

Men's masculinity beliefs are a barrier to preventative health care

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Middle-aged men who strongly idealize masculinity are almost 50 percent less likely than other men to seek preventative healthcare services, according to a study—the first population-based analysis of men's masculinity beliefs and preventative healthcare compliance—to be presented at the 104th annual meeting of the American Sociological Association.

"This research strongly suggests that deep-seated masculinity beliefs are one core cause of men's poor health, inasmuch as they reduce compliance with recommended preventative health services," said Kristen W. Springer, the study's primary investigator. Springer is an assistant professor of sociology at Rutgers, The State University of New Jersey, as well as a Robert Wood Johnson Health & Society Scholar at Columbia University. "Although previous research points to the health-promoting effects of higher socio-economic status, in the case of the most masculine men—those who most strongly endorse ideals of 'old school' masculinity—increases in job status actually have a detrimental effect on preventative healthcare seeking."

Men in low-status, stereotypically male jobs are the exception to the study's findings linking masculine beliefs with avoidance of preventative healthcare. Men with strong masculinity beliefs who are in blue-collar jobs (e.g., machine operators, truck drivers, construction workers and farm workers) were more likely to report obtaining care.

"For masculine men in blue-collar occupations, this research suggests

that the masculinity threat of seeking health care is less concerning than the masculinity threat of not performing their jobs," Springer said.

"However, as job status increases among men who have strong masculinity beliefs, the likelihood that they will obtain preventative healthcare declines significantly. These findings provide some insight into the persistent gender paradox in health whereby men have a lower life expectancy at birth relative to women, despite having higher socioeconomic resources."

Previous research indicates that, compared to women, a man's life expectancy at birth is five years less and that men have higher rates of 12 of the 15 leading causes of death. Forgoing or delaying preventative and primary health is known to be an important contributor of poor health among middle-aged and older individuals.

Springer and her co-author found that endorsement of masculine ideals negatively influenced preventative care seeking regardless of a man's prior health, family background, marital status and an array of socioeconomic variables. Education—despite its well-established beneficial effect on health behaviors—also was a moderating factor. Highly educated men with the strongest-held masculinity beliefs were just as unlikely to obtain preventative care as men with lower levels of education.

Using a sample of 1,000 middle-aged men drawn from responses to the 2004 wave of the Wisconsin Longitudinal Study, the researchers reviewed the respondents' masculinity beliefs, socioeconomic status (as measured by education and occupational status) and receipt of three commonly recommended annual healthcare procedures for middle-aged [men](#): a complete exam/physical, flu shot and a prostate examination. The Wisconsin Longitudinal Study is a large-scale study of the education, careers, health and aging of adolescent males and females who graduated from Wisconsin high schools in 1957. The study was administered again

in 1964, 1975, 1992 and 2004.

Although this research represents the first population-based analysis of [masculinity](#) and men's preventative healthcare seeking behaviors, it is not without its limits due to the sample's lack of age, race and educational diversity (the Wisconsin Longitudinal Study sample respondents were white, middle-aged and had at least a high school degree). Springer emphasized the need for replications of the research using samples with greater diversity.

Source: American [Sociological](#) Association ([news](#) : [web](#))

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