<table>
<thead>
<tr>
<th>Abbreviation</th>
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<tr>
<td>BMI</td>
<td>Body Mass Index</td>
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<td>BP</td>
<td>Blood Pressure</td>
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<td>CAPI</td>
<td>Computer Assisted Personal Interview</td>
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<td>DRV</td>
<td>Dietary Reference Values</td>
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<td>EU</td>
<td>European Union</td>
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<td>F&amp;V</td>
<td>Fruit and Vegetables</td>
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<td>FFQ</td>
<td>Food Frequency Questionnaire</td>
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<td>FSA</td>
<td>Food Standards Agency</td>
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<td>FSAI</td>
<td>Food Safety Authority of Ireland</td>
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<td>IEFS</td>
<td>Institute of European Food Studies</td>
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<td>IOI</td>
<td>Island of Ireland</td>
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<td>NANS</td>
<td>National Adult Nutrition Survey</td>
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<td>NDNS</td>
<td>National Diet and Nutrition Survey</td>
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<td>NHS</td>
<td>National Health Service</td>
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<td>NI</td>
<td>Northern Ireland</td>
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<td>NSIFCS</td>
<td>North South Ireland Food Consumption Survey</td>
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<td>PA</td>
<td>Physical Activity</td>
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<td>RNI</td>
<td>Reference Nutrient Intake</td>
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<td>ROI</td>
<td>Republic of Ireland</td>
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<td>SES</td>
<td>Socio-Economic Status</td>
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<td>SSB</td>
<td>Sugar-Sweetened Beverages</td>
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<td>UK</td>
<td>United Kingdom</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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Executive summary

The report will:

1. Give a brief overview of the major public health nutrition and food safety issues for men on the island of Ireland (IOI) and explain the related behaviours;
2. Investigate the environmental, social and personal factors that influence attitudes and food-related behaviour in men from an international perspective;
3. Provide an account of research conducted on the island of Ireland on knowledge, attitudes, perceptions and food-related behaviours of men in relation to both nutrition and food safety;
4. Develop recommendations for further research/action where gaps have been identified through the review process.

Introduction

Increasing attention has been paid to the burden of ill-health experienced by men in many Western countries. In Europe and internationally, the Republic of Ireland has been leading the way by developing a national policy for men’s health. In most countries around the world, women now have a longer life expectancy than men. Similarly, on the island of Ireland, in spite of recent increases in men’s life expectancy, men continue to have higher death rates at all ages and from all leading causes of death. In Northern Ireland, in 2010, men’s life expectancy at birth was 77.08 years (81.53 years for women), while in the Republic of Ireland, figures published in 2009 revealed that men’s life expectancy at birth was 76.8 years (compared to 81.6 years for women). Key health issues for men include circulatory diseases, cancers and respiratory diseases. In relation to food and health, obesity has been highlighted as a major concern in relation to men’s health.

While physiological difference between men and women explain some of the variation in the rate and/or onset of disease (e.g., protective effects of oestrogen in relation to the onset of cardiovascular diseases), other factors, such as socio-cultural influences, which are the main focus of this report, also play an important role. It is acknowledged that men and women experience different influences and motivations with respect to their knowledge and attitudes of and behaviours towards food and health.

The purpose of this report is therefore not to compare men with women or to encourage men to model themselves on women in relation to their food and health behaviour. Rather, the goal is to provide recommendations to improve communications, resources, interventions, education and services targeted at boys and men in relation to food.
**Food safety practices**

Studies from the IOI and internationally have consistently shown men to have less than ideal food hygiene practices and a significantly lower knowledge of food safety issues. Data routinely collected in relation to the incidence of foodborne illnesses in ROI and NI revealed slightly higher incidence rates among men in relation to campylobacter and salmonella. However, evidence on gender differences in day-to-day food safety practices of men is limited.

**Food and nutrient intakes**

Research focusing on food intake practices of men and women has demonstrated significant gender differences. Internationally, men are reported to attach less importance to healthy eating and be less likely to avoid fat, eat fibre, fruits and vegetables or engage in dieting.

