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Case Report

Men's Health Seeking Behaviour: Exploring Men's Reluctance to Seek Help. A Case of Industrial Site Community, Victoria Falls

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Abstract: The WHO is so passionate about good health for all meanwhile the emerging counselling discipline is a complimentary arm whose interest is to fully complement those efforts through helping humankind in issues that may be affecting the health and the overall well-being. The researcher has discovered through studies and general knowledge that men tend to delay in seeking health help compared to women. Men appear to be reluctant in seeking professional assistance in problems pertaining to their health, marriages, work place, infertility, sexual dysfunction and other social life ills subsequently leading to depression, suicides, excessive uptake of alcohol, violence, mental psychosis and physical disabilities or premature death. Studies have shown that men are socially constructed to be strong from a tender age and they grow into adulthood believing that they are strong both physical and emotional hence they are supposed to withstand any situation affecting them. Masking and faking have been regarded as sign of being a real man, however these social constructs, perceptions and expectations appear to be the root cause of problems manifesting daily in men's behavior towards seeking health help. This study therefore endeavors to find out more about the factors or determinants influencing men's reluctance to seeking help in areas concerning their health in Industrial site of Victoria Falls. The study serves as additional educational awareness guide for the significant other, while issues unraveled help in gender mainstreaming programs for gender equality when it comes to societal hegemonizing of men's health. Moreover, the exploration of influencing factors or determinants, causes and effects of men's reluctance in seeking health help were scrutinized as well as possible solutions. There has been much realization of more various literature on women's issues than men because women in general have been known to open up and talk through their issues unlike men hence the aim is to focus on men in order to understand the attitude and perceptions underlying the reluctance to seek medical care regularly and promptly. When communities get to understand that men too, feel the pain both emotionally and physically, may be then, men would not fear stigmatization but come out to seek health help promptly and communities would realize that some cultural expectations placed on men result in more harm than good.

Keywords: health; men's health; behavior

1. Background and Its Setting

Men are always reluctant to seek health care or visit health institutions in order to seek medication or for counselling. Health-seeking behavior is a process or action taken by any individual to sustain the state of physical well-being and fitness which allows such individual to manage the social, physical and biological environments to his or her gratification or an act of making decisions from available options with easiness and make certain choices over others (Adaramaja and Ogunnsola, 2014). Brocki (2006) posits that throughout the world, men are known of reluctance to visit health institutions for routine checks or treatment. Braun (2006) in his studies revealed that the principle of health-related issues facing men in the UK is their reluctance to seek early health services. MacDonald (2016) contends that men, particularly young men in United Kingdom, feel that they are invincible and do not seek medical attention until symptoms become almost life threatening. The number one challenge to men's health seeking behavior is this mentally of "I am strong" and men

tend to be overconfident, maybe that is why men die more or earlier than women in USA (Brabers, 2016).

In a survey of young men in Ireland, Lynch, et al. (2013), noted that young men cited acceptance from peers as one of the problems that made them to be reluctant in seeking health help, they feared not being accepted by their peers if they did what others were not doing. In Asian countries, men's health-seeking behavior is greatly influenced by the society and culture surrounding them. Hama (2016) stresses that men adopt a set of masculine health behaviors, such as being stoic, tough, in control, and able to take care of themselves, to fulfil their needs to demonstrate manliness because society expects this of men. Cultural norms according to Ajayi et.al (2019) appear to be the major problems for men as expressed in masculinity and the patriarchal system which appears to be a dominating culture where men are upheld to be a better gender than women hence these cultural norms inculcate attitudes which regard men as non-emotional beings as a result men tend to fear seeking health help because this could lead to being scorned and laughed at by peers (. Mthembu (2015) in his case study discovered that men in South Africa tend to delay seeking help when problems arise compared to women and this phenomenon has been largely attributed to the way how men have been gender socialized and brought up by their care givers from the time immemorial, hence, men will try hard to project a healthy and strong image.

