Young men’s health promotion and new information communication technologies: illuminating the issues and research agendas

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SUMMARY

The article examines the use of newer, interactive information and communication technologies (ICTs) in young men’s health promotion (HP), drawing on gender theory, HP research and evidence on young men’s Internet usage. The focus is on highlighting an agenda for research in terms of emerging issues. New forms of social media ICT (for example ‘web 2’-based on-line social networking sites, micro-blogging services, i-phones and podcasts) have the potential to enable young men to engage with health information in new and interesting ways. Given concerns about young men’s engagement with health services, innovative ICT formats, particularly using the Internet, have been tried. However, issues persist around surfing ‘addiction’, quality control and equal access. Approaches to HP using new ICTs offer distributed control over information content and quality and a lay social context for accessing information. Online communities can potentially legitimize young men’s participation in discourses around health, and support sustained engagement. The article discusses how this could support young men to re-conceptualize healthy choices in the context of masculine imperatives and responsible citizenship if specific conditions are met (for trusting engagement) and risks addressed (such as commercial dis-information). The skill requirements for young men to engage effectively with new ICTs are explored, focusing on health literacy (HL). It is predicted that social marketing approaches to HP for young men will increasingly include new ICTs, making specific requirements for HL. These approaches may appeal narrowly to hegemonic masculinities or broadly to multiple masculinities, including those historically marginalized. Recommendations are made for future research.

Key words: men’s health promotion; information and communication technologies (ICTs); health literacy; social marketing

INTRODUCTION

Interest in using information and communication technologies (ICTs) for men’s health promotion (HP) is driven by the state of men’s health, men’s utilization of health services and departure from healthy lifestyle advice, and evidence on men’s Internet usage. Though this remains controversial (Gough, 2006), there is concern that the state of men’s health has reached crisis proportions (White and Cash, 2003; White, 2006). Part of the concern centres around men’s lower access to and utilization of traditional health services. In response, those working in HP have been developing non-traditional approaches to engaging men for over 20 years (Robertson, 1995; Robertson and Williamson, 2005; Conrad and White, 2007). This often involves taking health services to settings associated with male social practices, for example work places, barber shops and sports stadia, since men view traditional health settings as feminized spaces where they tread warily (Robertson, 2006). They also act to influence
individual men through interests suggested to be linked with notions of masculinity (such as sports, cars etc.).

Evidence around gendered use of the Internet encourages innovations in men’s HP through ICTs. For example, overall frequencies of Internet usage in the UK are particularly high among men (76% of adults, 80% of adult males within the last 3 months, in early 2009) (ONS, 2009). The evidence seems to support targeting HP towards young men through ICTs as 96% of adults aged 16–24 had used the Internet during 3 months, and 86% used it daily compared with 73% of all groups. There is also considerable variation by the social class. In September 2005, 79% of those in social classes AB were Internet users compared with 34% of those in DE (ONS, 2005). In 2009, those without formal qualifications were least likely to have Internet access (52%). So HP with ICTs needs to consider strategies for marginalized young men.

While proportions of men and women using the Internet are converging, patterns of use still differ. Men use the Internet more intensively than women for news and entertainment, while women use the Internet more than men for education- and health-related information (ONS, 2009). Nevertheless, many men use the Internet as a first call for health information (Pollard, 2007). The diminishing access gap has been attributed primarily to socio-economic variables, the use gap to socio-economic and gender variables (Bimber, 2000; Moss and Gunn, 2009).

Concerning new forms of online ICT (Table 1), 2009 saw a boom in social networking. While young people are trail blazers with social networking, web radio, Internet telephoning and uploading self-created content, so far a slightly higher proportion of males participate in these new online ICTs than females, except for social networking (ONS, 2009).

Men have been portrayed as reluctant to engage with health services (Courtenay, 2000; White, 2006). In addition, men and women do not always engage in the same way, men for example being considered less willing to visit local health centres for routine health checks (Kierans et al., 2007; Banks, 2009). Problematic engagement is a factor in men’s departure from healthy lifestyle advice. This has been viewed as emerging from the intersection of ‘health norms and values with other aspects of men’s embodied identity’ (Robertson and Williams, 2010). Non-engagement in healthy behaviours is about how they are prioritized by men compared with other social practices of gendered identity. Hegemonic masculinity is partially constructed through rejection of that which is feminized (including settings such as GP surgeries, seen as ‘feminized spaces’) (Robertson and Williams, 2010). Contingent on their social context, men conceptualize and balance health ‘risks’ in relation to a hierarchy of threats to masculinity (O’Brien et al., 2005).