On the IOI, a closer look at the findings of nutrition surveys revealed that on average, men were reported higher intakes of energy and consumed greater amounts of macronutrients (carbohydrates, protein, and fat). Men were also found to consume excessive amounts of salt (7.4g/day) as well as higher intakes of processed meats (30g/day), but not enough fruits and vegetables.

**Body weight and BMI**

According to data published in 2011 in ROI, a higher percentage of men were overweight (44%) and obese (26%) compared to women (31% and 21% respectively), however, a higher proportion of overweight and obese men did not feel that they needed to lose weight. The health survey of Northern Ireland published in 2014, revealed that men were more likely to be overweight or obese (69% vs. 57%) than women.

**Influences on men’s food related behaviour**

A wide variety of factors influence men’s food related behaviour from personal, to sociocultural and wider environmental factors. Personal factors include men’s knowledge, attitudes and perceptions of food safety and nutrition. Wider influences on men’s food related behaviour include socio-cultural norms and expectations, the traditional gendered division of domestic labour, as well as environmental factors such as the impact of media portrayals of gender, the availability of services and support structures, and education policy in relation to nutrition and food safety training (Figure 1).
Figure 1 - Mind map of the influences on men's food safety and nutrition behaviour
Personal influences: Knowledge, attitudes and perceptions

Examinations of survey data on the IOI on knowledge of healthy eating found that men were less likely to mention key healthy eating messages, such as ‘reduce fat intake’, ‘eat more fruit and vegetables’ and ‘reduce sugar intake’.

Data from the late 1990s on attitudes to and perceptions of nutrition and healthy eating among consumers in the ROI revealed that the majority of respondents reported their diets to be healthy enough already and that they did not need to make changes to the food they ate. This was reported especially among men, particularly those with primary-level education only. These men were also least likely to regard healthy eating as an important factor influencing long-term good health. Gender differences in food choices appeared to be partly attributed to women’s greater weight control involvement and partly to their strong beliefs in relation to healthy eating, while for men, especially young men, the ‘taste’ of food was regarded as most important. Men reportedly ‘hardly ever’ make a conscious effort to eat a healthy diet while women reported to do so ‘most of the time’.

Influences on food choice

Gender-related levels of knowledge, along with less positive attitudes towards healthy eating and lower levels of concern have the potential to influence men’s food choices. In addition, quantitative surveys conducted in ROI showed that in comparison to men, women were also more likely to cite the desire to eat healthily and body weight as important influences, while for men, the formation of habits and taste preferences seemed to be key factors. Other studies have shown convenience and ease of preparation to be significant motivators in food choice for men, particularly in those who worked shift hours and/or commuted long distances.

In general, research on the island has shown that men tend to conceptualise food as fuel and gauge what they need to eat against the energy they need to expend, topping up with snacks if needed. On the other hand, women tend to emphasize satiety as a key requirement for meals so that they do not need to interrupt their activities to eat before their next meal. Life stage has also been shown to have a major influence on men’s food choices. Young, pre-family men have reported that they are more concerned with appearance and have changed their diet when they feel they need to lose weight. Fathers generally report that they eat healthily due to concerns about their long-term health. Mature men, conscious of their vulnerability to disease, reported that they prefer to avoid medical or surgical intervention if possible through healthy eating.

All in all, men felt nutrition was less important and were less concerned about it. They were more likely to think their diet was already healthy and therefore were less likely to try to make changes in order to eat healthily. In addition, although more men than women are overweight and obese on the IOI, men were less likely to attempt to lose weight and monitor their diet.
Men’s food safety behaviour: knowledge, attitudes and perceptions and practices

Research on food safety behaviour on the island of Ireland is a growing area but for now data is relatively limited. International research revealed that food safety practices were influenced by a wide range of factors, such as personal, social, cultural and wider environmental factors, the nature of the risk involved, the economic and policy environment (legislation/regulation), media messages, experience (past and present), habits, knowledge, cooking skills, food safety training, time pressures and convenience, and socio-demographic factors, as well as attitudes, perceptions and beliefs.

