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The construction of masculinity
and its influence on health:
qualitative data analysis in andalusians
young males from 15 to 24 years old

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To my parents.
I have so much to thank them for!

To Kenza.
My x and y axes

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ABSTRACT

The study of men's health must be framed within theories of equity and gender analysis. In this sense, the research of young men's health offers an opportunity to examine the links between masculine identity and social behaviour. This highlights the risks and health problems faced by men as a consequence of the social interpretation of their role. The way in which young men position themselves in relation to different discourses of masculinity can have important implications not only for their gender identity, but also for their health-related behaviour.

Aim. To describe meanings and perceptions that andalusians from 15 to 24 years old have about their idea's of masculinity, identifying ways in which these gender representations can be influencing their health.

Methods. A study based on a qualitative approach that combines different modalities of interview and is focused on males from 15 to 24 years that were born and raised in the Andalusia region of southern Spain.

Results. The results of this study show that, while it is necessary to talk about masculinity in the plural, gender identity has been associated with young males' attributes such as protection, work, force, or heterosexuality. The results also warn that sometimes unhealthy beliefs and behaviours are adopted as a way of representing masculinity. This provides us with some keys to understanding how gender identity is related to the health of this population. Thus, the analysis of socialization has been related to issues such as the repression of feelings, the avoidance of medicaments and access to health services or the greater propensity to make physical activity and sport in comparison with girls. On the other hand, the social representation of masculinity has been associated with issues such as reckless driving, abuse of alcohol and other recreational drugs, violent behaviour among men themselves, having sex without protection or the achievement of a body image focused primarily on muscular development. In the latter case, the results identify a generalized and uncontrolled consumption among young men of certain ergogenic aids especially connected to amino acids and protein compounds; the use of anabolic steroids have also been confirmed.

Conclusions. This study shows that the social representation of masculinity is based on the adoption of some unhealthy beliefs and behaviours. In the context in which this study is developed, it is necessary to advance on this line of research, since not only the study and understanding of masculinity in these populations is still limited, but also this investigation line doesn't exist from a gender perspective on health. The results shown are intended as a small contribution to improving the understanding of this population from a public health approach, including their knowledge, beliefs, attitudes and practices without losing sight of the main reasons given by men regarding their understanding of their social role. Not only should this contribute to improving the analysis of problems and risks, but also to the policy development and the implementation of programs with a better contextualization and connoisseurs of social reality on which they seek to influence.

Keywords. Men's health; Masculinity; Young men; Gender identity; Qualitative Research.

STRESZCZENIE

Badanie stanu zdrowia u mężczyzn musi być dokonane w ramach teorii sprawiedliwości i analizy płci. W tym sensie, badanie zdrowia u młodych mężczyzn stanowi okazję do zbadania powiązań między męskością a zachowaniem społecznym. Oprócz tego, oznacza to także podkreślenie zagrożeń i problemów zdrowotnych z jakimi borykają się mężczyźni w wyniku społecznej interpretacji ich roli. Sposób, w jaki mężczyźni przedstawiają się sami w stosunku do różnych dyskursów męskości może mieć istotne znaczenie nie tylko dla ich tożsamości płciowej, ale także dla ich zachowania związanego ze zdrowiem.

Cel. Opisać znaczenie i wyobrażenia, jakie mają Andaluzjczycy od 15 do 24 roku życia na temat ideologii męskości, zidentyfikować i rozpoznać sposoby, w których ta reprezentacja płci może mieć wpływ na ich zdrowie.

Metody. Badanie opiera się na analizie jakościowej, która różni się formami wywiadu i koncentruje się na mężczyznach od 15 do 24 lat, którzy urodzili i wychowali się w Andaluzji, w regionie południowej Hiszpanii.

Wyniki. Wyniki tego badania wykazały, że tożsamość płciowa prowadzi do następujących atrybutów: opieka i bezpieczeństwo, praca, siła i heteroseksualność. Wyniki także ostrzegają, że czasami są przyjmowane niepoprawne przekonania i zachowania jako sposób przedstawienia męskości. W ten sposób są przedstawione niektóre elementy i klucze do zrozumienia, jak tożsamość płciowa jest powiązana z zdrowiem tej populacji. Tak więc analiza otrzymanej socjalizacji jest związana z zagadnieniami takimi jak tłumienie uczuć, zmniejszenie użycia leków i dostęp do służby zdrowia lub wiążąca skłonność do aktywności fizycznej i sportu w porównaniu z dziewczętami. Z drugiej strony, są także związane z innymi elementami społecznej reprezentacji męskości, lekkomyślność przy prowadzeniu samochodu, nadużycie alkoholu i innych narkotyków rekreacyjnych, agresywne zachowanie w rodzinie, nieuprawnianie bezpiecznego seksu lub osignięcia wizerunku, który skupia się głównie na rozwoju budowy ciała i męskości. W tym drugim przypadku wyniki dostrzegają niekontrolowane korzystanie przez młodych ludzi, niektórych rodzajów pomocniczych ergogenicznych, szczególnie jeżeli chodzi o zużycie aminokwasów i związków białka, ale również w trakcie tego badania także dotyczyło z stosowaniem sterydów anabolicznych.

Wnioski. Badanie to pokazuje, jak w oparciu o przyjęte pewne przekonania i niezdrowe zachowania społeczne, postrzegana jest reprezentacja męskości. Jest konieczna kontynuacja tej linii badań naukowych, gdy nie tylko badanie i zrozumienie męskości w tej populacji jest jeszcze ograniczone, ale również metody za pomocą których możemy oddziaływać w tej sferze. Przedstawione wyniki są jakoby małym wkładem do lepszego zrozumienia tej populacji od strony zdrowia publicznego poprzez podejście do ich orientacji, przekonań, postaw i praktyk, biorąc pod uwagę klucze podane przez interpretację roli społecznej, jak odgrywają mężczyźni. To nie tylko powinno przyczynić się do poprawy analizy problemów i zagrożeń, ale również do rozwoju polityki i realizacji programów z lepszą znajomością rzeczywistości społecznej, w którym eksperci dążą do wywierania zmiany.

Słowa kluczowe. Zdrowie meskie; Męskość; Młodzi mężczyźni; Tożsamość płciowa; Badania jakościowe.

RESUMEN

El estudio de la salud de los hombres debe ser enmarcado dentro de las teorías de la equidad y el análisis de género. En este sentido, la investigación de la salud de los varones jóvenes ofrece una oportunidad para examinar las conexiones entre la identidad masculina y las conductas sociales. Esto implica, entre otras cosas, subrayar el riesgo y los problemas de salud que en ocasiones enfrentan los varones como consecuencia de la interpretación social de su rol. La manera en la cuál los jóvenes se posicionan en relación a los diferentes discursos sobre la masculinidad, puede tener importantes implicaciones no sólo en su identidad de género, sino también en conductas con consecuencias para su salud.

Objetivo. Describir significados y percepciones que andaluces de 15 a 24 años tienen sobre su idea de masculinidad, identificando formas en las cuáles dichas representaciones de género puedan estar influenciando su salud.

Métodos. Estudio basado en un enfoque cualitativo que combina diferentes modalidades de entrevista. El diseño está centrado en varones de 15 a 24 años que nacieron y se criaron en Andalucía, una región del sur de España.

Resultados. Los resultados de este estudio ponen de manifiesto que, aunque se hace necesario hablar de masculinidad en plural, la identidad de género ha sido ampliamente asociada a atributos tales como protección, trabajo, fuerza o heterosexualidad. Los resultados advierten que en ocasiones se adoptan creencias y comportamientos poco saludables como manera de representación de masculinidad. El estudio aporta claves para la comprensión de cómo la identidad de género influye en la salud de la población estudiada. En este sentido, el análisis de la socialización recibida ha sido relacionado con aspectos como la represión de sentimientos, el menor uso de medicamentos y de acceso a los servicios sanitarios o la mayor propensión a hacer actividad físico-deportiva en comparación con las chicas. Por otro lado, han sido asociados a elementos propios de la representación social de la masculinidad, la conducción temeraria, el abuso de alcohol y otras drogas recreativas, las conductas violentas entre los propios varones, mantener relaciones sexuales sin protección o el logro de una determinada imagen corporal centrada principalmente en el desarrollo muscular. En el caso de este último aspecto, los resultados identifican un consumo generalizado y no controlado entre los varones jóvenes de determinadas ayudas ergogénicas, destacando el consumo de aminoácidos y compuestos proteicos; también ha sido referido durante este estudio el consumo de esteroides anabolizantes.

Conclusiones. Este estudio muestra cómo en la base de la adopción de ciertas creencias y comportamientos poco saludable se encuentra la representación social de la masculinidad. En el contexto en que se desarrolla este estudio se hace necesario avanzar más en esta línea de investigación. Los resultados que se muestran pretenden ser una pequeña contribución a mejorar desde la salud pública el entendimiento de estas poblaciones a través de un acercamiento a sus conocimientos, actitudes y prácticas sin perder de vista las claves aportadas por la interpretación de su rol social como varones. Esto debe contribuir no sólo a mejorar el análisis de los problemas y riesgos existentes, sino también al desarrollo de políticas y a la implementación de programas mejor contextualizados y conocedores de la realidad social sobre la que pretenden influir.

Palabras clave. Salud en hombres; Masculinidad; Varones jóvenes; Identidad de género; Investigación cualitativa.

1 INTRODUCTION

The social constructionist perspective has guided the theoretical framework on gender studies (1,2). This theoretical approach suggests that gender norms are socially constructed, vary across historical and local context, and interact with other factors. From a social constructionist perspective, the prevailing patterns of hegemony and patriarchy create gender norms that families, communities and social institutions reinforce and reconstruct. Therefore, the social meanings of manhood are largely constructed in relation to prevailing social norms about what it means to be a woman or girl and become social expectations of what men and boys should and should not do, although they can also react to these norms (3).

Evidence is increasing that gender norms (social expectations of appropriate roles and behaviour for both men and women), as well as the social reproduction of these norms in institutions and cultural practices are directly related to much of men's health-related behaviour, with health implications not only for themselves (4).

This thesis describes identity features, attributes, social roles and forms of understanding masculinity by the participants in the study. These will be considered the cultural components that shape a society's ideas about what is included within their concept of masculinity. The specialized literature suggests that man's constructed concept of masculinity has an influence on their attitudes and health-related behaviors, as well as their relationships with others. For this reason, it is currently assumed that certain ways of understandings masculinity can lead to risky behaviour affecting health (5). However, little is known about how young people consider the way in which masculinity influences their health (6). Alternatively, it is also important to analyze how the existence of attitudes and behaviours connected to the construction of masculinity could act as a beneficial factor to their health.

All these considerations suggest giving more attention to the important stage of adolescence and youth, in the context of searching for models and in the general development of the personality (7). In this way, the development of certain masculinity traits at these ages can increase the possibility of developing certain vulnerability to

health related behaviours: violent attitudes or risk behaviour in such diverse areas like interaction the with the vehicles, substance abuse or sexuality (8). In any case, *“recognising the influence of 'masculinity' on men's health is not about 'blaming' men for 'behaving badly', but is crucial to the development of a robust, meaningful and comprehensive health policy”*(9).

This dissertation is based on a qualitative research focused in Andalusia, which is a region in the south of Spain. In this region there has been an increase in studies about changes in gender role perspectives within andalusian society (10,11), however, there is still limited research conducted on the study of masculinity in young populations and especially about its affect on men´s health. Study results of andalusian young males provide information that can guide the development of health promotion policies and programs which target this age group. Development can be through a better understanding of their knowledge, attitudes and practices, taking into account the influence of their social roles and identities as men. This research can also serve for further progress towards new conceptual frameworks from which to understand and address the social inequalities determined by gender in health within this context. In this sense, not only is there information on how they currently experience gender relations, but also, about the imaginaries of masculinity and the influence of these on gender relations.

This document is structured into four chapters. The first and second chapter shows the theoretical framework of a dissertation focused on the masculinity from a gender perspective on health, in addition to establish the objectives and methodology that have guided the research process. The third chapter is devoted entirely to show the results of the study, divided into two main thematic areas: the subjective idea of masculinity, and the relation between the male gender identity and health. As regards the fourth chapter, it is focused on the discussion and conclusions emanating from result. Finally, it also listed the references that support this work, as well as another additional information such as profiles of participants in the investigation, the categories of analysis or the interview scripts.

2 THEORETICAL FRAMEWORK

2.1 Gender as analysis perspective

Although the term gender began to acquire some capacity of analysis at the beginning of the 50`s during the last century, especially after the appearance in 1949 of the famous essay *'Le Deuxième Sexe'* by Simone de Beauvoir, the term “gender” began really to circulate in the Social Sciences and on Feminist discourse in the 70s. Thus, not only Gender Studies began to form part of the tradition of Cultural Studies, but it would also commence the process of mainstreaming of gender as a analysis category in the scientific corpus of human sciences. Currently, as an analysis category, “gender” is considered a fundamental element of understanding the social phenomena.

In a classical definition, gender refers to how people are classified into masculine and feminine (12). Thus, gender, as a category, defines an individual’s expectations, opportunities and roles (13). Hence, it must be seen as a social construct, which specially affects how young people are socialised (14) and how they experience their lives (15).

According to the ‘doing gender perspective’, gender is not something that men and women “have”, but rather something that they “do” (16). Therefore, from this perspective, gender is created and redefined though interactions with others. In other words: *“gender is the activity of managing situated conduct in light of normative conceptions of attitudes and activities appropriate for one’s sex category”* (17). Following this line, the findings from a study examining gender differences and health led to the author to conclude that the health is a form of doing gender. In this regard, *“health actions are social acts and can be seen as a form of practice which constructs ‘the person’ in the same way that other social and cultural activities do”* (18). In any case, and without forgetting the importance of this conceptual contribution to social

thought, an ubiquitous usage of this perspective can generate certain confusion. As Barbara Risman argues, using the “undoing gender” perspective introduced by Judith Butler, “*the language of doing gender ought to be used carefully, since that as society changes, we begin to document the ways in which we find boys and girls, women and men, undoing gender*” (19).

The analysis of societal interactions shows how gender and sex are inextricably tied together (20). For many authors, gender refers to the divisions we have constructed regarding our sexuality. Sex and gender are difficult to disentangle: “*we do not live as a ‘gendered’ person one day and a ‘sexed’ organism the next; we are both simultaneously*” (21). Also the recognition of the power structures we have created within and around these divisions, enables us to understand not only the identities we choose for ourselves, but also the identities that are imposed upon us (22). From this perspective, gender must be viewed as a dynamic social structure where 'gender' resides in social transactions defined as gendered (23).

Traditionally, gender, sex and sexuality are seen as separate variable with discrete attributes defined in binary terms: “*bodies are either male or female; our gender presentation, behavioral dispositions, and social roles are either masculine or feminine; our sexuality is either heterosexual or homosexual*” (24). We see each of these variables as signaling important social dynamics that affect attributes, behaviours, and life chances. We also tend to see them as identities, as bundles of norms, roles, and interest that are important indicators of the social self (25). Nor it should be forgotten to mention that “*identity is not a fact of society; it is a process of negotiation among people and interest groups*” (22). In any case, perhaps to recognize that these are social constructions is not most important, but they are social constructions with consequences for individuals.

On the other hand, if gender is internalized through socialization, understood as a complex cultural process of incorporating forms of representation and action, the masculinity can be defined as a set of attributes, values, roles and behaviors that are associated with men in a given culture. Therefore, gender is not a synonym for women. However women’s experiences have played a central role in gender analyses, since

women have been traditionally marginalized and disadvantaged within existing gendered power structures (26).

