

## INTEGRATIVE REVIEW OF LITERATURE ON MASCULINITY, HEALTH SERVICE UTILIZATION AND HEALTH OUTCOMES

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### Abstract

**Aim:** To explore and analyze the academic literature on how being an Asian male of specific ethnic group intersects with other psychosocial parameters in informing their health seeking behavior. To fulfill this aim, factors affecting health seeking behavior and health service utilization of men from various ethnic backgrounds has been reviewed.

**Methods:** Whittemore & Knafel's framework (2005), was utilised in drawing out empirical studies focusing on patterns of health help seeking among Asian men and what informed and influenced their health help seeking behaviour. The STARLITE framework was used to assist further in the systematic reporting of the literature search.

**Findings:** After thorough assessment, 12 papers met criteria for inclusion in the review. Three themes were identified, namely: the importance of being healthy to conform with masculine cultural norms and responsibilities; the intersect of age masculinity and their influence on patterns of health help seeking; and finally, reasons for accessing healthcare services including the role played by the level of understanding of symptoms and perceived level of severity and the stigma attached to health problems in deterring or promoting health help seeking.

**Conclusions:** It can be concluded that with ethnicities, comes culture. Culture influences men's views about their role what is regarded as important attributes of being a man, the context in which men view masculinity, their degree of comfort and sensitivity in talking to friends or a GP regarding an existing medical and their prospective concerns on what they might have or psychological problem and the appropriateness of help seeking. It was also found that the influence of masculinity is mediated by other social and psychological factors. Age, level of knowledge, cultural ideals and adherence to masculinity are factors that men take into account in making decision to access health care. Furthermore, the idea of how men seek health help and use healthcare services are highly context dependent. Results vary across different time, context and settings.

**Key words:** masculinity, health seeking behaviour, health service utilisation, health outcomes

## Introduction

There has been a remarkable surge of research interest in the field of men's health since the mid 1980s. We have moved from being in a state of near silence on this subject to it now being regarded as an important issue for research and also policy making and healthcare providers (Baker, 2001; David Wilkins & Savoye, 2009). The scope of interest in men's health has extended from an initial focus on sexual and urological health to issues concerning men's psychological and social well being. This broadening of interest and concerns has created fertile territory for the investigation and understanding of men's health.

A number of factors have stimulated and resourced this interest including: the increasing availability of epidemiological data showing significant gender inequalities in health; and, emerging theory and evidence about the relationship of masculinities and health.

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Epidemiological data has shown that across the globe men tend to have a lower life expectancy and poorer health outcomes in comparison to women (Gollogly, 2009) and indeed pre-natal mortality is greater amongst male babies (Kraemer, 2000). It has also been shown that men behave differently from women in terms of the awareness to health and how they use health services (Cecil, Mc Caughan, & Parahoo, 2010). Men are more likely than women to engage in behaviours that have been shown to increase the risk of morbidity, injury, and mortality. Men also often decline to take part in health-promoting activities (Courtney, 2000; Moore, 2008) and use health services less frequently than women (McEvoy & Richardson, 2004; Moore, 2008; Richardson, 2004) and even if they do visit their doctor it tends to be later in the course of a condition leading to poorer health outcomes (Doyal, 2001).

Explanations for these disparities in outcomes and behaviour have included both the biological and social. For example, Kramer (Kraemer, 2000), Brittle & Birs (Brittle & Birs, 2007) posited that the genetic fragility of XY chromosome combination and the male hormone "testosterone" accounts for

shorter life expectancy for men and their poor health outcomes. However, it has been argued that biological explanations are insufficient to explain the disparity and that they largely reflect the complex interaction between biology, gender and sociocultural influences (Robertson, 2007). Robertson (Robertson, 2008) has argued that rather than focusing on genetic fragility, research should focus on how men experience health and illness. As a result, now we have seen an increasing body of empirical research demonstrating significant consequences to men's health as an outcome of their adherence to certain socially constructed and gendered behaviour and norms (Addis & Mahalik, 2003; Courtney, 2000; Rosaleen O'Brien, Hunt, & Hart, 2005) (Kimmel, 1994).

In the West, the norms surrounding masculinity include the idea that men should conform to a hegemonic masculine identity which requires them to be healthy, strong and self-sufficient, (Connell, 2005). Hegemonic masculinity explains how sharing concerns about health and personal issues is viewed as a sign of weakness (Courtney, 2000; Galdas, Cheater, & Marshall, 2007; Rosaleen O'Brien et

al., 2005) and men worry that by doing so, it may result in them being labelled as "less of a man" (Robertson & Williams, 1998) (García-Calvente et al., 2012) (Hennessy & Mannix-McNamara, 2014).

It has been proposed that this masculinity conceived of as a socio-cultural norm is unhealthy and detrimental to health (Moore, 2008).

While the concept of hegemonic masculinity may account for men's poor health seeking behaviour and practices in the UK and other western countries its utility and relevance has only been tested in a limited way in other cultural contexts. Indeed any simplistic application is now starting to be critically challenged in more recent men's health research (D. Wilkins & Baker, 2004).

For example, it is less well understood how gender, ethnicity and other social determinants of health intersect and relate with to each other and subsequently inform men's health seeking behaviour and health care utilisation.

The purpose of this review is therefore to explore and analyze available research literature on how being an

Asian male of specific ethnic group intersects with other psychosocial parameters in informing their health seeking behavior. To fulfill this aim factors affecting health seeking behavior and health service utilization of men from various ethnic backgrounds will be reviewed.

## **Methods**

Guided by Whittemore & Knafel's framework (2005), an integrative review was performed drawing on empirical studies involving either qualitative and quantitative or mixed methods and focusing on *patterns of health help seeking among Asian men and what informed and influenced their health help seeking behaviour.*

A search strategy was devised to ensure the search process was focused, effective and systematic (Parahoo, 2006). The STARLITE framework, was used to assist further in the systematic reporting of the literature search (Booth, 2006). (See Table 1).

## **SEARCH OUTCOMES**

Study identification and selection were done systematically guided by

PRISMA (2009) (Figure 1), so as to ensure transparent reporting of the search method involved in this review.

