Gender Norms and Health Risk Behaviors: A Systematic Review in Latin American Men

Normas de Género y Conductas de Riesgo en Salud: Una Revisión Sistemática en Hombres Latinoamericanos

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Research has shown a relationship between traditional gender norms and the increase in health risk behaviors. However, there are no reviews that systematize findings about this relationship in Latin American men. The aim of this study was to identify and systematize the available evidence on the relationship between traditional gender norms, masculinity, machismo and non-traditional gender norms, and health risk behaviors in Latin-American men. A systematic review was conducted, guided by the PRISMA guidelines, in 5 databases (Web of Science, Scopus, PubMed, Medline and Scielo). Scientific articles reporting empirical studies published since the year 2000 were selected, which included variables related to gender norms and their relationship with health risk behaviors. After the selection process, 62 articles were included in the review. Results allowed the identification of the most studied variables (traditional gender norms and risky sexual behaviors) and gaps in the literature (non-traditional gender norms and unhealthy eating and exercise behaviors). In addition, conclusive evidence was found linking different groups of traditional gender norms with increased substance use and violent behavior. The importance of precise conceptualization and operational definition of gender norm-related variables and their potential effect on specific health behaviors are discussed.

Keywords: gender norms, risk behaviors, men, Latin America, systematic review

Diversas investigaciones muestran una relación directa entre las normas de género tradicionales y el aumento de conductas de riesgo para la salud. Sin embargo, no existen revisiones que sistematicen hallazgos en población de hombres latinoamericanos. El presente estudio tuvo como objetivo identificar y sistematizar la evidencia disponible respecto de la relación entre normas de género tradicionales, masculinidad, machismo y normas de género no tradicionales con conductas de riesgo para la salud en hombres latinoamericanos. Se llevó a cabo una revisión sistemática, guiada por los criterios PRISMA, en 5 bases de datos (Web of Science, Scopus, PubMed, Medline y Scielo). Se seleccionaron artículos científicos de estudios empíricos publicados a partir del año 2000, que abordaran variables relacionadas con las normas de género y su relación con conductas de riesgo para la salud. Luego del proceso de selección, se incluyeron 62 artículos en la revisión. La síntesis de resultados permitió identificar las variables más estudiadas (normas de género tradicionales y conductas sexuales de riesgo) y los vacíos en la literatura (normas de género no tradicionales y conductas alimentarias y de ejercicio no saludables). Se observó evidencia concluyente respecto de la asociación entre los diversos grupos de normas de género tradicionales y un mayor consumo de sustancias y perpetración de conductas violentas. Se discute respecto de la importancia de la conceptualización y operacionalización precisa de las variables asociadas a normas de género y su potencial efecto en conductas específicas de salud.

Palabras clave: normas de género, conductas de riesgo, hombres, Latinoamérica, revisión sistemática

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Gender norms are conceptualized as social rules and expectations that determine both appropriate and acceptable behaviors and attributes according to gender and/or sex, and vary across cultures (Cislaghi & Heise, 2020; Heise et al., 2019). Specifically, traditional gender norms refer to female and male roles and have been characterized by promoting an inequitable and unequal view between what is expected for men and women, heterosexuality as the only valid sexual orientation (heteronormativity), and the binary conception of gender (Nielsen et al., 2000). For this reason, traditional gender norms are often seen as restrictive and limiting for people who do not conform to them.

Gender norms have been the subject of study by various disciplines, including sociology (Ridgeway & Correll, 2004), anthropology (Stoeltje, 2015), economics (Pearse & Connell, 2016) and psychology, the latter playing a crucial role in understanding the influence of gender norms on health behaviors (Fleming & Agnew-Brune, 2015). Various research has evidenced that these norms can influence the formation of attitudes toward gender roles (Ali et al., 2017; Bicchieri, 2017) and lead to risky behaviors that affect people's health, as they increase the likelihood of becoming ill, being injured, or having social problems (World Health Organization, 2014). In women, its negative consequences have been widely documented, ranging from an increased risk of infection by sexually transmitted infections, such as human immunodeficiency virus (HIV; Cianelli et al., 2015; Go et al., 2003), greater probability of being victims of different types of violence (Moral de la Rubia & López Rosales, 2013), to the risk of death by femicide (Marrs Fuchsel et al., 2012). On the other hand, in men, there is evidence of a greater tendency to engage in competitive dynamics with others (Fischer & Hills, 2012) and greater risk behaviors because they are considered "more masculine" (Apalkova et al., 2018), such as a lower use of seat belts, higher probability of drunk driving, higher risk of incurring in carrying weapons and getting involved in physical fights, higher probability of problematic consumption of tobacco, alcohol and other drugs, as well as in risky sexual behaviors (Arciniega et al., 2008; Kulis et al., 2010; Moral de la Rubia & López Rosales, 2013).

The aforementioned behaviors are linked to cultural notions about masculinity, understood as the beliefs, norms, and expectations that guide the behaviors and characteristics that can be considered masculine in a given society (Clinkinbeard & Barnum, 2017). Masculinity has been studied from both a unidimensional and a multidimensional perspective. Unidimensional masculinity accentuates negative aspects or facets of the construct (e.g.g., dominance and control; Rodríguez del Pino, 2013)(e., while multidimensionally, at least three dimensions are relevant: (a) status or the need to achieve social status and respect from others; (b) tenacity or expectations about emotional, mental and physical toughness and self-reliance in men; and (c) anti-femininity or beliefs about men's avoidance of activities and behaviors that are considered stereotypically feminine (Pleck et al., 1993; Thompson Jr. & Cracco, 2008). However, other conceptualizations propose the existence of up to 11 distinct dimensions of traditional masculinity (Mahalik, Good et al., 2003; Mahalik, Locke et al., 2003; see supplementary material), with overlap with some of those described above.

In Latin America, traditional gender norms represent a central cultural component (Díaz-Loving et al., 2019) that emphasizes male dominance and female abnegation (Damián Zenteno et al., 2015; Díaz-Loving et al., 2011; Saldívar et al., 2015). *Machismo* is key to understanding gender dynamics in this region (Gutmann & Viveros Vigoya, 2007). This concept has been conceptualized from two fundamental components: (a) *traditional machismo*, understood as a set of beliefs, norms and cultural values about masculinity, which consider aggressiveness, domination, strength and emotional constraint as acceptable behaviors and attributes for men (Arciniega et al., 2008; Estrada et al., 2011; Gibbons & Luna, 2015) and (b) *caballerismo*, which emphasizes honor-oriented behaviors, family protection and emotional connection as desirable expectations and behaviors (Arciniega et al., 2008).

