FACTORS AFFECTING MEN'S HEALTH CARE SEEKING BEHAVIOUR AND USE OF SERVICES: A CASE STUDY OF INANDA TOWNSHIP, DURBAN

BY

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2015

DECLARATION

Submitted in partial fulfilment of the requirements for the degree of Masters in Development Studies, University of KwaZulu-Natal, Howard College, Durban.

I hereby declare that this dissertation is my original work. All sources used have been accurately acknowledged in the text. This dissertation has not previously been submitted for any other academic qualification at any other university.

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ABSTRACT

Men play a significant role within households and societies. Studies point out that women seek more health assistance and report more incidents of illness than men. Hence, this is one of the reasons why men's life expectancy is short and women live longer than men. This has implications for human development, affecting life expectancy for present and future generations. The overall objective of this research is to provide insights into men's health care seeking behaviour and factors affecting their utilisation of health care services. The study used a combination of quantitative and qualitative methods to collect data. A survey was used to collect data on the various factors that influence health care seeking behaviour of men. In addition, semi structured, in-depth interviews were used to explore factors influencing men's utilisation of health care facilities. The study recruited men aged 18 years and over residing in Inanda, Durban. Men indicated that they had access to various health care facilities. They pointed to a number of factors facilitating and inhibiting use of available health care services. Men viewed health care facilities as institutions that are important in accessing health care assistance. They indicated that health care facilities are useful for the diagnosis and treatment of certain illnesses. The study found that men preferred the private health care services; however they could not afford to access these services because of high levels of unemployment. Some men prefer to treat themselves through the use of traditional medicine. Men encountered negative attitudes of the health care workers and poor service within the public health care facilities. They pointed out that health care providers are often females, which made it difficult to discuss some of their health conditions. In addition, most men indicated that they did not seek health care assistance immediately they felt ill. The study suggests a need for men-friendly health care services. Further health care interventions are required to improve men's health care seeking behaviour and use of services.

ACKNOWLEDGEMENT

I could not have completed this dissertation without the help and guidance of a number of individuals.

- Most importantly I would like to acknowledge God's guidance throughout this academic journey.

- I owe a very great debt of gratitude to my supervisor, Prof. P. Maharaj and to all within the School of Built Environment and Development studies.

- This dissertation would not have been possible without the assistance and support of my special friends; Sphamandla Shezi, Mondli Mthethwa, Nyamadzawo 'Max' Sibanda and everyone who contributed directly and indirectly throughout the research process.

- I am thankful to the men in Inanda, who spared their time and allowed me an opportunity to respond to my investigation and shared their personal views and experiences.

- And lastly, a humble gratitude to my father N. L. Mthembu, mother G. Msibi and my entire family who guided and encouraged me throughout the stressful days and sleepless nights.

May the Almighty bless you all!!!

TABLE OF CONTENTS

CHAPTER THREE: METHODOLOGY

CHAPTER FOUR: QUANTITATIVE AND QUALITATIVE FINDINGS OF THE STUDY

LIST OF FIGURES AND TABLES

LIST OF ABBREVIATIONS

AIDS- Acquired Immune Deficiency Syndrome

HIV- Human Immunodeficiency Virus

GHS- General Household Survey

Stats SA- Statistics South Africa

CHAPTER ONE

1.1 Introduction: background of the study

Modern societies remain characterised by gender inequality. In most countries around the world men experience a shorter life span than women. It is a well-known phenomenon that men die at an earlier age than women. Meyer (2003) points out that women live longer than men by six years. Various writers argue that, globally, there is a significant difference in health care seeking behaviour and life expectancy of men and women (Bertakis et al., 2000; Courtenay, 2000; Green & Pope, 1999). The 2011 General Household Survey (GHS) indicates that in South Africa men compared to women are less likely to visit health care services when ill (Statistics South Africa, 2013). The life expectancy of men is 57.7 years and 61.4 years for women in South Africa (Statistics South Africa, 2013). This indicates a gap between men and women in health outcomes. According to a report by Statistics South Africa, about 70.4 % of men in South Africa do not utilise health care services when they experience sickness. There are various perspectives concerning the issue, such as the link between socio-economic factors and individuals' behaviour and attitudes towards health care services. The socio-economic factors and demographic background have an impact on individuals' welfare.

Access to health care is regarded as a human right in South Africa. The South African constitution advocates that everyone is entitled to access to health care facilities (Statistics South Africa, 2013). Both the public and private health sectors ensure availability of health care services; they promote access to health care resources. The democratic government in South Africa ensures equal access to primary health care towards an improved welfare in societies (Statistics South Africa, 2013).

According to Statistics South Africa (2013) health care seeking behaviour involves a specific action taken by an individual who feels unwell and feels the need to seek appropriate care. Social, economic and cultural factors influence individuals' utilisation and accessibility of the health care facilities. Health care seeking behaviour differs with regards to age, gender, population group and social background, including family, friends and community (Statistics South Africa, 2013).

Gender variation is one of the significant social factors that affect health care seeking behaviour. Macionis & Plummer (2008) regard gender as a socially constructed notion. It serves as a fundamental instrument in terms of how individuals in societies perceive themselves, relate to others and it also influences behaviour. Mooney et al. (2011) argue that there is a correlation between health issues, life expectancy and individuals' behaviour. The latter concept also involves gender roles; expected behaviour and responsibilities of men and women.