An initial search revealed 111 papers but after removing duplicates and excluding papers that did not fulfilled the inclusion criteria; 30 papers were assessed as eligible for analysis. A further round of evaluation excluded 18 more studies that did not state clearly the ethnicity of its participants, reflected exclusively the views of healthcare professionals, expert opinions, reports and literature reviews were excluded. Eventually, 12 papers were identified and used in this review.

## **QUALITY ASSESSMENT AND DATA ABSTRACTION**

Included studies were assessed for quality, credibility and congruency with the aim of the review. All results from the primary studies related to Asian men's health help seeking and healthcare services utilization were extracted. These selected studies were systematically organized in a tabular form with the following headings: design and methods, participants and key findings (Table 2). Organizing the data in such manner facilitates

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NO	STARLITE COMPONENTS	DESCRIPTION
1	Sampling strategy	All papers were checked to check for its relevance to this review's research question; titles and abstract from the studies were examined and those, which did not meet the inclusion criteria, were rejected. Some titles and abstract were clear, indicating the research's question, sample and outcomes, which helped to ease and fasten the selection process. For those not clearly identified in the title nor abstract, a fuller review was done. Additionally, manual searching based on the reviewed articles reference list was also conducted.
2	Type of study	Qualitative, quantitative and mixed method studies were all included in this review.
3	Approaches	Apart from the electronic search, manual searching on 'informal' sources such as reference lists from the selected articles, also helped to get additional articles which were not listed on the database (Greenhalgh, 2006)
4	Range of years	In the attempt to maximise the outcomes, no limit in terms of the number of years of publication was set.
5	Limits	Initially, this review wanted to include only studies, which directly compares health seeking behaviour and/or health service utilisation between men of different ethnic background, particularly those from south East Asia as this is close to Brunei Darussalam and probably who have similar situation to Brunei. However, this was not very fruitful as studies on men's health seeking behaviour from Asia are still limited (Tong & Low, 2012), let alone those specifically from SE Asia. Thus, this criterion was then revised. Studies that investigate health seeking behaviour and/or health services utilisation of men from any Asian descents were also included, ensuring a much more broader comprehensive reviews.
6	Inclusion and exclusion	<p>The inclusion criteria includes:</p> <ol style="list-style-type: none"> <li>1. Studies that illuminated health seeking behaviors and practices and /or their pattern of health care service utilization or uptake of men from any ethnic background.</li> <li>2. Type of population under study: Adult men from a clearly stated ethnic background, of 18 years old above.</li> <li>3. Type of study: All types of health research namely qualitative, quantitative or mixed method research.</li> <li>4. Studies that compares men and women's health seeking behavior and/or health care services uptake and specifically mentioned their ethnic group in the study.</li> <li>5. Studies that compares health seeking behaviour of men from various ethnicity.</li> </ol> <p>The exclusion criteria employed in this study were:</p> <ol style="list-style-type: none"> <li>1. Summaries. Articles in summary form only were not included in this study.</li> <li>2. Studies that focused on specific intervention e.g. effectiveness of certain health education among different ethnicity.</li> <li>3. Studies that analyses the prevalence of certain diseases across the different ethnicity.</li> <li>4. Studies that uses men and women but findings did not specifically distinguish between both.</li> <li>5. Studies that uses various ethnic groups but did not report the findings individually, but rather generalize the finding and focus it to gender.</li> <li>6. Studies that did not clearly indicate the ethnicity of the men involved in their study.</li> <li>7. Studies that does not clearly indicate the gender of the participants involved in the study</li> <li>8. Studies that look into a specific old age health related issues such as dementia.</li> <li>9. Studies on healthcare professional's views on men health help seeking.</li> <li>10. Report and literature review</li> </ol>
7	Terms used	<p>It was found that using accurate keywords or search terms is one of the important strategies to yield relevant articles from the search process. Boolean operators 'AND', 'OR' and 'NOT' and 'wildcard' such as * were also used and found useful. They were used a such:</p> <p><b><i>"ethnic AND (men OR male) AND (health NEAR/5 (SEEKING OR BEHAVIO*R</i></b></p>
8	Electronic sources	The literature search was executed in Durham university's electronic search engine databases such as EBSCO, ASSIA, PubMed, EMBASE and OvidSP. Google Scholar was also utilized here.

Table 1: STARLITE Framework

systematic exploration of these individual studies and allows comparison between them to be made, and facilitates critical review and analysis of this literature.

## **RESULTS AND DISCUSSION**

This integrative review reports men's from various ethnic groups on their health help seeking behaviour and healthcare utilization. This include 'British South Asian (Indian, Pakistani and Bangladeshi), East Asia (Chinese, Japanese, Korean, Taiwanese) South East Asia (Malaysia, The Philippines and Vietnam).

Many of the existing studies included here were undertaken in the West and the participants were predominantly white Western men, with exception of a total of nine studies that compare White British men to British Asian (n=6) and to American Asian men (n=3). The number of studies originating from Asian countries was found to be limited in number, confined to studies conducted in China and large collaborative studies involving countries in the East and South East of Asia.

