Introduction

The use of online settings, such as forums, for help and support for health-related topics has been and remains a growing resource for patients and researchers alike (Coulson, 2005; Kummervold et al., 2002; Tanis, 2008; Tyler and Williams, 2014). The availability yet distance that a forum offers make it an accessible means for people to share experiences and seek help and support. It is suggested that online support settings may encourage social actors to share, even if there is not a normative expectation for them to do so (Mo et al., 2009); online sources appear to facilitate help seeking in relation to personal, sensitive topics where face-to-face encounters prove inhibiting (Collin et al., 2011). This may have particular relevance to men, who often seek help less readily than women in traditional settings, particularly for sensitive health-related issues (Addis and Mahalik, 2003; Galdas et al., 2005; Gough, 2015; Kowalcek et al., 2001; Mo et al., 2009). Hegemonic masculine norms, for example, implying toughness, self-reliance and self-control, fuel commonly held assumptions among men that they should avoid help seeking around health issues (O’Brien et al., 2005). However, relatively little is known about the
help seeking of men in relation to infertility – whether hegemonic norms constrain men in the ways described by O’Brien et al. (2005) or the type of support men do value if they seek help for infertility. This is therefore an area of enquiry in which further evidence is needed in order that best practice for supporting men can be achieved (Hanna and Gough, 2015).

Infertility is an issue which affects both men and women, with one in six couples being impacted by fertility issues in the United Kingdom (Oakley, 2011). It is suggested that in 40 per cent of fertility issues are male factor, 40 per cent female factor and 20 per cent either unexplained or a mix of male and female factor issues (National Collaborating Centre for Women’s and Children’s Health (2013)). Infertility is an issue in which stigma is often assumed to be particularly pronounced for men, especially if viewed as compromising their masculinity (Barnes, 2014), and thus may well constrain help seeking (Hanna and Gough, 2015; Nuffield Health, 2015). Previous exploratory work around men and infertility found that men experienced emotional distress as a result of infertility and often felt marginalised from fertility treatment by medical professionals (Malik and Coulson, 2008). This research also showed that men felt that supporting their partners during their infertility journey was their primary role, with their own support needs being of secondary importance. Malik and Coulson (2008) concluded that more evidence was needed around the valuable features of online support and for further online settings to be examined in order to assess their use for men experiencing infertility.

Research focusing on men and help seeking online is an area which is beginning to develop within the context of men’s health (see Flynn and Stana, 2012; Gough, 2015; Tyler and Williams, 2014; Watkins and Jefferson, 2013). Much of this literature focuses on the barriers which hegemonic norms erect in relation to men’s help-seeking behaviour. For example, Tyler and Williams (2014) found that online settings might be important, acceptable spaces for men within the constraints of hegemonic norms. Gough (2015) also argues that examining online spaces can allow insights into men’s help seeking and how they authenticate their experiences and manage their masculine identities. Similarly, Watkins and Jefferson (2013) suggested that online spaces may be valuable for supporting ethnic minority men around mental health issues who would not help seek in traditional contexts due to mistrust of formalised services. Importantly, Tyler and Williams (2014) observed that the anonymity offered by online forums was viewed as highly valuable, and that facilitating ‘safe’ help seeking overrode the risks of receiving unreliable information from other forum contributors.

Building on this work, this article is based on research of a men-only infertility forum, examining the types of help-seeking men do, the types of support and advice they value and the language used in performing these tasks. We also consider how notions of hegemonic masculinity (Connell, 1995) constrain and frame men’s help seeking within online health spaces. Through understanding how men seek help and the features they use and value in help seeking, this article will contribute to understandings of the needs of men in relation to seeking help for infertility specifically, but sensitive health topics more widely, and the value of online support in meeting such needs. By furthering our understanding of the role and value of such online spaces, we can learn more about how men can best be supported for issues such as infertility which may be sources of significant emotional distress (Hanna and Gough, 2016).

