

Barriers to healthy eating amongst men: A qualitative analysis

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Abstract

Currently, little is known about the meanings men attach to food or to the links between food and health. The burgeoning literature on men's health highlights forms of masculinity (e.g. risk-taking, invulnerability) as a factor (negatively) influencing men's health practices. The aim of this study was to provide an analysis of men's accounts of food and health using concepts pertaining to masculinity. We report on a qualitative analysis of a dataset comprising 24 interviews with UK men from a range of age and social class groups. Our findings suggest two principal barriers to healthy eating in men: cynicism about government health messages and a rejection of healthy food on grounds of poor taste and inability to satisfy. These findings are discussed in relation to masculine ideals such as rationality, autonomy and strength. The implications of our analysis for future research and men's health promotion policy are discussed.

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'On the whole, men are not particularly interested in health until they become older, when they generally become concerned about health risks such as heart attacks and strokes. Until then they generally believe that healthy foods are not enjoyable, and do not care a great deal about what they eat... Men are not so aware of the health benefits of fruit and vegetables, or the recommended amounts'

(Department of Health UK, Food and Health Action Plan, 2003, p. 38).

Introduction

Despite assumptions that men are neither informed nor concerned about diet and health unless stricken by

major illness, to date there has been little research exploring men's experiences and understanding of food and its relation to health. An obvious reason for this gap in the literature concerns the traditional feminization of food-related practices such as shopping, cooking and healthy eating (see Warde & Hetherington, 1994; Caplan, Keane, Willetts, & Williams, 1998). With the advent of dedicated men's health policies and initiatives designed to address inequalities in health (see www.men-healthforum.co.uk), allied with changing masculinities (for example, cooking and enjoying diverse cuisine is no longer regarded as exclusively 'women's business' (see Roos, Prattala, & Koski, 2001)), the time is right to study men's perceptions of food and healthy eating.

The present analysis constitutes an initial step towards understanding men's ideas about healthy eating. We consider qualitative interview data collected from men as part of a project carried out in the late 1990s on healthy eating and dietary change in the UK (see Povey, Conner, Sparks, James, & Shepherd 1998). At the time,

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gender was not a principal focus of the investigation, nor was the interview data analysed in depth. In this analysis, we have examined the interview transcripts in detail using thematic analysis and have explored how the concepts of food and health are construed by men and match with their masculine identities, if at all.

Masculinities, health and diet

Masculinities is the term now commonly used to denote diversity and complexity between men and forms of masculine identity. Qualitative research studies have already proved invaluable in elaborating different forms of masculinity along with their relative status and functions within particular social and cultural contexts (e.g. Connell, 1995; Edley & Wetherell, 1995; Gough, 1998). There are suggestions that conventional masculinities play a (negative) role in men's health (Courtenay, 2000). For example, it is likely that, traditionally, masculine attributes such as risk-taking, perceived invulnerability, and endurance of pain, potentially exacerbate health problems and deter men from seeking professional help (see White, 2002; Courtenay, 2000). However, there is little empirical research in this area. Little is known about *how* ideals of masculinity are enacted by *individual* men situated within *particular* social and health contexts. In particular, research is required on how food and health are construed by men and incorporated into their identities.

Few studies have examined different men's food choices and eating habits in the context of masculinities and health beliefs, and several commentators have called for research in this area (Jensen & Holm, 1999; Mooney & Lorenz, 1997).

For example, we know little about the perceived barriers to healthy eating from different groups of men. It has been proposed that men's food choices are mediated by a range of factors, especially age (Stockley, 2001) and social class (Roos et al., 2001), but more research is required in this area. Such research could prove invaluable to health promotion agencies in the battle to persuade men, who have been identified as a vulnerable group, to change their lifestyles and avoid serious conditions such as heart disease and cancers (DoH Food and Health Action Plan, 2003; Courtenay, 2000).

