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Men's health: An analysis of representations of men's health in the Sowetan newspaper

Grace Khunou*

Abstract

Recent messages on men's health suggest a crisis in the health of men in general. Most of these present men from a hegemonic view, denoting that men are uncaring, indifferent to their healthcare needs and generally risk takers. The limit of such a conception is its uncritical reference to hegemonic masculinity, without an acknowledgement of different experiences by men. Through a content analysis of articles on men and health from the Sowetan newspaper, this article shows that representations of men in relation to health fail to account for the complex and varied practices of men with regard to their health. This representation is influenced by the contested and constantly shifting role of the media. Although the media play an important role in informing the masses, the article shows that such information is not about all men, nor is it accessible by all men. As a result of socio-economic inequalities and other significant differences among men, the presentations in these newspaper articles limit our view of men to that of a hegemonic one, with negative consequences for men's health. In conclusion, it further limits the facilitation of improving intervention for the health needs of all men.

Key words: hegemonic masculinity, media, men's health

INTRODUCTION

The growing problematisation of men and masculinities in academic research also rings true in the proliferation of media articles on men as fathers, men and violence, and – most significantly for this article – men and health. This is a clear indication of what Servaes and Lie (2003, 14) refer to as mass media and cultural mixing; denoting that ‘the narrative discourse of media adapts to the popular narrative tradition of myth and melodrama, and the way audiences learn to recognise their collective cultural identity in the media discourse’. Although for Servaes and Lie (2003) this is true for television, the same is true for print media. In South Africa, this call for a ‘cultural mixing’ is seen in the manner in which, post-1994, the print media in particular were pressured not only to report news, but to do so in ways that speak to the democracy (McChesney 2000; Radebe 2001). This urging of the media was a challenge to the experienced disengagement between what was expected of the media and what the media were offering. Fourie (2008) indicates that the question of the role of the media in South Africa is constantly under debate. In Fourie’s (ibid, 55) engagement with what he terms ubuntuism that is brought forward to Africanise the media, he identifies an important question to ponder: ‘Should the media be a watchdog or a guide dog; an informant and messenger, or rather a participant and comrade?’

Questions on the role of the media cannot be addressed without engaging with questions on who owns the media (Radebe 2001), and with broader debates on how local influences are influenced by the global (Servaes and Lie 2003). Ownership of the media in South Africa therefore raises important questions on content, i.e., what is reported and how it is reported (Radebe 2001): What

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Radebe (ibid.) refers to as the power of the media. McCombs and Shaw (1995) suggest that this power is played out through the act of choosing and displaying what is important. The act of deciding what is significant sets the agenda for what is worth thinking about. However, it should be noted that this does not necessarily imply that the media influence ‘the direction of or intensity of attitudes’ (ibid, 154), only that they set the agenda for what is of value for society to think and/or talk about (Gunter, Hansen and Touri 2008). Although audiences have the agency to choose what to believe, the media’s power to influence is still an important one (Singer and Endreny 1993).

Given the social, economic and political hybridisation that results from globalisation, the term ‘new media’ ‘blurs the traditional distinction between information and entertainment’ (Fourie 2008, 58). As a result, a multiplicity of factors impact media content: these factors, as Curran and Gurevitch (2000) indicate, include ownership, politics, economics and the personal views of individual journalist and editors. It is significant that these changes do not impact on an un-shifting society, but on one which is typified by a blending and a blurring of the difference between public and private (Fourie 2008). Even with these changes the reality is that print media provide a ‘lens’ into the everyday lives of individuals and communities (Lovaas 2008). Schroeder and Borgerson (2011, 161) indicate that ‘reality and advertising do not constitute two separate spheres acting upon one another; advertising and the mass media contribute to the visual landscape that constructs reality’. The media will consequently reflect these realities in how they shape their contested role. This is evident from how men’s health is written about in newspaper articles.

Given the growing public discourse and academic literature (Khunou 2007; Mfecane 2010; Morrell 2001; Ratele 2008, 2009; Ratele and Suffla 2011) on men and masculinities in South Africa post-1994, this article aims to investigate how the media narrate stories of men in relation to their health. The article therefore aims to examine whether (and how) the call for a ‘cultural mixing’ (Servaes and Lie 2003) or ‘social responsibility’ (Fourie 2008) with regard to the discourse on men and health has been heeded by the Sowetan. The focus on men’s health is because until recently public discourse and academic engagement tended to focus on women’s health, thereby silently implying that men’s health is not significant (Khunou, forthcoming) or that masculinities are not to be problematised (Connell 1995; Morrell 2001).

