ADDIS ABABA UNIVERSITY

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

SCHOOL OF PSYCHOLOGY

MASCULINITY CONSTRUCTION, HEALTH RISK BEHAVIORS AND HELP-SEEKING ATTITUDES OF UNDERGRADUATE STUDENTS

BY

ADUGNA BERSISSA

MAY **2015**

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ADVISOR

BELAY TEFERA (PhD)

A DISSERTATION SUBMITTED TO THE SCHOOL OF PSYCHOLOGY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS OF THE DEGREE OF DOCTOR OF PHILOSOPHY IN APPLIED DEVELOPMENTAL PSYCHOLOGY

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DECLARATION

I, the undersigned, hereby declare that the work in this dissertation report is entirely my own, except where stated. Materials were gathered using online databases and printed texts and all work referenced is included in the reference list. No help was sought from an external professional agency and there was no use of other students' past work and has not been submitted for assessment at this or any other university.

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ABSTRACT

The purpose of this study was to examine the meanings ascribed to masculinities among university students; and also to directly compare conformity to masculine norms and gender role conflict to determine to what extent these masculinity measures were associated with health risk behaviors and attitudes toward seeking help. Data were collected from students in Addis Ababa, Wollega and Addis Ababa Science and Technology universities. A total of 503 students (aged 18-25 years) were sample data sources. Both questionnaire and in-depth individual interviews were used to collect data. Qualitative data analysis revealed that several core concepts were embedded in the meanings of masculinity, including a display of risky behaviors, bravery, self-reliance, controlling females, inexpressiveness, recording some achievements in life, etc. Pearson correlations revealed that Conformity to Masculine Norms Inventory-46 (CMNI-46) and Gender Role Conflict Scale-Short Form (GRCS-SF) correlated positively with the Health Risk Behavior Questionnaire (HRBQ), with higher correlations indicating that as measures of masculinity rose, so did reports of risky health behavior. CMNI-46 and GRCS-SF negatively correlated with the Attitude Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), indicating that as masculinity measures increased, attitudes toward help-seeking became more negative. Based on standard multiple linear regression analysis*, masculinity measures (CMNI-46 and GRCS-SF) as a group significantly predicted health risk behaviors; however, only the CMNI-46 contributed uniquely to the variance explained. Masculinity measures as a group also significantly predicted attitude toward seeking psychological help; yet, only the CMNI-46 contributed uniquely to the variance explained. Results of moderated hierarchical regression analyses revealed that gender and religiosity moderate the relationship between gender role conflict and health risk behavior; however, there was no age effect on the relationship between the two variables. Religiosity also moderates the relationship between gender role conflict and help-seeking attitude; however, there were no gender and age effects on the relationship between the two variables.*

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LIST OF ABBREVIATIONS AND ACRONYMS

AASTU	Addis Ababa Science and Technology University
AAU	Addis Ababa University
ATSPPH-SF	Attitude Toward Seeking Professional Psychological Help-Short Form
CMNI-46	Conformity to Masculine Norms Inventory-46
GRCS-SF	Gender Role Conflict Scale-Short Form
HRBQ	Health Risk Behavior Questionnaire
WU	Wollega University

CHAPTER ONE

INTRODUCTION

1.1 Background

Recently, increased attention has been given to the study of masculinity and what it means to be a man in a society. This is perhaps due to developments in feminist theorizing about gender and the feminist movement (Jeftha, 2006). Historically, masculinity had been seen in essentialist and normative terms. This means, the way men behaved was always seen as a natural male behavior and thus, viewed not requiring any exploration. In relation to this, Hadebe (2010) explained that the popular ideology implying gender as a natural consequence of male and female biology denies the opportunity to explore structures such as culture, economy, politics, education and technology in their relationship to masculinity or femininity. Currently, however, the socially constructed nature of gender, both femininity and masculinity, is widely recognized (Hadebe, 2010).

Morrell (1998) suggested that special attention needs to be given to the study of masculine ideology (the beliefs about what men are like and how they should act) to assist us in understanding how young men construct their masculinity. Tied into this are the specific gender roles ascribed to men. Morrell revealed that traditionally appropriate gender roles for men in most societies include primary breadwinner, head of the household, and the holder of leadership roles not only in their families but also in their communities. These roles are paralleled to stereotypical 'real men' masculine identity that can be described as having certain personality traits, such as strength, independence, achievement, hard work,

heterosexuality, toughness, aggression, unemotional, physicality, competitiveness and forcefulness (Courtenay, 2000).

In terms of their typical activities or behaviors what 'real men' in most societies are expected to do include earning money, initiating sex, solving problems, getting the job done, taking control, taking action, enjoying masculine activities (such as sports, drinking), taking physical risks, and supporting their families financially; while what they are prohibited from doing include crying, expressing feelings other than anger, performing women's work (e.g., washing dishes), backing from confrontation and getting emotionally closer to other men (Weedon, 1987).

According to Brannon (cited in Belay, 2008), varying definitions of the traditional 'real men' have four major themes in common on which many men base their sense of being a man: *no sissy stuff* - anything that even distantly hints of femininity is prohibited; *be a big wheel* - masculinity is measured by success, power, and admiration of others; *be a sturdy oak* - manliness requires rationality, toughness, and self-reliance, a man must remain calm in any situation, show no emotion, and admit no weakness; and *give 'em hell* - men must display an aura of bravery and aggression, and must be willing to take risks.

Most of the traditional beliefs attached to 'real men' masculine identity discussed above inevitably influence men's health beliefs and behaviors. Regarding this, Courtenay (2000; 2003) argues that although various factors influence and are associated with health and longevity (including genetics, ethnicity, socioeconomic status, age, marital status, occupational status, imprisonment, media and advertisements, and men's health knowledge),

gender is an under-examined but potentially have significant influence on men's health beliefs and behaviors. In the same way, many research findings (e.g., Calnan & Rutter, 1986; Delva, O'Malley, & Johnston, 2006; and Kaplan et al., 2001) revealed that socio-demographic variables, such as having more education, being married, and having more income are usually associated with health promotion behaviors; gender differences are, however, the most consistent findings in the research literature examining socio-demographics and health behaviors.

Many empirical studies reviewed by Courtenay (2000) consistently showed that men are more likely to engage in almost every health risk behaviors (e.g., alcohol use, tobacco use, not seeking medical care) increasing their risk of disease, injury and death. Courtenay (2003) also made comparisons between men and women to indicate gender differences in risk-taking behaviors. Consequently, he noted that compared to women, men use more alcohol and other drugs; more men than women use tobacco products and have more dangerous patterns of tobacco use; men engage in more reckless and illegal driving, and drive drunk more frequently than women; they also have more sexual partners than women, and engage in significantly higher risky physical activities, such as dangerous sports and physical fights; and they are also more likely than women and girls to carry guns or other weapons, and engage in more criminal activity. According to Courtenay, McCreary, and Merighi (2002), this gender difference in risk-taking behaviors remains true across diverse racial and ethnic groups.

Courtenay (2000) disclosed that men have significantly poor healthy lifestyles and thus, reduced longevity than women, as they strive to conform to traditional masculine ideology.

Similarly, according to Robertson (2009), all explanations about men's poorer life expectancy carry with them, either explicitly or implicitly, ideas about how men are (that is, ideas about their masculinity), and how this influences health practices and outcomes.

Mathewson (2009) reviewed research literature on masculinity and men's health. Most of these literatures indicate that hegemonic construction of masculinity perpetuates an image of men as strong, resilient and invulnerable, which discourages health positive behaviors. In addition, Harrison, Chin, and Ficarrotto (1992) discovered that gender role socialization encourages men to put their health at risk. For instance, the man who constructs masculinity as being a risk-taker may engage in high-risk behaviors, such as smoking, excessive drinking, or refusing to wear a seatbelt; the man who constructs masculinity as putting work ahead of all other responsibilities may not make time for self-care; and, the man who constructs masculinity as being self-reliant may never seek help from health care professionals (Mahalik, Burns, & Syzdek, 2007).

Research findings also revealed that men who embrace traditional constructions of masculinity as defined by attributes like strength, dominance, aggression and sexual prowess have less willingness to consult medical and mental health care providers (Addis & Mahalik, 2003); engage in partner abuse or sexual coercion (Stephens & Phillips, 2003); engage in male-on-male violence (Kimmel, 2007); believe that female insubordination justifies violence (Finn, 1986); have earlier sex and more partners (Courtenay, 2000); engage in risky sexual and driving behaviors (Pleck, Sonenstein, & Ku, 1993); are less likely to use condoms (Bowleg, 2004); believe that pregnancy validates manhood (Marston & King, 2006); and believe in female responsibility to prevent conception (Amaro, 1995).

On the contrary, few research findings have shown that traditional masculinity is positively associated with men's health. For example, Hammer and Good (2010) investigated that men's greater endorsement of traditional western masculine norms, such as risk-taking, dominance, primacy of work and the pursuit of status were associated with positive psychological strengths (higher levels of personal courage, autonomy, endurance, and resilience). In the same way, Mathewson (2009) explained that young men did not perceive any contradiction between the hegemonic masculinity they endorsed and their positive health behaviors. Rather, she discovered that young men's beliefs about masculinity facilitated their health positive behaviors. In this case, protecting health was seen to allow men to fulfill their other obligations, such as being strong and working hard to provide for one's family.

Although few studies revealed that traditional masculinity is positively associated with men's health, the weight of the evidence suggests men's health risks increase with the increasing endorsement of traditional masculine norms (Eisler, 1995; Sabo & Gordon, 1995). This means, trying to live up to traditional masculine standards puts men's health at risk. Regarding this, research findings revealed that gender roles that equate masculinity with sexual prowess, multiple sexual partners, physical aggression, dominance over women, substance abuse, unwillingness to access health services or seek emotional support, impose a terrible burden on men- a burden due to trying to live up to masculine standards (Mahalik, Lagan, & Morrison, 2006; Monk & Ricciardelli, 2003; Locke & Mahalik, 2005; and Glomb & Espelage, 2005). According to Courtenay (2003), these risk-taking behaviors undermine not only men's health, who engage in health negative behaviors, but also the health and well-

being of women and girls. This means, men are simultaneously made vulnerable by rigid social norms of masculinity, while making women and girls vulnerable.

Gender differences were observed not only in risk-taking behaviors but also in help-seeking attitudes and behaviors. Studies conducted both in the colleges (e.g., Leong & Zachar, 1999; Judd, Komiti, & Jackson, 2008) and outside the colleges (e.g., Padesky & Hammen, 1981) revealed gender differences in help-seeking attitudes and behaviors. In these studies more women than men reported more positive opinions about the possibility of receiving help from the counselor; more women than men consulted informal sources, such as friends for diverse problems. According to Addis and Mahalik (2003), this gender difference in help-seeking attitudes and behaviors is due to men's striving to conform to hegemonic masculinity that emphasize male independence, self-reliance and stoicism. Mathewson (2009) argue that these traits of hegemonic masculinity are incompatible with help-seeking behaviors, such as asking for advice, using health services and speaking openly about health problems; seeking help may be associated with weakness.

Studies have also shown that there are gender differences in both risk-taking behaviors and help-seeking attitudes among university students. Males tend to engage in more risk-taking behaviors, while having less help-seeking behaviors (Stock et al., 2001; Davies et al., 2000). Sheu and Sedlacek (2004) also found that among first year college students, men were less likely than women to utilize career counseling, personal counseling and time management training. This more risk-taking and negative attitudes toward seeking help among male university students are also attributed to their attempts to conform to the requirements of traditional masculinity. Regarding this, Capraro (2000) explained that universities or

institutions of higher education are some of the places where an imaginative and heroic assertion of manhood outside of civil society is possible, away from home and family. However, most of the researcher's review of previous literature suggest that gender studies as a way of understanding the social and cultural construction of masculinities, and most importantly, studies examining the relationship between construction of masculinities and health-related attitudes and behaviors seems to be almost absent in Ethiopia, which was the focus of this study.

1.2 Statement of the Problem

Since gender refers to the socially constructed relations between women and men, gender identity is clearly as much an issue for men as it is for women. However, research with respect to gender issues has primarily focused on women with few studies done on men. In this regard, Mac an Ghaill (1996) argues that the categories of 'men' and 'masculinity' usually remained implicit and untheorized; men were not recognized explicitly as gendered beings, and masculinity was assumed to be a monolithic unproblematic entity.

Similarly, Barker and Ricardo (2005) reviewed reports on HIV/AIDS in Africa. Most of these reports focus on how women were made vulnerable by the sexual behavior of men, often using an overly simplistic dichotomy that men always hold power in sexual relationships and that women are powerless. Obviously, too many women have been made vulnerable by the behavior of men in sexual relationships. However, Barker and Ricardo argue that in the literature concerning 'gender and development', and in many policy statements related to gender, African men, young and old, are presented in simplistic and overtly negative terms, and gender as it relates to men is ignored.

Focusing on women and ignoring men's gender seems appropriate for women and girls are suffering disproportionately from gender inequality and its many manifestations. However, by disregarding the complexities of the male experience, by characterizing men as the problem, and by continuing to focus on women in general as oppressed, many activities that aim to bring gender equality fail to address the issue. Regarding this, Jeftha (2006) argues that intervention programs to help control, for example, the spread of HIV/AIDS by focusing primarily on women as key agents for change, with little or totally ignoring men will be less than successful. It is based on this view that Foreman (1999) implied men to be both the sources and the solutions of health problems for themselves and their counterparts.

Besides, most studies on risk-taking behaviors are concerned with school-going adolescents and less emphasis have been placed on university students; however, by virtue of their age university students are more likely to engage in risky behaviors (Statistics, 2011). In relation to this view, Arnett (2000) pointed out that social and economic changes took place in the past 25 years. As a result of these changes, the developmental period during which risk-taking peaks has shifted from adolescence to young adults, or what he calls "emerging adults"– the late teens and the twenties, with a focus on ages 18-25. He argues that this period, emerging adulthood, is neither adolescence nor adulthood but is theoretically and empirically distinct from both. Research shows that this age group is more likely than younger or older samples to engage in risky and reckless behaviors, for instance, being the period of reckless sexual activities (National Centre in HIV Epidemiology and Clinical Research, 2005) and sexually transmitted diseases (Stein, Newcomb, & Bentler, 1994), reckless driving (Jonah, 1990), and highest drug use (Johnston, O'Malley, & Bachman, 2003;

Arnett, 2005). One of the motivations consistently found to be related to participation in a variety of types of risk behaviors is sensation seeking, which is the desire for novel and intense experiences (Arnett, 1994). Moreover, this age group (18-25 years) was selected as the population of interest in the present study, as young adult men in this age group were reported to have higher levels of traditional masculinity ideology, which is associated with more negative attitudes toward psychological help-seeking, and are less likely to seek help than do older men (Oliver et al., 2005; Levant & Fischer, 1998; Berger et al., 2005).

On the other hand, theorists have long observed that individuals can demonstrate both masculinity and femininity. For instance, Halberstam (1998) argues that masculinity is not something given at birth, rather it is something being constructed in a certain socio-cultural context; hence, being male as well as being female one can construct masculinity beliefs and behaviors. It is thus, strictly associating masculinity with men and male characteristics have been problematized. Instead, masculinity is popularly theorized to be a range of behaviors, practices, and characteristics that can be taken up by anyone. However, reviews of the masculinity literature have demonstrated that contemporary research relies heavily on single-gender samples (Levant & Richmond, 2007; O'Neil, 2008; Wong et.al, 2010; Whorley & Addis, 2006). The lack of investigations of endorsement of the other gender's norms has led to an absence of information about the implications of women's adherence to masculine norms, as well as a lack of information regarding gender similarities. Consequently, it is important to admit that while male university students are the focus of this study, females also participated as masculinity can also be expressed by young women.

In Ethiopia, many research findings revealed that significant proportion of university students are engaged in risky sexual behavior (Gurmesa, Fessahaye, & Sisay, 2012; Negash, 2005; Zelalem, Melkamu, & Muluken, 2013; Tariku, Lemessa, & Nega, 2012; Tariku et.al, 2011). In most of these studies, various factors, such as age (18-24 years), gender (being male), lack of parental control, religiosity, substance use, and peer pressure were associated with risky sexual behavior. Likewise, Likawunt and Mulugeta (2012) discovered higher level of substance use and risky sexual behavior among Hosanna health science college students. Moreover, Wakgari and Aklilu (2011) reported that the magnitude of substance use among undergraduate medical students was considerable, although lower than the findings of other studies that reported for adolescents and young adults. Wakgari and Aklilu further noted that alcohol consumption or khat use has been significantly associated with cigarette smoking; being male was strongly associated with substance abuse.

On the other hand, Kabtamu (2011) attempted to identify whether male and female college students differ in their help-seeking behaviors. However, no statistically significant difference was obtained as a function of gender. Kabtamu's finding contradicts with most previous research findings, which reported more females compared with males had sought help for psychological problems; more females perceived greater needs for help for personal counseling, academic problems, and career counseling.

Overall, studies conducted in higher learning institutions in Ethiopia revealed that various factors are associated with students' risk-taking behaviors; however, gender difference in risk-taking behaviors is the most consistent finding in which young men were found to engage more in risk-taking behaviors than young women. Although research findings

revealed similar results regarding gender differences in risk-taking behaviors, none of them attempted to address why risk-taking is more associated with male gender. Based on previous research literature on gender and health-related behaviors, the researcher proposed that endorsing traditional masculinity ideology is associated with risky health behaviors and negative attitudes toward seeking help. Thus, this study was designed mainly to examine the relationship between measures of masculinity (conformity to masculine norms and gender role conflict) and university students' health risk behaviors and attitudes toward seeking help.

1.3 Research Questions

The research questions guiding this study were as follows:

1. What are the meanings ascribed to masculinities among university students?
2. Are there significant differences in conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help among university students by socio-demographic variables (gender, place grown up, religiosity, family income, and year at university)?
3. To what extent do measures of masculinity (conformity to masculine norms and gender role conflict) predict health risk behaviors and help-seeking attitudes?
4. Do gender, age and religiosity moderate the relationships between measures of masculinity and university students' health risk behaviors and help-seeking attitudes?

1.4 Objectives

General Objectives

This study was conducted with the intention that it provides new information regarding the meanings ascribed to masculinities among university students; and also intended to directly compare conformity to masculine norms and gender role conflict to determine to what degree these masculinity measures are associated with risky health behaviors and negative attitudes toward seeking help.

Specific Objectives

The specific objectives of the present study were as follows:

1. To explore the meanings ascribed to masculinities among university students.
2. To determine whether there were significant differences among university students in their conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help by socio-demographic variables (gender, place grown up, religiosity, family income, and year at university).
3. To investigate to what extent measures of masculinity (conformity to masculine norms and gender role conflict) predict health risk behaviors and help-seeking attitudes.
4. To examine whether gender, age and religiosity moderate the relationships between measures of masculinity and university students' health risk behaviors and help-seeking attitudes.

1.5 Operational Definitions

Masculinity- is a set of attributes, behaviors, and roles generally associated with boys and men. Masculinity is made up of both socially defined and biologically created factors. This makes it distinct from the definition of the biological male sex, as both men and women can exhibit masculine traits and behaviors. Thus, both male and female undergraduate university students were participated in this study to compare their scores on measures of masculinity.

Conformity to Masculine Norms- refers to the degree of an individual's identification with attitudes, beliefs, and behaviors associated with traditional masculinity. The present study used Conformity to Masculine Norms Inventory-46 (CMNI-46) to determine to what extent university students are identified with traditional masculinity.

Gender Role Conflict- is a psychological state in which socialized gender roles have negative consequences on the person or others. Gender role conflict occurs when a person's socialized gender norms prevent him/her from acting in a certain way or leads him/her to feel negatively for doing so. For the purposes of this study, gender role conflict is assessed using the Gender Role Conflict Scale-Short Form (GRCS-SF).

Risky Health Behaviors- refers to behaviors that place university students' health at risk, including smoking, alcohol use, substance abuse, and risky sexual behavior. This study used the Health Risk Behavior Questionnaire (HRBQ) to determine to what extent university students were involved in risky health behaviors.

Attitudes Toward Seeking Psychological Help - refers to learned predispositions to respond in a favorable or unfavorable manner with respect to psychological help-seeking. For

the purpose of this study, attitude towards seeking help is assessed using the Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF).

1.6 Significance

This study highlighted the complexities of traditional notions of masculinity by pointing out the problems associated with it, with regard to risky health behaviors (smoking, alcohol use, using substance, and unsafe sexual activity) and rejection of seeking help for psychological problems. The present study confirmed the popular conception widely indicated in the literature that men who endorsed traditional/hegemonic masculinity engage in more risk-taking behaviors and also reject professional helps for psychological problems. As men strive to conform to the requirements of traditional masculinity, they put their own health and that of their counterparts at risk. It is, thus, this study highlighted the need for alternatives to the hegemonic masculinity, which assists in the fight against health risks like STIs, HIV/AIDS epidemic, partner violence, unplanned pregnancies, as well as risks of substance and alcohol abuses among university students.

However, it is wise to realize that not all men are disinclined to protect their health. In fact, men's constructions of masculinity and approaches to health are diverse and complex, with significant variation across generational, cultural, ethnic, religious, socio-economic and geographical contexts. Tied to this view, Rakgoasi (2010) explained that while understanding global masculinities is essential to understand some of the key tenets of masculinities everywhere, it is never adequate without interrogating contextual factors that are unique to each setting, because masculinities encompass a collection of meanings that are influenced by contextual factors and change over time. This shows that research in specific context is

needed in order to create a richer portrait of men and health across time and space. Thus, this study will motivate other scholars to conduct further researches on the relationship between masculinity, health risk behaviors and help-seeking attitudes in other settings in Ethiopia.

1.7 Delimitation

This study is delimited in terms of area, population and samples, and variables in such a way that it could be manageable. Regarding area delimitation, it is restricted to three higher learning institutions in Ethiopia- Addis Ababa, Wollega and Addis Ababa Science and Technology universities. With regard to population and samples, university students within the age range between 18-25 years were included in the study. Including all university students in the specified age range is costly in terms of time and finance, thus, representative samples were randomly selected for quantitative survey and purposive sampling was used for the qualitative in-depth individual interview. In the case of variables, the study is limited to the investigation of measures of masculinity (independent variables), health risk behaviors and help-seeking attitudes (dependent variables).

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1 Meanings of Masculinities

Previously, masculinity has been seen in biological determinism or essentialism terms. However, recently it has been recognized that masculinity is socially constructed. Most of the meanings given below are based on the second perspective- the socially constructed nature of masculinity, which fits researcher's interest and thus, chosen as the theoretical framework guiding the present study (the detail is presented in the subsequent sections).

For instance, Badinter (1995) argue that being a man is not necessarily a natural occurrence, men are made. Being a man implies a labor, an effort that does not seem to be demanded of a woman. Badinter explained that boys must get rid of themselves of the feminine and are usually trained to carry the burden of adopting the new persona as a man. Craig (1992) also views masculinity in terms of what a culture expects of its men. This scholar disclosed that in North American culture, masculinity typically means that men will support the patriarchy and participate in it, that men were taught and are reinforced for displaying traditional masculine characteristics, and that these characteristics are made to seem right. Thus, the domination and exploitation of women and other men is not only expected, but actually demanded.

Kaufman (1987) agreed with Craig that masculinity is a system supported by the culture. Kaufman believes that centuries-old patriarchal orders will not be overturned by good public relations. For example, the culturally accepted belief 'girls play with dolls and boys play

with soldiers' will not be overturned by good public relations in to 'boys playing with dolls and women having access to military training'. On the contrary, masculinity according to Brittan (1989) refers to those aspects of men's behavior that fluctuate over time. In some cases these fluctuations may last for decades and in others just a matter of weeks or months. Brittan's argument is that we cannot talk about masculinity, only masculinities, because masculinity is neither timeless nor universal. It may appear in different guises at different times.

Likewise of Craig and Kaufman, Strate (1992) described masculinity and femininity as cultural and social constructs. Strate argues that biology determines whether we are male or female; culture determines what it means to be male or female, and what sorts of behaviors and personality attributes are appropriate for each gender role. Lindsay and Miescher (2003) also used the term masculinity to mean a cluster of norms, values, and behavioral patterns expressing explicit and implicit expectations of how men should act and represent themselves to others within cultural and historical contexts.

On the other hand, Swatay (2012) described masculinity in terms of various traits or characteristics that men are expected to display. He noted that masculinity requires various representative traits like physical strength, functionality, sexuality, emotion and intellect. Masculinity should also be success oriented, ambitious, aggressive, egotistical, moral, trustworthy, decisive, competitive, adventurous, etc. Similarly, Simiyu (2007) used the term masculinity in its simplest way to mean having culture-specific characteristics, traits and behaviors associated with men.

2.2 Masculine Gender Theories

2.2.1 Classical Gender Theories

'Why the sexes differ' is for some people not an issue to interfere with. It has just been ordained by God. For others, it is biology that justifies why the sexes differ, and consequently for the differences in gender behavior and roles (Belay, 2008). The biological perspective explains that women and men are chromosomally different- women have two 'X' chromosomes ('XX'), whereas men have an 'X' and a 'Y' chromosome ('XY'). In the period following conception, female and male embryos are indistinguishable apart from their chromosomes. However, the 'Y' chromosome in males promotes the production of testosterone and other androgens (male sex hormones). The androgens cause the male to develop testes and a penis instead of ovaries and a uterus. The androgens also cause the male brain to develop differently from the female. Ruble (cited in Belay, 2008) argues that it is these differences in brain development and the differences in brain activity caused by the secretion of androgens that cause men to behave differently from women (e.g., acting more aggressively).

This biological view of gender is supported by cross-cultural studies that have found universal features of gender. Ruble (cited in Belay, 2008) argues that there are several behaviors that show a relatively high degree of cross-cultural similarity. In virtually all cultures, women are primary caretakers and men are the protectors. There are still some consistent sex differences in aggressiveness, dominance, etc. Such findings may be indicative of biological influences. However, it is important not to ignore the fact that there are considerable differences between some cultures in their gender behavior. When different cultures behave in different ways this supports a role of learning. Mead (1935), for example,

documented how three tribal societies living in close proximity to each other in New Guinea had very different gender roles. Findings like this suggest that even though biological factors influence gender behavior, they are heavily modified by learning.

Mead's (1935) study caused people to rethink about the nature of femininity/masculinity. Since then, the nature/nurture issue has been examined extensively, and with much controversy, but no firm conclusions are yet clear. In this regard, Belay (2008) asked 'what mechanisms are at work effecting gender structure, form, relations and development?' Different explanations have been forwarded to account for these mechanisms. Such explanations were historically dominated by the major psychological theories: psychoanalytic theory, cognitive-developmental theory, and learning theory (Belay, 2008; Stets & Burke, 2000).

Psychoanalytic theory posited different processes to explain gender development in boys and girls. This theory argues that one's gender identity develops through identification with the same-sex parent. This identification emerges out of the conflict inherent in the oedipal stage of psychosexual development. Between 3 to 5 years of age, a child develops a strong sexual attachment to the opposite-sex parent, and develops negative feelings for the same-sex parent. By age 6, the child resolves the psychic conflict by giving up desires for the opposite-sex parent and identifying with the same-sex parent. Thus, boys come to learn masculinity from their fathers and girls learn femininity from their mothers (Stets & Burke, 2000; Belay, 2008).

Lack of empirical support for classic psychoanalytic theory has led to a variety of reformulations of it. For instance, Chodorow (1978) formulated a more recent psychoanalytic theory which states that mothers play an important role in gender identity development. In her view, gender identification begins in infancy rather than during the later phallic stage as proposed by Freud. Both male and female infants initially identify with their mothers. However, during the course of development mothers are more likely to relate to their sons as different and separate because they are not of the same sex, and experience a sense of oneness and continuity with their daughters because they are of the same sex. As a consequence, mothers will bond with their daughters thereby fostering femininity in girls, and distance themselves from their sons who respond by shifting their attention away from their mother and toward their father. Through identification with their father, the boys learn masculinity. The empirical findings, however, are no more supportive of Chodorow's theory than of classic psychoanalytic theory. There is no evidence that the attachment bond is stronger between mothers and daughters than mothers and sons (Sroufe, 1985).

According to cognitive developmental theory, gender identity is postulated as the basic organizer and regulator of children's gender learning (Kohlberg cited in Bussey and Bandura, 1999). For cognitive-developmental theory, unlike psychoanalytic and learning theories, the development of gender identity comes before rather than follows from identification with the same-sex parent. Once a child's gender identity becomes established, the self is then motivated to display gender-congruent attitudes and behaviors, well before same-sex modeling takes hold (Stets & Burke, 2000). According to this theory, two crucial stages of gender identity development were identified: 1), *acquiring a fixed gender identity*- begins

with the child's identification as male or female when hearing the labels ‘boy’ or ‘girl’ applied to the self. By about age 3, the child can apply the appropriate gender label to the self i.e. gender identity becomes fixed. By about age 4, these gender labels are appropriately applied to others; 2), *establishing gender identity constancy*- within a year or two, the child reaches gender constancy. Gender constancy is the understanding that sex remains the same even if clothing, hairstyle, and play activities change.

Although Kohlberg's theory attracted much attention over the decades, its main tenets have not fared well empirically. Studies generally have failed to support the link between children's attainment of gender constancy and their gender-linked behavior; long before children have attained gender constancy, they prefer to play with toys traditionally associated with their gender (Lobel & Menashri, 1993; Martin & Little, 1990), to model their behavior after same-sex models (Bussey & Bandura, 1984), and to reward peers for gender-appropriate behavior (Bussey &Bandura, 1992).

The most social of the theories of gender identity development are the learning theories. Learning theories believe that it is the social environment of the child, such as parents and teachers that shapes the gender identity of a child. Here, the parent or teacher instructs the child on femininity and masculinity directly through rewards and punishments, or indirectly through acting as models that are imitated (Stets & Burke, 2000; Belay, 2008). Direct rewards or punishments are often given for outward appearance as in what to wear (girls in dresses and boys in pants), object choice such as toy preferences (dolls for girl and trucks for boys), and behavior (passivity and dependence in girls and aggressiveness and independence in boys). Through rewards and punishments, children learn appropriate appearance and

behavior. Indirect learning of one's gender identity emerges from modeling same-sex parents, teachers, peers, or same-sex models in the media. A child imitates a rewarded model's thoughts, feelings, or behaviors because it anticipates that it will receive the same rewards that the model received.

2.2.2 Modern Perspective/Social Constructionist Theory

The social construction of masculinities emphasizes the influence of social interactions, social structures, and social contexts in producing and reinforcing so-called normative expectations of masculine behavior (Kimmel & Messner, 2007; Connell, 1995; Pleck, 1981; Levant, 1996). This theory argues that masculinity is not something that is granted by biology at birth but is something that must be earned after birth through the process of socialization of boys in a given cultural context. The social constructionist scholars (e.g., Freedman & Combs, 1995) believe that categories such as gender, sexual orientation, ethnicity, class, and nationality are socially constructed which may vary across time and culture. More specifically, the significance of gender as a social construction, particularly in the context of masculinities is well established in the work of Connell (2002).

Moreover, Connell (2000) argues that because different cultures and different periods of history construct gender differently, we need to speak of masculinities and not masculinity. For instance, some cultures make heroes of soldiers and regard violence as the ultimate test of masculinity, while others look at soldiering with disdain and regard violence as shameful. Some cultures regard homosexual sex as incompatible with true masculinity, while others think no one can be a real man without having had homosexual relationships. Connell further noted that diverse forms of masculinities exist within any given setting. For instance, in one

school, workplace or ethnic group, there may be differing ways of learning to be and being a man.

Similarly, Simiyu (2007) explained that even in a culturally homogeneous country such as Chile, since patterns vary by class and generation there is no unitary masculinity; still in Japan, another famously homogeneous country, the concept reflects the emergence of diverse masculinities. Barker and Ricardo (2005) also viewed that specific versions of manhood are socially constructed, fluid over time and in different settings, and plural. According to these scholars, there is no typical young man in sub-Saharan Africa and there is no one African version of manhood. Rather there are numerous African masculinities; for instance, urban and rural masculinities. In the same way, Belay (2008) argues that there is no more single masculinity but masculinities: hegemonic masculinity, black masculinity, and so on.

On the other hand, Simiyu (2007) indicated that masculinity continues to be identified with certain specific characteristics. According to this scholar, the fact that there are differences between and within cultures does not invalidate cross-cultural similarities. Anthropologists hold the view that there are core sets of activities or traits which are cross-culturally associated with men and define masculinity. For instance, Levine (1998) identified seven areas of masculinity which are cross-culturally defining masculinity. These widely used cultural and psychological characteristics associated with men are: *Physical* - virile, athletic, strong, brave; *Functional* - breadwinner, provider; *Sexual* - sexually aggressive, experienced; *Emotional* - unemotional, stoic; *Intellectual* - logical, intellectual, rational, objective, practical; *Interpersonal* - leader, dominating, disciplinarian, independent, individualistic; and

Other personal characteristics - success-oriented, ambitious, proud, egotistical, moral, trustworthy, decisive, competitive, uninhibited, adventurous.

In the same way, some researchers have tried to explore whether there is a universal masculine gender role that can be seen in all cultures during all times. This proves to be quite difficult, but there are several types of social roles that have been highlighted (Gregor, 1985). Specifically, those are: *provider*-secure and provide resources; *protector*-defend others and territory. Other researchers examine larger cultural trends of male gender roles. Some notable work on this includes Levant et al. (1992), who summarized traditional/hegemonic American masculinity into seven principles: *restrict emotions; avoid being feminine; focus on toughness and aggression; be self-reliant; make achievement the top priority; be non-relational; objectify sex; be homophobic.* Another popular structuring of this was by Brannon (cited in Belay, 2008), who described the four standards of the traditional American masculinity: *no sissy stuff*-distance self from femininity, homophobia, avoid emotions; *be a big wheel*-strive for achievement and success, focus on competition; *be a sturdy oak*-avoid vulnerability, stay composed and in control, be tough; *give em hell*-act aggressively to become dominant.

In addition to recognizing diversities and cross-cultural similarities, it is necessary to explore the relations between the different kinds of masculinities. According to Richardson (2004), there are different kinds of relations between the different kinds of masculinities. These include relations of alliance, dominance and subordination, and are constructed through a broad range of behaviors, within a very dynamic gender politics. Regarding the relations between the different kinds of masculinities, Connell (2000) also argues that:

> Different masculinities do not sit side-by-side like dishes in a smorgasbord; there are definite relations between them. Typically, some masculinity is more honored than others. Some may be actively dishonored, for example homosexual masculinities in modern Western culture. Some are socially marginalized, for example the masculinities of disempowered ethnic minorities. Some are exemplary, taken as symbolizing admired traits, for example the masculinities of sporting heroes. (p. 3)

Based on the relations among masculinities, Connell (1995) further identified four fluid categories or different types of masculinities: hegemonic/dominant masculinities, subordinated masculinities, complicit masculinities, and marginal masculinities. These different types of masculinities are discussed in detail as follows.

Hegemonic masculinity: The hegemonic masculinity type is the most researched type of masculinity and seen as the most dominant form of masculinity in past and present society. This concept is used widely in critical studies of men to explore power relations, both among men themselves and between men and women (Hadebe, 2010). Connell (1995) understands hegemony as dominant, aggressive, superior and violent compared to other masculinities, because it subordinates other men. This indicates that men use control, authority, strength and being competitive and aggressive to demonstrate the power on women and other subordinated men. In line with this view, Richardson (2004) pointed out that hegemonic masculinity is defined against women and a range of subordinated, marginalized and often stigmatized masculinities, and emphasizes many of the ‘masculine traits’ associated with traditional masculinity.

Barrett (2001) argues masculine hegemony refers not only to the various groupings of men and the ideals they uphold, it also refers to the process by which these groups and ideals form, the organizational situations and constraints that shape and construct these ideals and groups. According to Hadebe (2010), men embrace the hegemonic masculinity, for example, in stick fighting, physical work and rugby to prove that they are strong and warriors as one way to shape and construct normative ideals of masculinity. Hence, men engage in such activities to demonstrate the power.

It is argued that hegemonic masculinity in the USA and many other European countries is still overwhelmingly the masculinity of white, ruling-class men, educated, heterosexual, Christian male type (Kimmel, 1996). However, Morrell (1998) argues that in South Africa at present, hegemonic masculinity is perhaps not as easily identifiable as it may have been before. He explained that since the cultures in this country are so diverse, attempting to identify one type of masculinity as the dominant or hegemonic type of masculinity could prove to be problematic for many types of dominant masculinity types may co-exist.

Over the years masculinity has been equated with the hegemonic masculinity type. There was and still is no room for 'sissies', that is, men who did not fit this type. Playing with the baby and changing his/her nappy or helping with the older children's homework was not man's job. A man's traditional role was that of the economic provider. This then meant that women were the ones expected to look after the children, take care of sick family members and take responsibility for the day to day running of the household (UNAIDS, 2000). Currently, however, this experience is changing; men are becoming more involved in their families' lives and, more importantly, in their children's lives, but this change has not been made

known because it doesn't correspond with the dominant/hegemonic masculinity ideology (Morrell, 2001).

Subordinated masculinity: The power relations amongst men produce subordinated masculinities. Connell (2001) states that, the most common example of subordinate masculinity in contemporary American and European society is that of homosexual men. Connell explained that gay men often do not live up to the ideal of hegemonic masculinities and are often subjected to name calling such as 'sissies' and 'nancy-boys'.

Complicit masculinity: Connell (2000) viewed complicit masculinities as masculinities which are organized around the acceptance of the patriarchal dividend, but are not militant in defense of patriarchy. By this Connell meant that some men may support equal employment opportunities, but the mere fact that they benefited from an economic system that favors men over women, are complicit to the status quo.

Marginal masculinity: According to Connell (2000), gender forms produced in exploited or oppressed groups, such as ethnic minorities are marginalized masculinities. For example, immigrants in any country might feel marginal, because they are minorities.

It should be noted that even though various types of masculinities do exist, it may not be always easy to distinguish between them as they are constantly changing and shifting. Connell (1993) argues that any one man may position himself in different masculinities in different relationships and contexts, and masculinity as a social construct is thus, always prone to internal contradiction and historical disruption. Thus, Jeftha (2006) suggested in

order that caution should be taken against trying to box/label any one man as belonging exclusively to one masculinity type.

2.2.3 Implications of Masculinity Theories for Health Seeking Behaviors

The focus of this section is to consider theories of masculinities, and the implications of these theories to men's health-seeking practices. Different theories of masculinities which have implications for men's health seeking practices were identified (Robertson, 2009; Richardson, 2004). These include: biological theory of masculinity, role theories of masculinity, and a relational theory of men's health from a social constructionist perspective. Each of this theory is discussed in detail as follows.

2.2.3.1 Biological Masculinity

The notion of biological masculinity is inherently linked with or seen as an outward expression of the male body or the male anatomy. According to this theory, male attributes, such as independence, aggression, ambition, competitiveness, forcefulness and dominance, can be identified as actions that are driven from within male bodies (Richardson, 2004).

Biological masculinity tends to take two related forms in discussions on men's health. The first relates men's propensity to poorer health outcomes as a result of the 'XY' genetic combination or at least the 'Y' element of it. This form underlines how male mortality exceeds that of female mortality throughout life, linking preexisting biological disadvantage to compounding socio-cultural factors. The second form builds on the idea that rather than socio-cultural factors compounding biological predisposition, behaviors themselves are seen as biologically driven. The 'Y' chromosome, and related hormonal influences, particularly

testosterone are seen as creating a drive towards particular behaviors in men, such as hunter (breadwinner), being protective, and sexual promiscuity (Robertson, 2009).

2.2.3.2 Role Theories of Masculinity

Role theory describes a general set of expectations around one's sex, expectations that are generally polarized on the basis of being male or female. These roles are widely interpreted as a cultural extension of biological sex differences. As a result, societal expectations and norms are different for men and women, and these norms are influenced by various role models - parents, teachers, friends, and the media (Richardson, 2004). Fulfillment of socially expected roles is encouraged to facilitate conformity through a range of implicit or explicit rewards and sanctions. However, difficulties emerge when particular social roles are not or cannot be fulfilled. Thus, role strain is experienced when these norms cannot be lived up to (Robertson, 2009).

Robertson further implied role theory to be translated into health rhetoric in two ways. First, there is the idea that conformity to traditional male roles is itself detrimental to health. For example, long working hours, pressure to succeed, risk-taking and so forth can create psychological and physical ill-health. Second, failure to live up to these expectations itself creates pressures and strains that can result in feelings of failure, stress and related health symptoms. In this regarding, Hobbs (1995) quoted the experience of one participant, who mentioned the seriousness of the problem by saying "It is hard being a man. You die younger and you're ill more often. But if you don't do the things that make you ill or have the potential to kill you, you're not considered a man" (p. 14).