We argue that qualitative research can be used to complement established quantitative and clinical work on diet by explicating the often-complex ways in which eating habits designated as un/healthy are defined, defended and maintained. There is one published qualitative study to date, which specifically considered men, masculinity and food preferences. In this study conducted in Scandinavia by Roos et al. (2001), different occupational groups were sampled and it was found that

working class men (carpenters) construed food in terms of fuel and rejected mainstream middle-class associations between food and health. In contrast, middle-class participants (professional engineers) viewed food more in terms of pleasure and critiqued traditional masculinities where food was not appreciated. The aim of the present study is to build on such work by examining men's ideas of food in relation to health.

Method

In the original study, 48 participants were recruited for interview—24 women and 24 men. As already indicated, this paper focuses on the men, as very little research has considered men's health issues, especially around diet and health, and men are regarded as being at risk from various diet-related medical problems (DoH Food and Health Action Plan, 2003). The sample of men comprised three age groups, eight participants in each: (<35, 35–54, 55+ years) and two social class groups, 12 participants in each ('blue collar' and 'white collar'). The then standard occupational classification (Great Britain Employment Department Group, Office of Population, Censuses and Surveys, 1990–1991) was used to categorise participants as 'blue collar' or 'white collar'. All participants were white, 55% were married, 10% separated, and 35% single; 50% possessed a university level qualification. Participants were recruited from the Yorkshire region of the UK, most from local manufacturing companies, and 'snowball sampling' was employed (Robson, 1993), whereby participants gave names of other potential interviewees.

The focus of the original study was on definitions of healthy eating and on motivation to change diet. The interviews were structured around 35 questions concerning perceptions of healthy eating and dietary change. Not all of the original questions and participant responses are directly pertinent to the present analysis e.g. questions about shopping habits, how decisions about what to eat when are made, giving reasons for food choices, giving examples of foods considered healthy and unhealthy etc. The main questions of relevance to this analysis were among the most successful in stimulating the participants to talk about their experiences and views of eating and health, the focus of our analysis here, such as:

- How would you describe your diet?
- Do you think that ideas about healthy eating have changed during your lifetime?
- What do you think would be the advantages of healthy eating for you?
- Imagine you decided to make changes to your current diet to make it healthier—what changes would you make?

- Can you think of any health problems, which might be related to what people eat?

All interviews covered the same 35 questions, although the interviewees were free to talk about issues on their own terms and to introduce topics that were of interest to them. The interviews, lasting between 40 and 60 min, were audio-recorded and later transcribed.

The original content analysis (see Povey et al., 1998) concentrated mainly on definitions of healthy and unhealthy eating. For the current re-analysis, we conducted an open-ended thematic analysis using techniques from grounded theory methods (Glaser & Strauss, 1967). Our use of GT draws on a ‘social constructionist’ stance wherein participant accounts are treated as performances in context rather than reflections of ‘true selves’ (see Charmaz, 1990; Pidgeon & Henwood, 1997). In other words, we are interested in how masculinity is enacted, and especially how healthy eating is decried, through the accounts of eating and health provided by the men interviewed.

Briefly, transcripts were segmented into paragraphs, and each paragraph examined in-depth to generate categories (‘line by line coding’). As the number of categories built up, we used ‘constant comparison’ i.e. cross-referencing emerging and established categories, to merge similar categories into higher-order (or ‘superordinate’) categories. For example, ‘health messages as conflicting’ and ‘media hype about health’ could form part of the superordinate category ‘scepticism about health information’. Conversely, constant comparison enabled us to de-cluster categories into subordinate, more specific categories. Throughout the analysis, coding reliability was checked by giving two experienced colleagues a list of quotations and asking them to allocate these to the core themes. A high level of correspondence was reached (83% and 92%, respectively). Periodically, category systems were revised, with the ultimate aim in mind to reduce the many specific categories to the few, more abstract, core themes. Analysis was complete when it was clear that three key categories could account for most of the data i.e. approximately 80% of the data analysed. These three categories ‘saturated’ when 12 transcripts (50%) had been analysed i.e. these three categories dominated the transcripts such that we were confident about their meaning and importance. The remaining 12 transcripts were analysed with these three categories in mind (‘focused coding’) and it was found that, again, these categories could largely explain this data. There were, of course, other minor categories that did not fit within any core category. For example, the notion of ‘willpower’ (lack of) was presented by some participants as a barrier to healthy eating, and although this might be interesting to follow up in future work, it was not presented by many participants.