Although the study of men and masculinities is a recent phenomenon in South Africa (Khunou 2007; Morrell 1998, 2001; Richter et al. 2009), much research has been undertaken to understand how men engage with everyday life – including their health. Where before there were mainly assumptions about men, masculinities and health, there now is research evidence (Mfecane 2010; Ratele et al. 2010; Skinner and Mfecane 2004). An important finding of research on men and health indicates that serious health hazards experienced in industrial societies are more pronounced for men (Chopra, Galbraith and Darnton-Hill 2002). This has been confirmed in many studies on men’s health, from South Africa and elsewhere. The literature on men’s health also illustrates that men are less likely than women to seek help for health-related matters (Galdas, Cheater and Marshall 2005; Lim et al. 2004). Men’s reluctance to seek help is attributed to powerful internalised gender
notions of masculinity and masculine identity, where feelings of embarrassment, a reluctance to appear foolish and an attempt to normalise symptoms are important indicators of men’s strong identification with being a man. The explanation for this, according to Courtenay (2009), lies in gender because health risks and benefits are observed as feminine and masculine social practices. For men such benefits and sanctions are associated with the identification of dominant ideas of masculinity, i.e., hegemonic masculinity (Connell 1995).

Men’s identification with hegemonic ideals of masculinity has been erroneously suggested to lead only to negative health practices on their part (Mathewson 2009). This also inaccurately implies that hegemonic masculinity denotes fixed ideas of power and control. The tendency in the use of the concept has been to speak to a biceped, gun-wielding, hyper-sexed man with unchanging traits and behaviours (Ratele 2008). Morrell et al. (2012, 22) show that hegemonic masculinity was conceived to ‘represent a set of cultural ideals that are constructed, defended and contested’. To highlight this idea in understanding South African men, Ratele (2009, 21) speaks of ruling masculinities, i.e., ‘how the specificities of highly inequitable economic relations, political arrangements, culturally embedded relations and colonial histories observable in societies such as South Africa shape how men behave, think and relate to others’. An identification with this idea of masculinity determines when and how men die in South Africa and goes on to signify the major role injury and violence play in men’s mortality rates, and how ‘behind both disease- and injury-related deaths lies a web of ideas and practices about how to be a man’ (ibid, 34). This conceptualisation intends to particularise practices which are specific to South Africa.

Although these understandings of masculinities and how they impact the health of men are significant in helping to highlight men’s health, they do not allow us to fully comprehend men as heterogeneous. Other factors, such as distance to health facilities, beliefs about biomedicine and the constant negotiation for the use of one’s resources, all impact on how men will and do practise behaviours related to their health. Gender is not the only factor to influence men’s behaviours in terms of seeking help for health-related issues (Khunou, forthcoming; Macintyre, Emslie and Hunt 1999; Marshall and Funch 1986). Therefore, in order to understand the health practices of men, without fixing them, it is important to move from a premise that appreciates the heterogeneous nature of masculinities and therefore the varied ways in which men deal with their health. This, Ratele (2008, 517) suggests, will be gained in recovering an analysis of male practices and experiences grounded in social conditions as well as those things to be found in the psychosocial realities of individual males. Grounding itself on this terrain, this article argues that masculinities are better seen as created at both the social and psychological levels, something males do and establish to their own inner lives.

Consequently, understanding men as being constantly gendered in their relations to other men, women and to broader societal institutions, informs the lens through which this article engages with media messages on men and health.
METHOD

To reach the identified aim of this article, a qualitative research approach was followed, since it allows for an in-depth understanding of social phenomena. This article stems from a broader study on gender and health, which investigates how masculinities and other factors influence men’s health practices. The analysis part of the study therefore focuses on newspaper articles from the *Sowetan*. However, in the process of sampling relevant articles from various newspapers carrying headlines that spoke to men and health, the search revealed that most articles on men and health focused on men and HIV. A few of the articles focusing on HIV were respectively titled: ‘How men can become partners in maternal health’ (July 2007); ‘Circumcision: a case of all or nothing’ (July 2012); ‘Old age weighs on HIV survivors’ (August 2012); ‘Alarming HIV prevalence stats’ (May 2012); ‘Jury out on using ARV prophylaxis’ (June 2012) and ‘More effort needed from men to help curb AIDS’ (October 2004).