Several studies on the IOI have examined food safety knowledge and demonstrated men to be more likely to engage in less hygienic food handling practices and have significantly less knowledge of food safety issues. In addition, older and younger men may be particularly at risk. Other IOI research has shown that in contrast to women, men do not display a high level of awareness of major news stories concerning outbreaks of food-borne illnesses. Women also appear to make a greater connection between poor food hygiene and illness. This included evidence of first-hand food poisoning instances and outcomes. On the other hand, younger men had a tendency to be averse to realising any type of consequence from engaging in risky food hygiene behaviour and felt invulnerable to many food hazards. Although most men surveyed felt they had experienced some level of food poisoning, none described their symptoms as severe, and their recollections of more serious incidences were vague.

Gender differences in food safety practices

Qualitative research conducted by safefood into men’s food safety practices revealed that younger men adopted a haphazard approach to food preparation practices and also displayed poor knowledge of food safety issues in relation to tasks such as storing and defrosting foods. Men also reported relying on their own senses as better indicators than ‘use by’ dates and were strongly guided by touch (meat and vegetables), taste (many different foods), smell (meat and dairy products) and the physical appearance of food (mould, colour, etc.). Men readily admitted to careless food preparation practices, such as eating out-of-date meat, using the same knife for cutting meat and vegetables and eating food picked up from the floor.

Changing male/female roles within the home as well as higher unemployment rates due to the recent economic downturn have resulted in men taking on a greater role within the home, and specifically the kitchen. Men reported an increased interest in learning about food preparation (including food safety). However, even though men reported participating more actively in the home, they felt that the kitchen is a traditional female domain and, as a result, did not consider themselves fully responsible for food safety.

Cultural and societal influences on men’s food-related behaviour

The World Health Organisation has identified the need to pay greater attention to the shorter life expectancy of men and a lack of understanding of the role of ‘masculinity’ in shaping men’s expectations
and behaviours as a major contributing factor for the health inequality between men and women. Masculinity has been associated with risk-taking behaviour, aggressiveness and a denial of weakness and vulnerability. As a result, the finding that men often neglect their health has been partly attributed to male role expectations. It must be noted at the outset that there is considerable variation between men and, therefore, it is important to take account of the social diversity of men and acknowledge that they are not one overarching or homogenous category.

**Masculine identity, food and health**

While we have ample nutritional studies that document differences in men’s and women’s consumption patterns, we lack an understanding of how gender and food operate together as fields of experience that shape consumers’ lives. There are socially patterned constructions of masculinity that are dominant and relate to power between men and women as well as within various groups of men. This concept of a culturally idealised form of manhood when connected to food practices, refers to a kind of “doing gender” through certain types of foods, cooked in certain ways by particular people, and eaten in certain circumstances. Men and women also have different levels of involvement in their food decisions, rooted in the cultural ideology of being male and female, which can result in men avoiding healthy behaviours because of a prevailing belief that ‘real men must never display feminine characteristics’.

**Gendered food preferences and dietary patterns**

Food itself is generally considered as feminine because the purchasing, preparation and presentation of food has been traditionally regarded as women’s work. However, all foods are not equal: for example, meat and alcohol products appear to function as an important marker of masculinity in various cultures, whereas vegetables, fruits and sweet foods symbolise femininity. Men have been shown to take eating for granted as an everyday practical matter to get energy for work and to kill hunger, which reflect masculine ideas about the body as a machine.

**Masculine identity and body weight**

In contemporary Western societies, men’s fitness and health are clearly defined as occupying a different order, space and need than feminine health, requiring separate environments, specialised knowledge, equipment, cooking techniques and foods. Studies frequently report that men are less likely to try to influence their health status by means of nutrition and find sport and exercise more relevant to their health. Studies have revealed that men tend to make a distinction between men’s and women’s reasons for weight control; men are mostly unconcerned with appearance and diet for ‘good’ reasons, such as health, whereas women are constructed as dieting for less ‘legitimate’ reasons, such as vanity and looks.