“Masculinity is constructed in relationship within us and with others, and it is redefined according to context. It is received in a process that inadvertently, we introduced into a social order where the bodies, feelings, actions ... have a socially defined sex. Masculinity is not static and timeless, nor is it a manifestation of an inner essence, rather it is created in the culture” (2). Therefore, gender pertains to the construction of relationships between male and female, and the attendant power dynamics found within these relationships (27). In this sense, it is necessary not to forget that men not only construct their gender identity in relation to their masculinity, but they also do so in opposition to a set of racial minorities, sexual minorities, and especially, in relation to cultural definitions of femininity (28). The concept proposed by Connell (29) of ‘femininity underlined’ refers to the cultural ideal held for women: sociability, weakness, passivity, sexual reciprocity and acceptance of man's desires. Hence, the cultural definitions of ‘masculinity’ and ‘femininity’ have to be analyzed as constructs which emerged historically and were structurally dynamic, through which individuals and groups could interpret and generate their behaviors and relationships (30). And all this without forgetting that models of gender role socialization suggest that men (and women) learn gendered attitudes and behaviors from prevailing societal values and norms—strongly represented and reinforced in popular media—about what it means to be a man or a woman (31).

In all these processes related to health and social identity is important not to forget the influence and “social role” of concepts such as patriarchy, hegemonic masculinity, and machismo. Patriarchy is the central structure of focus in gender analysis. Men as well as women are affected by patriarchy, albeit in different ways: *“it is not men-on-top that makes something patriarchal. It’s men who are recognized and claim a certain form of masculinity, for the sake of being more valued, more ‘serious,’ and ‘the protectors of/and controllers of those people who are less masculine’ that makes any organization, any community, any society patriarchal”* (32). On the other hand, the concept of hegemonic masculinity, formulated two decades ago, has considerably influenced recent thinking about men, gender, and social hierarchy. It has provided a link between the growing research field of men’s studies, popular anxieties about men

and boys, feminist accounts of patriarchy, and sociological model of gender (33). Nor we should forget that in contexts such as it is focused this research, the machismo idea has great importance. This category, often related with bravado, sexual prowess, protection of honor and predisposition to face danger. In Spain, for example, the idea of “machismo” makes direct reference to the "deep structure" of hegemonic masculinity. These traditions grew out of the Latin-Mediterranean heritage which holds that the man's virility is measured by the number of sexual conquests and children he has and the conduct of women around him (34).

2.2 Health and the studies about men and masculinities

Studies about masculinities, are a relatively recent field within the gender perspective on health (35). Although man has always been present in literature in his role as a member of the patriarchy (36), in recent years he has been studied from a gender perspective that not only oppresses women, but also other subordinate masculinities (1,37,38) or resistant forms of masculinity (30,39). In this sense, it isn't possible to understand these studies, without the antecedents of feminism or even of “gay studies”, representatives of the first men that begin to wonder about their identity and to break up with idea of hegemonic masculinity (40).

Evidence about the influence of gender social norms is increasing with respect to institutions and cultural practices that directly relate to men's health (41). Although men and youth have generally been included in health policies, often the health sector has not seen them as a complex issue in the gender system (42). For this reason, over the last years many institutions have stimulated the masculinities studies from this perspective. Thus, for example, the European Commission funded the GenderBasic project (2005-2008) with the aim of stimulating research into the workings of gender, in particular in understanding masculinity and its effects on the health of individual men (43). It is important not only to recognize the differences and biological peculiarities of men and women, but also understand the interaction of gender's social roles as much in the identities construction as in the allocation of roles and responsibilities, since this will reflect in the health status of both men and women (40). In this sense, to research with men has shown how gender inequities, influence the way

how males interact with the others in a wide range of topics that are related with health (42). The literature on this field describes projects and interventions to implement specific activities to achieve a strengthening or improvement of the health and well-being as much for men as for women. However, many of these programs have focused on a deficit perspective that rarely has been concerned with knowing the points of view of the males themselves (44).

In Spain, men and masculinities have scarcely been researched. Although the first studies appeared in the 50`s of the last century, during the dictatorial period of Franco, the studies about men and masculinities are still at an embryonic stage (45). Anglo-Saxon anthropologists and ethnographers were the first social scientists to be interested in this topic within a Spanish context. These scholars undertook studies in rural Spain, mainly in the south of the country, in Andalusia. In these studies, the spanish masculinity was characterized by heterosexual sexuality, rejection of homosexuality, sexist attitudes, and social practices pronounced hostility toward women. Men were supposed to actively maintain the honor of their families. This family honor was a multidimensional feature of social life and included the preservation of the virginity of single women, the faithfulness of married women, and the sexual abstinence of widows (46,47, 48, 49). In any case, while recognizing its ethnographic value, these studies have been accused not only of exaggerating the machismo of spanish men of the time, but also criticized for wanting to generalize the vision of a unitary spanish masculinity paying attention only on the experiences of rural world in this region and with heterosexual, middle-aged married men without taking into account other types of profiles (50,51). The majority of studies on men with a more sociological focus have been produced since the 1990s. Overall, two main topics have interested researchers on men. On the one hand, scholars have analyzed the reactions of Spanish men to the advancement of women in all areas of social life. These studies have reached opposite conclusions. For some authors, most men conceptualize women`s liberation as an unstoppable process and have adapted to this social change (52). For other social scientists, the responses of men are more diverse. Some (or many) men have received women`s advancement with ambivalence or even aversion and have actively tried to resist the improvement of women`s lot and the erosion of male privileges (53). On the other hand, scholars have researched the characteristics of male perpetrators of violence against women (54). Other forms of masculinity, such as those of the gypsy community

(55) or the representation of men in advertising (56), and male clients of prostitution (57,58) have been studied less.

2.3 Men's health studies from a gender perspective

Overall, there are two approaches in literature from which to understand the men's health. On one hand, the traditional study of inequalities in health. On the other hand, the recent interest by studies of men's health that arise from the study of men and masculinities.

The literature on men and masculinities is diverse. However, it can be distinguished between two types of perspectives: men's studies and critical studies on men (59). Men's studies seek to re-affirm essentialist notions of manhood in light of the changing positions of women in the public and private sphere. It has been characteristic of these studies to analyze 'the crisis in masculinity' due to the transformation of gender relations. Moreover, the critical studies on men have been traditionally interested in the study of the gendered nature of men's lives which emerged primarily from within feminism and also gay and queer studies. Among the central principles of this study line can be highlighted: gender as socially constructed, transformations of hegemonic masculinity and the challenge gender power relations. Therefore, critical studies on men are integrated into the broader explanatory options identified in the health inequality literature in order to provide a more fulsome account of variance within men's health and between the health status of men and women (60).

It was in recent times when the researches about the influence of a particular construction of gender in health and disease of men were initiated (35). For decades, a common feature of most published work on gender and health, was that they were almost exclusively focused on women (40) or in how men affect the health of them (42). In any case, the study of men's health must be framed within theories of equity and gender analysis. The purpose of this analysis basically is to identify and act on inequalities arising from membership to either sex or on unequal power relations between men and women (61). This implies, to highlight the risks and health problems faced by men as a consequence of the social interpretation of its role (62).

The gender system within society creates different social expectations for men and women, which in turn leads to different behaviors and health risks (63). A central argument of this conceptual framework is that certain social constructions of masculinity can be harmful not only to the health of men but also for women, just as it is implicit by idea of man as risk factor (64) as a way to relate the consequences that sometimes generates male socialization. Idea that is within of 'triad of violence' theory. This theory, proposed by Kaufmann (65), suggests that male may be a risk factor in at least three address: to the woman (through various types of violence and abuse, imposed fertility, absent fatherhood,...), among males (homicide, injury,...) and for themselves (suicide, alcoholism and other addictions,...). This not only serves to recognize the differences and biological characteristics between men and women, but also its interaction with gender factors that provide different identities, roles, responsibilities and power relations that are reflected in the health of both (66). In other words: *"should we understand men's health—especially men's lower life expectancy in the western world and higher morbidity in relation to certain illnesses — as a matter of sex or gender? The answer to this is both"* (67). Regardless of some clear differences in health between men and women, specially on reproductive health (68), it is not always clear which differences in men's and women's health are the result of sex differences (what is inherent) and which are due to gender (which is socially acquired). This is for a number of reasons. Feminist research has illustrated the complex processes by which biological facts are contextually defined and therefore gendered (69). Thus, what is 'biological' and what is 'gender' is difficult to discern. In any case, the major gap in male and female morbidity in the western world has been attributed to behavioural differences between men and women. In particular, studies of men's health have focused on the role of 'hegemonic masculinities' around the beliefs and the idealised notions about normative attitudes and acts that influencing men's health behaviours (70).

Early research that it was focused in the study of men's health from a gender perspective would argue that mandates of traditional masculinity often increase risks to physical and emotional health (40). The theory of sex roles began to assert that from early childhood, children begin to adopt male behaviours with an increase in their risk behaviours and the susceptibility to certain diseases or death by accident. Besides that, men frequently have a 'nexus' with the hegemonic masculinity that gives them benefits

and privileges. For him this relationship requires suppression of the emotions and needs of men. Thus, the power of masculinity becomes the main source of 'pain' for many men (65).

The male disinclination to seek medical help is not indicative of better health: on average and across most nationalities, men suffer higher mortality from heart disease or higher rates of suicide and trauma (71). Thus, in Spain, as in other developed countries, there also exists the paradox that although women show a poorer self-perceived health status, the mortality is higher among men. In this case, the male excess in mortality is related to particular behaviors that to a great extent are determined by traditional values assigned to masculinity, with higher consumption of tobacco (lung cancer), alcohol (cirrhosis), drugs (HIV and AIDS) and risky behaviours related to injuries (72).

Researchers have proposed a number of mechanisms to account for these differences. In this sense, from social constructionist perspectives on gender, an important influence has been Courtenay's theory about gender and health, which emphasizes the importance of healthy and unhealthy behaviours as a means for reinforcing or resisting hegemonic masculinity (73). From this perspective, health-related beliefs and behaviors are a means of demonstrating masculinity. In the case of traditional constructs, frequently include ideas about the importance that men take risks, endure pain or have multiple sex partners (74). But, not only are the probabilities of developing poor health habits are higher in men who share traditional beliefs about manhood, but also some unhealthy behaviours are culturally defined as "masculine" and are often used to characterize the virility. Thus, men adhere to cultural definitions of masculinity and actively reject what is feminine: in practice, they adopt riskier behaviours and are less inclined to seek help when health problems are encountered (5).

In the negative relationship between the traditional values of masculinity and health, although it had already been exposed in previous studies, it must be considered of great significance the *Morbidity and Mortality Weekly Report 1994* (75). Especially in regard to the link between traditional masculinity and the three main causes of death among men aged 15 to 34 years in United States: unintentional injuries, homicides and suicides.

From a gender perspective, men are strongly associated in the specialized literature to the idea of “health risk”. Men and young males, who adopt traditional roles or stereotypical beliefs about masculinity, are at greater health risk than their peers with less traditional beliefs. These beliefs compromise the health of men who practise them, especially when united to behaviours such as smoking, drinking alcohol or taking other recreational drugs, besides safety-related behaviour, diet or sexual practices, not only compromises the health of men who carry out. So, for example, the risky sexual behaviours to which men are exposed many men are a major cause of the spread of sexually transmitted infections, high-impact in the lives of both men and women (76). In addition, some research shows that, despite having a higher risk due to drug use, men of all ages perceive a risk associated with tobacco use, alcohol and other drugs, significantly lower than that expressed by women (77). In this sense, overall, the literature shows that men have less healthy lifestyles than women and they also involve less in health-promoting behaviors. Epidemiological data consistently show that men use health services less frequently than women; also that they usually build social networks much smaller than them (78).

2.4 Young males, gender identity and health

To achieve significant changes, specifically with young people, must include “*listening their voices*” (44). In our context, a review of the literature shows a need for an analysis from a gender perspective on health, that provides meaning to existing information regarding discourses among young people (6). The main health risks borne by young people are the result of factors and behaviours which could be modified (13). The study of young men's health offers an opportunity to examine the links between masculine identity and social behaviour. The way in which men position themselves in relation to different discourses of masculinity can have important implications not only for their masculine identities, but also for their health-related behaviour (79). Thus, the efforts toward the understanding of these elements, could help to improve not only the health of these young males, but also of their families and their community.

In many cultures, masculinity is viewed as a condition that it must be won instead of being automatically conferred. From adolescence and during the whole period of youth, men often have to prove their manhood to the peers than surrounding their social world. It is therefore necessary to keep in mind that behavioral expression of masculinity, is primarily acquired through socialization that leads to internalization of attitudes and values regarding a model of being a man. Thus, they learn of their parents, their peers, the media and by observation of adults' world a particular definition of masculinity according to the society that hosts (13). To assume that cultural forms in which is perceived masculinity can have negative consequences from the standpoint of public health, justifies that "to become a man" begins to be seen as a problem for responsible for caring of youth health (6).

In recent years increasing attention has been given to how different masculinities are expressed in young men's health behaviour (80). This perspective not only suggests that the health needs of men, especially young people, are urgent, but also that the variable "male" creates a greater vulnerability to risk. In the case of, for example, Latin America and the Caribbean, according to a report issued in 1999 by the Harvard Center for Population and Development Studies, the burden of disease for men was 26% higher than for women, with much of the morbidity associated to the social construction of masculinity: traffic accidents, homicides, injuries and cardiovascular disease, often related to alcohol abuse, stress and lifestyles (40).

All this suggests the need of working with young males, since many of the behaviors that lead to these health problems in adulthood emerge from patterns learned at these ages. Not in vain, for a boy, access to the stage of youth, mean partly abandoning the world which welcomed him, and begin the search and establishment of their own identity, which leads to experience role changes and adopt / adapt models provided by other youth or adults around him. Thus for example, during this process of socialization, youth are often encouraged not to express fear, pain, insecurity or other emotions that could make them seem as weak persons (13).

On the other hand, we live in a social model in which, besides the need of science and technology, a social ludification time has been built on the permanent search of entertainment and the body as an object of worship. A time and a context dominated by

a visual culture where images speak, and where our body also has something, or much to say about how we are and what we wish to be (81). Youth are precisely the most imbued per this model. A model that widely connects with the value system of gender identities, because of it determines the forms of one's body perception. A crucial factor in how a person feels about her/his own body, is the perceived discrepancy between this and the body that is perceived as ideal (82). Thus affects not only the esteem felt by individuals to the parts of its body, according to the aesthetic evaluation made by others - the body as an object -, but also to the perception of bodily functions - the body as process - (83). In this sense, body image may be conceptualized as a multidimensional construct that represents how individuals “*think, feel, and behave with regard to their own physical attributes*” (84). Traditionally, research into this field, was focused on women and their discontents with overweight (85). In the case of males, the idea that western society emphasizes the muscular appearance as masculinity measure (86). This idea it has recently been accentuated with the use of ‘somatomorphic matrix’ by Pope et al. (87). These researches about the valuation of muscle structure, have shown not only that a significant number of males are not satisfied with their muscles, but also that this dissatisfaction may be associated with a wide range of risk behaviors on health, such as the implementation specific diets and even the use of steroids (85). Thus, given increasing objectification of the male body and rising steroid and supplement use among young men, it is imperative to explore associations between body image, masculine norms, and well-being. In fact, body image must be considered a predictor of psychological well-being in young men (88). In any case, it is necessary to keep in mind that not all young male, make the same efforts to maintain the traditional definition of masculinity. Moreover, not all “masculine traits” or forms of masculinity involve a risk to the health of men, or endanger the health of the others, included women. No doubt, studies about masculinity, gender and health have not favored the involvement of a “salutogenic model” from which to expose those forms that can be acting as protective factors of health, or simply, are not putting on risk the health.

