“It’s Because of the Invincibility Thing”: Young Men, Masculinity, and Testicular Cancer

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Previous research on testicular cancer and testicular self-examination has not specifically examined how masculinity informs the ways in which young men think about the disease and their self-screening practices. This paper reports on the findings from two focus groups conducted with healthy blue-collar and white-collar young Australian males, who have never been diagnosed with testicular cancer. Data collected from the focus groups show that young men’s adherence to “masculine” values such as stoicism, avoidance, and robustness influences their overall attitude toward health care, their preparedness to perform a testicular-self exam, their willingness to visit a physician for a testicle check-up, and the ways they might seek help if ever diagnosed with the disease. The paper also discusses the implications these findings have on education programs.

Keywords: testicular cancer, testicular self-examination, masculinity, men’s health

Men in their teens through their late thirties are those most at risk of developing testicular cancer. Indeed, it is the most common form of cancer among men under the age of 40 (Boyer, 2001). In Australia, the testicular cancer rate is currently 4.2 per 100,000, with about 550 new cases being reported each year (Boyer; Poljski, Andrews, Holden, & de Kretser, 2003); in the U.S., the incidence rate for men aged 15-34 is 8.8 per 100,000 (Brenner, Hergenroeder, Kozinetz, & Kelder, 2003), with around 7,500 new cases reported annually (Shokar, Carlson, Davis, & Shokar, 2003); more than a 1,000 new cases occur in the UK each year (Cook, 2000; Mason & Strauss, 2004b). Overall, the rate of testicular cancer morbidity is increasing in industrialized nations (Bendelow, Williams, & Oakley, 1996; Khadra & Oakeshott, 2002; Shokar et al., 2003).

There have been a number of studies on young Western men, what they know about testicular cancer (TC), and whether they do testicular self-examination (TSE).
general, these studies are based on college students and find that most young men do not know much about TC and TSE and that most do not practice TSE.¹ Research suggests that the major barriers to TSE include cultural background, embarrassment, and lack of knowledge (Cook, 2000; Poljski et al., 2003).

To date, however, little is known about how culturally dominant modes of masculinity impact on men’s understanding of TC and their willingness to practice TSE. This is an area that warrants empirical examination, as an emerging body of research demonstrates that men’s adherence to certain masculine behaviors and norms has significant consequences for their health outcomes (for example, see Broom, 2004; Courtenay, 2000a).

This exploratory paper reports on the qualitative findings from two focus groups conducted with healthy blue-collar and white-collar young Australian males, who have never been diagnosed with TC. The focus groups sought to determine the extent to which masculinity might inform the ways in which men understand TC and their TSE practices.

To begin, I briefly review previous research on TSE and TC and then explore the relationship between masculinity—the cultural norms, practices, and expectations associated with men—and health-related behaviors. Next, I discuss the research methods. From there, I present the findings from the focus groups. In this analysis, I demonstrate that young men negotiate and approach TSE and TC using a traditional masculine frame of reference that emphasizes stoicism and avoidance. The implications these findings have on education programs are also discussed.

Previous Research on Testicular Cancer and Testicular Self-Examination

This section considers studies that examine young men’s knowledge of TC and TSE. The overwhelming finding to emerge from research in the U.S., Europe, Australia, and Israel is that the majority of young men have inadequate knowledge of TC, are generally unaware of the risk factors and forms of treatment, have little knowledge about TSE, and do not practice it regularly. This pattern appears to have persisted for more than twenty years.