Most of these articles could have led to an interesting analysis, since they presented vital facts on an important issue affecting men worldwide, however, because the intention of the gender and health study is to examine health from a broader perspective (Khunou, forthcoming), a fresh sample of articles was sought. A great deal of relevant research work has already been done on the topic (Jewkes et al. 2009; Jewkes et al. 2010; Mfecane 2008), including the 2012 publication *Uncovering men – rewriting masculinity and health in South Africa*, edited by Meyer and Struthers. The book contains important and in-depth contemporary debates on men’s health, the media and HIV/AIDS. As men’s health encompasses more than their experiences of and with HIV, other issues need to be problematised, in order to gain a broader understanding of how men deal with their health. As a result the focus shifted to an analysis of newspaper articles that carried other equally important men’s health issues.

This was done by focusing on relevant newspaper articles from the *Sowetan*, which has a readership of 1 618 000, according to SAARF reports (2011). However, the *Sowetan* website, accessed on 3 December 2012, indicates that the newspaper has a readership of almost two million and a circulation of over 124 000. The *Sowetan* was chosen because of its huge readership and also because it is mostly read by black working-class men from various South African townships. Research on men and health in South Africa indicates that black men are more at risk than men from other race groups (Mfecane 2010; Ratele 2008). In identifying relevant articles for content analysis, the search was specifically for articles that had headlines referring to health and textual content referring to men and health – that would enable an analysis of how stories about men and health are covered (Stokes 2003). Initially, any story with a headline referring to health was selected, but on initial reading of the articles further selection was based on those with content pertaining to men and health. Content analysis was deemed the most appropriate method for this examination, because it is flexible and creative and allows for reliable, replicable facts to be generated (Stokes 2003; Woodrum 1984).
Sampling included articles referring to men and health during the period June 2011 to August 2012, and those that highlighted certain points illustrated in the newspaper article. However, a few articles written in 2010 also seemed of interest, and these are analysed here to illustrate themes not covered by the 2011/2012 selection. To gain an understanding of how the Sowetan presents men’s health issues, the analysis engaged with the following questions: How are men portrayed in the content of these articles? Are these representations homogenising or are they able to show that men’s various health practices can be positive? From the analysis the following themes were identified: Masculinities and men’s health, men’s health practices and lifestyle, and life expectancy and men’s health.

DISCUSSION AND ANALYSIS

Masculinities and men’s health
The first theme that came up in the examination of the articles was that of the over-worked powerful man whose health is in jeopardy because he cannot be powerful and restful/healthy at the same time. Although notions and conceptions of what it means to be a man change with transformations in the socio-economic context, their links to heterogeneity and the provider role remain significant in conceptions of men as homogenous and unchanging (Khunou 2007). This section of the article looks at how the idea of men as one undifferentiated, heterosexual mass is central to the way in which the Sowetan portrays the ill health of Patrick Craven.

In this newspaper article, masculinity is presented as directly linked to a man neglecting his health because he works too hard, thus emphasising the link between masculinities and the provider role. The article, titled ‘Union overworks its man’, was published on 22 September 2011. It states that Patrick Craven, Cosatu’s spokesperson, was admitted to hospital due to fatigue and ill health, because he had not taken a break in four years. The paradox here is that Cosatu fights for the rights of workers and is vocal in its arguments around working hours and the reproduction of the labour force. The union’s fight for workers’ rights has at its center the provision of leave, which emphasises the significance of the revitalisation of the labour force. However, in this article we see Craven, a powerful union leader, written about in ways that reproduce idealised risky notions of being a man, where his pursuit of power and privilege are harmful to his health (Courtenay 2009). On the other hand, the article illustrates that being a man does not mean you will never be ill – which might have a positive influence on men’s ideas of health and masculinities.

Then again, the idea of men as strong and naturally healthy is subtly played out in how the article is written: no emphasis is given to show the importance of rest and the risks involved in pursuing the role of provider and or of man as a powerful ideal. The article also fails to use this story as an opportunity to suggest that taking leave is important for men’s health, and that the ability to effectively fulfil masculine roles (such as working and earning an income) depends on having a healthy, well-rested body. The limit of this article is the fact that it does not problematise the
risky masculinity Craven engaged in – it is presented in a way that naturalises and accepts this as the norm, thus denoting that powerful men do not become tired. Research shows that the media represent gender relations in stereotypical ways (Wood 1994).

