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# 'We do not like talking about our problems': socialization and idealized masculinity as drivers of help-seeking avoidance among college men in South Africa

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## Abstract

**Background** This article explores how identities and contexts influence help-seeking avoidance behaviour among college men.

**Methods** This exploratory qualitative study purposively selected 88 male students (aged 18–30) from some universities and Technical and Vocational Training colleges (TVETs) in South Africa. Data were collected through focus group discussions (FGDs). Eight FGDs were conducted, one in each selected university ( $n = 2$ ) and TVETs ( $n = 6$ ) in 2018–2019. Data were analyzed using a thematic analysis approach.

**Results** We found that college men's early life experiences and socialisation strongly influenced their ability to express emotion and access services when in need of help. The data also revealed a masculinity that men aspired to and wanted to be seen as embracing or personifying while on campus. Most men ascribed to an ideal of masculinity that made it difficult for them to share their feelings (e.g., emotional pain, sadness; and bottle their emotions) and seek help from campus-based counselors or peers. The few men who reported using campus mental health support services appraised them as unsuitable and unhelpful for them, and indicated a preference for services that were more culturally relevant. Most men indicated a preference for male counselors, of which there were very few.

**Conclusions** These findings may be useful for the formulation of evidence-based context-specific and culturally sensitive approaches for increasing men's access to mental health and psychological support services on South African college campuses.

**Keywords** College men, Help-seeking avoidance, Masculinities, Mental health promotion, Gender-transformative programming

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## Background

Globally, there is a growing concern about the magnitude of poor mental health among students in higher education institutions (HEIs) [1]. A recent survey in South Africa found that about half (53.3%) of students in HEIs screened positive for at least one 30-day disorder [2]. While studies have shown that women students are more likely to report common mental disorders compared to male students [3], the latter are more likely not to seek help for their mental health problems [4]. Studies from low- and middle-income countries (LMICs) have likewise shown that men, generally, have poor access to and engagement with healthcare services [5] and that the factors influencing men's reluctance or delay in accessing and using healthcare services are multifaceted [5, 6].

Traditional masculine behaviours, ideas, emotions, and norms have been associated with men's help-seeking delay and or avoidance [6–9]. Health system-level barriers have also been identified as major moderators of men's help-seeking avoidance [10]. For example, Colvin [6] argues that the poor recognition of men's distinctive health needs by policymakers is an important health system-level barrier for men in many global settings. Help-seeking is an important aspect of good mental health and well-being. It is therefore critical for men who experience mental health problems to access services, where they are available [11]. Yet, a recent review has shown that men tend to have more negative attitudes towards mental health services, and are less likely to seek help for mental health problems [12]. While there is no specific focus on men's health in the Sustainable Development (SDG) goals, the promotion of mental health and well-being and the strengthening of prevention and treatment of substance abuse are outlined as critical and achievable [13].

### Theoretical frame: the current study

This study is premised on two theoretical understandings, Bandura's social cognitive theory (SCT) [14] and Connell's theory of gender and power [15]. In the current study, these theories are seen to be complementing each other in that SCT views gender as a social construct that is learned through modelling the behaviour of significant others within a particular social milieu [14], and Connell's theory of gender and power, which similarly perceives masculinity as a social construct that is contingent on the context in which individuals live [15].

The SCT is useful as a theoretical framework in demonstrating how an individual's constant interaction with his context, both structural and social, shape their practices, behaviour, and self-belief. When applied to the context of this study, the SCT would enable an exploration into the cognitive processes that influence college men's help-seeking avoidance behaviour. This is because SCT focuses primarily on an individual's cognitive processes

through concepts like self-efficacy, observational learning, and self-regulation [14].

