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ORIGINAL RESEARCH

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Young men's perspectives on expressing problems affecting their mental health to family and friends in Ehlanzeni district, Mpumalanga province

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Abstract

Background: Worldwide, over 1 in 10 individuals are experiencing some form of mental health issue, including depression, anxiety, schizophrenia and bipolar disorders. South Africa ranks eighth globally for suicide rates, with 450 men taking their own lives every month. This research sought to investigate the views of young men regarding expressing issues impacting their mental well-being with family and friends in the Ehlanzeni district of Mpumalanga province, South Africa. **Methods**: The investigators utilized a qualitative research approach and implemented a non-probability purposive and convenience sampling technique. A group of sixteen men between the ages of 23 and 35 were interviewed, and the findings were examined using inductive thematic analysis. **Results**: The study reveals that fear of stigma, masculinity norms and societal expectations are the main reasons why at times, men are unable to talk to their families and friends about problems that affect their mental health. Others have reported that emotional support from family and friends encourages them to speak up. **Conclusions**: It is increasingly evident that young men face a range of challenges, many of which can deeply affect their mental well-being and overall life satisfaction. This evidence highlights several important areas for improvement in how mental health services are designed and delivered. Therefore, the paper concludes , that gender-specific intervention services designed for men are necessary, and it is essential to incorporate gender considerations to adequately meet the mental health needs of men.

Keywords

Mental health; Masculinity norms; Barriers; Stigma; Young men; Family; Friends; Perspective

1. Introduction

Worldwide, an increasing number of individuals are experiencing various mental health issues, which encompass depression, anxiety, schizophrenia and bipolar disorders [1, 2]. However, it was reported that among these conditions, the most common mental health condition is depression with the global rate estimated at 4.4% in 2015 [3]. Remarkably, 50% of mental health issues arise before the age of 14 and 75% of instances occur prior the age of 18 [3]. Furthermore, depression has been reported to be more prevalent among females with a rate of 5.1% compared to males at 3.6% [3]. Yet, suicide incidences have been reported to be higher among males than females [4, 5]. In support of this, as stated in [4], over the 20-year observation period (1997 to 2016), South Africa recorded about 8.9 million deaths in individuals aged 15 and older, with 8573 (0.1%) of those deaths attributed to suicide. Men represented 78.1% (6699) of all suicide fatalities. Concurring results from a study conducted among youth stated that males are predominately the ones who commit suicide [6]. This implies that males do experience problems related to their mental health but rarely seek mental health interventions [7].

Hegemonic masculinity theory explains how certain forms of masculinity become culturally dominant within a society, establishing traditional masculinity norms that define "acceptable or idea" male behavior [8]. These traditional masculinity norms are often associated with emotional suppression or emotional stoicism, which discourages men from expressing vulnerability or emotions such as sadness [8].

Conventional standards of masculinity have been cited as a factor contributing to men's hesitance in discussing mental health issues or seeking assistance from mental health professionals [7, 8]. This can be understood through the prevailing societal standards and cultural clichés that, over the years, have shaped men's approaches to their mental well-being [9]. Often, when men share problems related to their mental health, they are described as being weak and feminine [9]. Therefore, seeking help or speaking up comes with the danger of being mocked and categorized as "not man enough" by others [10]. So, being interpreted as weak may threaten one's component

of masculinity, and this is one factor that most men may not be willing to risk. Unfortunately, some men would rather face risk or emotional discomfort than be associated with weakness [10]. On the contrary, not sharing problems related to one's mental health may be interpreted as having everything under control and this prevails as a key component of toxic masculinity [9]. Toxic masculinity refers to cultural norms and behaviors that are harmful to individuals and often enforces rigid gender roles that can lead to poor mental health [11]. Examples of toxic masculinity include sayings like "*indoda ayikhali ikhalela ngaphakathi*" (An African proverb that means "a man does not cry, he bottles things up").

Despite prevalent studies relating to men's pursuit of professional help for mental health issues, there is limited knowledge relating to male's views on expressing problems that affect their mental health to family and friends. Dominant literature focuses on men's professional help-seeking rather than talking to family and friends [12–15]. In response to this gap, the current study seeks to investigate the elements that lead to the non-expressing of problems to family and friends, as well as facilitators to young men expressing problems that affect their mental health to family and friends. This could help men to be more expressive about issues relating to mental health leading to improved well-being and possibly low suicide rates.

