

## Masculinity, Hypochondriasis and Seafarers: Health-Related Help-Seeking Behaviour in Indian Male Seafarers

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### ABSTRACT

In Western part of the world, the concept of hegemonic masculinity and its impact on men's poor health-seeking behaviour and practices has been intensively examined. Previous studies suggest the hazardous working circumstances that seafarers experience have a significant negative impact on their health and lives. We have very little information on its applicability to Asians, notably Indians. Seafarers being a distinctive set of people, who live and work in conditions that are extremely harmful to their health. This study, therefore, catered to Indian male seafarers. The purpose of this study was to explore and analyze the correlation between Hypochondriasis and Masculinity. Results showed a weak positive correlation between Hypochondriasis and Masculinity. 300 male mariners age ranged between 20 and 65 years working in the Indian Maritime industry participated. The Minnesota Multiphasic Personality Inventory-II (MMPI-II) was administered on them and results of only two scales Hypochondriasis (Hs) and Masculinity- Femininity (Mf) were used for this study. The results support the hypothesis showing a weak positive correlation between the two variables. Further studies and discussion on how to overcome the barriers that prevent men from taking advantage of accessible healthcare services, as well as appropriate guidance on how to change men's negative attitudes toward health care is needed.

**Keywords:** *Help-Seeking, Macho Self, Indian Seafarers, Masculinity, Hypochondriasis, Medical Health.*

Since the mid-1980s, there has been a dramatic rise in research interest in the topic of men's health. Men's health has evolved from an initial focus on sexual and urological health to include issues related to men's psychological and social well-being (Baker, 2001; Idris et al, 2017). This made epidemiological data available and revealed significant differences in health issues between men and women. As a result, a correlation between masculinity and health was observed (Idris et al, 2017).

The norms surrounding masculinity in Western society demand that males comply with a hegemonic masculine identity that requires them to be healthy, strong, and self-sufficient (Connell & Messerschmidt, 2005). Due to hegemonic masculinity men are looked upon as

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Received: July 18, 2022; Revision Received: September 28, 2022; Accepted: September 30, 2022

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the stronger sex as compared to women, thereby acting as a risk to men's health-seeking behaviour. This macho self-image that men have about themselves often influences their health care. For men, seeking medical help challenges the norm of being strong (Olanrewaju et al., 2019). A growing body of gender-specific research designates that due to the 'traditional masculine behaviour' men generally tend to delay in seeking medical treatment when ill (Galdas et al., 2005). While the concept of hegemonic masculinity its an effect on men's poor health-seeking behaviour and practices have been thoroughly researched in western countries. We have very limited data on its relevance to the Asian population, particularly Indians.

Health problems that are characteristic of society for the most part depend on people's lifestyle and behaviour. The total majority of seamen live and work in conditions that are extremely harmful to their health. Seafarers are a distinctive set of people who engage in commercial activities such as cargo and passenger transportation and spend the majority of their lives at sea. They experience long-term separation from their family and society while working at sea for 6-9 months. Certain risk factors, such as vibrations, noise, electromagnetic fields, shifts in time and climatic zones, long-term stress, irregular sexual intercourse, and so on, affect them in their work routines. Such hazardous working circumstances have a significant negative impact on their health and lives (Salyga, 2004; Kim & Jang, 2018).

Health-related help-seeking behaviour in Indian seamen is a new concept, which has not been investigated and no studies were found about health-related help-seeking behaviour of this group of people. Few studies focus on similar aspects in the Indian population. Such as the correlation of hypochondriasis and age (Barsky et al., 1991), the gender difference in health- seeking behaviour (Das et al., 2018) and many more. But no studies focus on the correlation of hypochondriasis and masculinity specifically in Indian seamen.

Hopefully, this study will bring information about how masculinity affects seamen's overall health and whether it expedites the underutilization of health care services among the seamen or not.

### **METHODOLOGY**

#### ***Participants***

Participants included 300 male mariners working in the Indian Maritime industry. The participants' age ranged between 20 and 65 years.