Connell's theory of gender and power [15] postulates that in any given setting there is a particular gender order (i.e. how gender is organised in a specific society) and a gender hierarchy that is usually organized consistent with the hegemonic masculinity — a dominant and idealised version of masculinity that governs and subordinates femininity and other forms of masculinity [16–18]. Scholars have described men's inequitable gender beliefs, valorization of power and dominance over women and other men (e.g., gay men), being healthy and in control, and stoicism as hallmarks of hegemonic masculinity [19–22]. As noted by Jewkes and colleagues [17], Connell's concept of hegemonic masculinity is particularly useful as an analytical tool to identify those attitudes and practices among South African men that influence their behaviour and perpetuate gender inequality. Thus, when applied to the context of this study, the concept of hegemonic masculinity will enable both a deeper appreciation of the hierarchy of masculinities within the South African colleges and an in-depth exploration of how different forms of masculinities are constructed within these colleges and how in their performance may influence college men's help-seeking avoidance behaviour.

In South Africa the National Strategic Plan on Gender-Based Violence and Femicide (NSP GBVF), Pillar 2 calls for work that aims to support men to shift away from toxic masculinities towards embracing positive alternative approaches for expressing masculinities [23]. An increased appreciation of why and how college men seek help for social and mental health issues is critical for promoting their health [19, 24]. In this paper, we explore how identities and contexts influence help-seeking avoidance behaviour among college men in South Africa. The study reported in this paper contributes toward achieving both the SDG and NSP goals by adding to the growing literature on men's construction of masculinities and their link to help-seeking avoidance behaviour among college men in South Africa.

## Methods

### Study design

This exploratory qualitative study purposively involved registered male students (aged 18–30) from two universities and six Technical and Vocational Training colleges (TVETs) in South Africa, who volunteered to participate. Only students who had been on campus for at least 12 months were eligible, as they were perceived as being familiar with the campus life, and dynamics and thus could provide insights into the topics explored in this study.

One focus group discussion (FGD) was conducted in each of the eight campuses— i.e., two at universities and

six at TVETs in 2018–2019. The selected campuses were in historically disadvantaged institutions based in five provinces in South Africa: KwaZulu-Natal, Limpopo, Mpumalanga, Gauteng, and the Eastern Cape. The study sites were in rural and urban settings, thus catering to diverse student populations. The National Department of Higher Education and Training (DHET) and management committees of the selected institutions advised the study team on which campuses to conduct the research.

### Sampling and data collection

To recruit participants, we worked with staff from student support services (SSS) and student leaders who assisted with advertising the study on their campuses. This included displaying posters around key locations on campuses, social media posts on institutional accounts, and circulating invites in student WhatsApp groups and through other institutional communication channels. Prospective participants who expressed interest in participating contacted the researchers through the study's WhatsApp number and were then invited to a group session, on each campus, where the first author explained the purpose of the study and the procedures involved in detail. Those who volunteered to participate gave written informed consent.

A total of eight FGDs were conducted with 88 male students. There were between 10 and 12 students in each FGD. Most participants were from disadvantaged family backgrounds in urban townships and rural villages. Their studies were funded by the South African government's National Student Financial Aids Scheme, which covered tuition fees and lodging but constituted a loan to be paid by the student upon securing employment.

The FGDs lasted between 1 and 1.5 h and were facilitated by the first author who has extensive experience in conducting qualitative research with men. Within the campuses, the spaces for conducting the FGDs were carefully chosen to enhance the privacy of the focus groups and the confidentiality of the information shared in the focus groups.

To facilitate the FGDs, a guide with open-ended questions was used (see Supplementary file). Participants were first asked to share their thoughts on the sources of frustrations, stress, and poor mental health among college men on their campus. They were also asked about the challenges first-year college men faced when adjusting to college life, and to describe the student culture on their campus. Additionally, participants were asked about coping mechanisms that college men use to deal with their mental health (frustrations, stress, anxiety, and or depression) and social challenges.

Questions about campus-based mental health services knowledge and use were also asked. First, participants were asked to share their thoughts about the support

provided by the institution to male students regarding their mental health and well-being. Second, they were asked to describe the mental health services available to students on their campus, and what their views were on these services. Finally, participants were asked to share their views on what would discourage or encourage male students from seeking help on their campus. The FGDs were conducted primarily in English even though some participants spoke in vernacular.

