ORIGINAL ARTICLE

Masculine Discrepancy Stress, Factors That Inhibit the Process Of Help-Seeking And Psychiatric Distress Among Youths In Kuala Selangor

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ABSTRACT

Introduction: This study investigates the complex links between masculine discrepancy stress, factors that inhibit the help-seeking process, and psychiatric distress among youths in Kuala Selangor. Masculine discrepancy stress, defined as stress caused by nonconformity to traditional masculine norms, has been associated with poor mental health outcomes and an unwillingness to seek help. **Materials and Methods:** This descriptive cross-sectional study was carried out among youth in Selangor. A total of 176 male students aged 18 to 30 took part. Structured questionnaires were used to collect data, including the Masculine Discrepancy Stress Scale (MDSS), the Barriers to Help Seeking Scale (BHSS), and the Brief Symptom Inventory. **Results:** Participants reported a moderate level of masculinity discrepancy stress (mean: 4.27, SD: 1.70). The most significant barriers to help seeking were identified as emotional control and privacy concerns, with mean scores of 4.56 (SD: 1.46) and 4.55 (SD: 1.40), respectively. The overall level of psychological distress was low, with a mean GSI score of 1.43 (SD: 0.98). A Pearson correlation analysis found no significant link between male discrepancy stress and barriers to help-seeking ($r = 0.114$, $p = 0.134$), nor between masculine discrepancy stress and psychological distress ($r = -0.142$, $p = 0.061$). **Conclusion:** The lack of a significant link shows that other factors may have a greater impact on help-seeking behavior and mental health outcomes among Kuala Selangor youths. The findings emphasize the need to address emotional and privacy issues during mental health interventions.
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INTRODUCTION

Boys and men are governed by socially imposed norms of behaviors, characteristics, and attitudes in many countries. Men are often expected to attain social dominance, project physical and emotional aggression, and refrain from stereotypically feminine actions. These ideas about what men supposed to be like can have a big impact on how they act and help them express or define their male identity (1).

Significant emotional suffering and psychiatric effects can arise from gender role stress, which includes the worry of not living up to traditional male norms (2). In instance, masculine discrepancy stress makes males less likely to engage in actions like asking for assistance. Even when they acknowledge that they need help, many men mention attitude barriers, like wanting to manage things on their own as their primary barrier to getting help (3). Stronger adherence to masculine standards has been repeatedly linked in research to negative attitudes regarding asking for help, which can result in the emergence or exacerbation of mental suffering (4).

Article (5) defined adherence to masculine standards as "meeting societal expectations of what constitutes masculinity in one's public or private life," drawing on the psychology of social norms as a foundation. Many outcomes relating to mental health have been connected to this adherence to traditional masculine norms (6). According to article (7), there is a complex relationship between masculine ideology and mental health that changes based on the demographic investigated, the norms evaluated, and the outcomes measured. Determining how traditional masculine norms are adhered to affect mental health outcomes is essential to creating men's support networks and interventions that work.

As a result, removing the barriers posed by these standards can lessen the psychological suffering that is linked to them and encourage more positive help-seeking actions.

According to article (8), men are more likely to express attitudinal barriers to getting therapy, which in turn results in higher levels of psychiatric distress. They also experience higher rates of externalizing mental disorders and suicide deaths. According to article (9), men's behaviour can be greatly influenced by their views about how they should feel, act, and behave. These beliefs serve as a platform for expressing or establishing their masculine self-image. Significant emotional suffering and psychiatric implications are caused by masculine discrepancy stress, which includes fears of not living up to traditional masculine norms (10). Stress drives males to refrain from actions like asking for assistance, which creates psychological barriers and makes them reluctant to seek treatment (10). Stronger adherence to masculine standards is consistently linked to fewer positive attitudes toward seeking help, which might result in the emergence or worsening of psychiatric discomfort (11).

Understanding how traditional masculine standards influence mental health is critical for developing successful men's support networks and interventions. Limited local research has identified masculine discrepancy stress, factors that inhibit the help-seeking process, and psychiatric distress in youth. The purpose of this study is to analyse these determinants among Kuala Selangor youths, highlighting critical priorities that will guide national evidence-based mental health policies and budget allocation.