**Methodology**

This article is based on qualitative analysis of posts on an online forum for infertility. The forum is hosted on a UK site, with the men-only forum being part of the wider offer of the site which aims to support men who are experiencing infertility or difficulties in conception within their intimate relationships. The site is a not-for-profit website which aims to provide resources for men around infertility; while medical aspects relating to (in)fertility are
covered, the site offers accounts of fertility journeys and common medical and emotional problems resulting from delayed conception, as well as hosting the forum. The site is not aligned to a health service or business, but is community driven, and seems to have emerged from the sharing of lived experience of men in relation to fertility issues. The men-only nature of the forum provides an opportunity to access the accounts of men talking with other men online, compared to other infertility forums in which men’s boards may feature replies or support from women and men (c.f. Malik and Coulson, 2008). While the forum is advertised as ‘men only’, this does not mean that the forum is limited to discussion of male infertility, but is open to topics such as delayed conception and infertility issues caused by male or female factors and where both parties in couples are experiencing fertility issues. The forum is thus inclusive of the various ways fertility issues may present within men’s lives and is designed to offer a space for men to discuss fertility challenges that are occurring to them both directly in a medical sense, but also within the context of their intimate relationships. We have not foregrounded the different types of fertility issues that men may be describing on the forum — our focus is on social and emotive dimensions rather than on medical or epidemiological aspects.

The posts for this analysis were extracted from the ‘General discussion’ board of the forum, which was the most used section of the forum, and in total 415 posts were included, featuring 20 unique usernames. Within this article, we draw from 11 of these ‘posters’, and two ‘regulars’ (FP2 and FP5) in particular, whose posted frequently and at length. This pattern reflects the nature of online discussion forums, with a core of regular contributors and then a wider group who ‘dip in’ (and ‘out’). The sample size remains in line with other qualitative work featuring online data, prioritising depth and richness of data within the sample (Smith, 2004; Stommel and Koole, 2010), and the experiences of those detailed within our analysis are tied to this particular forum rather than to all men seeking help online. The number of ‘posters’ and thus those included within the analysis reflects the nature of the men-only forum, in which there were fewer contributing posters than readers (a point to which this article will return within the analysis).

For our analysis, we focused on posts in which men sought help, discussed help seeking (such as the value of it), desire for support, lack of support in ‘reality’ as opposed to virtually and gendered aspects of help seeking/support. The titles of threads were often indicative of the help-seeking content, including ‘help’, ‘male support’, ‘trying to cope’, ‘I found you …’ and ‘I can’t be the only one, can I?’

The included posts were read and coded, and then themes generated following the method detailed for inductive thematic analysis by Braun and Clarke (2006). The authors developed themes independently before discussing and agreeing final themes. The primary data collection and analysis was conducted by the lead author (E.H.), a female researcher whose research focuses on supporting men as fathers. The researcher approaches fertility not from a perspective of personal lived experience, but rather a broadly feminist standpoint, seeking to address the importance of understanding men’s experiences in order to enable gender equity, that is, men to support women and vice versa.

The research received ethical approval from the local university ethics committee and follows the now established principles for researching online (Eysenbach and Till, 2001; Roberts, 2015; Rodham and Gavin, 2006). The forum used for this research is open access, with the information freely available in the public domain without registration or login. User names of posters and identifying information has been anonymised within this article, and codes have been assigned to each poster to differentiate them from each other (e.g. FP1 and FP2).

**Analysis**

Four major themes around help seeking and support were identified: The value of insider...
male-only support; It is ok to share, isn’t it?; Getting things off your chest; and The shadow of hegemonic masculinity.

The value of insider male-only support

Many of the posters noted that the forum offered them help and support that they felt unable to access elsewhere, with other social support channels (both formal and informal) perceived as inappropriate to them, and family and friends narrated as ‘outsiders’:

I haven’t really had the chance to talk with anyone about what I am going through as none of my friends or family have been through this. (FP10)

We were offered counselling but I don’t fancy that. (FP12)

Forum posters therefore reported that friends and family lacked knowledge or ‘experience’ in relation to infertility, thus engaging with them around the topic was deemed perhaps not worth the personal and emotional sacrifice that men may make to explain their current issues around delayed conception within their relationships:

I have found that friends and family generally don’t get it and are a relatively poor source for comfort or discussion. They usually mean well but unless they are going through it or have done, their support is generally fruitless. (FP6)

Friends and family who posters had revealed their fertility challenges to were viewed as being ‘fruitless’ in their support, and their desire to offer comfort was viewed as being well intentioned, but compromised by naivety or a lack of understanding. In a context where usual forms of support are decried, both informal (social circle) and more formalised support (counselling), the forum provided welcome and valid encounters for posters who are seeking help and advice in the context of infertility.

