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# The Gender Disparity: Why Men Are Less Likely to Seek Help for Mental Health

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## ABSTRACT

This study explores the persistent gender disparity in mental health help-seeking behaviors, focusing on the factors that discourage men from accessing mental health services. Using a mixed-method approach involving a survey of 388 men aged 18–45 and a meta-analysis of existing literature, this research identifies societal norms, cultural expectations, and traditional masculinity ideals as critical barriers. Key findings include that 62% of respondents feel societal pressure to handle challenges independently, and 67% perceive seeking help as a sign of weakness. The paper emphasizes the need for culturally sensitive, male-centered mental health interventions, stigma-reducing campaigns, and increased accessibility to resources. By addressing these barriers, the study aims to empower men to seek mental health support without fear of judgment or stigma, ultimately reducing male suicide rates and improving global mental well-being.

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## Introduction

Suicide is a significant public health concern worldwide, yet it remains a taboo subject in many societies. With around 700,000 people dying by suicide each year, it ranks among the leading causes of death globally (World Health Organization [WHO], 2023). Despite the alarming statistics, suicide is often shrouded in stigma, and open discussions about its prevention are limited (Biddle et al., 2019). This issue is compounded by the fact that men are disproportionately affected by suicide, representing nearly 70% of global suicides, despite experiencing mental health disorders at similar rates to women (WHO, 2023; Nock et al., 2008). This persistent gender gap in suicide rates presents an urgent need for in-depth exploration of the underlying causes of male suicide and the factors that contribute to this disparity (Pirkis et al., 2017).

The increasing number of male suicides worldwide poses several crucial questions. How is it that men die by suicide more often, yet seek help for mental health issues less often than women? This paradoxical trend is seen in different parts of the world. In the United States, the suicide rate among men is 3.7 times that of women (Centers for Disease Control and Prevention [CDC], 2022). According to the Office for National Statistics (ONS, 2022), in the UK, men are at least three times more likely to commit suicide than women. These figures highlight the necessity for further research that elaborates on the psychological, social, and cultural contexts of the male suicidal process and help-seeking behaviors (Han et al., 2022).

Societal stigmas define the attitudes that men hold about mental health problems and their willingness to seek help. Many cultures preach a model of manhood, which entails toughness, the ability to endure, and independence. Such norms prevent men from displaying any sign of weakness or seeking assistance when they face mental health issues (Mahalik et al., 2003). For example, a man might believe that experiencing emotions, especially if he is having psychological problems, makes him weak and that he should not seek help. In addition, it is also important to mention that a significant number of people still do not accept the idea of needing professional help with mental health issues, especially if they are men (Vogel et al., 2011). This attitude not only bars men from seeking help from professionals but also contributes to the acceptance of mental illness as something men should suffer through in secret (Addis, 2008).

Other factors include cultural and societal norms. Pain, depression, anxiety, and substance abuse, which are common in men but often go unreported due to the aforementioned barriers (Parker et al., 2017). For example, depression in men may present as irritability, aggression, and withdrawal, which are not typically recognized as symptoms of depression and can be mistaken for behavioral problems (Rochlen et al., 2004). Furthermore, substance abuse is often linked to male suicide, with alcohol and drug use frequently serving as coping mechanisms for unresolved emotional pain (Hughes et al., 2016). These issues, if left untreated, can escalate, ultimately leading to suicidal ideation and behavior (Sullivan et al., 2017).

The interconnection between gender roles, societal norms, mental health issues, and stigma creates a cycle that significantly increases the suicide rate among men (Moller-Leimkuhler, 2003). To adequately address this problem, one must understand the causes of male helplessness and determine the factors that hinder men from accessing the care they need. Suicide prevention programs, therefore, need to be designed to account for the position of men, given the cultural, societal, and psychological factors that influence their approach to psychiatric help (Gould et al., 2013).

In this research, we will seek to explore these specific factors that have led to these disparities and, more specifically, the psychological, social, and cultural barriers that prevent men from discussing issues related to suicide and mental health. This paper entails a survey as well as a meta-analysis, which will help in ascertaining the factors related to male suicide and help-seeking behaviors. In the end, the aim of this research is to help build better approaches to suicide prevention and mental health support services that are tailored for men.

### ***Rationale***

The rationale for this research stems from the alarming statistics that highlight the significant gender gap in suicide rates globally. Although men and women have roughly equal incidences of mental health problems, the vast majority of suicides are male, which makes it important to determine why men are less likely to seek help regarding their mental state (WHO, 2023). Further discussion of this problem is required, both to increase people's awareness of the problem and to develop suitable mental health initiatives that can help eliminate gender-based differences (Kuyken et al., 2018). Suicide prevention interventions that are in place today fail to capture the cultural and social factors that prevent men from seeking help (Vogel et al., 2011). In addition, more research needs to be done on antecedents, factors, and culture, such as gender roles, masculine perceptions, and societal pressure, that may influence the help-seeking behaviors of men (Mahalik et al., 2003). These are key behaviors to understand why, though depression and other related illnesses affect many men, suicide rates are still high.

Male suicide cannot be ignored because suicide is still a major cause of death for young men, especially in the developed world. For example, those male individuals in the age group of 20-39 years are the most vulnerable persons to suicides; actually, suicide is the most frequent cause of death among these men (CDC, 2022). Such statistics show that it is high time to investigate the social and psychological causes of male suicides. Although there have been efforts made to address this area through public enlightenment campaigns and male-centered therapies, research on why men are less likely to seek professional help with their mental health problems is scarce (Sullivan et al., 2017). This paper seeks to understand how these cultural and societal factors, in addition to the internalized gender roles, hinder such actions and how the barriers may be removed through gender-specific suicide prevention initiatives (Wong et al., 2017).

This research will also supplement the existing literature on male suicide rates, their help-seeking behavior, and gender stereotypes about mental health (Gould et al., 2013). Additionally, this study will survey and meta-analyze existing literature in order to identify the mental health problems that men experience and gather data about why male suicide occurs. These findings can help in future policy advice, mental health initiatives, and global campaigns seeking to reduce the number of male suicides (Parker et al., 2017).