Courtenay (2000) points out that various socio-cultural events are linked with and have an impact on health seeking behaviour. Women seek and practice more health-promoting measures than men. Men are more likely to engage in risky behaviours such as substance abuse, smoking, drinking, poor diet, fights, injuries and reckless driving (Courtenay, 2000). These behaviours have an impact on men's health. This indicates that men do not often consider the importance of health matters. As a result men have a shorter life span than women.

Health care seeking influences positive wellbeing. Individuals who seek health care assistance are more likely to receive prompt diagnosis and treatment. The majority of men do not consult health care facilities. Women and children are more likely to visit health care services in South Africa (Statistics South Africa, 2013). This indicates a gap in health care seeking behaviour; females are more likely to seek and obtain required diagnoses and treatment than males. Hence, this is one of the reasons women, on average, live longer than men in the country. This has implications for human development, affecting life expectancy for present and future generations.

Masculinity is one of the major factors that influences men's health care seeking behaviour and use of health care services. Notions of masculinity that facilitate or limit behaviour of men originate from social inequalities concerning gender (Cornell, 2013). Bravery and the perception of invulnerability by men are significant factors of hegemonic masculinity (Williams, 2006). This suggests the significance of control; power of men. Hegemonic masculinity limits men from accessing health care assistance (Williams, 2006).

However, Cornell (2013) argues that although men occupy a powerful status in society, they are subject to some discriminatory circumstances. Men experience unfair treatment in some health care institutions, which limits their use of health facilities (Cornell, 2013). Men's needs and rights are sometimes ignored. Much focus and interventions are placed on women

because they were marginalized in the past. Men are subject to gender inequality with regard to access to health care services (Cornell, 2013). More funding and interventions are directed towards developing women's health. Access to health facilities and programmes is unlimited for women compared to men. Issues of women are prioritized; for example in South Africa, women, children and individuals with disabilities have an organisation and various programmes (Cornell, 2013). These programmes ensure that women's and children's wellbeing is improved. The third Millennium Development Goal emphasises the promotion of gender equality and the empowerment of women (Cornell, 2013). In this sense men's health issues are not prioritized.

Williams (2006) argues that health care assistance and attention is often focused on women. Men seldom obtain the health care attention they require; assistance is targeted on women and children's needs. Men are alienated from some health care services such as information and treatment; the environment of health care facilities is more conducive to women and children (Williams, 2006). Most health interventions focus on women and children as a vulnerable group; men are somehow excluded. For example, when one walks into a health care facility most information on charts and notice boards on the wall are about women and children's wellbeing (Williams, 2006).

The limited access to health care services has implications for men's life expectancy. Choi & Jackson (2011) argue that men play a critically significant role in households and societies. Often men are considered as supporters and providers within families. The presence of men as fathers influences a stable family structure and prosperous society. Fathers' involvement has a positive impact in family affairs as well as the upbringing of children. Choi & Jackson (2011) argue that the absence of fathers in their children's lives has an impact on their children's development. Furthermore, men are more likely than women to be involved in economic activities outside the household.

Studies argue that there is a gender difference in health care utilisation (Bertakis et al., 2000; Courtenay, 2000; Green & Pope, 1999). Various socio-economic factors have an influence on health care seeking behaviour. Cornell (2013) and Williams (2006) reveal that to some extent men have limited access to health care. Therefore, the limited access as well as other factors may negatively affect the behaviour of men. This study looks at various factors influencing men's health care seeking behaviour and use of services.

1.2 Motivation of the study

There is a limited focus on men's health. It has been almost three decades since scholars released initial literature concerning men's health (Courtenay, 2000). Men are rarely studied as individuals who require health care assistance. Nothing much has come out of the men's health movement for nearly thirty years (Courtenay, 2000). Men's health movement has indicated slow development compared to women's health movement at that time. The women's health movement remains progressive because it is associated with social movements that oppose experiences of inequality and marginalization of women. Women communicate and organize associations at grassroots level to address various women's health issues. On the other hand, men have been working in isolation. This explains the significant attention to women's health issues and experiences.

In brief, various studies suggest that there is a gender difference in the utilisation of health care services (Bertakis et al., 2000; Courtenay, 2000; Green & Pope, 1999). Studies point out that women seek more health care assistance and report more incidents of illness than men (Green & Pope, 1999). Hence, this is one of the reasons why men's life expectancy is cut short; women live longer than men. There is little said about men's health care seeking behaviour and factors affecting their utilisation of services. This study aims to fill a gap in the literature by exploring men's health care seeking behaviour and use of services in Inanda Township, Durban.

1.3 Aims and objectives

The overall objective is to provide insights into men's health care seeking behaviour and factors affecting their utilisation of health services.

The specific objectives are to:

- Examine men's health care seeking behaviour
- Explore various factors facilitating and inhibiting use of health care services
- Seek possible opportunities for changing the health care seeking behaviour of men.