Men seeking help on the forum often appeared ‘stuck’ in terms of who to seek support from about infertility, and the forum then appeared to fill a ‘need gap’ for them in that regard:

I’m really glad I’ve found a forum for guys on this rocky road … I seem to have spent the last month or two finding endless forums for women to share their conception/fertility woes but nothing for men … I have been feeling pretty down about the whole thing and really wanted to find somewhere to chat with other people who had been through it all as you do end up feeling like there isn’t anyone you can talk to. (FP1)

Men then specifically discussed the need to seek help and support from those who ‘got it’, specifically other men in the same situation. The forum then created ‘a chance for men to talk to men about the topic’ (FP8) and being able to engage with other men offered the possibility of seeking advice about aspects they could not discuss with their female partners. For example, men used the forum to seek advice about how to support their partners during fertility treatment:

I was hoping to find other men who seem to have their hands tied [sic], meaning they don’t know how to reach around there wives when they are going through IUI’s and IVF’s on their extra hormones … If anyone has a say on this please help or please direct me to where I can get some. (FP18)

Engaging with other men who had been through similar experiences appeared to hold important value for men, and help and support from fellow ‘insiders’ was appreciated:

I do need to talk with people who have/are going through what I am at the moment so would welcome any response I get to this. (FP10)

Men often used the experience of other forum members to seek specific help when they moved into ‘new to them’ territory, such as the decision to stop IVF or to explore gamete donation procedures:
Anyone out there that can throw light on egg donation??? (FP11)

There was therefore a sense that understanding how others had approached similar situations would enable posters to consider their own options. This often appeared to come down to seeking validation for new choices in their infertility journey:

Anyone out there ... any of you LURKERS who just read and never write ... I need you right now. Please. If you’ve been through this process and know what I’m going through I really need to know what you think. How did you come to terms with fatherhood without genetic parenthood? Could you at all? I’d love to hear someone’s story. (FP2)

Through the sharing that occurred on the forum between men, a ‘community of practice’ can be seen as developing (Paetchter, 2003).

**It’s ok to share, isn’t it?**

The anonymous nature of the forum was viewed as being positive feature for the men, as it allowed open sharing which was ‘safe’, and this feature was used as a justification by a number of posters for initially using and continuing to use the forum:

The good thing about this forum is that it is totally anonymous, people don’t know who you are they just understand the pain you are going through and want to help. (FP5)

Thanks for your PM [Private Message]. I do appreciate it, although on this occasion I’m not going to respond, since I do want to keep the anonymity which this site allows. (FP8)

That the anonymous element is cited in the above quote as more significant to them than the possibility of further communication ‘offline’ on a one-to-one basis with other men demonstrates that sharing and help seeking is perhaps only viewed as satisfactory within certain parameters.

Men also noted that the anonymity of the forum allowed them to share in ways they perhaps would not have otherwise:

I’m quite a private person (you may laugh as I am telling you all my thoughts and life story on here but its anonymous). (FP5)

Posts such as these demonstrate that anonymity allows men to seek help and support in ways that they may feel uncomfortable or challenged to do so ‘offline’. Men may therefore feel that online practices run counter to their ‘offline’ personas, and the unidentified nature of their presence in the forum space allowed them to step outside of their normalised sharing and help-seeking practices (or lack of).