Analysis

While the concept of healthy eating was broadly accepted by the male interviewees, definitions and reported practices were quite varied. In this paper we do not focus on those foods and habits designated by the men as healthy or unhealthy, although it is worth noting that little differentiation by social class or age group was apparent. Rather, we concentrate on the perceived barriers to healthy eating, of which there are many. Three core themes were identified:

- Practical constraints
- An intrusive health lobby—prompting resistance and reclaiming eating as personal choice
- Healthy eating as monotonous and insubstantial—but necessary when physically vulnerable

Each of these core themes incorporates several sub-categories. Within the first theme, perhaps predictably, time and expense were cited as obstacles to a more healthy diet, with time constrained by work commitments and lifestyle choices. This theme has already appeared in the literature and does not require close attention here (DoH Food and Health Action Plan, 2003; Caplan et al., 1998). The other two core themes are now discussed.

An intrusive health lobby—prompting resistance and reclaiming eating as personal choice

Two interconnected sub-themes are subsumed under this heading:

‘The perception of government and media messages as intrusive’

‘Reclaiming eating as personal choice’.

These two themes are now discussed in turn.

The perception of government and media messages as intrusive

Almost all of the men interviewed offered criticisms of government and/or media reports concerning healthy eating. Many objections were voiced, and a degree of cynicism was generally in evidence. For example, the glut of information on diet and health is linked to inconsistency and conflict:

‘Yeah, I mean I think there’s quite a lot of conflicting reports in the news, but then like the adverts, say Kitkats or something, they’ll say, you know, that they taste nice but you know that they’re not all that good for you...’ [age 23, WC]*;

WC = White Collar [BC = Blue Collar].

This kind of scepticism about media claims was common, and in some cases produced levels of uncertainty:

‘Erm, sometimes they [media] build it up and then on the... other times they knock it, you know, so it’s fifty fifty really, you never know what to believe—or what to read’ [age 29, BC]

Yet, most participants were more active and animated in their critique:

‘Oh it’s a real pain, er, I mean we just sort of laugh at the adverts for Slimfast and er, all these other diets because they’re going to be on the TV a lot now, you’ve got conflict of opinions, you’ve got people advertising chocolates and stuff like that, and then the next advert is going to be for, er, sort of Weight-Watchers or something of this nature, er, healthy, you know, low calorie foods... I just switch off, I don’t want to know!’ [age 45, WC]

The focus here is on low-fat diets, which were often equated to healthy eating by the men—and often disparaged. The throughput of messages advertising incommensurate products and services clearly provokes mirth and irritation in this interviewee. The focus on low fat diets also produces allegations of ‘hype’:

‘...through the media there’s a lot of hype about changing to low fat diets and I thought, “well, is this relevant to me?” I thought it probably is, but then I thought “well, I’m still healthy”, so I decided not to, so yeah...’ [age 25, WC].

Media messages about healthy eating are here presented as extreme and ineffective, a common theme. Protestations about current healthy status (‘I’m still healthy’) was a common excuse used by the men to reject changes in their diets.

The critique of messages about food and healthy eating is also conducted from a more thoroughgoing political perspective:

‘I think they [media] ram it down us throats quite honestly... and it’s all sort of like government doctors and whatnot, or rather people that are in the pay of governments and I think they have a vested interest really—they want to cut down on public spending, especially on health service, so if they can stop people going to hospital in the first place, it’s money saved, but I think there’s a lot of hypocrisy about it, because I think what’s behind it really is economics rather than healthy eating, or supposedly healthy eating’ [age 47, BC]

According to this interviewee, advice is imposed on an unwilling population, and is promoted by government economists bent on reducing health service costs. The perceived excessive nature of government campaigns also attracts ridicule:

‘...I think you can sort of start too young trying to brainwash them [children], because I think if it were up to some’t loonies that are in charge of certain areas of your life, you know, health and all that, I think you’d have a nation of vegetarians within about 20 year, because they tell you straight up “Never mind meat, you want to get on muesli”, we’d all be mueslians [sic], and things like that... I think they can go too far...’ [age 24, BC]

This colourful extract seeks to pathologise government health officials whose policies of ‘brainwashing’ children into healthy eating will yield a nation of ‘vegetarians’, or worse, ‘mueslians’, a novel term, which reinforces the absurdity of such a scenario.

