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Men's Help-Seeking Attitudes in Rural Communities Affected by a Natural Disaster

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Abstract

The article describes a mixed methods study of help-seeking in men living in the Chilean Central Valley, following exposure to a major earthquake event in 2010. The results identify that, within the sample, positive attitudes toward help-seeking correlated with younger age, higher education levels, above-average incomes, and stable personal relationships. It appears that education plays a significant role in shaping such positive attitudes, particularly by influencing views of gender roles and help-seeking. Conversely, older men's reticence toward seeking help appeared linked to negative perceptions of available services and the influence of traditional notions of masculinity. The study concludes that adapting interventions and service offers to men's needs in rural contexts must include an ecosystemic analysis of their reality and incorporate an understanding of masculinity socialization processes.

Keywords

men, help-seeking, rural, masculinity

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Within the scope of the present study, help-seeking is defined as the act of reaching out toward others within a personal or institutional support network in order to obtain help (Barney, Griffiths, Jorm, & Christensen, 2006; Rickwood, Deane, Wilson, & Ciarrochi, 2005). The help sought may be psychological, social, or material in nature. Various obstacles may hinder or inhibit help-seeking, including cultural attitudes and expectations, negative experiences of help services, doubts about confidentiality and privacy, as well as lack of information about available services (Lynch, Long, & Moorhead, 2018; McCann & Lubman, 2018; Seamark & Gabriel, 2018; Topkaya, 2015).

When facing problems that affect physical and mental health, including social exclusion, older men have more difficulty seeking help than other groups. As Roy, Tremblay, Oliffe, Jbilou, and Robertson (2013) argue, older men's self-sufficiency beliefs, rooted in traditional masculinity, have negative consequences that inhibit helping relationships: for example, feelings of self-sufficiency, linked with traditional male gender roles. According to Robertson, Elder, and Coombs (2010) and Sturgeon and Morrissette (2010), traditional masculinity in rural contexts is linked with practices from which men derive pride and a sense of autonomy. That same sense of autonomy or independence is one of the factors in men's reticence toward help-seeking in the face of difficulties, such as stress and mental health problems, that affect their quality of life (Berger, Addis, Green, Mackowiak, & Goldberg, 2013), and this seems particularly true of rural communities (Hull, Fennell, Vallury, Jones, & Dollman, 2017).

In addition, Polain, Berry, and Hoskin (2011) note that cultural and institutional practices in health and social services networks are not adapted to the needs of older

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men, which undoubtedly constitutes a hindrance to their help-seeking. Professional support services are limited in rural regions (Fragar et al., 2010) and, as Seidler, Dawes, Rice, Oliffe, and Dhillon (2016) conclude based on a thorough literature review, men are more likely to seek help when the offer of services is accessible, relevant, and engaging. Moreover, studies have confirmed a reticence toward seeking help among rural men in particular (Berry, Hogan, Owen, Rickwood, & Fragar, 2011; Hull et al., 2017; Polain et al., 2011; Roy, 2014) and among all men in general (Labra, Tremblay, Ependa, & Gingras-Lacroix, 2018; Roy & Tremblay, 2015; Tremblay et al., 2016; Yousaf et al., 2015).

A number of other factors, however, favor men's engagement in help-seeking processes, whether in the context of exposure to a traumatic event or in the course of daily life (Labra et al., 2018). Spousal support, the perception that consulting a professional is necessary, as well as the availability offer of health and social services are all factors that can either motivate or dissuade men's help-seeking. Frequently, it is men's spouses or other women in their close environment who seek help on their behalf or play a significant role in men's decision to seek help (Harding & Fox, 2015; Tremblay et al., 2016). Many men do not receive sufficient social support, which is an aggravating factor of mental and physical health problems (Alston, 2012; Berry et al., 2011; Rousseau, Parent, & Perrier, 2010). Moreover, social isolation among older men is more pronounced in rural regions (Polain et al., 2011).

Study Setting

The municipality of Pencahue, located in the Chilean Central Valley, covers an area of 956.8 km^2 and has a population of 8,315 residents (Pladeco, 2013), or 0.83% of the region's total population, at a density of 8.69 people per square kilometer. Overall, 7.5% of the region's inhabitants live in poverty (CASEN, 2011). Pencahue has seven health facilities operating under the direction of the municipal Health Department. Overall, 91.11% of the municipality's population is registered with primary health-care services; of this number, 57.44% are registered at Pencahue's rural clinic or at the Lo Figueroa community family health center; the other 42.56% are registered with other rural health facilities. A large majority of Pencahue's work force—approximately 76% or 1,978 people—is engaged in agriculture, livestock farming, hunting, and forestry (Fuentes Lagos, 2014). Pencahue's territorial distribution and infrastructure conditions are problematic: many villages are isolated from the center and from one another, not least because of an inadequate road system and inefficient telephone connections; as well, problems with waste disposal and drinking water supplies are frequent (Fuentes Lagos, 2014).