Those men who did share on the forum often rhetorically questioned why other men did not do so. Exchanges such as the one below between FP5 and FP2 (both of whom were among the core of regular posters on the forum) demonstrate an ongoing debate about why more people do not post on the forum:

Initial post: Am I really the only man in the world who feels that by using this site to put down my thoughts and feeling and to get things off my chest is a good idea. (FP5)

Reply: For what its worth, I find it utterly baffling that more men don’t jump at the opportunity to rand and rave like we have done over the last year or so ... I guess you and I are the weird ones. (FP2)

The language men used in such posts suggest an effort to create distance from feminised emoting, and furthermore, the identification of themselves (the regular posters) as the ‘weird ones’ offers inoculation in an attempt to ward off possible criticism for overt emoting. Frequently, posters referenced ‘frustration’ and ‘confusion’ about why the forum was not more readily utilised. For example,

I’m sorry to resurrect a dead post but its always had confused and irritated me that it seems lots of people read my/[names of other posters] stories
but don’t contribute. I know that that’s just men … but I see the support and friends [partner] has fostered in a more open and sharing environment … and I just find it frustrating that such a valuable and unique form is so tragically underused. (FP2)

Constructions of masculinity and sex differences here are explicitly related to the acceptability of sharing: men who post on the forum appear to want to share, and seek others who want the same, but the question of whether sharing is acceptable for men remains. Men therefore construed the forum as a valuable means for sharing, yet the lack of other men lurking and not posting troubled some posters, who appeared to try and normalise and validate the notion that ‘it’s ok to share’ through encouraging others to join in and gain the benefits they were experiencing.

Getting things off your chest: men’s help-seeking language

The forum also offered insight into the ways in which men constructed their help seeking, particularly in terms of language used, and how help seeking was formulated. The concept of ‘getting things off your chest’ (FP5), for example, comes up across forum threads:

It’s not counselling or psychiatry, it’s just getting it off your chest. (FP2)

There are a lot of people who read here but don’t post, so its nice to have someone else joining in, and hopefully we can help if there’s anything that you want to get off your chest. (FP8)

Using the phrase ‘getting things off your chest’, men were keen to distance the forum from more formal psychological services (i.e. counselling or psychiatry) which may be viewed as feminised (Karepova, 2010; Morison et al., 2014). More regular posters on the forum, such as FP2, were therefore keen to use language which minimised the offer of the type of support, and the use of ‘it’s just’ attempts to show that the forum is not excessive in terms of its emoting or formalisation. The language of the posters demonstrated a community of practice seeking to support men, using ‘soft’ language such as ‘nice’ and ‘hopefully’ to convey a friendly, informal, supportive environment.

The help and support that men sought from the forum was often framed around the notion of ‘stress’ (e.g. ‘the stress can build up fast’ (FP6)). Stress and related terms are often preferred by men as a way of conceptualising vulnerability or in relation to mental health issues (Robertson et al., 2014). The language of stress, and the opportunity the forum affords for helping to cope with stress, was also used as a means of motivating other men to post on the forum:

Write something guys! Say Hello! It’s validating! It’s stress relief! (FP2)

The way in which the value of the forum for stress relief is conveyed is again in soft, positive language, which takes an informal tone (the use of ‘guys’, for example). Language is thus used to create opportunities for other men to help seek, using simple openers such as ‘say hello’, is unproblematic in terms of response and may help contribute towards the atmosphere of ‘safety’ which men appear to highly value when seeking support around sensitive issues (c.f. Robertson et al., 2014).

The forum space was constructed by men as an outlet for sharing experiences and concerns, one in which they could seek help and support for the stress of the situations they faced: ‘It’s a great space to offload’ (FP9). The language of ‘offloading’ suggests a mechanical metaphor, and in relation to male infertility mechanical language has been viewed as a stereotypical male response (Barnes, 2014; Gannon et al., 2004).

The language that men used in terms of help seeking, and particularly in terms of offering support or advice to other men, was characterised by the use of ‘honesty’ devices:

I will not lie to you, it can be an extremely difficult time going through treatment and especially the 2 week wait but as along as you are there for each
other and try to stay positive then good things can happen. (FP5)

your advice is sound. (FP9)

This notion of being ‘honest’ (‘I will not lie to you’), and the sense of receiving ‘good advice’, shows a quite pragmatic flavour to the help seeking/supporting relationships. It also perhaps dovetails with the idea discussed above, of the value of lived experience in the help seeking and supporting relationships on the forum. Honesty perhaps fits with the concept of ‘getting it’ – if men are perceived to understand, then their advice and support may be better received and trusted by those who seek it.

