



# **Improving male health for the next generation**

**Findings from NCB's focus groups with boys**



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# Introduction

This report presents the findings from three focus groups held by the National Children's Bureau with 32 boys from two inner London primary schools. In January 2015, NCB consulted 12 boys in Year 5 (aged 9-10) and 20 in Year 6 (aged 10-11) on their attitudes towards health and looking after themselves.

This consultation followed an online survey conducted by NCB in 2014 and completed by 138 men aged 16 and over. Men were asked about their approaches to getting help and advice on physical and mental health issues, how they thought these approaches might have been formed, and their ideas about what might help to improve health outcomes for the next generation of men.

## Rationale for the survey and focus groups

Across Europe, men are at higher risk of premature death from most of the health conditions that should affect men and women equally (White 2011). Men have been found to have poorer health literacy than women, be more likely to engage in behaviours that pose a risk to health and less likely to acknowledge health issues (Men's Health Forum). For some health conditions, they are more likely to delay seeking medical help than women (Lyrtzopoulos et al 2012 and Mcleod et al 2009). In light of this, it is not surprising that men tend to under-utilise professional health care services including health promotion and preventative programmes.

In trying to understand the reasons behind this, research suggest correlation with traditional gender roles. Addis and Mahalik (2003) link male gender roles that characterise men as independent and in control, to men's perception that seeking medical help involves a risk of losing control and self-esteem, and an admission that they cannot sort the problem out on their own. Vogel et al (2007) stated, 'If a man feels a need to ask for help, there may be an increased feeling of failure, thus making the act of asking for help particularly difficult.' The lack of a proactive, preventative approach to health, ill health and disease could be contributing to the rates of premature mortality in men.

'I guess the idea has always been that men should just 'man up' [...] I think there's a big problem, not just in the UK but in the West in general, about what is expected of men and who their role models are.'

*Respondent to the survey for men*

Turning the clock back, it is parents/carers who are responsible for ensuring children's health and wellbeing needs are met, including seeking appropriate and timely medical help. During childhood, parental approaches, cultural factors and social context will be forming and influencing boys' attitudes to health. Nearly two decades ago, the World Health Organization (1998) warned that:

Traditionally regarded as enjoying the healthiest phase of life, [older children and adolescents] have tended to receive insufficient public health attention. But today theirs is a "prime time" for health promotion to encourage them to establish healthy patterns of behaviour that will influence their development and health in later years.

There will be an even greater need than at present for education and advice on unhealthy diet, inadequate exercise, unsafe sexual activity and smoking, all of which provoke disease in adulthood but have their roots in these early formative years.

Around the same time, John H. Lounsbury, one of the founders of the USA's middle school movement, said of middle childhood: 'No other age level is of more importance to the future individuals, and, literally, to that of society; because these are the years when youngsters crystallise their beliefs and firm up their self-concepts, their philosophies of life and their values – the things that are the ultimate determinates of their behaviour' (Manning, 1997).

Despite this, there is a dearth of evidence about how men's self-management of their physical and mental health is informed by early experiences. Such evidence, plus examination of how health-related attitudes and behaviours are forming in today's boys and young men, is needed to enable the disparity in health outcomes between men and women to be addressed more effectively for future generations. There is also a more immediate need to address boys' mental health needs during adolescence. According to the most recent national survey in 2004, boys are more likely to have a mental disorder than girls. Among 5- to 10-year-olds, 10 per cent of boys and 5 per cent of girls had a mental disorder. In the older age group (11-to 16-year-olds), the proportions were 13 per cent for boys and 10 per cent for girls (Green and others, 2005). Given that, for many individuals with mental health disorders, the onset of these occurs during adolescence, middle childhood is a key time to reduce barriers to boys seeking help for mental and emotional health issues.

Shimmin (2009) states that, 'Growing up, boys encounter what William Pollack termed the "Boy Code"—a set of expectations about how boys and men should think, feel and act: "be tough," "don't cry," "go it alone," and "don't show any emotion except for anger.'" Men's reluctance to seek help to address their health needs seems to correlate with these findings.

The barriers men report to seeking timely help for health issues are concerning in terms of the potential resulting human and economic costs. Also, health services are required to take gender-related disparities in health needs and outcomes into account as part of the public sector equality duty introduced by the Equality Act 2010.

