Masculinities and health

Systematic Literature review:

Introduction:

In this systematic literature review, author has performed analysis of various studies related to the masculinities and health. Masculinities are the characteristic features of the male sex and can be defined as a trait of behaving in ways which are considered typical for the males. For the determination of association between masculinities and health especially in context of Australia, US, Canada, UK and Scandinavian countries, author performed this literature review. Various factors are associated with masculinities that can exert both positive and negative influences on the individuals' health. For the exploration of these factors and to evaluate various measuring scales of masculinities, author gathered data from the available literature resources. In this process he adopted both electronic and manual methods of data collection. Several sites and literature databases were explored for authentic and relevant information in this context. Main databases used in this literature review are:

British National Formulary

CINAHL

Cochrane library

Intermid

Journal citation reports

Medline

Pubmed

NHS evidence

Oxford reference online

Science direct

Trip database plus

Web of science.

Author compiled the resources and limited his area of literature research and journal articles from the recent years and in the English language.

Key words used in research were:

1. CINAHL:

Factors affecting masculinities and its evaluation

Masculinities and evaluation of its consequences on the health.

Masculinities and health.

2. Cochrane:

   Masculinities and health in title.

   Masculinitis and evaluation in title

   Masculinities and associated factors in title

3. Pubmed:

   Masculinities and duration in title.

   Masculinities and health evaluation in title

   Masculinities and associated factors in title

4. NHS evidence:

Masculinities

5. Science direct:

   Masculinities

6. Trip database plus

   Masculinities and factors associated with it.

   Factors related to the Masculinities and evaluation of its affects on the health

7. Web science:

   Masculinities and its consequences

   Interventions associated with Masculinities

8. Oxford reference online:

   What are the factors which influence Masculinities in society?

   Masculinities and its evaluation

9. Intermid

   Masculinities and associated factors

   Masculinities and its effects on health of people.

10. Journal citation reports:

    Masculinities: measuring scales of masculinities and its effects.

11. British National Library:

    Masculinities and its related factors

    Measuring scales of Masculinities.

12. Medline:

Masculinities and its consequences

Masculinities and its associated factors

Pros and cons of Masculinities and its effects on the health in the modern society.

According to various investigators, different scales have been developed for the measurement of masculinities. These are as follows:

1. The Macho scale- This scale was developed by Villemez and Touhey in 1977. This scale consists of 28 items and it is useful in measuring individual differences in endorsement of sexiest attitudes and discriminatory practices. A 5 point (0-4) Likert type format is used with responses from strongly agree to strongly disagree (test – retest reliability average 91) (Villemez and Touhey in 1977).
2. Attitude towards the male role scale (AMR): This scale was developed by Doyle and Moore in 1978. Purpose of this scale was to index public attitudes towards the appropriate behavior for men. This scale is rated on a 4 point disagree – agree format. 5 distinct factors are covered in this scale; these are male dominance, vocational pursuits, sexuality, emotionality and relations with women and other men. AMR has high internal consistency (alphas in low.90s) and test – retest reliability of 89 for men and .85 for women.
3. Attitude toward Masculinity Transcendence Scale (ATMTS): This scale was developed by Moreland and Van Tuinen in 1978. Main purpose of this scale is the inventory of attitudes toward the changing societal norms and values defining masculinities. This 46 item containing scale is based on comparing the gender "transcendent" male behavior vs. a stereotypically masculine male. A 5 point Likert scale is used to measure agreement and disagreement with masculinity norms and values. This scale presents a good reliability (95 for men and .94 for women).

