

Masculinity, Self-efficacy and Men's Likelihood to Seek Help

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Abstract

The aim of this research was to increase understanding into why men fail to seek help from health professionals and significant others. Masculinity and self-efficacy were examined as predictors of men's help seeking. A convenience sample of participants ($N = 128$ male) were asked to complete the Conformity to Masculine Norms Inventory (CMNI), General Self Efficacy Scale (GSE), and the Help Seeking Behaviour Scale (HSBS). Multiple regression results supported the hypothesis that there would be a significant relationship between masculinity and likelihood to seek help. However, some variability was revealed in relationships between the subscales of the CMNI and total scores of the HSBS. Contrary to the second hypothesis, self-efficacy was not significantly related to men's likelihood to seek help. It was concluded that while masculinity may inhibit help seeking behaviour, self-efficacy does not increase this inhibition.



"This meeting of 'The Male stereotype's Club' is cancelled.
Everyone is lost and won't ask for directions"

Introduction

Masculinity is a collection of socially determined attitudes, which are beliefs about what it means to be male (Adler & Mahalik, 2003). Much research has demonstrated that the degree to which men subscribe to masculinity plays an important part in their willingness to seek help regarding their own health (Berger et al., 2005; Courtenay, 2000a). Furthermore masculine attitudes have been posed as a mitigating factor in the lower life expectancies of men compared to women (Courtenay, 2000b). Men utilise health services less (Celentano, Linet & Stewart, 1990) and are less inclined to discuss health related issues with significant others (Shoenbach, Kaplan, Freedman & Kleinbaum, 1986).

Research has demonstrated a relationship between masculinity and self-efficacy (Choi, 2004; Hirschy & Morris, 2002), which is a person's perception of their ability to produce a desired outcome (Choi). More specifically high self-efficacy may reduce any inclination to seek help because self-efficacious men believe that they can solve their own problems (Judd et al., 2006).

The broad aim of this research was to increase understanding into why men fail to seek help from health professionals and significant others. More specifically this study seeks to confirm the results of Berger et al. (2005) who demonstrated a negative relationship between masculinity and help seeking behaviour. Furthermore, the aim is to confirm research by Judd et al. (2006) and demonstrate that self-efficacy further inhibits any propensity to seek help.

It is hypothesised that men's scores on a measure of masculinity will demonstrate a significant model fit regression correlation with their scores on a measure of "likelihood to seek help". Furthermore it is hypothesised that by adding the scores of a measure of self efficacy, the power of the regression model to predict scores of help seeking will be significantly increased.

Method

Participants

Participants ($N = 128$) comprised an all male convenience sample. They were aged between 18 and 63 years ($M = 34.76$, $SD = 12.74$). It was a heterogeneous sample with regards to work, income and spousal arrangements.

Materials

The questionnaire folder included an explanatory statement, demographics questionnaire and three scales: The scales were Conformity to Masculine Norms Inventory (CMNI), General Self Efficacy Scale (GSE) and the Help Seeking Behaviour scale (HSBS).

Procedure

Participants were approached in person or via email and given an explanatory statement along with assurances of confidentiality and support if necessary. Upon consent they were provided with the questionnaire. Completed questionnaires were then collected via email or post.

Results

SPSS version 14 was used to analyse the results. Means and standard deviations for the responses to the three scales are shown in Table 1.

Table 1

Means and Standard deviation for CMNI, HSBS and GSE

	Mean	SD
CMNI	1.30	0.24
HSBS	1.74	0.41
GSE	3.12	0.35

$N = 128$

Preliminary analysis

Pearson product correlation revealed a significant negative relationship ($r = -.19$, $p < .05$) between total scores on the CMNI and HSBS. There was also a significant negative correlation between HSBS mean score and the CMNI subscale of "emotional control" ($r = -.33$, $p < .05$).

Multiple Regression

Table 2 reveals the results of the hierarchical multiple regression analysis.

Table 2

Hierarchical Multiple Regression Results for HSBS, CMNI and GSE means

	B	SE B	β
Model 1			
Constant	2.16	0.22	
CMNI mean	-0.33	0.16	-0.19*
Model 2			
Constant	2.48	0.40	
CMNI mean	-0.31	0.17	-0.18
GSE mean	-0.11	0.11	-0.09

* $p < .05$.

The regression analysis revealed a weak but significant relationship between mean scores on the CMNI and HSBS ($b = -.19$, $p < .05$). When the GSE means were included no significant effect was detected ($b = -.09$, $p > .05$).



Discussion

The goal of this study was to contribute to a greater understanding of men's help seeking behaviour, or lack thereof. It was shown that the more men adhered to traditional male norms the less likely they are to seek help from health professionals and significant others. This finding supports the first hypothesis. In relation to the second hypothesis, self-efficacy was not shown to increase men's inclination to seek help.

In support of the research by Berger et al. (2005) masculinity was negatively correlated with help seeking behaviour. Furthermore emotional control negatively correlated with help seeking behaviour in both the present study and that of Berger et al. Judd et al. (2006) also posed that high emotional control is problematic for traditional men when they are required to express their concerns to someone about health related issues. Judd et al. determined that in addition to emotional restriction, high self-efficacy relates to men's reduced likelihood of engaging in help-seeking behaviour. This study did not support that finding.

Future research concerned with men's health behaviours, such as help seeking, should consider that masculine belief systems can be varied, with different dimensional emphases according to culture class and possibly many other factors. Such consideration will facilitate greater understanding of differences, and could aid in the development of efficacious approaches to improve men's health.

References

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