The newspaper article of 18 November 2011, titled ‘Help your man to have a healthy lifestyle’ suggests that women have an important role to play in November, which has been declared men’s health month. Such depictions typecast women as primary caregivers and men as helpless in the caring role. The newspaper article urges women to talk to the men in their lives about going for check-ups to ensure that ‘everything is in top working order’. The article continues: ‘Help him stop smoking, if you also smoke quit. Get him active by aiming for 30 minutes of exercise five days a week.’ The article is both interesting and problematic at the same time: interesting in that it acknowledges that men’s health practices require the assistance of others, and these others are in reality usually women (Budlender 2007) who are more often than not burdened with caring responsibilities. Dr Penny Thlabi, head of public affairs and transformation at Discovery Health, goes on to provide a list of tests that men should undergo during this month. The list is helpful in assisting men to think about what to look out for as they get help and choose positive health practices. The list urged them to do the following tests: HIV, blood pressure, body mass index (BMI), cancer, eyes and cholesterol.

The challenge with this article is the embedded assumptions that the women in these men’s lives have the time (and know-how) to help their men. The idea that women are able and willing to take on this responsibility ‘has the potential to cultivate unrealistic expectations of being “superwoman” who does it all’ (Wood 1994, 35), without acknowledging that women are already burdened with providing care for others (Budlender 2007), often under conditions that are not conducive. This is problematic, since it implies that men want to be told how to take care of their health and that they will listen, should they be told.

**Men’s health practices**

Research on men’s health practices initially focused on men’s challenges with health-help-seeking behaviour (Galdas et al. 2005; Lim et al. 2004), and thus erroneously emphasised a link between hegemonic ideas of masculinity and negative health behaviour. A newspaper article of July 2012 continues this normalisation of men as uncaring about their health: this is done without indicating that there are other ways of being a man that signify caring for one’s own health and the health of others. The article speaks to the passing of 68-year-old John Atta Mills, President of Ghana, in July 2012. It reveals that silence and secrecy surrounded his illness but does not problematise this issue, thus making it seem normal and acceptable. Secrecy here should be understood as an illustration of maintaining control, whereas the acknowledgement of ‘illness might be interpreted as an admission of defeat’ (Mathewson 2009, 5). Given Mills’ position, had he spoken openly about his illness, it would have given men an opportunity to understand that powerful men do fall ill, and it would have naturalised the idea of masculinities and illness. The article states that ‘Mills had recently returned
to Ghana from medical examinations in the United States, believed to be linked to a throat or sinus condition'. The understanding here is that men do not know how to manage their own health, and are uncomfortable with check-ups – something the article quite disturbingly views as natural. Research evidence shows that men are reluctant to seek help with health-related matters not only because of socio-economic challenges, values and beliefs, but also – and most importantly – because they are men (Galdas 2009). Although this is not true for all men it is so for most men, and the article on the death of Mills perpetuates this idea. Even though idealised forms of masculinity have been shown to impact men negatively, they might also, on occasion, lead to positive experiences for men. The fact that masculinities are contested, for example, suggests that they are constantly renegotiated and therefore at different times, in different spaces and in relation to others those health-related masculinities might be presented in positive ways (Courtenay 2000). Mathewson (2009, 4) captures this succinctly when she writes that ‘men’s constructions of masculinity and approaches to health are diverse and complex, with significant variations across generational, cultural, ethnic, religious, socioeconomic and geographical context’. It is thus important that other idealised forms of being a man encourage other men to be positive about their health.

The majority of the analysed articles that spoke to men and health in the *Sowetan* did not portray and/or fully make use of the space provided to speak to health-positive masculinities, but an article of 28 October 2011, titled ‘Hypertension hits SA men’ was illuminating in the way it addressed men’s health and its relationship to structural challenges. It suggested that ‘high blood pressure or hypertension is a medical condition that used to be associated with women in black communities. Now it is becoming more common in men, young and old.’ Problematic was the simplistic way in which the writer compared women and men in reasoning that ‘women are more empowered whereas men are unemployed’. Although more men might be unemployed today, compared to the 1980s, research suggests that more women are in fact unemployed. According to the third quarter Labour Force Survey, ‘unemployment rates for women remained higher than the national average between quarter 1 2008 and quarter 3 2012’ (StatsSA 2012, xv).