Robertson suggests that normative discourses about good citizenship (healthy living) can clash with social practices within hegemonic masculinity (Robertson, 2006, 2007). A further suggested dichotomy is that the discourse of ‘citizenship’ within contemporary globalized economies involves contradictory imperatives—towards self-discipline/’control’ to sustain production, and ‘release’ to sustain consumption (Crawford, 2000). In different social/structural environments (for example work/leisure), different priorities arise in social practice between these two imperatives. A ‘life-chances’ approach to HP would highlight the interaction between these social/structural environments and men’s agency concerning men’s health, replacing what some see as the current over-emphasis on individual agency (Robertson and Williams, 2010).

The discussion below considers the ‘non-traditional’ use of ICTs in young men’s health

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and implications for a ‘life-chances’ approach to HP. We consider the structural potential of new forms of social media using ICT (for example web 2-based ICTs, i-phones and mp3s) to enable young men to engage with health information. [Wikipedia defines social media as ‘media designed to be disseminated through social interaction, created using highly accessible and scalable publishing techniques.’ There are ‘three components; concept (art, information, or meme); media (physical, electronic, or verbal), and social interface (intimate direct, community engagement, social viral, electronic broadcast or syndication, or other physical media such as print’]. Wikipedia also states that the term ‘Web 2.0’ is ‘commonly associated with web applications which facilitate interactive information sharing, interoperability, user-centred design and collaboration on the World Wide Web. Examples of Web 2.0 include web-based communities, hosted services, web applications, social-networking sites, video-sharing sites, wikis, blogs, mashups and folksonomies’. Web 2.0 refers to web-based platforms for participatory use of the Internet, and is therefore a particular element facilitating social media.] We explore ‘health literacy’ (HL) skill requirements for young men to engage effectively with new ICTs, and predict how social marketing (SM) approaches to HP will include new ICTs. Finally we make recommendations for future research.

TRADITIONAL APPROACHES TO HP THROUGH ICTS

To explore the issues around new ICTs, we first consider evidence and examples of more established ICT formats. Although most examples originate in the UK, they can be accessed online and considered as exemplars globally. Potential advantages of the Internet for men’s HP could include supporting men to stay ‘in control’, fit with ‘masculine’ surfing routines, fast access, privacy, quantity of information and low costs (Pollard, 2007). Using current sites such as NHS Choices http://www.nhs.uk/Pages/HomePage.aspx and www.Malehealth.co.uk men can control when and how to go online, without leaving home/work or feeling exposed. Any threat to hegemonic masculinity from a ‘medical gaze’ (Robertson and Williams, 2010) is minimized as the lay setting is privatized. Potential disadvantages of traditional ICTs include social/psychological issues around solo surfing/addiction, quality control, search skills, attrition and equal access (Pollard, 2007). Excluded groups may include older or socio-economically disadvantaged men. Underlying these concerns, traditional ICT approaches engage with individuals without addressing social-structural constraints. Solitary Internet surfing can be seen as a consumption activity (of ephemeral information and marketing material), involving passive fantasy and ‘release’ from social controls/engagement. There is a contradiction in service providers relying on men’s surfing habits, with risks of unhealthy, sedentary excess and addiction, to promote healthy living. Since gendered differences of adherence to online health programmes have been identified (Linke, 2007), perhaps ‘surfing’ is more about instant pleasure than persistence. Online information may also seem less credible than print-based or direct interventions (Mangunkusumo et al., 2007).

NON-TRADITIONAL APPROACHES TO HP THROUGH ICTS

Although the potential for new ICTs within HP has been identified, little empirical research has followed (Boulos et al., 2006; Eysenback, 2008). The following sections identify research priorities through examining what is important around new ICT-based HP with young men. Newer forms associated particularly with the Web 2.0 platform include fast-growing social media/networking/chat-room sites, micro-blogging, social bookmarking, instant messaging, synchronized content sharing platforms, wikis, podcasts and online mobile phone technologies.

