

Men's health: Exploring vulnerabilities and maximizing opportunities

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Considerable research in health psychology has focused on women and women-specific health issues, leading to health sometimes being considered a feminized domain where men are often seen as passive actors (Seymour-Smith, Wetherell, & Phoenix, 2002). Nevertheless, interest in men's health is growing and there is an ongoing debate about the advantages and risks associated with masculinity. Statistics indicate that men are at a disadvantage in terms of mortality and morbidity (Lipsky, Cannon, & Lutfiyya, 2014). For instance, life expectancy for men is lower than for women, and men are at greater risk of developing major diseases that affect both sexes (White & Cash, 2004; Ferlay et al., 2010). Such findings may be rooted in the fact that men engage more in risk behaviors such as poor dietary habits (Gough, 2007; Wardle et al., 2004), inappropriate alcohol consumption (de Visser & Smith, 2007) and smoking (Hitchman & Fong, 2011). Men engage in more physical activity, as a means to cope with stress (Davis et al., 2000). However, men tend to engage in more high-risk or aggressive sports that have a greater potential for injury and even death (Sloan, Gough, & Conner, 2010). Thus, even potential health protective behaviors may turn out to be harmful for some men.

Social constructions of masculinity may have an impact on health in terms of certain risk behaviors like heavy drinking, smoking, fighting or driving at high speed, which are considered 'manly' and part of the hegemonic masculinity (Edwards & Jones, 2009). However, contemporary notions of masculinity

suggest a more complex concept, as certain aspects might build a "masculine capital" for health (de Visser & McDonnell, 2013) or be used in health promotion. Having masculine capital implies that a man may engage in both masculine (e.g. working in jobs that ensure financial power and prestige) and nonmasculine or feminine behaviors (e.g. caring for physical appearance), the latter still being consistent with his masculine identity such as in the case of the metrosexual man (de Visser, Smith, & McDonnell, 2009). Also, one may use healthy masculine behaviors to compensate for 'manly' risk behaviors. For instance, a man may compensate for not drinking alcohol (considered a masculine risk behavior) with engagement in sports (considered a masculine health behavior). Since they are considered part of contemporary notions of masculinity, nonmasculine behaviors like caring for physical appearance may be used to promote health behavior such as healthy diet, giving up smoking, engaging in physical activity or going to medical check-ups. Ideas concerning masculinity can both make men more vulnerable and/or be protective in terms of health. For example, 'being a man' can be expressed through being strong and being caring, which can both hinder and help men (Elliot, 2015). Masculinity/femininity are evolving constructs, made more complex by the fact that they represent a continuum rather than a dichotomy. The present special issue features papers that bring out the complex interplay between masculinity and health and offer insights for further research and interventions.

The current issue

Paul Southworth (2016, this issue) applies the theory of hegemonic masculinity to the study of suicide and reviews the relevant literature on the topic. Rates of suicide and attempted suicide are highly gendered, with males being more likely to take their own lives while females being more likely to attempt suicide. The author points out that a hegemonic masculine ideal was found to be deleterious to men's mental health with traits of independence, strength and stoicism identified frequently within the suicide literature. Findings show that previous literature examined masculinity mainly as a single concept, counter to the multiple masculinities upon which the idea of hegemonic masculinity is built. Masculinity was seen as a homogenous, oppositional counterpart to femininity rather than a relational hierarchy of competing masculinities, while subordinate or marginalized masculinities were rarely considered.

Marianne Cense and colleagues (2016, this issue) present the example of the Dutch campaign *Beat the Macho*, developed to challenge boys to explore how social norms about masculinity affect their lives and which conflicts they experience due to social pressure to perform stereotypical masculine behavior. The campaign offers a good example of how masculinity norms can be challenged, changed and inform health behavior interventions.

Greg Decamps and colleagues aim to improve the understanding of muscle dysmorphia, a special form of body dissatisfaction, typically suffered by males, and associated with intense physical activity. The researchers report on the results of research conducted among a sample of male sportsmen. Implications for its prevention are discussed.

HIV rates among South Africans remain among the highest in the world. Therefore, effective health education programs aimed to protect people against STIs/HIV are urgently needed. The standard recommendation for preventing STIs, including HIV,

remain abstinence from sex, being faithful to one's partner (serial monogamy), having a limited number of life time sexual partners, consistent condom use with all partners, and both partners having an STI/HIV test with a negative test result before quitting condom use. Anam Nyembezi and colleagues (2016, this issue) describe the application of Intervention Mapping in the development of an STI/HIV health education program, which can be integrated into the traditional male circumcision practices in the Eastern Cape Province of South Africa.

Men's health starts with boys' health. Alina Cosma (2016, this issue) examines the Health Behavior in School Children (HBSC) study findings regarding the differences between boys and girls in terms of social context, health and risk behaviors and health outcomes. Recommendations for policy and practice are provided, and Cosma highlights the fact that boys represent a heterogeneous population with different strengths and vulnerabilities concerning physical and mental health.

Finally, our last paper examines the problem of what is the best way to research men and their health behaviours. Methodological aspects are important when considering how to conduct research in the domain of men's health. Katarzyna Wojnicka (2016, this issue) delineates how we can best employ qualitative research when conducting interviews with men. Wojnicka introduces us to the emerging, but insufficiently explored, issue of methodology in research concerning men and masculinities. The paper is based on the author's considerable experience in conducting research projects with male participants and presents important observations concerning the theoretical, analytical and methodological issues that need to be addressed when research men and masculinity.

We hope you enjoy the special issue!

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