Some of the key questions to be asked are:

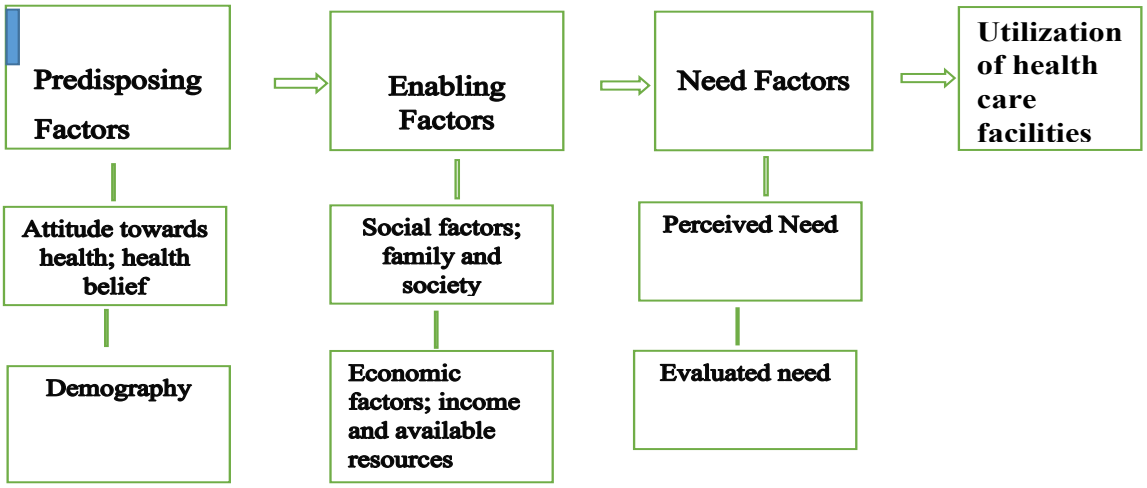
- What makes men utilise or not utilise health care services?
- What are the different factors enabling the use of health care services?
- What are the constraints on the use of health care services?
- What actions can be taken to improve or encourage men's health care seeking behaviour?

This research uses a mixed method. The research uses both qualitative and quantitative methods. Data collection techniques for this research consist of a survey and in-depth interviews. For the survey, 200 questionnaires consisting of both closed and open ended questions are used to collect quantitative data. In addition, 10 semi-structured interviews were conducted for the qualitative component of the study. The researcher used the semi structured interviews in attempt to explore various opinions and experiences regarding health care seeking behavior of men in the area.

1.4 Conceptual framework

The health care utilisation model

Figure 1.1: The model of health care utilisation



Source: Andersen (1995)

This study draws on the behavioural model of health care utilisation. The health care utilisation model emphasizes that there are three factors that enable or constrain health care seeking behaviour. This model assumes that individuals' utilisation of health care is determined by their predisposition to utilise services, factors which facilitate or inhibit use and the need for health care assistance (Andersen, 1995).The model suggests that health conditions are affected or determined by external factors. Predispositions consist of demographic factors such as age, gender and the possibility that individuals will seek health care. Social structure involves individuals' position or status within society (Andersen, 1995). The model provides the researcher with an understanding of various factors affecting individuals' health care seeking behaviour. The model suggests that health care seeking behaviour is influenced by different kinds of life events or surroundings and resources enabling and disabling utilisation of the health care services that the researcher aims to explore.

The health care utilisation model explains factors linked to individuals' use of health care services such as pharmaceutical, community and preventative services etc. The model is also known as Andersen's behavioural model. It progressed in the 1960s to provide insights concerning families' use of health care services, to explain and measure access to health care and to contribute towards developing policies to promote equal access (Andersen & Newman, 2005). The model suggests that health care use is determined by predisposing, enabling ordisabling and need factors. Health care seeking behaviour is influenced by health beliefs held by an individual; health beliefs determine health care behaviour and use of services.

Andersen (1995: 2) explains that "health beliefs are attitudes, values and knowledge that individuals have about health and health services that might influence their subsequent perception of need and use of health care services". Health beliefs explain how social structure may affect facilitating factors, perceived need and succeeding utilisation (Andersen, 1995).

Health care utilisation refers to an individual's admission to a health facility for treatment (Andersen, 1995). It also involves finance; how the individual pays for treatment, for example insurance, and the duration of treatment (Andersen, 1995).

Predisposing factors are defined on the basis of the likelihood that health care facilities would be utilised (Andersen, 1995). This includes characteristics such as age, gender, education, attitudes to health care service utilisation, race, employment and living standards (Andersen, 1995).

Enabling factors describe resources or means that an individual has in order to access health care services (Andersen, 1995). Socio-economic status influences individuals' utilisation of health care. The model describes the ability to utilise health care; income may be the determining factor in health care. Economic status includes income that determines the type of insurance and accessibility or affordability. Social status; family, relatives, friends and availability of health resources are also enabling factors to health care (Andersen, 1995).

Need factors are defined as the health condition of the person seeking medical care. This includes symptoms, diagnosis and perceived and evaluated health condition (Andersen, 1995). There are aspects or various health conditions that require medical attention and utilisation of health services. An illness serves as a condition that needs medical care for improvement, therefore it is a need factor (Andersen, 1995).

