

Masculinity and Health: A Cross-Cultural Comparison

Erik Boman and Gordon Walker

Department of Psychology, Monash University

Introduction

Being male as a significant health risk factor.

Health data from several countries indicate that men generally die earlier than women and engage in more risky health behaviours. One explanation for this is that masculine norms are constructed in such a way as to be incongruent with health promoting beliefs and behaviours.

Research on American and Australian men indicate support for this theory, in that men who report more masculine norm conformity, tend also to report more risky health beliefs and behaviours. However, levels of conformity to masculine norms differ cross-culturally, as do the relationships that they have to risky health beliefs and behaviours. This suggests that there are multiple ways in which masculinity could be constructed with respect to health outcomes.

Chinese and Australian masculine norms and health behavior.

This present study sought to compare Australian and Chinese men on a variety of Health beliefs and behaviours, with a focus on identifying differences in the way masculine norms related to these. Very few empirical studies had actually investigated Chinese masculine norms before, let alone how they might relate to Health behaviours.

There was some indication from the scant literature on Chinese men that their masculine norms may differ to Australian men, particularly in regard to values surrounding the importance of self-restraint and honouring ones family.

It was hypothesised that risky health behaviours would differ based on nationality, and that their would be significantly positive relationships between these and masculine norm scores. Furthermore, it was hypothesised that there would be differences based on nationality in the reported health beliefs and behaviours that were significantly and positively correlated with masculinity norms.

Method and Materials

Participants.

Participants were 42 Australian (M = 22.83 years, SD = 2.49) and 32 Chinese (M = 22.41 years, SD= 1.52) male nationals recruited on the premises of a university campus in Melbourne, Australia.

Measures used.

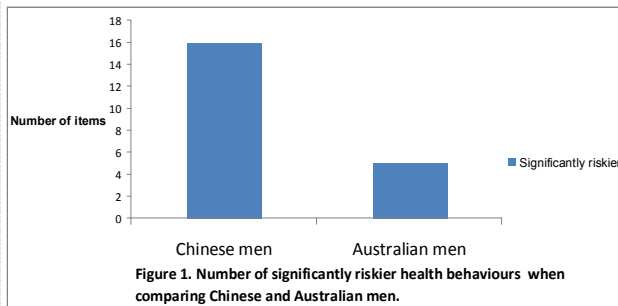
The Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003) was administered to measure the extent to which participants conformed to masculine norms.

Health risk behaviours and beliefs were assessed using a 48-item health questionnaire developed by Courtenay, McCreary and Merighi (2002).

Results

Differences in risky health behaviours due to nationality.

The hypothesis that risky health behaviours would differ based on nationality was supported. Independent sample t-tests revealed that Chinese men had significantly more risky scores on 16 items when compared with Australian men. In contrast, Australian men reported significantly more risky behaviours on only five items. See Figure 1 below for a graphic representation of the differences.



The risky health behaviours and beliefs that Chinese men were more likely to report can be grouped into the categories of: Diet, Exercise, UV protection, Use of physical and mental health services.

For Australian men, these categories consisted of: Substance Abuse and Sexual promiscuity.

Conclusion

Chinese masculine norms less of a Health risk?

Chinese men in this study tended to indicate riskier health behaviours and beliefs on a number of items when compared to Australian men.

However, Chinese men reported far fewer risky health behaviours as being related to their masculine norm scores. Therefore, it seems that whilst Australian men in general engage in less risky health behaviours, this trend reverses the more they report endorsing dominant masculine norms.

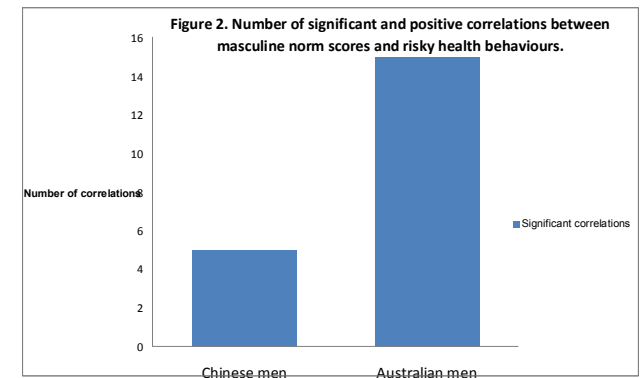
This indicates that Chinese masculine norms may be less incongruent with health promoting behaviour than those dominant in Australia.

Future research could seek to assess the validity of these findings by developing a masculine norms measure on a Chinese population, and using this to further investigate the health beliefs and behaviours of Chinese men

Results

Differences and similarities in the relationship between Masculine norm conformity and Health behaviours.

The results supported the hypothesised that nationality would effect the correlations between health behaviour and masculinity. Pearsons r correlations showed that whilst there were five significant correlations between masculine norm scores and risky health behaviours for Chinese men, for Australian men these totalled 15. This indicates that endorsing masculine norms have a greater impact on Australian mens health risks than for Chinese men. See Figure 2 below for a graphic representation of the differences.



The risky health behaviours that masculinity seems related to can be grouped into the following categories for Chinese men: Tobacco and illicit drug use and External attribution of blame for bad health outcomes.

For Australian men, these categories consisted of: Tobacco and illicit drug use, Alcohol consumption, Violence, Dangerous driving and Emotional restrictiveness.

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