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Review Article

LITERATURE REVIEW ON MACHISMO IN HEALTH

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ABSTRACT

Aim: To summarize the accumulated state of knowledge in the area of machismo in health.

Methods: This study was a review of the literature obtained from a database search of Annual Review, Sage premier, Springer, Elsevier, Redalyc, Scielo, MedicLatina, Pubmed and Google Scholar. Databases of abstracts were searched for publications from 1970–2016. The study included articles in both Spanish and English.

Results: Seven attributes were identified: resistance to seeking medical attention; the belief that men are healthy and immune to any illness; denial of disease; stoic attitudes; the refusal to ask for help; a lack of concern for one's health; and, poor self-care.

Conclusion: It is important to continue studying macho attitudes in greater depth in order to develop questionnaires that focus on machismo in the context of health and its impact on the deterioration of an individual's health, the development of disease and male mortality. Further conceptual development is essential to continue advancing our understanding, especially in nursing, where this topic remains largely unexplored.

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INTRODUCTION

In the Mexican cultural context, "machismo", as a social construct of gender, favoresmales' generation of ideas and attitudes about what means to "be a man" within the social group where they interact. These ideas and attitudes are developed since childhood, being reinforced throughout their lives resulting in behaviors of self-sufficiency, superiority, physical strength, and dominion over women. However, deep changes in society like women's integration into the workforce, the opening-up to "different" sexual preferences, and the fading of strong stereotypes of manliness, are evolving the social construction of genders (Hölz 1992; Montesinos, 2004; Rocha, 2007).

The strength of the Mexican "macho" doesn't reflect on his longevity and disease resistance. According to statistical data, mortality is higher in men than in women, as well as life expectancy- lower in men than in women (CONAPO 2012, INEGI, 2014). These data suggest health problems in men, due to their gender condition, or to their behaviors influenced by the society; being a man is not enough, being "macho" is what is needed to cope with life's problems, including the ones related to health. Recently, the study of male's behaviors and health has become important because they do not care for their

health problems, until critical complications are present (Bancroft et al, 2010; Springer et al, 2011; Agudelo et al, 2014).

Men's perception of their health state is the factor that explain, how or why macho behaviors have a negative effect on their health. Health has been defined as a state, a result, or a dynamic process that develops from subjective experiences marked by cultural and social influences. How an individual perceives his own state of health has an effect on the way he adapts to, or controls the disease, on recovery, lack of pain, wellbeing, and ability to perform the daily activities, and social roles (Simmons, 1989; Wang, 2005). Perception on how healthy the men perceive themselves, play an important influence on their ideas and behaviors while facing illness. For the "macho" felling sick is a sign of weakness, a feminine trait that goes against his masculinity (Sobralse, 2006b).

The afore mentioned situations, imposed the need to study on machismo in the context of men's health state. The increase of chronic degenerative diseases, which already lead in mortality and morbidity causes in the country, requires the population to adopt behaviors that promote health and prevent diseases like type 2 diabetes mellitus and cardiovascular disease; and when these chronic deseases already exist, delay or prevent

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complications. Since men are the ones who most resist to take care of their health, and since “machismo” can contribute substantially to sustain that position, it is necessary to better understand how these two conditions work and interact.

Aim

The purpose of this study is to summarize the accumulated state of knowledge in the area of machismo and health.

METHODS

An integrative literature review was conducted on the topic of machismo and health. The databases searched were: Annual Review, Sage premier, Springer, Elsevier, Redalyc, Scielo, MedicLatina, Pubmed and Google Scholar. Keywords used in the search English and Spanish were: machismo-masculinity, salud- health, enfermedad crónica- chronic illness, and chronic-disease. A combination of the terms was used in each of the databases in order to run a more specific search.

RESULTS

Men do not seek medical attention prior to being diagnosed with an illness, since they consider themselves immune to disease. This idea is reinforced by the absence of serious symptoms, while, when diagnosed with a chronic ailment, men refrain from seeking medical attention due to a lack of physical symptoms (Rivera et al., 2011) or because they feel well (Consedine et al., 2009). They tend to deny their illness since they consider it a sign of weakness (Hunter et al., 2007; McCloskey, 2010). In the development of an illness, men respond to pain and fear with a stoic attitude, looking to hide signs of shame and weakness (Bonhomme, 2007). In these situations, men do not show signs of pain or worry as they imply vulnerability and fragility as opposed to strength and masculinity (Zancheta et al., 2010).