The present study aims to contribute to the body of knowledge on help-seeking, specifically as relates to men exposed to natural disasters in rural Latin American communities and their needs in terms of social services and support. Thus, the objectives of the study were to: (a) identify motivations and hindrances affecting men's help-seeking and (b) identify men's needs in terms of social services and support. The results of the present study will serve to provide intervention pathways for health and psychosocial personnel working with men, as well as to guide future research into men's help-seeking in rural contexts.

Conceptual Framework

The ecosystemic model, originating in the work of Bronfenbrenner (1977), is frequently employed in analyses of the complex relationships between individuals and the environments they inhabit. The model proves equally relevant in analyzing the reactions of men to loss, as well as the diverse causes of male depression. In the ecosystemic model, the environment is represented as a nested hierarchy of mutually reciprocal systems. The innermost layer of the model is the ontosystem, which relates to an individual's personal attributes, such as age and sex, but also skills and abilities. Second is the microsystem, which includes family and social relationships, including all roles and activities experienced by the individual, whether at home, at school, at work or any other interactive setting. Next, the mesosystem includes the links between the different social settings in which the individual functions, for example, between family and work, or between work and health or social services. The next layer above is the exosystem, which includes social contexts that affect individuals without necessarily involving them directly, such as social institutions and policies. The penultimate layer is the macrosystem: the domain of overarching cultural values, norms, and ideologies, which are specific to different cultures and which influence individuals' decisions and behaviors. The last, outermost layer of the model is the chronosystem, which represents processes operating over time, such as the accumulation of positive and negative experiences during periods of change and increased vulnerability.

In the case of health problems manifesting subsequent to exposure to a natural disaster, the ecosystemic model offers a broad and comprehensive perspective that considers not only the individual, but also the various environments or systems that variously contribute to or mitigate problems. In terms of practices, the model goes beyond a narrow focus on individuals to include also the dynamic interactions between subject and environment. The ecosystemic approach prompts an inclusive consideration of the spiral of events and circumstances that can

lead an individual—defined by personal characteristics and living within specific family, social, and cultural contexts—to experience mental health problems following an experience of loss. This conceptual framework, therefore, provides a lens through which to identify positive and negative factors, originating from the spectrum of systems outlined above, which affect the lives of individuals exposed to natural disasters.

Methodology

The researchers elaborated a mixed methods research design consistent with stated study objectives. The study was exploratory, since it involved a small number of participants ($N = 45$) and because little is known about help-seeking in men living in rural Chilean communities affected by the earthquake event of 2010.[1]

Participant Recruitment

The sample was obtained using a nonprobabilistic procedure. Initial participants were referred to the researchers by social workers at community health centers in Pencahue and Lo Figueroa. Additional participants were subsequently recruited through snowball sampling (Goodman, 1961; Handcock & Gile, 2011), that is, as referrals from the initial participants. The method proved well-adapted to the recruitment objectives, since each participant referred another man who met the necessary criteria. The first eight interviews were conducted at the offices of the community health centers in Pencahue and Lo Figueroa. All subsequent interviews ($n = 37$) were carried out at the homes of participants. Individual interview schedules were established separately with each participant. Only one of the men contacted for participation declined to take part in the study, citing a lack of availability in his schedule.

The primary researcher conducted data collection during the period December 2016–February 2017, in semidirected, face-to-face interviews recorded on audio media and subsequently transcribed in their entirety. The interviews addressed a range of themes in order to construct a comprehensive profile of participants' perspectives on help-seeking, personal values, social roles, and experiences with social and health services. The interview questionnaire was adapted from an instrument initially designed for a study of men's psychosocial and health needs, carried out in the Canadian province of Québec in 2014 (Tremblay et al., 2016). A Spanish-language adaptation of the instrument was produced using a double back-translation method in order to maximize question validity. Participants' sociodemographic characteristics were collected through a short questionnaire comprised of closed questions.

Data Analysis

The collected qualitative data were processed using a thematic analysis, consisting of six phases: (a) familiarization with the collected data through repeated examinations of participant interview audio recordings and transcripts; (b) generation of initial codes; (c) identification of themes in the coded material; (d) review of the themes, seeking a complete description of the phenomenon under study; (e) definition and naming of themes; and (f) presentation of results and discussion. The data were subjected to binary classification, by age group, into men aged 54 and younger and men aged 55 and older, a division established in reference to the Canadian statistical classification of individuals aged 55 and older as senior citizens (Statistique Canada, 2015).

