

## Exploring the Health Behaviors of Alpha Sole Breadwinners in Lahore, Pakistan



Muzamal Tariq (Corresponding Author)	MPhil Scholar Department of Sociology, School of Social Sciences and Humanities University of Management and Technology Lahore, Pakistan (UMT) <a href="mailto:muzammiltariq90@gmail.com">muzammiltariq90@gmail.com</a>
Zunaira Humail Wajid	MPhil Scholar Department of Sociology, School of Social Sciences and Humanities University of Management and Technology Lahore, Pakistan (UMT) <a href="mailto:zunairahumailnaqvi@gmail.com">zunairahumailnaqvi@gmail.com</a>
Dr. Naveeda Noreen	Assistant Professor Department of Sociology, School of Social Sciences and Humanities University of Management and Technology Lahore, Pakistan (UMT) <a href="mailto:naveeda.noreen@umt.edu.pk">naveeda.noreen@umt.edu.pk</a>
Ammara Naeem	MPhil Scholar Department of Sociology, School of Social Sciences and Humanities University of Management and Technology Lahore, Pakistan (UMT) <a href="mailto:ammaranaeem06@gmail.com">ammaranaeem06@gmail.com</a>

**Abstract:** “Health is wealth” literally, the saying has a great significance in the current era of post-modernism and post-pandemic. The paper aims to explore the health behaviors of sole breadwinners and alpha males in Lahore, Pakistan. In family matters males are the most prominent in decision making whether it is a financial decision or related to any family member. The traditional social construction in the modern era often leads alpha males to poor health due to the burden of responsibilities. This research mainly focuses on the males who are head of the family and sole breadwinners and indicates their preference between their health and family responsibilities. A qualitative study was conducted on males from different areas of Lahore including salesmen, businessmen and automobile mechanics who were the sole breadwinners and alphas in their families. 8 in-depth interviews were conducted after declaring a clear criterion for respondents. Respondents were those who were alpha males of families or sole breadwinners as well as having the responsibilities as head of the family. The data were collected via Purposive Sampling Technique. Initially asking the questions to ensure the proposed criterion of respondents. Those who were not on the criterion were excluded after initial questions. The researchers used a semi-structured interview guide with probing questions to reach out the saturation point until the repeated patterns emerged. Thematic analysis was used to conclude. Results indicate that the behavior of alpha males related to health is detective and they have been suffering from a lot of health problems without being attended to by any medical professional, most of the males prefer their families and children's health over their own.

**Keywords:** Alpha Males, Health Behavior, Masculinity, Men’s Health, Sole Breadwinners.

### Introduction

In the world, there is only 10% of males are alphas or sole breadwinners which means 1 out of every 10 is an alpha male and the rest of the

males are considered as beta males (Elite Daily, 2012). This study doesn’t consider the traditional advantages of being an alpha male but the responsibilities and health behavior of

alpha males in this modern era of feminism. The traditional social construction in this modern era often leads alpha males to poor health. Today being an alpha male doesn't mean enjoying only the power but also having the burden of responsibilities which can affect the quality of life. A study conducted by Kim and Kim (2017), on middle-aged married males, shows that social support and family bonding are the factors that influence the quality of life. For an alpha male, it is important to have good family bonding and social support for a quality life. Cohen and McKay (2020), stated that social support is an essential factor for less psychosocial stress comparing those who have social support and who doesn't have. The social support theory also states that having social support can lead to a better and quality life. Wright (2016), conducted a study by applying Social Support Theory on online social support and health outcomes, he concludes that males who doesn't have face to face social support but via online social support groups and communities they get same support as face to face which is better for health.