MATERIAL AND METHODS

Study design and setting

The study employed a descriptive cross-sectional design, capturing a snapshot of variables at a specific time. This method was useful for examining relationships among masculine discrepancy stress, factors that inhibit the process of help-seeking, and psychiatric distress among male youth in Kuala Selangor.

Sampling, recruitment, and data collection

The study focused on male aged 18 to 30 from Kuala Selangor. A convenience sample strategy was used, with participants chosen based on their ease of access and availability rather than random selection, which is a frequent approach when time, funding, or access to the full population are limited. Data was collected from January to June 2024.

Ethical consideration

Ethical considerations were crucial, with approvals obtained from the Faculty Ethics Review Committee, UiTM Puncak Alam (FERC/FSK/MR/2023/00373). Participants' anonymity and confidentiality were maintained by omitting names from questionnaires and separating consent forms. Data privacy was ensured, and identities were not disclosed. Participants were fully informed and voluntarily decided on participation, with the researcher addressing any questions or concerns.

Variables and Instruments

The researcher used a structured questionnaire from a previous study with the author's permission. The questions were closed-ended, constructed with Likert scales and multiple-choice responses. Participants rated their agreement with the statements in the instrument.

The questionnaire consists of four sections:

Section 1: Sociodemographic; questions regarding the participant's sociodemographic characteristics such as age, race, educational level, type of residence, religious customs, traditional customs, experience of bullying, experience of sexual harassment, parents' educational level, monthly household income, parents' marital status, type of family, number of siblings, position in the siblings, number of male siblings, family members with mental illness, supportive family, type of school, boarding school, knowledge of where to seek mental health help, previous help-seeking for mental health, sources of help, and satisfaction with help.

Section 2: Masculine Discrepancy Stress Scale, adapted from previous study (9). This section measured the extent of distress related to gender role discrepancy. It included 5 items rated on a 7-point Likert scale from 1 (Strongly disagree) to 7 (Strongly agree). Higher scores indicated greater levels of masculine discrepancy stress. The Discrepancy Stress subscale showed good internal consistency with a Cronbach's alpha of 0.89.

Section 3: Barriers to Help Seeking Scale (BHSS), adapted from from previous study (12). This section assessed perceived barriers to seeking professional help for mental health concerns. It included 31 items rated on a 7-point Likert scale from 1 (Not at all important) to 7 (Extremely important). The BHSS had five subscales which was need for control and self-reliance, minimizing problems and resignation, concrete barriers and distrust of caregivers, privacy, and emotional control. A total score was computed by summing all items, with higher scores indicating greater perceived barriers. The BHSS showed good internal consistency in the current sample ($\alpha = 0.97$).

Section 4: Brief Symptom Inventory (BSI), adapted from previous study (13). This section was a self-report psychological assessment with 53 symptom items across 9 dimensions which was somatization, obsessive-compulsive, interpersonal, sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Participants rated the relevance of each symptom over the past week on a 5-point scale from 0 (Not at all) to 4 (Extremely). The Global Severity Index

(GSI) was calculated by averaging all item responses, with higher scores reflecting greater psychiatric distress. The BSI demonstrated excellent internal reliability (α = 0.98).

Data analysis

The data were analyzed using Excel to organize participants' responses, followed by coding and evaluation with SPSS Version 28.0. Descriptive and inferential statistics were applied; means and standard deviations were calculated for continuous variables, while quantities and percentages summarized dichotomous or nominal data. Inferential statistics were presented with p-values and 95% confidence intervals (95% CI), considering a p-value of less than 0.05 statistically significant. Pearson Correlation was used to determine relationships between variables.

RESULT

Characteristics of the respondent

Table I portrays the characteristics of the respondents who participated in this study. There were one hundred seventy-six youths in Kuala Selangor who took part in this study. The mean age of the respondents was 22.32 years old; the minimal age was 20 years old, and the maximum age was 28 years old. Most of the respondents were Malay (n: 160; 90.9%), while only 9.1% (n: 16) were among the others. Most of the respondents had a bachelor's degree as their educational level (n: 156; 88.6%), and 1.7% had a master's degree as their level of education (n: 3). Almost half of the respondents stayed in urban area (n: 87; 49.4%), while 20.5% was from rural area (n: 36).