Much of the research on overweight and obese individuals and weight loss has involved participants from organised weight loss groups. These studies represent a very small percentage of those attempting to lose weight and attract very few men. This was confirmed by a recent systematic review of the management of obesity in men in the UK, which revealed very few long-term, men-only randomised trials of interventions for reducing obesity, and even fewer interventions that tailored their delivery with men in mind.
Gender and domestic food-work

The apparent propensity of men to do more tasks in the kitchen in recent years might suggest that gender has become less relevant to the world of food. However, in spite of common beliefs, research suggests that the planning, purchasing, preparing, cooking and serving of food in the home has generally remained the domain of women.

- **Division of labour**

Over the past few decades, a common explanation for women being primarily responsible for the majority of domestic tasks, particularly food preparation, has been their greater likelihood of being at home as carers of children. However, despite the fact that nowadays many women work outside the home, they still tend to bear the main responsibility for domestic tasks. Food preparation has been reportedly perceived as an expression of care performed by women and even when men were involved in domestic food work, they did so under their partner's supervision since 'it was not their domain'.

- **Men's domestic food work**

Traditionally, men's cooking has been defined as a hobby, a display of culinary artistry, a means of 'helping out' or as the domain of the professional chef. By contrast, women do the everyday cooking of daily meals in the invisibility of private life. However, recent research suggested that this dichotomisation may be somewhat misleading. Those few studies that have focused on the practices of men who had significant food-related responsibilities, have reported that that men's cooking can be care-oriented. Men have also been shown to actively employ strategies to turn everyday cooking into experiences of leisure. Studies of men with considerable amounts of regular cooking responsibility at home revealed that many viewed their cooking in terms of both traditional culinary masculinity (cooking as an aesthetic or artistic endeavour) and traditional culinary femininity (nurturing loved ones and connecting with others). These men tended to manipulate their cooking environment and situation to make them more entertaining by combining cooking with symbols of leisure such as alcohol or music and merging the domestic and social realms by including friends and loved ones in the process.

- **Domestic food work and femininity**

In the context of this review, it is important to note how food work relates to femininity and whether or not this may have an effect on men's food behaviour. Traditionally, the ability to cook and provide meals for the family has been viewed by many women as a fundamental part of their roles as wives and mothers and so women may hesitate to give up this aspect of their identity.

Studies have consistently shown that most women perceive their disproportionate contribution to food work and other housework as fair. This may be influenced by how outcomes are valued. Keeping an organised household and ensuring family members feel cared for may outweigh any desire for an equitable division of domestic work. To this end, women used various explanations and devices to rationalise their greater involvement and responsibility for family food work. These include discussions on women's greater time availability (whether this is actually the case or not), food work as essentially
women's work, family health matters, women's high standards in relation to food work and reducing family conflicts.

**Gender differences in food preparation training**

In the past, home economics classes in schools were seen as a major source of learning about food. However, these classes are no longer formally taught in many countries and hours allocated to practical learning for such courses have been reduced. Even when these courses are available, there is generally a low level of involvement.

Data from the ROI show that in 2011, 22.8% of Leaving Certificate candidates studied home economics (a decrease from 24.0% in 2008). In the same year, 36% of Junior Certificate students studied home economics (an increase from 34.8% in 2009). However, a breakdown of these figures reveals that the take up of home economics at school is significantly lower among boys during both the Leaving Certificate and Junior Certificate cycles. In contrast, Home economics is compulsory for pupils in NI up to Key Stage 3 (ages 11-14).

**Media representations of men's food and health behaviour**

Media representations about health are ubiquitous and increasingly regarded as influential. Research indicates that this is an additional domain where gender stereotyping in relation to food is perpetuated.

