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**Methods** This study sought to explore the views of men on factors contributing to poor health-seeking behavior

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## Background

Men experience poor health outcomes across different health issues including obesity and sexually transmitted infections (STIs). They also experience high rates of mortality and morbidity compared to women [1]. The urgency of responding to health concerns differs between men and women [2]. The study by Dowden et al. (2019) [3] indicates that it is common for men to only seek care during emergencies or in the later stages of preventable illnesses. They avoid going for regular medical check-ups, and preventive care and often disregard symptoms or delay seeking medical attention when sick, in pain, or even when their lives are in danger [4].

In some countries, access to free services remains a significant challenge to receiving quality healthcare in resource-limited settings and is a cause of the underutilization of healthcare by men [5]. However, in South Africa, Primary Health care (PHC) services are provided at no cost at public health facilities, yet men in South Africa continue to utilize underutilized public healthcare services. As a result, men display more chronic health conditions and die more frequently than women from the main causes of death [6]. Moreover, the majority of men remain undiagnosed for HIV and other sexually transmitted diseases (STDs) due to the underutilization of health services [7]. Previous studies show that, although it is difficult for men to seek health care services at a time when it is required, it is a common practice for them to engage in highly risky behaviour which further exposes them to deadly diseases, such as STDs, lung cancer, and mental illness.

If poor health-seeking behaviour persists among the general population, including men, the commitment made towards achieving the Sustainable Development Goal (SDG) 3 of ensuring health for all at all ages, through the promotion of health and provision of quality healthcare services, will be negatively affected [8]. Despite the availability of studies conducted by Mekonnen et al. (2022), Mthembu (2015), and Uwimana et al. (2023) [9–11] on factors contributing to men's poor health-seeking behaviour, there is less evidence on studies conducted within Limpopo province in Mopani, Vhembe, and Capricorn district municipalities.

Due to the growing concern about poor utilization of health care services by men, it is important to gather information to determine factors contributing to poor health-seeking behaviour among men. This study aimed to explore the views of men on factors contributing to their poor health-seeking behaviour in the Limpopo Province, South Africa. We report findings from 21 men

Table A. The interview schedule was developed in English language and translated into Xitsonga, Tshivenda, and Sepedi languages by experts in these languages. The translation was done to allow participants to express views in their languages because the majority speak the above-mentioned languages. Pretesting of the interview schedule was done to determine if the questions were understandable and would enable the participants to provide required responses, and no issues were identified on the data collection tool. Researchers set appointments with men who consented to participate in the study and utilized times that were convenient to the participants. Before interviews, researchers reminded the participants about set appointments and asked if the participants had questions about the study as a way of building relationships with participants to enhance participants' comfortability to open up during interviews. On average the interviews lasted between 25 min and 45 min. Prior appointments were set with participants to allow participants to utilize their convenient times. Interviews were conducted at the homes of participants as they felt comfortable in their respective homes.

#### Data analysis

Collected data were transcribed verbatim by the researchers in Microsoft Word and for Xitsonga, Tshivenda, and Sesotho transcripts were translated to English by language experts in the aforementioned languages. The English transcripts were then read in detail several times, and then codes and themes were manually

developed. An independent coder was also engaged for expert guidance and validation of codes and themes that were generated.

## Results

The results are presented based on the factors viewed as contributing to poor health-seeking behaviour among men and suggested strategies to improve men's health-seeking behaviours. There were a total of two themes that came out of the data gathered from the 21 participants as shown in Table 1. A total of four sub-themes emerged from the two main themes as shown in Table 2.

### Theme 1: factors contributing to poor health-seeking behaviour among men

Sub-theme: behavioural factors

#### Self-medication

The participants reported that they self-medicate when faced with illnesses. They use herbs and over-the-counter medication to cure a disease rather than going to a health facility. The participants further reported that they examine the disease they find themselves with, and the outcome determines whether they visit a health facility or not because they believe that some diseases do not need one to visit a health facility.

