

RESULTS

The results revealed that men and women place very different values on the procurement of regular health maintenance. While both accurately perceive the benefits and consequences of regular care, women were far more likely to obtain regular check-ups. Moreover, men were far more likely to have an “outside influence” or someone urging them to seek preventative regular care than the female respondents. Additionally, all of the respondents recalled a role model that significantly shaped their perceptions of healthy and unhealthy lifestyles. Contrary to existing literature, the respondents in the study recalled role models of both genders with equal frequency. That is, both men and women cited male role models fifty percent of the time and female role models fifty percent of the time.

Gender and Preventative Health

Based on analysis of the data, men and women place very different values on the procurement of regular health check-ups. All of the women surveyed had had at least three regular check-ups in the last five years. Over half of the women had had more than ten over the past five years. These visits included annual check-ups from their OB-GYN, eye doctor, and dentist in addition to visiting their general practitioner for an annual physical.

Women more often than men were more likely to apply constitutive rules to seek regular health care. For example, messages such as “I got a check-up because they (the medical community) tell you you are supposed to get one,” were frequently heard from the female respondents (9 out of 15). Other messages included “It was time and part of my routine,” and “Because I should stay proactive in my health” and “I wanted to make

sure I was healthy” all supported the constitutive understanding women have of regular check-ups.

Women were also more likely to apply regulative rules. Of the women surveyed, nearly all cited an obligation or the idea that seeking an annual physical exam was what one “should” do. It seemed to be a natural part of their annual routine. Other reasons for their regulative behavior were “I needed more birth control,” and “I needed to get a new prescription for a medication I take every day.”

The male respondent’s practices of annual health check-ups were more sporadic. Over half of the men surveyed (8 out of 15) had received two or fewer health check-ups over the last five years. None had had check-ups from specialists such as eye doctors or dentists. For those that had not received regular care, the reasons varied from “I never considered myself to be sick,” “I didn’t have health insurance and I’m sure that nothing is wrong,” to “I’ll go when there is a problem.” Men were less likely to interpret a sense of urgency or need to seek a regular, annual physical than women and were much more inclined to go to the doctor “If a need arose” or “If there is a problem.” Their level of coherence in placing value on a preventative health check-up was lower than for women.

The other male respondents (7 of 15) had received strong constitutive messages. They interpreted a strong message to receive an annual physical. Their responses varied from “I always receive annual physicals,” to “You are supposed to, aren’t you?” to “Economically it saves money in the long run.” For these men, they had coordinated meaning earlier in life on the benefits of regular health maintenance and continued to practice it as adults.

Regulative rules also play a part in male annual physicals. Three of the fifteen respondents noted, “My wife made me go.” This outside influence was sufficient to prompt them to action and determine the appropriate behavioral response. Two other respondents applied self-motivated regulative rules when they responded, “ I have diabetes so to manage my insulin intake, I have to get an annual exam,” and “I’ve had two heart attacks so they keep a pretty close watch on me.” It is interesting to note that for males, regulative behavior to visit a doctor annually was often the result of a serious existing condition and not the product of promoting and maintaining current healthy status.

The subjects were also queried on the benefits of seeking preventative care and the costs of not seeking preventative care. Not surprising, both the male and female responses were similar. Each gender framed the image of health in meaningful, like responses.

Nearly all thirty of the subjects (23 of 30) cited early detection of medical conditions as the primary reason for seeking preventative medical care. One subject stated, “The real benefit is catching things before they become a serious problem” and another replied, “If you catch it early, you’re fine, if you catch it late, you’re dead.” For the male respondents, their understanding of the reasons for preventative care were solid, but their action was inconsistent with their understanding. Other reasons for males seeking preventative care were, “It gives me good health and piece of mind,” and “I want to live as long as possible – as healthy as possible.” Medical advancements also seem to influence male health care visits. One subject iterated, “I recognize modern medicine has some great diagnostic tests which I’ve utilized since I passed the age of 40 – such as the

PSA test.” Still another added, “It saves us hundreds of thousands of dollars less by not having hospital stays.”

Female respondents cited similar benefits. When queried of the benefits of seeking preventative medical care, 13 of 15 female respondents cited early detection of disease and illness as a primary reason for action. Early detection of female specific related illnesses was paramount. Nine of 15 respondents mentioned breast and cervical cancer detection as a primary reason for seeking an annual physical. One respondent revealed, “It eliminates surprises – I don’t like them!” Another reiterated, “It establishes a healthy lifestyle for the future and gives me a baseline for cholesterol etc. to monitor my health.” Another respondent replied, “It is the only way to go. Preventative care is much more important in your overall health – you learn about things you can do to keep yourself from getting sick.”

