



Men's health, diet and masculinity: An audience reception study

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**ABSTRACT**

Research into men's health has focussed on hegemonic masculinity and the links to unhealthy lifestyle choices. The media often report gender differences in health and attribute men's poor health to masculinity and their lack of responsibility for health. Thus it is important to consider men's own accounts of health as well as audience reception of the media.

A corpus of six UK newspaper articles were collected over six months and four males aged between 21 and 22 were interviewed. Discourse analysis was performed on the data, which generated three themes: women as facilitators, 'sporty' men are 'masculine' men and lack of knowledge. Young men's accounts suggested diet is feminine, as women were positioned as more concerned with diet. Help seeking amongst men was deemed acceptable when framed in a masculine sense, but for other issues concerns over time wasting restrained pro-action. Newspaper representations bore little resemblance to young male's accounts, who frequently resisted media discourses due to their lack of evidence.

<b>KEY WORDS:</b>	<b>MASCULINITY</b>	<b>HEALTH</b>	<b>DIET</b>	<b>DISCOURSE</b>	<b>AUDIENCE RECEPTION</b>
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## Literature Review

Discourses around men's health appear to be increasing, particularly in terms of distinct sex differences; such as men's higher mortality rates, the perceived 'crisis' surrounding masculinity and men's naivety of health risk. Research into men's health has considered some of these assumptions, particularly in the media (Lyons & Willott, 1999). Media discourse analyses are important, as they can be powerful in defining and reinforcing certain meanings (Seale, 2002). Furthermore social aspects such as men's perceptions of their masculinity can significantly impact on their health beliefs and lifestyle (Sloan *et al.* 2010) thus consideration of the audiences' reception of media representations is crucial as people do not readily accept presented information as fact (Gough, 2007). This paper draws upon an analysis of media representations, masculinity, men's health and diet to understand the media reporting techniques and young men's reception of such discourses.

Men's health research within Western Europe found men were at greater risk of developing most major diseases than women (White & Cash, 2004). Furthermore, at any age men have significantly higher mortality rates from several cancers, becoming more evident for men over the ages of 65 (National Cancer Intelligence Network, 2009). Health inequalities can develop in adolescence, demonstrated by boys' higher mortality rates compared to girls, due to greater numbers of accidents and injuries (Jones & Bradley, 2007). Several key behaviours have been linked to the most common causes of death such as smoking, alcohol consumption, obesity, physical inactivity and low fruit and vegetable intake (European Health Report, 2005). These amendable behaviours can develop during adolescence or young adulthood; despite the well-known health consequences, a large proportion of youths, particularly students, frequently participate in unhealthy lifestyle behaviours that may affect health in adulthood (Li *et al.* 2003). Thus, greater public health interventions are required, as altering such behaviours may reduce susceptibility for developing serious diseases.

Many sociocultural factors influence health-related behaviour, gender being one of the most important. Women engage in significantly more health-promoting behaviours than men, and have healthier lifestyles (Courtenay, 1998). Literature suggests simply being female is the greatest predictor of engaging in health-promoting behaviours (Courtenay, 2000a). Research indicates that men resist seeking medical support for pain or illness (Sandman *et al.* 2000) which is concerning as avoiding help-seeking behaviours could inhibit early detection and prevention of serious diseases. Health-promoting behaviours are often feminised, therefore some men position themselves at risk or remain in physical pain to uphold one's masculinity, avoid displays of weakness or vulnerability; ultimately disassociating themselves from femininity and emasculation (Courtenay, 2000b). Men's low rate of involvement in preventative health measures has been attributed to traditional male gender roles, which include characteristics that may explain health-promotion avoidance for example, limited expression of emotion and self-reliance (Campbell, 1996). Previous explanations into men's health inequalities highlighted sex differences in health; yet focussing on gender socialisation is limiting (Harrison, 1978). Furthermore, such theories are widely criticised for reductionism and determinism due to the implication that gender, like personality, is fixed and include gender specific traits (Pleck, 1987).

Younger men are particularly poor at help seeking, demonstrated by Courtenay's (1998) American college men's health research. Less engagement in health-promoting behaviours was found in college men compared to women as well as health-protective behaviours (e.g. sleep, diet and exercise) (Weiss & Larson, 1990). Male students are also less likely to seek help for physical illness than females (Boehm *et al.* 1993) and effectively disguise pain to avoid perceived vulnerability (Johnson, 1988). Men further increase health risks by pain and illness concealment, which can affect professional diagnoses when men eventually seek help (Courtenay, 1998). However, ideals around help seeking may differ between cultures, thus findings cannot be extrapolated to UK men without further investigation. Therefore, this study will address male students to understand their help-seeking processes.