Globally, a decrease in adherence to traditional gender norms was observed between the 1960s and 2000s (Inglehart & Baker, 2000; Scarborough et al., 2019; Varnum & Grossmann, 2017). Particularly in Latin America, sociopolitical changes, demographic movements, and industrialization processes have gradually produced cultural transformations that have also led to the questioning of traditional gender norms (Inglehart & Baker, 2000; Inglehart & Welzel, 2005; Scarborough et al., 2019; Varnum & Grossmann, 2017).

This has allowed the emergence of new conceptualizations of masculinity as a construct, from which less traditional aspects are emphasized (Arciniega et al., 2008; Mardones Leiva & Vizcarra Larrañaga, 2017; Mirandé, 1997; Torres et al., 2002).

Systematic reviews with Latin American population confirm the trend observed in the world population, in which a link between traditional gender norms and various health risk behaviors is evident (Perrotte & Zamboanga, 2021; Ramiro-Sánchez et al., 2018; Ulloa et al., 2016).

These findings have been evidenced mostly in mixed and female samples, there being to date no systematizations of findings found in studies with samples of Latin American men. On the other hand, even though it could be hypothesized that less traditional conceptualizations of gender could be associated with a lower incidence of risk behaviors, there are no published systematic reviews that report conclusions in this direction. Finally, it is noted that the available reviews are particular to specific risk behaviors, lacking a vision that incorporates the wide range of health risk behaviors, including violent behaviors, substance use, sexual risk behaviors, and unhealthy eating and exercise behaviors (Brener et al., 2013).

Given the above, the question arises: how are gender norms related to risk behaviors in Latin American men? To this end, we identified and systematized the available evidence on the relationship between traditional gender norms, masculinity, machismo and non-traditional gender norms, and health risk behaviors in Latin American men.

Method

A narrative systematic review was conducted (Siddaway et al., 2019), following the guidelines of the PRISMA statement (Moher et al., 2015) and the recommendations for the development and reporting of systematic reviews in psychology and health (Perestelo-Pérez, 2013). In order to ensure a systematic selection process, there was a protocol to guide the review, which detailed the research question and objective, the inclusion and exclusion criteria, the sources of information, the search strategy, the article selection procedure, the conceptual definitions of the variables of interest, and the minimum quality criteria. This protocol is not preregistered. Due to the nature of the included studies, the narrative synthesis methodology was used (Snilstveit et al., 2012).

Inclusion Criteria

As inclusion criteria, scientific articles of empirical studies were considered, which address variables related to gender norms and their relationship with health risk behaviors, according to the classification of the Center for Disease Control and Prevention (Brener et al..., 2013): (a) violent behaviors, which include involvement in physical fights, carrying a weapon, perpetration of intimate partner violence, among others; (b) substance use, such as alcohol, marijuana, cocaine and other drugs; (c) sexual risk behaviors, such as sexual intercourse without a condom; and (d) unhealthy eating and exercise behaviors, which include restrictive diets, high consumption of unhealthy foods, compulsive exercise and sedentary lifestyles. The study design was to be at least correlational. The study samples had to include men whose country of origin is Latin American (including Latino men residing in the United States). Spanish, Portuguese and English were accepted.

Search Strategy

The search was conducted in five different databases: Web of Science, Scopus, Medline, PubMed and Scielo. The terms used were organized in four search fields for title, abstract and keywords: (a) variables related to gender norms, (b) health risk behaviors, (c) men and (d) Latin American countries. Only articles published after the year 2000 were considered, due to the social changes and the evidence previously mentioned. Figure 1 shows an example of the search strategy, which was implemented on May 11, 2021.

Figure 1
Search Strategy

"gender norms" OR machismo* OR caballerism* OR machist* OR "gender role" OR "gender ideology" OR hypermasculinity OR masculinity OR "masculine norms" OR "sexual role ideology" OR "sexual double standard" OR "gender attitudes" OR sexism*.

AND

risky behavior" OR "risky behavior" OR risk-taking OR "dangerous behavior" OR "aggressive behavior" OR "impulsive behavior" OR "road rage" OR "driving under the influence" OR "aggressive driving" OR "text while driving" OR "violent behavior" OR externalizing OR violence OR incivility OR rudeness OR "carrying weapons" OR "physical fight" OR bullying OR harassment OR "runaway behavior" OR "substance abuse" OR "substance use" OR alcohol OR "drug use" OR "drug abuse" OR "drug use" OR "tobacco use" OR drug-seeking OR "needle sharing" OR "underage drinking" OR "binge drinking" OR intoxication OR smoking OR "drinking behavior" OR "sexual behavior" OR "condom* OR "sexual partners" OR "sex work" OR "transactional sex" OR "exchange sex" OR "unsafe sex" OR "high-risk sex" OR "unprotected intercourse" OR "unprotected sex" OR selfneglect OR "compulsive exercise" OR "excessive exercise" OR "exercise addiction" OR sedentary* OR "risk nutritional behavior" OR "binge eating" OR "compulsive eating" OR "unhealthy eating" OR "unhealthy diet" OR "restrictive eating" OR "restrictive diet" OR "restrained eating" OR fasting OR "purge behavior".

AND

men* OR man* OR male* OR boy

AND

Argentina* OR Bolivia* OR Brazil* OR Chile* OR Colombia* OR "Costa Rica" OR "Costa Rican" OR Cuba* OR "Dominican Republic" OR Dominican OR Ecuador* OR "El Salvador" OR Guatemala* OR Honduras* OR Mexico* OR Nicaragua* OR Panama* OR Paraguay* OR Peru* OR "Puerto Rico" OR "Puerto Rican" OR Uruguay* OR Venezuela* OR "Central America" OR "Central American" OR "South America" OR "South American" OR "Hispan American" OR "Hispan American" OR "Latin American" OR Latin* OR Hispan* OR Hispan*.

Note: * For the Scielo database, the asterisk (*) operator can be replaced by a pound sign (\$) or question mark (?).

Methodological Quality Criteria

The methodological quality criteria that guided the second selection phase considered studies that (a) have a total sample of more than 100 participants; (b) indicate the reliability of the instruments used and that at least one instrument has a reliability of more than 0.6 Cronbach's alpha or similar; (c) in the case of including samples of both genders, make differentiated analyses; (d) in the case of including samples of different ethnic/racial groups, control the effect of this variable; and (e) present methodological coherence between the objectives set and the statistical tests used.