Ethical Considerations

The present study was validated by the Université du Québec en Abitibi-Témiscamingue research ethics committee (CER-UQAT, Ethics certificate number: 2016-0) and Laval University (Ethics certificate number: 2016-285) and posed no risks to the physical or psychological health of participants. Respondents' nominative data were retained on paper in a locked file cabinet accessible only to one designated member of the research team. All participants were attributed pseudonyms in order to ensure their confidentiality during data analysis and interpretation. The interview transcripts and database will be destroyed 5 years after the conclusion of the study. A consent form, approved by the ethical research committee at Université du Québec en Abitibi-Témiscamingue, was presented to participants prior to each interview. All respondents participated on an entirely voluntary basis and could at any time and without consequence opt out of the study without justifying their decision.

Sociodemographic Characteristics of Participants

Table 1 presents the sociodemographic characteristics of the 45 study participants. As the table illustrates, 55.6% ($n = 26$) of the sample were men aged 54 and younger, while 44.4% ($n = 19$) were men aged 55 and older. Overall, 40% ($n = 18$) were single, 28.9% ($n = 13$) were married, 11.1% ($n = 5$) lived with an unmarried partner, 13.3% ($n = 6$) were divorced or separated, and 6.7% ($n = 3$) were widowers. Thirty-one percent of participants had children. In terms of occupation, a significant proportion were retired (42.2%; $n = 19$), followed by those who were self-employed (33.3%; $n = 15$) and those who had regular employment in agriculture (22.2%; $n = 10$). The majority of participants had completed the equivalent of primary

Table 1. Sociodemographic Characteristics of Participants.

Characteristics	$N = 45$	%
Age, years		
18–54	25	55.6
55+	20	44.4
Marital status		
Single	18	40.0
Married	13	28.9
Spouse of fact	5	11.1
Divorced/separated	6	13.3
Widower	3	6.7
Children		
Yes	31	68.8
No	14	31.2
Occupation		
Autonomous	15	33.3
Under contract	10	22.2
Student	1	2.2
Unemployment	0	0.0
Retired	19	42.2
Studies		
Primary education	32	71.1
High school	10	22.2
College	3	6.7
University degrees	0	0.0
Monthly pay (US$)		
Less than $425	34	75.6
From $426 to $770	7	15.6
From $771 to $1,078	3	6.7
From $1,079 to $1,540	1	2.2

schooling (71.1%; $n = 32$), while 22.2% ($n = 10$) had obtained a secondary education diploma. Table 1 also shows that a majority of respondents (75.6%; $n = 34$) reported monthly incomes below minimum-wage levels,[2] reflecting the local population's economic vulnerability. All participants had been exposed to the earthquake of 2010.

Results

The present section will first focus on study results in relation to help-seeking, discussing the data in terms of propensity to seek help in correlation with key sociodemographic variables, as well as participants' attitudes toward help-seeking. Participants' perceptions of gender roles will also be examined. Finally, the discussion will address participants' relationship with health and social services, including frequency of consultation and attitudes toward professionals.

Propensity to Seek Help in Correlation With Key Sociodemographic Variables

When asked about the probability that they would seek help or advice in the event of difficult circumstances or emotional problems, 64.4% ($n = 29$) of participants manifested a strong intent to seek help (see Table 2). The results identify that the factors most likely to predispose men to seek help are, in order of frequency in the collected data: employment, secondary or higher education, income above $435, and living with a partner. As the most frequently noted variable among the 29 men who manifested a strong intention to seek help when in need, employment appears as a highly important factor of the initial impetus towards help-seeking among men living in rural communities who participated in the present study. Men with employment were more likely to state that they would react to situations of need by seeking help. The following testimony illustrates one respondent's openness toward help-seeking:

> I am the man of the house, I am the one who has always worked to provide for my family. So if I do not feel well, right away I ask my wife to treat me or take care of me, because I cannot leave my job. That is something I cannot do: to feel like a superman and ask no one for help when I do not feel well. Without work, what do we do, me and my family? If I am sick or if I have a problem, I knock on doors to find a solution. My farming work is important to me and I take care to stay healthy so I can be up to the demands of the job. (Basilio, 64 years)

The respondents' education levels were also analyzed as a factor in help-seeking, using proportion as a measure of relative frequency. The results identify that the most educated respondents were proportionally most favorable to help-seeking (76.9%; $n = 34$). Income also appeared as an important factor in the results: men earning salaries above minimum-wage levels (72.7%; $n = 32$) were more open toward help-seeking; conversely, those living in conditions of economic vulnerability were disinclined to seek help. In terms of civil status, a markedly greater proportion of men with a partner (72.2%; $n = 32$) than those who were single (59.3%; $n = 27$) answered favorably to the notion of seeking help (Table 2).