The above two theories of masculinity were criticized for the following reasons. Biological masculinity was criticized for not properly answering questions related to whether the wide range of health inequalities that exist between the sexes, and the health inequalities between men of different ethnic groups, social classes, and geographical regions, can be accounted for only this limited biomedical way (Banks, 2004). In addition, seeing such differences as essential and fixed in this way leaves little or no possibility for change. On the other hand, the sex role theory of socialization has been criticized for implying that gender represents two fixed, static and mutually exclusive role containers (Kimmel, 1986); for assuming that women and men have innate psychological needs for gender-stereotypical traits (Pleck, 1987); and for fostering the notion of a singular female or male personality (Connell, 1995).

2.2.3.3 Relational Theory

Problems in the above two approaches, have led theorists towards a third approach, focused on gender relations. This approach for understanding masculinities has been developed, mainly through the work of Connell (1995; 2005). She considers this approach to be the only scientifically adequate basis for an understanding of men and masculinity. Besides, most research literatures on masculinity and health revealed that men are more likely than women to adopt beliefs and behaviors that increase their risk-taking and are reluctant to seek help for health problems (Davis, 2007; Roberts, 2008; Peate, 2004). In an attempt to explain these gender differences in health risk behaviors and help-seeking attitudes, the present study used a relational theory of men's health from the social constructionist perspective as a theoretical framework.

This theory argues that men and women are not postulated as polar opposites; rather, gender is understood as being about sets of relations between men and women, but also relations between men and between women. Masculinities are a part of, and not distinct from, this larger system of relations that Connell terms the 'gender order' (Robertson, 2009). Most scholars in the gender arena argue that masculinities are constructed within a particular social context mainly in relation to femininities. For instance, Rakgoasi (2010) argues that masculinities are created, maintained, modified and expressed within the specific context of social relations and relative to femininities and other subordinated masculinities. In the same way, Connell (2005) has been prominent in questioning how masculinities are culturally constructed in relation to femininities and other social identities, such as class, race, and sexuality.

At the same time, Connell (2005) analyzed how gendered power relations create relational hierarchies between men and women. These power relations usually place women in a lower position relative to men in socio-economic and personal relations. This denotes that masculinities are ordered hierarchically in particular ways; they are ordered hierarchically in respect to women but, importantly, there are also sets of masculinity practices that are most valued in any given place and time - what Connell terms 'hegemonic' forms (Robertson, 2009). Hegemonic masculinity is the socially dominant gender construction that subordinates or marginalizes femininities as well as other forms of masculinities, and reflects and shapes men's social relationships with women and other men; it represents power and authority. Masculinities can also be understood as habitual practices that are open to change in new or differing circumstances. In this regard, Robertson (2009) argues:

> Masculinity is not a character or personality type that men possess in greater or lesser amounts. Rather, masculinities are understood as being historically contingent but not essentially determined (either by biology or processes of socialization) social practices, that are fluid but hierarchically ordered. (p.4)

In relating this to health, it becomes apparent that the power inequality among men and between men and women has an impact on men's health beliefs and behaviors. In relation to this view, Rakgoasi (2010) elucidated that the social power structure between men and women, as well as between men and other men, is likely to influence men's health beliefs and behaviors. Schofield et al. (2000) also pointed out that men's and women's interactions with each other and the circumstances under which they interact contribute significantly to health opportunities and constraints i.e. patterns of gender relations promote favorable or unfavorable health processes, practices or outcomes.

Thus, Courtenay (2000) underscores the importance of discussion of power and social inequality to understand the broader context of men's adoption of unhealthy behavior as well as to address the social structures that both foster unhealthy behaviors among men and undermine men's attempts to adopt healthier habits. He argues that subordination of women and lower status men or patriarchy is made possible, in part, through gendered demonstrations of health and health behaviors. In this way, males use health beliefs and behaviors to demonstrate hegemonic masculine ideals that clearly establish them as men.

The fact that there are a variety of health risks associated with being a man, in no way implies that men do not hold power. In fact, it is in the pursuit of power and privilege that

men are often led to harm themselves (Clatterbaugh, 1997). The social practices that undermine men’s health are often the instruments men use in the acquisition of power. Men’s acquisition of power requires, for example, that men suppress their needs and refuse to admit to or acknowledge their pain (Kaufman, 1994). Additional health beliefs and behaviors that can be used in the demonstration of hegemonic masculinity include the denial of weakness or vulnerability, the appearance of being strong and robust, dismissal of any need for help, a ceaseless interest in sex, the display of aggressive behavior, and physical dominance (Courtenay, 2000).

Courtenay also realized that to exhibit or enact hegemonic ideals with health behaviors, men reinforce strongly held cultural beliefs that men are more powerful and less vulnerable than women; that men’s bodies are structurally more efficient than and superior to women’s bodies; that asking for help and caring for one’s health are feminine; and that the most powerful men among men are those for whom health and safety are irrelevant.

2.3 Masculinity and Health Risk Behaviors

The discourse around masculinities and health considers men’s health in relation to the construction of masculinity beliefs, attitudes and behaviors that impact on health. Regarding this, Connell argues that the construction of masculinities, both individually and collectively, and in a wide range of settings, is central to understanding men’s health (Richardson, 2004). Courtenay (2000) also revealed that there are a number of factors that have been identified and described as affecting the health of men; most notable are the traditional masculine norms reinforced through the gender socialization experiences of men. Thus, studies of

masculinity and men's health have emphasized the more destructive behaviors associated with the hegemonic masculinity that most men were assumed to engage in.

Hegemonic/traditional masculinity has perhaps received greater attention in research on men's health, because health seems to be one of the most clear-cut areas in which the damaging impacts of traditional masculinity are evident (Sabo & Gordon, 1995). There are evidences that men who adopt traditional attitudes about manhood have greater health risks than men with less traditional attitudes. For example, male college students who adhere to traditional attitudes about masculinity have been associated with poor health behaviors related to smoking, alcohol and drug use, and risky sexual practices than male college students with nontraditional attitudes (Courtenay, 2001).

Research findings (e.g., Lyons, 2009; Moynihan, 1998; Connell & Messerschmidt, 2005) further revealed that risky health behaviors have been associated with hegemonic masculinity, as masculine individuals are encouraged to be strong in the face of illness, deny ill health or weakness, and reject health services or interventions as a means of being tough. Adherence to traditional masculine norms have also been associated with asking fewer questions in health settings, involvement in less preventive health care, and involvement in more health-undermining behaviors (McKelley & Rochlen, 2010; Courtenay, 2002). Moreover, studies have identified relationships between hegemonic masculinity and alcohol abuse (McCreary, Newcomb, & Sadava, 1999), too little use of health-promoting behaviors (Mahalik, Lagan, & Morrison, 2006), high-risk sexual practices (Barker & Ricardo, 2005), and violence toward intimate partner (Anderson, 2005). A review of the literature by Levant et al. (2009) also found that men who endorsed traditional masculinity ideology reported

greater substance use, including tobacco, alcohol, and illegal drugs. They were also less likely to have a physical examination and more likely to engage in high risk sexual activity, including failing to use condoms. Besides, men who endorsed traditional masculinity were found to experience higher levels of stress and anger.

Richardson (2004) noted that in the context of hegemonic masculinity, femininity may be ascribed to those heterosexual men who fail to conform to the rules of the dominant/hegemonic masculinity. This has major implications at a time when health care and self-care practices have become culturally defined as ‘feminine’. Richardson further described that deviation from positive health behaviors may be used by some men not just to prove their own masculinity, but also to avoid the ridicule or the stigma of being labeled feminine or effeminate.

According to Sabo (1995), the development and maintenance of a heterosexual male identity, which begins to develop among young boys during adolescence, is associated with pressurizing many males into risk-taking behaviors and lifestyles that in turn heighten their susceptibility to illness or accidental death. This scholar pointed out that the practice of risk-taking behavior is perceived by most men as part of the construction of traditional masculinity, which has negative health consequences.

A research finding by Jeftha (2006) revealed that there are clear differences between young men and women with regard to risk-taking, with men appearing to engage in more extreme health negative behaviors than their female counterparts. Thus, the need to understand better how masculinity is constructed among young adults and its effects on risk-taking behavior

has become imperative. Courtenay (2000) summarized the health beliefs and behaviors one would expect to be demonstrated by a man who adopted traditional masculinity as follows:

> A man who enacts gender as socially prescribed would be relatively unconcerned about his health and well-being in general and would place little value on health knowledge. He would see himself as stronger, both physically and emotionally than most women. He would be unlikely to ask others for help. He would face danger fearlessly, disregard risks, and have little concern for his own safety. He would consider anger to be acceptable, particularly when expressed physically. He would adamantly reject doing anything that he or anyone else would consider feminine. (p. 11)

In the same way, research findings in the college settings indicated gender differences in risk-taking behaviors, where college men make poorer choices and engage in more negative and unhealthy behaviors across numerous domains when compared to college women. For instance, Courtenay (2002) reported that college men demonstrate poor decision making in regards to mental and physical health, substance abuse, and academic and social performance. College men are more likely to underutilize health centers and counseling services, even though they are at greater risk in regards to health issues and at the same level of risk for mental health issues when compared to women. Of the more than 30 behaviors that are associated with an increased risk of disease, injury, and death identified by Courtenay, college men were engaged in every category to a higher degree than women (Courtenay, 2002). College men were engaged in fewer health promoting behaviors than women, including wearing safety belts, conducting self-examinations for cancer, and

behaviors related to driving, sleep, and exercise (Courtenay, 2000). College men also significantly lead in every single category of alcohol and drug use (Courtenay, 2004). Men on college campuses outnumber women in every category of drinking behavior used in research for comparison (Davis & Laker, 2004). College men drink more alcohol than they did in high school and they also drink more heavily than their non-college counterparts, with the disparity growing every year (Capraro, 2000). Over twice as many college males use marijuana at least once a week when compared to females, and males have tried cocaine twice as much as college females (Courtenay, 2004). College men are also disproportionately represented as judicial offenders and are caught breaking more university policies than their female counterparts (Harper, Harris, & Mmeje, 2005).

Courtenay (2000) argues this gendered profile does not simply represent hypotheses about men's health beliefs and behaviors, rather there is abundant evidence that this is indeed how men typically think and behave, and that the adoption of these beliefs and behaviors significantly influences men's health and longevity. Courtenay further argues that although some men do challenge these social prescriptions and adopt healthy behaviors, they are constructing a form of masculinity, which is not the dominant form. He further recognized that unhealthy behaviors often serve as cultural signifiers of 'true' masculinity. Thus, many men and boys define their masculinity against positive health beliefs and behaviors. Men similarly construct masculinities by embracing risk. A man may define his degree of manliness, for example, by fighting physically or performing risky sports and displaying these behaviors like badges of honor or achievements of manhood (Courtenay, 2000).

As clearly indicated in the preceding paragraphs, there is strong evidence that the socialization of men and adherence to traditional masculine role norms can result in numerous unhealthy attitudes and behaviors. The reason for this convincing evidence may be due to the fact that the field of men's studies has almost exclusively focused on the negative and detrimental effects of masculinity. On the contrary, few studies indicated that traditional masculinity is positively associated with men's health and well-being. For instance, Hammer and Good (2010) conducted the first empirical investigation which examined the relationship between masculine role norms and positive psychological strengths and psychological well-being. Their sample consisted of 250 men from North American who ranged from 18-79 years old. Various positive psychological constructs such as courage, autonomy, endurance, self-esteem, and life satisfaction were assessed. The results indicated that men who adhered to traditional male norms of risk-taking, dominance, and pursuit of status, reported higher levels of physical endurance, fitness, and courage.

Similarly, Kiselica and Englar-Carlson (2010) emphasized on the following 10 strengths of masculinity: *male relational styles*- males form relationships through shared instrumental activities; *male ways of caring*- protecting others and action-empathy; *generative fathering*- engaging and responding to a child's needs while attending to larger development; *male self-reliance*: using resources to overcome adversity and 'be your own man'; *worker/provider tradition*- having meaningful work that provides for others; *group orientation*- males tend to collaborate and associate in larger networks; *male courage*- males can achieve great things through daring and risk-taking; *humanitarian service*- fraternal organizations have a strong history of service for others ; *men's use of humor*- this can be a means for connecting to

others and coping with stress; *male heroism*: heroic acts have a long tradition as part of manhood.

Although the focus on positive aspects of masculinity is relatively new, the entirety of research on men's issues and masculinity supports the idea that a variety of aspects of masculinity can significantly influence numerous behaviors, attitudes and beliefs, and relationship qualities and manifest in helpful and unhelpful ways (Koon, 2013). Thus, this scholar pointed out the importance of continuing research into how these aspects of masculinity affect other behaviors as well.

In investigating the relationship between masculinity and health risk behaviors, most studies have used measures of conformity to masculine norms and gender role conflict. A relationship has been found between conformity to masculine role norms and tobacco and alcohol use (Mahalik et al., 2003). Liu and Iwanmoto (2007) also found a connection between conformity to masculine norms and marijuana use and binge drinking . Men who scored higher on conformity to masculine norms measure also were more likely to report violent behavior (Mahalik et al., 2003). Moreover, responses to a measure of health risks were found to be related to conformity to masculine gender roles (Mahalik, Lagan, & Morrison, 2006).

Overall, research has focused on the link between gender role conflict and psychological variables. However, Blazina and Watkins (1996) found that gender role conflict was related to an increase in reported alcohol usage.

2.4 Masculinity and Attitudes toward Seeking Help

Attitudes have been defined as the degree to which a person has a favorable or unfavorable evaluation or appraisal of the behavior in question (Ajzen, 1991). According to this scholar, the more positive attitudes persons have about a behavior, the greater their intentions to perform the behavior. As a result, they are more likely to perform that behavior. In terms of seeking help, persons who hold positive attitudes toward seeking help are more likely to seek help compared to those with more negative attitudes toward that behavior (Morgan, Ness, & Robinson, 2003; Deane & Todd, 1996; Kelly & Achter, 1995; Cepeda-Benito & Short, 1998; Cramer, 1999).

Help-seeking attitudes and behaviors have been found to vary by gender. There is some evidence that supports the popular idea that men are less likely than women to seek help from a professional counselor due to certain cultural expectations. For instance, Jana-Massri (2011) explained that families and society traditionally had expected certain behaviors and attitudes from males, such as being strong physically and mentally. This expectation led men to act conservatively and to avoid seeking professional help, especially when it came to mental health issues. This belief also extends to other health professionals such as primary care physicians and health specialists. Research has found men are less likely than women to visit their primary care physician. When men do decide to visit a physician or a mental health professional they tend to make fewer demands and ask fewer questions than women (Addis & Mahalik, 2003). In the same way, Lane and Addis's (2005) finding revealed that men are less likely than women to seek either professional mental or medical help because of the gender role expectation.

Explanations for gender differences in help-seeking attitudes and behaviors have generally pointed to male socialization processes and the degree of endorsement and internalization of hegemonic masculinity, referred to as traditional masculinity ideology (Addis & Mahalik, 2003). As boys develop into men, cultural messages about what is 'masculine' are internalized and integrated into masculine ideologies. These ideologies function as guides for the meaning ascribed to manhood and for what constitutes acceptable behaviors for men (Thompson & Pleck, 1995). Beliefs that men should be strong, independent, robust, tough and self-reliant are strongly endorsed, which highlight the prescriptive messages men receive about what it means to be a man and how to express masculinity (Courtenay, 2000). Thus, individuals who embrace a traditional masculinity ideology subscribe to culturally defined standards for male behavior, such as self-reliance, restrictive emotionality, and avoidance of 'feminine' characteristics, such as emotional self-disclosure and dependency (Levant & Fischer, 1998; Levant et al., 1992).

Furthermore, certain features of traditional masculinity ideology may be incompatible with help-seeking. Kilmartin (2000) noted that men who place emphasis on being rational, strong and in control may find little comfort with psychological help-seeking due to the social stigma surrounding these behaviors. In contrast to the prescriptions for traditional masculinity ideology, people who seek psychological services have often been stereotyped as crazy, weak, or out of control (Corrigan, 2004). As a result, psychological help-seeking may be largely incongruent with traditional masculinity ideology. Generally, research literature on masculinity and help-seeking attitudes revealed that men who constructed traditional masculinity were found to have negative attitudes toward seeking help. For instance,

Courtenay (2002) reported that college men who adhere to traditional masculine role norms are more likely than nontraditional college men to refuse seeking help from others and they also underutilize professional services on campus.

In investigating the relationship between masculinity and help-seeking attitudes, most studies have utilized measures of gender role conflict and conformity to masculine norms. Research examining men's gender role conflict and psychological help-seeking has indicated that increased levels of gender role conflict are associated with more negative attitudes towards seeking help i.e. gender role conflict is more likely to decrease the willingness to seek help for psychological problems (Good & Mintz, 1990; Good, Dell, & Mintz, 1989; Blazina & Watkins, 1996; Blazina & Marks, 2001; Berger et al., 2005; Good &Wood, 1995; Robertson & Fitzgerald, 1992; Wisch et al., 1995; Simonsen, Blazina, & Watkins, 2000), less intentions to seek help from a variety of sources (Lane & Addis, 2005; Pederson & Vogel, 2007; Cusack et al., 2006), and engaging in fewer help seeking behaviors (Good, Dell, & Mintz, 1989). Additionally, higher scores on male gender role conflict were associated with more negative assessments of brochures advertising traditional counseling services (Roberston & Fitzgerald, 1992; Blazina & Marks, 2001) and videos of emotion focused counseling (Wisch et al., 1995). Jana-Massri (2011) also examined how gender role conflict influenced men's attitudes toward seeking professional psychological help, and increased the scope of existing research by adding religiosity as a moderator variable; the finding revealed that although the moderator effect was not significant, Gender Role Conflict Scale (GRCS) and Religiosity of Islam scale (RoIS) were significant predictors for Attitude Toward Seeking Professional Psychological Help (ATSPPH).

Overall, studies have found that measures of specific gender role conflict dimensions (e.g., restrictive emotionality; restrictive affectionate behavior between men; and success, power and competition) and total gender role conflict have accounted for 15.6% to 20% of the variance in psychological help-seeking attitudes (Good & Wood, 1995; Blazina & Watkins, 1996). Moreover, gender-role conflict and traditional masculinity ideology in combination, both predicted men's willingness to seek psychological help (Good, Dell, & Mintz, 1989).

Conformity to masculine norms has been found to relate to attitudes toward seeking psychological help, with higher conformity related to less positive attitudes (Mahalik et al., 2003). Similarly, prior research findings (Good, Dell, & Mintz, 1989; Boman & Walker, 2010; Blazina & Watkins, 1996) have found a strong relationship between conformity to masculine norms and negative attitudes towards seeking help. Combining gender role conflict and conformity to masculine norms, a regression model predicting attitudes toward seeking psychological help found that Conformity to Masculine Norms Inventory (CMNI) to be the only unique predictor (Good et al., 2006).

2.5 Local Studies

A gendered culture of a society is part and parcel of the society's complex socio-economic structure. Then, it is only when one sees it within this broader perspective that one may build a clear understanding of gender construction. For instance, the Oromo Gada System has a well-structured system of boys' socialization in which boys construct masculine gender identity (Trimingham, 1965; Olam, 2003). Boys' socialization is managed as per the specific age-grade to which male children belong.

Olam (2003) further noted that among Borana Oromo each of the eight Gada grade has an eight year-span and male children's transition from one grade to the next grade is marked by an initiation ritual. In other words, Gada explains how the members are initiated into adult society at the same time and perform a variety of transitional rites of passage as they approach each new stage of the life cycle. Gada grades begin when a male child is born into the family and end with his death. Olam (2003) stated the socialization of boys among Borana Oromo as follows:

> The first is called the "dabballee". This is the period of time from 0-8 years of age when a child is considered "without sex". During this time, the child is normally taken care of by his mother and is not allowed to go far from home. The second period begins at 8 years and goes until the age of 16; this is the "follee" stage and involves the initiation rites of head-shaving, naming and circumcision. During these years, the boy, initiated into adolescence, enjoys greater freedom—for example he can attend overnight events and is involved in wrestling and games. Next is the "qondaala" from age 16-24. At this age, the young man is allowed to go farther from home on hunting expeditions, is expected to participate in all religious rituals, and supervises the younger "follee" hunting and games. Then, at the age of 24-32 is the class of "kussa", when full initiation into manhood occurs. The "kussa" can go to war, care for household needs, search for a wife, gains responsibility for extended family needs, and is allowed interaction at all levels of community life. (p. 28)

In Oromo, there are various cultural attitudes and practices that reflect gender construction. One of these cultural practices is the differential treatment of boys and girls from the

moment of their birth. At birth, parents are asked whether they have a baby boy or baby girl. Indoctrinating boys into masculinity and girls into femininity is carefully practiced, for example, by selecting gender-appropriate clothing and hairstyle. However, in areas where the Gada System is still practiced like in the Borana Oromo, unless they complete their dabbale grade, boys are never indoctrinated into masculinity (Jeylan, 2004; Olam, 2003).

Similarly, according to Asmarom (1973) among the Borana Oromo the differentiation between boys and girls commences after they completed their dabbale grade and the way they are brought up. Boys are inculcated to be strong, brave, to speak in public, to freely participate in political affairs, rituals and religious activities. They are also encouraged to do traditional outdoor sports such as horse riding, spearing circular woods, jumping, hunting, stick fighting, wrestling, etc. which help them for the physical build up as well as fitness. In contrast, the girls are restricted not to get involved in some of these activities. Traditionally they are not encouraged to speak in public, attend assemblies and are not given public authority in the Gada system.

On the other hand, proverbs that directly or indirectly emphasize hegemonic masculinity play an important role in reinforcing the cultural ideal of masculinity, such as competitiveness, dominance, forcefulness, endurance, confrontation, self-reliance, and willingness to take risks. For example, the Oromo proverb “With a woman’s rule, the gate remains unopened the whole day” depicts the ideology of male chauvinism in the household (Jeylan, 2005). Sumner (1995) also noted that proverbs in the society encourage men to maintain their masculinity by avoiding practices that connote inferiority. For example, the Oromo proverb “Farting once is masculine and farting repeatedly is feminine” serve this

function. Furthermore, men are not only inculcated with masculine ideals, they are also encouraged to exercise those ideals in heroic deeds. For example, the Oromo proverb "A male person is dead from his birth" inculcates fearlessness as a masculine self-fulfillment. According to this proverb, whether it is for good or for trivial cause, a male person should not fear death.

Among the local studies, Levine's (1966) work on 'masculinity in Amhara culture' is another important investigation in masculinity studies in Ethiopia. He defines the concept of masculinity in Amhara context as "wand-nat". "Wand-nat" connotes the ability to make physical hardship, to live for a long time in the wilds, and to walk all day long with no food. According to Levine (1966), the Amhara ideal of masculinity has reference primarily to aggressive capacity. He noted that the ideal of masculinity is typically projected at the expense of, and defined in opposition to femininity. On the contrary, Mulat (2005) found out that the masculinity attributes of Awuramba male adolescents have been constructed from thoughts, beliefs and practices of gender equality, egalitarian way of life, peaceful manner, and valuing physical strength for the sake of being capable of physical work. He indicated that these beliefs and practices of the male adolescents are reinforced and encouraged by the community members. On the other hand, the tendency of displaying socially unacceptable behaviors is punished and ridiculed by parents and adults of the community.

Moreover, in his study on 'notions of fatherhood among Ethiopian adolescents' Belay (2008) indicated that Ethiopian fathers play masculine acting (disciplining) roles: control, punish, and warn children with respect to wrong doing, command order and make children

respect parental orders, provide assistance under extreme problem conditions, and show seriousness and strictness. Belay further revealed that fathers play the role of masculine gender socialization: encourage acts, teach skills, and develop interests in masculine gender appropriate roles, bravery, strength, power, success, wining, etc.

To designate the move from childhood to adulthood in some cultures in Ethiopia, there are ritual ceremonies that are celebrated among young men. For instance, the bull jumping ceremony is an event being practiced as a rite of passage for young men about to marry and is seen as a step from childhood to manhood among the Hamer tribe of Southern Ethiopia (Feldt, 2012). However, according to Aptekar, Paardekooper, and Kuebli (2000) there are no ritual ceremonies among the Amhara and Tigrie that marked puberty, although there is a descriptor, 'Watat' that describes ages twelve to eighteen. Similarly, Levine (1965) noted that transition rites, in which the society corners the young person and puts its stamp upon him, are conspicuously absent from the Amhara culture. The transitions to adult status in Amhara culture is related above all to marriage, moving in to one's house, and begetting a child.

Levine (1965) further disclosed that in Amhara culture although public norms require boys to be virgin at marriage, premarital sexual experimentation for boys is regarded as natural occurrence; the unwed girl by contrast must remain virgin at all costs. Mbaya (2002) also noted that among Oromo people virginity before marriage is highly valued for the girl and her parents; otherwise her and her family's reputation would be ruined at the wedding time. Generally, placing much value on girls' virginity than on boys' before marriage seems common for most ethnicities in Ethiopia.

2.6 Chapter Summary

Previously, masculinity has been seen in biological determinism or essentialism terms. However, recently the socially constructed nature of masculinity is recognized. For different cultures and different periods of history construct masculinity differently, the social constructionists suggest that we should speak of masculinities and not masculinity i.e. masculinity is fluid and diverse across different times and contexts. Regardless of diverse masculinities, anthropologists identified seven areas of masculinity which are cross-culturally similar. These widely used cultural and psychological characteristics associated with men include: physical, functional, sexual, emotional, intellectual, interpersonal, and other personal characteristics.

Moreover, exploring the relationships among the different kinds of masculinities has become imperative. Four fluid categories or different types of masculinities which have relationships with each other were identified. These include: hegemonic masculinities, subordinated masculinities, complicit masculinities, and marginal masculinities. Relations exist between these different kinds of masculinities- relations of alliance, dominance, and subordination.

Different theories of masculinities that have implications for men’s health were also identified. These include: biological theory of masculinity, role theories of masculinity, and a relational theory. The first two theories of masculinities were criticized for different reasons; this led theorists towards a third approach. Thus, a relational theory of men's health from the social constructionist perspective is the framework for the present study. This approach to masculinity argues that gendered power relations create relational hierarchies between men

and women. This power relation that usually places women in a lower position relative to men is likely to influence men's health beliefs and behaviors. Consequently, to exhibit hegemonic ideals with health behaviors, men reinforce strongly held cultural beliefs, such as considering themselves as invulnerable, being strong and robust, and self-relent.

Studies of masculinity and risk-taking behaviors have emphasized the more destructive behaviors associated with the hegemonic masculinity that most men were assumed to engage in. In the context of hegemonic masculinity, femininity may be ascribed to those heterosexual men who fail to conform to the rules of the dominant masculinity. This has major implications at a time when health care use and positive health beliefs or behaviors are socially constructed as forms of idealized femininity. In the same way, explanations for gender differences in help-seeking attitudes and behaviors have generally pointed to the degree of endorsement and internalization of hegemonic masculinity.

In investigating the relationship of masculinity with risk-taking behaviors and help-seeking attitudes, studies have used measures of conformity to masculine norms and gender role conflict. Most of the previous research findings revealed that these measures of masculinity were associated with risk-taking behaviors and help-seeking attitudes. This means, more conformity to masculine norms and a higher degree of gender role conflict were associated with greater risk-taking behaviors and more negative attitudes toward seeking help.

In Ethiopia, although studies conducted on masculinity are scarce, from the existing literature one can easily understand that most cultural practices foster traditional masculinity, as young men were encouraged to construct their gender identity in opposition

to femininity and expected to be aggressive, brave, competitive, dominant, self-reliant, and willing to take risks, which are typical traits that signify traditional/hegemonic masculinity. However, Awuramba male adolescents were found to construct their masculinity from the beliefs and practices of gender equality.

2.7 Conceptual Framework

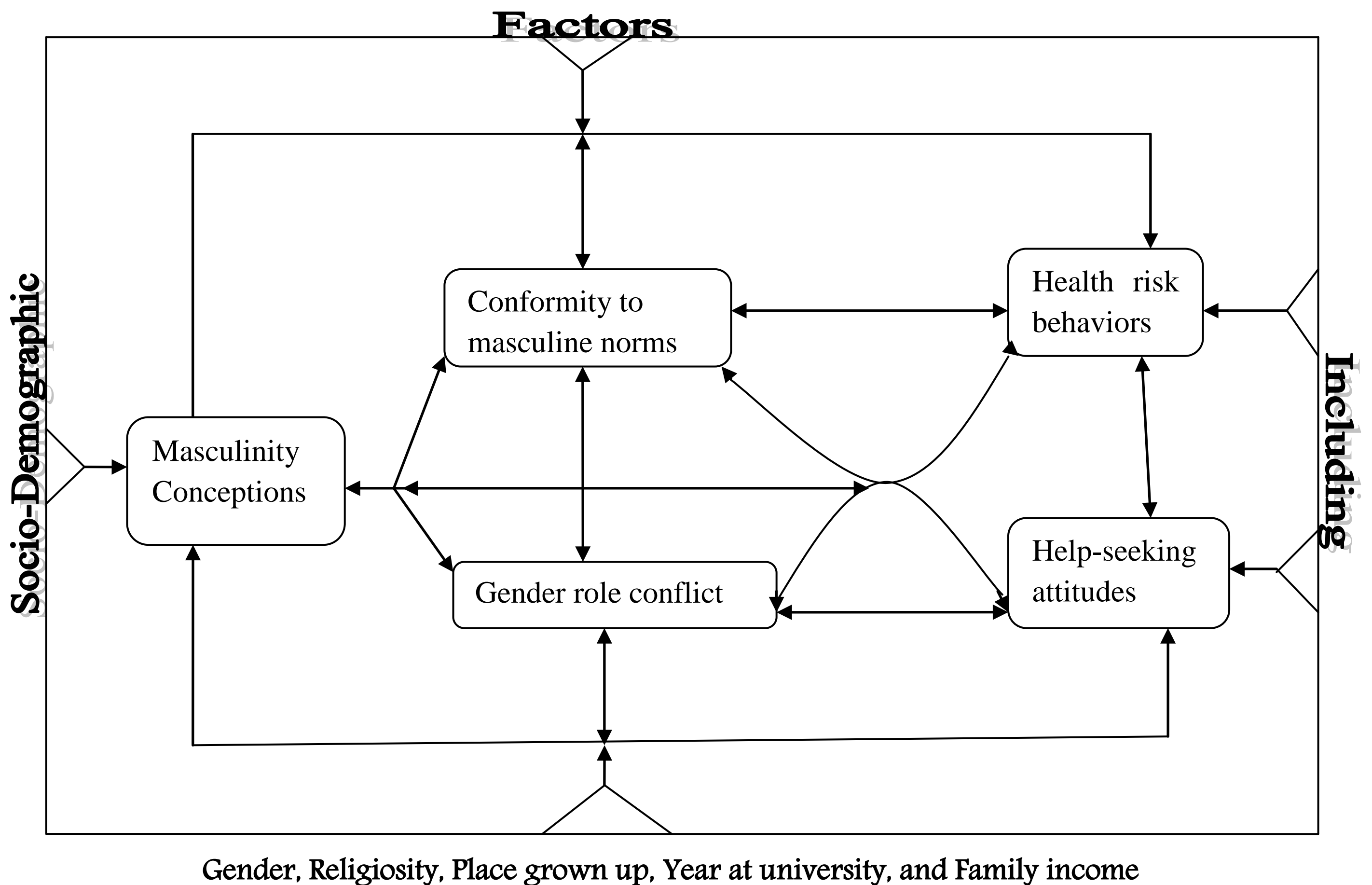


Fig 2.1: Conceptual framework depicting interrelationship among conceptions of masculinity, conformity to and conflicts of gender roles, health risk behaviors and help-seeking attitudes as a function of selected socio-demographic factors.

CHAPTER THREE

METHODS

3.1 Research Approach

This study was undertaken using a mixed research approach. Mixed methods research is a methodology for conducting research that involves collecting, analyzing, and interpreting quantitative and qualitative data in a single study or in a series of studies that investigate the same underlying phenomenon (Creswell & Plano Clark, 2007). These scholars noted that qualitative and quantitative researches in combination provide a better understanding of a research problem or issue than either research approach alone. This means, one is able to draw on the strengths of one method to compensate or complement for the weakness of the other method.

3.2 Research Design

A research design is defined as a logical sequence that connects the empirical data to the study's initial research questions, and then ultimately to its conclusions (Yin, 2003). Yin explained that a research design is crucial in thinking how to guide data collection, its analysis and interpretation; how to establish a link between research question, data analysis and conclusion; and how the research question can be addressed.

The present study used a cross-sectional survey design based on a mixed methods approach. While designing a mixed methods study, three issues need consideration: implementation, priority, and integration (Creswell et al., 2003). *Implementation* refers to whether the quantitative and qualitative data collection and analysis come in sequence/one following

another, or in parallel/concurrently. Regarding this, Creswell and Plano Clark (2007) identified four major types of mixed methods designs: the convergent parallel design, the explanatory sequential design, the exploratory sequential design, and the embedded design. The present study employed the convergent parallel mixed methods design, where qualitative and quantitative data collection and analysis were taken place concurrently.

Priority refers to which method, either quantitative or qualitative, is given more emphasis in the study. In convergent parallel mixed methods design, priority should be equal but can be given to either approach. Accordingly, in this study equal weight is given to the quantitative and qualitative methods.

Integration refers to the phase in the research process where the mixing or connecting of quantitative and qualitative data occurs. Based on the four basic procedures of integration identified by Creswell and Plano Clark (2011) in implementing the convergent parallel design, first, the researcher collected both the quantitative and qualitative data. These two types of data collection were concurrent but separate- that is, one did not depend on the results of the other. Second, the researcher analyzed the two data sets separately and independently from each other using typical quantitative and qualitative analytic procedures. Then, the researcher tried to merge the results of the two data sets in the third step. This merging step involved directly comparing the separate results. In the final step, the researcher interpreted to what extent and in what ways the two sets of results were converged, diverged from each other, related to each other, and/or combined to create a better understanding in response to the study's overall purpose.

3.3 Study Site

This study was conducted in three higher learning institutions in Ethiopia-Addis Ababa, Wollega, and Addis Ababa Science and Technology universities. While Addis Ababa University and Addis Ababa Science and Technology University are located in Addis Ababa, Wollega University is located in the western part of Ethiopia around 312 kilometers from Addis Ababa. It is assumed that the population in Ethiopian universities is homogeneous. This means, all the universities receive students from all regions in the country. Thus, representative samples of university students enrolled in higher learning institutions in Ethiopia were believed to be obtained from these three universities.

3.4 Participants

Participants of the study were undergraduate university students in the age range between 18-25 years, enrolled in the higher learning institutions in Ethiopia- Addis Ababa, Wollega and Addis Ababa Science and Technology universities. Although the majority of masculinity and health-related researches focused on engaging only male participants, based on Koon's (2013) suggestions, stating that any individual can exhibit traditional masculine role norms, behaviors and attitudes, both male and female undergraduate university students were included in this study.

3.5 Sampling Procedures

To undertake the quantitative survey, the total population of regular undergraduate students in the three universities was obtained from the registrar offices. Accordingly, 36893 regular undergraduate students were enrolled in Addis Ababa, Wollega, and Addis Ababa Science and Technology universities in 2013/2014 i.e. 20296, 11615, and 4982 students, respectively.

Sample size for this study was decided with the following formula used for behavioral science studies (Naing, Winn, & Rusli, 2006).

$$n = \frac{Z^2 P (1 - P)}{d^2}$$

Where,

n = sample size,

Z = Z statistic for a level of confidence of 95% (1.96.),

P = expected prevalence or proportion (in proportion of one; if 50%, $P = .5$), and

d = precision (in proportion of one; if 5%, $d = .05$).

Accordingly, the calculated sample size for the desired precision is 384. However, anticipating non-response or missing data which might hinder achieving the desired precision the investigator oversampled by 35% of the computed number required. Thus, the total sample size in this study from the three universities was 518. The total number of students that took part in this study from each university was determined using proportional method. Hence, 285, 163, and 70 students participated in the study from Addis Ababa, Wollega, and Addis Ababa Science and Technology universities, respectively. However, 5 participants didn't return the questionnaire. Moreover, although 513 participants filled and returned the questionnaire, at the time of data encoding the responses of 10 participants have been identified as incomplete; consequently, they have not been included in the analysis. Therefore, the analysis and interpretation of the data was performed on responses from 503 participants (200 female and 303 male students).

Stratified random sampling technique was used to select some universities in Ethiopia. First, the 31 universities in Ethiopia were classified into three strata by their age of establishment (old, middle, and new) and then one university was selected from each strata using simple random sampling technique. Accordingly, Addis Ababa University is selected from the older 8 universities, Wollega University is selected from the 13 universities established in the year 2007/8, and Addis Ababa Science and Technology University is selected from the 10 newly established universities in the year 2011/12. From the total 9 colleges and 2 institutes of Addis Ababa University, 3 colleges were randomly selected; from the total 7 colleges of Wollega University, 3 colleges were selected randomly; and from the total 9 schools in Addis Ababa Science and Technology University, 5 schools were randomly selected. Then, from the total 45 departments in the randomly selected colleges/schools of the three universities, 22 departments were randomly selected. Finally, from each randomly selected department one batch was randomly selected. By preparing sampling frame for each randomly selected batch in each department in the three universities, the sample was proportionally distributed. Lastly, a systematic sampling method was used to select the study participants.

It is known that qualitative data are geared more towards explaining and clarifying issues and concepts, rather than for 'representativity' and 'generalizability' to a larger population. As a result, non-probability sampling technique, namely purposive sampling was used to target potential respondents for in-depth individual interviews. Thus, 21 interviewees (7 from each university) were selected purposively, for their ability to provide detail information.

3.6 Instruments

In this study, qualitative data was collected through in-depth individual interview, which was guided by a semi-structured interview. As the researcher wished to collect personal accounts and experiences of meanings ascribed to masculinity, health risk behaviors and help-seeking attitudes, in-depth individual interview was preferred to focus group discussions. On the other hand, the quantitative survey utilized formal structured questionnaire. The questionnaire covered items about participants' socio-demographic information, measures of masculinity, health risk behaviors, and help-seeking attitudes. Brief descriptions of the quantitative instruments are presented hereunder.

i. Socio-Demographic Information

The socio-demographic part of the questionnaire was concerned with individual characteristics, such as age, sex, ethnicity, religion, marital status, family income, religiosity, year at university, place grown up and field of study, which were used to describe the sample.

ii. Measures of Masculinity

Based on review of the literature, measures of masculinity are related to risky health behaviors and help-seeking attitudes. Overall, the literature indicates that endorsement of traditional masculinity ideology, conformity to masculine norms, and gender role conflict are all associated with men's engagement in various risk-taking behaviors and negative attitudes toward seeking help. Each of these masculinity measures has a different focus, but all are based on the social constructionist view of masculinity which emphasizes how gender is socially and culturally created and transmitted (Smiler, 2004; Pleck, 1995). Because there is a

conceptual overlap between conformity to masculine norms and traditional masculinity ideology, the latter is not included as a measure of masculinity in the present study.

A. Conformity to Masculine Norms

Traditional masculinity ideology defines the norms or standard patterns of behavior associated with traditional masculinity. Those who endorse these norms are likely to conform to them. For example, a man who endorses the traditional masculinity ideology of restrictive emotionality would likely conform to the norm of not disclosing his feelings in discussions with others (Levant et al., 2009). Examining conformity as one measure of masculinity is required as it has been found to relate to a number of risking-taking behaviors.

The extent of conformity to traditional masculinity roles has been measured with the Conformity to Masculine Norms Inventory (CMNI; Mahalik et al., 2003). This self-report instrument measures affective, cognitive, and behavioral conformity. The original CMNI contains 94 items. In this study, however, to reduce participant burden and fatigue, Conformity to Masculine Norms Inventory-46 (CMNI-46; Parent & Moradi, 2009) was slightly modified and used. The CMNI-46 is a 46-item instrument with a 4-point Likert-type scale ranging from 0 (strongly disagree) to 3 (strongly agree), with high scores indicating high degrees of conformity to masculine norms (Parent & Moradi, 2009).

The present study focused only on the CMNI-46 total score and eight of the 9 subscales: Winning, Emotional Control, Risk-Taking, Violence, Playboy, Self-Reliance, Primacy of Work, and Power over Women. *Emotional Control* measures emotional restriction and

suppression (e.g., "I never share my feelings"); *Winning* measures drive to win (e.g., "In general, I will do anything to win"); *Playboy* measures desire for multiple or non-committed sexual relationships and emotional distance from sex partners (e.g., "If I could, I would frequently change sexual partners"); *Violence* measures proclivity for physical confrontations (e.g., "Sometimes violent action is necessary"); *Self-reliance* measures aversion to asking for assistance (e.g., "I hate asking for help"); *Risk-taking* measures the likelihood of engaging in high risk behaviors (e.g., "I enjoy taking risks"); *Power over Women* measures perceived control over women at personal and social levels (e.g., "Women should be subservient to men"); and *Primacy of Work* measures the degree to which work is a major focus of life (e.g., "My work is the most important part of my life") (Parent & Moradi, 2009).

Thus, in this study the CMNI-46 is a 40- item instrument with the omission of heterosexual self-presentation subscale that measures aversion to the prospect of being gay or being thought of as gay (e.g., "I would be furious if someone thought I was gay"). This subscale is omitted due to its cultural inappropriateness in Ethiopia; because it is uncommon for a male to be perceived as a gay by being exhibiting an affectionate behavior with other male.