1.1. Statement of the Problem

Most men the world over are not comfortable to visit health institutions for medical care because of the pride and beliefs inculcated into them. Men delay seeking medical care services or end up dying because they want to be seen as a stronger gender. The phenomenon indicates that there are various determinants leading to reluctance attitudes and behaviors in seeking health help, therefore the study intends to explore men's reluctance in seeking health help which is a counselling implication for men in the Industrial Site of Victoria Falls City.

1.2. Purpose of the Study

The study aims to highlight the impact of men's delay in seeking help when they get sick. The major purpose of the study is to explore the reasons why men are reluctant to seek early health as this resultantly creates more sophisticated problems The study is premised on the issues pertaining to men's health seeking behavior which is rather delayed in most cases.

1.3. Objectives of the Study

The study is premised on the following the objectives:

- To investigate why most men in Victoria Falls are reluctant to seek early health help.
- To highlight and explore the effects of failure by men to seek help in matters relating to their health.
- To state and suggest possible solutions which can encourage men to seek health help promptly.

1.4. Significance of the Study

The study's findings will benefit men as they will get to understand that their health is of paramount importance. The understanding of men's health seeking attitudes and behaviors will help communities adopt health practices that support men to seek health help promptly and regularly. The study will also benefit employers as they will design company rules and regulations that will bind their human resources to regularly go for checkups. It is also very important to the Health Department of the city as they will craft policies that will encourage their stakeholders to encourage their male workers to regularly seek health help. The study will support the Ministry of Health to influence policy change in gender issues and societal malpractices that may be found as determinants in influencing men 's reluctance in seeking health help from health care providers.

2. Review of Related Literature

Omari (2011) defined literature review as a collection of scholarly writings on a given research topic. Sources of literature include textbooks, newspapers, journals, research reports and magazines and these are accessible from the internet and libraries (Cresswell, 2014). Literature review, according to Omari (2011) is of paramount importance since it explains how the planned research is related the previous researches. In addition to that, literature review is crucial because it demonstrates that one has read extensively to demonstrate an understanding of extensive range of researches in theory and methodology related to the proposed research topic. Furthermore, literature also provides proof of one's deep appreciation and ability to communicate its relationship to the planned research).

2.1. Theoretical Framework

The Cognitive-Behavioral Theoretical Approach

The Cognitive behavioral theory underpins this study because it assumes that human beings are interactive by nature through different situations in various environments therefore, their behavior is as a result of these interactions (Davison & Neale, 1989). The theory assumes that a personality disorder is developed through maladaptive beliefs, and the role of the counsellor is to change the irrational thinking process, that includes perception, emotions, beliefs and feelings (Davison et al. 1989). There is literature indicating that most men fail to prioritize their health because of the societal beliefs and stereotypes, implying that their self-concept and cognition process requires positive reinforcement (Poter, 2008). According to the cognitive-behavioral theory, people are not driven by internal forces but are influenced by the individual interaction with other forces of the world. The theory has a unique approach to the social portion that recognizes the social origins of human thought and action (Bandura, 1986; Glanz et al., 2008). So, this theory helps to explain the impact of man's perception of his environment and the internalized cultural belief that men are strong and must persevere the hardships thus delaying seeking immediate attention

2.2. Reason Why Men Are Reluctant to Seek Help on Health Issues

Firstly, societal stigmatization affects men's health seeking behavior and this leads them to shame and guilt resultantly becoming less willing to seek for early medical intervention. Gender socialization is yet another reason why men are reluctant to seek early health attention than women. Literature on men's health indicates that "men visit public health care facilities much less frequently than women" (Galdas, 2005). According to Harrison (2004) gender socialization process, which is in itself shaped by the socio-cultural ethos, also tends to impact health-related notions and habits, including decisions regarding when and where to seek medical help by men.

