

EXPLORING 35-44 YEAR OLD MEN'S HEALTH BEHAVIOUR: A QUALITATIVE PERSPECTIVE

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Abstract. *Upon reaching 35-44 year of age, men experience their first health problems, often because of an unhealthy way of life e.g., smoking, physical inactivity, unhealthy nutrition habits, etc. In comparison with other age groups, these men rarely look for medical help, thus, opening themselves up to a number of potentially negative consequences e.g. health risks in future. This study explores the health behaviour of 35-44 year old men by conducting semi-structured in-depth interviews with 48 participants. The data are further analysed using inductive thematic analysis. Results indicate the presence of three main types of men's behaviour: 1) participants with positive attitude towards one's health and practice of health behaviour, 2) well-informed participants with intentions to perform health behaviour as well as excuses not to follow these intentions, 3) men with negative attitude towards one's health and lack of practice of health behaviour.*

Keywords: *health behaviour, men's health behaviour.*

Introduction

Health is one of the core values for quality of life and well-being which is influenced by several elements including individual lifestyle and habits. In general, people consider health to be important; however, very often a healthy lifestyle is not lived or is postponed to a later date.

Healthy lifestyle and health-affecting habits are best characterised by health behaviour – activities undertaken by an individual that promote good health and prevent diseases (Sanderson, 2013). Health behaviour is impossible without the individual's participation; therefore, it is essential to study the factors that promote and affect health. Health behaviour mostly studied from a perspective of personality, or attitudes, while studies explaining postponing and failure to maintain health behaviour are not so common.

Nowadays, health behaviour usually means any activity undertaken in order to prevent or detect a disease, or to improve health and subjective well-being

(Conner & Norman, 1996; Conner, 2002), or any behaviour that can affect the physical health of an individual (Sutton, 2004).

Health behaviour can be sub-divided into preventive health behaviour, illness behaviour and sick-role behaviour (Kasl & Cobb, 1966a, 1966b). Preventive health behaviour includes activities undertaken by an individual in order to prevent diseases or detect them as soon as possible (Kasl & Cobb, 1966a, 1966b; Gochman, 1997). By its subject matter, this concept resembles primary prevention, for example, physical activities, non-smoking, healthy nutrition, etc., and secondary prevention, for example, immunisation, cholesterol tests, regular visits to a physician, etc.

Matarazzo (1984) defined health behaviour by dividing it into health impairing habits and health protective behaviour. Matarazzo distinguished between behaviour having negative impact (behavioural pathogens – smoking, eating a high fat diet, alcohol abuse) and behaviour that can have a positive effect (behavioural immunogens, for example, tooth brushing, using a seat belt, search of health-related information, regular health checks, appropriate night rest time) (Ogden, 2004). Most commonly, health behaviour includes a healthy diet, physical activities and preventive health checks, while health impairing behaviour includes smoking, alcohol abuse, use of illegal substances and risky sexual behaviour (Conner, 2002).

There are several models explaining how people develop health-promoting behaviour. Many of them are social cognition models which assume that people engage in preventive health behaviour after the analysis of consequences, assessment of the disease risk, self-efficacy assessment. Self-efficacy is the main determinant of preventive health behaviour, which has been proved by several researches (Schwarzer, 1992; Schwarzer & Fuchs, 1996; Werle, 2011).

Conscientiousness and neuroticism as two personality factors representing the Big Five often appear in research as health behaviour predictors. Conscientiousness has an important role in explaining and predicting both health promoting and risk behaviour. It is evident that the most conscientious and self-disciplined individuals will more eagerly and to a greater degree take care of their health, including engaging in physical activities, following a healthy diet, not smoking, alcohol abuse, undergoing preventive checks at a certain age or, being in a risk group, using a seat belt when driving, etc. In 2004, a meta-analysis of 194 studies regarding the correlation of conscientiousness and health behaviour was carried out (Bogg & Roberts, 2004) and the most important conclusion is that the characteristic features of conscientiousness (for example, responsibility, self-control) are negatively related to all risk health behaviour (for example, smoking, unhealthy diet, alcohol abuse), and positively related to all health promoting behaviour (for example, physical activities). Also, other researches have shown the same results regarding the role of conscientiousness and neuroticism.

Conscientiousness and neuroticism, by controlling the age, predict health behaviour (Hall et al., 2013). Also, other personality manifestations apart from conscientiousness and neuroticism appear in researches as important health behaviour predictors, for example, extraversion.

Health promoting behaviour can also be influenced by such individual factors as, for example, temporal orientation (Bergadaa, 1990; Werle, 2011) or future time perspective (Zimbardo & Boyd, 1999; Werle, 2011). According to Bergadaa's temporal orientation construction, future-oriented people are more proactive, they search for personal development changes and opportunities, while past-oriented people are more reactive and resist to outer stimuli.