4. Attitude toward Men Scale (AMS): This scale was developed by Downs and Engleson in 1982. Purpose of this scale was to measure public attitudes towards the roles and status of men. This scale comprises of 34 items and each item is worded as a declarative statement. A 4 point Likert scale is used to measure masculinities and ranged from agree strongly to disagree strongly. Internal consistency reveals alpha of 89 for men and 86 for women and test- retest reliabilities of 94 for males and 90 for females.
5. Macho Scale: This scale was developed by Bunting and Reeves in 1983. Few authors stated hyper masculinity as a pathological behavior. Purpose of this scale aimed to adapt this idea to the assessment of masculinities. This scale consists of 15 items and intended only for male respondents. Limitation of this scale is that it is best suitable for unmarried.
6. Attitude toward men scale (AMS): This scale was developed by Iazzo in 1983. Purpose of this scale was to determine the attitudes that women have about men. This 32 item containing scale used a 4 point Likert based agree – disagree format. Full scale shows good reliability (alpha coefficient = 79) and not related with the Crowne - Marlowe Social Desirability scale (r = 02).
7. Brannon Masculinity Scale (BMS): This scale was developed by Brannon and Juni (1984; Brannon, 1985) to measure individuals' approval of the norms and values that define the male role. In this scale 110 items are involved. 16 out of 110 items are reverse scored and all items have a male noun anchoring the sentence. A 7 point Likert scale ranged from strongly disagree to strongly agree format was used to measure in this study. Test – retest reliability was 92 and internal consistency was high with an alpha of 95.
8. Male Role Norms Scale (MRNS): This scale was developed by Thompson and Pleck in 1986. Masculinity ideology proposed by Brannon forms the basis of this scale and it was derived by analyzing the 58 items of BMS. In this scale, 28 items are present and 7 point Likert scale is used to measure the responses ranged from very strongly disagree to very strongly agree. 2 out of 26 items are reverse scored.
9. Stereotypes about Male Sexuality Scale (SAMSS): This scale was developed by Snell, Belk and Hawkins in 1986. Purpose of this scale is to index attitudes toward ten stereotypes about male sexuality. Evaluation of each stereotype is done with 6 declarative statements about men. This 60 item containing scale uses a 5 point Likert scale with responses ranging from agree to disagree. Average of alpha value is .80. Strength of this

scale is that it expands the scope of attitudes toward masculinity to include sexual behavior.

10. Male Role Norms Inventory (MRNI): This scale was developed by Levant et al in 1992. In this scale, 58 normative and nontraditional statements about the male role are present and 7 point Likert scale is used to measure the responses ranged from agree to disagree. Reliability for this scale is 70 to .80 and alpha for the complete scale was 93. Confirmatory factor analysis indicated that MRNI consists of 3 rather than 7 male role dimensions.
11. Male Role Attitudes Scale (MRAS): Thus scale was developed by Pleck, Sonenstein and Ku and it consists of 8 items. Coefficient alpha for this scale is 56. MRAS uses only those items that are concerned mainly with the importance of men fulfilling masculinity standards. Advantages of MRAS are its construct validity and the evidence of its discriminate validity in relation to the gender attitudes more generally also act as its strength. Internal reliability of MRAS is lower than any other scale.

Measure for other masculinity related constructs:

1. Traditional – Liberated content Scale (TLCS): This scale was developed by Fiebert in 1983. Purpose of this scale is to determine men behavior and feelings in 4 social relations: relationship with other men, women, children and involvement at work. A 7 point Likert scale is used to measure responses from very strongly agree to very strongly disagree. Test – retest reliability of 29 item containing scale is 85.
2. Hyper masculinity Inventory (HMI): This scale was developed by Mosher and Sirkin in 1984 and Mosher and Tomkins in 1988. HMI measures three components of macho personality construct: Sex attitude, violence and danger as exciting. 10 items for each dimension constitute this 30 item containing scale. Alpha for the complete scale s .89. Major strength of HMI is its construct validity (Mosher and Sirkin in 1984 and Mosher and Tomkins in 1988.
3. Masculine Role Inventory (MRI): This scale was developed by Snell in 1986. It was designed to measure men's compliance with three standards of masculinity. Initially this scale contained 30 items but factor analysis reduced this number to 25. The response

format is a 5 point Likert scale ranging response from strongly disagrees to strongly agree and in this scale one item is reverse scored (Snell, 1986).

4. Gender Role conflict Scale: This scale was developed by O'Neil and his colleagues in 1986. This form of conflict is defined as a psychological state arising from the contradictory and unrealistic messages with in the standards of masculinity. GRCS – I was developed as an inventory of men's reactions to the gender expectations. This scale consists of 37 items and uses 6 point Likert scale to measure responses from strongly agree to strongly disagree.

   GRCS – II measures men's comfort and conflict in few concrete situations. Responses are evaluated by using 4 point Likert scale ranging from very much conflict/ very uncomfortable to no conflict / very comfortable (O'Neil et al, 1986).
5. Masculine gender Role Stress Scale (MGRS): This scale was developed by Eisler and Skidmore in 1987 to measure the way individuals appraise five types of situations that are common to men's lives and is more stressful than the women's lives. This 40 item containing scale uses 7 point Likert scale and responses range from not stressful at all to extremely stressful. Test - retest reliability is 93 for this scale (Eisler and Skidmore, 1987).
6. Gender – Equitable Men (GEM)scale: This scale was developed by Julie Pulerwitz in 2007. Purpose of this scale is to measure attitudes toward gender norms among young men. 24 items are resent in this scale and items are based on previous qualitative work in the community and literature review. Factor analysis indicates 2 subscales and this scale is internally consistent (alpha = .81) (Julie Pulerwitz et al, 2007).