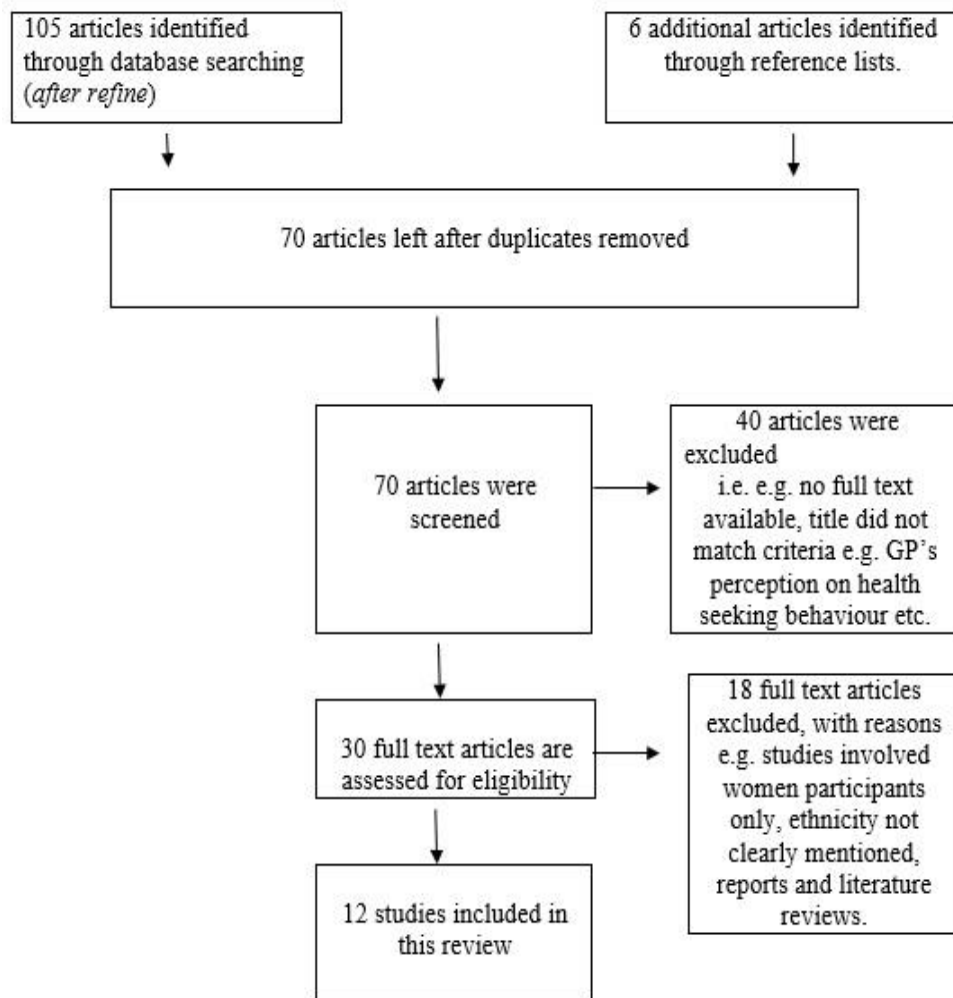
The range of health topics and conditions covered by the papers included in the review was diverse including urological problems, cardiac and psychiatric disorders. The research methods were also diverse with two studies adopting qualitative approach and ten being quantitative in design.

A critical discussion on pattern of health help seeking behaviour and health services utilization of these men from various origins and ultimately how this may affect their health outcomes is presented here. It also discusses factors and parameters that influence their health help seeking behavior and health care services utilization. Each of these factors are discussed and presented below in the form of themes.

### **THEME 1: The Importance of Being Healthy to Conform with Masculine Cultural Norms and Responsibilities**

Western studies revealed that men adherence to the ideology of ideal or known as hegemonic masculinity reflects their reluctance to seek for health help resulting in their poor health service utilisation and poor health outcomes (Chaturvedi, Rai, & Ben-Shlomo, 1997) Galdas et al.,

Figure 1: PRISMA CHART



2007), (Buckley & Ó Tuama, 2010) (Jeffries, 2012),(García-Calvente et al., 2012), (Hennessy & Mannix-Mc Namara, 2014).

In the case of experiencing chest pain, it was found that Caucasian male both in study by Chaturvedi et al (1997) and Galdas et al (Galdas et al., 2007) delayed seeking immediate care from the healthcare services. This is because the Caucasian male conforms to the traditional idea of masculinity in which health help seeking is viewed as weak (Galdas et al., 2007). Similarly, Irish men also endorsed that health help seeking is a female trait and not masculine due to the lack of self reliance (Buckley & Ó Tuama, 2010; Hennessy & Mannix-Mc Namara, 2014) Similarly, Jeffries (2012) found that the white British men also equally subscribed to this. Spanish men also shared this sentiment. In an interview aiming to compare health, vulnerability and ways of coping with illness between Spanish men and women, they found that in comparison to the women, Spanish men tend to overrate their health and hide their problems by portraying the image of being a ‘tough guy’ (García-Calvente et al., 2012). All these altogether might lead to assumption that men have stronger

health and less vulnerable to illness. This can be potentially worrying as it influences how these men would seek help and utilise the healthcare services.

All the above findings from western literature relate to mitigation against health-seeking amongst white western men. However, there are some indications this may be over-simplistic. For example a Scottish study by Douglas et al (2013)challenged the stereotypes that white men are disinterested with respect to their health. During interviews these men revealed that they are interested with their health however they often were not sure if their problem qualifies as a problem that should be taken to the GP.

Being able to fulfil masculine norms and discharge the social responsibilities associated with manhood was found to be a priority for Asian men in the studies under review. Asian men see being the breadwinner and leader who provides food and shelter for their family as important and potentially compromised by ill-health. This may be reflected in their attitude towards help seeking behaviour and high rates of attendees



to GP (Gillam, Jarman, White, & Law, 1989).

In a retrospective survey looking at ethnic differences in consulting general practice in London between 1971 to 1981 it was found that in comparison to other ethnic groups, Asian men had a much higher consultation rates (Gillam et al., 1989). However, this study did not explore the reasons for this difference. In 2007, Galdas, Cheater and Marshall, found that in comparison to the White British men, South Asian men showed a greater willingness to seek medical help. They found that the South Asian men considered seeking help is important and acceptable particularly in the case of experience of chest pain so as to avoid unwanted complications. These South Asian men drew attention to the importance of being male responsibility for the family and regarded health help-seeking as a means of avoiding compromising their ability to discharge this responsibility.

The importance to Asian men of looking after the family is further evidenced by a big scale questionnaire survey involving 5134 men from five Asian countries namely China, Japan, Korea, Malaysia and Taiwan. This

study found that generally participants considered ability to earn money and looking after family, as the most important attributes of masculinity and therefore protecting their health was important to them (Ng, Tan, & Low, 2008).

There are also two studies showing that strong support from family members reduces health help seeking. This was particularly the case amongst Asian men. According to the UK based qualitative study involving 409 Asian and 7401 White men, despite all of these men reported feeling bothered with the symptoms of their urinary problem, help seeking was noticeably low among the South Asian men (Taylor, McGrother, Harrison, & Assassa, 2006). It was anticipated that family support received by the South Asian men accounted for this differences. This claim was justified based on the knowledge that most South Asian households are significantly larger, with most having an extended family therefore it is assumed that they have better social support networks and do not need help from outside. However, it can also be further argued that the type and nature of symptoms and knowledge about them may also influence their

reluctance to visit their GP. Issues surrounding discomfort, embarrassment, fear, anxiety and lack of knowledge on its severity, also influences their judgement on the necessity to visit their GP for symptoms related to urinary problem. However, until these claims are properly investigated, this cannot be confirmed.

