

# LATINO MEN'S HEALTH & MASCULINITIES

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# GOALS

- Recognize sociocultural and multilevel economic, structural, and institutional challenges contributing to Latino men's health disparities;
- Discuss how including a gender lens enhances health practices, health professions education & training, research, and policy;
- Identify premises & promising strategies to address Latino men's health disparities, and promote health equity.

# MEN'S HEALTH DISPARITIES

- Five to 7 year shorter life expectancy when compared with females;
- Men engage in over 30 unhealthy behaviors (mostly preventable ones) that lead to increased health risks, injuries and premature deaths (*Courtenay, 2000*);
- It involves most US males but **are much worse for minority men**
- Less likely to have regular source of care or health insurance;
- Costs:
  - \$480 billion plus annually (lost productivity, premature deaths, disability and financial expenditures by government and employers (*Thorpe; Brott*);
    - Substantial hardship to their families (widows' poverty and illness) (*Bonhomme*)

# INCONVENIENT TRUTHS & WICKED PROBLEMS

- Individual vs contextual analysis of LM's health.
  - Failure to understand the societal, political, historical, and contextual factors affecting men's health, especially minority, poor and vulnerable ones (*Treadwell & Young, 2013*);
- Invisibility of gender.
  - Lack of critical examination of **gender as a critical SDoH of men's health** at national, state, and international health agencies: WHO Report on SDOH, 2008; Health People 2020; OMH Strategic framework for health; ACA (mandates a Women's Office but no Men's Office);
  - Research
    - Homogenization of men groups (*Doyal, 2000*) – “One-size-fits all”
    - Conflating “sex and gender.” Searches on “Gender & Health”= “Women & girls' health”
    - Lack of a critical gender perspective in LM's health
    - Studies findings often do not differentiate between LM and LW
- A dearth of work on Latino males and gender.
  - Major progress in minority men's masculinities and health were made by Black scholars (*Griffith, Jack, Thorpe, LaVeist, Treadwell, Young, Bonhomme among others*).

## *EXAMPLES*

HIV/AIDS PREVENTION + HETEROSEXUALLY ACTIVE MEN (*Dworkin, Fullilove & Peacock, 2008*)

REVIEW OF RCTs OF LIFESTYLE WEIGHT LOSS INTERVENTIONS  
(*Pagoto et al.2012; Goldman Rosas, 2012*)

CRC & PROSTATE CANCER SCREENING (*Christy, Mosher &Rawl, 2014 & others*)

