BINDURA UNIVESIRTY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

DEPARTMENT OF SOSCIAL WORK

Investigating male students' poor mental health seeking behaviour in Zimbabwean University, a case study of Bindura University of Science Education.

BY

B210104B

A DISSERTATION SUBMITTED TO THE DEPATMENT OF SOCIAL WORK IN PARTIAL FULFILMENT FOR THE REQUIREMENTS FOR THE BACHELORS OF SOCIAL SCIENCES HNOURS DEGREE IN SOCIAL WORK, BINDURA ZIMBABWE

JUNE 2025

DECLARATION

I, Kephas Gumi studying for the Bachelor of Science Honors Degree in Social Work, cognizant of the facts that plagiarism is a serious academic offence and that falsifying information is a breach of ethics in Social Work research, truthfully declare that:

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Supervisor

Name: **P. Gonorashe**   Signature: Date: **16 JUNE 2025**

Chairperson of the Department Board of Examiners

The departmental board of examiners is satisfied that this dissertation report meets the examination requirements of a Bachelor of Science Honors Degree in Social Work and therefore I recommend to Bindura University of Science Education to accept this research project by **Gumi Kephas** titled: **Investigating male students' poor mental health seeking behaviour in Zimbabwean University, a case study of Bindura University of Science Education**: in partial fulfilment of the Bachelor of Science, Honours Degree in Social work.

Chairperson

Name: Signature   Date: **16 JUNE 2025**

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Year of Award	2025

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ACKNOWLEDGEMENTS

DEDICATION

I would like to dedicate this dissertation to my family whose unwavering support and love was a guiding light throughout this journey. Not to forget my participants whose experiences and stories have enriched my understanding and inspired me to make a difference. To those who have struggled with mental health issues, may this study contribute to a greater understanding and support for those in need.

PLAGIARISM REPORT

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ORIGINALITY REPORT

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MARKING GUIDE

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MARKING GUIDE: UNDERGRADUATE RESEARCH PROJECT

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Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	10	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	20	
Statement of the problem	10	
Research questions	15	
Assumptions	5	
Significance of the study	15	
Limitations of the study	5	
Delimitations of the study	5	
Definition of terms	10	
Summary	5	
Total	100	
Weighted Mark	15	

Comments…………………………………………………………………………………………
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
Conceptual or theoretical framework	10	
Identification, interpretations and evaluation of relevant literature and citations	40	
Contextualisation of the literature to the problem	10	
Establishing gaps in knowledge and how the research will try to bridge these gaps	10	
Structuring and logical sequencing of ideas	10	
Discursive skills	10	
Summary	5	
Total	100	
Weighted Mark	20	

Comments……………………………………………………………………………………………
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Chapter 3 RESEARCH METHODOLOGY

Introduction	5	
Research design	10	
What instruments are you using to collect data?	30	

Population, sample and sampling techniques to be used in the study	**25**	
Procedures for collecting data	**15**	
Data presentation and analysis procedures	**10**	
Summary	**5**	
Total	**100**	
Weighted Mark	**25**	

Comments……………………………………………………………………………………………

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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	**5**	
Data presentation	**50**	
Is there any attempt to link literature review with new findings	**10**	
How is the new knowledge trying to fill the gaps identified earlier	**10**	
Discursive and analytical skills	**20**	
Summary	**5**	
Total	**100**	
Weighted Mark	**30**	

Comments

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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	**5**	
Summary of the whole project including constraints	**25**	
Conclusions- have you come up with answers to the problem under study	**30**	
Recommendations(should be based on findings) Be precise	**30**	
References	**5**	
Appendices i.e. copies of instruments used and any other relevant material	**5**	
Total	**100**	
Weighted mark	**10**	

Comments

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SUMMARY:-

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Chapter 1 _____

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Chapter 4 _____

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ABSTRACT

This dissertation presents the multifaceted determinants of male student's poor mental health seeking behaviour at Bindura University of Science Education. Through qualitative research, the research delved into the daily realities, challenges and triumphs faced by male students in a quest to navigate the complexities of mental health issues. The research methodology used in this study involved life history biography, focus group discussions, and in-depth interviews. This was so as to have a more comprehensive understanding of what really affects male students. Thematic analysis was used to identify recurring patterns and significant themes emerged from the narratives. The research began by examining the contextual factors that predict male students' formal mental health help seeking. The findings of this research highlight different things male students do in their help seeking for distress, observing at times, the flexible use of masculinities, and, challenging the dominant discourse about help-seeking. In their everyday lives, male students engage with their mental health and adopt a range of positive coping strategies in attempts to manage any difficulties faced. This dissertation provides only a snapshot of male students' experiences and many men today may still find it difficult to open up and seek help for distress for a number of reasons. However, this study attempts to acknowledge and commend men when they do positively engage with their mental health and wellbeing.

ACRONIMS

BUSE	Bindura University of Science Education
CBT	Cognitive Behavioural Therapy
FB	Friendship Bench
IMH	International Mental Health
MH	Mental Health
NGO	Non-Governmental Organisation
UDHR	Universal Declaration of Human Rights
WHO	World Health Organisation

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CHAPTER ONE

 INTRODUCTION AND BACKGROUND

1.0 Introduction

Mental health is a key part of being healthy in general, but many male students at Bindura University still hesitate to ask for help when things get tough. That reluctance is worrying because problems left untreated can drag down grades, ruin relationships, and leave young men feeling very alone. To fix the issue, we first need to learn what stops these students from reaching out and then design services that really work for them on campus. Deep-rooted ideas about what it means to be a man often tell guys that showing emotion or admitting fear is weak, so many swallow their pain instead of speaking up. Add to that the cultural shame still tied to mental illness, and long days of hiding symptoms can feel like the only choice. Then there are simple gaps in knowledge-does the university even have a counsellor? Is that person for me?-combined with the false belief that asking for help proves you are broken. By naming and studying those barriers one by one, we stand a better chance of building a campus climate where seeking care is seen as brave and where every student knows he can walk through the counselling door without looking over his shoulder. In this chapter I will outline the topic, explain why it concerns both the university and the wider public, highlight what makes the study important, and present a few other key points that round off the chapter.

1.1 Background

In recent years, the long-neglected problem of men's mental health has started to receive more of the attention, academically and within popular culture, that it deserves. Suicide is the leading cause of death for men under the age of fifty. Despite this increasingly valuable awareness and attention, there is undeniably still a way to go in understanding and tackling male mental health problems. According to The Adult Psychiatric Morbidity Survey (2014), women are still more likely to experience a common mental disorder (different types of depression and anxiety) than men. One in five women have common mental disorder symptoms (self-reported symptoms assessed using the revised Clinical Interview Schedule) compared to one in eight men (McManus et al., 2016). However, it is likely that such data may not reveal the true extent of male mental health problems.

Distress may manifest itself differently in men and their expression of emotional difficulties differs from that of women (Brownhill et al., 2005).

There is still undoubtedly a need to continue to explore and understand men's experiences of distress, particularly; their help-seeking behaviour, the coping and management strategies they employ, and the support services they engage with. Social factors and influences of masculinities on men's experiences of distress and help-seeking behaviours have become an increasingly important topic of sociological interest. Previous academic work exploring male mental health has consistently suggested that men's unwillingness to seek help is based on the perceived threat to performing 'hegemonic' masculinity (Connell, 1995, 2005), which limits emotional expression and vulnerability.

Problems such as anxiety and depression are common in university students. Additional concerns of suicidal thoughts and behaviours, problematic drinking and substance misuse also occur frequently in this population. Alongside the increase in students reporting common mental health problems, it has been noted that symptoms have become more severe. This has increased the demand on student mental health services, which continues to rise annually. These factors, coupled with the stressors of university, can have a detrimental impact on academic performance and place students at a greater risk of dropping out. An additional problem is that students are often still reluctant to seek help for mental health difficulties. The stigma associated with seeking help has been shown to reduce student's willingness to talk about their mental health concerns. Confidentiality, trust, poor symptom awareness, self-reliance, inadequate service knowledge and difficulty expressing emotions have also been highlighted. Further inspection of these barriers shows that they differ by gender. Indeed, female students hold more favourable attitudes towards help-seeking compared to males. Traditional masculine gender roles of stoicism, invulnerability and self-reliance can reduce men's willingness to seek support. In one study, male students preferred to deny weakness in order to uphold a stoic position and limit self-disclosure to remain autonomous; interestingly, they were more likely to engage in mental health support when help-seeking was characterised as a sign of strength.

Epidemiological research shows that the incidence of unipolar depression in men is half that for women. Three main explanations have been proffered. First, men are simply less likely to experience depression, for unclear reasons. Second, men are reluctant to acknowledge depressive

symptoms due to aspects of male socialization. Third, men experience depression in a specific way, with different symptoms, such that the standard operational criteria for depression (which typically emphasise internalizing symptoms such as sadness and worry) are not valid in a male population.

1.2 Problem Statement

Male students' reluctance to seek help for mental health concerns poses a significant threat to their well-being, academic performance, and long-term success. Despite the growing prevalence of mental health issues among young men, male students are less likely to seek professional help, citing barriers such as stigma, masculinity norms, and lack of awareness about available resources. This inadequate help-seeking behaviour exacerbates the risk of untreated mental health issues, leading to poor academic outcomes, strained relationships, and increased risk of suicidal ideation. Therefore, it is essential to investigate the factors influencing male students' mental health help-seeking behaviour and develop targeted interventions to promote a culture of mental wellness and encourage male students to seek support when needed.

Individuals such as male students, family members and friends, education institutions such as academic staff and student services, communities and society such as health care systems, economic and financial systems economic productivity. Poor mental health seeking behaviour among male students can impact future economic productivity and growth, Governments and policymakers must address the issue of poor mental health seeking behaviour among male students through policy changes, funding allocations, and public awareness campaigns.

Insufficient mental health resources, inadequate awareness and education, stigma and masculinity norms, ineffective outreach and engagement, inadequate training and capacity building, ineffective partnerships and collaborations. Sampling and recruitment process resulted in some challenges. These include limited representation of diverse male student population's for instance ethnic minorities, LGBTQ+, insufficient sampling of male students in different academic disciplines and year levels and difficulty recruiting male students for mental health studies due to stigma.