From the history of mankind there were alphas who take charge, wearing a band of warrior and conquer anything they want, they take responsibilities and decisions and also influence others who are under the circle, basically, the word alpha is the first letter of Greek alphabet which means the first, in English it means the first of anything, the animal researchers use alpha to prominent the dominance of one who is in power and most important in decision taking as well as responsibility, the term alpha in human beings assumes a person who has an authority and responsibility, who is dominant in social role (Ludeman., & Erlandson. 2006). Specifically, in the family matters the males are the most prominent while taking any decision either related to a family member or financial decision, in this modern era even after the so-called feminism and equality, most males are considered as alphas because traditionally as well as religiously they are assumed to be responsible to earn for the whole family. (Nawaz et al., 2022). This research mainly focuses on the males who are the head of the family and their health behaviors, and how they live their lives

after having the burden of responsibilities on their shoulders. Courtenay (2000) says men in the United States are more likely to die before 7 years than women because of their health behavior and this behavior is socially constructed according to masculinity, similarly, in Pakistan, the social construction of males is like to earn for the whole family and responsible for the decisions that are related to the family. Pelletier and Laska (2012) conducted a study and concluded that young adults ignore a healthy diet because they perceive it as time-consuming, those adults are students and during the heavy course load, they ignore their health.

Nomura et al., (2010) a study conducted on Japanese male workers and they concluded that the work demand is positively correlated with anxiety, depression and strain level in males so, it can be perceived that the males who are busy in earning for their families mostly compromise their health and hardly visit to the doctor even they feel ill. Fuller-Jonap and Haley (1995) stated that males who are spouse caregivers suffer more stress, they have poorer mental and physical health. Multiple studies have been conducted on women's health and their problems and for men this topic is much neglected. (Ul haq et al., 2022). In Pakistan which is an underdeveloped country, and responsibilities of males become more severe and everything like political structure, financial crises and inflation make more stressed and disturbed to males because indirectly the economic condition of the country is related to each family.

In this modern era, where the world has become a global village and era of post-industrialization where life becomes busy, how the males do things, how they earn in an era of competition, usually, they ignore their own things over their families and this is an alarming situation for the males. It is evident thing that men die earlier than women and in Pakistan mortality rate is 171.07 per 1000 males whereas in women's 135.29 per 1000 women. (O'Neill, 2022). that is why this study aims to explore the health behaviors of males who are the heads of families and have to earn for their kids, wives and parents even in this era of selfishness, it is hard to look after other individuals while it is difficult to look

after oneself. According to Lopez–Anuarbe and Kohli (2019) males who have the role of a son face more financial and emotional stress and the authors concluded that male caregivers are at the highest risk of social strain level. In Pakistan the one unpaid work is caregiving to family members, mostly studies conducted on this unpaid work were about women but the real phenomena are when someone works outside the home as well as has the responsibility of inside the home, these are men who are socially constructed or raised to fulfill this type of job without asking any question in Pakistani community and this is the actual research gap between gender and their social roles, while everyone raising voice for women rights somehow they have made males as a stigmatized personality as a wall between women and their rights. While taking the real time example, males have to face all these things like they have responsibility as a son, as a father, as a husband, as an earner and as a guardian who has to be strong without asking any question even by compromising their own mental and physical health.

### **Research Objectives**

- To explore the health behaviors of alpha sole breadwinners
- To indicate the male's preference between their health and family responsibility

### **Literature Review**

Alpha males are breadwinners of the family so they are dominant and responsible. They have great access to power, money and primacy in decision-making including financial decisions for the family, so, they have least emotional bonding and more formal bonding with family. This affects their mental level and causes stress in them. A relative study was done by Franks et al. (1992) who examined social relationships and health with a particular focus on roles of family functioning. Social epidemiological approach and family functioning approach was used to study the role of family functioning and social support on the health of individuals. Health and health behaviors were influenced by social support while family functioning affected the mental

health according to the study. But the connection between social relationships and health was not clear from these two approaches. It was hypothesized that the family functioning affects health more as compared to social support. A pilot survey was designed which contained questions based on demographic, social support issues, symptoms related to depression and cardiovascular health and it was taken from a random sample of patients using Family Emotional Involvement and Criticism Scale (FEICS) for the family functioning whereas Interpersonal Support Evaluation List (ISEL) scale for social support. Structural modelling and regression analysis were done to check the path between health, social support and family functioning. So the study concluded and supported the role of family functioning and social support in determining the health behavior of individuals. But as there exist contrasting relationship between emotional involvement, depressive symptoms and health behaviors so there is a need of a more complex model to understand the role of social relationships in determining the health of an individual. This concept can be related to the life of an alpha male as family connections influence the health behavior in a complex way, particularly mental health is very much affected. Unemotional connections with family and a great sense of responsibility places an alpha male in a stressful condition and depressive symptoms appear. So, family functioning has great impact on an alpha male as compared to social relationships.

