-

MEN'S PERCEPTIONS ON SEEKING MENTAL HEALTH TREATMENT IN KANYAMAZANE, MPUMALANGA PROVINCE.

By

Tshepiso Asah Shongwe

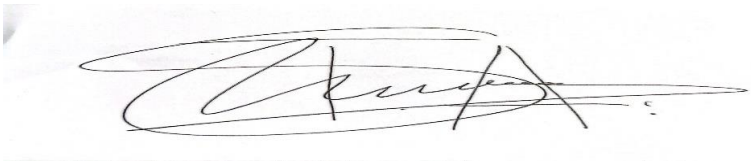
Submitted in fulfilment of the requirements for the degree of Master of Arts in Psychology to be awarded at the University of Mpumalanga

May 2026

Supervisor: Prof Calvin Gwandure
Co-Supervisor: Dr Mahlatse Modipane

Declaration

I, **Tshepiso Asah Shongwe (240906608)**, hereby declare that this dissertation titled "Men's perceptions on seeking mental health treatment in KaNyamazane, Mpumalanga," submitted by me, is a construction of my original work and has not been submitted previously by anyone else at this university or any other university. All the references contained herein have been acknowledged by means of complete references, citations, and quotations, etc.

Signature: 

Date: _13/01/2026_____

Acknowledgements

First and foremost, I would like to thank God, for the grace he has shown me. My heartfelt gratitude also goes to:

- My supervisor Prof. Gwandure and my co-supervisor Dr. Mahlatse Modipane for the constant supervision and support through my research.
- My family who has been my rock throughout this journey. My parents, Beauty and Samson Shongwe for their unconditional love and support. I also want to thank my little brother, Sinako Shongwe and my close friend, Kenneth Maduna for their support.
- Lastly, I am thankful to the participants who participated in the study. Their contributions have been crucial to our understanding of men's perception of seeking mental health treatment in KaNyamazane, Mpumalanga.

Abstract

The aim of the study was to explore men's perceptions of seeking mental health treatment in KaNyamazane in Mpumalanga Province. The study included 17 participants between the ages of 18-35 who were sampled through a non-probability purposive sampling method. The criteria for inclusion in the study aged 18-35 years who were residents of KaNyamazane. This study used a qualitative research approach with an exploratory research design. Due to the qualitative nature of the study, data was collected using semi-structured interviews. Thematic content analysis was used to analyse the data. The results showed that men's perceptions towards seeking mental health treatment were predominantly negative, despite their understanding of what mental health entails. Key barriers to seeking mental health treatment included masculine norms, stigma, confidentiality concerns and lack of access to mental health services. To encourage men to seek mental health treatment, participants suggested support groups, awareness campaigns and tailored services to cater for men's unique needs. Directions for future studies should focus on the implementation of culturally inclusive and gender-sensitive interventions that will cater for the needs of men.

Keywords: men, mental health treatment, perceptions, Kanyamazane

List of acronyms

DSM-5: Diagnostic and Statistical Manual of Mental Disorders.

EURO: European Region.

GBV: Gender-Based Violence.

HIV: Human Immunodeficiency Virus.

HSRC*:* Human Sciences Research Council

LMIC*:* Low -and -Middle Income Countries.

MHL: Mental Health Literacy.

PTSD: Post-Traumatic Stress Disorder

SES*:* Socio -Economic Status.

SASOP: South African Society of Psychiatrists.

TB: Tuberculosis

WHO: World Health Organization.

WPRO: Western Pacific Region.

List of Figures and Tables

Definition of Key Terms

Barrier to seeking mental health treatment.

An obstacle or limitation that prevents men from KaNyamazane from seeking mental health treatment, including masculine norms, stigma, confidentiality concerns, and limited resources (Zaman et al., 2022).

Facilitator

A factor that encourages men in KaNyamazane to seek mental health treatment, such as support groups, awareness campaign, etc. (Thomas, 2010)

Masculine norms

The expectations and beliefs about male behaviours, attitudes, and roles that society considers to be appropriate for men, which influence the decision whether they seek mental health treatment (Newmann et al., 2021).

Mental health challenge

A significant psychological and emotional disturbance that impacts an individual's daily functioning, and if left untreated may increase suicide risk (World Health Organization, 2022).

Mental health treatment

Interventions and therapies intended to address mental health challenges and promoting mental well-being, including various approaches like psychotherapy, medication, and support services (WHO, 2022).

Perceptions

The subjective experiences, attitudes, and opinions of men in KaNyamazane regarding seeking mental health treatment, including how they understand mental health, barriers and facilitators to seeking mental health treatment (Mills et al., 2010).

Outline of the dissertation

Chapter 1:
This chapter includes the background information on men's mental health, the study rationale, problem statement, objectives and research questions of the study.

Chapter 2:
This chapter provides the reader with a detailed literature review, which highlights the findings of previous studies that explore the overview of men's mental health, the gender gap between men and women in seeking mental health treatment, facilitators and barriers to men seeking mental health treatment. This chapter further highlights the theory used to guide the study which was the masculinity theory.

Chapter 3:
This chapter explores the methodology used in the study. It elaborates on the research design, methods, sampling method, and research tools used in the study. It further details the process of data analysis.

Chapter 4:
Chapter 4 presents the research findings. This was guided by the study's research questions.

Chapter 5:
Chapter 5 discussed and interpreted the data presented in chapter 4.

Table of Contents

CHAPTER 1: INTRODUCTION

1.1. Background to the Study

Mental health is defined by the World Health Organization (WHO, 2022) as a state of mental wellbeing that enables individuals to cope with life stressors. It strengthens individual and collective abilities to make decisions, to show resilience amidst adversity, and to shape the world in which we live (WHO, 2024). Globally, more than 1 billion people are living with mental health challenges, with anxiety and depressive disorders being the most prevalent (WHO, 2025). Similarly, South Africa faces a significant burden, with 30% of its population living with a mental health issue (WHO, 2021). These mental health challenges are also prevalent among men (McKenzie et al., 2022), although the experiences of these men are under-researched and under-reported.

Mental health treatment is as crucial as physical treatment (Centers for Disease Control and Prevention [CDC], 2025). Its significance includes reducing global morbidity, mortality, and healthcare costs (Faria et al., 2023). Notably, the absence of mental health treatment can lead to a variety of significant and multifaceted consequences (Mohammed-Ibrahim et al., 2020). These consequences include impairments in significant areas of functioning, such as work, relationships, and daily activities, and an increased risk of suicidal ideation (Mohammed-Ibrahim et al., 2020). However, mental health treatment is often overlooked, not only in developing countries but also in developed countries (Vartak & Nagarajan, 2016; WHO, 2020). This is evident in the mental health treatment gap and treatment lag (Vartak & Nagarajan, 2016; WHO, 2020).

Mental health treatment gap is the "difference between the number of people who have mental disorders and those who have access to appropriate treatment" (Ndetei et al., 2023, p.163). Other researchers identified a significant mental health treatment gap between the African region and other regions, such as the Western Pacific Region (WPRO) and the European Region (EURO) (WHO, 2022). While Africa is dominated by low- and middle-income countries (LMICs), other regions, such as WPRO and EURO, are dominated by high-income countries (WHO, 2022). This treatment gap is approximately 85% in LMICs and 40% in high-income countries (Ndetei et al., 2023).

This significant gap underscores how fragile LMICs' mental health systems are, compared to those of high-income countries. Furthermore, this gap affects all population groups, including men, whose mental health is often overlooked (Gottert et al., 2020).

In 2022, the fourth annual Mental State of the World report ranked South Africa as one of the bottom three countries in the world with the worst mental health (Ramalepe, 2024). Despite South Africa having 30% of its population living with a mental health challenge, the government only allocates 5% of its national budget to mental health (Sordahl et al., 2023). Among all the public hospitals that offer mental health services, only 50% have a psychiatrist, and approximately 30% do not have a psychologist (Nguse & Wassenaar, 2021). Furthermore, only 10% of South Africans with mental health challenges have access to mental health treatment (WHO, 2022). This indicates how mental health has been ignored by the health system (Nguse & Wassenaar, 2021).

Regardless of the mental health challenges affecting people of all genders, research has consistently revealed that men are less likely than women to seek mental health treatment (Parent et al., 2018). For example, a study conducted in Canada revealed that only 30% of individuals who seek mental health treatment are men. Similarly, Olawande et al. (2020) reported that, compared with 66,7% of women in Nigeria, only 33,3% of men seek mental health treatment. While there are few recent statistics on the number of men who seek mental health treatment in South Africa, a 2019 study by the Human Sciences Research Council (HSRC) revealed that only 12% of men seek mental health treatment. This reliance on outdated statistics implies that men's mental health remains under-researched and underreported. Furthermore, this under representation of men seeking mental health treatment leads to detrimental effects such as suicide (Gottert et al., 2020).

Men's mental health has been hidden in plain sight (Bilsker et al., 2018). Even though it is largely known that most suicides are committed by men, there has been a lack of attention given to this gender disparity (Bilsker et al., 2018). For example, globally, men are 1.8 times more likely to commit suicide than women are (Sagar-Ouriaghli et

al., 2019). Compared with all the other regions in the world, Africa has the highest male suicide rate at 0.18%, which exceeds the average global male suicide rate of 0.12% (WHO, 2022). In Africa, men are approximately three times more likely to commit suicide than women are. For example, in Nigeria, men account for 80% of all suicides committed (Oyentunji et al., 2024).

Similarly, suicide among men in South Africa is an alarming reality. According to a report issued by the South African Society of Psychiatry (SASOP) in 2019, of the 13 774 suicide cases reported, men accounted for 10 861 deaths, whereas women accounted for 2913 deaths. Furthermore, Edeh and Eseadi (2023) assert that South African men are at least five times more likely to commit suicide than women are. Notably, Mpumalanga exhibits a similar pattern, with men being 4.2 times more likely than women to commit suicide (Arendse et al., 2023).

Additionally, the disparities in the rates of seeking mental health treatment and suicide among men and women reveal a crucial crisis that warrants close attention, given the potential impact it has on global health. Various efforts have been made to improve help-seeking among men. These efforts include the delivery of psychoeducation, redirecting help-seeking to align with masculine norms and using male-specific interventions that include solution-focused approaches, lay language and humour (Sagar-Ouriaghli et al., 2019). However, most of these efforts are implemented in high-income countries and not in LMICs such as South Africa, where there is a disturbingly high incidence of suicide among men and a significant treatment gap. This study therefore aims to explore men's perceptions of seeking mental health treatment through the lens of masculinity theory.

1.2. Problem Statement

Men's mental health in South Africa is a pressing concern, characterised by low levels of seeking mental health treatment and high levels of suicide. Despite the scarcity of current statistics, data from 2019 suggest that approximately 78% of men in South Africa did not seek mental health treatment (Human Sciences Research Council

[HSRC], 2019). Researchers assert that men delay seeking mental health treatment and often resort to habits such as the use of substances as coping mechanisms to address their mental health challenges, leading to many suicides linked to mental health challenges (Ngwenya & Sumbane, 2022). In 2023, men were five times more likely than women to commit suicide (Edeh & Eseadi, 2023). This trend is further supported by Kootbodien et al. (2020), who assert that high suicide rates among South African men have been a pandemic since 1997 (Kootbodien et al., 2020).

Suicide among men has devastating effects, including economic losses due to loss of productivity and family structures, therefore creating emotional and financial burdens on surviving family members (Rivera et al., 2015). This leads some children to be fatherless and some families to be without breadwinners. Loss from suicide is accompanied by feelings of guilt, confusion, shame and anger. Furthermore, individuals who are grieving from suicide loss are more susceptible to major depression, posttraumatic stress disorder (PTSD) and suicidal behaviours (Ta Young et al., 2012). Regardless of these consequences, men's mental health is still under-researched in South Africa, especially in rural provinces such as Mpumalanga. This study therefore explores men's perceptions of seeking mental health treatment in Mpumalanga Province, KaNyamazane.

1.3. Significance of the Study

The research findings are anticipated to present an opportunity to develop comprehensive insights into men's mental health treatment. By providing men with a platform to share their perceptions and experiences in seeking mental health treatment, the study can assist in identifying and addressing the unique challenges and barriers men encounter in seeking mental health treatment, ultimately improving mental health outcomes. This will further assist in reducing the gender differences in seeking mental health treatment and suicide rates.

The suicide of men has adverse effects on their families. This study will help provide valuable insights for family members in understanding how men in their families

perceive seeking mental health treatment. This will empower family members to support and encourage men to seek mental health treatment, ultimately improving mental health treatment among men. The community has a significant role in the way in which men perceive seeking mental health treatment. This study may benefit community members by ensuring that they are well informed about men's mental health, ultimately leading to the development of a culture that encourages men to openly seek mental health treatment without stigma. Furthermore, these findings can also assist in the development of targeted interventions and awareness campaigns.

This study may assist the Department of Health and other relevant stakeholders in understanding the barriers that hinder men from seeking mental health treatment. Through the knowledge and data that were collected, the department can improve its existing programmes aimed at increasing awareness. This knowledge can inform the development of targeted interventions, improve service delivery, and ultimately improve mental health outcomes for men.

Additionally, this study may assist policymakers in developing policies and guidelines that address the unique needs of men. By understanding men's mental health extensively, the research findings are expected to offer insights for policy changes related to the allocation of resources and the development of gender-and culturally sensitive interventions. Additionally, the findings can also contribute to the improvement of existing policies, ensuring that they are effective in promoting positive outcomes for men.

1.4. Rationale of the Study

The high rates of suicide among men and the low levels of seeking mental health treatment among men in South Africa warrant attention. In South Africa, men are less likely than women to seek mental health treatment and are five times more likely than women to commit suicide (Edeh & Eseadi, 2023). Mpumalanga is considered one of the provinces with a high burden of mental health challenges, yet there is no attention given to the province, especially to men (Craig et al., 2022). In Mpumalanga, men are 4.2 times more likely than women to commit suicide (Arendse et al., 2023). Moreover,

while studies in other provinces, such as Gauteng, KwaZulu-Natal, Limpopo, and Western Cape, have explored men's attitudes towards mental health and the factors affecting men's mental health treatment seeking, few studies have been conducted in Mpumalanga.

A study in Mpumalanga explored the views of young men on expressing problems that impact their mental well-being with family and friends (Molokoane & Modipane, 2025). While Molokoane and Modipane (2025) provided valuable insights into the social and cultural influences on young men's willingness to communicate their mental health challenges, they did not explore men's perceptions of seeking mental health treatment. Therefore, this study seeks to build upon and extend their work by exploring men's perceptions of seeking mental health treatment. Furthermore, there is a scarcity of qualitative research specific to men seeking mental health treatment and suicide (Bennett et al., 2023). Researchers have emphasised the need for more qualitative research that can explore the root causes of low levels of seeking mental health treatment among men. This study therefore uses a qualitative research approach to fill this gap and provide a more comprehensive understanding of men's mental health in KaNyamazane.

1.4. Aim of the study

The aim of this study was to explore men's perceptions of seeking mental health treatment in KaNyamazane, Mpumalanga Province.

1.4.1. Objectives of the study

The objectives of the study were as follows:

- Determine the perceptions of men regarding seeking mental health treatment in KaNyamazane.
- Identify barriers that discourage men from seeking mental health treatment in KaNyamazane.

- Identify facilitators that encourage men to seek mental health treatment in KaNyamazane.

1.4.2. Research questions

- What are men's perceptions of seeking mental health treatment in KaNyamazane?
- What are the barriers that discourage men from seeking mental health treatment in KaNyamazane?
- What are the facilitators that encourage men to seek mental health treatment in KaNyamazane?

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

This chapter discusses the study's theoretical aspects and provides a literature review. The literature review was organised around four main points: the theory that underpins the study, which was the hegemonic masculinity theory; the description of men's mental health; the barriers to seeking mental health treatment; and the facilitators in place to promote men's mental health. By examining the literature, this chapter sought to explore men's perceptions of seeking mental health and identify gaps in current knowledge.

2.2. Theoretical Framework

Silverman's (1993) statement asserts that "without a theory, there is nothing to research", which means that research is always shaped by a particular theory. A theory acts as a fundamental brick for understanding and analysing research (Kawulich, 2009). In other words, the theoretical framework provides a lens through which a particular phenomenon is examined (Luft et al., 2022). The theoretical framework that was adopted in the study to interpret and make sense of the findings is the masculinity theory developed by Raewyn Conell in 1987 (Wedgewood, 2009). There are many masculinity theories, but this study is based on hegemonic masculinity theory.

2.2.1. Hegemonic Masculinity Theory

Hegemonic masculinity is conceptualised as

> a set of values, established by men in power that functions to include and exclude, and to organise society in gender unequal ways: a hierarchy of masculinities, differential access among men to power over women and other men, and the interplay between men's identity, men's ideals, interactions, power, and patriarchy (Jewkes & Morrell, 2012, p.40).

It is a global phenomenon that takes place in different societies across various social levels and times, operating on the local (family, community and local culture), regional (nation state and the culture embedded in it) and global (politics, business and media) levels. Furthermore, the main tenets of hegemonic masculinity theory include dominance, subordination, marginalisation and complicity (Messerschmidt, 2019).

Masculinities are multiple, fluid and exist in a hierarchy, with hegemonic masculinity dominating others through cultural consent, discursive centrality, institutionalisation and the marginalisation of alternatives (Yang, 2020). Hegemonic masculinity represents the socially valued form of masculinity, characterised by dominance, aggression, competitiveness, physical strength, and authority (Subrayan & Wan Yahya, 2016). Any men who desire to embody this masculinity must display aggressive and violent behaviour while suppressing feelings of vulnerability. Men must have strength and toughness and be successful and competitive (Morettini, 2016).

The traditional behaviours or roles associated with being a man face the problem that few men meet the normative standards. Few men practice the hegemonic pattern in its entirety. However, most men benefit from the patriarchal dividend, and the advantage men gain from the subordination of women (Connell, 2000). There is no perfect exemplar of dominant masculinity; however, as men strive to achieve it, they create different forms of masculinity that create a social hierarchical structure that has a significant impact on society. All men are subjected to social pressure to conform to the dominant ideals of being a man, and men who do not conform are subordinated and socially marginalised.

Subordinate masculinities are constructed to be below, deviant, and abnormal to hegemonic masculinity, such as effeminate men (Messerschmidt, 2019). These subordinate masculinities often have unclear distinctions from femininity. Marginalised masculinities are those men who are discriminated against because they are invisible and overlooked when referring to the population of interest, not because of active efforts to exclude them. These masculinities are dismissed because of unequal relations outside of gender, such as class, race, ethnicity and age (Messerschmidt, 2019).

Critics argue that the criticisms of hegemonic masculinity include its assumption of a singular masculine identity, its neglect of psychological complexities and its failure to account for the versatility of gender hierarchies. It is also criticised for being overly dependent on cultural norms rather than practices (Connell & Messerschmidt, 2005). It is blurred and unclear in its meaning and tends to downplay issues of power and domination. Furthermore, criticisms of hegemonic masculinity also include its tendency to misinterpret the characteristics of men as fixed rather than as a relational concept that legitimises unequal gender relations (Messerschmidt, 2019).

Although hegemonic masculinity has faced various criticisms, it plays a significant role in understanding men's mental health. This highlights the role of societal expectations in hindering emotional expression and seeking mental health treatment (Harianti, 2023). Deeply ingrained social norms surrounding masculinity shape men's mental health, including men's attitudes, behaviours and modes of expression (Mokhwelepa & Sumbane, 2025). Hegemonic masculinity is disadvantageous to men and significantly influences men's willingness to seek mental health treatment (Warria, 2017). The social practices that men use in the structuring and acquisition of power undermine men's mental health. As a result, men are socialised to suppress their needs or acknowledge their pain to prioritise power and authority. Furthermore, Courtenay (2000) asserts that men taking care of their mental health threatens their power and authority in relation to women.

Cultural expectations play a significant role in preventing men from seeking mental health treatment, as they conform with the core beliefs of hegemonic masculinity that discourage vulnerability and emotional expression (Joslyn, 2024). Moreover, evidence suggests that conforming to rigid forms of masculinity has adverse consequences for men's health and longevity (Courtenay, 2000). Therefore, by applying this theory, we gain a deeper understanding of how hegemonic masculinity influences men's perceptions of seeking mental health treatment in Mpumalanga. With this theoretical framework as the guiding theoretical lens, the following sections review the literature on men's mental health.

2.3. Overview of Men's Mental Health

Men's mental health is a concerning issue, commonly known as a "silent epidemic" with worrying statistics (Ogrodniczuk et al., 2016). It is referred to as the unique mental health needs of men, such as male-specific determinants, encouraging male engagement and opposing stereotypes to improve mental health outcomes in men (Kielan et al., 2020). Despite mental health challenges affecting people of all genders, some mental health challenges tend to impact men and women differently; hence, there is a need to focus on the mental health of each gender separately (Barber, 2019). Historically, men's mental health challenges have been swept under the carpet, as they signify weakness. However, there is a growing need for men and society to take a unique approach to men's mental health (Gema, 2023).

2.3.1. Differences in the mental health of men and women

The literature reveals a gap in mental health treatment use among men and women. The rate at which men seek help is far lower than that of their female counterparts (Yousaf et al., 2019). Researchers believe that this difference in seeking mental health treatment between males and females can be attributed to different coping mechanisms. Men cope with mental health challenges differently than women do; men tend to self-medicate with alcohol and drugs to reduce emotional distress, resulting in a high rate of substance abuse in men (Sagar-Ouriaghli et al., 2019). Moreover, women are more likely to experience internalised mental health challenges, whereas men experience externalised ones (Van de Velde et al., 2023). Owing to the externalising nature of men, Sagar-Ouriaghli et al. (2019) contend that there is a lack of appropriate instruments and clinician biases.

Moreover, Ogrodniczuk et al. (2016) assert that the symptoms expressed by men do not always conform to the DSM-5 and that this may conceal men's mental health challenges, resulting in inaccurate diagnoses and incorrect treatment. For example, both men and women can suffer from depression but experience different symptoms. In the preliminary stages of depression, men display symptoms such as irritability, anger,

hostility, risk-taking, escape behaviour and aggressiveness. This expression can hide more typical symptoms of depression, such as feelings of guilt, crying and changes in appetite (Ogrodniczuk et al., 2016).

There is also a difference in the types of mental health challenges prevalent across genders. Researchers have attributed the differences in the types of mental health challenges to sex differences (Otten et al., 2021). Sex differences in mental health represent biological factors. Biological factors, including hormones, play a certain role in the high prevalence of depressive disorders such as depression, anxiety and eating disorders among women (WHO, 2022). Women show a prevalence of disorders such as depression, anxiety, mood and eating disorders, whereas men, on the other hand, have shown an extremely high prevalence of mental health challenges categorised as "neurodevelopmental disorders" in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Affleck et al., 2018).

Research focused on mental health often overlooks gender and sex differences as well as the distinct risk and protective factors that apply to men and women (Reicher-Rossler, 2017). Riecher-Rossler (2017) suggests that there is a need for a shift in practice and research to evaluate sex and gender aspects more deeply. In addition, more research is needed on gender differences in mental health challenges, help-seeking, coping, compliance, and gender-sensitive psychotherapy (Riecher-Rossler, 2017). Building on this idea, Martinez (2018) suggested that there is a need for more clinicians, researchers, and policymakers to understand men's mental health and suicide from a gender approach.

2.3.1. Differences in suicide rates among men and women

According to Bilsker et al. (2018), suicide in men is a "silent pandemic". Martinez (2018) believes it is a silent pandemic because most traditional gender analyses address the behaviour of men and women and their emotions differently, oversimplifying the complexities of gender. DeBeer (2024) believes that this is a silent pandemic because there is limited awareness of the severity of the problem, a lack of explanatory research on suicide in men and the reluctance of men to seek help with suicide-related problems.

Additionally, research on suicide among men has focused mostly on the statistical comparison of suicide rates between men and women, ignoring the underlying complexities.

Freeman et al. (2017) assert that suicide is a male phenomenon. While suicide is more common in men than in women, women are more likely than men to attempt suicide (Freeman et al., 2017). For example, in Zambia, men have a higher suicide rate, whereas women are more likely than men to attempt suicide (Pengpid & Peltzer, 2021). South African statistics also reflect broader global trends, with women having twice as many suicide attempts as men do but fewer committed suicides than men do (Edeh & Eseadi, 2023). This is known as the gender paradox of suicidal behaviour (Freeman et al., 2017).

Studies suggest that this difference in suicidal behaviour between men and women is caused by the use of different methods to commit suicide (Fitzpatrick et al., 2022; Freeman et al., 2017). Men tend to use lethal methods to commit suicide, such as firearms or hanging themselves, whereas women use less lethal methods, such as drug overdose. There is no one contributing factor that causes suicide, it is caused by factors such as fear of vulnerability and patriarchy (Law, 2024). Numerous psycho-social and neurobiological factors account for the high rate of suicide among men. These factors include the reluctance to seek mental health treatment; impulsivity; alcohol and drug abuse; access to lethal methods of committing suicide; and the absence of gender-sensitive mental health services. Moreover, Genuchi (2019) indicated that strong conformity to masculine gender role norms is correlated with suicidal ideation, suicide attempts, and suicide.

Genuchi (2019) asserts that higher suicide rates among men are accompanied by the belief that suicide is a powerful act and that a man's death by suicide is less devastating than a woman's death. In addition, Bantjies and Mapaling (2021) assert that completed suicides are seen as heroic and masculine, whereas attempted suicides are associated with emotionality, weakness, and femininity. This perception is correlated with the avoidance of seeking mental health treatment and the stigma surrounding vulnerability and weakness (Rasmussen et al., 2018).

2.4. Men's Perceptions of Seeking Mental Health Treatment

2.4.1. Mental health literacy

Mental health literacy (MHL) refers to an individual's understanding of mental health challenges, including their causes, the available treatments, and factors that promote or hinder mental health treatment seeking (Madsen et al., 2024). Blom et al. (2024) assert that MHL may be viewed not only as an individual skill or trait but also as a reflection of social structures. This is because the knowledge and beliefs of individuals are influenced by the social structures in which they live (Blom et al., 2024). Furthermore, Matsoele and Tadi (2023) asserted that MHL is rooted in cultural contexts. For this reason, how mental health is perceived in African communities differs from that in Western communities, including its origin, onset, severity, illness prognosis, type of treatment and treatment provider needed (Matsoele & Tadi, 2023).