Research indicates that men generally engage in risk-behaviour, which could increase the risk of death, injury and disease, compared to women (Powell-Griner, Anderson & Murphy, 1997). Men may feel risk behaviours (e.g. extreme sports) demonstrate masculinity as it opposes health-promotion; however, physical activities that can be perceived risky often are the favoured method of health-promotion (Sloan *et al.* 2010). As sport carries with it historically masculine connotations, men are able to display themselves as strong and competitive (Messner, 1992).

The relationship between men and diet is important, as healthy eating can prevent illnesses (Wong & Lam, 1999). Men are likely to have a poor diet, compared to women, by consuming more fat, sugars and soft drinks (NHS, 2009). Food preferences can account for health inequalities between sexes; consuming meat and large portions are considered masculine practices (Bourdieu, 1984). Many diet and food-related practices including cooking, shopping and healthy eating interests are often framed as feminine activities (Vartanian *et al.* 2007) which men avoid until necessary (Sellaeg & Chapman, 2008). Therefore men may not wish to position themselves as feminine. Women have greater beliefs in the importance of healthy diets (Wardle, Haase & Steptoe *et al.* 2004) whereas men have less knowledge of 'good' foods and less awareness of the relationship between diet and health (Baker & Wardle, 2003). Research by Mroz *et al.* (2011) into diet and prostate cancer found after men's diagnosis most developed nutrition interests and were proactive in diet management. Awareness appears crucial, as the realisation of health risk led to men's lifestyle changes. One explanation for this comes from Charmaz (1995) who found people adapted to illness by making lifestyle and ultimately identity reconstructions.

However, there are complexities within the overall picture of men and diet such as socioeconomic status (SES) and age. A plethora of research into the impact of SES on health has been conducted (Adler & Rehkopf, 2008, Kaplan & Keil, 1993; MacIntyre, 1997) demonstrating that individuals with greater SES have better health (Adler & Newman, 2002). SES is somewhat determined by occupation (MacIntyre, 1997) thus reflecting education level, income and social standing. Individuals with a higher level of education are believed to have a better diet; Roos *et al.* (1998) found individuals with higher SES ate healthy foods such as fruit and vegetables and less bread. However, university students' diet, despite their higher level of education, is relatively poor highlighted by their substantially lower 'five-a-day' intake compared to the general population (Serdula *et al.* 2004). Sex

differences within students' lifestyles have been found by Keller *et al.* (2008) males compared to females ate less daily fruit and vegetables, smoked more cigarettes and consumed more alcohol but did more exercise. The present study will therefore address mostly students thereby having a higher educational level than some.

Men's health literature is dominated by social cognitive model (SCMs) applications to predict the likelihood of health behaviour performances (Mielewczyk & Willig, 2007). SCMs have been applied to health-related behaviours; the Theory of Planned Behaviour (TPB) (Ajzen, 1991) has been used for diet (Sparks & Sheperd, 1992) and exercise (Norman & Smith, 1995). However, SCMs such as TPB are widely criticised as an ineffective measure for predicting or changing behaviour, and is reductionist for overemphasising the ease of behavioural change (Lyons & Chamberlain, 2006). SCMs are less useful in terms of devising interventions, as focusing on proximal determinants (beliefs and attitudes) does not consider societal influences from which such behaviours may have developed (Campbell, 2004). Furthermore, health researchers have strived to identify what aspects are linked to health-related behaviours and intentions, yet little assistance is provided in terms of how to change our cognitions (Campbell, 2004).

Further methodological weaknesses in SCMs are that they generally explain a low variance proportion of the target behaviour (Mielewczyk & Willig, 2007) for example Lien *et al.* (2002) found TPB accounted for only 7 per cent of the variability in dietary intake. Therefore, SCMs are fairly weak predictors of behaviour as many factors are unexplained. SCMs assume individuals are rational beings weighing up the costs and benefits of performing behaviours (Sutton, 2002) thus offering unrealistic accounts of intention formation and decision-making processes, as a variety of social discourses can be influential. Additionally, SCMs discount emotional factors despite literature illustrating the emotional significance in decision-making (Abraham & Sheeran, 2004). Furthermore, many researchers focus on the intention to perform behaviour as important instead of measuring actual behaviour performance, failure to include this, in terms of health behaviours reduces SCMs effectiveness (Mielewczyk & Willig, 2007). Consequently, anecdotal accounts of health-related behaviour performances would better illustrate the factors mediating performance, which is what this study will aim to address.