NCB is committed to early intervention and prevention, and given the current lack of focus on this early phase, conversations with boys about taking care of their health seem to us to be an area ripe for exploration and development.

Through a survey for men, NCB sought to identify the factors, influences and thinking behind men's attitudes to health, and identify learning that could help to protect and promote the health of the next generation more effectively. It was then necessary to gain insight from boys into how their approaches to their own health needs are developing. In considering the target age group, we wanted to consult boys who were young enough to be reliant on and informed by parents or caregivers, but old enough to be developing independent thoughts about their bodies, health, choices and place in the world.

## Key findings from the *Improving men's health for the next generation* survey

Detailed findings from the survey are presented and analysed in the NCB report, [Improving male health for the next generation: Findings from NCB's survey for men](#) (Hamblin & Kane 2014). Some of the most significant findings from the survey for men are below.

- Male reluctance to access health services for emotional or psychological issues is concerning, with 18 per cent of survey respondents saying they would avoid seeking help at almost any cost, and a further 42 per cent only likely to do so as a result of somebody else's concern. Men aged 25-39 reported the least willingness to seek help for mental health issues, followed by men aged 16-24.
- Fewer than a third of respondents would act early of their own accord after noticing a physical change or symptom that is out of the ordinary for them, and only one in five would proactively engage with check-ups and screenings. On the other hand, half of men would act early if a physical symptom hampers their daily functioning, and this figure rises to two thirds if functioning is impaired by an accident or injury. This suggests a risky tendency amongst men to disregard their health needs until symptoms become too obvious or severe to ignore.
- 81 per cent of men surveyed felt that some change or significant change was needed in the ages at which all males are routinely offered services such as screening tests.
- When asked what changes men think might help boys and young men to grow up feeling more able to acknowledge illness and get advice or treatment for health issues, men placed a heavy emphasis on social and cultural factors. They called for some change or significant change in how boys and men talk about health amongst peers (93 per cent), social expectations of men and women (91 per cent), role models (81 per cent) and family attitudes and communication around health (80 per cent).

### Quotes from the survey for men

'We were taught to be quiet and cope alone; sort things out yourself.'

'Feeling that you couldn't talk to your father about a health issue would mean that you also would have more of a struggle raising the same issue with a doctor.'

'In my experience accessing health services, the staff I encounter face-to-face are mostly female, and I wonder whether this both reflects and reinforces the fact that women are more likely to seek help when they're unwell [...] I can't really remember having any male health professionals come out and visit us [at school] to talk about things.'

'I remember girls had a talk about sexual health, periods etc and the boys went to play football, no talk, no information, nothing... hopefully this may have changed.'

## The focus group participants

Of the 32 boys consulted, 24 attended an independent academy (state funded) located in a southern borough of Inner London. The school has 'no religious character'. Eight boys attended a voluntary aided Roman Catholic school in a northern borough of Inner London.

Both schools have a high proportion of pupils from Black Asian and Minority Ethnic backgrounds (DfE 2014<sup>1</sup>). English is known or believed to be the first language of approximately two thirds of both pupil populations (DfE 2014<sup>2</sup>). Both schools are located with affluent and deprived neighbourhoods within their catchment areas.

Of the 20 UK local authorities with the highest levels of child poverty, 14 are in London, including both the boroughs in which these primary schools are located, where just over one third of children live in poverty (End Child Poverty 2014).

In London, an average of 22% of Year 6 pupils are obese; in England, the figure is 19% (Health and Social Care Information Centre 2014).

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<sup>1</sup> Table 9a: State-funded primary schools: Number of pupils by ethnic group, by local authority area and region in England, January 2014

<sup>2</sup> Table 10a: State-funded primary schools: Number and percentage of pupils by first language, by local authority area and region in England, January 2014

# Analysis of focus group findings by theme

## Boys' perceptions of men's approaches to health

The boys were shown photographs of nine different men. The men depicted varied in age, ethnicity, body shape, pose, expression, attire, and conformity to stereotypes of masculinity. One of the men was a wheelchair-user. Three men wore glasses.

Boys were asked to select one picture of a man who seemed to them to 'take good care of himself'. They could do this in pairs or alone, and were allowed to select two if they found it difficult to choose. They were encouraged to follow their gut instinct.

Each photograph was chosen on average 5.5 times.