In a study examining the use of the CMNI-46 with college males (*N*=229), internal consistency of the CMNI-46 ranged from .77 to .91, indicating good to excellent internal consistency reliability across subscales (Parent & Moradi, 2009). Moreover, Cole (2013) calculated a mean conformity to masculine norm score and both the total scale and subscales demonstrated good internal consistency reliability (Total Scale α = .89, Winning α = .85, Risk Taking α = .81, Violence α = .83, Power Over Women α = .83, Playboy α = .82, Self

Reliance α = .87, Heterosexual Self Presentation α = .90, Primacy of Work α = .75, Emotional Control α = .91).

Lastly, a recent measurement invariance study of the CMNI-46 by Parent and Smiler (2012) showed that although men and women differed on scalar invariance, as expected, suggesting differing overall levels of endorsement of masculine norms, with men scoring reliably higher than women, the results of configural and metric invariance suggested that the scores on the CMNI-46 are comparable across men and women, and that the CMNI-46 functioned as a valid measure in assessing the construct of masculinity across gender.

B. Gender Role Conflict

Gender role conflict occurs when adherence to socialized gender roles results in restricting one's own behavior or emotions and devaluing dimensions of oneself or others such as emotionality (O'Neil et al., 1986). For example, men who endorsed traditional masculinity ideology would be less likely to communicate emotions even when they believed it may benefit them. As gender role conflict has consistently been found to relate to attitudes towards seeking help, it is chosen as a second measure of masculinity to be examined.

Gender Role Conflict Scale-Short Form (GRCS-SF; Wester et al., 2012) was slightly modified and used to assess gender role conflict. The GRCS-SF was chosen for the purpose of this study as there is supported evidence that a shorter survey would retrieve a higher and more accurate response rate. In this regard, Wester et al. (2012) advises that the shorter version decreases the response burden on participants which may lower the risk of boredom, loss of motivation, and random responding.

The GRCS-SF is a 16-item self-report measure of experience of negative consequences related to socialized masculine gender roles; items are answered using a 6-point Likert-type scale ranging from 1 (strongly disagree) to 6 (strongly agree) with high scores indicating expression of patterns of gender role conflict and fear of femininity (O'Neil et al., 1986). Wester et al. (2012) argue that they did not develop a revised version of the gender role conflict scale to reinvent the construct of GRC; rather, they wanted to develop a shorter, more culturally applicable measure of GRC that potentially unites men of different backgrounds rather than differentiates between them based on aspects of identity such as race, ethnicity, and sexual orientation. They chose to create a short form rather than revising all 37 items, because doing so would allow them to retain the theoretical basis of the GRC construct, given the demonstrated applicability across cultures.

The present study focused only on the GRCS-SF total score and three of the 4 subscales: Success, Power, and Competition (SPC); Restrictive Emotionality (RE); and Conflict between Work and Family Relations (CBWFR). *Success, Power, and Competition* measures the desire to achieve success, avoid failure, be considered superior to others, and to compete with others to gain power and success (e.g., "I strive to be more successful than others."); the majority of the SPC items do not directly assess men's GRC, and therefore, SPC is defined as a masculine norms/ideology factor that more indirectly assesses GRC by measuring personal attitudes about success pursued through competition and power (O'Neil, 2008). *Restrictive Emotionality* measures difficulty or fear related to expression of feelings (e.g., "I do not like to show my emotions to other people."). *Conflict between Work and Family Relations* measures stress resulting from problems balancing work/school responsibilities with family

roles and leisure activities (e.g., “My needs to work or study keep me from my family or leisure more than I would like.”) (O’Neil, 2008). Generally, the above conflicts represent men’s preoccupation with success and status, difficulties in expressing feelings, and difficulties balancing work with family relations, respectively.

Thus, in this study the GRCS-SF is a 12- item instrument with the omission of restrictive affectionate behavior between men subscale that measures discomfort with expression of feelings toward other men (e.g., Expressing my emotions to other men is risky.”). This subscale is omitted due to its cultural inappropriateness in Ethiopia; because it is unusual for a male to be perceived as a gay by being exhibiting an affectionate behavior with other male.

Wester et al. (2012) reported internal consistency reliability across subscales; accordingly the coefficient alphas for both the revised RE and CBWFR subscales was .77, while coefficient alphas for the revised RABBM and SPC subscales were .78 and .80, respectively. These reliability estimates met Ponterotto and Ruckdeschel’s (2007) cutoff for ‘moderate’ (RE, CBWFR, RABBM) or ‘good’ (SPC) internal consistency for short (less than 6 item) scales and large sample sizes.

iii.Health Risk Behaviors

University students’ health risk behaviors, such as smoking, alcohol use, substance abuse, and risky sexual behavior were assessed using the instrument developed by the researcher. Items were generated after a thorough review of both the literature and measures related to health risk behaviors. This part of the questionnaire consisted of 7 items with a five-point Likert-type scale.

iv. Attitudes toward Seeking Help

The Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPHS-SF, Fischer & Farina, 1995) was slightly modified and used to assess university students' attitudes about seeking professional help for psychological distress. The ATSPPHS-SF consists of 10 items from the original 29-item instrument. The short-form correlates strongly to the original 29-tem instrument, indicating that the short form is tapping similar constructs (Fischer & Farina, 1995). Items are answered using a 4-point Likert-type scale ranging from 0 (strongly disagree) to 3 (strongly agree) with higher scores indicating more positive attitudes toward seeking professional help for psychological distress. Fischer and Farina (1995) pointed out that in a sample of college students, internal consistency of the ATSPPHS was .84, indicating good internal consistency reliability. These scholars further revealed that the test-retest correlation for a one-month period between tests was .80.

3.7 Validation

Utilizing a culturally sensitive instrument to measure the proposed variables allows the researcher to produce rigorous and accurate data. To this end, a pilot study was conducted to test the technical adequacy and quality of each item encompassed in the data gathering instruments designed to measure conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help. Above all, Conformity to Masculine Norms Inventory-46 (CMNI-46), Gender Role Conflict Scale –Short Form (GRCS-SF), and Attitudes Toward Seeking Professional Psychological Help Scale-Short Form (ATSPPH-SF) were new and lack empirical support; because they had only been tested in Westernized societies such as the United States, Australia, and in South Africa. To obtain empirical

support, they should be tested in different contexts. Regarding this, research has confirmed that history and culture play important roles in shaping, constructing and reconstructing masculinities (Philips, 2005; Connell & Messerschmidt, 2005).

However, these instruments have not been translated and used in Ethiopia. To this end, the English versions of these instruments (CMNI-46, GRCS-SF, HRBQ, and ATSPPH-SF) were translated into Amharic and Afan Oromo. Three major translation steps were undertaken. First, one Applied Developmental Psychology PhD student, one Applied Linguistics PhD student (currently a PhD holder), and one Social Psychology instructor of Wollega University individually translated the instruments from English to Amharic. At the same time, another Applied Linguistics PhD student (currently a PhD holder) translated the instruments from English to Afan Oromo. The Amharic and Afan Oromo translations were then reviewed for grammar and ease of understanding by two Amharic and two Afan Oromo instructors of Wollega University, respectively. Finally, both the Amharic and Afan Oromo versions were translated back to English (i.e., without seeing the original English version) by two Applied Linguistics PhD students.

The whole procedure of validating the instruments had focused on the assessment of the technical adequacy of the items, mainly the two twin pillars of assessment: validity and reliability. It should be noted that the presence of problematic items in an instrument reduces reliability and validity of the instrument.

3.7.1 Validity of the Instruments

Validity is often defined as the extent to which an instrument measures what it purports to measure (Bryman & Cramer, 1997). It is important in determining whether the statements in the instrument are relevant to the study. Although there are several ways to estimate the validity of the instrument, the present study used face validity and content validity. The rationale for using these validity estimates was that they are important first steps to establish construct validity, because they establish the accuracy and connection among the questions asked and variables measured. According to Turocy (2002), both face validity and content validity are secured using experts who judge the survey's appearance, relevance, and representativeness of its elements.

Face Validity

Face validity is related to checking whether the instrument looks as if it measures what it is supposed to measure. It is illogical to conclude that face validity is irrelevant in research. Rather, it is an aspect of validity that researchers in both quantitative and qualitative research should pay attention to when reporting validity procedure. Regarding this, Hardesty and Bearden (2004) contend that face validity is essential since inferences are made based on the final scale items and, therefore, they must be deemed face valid if someone is to have confidence in any inferences made using the final scale form.

To establish face validity, investigators seek experts to review the instrument for grammar, organization, appropriateness, and confirmation that it appears to flow logically (Netemeyer, Bearden, & Sharma, 2003). To this end, after the instruments were adapted, they were shown to four professionals so that they should comment on the face validity. These

professionals were: the supervisor of this dissertation, a doctoral student in Applied Developmental Psychology, a Social Psychology instructor of Wollega University, and a doctoral student in Literature.

Checking on the face validity of the items, the experts identified some problems and forwarded comments. As a result, the reactions that followed the comments include: 1) vague words and phrases were rephrased. For instance, items in HRBQ were previously written in such a way that each of them was part of the instruction. The instruction was stated as "please encircle the option that best describes your actual behavior during the last 3 months" and under the questions column, for instance, item 1 was stated simply "smoking". Thus, the experts suggested restating the item for clarity. Accordingly, item 1 was restated as "How often have you smoked cigarette during the last 3 months?" In the same way, the remaining six items in HRBQ were modified; 2) items written in such a way that the scoring key for females and males is similar were modified to make the scoring key different according to participants' sex. For instance, from CMNI-46 item 17, "In general, I control the women in my life "and from GRCS-SF item 10, "Being smarter or physically stronger than other men is important to me" were modified as "In general, I control the women/men in my life" and "Being smarter or physically stronger than other men/women is important for me", respectively; 3) heterosexual self-presentation and restrictive affectionate behavior between men subscales were omitted from CMNI-46 and GRCS-SF respectively, due to their cultural inappropriateness.

Content Validity

Content validity concerns the extent to which a sample of items represent an adequate operational definition of a construct (Polit & Beck, 2006) and is a critical first step in assessing if a new or revised instrument measures the intended construct (Polit, Beck, & Owens, 2007; Rubio, 2005). There is no universally accepted standard indicator of content validity. However, calculating the content validity index (CVI) is one of the most popular ways to evaluate content validity (Amin, 2004; Polit, Beck, & Owens, 2007). In the same way, other scholars viewed the content validity index (CVI) as the most common, suggested, which is based on experts' rating of item relevance (Polit & Beck, 2006; Lynn, 1986). The content validity index (CVI), a proportion agreement procedure, allows a panel of content experts to independently review and evaluate the relevance of each scale item to the domain of content represented in an instrument.

A minimum of 3 to 10 experts is recommended to review the content validity index (CVI) of the instrument (Lynn, 1986). Accordingly, six experts (two Social Psychology instructors of Wollega University, one Measurement and Evaluation instructor and currently a PhD holder in Educational Psychology, and three Applied Developmental Psychology PhD students) were invited to review the content validity of the instruments (Conformity to Masculine Norms Inventory-46, Gender Role Conflict Scale-Short Form, Health Risk Behaviors Questionnaire, and Attitudes Toward Seeking Professional Psychological Help-Short Form). In this process, reviewers were informed about the objective of the study and the operational definitions of the constructs. To ensure that each instrument had an appropriate sample of items to represent the construct of interest, experts were asked to review the content

relevance of questions. They were asked to rate each item using a 4-point scale (1 = not relevant; 2 = somewhat relevant; 3 = quite relevant; 4 = highly relevant). The choice of experts used in the content validity process was appropriate; all were thought to be with a better knowledge of the constructs (DeVellis, 1991).

Responses for each item were then dichotomized: questions that received a 1 or 2 were given a zero, and items that scored 3 or 4 were given 1 point. The Item-level Content Validity Index (I-CVI) was computed by totaling all the points for each item. The total number of points earned for each item was then divided by the total number of experts. For example, if an item was marked as quite relevant or highly relevant by 5 of the 6 experts, the item had a total score of 5, which was divided by the number of experts (5/6 = .83). Then, the Scale-level Content Validity Index (S-CVI) was obtained by averaging all the Item-level Content Validity Indexes of the instruments.

Experts proposed that an Item-level Content Validity Index (I-CVI) of 1.00 is ideal when there are five or fewer experts, while an I-CVI of .83 or higher is recommended when there are more than five experts. However, most of the scholars argue that an I-CVI greater than .78 would be acceptable overall (Schilling et al., 2007; Polit & Beck, 2006; Lynn, 1986).

Content Validity Index of the Conformity to Masculine Norms Inventory-46

The content validity indexes for Conformity to Masculine Norms Inventory-46 (CMNI-46) items were calculated and are shown in Appendix G. Of the 40 items 35 items were relevant with a CVI of .83 or higher, which met the suggested criteria for item acceptability of greater than .78 (Polit & Beck, 2006; Lynn, 1986; Schilling et al., 2007). Item 4 “I believe that

violence is never justified", item 13 "I don't mind losing", item 30 "Violence is almost never justified", item 37 "Things tend to be better when men are in charge", and item 39 "I love it when men are in charge of women" had a lower value of CVI than other items at .67. However, these items were retained for the reason that the investigator felt the items to be theoretically important.

Content Validity Index of the Gender Role Conflict Scale-Short Form

The content validity indexes for Gender Role Conflict Scale-Short Form (GRCS-SF) items were calculated and are shown in Appendix H. All the 12 items scored .83 or higher, achieving the suggested criteria for item acceptability of greater than .78 (Schilling et al., 2007; Lynn, 1986; Polit & Beck, 2006). This means, at least five of the six experts rated the items as quite relevant or highly relevant. Thus, the values of the content validity index indicated that the questions on the GRCS-SF were highly relevant.

Content Validity Index of the Health Risk Behaviors Questionnaire

The Health Risk Behaviors Questionnaire (HRBQ) was a newly developed instrument to assess university students' involvement in various health risk behaviors such as smoking, alcohol use, substance abuse, and risky sexual behavior. Benson and Clark (1982) and American Psychological Association (1999) suggested that determination of content validity of a new instrument is an essential step and requirement of the standards for tests and measurement. To this end, the content validity of the HRBQ was assessed using a Content validity Index (CVI) by a panel of six experts.

The content validity indexes for the Health Risk Behaviors Questionnaire (HRBQ) items were calculated and are shown in Appendix I. Item-level Content validity Index (I-CVI) ranged from 0.83-1.00, achieving the suggested criteria for item acceptability of greater than .78 (Polit & Beck, 2006; Lynn, 1986; Schilling et al., 2007). Thus, the values of the content validity index indicated that the questions on the HRBQ were highly relevant.

Content Validity Index of the Attitudes Toward Seeking Professional Psychological Help-Short Form

The content validity indexes for Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF) items were calculated and are shown in Appendix J. Item-level Content Validity Index (I-CVI) ranged from 0.83-1.00, which met the suggested criteria for item acceptability of greater than .78 (Polit & Beck, 2006; Lynn, 1986; Schilling et al., 2007). The fairly high level of CVI for each item implies that the content for the construct is adequately represented by the items. Thus, the values of the content validity index indicated that the questions on the ATSPPH-SF were highly relevant.

3.7.2 Reliability of the Instruments

Reliability refers to the repeatability, stability or internal consistency of a questionnaire (Jack & Clarke, 1998). It is aimed at testing for how reliable are the instruments to the study. Cronbach alpha coefficient is the most frequently used statistic to show internal consistency reliability (Rattray & Jones, 2007). Internal consistency indicates how well the items on a tool fit together conceptually. Cronbach alpha statistic uses inter-item correlations to determine whether constituent items are measuring the same domain (Bryman & Cramer,

1997). If the items show good internal consistency, Cronbach alpha should exceed .80 for a more established questionnaire (Bryman & Cramer, 1997; Bowling, 1997).

Item-total correlations can also be used to assess internal consistency. If the items are measuring the same underlying concept then each item should correlate with the total score from the questionnaire or domain (Priest et al., 1995). This score can be biased, especially in small sample sizes, as the item itself is included in the total score (Kline, 1993). Therefore, to reduce this bias, a corrected item-total correlation should be calculated. This removes the score of the item from the total score of the questionnaire or domain prior to the correlation (Bowling, 1997).

In a reliable scale all items should correlate with the total scale score. If any of these values are less than about .30, then there is a problem because it means that a particular item does not correlate very well with the scale overall (Field, 2005). Kline (1993) recommends deleting any questionnaire item with a corrected item-total correlation of < .30.

In this study, the researcher administered the survey instruments to 518 university students. However, only the responses of 503 respondents who returned and properly rated the questionnaires were included in the analysis. Reliability analyses were performed for the total scale and for each subscale in the case of Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form, while reliability was computed for the total scale only in the case of instruments that don’t have the subscales (Health Risk Behaviors Questionnaire and Attitudes toward Seeking Professional Psychological Help-Short Form).

Reliability of the Conformity to Masculine Norms Inventory-46

Conformity to Masculine Norms Inventory-46 assessed the extent to which university students conform to traditional masculinity roles. In this study, the Conformity to Masculine Norms Inventory-46 (CMNI-46) is a 40 item instrument with the omission of 'heterosexual self-presentation' subscale. Alpha coefficients for the CMNI-46 subscales were as follows: .93 for the Winning, .85 for Emotional Control, .84 for Risk-Taking, .89 for the Violence, .85 for the Playboy, .82 for the Self-Reliance, .93 for the Primacy of Work, and .86 for the Power over Women subscales. The CMNI-46 total scale had an internal consistency (Cronbach's alpha) of .93.

Table 3.1: CMNI-46 Subscales and Pilot and Main Study's Cronbach Alpha Reliabilities

Subscale	**Items measuring the subscales**	**Pilot study's α N=58**	**Main study's α N=503**
Winning	Item 1, 6, 13, 19, 23, and 29	.61	.93
Emotional Control	Item 12, 15, 21, 28, 35, and 40	.58	.85
Risk-Taking	Item 5, 7, 14, 24, and 31	.62	.84
Violence	Item 4, 8, 16, 26, 30, and 36	.59	.89
Playboy	Item 2, 12, 18, and 32	.58	.85
Self-Reliance	Item 3, 9, 22, 33, and 38	.61	.82
Primacy of Work	Item 10, 20, 27, and 34	.56	.93
Power over Women	Item 16, 25, 37, ad 39	.59	.86
Total CMNI-46 Scale	All the 40 CMNI items	.91	.93

Reliability analysis revealed that all the 40 CMNI-46 items meet the .30 criteria, indicating a high association between each item and the total scale (see Appendix K).

Reliability of the Gender Role Conflict Scale-Short Form

The Gender Role Conflict Scale-Short Form (GRCS-SF) is a 16-item self-report measure of experience of negative consequences related to socialized masculine gender roles. In this study, the GRCS-SF is a 12- item instrument with the omission of 'restrictive affectionate behavior between men' subscale that measures discomfort with expression of feelings toward other men. Reliability analysis was computed for the total GRCS-SF and for each subscale. The GRCS-SF total scale had an internal consistency (Cronbach's alpha) of .86, which achieves the acceptable criterion Cronbach's alpha should exceed .80 for a more established questionnaire (Bryman & Cramer, 1997; Bowling, 1997). The subscales' reliability coefficients ranged from .81 to .86.

Table 3.2: GRCS-SF Subscales and Pilot and Main Study's Cronbach Alpha Reliabilities

Subscale	**Items measuring the subscales**	**Pilot study's α N=58**	**Main study's α N=503**
Success, Power, and Competition	Item 5, 7, 10, and 12	.63	.85
Restrictive Emotionality	Item 1, 2, 4, and 8	.61	.81
Conflict between Work and Family Relations	Item 3, 6, 9, and 11	.73	.86
Total GRCS-SF Scale	All the 12 GRCS items	.74	.86

Reliability analysis revealed that all the 12 GRCS-SF items meet the .30 criteria, indicating a high association between each item and the total scale (see Appendix L).

Reliability of the Health Risk Behaviors Questionnaire

The Health Risk Behaviors Questionnaire (HRBQ) is a 7-item instrument which was developed by the researcher to measure university students' health risk behaviors. In this study, Cronbach alpha for HRBQ was .86. For this scale, all the items have item-total correlations above .30 (see Appendix M).

Reliability of the Attitude Toward Seeking Professional Psychological Help-Short Form

In this study, the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF) was adapted and used to assess university students' attitudes toward seeking psychological help. Cronbach alpha for the 10-item ATSPPH-SF was .81. The corrected item-total correlations of all the 10 items met the .30 and above criteria (see Appendix N).

3.8 Data Gathering Procedure

After presenting an official letter stating that the researcher is a PhD student seeking cooperation to carry out his dissertation from AAU, School of Psychology, to the three universities (Addis Ababa, Wollega, and Addis Ababa Science and Technology universities), the president/vice president offices of these universities gave the researcher permission to conduct the study and directed the letter to the randomly selected colleges. Then, the colleges directed the letter to the randomly selected departments. Next, the researcher contacted the department heads so that they facilitate the data collection process. Subsequently, with the help of the department heads, the researcher contacted the students from the respective departments.

After getting verbal consent of the participants, arrangement of a convenient time and place was followed. In the appointed time and place, the researcher met the participants. During distribution of the questionnaire, students were informed that the data collected would be kept anonymous. Then, the participants filled in and returned the questionnaire. At the end of the session, the researcher thanked the participants for their efforts.

Moreover, interviewees for an in-depth individual interview were recruited through department heads recommendation. The advantage of purposeful selection in a qualitative design is that it made it possible to select information rich individuals, from whom a great deal about the subject can be learnt. Accordingly, 21 students (12 males and 9 females) participated in in-depth individual interviews. The researcher conducted interviews with each participant individually in convenient places where they feel ease to give their responses. Interviews were conducted in Amharic/Afan Oromo in order to give participants freedom to express their views without hindrance.

3.9 Data Analysis

The success of the research is much dependent on the analysis of data; while the analysis of data remains one of the most difficult parts of research. As noted by Creswell and Plano Clark (2007), data analysis in mixed-methods research consists of analyzing the quantitative data using quantitative methods and the qualitative data using qualitative methods.

In this study, Thematic Analysis (TA) (Wilkinson, 1998) approach involving three stages was used to analyze the qualitative data collected through in-depth individual interviews. In the first stage, verbatim transcription of the audio-recorded interviews was made in

Amharic/Afan Oromo. The interview transcripts were then translated into English. Translated transcripts were read and re-read in order to generate explanations addressing the basic research questions. During the second stage, these were sorted into specific themes. The third stage is the systematic organization of the entire data and matching it with the relevant research questions. This allowed for an understanding of the extent to which the qualitative data generated information directly related to the primary aim of the study and provides clarifications for the key findings from quantitative analyses.

For the quantitative method, after the necessary data were collected and coded, statistical tests were performed using the Statistical Package for Social Sciences (SPSS) for Window, version 21.0. Before analyzing the data, sample participant's responses with lots of missing data and non-returned questionnaire were excluded, declining sample size from 518 to 503. Sample participant's responses with lots of missing data and non-returned questionnaire were less than 3% of the participants. On the other hand, sample participant's responses with few missing data values were replaced using mean substitution. Mean substitution assumes that a missing value for an individual on a given variable is best estimated by the mean (expected value) for the non-missing observations for that variable (Anderson, Basilevsky, and Hum, 1983).The responses of fifty-three samples with few missing data were replaced with mean substitution; less than 7% of the study participants. Prior to using parametric statistics, statistical assumptions were tested (see appendix O). Statistical methods including descriptive statistics, Pearson correlation, one-way MANOVA, standard multiple linear regression and moderated hierarchical regression were used in the analysis.

Descriptive statistics was done to summarize the data. Pearson correlation was computed to determine the association of conformity to masculine norms and gender role conflict with university students' health risk behaviors and help-seeking attitudes.

Series of one-way MANOVA were conducted to determine the effect of socio-demographic variables (gender, place grown up, religiosity, family income, and year at university) on university students' conformity to masculine norms, gender role conflict, health risk behaviors, and help-seeking attitudes. One-way MANOVA allowed examining the effect of an independent variable on dependent variables without increasing the likelihood of a Type I error that would occur with performing multiple ANOVAs. Also, by including all dependent variables in the same analysis, one-way MANOVA takes into account the relationship between the dependent variables which would be lost with performing numerous ANOVAs. When the multivariate tests were significant, the univariate analyses of variance (ANOVA) were then examined, and if these were significant, Tukey post hoc tests were then used to further examine the pair wise mean comparisons.

Standard multiple linear regressions were used to examine whether the dependent variables (health risk behaviors and help-seeking attitudes) were separately regressed on conformity to masculine norms and gender role conflict or not. In standard multiple linear regression all the predictors were entered simultaneously into the multiple regression equation, and then the joint and the individual predictors were examined for their contributions.

Moderated hierarchical regression models were used to test the moderation hypotheses (Cohen & Cohen, 1983). Accordingly, moderated hierarchical regressions were conducted

to examine whether age, gender, and religiosity moderate the relationships between gender role conflict and university students' health risk behaviors and attitudes toward seeking help or not. In the moderated hierarchical regression analyses, the GRCS-SF was entered first, followed by gender/religiosity/age, and finally their interaction term. To run moderated hierarchical regression, religiosity was dichotomized into two categories, attending religious institution frequently (at least twice in a week/once in a week) and attending religious institution less frequently (once in a month/once in a year). There are also two emerging adulthood age groups or categories, the late teens (age 18-19 years) and the twenties (age 20-25 years). Prior to construction of the moderated hierarchical regression models, scores from the independent variable (GRCS-SF) was mean-centered. Centering is a technique used to reduce the potential for multicollinearity and can aid in interpretation of an interaction (Aiken & West, 1991).

3.10 Ethical Considerations

A number of ethical issues were addressed in this study. Firstly, since the study was conducted on university students, permission was requested from the universities. Secondly, participants were assured of confidentially and anonymity; the anonymity of participants was protected by numerically coding each returned questionnaire and keeping the responses confidential. While conducting the interviews with the selected respondents, they were assigned fictitious names for use in the description and reporting of the results. Care was also taken to ensure the confidentiality of the content of the audio-recorded interviews and the interview transcriptions.

CHAPTER FOUR

RESULTS

This chapter is divided into two sections. The first section (preliminary analyses) presents information regarding participants' demographics, descriptive statistics and correlations between the predictor variables; while the second section (main analyses) is devoted to the major findings, mainly to answer the basic research questions of the study.

4.1 Results of the Preliminary Analyses

4.1.1 Participants' Socio-Demographic Characteristics

The participants' age ranged from 18 to 25 years, in which the majorities (78.7 %) of them were in the twenties (20-25 years), while the remaining 21.3 % were late teens (18-19 years). Regarding the sex of the participants, 60% of them were male and 40 % were female. In terms of year at university, four batches took part in the study from the three universities. An equal number of students from first year and second year participated in the study (each 27.4 %), while 24.3% and 20.9% of them were from third year and fourth respectively.

With regard to the frequency of attending religious institutions, 56.7 % of the participants reported that they were frequently attending religious institution (at least twice a week), while 23.3% and 11.9 % reported that they were attending religious institutions moderately (once a week) and seldom (once a month) respectively. The remaining 8.2 % reported that they were attending religious institution once in a year. Concerning parents' average monthly income, the majority of the respondents (39.4 %) estimated their family's monthly income to be 1000-3000 birr, while 10.9 % of them estimated > 10,001 birr. In terms of place grown

up, 48.3 % of the participants reported that they were grown up in urban, while the remaining 38.4 % and 13.3 % reported rural and semi-urban, respectively.

Table 4.1: Socio-Demographic Characteristics of the Participants (Undergraduate Students)

Socio-Demographic Variables		**N**	**%**
Age	18-19 years	107	21.3
	20-25 years	396	78.7
Sex	Male	302	60
	Female	201	40
Year at university	First year	138	27.4
	Second year	138	27.4
	Third year	122	24.3
	Fourth year	105	20.9
Religiosity	At least twice in a week	285	56.7
	Once in a week	117	23.3
	Once in a month	60	11.9
	Once in a year	41	8.2
Family income	< 1000 Birr	109	21.7
	1000-3000 Birr	198	39.4
	3001-5000 Birr	106	21.1
	5001-10,000 Birr	35	7.0
	> 10,001 Birr	55	10.9
Place grown up	Urban	243	48.3
	Rural	193	38.4
	Semi-urban	67	13.3

On the other hand, interview participants came from a diverse range of backgrounds in terms of ethnicity, religion, geographical location, year at university, place grown up, and field of study. Pseudonyms were used in the analysis to maintain anonymity (see Appendix P).

4.1.2 Descriptive Statistics

Descriptive statistics for all of the study variables are shown in Table 4.2. Respondents' mean scores on both masculinity measures (Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale –Short Form) were slightly above the average i.e. respondents conformed to a slightly higher level of male role norms and experienced a slightly higher level of gender-role conflict. They reported engaging in relatively little risky health behaviors and their attitudes toward seeking help were positive.

Table 4.2: Descriptive Statistics of the Study Variables

Variable	No of Items	Minimum	Maximum	Mean	S. D	N
CMNI-46	40	46.00	190.00	117.41	26.13	503
GRCS-SF	12	13.00	60.00	37.82	9.23	503
HRBQ	7	7.00	35.00	10.97	5.12	503
ATSPPH-SF	10	11.00	50.00	33.18	7.98	503

4.1.3 Correlations between Predictor Variables

Correlations for the predictor variables are shown in Table 4.3. Pearson correlation was calculated for the predictor variables (Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form). These masculinity measures were strongly correlated with one another ($r = .624$; $p = .05$). The result of Pearson correlation was also used to assess for multicollinearity; as bivariate correlation coefficient between the two predictor variables was found to be below .90, there was no evidence indicating multicollinearity.

Table 4.3: Pearson's Correlation between CMNI-46 and GRCS-SF

Variables	CMNI-46	GRCS-SF
CMNI-46	1	
GRCS-SF	.624**	1

*Note: ** Correlation is significant at the .05 level (2-tailed).*

4.2 Results of the Main Analyses

This section presents both the themes that emerged from qualitative data collected through in-depth individual interviews and the statistical analyses used to answer the basic research questions.

4.2.1 The Meanings of Being a Man

This section presents qualitative results related to the university students' views of masculinity, focusing on respondents' definition and description of what it means to be a man. The researcher's focus here is on how the young adults from various backgrounds, namely different ethnicities, religions, cultures, languages, and geographical locations define what 'being a man' means to them.

Interview participants generally have shown that being a man connotes a lot of meanings. For instance, some of them emphasize the importance of characteristics, such as independence/self-reliance to describe being a man. This means, someone is considered to be a real man only when he is doing things by his own and when he is self-reliant. In this regard, Lambebo explained:

> Being a man for me is doing everything by one's own. I'm considering myself as a man, when I'm able to do something by my own without seeking help from others

> and able to cover all my expenses. When my families assist me economically, they may require me just to live their dreams, I don't want this. I want to fulfill everything and decide for myself. (personal communication, June 25, 2013)

He also viewed being a man in terms of exhibiting manly behaviors than feminine traits. To be a man, someone has to have certain qualities that are not commonly found in women; for example, being "inexpressive".

> For me, talkative man is not a real man. To be a man means to be "inexpressive", to be aggressive, to involve in manly activities like different sports such as lifting weight, to be responsible to one's immediate environment, for instance, to be a fire fighter.

The key elements of masculinity identified by the interview participants also include drinking, using drug, smoking, and having multiple sexual partners. Sixteen respondents out of the 21 reported that there are some university students who perceive involving in these risky practices as symbolizing masculinity and life in the campus. Particularly, young men are competitive in these domains, and rank their performances; the more they engage in these practices, the more highly they are regarded. Thus, most young men involved in these practices to be viewed as a 'real man' by their peers. In fact, there is peer pressure and most young men strive to conform to the norms of their peers. In relation to this view, Addis explained: "Some young men in this campus don't want to be involved in risky practices; however, fearing that they can be discriminated and can be also labeled uncivilized, they are involving in risky activities". (personal communication, June 25, 2013)

For others, a key feature that distinguishes someone as a man is how he handles himself in the face of adversity. Bravery is a highly appreciated masculine trait because it suggests that he should be able to face any challenges and defend oneself and one's family. The following quotes serves to illustrate this description:

> Culturally being a man is compared with a lion. It signifies courageousness, fearlessness and bravery. In our culture, there are different sayings which encourage men to be brave; for instance, in order that someone is not refraining from fighting there is sayings "are you not a guy"? (Gebre, personal communication, June 26, 2013)

> Culturally, a 'real man' is the one who is known in his community with bravery and who is always standing in front of the rivals during fighting. In the past, a 'real man' is the one who killed a lion or buffalo and took 'faacha', meaning the hairy tail of an animal to evidence he has really killed a lion or buffalo. (Fenet, personal communication, May15, 2014)

Being a man is also viewed in terms of recording some achievements in life.

> The boy is considered a man when achieving better results and reach highest position; for instance, becoming a well known football player. I was born and grown up in Awassa. There are best football players even playing for the national team who were from Awassa. For me, they are brave. Moreover, I consider those people who held a leadership position and doing fine jobs regardless of oppositions and pressures, as real men. (Lambebo, personal communication, June 25, 2013)

> For me being a man is not only wearing pants, rather to be a man means to have a goal and to strive to achieve that goal. Being a man means to be self-supporting, to be educated, to be able to change oneself, one's family and one's society; it is after these that someone is considered as brave, clever, and treated as a man. But if you are always at home, if you are not struggling to change yourself, then you are considered "womanish". (Gebre, personal communication, June 26, 2013)

For other participants being a man means to have a muscular body, which is a clear indicator of a manly appearance associated with the notions of strength and power. This is related to the perception of the body as signifying manhood, emphasizing it as a tool for control and dominance. Men are socialized to use the body to symbolize manhood. In this process, the practice of sport is considered vital. In this regard, Ilala said: "To me, a real man must be muscular, his body has to be muscular and he must be strong. He has to have body shape, like muscle, and he is supposed to involve in sports like football" (personal communication, April 21, 2014).

Being a man is also denoted by having a girl-friend and being able to sexually satisfy one's own partner. The following remarks show this fact:

> Sometimes a boy is considered to be a man when having sexual intercourse. Now a day, even a boy is considered as a real man when he is able to sexually satisfy his partner. Yet females evaluate whether someone is a real man or not in terms of his sexual potency. For instance, if you ask a female who is a real man for her, she may judge in terms of how much she is sexually satisfied by someone. (Gemechu, personal communication, June 26, 2013)

Ebsitu added: “As boys are getting older, whether they are able to support themselves or not; whether they reach better position or not, to be considered as men, they are expected to have girl-friends” (personal communication, June 25, 2013).

Some other participants reported that there is a close link between masculinity and work. That means working hard and thereby funding oneself /self-supporting is perceived as a measure of being a real man. Firomsa validates this fact saying: “Someone is considered as a real man only if he is doing his job very well and becomes self-supporting; if he is wondering here and there without a job, he is disregarded as a womanish” (personal communication, April 20, 2014). Mohamed also said:

> Being a man is mostly expressed in terms of jobs. Men are doing many hard jobs. For instance, they travel longer distances in search of water for their camels. Taking water from the deeper ditches requires much energy; thus, a man who is carrying out such responsibility is a real man to me. (personal communication, April 20, 2014)

Moreover, other participants viewed being a man in terms of personal qualities, such as honesty, being intelligent, etc. For instance, Tola said: “A real man is someone who likes truth, who speaks truth, who is doing something true. For such behaviors like gossiping and whispering symbolize women’s characteristics, a man exhibiting such behaviors is considered as a ‘womanish’ not as a ‘real man’” (personal communication, May16, 2014). Konjit also perceived being a man in terms of who someone is in his thoughts and attitudes saying:

> I perceive being a man in terms of his maturity in his thought. For me, it is not for someone is passing the whole night in bar houses being drinking that he is considered a real man; rather, I consider someone being a man when he is properly leading his family and when he is solving difficult problems. (personal communication, April 21, 2014)

Thirteen participants out of the 21 pointed out that some young men in the universities want to prove their masculinity by exhibiting gender inequitable behaviors. For those young men, being a man is equated with having power over females. Participants' report revealed that females often encounter sexual abuse and harassment in universities by male students. Of course, the role of gender offices, established in the higher learning institutions to protect female students from such and other related problems is not underestimated, at least in minimizing the magnitude of the problems. Thus, for it is difficult to use force directly in the campus, some male students approach females especially those who are academically weak with the intention to help them. After that, they request females to do sexual favor in return to the academic support accorded. Generally, most interview participants' responses indicated that the existing power relationship between male and female university students is simply the reflection of what is being practiced in the society at large, i.e., the power relationship is more of traditional where young men's domination prevails. In this regard, the following quotes show that there is gender inequality between male and female university students:

> Most of the time, males try to use force. For instance, some male students snatch female students' mobile phone or money when they get out from the campus. They

> are doing this to force females to have sexual intercourse with them. (Tolera, personal communication, May15, 2014)
>
> There is no gender equality in our university; male domination is being observed. For instance, when we are nominating class representatives, the chance for females to be elected is very limited. This is because males are thought to be more confident to speak in public and more knowledgeable. On the other hand, some male students approach female students to help them academically. In return to the academic support they provide, they request females to have sex with them; to avoid being dismissed from the university or to graduate with good grade, some female students fulfill the request. (Fenet, personal communication, May15, 2014)

Most of the behaviors associated with being a man reported above reflected traditional masculinity ideologies. These characteristics of being a man revealed endorsement of hegemonic masculinity depicted in the literature. On the contrary, some of the participants viewed being a man in terms of endorsement of equitable gender norms. For instance, Hagos disclosed that he has a nontraditional view towards women: “To be a man for me is to respect women and to accept gender equality” (personal communication, June 26, 2013). Ebsitu also added: “I don’t accept the view that men should always accomplish jobs outside home; because as long as human beings are equal, they should share all kinds of jobs equally” (personal communication, June 25, 2013).

4.2.1.1 Attainment of Manhood

The majority of the respondents (17 out of the 21) said that attainment of manhood is associated with attainment of a certain status. These include getting married, taking care of one's dependants and being the head of household. This means, manhood is tied to being independent, having a family and being a breadwinner for the family. In this regard, Azeb described: "A boy is said to have attained manhood when he starts working outside and generates income for his family" (personal communication, April 20, 2014).

Other participants reported that attaining manhood is denoted by the physical and sexual maturity being attained during puberty. The following quote from an interview with Konjit is evident that the attainment of manhood is viewed in terms of biological maturity than socio-cultural meanings:

> I thought that attaining manhood is marked by sexual maturity, when young men are starting to establish friendships with girls. The society grants manhood status to young men thinking that they are ready to have sexual relations with their partners. (personal communication, April 21, 2014)

Merertu also said: "Boys are said to have attained manhood starting from puberty i.e. when they start to have physical strengths" (personal communication, April 21, 2014).

Yet, another participant described attainment of manhood in terms of rites of passages marking the transition from childhood to adulthood. Ujulu explained this reality saying: "When a person is getting matured, his front lower teeth are pulled out symbolizing he is a

mature adult; moreover, young men leave family home and build their own houses signaling that they are ready to get married" (personal communication, April 21, 2014).

4.2.1.2 Reasons for Liking/ Disliking Being a Man

An often cited aspect of masculinity among most men is that of being different from women. Fifteen respondents out of the 21 reported that they dislike being a man when men are displaying gender atypical behaviors i.e. gender inappropriate dressing, hair style, etc. They criticized some of the young men in the campus for exhibiting such mannerisms of being a man, simply by copying from Westerners as shown by the media. They reported that young men who adopted Western mannerisms are often convinced what is portrayed by the media are faultless; even they don't know the meanings the Westerners ascribe to these mannerisms of being a man. The following quotes illustrate why the respondents dislike students who are displaying gender atypical behaviors:

> I dislike being a man when men are behaving in gender-atypical ways; for instance, there are some young men in our campus who dress in trousers below their waist, having 'shuruba' hair style and piercing their ear. In the past, 'shuruba' hair style was a sign of bravery; while ear piercing was symbolizing killing a lion or a tiger, it could also signify getting victory over the enemy. (Gebre, personal communication, June 26, 2013)

> I consider those men who share some traits of women as unmanly. For instance, I don't consider men who put their trousers below their waist, having odd hairstyles, hanging a big cross and piercing ear as real men. In the past, we know that ear

> piercing designates bravery; now days there is no such bravery i.e. there is no practice of killing animals. (Gemechu, personal communication, June 26, 2013)

Some female respondents (5 out of the 9) reported that they like ‘being a man’ for men are self-confident and physically strong, while they dislike being a man when men are harassing and abusing women. They reported that in the boy-friend and girl-friend relationships in the campus, a young man likes his peers more than his girl-friend. They establish romantic relationship with females only to be seen by their peers as a real man for having a girl-friend. Most female participants also criticize young men who are frequently changing their sexual partners and those who consider females as sexual objects. For instance, Addis explained why she likes/dislikes being a man saying:

> I like to be a man for men are showing physical strength; for they have self-confidence. This means, they speak in the public with confidence, they also protect themselves and their family. I dislike being a man when men physically and sexually abuse women, thinking that women are powerless. (personal communication, June 25, 2013)

> I like ‘being a man’, when men are disciplined not when they display ‘mannish’ behaviors. Particularly, I like those men, who have positive attitudes toward women i.e. those who consider a woman as if she were their mother, sister, and daughter. (Wube, personal communication, June 25, 2013)

On the other hand, some male respondents (6 out of the 13) described that they like to be a man for men are privileged and not affected by biological factors like menstruation and labor as evidenced by the following quotes:

> When I consider women's labor and pregnancy, I'm happy for being a male; of course this could be a gift for women. The other thing that makes me surprised and makes me feel happy for being a male is the freedom I'm granted being a man. For instance, males can stand and pass their urine elsewhere; however, females can do this with great care and only after checking that there is no one around. (Gemechu, personal communication, June 26, 2013)

Lambebo also said: "I hate to be a woman because of the natural biological problems like menstruation and labor. Besides, some females feel dependent; for instance, they think that if they couldn't graduate, they can get married and use their husband's resources" (personal communication, June 26, 2013).