One of the groups of population to which special research attention should be paid is 35-45 year old men. At the age of 35-44 men start having first health problems, and unhealthy lifestyle, for example, symptoms caused by smoking, lack of physical activity, or alcohol, is rather common. On the other hand, according to Latvian statistical data, 35-44 year old men most rarely visit a physician for solving health-related issues (The Centre for Disease Prevention and Control, 2012, 2014). Consequently, men of this age group have the highest risk of not noticing health problems.

Men's health behaviour is studied fairly rarely and mostly is formed by quantitative research design dealing with masculinity and sexuality topics (e.g., Mahalik et al., 2007; Calasanti et al., 2013). In order to conduct a better examination of men's health behaviour experience and most common reasons why men don't take care of their health, it is important to use a qualitative study approach. The aim of the research is to study the health behaviour experience and the most important reasons for postponing health behaviour among 35-45 year old men.

Method

Participants. Participants were recruited using snowball sampling and participation in this study was voluntary. 48 individual interviews were conducted among 35–44 years old men, the average age was $M = 40.44$, $SD = 3.96$. When quoted, study participants were identified by code number and age, for example, (A15, 37).

Data collection. Semi-structured in-depth interviews were used for data collection. Interview questions were formulated in such a way as it would be possible to find out the participants' health behaviour experience, and the following topics were examined: taking care of health, healthy lifestyle motivators, reasons for not taking care of health, opinion concerning preventive health checks. Participants were informed about confidentiality of any information collected.

Data analysis. Inductive thematic analysis was used. First, repeated acquainting with each interview took place. Then, the search and definition of topics and sub-topics was performed.

Results and discussion

Health behaviour. Health promoting behaviour of 35-44 year old men comprise the following topics: physical activities, healthy diet, avoiding bad habits – smoking and alcohol abuse, sleep and rest, preventive health checks. In connection with health behaviour also other topics have been explored: when one considers himself to be healthy, taking care of health, reasons for not taking care of health.

Physical activities. Majority of men assumed that taking care of health means physical activities and healthy diet. 85.1 % of the interviewed men engage in physical activities. Physical activities are various, with different intensity and regularity. Men mostly consider that physical activities mean going for a walk, jogging, orienteering, cycling, activities in a gym, skiing, swimming in a swimming pool, team sport games (football, basketball, volleyball). Many participants had an opinion that they have a sufficient physical load daily and at work, for example, activities in a household, work in a security service, or police.

Diet. The second most common manifestation of health promoting behaviour among the interviewed men was a healthy diet. Healthy diet was mentioned by 44.7 % of men during the interviews. Men speak both about certain products that they consider to be healthy and about their efforts to have „a healthy and correct diet” (A44, 35). Many of the respondents do not follow a healthy diet or do not pay attention to it, for example, „don't think in such [healthy diet] categories” (A22, 40), eat irregularly, unhealthy, „eat everything they like and what is tasty” (A20, 36). Several men think that a healthy diet is related to giving up something pleasant and do not want to do it, for example, they like sweets, they understand that it's not healthy, but do not want to forsake it.

Smoking and consumption of alcohol. 21.3 % of interviewed men were smokers. Men that smoke say that smoking is a habit, social process and helps to structure work. Several men emphasized that they enjoy smoking. There were individuals among the interviewed men who have given up smoking and those who wanted to give it up and have tried, but have not succeed. With respect to the consumption of alcohol, men avoided this topic and only 4.3 % of men mentioned alcohol. It can be explained by two factors: 1) it's not a problem and because of that there is nothing to be recalled, or 2) they do not mention it in their answers because of the social desirability. Even if any of the interviewed men abuses alcohol, it can be understood that they do not want to mention it. Probably, most

part men use alcohol, but do not abuse it, for example, alcohol does not cause any problems, they use it from time to time, do not use regularly, or do not use at all.

Sleep and rest. Though sleep and rest are related to health promoting behaviour and there are many studies that describe the significance of sleep or a balanced day regimen, nevertheless, only few men (14.9 %) mention it in a conversation. For example, they go to bed on time and have regular sleep, have enough rest, don't experience excess load or stress.

Preventive health checks. The men interviewed in the research have different experience related to preventive health checks. 27.7 % of men have to carry out mandatory health checks due to the workplace requirements and 23.4 % of men carry out health checks on their own initiative; however, it does not always include preventive checks and often these are checks related to health problems. Men, who think that health checks are not necessary, often do not take care about their health due to the lack of motivation.