The shadow of hegemonic masculinity

‘Masculinity’ was often invoked on the forum. For example, posters discussed ‘blokes’ having similar feelings but different approaches for dealing with these, which reflects perceptions around hegemonic coping strategies, such as men being insular and private, as opposed to women being open and emotive:

I know it can be hard to open up when it is something so private but after all we might be blokes but we still have the same thoughts and fears that ladies do, we just deal with them in different ways. (FP5)

Other posters note that ‘I just feel useless but can’t show that to anyone’ (FP9), again reflecting the role men are often assumed to take in ‘being strong’ and not expressing distress, difficulty or uncertainty to others, even with their intimate partners (Connell, 1995). Some posters more explicitly deploy generalisations about how men ‘should’ behave:

I know that as men we have an inability to express our feelings but this site has really helped me to come to terms with all the things that are going off in my life. (FP5)

The generalised views of men’s needs around help seeking and emotional support are also correlated to stereotyped views of women. For example,

Most men however don’t even know how they feel themselves most of the time and just know they feel good or bad about stuff! My point is the need for support for a girl is so much greater than the needs of a bloke. So it stands to reason that everyone, including the bloke will prioritise the feelings of the woman. They express more need so they are prioritised … Blokes find it hard to talk and frankly usually don’t want to, so is it so surprising that the ladies (who often have ‘talking’ to spare) tend to speak for them in doing so, take the spotlight? (FP2)

Thus, not only hegemonic norms are shadowing the perceptions of men and their understandings of how or why men help seek or not in relation to sensitive issues such as infertility but also stereotypical views of women as expressive ‘talkers’, and more dominant in emotional spheres were also presented.

However, while men expounded notions of men as detached and less emotionally invested or literate around their fertility experiences, the depth of distress often displayed by men on this forum (as we have explored elsewhere, c.f. Hanna and Gough, 2016) appeared to contradict statements that men can ‘detach’ from the experience and that women ‘feel’ more in the context of infertility.

A number of posters noted that their wives/partners gained support online, and that there is a bigger ‘pool of support’ on the forums which women frequent compared to this male-only site:

… bit shocked there aint more men on here compared to sites my wife visits [names of other forums] but glad there’s other guys out there willing to open and talk. (FP7)

Quite a number of men on the forum spoke about their wives/partners using forums and gaining very valuable support from other women online. Academic work has more widely considered female rather than male experiences of infertility online, for example, Malik and
Coulson’s (2011) work around forums and Cousineau et al. (2008) who explored the value of an eHealth intervention for infertility with women. Men may therefore not be help seeking for infertility online as much as women do; however, in comparison with male peer-to-peer help seeking ‘offline’, men’s engagement online may be seen as extensive. The wider notion that men may be less willing or able to seek the support of other men for infertility problems than their female counterpart’s offline was noted, for example,

My wife has made friends with a few girls undergoing treatment at the same place as we are and one of them has a husband who was willing to meet up with us too. Holy cow: a man going through IVF who is willing to socialise with another man who is undergoing IVF. Is this a unique situation? Should I contact the Guinness book of records? (FP2)

Through strategies of humour, FP2 presents this experience of meeting another man experiencing In Vitro Fertilisation (IVF) as an exceptional case, therefore underlining what is perceived to be the strangeness of men talking to and supporting each other around difficult, sensitive issues face-to-face. Thus, in offline ‘reality’ settings, men are perceived to be further constrained in help seeking with other men around infertility; the forum space, while still subject to constraints, challenges, does offer a space where men can be comfortable and provide/receive support.