Alpha males experience high level of stress and anxiety because of excessive overthinking, worrying and conflicts on different issues. This can trigger issues related to mental health including severe headache and depression. A study conducted by Hammond and Stinchcombe (2019) highlights a similar issue in which they linked health to the social determinants of health including migraine. A particular emphasis was laid on the role of modifiable factors related to lifestyle such as physical activity and their impact on migraine. To study the relationship between the role of social determinants of health and the prevalence of migraine, a sample

consisting of 45-85 years of age based on doctor's diagnosis report was taken and the obtained data were analyzed cross-sectional. So, the outcomes of the study clearly confirmed the prevalence of migraine in both men and women. Similarly, migraine was less prevalent in people who have perceived higher social status while more prevalent among bisexuals and gays as compared to heterosexual men. Similarly, migraine was less prevalent among people who perform some kind of physical activity light mild exercise, walking or sports, etc. as compared to those who perform physical activity only when they get some leisure time. So, this can be related to the overall mental health of males, particularly alpha males as they are the heads of their families so they have to play a managerial role including decision-making and meeting all the necessities of their families. And in doing so, they don't find any leisure time for themselves to engage in any kind of physical activity. So, continuous workload and no leisure time to perform any recreational activity puts them in a situation of stress and hypertension which in turns affect their mental health.

A number of factors including biology of an individual and how he accesses the resources like proper healthcare facilities affects the health and continuity of an individual. Similarly, the modifiable factor plays an important role in maintaining overall health of an individual such as taking healthy diet, having social support, doing proper exercise, and avoiding stress etc. Men are more likely than women to engage in health risk behaviors which enhance the risk of disease, injury or death (Courtenay, 2000). The traditional construction of masculinity also affects the health behavior of men in which they practice masculine behavior by not getting rest from work even in the condition of sickness, driving with sleepy eyes, neglecting healthy diet, etc. thus putting their health on risk by not seeking help from physicians or health professionals and continuously ignoring their illness. A study related to this issue was conducted by Mahalik et al. (2007) in which gender socialization framework was used to study the health behaviors of males and it was

hypothesized that traditional masculine norms influence health behaviors of males. The study was conducted on 253 Australian men including undergraduates and adults completed the Health Behavior Inventory (HBI) and the Conformity to Masculine Norms Inventory (CMNI) using snowball sampling technique. The results of the study supported that traditional masculinity and its norms like self-reliant, promiscuous and violent cause health risk behaviors including poorer health and earlier mortality from the sample of the study. This concept of health risk behavior due to traditional masculinity can be related to the life of an alpha male as he is rigid in nature, self-dependent and work-oriented. In this way he displays traditional masculine behavior by working in a strict environment, having a lot of work load, not quitting work even in the condition of sickness and less willing to visit health professionals.

Some health-risk behaviors such as smoking and drug abuse are used by people to manage the negative effects which result due to stress, depression and other concerns related to mental health. Depression and anxiety are the leading causes of heart related diseases which eventually may cause death. It is observed that cardiovascular diseases occur at higher rates for men (Xu et al., 2016). It is because men are less likely to practice healthy behavior such as they do not eat healthy diet, consume more alcohol and do not prevent smoking, etc. as compared to women (Courtenay, 2011). Mahalik et al., (2021) studied the effects of health beliefs on the relationship between men's depression and healthy heart behavior report. The sample for the study were 435 males who completed an online survey comprising of different scales and indexes related to Depression, cardiovascular diseases and epidemiological studies in a randomized order and were selected from the 50 states. The results were analyzed through SPSS using Hayes' process and path analysis. Results supported that depression and health beliefs influence healthy heart behaviors. It clearly reflected the direct and indirect effects of depression on healthy behaviors of males in which benefits and barriers to healthy behavior play a vital role. This also highlights that male's

