

Prick 'n a Pint Research Report

“...sort of something magical...”



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Executive Summary

Worldwide, and in Australia, there are gendered inequities in health outcomes: men generally have a shorter life expectancy and poorer health-related behaviours than women, and this is exacerbated by rurality (1-3). A potential explanation for this is the theory of hegemonic masculinity (4), whereby men ascribing to the traditional masculine ideal eschew health-related behaviours associated with vulnerability to maintain a sense of power.

The aim of this study was to examine men's attitudes, knowledge and approach to health behaviour change in a community established, men's health group in rural Victoria, Prick 'n a Pint (PnP).

Methods:

This was a cross sectional, qualitative study using participant observation and semi-structured interviews. All men who were members of the PnP program were invited to take part in the study by contacting the research leaders. A mutually agreeable time and place for an interview was arranged with those who elected to take part. The research team also arranged to observe some PnP sessions and to meet with the doctors who facilitated the course. Field notes were taken. Interview transcripts were audio-recorded and transcribed then thematically analysed using deductive and inductive approaches to develop codes, categories and themes. These themes were then further explored using the theory of hegemonic masculinity to explain the impact of the PnP program on men's health attitudes, knowledge and behaviours.

Ethics approval was obtained from the University of Melbourne (ID: 1750782.1).

Results:

Ten men aged 42-73 years, who were participating in the PnP program, consented to participate in the study. Most men reported some degree of behavioural change which they attributed to the PnP experience, with all reporting an intent and increased motivation to engage in healthy lifestyle behaviours.

The facilitators of change in the men were revealed in five categories: organisation and structure of the program, the accessibility of the information provided, recognition of positive character traits, use of the pub as the location for the meetings and social environment/camaraderie.

An overarching theme of trust to relieve the tension between vulnerability and power explained PnP's contribution to the participants' increased health literacy and improved attitudes towards health-related behaviours.

Conclusion:

The findings of this study suggest that for this group of men in the Northeast region of Victoria, the PnP program has a positive influence on their health-related knowledge, attitudes and behaviour. The important relationship revealed here is that each of the components found to be important to PnP either reaffirmed a sense of power for the participants or reinforced the trust they felt in the group. It was this trust, and the control or power felt by the participants, that enabled their recognition of their vulnerabilities, which then led to the process of change. Based on this new knowledge, future programs designed to address men's health may benefit from incorporating strategies to achieve a trusting environment, reaffirm a sense of power for the participants and promote recognition of vulnerabilities in order to facilitate change.

In the future, health promotion programs aimed at men may benefit from consideration of how vulnerability and power can be addressed through establishing trustful relationships between men themselves and between men and health care providers.

Introduction

Prick 'n a Pint, a men's health program, was initiated by a small group of men in Beechworth in 2016. One of the founding members had recently lost his father to prostate cancer, and the men recognised the danger faced by other males if their health literacy levels and behaviours continued to be overlooked. A captain (a man with a community outlook and social power) is chosen to recruit 12-16 men to participate in the program and is tasked with ongoing group retention and cohesion. At the outset, each recruited man undergoes the 'prick' (blood test); the men then meet monthly for an education session with a local GP, who aims to provide key information that might assist the men to make health-related changes in their lives. This meeting occurs in a local pub and is followed by an optional 'pint' (a beer), over which the men can discuss the session, any relation to their own health (including the results of the prick) and their own goals more informally.

At the time of this study there were three pilot groups based in Beechworth and Albury in rural Victoria and New South Wales, each with approximately 15 men.

There is a lack of agreement in the published literature in regard to men's health literacy and which approaches are most effective to engage men (group or individual; face-to-face, via telephone or internet) in conversations about their health behaviours (5,6). It has been suggested that men are more likely to engage with health programs, health information or aspects of health that have clear links to traits or interests associated with traditional constructions of masculinity. This includes an appeal to rationality and responsibility, respect for the individual's autonomy, incorporation of humour and competition and a focus on exercise or diet (due to links with physical strength), although exactly how this enhances engagement is unclear (7-12). There is agreement, however, that the physical location of health programs and the relationship with the primary care provider are important (8-15).