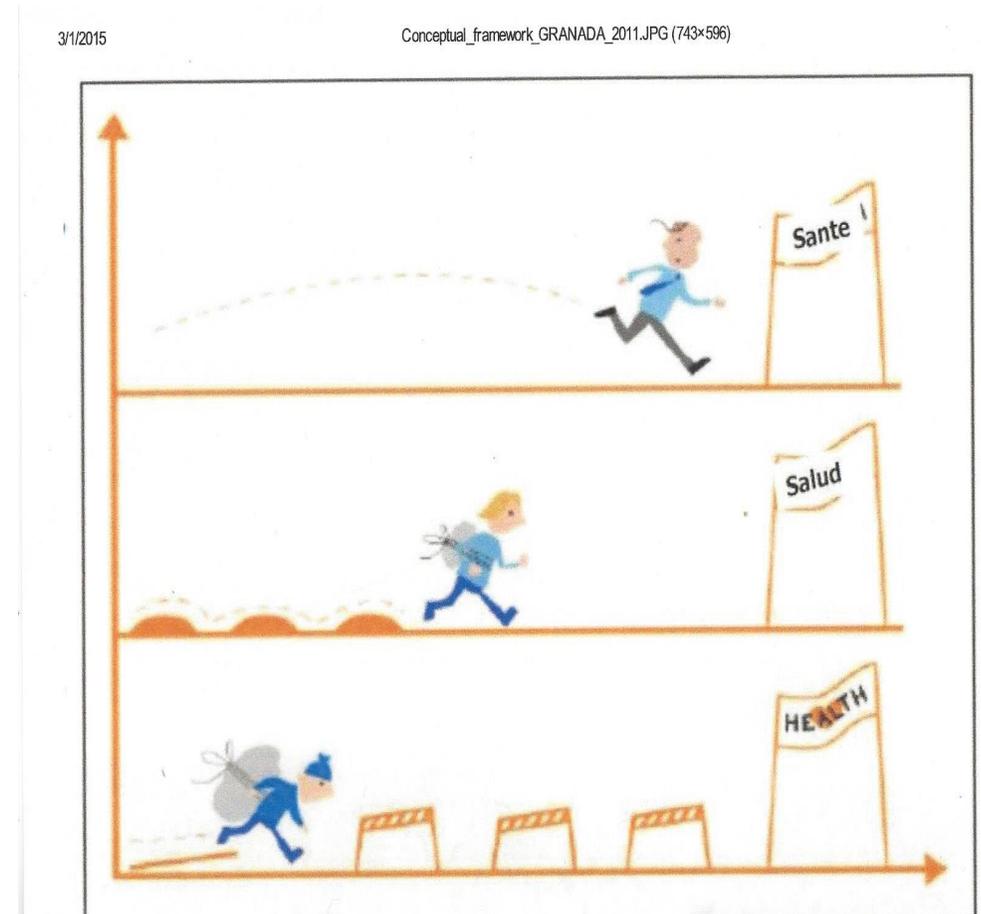
# GENDER vs SEX

- **SEX** Biologic
- **GENDER IS A MAJOR SDoH**
  - Socially constructed and a relational process (“homosociality”; one learns to be man/to be a woman in relationships within particular social contexts);
  - Reenacted in daily activities, in our relationships with others and in health and illness (*Connell, 2005; Lyons, 2009*).
  - Gender acts as performances (“Doing gender”).
  - Varies historically, culturally, spatially, temporarily, contextually, and longitudinally along the life course (kaleidoscope of masculinities and femininities).
  - Defined beyond individuals: includes contexts (spaces, communities, place), research and practice paradigms, policies, and institutions.

# WHAT KEEPS MEN OUT?

## Baggages, Bumps, and Hurdles

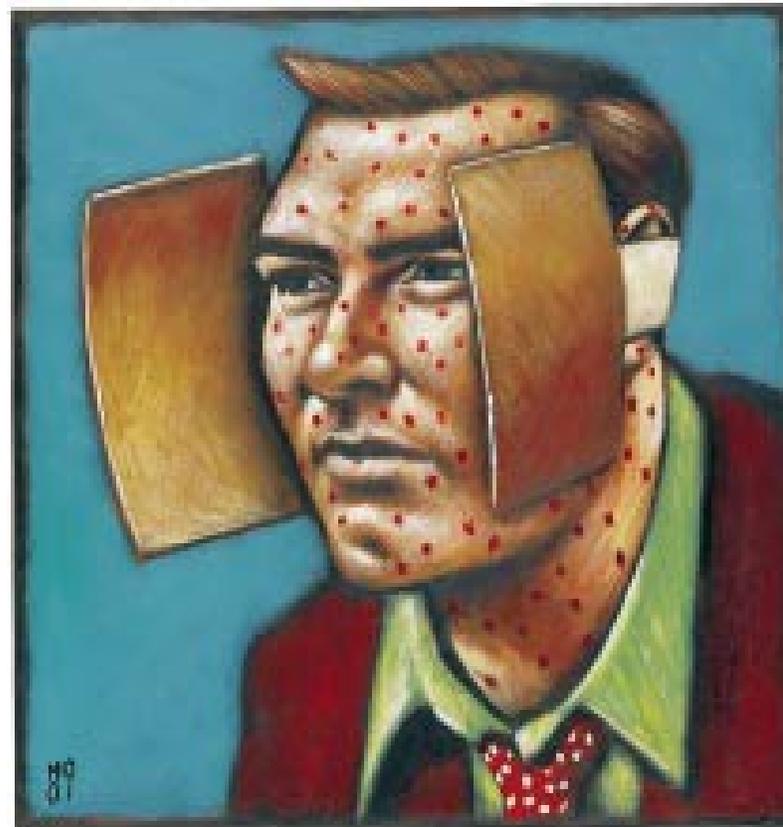
Baggages, bumps, and hurdles  
in Latino men's trajectory towards  
health and well-being



