

Editorial

Why Qualitative Research Should Be Used to Explore and Understand Men's Health

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The aim of positivism and neopositivism is to understand reality in order to transform it. From this point of view, experimentation, innovation, and technological development are the keys to knowledge and progression. Applying these basic principles to the study of human health, essentially through biomedical research, has brought about extraordinary achievements in the diagnosis, cure, and rehabilitation of diseases. From this paradigm, health sciences study, treat, and care for «living bodies», sometimes limited to the condition of physical bodies, overlooking the fact that each one is unique at a biological and biographical level. Thus, behind the scientific evidence and the generalisation of processes, health also encompasses experiences, subjectivity, meanings, and interactions [1]. As stated by H.G. Gadamer [2], “health entails a state of harmony with the social and natural environment”. From this perspective, health cannot exist without the collaboration of the individual who demands healing, care, attention, or accompaniment. Therefore, only if we distinguish between the calculable and non-calculable in the wide range of these sciences will qualitative research form an unavoidable complement to basic and technological research. In regards to health/disease, the patient, family, healthcare providers, and researchers “other living bodies” work together, endowed with individuality and their own identity. Along with other qualities, sex, and gender identity modulate how we experience health, illness, and life [3]. Hence, biomedical research must attend to their questions, contemplate their designs, and analyse their inferences. Multiple health risks and determinants are associated with sex or gender identity; for example, masculine social norms and pressures can explain unhealthy behaviours of men, and new masculinities shape life and lifestyles. Qualitative research is needed to understand men's experiences of the health/disease process, at all stages of development, pathologies, or cultures. Qualitative data related to gender can improve the interpretation of findings in quantitative studies, though despite the gender bias, the underrepresentation of men in many studies samples is evident [4]. Understanding experiences of andropause, the role of the couple,

alteration of hegemonic masculinity, or sexual dysfunctions is key in men with prostate cancer, mental health problems, grief, or suicide. However, there is often a tendency to ignore the experiences of these men; either because they are reluctant to receive therapy [5], to participate in studies, or because they fear being perceived as feminine or vulnerable [6,7].

Traditional masculinity is characterised by traits such as independence, toughness, assertiveness, competitiveness, and physical competence [8]. Nevertheless, the emergence of new masculinities that challenge traditional stereotypes has been seen in contemporary times. In Western societies oriented to performance and productivity, concern for health and body image has become paramount in men. Consequently, pathologies such as prostate cancer can not only endanger their lives, but also uncover self-image problems, stigma, job exclusion, or sexual dysfunction [9]. Help-seeking and social support for health problems are also associated with gender identity, social norms, barriers, and constructions of masculinity [10].

Future research should delve into how men can retain a “masculine” sense of identity while participating in the system to maintain their health, longevity, or quality of life [11]. In contrast to the prevailing heteronormativity, and together with clinical-epidemiological designs, understanding the experiences and impact of masculinities on men's health opens up the possibility for qualitative designs (descriptive, ethnographic, phenomenological, grounded theory or participatory action research). In turn, the results of this research should serve as a basis for generating hypotheses and developing questionnaires or implications for practice that improve health, quality of life, aging, and the end of the life for men (Fig. 1). These studies must also lead to specific practices of health promotion with the participation of the family, couple, and/or the community, and be the source for grounded theory designs or Participatory Action Research [12].



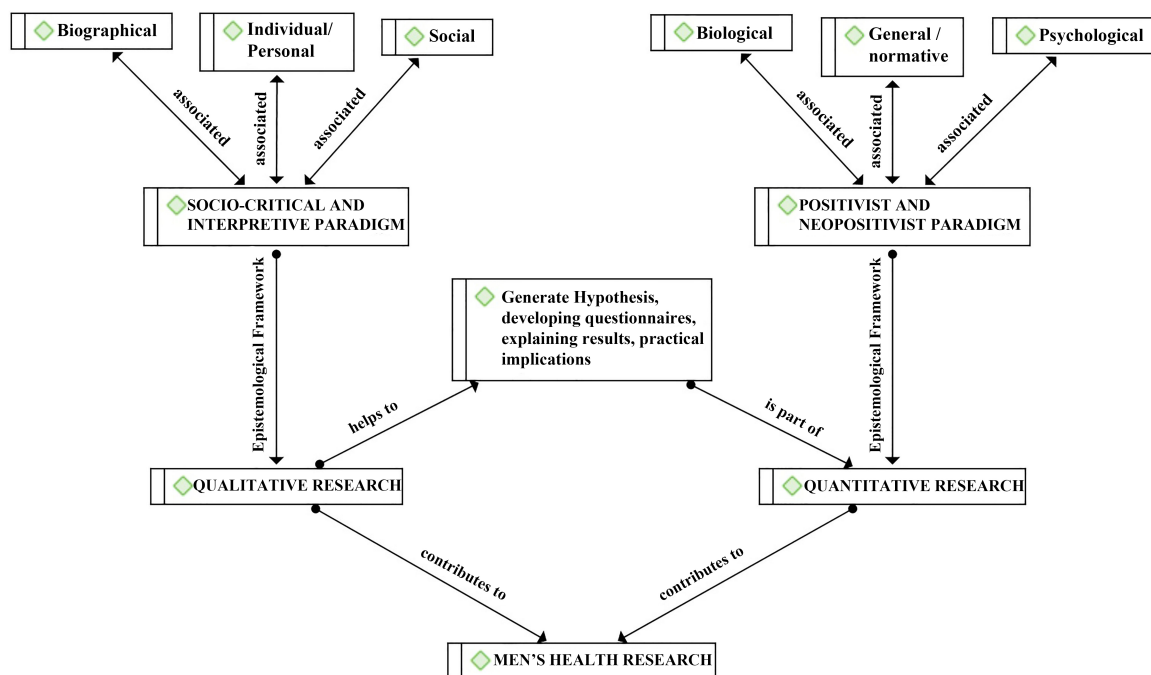


Fig. 1. Conceptual map: contribution of qualitative health research to men's health research.

It is therefore necessary to sensitise healthcare providers and researchers on the challenges of qualitative research methodologies applied to men's health. Carrying out interviews, discussion groups or action research with young men, immigrants, older adults or those at the end of life, while considering the specificity of their masculinity or gender identifies. In this sense, the use of new methodologies such as photo elicitation or photovoice can be helpful in qualitative health research applied to the study of men's health [13].

Author Contributions

JGM and JMHP contributed to the conception of this paper. CFS provided help and advice on theoretical and philosophical issues applied to qualitative health research. JGM, CFS and JMHP wrote the manuscript. All authors contributed to editorial changes in the manuscript. All authors read and approved the final manuscript.

Ethics Approval and Consent to Participate

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Conflict of Interest

The authors declare no conflict of interest.

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