Among the studies conducted in the 1980s and early 1990s, Goldenring and Purtell (1984) surveyed 147 U.S. male college athletes and discovered that only 12.9% knew TC was the most commonly occurring cancer among young men and only six per cent practiced TSE regularly. Ganong and Markovitz (1987) found that only 25% of their sample (n = 68) knew that men aged 15-35 were those most at risk of developing TC and that only five participants actually practiced TSE. Neef, Scutchfield, Elder, and Bender (1991) reported that 42% of their sample was aware of TSE, but only eight per

¹ There is still debate about the value of TSE in assisting diagnosis (see Chapple, Ziebland, & McPherson, 2004; Poljski, Andrews, Holden, & de Kretser, 2003).
cent of their 404 subjects performed TSE at least once a month. Poor TC knowledge and low levels of TSE are also reported in studies of non-college populations of American youth and young men: a study of ninth-grade adolescents found that only 28% had heard of TC, and only 13% had ever heard of TSE (Vaz, Best, & Davis, 1987), while Blesch’s (1986) study of 233 professionally employed men found less than 10% practiced TSE.

Earlier research conducted outside the U.S. found similar patterns. A large scale \((N = 7,129 \text{ men})\) 21-nation study of European college students found that 87% had never examined their testicles for medical purposes, with four per cent doing it less than once a year, six per cent one to nine times per year, and only three per cent doing TSE on a monthly basis (Wardle, Steptoe, Burckhardt, Vogele, Vila, & Zarczynski, 1994). Singer, Tichler, Orvieto, Finestone, and Moskovitz (1993) studied more than 700 Israeli soldiers, finding that only two per cent practiced TSE regularly.

More recent studies suggest that “while knowledge of [TC and TSE] may have increased slightly over time [it] is still low to moderate among men in younger age groups” (Poljski et al., 2003, p. 12). For example, Moore and Topping (1999) surveyed 203 British students and found that only 22% practiced TSE at all. A Dutch study of 274 men aged 15-19 attending senior high school found that only two per cent reported regular TSE (Lechner, Oenema, & de Nooijer, 2002). In Australia, Moore, Barling, and Hood (1998) surveyed 116 men (average age 27) and found that knowledge of both TC and TSE was only moderate, with 18% of men examining their testicles once a month. Wynd (2002), reporting on a survey of 191 men aged 18-35 working in a large industrial complex, found that 64% of participants reported practicing TSE rarely or never. She also noted that “African American and Hispanic men, and men with less than a high school education, are the most infrequent performers of TSE” (p. 254).

Significantly, the more recent research indicates that men who do know something about TSE do not necessarily practice it, even if they believe it is a good thing to do (Katz, Meyers, & Walls, 1995; Lechner et al., 2002; Moore et al., 1998; Moore & Topping, 1999). Summarizing the research, Poljski et al. note that the major attitudinal barriers to practicing TSE include: men’s perception that they are not prone to TC, the belief that TSE is not important to health, perceived unpleasantness and difficulty of TSE, the expectation that it is time consuming, fears about its reliability, and fears about what the procedure might reveal. Cook (2000) also notes barriers to TSE include lack of knowledge about the procedure, concerns about the ability to perform it reliably, the difficulty in remembering to do it and, when TSE is being taught, embarrassment on either the patient or teacher’s behalf.

In summary, previous research indicates men are largely unaware of risk factors associated with TC, are unaware of treatment options, and do not practice self-screening. Of equal concern is the fact that most men who are aware of TSE do not practice it. This has been the case for more than 20 years, perhaps reflecting inadequate health education and promotion about this issue among young men.

Significantly, none of the studies mentioned above directly address the question of how culturally dominant masculine behaviors and norms might inform the ways in
which men understand TC and their willingness to practice TSE.\(^2\) This is an important area to investigate, given that the few qualitative studies conducted on men who have experienced TC have found that prevailing masculine imagery does influence the ways in which men seek help and their experiences of treatment (Gascoigne & Whitear, 1999; Mason & Strauss, 2004a). The next section considers masculinity in the broader context of men’s health.

### Masculinity and Health-Related Behaviors

Prior to examining the relationship between men’s health and masculinity, it is important to define masculinity. For the purpose of this research, I subscribe to a “social constructionist” understanding of masculinity of the kind that informs most contemporary analyses of men’s health (see Courtenay, 2000a, 2000c; Sabo & Gordon, 1995). From this perspective, “manliness” is not a fixed essence inherent in men but rather, masculinity “is practiced in social interactions and is signified by beliefs and behaviors” (Moynihan, 1998, p. 1072). As the term is used here, masculinity refers to the particular norms, qualities, behaviors and cultural practices associated with men, as opposed to women (cf. Buchbinder, 1994).