## Body shape

The image chosen by the largest number of boys was of a bodybuilder in a gym environment. However, of the twelve boys who chose this image, nine were in one focus group (the only Year 5 group): when the image was discussed, the group's comments were more ambivalent. Positive comments highlighted the man's muscles and how 'he must be fit because he does weight-lifting, sit-ups and push-ups every day'. Counter-arguments included that bodybuilders 'don't look after themselves because they can't move their arms' and that the man pictured 'takes care of himself way, way, way too much'. These reservations were more in keeping with another group in which nobody chose the bodybuilder. In that group, boys instantly associated the bodybuilder with use of anabolic steroids, commenting on his veins 'popping out', his 'balloon chest' and 'increased chance of a heart attack'.



Figure 1

The man featured in the second most popular image (Figure 2) was referred to as 'fit' and 'just-right healthy' (as opposed to the more muscular men who were deemed 'a bit over the top').

Another image of a topless man with well-defined, though not bulky, muscles, was popular 'because he has a six pack' and 'a very nice body', but no more so than images of other men with slim or average body shapes. Boys referred to body shape as a reason for choosing or not choosing certain images, describing men as 'in good shape', 'not fat', 'slim', 'skinny' (as a positive) and 'overweight'.

In general, boys drew conclusions about behaviour from men's body shapes, expressing approval for those who they thought ate healthily, and commenting that one man perceived to be overweight 'looks like he eats five turkeys a day' whilst another 'doesn't really do much sport' (Figure 1). After this final remark, the group present were asked whether it was always possible to identify a person's lifestyle from their appearances. One participant commented that 'maybe he has a broken leg'. Interestingly, another group felt that the same man 'looks a little bit strong, a bit intelligent' and 'takes his health seriously'.

## Presentation

The second most popular image showed a young white man wearing jeans and a t-shirt (Figure 2). The boys made some inferences about the man's life and attitude, saying that he was 'well-mannered, a bit casual' and 'he's a dad'. A few boys also suggested that some men looked like they might be smokers, though none were depicted with cigarettes.

Cleanliness was frequently noted as a reason for choosing particular images, particularly in one focus group. 'Gel in his hair' (Figure 4) indicated cleanliness to one boy, whilst others mentioned 'clean clothes' and used adjectives like 'fresh'.

Some boys made assumptions about men's professions based on the images, and mentioned this as relevant to how the men took care of themselves. Wearing a suit was associated with having a 'very important job', whereas a young man of Southeast Asian heritage wearing jeans, a jumper and glasses in a bright white living room (Figure 3) was presumed to be a 'computer engineer' by one boy; others said he was 'well dressed', 'looks smart' and his 'house looks like he earns a lot of money'.

One photograph was included in the exercise because its subject appeared noticeably image-conscious. His dress sense was noted as an aspect of self-care, with two boys highlighting his 'nice clothes' and 'good fashion'.

## Age

The men varied in age, but all of the images chosen most frequently featured men who appeared to be in their twenties or early thirties. A picture of Sakari Momoi was included in the exercise. At the time of the focus group, Momoi was aged 111 and held the record for the world's oldest living man. His image was only chosen twice across all focus groups. Comments by boys who did select Momoi's image alluded to the fact that he 'looks after himself because he's lived that long', despite looking less healthy than younger men.

Once the group were told Momoi's age, it visibly dawned upon them that such a long life must be associated with good health.

## Disability

One photograph showing a man in a wheelchair using a laptop was selected four times, just below average frequency. One boy commented that 'he's probably had an accident but he looks really well and he's coping.' However, the majority of the discussion in another group focused on questioning how somebody



Figure 2



Figure 3

might come to be disabled from birth or through circumstance. The conversation revealed some confusion about what can be established about the nature of a person's disability by appearance.

### **Perceived emotional state**

The bodybuilder was described as 'not healthy because he's not smiling' and having a 'tough expression', whereas another man's smile was mentioned as a reason for selecting his image, showing that boys recognised mental wellbeing as relevant to taking care of oneself.



**Figure 4**

### **Ability to relate**

A number of boys made comments that suggested attempts to relate to the men in the images they were shown. One man described elsewhere as overweight (Figure 1) was also said to be a 'normal person living a normal life'. One boy likened this man as similar to appearance to the men seen at the pub near the boy's house. Another man, described as a 'person from real life', 'looks after himself like a real man'. One boy commented that a particular man 'looks like my uncle', and another said of a suited man perceived as overweight (Figure 4), 'I feel sorry for him'.

