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Men, Masculine Identities, and Healthcare Utilisation

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John Hamilton Noone

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Abstract

Seeking medical help early in a disease process is critical for recovery, yet empirical evidence indicates that men do not utilise general practitioner services as often as women. In explaining these findings, the focus has now shifted away from the biological differences between men and women to examine popular beliefs about masculine identities and their influence on help seeking behaviour. This paper incorporates a critical analysis of Connell's (1995) theory of hegemonic masculinity to examine how men's relative under-utilisation of medical services, as negative health behaviour, can be influenced by the social construction of masculine identities. Interviews discussing the help seeking attitudes and behaviours of seven older rural men used a short movie clip and hypothetical scenarios as stimulants to discussion. The transcribed data was analysed using discursive analysis techniques, which resulted in the identification of three interpretative repertoires labelled: 'The Medical', 'The Natural Body', and 'Health Behaviours'. Many men faced a dilemma between identifying as a regular health care user, a morally virtuous position for all individuals, and identifying as an infrequent user of health care services, a virtuous position for men. They solved this dilemma by using the health behaviours repertoire to position women as the frequent and trivial users of health care whilst using the medical repertoire to position themselves as the legitimate users of health care. Furthermore, a number of respondents used the medical and natural body repertoires to construct a powerful masculine identity in relation to men that do not seek help and in relation to doctors. By using the three repertoires in this way these men could maintain a masculine identity whilst identifying as a regular and virtuous user of healthcare services. These results highlight the existence and complexity of multiple masculine identities and, in doing so, challenge theories that consistently polarise masculinity and help seeking health behaviours. These results therefore support hegemonic masculinity as a theory for examining the construction and maintenance of gendered identities.

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