2. Methodology and resources

2.1 Research approach and research design

This research was qualitative in nature. The qualitative research method is best suited to the research inquiries raised because, throughout the interviews, participants' answers were unrestricted; in other words, the interviews facilitated an open-ended exchange of information from the respondents [16, 17]. The study applied an exploratory research design. This design is relevant to the proposed study because in this instance there is limited knowledge about the current subject [17]. The aim of this research study was to acquire a comprehensive insight into a situation and phenomena. Additionally, the main aim of this study was to investigate young men's views on discussing issues impacting their mental health with family and friends. Furthermore, attitudes toward sharing challenges affecting one's mental health will be discussed following the theory of hegemonic masculinity. Hegemonic masculinity denotes the most sought-after and culturally dominant type of masculinity within a specific context, acting as a depiction of gender behavior that establishes norms for all men and serves as a benchmark for evaluating other men [18].

2.2 Study population and setting

The study was conducted in the province of Mpumalanga, with a specific focus on the district of Ehlanzeni in Mbombela. The target population was young men from the age of 18 to 35. We focused on this age group due to South Africa's National Youth Policy (2020–2030), which categorizes youth as individuals aged 14 to 35. In South Africa, individuals must be at least 18 years old to give legal consent; therefore, the current study focused on young males aged 18 and not 14. Moreover, Mpumalanga was the choice of study setting because it has been reported that regions with high unemployment rates are associated with a higher risk of men's mental health problems [19]. Significantly, Mpumalanga has witnessed the highest rise in the unemployment rate, with an increase of 1.3 percentage points and a reduction in employment of 8000 [20]. All the participants included in the study were unemployed, which enabled the researchers to draw useful conclusions. Furthermore, in 2020, it was reported that 536 cases of suicide were reported in Mpumalanga, and (15.6%, n = 83) were among 30–34-year-olds, followed by 20–24-year-olds (15.2%, n = 81) [21]. The ratio of male suicides to female suicides was approximately 4.2 to 1 [21]. Limited attention is given to men's mental health, despite this high burden of mental health issues in Mpumalanga.

2.3 Sampling

In this study, 16 participants were selected through a non-probability convenience sampling method and a non-probability purposive sampling method. Non-probability convenience sampling and non-probability purposive sampling were chosen because they permitted the researcher to purposefully choose the most productive sample who was conveniently available to address the study questions. Only young men between the ages of 18–35 who reside in the district of Ehlanzeni in Mbombela were sampled to partake in the study. The investigator has selected male youth who are readily available at the Mbombela Civic Centre Mbombela Civic Centre is a public space that serves as a centre for services and events for the community of Mbombela. The centre provides facilities such as meeting rooms, auditoriums, and conference rooms for social and community engagements. The sample recruitment lasted for a period of four days.

The Mbombela Civic Centre was easily accessible and convenient for both the researcher and the participants. This also saved costs and time because all these men were found in one area, at the civic centre, the researcher did not spend time and money on re-recruitment and travelling. The study did not sample men who were previously diagnosed with a mental health condition but sampled men between ages 18 and 35 who were conveniently available to share their thoughts on expressing problems that affect their mental health to family and friends.

2.4 Measuring instruments

The data was collected using a semi-structured interview guide that was prepared prior interviewing the participants. The semi-structured interviews aimed to obtain a comprehensive understanding of participants' viewpoints on talking about issues that impact their mental well-being with family and friends. Questions for the semi-structured interview guide were guided by the study's research aim and the study's research questions. The interview guide was made up of two parts: Section A collected demographic details from participants (age, marital status, race, employment status and education level), while Section B concentrated on topics that the research aimed to investigate.