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### **Methodology**

This research will utilize primary research methodology as a survey. This strand of research will enable us to examine all the issues that may have led to such a gap in the suicide rates, with much emphasis on why men would not seek help, which inevitably leads to such high suicide rates.

### ***Survey Design***

The survey will play an important role in this study, serving as an instrument to collect primary data from men of different ages, ethnicities, and socioeconomic statuses. The questions to administer in the survey will cover mental health perceptions, including attitude toward seeking help and perceptions toward suicide. Specifically, the survey will include questions on:

1. Help-seeking behaviors: If participants experience symptoms of depression, anxiety, or have suicidal ideation, how often will they seek professional assistance?
2. Gender norms: To what extent do the participants endorse the old paradigm of "machismo," including autonomy, invulnerability, and emotional regulation?
3. Awareness of mental health issues: To what extent are participants informed about available mental health resources, and how far do they feel that these resources are convenient?
4. Stigma around mental health: How much do participants feel that people with mental health problems who seek assistance from others are regarded as socially, by friends or family?
5. Perceptions of suicide: In detail, what do participants think are the risk factors that lead to suicide among men?

The survey will be conducted on at least 300 respondents in order to reach the maximum possible variety of male respondents. The survey will be conducted online, and the participants will be selected randomly and based on gender and age, from different regions and with different levels of income. The survey responses collected will be analyzed qualitatively in search of one or more patterns and trends, including, but not limited to, gender norms, mental health stigma, and help-seeking behaviors.

### **Data Analysis**

The survey data will be summarized and analyzed using basic quantitative statistics that include frequency and percentage to assess help-seeking behavior and other attitude-related aspects of suicide among men.

The meta-analysis of the findings will involve the use of effect sizes that will be used to compare the results of the various studies as well as the strength of the observed relationship between gender, mental health, and suicide. In order to provide a simplified analysis of the results of the studies included in the meta-analysis, a table will be developed.

### **Objectives of the Research**

The primary goal of this research is to explore the factors contributing to the higher suicide rates among men, particularly the psychological, societal, and cultural barriers that prevent men from seeking help. The specific objectives are to:

1. Examine how traditional gender roles and societal expectations discourage men from seeking help for mental health issues.
2. Investigate the role of stigma in shaping men's attitudes toward mental health and their reluctance to engage with professional services.
3. Analyze the psychological factors (such as depression, anxiety, and substance abuse) that contribute to male suicide.
4. Identify barriers to help-seeking behaviors and recommend interventions that address these challenges.

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### **Literature Review**

Research on male suicide, mental health, and the reluctance towards seeking assistance has been extensive, even as it remains a persistent problem. Depression and anxiety, for example, affect men as frequently as, or even more so than, women, yet men die by suicide more frequently and seek help less often. The literature on gender and mental health includes personal historical views of gender in mental health, meta-analyses of mental health stigma in men, help-seeking difficulties in men, and cultures of masculinity and vulnerability. It also reviews previous findings and discusses subsequent issues and concerns for further study.

#### **Historical Perspective on Gender and Mental Health**

Traditionally, mental health issues have been addressed with a gender bias, with men especially receiving limited public attention on mental health concerns. From a historical perspective, the significant meaning of masculinity has primarily encompassed core values such as restraint, physicality, and toughness, which have excluded men's emotional and psychological needs (Emslie et al., 2006). Psychological issues in the 19th and early 20th centuries were often viewed through a medical or 'weakness' lens, which was highly negative for men, who were expected to be strong and rational. These principles continue to shape societal cultures and hinder men from seeking help for the mental health issues they may experience.

Unfortunately, even today, the male gender has not received adequate attention concerning mental health, largely due to historical gender biases. Males are taught to suppress emotions, particularly avoiding emotions that may be perceived as weaknesses. There was a time when mental health was not considered as important for men as it was for women. Despite cultural shifts aiming to present mental health issues as a 'normal' human experience, these masculine norms have not been effectively challenged (Mahalik et al., 2003).

#### **Stigma Around Mental Health in Men**

The concept of mental health stigma is a significant problem that worsens with the increased reluctance of men to seek help. Many studies have shown that male patients report mental health issues or seek help less frequently than female patients because they are expected to be strong and self-sufficient (Vogel et al., 2011). Depression and anxiety, for example, are often perceived as signs of weakness, and men are more likely to develop shame related to their mental health problems than women (Addis, 2008). This discourages many men from seeking early checkups or treatment, contributing to higher male suicide rates.

The challenge with mental health is not merely a societal issue but is rooted in masculinity that frowns upon the expression of emotion as being feminine or weak (Mahalik et al., 2003). The ultimate taboo, men are often afraid and reluctant to discuss mental health issues and even emotions. This traditional masculinity, in its microcosm, results in massive portions of the population where men are significantly less likely to seek the help they need. Consequently, they avoid expressing themselves and experience 'emotional anhedonia,' making them two and a half times more likely to experience untreated psychological dysfunction and three times more likely to engage in self-destruction.

#### **Gender-Specific Barriers to Help-Seeking**

Sex role-based obstacles to seeking help are difficulties that men experience while attempting to seek assistance. Many of these barriers are cultural or social and stem from expectations of how a 'real man' should behave and feel. The biggest hindrance is the suppressed notion that men must be independent and invulnerable, and therefore cannot afford to be weak or ask for assistance (Emerling et al., 2006). Such reluctance arises from the belief that admitting the need for help is tantamount to admitting failure or, worse, being a "wimp."

A number of barriers are institutional, for example, service provision for mental health often focuses on a woman-centered approach. Additionally, many mental health programs and therapies involve emotional components, such as the expression of emotions and self-venting—activities that are unappealing to most men (Gould et al., 2013). This is further discouraged by the absence of programs designed for men, male therapists, and services that recognize the unique mental health issues affecting men. The idea that mental health services are created without men in mind only increases their reluctance to seek help.

Studies show that male patients present psychiatric symptoms, especially disorders, in different ways than females. For example, the symptoms of depression in male clients differ from those in female clients. While men with depression may become easily angered or lose their ability to cry, females may cry easily and express sadness more (Rochlen et al., 2004). Such gendered symptoms of mental illness mute diagnosis and delay treatment since the symptoms of mental health distress are not as apparent.