1.3 Justification

This study is very essential as it has a greater potential to change lives of male students. Not only the affected students but the whole university will benefit from this study. There are several spheres of the society that will receive a positive mental health outcome as a result of this study. The

Bindura University of Science Education will have high quality grades in terms of academic as students will be in a good mental health state that increases their performance, increased motivation and take part in all academic activities. Promoting mental health awareness and support can foster a positive and inclusive campus culture, where male students feel comfortable seeking help. Non-Governmental Organisations can play a crucial role in reducing stigma around mental health, encouraging male students to seek help without fear of judgment. By addressing male students' mental health, organisations can help promote gender equality, recognizing that mental health affects individuals regardless of gender. A good and stable mental health condition can strengthen relationships between students and family. It brings cohesion and unity within the campus as there will be no discrimination. By addressing male students' mental health, we can promote a culture of mental wellness, reduce stigma, and support the overall well-being of male students.

1.4 Aim

To explore the determinants of male students' poor mental health seeking behaviour at Bindura University of Science Education.

1.5 Objectives of the study

1. To identify factors contributing to poor mental health seeking behaviour in male students.
2. To understand the impact of poor mental health seeking behaviour on male students health outcomes.
3. To come up with strategy for promoting mental health seeking behaviour for male students at Bindura University.

1.6 Research Questions

1. What are the factors contributing to poor mental health seeking behaviour in male students?
2. What are the impacts of poor mental health seeking behaviour on male student's health outcomes?
3. What measure or strategies that can be employed to promote mental seeking behaviour for male students at Bindura University of Science Education?

1.7 Limitations

Every research project has its weak spots, and this one is no exception. Because the team surveyed only male students at Bindura University, it is risky to assume the results would hold true at other colleges or among different groups. The limited period of data collection probably kept the researchers from digging deeply into all the tangled reasons why these young men either seek mental health help or stay silent. They also might have missed or oversimplified the many local traditions, societal pressures, and cultural messages that influence how male students think about therapy or talking openly about feelings. Gathering information through student self-reports is convenient, yet it opens the door to biases-like wanting to appear brave or untroubled-which can skew what the numbers really say. To make matters worse, the scholars own frames of reference, conscious or not, may have tinted the reading of that data and nudged the conclusions off course. Acknowledging these cracks, however, leaves room for wiser interpretation of what was learned and points future investigators toward broader, longer, and more inclusive studies.

1.8 Delimitations

The study focused only on students at Bindura University of Science Education. This narrowed the scope of the study and focus the researcher's attention to a specific population which is smaller. This delimitation does not imply that the experiences of students who study at other universities are not important or worth the study, but the focus is only placed on a particular group of students.

1.9 Definition of key terms

Mental Health is an integral and essential part of overall health, which can be defined in at least three ways as the absence of disease, as a state of the organism that allows the full performance of all its functions or as a state of balance within oneself and between oneself and one's physical and social environment (Sartorius, 2002). Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community (WHO 2022). Student is a person who is studying at a university or other place of higher education. Behaviour is anything a person does in response to internal or external events (Campbell 2015).

10.0 Summary

This study looks at determinants of male students' poor mental health seeking behaviour in universities. Mental health issues among university students are a growing concern, with male

students often reluctant to seek help due to societal norms and stigma. This study aimed to investigate the determinants of male students' health seeking behaviour for mental health issues in universities. The study has shown that Positive attitudes towards help-seeking and reduced stigma were associated with increased health seeking behaviour. Traditional masculine norms and cultural expectations influenced male students' willingness to seek help. The study identified several determinants of male students' health seeking behaviour for mental health issues in universities. Interventions targeting these factors, such as education campaigns, support groups, and counselling services, can help promote positive mental health and reduce stigma among male university students.

CHAPTER 2

LITERATRE REVIEW

2.0 Introduction

In the current society, men are thought to live shorter lives than women because of poor health. The fact that men pass away younger than women is now widely acknowledged (Macintyre et al., 1996). For both men and women, health services are accessible to offer the necessary support to encourage a sustainable lifestyle (Albizu-Garcia et al., 2001). This chapter reviews the literature from numerous empirical research on the variables influencing men's service utilization and behaviour when seeking medical attention. This chapter explores and review the existing literature on poor mental health seeking behaviour by male students in universities. It is going to look on the theoretical framework that contextualises the subject topic. This chapter will be guided by the objectives of the study.

2.1 Theoretical framework.

The theory that is going to be used in this study is the Masculinity theory. The theory secretes how sex and gender influence health seeking behaviours. Since the publication of Raewyn Connel's writings on masculinity, which are still studied and have an impact on the advancement of gender studies today, the field of masculinity studies has grown. The construct of masculinity encompasses hegemony, subjugation, complicity, and marginalisation of masculinity, as per the masculinity theory. The word refers to a type of configuration practice that arises from a specific circumstance in the evolving structure of the relationship, rather than the fixed traits of masculinity (Connel, 2005). Independent. Indifferent. These tenets of traditional masculinity continue to have a strong hold on many men. Men are more prone than women to commit suicide, to commit homicides, and to be the victims of these crimes. They are also less likely to seek treatment for mental health problems. Ronald F. Levant, talks about how men's mental and physical health are affected by cultural expectations of masculinity, how our perceptions of masculinity have evolved over time, and what psychologists have discovered about how to connect with men. Men are less likely than women to seek treatment for mental health issues due to a variety of variables, including attitudes, masculinity, health beliefs, and less frequent use of health services (Brown, Sagar-Ouriaghli, & Sullivan, 2019).

Characteristics like emotional restraint, stoicism, independence, and avoiding vulnerability are valued in traditional masculinity. Because of these cultural traditions, asking for assistance is frequently viewed as a show of weakness. These ideas could be internalized by male students, making them reluctant to seek help or admit they are struggling with their mental health. This tendency is most noticeable in academic environments such as universities, where stress and anxiety are made worse by academic demands. Masculine standards influence male students' perceptions of their own mental health problems as well as their inclination to seek help. Many men ignore their symptoms or put off getting help until issues worsen because they believe that mental health issues like depression or anxiety are incompatible with their identity as strong people. When emotional discomfort occurs, this internal conflict can lead to feelings of guilt and inadequacy.

Moreover, male students may stigmatize themselves as a result of cultural expectations of masculinity. They could be afraid of peer criticism or being labelled as "unmanly" if they show signs of weakness or ask for mental health assistance. Help-seeking behaviours are further discouraged by this barrier of self-stigma.

The conventional understanding of gender in a culture created distinct expectations for men and women, which in turn generated distinct behaviours and hazards. Because they believe that expressing any kind of symptom or concern is weak and unmanly, men are less likely to seek therapy. (Cleary, 2017; Donne et al., 2018; Fish et al., 2019; Milner et al., 2018; Phiri et al., 2021; Saab et al., 2017) They would rather hide the symptom. According to Valdez et al. (2018), seeking treatment is a sign of weakness since it implies a loss of self-control and independence, which is seen as a sign of emasculation. Masculinities pretty much follows the conceptual framework of gender and power. It has probably a stronger historical flavour, is less involved in setting out the categories. And more involved in showing how patterns of gender relations actually work and change.

2.3 Determinants of Mental Health among Male University Students

Mental health among university students has emerged as a critical public health concern globally. The transition to university life introduces a myriad of challenges, including academic pressures, social adjustments, and financial constraints, which can adversely affect students' mental well-

being. Male students, in particular, often exhibit poor help-seeking behaviors for mental health issues, influenced by various sociocultural, economic, and institutional factors. This study aims to explore these determinants, with a specific focus on male students at Bindura University of Science Education (BUSE) in Zimbabwe.

2.4 Prevalence of Mental Health Issues among University Students

Global Context

Across the world, young people on college campuses are struggling more than ever with their mental health. Surveys show high rates of depression, anxiety, and stress among these students. One large study of more than 5,000 individuals found that 37.1 percent reported depression, 37.9 percent anxiety, and 54.6 percent moderate to severe stress. Heavy course loads, money worries, and feelings of isolation are major drivers of these problems.

Research also reveals that male students are far less likely to seek help than their female peers. Many hold back because traditional ideas of masculinity prize stoicism and self-reliance above emotional openness. As a result, they may read a trip to counseling as a weakness and skip the very support that could ease their pain. The COVID-19 pandemic has only deepened the crisis for students everywhere. Lockdowns, remote classes, and enforced distance from friends pumped up feelings of loneliness, anxiety, and uncertainty about the future. Those pressures have strained mental health further and made clear how vital accessible, welcoming support systems really are.

Regional Context: Sub-Saharan Africa

Across Sub-Saharan Africa, mental-health struggles are common among university students but often fly under the radar because of stigma and scarce resources. Research links rising distress to heavy course loads, tight budgets, and a shortage of friends or family to lean on. Deep-rooted cultural beliefs in many African societies still frown on open talk about the mind, painting it as a private or embarrassing topic. People with visible psychological pain can be labeled weak or unstable, a judgement that hits hardest on male students. Pressured to live up to traditional ideas of manhood, many young men bottle up their feelings instead of seeking help. Most campuses across the region simply do not offer enough professional support. Tight budgets, a sparse pool of trained counselors, and policies that only exist on paper block effective care. As a result, services such as routine counseling or basic mental-health education are available to only a few.

Local Context

In Zimbabwe the picture is even bleaker. Much of the population lives in poverty, hunger and political unrest make daily life hard, and mental disorders affect many. Yet the government's mental-health system is starving for funds and staff. Without steady resources or a strong network of clinics, thousands of Zimbabweans, including students, suffer in silence.

Research shows that most university students in Zimbabwe still struggle to understand mental health. Mainly simply because they do not know what common problems look like or where to find help when they appear. This gap keeps students from asking for support until things get much worse. In Zimbabwe culture, men are often expected to appear tough and hide their feelings. Because of this, male students may swallow their pain rather than admit they need care. The worry that friends or family will label them weak makes the silence even harder to break. At BUSE, male students face heavy academic loads and constant pressure to excel. That strain can spark serious anxiety, depression or, at the least, lasting burnout. Many also come from poor homes and fight each term just to pay fees and buy food. Financial worry compounds their struggles and often pushes private therapy out of reach. On campus, mental health resources are thin, with only a handful of counselors and little space for safe talk. Without broad, ongoing programs, the signs of distress tend to go unnoticed until they grow overwhelming.

Many students still link mental health struggles with weakness, and the stigma can be especially strong on campus. Male students worry that they will be judged or branded as soft, often keep silent, stuck between tough-guy rules and real pain. Friend groups add pressure, too; if the circle shrugs off anxiety or mocks therapy, members fall in line to fit in. Larger social ideas about manhood can make talking about distress feel like handing over power.

Across the globe and in every local hall, the reasons for poor male mental health overlap like tangled wires. At BUSE, exam stress, money woes, stigma, and a shortage of counselors all pull students down and block them from asking for help. Facing those barriers calls for more than a single solution-easy brochures or one-off workshops will not cut it. By boosting services, teaching the facts early, challenging negative attitudes, and writing solid policy, BUSE can build a campus where male students feel safe to speak up and heal.