Selection Process

For the selection of articles, a protocol was used to verify compliance with the inclusion criteria. Two reviewers, psychologists and doctoral candidates in psychology, in parallel, examined the title, abstract and keywords of the articles obtained in the initial search, according to the inclusion and exclusion criteria. Agreements and discrepancies were then reviewed and resolved by consensus. If there was no consensus, a third researcher arbitrated the decision of inclusion or exclusion. In a second phase, the two reviewers examined the articles in parallel according to the methodological quality criteria, reaching consensus on discrepancies in the same way as in the previous phase. Finally, the articles that passed both phases were subjected to reference review to extract studies not included in the initial search. The EndNote X9.3.3 software (The EndNote Team, 2013) was used to review the articles found.

Mechanisms to Counteract Biases

The following mechanisms were used to counteract bias: (a) studies in English, Spanish and Portuguese were included to control for language bias; (b) different databases were included to control for coverage bias; and (c) the reference lists of selected articles were revised to include studies that were not included in the initial search to control for publication bias.

Summary of Results

To synthesize the results, the variables associated with gender norms were grouped according to the conceptual orientation of each variable identified. The associations were categorized according to the level of consensus and significance they presented: (a) conclusive evidence of a significant relationship, in case all the evidence showed a significant relationship; (b) conclusive evidence of a non-significant relationship; and (c) inconclusive evidence, for those associations that had evidence in favor and against simultaneously (Olivera et al., 2023; Popay et al., 2006).

Results

A total of 1928 articles were found in the five databases. After automatic and manual duplicate removal (n = 935), 993 articles underwent title, keyword, and abstract review. Of these, 876 articles were eliminated for not meeting the inclusion criteria. In the second phase, 119 articles were reviewed for methodological quality criteria, after which 69 were eliminated. The reference list of the 50 articles included in the final phase was reviewed to collate studies that were not included in the original search, and 12 new articles were included. Finally, 62 articles were included in this review (see Figure 2).

Bibliometric Characteristics of the Included Studies

The frequency of publication began to increase in 2008, coinciding with the publications of the traditional machismo and caballerismo scale (Arciniega et al., 2008) and of equitable and inequitable male gender beliefs (Pulerwitz & Barker, 2008). A single article included more than one study.

The main group of variables studied were traditional gender norms (44.44%; n=28), followed by machismo (30.16%; n=19), masculinity (25.40%; n=16) and nontraditional gender norms (14.52%; n=9). On the other hand, 15.63% (n=10) of the studies considered more than one group of risk behaviors. The main group of health risk behaviors studied were sexual risk behaviors (39.06%; n=25), followed by violent behaviors (35.94%; n=23) and substance use (29.69%; n=19). The least studied were unhealthy eating and exercise behaviors (3.13%; n=2) and other health-associated behaviors (4.69%; n=3). 40.63% (n=26) of the studies included female and male samples and 23.44% (n=15) included multiethnic samples (see Table 1).

Traditional Gender Norms

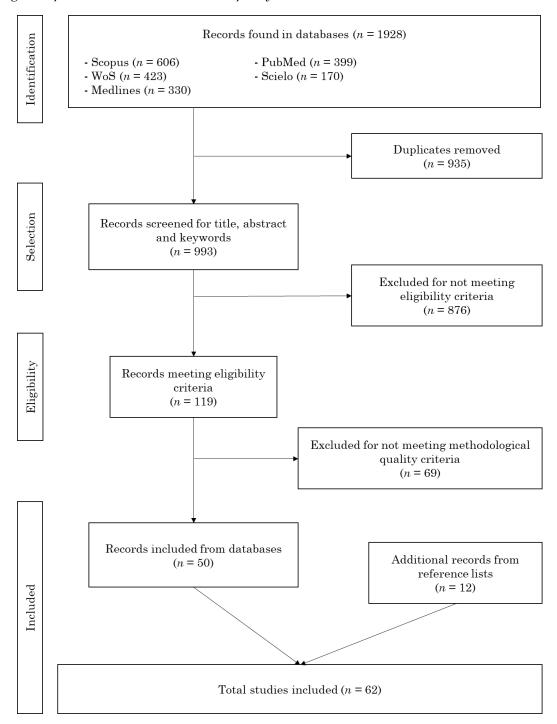
Violent Behavior

Men who more adhered to traditional gender norms were more likely to execute violent behaviors (Pulerwitz & Barker, 2008), physical violence against female partner (Gomez et al., 2011; Nydegger et al., 2017; Reed et al., 2011; Villamil Grest et al., 2018), lifetime sexual violence (Moyano et al., 2017; Nydegger et al., 2017), antisocial behaviors (Nagoshi et al., 2022), attitudes of legitimizing abuse toward heterosexual partners (Glick et al., 2002; Valor-Segura et al., 2014), and verbal sexual coercion (Eaton & Matamala, 2014). However, no significant association was found with cyberaggression (Garaigordobil et al., 2020).

On the other hand, it was observed that benevolent sexism (a type of sexist belief that emphasizes an orientation towards protection, care, affection and idealization of women) was inversely related to the perpetration of *bullying* (DeSouza & Ribeiro, 2005).

Finally, inconclusive evidence was found regarding the direct relationship between traditional gender norms and the likelihood of men experiencing intimate partner violence (Arbach et al., 2019; Pérez Sánchez et al., 2020; Villamil Grest et al., 2018).

Figure 2
Diagram of the Article Selection Process for Systematic Review



 $\it Note$: Implementation date: May 11, 2021.