Research aims and key questions

The main aim of this research was to develop a better understanding of men's engagement with their own health by examining the drivers and effects of participating in a health behaviour change program such as PnP. Three key questions that guided the research were:

1. What motivates men to join PnP?
2. What effects has the program had on men's health literacy and their health behaviour, including engagement with their general practitioner?
3. Which aspects of the program are key to engaging the men and facilitating change?

Results

Participants

Ten PnP members participated in individual interviews. The men were aged 42-73 years, all were married or in a relationship with a female partner and all had children. The majority were either self-employed or worked in management positions. None had a medical background, although one had spent time working in Indigenous Health, one was a vet and several had health professionals in their families. Some of the men had moved to the area after deciding to leave a metropolitan lifestyle; most noted the opportunities for outdoor activities as features that had attracted them to the area. Other men had been raised in the area.

Motivation to be involved in PnP

The men became involved in PnP for a variety of personal, family and social reasons. Many wanted to be healthy in order to continue active participation in their families. Many knew the founders of PnP and wanted to support them in the establishment of the program. Most were aware and wary of ageing, as demonstrated by Participant 4:

“Probably the rationale is getting older; I'm not bulletproof anymore ... I was hoping to discover more things about myself and more things I can do now, like I said, to prevent future issues as well.”

These initial motivations for joining the program continued, however, many commented that their enjoyment of the learning and social environment contributed to an ongoing motivation. For example, when asked why he continued to come, Participant 6 answered:

“Just learning I guess and it's fun, it is good fun.”

Additionally, several men commented on the ease of attending the program:

“But it's easy just to turn up. It's a lot easier not to turn up, but they still just make it easy to go along.”
(Participant 7)

Effect of PnP on attitude to health, health literacy and health-related behaviours

A positive attitude

All PnP participants displayed a positive attitude to health and reported improvements in health literacy. All participants reported some degree of behaviour change, increased motivation to engage in healthy lifestyle behaviours and an intent to further improve their health behaviours.

Lessons and learning

Most men in this study commented that they were now aware of the recommendations about exercise and alcohol consumption. They commented on specific learning points they had taken from various sessions, including dietary knowledge, cardiovascular and mental health. The following quote demonstrates Participant 6's newly acquired appreciation of the complexity surrounding prostate-specific antigen (PSA) testing (used in screening for prostate cancer):

“...there was a lot of information around that with all the statistics and whether you have your testing or whether you don't. That was quite an interesting one because the guidelines are not set in stone, for sure, and they're changing all the time.”

Most men in this study talked about how they already met the recommended exercise guidelines due to their active lifestyles and interest in sport, or how they had increased their participation in exercise in order to reach the recommended levels. Many had become aware that their intake of alcohol exceeded the recommended guidelines and had reduced their consumption. Some men had made alterations to their diets – this included reducing their portion sizes, reducing snacking between meals, eliminating breakfast and decreasing consumption of particular food groups.

Increased confidence to discuss health

In this study, most men reported that their confidence in talking about health both with their GP and with family or friends had increased, although some commented that particular issues required more trust. They attributed this increased confidence to their increased health literacy. Some men had started seeing a GP regularly since starting the program; others had seen a GP and demonstrated an intent to develop an ongoing relationship with that GP. Some of the men, however, commented on the difficulty in accessing rural GPs.

How were these changes facilitated?

Table one shows that multiple components of the PnP program were important in actively engaging the men – these were grouped into the following five categories: organisation and structure of the program, the accessibility of the information provided, recognition of positive character traits, use of the pub as the location for the meetings and the social atmosphere and camaraderie.