2.5 To identify factors contributing to poor mental health seeking behaviour in male students

There are many factors surrounding the causes of mental health issues amongst male students in universities. Studies have shown that male students suffer in silence as they fail to expose their emotional pain. Universities are an environment where many things happen that influence the behaviour of a student particularly negatively. One cannot run away from the fact that male students engage in many activities that however affect their mental wellbeing. Literatures have reviewed different causes of male students' mental health problems globally, regionally and even locally. There is no greater difference to the causes but rather the state of geographical location of the university plays a crucial role.

Concern about student mental health is growing, and researchers are looking mainly at young men. Those issues affect everyone, yet many male undergraduates still hold back from asking for help. This brief review examines the reasons behind that pattern. Much of the literature points to the stigma society layers on mental illness. Everyday ideas of masculinity warn against showing weakness and treat seeking help as defeat. Studies show that men who strongly embrace those norms are far less likely to get care (Mahalik et al., 2003; Addis & Mahalik, 2003). For many, the value they place on self-reliance makes turning to others feel like a betrayal of self. A lack of knowledge and training can block them even when they want to reach out.

Most young men know little about common mental-health problems or the services that might help. Current outreach and training often miss the mark, using jargon or stories that do not speak to their lives. Research shows that a lot of students never bother asking for mental-health help simply because they do not know the services are there (Eisenberg et al., 2009). A person's cultural history frames the way they judge problems of the mind. In some neighbourhoods, talk about feeling low happens behind closed doors and is rarely accepted or even understood in public. M-ller-Leimk-hler (2002) found those norms weigh heavily on help-seeking, leaving many male students feeling they must walk it off instead of asking for aid. Peer pressure can pile on yet another layer that discourages any request for help. Guys who admit they are struggling often fear their friends will tease them or brand them weak. As Rickwood et al. (2005) point out, brotherhood can swing both ways-sometimes pushing men to vent to each other rather than to a campus shrink. Even when male students want that trained ear, everyday snags can stop them cold. Hunt and Eisenberg (2010) note long waits, office hours that clash with classes, and bare-bones counselling

centres as common turn-offs. On top of all that, many men are raised to bottle feelings up, a habit that too often grows into destructive coping tricks. Some young men grab a drink, try drugs, or pick other reckless habits rather than ask for help (Kilmartin, 2005). By skirting care, they let their mental health sink even further.

School stress can slam into guys, dulling their minds and nudging them away from asking for help. The drive for perfect grades can spark anxiety or even sadness, yet many students still place results above self-care (Hunt & Eisenberg, 2010). When a pluses come first, little space is left to notice what the brain really needs. That theme rings true for boys taught-and often convinced-they must crush every exam. Nerves spike with punishing deadlines, lofty hopes, and the silent rule that slipping a single mark simply is not allowed. Research shows grinding for long stretches can wreck mental health, leading to serious issues like depression or anxiety disorders (Eisenberg et al., 2009). Overloaded male students often drift under the radar, feeling clumsy at juggling it all or fearing the weak tag if they speak up. Under those lights, schoolwork can smother even obvious clues that mood or energy is tanking. The wish to shine in class occasionally drowns out the quiet urge to check in on what they are feeling.

Many people assume their mental problems are not serious yet, so they put off care until everything collapses (Hunt & Eisenberg, 2010). Instead of finding a therapist early, they grab unhealthy shortcuts such as drinking, drugs, or just hiding away.

A 2020 review says roughly 30% of university students across Africa carry a mental health problem, with anxiety and depression in the lead (Alemayehu et al., 2020). Within that group, men face special hurdles. Studies show they tend to report deeper depression, with national estimates sitting between 15% and 25% (Mokaya et al., 2020). About 20% of male students also match the criteria for anxiety disorders, and these issues throw social life and study routines off track (Nguyen et al., 2021). Surveys show only 10% to 20% of affected men ever seek help, often held back by shame and cultural pressure (Gureje et al., 2015). Akinyemi and Olofin (2019) list the main barriers: limited services (25%), stigma (30%), and plain ignorance about what is offered (40%). Altogether, these pressures are closely tied to lower academic performance among male students.

Research shows that students carrying ongoing mental-health issues fail courses one-and-a-half to two times as often as classmates without those struggle (Olsson et al., 2021). Although both girls

and boys confront the same pressures, boys lean toward drugs; surveys find roughly twenty to thirty percent turn to binge drinking to cope (Ofori et al., 2022).

2.6 Examining the ways these risky behaviours harm men's overall well-being is essential for building stronger support systems

Mental health sits at the very core of what it means to feel okay, and for students already juggling social drama, exam panics, and the big leap into adulthood, that link feels even tighter. Though anxiety, low mood, and other struggles crop up all over campus, many young men still trip over themselves when it comes to asking for help. This review tracks the knock-on effects of that silence on their grades, friendships, and day-to-day lives. Deep-rooted ideas that tie mental illness to weakness or shame keep the conversation stuck idling. To dodge the label of being unmanly, a lot of guys simply look the other way instead of booking an appointment. Across many Southern African communities, traditional notions of manhood prize tight emotional control, self-reliance, and a calm, almost steely, show of strength. Chasing those ideals, young men often bottle up hurt rather than risk showing vulnerability by saying what really hurts. Cultural lenses also colour how people explain mental health problems in the first place. In some belief systems, an upset spirit or outside force is blamed, not a chemical shift in the brain or the weight of modern stress. That way of thinking nudges young men toward a village healer or quick ritual instead of a psychologist, leaving real help just out of reach.

Pull from family, friends, and neighbours often blocks people from asking for care. Male students sometimes rank the town's image and a family's pride above their own wellbeing. To spare kin or bystanders any hint of shame, they put off looking for help. A good number even believe that local herbs and prayers work better than doctor's notes. This faith in home cures pushes them to consult an elder or healer first and delay visiting a counsellor. Cultural mind-sets also guide how news about mental care moves around and who hears it. Where classes on mental health are rare, male students may never learn about nearby services, making the search feel impossible. Research ties untreated mental problems to slipping grades and lost classroom time.

When male students keep their mental-health struggles to themselves, their grades slide and some even drop out (Eisenberg et al., 2009; Olsson et al., 2021). One recent study showed these young men were twice as likely to fail a course when anxiety or low mood went unmentioned (Mojapelo et al., 2020). Hesitant to ask for help, they feel isolated and gradually pull away from family and

friends. Without support, they retreat deeper into loneliness, a downward spiral that feeds their sadness (Rickwood et al., 2005). This habit of shunning assistance can quicken the slide in mental health. Over time, unchecked depression and anxiety often grow louder and may even spark serious thoughts of self-harm or suicide (Gureje et al., 2015). Researchers add that men who stay silent turn more often too risky escape routes such as alcohol or drugs (Kilmartin, 2005). Unless these problems are addressed, they can shadow a person's job chances and day-to-day happiness for many years.

Poor grades can make it tougher for people to get hired and move up the career ladder (Nguyen et al., 2021). Research shows that men who brush aside mental health problems often end up with lasting physical issues, and their doctor bills keep piling up. Those same male students, weighed down by sadness or steady worry, usually find class work much harder. Studies reveal their grades can sink well below peers who feel mentally well (Eisenberg et al., 2009). In the end, worsening health and sliding marks often feed into higher dropout rates.

A recent study noted that young people with untreated mental disorders were twice as likely to quit school compared to classmates (Olsson et al., 2021). Mental strain can dull focus, cloud memory, and twist everyday choices. Mojapelo and colleagues explain that male learners under this strain may drift in and out during lectures or while cramming, blocking real learning. On top of that, endless anxiety and low mood strip away the will to tackle homework, join clubs, or even speak up in class.

When boys in school are swamped by stress or heavy sadness, saying a word in class or finishing even one paper can seem out of reach (Nguyen et al., 2021). Their fragile minds can sour friendships fast, shoving them into quiet, lonely corners. Once they retreat, study dates vanish and the usual buddy safety net that props up grades slips away (Gureje et al., 2015). That feeling of isolation drains drive and turns staying on top of schoolwork into a steep, exhausting climb (Kilmartin, 2010).

2.7 To come up with strategy for promoting mental health seeking behaviour for male students at Bindura university

Mental health issues among male students have grabbed headlines lately. Studies show that men often wrestle with unique hurdles-stigma, rigid cultural scripts, and a deep-seated reluctance to seek help. This review looks at strategies put forward and already rolled out to back those students.

Evidence indicates that stress, anxiety, and low mood show up commonly in this group. Social pressures, heavy workloads, and high expectations can crank those feelings up even more (M ller et al., 2020). Add the shame tied to admitting struggle, and the need for effective outreach becomes clear. Programs that lean on peer support have proved promising. Practical workshops covering stress management, resilience, and emotional literacy can be shaped to fit men's needs. Hands-on, skill-based sessions seem to land better with men (Reavley & Jorm, 2010). Activities built around sport and the outdoors also lift spirits by tapping into movement and fresh air. Joining a team offers connection and a sense of belonging that are especially vital for many male students (Weber et al., 2018).

Male students reported that interacting with mental health services was frightening and intimidating, which made them uneasy and reluctant to ask for help. The focus group underscored the need of acknowledging men's reluctance to ask for aid, as some students expressed a preference for informal rather than formal assistance. Current university offerings may not always align with this kind of assistance. It is imperative that male students are able to establish trust and feel at ease while interacting with student or mental health services. Carefully interacting with male students. For instance, it was considered stigmatizing to refer to sessions as "mental health" interventions. It was recommended that they be actively promoted through student-run or university-run clubs, offering rewards for participation (such food) and implementing mental health programs around significant annual events like exam weeks and new student orientation. According to Eisenberg et al. (2016), programs such as "Buddy Systems" and peer mentorship help establish secure environments where male students can talk about their mental health issues.

Educate male students more on when and how to ask for assistance. For instance, provide more information on signs to watch out for and outline the steps to getting mental health care. Present a more optimistic outlook on mental health. One recommendation was to invite male role models who had struggled with mental health issues to speak or attend events. Provide brief therapy or support sessions with both official and informal options. Some students seemed to find the informal sessions simpler to participate in, therefore they chose those. Incorporating enjoyable activities, such as computer games or table tennis, within the sessions can further encourage participation and offer a loose framework. Formal sessions, however, continued to be of interest

since it was believed that they were required to support individuals with severe mental health symptoms. Observe men's needs for vulnerability and create surroundings that are trustworthy. More social support and a male-only area could be implemented to help with this.