Chapter II

3 AIMS

3.1 General aim

- Describe meanings and perceptions that andalusians from 15 to 24 years old have about their subjective experience of masculinity, identifying ways in which this gender representations can be influencing the health.

3.2 Specific objectives

- Identify attributes, values, roles and/or behaviours that take part in the subjective idea of masculinity in this population group.
- Identify beliefs, opinions and behaviours that, framed in their gender socialization, are related with health.
- Analyze the perceived influence of their social role and its influence on health, providing keys to understanding this phenomenon from a gender perspective.

4 MATERIAL AND METHODS

This is a qualitative study that combines different kinds of interview. It is focused on males from 15 to 24 years old that were born and raised in Andalusia, a region in the south of Spain. The fieldwork was carried out between June and September 2009, while the data processing (organization, transcription and categorization) and the information analysis were done between October 2009 and April 2010.

4.1 Sampling

An intentional non-probabilistic sampling was implemented. In this type of sampling, one of the biggest challenges was being able to make greater possible control of bias when choosing sample units. This required pursuing multiple independent networks, as form of conferring a higher external validity to the research (89). In any case, the formation of last focus group was implemented by using a probabilistic approach which, without leaving the snowball-sampling method, improved the representativeness of the non-probabilistic sample. This strategy was decided after a meeting held with the Head of the Youth House in Granada to discuss and set the selection criteria for suitable profiles. Weeks later, this Agency provided a list of 25 youths who met the inclusion criteria and who had voluntarily declared to be interested in participating in the study. In this case, the random selection of participants was established, not only, to avoid selection bias, but also to give the process more heterogeneity. On the other hand, it is important to be aware that for this research the size sample had to respond strictly to a search criterion of various profiles.

Overall, participants were recruited in educational institutions, associations and other young environments. In this sense, an important gateway to the youth world was "*Forma Joven*", a program that has developed health promotion strategies in this andalusian population since 2001. Moreover, access to participants with non-heterosexual orientation was conducted through key informants known by the research team collaborators.

4.2 Selection criteria

This research establishes general inclusion criteria in the study:

- To be male, between 15-24 years old, born and raised in Andalusia.

On the other hand, it was included within the following exclusion criteria:

- 2 group: Sons of immigrants born in Andalusia (or in other region of Spain) and youth belonging to gypsy ethnicity¹.

This research does not incorporate the individual inclusion criteria profile to these groups because it is assumed that there are peculiarities within the cultural frame of these specific young people. Differences in their value system and other distinctive characteristics provided more of a general overview of the young males born and raised in the region.

4.3 Data collection

This project involved 58 people, distributed over 9 semi-structured interviews and 8 group interviews (1 discussion group, 1 triangular group and 6 focus groups) with a recording average of 65 minutes each.

Therefore, this is a study with a qualitative methodological approach that combines four data collection techniques: discussion groups, focus groups, triangular groups and semi-structured interviews. Combining these techniques allowed the possibility to

¹ Spain is one of European Union countries with highest concentration of Roma population. Although they represent the 1.17% of total population residing in Spain, this is the more representative ethnic minority. Besides, of estimated 700,000 gypsies that live in Spain, 47% of them are resident in Andalusia. (90). On the other hand, although there have been European countries that were important receptors of immigration in the last decade, like Ireland and the United Kingdom, none has been a receptor as important as Spain. The population increase was more than 4.000.000 in the last 8 years (91). Currently, of 8.200.000 inhabitants in the Autonomous Community of Andalusia, 623.279 are immigrants (92). In any case, despite of the reason exposed in the exclusion criteria, the research team is aware that the gypsies are Spanish citizens for all purposes, as well as the children of immigrants who were born in Andalusia (or in other regions of Spain) must not be considered as immigrants (93).

explore cultural and relational aspects, alongside intimate and individual issues related to the object of study.

The semi-structured interviews are a technique of data collection very appropriate to delve into the interpretations that young people have of their own masculinity, and their experiences and perceptions of health in relation to their gender socialization. The group interviews at the same time served to discover discourses socially established among young people related to their conceptions about masculinity.

In this project the focus groups and discussion groups were considered different types of group interview, which differ mainly in the structuration level of the interview script and in the profiles of participants. Thus, while in focus groups the participants have internally homogeneous profiles, in discussion groups the informants usually have more heterogeneous profiles as a way for the research to involve differing positions. On the other hand, in focus groups the participants were invited to share their experiences about the carefully planned interview script that would gather information on thematic areas that were clearly defined. However, the discussion groups are a very useful technique for gathering contemporary social discourses. They were conducted with a more general approach, more open and less structured interview script than the focus groups. For this research, the discussion group interview script also contained photographs that were related to the male world and were given the possibility to discuss freely.

Furthermore, the triangular groups are an information gathering technique that lies halfway between individual interviews and group interviews (discussion groups and focus groups). In this case, although the triangular group was conducted following the same interview script used in the focus groups, the moderator's position was more active and participatory.

Other considerations on data collection were:

- During this study the discussion group was used during first phase of fieldwork, as a way to identify characteristic themes so as to construct the interview script for the focus groups and individual interviews. To achieve

this, a strategy of showing a series of photos was used. This strategy had other goals of gathering information and extracting latent conversations and was employed in the first three individual interviews. Thus, based on the specialized literature, the thematic script that guided the first phase of fieldwork sessions was focused on a series of images that directly or indirectly were referred not only to stereotypes and social roles that may be culturally established, but also to general topics related to men's health such as the dangerous and reckless driving, violence, recreational drugs, sexuality or body image (Annex 1).

- The analysis of gathered information during the first phase gave guidelines to the development of the interview script that would be used in the second phase of fieldwork for both individual interviews and group interviews. This script was focused on the key concepts of the project (masculinity, health and youth) and guided the discussion to areas as diverse as feelings, violence, sexuality, risk, body image, homosexuality or women (Annex 2).
- A initial focus group was conducted with the aim of testing the designed interview. After analyzing the information obtained on this focus group, it was not considered to make major modifications to the interview script used, although some adjustments were made in regards to addressing certain issues. Likewise, after carrying out this focus group it was decided that it would not be necessary during the fieldwork to apply a segmentation of groups 18 to 24 years into two subgroups (18-20, 21-24). This aspect was considered because in the application of this data collection techniques, and especially in these population groups, age differences may function as elements of power-knowledge that can lead younger people to feel awkward about expressing their ideas, perceptions and feelings.
- At all times, the recruitment of participants was conducted by contacting with independent networks. In most cases, the networks were completely unknown by the research team. Thus, the selection of participants was performed by staff totally foreign to the investigation. This meant that a

series of meetings had to be organized prior to the fieldwork' first phase, in order to explain the project and to set the selection and segmentation criteria of suitable profiles. This controlled the selection bias of researchers and the initial meetings allowed those responsible for conducting interviews and moderating the groups to be unknown by participants. On the other hand, as a way to avoid preconceived ideas, the participants were only informed that the purpose of interview was to talk about "youth and health".

On the other hand, three segmentation criteria were established:

- Age: 15-17, 18-24.

Youths between 15 and 24 years old were selected, not only because this period of life is as a key stage for the construction of personal identity, but also for being the most recurrent age range when young populations are studied in Spain. Participants were divided into two groups, according to whether they were seniors or minors.

- Provenance: City-Town-Village (and considering rurality index).

As a way of enhancing the study heterogeneity, another segmentation criterion was considered in order to access participants from different provenance areas. Usually in our context, the rural-urban differentiation is addressed taking into account the number of inhabitants, the population density or considering the percentage of the active population in primary sector. A different rurality index² was also employed. The following locations were incorporate in the fieldwork: Cities (Cádiz and Granada), Towns (Algeciras -Cádiz province-; Guadix and Baza -Granada province-) and Villages (Arjona -Jaén province- and Purullena -Granada province-).

² The rurality index for small areas in Spain (IRAP) not only consider the aging of the population or the economic dependency, but also farming, livestock or fishing-related employment, habitability of housing and population density (94). Rurality index: Cádiz = -1,68; Granada= -1,56; Algeciras= -1,85; Guadix = -1,13; Baza = -1,23; Arjona = -1,19; Purullena = -1,04. Scores equal or under 0 correspond to the "less rural" municipalities, while scores over 0 correspond to the "more rural" ones (95).

- Education level: primary studies, Secondary school, baccalaureate, occupational training, and university studies.

The academic training was considered as an important criterion in this study in order to include young people with different educational levels: from youths with only primary studies to university students. Even though information was collected regarding the labour situation, this could not be considered as a segmentation criterion, since given the age groups chosen were young people who studying.

To ensure the highest variability some participants with different sexual orientation were included in the project. While it was not a criterion for segmentation, the inclusion of participants with non-heterosexual orientation was considered an aspect for improving the heterogeneity for the study.

4.4 Data analysis

Data collection is not sufficient in itself to draw conclusions from a study. The information obtained during the fieldwork, is a crude material that during the analysis phase must undergo a set of manipulations, transformations, operations, reflections and verifications of the data, in order to extract the relevant meanings for the aims of study (96). For this, the recordings made of the interviews have been literally transcribed.

The dimensions and sub-dimensions proposed for the analysis have been applied by the principal researcher and with the collaboration of a member who was alien to the study. This is not only part of the triangulation process but also a way of adding a higher reliability of the analysis process. The conceptual classification of analysis units were constructed both by a deductive research approach (the analysis process was started with a predetermined list of themes to be explored and a category system previously defined) and an inductive procedure (the concepts or categories that emerged from the data at the time that were being examined were incorporated to the analysis) (Annex 5).

Both, a descriptive content analysis and critical sociological analysis of discourses were made. The categorization phase was implemented independently by two people in order to carry out the triangulation process and provide greater reliability and validity to analysis. The coding and analysis data was carried out using the NUD*IST Vivo 1.3 software package.

It is important to mention that the analysis process was implemented in Spanish, the mother tongue both the participants and the principal researcher, in order to find all the language connotations. Therefore, the results were translated to English. In any case, the translation, which was done as faithfully as possible, is not considered a limitation of the study.

4.5 Ethical considerations

From the scientific value point of view, this research adds new elements to an analysis that, from a gender perspective, not only reflects the need to talk in plural about masculinities, but also to emphasize the negative consequences for men of this aged bracket because of interpretation of their social role. This project also has the social value of having given the young people the opportunity to characterize themselves at a given time and within specific cultural frame. All this provides a body of knowledge that it could serve to help better contextualize the different public health programs for young populations.

This research was developed to ensure the internal validity of the study, and as far as possible, the external validity. Internal validity is taken into account to establish the methodological design that it was considered most suitable for study aims. An appropriate selection both participants and contexts was only attempted in the early stages of the project and also to make a suitable interpretation of the results. Therefore, even though it was implemented in an intentional non-probabilistic sampling, the informants were selected equitably without losing sight of feasibility aspects of the study. Thus, they were incorporated into the study, different segments within the youth world; not just the more accessible participants. On the other hand, the external validity was not intended to generalize the findings in the results chapter. In any case, this study

could provide new hypothesis that could contribute to a better understanding of gender issues. From this point, it is possible to consider the external validity of this study (97).

According to current legislation in Spain, the participants' personal data was kept on a back-up file so as to ensure their confidentiality (Organic Law 15/1999, 13th December, about Protection of Personal Data). Participation was voluntary and all people involved received the information required concerning the research. On the other hand, it used a method whereby writing consent had to be given by the participants. As regards the youngsters aged 15 and 17, also the consent was required to their parents or tutors.

4.6 Limitations of the study

It has been identified as limitations of this study:

- A triangulation process was performed to establish the analysis categories by two researchers. However, this triangulation process was not carried out with the results obtained after the encoding.
- Data collection was conducted during the summer months which made the fieldwork difficult. This was a disadvantage for obtaining location permits where the interviews were planned to be conducted. However, the main difficulty was the recruitment of informants. Thus, for example, it is considered a limitation in the study that only a participant with a declared non-heterosexual orientation was involved.

5 RESULTS

5.1 Gender identity and subjective idea of masculinity

During this study the participants have referred to 'masculinity' as a concept that indicates not only 'what is typical of a man', but they also suggested ideas such as: protection, strength, sex, work, heterosexuality or manhood. On the other hand, it collected discourses that talk about the concept of masculinity, focused on highlighting a whole set of attributes with changing meanings, that they are facing over time.

“- For instance, you dye your hair blonde and say: ‘This is so gay’. And you, on the other hand, might say: ‘Well, I feel very good, I feel like a real man’. Of course, we can perceive this as masculinity, can’t we?”

- It used to be something for poofers, but these days, among us, it’s more normal, more masculine.

- But that’s society, isn’t it? They’ve instilled that in us, haven’t they?

- There are many things that define masculinity. There is the physical aspect, but also, I don’t know, to help your mother at home, nobody used to do that in the time of our parents”

(G2, Focal Group, 19-21 years old)

In some cases, participants refer to masculinity as an old concept, that even denotes for them the idea of machismo. But above all, young people who have showed this position, refer to the inability to talk about masculinity in a singular form. They are convinced that different various forms of masculinity and ways of being a man exist.

“The truth is that the word masculinity sounds really ancient. In fact, it sounds to me as chauvinism because masculinity is not something very special. In real life, if we observe what a man is, there are hundred thousand men types and each of them is different from the other, so you can not really determine every man within the same type.”

(E4, Individual Interview, 19 years old)

In any case, the general opinion of participants in this research emphasizes the idea that from childhood a boy starts to learn to be like and act like a man by understanding the elements that make up the male identity. On the other hand, during the period of life these understandings are displayed through a series of demonstrations within the social sphere.

“MO - You say that, since we’re young, we learn what we have to do if we want to be considered a man. Does that mean we have to keep proving it?
- Yes, yes, continuously. For instance, I’m 23 and it’s important, but I think less so now. I think you prove what you are when you’re younger. I’ve had my fights . . . I’ve done many stupid things. I don’t know how to explain it. I’ve done many things to prove that I’m brave. Now, at my age, you still keep proving it, but in a different way. Now it would be a matter of whether I’m brave enough to find a job, to earn good money, whether I have to drive into, I don’t know, Almeria every day. That’s how I’d prove that I’m a man, although I’ve already proven that I’m a man to those who know me”

(E2, Individual Interview, 23 years old)

Throughout this research, aspects of socialization process have been intertwined with features related to gender identity. Often, this relationship has led to the consideration of household chores. A set of processes in which many ideas about masculinity have become considered between traditional roles and the assumption of new ways of understanding these roles, without forgetting the emergence of conflicts regarding their identity as men. Thus, discourses were collected that show some participants are part of a home where both father and mother working outside. In these cases, participants refers to a system of cooperation although it is the mother who takes on a greater workload in the household.

“In my house, they both work and my father helps quite a lot. He cooks and that, but it’s my mother who cleans and everything and does most of the chores”

(G7, Focal Group, 15-16 years old)

Most of the participants in this study are part of a household where only the father is working outside and it is the mother who assumes all the housework. The collaboration of the father in domestic activities is limited to certain specific tasks.

“My father’s a bit old-fashioned. He takes the rubbish out and if there's anything heavy to carry, he carries it. But he never, for example, clears the table, that's unthinkable, because he's never done it in his life. He never did it when he lived with my grandmother, and he’s not used to it”

(E8, Individual Interview, 23 years old)

On the other hand, very few participants have declared that they do not collaborate on anything at home. Equally, a few have openly declared collaborate on all household chores. The vast majority of participants have indicated that, although they carried out certain tasks, they recognize their involvement is limited.