#### ***Test Used: a brief history***

The original Minnesota Multiphasic Personality Inventory (MMPI) was published in 1940 and the second revised version—the MMPI-2—was published in 1989. It is the most widely used psychometric test for measuring adult psychopathology in the world. The MMPI-2 is used in mental health, medical and employment settings.

To test the hypothesis, participants (male seafarers) were administered by using MMPI-2. The MMPI-2 is a 567 item, true/false self-report measure of a person's psychological state. Its validity and reliability have been established. The inventory comprises three validity scales – lie (L), infrequency (F), and correction (K) and ten clinical scales: Hypochondriasis (Hs), depression (D), hysteria (Hy), psychopathic deviate (Pd), masculinity-femininity (Mf),

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paranoia (Pa), psychasthenia (Pt), schizophrenia (Sc), mania (Ma), and social introversion (Si). The three validity scales make it very difficult to fake the MMPI-2 results.

### *Assessments and Measures*

The MMPI-2 questionnaire which has 10 clinical scales was administered in the standard manner to male seafarers. To assess the correlation between masculinity and hypochondriasis, data of only two subscales (hypochondriasis and masculinity-femininity) were considered.

1. **Hypochondriasis (Hs)** – The Hypochondriasis scale tapes a wide variety of vague and nonspecific complaints about bodily functioning. These complaints tend to focus on the abdomen and back, and they persist in the face of negative medical tests. There are two primary factors that this subscale measures — poor physical health and gastrointestinal difficulties. The scale contains 32 items.
2. **Masculinity/Femininity (Mf)** – The Masculinity/Femininity scale measures interests invocations and hobbies, aesthetic preferences, activity-passivity and personal sensitivity. It measures in a general sense how rigidly a person conforms to very stereotypical masculine or feminine roles. The scale contains 56 items.

### *Hypothesis*

Hypochondriasis and masculinity have a positive correlation among Indian seafarers.

## RESULTS

A measure of the correlation between Hypochondriasis and Masculinity-Femininity was obtained using the subscales under the MMPI-2.

*Table 1. Correlation between the two variables.*

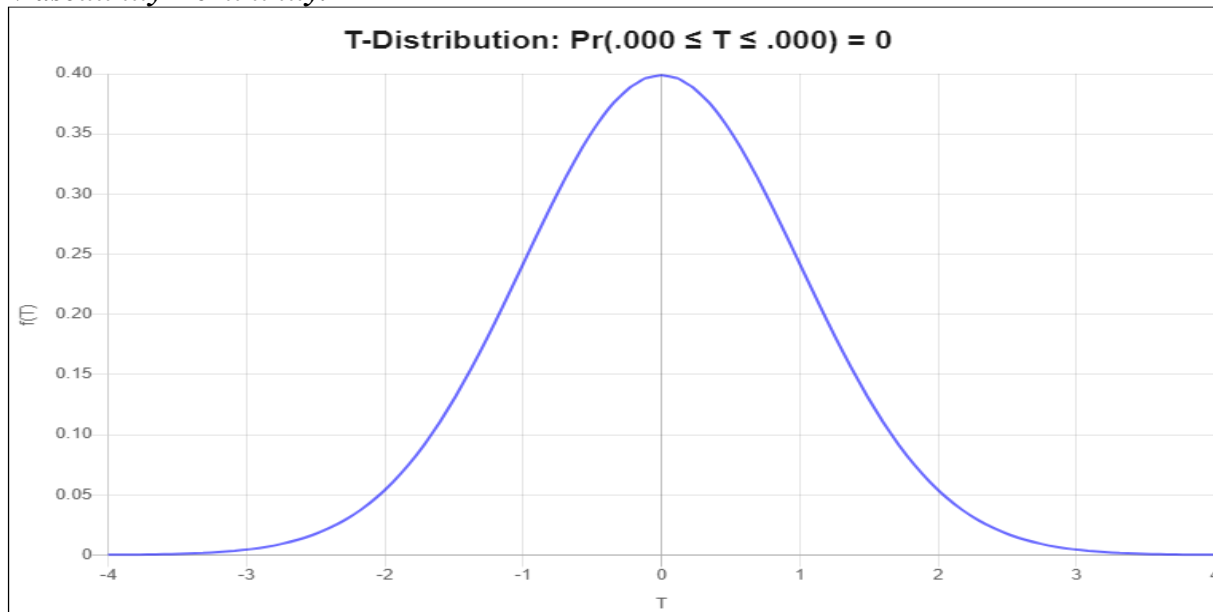
Correlations		Hypochondriasis (Hs)	Masculinity-Femininity (Mf)
Hypochondriasis (Hs)	Pearson Correlation	1	.202**
	Sig. (2-tailed)		.000
	N	300	300
Masculinity - Femininity (Mf)	Pearson Correlation	.202**	1
	Sig. (2-tailed)	.000	
	N	300	300