According to Mahalik et al. (2003), cultural norms frequently dissuade men from admitting vulnerability, which results in an underutilization of mental health services. The majority of study literature suggests that when attempting to foster conversations with males regarding their mental health, it is important to take an angled approach instead than a direct one. Stated differently, it is not usually the greatest course of action to question someone directly, while you are in person, "Are you having mental health issues?" Rather, an increasing body of evidence indicates that males are more likely to discuss their mental health while engaging in a common activity when mental health is not explicitly the goal. This "health by stealth" strategy might be especially beneficial if the selected activity has personal significance and is thought to encourage reflection and introspection.

According to researches, there are a number of unexpected common activities that can encourage mental health conversations among suffering males. These activities include going fishing, taking a stroll in the woods, taking a long drive through rural areas or the wild, or exploring urban heritage buildings like churches, museums, or galleries. The fact that all of the aforementioned activities take place shoulder to shoulder as opposed to face to face is a crucial component. This has been noted in the study literature as being crucial in helping struggling males talk about their mental health. Undoubtedly, a lot of men express unease about the conventional in-person clinical visit; one man even told me that they "feel fake, and more like a job interview than a remedy." Rather, many people naturally appreciate activities that involve sharing a shoulder, and because the activity is so important, a man won't feel like a burden if the conversation drifts to mental health.

Making hotlines and internet tools for mental health easily available can promote help-seeking behaviour. Utilization has increased when mental health resources are integrated into academic contexts. One such example is counselling services provided in schools (Hunt & Eisenberg, 2010). It's interesting to note that this kind of activity has been shown to be essential to cutting edge new programs for men's mental health, such men's sheds, an elder-adult version of a youth club with the wise maxim, Men don't talk face-to-face, they talk shoulder-to-shoulder.

A wealth of studies suggests that when attempting to encourage conversations regarding men's mental health, it is crucial to use language and concepts that are relatable to men. This generally entails staying away from formal psychiatric terminology. Many men find such language strange, and if they are labelled as mentally ill, they will dread rejection and stigma in public. As it turns out, recasting therapy and mental health therapies as courses, programs, and workshops of mental fitness, mental training, or mental coaching" makes them far more appealing to many guys. This is according to some fascinating new study. In practical terms, this suggests that it can be more beneficial to start a conversation about mental health with a male using this positive language. Saying something like, "I think you are clinically depressed, you need to see a psychiatrist," might be preferable to something like, "There are some great programs nearby that can sharpen your mental resilience."

Leaders concur that in order for students to succeed academically, they must encourage wellness and cultivate campus cultures that place a high priority on wellbeing. The stigma associated with mental health concerns is also being worked to eradicate. Bringing mental health into the mainstream through awareness campaigns, especially those with sympathetic male role models, might help lessen stigma. Men are successfully drawn into discussions about mental health by campaigns such as "Movember" (Morris et al., 2017). Academic achievement, retention, and graduation rates can all be raised on campuses that demonstrate a commitment to the welfare of their students. Better motivation, more self-assurance, better levels of involvement, and greater accomplishment are typically exhibited by university students who feel more content and a part of the community. Additionally, they exhibit higher levels of critical thinking, cultural awareness, and empathy, and they are also more likely to be well-mannered citizens. While de-stigmatizing the need for mental health help, leadership can lower obstacles to entry to facilities that provide mental health support. Here, student-led outreach initiatives and integrated peer-to-peer programs can start discussions to better understand and meet the needs of learners. These can also foster empathy among students, encourage the sharing of comparable experiences, and increase knowledge of the supports for mental health that are readily available.

Thanks to tech leaps like smartphone apps, advisors are on duty more hours than ever. Students can tap a screen and reach out, so they are more willing to ask for help. Surveys show many learn they need digital groups for support and coping after the pandemic. Nearly 30 percent say those spaces help them feel they belong to campus, while a quarter link them to improved wellness.

Learners notice when a professor emails a quick tip or a custom alert; it shows the school cares about how they do. Staff who answer mental health questions need easy tools that let them check how students are holding up online. Short web quizzes on mood or stress can be pushed to class lists and give faculty real data on whos struggling and what set-ups work. More outreach and plain talk are still needed. Events like Mens Health Week and Movember shine a spotlight on problems guys often ignore. Morris et al. (2017) explain that such campaigns not only spark chatter but also nudge men to seek the help they deserve. In response, more colleges are rolling out workshops and talks aimed at teaching male students the signs of mental distress and the paths to recovery.

Most campus outreach teams still center their efforts on spotting trouble, encouraging help-seeking, and busting long-held myths about mental illness (Kuh et al., 2019). Gradually, though, mainstream media are showing more clips of men speaking candidly about their struggles, marking a clear turn away from old stereotypes. Such airings chip away at stigma and make talking about male mental health feel just as normal as any other topic (O'Neil, 2008). Peer-led circles give male students safe spots where they can share feelings without being judged, and in doing so they invite their friends to join the same honest chatter. When those conversations happen day after day, the fear attached to seeking help slowly fades (Eisenberg et al., 2016). Visibility matters too; when athletes, artists, or trusted teachers name their own battles with anxiety or depression, a powerful message travels faster than any flyer. Seeing familiar faces open up signals that no one has to bear the load alone, which pushes many bystanders to do the same (Möller et al., 2020). Still, talk alone is not enough, so schools must pair friendly chats with hands-on workshops for staff and students that tackle the stigma head-on. Guided practice in empathy, clear communication, and spotting early warning signs gives everyone the confidence to offer real support when a friend looks troubled (Hunt & Eisenberg, 2010).

2.8 Research gap

Anxiety and sadness are prevalent issues among college students. In addition, substance abuse, problematic drinking, and suicidal thoughts and behaviours are also common issues in this population. There has been a rise in the number of students reporting typical mental health issues, and symptoms have been seen to get worse. As a result, there is now a greater need than ever for student mental health services. When combined with the demands of higher education, these elements might negatively affect scholastic achievement and increase the likelihood of student

dropout. The fact that students are frequently still unwilling to seek help for mental health issues is another issue. It has been demonstrated that students are less eager to discuss their mental health difficulties when there is a stigma attached to getting help. Moreover, issues with trust, confidentiality, self-reliance, symptom awareness, and emotional expression have been brought to light. Upon closer examination, these obstacles exhibit gender-specific variations.

National mental health policies have as their primary goal the decrease of stigma related to mental illness, which has been found to be a significant attitudinal element that may obstruct the utilization of mental health services (Hogan, 2003). Fear or a lack of understanding are two common causes of stigma. The media's inaccurate or deceptive portrayals of mental illness exacerbate both of those issues. An analysis of research on stigma reveals that many individuals still hold a negative perception of those who suffer from mental illness, even though the general population may acknowledge the medical or hereditary basis of mental health disorders and the necessity of treatment. Stigma around mental illness can take many different forms, despite the term being used broadly most of the time. According to Corrigan (2004), public stigma is defined as harmful preconceptions and prejudice toward mental illness that are held collectively by members of a society or community, such as "people with mental illness are dangerous and unreliable."

Christensen, Jorm, Evans, & Groves (2004), argues that personal stigma is what we refer to in this article as public stigma, which can be understood as the culmination of each person's preconceptions and stereotypes. Perceived public stigma is the term used to describe an individual's sense of public stigma (Corrigan, 2004). Lastly, self-stigma happens when a person transfers the prejudices and preconceptions associated with the stigmatized group—in this case, people with mental illness to themselves. According to a community-based survey, one in four persons who felt they needed assistance chose not to seek it out in part due to worries about what other people would say (Kessler et al., 2001). While the focus of that study was on intentions rather than actual activity, self-stigma and perceived public stigma were found to adversely predict help-seeking attitudes (Barney, Griffiths, Jorm, & Christensen, 2006).

Study postulated that, given the notion that an individual is impacted by both his own and other people's attitudes regarding mental health treatment, both perceived and personal stigma would be independently related with poorer help-seeking behaviour. Over 50% of individuals suffering from mental illness don't get treatment for their conditions. People frequently put off or postpone getting

therapy out of fear of receiving different care or out of worry of losing their jobs and means of subsistence. This is due to the fact that stigma, discrimination, and prejudice against individuals who have mental illnesses are still major issues. No matter how mild or overt, stigma, prejudice, and discrimination toward those who suffer from mental illness can still be harmful. There are many different ways that people with mental illnesses are marginalized and discriminated against, but it might be helpful to know what those methods are and how to confront and end them.

Stigma can also affect family members and friends, who frequently offer vital support and assistance to those who suffer from mental illness. They might internalize the stigma and place the blame on themselves, or they might be afraid that others would reject the family in society or believe they are to blame for a loved one's disease. Reluctance to seek care for their relative, social isolation, and a decrease in emotional support are all possible outcomes of this stigma. (Mclean, 2023; Yanos, 2023).The stigma associated with mental illness is particularly problematic in some varied racial and cultural communities, and it can provide a significant obstacle to those individuals receiving mental health services. An additional factor that has not received enough attention is the impact that social networks and peers have on male students' perceptions of mental health services. While peer assistance has been the subject of several studies, little is known about how peer dynamics in particular affect males' help-seeking habits. Examining the ways in which friendships, social circles, and group dynamics either help or impede the availability of mental health resources could provide insightful information.

How culture and social expectations shape the way young men ask for mental-health care is still a question that researchers need to explore. Culturally rooted ideas of masculinity often push boys to appear emotionally strong, self-reliant, and quick to dodge anything that looks like weakness. Because of these images, many men pull back from getting the help they know they need. Studies could examine whether a persons cultural background actually colors the way they judge mental health issues and how ready they are to seek support.

Traits like strength, self-control, and self-reliance sit at the heart of what many people think real masculinity looks like. In that kind of world, showing any crack in your armor-crying, talking about fear, or admitting you hurt-quickly gets labelled weakness. Male students soak up those rules and then back away from counseling or therapy for fear their buddies will call them soft. Studies

back this up: men who lean hard on traditional masculine ideals are much less likely to ask for help when life gets heavy (Mahalik et al., 2003). Culture, of course, shapes the picture as well. In collectivist cultures that prize the group over the self, a man may tuck his struggles deep and never knock on a counselors door rather than drag the family name through public worry (Ying & Han, 2006). Individualistic societies let men voice their needs more freely, yet the old stoic ideal still hovers, making even that route rocky.

A family, and the hopes tied to it, shapes how young men view mental-health help. In cultures that prize honor and good name, boys feel they must seem strong and self-reliant (Cheng et al., 2018). Such weight often stops them from sharing hard feelings even inside the house, let alone seeking outside aid. Friends then keep these rules alive, rewarding toughness and quietness around pain. Because they gather in places that cheer emotional control, male students rarely speak openly about struggles or push each other to get help (Mahalik et al., 2003). Add fear of being joked about by friends, and many simply choose to suffer alone.