Table 1 Characteristics of the Articles Included in the Review

Author(s)	Year		Average age	Country of study	Variable related to gender norms	Instrument	Type of risk behavior
Dolezal et al.	2000	307	$\underline{X} = 30,8$ $SD = 7.0$	United States	Masculinity	Aggressive masculinity subscale, Gender Role Questionnaire (Lara- Cantú, 1993) α = 0.81	Substance use Sexual risk behaviors
Pleck & O'Donnell	2001	725	$\underline{X} = \text{n.r.}$	United States	Masculinity	Male Roles Attitudes Scale (Pleck et al., 1993) $\alpha = 0.56$	Violent behavior Substance use Sexual risk behaviors
Glick et al.	2002	394	$\underline{X} = \text{n.r.}$	Brazil	Gender norms	Ambivalent Sexism Inventory (Glick & Fiske, 1996) $\alpha = 0.79 \cdot 0.88$	Violent behavior
DeSouza & Ribeiro	2005	400	$\underline{X} = 17,07$ $SD = 1.27$	Brazil	Gender norms	Ambivalent Sexism Inventory (Glick & Fiske, 1996) $\alpha = 0.53 \cdot 0.61$	Violent behavior
Jarama et al.	2005	250	X = 30	United States	Machismo	Ad hoc, $\alpha = 0.64$	Sexual risk behaviors
Locke et al.	2005	349	$\frac{\underline{X}}{X} = 19$ $SD = 3.97$	United States	Masculinity	Male Role Norms Scale (Thompson & Pleck, 1995) $\alpha = 0.63 \cdot 0.68$	Sexual risk behaviors
Knipper et al.	2007	222	$\underline{X} = 29.8$ $SD = 8.3$	United States	Masculinity	Ad hoc, based on Cuellar et al. (1995) and Neff et al. (1991) $\alpha = 0.78$	Sexual risk behaviors
Villarruel et al.	2007	233	$\underline{X} = 15,4$ $SD = 1.79$	United States	Gender norms	Attitudes toward Women Scale for Adolescents (Galambos et al., 1989) $\alpha = 0.73$	Sexual risk behaviors
Arciniega et al. (study 1)	2008	154	$\underline{X} = 32,3$ $SD = 14.5$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) $\alpha = 0.80 - 0.85$	Violent behavior Substance use
Arciniega et al. (study 2)	2008	477	$\underline{X} = 31$ $DE = 12$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) $\alpha = 0.71 \cdot 0.84$	Violent behavior Substance use
Thompson Jr. & Cracco	2008	264	$\underline{X} = 21.5$ $SD = 3.6$	United States	Masculinity	Male Role Norms Scale (Thompson & Pleck, 1995) $\alpha = 0.71 - 0.78$	Violent behavior
Pulerwitz & Barker	2008	223	$\underline{X} = \text{n.r.}$	Brazil	Gender norms	Gender-Equitable Men Scale (Pulerwitz & Baker, 2007) α = 0.77 - 0.85	Violent behavior Sexual risk behaviors
Rhodes et al.	2008	222	$\underline{X} = 29.8$ $SD = 8.3$	United States	Masculinity	Ad hoc, based on Cuellar et al. (1995) and Neff et al. (1991) $\alpha = 0.78$	Other health-related behaviors
Ayala et al.	2009	455	$\underline{X} = 35,17$ $SD = 12.77$	United States	Masculinity	Ad hoc, based on Cuellar et al. (1995) and Neff et al. (1991) α = 0.72	Unhealthy eating and exercise behaviors
Hirsch et al.	2009	187	$\underline{X} = 28,2$ $SD = 7.4$	United States	Masculinity	Ad hoc, based on Mirandé (1997) α = 0.86	Sexual risk behaviors
Kulis et al.	2010	151		United States	Gender norms	Adaptative and Maladaptaive Gender Role Scale (Kulis et al., 2002; 2003; 2008) $\alpha = 0.50 \cdot 0.66$	Substance use

Table 1 (Continued)
Characteristics of the Articles Included in the Review

Author(s)	Year		Average age	Country of study	Variable related to gender norms	Instrument	Type of risk behavior
Casique	2011	4105	$\underline{X} = \text{n.r.}$	Mexico	Gender norms	Ad hoc, based on the National Survey on Dating Violence (Instituto Mexicano de la Juventud, 2007) α = 0.80	Sexual risk behaviors
Estrada et al.	2011	152	$\underline{X} = 29.5$ $SD = 8.1$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) α = 0.76 - 0.80	Sexual risk behaviors
Gomez et al.	2011	438	X = 19,2	Brazil	Gender norms	Gender-Equitable Men Scale (Pulerwitz & Baker, 2007) $\alpha = 0.82$	Violent behavior
Reed et al.	2011	275	$\underline{X} = 17$ $SD = 1.8$	United States	Gender norms	Gender-Equitable Men Scale (Pulerwitz & Baker, 2007) $\alpha = 0.93$	Violent behavior
Soto et al.	2011	1616	$\underline{X} = 14$	United States	Machismo	Ad hoc, based on Cuellar et al. (1995) and Sabogal et al. (1987) α = 0.77	Substance use
Vogel et al.	2011	4773	$\underline{X} = 32,9$ $SD = 12.2$	United States	Masculinity	Conformity to Masculinity Norms Inventory (Mahalik et al., 2003) $\alpha = 0.77$	Other health-related behaviors
Kulis et al.	2012	1466	$\underline{X} = 12,7$ $SD = 0.59$	United States	Gender norms	Adaptative and Maladaptaive Gender Role Scale (Kulis et al., 2002; 2003; 2008) $\alpha = 0.67 \cdot 0.70$	Substance use
Bermúdez et al.	2013	599	$\underline{X} = 15,48$ $SD = 1.41$	Colombia	Gender norms	Double Standard Scale (Caron et al., 1993), adapted by Sierra and Gutiérrez-Quintanilla (2007) $\alpha = 0.74$	Sexual risk behaviors
Gordon et al.	2013	296	$\underline{X} = 21,3$ $SD = 4.1$	United States	Masculinity	Male Role Norms Scale (Thompson & Pleck, 1995) $\alpha = 0.74$ - 0.90	Substance use Unhealthy eating and exercise behaviors
Kissinger et al.	2013	125	$\underline{X} = 30,1$ $SD = 7.8$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) α = 0.85	Substance use
Lorenzo-Blanco et al.	2013	1436	$\underline{X} = 13,97$ $SD = 0.4$	United States	Gender norms	Multiphasic Assessment of Cultural Constructs · Short Form (Cuellar et al., 1995) α = 0.80	Substance use
Eaton & Matamala	2014	555	$\underline{X} = 20,78$ $SD = 2.06$	United States	Gender norms	Miscellaneous	Violent behavior
Galvan et al.	2014	208	$\underline{X} = 45$ $SD = 9.36$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) α = 0.82	Other health-related behaviors
Iwamoto et al.	2014	804	$\underline{X} = 20,43$ $SD = 2.51$	United States	Masculinity	Conformity to Masculinity Norms Inventory (Mahalik et al., 2003) α = 0.75 - 0.78	Substance use