Men's Attitudes Toward Help-Seeking

Participants expressed reservations about seeking help in difficult situations. The data reveal numerous hindrances to help-seeking, particularly among men aged 55 and older. Significant proportions of men in this age group indicated that they: want to resolve difficulties on their own even when seeking help would make a situation easier (94.7%; $n = 42$); attempt to solve problems alone (100.0%; $n = 45$); feel their pride would suffer if they needed to ask for help (94.7%; $n = 42$); keep their problems to themselves (94.7%; $n = 42$). However, significant majorities of participants also responded favorably to the possibility of seeking help from a physical health professional (78.9%; $n = 35$) and from mental health and psychosocial

Table 2. Help-Seeking.

Characteristics	Unlikely (1, 2, 3) *n* (%)	Neutral (4) *n* (%)	Very probable (5, 6, 7) *n* (%)
Interviewed ($N = 45$)	11 (24.4)	5 (11.1)	29 (64.4)
Age			
18–54 years ($n = 26$)	7 (26.9)	2 (7.7)	17 (65.4)
55 years old and over ($n = 19$)	4 (21.1)	3 (15.8)	12 (63.2)
Civil status			
Single (a, d, e) ($n = 27$)	8 (29.6)	3 (11.1)	16 (59.3)
Married or spouse of fact (b, c) ($n = 18$)	3 (16.7)	2 (11.1)	13 (72.2)
Children			
Yes ($n = 30$)	7 (23.3)	4 (13.3)	19 (63.3)
No ($n = 15$)	4 (26.7)	1 (6.7)	10 (66.7)
Occupation			
With a job (a, b) ($n = 25$)	3 (12.0)	1 (4.0)	21 (84.0)
Unemployment (c, d, e, f) ($n = 20$)	8 (40.0)	4 (20.0)	8 (40.0)
Study			
Primary education ($n = 32$)	9 (28.1)	4 (12.5)	19 (59.4)
High school + ($n = 13$)	2 (15.4)	1 (7.7)	10 (76.9)
Monthly pay (US$)			
Less than $425 ($n = 34$)	8 (23.5)	4 (11.8)	22 (64.7)
$426 and more ($n = 11$)	3 (27.3)	0 (0.0)	8 (72.7)

intervention professionals (73.7%; $n = 33$; see Table 3). Some participants, however, stated that the words "seeking help" were not part of their lives and that men in their communities simply do not think along those lines:

> Here in the countryside it is not easy for us men to go ask for help. That is something we never do, or very rarely. Because if I have a problem with something, I pay to have it fixed. If we need something in the house, I and my wife or my children, we manage to resolve the problems. But if I have a problem I will not say anything to my neighbors. I have no friends, just my family. So I will fix it! This is something I learned from my father and I am like that all the time! (Dionisio, 76 years)

Men in the 54-and-younger age group ($n = 26$) were more open to the idea of receiving help from someone and expressed more positive attitudes toward help-seeking than did older men. A respondent discussed changes in younger men's attitudes toward seeking advice and even help from other men:

> If I have something like distress or if something is hurting me I talk to my friends first. I think that older people here have the mentality that talking about your things or going to the community health center or to see a social worker are not things for men (Orlando, 57 years).

The cross-referencing of collected data on help-seeking and the education variable reports that higher education levels correlate with openness toward help-seeking (Table 3).

Gender Roles

When social roles were addressed in participant interviews, significantly different results were obtained in relation to the age variable. Specifically, 94.7% ($n = 42$) of men aged 55 or older manifested difficulty in communicating affective needs to their partners, compared with 84.6% ($n = 38$) of those in the 54-and-younger age group. Similar differences were noted in results for difficulties in expressing feelings of tenderness (100.0% vs. 88.5%), showing emotion (94.7% vs. 61.5%), and embracing another man (94.7% vs. 65.4%). Likewise, men aged 55 or older were proportionally more likely to say that work frequently takes precedence over the household, the family, health, and leisure (84.2% vs. 57.7%). They were also more likely to say that they experienced difficulties in talking about feelings during sexual relations (100.0% vs. 61.5%). A respondent's testimony reflects these results:

> For me, a man has to remain a man. I do not like people who get cuddly and that kind of thing! Me, I greet people with a strong and firm handshake, and it ends there. I do not talk about my personal things with others, because you know that if you do everyone could find out about it! (Efrain, 82 years)

Correlations of data on social roles and the education variable (primary education compared with secondary or higher) resulted in smaller differences than those observed in relation to age. The two elements that produced some differences were: feeling uncomfortable embracing another

Table 3. Men's Attitudes Toward Help-Seeking.