2.5 Procedures and data collection

The study was approved by the University of Mpumalanga research ethical committee (Ref: UMP/Molokoane/8/2022). After receiving the ethical clearance certificate, individuals deemed eligible for the study were enlisted. The men entering the Mbombela Civic Centre were asked if they would agree to take part in the study. Subsequently, the participants interested in joining were briefed on the study's purpose and informed that they could withdraw from the study whenever they felt uneasy. The participants were briefed on the issues regarding anonymity and confidentiality in the study. To preserve the participants' privacy, the researcher used numbers 1 to 16 to identify the participants instead of their real names. The interviews commenced after consent was provided by participants. The participants were interviewed in a quiet, private room at the Mbombela Civic Centre. The researcher conducted the interviews for 6 days and each interview lasted for about 40 to 50 minutes. The interviews were captured with an audio recording device, and participants gave their consent to have the sessions recorded. The interviews were transcribed, data was analysed, and the report was produced. No incentives or monetary compensation was offered to participants.

2.6 Reliability and validity

Intercoder agreement, audio recording, and member verification were used to ensure reliability and validity.

2.7 Measures to ensure trustworthiness

Credibility, member checks, confirmability and transferability were employed to guarantee trustworthiness [22]. For in-member checks, the researcher returned to the district to gather participants' opinions on the trustworthiness of the findings and interpretations. The researcher returned the data, analysis, interpretations, and conclusions to the participants, who evaluated the accuracy and reliability of the findings and interpretations. The researcher was guided by a supervisor who reviewed the background information, data collection techniques and procedures, data organization and data analysis. The supervisor inquired about all aspects of the researcher's investigation, such as the methods, meanings and interpretations, to confirm the concepts identified in the analysis. To enhance credibility, the interviews were lengthened to 50 minutes. Confirmability was ensured by arranging for the interviews to be recorded with an audio device and taking field notes. Ultimately, the intentional choice of participants aged 18 to 35, who were unemployed and living in the Ehlanzeni district, was made to guarantee transferability.

2.8 Data analysis

Thematic analysis (TA) was employed to examine the data and is the most commonly utilized method of analysis in qualitative research [23]. During the analyses, one of the researchers, with the guidance of an experienced researcher followed the steps of the thematic analysis process. During familiarisation, the researcher read through the information gathered from the interviews so that he is familiar with the material he is working with. Secondly, the researcher coded the data which appeared to be more significant and engaging after becoming associated with it. Then, the researcher performed an inductive coding, he looked for codes that were more complete than themes, indicating the context of the discussion, and were more frequent in the data. Thirdly, the researcher began to recognize patterns and develop themes. The researcher divided the codes into themes and sub-themes depending on their relationships. Following that, the researcher examined if basic themes merged, and improved, them in a more extensive assessment. The information contained within the themes made sense together, and there were clear and striking contrasts between them. The researcher blended comparable themes and different elements that were not common in their various ciphers. The researcher further analyzed the content several times to internalize it and enriched the identified themes by creating titles and explanations that effectively contained the core of each theme. Lastly, the researcher addressed his findings in light of the theoretical framework, themes, research questions, and examination of the literature.

3. Results

3.1 Demographic information of participants

This section covers the results of the study. The age varied from 23 to 35 years. Most of the participants (14) identified as black and only two participants identified as non-black. Two participants held an honours degree, six participants had an undergraduate degree from a university, five held a diploma from a college/university and two held only a matric certificate. All participants were unemployed.

3.2 Detailed results

Based on the thematic analysis, we summarized themes that refer to (i) Men's description of confiding in someone for emotional support; (ii) Barriers to participants sharing problems that affect their mental health; and (iii) Factors encouraging participants to share problems that affect their mental health. All these will be presented in more detail in the following section. Fig. 1 below highlights the themes and sub-themes that emerged from the analysis.

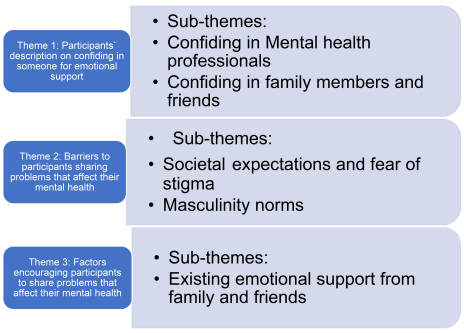

FIGURE 1. Themes and sub-themes.