Table 1 (Continued)
Characteristics of the Articles Included in the Review

Author(s)	Year		Average age	Country of study	Variable related to gender norms	Instrument	Type of risk behavior
Jaruseviciene et al.	2014	5931	$\underline{X} = \text{n.r.}$	Bolivia and Ecuador	Gender norms	Attitudes toward Women Scale for Adolescents (Galambos et al., 1989) $\alpha = 0.61$	Sexual risk behaviors
Levtov et al.	2014	10490	$\underline{X} = \text{n.r.}$	International	Gender norms	Gender-Equitable Men Scale (Pulerwitz & Baker, 2007) α = 0.77 - 0.78	Violent behavior
Valor-Segura et al.	2014	430	$\underline{X} = 27.81$ $SD = 11.74$	Cuba and Spain	Gender norms	Ambivalent Sexism Inventory (Glick & Fiske, 1996) $\alpha = 0.91$	Violent behavior
Barría-Muñoz	2015	832	$\underline{X} = 38,7$ $SD = 11.1$	Chile	Masculinity	Masculinity and Femininity Inventory (Lara, 1993) $\alpha = 0.78$	Violent behavior
Fleming et al.	2015	7806	$\underline{X} = \text{n.r.}$	International	Gender norms	Gender-Equitable Men Scale (Pulerwitz & Baker, 2007) α = 0.67 - 0.89	Violent behavior
Muñoz-Laboy et al.	2015	142	$\underline{X} = 32,9$ $SD = 11.8$	United States	Masculinity	Machismo subscale of the Multiphasic Assessment of Cultural Constructs - Short Form (Cuellar et al., 1995) α = 0.77	Sexual risk behaviors
Casique Rodriguez	2016	13427	<u>X</u> = 16,5	Mexico	Gender norms	Ad hoc, based on the National Survey on Dating Violence (Mexican Institute of Youth, 2014) $\alpha = 0.70$.	Sexual risk behaviors
Clinkinbeard & Barnum	2017	3.926	X = 22,03	United States	Masculinity	Bem Sex Role Inventory (Bem, 1974) α = 0.69 - 0.78	Substance use
Moral de la Rubia & Ramos Basurto	2016	240	$\frac{X}{SD} = 35,41$ $SD = 9.63$	Mexico	Machismo	Machismo Scale of the Historical- Socio-cultural Premises Questionnaire (Díaz-Guerrero, 2007) α = 0.73	Violent behavior
Reyes et al.	2016	577	<u>X</u> = 13,9	United States	Gender norms	Attitudes toward Women Scale for Adolescents (Galambos et al., 1989) $\alpha = 0.70$	Sexual risk behaviors
Moyano et al.	2017	448	$\underline{X} = \text{n.r.}$	Peru	Gender norms	Double Standard Scale (Caron et al., 1993) adapted by Monge et al. (2013) α = 0.63	Violent behavior
Muñoz-Laboy et al.	2015	259	X = 37,5	United States	Machismo	Machismo subscale of the Multiphasic Assessment of Cultural Constructs - Short Form (Cuellar et al., 1995) α = 0.87	Substance use Sexual risk behaviors
Nydegger et al.	2017	176	<u>X</u> = 17,7	United States	Gender norms	Gender-Equitable Men Scale (Pulerwitz & Baker, 2007) $\alpha = 0.85$	Violent behavior Sexual risk behaviors

Table 1 (Continued)
Characteristics of the Articles Included in the Review

Author(s)	Year		Average age	Country of study	Variable related to gender norms	Instrument	Type of risk behavior
Fleming et al.	2018	293	<u>X</u> = 26	Dominican Rep.	Gender norms	Gender Role Conflict/Stress Scale (O'Neil et al., 1986) α = 0.75	Sexual risk behaviors
Villamil Grest et al.	2018	823	$\underline{X} = 15,49$ $SD = 0.36$	United States	Gender norms	Machismo subscale of the Multiphasic Assessment of Cultural Constructs - Short Form (Cuellar et al., 1995) α = 0.80	Violent behavior
Kulis et al.	2018	4932	$\underline{X} = 12,07$ $SD = 0.59$	Mexico	Gender norms	Traditional Gender Role Norms Scale (Knight et al., 2009) $\alpha = 0.76$	Substance use
Arbach et al.	2019	745	$\underline{X} = 25.8$ $SD = 6.2$	Argentina	Gender norms	Ambivalent Sexism Inventory (Glick & Fiske, 1996) $\alpha = 0.85 - 0.91$	Violent behavior
Casique	2019	4738	$\underline{X} = 16,95$ $SD = 1.2$	Mexico	Gender norms	Ad hoc, based on the Survey on Dating, Empowerment and Sexual and Reproductive Health among Adolescent High School Students in Mexico, $\alpha = 0.72$.	Sexual risk behaviors
De Santis et al.	2019	125	$\underline{X} = 43,02$ $SD = 10.34$	United States	Machismo	Multiphasic Assessment of Cultural Constructs - Short Form (Cuellar et al., 1995) $\alpha = 0.78$	Sexual risk behaviors
Dillon et al.	2019	546	$\underline{X} = 30,84$ $SD = 6.17$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) a = 0.88 - 0.90	Sexual risk behaviors
Silva et al.	2019	341	$\underline{X} = \text{n.r.}$	Brazil	Masculinity	Conformity to Masculinity Norms Inventory (Mahalik et al., 2003) α = 0.68 - 0.91	Substance use
Eklund et al.	2020	502	$\underline{X} = 30,77$ $SD = 6.26$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) a = 0.88 - 0.89	Sexual risk behaviors
Garaigordobil et al.	2020	1558	$\underline{X} = 14,64$ $SD = 0.96$	Bolivia	Gender norms	Bem Sex Role Inventory (Bem, 1974) α = 0.77	Violent behavior
Hill et al.	2020	3673	$\underline{X} = \text{n.r.}$	International	Masculinity	Man Box Scale (Heilman et al., 2018) α = 0.89.	Violent behavior
Mamani López et al.	2020	303	$\underline{X} = 21,19$ $SD = 2.31$	Chile and Peru	Machismo	Sexual Machismo Scale (Díaz et al., 2010) $\alpha = 0.70$	Substance use
Mogro-Wilson & Cifuentes Jr.	2020	309	$\underline{X} = 36,69$ $SD = 9.79$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) α = 0.92 - 0.93	Substance use