While what is considered “manly” differs according to culture, context, and social status, it is possible to describe conventional Anglo-Celtic masculine virtues (the men participating in this research were mainly Anglo-Celtic Australian males, the largest ethnic grouping in Australia). These include physical strength, stoicism, endurance, courage, and practicality. Despite the fact that “what it means to be a man … has never had a simple, coherent meaning” (Watson, 2000, p. 35) and that older definitions of manhood are being refigured in light of changes such as women’s increased participation in the labor market, traditional male virtues of the kind described here have proven remarkably enduring and represent a powerful cultural ideal into which many Australian men are actively socialized and to which many men subscribe, or at the very least, against which most men are evaluated (Connell, 2000; Pease, 2002). Beyond doubt, there is a clear cultural idea of what it means to be a “man” and what it means to not “act like a man.” Connell suggests that this traditional configuration of male practices constitutes “the culturally authoritative or hegemonic pattern of masculinity” (italics added; p. 30).

Men’s adherence to hegemonic patterns of masculinity does appear to make a difference to men’s health, a point that requires some explanation. Research in the U.S.,

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\(^2\) Much of the recent social scientific research on TC has been less concerned with providing a general picture of what young men know about TC and TSE, and more with aspects of the lived experience of those diagnosed with TC (e.g., Brodsky, 1999; Chapple & Ziebland, 2004; Chapple, Ziebland, & McPherson, 2004) or issues to do with self-care, doctor education and screening practices (Brenner, Hergenroeder, Kozinetz., & Kelder, 2003; Shokar, Carlson, Davis, & Shokar, 2003; Mason & Strauss, 2004a, 2004b).
Western Europe, and Australia indicates that in comparison to women, men tend to have poorer health outcomes, have shorter life expectancy, are less likely to take advantage of health care services, less likely to visit a doctor, are more likely to engage in behaviors that are injurious to their health, and less likely to undertake self-care practices (Courtenay, 2000a, 2000b, 2000c, 2003; Luck, Bamford, & Williamson, 2000; Pease; van Buynder, & Smith, 1995).

There is no single cause that can effectively account for men’s poorer health outcomes, rather, as Williams (2003) notes, “Multiple factors contribute to the elevated health risks of men” (p. 724). These include embedded structural, economic, and social factors. Less wealthy men, less educated men, and Aboriginal men have some of the poorest health outcomes in Australia, with a lower life expectancy and higher mortality rates from many diseases. For example, data produced by the Australian Bureau of Statistics (ABS) show that “In 1998-2000, life expectancy for Indigenous males was 56 years–21 years less than the total male population and a level similar to that experienced by Australian males in the period 1901-1910” (ABS, 2002, p. 1).

Importantly, it is not just men’s location in the social structure that produces their comparatively poorer health outcomes (Lumb, 2003). As Courtenay (2003) notes, “Men’s and boys’ health behaviors are a major determinant of their excess mortality and premature deaths” (p. 4). Compared to women, men have poorer dietary habits, are more reluctant to visit physicians, are more likely ignore the symptoms of ill health, and have a greater tendency to engage in risk-taking behaviors (Courtenay, 2000a, 2000b, 2000c, 2003). Many of these behaviors are the consequence of men enacting hegemonic masculine behaviors, including “the denial of weakness and vulnerability, emotional and physical control, the appearance of being strong and robust, [and the] dismissal of any need for help” (Courtenay, 2000a, p. 1390). Thus, men’s resistance to performing precautionary self-examination may be attributable to the fact that “looking after yourself” is a transgression of what it means to “be a man” (Courtenay, 2000a; Pease; Sabo, 2000; Sabo & Gordon, 1995).