**You can't judge a book by its cover.**

*Focus group participant*

## Boys' perceptions of behaviours that impact on health and wellbeing

Boys were shown slides featuring the name of an action or behaviour that could impact on physical or mental health, plus an image of a man or boy demonstrating the behaviour.

Boys were asked to stand in different zones of the classroom to indicate their perceptions of a given behaviour, i.e. whether they:

- felt the behaviour was generally good for one's health
- felt it was generally not good, or
- were unsure.

Rapid responses were encouraged, with quick opportunities to change their minds. Boys were then invited to comment on why they had chosen to stand where they did.

Boys' feedback about each health-related behaviour is presented below in descending order of the total number of boys across all focus groups who voted that the behaviour was generally good for health.

### Resting when you're ill

Of 32 boys, 22 decided that resting when ill is beneficial. Sometimes this was about freedom from ordinary routines or tasks: 'it's really nice staying in bed'. It was also acknowledged that 'when you're sleeping, you don't feel pain'. One boy liked resting whilst ill because 'you miss school' but another, who was unsure about the benefits of resting, said 'you might miss out'.

Some boys expressed anxiety about the lack of control associated with illness and sleep, through comments such as 'if you rest too long, you might not wake up,' and 'if you have cancer, you might die in your sleep'. Another spoke about an experience in which, having rested because he was ill, he woke up feeling even worse and 'couldn't breathe out of my mouth and started to panic'. When asked more about this, he suggested that not being aware of what's happening whilst asleep felt risky. This concern around the vulnerability associated with rest may link to gender roles that 'characterise men as independent and in control' (Addis and Mahalik 2003 – see Introduction) and that are strongly evident in the men's survey responses.

Finally, one boy warned against rest as a substitute for seeking medical help: 'Don't be resting at home ... Next thing you know, you're dead! You haven't been to the doctors'.

**When you're ill, you don't want to go out, so it makes you feel better.**

## Going to the doctor

Two thirds of boys felt that going to the doctor was positive for health, although, perhaps unsurprisingly, they associated doctors with pain and death more than health and wellness. Their own or family members' experiences were occasionally used to illustrate both positive and negative beliefs about the benefits of seeking medical help.

**If you have a bad problem and don't go to the doctors, you might die.**

When explaining why visiting the doctor was helpful, boys mentioned detection and diagnosis, birth ('How would you have got out of your mother's belly without a doctor?') and how 'doctors can help you be healthy when you are unhealthy and tell you how to get better'.

**You could be unhealthy and you don't know – for example if you lack vitamins.**

The groups weighed up considerations around avoiding pain and ill health against possible unpleasantness ('It could be painful') and concerns about what might happen 'if the doctor was uneducated'.

**You might die if the operation goes wrong or the doctor is bad.**

## Talking about a problem

In contrast to the reluctance to seek help for psychological or emotional issues reported by men in their survey responses, boys were very positive about 'talking about a problem'. Of 32, 19 said it was healthy to do so. One group interpreted 'problem' as referring specifically to bullying. One boy said that his response would depend on the nature of the problem and who he might talk to about it.

Comments from boys who felt that talking was healthy included, 'things could get worse' if a problem was not shared and 'if you do nothing, it won't help'.

Boys who felt it was unhealthy said, 'people don't take you seriously' and 'something worse could happen to you if you talk about it' (with reference to bullying).

**You might feel annoyed or upset. You might start to cry so you might want to keep it to yourself.**

Issues around possible negative effects of dwelling on problems were also raised.

**If you think too much about a problem, it will get into your head and you won't be able to forget ...  
You might never leave the house.**

Although an encouragingly high number of boys classified talking about problems as healthy, the nature of their reservations about talking echo traditional gender roles and the findings from men who completed NCB's survey. This highlights a need for supportive messages to address boys' doubts about discussing problems as they get older.

## Laughing

Many boys seemed surprised that laughter had been included in the exercise, with one saying he was 'not sure if laughing has anything to do with health'. However, half of all the boys felt that laughing was beneficial to health, giving reasons such as 'it makes you feel happy', 'you won't be frustrated', 'it's good for your body' and 'good for your face' in terms of laughter lines and wrinkles. One boy commented that laughter 'exposes your feelings', in a positive way.