“To be honest, I don’t do anything at home (. . .) That’s because when I was little I didn’t have to do anything, so I don’t know how to iron, to turn on the washing machine . . . ”

(G8, Focus Group, 20-23 years old)

“MO - At home, is it your mother who normally does the household chores?

- My mother and us. Me and my brother (. . .) Every day one of us washes the dishes and sweeps the floor. Now in summer, I cook every day, because my mother says I have to learn.”

(E6, Individual Interview , 17 years old)

“I generally make the bed. Not 100% of the days, but around 80%, for example. Because my mother still makes it the remaining 20% of the time. I fold my clothes and I set and clear the table, of course. But, I don’t do much more than that”

(E2, Individual Interview, 23 years old)

In any case, independently of the responsibilities being taken at present regarding household chores, has been a widespread assumption among participants that they will need to take on a more participatory role in their future domestic life. This was expressed in a focus group with minors:

“MO - So, in the future, with your partner, do you see yourselves sharing the household chores?

- Sure.

- The thing is that in the past women had a different frame of mind, but now, when we’re older, we’ll get kicked out if we don’t do anything at home.

- It’s something we’ve come to terms with.

- Yes, I think it’s something our generation has already come to terms with”

(G6, Focus Group, 15-16 years old)

In this regard, it is important to note that most participants were supporters of couples working outside the home.

“I would also feel sort of frustrated if I wasn’t working, I don’t want my wife not to work. Mainly for her own good. I don’t want my wife to be a slave in my house. I want her to work, so I’m going to help her”

(G2, Focus Group, 19-21 years old)

This latter extract suggests another interesting idea. Similarly to above, the discourses seemed to move away from traditional ideas such as the work at home is only a matter for women. The investigation collected a whole set of ideas that highlight the difficulties and "dangers" for accepting being relegated to the domestic sphere and leaving the role of being the main provider in the relationship. The arguments have been diverse: while for some of them that particular situation would not satisfy their life aspirations and concerns, others express they would feel unproductive for society or that they would not like to feel financial dependent in the relationship. In some cases, the situation would lead to difficulties regarding how he would be considered by his family, especially by his father, as being unsuccessful. One participant considered it a humiliating situation for a man.

“- I don’t really know if I would find myself in that situation because I have interests, I like to enjoy my job and keep learning. I wouldn’t find myself in that situation, but that’s simply because of my interests.

- I would feel that I am not actually doing anything. Even if you’re helping at home. I’d feel that I’m not producing anything for society. I’d do anything, but I’d have to get paid for it; earn my money and take it home.”

(G2, Focus Group, 19-21 years old)

“I wouldn’t like it, and not for having to do the household chores, but because I’d be dependent on someone else. I’d have to depend on her working and bringing money home.”

(G4, Focus Group, 15-17 years old)

“- Sure, it is more than humiliating. Me at home and my wife bringing in the money? No way!

MO - Why?

- It’s natural.

MO - What do you mean by 'natural'?

- It's always been that way. It's not only that it's always been that way, but also, even if your wife works, you'd like to have a job and bring money in, wouldn't you?"

(G3, Focus Group, 18-22 years old)

In any case, some participants in the research have shown radically different discourses. In fact, they did not consider that playing this role would compromise their masculinity.

"I have thought about it many times. Maybe, I would like to meet a woman as economically solvent as me to stay at home and do the housework (...). Perhaps, I would be happy in this way".

(E7, Individual Interview, 24 years old)

Another aspect that was considered very important by young participants in this research regarding the socialization and gender identity was the world of emotions. Throughout this study, opinions, perceptions and ideas were collected about the meaning attributed to the expression of feelings by men as part of their construction of gender. In this way, young people expressed ideas about the treatment and the ways in which emotions and feelings are "socialized" from infancy in males.

"The man that assures that has never hidden some feeling or thought is lying. Sometimes you are with your friends and you have fallen down and you haven't dare to pour a tear! They can not see you because if they do so they'll tell you; look at the tearful guy!"

(G4, Focus Group, 15-17 years old)

Thus, throughout this research the participants have showed the belief that women generally tend to approach the processes and situations involving a particular emotional charge. These words were expressed by a participant in this research who talked about of his own parents.

"I think so. Right from when you're a child, a boy's cry is treated differently. Maybe when you're older, well, it's more normal to cry in front of your father. Me, for instance, I wouldn't cry in front of my father now unless it was for something that we could both cry about. But, for me to cry because of . . . now, however, it's also true that I'd cry in front of my mother before crying in front of

my father. I don't know why. My mum deals with problems differently than my father. But yes, but I can't explain it. I think it's because I've seen my mother cry and I've never seen my father cry . . . And my father: 'Come on, man, it's not such a big deal, you can find another girlfriend or you can get another job!' I don't know. And maybe my mother wouldn't say it so sharply: 'Don't worry, it's OK, these things happen.' My mother would approach it in a different way. So, because all this is happening inside of you, I'd be more inclined to cry in front of my mother."

(E2, Individual Interview, 23 years old)

5.2 Male gender identity and health

An interesting element in the process of gathering information from this research have been the continual references to women and the establishment by the participants of an argumentative strategy characterized by the continuous search for comparisons with women. In this way, we have collected a whole set of beliefs about the lifestyles of men and women, as well as perceptions of how both face the health-disease processes. Thus, overall participants considered that men have less healthier lifestyles than women. In any case, the majority the opinion was that men do more sports, while women care more about other health-related aspects, such as diet.

"Women, I think, look after themselves more when it comes to food. Diets have always been associated with women rather than men. If we men want to be in shape, we do exercise, sports."

(G5, Triangular Group, 19-22 years old)

It is important to note that the main reason for these gender differences on health, it has been connected to ideas concerning the process of gender socialization. In this way, it was believed that from childhood they grew up with the idea that sport and playing football in particular, as well as action games and other activities involving physical effort, were "men's stuff".

"MO - You mentioned before that you feel that in general boys do more physical activity than girls, didn't you?

- Yes, yes.

- Much more.

MO - Why do you think this is so?

- Because of what we said before. Girls get given dolls and boys are given footballs.”

(G2, Focus Group, 19-21 years old)

On the other hand, to talk about gender differences on health-disease processes led participants in this research to discuss the differences in drug use or access to health services and how he is sometimes socially judged as a man who frequents the medical services.

“But that’s very clear. For instance, when I come to Granada [city where he is completing his university degree] I bring many things from home, but I’ve never brought a single tablet. All the girls I know have brought a little bag with tablets for headaches, tablets for this, for that, sachets for runny noses. All the girls have a little bag full medicines at home. And as soon as they have the slightest headache, they take a tablet; a stomachache, one pill; another sort of pain, they go to the doctor. All the time. And I have to be really sick to go to the doctor. However, it’s also true that when men get sick, we don’t do the things we have to do. If one day I’m sick or I don’t feel well, I don’t study. But I’d even say women are more like that; women do what they have to do even if they are a bit sick. But the thing about going to the doctor, no, that’s clear. However, it’s also true that if a friend goes to the doctor every day, we say: ‘What’s wrong with this guy, he’s always at the doctor! He gets sick so easily!’”

(E2, Individual Interview, 23 years old)

Although some participants have noted they go to the health services whenever they have a problem, most participants in this research have recognized that when a health problem appears they prefer to avoid going to the doctor if they have the perception that is not serious. Furthermore, the most reported reason for these differences is that men do not go as often as women to routine health checks, this makes them less accustomed to the use of health services.

- “Women go to the doctor more often.
- Yes, they go for any little thing.
- I think that they go more to, like, routine check-ups.
- Yes, I think it’s because ever since they’re young, they’re more used to going to the doctor for check-ups, to the gynaecologist and all that. We, unless it is something serious . . . but women, ever since they are girls, well, they go to the

gynaecologist or whatever or they have headache, so going to the doctor is more normal for them.

- And they worry more as well.

- Yeah, that's how I see it as well.

- Me, it depends, but also yes, if I can help it . . . Firstly, because it's a pain in the arse. You have to make an appointment . . . so if you have something that's not that serious, you say: 'Oh well, it'll go away!'

- Yes and no. That happens to many people: 'I'll go', but they don't in the end. Not me, if I notice that something isn't quite right, I go to the doctor. I don't have a problem with that."

(G8, Focus Group, 20-23 years old)

"- Me, for instance, I don't think my father has ever been to the doctor. And sometimes he's sick, but he always says: 'I'll be all right in two days!' And keeps going to work.

- That happens. If I say to my mother:

_ Mum, I've got a headache.

_ Do you want to go to the doctor?

_ No, it'll go away.

- Of course, if you see that it still hurts after a few weeks then it means it's something serious, doesn't it? Then you go to the doctor, but not before. It's stupid. Just so they can tell you: "Take this tablet!"

(G4, Focus Group, 15-17 years old)

5.2.1 Risky behaviours

During this study one of the health risks more widely reported by young people was associated with driving. In this way, in respect to the car, some participants have showed the taste for fast driving, while others have recognized to drive under the influence of alcohol. However, risk behaviours during driving of motorbikes or scooters were more frequently reported, such as, driving without a helmet or driving on one wheel.

"I really like running with cars though I recognize it is a risk".

(E5, Individual Interview, 21 years old)

"I was once young, I still am (laughs), and I had a motorbike, a 49cc, and I never wore a helmet. I also did wheelies. I wasn't the best at wheelies, but I also gave it a go."

(E2, Individual Interview, 23 years old)

On the other hand, the widespread belief was that these behaviours are especially made by males.

- I see girls with their helmets, their mirrors . . .
- They're so cautious!
- MO - Are they?
- I guess so, because all the girls I've seen on a motorbike ride with a helmet and two mirrors.
- It's true, and the bloke with no mirrors and no helmet.
- And with a souped-up motorbike, going wild.

(G1, Discussion Group, 15-17 years old)

The majority of participants seemed to appreciate more of a risk. In the following extract, the statement is accompanied by the belief that the risk is pleasant.

“Men are more aware of danger than women. I think that it may be because of what one feels inside. The emotion, the adrenaline that pumps through your body, the risk.

MO - Do you think that danger can be pleasurable in that sense?

- Yes, sure, 100%.

(E9, Individual Interview, 20 years old)

In this sense, the discourses of the young participants in this research were focused on search of explanations connected to the social or biological origin of these behaviours. The following extract shows the doubts between both origins:

“MO - So, you think that men take more risks, don't you?

- In general, yes. I'm referring to being dangerous in the car, on a motorbike, in extreme sports. We ride a bicycle and we don't just simply pedal, we see who can make it down the most dangerous stairs (. . .) I think that the fact that we have to do it is very well disguised in society. I don't know, I think it's also natural. I mean, even if I were the only person in the world, I think I'd try it, I'd behave that way. I don't know what it is that makes you do it, but you do it, you take risks already in childhood.”

(E5, Individual Interview, 21 years old)

In any case, explanations of social order was more reported. On the one hand, although they recognized that such behaviour could have negative health consequences, the perception that these negative consequences are infrequent or have low probability, reduces the risk perception. On the other hand, another important explanation expressed by the participants is the influence of the peer group. Furthermore, the presence of women was also reported as a motivation to perform certain risky behaviours, as a way of trying to "impress" to her.

“- When I rode a motorbike, I didn’t want to wear a helmet. Firstly, because of the way it looks. I didn’t like people seeing me with a helmet on. Secondly, because of the hair gel. I used to spend 10 minutes in front of the mirror putting gel in my hair. Also, you always believe that you can ride a motorbike perfectly and that you’ll always know how to react in all situations.

MO - And the wheelies?

- We do wheelies because someone always starts. First to show off in front of us and then, if there are any girls around, to show off in front of them. I don’t know, it is a way of proving that you are the fittest or the cockiest; the most daring, because you don’t ride like the rest. If everybody did it, it wouldn’t be cool. But in the group there are always those who do wheelies and those who don’t. It’s like if you had to try and do something different.”

(E2, Individual Interview, 23 years old)

5.2.2 Recreational drugs

The participants discourses in this research were dominated by allusions to the "botellón" when they referred to the alcohol consumption as a recreational drug. This sociological phenomenon describes a popular custom in Spain since the end of the last century and characterized by the meeting of many youth groups in public spaces mainly for consumption of alcoholic beverages. All young participants in this research, including minors, referred to the "botellón" as an usual practice in their leisure time. On the other hand, while some of them justify the "botellón" for economic reasons, others simply believed that its popularity is due to allowing contact with a youthful atmosphere and the presence of girls.

“I don’t know because you live in a young atmosphere but you run for chicks”.

(E3, Individual Interview, 20 years old)

“*Botellón*, well, we’re already used to it, but we do it simply for money reasons. Because we’ve all been to a *botellón* at 0 degrees, and it’s no fun, I can assure you. You’re much better off in a pub, but in a pub a drink costs 4 euros, and at a *botellón*, for five euros you can have six drinks and then you can go to a nightclub and have one or two more drinks there if you’re lucky. It’s mainly a student thing, because we don’t earn money”

(E5, Individual Interview, 21 years old)

In any case, despite that young people say that sometimes is not nice to do "botellón" because of weather conditions, it was still considered a way of entertainment currently rooted in youth culture. A way to socialize and to meet people. For some of them, a necessity to keep in touch with his circle of friends.

“Also, your interests change with age. I used to go to *botellones* more often. Now you even go to a *botellón* because you can meet up with loads of people there. You have a good time and now it’s not only drinking, because I’ve even been to a *botellón* without drinking, just because my friends are there.”

(E7, Individual Interview, 24 years old)

Young people have referred to both positive and negative aspects on health in relation to the practice of "botellón". On the positive side, they referred to psychosocial benefits.

“You meet and talk to people in the *botellón*, but it has zero healthy benefits. Well, it could have a psychological advantage because you relate to people, you get closer to them. When people go to the *botellón* to drink they really go to meet people. I prefer drinking at home but you go because there will be many people”.

(E9, Individual Interview, 20 years old)

However, the participants emphasize the allusions to the excesses of alcohol in the "botellón". In this regard, some young people expressed how the alcohol is used in this context to disinhibit behaviour and to establish new relationships.

“It’s completely true that alcohol makes you more uninhibited and I feel that there are many people with communicative problems and it is due to the *botellón* that...”

(E7, Individual Interview, 24 years old)

On the other hand, the discourses of some young people show they are aware of health risks of alcohol abuse. However, for other participants the health risk of consuming alcohol is not so obvious.

“Going to the *botellón* every week entails a risk. The consequences are too obvious because you can end up with a very damaged liver.”

(G5, Triangular group, 19-22 years old)

“I see that, all of us have got drunk but that’s not risky, isn’t it? Well, it is risky if you have got the driving licence or you fall down. If you are drunk and you are riding a motorbike it is quite insecure.

(G4, Focus Group, 15-17 years old)

“Most people only go to a *botellón* once a week, so we don’t think that we are alcoholics or even that it affects us. I think that if I get drunk one Saturday and then I do sport during the week . . . I mean, I don’t think it affects my health (. . .) We’d never give up alcohol. I don’t smoke. I do think smoking affects your health. That’s not the case with alcohol, I wouldn’t say that I don’t drink because it’s unhealthy. I don’t think alcohol causes health problems.”

(E2, Individual Interview, 23 years old)

Young people also referred to alcohol as a factor that has been part of the process of acquisition of his gender identity, helping to represent the idea of masculinity in the social sphere. With these words was expressed by a research participant, for whom the alcohol consumption was an obligation in order to do not lose the sense of belonging with his peer group.

“I don’t know, when you were younger and went to a *botellón* on an empty stomach you’d have seven or eight drinks. That’s definitely no good for your health and you know it, but whether you want to or not, you do it because everybody does. I never drank as much as the others did because I didn’t like it, but I drank because everybody else did. Now, when we go to play football, everybody drinks a pint of beer. I don’t. I drink a Coca-Cola. And every one goes:

‘You’re a piece of shit! Come on, for fucks sake, you’re a bloke!’ Now I don’t care, but when I was 16 . . .”