Table I: Characteristics of the Respondents (n: 176)

Variables	Frequency (n)	Percentage (%)
PART 1.1: SOCIO-DEMOGRAPHIC		
Age (years old)		
Mean: 22.32; SD: 1.37		
Min: 20		
Max: 28		
Less than 22 years old	40	22.7
22-24 years old	125	71
More than 24 years old	11	6.3
Race		
Malay	160	90.9
Bumiputra	16	9.1
Educational level		
Foundation / Matriculation / A-Level	7	4.0
Diploma	10	5.7
Bachelor's Degree	156	88.6
Master's Degree	3	1.7
Type of Resident		
Urban	87	49.4
Suburban	53	30.1
Rural	36	20.5
Do you follow religious customs?		
Always	90	51.1
Often	67	38.1
Sometimes	17	9.7
Rarely	1	0.6
Never	1	0.6
Do you follow traditions customs?		
Always	84	47.7
Often	67	38.1
Sometimes	23	13.1
Rarely	1	0.6
Never	1	0.6
Have you had any experience of bullying?		
Yes	94	53.4
No	14	8.0
Unsure	68	38.6
Have you had any experience of sexual harassment?		
Yes	55	31.3
No	18	10.2
Unsure	103	58.5
PART 1.2: FAMILY HISTORY		
Parents Educational level		
Primary School	5	2.8
Secondary School	70	39.8
Diploma	27	15.3
Foundation/ Matriculation/ A-Level	3	1.7
Bachelor's Degree	53	30.1
Master's Degree	12	6.8
Doctor of Philosophy (Phd.)	6	3.4
Monthly household income		
B40 (< RM 4,850)	89	50.6
M40 (RM 4,851 – RM 10,970)	63	35.8
T20 (> RM 10,971)	24	13.6
Parents marital status		
Single	18	10.2
Married	154	87.5
Other	4	2.3
Type of family		
Nuclear Family	152	86.4
Single-Parent Family	12	6.8
Extended Family	9	5.1
Blended Family	3	1.7
Number of siblings including you		
1	6	3.4
2	13	7.4
3	43	24.4
4	46	26.1
5	34	19.3
6	18	10.2
7	7	4.0
8	4	2.3
9	2	1.1
10	2	1.1
14	1	0.6
Your position in the siblings		
1st	39	22.2
2nd	41	23.3
3rd	33	18.8
4th	28	15.9
5th	19	10.8
6th	7	4.0
7th	2	1.1
8th	3	1.7
9th	3	1.7
13th	1	0.6
Number of male siblings		
0	4	2.3
1	28	15.9
2	49	27.8
3	52	29.5
4	24	13.6
5	15	8.5
6	2	1.1

Table I: Continue

8	1	0.6
9	1	0.6
Does any of your family member have mental illness?		
Yes	15	8.5
No	22	12.5
Unsure	139	79.0
Do you live in a supportive family?		
Yes	147	83.5
No	17	9.7
Unsure	12	6.8
PART 1.3: SCHOOL		
Type of school that you go		
Single gender school	18	10.2
Mixed gender school	158	89.8
Do you go to a boarding school		
Yes	70	39.8
No	3	1.7
Unsure	103	58.5
PART 1.4: HELP-SEEKING		
Do you know where to seek help for your mental health?		
Yes	110	62.5
No	26	14.8
Unsure	40	22.7
Have you sought help before for your mental health?		
Yes	40	22.7
No	7	4.0
Unsure	129	73.3
Where do you seek help?		
Friends	137	77.8
Counsellor	21	11.9
Therapist	11	6.3
Government Hospital or Clinic	5	2.8
Private Hospital or Clinic	2	1.1
Do you satisfy with the help?		
Yes	112	63.6
No	51	29.0
Unsure	13	7.4

Out of the total of 176 respondents, 90 individuals (51.1%) reported that they always follow religious customs. Notably, adherence was minimal among the remaining respondents, with only 1 person (0.6%) in each category reporting that they rarely or never follow religious customs. Around 84 individuals (47.7%) reported that they always follow traditional customs. Minimal non-adherence was reported, with only 1 respondent (0.6%) in each category noting that they rarely or never follow traditional customs. Half of the respondents had experienced bullying (n: 94; 53.4%), and 14 respondents (8.0%) reported they had not. More than half of the respondents reported they were unsure of having any sexual harassment (n: 103; 58.5%), while 18 respondents responded with no.