Yet, other participants evaluate their liking/disliking of being a man in terms of workloads assigned for men and women. For instance, Ujulu described this view saying:

> I'm happy for being a man, I have an authority both in my family and in my community; I'm expected to have a wife, a child, and a home. But I dislike being a man for I'm shouldering all the responsibilities and for the entire family are dependent on me. (personal communication, April 20, 2014)

Tola also explained: “For men are doing works outside the home, they are taking rest during the night; however, women are working starting from early in the morning up to the time they are going to bed to sleep” (personal communication, May16, 2014).

4.2.1.3 Beliefs about Masculine Gender Roles

Gender roles are tied with the divide between men’s work and women’s work, i.e., the traditional gendered division of labor demonstrating the cultural rejection of gender equality. A strong cultural sentiment here is the belief that men are heads of the household, which amongst other things, meant that they go out to work, while women are expected to do household chores. This shows conformity to the traditional gender roles. The following quotes validate this reality:

> There are many roles that are assigned for men in our culture. Manhood is tied to being independent, having a family and being in control of the family as head of the household; he is expected to lead the society. Females are given lower positions; they are expected to do household chores. (Gemechu, personal communication, June 26, 2013)

> In the family a man has to get employed and has to control the family as a head of the household, while a woman is expected to accomplish all the activities at the home. Men guide the family and also discipline children. A woman’s role is to receive and to put into action the orders; otherwise, she is not allowed to be equal to her partner when it comes to household decision-making. (Lambebo, personal communication, June 25, 2013)

Fifteen respondents out of the 21 reported that doing chores around the house is seen as a woman's domain and men were viewed as responsible only for doing the manly jobs. A woman is not encouraged to go out of home; she is expected to stay at home and carries out household chores. Men are viewed as responsible only for doing hard jobs that may require physical strength and fitness. Their report further revealed that most men feel pressured to act masculine; it seems that there is a pervasive fear among males that the worst possible insult is to be labeled womanish. This is because society has taught them that male is superior and to act female is, consequently, inferior. The subsequent quotes explain these traditional role divisions between men and women:

> In my culture, there are roles that are assigned to men and women. For instance, a man is expected to be a breadwinner and the head of the household, but he is not expected to do chores around the house like cooking and feeding the family, washing clothes, cleaning, etc. It is only a woman who is expected to carry out such activities. A man who is performing roles assigned to a woman is considered as weak or sissy. He is ridiculed or he is discriminated; he is also laughed at. (Addis, personal communication, June 25, 2013)

> A man is considered a real man if he engages in manly activities, like plowing, making house and fence, going to forest and killing wild animals for food; a man not carrying out such activities is said to have a womanish character, and thus not regarded as a real man. (Ujulu, personal communication, April 20, 2014)

> Men are expected to carry out jobs that require physical strengths, for instance, chopping wood, plowing, etc, while women are expected to involve in cooking,

> cleaning, shopping, and washing clothes. There is a belief that men are responsible for jobs outside of the home. Men are also expected to assume leadership; even it is only when men assume leadership positions that the society expects something better will be done. (Ebsitu, personal communication, June 25, 2013)

Regarding the need to live up to the socially expected roles of being a man, most interview participants (18 out of the 21) elucidated that failure to conform to the cultural expectation of being a man leads men to be discriminated, to be labeled unmanly or useless. Unless they conform to the socially expected roles of being a man they are also unable to become a role model for others. On the contrary, they reported that meeting the requirements of the socially expected roles of being a man helps men to win acceptance and respect from others. In this regard, Addis reported: "When men live up to the socially expected roles of being a man, above all they win acceptance; they are respected" (personal communication, June 25, 2013).

> Being unable to live up to societal expectations may put men under pressure. Men are considered to be real men when they are drinking, sexually satisfying their partner, controlling their family, and punishing/beating their wife; failure to conform to these roles means to be viewed as unmanly. (Gemechu, personal communication, June 26, 2013)

> If a man failed to live up to the societal expectation, then he is discredited; thus, he is not considered as a real man. Unless someone is able to live up to societal expectation, he can't be even a good role model for others. So, the disadvantage is failure to become a role model, while the advantage is by placing oneself in a better

position and then becoming a good role model for others. (Gebre, personal communication, June 26, 2013)

If a man is unable to conform to the cultural norms of being a man, he loses his reputation. For instance, if a man is always doing household chores rather than doing manly jobs, the society may label him sissy. He may not even get friends i.e. he can be discriminated. (Ebsitu, personal communication, June 25, 2013)

4.2.2 Multivariate Analysis of Variance Results

Series of one-way multivariate analysis of variance (MANOVA) were conducted to examine the effect of gender, religiosity, family income, place grown up, and year at university on dependent variables (conformity to masculine norms, gender role conflict, health risk behaviors, and help-seeking attitudes). There was a statistically significant difference on the combined dependent variables: 1) between males and females, Wilks' λ = .783, *F* (4.000, 498.000) = 34.593, p =. 000, partial eta-squared = .217 (21.7% of the generalized variance for the set of dependent variables can be explained by the group differences), observed power =1.000; 2) among the religiosity groups, Wilks' λ = .736, *F* (12.000, 1312.584) = 13.439, p =. 000, partial eta-squared = .097, observed power =1.000; 3) among year at university categories, Wilks' λ = .847, F (12.000, 1312.584) = 7.111, p = .000, partial eta-squared = .054, observed power = 1.000; 4) among place grown up categories, Wilks' λ = .910, *F* (8.000, 994.000) = 5.985, p =.000, partial eta-squared = .046, observed power = 1.000; however, there was no statistically significant difference among family income categories on the combined dependent variables, Wilks' λ = .951, *F* (16.000, 1512.888) = 1.568, p = .070, partial eta-squared = .012, observed power = .792.

Table 4.4: Results of Multivariate Tests

Effect	**Wilks' lambda**	**F**	**p**
Gender	.783	34.593	.000*
Religiosity	.736	13.439	.000*
Year at university	.847	7.111	.000*
Place grown up	.910	5.985	000*
Family income	.951	1.568	.070

* *Significant at .05 level*

Then, the univariate tests were examined using Bonferroni adjusted alpha level of .0125.

1. Gender differences were significant for conformity to masculine norms, F (1, 501) = 119.897, p =.000, partial eta-square =.193, observed power = 1.000; gender role conflict, F (1, 501) = 88.913, p =.000, partial eta-square = .151, observed power = 1.000; health risk behaviors, F (1, 501) = 30.078, p =.000, partial eta-square =.057, observed power = 1.000; and attitudes toward seeking help, F (1, 501) = 50.033, p =.000, partial eta-square = .091, observed power = 1.000.

2. Religiosity category differences were significant for conformity to masculine norms, F (3, 499) = 18.454, p =.000, partial eta-square = .100, power = 1.000; gender role conflict, F (3, 499) = 6.486, p =.000, partial eta-square = .038, power = .970; health risk behaviors, F (3, 499) = 46.916, p =.000, partial eta-square = .220, power = 1.000; and attitudes toward seeking psychological help, F (3, 499) = 14.459, p =.000, partial eta-square =.080, observed power = 1.000.

3. Year at university category differences were significant for conformity to masculine norms, F (3, 499) = 7.009, p =.000, partial eta-square =.040, power = .980; gender role

conflict, F (3, 499) = 17.159, p =.000, partial eta-square =.094, power = 1.000; health risk behaviors, F (3, 499) = 5.878, p =.001, partial eta-square =.034, power = .954; and attitudes toward seeking help, F (3, 499) = 4.160, p =.006, partial eta-square = .024, power = .853.

4. Place grown up category difference was significant only for gender role conflict, F (2, 500) = 15.455, p =.000, partial eta-square =.058, power = .999.

Table 4.5: Tests of Between-Subject Effects

Source	**Dependent Variable**	**Type III Sum of Squares**	**Df**	**Mean Square**	**F**	**Sig.**
Gender	Conformity to masculine norms	66192.237	1	66192.237	119.897	.000*
	Gender role conflict	6443.764	1	6443.764	88.913	.000*
	Health risk behaviors	744.806	1	744.806	30.078	.000*
	Help-seeking attitudes	3021.493	1	3021.493	50.033	.000*
Religiosity	Conformity to masculine norms	34232.210	3	11410.737	18.454	.000*
	Gender role conflict	1604.616	3	534.872	6.486	.000*
	Health risk behaviors	2893.228	3	964.409	46.916	.000*
	Help-seeking attitudes	2661.406	3	887.135	14.459	.000*
Year at university	Conformity to masculine norms	13859.578	3	4619.859	7.009	.000*
	Gender role conflict	3997.864	3	1332.621	17.159	.000*
	Health risk behaviors	448.847	3	149.616	5.878	.001*
	Help-seeking attitudes	811.987	3	270.662	4.160	.006*
Place grown up	Conformity to masculine norms	1123.344	2	561.672	.822	.440
	Gender role conflict	2489.101	2	1244.550	15.455	.000*
	Health risk behaviors	115.286	2	57.643	2.211	.111
	Help-seeking attitudes	34.487	2	17.243	.259	.772

** Significant at .0125 level*

An examination of the mean scores revealed that males scored significantly higher on CMNI-46 (*M* = 126.7682, *SD* = 24.81719) than females (*M* = 103.3483, *SD* = 21.35481). The GRCS-SF score for males was also significantly higher (*M* = 40.74, *SD* = 8.38) than females (*M* = 33.44, *SD* = 8.70). In this study, as expected, male university students endorsed conformity to traditional masculine norms and experienced gender role conflicts more than the female students. An inspection of the mean scores also indicated that males scored higher on HRBQ (*M* = 11.97, *SD* = 5.31) than females (*M* = 9.48, *SD* = 4.43). This means, male university students were more involved in risky health behaviors (smoking, alcohol use, substance abuse and risky sexual behavior) than female students. On the other hand, males scored lower on ATSPPH-SF (*M* = 31.24, *SD* = 8.27) than females (*M* = 36.25, *SD* = 6.96). This means, female university students were found to seek help more than male students.

Tukey HSD test, which was used for post-hoc comparisons, regarding the effect of religiosity on conformity to masculine norms, gender role conflict, health risk behaviors and help-seeking attitudes is presented in Appendix Q. Tukey HSD comparisons showed statistically significant differences in conformity to masculine norms between those students who were attending religious institution once in a year and the other levels of religiosity: attending religious institution at least twice in a week ($p = .000$), attending religious institution once in a week ($p = .000$), and attending religious institution once in a month ($p = .000$), i.e. university students who were reported attending religious institution once in a year were found to conform more to traditional masculine norms than those who were attending at different levels (at least twice in a week, once in a week, and once in a month). Tukey HSD test also revealed statistically significant differences in gender role conflict between those

attending religious institution once in a year and those attending once in a week (p =.000), i.e. individuals who were reported attending religious institution once in a year experienced more gender role conflict than those attending once in a week. Moreover, Tukey HSD test revealed statistically significant differences in health risk behaviors between those students who were attending religious institution once in a year and two other religiosity groups: attending religious institution at least twice in a week (p=.000) and attending religious institution once in a week (p=.000. Statistically significant differences in health risk behaviors were also observed between those students who were attending religious institution once in a month and two other religiosity groups: those attending religious institution at least twice in a week (p=.000) and those attending religious institution once in a week (p=.000). These clearly show that those university students who were attending religious institution less frequently (once in a month and once in a year) were found to engage more in risky health behaviors (smoking, alcohol use, substance abuse and risky sexual behavior) than other religiosity groups. Tukey HSD test further revealed statistically significant differences in attitudes toward seeking help between those students who were attending religious institution once in a year and other religiosity groups: attending religious institution at least twice in a week (p=.000), attending religious institution once in a week (p=.000), and attending religious institution once in a month (p=.000) i.e. those students who were reported attending religious institution once in a year reported less favorable attitudes toward seeking help than all other religiosity groups.

Post Hoc tests on the effect of year at university on conformity to masculine norms, gender role conflict, health risk behaviors and help-seeking attitudes is presented in Appendix R.

Tukey comparisons showed statistically significant differences in conformity to masculine norms between first year students and the other year levels: second year (p= .006), third year (p= .002), and fourth year (p =.000); first year students reported less endorsement of masculine norms than students at other year levels. Tukey HSD comparisons also indicated statistically significant differences in gender role conflict between first year and third year (p =.000), between first year and fourth year (p =.000), between second year and third year (p =.000), and between second year and fourth year students (p =.000). This means, fourth year and third year students reported that they experienced more gender role conflict than first year and second year students. Moreover, Tukey HSD test has shown statistically significant differences in health risk behaviors between first year and third year (p=.004) and between first year and fourth year students (p=.001) i.e. third year and fourth year students reported being engaged more in risky health behaviors (smoking, alcohol use, substance abuse, and risky sexual behavior) than first year students. Tukey HSD test further revealed statistically significant differences in attitudes toward seeking psychological help between first year and fourth year (p=.007). This means, first year students reported more favorable attitudes toward seeking psychological help than fourth year students.

Post Hoc tests on the effect of place grownup on conformity to masculine norms, gender role conflict, health risk behaviors and help-seeking attitudes is presented in Appendix S. Tukey HSD comparisons indicated statistically significant differences in gender role conflict between rural and urban (p = .000) and between semi-urban and urban (p = .000) i.e. individuals who were grown up in rural and semi-urban experienced more gender role conflict than those who were grown up in urban.

4.2.3 Masculinity and Health Risk Behaviors

This section presents both the quantitative and qualitative analysis of the data that deal with participants' health risk behaviors and how this is associated with measures of masculinity or the meanings they ascribe to masculinity.

From the outset, the researcher expected that higher levels of each of the masculinity measures (conformity to masculine norms and gender role conflict) would relate to greater risky health behaviors. As expected, both the conformity to masculine norms and the gender role conflict correlated positively with the health risk behaviors ($r = .463$; $p = .05$) and ($r = .276$; $p = .05$) respectively, indicating that as conformity to masculine norms and gender role conflict increased, so did reports of risky health behaviors.

Table 4.6: Matrix of Pearson's Correlations among CMNI-46, GRCS-SF and HRBQ

Variables	CMNI-46	GRCS-SF	HRBQ
CMNI-46	1		
GRCS-SF	.624**	1	
HRBQ	.463**	.276**	1

*Note: ** Correlation is significant at the .05 level (2-tailed).*

Seventeen in-depth individual interview respondents out of the 21 reported that after joining the university some students, particularly young men consider smoking, drinking and using substances as if symbolizing civilization. That means, in the campus one imitates the behavior of others to be involved in these practices. This shows that there is peer pressure to engage in these risky behaviors. The following quote from an interview with Merertu reveals this reality:

> From the very beginning they start smoking simply by considering the act as if it were a sign of civilization. Seeing their friends smoking, they feel inferior if they are not smoking. There are such distorted outlooks. They start smoking without knowing why they are doing, and then they reach the stage of not able to stop it. (personal communication, April 21, 2014)

The other factor that the interview participants identified exposing young adults to risk-taking activities is being away from home. No one controls them, thus they are granted much freedom to involve in these activities. It has been pointed out that “Tej” and “Tella” are the most frequently used drinks by most students, for they are available in proximity to the campuses and for the price is cheap. Surprisingly, participants from Addis Ababa Science and Technology University reported that some students have grown cannabis in the campus; consequently, they were caught and sent off from the university. Moreover, some interview participants (9 out of the 21) reported that many students have been observed while smoking, and using khat and “shisha” in some tea houses found closer to the universities. It has also been said that there are some students who have been practicing sexual intercourse in the campuses as evidenced by used condoms thrown here and there on the ground. In this regard, Tolera said:

> Some students are smoking, using khat and shisha in some tea houses found nearer to the university, as it is not allowed to bring these things in to the campus. There are students who are having sexual intercourse in the campus as evidenced by used condoms thrown elsewhere in the campus. There are also rumors that some female students undertook abortions. (personal communication, May15, 2014)

Regarding gender differences in risky practices, almost all interview participants reported that although the number of females is getting increasing, the majority are males. As it was evident in the literature, being a man was associated with a wide range of risky situations and behaviors. Some young men want to construct a different masculinity by taking risks. In surviving or successfully negotiating a particular risky situation a male receives or is awarded certain accolades from their friends and peers. That means they do things to be called brave or to win acceptance from others. In relation to this, Addis described: "A male using shisha is never afraid of anyone, if there is fighting he faces, thereby he wants to be seen by his friends as fearless or brave" (personal communication, June 25, 2013).

Moreover, it has been reported that it is acceptable for boys to smoke and drink. Nothing is being said when a boy is intoxicated, however, people get surprised if they see a girl intoxicated. If a man and a woman are equally engaged in these risky activities, the one who is being blamed is the woman; because engaging in these practices is already taken as a normal behavior for men. The following quotes reveal this truth:

> We were brought up in the society who considers drinking and smoking as qualities symbolizing being a man. Men were brought up by considering these things as male signifying traits. If you see a man intoxicated you will never pay your attention towards him; however, if a woman is swaying from intoxication everybody stand and have a look at her. (Gebre, personal communication, June 26, 2013)

> We publicly observe males while smoking and drinking and we do not appreciate. It is taken as a normal behavior for men to practice these activities. Even there is a

> saying in our society 'unless a man drinks alcohol he is not a real man.' However, these days some females are practicing these things being hidden in their dormitory. (Wube, personal communication, June 25, 2013)

Thirteen respondents out of the 21 reported that many young men, especially those who are involved in practices such as smoking, drinking, and using khat and other substances define their masculinity against positive health behaviors and beliefs i.e. they tend to construct positive health beliefs or behaviors as idealized femininity. The subsequent quotes validate this view:

> They are changing girl-friends now and then; they rented houses from the nearby campus where they are regularly using khat and other substances. These young men are even insulting others by saying 'you didn't understand, you are uncivilized, you are foolish; we are going to graduate with five or six girl-fiends but you are going to graduate with zero.' Thinking that their experience is their strength, they are considering others who are not involving in these practices as foolish and even as if they were womanish. (Tola, personal communication, May16, 2014)

> I was brought up where most people are affiliated to protestant Christian religion, thus, it is not a common practice for the people to be intoxicated by drinking alcohol. Since I joined this university, I'm coming back to the campus usually before or at 6:00 PM. When I'm telling this fact to some of my friends, they say to me 'what does it mean? Are you really a young man? Mostly we are coming back to the campus at 9:00 PM; even there are occasions when we pass the whole night in bar houses'. (Tolera, personal communication, May15, 2014)

Young men were aware of the risks associated with substance use, which they saw happening largely as a result of peer pressure i.e. not to be considered by their friends as uncivilized and thereby not to be discriminated. Gemechu described the fact that some young men in his university engaged in risky behaviors to conform to the norm of their peers saying:

> In our campus, among young men who are engaged in these practices the majority are those who came from the rural. Because when they are joining the campus, they don't want others to consider them uncivilized. They consider practices such as smoking, using kaht and drinking as a sign of civilization. (personal communication, June 26, 2013)

> While most of the students are joining the campus they were not using substances; they are exposed to these behaviors in the campus due to peer pressure. Even while relaxing somewhere if someone drinks a soft drink, he can be asked by saying 'are you a real man? You are a man, how are you drinking soft drinks?' (Ebsitu, personal communication, June 25, 2013)

Most interview participants disclosed about the negative consequences of involving in risky practices. They reported that such practices as smoking, drinking and substance use have negative impacts in terms of health, academics, interpersonal relationships, and rules and regulations of the university. For instance, someone who smokes can be disadvantaged not only in terms of health but also economically, because he spends his money on buying cigarette rather than spending for other purposes. They pointed out that there are some students who are borrowing the money to buy cigarette and other substances. Later when

they fail to pay back the money, they start stealing. Regarding this, Addis said: “Here in university no one is economically self-supporting, rather everybody is economically dependent on the family. Once addicted unless you get what you have already accustomed to, you can’t feel normal; thus, you may start stealing and other activities” (personal communication, June 25, 2013).

> If someone is addicted to these practices, he is a half normal. For someone who comes to the university thinking education is life, he can miss his final goal. Moreover, you can be discriminated in the campus; because, if you are a drunkerd or a smoker you smell horrible. (Gemechu, personal communication, June 26, 2013)

With regard to health, practicing these risky behaviors inevitably affects ones health. Unless someone is healthy, it is not possible for him to carry on his education. Concerning university’s rule and regulation, participants explained that it is highly forbidden to involve in these risky activities in the campus; however, due to the carelessness of the guards and due to absence of fence surrounding the campus, especially in the case of Addis Ababa Science and Technology University, these substances are easily accessed into the campus. Consequently, some students were sent off from the university because of using “shisha”. There were also students who were caught and sent off from university for growing Cannabis in the campus. When it comes to sexual intercourse, those students who are involving in drinking and substance use are vulnerable to catch sexually transmitted diseases and unwanted pregnancy, because under such circumstances they are not properly using condom or may not use it at all. The following quotes revealed this situation:

> When you’re sent to the university, there is expectation that after graduation you will support yourself, your family and then your society; however, if you are involved in these practices it affects your education and thus, you may miss your final destination. Moreover, if you have a girl-friend and you want to have sexual intercourse, you will take care only when you are mindful; however, being intoxicated if you are having sexual intercourse you may not use or may not properly use condom. (Gebre, personal communication, June 26, 2013)

> It is obvious that every addictive behavior is causing health problem. After drinking you can’t control yourself, especially females are vulnerable to pregnancy which will end up with abortion. Once abortion is occurred in the campus, you will lose academically many things. Under such circumstances you don’t want to be seen by your friends and your family; hence, dropping your education you may go to another place and engage in other jobs. (Konjit, personal communication, April 21, 2014)

Drinking and using substance were also viewed to be tied with missing classes and rushing to having sexual intercourse. Getting a girl drunk not only makes her more willing to have sex, but also leads her to unprotected sex, which could in turn lead to unwanted pregnancy and STDs. Lambebo described this phenomenon saying:

> Those students who are addicted to these activities are not regularly attending classes. They attend classes only for exams and assignments. They are rushing to have sexual intercourse. After joining the university, some females also enter into the world of addictions; this triggers them to have sexual intercourse which may affect their health. If her menstruation is not appearing on the exact date she will be distressed.

> This distress will cause depression, and thus she is missing classes. (personal communication, June 25, 2013)

When asked about their own personal experiences regarding risky behaviors, most participants reported that they were engaged in one or more risky activities such as smoking, using khat, drinking, and unsafe sexual practices; however, only few respondents reported that they have ever used "shisha" and other substances. Regarding gender differences in risk-taking behaviors, only few female participants reported that they have been drinking, while the majority reported that they were involved in neither of these risky practices. On the contrary, most male participants (9 out of the 13) reported that they were involved in one or more of these risky activities. The reasons they forwarded for engaging in these risky activities were diverse; for instance, Addis described that alcohol is not prohibited in her religion: "I was brought up in the society which believes that drinking has no problem; moreover, in our religion it is thought that drinking alcohol is not a sin" (personal communication, June 25, 2013). On the other hand, Lambebo explained that having sexual intercourse, using khat and drinking make him feel happy and relaxed:

> May I tell you about sex in my own way of expression? I believe that poor people are reaching the peak of happiness in their life during sexual intercourse. You know! Drinking alcohol makes you feel relaxed. If I get enough amount of money, although I'm not joining the world of shisha I want to relax by drinking and using khat. I've a girl-friend in this campus; I've also a girl-friend in Awassa. You know! You may have friends but you can't get from them something that you can get from your girl-friend. (personal communication, June 25, 2013)

Hagos reported that while he first had sex with his girl-friend in the campus it was sudden, and thus, he didn't use condom:

> I had unsafe sexual intercourse in this campus. I'm also drinking alcohol. My girl-friend is a student in this campus and we started having sexual intercourse suddenly and thus, we haven't used condom. We have been having unsafe sex for a long time, but now we started to use condom. (personal communication, June 26, 2013)

Moreover, Soressa described that he started smoking, drinking alcohol, and using khat and "shisha" thinking that involving in these practices is a means to be relieved of the mental instability he experienced fearing that he is going to be dismissed from the university:

> After joining the campus, I have found every situation in the university including how to study very difficult. After taking exams when I saw the results, I felt that I'm going to be dismissed from the campus right then. For I was frustrated by the situation, I started to drink alcohol, to use khat and shisha. I did all this to forget the mental instability I have experienced, thinking that I'm going to be dismissed. (personal communication, May15, 2014)

On the other hand, when those who reported they didn't take part in these risky activities were asked their reasons for not involving in these activities, they forwarded different reasons like religious affiliation, not to become a bad role model and communication with family about the risks associated with these practices. Particularly, those participants who reported that they were raised by being attached with religious institution and were frequently attending church reported that they didn't involve in any one of these risky

practices. For example, Gemechu said: “Praised be the lord! I have no contact with all these practices. Probably this is due to my upbringing; I was brought up in the church and this made me not to try these practices” (personal communication, June 26, 2013).

> I was brought up in Full-Gospel church. My families were also encouraging me so that I should be spiritually stronger. Moreover, my mother was very open to me, even beyond one can expect; she taught me what is useful and what is not. (Wube, personal communication, June 25, 2013)

Gebre described that he was not involved in risky behaviors for he didn’t want to be a bad role model as he had been working in student counsel at a high school and also currently in university.

> When I was in high school, I’d been working in student council. When you are working in such position you are expected to have good discipline and you have to be a good role model for others. I have friends who are drinking and smoking. They leave the campus on Friday afternoon and then they pass the whole Saturday in bar houses. They recreate by drinking, and then they comeback and talk as if they committed something astonishing by appreciating their deeds. (personal communication, June 26, 2013)

4.2.4 Masculinity and Attitudes toward Seeking Help

This section presents both the quantitative and qualitative analysis of the data that deal with participants’ help-seeking attitudes and how this is associated with measures of masculinity or the meanings they ascribe to masculinity.

It was expected that higher levels of each of the masculinity measures would be related to more negative attitudes toward seeking help. As expected, both the conformity to masculine norms and gender role conflict were negatively correlated with the attitudes toward seeking help (r = -.601; p = .05) and (r = -.406; p = .05) respectively, indicating that as young adults' masculinity measures increased, their attitudes toward seeking help became more negative.

Table 4.7: Matrix of Pearson's Correlations among CMNI-46, GRCS-SF and ATSPPH-SF

Variables	CMNI-46	GRCS-SF	ATSPPH-SF
CMNI-46	1		
GRCS-SF	.624**	1	
ATSPPH-SF	-.601**	-.406**	1

*Note: ** Correlation is significant at the .05 level (2-tailed).*

Almost all interview participants reported that when encountering psychological problems, it is extremely important to consult professionals; however, some participants stressed the importance of trying to overcome the problem first by one's own. Some still emphasized the importance of praying to God when things go wrong. The following quote from interview with Gemechu reveals his positive attitude toward seeking help: "The first thing I'm doing when experiencing stress is reading the bible and praying to God. I seek also advice from others. This is not lessening my level of being a man; rather it makes me feel a conscious man" (personal communication, June 26, 2013). Addis also said: "When things go wrong I consult my family and my friends; under this circumstance if I'm alone, it may lead me to other negative consequences such as committing suicide, substance use and drinking" (personal communication, June 25, 2013).

Although almost all interview participants agreed on the importance of seeking help when experiencing psychological problems which they couldn't solve it alone, some participants emphasized the importance of being selective regarding from whom to seek help. Lambebo reported that he trust only medical health workers and thus, he prefers to seek help from them:

> At times of adversity everybody should seek help; however, the question is from whom to seek this help? Is it from someone who is going to talk by saying I've done this and that for him after you consulted him? Is it from someone who is gossiping after you have told him your problem? I'm very much open to medical health workers. For I do not trust others, I don't have the desire to consult them. (personal communication, June 25, 2013)

> Problems are different; maybe they are secret from the legal point of view or from their difficultness or from both angles. If I could solve the problem by my own, I will try first. If not, however, I consult a person whom I trust. Moreover, there is guidance and counseling office in our campus; those people working there are more experienced. (Gebre, personal communication, June 26, 2013)

> Having experienced stress, I don't immediately go to seek help. First, I want to talk to myself. Whatever difficult the situation maybe, I have to try first. Yet, I haven't tried consulting my friends. I don't trust them; because I am afraid that the idea they may share me might be something emotional. I prefer to consult professionals like psychologists, and also my mother. (Ebsitu, personal communication, June 25, 2013)

Soressa also reported that currently he is in a big trouble, thus revealed willingness to seek help if he gets someone to help him. Although I have tried to explore his problem after the interview session, he was not interested to tell me the detail about his problem except giving me some clue that his problem is associated with his girl-friend. The following quote proves his willingness to seek help, if he gets the right person he thinks with whom he will discuss about his problem: "At present, I'm in a big trouble; I thought that I can feel stable if I get someone who can help me or advise me" *(*personal communication, May15, 2014*).*

4.2.5 Measures of Masculinity Predicting Health Risk Behaviors and Help-Seeking Attitudes

One of the main objectives of this study was to examine the unique contribution that conformity to masculine norms and gender role conflict make in predicting health risk behaviors and attitudes toward seeking help. To this end, standard multiple linear regressions were conducted to determine to what extent measures of masculinity (conformity to masculine norms and gender role conflict) predict health risk behaviors and help-seeking attitudes. Measures of masculinity were compared separately to health risk behaviors and help-seeking attitudes as presented here under.

Standard multiple linear regression was conducted to examine whether greater conformity to masculine norms and a higher degree of gender role conflict would be associated with higher risky health behaviors as measured by the HRBQ. A regression analysis was computed, with the two masculinity measures entered as predictors and the HRBQ as the dependent variable. Results indicated that masculinity measures as a group significantly predicted health risk behaviors, accounting for 21.2 % of the variance ($F (2, 500) = 68.47$, $p = .000$). Beta weights

of the masculinity measures were examined to determine which of the two measures contributed uniquely to the variance explained in health risk behaviors (see Table 4.15 for a summary). The CMNI-46 contributed significantly to the variance in the HRBQ in the positive direction (t = 9.40; p = .000), while the contribution of the GRCS-SF was non-significant (t = -.427; p = .669).

Table 4.8: Regression Analysis of the Prediction of Health Risk Behaviors

Model	***B***	***SEB***	***β***	R^2
CMNI-46	.09	.01	.48*	.21*
GRCS-SF	-.01	.03	-.02	

*Note. * P < .01, two-tailed.*

Standard multiple linear regression was also conducted to examine whether greater conformity to masculine norms and a higher degree of gender role conflict would be associated with more negative attitudes toward seeking help as measured by the ATSPPH-SF. A regression analysis was computed, with the two masculinity measures entered as predictors and the ATSPPH-SF as the dependent variable. Results indicated that measures of masculinity as a group significantly predicted attitudes toward seeking help, accounting for 36% of the variance (F (2, 500) = 142.49, p = .000). Beta weights of the masculinity measures were examined to determine which of the two measures contributed uniquely to the variance explained (see Table 4.16 for a summary). The CMNI-46 contributed significantly to the variance in the ATSPPH-SF in the negative direction (t = -12.46; p = .000), while the contribution of the GRCS-SF was non-significant (t = -1.109; p = .268).

Table 4.9: Regression Analysis of the Prediction of Attitudes toward Seeking Professional Psychological Help

Model	***B***	***SEB***	***β***	***R^2***
CMNI-46	-.18	.01	-.57*	
GRCS-SF	-.04	.04	-.05	.36*

*Note. * P < .01, two-tailed.*

4.2.6 The Moderating Effects of Gender, Age and Religiosity between Predictor and Dependent Variables

A moderator variable specifies when or under what conditions a predictor variable influences a dependent variable (Baron & Kenny, 1986; Holmbeck, 1997). A moderator variable may reduce or enhance the relationship between a predictor variable and a dependent variable, or it may even change the direction of the relationship between the two variables from positive to negative or from negative to positive (Lindley &Walker, 1993).

A moderator variable can be considered when the relationship between a predictor variable and a dependent variable is strong, but most often it is considered when there is an unexpectedly weak or inconsistent relationship between a predictor and a dependent variable (Baron & Kenny, 1986; Holmbeck, 1997; Lindley & Walker, 1993). The moderating effect is typically expressed as an interaction between predictor and moderator variable (Aldwin, 1994; Baron & Kenny, 1986; Holmbeck, 1997).

In this study, the researcher expected that health risk behaviors and attitudes toward seeking help (the dependent variables or Y) are separately predicted by two independent variables: conformity to masculine norms (X_1) and gender role conflict (X_2). Using standard multiple

linear regression, when health risk behaviors and attitudes toward seeking help (Y) were separately regressed on conformity to masculine norms (X_1) and on gender role conflict (X_2), the researcher found out a weak relationship between gender role conflict and health risk behaviors; a weak relationship was also found between gender role conflict and attitudes toward seeking help. But the relationship between conformity to masculine norms and health risk behaviors, and the relationship between conformity to masculine norms and attitudes toward seeking help were significant.

Because the relationship between gender role conflict and health risk behaviors, and also the relationship between gender role conflict and attitudes toward seeking help had been expected to be significant, the researcher formulated two new hypotheses: first, gender, age and religiosity moderate the relationship between gender role conflict and health risk behaviors; second, gender, age and religiosity moderate the relationship between gender role conflict and attitudes toward seeking help. These hypotheses were tested and presented hereunder.

Gender

The results from moderated hierarchical regression analyses where gender was introduced as moderator between gender role conflict (measured by GRCS-SF) and health risk behaviors (measured by HRBQ) is shown in Table 4.10. The test on the relationship between Total GRCS-SF and HRBQ scores is that they were positively related and the relationship is statistically significant at .05 level of significance (Model 1, $F = 41.344$, $p = .000$). Results for Model 2 show that GRCS-SF ($\beta_1 = .216$; $p = .000$) and gender ($\beta_2 = .154$; $p = .001$) are both positively and significantly related to HRBQ score at .05 level of significance. The

introduction of gender in the regression model increased R^2 by .020. Model 3 of the hierarchical regression in the same table is used to test the moderation hypothesis. The results show that gender moderated the relationship between GRCS-SF (β_3= 1.019; p =.010) and HRBQ scores significantly, it increased R^2 by .012, providing support for the hypothesis stating 'the relationship between health risk behaviors and gender role conflict is moderated by gender'.

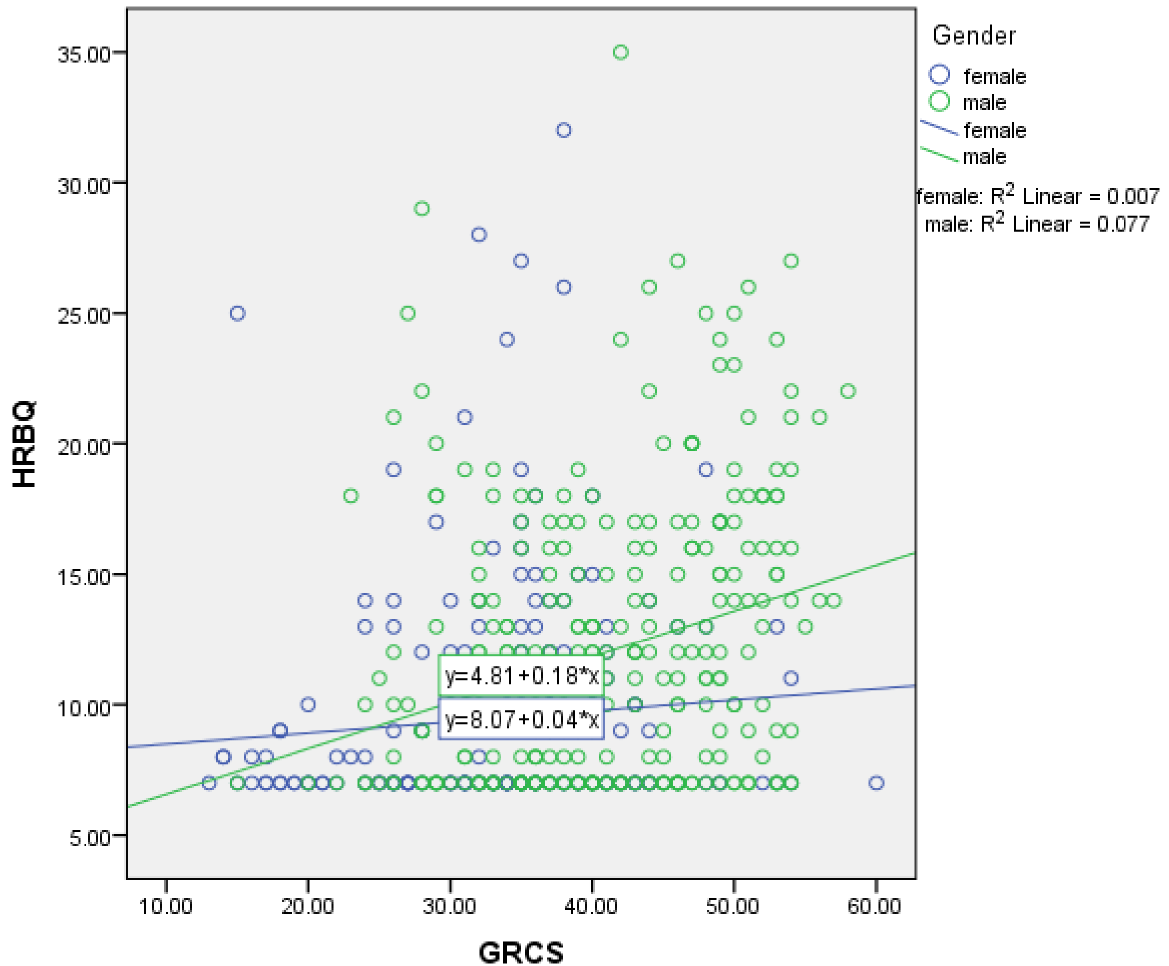
Table 4.10: Moderated Hierarchical Regression Analyses Results for Testing Direct and Moderation of Gender between GRCS-SF and HRBQ Scores

Variables in the model	**Model 1, β (SE)**	**Model 2, β (SE)**	**Model 3, β (SE)**
GRCS-SF Gender Gender × GRCS-SF	.276 (.024)	.216 (.026) .154 (.482)	.076 (.039) -.796 (3.864) 1.019 (.052)
R^2 (R^2 adjusted)	.076 (.074)	.096 (.093)	.108 (.103)
F	41.344*	26.663*	20.208*
Δ R^2		.020	.012

** Significant at .05 level*

As can be seen from figure 4.1, a unit increase in GRCS-SF score was associated with a .18 increase in health risk behaviors for male subgroup and a .04 increase in health risk behaviors for females; in other words, the impact of gender role conflict on health risk behaviors was greater for males than for females. The regression equation for male subgroup is: health risk behaviors = 4.81 + .18 (GRCS-SF score). The regression equation for female subgroup is: health risk behaviors = 8.07 + .04 (GRCS-SF score).

Fig 4.1 Interaction between Gender and Gender Role Conflict in Predicting Health Risk Behaviors



The results from moderated hierarchical regression analyses where gender was introduced as moderator between gender role conflict (measured by GRCS-SF) and attitudes toward seeking help (measured by ATSPPH-SF) is shown in Table 4.11. The test on the relationship between GRCS-SF and ATSPPH-SF scores is that they are inversely related and the relationship is statistically significant at .05 level of significance (Model 1, F = 99.065, p = .000). Results for Model 2 show that GRCS-SF (β_1= -.341; p = .000) and gender (β_2= -.169; p = .001) are both inversely and significantly related to ATSPPH-SF

score at .05 level of significance. The introduction of gender in the regression model increased R^2 by .024. Model 3 of the hierarchical regression in the same table is used to test the moderation hypothesis. The results show that gender didn't moderate the relationship between GRCS-SF score (β_3= -.311; p =.408) and ATSPPH-SF significantly, providing no support for the hypothesis stating 'the relationship between attitudes toward seeking help and gender role conflict is moderated by gender'.