This findings also resonate with an earlier study by Nicolossi et al (Nicolosi, Glasser, Kim, Marumo, & Laumann, 2005), whereby it was found that most urban men aged 40 – 80 in China, Taiwan, South Korea, Japan, Thailand, Singapore, Malaysia, Indonesia and the Philippines, suffering from sexual dysfunction did not seek for help from their GP but rather turned to their family instead. However, it must be note that this study was undertaken in an urban area whereby, it can be assumed that these men may be more open, more educated and modern in their way of thinking and therefore not averse to sharing their problem with their family. This is because culture and types of presenting symptoms is an essential factor in determining whether men are willing to discuss it with their family members or not. This altogether

will influence their decision or who to turn to for help.

## **THEME 2: THE INTERSECT OF AGE MASCULINITY AND THEIR INFLUENCE ON PATTERNS OF HEALTH HELP SEEKING**

Zhang, Yu, He & Jin (2014) suggest that the influence of masculine role as broadly conceived above, is mediated in important ways by age and life course. This study involving a large survey of Chinese men (N= 2693) recruited from an Outpatient clinic treating cases of erectile dysfunction revealed that unlike the younger patients, older Chinese men would seek help from their doctor before they tried anything else. Interestingly, this study found that in comparison to older participants who would turn to their GP, the younger ones identified the Internet as their first point of reference for information and advice regarding any health issues.

Whilst greater digital literacy amongst younger men may be factor here it may also be that older men tend to re-think and modify certain concepts and/or practices that are traditionally seen as masculine(R. O'Brien, Hunt, & Hart,

2007). Simply put, this means that the older a man gets, the more likely his is to seek medical help because of the increased impact of ill-health (García-Calvente et al., 2012). This explanation is reflected in a study by Galdas et al (Galdas et al., 2007) whereby man revealed that once help-seeking was in part determined by reaching their pain threshold and tolerance for discomfort, therefore when men experienced pain that is way too much for them to handle they would compromise their practices and belief about seeking health help.

### **THEME 3: REASONS FOR ACCESSING HEALTHCARE SERVICES**

Western literature involving White men found that most men required strong reasons and, 'push' factors in order to trigger help-seeking, otherwise they would regard such help-seeking as 'weak' (Galdas et al., 2007), a female trait (Buckley & Ó Tuama, 2010; García-Calvente et al., 2012; Hennessy & Mannix-Mc Namara, 2014; Jeffries, 2012) or have concerns about wasting doctors' time (Douglas et al., 2013).

However, this was not found to apply to Asian men. The following are two

factors that encourage Asian men to seek health help or otherwise are as follows:

#### ***1- Understanding of symptoms and perceived level of severity***

Availability of knowledge or its absence regarding a particular health problem can influence men to seek or not seek help from healthcare services.

It was found that having a lack of awareness of their problem or a belief that it is not a medical problem militated against consulting with a doctor. This was shown in two studies looking at health seeking behaviour among men with sexual dysfunction namely by Zhang, Yu & Jin (2014) and by Nicolosi et al (2005). Zhang, Yu, He & Jin (2014) found that majority of the Chinese men actually think that erectile dysfunction is not serious hence the reason for not seeking help.

Similar views were also expressed among the Asian men and women in a study involving urban residents in countries including China, Taiwan, South Korea, Japan, Thailand, Singapore, Malaysia, Indonesia and the Philippines (Nicolosi et al., 2005). The participants in this study shared that

they do not consider erectile dysfunction as a health problem and therefore do not see the need to go to the hospital.

Thinking or perceiving that something is dangerous or if it comes with persistent symptoms was found to be the biggest factor to influence men to seek health help. When an illness manifests itself in physical symptoms, this would trigger men to think about the possible underlying health problem.

Galdas, Cheater & Marshall (2007), found that the Indian and Pakistani men would seek immediate medical help in the episode of experiencing chest pain, believing it maybe dangerous, if getting help were to be delayed. These South Asian men find it is gender appropriate to seek health help.

### ***2- stigma attached to health problem as deterrent to seeking help.***

It was found that where a health condition is stigmatised, potentially this can be a legitimise reason for men not to go to seek for help. This applies particularly with problems such as mental illness and infertility.

Asian men in particular viewed accessing mental health services negatively. Three identified studies shared a common finding that Asian men reported low levels of psychological health help seeking patterns in comparison to any other ethnicity (Huang et al., 2012; Soorkia et al., 2011; Vogel, Heimerdinger-Edwards, Hammer, & Hubbard, 2011).

A study investigating factors influencing attitudes towards seeking professional psychological help among South Asian students in Britain was conducted in 2012 (Soorkia, Snelgar, & Swami, 2011). This quantitative study utilizes four Likert type scale questionnaires, namely Attitudes towards seeking professional psychological help scale, Asian values scale, Cultural Mistrust Inventor and finally Multi group Ethnic identity measure. This study revealed that greater adherence to Asian values as portrayed in the Asian Value scale questionnaire was negatively associated with attitudes towards psychological help seeking. Not shaming one's family is important for Asian men and therefore, seeking help especially concerning psychological help can be a source for that (Yang, Phelan, & Link, 2008). This is because

of the stigma associated with mental illness (Bradby et al., 2007).

Interestingly, fear of stigma due to mental health issue was not only shared by the affected men only but also their friends and family members (Vogel, Wester, Hammer, & Downing-Matibag, 2014). Further, the findings show that the reason behind unwillingness to help-seek is due to their belief that it goes against the traditional male gender role stereotypes, whereby men do not talk to other men about emotional issues. This points to the issue of the sensitivity of services to gender differences and particularly men's needs and concerns. The existing National Health Service (NHS) psychological service, ranging from the health professionals which is heavily female dominated, the different therapies they offered which are generalised and not necessarily applicable to men and also their opening hours (Morison, Trigeorgis, & John, 2014). Most men in mental health setting would be offered emotion focussed intervention e.g. psychotherapy, this may not align well with masculine role precluding men from sharing their feelings with others and therefore the use of counselling

services may be negatively accepted by men (Good & Wood, 1995).