Masculinity theory (Connell, 1995) has become highly influential into the study of men's health (Courtenay, 2000a; Gough, 2006) and offers a framework for understanding how conformity to hegemonic masculine ideals may construct men's health and food practices (Courtenay, 2000b). Hegemonic masculinity is defined by possessing certain characteristics such as autonomy, stoicism and what is not feminine (Connell, 1995). Furthermore masculinity is created from socially constructed values and behaviours that are produced and reinforced through action, performance and social interactions (Gerson & Peiss, 1985) therefore men's behaviours self-define what are considered masculine norms (Courtenay, 1999). Men are influenced more by gender discourses compared to women, such as the health-related discourses that men are strong and autonomous (Martin, 1995). Therefore, it is expected that gender beliefs are also highly stereotypical (Levant *et al.* 1998) and would behave accordingly. However,

Connell (1995) argues that few men can be hegemonically masculine, occasionally resulting in marginalisation or jeopardisation of health by striving for this ideal. Maintaining a hegemonically masculine identity can be difficult as masculinity may be measured by repeated 'manly' displays (Connell, 1996) thus men can only be deemed as masculine as their last masculine act (Kimmel, 1996). Saltonstall (1993) argues that health actions are social acts that can be constructions of the person as much as other cultural activities, and thus reflect gender behaviours. Furthermore, what are considered masculine practices are also subject to change by location, life events and ageing, thus masculinity may be redefined based on life experiences (Courtenay, 2000a). Therefore, it is important to consider men's own accounts of their experiences within everyday contexts.

Media representations provide an opportunity to consider how men's health, masculinity and diet discourses are portrayed. Men's health is often reported as a crisis whereby masculinity and men's lack of self-responsibility accounts for their poor health (Gough, 2006). The media often report gender stereotypes with regards to health (Lyons & Willot, 1999). Additionally Toerien and Durrheim (2001) found men's health magazines focused more on conflicting masculine constructions than men's actual health, implying hegemonic masculine ideals are favoured over health. The uninformed reader may see such reports as fact due to the inclusion of technical language and medical 'expert' advice (Crawshaw, 2007) which is concerning. Schofield *et al.* (2000) reiterate the notion that popular men's health discourses can generalise explanations of men's poor health as social disadvantages and the fact of being male. Additionally health literature often focuses on sex differences such as comparisons of rates of illness (Schofield *et al.* 2000) thus further gender sensitive research is required to consider men's lived experiences, which this study will aim to address.

Gough (2006) considered the assumptions in popular media discourses around masculinity and men's health and highlighted a reliance on out-dated, masculine stereotypes regarding men's disinterest in health. The female stereotype as caregivers was strongly reinforced, rendering men as incapable of looking after themselves. Gough suggests future research should assess the differences between tabloid and broadsheet newspapers, as the tabloid reporting style is typically blunt, whereas broadsheets are generally conservative and may conform to gender stereotype beliefs.

Gough (2007) further analysed newspaper discourses around men, food and health. Conflicting messages were derived; men were told to change their diets due to health risks, yet were undermined by notions that male diet is fixed. Gough found men were presented in a female domain (cooking) which could be inferred as the media's attempt to change male practices. However, the article appeared masculine, with references to alcohol, meat and homosociality; and the implication of the novelty of men cooking clarifies there has been no shift in gendered perceptions. Gough's analysis highlights the medias' persistence to refer to hegemonic notions of masculinity, yet it is unclear how these messages affect readers. Therefore, Gough calls for greater research into the audiences' reception of media discourses.

This study will aim to achieve the following research objectives:

1. To examine discourses around young male's reception of tabloid and broadsheet media discourses of men's health and diet.
2. To consider a) if Gough's (2006) notion that UK broadsheet newspapers will uphold traditional gender relations and if they are comparable in style to that of tabloid newspapers.
3. To understand the processes involved in young male's health promoting behaviours in terms of medical help seeking and diet; and men's interpretations of discourses around masculinity.