Older people with higher chances of getting diseases may show a higher level of medical care avoidance intention and may believe that getting assistance from the medical care policy system is difficult (Millard, 2002). Banks (2001) contends that middle class men access and responds to health awareness programs better than lower class men and the status level and available resources determine access and opportunity to use health care services in Mexico and the Antarctica. . Almost 88.0% of Whites in Europe and 64.0% of Indians rely on private health institutions (Rains, 2009). Mixed race and black Africans are less likely to report or seek medical assistance compared to Whites in South Africa (Murray, 2003). Cornel (2005) identifies racial group difference as another important factor to look at in terms of health care service use and low income puts black men at a disadvantage in terms of access to services compared to their white male counterparts. Low economic status leads to marginalization of low-income men and this is also supported by Cough (2002) who posits that economic status affects access to health facilities

Corney (1990) argues that it is socially expected that men participate in the work force. Men are expected to work to fulfil the masculine role of being a provider. This is likely to limit men's time for other activities. According to Coles (2020) lack of time due to employment prevents men from using the health services. Meryn (2002) argues that setting time apart or missing work to consult health facilities is a challenge for work. 2001). Men's engagement in employment in pursuit of an income has an impact on their time so that they lack the opportunity to visit and make use of proper health

institutions. This is different concerning women who in spite of being involved in the work force, their use of care services remains high (McDonnel,2013).

Sex is biological and from the moment an infant is born, it is assigned a sex category based on biological characteristics. However, gender is socially constructed according to roles, expectations, inequalities, differences and throughout childhood. The “relational theory of gender and men’s health is the most suitable theoretical framework that put this discourse in proper perspective adding that men’s health seeking behaviors and social constructs are demonstrations of their masculinity identity and dependence on their adherence to contemporary prevailing masculine ideals” (Courtenay, 2000). Seidler, Dawes, Rice, Oliffe and Dhillon (2016) cited in Mthembu (2015) assert that “in masculinity or patriarchal predominately societies, traditional masculinity remains an identity for men, healthcare is strictly considered as a feminine construct where women are usually being defined as weaker vessels that need health services regularly.”.

Barbers, et.al (2016) highlights that some men are more comfortable being attended to by someone of the same gender at the reception desks or consultation rooms hence they shy away and prefer not to seek health assistance. For some male patients, there are often topics that they would rather not disclose to the opposite sex, even if it is on a professional level; men indicate the feelings of weirdness awkwardness (Braun, 2006). According to Braun (2006), some men cannot imagine relating their struggles of erectile dysfunction to a female nurse.

2.3. The Effects of Men’s Reluctance to Seek Help on Health Issues

Lack of preventive care leads to missing early indicators of heart disease, cancer or other serious health problems or death. According to Bourne (2009), American psychologists established that a number of patients have adopted the idea of choosing a doctor with whom they feel comfortable, regardless of gender. Most men in German prefer medical personnel who are males especially when the health issue relates to privacy (Helene, 2004). Malaysian doctors have reported delay in health seeking by men and this resulted in ignoring symptoms and avoiding the doctor only ends up hurting the individual in the long run, and at times resulting in death or permanent disability (Bourne, 2009).

Moumita (2018) contends that men’s reluctant on health-seeking behavior affects everyone, if a man experienced a symptom of STI and delayed seeking care timely or do not seek care despite the available service, consequently, delayed treatment or untreated infection could lead to pelvic inflammatory disease, infertility, cancer, a health problem of and increased risk of HIV infection or transmission to the significant partner.

Thomas (2004) argued that delayed diagnosis in primary care is a common, harmful and costly patient safety incident and its measurement and monitoring are underdeveloped and underutilized. The health challenge has to be detected early so that appropriate interventions should be made otherwise the disease may degenerate into severe consequences. Delayed diagnosis can be largely prevented with interventions requiring relatively minor investment in order to avert death or permanent injuries (Thomas,2004).

World Health Organization (2016), report states that men are more likely to die earlier than women due to uneven access to health services. According to (WHO, 2016) the trend is similar in low and high-income countries as men often seek health care services less than women. The report showed that where men and women faced the same disease, men often sought health care less than women. Cornell (2013) argues that in countries with generalized HIV epidemics for example, men are less likely than women to take an HIV test, less likely to access antiretroviral therapy and more likely to die of AIDS-related illnesses than women.