Web 2.0-based approaches provide far greater user control over information content than more traditional ICTs, and a lay social context for producing and interpreting information. Whereas young men might be initially reluctant to visit HP sites to seek information, they might be more amenable to exchange information or follow recommendations/links to information on online communities ‘where they are’, if this offers personalized knowledge reflecting shared concerns/interests. They can ignore or seek such information, an assertion of individual control (Kivits, 2009). Web 2.0 approaches to HP therefore potentially facilitate online individual agency within contingent social environments.
We now highlight structural supports around access and quality control which might assist young men to make effective use of HP opportunities from new ICTs. Many traditional Internet users are likely to be influenced through offline sources in accessing Internet health programmes (Verheijden et al., 2008). With new ICTs, access may also be encouraged through other ICTs. For example, a text message, bookmark or online social network could provide links to a health website. Those online or mobile settings which influence engagement are social and ‘virtual’, so men are not tied to a physical space, feminized or otherwise, but may be linked in to communities of interest/identity (COIs) (for example sports, gay and music).

Online lay communities supportive of masculine identities can in theory legitimize men’s participation in discourses around health, and support sustained engagement. This is most likely for younger men, and men already engaged in online communities where (a) there is potential convergence between prevalent masculinities and the social practice of the COI, and (b) the information does not appear aimed at them by official sources but rather an available resource in their pursuit/maintenance of social identity and agency.

Web 2.0 domains potentially support creation of ‘collective intelligence’ about health among diverse stakeholders (Eysenback, 2008). Instruments such as blogs and Wikis are self-organizing structures where content is modified by collaborative participation and community filters, which can embody collective learning and self-efficacy (Kukafka, 2009). Key attributes include flexible access, co-created knowledge, a more participative/decentralized environment and personalized support/feedback e.g. from mentors (Deshpande and Jadad, 2006; Boulos and Wheeler, 2007). There is interest whether this personalization may reduce attrition (Linke, 2007).

Specifically, web 2.0 supports different mediation/filtering of knowledge quality than traditional HP, where professionals gatekeep knowledge. Web 2.0 alternatives include zero mediation (where individuals search freely for ‘unfiltered’ information) or network collaborative filtering where lay/professional agents (people and tools) guide individuals to high-quality information without being a prerequisite to obtaining it, and with limited power to alter/select it (Eysenback, 2008). In practice, different filtering systems, with implications for trust and quality control, may be combined (Boulos et al., 2006). For example, the third sector run www.dadtalk.co.uk filters out commercial advertising and, although funded by the Department for Children, Schools and Families, has no visible input from them. The moderated forum has rules around respect, and invites expert contributions.

While new web-based platforms support greater participation, in practice there may be a continuum of ‘participatory control’ between expert-directed HP sites and social media sites where men may express health concerns or find links to health information. Towards the former end of the continuum, newer ICT components are grafted within more traditional health information domains in forums on HP websites, such as www.youthhealthtalk.org, www.healthtalkonline.org and www.netdoctor.co.uk. The low level and/or limited range of contributions to some forums suggests that such sites might be used primarily for specific health searches rather than social networking/‘identity’ interests. In contrast, some commercial ‘lifestyle’ information websites directed explicitly towards ‘men’s health’ (for example, www.menshealth.com), do excite participation on forums to discuss health issues. A concern here is whether the identity supported through men’s participation is exclusively hegemonic ‘fit’ masculinity, constrained by the commercial thrust of the online journal (Stibbe, 2004; Crawshaw, 2007).

Further towards lay participatory control, www.mentalhealthforum.net/ is third sector run, kept completely apart from expert-dominated HP sites (links are available), and with active, supportive lay participation on local/national forums. Still questions arise how men access such condition-specific sites. Nearer the web 2.0 participatory end of the continuum, www.dadtalk.co.uk includes well-frequented forums on subjects including entertainment, current affairs, health, fathering children, work-life balance and building self-esteem. The platform supports videos, podcasts, factsheets, links to health websites and presence on twitter, YouTube and Facebook. Fatherhood provides the COI, the user driven, ‘light-touch’ moderated forum encourages trust and exploration of gendered identity and health issues arise for exploration within that context. Do such sites signal hope that new ICTs need not reinforce
male hegemonic fantasies? Research could usefully explore gendered dimensions towards assessing new ICTs, analysis showing masculine identity negotiated in discussions such as ‘building self-esteem’ and ‘were you bullied at school, or were you the bully’.