Table 1 (Conclusion)Characteristics of the Articles Included in the Review

Author(s)	Year		Average age	Country of study	Variable related to gender norms	Instrument	Type of risk behavior
Perrotte, Bibriescas et al.	2020	145	$\underline{X} = 19,25$ $SD = 2.11$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) a = 0.90 - 0.91	Sexual risk behaviors
Perrotte, Zamboanga et al.	2020	207	$\underline{X} = 18,08$ $SD = 0.38$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) α = 0.79 - 0.80	Substance use
Pérez Sánchez et al.	2020	759	$\underline{X} = 20,5$ $SD = 1.69$	Chile	Gender norms	Gender Role Attitudes Scale (García-Cueto et al., 2015) $\alpha = 0.83 - 0.92$.	Violent behavior
Sanchez et al.	2020	242	$\frac{X}{SD} = 12,65$ $SD = 0.97$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) α = 0.83 - 0.88	Sexual risk behaviors Substance use
Balagopal et al.	2022	279	$\underline{X} = 34,9$ $SD = 4.86$	United States	Machismo	Traditional Machismo and Caballerismo Scale (Arciniega et al., 2008) $\alpha = 0.69 - 0.85$	Substance use
Boyce et al.	2022	296	$\underline{X} = 13.8$ $SD = 0.5$	United States	Machismo	Male Roles Attitudes Scale (Pleck et al., 1993) $\alpha = 0.60$	Violent behavior
Nagoshi et al.	2022	955	$\underline{X} = 10,37$ $SD = 0.54$	United States	Gender norms	Adaptative and Maladaptaive Gender Role Scale (Kulis et al., 2002; 2003; 2008) $\alpha = 0.73 - 0.76$	Substance use Violent behavior

 $Note.\underline{X} = Mean$ age (in males, if applicable); SD = Standard deviation; n.r. = Not reported; $\alpha = Cronbach$'s alpha or similar internal consistency measure. * The study contemplates more than one measure for variables related to gender norms.

Substance Use

Greater adherence to traditional gender norms was associated with greater amount and frequency of alcohol, marijuana, and hard drug (e.g., cocaine) use, as well as greater drug use intention and fewer skills to refuse drug use (Kulis et al., 2012, 2018; Silva et al., 2019). Furthermore, these relationships were mediated by antisocial behavior, as greater adherence to maladaptive gender norms was related to greater antisocial behavior and this, turn, greater alcohol consumption (Nagoshi et al., 2022). However, no relationship was found with cigarette smoking (Lorenzo-Blanco et al., 2013).

Sexual Risk Behavior

Traditional gender norms were significantly associated with sexual practices usually considered risky, such as a higher likelihood of having had group sex (Nydegger et al., 2017), a higher number of sexual partners (Bermudez et al., 2013; Fleming et al., 2018), and higher alcohol consumption during last sex (Fleming et al., 2018). However, inconclusive results were observed for condom intention and condom use (Fleming et al., 2018; Pulerwitz & Barker, 2008; Villarruel et al., 2007).

Traditional Masculinity

Violent Behavior

Greater adherence to beliefs about traditional masculinity was significantly associated with greater physical fighting, threats, weapon carrying (Pleck & O'Donnell, 2001), sexual aggressiveness (Thompson Jr. & Cracco, 2008), bullying, perpetration of sexual abuse (Hill et al., 2020), and physical violence against female partners (Barría-Muñoz, 2015; Thompson Jr. & Cracco, 2008). Detailed analyses on the dimensions of traditional masculinity have reflected that tenacity and antagonistic attitudes towards women were associated with greater violent behaviors (Thompson Jr. & Cracco, 2008).

Substance Use

Men who adhered to traditional masculinity to a greater extent exhibited higher alcohol, drug, and cigarette use (Dolezal et al., 2000; Gordon et al., 2013; Iwamoto et al., 2014; Pleck & O'Donnell, 2001) and experienced more negative consequences from alcohol use (Clinkinbeard & Barnum, 2017). When analyzing specific dimensions of traditional masculinity, it was evident that tenacity, "winning," risk-taking, and playboyhad a significant association with alcohol and drug use (Gordon et al., 2013; Iwamoto et al., 2014), whereas emotional control and heterosexual self-presentation were associated less use of these substances (Iwamoto et al., 2014; for definitions of the dimensions of traditional masculinity, see supplementary material).

Sexual Risk Behavior

No conclusive evidence was found regarding the relationship between adherence to traditional masculinity and condom use (Knipper et al., 2007; Locke et al., 2005; Pleck & O'Donnell, 2001) and the number of sexual partners (Hirsch et al., 2009; Muñoz-Laboy et al., 2015). On the other hand, no significant association was observed between beliefs about traditional masculinity and HIV testing (Locke et al., 2005).

Unhealthy Eating and Exercise Behaviors

No evidence was found of a significant relationship between adherence to traditional masculinity and the consumption of fast food, fruits and vegetables (Ayala et al., 2009). However, when analyzing the specific dimensions of the construct, it was observed that status was associated with higher consumption of fruits and vegetables, tenacity, with higher consumption of fast food, and anti-femininity, with lower consumption of fast food and lower physical exercise (Gordon et al., 2013).

Other Health-Associated Behaviors

No conclusive evidence was found regarding the association between adherence to traditional masculinity and the use of health services (Rhodes et al., 2008; Vogel et al., 2011).

Machismo

Violent Behavior

It was observed that higher levels of traditional machismo were associated with a greater number of arrests and physical fights (Arciniega et al., 2008), as well as with a lower perception of harm at the time of suffering physical violence (Moral de la Rubia & Ramos Basurto, 2016). However, no significant association was found with the perpetration of intimate partner violence (Boyce et al., 2022; Moral de la Rubia & Ramos Basurto, 2016).

Finally, caballerismo was not significantly associated with the number of arrests and number of fights (Arciniega et al., 2008).

Substance Use

Evidence was found associating traditional machismo with the presence of lifetime alcohol consumption (Mamani López et al., 2020; Soto et al., 2011) and with greater severity of drinking problems (Balagopal et al., 2022). However, inconclusive evidence was observed regarding the relationship with problem drinking (Kissinger et al., 2013; Mogro-Wilson & Cifuentes Jr., 2020; Perrotte, Zamboanga et al., 2020), the amount of alcoholic beverages consumed per week (Arciniega et al., 2008; Perrotte, Zamboanga et al., 2020) and drug use (Kissinger et al., 2013; Mamani López et al., 2020; Sanchez et al., 2020; Soto et al., 2011).

Finally, caballerismo was not significantly associated with alcohol consumption (Kissinger et al., 2013; Mogro-Wilson & Cifuentes Jr., 2020; Perrotte, Zamboanga et al., 2020) and no conclusive evidence was found on its relationship with drug use (Kissinger et al., 2013; Sanchez et al., 2020).