### Data analysis

The data were analysed inductively using a thematic analysis approach [25, 26]. Three authors (YS, MM, PM) of this paper coded the transcripts. They first read the transcripts repeatedly to familiarize themselves with the content of the transcripts. Subsequently, they created broad codes that resembled the questions in the FGD guide. Thereafter, they clustered the text which appeared to fit together under a specific code. Further to this, they explored the data and identified several open codes. They then grouped similar open codes to create the themes. As the last stage of the analysis, all authors explored the relationships between the themes and interpreted what they saw emerging in the data.

### Ethical considerations

Ethical clearance for this study was obtained from the South African Medical Research Council's Human Research Ethics Committee (Approval no: EC002-2/2018). The Department of Higher Education and Training and all participating Higher Education Institutions provided permission for us to conduct the study. Participants provided voluntary, written informed consent to participate in the study and for the FGDs to be digitally recorded. The participants were reimbursed with ZAR50 for their time participating in the FGDs. They were also provided with refreshments on completion of the FGD.

### Results

The stresses and challenges experienced by most participants stemmed from their financially impoverished family backgrounds, having insufficient food while on campus, difficulty in adjusting to college life (both academically and socially), including struggling to fit in with their peers. While they described the challenges they were faced with, they said they could not speak about them to campus support services, peers at college, or their families back home. Participants considered help-seeking when facing challenges to be important, however, the discussions showed that they avoided seeking help and accessing support services on campus.

Three main themes emerged from the data. The first theme described how the college men's socialization as boys and adolescents shaped their emotional

inexpressiveness and informed the value they placed on self-reliance. The second theme described an ideal of masculinity that circulated on college campuses and thereafter showed how some men's attempts to align themselves with the ideal led to avoidance of available help. The third theme explored the structure of help-seeking for college men, and how the few who accessed it perceived and experienced it.

### Socialization as boys

Men's socialization as boys and adolescents was highlighted as an important reason college men avoided help-seeking. The participants described a set of expectations that society had on boys and men in this setting, and this included that they should not be emotionally expressive, not show weakness and vulnerability, and not show that they were sad or in pain.

Some participants spoke about how they were encouraged from childhood to perceive asking for help from others as being troublesome and making unreasonable demands on people's time:

*So, it goes back to our backgrounds. If you were brought up by your grandmother who would tell you that 'my child don't go around troubling people' and you will feel conscious whenever you need to ask for help because your granny told you not to trouble people. So, I think sometimes when we approach someone to tell them our problems, the fear is that they might not have time for us. (A110: P9)*

*Also, our background affects us, we are raised in different ways, [that] when you meet a person don't bombard them with your problems. (A112: P7)*

The reprimand that they should not go around bothering people may have stemmed from a perception of the social status of children, and not necessarily because of their gender as boys. Also, it may be that their parents or caregivers perceived that people have their own problems or challenges, and thus children should not be adding to people's problems or challenges by asking for their help.

The participants also described their masculine socialization into stoicism, and avoiding showing weakness and vulnerability:

*I think the reason why men are depressed is because of the expectations society has on us, men. The minute you express how you feel, people say you are weak. A man should die inside. Now you end up being this sad person because you cannot express how you feel. (A1130: P7)*

While this may also pertain to girls and women, the admonition that 'a man should die inside' is commonly

told to boys and men to socialize them to never show that they are sad or in pain, to avoid being viewed as feeble by others.

### 'It is just pride and you being a man. That's it!': ascribing to idealized masculinity

Many participants described an aspirational masculinity on their campuses as emphasised by male students' pride, independence, and self-reliance. They explained that help-seeking sharply contrasts with this ideal of masculinity. Moreover, participants opined that the 'male ego or pride,' key attributes of the idealized masculinity, was a serious barrier for college men to seek help, or accept help, from others.