2.9 Chapter summary

Several interlinked pressures keep male students from seeking help for their mental health: rigid ideas about manhood, stigma that is both public and self-imposed, low knowledge about what good mental care looks like, unhealthy ways of coping, shame and fear around using services, clinical biases that misread their symptoms, and a shortage of support tailored to their needs. The fallout from this reluctance can be severe, spilling over from the individuals themselves to their friends, classrooms, and wider campus life. Poor help-seeking dims social ties, drags down grades, and chips away at basic well-being all at once. To tackle the issue, colleges need targeted programs that take the unique barriers men face seriously and work around them. Encouraging male students to reach out requires a broad plan that acknowledges how cultural ideas of masculinity block help-seeking. Institutions can lift participation by delivering clear, respectful education campaigns; creating trusting environments; promoting positive models of manhood; backing peer-led groups; using accessible digital tools; and regularly asking students for honest feedback on services. Together, these steps show how masculinity theory sheds light on the wider social forces shaping male students minds, choices, and health outcomes.

CHAPTER 3

RESEARCH METHODOLOGY

3.0 Introduction

This chapter is going to present the way in which the research was done. It is going to include the research design, target population and the study setting. This chapter is also going to explain the ethical considerations which might observed during the study as well as the challenges the researcher faced during the course of the study. It is going to end with a synopsis of what has been discussed in the chapter. The chapter is going to discuss a thesis that helped in enlightening reasons behind male students' poor mental health seeking behaviour at Bindura University of Science Education.

3.1 Research approach

To better understand the factors behind poor mental health seeking behaviour by male students at the university. The researcher made use of the qualitative research method. According to Cresswell (2005), qualitative research approach is a multi-method in focus, involving an interpretive and naturalistic approach to its subject matter. According to Cresswell (2013), the qualitative research reveals a deeper understanding of the behaviour, attitudes and experiences within place of study. There are several advantages of using qualitative research methods which include its typicality explanatory in nature, (Punch, 2004). The qualitative approach offers an in-depth analysis and understanding of the experiences of the participants in this study. The qualitative research model encourages participation and involvement of participants in the research process.

3.2 Research design

The researcher is going to adopt a case study which involves practical investigations of a particular phenomenon. According to Quinlan (2019), a research design is a strategy that ranges from general presumptions to the exact and specific techniques for gathering and interpreting data. The researcher adopted a descriptive case study design as a way of understanding more about the poor mental health seeking behaviour by male students. Yin (1984) defined a case study as a research method which examines a contemporary phenomenon within its natural context. According to Cresswell (2018) case studies involves the researcher conducting an in depth analysis on a program, event, activity or process on one or more individuals. It is in the researcher's interest to project the challenges under this research topic. This topic has not been widely researched and

Cresswell (2018) further states that the qualitative study will be best to make people understand and appreciate the phenomenon. According to Lim (2024) qualitative research is flexible, thus making it the choice of the researcher. The researcher then chose this design because of the above mentioned reasons.

3.3 Study setting

The study focused on Bindura University of Science Education, located in Bindura town, because a noticeable number of students there are struggling with mental health issues linked to various stressors on campus. Choosing Bindura University of Science Education is a critical decision that can impact male students' mental health in various ways. The unavailability of support systems, campus environment, academic pressures, social dynamics, and lack of mental health awareness all play essential roles in shaping male students' mental health experiences. By promoting a university to prioritize mental well-being, male students can navigate the challenges of academic life more effectively, leading to healthier and more fulfilling university experiences. Ultimately, the right choice can provide the foundation for lifelong mental health and resilience.

3.4 Target population

Target population is the complete set of individuals or items that share common characteristics and from which researchers draw a sample, as Pandey (2015) explains. For this project, the focus is on male students across all four campus sites at the university.

3.4.1 Sampling

Sampling refers to the method of selecting a smaller group from a larger population so that researchers can examine it and make broader conclusions, according to Pandey (2015). In this study, a manageable section of the male student body is picked to stand in for the whole group and provide reliable data.

3.4.2 Sampling technique

Research doesnt come with a one-size-fits-all sampling rule. Because of that, the strategy a scholar picks really depends on what they want to learn and what will give their results meaning. For this project, purposive sampling is being used. As Nyimbili and Nyimbili (2024) explain, this approach lets researchers hand-pick people whose lived experiences match the study, boosting the accuracy

of the findings. In practical terms, it means selecting male students who show clear signs of stress or depression rather than drawing from the whole campus.

3.4.3 Sample size

Pandey (2015) reminds us that a sample acts as a miniature version of its larger population when a study needs manageable data. A sample size, then, is simply the number of subjects set aside to speak for that population (Burns and Grove, 2021). For this investigation, that number has been fixed at fifteen participants.

3.5 Data Collection Methods

Researchers generally split data-collection techniques into two broad buckets: primary methods and secondary ones. The primary approach lets the researcher go out and gather information first-hand. In this study the researcher sat down for face-to-face interviews to learn how poor help-seeking habits hurt the mental health of male university students. Each session unfolded as a conversation between a trained interviewer and a participant, driven by open-ended questions and plenty of gentle probing. She picked this approach because it gives real voice to feelings, stories, and everyday meanings that numbers alone can miss. To dig deeper still, she added life-history prompts that invite people to trace their mental-health journey, letting them share thoughts and emotions in their own words.

In-depth interviews

In-depth interviews are a qualitative research method that involves direct, one-on-one interaction between a researcher and a participant. This technique is particularly effective for gathering detailed information about individuals' thoughts, feelings, experiences, and motivations. Unlike surveys or structured interviews, in-depth interviews allow for open-ended questions and a conversational style, enabling researchers to explore participants' perspectives deeply. There are many advantages that comes along with in-depth interviews such as deeper understanding, flexibility and personal connection.

Focus Group Discussions

A focus group discussion (FGD) is a qualitative research method utilized to gather insights and opinions from a targeted group of individuals regarding specific topics, products, or services. This method is particularly effective in understanding the nuances of public perception, consumer behavior, and social dynamics. By facilitating a guided conversation among participants, researchers can delve deeper into the reasons behind opinions and behaviors, yielding rich qualitative data that quantitative methods may overlook.

3.6 Data collection tools

Data were captured with an in-depth interview guide, a simple biographic sheet, and a short focus-group tool.

3.6.1 In-depth interview guide

The in-depth interview guide is crucial for learning how male students handle mental-health challenges. Simply put, it is a carefully planned list of questions and prompts researchers use during qualitative interviews (Berry, 1999). To grasp the full picture of students struggles, stories, and unmet needs, a structured plan is essential. The guide offers a clear road map for examining such layered subjects. Its main strength lies in the depth of insight it enables into each participants life. By following the guide, researchers can cover all key areas of male students mental health on campus and carry out a thorough investigation.

A life-history biography is a tool used in qualitative research that lets scholars gather detailed, first-hand accounts of a persons growing-up years, turning points, and everyday path through life (Ojermark, 2007). By piecing together these storied snapshots, investigators can see the many layers that shape a persons mental health over time. The interview guide that comes with the method also prompts questions about family ties, friendships, and sources of practical or emotional support. With that background in hand, researchers are better able to spot repeating themes, key events, and outside forces that steer a participants experience one way or another. Ultimately, the biographies reveal the specific hurdles or quiet victories each person or household encounters along the way.

3.6.2 Focus group discussion guide

A focus group guide helps keep a discussion on course and gives every participant room to speak. It supplies the researcher with a checklist of topics and open questions to steer the conversation. By following this road map, the moderator can nudge the talk back on track and still gather the evidence needed to answer the main research question. Typical themes include family ties, support circles, money worries, and day-to-day coping tricks.

3.7 Life history biography

Life history biography is a powerful tool that gives scholars a wide-angle look at the journeys, hurdles, and viewpoints of male students living with mental health challenges. By sitting down for extended conversations and tracing the arcs of each person's story, researchers can collect rich, layered snapshots of day-to-day life. The approach lets investigators move beneath surface symptoms, learning how anxious or depressed students manage classes, friendships, and future plans while carrying their invisible weight.

When researchers sit down for open-ended chats with students, those students get a real chance to lay out every hurdle they hit while trying to access help from relatives. In the process, learners also share useful stories about the physical, emotional, mental, and social roadblocks that pop up along the way.

Life-history work, they argue, reminds us that we cannot understand any single students struggle unless we also pay attention to the family stories, cultural norms, and community pressures that surround him. By tracing the life paths of male student's one anecdote at a time, researchers can spot the personal choices, home duties, and wider societal messages that shape each boys day-to-day reality. Knowing these details helps us craft better advice, programs, and resources for the young men themselves and for the parents and siblings who walk beside them. Such insight can lift every member of the community by raising quality of life and opening doors to real social inclusion. Using this method, researchers move beyond numbers and labels to map the tangled mix of personal history and public circumstance that frames a young man's mental health journey. When we see how school, peer networks, and cultural expectations pull together-or pull apart-we gain a fuller picture of the chances and setbacks he encounters. That bigger picture, in turn, guides us toward smarter, kinder support services that meet students where they are.

3.8 Data analysis

The researcher turned to thematic content analysis and applied it to information gathered from focus-group talks, life-history biographies, and in-depth interviews. As Braun (2006) notes, the approach bundles the material into clear units and helps weave findings from different tools into a single answer that meets the studys goal.

3.9 Ethical considerations

In order to conduct a research which involves students, it is essentials for the researcher to get clearance from the University.

3.9.1 Voluntary participation

The researcher made sure that respondents participated on their own free will without being coe rced or forced to take part in the research. They also had the right to withdraw from the study whenever they felt like doing so or whenever they were feeling uncomfortable.

3.9.2 Informed consent

The researcher crafted consent forms in English and Shona language. The researcher also briefed the participants what the study was about before they participated. The researcher also highlighted the procedure of how questions or interviews were going to be structured and making the participants know their authority and control of choice including participating voluntarily.

3.9.3 Confidentiality

In the field of social work confidentiality is a fundamental principle and should be followed. According to Biestek (1961) confidentiality requires a social worker to safeguard any information obtained from clients. When conducting this research the researcher is expected to practice confidentiality by not sharing the information they get from the participants to anyone. The names and other relevant details of the students were not exposed. The researcher only used the information for academic purposes and is used pseudonyms.

3.10 Conclusion

The research adopted a qualitative approach as the methodology. Primary data was mainly used to get answers on the questions that were being asked. The researcher also made use of the ethics and

possible limitations that would arose would arise in the study. The ethics were used to protect the participants. Consent was also praised as a way of protecting the participants.