Some men also noted that they had not been encouraged by the approach of professionals to seek help or support, with the perception that they should ‘manage’ their emotional responses independently:

during this whole period I was not offered counselling or put into contact with other men who have been through this. I have just had to put on a brave face for my wife, grit my teeth and get on with it. Once we had been told this news all the attention turned to my wife, in essence I have just been brushed aside, a broken tool that is no longer of any use. (FP10)

Men are therefore viewed as being neglected in professional healthcare settings, and health professionals can be seen as reinforcing hegemonic masculinities in this regard (Seymour-Smith, 2002). Masculine ideals about how men should cope, and particularly that they should not need help or support due to not being ‘in touch’ with their feelings, or viewed as less able to articulate them, were therefore present within the forum.

Discussion

The men-only forum on which this analysis is based therefore appeared to offer the men who posted the opportunity to seek help in a way which was useful for them. Given that men describe infertility as a deeply difficult experience (Hanna and Gough, 2016) seeking help online seemed for men in the context of this forum to be a source of real comfort and support in an experience otherwise narrated as deeply isolating. This chimes with other research in this area, with both men and women identifying infertility as an isolating experience (Hinton et al., 2010; Malik and Coulson, 2010), and how the Internet can allow ‘anonymous, timely, targeted access to the experience of others’ (Hinton et al., 2010: 440). Men on the forum examined here frequently noted their desire to share with other men who were ‘insiders’, who understood their ‘plight’, echoing previous suggestions that in the context of infertility men may be specifically seeking out the support of other men with ‘experience’ (Malik and Coulson, 2008). Seeking emotional support is viewed as the main reason that people use health-related social networks (Colineau and Paris, 2010) and often the men on this forum wanted specific support. This was commonly around helping their partners or regarding transition points within the infertility journey, which is pertinent given that men are often presented as suffering silently as the ‘emotional rock’ in order to support their partners (Cousineau and Domar, 2007). Since men demonstrate a desire to best support their partners (Malik and Coulson, 2008), having
assistance from other men around support for their partners can be viewed as understandably important to them, particularly as infertility is suggested to be a context which can be transformative (both positively and negatively) on intimate relationships (Steuber and Solomon, 2008). While there is a risk that people may isolate themselves from other viewpoints when seeking out support from those in similar situations to themselves online (Hinton et al., 2010), that some men are seeking support in this way may be more beneficial than not reaching out for any support at all.

The men-only nature of the forum therefore appeared to give men confidence to seek support and advice, particularly as other support networks (e.g. friends/family/counselling) were often viewed as less valuable for men around infertility. Men on this forum thus appeared to have created a community of practice (Paetchter, 2003), drawing from their collective knowledge (even if this was a relatively small collective in purely numerical terms) in order to provide peer-to-peer help and support they appeared to not be able to access elsewhere (Colineau and Paris, 2010). There also appears to be value to such online support for men being anonymous, perhaps linked to the perceived sensitivity and stigma around infertility (particularly male infertility). This echoes findings of work around other sensitive men’s health topics (e.g. Flynn and Stana, 2012), in which men seem to capitalise on the anonymity of an online space as a rare outlet to be able to share and gain support. Offline, the evidence still suggests that men find the disclosure and discussion of (in)fertility difficult (Nuffield Health, 2015). More research is needed to specify the contexts in which men may feel comfortable in seeking support and sharing personal stories concerning infertility experiences, and to further ascertain whether the sharing which occurred in the forum explored here was unique to that context and those posters whose data are presented within this article.

Help seeking on the forum was often framed or constrained for those posters examined by notions of masculinity, most obviously in the language deployed around help seeking, such as the frequent references to ‘stress’, ‘getting things off your chest’ and ‘honest’ advice. Such phrasing can be viewed as minimising or detaching from the perceived feminised business of emoting. The language used by men on the forum, often within carefully crafted posts, demonstrated the line some were treading between the desire to seek help and the constraints of masculinity norms that suggest men should ‘cope’ internally and individually. The stress provoked by attempts to balance sharing needs and masculinity norms echoes previous work which has shown that men find ‘self-help’ groups as challenging and more troublesome to their identities than women (Seymour-Smith, 2008). Further research could usefully examine the differences in the help seeking and support language of men and women on single sex and mixed-sex forums to establish if men’s advice-based communication on infertility forums does adopt a different tone or style to that of women. Previous research on mixed-sex forums does support the idea that forums for infertility are predominantly used for support and empathy (Malik and Coulson, 2010), but given that only 6 of the 778 posters in that sample were identified as men, being able to establish differences in language around help seeking for infertility between men and women requires further investigation. Evidence from other health-related forums suggests that women are more emotionally focused in their language (Mo et al., 2009), but this has not been established in relation to infertility.