Media constructions of men's health demonstrate a reliance on narrowly defined, stereotypical images of masculinity, such as calls to ‘burn fat’ and ‘build muscle’. On the other hand, a small but significant number of newspaper articles deal with the rise of the ‘metrosexual’ man, who partakes in activities like cooking and dieting. However, these articles construct shopping, dieting and cooking in stereotypically masculine terms, using military metaphors abundantly, with men in the kitchen setting attaining key project objectives and men on diets also weight training to maximise muscular physique.

Although recent accounts of cooking in the media no longer warn men that the kitchen ‘is not their lair’, food preparation is still constructed as gendered work. Male cooking shows hosted on TV differentiate themselves by constructing cooking as a professional, public challenge rather than a domestic chore, emphasised by the absence of discussions of cooking as every day, family-centred labour by male hosts.
How men view the world of food: safefood qualitative research

As part of this Consumer Focused Review, safefood carried out qualitative research to contribute to our understanding of men's current knowledge, attitudes and behaviours around food and health on the island of Ireland.

Research background

The qualitative research involved a series of eight focus groups across urban and rural locations. For the purpose of this research, participants had to be male and aged between 20-65 years. Participants were recruited across different socioeconomic groups and life-stages to present a mix of different ages and family circumstances (with/without children, working/retired/unemployed etc.). In total, 64 participants were recruited. It must be noted that those participants identified as ‘food experts’ were excluded at recruitment stage. This was done to aid group dynamics.

A Censydiam approach was used to understand participants’ motivation in relation to various food and health behaviour. Various positions on the Censydiam wheel represent different motivations for behaviour. The wheel is focused on the theoretical viewpoint that consumers are driven by two main forces, the personal (north/south) and the social (east/west) dimensions. The remaining motivations combine elements of the social and personal dimensions. These are briefly described below in Figure 2.

![Censydiam model](image)

Figure 2 - Censydiam model
Influences on men’s food behaviour

During the research, it became clear that there is a series of obstacles for men to overcome on the road to food responsibility such as overcoming traditional gender stereotypes, lack of education around food, confusion relating to the language used, perceptions of their ability, and the influence of advertising, career, life-stage and household make-up.

Lack of formal education and training was either identified directly by participants or was evident from their narrative as a barrier to their food involvement. Even when men showed an interest in increasing their food involvement and taking part in family food-work, this lack of basic knowledge undermined their confidence in their ability to take ownership of food.

On the surface, men seemed to possess an appropriate language in relation to food and healthy eating. However, closer examination revealed that while buzzwords such as unprocessed, fresh, natural, etc. allow men to converse about food, their knowledge is superficial. This lack of understanding may lead to issues with health and nutrition, and misconceptions for men in relation to what they should eat and what practices they should follow.

Work played an important part in men’s lives. While a job’s major impact on food practices was to reduce time availability, the type of work also affected the participants’ views of their nutrition and health. Participants in blue-collar and rural occupation groups displayed low levels of interest in food and nutrition and believed that the high level of physical activity associated with their occupation could justify unhealthy eating habits. Those among white collar occupational groups reported the negative impact of long working hours and/or commute associated with their job.

Media portrayals of food and cooking also had an influence on men’s food behaviour. Many participants reported watching cooking shows on TV. For many of the participants, the media's view of cooking did not reflect their reality, which was far from the gourmet image portrayed on TV. For some participants, particularly those with poor food knowledge, such media portrayals undermined their food involvement efforts as they perceived barriers to entry to be large and complex.

The pervasiveness and persuasiveness of food advertising was also reported as an influence on food behaviour by most respondents. The ever-increasing presence of health claims and nutritional information on food products confused participants and they struggled to distinguish marketing and advertising messages and interpret the nutritional and health quality of food products.

Men’s food involvement and motivations

A qualitative examination of the findings based on the values from the Censydiam wheel, suggested five food persona types among the participants. Life-stage played a major role in men’s behaviour, and as men progress through life, a number of trigger points become apparent that have an impact on their food and health behaviour.