Questions	Age		Education	
	54 and younger ($n = 26$)	55 and older ($n = 19$)	Primary ($n = 32$)	Secondary or higher ($n = 13$)
Even if I know that by asking for help I could resolve my problems more easily, I hesitate to do so	50.0%	94.7%	71.9%	61.5%
When I am sad or preoccupied and someone tries to help me it annoys me	34.6%	68.4%	50%	46.2%
I am comfortable consulting a physical health professional (family physician, chiropractor, dentist, etc.)	69.2%	78.9%	68.8%	84.6%
I am comfortable consulting a psychosocial intervention professional (psychologist, social worker, counselor, etc.)	65.4%	73.7%	59.4%	5.0%
When I have a problem, I try to resolve it by myself	84.6%	100.0%	87.5%	10.0%
I prefer keeping my problems to myself	88.5%	94.7%	87.5%	5.0%
When I need to ask for help, my sense of pride is affected	73.1%	94.7%	78.1%	5.0%

man (81.3% [$n = 36$] of men with primary-level education responded *strongly agree* compared with 69.2% [$n = 31$] of those with higher education levels) and giving precedence to work over the household, family, health, and leisure (as was the case for 84.2% [$n = 37$] of participants with a primary education compared to 71.9% [$n = 32$] among those with secondary or higher education).

As for personal values, 100% ($n = 45$) participants were unanimous in stating that the things that mattered most to them were: family, work, responsibility, surpassing oneself, and autonomy. Discussing the importance of family and surpassing oneself, one man stated:

> The family, for me, is the most important thing I have. For my family, I would do anything. I work so that my wife and my children, who are grown up now, can be well and lack nothing. They were in a way the driving force so that I could succeed in my life as an agricultural worker, which I have always done, and so that my children may become better people than I was. (Sergio, 53 years)

However, less variance was noted in responses to questions on the value attributed to friends, money, pleasure, and the consumption of material goods.

Characteristics of Available Services Affecting Men's Help-Seeking Choices

All participants aged 55 and older responded that when needing to consult with health or social services, the qualities they look for most are: confidentiality, welcoming staff, and professionalism (Table 4). Participant testimonies illustrate the importance men attach to confidentiality: "If I go consult at the municipal center or the community health center, I want to feel welcomed and, above all, that whatever I talk about with the social worker will remain confidential between her and me!" (Marcelo, 59 years). Similarly, another participant noted: "For me, the most important thing about [health and social] services is confidentiality. I want the social workers and doctors to really respect that principle. We live in an area where everyone knows everyone" (Raúl, 65 years).

Among those aged 54 and younger, however, a climate of trust and service centers' reputation carried the most weight, followed by evening and weekend availability, and a welcoming staff. It is worth noting, as well, that the gender of professionals was the characteristic least frequently described as important by participants in both groups, producing results of 20.8% for men aged 54 and under, compared with 23.5% among older respondents. The following testimony illustrates the concerns of younger participants for extended service hours at health centers:

> For myself, what I want is that we can have access to professionals at any time, including weekends. Sometimes you fall ill in the middle of the night or during the weekend and we do not have access to services like in the big cities, like a doctor who can take care of you. I think, for example, about older, more vulnerable people, they do not have time to wait if they get sick. (Exequiel, 38 years)

In terms of results according to education levels, a high proportion of men with primary-level education described a climate of trust (that is, one where men feel free to talk openly about problems without fear that their personal information may be disclosed) and good reputation as important, while welcoming staff and weekend availability ranked second in importance for this group. Men with secondary or higher education placed most importance on confidentiality, welcoming staff, and professionalism.

Table 4. Characteristics Influencing Choice of Services, by Relative Importance.

Characteristics	Age		Education	
	54 and younger (n = 24)	55 and older (n = 17)	Primary (n = 29)	Secondary or higher (n = 12)
Confidentiality	91.7%	100.0%	93.1%	100.0%
Welcoming staff	95.8%	100.0%	96.6%	100.0%
Availability evenings and weekends	95.8%	94.1%	96.6%	91.7%
Not feeling judged	75.0%	88.2%	82.8%	75.0%
Waiting times	87.5%	88.2%	93.1%	75.0%
A climate of trust	100.0%	94.1%	100.0%	91.7%
Reputation of service center	100.0%	94.1%	100.0%	91.7%
Professionalism	91.7%	100.0%	93.1%	100.0%
Gender of professional	20.8%	23.5%	27.6%	8.3%

Table 5. Participants' Use of Health and Psychosocial Services.