(E8, Individual Interview, 23 years old)

It is necessary to also note that a "masculinization" occurred in the abusive use of alcohol as recreational drug between women. In fact, the majority point of view was that current significant differences were not established in regards to the consumption of alcohol between men and women during leisure time, especially on weekends.

“At a *botellón* everybody drinks the same, men and women. All the same. But men, when they drink, it’s not that they get more drunk, but they get more full of themselves, more cocky, well, yes, also. But women are the same as men. Then, during the week, men might drink more beers and women order a Nestea, which is normal. When they go out drinking, they drink, but when they are not drinking, they have a coke.”

(E4, Individual Interview, 19 years old)

However, participants recognized that alcohol abuse is not judged in the same way by society.

“Seeing a woman drunk is different than seeing a man drunk. If you see a man, well that’s completely normal. If you see a girl, people then say: ‘Look at that chick, she’s plastered!’ And she’s already considered a slut.”

(E5, Individual Interview, 21 years old)

Regarding the use of other drugs, the results of this study shows a more divided debate. In any case, the overall amount of participants think that the access to other recreational drugs besides alcohol, it is a behaviour more frequent in men than women. With this words was expressed this position in a focus group in which the participants indirectly refer to the cannabis consumption (hashish and marijuana).

“- In general, the women I know are heavier smokers than men.
 - They might be heavier cigarette smokers, but they don’t smoke other stuff.
 - What happens is that when a girl says she drinks and smokes, she might in fact drink and smoke as much as any man, but generally . . .

- I think so too, we men have more vices.”

(G8, Focus Group, 20-23 years old)

Throughout this study the widespread opinion, even among minors, is that the cannabis consumption among young men is very usual.

“- I don’t do other shit. The most I’ve done is smoke joints. Because I’m not interested at all in any other shit.

MO - Is it common for young people of your age to consume hashish?

- Yes, it’s completely normal.”

(E6, Individual Interview, 17 years old)

Also participants have shown frequently the belief that marijuana is not a drug as harmful to health.

“80% of my mates smoke joints. Now they smoke more marihuana because the quality of the hash coming in is bad. But, well, it’s a plant and it’s natural.”

(E5, Individual Interview, 21 years old)

In addition, participants in this study have not reported being consumers of other psychoactive substances. Only one participant expressed openly that he had consumed MDMA (3,4-Methylenedioxymethamphetamine, commonly known as ecstasy) as a way of experiencing new sensations during sex.

“MO - And, have you taken any other kind of substance to lose your inhibitions?

- Not to lose my inhibitions, but to try something different in bed. They say that MDMA makes you more sensitive, your senses are more . . . I don’t know.

MO - And you, have you ever tried it?

- Yes.

MO - And how was it?

- I don’t know. I’m not proud of having taken it as a drug. I’ve smoked marihuana and I’ve been drunk loads of times, but, well, that was like a special occasion. And it was different.”

(G8, Focus Group, 20-23 years old)

5.2.3 Violence

Throughout this study, discussions about men, masculinities and behaviours that are able to have a negative impact on health, led the participants to think about violent situations that happened in the past. All participants in this research reported to have witnessed or been directly involved in a fight. Thus, although they have a perception that fights between women are increasing, the discourses showed that the resort of violence remains something typically of male.

“I can’t find an explanation to why men have to fight and women don’t. It’s an attempt to show that I’m more than you are. Women do this differently. For men, the stronger man is more than the other.”

(E4, Individual Interview, 19 years old)

“Being 21, I won’t say that I’ve never been in a fight. Even if you haven’t been in many fights, you’ve always been in one. But I’ve only been in a few fights. I get along well with everyone and everyone respects me. I’m not the kind of guy who uses violence to be respected.”

(E5, Individual Interview, 21 years old)

A majority point of view among the participants in this study was that the fights of males are more violent than women’s quarrels. On the other hand, as it was also perceived in an earlier conversation, all ideas gathered agree that violence for males can be interpreted, not only a way of "considering oneself more male" or defending one's pride, but also as a way to prevail over another.

“- Men fight more often.

MO - Why are you so sure?

- Because that’s the way it is, because that’s my experience. I might have seen a few girls pulling each other’s hair, but that’s it. But men fighting . . . I, at least, get into fights and don’t stop until I see the other guy bleed.

MO - Why?

- Because my balls are bigger than his!”

(G1, Discussion Group, 15-17 years old)

Participants in this investigation showed different attitudes in front of a fight depending on the sex of those involved in it. Thus, the vast majority of young people

have said they prefer not to get involved, especially if it is a fight between two men who are not known to them. However, a radically different attitude if those involved in the fight was a woman and a man. In that case, this was considered by all participants as an abuse by the man.

“Let’s see, I think there are different types of fights. One: if it’s an outsider’s or if it’s my fight. As a general rule, I don’t normally get involved in fights. Now, if it is other people fighting . . . If it’s a chick-chick fight, I usually watch (laughs). If it’s bloke-bloke and I don’t know them, I just simply get out of the way. If it’s a bloke, who’s a friend, I usually watch. And bloke-chick, I think he’s abusing his power and I go for the bloke”

(G2, Focus Group, 19-21 years old)

This last idea can be connected with another idea of interest throughout the investigation. While some participants consider that it is something mutual and others have not a clear position, the majority of participants in this study have the perception that as men they have the obligation to provide protection and security to his partner. These words were expressed in an interview, for whom the protective character seem to be a part of masculinity essence.

“I think we have the obligation to provide women with one thing: security (. . .) For instance, I’m 40 and my daughter has a boyfriend, and if for any reason they come back home saying that they’ve been mugged and I find out that he hasn’t done anything, he’ll be in big trouble. He’s the one who has to come back with a broken jaw: ‘I stood up for your daughter because she was about to be . . .’ That’s fine. But if my daughter comes back home bruised and he isn’t . . . And the other way round too. My son has a girlfriend, and if I found out that something had happened to her and that my son did nothing . . . !”

(E8, Individual Interview, 23 years old)

On the other hand, a series of recollected violent situations were gathered in which participants in this study were involved. In this sense, football was not only identified as an element very related to male socialization, but also it was considered an important element in the representation of masculinity during this study. This seems to be one of the main reasons to consider football as a focus of conflict situations. Especially, as it is expressed in the following extract, because competition forces show a certain degree of

toughness and aggressiveness. During this research, these were precisely the key elements to consider the football as a sport more suitable for men.

“When you’re playing football you’re into the competition and you’re aggressive. You have to go aggressively for the ball, otherwise that will be reflected in the score. You must be a bit aggressive to play football and, then, once you’re in that mood, if somebody crosses the line, then . . .”

(E2, Individual Interview, 23 years old)

The places of nightlife such as discos and pubs, were also widely reported as spaces where violent situations originate. It is noteworthy that the vast majority of young people participating in this research considered that most of these situations are usually caused by minor issues, often related by the presence of a woman.

“If no girl is involved, then that night maybe there are no fights. But if there are girls around, and especially when people are drunk, the slightest disagreement can . . . But more so when there are girls around, everybody gets more cocky (. . .) they’re stupid fights really. You go to a nightclub and ask why, and in the end they’re over stupid things: ‘He spilled a drink on me, he was looking at my girlfriend’s arse . . .’”

(E3, Individual Interview, 20 years old)

5.2.4 Sexuality

Sexuality was considered by participants in this research to be an area of vital importance in the representation of masculinity in the social sphere. In this sense, an underlined aspect on the discourses was the importance of appearing as a person sexually active or with sexual appetite. It was not only considered a key element for participants, but also belonged to the very nature of man.

“It’s not that it’s important to appear sexually active, I think it’s because that’s what men feel. One always wants it. Not always, but, well, nearly always. Actually, it is not something that you want to show, but something that you really feel.”

(E4, Individual Interview, 19 years old)

This led to discourses of concern when at times they felt the loss of sexual appetite.

“It is hard for me, because there are times that I don’t feel like it and it is very hard. Yes, I feel like it, but less than before. Then I feel weird. It’s a shock and I say to myself: ‘It can’t be!’”

(E2, Individual Interview, 23 years old)

However, some of the participants in this research not believe that men have greater sexual desire than women. If there is that belief it was because males tend to show these desires more openly, among other things, because that is what is expected of them.

“-Well I think we have a sexual drive, I don’t know if it’s because of our age or because we are men, it’s just not normal!

- But don’t get me wrong; it’s both men and women, isn’t it?

- Yes, yes, yes.

- What happens is that women are more reserved than we are. We show it more openly. We’re cheekier and chicks know it.”

(G2, Focus Group, 19-21 years old)

The discourses in this issue highlighted as a main reason for these differences, certain aspects around the social representations of gender. While for a man it is the sign of virility that contributes to his masculinity, women have to care more their sexuality because socially they are judged different.

“What happens is that women might not say it as openly, because they may think that if they say it, that they are sexually active, they are going to be called sluts or tarts or something. I am totally against society’s attitude by which girls are sluts and guys are heroes.”

(E7, Individual Interview, 24 years old)

In this regard, some participants in the research suggested that for men themselves, if a girl wants to have sex with them easily, this can be a criterion to dismiss to her as a stable partner.

“When you have a girlfriend, if you trust each other, it doesn’t matter, does it? But if you’ve just met a girl and you see that she’s too easy, she loses a few points. For us, if she’s a bit hard to get, she earns a point. Yes, I think a big point. She has to make it a bit . . . Otherwise, bad.”

(E8, Individual Interview, 23 years old)

For some participants in this research, such ideas are not only in the minds of men, but also women themselves help to perpetuate this social view about women's sexuality. The participants of the following focus group believe that this is also related or that in general women more faithful than men.

“- Women are more faithful.

- Yes, I think so too.

- But I think it’s mainly because of society. We’re in the twenty-first century, but . . . If a girl shags four guys, well, she’s a slut. If a guy shags four chicks, he’s a hero.

- Sure.

- And I think they’re as ready to do it as men are!

- It’s like if a chick says she wants to have sex, she’d certainly do it, but then other women would say: ‘She’s a slut!’ ”.

(G8, Focus Group, 20-23 years old)

Undoubtedly, the allusions to the faithfulness were of great interest. With the exception of some minors, the majority position was the same as above. Thus, the participants not only showed the belief that men are less faithful, but also they are more promiscuous. This was expressed by a participant for whom this practice can be carried out as a way to demonstrate greater virility.

“In terms of promiscuity, I think men are more promiscuous, but it may be because of what we were saying before: to prove their virility. It’s like saying: ‘I’m more macho!’ Also because of biological reasons. It might be that when a man has been with a woman for some time, he might need to be able to say: ‘I need a change’. And it might not have anything to do with feelings, it might be something physical.”

(E7, Individual Interview, 24 years old)

In any case, while some participants admitted the greater promiscuity of males, they also considered that they themselves contribute that idea.

“- Reassert your virility? Knowing that you already have one chick there for sure, that’s . . . To say to your friends: ‘Look, I can have that one any time I want.’ Just that, makes you . . .

MO - And is it something people tell others?

- Yes, people talk about it.

MO - Is it important to mention it?

- I don’t know whether it’s important, but people talk about it.”

(E4, Individual Interview, 19 years old)

“I had a girlfriend until about three weeks ago, and I wasn’t going around saying: ‘I shag her this way and that!’ But when I go out and get laid, the first thing I think of is to call a mate to tell him about it. It’s like, if you don’t tell anyone it’s as if it didn’t happen.”

(G8, Focus Group, 20-23 years old)

Overall participants think that their conceptions of living the sexuality are different to women, although they warn of increasingly visible exceptions. In this way, they consider to have a way of living sexuality, using some of their expressions, more "genital", more "animal", less "sentimental".

“I think that foreplay is a woman’s invention. We are more direct. A man can have sex with a woman without knowing her name. Maybe women find that a bit cold.”

(G5, Triangular Group, 19-22 years old)

In any case, although it has been a minority position, some participants in this research have shown discourses that seem to get away from the majority position. In the following extract of a focus group is perceived as were defended both positions:

“- I don’t like to sleep with a different girl every night. I don’t know, it’s as if it were a jacket instead of a chick. I want to be a human being.

- I think sex is the same as eating, it's a basic need. If you need it and you must have it, why not do it if the occasion arises one night with a girl that you know wants what you want?

MO - But, don't you think it's a bit dehumanizing when you do it that way?

- Yes, I think it is. It might sound a bit backwards, but I don't know, I have my morals. When I was 16 I, like my friends, used to go for the first one that came by. Now that doesn't interest me, because I look for other things in a woman, not just sex."

(G8, Focus Group, 20-23 years old)

The considerations about the importance of sexuality led to another idea that was considered no less important for participants: to sexually satisfy the expectations of partners. In this way, the young people in this research pointed to the idea that manhood can be "measured versus judged" on the basis of sexual pleasure that a man can give to his partner. In any case, some young remembered that in a relationship is not enough with "to make the grade" only at a sexual level.

"- In sexual relations, to give it to a girl doesn't make you more of a man. You're more of a man if she has a great time with you.

- Of course, that feeling that you're good in bed. That the woman enjoys being with you.

MO - Then, do you worry about being good enough?

- Yes.

- Yes.

- Well, I'm already used to it. I'm more worried about being good enough at other things.

- Of course, because when you have a stable partner it's like she already knows you. But when you meet a girl one night . . .

- Sure, that's different. That's what you think about, what she's going to think.

- But, for me, I never placed that much importance on it. I place more importance on other things, such as making a good impression, taking her to a nice place for dinner or having a good conversation. But maybe this isn't the masculine stereotype that we are talking about, is it?

- Yes, what happens is that you are in bed with a chick and, in bed you have to make a good impression!

- I agree. If you come, you know you enjoyed it, but maybe she didn't come. So, if you are going to shag her another night, and the first time she didn't . . . you'd better satisfy her this time!"

(G8, Focus Group, 20-23 years old)

"For any man, the symbol of his virility is mainly his sexuality and, when you're with a woman, not only sexually, you have to be up to standard. So the woman receives what she expects, and sexuality is certainly important. She must be

satisfied, and all her expectations must be met and there always has to be certain complicity.”

(E7, Individual Interview, 24 years old)

The majority opinion of young adults who participated in this research considered that it was the man who has to take the lead in proposing a relationship, because it is not only what is expected of them, but it is also a way for women to avoid being classified of "easy girls"

“Women can make this very simple. They can be pretty clear but you are the one to face it first.”

(G5, Triangular Group, 19-22 years old)

“MO - Who tends to take the initiative?

- We do.

- Yes.

- I'm sure they want to, but . . .

- They are actually dying for it, but . . .

MO - And, why do you think this might be?

- Because they might look bad. Girls are afraid to look like sluts.”

(G2, Focus Group, 19-21 years old)

However, although it was not an exclusive opinion of minors, they recognized that girls do not have the passive role that used to traditionally characterized them. In any case, a lot of them expressed that they felt uncomfortable in the situation where women take the initial steps or simply that they prefer to take the lead.

“MO - Who generally takes the initiative?

- Girls are bolder.

- Yes.

- I like to take the initiative.

- Me too.

MO - But, do you think this is changing?

- Yes, it's changing.

- A lot!

- Before, girls used to be quieter, sort of shy, and the man was the one that . . . but now girls are bolder. We could say that now they flirt more like men do. They're bolder.”