Such moral panics around healthy eating are decried as irresponsible, and the ‘scaremongering’ is also panned on the basis of health and illness being linked to factors other than nutrition:

‘Heart attacks or heart disease is as much inherited as it is determined by diet or even cholesterol levels. I’m not saying that diet and cholesterol levels are not important, er, but I think it is, er, scaremongering to talk about, specifically about heart attacks. I think the emphasis on food should be about balance...’ [age 56, WC].

In this extract, the emphasis on diet is seen to be excessive, obscuring other, potentially more important, factors responsible for positive health status.

Reclaiming eating as personal choice

In contrast to the widely eschewed media presentations, commonly dismissed as excessive, participants themselves typically advocate ideals of balance and moderation:

‘I think I’m fortunate enough to enjoy a varied diet and not be restricted to er... a processed type food diet, so we try and sort of erm... get a good balance...’ [age 45, WC]

‘I mean my main thing is about anything is do it in moderation really. Er... I just think if you—you shouldn’t be eating sort of roast beef and chips every day ‘cos I don’t think that’d do you any good. But basically, no, I think if you are just careful with it, and not overeat...’ [age 55, WC]

There is a reluctance here to follow a formal or rigidly defined diet; rather, there is an openness to variety and a refusal to exclude most items. At the same time, some vigilance is required to avoid consuming too much of one type of food, and to guard against overindulgence generally. Warranting one’s eating habits on the grounds of balance and moderation is rhetorically effective as it connotes reasonableness and rationality. Working up a contrast between an extremist position

(e.g. government health warnings) and a moderate alternative can thus serve to legitimate current eating practices which might otherwise be deemed unhealthy.

More generally, ideals of personal choice and responsibility are emphasized:

‘I think that people have got to make their own minds up about what is healthy and not healthy’ [age 45, WC]

‘I wouldn’t call it a diet, I just eat what I like’ [age 23, WC]

Similarly, the right to eat food deemed unhealthy by government advisors, but viewed as appealing by participants, is upheld:

‘I prefer foods that I enjoy tasting erm... much as the experts would rather have us eating, you know, things with nutritional value, they generally don’t appeal to me, it’s more what I like to eat’ [age 25, WC]

So, personal preference and pleasure are valued over government advice. More generally, the consumption of ‘treats’ and the occasional ‘binge’ were normalised:

‘I still eat chocolate now. I shouldn’t do but I do but... you’ve got to have some vices erm, wine as well’ [age 34, BC]

In sum, government initiatives, advertising campaigns and scientific studies on food and healthy eating, filtered through the media, were regarded with disdain by many of our interviewees. The information was seen as misleading, ideological, even hysterical, and the amount and confusion of messages was greatly lamented. The rational response in the face of such excess and extremism was to be sensible and balanced in forging ones own path. Thus, conventionally masculine virtues of reason, autonomy and control (see [Wetherell & Edley, 1999](#)) prevailed: irrational forces from external sources must be contained and individual agency preserved.

Based on the above analysis, agencies involved in men’s health promotion need to investigate how their target audience views their media messages.

Healthy eating as monotonous and insubstantial—but necessary when physically vulnerable

Again, this core theme comprises two interrelated sub-themes:

‘Health foods fail to satisfy’.

‘Physical vulnerability prompting healthier eating’.

These are now discussed in turn.

Health foods fail to satisfy

As well as objecting to ideas about healthy eating on ideological grounds, the men also objected to health foods on the basis of taste and satiation. A preference for ‘bad’ foods was often expressed, and there was some resistance to altering diets—except on medical grounds. Indeed, many participants defended unhealthy aspects of their current diets based on their present good health status. The critique of healthy eating on taste grounds also meant that other forms of health protection were favoured, principally sport and exercise. Overall, the perception of particular health foods, or healthy eating in general, as ‘boring’ constituted a major barrier to changing current diets.