3.3 Theme 1: participants' description of confiding in someone for emotional support

Participants mentioned that they have encountered problems that affected their mental health, and some of them have confided in mental health professionals, family members or friends for emotional support. All these are detailed below:

3.3.1 Sub-theme 1: confiding in mental health professionals

Fewer participants have shared that when they encountered problems that affected their mental health, they consulted with mental health professionals. Participants narrated that they consulted with mental health professionals because they considered mental health professionals as the only relevant people to help them with problems that may affect their mental health. This is demonstrated by the following statements:

"*I was able to talk to my therapist, as there were a lot of changes and adjustments in my life that I couldn't handle so talking to a therapist was the only way to assist me to gain clarity and regain my strength.*" (Participant 1)

"*At first I didn't talk to anyone about what I was going through because I was taking it lightly and I was not ready to open up but eventually I went to a therapist to seek help as I couldn't handle the pressure anymore.*" (Participant 7)

"*The only person I could trust was a therapist, so when I realized the issues that were now affecting my mood, I was sad most of the time and lashed out at the kids. I had to make an appointment to see a psychologist.*" (Participant 9)

Some participants mentioned that they did not voluntarily initiate consulting with a mental health professional, but they only consulted a mental health professional because they were referred by a physician. Other participants mentioned that they were admitted to a mental health institution hence they had to speak to a mental health professional. This is supported by the statements below:

"*I went to a doctor because I was starting to get sick, I was given medication to stabilize my alcohol consumption rate, he then referred me to see a psychologist where I was able to share what triggers the problem experienced and I was able to get help.*" (Participant 12)

"*I was admitted to the mental health institution where I was seeing a psychiatrist and a psychologist because I couldn't cope without the consumption of drugs.*" (Participant 3)

When asked where they accessed mental health services, some of the participants pointed out that the reason they went to consult with a mental health professional was because their family members offered to pay for the therapy costs. Otherwise, they would not be able to afford to pay for any mental health services. This is supported by these statements from some of the participants:

"*I went to consult with a psychologist because I knew the expenses would be covered by my parents. Otherwise, I could not have managed to see a psychologist, I am told that they charge a lot of money.*" (Participant 1)

"*If it was not for my brother offering to pay for the psychologists, I would keep my problems to myself, psychologists are very pricey.*" (Participant 9)

3.3.2 Sub-theme 2: confiding in family and friends

Moreover, some of the participants saw it suitable to share the problems that affected their mental health with family and friends because they felt they trusted them, and they thought family and friends could relate better to their problems and feelings. They also felt safe and comfortable sharing their problems with family and friends, they believed that they would not judge them. Also, participants added that all family and friends were easily accessible and that they did not have to pay or travel to talk to them. This is validated by the following statements:

"*I was able to talk to my family members as it was easy for me to voice out because we always looked after each other and they were able to help me throughout the situation, I came out a better person after the issues were resolved.*" (Participant 2)

"*I spoke to my close friends about my problems because there was trust amongst us so I felt like they were relevant people to talk to and they knew me better so they wouldn't judge me.*" (Participant 5)

"*Discussion took place between me and my partner as she was able to pick up that there's something wrong with me, it was not even difficult for me to express my feelings because she's someone I'm comfortable with and her support helped to speed up my healing process.*" (Participant 11)

"*Talking to my friends is easy because I am comfortable with them, I can share anything without feeling embarrassed, they are my guys, and talking to them is free.*" (Participant 14)

3.4 Theme 2: barriers to participants sharing problems that affect their mental health

Fewer participants have encountered barriers and were discouraged from sharing problems that affected their mental health. These barriers include masculinity norms, and societal expectations. All this is detailed below:

3.4.1 Sub-theme 1: societal expectations and fear of stigma

Participants mentioned that they lived in a society where a man is expected to not show signs related to emotions of sadness as it is labeled as a sign of weakness. They feared that they would receive negative reactions from the family and society. This made it difficult for them to share the problems that affected their mental health with anyone. This is demonstrated in the following statements.