## **RECOMMENDATION FOR FUTURE RESEARCH**

More research looking into the way men seek for health help and their pattern of engagement with healthcare services is needed particularly those looking at men from various cultural and ethnic background. It was found that culture plays a big part in influencing men's health help seeking behaviour.

No studies on this has ben done in Brunei Darussalam, despite the worrying epidemiological evidences and statistics showing Bruneian men in general have shorter life expectancy and died more from non communicable diseases, which is arguably treatable and preventable with good health awareness and early detection and treatment. Perhaps this worrying statistics reflects Bruneian men's health help seeking behaviour and attitude towards the engagement with our healthcare services. Only assumption can be made, until a study is done. Hence, I am looking into this area i.e. health help seeking behaviour and health care utilization among Bruneian men for my PhD at Durham

University, UK. It is hoped that the findings could benefit and guide policy makers in developing health programs that would be attractive to our Bruneian men, which consequently will help to increase their health awareness and instill a much more positive health help seeking behaviour amongst Bruneian men. This will indirectly help us to realise the Ministry of Health vision 2035.

## CONCLUSION

By utilising Whitemore & Knafel's framework (2005), 12 papers were included in this review. The STARLITE framework, was used to assist further in the systematic reporting of the literature search.

Three themes were identified, namely the importance of being healthy to conform with masculine cultural norms and responsibilities, the intersect of age masculinity and their influence on patterns of health help seeking and finally, reasons for accessing healthcare services which includes the level of understanding of symptoms and perceived level of severity and stigma attached to health problem as deterrent to seeking help

It can be concluded that with ethnicities, comes culture. Culture influences men's views about their role and important attributes as a man, the context on how men views masculinity, their degree of comfort and sensitivity in talking to friends or a GP regarding an existing medical or psychological problem and the appropriateness of help seeking.

It was also found that the influence of masculinity is mediated by other social and psychological factors. Age, level of knowledge, cultural idea and adherence to masculinity are factors that men take into account in making decision to access health care. Further, it has been shown that the idea of how men seek health help and use healthcare services are highly context dependent. Results vary across different time, context and settings.

## References

- Addis, M. E., & Mahalik, J. R. (2003). Men, masculinity, and the contexts of help seeking. *American Psychologist*, 58(1), 5–14. doi:10.1037/0003-066X.58.1.5
- Baker, P. (2001). The international men's health movement. *British Medical Journal*, 323(November), 1014–1015.

- Booth, An. (2006). ““Brimful of STARLITE””: toward standards for reporting literature searches. *Journal of the Medical Library Association, 94*(4), 421 – 429.
- Bradby, H., Varyani, M., Oglethorpe, R., Raine, W., White, I., & Helen, M. (2007). British Asian families and the use of child and adolescent mental health services: a qualitative study of a hard to reach group. *Social Science & Medicine, 65*(12), 2413 – 2424. doi:10.1016/j.socscimed.2007.07.025
- Brittle, C., & Birs, C. E. (2007). *Literature review on effective sex - and gender: gender - based systems / models of care produced for the office on women' s health* (Vol. 22203). Arlington, Virginia: Uncommon Insights, LLC. Retrieved from [http://www.drexelmed.edu/documents/whp/bulletinboard/owh\\_report.pdf](http://www.drexelmed.edu/documents/whp/bulletinboard/owh_report.pdf)
- Buckley, J., & Ó Tuama, S. (2010). “I send the wife to the doctor”- Men’s behaviour as health consumers. *International Journal of Consumer Studies, 34*(5), 587–595. doi:10.1111/j.1470-6431.2010.00908.x
- Cecil, R., Mc Caughan, E., & Parahoo, K. (2010). “It’s hard to take because I am a man’s man’: an ethnographic exploration of cancer and masculinity. *European Journal of Cancer Care, 19*, 501–509. doi:10.1111/j.1365-2354.2009.01085.x
- Chaturvedi, N., Rai, H., & Ben-Shlomo, Y. (1997). Lay diagnosis and health-care-seeking behaviour for chest pain in south Asians and Europeans. *Lancet, 350*(9091), 1578–83. doi:10.1016/S0140-6736(97)06243-0
- Connell, R. W. (2005). Hegemonic Masculinity: Rethinking the Concept. *Gender & Society.* doi:10.1177/0891243205278639
- Courtney, W. H. (2000). Constructions of masculinity and their influence on men’s well-being: a theory of gender and health. *Social Science & Medicine (1982), 50*(10), 1385–401. doi:10.1016/S0277-9536(99)00390-1
- Douglas, F. C. G., Greener, J., van Teijlingen, E., & Ludbrook, A. (2013). Services just for men? Insights from a national study of the Well Men Services Pilots. *BMC Public Health, 13*, 425. doi:10.1186/1471-2458-13-425
- Doyal, L. (2001). Sex, gender, and health: the need for a new approach. *BMJ (Clinical Research Ed.), 323*, 1061–3. Retrieved from <http://search.epnet.com/login.aspx?direct=true&nhttp://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1121552&tool=pmcentrez&rendertype=abstract>
- Galdas, P., Cheater, F., & Marshall, P. (2007). What is the role of masculinity in white and South Asian men’s decisions to seek medical help for cardiac chest pain? *Journal of Health Services Research & Policy, 12*(4), 223–9. doi:10.1258/135581907782101552
- García-Calvente, M. D. M., Hidalgo-Ruzzante, N., Del Río-Lozano, M., Marcos-Marcos, J., Martínez-Morante, E., Maroto-Navarro, G., ... Gil-García, E. (2012). Exhausted women, tough men: a qualitative study on gender differences in health, vulnerability and coping with illness in Spain. *Sociology of Health & Illness,*