Table 4.11: Moderated Hierarchical Regression Analyses Results for Testing Direct and Moderation of Gender between GRCS-SF and ATSPPH-SF Scores

Variables in the model	**Model 1, β (SE)**	**Model 2, β (SE)**	**Model 3, β (SE)**
GRCS-SF Gender Gender × GRCS-SF	-.406 (.036)	-.341 (039) -.169 (.726)	-.298 (.060) .121 (5.856) -.311 (.078)
R^2 (R^2 adjusted)	.165 (.163)	.189 (.186)	.190 (.186)
F	99.065*	58.401*	39.138*
Δ R^2		.024	.001

** Significant at .05 level*

Religiosity

The results in Table 4.12 are from moderated hierarchical regression analyses, where religiosity is used as a moderator between gender role conflict and health risk behaviors. Similar to Table 4.10 results, the test on the relationship between HRBQ and GRCS-SF scores shows that they are positively related and the relationship is statistically significant at .05 (Model 1, F = 41.344, p = .000). Results for Model 2 show that GRCS-SF (β_1= .226; p= .000) and religiosity (β_2= -.431; p=.000) are both significantly related to HRBQ score at .05 level of significance, where GRCS-SF is positively related to HRBQ score, while religiosity

is inversely related to HRBQ score. The introduction of religiosity in the regression model increased R^2 by .183. Model 3 of the hierarchical regression in the same table is used to test the moderation hypothesis 'the relationship between health risk behaviors and gender role conflict is moderated by religiosity'. The results show that religiosity moderated the relationship between GRCS-SF score (β_3= -1.156; p =.000) and HRBQ significantly, it increased R^2 by .020, providing support for the hypothesis.

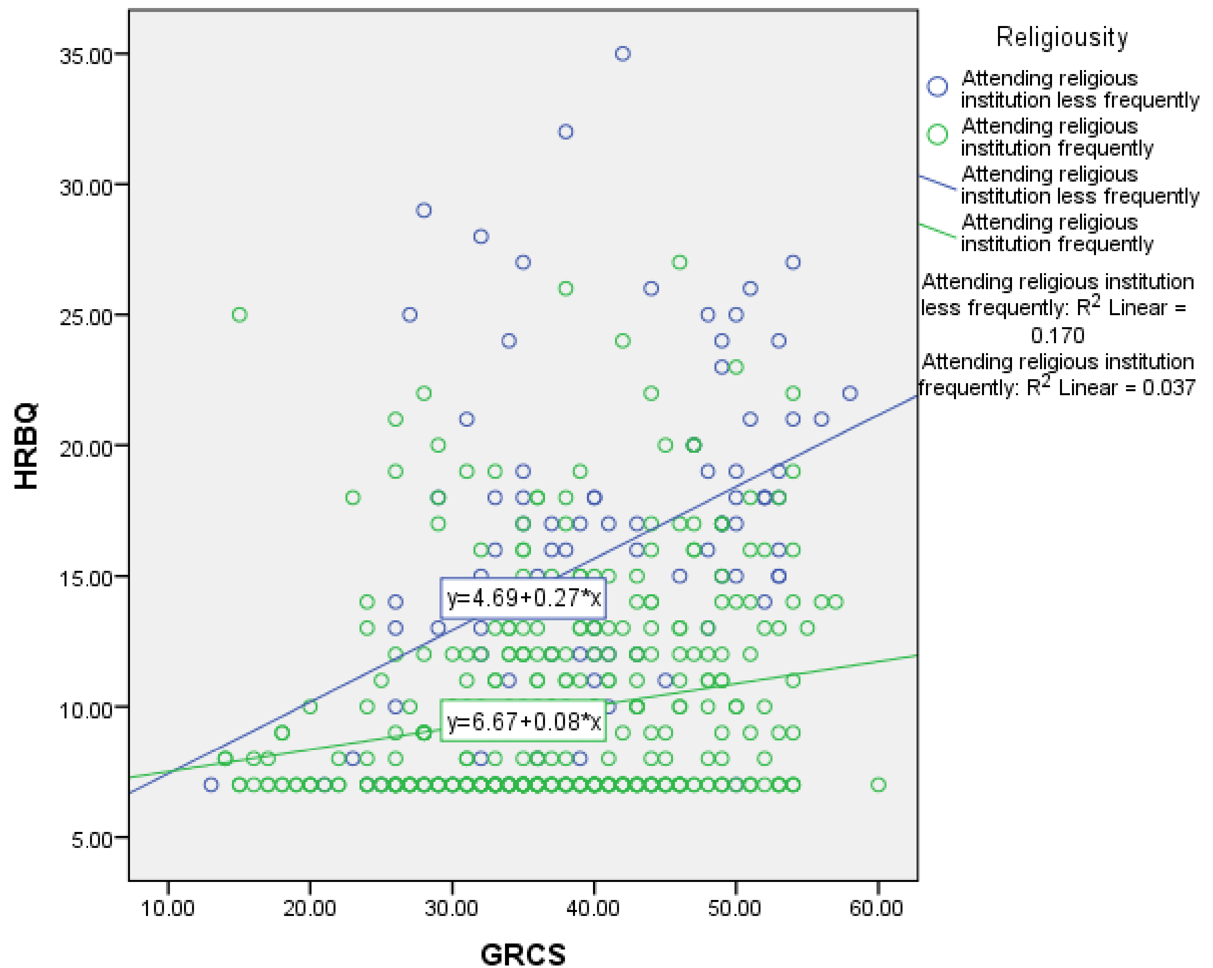
Table 4.12: Moderated Hierarchical Regression Analyses Results for Testing Direct and Moderation of Religiosity between GRCS-SF and HRBQ Scores

Variables in the model	**Model 1, β (SE)**	**Model 2, β (SE)**	**Model 3, β (SE)**
GRCS-SF	.276 (.024)	.226 (.021)	.495 (.046)
Religiosity		-.431 (.496)	.716 (4.022)
Religiosity × GRCS-SF			-1.156 (.052)
R^2 (R^2 adjusted)	.076 (.074)	.260 (.257)	.279 (.275)
F	41.344*	87.619*	64.401*
ΔR^2		.183	.020

** Significant at .05 level*

It is clearly evident from figure 4.2 that the effect of gender role conflict on health risk behaviors was greater for those university students who were attending religious institution less frequently than it was for those attending religious institution frequently; a unit increase in GRCS-SF score was associated with a .27 increase in health risk behaviors for those who were attending religious institution less frequently and only a .08 increase in health risk behaviors for those attending religious institution frequently.

Fig 4.2 Interaction between Religiosity and Gender Role Conflict in Predicting Health Risk Behaviors



The results in Table 4.13 are from moderated hierarchical regression analyses, where religiosity is used as a moderator between gender role conflict and attitudes toward seeking help. Similar to Table 4.11 results, the test on the relationship between ATSPPH-SF and GRCS-SF scores shows that they are inversely related and the relationship is statistically significant at .05 (Model 1, F = 99.065; p = .000). Results for Model 2 show that Total GRCS-SF (β_1= -.388; p=.000) and religiosity (β_2= .159; p=.000) are both significantly related to ATSPPH-SF score at .05 level of significance, where GRCS-SF is

inversely related to ATSPPH-SF score, while religiosity is positively related to ATSPPH-SF score. The introduction of religiosity in the regression model increased R^2 by .025. Model 3 of the hierarchical regression in the same table is used to test the moderation hypothesis 'the relationship between attitudes toward seeking help and gender role conflict is moderated by religiosity'. The results show that religiosity moderated the relationship between GRCS-SF score (β_3= 1.011; p =.002) and ATSPPH-SF significantly, it increased R^2 by .015, providing support for the hypothesis.

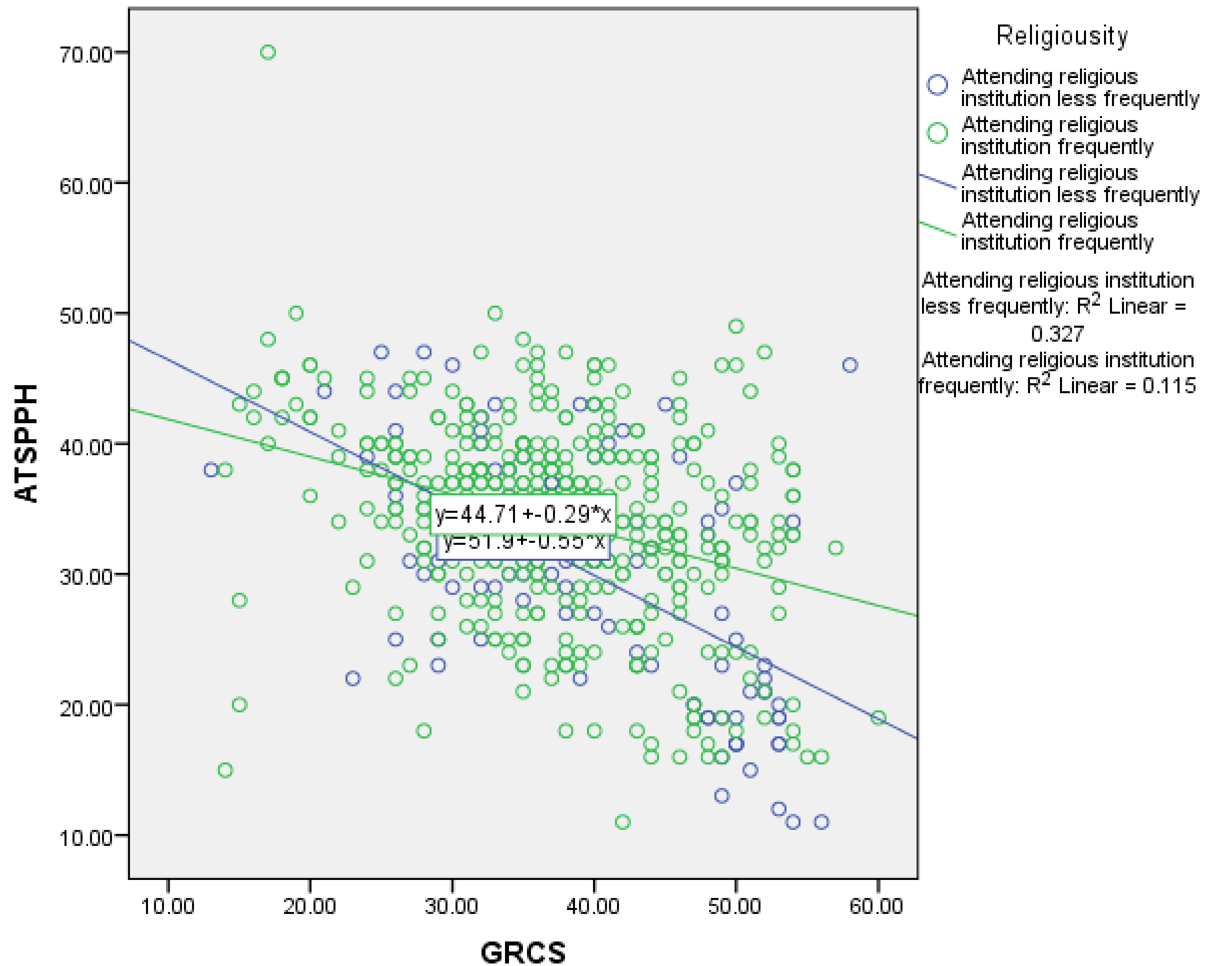
Table 4.13: Moderated Hierarchical Regression Analyses Results for Testing Direct and Moderation of Religiosity between GRCS-SF and ATSPPH-SF Scores

Variables in the model	**Model 1, β (SE)**	**Model 2, β (SE)**	**Model 3, β (SE)**
GRCS-SF	-.406 (.036)	-.388 (.036)	-.623 (.077)
Religiosity		.159 (.826)	-.845 (6.718)
Religiosity × GRCS-SF			1.011 (.086)
R^2 (R^2 adjusted)	.165 (.163)	.190 (.187)	.205 (.200)
F	99.065*	58.635*	42.882*
ΔR^2		.025	.015

** Significant at .05 level*

As can be seen from figure 4.3 a unit increase in GRCS-SF score was associated with a -.55 decrease in attitudes toward seeking help for those university students who were attending religious institution less frequently and a -.29 decrease in attitudes toward seeking help for those attending religious institution frequently; in other words ,the impact of gender role conflict on attitudes toward seeking help was greater for those who were attending religious institution less frequently than for those attending religious institution frequently.

Fig 4.3 Interaction between Religiosity and Gender Role Conflict in Predicting Attitudes toward Seeking Help



Age

The results in Table 4.14 are from moderated hierarchical regression analyses, where age is used as a moderator between gender role conflict and health risk behaviors. Similar to Tables 4.10 and 4.12 results, the test on the relationship between HRBQ and GRCS-SF scores shows that they are positively related and the relationship is statistically significant (Model 1, F = 41.344, p = .000). Results for Model 2 show that GRCS-SF (β_1= .249; p = .000) and age (β_2= .121; p = .006) are both positively and significantly related to HRBQ score at .05 level of

significance. The introduction of age in the regression model increased R^2 by .014. Model 3 of the hierarchical regression in the same table is used to test the moderation hypothesis 'the relationship between health risk behaviors and gender role conflict is moderated by age'. The results show that age didn't moderate the relationship between GRCS-SF (β_3= .108; p =.762) and HRBQ scores significantly, providing no support for the hypothesis.

Table 4.14: Moderated Hierarchical Regression Analyses Results for Testing Direct and Moderation of Age between GRCS-SF and HRBQ Scores

Variables in the model	**Model 1, β (SE)**	**Model 2, β (SE)**	**Model 3, β (SE)**
GRCS-SF	.276 (.024)	.249 (.024)	.226 (.049)
Age		.121 (.547)	.021 (4.148)
Age × GRCS-SF			.108 (.056)
R^2 (R^2 adjusted)	.076 (.074)	.090 (.086)	.090 (.085)
F	41.344*	24.758*	16.506*
Δ R^2		.014	.000

** Significant at .05 level*

The results from moderated hierarchical regression analyses where age is introduced as moderator between gender role conflict and attitudes toward seeking help is shown in Table 4.15. Similar to Tables 4.11 and 4.13 results, the test on the relationship between ATSPPH-SF and GRCS-SF scores shows that they are inversely related and the relationship is statistically significant (Model 1, F = 99.065; p = .000). Results for Model 2 show that GRCS-SF (β_1= -.396; p=.000) and age (β_2= -.048; p=.256) are both inversely related to ATSPPH-SF score, where the relation with ATSPPH-SF is significant at .05 level of significance, but the relation with age is not significant. The introduction of age in the regression model increased R^2 by .002. Model 3 of the hierarchical regression in the

same table is used to test the moderation hypothesis ‘the relationship between attitudes toward seeking help and gender role conflict is moderated by age’. The results show that age didn’t moderate the relationship between GRCS-SF score (β_3= -.304; p = .373) and ATSPPH-SF significantly, providing no support for the hypothesis.

Table 4.15: Moderated Hierarchical Regression Analyses Results for Testing Direct and Moderation of Age between GRCS-SF and ATSPPH-SF Scores

Variables in the model	**Model 1, β (SE)**	**Model 2, β (SE)**	**Model 3, β (SE)**
GRCS-SF	-.406 (.036)	-.396 (.037)	-.330 (.074)
Age		-.048 (.833)	.233 (6.308)
Age × GRCS-SF			-.304 (.086)
R^2 (R^2 adjusted)	.165 (.163)	.167 (.164)	.169 (.164)
F	99.065*	50.207*	33.723*
ΔR^2		.002	.001

** Significant at .05 level*

CHAPTER FIVE

DISCUSSION

The specific purposes of this study were to provide new information regarding the meanings ascribed to masculinity among university students; to investigate whether there are significant differences among university students in their conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help by gender, religiosity, family income, place grown up, and year at university; to compare conformity to masculine norms and gender role conflict to determine to what degree these masculinity measures are associated with health risk behaviors and attitudes toward seeking help; and to examine whether gender, age and religiosity moderate the relationships between measures of masculinity and university students' health risk behaviors and help-seeking attitudes. Thus, the results of the present study are discussed in detail in line with these specific objectives hereunder.

In this study, descriptive statistics revealed that participants' mean scores were found slightly above the average on both masculinity measures (Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form) i.e. respondents conformed to a slightly higher level of male role norms and experienced a slightly higher level of gender role conflict. It is also indicated that participants were engaged in relatively little health risk behaviors and their attitudes toward seeking psychological help was positive. This result is somewhat similar to previous research by Levant et al. (2009), who found that respondents conformed to a moderate degree to male role norms and experienced a moderate level of

gender role conflict; their attitude towards seeking psychological help was positive and they reported engaging in relatively few risky health behaviors.

Pearson correlation was calculated for the Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form. The current study supports the finding of previous research by Cohn and Zeichner (2006), who investigated a significant positive correlation between these two predictor variables' total scores. Some of these correlations might be the result of construct overlap between some of the subscales of the two measures of masculinity; however, due to the distinctly different nature of the scales (the CMNI-46 is a measure of conformity to masculine norms; the GRCS-SF is a measure of distress), it seems unlikely that the entirety of the apparent relationship between them is due to construct overlap (Rankin, 2013).

The present study attempted to explore the various meanings ascribed to masculinity among undergraduate university students; consequently, from the qualitative data analysis, several core concepts arose that reflected the meanings of masculinity among the study participants. This is in line with the social constructionist perspective of masculinities, which recognizes the existence of multiple masculinities and emphasizes the influence of social contexts in shaping these meanings. In this regard, Fazli Khalaf et al. (2013) found out that socio-cultural factors, such as family environment, religion, public media and popular life style patterns help to shape and reinforce the meanings of masculinities among university men. In this study, most young adults associated 'being a man' with involving in risky practices (such as smoking, using substance, drinking, and having multiple sexual partners), fearlessness, courageousness, bravery, and recording some achievements in life. This is similar to the

finding by Odimegwu, Okemgbo, and Pallikadavath (2005), who reported that both young and adult men associated masculinity with having many sexual partners, non use of condoms during sexual act, hard work, rationality, power and authority, aggressive, and tough. In the same way, recent studies of masculinity and social behavior implied that involving in risky health behaviors may be an important resource in the social construction of a masculine identity (Connell, 1995; Courtenay, 2000).

'Being a man' is also perceived as exhibiting manly behaviors not feminine traits; for instance, being inexpressive. This is supporting Rakgoasi's (2010) finding, which revealed that an often cited aspect of masculinity among most men is that of being different from women. To be a man, someone has to possess certain attributes that are commonly perceived to be missing in women; one such attribute is inexpressiveness, which basically means that to be a man one should not be too quick to disclose his concerns to other people. Other participants further expressed their views of 'being a man' in terms of independence/self-reliance. These participants expressed desires to be their own men. This is in line with a study by Barrett (2001), who reported that men are demonstrating an alternative way of being a man by expressing their individuality and autonomy from social forces.

On the other hand, most interview participants reported that some young men in the university want to prove their masculinity by exhibiting gender inequitable behaviors; i.e. 'being a man' for such young men is equated with controlling females. Similar to Tesfaye's (2006) report, this study revealed that the existing power relationship between male and female university students is simply the reflection of what is being practiced in the society at

large i.e. the power relationship is more of traditional, evidencing males' domination over females.

In this study, most interview participants perceived attainment of manhood in terms of achievement of a certain status, rather than biologically attaining a certain age. These include being independent, having a family and being a breadwinner for one's family. This is in line with the finding by Rakgoasi (2010), who reported that manhood as a social construct is attained by economic independence, marriage and childbearing; caring for and being in control of the family and being a responsible and respected member of the society. This finding is also similar to Barker and Ricardo's (2005) report, which revealed that a primary mandate of achieving manhood in Africa is the achievement of some level of financial independence, employment or income and subsequently starting a family.

Most of the respondents of the present study reported that they dislike being a man when men are displaying gender atypical behaviors, such as having odd hairstyles like "shuruba" hair style, hanging a big cross and piercing ears. They criticized those young men in the campus who are exhibiting such traits of being a man simply by copying from Westerners as shown by the media. This is in line with Simiyu's (2007) finding, which revealed that walking the streets of Kenyan towns, it becomes a common practice to see young men who are displaying an ambiguous gender appearance or portraying feminine characteristics. She explained that this is due to peer influence, electronic and media influence, urbanization and women empowerment.

Consistent with most previous research findings, interview participants of the present study identified a range of socially ascribed and socially expected roles that men assume, such as the expectation that male is the head of the household (i.e. he makes important decisions), doing jobs requiring physical strengths (for instance, chopping wood, plowing, etc.) and disciplining children (Simiyu, 2007); that he should be responsible and responsive to the needs of his family (Hammond & Mattis, 2005); and that he is the breadwinner (Epprecht, 1998; Pyke, 1996). This finding is also consistent with the traditionally appropriate gender roles for men in most societies identified by Morrell (1998), which includes primary breadwinner, head of the household, and the holder of leadership roles not only in their families but also in their communities. Interview participants also reported that failure to live up to socially expected roles of being a man leads men to be discriminated, to be labeled unmanly or useless, to be unable to become a role model. This is in line with Odimegwu, Okemgbo, and Pallikadavath's (2005) finding, which pointed out that failure of a man to demonstrate proof of manhood reverberates in shame, ridicule and street jokes.

Generally, the meanings ascribed to 'being a man' discussed above reflected that most participants of the present study, particularly young men endorsed traditional/hegemonic masculinity depicted in the literature. For instance, Courtenay (2000) explained that traditionally 'real men' masculine identity is denoted by having certain personality traits, such as strength, independence, achievement, hard work, heterosexuality, toughness, aggression, unemotional/ inexpressiveness, physicality, competitiveness and forcefulness.

The present study compared male and female university students to determine if there are significant gender differences in their conformity to masculine norms, gender role conflict,

health risk behaviors, and attitudes toward seeking help. The results revealed that there are significant differences between male and female university students on the variables examined. Statistically significant differences were observed between male and female undergraduate university students on measures of masculinity (Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form); both the mean CMNI-46 and GRCS-SF scores for males were found to be significantly higher than the mean scores for females. This means, male university students endorsed conformity to traditional masculine norms and experienced gender role conflict more than the female students. This result support previous researches on gender differences in conformity to masculine norms. For instance, Koon (2013) and Mahalik et al. (2003) found out statistically significant differences between female and male participants on CMNI-46 subscale scores; male participants endorsed conformity to traditional masculine norms of Emotional Control, Winning, and Violence at a significantly higher level overall than female participants. In the same way, Smiler (2006) discovered significant gender differences for most CMNI subscales (emotional control, disdain for homosexuality, playboy, power over women, risk taking, winning) and the CMNI total scale, in which male participants were found to endorse more traditional masculine norms than the female participants. Koon (2013) further revealed that the CMNI-46 may accurately measure masculinity across gender and sex; however, there are significant differences in how conformity to masculine role norms are endorsed between male and female participants suggesting that although the CMNI-46 can measure cognitive, affective, and behavioral conformity to masculine norms, the levels through which it is endorsed and enacted may be different by gender.

Statistically significant gender difference is also found in health risk behaviors; males were found to be more involved in risky health behaviors such as smoking, drinking, using "shisha" and other substances and having many sexual partners than the female participants. This is consistent with most literature explored, which have found clear differences between male and female participants with regard to risk-taking, with boys engaging in more extreme risk-taking behaviors than their female counterparts. For instance, many empirical studies reviewed by Courtenay (2000) consistently show that men are more likely to engage in almost every health risk behaviors (e.g., alcohol use, tobacco use, not seeking medical care) increasing their risk of disease, injury and death. A study conducted by UNAIDS (2001) further revealed that men and boys use substances that are injected at higher rates than women and girls do. In another study, they noted that many young men believe that using alcohol and other substances not only helped them to prove their manhood but also assisted them with fitting in with their peers.

Results of in-depth individual interview also revealed that some of the university students in particular young men involve in risky practices, such as using khat, smoking, drinking, using shisha and other substances mainly due to peer pressure, i.e., to win acceptance and recognition rather than being discriminated and ridiculed by their peers. They sought to construct different masculinities by taking-risks. This is consistent with Barrett's (2001) and Xaba's (2001) findings, which have shown that in surviving or successfully negotiating a particular risky situation, the risk taker normally receives or is awarded certain accolades from their friends and peers. This finding is also in line with a study by Richardson (2004), who described that deviation from positive health behaviors may be used by some men not

just to prove their own masculinity, but also to avoid the ridicule or the stigma of being labeled feminine or effeminate. Contrary to the present finding and most previous researches, Yitayal et al. (2014) found that the majority of sexually active respondents and having multiple partnerships were female students. In contrast to Yitayal et al.'s finding, a report from Uganda indicated larger proportion of males than females were sexually active and more males than females had multiple sexual partners (Agardh, Cantor-Graae, & Ostergren, 2012). In the same way, Kamal et al. (2010) examined that male gender was a significant factor in adopting risky behaviors like driving after drinking alcohol, carrying weapon and being engaged in physical fight.

Supporting Odimegwu, Okemgbo, and Pallikadavath's (2005) finding, most of the interview participants of the present study were conscious about the diverse negative consequences of involving in risky practices, mainly the health related consequences like STIs including HIV/AIDS. As evidenced in most literature, the reason for a significant number of young men in this study engaged in risky behaviors like smoking, drinking, substance use, and having many sexual partners than females seems to conform to the demand of traditional masculinity ideology. For instance, Courtenay (2000) explained that men have significantly poor healthy lifestyles and thus, reduced longevity than women, as they strive to conform to traditional masculine ideology. Most of the previous literature reviewed by Mathewson (2009) also indicated that hegemonic construction of masculinity perpetuates an image of men as strong, resilient and invulnerable, which discourages health positive behaviors among men.

Moreover, a statistically significant gender difference was observed in attitudes toward seeking help; female university students were found to seek help more than male students. This finding is in line with most findings in the help-seeking literature that shows females are more likely to seek help for mental and physical health problems than males (Blazina & Watkins, 1996; Good, Dell & Mintz, 1989). Smith (2007) also found a significant gender differences in attitudes toward psychological help-seeking; male participants held less positive attitudes toward seeking psychological help than female participants for a general psychological problem, social anxiety, and an alcohol problem. In the same way, Cook et al. (1984) discovered that female college students had greater potential interest in counseling than did males.

As explained by Addis and Mahalik (2003), young men's more negative views towards seeking psychological help than females is attributed to men's striving to conform to hegemonic masculinity that emphasize traits such as male independence, self-reliance and stoicism. According to Mathewson (2009), these traits of hegemonic masculinity are incongruent with help-seeking behaviors, such as asking for advice, using health services and speaking openly about health problems. Men who place emphasis on being rational, strong and in control may find little comfort with psychological help-seeking due to the social stigma surrounding these behaviors (Kilmartin, 2000); men who seek psychological services have often been stereotyped as crazy, weak, or out of control (Corrigan, 2004).

In this study, comparisons were also made to determine whether there are significant differences among university students in their conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help based on religiosity/

frequency of attending religious institution. Results revealed significant religiosity category differences for the variables examined. More specifically, participants who reported that they were less frequently attending religious institution (once in a year) were found to conform more to traditional masculine norms than those who were attending at different levels (at least twice in a week, once in a week, and once in a month). In this study, the reason why those participants who were less frequently attending religious institution scored higher on conformity to masculine norms than other religiosity categories seems to prove the hypothesis that religiosity is associated with femininity (Batson, Schoenrade, & Ventis, 1993; Felty & Poloma, 1991; Thompson & Remmes, 2002). Likewise, the current finding supports Eagly's (1987) social-role theory, which suggests that men tend to not display religiosity in an effort to preserve their masculinity.

Furthermore, the quantitative data analysis revealed that participants who were attending religious institution less frequently (once in a month and once in a year) were found to engage more in risky health behaviors (smoking, alcohol use, substance use and risky sexual behavior) than those attending religious institution frequently (at least twice in a week and once in a week). The result of in-depth individual interviews also revealed that religiosity safeguarded respondents from practicing risky behaviors. In particular those participants who reported that they were raised by being attached with religious institutions and were frequently attending church, reported that they didn't involve in risky practices. This is consistent with findings by Dunn (2005), who investigated that religion is to be an important predictive factor for high risk behaviors in young adults. Specifically, Dunn investigated that high levels of religiosity have been associated with lower levels of cocaine, marijuana,

alcohol, and cigarette use among young adults. In the same way, in Sao Paulo a study indicated that practicing a religion among university students was found to be a protective factor of psychoactive substance use (Silva et al., 2006).

Regarding the link between religiosity and attitudes toward seeking help, the current finding indicated that participants who were attending religious institutions less frequently (once in a year) reported less favorable attitudes toward seeking help than all other religiosity groups (at least twice in a week, once in a week, and once in a month). This finding is different from Brody's (1994) report, who noted that people who identify themselves as traditional/more religious had negative attitudes toward psychotherapy. This result is also inconsistent with the findings by Fischer and Turner (1970), who found out a negative correlation between being more religious and attitudes toward psychotherapy. Brody also found that traditionalism was negatively correlated with the use of psychotherapy.

The present study further compared university students to determine whether there are significant differences in their conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help based on year at university. Results revealed significant year at university category differences for the variables examined. Mainly, senior students (third year and fourth year) endorsed conformity to masculine norms and experienced gender role conflict more than the junior students. This result seems contradicting with Hammer, Vogel, and Heimerdinger-Edwards's (2012) finding, which revealed that individuals with postgraduate degrees reported less endorsement of masculine norms than individuals at other educational levels (high school or less, two-year degree, four-

year degree) i.e. the most highly educated men (men with graduate education) reported less endorsement of conformity to traditional masculine norms than other men.

The result of this study also revealed that third year and fourth year students were engaged more in risky health behaviors (smoking, alcohol use, substance use, and risky sexual behavior) than first year students. This result is in line with the finding by Wakgari and Aklilu (2011), who reported that the trend of substance use among the medical students increased from first year to internship program.

Regarding the relationship between year at university and attitudes toward seeking help, first year students reported having more favorable attitudes toward seeking help than fourth year students. However, Hammer, Vogel, and Heimerdinger-Edwards's (2012) finding clearly indicated that there is a positive relationship between educational level and attitudes toward seeking help, as educational level increases there is a corresponding increase in help-seeking attitudes. They found out that those with a high school degree or less reported less favorable attitudes than those with a two-year degree, those with a two-year degree reported less favorable attitudes than those with a four-year degree, who in turn reported less favorable attitudes than those with post-graduate education. The reason why highly educated men hold more favorable attitudes toward seeking help than the less educated men is that those with higher level of education tend to be slightly less gender-typified (Myers & Booth, 2002); as such, men who have gone through higher level of education are slightly less likely to internalize negative aspects of seeking help and are less likely to view help seeking as incompatible with how they see themselves as men.

The current study also compared university students to examine whether there are significant differences in their conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help based on place grown up. Results revealed that place grown up category difference was significant only for gender role conflict variable; individuals who were grown up in rural and semi-urban areas experienced more gender role conflict than those who were grown up in urban areas. Since there is no published study in literature that came up with the relationship between place grown up and gender role conflict, it is not possible to interpret the results of the present study as compared to previous findings. However, Hammer, Vogel, and Heimerdinger-Edwards (2012) found out that statistically significant conformity to masculine norms differences between rural and urban communities; individuals in rural communities endorsed greater masculine norms than in urban communities. Unlike the present finding, Hammer, Vogel, and Heimerdinger-Edwards (2012) also investigated statistically significant help-seeking attitude differences between rural and urban communities; individuals living in rural communities reported less favorable attitudes than those in suburban communities, who in turn reported less favorable attitudes than those in urban communities. The result of these scholars study helps to explain a study by Esters, Cooker, and Ittenbach (1998), who reported that men from rural communities are more likely to delay seeking medical care and to underutilize mental health services.

Lastly, the current study compared university students to examine whether there are significant differences in their conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help based on their family income. Results revealed statistically non significant differences among the family income categories on the

variables examined. The result of this study supports Wakgari and Aklilu's (2011) finding, which pointed out that family's source of income is not as important as the influence by other factors. On the contrary, a study by Silva et al. (2006) revealed that monthly family income was significantly associated with alcohol and drug use. In contrast to the present finding, Hammer, Vogel, and Heimerdinger-Edwards (2012) also found out statistically significant differences in attitudes toward seeking help in terms of income; individuals making $30,000 or less reported the least favorable attitudes, followed by those making $30,000 to $74,999; those making more than $75,000 reported having the most favorable attitudes.

In this study, both the Conformity to Masculine Norms Inventory-46 (CMNI-46) and the Gender Role Conflict Scale-Short Form (GRCS-SF) were correlated positively with the Health Risk Behaviors, with higher correlations indicating as conformity to masculine norms and gender role conflict rose, so did reports of risky health behaviors. This finding is consistent with most previous researches examining the relationship between measures of masculinity and health risk behaviors. For instance, Mahalik et al. (2003) found out that a relationship between conformity to masculine role norms and tobacco and alcohol use. Liu and Iwanmoto (2007) also found an association between conformity to masculine norms and marijuana use and binge drinking. Moreover, responses to a measure of health risks were found to be related to conformity to masculine gender roles (Mahalik, Lagan, & Morrison, 2006). Although most previous researches focused on the relationship between gender role conflict and help-seeking attitudes, Blazina and Watkins (1996) found that gender role conflict was related to an increase in reported alcohol usage. The result of this study is partially similar to the finding by Levant et al. (2009), who investigated that the original

GRCS is correlated positively with the Health Risk Questionnaire (HRQ), while the original CMNI was not significantly correlated with the HRQ.

Qualitative data analysis also revealed that most participants, particularly males reported being involved in one or more risky health behaviors. It has been reported that many students engaged in using khat, smoking and using shisha both in the campus and in some tea houses found closer to the universities. Surprisingly, it has been reported that some students have grown Cannabis in the campus; consequently, they were caught and sent off from the university. The reasons they forwarded for engaging in these risky activities were diverse, including getting relief from tension, to get pleasure and to improve their academic performances. This is consistent with the finding by Andualem, Assefa, and Chalachew (2014),who explained that participants engaged in substance and alcohol consumptions for different reasons, including to increase academic (work) performances, to get personal pleasure, to stay awake and due to peer pressure. Besides, most interview participants reported that many young men, especially those who are involved in practices, such as smoking, drinking, and using khat and other substances define their masculinity against positive health behaviors and beliefs i.e. they tend to construct positive health beliefs or behaviors as denoting feminine traits. This is supporting Courtenay's (2000) finding, which revealed that many men and boys define their masculinity against positive health behaviors and beliefs; health care utilization and positive health beliefs or behaviors are socially constructed as forms of idealized femininity.

As discussed earlier, most interview participants of the present study, particularly young men endorsed hegemonic masculinity. As evidenced in most literature (e.g., Courtenay,

2000; Eisler, 1995; Sabo & Gordon, 1995) the hegemonic masculinity that most young men constructed seems to be incompatible with positive health beliefs and behaviors, as most of these young men were found to engage in various health risk behaviors, such as smoking, drinking alcohol, using khat and other substances. This could be due to the majority of young men internalized the pressure to live up to rigid ideals about how they should behave and feel as men. These rigid ideals include ideas that men should take risks, endure pain, be tough, be independent providers, and have multiple sex partners to assert their manhood (WHO, 2007). This pressure leads young men to exaggerate their masculinity to assert they are 'real men'. Exaggerated expressions of masculinity may include heightened substance abuse, use of violence, negligible health-seeking behaviors, disruptive income-generating activities, and sole decision-making within households (Greene, Omar, & Piotr, 2011). However, the result of the present study is inconsistent with Mathewson's (2009) finding, which contrasted the popular conception that health-positive behaviors are incompatible with hegemonic masculinity. She found out that while the young men interviewed in her study endorsed hegemonic masculinity and gender inequitable norms, they were highly health-conscious, as evidenced by their avoidance of behaviors detrimental to health, such as smoking and drinking.

On the other hand, both the Conformity to Masculine Norms Inventory-46 (CMNI-46) and Gender Role Conflict Scale-Short Form (GRCS-SF) were negatively correlated with the Attitudes Toward Seeking Professional Psychological Help-Short Form (ATSPPH-SF), indicating as young adults' masculinity measures increased, their attitudes toward seeking psychological help became more negative. This is consistent with a study by Levant et al.

(2009), who found that the two measures of masculinity (original CMNI and original GRCS) were moderately and negatively correlated with the original ATSPPH. The result of the present study also supports most of the findings on the relationship between gender role conflict and attitudes toward seeking help, which reported consistent negative relationship between gender role conflict and attitudes toward seeking help (Berger et al., 2005; Blazina & Marks, 2001; Blazina & Watkins, 1996; Good, Dell, & Mintz, 1989; Good & Wood, 1995; Robertson & Fitzgerald, 1992; Simonsen, Blazina, &Watkins, 2000; Wisch et al., 1995). Moreover, Berger et al. (2005) found that gender role conflict has been linked to higher levels of psychological stress and lower help-seeking. Lane and Addis (2005) also reported that the GRCS aspect of success, power, and competition was significantly related to negative help-seeking attitudes. Several researchers have also found that men who are higher in gender role conflict report greater negative attitudes toward using counseling services (Berger et al., 2005; Blazina & Watkins, 1996). On the contrary, Boisjolie (2013) was surprised for his finding was not consistent with most previous researches; he found out that all four subscales of the GRCS and the total scale score were not significantly related to men's attitudes toward seeking professional psychological help. The result of the current study also supports most previous researches which assessed the relationship between conformity to masculine norms and help-seeking attitudes. For instance, Mahalik et al. (2003) have found conformity to masculine norms to be related to attitudes toward seeking psychological help, with higher conformity related to less positive attitudes. Similarly, most previous researches (e.g., Blazina & Watkins, 1996; Boman & Walker, 2010; Good, Dell, & Mintz, 1989) revealed a strong relationship between conformity to masculine norms and negative attitudes towards seeking help.

Research suggests that men who endorse hegemonic masculine ideologies are less likely to seek help for psychological problems. Thus, based on the hegemonic masculinity most young men in the qualitative data analysis endorsed, one can expect that their attitudes toward seeking help is more negative, as hegemonic masculinity emphasize traits, such as male independence, self-reliance and stoicism and as these traits are incompatible with help-seeking behaviors, such as asking for advice, using health services and speaking openly about health problems (Addis & Mahalik, 2003). However, consistent with Mathewson's (2009) finding, almost all interview participants of this study revealed that seeking help is important when experiencing psychological problems; yet, most of the participants emphasized the importance of being selective from whom to seek help, to maintain secrecy.

The result of the present study further indicated that the two masculinity measures (CMNI-46 and GRCS-SF) as a group significantly predicted health risk behaviors; however, only the CMNI-46 contributed uniquely to the variance explained. This result is contradicting Levant et al.'s (2009) finding, who reported that higher gender-role conflict was a significant predictor of greater health-risky behaviors, whereas conformity to masculine role norms was not related to risky health behaviors.

The result of this study also revealed that the two masculinity measures (CMNI-46 and GRCS-SF) as a group significantly predicted attitudes toward seeking psychological help; still, only the CMNI-46 contributed uniquely to the variance explained. This result is supporting Good et al.'s (2006) finding, which compared the relationships of gender role conflict and conformity to masculine norms to attitudes toward psychological help seeking

and found only the CMNI to be a unique predictor. The result of the current study is also consistent with prior research by Levant et al. (2009), who compared the relationships of three masculinity variables (traditional masculinity ideology, conformity to masculine norms, and gender role conflict) and found that only the CMNI contributed uniquely to the variance explained.

In this study, moderated hierarchical regression analyses were conducted to determine whether gender, age and religiosity moderate the relationship between gender role conflict and health risk behaviors. The results show that gender and religiosity moderated the relationship between the two variables; however, age did not moderate the relationship between GRCS-SF and HRBQ. Thus, this study revealed that gender role conflict affects males and females' health risk behaviors differently; the impact of gender role conflict on health risk behaviors was greater for males than for females. Moreover, this study disclosed that gender role conflict affects differently the health risk behaviors of those students who were attending religious institution less frequently and those attending religious institution frequently; the effect of gender role conflict on health risk behaviors was greater for those university students who were attending religious institution less frequently than it was for those attending religious institution frequently. However, this study revealed that gender role conflict affects the health risk behaviors of late teenagers and those in the twenties' similarly; there was no age effect on the relationship between gender role conflict and health risk behaviors. Since there is no published study in the literature that came up with the moderating effects of gender, religiosity and age on the relationship between gender role

conflict and health risk behaviors, it is not possible to interpret the results of the present study as compared to previous findings.

Moderated hierarchical regression analyses were also conducted to determine whether gender, age and religiosity moderate the relationship between gender role conflict and help-seeking attitudes. The results show that religiosity moderated the relationship between the two variables; however, gender and age did not moderate the relationship between GRCS-SF and ATSPPH-SF. Accordingly, the present study revealed that gender role conflict affects differently the help-seeking attitudes of those students who were attending religious institution less frequently and those attending religious institution frequently; the impact of gender role conflict on attitudes toward seeking help was greater for those who were attending religious institution less frequently than for those attending religious institution frequently. However, this study indicated that gender role conflict affects males and females' help-seeking attitudes similarly and also this trend does not differ with age; there were no gender and age effects on the relationship between gender role conflict and help-seeking attitudes. The result of this study is inconsistent with Jana-Massri's (2011) finding, which pointed out that the moderating effect of religiosity between gender role conflict and help-seeking attitudes was not significant.