*Also, pride is killing us because we judge people and think this person cannot help us with anything, and end up going back home with your problems. (A112: P6)*

*I will also say it is pride, no man will admit they do not have money, only to find out they do not have money. Their pride does not allow them to say they do not have money. If we are queuing for food [food parcels occasionally provided on some campuses] as gents, pride does not allow, even if you know there is no food at home, that is why you would find one guy [queuing], you see? (A112: P3)*

Participants explained that men would rather 'bottle up' their problems than be known to need help, as illustrated in the conversation below:

*P4: I can say that it is pride. Other people are not privileged so they may be scared to talk to someone who has this and that. Now they cannot speak because their pride does not allow them to, he fears expressing himself about such things. (A110)*

*Moderator: So, this pride issue that we are talking about, is it something we see only in guys [men] or also in ladies that is making it hard for us [men] to talk about our challenges?*

*P1: But guys mostly have pride. Even if here at college we are being given free food, only girls will queue in line. Men will not queue, even if they stay in a shack, and they do not have food. Pride is going to kill us as guys. (A110)*

Our data suggested a link between the idealized masculinity and how the participants were socialized as boys. This is reflected in one participant's narrative of how older males in his community socialized him to be self-reliant as a man: 'unlike us who grow up in a different background where you have your brothers telling you that you must hustle [diligently make every effort

to achieve or obtain what you want] in life, if you want something you must go straight for it.' (A110: P3)

**The socialization that emphasized boys' self-reliance was further explained by another participant:**

*There is this phrase people usually use which says, "A man hustles". Like, this phrase affects a lot of men, financially. You find that you go to someone, and you have a problem, and this person has money, you ask for help and they respond that "indoda iyaphanda [a man hustles]"; go and hustle. They will not want to help you because you are a man. (A119: P4)*

Men indicated that they were in constant competition with each other around who was more popular among girls, financially stronger, and had more access to resources. Thus, they intimated that they tended to avoid showing their vulnerabilities to their male peers: 'as guys here on campus we do not communicate, and we do not want to engage as men and advise one another about our problems. As guys, we fear one another.' (A112: P2).

In a quest to circumvent being perceived as 'weak' and vulnerable, men said they only shared their problems with their male peers when certain conditions had been met. First, they said they only shared their problems with male college peers when the friendship was strong. Second, they said they only shared with a male college friend whom they thought could help them in some practical way. Third, they avoided sharing their problems when they suspected that their male peers were not trustworthy or would judge them harshly or see them in a negative light:

*Also, as guys, we do not like talking about our problems, when you can tell someone is not okay and you try to reach out, they duck and dive because they do not want to open up. As guys we do not relate to one another the same, the fear is there when you open up because you do not know how that person will handle your truth. People are scared to open-up because they fear being judged and they die inside with their problems. (A112: P8)*

The data revealed how some men saw other male students and what their expectations of them were, and how that, in turn, shaped these men's help-seeking behaviour. The participants spoke of their male peers as people whom they felt could not be 'trusted' with sensitive information, who would 'ridicule' and 'laugh at them,' instead of being 'supportive' when they shared their problems with or sought help from them.

In one FGD, some men explained that when they felt they did not know their peers enough or mistrusted them, they would not share their problems with them:

*When we leave our homes and come here [at college], we do not know one another to be talking about personal issues. That is why we keep secrets till we get depressed. (A112: P6)*

Other participants said they avoided sharing their problems with their male peers as they did not anticipate this leading to solutions to their problems and further feared that they would be ridiculed or laughed at. Others described male peers as being less receptive to each other's problems and not supportive of each other, relative to college women students:

*What makes us make mistakes is that we do not like opening up because we think people are going to laugh at us. We do not think that the person you are opening up to might come up with a solution. Whereas girls know how to talk, and they talk with each other; advising each other. So as guys [men] we judge each other, and we do not know what we are going through. (A110: P7)*

In some situations, men felt they could not seek help or support from other men, or services. In the absence of services or support, some men described using alcohol and substances (e.g., marijuana and heroin) and engaging in risky sexual relationships with multiple concurrent partners as a way of coping with bottled-up emotions: 'You see us, guys [men] the best part about us, about relieving stress is we have to drink [Giggles]' (A113: P7).