Out of 176 respondents, the largest group, 70 individuals (39.8%), indicated that their parents had completed secondary school. Only a minimal number, 5 (2.8%), reported that their parents had education up to primary school.

Most of the respondents came from B40, income less than RM 4,850 (n: 89; 50.6%), and the smaller group of respondents came from a high-income group of T20 (income more than RM 10,971) with 24 respondents (13.6%). For the parents' marital status, most respondents answered that their parents were still married (n: 154; 87.5%), while a small number of respondents reported other (n: 4; 2.3%). Most of the respondent's family type is nuclear family (n: 152; 86.4%), while the other 3 respondents (1.7%) reported that they were in a blended family. The most common family size reported was four siblings, with 46 respondents (26.1%) indicating this number. Conversely, smaller family sizes were less common, with only 6 respondents (3.4%) having one sibling. The largest group was the firstborn, with 39 respondents (22.2%) being the eldest, and only one respondent (0.6%) reporting being the thirteenth sibling. Specifically, 49 respondents (27.8%) reported having two male siblings, while one respondent (0.6%) reported eight and another (0.6%) reported nine male siblings. Most of the respondents reported that they were unsure that they have any family members with mental illness (n: 139; 79.0%), and 15 respondents reported they have family members with mental illness. Most of the respondents reported that they live in a supportive family (n: 147; 83.5%), while 12 respondents (6.8%) were unsure.

More than half of respondents reported that they go to mixed-gender schools (n: 158; 89.8%), while 18 respondents reported that they go to single-gender schools. 103 respondents (58.6%) reported that they were unsure of going to a boarding school, and 3 respondents (1.7%) answered no.

More than half of the respondents knew where to seek help for their mental health (n: 110; 62.5%), and 26 respondents answered no. 129 respondents (73.3%) reported that they were unsure of seeking help for their mental health, while 7 respondents (4.0%) answered no. Specifically, 137 respondents (77.8%) reported that they primarily seek help from friends and 2 respondents (1.1%) from private hospitals or clinics. Most of the respondents reported that they were satisfied with the help (n: 112; 63.6%), while 13 respondents (7.4%) were unsure.

The Prevalence of Masculine Discrepancy Stress among Youth in Kuala Selangor

Table II portrays the prevalence of masculine discrepancy stress among youth in Kuala Selangor, which indicates the extent to which men are distressed by their gender role discrepancy, including the discrepancy stress.

The mean scores and standard deviations provided suggest that respondents scored moderately on masculine discrepancy stress, gender role discrepancy,

and overall discrepancy stress. Masculine discrepancy stress mean score was 4.27, with a standard deviation of 1.70. This indicates that, on average, respondents' scores were slightly above the midpoint (which would be 3.0 on a typical Likert scale), suggesting a moderate level of discrepancy stress related to masculinity. At the same time, the gender role discrepancy mean score was 4.34, with a standard deviation of 1.93. This suggests a slightly higher level of discrepancy stress related to gender roles compared to masculine discrepancy stress alone. Additionally, discrepancy stress mean score was 4.21, with a standard deviation of 2.09. This encompasses both masculine and gender role discrepancies, indicating that respondents experienced moderate levels of stress from the perceived mismatches between their own perceptions and societal expectations related to gender roles.

Table II: The Prevalence of Masculine Discrepancy Stress among Youth in Kuala Selangor (n: 176)

NO	ITEMS	Mean	SD
Gender Role Discrepancy (GRD)			
1.	I am less masculine than the average guy.	4.27	1.92
2.	Compared to my guy friends, I am not very masculine.	4.26	1.94
4.	Most women I know would say that I am not as masculine as my friends.	4.31	1.92
6.	Most women would consider me to be less masculine than the typical guy.	4.44	1.87
8.	Most guys would think I am not very masculine compared to them.	4.42	2.02
	GRD Total	4.34	1.93
Discrepancy Stress (DS)			
3.	I wish I was more “manly”.	3.68	2.06
5.	I wish I was interested in things that other guys find interesting.	4.02	2.09
7.	I worry that people judge me because I am not like the typical man.	4.46	2.12
9.	Sometimes I worry about my masculinity.	4.44	2.13
10.	I worry that women find me less attractive because I’m not as macho as the other guys.	4.43	2.03
	DS Total	4.21	2.09
	Grand Total	4.27	1.70