Of the remaining 16 boys, 10 thought that laughter was generally bad for health, and both they and the unsure boys cited perceived risks of excessive laughter or laughing at the wrong time. One boy said that if a person laughed too much on a stag do, he might end up smoking: this notion seemed connected to a recent family experience. The mention of a stag do may suggest some association between unusually exciting, fun situations and individuals behaving uncharacteristically.

### Boys' suggested risks of laughter:

- Choking
- Heart attack
- Stroke
- Mouth problems
- Smoking
- Accidents / Falling on one's face
- Death.

## Exercise

Fourteen of the 32 boys felt that exercise was generally good for health. One said that 'exercise is good for you in every way' and others mentioned that 'you can get a six pack' and 'you might get more friends'.

**You start to look good and feel good.**

Comments from those who thought exercise was generally bad for health focused on the risk of excessive exercise and that 'you might faint' or 'you might start using steroids'.

One third of boys were unsure whether exercise was more beneficial than harmful, also emphasising the need for moderation. One boy described having been injured during training. Other boys said 'it can make you ache' and 'it can rip your muscles'.

**You might get hurt, injured or have a heart attack.**

## Yoga

Boys were asked if they knew what yoga was, so a basic definition could be established within each group.

One quarter of boys thought yoga was generally bad for health, and the rest were evenly split between the 'healthy' and 'unsure' responses.

In each focus group, potential psychological benefits of yoga were mentioned, including calmness, improved concentration, and stress reduction (although 'if the room is too hot it could make you more stressed').

**It takes out your frustration, your mental stress.**

One boy mentioned that yoga 'helps your breathing' and another said it 'makes you healthy, makes your body good'. Another referred to his mother's experience of benefitting from yoga after being injured in a bike accident.

On the other hand, the potential for pain and injury was frequently raised, and boys' estimation of the risks involved in yoga tended towards the dramatic. A member of one group did say that 'life is all about taking risks'. Finally, one boy commented that yoga 'looks devilish'.

**It might be good as it is stretching your muscles. It might be bad as you might overstretch and hurt something.**

**Boys' suggested risks of practising yoga:**

- **Tipping over and injuring someone else**
- **Bending a muscle and it breaks**
- **Hurting yourself and not be able to work**
- **Breaking your back.**

## **Wearing braces**

Only two of the three groups were asked whether wearing braces on one's teeth was beneficial for health, due to a change in the session plan. Half of the boys asked about braces thought they were healthy. The discussion focused on the advantage of having straight teeth in the long-term versus short-term physical and social discomfort.

**Boys' suggested disadvantages of wearing braces:**

- **You have to have a special routine, brushing teeth a certain way**
- **They look ugly**
- **You could get bullied**
- **People spit when they talk**
- **People don't always know what you are saying.**

One boy suggested that not wearing a brace to correct 'wonky teeth' included 'serious problems later eating and talking'; another said that braces encouraged healthy teeth because 'you can't eat sweets' (i.e. very chewy sweets).

In one group, a boy said 'they drill through your teeth when you have braces' and in another, concern was expressed about 'what happens if the operation went wrong and they went into your gums', but another member of the group said that this would not happen.

## Playing computer games

Many boys changed their initial assessment of how healthy playing computer games was, to a less positive response. In two groups, the boys were evenly split across the three responses, and in the other, the majority were unsure whether playing computer games was healthy, with nobody identifying it as positively healthy.

Boys who felt that computer games were good for health explained, 'it doesn't do anything', 'it's good for your imagination' and 'I enjoy it'. Those who were unsure gave various reasons, including 'it doesn't make a difference to your health' and 'it might cause your heart rate to go up'.

**You could do Wii Fit, you could dance... That's good for you.**

Reasons why gaming was perceived as bad included 'it shows you can't entertain yourself' and that, despite being good for relaxing, it was not healthy for the heart. Overall, boys recognised the need for moderation. They used sensationalistic language to caution against excess when playing computer games.