CHAPTER SIX

SUMMARY, CONCLUSIONS AND IMPLICATIONS

6.1 Summary

This study was conducted to explore the meanings ascribed to masculinities among undergraduate university students; and also to directly compare conformity to masculine norms and gender role conflict to determine to what extent these masculinity measures were associated with health risk behaviors and attitudes toward seeking help. To this end, the following research questions were posed:

1. What are the meanings ascribed to masculinities among university students?
2. Are there significant differences among university students in their conformity to masculine norms, gender role conflict, health risk behaviors, and attitudes toward seeking help by socio-demographic variables (gender, place grown up, religiosity, family income, and year at university)?
3. To what extent do measures of masculinity (conformity to masculine norms and gender role conflict) predict health risk behaviors and help-seeking attitudes?
4. Do gender, age and religiosity moderate the relationships between measures of masculinity and university students' health risk behaviors and help-seeking attitudes?

To answer these questions, the analysis and interpretation of the quantitative data was performed on responses from 503 participants; while the qualitative results were based on in-depth individual interviews from 21 undergraduate students. Results of quantitative and qualitative data analyses revealed the following results:

1. Participants mean scores were found slightly above the average both on Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form i.e. respondents conformed to a slightly higher level of traditional masculine norms and experienced a slightly higher level of gender role conflict. It is also found that participants were engaged in relatively little health risk behaviors and their attitudes toward seeking psychological help was positive.
2. From the qualitative data analysis several core concepts were emerged that reflected the meanings of masculinity among the study participants. Accordingly, 'being a man' was associated with involvement in risky behaviors, fearlessness, courageousness, bravery, and recording some achievements in life; perceived as exhibiting manly behaviors not feminine traits, such as, being inexpressive; expressed in terms of independence or self-reliance; and perceived in terms of exhibiting gender inequitable behaviors. Some interview participants reported they dislike being a man when men are displaying gender atypical behaviors, such as having braided or "shuruba" hair style, hanging a big cross and piercing ears. They have also identified a range of socially expected roles that men are supposed to assume, including being a breadwinner, being responsible and responsive to the needs of his family, being the head of the household, doing jobs requiring physical strengths, and disciplining children. Interview participants further reported that failure to live up to the socially expected roles of being a man leads men to be discriminated, to be labeled unmanly or useless, and to be unable to become a role model.
3. University students were compared to determine whether there are significant differences in their conformity to masculine norms, gender role conflict, health risk

behaviors, and attitudes toward seeking help in terms of some socio-demographic variables (gender, religiosity, year at university, place grown up, and family income). Consequently,

- statistically significant differences were observed between male and female university students in their Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form; both the mean CMNI-46 and GRCS-SF scores for males were found to be significantly higher than the mean scores for females i.e. males endorsed conformity to traditional masculine norms and experienced gender role conflict more than the females.
- statistically significant gender difference was found in health risk behaviors; males were found to be more involved in risky health behaviors than females. Results of qualitative analysis also revealed that some of the university students in particular young men involved in risky practices, such as using khat, smoking, drinking, and using shisha and other substances.
- statistically significant gender difference was observed in attitudes toward seeking help; females were found to seek help more than male students.
- statistically significant religiosity category differences were found for conformity to masculine norms; participants who reported that they were less frequently attending religious institution (once in a year) were found to conform more to traditional masculine norms than those who were attending at different levels (at least twice in a week, once in a week, and once in a month).
- statistically significant religiosity category differences were found for health risk behaviors; participants who were attending religious institution less

frequently (once in a month and once in a year) were found to engage more in risky health behaviors than those attending religious institution frequently (at least twice in a week and once in a week). The result of in-depth individual interviews also revealed that religiosity safeguarded respondents from practicing risky health behaviors.

- statistically significant religiosity category differences were also found for attitudes toward seeking help; participants who reported less frequently attending religious institution (once in a year) reported less favorable attitudes toward seeking help than all other religiosity groups (at least twice in a week, once in a week, and once in a month).
- statistically significant year at university category differences were observed for both masculinity measures; senior students (third year and fourth year) endorsed conformity to masculine norms and experienced gender role conflict more than junior students (first year and second year).
- statistically significant year at university category differences were observed for health risk behaviors; senior students were engaged more in risky health behaviors than junior students.
- With regard to the relationship between year at university and attitudes toward seeking help, first year students reported more favorable attitudes toward seeking help than fourth year students.
- statistically significant place grown up category difference was fond only for gender role conflict variable; individuals who were grown up in rural and semi-urban areas experienced more gender role conflict than those grown up in urban.

- no statistically significant differences were observed among the family income categories on the variables examined.

4. Both Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form were correlated positively with the Health Risk Behaviors Questionnaire, with higher correlations indicating that as conformity to masculine norms and gender role conflict increased, so did reports of risky health behaviors. Qualitative data analysis also revealed that most participants, particularly males reported that they were involved in one or more risky health behaviors, such as smoking, drinking, and using Khat and other substances. The reasons they forwarded for engaging in these risky activities were diverse, including getting relief from tension, to get pleasure and to improve their academic performance. Besides, most interview participants reported that many young men, especially those who are involved in risky practices define their masculinity against positive health behaviors and beliefs i.e. they tend to construct positive health beliefs or behaviors as denoting feminine traits.
5. Both Conformity to Masculine Norms Inventory-46 and Gender Role Conflict Scale-Short Form were negatively correlated with the Attitudes Toward Seeking Professional Psychological Help-Short Form, indicating that as young adults' masculinity measures increased, their attitudes towards seeking psychological help became more negative. On the other hand, although most young men interviewed seem endorsed hegemonic masculinity ideology, almost all of them reported that seeking help is important when experiencing psychological problems.
6. Masculinity measures (CMNI-46 and GRCS-SF) as a group significantly predicted health risk behaviors; however, only the CMNI-46 contributed uniquely to the

variance explained. Moreover, CMNI-46 and GRCS-SF as a group significantly predicted attitudes toward seeking psychological help; yet, only the CMNI-46 contributed uniquely to the variance explained.

7. Gender and religiosity moderated the relationship between gender role conflict and health risk behaviors; however, age did not moderate the relationship between the two variables. The impact of gender role conflict on health risk behaviors was found to be greater for males than for females. Moreover, the effect of gender role conflict on health risk behaviors was greater for those university students who were attending religious institution less frequently than it was for those attending religious institution frequently. However, there was no age effect on the relationship between gender role conflict and health risk behaviors.
8. Religiosity moderated the relationship between gender role conflict and help-seeking attitudes; however, gender and age did not moderate the relationship between the two variables. The impact of gender role conflict on attitudes toward seeking help was greater for those who were attending religious institution less frequently than for those attending religious institution frequently. However, there were no gender and age effects on the relationship between gender role conflict and help-seeking attitudes.

6.2 Conclusions

The present study attempted to provide new information regarding the meanings ascribed to masculinities among undergraduate university students in Ethiopia. Moreover, this study tried to examine the relationship between measures of masculinity and university students'

health risk behaviors and help-seeking attitudes. Accordingly, the following conclusions were made based on the findings of the study:

1. The meanings ascribed to masculinity (involving in risky health behaviors, bravery, independence, controlling females, being inexpressive, recording some achievements in life, etc.) revealed most participants, particularly young men endorsed hegemonic masculinity depicted in the literature.
2. Male university students were more involved in risky health behaviors and their attitude towards seeking-help was found to be less favorable as compared to female students. Moreover, male students endorsed more traditional masculine norms than female students. In turn, the traditional masculinity they endorsed was found to be associated with risky health behaviors and negative attitudes toward seeking help.
3. The relationship of gender role conflict with both health risk behaviors and help-seeking attitudes were unexpectedly weak. As a result, the moderating effects of gender, age, and religiosity were examined between the predictor and the criterion variables. Gender and religiosity moderated the relationship between gender role conflict and health risk behaviors. However, only religiosity moderated the relationship between gender role conflict and help-seeking attitudes.

6.3 Implications

6.3.1 Implications for Practice

The meanings ascribed to masculinities in this study are evident that most interview participants, particularly young men endorsed traditional masculinity. Quantitative findings also revealed that male university students endorsed more traditional masculinity ideology

than their female counterparts. In turn, the traditional masculinity most young men constructed was associated with risky health behaviors and negative attitude towards seeking help. Thus, the overall implication of the present finding for practice is that traditional masculinity may stand as a barrier to positive health behaviors and attitudes toward seeking help. Given higher levels of traditional masculinity related to greater risky health behaviors, it is important to indicate the direction to reduce this barrier. It has been indicated that as young men strive to conform to the requirements of traditional/hegemonic masculinity, they put their own health and that of their counterparts at risk. Thus, health policy should take into account the need to challenge and transform hegemonic/traditional masculinity. This clearly shows the need for alternatives to the traditional/hegemonic masculinity, which assists in the fight against health risks like STIs, HIV/AIDS epidemic, partner violence, unplanned pregnancies, as well as risks of substance and alcohol abuses.

Moreover, given higher levels of traditional masculinity associated with more negative attitudes toward seeking psychological help, it is important to imply what professionals in the field should do to reduce this barrier. For instance, a study by Lane and Addis (2005) revealed that one of the subscales of the GRCS was positively related to help-seeking ratings from mothers, but negatively related to seeking help from a male friend. This suggests that the source of help may affect attitudes toward seeking help. Similarly, Wisch et al. (1995) found that among men scoring high on gender role conflict, those who viewed a 10-minute video of a cognitive-focused counseling session were more likely to seek psychological help than men who viewed a 10-minute video of an emotion-focused counseling session. This suggests that exposure to different kinds of counseling may affect willingness to seek

psychological help. Giving attention to these issues might be helpful in promoting positive attitudes toward seeking help.

6.3.2 Limitations and Implications for Future Research

There are several limitations of this study. The first limitation was using self-report measures, such as CMNI-46 which could result in social desirability bias. This could have been evident with *Power over women* and *Playboy* subscales where participants might not have been completely honest with regards to their behaviors and beliefs about possibly controlling women or dating many girls at the same time. Additionally, using the CMNI-46 as the main form of data collection limited findings; personal perspectives and opinions of participants regarding attitudes towards traditional masculine norms are ignored. Therefore questionnaires can appear to be superficial in attempting to cover complex social topics. Despite this limitation, the present study attempted to explore participants' detailed understandings of the meanings ascribed to masculinity through in-depth individual interviews. Limitations of this study further included the suggestion that utilizing a culturally sensitive instrument to measure the proposed variables allows the researcher to produce rigorous and accurate data, rather than translating and using Western examples.

Another possible limitation of this study was the ratio of male to female participants. Male participants outnumbered female participants approximately three to two; having such a disproportionate number of male and female participants could affect the overall endorsement and conformity to masculinity. Besides, most of the study samples were selected from universities in Addis Ababa (Addis Ababa University and Addis Ababa Science and Technology University), where most of the participants were from the

aforementioned city, and still the samples from Wollega University were predominantly from one ethnic group (Oromo); thus, study participants were not representatives of university students enrolled in higher learning institutions in Ethiopia in a way it was expected. This was mainly due to a large number of students were given the opportunity to join universities which are located nearer to their localities to minimize transportation and other costs.

Moreover, while it was seen as an unavoidable feature of life, some interview participants distanced themselves from reporting their own personal experiences regarding their involvement in such activities as smoking, drinking, using khat and other substances and were outspoken about the negative outcomes of such involvement. Particularly, getting them reported that they were using shisha and other illegal drugs was challenging, although the researcher tried to assure them the confidentiality of the information they were providing. Thus, future research should underscore the importance of obtaining information from key informants to triangulate with the information obtained from interview participants.

Controlling the socio-demographic variables more strictly would help to clarify the findings. Based on research literature examining socio-demographics and health behavior, which found out consistent gender differences in risky health behaviors and attitudes toward seeking help, the present study's focus was to determine the relationship between measures of masculinity (conformity to masculine norms and gender role conflict) and university students' health risk behaviors and attitudes toward seeking help, but did not control socio-demographic variables when health risk behaviors and attitudes toward seeking help (Y) were separately regressed on conformity to masculine norms (X_1) and on gender role conflict (X_2). Despite this limitation, the present study attempted to determine whether so gender,

age, and religiosity moderate the relationship between the predictor and criterion variables. Controlling over the socio-demographics of the participants, such as age, gender, religiosity, family income, place grown up, etc., would allow for a more thorough analysis and better understanding of how masculine norms and gender role conflict relate to risky health behaviors and attitudes toward seeking psychological help.

This study raises a number of questions that can be investigated in future studies on experience of masculinity. Studies could be designed regarding what masculinity concepts men/women learn from university life that distinguishes them from other men/women in society. Another question is how upcoming life events such as marriage, becoming a father and developing a career affect men's/women's understanding of masculinity. Future research should also investigate potential generational differences in men's/women's levels of conformity to masculine norms and gender role conflict, and seek to identify similarities and differences between older and younger men/women, as the present study didn't have a sample that was sufficiently age-diverse to make inter-generational comparisons.

Lastly, the present study focused on the negative and detrimental effects of traditional masculinity. Although this aspect of traditional masculinity has been well documented in theory and research in Western cultures, it is still new in the context of cultures in Ethiopia, and thus needs further investigation. Besides, the growing positive psychology field warrants empirical investigation for its potential application to the psychology of men and masculinity. Thus, rather than focusing only on the detrimental aspect of traditional masculinity, more research is needed regarding the positive psychology approach to masculinity.

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APPENDICES

Appendix A: Questionnaire

Thank you for your participation in this study on masculinity, health risk behaviors and help-seeking attitudes. The purpose of this research is to better understand university students' masculinity and its association with health risk behaviors and help-seeking attitudes. Although the questionnaire involves various private life questions, the information planned to be obtained from you through this questionnaire is very essential for the successful completion of the study. I therefore, request you to read all instructions carefully and answer all questions openly and honestly. There is no "right" or "wrong" answer. Your responses should reflect your actual experiences, feelings, and beliefs.

Regarding confidentiality, the whole process of questionnaire administration is set up in such a way that at most secrecy is maintained. Thus, you are not expected to write your name in any of the questionnaire pages. The questions that ask about your background will be used only to describe the types of students completing this survey. The information will not be used to find out your name.

Organization of the questionnaire

This questionnaire has four sections. Section one consists of questions on your socio-demographic information; section two is designed to measure your masculinity behavior (conformity to masculine norms and gender role conflict); section three is designed to measure risk-taking behaviors; and the last section of the questionnaire has questions on help-seeking attitudes.

Thank you for your cooperation!

Section One: Socio-Demographic Questionnaire

The questions in this section focus on aspects of your personal information. For each question, please write your responses on the space provided or encircle the letter with an option representing your personal information.

No	Questions	Responses
1	Age	__________years
2	Sex	1. Male 2. Female
3	Department	______________________
4	Year at university	____________________year
5	Ethnicity	____________________________
6	Religion	_____________________________
7	How often do you attend your religious institution?	1. At least twice in a week 2. Once in a week 3. Once in a month 4. Once in a year 5. I'm not attending religious institution
8	What is your current marital status?	1. Single 2. Married 3. Divorced 4. If others (please specify)_____
9	Approximately what is your parent's monthly income?	___________________Ethiopian Birr
10	Where were you grown up?	1.Urban 2.Rural 3.Semi-urban

Section Two: Measures of Masculinity

2.1 Conformity to Masculine Norms Inventory-46 (CMNI-46)

The following are a series of statements about how men might think, feel or behave. The statements are designed to measure attitudes, beliefs, and behaviors associated with both traditional and non-traditional masculine gender roles. Thinking about your own actions, feelings and beliefs, please indicate how much you personally agree or disagree with each statement by encircling 1 for "Strongly Disagree", 2 for "Disagree", 3 for "Undecided", 4 for "Agree", or 5 for "Strongly agree".

No	Statements	Strongly Disagree	Disagree	Undecided	Agree	Strongly agree
1	In general, I will do anything to win	1	2	3	4	5
2	If I could, I would frequently change sexual partners	1	2	3	4	5
3	I hate asking for help	1	2	3	4	5
4	I believe that violence is never justified	1	2	3	4	5
5	In general, I do not like risky situations	1	2	3	4	5
6	Winning is not my first priority	1	2	3	4	5
7	I enjoy taking risks	1	2	3	4	5
8	I am disgusted by any kind of violence	1	2	3	4	5
9	I ask for help when I need it	1	2	3	4	5
10	My work is the most important part of my life	1	2	3	4	5
11	I would only have sex if I am in a committed relationship	1	2	3	4	5

12	I bring up my feelings when talking to others	1	2	3	4	5
13	I don't mind losing	1	2	3	4	5
14	I take risks	1	2	3	4	5
15	I never share my feelings	1	2	3	4	5
16	Sometimes violent action is necessary	1	2	3	4	5
17	In general, I control women/men in my life	1	2	3	4	5
18	I would feel good if I had many sexual partners	1	2	3	4	5
19	It is important for me to win	1	2	3	4	5
20	I don't like giving all my attention to work	1	2	3	4	5
21	I like to talk about my feelings	1	2	3	4	5
22	I never ask for help	1	2	3	4	5
23	More often than not, losing does not bother me	1	2	3	4	5
24	I frequently put myself in risky situations	1	2	3	4	5
25	Women should be subservient to men	1	2	3	4	5
26	I am willing to get into a physical fight if necessary	1	2	3	4	5
27	I feel good when work is my first priority	1	2	3	4	5
28	I tend to keep my feelings to myself	1	2	3	4	5
29	Winning is not important for me	1	2	3	4	5
30	Violence is almost never justified	1	2	3	4	5
31	I am the happiest when I'm risking danger	1	2	3	4	5

32	It would be enjoyable to date more than one person at a time	1	2	3	4	5
33	I am not ashamed to ask for help	1	2	3	4	5
34	Work comes first	1	2	3	4	5
35	I tend to share my feelings	1	2	3	4	5
36	No matter what the situation I would never act violently	1	2	3	4	5
37	Things tend to be better when men are in charge	1	2	3	4	5
38	It bothers me when I have to ask for help	1	2	3	4	5
39	I love it when men are in charge of women	1	2	3	4	5
40	I hate it when people ask me to talk about my feelings	1	2	3	4	5

2.2 Gender Role Conflict Scale-Short Form (GRCS-SF)

The following are a series of statements which measures the cognitive, affective, and behavioral consequences of masculine socialization. Thinking about your own actions, feelings and beliefs please encircle the number that indicates how much you agree or disagree with each statement. The options represent: Strongly Disagree =1, Disagree =2, Undecided =3, Agree =4, Strongly Agree =5.

No	**Statements**	**Strongly disagree**	**Disagree**	**Undecided**	**Agree**	**Strongly agree**
1	Talking (about my feelings) during sexual relations is difficult for me.	1	2	3	4	5
2	I have difficulty expressing my emotional needs to my partner.	1	2	3	4	5
3	Finding time to relax is difficult for me.	1	2	3	4	5

4	I have difficulty expressing my tender feelings.	1	2	3	4	5
5	Winning is a measure of my value and personal worth.	1	2	3	4	5
6	My needs to work or study keep me from my family or leisure more than I would like.	1	2	3	4	5
7	I strive to be more successful than others.	1	2	3	4	5
8	I do not like to show my emotions to other people.	1	2	3	4	5
9	My work or school often disrupts other parts of my life (home, health, leisure).	1	2	3	4	5
10	Being smarter or physically stronger than other men/women is important for me.	1	2	3	4	5
11	Overwork and stress caused by a need to achieve on the job or in school affects/ hurts my life.	1	2	3	4	5
12	I like to feel superior to other people.	1	2	3	4	5

Section 3: Health Risk Behavior Questionnaire (HRBQ)

Each item lists a series of statements describing a specific health risk behavior. Please encircle the option that best describes your actual behavior during the last 3 months.

No	Questions	Responses
1	How often have you smoked cigarette during the last 3 months?	1. I have never smoked cigarette. 2. I have smoked cigarette, but not during the last 3 months 3. I smoked a few cigarettes, but not every week. 4. I did not smoke every day, but I smoked a few cigarettes per week. 5. I smoked at least one cigarette per day.
2	How often have you consumed alcohol during the last 3 months?	1. I have never drunk any alcohol. 2. I have drunk alcohol, but not during the last 3 months 3. 1-2 volume drinks for one or two days per month. 4. At least 4-5 volume drinks for one or two days per week.

		5. At least 4-5 volume drinks for most of the days in a week.
3	How often have you chewed khat during the last 3 months?	1. I have never chewed khat 2. I have chewed khat, but not during the last 3 months 3. Once or twice per month 4. Once or twice per week 5. Most of the days in a week
4	How often have you used shisha and/ or other substances during the last 3 months?	1. I have never used shisha and/ or other substances 2. I have used shisha and/ or other substances, but not during the last 3 months 3. Once or twice per month 4. Once or twice per week 5. Most of the days in a week
5	How often have you had sex during the last 3 months?	1. I have never had sexual intercourse 2. I have had sexual intercourse, but not during the last 3 months 3. Once or twice per month 4. Once or twice per week 5. Most of the days in a week
6	With how many partners did you have sexual intercourse during the last 3 months?	1. I have never had sexual intercourse 2. I have had sexual intercourse, but not during the last 3 months 3. One person 4. Two people 5. Three or more people
7	How often have you used condom during the last 3 months?	1. I have never had sexual intercourse 2. I have had sexual intercourse, but not during the last 3 months 3. Always 4. Sometimes 5. I have never used condom

Section 4: Attitudes towards Seeking Professional Psychological Help-Short Form (ATSPPH-SF)

For each statement below, decide whether you: Strongly Disagree =1, Disagree =2, Undecided =3, Agree =4, or Strongly Agree =5. Encircle the number for each statement to indicate your response.

No	Statements	Strongly disagree	Disagree	Undecided	Agree	Strongly Agree
1	If I believed I was having a mental health difficulties, my first inclination would be to seek professional attention	1	2	3	4	5
2	The idea of talking about problems with a mental health professional strikes me as a poor way of getting rid of emotional conflicts.	1	2	3	4	5
3	If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in professional mental health services.	1	2	3	4	5
4	There is something admirable in the attitude of a person who is willing to cope with his/her conflicts and fears without resorting to professional mental health services.	1	2	3	4	5
5	I would want to get professional mental health services if I was worried or upset for a long period of time.	1	2	3	4	5
6	I might want to have professional mental health services in the future.	1	2	3	4	5
7	A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional mental health services.	1	2	3	4	5
8	Considering time and expense involved with professional mental health services, it would have doubtful value for a person like me.	1	2	3	4	5
9	A person should work out his or her own problems; getting professional mental health services would be a last resort.	1	2	3	4	5
10	Personal and emotional troubles, like many things, tend to work out by themselves.	1	2	3	4	5

Appendix B: Semi-Structured Interview Schedule for In-Depth Individual Interviews

Personal/ Demographic Data

Age______________________

Sex ______________________

Religion____________________

Ethnicity___________________

Department _________________

Educational or grade level in the university ___________________

I. Views on Masculinity, Risk-taking Behaviors and Help-seeking Attitudes

1. What does it mean to be 'a man' in your culture? What does it mean for you?
2. How does one achieve manhood in your culture?
3. What are the socially expected roles from men in your culture?
4. Why is it important to live up to the socially expected roles of being a man?
5. What do you like/ not like about being a man?
6. Do you think that there is gender equality between male and female students in your institution?
    - If no, why?
7. Are there university students' related risky health practices in your institution?
    a. If yes, what do you think are the risky practices?
    b. Males or females are more engaged in these practices? Why?
    c. What are the negative consequences of these risky practices (in terms of health, academic performance, social relationship, and rules and regulations of the university)?

d. Do you know someone who has been affected by these consequences?

8. Have you ever engaged in one or more of the following practices (smoking, alcohol consumption, using shisha and/or other substances, chewing khat, and unsafe sexual practices)?

a. If yes,

- What was your reason to engage in this/these practice/s?
- How often have you engaged in this/these practice/s?

b. If no, what prevented you not to engage in this/these practice/s?

9. People have different beliefs about men's professional help- seeking. Some people think that men are supposed to be tough and just deal with their problems alone-don't need to see a doctor or a counselor. Other people think that men should see professionals when things go wrong. What are your beliefs about what has been said above?

10. If you were having personal-emotional problem, do you seek help from others?
    a. If yes,
        - From whom you would seek help?
        - What would you hope to get from these people?

    b. If no, what is your reason for not seeking help from others when things go wrong?

Appendix C: የፅሑፍ መጠይቅ

በዚህ በወንድነት፣ ጤናን በሚያዉኩ ባህርያት እና እገዛን የመሻት አመለካከት ጥናት ላይ በመሳተፍህ/ሽ አመሰግናለሁ፡፡ የዚህ ጥናት ዓላማ ወንድነት ጤናን ከምያዉኩ ባህርያት እና እገዛን ከመሻት አመለካከት ጋር ያላዉን ግንኙነት የበለጠ ለመረዳት ነዉ፡፡ በመጠይቁ ዉስጥ የተለያዩ የግል ተሞክሮዎችን የሚጠይቁ ጥያቄዎች አሉ፡፡ ስለዚህ ይህ ጥናት በአግባቡ የታለመለትን ግብ እንዲመታ አንቴ/ቺ የምተሰጠዉ/ጭዉ መረጃ እጅግ አስፈላጊ ነዉ፡፡ስለሆነም የጥያቄዎቹን ትዕዛዛት በሙሉ በአግባቡ ካነበብክ/ሽ በኋላ ለእያንዳንዱ ጥያቄ ግልጽና ቅን ምላሽ ስጥ/ጭ፡፡ ትክክል ወይም የተሳሳተ ምላሽ በዚህ መጠይቅ የለም፡፡ ምክንያቱም የአንቴ/ቺ ምላሽ የሚያንፀባርቀዉ ትክክለኛዉን የአንቴን/ቺን ልምድ፣ ስሜት እና እምነት በመሆኑ ነዉ፡፡

የመጠይቁ አሰጣጥ ምስጥርን በጠበቀ መልኩ ስለሆነ በዚህ በኩል ምንም ስጋት አይግባህ/ሽ፡፡ስለሆነም በመጥይቁ ላይ ስምህን/ሽን መጻፍ አያስፈልግም፡፡ ስለ አንቴ/ቺ የግል ህይወት የሚጠይቁ ጥያቄዎች መጠይቁን የሞላዉን ተማሪ ማንነት ለማወቅ እንጂ መረጃዉ የአንተን/ቺን ስም ለማወቅ ታስቦ አይደለም፡፡

የመጠይቁ አደረጃጀት

ይህ መጠይቅ አራት ክፍሎች አሉት፡፡ ክፍል አንድ የሚይዘው የአንቴን/ቺን የግል ህይወት መረጃን ሲሆን፤ ክፍል ሁለት ደግሞ የአንቴን/ቺን የወንድንት ባህርይ በሚመዝን መልኩ የተደራጀ ነዉ፤ ክፍል ሦስት ደግሞ የተደራጀዉ ጤናን የሚያዉኩ ባህሪያትን ለመመዘን ነዉ፤የመጨረሻዉ ክፍል ደግሞ እገዛን የመሻት አመለካከትን ለመለካት የተዘጋጀ ነዉ፡፡

ስለ ትብብርህ/ሽ አመሰግናለሁ!

ክፍል አንድ ፡ የግል ህይወት ላይ ያተኮረ መጠይቅ

የዚህ መጠይቅ ትኩረት በአንቴ/ቺ የግል መረጃ ላይ የተመሰረተ ነው፡፡ ለእያንዳንዱ ጥያቄ ምላሽ ሊሆኑ የሚችሉትን መልሶች በተዘጋጀው ክፍት ቦታ ላይ በመሙላት ወይም ቁጥሩን በማክበብ የግል መረጃህን/ሽን የሚያሳይ መሆኑን አመልክት/ቺ፡፡

ተ.ቁ	ጥያቄዎች	ምላሾች
1	ዕድሜ	---------ዓመት
2	ፆታ	1. ወንድ 2. ሴት
3	የትምህርት ክፍልህ/ሽ	-----------------------------
4	የስንተኛ ዓመት ተማሪ ነህ/ሽ?	-----------------------------
5	ብሔረሰብ	----------------------------
6	ሐይማኖት	------------------------------
7	የእምነት ተቋምህን/ሽን ምን ያህል ትከታተላለህ/ሽ?	1. ቢያንስ በሳምንት ሁለት ጊዜ 2. በሳምንት አንድ ጊዜ 3. በወር አንድ ጊዜ 4. በዓመት አንድ ጊዜ 5. የእምነት ተቋምን አልከታተልም
8	በአሁኑ ወቅት የትዳር ሁኔታህ/ሽ ምን ይመስላል?	1. ያላገባ /ች 2. ያገባ /ች 3. የተፋታ /ች 4. ሌላ ካሌ እባክህን/ሽን ጻፍ/ፊ--------------
9	የቤተሰቦችህ/ሽ ወርሃዊ ገቢ በግምት ስንት ይሆናል?	--------------- የኢትዮጵያ ብር
10	እድገትህ/ሽ የት ነው?	1. ከተማ 2. ገጠር 3. ከፊል- ከተማማ

ክፍል ሁለት ፡ የወንድነት መመዘኛ መጠይቆች

2.1 ከባህላዊ የወንድነት መስፈርት ዝርዝር ጋር መስማማት

ቀጥሎ የቀረቡት ዓረፍተ-ነገሮች ወንዶች እንዴት እንደሚያስቡ፣ ምን እንደሚሰማቸው ወይም ምን ዓይነት ባህሪይ እንዳላቸው የሚገልጹ ናቸዉ፡፡ዓረፍተ-ነገሮቹ የተደራጁት አመለካከትን፣ እምነትንና ባህሪን ለማመልከት ሲሆን

የራስህን/ሽን ተግባር፣ ስሜት እና ዕምነት በማሰብ እባክህን/ሽን ምን ያህል በሃሳቡ እንደምትስማማና /ማሚና እንደማትስማማ /ማሚ አመልክት/ቺ፡፡ ስታመለክት/ቺ ደግሞ በዓረፍተ-ነገሮቹ ፊትለፊት ካሉት አማራጮች ውስጥ በአንዱ ላይ በማክበብ መልስ/ሺ፡፡ ቁጥሮቹም የሚያመለክቱት ፡-

1= በጣም አልስማማም　　4= እስማማለሁ

2= አልስማማም　　5= በጣም እስማማለሁ

3= አልወሰንኩም

ተ.ቁ	ዐረፍተ ነገሮች	በጣም አልስማማም	አልስማማም	አልወሰንኩም	እስማማለሁ	በጣም እስማማለሁ
1	አሸናፊ ለመሆን ማንኛውንም ነገር አደርጋለሁ፡፡	1	2	3	4	5
2	ብችል በየጊዜው የፍቅር ጓደኛን እቀያይራለሁ፡፡	1	2	3	4	5
3	እገዛ መጠየቅ እጠላለሁ፡፡	1	2	3	4	5
4	በእኔ ዕምነት ብጥብጥ ወይም ሁከት በፍጹም ተቀባይነት ሊያገኝ አይችልም፡፡	1	2	3	4	5
5	በአጠቃላይ አደገኛ ክስተቶችን አልወድም፡፡	1	2	3	4	5
6	ማሸነፍ ቀዳሚ ምርጫዬ አይደለም ፡፡	1	2	3	4	5
7	አደጋን መጋፈጥ ያስደስተኛል፡፡	1	2	3	4	5
8	ማንኛውም ዓይነት ብጥብጥ ወይም ሁከት ያበሳጨኛል፡፡	1	2	3	4	5
9	በሚያስፈልገኝ ጊዜ እገዛ እጠይቃለሁ፡፡	1	2	3	4	5
10	ሥራዬ የህይወቴ ዋናው አካል ነው፡፡	1	2	3	4	5
11	ወሲብ የምፈጽመው ከማምነው ሰው ጋር ብቻ ነው፡፡	1	2	3	4	5
12	ከሌሎች ጋር በማወራበት ጊዜ ስሜቴን ግልጽ አደርጋለሁ፡፡	1	2	3	4	5
13	መሸነፍን አልጠላም፡፡	1	2	3	4	5
14	አደጋን እጋፈጣለሁ፡፡	1	2	3	4	5
15	ስሜቴን ለማንም አላጋራም፡፡	1	2	3	4	5
16	አልፎ አልፎ ብጥብጥ ወይም ሁከት መፈጸም አስፈላጊ ነው፡፡	1	2	3	4	5
17	በአጠቃላይ በህይወቴ ሴቶችን/ወንዶችን እቆጣጠራቸዋለሁ፡፡	1	2	3	4	5
18	ብዙ የፍቅር ጓደኞች ቢኖሩኝ ደስ ይለኛል፡፡	1	2	3	4	5

19	ማሽነፍ ለእኔ አስፈላጊ ነው፡፡	1	2	3	4	5
20	ሙሉ ትኩረቴን ለሥራ መስጠት አልፈልግም፡፡	1	2	3	4	5
21	የሚሰማኝን ስሜት ማውራት እወዳለሁ፡፡	1	2	3	4	5
22	በምንም መልኩ እርዳታ አልጠይቅም፡፡	1	2	3	4	5
23	መሸነፍ ብዙም አይደንቀኝም፡፡	1	2	3	4	5
24	በተደጋጋሚ እራሴን በአደገኛ ሁኔታዎች ውስጥ አስገባለሁ፡፡	1	2	3	4	5
25	ሴቶች የወንዶች አገልጋይ መሆን አለባቸው፡፡	1	2	3	4	5
26	አስፈላጊ ሆኖ ከተገኘ ድብድብ ውስጥ መሳተፍ እፈልጋለሁ፡፡	1	2	3	4	5
27	ለሥራ ቅድሚያ መስጠት ያስደስተኛል፡፡	1	2	3	4	5
28	የራሴን ስሜት በውስጤ መያዝን እሻለሁ፡፡	1	2	3	4	5
29	ማሸነፍ ለእኔ አስፈላጊ አይደለም፡፡	1	2	3	4	5
30	ብጥብጥ ወይም ሁከት በምንም መልኩ ተቀባይነት ሊያገኝ አይችልም፡፡	1	2	3	4	5
31	አደጋን መጋፈጥ በጣም ያስደስተኛል፡፡	1	2	3	4	5
32	በአንድ ጊዜ ከአንድ ሰው በላይ ጋር የፍቅር ቀጠሮ ማድረግ ያስደስተኛል፡፡	1	2	3	4	5
33	እገዛ መጠየቅ አያሳፍረኝም ፡፡	1	2	3	4	5
34	ከሁሉም በፊት ሥራ መቅደም አለበት፡፡	1	2	3	4	5
35	የራሴን ስሜት ማጋራት እፈልጋለሁ፡፡	1	2	3	4	5
36	በምንም አይነት ሁኔታ ውስጥ በግጭት ተግባር ውስጥ አልሳተፍም፡፡	1	2	3	4	5
37	ነገሮች ጥሩ የሚሆኑት ወንዶች የበላይ ሲሆኑ ነው፡፡	1	2	3	4	5
38	እገዛ መጠየቅ ያስጨንቀኛል፡፡	1	2	3	4	5
39	ወንዶች በሴቶች ላይ የበላይነት ሲኖራቸዉ የስደስተኛል፡፡	1	2	3	4	5
40	ሰዎች ስለ ስሜቴ እንዳወራ ሲጠይቁኝ አልወድም፡፡	1	2	3	4	5

2.2 የሥርዓተ ፆታ ሚና ግጭት መመዘኛ

ቀጥሎ የቀረቡት ዓረፍተ-ነገሮች የወንድነት አስተዳደግ ዉጤት የሆኑትን የወንዶችን አስተሳሰብ፣ አመለካከት እና ባህሪይ ለመለካት የተዘጋጁ ናቸዉ፡፡ የራስህን/ሽን ተግባር፣ ስሜት እና ዕምነት በማሰብ እባክህን/ሽን ምን ያህል በሃሳቡ እንደምትስማማና /ማሚና እንደማትስማማ /ማሚ በዓረፍተ-ነገሮቹ ፊትለፊት ካሉት አማራጮች ውስጥ በአንዱ ላይ በማክበብ አመልክት/ቺ ፡፡ ቁጥሮቹም የሚያመለክቱት ፡-

1= በጣም አልስማማም 3= አልወሰንኩም 5= በጣም እስማማለሁ

2= አልስማማም 4= እስማማለሁ

ተ.ቁ	ዐረፍተ ነገሮች	በጣም አልስማማም	አልስማማም	አልወሰንኩም	እስማማለሁ	በጣም እስማማለሁ
1	በወሲብ ጊዜ የሚሰማኝን ስሜት ለማውራት እቸገራለሁ፡፡	1	2	3	4	5
2	የስሜት ፍላጎቶቼን ለፍቅር ጓደኛዬ ለመግለጽ እቸገራለሁ፡፡	1	2	3	4	5
3	የምዝናናበትን ጊዜ ለማግኘት እቸገራለሁ፡፡	1	2	3	4	5
4	የመዉደድ ስሜቴን ለመግለጽ እቸገራለሁ፡፡	1	2	3	4	5
5	ማሸነፍ ዋጋ የምሰጠው ነገርና የራስ ግምት መለኪያዬ ነው፡፡	1	2	3	4	5
6	የሥራ ፍላጎቴ ወይም ጥናቴ ከምፈልገው በላይ ከቤተሰብና ከመዝናናት አርቆኛል፡፡	1	2	3	4	5
7	ከማንም የበለጠ ስኬታማ ለመሆን እጥራለሁ፡፡	1	2	3	4	5
8	ስሜቴን ለሌሎች ሰዎች ማሳየት አልወድም ፡፡	1	2	3	4	5
9	ሥራዬ ወይም ትምህርቴ ሁልጊዜ በሌሎች የህይወት ገጽታዎቼ (ጤና፣ ቤተሰብ፣ መዝናናት) ላይ ተጽዕኖ አደርጎብኛል፡፡	1	2	3	4	5
10	ከሌሎች ወንዶች/ሴቶች የበለጠ ውብና ጠንካራ መሆን ይጠቅመኛል፡፡	1	2	3	4	5
11	በሥራ ውጤታማ ከመሆን ፍላጎት የመነጨ የሥራ ብዛትና ውጥረት በህይወቴ ላይ ተጽዕኖ አድርጓል፡፡	1	2	3	4	5
12	ከሌሎች በልጬ ብገኝ እወዳለሁ፡፡	1	2	3	4	5

ክፍል ሦስት ፡ ጤናን የሚያወኩ ባህሪያት መጠይቅ

የእያንዳንዱ ዓረፍተ ነገር ጤናን ከሚያውኩ ነገሮች ጋር የተያያዘ ነው፡፡ እባክህን/ሽን በባለፉት ሦስት ወራት ወሰጥ የአንተን /ቺን ባህሪ የሚገልጽ ዓረፍተ ነገር መርጠህ/ሽ በማክበብ መልስ/ሽ፡፡

ተ.ቁ	ጥያቄዎች	ምላሾች
1	ባለፉት ሦስት ወራት ወሰጥ ለምን ያህል ጊዜ ሲጋራ አጨስክ/ሽ?	1. በፍጹም ሲጋራ አጭሼ አላውቅም፡፡ 2. ሲጋራ አጭሼ አዉቃለሁ፤ ነገር ግን ባለፉት ሦስት ወራት ዉሰጥ አይደለም፡፡ 3. የተወሰኑ ሲጋራዎችን አጭሻለሁ፤ ነገር ግን በሁሉም ሳምንት አይደለም፡፡ 4. በየቀኑ አላጨስኩም፤ ነገር ግን በየሳምንቱ ጥቂት ሲጋራ አጭሻለሁ፡፡ 5. በቀን ቢያንስ አንድ ሲጋራ አጭሻለሁ፡፡