Review of selected studies:

After the relevant data collection author performed review of entire literature database for the identification of Masculinities and its effects on the health. Reviews of published studies in this context are as follows:

Masculinity and perceived normative health behaviors as predictors of men's health behaviors.

Introduction:

This study was conducted by James R. Mahalik et al in 2007. This study was based upon the fact that masculine behaviors of males can be the predictors of their health behaviors. Gender role socialization encourages the males to neglect their health and they adapt unhealthy life style (Courtenay, 2000; Harrison,Chin, & Ficarrotto, 1992). The man who constructs masculinity as being risk taker or being self – reliant can indulge in deleterious habits and never seek help from other people (Courtenay, 2001, p. 1389).

Aims and objectives:

Main aim of this study was to examine the participation that masculinity and males' perception of normative male and female health behaviors make in predicting men's own health behaviors beyond that accounted for by sociodemographic variables. Those males who are in habit of endorsing masculine features more than the normal they are prone to report more health risk behaviors than the other people.

Materials and Methods:

In this study 140 males were included. Their age ranged from 18 to 78. Participants were married, heterosexual, university -educated and employed. Following instruments were involved to assess the relationship between masculinity and male's health behavior.

1. Health promotion behaviors:

A Likert – type scale ranging from 1 (never) to 6 (always) was used to calculate the index of health promotion behaviors. Results of these health promotion behaviors had significant differences between men and women (Courtenay, 2000). Range of scores was 8 – 48 and higher scores indicate more health promoting behaviors.

2. Measurement of masculinity:

The Conformity to Masculinity Norms Inventory (CMNI; Mahalik et al., 2003) is a 94-item questionnaire that assesses conformity to the norms of masculinity in the United States. A 4 point

Likert – scale is used for this purpose from strongly disagree (0) to strongly agree (3). Scores of masculinity range from 0 to 282 and higher scores indicate greater conformity to masculinity. According to a author (Mahalik et al, 2003) inventory yields 11 factors which are validated for the masculinity norms. Estimates of internal consistency for the Inventory range from .75 to .91 for the 11 Masculinity Norms with an alpha of .94 for the Inventory Total score (Mahalik et al., 2003). Test–retest reliability over a 2–3 week period ranged from .75 to .95 for the eleven Masculinity Norms with a .96 test–retest coefficient for the Inventory Total score (Mahalik et al., 2003). Possible scores range from 0 to 33. Test–retest reliability over a 2–3 week period for the 11-item scale is strong (r = .88). The Spearman–Brown estimate for the 11-item scale estimating the original 94 item length was = .83, and the 11-item scale correlated strongly with the 94-item version of the Inventory (r = .86). Given that the items represent different factors in the original 94-item version, theta was calculated as a special case of alpha that compensates for multidimensionality (Ferketich, 1990). In this study theta was .64.

3. Perceptions of normative of health behaviours:

These were assessed through 48 statements and result was rated on a 6 point scale. Higher scores reflected perceptions of health promoting behavior.

For statistical analysis, hierarchical multiple regression method was used in this study.

Results and Discussion:

Findings from the full hierarchical regression indicated that men were more prone to health promoting behaviors in those circumstances when they conformed less to traditional masculine norms. This conclusion supports the fact that men have poorer health practices than women (Courtenany, 2000).

Conclusions and analysis:

Strength of this study is consistency of results with the past researches. This study also extends the literatures by examining the unique contribution that both masculinity and social norms make in explaining men's health behaviors. Few limitations associated with this study are:

1. Correlation nature of the study. It was not possible to make inferences about relationships between predictor's and men's health behavior.
2. Sample was recruited online and there is a possibility of difference between respondents and non – respondents.
3. Heterosexual raising of respondents was concerned with the fact if their relationships would be replicated with men from other racial backgrounds and sexual orientations in the same manner.

Results of this study concluded that masculinity and men's experiences of health behaviors contribute variances in explaining their health related attitudes.

The Male Attitude Norms Inventory-II : A Measure of Masculinity Ideology in South Africa

Introduction:

This study was conducted by Russell Luyt in 2005. This study was conducted to measure masculinity ideology in South Africa.

Aims and objectives:

Major aim of this study was the development of Male Attitude Norms Inventory –II (MANI – II). For this purpose author revised the norms and policies of MANI- I (Luyt and Foster 2001). Mainly 3 criteria were used to revise MANI – I. these were: theoretical reasoning, validity construction and reliability.

Materials and Methods:

In this study 339 male participants were included and questionnaires were distributed among them. Age of the participants ranged from 17 to 38 and average age was 20.75 years. Response rate of 89.92 % achieved and majority (95.8%) were unmarried and were enrolled in humanities related course (46%).