## **Methodology**

### **Design**

A qualitative approach was used to provide a rich and complex representation (Sofaer, 1999) of discourses around health and masculinity in men's talk, as opposed to quantitative approaches which often lead to generalisations of target groups. A social constructionist approach was applied to consider if male gender discourses are portrayed in the media. Discourse Analysis (DA) is crucial in social constructionist approaches as it allows for exploration of the ways 'health', 'illness', 'diet' and 'masculinity' are constructed through language; thus DA is particularly relevant for media analysis (Day, Gough & McFadden, 2004). DA encompasses aspects of linguistics, sociology and psychology, providing a greater representation of social phenomenon. Audience reception (AR) is important to consider as previous AR studies have falsified previous assumptions that audiences are passive and uncritical; and in reality interpret the media in multiple ways that can be resisted and reinforced (Livingstone, 1998).

To consider audience reception this study adopted a semi-structured interview format (Smith, 1995) as they allow participants to discuss in detail their thoughts with little researcher input (Lindlof & Taylor, 2002). Interviews can also assess how expert discourses are reflected in everyday personal accounts (Willig, 2000). Private and individual interviews allow participants the freedom of expression, to avoid interruptions or influences of power dynamics that may be experienced in groups (Morris, 2001).

### **Participants**

Four young males aged between 21 and 22 were recruited using purposive and opportunist sampling methods. The researcher, for recruitment ease and increased interviewee-interviewer rapport, personally knew participants. Participants were contacted by telephone and interviews were conducted in participants' homes to maintain informality.

### **Data collection**

A corpus of newspaper articles were selected over six months (August 2011-January 2012). Online search strategies were used by visiting UK newspaper websites and searching via the 'Lifestyle' sections to locate health articles. Mautner (2008) considers this a top-down corpus building strategy that progressively refines searches to specific health articles. Online and hard copies of articles were saved and organised according to those regarding men's health,

diet and masculinity. Photocopies of the final articles (see Appendix I-VI) were presented to participants prior to the interview.

The interview schedule (see Appendix VIII) was built by reviewing relevant literature. For example Labre (2005) found participants were selective in what they read in health magazines; an idea that helped form topics surrounding newspapers. Interviews lasted between 35 and 60 minutes. All interviews were digitally recorded with consent and transcribed verbatim. A pilot interview was also conducted to assess the interview schedule effectiveness and appropriate amendments were made.

### **Data analysis**

Parker defines discourses as 'a system of statements which constructs an object' (Parker, 1992, p.5), therefore an analysis of discourses can provide insight into 'objects', for example socially constructed ideas of masculinity. DA strives to emphasize the variations and volatility of discourses whilst highlighting the ways discursive resources are used to achieve specific goals in social interactions (Willig, 2000). Willig (2000) highlights two focuses for DA, the first considers the deconstruction of expert discourses to examine the ways language and discursive constructions formulate certain views of reality and experience. The second aspect analyses non-expert texts (e.g. interviews) to establish the extent that popular discourses are reproduced in everyday talk about health and illness. This study focussed on both approaches to consider media portrayals and discourses around health and masculinity in men's talk. I considered how discourses can be used for specific functions within texts and also the discursive resources used which illustrate how texts are informed by wider cultural norms (Wetherell, 1998). I also used aspects of Foucauldian Discourse Analysis as it considers how 'talk constructs the objects/subjects that we 'know', giving us a place from which to understand ourselves and our world' (Wiggins & Riley, 2010, p.139). Therefore, I aimed to identify comprehensive discourses of health, diet and masculinity presented within the media texts and interview data. I was also interested in how such discourses were endorsed or opposed and how men received and interpreted them through talk. DA has been applied to AR frameworks (e.g. Dixon *et al.* 2003) who found discrepancies between newspaper and interviewee accounts, which may be because their data comprised US newspapers and UK interviewees. I have addressed these issues by using both UK newspaper articles and interviewees, and adopted their analysis framework to the present study.

This study followed a conceptual framework of critical DA. All data was included in the coding process, to remain open-minded and avoid misguidance from expectations, and guidelines described by Wiggins & Riley (2010, p.144) were followed. The data was read several times and key words were selected that summarised chunks of data. Instances of similar key words were then found across all data to establish an overall theme (e.g. unhealthy diet). Data extracts were grouped that discussed certain themes (e.g. those considering masculine discourses). Media and interviewee discursive strategies were noted to establish what was presented and how discourses were framed.