2	ባለፉት ሦስት ወራት ወሰጥ ለምን ያህል ጊዜ የአልኮል መጠጥ ጠጥተሀል/ሻል?	1. በፍጹም ምንም አይነት አልኮል ጠጥቼ አላውቅም፡፡ 2. አልኮል ጠጥቼ አዉቃለሁ፤ ነገር ግን ባለፉት ሦስት ወራት ዉሰጥ አይደለም፡፡ 3. በወር ለአንድ ወይም ለሁለት ቀን በቀን ከ1-2 መጠጫ አልኮል ጠጥቼአለሁ፡፡ 4. በሣምንት ለአንድ ወይም ለሁለት ቀን በቀን ቢያንስ ከ4-5 መጠጫ አልኮል ጠጥቼአለሁ፡፡ 5. በሣምንት አብዛኞቹን ቀናት በቀን ቢያንስ ከ4-5 መጠጫ አልኮል ጠጥቼአለሁ፡፡
3	ባለፉት ሦስት ወራት ወሰጥ ለምን ያህል ጊዜ ጫት ቅመሀል/ሻል?	1. በፍጹም ጫት ቅሜ አላውቅም፡፡ 2. ጫት ቅሜ አዉቃለሁ ፤ ነገር ግን ባለፉት ሦስት ወራት ዉሰጥ አይደለም፡፡ 3. በወር አንድ ወይም ሁለት ጊዜ ፡፡ 4. በሣምንት አንድ ወይም ሁለት ጊዜ ፡፡ 5. በሣምንት አብዛኞቹን ቀናት ፡፡
4	ባለፉት ሦስት ወራት ወሰጥ ለምን ያህል ጊዜ ሽሻ እና/ወይም ሌሎች ዕጾችን ተጠቅመሀል/ሻል?	1. በፍጹም ሽሻ እና/ወይም ሌሎች ዕጾችን ተጠቅሜ አላውቅም፡፡ 2. ሽሻ እና/ወይም ሌሎች ዕጾችን ተጠቅሜ አዉቃለሁ ፤ ነገር ግን ባለፉት ሦስት ወራት ዉሰጥ አይደለም፡፡ 3. በወር አንድ ወይም ሁለት ጊዜ ፡፡ 4. በሣምንት አንድ ወይም ሁለት ጊዜ ፡፡ 5. በሣምንት አብዛኞቹን ቀናት ፡፡
5	ባለፉት ሦስት ወራት ወሰጥ ለምን ያህል ጊዜ የግብረ-ስጋ ግንኙነት ፈጽመሀል/ሻል?	1. በፍጹም የግብረ-ስጋ ግንኙነት ፈጽሜ አላውቅም፡፡ 2. የግብረ-ስጋ ግንኙነት ፈጽሜ አዉቃለሁ ፤ ነገር ግን ባለፉት ሦስት ወራት ዉሰጥ አይደለም፡፡ 3. በወር አንድ ወይም ሁለት ጊዜ ፡፡ 4. በሣምንት አንድ ወይም ሁለት ጊዜ ፡፡ 5. በሣምንት አብዛኞቹን ቀናት ፡፡
6	ባለፉት ሦስት ወራት ወሰጥ ከስንት የወሲብ ጓደኛ ጋር የግብረ-ስጋ ግንኙነት ፈጽመሀል/ሻል?	1. በፍጹም የግብረ-ስጋ ግንኙነት ፈጽሜ አላውቅም፡፡ 2. የግብረ-ስጋ ግንኙነት ፈጽሜ አዉቃለሁ ፤ ነገር ግን ባለፉት ሦስት ወራት ዉሰጥ አይደለም፡፡ 3. ከአንድ ሰዉ ጋር ፡፡ 4. ከሁለት ሰዎች ጋር ፡፡ 5. ከሦስትና ከዚያ በላይ ሰዎች ጋር ፡፡
7	ባለፉት ሦስት ወራት ወሰጥ ለምን ያህል ጊዜ ኮንዶም ተጠቅመሀል/ሻል?	1. በፍጹም የግብረ-ስጋ ግንኙነት ፈጽሜ አላውቅም፡፡ 2. የግብረ-ስጋ ግንኙነት ፈጽሜ አዉቃለሁ ፤ ነገር ግን ባለፉት ሦስት ወራት ዉሰጥ አይደለም፡፡ 3. ሁልጊዜ ፡፡ 4. አልፎ አልፎ ፡፡ 5. በፍጹም ኮንዶም ተጠቅሜ አላውቅም፡፡

ክፍል አራት ፡ ሙያዊ የሳይኮሎጂ እገዛን የመፈለግ አመለካከት

የእያንዳንዱ ዓረፍተ ነገር ሙያዊ የሳይኮሎጂ እገዛ የመፈለግን አመለካከትን በተመለከተ ምን ያህል እንደምትስማማና/ማሚና እንደማትስማማ/ማሚ የሚገልጹ ናቸው፡፡ እባክህን/ሽን ከነዚህ አማራጮች ውስጥ አንዱን መርጠህ /ሽ በማክበብ መልስ/ሽ ፡፡ቁጥሮቹም የሚያመለክቱት ፡-

1= በጣም አልስማማም 3= አልወሰንኩም 5= በጣም እስማማለሁ

2= አልስማማም 4= እስማማለሁ

ተ.ቁ	ዐረፍተ ነገሮች	በጣም አልስማማም	አልስማማም	አልወሰንኩም	እስማማለሁ	በጣም እስማማለሁ
1	የአእምሮ ችግር አለብኝ ብዬ ካመንኩ ምርጫዬ የባለሙያ ትኩረት መፈለግ ነው፡፡	1	2	3	4	5
2	ከአእምሮ ጤና ባለሙያ ጋር ስለ ችግር ማውራት የስሜት ግጭቶችን ለማስወገድ ደካማው መንገድ እንደሆነ ይሰማኛል፡፡	1	2	3	4	5
3	በዚህ ባለሁበት ህይወት ከባድ የስሜት ቀውስ ቢገጥመኝ በአእምሮ ጤና ባለሙያ እገዛ እፎይታ እንደማገኝ እርግጠኛ ነኝ፡፡	1	2	3	4	5
4	የስሜት መረበሽንና ፍርሃትን ለአእምሮ ጤና ባለሙያ ሳይነግር በራሱ/ሷ መፍታት የሚፈልግ ሰው አመለካከቱ ይደነቃል፡፡	1	2	3	4	5
5	ለረጅም ጊዜ ከተጨነኩ ወይም ከተረበሽኩ የአእምሮ ጤና ባለሙያ እገዛን እፈልጋሁ፡፡	1	2	3	4	5
6	አንድ ቀን የአእምሮ ጤና ባለሙያን እርዳታ እፈልግ ይሆናል፡፡	1	2	3	4	5
7	ውስጣዊ የስሜት ችግር ያለበት ሰው ችግሩን ብቻውን ላይቀርፍ ይችላል፤ በአእምሮ ጤና ባለሙያ እርዳታ ግን መቅረፍ ይችላል፡፡	1	2	3	4	5
8	ለእኔ ዓይነቱ ሰው ከአእምሮ ጤና ባለሙያ ጋር የሚጠፋ ጊዜና ገንዘብ ሲታይ የሚሰጠው ጥቅም አጠራጣሪ ነው፡፡	1	2	3	4	5
9	ሰው ችግሩን መፍታት ያለበት በራሱ ነው፤ የአእምሮ ባለሙያ እገዛ ማግኘት የመጨረሻ አማራጭ መሆን አለበት፡፡	1	2	3	4	5
10	እንደማንኛውም ችግር ሁሉ የግልና የውስጥ ስሜት ችግሮች መፈታት ያለባቸው በራሳቸው ጊዜ ነው፡፡	1	2	3	4	5

Appendix D: የቃለ መጠይቅ መመሪያ

I. የግል መረጃ

ዕድሜ-----------------------

ፆታ---------------------------

ብሔርሀሰብ------------------

ሐይማኖት--------------------

የትምህርት ክፍልህ/ሽ ምንድነው ?---------------

የስንተኛ ዓመት ተማሪ ነህ /ሽ?-----------------

II. ወንድነት ፣ ጤናን የሚያውኩ ባህርያት እና እገዛ የመሻት አመለካከትን በተመለከተ የዩኒቨርሲቲ ተማሪዎች አስተሳሰብ

1. በባህልህ/ሽ ወንድነት እንዴት ይገለጻል? አንቴስ/ቺስ ወንድነትን እንዴት ትገለጻለህ/ትገለጫለሽ?
2. በባህልህ/ሽ አንድ ሰዉ ወንድነትን የሚያሳካዉ እንዴት ነዉ?
3. በባህልህ/ሽ ከወንድ የሚጠበቁ የሥራ ድርሻዎች ምን ምን ናቸው ?
4. ከወንድ የሚጠብቀውን የሥራ ድርሻ ወንዶች መወጣት መቻላቸዉ ለምን ይጠቅማቸዋል?
5. ወንድ መሆንን የምትወደው/ጅዉ ወይም የማትወደው/ጅዉ ምኑን ነው ?
6. በተቋምህ/ሽ ውስጥ በወንዶችና በሰቶች ተማሪዎች መካከል የጾታ እኩልነት አለ ብለህ/ሽ ታስባለህ/ሽ?
    - መልስህ/ሽ አይደለም ከሆነ፡ ለምን?
7. በተቋምህ/ሽ ውስጥ የዩኒቨርስቲ ተማሪዎችን በተመለከተ የጤና ችግርን ሊያስከትሉ የሚችሉ ተግባራት አሉ?

ሀ. መልስህ/ሽ አዎን ከሆነ እነዚህ የጤና ችግርን ሊያስከትሉ የሚችሉ ተግባራት ምን ምን ናቸው?

ለ. ወንዶች ወይስ ሴቶች ናቸው የበለጠ በእነዚህ ተግባራት የሚሳተፉት ? ለምን?

ሐ. የእነዚህ ተግባራት አሉታዊ ጎኖች ምን ምን ናቸዉ (ጤናን፣ የትምህርት ዉጤትን፣ ማህበራዊ ግንኙነትን እና የዩኒቨርስቲን ህግና ደንብን በተመለከተ)?

መ. በእነዚህ ተግባራት የተነሳ ችግር የደረሰበትን/ባትን ግለሰብ ታዉቃለህ/ሽ?

8. ከዚህ በታች ከተዘረዘሩት ዉስጥ በየትኛዉ ተግባር/ተግባራት ላይ ተሣትፊሀል/ሻል (ሲጋራ ማጨስ፣ አልኮል መጠጣት ፣ ጫት መቃም፣ ሽሻ እና/ወይም ሌሎች ዕጾችን መጠቀም፣ ጥንቃቄ የጎደለዉ የግብረ-ስጋ ግንኙነት)

ሀ. ተሳትፊህ/ሽ ከሆነ፡

- በዚህ ተግባር ላይ ለመሳተፍህ ምክንያትህ/ሽ ምንድነዉ?
- ለምን ያህል ጊዜ በእነዚህ ተግባራት ላይ ተሳትፊሀል/ሻል?

ለ. ያልተሳተፍክ/ሽ ከሆነ፡

- በዚህ ተግባር ላይ እንዳትሳተፍ/ፊ ያደረገህ/ሽ ነገር ምንድነዉ?

9. *ለወንዶች የሙያዊ እገዛ ማስፈለግን በተመለከተ ሰዎች የተለያዩ ሐሳቦች አላቸው፡፡* አንዳንድ ሰዎች ወንዶች ጠንካሮች ስለሆኑ ችግራቸውን ብቻቸውን መወጣት ስለሚችሉ የባለሙያ እገዛ አያስፈልጋቸውም ሲሉ ሌሎች ደግሞ ነገሮች አስቸጋሪ ሲሆኑ ወንዶች የባለሙያን እገዛ ማግኘት ይኖርባቸዋል ይላሉ፡፡ ከላይ የተባለውን በተመለከተ የአንቴ/ቺ አስተሳሰብ ምንድነው?

10. የስሜት መታወክ ወይም መረበሽ ቢያጋጥምህ/ሽ የምክር አገልግሎት እገዛን ትሻለህ/ሽ?

ሀ.አዎን ከሆነ፡

- እገዛ የምትሻ/ሽዉ ከማንነዉ?
- ከእነዚህ ሰዎች ምን አገኛለሁ ብለህ/ሽ ተስፋ ታደረጋለህ/ሽ?

ለ. አይደለም ከሆነ፡

- ነገሮች ግራ ስገቡህ/ሽ እገዛን የማትሻዉ/ሽዉ ለምንድነዉ?

Appendix E: Bargaaffii

Qorannoo waa’ee dhiirummaa, yaadqalbiiwwan fayyaarratti miidhaa fidaniifi ilaalcha gargaarsa barbaaduu irratti hirmaachuukeef singalateeffadha. Kaayyoon qorannoo kanaa dhiirummaaan yaadqalbiiwwan fayyaa irratti miidhaa fidaniifi ilaalcha gargaarsa barbaaduu waliin hariiroo inni qabu caalmaatti hubachuufi. Bargaaffii kana keessa gaaffiileen muuxannoo dhuunfaa garaagaraa gaafatan jiru. Kanaafuu, qorannoon kun akka milkaa’uuf odeeffannoon ati anaaf kennitu baay’ee murteessaadha. Waan kana ta’eef, gaaffiilee kanneen sirriitti erga hubatee booda tokkoo tookoo isaaniif deebii ifa ta’e kenni. Bargaaffii kana keessa deebiin dogoggoraafi siirriidha jedhamu hin jiru. Sababiin isaa deebiin kee kan calaqqisiisu muuxannoo, miira fi ammantaa kee waan ta’eefi.

Akkaataan kenninsa deebii haala iccitii eeguu danda’uun waan ta’eef waanti siyaaddessu hinjiru. Kana waan ta’eef bargaaffii kanarratti maqaa kee hin barreessiin. Gaaffiileen waa’ee jireenya dhuunfaa kee ilaalchisanii dhiyaatan, eenyummaa barataa bargaafficha guute beekuuf jedhameeti malee maqaa kee beekuun barbaachisee miti.

Qindaa’ina Gaafannichaa

Gaafannoon kun kutaalee afur qaba: kutaan inni jalqabaa waa’ee jireenya dhuunfaa kee yemmuu ta’u; kutaan itti aanummoo yaadqalbiiwwan dhiirummaa kee haala madaaluu danda’uun kan qindaa’edha; kutaan sadaffaan immoo yaadqalbiiwwan fayyaa irratti miidhaa fidan madaaluuf kan qindaa’edha; kutaan dhumaa immoo ilaalcha gargaarsa barbaaduu madaaluuf kan qindaa’edha.

Tumsa naaf goote hundaaf galatoomi!

Kutaa Tooko: Bargaaffii Jireenya Dhuunfaarratti Xiyyeeffate

Xiyyeeffannoon bargaaffii kanaa odeeffannoo dhuunfaa kee irratti kan bu'uureeffatedha. Tokkoo tokkoo gaaffii armaan gadiif deebii kee bakka duwwaarratti guutuun yookaan lakkoofsatti maruun deebisi.

Lakk.	Gaaffilee	Deebiiwwan
1	Umurii	Waggaa------------------------
2	Saala	1. Dhiira 2. Dhalaa
3	Mummee	--
4	Waggaa meeqaffaa barattaa?	---
5	Sab-lammii	--
6	Amantii	---
7	Dhaabbata amantaa kee hangam hordoftaa?	1. Yoo xiqqaate torbanitti si'a lama 2. Torbanitti si'a tokko 3. Ji'atti si'a tokko 4. Waggatti si'a tokko 5. Dhabbata amantaa hin hordofu
8	Yeroo ammaa haalli gaa'ela kee maal fakkaataa?	1. Kan hin heerumine/hin fuune 2. Kanan heerume/ fuudhe 3. Kan hiikte/hiike 4. Kan biraa yoo jiraate barreessi-----------------
9	Galiin ji'aa maatiikee tilmaamaan hagam ta'aa?	Qarshii Itoophiyaa----------------------------------
10	Eessatti Guddattee?	1. Magaalaa 2. Baadiyyaaa 3. Magaala baadiyyaa

Kutaa Lama: Bargaaffiilee Dhiirummaa Madaalan

2.1 Tarreeffama Ulaagaa Dhiirummaa Aadaa waliin Waliigaluu

Himmoonni armaan gaditti dhiyaatan dhiironni akkamitti akka yaadan, maaltu akka isaanitti dhga'amu yookiin yaadqalbii akkamii akka mul'isan kan ibsanidha. Qindaa'inni himoota kanneenii ilaalcha, amantaafi yaadqalbii agarsiisuurratti kan hundaa'e yemmuu ta'u, gocha, miiraafi amantaa dhuunfaa kee yaaduun, hagam yaadichaa irratti akka waliigaltufi waliihingalle argisiisi.Yammuu kana filannoowwan himoota fuuladura jiranitti maruutiin agarsiisi. Lakkoofsonni kan agarsiisan:

1= Tasuma waliihingalu 4= Waliigala
2= Waliihingalu 5= Baa'een waliigala
3= Hin murteessine

Lakk.	Himoota	Tasuma waliihingalu	Waliihingalu	Hin murteessine	Waliigala	Baa'een waliigala
1	Injifachuuf waan kamiyyuu nan raawwadha.	1	2	3	4	5
2	Utuu naaf danda'amee yeroo yerootti jaalallee durbaa/dhiiraa koo nan jijijjira.	1	2	3	4	5
3	Gargaarsa gaafachuu hin jaaladhu.	1	2	3	4	5
4	Akka amantaa kooti gooliin/jeequmsi tasumaa fudhatama qabaachuu hin danda'u.	1	2	3	4	5
5	Walittiqabaatti haloota balaan walqabatan hin jaaladhu.	1	2	3	4	5
6	Mo'achuun filannoo koo isa duraa miti.	1	2	3	4	5
7	Balaa kamiyyuu fuuladura dhaabbachuun na gammachiisa.	1	2	3	4	5
8	Gooliin/jeequmsi gosti kamiyyuu na aarsa.	1	2	3	4	5

9	Yeroo na barbaachisutti gargaarsa nan gaafadha.	1	2	3	4	5
10	Hojiin koo qaama jireenya koo keessaa isa ol’aanaa dha.	1	2	3	4	5
11	Quunnamtii saalaa kanan raawwadhu naman amanu waliin qoofaa dha.	1	2	3	4	5
12	Yemmuun warra kaan wajjin haasa’u miira koo ifa nan godha.	1	2	3	4	5
13	Moo’atamuu hin jibbu.	1	2	3	4	5
14	Balaa kamiyyuu fuuladura nan dhaabbadha.	1	2	3	4	5
15	Miira koo eenyuufuu hin ibsu.	1	2	3	4	5
16	Darbee darbee goolii/jeequmsa raawwachuun barbaachisaa dha.	1	2	3	4	5
17	Dimshaashumatti jireenya koo keessatti dubartoota/dhiirota nan to’adha.	1	2	3	4	5
18	Jaalallee durbaa/dhiiraa hedduu utuun qabaadhe natti tola.	1	2	3	4	5
19	Moo’achuun anaaf barbaachisaa dha.	1	2	3	4	5
20	Xiyyeeffannoo koo hunda hojiirra gochuu hin barbaadu.	1	2	3	4	5
21	Miira natti dhaga’amu dubbachuu nan jaaladha.	1	2	3	4	5
22	Bifa kamiinuu gargaarsa hin gaafadhu.	1	2	3	4	5
23	Moo’amuun baay’ee na hin ajaa’ibsiisu.	1	2	3	4	5
24	Yeroo baay’ee waan rakkisaa keessan of-galcha.	1	2	3	4	5
25	Dubartoonni tajaajiltoota dhiirotaa ta’uu qabu.	1	2	3	4	5
26	Barbaachisaa ta’ee yoo argamu reebicha keessatti hirmaachuun barbaada.	1	2	3	4	5
27	Hojiif dursa kennuun na gammachiisa.	1	2	3	4	5
28	Miira koo of-keessatti qabachuun barbaada.	1	2	3	4	5

29	Moo’achuun anaaf barbaachisaa miti.	1	2	3	4	5
30	Gooliin/jeequmsi bifa kamiinuu fudhatama qabaachuu hin danda’u.	1	2	3	4	5
31	Balaa kamiyyuu fuuladura dhaabbachuun baay’ee na gammachiisa.	1	2	3	4	5
32	Si’a tokkotti nama tokkoo ol wajjin beellama jaalalaa qabachuun natti tola.	1	2	3	4	5
33	Gargaarsa gaafachuun na hin qaanessu.	1	2	3	4	5
34	Hojiin waan hunda dursuu qaba.	1	2	3	4	5
35	Miira koo naamaaf qooduu nan barbaada.	1	2	3	4	5
36	Haala kam keessattuu walitti bu’iinsa keessatti hin hirmaadhu.	1	2	3	4	5
37	Waantonni gaarii kan ta’an dhiiroonni ol’aantummaa yoo qabaatanidha.	1	2	3	4	5
38	Gargaarsa gaafachuun na dhiphisa.	1	2	3	4	5
39	Dhiironni dubartootarratti ol’aantummaa yemmuu qabaatan na gammachiisa.	1	2	3	4	5
40	Namooni waa’ee miira koo akkan dubbadhu yemmuu na gaafatan hin jaaladhu.	1	2	3	4	5

2.2 Walittibu’iinsa Ga’ee Koorniyaa

Himootni armaan gadii bu’aa akkaataa guddisa dhiirummaan kan walqabatan yaada, ilaalchaafi yaadqalbii dhiirotaa madaaluuf kan qophaa’anidha. Gocha, miiraafi amantaa dhuunfaa kee yaaduun, hagam yaadichaa irratti akka waliigaltufi waliihingalle filannoowwan himoota fuuladura jiranitti maruutiin agarsiisi. Lakkoofsonni kan agarsiisan:

1= Tasuma waliihingalu　　4= Waliigala

2= Waliihingalu　　5= Baa’een waliigala

3= Hin murteessine

Lakk.	Himoota	Tasuma waliihingalu	Waliihingalu	Hin murteessine	Waliigala	Baa'een waliigala
1	Wayita saal-quunnamtii miira natti dhaga'amu dubbachuun na rakkisa.	1	2	3	4	5
2	Feedhiiwwan miira koo jaalallee durbaa/dhiiraa koof ibsuu nan rakkadha.	1	2	3	4	5
3	Yeroon itti bashannanu argachuuf nan rakkadha.	1	2	3	4	5
4	Miira jaalalaa koo ibsuu nan rakkadha.	1	2	3	4	5
5	Moo'achuun waanan gatii itti keennuu fi kanan ittiin eenyummaa koo madaaludha.	1	2	3	4	5
6	Feedhiin hojiif qabu ykn qayyabannaan koo garmalee maatii fi bashannanarraa na fageessera.	1	2	3	4	5
7	Eenyuyyuu caalaa milkaa'ee argamuuf nan tattaafadha.	1	2	3	4	5
8	Miira koo namoota birootti agarsiisuu hin barbaadu.	1	2	3	4	5
9	Hojiin ykn barumsi koo yeroo hunda haala jiruu fi jireenya koo kaan irratti (fayyaa, maatii, bashannana) miidhaa geessisee jira.	1	2	3	4	5
10	Dhiirota/dubartoota kaan caalaa miidhagaa fi cimaa ta'uun na fayyada.	1	2	3	4	5
11	Fedhii hojiidhaan milkaa'uurran kan madde baay'inni hojii fi muddamni jireenya koo irratti miidhaa fideera.	1	2	3	4	5
12	Warra kaan caalee utuun argamee nan jaaladha.	1	2	3	4	5

Kutaa Sadii: Bargaaffii Yaadqalbiiwwan Fayyaarratti Miidhaa Fidanii

Tokko tokkoon himoota armaan gadii yaadqalbiiwwan fayyaarratti miidhaa fidaniin kan walqabatanidha. Ji'oottan sadan darban keessa himoota yaadqalbii kee ibsan filadhuutii lakkoofsatti maruun deebisi.

Lakk.	Gaaffiilee	Deebiilee
1	Ji'oottan sadii darban keessatti yeroo meeqaaf tamboo xuuxxe?	1. Tasumaa tamboo xuuxee hin beeku. 2. Tamboo xuuxee beeka; garuu, ji'oottan sadii darban keessatti miti. 3. Tamboo hanga ta'e xuuxeera; garuu, torban hunda keessatti miti. 4. Guyyaa guyyaan hinxuuxne; garuu, torban keessatti xiqqoo xuuxeera. 5. Guyyaatti yoo xiqqaate tamboo tokko xuuxeera.
2	Ji'oottan sadii darban keessatti yeroo hangamiif dhugaatii nama macheessu dhugdee jirta?	1. Tasumaa dhugaatii nama macheessu gosa kamiyyuu dhugee hin beeku. 2. Dhugaatii nama macheessu dhugee beeka; garuu, ji'oottan sadii darban keessatti miti. 3. Ji'atti gaaf tokkoof ykn gaaf lamaaf guyyaatti dhugaatii nama macheessu 1-2 dhugeera. 4. Torbanitti gaaf tokkoof ykn gaaf lamaaf guyyaatti dhugaatii nama macheessu yoo xiqqate 4-5 dhugeera. 5. Torbanitti guyyoota gara caalu guyyaatti dhugaatii nama macheessu yoo xiqqate 4-5 dhugeera.
3	Ji'oottan sadii darban keessatti si'a meeqa caatii/Jimaa qamaatee beekta?	1. Tasuma caatii/jimaa qama'ee hin beeku. 2. Caatii/jimaa qama'ee beeka; garuu, ji'oottan sadii darban keessatti miti. 3. Ji'atti si'a tokko ykn lama. 4. Torbanitti si'a tokko ykn lama. 5. Torbanitti guyyoota gara caalu.
4	Ji'oottan sadii darban keessatti si'a meeqa shiishaa ykn baalota	1. Tasumaa shiishaa ykn baalota sammuu namaa hadoochan biroo gargaaramee hin beeku. 2. Shiishaa ykn baalota sammuu namaa hadoochan biroo fayyadamee

	sammuu namaa hadoochan kan biroo gargaaramteetta?	beeka; garuu, ji'oottan sadii darban keessatti miti. 3. Ji'atti si'a tokko ykn lama. 4. Torbanitti si'a tokko ykn lama. 5. Torbanitti guyyoota gara caalu.
5	Ji'oottan sadii darban keessatti si'a meeqa saal-quunnamtii raawwatteetta?	1. Tasumaa saal-quunnamtii raawwadhee hin beeku. 2. Saal-quunnamtii raawwadhee beeka; garuu, ji'oottan sadii darban keessatti miti. 3. Ji'atti si'a tokko ykn lama. 4. Torbanitti si'a tokko ykn lama. 5. Torbanitti guyyoota gara caalu.
6	Ji'oottan sadii darban keessatti nama meeqa waliin saal-quunnamtii raawwatteetta?	1. Tasumaa saal-quunnamtii raawwadhee hin beeku. 2. Saal-quunnamtii raawwadhee beeka; garuu, ji'oottan sadii darban keessatti miti. 3. Nama tokko waliin. 4. Nama lama waliin. 5. Namoota sadiif sanaan ol waliin.
7	Ji'oottan sadii darban keessatti si'a meeqaf kondomii gargaaramteetta?	1. Tasumaa saal-quunnamtii raawwadhee hin beeku. 2.Saal-quunnamtii raawwadhee beeka; garuu, ji'oottan sadii darban keessatti miti. 3. Yeroo hundaa. 4. Darbee darbee. 5. Tasumaa kondomii gargaaramee hin beeku.

Kutaa Afur: Ilaalcha Fedhii Gargaarsa Ogummaa Saayikooloojii Barbaaduu

Tokkoo tokkoon himoota armaan gadii ilaalcha fedhii gargaarsa ogummaa saayikooloojii barbaaduu ilaalchisee hangam akka irratti waliigaltu/waliihingalle kan ibsanidha. Mee filannoowwan kennaman keessaa filadhuutii lakkoofsa isaaniitti maruun deebisi. Lakkoofsonni kan agarsiisan:

1= Tasuma waliihingalu   4= Waliigala

2= Waliihingalu   5= Baa'een waliigala

3= Hin murteessine

Lakk.	Himoota	Tasuma waliihingalu	Waliihingalu	Hin murteessine	Waliigala	Baa'een waliigala
1	Rakkina sammuun qaba jedhee yoon amane filannoon koo ogeessaa barbaaduu dha.	1	2	3	4	5
2	Ogeessa fayyaa sammuu wajjin waa'ee rakkinaa haasa'uun walitti bu'iinsa miiraa dhabamsiisuuf karaa dadhabaadha jedheen amana.	1	2	3	4	5
3	Jireenyan amma keessa jiru kana keessatti jeequmsi miiraa otoo na mudatee gargaarsa ogeessa fayyaa sammuutiin boqonnaa akkan argadhu hin shakku.	1	2	3	4	5
4	Jeequmsa miiraa fi sodaa ogeessa fayyaa sammuutti utuu hin himiin namni ofumaa hiikkachuu barbaadu ilaalchisaa ni ajaa'ibsiifama.	1	2	3	4	5
5	Yeroo dheeraaf yoon dhiphadhe ykn jeeqame gargaarsa ogeessa fayyaa sammuun barbaada.	1	2	3	4	5
6	Gaaf tokko gargaarsa ogeessa fayyaa sammuu nan barbaada ta'a.	1	2	3	4	5
7	Namni rakkina miira keessaa qabu rakkinasaa ofiisaa hiikkachuu dhiisuu danda'a; garuu, gargaarsa ogeessa fayyaa sammuutiin rakkinasaa hiikkachuu danda'a.	1	2	3	4	5
8	Nama akka kootiif ogeessa fayyaa sammuu wajjin yeroo fi qarshiin badu yoo ilaalamu faayidaan inni qabu shakkisiisaa dha.	1	2	3	4	5
9	Namni rakkinasaa hiikkachuu kan qabu ofiisaani; gargaarsa ogeessa fayyaa sammuu argachuun filannoo isa dhumaa ta'uu qaba.	1	2	3	4	5
10	Akkuma rakkoolee kamiiyyuu rakkooleen dhuunfaa fi miira keessaa hiikkamuu kan qaban ofuma isaaniin ta'uu qaba.	1	2	3	4	5

Appendix F: Qajeelfama Afgaaffii

I. Odeeffannoo Dhuunfaa

Umurii________________

Saala__________________

Sab-lammii________________

Amantii________________________

Mummee_________________________

Waggaa meeqaffaa barattaa?____________________

II. Dhiirummaa, Yaadqalbiiwwan Fayyaarratti Miidhaa Fidaniifi Ilaalcha Gargaarsa Barbaaduurratti Yaada Barattoota Yunivarsiitii

1. Adaa kee keessatti dhiirummaan akkamitti ibsamaa? Atis dhiirrummaa akkamitti ibsitaa?
2. Aadaa kee keessatti namni tokko dhiirummaa kan galmaan ga'u akkamiinii?
3. Aadaa kee keessatti ga'een hojii dhiirarraa eegaman maal maalfa'i?
4. Ga'ee hojii hawwaasini dhiirotarraa eegu dhiironni raawwachuun isaanii maaliif isaan gargaara?
5. Dhiira ta'uu kan jaalattu/kan jibbitu maal isaati?
6. Dhaabbata kee keessa barattoota dhiiraa fi dubaraa gidduu wal-qixxummaan saalaa jira jettee yaadda?
    - Deebiin kee lakki yoo ta'e, maaliif?
7. Dhaabbata kee keessa barattoota yunivarsiitii ilaalchisee gochaawwan fayyaa isaaniirratti rakkina qaqqabsiisuu danda'an jiru?
    a. Deebiin kee "eeyyee" yoo ta'e gochaaleen rakkoo fayyaa qaqqabsiisuu danda'an kunniin maal fa'i?
    b. Gochaalee kanarratti caalaatti kan hirmaatan dhiirota moo dubartoota? Maaliif?
    c. Miidhaan gochaalee kanneenii (fayyaa, firii barnootaa, walittidhufeenya hawaasummaa fi seeraa fi qajeelfama yunivarsitii ilaalchisee) maalii?
    d. Gochaalee kanneen irraa kan ka'e nama rakkinni irra ga'e beektaa?

8. Kanneen armaan gaditti tarreeffaman keessaa gochaa kamirratti hirmaatteettaa? (tamboo xuuxuu, dhugaatii nama macheessu dhuguu, caatii/jimaa qama'uu, shiishaa fi baalota sammuu nama hadoochan fayyadamuu, saal-quunnamtii gadhiisii).

   a. Hirmaatteetta yoo ta'e:

      - Gochaa kanarratti akka hirmaattuuf kan sababa ta'e maali?
      - Yeroo hangamiif gochaalee kanneen irratti hirmaatteetta?

   b. Hin hirmmaanne yoo ta'e:

      - gochaalee kanneen irratti akka hin hirmaanne maaltu si godhee?

9. Dhiirotaaf barbaachisummaa gargaarsa ogummaa ilaalchisee yaadolee adda addaatu jiru. Namoonni tokko tokko dhiironni cimoo waan ta'aniif rakkina isaanii ofumaan keessa ba'uu waan danda'aniif gargaarsa ogeessa isaan hin barbaachisu yemmuu jedhan, warri kaan immoo haalawwan rakkisoo wayita ta'anitti dhiironni gargaarsa ogeessaa argachuu qabu jedhu. Kan armaan olitti jedhame ilaalchisee yaadni ati qabdu maali?

10. Jeeqamsi miira yoo si mudate gargaarsa tajaajila gorsaa ni barbaadda?

    a. Eeyyee yoo ta'e:

       - Gargaarsa kan barbaaddu eenyurraatii?
       - Namoota kanneen irraa maalan argadha jettee yaadda?

    b. Lakki jetta yoo ta'e:

       - yemmuu halawwan bitaa sitti galan deeggarsa kan hin barbaanne maaliifdha?

Appendix G: Ratings on a 40-item CMNI-46 by Six Experts

Item	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Expert 6	No of experts who rated the item as 3 or 4	I-CVI
CMNI1	x	x	x	x	x	x	6	1
CMNI2	x	x	x	x	x	x	6	1
CMNI3	x	x	x	x	x	x	6	1
CMNI4	x	x	x	---	---	x	4	.67
CMNI5	x	x	x	x	x	x	6	1
CMNI6	x	x	x	x	x	x	6	1
CMNI7	x	x	x	x	x	x	6	1
CMNI8	x	x	x	x	x	x	6	1
CMNI9	x	x	x	x	x	x	6	1
CMNI10	x	x	x	x	x	x	6	1
CMNI11	x	x	x	x	x	x	6	1
CMNI12	x	---	x	x	x	x	5	.83
CMNI13	x	x	x	---	---	x	4	.67
CMNI14	x	x	x	x	x	x	6	1
CMNI15	x	x	x	x	x	x	6	1
CMNI16	x	x	x	x	x	x	6	1
CMNI17	---	x	x	x	x	x	5	.83
CMNI18	x	x	x	x	x	x	6	1
CMNI19	x	x	x	x	x	x	6	1
CMNI20	x	x	x	x	x	x	6	1
CMNI21	x	x	x	x	x	x	6	1

CMNI22	x	x	x	x	x	x	6	1
CMNI23	x	x	x	---	x	x	5	.83
CMNI24	x	x	x	x	x	x	6	1
CMNI25	x	x	x	x	x	x	6	1
CMNI26	x	x	x	x	x	x	6	1
CMNI27	x	x	x	x	x	x	6	1
CMNI28	x	x	x	x	x	x	6	1
CMNI29	x	x	x	x	x	x	6	1
CMNI30	x	---	x	---	x	x	4	.67
CMNI31	x	x	x	x	x	x	6	1
CMNI32	x	x	x	x	x	x	6	1
CMNI33	x	x	x	x	x	x	6	1
CMNI34	x	x	x	x	x	x	6	1
CMNI35	x	x	x	x	x	x	6	1
CMNI36	x	x	x	x	x	x	6	1
CMNI37	x	---	x	---	x	x	4	.67
CMNI38	x	x	x	x	x	x	6	1
CMNI39	x	---	x	---	x	x	4	.67
CMNI40	x	x	x	x	x	x	6	1
Proportion Relevant:	39/40 = .97	36/40 = .90	40/40 = 1.0	34/40 = .85	38/40 = .95	40/40 = 1.0	Mean I-CVI = 37.84/40 =.95	
Mean expert proportion (SCVI/Ave) = 5.67/6 =.95								

*Note: Ratings of 1 = not relevant; 2 = somewhat relevant; 3 = quite relevant; 4 = highly relevant. Dashes indicate ratings of 1 or 2. Markers of "*x*" indicate ratings of 3 or 4. CVI = Content Validity Index. I-CVI = Item-level Content Validity Index. S-CVI = Scale-level Content Validity Index. SCVI/Ave = Scale-level Content Validity Index, averaging agreement calculation method. SCVI/Ave indicates the average of the I-CVIs for all items on the scale (Polit and Beck, 2006).*

Appendix H: Ratings on a 12-Item GRCS-SF by Six Experts

Item	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Expert 6	No of experts who rated the item as 3 or 4	I-CVI
GRCS1	x	x	x	x	x	---	5	.83
GRCS2	x	x	x	x	x	x	6	1
GRCS3	x	x	x	x	x	x	6	1
GRCS4	x	x	x	x	x	x	6	1
GRCS5	x	x	x	x	x	x	6	1
GRCS6	x	---	x	x	x	x	5	.83
GRCS7	x	x	---	x	x	x	6	.83
GRCS8	x	x	x	x	x	x	6	1
GRCS9	x	x	x	x	x	x	6	1
GRCS10	x	x	x	x	x	x	6	1
GRCS11	x	x	x	x	x	x	6	1
GRCS12	x	x	x	x	x	x	6	1
Proportion Relevant:	12/12= 1	11/12= .92	11/12= .92	12/12= 1	12/12= 1	11/12 = .92	Mean I-CVI = 11.49/12=.96	
Mean expert proportion (SCVI/Ave) = 5.76/6=.96								

Appendix I: Ratings on a 7-Item HRBQ by Six Experts

Item	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Expert 6	No of experts who rated the item as 3 or 4	I-CVI
HRBQ1	x	x	x	x	x	x	6	1
HRBQ2	---	x	x	x	x	x	5	.83
HRBQ3	x	x	x	x	x	x	6	1
HRBQ4	x	x	x	x	x	x	6	1
HRBQ5	x	x	x	x	x	x	6	1
HRBQ6	x	x	x	x	x	x	6	1
HRBQ7	x	x	x	x	x	x	6	1
Proportion Relevant:	6/7=.86	7/7=1	7/7 =1	7/7 =1	7/7 =1	7/7 =1	Mean I-CVI= 6.83/7= .98	
Mean expert proportion (SCVI/Ave) =5.86/6= .98								

Appendix J: Ratings on a 10-Item ATSPPH-SF Scale by Six Experts

Item	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Expert 6	No of experts who rated the item as 3 or 4	I-CVI
ATSPPH1	x	x	x	x	x	x	6	1
ATSPPH2	x	x	x	x	---	x	5	.83
ATSPPH3	x	x	x	x	x	x	6	1
ATSPPH4	x	x	x	x	x	x	6	1
ATSPPH5	x	x	x	x	---	x	5	.83
ATSPPH6	x	x	x	x	x	x	6	1
ATSPPH7	---	x	x	x	x	x	5	.83
ATSPPH8	x	x	x	x	x	x	6	1
ATSPPH9	x	x	x	x	x	x	6	1
ATSPPH10	x	x	x	x	x	x	6	1
Proportion Relevant:	9/10=.90	10/10=1	10/10 =1	10/10 =1	8/10=.80	10/10 =1	Mean I-CVI = 9.5/10= .95	
Mean expert proportion (SCVI/Ave) = 5.7/6=.95								

Appendix K: Item Analysis of CMNI-46 (N=503)

Items	M	SD	Corrected Item-Total Correlation	Cronbach's Alpha If Item Deleted
CMNI1	3.8509	.91449	.477	.936
CMNI2	2.0318	1.31153	.678	.934
CMNI3	2.8907	1.30200	.490	.935
CMNI4	2.4354	1.43216	.606	.934
CMNI5	2.4652	1.33684	.567	.935
CMNI6	3.8986	.93816	.356	.936
CMNI7	2.7793	1.44246	.393	.937
CMNI8	2.4672	1.25860	.534	.935
CMNI9	2.4254	1.16810	.608	.934
CMNI10	4.3141	.86357	.397	.936
CMNI11	2.3797	1.32737	.559	.935
CMNI12	2.7137	1.23267	.530	.935
CMNI13	3.7197	.93990	.426	.936
CMNI14	2.8489	1.38900	.423	.936
CMNI15	2.8608	1.24191	.502	.935
CMNI16	2.4473	1.27835	.647	.934
CMNI17	2.8310	1.34833	.391	.936
CMNI18	2.1551	1.36541	.606	.934
CMNI19	3.9205	.90464	.445	.936
CMNI20	4.2763	.87755	.369	.936
CMNI21	2.7376	1.27445	.518	.935
CMNI22	2.4672	1.17850	.562	.935
CMNI23	3.7058	.86367	.403	.936

CMNI24	2.3857	1.27431	.585	.935
CMNI25	2.2584	1.40176	.599	.934
CMNI26	2.4215	1.34686	.596	.934
CMNI27	4.2803	.86254	.359	.936
CMNI28	3.2386	1.15473	.469	.936
CMNI29	3.9125	.93424	.370	.936
CMNI30	2.7256	1.36120	.503	.935
CMNI31	2.6600	1.40918	.459	.936
CMNI32	2.1690	1.39909	.631	.934
CMNI33	2.7674	1.23671	.482	.936
CMNI34	4.1750	.90660	.359	.936
CMNI35	2.6958	1.11175	.518	.935
CMNI36	2.6282	1.33112	.548	.935
CMNI37	2.3579	1.35051	.572	.935
CMNI38	2.8887	1.23830	.460	.936
CMNI39	2.2803	1.39255	.585	.935
CMNI40	2.9423	1.12321	.469	.936

Appendix L: Item Analysis of GRCS-SF (N=503)

Items	M	SD	Corrected Item-Total Correlation	Cronbach's Alpha If Item Deleted
GRCS1	2.9920	1.17914	.519	.852
GRCS2	2.8648	1.20491	.545	.850
GRCS3	2.7654	1.29073	.628	.844
GRCS4	2.7992	1.28949	.524	.852
GRCS5	3.7058	1.10995	.470	.855
GRCS6	2.9364	1.35373	.610	.846
GRCS7	3.9881	1.16893	.468	.855
GRCS8	3.0040	1.25764	.504	.853
GRCS9	2.6958	1.32134	.591	.847
GRCS10	3.5726	1.08329	.467	.855
GRCS11	2.7276	1.25581	.604	.846
GRCS12	3.7734	1.10968	.532	.851

Appendix M: Item Analysis of HRBQ (N=503)

Items	M	SD	Corrected Item-Total Correlation	Cronbach's Alpha If Item Deleted
HRBQ1	1.2724	.77006	.567	.847
HRBQ2	1.6362	.98436	.532	.851
HRBQ3	1.3698	.89623	.473	.857
HRBQ4	1.1988	.65614	.558	.850
HRBQ5	1.7217	1.02074	.821	.808
HRBQ6	1.8111	1.12652	.826	.805
HRBQ7	1.9642	1.35181	.676	.837

Appendix N: Item Analysis of ATSPPH-SF (N=503)

Items	M	SD	Corrected Item-Total Correlation	Cronbach's Alpha If Item Deleted
ATSPPH1	3.6183	1.34543	.603	.781
ATSPPH2	3.5944	1.30831	.536	.789
ATSPPH3	3.3598	1.27172	.490	.794
ATSPPH4	2.9066	1.27230	.377	.806
ATSPPH5	3.4433	1.83271	.435	.807
ATSPPH6	3.2803	1.20546	.525	.791
ATSPPH7	3.5288	1.23312	.539	.789
ATSPPH8	3.4076	1.18039	.513	.792
ATSPPH9	2.9423	1.30988	.452	.798
ATSPPH10	3.1630	1.30631	.491	.794

Appendix O: Testing Statistical Assumptions

Assumptions of MANOVA

Mertler and Vannatta (2005) indicate that there are four primary assumptions to be tested for MANOVA, which include randomly sampled and independent observations, multivariate normality, linearity, and homogeneity of variance.