- 34(6), 911–26.  
doi:10.1111/j.1467-9566.2011.01440.x
- Gillam, S. J., Jarman, B., White, P., & Law, R. (1989). Ethnic differences in consultation. *British Medical Journal*, 299(October), 953–957.
- Gollogly, L. (2009). *World health statistics*. Geneva. Retrieved from [http://www.who.int/gho/publications/world\\_health\\_statistics/EN\\_WHS09\\_Full.pdf](http://www.who.int/gho/publications/world_health_statistics/EN_WHS09_Full.pdf)
- Good, G., & Wood, P. (1995). Male gender role conflict, depression, and help seeking: do college men face double jeopardy? *Journal of Counselling and Development*, 74., 70–75.
- Greenhalgh, T. (2006). *How to Read a Paper: The Basics of Evidence-based Medicine* (3rd Edn.). Oxford: Blackwell Publishing.
- Hennessey, M., & Mannix-Mc Namara, P. (2014). Gendered perspective of men's health and health seeking: implications for public health and health promotion. *International Journal of Medical and Health Sciences Research*, 1(2), 13–28.
- Huang, B., Appel, Hoa, B., Nicdao, Ethel, G., Daniel, Hyung, J., Lee, D., & Ai, amy, L. (2012). Chronic conditions, behavioral health and use of health services among Asian American men: the first nationally representative sample. *American Journal of Men's Health*, 7(1), 66–76.
- Jeffries, M. (2012). "Oh, i'm just, you know, a little bit weak because i'm going to the doctor's: Young men's talk of self referral to primary healthcare services. *Psychology & Health*, 27(8).
- Kimmel, M. S. (1994). Masculinity as homophobia: fear, shame, and silence in the construction of gender identity. In H. Brod & M. Kaufman (Eds.), *Theorizing Masculinities* (pp. 119–141). California: Sage Publications Ltd.
- Kraemer, S. (2000). The fragile male. *British Medical Journal*, 321(7276), 1609–1612.
- McEvoy, R., & Richardson, N. (2004). *Men's Health in Ireland: A Report From the Men's Health Forum in Ireland*. Belfast.
- Moore, S. E. H. (2008). *Gender and the new paradigm of health. Sociology Compass*. Oxford: Blackwell Publishing.
- Morison, L., Trigeorgis, C., & John, M. (2014). Are mental health services inherently feminised? *Male Psychology*, 27(6), 414–416.
- Ng, C. J., Tan, H. M., & Low, W. Y. (2008). What do Asian men consider as important masculinity attributes? Findings from the Asian Men's Attitudes to Life Events and Sexuality (MALES) Study. *Journal of Men's Health*, 5(4), 350–355. doi:10.1016/j.jomh.2008.10.005
- Nicolosi, A., Glasser, D. B., Kim, S. A. E. C., Marumo, K. E. N., & Laumann, E. O. (2005). Sexual behaviour and dysfunction and help-seeking patterns in adults aged 40-80 years in the urban population of Asian countries. *BJU International*, 95(4), 609–14. doi:10.1111/j.1464-410X.2005.05348.x
- O'Brien, R., Hunt, K., & Hart, G. (2005). "It's caveman stuff, but that is to a certain extent how guys still operate": men's accounts of masculinity and help seeking. *Social Science & Medicine* (1982), 61(3), 503–16.



- doi:10.1016/j.socscimed.2004.12.008
- O'Brien, R., Hunt, K., & Hart, G. (2007). Standing out from the nerd: men renegotiating masculinity in relation to their experience of illness. *International Journal of Men's Health*, 6(3), 178 – 200.
- Parahoo, K. (2006). *Nursing research: principles, process and issues* (2nd Edn.). Hampshire: Palgrave Macmillan.
- Richardson, N. (2004). *Getting inside men's health*. South Eastern Health Board. Retrieved from [www.healthpromotion.ie](http://www.healthpromotion.ie)
- Robertson, S. (2007). *Understanding men and health: masculinities, identity and well being*. Berkshire: McGraw - Hill.
- Robertson, S. (2008). *Theories of masculinities and men's health-seeking practices*. Nowhere Man Press.
- Robertson, S., & Williams, R. (1998). Working with men: a theoretical base for meeting their needs. *Community Practitioner: The Journal of the Community Practitioners' & Health Visitors' Association*, 71(9), 286–288.
- Soorkia, R., Snelgar, R., & Swami, V. (2011). Factors influencing attitudes towards seeking professional psychological help among South Asian students in Britain. *Mental Health, Religion & Culture*, 14(6), 613–623.
- Taylor, J., McGrother, C. W., Harrison, S. C. W., & Assassa, P. R. (2006). Lower urinary tract symptoms and related help-seeking behaviour in South Asian men living in the UK. *BJU International*, 98(3), 605–9. doi:10.1111/j.1464-410X.2006.06377.x
- Tong, S. F., & Low, W. Y. (2012). Public Health Strategies to Address Asian Men's Health Needs. *Asia-Pacific Journal of Public Health*, 24, 543–555. doi:10.1177/1010539512452756
- Vogel, D. L., Heimerdinger-Edwards, S. R., Hammer, J. H., & Hubbard, A. (2011). “Boys don't cry”: examination of the links between endorsement of masculine norms, self-stigma, and help-seeking attitudes for men from diverse backgrounds. *Journal of Counseling Psychology*, 58(3), 368–82. doi:10.1037/a0023688
- Vogel, D. L., Wester, S. R., Hammer, J. H., & Downing-Matibag, T. M. (2014). Referring men to seek help: The influence of gender role conflict and stigma. *Psychology of Men & Masculinity*, 15(1), 60–67. doi:10.1037/a0031761
- Whittemore, R., & K. Knafl. (2005). The integrative review: updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553.
- Wilkins, D., & Baker, P. (2004). *Getting it sorted: a policy programme for men's health*. London.
- Wilkins, D., & Savoye, E. (2009). *Men's health around the world a review of policy and progress*. Brussels. Retrieved from <http://www.mhfs.org.uk/documents/EMHF-IMHPR-final.pdf>
- Yang, L. H., Phelan, J. C., & Link, B. G. (2008). Stigma and beliefs of efficacy towards traditional chinese medicine and western psychiatric treatment among Chinese-Americans. *Cultural Diversity and Ethnic Minority*