2 Types of questionnaire were distributed, those containing even numbered questions and those with odd numbered questions. Individuals who received even numbered questions were requested to complete MANI – II first and those individuals who received odd numbered questions were requested to complete MANI – I first. Authors suggested that this counter balancing precaution would be able to mitigate the order effects (Neuman, 1997). There were 3 sections in the questionnaire: demographic page, MRNI (Levant et al. 1992), and the newly revised MANI-II.

Results and Discussion:

Following criteria are very important in the development of gender measures (Beere, 1990).

1. Indicators of validity: Assessment of construct validity was performed by factorial and convergent investigation.

   Factorial investigation:

   A factorial analysis was performed to ensure whether theoretically and empirically motivated dimensions which were used to structure the MANI – II would materialize through a procedure in which few factors were extracted through main factor analysis (Communalities Multiple R2).

   Convergent validity investigation:

   Convergent validity assesses the degree to which 2 similar instruments measure the same construct. Levant and Fischer (1996) reported that MRNI displayed convergent validity with GRSS (Eisler and Skidmore 1987), as well as GRCS-I (O'Neil et al. 1986).

2. Indicators of reliability: Internal consistency that is measured in the form of alpha is considered as the most efficient means of measuring reliability (Beere, 1990). MANI – II showed an excellent overall internal reliability in Cronbach's alpha of 0.90.

Conclusion and analysis:

Advantage of this article is that it has represented contextual relevance of masculinity measure scales. This study indicates that to maintain the validity of results, cross cultural researchers should be prepared to undertake the onerous task of instrument development.

Results of this study support the construct validity and internal reliability of MANI – II. Factorial investigation also gathered supportive findings regarding MANI – II's construct validity. The MANI-II and MRNI subscales are interrelated and MANI-II offers a contextually sensitive and multidimensional measure of masculinities. Further research in this area should include a appropriately selected sample, it should establish test-retest reliability, and further examination of total and subscale construct validity should be included.

Traditional Masculinity and African American Men's Health-Related Attitudes and Behaviors

Introduction:

This study was conducted by Jay C. Wade in 2008. Literature on the topic of men and masculinity indicates that men's masculinity ideology is capable enough to influence men's health behaviors (Lee & Owens, 2002). Masculinity ideology can be defined as the various beliefs about the importance of men adhering to the ancient standards of culture, which dictates the males' behavior (Pleck, Sonenstein, and Ku (1993).

Aims and objectives:

Major aim of this study was to investigate various related and unrelated aspects of masculinity that can relate to the African – American men's health related different behaviors and attitudes. According to the past literature, men are having natural tendency of risk taking to prove their masculinity and sometimes it can be proved life – threatening (Sabo & Gordon, 1995).

Materials and Methods:

Author included 208 African – American males residing in the New – York in this study. Mean age of participants was 37 years. Following measures were used to examine the relationship between masculinity ideology and health related attitudes.

1. Male Roles Norm Inventory (MRNI): This was used to assess traditional masculinity ideology (Levant et al, 1992). MRNI is a 45 item scale with 7 subscales. A 7 point Likert type scale was used to record participants' score ranging from 1 (strongly disagree) to 7 (strongly agree). Higher score indicates more traditional masculinity ideology.
2. Holistic lifestyle questionnaire: This was used to assess health related behaviors (National Wellness Institute, 1992). In this measure 100 questions are used to measure 10 dimensions of personnel wellness. Every dimension forms a subscale that comprises 10 items. Finally each item scored on a 5 point scale from 1 (almost never) to 5 (almost always). Higher score indicates better personal wellness.
3. Health Orientation Scale (HOS): This was used to assess those psychological tendencies that are health related (Snell and Johnson, 2002). In this measure 50 items are used to measure 10 dimensions. Every dimension forms a subscale that further consists of 5 items. These items are finally scored on a 5 point scale from 1 (not at all related to me) to 5 (very much related to me).

Results and discussion:

Results of this study indicated that traditional masculinity norms of self – reliance and aggression are associated with the behavior of individuals which is conducive to the personal wellness and certain health related psychological tendencies. This conclusion can be drawn after taking various factors into consideration like age, education, income etc of various participants.

Conclusion and analysis:

Plus point related to this study is consistency of results with the past researches and significant relationship between different variables. Limitations of this study are as follows:

1. Small sample size with lack of diversity.
2. Small correlations between findings left many variables unaccounted.
3. Author did not take the effects of psychological factors into consideration in this study.