### **Reflexivity**



Reflexivity is important in qualitative research as Flood posits ‘without some degree of reflexivity any research is blind and without purpose’ (Flood, 1999, p.35). Researchers collect, select and interpret data, however Hertz (1997) argues that what is not asked or included requires consideration, to not formulate distorted accounts of social worlds. Therefore, a reflexive analysis was undertaken for the interview situation.

### **Ethical considerations**

This study was carried out in accordance with the BPS ethical guidelines (British Psychological Society, 2009). Full informed consent was obtained prior to the study (see Appendix VII) and debriefed afterwards (see Appendix IX). All names were pseudonyms but participants were informed that confidentiality cannot be ensured as results will be discussed between the researcher and research supervisor and may be published. Participants were not at risk of harm and were given the right to withdraw at any time (see Appendix X/XI for more information).

### **Analysis & discussion**

The present study used six online newspaper articles. The articles were selected from the data corpus as they reflected key topics: masculinity (see Appendix I-II) men’s health (see Appendix III-IV) and men’s diet (see Appendix V-VI). The analysis of newspaper articles and young males’ accounts generated three themes: women as facilitators, ‘sporty’ men are ‘masculine’ men and lack of knowledge. These themes are discussed in detail below.

#### **Women as facilitators**

Women were found to facilitate men’s health as they were positioned as having responsibility over men’s dietary and health promotion practices and were more concerned with diet. Men’s behaviour towards women was also considered important in men’s masculine demonstrations, whilst newspapers presented men in opposition to women. Chris demonstrates how women facilitate men’s health:

“I try and eat healthily I wouldn’t say it was bad I would say I’m average for what I’m eating erm but I wouldn’t say I was healthy definitely need to eat more fruit and veg but it’s just I don’t know cost my mum does the shopping I just let her you know it’s not like I’m going to write her a list of stuff that I want and you always feel guilty anyway cost she pays for it so I eat whatever is in the house” (Chris: 388-394)

“She [mother] just said you’ve got to go to the doctors it could be really serious and then she rung the doctors and booked me an appointment...otherwise I wouldn’t have done it if my mum hadn’t have rang them up I probably wouldn’t have gone” (Chris: 657-662).

Chris’ food practices represent an infantile discourse by which his mother does the food shopping and preparation, thus he will ‘get what he is given’. Chris justifies his ‘unhealthy’ eating habits by discourses of guilt if he was to question what his mother provides. A lack of self-control in Chris’ eating habits, reinforcing the infant discourse, is also apparent as he has knowledge of good foods and yet will ‘eat

whatever is in the house', which Mroz *et al.* (2011) similarly found men to report a lack of control over food. Schafer, Schafer, Dunbar and Keith (1999) believe food practices are influenced by interpersonal relationships, whereby women often take dietary responsibilities. Furthermore, the extract confirms Vartanian *et al.* (2007) notion that food practices are often feminised. Additionally, food practices may be considered an extension of traditionally feminine norms as carers (Lupton, 2000) or by way of maintaining order within the domestic environment (First, 1997).

Chris also appears to have an infantile approach towards health promotion, as he would not seek medical help without his mother telling him to do so. This theme is also present in article 2 ('the partner of a metrosexual will never have to tut at his diet of curries, pizza and beer, or tell him to eat more vegetables') implying that men are unable to take care of themselves. Men as infants demonstrated by females assuming responsibility for them is reflected in Lyons and Willet's (1999) findings that media discourses surrounding men's health portray men as unrealistic about health and women are responsible for initiating change. This idea is further reinforced by the majority of the selected articles having female authors and 'The Sun's' 'health' section being a sub-section of their 'Woman' section. Women are also believed to encourage health issue awareness, help seeking and have a large role in interpreting symptoms (White & Johnson, 2000) which is found in article 1 ('lock him away for a few weeks to let it heal') further reinforcing infantile discourses.

Men acknowledged the relationship between diet and health but continually reaffirmed themselves as healthy, unconcerned with lifestyle changes and feminised diet:

"if I said like Bourke as an example I think she tends to eat more she tends to feel more guilty about stuff... like if I say I had breakfast dinner and tea tonight and went out and had a kebab it wouldn't bother me in the slightest whereas I think if a girl did that they'd had their three meals for the day and then they went out and had an extra sort of meal they'd be really gutted about it and feel really guilty" (Chris: 456-465)

Chris presents himself as unconcerned with diet ('it wouldn't bother me in the slightest'), which offers grounds for guilt-free indulgence in unhealthy foods, while women err on the side of caution. Chris' discussion of sex differences strives to rationalise how he is positioned as self-sufficient in diet management, thus reinforcing masculine ideals of independence and invulnerability. Chris further feminises dietary concern, whereby women are conscious of overeating but if men 'went out and had a kebab', is acceptable and traditionally gendered masculine to consume meat (Gough & Conner, 2006) and large portions (Bourdieu, 1984). Female gender socialisation may account for women's food practices, to strive for the ideal figure, which Chris reinforces and is consistent with literature surrounding diet that women are more concerned with eating healthily (Wardle *et al.* 2004).