depression is biopsychosocial in nature of male's depression as it is interconnected between thought process of a man and his overall health behavior. This can be related to the mind-set of an alpha male as he is confident, self-reliant, having self-control and knowing that he can handle anything on his own. So, this kind of self-imposed isolation not only results in depression but a number of other mental health problems also arise in alpha males. Depression is basically an illness which is constructed as gender mood disorder. So, the help seeking practices related to depression are different for male and female. A similar qualitative study was conducted by Johnson et al. (2012) which explored male's discourse of seeking help in case of depression. The procedure of the study included in-depth, semi-structured interviews from 38 males who were diagnosed or reported with depression and discourse analysis was done to draw the results. A man's overall health, his wellbeing and interaction with the healthcare system is influenced by the social construction of gender. Dominant masculine ideals force males generally to suppress their feelings and emotions or they do so to avoid being perceived as weak, which in turns leads to depression and avoiding help seeking behavior. The results obtained from the study also confirmed the fact that the ideology of gender influences the help seeking behavior which challenges the male's masculine identities. Manly self-reliance, depression, treatment-seeking, guarded vulnerability and connection were the five frames for the gender construction and expression of depression in male. Noone and Stephen (2008) concluded that masculine position in men is created by contending that men seldom use healthcare contrary to women who are regular users of health care. Moreover, it is a gendered health discourse that masculine ideal is a man who displays tolerance to pain and avoids frequent consultations. Alpha males preserve their masculine identities as they are physically tough and pose themselves as mature enough to be knowledgeable and masterful, thus not seeking medical help resulting in depression. One of the leading cause of males dying at higher rates than females is their less willingness

and tendency to avoid seeing the doctor (Farrimond, 2012). This may be due to a number of reasons including not having free time, or not being comfortable with the results of a medical check-up or not being comfortable to tell about their sickness to anyone. This behavior is contrary to masculine norms to visit the doctor or seek medical help. Mahalik and Dagirmanjian (2018) studied working male's constructions of visiting the doctor. The study was conducted with semi-structured interviews of 12 males who were manual employees and were laborers in industries to check the influence of occupations linked with traditional masculinity on seeking medical help in males. Qualitative research methodology was used which resulted in five domains i-e, social norms of medical care including descriptive and subjective norms which stated that male's visits to physicians was influenced by how others visit the physicians and what they talk about the physician's visits, work-related influences, medical help seeking as a threat to their masculinity, contributors to medical help seeking and thinking medical help is gendered event. This considers males as tough and have less utilizers of health care as compared to women who are weak and high utilizers of medical care. The health behavior of alpha males can be well related to this study as they are also tough and rigid in nature, displaying masculine behaviors and not seeking health related help from doctors thus, putting their health on a risk.

### **Methodology**

This research in nature depends on qualitative research methods. firstly, the relevant books and articles studied for initial understanding regarding the subject.

### **Population**

The population of this study are males from different areas of Lahore including salesmen, businessmen and automobile mechanics who are the sole breadwinners or alpha in their families.

### **Sample size and technique**

The sample is also known as a subset of the population that represents the same characteristics as the whole population. 8 in-

depth interviews were conducted after declaring a clear criterion for respondents. Respondents were those who were alpha males of families or sole breadwinners as well as having the responsibilities as head of the family. The data were collected via the Purposive Sampling Technique initially asking the questions to ensure the proposed criterion of respondents and those who were not on the criterion were excluded after the initial questions. The researchers used a semi-structured interview guide with probing questions to reach out the saturation point.

### Data analysis

After collecting the data, it was firstly

### Demographic Information of Participants

Respondents	Age	Job Type	Duty Hours	Marital Status
R1	75 years	Denting painting	10 hours a day	Married
R2	45 years	Denting work	10 hours a day	Married
R3	38 years	Denting work	14 hours a day	Unmarried
R4	38 years	Mechanic	12-14 hours a day	Married
R5	27 years	Electrician of cars	12-14 hours a day	Married
R6	22 years	Salesman	12 hours a day	Married
R7	25 years	Businessman	15 hours a day	Married
R8	28 years	Salesman	9-11 hours a day	Married

### Data Analysis

The data have been analyzed via thematic analysis technique, and the following themes have been emerged from the data.

#### Family Responsibilities:

Family responsibilities are duties to deal with the household tasks. Generally, males are considered responsible for fulfilling all such tasks. The respondents said that they fulfil the responsibilities of the family including pick and drop service, giving money to family or providing them with food essentials, etc.