Various findings and data related to this study conclude that masculine characteristics are directly related to the health associated behavior in case of African – American men.

What do Asian men consider as important masculinity attributes? Findings from the Asian Men's Attitudes to Life Events and Sexuality (MALES) Study.

Introduction:

This study was conducted by Chirk Jenn Ng et al in 2008. In the whole world, males are suffering from poorer health in comparison to females (WHO, 2001). This is because of the fact that masculine characteristics of the males prevent them from seeking health care (Weissman MM, 1997; Husaini B, 1994).

Aims and Objectives:

Aim of this study was to investigate about the Asian men's perception on the topic of masculinity.

Materials and Methods:

In this study 5 Asian countries participated (China, Japan, Korea, Malaysia and Taiwan) and a total of 10,934 men aged 21–75 years were interviewed. For the interview process, a standard

questionnaire was also prepared for this purpose. This questionnaire was based upon the original MALES study (Rosen RC, 2004).

Results and Discussion:

Results indicated that attitude and behavior of men's towards the masculinity feature were not consistent and depends upon the country of their origin. Overall, most important attributes were considered like 'having a good job' (20.3%), 'being seen as a man of honor' (15.6%) and 'being in control of his own life' (14.6%).

Conclusions and analysis:

Advantages of this study is that this is the first large scale survey in Asia, which is related to the men's perception of masculinity. Thus results of this study will be beneficial for the future references.
Limitations:

1. There was difficulty in obtaining a desired representative sample in some countries due to logistic issues.
2. Difficulty in generalization of results.

Views of males from all 5 selected countries vary considerably on the masculine characteristics, but age played an important role in this context and their perceptions remained constant with the age.

Masculinity and Urban Men: Perceived Scripts for Courtship, Romantic, and Sexual Interactions with Women.

Introduction and objectives:

This study was conducted by David Wyatt Seal in 2003 and objective of this study was to investigate the men's perception of heterosexual scripts.

Methods and results:

In this study author included 100 heterosexually active men. These participants were selected from STD clinics in urban neighborhoods in New York City. Methodology selected in this study was qualitative. Results of this study explained men's tension between their desire for emotional versus sexual intimacy. Men's narratives also revealed gender role and gender script uncertainty as they attempted to understand and internalize changing societal norms.

Discussion and conclusion:

Various key themes emerged as advantages in this study. These are:

1. Broader conceptualizations of courtship and romance may be warranted**.**
2. Tension between the competing desire for emotional versus sexual intimacy.
3. Combination of traditional and non-traditional gender role and gender script adherence

Limitations:

1. Men's heterosexual interactions need to be explored.
2. Research with more diverse and cross cultural samples is required.
3. Research is required to disclose the complex interaction between the interpersonal and intrapsychic scripts **(Ortiz-Torres et al. 2003, Seal et al. 2000).**

In this study developmental trends reflected the men's transition from considering sex as an endpoint to viewing it as a component of emotional intimacy. All findings have been concluded as the developmental and cultural influences on men's heterosexual behavior.

The Adolescent Masculinity Ideology in Relationships Scale: Development and Validation of a New measure for boys

Introduction and objectives:

This study was conducted by Judy Y Chu et al in 2005. Main objective of this study was to present a new scale to measure adolescent boys' internalization of masculine norms. Adolescent

Masculinity Ideology in Relationships Scale (AMIRS) narrates about the perceptions and experiences of masculinity in adolescents, mainly in the company of their group.

AMIRS incorporate the fact that it lies within the contexts of interpersonal relationships that masculine norms are introduced. Male Role Attitudes Scale (MRAS; Pleck, Sonenstein, and Ku 1994) was also developed in this direction and it refers directly to relational contexts.

A brief description of these scales is a follows:

Male Role Attitudes Scale (MRAS):

Following points constitutes the MRAS scale:

1. It is essential for a guy to get respect from others.
2. A man always deserves the respect of his wife and children.
3. I admire a guy who is totally sure of himself.
4. A guy will lose respect if he talks about his problems.
5. A young man should be physically tough, even if he's not big.
6. It bothers me when a guy acts like a girl.
7. I don't think a husband should have to do housework.
8. Men are always ready for sex.

Adolescent Masculinity Ideology in Relationships Scale (AMIRS):

Following are the components of this scale:

1. It is important for a guy to act like nothing is wrong, even when something is bothering him.
2. In a good dating relationship, the guy gets his way most of the time.
3. I can respect a guy who backs down from a fight. (a)
4. It is ok for a guy to say no to sex. (a)
5. Guys should not let it show when their feelings are hurt.
6. A guy never needs to hit another guy to get respect. (a)
7. If a guy tells people his worries, he will look weak.