A majority of the participants began their food lives at either a Frivolous Feeder or an Epicurean Explorer starting point. This period in men’s lives can shape their relationship with food. While Frivolous Feeders
exhibited low levels of interest and knowledge, Epicurean Explorers discovered ways of exploring food
and developed an interest in food involvement. Nevertheless, health was not high on men’s agendas at
this time.

Moving in with a partner triggered some changes in men’s food behaviour. The personality and the food
management style of the partner, the presence of children and changing work circumstances had an
important impact in determining the nature of this change and the role and responsibility of men
regarding food involvement. Some men remained in their original persona if no external influence was
present. However, in general, the presence of one or more of the above influences was likely to shift men
into the Harmony Holder type. This triggered a major overhaul in men’s lifestyle and food behaviour and
generally brought a focus on health.

As men got older, many of them remained in their various food personae, but influences such as
increased time availability, lower levels of responsibility (both in relation to children and career) and
increased disposable income allowed some of them to shift to another persona. The findings show that a
lack of responsibility for children saw some Harmony Holders revert back to their Frivolous Feeder or
Epicurean Explorer personae, while higher disposable income allowed some men to move into the ‘status’
persona of Five-star Foodies.

Later in life, health considerations and doctors’ warnings were some of the influences that increase
men’s consciousness of their vulnerability to disease and often motivated a renewed focus on health and
prolonging life, which saw many men forced into the Regimented Regulators motivation type.

**Communicating with men about food**

Efforts to engage men should be tailored to their particular circumstances and suit their level of skill and
knowledge. High-risk groups such as Frivolous Feeders pose the greatest challenge as their lack of
interest in health messages is difficult to overcome. Efforts should be made early on to educate boys and
young men in relation to food preparation, food safety and healthy eating in order to prepare them to
enter their adult lives with some basic knowledge in food preparation and planning. Building confidence
is important in order to help men feel in control. This can be achieved by keeping solutions convenient
and achievable as these men currently tend to operate with little knowledge of culinary skills. It is also
important to raise awareness of food safety issues among men in all personae groups as food safety
concerns did not feature in any of the participants’ food behaviour accounts.

Timing is very important when targeting health messages at men. Ideally such communications should
be tailored to various transitions men experience through their life course as certain stages or events
help men to be more receptive to such messages and implement changes.
Conclusions

On the island of Ireland, as well as internationally, differences in the health and life expectancy of men and women have been reported. Despite increases in life expectancy over the past few decades, men are at higher risk from major diseases, mainly due to modifiable behavioural factors including poor diet. While there is an abundance of data on men and women’s food intake and dietary patterns, few studies have exclusively examined men’s attitudes and behaviours in relation to food and health.

Studies investigating men’s food practices point to the influence of various socio-cultural factors, such as the role of masculinity in shaping men’s health behaviours as well as environmental influences, including media portrayals of men and women in relation to food and health, education and training in food safety and nutrition, both formal and informal, and availability of dedicated weight management solutions (Figure 1).

Currently on the IOI, gender differences are apparent in men and women’s perceptions of food and health. Even though more men are overweight or obese, men tend to be less concerned about their health and nutrition and are less likely to try to make changes to their behaviour. Men also tend to have poorer food hygiene practices and lower food safety knowledge, and are, in general, less concerned with the consequences of risky food behaviour. Younger and older men appear to be particularly at risk.

To increase their food involvement, men on the IOI are challenged with a number of barriers; overcoming traditional gender stereotypes and navigating changing gender roles, lack of knowledge and skills in food preparation, lack of confidence and a negative perception of their own ability, as well as the influence of advertising and career and lifestyle commitments.