The Factors that Inhibit the Process of Help-Seeking among Youths in Kuala Selangor

Based on Table III**,** which outlines factors that inhibit the process of help-seeking process among youth in Kuala Selangor, five factors were identified, need for control and self-reliance, minimising problems and resignation, concrete barriers, privacy, and distrust of caregivers, and emotional control.

The overall mean score for the Barriers to Help Seeking Scale was 4.37 (SD: 1.08), indicating a moderate level of perceived barriers among the respondents. Specifically, the mean scores for each factor were as follows: Need for Control and Self-Reliance scored 4.32 (SD: 1.30), Minimizing Problem and Resignation scored 4.51 (SD: 1.32), Concrete Barriers and Distrust of Caregivers scored 4.01 (SD: 1.33), Privacy scored 4.55 (SD: 1.40), and Emotional Control scored 4.56 (SD: 1.46).

The highest mean scores for Barriers to Help-seeking were observed for Emotional Control and Privacy factors, suggesting these were perceived as slightly more significant barriers among the respondents. In contrast, the lowest mean score was for Concrete Barriers and Distrust of Caregivers, indicating that these factors were perceived as less prominent barriers to seeking professional help for mental health concerns among youth in Kuala Selangor.

Table III: The Factors that Inhibit the Process of Help-Seeking among Youths in Kuala Selangor (n: 176)

NO	ITEMS	Mean	SD
Factor 1: Need For Control and Self-Reliance			
1.	I would think less of myself for needing help.	4.06	1.63
2.	I don’t like other people telling me what to do.	4.40	1.70
3.	Nobody knows more about my problems than I do.	4.81	1.85
4.	I’d feel better about myself knowing I didn’t need help from others.	4.61	1.77
5.	I don’t like feeling controlled by other people.	4.71	1.90
6.	It would seem weak to ask for help.	3.89	1.81
7.	I like to make my own decisions and not be too influenced by others.	4.52	1.70
8.	I like to be in charge of everything in my life.	4.43	1.69
9.	Asking for help is like surrendering authority over my life.	3.56	1.85
10.	I do not want to appear weaker than my peers.	4.22	1.89
	Total	**4.32**	**1.30**
Factor 2: Minimizing Problem and Resignation			
11.	The problem wouldn’t seem worth getting help for.	4.20	1.58
12.	The problem wouldn’t be a big deal; it would go away in time.	4.43	1.59
13.	I wouldn’t want to overreact to a problem that wasn’t serious.	4.64	1.59
14.	Problems like this are part of life; they’re just something you have to deal with.	4.80	1.62
15.	I’d prefer just to suck it up rather than dwell on my problems.	4.45	1.60
16.	I would prefer to wait until I’m sure the health problem is a serious one.	4.54	1.80
	Total	**4.51**	**1.32**
Factor 3: Concrete Barriers and Distrust of Caregivers			
17.	People typically expect something in return when they provide help.	4.32	1.75
18.	I would have real difficulty finding transportation to a place where I can get help.	4.01	1.70
19.	I wouldn’t know what sort of help was available.	4.12	1.72
20.	Financial difficulties would be an obstacle to getting help.	4.49	1.81
21.	I don’t trust doctors and other health professionals.	3.39	1.71
22.	A lack of health insurance would prevent me from asking for help.	3.88	1.79
	Total	**4.01**	**1.33**
Factor 4: Privacy			
23.	Privacy is important to me, and I don’t want other people to know about my problems.	4.77	1.79
24.	This problem is embarrassing.	4.11	1.70
25.	I don’t want some stranger touching me in ways I’m not comfortable with.	4.90	1.81
26.	I don’t like taking off my clothes in front of other people.	4.60	1.82
27.	I wouldn’t want someone of the same sex touching my body	4.36	1.83
	Total	**4.55**	**1.40**
Factor 5: Emotional Control			
28.	I don’t like to get emotional about things.	4.60	1.69
29.	I don’t like to talk about feelings.	4.39	1.70
30.	I’d rather not show people what I’m feeling.	4.70	1.66
31.	I wouldn’t want to look stupid for not knowing how to figure this problem out.	4.69	1.79
	Total	**4.56**	**1.46**
	Grand total	**4.37**	**1.08**