As noted above, previous research on TC and TSE has only indirectly considered the link between masculinity and men’s attitudes toward TC and their TSE behaviors. What then, is the link between culturally dominant forms of masculinity and the way men might understand TC and approach TSE? Do they believe they are immune to TC? Are young men resistant to practicing TSE because a “real man” need not look after himself in such a manner? Would they visit the doctor for a routine TC screening? Would they ever talk about such matters with their male friends, or would this be seen as “sissy”? The focus groups were designed to produce answers to these questions.

Methods

Meanings about masculinity are not produced in isolation, but come about and are sustained through social interaction (Moynihan, 1998). In order to best understand these interactions, it was decided to gather data via focus groups. According to Morgan (1997), focus groups produce data that is fundamentally about group interaction.
Krueger and Casey (2000) note that “The focus group presents a more natural environment than that of the individual interview because participants are influencing and influenced by others” (p. 11). Focus groups are an ideal way in which young men’s collective perceptions about TC and TSE can be identified and analyzed.

The data for this study were collected during two focus groups moderated by a 23-year-old male research assistant. A total of 12 young men participated. The focus group participants were between 18 to 23 years, with the mean age being 21. Every man identified as heterosexual and lived in a major Australian city. All the participants apart from one were from an Anglo-Celtic or European background. One focus group (identified hereafter as Group One) was comprised of men employed in professional occupations (IT specialists, finance industry) or men currently completing university education. All were single apart from one who was married. The other focus group (Group Two) was comprised of men employed in either manual or technical occupations (e.g., an electrician, a warehouse packer), none of whom had a university qualification. All were single.

This study has a non-random, purposive sample: both groups were assembled so as to canvass the various experiences, attitudes and opinions of young Australian white-collar and blue-collar males (cf. Bouma & Ling, 2004). The main criteria for inclusion in the study were that the men had to be between 18 and 25 years and have never had testicular cancer. Participants were recruited through the “snowballing technique,” that is, appeals were made to those known to the author or his research assistant. Recruitment took place through word-of-mouth and the distribution of a brochure that provided information about the study.

During the focus group, participants were asked to discuss aspects of men’s health in general and what they knew about TC and TSE, in addition to questions about their attitude toward TSE and TC treatment. The focus groups were audio-taped and later transcribed. The research was conducted with appropriate ethical approval from the author’s university (ensuring that participants gave informed consent and had information about TC and TSE available should it be required). For anonymity, all the participants have been assigned pseudonyms and other potentially identifying details have been altered.

The transcripts were coded and analyzed by the author using the qualitative data analysis program NVivo with particular attention paid to recurring themes in the data. For illustrative purposes, portions of focus group discussion are presented below. The inclusion of these larger excerpts allows the reader to see the broader context in which comments were made. The excerpts only feature the participants’ speech, which has been left unaltered.

**Results**

This section begins with an examination of what focus group participants know about TC and TSE. From there, the analysis considers their general attitude toward health care, their preparedness to perform a testicular-self exam, and the ways they
might seek help if ever diagnosed with the disease. The data suggest that their self-understanding and performance of masculinity does impact on the ways in which they approach and understand TC and TSE.

Knowledge about TC and TSE

To begin, it is necessary to describe what focus group participants knew about TC and whether any participants regularly practiced TSE. Consistent with other studies of young men (Lechner et al., 2002; Moore et al., 1998; Poljski, et al., 2003), knowledge about TC and TSE practice among focus group participants was poor. While all had heard of TC, very little was known about survival rates, risk factors, and treatment. In addition, only two of the 12 men practiced TSE regularly. The following exchange, from Group One, is indicative of what the young men knew about TC:

Moderator: Does anyone have an idea of what percentage of men can make a full recovery?

Stuart: Not at the moment.

Richard: Nope.

Moderator: Not a clue?

Abin: No.

Matt: Forty per cent?

Moderator: Just guessing?

Richard: Strangely enough with the amount of information that gets pounded into us I have no clue.

Abin: I detect some sarcasm.

It was a similar story in Group Two:

Moderator: Do any of you guys know what the [TC] treatment options are?