The health care utilisation model establishes possibilities of service utilisation through three significant factors, namely predisposing characteristics, enabling resources and perceived and evaluated need (Goodwin & Andersen, 2002). Predisposing factors involve demographic features such as age, gender, race, marital status and education. Enabling factors such as income, social support and availability of service are social factors that determine accessibility to health care services. Perceived need involves how individuals perceive the seriousness of their health condition and their attitude towards illness. Evaluated need refers to perception of medical health personnel (Goodwin & Andersen, 2002). The model argues that health care seeking behaviour is determined by demographic and social factors. Health care seeking behaviour is determined by an individual's predisposing characteristics, enabling factors and decision to take action regarding treatment or prevention.

The present research applies the behavioural model of health service utilisation. The literature focuses more on the gender difference in health care seeking behaviour. There is less mention of factors influencing men's health care seeking behaviour and their use of services; the differences in behaviour. Health care seeking behaviour of men is influenced by various factors within the social environment. "Little is known about why men engage in less healthy lifestyles and adopt fewer health beliefs and behaviours" (Courtenay, 2000: 1387). There

seems to be a gap in existing research studies. This research aims to fill this gap and contribute to literature.

1.5 Organisation of the dissertation

The first chapter provides an introduction to the dissertation. The section outlines the motivation for the study, aims and objectives, as well as a conceptual framework guiding the study. This chapter provides the broader picture of the research. The second chapter looks at the relevant literature, various perspectives on factors affecting use of health care services. The third chapter discusses research design, data collection techniques, data analysis techniques, ethical considerations and limitations of the study. Chapter four presents the quantitative and qualitative results of the study. The chapter reports the research findings collected through the use of questionnaires. The study was conducted with men; hence the section provides a descriptive picture of men's attitudes, preferences and behaviour. The final chapter provides a discussion of the main findings of the research. It also provides recommendations and possible steps to address the issue.

CHAPTER TWO

Literature Review

2.1 Introduction

Men in the modern world have a shorter life expectancy than women who are assumed to suffer from poor health. It has become a well-known fact that men die at an earlier age than women (Macintyre et al., 1996). Health facilities are available to provide required assistance in order to promote a sustainable lifestyle for both men and women (Albizu-Garcia et al., 2001). This chapter explores literature from various empirical studies on factors affecting men's health care seeking behaviour and utilisation of services.

2.2 Utilisation of health services

Households in South Africa have access to various health care facilities (Statistics South Africa, 2013). Health care institutions consist of public, private health care services and other forms of facilities such as pharmacies, spiritual healers and traditional healers (Statistics South Africa, 2013).

Statistics South Africa (2013) indicates that most households in South Africa use health facilities that are close to their residences. As local public clinics and hospitals are the closest health care facilities to most households (Statistics South Africa, 2013), it is convenient for them to access these. Among the various reasons limiting individuals from seeking and accessing health care services the most important involves poor quality of these services (Statistics South Africa, 2013).

The long wait at public health care services is identified as a challenge towards individuals' use. Leichliter et al. (2011) found that men avoid utilising the public sexual health care facilities because they regard them as time consuming. They found that the waiting times are more than four hours. Men find this tedious and inappropriate and as a result they do not consult the care facilities (Leichliter et al., 2011). Some men also stress that the opening and closing times of public facilities are inconvenient (Statistics South Africa, 2013).

Some men also choose not to consult the public health clinics because they feel unwelcome. Leichliter et al. (2011) point out that the environment of some public health care services is

not men friendly. The health care providers are often female nurses and men find it difficult to communicate with female health care providers. Men also indicate that some female health care workers are hostile towards them. Hence, they do not like the health care workers' attitude. In addition, there are often women in the waiting areas; hence men feel that they do not belong (Leichliter et al., 2011).

2.3 Gender

Courtenay (2000) argues that there are a number of factors that have an impact on health. Ethnicity, economic status, gender and access to health care are some of these factors. Gender emerges as the most influential factor of health and longevity (Courtenay, 2000). Gender differences in relation to health issues indicate disparity in men and women's life expectancy. According to Courtenay (2000) men's life expectancy is six years shorter than that of women.

Men are often recognised as individuals who lack interest in seeking health assistance when they are sick. Men are usually reluctant to request health assistance from health care professionals and institutions (O'Brien et al., 2005). It is often women who consult health personnel and use health care services. Women are assumed to be more disposed to visit health care facilities than men. Men's lack of utilisation of health care services has been identified as a social issue. Men are perceived as ignorant and lacking sufficient ambition when it comes to health factors and do not have adequate information and interest concerning health care assistance (O'Brien et al., 2005). Courtenay (2000) contends that behaviour needs to change to improve men's health as their health care seeking and use of facilities are assumed to be problematic.

Macintyre et al. (1996) contend that men are infrequent users of health services, while women often seek formal health care assistance. Women consider regular check-ups and treatment are important. Men are less likely to visit health facilities and regular check-ups are rare (Macintyre et al., 1996). Men are less likely to utilise health care services; use is by chance. According to Macintyre et al. (1996) women seek health care regularly; they tend to be alert or more observant of sickness and use health care facilities more often at all ages in their lives. This suggests that women use health care service habitually. Women consistently report conditions of ill health as a result of assumed biological factors (Macintyre et al., 1996).

The popular explanation of women's active health care seeking behaviour is that they are more sensitive to physical discomfort than men. This reinforces the masculine ideologies that men are strong and can withstand pain or any health condition (Macintyre et al., 1996). Albizu-Garcia et al. (2001) argue that women are assumed to respond negatively to conditions especially mental health and tend to seek care for issues concerning social relations which often affects their daily lives. On the other hand, men are vulnerable to financial and work-related circumstances. Therefore, men and women react differently to various circumstances.