"*I don't usually talk about my problems because, as a male I was raised in a society where I was taught not to look like a little boy or weak, I was afraid that if anyone was to know what I was experiencing, they would start gossiping and distancing themselves from me. So, I never speak about what I'm going through till today.*" (Participant 4)

"*I don't talk about my problems because whenever I think of speaking out, I just get discouraged. I realized that nothing will be done to help me out other than being judged and isolated, no one wants to associate themselves with a weak person.*" (Participant 16)

3.4.2 Sub-theme 2: masculinity norms

Participants further revealed that being in a society where men were made to believe that they must be man and exercise their powers of being tough made it difficult for them to share their problems. This is illustrated by the following statements:

"*Imagine me, mmmmm, a grown man with a beard going around telling people my problems, it's shameful, I am a man, a father and I am supposed to keep it together and be strong that's how my father raised me.*" (Participant 8)

"*How can you protect your family when you are so weak, a man who cannot handle his problem, never!! If I feel depressed, I would rather have a cold beer than embarrass myself by telling people what I am feeling, that is a call for disrespect.*" (Participant 12)

"*I don't talk about my problems because I'm avoiding becoming a burden to other people about my problems, I deal with my problems on my own till they fade away as you know nothing lasts forever. Lastly, the reason why I don't speak out about my problems is I don't want to be seen as weak while I'm the one who is supposed to be helping others around me as a man.*" (Participant 15)

3.5 Theme 3: factors encouraging participants to share problems that affect their mental health

Some participants were able to share reasons that encouraged them to confide in others about issues that affected their mental health. They shared that the supportive environment and existing emotional support from friends and family encouraged them to speak out.

Participants stated that being around non-judgmental, people who understand them made it easier for them to share problems that affect their mental health. The existing support gave them the confidence to talk, and they were encouraged to speak up without fear. Participants further expressed that having people who always assured them made it possible for them to share problems that affect their mental health as they knew that they were cared for. All these are detailed below:

"*My partner is a supportive woman. She makes it easy for me to talk to her about anything and voice out anything that bothers me. Some men out there fear their wives, and some wives are lions at home, for me, I am blessed. My partner assures me that she is always there, and it becomes effortless to tell her anything.*" (Participant 11)

"*My friend made it possible for me to share without being hesitant as he made me comfortable. I know that is one person I can always rely on.*" (Participant 14)

"*My friend doesn't judge me when I tell him about what I'm going through, instead he listens and later shares his opinion about what can be done to solve my problems.*" (Participant 2)

4. Discussion

Our study aimed to explore young men's perspectives on expressing problems affecting their mental health to family and friends. Our findings show that on one hand, participants reported that they do not seek help or share any of the problems that affect their mental health due to masculinity norms and societal expectations as well as fear of stigma. On the other hand, findings suggest that some participants do confide in family and friends. They were encouraged to confide in family and friends because of the supportive environment and existing emotional support by their family and friends. At times, participants voluntarily consulted with a mental health professional, however, some participants found themselves consulting with a professional mental health professional only because they were referred by another health professional or encouraged to do so because a family member offered to cover the costs. Notably, sometimes they only consulted with a mental health professional because they were transferred to a mental health institution.

The study results revealed that some young men confide in mental health professionals about their mental health problems. However, they sometimes confide in mental health professionals because they were referred by a physician. At times, they consulted with mental health professional because their family offered to pay for psychological expenses. If they were not referred or transferred to a mental health institution, chances are that they would not have taken the initiative to consult with a mental health professional. Some of the participants reported that their mental health was worsening, and they felt that consulting with mental health professionals was the only way to overcome their mental health problems. They believed that mental health professionals were relevant individuals who could relate to them on a profound level and be able to help them. These findings contradict the results by Lynch *et al*. [24] which states that young men are more reluctant to seek help from others, especially from professionals.

Furthermore, participants further highlighted that they found it easier to confide in their families and friends because they were easily accessible, and they felt more comfortable talking to them. Contrary to this finding, a study by Lynch *et al*. [24] states that young males are less likely to seek assistance about their problems from their families because they usually have harsh attitudes towards the issue of mental health. Notably, in the current study, men mentioned that they confided in family and friends because they were encouraged to study had pre-existing support, and their family environment was supportive. Their friends and partners gave them support, and assurance that everything would work out, which inspired them to be open and share their problems with them.

Relatedly, findings state that peer support programs have been demonstrated to be useful in supporting males in specific situations [25, 26]. Peer assistance may appeal to more males in general, it is claimed that some men prefer peer support programs over professional help because they are less threatening to traditional masculinity. This finding is supported by Lefkowich *et al*. [27] and Galdas *et al*. [28] who confirms that it is important that the intervention take place in a masculine environment that is safe. Safe male spaces are often regarded as familiar and, in some ways, shoulder-to-shoulder environments for adults, where therapeutic support is centered on shared action rather than face-to-face communication. The suitable setting acts to reduce mental health stigma and counteract male prejudice.