Men's opinions and explanations concerning preventive health checks are various. For instance, some consider it to be „a good idea, but someday later” (A38, 39). Many men indicate that there is lack of information regarding the preventive health measures for men and they don't know which preventive measures should be taken, which doctor should be visited, what health risks are present in each age group. If it was more clearly stated which risks are present at certain age for having a certain disease, they would pay more attention to health. At the same time, many men are informed about the checks necessary for women, for example, breast cancer checks. It can be explained by the results of the informative campaigns concerning women's health and the fact that men's health is discussed by the public relatively less and not so explicitly. There are men, who have an opinion that preventive checks are necessary only in case of risk, or that these are not needed if they feel well. One of the men said that he did not see any point in health checks: „What will it change?” (A14, 44).

Many men pointed it out that there are flaws in the healthcare system, for example, mandatory health checks at workplace are formal or the general practitioner is not interested in prevention. If a general practitioner is not interested in preventive checks of patients, does not discuss such issues with patients, it reduces the probability that 35-44 year old men will choose health checks. Good cooperation experience with the general practitioner can, in its turn, promote the decision of an individual to carry out examination of his health more often. The role of a general practitioner in promoting health checks is more often mentioned by men who do not take care of their health due to the lack of motivation. Probably, „not-interested general practitioner” (A34, 41) sometimes is just an excuse and there are other explanations for not carrying out preventive health checks.

Explanations of many men can be related to perception of their age. For example, men say that they still feel good and young; therefore, they don't notice first problems and don't see the necessity of carrying out preventive checks. One of the men was thinking about preventive checks for his parents, but not himself, because it is not topical and can be done „someday later” (A38, 39). Some men note that they have been thinking about preventive checks from the age of 40. Such a symbolic age limit lets them postpone taking care of their health to a later time period.

Men, for who health promoting behaviour is a characteristic, more often show their own initiative in carrying out preventive checks. While men, who carry out mandatory health checks due to the workplace requirements, more often mention lack of time and other priorities as a reason why they don't take care of their health. Mandatory health checks are like a compulsive mechanism, though many men point out its usefulness, if it weren't so formal. The interviews with 35-44 year old men attest that for less motivated and busy men such an approach can help, at least from time to time, to pay attention to and get to know more about their health condition.

Many respondents note that they regularly carry out preventive checks at the dentist or hygienist. Even those men who mention lack of time due to other priorities as one of the excuses regarding not taking care of their health, visit the dentist. The men who visit dentist and carry out preventive dental checks informed that 1) they don't see any necessity to carry out other health checks, or 2) they do not carry out health checks due to the lack of information. When explaining this contradiction, one man pointed out that problems with teeth are more visible and he can't solve the problem with holes himself.

Why men don't take care of their health. When examining health behaviour, it is essential to understand the most significant reasons and explanations why 35-44 year old men don't take care of their health. The reason why they „can't afford healthy lifestyle” (A14, 44) that is mentioned more often is *lack of time* (25.5 %). Usually, lack of time is followed by an explanation that there is lack of time for taking care of health because of other priorities, more often – family and job. Some men speak about work conditions due to which healthy lifestyle can't be lived, for example, irregular meals due to shift work. These men more often speak about efforts that are required by a healthy lifestyle. Sometimes these are objective obstructions – work conditions that require more effort; however, the psychological abilities of an individual to overcome different life difficulties must be analysed simultaneously.

The second reason that is often mentioned is *a lack of self-discipline and self-efficacy* (19.1 %). For example, men speak about the lack of motivation, lack of willpower, laziness for doing something, taking care of health require efforts. It was observed that men, who were tended to mention that healthy lifestyle

requires efforts, more rarely pay attention to a healthy diet and more often mentioned work conditions as an excuse. Probably, many of the reasons mentioned by these men are socially accepted excuses that are adapted to prevailing opinions in society, for example, that modern people must work a lot in order to survive.

Finally, *lack of finances or expensiveness of a healthy lifestyle* (10.6 %) was mentioned. Lack of finances is often mentioned together with lack of time and lack of willpower. Simultaneous mentioning of several reasons was often characteristic if a strong excuse was needed to explain why something can't be done.

At the same time, other men believe that they can't afford not to take care of their health, because poor health will cause additional expenses. Differences in perception of what is more expensive – taking care of their health or not taking care, demonstrates long-term vs. short-time reasoning. The issue concerning the expensiveness of healthy lifestyle can be discussed, since not all of the activities related to health behaviour are a paid service. There are physical activities that do not require financial investments, for example, exercising at home, and it's not always necessary to go to a gym or swimming pool. This is the argument that is mentioned by many men explaining that they can't engage in physical activities, because they can't afford going to a gym or swimming pool. Probably, there are also misconceptions concerning a healthy diet, presuming that more expensive biologically grown or ecological products must be used and that everything that is sold in a shop is full of chemical substances, poisoned and harmful, or that „it is impossible to buy qualitative food products in Latvia” (A6, 44).