CHAPTER 4

PRESENTATION, INTEERPRETATION AND DISCUSSION OF FINDINGS

4.1 Introduction

The research study on the determinants of male students' poor health-seeking behaviour for mental health issues at the Bindura University of Science Education in Zimbabwe has yielded valuable insights. This chapter presents a comprehensive analysis of the data collected through in-depth interviews, focus groups, and life history biographies, as outlined in Chapter 3. The findings shed light on the complex interplay of sociocultural, institutional, and individual factors that contribute to the reluctance of male students to seek professional help for their mental health concerns.

4.2 Data Analysis

The data gathered from the various research methods was meticulously analysed using a thematic approach. The key themes that emerged from the analysis are discussed in detail below.

4.3 Factors Contributing to Poor Mental Health Seeking Behavior in Male Students

4.3.1. Stigma and Shame

 The study found that male students often felt a strong sense of stigma and shame associated with seeking help for mental health issues. Many participants reported feeling that seeking mental health support was a sign of weakness or failure, which prevented them from accessing the necessary care. This finding aligns with the existing literature on mental health stigma, which has been identified as a significant barrier to help-seeking behaviour, particularly among men (Clement et al., 2015; Eisenberg et al., 2009).   As one participant expressed,

> *"I felt like I was less of a man if I admitted that I was struggling with my mental health. It was just something that we didn't talk about in my community."*

When young men in college hear people say, Tough it out or real men dont cry, they slowly begin to believe that any slip into sadness or anxiety must be kept secret or managed behind closed doors (Sagar-Ouriaghli et al., 2019). These ideas are stitched into the fabric of many cultures that still cling to old-fashioned notions of masculinity, so asking for help can feel like handing in a report card marked with failure. Because society pushes men to appear strong, self-reliant, and tightly in control of their feelings, many students swallow hard, shove their pain down, and tell themselves Ill fix this myself-or else. The real fear lurking beneath that bravado is being labeled less of a man,

and in the end, protecting that fragile identity often wins out over the simpler, healthier step of talking to a counsellor.

The study shows that tackling the stigma and shame linked to mental health among male students has to be done on several fronts at once. That means running clear awareness campaigns, adding plain-spoken classes, and showcasing role models who bend old ideas about manhood and openly seek help. If the university builds a kinder, more approving atmosphere, young men will feel freer to put their minds first, knowing they will not be judged or shunned for it.

4.3.2 Lack of Awareness

The findings indicate that many male students lacked awareness and understanding of mental health issues and the available support services. Participants expressed a need for more education and information on mental health to address this gap. This lack of awareness is a common challenge faced by university students, as studies have shown that young adults often have limited knowledge about mental health and the resources available to them (Gulliver et al., 2010; Rickwood et al., 2007).   As one participant shared,

> *"I didn't even know that the university had a counselling centre. I thought mental health issues were something that only happened to other people, not me."*

Improving mental health literacy and awareness among male students is crucial in encouraging them to seek the necessary support.

When male students know little about mental health, they are far less likely to ask for help when they need it. During the study, many said they had no idea the campus counselling centre even existed. Believing these problems affect other people and not themselves, they struggle to see why professional support might be important or accessible. Bridging this knowledge gap is essential if the university wants more male students to reach out for care. Clear, campus-wide awareness and education campaigns can teach them how to spot warning signs in themselves and classmates, guide them to the right services, and replace hesitation with confidence to ask for help. Messages should focus on making conversations about feelings ordinary, removing the fear attached to using mental health services, and spelling out exactly what resources are ready and waiting.

The university could, for starters, weave basic mental-health lessons into every degree so every student-male, female, or non-binary-learns why the mind matters and why reaching out for help is nothing to hide. If that class knowledge mixes with a campus vibe that cheered openness, more male students might feel safe looking after themselves and actually using the resources already waiting for them.

4.3.3 Masculine Norms

Traditional masculine norms, such as the expectation for men to be strong, independent, and stoic, were identified as a significant barrier to mental health-seeking behaviour. Male students often felt that seeking help would be perceived as a violation of these societal expectations. This finding aligns with the extensive research on the impact of masculinity norms on men's help-seeking behaviour for mental health (Seidler et al., 2016; Vogel et al., 2011). As one participant expressed,

> *"In our culture, men are supposed to be tough and handle things on their own. Admitting that I was struggling with my mental health would have been seen as a failure on my part."*

The internalization of these masculine ideals can lead to a reluctance to seek professional help, as it may be perceived as a threat to one's masculine identity.

The impact of traditional masculine norms on mental health-seeking behavior is widely recognized, especially among university students. Societal expectations that men should be tough, independent, and emotionally restrained often create significant obstacles to acknowledging mental health struggles. In the study, many male students reported that seeking help for mental health issues would go against these norms, potentially undermining their masculine identity and social image.

This internalization of conventional masculine ideals can result in hesitation to pursue professional support, as it may be viewed as a sign of weakness or inadequacy. The fear of being seen as "less masculine" for admitting to emotional or psychological challenges discourages many male students from accessing mental health services.

To address these barriers, a comprehensive strategy is needed. Universities could implement initiatives aimed at deconstructing harmful gender stereotypes, promoting healthier forms of masculinity, and fostering a supportive atmosphere where male students feel safe prioritizing their

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mental well-being. This might include establishing support groups tailored for men, adopting counselling methods that are sensitive to masculine identities, and involving male role models who openly discuss and manage mental health in ways that reflect strength and resilience. By tackling the effects of masculine norms, universities can help male students reshape their perceptions of mental health, making it easier for them to seek help without feeling their identity or social status is at risk.

4.3.4 Accessibility Challenges

Participants reported various accessibility challenges, including the availability, affordability, and confidentiality of mental health services on campus. These factors contributed to the reluctance of male students to seek professional help. This finding is consistent with the existing literature on the barriers to accessing mental health care, particularly among university students (Eisenberg et al., 2007; Wyatt et al., 2017).

As one participant shared,

"I wanted to see a counsellor, but the waiting list was so long, and I was worried that someone might find out. I just didn't feel comfortable with the idea of going to the university's mental health centre."

Addressing these accessibility challenges is crucial in creating a more welcoming and supportive environment for male students to seek the necessary mental health support.

When mental health services on campus are hard to reach, many male students hesitate to ask for help. In interviews, participants pointed to problems such as lengthy wait times, worries that their records would not stay private, and doubts about whether they could afford a session. Each hurdle leaves them feeling uncomfortable, as the effort to cross all those barriers seems larger than the promise of real care. Fixing these access issues is key if the university wants to build an atmosphere where male students feel free to put their minds first. To start, it should schedule more counsellors, offer low-cost sliding scales, tighten privacy rules, and set up an easy triage system that routes urgent cases straight to the front of the line.

Beyond that, the school needs to weave mental health support into everyday campus life-often by talking openly about it in dorm meetings or sports clinics-so students come to see talking with a therapist as normal, not unusual.

When the university tears down the social and practical roadblocks standing between male students and mental-health services, it gives them permission to use those services without worrying about gossip or logistical hassles. Tackling accessibility this way not only encourages more students to ask for help; it also makes sure everyone, no matter their gender, can put their mental health first and find the support they really need.

4.4 Impact of Poor Mental Health Seeking Behaviour on Male Students' Health Outcomes

4.4.1 Academic Performance:

The study found that poor mental health-seeking behaviour had a detrimental impact on the academic performance of male students. Participants described how untreated mental health issues led to decreased motivation, concentration, and overall academic achievement. This finding is consistent with the extensive research on the relationship between mental health and academic outcomes among university students (Auerbach et al., 2016; Eisenberg et al., 2009).

As one participant explained,

> *"When I was struggling with my mental health, it was so hard to focus on my studies. I couldn't concentrate in class, and my grades started to suffer. It was a vicious cycle that just made everything worse."*

The results show that when young men do not look after their mental health, their grades can slip fast. The students in the study said they lost drive, struggled to concentrate, and generally underperformed because their issues went untreated. These findings fit well with the larger body of research showing a strong link between mental well-being and academic success on campus.

When problems are ignored, students find it hard to focus on lectures or assignments, and that struggle makes the original worries grow even bigger. Left unchecked, the pattern deepens; grades drop, panic sets in, and the whole experience of university turns into a source of overwhelming stress.

Poor mental health is already dragging down many men's grades, so the university must tackle the reasons they hesitate to seek help. When colleges encourage these students to put their minds-first and connect them to the right resources, they create a campus culture where learning thrives. Training workshops that boost mental health know-how, campaigns that chip away at shame, and

services that are easy to reach all help cushion the academic blows that come when guys suffer in silence. The university could also weave brief check-ins and referral details into routine advising sessions or tutoring hours, so support feels as natural as course guidance. By closing the gap between mind-care and study success, the school builds a welcoming space that lets male students excel in class while growing as people.

4.4.2 Social Relationships

The findings indicate that the lack of mental health support negatively affected the social relationships and interpersonal dynamics of male students. Participants reported experiencing challenges in maintaining healthy relationships and social connections. This aligns with the literature on the impact of mental health issues on social functioning and interpersonal relationships among university students (Hefner & Eisenberg, 2009; Pieterse et al., 2013).

As one participant shared,

> *"I started to withdraw from my friends and classmates because I didn't want them to see how much I was struggling. It made it really hard to connect with people and maintain those important social relationships."*

The research shows just how much hiding mental-health problems hurts the friendships and day-to-day interactions of male students. Interviewees said they often pulled back from get-togethers, worried that classmates would label them as weak or struggling.

Their experience fits what other studies report about campus life; untreated issues can make it harder to build and keep close ties, because trust, clear talk, and steady emotions start to slip. Without those basics in place, ordinary collegial banter and study groups can feel overwhelming or pointless, so young men simply step aside.

Yet stepping aside only deepens the original struggle, since real support, laughter, and shared goals act like cushions against burnout and despair. When those cushions vanish, feelings of loneliness and isolation creep in, making well-being slide even further downhill.

Helping male students notice and seek care for their hidden mental-health struggles is vital for keeping their friendships strong and supporting their overall success. Peer-support groups, plain talk about feelings, and practice in listening and calm communication give young men the confidence to protect both their mental health and the ties that matter most to them. When the

university places this social aspect front and centre, it builds a friendlier, more inclusive campus that lifts every student and helps men feel at home with each other.