(G6, Focus Group, 15-16 years old)

While some participants made reference to sexually transmitted infections, the idea of risk in the area of sexuality was primarily associated by participants in this research to pregnancy. In this regard, references to condoms was a constant during this study. In this sense, the participants not only referred to the reasons for the use or not use, but also because all this was connected to other ideas, such as the distinction between occasional and steady partner. On the other hand, the vast majority of youth showed a belief that men often tended to take the initiative to have sex without condom. Thus, some of the young people pointed out more pleasant intercourse was the main reason for not using condoms in a relationship. However, the reasons given by other participants seemed more directed towards the idea that with steady girlfriend it is preferable to introduce other contraceptive methods, since this is seen as a confidence jump in the relationship.

“- Me, for instance, I’m already used to not wearing a condom. I’m generally careful before . . . and she also has her period more under control and knows when it’s coming and when it’s not.

MO - And what does your girlfriend think about never using a condom?

- She accepts it. She’s always going: ‘Be careful, otherwise . . .!’ It’s normal to worry, but it’s just different. Because what you feel when you do it without a condom isn’t the same as when you do it with one on. It doesn’t matter if they come up with ultra thin, ribbed or whatever, it isn’t the same.”

(E5, Individual Interview, 21 years old)

“Yes, I think that it’s better to use other types of contraception such as the pill or the vaginal ring. There’s the patch too. But if you use a condom with your partner, it gets to a point that . . .”

(G2, Focus Group, 19-21 years old)

Moreover, some participants suggested that having intercourse without a condom is sometimes a way of expressing of masculinity by young males, offering signs of virility within the peer group.

“Men also use this behaviour as a way of masculine superiority. For instance, if I tell them that I have never made it (without condom) they feel “superior”, they boast that they do it without condom. In my opinion, that's the reason for them to take the initiative to start making it without condom.”

(E2, Individual Interview, 23 years old)

On the other hand, the association of risk to pregnancy by participants led to the majority of them to think that women are the ones who have to propose and require the use of the condom because of the risk of pregnancy.

“- It’s mainly women who should say: ‘You either put it on or we don’t do anything!’
 - The thing is that in these situations girls always lose out, because they can get pregnant and the bloke can just wash his hands and . . .”

(G8, Focus Group, 20-23 years old)

As mentioned before, although this study showed statements contrary to condom use with stable partner, some young people have stated that if they have not had sex without condom it is because his partner demanded that he wear one, but they also confessed to trying to obtain intercourse without a condom.

“The real truth is that I’ve never done it without condom. Although, I recognize that if my girlfriend and I had split up maybe I would have done it. I have tried to see her answer but she didn’t agree. In the case we hadn’t had any condoms, if she had agreed maybe I would have done it.”

(E2, Individual Interview, 23 years old)

Furthermore, although most young people in this investigation have suggested that with a occasional partner usually the condom is used, numerous participants have recognized they have assumed the risk in some occasion.

“- I have done it without a condom just to try, you say: ‘OK, five or six pokes.’

MO - Was that with your regular or an occasional partner?

- That was with my regular partner. Well, I’ve also done it with a girl I met on a trip. She had a boyfriend who she had been with for a year and a bit. She, like, cheated on her boyfriend with me and we did it without a condom because she was taking those pills every day.

MO - And you trusted that . . .

- Yes, of course, because, how shall I put it, it seemed like the girl came from a good family and she didn’t smoke or anything, I don’t know ”

(G3, Focus Group, 18-22 years old)

In the case of this minor, alcohol appears to be the key element that gives rise to that risk situation.

MO- “Have you ever had sexual relations without protection?”

- Yes, but just for a short period of time.

MO- In what sense?

- Not the whole process. Well, it has just been a mad day.

MO- Explain it to me: “mad day”.

- A whole night out in which both of us had drunk.

(G7, Focus Group, 15-17 years old)

Young people in this research considered problems such as premature ejaculation or the erectile dysfunction. In these situations, many of them believe it is important to avoid the transference of this information into the peer group.

“- I have a friend who had problems. I found out through some friends of his. I don't know, I think we really hide these sorts of things, don't we? We don't even mention it to our closest friends.

- It depends.

- I wouldn't tell anyone.

- Neither would I.

- I'd only talk about it with my partner.

- We have a friend that did tell people, and now everybody talks about . . . everybody knows.

- That's exactly the problem!”

(G2, Focus Group, 19-21 years old)

In any case, some participants frequently expressed problems of this nature. However, they were aware of a need to play it down, especially when they found out that it is something that happens at a specific moment and induced by some various circumstances.

MO- Was it hard for you to tell?

- No, that's quite normal, sometimes condoms get fixed so tightly that it doesn't let it get really hard.

- The thing is that it might happen from time to time and it is true that someone might experience it.

- Certainly. I didn't have sexual relations for a long time and the first night I went to bed with her I had already finished after thirty seconds or the first minute.

Although, that's not premature ejaculation but...

(G8, Focus Group, 20-23 years old)

5.2.5 Body image

Young people who participated in this investigation expressed that the world of aesthetics and the concerns of body image was no longer an exclusive domain for women as traditionally perceived by society.

“The truth of the matter is that the man starts taking care of him and if one uses nourishing cream, others are starting getting waxed...We are more concerned about beauty and aesthetics and maybe our parents are not used to it”.

(G2, Focus Group, 19-21 years old)

Among participants who reported to have received beauty care such as depilation, some of them referred to reasons of convenience and hygiene. While others confirmed that they did it to enhance their beauty.

“I understand that we like taking care about ourselves and feeling happy with ourselves. If you want to use one or another nourishing cream to get a smoother skin...that was very controlled by girls. No man on earth wore nourishing creams forty years ago!. However, that's normal. For instance. I have my legs waxed in summer because it's quite comfortable. I am a hairy man and I sweated a lot in summer. Even, I had my chest waxed because I was working in a restaurant and I sweated a lot too. Now, is it for beauty's sake? I see that you can do it for beauty's sake if it also affects your comfortableness”.

(E7, Individual Interview, 24 years old)

“I normally tell my sister to help me with the frown. Not this year but some years ago I used to have my legs waxed because I saw my sister with her waxed legs and it is really true it suited her. They look more beautiful with no hair, even more if you are a hairy person.”

(E5, Individual Interview, 21 years old)

Some discourses were also gathered in which the participants spoke about other aesthetic practices carried out by men generally, such as applying makeup. While young

people talk about these practices in a joking tone, no males expressed that these practices are calling into question the masculinity. In this case, the heterosexuality of these males seem to act as a "protective factor" in the social representation of gender.

“- Some of my friends get waxed and use make-up and I see it poofy though I'm talking about gys who like girls!

MO- And why do you think they do it?

- Well, because they feel more handsome and it attracts girls.”

(G3, Focus Group, 18-22 years old)

Overall, young people who participated in this study expressed feelings of being satisfied with their body image. In any case, many of them declared that they would like to make some changes. The discourses were focused on the loss of weight and on the muscle development.

“I'd like to lose three or four kilos, though I see myself quite well.”

(E6, Individual Interview, 17 years old)

“- If I want to I can go to the gym and get stronger. It's something I'd like to”

MO- why?

- I don't know why, I like to be strong. Anyone may have his likes though the fittest man is the most attractive for women.”

(G4, Focus Group, 15-17 years old)

This last interview extract reveals something that was of great interest to the participants when they referred to the body image: the perceptions, beliefs and opinions about the tastes of women, and about male body image. In this sense, the arguments made by young people mainly focused on the importance that women seem to grant to the male musculature.

“Women love it. I have some very clear examples. For example, I have a friend who I remember, when we started going out, I started with one girl, then went on to another, and he didn't get anything. There was no girl after him. He didn't get any. At that time, girls used to say: 'I like this guy, I like that guy.' Then, when you knew that a girl liked you, you'd make a move. But this poor guy, no girl whatsoever. Maybe one, but only one! And this was when everyone else already

had six or seven. When he was 18, he starts going to the gym and gets fit. Since then he's got loads of women after him. That's a clear example for me. Women like men with muscles, especially at nightclubs."

(E3, Individual Interview, 20 years old)

It was a widespread belief among young people that women like men with well-defined muscles, but not overly muscular.

"MO - And chicks like that?

- Yes, but they don't like guys that are too muscular.

- No, too muscular, no.

- Hick girls like those really muscular guys, I don't know why, but they like guys who are strong, who have well-defined bodies, yes, they like them."

(G5, Triangular Group, 19-22 years old)

In any case, the results of this study suggest that when males are interested on improving their body image they mainly focus on the muscle development.

"What they are looking for is to be admired by women, to appeal their attention. Well, women and men's attention. They want to be fit and pull a lot of women."

(E3, Individual Interview, 20 years old)

Ideas about the body image perceived as an ideal or desired by men, led them to allusions to a physical space that was considered of great importance in all this: the gym. Young people who have said they are going to the gym or that at some point in their lives have done it, have referred to the muscle-building as core of their physical activity; an activity that according to the results of this research points to a work mainly focused on developing of arms and torso.

"MO- And what do you do in the gym?

- Muscle and heart training?

MO- In muscle, more superior or inferior training?

- Superior, because my legs are strong. I do not want to have a pair of legs so thick that can not get fixed into my jeans. What I wish to do is to define my muscles,

my chest, my biceps.”

(G8, Focus Group, 20-23 years old)

A majority viewpoint between the participants in this study was that the motivation of young males to go to the gym was connect more with aesthetic reasons than with health.

“Young people go to the gym for aesthetics and older people for health”.

(E9, Individual Interview, 20 years old)

“I think that the end is more for beauty than for health. If you get drugs to have your muscles defined, it is not too healthy.”

(G5, Triangular Group, 19-22 years old)

This last interview extract suggests an issue of interest to the results of this research. The importance attached by many males to the acquisition of a determined muscle development, led to the participants to refer to the widespread use of nutritional ergogenic aids by many men, as supplement to physical activity in the gym. In this sense, the consumption of protein supplements has been especially described. A consumption that while for many of them does not entail risk for health, others have declared not be convinced of that.

“Some people consume the typical proteins and they are not harmful, they are milkshakes used after the training. The thing is that some people drink them and they feel that they do not have to do anything else and you have to train at the same time to get results. Muscles get stronger and resistant when you drink these milkshakes and train at the same time”.

(G4, Focus Group, 15-17 years old)

“Everybody has these milkshakes. Indeed, I think they are good, aren't they? My brother has been going to the gym and has had these milkshakes. The gym gave them to him and even after leaving the gym, my brother continued having them to play football. So, he has his milkshakes at home, if they are bad there is scarce information about it.”

(E2, Individual Interview, 23 years old)

In addition to consumption of protein supplements, some young people referred to the use of other substances.

MO- “Diet supplements? Do you know them?”

- Yes.
- Yes, it's very common.
- Yes, many of them have proteins, L-carnitine, amino acids. I think i'll start having protein. Pure oats in pies and amino acids to complete the protein cycle.
- It's true that when your body gets to the top and it can not go on, you need a special support through diet or protein milkshakes plan and then we have the ones who dope.”

(G8, Focus Group, 20-23 years old)

The last part of this conversation shows that some participants know males who used the anabolic steroids as strategy to achieve the desired muscle development. In any case, all discourses suggest that in comparison with other nutritional ergogenic aids, steroid use is not so widespread. On the other hand, the young people showed the belief that despite of there is no direct access to these products through the gyms or of the stores specializing in sports nutrition, since these are products without legal tender, it possible to access to them easily.

“It's certain there are people who dope. In general terms, concerning youngsters I think it is not worrying. It is not alarming. I feel the percentage of them that get doped is low.”

(E2, Individual Interview, 23 years old)

“MO - Regarding the substances you are talking about, do gyms really provide them?”

- They supply proteins.
- However, there are many shops that sell them too, aren't they?
- Proteins are legal, not anabolic steroids or any other chemical substances., but if you wanted them, you could get them easily.
- I think you can get them from your monitor in the gym. I'm sure he is a wrestler and he deals with this stuff. It is the same as if you are a policeman and knows where to go to get cocaine, isn't it?”

(G8, Focus Group, 20-23 years old)

6 DISCUSSION

The results of this investigation show that participants in the study are not only aware that the concept of masculinity evolves and changes with society, but also as it is expressed from other studies (98), the participants have agreed that masculinity cannot be regarded as a single entity.

During this research, the participants have recognized that they have to offer some proof of their masculinity in certain social spheres. However, throughout life these demonstrations continue changing. In this sense, the references to the labour market have been of special interest during this research, since the work is seen as the key aspect to their men's ability as suppliers. This is in line with research conducted by Barker et al. (99), in which the single males also considered "*being in control of your own life*" the most important construct of masculinity.

Unsafe driving is a risk for the health and lives of many people worldwide. Speeding is not only responsible for many casualties on the road but is also linked to crashes resulting in handicaps, injuries, and vehicle damage, all resulting in increased insurance and above all health costs (100). To explain excessive speed on the road, the literature has focused on factors such as sensation seeking, time pressure or the norms, attitudes and habits with regard to speeding behaviour, to give just a few examples. Throughout this investigation the participants have perceived that there are men take more risk behaviours in driving. Ideas which coincide with the study conclusions found by Begg and Langley (101): the majority of reckless drivers are young men. In this sense, masculinity is one factor in literature that has been repeatedly related to speeding. The results of this research have not identified whether these risk behaviours are associated with the traditional male gender role. However, the study's conclusion, that men can consider risk behavior such as reckless driving, as a way to express their masculinity, is in line with suggestions made by other researchers (5). In this regard, it

is interesting to note the investigation by Mast et al. (102), designed to assess whether priming men with attributes of the traditional male gender role influences their driving behavior. Results showed that when the concept of masculinity was activated by priming, participants' driving speed increased significantly from the beginning to the end of the driving simulation as compared to the neutral and the feminine condition. In the case of our study, it has been widely reported about the trend of young men to ride a motorbike without a helmet or show skills such as driving on one wheel. Thus, while recognizing that such behavior can have negative health consequences, the justifications and opinions expressed indicate that there is a low risk perception between the participants in this research. This connects extensively with the theories of anthropologist Mary Douglas, who reminds us that "risk" is a relative concept; what certain groups or parts of society consider to be a risk may not necessarily be so for others (103). In this way, attitudes toward risk would be determined jointly by values and probabilities and not only by the utility function. On the other hand, Douglas introduced the concept of "subjective immunity", defined as the existence of a tendency to downplay the dangers more uncommon or of low probability (104). This idea connects with the data collected during this study around behaviours such as not wearing a helmet.

Therefore, risk is a variable socially, historically and culturally constructed. The gender should be transversal to its construction. Assertion is also significant when we talk about drug use.

Drug use in our current societies is *"a complex phenomenon that must be understood from the perspective of interactions between the individual, the substance and the socio-cultural and legal context in which it occurs"* (105). In this way, it must be taken into account the pharmacological properties of the "drug" and the expectations associated, as well as consumption patterns, living conditions and the informal social and legal norms in relation to each substances.

In this research, references to alcohol as recreational substance, have been dominated by allusions to the "botellón", phenomenon that has been defined from sociology as *"mass gathering of young people between 16 and 24 years primarily in open areas of free access to consume the drink previously acquired in stores, to listen*

music, and talk" (106). In this sense, it is necessary to remember that all participants in this research reported they began to consume alcohol from early age within the framework of the "botellón". Thus, the results of this investigation show that alcohol is identified as an important element on the social representation of male gender identity, being for many of them alcohol consumption as a necessity to keep up relationships with the peer group. This shows, in line with the investigations of Rhodes (107), the need to take into account that the consumption is not so much by a rational individual decision, but product of a social interaction process. Thus arises the need for a change of unit of analysis: from the individual to relationships, situations and social interactions.