Jason: Um … it’s, “Turn your head and cough,” isn’t it? No that’s the … it’s the …

Bradley: (Laughing) Turn your head and cough.
Trevor: No idea!

Kim: Yeah what is that? “Turn your head and cough”?

Jason: It’s um … it’s … I can’t think of the word … but it’s when you
 go get it checked out.

Kim: Diagnosis?

Jason: No … it’s when …

Trevor: Examination?

Jason: Yeah.

Moderator: Okay, so does anyone know what the [TC] treatment options
 are?

Kim: No. I imagine cutting one ball off would be a treatment option.

Moderator: Only way to go?

Kim: I wouldn’t know.

Moderator: Yeah, fair enough.

Trevor: Surely there’s some sort of like, drugs that would stop the spread
 of the cancer or something?

Only two men had received formal education about TC, as part of studies in health-
related subjects taught at school or university.\(^3\) The other participants had obtained
some limited information through popular cultural references (cyclist Lance Arm-
strong’s autobiography, a character in the film *Fight Club*, and a Robin Williams film)
and in three cases, from their fathers who had experience of or knowledge about TC.
By way of illustration, the following exchange took place in Group Two:

Jason: Isn’t your dad a ball doctor?

Bradley: Yeah. Dad’s a ball doctor [he was a physician specializing in
male reproduction].

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\(^3\) Testicular cancer education has not figured prominently in Australian school curricula, al-
though information dissemination is improving rapidly through organizations like Andrology
Australia. There is no national screening program.
Kim: Well, then you probably should know a bit more about it, just quietly.

Jason: (Laughing) Yeah.

Bradley: (Laughing) For some reason my dad doesn’t let me go to work with him.
(Laughing)

Jason: (Laughing) Bring his work home with him. He’ll bring this guy home …

Bradley: (Laughing) “This is Ray. Ray’s balls are massive. We’re trying to fix that.”

Overall, the participants were scathing about the lack of formal education they had received about TC and TSE. Geoff, from Group One, noted:

I mean, my awareness was raised in Year 12 Psychology, when it was brought up that, you know, this is actually something for young males. And that was like, “Okay?” And that was like, you know, the first time I’d ever even heard of the bloody thing.

The participants all agreed that young women were better educated about health matters, mostly because more resources have been directed to women’s health issues and education.

The findings from the focus groups, consistent with previous studies of TC and TSE awareness, suggest the young men’s limited and inaccurate knowledge about TC and TSE is largely due to inadequate education (Poljski et al., 2003). That said, all the participants had heard about the disease, but none had sought out information beyond what little they knew. Why this reluctance? Do they believe they are impervious? As demonstrated in the next section, it appears that the adherence to a hegemonic masculine code influences—among other factors—the ways in which men approach and think about TC and TSE, producing a certain “blindness” to the disease.

**Masculinity, TC, and TSE**

Data collected from the focus groups suggest that young men’s adherence to “masculine” values such as stoicism, avoidance, and robustness is implicated in their reluctance to pay attention to their health, TC and TSE included. This conclusion is based on an analysis of focus groups’ discussion around the following areas: the participants’ overall attitude toward health care, their preparedness to perform a testicular-self exam, and the ways they might seek help if ever diagnosed with the disease. Each of these areas is discussed below.
**General attitude toward health.** As noted above, the participants in this study had come across examples of TC in the media, or other sources, but were not sufficiently concerned to improve their knowledge about the cancer. Their lack of interest in finding out more about the condition is indicative of a broader, “it doesn’t really matter” attitude toward health care. This lackadaisical attitude appears to be mostly the result of social conditioning. Focus group participants readily conceded that they, and most young men, have an overall tendency to “reject healthy beliefs and behaviors in order to demonstrate and achieve manhood” (Courtenay, 2000a, p. 1388). The following exchange, from Group Two, is illustrative of this attitude:

Moderator: Do you guys think that young men care much about their health?

Kim: As a rule, probably not outwardly. No.