Question	General medicine		Specialized medicine		Psychosocial services	
	n	%	*n*	%	*n*	%
How long ago was your last consultation?						
Within last 3 months	26	57.8	15	33.3	3	6.7
Within last 12 months	11	24.4	9	20.0	3	6.7
Within last 3 years	2	4.4	6	13.3	5	11.1
Within last 10 years	0	0.0	0	0.0	2	4.4
More than 10 years	3	6.7	2	4.4	3	6.7
Never consulted	3	6.7	13	28.9	29	64.5

Men's Use of Health and Social Services

The collected data indicate an underuse of psychosocial services among men participating in the study. Table 5 shows that underuse of these services is prevalent across both age groups and contrasts with their use of physical health services. Specifically, when asked about the length of time since their last consultation with a psychosocial professional (psychologist, social worker), participants' answers reflected critically low rates of consultation, as 64.5% (n = 29) stated never having consulted a psychosocial professional; 6.7% (n = 3) had consulted in the past, but not in the last 10 years; 4.4% (n = 2) had consulted within the past 10 years; 11.1% (n = 5) in the past 3 years; 6.7% (n = 3) within the past 12 months; and another 6.7% (n = 3) in the last 3 months (Table 5).

Respondents cited numerous reasons for not consulting health and psychosocial professionals, including lack of time and feeling healthy. The following testimonies provide an illustration of their reasons:

> Here, work starts early in the morning and ends at sundown in the summer, so I do not have time to go see doctors or social services. My wife takes care of all that! And anyway, my health is always good! So I do not need any of that. I do not know what it means to fall ill. The work in the countryside keeps me plenty busy and I really like what I do. (Samir, 47 years)

> I have never consulted with a social worker, psychologist or anything like that! When I have something [an illness], I manage to heal on my own. For example, if something hurts in my body or I have a headache, I use natural herbs that the earth gives me. I have never been to a hospital, never, never! (Uriel, 40 years)

Both testimonies show that participants associated help-seeking exclusively with apparent physical health problems.

Attitudes Toward Professional Help

Understanding men's underuse of psychosocial services requires a consideration of their attitudes toward consultation, especially since many of these appear to present barriers. For example, 90.9% (n = 44) of respondents aged 54 and younger stated disliking feeling controlled by others, 90.9% (n = 44) considered that their problems would resolve themselves over time, 81.9% (n = 36) would feel weak if they asked for help, 81.8% (n = 36)

stated not knowing what services are available, as well as feeling embarrassed by talking about personal issues, and 90.9% ($n = 44$) indicated that in the event of difficulties they would attempt to find a solution alone. The same attitudes were proportionally higher among men aged 55 or older.

These data were also cross-referenced with the education variable. Men with secondary and higher education displayed a greater openness toward consultation. Men with only a primary education, however, exhibited a high reticence toward consulting someone about a personal problem: all participants stated that they do not like feeling controlled by others, that their problems would resolve themselves over time, and that they would feel weak if they asked for help.

Discussion

The objectives of the present study were (a) to identify the motivations and hindrances influencing men's help-seeking and (b) to identify men's needs in relation to health and social services. In relation to the first objective, the results indicate that a majority (64%) of men exhibited favorable attitudes toward seeking help (i.e., stated an intent to seek help) in case of need. The characteristics shared by those most prone to such attitudes were: employment, secondary or higher education, income above minimum-wage levels, and having a life partner. Thus, a measure of socioeconomic stability appears to be a common thread of favorable attitudes toward help-seeking: these men are educated, have stable incomes, and receive support from their partners. These results, therefore, contradict those of some previous studies, which have argued that men living in rural zones are reticent to seek help (Berry et al., 2011; Polain et al., 2011; Roy & Tremblay, 2015; Tremblay et al., 2016). This proved to be the case of only 36% of the sample analyzed in the present study.

Considering the results within the framework of the ecosystemic model developed by Bronfenbrenner (1977), men's stated intent to seek help in case of need may be influenced by elements located within the mesosystem and ontosystem. Thus, it is possible that a life partner's influence on help-seeking (positive mesosystem) and the influence of education (protective ontosystem) on perceptions of gender roles both act against a hegemonic traditional masculinity and its stereotypes, such as that men, especially in rural communities, do not seek help. These remain hypothetical inferences that have yet to be fully explored in future research. Nevertheless, the present study and others do suggest that perhaps a measure of optimism is justified: we may be witnessing a paradigm shift in attitudes toward help-seeking among men living and working in communities and professions considered traditional. If this is the case, the change is likely influenced by education and its impact on perceptions of male gender roles and masculinity in connection with help-seeking (Labra, Maltais, & Tremblay, 2017). It appears that the ontosystem plays a key role in shaping such attitudes in men with above-primary education levels.