8. I think it's important for a guy to go after what he wants, even if it means hurting other people's feelings.
9. I think it is important for a guy to act like he is sexually active even if he is not.
10. I would be friends with a guy who is gay. (a)
11. It is embarrassing for a guy when he needs to ask for help.
12. I think it's important for a guy to talk about his feelings, even if people might laugh at him.

Scoring criteria: Range of every described item is 1 to 4. Here, 1 refers to disagree a lot and 4 refer to agree a lot.

(a) – It means that particular item is reversed for scoring.

Few studies were conducted by the author for scale development and validation. These are as follows:

Study for scale development:

In this study 65 adolescent boy of age 12 – 18 were selected from California and New England. . Qualitative methodology was selected. Ethnographic observations were made and data was analyzed by using clustered matrices (Miles and Huberman 1994).

Analysis of the content and themes resulted in the emergence of recurrent themes. Like conventions of masculinity. These include toughness, emotional vulnerability and heterosexual dominance. Consistency of different participants' perception to regulate their projected social personas offers empirical evidence that there is a hegemonic masculinity ideology composed.

Contents of the scales are mainly presented in the boys' own words and written by the third person strategically to improve boys' comfort.

Study for the scale validation:

In this study following participants were involved.

1. 114 boys form the 7th grade.
2. 133 boys from 8th grade.
3. 31 boys from high school.

Each sample responded for the following scales:

1. AMIRS scale.
2. MRAS scale.
3. MBS (Masculine Behavior Scale) – It consists of brief items regarding stereotypically masculine behaviors. Three subscales measure restrictive emotionality (Cronbach's alpha = .89), inhibited affection (Cronbach's alpha = .89), and exaggerated self-reliance (Cronbach's alpha = .69). Respondents indicate their agreement using a five-point scale, ranging from +2 to –2 with a neutral midpoint (0). Higher scores indicate conventional views on men's expected behaviors

Limitations:

1. Diverse population of adolescent boys is required for effective evaluation of different scales developed in this study.
2. Additional psychometric and statistical tests of AMIRS need to be done to establish its efficacy.
3. Evaluation of test – retest reliability of AMIRS in this study was not possible.
4. Generalization of scales findings is difficult in this study.

Conclusion:

Apart from the few limitations, results of this study successfully validate the different scales developed to measure men's masculinity.

Grid containing information regarding above studies is as follows:

	Name of study	Place of study	Number of participants	Type of study	Methodology used	Access to health services	Utilization of health services by men
1	The Adolescent Masculinity Ideology in Relationships Scale: Development and Validation of a New measure for boys	San Francisco	a) In scale development study: 65 b) In scale validation study: 278	Primary research	Qualitative	Access to health services was possible by means of various questionnaires used to develop different scales.	. After the development of various scales it was relatively easy to measure the masculinity scores of different mens'. Thus health services utilization was possible after appropriate

							development and validation of masculinity scales.
2	Masculinity and perceived normative health behaviors as predictors of men's health behaviors.	USA	140 young males	Primary research type of study	Qualitative	Health services can be approached based upon the scores of health promotion behaviors and masculinity. Cognitive interventions are required to modify males' masculine related cognitive schemes.	Males utilize these cognitive health services and adapt healthy behavior both in terms of healthier personal characteristics and logical behavior change.

3	The Male Attitude Norms Inventory-II : A Measure of Masculinity Ideology in South Africa	Cape Town - South Africa	339 males	experimental study with a primary research	Quantitative and qualitative	To improve the access to the health services and to overcome the drawbacks of MANI - I , a new measure of masculinity ideology was developed in South Africa that is MANI - II.	For the effective utilization of health services and for their measurement, exploratory analysis concluded a 3 factor model of traditional masculinity, which accounted for 31.44 % of total variance.

4	Traditional Masculinity and African American Men's Health-Related Attitudes and Behaviors	New York - USA	208 males	experimental study with a primary research	Qualitative	Health services can be approached based upon the scores of 3 measures (MRNI, HLQ, and HOS). After accurate identification of individuals' score these services can be utilized in an appropriate manner.	After utilization of health services, improvement in the peoples' status can be measured and follow can be planned after adequate analysis to track the findings.

5	What do Asian men consider as important masculinity attributes? Findings from the Asian Men's Attitudes to Life Events and Sexuality (MALES) Study	5 Asian countries (China, Japan, Korea, Malaysia and Taiwan)	10, 934 males	Cross - sectional study	Quantitative and Qualitative	Health services were approached through systematic interviews and predesigned questionnaires.	Measurement of health services utilization was accomplished by various factors like major attributes of masculinity.
6	Masculinity and urban men : perceived scripts for courtship, romanticand sexual intercations with women.	New York	100	Primary research type	Qualitative	Various key themes emerged in this study. Successful evaluation of these themes made access to the health care possible.	With the help of themes concluded, mens' will be able to understand changing social norms and willl

							utilize the health services in a appropriate manner.