The Prevalence of Psychiatric Distress in Youth in Kuala Selangor

Based on Table VI, the study assessed nine dimensions of psychological distress in youth from Kuala Selangor using the Brief Symptom Inventory. The dimensions explored included somatisation, obsession-compulsion, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism.

Table IV: The Prevalence of Psychiatric Distress in Youth in Kuala Selangor (n: 176)

Dimension	ITEMS	Mean	SD
1.	Somatisation	1.19	1.04
2.	Obsession-Compulsion	1.60	1.03
3.	Interpersonal Sensitivity	1.65	1.18
4.	Depression	1.50	1.14
5.	Anxiety	1.35	1.09
6.	Hostility	1.26	1.10
7.	Phobic Anxiety	1.25	1.07
8.	Paranoid Ideation	1.52	1.07
9.	Psychoticism	1.53	1.08
	Total	**1.43**	**0.98**

The overall GSI score of 1.43, with an SD of 0.98, suggests that the youth in Kuala Selangor experience a mild level of psychological distress. A closer look at individual dimensions reveals varying levels of distress. Obsession-compulsion and interpersonal sensitivity reported the highest mean scores at 1.60 (SD = 1.03) and 1.65 (SD = 1.18), respectively. These findings indicate that these dimensions represent areas of relatively greater concern, with youths experiencing more pronounced symptoms in these areas.

Conversely, the lowest mean scores were observed in phobic anxiety and somatisation, at 1.25 (SD = 1.07) and 1.19 (SD = 1.04) respectively. This suggests that symptoms related to these dimensions are less prevalent among the participants.

The detailed scores for other dimensions included depression at 1.50 (SD = 1.14), anxiety at 1.35 (SD = 1.09), hostility at 1.26 (SD = 1.10), paranoid ideation at 1.52 (SD = 1.07), and psychoticism at 1.53 (SD = 1.08). The variability in scores across these dimensions underscores the complex nature of psychiatric distress and the need for tailored interventions targeting specific symptoms.

The Relationship between Masculine Discrepancy Stress, Factors that Inhibit the Process of Help-Seeking and Psychiatric Distress among Youths in Kuala Selangor

The study in Table V explored the relationships between masculine discrepancy stress, factors that inhibit the process of help-seeking, and psychiatric distress among youth in Kuala Selangor. The Pearson correlation analysis revealed a non-significant relationship between masculine discrepancy stress and factors that inhibit the help-seeking process ($r = 0.114$, $p = 0.134$), indicating no statistically significant association between these variables. Similarly, no significant correlation was found between masculine discrepancy stress and psychiatric distress ($r = -0.142$, $p = 0.061$).

These results suggest that masculine discrepancy stress does not appear to be significantly related to factors that inhibit the help-seeking process or psychological symptoms among the youth in the study population.

Table V: The Relationship between Masculine Discrepancy Stress, Factors that Inhibit the Process of Help-Seeking and Psychiatric Distress among Youths in Kuala Selangor (n: 176)

		Barrier of Help-Seeking Scale	Brief Symptom Inventory
Masculine Discrepancy Stress Scale	Pearson Correlation	0.114	-0.142
	Sig. (2-tailed)	0.134	0.061
	N	176	176

DISCUSSION

Characteristics of Respondents

The characteristics of the respondents who participated in this study. There were one hundred seventy-six youths in Kuala Selangor who took part in this study. The mean age of the respondents was 22.32 years old; the minimal age was 20 years old, and the maximum age was 28 years old. Most of the respondents were Malay, and most of them had bachelor's degrees. A substantial proportion of the respondents reside in urban areas (49.4%), indicating a higher representation from urban settings. A majority consistently follow religious customs, highlighting the importance of religion in their daily lives. Adherence to traditional customs is also notable, with the respondents always following these practices, further emphasizing the cultural dimensions of the population. When it comes to experiencing bullying, more than half of the respondents reported having been bullied, which points to a significant issue that may affect their mental health and well-being.