**Other participants similarly described it:**

*Most [male] students these days use drugs and alcohol as a coping mechanism because they do not have anyone to talk with... Some get a lot of girls. Some cope by trying to fit in, drugs and alcohol, there is a lot! (A113: P4)*

*Most men who use substances [on campus] are those who cannot talk about their problems. So, when they are faced with challenges, they rather smoke only to find out that even tomorrow the problems are still there. That is why they drink alcohol, to avoid facing their problems. So, they mentally get used to it that every day they need to smoke to be able to sleep because they can't sleep when they are sober. That is the issue. Other men cannot open up and talk about their problems. (A110: P6)*

There was also a general view that men lacked positive coping strategies for dealing with emotions and without being able to seek support from friends, family, or campus services, that some would commit suicide as a cope out strategy: 'I agree with what he is saying. Some [college men] do not have any strategies and they end up deciding to kill themselves because they do not even have anyone to speak with, and their burdens become too much.' (A113: P1)

### Perceptions and experiences of utilizing campus-based services

Participants spoke about the limited use of campus professional support services by most men, even though they said there were a few who utilized the services:

*Most guys are not coming up front, and I am not saying by going there [campus professional services] you will get help, but we [men] hardly go. Even if you can ask, have we been there, you will find a few and those certain regulars only. People think as long as I receive my [NSFAS] allowance at the end of the month there is nothing [to worry about], I won't go there [campus service] [giggles]. I can say we [men] don't go there. (A113: P1)*

The participants spoke of their fear of being judged negatively, laughed at, and not being taken seriously by the counselors, who are trained professionals working in the student support services, when consulting them for their emotional or social problems: '... because when you speak, some people are judgmental... They [counselors] would listen to you, but they would talk about you. (A112: P3)

Other participants described men's reluctance to utilize campus student support services as resulting from fear of being gossiped about by the counselors who worked at the student support services on campuses:

*It is because if I am a guy [man] and I find someone there and I am scared that he will talk about my problems to other people. After he spreads my problems, people will view me in another way. (A112: P5) The services are there [on campus] but students are reluctant to go there. They fear that their issues will be gossiped about. (A113: P3)*

Some participants suggested that men feared that counselors would not be empathic toward them and would not give men's issues the importance they deserved. The men also expressed a fear that counselors would hold stereotypical views about how men should respond to challenges they faced. Emphasizing this view, one participant said: 'I am sure you can agree with me regarding SSS

[Student Support Services], people there laugh at you and take your issues as a joke.' (A112: P4)

Most participants said they preferred being helped by male counselors as they felt male counselors would be more likely to understand their problems, possibly having also gone through similar challenges themselves:

*As men, it is not easy opening up to a woman because there are things she cannot relate to. That is the reason male students do not go there. We like where the guys [men] have an open-door policy if you have a problem where you can unpack it with an older guy [man]. Then he can advise because he also may have had a similar situation. There is nothing more powerful than a testimony. (A113: P6)*

However, a few participants indicated that they were open to speaking with women counselors:

*I can say [grootman], here at school, there is this lady you can go to and tell her [your problems]. I don't need to go around telling everyone that things are not going well, I can go and consult with her. (A118: P3)*

### Preferred models of mental health support

While most men said they had never used campus-based services, some men reported a lack of supportive relationships in their lives and a need for culturally relevant, quality mental health care and support services:

*Just to add grootman [big brother], you see in this school there is a lot of social work needed we [men] are going through a lot we need people to talk to because we cannot talk to our friends because they are also going through a lot. We need departments that students can go to even if they have problems at home because now you see them dropping and you do not know if it's drug use or what. (A119: P4)*

Throughout the FGDs men suggested diverse models of mental health support. Broadly, some preferred getting help from professional services within the campus, while others preferred male peer-to-peer support.