Nonetheless, an interesting point raised in the article on hypertension is how ideas of what it means to be a man are directly linked to work, and therefore where unemployment increases hypertension might increase. This is an important point, since it reflects the significance of wage work in terms of how hegemonic masculinities are conceived. Because ‘work and producing income are key requisites for being a man in most cultures’ (Barker in Ratele 2008, 529), where work is unavailable and men’s positions are negatively acted upon by the economy, men’s health is impacted negatively. Therefore, the social meaning that men derive from work not only provides them with money and the power that comes with it, but it also seems that in the case of health, it provides a sense of wellbeing that is significant to their general health.

**Lifestyle, life expectancy and men’s health**

The idea that gender denotes the heterogeneity of experiences that men and women have in their everyday lives is not consistently presented in gender research (Oyewumi 1997). This is also true
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in how the media tend to represent women and men. Wood (1994, 31) suggests that many of those representations ‘perpetuate unrealistic, stereotypical and limiting perceptions’ of both genders. On the other hand, one newspaper article that speaks to lifestyle and health, presented in February 2012, indicates that not all behaviours which men engage in, in the name of being a man, are negative. The article emphasises the increased prevalence of heart disease among fairly young people in Soweto. Kwaito star Bricks, who was interviewed for this article, is reported as having said: ‘We come from Soweto, from the township. We are used to eating pap and meat.’ He later qualifies this by stating that he does in fact exercise – something which was true for one of the other men interviewed. However the article does not build on this positivity, instead, its significance is lost in what follows: ‘It would seem that our respondents do know that eating healthily and exercising is important. However, they find it difficult to actually change to a healthy lifestyle.’ Here, exercise is not seen as part of a healthy lifestyle. Again, the health-positive practices of being a man who exercises are reduced to insignificance, when they could have depicted men in their more varied and complex engagement with their everyday lives and with health-related activities.

The naturalising of and emphasis on individual masculine self-control is evident in a counter-argument written to challenge Minister Aaron Motsoaledi’s suggestion that the South African government ban alcohol advertising. Motsoaledi, unlike most politicians, has been shown to practise what he preaches. In his pronouncements on the benefits of a healthy lifestyle he seems to be genuinely interested in the health of the nation. In an article of 17 February 2012 he is quoted as lamenting the fact that government officials are constantly ‘surrounded’ by food. The significance here is that the minister is quoted as being more concerned about alcohol advertising and the message it sends to young people: ‘They are using celebrities sportsmen, models – very successful people, to tell young people that if you drink you will be successful.’ Given the fact that the aim of advertising and marketing is to sell by making a product more ‘valuable’, even when it can be proven that the bestowing of such value is, in most cases, not directly linked to the ‘real value’ of the advertised product, Motsoaledi’s concerns are not misplaced. Advertising is based on the suggestion that you lack something and once you have it, your life will change for the better. In the case of alcohol, the message is that you will be cool, attractive and successful (hence the use of celebrities who represent certain kinds of success, to advertise liquor brands). Schroeder and Borgerson (2011, 161) in an article on advertisements and social constructivism, write that

advertising acts as a powerful means of constructing; influencing, and illustrating the consumer vision of the good life … Advertising images are a central part of the experienced visual world. Reality and advertising do not constitute two separate spheres acting upon one another; advertising and the mass media contribute to the visual landscape that constructs reality.