Studies indicate that HIV and AIDS has a negative impact on the working class, as middle- class young people were being infected and affected leading to less production in the economies (WHO, 2016). Meanwhile, women who were dependent on their husbands for financial support were also affected, children ‘s lives were also disrupted (WHO, 2016). Delay in seeking health help by men could cause more economic imbalance for communities.

2.4. Possible Solutions

Reaching out to talk to a counsellor can be a really positive step to help men's mental health and wellbeing (Backer, 2018). Nyalela (2018) indicated that talking to a counsellor or health officer was different to opening up to friends and family since they would listen to everything without being judgmental. Counselling becomes handy as more men may benefit thereby encouraging them to seek health help as soon as a problem is experienced. Counselling also helps to do away with stereotypical beliefs which regard men as very strong and not requiring any medical assistance urgently.

United Nations (2017) says that important strides to promote gender mainstreaming as a strategic approach for achieving gender equality commitments through toolkits, manuals and training so as to improve health care has been made. Despite these efforts, the envisioned transformative potential of gender mainstreaming has fallen short across the UN and other global institutions. Adequate leadership and coordination for the implementation of gender mainstreaming policies, consistent support from member states, and a shift in focus to transformative ideals may go strides to improve gender mainstreaming efforts (WHO, 2016).

Helene (2004) says that health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health by changing personal lifestyles and living conditions. Thus, health literacy means more than being able to read pamphlets and make appointments. By improving people's access to health information, and their capacity to use it effectively, health literacy is critical to empowerment (Bourne, 2009). Improving health literacy in populations provides the foundation on which citizens, including men are enabled to play an active role in improving their own health, engage successfully in community action for health, and push governments to meet their responsibilities in addressing health and health equity (Boggle, 2013). Meeting the health literacy needs of the most disadvantaged and marginalized societies will particularly accelerate progress in reducing inequities in health and beyond and efforts to raise health literacy will be crucial in whether the social, economic and environmental ambitions of the 2030 Agenda for Sustainable Development are fully realized (UN, 2017).

3.1. Research Approach

According to Luck and Rubin (2015), research design refers to the general research approach or strategy adopted for a particular project. It is how the research is planned, specifically the heart of planning. The researcher used descriptive research design in the study. Research design ensures that research objectives are achieved. This study employed qualitative descriptive research method. The main idea behind using qualitative research is that it is a method of inquiry employed in many different academic disciplines, traditionally in the social sciences, but also in market research and other contexts (Denzin et al., 2015).

3.2. Research Design

The case study design was used in this study as examined the problem in its setting. The exploratory of the concept in the setting was very necessary as it captured the subjects at their work places. This made it easier to gather views about men's reluctance from the men themselves. The descriptive nature of a case study facilitated the exposition of the reasons and effects of men's reluctance to seek health help earlier when they fall sick.

3.3. Population

Population is generally a collection of individuals or objects that is the main focus of scientific research (Hasan, 2016). Also, population is defined by Miller (2018:45) as an entire set of objects or subjects of interest in a survey. The estimated population of Victoria Falls Industrial area where the study was done is about 500 males (Zimbabwe-Stat, 2022).

According to Bhandari (2022) a sample is a specific group that the researcher collects data from and is selected from the targeted group. Cohen and Chehimi (2010) also postulate that a sample is a group of people involved in giving relevant information to a study. Purposive sampling was used in the study to select the sample for the study. According to Mashiri and Mawire (2013) purposive

sampling is the most important kind of non-probability sampling of identifying the participants in any research. With purposive sampling, individuals and sites for study are selected because they can purposefully inform an understanding of the research problem and central phenomenon in the study (Creswell, 2014). The technique was also chosen because the answers to the research questions can be more relevant when the right participant is selected from a predetermined point of view

3.4. Research Instruments

The interview guide was used to conduct interviews with chosen key informants. Key informants gave rise to quality qualitative in-depth knowledge of men's health seeking behavior. Key informant interview guide was used to collect information as these had the first-hand knowledge about the men's health seeking behavior and semi-structured questions ensured valuable data was gathered in a relatively easy and inexpensive way and allowed the interviewer to establish rapport with respondents and clarified questions (Schulze et al., 2013). The method is reliable as it afforded the interviewer an opportunity to get first-hand information. The researcher conducted verbal face to face interviews with informants in the Industrial Site of Victoria Falls.