Some participants said they would prefer using professional services within their campus to address their mental health problems, as opposed to sharing their problems with their male peers. These participants said the risk that their problems could be shared with others was low when consulting professionals, relative to when they shared the same with their male peers:

*I would say, bro, when you are depressed or facing certain challenges nothing is better than talking*

*to someone... if I am facing a certain problem and I think I will talk to someone to heal and they go around talking about my issues now I hear it from someone else, that is why I prefer getting professional help to avoid my problems being discussed by someone else tomorrow. (A118: P5)*

### **Preference for peer-to-peer support**

Peer-to-peer support was something that several men felt would be an important way to support each other. Some participants felt it was important to identify trustworthy peers within their male friendship groups whom they could talk to about their mental health problems:

*Another person will decide to keep quiet but sometimes in our friendship groups you can assess and see whom you can talk to, even if it is not too personal but you can find someone to talk to, and the person can advise you. So, I can say it is important to know the people around you in order when you face certain challenges you can be able to talk. Some things just need you to talk so you can be okay. (A118: P4)*  
*I can say [grootman], as a person you must be able to look at the people around you so that when you have a problem you know whom you can approach and come up with a plan on how you can help each other. (A118: P7)*

Participants who expressed a preference for male peer-to-peer support felt it had the potential to help male students learn to express their feelings and emotions and heal from the mental health challenges they were faced with:

*For me sometimes it feels like I am weak but for some things like school stress, I come to my friends and tell them about my situation and ask them to help me out and they do and if they can't they do not. (A110: P2)*  
*I feel like engaging with people is very important because if you are in res [student residences] or any other accommodation and you are with other guys you will find that there is someone who has been through what you are first experiencing... as guys we must be able to communicate, and we will be able to help each other heal... as you listen to people who have been through this [same problem] you will be able to overcome it. (A118: P5)*

### **'Programs like these are helpful': creating safe peer group spaces**

Given the limited support on campus that many of the men described, some even saw the benefit of the focus

group they were participating in as being important for them. The space to talk to one another was seen to start to think about help-seeking:

*Even programs like these [FGDs] are helpful because we get to hear what other guys are thinking and be able to shape our thoughts... I want to add to what he was saying that talking like this as guys is needed. When there are such programs we will be able to encourage each other when we face challenges so we can do better. So having discussions like these I think is the only way that can improve someone's capabilities to come forward and get help. (A113: P1)*

More generally, most participants described that they would value small groups for men as safe spaces where men could freely talk about their mental health problems and get support from each other toward healing: 'As guys, we must sit alone and try to help one another. What kills us is not knowing what the next guy is going through, let us try being there for one another and see what we can achieve. (A113: P7). Another participant said that on their campus 'we are trying to come up with a gentlemen's club so we can know each other because maybe that is where you might get help'. (A110: P10)

### **Discussion**

In this study, we explored how identities and contexts influence help-seeking avoidance behaviour among college men in South Africa. We saw how men's help-seeking avoidance was shaped by three aspects: men's socialization as boys, an ideal of masculinity on campus, and the men's perceptions and experiences of utilizing campus-based services. We further saw how men's socialization as boys significantly influenced their ability to express emotions when they were troubled, in pain, or sad. Furthermore, the findings showed that men's socialization as boys contributed to their help-seeking avoidance, as data showed that the value they attached to independence and self-reliance contributed to their reluctance to seek help from campus-based professionals (e.g., counselors), and peers when experiencing mental health or social problems. Our findings further showed that some men bottled up their emotions and avoided seeking help from campus-based counselors or peers within their campus, even at the risk of poor mental health and well-being. Taken together, these findings provide a useful empirical base for developing strategies for engaging men in gender-transformative programming and mental health promotion interventions on South African college campuses.

While limited studies in LMICs have studied college men's construction of masculinities and their link to interpersonal violence perpetration [27], there has been very little research from South Africa that sought

to understand the role of masculinities in college men's help-seeking avoidance behaviour—making the current study to be amongst the first to do so. In studies conducted elsewhere, men's idealized masculinity has been described as characterized by key traits including stoicism, reluctance to seek help, and risky self-management strategies [28, 29]. Similarly, in the current study, we identified an idealized masculinity constructed by men — and characterized by their demonstration of ego and pride, public display of independence, and self-reliance, as contingent determinants of help-seeking behaviour, accessing and utilisation of campus services. This finding is in line with those of a recent review that shows that men, from various contexts, who strictly ascribed to hegemonic or idealized masculinities prominently expressed self-reliance, independence, dominance, and self-control were less likely to divulge health problems to others or seek help [19].