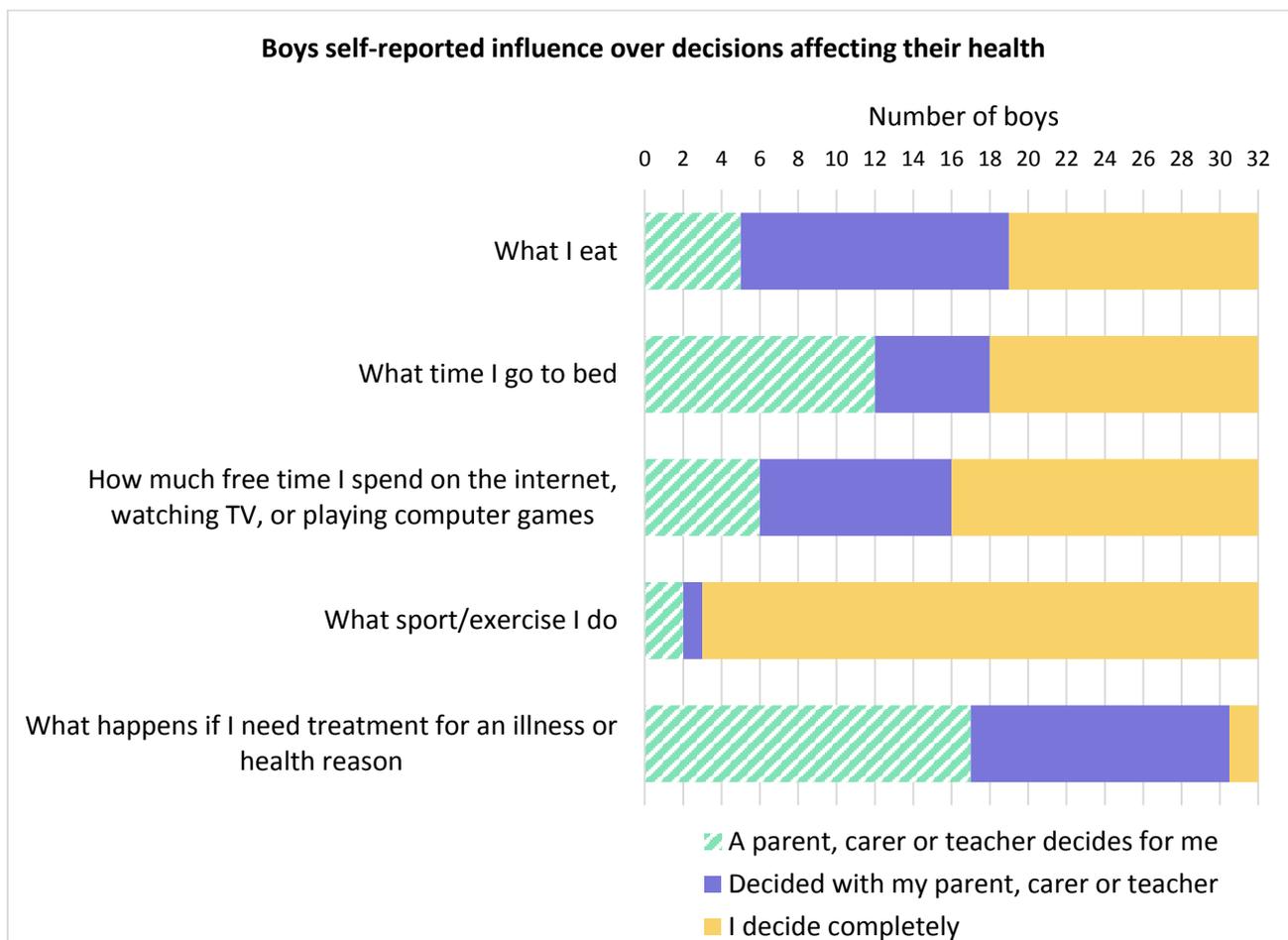
**You'll be a couch potato if you have no exercise.**

**If you play it too much it can make you go blind, mess up your mind...**

**If you are sitting all day playing computer games, your eyes could go all wonky.**

## Influences and decision-making in boys' health

Each individual was asked to fill out a table with three columns allowing boys to show, for particular decisions relevant to their health, whether 'a parent, carer or teacher decides for me', the matter is 'decided with my parent, carer or teacher' or 'I decide completely'. The chart below shows the boys' self-reported degree of influence over the different areas they were asked about. Their answers were not verifiable but indicate their sense of control over some aspects of their health and wellbeing.