However, men aged 55 and older exhibited reticence toward seeking help when faced with problems, even while acknowledging that help could be beneficial. Instead, they choose to resolve their problems alone. These results may be linked with the lower education levels of this age group of respondents (fragile ontosystem) and with traditional perceptions of masculinity as anchored in self-sufficiency (Elliot-Schmidt & Strong, 1997). In addition, the men participating in the study all worked in a highly masculinized agricultural milieu and have lived their lives in rural communities where traditional masculine values remain prevalent. This must also be considered as a contributing factor in their inhibition toward seeking help. Previous studies have reported that accepting help may be threatening the sense of masculinity of men living in rural regions (Berry et al., 2011; Morrissey & Reser, 2007; Polain et al., 2011). Transposing this into the Bronfenbrenner (1977) model, the macrosystem —norms and ideologies communicated by the prevailing culture—appears as the source of hindrances to help-seeking among older men, through codes of masculinity with which they have been imprinted since a young age. For Robertson et al. (2010) and Sturgeon and Morrissette (2010), masculinity in rural communities is associated with practices that strengthen feelings of pride and autonomy in men. Against this background, since seeking help goes against these practices, it may easily be interpreted as a sign of weakness and nonmasculinity (Labra et al., 2018). Admitting to needing help diminishes these men's belief that they can resolve their problems autonomously and undermines their masculine identity in a rural context marked by gendered values and roles.

Men aged 54 and younger, by contrast, exhibit more open attitudes to both seeking and receiving help. This seems a positive bellwether: younger men appear to base their perceptions of help-seeking more on the benefits they may derive from assistance when in need. For these men, therefore, gendered influences, as represented in the hegemonic masculinity[3] model outlined by Perron (2014) and Roy and Tremblay (2012), are of lesser importance.

On the level of gender roles, although the results do not show some differences in relation to the age variable, men aged 55 and older displayed relatively more difficulty in expressing their emotions, talking about feelings during sexual relations, expressing tenderness, communicating affective needs to their partners, and revealing their emotions. Moreover, cross-referencing data on

education and views on gender roles among men aged 55 and older shows that they held more traditional perspectives than did other subgroups in the sample. These results parallel those of Tremblay et al. (2016) and Houle, Mishara, and Chagnon (2005), who also concluded that men have difficulty showing their emotions and tend to attempt solving problems alone.

With regard to the second objective (i.e., to identify men's needs in relation to health and social services), men aged 55 and older all expressed a desire for health and social services where they are welcomed by friendly staff, that are professional, and that guarantee their confidentiality. Respondents were especially concerned with the topic of confidentiality: they live in closely-knit communities where nearly everyone knows everyone else and so do not want their personal difficulties to become public knowledge among their neighbors. In addition, the importance of confidentiality and welcoming staff has been identified previously in other studies (Lajeunesse et al., 2013; Tremblay et al., 2016). Younger participants were more concerned with a climate of trust and the good reputation of service centers. It is worth noting that all the aforementioned elements are exosystem factors affecting men's help-seeking: health and social services networks should acknowledge these factors in designing the offer of services available to men and in bringing about relevant changes to the helping relationship (Bizot, Viens, & Moisan, 2013). The gender of professionals did not seem to be either a significant motivator or hindrance to men's help-seeking. In fact, among all participants, this was the factor least frequently described as important; participants with secondary or higher education were fewest to consider it important.

In terms of consultation behaviors, the results clearly denote a worrisome underuse of psychosocial services. It is essential to note that all participants had been exposed to the extreme event of one of the strongest earthquakes ever recorded. That a majority of the men stated they had never consulted a psychosocial professional likely means that they have never received any psychosocial support to help them overcome the earthquake's impact on mental health. As Tremblay et al. (2016) argue, men's underuse of health and psychosocial services is strongly linked to factors linked with traditional male socialization. As discussed above, such factors are located in the macrosystem within the ecosystemic model. The cultural sphere, therefore, had a significant influence on participants' behaviors in the context of their rural communities.

Furthermore, the men most disinclined toward help-seeking expressed attitudes and perceptions that constitute barriers to consultation. In order of importance, these were: disliking feeling controlled by others, believing that problems will resolve themselves with time, feeling weak when asking for help and not knowing what services are available. This was especially true for men aged 55 and older. As other studies have reported, feelings of autonomy are a source of pride for men in rural contexts (Robertson et al., 2010; Sturgeon & Morrissette, 2010). This is closely linked with male gender roles, specifically the goal of freedom in relations with others and the importance of control over solutions to problems (Tremblay et al., 2016). Thus, traditional male perceptions and roles provide at least partial explanation for the underuse of available services observed among participants. As noted previously, however, men with above-primary education levels exhibited a more open attitude toward available services and held perceptions less tied to notions of autonomy and male pride. This observation calls for both guarded optimism and farsighted planning: younger men have greater access to education than their predecessors and may, therefore, develop increasingly healthier attitudes toward help-seeking, but as a result health and social service providers will need to adapt their service offers to a clientele that is likely to expand in the coming years and decades.

Conclusion

The present article outlined a study of help-seeking in men living in a rural community in the Chile Central Valley who had been exposed to a major earthquake event in 2010. The study results indicate that the shared characteristics of men most favorably disposed towards help-seeking are: employment, secondary-level or higher education, income above minimum-wage levels, and living with a life partner. The authors caution, however, that these variables must be subjected to further study, based on a larger sample size, in order to confirm or invalidate the findings.