# ***BAGGAGES***

## ***Help- & Health-Seeking Behaviors, Attitudes:***

- Health care setting = a *“feminine space”*
- Talk about emotions (fear, shame, vulnerability) = *“unmanly”*
- Underutilization of health care services (even when resources are available)
- Stoicism, denial, fear, control (*“it will go away”, “tough it out”, “no owner’s manual”*)
- Poor health status; delayed Dx
- Risk-taking
- Poor health literacy
- Masculinity affects men’s health, and illnesses may challenge their masculinity



# REVISING MACHISMO

- **“Machismo”** = Assertiveness, individualism, toughness, concerns about and obsession with achieving status, competitiveness, power and control at any cost, sexual prowess/sexualized behaviors (especially relating to control of women) (*Mirande, 1979; Torres, Solberg & Claustrom, 2002; Abalos, 2004*);
- The traits ascribed to “machismo” are not only present in Latinos but are almost universal across cultures (*Casas et al., 1994*) ;
- When these characteristics above are applied to Caucasian American males, entertainers, athletes, or other celebrities, positive connotations such as strengths, virility, and sex appeal are implied (*Mirande, 1979*) ;
- However, when applied to LM, these same behavioral characteristics are described with negative connotations (“*hypermasculinity*”, *stigmatization*).

# LATINO MASCULINITIES

- Latino scholars corrected the ethnocentric and colonialist Latino masculinities to more accurately include a male gender socialization process and view of masculinity (*Guttman, Mirande, Vigoya, Torres, and others*)
- More positive qualities include Latino values: familismo, personalismo, respeto, cultural pride, dignidad, and caballerismo (*Falicov, 1998; Torres, 1998; Torres et al., 2002*)
- In its original meaning, machismo requires men to be nurturing, hardworking, brave, proud, emotionally connected, interested in the welfare and honor of their loved ones, including providing for, protecting, and defending their families and less fortunate members of society (*Mirande, 1997; Arciniega, Anderson, Tovar-Blank & Tracey, 2008*)
- It is **critical to allude and include the positive values** to promote LM proactive health behaviors & attitudes

# *BUMPS: CLINICAL ENCOUNTERS*

- Less likely to have regular source of care, insurance
- Taking time off from work
- Setting: not male-friendly - Inconvenient hours
- Long waiting times - Lack of transportation
- Professional's gender biases, racism, stereotyping, discrimination
- Practitioners not addressing men's emotions, fears, vulnerabilities or relationships
- "Individual responsibility" vs resources & opportunities



## *HURDLES: HEALTH INSTITUTIONS*

- **“Gendered” Institutions:** Health care settings, practitioners, researchers, educators, health policy decision-makers, institutions, operating within patriarchal norms;
- Gender bias in medicine and health professions, research, policy;
- Lack of education on gender-appropriate health services for men and research in medical and health professions settings (*Muller, Ramsden & White, 2013*);
- Gaps between knowledge social science and medicine about gender & health.

# HEALTH PROMOTION *ISSUES*

- Emphasis on “individual responsibility” (victim-blaming);
- Gendered background of lifestyle behaviors is overlooked, or insufficiently operationalized in design and evaluation of interventions with Latino males; and,
- Social vulnerabilities and health inequities create barriers to personal intentions to adopt self-management strategies.