Men's behaviour in relation to women was presented as a method of demonstrating masculinity:

“there’s the lad culture at the moment so I think that makes people think they’re more masculine going out and pulling different women all the time and things like that” (Bart: 343-346).

Bart positions ‘lad culture’ as a contemporary new male discourse, which may encapsulate traditional ideas of masculinity. ‘New Laddish’ emerged in rejection towards the ‘new man’ discourse deemed feminist-friendly (Barnwell, 2002) and instead resorted back to masculine rigidity in terms of misogyny, homophobia and homosociality. However, Bart presents himself as resistant towards ‘lad’ discourses (‘people’, ‘they’re’) implying disagreement that ‘pulling different women’ is masculine and/or appropriate. Article 2 also demonstrates ‘lad’ discourses as male sexual exploits are celebrated and deemed masculine (‘once...a philanderer who romped with two models and a blow-up doll, has now become a doll himself’). The colloquial ‘romped’ frames philandering behaviours as masculine with its aggressive sporting connotations and implication that cessation of such behaviours leads to femininity.

Rejection of femininity is key in hegemonic masculine demonstrations (Connell, 1995), which offers insights why article 2 portrays men in that way. However, few men can be deemed hegemonically masculine (Connell, 1995) which may explain Bart’s resistance. Furthermore, men enact their ideals in differently depending on factors such as age (Messerschmidt, 1993). Thus, from the interview data, it would appear younger men use sexuality as a masculine demonstration and therefore the article 2 extract may represent the stereotypical masculine views the ‘The Telegraph’ has, thus supporting Gough’s (2006) notion that UK broadsheet newspapers may uphold traditional gender relations.

Newspapers presented men in opposition to women, depicting ‘gender role reversals’ such as men purchasing hairdryers. Chris actively resisted such discourses surrounding men in article 2:

“one thing that did annoy me [article 2] said that men are going in and buying hairdryers well if you’ve got long hair surely you need to dry your hair with a hairdryer so that seems a bit like stereotypical that just women should be drying their hair but men have long hair too so I don’t see why that’s a problem” (Chris: 106-111)

Chris resists the portrayed notion that hairdryer use is confined to women and rationalises the normality of hairdryer use as opposed to excessive male grooming or ‘abnormality’, which article 2 appears to suggest. Men are presented in a female domain (grooming) which could be inferred as the media’s attempt to alter perceptions around male practices. However, article 2’s information source originated from the electronics store ‘Dixons’ which has masculine connotations and the reporting style suggests ‘male grooming’ is novel, rendering it newsworthy; thus confirming no alteration in gender perceptions. Gough (2007) found similar discourses in newspapers presenting men doing ‘feminine’ activities but were framed in masculine ways.

### **‘Sporty’ men are ‘masculine’ men**

Across all interviews men described their interest in sport, and newspapers framed articles within a sporting context. Discourses around sport were also found to influence aspects of health-promotion and help-seeking behaviours.

Men stated that sport or physical exercise was their preferred method of health promotion, which men may feel is more socially acceptable as sport has masculine connotations (Brown, 2005). Sloan *et al.* (2010) reported similar findings that men were physically active to better their health. This notion is represented in article 3, men are told to ‘have a kick-around with colleagues’ to improve health, highlighting that men remain healthy within a masculine sense. Article 2 and 5, however use sport as a form of identity (‘cricketing hero’) with the implication of risk and bravery using war language (‘hero’); and (‘junk food makes fit lads infertile’), carries the implication of sporting prowess and health.