We suggest that men's help-seeking avoidance is maintained because, principally, it aligns with men's strongly held values of independence, resourcefulness, and self-reliance — key traits of the idealized masculinity on college campuses [30]. While not all men in the current study ascribed to the idealized masculinity, several of them valued being known by their male peers as embracing it. As such, the latter group were not prepared to lose this recognition through being perceived as 'weak' or 'vulnerable' when they sought help for their mental health challenges or social problems, thus reinforcing their help-seeking avoidance behaviour. This finding reflects that of a study conducted among young South African men in which it was reported that the men felt obligated to conform to rigid gender roles [31]. Shefer and colleagues contended that because they attempted to demonstrate conforming to these rigid gender roles, the young men avoided seeking help during difficult times [31].

We found contradictions in some men's narratives regarding seeking help from male peers. For instance, some men indicated that they feared being gossiped about if they shared their problems or challenges with male peers. They also said they did not know much about their male peers and that they mistrusted them, yet they socialized and drank alcohol with them. These contradictions suggest that these men may have not assessed what would happen if they opened up to their peers about their problems. Furthermore, some men's comments that they found the group discussion to be an important and safe space where they could support each other suggest that they had not previously tried it. We thus contend that these findings should be read as highlighting these men's need to be taught how to communicate with each other and express themselves. We recommend that campus-based student support services should develop

group-based strategies, to be led by men themselves, that can foster communication, self-reflection and sharing of experiences among men [32], with such strategies maintaining a mental health promotion focus.

Restricted emotionality was described as an important aspect of the ideal of masculinity that is embraced by most men on college campuses. The restricted emotionality, among these men, appeared to be linked to their socialisation as boys [33], and it made them to bottle-up their emotions and not seek help from professionals and male peers on campus. Scholars argue that men are required to demonstrate toughness through immunity to pain and suffering [34], and are taught or learn to treat emotions and feelings as signs of feebleness [35]. This makes it onerous for men to become reconciled with their emotional lives, acknowledge when they are emotionally burdened and seek help. As such, as a way of coping with the bottled-up emotions, men in this study engaged in negative coping strategies including harmful use of alcohol, substance use, and making use of avoidance strategies. This finding is consistent with previous research among South African college students which shows that some students tend to employ negative coping strategies when faced with different types of stressors in their lives [24].

We have shown that a significant barrier to help-seeking from formal services was men's perceived or real experiences of utilizing such services, emphasising the role of contextual factors in accessing help or support. Our findings revealed that for some participants there was an intense fear of being gossiped about by the campus counselors, and this suggests that these participants had limited confidence in the counselors that they would behave professionally (i.e., not gossip about men's problems to others) if men shared with them their emotional and social challenges or problems. This finding receives support from a large body of health systems research that has shown that the negative attitudes of healthcare workers are critical barriers to accessing care in health facilities [6, 36–40]. Recent reviews have shown that men avoid accessing and utilizing health services because of antagonistic and condemnatory attitudes of female health service providers who may be holding these attitudes because of their belief that men should man up and not show weakness or vulnerability [5, 30].

In this study, men described feeling that the services available to students at college did not resonate with their needs. This finding receives support from a strong body of work on HIV/AIDS and sexual and reproductive health that suggests that health services tend to be geared toward women of reproductive age, with very little or no focus on men (see 5, 6).



### Implications for programmes

To improve men's access to and use of mental health services two sets of intervention are required: first, there is a need for evidence-based interventions that aim to transform men's masculinities into ones that not only encourage help-seeking but enable men to view it as an integral aspect of manhood [6, 19]. Gough and Novikova [19] contend that interventions that challenge destructive attributes of the idealized masculinity through gender-transformative activities could enhance men's health and their access to healthcare services. Second, there is a need for work that seeks to restructure health services to more directly support men's needs and be men-friendly (e.g., having more male counselors) and responsive to men's struggles with accessing services [6, 41].