Mainly all responsibilities, being head of house have the responsibility of decision making as indicated by participant.

*“First of all, my biggest responsibility is to earn*

*transcribed and read for multiple times to get initial codes and themes, Thematic Analysis by (Braun & Clarke 2006). was used to get themes and codes from the data.*

### Ethical consideration

Before starting the interviews, the objectives of the study were explained to all the respondents and started the interviews with the verbal consent of the respondents. All the respondents are anonymous to ensure their confidentiality and strictly no such words are used which can harm the respondents emotionally, psychologically, physically and legally. The respondents were free to leave the interview at any time or at any stage.

*for my children, before coming on work every day, the thought which hits my mind is that whatever happens to our country (even if the earth changes its rotation) I have to bring 2000 rupees to home for today and this is the only option which comes in my mind because, for instance, I know that only the price of milk is 500-700 rupees and the price of vegetables is also 500-700 rupees. Apart from this the breakfast for a day consumes 200 rupees so, I know that I have to arrange 2000 rupees for a day at any cost. And if I am unable to arrange this then I can't run my circle smoothly and the result will be dispute in the family. I have the responsibility of all household chores like, I wake up at 6 or 7 am in the morning... I offer my prayers or not (as it is the matter between me and Allah) but start the day, first of all, I bring*

*the milk, then I fill the water, then I do 2-3 random works, after that I go to bring the breakfast and feed the children with that breakfast, then at 12am I come to work, I have always the fear that something unexpected may not happen with the children or family because in this case my work will be disturbed and if I will not come to work, how will my expenditures be managed”.*

### **Monthly Expenditures:**

Monthly expenditures mean the total money which is spent in carrying out all the functions and tasks that are essential in a month. The respondents said that their monthly expenditures were more than their salary.

*“Expenditures are more due to over pricing of everything than my monthly earning”*

*“My monthly expenditures are more than monthly salary”*

*“My monthly expenses are more than my salary”*

*“Expenditures are 50 thousand plus, you can say like kitchen expense, overall more than salary, and it is only for kitchen expenses other things are apart from this.”*

### **Medical Responsibilities of Family:**

Responsibility related to seek medical treatment for the family is known as the medical responsibility. It is considered that males being the head of the family are responsible for taking their family members to the doctor and bringing medicines to home. The respondents said that they have the medical responsibilities of their families and they take their family members to the doctor when even they are ill.

The participants shared as below:

*“If someone from my family becomes ill, then my wife generally manages but if there is some emergency then I leave the work and go home in order to take my ill child to the doctor because my children are more important than my work to me”.*

*“I have the responsibility of taking my family members to the doctor even if it affects my work”*

*“If someone is ill in my family my mom takes him*

*to the doctor generally, but if there is any serious issue then I leave my work and go home”*

*“Whenever someone from my family becomes ill, it becomes very difficult for me to manage because children don’t get immediate recovery from Govt. hospitals, so I have to take them to private clinics and the doctor’s fee in a private clinic is too high for example 600-700 fee and the medicines fee is apart from this, so it becomes very expensive”*

*“My family’s total responsibility is on me, even if my wife needs to go somewhere then I take her and if I am not available then I give this responsibility to my parents to take my wife wherever she wants to go and same goes for any medical check-up or visit to doctors”*

### **Participation in Family Occasions:**

Every family organizes some special occasions or events like weddings or family get together, Eid, funerals etc. So their relatives and friends have to attend those events because such rituals are prevalent in families. Similarly, some rituals like exchanging gifts etc. are also very prevalent in families. So, the respondents said that they attend the family occasions and participate in such events and gatherings apart from their work and responsibilities.