Participants in this research do not consider significant differences in the use of alcohol between men and women during the weekends. One study noted that in Andalusia, 57.8% of young people start alcohol consumption between 15 and 18 years old, with a greater prevalence of alcohol abuse in women during the weekend. However, after 20 years old, it is an established consumption pattern more frequent among males (108). In this sense, the results of our research have pointed out the idea that there has been a "masculinization" of alcohol consumption as a recreational substance by women. This has also been suggested by another study implemented in Andalusia (109), as well as by others authors to international level like Chapman et al. (110) in which a study suggests that gender differences in risk taking and risk perceptions have narrowed significantly over recent decades. Although the pattern of risk activities is complex, it appears that high levels of consumption of alcohol and binge drinking are what especially distinguish the behavior of teenage girls from their mothers' generation. In connection to this, the latest report of the Spanish Observatory on Drugs [SOD] (111), warned that, while the proportion of consumers of alcoholic beverages in both young male and female has decreased, the frequency of episodes of heavy use (binge drinking) has increased. On the other hand, the results of our investigation indicate that the male alcohol consumption is not so focused on the weekend as in the case of women. This perception also coincides with the data supplied by the SOD.

In relation to consumption of legal recreational substances, the participants recognize that there is less differences in consumption levels between men and women currently. However, they are aware that traditionally the abuse of certain drugs, such as

alcohol, has been identified as an element linked to masculinity. For this reason, the young people recognize that yet women are not socially judged in the same way than men in this area. Qualitative and ethnographic studies point out that perception and action when facing situations of risk are closely linked to the gender roles defined socially. In the Spanish society, some studies establish that women do not seem to achieve the same positive status as males when engaging in risky behaviours (102).

During this investigation [1]there have been particular associations made between males and the consumption of illegal drugs, such as cannabis. This is in line with the views expressed by some experts on the subject at national level for those who "*the use of drugs, including illegal (especially cannabis) is now a 'normal' behaviour, statistic and morally, in broad sectors of youth*" (113). The 2009 report of the European Centre for Drugs and Addictions published facts that showed consumption of cannabis in Europe has evolved considerably over the last ten years. In this case, young males between 15 and 24 years old present higher levels of use. It is also highlighted that the highest prevalence of cannabis use among 15 to 16 years in Europe was recorded in Spain (114).

During this research it has been established that the drugs are used as “shields” to empower the beginning of a new relation or to experience new situations to which they were unaccustomed. From this point of view, the effects of drug use can be related to both social expectations and chemical properties (115). Thus, for example, this has been noted during this research when it has been recognized the use of psychoactive substances as a way of experiencing new sensations during sexual relationships.

Furthermore, this research shows to face up to the risk of unprotected intercourse depends on a multiplicity of factors, including gender, recognized by its significant influence on sexual health behaviours. In any case, the obstacles to risky sexual behaviours not only come from men or social pressures, but are rooted in their own conceptions about masculinity and femininity. This would lead Holland et al. to say that society needs a new model of sexuality in which women show a more active sexual identity and their sexual pleasure is also recognized as a priority (116). Our research shows the perception among young men is that they live in this social reality along with this new model of sexuality. Participants in this research have not only referred to a new

femininity that takes the initiative, but also to the importance of satisfying a woman sexually as an "indicator" of manhood. A global systematic review between young people aged 15 to 24 about factors shaping young people's sexual behaviour involving 268 qualitative studies published between 1990 and 2004 and covering all regions of the world confirmed that gender stereotypes and differential expectations about what is appropriate sexual behaviour for boys compared with girls were key factors influencing the sexual behaviour of young people (117). Following this line, the results of our study supports the idea that a lot of women are contrary to be the first to "make a proposition", using other ways, less direct, by fear of receiving a negative response from the peer group or being socially "looked down on". This is in line with research conducted by Megías et al. (118) which results suggest that the rules for embarking on a sexual relationship are different depending on gender.

On the other hand, the results of this dissertation show that men are carriers of a model of sexuality "less sentimental". Also that males are more predisposed to maintain unprotected sex. According to authors such as Tschann et al. (119) the gender is not significant in the effective accomplishment of wishes concerning the use of the condom. They consider that young men and women with a high emotional power, defined as a lower desire or need for emotional intimacy, are more likely to get their own way as regards condom use in the sexual negotiation process. The results of this study are very similar to another research carried out in Andalusia, where it is described as being less need for emotional intimacy is one of the characteristics that forms the identifying model of "new woman" (10). Thus, during this research the young men have spoken to a new form of femininity; a woman who dares to take the initiative and stops being a passive subject. Also they have referred to models that include traditional roles associated to the passivity and the dependence on males. On the other hand, just as with the adolescents studied by Louisa Allen (120) in New Zealand, the results in our research reveal that their concept of sexuality is more complex than the conventional perceptions that show to young women searching for love and males looking for sex. In any case, the results of our study indicate that necessity of intimacy is lower for males. In fact, the sexual-affective relationship model around the idea of "romantic love", it has been associated in this study more to do with women than men. Men appear to be more interested in sporadic relationships. Also, they seem to see entertainment places as ideal spaces to find a sex partner occasional

and, in some cases, it is admitted the use of recreational drugs as a form of empowerment, to have a more uninhibited behaviour and take the initiative in sexual propositions. On the other hand, in line with other research (121,122), the results of this study suggest that men also attach less importance to promiscuity as a risk factor for health and they tend to relate the use of the condom with a loss in erotic pleasure.

The results of this study warn that many participants have had risky sexual intercourse. In the same way that other studies (123), we should bear in mind that, when the males have used contraception in order to have 'protected sex', for them this has meant mainly protection against pregnancy; the risk of sexually transmitted infections has rarely been described. In relation to this idea, many studies have focused on the power asymmetries to describe how women find themselves especially vulnerable to HIV because of their lack of power to determine where, when and whether sex takes place. While biologically women are at a disadvantage since HIV is more easily transmitted sexually from men to women than vice versa and their vulnerability is also heightened by social and economic factors, this factor is often a result of the behaviour of their male partners and prevailing gender norms related to masculinity (124). For other authors, the possible power asymmetries in terms of gender are important elements in understanding how the youngsters accept risks in their sexual relations. However, not only the behavior of the male would be the cause of these asymmetries of power, but also the women's own conceptions regarding the interpretation of differences of gender roles. In this sense, some participants in our research have declared to be not able to maintain relations without protection, despite their desires. The reasons put forward suggest that the partner has the domain of negotiation. Our results do not refer specifically to these asymmetries of power, since the participants have not referred to its existence. In any case, the results warn of the existence of another form of asymmetry on relationships that seems rooted in their own conception of masculinity of participants: women have to propose and enforce the condom use in the relationship.[j2]

The participants in this study seem to perceive the sexually transmitted infections [STI] as something remote. As it has been described by other studies in Spain, the risk perception of STIs appears to depend on the type of relationship that is kept with the sexual partner, steady versus casual (125). The idea of stable partner is generally associated to 'no risk'. Moreover, the results of the study also indicate that for some

males is difficult to reconcile the couple confidence with the condom use. In this line, some studies have described how in Spain what seems to happen is that category 'stable couple' is applied easily: even if they are consecutive couples, they are considered as steady partners at all times, characteristically defined as 'serial monogamy' (126). Thus, the emotional involvement with another person, defined as stable couple, usually leads to a removal of the perception of danger. In this regard, it is interesting to note that the study by Cochran and Mays shows how dangerous these preconceived judgments can be. They found that 43% of men and 34% of women would lie before a single episode of infidelity (127). Similar percentages to those found by Bayés at the University of Barcelona (128).

The results of this investigation show that sexuality is considered a key area in the representation of masculinity. This has been related during this study with certain "anomalies" such as premature ejaculation or erectile dysfunction. Topics considered by participants as very sensitive, especially to be treated within the peer group. In this sense, there are studies that analyze how the gender role socialization theory leads many men with erectile dysfunction to avoid seeking treatment, because it would be a way of recognizing that they don't have an "*active sex life*" and "*success with women*" (129). However, in a recent study about erectile dysfunction and constructs of masculinity, men of all nationalities included in the sample (Mexico, Brazil, United States, United Kingdom, Germany, France, Italy and Spain) and across all age (20–75 years) ranges identified being seen as honorable, selfreliant, and respected as more important to their perception of masculinity than being seen as physically attractive, sexually active, and successful with women (130).

On the other hand, violence is accepted as a feature of human action (131). But violence is not only a political, sociological or military problem, but also is recognized as a worldwide public health problem recently (132). In *Societies at peace*, from an anthropological perspective, Howell and Willis (133), after asking the question: what can we learn from the peaceful societies? They found that the masculinity definition had a significant impact on propensity to violence. In societies in which men could show emotions like fear, the violence levels were low. By contrast, violence was higher in societies where machismo, repression and denial of fear were a defining feature of masculinity. Throughout this research, the participants not only have declared the

importance that the repression of certain feelings has had on them during their lifetimes, but also that, based on their experience, the violence is recognized as a typically masculine characteristic. The Centers for Disease Control and Prevention (134) notes that youth violence includes aggressive behaviours such as verbal abuse, bullying, hitting, slapping, or fighting that do not generally result in serious injury or death but do have significant consequences on adolescent health nonetheless. In our case, in line with the qualitative study by Rolfe et al. (135) the data show that participants not only associated aggression with masculinity and youth, but also alcohol was considered like a substance heavily implicated in aggressive behaviour. Violence involving women rarely were discussed. In this sense, it is noteworthy that the results of our study indicate that while the involvement of two men in a fight was often seen as something normal that depending on the circumstances could even be justified, the aggression of a man to a woman was widely considered an abuse by males. This idea can be inevitably connected with a subject of great interest to the international community in recent years: the domestic violence. In 1993, in recognition of its importance the World Conference on Human Rights and the Declaration on the Elimination of Violence against Women, declared it a human rights issue and a public health problem. Intimate partner violence, as a result of taking preventive strategies to fight against this situation, it has also been in recent years a key issue in the Spanish political agenda (136). At the end of 2004, the first law to combat intimate partner violence against women was passed in Spain. The Organic Law 1/2004 of december 28, of Measures of Integral Protection against Gendered Violence. A law which assumes that roots of gender violence are in the encoding of society itself, based on the intergenerational transmission of values about male dominance over women. In other words, it suggests that what should be questioned is the set of attitudes, beliefs, prejudices and myths that legitimize the inequality or subordination of women (137). The gender perspective has shown that Intimate Partner Violence is not a problem "of" women but a problem "for" them. One problem is that many women suffer from its effects. A problem of an androcentric and patriarchal society that resists change, but also a problem of men who use violence as a resource to maintain the "gender order". For this reason, the expert meeting of the United Nations Division for the Advancement of Women in 2003 referred to "*the role of men and boys in achieving gender equality*" (138). From this perspective, it is necessary to understand that the empowerment of women must be accompanied by a revision of masculinity concept. It is necessary to work the idea of masculinity contrary

to the traditional values and attitudes of maintenance of supremacy. In this regard, it should be noted that the participation of women in public life is as important as the involvement of men in domestic life. This has led many men to re-examine their roles in the household and parenting. For others it has been considered an attack on their gender identity, resulting in a boomerang response that not only has increased the divorce rates, but also the violence against women (139). In this sense, it is necessary to emphasize that the results of our research offer a hopeful perspective. The vast majority of participants seem to have assumed that in the future they will have to play a more active role in the domestic sphere.

Public health established the importance attached to encouraging participation in sport as a way of improving the health of individuals and society. The studies with interest in men's health, highlight how men's connection with sport, fitness and competitiveness can be used in health promotion initiatives. However, from the sociological and feminist literature has been also raised other issues of concern about the relationship between masculinity and sport. From this perspective, the relationship "man and sport" are not only related with "health", since also sometimes it can be established certain links to aggression, misogyny and homophobia. The results of our research show, in the same line of Robertson's study (140), that the sport must be considered not only a key element in maintaining of physical and mental, but also a privileged space in the "production" of social relations and to represent values associated to masculinity. Of course, can not be questioned the benefits of doing sport for health. In any case, young people who have participated in this investigation have identified the sport, particularly football, as a competitive space where it is necessary certain amount of hardness and aggressiveness, which often involves them in fights. Understood in this way, the sport must also be seen as an area of great interest for analysis of power relations between men themselves.

Body image is considered a significant predictor of psychological well-being in young men (141). On the other hand, some studies indicate that body satisfaction is significantly associated with sexual agency and with clarity of personal sexual values in young males. In any case, men's body image is both multi-faceted and complex. A research by Tiggemann et al. (142) found that men were mainly dissatisfied with six aspects of their bodies, and worried primarily about body weight, penis size and height.

In addition, aspects of weight, muscularity, height and penis size, but not head or body hair, were related to overall appearance self-esteem. Participants in our study have referred all these issues, but they have given special importance to musculature. In this regard, our results agree with another study conducted in northern Spain, in the Basque Country, in order to analyze the perception of body image in a sample of 62 college males from 18 to 24 years (143). In this study not only the young people expressed their desire to be with more muscle, but also the belief that this would give them more chance of success with girls. Some studies, developed under the same assumption, have analyzed the influence of media on the potential impact of exposure to idealized images of men (144). On the other hand, the research about muscular development in men has mainly been focussed on the idea of men's dissatisfaction with their own bodies (145), and by a variety of health risk behaviours associated with all this, such as steroid use, ephedrine use or dieting. The results of our research indicate that the eagerness to promote muscle development, leads many young people to the consumption of certain ergogenic aids, especially to the protein supplements, that are purchased in the gyms under recommendations of these establishments. It is necessary to remember that although the human body has a very effective system to remove excess nitrogen, it is recommended not to consume an amount greater than twice the recommended daily amount, which means that for an individual with 19 years or more and about 70 kg, the recommended amount would be, according to formulations of American College of Sports Medicine, around 56g protein / day (146).

Similarly, the participants in this research have also reported known cases of young people who have used anabolic steroids, the drugs that mimic the effects of testosterone. The steroids are, without doubt, a very effective ergogenic aid to increase muscle mass (147). However, its use is also associated with health problems. Some of them with relative importance, such as acne or hair loss, but its continued use appears to predispose individuals to coronary heart disease due to decreased high density lipoprotein and the increase blood pressure (148). On the other hand, some studies describe the difficulty of accessing them, forcing the black market where products can be purchased without health guarantee (149). This is another important issue for public health that it has not been studied in the youth population in the context where this research takes place.

7 CONCLUSION

The aim of this study was to describe meanings and perceptions regarding the idea of masculinity on young Andalusian males, identifying ways in which these gender interpretations may impact on their health. In response to this overall objective, the use of a qualitative approach with the combination of different types of interviews (both individual and group) were highlighted as an appropriate study design given the wealth of information gathered. In this sense, it is necessary to emphasize the usefulness of conducting a discussion group during the first phase of the fieldwork which assisted in the construction of the interview script with which the rest of the data collection process was carried out.

The results of this investigation show that the concept of masculinity is widely identified with attributes such as protection, force, work, heterosexuality or manhood. In any case, this study highlights the need to talk about masculinity in the plural.

Socialization, identified as a key factor in the gender identity, has been associated with aspects as diverse as the repression of feelings, the avoidance of medicaments and access to health services or the greater propensity of males to do sport.

Participants in this research have expressed that they generally have less healthier lifestyles than women. Certain risk behaviours such as reckless driving, especially on motorcycles have also been widely associated with the subjective idea of masculinity. On the other hand, alcohol has been referred to as an important element of the gender representation process in the relationship with the peer group.

The discussions about males and their behaviours that lead to negative consequences for their health, led the participants in this research to discuss about the issue of violence. Violent conduct has been linked with attributes of the social representation of masculinity, particularly around the analysis of power relations established between men themselves. In this sense, competitive sport, especially football, has been identified as a privileged space for analysis of the dynamics of these power relations.