Our analysis indicates that there were attempts to normalise help seeking, or for men to validate their own help-seeking requests on the forum. Given that traditional masculine norms discourage vulnerability displays and emotional expressiveness, the attempts to affirm that sharing is OK on this forum are perhaps understandable. It is suggested that

Online health communities seem to promote deep relationships. People are not considered as strangers. Instead, they are immediately seen as
peers, as people who can help and whom they can befri... (Colineau and Paris, 2010: 157)

Thus, online settings may create different norms around help seeking and communication which may transcend usual practice, including constraints related to masculinity, although this needs further examination in other online settings and research with men about help seeking for infertility both on and offline.

The tension between the limited numbers of people who posted compared to those who read the forum posts appeared to further fuel confusion about why others did not seek support actively rather than passively, and as we discussed within the analysis those who did post attended to their non-normative help-seeking posts by recognising the possibility of their gendered strangeness, which served to inoculate them against criticism from others and enable them to complete and validate their requests. Our identification of men on this forum using such strategies to inoculate and legitimate their help seeking correlates with Robertson’s (2003) notion that justification is important for men in relation to help seeking, in order that men are not emasculated by the help-seeking process.

Forums are useful for the examination of the experiences of men who do seek help online, but not for those who do not actively post. It is difficult to know if the posters on the forum are ‘typical’ in that they may be comfortable sharing and expressing their feelings more generally than other men, that is, less constrained by masculinity norms, although some posters noted they were only able to help seek on the forum due to it being anonymous so those who did post may not be untypical. While it is suggested that ‘lurkers’ on forums for infertility do experience benefits from reading not posting (Malik and Coulson, 2011), little is known about men who are ‘lurkers’, or about alternative help seeking and support mechanism that men utilise to cope with infertility offline. The men who posted on the forum, and the administrator for the forum itself, noted the large numbers of ‘readers not posters’ that existed for this site, and as we have noted elsewhere (Hanna and Gough, 2016), the ‘lurking’ population is presented by the forum as being significantly larger than the posting population in the context of this forum. More research is therefore needed to understand the benefits of ‘by proxy’ support or help which men may experience from lurking (or indeed if it is women who lurk on men-only forums). However, the knowledge that others may be gaining something from, or are indeed reading, posts may be enough for posters to feel they are part of a wider ‘community of practice’ (Paetchter, 2003) and that help-seeking practices radiate beyond the immediate online dialogue between poster and responder. Posters to the forum appeared to demonstrate an awareness of their wider reach in terms of readers in their posts. In an area such as men’s experiences of infertility, where there are perceived to be limited opportunities for men to share, seek help and support from and with other men, and where stigma around the issue is seen to be persistent (Barnes, 2014), that some men may engage in ‘lurking’ therefore perhaps seems unsurprising.

This article therefore offers a ‘way in’ to further knowledge about how men seek help and support online for infertility. Limitations do exist around the relatively modest number of posters who used this one UK-based site. As with other online research around infertility online (c.f. Steuber and Solomon, 2008), the value of being able to see how men may speak ‘naturally’ with one another online is a useful contribution to our understanding of men’s experiences of and need for support; however, the ability to make wider conclusions is restricted by the self-selecting nature of those who post on such forums from our research, it appears that online settings have value for men in engaging with other men who share similar experiences, as other studies of male-only online support forums have suggested (e.g. Flynn and Stana, 2012). From a health promotion perspective, such forums could be signposted to men facing infertility for informal help and support, while future initiatives could target men using ‘male-friendly’ language, offering remote, anonymous support and...
employing peers to help normalise the experience. However, further research is needed to explore the wider context of, and intersections between, help seeking, stigma, masculinity and gendered communication in relation to infertility so that best practice for supporting men both online and offline can be much more firmly established.

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