Bradley: I think they care about their health, but they still have an element of invincibility. They sort of, they don’t think that they’re…

Jason: Yeah.

Bradley: … going to get hurt.

Jason: I’d agree with that. I think I’m pretty hedonistic by nature. I don’t really think a lot of things through some times.

Moderator: Fair enough.

Trevor: They know the dangers are there but they just don’t think it’ll happen to them. So, at least not for a couple of years anyway.

Not paying attention to one’s health does not appear to be an act of bravado, done to impress others, but rather, young men’s general lack of awareness of or interest in health matters arises simply because this is what men are taught to be like. Williams (2003), among many others, notes: “Men are socialized to project strength, individuality, dominance, stoicism, and physical aggression, and to avoid demonstrations of vulnerability” (p. 726). The prevalence of such cultural norms acts as a disincentive when it comes to obtaining more information about health-related matters.

**Preparedness to perform TSE.** Only two men participating in this research actually practiced TSE; the rest simply did not know how to do it properly. As noted earlier, previous research suggests the major attitudinal barriers to practicing TSE among men who know about it include men’s perception that they are not prone to TC, the belief that TSE is not important to health, perceived unpleasantness and difficulty of TSE, the expectation that it is time consuming, fears about its reliability, and fears about
what the procedure might reveal (Poljski et al., 2003, p. 13). Given that few practiced TSE, the conversation in the focus groups about it was hypothetical. How would they feel if their doctor asked them to perform TSE regularly? In both groups, the consensus was that young men would simply avoid doing it, because this is what young men do when it comes to health matters. According to Focus Group One:

Geoff: You know, if you don’t have that [an association with someone who had TC], why would you be checking? …

Matt: You’re right. It’s like the whole … the whole going to the doctor thing. They [young men] don’t want to know about it.

Richard: Yeah.

Matt: Unless it’s, “I can’t sit down, I can’t you know …”

Geoff: Yeah.

Richard: “It’s going black.”

Tony: Yeah.

Matt: “I can’t do it with the wife.”

Moderator: Yeah.

Matt: You know? “[it’s only] if it hinders me in any way,” that’s when. That’s when.

Group Two participants expressed similar sentiments: “What you don’t know can’t hurt you” (Mark, Group Two). The overall consensus among participants was that they would avoid any regular self-care practice, TSE included. Most think that any form of care is only necessary when the problem can no longer be ignored. To be sure, avoidance of self-care is not restricted to young men alone, but the group discussion indicated that avoidance for young men had something to do, at least in part, with normative expectations about how a “man” ought to behave. As suggested in the excerpt above, young men “don’t want to know about it,” because this is the way that prevailing masculine code teaches them to think about health matters.

This masculine basis for avoidance and denial in relation to health matters was particularly evident when the focus group discussion turned to a consideration of why it is that young men are more reluctant to visit a doctor compared to women.4 Group One said:

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4 Research in Australia has found that Australian men are highly unlikely to go to the doctor for genital check-ups—it is ranked 121 among male reasons for visiting the doctor, while it is the eighth-ranked reason for women (Bayram, Britt, Kelly, & Valente, 2003, p. 22).
Tony: It’s because we’re manly men, didn’t you know that?

Abin: Yeah.

Geoff: Yeah.

Abin: It’s because of the invincibility thing, when you’re young, I guess.

Moderator: So it’s the …

Geoff: I suppose unless it’s like, visibly hurting, right? You’re sort of like, “Nah, she’ll be right.”

Richard: Yeah.

Geoff: But there’s got to be massive pain, you know? Or something like that. To make you go …

Richard: Oh yeah, it’s got to be massively inconveniencing you a lot before you even go.

Geoff: Okay, um, [interjecting] only from the point of view from being in a couple. Um, with women the second something goes wrong with their genitals, they are in the fucking doctor’s. They are there man. Feet up in the stirrups, ready to fly. You know, which is a lot more than I’d be happy to do. Right? It’s [the problem] got be a little bit more advanced, I suppose for at least me, any way.

