

'Manning up' appears to help, not hinder, African-American male's health

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Whether they see themselves as tough or just self-reliant, men are less likely than women to seek routine, preventive medical care, like blood pressure and cholesterol screenings.

However, a new study from the University of North Carolina at Chapel Hill suggests that [African-American men](#) delay going to the doctor because they do not trust the health-care system, rather than because they feel the need to display their masculinity.

“Men’s concepts of what it means to be a ‘real’ man are generally shaped by traditional masculine role norms, which encourage men to be extremely self-reliant and these norms often affect their health behavior,” said Wizdom Powell Hammond, Ph.D., assistant professor of health behavior and health education at the UNC Gillings School of Global Public Health and a member of UNC’s Lineberger Comprehensive Cancer Center. “We’ve seen in other studies that men with strong commitment to traditional masculine role norms delay health care because they don’t want to seem weak.

“But this study shows that the opposite may be true for African-American men,” Hammond said. “Their delays in getting routine check-ups are attributable more to medical mistrust. Their beliefs about masculinity may not always have a negative impact on their use of health care.”

Hammond’s study, “Masculinity, Medical Mistrust and Preventive Health

Services Delays Among Community-Dwelling African-American Men,” appears in the December 2010 issue of the Journal of General Internal Medicine.

The study was based on surveys of 610 African-American men, aged 20 and older, recruited primarily in barbershops in the North, South, Midwest and West regions of the U.S. The authors adjusted for possible differences in age, education, income, health insurance, health status and access to a regular physician.

Men with a stronger commitment to traditional masculine role norms were 23 percent less likely to delay blood pressure screening and 38 percent less likely to delay getting their [cholesterol](#) checked than men with a weaker commitment to such norms, the research found. On the other hand, men who reported being highly mistrustful of the medical system were more than twice as likely to delay routine check-ups and cholesterol screenings and three times more likely to delay having their blood pressure checked by a physician or health-care professional than men who were less mistrustful.

“What we found is that mistrust of the medical system accounts for delays in using health care, especially among older African-American men,” Hammond said. “The survey results indicated that African-American men consider preventive medical services, like getting their blood pressure and cholesterol levels checked, as a demonstration of [masculinity](#), rather than a denial of it.”

Previous studies have shown that, among adults, men are less likely than women to use preventive health services and wait longer after symptom onset before seeking care. This underuse of preventative services coincides with shorter life spans and more preventable deaths among men than women.

Compared to non-Hispanic white men, Hammond said, African-American men go less often for preventive health visits, are less likely to know their cholesterol levels, have poorer [blood pressure](#) control and face greater illness and premature death from conditions that usually respond well to treatments if caught in early stages.

“To improve the health of African American men, we should consider addressing why they lack trust in the health-care system and its providers,” Hammond said. “Health-care providers and public health professionals also might consider leveraging traditional masculine self-reliance in interventions and clinical encounters as a way to empower African American men to ‘seize control’ of their health. This gendered, patient-centered approach could shift power balances, perhaps inspiring greater health-care system trust among African-American men.”

More information: The study is available at www.springerlink.com/content/3902p42334k62v58/ (subscription required).

Provided by University of North Carolina at Chapel Hill

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