Young people sites, such as the male www.TalktoFrank.com and www.thecalmzone.net and the mixed sex www.TheSite.org.uk, are third sector led, with diverse social media resources. www.TheSite.org.uk for 16–24 year olds has a chat room, expert chats, discussion boards (on health, sex/relationships, substances, leisure, work and money), mobile access and social bookmarking content sharing links. Of interest is whether/how the ‘lay’ social networks/COIs, bookmarking links and targeted, ‘attractive’ design provide environments encouraging young males to call by, self-identifying as information seekers but not ‘health service’ users? What ‘triggers’ young men to access these sites, identifying themselves as ‘members’ of information-based COIs, with routes to a domain they ‘normally’ avoid?

Concerning masculinities, on mixed sex sites risks remain that traditional hegemonic male domination may persist. On male sites, a preponderance of male values could silence voices, and at worst, interaction could damage vulnerable individuals. A key factor would be trust among network members, supporting men to engage with vulnerabilities around health. Comments on one of the above web-sites around difficulty finding people you feel confident you can talk to; and in now talking openly with people I start to feel better indicate potential for engendering trust. The trust that matters first might often relate to empathy and safety around identities. Suggested conditions for facilitating trust include third sector leadership, clear regulation (against male hegemonic bullying, and commercial disinformation), light touch moderation and the pluralistic fit with young men’s diverse identities within COIs.

To facilitate men’s access to empowering health resources what types of networks do social media need to support? Are online resources best conceptualized as social capital—‘embedded within, available through, and derived from the network of relationships possessed by an individual or a social unit, as a result of the history of these relationships’ (Cummings et al., 2003)? Social capital can accrue to the network, and individuals, structurally (opportunity); cognitively (language/information) and relationally (trust, norms and motivation) (Cummings et al., 2003).

Research should explore whether/how new ICTs support (or inhibit) young men to re-prioritize healthy choices. Do normative discourses about healthy living clash with hegemonic masculinity in online forums? Does online networking and information filtering legitimize a gendered shift towards self-‘control’ within ‘own time’? Disquiet persists that ‘virtual’ social environments cannot replace face-to-face support, so what combinations of online ± offline communications support men to change?

Gendered public discourses persist linking men with technologies, amidst concerns that, worldwide, ICTs are less accessible to women. However, once women access ICTs they network effectively, exchanging knowledge and experience http://www.ilo.org/public/english/region/ampro/cinterfor/temas/gender/g_ict/index.htm.


Given apparent trends, research should explore new ICTs for HP with young women too.

**ICTS AND THE HEALTH LITERACIES REQUIRED**

A major consideration for HP is the critical and interactive skills that men require to engage effectively with health information using new ICTs—specifically to access network-mediated knowledge and avoid manipulation by commercial marketing.

Therefore, HP with new ICTs needs to consider evidence on men’s HL, defined by the WHO as ‘the cognitive and social skills which determine the motivation and ability of an individual to gain access to, understand and use information in ways which promote and maintain good health’ www.who.int/hpr/NPH/docs/hp_glossary_en.pdf (WHO, 1998). The WHO definition includes functional literacy skills, interactive capacities around participation and applying new information to changing circumstances
and critical capacities around conceptual/cultural insight, towards empowerment (Nutbeam, 2000; Jochelson, 2009). This triadic model views HL as a pre-requisite for information seeking and also an outcome of health communication, supporting users’ self-efficacy and skills for negotiating the healthcare system (Nutbeam, 2000, 2008), although its complexity poses measurement challenges (Peerson and Saunders, 2009).