Greater alignment with norms of hegemonic masculinity and low levels of mental health literacy are recognised barriers to seeking mental health treatment in men (Clark et al., 2020). Furthermore, men who adhere to gender norms and stereotypes are more likely to have less literacy in regard to mental health (Milner et al., 2019). This suggests that literacy is not only about awareness but also about the deep-seated cultural norms around masculinity. Therefore, interventions focused on increasing awareness without challenging harmful masculine norms might fail.

Addis and Hoffman (2017) suggested that if men are aware of their symptomatology and what signs to look for, they would be more inclined to seek mental health treatment. In a study conducted in Sweden, men were found to have a lower MHL than women. For example, men have a lower ability to recognise symptoms of mental health challenges and have more stigmatising attitudes towards mental health challenges (Blom et al., 2024). This lower mental health literacy among men could be explained by gender norms, as mental health literacy should be understood as a reflection of social structures (Blom et al., 2024). However, findings from Sweden may not be applicable universally, especially in African settings where perceptions of culture and masculinity differ. This highlights the significance of context-specific studies.

Similarly, a study conducted in Arab cultures highlighted that men have a lower level of MHL, including awareness of disorders, causes and treatment methods, than women do (Madsen et al., 2024). In South Africa, Madlala et al. (2022) asserted that there are few studies on MHL in South Africa, although MHL is a major factor in determining the mental health outcomes and functioning capacity of individuals. Masemola et al. (2022) asserted that men have an extremely poor understanding of mental health. This poor understanding of mental health coupled with a lack of vocabulary or confidence in articulating emotional distress, misinterpretation of psychosocial symptoms and lack of knowledge about available sources of support lead to a low level of seeking mental health treatment in men (Gough & Novikova, 2020).

Additionally, improving mental health literacy is important not only for the general population but also for healthcare workers. As Korhonen et al. (2022) highlighted, there is a need to improve MHL among health care workers in South Africa to improve overall health outcomes for individuals and the population, ultimately assisting in the prevention and treatment of mental health challenges. This highlights a systemic issue; if health care providers lack adequate MHL, men may be discouraged from seeking mental health treatment due to dismissive care.

2.4.2. Attitudes

According to the ABC model (Rosenberg & Hovland, 1960) of attitudes, A is related to affective components such as fear and shame, B is related to behavioural components such as seeking mental health treatment, and C is related to cognitive components such as mental health literacy and perceptions (Yang et al., 2023). Cognitive factors such as mental health literacy play a vital role in shaping men's attitudes towards seeking mental health treatment (Yang et al., 2023). Furthermore, a high level of MHL is positively correlated with positive attitudes towards mental health treatment.

Additionally, the theory of planned behaviour suggests that a person's attitude towards a behaviour influences behavioural intentions and actual behaviour (Clark et al., 2020). In this context, the attitudes that men have toward seeking mental treatment influence their mental health treatment-seeking behaviour. Lynch et al. (2018) assert that men

hold more negative attitudes towards using mental health services than women do; they are in denial of their emotions and encounter difficulties interpreting, managing, and communicating distress. Moreover, men whose family members have negative attitudes towards seeking mental health treatment are less likely to seek mental health treatment (Lynch et al., 2018). This suggests that men's reluctance to seek mental health treatment is influenced by a variety of factors, such as family influences and societal expectations, not just individual decisions. This finding also indicates that a positive shift in attitudes is required not only for men but also for communities.

The ABC model (Rosenberg & Hovland, 1960) of attitudes suggests that mental health literacy plays a significant role in shaping attitudes towards mental health treatment seeking (Yang et al., 2023), whereas the theory of planned behaviour proposes that behavioural intentions and actual behaviours are influenced by attitudes towards that behaviour (Clark et al., 2016). Despite this, both theories propose that a lack of knowledge and negative attitudes towards mental health treatment can discourage individuals from seeking treatment.

Numerous studies have consistently reported that men hold negative attitudes towards seeking mental health treatment (Piatkowski et al., 2023; Sagar-Ouriaghli et al., 2020a). For example, a study specific to Arab cultures revealed that men exhibit negative attitudes towards mental health (Hall, 2021). This is because of the stigma towards mental health challenges and their attribution to beliefs such as punishment from God, curses, evil eyes, and other paranormal and supernatural phenomena found in Arab cultures (Hall, 2021). Similarly, Lynch et al. (2018) suggested that negative attitudes among men are associated with previous experiences and the belief that seeking mental health treatment is not beneficial.

In contrast, Darlberg (2021) suggested a positive shift towards seeking mental health treatment in developed countries such as the United Kingdom (UK), Sweden, China, etc. However, this shift is observed in the general population and not specifically in men. This positive shift is attributed to a variety of factors, including increased awareness of mental health treatment, advocacy efforts by mental health organisations

and reduced stigma (Darlberg, 2021). In South Africa, Darlberg (2021) suggested that attitudes towards seeking mental health treatment in the general population are shaped by multiple factors, such as cultural, historical, and socio-economic factors. Although research on attitudes towards seeking mental health among men in South Africa remains unexplored, a study on the perceptions and attitudes of men towards depression revealed that men have positive attitudes towards seeking treatment for depression (Masemola et al., 2022). This study focused on depression, which is an aspect of mental health, and its findings can provide insight into men's attitudes towards seeking mental health treatment.

2.5. Barriers to Seeking Mental Health Treatment

2.5.1. Stigma as a barrier to seeking mental health treatment

The literature has consistently shown that individuals with mental health challenges are subjected to stigma and are treated less favourably than others are because of their mental health challenges (McKenzie et al., 2022). Originally defined by Goffman in 1963, stigma is a characteristic that devalues an individual, reducing them from being a whole person to being a tainted, discounted person (Fitzpatrick, 2008). Andersen et al. (2020) refer to Link and Phelan's (2001) theory, which states that stigma is achieved through labelling, stereotyping and segregating individuals with mental health challenges, which leads to discrimination. Stigma impacts population health outcomes by worsening stress, resource availability, and psychosocial and behavioural responses, thereby aggravating poor mental health (Stangl et al., 2019).

Stigma is widely known as a prevalent barrier to seeking mental health treatment (Stangl et al., 2019). Previous research has shown that common stigmatising beliefs incorporate the idea that mental health challenges indicate personal deficits, weakness, and a lack of self-control, and that people with mental health challenges are dangerous and cannot get better (Sheikhan et al., 2023). This stigma strongly impacts men's willingness to seek mental health treatment (Zumwalde et al., 2023). Notably, societal pressures, male-dominated environments, inequalities, and a lack of destigmatising

efforts are the factors that men experience that hinder mental health treatment seeking (McKenzie et al., 2022).

According to Omondi (2024), mental health stigma involes unfavourable attitudes, perceptions and behaviours that are directed towards individuals who have mental health challenges. Mental health-related stigma includes self-stigma, public stigma, professional stigma, and cultural stigma (Abdisa, 2020). These different types of stigmas are linked, and one can lead to the other, causing adverse effects on individuals with mental health challenges (Egbe et al., 2014). Additionally, stigmatisation occurs simultaneously at multiple levels, including the intrapersonal level, interpersonal level (e.g., relations with others) and structural level (discriminatory laws and systems) (Knaaks et al., 2017).

Self-stigma, also known as internalised stigma, is defined as a process whereby an individual with a mental health challenge will stigmatise themselves with the expectation of rejection by others (Abdisa et al., 2020). The internalisation of stigma leads to feelings of shame, guilt and reduced self-worth, affecting an individual's quality of life and mental health (Omondi, 2024). It is a worldwide health concern, as it leads individuals with mental health challenges to avoid early treatment, which results in prolonged recovery, different psychological complications, and financial difficulties. Furthermore, McKenzie et al. (2018) assert that men who adhere to traditional masculine norms such as stoicism, self-reliance and restricted emotionality have higher levels of self-stigma and negative help-seeking attitudes.

Public stigma is the most discussed type of stigma. It has three linked elements: stereotypes, prejudice, and discrimination (Gartner et al., 2022). Common stereotypes about people with mental health challenges address dangerousness and reduced competence, whereas common prejudices experienced by individuals with mental health challenges include fear, anger, and pity (Gartner et al., 2022). This stigma on men's mental health is influenced by a variety of factors, including stereotypes, the gender empathy gap and male gender blindness, which impact men's mental health treatment seeking (Whitley, 2021). Additionally, Schroeder et al. (2021) suggested that

men experience higher levels of mental health public stigma than women do (Schroeder et al., 2021).

Public stigma is experienced not only by individuals with mental health challenges but also by their families and friends through association (Nxumalo & Mchunu, 2017). Families are subjected to social exclusion and distasteful comments that devalue them because of their relationship with an individual with mental health challenges. This leads individuals with mental health challenges and their family members to suffer from low self-esteem, shame, anger, and efforts to conceal the stigma. Therefore, family members and caregivers hide information that a family member has a mental health issue from the community to avoid stigma (Monnapula-Mazabane & Petersen, 2022). This highlights that stigma related to mental health affects not only individuals with mental health challenges but also society.

Additionally, a study on stigmatisation has shown that patients with mental health challenges suffer not only from stigma from the public but also from healthcare professionals. While Milner et al. (2019) reported that male patients felt misunderstood and less acknowledged by care providers, Solvhoj et al. (2021) reported that patients felt devalued and rejected by healthcare providers. One unpleasant experience while seeking mental health treatment can have an impact on men's reluctance to use mental health services (Lynch et al., 2017). This underscores a systemic issue where stigma is often overlooked in policy, despite its role in increasing treatment gaps.

A study conducted in Australia revealed that stigmatising attitudes are prevalent towards people with mental health challenges (Morgan et al., 2021). Morgan et al. (2021) assert that the common stereotypes about people with extreme mental health challenges include that they are dangerous, incapacitated, and unpredictable and have an exceptionally low chance of recovering. A study conducted in Zimbabwe revealed that people suffering from mental health challenges are subjected to stigmatisation at many levels due to a lack of understanding of mental health challenges at the community level and a lack of recognition at the government level (WHOAR, 2022). This further contributes to the reluctance to seek mental health treatment.

In South Africa, the shame placed on individuals with mental health challenges, especially in Black communities, prevents sufferers from seeking mental health treatment (Gumede, 2021). They are seen as crazy, under a spiritual curse, weak or misunderstood, so they are often ridiculed, bullied, and cut off (Sankobe, 2020) (Gumede, 2021). Additionally, South Africans see psychiatric hospitals such as Weskoppies in Pretoria as places for "lunatics", where irreparable humans visit (Gumede, 2021). This delimits the use of mental health services and the integration of people with mental health challenges into communities and societies at large (Monnapula-Mazabane & Petersen, 2022).

While studies from Australia, Zimbabwe and South Africa offer meaningful perspectives on the relationship between stigma and men's mental health, a critical examination of the findings reveals a troubling trend. The consistent association between stigma and poor mental health outcomes across diverse cultures suggests that stigma is a global predicament and that there is a need for global destigmatisation interventions.

2.5.2. Masculine norms as a barrier to and construction of behaviour

Masculine norms and mental health are interconnected; they have an impact on the overall well-being of men (Slobojan, 2023). Mashele et al. (2024) asserted that masculine norms are classified at an individual level by how a person perceives, displays, and embodies their idea of what it means to be a man. Previous authors declare that masculine norms are socially constructed and play a vital role in how society operates and how men within it operate (Ezeugwu & Ojedokun, 2020; Slobojan, 2023).

Masculine norms become toxic when exaggerated. Marbrouk (2020) defines toxic masculinity as societal expectations that involve suppressing emotions or maintaining an appearance of toughness and dominance. Masculine norms define men as brave, bold, emotionally intelligent, and strong and must therefore not be irrational or emotional in the face of obstacles and overwhelming events (Ezeugwu & Ojedokun, 2020). From an early age, men are discouraged from sharing their feelings (Shea et al., 2019). Furthermore, men who cannot meet the expectations of masculine culture are

subjected to humiliation and being labelled as "weak" or too "feminine" (Mashele et al., 2024). Examples of toxic masculine norm sayings include "Don't be a wimp", "Be a Man", etc.

Herren et al. (2021) asserted that strict adherence to masculine norms is correlated with poor mental health outcomes and reduced mental health treatment seeking among men. Maintaining these norms places strain on men, contributing to low levels of reporting mental health challenges and elevated levels of stress (Yoder, 2016). This has a threefold effect on men experiencing depression, impacting their symptoms, expression of symptoms and attitudes toward seeking mental health treatment (Seidler et al., 2016). Moreover, men resist seeking mental health treatment to preserve self-reliance and control to avoid appearing weak and vulnerable (Vickery, 2021).

Chatterjee (2024) asserts that masculine norms lead men to deflect their emotional suffering by using methods of diversion, such as exercise, to help them feel better while relieving distressing feelings. However, McGrane (2020) highlights that physical activity is a mental health intervention, as it assists in increasing social connections and facilitates mental health treatment seeking. This contradiction shows how exercise can reinforce avoidance or can positively influence mental health treatment seeking. This highlights the need to further explore not only how masculine norms discourage treatment seeking but also how certain behaviours shaped by masculine norms can hinder or enable recovery.

In North America, adherence to masculine norms calls for the rejection of femininity and weakness, shaping men's health attitudes and behaviours (Sileo & Kershaw, 2020). This concept also applies to how men respond to and engage with mental health services. Similarly, in Nigeria, masculine norms were identified not only as barriers to seeking mental health treatment among men but also as one of the causes of mental health challenges among men (Nnadi et al., 2023). This highlights an unexplored issue, masculine norms, not only as a barrier but also as a cause of mental health challenges, something often overlooked even in studies focusing on Western countries.

In South Africa, masculine norms are closely correlated with cultural expectations and gender roles, which order men and women to exhibit certain behaviours. These are social norms and obligations that are reasoned to be suitable for males, forming a model of what it is means to be a man (Mashele et al., 2024). A common phrase used is *"indoda ayikhali ikhalela ngaphakathi"* (loosely translated as A man does not cry, he bottles things up), which means that men are not expected to show any emotion. *"Indoda must"* is another common phrase that is translated as "a man must" (Darangwa, 2022). This phrase involves traditional masculine expectations and suggests that men must always find a way to make things happen no matter what (Darangwa, 2022). These phrases indicate that masculinity in South Africa involves not only emotional expression but also the ability to provide and endure, unlike in Western studies. This further creates a double burden for South African men.

According to O'Neil (1981, p.203), "gender roles are behaviours, expectations, and roles set by society as masculine or feminine which are embodied in the behaviours of the individual man or woman and culturally regarded to males and females". Cole et al. (2018) assert that culture shapes and influences these norms, which are then conveyed to people through social learning. From an early age, men learn to place their worth on the basis of their ability to adhere to male gender norms (Cole et al., 2018). They are further taught the masculine ideology that "real men" do not ask for help, which influences how men will grow and view mental health treatment seeking in the future (Gorski, 2010). Failure to maintain these norms results in threatened manhood (Cole et al., 2018).

Berger et al. (2013) revealed that gender role conflict and strict adherence to hegemonic masculine norms are correlated with negative attitudes towards seeking mental health treatment. Vogel et al. (2014) assert that men perceive seeking mental health treatment as conflicting with their traditional male gender roles, which leads men to avoid using mental health treatment services to avoid appearing weak. Furthermore, the dysfunction strain paradigm proposes that men's failure to meet societal expectations of their gender roles strains them, leading to drug and alcohol abuse, which worsens their mental health and therefore leads to suicidal ideation (Ezeugwu & Ojedokun, 2020).

Patriarchy is a system rooted in the idea of the superiority of men to women (Johri, 2023). It has enforced gender roles physically and psychologically throughout generations (Resina & Mlambo, 2023). While supporting patriarchy, men often disregard their mental health and emotional capacity because men who live in patriarchal societies are constantly told to adhere to social expectations that dictate that men should provide for their families and exhibit masculine traits of stoicism, aggression, dominance and physical strength (Resina & Mlambo, 2023).

Resina and Mlambo (2023) assert that strong conformity to traits of masculinity under harsh patriarchal norms is positively associated with poorer mental health, anguish and reluctance to seek mental health treatment, as men are ashamed to speak about their emotions. A study conducted in the UK revealed that men do not seek mental health treatment because vulnerability contradicts patriarchal norms (Sagar-Ouriaghli et al., 2020b). Similarly, a study conducted in Zimbabwe reported that patriarchy has a significant effect on men's mental health treatment seeking and provides vital parameters for understanding the mental health burden of men and boys (Resina & Mlambo, 2023).

South Africa has a strong patriarchal system that encourages men to dominate women (Mshweshwe, 2020). In a patriarchal society, men always experience pressure to fit their gender norms, even though some of these norms are destructive (Bogenberger, 2024). Simelane (2023) asserts that patriarchy is one of the many factors that contributes to the high suicide rate among men. For example, men feel pressured to be strong, successful, and self-sufficient. This might cause them to be reluctant to seek mental health treatment because they do not want to be seen as weak or inadequate (Simelane, 2023).

The complex interplay between masculine norms, gender roles and patriarchy profoundly affects men's mental health. Furthermore, the presence of this issue in different countries and studies (2010-2020) highlights the severity of the problem. This emphasises the need for global interventions that seek to promote positive expressions

of masculinity that encourage men to be vulnerable and emotionally expressive without feeling emasculated.

2.5.3. Confidentiality concerns as barriers to seeking mental health treatment

Confidentiality is based on the ethical principles of consideration for privacy and autonomy (Kafka et al., 2024). Confidentiality concerns are a significant barrier to seeking mental health treatment (Salaheddin & Mason, 2016). Salaheddin and Mason (2016) further asserted that assuring men of confidentiality in seeking mental health treatment would help them see seeking professional mental health treatment as a trustworthy option.

Findings from a study conducted in Australia revealed that men are concerned about confidentiality when seeking mental health treatment. They expressed a lack of confidence in mental health professionals being confidential (Sheik et al., 2023). Similarly, a study conducted in America revealed that although men had positive attitudes towards seeking mental health treatment, confidentiality concerns played a crucial role in their decision to seek mental health treatment (Morgan et al., 2024).

Furthermore, a study conducted in South Africa revealed that South African men had confidentiality concerns about seeking mental health treatment (Tshuna et al., 2024). The experiences of belittlement and disrespect from providers further contribute to this lack of trust, making it difficult for men to seek treatment (Tshuna et al., 2024). However, this study did not address the scope of mental health treatment. This leaves a gap in understanding confidentiality concerns in relation to mental health treatment.

2.5.4. Social support

Social support plays a dual role in men's mental health treatment, acting as a barrier to and promoter of mental health treatment. It includes components such as feeling valued, loved and part of a network that provides reciprocal assistance (Acoba, 2024). Social support can be represented in multiple forms, including emotional support (love, trust, empathy and caring), informational support (providing guidance, advice and

exchanging knowledge to help individuals make well-informed choices), and instrumental support, which includes tangible services, such as financial aid and transport (Mboweni et al., 2024).

Social support among men is severely under researched, yet research suggests that men with high levels of social support have better health outcomes than those who do not have social support (Watkins et al., 2020). This perspective is supported by Smith and Hebdon (2023), who suggest that social connections with family and friends may encourage men to address their mental health challenges, promoting their willingness to seek mental health treatment. However, Sharp et al. (2023) assert that men show no interest in building social connections with others. This is because social support requires men to reveal symptoms such as anger, vulnerability, and agitation, highlighting the importance of confidentiality in supporting men (Watkins et al., 2020).

A study conducted in America highlighted that men show hesitation towards seeking social support from their loved ones due to societal expectations of the behaviours that define being a man (McKenzie et al., 2018). Strict adherence to traditional masculine norms limits men's perceptions of the availability of social support (McKenzie et al., 2018). Moreover, a study conducted in Ethiopia, Nigeria and Egypt revealed that poor social support from loved ones leads to elevated levels of internalised stigma (Alemu et al., 2023). In South Africa, a study in Mpumalanga revealed that social support plays a pivotal role in supporting individuals with mental health challenges by providing encouragement, understanding, and practical aid (Mboweni et al., 2024). Notably, while studies from African countries have revealed the significance of social support for mental health, these studies did not specifically focus on men.

2.5.5. Access to mental health services

In Africa, mental health receives minimal attention from policymakers (Ezeugwu & Ojedokun, 2020). This is caused by the negative effects of infectious and communicable diseases, low income, and malnutrition. These challenges are amplified by people's poor status of general health and the underfunded health sector, where mental health is thought to be the least important (Ezeugwu & Ojedokun, 2020). Nicholas et al. (2022) assert that Africa faces a multitude of challenges in mental health delivery, starting from insufficient staffing to sociocultural stigma and the government's lack of effort in terms of policies and funding.

Most countries have policies that are directed at mental health challenges, although these policies are usually weak and outdated to address the current challenges (Nicholas et al., 2022). Currently, in African countries, an average of less than 1% of health budgets are dedicated to mental health, whereas in Europe and North America, 6%-12% of health budgets are dedicated to mental health (Kajawu et al., 2019). For example, Kenya spends 0.05% of its health budget on mental health, whereas Nigeria spends only 3% on mental health (Kajawu et al., 2019; Ozota et al., 2024).

In addition to mental health being underfunded in African countries, research reveals that there is a mental health treatment gap in Africa. Approximately 98% of people with mental health challenges in Africa do not receive mental health treatment (Saade et al., 2023). Ozota et al. (2024) asserted that fewer than 10% of people with mental health challenges in Nigeria have access to mental healthcare and treatment, whereas in Sierra Lione, it is estimated that 98% of the population lacks access to mental health services (Nicholas et al., 2022).

South Africa recognises mental health as a public health priority, although it remains largely underfunded (Law, 2024). The South African government allocates only 5% of its total health budget to mental health, putting the country at the bottom of the international benchmarks of country public spending on mental health (Gumede, 2021). This country is known to be one of the most unequal countries in the world and employs a two-tier health system: a government-funded public sector and a private sector

(Teichman, 2022). Approximately 84% of the country's population uses the government public sector, and only 16% access the private sector (Morar et al., 2024). Consistent with national data, 88% of the population of Mpumalanga Province uses the government public sector (Mpumalanga Department of Health, 2021).

Access to mental health care in South Africa is recognised as a basic human right. However, human resource challenges severely affect the delivery of mental health services in South Africa (Morar et al., 2024). There are a limited number of mental health care providers with an unequal distribution between the private and public sectors (Shisana et al., 2024). In 2019, there were approximately 0.31 psychiatrists per 100 000 people in the public sector, whereas there were 498 psychiatrists per 100 000 people in the private sector (Moodley et al., 2023). This is the same for psychologists, as there are only 451 psychologists in the public sector with vacancy rates between 80% and 83% in Limpopo, Mpumalanga, and Eastern Cape (Teichmann, 2022).

Additionally, Gsell (2024) asserts that South Africa has stark geographical inequality in the availability of mental health services. Most of the country's mental health professionals and facilities are housed by urban centres such as Johannesburg and Cape Town, whereas rural areas remain severely under resourced (Gsell, 2024). For example, Gauteng and Western Cape have 50 and 72 psychiatrists, respectively, in the public sector, whereas Mpumalanga has only 3 to 4 psychiatrists (Masweneng, 2023). Individuals residing in rural areas need to travel long distances to access mental healthcare care, facing challenges in making follow-up appointments and remaining consistent with their treatment (Gsell, 2024).

While KwaZulu-Natal is the province with the most psychiatric hospitals (6), Mpumalanga has no specialist psychiatric hospital (Sordahl et al., 2023). As a result, Mpumalanga must refer people suffering from mental health challenges to other provinces, such as Gauteng, for specialised mental health services. There is also a significant psychiatric-patient ratio of 1 to 1 581 194 in Mpumalanga (Teichmann, 2022). Furthermore, 19 752 beds are currently available in public and private mental healthcare facilities. These rates are significantly lower than the rates suggested for a

service delivery package based on the burden of mental health conditions and mental health care services in South Africa. This shows how the demand for mental health services exceeds the supply in South Africa.

Approximately half of South Africa's population lives in poverty (Gyamfi, 2022). This means that almost half of the people in South Africa lack the financial resources to meet their basic needs. Moreover, poverty is interconnected with mental health (Oyekunle et al., 2022). Poverty not only elevates mental health risks but also acts as a barrier to seeking mental health treatment (Kim, 2020). Poverty leads to limited resources for seeking mental health treatment due to financial constraints (Lemon, 2023). This requires individuals to seek help in public hospitals with limited resources and longer waiting lists (Pinto & Dave, 2015).

Even though mental health challenges can affect anyone during any period in life, their prevalence and distribution differ across social groups (Elliot, 2016). Individuals living in poverty frequently experience emotional stress, hypersensitivity, sleep difficulties, hypersensitivity and physical pain, which are manifestations of mental health challenges. Furthermore, Marbin et al. (2022) assert that individuals living in socially underprivileged and poor city areas are more likely to suffer from mental health challenges such as depression, anxiety, and psychosis than individuals residing in high-income areas.

Porche (2007) asserts that poverty leads men to an unequal power distribution in their societies, which results in low self-esteem, role strain, mental strain, and emasculation. It makes men undervalued in a system that emphasises and prioritises wealth and some people over others (Treadwell & Ro, 2003). The mental health of men who are poor as a result of unemployment, poor education, mismatch of skills, etc., is not supported by society, as it conflicts with what is expected from men (Treadwell & Ro, 2023).

2.5.6. Men's coping mechanisms for mental health challenges

Coping mechanisms play a dual role in men's mental health treatment seeking, promoting, and acting as barriers to seeking mental health treatment. Lynch et al. (2018) asserted that masculine norms discourage men from seeking professional mental health services, leading them to use different coping mechanisms to relieve their emotional and physical pain. Similarly, Bilsker et al. (2018) assert that men's tendency to adhere strictly to stereotyped features of masculinity leads them to opt for other methods in dealing with their mental health challenges, delaying their seeking mental health treatment. These coping mechanisms are influenced by personal experiences and cultural norms (Chatterjee, 2024).