Even when men present symptoms of disease and while there is still time to prevent complications, they maintain stoic and evasive attitudes to avoid having to engage in self-care (Consedine et al., 2009), take their medicine or effect changes in their lifestyle, often for years (McCloskey, 2010). They consider health care a sign of weakness and attending to one's health a feminine trait (Hunter et al., 2007). As their health worsens and there is a reoccurrence of symptoms, men find it difficult to ask for help, preferring to stay strong as opposed to seeking medical attention (Zancheta et al., 2010). It is not until they present pain, or are unable or impaired in their ability to perform their daily activities and fulfill their roles at work, that they seek medical attention (Sobralke, 2006a; Zancheta et al., 2010), and, even then, this occurs at the suggestion of their wife or a female relative, rather than on their own initiative (Hunter et al., 2007).

Attributes of Machismo in Health

The first trait of machismo in health come in the form of resistance to seeking medical attention, which men consider unnecessary when they feel well and are able to perform daily activities, such as work. Furthermore, macho men consider that health services are not for men (Sobralke, 2006b; Consedine et al., 2009). Another characteristic is the belief that men are healthy and immune to any illness, especially illnesses that present in women, children and the elderly, since these are considered weak and vulnerable groups (Rivera et al., 2011).

When men get sick, machismo makes an appearance in the form of denial. As men consider disease as synonymous with weakness, they feel shame and embarrassment, sometimes hiding their diagnosis from family members, friends and social groups (Hunter et al., 2007; Zancheta et al., 2010; McCloskey, 2010). This idea is reinforced by the absence of severe symptoms that require medical attention, such as pain or a disability that may limit daily activities (Sobralke, 2006b; Consedine et al., 2009). A lack of symptoms will prevent men from seeking medical attention (Consedine et al., 2009), as will a lack of concern for their health and diminished self-care, allied to the notion that healthy practices and self-care are characteristically female rather than male (Hunter et al., 2007; McCloskey 2010; Zancheta et al., 2010; Rivera et al., 2011). Men demonstrate stoic attitudes in the face of severe symptoms, such as pain, so as not to contradict their need to be a strong man (Sobralke 2006a; Consedine et al., 2009). Men in this situation will refrain from speaking, will be silent and quiet, will attempt not to show pain, and will refrain from asking for help (Bonhomme 2007; Zancheta et al., 2010).

DISCUSSION

Despite the growing attention that has been given to masculinity in research, theories and practice, there is little empirical evidence in which gender relationships are explicitly incorporated in terms of either health or disease. For which reason, the subject of machismo in health is considered relevant and timely. This article illustrates how machismo influences the health of men themselves and those around them beyond a solely biological perspective. The impact of society in terms of both the functions assigned to men and the expectations placed on them must be taken in to account.

This study on machismo in health uses a summary to identify male behavior in sickness and in health, for which reason it can be considered a descriptive theory. However, it would be important to identify how these behaviors are seen to be influenced within the areas in which masculinity is constructed, such as the state and its policy, the area of work, and the family (Courtenay, 2000). Such areas have been described as the principle spaces in which masculinity is constructed. The results of this study can be complemented by studying the different stages of life (Evans et al., 2011), where the behavior of the young, the middle aged and older adults vary according to the social determinants that predominate in their midst (e.g. educational level, and income, among others).

Although this study was undertaken with a focus on the situation in Mexico, machismo is also found in other Latin American countries, where variations in what it means to be a man can be identified from social and cultural differences, such as language, behavior and beliefs related to machismo and the ways in which one demonstrates what it is to be a real man (Aguinaga, 1998; Viveros et al., 2001). Despite the fact that machismo is considered a characteristic of heterosexual men, there are studies that report some behaviors related to machismo in the gay population (Estrada et al., 2011), without specifying the effects that such behavior could have on the health of this population.

Our limitation was the language, we look for information in English and Spanish and the search was limited to a few databases.

CONCLUSIONS

There are characteristics manifested by men in the context of sickness and health, that have the function of giving the continuing impression that they are men. For this reason, it is important to continue studying macho attitudes in greater depth in order to develop questionnaires that focus on machismo in the context of health and its impact on the deterioration of an individual's health, the development of disease and male mortality. This will, therefore, facilitate advances in understanding the behavior of men in relation to their health, a subject which continues to be largely unexplored. Future research must be guided by the results reported here in order to validate and widen the findings described in this study.

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