Masculinity and Asian Men's Health: a Critical Review

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Abstract

Literature demonstrated significant consequences to men's health outcome secondary to their adherence to certain masculine behaviour and norm. In the West, the norms surrounding masculinity includes the idea that men should be healthy, strong, and self-sufficient. Western studies revealed that men adherence to this ideology of masculinity reflects their reluctance to seek for health help resulting in their poor health service utilisation and poor health outcomes. However, it is posited that masculinity is not the declaration of one's true self, but it is rather socially constructed, rather fluid in its nature and varies across different context. Therefore, this concept of masculinity needs to be carefully analysed and examine whether it also fits for every man coming from other parts of the world. This paper looks at this issue and questioned its applicability for men living outside the Global North, which has been overlooked.

Keywords: *Male, masculinity, facilities and services utilization, men's health, Asian Continental Ancestry Group.*

Introduction

Epidemiological data are compelling showing that men have a lower life expectancy and poorer health outcomes in comparison to women [1]. It has also been shown that men behave differently from women in terms of the awareness to health and how they use health services [2]. Unlike women, men are more likely 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 and use health services less frequent than women and even if they do visit their doctor it tends to be later in the course of a condition leading to poorer health outcomes [1, 3,4,5].This has been argued that these behaviors reflect how men construct and reinforce their 'masculinity' which consequently leads Moore to conclude that masculinity is unhealthy and detrimental to health [3,5]. One of the most cited theory of masculinity by Kimmel is the theory of white masculinity or known as "*hegemonic masculinity*" [6]. Hegemonic masculinity, which identified men as being assertive, risk taking, aggressive, dominance, control, physical strength, and emotional restraint. Western studies revealed that men adherence to this ideology of hegemonic masculinity reflects their reluctance to seek for health help resulting in their poor health service utilisation and poor health outcomes [3,7,8,9,10,11].

Relevance of Hegemonic masculinity in Asian context:

There are a growing number of literatures which shown that masculinity influences men's health seeking behaviour and practices in western countries, but we have little idea of how gender, ethnicity alongside with other social determinants intersects and relates with each other and subsequently inform health seeking in multi-ethnic cultures, particularly in South East Asia. Thus, we need to be conscious on

the universal use of "*hegemonic masculinity"* theory to explain men health seeking behavior for every man across different ethnic groups, culture, and setting/ country. This is because culture and ethnicity play a big part in shaping men's health seeking behavior [12].

A dated but arguably still relevant study from 2005 found unlike others, Arab men showed active information-seeking behaviour and regarded this as gender appropriate in comparison to their white counterparts [12]. They found that Muslim Arabic men identified the ability to fulfill the expected social roles i.e., being a breadwinner and bringing up children is very crucial for them, and a good health is essential to achieve this. This was clearly reflected in their willingness in seeking help from healthcare professional to a much greater extent in comparison to other men from another ethnic group. Later study in 2007 found unlike Caucasian male, South Asian men, find it appropriate and important to seek for help despite being a man [8].

Discussing similar studies that involved local Southeast Asian men would be valuable to be brought in the discussion to support or contrast above claims. This will enable us to test and possibly challenge the theories on masculinities, which are mostly derived from West/ developed world/ global north, which are often conceptualised within social constructionist perspective [7]. Sadly, not much attention has been given to this.

To date, there is only one study that investigate masculinities and health help seeking behaviour of men in Southeast Asia, specifically in Brunei Darussalam. The study found that Bruneian men's masculinities are static and context dependent. As much as Bruneian men would delay seeking for help from health care services, men would re-consider their health seeking behaviour if they knew it would compromise and affect their ability to perform role as son, father, husband, and grandfather – all these required them to be well and healthy [13]. This finding relates well to earlier study involving men from five Asian countries namely China, Japan, Korea, Malaysia, and Taiwan (N=10,934) which investigate on attributes of masculinity. The study found that in general all considered having a career, ability to earn money and family as the most important attributes to masculinity [14]. On reflection, it can be learnt that Asian men's positive health seeking behaviour was rather influenced by the need to fulfil their responsibility as a man: being the breadwinner and leader who provide food and shelter for their family.

Conclusion

In the preceding discussion, it is apparent that men have a different way of seeking help from health professionals and men are identified as "reluctant users" of healthcare services. This was mainly explained through theories of masculinities originating in the west/developed world/Global North, often conceptualized within social constructionist perspective, which can be argued that this approach may not be appropriate for other populations, for example men in Southeast Asia.

Literature fails to investigate this issue in great depth not just from the perspective of other ethnic group, other than the Whites but also how other psychosocial factor intersects and inform their health help seeking behaviour. Literature that investigated issue from the lens of local Asian men and investigate how and why men from different ethnic background have different viewpoint and experiences on health seeking behaviour is rather scarce. Thus, this review is hoped to act as an eye-opener and 'conversation-starter' that could fuel interest in carrying out similar studies in Southeast Asia setting, which promises a fertile area for research.

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