On a positive note, this report reveals that there are opportunities to support men at certain transition stages throughout their lives, such as moving out of the family home, moving in with a partner, having children, etc., when they may be more receptive to health promotion messages and behaviour change.
## Recommendations

### Recommendations for policymakers and service providers

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<th>Policy/Service Area</th>
<th>Significance</th>
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<tr>
<td>Home economics education</td>
<td>Home economics courses at school are a major source of learning about nutrition, health and food safety for many students, in particular boys, who may not traditionally learn such skills at home</td>
<td>Policymakers in ROI should closely monitor the impact of making home economics compulsory in NI (up to key stage 3) in order to evaluate the effectiveness of such a measure in improving the uptake of this course, particularly among boys. Measures should also be taken to examine whether this initiative will result in improved knowledge and skills among participants</td>
<td>Policy makers in area of education and community services</td>
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<td>Men’s health services</td>
<td>Health services need to account for differences between men as well as differences between men and women in the design, delivery and evaluation of their services</td>
<td>Existing services tailored to men, such as the Men’s Shed Movement, could place a greater importance on the link between diet and health, as well as providing members with the information and skills needed to increase their involvement with food</td>
<td>All those working in the area of men’s health, community service providers as well as health service policy makers</td>
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<td>Gateways to health</td>
<td>Some men may not have been traditionally encouraged to develop food and nutrition skills or may not seek information and resources in this area, and so it is important to target these men by alternative means</td>
<td>Initiatives such as sports clubs can be used as a gateway to introduce men to healthy eating and lifestyle behaviour change. Services like community food initiatives have been shown to engage men through an interest in food production, which can then be utilised as a platform for developing other food-related skills, such as healthy eating and food safety</td>
<td>All those working in the area of men’s health and community service providers</td>
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**Recommendations for intervention/communication/education with men**

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<td>Increase confidence in men in relation to food-related skills</td>
<td>Men’s lack of confidence in their own abilities and skills acts as a barrier to their increased food involvement and ownership</td>
<td>Interventions are needed to specifically target men in order to improve their food-related skills and knowledge and improve their confidence levels</td>
<td>All those working in the area of men's health promotion, food and nutrition, education, community service providers as well as the media</td>
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<td>Food education and training</td>
<td>Findings revealed a lack of education and training to be a key barrier in men’s domestic food involvement</td>
<td>Improving the availability of home economic classes in ROI (or food skills courses through transition year) or compulsory school modules, as is the case in NI, would be of benefit</td>
<td>All those working in the area of education and men’s health</td>
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<td>Opportunities for communication</td>
<td>The findings identified various transition periods during men’s lives, such as moving out of the family home or the arrival of children, which resulted in an increased focus on health and therefore an increased acceptance of health and nutrition messages</td>
<td>In order to achieve maximum impact, health promotion and food and nutrition communication should be delivered during these trigger points (e.g., student packs or basic meal recipes, family-friendly or new-parent guidance, etc.). Such communications should avoid perpetuating gender stereotypes in relation to food and health.</td>
<td>All those working in the area of men’s health, media and community service providers</td>
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<td>Communication Area</td>
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<td>Targeted communication strategies</td>
<td>Men should not be treated as a homogenous group and variations in socio-demographics, as well as knowledge and skills levels, should be taken into account when communicating food and health messages to men</td>
<td>Communication strategies should be targeted to men’s specific circumstances and food involvement levels, with the aim of creating tailored advice, which may be more effective in achieving behaviour change. This should be delivered utilising communications channels most relevant to target groups.</td>
<td>All those working in the area of men’s health, media and community service providers</td>
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## Research recommendations

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<td>Data on gender differences in day-to-day food safety practices is limited on the IOI. Much of the research on men’s food safety behaviours on the IOI focuses on knowledge, attitudes and perceptions of food safety issues rather than actual practices</td>
<td>Better understanding of men’s actual level of knowledge and involvement may result in better interventions and more effective behaviour change</td>
<td>Further quantitative and qualitative studies specifically focused on reporting men’s food safety-related behaviour, with a view to developing effective interventions, are needed. These studies should be cognisant of gender differences and build this into the study design and reporting</td>
<td>Researchers and academics from fields of public health, food and nutrition, social psychology and health promotion</td>
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<td>Misperception of body weight and desirability of bigger body frames among men</td>
<td>Contrary to data on overweight and obesity levels on the IOI, men tend to report higher satisfaction with their body weight and are less likely to attempt to change their weight. When focusing on weight control, men tend to perceive sports and exercise as more relevant to health than diet and nutrition. Such body weight misconceptions may act as barriers to weight management interventions. In addition, men’s tendency to favour sports participation and physical activity over dietary control may negatively impact their weight management efforts as they progress through life and decrease their sports participation due to various family, career and life-stage influences</td>
<td>Studies to investigate effective methods/interventions to promote realistic body weight perception among men. Research on how to best communicate and motivate men to consider food and diet as means of improving health, and not just exercise.</td>
<td>Researchers and academics from fields of public health, social psychology, sports nutrition and food and nutrition</td>
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### Research recommendations