2.5.6.1. Beliefs as a coping mechanism

South Africa is known to be a rainbow nation due to its diversity, including in culture and religion. The cultural and religious diversity in beliefs leads to a large body of knowledge on how South African individuals understand and cope with mental health challenges (Sikrweqe et al., 2024). As a result, the way in which mental health is understood by South African men is informed by indigenous cultural and religious perspectives (Ngwenya & Sumbane, 2022). Notably, in the South African context, the lack of physical symptoms in mental health challenges coupled with the lack of appropriate terminology in the African language to describe psychological symptoms adds to the complexity of mental health, making it a difficult concept to grasp (Sankobe, 2020).

Ezeugwu and Ojedokun (2020) assert that Africans believe that any female or male from Africa cannot suffer from mental health challenges. Former President Jacob Zuma claimed that men from Zulu culture do not suffer from mental health challenges because it is a foreign concept to them (Gumede, 2021). Furthermore, Masemola et al. (2023) assert that the way in which people understand and interpret mental health and mental health challenges differs from culture to culture and that their mental health treatment-seeking behaviour is explained by their perceptions of mental health.

Adu et al. (2023) assert that most Africans believe that mental health challenges are caused by supernatural phenomenon. Hence, such individuals resort to traditional healers for mental health treatment as a first point of contact in the path to mental health services or as a sole option for mental health treatment (Adu et al., 2023). For example, in Ghana, mental health challenges are believed to be caused by punishment, evil spirits, God or curses (Lambert et al., 2020). As a result, the problem is mostly perceived as requiring a spiritual cure. Moreover, approximately 70% of Ghana's population turns to traditional healing to relieve their mental health symptoms (Lambert et al., 2020).

Similarly, in South Africa, mental health challenges are believed to be caused by witchcraft and familial wrongdoing resulting in ancestral curses (Bila & Carbonatto, 2022), whereas others believe that mental health challenges are caused by a breach of a taboo, spirit possession, evil eye, sorcery, disturbances in social relations, demonic possessions and affliction by God or gods (Rantho & Maluleke, 2021). This causes individuals to prioritise traditional healers as a treatment method over Western care (Bila & Carbonatto, 2022). Furthermore, an estimated 70–80% of South Africans seek mental health treatment from traditional healers over psychologists (Galvin et al., 2023).

Traditional healers in South Africa believe that supernatural factors such as bewitchment, natural causes and ancestral curses cause mental health challenges. To diagnose mental health challenges, traditional healers use methods such as bone throwing and observation (Sigida & Masola, 2020). Additionally, methods such as bathing, induced vomiting *(ukuphalaza)*, steaming (*ukufutha)*, herbal remedies, nasal injections, lighting incense *(impepho)* and animal sacrifices (Galvin et al., 2023) are used to address mental health challenges.

The reliance on traditional methods over seeking professional assistance for mental health treatment highlights the need for the integration of Western and African approaches to mental health treatment (Maneno et al., 2021). While African psychology is a holistic approach that includes the social, spiritual, psychological, and economic aspects of life, it has limits (Letsoalo et al., 2024). Its methods are unknown, and there

are no ethical guidelines. On the other hand, the Western approach is individualistic and neglects other cultures and beliefs (Letsoalo et al., 2024).

Furthermore, Letsoalo et al. (2024) emphasise that the integration of these approaches is essential for addressing the unique needs of Africans. They further state that this integration will pave the way for a more inclusive, culturally sensitive and effective mental healthcare system. Similarly, Adams (2024) echoes Letsoalo et al. (2024) by emphasising that this integration can effectively reduce stigma, improve mental health literacy, and ultimately promote mental health treatment seeking among individuals.

Religious beliefs play a crucial role in influencing men to seek mental health treatment. Moreno et al. (2022) assert that belief in scripture, sin and salvation can impact how mental health treatment is perceived. Most Christians believe that mental health challenges are caused by demonic attacks, which leads them to seek mental health treatment from their spiritual leaders instead of mental health professionals (Matanovic, 2020). In contrast, Hlongwane and Juby (2023) believe that spiritual beliefs and practices can positively influence individuals seeking mental health treatment. Being involved in a spiritual society leads to improved social support and social interaction, which can shape how an individual relates with others (Hlongwane & Juby, 2023).

2.5.6.2. Self-Reliance

According to Harianti (2023), who paraphrased Burns and Mahalik (2011), self-reliance is a concept that implies that men are not socialised to seek help from others and that they must always find ways to solve their problems. In seeking mental health treatment, self-reliance is linked to concepts such as fear of stigma, self-stigma, confidentiality concerns, and pride in independent beliefs that men are the only ones who understand their problems (Meadley et al., 2024). Moreover, Smith and Hebdon (2023) suggest that traditional masculine norms such as self-reliance lead men to downplay mental health symptoms and display difficulty in disclosing challenges, which in turn hinders men from seeking mental health treatment.

In Australia, self-reliance was identified as a barrier to men's mental health treatment seeking (Reily et al., 2023). Sharp et al. (2023) assert that Australian men view seeking mental health treatment as giving up to the extent that men prefer to indulge in maladaptive behaviours such as abusing substances to avoid any marginalisation invoked by others. This culture deeply prices characteristics of strength and self-reliance to the extent that vulnerabilities such as seeking mental health treatment are denied (Sharp et al., 2023).

In the case of South Africa, Ngwenya and Sumbane (2022) assert that South African men often believe that their problems are solvable through self-reliance, leading to a delay in seeking mental health treatment. This mindset in conjunction with societal norms contributes to the poor utilisation of mental health treatment services, worsening mental health challenges and suicide rates in South Africa (Ngwenya & Sumbane, 2022).

2.5.6.3. Substance abuse

Mental health challenges and substance abuse commonly occur together, impacting healthcare outcomes (Anic & Robertson, 2020). This occurrence has adverse effects on individuals and society at large (Altalafha & Abada, 2023). Tindimwebwa et al. (2021) assert that this complex relationship has a negative impact on the natural discourse, clinical outcomes, and prognosis. This leads individuals to adhere poorly to treatment, which then leads to deterioration and hospitalisation (Tindimwebwa et al., 2021).

Numerous studies have reported a higher prevalence of substance abuse in individuals with mental health challenges than in individuals with mental health challenges, with 3–4% reported in the general population (Tindimwebwa et al., 2021). In Nigeria, 21.3% of individuals reported the use of psychoactive substances among mentally ill individuals. Similarly, a study conducted in the Western Cape of South Africa reported a prevalence rate of 55.6% (Tindimwebwa et al., 2021). While having a few drinks or smoking marijuana might seem like a mechanism that helps with feelings of uncertainty or stress, this can quickly become addictive, impacting human behaviour (Davids, 2020).

From an early age, men are made to believe that they should take risks and not display any sign of weakness. These gender-related expectations result in men engaging in dangerous activities to validate their masculinity (Ngwenya & Sumbane, 2022). Wanjiku (2023) asserts that society's expectations and gender norms frequently discourage men from seeking mental health treatment, making it difficult for them to share their emotional struggles. This suppression of emotions often leads some men to turn to drugs or alcohol as a coping mechanism (Wanjiku, 2023).

Furthermore, the abuse of substances to cope with mental health challenges, resulting in a significant impact on mental health outcomes and dependence, is common in men. Schafer and Kayiet (2018) assert that heavy alcohol consumption and abuse are among the most challenging mental health concerns among men in Kenya. They further assert that mental health challenges and alcohol are often linked, creating a negative cycle. Individuals with mental health challenges use alcohol as a coping mechanism, which exacerbates mental health, familial and social issues. This cycle exacerbates violence and poverty (Schafer & Kayiet, 2018). Similarly, a study conducted in Nigeria revealed that men felt that alcohol helped them forget “their sorrows” and relieved them of their mental health challenges (Nnadi et al., 2023).

South Africa faces similar challenges. Gema (2023) reports that millions of South African men rely on the recreational use of dangerous substances such as drugs and alcohol to address their mental health challenges rather than seeking mental health treatment from professionals. Men who do not succumb to this substance abuse turn to suicide as an answer to their mental health challenges (Gema, 2023). This highlights an urgent need for interventions that address substance abuse and mental health challenges among men.

According to Gottert et al. (2022), men's mental health challenges lead not only to poverty and the stress of poverty but also to unhealthy coping mechanisms, particularly violence and substance abuse, causing detrimental effects not only for men themselves but also for the people around them. In agreement with Gottert et al. (2022), Ngwenya

and Sumbane (2022) assert that, owing to societal expectations and traditional masculine norms that discourage men from seeking mental health treatment, men lash out and abuse their families as a coping mechanism to address their mental health problems. Similarly, Lateef (2023) asserts that men may reveal their mental health challenges in externalising ways, leading to violence.

2.5.6.4. Violence

Violence, including gender-based violence (GBV) and intimate-partner violence (IPV), has been correlated with untreated mental illness. Men who adhere to these norms report greater negative effects on mental health, higher rates of alcohol and drug abuse and increased incidences of violence and bullying (Donnar et al., 2023). A study conducted in Sweden revealed that men with mental health challenges were more likely to perpetrate IPV against women than the general population was (Yu et al., 2019).

Similarly, in South Africa, a study conducted by the Human Science Research Council (HSRC) linked untreated mental health challenges among men to increased perpetration of violence against women (Gsell, 2024). The high number of brutal deaths of women in South Africa highlights the devastating consequences of untreated mental health challenges among men (Mosebetsi, 2024). For example, the highly publicised case of a man from KwaZulu-Natal who killed his fiancée and later committed suicide has shown the dire consequences of untreated mental health challenges. Reports suggest that he had a history of mental health struggles, suicidal ideations, and public breakdowns, highlighting the need for urgent intervention and support (eNCA, 2024).

2.6. Facilitators to Encourage Mental Health Treatment Seeking Among Men

2.6.1. Awareness campaigns

Awareness campaigns play crucial roles in providing education to men about mental health, enhancing mental health literacy, and reducing stigma, thus encouraging increased mental health treatment-seeking behaviours among men with mental health challenges (Sagar-Ouriaghli et al., 2019). By providing men with knowledge about mental health challenges and the available support systems, these campaigns can effectively enhance mental health treatment seeking, thereby leading to improved mental health outcomes (Chatterjee, 2024). Furthermore, awareness campaigns can positively impact men's mental health treatment-seeking behaviours by addressing stereotypes, promoting help-seeking as a sign of strength and utilising male role models (Kielan et al., 2020).

However, while there are various mental health promotion strategies, there are few awareness campaigns aimed at increasing men's mental health treatment-seeking behaviour (Seaton, 2017). Most campaigns target multiple outcomes, restricting gender-specific influences in promoting mental health treatment seeking among men (Seaton, 2017). Furthermore, Duthie et al. (2024) assert that for campaigns to be effective for men, they must align with male communication preferences, emphasising the importance of targeted research on delivery and messaging strategies.

A study conducted in 2016 in the UK revealed that men's mental health awareness campaigns, such as the Men's Health Forum, faced challenges in engaging men effectively (Pollard, 2016). However, Abostie et al. (2020) revealed that the use of community-based initiatives to increase awareness of men's mental health in the UK was successful in men through events and sports. This shows that strategies to engage with men need to meet their needs and preferences. Seemingly, in Nigeria, community-based awareness campaigns significantly increased the use of mental health services; interestingly, these awareness campaigns were not gender specific but still showed efficiency in increasing mental health service usage (Eaton et al., 2017).

In South Africa, June is the health month for men. The purpose of this month is to raise awareness about the health problems affecting men. Despite the growing attention given to men's mental health challenges, there is a significant dearth of national campaigns that extensively cover all nine provinces in South Africa. Currently, men's mental health awareness campaigns are centred primarily in Gauteng, leaving a gap in awareness and support for men in other provinces. For example, the "Moments with Men" national campaign, which is hosted by the Generation Gender (Gen G) to address alarming suicide rates and promote better mental health among men, took place in Johannesburg (Sonke Gender Justice, 2023).

Additionally, men's mental health campaigns appear not to be a priority in South Africa, as evidenced by the fact that efforts to raise awareness about mental health are largely limited to the month of June. This is evident in the South African Federation for Mental Health (SAFM) 2024's statement that men's mental health gains traction during the month of June; unfortunately, it falls off the radar outside the month of June (SAFM, 2024). This lack of sustained attention has detrimental effects on the lives and mental health of many South African men and highlights a policy gap in which men have a high suicide rate, but less attention has been given to male-specific campaigns.

2.6.2. Support groups

A "point of hope", which fosters emotional security and safety, is what support groups are described to be (Erdem et al., 2020). They are an entry point for formal services and assist in lessening long waiting lists for formal treatment (Gosling et al., 2021). Vickery (2022) describes them as beneficial to men with mental health challenges, as they can be among others with similar experiences, which leads to a perceived level of understanding and empathy. Seemingly, Gosling et al. (2021) assert that they provide a warm, safe, and judgement-free environment that relates to men's preparedness to open up and engage with the group. However, Gosling et al. (2021) assert that support groups are not for everyone because of the individual differences and challenges experienced by men. This highlights the significance of flexible and diverse support models.

A study conducted in the UK revealed that men who attended support groups valued the sense of shared understanding of experiences and the mutual respect that support groups presented them with (Vickery, 2022). Support groups offered them

opportunities to reconstruct traditional masculine norms by reciprocating unique and tailored mental health support to others. Although the effectiveness of support groups on men's mental health treatment-seeking behaviours in South Africa remains unexplored, a study conducted in 2022 revealed that men wished to engage in non-judgemental support groups and believed that support groups and having awareness would help their mental health treatment-seeking behaviours (Masemola et al., 2022). Furthermore, the South African Depression and Anxiety Group (SADAG) launched face-to-face support groups for men on the 19th of January 2023 but only in Soweto (The Citizen, 2023).

2.6.3. Digital interventions

The explosion of online mental health support services shows promise for reaching a large number of men, who may perceive such services to be less stigmatising and more convenient than in-person services (Gottert et al., 2022). Kim and Yu (2023) assert that digital interventions improve the understanding of and engagement in mental health services among men by addressing traditional masculinity norms, encouraging mental health treatment seeking and providing comfortable spaces for discussion. However, these digital interventions do not have a significant effect on all mental health challenges, necessitating further research on their effectiveness in addressing different mental health challenges (Zhang et al., 2024).

Digital online interventions have the ability to overcome several barriers, such as access to treatment without delay, cost, transportation, privacy, greater anonymity, greater autonomy, stigma, and no need to discuss mental health with others (Schueller et al., 2019; Opozda et al., 2023). Moreover, Ekoh et al. (2023) assert that digital interventions may also reduce the nature of masculinity, which hinders men from seeking mental health treatment. However, Mindu et al. (2023) assert that online interventions also have factors that could hinder help-seeking, including restrictive religious beliefs, high data cost, lack of native languages on most digital platforms, low digital literacy, and complicated user interfaces.

Although digital interventions have the potential to increase the rate of mental health treatment seeking among men, data in Australia suggest that men are less likely to use online mental health interventions (Opozda et al., 2024). When they do use online interventions, they are more likely to prematurely stop using these programmes. This under-use of online mental health interventions is due to the gender-blind interventions that are currently available; they are not designed to consider men's particular needs, preferences, and circumstances (Opozda, 2024). In contrast, men in Nigeria have been reported to be receptive to digital interventions, despite challenges such as digital literacy and the perception of these interventions as irrelevant (Ekoh et al., 2023). These findings emphasise the need for tailored cultural and gender-sensitive digital interventions.

In South Africa, the use of digital interventions to improve mental health treatment seeking among men remains under-explored, although studies on women's mental health show a positive link between the use of digital interventions and seeking mental health treatment (Nombakuse & Tsibolane, 2024). However, South Africa's policy suggests developing digital interventions that will offer tailored, ongoing support to men and boys to improve their access to healthcare but does not clarify which health challenges should be supported by these interventions (Opozda et al., 2024).

2.6.4. Ubuntu

According to Bila (2024), the persistent global mental health crisis presents a significant opportunity to advocate for ubuntu as a solution. “Ubuntu is an African indigenous philosophy which includes communalistic moral values in which there is an inherent and pervasive sense of unity between people” (Nicolaides, 2023, p71). It is a concept that refers to human interconnectedness within a community (Van Breda, 2019). Loosely translated, it means “I am because we are”. Unlike Western approaches, it emphasises the vital role of social and communal support in promoting positive mental health outcomes (Bila, 2024).

Lateef (2023) asserts that the ubuntu cultural norms of interdependence, compassion and humanness are positively associated with openness to seeking mental health treatment. Similarly, Bila (2024) asserts that promoting ubuntu can play a significant role in reducing mental health stigma within communities. Its emotional and relational dimensions of healing could help address the mental health treatment gap in Africa, where current systems are limited to Western approaches (Jansen et al., 2024). A study conducted in America revealed that men with a greater acceptance of ubuntu cultural norms reported positive attitudes toward seeking mental health services (Lateef, 2023). Similarly, a study conducted in Rwanda highlighted that promoting ubuntu has a significant effect on addressing mental health challenges (Jansen et al., 2024).

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

This chapter aims to provide the research outline. Research methodology refers to the techniques and procedures used to recognise and analyse information about a specific research topic (Sreekumar, 2023). This chapter presents the research methodology that was employed in the study, including the research design, study setting, sampling and sample size, data collection, data analysis and ethical principles that were considered.

3.2. Research Approach and Design

A qualitative approach was adopted in this study to provide answers to questions about the complex nature of phenomenon, with the aim of describing and understanding phenomenon from the participant's point of view (Leddy & Omrod, 2019). This approach is best suited for the current study, as it explores and provides profound insights into real-world problems (Tenny et al., 2022). It is centred on how people construct meaning from their experiences (Eisner, 2017). Furthermore, it is holistic, emergent and centred on thick, well-developed descriptions and allows for the collection of valuable data in narrative form rather than numerical form (Silverman, 2017).

In this study, an exploratory research design was adopted. Exploratory research design is defined as research that aims to gain insights into poorly understood concepts,paving the way for future research (Swaraj, 2019). The reason for choosing an exploratory research design was motivated by several reasons. These include that the design formulates problems more precisely, clarifies concepts and ideas, and forms hypotheses (Kothari, 2004). Second, it is flexible and allows the researcher to delve into information and insights about a particular concept (Swaraj, 2019). Therefore, this exploratory study aimed to explore men's perceptions of seeking mental health treatment in KaNyamazane.

3.3. Study Setting

This study was conducted in KaNyamazane, an urban–rural township located 30 km east of Mbombela (formerly known as Nelspruit) in the Ehlanzeni District of the Mpumalanga Province. According to the Mpumalanga Provincial Government (2024), KaNyamazane has a population of 37 148 individuals. Among the total population of KaNyamazane, 47% are males, whereas 52.2% are females. Although KaNyamazane is a township that is culturally diverse with individuals from various backgrounds, most of the population speaks SiSwati. Furthermore, several factors motivated the choice of KaNyamazane as the study setting. First, as a member of the community, the researcher has a deep understanding of the local context. Second, the high suicide rate among men in the province validates the relevance of the study. According to statistics on the suicide rate among men in Mpumalanga, men are 4.2 times more likely than women are to commit suicide (Arendse et al., 2023). Finally, the proximity and accessibility of this location allowed for efficient participant recruitment and data collection.

3.4. Participants

The participants of the present study consisted of men from KaNyamazane township who were between the ages of 18 and 35 years. This age group was selected because suicide is the second leading cause of death among youth between the ages of 18–35 years worldwide at 9.5%, with LMICs accounting for 78% of these suicides (Edeh & Eseadi, 2019). Locally, this trend also persists, with men in Mpumalanga being 4.2 times more likely than women to commit suicide, with the most common age group being 18-35 years (Arendse et al., 2023). This study sampled 17 men aged 18-35 years residing in different sections of KaNyamazane township. The sample size was considered sufficient as data saturation was reached. Data saturation was reached when no new themes emerged from subsequent interviews and when the data were repetitive. This indicated that the sample size was sufficient to address the research questions.

Participants were sampled through non-probability purposive sampling. This means that only men who reside in KaNyamazane between the ages of 18 and 35 years participated in the study. Etikan et al. (2016) define the purposive sampling approach as an approach whereby the researcher deliberately chooses participants on the basis of

the qualities the participants possess. Purposive sampling was selected over other nonprobability methods, such as convenience sampling, snowball sampling, and quota sampling, to allow the researcher to deliberately select participants with relevant qualities, allowing the researcher to gather "information-rich cases" to best address the research aim and questions (Levy, 2017). Furthermore, it has the advantage of ensuring that bias-free quality data are sampled, enhancing the credibility and reliability of the findings (Nyimbili & Nyimbili, 2024).

In applying this approach, the researcher purposively sampled participants by making use of familiarity with the KaNyamazane community. As a resident of the township, the researcher had knowledge of the different sections of the township, which assisted in identifying and approaching men who met the inclusion criteria of being between the ages of 18–35 years and residing in KaNyamazane. Recruitment occurred in community spaces such as sports grounds and hang out locations.

3.5. Measuring Instrument

An interview schedule (Appendix B) was prepared before the interviews were conducted with the participants. It contained open-ended questions, and the interviews were semi-structured. The interview schedule was guided by the study's research questions. This semi-structured interview schedule was developed in a bilingual format, English and SiSwati (Appendices B and C), to ensure cultural sensitivity and reduce language barriers. This semi-structured interview schedule consisted of two sections. Section A required the participant's demographic information (age, education, culture, occupation), and Section B focused on the interview questions.

3.6. Procedure and Data Collection

Before the commencement of the study, ethical approval to conduct the research was obtained from the School of Social Sciences Ethics Committee at the University of Mpumalanga (Protocol Reference Number): UMP/Shongwe/11/2024). Additionally, permission to recruit participants from KaNyamazane township was obtained from the Ward Councillor through a gatekeeper's letter (Appendix D). Once permission was granted, the researcher went around the community of KaNyamazane, recruiting

participants. Participation was voluntary, and participants were informed about the time it would take to participate in the interview.

The study collected data through face-to-face semi-structured, in-depth interviews. Semi-structured interviews are a mixture of structured and unstructured interviews. Semi-structured interviews were deemed appropriate for this research because their flexibility allows the researcher to encourage the interviewee if they find what they are saying interesting, which further gives the researcher freedom to probe the interviewee to elaborate on their perspective on the topic (in this case, seeking mental health treatment) and not to just adhere to the interview guide (Newcomer et al., 2015).

The researcher met with the 17 participants on days which were convenient for both the researcher and the participants. The interviews were conducted over a period of 2 months. At the beginning of the interviews, a short presentation that detailed the aims and objectives of the study was given by the researcher. The ethical clearance letter, consent form and information sheet, were presented to the participants, and consent forms were signed. Furthermore, ethical considerations were discussed, and the participants gave permission for audio recording. To gather more detailed information and reduce language barriers, the interviews were conducted in English and SiSwati, according to the preferences of the participants. The interviews conducted in SiSwati were then translated to English by the researcher, who is fluent in the language for analysis and reporting purposes. These interviews ranged between 30 and 60 minutes. Moreover, the interviews took place at the homes of the participants to ensure their safety and comfort. To ensure the safety and comfort of the researcher, a trusted individual accompanied the researcher to each location and waited outside the interview venue to ensure that the interview process ran smoothly without interruptions.

3.7. Data Analysis

Thematic content analysis was used to analyse the data. This method was chosen over other qualitative analysis methods because the study aimed to identify patterns across the participants rather than to build a new theory. It is best suited because of its versatility and ability to provide a rich in-depth description of the data (Nowelli et al., 2017). The researcher used this analysis method to reduce the collected data into themes

and derive meaning from men on their perceptions of seeking mental health treatment. According to Braun and Clarke (2006), thematic analysis includes the following steps:

Step 1: Familiarising yourself with the data

After the data were transcribed, the researcher had prior knowledge of the data because she collected the data herself. The researcher embedded herself in the transcripts through repeated reading, to gain familiarity with the data's breadth and depth. As the researcher was working with verbal data, the data were transcribed into a written form.

Step 2: Generating initial codes

Generating initial codes includes selecting and creating the codes derived from the data. The coding procedure was part of the data analysis, as these codes were grouped together. These codes were sought from the content of the data, which were considered captivating and significant to the research study. The researcher created an initial list of ideas concerning what was included in the data and what was interesting about them. Furthermore, mind maps were used to sort the different codes into themes.

Step 3: Searching for themes

After initial coding and data collation, the researcher now has an extensive list of various types of codes that emerged. The codes were identified and paired with data extracts that demonstrated that code. During this phase, all the actual data extracts were coded and then collated within each code. This involved copying extracts of individual transcripts and collating each code using file cards.

There is a difference between coded data and themes (which are broader), where the interpretative data analysis occurs and where arguments about the phenomenon are made (Boyatzis, 1998). This phase focused on analysing themes at a broader level, rather than codes, and involved sorting the different codes into potential themes and collating all relevant data extracted from the identified themes.

Step 4: Reviewing themes

In the fourth phase, themes were reviewed at two levels: reviewing and refining themes. In the first level, the researcher read all the collated extracts for every theme and examined whether they formed a coherent pattern and strictly addressed the research questions and objectives. The researcher then moved to the second level of this phase,

which required the validity of individual themes in relation to the dataset to be considered. The researcher reread the entire dataset to code additional data that were missed in the earlier coding stages.

After the second stage, the researcher had an idea of what the different themes were and how each theme fit into the overall story.

Step 5: Defining and naming themes

This phase involves defining and refining the themes that will be presented for analysis. The essences of the themes were identified and determined. The researcher defined and refined the themes and organised them in a coherent and consistent manner. In addition, the researcher interpreted the themes and stated what seemed interesting about them.

Step 6: Producing the report

This is the final phase and begins when the researcher has a set of fully worked out themes that were identified in the previous phases. This phase entailed the final analysis and writing of the research report. The researcher ensured that storytelling took place during the write-up procedure.