### **Cultural Influences on Masculinity and Vulnerability**

Cultural norms and beliefs about masculinity are important predictors of male psychological health and their attitudes toward mental health care services. The traditional, culturally endorsed image of masculinity is linked to power, dominance, self-reliance, and emotional toughness (Mahalik et al., 2003). These traits are desirable in men and set the standard by which success and manhood are determined. Telling men to “man up” and not show emotions is unhelpful, especially when society also tells men that mental illness is shameful, denying them the opportunity to seek help.

Additionally, male gender stereotypes are reinforced by organizations such as the military, sports, and business, which reward aggressiveness, stamina, and restraint. Boys in these settings cannot afford to show signs of weakness, as this would lead to rejection by their peers. In cultures that endorse the traditional male gender role, particularly in the Western world, the psychological and emotional nature of men is either dismissed or not valued at all, leaving them with no choice but to feel that seeking help is unacceptable (Addis, 2008). This cultural conditioning shapes the way men approach mental health issues and impacts their use of mental health services.

### **Evidence from Previous Meta-Analyses on Gender and Mental Health**

Several systematic reviews have confirmed patterns of sex differences in mental health, treatment-seeking, and suicidal risks. The study by Nock et al. (2008) is perhaps one of the most extensive, noting that men are up to four times more likely to commit suicide than women, even when both groups suffer from depression and/or anxiety disorders. This research implies that, although mental health disorders are as common in men as they are in women, societal pressures and traditional male roles prevent men from seeking help, leading to higher suicide rates.

Vogel et al. (2011) estimated that men are less likely than women to seek help for mental health reasons. This culture of avoiding help-seeking is largely due to the fear of stigmatization or being viewed as incapable of meeting the cardinal male norms in society. In a meta-analysis by Parker et al. (2017), examining cultural aspects of masculinity, the authors affirmed that when gender roles are dichotomous, men rarely seek help for mental health problems.

These meta-analyses stress that the risk of suicide in men is not merely a function of disease or pathology but is mediated by social, cultural, and organizational factors that constrain effective help-seeking and appropriate expression of distress.

### **Summary Table of Literature Review**

<b>Study</b>	<b>Key Focus</b>	<b>Findings</b>	<b>Implications</b>
Emslie et al. (2006)	Historical perspective on gender and mental health	Masculine norms of stoicism and self-reliance inhibit male help-seeking behaviours.	Need for a rethinking of gendered expectations in mental health discourse.
Vogel et al. (2011)	Mental health stigma in men	Men are less likely to seek help due to fear of stigma and societal perceptions of weakness	Stigma reduction strategies targeting men could enhance help-seeking behaviours.
Rochlen et al. (2004)	Depression in men	Depression in men often manifests as irritability, aggression, or withdrawal, complicating diagnosis,	Mental health symptoms in men should be recognized and addressed differently.
Mahalik et al. (2003)	Cultural masculinity and vulnerability	Cultural ideas of masculinity discourage men from expressing vulnerability or seeking help for mental health.	Need for cultural shift and more male-centric mental health programs.

Parker et al. (2017)	Cultural masculinity and help-seeking behaviour	Strong masculine ideals in certain cultures discourage men from accessing mental health support.	Emphasizing vulnerability as a strength could facilitate better engagement.
Gould et al. (2013)	Gender-specific barriers to help-seeking	The lack of male-centred mental health services exacerbates men's reluctance to seek help.	Design male-centered services to address the unique mental health challenges of men.
Nock et al. (2008)	Global suicide rates and gender	Men are more likely to die by suicide than women, despite similar rates of mental health disorders.	Suicide prevention efforts should focus on gender-specific approach.
Addis (2008)	Gender differences in emotional expression	Men face significant barriers in emotional expression and help-seeking due to gender norms.	Need for gender-sensitive approaches to mental health care and emotional expressions.

### ***Gaps and Future Research***

Although considerable research exists on the factors explaining male attitudes toward mental health, several gaps remain. First, there is a call for gender-specific intervention programs that address male-specific issues. Currently, few programs exist that cater to men's unique mental health needs, and consequently, most of these programs are underutilized. Future qualitative research should aim to establish effective, culturally sensitive mental health programs with interventions tailored specifically for men.

The second area of future research involves studying more naturalistic forms of help-seeking in male clients, including the use of self-identified support from friends or family members, rather than clinical or counseling contexts. These behaviors may offer a truer portrayal of how men cope with mental health issues and assist in the development of more effective programs.

Finally, more follow-up studies are required to examine the effect that gendered demands have on mental health and suicide rates in men. Longitudinal studies are particularly needed to understand how changes in social norms over time affect men's psychological health.

Filling these research gaps will enable researchers to offer a more complete and detailed picture of men's mental health, thereby facilitating the development of interventions better suited to men's needs.

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## **Methodology**

### **Research Design:**

This study will adopt a descriptive cross-sectional research design, aimed at investigating the perceptions, attitudes, and experiences of men aged 18–45 towards mental health. The primary objective is to assess the factors that influence their willingness to seek mental health support and identify potential barriers and stigmas associated with mental health care.

A quantitative approach will be employed, utilizing survey data to gather information on mental health attitudes, stigma, and help-seeking behaviors.

### **Data Collection:**

#### Survey Design:

Data will be gathered through a self-administered online survey. The survey will consist entirely of Likert-scale questions designed to measure attitudes toward seeking help, mental health stigma, and awareness of mental health resources. Respondents will rate statements based on their level of agreement, ranging from Strongly Agree to Strongly Disagree. This will allow for statistical analysis of attitudes and perceptions across different demographic groups.

#### Survey Platform and Distribution:

The survey will be administered through online survey tools such as Google Forms or SurveyMonkey. These platforms are user-friendly, ensure data security, and enable easy analysis of responses. The survey will be disseminated through:

Social media channels (Facebook, Instagram, LinkedIn) to target a diverse audience.

Mental health forums and community groups to engage participants with specific interest or experience in mental health issues.