The boys felt they had by far the most influence over what sport/exercise they do, and by far the least over what happens when they need healthcare or treatment. This is as might be expected, although it is encouraging that almost half of these boys, at age 9-11, felt some degree of involvement in addressing their health needs. Perhaps more surprising are the proportions of boys who reported that they ultimately decide what they eat and when they go to bed: 13 and 14 out of 32 respectively. It would be interesting to find out more about this sense of self-determination, and to be able to compare the boys' answers against reports from their caregivers.

Boys were also asked, individually and collectively, to suggest any other people or influences that affected decisions about their health. Suggestions mostly focused around food, with 'friends', 'grandma' and 'adverts' were mentioned as influences. One boy's diet was influenced by his doctor, perhaps due to a health

condition. Another boy understandably said that his doctor influenced decisions about treatment for health issues. One keen footballer said his training sessions influenced mealtimes and bedtimes.

Finally, in two focus groups, boys were asked for views on two promotional images showing contrasting messages about masculinity. One was an advertisement for 'BK Stacks' burgers promoted in 2013 in the Philippines: burgers that customers could choose have with one, two, three or four beef patties. The ad shown to the boys depicted the four-patty 'King Stacks burger' next to ruler lines measuring its height, and the slogan 'Are you man enough?' The other image was the cover of Kevin O'Malley's recipe book, *Eat Veggies Like a Man: A Man's Guide To Being a Vegetarian*. The cover shows the bottom half of a man's face and his forearms resting on the table behind a bowl of salad.

In one group, boys identified how both images posed a challenge to men. They took clear messages from the burger advert about masculinity, with comments including:

- 'If you don't go to Burger King, you're a girl'
- 'Challenges men to say, "are you worthy enough?" to eat the burgers'
- 'Suggesting that men have bigger appetites – if you don't, you're not a man'.

Both groups expressed less certainty about the messages conveyed by the book cover. One boy said that the book cover 'doesn't make sense. When it comes to eating vegetables, what's the difference? How are you supposed to eat like a man?' Boys tried to guess what it meant to 'eat veggies like a man', with ideas focusing on appetite (citing the large portion size of the salad in the photograph) and 'how much vegetables a man should eat', or table manners ('Ladies have more manners eating', using cutlery and not making a mess). Not everybody agreed with this, and most boys said there was no difference between how men and women ate vegetables. One boy observed that 'normally people say, if you like veg, you're a geek,'; however, in another group, one boy had brought up his own vegetarianism during the introduction to the session, and mentioned it again in this discussion, indicating that he didn't feel stigmatised.

In both groups, at least one person described one or both of the images as sexist.

## Discussion

The boys recognised that the frequency or extent of a given behaviour is often central to its impact on health: for example, they identified that excessive exercise could have negative consequences. They also responded positively to men who seemed 'real' or 'normal' to them as opposed to fitting a more extreme ideal.

It is perhaps incongruous then that, when asked to select an image representing an example of a man who 'takes care of himself', the most frequently chosen photograph was of a bodybuilder. Selections of the bodybuilder were heavily concentrated in the single group of Year 5 boys, suggesting a difference in this group's response to the bodybuilder and the other two groups'. This could be due to individual differences, peer pressure, changes in perceptions between Year 5 and Year 6, or some other unknown variable.

When asked to identify whether they felt given behaviours were generally good or bad for health, or to express uncertainty, fewer than half of the boys consulted said exercise was generally healthy. Only computer games and yoga received fewer 'healthy' votes. This may reflect some ambivalence about exercise, or perhaps the fact that the risk of harm can be more immediate for exercise, due to the potential for injury, than for the other behaviours. Interestingly, exercise was the area of decision-making boys expressed the greatest sense of control over, with nine in ten boys answering that the sport/exercise they do is completely decided by them.

Despite appreciating the need for moderation in behaviours affecting health, the boys often spoke in black-and-white, extreme terms about the possible consequences of taking risks, making poor choices or receiving poor quality healthcare. Serious injury and death were frequently mentioned, and boys sometimes described sensational scenarios with a tone of humour or excitement. Information from Child Bereavement UK (Chalmers 2011) states that children of primary school age 'begin to develop an understanding that death is permanent and final', 'may be fascinated with the physical aspects of death or the rituals surrounding it', and 'can become fearful as a result of their deepening realisation of the possibility of their own future death.' Although written specifically with bereaved children in mind, these insights perhaps help to contextualise boys' comments about illness, injury and death.

