

#### Abstract

Studies suggest that men have poorer health across a range of indicators as compared with women, with men of color experiencing an even more disproportionate burden, particularly related to cardiovascular disease (CVD). The four largest biological risk factors for CVD in men of color are hypertension, chronic kidney disease, obesity, and low levels of HDL (“good” cholesterol). In addition, men of color face barriers to accessing programming designed to reduce CVD risk related to race and identity construction, and further research is needed to understand how to support the participation of men of color in this programming. In response, the goal of this research project was to compile effective and pragmatic strategies for engaging and sustaining the participation of men of color in CVD risk reduction programming. Specifically, focus was directed towards understanding how constructs of gender and masculinity influence perception and utilization of public health programming.

#### Objectives

Research objectives were created to answer the following questions:

1. What role do **enactments of gender** play in the health of men of color?
2. How do public health programs understand/utilize **masculinity ideologies** in their programs?
3. How can **gendered language** be used positively to **recruit and engage**?

“*Cultural assumptions that men simply don’t (read inherently) seek help prevent society from defining men’s underutilization of health services as a problem. Although it is taken for granted, there is nothing natural about the fact that men make fewer health visits than women.*”

-William H. Courtenay

#### Methods and Process

##### Literature Review

I began my studies by conducting a comprehensive and exhaustive literature review that allowed me to gain a detailed understanding of the state of the field of men’s health in America. I reviewed articles that discussed:

- (1) the basics of gender theory, and specifically what gender is and how it is constructed, reconstructed, and enacted in social settings,
- (2) the intersections of race and masculinity and how men of color specifically define and construct masculinities, and
- (3) how masculinity intertwines with and affects health beliefs.

##### Interview Tool Development

With a vast amount of knowledge under my belt I began developing qualitative interview tools to be used in the next stage of my research. To fully understand the implications of the intersectionality of race and gender on health I chose to conduct a series of interviews with leaders of the Cambridge Public Health Department’s Men’s Health League Fit for Life (FFL) program.

FFL is a 12-week program for men of color, based at the Cambridge Public Health Department. Participants are assigned a mentor from the Men’s Health Team who has been trained on basic healthy lifestyle skills and men’s health issues. Over the course of the 12-week program, the participant attend a weekly workshop on fitness, nutrition and men’s health, as well as a weekly group workout.

After identifying 3 key informants within the FFL program to interview, I developed questions centered on understanding both how program leaders as well as participants understood and worked within gendered-health constructs to improve population health. Two questions are listed below:

1. *Do you think men think about their masculinity/manhood/gender when deciding to access your services?*
  - (Probe) *Some common beliefs men hold are that they must be **aggressive**, must be **self-reliant**, must not **show weakness**...do you think that these beliefs or others related to ‘being a man’ are factors in the **decision making process**?*
2. *How, if at all, does the Men’s Health League **use gender-specific language** when recruiting men? For example, when coming up with recruitment strategies, do you think about how perspective participant’s ideas about **what it means to be a man in their community** could effect their decision to enroll here?*

#### Findings and Discussion

##### Key Findings: Literature Review

In the literature reviewed it was most often the case that Black men in the U.S. constructed and enacted their masculinities in ways that endorsed traditional/hegemonic beliefs, and that this endorsement was at times associated with greater utilization and adherence to health routines and interventions, and at other times negatively associated.

These “social practices required for demonstrating... masculinity” have a large and lasting impact on health status and morbidity and mortality for men. Men who subscribe to hegemonically masculine health beliefs such as denying weakness and vulnerability and upholding an appearance of being strong and robust—beliefs intended to demonstrate their powerful position as a man—have more disparate health outcomes (either negative or positive) than men who don’t endorse said beliefs.

##### Interviews: Key Findings

*“You know though, I hope [being a man] helps though. Like...I am a man, I’m a leader, I need to take care of myself. And I will tell someone else...hopefully they embody that, hopefully they **empower themselves as men.**”*

-FFL Leader

*“I think with a lot of men, particularly men of color, there is a longing for them to be independent and do it on their own...I think that’s a man thing too. So like the man thing is in terms of like “alright, alright, I can do this by myself, I don’t need any help”...I think they have been in some ways kind of told and taught that **they are not, you know, supposed to ask for help.** There’s a sense of independence, and so I think there is this kind of, “**to prove my manhood I’m going to do this by myself**”, and I think that at some point they realize they can’t...but I think it’s **challenging because they’d have to ask for help.**”*

-FFL Leader

In general, interviewees agreed that “what it mean to be a black man in Cambridge” (i.e. constructions of masculinity and manhood) had an impact on how their participants used the FFL program but were divided on if this was a positive or negative effect. Some agreed that gendered-language use in FFL recruitment could be beneficial but others thought that masculinity wasn’t a large enough determining factor for this to be relevant.



#### Conclusions

Both my literature review and the analysis of my qualitative interviews led me to the following conclusions:

- More research is necessary in this field to understand the complexities and intricacies of a misunderstood and under-researched problem
- Gender and race necessarily combine to create health behaviors/outcomes but the nature of these effects are highly influenced by social, geographic, and cultural contexts
- Programs seeking to capitalize on masculinity as a recruitment tool should carefully survey their target populations before implementing any strategy

#### References

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