

Masculinity and perceived normative health behaviors as predictors of men's health behaviors

James R. Mahalik*, Shaun M. Burns, Matthew Syzdek

Department of Counseling, Developmental and Educational Psychology, Boston College, Champion Hall 312, Chestnut Hill, MA 02467, USA

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Abstract

This study examined the unique contributions of masculinity and men's perceptions of the normativeness of men's and women's health behaviors in predicting men's self-reported health behaviors. One hundred and forty men aged 18–78 were recruited from 27 unmoderated and moderated Internet listservs of potential interest to men. They completed measures online assessing masculinity, their perceptions of normative health behaviors for men and women, and 8 health behaviors (i.e., alcohol abuse, seatbelt use, tobacco use, physical fighting, use of social support, exercise, dietary habits, and receipt of annual medical check-ups). Findings suggest that masculinity and the perceived normativeness of other men's health behaviors significantly predicted participants' own health behaviors beyond that accounted for by socio-demographic variables (e.g., education, income). Perceptions of the normativeness of women's health behaviors were unrelated to participants' health behaviors. The findings support previous research which has found that traditional masculine gender socialization and social norms models encourage men to put their health at risk, and suggest directions for health promotion efforts when working with men.

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Introduction

Men have shorter life-spans than women in most countries around the world (Arias, Anderson, Kung, Murphy, & Kochanek, 2003; Mathers, Sadana, Salomon, Murray, & Lopez, 2001; White & Cash, 2003; World Health Organization, 2000). For example, men in the US die 5.4 years earlier than women, have a 43 percent greater age-adjusted death rate, and die at higher rates than women from 12 of the 15 leading causes of death (Kochanek, Murphy, Anderson, & Scott, 2004). Heart disease is

the number 1 killer of both women and men in the US, but 3 out of 4 persons under 65 who die from heart attacks are men (American Heart Association, 1994). For cancer, men have a 1 in 2 lifetime risk of developing cancer compared to women's 1 in 3 chance (American Cancer Society, 1997).

Although a variety of factors influence health and longevity (e.g., biology and access to health care), many health scientists believe that modifiable health behaviors are the most important of these factors. Defined as actions that influence health outcomes (Stimson et al., 2003), health behaviors can include tobacco and alcohol use, diet, exercise, use of social support, safety practices, and efforts to prevent disease (e.g., annual medical check-ups). Recent

*Corresponding author. Tel.: +1 617 552 4077.

E-mail address: james.mahalik.1@bc.edu (J.R. Mahalik).

research estimates that 50% of morbidity and mortality is due to such modifiable health behaviors (Mokdad, Marks, Stroup, & Gerberding, 2004).

Socio-demographic variables are often used to predict the frequency of health behaviors. Research finds that having more education, being married, and having more income are usually associated with health promotion behaviors (Calnan & Rutter, 1986; Delva, O'Malley, & Johnston, 2006; Joung, Stronks, van de Mheen, & Mackenbach, 1995; Kaplan, Newsom, McFarland, & Lu, 2001). Research also reports that sexual orientation and race are related to health behaviors with sexual minorities and racial minorities tending to engage in more health risk behaviors compared to heterosexuals and Whites (Dean et al., 2000; Delva et al., 2006).

Gender differences, however, are the most consistent finding in the research literature examining socio-demographics and health behavior. Hundreds of empirical studies consistently show that men are more likely to engage in almost every health risk behavior (e.g., alcohol use, tobacco use, not seeking medical care) increasing their risk of disease, injury, and death (see Courtenay, 2000, for a review). These facts suggest that 1 explanation for men's earlier mortality and higher rates of illness and injury is that men have less healthy lifestyles (World Health Organization, 2000). Thus, a straightforward means to improve men's health would be to reduce their health risks and increase health-promoting behaviors. To do so, a logical first step would be to determine why men engage in health risk and health-promoting behaviors.

One answer comes from those who suggest that gender role socialization encourages men to put their health at risk (Courtenay, 2000; Harrison, Chin, & Ficarroto, 1992). For example, the man who constructs masculinity as being a risk-taker may engage in high-risk behaviors such as smoking, excessive drinking, or refusing to wear a seatbelt. The man who constructs masculinity as putting work ahead of all other responsibilities may not make time for self-care. Similarly, the man who constructs masculinity as being self-reliant may never seek help from health care professionals. In essence, "when a man brags, 'I haven't been to a doctor in years', he is simultaneously describing a health practice and situating himself in a masculine arena" (Courtenay, 2001, p. 1389).

Recent research suggests that men who embrace these traditional constructions of masculinity are

more likely to engage in risky health practices. For example, traditional masculinity is associated with risky behaviors including greater substance abuse (Blazina & Watkins, 1996), coronary prone behavior (Eisler, 1995), violence and aggression (Mahalik, Lagan, & Morrison, 2006), less willingness to consult medical and mental health care providers (Addis & Mahalik, 2003), less utilization of preventive health care (Mahalik et al., 2006), and risky sexual and driving behaviors (Mahalik et al., 2006; Pleck, Sonenstein, & Ku, 1994).

It is also important to understand that men's health behaviors are embedded in, and likely influenced by the social context in which they live. From a social psychological framework, perceptions of normative group behaviors, also called descriptive norms, function to guide behavior by providing information about "normal" behavior in social environments and constrain behavior by indicating what behaviors are deviant or off-limits (Cialdini & Trost, 1999). According to Cialdini (1993), people are influenced by their observations of others because the "social proof" these descriptive norms provide saves time and cognitive effort while giving guidance about behavior that is likely to be effective. Applied to men's health behaviors, perceptions of others' health practices may provide information about how individual men should act—or not act—in terms of the health behaviors they adopt.

A growing body of evidence suggests that perceptions of social norms influence health behaviors. Although most research has been conducted on college student alcohol use (see Perkins, 2003, for an overview), recent research also documents the influence of perceived norms on adolescent smoking (Weiss & Garbanati, 2006), drinking and driving (Linkenbach & Perkins, 2006), gay and bisexual men's condom use (Peterson & Bakeman, 2006), and men's aggression in relationships (Werner & Nixon, 2005).

A key to the social norms approach is identifying salient groups that provide normative information for individuals (Berkowitz, 2003; Borsari & Carey, 2003; Perkins, 2003). Since groups that are similar to an individual are viewed as most influential (Hornstein, Fisch, & Holmes, 1968), perceptions of normative health behaviors in other men may exert a particularly powerful influence on the health behaviors that individual men adopt. Supportive of this conclusion are findings that same-sex drinking norms better account for the frequency

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