- Psychology.*, 14, 10–18.
- Zhang, K., Yu, W., He, Z.-J., & Jin, J. (2014). Help-seeking behavior for erectile dysfunction: a clinic-based survey in China. *Asian Journal of Andrology*, 16(1), 131–5. doi:10.4103/1008-682X.122350

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NO	AUTHORS	TITLE & DESIGN	SAMPLE	INSTRUMENTS/ TOOLS	ANALYSIS	FINDING/RESULT
1	Vogel & Wester (2014)	Referring men to seek help: The influence of gender role conflict and stigma.  <b>Design:</b> Quantitative	N= 216 male college students in Psychology or communication classes at a large Midwestern university.  <b>Breakdown:</b> n= 85% European American n= 3% Asian American n= 3% Latino American n= 3% multiracial American n= 2% African American or Black n= 1% native American n= 3% other international students.	Questionnaires which includes: (1) 16 items Gender Role Conflict Scale (measures negative cognitive, emotional and behavioral consequences associated with male gender role socialization). (2) 12 items Stigma using the Perceived Devaluation-Discriminations scale (3) 7 item measure assessing willingness to encourage others to talk about mental health issues or seek mental health services.	Statistical analysis was performed.	Men are unlikely to refer friends and family members to mental health service because it go against the traditional male gender role stereotypes regarding men talking to other men about emotional issues.  Men who show greater restricted emotionality were less willing to refer friends and family members experiencing mental health concern to seek treatment. Likewise men who endorsed greater stigma in relation to mental health issue would also very unlikely to refer friends and family members to seek for help.
2	Zhang, Yu, He, & Jin (2014)	Help seeking behavior for erectile dysfunction (ED): a clinical based survey in China  <b>Design:</b> Quantitative	2693 Chinese men.	Out patient Clinic based questionnaire survey of ED patients. Questionnaire needs to be done while they were at the clinic. This survey was conducted face to face with the clinicians collecting the data.	SPSS version 16.0	Age: Older patients claimed that they would first seek help from physician unlike young ED patients, whom would first go to internet. Perceived severity also plays factor – most perceived ED is not serious hence, not seeing their physician.  Culture: unlike Western men, Chinese men would first refer to their physician /internet before talking to their partners as they regarded men talking to their partners about sexual problem as in adequate – “having no self confidence as a man” (Pg. 132).

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3	Huang, Appel, Nicdao, Daniel Lee & Ai (2012)	Chronic conditions, behavioral health and use of health services among Asian American men: The first nationally representative sample.	Nationally representative sample of =998 from National Latino and Asian American Study (2002 – 2003). Breakdown: n= 284 Chinese n= 235 Filipino n= 243 Vietnamese n= 236 other	Self reported questionnaire on the following: Chronic conditions Behavioral and drug and substance use. Mental health issue based on DSM-IV. Service seeking frequency including mental health service use and visits to physician and mental health professionals.	SPSS version 18.0	No ethnic subgroups differences in most of the physical and chronic conditions except for hay fever, arthritis, asthma and blood pressure.  Health seeking behaviors varied among the various ethnic groups but overall Asian Americans man reported low levels of health care seeking patterns. This could be due to distrust or stigma attached to seeking services (Boey, 1997), lack of English proficiency (Li et al , 1999) and culturally insensitive providers (Sue et al , 1991).
4	Soorkia, Snelgar & Swami (2011).	Factors influencing attitudes towards seeking professional psychological help among South Asian students in Britain.	N= 148 (81 women, 67 men). All participants were born and raised in Britain. Breakdown: 41.9% Indian, 20.8% Pakistani 6.8% Bangladeshi 30.4% other South Asian descent.  Breakdown in terms of religion are as follows: 45.9% Hindus, 36.5% Muslims 6.1% Christians 11.5% other religious affiliation.	Questionnaire which comprises: (1) Attitudes towards seeking professional psychological help scale – 29 items rated on a 4 point Likert type scale (2) Asian values scale – 36 items rated on 7 point Likert type scale (3) Cultural Mistrust Inventory- 46 items rated on a 10 points Likert type scale. (4) Multi group Ethnic identity measure – 12 items rated on a 4 point Likert type scale (5) Demographics	SPSS Version 16.0	South Asian men and women in this study reported negative attitudes towards seeking psychological help. Women are more positive towards seeking psychological help than men. Greater adherence to Asian values was negatively associated with attitudes towards psychological help seeking. This is likely due to shame and stigma associated with mental illness and psychological help seeking amongst South Asian (Bradby et al, 2007).

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5	Vogel, Heimerdinger-Edwards, Hammer & Hubbard (2011)	<p>“Boys don’t cry’: Examination of the links between endorsement of masculine norms, self stigma and help seeking attitudes for men from diverse background.</p> <p><b>Design:</b> Quantitative</p>	<p>Men recruited via internet websites.            N= 4,773 ranged in age from 18 to 79.            Breakdown:            n= 3,471 European American            n= 479 Asian American            n= 348 Latino American            n= 226 African American            n= 192, Multi racial            n= 27 native Americans            n= 30 did not indicate their ethnicity.</p>	<p>Questionnaires, which were completed online. These comprises:            - Conformity to dominant masculine gender role norms.            - Self-stigma of seeking helps scale.            - Attitudes towards seeking professional psychological help scale.            -Centre of epidemiological studies of depression scale.</p>	<p>Quantitative data analysis.</p>	<p>Differences were found among ethnic groups of men.</p> <p>Conformity to dominant masculine norms-stigma relationship was weaker for African American then for European American men. Men of color often marginalized from hegemonic European American culture, and create tension between dominant and culture of origin gender role (Wester, 2008). Thus, they identified less with certain dominant cultural views of masculinity and instead define their masculinity by their own cultural values. Asian American also shares the similar findings with African American men, as they adopt their own set of unique masculine ideas.</p>
6	Ng, Tan & Low (2008)	<p>What do Asian men consider as important masculinity attributes? Findings from the Asian Men’s Attitudes to Life Events and Sexuality (MALES) Study.</p> <p><b>Design:</b> Quantitative, cross sectional</p>	<p>5 Asian countries participated (China, Japan, Korea, Malaysia and Taiwan), involving 10,934 men aged 21 -75 years old</p>	<p>Computer assisted telephone interviews and street interceptions were used. Standardized questionnaire based on MALES study was used.</p>	<p>Qualitative, statistical analysis method</p>	<p>Findings vary across the 5 countries, which reflected the ‘heterogeneity’ of the Asian population but overall, Career, honor, Control, Family and all cited Money as most important.</p>
7	Galdas, Cheater and Marshall (2007)	<p>What is the role of masculinity in South Asian men’s decisions to seek medical help for cardiac chest pain?</p> <p><b>Design:</b> Qualitative</p>	<p>Participants were theoretically sampled by age, socioeconomic status, ethnicity, experience of chest pain and route taken to access to health care services.            N= 56 men comprises White (n=36), Indian (Sikh n= 5 and Hindu n= 3) and Pakistani (Muslim n= 12)</p>	<p>Interviews were conducted in English using semi structured interview guide at participant’s hospital bedsides.</p>	<p>Interviews were audio recorded, transcribed verbatim and imported into QSR Nvivo v4.0. Data were analyzed using three stage coding process in accordance to Grounded Theory.</p>	<p>Men’s ethnicity and culture influence their representation of masculinity and further shaped men’s medical help seeking response to chest pain. Ability to tolerate pain and discomfort was valued as masculine attribute to white men but not by the Indian and Pakistani men. South Asian men find it is gender appropriate to seek health help unlike the white men as they seen it as weak.</p> <p>For the South Asian, wisdom, education and responsibility for the family and their own health are</p>