Expensiveness of a healthy lifestyle is more often mentioned as an excuse by men for whom health impairing behaviour is a characteristic, for example, smoking and alcohol abuse. It proves the assumption that expensiveness of a healthy lifestyle is more an excuse and myth, because smoking and alcohol require additional expenses that could be used for the benefit of health. Health impairing behaviour is self-destructing; however, these individuals need to find an excuse for their actions and lack of finances is chosen as an appropriate excuse.

Depending on *self-perception and opinions concerning themselves and their age*, men have different explanations why they don't take care of their health. One part of men has an opinion that between the age of 35-44 it is too late to do something and, therefore, there is no point in taking special care of their health, while other part of men believes that nothing should still be done, because there is no necessity to do it and no problems have been manifested yet, good health is self-evident and consequences of an unhealthy lifestyle are not felt at a young age. Opinions concerning their age appear both directly and indirectly. For example, one man, when talking about giving up smoking, said „I doubt that it can change something at my age” (A6, 44). Some men emphasize that „a man can do

everything” (A44, 35) and they have been raised not to pay attention to themselves. One man says that he wants to „assert himself as a man” (A44, 35) and be sporty. Like previously, one and the same argument is used as substantiation for different health behaviour – health behaviour is not suitable for a man and health behaviour as a masculinity proof.

Family role. Some men explained postponing the living of a healthy lifestyle by saying that they should take care of the family and therefore they don't have time to take care of themselves (taking care of themselves distracts from taking care of the family), while others are afraid that, if something happens to their health, the whole life rhythm will be „destroyed” (A13, 43) and no one will be able to take care of their family, therefore, they can't afford being ill, so they have to take care of their health. In spite of the fact that several men use „taking care of the family” (A9, 42) as an explanation for postponing a healthy lifestyle, there are also many men who emphasize the positive role of the family in health behaviour. For example, men believe that „company is needed for a healthy diet” (A9, 42) and it is much easier to achieve it if their wife makes healthy meals. Children are also motivators for a healthy lifestyle – there are men who want to create a positive example for children, and therefore, they promote healthy lifestyle and educate children, while other men are motivated for healthy behaviour by children. Motivating others can have a significant role in promoting healthy behaviour.

Conclusions

In the narratives of 35-44 year old men study identified all in literature most frequently mentioned health behaviour (Conner, 2002): physical activities, diet, smoking and use of alcohol, sleep and rest, preventive health checks.

It can be concluded from the interviews that preventive health checks would be beneficiary since 1) there is a lack of information concerning the importance of health prevention in certain age groups, 2) there are system-related and bureaucratic obstacles, and 3) mandatory health checks should be made more effective in timely detecting health problems.

One of the topics identified in the interview is an attitude towards health, including how health is perceived and if care of health is taken. Analysis of the reasons for not taking care of health is useful because it allows for identifying the most significant problems and looking for solutions. The most commonly mentioned reasons can be divided into two groups: 1) reasons related to different external circumstances (lack of resources, lack of time, job obligations); 2) psychological reasons (lack of motivation, willpower, efforts). Objective difficulties cannot be excluded; however, it is possible that external circumstances sometimes serve as an excuse for not doing something. Thus, it can be considered that the first group of reasons can be connected with an individual's own role and

abilities to overcome external obstacles. Men, who mentioned psychological reasons, probably better understand their responsibility in taking care of health and they don't need external circumstances for explaining why they don't do enough for the benefit of their health. In order to promote taking care of health, people can be given assistance for understanding that healthy lifestyle does not always require big expenses, and, secondly, they can be given assistance for overcoming difficulties connected with willpower and efforts.

Using the descriptions of health behaviour of the interviewed men and explanations concerning why they take or do not take care of their health, three distinctive behaviour types can be identified. The first type is related to personality trait of conscientiousness and for these men health promoting behaviour is often present; also, they carry out preventive health checks. Well-being and desire to be fit are their most common motivators for taking care of health. Sometimes these men experience lack of time for doing more for their benefit, but lack of self-discipline is not characteristic for them. The second type has some health promoting behaviour signs and sometimes health impairing behaviour, for example, smoking, can be observed. Such behaviour combines with lack of self-discipline and low self-efficacy. For these men the following explanations for postponing healthy lifestyle are characteristic 1) lack of time for taking care of health; and 2) lack of finances for healthy lifestyle. Finally, for the third type health impairing behaviour and lack of interest in taking care of their health are characteristic. Their most common explanation is lack of finances; however, it has already been written previously that expensiveness of healthy lifestyle is rather a myth and health impairing behaviour also requires financial resources.

Like in many quantitative studies (Bogg & Roberts, 2004; Hall et al., 2013), the thematic analysis of interviews confirms the role of conscientiousness and self-discipline in promoting health behaviour. At the same time, sub-topics that discover the most significant explanations why men take or don't take care of their health can help in forming health promoting campaigns and health promoting policy.

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