Moreover, participants revealed that fear of stigma discourages them from confiding problems that affect their mental

health. In support of these findings, studies stated that individuals with mental conditions are often labeled and stigmatized by society [29, 30]. Our findings may relate to two kinds of stigma. Firstly, public stigma encompasses dynamics that reflect stereotypes and discrimination within the public/community. For instance, "men who talk to other people about problems relating to their mental health are weaklings and less of men". Another form of stigma related to our findings is self-stigmatization, in which individuals facing mental health issues internalize negative stereotypes and accept them, subsequently directing this negativity towards themselves. For example, "I am a man who just lost his job and I am experiencing feelings of stress and I need to talk to someone about it, so I must be weak" These two forms of stigma can discourage speaking out and help-seeking behaviours.

Additionally, some participants in the current study stated that it is difficult for them to speak out about their problems because they were taught by society that men don't talk about their problems as they will be regarded as "weak or as a little boy". In support of these findings, studies indicated that self-stigma and perceived stigma have strong positive correlations with self-reliance. Consequently, young men who possess high stigma regarding seeking mental health treatment are more inclined to believe they can manage their issues or symptoms independently [30, 31].

Furthermore, the current findings revealed that participants do not share their problems due to masculinity norms and societal expectations. Participants highlighted that they are men and can handle their problems. This resonates with earlier research indicating that men who feel depressed struggle to express their emotions, noting that conventional masculine values like being strong, successful and self-sufficient hinder their willingness to seek help [32, 33]. Moreover, perspectives on mental health problems can be examined through the lens of hegemonic masculinity [33]. Hegemonic masculinity denotes the most sought-after and culturally dominant expression of masculinity in a specific context, acting as a symbol of gender behavior that establishes benchmarks for all men and against which other men are evaluated [33]. Results of some studies support this assumption; these studies reported that men do not seek help and do not share their problems with anyone because they are concerned that they would be making fools of themselves and expect social isolation because of not behaving according to masculine role norms [34, 35].

Participants in this study further stated that they believe that they will eventually come up with a plan to resolve the problems that affect their mental health, or the problems will just disappear. These results are backed by research from Willis and Vickery [36], which indicated that men are less inclined to talk about problems impacting their mental health because their strong adherence to dominant masculinity ideals leads them to believe that masculine norms can effectively dissuade them from reaching out for support from friends and family, even when showing signs of stress. Additionally, participants in this study stated that they are reluctant to talk about their mental health issues because they must adhere to societal standards and expectations that make it difficult for them to do so as men. They indicated that they do this to comply with social expectations. Supporting findings by Herron *et al*. [26] also suggest that males are living in a culture where masculinity ideals are physically and mentally affecting them. Furthermore, findings show that participants are discouraged from sharing their problems because they avoid becoming a burden to other people. As a result, they deal with their problems. They also stated that they don't share because they are men and expected to be helping people around them not the other way around. In support of these findings South African study conducted by Nzama [37] reports that men feel like they are a burden when expressing their problems to their families and friends, other participants stated that they don't feel comfortable when families must take care of their mental health. They believe they are the ones who should be taking care of them since they consider themselves superior.

Additionally, findings showed that participants were able to confide about their mental health issues because their friends and partners gave them support, words of encouragement, and assurance that everything would work out, which inspired them to give it their all. These findings are congruency with studies which state that peer support programs have been demonstrated to be useful in supporting males in specific situations [12, 38]. Peer assistance may appeal to more males in general, it is claimed that some men prefer peer support programs over professional help because they are less threatening to traditional masculinity.

Moreover, the current study discovered that one of the factors that encouraged young men to talk about their mental health issues was social support. The research showed that participants were able to speak up because they were positive that their family and friends would support them and indeed, they received the perceived support, also that feeling of security allowed them to speak up about their concerns without being hesitant. Supporting findings from research by Sun *et al*. [39] indicated that men involved in social groups alongside their friends experience improved health, coping strategies, quality of life and mental health. Furthermore, the results showed that participants were urged to speak up as it was easier and more convenient because they were having online sessions with their therapists. Concurring findings in some studies conducted stated that internet support groups with health professionals are self-help oriented and typically available for anonymous mental health assistance; this arrangement fosters a comfortable, secure, and private environment for conversations about culturally delicate issues [40, 41].

