these men is important, it is equally vital to focus on the unique challenges and needs of African American, Asian American, and Latin American men. Furthermore, despite the differences in masculinities and social determinants of health, it is noteworthy that all poor health behaviors are not worse in racial and ethnic minority groups of men when they are compared with white men [81].

How Do Men Conceptualize Health?

How men conceptualize masculinity is an important determinant of men's health-related decisions and is the strongest predictor of men's health behaviors [9, 82]. Men are often stereotyped as being unwilling to ask for help, support, and health-related services. While to some degree this may be true, this notion also is an over-simplification. It is not that men do not value their health or recognize the importance of health, but men often do not think about their health until poor health impairs some aspect of their lives (e.g., sexual relationships, employment, physical activity) or roles (e.g., provider, father, significant other) that is considered a higher priority because it is associated with notions of manhood and the way men are defined by their families, friends, and communities [63, 83, 84]. Some men may define health based on diagnoses of illnesses or biological and physiological processes; however, Robertson (2006) found that men's definitions of health may be influenced by their perceptions of what it means to be a man. In his study of how men negotiate hegemonic masculinity and health, Robertson (2006) found that men related their perceptions of health to their general lifestyle and well-being (e.g., drinking and eating in moderation), engagement in healthy behavior (e.g., regular physical activity, adequate sleep), and ability to fulfill socially important roles (e.g., provider, partner, father). Additionally, Ravenell and colleagues (2006) found that some men may define health broadly and in relation to other aspects of their lives that may have little to do directly with their own individual health. Some men have conceptualized being "healthy" as being able to fulfill social roles, such as holding a job, providing for family, protecting and teaching their children, and belonging to a social network [85]. Prioritizing success in fulfilling key social roles at the expense of one's health is consistent with various theories that link gender and health [13, 21, 35, 44, 84, 86].

Conclusion

Snow (2008) argues that it is the phenotype of sex, or whether a person is judged to look male or female by others, that triggers a variety of gendered social expectations, responsibilities, and obstacles whose importance and impact are shaped both by global and local forces; this gendered experience incurs health risks unrelated to

chromosomal sex, genetics, or genomics. Masculinity has been linked to less social support, lower rates of medical help seeking, less frequent condom use, less social connection with other men, and more homophobia, alcohol/drug use, sexual partners, and cardiovascular stressors [21]. There is conflicting evidence regarding whether higher scores on masculinity confer health advantages or disadvantages, and more work is needed to tease out these factors [4].

Much in the same way that the sex genotype does not cause health outcomes linked to males [87], phenotypic (e.g., race, ethnicity), social (e.g., sexual orientation, social class, economic position), and cultural (e.g., religion, racial identity, ethnic identity, values) characteristics beyond sex are a necessary precondition for understanding men's health [25, 26]. The gendered expectations that are imposed on members of each sex are shaped by race, ethnicity, and other key social characteristics and identities. If we are to understand the sex and gender vulnerabilities of males, it is critical to consider how sex and gender intersect with other key factors to shape men's health outcomes [25, 26].

Health promotion interventions have remained focused on the aspects of identity that are most congruent with the disease epidemiology (i.e., we should focus on ethnic identity because people's health outcomes vary significantly by ethnicity), rather than considering personal characteristics that also may influence the behavior of interest (e.g., gender, age, religion) [88]. Research in health behavior has recognized that masculinity and other factors influence health behavior, but they have yet to be incorporated effectively to understand the multilevel factors that influence how and where we intervene to improve health behavior [26]. Masculinity is not something that simply resides in the minds of individual men; masculinity is learned, shaped, and reproduced through interpersonal relationships with other men and women and within various contexts such as neighborhoods, schools, and faith-based organizations [4]. Men's health behaviors are the product of their own thoughts about what it means to be a male and a man and how their social network, social norms, and larger cultural context consider these issues [4].

It is important to consider that health-promoting behavior can be a strategy men use to demonstrate their masculine identity that may increase their health risk and unhealthy behavior or health-promoting behaviors, particularly, as men age, may be a strategy men use to demonstrate age-appropriate masculinities [25]. It is critical for healthcare providers to ask men how they define their health and what their priorities and life goals are now and connect the medical information shared with them to these definitions and goals.

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