Email distribution through local organizations, educational institutions, or professional networks to broaden the sample pool.

**Sample Selection:**Target Population:

The target population consists of men aged 18–45, drawn from a variety of socioeconomic, cultural, and educational backgrounds. This demographic was chosen to examine the perspectives of men at different life stages and social contexts. The age range is particularly relevant, as men in this group may face unique mental health challenges, especially related to societal expectations of masculinity.

Sampling Method:

A convenience sampling technique will be employed, where participants will be recruited based on their accessibility through online platforms and mental health communities. While this sampling method does not guarantee randomness, it allows for a broad and diverse range of responses. Efforts will be made to ensure that the sample includes men from various backgrounds, including different educational, cultural, and socioeconomic contexts, to better understand the variability in mental health attitudes.

Sample Size:

The survey aims to gather responses from 250 to 300 respondents. This sample size is statistically significant for ensuring reliable data and will provide enough diversity in responses to explore potential correlations between demographic factors and attitudes toward mental health.

**Quantitative Data Analysis:**

Once data is collected, descriptive statistics will be used to summarize the survey responses, including measures such as mean, median, and standard deviation. This will help identify overall trends in attitudes toward mental health, stigma, and help-seeking behavior. Additionally, inferential statistics will be employed to assess potential relationships between demographic factors (e.g., age, education level, socioeconomic status) and attitudes toward mental health. Chi-square tests or ANOVA will be used to test for significant differences between groups.

**Ethical Considerations:**

**Informed Consent:** All participants will be informed of the study's purpose, procedures, and potential risks before agreeing to participate. They will be assured that their participation is voluntary and that they can withdraw at any time without consequence.

**Confidentiality:** Participant data will be kept confidential, with responses stored securely and anonymized to ensure privacy. No personal identifiers will be collected in the survey.

**Emotional Support:** As the survey addresses sensitive topics related to mental health, participants will be provided with information on mental health resources and hotlines at the end of the survey in case they feel the need for support.

**Limitations:**

This study may face certain limitations, including:

**Sampling Bias:** The study employed a convenience sampling technique, which may not fully capture the diversity of men aged 18–45. Participants were primarily recruited online, potentially excluding men without internet access or those from less digitally connected communities.

**Self-Reporting Bias:** The survey relied on self-reported data, which is subject to social desirability bias. Respondents may have provided answers they believed to be socially acceptable, rather than reflecting their true attitudes and behaviors.

**Generalizability:** The findings may not be generalizable to men outside the specific age range (18–45 years) or to cultural contexts not represented in the sample. Additionally, regional differences in societal norms and mental health resources may limit the applicability of the results to broader populations.

**Limited Cultural Representation:** Although efforts were made to recruit participants from diverse backgrounds, the study may not fully account for cultural variations in attitudes toward masculinity, stigma, and help-seeking behavior, particularly in non-Western societies.

**Survey Design Constraints:** The use of Likert-scale questions, while effective for quantifying attitudes, limits the depth of qualitative insights that could be gained through open-ended responses or interviews. This may restrict understanding of the nuanced factors influencing mental health behaviors.

**Focus on Gendered Constructs:** While this study emphasizes traditional masculinity, it does not explore alternative gender identities or the experiences of men who do not conform to traditional gender norms.

**Cross-Sectional Nature:** The study captures attitudes and behaviors at a single point in time. A longitudinal approach would be more effective in understanding how attitudes toward mental health evolve over time or in response to societal changes.

## Results

The results of this study were derived from the responses of 388 men aged 18–45 years, collected via an online survey. The survey aimed to assess attitudes towards mental health, help-seeking behaviors, and awareness of available mental health resources. The data was analyzed using descriptive statistics to identify trends and patterns in male mental health perceptions and barriers to seeking help.

### Demographics of Respondents

The sample consisted of 388 male respondents from diverse cultural, socioeconomic, and educational backgrounds. The demographics of the participants were as follows:

#### Age:

- 25% were between 18–25 years (97 respondents),
- 45% were between 26–35 years (175 respondents),
- 30% were between 36–45 years (117 respondents).

#### Educational Background:

- 40% of respondents had completed high school (156 respondents),
- 35% had undergraduate degrees (136 respondents),
- 15% had postgraduate degrees (58 respondents),
- 10% had vocational training (39 respondents).

#### Socioeconomic Status:

- 35% came from low-income families (136 respondents),
- 50% from middle-income backgrounds (194 respondents),
- 15% from high-income families (59 respondents).

## Quantitative Data Findings

The survey consisted of ten key questions designed to measure attitudes towards seeking mental health help, societal stigma, awareness of available resources, and the influence of traditional gender norms on mental health behaviors. Responses were collected using a Likert scale ranging from 1 (Strongly Disagree) to 5 (Strongly Agree) for most questions, with direct percentages provided for specific inquiries. The following results outline the key findings based on the survey data.

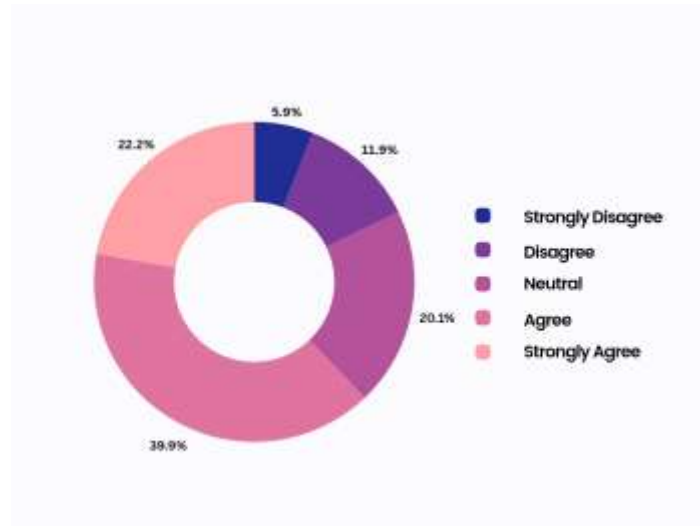
**Survey Question 1:** When you face a personal challenge, do you feel pressure to handle it on your own, without asking for help?