4.4.3 Overall Well-being

The study revealed that the lack of mental health-seeking behaviour contributed to a general decline in the overall well-being and quality of life of male students. Participants described experiencing increased stress, anxiety, and emotional distress due to the lack of appropriate support. This finding is consistent with the research on the *association* between mental health issues and diminished overall well-being among university students (Deng et al., 2022; Macaskill, 2013).As one participant expressed,

> *"I felt like I was just barely keeping it together. The stress and anxiety were overwhelming, and it started to impact every aspect of my life. I just didn't know how to cope with it all."*

This study shows that many male students avoid getting help for their mental health, and that choice noticeably drags down how they feel and how they live day-to-day. Those who took part said they wound up more stressed, anxious, and upset simply because no one was guiding them toward the support or tools they really needed.

The findings fit neatly with other studies showing that mental health problems drag down almost every part of a university student's life. When issues go untreated, a student slowly loses the energy to keep up with classes, eat well, or do anything that sparks a real sense of purpose. One participant even said he felt like he was barely keeping it together, a phrase that powerfully sums up what can happen when males ignore their mental health. Stress and anxiety seep into study sessions, friendships, and even simple chores, turning routine demands into mountains that seem impossible to climb. For that reason, looking squarely at how poor help-seeking habits hurt male students is vital if we truly want them to succeed long after they leave campus. Programs that boost coping skills, build resilience, and offer thorough mental-health care can give students the steady footing they need to feel balanced and fulfilled.

When the university places male students overall well-being front and centre, it lays the groundwork for them to excel in classes, forge strong friendships, and grow into the kind of professionals the world needs.

4.5 Strategies for Promoting Mental Health Seeking Behaviour in Male Students

4.5.1 Peer-to-Peer Support

The findings highlight the importance of developing peer-to-peer support systems, where male students can share their experiences and provide mutual encouragement and guidance in seeking mental health assistance. This strategy is supported by the literature on the benefits of social support and peer-based interventions in promoting mental health help-seeking among university students (Clement et al., 2015; Yap & Jorm, 2012).

As one participant shared,

> *"Having a group of guys who understood what I was going through and could offer advice and support made a big difference. It made me feel less alone and more willing to take that first step to get help."*

The study findings emphasize the value of developing peer-to-peer support systems as a strategy to promote mental health-seeking behaviour among male students. Participants highlighted the importance of having a group of peers who could understand their experiences and provide mutual encouragement and guidance in accessing mental health support.

This aligns with the existing literature on the benefits of social support and peer-based interventions in promoting help-seeking behaviour among university students. By creating a supportive environment where male students can share their challenges and experiences without judgment, the university can foster a sense of community and empower them to take the necessary steps to address their mental health concerns. Peer-to-peer support initiatives, such as male-specific support groups or mentorship programs, can provide a safe and inclusive space for students to connect with one another, share coping strategies, and encourage each other to seek professional help when needed. These peer-driven approaches can help to address the feelings of isolation and stigma that often hinder help-seeking behaviour, while also promoting positive role modelling and a culture of mental health awareness and support.

Implementing peer-to-peer support systems can be a powerful complement to other strategies, such as awareness campaigns and institutional changes, in creating a holistic approach to promoting mental health-seeking behaviour among male students.

4.5.3 Accessible and Confidential Services

Participants emphasized the need for the university to enhance the accessibility, affordability, and confidentiality of mental health services on campus to create a more welcoming and supportive environment for male students. This aligns with the research on the importance of addressing structural and institutional barriers to accessing mental health care (Eisenberg et al., 2007; Wyatt et al., 2017).

As one participant expressed,

> *"The university needs to make sure that the counselling services are easy to access, affordable, and completely confidential. That would go a long way in encouraging more guys to seek the help they need."*

The results show that making school mental-health care easier to reach, cheaper, and truly private is vital if colleges want to give male students a friendlier place to ask for help when they need it.

Breaking down the structural and institutional roadblocks that block access to mental-health care is a vital first step in getting these students to reach out for help. Interviewees stressed that the university must make counselling services easy to find, affordable, and totally private, because each of those dollars-and-feels barriers shapes whether a student walks through the door. That advice mirrors what other studies have found about closing gaps in care for college students. Long waits, high fees, and worries that secrets will spill keep many learners from picking up the phone-or clicking to schedule an appointment-which then lets problems grow bigger and drag down grades and daily life. By tightening access and shoring up privacy, the campus can build a friendlier, low-pressure space where male students feel free to put their minds first and use the support already in place. Steps might include adding more counsellors, rolling out an easy online booking system, sliding fees according to income, and locking doors on files so identities-and stories-are never shared without consent.

Tackling these accessibility hurdles is a vital part of any broad plan to encourage male students to seek mental health support, because doing so removes the real and mental roadblocks that usually stop them from getting the help they need.

4.5.4. Masculinity-Sensitive Approach

The study underscores the importance of adopting a masculinity-sensitive approach in the design and delivery of mental health interventions, acknowledging and addressing the unique challenges and perspectives of male students. This approach is supported by the literature on the need for gender-specific mental health support (Seidler et al., 2016; Vogel et al., 2011).   As one participant suggested,

> *"The university should consider having male-specific counselling services or support groups, where we can talk about mental health in a way that feels more comfortable and relevant to us as men."*

This study shows that when universities plan mental-health programs for male students, they should start from a clear, masculinity-aware mind-set. During interviews, students said the school must recognize the special barriers men face before, during, and after they seek help.   Similar research backs this view, arguing that gender-focused support is vital because long-standing ideas about being masculine often push men away from professional care.

By taking this route, the university can shape mental-health programs that speak the same language as its male students and tackle the worries they already voice. That might mean staging men-only counselling hours or easy-going peer groups where guys feel free to share stress, anxiety or loneliness among friends who get it.

Such moves chip away at the rigid tough-guy code that urges men to stay silent and handle everything alone. When students find a relaxed, judgement-free room, they can question those rules without fearing their mates will mock or ditch them.

Putting masculinity-sensitive ideas at the centre of campus care is therefore vital if the university wants male students to feel at home in service spaces. It means training counsellors to spot how gender norms shape help-seeking, making plain, no-nonsense pamphlets, and bringing in male role models-whether lecturers, alumni or sports stars-who show that strong minds can also show feelings. By recognising the special pressures men carry, the university lays the ground for an agile support net that nudges students toward help early and lifts overall mental health for everyone.

4.6 Discussion

The results from this study shine a much-needed light on why male students at Bindura University of Science Education often skip professional help when their minds feel heavy. They show that a tangled mix of cultural beliefs, campus practices, and personal attitudes keeps these young men from talking to counsellors or doctors about their mental health.

Themes like stigma, ignorance, rigid ideas of masculinity, and simple difficulties in reaching services match what other studies say about men on university campuses. Together, they point to the need for strategies that push at every level-from extra information and peer support to university policies that make help easier and safer to ask for.

The ripple effect of not seeking care hits grades, friendships, and general happiness, showing how urgent the issue really is. When worries go untreated, the damage spreads beyond the individual, pulling down class performance and the social networks that should lift every student. The blended ideas-well-publicized talks, buddies looking out for buddies, easy-to-reach private services, and a lens that thinks about modern manhood-give the university a practical playbook for getting more male students to ask for help. Backed by what other studies have found, this map shows how the campus can strengthen the support it offers to young men struggling inside and outside the classroom.

What we learned adds fresh evidence to the growing shelf of research on why students, especially men, hold back from seeking mental care in college. Those lessons should guide planners as they craft pointed programs and rules that help male students tackle the special hurdles that keep them from walking through the counsellor's door.

4.7 Chapter Summary

This study has tackled the complicated reasons why male students at Bindura University of Science Education often steer clear of mental health services. Its findings show that any solution must look at the larger picture-societal attitudes, campus culture, and personal beliefs all play a part in this hesitation. If the university adopts the outlined steps, it can build a friendlier and more open setting where these students feel safer talking about their struggles and seeking help. Doing so should boost their grades, social lives, and general health, setting them on a steadier path for both study and future work. What we learned here can also shape student-specific programs and policies, not

just at Bindura, but at other colleges facing the same hurdle. Meeting male students' mental health needs is a vital move toward an academic world that values each person's well-being and success.

CHAPTER 5

SUMMARY OF FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents a comprehensive discussion and analysis of the research findings presented in the preceding chapters. Building on the literature review and methodology outlined earlier, this chapter synthesizes the key results and explores their implications in the context of the research questions and objectives. Through a critical examination of the data, this chapter aims to shed light on the underlying themes, patterns, and relationships that emerged from the study, and to discuss the contributions and limitations of the research. This introduction sets the stage for a detailed analysis and interpretation of the research findings, and provides a clear direction for the remainder of the chapter. The chapter will likely include sections on the key findings, implications for theory and practice, limitations of the study, and suggestions for future research.

5.2 Summary of key findings

The findings of this research study have led to several key conclusions regarding the determinants of poor mental health-seeking behaviour among male students at the Bindura University of Science Education.

5.2.1 Factors contributing to poor mental health seeking behaviour in male students.

First, the research shows that sociocultural pressure-especially the stigma and shame linked to mental health-keeps many male students from seeking professional help. For a lot of guys, the belief that asking for support proves weakness stems from old ideas about masculinity and builds a solid wall of silence. This result lines up with earlier studies that tie mental-health stigma to help-seeking among men (Clement et al., 2015; Sagar-Ouriaghli et al., 2019). The choice to stay quiet then leads to worse overall health for these students, with anxiety and depression left untreated and growing heavier each day.

The study also highlights how basic mental-health knowledge and simple awareness matter a great deal. When students cannot tell what normal feelings look like or where campus services are, they freeze instead of reaching out. This confusion mirrors larger work on young adults who struggle to notice and meet their own mental-health needs (Gulliver et al., 2010; Rickwood et al., 2007).

Thirdly, the study shows that outdated ideas about what it means to be a man can stop male students from asking for help. Many believe they ought to be strong, independent, and keep feelings locked away, so reaching out feels like breaking the rule. Such attitudes match wider evidence that these norms push men away from mental-health services (Seidler et al., 2016; Vogel et al., 2011).

The research also flags practical barriers-the hours that counselling offices keep, fees some cannot cover, and worry about who reads their notes-as major reasons men pull back. When these campus hurdles land on top of the cultural pressure already there, the result is a heavy reluctance to book that first appointment (Eisenberg et al., 2007; Wyatt et al., 2017).

A targeted plan to encourage male students at Bindura University to seek mental-health support is therefore vital. The research shows that avoiding care can ripple through a young man's grades, friendships, and daily happiness. Leaving problems untreated hurts nearly every corner of student life, proving we must tackle this issue head-on. This study sheds fresh light on the blend of overlapping reasons that keep male students at Bindura University of Science Education from asking for mental-health help. Findings point to an urgent need for a joined-up, targeted plan that tackles social, institutional and personal roadblocks, so that students feel able to put their minds first and find the support they need.