Sexual Risk Behavior

Evidence was found suggesting that greater adherence to traditional machismo is associated with greater risk behaviors for HIV transmission (e.g., number of high-risk partners; Jarama et al., 2005). However, machismo was not related to early sexual intercourse (Sanchez et al., 2020), number of sexual partners (Estrada et al., 2011; Perrotte, Bibriescas et al., 2020), condom use failures (Perrotte, Bibriescas et al., 2020), and unprotected sex (De Santis et al., 2019; Jarama et al., 2005). Additionally, inconclusive evidence was observed regarding its relationship with intention to be tested for HIV (Dillon et al., 2019; Eklund et al., 2020) and with engagement in risky sexual behaviors in general (De Santis et al., 2019; Estrada et al., 2011; Perrotte, Bibriescas et al., 2020).

In the case of caballerismo, it was found to predict a lower probability of condom use failure (Perrotte, Bibriescas et al., 2020). However, caballerismo was not related to early sexual intercourse (Sanchez et al., 2020), intention to engage in risky sexual behaviors (Estrada et al., 2011; Perrotte, Bibriescas et al., 2020) and number of sexual partners (Estrada et al., 2011). Finally, inconclusive evidence was observed regarding its relationship with HIV testing (Eklund et al., 2020; Perrotte, Bibriescas et al., 2020).

Other Health-Associated Behaviors

In a sample of Latino men who reported living with HIV, higher levels of traditional machismo were found to be associated with lower adherence to antiretroviral treatment, while higher levels of caballerismo were associated with higher adherence to antiretroviral treatment (Galvan et al., 2014).

Non-Traditional Gender Norms

Violent Behavior

Inconclusive evidence on the relationship between adherence to equitable gender norms and lower perpetration of violent behavior was observed (Fleming et al., 2015; Levtov et al., 2014; Nagoshi et al., 2022; Pulerwitz & Barker, 2008).

Substance Use

Inconclusive evidence was found on the relationship between greater adherence to adaptive gender norms (characterized by self-confidence, assertiveness, and goal orientation) and lower alcohol consumption (Kulis et al., 2010, 2012).

Sexual Risk Behavior

Greater adherence to equitable gender norms was associated with greater likelihood of condom use (Casique, 2011), rejection of non-consensual sex (Casique, 2019), contraceptive use, and more positive sexual experiences (Jaruseviciene et al., 2014).

Table 2 provides a synthesis of the above findings.

Table 2Synthesis of the Evidence on the Relationship between Gender Norm-Related Variables and Risky Behaviors

		Nι	Number of studies				
Variable associated with gender norms	Risk behavior		S		NG		
9		+	-	NS	NC		
Traditional gender	Violent behavior	11	1	1	3		
norms	Substance use	4	0	1	0		
	Sexual risk behaviors	4	0	0	4		
Masculinity	Violent behavior	5	0	0	0		
	Substance use	5	1	0	0		
	Sexual risk behaviors	0	0	1	5		
	Unhealthy eating and exercise behaviors	2	2	1	0		
	Other health-related behaviors	0	0	0	2		
Machismo	Violent behavior	2	0	3	0		
	Substance use	3	0	3	11		
	Sexual risk behaviors	1	1	10	7		
	Other health-related behaviors	1	1	0	0		
Non-traditional	Violent behavior	0	0	0	4		
gender norms	Substance use	0	0	0	2		
	Sexual risk behaviors	0	4	0	0		

Note. S = a significant relationship is reported, + = direct relationship, - = inverse relationship). NS = a non-significant relationship is reported. NC = inconclusive evidence. The number of studies included in the review is reported.

Discussion

Gender norms correspond to rules and expectations that determine culturally accepted behaviors for men and women within a society, and have been consistently linked to health risk behaviors in both men and women. In the present review, we systematized the evidence published over the last 20 years on the relationship between gender norms and health risk behaviors in Latin American men. We identified 62 studies that examined this relationship, with an increase in publications since the late 2000s. Traditional gender norms and sexual risk behaviors were the most studied variables, while non-traditional gender norms and unhealthy eating and exercise behaviors were the least examined.

At a general level, and in agreement with evidence from other continents, the present review suggests a significant link between traditional gender norms and some of the risk behaviors studied.

Specifically, and attending to the conceptual distinctions that served to organize the findings of the review, the most robust evidence was observed between traditional gender norms and the perpetration of violent behaviors by men (Eaton & Matamala, 2014; Glick et al., 2002; Gomez et al., 2011; Moyano et al., 2017; Nagoshi et al., 2022; Nydegger et al., 2017; Pulerwitz & Barker, 2008; Reed et al., 2011; Valor-Segura et al., 2014; Villamil Grest et al., 2018). These results could be reflecting a greater problem within the Latin American context, where male violence, and particularly towards women and girls, has been identified as a public health problem and a violation of human rights (Bott et al., 2014). In 2018, the World Health Organization reported a prevalence of 25% of physical and/or sexual violence against women perpetrated by a partner or other perpetrator in the Americas region, ranking third after the African and Southeast Asian regions (World Health Organization, 2021). Likewise, various authors have described the social and legal legitimization of violence against women in regions such as Ecuador (Friederic, 2014), Colombia (Viveros-Vigoya, 2016), Brazil (Debert & Gregori, 2016), Chile (Hiner & Azócar, 2015) and Central America (Obinna, 2021).

A finding of this review that turned out to be consistent across traditional gender norms, masculinity and machismo, is their significant and direct relationship with substance use, which would allow to broaden the understanding of a problem that is very relevant in Latin American men (Alegria et al., 2006; Nolan et al., 2020), due to the consequences it has at different levels, ranging from negative health outcomes, aggression and antisocial behavior (Alnıak et al., 2016; Ting et al., 2009) to increased risk of suicidal behavior, when presented in comorbidity with psychiatric disorders (Vijayakumar et al., 2011). From this perspective, men make up a group vulnerable to suffer certain mental health problems, in which these cultural factors not only potentiate greater substance use, but could also be associated with a tendency to deny the presence of mental health problems (Möller-Leimkühler, 2002; Rickwood et al., 2005) and less professional help-seeking (Hedge et al., 2017; Smith et al., 2018).