Green & Pope (1999) argue that women report symptoms as they occur, they are sensitive and do not hesitate to seek treatment and assistance, while men on the other hand often delay health assistance (Green & Pope, 1999). Green & Pope (1999) explain that women's frequent utilisation of health care services is associated with their role as nurturer. Women indicate more willingness to use preventive and treatment services as well as adoption of healthy behaviour (Green & Pope, 1999) as it is in the female nature. This has more to do with socialisation and the manner in which girls are raised. Green & Pope (1999) argue that women's socialisation and the caregiving roles ascribed to women reinforce their attention to illness, which promotes extended reporting and knowledge of the required response to illness. Therefore, regular check-up is associated with women's role as caregivers that correlate with health care seeking behaviours.

2.4 Self-rating

Self-rating has a major influence on perception of health status. Self- rating refers to individual's own determination concerning a specific health condition. It affects how one sees the need or importance to seek health care attention. According to Parslow et al. (2004) women score high in rating their health status as poor and, therefore, frequently seek and receive health care assistance. Parslow et al. (2004) argue that women are alert when it comes to any discomfort or condition in their physical beings. Women are more likely to discuss health conditions and seek help as well as advice from health care facilities. However, men lack willingness to discuss their health issues; hence they do not resort to seeking health care (Parslow et al., 2004). Self-assessment plays a big role in health care seeking behaviour and decision making regarding health conditions.

Macintyre et al. (1996: 621) argue that self-rating of health is important in health care seeking behaviour. Women in various countries suffer from chronic illnesses such as anxiety, heart diseases and functional disabilities. Women frequently utilise health care services to receive medication and advice. Female individuals are perceived as vulnerable to ill health because they make up the majority of ill health reports (Macintyre et al., 1996). It is suggested that the lower utilisation of services by men is due to their perceived strength and courage. Women are more vulnerable compared to men hence there is a difference in use of health care services. The way health status is perceived determines likelihood of health care seeking behaviour.

2.5 Demographic factors

2.5.1 Age

Macintyre et al. (1996) argue that gender differences in health care seeking behaviour are related to physical or biological conditions and age. Women experience ill conditions at almost all ages because they are assumed to be affected by emotional and reproductive conditions. Hence, women seek help at most stages in their lives.

Parslow et al. (2004) identify age as a predisposing factor that influences use of health services. Parslow et al. (2004) found that both males and females in Australia at ages 60 to 64 years were more likely to consult health care facilities than those in the middle age and younger groups. Age serves an important predictor for health care seeking behaviour. Evidence indicates regular health care seeking at an older stage of life for both males and females.

According to Macintyre et al. (1996) men report illness during the early ages. They note that as soon as men reach the age of approximately sixteen the rate of regular health care service use drops. The possible explanation for this behaviour is that individuals in their childhood are dependent on their care givers. The caregiver is usually a mother or female individual who often values utilisation of health care assistance and treatment. When individuals reach, or have some sense of, independence, they disregard the importance of health care assistance (Macintyre et al., 1996).

Statistics South Africa (2013) reports that utilisation of health services is more likely to occur at early and older ages in South Africa. The difference occurs in childhood or developmental

stage, i.e. under the age of 15, and individuals aged 55 years and above. Individuals between ages 15 to 24 are less likely to use health facilities (Statistics South Africa, 2013).

2.5.2 Race and economic status

Access and use of health care services differ in terms of socio-economic status. Banks (2001) contends that middle class men access and respond to health awareness programmes better than lower class men. The status level and available resources determine access and opportunity to use health care services.

There is difference in health care use in terms of age, gender, race and location. Use of health care services varies by race. Almost 81.0% of black Africans and 63.0% of Coloureds rely on public health services while 88.0% of Whites and 64.0% of Indians rely on private health institutions. Coloureds and black Africans are less likely to report or seek medical assistance compared to Whites in South Africa (Statistics South Africa, 2013).

Young et al. (2008) identify racial group difference as another important factor to look at in terms of health care service use. They point to the link between economic status and race. Low economic class is associated with "people of colour" (Young et al., 2008: 185). Low income puts black men at a disadvantage in terms of access to services compared to their white male counterparts. Socio-economic status determines accessibility and affordability of health care services.

The life expectancy of African American men in the United States is seven years less than white men. African American men are more likely to die of serious long term diseases than white men. About 40.0% of African American men die of heart diseases. Only 21.0% of white men die of heart diseases; the African American rate is twice that of white men (Meyer, 2003).

Low economic status leads to marginalization of low income men. The situation limits access and use of the health care facilities (Meyer, 2003). According to Meyer (2003) men of colour are often exposed to vulnerable conditions. Low class men often work under dangerous environments (Williams, 2006). Hence they experience work and home related stress that influences their risk behaviour, such as substance abuse. Work conditions influence risk behaviour which sooner or later affects health. Working class is associated with low economic status; this constrains individuals' access to certain health care services. Meyer

(2003) argues that low income men are often not covered under any health insurance. They are more likely to depend on government health insurance programmes. Low economic status has an impact on access and use of health care services of low income men.