In terms of educational background, the largest group of respondents' parents had completed secondary school, indicating that a significant portion of the population comes from families with moderate educational attainment. Additionally, the income distribution shows that most respondents come from the B40 income group, reflecting the economic challenges faced by many families. Family dynamics also play a crucial role, with most respondents reporting that their parents are married and that they belong to nuclear families. This information is essential for understanding the family support systems available to the youth.

The most common family size reported was four siblings, and the largest groups were the firstborn and second-born siblings, indicating the presence of sizeable family units. Regarding male siblings, families with three male siblings were the most frequently reported.

Mental health awareness and support-seeking behaviour show that most respondents know where to seek help for their mental health issues and primarily seek help from friends, indicating a reliance on peer support.

Satisfaction with received help is relatively high, with 63.6% of respondents expressing satisfaction.

The Prevalence of Masculine Discrepancy Stress among Youth in Kuala Selangor

The masculine discrepancy stress among youth in Kuala Selangor indicated the extent to which men were distressed by their gender role discrepancy, including the discrepancy stress. The findings suggest that respondents scored moderately on masculine discrepancy stress, gender role discrepancy, and overall discrepancy stress. This indicates that respondents scored somewhat over the middle on a Likert scale, indicating a moderate amount of stress caused by perceived mismatches between their own perceptions and society's expectations of gender roles.

Based on the previous study conducted in the United States (8), the result was reported with a mean score of 11.84 (SD = 6.70). These findings align with a study from the United States of America by article (14); the average score among a nationwide probability sample of 2018 community-dwelling men aged 18 and older in the United States was recorded as 2.05. Additionally, in the study by article (15), the result was reported that the mean score for time one to time three was 3.19-3.32 (SD = 0.41-1.48). In conclusion, the researcher believed that the level of masculine discrepancy stress was moderate among youth in Kuala Selangor.

The Factors that Inhibit the Process of Help-Seeking among Youths in Kuala Selangor

The factors identified as inhibiting the help-seeking process among youth in Kuala Selangor offer light on the issues faced by this demographic. Factors such as the need for control and self-reliance, minimising problems and resignation, concrete barriers, privacy, distrust of caregivers, and emotional control provide important insights into the details of youth help-seeking behaviours. The mean scores for each barrier element show various factors that inhibit the process of help-seeking. The highest mean scores for emotional control and privacy indicate that these variables are particularly important barriers to help-seeking among respondents. This emphasises the need to address emotional regulation and privacy issues to encourage teenagers to seek mental health care. In contrast, the lower mean score for concrete barriers and distrust of caregivers suggests that these variables may be viewed as less obstructive in seeking professional aid. Thus, the youth in Kuala Selangor perceive a moderate level of barriers to seeking professional help for mental health concerns.

These findings aligned with the previous study (8), Which revealed a total mean score of 107.16 (SD = 41.27). Furthermore, a study conducted at New Zealand (16), the findings of the study stated that the formal barrier such as stigma (mean = 4.52, SD = 1.48), knowledge (mean = 4.78, SD = 1.21), and privacy (mean = 4.64, SD = 1.10) while the informal barrier such as stigma (mean = 4.11, SD = 1.17), knowledge (mean = 4.24, SD = 1.34), and privacy (mean = 4.71, SD = 1.15). Furthermore, the article (12) that developed the measure in this study, which were the Barriers To Help Seeking Scale, revealed the need for control and self-reliance (mean = 16.50, SD = 7.82), minimising problems and resignation (mean = 17.49, SD = 5.00), concrete barriers and distrust of caregivers (mean = 9.75, SD = 4.23), privacy (mean = 9.15, SD = 4.17), and emotional control (mean = 7.03, SD = 3.74).

Finally, the factors that inhibit the process of help-seeking among youths in Kuala Selangor highlight the diverse character of barriers to professional care for mental health struggles. Understanding and addressing variables such as emotional control, privacy concerns, and attitudinal barriers allows interventions to be customised to effectively support youth in overcoming these barriers and getting the mental health care they require.