# A NEW PERSPECTIVE

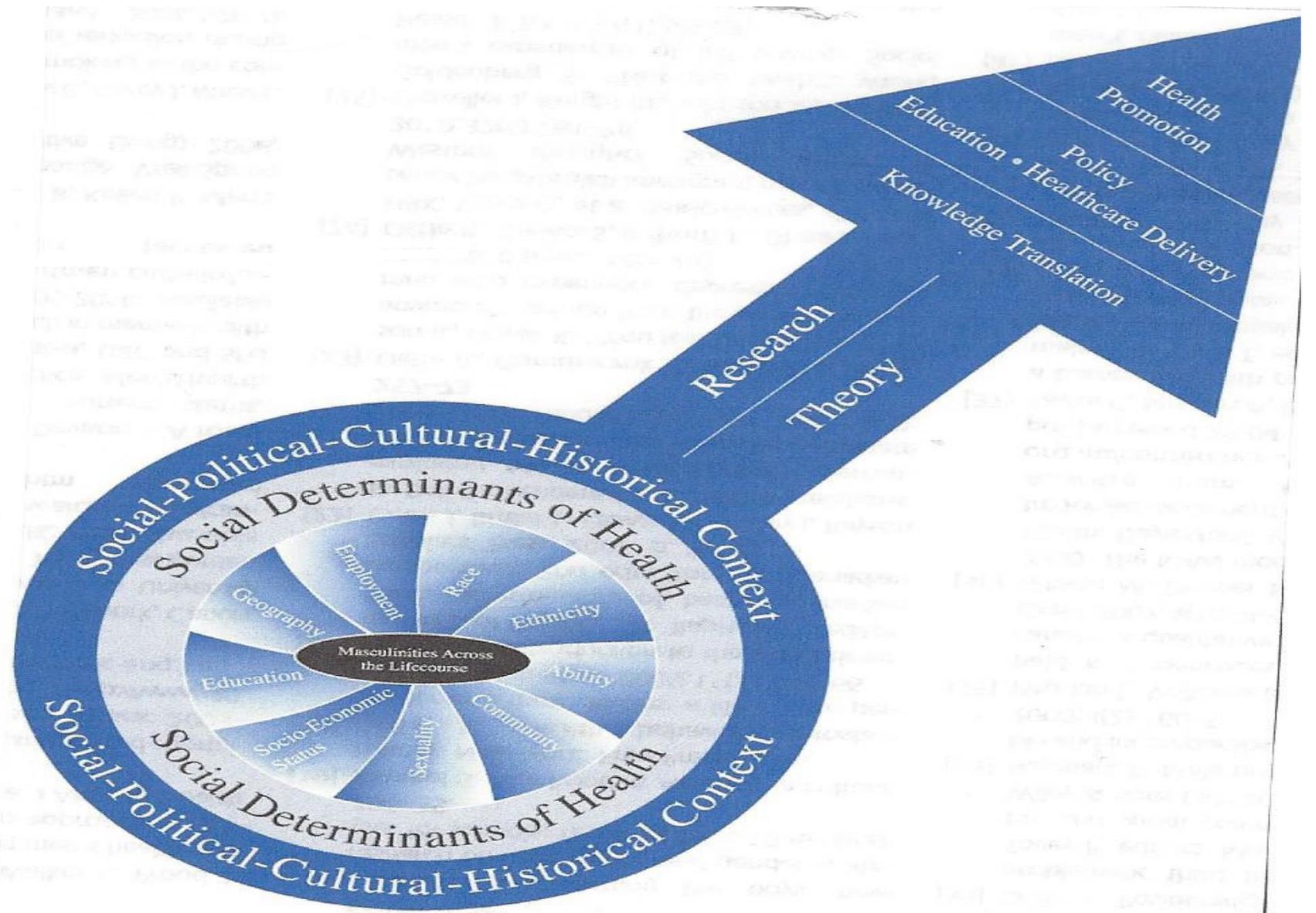
## Next Steps

- Better descriptions, definitions, data collection and analysis re. masculinities & health;
- Intersectionality focus & use of multilevel and multimodal approaches;
- Creation of accessible, safe, and inclusive spaces (avoid shaming, blaming);
- Hearing men's voices and listening to how their 'being men' impacts their health and illness); consider their maleness.
- Gender lens in local, state, and federal men's health structural and policy strategies;
- Use of humor and inclusion of "positive" deviants in interventions;
- Cultural diversity - explanatory models (*Kleinman, Eisenberg & Good, 1978*);
- Improve PriCare access - Strategic choice of provider's/facilitator's gender;
- Gender sensitive and transformative intervention premises: building trust; asset based, relational.