Moller-Leimkuhler (2002) also observes that economic status affects access to health facilities. The study found that health care seeking behaviour of men is influenced by lifestyle relative to economic status. Individuals in a low economic group often identify symptoms of sickness at a later stage (Moller-Leimkuhler, 2002). The low economic identity limits access and use of health facilities.

According to Young et al. (2008) there is a relationship between level of income and health status. The lack of income indicates limited resources such as income that prohibits access and ability to sustain livelihoods. Income serves as a predisposing factor; it enables access to various services. Young et al. (2008) argue that the association between income and welfare is often seen in less developed countries and those that are developing. Poor men die at an early age relative to non-poor. Therefore, poor circumstances expose individuals to different illnesses and restrict access to services.

Alcohol related issues are likely to cause the death of poor men (Young et al., 2008). This is due to lack of employment where individuals are likely to be under a lot of pressure and stress. Poor living conditions promote alcohol consumption, smoking and other substance abuse that results in poor health and mortality of men (Young et al., 2008). Unemployment leads to poor health behaviour such as alcohol abuse; the lack of income places men at a disadvantage. Income affects the use of health care services; help seeking is limited when resources are unavailable.

Poor living conditions limit individuals' access to health care. Poverty serves as one of the barriers to health care utilisation of men (Young et al., 2008). It puts men's wellbeing at risk through limited resources to access help. The situation exposes poor men to various ill conditions hence high morbidity and death occur (Young et al., 2008). Lack of access to services influences negative outcomes in men's health.

2.6 Factors enabling the utilisation of health care services

2.6.1 The desire to get better

Some men access specific health care facilities to improve their health condition. Witty et al. (2011) argue that men are most likely to consult mental health institutions. They point out

that there are health facilities that men utilise more than women. They argue that there is insufficient evidence indicating that women actually use the mental health facilities. They also argue that little is known about men's infrequent use of health services. Witty et al. (2011) found that some men value general practice as the first service they consult whenever they feel unwell. Men also consult physiotherapists when they experience a muscle pain or back pain. Some men seek help from pharmacies. Fewer men consult health facilities such as social workers and occupational services. This basically highlights that men only visit certain health care facilities to improve their health condition.

2.6.2 Social support

Witty et al. (2011) observe that social and family support influence use of health care facilities by men. Family support encourages health care seeking behaviour. Men visit health care facilities when advised by family, associates or society members (Witty et al., 2011). Witty et al. (2011) point out that men sometimes seek help and advice from friends and family. Some men turn to close associates for help when they experience sickness. Witty et al. (2011) found that men understand their health status better when they discuss their condition with friends and family. Family and friends enhance possible health care seeking behaviour of men. Close associates encourage, give advice on the condition and suggest possible health care. The social relations of men basically enhance their knowledge and importance of health care utilisation.

Social relations such as family, friends, society and other affiliations play a significant role in creating health awareness. Social capital, relationship status such as marital status has an influence on men's health care seeking behaviour. O'Brien et al. (2005) point out that wives or female partners encourage immediate response to ill conditions of men. Women as partners encourage seeking help when their partners are unwell. Parslow et al. (2004) found that married men are more likely to seek medical treatment than men who are widowed or separated from their partners and those who have never married or have no partners at all. The significant difference in health care seeking behaviour between men with partners and those without partners suggests that social and family support is important in men's health. Having a partner or individuals who care has a positive impact on men. Women are assumed to play a positive role in men's lives. Partners and family provide required assistance and

promote positive attitudes towards use of health care. Social relations also play a significant role in shaping men's behaviour, use of health care services and treatment.

O'Brien et al. (2005) point out that men are assumed to be implicitly dependent on close partners especially women with regard to health issues as it is often women who suggest and encourage the importance of health care seeking. Social relations have an effect on men's lives. It is often the female who raises health awareness in men; women encourage men to seek health care. Support plays a significant role in encouraging men to determine the symptoms of illness and the value of seeking treatment. Some men do not seek health care assistance unless advised by female individuals (O'Brien et al., 2005). Therefore, women play a significant role and a progressive influence on men's health care seeking behaviour (O'Brien et al., 2005).

2.6.3 Mass media

Mass media are various media technologies that are used by individuals within societies to access information. The information is accessed through broadcast media i.e. radio, television and print media such as pamphlet and newspaper etc. Griffiths et al. (1960) argue that the mass media serve as an effective primary tool of public health education. The mass media serve as a means to communicate or transfer sustainable health awareness that influences attitudes and values that tend to promote change in health practices of the citizens (Griffiths et al., 1960). The media have an effect on society with regards to public health interventions. Media messages are often used as tools to transmit updated information concerning public health. The use of newspaper articles, pamphlets, booklets, television advertisements and radio programmes enhances health awareness. Citizens access recent updates on certain health matters; the media promotes learning, the development of healthy attitudes, beliefs and behaviour (Griffiths et al., 1960).

Mass media encourages positive health awareness in men. Witty et al. (2011) found that men find health information on the internet helpful. Some men use online search engines to explore symptoms and to find detailed knowledge about specific diseases. They also utilise internet service to access information concerning general health issues. Useful information involves effective life style skills, for example the importance of a healthy diet. It promotes health development. Therefore, the internet serves as a resource that enhances awareness of symptoms, illness and appropriate care (Witty et al., 2011).