3.8. Trustworthiness

It is crucial that the quality of research is assessed. Owing to the qualitative nature of the study, the researcher used trustworthiness to ensure validity and credibility. Nowelli et al. (2017) define trustworthiness as a way in which the researcher can persuade themselves and other researchers that the findings are worthy of attention. The four constructs of trustworthiness include credibility, transferability, dependability, and confirmability (Nowelli et al., 2017). The researcher used these constructs in the following ways:

3.8.1. Credibility

According to Korstjens and Moser (2018), credibility determines whether the research findings represent credible information drawn from the participant's original data and accurately conveys their viewpoints. Additionally, the credibility of a researcher is pivotal in qualitative research, as the researcher is the major instrument in the processes

of data collection and analysis. The explanation and documentation of all the analysed data ensured the credibility of the results of the study. Another method used by the researcher to ensure credibility is member checks. Member checking, also known as participant validation, is the process of returning the analysed data to the participants of the study (Birt et al., 2016). The main aim was to confirm that the researcher's account and impressions were congruent with the participants' views. The researcher ensured that this practice was maintained throughout the study. The researcher returned to all the participants with the transcripts after three weeks to ensure that there was no misinterpretation of the thoughts of the participants during the interviews.

3.8.2. Confirmability

Confirmability is the researcher's ability to remain neutral when interpreting the data presented in the study (Nyirenda et al., 2020). Maintaining reflexivity is essential for managing bias. Reflexivity involves considering and acknowledging that one's beliefs and experiences can influence the research process, including the participant's responses and how data are collected, interpreted, analysed, and presented (Nyirenda et al., 2020). The researcher had a reflexive journal to minimise the influence of their own beliefs and experiences on the study.

3.8.3. Dependability

In the present study, effort to ensure dependability was achieved in two ways. First, the researcher maintained an audit trail by documenting all research decisions, data collection processes, and data analysis procedures. Second, the researcher ensured that the research methods, questions, and techniques were coherent and correctly linked to one another.

3.8.4. Transferability

Qualitative researchers intend to provide comprehensive and intricate depictions of the study's environment, participants, and procedures to improve the potential for transferability (Johnson et al., 2020). Therefore, to strenghthen transferability, the researcher provided comprehensive and detailed descriptions of the research context,

participants and methods. The rich description of the KaNyamazane context and the participants' demographic backgrounds allow other readers to determine applicability to other settings.

3.9. Ethical Considerations

Ethical considerations are a set of guidelines that inform research designs and practices to ensure ethical conduct(Bhandari, 2021). It is essential that any research study that involves human beings adheres to the ethical principles of research (Fleming & Zegwaard, 2018). The aim of informed consent is to ensure that the participants understand the study and choose whether to take part in the study while considering their values, interests, and preferences (Emmanuel et al., 2000). In adhering to the principles of ethical research, the aims, objectives, methods, and implications of participating in the study were discussed with the participants. A consent form was given to every participant in the study to sign, granting their permission to participate in the study, and all the participants provided consent for their participation. The researcher explained the principles of voluntary participation and that they were not forced to participate in the study and were ensured not to force or coerce anyone to participate in the study. The participants were informed that they had rights to withdraw from the study anytime they wished to do so and at any stage of the study. Anonymity and Confidentiality serve a significant role in research because they add to the presentation of high-quality results while also being objective (Kang & Hwang, 2022). To ensure the anonymity of the participants, the researcher did not ask for personal information or any other information that could be used to identify the participants. To ensure confidentiality, the researcher made sure that no one else but herself and the supervisor had access to the recordings. The recordings and the transcribed data will be kept safe after use and will be deleted after 5 years. Privacy in the study was ensured by using a secluded venue, whereby there was no possibility of confidential information leaking. Pseudonyms (Participant 1–17) were also used to ensure privacy. The researcher ensured that all the participants were treated with fairness and equity throughout the process of the research.

CHAPTER 4: RESULTS

4.1. Introduction

This chapter presents the participants' demographic profile and the study's findings. Table 4.1 provides detailed demographic information of all the participants in the study, while Section 4.3 below presents the findings of the study.

4.2. Description of Respondent's Demographic Information

Table 4.1 below shows the demographic information of the participants. The study sampled 17 male participants between the ages of 18 and 35 from the community of KaNyamazane. The participants varied in terms of ethnicity, occupation, and level of education, although the majority were Swati and held the National Senior Certificate as their highest qualification.

Table 4.1: Socio-demographic information of the respondents

Participant	Age	Highest level of Education	Cultural/Religious Background	Occupation
1	28	Bachelor's degree in education	Swati	Universal Advisor
2	25	BCom Honours in Sport Science	Swati	PE Teacher
3	22	National Senior Certificate	Xhosa	Student
4	25	National Senior Certificate (Matric)	Swati	Unemployed
5	27	BSc: Honours in	Tsonga	Student

		Agriculture		
6	28	Diploma in Agriculture	Sotho	Student
7	24	Post Graduate Diploma in Agriculture	Ndebele	Student
8	19	National Senior Certificate	Swati	Student
9	25	Bachelor of Law	Tsonga	Unemployed
10	27	National Senior Certificate (Matric)	Sotho	Operation Assistance
11	28	MSc in Agricultural Extension	Swati	Unemployed
12	30	Higher Certificate in Administration	Sotho	Entrepreneur
13	28	Bachelor of Engineering	Tsonga	Industrial Engineer
14	30	Diploma in Electrical Engineering	Swati	Electrician
15	20	National Senior Certificate	Swati	Unemployed
16	24	Diploma in	Swati	Unemployed

		Entrepreneurship		
17	23	National Senior Certificate	Swati	Student

4.3. Overview of Findings

Three themes emerged from the results of the study. The emerged themes included men's perceptions of mental health treatment, barriers to seeking mental health treatment and facilitators to promote mental health treatment among men.

4.4. Men's Perceptions of Mental Health Treatment

The perceptions of mental health treatment among men are discussed below. It includes mental health literacy, mental health management strategies and attitudes towards seeking mental health treatment.

4.4.1. Mental health conceptualisations and management

Mental health conceptualisation and management emerged from the data. Specifically, how men define mental health and mental health management strategies was revealed from the data. The participants reported that mental health is mental health fitness, the ability to maintain a balanced state of mind to cope with life's daily challenges. Some participants reported that mental health is the mental health breakdown experienced when one fails to reach one's goals and compares oneself with others. This is evident in the statements below:

Participant 5: *"Mental health is mental fitness, if you are not fit mentally then you will go seek mental health treatment which can assist you to be fit mentally".*

Participant 2: *"I think mental health is all about the well-being of your mind. Is the state of your mind balanced enough to cope with daily, they do not overwhelm you such that you end up being depressed."*

Participant 7: *"It is the psychological being of a person, either good or bad. It is everything related to the mindset of a person. How he deals with a problem, how we think and behave. Psychologically bad is when someone has toxic thoughts and views everything in a negative way".*

Participant 15: *"Mental health is being sane. It is having a sane mind, your thoughts and the way you interpret things. Mental health can be good or bad. When talking about good mental health I am talking about interpreting things in a positive way. In everything that you do, even if it is negative you try to find something positive. Bad mental health is finding negatives in everything even if something is positive".*

Participant 16: *"Mental health is thinking too much. You must not compare yourself with others if you feel like your peers are doing better than you. Your time will come if you have the brain to be patient that one day it will be okay. Your mental health will be okay. But if you compare yourself, that will kill your mental health".*

Participant 14: *"Mental health is a sort of a breakdown you have once you fail to reach the goals you have set for yourself and the things you wish to do in life, that's where mental health comes in because you start to have a low self-esteem. Stress and depression will also start".*

Additionally, the participants detailed their awareness of mental health management strategies, highlighting their knowledge and potential gaps in their perception of mental health treatment. The participants reported that social support assisted in dealing with mental health challenges. The participants highlighted the importance of social support from loved ones in dealing with mental health challenges. Some of the participants highlighted a preference for support from loved ones other than seeking professional treatment from psychologists. Social support provides a sense of comfort, although confidentiality concerns and fear of judgement act as barriers. This is evident in the following statements:

Participant 5: *"Venting. I vent out to someone, that makes me feel better. I just talk; I prefer sharing with someone that makes me feel better. There is this one friend I will vent to even if they give me an advice that I feel is not significant. I will feel better because I vented".*

Participant 16: *"Talking with your friends 'majita'. There is a lot that you will share with your friends because I do not think there is anyone who knows everything, we learn every day. If you go to your friend then tell him what you are going through, your friend will advise you. It is important to go out and talk to people, do not die inside 'ungafeli ngaphakathi' because you will end up thinking about suicide and all those bad things".*

Participant 13: *"A support system. It assists in showing you that you are not the only one going through things. The brotherhood, the fatherly structures. As a man, it is very important to be surrounded by other males because if not, you will tend to lose focus, way of life and how you do things. Being surrounded by other males helps because you would know what is expected from you, how to address issues and you would know that you are not the only one going through things. It just supports you in a variety of ways".*

Participant 10: *"Talking to someone you know. It is nicer, unlike a psychologist. The person I know will randomly check up on me and reassure me; they can also always come to check up on me".*

Participant 14: *"As a man, if you do not have people you trust to support you for example, friends then even if you have a problem you sit with it because you have nowhere to cry to".*

Participant 10: *"There is also a downside to talking to someone you know. You tell someone your issues then you become a joke. That is why men keep quiet till their issues swallows them. It is hard to be a man, you might think I am okay, but I am not. I have issues but do not speak up because I have been betrayed before".*

Participant 9: *"I keep my issues to myself to avoid being judged. If my close friends judge me, do you think I am going to trust someone else? People tend to undermine you after telling them your issues. As soon as people judge you, you lose your self-confidence, you cannot even speak up anymore".*

Moreover, the participants revealed that physical activity is a mental health management strategy for mental health challenges, and they commonly use it as a coping mechanism to address their mental health challenges. The participants highlighted the importance of physical activity in dealing with mental health challenges, which helps them focus on building their bodies rather than dealing with mental health challenges. They described how engaging in activities such as gyms, running or playing soccer assists in clearing their minds, releasing stress and allowing them to regain strength. For men, physical activity is an emotional regulation that positively contributes to mental health. The following responses validate this point:

Participant 4: *"An active body makes a healthy mind because the body cannot be active whilst the mind is not, and vice versa. The body and mind need each other to*

make an almost perfect person. If you take care of your body your mind will be okay, that is what comes to my mind when I think about mental health treatment".

Participant 11: *"If I have got a situation bothering me, I exercise. Physical exercise at some point does help. As men, we are physical when we go to the gym, we sweat and think and after a few days the nerves will calm down, and we deal with our issues".*

Participant 7: *"When dealing with situations that affect my mental health, I play soccer a lot. Not to say the stress will be gone but it will be better. Just getting the mind to be active, it helps. Exercising makes your mind to be elastic, to be able to think freely and make critical decisions".*

Participant 16: *"I try to exercise. Exercising does help because when exercising you are not focusing on your issues but your body. You focus on building your body whilst forgetting a little about your issues. After exercising you feel the strength that whatever you are going through is going to pass. You approach your issues in a different way."*

Participant 15: *"Being active helps you forget what you are dealing with, so we prefer engaging in hobbies such as playing soccer. For me, the moment I enter the soccer field I forget about my issues."*

Furthermore, formal mental health treatment, including counselling and medication, was another mental health management strategy that participants were aware of. The participants viewed these strategies as opportunities for emotional expression and support. This is demonstrated in the following statements:

Participant 13: *"The most famous mental health treatment I have ever heard of is counselling. Followed by medication in the form of capsules."*

Participant 14: *"I know about therapy where they will give you counselling".*

Participant 3: *"I only know where you sit with a person and share your problems with them, it's counselling".*

Participant 15: *"Therapy that works for some. The professionals help you with techniques on how to deal with your issues".*

Participant 11: *"I prefer going to psychologists because they have methods to help you cope with your mental health issues".*

4.4.2. Attitudes towards seeking mental health treatment

While a considerable number of participants reported negative attitudes towards seeking mental health treatment, a notable number also reported positive attitudes. The participants who reported negative attitudes highlighted that mental health treatment is not beneficial to them in any way because simply talking to a mental health professional does not help them. Some of the participants reported not seeking mental health treatment because they did not want to be called crazy. The participants' negative views are evident below:

Participant 15: *"Personally, I do not believe in therapy and things like depression. I feel like it depends on whether you allow these things to succumb you. I feel like for change or for an individual to recover from something, the individual must first accept and embrace their problems. It does not help, even if you can go for 3 to 5 years when you have not accepted your issues, nothing will happen. You can go to therapy and talk but it will not change anything. Just sitting and telling a stranger your problems then you go back home still with the same problems, so it is pointless to me."*

Participant 3: *"I am sorry to say this, but I do not think there should be anything such as mental health treatment for men, because whatever you do, even if you see a psychiatrist/psychologist and share with them your problems. What are they going to do? Give advice? Then what is next? It does not make any difference. It is like going back and forth. It is overly complicated. Men do not seek mental health treatment because they have seen it before that it does not work."*

Participant 7: *"It is something I would not do, even if I am sad or depressed. I do not think it is something that can personally help me. I also do not think I would go to a stranger or someone to assist me with mental health strategies on how to deal with my emotions".*

Participant 5: *"The problem is that if I seek mental health treatment, they will say I am crazy, so I do not want to be exposed. I will not go, I will just be fine, I will try to find a distraction".*

Participant 1: *"As men, we do not go to psychologists because they will tell you what you already know. You get there and tell them your problems. That is the problem, you have already told them your problems. All they will do is write your issues somewhere on a board, write a circle and put all your problems there, then say let us burst the*

bubble. How will that help me? It does not help. At the end of the day, it is you losing sleep over your problems, then you decide, no that is it. I am no longer going there".

Participant 16: *"Mental health treatment does not work for us as men. I will not go to a psychologist to coach me and tell me what to do because it starts with me inside. What will a psychologist tell me at my big age? You go there and they give advice, will they work? When you get home who will tell you what to do because you are not independent".*

In contrast, some of the participants reported positive attitudes toward seeking mental health treatment. The participants acknowledged the importance of seeking mental health treatment, as self-management is not always beneficial. Although societal expectations sometimes make this difficult, they recognise the value of seeking mental health treatment. This is evident in the following statements:

Participant 2: *"I am open to seeking mental health treatment if I can see that I have a problem with my mental health. Cause currently, mental health is very important we can see what is happening outside and not necessarily for men only but also for women".*

Participant 8: *"There are other dimensions in mental health that are outside your boundaries, so seeking mental health treatment is necessary. You will not always make the right decisions, so I do not have a problem with seeking mental health treatment."*

Participant 14: *"For me, seeking mental health treatment is not something bad. But due to the society we live in and the way we were raised up, it becomes very difficult".*

Participants 11: *"I feel okay, I feel it is a good thing to do, because it is not all the problems that we can solve by ourselves and in most cases when stressing about something that is impairing your functioning at work or school, psychologists will help you deal with the root cause of the problem".*

Participant 13: *"I will take counselling If I feel like there is a need and I had trauma; it is something well diagnosed and well known. We are currently at a stage where everyone wants to give treatment for a specific disorder, but no one really pays attention to the diagnosis. But treatment in terms of medication, I have big reservations for that because I have not seen it effective. I have had friends who were mentally ill, they went through the programme but none of them came back to be normal, when they come back, they have less energy and are more obedient".*

The findings under this theme highlight men's perceptions of mental health treatment. These findings provide valuable insights into how men perceive mental health treatment. Most participants viewed mental health as being able to cope with life's daily activities. The participants were also able to reveal strategies to assist in managing their mental health challenges. However, despite understanding the importance of seeking mental health treatment, most of the participants still exhibited negative attitudes towards seeking mental health treatment.

Collectively, these findings address the first research objective by revealing the knowledge, beliefs and attitudes men have in seeking mental health treatment.

4.5. Barriers to Seeking Mental Health Treatment

The participants revealed several barriers that hinder men from seeking mental health treatment. These barriers include masculine norms, stigma, financial difficulties, a lack of resources and mental health professionals, a lack of confidentiality, feelings of exclusion and maladaptive coping mechanisms.

4.5.1. Masculine norms

Masculine norms not only emerged as a significant barrier to men's mental health treatment seeking but also as a promoter of mental health challenges. These masculine norms promote self-reliance, stoicism, and the belief that men must always be strong and in control. As a result, men do not seek mental health treatment because of the fear of being judged and criticised. This is demonstrated in the following statements:

Participant 14: *"As a man to come out and confront a psychologist face-to-face, somewhere somehow you will be judged. Because as men we are always judged. We are often told 'indoda ayikhali' which means a man does not cry, so once you go and seek for those things it is like you are no longer a man, you are not man enough".*

Participant 15: *"As men, it is not expected for us to be weak or breakdown by the community. The moment a man cries too much or complains too much, he will be criticised. 'Indoda must provide, indoda must protect'. This is expected from men which puts men under a lot of pressure. Also, as men we have pride. If I go around showing my weakness or pain, I will appear as a weak person to some because not everyone will see you as being brave for seeking mental health treatment".*

Participant 2: *"People will say you are soft. Secondly, the stereotype that men do not cry and things like that. Most men are scared to be vulnerable because they were thought that men do not cry and that they need to be strong".*

Participant 7: *"I think men in general are grown in such a way that they should not cry. Not show their weaknesses to people. If they now go seek mental health treatment, it means now they cannot deal with their issues because men are viewed as people who are leaders, and a man must be able to deal with their issues. That is what we grow up under, hence it is said that men are not talking".*

Participant 5: *"This thing of saying 'indoda ayikhali' also contributes to mental health issues cause now society expects you to live in a certain way and then you end up with a mental health issue. As a man, once you start talking about mental health issues, they tell you to man up".*

Participant 1: *"This thing of mental health does not mean much to men. As soon as I tell someone I am suffering from a mental health issue, they will tell me to wait a bit. It is not that important to men, we go through and hope that we will be fine and because humans adapt, we adapt from an early age. From an early age, men are thought to tolerate and that they are strong, they cannot express any sign of weakness".*

Participant 16: *"As a man you believe 'indodza iyacina noma kanjani' which means that a man remains strong regardless of the situation, which is what we were told when we were growing up. As a man whatever situation, you go through builds you, so it is the same with mental health treatment, unless you are a sissy boy and a mama's boy".*

4.5.2. Stigma

Stigma may hinder men from seeking mental health treatment. The participants reported stigma as a significant barrier to seeking mental health treatment. They highlighted that if they mentioned anything related to mental health, people automatically assumed that they belonged to a mental health institution and that they were crazy. As a result, they choose not to seek mental health treatment to avoid being stigmatised. This is evident in the following statements:

Participant 5: *"If you talk about mental health, I automatically think about Weskoppies because that means that person is crazy, they must be taken there".*

Participant 13: *"Mental health can be classified in two ways. First, we call you a mad man when it is deeply visible that your behaviour is out of the norm. Those ones generally go via the hospitals and traditional healers. Secondly, for internal issues where your support system will help you".*

Participant 12: *"The first thing on my mind when I think about mental health is that a person with mental health issues is crazy. If something is wrong with your brain, that is what we say as Black people".*

Participant 10: *"Seeking mental health treatment to me would mean that I'm not normal and there's a problem".*

Participant 17: *"Black people see you as crazy when you have mental health issues".*

4.5.3. Lack of confidentiality

Some of the participants reported a lack of confidentiality as a barrier to seeking mental health treatment. The participants reported that mental health professionals are not completely confidential and might use their life stories as a reference in sessions with other patients. Furthermore, men's previous experiences of betrayal from loved ones further act as a barrier to seeking mental health treatment. This is supported by the statements below:

Participant 11: *"Some people who work in these mental health institutions lack confidentiality skills. They are not 100 % ethical, they might use the information against you, or you become a point of reference in someone else's story, but they signed a confidentiality agreement, which is why people do not go to psychologists".*

Participant 8: *"These are personal issues, and you have to share your confidential information with someone else. Remember, psychologists are also human beings they will not be able to keep my issues confidential".*

Participant 3: *"We do understand that they say psychologists keep your information confidential but then they will use your story when referencing to others".*

Participant 14: *"Men must be assured that when they go for therapy, the information will be confidential because if I discuss something with you, then you go share it with someone. It kills me, it is painful".*

Participant 10: *"We think if we go to psychologists, one day we will get there and find them having tea discussing my issues. Men must be given security that every detail they share with psychologist will be confidential and not be shared with others. Then maybe the number of men not seeking mental health treatment might be reduced by 30%".*

Participant 4: *"Men have been betrayed before, and they are big on loyalty; they shared their personal information with someone who shared that information with someone else. As men, the two things we are afraid of is rejection and betrayal. After being betrayed it becomes difficult to go to the psychologist. For example: They can use it for their own agendas, we live in a social media era where people will share your information for content".*

4.5.4. Feelings of exclusion

The participants reported feelings of exclusion, stating that men's mental health is often disregarded and that the focus is constantly on challenges involving women and children. This, in turn, makes men feel unimportant and inhumane with their needs disregarded and erased. Furthermore, men reported that this exclusion makes it seem as though mental health treatment is not meant for them but rather for women and children. This is evident in the following statements:

Participant 1: *"Men do not talk because of the system. The system makes it difficult for men to speak up. The system I would say is the laws that govern us, they mostly favour women obviously because of the past. Issues concerning men are not well documented or publicised. I feel like the way in which men are perceived, is like they do not suffer from any mental health issues, they need to hustle, push. For society, men can handle and overcome anything. This is evident in men's issues being swept under the carpet."*

Participant 7: *"Most of the time everything is about women and children, for example, the slogan that says 'protect women and children' this statement alone sidelines men. It feels like there are no men that are being abused, the focus is mainly on women and children although the statistics show that women and children are the ones who are more abused but there are also men who are being abused. If men are not included, it simply implies that they are not important. So that is why it goes again to the point that Why do men not seek mental health treatment? Because if I am not part of this equation*

'protect women and children', then it means I should be fine always. This statement is crafted from how men are grown."

Participant 14: *"No one takes a man serious because of the 'indoda ayikhali' we forget that a man has a heart, feelings and blood just like everyone else. As men we are not feeling like we are being taken care off enough, there is a point where as a man you are afraid to do other things because if it is done by a man, it is going to be called something wrong. For example, Gender-Based Violence is mostly concentrated on women as being the only victims. Also, the 16 days of Activism only includes women and children, but men are not included. There is no project that focuses on men, even if it is there, it is not taken seriously like initiatives including women, leading to men's voice being limited. The government focuses on women and children as victims, neglecting men who are the perpetrators and the problem causers of high crime rate, violence, etc. For women and children to be safe, men's mental health needs to be considered.*"

Participant 4: *"Currently, we feel like being a man is a crime. For example, every day in South Africa men are falsely accused of rape, after being their innocence is proven, do they have the opportunity to sue back? I have never heard of that. What does that do to the man cause after that no mental health treatment will be offered to that individual. This is also one of the reasons why men's performance in every department is declining. For example, if you check the number of graduates, there are more women who graduate than men and this hurts us".*

Participant 15: *"It would be easy for men to seek mental health treatment if they received that love and tenderness that women receive from the society. Men are only cared for when they provide".*

Participant 5: *"Every time, everything is about women. When will we start talking about men's mental health? The constant focus on women leads to the belief that mental health only affects women not men".*

4.5.5. Financial constraints and lack of resources

Most of the participants reported financial constraints as one of the barriers to seeking mental health treatment. They highlighted that seeking mental health treatment is a process that constantly requires money. Most people are unable to afford basic needs such as food; as a result, using money to seek mental health treatment seems to be a luxury. This is validated by the following statements:

Participant 5: *"Finances are a barrier to seeking mental health treatment. Not all of us afford to pay psychologists, that also limits us. Imagine you need to stress about R500 for mental health treatment when you are facing poverty. Instead of going to a psychologist, let me go buy food".*

Participant 14: *"If I want to see a psychologist, I need to pay. It is a problem, what if I do not have money?".*

Participant 3: *"It is costly and unnecessary. You have to pay a lot of money to sit and talk. And you will hear of advice you already know of".*

Participant 1: *"I would not go pay money for someone to tell me the reason why I am going through something I know and for solutions I have, how is a professional going to help me. Therapy should be free. So many people cannot afford therapy, that's why most Black people will tell you that therapy is for white people".*

Participant 16: *"Psychologists require that you make an appointment then pay money, If I come from a poor background those are the things that are pushing me to have bad mental health because I am finished with my studies and I'm unemployed with siblings looking up to me for their basic needs and a grandmother that is also unemployed. Where will I get money to constantly book an appointment because mental health treatment is a process, it is not like it bothers you one day it may take years. Whilst you have to constantly book and pay that person. Consultations must be free".*

4.5.6. Lack of resources and mental health professionals

A lack of resources and mental health professionals were also identified as barriers to seeking mental health treatment. The participants highlighted that there is a limitation on mental health institutions to cater to men's needs. Furthermore, mental health professionals are not available at local clinics and hospitals, but at tertiary hospitals such as Rob Ferreira, which serve different regions, this results in long waitlists and restricted access. This is supported by the following statements:

Participant 14*: "There are not enough institutions where we can go out and voice out as men because we are boxed as men. There are not enough resources for men. I think Psychologists are not enough, we need clinics to have psychologists. In government hospitals, it is a process because if ever I have a challenge, I don't have to queue on a*

line to see a psychologist, they tell you to book an appointment what if it's urgent and I am told the psychologist will only be available after 5 days? If you go to the clinic and tell the nurses that you are stressed, they will tell you to stop thinking. There is nothing they will help you with. They will tell you to go home. They should provide you with more information on where you will be assisted but they do not".

Participant 11: *"We do not see the people who provide mental health treatment. The people who are supposed to provide mental health services are far; they should get closer. I am here in KaNyamazane, I have been to the clinic 4 to 5 times. I have never been asked if I am okay mentally. When you get to the reception, they ask you what you want, If I say I do not know they will kick me out. I do not know if it is the environment we are in, but I feel like there is a limitation on mental health care providers. In all the areas where I previously worked, I have never seen a mental health institution- Secunda, Rustenburg, Mahikeng, Nelspruit, Nhlazatshe and KaNyamazane. There is just a limitation".*

Participant 8: *"The government does not provide mental health necessities in such a way that some of us are aware of the information. For example, here in KaNyamazane, if you ask people whether we have psychologists or not. No one will tell you that they are there, you must go to Rob Ferreira hospital where you might find that they are off duty".*

Participant 2: *"I do not know if the local clinic has a psychologist, let us have a ward for psychologists in the clinic because I do not think we have one. That will be helpful because I know they have one at Rob Ferreira but at community level we do not have one and now you see that there are a lot of people suffering from mental health issues compared to previous years".*

4.5.7. Informal coping mechanisms

To avoid seeking mental health treatment, the participants reported using informal coping mechanisms, including self-reliance, traditional and religious beliefs, the use of substances and perpetrating violence.