Similar sentiments were expressed in Focus Group Two:

Kim: I think if … if there’s nothing wrong with us, why bother?

Moderator: Fair enough.

Bradley: Plus we always think we can sit it through …

Marcus: Yeah.

Bradley: Instead of going to get antibiotics you’re thinking, “I have a cold….”

Marcus: Yeah I’d agree with that. Yeah. Like when you get little things like the cold and the flu, and that, you just sort of … you know sort of don’t bother going to the doctor. You think you’ll get through it.
Bradley: Just eat healthier and you think you’ll be able to get all the way through it.

Marcus: Mm.

Moderator: Okay.

Bradley: You don’t go until you’re dead.

The conversation in both groups demonstrates the existence of a shared code of behavior readily acknowledged and articulated by the participants, which dictates that a man ought to avoid going to the doctor unless he has a visible problem or one that simply is too painful to ignore. As noted above, this avoidance extends to self-care practice like TSE. While adherence to a “masculine” code is not the only reason men are reluctant to visit a doctor (see Chapple, Ziebland, & McPherson, 2004), it is still a factor nonetheless.

Seeking support if diagnosed with TC. Recently, some scholars have suggested that men’s adherence to certain masculine traits does not always have negative consequences for their health. For example, Hall (2003) observes that “Other activities that are traditionally promoted among men such as … a sense of ‘mateship,’ are beneficial to men’s health” (p. 403). Notions of “mateship” are extremely important to Australian formulations of masculinity (Pease). As most Anglo-Celtic Australian men understand it, a “mate” is someone a man will socialize with, but not someone with whom intimate information will be shared (Singleton, 2003). Does the Australian emphasis placed on mateship make a difference to men’s capacity to talk about TC, especially if a man were diagnosed with the disease? Would they ever talk about such matters with their male friends, or would this be seen as “sissy”? Both groups were asked, “If a man had TC, do you think it is something he could talk about with his mates?” Both groups affirmed the idea that while it would not be a topic of conversation among a group of mates, men could confide one-to-one. Group One:

Moderator: So you think it’s something that the guy could talk about with his mates? It’s the type of thing that …

Richard: It’s not the sort of thing that you’d go down to the pub [a local bar] and shout it out.

Tony: It wouldn’t be a lively conversation.

Stuart: It wouldn’t be “mates” it would be “a mate,” I think.

Geoff: Yeah.
Moderator: Okay.

Richard: Yeah, it would pretty much be a one-on-one situation.

And in Group Two:

Moderator: Okay. If a man had testicular cancer, do you think it is something he could talk about with his mates? (Pause)

Trevor: Didn’t we just establish that you couldn’t?

Kim: Well no, not at the pub. If that’s what you mean. No. You’d bring it up to one mate that you trust. That’s about it.

Participants’ opinions show that the notions of mateship would affect the ways in which a man with TC might talk to others about the condition—making serious discussion less likely—and influence who he chooses to assist him through the process of treatment and recovery. Given the participants’ comments, it is difficult to see how mateship is especially beneficial to young men who might have TC.

As is the case with TC, cultural constructions of mateship also influence the ways in which young men talk about TSE. The following conversation took place in Group Two:

Moderator: Is testicular self-examination something you’d ever talk about with your mates? Outside of this, obviously.

Kim: No.

Jason: If something funny happened, I don’t know who it would … (Laughing)

Jason: But like with anything, a funny story then you tell your mates or something.

Kim: Oh yeah. It could be a punch line, yeah.

Jason: Yeah.

Kim: Yeah … like … I’ll probably say it next time at the pub. “Just checking your balls were you mate?” That’s about as high-brow as I get so … (Laughing)

Moderator: Only ever bring it up in jest, sort of thing?

Kim: I would say so, yeah.

Jason: Yep.
When the question “Is testicular self-examination something you would talk about with your mates?” was posed in Group One, it also produced considerable mirth:

Richard: Until you brought it up …

Geoff: Outside of this exercise? (Laughing)

Moderator: Yep, outside of this, obviously?