The Prevalence of Psychiatric Distress among Youth in Kuala Selangor

The Brief Symptom Inventory was used to assess mental distress among youths in Kuala Selangor, and the overall Global Severity Index (GSI) score was 1.43, indicating a mild level of psychological distress in this population. Specific aspects such as obsession-compulsion and interpersonal sensitivity had the highest mean scores, indicating areas for concern. In contrast, characteristics such as phobic anxiety and somatisation had lower mean scores, indicating that these symptoms were less prevalent among participants.

These findings were aligned with the article (8), the findings of the Global Severity Index (GSI) indicate the averaging of all items responses of BSI was a mean of 0.62 (SD = 0.77). These findings were consistent with a study conducted in China (17); according to the findings of this cross-sectional study, roughly 40.4% of the sampled youth are predisposed to psychological problems, with 14.4% exhibiting indications of post-traumatic stress disorder (PTSD). Additionally, in a study conducted in the Midwest of the United States (18), the sample of emerging adults in college/university settings had a mean of M = 0.84 (SD = 0.69) for the BSI's GSI, which ranged from 0.00 to 3.38 (out of the possible range of 0.00 to 4.00, with higher scores indicating greater distress).

The range in scores across characteristics such as depression, anxiety, hostility, paranoid ideation, and psychoticism demonstrates the complexities of mental illness. Tailored methods are required to address these various symptoms successfully. Recognising the specific areas of concern highlighted in the brief symptom inventory evaluation can aid in the development of mental health assistance programs tailored to the unique

psychological requirements of Kuala Selangor youths.

The Relationship between Masculine Discrepancy Stress, Factors that Inhibit the Process of Help-Seeking and Psychiatric Distress among Youths in Kuala Selangor The relationships between masculine discrepancy stress, factors that inhibit the process of help-seeking, and psychiatric distress among Kuala Selangor youth were not found to be significant. The lack of a significant correlation between masculine discrepancy stress and factors that inhibit the process of help-seeking and between masculine discrepancy stress and psychiatric distress indicates that masculine discrepancy stress is not significantly related to factors that inhibit the process of help-seeking or psychological distress in the studied youth population.

However, the findings do not align with the previous study (8), which found the relationship between masculine discrepancy stress on the Barriers to Help-Seeking Scale (BHSS) to be statistically significant. The analysis revealed a coefficient of 1.430 (SE = 0.265, 95% CI [0.896, 1.946]). At the same time, the direct effect of Masculine Discrepancy Stress on the Global Severity Index (GSI) was found to be statistically significant, with a coefficient of 0.046 (SE = 0.005, 95% CI [0.035, 0.056]).

Article (19) provides insights into men's assistance-seeking behaviour, implying that men's vulnerability can generate possibilities for negotiating with masculine models and shaping facilitators of requesting help. This demonstrates that the association between masculinity discrepancy stress and barriers to getting care is impacted by factors other than stress (19). While gender role differences may not directly lead to unhealthy behaviours, when combined with characteristics such as anger, self-esteem concerns, powerlessness, and difficulty with emotional regulation, they can contribute to behaviours such as violence perpetration (20,21).

Limitation

However, the study has several limitations. Firstly, the respondent rate of the study was 49%, and there is a concern that the findings may not fully represent the entire population of youth in Kuala Selangor. This is due to the lack of focus on men's mental health and its status as a taboo topic in public discourse. Secondly, there are limited references to this study that have been conducted in Malaysia. The study's limitations include its dependence on self-reported data. Respondents may be dishonest or provide answers based on their assumptions about the researcher's expectations. Respondents were encouraged to provide accurate answers as the questionnaire was anonymous and voluntary.

CONCLUSION

In conclusion, this study investigated the complex links between masculine discrepancy stress, factors that inhibit the process of help-seeking, and psychiatric distress among youths in Kuala Selangor. The data show that while youths in Kuala Selangor suffer modest levels of masculine discrepancy stress, this stress is not significantly associated with factors that inhibit the help-seeking process or psychiatric distress. This implies that additional factors could decrease or mitigate the impact of masculine norms on help-seeking behaviours and mental health.

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