*“I attend near and dear family gatherings but when it comes to long distant relatives or friends gathering then it becomes difficult for me to attend, in that case someone from my family like my mom attends that event but I manage their expenses for certain event”*

*“For attending the function, if I have extra money I buy new clothes etc. for my children or sometimes they wear some old clothes but I never shop for myself since I got married.”*

*“In this case, there are two conditions, first one is that if the function comes on the day when its off from the work, then I attend that function but If it is on my working day then I don't attend that function. Means, its highly dependent on my off day... otherwise 99% the chances are that I don't attend”*

*“Well, at functions or occasions my family go but I don’t go with them usually due to my job, if*

*for a one day I get late or cannot come to my job, it makes a big loss for me.”*

### **Determination and Social Support:**

Social support means having the support of friends and relatives or the family members because this helps a person in the time of crisis and need. Moreover, having social support creates a positive image of one's self. This also provides best quality of life. The respondents said that they have social support from their family members like brother, wife or mother and due to this their burden is reduced to some extent.

*“Generally speaking, I never faced any difficulty in managing all my responsibilities due to the blessing of Allah Almighty. I would say that everything happens due to the will of Allah Almighty, a man can only try to resolve any issue, but the ultimate power is in the hand of Allah and the man is simply helpless before Him, so what he can do is try to fulfil his responsibilities in a good manner”*

*“I manage all of these responsibilities side by side due to the blessing of Allah Almighty because I think it's my responsibility and I have to fulfil it at any cost. I thank Allah Almighty for His blessing and I think the responsibility He has given to me must be fulfilled by me in a good manner, I would prioritize my family over myself in every matter”*

*“My family manage it but if I have extra money I give them to purchase the grocery and other things”*

*“I manage my household responsibilities along with my job through the support of my family especially my brother is very supportive, and if there is no support, a man alone gets mad while going through all these responsibilities. With the support of Allah, one can overcome stress because he has to fulfil his responsibilities in all the ways”*

*“It is very difficult for me to manage all my responsibilities side by side because I have to look after my home along with my job but as it is my responsibility, so, I have to do it no matter what happens, if there is some emergency at home then it affects my work also as I have to*

*take a pause from my work and leave for home. My mother sometimes supports me by doing some domestic chores but I think it becomes a bit easy if there is some helping hand for you or someone who supports you financially as it decreases your burden”*

### **Burden of work and tiring routine:**

Work is an important part of life and it is a sign of a responsible person because an irresponsible person is idle and does not do any work. When responsibilities increase, work load also increases and the burden of work leads to a hectic routine. The respondents said that they have burden of their work and due to this their routines are very hectic.

*“If I talk about my routine, I come on duty at 10am every day and I take my lunch between 2pm-4pm depending on time availability... if I have work burden at that time I delay my lunch otherwise I take my lunch on time. I don't skip my lunch because I believe eating is also important. My routine is tiring but I don't skip or run away from my responsibilities, even if I am tired I don't escape from my responsibilities, I come on duty after doing all household tasks like bringing water and other daily home's stuff. I sleep at 11pm every night and wake up at 4am every day to offer my morning prayer and then start my day like fulfilling my daily responsibilities etc”*

*“I come on the job at 10am and go back to home at 8-9pm. It is a tiring routine.”*

*“I come to my work at 10am in the morning, eat lunch at 2 to 3pm but it is not fixed and there is no fixed time of going home too, it depends on the workload, sometimes even I miss my lunch because of my work. My routine is very tiring but I manage to fulfil my responsibilities”*

*“My routine is picking and dropping my children from school and doing 14 hours' duty and bring daily grocery for home before coming to work. My routine is tiring as I have to pick and drop my children from school also”*

*“Normally, I come at 2pm at my shop and regularly we close our shop at 11pm but now due to the government's restriction we close at 10pm, my overall routine is from 2pm and until*



*12pm I have to reach home, after reaching home I eat dinner and spend some time with my family, then in morning I drop my kids to school and also pick them back to home, I also go to purchase daily food items like vegetables and meat, this is my fix time and routine. Yes, it is hectic because it is different from nature, naturally, the day is for work and night for sleeping but my work demands sometime of the day and sometime of night, it is little bit hectic but now I am used to this routine. I sleep around 1 to 2am and wake up at Fajr prayers time, I hardly sleep for 6 hours' maximum"*

### **Health Conditions of Sole-Breadwinners:**

Sole breadwinners are those persons who are solely responsible to earn for their families and there is no other source of income than that person. So, such people have heavy responsibilities to deal with and they are burdened due to lot of responsibilities on them. In this way, they mostly ignore their health and do not visit the doctor even in serious illness. So, they face many health problems due to this negligence. The respondents also said that they ignore their health for their work or responsibilities.