4.5.7.1. Self-Reliance

The participants believed in self-reliance to address their mental health challenges rather than going to a psychologist to seek mental health treatment. They highlighted a preference to address their challenges instead of relying on another person to assist

them because speaking out is not beneficial to everyone. This is supported by the statements below:

Participant 9: *"I have my own way of dealing with my issues. I prefer to be alone and deal with my issues the right way compared to talking to someone who will later judge me. I am trying to avoid that. Some of us cannot speak out, we are not good with words, we tend to act. Speaking out is not convenient for everyone".*

Participant 2*: "Sometimes you do not necessarily have to go to a psychologist because I believe that there are individuals who can see if they have a problem, or they are overwhelmed by work, family or financial problems. For example: As a person I can sit down when I see that I have a problem mentally, I take a step back so that I can see what's causing me to be depressed or suffering from any mental health sickness, then I try to find ways to help myself go back to my normal state. I feel like sometimes people exaggerate it, something small they can solve themselves they blow out of proportion by saying they are suffering from a mental health condition like it is something big, but it is something they can solve themselves. Sometimes it is not that you are mentally ill- you need mental health treatment, you are just overwhelmed or feeling pressure at that time".*

Participant 12*: "As a man you must know how to counsel yourself. If you cannot counsel yourself there is nowhere to go. It helps; you just have to understand the situation you are in".*

Participant 3: *"To deal with situations that affect my mental health, I cry a lot. The outside world should not know that there is a lot going on because they will not help me with anything. Any advice you will get from people to your problem is something you already know or can Google and those advices might not even work".*

Participant 5: *"As a man, you do not go for mental health treatment, anywhere anyhow. You sit and see if it does not go away other than going to seek mental health treatment immediately you feel something is wrong. Let me not rush to seek mental health treatment, let me first treat myself".*

Participant 16: *"Men tell themselves that they are strong they can solve their problems themselves, they are stronger than women and can manage their situations without going to a psychologist".*

4.5.7.2. Traditional and religious beliefs on mental health

According to the participants, mental health is a foreign concept among Black people. Seeking mental health treatment from mental health professionals has never been a method to address mental challenges in the past. As a result, individuals experiencing mental health challenges often rely on traditional or religious methods. The following responses validate this point:

Participant 5: *"As Africans we strongly believe that mental health is for white people, we do not have mental health issues. We only get flu. Why is it that when we were growing up, we never heard our parents suffering from depression and if a person is crazy, they are crazy there is no in between. Our great grandparents never suffered from these things, why does it have to start with our generation? We also believe that mental health has to do with "African Science" which is witchcraft, so it is because of our upbringing. So, when you think mental health issues are caused by Witchcraft, you will obviously consult traditional healers".*

Participant 2: *"Black people think mental health is for white people. Some men believe in the old ways of doing things like keeping quiet, going to the local community chief, traditional healers by using traditional herbs and some go to church to pray and tithe with the belief that everything is possible with God. They believe the above-mentioned things will solve their mental health issues".*

Participant 17: *"Seeking mental health treatment also depends on your beliefs, you will go where you believe you will be assisted. Some go to consult traditional healers to understand the source of their issues. Some are even told to thwasa as a solution to their mental illness".*

Participant 13: *"In the African community, we go to traditional healers where they do what they do to connect you to your spiritual being as a form of mental health treatment. For most Black men seeking mental health has never been a way of doing things or solving mental health issues. For instance, I have only known that one can be depressed when I was at varsity, prior to that I never knew that one can be depressed or knew the term depression. I do not even know the term depression in my home language. It does not exist and that is a problem".*

Participant 15: *"As a religious person, singing, prayer and having faith takes away all my worries. People who suffer from mental health issues are not strong enough, they*

are not resilient, and they do not have a belief system. Some go to Sangoma's with the faith that if they do what they were instructed to do, their worries will go away".

Participant 16: *"The first and the best thing to do is to kneel and pray. The power of prayer is powerful. Also believe that everything will be okay. If you are a person, if you do not believe in prayer believe in it. Praying, fasting and attending church helps. Do not go there to pass through a certain phase go there for the rest of your life because you want to be close with God. He will give you strength and if you believe you will see changes".*

4.5.7.3. Violence and substance use as coping mechanisms

Some of the participants mentioned that men use violence and substances as coping mechanisms. The participants highlighted the use of violence to address their frustrations and make themselves feel better. This is evident in the following statements:

Participant 9: *"Some become bullies because of what they are going through, they bully others to gain power over everyone around them to make themselves feel better".*

Participant 14: *"Some people end up becoming abusive because they have developed anger issues from having mental health issues".*

Participant 7*: "Not seeking mental health treatment leads people to end-up doing things that put other people at risk. I think that is how GBV emerges because mentally they are not well, the only thing they can do is take their frustrations on people especially women because they are weak in nature, or they are not superior in a way that they can be able to take care of themselves".*

Participant 1*: "We don't talk because we feel excluded that's why some men tend to violence".*

Additionally, some participants reported that men use substances to avoid seeking mental health treatment. They revealed that these substances diminish pain at that particular moment. Some of the participants revealed that seeking mental health treatment was not beneficial; as a result, they resorted to substances. This is evident in the following statements:

Participant 14*: "Men drink alcohol and smoke weed to deal with their issues. If I get to a psychologist, they will tell me to stop smoking my weed. What is going to happen*

to me when I stop smoking my weed, I would go crazy. I cannot do anything without smoking".

Participant 15*: "Some use drugs instead of seeking mental health treatment. They feel like the antidote for dealing with their issues is the drugs. It diminishes the pain and the worry while you are intoxicated. That is why we have addicts; I am not sure but if check statistically it is mostly men who are drug addicts".*

Participant 1*: "I go out and drink to deal with my issues. I once went to a counsellor; he was asking me questions I was expecting answers to. I was expecting answers for my behaviour from the counsellor. Going there did not help me because the person was telling me things I already knew, I felt like it was an interrogation somehow of how I have lived my life. Immediately after that I went to drink because I was emotional and after drinking, I felt calm".*

Participant 8: *"Most men think treatment for mental health issues is alcohol".*

Participant 9: *"I was in a dark space, and I felt like I needed to speak someone before I do something bad. I used to drink to deal with my issues, as time went on, I went and sought for mental health treatment which did not help then I went back to drinking. Yes, as men we sometimes prefer alcohol as a way of dealing with their issues".*

Participant 3: *"Some men end up drinking alcohol excessively to avoid seeking mental health treatment to deal with their issues because nowadays there is no way we are drinking this much just for fun. You cannot find old men in their 60s in the tavern drinking alcohol, there is something wrong".*

The findings under this theme indicate that there are multiple barriers to seeking mental health treatment for men. These barriers occur at various levels, including the personal, social, and structural levels. This suggests that seeking mental health treatment is not a personal decision but rather a decision influenced by societal expectations that determine what it means to be a man.

Masculine norms and stigma were the most dominant barriers reinforcing other barriers. The participants revealed that seeking mental health treatment leads one to be subjected to harsh treatments within their communities. In addition, systemic barriers such as a lack of resources and mental health professionals further hinder men from seeking mental health treatment. Collectively, these findings address the second objective by

demonstrating that barriers play a significant role in men's reluctance to seek mental health treatment.

4.6. Facilitators to Encourage Mental Health Service Use Among Men

The facilitators that encourage mental health treatment among men include awareness campaigns, support groups, tailored and sensitive approaches, and the preference for professionals with similar experiences, which contribute to mental health treatment seeking among men.

4.6.1. Awareness campaigns

The majority of the participants revealed that improving men's mental health awareness would promote mental health treatment seeking among men. The participants highlighted that more information needs to be given to men about the available treatments using pamphlets, posters, and billboards. Awareness campaigns need to be hosted in places such as churches, sports grounds, and schools, starting from an early age. Additionally, a public figure should be used as an ambassador to positively encourage other men to seek mental health treatment. Various media companies and government departments play crucial roles in ensuring that awareness campaigns are successful. This is evident in the following statements:

Participant 8: *"More information needs to be given to men, not only about psychologists but also about the treatments in place. If more information is given, more men will seek mental health treatment. Some men are going through mental health issues, but they do not know where they will find help for their issues. Information is very important. It is also very important to target where men spend most of their time, for example, in taverns and hold awareness campaigns or seminars".*

Participant 2: *"Awareness about mental health is needed. There should be campaigns where mental health will be discussed. Men should know that it is not for women only. The more other men who have sought for mental health treatment speak up and encourage others, the more men will seek mental health treatment. The more we talk about mental health, the better. This will help in encouraging men to seek mental health treatment. A public figure can even be used as an ambassador for mental health for men, for example, Siya Kolisi can be used".*

Participant 5: *"Men need to be aware of mental health treatment. For example, if you ask an old man, he will not tell you what mental health is. So why seek treatment for something you know nothing about, and we strongly believe what you do not know will not kill you. If I do not know anything about mental health issues, I do not think they will kill me. There needs to be billboards about the causes and symptoms of mental health, teach us about the basics before talking about treatment. Mental health should be incorporated in subjects like Life Orientation and Life Skills in schools. There is a saying that says "libunjwa liseva" which means it is better to train a child while they are still growing up. If the kids are trained about mental health issues, symptoms and that it is not wrong to seek mental health treatment it would be better. Maybe if we were taught when we were young about mental health issues and treatment it was going to be easy for us to seek mental health treatment. Furthermore, as there are a lot of campaigns for the prevention of HIV and childbirth. It is easier for people to go to the clinic and seek for those treatments but now there is nothing about mental health especially in men".*

Participant 11: *"The co-operation of different co-operatives such as Department of Education, Department of Health, Cooperatives Governance and Traditional Affairs department (COGTA) and the Department of Higher Education should develop strategies to educate children while they are still young, because "ligotshwa lisemanti", meaning it is better to teach children while their brains are fresh because it will be difficult to change how old people think".*

Participant 4: *"There needs to be campaigns that encourage men to seek mental health treatment, campaigns that have a purpose. For example, men we see you and we are here for you, let us assist you. Churches also need to preach about mental health. Even schools, wherever there are gatherings so that we can build a sense of trust so that we can be comfortable with sharing".*

Participant 14*: "The Government needs to play a role in proving that men are important because they are sidelined. Campaigns need to be formulated by the government so that people will take these campaigns serious. The media also needs to be on board so that everyone can see the campaigns and take them seriously".*

4.6.2. Support groups

Some of the participants reported that support groups play a significant role in promoting mental health treatment seeking among men. The participants emphasised the importance of having a community of men to share their experiences with. The following responses validate this point:

Participant 4*: "There must be a group setting whereby every week we meet and have men-to-men discussions where we can build trust because that's the problem, sort of a men's conference where we may sometimes have guest speakers who will give us speeches".*

Participant 15: *"Support groups would help. We need organisations that will look after the boy child just as there are those that look after the girl child. We also need to go back to our roots as Black people. Go back to the spirit of Ubuntu, I feel like we can conquer mental health".*

Participant 7: *"There needs to be men's forums where men are encouraged because I do not think they happen literally just social media. The men's conference that people are always talking about at least twice a month where we bring men to talk and share their experiences, how people pass these situations. If maybe here in KaNyamazane we have a slogan #MenLetsTalk".*

Participant 10*: "We need classes where we get educated and have discussions with other men not one on one. If we see other men venting, we will be encouraged to also vent".*

Participant 17*: "On any day of the week, as men we need to meet and talk about our issues. Those with experiences share how they dealt with their issues".*

4.6.3. Tailored approaches and gender-specific preferences

The participants revealed that tailored and gender-specific preferences encouraged them to seek mental health treatment. The participants highlighted the importance of recognising that each individual is unique, with different experiences, personalities, challenges and beliefs in addressing mental health. Furthermore, the participants highlighted the importance of using different treatment methods when dealing with different genders. This is evident in the following statements:

Participant 2*: "Mental health institutions tend to emasculate men to be more feminine. They want men to think like women. The methods that they are using need to change. For example, I go to a psychologist then I am told that I must cry, and I do not want that because I do not believe in crying, I want another method besides crying. They need to use different methods because people are different and prefer different things".*

Participant 12: *"Sometimes people turn their opinions into facts, most especially psychologists. They will think that maybe just because a specific method helped someone that method will also work for someone else although they have different circumstances".*

Participant 13: *"For the community to have more confidence in the mental health system in place, every case is unique and when people seek mental health treatment, they need to get a sense of uniqueness just like you would when you are sick physically. You would get a proper diagnosis with proof; you do not just smile 5 times then they say you have this".*

Additionally, some of the participants reported a preference for mental health professionals who are men, as evident in the following statements:

Participant 11: *"As different genders we have different methods of solving problems. It is also important to note that there are more women in the psychological aspect than men and we find that men do not trust women. We do not trust women because they are not confidential. More men should be in the psychology industry because it serves as an encouragement if we see men in the "helping industry".*

Participant 10: *"I prefer a male psychologist because women talk too much. You might meet them outside and they tell people about your issues but that is not the case for men".*

Participant 12: *"I do not think a female psychologist will be able to help me. Because I will have limits, some of the things a female will definitely not understand. A man-to-man talk is better".*

Participant 8: *"Some psychologists are women, and men have a perception that a woman will not solve my problems".*

4.6.4. Professionals with similar experiences

Some of the participants revealed that they prefer mental health professionals who have similar experiences to assist them. The participants reported that textbook knowledge is not sufficient to assist in situations they have never encountered. This preference is reflected in the following statements:

Participant 3*: "Counsellors need to understand the situation that you are in and greatly elaborate on a personal level what they have been through and what they did. Not someone who studied and finished. Has the counsellor gone through what I went through? No, then what is he going to help me with because the only thing that they know is a book. For example, I cannot be suffering from suicidal thoughts everyday then I come to a person who has never experienced suicidal thoughts".*

Participant 15: *"I feel like experience counts. Someone who can genuinely help you with what you are going through is someone who has experienced a similar situation. You can study, yes but if you have not experienced the situation, you will not provide a 100% remedy to an individual".*

Participant 1: *"Practical and Information is two completely different things. Sharing your problems with someone who has never went through those problems and now you are telling them something they went to school for, something they never went through?".*

The findings under this theme reveal that although there are barriers hindering men from seeking mental health treatment, there are facilitators to encourage mental health treatment among men. The participants emphasised the importance of awareness of mental health to reduce stigma and reconstruct harmful masculine norms that discourage vulnerability. Furthermore, having a community of other men to support and share mental health challenges would help encourage treatment seeking.

Collectively, these findings address the last objective by revealing the different facilitators that encourage men to seek mental health treatment. These facilitators highlight the need to prioritise the mental health of men.

CHAPTER 5: DISCUSSION

5.1. Introduction

This chapter provides a comprehensive discussion of the findings on men's perceptions of seeking mental health treatment in KaNyamazane, Mpumalanga. The findings of this study are discussed in relation to the related literature on men's mental health and the study objectives. The themes that are discussed in the study include men's perceptions of mental health treatment, barriers to seeking mental health treatment and facilitators to promote mental health treatment seeking among men. The study was concluded with limitations of the study, recommendations, and conclusions.

5.2. Men's Perceptions of Mental Health Treatment

The participants in the study demonstrated their perception of mental health as mental fitness or a state of mind balanced enough to cope with life's daily activities. This perception aligns with Madsen et al.'s (2024) definition; mental health literacy refers to an individual's understanding of mental health challenges, their causes, the available treatments and factors influencing mental health treatment seeking. Interestingly, some of the participants associated mental health with unfulfilled life expectations and comparisons, which may be shaped by masculine norms.

Notably, the participants generally acknowledged formal treatment, such as therapy, counselling and medication. A considerable number also emphasised exercise as a management strategy they used to address their mental health challenges. This aligns with Chatterjee's (2024) view that, owing to traditional masculine norms, men deflect their emotional suffering by using tactics of diversion, such as exercise. This distraction helps them feel competent while relieving distressing feelings. Furthermore, McGrane et al. (2020) asserted that physical activity is an acceptable medium for delivering mental health interventions, as it increases social connections and facilitates the seeking of mental health treatment. The view that exercise is a mental health treatment option by the participants highlights the relationship between physical and mental health. This finding supports the idea that physical and mental health are connected, as highlighted by the CDC's (2025) statement that mental health treatment is as crucial as physical treatment. This suggests that there is a need to explore the combination of mental and physical treatments into holistic approaches.

Furthermore, social support was also mentioned as a treatment option. The participants reported that a support system is important and offers a sense of belonging, allowing them to share their mental health challenges with their family and friends. This makes them feel better. This finding aligns with Acoba's (2024) statement that social support plays a protective role in mental health, offering components such as feeling loved, valued and a network that provides reciprocal assistance. This finding is also supported by Mboweni et al. (2024), who asserted that social support plays a pivotal role in supporting individuals with mental health challenges by providing encouragement, understanding, and practical aid. In contrast, some of the participants differed in their perceptions of social support, viewing it as a barrier to seeking mental health treatment due to confidentiality concerns.

The findings of the study reveal that men have high mental health literacy in the context of mental health treatment, as they are able to define mental health and elaborate on the mental health management strategies they use. This is inconsistent with the literature, such as Masemola. (2022) suggested that men have an extremely poor understanding of mental health. This inconsistency is also supported by Madsen et al. (2024), who suggest that men have a low MHL, including a lack of awareness of disorders, causes and treatment methods available. Furthermore, while this study reveals that men possess high mental health literacy, particularly concerning the understanding of mental health and its treatment, it is imperative to acknowledge that this literacy is focused entirely on these aspects. This study did not investigate men's knowledge of the causes and symptoms associated with mental health challenges, which are vital aspects of mental health literacy; further research is necessary to fully understand the scope of men's mental health literacy.

The findings of the present study highlight a dichotomy in attitudes towards seeking mental health treatment. On the one hand, most participants expressed negative attitudes towards mental health treatment. On the other hand, a notable number of participants had positive attitudes. The participants who held negative attitudes questioned the effectiveness of mental health treatment. These findings align with those

of Lynch et al. (2018), who reported negative attitudes among men towards seeking mental health treatment. Similarly, these attitudes are associated with the belief that mental health is not helpful. Interestingly, the findings of this study contradict the ABC theory of attitudes, which suggests that higher MHL is positively correlated with positive attitudes towards seeking mental health treatment (Yang et al., 2023). In contrast, the participants in the study had high MHL, yet a majority still held negative attitudes towards seeking mental health treatment. However, the findings of this study are aligned with the theory of planned behaviour, indicating that a person's attitude towards a behaviour influences their intentions and actual behaviour. This means that the participants' negative attitudes towards seeking mental health treatment contributed to their intentions not to seek mental health treatment.

In contrast, participants who held positive attitudes highlighted the significance of seeking mental health treatment, recognising that there is a need for external support. These findings are aligned with those of Darlberg (2021), who suggested that there is a positive shift in attitudes in the general population towards seeking mental health treatment. This shift is associated with increased awareness campaigns. Similarly, Masemola et al. (2022), who focused on men's attitudes towards seeking treatment for depression, reported positive attitudes towards seeking mental health treatment. Furthermore, Darlberg (2021) asserts that this positive shift is attributed to a variety of factors, including increased awareness of mental health treatment, advocacy efforts by mental health organisations and reduced stigma.

Moreover, the participants who expressed positive attitudes towards seeking mental health treatment emphasised that there are barriers preventing them from seeking mental health treatment. This underscores the impact of barriers on seeking mental health treatment.

Overall, the findings from this theme highlight a significant gap between mental health literacy and seeking mental health treatment. Although the participants had a high mental health literacy, negative attitudes influenced by masculine norms and stigma discouraged them from seeking mental health treatment. Aligned with the theory of

planned behaviour, seeking mental health treatment is not only influenced by literacy but also by attitudes. This suggests that interventions should not only focus on raising awareness but also address stigma and masculine norms that influence attitudes towards seeking mental health treatment.

5.3. Barriers to Seeking Mental Health Treatment

The present results revealed that masculine norms are a significant barrier to seeking mental health treatment. The participants emphasised that from an early age, men are taught to be tolerant and strong in the face of adversity. Seeking mental health treatment contradicts these norms, making them look weak. In support of these findings, Vogel et al. (2013) assert that men do not seek mental health treatment, as this conflicts with their gender norms. Men's failure to meet society's masculine culture leads to humiliation and being labelled as weak or feminine (Mashele & Letsoalo, 2024).

The societal expectations that reinforce masculine norms make it difficult for men to seek mental health treatment, as men are portrayed as protecters, leaders and people who can deal with anything. In support of these findings, Mashele et al. (2024) reported that masculine norms order men to exhibit certain behaviours, forming a model of what it means to be a man. Furthermore, Vickery (2021) reported that men resist seeking mental health treatment to preserve self-reliance and control. The findings of the study also revealed that not only are masculine norms a barrier to seeking mental health treatment, but they also contribute to mental health challenges among men. The participants emphasised that societal expectations put men under pressure to behave in a certain way and that failure to meet these expectations leads to mental health challenges.

These findings are supported by the study of Nnadi et al. (2024), which revealed that the pressure society places on men leads masculine norms to not only be identified as a barrier to seeking mental health treatment but also as a promoter of mental health challenges among men. Furthermore, Ezeugwu and Ojedokun (2020) suggest that men's failure to meet societal expectations of gender norms strains them, leading to

drug and alcohol abuse, which worsens their mental health. This reveals how harmful masculine norms discourage vulnerable individuals from seeking mental health treatment while promoting behaviours that worsen their mental health. Masculine norms have devastating consequences, such as heightened substance abuse, GBV, etc., for society. Therefore, interventions must not only encourage mental health treatment seeking but also challenge harmful masculine norms.

Numerous studies (Gumede, 2021; Morgan et al., 2021) from different countries have consistently reported that stigma is a significant barrier to seeking mental health treatment among men. Sankobe (2020) similarly suggests that individuals who suffer from mental health challenges are seen as crazy, weak, or misunderstood, so they are most ridiculed, bullied or cut-off, leading them to avoid seeking mental health treatment. Furthermore, Morgan et al. (2021) suggest that the common stereotypes about people with extreme mental health challenges include that they are dangerous, incapacitated, unpredictable and have an exceptionally low chance of recovering. This was confirmed in the study where participants associated mental health challenges with being "crazy" or "mad". Notably, one of the participants stated that when they think about mental health, they think about Weskoppies, where crazy people visit. This is supported by Gumede's (2021) view that psychiatric hospitals are seen as places for irreparable humans.

The consistent reporting of stigma as a barrier to seeking mental health treatment across different countries is a troubling trend. The labelling of individuals with mental health challenges as crazy, mad or irreparable reveals critical gaps in mental health literacy worldwide. These findings reveal that low mental health literacy is a significant barrier to seeking mental health treatment.

However, participants are aware of the ethical considerations that mental health professionals are expected to uphold. The participants revealed that mental health professionals are not 100% ethical; they discuss men's challenges with others. Furthermore, one participant highlighted that mental health professionals might use the participants' issues as content. This aligns with Sheikh et al.'s (2023) view that men do

not seek mental health treatment because of the lack of trust in mental health care professionals. Similarly, Morgan et al. (2024) report that although men can have positive attitudes towards seeking mental health treatment, confidentiality concerns play a crucial role in their decision to seek mental health treatment.

While previous studies have provided insights into men's confidentiality concerns regarding the use of healthcare services (Tshuna et al., 2024), this study has provided insights into the context of mental health treatment among men in South Africa. By exploring the experiences of men in this context, this study adds to the growing body of knowledge on men's mental health in South Africa.

The participants revealed that feelings of exclusion are one of the barriers to seeking mental health treatment. However, this diverges from the literature. The participants emphasise that in South Africa, men are not considered in anything; the focus is mainly on women and children, ignoring men who are perpetrators of crime, violence, etc. The constant focus on women leads to the belief that mental health is only for women. For example, Participant 5 noted that every time, everything is about women, disregarding men's mental health, which leads to the belief that mental health is for women.

Moreover, the participants reported feeling that society dehumanises them. It makes men feel like they do not have a heart, blood, and feelings like other individuals do. This implies that men are emotionless beings and have to endure challenges without seeking assistance. For example, the 16 days of activism focus only on women and children, but there are also men who are victims but are never considered. Masculine norms portray men as courageous, in control, powerful and assertive (Grewal, 2020). Ezeugwu and Ojedokun (2020) assert that masculine norms define men as brave, bold, emotionally intelligent, and strong and must therefore not be irrational or emotional in the face of obstacles and overwhelming events. The findings of this study highlight that these norms might also contribute to feelings of exclusion among men, especially because men are neglected, whereas women and children are prioritised. Furthermore, the feeling of exclusion highlights the devastating effects of traditional masculine norms on the wellbeing of men, especially in the context of mental health.

Although the constant focus on women and children is warranted given the disturbing rates of violence against women and children in South Africa, it is equally imperative to acknowledge the importance of involving men in solutions. The alarming reality of GBV in the country calls for an extensive approach that not only focuses on survivors but also addresses the root causes of violence, including harmful masculine and patriarchal norms. By involving men, incidents of violence can be reduced by fostering a more inclusive and equitable society.

The literature review highlights poverty as a significant barrier to seeking mental health treatment, whereas the present study reveals that financial constraints are a barrier to seeking mental health treatment. Despite being labelled differently, both concepts imply the same issue of financial limitations as a barrier to seeking mental health treatment. The participants revealed that financial difficulties limit their mental health treatment seeking behaviours because professional services are expensive and the fact that mental health treatment is a continuous process makes it difficult to seek mental health treatment. Owing to poverty, men prefer to use money to buy food rather than seek mental health treatment. This is supported by Gyamfi (2022), who reports that half of South Africa's population lives in poverty, lacking the financial muscle to cater to their basic needs. Furthermore, Lemon (2021) states that poverty leads to limited resources for seeking mental health treatment due to financial constraints.