New ICTs may require new forms of literacy (Logan, 2000). eHealth literacy has been defined as ‘the ability to seek, find, understand and appraise health information from electronic sources and apply the knowledge gained to addressing or solving a health problem’ (Norman and Skinner, 2006). The eHealth model maps onto the triadic HL model, and is relevant for men online as critical and interactive skills are needed for knowledge filtering and can be developed through online collaboration and information quality assessment (Norman and Skinner, 2006). ‘Risks’ of traditional ICTs—reinforcing male hegemonic fantasies, commercial disinformation—may be recalibrated with new ICTs if conditions for trusting but critical engagement are met, affecting how men consider health ‘risks’ in relation to masculinity/identity (O’Brien et al., 2005, p. 514).

How do men in online communities develop ‘logics of practice’ (Bourdieu, 1990)? How far do social networks comprise an autonomous structured space, through which young men’s subjective schemes of thought/action are influenced? What skills (and online lay/professional supports or filters) do men need to resist/transform consumerist discourses and overcome gendered resistances to improving their life chances?

HL is an important dimension of SM approaches to HP in the UK (DoH, 2004). The National Social Marketing Centre (NSMC, 2007) identifies a central role for HL: ‘we hope to understand better the health literacy needs of the public to develop social marketing interventions that assist people to gain greater control over the factors that influence their health’. SM includes a customer/consumer orientation, setting behavioural goals for a social good, using a marketing mix to achieve those goals and audience segmentation to target customers effectively (NSMC, 2007). These elements involve consultation and promotion in settings preferred by a targeted audience. Such an approach has been adopted in men’s health using more traditional ICTs. Examples include an online HP video featuring a well-known English singer, actress and model, channelling sexual imagery to raise awareness of and funding for prostate and testicular cancer (http://everyman-campaign.org/about/awareness/adverts.html#ad_2005), and a young men’s HP website www.theredknob.co.uk/ that promotes sexual HL. SM is endorsed as follows on the web-site:

we need to engage with young men on their level and not try to change masculine cultures whose values may be denigrated by social engineers

Crucial for the use of ITCs in SM for men’s health is whether such approaches uncritically utilize appeals to hegemonic masculinity. In doing so, they can ignore the evidence of potential harms associated with many hegemonic masculine values, and how such approaches can replicate these values. They also may not give due consideration to changing multiple forms of normative masculinities in society today, so failing to engage with men for whom such hegemonic appeals hold little interest (Anderson, 2009; Robinson and Robertson, 2010).

SM HP approaches to young men are likely to increasingly involve targeting new ICT settings and networks. If a key challenge for SM is ‘to enable consumers to critically interpret mass media messages to make informed decisions’ (NSMC, 2007), what skills/literacies do men require to engage critically with gendered health messages? How can they be supported to develop these literacies using new ICTs? In our view, uncritical appeals to hegemonic norms need replacing by (i) appeals to multiple (including marginalized) masculinities, and (ii) tailoring HP SM strategies positively towards men’s critical/interactive capacities for social agency. Critical social agency is important with web 2.0, where peer interaction becomes a more direct influence on decision-making than in traditional marketing. Young men need critical skills to engage with commercial or social viral marketing, which encourages individuals to pass messages to peers, filtered subtly through online social media.

Appealing to multiple masculinities involves understanding more about ICT practices of diverse constituencies of young males. How is young men’s social networking embedded within health resources on websites such as www.
TheSite.org.uk? How is gendered discourse regulated? Are marginalized males included?

CONCLUSIONS

This article has considered the potential of new ICTs to enable young men to engage with health information towards improving their life chances. Online lay communities can provide a framework legitimizing men’s participation in discourses around health. New ICTs potentially restructure the settings for health communication among young men at the crossroads between lay and professional discourses. Restructured, ‘virtual’, settings may encourage a socially legitimized shift in masculine imperatives, but evidence is needed to show if/how these hypothesized developments might facilitate change.

Several questions raised in this discussion remain unanswered. If SM HP approaches increasingly include ICTs, what supports are needed to engage young men from disadvantaged groups with less access to new technologies? Which web 2.0-based social media do young men use to find health information, with what effects on their perceptions and behaviour? How can the value of these media for HP be maximized and risks minimized? What HL skills and support do young men need to engage with consumerist discourse, and gendered SM appeals?

Research on such issues would help to illuminate young men’s socially contingent health practices and how, in contemporary settings, discourses around masculinity and health might confirm, contradict or transform each other. This would provide baseline evidence for evaluation of SM approaches towards more effective men’s HP.

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