Table 1: Mechanisms of engagement

Category	Component	Explanation	Link to trust or power
Organisation and structure	Organisation	Participants kept copies of their blood test results, took notes, filed these notes	This self-sufficiency gave a sense of control
	Structure	Each session had the same structure: arrival (including short informal chat, collecting nametag), education session beginning at 7.30 with questions encouraged throughout, informal session including the pint at the end. During this time, the GP was available to answer any questions	Knowing the format of the evening gave the participants trust that the program would continue in this familiar and comfortable way
Accessibility of information and knowledge	Use of numbers	For example, using the numeric limits for cholesterol and blood pressure. Numbers were a tangible goal, and were familiar, so made new information seem more accessible	The possibility of achieving a goal and controlling their numbers gave participants a sense of power. The new information was less threatening, so gave a sense of control
	Relevance of information	Information was personalised for PnP participants	Participants were powerful consumers of the information, which is why the information was tailored to them
	Accessibility of the GP	GP encouraged questions and was available during the informal pint after the education session	Again, participants were powerful consumers of the program – this was represented by the GP’s interest in them and attention to them
Recognition of positive character traits	Respect for autonomy	Information enabling change was provided to participants, but the decision to make those changes was left to the participants themselves	This respect afforded the participants a sense of pride and power
	Recognition of desire to learn	GP recognised and respected that the participants wanted to learn	Again, this respect afforded the participants a sense of pride and power
Location	Using the pub as the meeting place	Participants associated the pub with enjoyment and felt comfortable in its familiar environment	The familiar environment promoted trust
Social atmosphere	Sense of camaraderie	Participants had a sense of being “ <i>part of something</i> ” (Participant 7)	Participants had trust in fellow members
	Familiarity with other participants	The way in which participants were originally invited to be part of PnP (recruitment by the captain) meant that they all knew at least the captain, and often were familiar with other members of the group	Again, participants had trust in fellow members

The following quotes demonstrate a component within each of the categories that were important to engagement with the PnP program:

1. Structure

“You get there and there’s water on the tables. The chairs are set up. You’re not wondering what’s going on. You’ve got a name tag slapped on you straight away. Grab a beer if you want, we’re going to sit down in 10 minutes.” (Participant 7)

2. Relevance of information

“If you get the message that feels like it’s written for you then you tend to take it on board a bit more.” (Participant 1)

3. Recognition of autonomy

The expectation is on you to look after yourself.

‘I’ll tell you what to do and how to do it and you do it.’ Which is – I think that’s the way to do it – anyway for me it is. (Participant 2)

4. Using the pub as the meeting place

“Whereas down the pub, that’s your space. You can talk, laugh, you can do whatever. Yep.”

(Participant 7)

5. Social Atmosphere/Sense of camaraderie

“That’s what a Prick ‘n A Pint is about. You just become part of that group and it’s about being motivated about something.” (Participant 7)

“...there is sort of something magical – I can’t get a better word – that happens within the program. It is a mix of all of those elements: it’s the structuring of it ... people you know ... the ability to look at your results through that process, and have a reference point ... the camaraderie ...”(Participant 4)

An overarching explanation

Trust to relieve the tension between vulnerability and power

Each of the five components contributed to the overall explanatory theme of the mechanism by which PnP encouraged change: *trust to relieve the tension between vulnerability and power* (Figure 1).

It appeared that the recognition and acknowledgement of the men’s vulnerabilities was an important step in the process of change. These vulnerabilities included inadequate knowledge, a current health problem or the predisposition to certain health issues. For example, participant 3 recognised that he had previously been unaware of a vast amount of health information:

“Again, I thought I knew everything, but I don’t, I don’t know anything, and I think that’s the thing that – and I’m going into all these discussions around health, eyes wide open, ears wide open, around, ‘Well what am I actually going to learn here?’” (Participant 3)

Likewise, participant 9 recognised the risk of diabetes due to his current health status:

“I am going to have a pretty serious shot at this - to see if I can slow down or stave off the diabetic threat, because I am technically obese, which was not fun to find that out.” (Participant 9)

The components of the program that facilitated the men’s engagement ultimately empowered the men to overcome feelings of vulnerability; enabling the changes each of them made:

*“Prick ‘n A Pint, what it does is, it gives you some of the tools... You learn that you can’t control [some aspects of health]. If that’s going to happen, it’s probably going to happen to me, **but I can do something here that might reduce its impact later on.**”* (Participant 7, emphasis added)