\*\**. Correlation is significant at the 0.01 level (2-tailed).*

Table 1 shows that Pearson's  $r$  is .202. Since this is less than .5 and .7, a weak relationship between these two variables (Hypochondriasis and Masculinity-Femininity) is observed. The significance level of .000 indicates that the relationship between the two variables is positively significant. Positive correlation between the two variables depicts that as scores on subscale Hypochondriasis escalates, so does scores on subscale Masculinity-Femininity, and vice-versa. In short, the results are as follows: The variables Hypochondriasis (Hs) and Masculinity-Femininity (Mf) were significantly and moderately positively correlated  $r = .202$ ,  $N = 300$ ,  $p < .001$ . We, therefore, have significant evidence to reject the null hypothesis.

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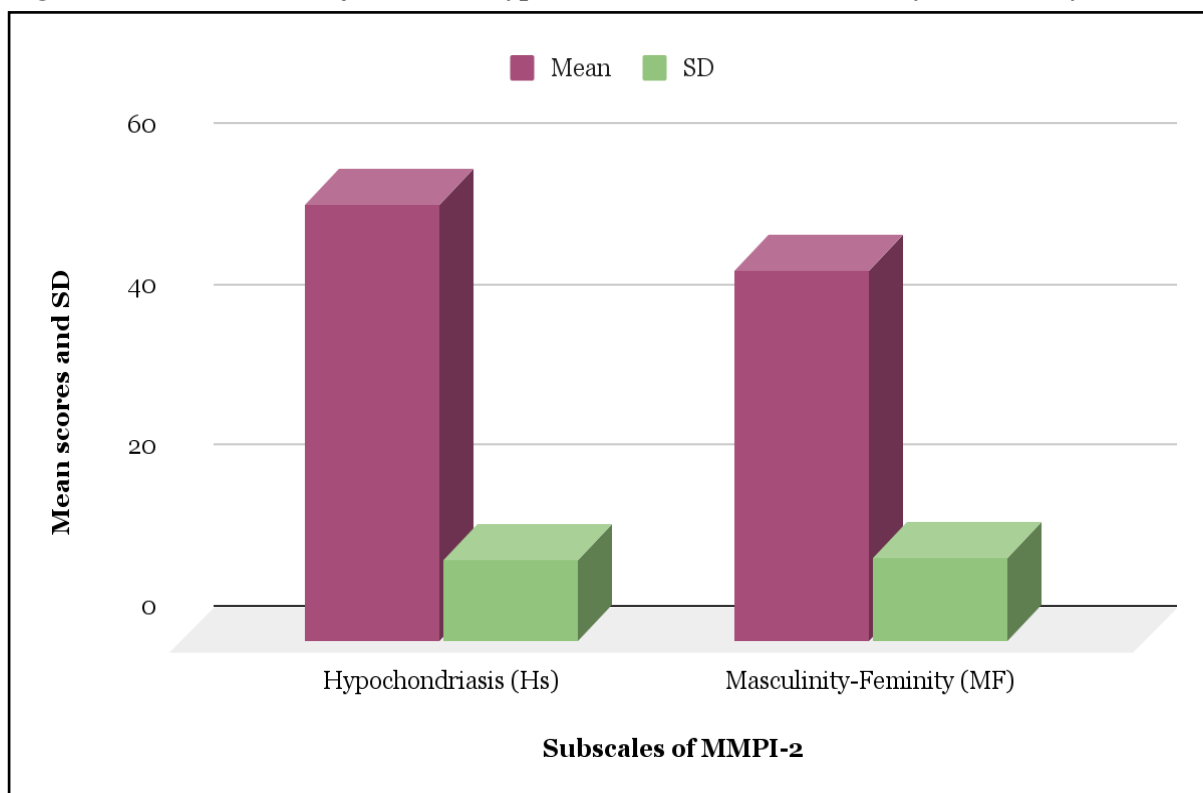
**Figure 1. Two tailed T-test distribution table of subscale Hypochondriasis and Masculinity-Femininity.**