Two respondents mentioned health insurance coverage as a motivating factor, from two different vantage points. The first respondent mentioned tradition. She stated, “It’s part of my tradition, what the rest of my family does. My mom took me and I continue on. I take full advantage of my insurance plan because annual physicals are provided.” Not all women felt as fortunate. Another added, “Because I don’t have health insurance, it’s less expensive if you prevent it, but it is expensive just to get a check-up.”

Conversely, the respondents were asked to articulate the consequences they perceive from not seeking preventative care. Once again both men and women responded similarly, with prevention of treatable illnesses presenting as the primary theme.

The male respondents (13 of 15) cited “Catching things before they become serious illnesses” as a motivating factor. Other responses included “Physical deterioration of various bodily functions,” “Wouldn’t have been aware of potential health issues if unaddressed,” and an overall “Lack of knowledge of key numbers like blood pressure, heart rate, blood work etc.” as major consequences. Still another male respondent revealed economic concerns. He stated, “The cost to treat illness goes up if you aren’t catching something in time.” One respondent boiled the consequences of not seeking preventative care down to two words, “Anxiety and death.” While the coordination of the effects of not seeking health maintenances seemed to be high, coordinating behavior to seek this care remained low.

Female responses to the consequences of not seeking preventative care were markedly similar to the male responses, with few differences. Overwhelmingly, all of the women cited “Finding a disease too late to cure it,” as a major consequence. Other reasons were, “You get something that has already spread – like cancer.” Cancer was also a major concern to another female respondent, “Cancer, breast, colon cancer, allowing them to go undetected or treated is a serious consequence. You miss a golden window of opportunity that can lead to grave consequences.” Another subject was more fatalistic, “Not catching a serious illness and dying from it.”

Another respondent mentioned fear as a factor. “I’m fearful if I’m not on top of things, I’ll be surprised.” Yet another simply stated, “Falling apart” as a major consequence.

Two other female subjects mentioned the expense of finding a condition in an advanced state as a consequence of not seeking a regular annual check-up. “What could

have been an easy problem to fix now becomes more complicated, costing more money and makes me take time off from work.” The female respondents were more successful at making coherence about their opinions and beliefs about health care procurement and coordinated their actions to seek care, even in the face of lower health insurance benefits.

Outside Influences

Another area of inquiry was the outside influence of others urging regular preventative check-ups. There was a significant difference in responses between the male and female subjects.

Of the male respondents, 13 of 15 reported there was someone in their life urging them to seek regular health check-ups. It is interesting to note, all those urging regular health check-ups were female, either a spouse (11), girlfriend (1), or daughter (1).

When asked to rate on a scale of 1-5, 5 being very influential and 1 not being influential at all on how effective this person is in getting one in for a regular check-up, the responses were varied. Seven males responded that they were very influenced, 5 responded that they were somewhat influenced and one responded that he was not influenced at all. He added, “Although I’m pushed and I respect their opinion, I make my own decisions.”

Of the male respondents who revealed they do not have someone in their life that urges them to seek regular health care (2 subjects), they cite their own self motivation as the reason. “I’m responsible for my overall well-being. Even if someone was riding me to do it – I wouldn’t do it. I make my own decisions – and I’ll be the one to live with the consequences.” Another responded, “It’s just never come up – everyone just assumes you are handling it.”

For the female respondents, the data revealed very few outside influences who urge them to seek medical care. Of the fifteen respondents, only six could name someone who is actively urging them to seek a regular check-up. This support came from spouses (4), a boyfriend (1) and one respondent's mother.

Gender and Role Models

The study revealed mutual agreement among each gender when describing the characteristics that depict healthy role models. Both male and female respondents valued traits such as regular exercise, proper diet, and moderation in consumption of alcohol.

Male responses included attention to one's emotional and spiritual health. For example, one respondent revealed, "A healthy role model is someone who is not obsessed with looks and physique. Their healthfulness includes how they attend to their spirituality, developing positive social relationships and building a strong support network." Another male response cited, "Strong family and fraternal support" as attributes of a positive role model.

Women respondents were much more likely to include an annual physical check-up as a positive role model characteristic (5 of 15 for women compared to 1 of 15 for men). One fifth of the female respondents (3) revealed taking vitamins and minerals as a desirable health habit.