5.3 Recommendations

In light of these findings, Bindura University of Science Education is urged to adopt the following steps so that male students seek help more readily:

1. Launch Clear, Wide-Reaching Awareness Campaigns:

The university should design plain-language campaigns that lift male student's mental-health knowledge. Activities must normalise talking about feelings, ease the shame tied to using services and detail what help exists and how to reach it. Messages should speak directly to men and blend social media, on-campus events and targeted outreach so no one misses the word.

The university could slip short mental-health talks into every class, so each student-whether they call themselves male, female, or something in between-sees straight away why caring for their mind counts and that asking for help is no secret to keep.

Set Up Peer Support Circles:

The school should push for easy-to-join peer circles where male students swap stories, cheer each other on, and gently nudge one another toward professional help when trouble shows up. This could look like buddy groups or mentor links that let students meet in a relaxed, welcoming space. By letting everyday voices lead the talk, these student-led efforts chip away at shame and loneliness and, in turn, spread a healthier, louder normal around looking after your head.

3. Make Mental Health Help Easier to Reach and Keep Private

The university should move quickly to make campus mental health care simpler to reach, affordable, and truly confidential. That means hiring more counsellors, setting up a triage phone line to flag urgent cases first, and rolling out a sliding-fee scale so every student, no matter how much money they have, can get help. It also means stiffening privacy rules so the personal story of anyone who seeks care stays locked away, easing the fears of rumours, shame, or social blowback-especially for men-whose reluctance often grows from worries about being judged.

4. Shape Services around Men's Own Experiences of Manhood

The university should tailor its programs to the way many men view themselves and the pressures tied to old ideas of manhood. That means seeing how such beliefs can block help-seeking and then framing talks, workshops, and services that speak directly to those roadblocks. Dedicated groups or one-on-one chats for men offer a safe place to question outdated norms without risking weakness or ridicule. Adding male role models who openly prize their own mental health shows, in plain terms that true strength includes asking for support when it is needed.

5. Collaborate with Student Organizations and Campus Leaders:

The university should team up with student groups, club leaders and resident advisors to pass along simple, practical tips about mental health. Researchers say working with trusted peers opens doors faster than flyers or mass emails, especially for male students. Joint campaigns, casual workshops and co-branded social posts let students craft the message, so it feels genuine rather than imposed. When men see friends in charge, there are much more likely to step up and seek the support that keeps them well.

6. Provide Comprehensive Training for Faculty and Staff:

The university should ensure that every faculty and staff member-especially those who see students in person-receives clear, hands-on training on basic mental-health facts, spotting early warning signs, and knowing the right referral steps. When campus workers feel confident with this knowledge, they're far more likely to notice when a male student is struggling and offer help instead of letting him slip through the cracks. In addition, the university should weave quick mental-health check-ins into routine advising and tutoring, so every bit of academic guidance ties study skills to well-being and students feel supported at every turn.

7. Build Routine Check-Ups and Upgrades:

The university also needs a steady check-up plan that looks at its mental health programs long before the yearly report shows up. That means collecting candid thoughts from male students, noting how often they book counselling or turn up for workshops, and watching clear signs-such as grades, friendships, and general mood. Lessons learned then slide back into the program, giving campus leaders room to adjust services, drop what no longer works, and keep in step with shifting needs and stories.

If Bindura University of Science Education puts these ideas to work, it can nudge male students to speak up when their minds feel heavy. A joint look at daily culture, campus rules, and personal habits could then shape a friendlier space where guys feel safe putting mental health first and reaching for the help they deserve.

Future research ought to centre on how betting on sport affects the mental health of male students. Bindura boasts two shops, Moors World of Sports and BezBets, where crowds of young men assemble to watch games. Hours spent in that buzzing scene gradually leads many to place their first bet. Scholars should also find out what coping tricks these gamblers lean on after a loss leaves them down. Mapping the journey from thrill to let-down may show safer off-ramps for students trapped in the loop.

5.4 What the research means for social work

The study shows why many male students shy away from asking for help with their mental health, and those reasons give social workers useful clues for everyday practice. When staff take time to learn about the special pressures, silent strain, and informal supports these young men carry, their replies feel real and informed instead of routine. The profession can then design better outreach,

hand over practical resources, and offer counselling or advocacy that talks directly to each student's situation. The findings also urge fresh peer groups and workshops that guide male students through coursework while keeping their minds calm. Through familiar tools-casework, group sessions, or campus classes-social workers can build resilience and lift the overall well-being of those fighting anxiety or low mood. Ultimately, progress hinges on strong links among schools, health clinics, community groups, and social services so a joined-up safety net reaches every part of a student's life.

5.5 Chapter summary

The study looked at why male students at Bindura University keep delaying mental-health support. Findings show that social pressure, fear of being judged, and basic confusion about where to go for help top the list. Researchers also noted how heavy cultural ideas about masculinity shape these young men's minds, as many come to see seeking care as unmanly. In other words, the issue is tangled and springs from several overlapping roots, not just one single cause. Lessons about how boys should behave, hammered home from early childhood, strongly affect how these students handle their own feelings. Traditions that prize toughness, silence, and self-reliance make it hard for young men to admit hurt or reach out. Add the broad stigma attached to mental illness, and the fear of being labelled weak grows even larger. When men believe they must stand alone and fix every problem, asking for help starts to feel like quitting, like failing to cope with life on their own.

Only a small number of male students at Bindura University of Science Education reach out when their mental health slips, and that shy behaviour sits inside a tangled mix of social pressure, cultural notions of strength, fear of being judged and even poor campus services. Fixing the issue therefore needs a wide, stepped strategy that talks about attitudes, offers clear information, eases stigma and makes counselling as handy as the nearest Wi-Fi spot. If we do all that, more young men will feel safe to speak up and grab the help they genuinely deserve.

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APPENDICE 1

FACULTY OF SOCIAL SCIENCES AND HUMAHITIES
DEPARTMENT OF SOCIAL WORK

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7511 6, 7621 4

Fax: 263 - 71 - 7204

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: Ti _____

TO WHOM IT MAY CONCERN

RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, _____ Gumi Kephas _____, Student Registration Number _____ B'LIG1094 P _____, who is a BSc Social Work student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

BINDURA UNIVERSITY OF SCIENCE EDUCATION
DEPARTMENT OF SOCIAL WORK
CHAIRPERSON

1 1 APR 2025

FACULTY OF SOCIAL SCIENCE & HUMANITIES
PRIVATE BAG 1020, BINDURA, ZIMBABWE

E.E. CHIGONDO
CHAIRPERSON

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APPENDICE 2

BINDURA UNIVERSITY OF SCIENCE EDUCATION

P. Bag 1020
Bindura, Zimbabwe

Tel: (066) 210 66210 - 7615
7531/2/6, 7622/4
Cell: +263 772 154 882/7
E-mail: registrar@buse.ac.zw

REGISTRY DEPARTMENT

12 June 2025

Mr. Kephas Gumi
421049 Street
Warren Park D
HARARE

Dear Mr. Gumi

RE: APPLICATION FOR PERMISSION TO CARRY OUT RESEARCH AT BINDURA UNIVERSITY OF SCIENCE EDUCATION: MR.KEPHAS GUMI
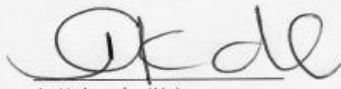
This above subject refers.

Bindura University of Science Education has granted you the permission to undertake research on the topic **''Determinants of male student`s poor health seeking behaviour for mental health issues in Zimbabwean Universities. A case of Bindura University of Science Education''** under the following conditions: -

a) That you should treat all information strictly with utmost confidentiality and purely for Academic purposes only.
b) That in carrying out this research you shall not disturb the business of the University.
c) That the permission can be withdrawn at any time by the Registrar or by any higher officer.
d) That you should avail to the Bindura University of Science Education a copy of your research findings.

I wish you success in your research work and in your studies. If you have any concerns or require additional information, please feel free to contact the Registrar.

Yours Faithfully

J. Makunde (Mr)
REGISTRAR

BINDURA UNIVERSITY OF SCIENCE EDUCATION
REGISTRAR'S OFFICE

1 2 JUN 2025

P. BAG 1020 BINDURA

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APPENDICE 3

CONSENT FORM

My name is Kephas Gumi, I am a social work student at Bindura University of Science Education. I am conducting a study on, investigating male students' poor mental health seeking behavior in Zimbabwean University, a case study of Bindura University of Science Education. Therefore, I am kindly requesting you to participate in this study. Your participation will be voluntary and unpaid and you are allowed to withdraw at any time. Information obtained from the study will be treated privately and confidentially as this research is purely academic. No personal details will be captured and information. The interview will last approximately 10 minutes. It is hoped that the results of this study will help policy makers to formulate policies that are effective in addressing the experiences of woman with disabilities in accessing SRH services. Additionally, there are no risks or harms associated with this study.

Please tick where applicable

i. Will you participate in the study?   *YES*   *NO*

ii. Would you allow me to record your voice through the audio recorder? (*This is strictly confidential and anonymity is guaranteed).*   *YES*   *NO*

iii. If yes please then sign the consent form below.

iv. Is there anything you want to know before we start? *YES*   *NO*

v. If Yes, what is it that you want to know?

I have read the above and I understand the nature of the study. I am willing to participate and give my consent.

Participant's

Signature………………………………………………………………………………….

Researcher's

Signature………………………………………………………………………………….

APPENDICE 4

In-depth interview guide for primary participants

DATA COLLECTION TOOLS

Objective 1

To identify factors contributing to poor mental health seeking behaviour in male students.

1. What are the causes of male students' mental health issues?
2. What are the causes of male students' poor mental health seeking behaviour?
3. How do male students copy with mental health issues?

Objective 2

To understand the impact of poor mental health seeking behaviour on male students health outcomes.

1. What are the effects of mental health issues in male students?
2. Who is affected by poor mental health seeking behaviour in male students?
3. How do mental health issues influence academic performance?
4. To what extent has the university provided resources for male students suffering with mental health issues?

Objective 3

To come up with strategy for promoting mental health seeking behaviour for male students at Bindura University.

1. How can the university effectively educate male students about resources available to them?

2. What role does the university play to create an environment that promotes students to seek help?

3. What message would you give a male student struggling with mental health issues?

APPENDICE 6

<u>**Focus Group Discussion Guide**</u>

Objective 1

To identify factors contributing to poor mental health seeking behaviour in male students.

1. What are the causes of male students' mental health issues?
2. What are the causes of male students' poor mental health seeking behaviour?
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3. What message would you give a male student struggling with mental health issues?