Participants said:

*"I run to the pharmacy and buy pills because we are afraid to go to the clinic because of the cost of the medicine."/>*



*diseases we have. In the previous years, I once asked elders when I had a fever, and they suggested certain herbs and I got them and boiled and drank, and I got cured” Participant 18, male 44-year-old.*

#### *The stigma attached to utilizing health services*

The current study revealed that participants avoided going to health facilities because of fear of being judged, laughed at, and seen as weak for consulting at health facilities, as a result, men feel embarrassed to consult. Participants reported that attending health facilities for consultation was seen as women’s behaviour in their communities. To avoid being judged and laughed at, participants verbalized keeping their health issues secret by staying away from health facilities.

Participants said:

*“I can say men are very shy people, men are people who do not want people to know their affairs like their status of health. So, they think that when they go to hospital everybody will see them, and they will be judged for going to the clinic labelled as having certain disease, and they do not want that” Participant 12, male 34-year-old;*

*“What makes us not go to the clinic is an embarrassment, people will say I saw you there, I won’t have peace of mind” Participant 7, male, 32-year-old;*

*“We men are afraid of being laughed at, in most cases, women are in the forefront when there is something or diseases” Participant 3, male, 33-year-old.*

*not feel comfortable” Participant 3, male, 33-year-old.*

#### *Masculinity believes*

In cultures of participants, men are perceived as strong and are expected to be resilient even during tough times. Participants also indicated that they were raised and trained to be strong. They avoided utilizing health care services because they did not want to be seen as weak. To conform to masculinity beliefs and societal expectations, participants became stubborn and sacrificed their health to meet societal expectations of being strong.

Participants said:

*“We as men or any men tell ourselves that we are strong, or our body is strong and is not like the body of women, that is what men tell themselves that coughing does not need one to run to the doctor or clinic, it is something that will pass” Participant 1, male 34-year-old;*

*“Us on our nature or (“ P)16(a)6.9(r)-13.8999v395751 601.78BT -.00*

#### **Sub-theme: cultural factors**

##### *Sticking to cultural values*

The current study findings discovered that participants avoided going to health facilities to consult because as men they felt uncomfortable showing their private parts to female clinicians. Based on the culture of participants, it is taboo for a man to expose his private parts to a female who is not his wife.

Participants said:

*“Men tell themselves that they will not take off their clothes for female nurses, they cannot be treated by female nurses, they have pride that they cannot take off their clothes for female nurses” Participant 8, male, 30-year-old;*

*“The issue here is that as a person when I think that another woman who is not my wife will see my private parts, based on my values, based on my culture it is not good for me to take off my trousers, although they want to help me, according to my culture I do*

*going to hospitals when they have diseases and the same time encourage them not to have pride that they are men, and therefore they will not visit health facilities to receive health services” Participant 11, male, 30-year-old.*

#### *Building more health facilities and introducing male-dedicated sections*

The current study findings revealed that more health facilities should be built especially in communities where there is none to promote easy access to health services and reduce waiting times at facilities that are serving many communities. Participants also suggested that male dedicated sections at health facilities should be introduced to serve men and this section will consist of male clinicians reserved to provide health services to male patients.

Participants said:

*“It is one I will place it on DOH, let them try by all means that in villages and places, there should be enough clinics and hospitals so that patients do not have to spend too much time” Participant 9, male, 38-year-old;*

*“Like at hospital there is a room for children, so if we as men too in every clinic can have a room where we get help so that men can go and get help” Participant 8, Male, 30-year-old.*

#### *Employ more male-motivated clinicians*

The current study findings revealed that there is a need to recruit more males in the nursing profession to accommodate male patients when visiting healthcare facilities. Participants also suggested that employees should be motivated so that they can be able to treat patients well.

Participants said:

*“At hospitals or clinics, they should add male nurses and have a section where men will consult” Participant 13, male, 48-year-old;*

*“I will also say to our nurses, especially public clinics and hospitals, treat patients well, because once you harshly talk with a patient, when the patient is out he will talk about it that a nurse said these words to me, even the others when they get sick they will be afraid to go clinic because they think the nurses will be harsh on them” Participant 9, male, 38-year-old.*

#### *Challenge societal norms and upbringing of men*

The current study findings also suggest that society's view of men as strong beings should be challenged so that

men are also viewed as beings that need help when faced with health conditions and other situations. The way men are raised should also be changed such that men are not groomed and taught to be strong as this affects their health-seeking behaviour when faced with health conditions.

Participant said:

*I think if we can change the way that men are to go 9ET EMoid:*







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