This article adds to the growing body of knowledge that points to the need for programmatic work to address South African men's idealized masculinities through gender-transformative programming. Such work could support men to critically reflect on prevailing gender norms and their construction of idealized masculinity on campus [27, 42] and how these may inform their help-seeking avoidance leading to poor mental health outcomes including suicidality.

Furthermore, programmatic work is needed on South African campuses to adapt existing evidence-based gender-transformative interventions, and combine, and strengthen them with mental health promotion or literacy interventions. Gough and Novikova [19] argue that 'men from marginalized communities may avoid accessing therapeutic services that they perceive to be unrepresentative, remote, and culturally inappropriate'. Thus, as a starting point, we need to engage men to understand what kind of mental health and psychological support they deem acceptable, suitable, and appropriate for them. This could be achieved through a co-creation approach to intervention development in which researchers, practitioners, and men work in tandem to co-develop the combined intervention [43, 44].

### Limitations

Our study has limitations that are discussed here. While in total 88 men — from a broad representation of cultural groups—participated in our FGDs, we conducted a single FGD per selected institution. Moreover, our sample only included men (aged 18–30) who had been students in the selected institutions for more than 12 months. While this criterion enabled us to obtain insights from men who had extensive experience in college life, the use of the FGDs limited understanding of personal lived experiences and help-seeking behaviours. Our data limit our ability to have an in-depth understanding of the men who said they were not inclined to seek help from their peers and how and why they may be

different from those who said they would. This limitation stems from the use of FGDs as a data collection method. FGDs enable public accounts given in the groups, and it is very difficult to go beyond these during the FGDs. An in-depth appreciation of who these men were and what informed their views and preferences may have been achieved through the use of in-depth interviews. Thus, our data may reflect a group understanding and peer perceptions of help-seeking among male students in selected campuses. As the study was qualitative, our findings are not generalizable. In the FGDs, there is a possibility that some men may have provided socially desirable answers as they may have felt compelled to concur with the dominant view in the group or respond in a manner that will represent them positively in the presence of their college peers.

### Conclusions

This study's findings confirm that while many men, in the selected institutions, faced social, financial, and academic challenges which negatively affected their mental health, they, largely, avoided seeking help from psychosocial support services and peers to address their problems. Based on the findings presented in this paper, we argue that the starting point to enhancing South African men's help-seeking behaviour may be through engaging in a co-creation exercise with them in designing campus-based mental health support services. Through a co-creation approach, men may deem the services as suitable, attractive, relevant, and responsive to their mental health needs and social challenges. Our findings fill a critical gap in knowledge around help-seeking avoidance behaviors among men in South African colleges. Moreover, the findings suggest different models of mental health support preferred by men and particularly highlight peer-to-peer support as valued by men. Lastly, the findings point to an urgent need for co-development of combined gender-transformative and mental health promotion interventions for use with men in South Africa.

### Abbreviations

HEIs	Higher Education Institutions
TVETs	Technical and Vocational Training colleges
FGD	Focus Group Discussion
CST	Social Cognitive Theory
NSP	National Strategic Plan
GBVF	Gender-Based Violence and Femicide
SDG	Sustainable Development Goals
DHET	Department of Higher Education and Training
SSS	Student Support Services
NSFAS	National Student Financial Aid Scheme
LMICs	Low- and Middle-Income Countries

### Supplementary Information

The online version contains supplementary material available at <https://doi.org/10.1186/s12889-025-22252-y>.

Supplementary Material 1

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### Author contributions

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### Data availability

No datasets were generated or analysed during the current study.

### Declarations

#### Ethics approval and consent to participate

Ethical approval for the study was obtained from the South African Medical Research Council's Ethics Committee (Approval no: EC002-2/2018). All methods were performed in accordance with the relevant guidelines and regulations (e.g., Helsinki declaration and the South African Department of Health Ethics in Research 2015 guidelines). All participants provided written informed consent for study participation and the publication of the study findings.

#### Consent for publication

Not applicable.

#### Competing interests

The authors declare no competing interests.

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