

## Male Gender Expressivity and Cardiovascular Disease Risks



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Cardiovascular disease remains a leading cause of illness and death globally. Researchers and healthcare providers are especially focused on it because it's more modifiable and preventable than many other life-threatening conditions.

However, preventing and managing cardiovascular disease depends on early detection and management of risk factors like high blood pressure and cholesterol. Unfortunately, early detection is inconsistent. Experts estimate that up to 75% of young adults with risk factors such as hypertension or high cholesterol are unaware of their conditions.

A recent study from the University of Chicago highlights that boys and men who engage in behaviours closely aligned with stereotypical male gender norms are less likely to report being diagnosed or treated for cardiovascular risk factors. These findings expand on existing research linking sociocultural pressures around male identity with unhealthy behaviours, such as avoiding medical care or disregarding health recommendations.

It's well known that men are less likely to seek help for a range of health issues, especially in primary care and mental health. However, past studies haven't fully explored how male gender expression is reinforced by social interactions. This study used innovative measurement methods to examine this dynamic and its association with cardiovascular disease prevention.

The researchers analysed data from Add Health, a longitudinal study that surveyed and measured the health of over 12,300 participants over 24 years (1994–2018). To quantify male gender expression, they identified survey responses that self-identified male and female participants answered most differently. They then assessed how closely male respondents' answers matched those of their male peers.

The approach to gender expression in this study focused primarily on self-reported behaviours, preferences, and beliefs—not biological factors linked to the Y chromosome. This was because the researchers were interested in how these reported behaviours align with what is expected within male peer groups.

The team then examined cardiovascular risk, comparing survey responses and clinical data to see if men with risk factors like high blood pressure reported being diagnosed or treated. They found that men exhibiting more traditional male gender expressions were less likely to report a diagnosis or treatment for cardiovascular risk conditions. Even among those who acknowledged a past diagnosis, these men were less likely to report taking prescribed medication.

The study's findings highlight a critical gap: screenings for cardiovascular risk factors are a routine part of primary care, yet men with more traditional male expression were less likely to report screening results, diagnosis, or treatment. This could indicate that these men either avoid screening, minimise the significance of their diagnosis, or downplay it when surveyed. Regardless of the reason, the findings point to a missed opportunity to prevent or mitigate cardiovascular disease.

Study authors believe social pressures contribute to behavioural differences that impact cardiovascular risk mitigation, potentially leading to worse health outcomes in the long run. The authors argue that the implications extend beyond traditional masculinity.

These findings suggest that pressures to affirm identity—whether based on gender, race, sexuality, or other factors—can shape health behaviours. Belonging and identity are complex, and fostering greater societal empathy and patience for those navigating this can ultimately

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benefit health.

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