Other divergent responses from the female subjects included references to empowering others around them. For example, one respondent said, "She (a healthy role model) is someone who does the best she can to educate themselves, and those around them about health and well-being." Another added a healthy role model is "Someone who makes you want to be the best person you can be. She inspires you to serve those

around you.” Still another responded a healthy role model is “Someone who works hard at maintaining self respect with herself and respect with others. They talk about their feelings in constructive ways and is direct with those they love.”

There are many similarities between the sexes when describing unhealthy role models as well. Almost all of the respondents (13 of 15 for females and 10 of 15 for males) listed poor diet and poor eating habits as a primary characteristic of unhealthy behavior. Lack of exercise, being overweight, and smoking were also universal attributes of unhealthy role models. One respondent summed up his image of the unhealthy by saying, “People in Disneyworld.”

Males were more likely to list excessive drinking as an unhealthy trait (4 of 15 for females, 11 of 15 of men). The male respondents portrayed excessive drinking in a lifestyle context. For example, an unhealthy role model is someone who “Goes to bars on Friday night.” Women tended to simply state, “Drinks too much.” Another male respondent stated, “Someone who is high in risk behaviors like smoking and drinking.”

Unhealthy attributes in males encompass attitudes as well. For example, one subject described an unhealthy role model as “Somebody who is cavalier about health. Smoking and eating what he wants with no consequence.” Still another reported, “Having a negative attitude is unhealthy and leads to an unsavory way of life. Everything they do in life is a way of making money. It’s obvious in how they act toward others. Everything is harmful.” Yet another respondent replied it is simply a reflection of one’s lifestyle choice and the transfer of healthy information from one generation to the next. He stated, “Perhaps they weren’t informed of preventative nutrition or exercise options earlier in their lives.”

Females seemed to incorporate more esoteric ideals in their descriptions of unhealthy role models. For example, one female responded, “someone who is unhealthy is weak and insecure. They have no self respect nor any respect for others.” Another added, “Being lazy in your overall attitude is unhealthy. Poor hygiene, and attitude towards others that are healthy ... dissing people in good health.” It was further summed up by another respondent who stated an unhealthy role model is “Someone who doesn’t inspire you to live up to the best you, you can be. Someone who doesn’t believe in anything bigger than themselves. They are material based not ideal based people.”

Role Model Recall

All of the men in this study were able to recall someone in their life who modeled healthy behaviors for them. Half of the men recalled male role models and half recalled female role models. Immediate family members were mentioned more often (13 of 15) while martial arts instructors were mentioned twice (2 of 15). Modeled healthy behaviors for men included regular exercise and physical activity (10 of 15), healthy diet (8 of 15), restraint from smoking (3 of 15), and a moderate lifestyle (2 of 15). Only one male respondent cited a regular check-up as behavior that was modeled for him.

The male subjects were queried as to whether the behaviors of a healthy role model made them more or less likely to adopt a healthy lifestyle. Thirteen of the fifteen respondents stated it made them more likely to adopt healthy lifestyles. They stated, “They instill a desire to have what they have. You want to be healthy.” Another stated, “I’m much more likely to be healthy because I see the benefits of it – it is a measuring stick.” Other responses included, “It helps being around people that have those values” and “It inspires me,” The respondents continued with comments such as “I want to live

physically and emotionally strong.” Another saw it as a function of cause and effect with his comment, “I saw where they were and wanted to emulate them.”

One respondent said he was greatly influenced by both grandfathers. “Doctors are concerned with disease and don’t know as much about nutrition and preventive nutrition studies. Both of my grandfathers ate natural, nutritious foods and lived long and healthy lives until the end. Their examples of staying fit and active and taking vitamins made a huge impact on my lifestyle choices as I’ve grown into adulthood.”

The remaining two subjects were not swayed either positively or negatively by their healthy role model. One rugged individualist said, “I’m my own boss – make my own decisions about my health. I don’t do something just because somebody else does it,” and “I’m not influenced one way or the other. I think I have good genes, my mother lived to be 101 and my father into his eighties.”

When recalling unhealthy role models, all but one of the male respondents could bring to mind someone who had modeled unhealthy behavior. Of these fourteen respondents, ten recalled immediate family members, two recalled friends and two recalled family and co-workers. There was no distinction as to whether males or females were more frequent unhealthy role models. The respondents used phrases that were mostly gender neutral such as “relatives,” “employers” and “friends.”

The modeled unhealthy behaviors included smoking (7 of 14), obesity and excessive weight gain (6 of 14), lack of exercise (4 of 14), bad eating habits (2 of 14), and drinking excessively (3 of 14). Other observed unhealthy behaviors included a role model who “Lived hard,” (i.e. was a smoker and excessive drinker), two role models who simply “Didn’t take care of themselves,” and one who stated, “My unhealthy role

model had a negative attitude toward everything. There was a complete lack of responsibility for their personal health.”