3.5. Data Collection, Presentation and Discussion

A pilot survey was done to fine tune the data collection tools in order to ensure relevance to the questions that were asked. The snap visit assisted the researcher to familiarize with the place before the day of data collection. An interview guide was administered to the participants and the respondents were given an opportunity to answer the questions using their own local languages. The responses of the participants were noted down. The researcher designed a 5-day data collection itinerary in order to ensure that adequate data was harnessed in the field considering that lunch hour was going to be used for such interviews. Data from key informants was collected using verbal interviews and recorded in the note book. The interviews were guided by designed open ended questions in order to collect as much information as possible. The researcher designed a table of contents with columns so that data would be grouped according to questions and informant 's responses to avoid clustered information.

3.6. Data Analysis Procedure

Prior to analysis, data was cleaned by removing materials which was not relevant to the objectives and research questions before an analysis is to be done. Data was explored for frequency of responses, distribution trends and significant differences of responses among respondents in Industrial site area. Responses from the key informant interviews was used to validate the responses of the households. Data from these interviews was analyzed using the thematic approach whereby key issues from the various responses were grouped together under a common theme and examined. The process of coding is an essential first step in managing the analytical process. During coding, elements of the data that were conceived of as sharing some perceived commonalities were indexed and linked. Codes were used to simplify data to manageable levels, the purpose being to achieve a simple conceptual literature (Polit and Hungler, 2002).

4. Study Findings

4.1. Reason Why Men Are Reluctant to Seek Help on Health Issues

There are a variety of reasons why men are rather reluctant to seek help on matters related to their help. Below is a discussion on these reasons according to other academics.

According to participants, men feel stigmatized when they seek medical attention from medical staff. 75% of the participants highlighted the impact of societal stigmatization as the major reason for not seeking help health early. This is also supported by Seidler et al.1 () as cited by Mthembu (2015) who posits that societies that in predominately traditional masculinity societies health help is strictly considered as a feminine issue. Men feel guilty to go for health help at hospitals as doing so shows

that they are as weak as women. The same sentiments were also echoed by counsellors and health official officials.

All the participants indicated that gender socialization is the cornerstone in the contribution of men being reluctant to seek medical assistances. all the participants concurred that the way they were socialized has a great bearing to the way they respond to ailments. They are influenced by culture to be shy or see themselves as superior hence delay in visiting medical centres for help. The phrase that men are strong and not weak than women make them reluctant to seek for immediate healthy help

The economic level of people affects their health seeking behavior. According to some participants, race and wealth are key determinants in health seeking among a population. Some top-level income people in society usually seek medical help earlier because they use private facilities. This is contrary to those who are in the low-income bracket who fail to seek early health interventions due to financial challenges.

The majority of the man cited lack of time as another reason for their failure to seek for health help early. About 90% of the participants were in unison that they have no time as they maybe busy with work commitments in order to raise money for the family. Most highlighted that a day out to the doctor means no food on the table for the children. The meagre financial resources compel some men to engage in other activities to augment their income so as to adequately support the families. this then translates to lack of time to visit health institutions when they are sick unless they become bedridden.

Societal stereotyping is a major hindrance in seeking early help by most men. The majority of the men pointed out that they have got strength and physique compared to women. Most men posit that they cannot be like women who are usually being defined as weaker vessels who need health services regularly. They that early visits for medical help are for women as men would do so if the conditions are severe. They said that according to their culture it is normal for men not to seek health assistance and this notion has been passed on to them from generation to generation.