*"I never feel headache but I do have chest problem due to painting work, I have been working as a painter for 70 years so ultimately my chest is damaged due to chemicals, thinners etc. affected my breathing and it is affecting my lungs"*

*"Sometimes I feel illness in a month. If I feel headache, I take 1-2 tablets of Panadol, I generally pay more attention towards my family that if they get ill they must be getting a good treatment, especially, my children, me and my wife don't bother our illness"*  
*"I feel illness 2-3 times a month. If I feel headache and in that case I take Disprin tablet and drink tea to overcome the situation, if I feel severe illness I visit the doctor. I feel stress in managing all my responsibilities like paying shop rent and sending money to home"*

*"I feel ill 2-3 times a month and due to this I cannot go for my job 5-6 times. I don't feel general headache but I have blood pressure issue and due to that I feel headache sometimes*

*or you can say migraine. I feel stress in managing all my responsibilities"*

*"I feel ill 4-5 times a month because of my hectic routine as I go home late night and I have to wake up early in the morning so I don't get enough sleep... so I take Panadol tablet and come on duty because I can't be absent from work. I feel headache due to tension, I feel headache almost every day. I feel stress due to overburden of responsibilities"*

### **Detective Health Behaviours:**

Detective health behaviour means individuals undergo tests or screenings to detect the risk of being caught by a specific disease at asymptomatic stage. So, the respondents also said that they don't visit the healthcare professionals until they feel some serious health issue. Their health behaviour was detective rather than preventive.

*"I believe if I am fulfilling my responsibilities in a sound manner then I can't face any problem like stress etc. otherwise there will be problems. I never went for routine medical check-ups."*

*"I think you have to fulfil your responsibilities at any cost so I think it doesn't bother you or cause stress. I don't think routine doctor check-ups are necessary because it puts you in doubts regarding diseases, so I don't visit doctor unless I feel some serious kind of illness"*

*"I overcome stress by having a hope from Allah that He is with me and He will help me in earning and fulfilling all my responsibilities. I don't visit doctor for routine check-ups, about two months ago when I was facing the piles issue then one of my neighbor helped me by giving me a religious ring to wear in finger but I didn't visit the doctor, I don't visit doctor without any severe illness. From the beginning it was my routine to not visit the doctor unless there is something serious because I think Allah bless you with health ultimately"*

*"I manage it with the help of Allah, I don't take any medicine to overcome stress. I don't visit doctor for routine check-up."*

*"I overcome my stress in a way that I offer prayers and Allah helps me from anywhere. I*

*don't visit doctor for regular body check-ups, even if I am sick I use to take some medicine at home instead of visiting the doctor, because of high expenses of hospitals, I mostly go to pharmacy and take a dose of medicine according to my illness. There is no word of exercise in my life, I hardly manage my household and work related responsibilities, there is no time for exercise, I prioritize my family over myself"*

## Conclusion

This research concludes that the behavior of alpha males related to health is detective and they have been suffering from a lot of health problems without being attended by any medical professional. Mostly males prefer their families and children's health over their health. Moreover, this study leads to the implications that the traditional concept of Alpha Males has been abolishing in Pakistan. The sole breadwinners or Alpha Males are no longer in the capacity to be like a charismatic male who makes his way toward success. This research also concludes that the level of less in-depth interviews presents a commonality of reduced alpha characters in Pakistani society.