However, according to Banks (2001) men's awareness of health issues is often inadequate. Men lack sufficient knowledge with regards to health matters. Banks (2001) argues that inadequate health knowledge affects early diagnosis; it contributes to late identification and treatment of an illness. Heart disease is one of the major illnesses that cause premature mortality of men. The disease could be monitored if diagnosed at an early state. Risk factors and behaviour related to causes of heart disease such as obesity and substance abuse could be eliminated through adequate health awareness. Adequate health awareness influences prevention, diagnosis as well as possible measures or actions to follow in relation to a condition. The poor health awareness of men limits opportunity for sustainable health (Banks, 2001).

Compared to men, women often seek health information from various social networks such as peers, media and academic journals. Women access and use various sources of health information more than men. Men are claimed to often rely on their peers' experiences whose knowledge is limited (Banks, 2001). They share health knowledge and experiences among themselves. This indicates limited information, which may lead to poor treatment.

Banks (2001) argues that men's access and use of health care is affected from an early age. Boys at an early age tend to be accompanied by a close female member when they need health assistance. Their source of information and use of health care services is more likely to depend on a caregiver. On the other hand girls are exposed to various sources of health information. According to Banks (2001) girls are exposed to health matters from an early age and they are taught how to deal with certain conditions such as emotional matters as well as where to seek assistance. Less attention is paid to boys until they become men and have access to men's health magazines and certain other sources of information. Men seem to receive limited guidance or foundation concerning health matters from the early stages of their lives. Boys often deal with certain conditions on their own, "young men when asked where they would go for help responded that the safe place to get help is in the head" (Banks, 2001:1059).

2.7 Factors constraining the use of health care services

2.7.1 Culture and the role of masculinity

Culture plays a significant role in shaping individuals' thoughts, beliefs and behaviour with regard to masculinity and femininity. Men make sense of what it means to be a man through

culture and social norms (Courtney, 2000). Self-reliance is considered plausible in men's lives. Galdas et al. (2010) found that admitting illness to a health care worker is a sign of not being a real man.

Societies construct meanings to make sense of their surroundings and shape individuals' behaviour. This has an important effect on daily life and in making sense of the social world. O'Brien et al. (2005:505) state that "manhood is neither static nor timeless, it is historical". Social events, meanings and behaviour have a historical context and they involve notions and experiences of the past; how the previous generations survived is anticipated by the present. Therefore, social norms are passed on from generation to generation. Men and women are each ascribed specific practices that were carried out in the past. This concept provides an explanation and origin of gender differences. Notions of masculinity and femininity have a powerful influence on behaviour and specifically health seeking (O'Brien et al., 2005).

Smith et al. (2006) observe that cultural norms encourage men to act bravely and independently when it comes to health care and service utilisation. These societal stereotypes limit health care knowledge and health assistance of men. Cultural notions and practices play a major role in shaping men's perceptions in sub-Saharan Africa (Skovdal et al., 2011). Cultural notions perpetuate ideas and stereotypes of men as strong, tough and aggressive. The dominant perception of men in sub-Saharan Africa is that "real men do not get sick and health institutions are for women" (Skovdal et al., 2011: 5). Being a real man also means that it is acceptable to have many female partners, as well as being independent, resilient and a breadwinner. Seeking health care demonstrates deviation from the social norms. Fear of being labelled as less of a man serves as a barrier towards health care seeking by men.

Notions of masculinity affect health care seeking behaviour of men. Brown et al. (2005) define masculinity as the specific and expected behaviour ascribed to men. The concept in most cultures involves conformity and endorsement of strength, assertiveness and sexuality (Brown et al., 2005). Notions of masculinity differ with regard to culture; cultural groups construct their own concepts of masculinity (Brown et al., 2005).

Witty et al. (2011) point out that the infrequent use of health care facilities by male individuals is embedded in conceptualization of masculinity and gender roles in households and societies. Ideas of masculinity encourage men to ignore health care services, postpone help seeking and allow conditions to get worse before considering or consulting a health care facility (Witty et al., 2011).

Smith et al. (2006) share a similar view with other scholars in that masculinity has a major impact on health care seeking and service utilisation by men. The authors state that traditional notions associated with masculinity influence dangerous behaviour of men. The cultural stereotypes force men to avoid health care services; hence targeted treatment is delayed or ignored (Smith et al., 2006). Poor help seeking behaviour restrains men from obtaining knowledge of health care institutions, treatment and chances of sustainable wellbeing; the behaviour limits them from primary health care and appropriate intervention.

Williams (2006) acknowledges the notion of masculinity that regards health issues and frequent use of facilities as feminine. Dominant masculinity is characterized by denial of vulnerability by men. It influences men to be less open about health issues, which limits treatment. Men are less likely to discuss their health issues. Mahalik et al. (2007) argue that social norms endorse men's unsafe actions. Many studies indicate that dominant social norms affect health care seeking by men (Mahalik et al., 2007). Ideas of masculinity put pressure on men. According to Creighton et al. (2013) grief is perceived as feminine behaviour. Being a man means controlling emotions and maintaining a strong image (Creighton et al., 2013).