Conclusion:

Above illustrated literature review represents various effects of masculinity on the health of the individuals in the context of different countries. This review has also presented various masculinity scales been developed by the researchers and their role in recording various findings.

References:

1. Beere, C. A. 1990. *Gender roles: A handbook of tests and measures*. New York: Greenwood.
2. Clare, A. (2000). On men: masculinity in crisis. London: Chatto & Windus.
3. Connell, R. W. (1995). Masculinities. Berkeley, CA: University of California Press.
4. Connell, R. W. (2002). Gender: short introduction. Cambridge: Polity Press.
5. Courtenay, W. H. (2000). Behavioral factors associated with disease, injury, and death among men: Evidence and implications for prevention. The Journal of Men's Studies, 9, 81–142.
6. Courtenay, W. H. (2001). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. Social Science & Medicine, 50, 1385–1401
7. Douglas, J. D. (1967). The social meanings of suicide. Princeton, New Jersey: Princeton University Press
8. Eisler, R. M., and J. R. Skidmore. 1987. Masculine gender role stress: Scale development and component factors in the appraisal of stressful situations. *Behaviour Modification* 11:123 - 36.
9. Ferketich, S. (1990). Focus on psychometrics: Internal consistency estimates of reliability. Research in Nursing & Health, 13, 437–440.
10. Gunnell, D., Peters, T. J., Kammerling, R. M., & Brooks, J. (1995). Relation between parasuicide, suicide, psychiatric admissions, and socioeconomic deprivation. British Medical Journal, 311, 226e230.
11. Harrison, J., Chin, J., & Ficarrotto, T. (1992). Warning: Masculinity may be dangerous to your health. In M. S. Kimmel, & M. A. Messner (Eds.), Men's lives (pp. 271–285). New York: Macmillan Press.
12. Husaini B. Psychiatric symptoms and helpseeking behavior among the elderly: an analysis of racial and gender differences. J Gerontol Soc Work 1994;21:177–93.
13. Lee, C., & Owens, R. G. (2002). *The psychology of men's health*. Philadelphia: Open University Press

14. Levant, R. F., Hirsch, L., Celentano, E., Cozza, T., Hill, S., MacEachern, M., et al. (1992). The male role: An investigation of norms and stereotypes. *Journal of Mental Health Counseling, 14,* 325-337.
15. Levant, R. F., L. Hirsch, E. Celentano, T. Cozza, S. Hill, M. MacEachern, N. Marty, and J. Schnedeker. 1992. The male role: An investigation of contemporary norms. *Journal of Mental Health Counseling* 14:325-37.
16. Levant, R. F., R. Wu, and J. Fischer. 1996. Masculinity ideology: A comparison between U.S and Chinese young men and women. *Journal of Gender, Culture and Health* 1:207-20.
17. Luyt, R., and D. Foster. 2001. Hegemonic masculine conceptualisation in gang culture. *South African Journal of Psychology* 31:1-11
18. Mahalik, J. R., Locke, B., Ludlow, L., Diemer, M., Scott, R. P. J., Gottfried, M., et al. (2003). Development of the Conformity to Masculine Norms Inventory. Psychology of Men and Masculinity, 4, 3–25.

Men's Attitudes to Life Events and Sexuality (MALES) study: I. Prevalence of erectile dysfunction and related health concerns in the general population. Curr Med Res Opin 2004;20(5):607–17

19. National Office for Suicide Prevention (NOSP). (2009). Annual report 2008. Dublin, Ireland: Health Services Executive
20. National Wellness Institute. (1992). *TestWell, a wellness inventory*. Stevens Point, WI: Author
21. Neuman, W. L. 1997. *Social research methods: Qualitative and quantitative approaches*. Boston: Allyn & Bacon
22. O'Neil, J. M., B. J. Helms, R. K. Gable, L. David, and L. S. Wrightsman. 1986. Gender role conflict scale: College men's fear of femininity. *Sex Roles* 14:335-50
23. Pleck, J. H., Sonenstein, F. L., & Ku, L. C. (1993). Masculinity ideology: Its impact on adolescent males' heterosexual relationships. *Journal of Social Issues, 49,* 11-29.
Publications Inc
24. Redley, M. (2003). Towards a new perspective on deliberate self-harm in a area of multiple deprivation. Sociology of Health and Illness, 25(4), 348e373