Most participants differentiated between health foods and those items, which they enjoyed:

‘My perceptions of what healthy eating is, it seems to be erm, it seems to be sort of like pretty boring, pretty bland, you know, lettuce and er, lettuce and tomatoes and you know, no meat really, maybe some fish, but you know sort of like erm... roast beef and roast potatoes and sort of steak and things like this are out of the question... I enjoy eating those kind of things, you know’. [age 45, WC]

In this extract, a distinction is made between tasteless health foods, stereotypically vegetarian (lettuce, tomatoes), and tasty traditional foods, with an emphasis on red meat. The former is implicitly light and insubstantial, in contrast to the solidity and substance offered by the latter.

Healthy food, then, is not regarded as sufficiently satisfying, or gastronomically interesting. Consequently, it may prove difficult to give up current foods enjoyed because of their superior capacity to satiate. Expectations and constraints around ‘masculine’ food can also problematise healthy eating:

‘You know, working in the industry that we’re in, which is heavy industry, the canteen here does canteen grub. You know, your big hairy-arsed foundry man out there doesn’t want a piece of boiled chicken with a sprig of broccoli and a few carrots on his plate. He wants a bloody great pile of chips with egg and bacon and things, and get stuck in, so consequently our catering here is driven by what the men want, and we eat from the same place so we’re not offered anything, unless you’re prepared to bring your own and faff around then you’re driven by the place you work’. [age 25, WC].

Here, health foods are minimised (a ‘sprig’, a ‘few’), emphasising insufficiency, whereas ‘manly’ food is inflated (‘bloody great pile’), reinforcing satisfaction. The message is clear: the stereotypical male worker is unlikely to desire health foods—they would not provide

the energy required for manual labour, nor appease the manly appetite. The world of heavy industry is structured by ‘masculine’ ideals such as physical toughness and prowess and does not offer ready opportunities to pursue healthy eating plans. This does not mean that within this context unhealthy eating is inevitable; indeed, one participant openly criticized his co-workers’ diet and extolled the virtues of healthy eating (age 42, BC). When healthy eating was presented as a positive, however, it tended to be in the context of threats to health, regardless of occupational status (see below).

One participant who describes his own food regime as healthy underscored the inability of health foods to cater for men’s appetites:

*Int What do you think are the disadvantages of eating healthily for you?

There are times when I feel a lot hungry, and after getting, after having my tea, when I’m on nights, I usually go to sleep and get up about half seven and I’ll feel hungry again, and I sometimes think “what the hell am I doing”, you know, so what I do then I’ll just have some’t like a cheese sandwich, but I do tend to feel hungry quite a lot’ [age 42, WC]

*Int = Interviewer

Based on experience, feeling hungry when on a healthy diet seemed to present real difficulties for this participant to an extent where doubts were engendered, and recourse to snacking resulted.

In general, food that was enjoyed by participants is that which was perceived to be denounced in a health-conscious climate:

‘It seems to be now all the things that you enjoy eating are bad for you, that’s my overall impression. Whereas maybe like not long ago, maybe fifteen, twenty year ago it’s er...you could basically eat anything you fancied and nothing was said about it’ [age 47, BC]

This extract is tinged with nostalgia, where life before the contemporary awareness of diet-health links was construed as free and simple. The once easy pleasures of eating were seen as disrupted by an intrusive health lobby.

Taste was clearly presented as a key barrier to the uptake of more healthy foods:

‘What changes would I make [to my diet]? I would probably incorporate more vegetables, because I don’t eat that many vegetables because of the taste aspect’ [age 55, WC].

Moreover, healthy eating was also constructed as rather obsessive:

‘they’re [healthy eating friends] constantly referring to what’s in their food... they don’t touch any

sweets, no chocolate, it’s all er... their products are fresh erm... they’re vegetarian, which I guess in many ways is considered healthy and erm... they’re particularly fussy about what’s in it...’ [age 60, WC]

Here, the healthy eating friends were presented as extreme, as overly preoccupied with ingredients and fresh produce. ‘Normal’ people, on the other hand, were not so interested in the constituents, as long as the food tasted good. Generally, the notion of ‘fussiness’ was associated with healthy eating, and decried by the men, as implied by dismissive terms such as ‘piddling about’ (age 45, WC) and ‘faffing around’ (age 38, WC).