**Health,**  
**Illness,**  
**Men &**  
**Masculinities**

(H.I.M.M.)

(Evans, Frank, Oliffe,  
& Gregory; 2011)



# CONCLUSION

- A “**gender analysis framework**” in Latino men’s health is essential to highlight the interplay of masculinities and other SDoH.
- The understanding of LM health issues requires a gender perspective to elucidate the complexity and challenges of masculinities in health practices and promotion/ prevention interventions.
- A gender framework contributes to a more effective communication of health information to men, therefore enlisting their full participation in health promotion and prevention.
- Latinx professionals have a unique role in promoting a better understanding of gender and masculinities to successfully address Latino men health disparities and advance toward health equity.

# References

- Arciniega, G. M., Anderson, T. C., Tovar-Blank, Z. G., & Tracey, T. J. G. (2008). Toward a fuller conception of machismo: Development of a traditional machismo and caballerismo scale. *Journal of Counseling Psychology*, 55, 19-33.
- Bonhomme J (2007). Men's health: impact on women, children and society. *Journal of Men's Health and Gender*; 4(2):124-130
- Courtenay WH (2011). Dying to be men. Psychosocial, Environmental and Biobehavioral Directions In Promoting the Health of Men and Boys. Routledge, NY.
- Doyal, L. (2001). Sex, Gender, and Health: The Need for a New Approach. *British Medical Journal*. Vol. 323, 3
- Dworkin SL, Fullilove RE, and Peacock D (2009). Are HIV/AIDS Prevention intervention for heterosexually active men in the United States gender-specific? *AJPH* 99, 6:981-984.
- Evans, J; Frank; B; Oliffe, JL; Gregory D. (Mar 2011). Health, illness, men and masculinities (HIMM): A theoretical framework for understanding men and their health. *Journal of Men's Health*, Vol 8(1), 7-15.
- Galdas, P.M., Cheater, F., & Marshall, P. (2005). Men and health help-seeking behaviour: Literature review. *Journal of Advanced Nursing*, 49(6), 616-623.
- Goldman, R. E., Diaz, J. A., & Kim, I. (2009). Perspectives of colorectal cancer risk and screening among Dominicans and Puerto Ricans: Stigma and misperceptions. *Qualitative Health Research*, 19, 1559-1568.
- Griffith, D.M. (2012). An intersectional approach to men's health. *Journal of Men's Health*, 9(2), 106-112.
- Gutmann, M.C. (1996). The meanings of macho: Being a man in Mexico City. Berkeley: University of California Press.
- Korin DE (2000). Hacia el nuevo siglo: visibilidad y cambio: perspectivas de género en salud- Towards the new century: visibility and change: gender perspectives in health. *Med. Infant* 7:3947
- 
- Korin D, Fagan J. (2007). What about men these days? The invisibility of gender. *Journal of General Internal medicine*; 11(6) 381-381
- LaVeist, T., Gaskin, D., & Richard, P. (2011). Estimating the economic burden of racial health disparities in the United States. *International Journal of Health Services*, 41(2), 231-238.
- Liburd, L.C., Namageyo-Funa, A., & Jack Jr, L. (2007). Understanding "masculinity" and the challenges of managing type-2 diabetes among African-American men. *Journal of the National Medical Association*, 99(5), 550.
- Pagoto SL et al. (2012). Male inclusión in Randomized Controlled Trials of Lifestyle Weight Loss Intervention. *Obesity*; 20(6):1234-1239
- Rivera-Ramos, Z. A., & Buki, L. P. (2011). I will no longer be a man! Manliness and prostate cancer screenings among Latino men. *Psychology of Men & Masculinity*, 12, 13-25.
- Schofield, T., Connell, R.W., Walker, L., Wood, J.F., & Butland, D.L. (2000). Understanding men's health and illness: A gender-relations approach to policy, research and practice. *Journal of American College Health*, 48, 247-256.
- Thorpe, Jr., RJ, Richard P, Bowie JV, LaVeist TA and Gaskin DJ (2013). Economic burden of men's health disparities in the United States - - *International Journal of Men's Health*. 12.3: p195.