Machismo was the variable with the highest number of non-significant and inconclusive associations in relation to risk behaviors, especially those related to substance use and sexual risk behaviors. This result should be interpreted with caution, since it could indicate problems in the reliability and validity of the instruments used to address a complex and constantly changing concept. Although their conceptualization is relatively stable, an exhaustive examination of the instruments used by the studies included in this review indicates a wide heterogeneity in measurement, with differences in their psychometric properties, response formats and length. These instruments include both specific scales and subscales of broader questionnaires and ad hoc measures. Therefore, the inconsistent results could be due to a methodological artifact, which needs to be addressed in research aimed at studying machismo.

One of the additional purposes of this review was to explore the evidence on nontraditional gender norms and their possible inverse relationship with health risk behaviors in Latin American men. In this regard, the first relevant finding was the low number of studies that address the issue in this population. This may be due to the fact that, being more recent gender norms, they are also less shared by different segments of the population, which has limited the availability of evidence to date (Calton et al., 2014).

Additionally, the few studies that address them consider various types of non-traditional gender norms, which may underline the inconclusive results regarding violent behaviors and substance use (Fleming et al., 2015; Kulis et al., 2010, 2012; Levtov et al., 2014; Nagoshi et al., 2022; Pulerwitz & Barker, 2008). Indeed, some of these conceptualizations have been controversial, such as "hybrid" or transitional masculinities, widely criticized for perpetuating gender inequities, including "softened" elements of traditional masculinity (Bridges & Pascoe, 2014; Messerschmidt & Messner, 2018). Therefore, these findings should be taken with caution and consider that the study of non-traditional gender norms is an underexplored field, where there is still a need to accumulate evidence and to have valid and culturally relevant instruments to test their effect on various areas of functioning, including health behaviors.

Future studies in this area should consider the transformations that gender norms have had in society during the last decade and examine the possible effect that these new social norms could have on men's risk behaviors. This implies a challenge for empirical research, since most studies on non-traditional norms have been conducted using qualitative methodologies (Smiler, 2006).

Some efforts have been made to operationalize nontraditional masculinities quantitatively: for example, Kaplan et al. (2017) developed a measure of nontraditional masculinity that evidenced reliability and discriminant validity in Israeli men; however, its use has been limited to studies with U.S. population (Kaplan & Offer, 2022). In this sense, it is important to indicate that the use of measures developed in other contexts should be carried out with caution and a process of cultural adaptation to ensure the representativeness of the measure for the target population, especially in the case of a culturally sensitive construct such as gender norms. A relevant challenge in this line is the development of systematic reviews of qualitative studies (Dixon-Woods, 2011), in order to synthesize the emerging qualitative evidence from Latin American contexts, for the consequent development of relevant instruments.

This review has strengths and weaknesses. Regarding its strengths, including diverse health risk behaviors and different ways of operationalizing gender norms contributes to a broad perspective that allows us to identify both the most robust evidence and gaps in the literature that serve as a guide for future research in the area. In addition, in methodological terms, precise definitions were incorporated for the selection and extraction of results from the articles, which allowed for a rigorous purification process, and appropriate synthesis strategies were used for the nature and number of studies selected, allowing for the identification of gaps in the literature.

Regarding weaknesses, studies were considered heterogeneous in terms of the operationalization of the dependent and independent variables, which prevented the use of quantitative analysis strategies for the extraction of results (e.g., meta-analysis). If future studies have such an objective, it is suggested to focus on the study of a single independent variable (e.g., machismo), in order to obtain methodological homogeneity, evaluating the possibility of carrying out appropriate statistical analyses within the meta-analytical strategy. Additionally, an important number of studies included in this review consider samples of Latinos residing in the United States. In the face of this, it is necessary to take into consideration key phenomena that impact health behaviors, such as acculturation processes (Alidu & Grunfeld, 2018) and acculturative stress (Miller De Rutté & Rubenstein, 2021). However, this limitation highlights the need to increase the number of publications with a Latin American sample, investigating the effect that gender norms specific to each cultural context have on health behaviors.

The results of the present review highlight the need for health promotion and prevention programs aimed at men that incorporate a questioning and modification of the gender norms that are at the basis of risk behaviors for their health. This should have an impact on the analysis and reformulation of the strategies used by different sectors to intervene in the socialization of traditional gender norms. One of the strategies suggested in this line is the promotion of gender equity through initiatives at school, community and media levels (World Health Organization, 2009).

On the other hand, these results show that research on gender norms and risk behaviors has been developed from a mainly heteronormative perspective, which is reflected in the inclusion of exclusively heterosexual and cisgender samples. It is important to reflect on how these studies promote a heterosexist conception of gender and sexual orientation, understanding gender as a binary category - male and female, in contrast - and heterosexuality as the normal and expected orientation. Therefore, future studies along these lines should take the necessary safeguards to avoid heterosexist biases throughout the research process (Herek et al., 1991).

Finally, this review allows concluding that greater adherence to traditional gender norms is associated with harmful health behaviors in men (Alnıak et al., 2016; Ting et al., 2009), which impact the well-being of society as a whole, with women as the main victims of violence (Glick et al., 2002; Pulerwitz & Barker, 2008; Valor-Segura et al., 2014). These findings invite us to examine the continuity of gender-based violence in Latin America from its cultural components and to reformulate intervention strategies.

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Annex A

Dimension	Definition
1. Winning	Focus on success and winning in competitive activities as expected behavior in men.
$2.\ Emotional\ Control$	Social support for control and restriction of emotional expression in men.
3. Risk-Taking	Voluntary exposure to risky situations or predilection for high-risk behaviors, socially expected in men.
4. Violence	Endorsement of violence as an acceptable response in men, socially accepting physical violence.
5. Power over women	Beliefs that men should have more power than women.
6. Dominant	General desire -expected in men- to have personal control or to be in charge of various situations.
7. Playboy	Social acceptance of having multiple sexual partners or sexual relationships without prior or subsequent commitment, with emotional distance from the sexual partner. Social endorsement of casual sexual activity in men.
8. Self-Reliance (Self-Reliance)	Tendency - expected in men - to be self-sufficient, and aversion to asking for help or assistance.
9. Primacy of Work (Primacy of Work)	Vision of work as the main focus of men's lives.
10. Heterosexual self-presentation (Heterosexual self-presentation)	Disapproval of homosexuality or aversion to being considered homosexual.
11. Pursuit of Status	Desire to be seen - by men - as an important person and to be pleased about it.

Source: Definitions drawn from Mahalik et al., 2003; Levant et al., 2020; Owen, 2011; Parent, & Moradi (2009).