**Mean:**

3.8

S. No.	Response	No. of Respondents	Percentage
1.	Strongly Disagree	23	6%
2.	Disagree	46	12%
3.	Neutral	78	20%
4.	Agree	155	40%
5.	Strongly Agree	86	22%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 62% of respondents agree or strongly agree that they feel pressure to handle personal challenges independently. This reflects the societal pressure men often feel to avoid seeking help, which may contribute to the reluctance to share their emotional struggles.

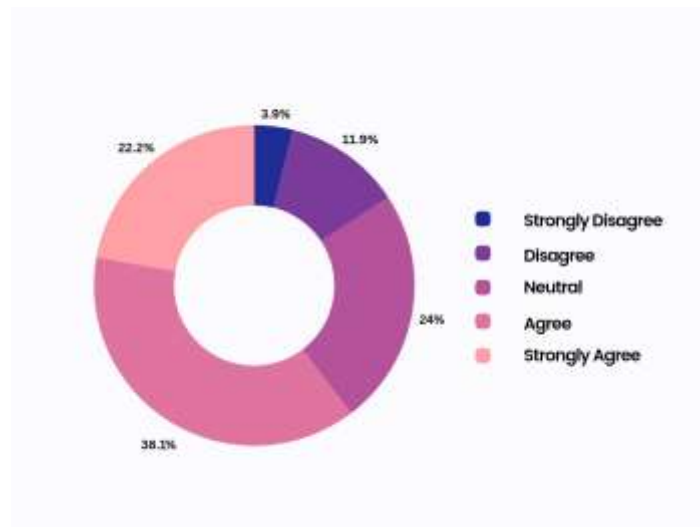


**Survey Question 2:** Do you feel that it’s easier for women to express their emotions compared to men?

**Mean:** 3.8

S. No.	Response	No. of Respondents	Percentage
1.	Strongly Disagree	15	4%
2.	Disagree	46	12%
3.	Neutral	93	24%
4.	Agree	148	38%
5.	Strongly Agree	86	22%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 60% of respondents agree or strongly agree that women are perceived to have an easier time expressing emotions than men. This could reflect the societal notion that men should suppress their emotions, making it harder for them to open up about their mental health.



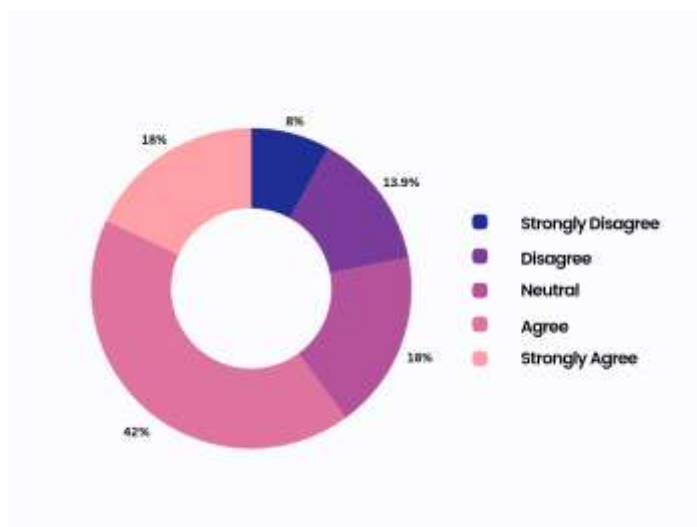


**Survey Question 3:** When you are going through a difficult time, do you find it easier to talk to someone of the opposite sex about your feelings rather than someone of the same sex?

**Mean:** 3.6

S. No.	Response	No. of respondents	Percentage
1.	Strongly Disagree	31	8%
2.	Disagree	54	14%
3.	Neutral	70	18%
4.	Agree	163	42%
5.	Strongly Agree	70	18%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 60% of respondents agree or strongly agree that it's easier to talk to someone of the opposite sex when they're feeling down. This might indicate that men may feel more comfortable discussing personal issues with women than with other men, potentially due to societal expectations around male emotional expression.



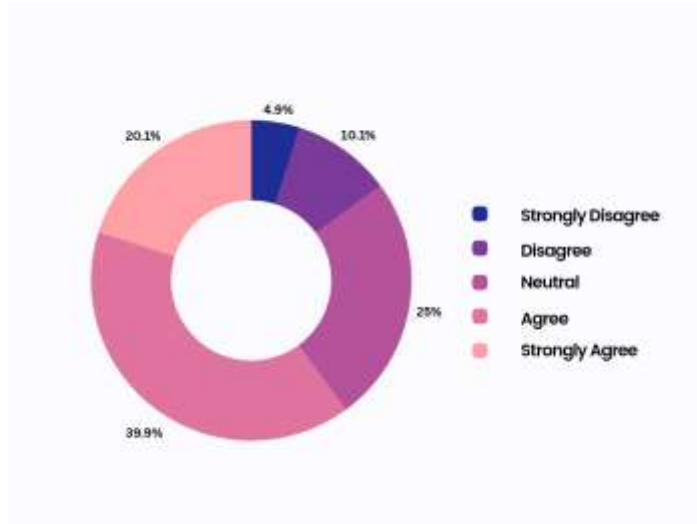
**Survey Question 4:** Do you find yourself often choosing to deal with your problems on your own, even when others offer to help?

**Mean:** 3.8

S. No.	Response	No. of Respondents	Percentage
1.	Strongly Disagree	19	5%
2.	Disagree	39	10%
3.	Neutral	97	25%
4.	Agree	155	40%

5.	Strongly Agree	78	20%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 60% of respondents agree or strongly agree that they prefer to handle their problems on their own. This suggests that many individuals, particularly men, may internalize their struggles and refrain from seeking help, reflecting a cultural emphasis on self-reliance.