The boys acknowledged the importance of mental and emotional health, interpreting emotional states behind the facial expressions of men in images they were shown. They noted positive benefits of laughter and a range of ways in which yoga can support mental wellbeing. When deciding how healthy or unhealthy given behaviours might be, social wellbeing seemed to be a relevant factor – more specifically, avoiding negative social consequences. Risks of talking about a problem included not being taken seriously, or exacerbated bullying; resting when ill carried a risk of 'missing out'; and the prospect of wearing braces was off-putting to some boys because of how they felt braces looked and affected speech.

The boys interpreted 'taking care of oneself' to include succeeding in employment. When asked to select photographs of men who they imagined took care of themselves, boys sometimes expressed approval of those men they perceived to be doing well professionally.

At their current stage of development, these boys had internalised health messages and liked to repeat cautionary tales about the consequences of poor choices. They explained their views in terms of consequences (e.g. straight teeth, happiness, injury or bullying) as opposed to social expectations or pressure. However, the boys who were shown an advertisement and book cover were able to interpret messages about masculinity from them. Boys of this age may not yet relate these kind of messages to their own thoughts and behaviours, or may only do so with more preparation to explore those connections. It might also be too exposing to discuss felt pressures and expectations in a group.

It was common for boys to report at least some sense of agency in decisions affecting their health. They most frequently expressed either some or total control over their physical activity, then diet, then 'screen time' (spent using the internet, watching TV or playing computer games), bedtimes and, finally, 'what happens if I need treatment for an illness or health reason'. Nevertheless, almost half of boys felt at least somewhat involved in decisions about healthcare and treatment.

## Conclusion

The case for addressing social and psychological barriers that inhibit men from accessing healthcare is well endorsed and supported. Responses to NCB's survey for men reinforced this picture and translated into a strong call to action. Many adult men described their approaches to taking care of their mental and physical health as having been thwarted by social pressures and expectations. They were clear that boys and young men growing up today should be better enabled to seek help and treatment when they need it.

Changes in the pressures and possibilities for men over time will affect the boyhood experiences of different generations. Men's sense of expectation that they comply with traditional stereotypes of masculinity emerges strongly through the survey findings, yet consumer research from a leading advertising agency (JWT London 2014) suggests that a 'shifting of the idea of the "real man" towards a more progressive attitude' is underway. JWT London's study on contemporary masculinity concluded that, 'no longer just the hunter-gatherer, British boys are exploring new roles, lifestyles and looks in different areas of their lives.'

There were few clear, consistent patterns emerging from the focus group participants' responses. In that respect, these boys seem to embody the tension between traditional male roles and the advertising agency's portrait of modern manhood. Being on the cusp of adolescence, their ideas about health are also at an interesting point of development: still children, the boys heed health messages from adults and other authority figures, yet they feel varying degrees of agency about decisions that affect their health, and are conscious of external forces that can shape individuals' opinions and behaviours.

Not surprisingly, given the complex nature of the issue being explored, this small-scale enquiry, while surfacing some interesting and illuminating findings, produces more questions than it answers. It supports the long-running call for a greater focus on this age range and for more in-depth and further exploration of boys' experiences and needs, in particular a close look at:

- The impact of social and cultural factors on boys' and young men's current and future health-related attitudes and behaviours, and how they would like peers, families, role models and wider society to support them
- Young men's engagement with health information and confidence in their knowledge of health systems and services.
- Young men's health role models – who they are now and may be in the future, and why and how these may or may not need to change.

In addition to the recommendations informed by NCB's survey for men, findings from the focus groups with boys suggests that work with parents, carers and teachers would be beneficial. Having learnt from the groups consulted that boys at age 9-11 are ripe for engagement with these issues, it is necessary to consider how parents, carers and teachers – key influencers and sources of information for this age group – can better guide and support boys with regards to their health and wellbeing. Without interventions, parents will not necessarily be able to counteract unhelpful pressures and expectations that they themselves may have grown up with; neither are they health promotion experts. In 1998, Borland and others 'revealed how many parents feel they lack information that would help them during their children's middle years. Particular needs were mentioned in relation to health education' (Madge and others, 2000).

For a full set of recommendations, see the report [Improving male health for the next generation: Findings from NCB's survey for men](#).

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