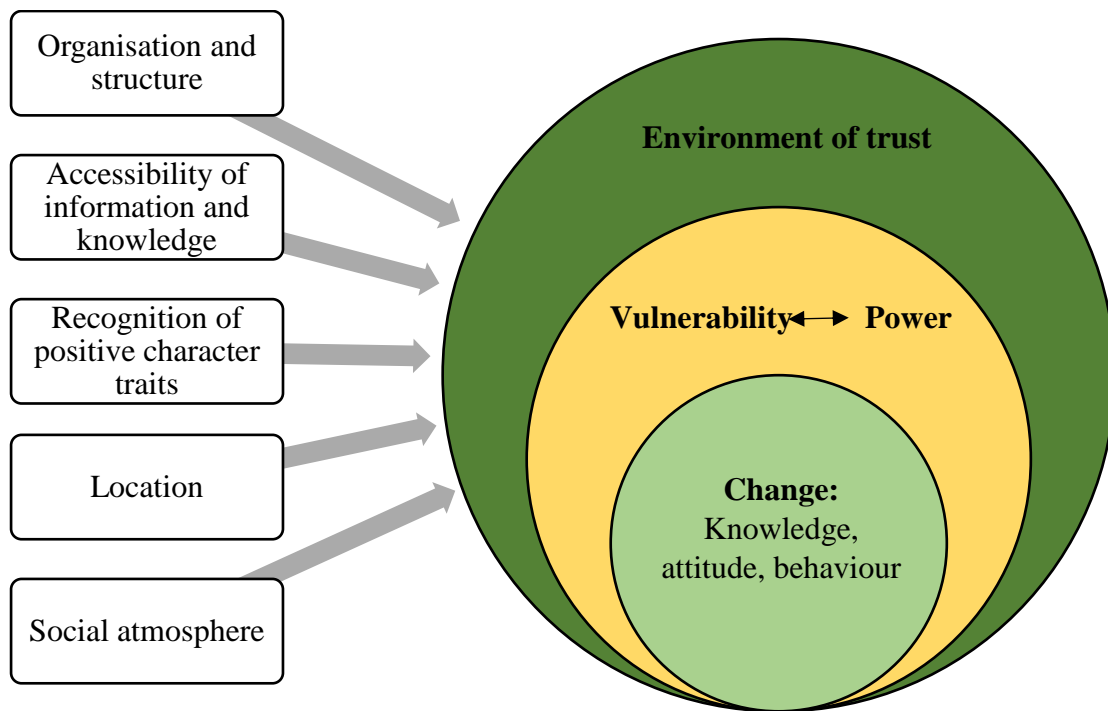


Figure 1: PnP facilitated change by creating an environment of trust.

The figure shows how the categories of organisation and structure, accessibility of information and knowledge, recognition of positive character traits, location and social atmosphere contributed to the environment of trust experienced by participants of PnP. Within this environment of trust, the balance between vulnerability and power was able to be renegotiated – enabling knowledge, attitude and behaviour change.

Discussion

The motivations of the participants to be involved in PnP (desire to attain good health for personal, family and social reasons) are clearly aligned to a hegemonic understanding of masculinity. Setting and achieving personal goals reflects the masculine ideal of self-improvement and achievement of strength and independence. Likewise, a desire to actively contribute to their families, as well as the desire to support friends and communities have parallels with the masculine ideals of responsibility and duty, and role as the protector or bread-winner.

Involvement with PnP may be thought of as participation in a health program, an engagement with healthcare or health professional, or a health behaviour in itself (due to the discussion of personal health issues and the knowledge gained through the program). Literature reports of factors which motivate men to become involved in health programs or engage with healthcare or health behaviours largely support the findings of this study. Bottorff et al (2015) reported that strengths-based health programs (those that appeal to the positive character traits stereotypically associated with masculinity) appeared to be successful in engaging men (9). Responsibility has been noted by a number of authors as a reason for men engaging with healthcare, with these studies supporting the theory of hegemonic masculinity in describing men's approach to health (11, 16).