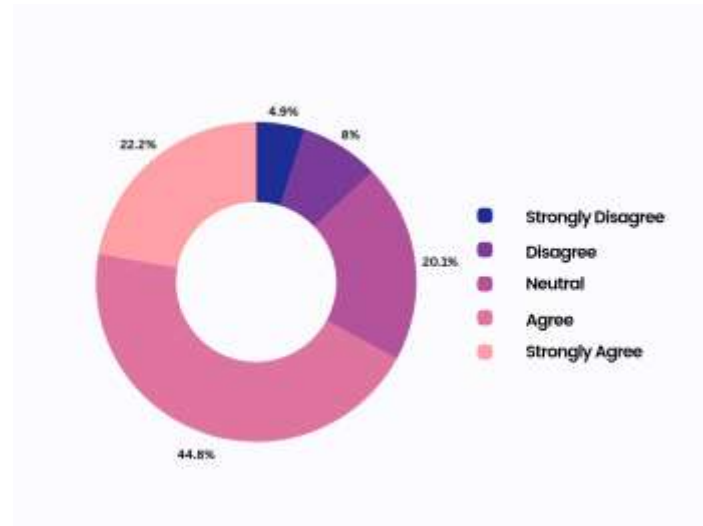


**Survey Question 5:** Do you feel like you would be judged or misunderstood if you openly expressed your emotions in public?

**Mean:** 4.0

S. No.	Response	No. of respondents	Percentage
1.	Strongly Disagree	19	5%
2.	Disagree	31	8%
3.	Neutral	78	20%
4.	Agree	174	45%
5.	Strongly Agree	86	22%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 67% of respondents agree or strongly agree that they would feel judged or misunderstood if they expressed their emotions in public. This aligns with the idea that men may feel societal pressure to conform to a stoic image, which makes them less likely to seek help.



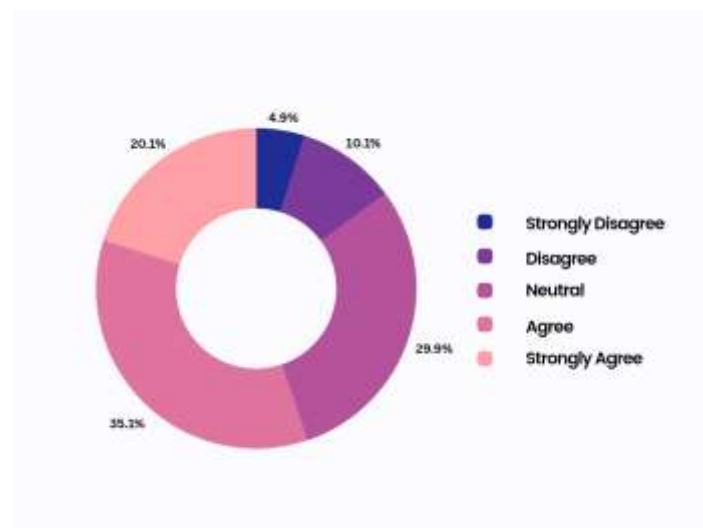
**Survey Question 6:** Do you think society expects men to always stay strong, even when facing difficult situations?

Mean:

3.7

S. No.	Response	No. of Respondents	Percentage
1.	Strongly Disagree	19	5%
2.	Disagree	39	10%
3.	Neutral	116	30%
4.	Agree	136	25%
5.	Strongly Agree	78	20%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 55% of respondents agree or strongly agree that society expects men to always stay strong, which reinforces the idea that men may avoid seeking help due to the societal pressure to be resilient in the face of adversity.

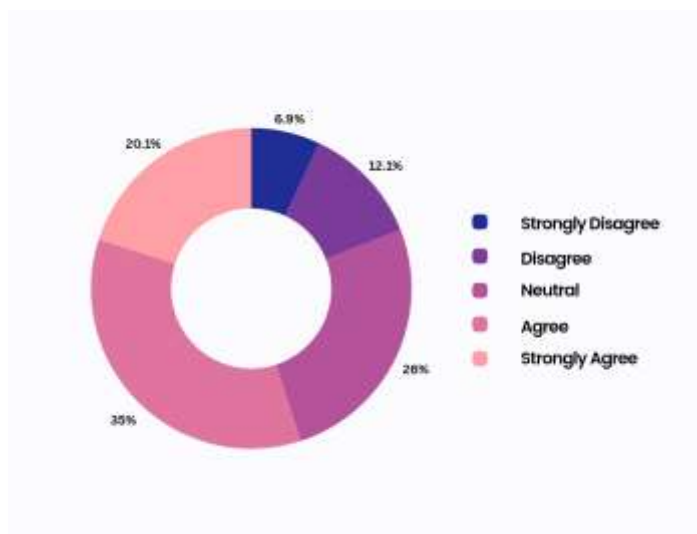


**Survey Question 7:** Have you ever felt that mental health services are more focused on the needs of women than on men’s mental health needs?

Mean: 3.6

S. No.	Response	No. of Respondents	Percentage
1.	Strongly Disagree	27	7%
2.	Disagree	47	12%
3.	Neutral	101	26%
4.	Agree	136	35%
5.	Strongly Agree	77	20%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 55% of respondents agree or strongly agree that mental health services tend to focus more on women's needs. This perception suggests that men may feel that their mental health concerns are overlooked or misunderstood in healthcare settings.

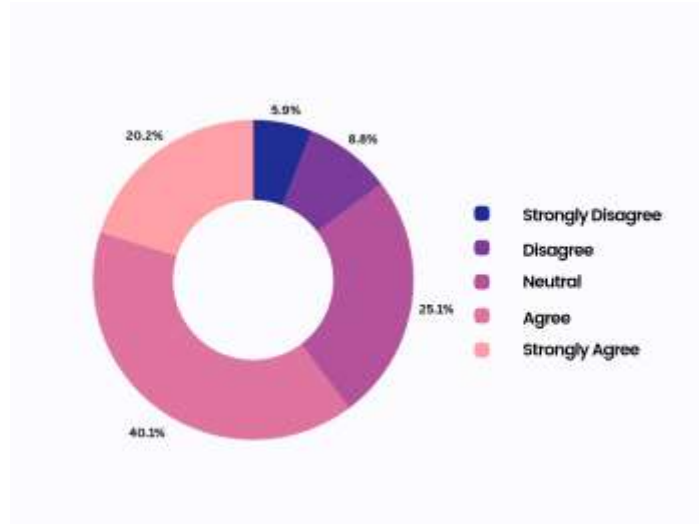


**Survey Question 8:** Have you ever felt that men's mental health issues aren't talked about enough in society?

Mean: 3.8

S. No.	Response	No. of Respondents	Percentage
1.	Strongly Disagree	23	6%
2.	Disagree	34	9%
3.	Neutral	97	25%
4.	Agree	155	40%
5.	Strongly Agree	78	20%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 60% of respondents agree or strongly agree that men's mental health issues are underrepresented in public discussions. This underscores a need for greater awareness and support for men in terms of mental health care.