					important masculine attributes. This all together contributes to greater willingness to seek medical help.	
8	Taylor, Mcgrother, Harrison, Assassa & The Leicestershire MRC Incontinence Study Team (2006).	Lower urinary tract symptoms and related help seeking behavior in South Asian men living in the UK.  <b>Design:</b> Quantitative.	7810 men were included. Out of this, 409 were Asian, 7401 are White men.	Participants were sent a postal questionnaire addressing urinary symptoms, bother and help seeking.	- Prevalence rates of self reported lower urinary tract symptoms were compared on the basis of the Office of Population Censuses and Surveys ethnic classifications. - Logistic regression was used to estimate the relative risk of symptoms between groups.	-Symptoms were significantly higher in Asian men. - Reported levels of bother were the same in both population groups, but actual help seeking was significantly less in Asian groups which could probably be due to social influence. It could either be because of the extended family that most Asian people have in the UK, they tend to receive more support from their family, although there is evidence that this is not the case.  Also cultural differences play a role in the case of urinary symptoms in determining men's willingness to discuss symptoms with family members or others. 25% of the South Asian said they actually had sought help in comparison to the 53% of the white men who had sought for help (p=0.001).
9	O'Brien, Hunt & Hart (2005) Design: Qualitative	"It's a caveman's tuff, but that is to a certain extent how guys still operate: men's accounts of masculinity and help seeking  <b>Design:</b> Qualitative	N=55 men. Asian men n=4. Scottish men n=51.	14 focus groups were conducted. Out of this 1 FG were a group of Asian men. Diversity sought in samples by age, occupation, socioeconomic background and current health status	Focus groups were audio recorded and transcribed verbatim. These transcripts were read and analyzed to look for themes. Discussions were done among the team to agree on themes.	It endorses 'hegemonic ideology of masculinity especially among younger men in the study. Some instances its view as acceptable to seek for help especially when it is perceived as a means to preserve or restore another e.g. For work – fire fathers (need to be fit to retain work), or maintaining sexual performances, common to those with prostate cancer Men with sexual health problem rather consult their GP than put it in a greater jeopardy by not able to have sex.

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10	Nicolosi, Glasser, Kim, Marumo & Laumann (2004).	Sexual behavior and dysfunction and help seeking patterns in adults aged 40 – 80 years in the urban population of Asian countries.	N= 6700, comprises n=3350 men n= 3350 women with response rate of 27%.	Random population survey was carried out among urban residents aged 40 – 80 years in China, Taiwan, South Korea, Japan, Thailand, Singapore, Malaysia, Indonesia and the Philippines.	Qualitative analysis was presented in forms of percentages and graphs.	<p>-Several sociocultural factors appear to be preventing individual from seeking medical help for sexual dysfunction problem. This applies for both men and women.</p> <p>-Most of sexually active men and women sought no help or advice for their problem.</p> <p>- Southeast Asian countries reported making use of family/social support.</p> <p>- Lack of perception of their problem or belief that it is not a medical problem causing men and women for not consulting doctor in all countries.</p>
		<b>Design:</b> Quantitative				
11	Chaturvedi, Rai & Ben-Shlomo (1997). Design: Quantitative	Lay diagnosis and health care seeking behavior for chest pain in South Asian and Europeans	2000 people were randomly selected from GP's list in London to receive 2 sets of questionnaires, 1 questionnaire each time. Eventually only 903 responded. n=553 were European origin (237 men, 316 were women), n=124 Hindu (52 men, 72 women), n= 235 were Sikh (110 men, 125 women).	2 sets of questionnaire. 1 <sup>st</sup> questionnaire – scenario of a man with angina pain was given and respondents were asked how they would react if they were experiencing the same. 2 <sup>nd</sup> questionnaire- medical history, attitudes to health and demography.	Quantitative data analysis was carried out and result was presented in forms of statistical information.	<p>- It was found that South Asian was more anxious about the pain than would the European.</p> <p>- 55/553 (23%) European men, 20/124 (38%) Hindus, and 52/235 (47%) Sikh men said they would seek immediate care. Of women, 24%, 35%, 46%, respectively (both men and women). This basically means that Hindus and Sikh were reported to have a greater likelihood of seeking immediate care for angina symptoms than European.</p>
12	Gillam, Jarman & Law (1989)	Ethnic differences in consultation rates in urban general practice.	Patients registered with the practice in London Borough of Brent during the 23 months to April 1981 who accounted for 67 197 consultations. N= 10 877 patients.	Retrospective data from one practice were collected from the period of 1979-1981.	Quantitative analysis was conducted.	<p>Compared with other ethnic groups male Asian showed a much higher consultation rates.</p> <p>Consultation rates for mental disorders were reduced in all of immigrant descent.</p>
		<b>Design:</b> Quantitative, retrospective				