1. *Randomly sampled and independent observations:* There is no statistical test for this assumption as it is primarily an assumption of a study design issue than something to be statistically tested (Mertler and Vannatta, 2005). In this study, samples were randomly selected from the population of interest and there were different participants in each group with no participant being in more than one group.
2. *Normality:* The assumption of multivariate normality entails the sampling distributions for all dependent variables being approximately normal (Mertler and Vannatta, 2005). In this study, to test for multivariate normality histograms for each dependent variable were generated using SPSS and examined for approximately normal distributions. The histograms for the dependent variables were determined to show normality with the possible exception of the one for the health risk behavior, which showed slightly negative skew.
3. *Linearity:* The assumption of linearity indicates that all pairs of dependent variables have a linear relationship; this is tested by subjectively examining bivariate scatter plots to see if they have an elliptical shape (Mertler and Vannatta, 2005). In this study, this assumption was considered to have been met after bivariate scatter plots were generated for all combinations of dependent variable pairs, separately for the groups (e.g., gender) and visually examined for elliptical shape. All bivariate scatter plot pairs were found to be generally elliptical.
4. *Homogeneity of Variance:* Homogeneity of variance (also known as homoscedasticity) assumes that the score variability for all continuous variables will be approximately the same (Mertler and Vannatta, 2005). In this study, this assumption was evaluated using Box's M test for homogeneity of variance. The result was significant; F (340, 9279.654) = 1.563, p = .000. Therefore, the assumption of equal variances assumed was not met. If Box's M is significant, it means MANOVA's assumption is violated.

This is not much of a problem if N is large; it is a much bigger issue with small sample sizes. Having a larger sample can help the researcher get away with violations of some of the other assumptions (Pallant, 2007).

Assumptions of Multiple Regressions

The assumptions checked for the multiple regression analysis are listed below (Tabachnick and Fidell, 2001).

1. *Sample size:* By using the formula $N > 50 + 8m$ (N = number of Participants, m= number of independent variables), N = 503. So, the sample size is adequate for conducting multiple regressions.
2. *Normality:* The histogram and normal probability plots of the standardized residuals are almost symmetrical and lying about the diagonal line respectively. These suggest that the normality assumption is not violated.
3. *Homoscedasticity*: Homoscedasticity can be checked by visual examination of a scatter plot of the standardized residuals (the errors) by the regression standardized predicted value. Ideally, residuals are randomly scattered around 0 (the horizontal line) providing a relatively even distribution. Heteroscedasticity is indicated when the residuals are not evenly scattered around the line. In this study, a scatter plot where attitude toward seeking help (Y) is regressed on conformity to masculine norms (X_1) and gender role conflict (X_2) illustrates homoscedasticity (i.e. the variability in one variable is the same across all values of the other variables), while a scatter plot where health risk behavior (Y) is regressed on conformity to masculine norms (X_1) and gender role conflict (X_2) indicates that there is less variation at the lower end of predicted values than at the higher end; there is a slight evidence of heteroscedasticity. Slight heteroscedasticity has little effect on significance tests; however, when heteroscedasticity is marked it can lead to serious distortion of findings and seriously weaken the analysis thus increasing the possibility of a Type I error (Berry and Feldman, 1985; Tabachnick and Fidell, 1996).
4. *Independent Errors:* The result of the Durbin-Watson test was between 1.5 and 2.5. So, the independence of errors was assumed.

5. *Linearity:* Examination of residual plots (plots of the standardized residuals as a function of standardized predicted values) showed a linear relationship between predictor and criterion variables.
6. *Multicollinearity:* as bivariate correlation coefficients between independent variables were below .90, VIF (Variance Inflation Factor) values were less than 4 and tolerance values were greater than .20, there is no evidence indicating multicollinearity.
7. *Multivariate Outliers*: Cook's distances are checked for significance if they exceed a value of 1.000. Neither the minimum nor the maximum Cook's distances exceed 1.000.Therefore, there are no outliers' revealed by observing the Cook's distances.

Appendix P: Characteristics of In-depth Individual Interview Respondents

Pseudonym	Age	Sex	Religion	Ethnicity	Department	University	Year Level
Addis	19	F	Orthodox	Amhara	Public Health	AASTU	2nd year
Ayantu	20	F	Protestant	Oromo	Nursing	WU	2nd year
Azeb	20	F	Orthodox	Tigre	Sociology	AAU	1st year
Ebsitu	21	F	Orthodox	Oromo	Electromechanical Engineering	AASTU	2nd year
Fenet	22	F	Protestant	Oromo	Accounting	WU	2nd year
Firomsa	26	M	Orthodox	Oromo	PGDT	AAU	1st year
Gebre	23	M	Orthodox	Amhara	Architectural Design	AASTU	1st year
Gemechu	24	M	Orthodox	Oromo	Biotechnology	AASTU	1st year
Guta	23	M	Orthodox	Oromo	Nursing	WU	2nd year
Hagos	20	M	Orthodox	Tigre	Eco-biology	AASTU	2nd year
Ilala	20	M	Orthodox	Gurage	Electrical Engineering	AAU	1st year
Konjit	19	F	Orthodox	Amhara	Civil Engineering	AAU	1st year
Lambebo	21	M	Not Religious	Yem	Chemical Engineering	AASTU	2nd year
Merertu	22	F	Protestant	Oromo	Sociology	AAU	3rd year
Mergitu	20	F	Protestant	Oromo	English	WU	1st year
Mohamed	29	M	Muslim	Somali	EDPM	AAU	2nd year
Soressa	20	M	Orthodox	Oromo	Construction Technology	WU	1st year
Tola	22	M	Protestant	Oromo	English	WU	3rd year
Tolera	22	M	Protestant	Oromo	Construction Technology	WU	4th year
Ujulu	20	M	Protestant	Agnuwak	Political Science	AAU	2nd year
Wube	19	F	Protestant	Amhara	Public Health	AASTU	2nd year

Appendix Q: Tukey HSD Tests on the Effect of Religiosity on Conformity to Masculine Norms, Gender Role Conflict, Health Risk Behavior and Help-Seeking Attitude

Dependent Variable	(I) Religiosity	(J) Religiosity	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
CMNI-46	At least twice in a week	Once in a week	4.3420	2.73030	.385	-2.6959	11.3799
		Once in a month	-5.6298	3.53202	.383	-14.7344	3.4747
		Once in a year	-27.9445*	4.15343	.000	-38.6508	-17.2381
	Once in a week	At least twice in a week	-4.3420	2.73030	.385	-11.3799	2.6959
		Once in a month	-9.9718	3.94848	.057	-20.1498	.2062
		Once in a year	-32.2864*	4.51290	.000	-43.9194	-20.6535
	Once in a month	At least twice in a week	5.6298	3.53202	.383	-3.4747	14.7344
		Once in a week	9.9718	3.94848	.057	-.2062	20.1498
		Once in a year	-22.3146*	5.03855	.000	-35.3025	-9.3267
	Once in a year	At least twice in a week	27.9445*	4.15343	.000	17.2381	38.6508
		Once in a week	32.2864*	4.51290	.000	20.6535	43.9194
		Once in a month	22.3146*	5.03855	.000	9.3267	35.3025
GRCS-SF	At least twice in a week	Once in a week	2.5619	.99706	.051	-.0082	5.1321
		Once in a month	.0158	1.28984	1.000	-3.3090	3.3406
		Once in a year	-4.5850	1.51677	.014	-8.4948	-.6752
	Once in a week	At least twice in a week	-2.5619	.99706	.051	-5.1321	.0082
		Once in a month	-2.5462	1.44192	.291	-6.2630	1.1707
		Once in a year	-7.1470*	1.64804	.000	-11.3951	-2.8988
	Once in a month	At least twice in a week	-.0158	1.28984	1.000	-3.3406	3.3090
		Once in a week	2.5462	1.44192	.291	-1.1707	6.2630
		Once in a year	-4.6008	1.84000	.061	-9.3438	.1422
	Once in a year	At least twice in a week	4.5850	1.51677	.014	.6752	8.4948
		Once in a week	7.1470*	1.64804	.000	2.8988	11.3951
		Once in a month	4.6008	1.84000	.061	-.1422	9.3438
HRBQ	At least twice in a week	Once in a week	-.1170	.49781	.995	-1.4002	1.1663
		Once in a month	-4.8114*	.64399	.000	-6.4714	-3.1514
		Once in a year	-7.3744*	.75729	.000	-9.3265	-5.4223
	Once in a week	At least twice in a week	.1170	.49781	.995	-1.1663	1.4002
		Once in a month	-4.6944*	.71992	.000	-6.5502	-2.8387
		Once in a year	-7.2575*	.82284	.000	-9.3785	-5.1364
	Once in a month	At least twice in a week	4.8114*	.64399	.000	3.1514	6.4714
		Once in a week	4.6944*	.71992	.000	2.8387	6.5502
		Once in a year	-2.5630	.91868	.028	-4.9311	-.1949
	Once in a year	At least twice in a week	7.3744*	.75729	.000	5.4223	9.3265
		Once in a week	7.2575*	.82284	.000	5.1364	9.3785
		Once in a month	2.5630	.91868	.028	.1949	4.9311
ATSPPH-SF	At least twice in a week	Once in a week	-1.3710	.86004	.383	-3.5880	.8459
		Once in a month	.8632	1.11258	.865	-2.0048	3.7311
		Once in a year	7.7851*	1.30832	.000	4.4126	11.1576
	Once in a week	At least twice in a week	1.3710	.86004	.383	-.8459	3.5880
		Once in a month	2.2342	1.24377	.276	-.9719	5.4403
		Once in a year	9.1561*	1.42156	.000	5.4918	12.8205
	Once in a month	At least twice in a week	-.8632	1.11258	.865	-3.7311	2.0048
		Once in a week	-2.2342	1.24377	.276	-5.4403	.9719
		Once in a year	6.9220*	1.58713	.000	2.8308	11.0131
	Once in a year	At least twice in a week	-7.7851*	1.30832	.000	-11.1576	-4.4126
		Once in a week	-9.1561*	1.42156	.000	-12.8205	-5.4918
		Once in a month	-6.9220*	1.58713	.000	-11.0131	-2.8308

*. The mean difference is significant at the .05 level.

Appendix R: Tukey HSD Tests on the Effect of Year at University on Conformity to Masculine Norms, Gender Role Conflict, Health Risk Behavior and Help-Seeking Attitude

Dependent Variable	(I) Year at University	(J) Year at University	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
CMNI-46	first year	second year	-10.1304*	3.09081	.006	-18.0976	-2.1632
		third year	-11.3055*	3.19053	.002	-19.5298	-3.0813
		fourth year	-13.4536*	3.32480	.000	-22.0240	-4.8833
	second year	first year	10.1304*	3.09081	.006	2.1632	18.0976
		third year	-1.1751	3.19053	.983	-9.3994	7.0492
		fourth year	-3.3232	3.32480	.750	-11.8935	5.2472
	third year	first year	11.3055*	3.19053	.002	3.0813	19.5298
		second year	1.1751	3.19053	.983	-7.0492	9.3994
		fourth year	-2.1481	3.41771	.923	-10.9579	6.6618
	fourth year	first year	13.4536*	3.32480	.000	4.8833	22.0240
		second year	3.3232	3.32480	.750	-5.2472	11.8935
		third year	2.1481	3.41771	.923	-6.6618	10.9579
GRCS-SF	first year	second year	-.9710	1.06093	.797	-3.7058	1.7638
		third year	-6.4926*	1.09516	.000	-9.3156	-3.6696
		fourth year	-5.5812*	1.14125	.000	-8.5230	-2.6393
	second year	first year	.9710	1.06093	.797	-1.7638	3.7058
		third year	-5.5216*	1.09516	.000	-8.3446	-2.6986
		fourth year	-4.6101*	1.14125	.000	-7.5520	-1.6683
	third year	first year	6.4926*	1.09516	.000	3.6696	9.3156
		second year	5.5216*	1.09516	.000	2.6986	8.3446
		fourth year	.9115	1.17314	.865	-2.1125	3.9355
	fourth year	first year	5.5812*	1.14125	.000	2.6393	8.5230
		second year	4.6101*	1.14125	.000	1.6683	7.5520
		third year	-.9115	1.17314	.865	-3.9355	2.1125
HRBQ	first year	second year	-1.2681	.60738	.158	-2.8338	.2975
		third year	-2.1445*	.62697	.004	-3.7606	-.5283
		fourth year	-2.4176*	.65336	.001	-4.1018	-.7334
	second year	first year	1.2681	.60738	.158	-.2975	2.8338
		third year	-.8763	.62697	.501	-2.4925	.7398
		fourth year	-1.1495	.65336	.294	-2.8337	.5347
	third year	first year	2.1445*	.62697	.004	.5283	3.7606
		second year	.8763	.62697	.501	-.7398	2.4925
		fourth year	-.2731	.67162	.977	-2.0044	1.4581
	fourth year	first year	2.4176*	.65336	.001	.7334	4.1018
		second year	1.1495	.65336	.294	-.5347	2.8337
		third year	.2731	.67162	.977	-1.4581	2.0044
ATSPPH-SF	first year	second year	1.9203	.97103	.198	-.5827	4.4233
		third year	.4958	1.00236	.960	-2.0880	3.0796
		fourth year	3.3656*	1.04454	.007	.6731	6.0582
	second year	first year	-1.9203	.97103	.198	-4.4233	.5827
		third year	-1.4244	1.00236	.487	-4.0082	1.1593
		fourth year	1.4453	1.04454	.510	-1.2472	4.1379
	third year	first year	-.4958	1.00236	.960	-3.0796	2.0880
		second year	1.4244	1.00236	.487	-1.1593	4.0082
		fourth year	2.8698	1.07373	.039	.1020	5.6376
	fourth year	first year	-3.3656*	1.04454	.007	-6.0582	-.6731
		second year	-1.4453	1.04454	.510	-4.1379	1.2472
		third year	-2.8698	1.07373	.039	-5.6376	-.1020

*. The mean difference is significant at the .05 level.

Appendix S: Tukey HSD Tests on the Effect of Place Grownup on Conformity to Masculine Norms, Gender Role Conflict, Health Risk Behavior and Help-Seeking Attitude

Dependent Variable	(I) Grownup	(J) Grownup	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
						Lower Bound	Upper Bound
CMNI	Urban	Rural	-2.9596	2.52042	.469	-8.8844	2.9651
		Semi-urban	-3.0761	3.60704	.670	-11.5552	5.4030
	Rural	Urban	2.9596	2.52042	.469	-2.9651	8.8844
		Semi-urban	-.1165	3.70665	.999	-8.8297	8.5968
	Semi-urban	Urban	3.0761	3.60704	.670	-5.4030	11.5552
		Rural	.1165	3.70665	.999	-8.5968	8.8297
GRCS	Urban	Rural	-4.0373*	.86523	.000	-6.0712	-2.0033
		Semi-urban	-5.3467*	1.23826	.000	-8.2574	-2.4359
	Rural	Urban	4.0373*	.86523	.000	2.0033	6.0712
		Semi-urban	-1.3094	1.27245	.559	-4.3006	1.6818
	Semi-urban	Urban	5.3467*	1.23826	.000	2.4359	8.2574
		Rural	1.3094	1.27245	.559	-1.6818	4.3006
HRBQ	Urban	Rural	1.0216	.49231	.096	-.1357	2.1788
		Semi-urban	.6807	.70456	.599	-.9755	2.3369
	Rural	Urban	-1.0216	.49231	.096	-2.1788	.1357
		Semi-urban	-.3409	.72401	.885	-2.0428	1.3611
	Semi-urban	Urban	-.6807	.70456	.599	-2.3369	.9755
		Rural	.3409	.72401	.885	-1.3611	2.0428
ATSPPH	Urban	Rural	.5403	.78618	.771	-1.3078	2.3884
		Semi-urban	.4696	1.12513	.908	-2.1752	3.1145
	Rural	Urban	-.5403	.78618	.771	-2.3884	1.3078
		Semi-urban	-.0707	1.15620	.998	-2.7886	2.6472
	Semi-urban	Urban	-.4696	1.12513	.908	-3.1145	2.1752
		Rural	.0707	1.15620	.998	-2.6472	2.7886

*. The mean difference is significant at the .05 level.

Appendix T: Sample Translated Interview Transcriptions

Sample Translated Interview Transcription 1: Lambebo

Interviewer: What does it mean to be 'a man' in your culture?

Lambebo: I was born and brought up in Awassa, not among Yem ethnic groups. Culturally being a man is evaluated in terms of doing something good which people may appreciate for you. For instance, when you are doing something good for the society and when you are preventing things that can harm them like hunting robbers and people participating in destructive activities, you are considered to be a man.

Interviewer: What does it mean for you?

Lambebo: Being a man for me is doing everything by one's own. I'm considering myself as a man, when I'm able to do something by my own without seeking help from others and able to cover all my expenses. When my families assist me economically, they may require me just to live their dreams, I don't want this. I want to fulfill everything and decide for myself. Moreover, for me, talkative man is not a real man. To be a man means to be "inexpressive", to be aggressive, to involve in manly activities like different sports such as lifting weight, to be responsible to one's immediate environment, for instance, to be a fire fighter.

Interviewer: How boys become men in your culture?

Lambebo: The boy is considered a man when achieving better results and reach highest position; for instance, becoming a well known football player. I was born and grown up in Awassa. There are best football players even playing for the national team who were from Awassa. For me, they are brave. Moreover, I consider those people who hold a leadership position and doing fine jobs regardless of oppositions and pressures, as real men.

Interviewer: What are the socially expected roles from men in your culture?

Lambebo: In the family a man has to get employed and has to control the family as head of household, while a woman is expected to accomplish all the activities in the home. Men guide the family and also disciplining children. A Woman's role is to receive and to put into action the orders; otherwise, she is not allowed to be equal to her husband when it comes to household decision-making.

Interviewer: In your culture, why is it important to live up to the socially expected roles of being a man?

Lambebo: When men accomplish what is expected of them they are considered as being a man, being brave; on the contrary, when they fail to do so they feel shame. They don't want to be seen by the society. After that they hide themselves; they don't get freedom. They don't get acceptance in the society if they are carrying out female roles instead of male roles.

Interviewer: What do you like/ not like about being a man?

Lambebo: I hate to be a woman because of the natural biological problems like menstruation and labor. Besides, some females feel dependent; for instance, they think that if they couldn't graduate, they can get marry and use their husband's resources.

Interviewer: Are there university students' related risky practices in your institution?

Lambebo: Yes!

Interviewer: If yes, what do you think are the risky practices?

Lambebo: After joining the university some students consider involving in risky practices as a civilization. That means, in the campus one is imitating the behavior of the other to chew Khat, to smoke and to use illegal drugs. No one is controlling them as when they were at home and thus they are granted much freedom to involve themselves in these activities.

Interviewer: Males or females are more engaged in these practices?

Lambebo: I taught that they are females; I'm observing that females have many sexual partners.

Interviewer: Why?

Lambebo: I taught that females are addicted to sex and then they are practicing it every day. Secondly, for they are few in number in the campus they have the chance to get many sexual partners.

Interviewer: What are the negative consequences of these risky practices?

Lambebo: Those students who are addicted to these activities are not regularly attending classes. They attend classes only for exams and assignments. They are rushing to have sexual intercourse. After joining the university, some females also enter into the world of addictions; this triggers them to have sexual intercourse which may affect their health. If her menstruation is not appearing on the exact date she will be distressed. This distress will cause depression, and thus she is missing classes.

Interviewer: Do you know someone who has been affected by these consequences?

Lambebo: Yes! I know some students who were addicted to different habits. They were not attending classes and consequently they scored low grade point and finally they were dismissed from the university.

Interviewer: Have you ever engaged in one or more of the following practices (smoking, alcohol consumption, using shisha and/or other substances, chewing khat, and unsafe sexual practices)?

Lambebo: Yes!

Interviewer: If yes, what was your reason to engage in this/these practice/s?

Lambebo: May I tell you about sex in my own way of expression? I believe that poor people are reaching the peak of happiness in their life during sexual intercourse. You know! Drinking alcohol makes you feel relaxed. If I get enough amount of money, although I'm not joining the world of shisha I want to relax by drinking and using Khat. I've girl-friend in this campus; I've also girl-friend in Awassa. You know! You may have friends but you can't get from them something that you can get from your girl-friend.

Interviewer: How often have you engaged in this/these practice/s?

Lambebo: Until I joined the university every Friday I used to chew Khat and to the minimum I used to have sexual intercourse twice a week. And also I used to drink alcohol at least once in a week. However, after joining the university money limits you.

Interviewer: People have different beliefs about men's professional help- seeking. Some people think that men are supposed to be tough and just deal with their problems alone-don't need to see a doctor or a counselor. Other people think that men should see professionals when things go wrong. What are your beliefs about what has been said above?

Lambebo: At times of adversity everybody should seek help; however, the question is from whom to seek this help? Is it from someone who is going to talk by saying I've done this and that for him after you consulted him? Is it from someone who is gossiping after you have told him about your problem? I'm very much open to medical health workers. For I do not trust others, I don't have the desire to consult them.

Interviewer: If you were having personal-emotional problem, do you seek help from others?

Lambebo: Yes! Sometimes when I'm stressed I prefer to be alone and think of the issue. If I thought that others can help me, I'm going to consult them.

Interviewer: If yes, from whom you would seek help?

Lambebo: I'm not asking my father and my mother. Rather I consult my brother.

Sample Translated Interview Transcription 2: Gebre

Interviewer: What does it mean to be 'a man' in your culture?

Gebre: 'Culturally being a man is compared with a lion. It signifies courageousness, fearlessness and bravery. In our culture there are different sayings which encourage men to be brave; for instance, in order that someone is not refraining from fighting there is sayings "are you not a gay"?

Interviewer: What does it mean for you?

Gebre: For me being a man is not only wearing pants, rather to be a man means to have a goal and to strive to achieve that goal. Being a man means to be self-supporting, to be educated, to be able to change oneself, ones' family and ones' society; it is after this that someone is considered as brave, cleaver, and treated as a man. But if you are always at home, if you are not struggling to change yourself, then you are considered womanish.

Interviewer: What are the socially expected roles from men in your culture?

Gebre: Men are working laborious jobs like chopping wood, plowing, etc, while women are cooking, cleaning the house, shopping, washing clothes, etc.

Interviewer: In your culture, why is it important to live up to the socially expected roles of being a man?

Gebre: If a man failed to live up to the societal expectation, then he is discredited; thus, he is not considered as a real man. Unless someone is able to live up to societal expectation, he can't be even a good role model for others. So, the disadvantage is failure to become a role model, while the advantage is by placing oneself in a better position and then becoming a good role model for others.

Interviewer: What do you like/ not like about being a man?

Gebre: I dislike being a man when men are behaving in gender-atypical ways; for instance, there are some young men in our campus who dress in trousers below their waist, having shuruba hair style and piercing their ear. In the past, shuruba hair style was a sign of bravery; while ear piercing was signifying killing a lion or killing a tiger, it could also signify getting victory over the enemy. However, this generation is showing such characteristics not by

reading history books; rather they are simply imitating the foreigners. Even they don't know the meanings these foreigners associate with these styles. I hate such men; they don't make me feel happy. Even they don't have male qualities.

Interviewer: Are there university students' related risky practices in your institution?

Gebre: Yes!

Interviewer: If yes, what do you think are the risky practices?

Gebre: Cigarette is accessed to this campus and being sold. However, no one knows who is selling. There is shisha, even it was found being grown in the campus. Consequently, some students were caught and sent off from the university.

Interviewer: Males or females are more engaged in these practices?

Gebre: Mosley males are engaged in these practices.

Interviewer: Why?

Gebre: We were brought up in the society who considers drinking and smoking as qualities symbolizing being a man. Men were brought up by considering these things as male signifying traits. If you see a man intoxicated you will never pay your attention towards him; however, if a woman is swaying from intoxication everybody stands and have look at her.

Interviewer: What are the negative consequences of these risky practices?

Gebre: When you're sent to the university, there is expectation that after graduation you will support yourself, your family and then your society; however, if you are involved in these practices it affects your education and thus, you may miss your final destination. Moreover, if you have a girl-friend and you want to have sexual intercourse, you will take care only when you are mindful; however, being intoxicated if you are having sexual intercourse you may not use or may not properly use condom.

Interviewer: Do you know someone who has been affected by these consequences?

Gebre: Yes! I know some students who have grown cannabis in the campus and thereby sent off from the university. They started using these substances to help them study, but lastly they were addicted and end up with leaving the campus.

Interviewer: Have you ever engaged in one or more of the following practices (smoking, alcohol consumption, using shisha and/or other substances, chewing khat, and unsafe sexual practices)?

Gebre: When I was in high school, I'd been working in student council. When you are working in such position you are expected to have good discipline and you have to be a good role model for others. I have friends who are drinking and smoking. They leave the campus on Friday afternoon and then they pass the whole Saturday in bar houses. They recreate by drinking, and then they comeback and talk as if they committed something astonishing by appreciating their deeds.

Interviewer: People have different beliefs about men's professional help- seeking. Some people think that men are supposed to be tough and just deal with their problems alone-don't need to see a doctor or a counselor. Other people think that men should see professionals when things go wrong. What are your beliefs about what has been said above?

Gebre: Problems are different; maybe they are secret from the legal point of view or from their difficultness or from both angles. If I could solve the problem by my own, I will try first. If not, however, I consult a person whom I trust. Moreover, there is guidance and counseling office in our campus; those people working there are more experienced.

Interviewer: If you were having personal-emotional problem, do you seek help from others?

Gebre: Yes!

Interviewer: If yes, from whom you would seek help?

Gebre: As I said before if I could I will try to overcome my problems by my own. But if not I do have friends whom I should consult. I was encountered some bad feeling during first semester and I consulted one of my friends. He asked me when the problem happened and I have told him that sometimes ago. He said if it has passed it is ok 'already past is past'.

Sample Translated Interview Transcription 3: Ebsitu

Interviewer: What does it mean to be 'a man' in your culture?

Ebsitu: The society give male attribute to those people who are doing works requiring much power or those working outside of the home. The society considers some activities like holding leadership positions and continuing education up to the highest level, as if they were exclusively male attributes. Moreover, the society relates being a man with involving in different kinds risky practices. For instance, a male who is not drinking alcohol is not considered as a real man.

Interviewer: What does it mean for you?

Ebsitu: In my view being male or female simply means a biological difference.

Interviewer: How boys become men in your culture?

Ebsitu: As boys are getting older whether they are able to support themselves or not; whether they reach better position or not, to be considered as a man they are expected to have girl-friend.

Interviewer: What are the socially expected roles from men in your culture?

Ebsitu: Men are expected to carry out jobs that require physical strengths, for instance, chopping wood, plowing, etc, while women are expected to involve in cooking, cleaning, shopping, and washing clothes. There is a belief that men are responsible for jobs outside of the home. Men are also expected to assume leadership; even it is only when men assume leadership positions that the society expects something better will be done.

Interviewer: In your culture, why is it important to live up to the socially expected roles of being a man?

Ebsitu: If a man is unable to conform to the cultural norms of being a man, he loses his reputation. For instance, if a man is always doing household chores rather than doing manly jobs, the society may label him sissy. He may not even get friends i.e. he can be discriminated.

Interviewer: What do you like/ not like about being a man?

Ebsitu: I don't accept the view that men should always accomplish jobs outside of the home; because as long as human beings are equal they should share all kinds of jobs.

Interviewer: Are there university students' related risky practices in your institution?

Ebsitu: Yes!

Interviewer: If yes, what do you think are the risky practices?

Ebsitu: There are students who are using illegal drugs, chewing Khat, smoking, and drinking alcohol.

Interviewer: Males or females are more engaged in these practices?

Ebsitu: Males engage more in these activities.

Interviewer: Why?

Ebsitu: While most of the students are joining the campus they were not using substances; they are exposed to these behaviors in the campus due to peer pressure. Even while relaxing

somewhere if someone drinks a soft drink, he can be asked by saying ‘are you a real man?’ You are a man, how are you drinking soft drinks?

Interviewer: What are the negative consequences of these risky practices?

Ebsitu: Inevitably these practices have negative consequences. If we start from our health, smoking, drinking alcohol, chewing Khat, and using drugs are affecting our health. Someone who is indulged in these habits is not expected to have good health. If we are not healthy, it is impossible to continue our education. Regarding university’s rule and regulation, it is not allowed to involve in activities like smoking, chewing Khat and using drugs in the campus; if we violate university’s regulation we are going to be penalized. What we have to see is not only violating university’s regulation but also we are producing many followers. If I’m smoking, chewing Khat, and using drugs in dormitory what do my dorm mates feel? Although they are not involving in these activities, their health is inevitably affected. Thus I’m not only hurting my health but also the health of others. If we consider sexual intercourse it would lead them to different sexually transmitted diseases. Most of the time students who involve in sexual intercourses are those who are chewing Khat, smoking, and using drugs. Under such situation these people are not properly protecting themselves when having sexual intercourses; thus, exposing themselves to health problem.

Interviewer: Do you know someone who has been affected by these consequences?

Ebsitu: There were some students who were penalized, for instance, there were students who were sent off from this university for using shisha in the campus. They were penalized for two years; imagine how much it is difficult to complete their education after coming back.

Interviewer: Have you ever engaged in one or more of the following practices (smoking, alcohol consumption, using shisha and/or other substances, chewing khat, and unsafe sexual practices)?

Ebsitu: I’m not involved in any one of these.

Interviewer: If no, what prevented you not to engage in this/these practice/s?

Ebsitu: My family! In addition to providing what is important for me, my parents were providing me advice in what is important to me and what is not important to me. After I grown up, I myself started to differentiate between something good and something bad to me. This build up my self-concept; hence rather than influencing those of my friends who are in

this life, I can't be influenced by them. If I weren't build up my self-concept, I can't resist some words coming from such friends, and hence I can be influenced and enter in to that life.

Interviewer: People have different beliefs about men's professional help-seeking. Some people think that men are supposed to be tough and just deal with their problems alone-don't need to see a doctor or a counselor. Other people think that men should see professionals when things go wrong. What are your beliefs about what has been said above?

Ebsitu: If someone is encountered psychological problem which he himself can't resolve, he/she has to seek help from others like psychologists. But we have to select the person from whom we seek help, otherwise I don't agree with the idea that males don't seek help for they are strong.

Interviewer: If you were having personal-emotional problem, do you seek help from others?

Ebsitu: Yes!

Interviewer: If yes, from whom you would seek help?

Ebsitu: Having experienced stress, I don't immediately go to seek help. First, I want to talk to myself. Whatever difficult the situation maybe, I have to try first. Yet, I haven't tried consulting my friends. I don't trust them; because I afraid that the idea they may share me might be something emotional. I prefer to consult professionals like psychologists, and also my mother.

Interviewer: What would you hope to get from these people?

Ebsitu: They may not decide for me but may give me some input; they may show me the direction.

Sample Translated Interview Transcription 4: Addis

Interviewer: What does it mean to be 'a man' in your culture? What does it mean for you to be 'a man'?

Addis: In my culture males are given higher position than females. Much is expected from them in their education as well as in other jobs. To be a man is to shoulder many responsibilities. In my culture it is thought that males are stronger than females.

Interviewer: How boys become men in your culture?

Addis: They are described as men when they are showing physical strength. They are also described as a man when they become fruitful in what they are doing, for instance, when they become cleaver in their education.

Interviewer: What are the socially expected roles for men in your culture?

Addis: In my culture, there are roles that are assigned for men and women. For instance, a man is expected to be a breadwinner and the head of the household, but he is not expected to do chores around the house like cooking and feeding the family, washing clothes, cleaning, etc. It is only a woman who is expected to carry out such activities. A man who is performing roles assigned for a woman is considered as weak or sissy. He is ridiculed or he is discriminated; he is also laughed at.

Interviewer: In your culture, why is it important to live up to the socially expected roles of being a man?

Addis: When men live up to the socially expected roles of being a man, above all they win acceptance; they are respected.

Interviewer: What do you like/ not like about being a man?

Addis: I like to be a man for men are showing physical strength; for they have self-confidence. This means, they speak in the public with confidence, they also protect themselves and their family. I dislike being a man when men physically and sexually abuse women, thinking that women are powerless. If we consider boy-friend and girl-friend relationship from what we are observing in our campus, the boy likes more his same sex friends than his girl-friend. He wants to have a girl-friend only to be called by his peers 'he did this and that'.

Interviewer: Are there university students' related risky practices in your institution?

Addis: Yes! The surrounding of our institution is not fenced. Although there are guards, keeping the entire surrounding of the campus is difficult.

Interviewer: If yes, what do you think are the risky practices?

Addis: For instance, drinking alcohol, chewing khat, smoking cigarette, using shisha and/or other substances.

Interviewer: Males or females are more engaged in these practices?

Addis: Males!

Interviewer: Why?

Addis: Some young men in this campus don't want to be involved in risky practices; however, fearing that they can be discriminated and can be also labeled uncivilized, they are involving in risky activities.

Interviewer: What are the negative consequences of these risky practices?

Addis: There are many negative consequences. Here in university no one is economically self-supporting, rather everybody is economically dependent on family. Once addicted unless you get what you have already accustomed to, you can't feel normal. Thus, you may start stealing and other activities. With regards to sex, when you become sexually active you are likely to have many sexual partners, you may not have the desire to be limited with one partner; thus, you can be exposed to HIV/AIDS and other sexually transmitted diseases. It is also difficult for you to establish good interpersonal relationship with other people. Young men engage in risky behaviors to be called brave. For instance, a male using shisha never afraid anyone, if there is fighting he faces, thereby he wants to be seen by his friends as fearless or brave.

Interviewer: Do you know someone who has been affected by these consequences?

Addis: There are students who have been affected by these consequences. There are rumors that some students were sent off from the university for they were caught while using shisha. We are also hearing rumors that some students have grown cannabis in the campus, and consequently they were sent off from the university.

Interviewer: Have you ever engaged in one or more of the following practices (smoking, alcohol consumption, using shisha and/or other substances, chewing khat, and unsafe sexual practices)?

Addis: At this stage I'm not practicing these things. However, when I was 11th grade I used to drink alcohol. Recently, I'm second year public health student. I realized that being engaged in these activities is disadvantageous in many respects. Thus, I'm not smoking and using substances including Khat and shisha. When I was grade 11 I had a boy friend but we were departed soon. Thus, I haven't experienced any sexual contact.

Interviewer: Why have been engaged in drinking alcohol?

Addis: I was brought up in the society who believes that drinking has no problem; moreover, in our religion it is thought that drinking alcohol is not a sin.

Interviewer: People have different beliefs about men's professional help- seeking. Some people think that men are supposed to be tough and just deal with their problems alone-don't need to see a doctor or a counselor. Other people think that men should see professionals when things go wrong. What are your beliefs about what has been said above?

Addis: I support the view that they should seek help; even they should find someone who can help them.

Interviewer: If you were having personal-emotional problem, do you seek help from others?

Addis: Yes!

Interviewer: If yes, from whom you would seek help?

Addis: When things go wrong I consult my family and my friends. Under this circumstance if I'm alone, it may lead me to other negative consequences such as committing suicide, substance use and drinking.

Sample Translated Interview Transcription 5: Gemechu

Interviewer: What does it mean to be 'a man' in your culture? What does it mean for you?

Gemechu: Culturally much higher position is given for men. Men are supposed to deal with challenges. When bravery is thought it is male who is coming to our mind.

Interviewer: How boys become men in your culture?

Gemechu: Sometimes a boy is considered to be a man when having sexual intercourse. Now a day, even a boy is considered as a real man when he is able to sexually satisfy his partner. Yet females evaluate whether someone is a real man or not in terms of his sexual potency. For instance, if you ask a female who is a real man for her, she may judge in terms of how much she is sexually satisfied by someone.

Interviewer: What are the socially expected roles from men in your culture?

Gemechu: There are many roles that are assigned for men in our culture. Manhood is tied to being independent, having a family and being in control of the family as head of household; he is expected to lead the society. Females are given lower positions; they are expected to do household chores.

Interviewer: In your culture, why is it important to live up to the socially expected roles of being a man?

Gemechu: Being unable to live up to societal expectations may put men under pressure. Men are considered to be real men when they are drinking, sexually satisfying their partner, controlling their family, and penalizing their wife. Failure to conform to these roles means to be viewed as unmanly.

Interviewer: What do you like/ not like about being a man?

Gemechu: I consider those men who share some traits of women as unmanly. For instance, I don't consider men who put their trousers below their waist, having odd hairstyles, hanging a big cross and piercing ear as a real men. In the past we know that ear piercing designates bravery; now days there is no such bravery i.e. there is no practice of killing animals. Moreover, when I consider women's labor and pregnancy, I'm happy for being male; of course this could be a gift for women. The other thing that makes me surprised and makes me feel happy for being male is the freedom I'm granted being a man. For instance, males can stand and pass their urine elsewhere; however, females can do this with great care and only after checking that there is no one around.

Interviewer: Are there university students' related risky practices in your institution?

Gemechu: Yes!

Interviewer: If yes, what do you think are the risky practices?

Gemechu: There are students who are chewing Khat, smoking, using shisha, and the main one is drinking alcohol. For they are available in the nearby and for the price is cheap, most often the students are drinking 'Tej' and 'Tella'.

Interviewer: Males or females are more engaged in these practices?

Gemechu: Although the number of females is getting increasing the majority are males.

Interviewer: Why?

Gemechu: Culturally it is ok for men to engage in these activities. Nothing is being said when a male is intoxicated by drinking alcohol; however, people are getting surprised if they see a female intoxicated. So, it is due to culture that most men engage in these practices. Moreover, in our campus among young men who engaged in these practices the majority are those who came from the rural. Because when they are joining the campus they don't want

others to consider them uncivilized. They consider practices such as smoking, using Kaht and drinking as a sign of civilization.

Interviewer: What are the negative consequences of these risky practices?

Gemechu: If someone is addicted to these practices he is a half normal. For someone who came to the university thinking education is life, he can miss his final goal. Moreover, you can be discriminated in the campus. Because if you are drunker or smoker you smell horrible.

Interviewer: Do you know someone who has been affected by these consequences?

Gemechu: Yes! There were many students who were warned once or twice for being caught while smoking, for being intoxicated by drinking alcohol, and then finally sent off from the campus. Shisha is highly forbidden in the campus; however, due to the carelessness of the guards and due to absence of fence surrounding the campus, it is easily accessed to the campus. Because of this five students were sent off from the university. There were also students who were caught and sent off from the University for Growing Cannabis in the campus.

Interviewer: Have you ever engaged in one or more of the following practices (smoking, alcohol consumption, using shisha and/or other substances, chewing Khat, and unsafe sexual practices)?

Gemechu: Praised be the lord! I have no contact with all these practices. Probably this is due to my upbringing; I was brought up in the church, and this made me not to try these practices.

Interviewer: People have different beliefs about men's professional help-seeking. Some people think that men are supposed to be tough and just deal with their problems alone-don't need to see a doctor or a counselor. Other people think that men should see professionals when things go wrong. What are your beliefs about what has been said above?

Gemechu: I support the view that men should seek help.

Interviewer: If you were having personal-emotional problem, do you seek help from others?

Gemechu: Yes!

Interviewer: If yes, from whom you would seek help? *Gemechu:* The first thing I'm doing when experiencing stress is reading the bible and praying to God. I seek also advice from others. This is not lessening my level of being a man; rather it makes me feel a conscious man.