Additionally, financial difficulties were identified not only as a barrier to seeking mental health treatment but also as a cause of mental health challenges. One of the participants emphasised that the inability to conform to society's pressures of being a provider leads to mental health challenges. These findings are supported by Porche (2007) and Kim (2020), who state that poverty elevates mental health risks and acts as a barrier to seeking mental health treatment. This suggests that financial difficulties are a double burden.

Consistent with Gsell's (2024) findings, most mental health professionals and institutions in South Africa are concentrated in Johannesburg and Cape Town, leaving

provinces such as Mpumalanga under resourced with a high burden of mental health challenges. Other authors (Shisana, 2024; Teichmann, 2022) further support this notion by reporting that only 451 psychologists in the public sector serve approximately 84% of South Africa's population. Moreover, Mpumalanga faces an alarming 80% vacancy rate for mental health professionals (Shisana, 2024). These findings are corroborated by the participants, who reported that there is a lack of mental health institutions and professionals available to the public. For mental health treatment, the participants further reported that they must travel to public hospitals where they will be subjected to long waiting lists.

The combination of poverty and a lack of mental health resources is detrimental to the mental health system of South Africa. This leads to poor mental health outcomes and affects the overall quality of life of people with mental health challenges. This highlights the urgent need for more mental health professionals, institutions and targeted interventions to address the needs of people with mental health challenges.

The results revealed that men reported some of their coping mechanisms to address their mental health challenges. These include self-reliance, cultural and religious beliefs, the use of substances, and the perpetration of violence. This is echoed by Lynch et al. (2018), who reveal that masculine norms discourage men from seeking mental health treatment, leading them to use alternative coping mechanisms.

According to Harianti (2023), self-reliance is a concept that implies that men are not socialised to seek help from others and that they must find ways to solve their problems. The findings of the present study reveal that self-reliance is a coping mechanism that men use to avoid seeking mental health treatment. The participants revealed that they preferred to address their mental health challenges themselves rather than seeking mental health treatment. This aligns with findings from earlier research, as Ngwenya and Sumbane (2022) note that men's belief in self-reliance leads to delays in seeking mental health treatment.

Notably, one participant seemed to underestimate the importance of seeking mental health treatment. This participant noted that sometimes something so small, such as feeling overwhelmed from work, family or financial problems, is something you can solve yourself and does not necessarily mean that you need to seek mental health treatment. This is corroborated by Smith and Hebdon (2023), who report that self-reliance leads men to downplay mental health symptoms, which hinders men from seeking mental health treatment.

The way in which mental health is understood by South African men is informed by indigenous cultural and religious perspectives (Ngwenya & Sumbane, 2022). Some of the participants highlighted that they seek mental health treatment from traditional healers because they believe that mental health challenges are caused by witchcraft. This aligns with earlier research, as Adu et al. (2023) report that some Africans attribute mental health challenges to be caused by supernatural phenomena; hence, such individuals resort to traditional healers for mental health treatment as a first point of contact or as a sole option for mental health treatment. Moreover, Galvin et al. (2023) report that methods such as herbal remedies, nasal injections, lighting incense and animal sacrifices are used to address mental health challenges in African culture.

Additionally, some of the participants reported that they believed that mental health was primarily a concern for Western cultures rather than Africans. This aligns with (Ezeugwu & Ojedokun, 2020; Gumede 2021), who reported that Africans believe that African individuals do not experience mental health challenges. Furthermore, the participants highlighted that the lack of African psychological terminology hinders men from seeking mental health treatment. Sankobe (2020) notes that the lack of African terminology to describe mental health challenges makes mental health a difficult concept to grasp.

Additionally, some of the participants highlighted the importance of prayer and faith in dealing with mental health challenges. However, the literature reveals conflicting views on the role of religious beliefs in mental health. On the one hand, Matanovic (2020) suggests that religious individuals believe that mental health challenges caused by

demonic attacks lead them to prefer their spiritual leaders over mental health treatment as a solution to their mental health challenges. On the other hand, Hlongwane and Juby (2023) report that having a religious society has a positive impact on seeking mental health treatment from mental health professionals.

Furthermore, the participants' reliance on traditional and spiritual healers reinforces the need to integrate African and Western psychology (Letsoalo, 2024; Maneno, 2018). Letsoalo et al. (2024) assert that these approaches are not mutually exclusive, but an integration is imperative to ensure a more inclusive, culturally sensitive and effective mental healthcare system. Similarly, Adams (2024) suggests that this integration will reduce stigma and improve mental health treatment seeking.

Although only mentioned by a few participants, untreated mental health challenges were highlighted to be correlated with perpetrating violence. This aligns with findings from earlier research, as Gottert et al. (2022) reported that mental health leads to detrimental effects not only for men but also for the people around them. Similarly, Gsell (2024) associated untreated mental health challenges among men with increased perpetration of violence against women. The participants emphasised that mental health challenges lead men to be frustrated; hence, they tend to bully and violate others to make themselves feel better. Moreover, Ngwenya and Sumbane (2022) report that masculine norms discourage mental health treatment seeking, leading men to use violence as a coping mechanism.

The findings from the present study highlight that men use substances to address their mental health challenges rather than seeking mental health treatment. Similarly, Anic and Robertson (2020) noted that mental health challenges and substance abuse commonly occur together. Building on this idea, Tindimwebwa et al. (2021) suggest that this comorbidity has a negative impact on mental health outcomes, as it leads to poor adherence to treatment and reduced treatment awareness and hospitalisation.

The participants reported that using substances to address their mental health challenges diminished their pain and worry. This aligns with Wanjiku (2023), who noted that societal expectations often discourage men from expressing their emotions, leading to the use of alcohol as a coping mechanism. They believe that treatment for mental health challenges involves the use of substances. This concurs with Gema's (2023) statement, which suggests that men rely on the recreational use of dangerous substances such as drugs and alcohol to address their mental health challenges rather than seeking mental health treatment from professionals. Similarly, a study conducted in Nigeria suggested that men feel that alcohol helps them forget their sorrows and relieves them from their mental health challenges.

Interestingly, two participants mentioned that they sought mental health treatment. Despite their willingness to seek mental health, they had unsuccessful experiences, leading them to prefer substances as alternatives to address their mental health challenges. For example, Participant 9 noted that he used to drink alcohol to address his mental health challenges and then decided to seek mental health treatment, which did not help him; then, he returned to drink. Participant 9 revealed a harsh reality. When formal systems fail, men resort to substances as treatment. This challenges the notion that men avoid seeking mental health treatment, which suggests that the current mental health system is not effective enough for men.

Overall, the findings under this theme align with the study's aim of identifying the barriers to seeking mental health treatment. The participants reported masculine norms, confidentiality concerns, feelings of exclusion, limited resources, and reliance on informal coping mechanisms. This suggests that interventions should challenge harmful masculine norms, reflecting the harmful effects of hegemonic masculinity and societal expectations, as well as structural barriers to promote mental health treatment seeking among men.

5.4. Facilitators to Promote Mental Health Treatment Seeking Among Men

The findings from the present study reveal that awareness campaigns are a significant intervention in promoting mental health treatment seeking among men. The participants emphasised that there is a need for awareness campaigns to improve mental health literacy among men, hence improving mental health treatment. Notably, the participants further revealed that men do not seek mental health treatment because they do not know where to visit. This aligns with earlier research, as Kielan et al. (2020) revealed that awareness campaigns can have a positive effect on men's mental health treatment seeking. Additionally, Chatterjee (2024) revealed that providing knowledge about mental health challenges and available support systems could lead to improved mental health outcomes among men.

The participants also highlighted the importance of having influential men as role models or ambassadors of mental health in awareness campaigns. This concurs with Kielan et al.'s (2020) view that using awareness campaigns by promoting treatment seeking as a sign of strength and using male-role models can positively impact men's mental health treatment seeking. In line with existing research, some participants highlighted the importance of early-age awareness campaigns, indicating the significance of shaping attitudes and behaviours from an early age. Previous studies have highlighted the benefits of early mental health awareness, such as improved awareness, empathy, and resilience (Ali, 2024). According to Cooke et al. (2016), teaching children from an early age is essential as stigma develops early. These early interventions prevent derogatory attitudes, reducing fear surrounding mental health in future generations (Cooke et al., 2016).

Additionally, the study's findings highlight a significant gap in mental health awareness campaigns for men. The participants revealed that there is an abundance of awareness campaigns focusing on other issues, such as human immunodeficiency virus (HIV), contraceptives, and tuberculosis (TB), but there is a scarcity of mental health campaigns, especially concerning men's mental health. This is corroborated by Seaton (2017), who reported that there are few mental health awareness campaigns aimed at increasing

men's mental health treatment seeking. For awareness campaigns to be effective, Duthie et al.'s (2024) gender preferences need to be considered. Furthermore, the participants believe that the government, media, and various cooperatives play a significant role in ensuring that men's mental health campaigns are taken seriously.

This finding is consistent with that of Erdem et al. (2020), who reported that support groups offer hope, which encourages emotional security and hope. Other authors (Gosling et al., 2021; Vickery, 2022) further support this notion by suggesting that support groups offer men a perceived level of understanding and empathy, as they provide men with a judge-free environment that allows men to open up in a group setting. These findings are corroborated by the participants, who reported that support groups encourage men to open up and speak because being in the presence of other men who share their experiences and how they deal with their issues provides a sense of belonging, eliminating the feeling of being alone. Although participants welcomed support groups, the literature warned that men are reluctant to seek mental health treatment because of stigma and fear of judgement. This tension reveals a gap between intention and participation in support groups.

Additionally, one participant reported that there was a need to return to the spirit of ubuntu, which would help conquer mental health challenges. This aligns with findings from earlier research (Bila, 2024; Van Breda, 2019), who report that promoting ubuntu promotes interconnectedness in the community, providing social and communal support. This will lead to a decrease in mental health stigma, addressing the mental health treatment gap in Africa, where the current mental health system is limited to Western approaches. However, solely relying on ubuntu may risk neglecting systemic barriers such as underfunding. Ubuntu must be integrated into policy making rather than being displayed as a cultural fix.

As highlighted in the literature review, there is a difference in the mental health of men and women. For example, both men and women suffer from depression, but their symptoms are expressed differently. Men display anger, hostility, aggressiveness, etc., whereas women display more atypical symptoms of depression, such as crying and

changes in appetite (Ogrodnuzick, 2016). This highlights the necessity of understanding men's mental health and suicide from a gender approach (Martinez, 2018). Consistent with the literature, the findings of this study indicate a need for gender-sensitive approaches for each gender. The participants emphasised that men and women are different and have different preferences in terms of the methods used when dealing with mental health challenges. However, the current policy overlooks the differences in the mental health of men and women.

In addition to gender differences, the participants highlighted individual differences. The participants emphasised that every individual is unique in terms of their own experiences, beliefs, and characteristics. Their uniqueness needs to be embraced in mental health treatment just as it is in physical treatment. The participants felt that the current mental health system is a one-size-fits-all approach that does not cater to the specific needs of every individual. This highlights the need to re-evaluate the current mental health system to cater to unique individual needs and circumstances.

Interestingly, an unexpected theme that emerged from the data but was not addressed in the literature review is the idea that mental health professionals who do not have similar experiences with the participants may not be able to provide effective support. This raises questions about the importance of shared experiences between the participants and mental health professionals and whether mental health professionals with similar experiences may provide more effective treatment than those who do not have such experiences.

Overall, the findings reveal that the facilitators that could encourage men to seek mental health treatment include awareness campaigns, support groups and ubuntu. This suggests the importance of providing support to men across multiple structures from community members, media, government and mental health service providers to reduce stigma and encourage mental health treatment seeking. Furthermore, acknowledging individual differences highlights the need for interventions that are culturally, socially, and gender sensitive, catering to men's unique contexts. Additionally, the findings also reveal the importance of having a professional who relates to the life experiences of the

participants. This indicates the importance of creating relatable and supportive interventions to promote mental health treatment seeking.

5.5. Limitations of the Study

The study was limited and included only men from KaNyamazane, Mpumalanga; therefore, the results are not a representation of a larger population other than the one used in this study. The use of interviews to collect data in this study may have several limitations. There may be social desirability bias as participants may respond in a way that they think is socially acceptable rather than their genuine thoughts and perceptions. Conducting interviews in the participant's home to promote comfort may have introduced limitations. Interruptions and discussions may have affected the depth of the discussions. These interruptions were unavoidable given that the interviews took place at the homes of the participants. This study focused on men's perceptions of mental health in the context of mental health treatment and did not extensively explore men's knowledge of different mental health challenges.

5.6. Recommendations of the Study

Based on the key findings presented above, the government should allocate more resources, including mental health professionals and institutions, in public settings. The demand for mental health treatment far exceeds the supply in the public sector. Increasing resources in the public sector would help bridge the gap between the demand and supply of mental health treatment. These resources should be allocated according to the population of each province rather than having resources densely allocated in some provinces, such as Gauteng and Western Cape. Male-friendly mental health institutions should also be allocated to different provinces of South Africa.

Mental health professionals, organisations and policy makers should develop approaches that will be tailored to address the unique needs of men. Furthermore, mental health professionals and traditional leaders should integrate cultural contexts in psychological interventions (African psychology and Western psychology approaches) to ensure that mental health interventions are culturally inclusive, relevant, and effective. The government and media outlets should initiate awareness campaigns to

reduce stigma around mental health. These awareness campaigns must be held quarterly beginning at the community level and then gradually expand to the regional, provincial and national levels, with influential men serving as ambassadors to assist in raising mental health awareness. Furthermore, this awareness should be implemented beginning early in life to improve the mental health outcomes of individuals throughout their lives.

The media should challenge masculine norms that encourage stoicism, self-reliance, and toughness and promote inclusive masculine norms that encourage men to be vulnerable and seek mental health treatment without fear. Mental health organisations and professionals should implement accessible and anonymous online platforms for men to connect with others, share their experiences with mental health and receive support. This will assist in bridging the gap between the demand for and supply of mental health services and reduce stigma.

Church and traditional healers are highly respected and trusted individuals who play a vital role in influencing health behaviours among community members. Therefore, they can be helpful in providing accurate information on mental health and providing guidance on mental health treatment and care. An integration of these recommendations would help promote mental health in our communities. Furthermore, for these recommendations to have meaningful impact, partnerships between government, health services, community leaders and media stakeholders should be established and their effectiveness should be consistently assessed to inform ongoing policy and practice.

5.7. Conclusion

This study explored men's perceptions of seeking mental health treatment. The findings revealed that while men possess knowledge of what mental health is and the available management strategies in place to address mental health challenges, most of the participants had negative attitudes towards seeking mental health treatment. Those with positive attitudes faced barriers such as masculine norms, stigma, confidentiality concerns, feelings of exclusion, limited resources and mental health care professionals. The findings revealed that men often resort to informal coping mechanisms such as

self-reliance, traditional and religious beliefs, substance abuse and perpetrating violence, which delay the seeking of mental health treatment. Additionally, the findings highlighted the importance of awareness campaigns, support groups and gender-sensitive interventions to promote mental health treatment among men. Overall, this study contributes to the growing body of knowledge on men's mental health, highlighting the need for gender and culturally sensitive interventions and accessible services. Importantly, the findings of the study reveal a critical gap between men's mental health literacy and their attitudes towards seeking mental health treatment. This suggests that interventions should extend beyond raising awareness and should be also address stigma, masculine norms and barriers to seeking mental health treatment. Future studies should focus on implementing interventions that are culturally and gender sensitive to address the unique needs of men.

References

Abdisa, E., Fekadu, G., Girma, S., Shibiru, T., Tilahun, T., Mohammed, H., Wakagari. A., Takele, A., Abebe, M. & Tsegaye, R. (2020). Self-stigma and medication adherence among patients with mental illness treated at Jimma University Medical Center, Southwest Ethiopia. *International Journal of Mental Health* Systems. https://doi.org/10.1186/s13033-020-00391-6.

Abotsie, G., Kingerlee, R., Fisk, A., Watts, S., Cooke, R., Woodley, L., Collins, D. & Teague, B. (2020). The men's wellbeing project: Promoting the wellbeing and mental health of men. *Journal of Public Mental Health, 19*(2), 179-189. https://doi.org/10.1108/JPMH-03-2020-0014.

Acoba, E. F. (2024). Social support and mental health: The mediating role of perceived stress. *Frontiers in Psychology*, 15,1330720. https://doi.org/10.3389/fpsyg.2024.1330720.

Adams, K. (2024). Mental health stigma in minority communities: Understanding cultural perceptions and access to care. *International Journal of Humanity and Social Sciences, 22*(3), 28-40. https://doi.org/10.47941/ijh5s.1784.

Addis, M. E., & Hoffman, E. (2017). Men's depression and help-seeking through the lenses of gender. In R. F. Levant & Y. J. Wong (eds.), *The psychology of men and masculinities (p.171-196). American Psychological Association.* https://doi.org/10.1037/0000023-007.

Adu, P., Jurcik, T., & Grigoryer, D. (2023). Beyond recognition: Beliefs, attitudes and help-seeking for depression and schizophrenia in Ghana. *Mental Health, Religion & Culture, 26*(2), 107-130. https://doi.org/10.1080/13674676.2023.2169267.

Affleck, W., Carmichael, V., & Whitley, R. (2018). Men's mental health: Social determinants and implications for services. *The Canadian Journal of Psychiatry, 63*(9), 581-589. https://doi.org/10.1177/0706743718761388.

Alemu, W. G., Due, C., Muir-Cochrane, E., Mwanri, L., & Ziersch, A. (2023). Internalised stigma among people with mental illness in Africa, pooled effect estimates and subgroup analysis on each domain: systematic review and meta-analysis. *BMC Psychiatry, 23*(0):480. https://doi.org/10.1186/s12888-023-04950-2.

Altalafha, S. I. & Abada, A. (2023). Mental health and substance abuse treatment in primary care, *Scholars Academic Journal of Pharmacy, 12*(2), 48-52. https://doi.org/10.36347/sajp.2023.v12i02.004.

Andersen, M. M., Varga, S., & Folker, A. P. (2022). On the definition of stigma. *Journal of Evaluation in Clinical Practice, 28*(5), 847-453. https://doi.org/10.1111/jep.13684.

Anic, A., & Robertson, L. J. (2020). Prevalence and clinical correlates of substance use amongst acute psychiatric inpatients in Gauteng, South Africa. *South African Journal of Psychiatry, 26*(0), a1526. https://doi.org/10.4102/sajpsychiatry.v26i0.1526.

Anney, V.N. (2014). Ensuring the quality of findings of qualitative research: Looking at trustworthiness criteria. *Journal of Emerging Trends in Educational Research and Policy Studies, 5*(2*),* 276-279.

Arendse, N., Goolam, N. Z., Van Niekerk, A., Swart, L., & Seedat, M. (2023). A profile of fatal injuries for Mpumalanga, 2020. SAMRC: Parow Valley.

Bantjies, J., & Mapaling, C. (2021). "I'm not Afraid of Dying Because I've got nothing to lose": Young men in South Africa Talk About Nonfatal Suicidal Behaviour. *American Journal of Men's Health, 1-11.* https://doi.org/10.1177/1557988321996154.

Barber, C. F. (2019). Men and mental ill health. *British Journal of Mental Health Nursing, 8*(3). https://doi.org/10.12968/bjmh.2019.0033.

Bennet, S., Robb, K. A., & O'Connor, R. C. (2023). "Male suicide and barriers to accessing professional support: A qualitative thematic analysis. *Current Psychology, 43*(0)*:* 15125-15145. https://doi.org/10.1007/s12144-023-05423-1.

Bhatia, M.K. (2017). Data analysis and its importance. *International Research Journal of Advanced Engineering and Science,* 2(1*),* 166-168.

Bila, N. J., & Carbonatto, C. L. (2022). Culture and help-seeking behaviour in the rural communities of Limpopo, South Africa: Unearthing beliefs of mental health care users and caregivers. *Mental Health, Religion & Culture, 25*(6), 543-562. https://doi.org/10.1080/13674676.2022.2097210.

Bila, N. (2024, March 13). UP Expect Opinion: Ubuntu as a solution to mental illness challenges| University of Pretoria.https://www.up.ac.za/faculty-of-humanities/news/post.3210600-up-expect-opinion-ubuntu-as-a-solution-to-mental-illness-challenges#:~:

Birt, L., Scott, S., Cavers, D. & Campbell, C. (2016). Member Checking: A tool to enhance trustworthiness or merely a nod to validation? *Qualitative Health Research, 26* (13), 1802-1811. https://doi.10.1177/104973231665487.

Bilsker, D., Fogarty, A. S. & Wakefield, M. A. (2018). Critical issues in men's mental health. *Canadian Journal of Psychiatry, 63*(9)*,* 590-596. https://doi.org/10.1177/0706743718766052.

Blom, S., Lindh, F., Lundin, A., Burstrom, B., Hensing, G., & Love, J. (2024). How gender and low mental health literacy are related to unmet needs for mental healthcare: a cross-sectional population-based study in Sweden. *Archives in Public Health, 82* (12). https://doi.org/10.1186/s13690-023-01228-7.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology,* 3(2*),* 77-101. https://doi.org/10.1191/1478088706qp063oa.

Burns, S. M., & Mahalik, J. R. (2011). Suicide and dominant masculinity norms among current and former United States military service men. *Professional Psychology: Research and Practice, 42*(0)*:* 347-53. https://doi.org/10.1037/a0025163.

Centers for Disease Control and Prevention. (2025, June 9). Mental health National Center for Prevention and Control. https://www.cdc.gov/mental-health.

Chatterjee, D. (2024). Man Up: A study on how men deal with mental health issues. *International Journal of Science and Research Archive, 12*(10), *683-687.* https://doi.org/10.30574/ijsra.2024.12.1.0869.

Clark, L. H., Hudson, J. L., Rapele, R. M., & Grasby, K. L. (2020). Investigating the impact of masculinity on the relationship between anxiety specific mental health literacy and mental health help-seeking in adolescent males. *Journal of Anxiety Disorders, 76* (0). https://doi.org/10.1016/j.janxdis.2020.102292.

Cole, B. P., Baglieri, M., Ploharz, S., Brennan, M., Ternes, M., Patterson, T., & Kuznia, A. (2018). What's right with men? Gender role socialization and men's positive functioning. *American Journal of Men's Health, 13*(1), 1-12. https://doi.org/10.1177/1557988318806074.

Connell, R. W. (2000). *The men and the boys.* University of California.

Connell, R. W. (2005). *Masculinities (2nd).* University of California.

Connell, R. W. & Messerschmidt, J. W. (2005). Hegemonic masculinity: rethinking the concept. *Gender & Society,* 19(6), 829-859.

Cooke, A., King, J., & Greenwood, K. (2016). "We could end up in a lot of trouble": Teachers communications with young children about mental health. *Journal of Public Health, 15* (2), 103-114. https://doi.org/10.1108/IJMP-01-2016-0006.

Courtenay, W. H. (2000). Constructions of masculinity and their influence on men's well-being: A theory of gender and health. *Social Science & Medicine, 50*(10), 1385-1401. https://doi.org/10.1016/s0277-9536(99)00390-1.

Craig, A., Rochat, T., Naicker, S.N., Mapanga, W., Mtintsilana, A., Dlamini, S.N., Ware, L.J., Du Toit, J., Draper, C.E., Richter, L., & Norris, S.A. (2022). The prevalence of probable depression and probable anxiety, and associations with adverse childhood experiences and socio-demographics: A national survey in South Africa. *Frontiers in Public Health, 10.* https://doi.org/10.3389/fpubh.2022.986531.

Cresswell, J. W. (2014). Research Design: Qualitative, quantitative and mixed methods approach (4th ed.). Thousand Oaks, CA: Sage.

Creuze,' C., Lestienne, L., Vieux, M., Chalanon, B., Poulet, E., & Leaune, E. (2022). Lived experiences of suicide bereavement within families: A qualitative study. *International Journal of Environmental Research and Public Health, 19* (20), Article 13070. https://hal.science/hal-04011473v1.

Dahlberg, E. (2024). Cultural differences in attitudes towards therapy and help-Seeking behaviour in Sweden. *International Journal of Psychology, 9*(2), 50-60. https://doi.org/10.47604/ijp.2621.

Darangwa, S. (2022, June 13). "Shifting from toxic to positive masculinity." https://www.sowetanlive.co.za/amp/s-mag/wellness/2022-06-13-shifting-from-toxic-to-positive-masculinity/.

Davids, N. (2020, November 11). Research uncovers links between substance abuse and psychotic disorders| University of CapeTown News. https://www.news.uct.ac.za/article/-2020-11-11-research-uncovers-links-between-substance-abuse-and-psychotic-disorders.

DeAngelis, T. (2021, April 1). *Mental illness and violence: Debunking myths, addressing realities*. Monitor on Psychology. www.apa.org.

De Beer, L. (2024, June 1). Big boys do in fact also cry: Men and suicide. South African Federation for Mental Health.https://www.safmh.org/big-boys-do-infact-also-cry-men-and-suicide/.

Donnar, G., Hewitt, J., Finn, F., Parker, L., Brennan, L. & Dingeldei, J. (2023). What could masculinity be?'': Using participatory co-design to define and support healthier masculinities. In G. Hastings & C. Domegan (Eds.), *Social marketing: Principles and practice for delivering global change* (pp. 209–214). Routledge.

Duthie, G., Reavley, N., Wright, J. & Morgan, A. (2024). The impact of media-based mental health campaigns on male help-seeking: A systematic review. *Health Promotion International, 39*(4). https://doi.org/10.1093/heapro/daae104.

Eaton, J., Nwefoh, E., & Okafor, G. (2017). Interventions to increase use of services; Mental health awareness in Nigeria. *International Mental health System, 11*(6). https://doi.org/10.1186/s13033-017-0173-z.

Edeh, N. C. & Eseadi, C. (2023). Mental health implications of suicide rates in South Africa. *World Journal of Clinical Cases, 11*(34): 8099- 8105. https://dx.doi.org/10.12998/wjcc.v11.i34.8099.

Egbe, C. O., Brooke-summer, C., Kathree, T., Selohilwe, O., Thomicroft, G., & Petersen, I. (2014). Psychiatric stigma and discrimination in South Africa: Perspectives from key stakeholders. *BMC Psychiatry 14:*191. https://www.biomedcentral.com/1471-244x/14/191.