Physical vulnerability prompting healthier eating

It would appear that the main legitimate context for switching to a healthier diet was the intervention of medical authority. Some participants had altered their diets to conform to medical advice, especially when this advice was delivered in an individualized, direct manner:

‘Int When did you start trying to change your diet?
I’d say it were about 6 months ago when they found out like, I was diagnosed diabetic and they said “the only way to keep it at a level is to get your cholesterol down, and to do that you have to go on a diet” So...’ [age 45, BC]

Several participants who had changed or had been thinking of changing their diets cited age/life stage and consequent vulnerability to health problems:

[in response to a question about why diet changed]
‘Well because of my age and er, my... in the classic vulnerable stage for heart attacks and I did, have also found that er, for the first time in my life in the last two to three years that I have a weight problem which I never had previously and it was either alter my diet or spend a lot of money on new clothes!’ [age 56, WC]

An interesting observation here is the concern about weight, which did feature in many transcripts, especially for middle-aged and older men. It might be worth researching the extent to which men link weight worries to health compared to preoccupations about bodily appearance.

Yet, in the absence of medical intervention or anxieties about ill health (and indeed weight), the relative insouciance of men regarding food consumed is noteworthy.

The propensity for men to disregard their health and abuse their bodies is highlighted in the next extract:

‘My friends all go out when it’s end of night, they are all in for the kill...I don’t think they’ve really thought about it [diet] unless something happens to them like me, you know what I mean? If somebody

had turned round and said “look, you’ve gotta cut down otherwise you’re heading for trouble, then probably they’d cut them out, but most of them are just happy to go along. They won’t go into a shop and say “Oh, I can’t have that, that’s no good to me”, you know what I mean? If they want it, they’ll eat it. They won’t sit down and study or owt like that [age 42, BC].

Conversely, and somewhat ironically perhaps, aspects of current diets that could be described as unhealthy are defended with reference to positive health status:

Int Would you say your diet is healthy or unhealthy?
It’s reasonably healthy.
Int Why is that?
No problems. I never suffer from anything. Quite well. I’ve had six days off sick in 13 years. [age 49, BC].

For a number of participants, mainly younger men from a range of occupational backgrounds, healthy eating was rejected in favour of other more appealing routes to maintaining health, namely sport and exercise:

‘I’ll do quite a lot of sport, erm, I don’t know, I ‘m sure I could eat healthier if I wanted to, but it’s just the, as I said, just the pain really [age 23, BC]
‘At the moment I’m trying to er, keep fit in other ways by going to the gym and things like that rather than starving myself...’ [age 45, WC]

Again, healthy eating is associated with hassle (‘pain’) and self-denial (‘starving myself’), and rendered somewhat redundant in light of other healthy pursuits. These remarks perhaps reinforce both the positive positioning of men within the realm of sport and the association between healthy eating and the feminine. To do both—eat healthily and exercise—is an option which is not seriously entertained by these participants.

In sum, healthy eating and health foods tended to be regarded as insubstantial and monotonous by participants. Some participants felt that their appetites were not satisfied by bland, less filling food. Healthful foods may be avoided until there is a threat to personal health. Until this threat materializes, many men in our sample appeared to continue unhealthy eating habits because they perceived their present health to be good. In pointing to their present healthy status, some men (approximately 25% of our sample) referred to sport and exercise rather than diet. The sporting arena is conventionally one where men may feel at ease.