Masculine discourses around sport appeared to facilitate help-seeking that may have previously seemed feminine:

“I think stuff with sports injuries I feel I’d be happy to see someone about sports injuries whereas if it wasn’t a sports injury I wouldn’t like to go and see someone about it...one thing I’m terrified about with football is doing sort of irreversible damage cos my dad’s got really bad legs and knees and stuff and...he had to stop playing” (Chris: 702-713)

Chris’ motivation to seek help appears to be to continue sport participation. Popular discourses around sport normalise risk (Stadden, 2007) which is a masculine construction, and is often deemed something to be proud of (Courtenay, 2000a). Therefore, Chris’ compliance to typical sport ideals may be a masculine expression that may have been influenced by the medias’ frequent injury glorification (Stadden, 2007). Messerschmidt (1993) argues masculinity is renegotiated within different contexts and thus men will endorse gender and health differently within different situations. Therefore, Chris normalising risk may be his form of demonstrating masculinity and thus finds help seeking to maintain playing sport.

### **Lack of knowledge**

Across all newspapers and interviews, the lack of knowledge was a recurring theme. Newspapers often claimed ‘scientific’ findings but failed to provide sufficient evidence, and in some cases, the headlines were contradictory to the article content. All interviewees noted the lack of newspaper knowledge and reputations of certain publications, which decreased the trustworthiness. Interviewees themselves lacked of knowledge in terms of health, which influenced their help-seeking processes. Lesley illustrates newspaper reputations:

“the sun one I mean you almost don’t have to read the article because it just says junk food fit lads and infertile and I suppose with it being a tabloid paper there’s a temptation to say it doesn’t carry the same sort of academic weight or scientific weight...it says fertility doctors but doesn’t name anyone...the actual medical content wasn’t very wasn’t very substantiated” (Lesley: 97-108)

Lesley appears to resist discourses portrayed in tabloid newspapers because of the lack of evidence. Crawshaw (2007) reported similar findings that newspapers lacked evidence but strived to override this through the use of scientific language and 'medical experts' which some readers found highly influential. However, Lesley presents himself as an informed reader with possibly a higher SES than typical tabloid audiences and recognises the lowbrow nature of tabloid publications. Chris illustrated the depth of newspaper representations as he stated that if tabloid article content was printed in a broadsheet, he would favour it simply because of the better reputations broadsheets have (263-291).

Article 4 provides support for Schofield's *et al.* (2000) findings that health is presented as sex comparisons ('women, who tend to have more colds, seven a year compared with five for men... can often soldier through while men develop 'man flu'). War language ('soldier') implies female hardiness in the face of illness, and suggesting that health is a war only some can win. Additionally the pejorative 'man flu' reinforces negative discourses surrounding men's health, combined with the pitiful image of an 'ill' man conveys infantile discourses that men require care, and serves to legitimate the crisis in men's health (Potter *et al.* 1991).

Newspapers reiterated well-known information and seemed to take a scaremongering approach to convey severity. Lesley highlights the newspaper reporting styles:

"it [article 6] didn't tell you anything new it turns out that if you are quite healthy you are going to be more healthy [laughs] you know if you're healthy in one way it'll probably effect the other way." (Lesley: 109-112)

Lesley presents himself as well educated, thus rationalises his criticisms of the newspaper's obvious statements. However, as article 6 is a broadsheet it is reasonable to assume its factuality, yet contradictions still arose ('we have an unclear picture about what effects exercise plays in male fertility, if any') thus the newspaper headlines cannot be taken at face value.

Article 3 is illustrative of the scaremongering approach to health ('being overweight or obese increases the risk of at least seven types of cancer... keeping a healthy body weight is one of the best ways to reduce your chances of getting the disease'). Sparks and Tulloch (2000) liken this approach to 'tabloidisation' how media have a tendency to report oppositions for dramatic effect, particularly in health stories; life is opposed with threat. Media reported 'findings' are often sensationalised and can be imprecise (Nelkin, 1995) as highlighted by some article headlines ('junk makes fit lads infertile', 'healthy diet and moderate exercise can improve fatherhood chances'). Livingstone and Lunt (1994) posit tabloidisation is targets a wider demographic, and is subsequently dumbed down to achieve this (Franklin, 1997). Both tabloid and broadsheet articles used this technique, which all interviewees noted and expressed distaste towards such discursive techniques as it reduced its credibility. Therefore, sensationalist reporting techniques are not solely confined to tabloids. However, most participants have higher education, which may offer insight into their opinions of contemporary mass media discourses.