## References

- Elite Daily. (October, 03 2012). *The Power Behind Being an Alpha Male*. <https://www.elitedaily.com/money/entrepreneurship/alphamale#:~:text=The%20human%20alpha%20male%20population,some%20of%20which%20are%20genetic>
- Kim, H. S., & Kim, S. S. (2017). A converged study about influences of job stress, job security, depression, family bond, subjective health status, social support on quality of life in married middle-aged male. *Journal of the Korea Convergence Society*, 8(3), 101-114.
- Wright, K. B. (2016). Communication in health-related online social support groups/communities: A review of research on predictors of participation, applications of social support theory, and health outcomes. *Review of Communication Research*, 4, 65-87.
- Cohen, S., & McKay, G. (2020). Social support, stress and the buffering hypothesis: A theoretical analysis. In *Handbook of psychology and health (Volume IV)* (pp. 253-267). Routledge.
- Ludeman, K., & Erlandson, E. (2006). *Alpha male syndrome*. Harvard Business Press.
- Nawaz, S., Kiran, A., Shabbir, M. S., & Zamir, A. (2022). A study to analyze the Rights and Responsibilities of Husband and Wife Relationship in Pakistan. *Pakistan Journal of Multidisciplinary Research*, 3(1), 139-151.
- Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: a theory of gender and health. *Social science & medicine*, 50(10), 1385-1401.
- Pelletier, J. E., & Laska, M. N. (2012). Balancing healthy meals and busy lives: associations between work, school, and family responsibilities and perceived time constraints among young adults. *Journal of nutrition education and behavior*, 44(6), 481-489.
- Nomura, K., Nakao, M., Tsurugano, S., Takeuchi, T., Inoue, M., Shinozaki, Y., & Yano, E. (2010). Job stress and healthy behavior among male Japanese office workers. *American journal of industrial medicine*, 53(11), 1128-1134.
- Fuller-Jonap, F., & Haley, W. E. (1995). Mental and physical health of male caregivers of a spouse with Alzheimer's disease. *Journal of Aging and Health*, 7(1), 99-118.
- ul Haq, I., Usman, A., & Ishaq, M. (2022). PERCEIVED MASCULINITIES AND TRANSITION TO FATHERHOOD: A QUALITATIVE STUDY ON OPINIONS OF MEN IN PAKISTAN. *Pakistan Journal of Social Research*, 4(2), 645-650.
- O'Neill, A. (2022). Pakistan - adult mortality rate 2010-2020, by gender. *Statista*.

- Lopez-Anuarbe, M., & Kohli, P. (2019, May). Understanding male caregivers' emotional, financial, and physical burden in the United States. In *Healthcare*, 7 (2), 72.
- Franks, P., Campbell, T. L., & Shields, C. G. (1992). Social relationships and health: The relative roles of family functioning and social support. *Social Science & Medicine*, 34(7), 779-788.
- Hammond, N. G., & Stinchcombe, A. (2019). Health Behaviors and Social Determinants of Migraine in a Canadian Population-Based Sample of Adults Aged 45-85 Years: Findings from the CLSA. *Headache: The Journal of Head and Face Pain*, 59(9), 1547-1564.
- Mahalik, J. R., Levi-Minzi, M., & Walker, G. (2007). Masculinity and health behaviors in Australian men. *Psychology of Men & Masculinity*, 8(4), 240.
- Courtenay, W. H. (2000). Behavioral factors associated with disease, injury, and death among men: Evidence and implications for prevention. *Journal of Men's Studies*, 9, 81-142.
- Mahalik, J. R., Sims, J. P., & Di Bianca, M. (2021). Men's head and heart: Health beliefs mediating depression's relationship to heart-healthy behaviors. *Psychology of Men & Masculinities*, 22(2), 422.
- Xu, J., Murphy, S. L., Kochanek, K. D., Bastian, B., & Arias, E. (2016). Deaths: Final data for 2016. *National Vital Statistics Reports*, 67, 1-76.
- Courtenay, W. H. (2011). *Dying to be men: Psychosocial, environmental, and biobehavioral directions in promoting the health of men and boys*. Routledge.
- Johnson, J. L., Oliffe, J. L., Kelly, M. T., Galdas, P., & Ogrodniczuk, J. S. (2012). Men's discourses of help-seeking in the context of depression. *Sociology of health & illness*, 34(3), 345-361.
- Noone, J. and Stephens, C. (2008) Men, masculine identities, and health care utilisation, *Sociology of Health & Illness*, 30(5), 711-25.
- Mahalik, J. R., & Backus Dagirmanjian, F. R. (2018). Working men's constructions of visiting the doctor. *American Journal of Men's Health*, 12(5), 1582-1592.
- Farrimond, H. (2012). Beyond the caveman: Rethinking masculinity in relation to men's help-seeking. *Health*, 16(2), 208-225.