Participant testimonies indicate that men underuse available health and social services. Particularly worrisome is the low rate of consultation with psychosocial services since the earthquake in 2010. The reticence factors noted in participant testimonies were related to perceptions of available services and notions of masculinity influenced by traditional male socialization: a macrosystem suffused with gender codes imprinted on men since childhood. This appears to be especially true for men aged 55 and older and those with lower education levels. The testimonies of men with above-primary education levels signaled a greater openness toward seeking out available services. The generational shift in mentalities appears closely linked with the significant influence of education (positive ontosystem) on perceptions of male roles and help-seeking.

Measures to adapt interventions and services offered to men in rural regions should take into account an ecosystemic perspective of their reality. When considering

the effects of exposure to a disaster event, such an approach broadens the focus of analysis to include not only the affected individuals, but also the multilayered environments (cultural, social, governmental) and masculine socialization processes that may contribute to aggravate physical and mental health problems.

Limitations

The study presents limitations with regard to data: although the interviews allowed for the collection of significant amounts of information on help-seeking in a rural context, the data do not allow for the extrapolation of results due to the limited sample size (45 participants). Thus, while the results remain specific to the local context under study, they nevertheless open up avenues for further, broader studies, including meta-analyses, that consider other geographical regions, whether in Chile or elsewhere. Also worth noting, snowball sampling carries a risk of producing nonextrapolable results, since the sample remains confined to a population of the personal connections of participants. It is possible, therefore, that the sample is not more broadly representative. Other limitations include the composition of the sample, since it was concerned exclusively with men in the general population: the viewpoints of health and social services professionals, whether male or female, in Pencahue or elsewhere, would provide a complementary perspective. The method of analysis presents weaknesses linked with the influence of the authors' subjectivity on the choice of themes, as well as a reliability problem stemming from data coding processes. A final limitation stems from the timeframe of the study, conducted 6 years after the disaster event whose consequences constituted the subject of inquiry. This must be considered in assessing results, since different extents of time between cause and effect may produce different outcomes. The identification of these limitations can guide further related studies and may help to confirm the findings presented above.

Interview Guide

Relationship With Services

- When faced with problems, what do you do?
- What do you feel when you are distressed or sad and someone tries to help you?
- How do you feel when consulting a health professional (family physician, chiropractor, dentist, etc.)?
- How do you feel when consulting a psychosocial professional (psychologist, social worker, counselor, etc.)?
- How do you feel when asking for help?
- What characteristics should a psychosocial service display in order for you to feel at ease when asking for help?

Gender Roles

- How do you express your affective needs to your spouse?
- What place do family, household, and health occupy in your life?
- When do you have time to relax?
- What do you think about men who touch other men?
- What is your opinion on talking about personal matters with other men?

Values

- What place do the following occupy in your life: work, family, spouse/partner', friends, consumption of material goods, pleasure, autonomy, quality of life?

Physical and Mental Health

- Following the earthquake of 2010, did you experience physical health problems that you had never experienced previously?
- Before the earthquake of 2010, did you experience physical health problems?
- Have you in the past experienced or do you at present experience mental health problems?

Help-Seeking

- What is the probability that you would ask for help or advice if you were faced with a personal problem or emotional distress within the next four weeks?
- When was the last time you consulted a psychosocial professional?
- Do you feel that the health and psychosocial services available to you are sensitive to the needs of men who have been exposed to a natural disaster?
- Do you believe that services designed specifically for men should be available in the event of a natural disaster?
- Today, when you consider the after effects of the disaster, what do you believe would help you?
- What helped you to get through the events of 27 February 2010?
- What do you think could have helped you to more easily get through the events of 27 February 2010 and the days and weeks that followed?
- In your opinion, what are your strengths as a man?

Support

- Among the people in your family and social circles, who is a source of help or advice when you are in need?
- After the events of 2010, did you consult with any professionals to seek help in adapting to the changes?
- What kind of help did you receive in getting through these life events?
- Have you refused help or advice from certain people?
- Did you consult with any professionals to seek support throughout these events?

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Notes

1. The earthquake occurred on February 27, 2010, at 3:45 a.m. local time, off the coast of the Central Valley. At magnitude 8.8Mw (moment magnitude scale), it was one of the strongest earthquakes ever recorded and caused major damages across the region.
2. The minimum monthly salary in Chile, as of June 2018, is US$435 for workers aged 18–65, as mandated by Bill 20.935, enacted 2018 (Ministerio del Trabajo y Previsión Social, 2018).
3. Hegemonic masculinity has been defined "as the prevailing configuration of practices that legitimate men's dominant position in society and justifies the subordination of women and other, marginalized, forms of masculinity" (Labra et al., 2017).

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