Discussion

Our analysis suggests two important sources of resistance to healthy eating for a sample of men:

cynicism pertaining to health promotion efforts filtered through the media, and a rejection of health-protecting foods as bland and slight. These perceived barriers to healthy eating can perhaps be linked to conventional masculinities which specify autonomous decision-making over obedience to authority, and plenitude and fulfillment over scarcity and self-denial (see Connell, 1995; Seidler, 1989). These findings, if corroborated by further research, imply that health promoters attempting to encourage more healthy eating among men might do well to incorporate the notion of informed choices in their literature. For example, leaflets could be made available across a range of venues (workplace, sports centre, doctor’s surgery etc.) where information and advice is succinct and couched in ‘rational’ terms i.e. avoiding dramatic or emotive claims about diet-related health risks. The leaflets could defer to the male reader by emphasizing personal choices and responsibility, perhaps gently encouraging men to reflect on their dietary habits, and providing links to further health promotion information if required. In addition, an association between health foods and substance/satiation could be worked up to counter perceptions of healthy food as inadequate and underwhelming. Health promotion materials might, for example, feature seductive images of ‘tasty’, healthy foods, in generous proportions, being enjoyed by classically ‘masculine’ men (e.g. men in suits, muscular men etc.). Diet is also a topic which could be explicitly introduced for discussion where there are men’s health initiatives targeting ‘male-friendly’ venues, such as barber shops, pubs and betting shops (see Banks, 2004; Baker, 2001).

The men’s resistance to healthy eating may also be regarded, in social psychological terms, as a form of ‘reactance’ (Brehm, 1966). Reactance is defined as a negative reaction to efforts by others that are perceived to reduce one’s choices and freedoms. The men in this study did indeed perceive their choices and freedoms to be under threat from government and media sources construed as hysterical and extremist. In reacting against ‘hard-sell’ attempts at persuasion, it may be that individuals actively take up contrary positions to those being advertised (Rhodewalt & Davison, 1983). In persisting to eat foods they liked, many men saw themselves as resisting government advice.

This point ties in with the observation that health promotion discourse is now predominantly framed in moralistic terms, where to follow health advice is to acquire the status of good citizenship (Crossely, 2002; Coveney, 1999). To position oneself outside health promotion discourses, for example by continuing to eat in ways that can be labeled unhealthy, is to risk being castigated as irresponsible and irrational—a bad person. In an individualistic Western culture, the overweight and unhealthy will be viewed as having a ‘spoiled identity’ due to their lack of willpower (see Lupton, 1996).

Lupton also notes the contemporary impact of the beauty industry on diet, especially for women, within what she terms the 'food/health/beauty triplex'. Given that some of our male participants expressed concern about their weight in the context of diet and health, and in light of other evidence that men are increasingly preoccupied by their body shape and appearance (Grogan, Williams, & Conner, 1996), further research with men to explore these issues would seem important. However, we should also note that the moral framing of health-related phenomena could be resisted. We have seen in our sample that the men carved out some alternative, rebellious positions, wherein notions individual choice, pleasure and freedom are cherished.

Our sample, though modest, did comprise men of different ages and social class backgrounds. Overall, no major differences between subgroups were noted, although some tentative patterns did emerge which perhaps warrant further study. For example, there was some evidence that the health consequences of diet were taken more seriously by older men, who tended to cite awareness of their enhanced vulnerability to disease (e.g. coronary heart disease) and mortality generally, and who were more likely to mention receiving medical advice about diet following an illness event. As well, there was some suggestion that the more middle-class participants displayed an appreciation for the aesthetic qualities of food and that they were more adventurous in terms of sampling a wider variety of food. Where some healthy eating was described, the central role of mothers and female partners was generally important. Future research would clearly need to sample a wider range of men in this social class category to test and refine aspects of this analysis.

This analysis contributes to the growing literature on men's health issues. However, with a few notable exceptions, issues around masculinity, eating and health have received scant research attention. The above analysis presents some key themes which need to be further elaborated and qualified in future work. One particularly interesting line of enquiry would be to explicitly sample men who do eat healthily, such that pathways into healthy eating can be identified to inform future health promotion campaigns. It is also worth reiterating that the dataset used in this analysis was produced 10 years previously, and hence more contemporary data is required to follow up the findings presented. Obviously, the prominence of health campaigns around nutrition allied with the greater visibility of men's health issues within the last 10 years will also have an impact on the views expressed by men today. It is crucial, then, that more research is conducted with men from diverse backgrounds so that we can adequately gauge the impact of masculinities and other factors on men's willingness or reluctance to change their diets for health reasons.

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