Men are more comfortable being attended to by someone of the same gender at the reception desks or consultation rooms hence, they shy away and prefer not to seek health assistance as most of these areas are manned by women. Men feel threatened to disclose their ailment to a female health practitioner thereby feeling discouraged in seeking early health help.

M8 and M2 pointed out that when women are in the consultation room, they feel threatened. They

4.2. The Effects of Men's Reluctance to Seek Help on Health Issues

Failure to seek health by most men leads to ill health and unproductive at the work place. most men become bed ridden and some have died as a result of their failure to have assistance early. Once one becomes seriously ill, a lot of money is now needed for medical bills resulting in financial problems in the family. Besides worsening the health situation. there is a great likelihood of spreading some communicable diseases such as STIs and HIV/Aids to the spouse and other members of the opposite sex. Also delaying immediate medical attention may lead to sterility and death.

Delayed diagnosis in primary care is common, harmful and costly to patient. Men diminish their chances of good health by delaying early diagnosis. Most men delay to get diagnosis which also causes delays in treatment. All participants concurred on the sentiments that a reduction of opportunity for early diagnosis leads to prolonged illnesses and at most, death. Men shorten their lives because of their delays in seeking medical interventions earlier. This view was echoed by M9 who said that men die because of reluctance to seek health assistance on time. Respondent M10 had this to say:

Human capital loss in most work places is as a result of men delaying in seeking help results in human capital loss. Work places will be without manpower hence poor or low industrial production. HIV/AIDS as well as other deadly cancers contribute to loss of human capital at work places

4.3. Possible Solutions

Counselling of men in the industrial area is key to reduce reluctance to health seeking behavior. Men seem to be content with their bad stance of not responding swiftly to health issues thereby compromising their health later in their lives. It is imperative to engage counsellors to help them appreciate the urgency of seeking medical help. Some participants agreed with this notion but highlighted that there is likelihood that only a handful will take action because men have been socialized by their care givers to be tough through all circumstances so changing from that mind-set may take a long time. Men have been badly socialized to believe that they are superior to women so discarding their reluctance to health seeking may be a tall order, maybe engaging the younger generation could make a positive impact as compared to trying to teach the old dog new tricks.

Counselling of men need to be done professionally otherwise the cultural upbringing of men may result in them not complying to change. Counselling may also help to do away with stereotypical beliefs which regard men as very strong and not requiring any urgent medical assistance when they fall sick.

However, counselling on its own may do little to change men's behaviors as they embraced traditional beliefs that men need to be courageous enough instead of showing cowardice in public places. Some massive campaigns through the media have to be done to conscientize men on the need to seek health care and services on time. There is need to improve literacy on health seeking behavior among men in industrial areas. Most men really know the consequences of their failure to seek medical help but they are just glued to their traditional principles of seeing themselves as brave and resilient. A lot of educational campaigns should be done for men so that they get details of what it means to seek health on time. There has to be a balance on the awareness programmes especially in the media as most programs were focusing on women and girls compared to men and boys.

5. Summary of Findings, Conclusion and Recommendations

The study revealed that this habit of men being reluctant to seek health help is leading to lots of challenges which are detrimental to their health. The study revealed that failure by most men to seek for health help results in severe illnesses, late recovery or to loss of life. This sentiment was also echoed by the WHO (2016) which noted that delay in seeking medical attention increased the chances of non-recovery or at times led to death. The study also highlighted that the reluctance to seek early treatment is resulting in the rapid spread of sexual transmitted diseases including HIV and AIDS. Participants observed that in cases such as STIs, men prefer to visit traditional doctors and not seek medical attention in time, therefore contributes to the spread of sexual transmitted diseases to their partners and this affects their families. The reluctance by men to seek early health help is reducing the opportunity for early diagnosis and intervention of diseases. Men are experiencing a Shortened lifespan due to the reluctance behavior of seeking early health help. All the participants were quite aware of the consequences of seeking health help in time and mentioned that the reluctant behavior is leading to a shortened lifespan. Human capital loss is yet another effect of men's reluctance in seeking early help. It felt that it was shameful as a man to seek medical attention, the practice was merely for women and children.