Eisner, J. W. (2017). The Enlightened Eye: Qualitative Inquiry and the Enhancement of Educational Practice. Teachers College Press.

Ekoh, P. C., Nnadi, F., Nwabineli, H., Oyinlola, O., Odo, C., Okolie, T. J., Onuh, S. C., Ugwu, E. O., Bhatta, K., & Onalu, C. E. (2023). Barriers to the use of mental health services amongst men in Nigeria and the potential of digital mental health support. *Advances in Mental Health.* https://doi.org/10.1080/18387-357.2023.2277757.

Emmanuel, E. J., Wendler, D., & Grady, C. (2000). What makes clinical research ethical? *JAMA, 283*(20), 2701-2711. https://doi.org/10.1001/jama.283.20.2701.

Elliot, I. (2016). *Poverty and mental health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy.* London. Mental Health Foundation.

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative content analysis: A focus on trustworthiness. *SAGE Open*, *4*(1), Article 2158244014522633. https://doi.org/10.1177/2158244014522633.

eNCA. (2024, November 18). *Discussion | GBV epidemic and silent crisis of untreated mental health issues* [News video]. eNCA. https://www.enca.com/videos/discussion-gbv-epidemic-silent-crisis-untreated-mental-health-issues.

Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience and purposive sampling, *American Journal of Theoretical and Applied Statistics, 5*(1), 1-4. https://doi.org/10.11648/j.ajtas.20160501.11.

Ezeugwu, C.K., & Ojedokun, O. (2020). Masculine norms and mental health of African men: What can psychology do? *Heliyon,6*(12), e05650. https://doi.org/10.1016/j.heliyon.2020.e05650.

Faria, M., Tan Pei Zin, S., Chestnov, R., Novak, A.M., Lev-Ari, S., & Snyder, M. (2023). Mental health for all: The case for investing in digital mental health to improve global outcomes, access, and innovation in low-resource settings. *Journal of Clinical Medicine.* https://doi.org/10.3390/jcm/12216735.

Fitzpatrick, S. J., Brew, B. K., Handley, T., & Perkins, D. (2022). Men, suicide, family, and interpersonal violence: A mixed methods exploratory study. *Sociology of Health and illness, 44*(60), 991-1008. https://doi.org/101111/1467-9566.13476.

Flemming, J., & Zegwaard, K. E. (2018). Methodologies, methods and ethical considerations for conducting research in work-integrated learning. *International Journal of Work-Integrated Learning, 19*(3), 205-213.

Freeman, A., Mergl, R., Kohls, E., Székely, A., Gusmao, R., Arensman, E., Koburger, N., Hegerl, U., Rummel, C., & Kluge, S. (2017). A cross-national study on gender differences in suicide intent. *BMC Psychiatry*, *17*(234). https://doi.org/10.1186/s12888-017-1398-8.

Galvin, M., Chiwaye, L., & Moolla, A. (2023). Perceptions of causes and treatment of mental illness among traditional health practitioners in Johannesburg, South Africa. *South African Journal of Psychiatry,53*(3), 403-415. https://doi.org/10.1177/00812463231186264.

Gartner, L., Asbrock, F., Euteneuer, F., Rief, W., & Salzmann, S. (2022). Self-stigma among people with mental health problems in terms of warmth and competence. *Frontiers in Psychology, 13*, Article 877491. https://doi.org/10.3389/fpsyg.2022.877491.

Gema, S. (2023). *Mental health and South African men: A cause for concern.* Health Systems Trust. https://www.hst.org.za/media/blog/Lists/Posts/PID=188.

Genuchi, M. C. (2019). Masculinity and suicidal desire in a community sample of Homeless men: Bringing Together Masculinity and the Interpersonal Theory of suicide. *Journal of Men's studies 00*(0), 1-14. https://doi.org/10.1177/1060826519846428.

Ghiasi, N., Azhar, Y., & Singh, J. (2023, March 30). *Psychiatric illness and criminality*. In StatPearls [Internet]. StatPearls Publishing. Retrieved September 23, 2025, from https://www.ncbi.nlm.nih.gov/books/NBK537064/.

Gorski, E. (2010). Stoic, stubborn or sensitive: How masculinity affects men's help-seeking and help referring behaviours. UW-L, *Journal of Undergraduate Research X///.*

Gosling, R., Parry, S., & Stamou, V. (2021). Community support groups for men living with depression: Barriers and facilitators in access and engagement with services, *Home Health Care Services Quarterly, 41*(1), 20-39. https://doi.org/10.1080/01621424.2021.1984361.

Gottert, A., Shattuck, D., Pulerwitz, J., Betron, M., McLarnon, C., Wilkins, J.D., & Tseng, T. (2022). Meeting men's mental health needs during COVID-19 and beyond: A global health imperative. *BMJ Global Health, 7*(4): Article 008297. https://doi.org/10.1136/bmjgh-2021-008297.

Gough, B., & Novikova, I. (2020). Mental health, men, and culture: How do sociocultural constructions of masculinities relate to men's mental health help-seeking behaviour in the WHO European Region? (Health Evidence Network Synthesis Report, No. 70). World Health Organization. https://iris.who.int/handle/10665/332974.

Grewal, A. (2020). The impact of toxic masculinity on men's mental health. *Sociology Student Work Collection, 68.* https://digitalcommons.tacoma.uw.edu/gender_studies/68.

Gsell, G. (2024, November). Mental health care in South Africa: Overcoming barriers to build an accessible future. *Men's Foundation SA.*

Gumede, W. (2021, October 28). Untreated mental illnesses impact SA's economy, social and family stability. Wits University. Available at: https://www.wits.ac.za/news/latest-news/opinion/2021/2021-10/untreatedmental-illnesses-impact-sas-economy-social-and-family-stability.html

Gyamfi, L. O. (2022). Poverty, social mobility, and the middle class: The case of South Africa. https://doi.org/10.53846/goediss-7077.

Hall, R. A. (2021). No assistance necessary: Arab men's attitudes towards health issues and help-seeking. *Open Journal of Social Sciences, 9,* 9-23. https://doi.org/10.4236/jss.2021.911002.

Harianti, W. S. (2023). Social construct of masculinity towards mental health: A literature review. *European Journal of Behavioural Sciences,6*(3). https://doi.org/10.33422/ejbs.v6i3.1103.

Herren, D., Rice, S., Currier, D., Schlichthorst, M., & Zajac, I. (2021). Associations between conformity to masculine norms and depression: Age effects from a population study of Australian men. *BMC Psychology,* 9(1), Article 32. https://doi.org/10.1186/s40359-021-00533-6.

Hlongwane, N., & Juby, V. (2023). Knowledge, attitudes, and help-seeking behaviour for mental illness in a Christian community, *South African Journal of Psychiatry, 29*, Article 2139. https://doi.org/10.4102/sajpsychiatry.v29i0.2139.

Human Sciences Research Council. (2019). *South African Stress and Health Study (SASH): Summary report*. https://www.hsrc.ac.za/.

Jansen, S., Niyonzima, J. B., Gerbarg, P., Brown, R. P., Nsengiyumva, A., Niyonsenga, J., & Nsambimana, E. (2024). Evaluating effects of community-based social healing model on ubuntu, mental health, and psychosocial functioning in post-genocide Rwanda. *Trials, 25*, Article 773. https://doi.org/10.1186/s13063-024-08632-6.

Johnson, L. D., Adkins, D., & Chauvin, S. (2020). A review of the quality indicators of rigor in qualitative research. *American Journal of Pharmaceutical Education, 84*(1). 7120. https://doi.org/10.5688/ajpe7120.

Johri, M. (2023). Feminist perspective on patriarchy: Its impact on the construction of feminity and masculinity, *An International Journal of Interdisciplinary Studies of Humanities, 4*(2), 1-9. https://doi.org/1048189/nl.2023.v04i2.001.

Joslyn, B. (2024). *Beyond "Manning Up": The impact of hegemonic masculinity and gender norms on mental health help-seeking among college men* [Master's thesis, San José State University]. SJSU ScholarWorks. https://doi.org/10.31979/etd.5vfn-3dca.

Kafka, J. X., Kothgassner, O. D., & Felnhofer, A. (2024). A matter of Trust: Confidentiality in therapeutic relationships during psychological and medical treatment in children and

adolescents with mental disorders. *Journal of Clinical Medicine, 13* (6): 1752. https://doi.org/10.3390/jcm13061752.

Kajawu, L., Chiweshe, M., & Mapara, J. (2019). Community perceptions of indigenous healers and mental disorders in Zimbabwe. *Open Journal of Psychiatry, 9,* 134-214. https://doi.org/10.4236/ojpsych.2019.93015.

Kawulich, B. (2009). The role of Theory in Research. In M. Garner, C. Wagner, & B. Kawulich (Eds.), *Teaching research methods in social sciences* (pp. 37-48). Ashgate Publishing.

Kielan, A., Stradomska, M., Jaworski, M., Mosiolek, A., Chodkiewicz, J., Swiecicki, B., & Walewska-Zielecka, B. (2020). Promotion of men's mental health, *Psychiatria, 17*(4), 212-215. https://doi.org/10.5603/PSYCH.2020.0035.

Kim, S., & Yu, S. (2023). Men's mental health and interventions tailored to masculinity: A scoping review. *Journal of men's Health, 19*(11), 1-10. https://doi.org/10.22514/jomh.2023.111.

Knaak, S., Mantler, E., & Szeto, A. (2020). Mental illness-related stigma in healthcare: Barriers to access and care and evidence-based solutions. *Healthc Manage Forum, 30*(1*),* 111-116. https://doi.org/10.1177/084047041667941.

Kootbodien, T., Naicker, N., Wilson, K. S., Ramesar, R., & London, L. (2020). Trends in suicide mortality in South Africa, 1997 to 2016. *International Journal of Environmental Research and Public Health 17*(6):1850. https://doi.org/10.3390/ijerph17061850.

Korhonen, J., Axelin, A., Stein, D. J., Seedat, S., Mwape, L., Jansen, R., Groen, G., Grobler, G., Jorns-Presentati, A., Katajisto, J., & Lahti, M. (2022). Mental health literacy among primary healthcare workers in South Africa and Zambia. *Brain and Behaviour, 12*(12). https://doi.org/10.1002/brb3.2807.

Korstjens, I., & Moser, A. (2017). Series: Practical guidance to qualitative research part 4: Trustworthiness and publishing. *European Journal of General Practice, 24*(1), 1-5. https://doi.org/10.1080/13814788.2017.1375092

Kothari, C. (2004). *Research methodology: Methods and techniques.* New Age International.

Lambert, J. E., Nantogmah, F., Dokurugu, A. Y., Alhassan, H., Azuure, S. S., Yaro, P. B., & Korner, J. (2020). The treatment of mental illness in faith-based and traditional healing centres in Ghana: Perspectives of service users and healers. *Global Mental Health,7*, e28, 1-7. https://doi.org/10.1017/gmh.2020.21.

Lateef, H. (2023). Adherence to African-centred norms and help seeking for emotional distress among black men. *Families in Society: The Journal of Contemporary Social Sciences, 104*(4)*,* 570-582. https://doi.org/10.1177/10443894231166730.

Law, L. (2024). *South Africa's suicide crisis* (Briefing Paper No.858). Catholic Parliamentary Liaison Office. https://cplo.org.za/wp-content/uploads/2024/02/BP-585-South-Africas-Suicide-Crisis-by-Lois-Law.pdf.

Lazarides, A., Wassenaar, D., & Sekhesa, T. (2019). A thematic content analysis of suicide notes from South Africa. *South African Journal of Psychology, 49*(1):148-159. https://doi.org/10.1177/0081246318780144.

Leedy, P.D., & Omrod, J.E. (2021). *Practical Research: Planning and Design* (12th ed.).

Lemon, C. S. 2023. Commentary: Poverty and mental health. *International Journal of Social Psychiatry, 69*(4), 1055-1056. https://doi.org/10.1177/00207640231160214.

Letsoalo, D.L., Ally, Y., Tsabedze, W. F., & Mapaling, C. (2024). Challenging the nexus: Integrating western psychology and African cultural beliefs in South African mental healthcare. *Psychology in Society, 66*(2), 45-66. https://doi.org/10.17159/pins2024vol66isss2a6320.

Levy, P. (2017). Research Design: Quantitative, qualitative, mixed methods, arts-based and community-based participatory research approaches.

Lynch, L., Long, M., & Moorhead, A. (2018). Young men, help-seeking and mental health services: Exploring barriers and solutions. *American* Journal *of Men's Health,* 12(1)*,* 138-149. https://doi.org/10.1177/1557988315619469.

Mack, N., Woodsong, C. MacQueen, K. M., Guest, G., & Namey, E. (2005). Qualitative Research Methods: A data collector's Field Guide. *Family Health Internation.*

Madlala, D., Joubert, P. M., & Masenge, A. (2022). Community mental health literacy in Tshwane region 1: A qualitative study. *South African Journal of Psychiatry, 28*(4). https://doi.org/10.4102/sajpsychiatry.v28i0.1661.

Madsen, J., Jobson, L., Slewa-Younan, S., Haoxiang, L., & King, K. (2024). Mental health literacy among Arab men living in high income western countries: A systemic review and narrative synthesis. *Social Science & Medicine, 346116718.* https://doi.org/10.4236/ojpsych.2019.93015.

Makhubu, N. (2023). Men in South Africa are suffering from major mental health issues and suicide. Available at: https://www.iol.co.za/pretoria-news/news/men-in-south-africa-are-suffering-from-major-mental-health-issues-and-suicide-4356ae3abf-4a59-a975-b6208d553543.

Makhubu, N. (2024, April 1). Independent Online. South African men five times more likely to commit suicide. https://www.iol.co.za/sundayindependent/news/south-africa-men-five-times-more-likely-to-commit-suicide-bcf166ae-6729-432d.

Maneno, R. J. (2018). A blend of Western and African Psychotherapy, *International Journal of Psychotherapy, Counselling and Psychiatry Theory Research & Clinical Practice, 3*. https://doi.org/10.35996/1234/3/WESTERNAFRICAN.

Marbin, D., Gutwinski, S., Schreiter, S., & Heinz, A. (2022). Perspectives in poverty and mental health. *Frontiers in Public Health, 10;975482.* https://doi.org/10.3389/fpub.2022.975482.

Mabrouk, D. (2020). The dilemma of toxic masculinity in Eastern and Western societies, concerning the novel "Men in Prison". *Open Journal of Social Sciences,* 8 (6), 419-437. https://doi.org/10.4236/jss.2020.86032.

Martinez, A. A. B. (2018). Male suicide as a silent epidermic. *Psychiatria Danubina, 30*(3), 374.

Masemola, H. C., Moodley, S. V., & Shirinde, J. (2022). Perceptions and attitudes of black men in a rural district of South Africa towards depression and its treatment, *South African family practice: official journal of the South African Academy of Family Practice/ Primary Care,* 64(1), e1-e9. https://doi.org/10.4102/safp.v64i1.5557.

Mashele, T. H., Letsoalo, D. L., & Oduaran, C. A. (2024). Effects of masculine culture on the mental health of Northern Sotho Male Youth. https://doi.org/10.21203/rs.3.rs-4454026/v1.

Masweneng, K. (2023, April 25). Mpumalanga patients forced to seek help at Gauteng mental health facilities. https://www.timeslive.co.za/news/south-africa/2023-04-25-mpumalanga-patients-forced-to-seek-help-at-gauteng-mental-health-facilities/.

Matanovic, I. (2020). Influence of religiosity and fundamentalism on attitudes toward psychotherapy: Religion related barriers to mental health services.

Matsoele, N. F. C., & Tadi, N. F. (2023). Mental health literacy in Black South African communities, *Journal of Psychology in Africa, 34*(3), 260-268. https://doi.org/10.1080/14330237.2024.2363690.

Mboweni, N. E., Mphasha, M. H., & Skaai, L. (2024). Navigating mental health: Community members insights into social and inclusion in Matsafeni village in Mbombela, Mpumalanga Province- A qualitative Study. *International Journal of Environmental Research & Public Health, 21*(32). https://doi.org/10.3390/ijerph21010032.

McGrane, A., Bird, N., Arten, C., & O'Sullivan, K. (2020). All my problems go away for 90 minutes: How football and psychotherapy improves young men's mental health. *American Journal of Men's Health, 14* (5),15579883209. https://doi.org/10.1177/155798832095992.

McKenzie, C. S., Visperas, A., Ogrodniczuk, J. S., Oliffe, J. L., & Nurmi, M. A. (2018a). Age and sex differences in self-stigma and public stigma concerning depression and suicide in men. *Stigma and Health.* Advanced Online Publication. https://dx.doi.org/10.1037/sah0000138.

McKenzie, S. K., Collings, S., Jenkin, G., & River, J. (2018b). Masculinity, social connectedness and mental health: Men's diverse patterns of practice. *American Journal of Men's Health, 12*(5). 1247-1261. https://doi.org/10.1177/1557988318772732.

McKenzie, S.K., Oliffe, J.L., Black, A., & Collings, S. (2022). Men's experiences of Mental illness stigma across the lifespan: A scoping review. *American Journal of Men's Health, 16*(1), 15579883221074789. https://doi.org/10.1177/15579883221074789.

Meadley, A., Rickwood, D., & Ishikawa, A. (2024). Young adult's perceptions of the role of self-reliance and trust on help-seeking for mental health problems, *Youth, 4*(4), 1726-1738. https://doi.org/10.3390/youth4040109.

Messerchmidt, J. W. (2019). The salience of "hegemonic masculinity". *Men and Masculinities, 22*(1), 85-91. https://doi.org/10.1177/109718X18805555.

Mills, D., Marchant-Forde, J. N., McGreevy, P. D., Morton, D. B., Nicol, C. J., Phillips, C.J.C., Sandoe, P., & Swaisgood, R. R. (2010). Wallingford: CABI Publishing. Pp.459-461.

Milner, A., Shields, M., & King, T. (2019). The influence of masculine norms and mental health on health literacy among men: Evidence from the ten to men study. *American Journal of Men's Health, 13* (5). https://doi.org/10.1177/1557988319873532.

Mindu, T., Mutero, I. T., Ngcobo, W. B., Musesengwa, R., & Chimbari, M. J. (2023). Digital mental health interventions for young people in rural South Africa: Prospects and challenges for implementation, *International Journal of Environmental Research in Public Health, 20*(2). https://doi.org/10.3390/ijerph20021453.

Mohammed-Ibrahim, O.H., Ibrahim, R. M., Al-Tameemi, N. K., & Riley, K. (2020). Challenges associates with mental health management: Barriers and consequences. *Saudi Pharmaceutical journal: SPJ: The Official publication of the Saudi Pharmaceutical Society,* 28(8), 971-976. https://doi.org/10.1016/j.jsps.2020.06.018.

Mokwelepa, L. W., & Sumbane, G. O. (2025). Men's mental health matters: The impact of traditional masculinity norms on men's willingness to seek mental health support-A systematic review of literature. *American Journal of Men's Health, 19* (3). https://doi.org/10.1177/15579883251321670.

Molokoane, P., & Modipane, M. (2025). Young men's perspectives on expressing problems affecting their mental health to family and friends in Ehlanzeni district, Mpumalanga province. *Journal of Men's Health, 21*(3), 119-126. https://doi.org/10.22514/jomh.2025.043.

Moodley, S. V., Wolvaardt, J., & Grobler, C. (2022). Mental health task-sharing in South Africa- A Role for clinical associates. *BMC Health Services Research, 22*,1242. https://doi.org/10.1186/s12913-022-08638-3.

Monnapula-Mazabane, P., & Petersen, I. (2022). Feasibility and acceptability of mental health stigma intervention for low-income South African caregivers: A qualitative investigation. *The South African Journal of Psychiatry,28*,1820. https://doi.org/10.4102/sajpsychiatry.v28i0.1824.

Morar, T., Breedt, J. E., Mdaka, N., Maroganye, K., & Robertson, L. (2024). Is mental health in South Africa moving forward? *British Journal of Psychiatry, 21*(1). https://doi.org/10.1192/bji.2023.32.

Morgan, A. J., Wright, J., & Reavley, N. J. (2021). Review of Australian initiatives to reduce stigma towards people with complex mental illness: What exists and what works? *International Journal of Mental Health Systems, 15*(10). https://doi.org/10.1186/s13033-020-00-423-1.

Morgan, P. C., Stanfield, M. H., & Durtshi, J. A. (2021). There may be a problem, but I'm not going because...: Examining classes of men and their rationales for not seeking mental health treatment. *Journal of Mental Health, 31* (2). 180-187.

Morena, A. N., Bartkowski, J. P., & Xu, X. (2022). Religion and Help-seeking: Theological Conservatism and Preferences for Mental Health Assistance. *Religious, 13*(5), 415. https://doi10.3390/rel13050415.

Morettini, F. M. (2016, October 27). *Hegemonic masculinity: How the dominant man subjugates other men, women and society.* Global Policy Journal. https://www.globalpolicyjournal.com/blog/27/10/2016/hegemonic-masculinity-how-dominant-man-subjugates-other-men-women-and-society.

Mosebetsi, K. (2025, June 25). Silent struggle of men's mental health issues fuels GBVF/OFM. Availabe at: https://www.ofm.co.za/article/centralsa/332380/silent-struggle-of-men-s-mental-health-issues-fuels-gbvf#:.

Mpumalanga Department of Health. (2021). Annual Report for 2020/21 Financial Year vote 10: Department of Health Province of Mpumalanga.

Mpumalanga Provincial Government (2024, November 6). *Premier Ndlovu to officiate opening of new KaNyamazane community health centre.* Office of the Premier, Mpumalanga Province.

Mshweshwe, L. (2020). Understanding domestic violence: Masculinity, culture, traditions. *Heliyon 6*(1): e05334. https://doi.org/10.1016/j.heliyon.2020.e05334.

Mthembu, M. E. (2015). Factors affecting men's health care seeking behaviour and use of services: A case study of Inanda township, Durban [Unpublished master's dissertation]. University of KwaZulu-Natal.

Ndetei, D. M., Mutiso, V. & Osborn, T. (2023). Moving away from the scarcity fallacy: Three strategies to reduce the mental health treatment gap in LMICs. *World Psychiatry Association,* 22(1*),* 163-164. https://doi.org/10.1002/wps.21054.

Newmann, S.J., Zakaras, J. M., Dworkin, S. L., Withers, M., Ndunyu, L., Gitome, S., Gorrindo, P., Bukeisi, E. A., & Rocca, C. H. (2021). Measuring men's gender norm beliefs related to contraception: Development of the masculine norms and family planning acceptance scale. *Archives of sexual behaviour, 50* (6), 2691-2702. https://doi.org/10.1007/s10508-021-01941-w.

Ngobe, A. J. (2015). Swati traditional healer's conceptualisation of causes and treatment of mental illness [Unpublished master's dissertation]. University of Limpopo.

Ngobe, A., Semenya, S., & Sodi, T. (2021). Psychological ailments and their treatment protocols: A case study of Swati traditional healers in Mpumalanga Province, South Africa. *African Health Science, 21*(2)*,* 884-895. https://dx.doi/10.4314/ahs.v21i2.50.

Nguse, S., & Wassenaar, D. (2021). Mental health and covid-19 in South Africa. *South African Journal of Psychology,* 51(2*),* 304-313. https://doi.org/10.1177/00812463211001543.

Ngwenya. M. W. S., & Sumbane, G.O. (2022). The urgency of access to men-centred mental healthcare services to address men's sensitive issues in the communities of South Africa. https://doi.org/10.5772/intechopen.108493.

Nicholas, A., Joshua, O., & Elizabeth, O. (2022). Accessing mental health services in Africa: Current state, efforts, challenges, and recommendation. *Annals of Medicine & Surgery, 81: 104421.* https://doi.org/10.1006/j.amsu.2022.104421.

Nicolaides, A. (2023). Considering the philosophy of Ubuntu in South African healthcare ethical practices, *The Journal of Medical Laboratory Science & Technology South Africa,* 5,71-76. https://doi.org/10.36303/JMLSTSA.133.

Nnadi, F. B., Ugwu, E. O., Nwabineli, I. H., Onuh, S. C., Odo, C. S., Okolie, T. J., & Ekoh, P. C. (2023). Alcohol and memes: How young Nigerian men deal with mental health challenges in the face of poor access and utilization of professional support. *Journal of Social Work in Developing Societies, 5*(1), 1-16.

Nombakuse, R., & Tsibolane, P. (2024). The use of digital mental health platforms among men with mental health conditions in South Africa. https://www.researchgate.net/publication/383543267.

Nowell, L.S., Norris, J.M., White, D.E., & Moules, N.J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods,16,* 1-13. https://doi.org/10.1177/1609406917733847.

Nxumalo, C. T., & Mchunu, G. G. (2017). Exploring the stigma related experiences of family members of persons with mental illness in a selected community in the iLembe District, KwaZulu-Natal. *Health SA Gesondheid (Online), 22,* 202-212. https://doi.org/10.1016/j.hsag.2017.02.002.

Nyimbili, F., & Nyimbili. L. (2024). Types of purposive sampling techniques with their examples and application in qualitative research studies, *British Journal of Multidisciplinary and Advanced Studies: English Language, Teaching, Literature, Linguistics & Communication, 5*(10), 90-99. https://doi.org/10.37745/bjmas.2022.0419.

Nyirenda, L., Kumar, M. B., Theobald, S., Sarker, M., Simwinga, M., Kumwenda, M., Johnson, C., Hatzold, K., Corbett, E. L., Sibanda, E., & Taegtmeyer, M. (2020). Using research networks to generate trustworthy qualitative public health research findings from multiple contexts. *BMC Medical Research Methodology,20*(1), 13.

Ogrodniczuk, J. S., Oliffe, J. L., Kuhl, D., & Gross, P. A. (2016). Men's mental health: Spaces and places that work for men, *Canadian Family Physician, vol 62*(6), 463-464.

Olawande, T. I., Ajayi, M. P., Amoo, E. O., Iruonagbe, T. C., & Adekeye, O. A. (2020). Barriers to utilization of mental healthcare services in Southwest, Nigeria: Gender Implications. *The UB Journal of Psychology, 50* (2), 98-102. https://revistes.ub.edu/index.php/Anuario-psicologia/article/download/anpsic2020.50.9/31733.