**Table 2. Mean and SD of subscale Hypochondriasis and Masculinity-Femininity.**

<b>One-Sample Statistics</b>				
	N	Mean	Std. Deviation	Std. Error Mean
Hypochondriasis (Hs)	300	54.45	10.298	.595
Masculinity-Femininity(Mf)	300	46.26	10.332	.597

**Figure 2. Mean and SD of subscale Hypochondriasis and Masculinity-Femininity.**



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It was predicted that among Indian mariners, hypochondriasis and masculinity have a positive relationship. A one-sample t-test was conducted to test this prediction. As can be seen in Table 2, the mean score of Hypochondriasis for the total sample (N=300) was 54.45 and a standard deviation of 10.298. Similarly, the mean score of Masculinity-Femininity for the total sample (N=300) was 46.26 and a standard deviation of 10.332. Figure 2 depicts the Mean and SD of subscale Hypochondriasis and Masculinity-Femininity. The figure portrayed that the bar representing the mean & standard scores for subscale Hypochondriasis & Masculinity-Femininity doesn't have much difference. Meaning, the results showed a significant difference between the two variables.

### DISCUSSION

The present study hypothesized that seafarers high on Hypochondriasis will also have high scores on the Masculinity-Femininity scale. The results support the hypothesis showing a weak positive correlation between the two variables.

This is supported by research by Galdas, Cheater, and Marshall (2007), who found that masculinity had a different role in White and South Asian men's decisions to seek or delay medical help for chest pain. Results showed that South Asian males were more inclined to seek medical assistance than White British men. The desire to avoid being labelled as a hypochondriac or weak by others influenced many white men's decision to delay seeking medical aid. However, no Indian and Pakistani participants had considered seeking help for their chest pain to be 'unmanly' or a sign of weakness. They found that the South Asian men considered seeking help is important and acceptable to avoid unwanted complications. Men's recollections of their experiences revealed that seeking medical help was a complicated process influenced by a variety of factors such as age, the context of the occurrence (e.g., at home, at work), previous medical history, occupation, and awareness of symptoms.

However, an integrative review of literature by Idris, Forest and Brown (2017) reports men from various ethnic groups on their health help-seeking behaviour and healthcare utilization. This study included British South Asian (Indian, Pakistani and Bangladeshi), East Asia (Chinese, Japanese, Korean, Taiwanese) South East Asia (Malaysia, The Philippines and Vietnam). Asian men, in particular, were shown to have a negative attitude about seeking mental health care. The reason behind their aversion to seeking therapy is due to their belief that it goes against traditional male gender roles, which dictate that males do not talk to other males about emotional concerns. Results varied across different times, contexts and settings. It was concluded that culture has an impact on men's perceptions of their role and important attributes as men, the context in which men view masculinity, their level of comfort and sensitivity in discussing an existing medical or psychological problem with friends or a General Practitioner, and the appropriateness of seeking help.

In conclusion, the findings will hopefully lead to conversations about how to address the obstacles that hinder men from utilizing available healthcare services, as well as suitable advice on how to improve men's poor attitude about health care.

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### **Acknowledgement**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Walavalkar, T. S. & Sarkar, R. (2022). Masculinity, Hypochondriasis and Seafarers: Health-Related Help-Seeking Behaviour in Indian Male Seafarers. *International Journal of Indian Psychology*, 10(3), 1781-1786. DIP:18.01.184.20221003, DOI:10.25215/1003.184