Conclusions

The following are the conclusions drawn from the study. Most men do not seek for health care as what women do and this is contributing to long illnesses and at times death. Men think that they are strong such that they regard it as a weakness to frequent medical centers over minor illnesses. The socialization of men during childhood has made them to believe that they are powerful and cannot be rated as cowards by visiting hospitals more often. Gender equality has to be promoted among men so that they shed off the belief that they are important to women. The objectives on the men's reluctance to seek health were aptly achieved in the research. The research also looked at the effects of men's reluctance in health seeking and it established that the men's reluctance in health seeking leads to long periods of illness in families. It has been revealed also that the behavior shown by men lead to death of men more than women due to diseases which be avoided through early medical intervention. It has been established that men's reluctance to health seeking has led to staff

turnover at work places and starvation in families as the breadwinner would no longer provide for the family due to prolonged ill health. The strategy which was established to alleviate the men's reluctance to health seeking is counselling at the work place.

Recommendation

In light of the findings, the study therefore recommends that:

- ❖ A holistic approach from professional counsellors, family therapists and psychologists must collaborate with other stakeholders including health personnel, local leaders, church leaders, the Government Ministries in interacting with the masses through social media, radio stations, television shows, churches gatherings, road show, beer gardens about the negative effects of gender socialization, stereotyping, traditional beliefs hindering men to seek for health help in time and expecting men to be strong in cases where they need to show signs of being in pain. The major goal is to educate communities about the stigmatization which men go through.
- ❖ Medical facilities must also deploy men on consultation desks to allow men to consult without discomfort.
- ❖ Professional counselling of men is part of the solution in which men can talk about their issues in private and conducive spaces without the fear of being stigmatized by their counter parts or communities.
- ❖ Organizations, government and other relevant authorities need to have an aggressive gender mainstreaming approach so that there is an improvement in gender equality in communities as far as health issues are concerned.
- ❖ On lack of time the study recommends that government should come up with policies that encourage business world or employers to devise ways that encourage men to prioritize their health instead of work, because there is no work after one has fallen ill or has died.
- ❖ There is a need to construct more of men's clinics in which they can be encouraged to go and seek help concerning their issues regularly such as prostate cancer testing and screening.
- ❖ The Ministry of Health and Child-Care has to collaborate with other stakeholders and come up with programs that conscientize and engage the boys while they are still young in valuing and prioritizing their health and teaching them that masculinity should not be a hindering determinant in seeking health help in time because the consequences were not good.

References

1. Adaramaja, S.R., & Ogunnsola, K. A. (2014). Demographic Factors as correlates of health-seeking behavior of the people of Oyo State. Nigeria.
2. Ajayi, L., Olanrewaju, A., and Loromeke, E. (2019). Masculinity and Men's health seeking behaviour in Nigeria academics. Covenant University. Ota Ogun State. Nigeria.
3. Babbie, E., and Moulton. J (2010). The practice of societal research. Cape Town. Oxford. University Press. Cape Town. South Africa.
4. Backer. (2018). The European men's health forum. Men's Health. Health Psychology. United Kingdom.
5. Bandura, A. (1986). Social Foundations of Thoughts and Action: A Social Cognitive Theory. Englewood Cliffs. Prince -Hall. United Kingdom.
6. Bandura, A. (1997). A Self-efficacy: The exercise of control. Freeman and Company. New York, NY. America.
7. Banks, I. (2001). No man's land: Men illness and NHS. America.
8. Brabers, A., Dijk, L., Groenewegen, P., & Jong, J. (2016). Do social norms play a role in explaining involvement in medical decision making? European Journal of Public Health.
9. Braun, V., Clarke, V., (2006). Using Thematic Analysis in Psychology.
10. Brocki, J.M. (2006). A critical evaluation of the use of interpretative phenomenological analysis in health psychology.
11. Coles, R.D. (2020). What men really want: A qualitative investigation of men's health needs from the Halton and St Helens Primary Care Trust men's health promotion project. British Journal of Health Psychology.
12. Courtenay, W. (2015). Constructions of masculinity and their influence on men's well-being. A theory of gender and health.
13. Courtenay, W.H. (2000). Behavioral factors associated with disease, injury and death among men: Evidence and implications for prevention. The journal of Men's studies. Cresswell, J.W. (2014). Qualitative, Quantitative and Mixed Methods Approaches. SAGE. California. America.