25. Rosen RC, Fisher WA, Eardley I, Niederberger C, Nadel A, Sand M, et al. The multinational
26. Sabo, D., & Gordon, D. F. (Eds.). (1995). *Men's health and illness: Gender, power, and the body*. Thousand Oaks, CA: Sage.
27. Snell, W. E., Jr., & Johnson, G. (2002). The development and validation of the Health Orientation Scale: A measure of personality tendencies associated with health. In W. E. Snell Jr. (Ed.), *Progress in the study of physical and psychological health*. Cape Girardeau, MO: Snell.
28. Strauss, A., & Corbin, J. (2008). Basics of qualitative research: techniques and procedures for developing grounded theory (3rd ed).. Thousand Oaks CA: Sage
29. Weissman MM, Klerman GL. Sex differences and the epidemiology of depression. Arch Gen Psychiatry 1977;34(1):98–111.
30. World Health Organzation. Men, Aging and Health. Achieving Health across the Lifespan. WHO Report. WHO: Geneva; 2001. Available at: http://whqlibdoc.who.int/hq/2001/WHO_NMH_NPH_01.2.pdf.
31. Miles, M. B., and A. M. Huberman. 1994. *Qualitative data analysis: An expanded sourcebook*. 2nd ed. Thousand Oaks, CA: Sage
32. Pleck, J. H., F. L. Sonenstein, and L. C. Ku. 1993a. Masculinity ideology and its correlates. In *Gender issues in contemporary society*, edited by S. Oskamp and M. Costanzo. Newbury Park, CA: Sage.
33. Ortiz-Torres, B., Williams, S. P. and Ehrhardt, A. A. (2003) Urban women's gender scripts: implica-tions for HIV prevention. Culture, Health and Sexuality, 5, 1-17.
34. Seal, D. W., Wagner, L. I. and Ehrhardt, A. A. (2000) Sex, intimacy, and HIV: an ethnographic study of a Puerto Rican social group in New York city. Journal of Psychology and Human Sexuality, 11, 51-92.
35. Julie Pulerwitz and Gary Baker (2007). Measuring attitudes toward Gender norms among young men in Brazil : Development and psychometric Evaluation of the GEM scale. Men and Masculinities, vol 10 Number 3, April 2008; 322-338.
36. Eisler R M, Skidmore J R (1987). Masculine gender role stress scale deveoplment and component factors in the appraisal of stressful situations. Behavior modifications, 11, 123 – 136.

37. O'Neil, Helms B J and Wrightsman, LS (1986). Gender role conflict scale. College men's fear of femininity. Sex roles, 14, 335 – 350.
38. Snell and Hawkins, RC (1986). The masculine role as a moderator of stress – distress relationships. Sex role, 15, 359 – 366.
39. Mosher D L, Sirkin, M (1984). Measuring a macho personality constellation. Journal of research in personality, 18, 150 – 163.
40. Mosher DL, Tomkins, SS (1988). Scripting the macho man. Journal of sex research, 25. 60 – 84.
41. Fiebert MS, (1983). Measuring traditional and liberal males' attitude. Perceptual and motor skills, 56. 83 – 86.
42. Levant R, Marty N and Schnedekar J (1992). The male role. An investigation of contemporary norms. Journal of mental health counseling, 14, 325 – 337.
43. Snell and Hawkins, RC (1986). The stereotypes about male sexuality scale (SAMSS). Components, correlates, consequences and counselor bias. Social and Behaviourial sciences documents, 16, 9.
44. Thompson, EH and Pleck, JH (1986). Structure of male role norms. American Behaviourial scientist, 29.
45. Brannon R, Juni S, 1984.A scale for measuring attitude towards masculinity. Psychological documents, 14, 6.
46. Iazzo R, 1983. The construction and validation of attitude towards men scale. Psychological record, 33.
47. Bunting AB and Reeves JB (1983). Perceived male sex orientation and belief about rape. Deviant Behaviour, 4, 281 - 295.
48. Downes, AC and Engleson SA (1982). The attitude towards men scale. An analysis of role and status of men and masculinity, JSAS, 12, 45.
49. Moreland J and Van Tunien, M (1978). The attitude towards masculinity transcendence scale. Ohio state university, Columbus.
50. Doyle JA and Morre RJ (1978). Attitude towards the male role scale. To measure attitude towards rhe male sex role in contemporary society JSAS, 8, 35-36.
51. Villemez and Touhey JC (1977). A measure of individual differences in sex stereotyping and sex discrimination, Psychological report 41, 411- 415.