When asked if the behaviors of the unhealthy role models made them more or less likely to adopt an unhealthy lifestyle the answers were definitive. Thirteen of the fifteen respondents stated observing an unhealthy role model made them less likely to adopt an unhealthy lifestyle. Responses such as, “It made me way less likely, I was embarrassed for them and for me. When my 6th grade teacher smelled my clothes, it smelled so badly of smoke, she suggested I ‘change my brand.’” Another stated, “I saw their lifestyle affected their health, longevity and quality of life.” One other respondent stated, “I saw where they were, thought about where I wanted to be, logically I would have to do the exact opposite to get somewhere else.”

Not every male respondent saw an unhealthy role model as a detriment. Two subjects diverged from the majority. One stated, “It made me more likely to be unhealthy. I figured, if they can do it and get away with it – I can too.” Still another thought it could help both ways. “Our immediate reaction is to reflect the behavior of those that we know and adopt what we see most frequently. If you see bad behavior, you repeat bad behavior. I saw both good and bad and chose to copy the good. It can go either way.”

One male respondent cited fictitious heroes as a health care role model that prevented him from seeking regular health care. “ Part of the reason why I don’t go (to a doctor) regularly is that I’m quite healthy and my social role models outside of my family, namely, the fictitious heroes I wanted to emulate did not seek medical help unless they absolutely needed it. Cowboys would bite a stick and tough it out while the arrow or

bullet was dug out of their flesh – and they wouldn't do much more than cauterize the wound with fire. These tough, individualistic heroes indelibly shaped my personal medical choices.”

Similarly, all of the women in this study were able to recall someone in their lives who had modeled healthy behavior. Half of the women recalled male role models and half of the women recalled female role models. Modeled healthy behaviors included regular exercise (9 of 15), refraining from smoking (5 of 15), healthy eating (6 of 15), and taking vitamins and calcium (3 of 15). One female respondent stated that “Keeping abreast of how to stay healthy by reading a lot,” was modeled for her. Sleeping well, getting to bed early and being “Even keeled,” were also mentioned as healthy attributes.

The subjects were queried as to whether the behaviors of the healthy role models made them more or less likely to adopt a healthy lifestyle. All respondents but one claimed these role models made them more likely to adopt a healthy lifestyle. The reasons they cited were, “I like how they look physically and the mental attitude they have toward their health,” and “His good healthy lifestyle choices are prolonging his life.” Still others stated, “I want to be like them to create balance for my family.” Another responded, “She seems to have a lot more energy and looks great” and finally, “It makes me more likely to do it because you see other people doing it. They feel good, look good, look happy. I think if they can do it, surely I can do it.”

All of the fifteen female respondents could recall an unhealthy role model that had modeled unhealthy behavior. Nine respondents cited their mother as the source of unhealthy modeling, the remaining respondents (6) cited family members (5), and friends (1) with no specific mention of the sex of the role model. The modeled unhealthy

behaviors included lack of exercise (4 of 15), poor diet/food addiction (8 of 15), smoking (5 of 15) and excessive drinking (3 of 15). Other unhealthy modeled behaviors included a role model who “Didn’t take care of her diabetes and cholesterol,” another who “Disregarded her doctor’s advice” and yet another who “Won’t touch a vegetable.”

When asked if the behaviors of the unhealthy role model made them more or less likely to adopt an unhealthy lifestyle the answers were less definitive than the male responses. Nine respondents stated it makes them less likely because “I wouldn’t want to repeat these behaviors – I’ve learned from their bad choices,” and “I don’t want to be sickly like them.” Finally, one female subject said, “It made me less likely, so unlikely because it’s sad at what it does to them. I remember being trapped in a smoke filled car – it was so divisive.” It was best summed up by another respondent who said, “I don’t want to end up like them.”

The other respondents (6) had varying responses as to whether their unhealthy role model put them at greater risk of adopting an unhealthy lifestyle. Three subjects stated simply that the role model’s behavior didn’t have a bearing on them one way or the other. Another stated that she “learned bad habits that I didn’t know were bad – like getting up in the middle of the night to eat.” Still another respondent felt confined to the unhealthy lifestyle of her husband, “I guess I’m more likely to have bad habits because I eat what he eats.” Finally, one subject stated she was more likely to adopt bad health behaviors from negative role models simply because, “bad company corrupts good character.”