Omondi, K. (2024). Mental health stigma and its impact on help-seeking behaviour. *International Journal of Humanity and Social Sciences, vol 3*(3). 15-29. https://doi.org/10.47941/ijhss.2082.

Opozda, M. J., Galdes, P., Watkins, D., & Smith, J. (2023). Intersecting identities, diverse masculinities, and collaborative development: Considerations in creating online mental

health interventions that work for men. *Comprehensive Psychiatry, 129.* https://www.researchgate.net/publication/376459030.

Opozda, M. J., Drummond, M., Gupta, H., Petersen, J., & Smith, J. A. (2024). E-Mental health interventions for men: An urgent call for cohesive Australian policy and investment, *Health Promotion International, 39,* daae033. https://doi.org/10.1093/heapro/daae033.

Otten, D., Tibubos, A.N., Schomerus, G., Brahler, E., Binder, H., Kruse, J., Ladwig, K.H., Wild, P.S., Grobe, H.J., & Beutel, M.E. (2021). Similarities and differences of mental health in women and men: A systemic review of findings in three large German cohorts. *Frontiers in Public Health, 9*,553071. https://doi.org/10.3389/fpubh.2021.553071.

Oyekunle, V. O., Tomita, A., & Gibbs, A. (2022). High levels of poor mental health among young men in urban informal settlements in South Africa: A community-based study of social determinants. *Psychology Health & Medicine,* https://doi.org/10.1080/13548506.2022.2088816.

Oyetunji, T. P., Arafat, S. M.Y., Famori, S. O., Akinboyewa, T. B., Afolami, M., Ajayi, M.F., & Kar, S. K. (2021). Suicide in Nigeria: Observations from the content analysis of newspapers. *General Psychiarty, 34* (1). https://doi.org/10.1136/gpsych-2020-100347.

Ozota, G. O., Sabastine, R. N., Uduji, F. C., & Okonkwo, V. C. (2024). Nigeria mental health law: Challenges and implications for mental health services, *South African Journal of Psychiatry, 30*(0), 2134. https://doi.org/10.4102/sajpsychiatry.v30i0.2134.

Parent, M. C., Hammer, J. H., Bradstreet, T. C., Schwartz, E. N., & Jobe, T. (2018). Men's mental health help-seeking behaviours: An intersectional analysis. *American Journal of Men's Health, 12* (1), 103-114. https://doi.org/10.1177/1557988315625776.

Pengpid, S., & Peltzer, K. (2021). Prevalence and correlates of suicidal behaviour among a national population-based sample of adults in Zambia. *South African Journal of Psychiatry, 27*. https://doi.org/10.4102/sajpsychiatry.v27i0.1566.

Piatkowski, T., Sabrus, D., & Keane, C. (2023). The relationship between masculinity and help-seeking among Australian men living in Non-urban Areas. *The Journal of Men's Studies, 32*(2),199-218. https://doi.org/10.1177/10608265231207997.

Pinto, C., & Dave, M. (2015). Private sector psychiatry: What it has to offer to mental ill persons in South Asia? https://doi.org.10.1007/978-94-017-9017-8_13.

Pollard, J. (2016). Early and effective intervention in male mental health. *Perspectives in Public Health, 136*(6), 337-338. https://doi.org/10.1177/1757913916666219.

Porche, D. J. (2007). Poverty and men's health. *American Journal of Men's Health, 1*(4), https://doi.org.10.1177/1557988307305839.

Ramalepe, P. (2024, March 17). SA Ranks among world's most stressed nations in terms of battling mental health, says global survey. https://www.news24.com/life/lifestyle-trends/sa-ranks-among-worlds-most-stressed-nations-in-terms-of-battling-mental-health-says-global-survey-20240317.

Rantho, K. M., & Maluleke, W. (2021). The conceptualisation of mental disorders in South Africa: A systemic study. *European Journal of Economics, Law and Social Sciences,5*(3).

Rasmussen, M. L., Haavind, H., & Dieserud, G. (2018). Young men, masculinities, and suicide. *Archives of Suicide, 22*(20), 327-343. https://doi.org/10.1080/13811118.2017.1340855.

Reily, N. M., Tang, S., Batterham, P. J., Aadam, B., Allen, B., Draper, F., Shand, J., Nicholas, A., & Christensen, H. (2023). Help-seeking and barriers to service use amongst men

with past-year suicidal ideation and not in contact with mental health services, *Archives of Suicide Research, 28*(2), 482-498. https://doi.org/10.1080/138111138.2023.2190781.

Resina, B., & Mlambo, N. (2023). Exploring the Nexus between masculinity and men's mental health: Case of Goromonzi Peri Urban Mashonaland East Zimbabwe. https://dx.doi.org/10.47772/IJRSS.2023.70983.

Riecher-Rossler, A. (2017). Sex and gender differences in mental disorders. *The LANCET Psychiatry, 4*(1). http://dx.doi.org/10.1016/s2215-0366(16)30348-0.

Rosenberg, M. J., & Hovland, C.I. (Eds.). (1960). Attitude organization and change: An analysis of consistency among attitude components. Yale University Press.

Saade, S., Lamarche, A.P., Khalaf, T., Makke, S., & Legg, A. (2023). What barriers could impede access to mental health services for children and adolescents in Africa? A scoping review. *BMC Health Services Research, 23:* 348. https://doi.org/1186/s12913-023-09294-x.

Sagar-Ouriaghli, I., Godfrey, E., Bridge, L., Meade, L., & Brown, J. S. L. (2019). Improving mental health service utilization among men: A systematic review and synthesis of behaviour change techniques within interventions targeting help-seeking. *American Journal of Men's Health, 13*(3),1557988319857009. https://doi.org/10.1177/1557988319857009.

Sagar-Ouriaghli, I., Brown, J.S.L., Tailor, V., & Godfrey, E. (2020a). Engaging male students with mental health support: A qualitative focus group study. *BMC Public Health,* 20,1159. https://doi.org/10.1186/s12889-020-09269-1.

Sagar-Ouriaghli, I., Godfrey, E., Graham, S., & Brown, J. S. L. (2020b). Improving mental health help-seeking behaviours for male students: A framework for developing a

complex intervention. *International Journal of Environmental Research and Public Health, 17*(14): 4965. https://doi.org.10.3390/IJERPH17144965.

Sagar-Ouriaghli, I., Godfrey, E., Tailor, V., & Brown, J. S. L. (2023). Improving mental health help-seeking among male university students: A series of gender-sensitive mental health feasibility interventions. *American Journal of Men's Mental Health, 1-19.* https://doi.org.10.1177/15579883231163728.

Salaheddin, K., & Mason, B. (2016). Identifying barriers to mental health help-seeking among young adults in the UK: A Cross-sectional survey. *British Journal of General Practice, 66*, e686-e692. https://doi.org/10.3390/bjgp16X687313.

Sankobe, Y. (2020, February 11). Mental health in South Africa: A journey of self-healing-Samuel centre for social connectedness. https://www.socialconnectedness.org/mental-health-in-south-africa-a-journey-of-self-healing/.

Schafer, A., & Koyiet, P. (2018). Exploring links between common mental health problems, alcohol/substance use and perpetration of intimate partner violence: A rapid ethnographic assessment with men in urban Kenya. *Global Mental Health,5,* e3, page 1 of 11. https://doi.org/10.1017/gmh.2017.25.

Schroeder, S., Tan, C. M., Urlacher, B., & Heitkamp, T. (2021). The role of rural and urban geography and gender in community stigma around mental illness. *Health education & behaviour: the official publication of the Society for Public Health Education, 48*(1), 63-73. https://doi.org/10.1177/1090198120974963.

Schueller, S. M., Hunter, J. F., Figueroa, C., & Aguilera, A. (2019). Use of digital mental health for marginalized and underserved populations. *Current Treatment Options in Psychiatry,6*,243-255. https://doi.org.10.1007/s40501-019-00181-2.

Seaton, C. L., Bottof, J. L., Jones-Bricker, M., Oliffe, J. L., DeLeenheer, D., & Medhurst, K. (2017). Men's mental health promotion interventions: A scoping review. *American Journal of Men's Health, 11*(16), 1823-1837. https://doi.org.10.1177/1557988317728353.

Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J.L., & Dhilom. (2016). The role of masculinity in men's help-seeking for depression: A systematic review. *Clinical Psychology Review, 49,* 106-118. https://doi.org/10.1016/j.cpr.2016.09.002.

Sharp, P., Oliffe, J. L., Bottorff, J. L., Rice, S. M., Schulenkorf, N., & Caperchione, C. M. (2023). Connecting Australian masculinities and culture to mental health: Men's perspectives and experiences. *Men and Masculinities, 26* (1), 112-133. https://doi.org/10.1177/1097184X221149985.

Sharp, P., Oliffe, J. L., Kealy, D., Rice, S.M., Seidler, Z. E., & Ogrodniczuk, J. S. (2023). Social support buffers young men's resilient coping to psychological distress. *Early intervention in Psychiatry, 17(8), 784-791.* https://doi.org/10.1111/eip.13371.

Sheikh, A., Payne-Cook, C., Lisk, S., Carter, B., & Brown, J.S.L. (2023). Why do young men not seek help for affective mental health issues? A systematic review of perceived barriers and facilitators among adolescent boys and young men. *European Child & Adolescent Psychiatry, 34*(2),565-583. https://doi.org/10.1007/s00787-024-02520-9.

Shisana, O., Stein, D. J., Zungu, N. P., & Wolvaardt, G. (2024). The rationale for South Africa to prioritise mental health care as a critical aspect of overall health care. *Journal of Comprehensive Psychiatry, 130.* https://doi.org/10.1016/j-comppsych.2024.152458.

Shitindo, M., & Nabil, F. (2023). The development of culturally congruent mental health evaluation guidelines for an African context centering gender, socioeconomic, and health equity. *Global Health.* https://doi.org.10.1136/bmjgh-2023-EDC.84.

Sigida, S. T., Masola, N. J., & Khorommbi, E. M. (2020). Diagnosis and treatment of mental illness by Vhavenda traditional healers in Vhembe District, South Africa. *Theologia Viatorum, 5*(1), 35-43. https://doi.org/10.4102/tv.v43i1.24.

Sikrweqe, O., De Klerk, U., & Ally. Y. (2024). The influence of culture and religion in coping with a mental illness by the residents of the Eastern Cape Province, South Africa. *New Voices in Psychology.* https://doi.org/10.25159/2958-3918/16009.

Sileo, K. M., & Kershaw, T. S. (2020). Dimensions of masculine norms, depression and mental health service utilization: Results from a prospective cohort study among emerging adult men in the United States. *American Journal of Men's Health, 14*(1): 1-16. https://doi.org.10.1177/1557988320906980.

Silverman, D. (1993). Beginning Research. Interpreting qualitative data. Methods for analysing talk, text, and interaction. London: Sage Publications.

Silverman, D. (2017). *Doing qualitative research.* (5th ed). Sage Publications

Simelane, M. (2023, October 6). Mental health, patriarchy, and the criminalisation of attempted suicide. Southern Africa Litigation Centre. https://www.southernafricalitigationcentre.org/mental-health-patriarchy-and-the-criminalisation-of-attempted-suicide/.

Slobojan, I. (2023). The impact of masculinity and gender norms on men's mental health in the US: A literature review. *University Honors Theses.* https://doi.org/10.15760/honors.1425.

Smith, G. D., & Hebdon, M. (2024). Mental health help-seeking behaviour in men. *Journal of Advanced Nursing, 80* (3). https://doi.org/10.1111/jan.15869.

Sordahl, K., Petersen, I., Myers, B., Zingela, Z., Lund, C., & Van der Westhuizen, G. (2023). A reflection of the current status of mental healthcare system in South Africa, *SSM-Mental Health, 4.* https://doi.org/10.1016/j.ssmmh.2023.100247.

South African Society of Psychiatry. 2024. *Suicide among men- Stigma prevents help seeking.* Available at https://www.sasop.co.za/mens-health.

Stangl, A.L., Earnshaw, V.A., Logie, C.H., Brakel, W., Simbayi, L.C., Barre', I., & Davido, J.F. (2019). The health stigma and discrimination framework: A global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. *BMC Medicine,* 17(31*).* https://doi.org/10.1186/s12916-019-1271-3.

Subrayan, A., & Wan Yahya, W. (2016). Complicity to Hegemonic Masculinity in D.H. Lawrence's Sons and Lovers. *International Journal of Comparative Literature of Translation Studies, 4*(2). https://dx.doi.org/10.7575/aiac.ijclts.v.4n.2p.33.

Swaraj, A. (2019). Exploratory research: Purpose and process. *Parisheelan Journal, 15*(2), 665-670.

Teichman, C. (2022, October 10). Mental health for all is not a reality in South Africa-The Mail & Guardian. https://mg.co.za/thought-leader/opinion/2022-10-10-mental-health-for-all-is not-a-reality-in-South-Africa/.

Tenny, S., Brannan, J. M., & Brannan, G. D. (2022, September 18). Qualitative Study. In: StatPearls [Internet]. Treasure Island (FL). *Stat Pearls Publishing*.

Tindimwebwa, L., Ajayi, A. I., & Adeniyi, O. V. (2021). Prevalence and demographic correlates of substance use among adults with mental illness in Eastern Cape, South Africa: A Cross-Sectional Study, *International Journal of Environmental Research in Public Health, 18,* 5428. https://doi.org/10.3390/ijerph18105428.

Thomas, G. (2010). Facilitator, Teacher, or Leader? Managing conflicting roles in outdoor education. *Journal of Experiential Education, 32*(3), 239-254. https://doi.org/10.1177/105382590903200305.

Treadwell, H. M., & Ro, M. (2003). Poverty, race, and the invisible men. *American Journal of Public Health, 93*(5), 705-707. https://www.researchgate.net/publication/10782404_Poverty_Race_and_the_Invisible_Men.

Tshuma, N., Elakpa, D. N., Moyo, C., Ndhlovu, T. M., Mokgatle, M. M., Moyo, S., Moyo, S., Chadyiwa, M., Kochar, M. K., Malahlela, M., Tshitangano, T. G., & Mphuthi, D. D. (2024). Community perceived barriers to uptake of health services among men at Sedibeng district in South Africa. *Health SA Gesondheid*, *29*(1), a2548. https://doi.org/10.4102/hsag.v29i0.2548.

Van Breda, A. (2019). Developing the notion of ubuntu as African theory for social work practice. Social Work, 55(4), 6. https://doi.org/10.15270/55-4-762.

Van der Velde, S., De Cuyper, A., De Kort, L., Jacobs, K., Somogoyi, N., Tholen, R., Van eekert, N., & Buffel, V. (2023). An international comparison of gender differences in mental health among higher-education students during the first wave of the COVID-19 pandemic: A multilevel design. *Arch Public Health, 81*(1). https://doi.org/10.1186/s13690-023-01211-2.

Vartak, A., & Nagarajan, R. (2016). Resources for Mental Health: A review. *Social Science Spectrum, 2*(1), 20-37. https://socialspectrum.in/index.php/sp/article/view/49.

Vickery, A. Y. (2022). It's made me feel less isolated because there are other people who are experiencing the same or very similar to you: Men's experiences of using mental health

support groups. *Health and Social Care in the Community, 30*(6), 2383-2391. https://doi.org/10.1111/hsc.13788.

Wanjiku, A. (2023, July 10). Erasing the stigma around Men's mental Health and drug abuse. https://nacada.go.ke/erasing-stigma-around-mens-mental-health-and-drug-abuse.

Warria, A. (2017). Men at risk: Men's health, illness and the unhealthy construction of Gender Identity. *Southern African Journal of Social Work and Social Development, 29*(2). hhttps://upjournals.co.za/index.php/SWPR.

Watkins, D. C., Goodwill, J. R., Johnson, N. C., Casanova, A., Wei, T., Allen, J. O., William, E.G., Anyiwo, N., Jackson, Z. A., Talley, L. M., Z & Abelson, J. M. (2020). An online behavioural health intervention promoting mental, manhood and social support for young black men: The YBMen Project. *American Journal of Men's Health, 14*(4), 1557988320937215. https://doi.org/10.1177/1557988320937215.

Wedgwood, N. (2009). Conell's theory of masculinity - Its origin and influences on the study of gender, *Journal of Gender Studies, 18*(4):329-339.https://dx.doi.org/10.1080/09589230903260001.

Whitley, R. (2018). Men's mental health: Beyond victim-blaming. *The Canadian Journal of Psychiatry, 63*(9):577-580. https://doi.org/10.1177/0706743718758041.

World Health Organization. (2022). Mental Health. https://www.who.int/newsroom/fact-sheets/detail/mental-health-strengthening-our-response/?gad_source=1&gclid=Cj0KCQjwiYOxBhC5ARIsAIvdH52sevW8FfXhaqlKCGz89QRchTyUdcErzCtoru_HTNEGfXWk4PRYD7IaAqWJEALw_wcB#.

World Health Organization. (2024). https://www.who.int/health-topics/gender#tab_1

World Health Organization. (2025, March 25). Suicide.https://www.who.int/news-room/fact-sheets/detail/suicide.

World Health Organization African Region. (2022). World health mental day 2022. https://www.afro.who.int/regional-director/speechesmessages/world-mental-health-day-2022.

Yang, J. (2020). What's Hegemonic about Hegemonic Masculinity? Legitimation and beyond. *Sociological Theory, 38*(1), 3-18. https://doi.org/10.1177/0735275120960792.

Yang, J., Li, Y., Gao, R., Chen, H., & Yang, Z. (2023). Relationship between mental health literacy and professional psychological help-seeking attitudes in China: A chain medication model. *BMC Psychiatry, 23,* 956. https://doi.org/10.1186/s12888-023-05458-5.

Yu, R., Nevado-Holgado, A. J., Molero, Y., D'Onafrio, B. M., Larsson, H., Howard, L. M., & Seena, F. (2019). Mental disorders and intimate partner violence perpetrated by men towards women: A Swedish population-based longitudinal study. *PLoS Med, 16* (12): e1002995. https://doi.org/10.1371/journal.pmed.1002995.

Zaman, N., Mujahid, K., Ahmed, F., Mahmud, S., Naeem, H., Riaz, U., Ullah, U., & Cox. B. (2022). What are the barriers and facilitators to seeking help for mental health in NHS doctors: A systematic review and qualitative study. *BMC Psychiatry, 22*, 595. https://doi.org/10.1186/s12888-022-04202-9.

Zhang, Q., Lin, F., Guan, H., Li, L., Wang, L., Huang, Z., & Inns, A. (2024). Internet-based and mobile-app-based mental health interventions among adults: A best evidence synthesis of rigorous randomized controlled trials [Preprint]. *JMIR Preprints*. https://doi.org/10.2196/49275.

Zumwalde, J. K., Hawkins, B. L., & Young, K. M. (2023). Mental health stigma in active-duty service members receiving mental health services. *Millitary medicine, 188*(9-10), e3152-e3159. https://doi.org/10.1093/milmed/usad159.

Appendix A: Consent form

I _____ hereby agree to participate in a master's Research Project that focuses on the perceptions of men on seeking mental health treatment in KaNyamazane township of the Mpumalanga Province.

The purpose of the study has been explained to me. I had an opportunity to ask questions, and I am prepared to participate in the study. I further understand that I am participating voluntarily without being coerced in any way. I also understand that I am free to withdraw from the project anytime should I desire to do so.

I agree to the audio recordings of the interviews. I also understand that the information that I will provide will be anonymous, confidential and will only be used for research purposes.

Signature: _____

Name: _____

Date: _____

Appendix B: Semi-structured Interview schedule (English)

Interview guide on exploring men's perspective on seeking mental health treatment in KaNyamazane township, Mpumalanga.

SECTION A: Demographic Information

Age: _____

Highest level of education: _____

Occupational level: _____

Cultural background: _____

SECTION B: Interview Questions

1. What is your understanding of mental health treatment?

    - What types of mental health treatment methods have you heard of?

2. Where do you get your information on mental health?

3. Do you believe it is important to prioritize your mental health? Why or why not?

4. Is seeking mental health treatment a sign of weakness or strength? Why?

5. If you were to seek mental health treatment, where would you go for mental health treatment and why?

6. What do you usually do when you are faced with stress or difficult situations?

7. What do you think are the barriers to seeking mental health treatment among men?

- Can you briefly describe the barriers they might face?

8. What measures do you think need to be implemented to encourage men to seek mental health treatment?

9. How must these measures be implemented to be able to cater for men's mental health needs?

APPENDIX C: Siswati Interview schedule

Imibono yemadvodza mayelana nekufuna kwelashwa kwengcondvo.

Sitenge A: Imibuto lwemuntfu

Iminyaka: _____

Lizinga lemfundvo: _____

Lizinga Lemsebenti: _____

Sisekelo semasiko: _____

Sitenge B: Imibuto yekubuta

1Ukucondza njan kulashwa kwengcondvo?

-Ngutiphi tindlela tekulashwa kwengcondvo lowuke weva ngato?

2. Ulutsatsaphi kuphi lwati lwakho mayelana nekuphatseka kwengcondvo nobe kulashwa kwengcondvo?

3. Uyakholelwa yini kutsi kubalulekile kufaka embili kuphatseka kwengcondvo? Kungani noma kungani ungakholelwa kanjalo?

4. Kufuna lisito ngekuphatseka kwengcondvo ngabe kukhombisa emandla nobe bucakacaka? Kungani usho njalo?

5. Uma kungenteka utsandze kufuna lisito ngekuphatseka kwengcondvo, ungaya kuphi? Futsi kungani ukhetsa lapho?

6. Uwenta njani nobe wenta yini nangabe ubukene nesimo lesimatima?

7. Ngabe ucabanga kutsi ngutiphi tinfo letibambelela emadvodza ekufuneni Lusito ngekuphatseka kwengcondvo?

8. Ngabe ngutiphi tinyatselo lofanele titsatswe kukhutsata emadvodza kutsi afune lusito ngekuphatseka kwengcondvo?

9. Ubona kutsi letinyatselo tingasebenta kanjani kutsi tidzingo temadvodza tinakekeleke ngendlela lefanele?

APPENDIX D: Ethical Clearance

Ref: UMP/Shongwe/11/2024
Date: 8 November 2024

Tshepiso Asah Shongwe **[240906608]**
School of Social Sciences
Faculty of Economics, Development and Business Sciences
University of Mpumalanga

RE: APPROVAL FOR ETHICAL CLEARANCE FOR THE STUDY:
Men's Perceptions on Seeking Mental Health Treatment in Kanyamazane, Mpumalanga.

Reference is made to the above heading.

The Chairperson, on behalf of the Faculty Research Ethics Committee (Faculty of Economics, Development and Business Sciences) UMP, approved the ethical clearance of the above-mentioned study.

Any alteration/s to the approved research protocol i.e., Title of the Project, Location of the Study, Research Approach, and Methods must be reviewed and approved through the amendment/ modification prior to its implementation.

PLEASE NOTE: Research data should be stored securely in the school/division for a period of 5 years.

The Ethical Clearance certificate is only valid for a period of 3 years from the date of issue. Thereafter, Recertification must be applied for on an annual basis.

Prof. Ogujiuba Kanayo
Chairperson: FREC,
Faculty of Economics, Development and Business Sciences
University of Mpumalanga

APPENDIX E: Gatekeeper's Letter

MBOMBELA LOCAL MUNICIPALITY

Civic Centre
1 NelStreet
Mbombela
1201
SouthAfrica

CITY OF MBOMBELA
THE ULTIMATE DESTINATION

P O Box45
Mbombela
1200
SouthAfrica
Tel: +27 (0) 13759-9111
Fax: +27 (0) 13759-2070

Enq: cllr DB mkhatshwa 0727578275

Date: 04 November 2024

To Whom it May Concern

Sir/Madam

RE: CONFIRMNATION OF PERMITION TO CONDUCT RESEARCH WITHIN KANYAMAZANE

The matter in the above regard refers.

This letter serves to confirm that Tsepiso Shongwe be given permition to conduct a research within Kanyamazane Lekazi on behalf of the University of Mpuamalanga such research will be collecting Data regarding on men's health and such will assist understand and be used in the awareness regarding men's mental health.

Trust you find this in order

Yours faithfully

DB MKHATSHWA
WARD COUNCILOR
MBOMBELA LOCAL MUNICIPALITY

IT/it

CITY OF MBOMBELA
THE ULTIMATE DESTINATION
REVENUE MANAGEMENT
FINANCIAL SERVICES

TURNITIN

Tshepiso dissertation

ORIGINALITY REPORT

17%	7%	14%	5%
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	Biderman, Carly. "Breaking the Stigma: The Role of Mental Health Literacy in Psychological Treatment-Seeking Decisions in Canadian Post-Secondary Students", University of Windsor (Canada), 2024 Publication	1%
2	scholarworks.waldenu.edu Internet Source	1%
3	Derek M. Griffith, Marino A. Bruce, Roland J. Thorpe. "Men's Health Equity - A Handbook", Routledge, 2019 Publication	1%
4	Benjamin A. Hine. "Current Issues Facing Men and Boys - A Case for Urgent Change", Routledge, 2024 Publication	<1%
5	Cofield, Demetrius. ""You Good, Bruh?" An Exploration of the Influence of Race and Masculinity on Millennial Black Men's Decisions to Seek Mental Health Treatment", The University of North Carolina at Charlotte, 2022 Publication	<1%
6	Douglas, Alecia. "A Qualitative Case Study on Mental Health Stigma Within Rastafarian Culture", Walden University Publication	<1%

CERTIFICATE OF EDITING

LANGUAGE & TECHNICAL EDITING CERTIFICATE

BK EDITORIAL AND PUBLISHING (PTY) LTD [REG: 2020157767/07] [WWW.BKEDITORIALS.COM]

certifies that the work titled

"MEN'S PERCEPTIONS ON SEEKING MENTAL HEALTH TREATMENT IN KANYAMAZANE, MPUMALANGA PROVINCE."

authored by Tshepiso Shongwe

has been edited and proofread to improve grammar, consistency, readability, flow, and logic.

21 JANUARY 2026

Mr KM Leshaba, Managing Editor
bkeditorials@gmail.com

European Association of Science Editors Membership 5471