In contrast, it appears that some constructions of masculinity value irresponsible health behaviours (such as risk-taking) (19, 20). Richardson however described a process whereby there was a move from irresponsible to responsible behaviour during the transition to fatherhood, a recognition of ageing or a health crisis (21). In consideration of these points, it seems that the motivating reasons for members of PnP to become involved with the program reflect those found in family-oriented men elsewhere.

Effect of PnP on attitude to health, health literacy and health-related behaviours

In line with earlier studies, the men in this study described an increased health literacy and in turn improved confidence and engagement with health services (8, 9). Social reinforcement 'legitimises' an interest in health and confidence in showing this. It has been suggested that knowledge represents a masculine ideal because it is a form of power that can be used as "social capital." (5, 22). The men in this study demonstrated a strong desire to learn, and placed value on the knowledge they gained from PnP. While some authors argue that there is a lack of evidence to support a direct link between increased health literacy and improved health behaviour, there have been reports of improved engagement with healthcare and confidence in interactions with doctors resulting from increased knowledge (13, 22). This increased confidence may come from a sense that some balance of power has been achieved in the patient-doctor relationship.

Some authors have proposed that physical activity and sport are acceptable 'masculine' ways for men to participate in healthy lifestyle behaviours (9, 12). The finding that all men in this study talked about exercise and physical activity when asked about their health behaviours reinforces this construction of exercise as an acceptable embodiment of masculinity in this population.

How were these changes facilitated?

The most important finding of this study is that of the major emergent theme: that a trusting environment is important in allowing a balance between vulnerability and power, and this is what ultimately facilitated the positive changes made by PnP participants. This is a valuable contribution to the understanding of men's health, and especially important because strategies to achieve trust and a sense of power have been described here.

Power and vulnerability are recognised as being central to the concept of hegemonic masculinity (4, 11). Their importance, as well as that of trust, to men's behaviour change have been noted elsewhere, however it does not appear that other studies have linked them in the way this research does (13,14,19,21-24). The important relationship revealed here is that each of the components found to be important to PnP either reaffirmed a sense of power for the participants or reinforced the trust they felt in the group. It was this trust, and the control or power felt by the participants, that enabled their recognition of vulnerabilities, which then led to the process of change. Based on this new knowledge, future programs designed to address men's health may benefit from incorporating strategies to achieve a trusting environment, reaffirm a sense of power for the participants and promote recognition of vulnerabilities in order to facilitate change.

Limitations

This study had several limitations which restrict its generalisability to other populations of men. Firstly, the men who agreed to participate shared many common characteristics: all were employed, had children and lived with female partners. They also all demonstrated significant community connection-most participated in sport or had other active hobbies. Data was not collected on the participants of PnP who did not volunteer to be part of this study, however it is likely that these men were similar, given the recruitment strategy used to form the PnP groups.

These are all important factors in considering the applicability of the findings to a more general population as socio-demographics significantly affect approaches to health and ultimate health outcomes.

As this study was qualitative in nature and focussed on the participants' experiences of PnP, there was no objective evidence to support the self-reported claims of literacy and behaviour change. It is possible that the men's reports of improvements were motivated by a desire to please the interviewers or the founders of PnP. Social desirability bias (25) is a well-known moderating consideration in studies such as these. Nevertheless, subjective reports of improved wellbeing may be considered to be positive outcomes of the program, regardless of any objective proof.

The observational and cross sectional nature of the study meant that objective measures were not available to support reports of change, nor the capacity of the participants to sustain any positive changes over time. Further research would benefit from a mixed-methods prospective approach capable of gathering quantifiable aspects of changes in health literacy, health behaviour and health outcomes over a longer time period to ascertain if change was substantial and sustained.

A strength of this work however is the capacity for interviews to elicit a rich and an in-depth knowledge of the underlying reasons and motivations of this group of men and to that end the findings of this work may provide valuable insights for other populations.

Conclusion

PnP appears to have a positive effect on men's perceptions of how they can influence their own health. Men were motivated to join and stay with the program for personal, family and social reasons and they reported improvements in their health literacy and behaviour. PnP's facilitation of an environment of trust allowed renegotiation of the tension between vulnerability and power inherent to hegemonic masculinity, and it was this that ultimately facilitated the positive changes.

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