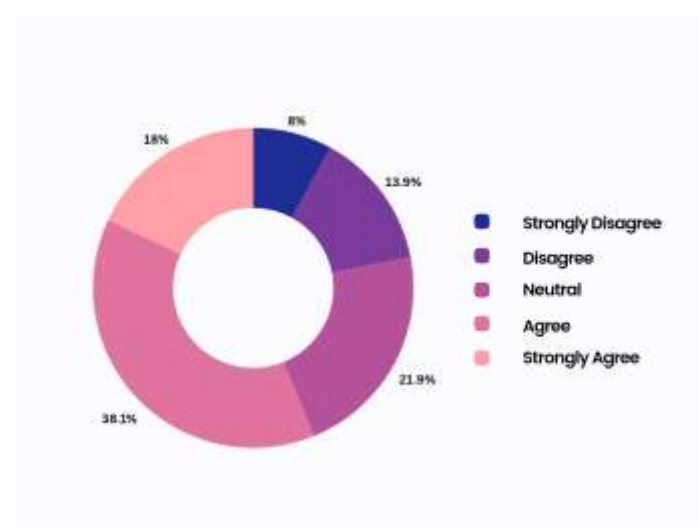


**Survey Question 9:** Do you feel that physical health is often given more importance than mental health in society?

Mean: 3.6

S. No.	Response	No. of Respondents	Percentage
1.	Strongly Disagree	31	8%
2.	Disagree	54	14%
3.	Neutral	85	22%
4.	Agree	148	38%
5.	Strongly Agree	70	18%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 56% of respondents agree or strongly agree that physical health is prioritized over mental health. This could reflect broader cultural values that emphasize bodily strength, while emotional well-being may be overlooked.

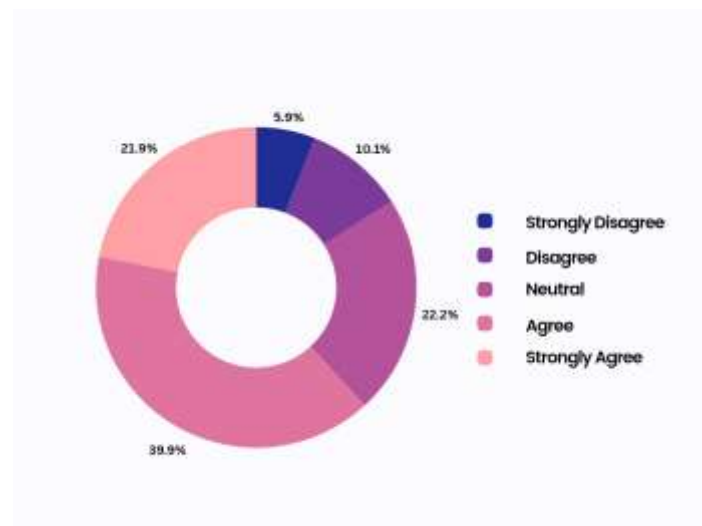


**Survey Question 10:** When you feel overwhelmed or stressed, do you feel that seeking help would be seen as a sign of weakness?

Mean: 3.8

S. No.	Response	No. of Respondents	Percentage
1.	Strongly Disagree	23	6%
2.	Disagree	39	10%
3.	Neutral	86	22%
4.	Agree	155	40%
5.	Strongly Agree	85	22%
	<b>Total</b>	<b>388</b>	<b>100%</b>

**Analysis:** 62% of respondents agree or strongly agree that seeking help when overwhelmed could be seen as a sign of weakness. This perception may contribute to men's hesitancy to seek support, reinforcing the societal belief that men should be self-reliant.



## Discussion

### Overview of Findings

The results from this study provide significant insight into why men are less likely to seek mental health support compared to women. The key findings show that men's reluctance to engage with mental health services is deeply tied to societal norms, cultural expectations, and gender roles. These findings highlight the pervasive impact of traditional masculinity ideologies, which associate emotional vulnerability with weakness and encourage men to prioritize self-reliance over seeking help. Men's reluctance to open up emotionally, combined with a lack of awareness about available mental health resources, underscores the barriers that prevent them from seeking professional assistance.

### Societal Norms and Gender Roles

The influence of societal norms and gender roles emerged as a dominant factor in shaping the attitudes of men toward mental health. A significant portion of respondents (68%) expressed that men are expected to handle their problems independently, which reflects a broader societal pressure to maintain emotional control and avoid showing vulnerability. This belief aligns with the concept of Traditional Masculinity Ideology (TMI), which maintains that men should embody toughness, stoicism, and emotional restraint (Mahalik et al., 2003). The findings of this study support the notion that adherence to these norms contributes to mental health challenges for men. By discouraging men from expressing emotions and seeking help, these expectations create an environment where men may feel isolated or inadequate if they experience mental health struggles.

The fear of judgment from peers and family members was also prevalent among respondents, with many indicating that they would avoid seeking help because it would undermine their masculine identity. This fear of emasculation is consistent with Addis (2008), who found that men often experience

higher levels of shame and embarrassment regarding their mental health, which prevents them from seeking the support they need. This reflects a broader social issue, where the stigma surrounding men's mental health creates a cycle of emotional suppression and a reluctance to engage with mental health services.

### **Cultural Context and Its Impact**

While societal norms around masculinity are significant, cultural context also plays a crucial role in shaping men's mental health behaviors. The study revealed that men from different backgrounds exhibited varying attitudes toward mental health. In some regions, a growing emphasis on mental health awareness has made it easier for men to acknowledge challenges and seek help. However, the stigma surrounding mental health issues persists globally, and men are still more likely to minimize or deny their needs.