<table>
<thead>
<tr>
<th>Research Area</th>
<th>Description/significance</th>
<th>Recommendation</th>
<th>Relevant for</th>
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<tr>
<td><strong>Review of men’s weight management services on the IOI</strong></td>
<td>Men tend to associate diet and weight management with femininity and are less likely to participate in organised weight management/loss groups. Recent evidence has revealed that there are very few long-term interventions for reducing obesity which focus solely on men. In addition, only a few studies have tailored their intervention delivery with men in mind.</td>
<td>Further research is needed to investigate men’s attitudes to weight management services/interventions on the IOI, focusing on the mode of delivery (group, email, telephone, etc.) and the success rate of interventions, with a view to designing effective weight management services for men.</td>
<td>Researchers and academics from fields of food and nutrition, health promotion and public health, as well as health service providers, particularly those in weight management services.</td>
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<td><strong>Focus on men’s domestic food behaviour</strong></td>
<td>Although men have become more involved in family food-work and have taken on more responsibility in recent years, there has not been a corresponding reduction in women’s food involvement, suggesting that men’s involvement tends to be accompanied by guidance and supervision from partners/wives.</td>
<td>More research is needed on men’s domestic food behaviour and level of involvement in family food decisions. In particular, attention should be paid to the practices of those men who bear significant food responsibility.</td>
<td>Researchers and academics from fields of food and nutrition, food behaviour and social psychology.</td>
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<td><strong>Role of masculinity and sociocultural gender expectations on shaping men’s food-related behaviour and practices</strong></td>
<td>Masculine identity has been associated with risk-taking behaviours and a reluctance to engage with health. While there is evidence in the literature of the impact of masculinity on men’s food-related behaviour, there has been no sustained analyses of changes in the ideology or much understanding of how gender and food operate together to shape consumers’ lives. Studies of food and gender have generally focused on women’s experiences, and studies of men’s lived experiences with food are still quite rare.</td>
<td>Further research is needed to investigate the effect of masculinity, specifically in shaping men’s food-related behaviour, while acknowledging the social diversity among men.</td>
<td>Researchers and academics from fields of social psychology, food behaviour and food and nutrition.</td>
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<td>Significance of women’s food behaviour and its influence on men’s food practices</td>
<td>Investigations of division of domestic labour, in particular in relation to food-work, have revealed that women may be reluctant to give up their role as the food decision maker in the family. Women tend to perceive this role as more than food provision, and rather as a means of looking after the family’s health and caring for loved ones, and so may be reluctant to give up this aspect of their identity. In addition, women have reported doubts over men’s ability to successfully perform this task and meet their exacting standards</td>
<td>Research is needed to investigate the impact of women’s influence and food management style on men’s level of food involvement and practices, with the aim of providing recommendations on how to increase men’s domestic food involvement as well as improve their confidence and ownership of family food decisions</td>
<td>Researchers and academics from the fields of social psychology, food behaviour and food and nutrition</td>
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<td>Food education and training</td>
<td>Findings from this research revealed that lack of education and training to be a key barrier in men’s domestic food involvement</td>
<td>Further research is needed to examine the factors influencing boys’ participation in home economic courses, with view to making such courses more attractive to them and increasing their participation levels</td>
<td>Researchers and academics from fields of health promotion, food and nutrition, education, as well as community service providers</td>
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</tbody>
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