The newspapers, despite highlighting 'dangers' of poor diet, do little to provide suggestions for change as ben describes:

“I think it (articles 5 & 6) doesn't sort of say whether it's a long term thing it doesn't say whether it's er like say you had loads of fast food when you were young it doesn't say when you're older it'll count...it's sort of not explained erm what the after effects would be cos it's sort of just saying that you ate fatty foods and then you just changed would it then jump back up again” (Ben: 316-334)

Ben's quote further highlights the lack of evidence contemporary newspapers provide. Men are assumed to have poor knowledge of what constitutes good food or the associations between diet and illness (Baker & Wardle, 2003) therefore, as Ben notes; articles 5 and 6 do nothing in the way of challenging this notion. The lack of concrete evidence decreased the article's trustworthiness, as Ben later cites. Furthermore, the lack of evidentiary support for the 'after effects' of dietary change may suggest that male diet is fixed. Gough (2007) similarly found contradictory dietary media discourses that stated dangers of male diet yet suggested men's diet was incapable of change.

Men's lack of health knowledge appears to hinder help-seeking practices as Chris demonstrates:

“I generally wouldn't know what to do other than go to the doctors but if I found a lump on my arm I'd probably leave it for ages or something because...I'd be like oh I don't want to go to the doctors it'll just go down if I leave it for a bit” (Chris: 125-131)

Chris positions himself as resistant towards health promotion by rationalizing the non-severity of his ailments, thus reaffirming his health. This theme was common across all interviews; men were aware of illness risk but often disregarded it, which is supported by Courtenay's (2000b) findings that men deny possible weaknesses to conform to masculine ideals. Men did not actively resist general practitioner (GP) visits, however some seemed hesitant from fear they would be viewed as time wasters, a finding that was also present in Robertson's (2003) research and instead turned to the internet for health information. Newspapers seemed to assume men's lack of knowledge in terms of health promotion, for example article 3 stresses the simplicity of health for 'maximum efficiency and minimum fuss' again reinforcing men as infants discourses.

### **Reflexive analysis**

There were a number of limitations to this study, namely the positioning of the researcher as a woman and a close friend to participants, which may have affected subjectivity. Preconceptions about the familiarity between participants and researcher were held with regards to the shift from friend to researcher, however, interviews mostly played out like everyday conversations. Although, participants were slightly reticent when the sensitive topics were raised, (e.g. masculinity and medical screenings) which required further prompting. Furthermore, the researcher's sex may have affected men's talk, for example when discussing women, some men were careful to avoid sweeping or judgemental statements, and perhaps provided more detailed explanations of men's health issues pertaining to male genitalia than they might have with a male researcher. Nonetheless, pre-existing participant friendships seemed to create a

relaxed interview dynamic and the shared commonalities facilitated the interview flow, for example, references to other friends did not require explanation.

The researcher had no previous experience in conducting interviews, which may at times have altered the phrasing of questions compared to an experienced interviewer. The researcher's preconceptions about newspaper article content after reviewing relevant literature may have also affected subjectivity. Additionally, the fact that only six newspaper articles and four interviews were explored is also potentially limiting.

## **Conclusion**

This analysis highlighted infantile discourses surrounding men's health in both newspaper and interview accounts, in which women, for health-promotion, aid men. Women were also positioned as having greater dietary concern than men. Newspapers praised men for sexual exploits with women yet the interviewees were resistant to such discourses, thus illustrating that audiences do not take media reports at face value. Help seeking amongst men was deemed acceptable when framed in a masculine sense, but for other issues concerns over time wasting restrained pro-action. Newspapers assumed men to lack health knowledge and reiterated the 'crisis' in masculinity. Men often resisted newspapers discourses because of their lack of supporting evidence and men's prior newspaper perceptions influenced their opinions. Broadsheet newspapers were favoured by most because of their perceived factuality and tabloids were unanimously deemed sensationalist and imprecise.

The qualitative nature of this study can be considered successful due to the flexibility this methodology provides. The qualitative analysis process is suitable as its inductive nature allows for the inclusion of all data and natural development of themes during analysis. A limitation of DA, as posited by Stenner (1993), is that its methodology does not sufficiently provide a single interpretation; therefore, another researcher could yield completely different findings. Power is also an issue within DA, as the researcher imposes meaning onto other people's words and thus cannot be objective (Stenner, 1993), an issue that is addressed in the reflexive analysis.

Although this study was context specific, the analysis may be relative to wider society despite using a small participant sample, as findings were consistent with previous literature in this area. Future research could consider other sources of media such as health websites, as all men cited the internet as their first port of call for health information. In sum it would seem the media's reliance on sensationalist reports of men's health, masculinity and diet do nothing to aid men's health inequalities and instead often reinforce gender stereotypes, which men are resistant towards.

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