Sexuality has been considered during this research which is another area of vital importance in shaping the subjective idea of masculinity and representation in the social sphere of the gender identity. Thus for example, according to participants, to look like a person who is sexually active or to be a person who satisfies his partners sexual expectations are both equally important aspects for a man. Discourses have also been collected in which promiscuity or talk of unprotected sex are ways to show greater virility within the peer group. During this study the idea of risk associated with sexuality was primarily concerned with pregnancy by the participants. Furthermore, the results show an asymmetry in the relationships: women have to propose and require the use of a condom since they put more at stake by possibly getting pregnant.

The beauty cares expressed by participants confirm that currently we are not in an exclusive female field. Although they were generally satisfied with their body image, many young expressed the desire to develop their musculature. Added to this, is a set of beliefs and opinions regarding women's perception of the male body image which plays an important role on their ideas of masculinity. In this sense, the muscles have been identified as attributes that have their role in the social representation of masculinity for some men. Thus, the desire of the acquisition of a body image that is focused mainly on muscle development, has led to participants to a generalized and uncontrolled consumption among young men of certain ergogenic aids, especially amino acids and protein compounds, as supplement to the physical activity carried out on the gym. The use of anabolic steroids has also been mentioned during this research.

This study shows how the adoption of certain beliefs and unhealthy behaviours is the social interpretation of masculinity. In the context in which this study is developed it is necessary to advance on this line of research. In Andalusia the study of masculinities in the young people is still limited, especially from a gender perspective on health. The results shown are intended as a small contribution to improve the understanding of this population through an approach to their knowledge, beliefs, attitudes and practices without losing sight the keys given by interpretation of its social role like men. This not only should contribute to improve the analysis of problems and risks, but also to the policy development and the implementation of programs with a better contextualization and connoisseurs of social reality on which to seek to influence.

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ANNEXES

Annex 1. Discussion group script

Note explanatory:

The discussion group are a type of interview where the participants can have more heterogeneous profiles, as way of involving differing position. Moreover, it is a technique that is developed with a less structured interview questions, as way to compile emerging contemporary social opinions.

During this research, the discussion group was used during the initial phase of the fieldwork in order to gather the opinions and issues to give an idea about how to formulate the 'interview focus group' scrip.

As way of developing this group interview from a comprehensive approach, a series of A4 formated images were given to the participants to facilitate an open discussion about the subjects contained within the images shown.

0 Introduction

- Welcome
- Introduction of moderator and observer
- Objective of the discussion group meeting.
- General information about the project
- Participation (written consent)
- About the confidentiality of the process
- Consent to tape/note taking
- Introduction of participants

1 Discussion

The images that guided the discussion were:



Image 1: a blue sports car



Image 2: a pink sports car



Image 3: a man crying



Image 4: a man doing the ironing



Image 5: a family taking a walk



Image 6: a motorcycle



Image 7: a man facing a bull



Image 8: two young males fighting

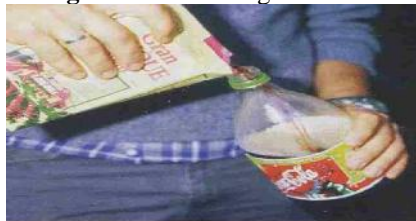


Image 9: making alcoholic cocktails



Image 10: a condom



Image 11: man with two girls in bed



Image 12: homosexual couple



Image 13: body image of a man



Image 14: two body builders

2 Conclusion

- Anything else about this topic?
- Wishes, fears and future expectations.
- Acknowledgments.

Annex 2. Focus group script ³

0. Introduction.
 - Welcome
 - Introduction of moderator and observer
 - Objective of focus group meeting
 - General information about the project
 - Participation (written consent)
 - About the confidentiality
 - Consent to tape/note taking
 - Introduction of participants

1. About the idea of masculinity.
 - What do you think the word masculinity means?
2. About health.
 - From your point of view: What is it health?
 - In general, you would say that your health is ... (subjective perception)
 - Do you remember your last health problem?: type of ailment; Did you take any medication?; Did you go to the doctor? If you did not, why not?
3. About the idea of "young person".
 - Who would identify as a young person?
4. Men's things.
 - What did you hear during your childhood about what was considered to be men's things?
 - Can you describe a situation in which it can be said that someone is behaving as exactly like a man?
5. About the domestic scope.
 - Do you carry out domestic chores?
 - What do you think about men that have responsibilities at home: ironing, washing clothes, etc.?
 - What do you think about a man who has the responsibility to do domestic chores because the wife/partner works outside at home? Would you accept this situation?
6. About feelings.
 - Does expression of certain feelings such as fear, pain and other emotions make a man seem weak?
 - If you need to talk about your concerns, moods and feelings, who do you confide in?
7. Violence.
 - Have you ever been involved in a fight? (to explore contextual situation)

³ This script was also the basis of the protocol used during the individual interviews. In the case of homosexual informants, the questions were more oriented to inquire about their life experiences.

- What is your attitude before a fight?
8. Sexuality.
- Is sex an important issue in your conversations? In relation to sex, what are the things that worry you the most?
 - Do you have a stable relationship at the moment? (talk about fidelity,...)
 - Do you think that men experience sexuality differently from the women?
 - In sex, do you think that women take less risk than men?
 - Have you received sex education?
9. About women.
- “Act like a girl”. What do you suggest this expression?
 - What things are generally allowed for a man, but are socially not well considered for a woman?
 - What are the qualities of femininity?
10. Risk.
- What behaviours do you consider as a health risk but nevertheless you have carried out? What behaviours do you not consider as a risk to health but is considered so by society?
11. Body image.
- Do you like to take care your body image? Would you change anything about your body image? (If yes, what?)
 - What do you do to stay healthy? (e.g. physical activity, nutrition, etc).
12. Homosexuality.
- To be considered a man, is it necessary to be heterosexual?
 - What do you think about homosexuality?
 - Do you have any gay friends? Do you try to avoid associating with homosexuals?
13. Conclusión.
- Anything else about what we have been talking about?
 - Wishes, fears and future´s expectations.
 - Acknowledgments.

Annex 3. Profiles: Group interviews

CODE	KIND OF GROUP INTERVIEW	LOCATION	NUMBER OF PARTICIPANTS	AGES	HOMOGENEOUS CHARACTERISTICS ON GROUP
G1	Discussion group	Baza	8	15-17	Composed of students from high school, baccalaureates and professionally trained with very disparate academic performances ⁴
G2	Focus group	Cádiz	6	19-21	University students
G3	Focus group	Guadix	6	18-22	Professionally trained students
G4	Focus group	Guadix	6	15-17	Baccalaureate students (modality arts)
G5	Triangular group	Algeciras	3	19-22	Students (baccalaureate and university)
G6	Focus group	Algeciras	7	15-16	Baccalaureate students (two modalities: health and science and technology)
G7	Focus group	Algeciras	8	15-16	Baccalaureate students (two modalities: social sciences and science and technology)
G8	Focus group	Granada	5	20-23	University students

⁴ As was explained in the methodological chapter, in the case of the discussion group the criteria of homogeneity were considered less important (although it was established as a criterion that all them were minors). In order to comply with the objective of seeking latent ideas and to guide the development of the interview script for focus groups, the introduction of heterogeneity elements (in this case, different educational level) were consciously sought to provide more debate.

Annex 4. Profiles: Individual interviews

CODE	AGE	ACADEMIC QUALIFICATIONS OCUPATION	LOCATION
E1	16	Studying in Secondary School	Guadix
E2	22	Studying business.	Guadix
E3	20	Studied professional training (electrician). Currently with a temporary contract in a summer school	Guadix
E4	19	Studying Political Science	Guadix
E5	21	With Primary Education. Currently unemployed	Guadix
E6	17	Going to start his studies in physiotherapy	Purullena
E7	24	Studying Economic Sciences	Granada
E8	23	Musician (clarinet)	Arjona
E9 ⁵	20	Studying Audiovisual Communication	Granada

⁵ Profile was especially selected because he declared his homosexuality.

Annex 5. Definitions of categories used in the analysis process according to the nodo codes inserted in the Nvivo software package.

1. GENDER

Node code: 1.1 IdSubjMasculin

Meanings attributed on the subjective idea of masculinity.

Node code: 1.2 SocializaMasculin

Ideas around the acquisition of male identity received during childhood-adolescence; attributes that have formed part of their gender socialization process.

Node code: 1.3 RepresentMasculin

Attributes, values, roles and behaviours that contribute to idea of masculinity within social sphere; also changes in patterns of representation.

Node code: 1.4 Gén-Identi

Ideas about gender differences in roles and values considered identity characteristics regarding sex-gender or changes identified in the processes of identity. Sub-categories:

Node code: 1.4.1 RolTrad/RolNuev

Traditional roles/ideas versus emerging roles/ideas (change of mentality)

Node code: 1.4.2 TareasHogar

Comments about household chores (such as social representation system)

2. HEALTH

Node code: 2.1 IdSubjSalud

Ideas around in the concept of health

Node code: 2.2 GénSalud.

Beliefs about the lifestyles and perceptions about how women and men face the health-disease processes

Node code: 2.3 SaludPercib

Ideas about the subjective perception of their own health status.

Node code: 2.4 ÚltiProblemSalud

Ideas about their latest health problem: type of problem, steps taken to restore the normal status of health, person who provided informal care... It is understood as a health problem in which they did not allow to carry out their daily activities (go to work, attend classes in high school or college, etc). Sub-categories:

Node code: 2.4.1 TipoPadecim

Type of problem experienced.

Node code: 2.4.2 VisitMedico

Opinions and ideas about visiting (or no visiting) the medical practitioner.

Node code: 2.4.3 IngesMedicación

Beliefs, opinions and ideas about the intake of drugs during the last health problem

Node code: 2.4.4 CuidaInformales

Ideas about the person who provided the greatest care (informal care) during the last health problem.

3. YOUTH

Node code: 3.1 ElemeIdentifJuven

Elements besides age that are considered to characterize the stage of youth.

Node code: 3.2 DiferenGeneracJuven

Perceptions and opinions about other generations of young people

4. RISK

Node code: 4.1 ConductRisg

Node code: 4.1.1 RiesgVehícul

Opinions and ideas about the relation between risk and driving. Sub-categories:

Node code: 4.1.1.1 TipConducRiesgo

Ideas about risk behaviours undertaken while driving motor vehicles.

Node code: 4.1.1.2 RazonesRiesgo

Beliefs, opinions and ideas about the reasons for taking risks while driving vehicles or avoid it.

Node code: 4.1.1.3 GénRiesVehícul

Beliefs, opinions and ideas about gender differences and / or changes to face these risks.

Node code: 4.1.1.4 ConsCondRiesg

Experiences and ideas about the consequences of risky behaviours.

Node code: 4.1.2 Drogas recreativas.

Beliefs, opinions and ideas about recreational drug use. Sub-categories:

Node code: 4.1.2.1 SalDrog

Opinions and beliefs about the relationship between health and the use/abuse of drug.

Node code: 4.1.2.2 Alcohol.

Ideas and opinions about alcohol consumption. Sub-categories:

Node code: 4.1.2.2.1 EspTempoContex

Ideas about spatio-temporal situations surrounding the alcohol consumption.

Node code: 4.1.2.2.2 AspectPosit-Negati

Beliefs and opinions about positive and negative aspects of alcohol consumption.

Node code: 4.1.2.2.3 PercAlcolRiesg

Perceptions and beliefs about the effects of alcohol on risk behaviours.

Node code: 4.1.2.3 OtrDrogas

Ideas about the recreational use of substances different from alcohol.

Node code: 4.1.2.4 GénDrog

Beliefs and opinions about similarities/differences in drug use patterns between females and males.

Node code: 4.2 OtrConductRiesgo

Ideas about risk behaviours other than drug use and driving.

Node code: 4.3 GenRiesg

Opinions and beliefs about the differences/similarities between men and women when trying to face certain risks.

5. VIOLENCE

Node code: 5.1 Partici-presenciPelea

Opinions and ideas about the fact of having participated in or witnessed fights.

Node code: 5.2 GenViolen

Perceptions and opinions about gender differences regarding violence.

Node code: 5.3 SituaContex

Ideas about the contextual situations of violent scenes.

Node code: 5.4 RazonViole

Opinions, explanations and ideas about reasons given for use/no use of violence.

Node code: 5.5 ActituViole

Comments and ideas about their behaviour and attitude when they are witnessing a fight.

6. SEXUALITY

Node code: 6.1 Esp-TiemsSex

Ideas around spaces and times in which sexual practices take place.

Node code: 6.2 GenSexuali

Perceptions, opinions and ideas about gender differences in the way of living the sexuality and aspects that define/characterize to male-female.

Node code: 6.3 ModsSex

Models of sexual behaviours; beliefs about what should be; standardized models.

Node code: 6.4 IniciaPropuesSex

Opinions around who does take the initiative in a relationship.

Node code: 6.5 TipParejSex

Ideas and opinions on the distinction between casual and steady partner in the sexual relationships.

Node code: 6.6 RolsExpTrd-NueSex

Opinions and perceptions about the roles and expectations around sexual relations

Node code: 6.7 Rel Drg/Sex

Opinions and behaviours reported on the use of recreational drug as a form of living a new experiences in sexual relationships.

Node code: 6.8 Condom**Node code: 6.8.1 UsoCondón**

Ideas and opinions about the use and non use of condoms during sexual intercourse.

Node code: 6.8.1.1 RazonUso

Reasons for condom use (not take the risk)

Node code: 6.8.1.2 RazonNoUso

Reasons to assume the risks of a intercourse without condom

Node code: 6.8.1.3 Comun-NegocCondon

Communication and negotiation in the sexual practices (limits, use / non use of condom, power relations...)

Node code: 6.9 ProblSex

Opinions and ideas about sexual problems.

Node code: 6.10 RiesgSexo

Comments about risky sexual practices and perceptions around what is perceived as a risk during sex.

Node code: 6.11 EduSexual

Sex education received by family and / or peer group.

7. BODY IMAGE

Node code: 7.1 SubImagCorporal

Opinions about satisfaction with body image and ideas about the body image more accepted and / or desired, or unwanted.

Node code: 7.2 ImportanImagCorporal

Opinions and ideas about the importance of body image for a man.

Node code: 7.3 Gimnasio.

Ideas and opinions about the gym as a place of leisure and physical activity.

Node code: 7.4 AyudErgogenicNutrici

Perceptions, opinions and beliefs on the consumption of dietary supplements and anabolic steroids.

Node code: 7.5 MujerImagMasculin

Perceptions and opinions about the tastes of women about male body image.

8. EMOTIONS

Node code: 8.1 HomExpresaEmoc

Opinions and ideas about the meaning attributed to the expression of feelings by men.

Node code: 8.2 CuentaPreocupa

Ideas about whether feelings and concerns are expressed and if so, who are the confidants.

Node code: 8.3 GenSentim

Opinions and beliefs on gender differences about the socialization and expression of feelings

9. SOCIETY AND FEMINITY-MASCULINITY

Node code: 9.1 HomProporcMujer

Beliefs, opinions and ideas about values, ... that a man must provide to a woman.

Node code: 9.2 MujerSociedHom

Perceptions, opinions and ideas about things (behaviours, attributes, values, ...) that are socially frowned upon in the case of women, but more acceptable with men.

Node code: 9.3 FeminiAprop

Qualities attributed to an appropriate femininity.

10. HOMOSEXUALITY

Node code: 10.1 IdeasHomosex

Opinions, ideas and meanings attached to homosexuality.

Node code: 10.2 TratoConHomosex

Attitudes and ideas about the kind of relationship with homosexual men (friends or acquaintances)