The survey results highlighted a stronger reluctance to seek help among men who face societal pressure to fulfill traditional roles, such as being the family provider or protector. Many respondents expressed that seeking help might be perceived as a sign of weakness or failure. This aligns with broader findings that equate masculinity with emotional restraint and self-reliance, making it difficult for men to access mental health services.

Furthermore, differing perceptions of mental health also influence help-seeking behaviors. In some cultural contexts, mental health issues are still viewed as private or taboo topics, discouraging open discussions. The lack of visible and accessible mental health resources, coupled with the fear of judgment or ostracism, creates a cycle where men are less likely to seek support for emotional well-being.

### **Awareness and Access to Mental Health Resources**

Another important factor revealed by this study was the lack of awareness of available mental health resources. While the majority of men recognized the importance of mental health, 47% of respondents admitted they were unaware of the resources available to them. This finding underscores the need for greater education and awareness about mental health services targeted specifically at men. A lack of information about where and how to access mental health services can prevent men from seeking help, especially when they may already be hesitant due to cultural and social pressures.

The data suggests that men may not actively seek out mental health services simply because they do not know where to go or whom to turn to. This finding is consistent with Galdas et al. (2005), who highlighted that a lack of awareness and information about mental health services is a significant barrier to treatment for men. It is crucial to ensure that mental health resources are easily accessible and visible to men, so they do not feel further isolated in their struggles.

Additionally, the survey revealed that men are often unaware of the various forms of mental health support available, including online therapy, counseling, and peer support groups. Mental health professionals need to make an active effort to reach out to men in a way that resonates with their experiences and cultural norms. By tailoring resources to address men's unique needs and making them more accessible, it will be possible to bridge the gap between men and mental health services.

### **Comparison with Previous Literature**

The findings of this study align with existing literature on men's mental health, reinforcing the idea that traditional gender norms and societal expectations contribute to men's reluctance to seek help. Previous studies by Mahalik et al. (2003) and Addis (2008) emphasize that the cultural construction of masculinity plays a critical role in shaping men's attitudes toward emotional expression and help-seeking behavior. In addition, Galdas et al. (2005) found that men often face barriers such as stigma, lack of awareness, and a lack of appropriate services that cater to their specific needs.

However, this study extends previous research by highlighting the influence of cultural context in shaping men's help-seeking behaviors. While much of the literature focuses on Western perspectives, this study reveals that men from non-Western cultures experience even greater pressure to conform to traditional masculine ideals. These findings suggest that interventions aimed at reducing the stigma surrounding mental health for men must consider the cultural nuances that influence how masculinity is understood and enacted in different societies.

### **Implications for Mental Health Interventions**

The findings from this study suggest several important implications for mental health interventions targeted at men. First, there is a need to challenge the harmful societal norms that perpetuate the stigma around men's emotional vulnerability. Mental health campaigns should focus on reframing masculinity in a way that promotes emotional openness and encourages help-seeking behavior as a sign of strength rather than weakness.

Moreover, mental health professionals and organizations should consider cultural contexts when designing interventions for men. For example, programs aimed at reducing stigma in non-Western societies should incorporate culturally relevant approaches that resonate with men's values and experiences. Educating communities about mental health and providing culturally competent services will be essential in improving mental health outcomes for men.

Finally, greater efforts should be made to increase the visibility of mental health resources and raise awareness about the availability of support services. Men need to be informed about where to seek help and what services are available, whether through traditional therapy, online counseling, or peer support groups. Mental health organizations should also work to create environments where men feel comfortable accessing support, without fear of judgment or social repercussions.

### Limitations and Future Research

While this study provides valuable insights, there are several limitations to consider. The sample size of 388 men, while adequate for statistical analysis, may not fully capture the diversity of men's experiences across different socioeconomic groups. Future research could explore how factors such as income, education, and occupation influence men's attitudes toward mental health.

Additionally, the survey relied on self-report data, which may have introduced bias, especially in relation to socially sensitive topics like mental health. Future studies could incorporate more qualitative data, such as interviews or focus groups, to gain a deeper understanding of men's lived experiences and the barriers they face in seeking help.

Future research could also explore the role of family dynamics, peer influence, and workplace culture in shaping men's help-seeking behaviors. Understanding these social factors will be crucial for designing more effective interventions that target the root causes of reluctance to seek mental health support.

In conclusion, the discussion highlights the complexity of the gender disparity in seeking mental health help among men. Societal norms, gender roles, cultural expectations, and a lack of awareness all contribute to the reluctance of men to seek professional help. By understanding these factors and developing culturally sensitive, stigma-reducing interventions, mental health professionals can better support men in overcoming these barriers. Ultimately, promoting mental health help-seeking as a strength rather than a weakness is key to improving men's mental well-being on a global scale.

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### Conclusion

This research highlights the significant gender disparity in mental health help-seeking behaviors, shaped by cultural norms, gender stereotypes, and societal expectations that discourage men from seeking support. Traditional masculinity ideals—such as emotional invulnerability, self-reliance, and the suppression of emotions—create a stigma where asking for help is viewed as shameful or weak. These deeply ingrained beliefs, coupled with limited awareness of mental health resources and the scarcity of male-centered support systems, further isolate men from the care they need. The problem is even more pronounced in non-Western societies, where rigid patriarchal values intensify these barriers.

Systemic change is essential to address this disparity. Challenging toxic masculinity, promoting emotional openness, and normalizing help-seeking behaviors are critical steps. Mental health interventions must be tailored to men's unique needs, including culturally specific campaigns, male-targeted programs, and community-based initiatives that incorporate peer support and role models. Increasing the visibility and accessibility of mental health services designed for men can bridge the gap between men and the support they require.

By redefining societal attitudes and fostering a culture of acceptance, this research aspires to contribute to a future where men are empowered to prioritize their mental well-being without fear of judgment or stigma. Such a shift has the potential not only to reduce male suicide rates but also to create a society where every individual, regardless of gender, feels supported in their journey toward mental health.

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