Participants further revealed that being around people they trust and who don't judge them and get to listen when they are in need of help made it easier to share their mental health problems and they also stated that being around people who knew them better made it easier as it was not difficult for them to speak out. This finding is supported by Nzama [37] who confirms that it is important that the intervention take place in a masculine environment that is safe. Safe male spaces are often regarded as familiar and, in some ways, shoulder-to-shoulder environments for adults, where therapeutic support is centered on shared action rather than face-to-face communication. The suitable setting acts to reduce mental health stigma and counteract male prejudice.

5. Conclusions

It is increasingly evident that young men face a range of challenges, many of which can deeply affect their psychological health and overall contentment in life. Even with the increasing awareness of these concerns, certain young men may turn to professionals, family or friends for support. However, for a significant number of participants, the process of opening up about challenges that affect their mental health is not as straightforward. Various barriers, including fear of stigma, deeply ingrained concepts of masculinity, and societal expectations, prevent them from expressing their vulnerabilities.

This research has shown that societal norms around masculinity often discourage emotional expression, equating vulnerability with weakness. As a result, many men may internalize these messages and avoid seeking help, fearing judgment or rejection. The traditional view of masculinity, which often promotes self-reliance and emotional stoicism, can create a psychological environment in which mental health issues are either minimized or dismissed. This leads to increased isolation and stress for many young men, as they suppress feelings of anxiety, depression or emotional distress.

From the perspectives of the participants, it was clear that the experience of being independent without the burden of judgment was a crucial factor in making it easier for them to share their mental health struggles. When individuals felt that their confidants were nonjudgmental and empathetic, they were more likely to open up and seek support. This suggests that creating a safe, supportive environment is essential for encouraging men to participate in mental wellness conversations and access the help they need.

These findings highlight several important areas for improvement in how mental health services are designed and delivered. A significant takeaway is the need for gender-specific intervention services tailored to address the distinct needs and experiences of men. Customizing services to tackle the unique challenges men encounter, especially those linked to societal norms and masculinity, can aid in lowering the obstacles that hinder many from pursuing assistance. Furthermore, integrating a nuanced understanding of gender into mental health care, by considering how societal pressures affect men's mental health can ensure that these services are more effective in addressing the root causes of their distress.

Alongside with professional services, there is also a necessity for wider societal transformation. Challenging damaging stereotypes about masculinity and promoting a more open, supportive environment for men to share their feelings will be essential in dismantling the stigma linked to mental health challenges. By promoting emotional well-being as a universal need regardless of gender. Communities can start to establish environments where everyone feels secure to recognize and tackle their mental health issues without the worry of criticism. Ultimately, we recommend that the mental health needs of young men be approached with a more comprehensive, gender-conscious lens. Only by acknowledging the unique pressures they face and creating targeted, empathetic interventions can we ensure that men receive the support they need to live healthier, more fulfilling lives.

6. Strengths and limitations of the study

The study contributes to a more comprehensive understanding of issues related to young men expressing problems that affect their mental health. However, the results cannot be generalized to an overall population of men in Mpumalanga Province or Ehlanzeni district. This is because the sample only consisted of 16 young males from ages 18 to 35 and adopted the convenience sampling method. It is crucial to highlight that the study's results were based on self-reporting, meaning some answers might be influenced by social desirability bias.

AVAILABILITY OF DATA AND MATERIALS

The datasets generated and/or analysed during the current study are available from the corresponding author (MM) upon reasonable request.

AUTHOR CONTRIBUTIONS

PM and MM—were involved in writing the project proposal for approval by ethics committee at the University of Mpumalanga; designed the research study and the research instrument; wrote the manuscript; discussed the final manuscript and approved it for publication. MM—performed the research by collecting, analysing, and drafting the results; supervised data collection, analysis, and drafting of the results; conceptualised the results, interpretation. PM—proofread the manuscript

ETHICS APPROVAL AND CONSENT TO PARTICIPATE

The University of Mpumalanga Research Ethical Committee approved the ethical clearance for this study (Ref: UMP/Molokoane/8/2022). All men who took part in the study provided their consent to participate.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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