14. Davison, N., (2001). Promoting men's health: A guide for practioners. Bailliere Tindall, London. United Kingdom.
15. Denzin, N, K. (2018). The pragmatics of publishing the experimental text, in Leavy Patricia edition, handbook of Arts –Based Research. Guilford Press. New York. America.
16. Galdas, P. M., Cheater, F., and Marshall, P. (2004). Men and health help seeking behavior: literature review. *Journal of Advanced Nursing*, 49(6), 616-623.
17. Glanz, K, (2008). Social and Behavioral Theories. University of Pennsylvania.
18. Hail, R.A. (2021). No assistance: Arab's attitudes towards Health Issues and help.
19. Hardy, M. (1999). Doctor in the house: The Internet as a source of lay health knowledge and the challenge to expertise. *Sociology of Health and Illness*, 21(6), 820-835.
20. Lee, M.R., & Chen, T.T. (2012). Revealing research themes and trends in knowledge management: From 1995 to 2011 Knowledge –Based Systems. Volume 28. Taipei. Taiwan.
21. Leedy, P.D. & Ormrod, J. E. (2012). Practical Research Planning and Design. Global Edition.11th edition. Pearson. England.
22. Lynch, D. & Martin, P. (2013). Research Design and Methodology. Addis Ababa Institute of Technology.
23. MacDonnell, E.J. (2013). "Man points": Masculinities capital and young men's health.
24. McCormick A, Fleming D, Charlton J. (1995). Morbidity Statistics from General Practice. Fourth national study 1991 –1992. OPCS Series MB5 no.3. London: HMSO.
25. McDonnell, E. J. (2013). "Man Points": Masculinities capital and young men's health. *Health Psychology*, 32(1), 5-14.
26. Meryn, S., and Jadad, A. R. (2001). The future of men and their health. Are men in danger of extinction? *British Medical Journal*. 323, 1013-14.
27. Millard, R.W., & Fintak, P. A. (2002). Use of internet by patients with chronic illnesses. *Diseases Management and Health Outcomes*.
28. Mthembu, R (2015). Factors affecting men's health care seeking behavior and use of services: A case of Inandi Township. Durban. South Africa.
29. Murray, E. (2003). The impact of health information on the internet on the physician-patient relationship. *Archives of Internal Medicine*.
30. Nyalela, M., Dlungwane, T., Taylor, M., & Nkwanyana, N. (2018). Health seeking and sexual behavior of men presenting with sexually transmitted infections in two primary care clinics in Durban. South Africa.
31. Omari, (2011). Educational Research concepts. Philosophy and practices. University of Tanzania.
32. Rains, S. A., and Karmikel, C, D. (2009). The health information-seeking and perceptions of website credibility: examining web-use orientation, message characteristics, and structural features of websites. *Computers in Human Behavior*, 25, 544-553.
33. Rains, S.A. (2008). Seeking health information in the information age: The role of internet self-efficacy. *Western Journal of Communication*.
34. Thomas, S. (2004). Men's health and psychosocial issues affecting them. New York. America.
35. United Nations (2017). Ending health-related discrimination and United NATIONS. Switzerland.Www2.ohchri.org. /English/OHC H report 2017. Accessed 24/05/23.
36. Vanclay, F. (2013). Reflections on Social Impact Assessment in the 21st Century. University of Groningen. Netherlands.
37. Wagner, T. H. (2006). Who searches the internet for health information? *Health Services Research*, 41(3 Pt1), 819-836.
38. WHO (2016) Baker, P. (2002). The European men's health forum. *Men's Health Journal*. 1(2), 43.

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