Research has shown alcohol to be a risk factor for early death in South African men (Letsela and Ratele 2009). An analysis of the 2001/5 risk factors for firearm homicide from the National Injury Mortality Surveillance System (NIMS), by Kramer and Ratele (2010), indicates that ‘alcohol plays an important role in firearm homicide’. Alcohol abuse has also been implicated in levels of sexual violence, accidental deaths and interpersonal violence among men (Clowes, Kramer and
Ratele 2010; Kramer and Ratele 2010). Given the indications of its negative impact on the social fabric of South Africa, one would assume that Motsoaledi’s critique and suggestion to ban alcohol advertising would be supported. Instead, an article was published entitled ‘More suitable methods than banning alcohol advertising: the dangers of alcohol abuse are known, or should be known to most South Africans’. Although excessive alcohol use is not only a result of advertising, it has been identified as a factor that influences alcohol-related behaviour (Gunter et al. 2008). Therefore, ignoring the role of ‘uncontrolled advertising’ would be to neglect the impact advertising has on the increased purchase and consumption of alcohol. Although research illustrates that at the macro level there are mixed messages regarding limiting advertising for alcohol and consumption, the challenge relates more to inconsistent bans on alcohol, due to a lack of research at the micro or individual level (Gunter et al. 2008). Gunter et al. (ibid, 12) illustrates that even though there are discrepancies in research findings relating to advertising and alcohol consumption, ‘exposure to alcohol advertising can cause young people to think about drinking. Alcohol-related thoughts might eventually contribute towards a decision to start drinking.’ This is because the media influence what is worth thinking about. The banning of alcohol-related advertisements, as suggested by Minister Motsoaledi, should be viewed in a context of the high number of violence-related killings not only of women by men but also of men, which makes it an important health issue for men.

Alcohol-related accidents and violent deaths impact the life expectancy of men more than it does that of women. Statistics South Africa indicates that in 2011 the life expectancy in years of South African men was estimated at 54.9, compared to 59.1 for women. However, the newspaper article of 20 June 2011 indicated that the life expectancy of African men was just below 50, which is shown to be 28 years less than that of men in Asia and Europe. The article is written with reference to Dr Tiny Mhinga of the Men’s Health Forum, who has recently been doing a great deal to spread awareness amongst men. Mhinga is quoted as saying: ‘South African men don’t take care of their health and as a result die much earlier than they should.’ This was ascribed to the fact that they engage in less physical activity, they smoke and drink, and do not acknowledge bodily changes and do fewer routine check-ups. The points raised in this article resonated with the findings from the qualitative study on men’s health. These findings showed that the respondents believe you ‘don’t fix it if it ain’t broke’. The reasons they gave ranged from an inability to get time off from work, competing responsibilities laying claim to their resources, and the use of alternative health practices which are cheaper and in line with their beliefs.

Although the article referring to Dr Mhinga is generally useful in terms of references to men, the problem is that it tends to reduce men’s health-seeking behaviour to a general idea of men as irresponsible, uncaring and lacking any interest in their health. The broader discussion in the article could have done a comparison with, or used as an illustration, other men who care for their health, who undergo tests and have benefited positively from such an approach. That kind of focus would have acted as a motivation and may have painted a broader picture indicating that not all men deal with their health by using avoidance or pleading ignorance.
CONCLUSION

This article has addressed multiple themes that arose from an examination of messages about men and health in the Sowetan newspaper. The majority of the articles under review presented men’s health in negative ways and implied notions of homogeneity in their understanding of masculinity, by presenting men as only able to approach their health through either ignorance or avoidance. There were, nevertheless, a few positive messages relating to men’s health, where a number of ideas of health positive behaviour were shown to be possible for men. Although done poorly, it is impressive that the newspaper provided the space to discuss men’s health. It is not surprising that the articles under consideration were, more often than not, on the margins. This approach is an illustration of the general trend with regard to the significance men’s health has in South Africa. In a forthcoming book by the Human Sciences Research Council (HSRC), a detailed examination of this country’s health policy is provided and it concludes that men’s healthcare needs are not treated as significant. A study of the few articles examined here confirms that the healthcare needs of men are not necessarily ‘news’ as far as the Sowetan is concerned.

In conclusion, Fourie’s (2008, 55) question (raised earlier), namely whether the media should be a watchdog or a guide dog; an informant and messenger, or rather a participant and comrade, warrants a response that suggests that a homogenous understanding of men and of the media will not reflect the reality. The media, much like society, are constantly being negotiated, as is clearly evident in their ability to influence a particular interest one day, before shifting to a completely different one the next. Therefore, the media are the watchdogs, the guides, the informants, the messengers, the participants and, at times, the comrades. This is true even though their different functions might on occasion be in conflict. Further recommendations are that through fulfilling these contested roles the media can commit to showing positive depictions of men in relation to their health. This conclusion is reached with the understanding that men and women consume media in a critical way, and that ‘it is through cultural consent rather than always simple forceful domination that masculinities become effective’ (Ratele 2008, 522). However, the responsibility to illustrate heterogeneity in men’s experiences is significant if the media are to have a positive impact on society in general, and men’s health in particular.

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