Tony: No.

Moderator: No?

Tony: It’s probably not a social topic, like …

Geoff: “How’s you’re balls feeling?”

Stuart: Why would you?

Richard: It’s like: “Aw, man, I was doing this the other day and then…. .”

Again you wouldn’t necessarily bring that up in a group.

The prevailing ideals of mateship act as an impediment to serious information sharing between male friends—a “man” simply does not talk about these intimate and personal matters with his “mates,” except in the most jocular and superficial ways.

Overall, data from the focus groups show that conventional notions of masculinity do exert some influence on young men’s attitudes and practices in relation to TC and TSE. At the outset of the research, it was decided to canvass the opinions of both white-collar and blue-collar males and see whether there were any differences between these groups of men. While health-related behavior, including TSE, is mediated by many factors, including social class, race, educational level, and individual psychology (see Wynd, 2002), the focus group conversation illustrates the existence of a hegemonic masculine code, and its capacity to influence the ways in which young men think about TC and TSE.

Conclusion

Previous research on attitudes toward TC and TSE has not specifically examined how hegemonic masculine behaviors and norms inform the ways in which young men think about TC and their willingness to practice TSE. Drawing on qualitative focus group data, this study found Australian young men negotiate and approach TC and TSE in part using a traditional Anglo-Celtic masculine frame of reference that emphasizes stoicism and avoidance. This masculine code has the potential to be a barrier in terms of both TSE practice and visiting the doctor. Traditional notions of mateship also de-
limit the ways in which young men might talk about TC and TSE. These cultural con-
structions of masculinity were described by both blue-collar and white-collar young 
males. This study represents an initial, qualitative investigation of the relationship be-
tween TC and TSE and hegemonic masculine behaviors and norms. The present study 
is limited by its small, non-representative sample size and the relative cultural and racial 
homogeneity of the informants. The focus group setting may have also influenced in-
formants’ answers, particularly if one or two members of the group were particularly 
dominating. Future qualitative research on this topic might benefit from having a mixed 
methods approach, combining one-on-one interviews and focus groups to try and re-
duce this type of bias.

There remain further possibilities for investigating the relationship between 
prevailing masculine codes and TC and TSE-related behavior. As Chapple et al. (2004) 
note, “there are many ‘masculinities,’ some hegemonic, some marginalized … and that 
man … ‘roles’ will vary depending on class, age, and ethnicity” (p. 31). Australia, like 
many other western nations, is increasingly multicultural and what it means to be a 
man may well be different among different ethnic groups. Future research could iden-
tify these models of masculine behavior and consider the impact this has on attitudes 
toward one’s health and self-care practices, while also considering the impact of age and 
socio-economic status.

Nonetheless, these initial findings have implications for the formulation of poli-
cies and strategies aimed at improving young men’s health, in particular, encouraging 
them to practice TSE and visit the doctor for screening. Recent suggestions put for-
ward by health professionals and policy makers for heightening TC awareness and en-
couraging men to practice TSE include school-based education programs, the 
production of dedicated websites, working on improving doctor-patient relationships, 
providing female partners with information, and conducting clinics in the workplace 
and at sporting clubs (Hall, 2003; Mason & Strauss, 2004a, 2004b; Poljski et al., 2003). 
Obviously, young men’s adherence to dominant cultural codes of masculinity has the 
capacity to undermine any attempts to improve young men’s information-seeking be-
havior and TSE practice. One strategy that might overcome this barrier is for “mascu-
line” imagery to be included as part of any education campaign. The Prostate Cancer 
Foundation of Australia recently embarked on an education and awareness program 
with the slogan, “Be a man: talk to your doctor” (http://www.prostate.org.au/). Given 
that the focus participants in this study were aware of the masculine conditioning to 
which men are subjected, “masculinizing” TSE and TC education programs might have 
considerable resonance with the target audience and be a useful way in which young 
men might learn to care more about their bodies and health.

References

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