O'Brien et al. (2005: 505) identifies the correlation between "denial of weakness and rejecting help as a key practice of masculinity and help seeking behaviour". Men regard themselves as powerful and in control hence they do not seek health care. Being strong is endorsed as a key part of the manhood status.

Witty et al. (2011) argue that men have self-confidence in maintaining their health. Some men believe that they have the skill to help themselves. Witty et al. (2011) contend that men assume that they are aware of their physical and emotional being and have the ability to manage their own health. The notions of masculinity perpetuate self-control and independence of men.

Specific notions of gender affect men's sexual experiences. Often men are too proud or ashamed to discuss with health care providers matters concerning health issues related to sexual orientation (Section 27 of Catalysts for Social Justice, 2010). Some gendered stereotypes perpetuate perceptions and poor decision making regarding men's use of health care facilities.

Masculinity imposes a great influence on men's decision making concerning seeking health care assistance in South Africa (Section 27 of Catalysts for Social Justice, 2010). Ideas of masculinity encourage men to disregard health care facilities. Using health care institutions is

a sign of weakness and indicates that one is not man enough (Section 27 of Catalysts for Social Justice, 2010). This idea limits use of health care services. Consulting a health worker indicates non-conformity with masculine social norms. Men often feel embarrassed to discuss health issues such as sexual problems or any matter that they consider as private with outsiders and acknowledging illness as a sign of vulnerability (Section 27 of Catalysts for Social Justice, 2010). The concept of masculinity is associated with risk behaviour of men among most societies in South Africa (Section 27 of Catalysts for Social Justice, 2010).

The public expectations and attitudes towards illness affect men's opportunity for seeking help (Moller-Leimkuhler, 2002). According to Moller-Leimkuhler (2002) men ignore ill conditions that they consider less severe. Men delay seeking help to honour their manhood. "Men believe that the ability to endure pain or illness is the key practice of masculinity" (O'Brien et al., 2005:508).

Men make distinctions between levels of pain and have the ability to identify levels of pain; there are conditions which they consider as minor or severe. The minor conditions require tolerance. The severe conditions are identified in terms of visible seriousness; the level when an illness prevents certain activities. For example an illness is considered serious when it prevents a man from sexual performance or he can no longer walk (Moller-Leimkuhler, 2002). Tolerating an illness is an indication of strength and independence.

O'Brien et al. (2005) observe that young men find it difficult to seek help when they consider the illness as minor. Young men judge a sickness as severe if the symptoms appear to everyone. A certain condition requires visible signs such as serious injury or a swollen physical part of the body for young men to seek help (O'Brien et al., 2005). Men indicate that it is awkward to describe invisible symptoms. O'Brien et al. (2005) argue that men endure pain and delay seeking help because they do not want to be seen as complainers or weak individuals. The writers also found that men fear that seeking help for minor conditions might be wasting the care providers' time.

O'Brien et al. (2005) also observe that men stress that they do not want to make a big issue out of a minor condition. Seeking assistance sooner is regarded as a weakness and waste of the individual's and medical provider's time (O'Brien et al., 2005). This implies that consulting a health care facility indicates vulnerability. The ability to withstand pain shows their manhood (O'Brien et al., 2005). The notion of masculinity encourages endurance of pain. The perception is based on how much pain a man can bear before he decides to

complain or seek assistance. Often young men delay medical help as well as treatment until their health condition is considered serious, when the condition causes immobility or affects their capability of carrying out certain activities (O'Brien et al., 2005). Men share ideas that they should remain strong for a longer duration.

Witty et al. (2011) point out that some men claim that they can take care of their ill conditions. Some men prefer to examine and treat themselves because they assume that they can manage without assistance. Some men decide to deal with whatever illness they have concerning their body because they doubt that an outsider can tell or do something better to improve their health (Witty et al., 2011).

Galdas et al. (2010) also found that men prefer treating themselves and to wait until the illness either goes away or becomes severe. They argue that men delay the use of health facilities and seek help only when they can no longer handle the condition on their own. To determine that a condition is serious, several self-treating attempts would have had to have been made. Self-treatment or delay of service use by men limits regular and proper utilisation of health care.

Smith et al. (2006) discovered that men hold specific notions regarding self-control and independence. Some men do not believe that seeking help is necessary at most times. Men believe that they need to be strong at all times. Smith et al. (2006) also found that some men delay seeking medical assistance because they prefer to find out about the illness on their own. Independence is regarded as a common strength among men. Men assume that complaining about sickness and seeking help is similar to being a liability to other individuals such as family members and care givers (Smith et al., 2006). Some men refuse request for health assistance until they are bedridden. Men hold views that help seeking demonstrates vulnerability; therefore, maintaining independence is crucial for men. Men basically prefer to keep their health issues private in order to preserve their manhood (Smith et al., 2006).

Albizu-Garcia et al. (2001) argue that men pursue health assistance when symptoms or illness is considered to be life threatening. Macintyre et al. (1996) also argue that men report to a health facility only when affected by serious illnesses and conditions that put their life at high risk. This indicates that the way men judge or self-rate illness determines their help seeking behaviour. Skovdal et al. (2011) also found that the most common reason for men in Zimbabwe to consult health care facilities is when they are helpless and they can no longer walk on their own.

Masculinity in the South African context concerns pride, independence, involvement in economic activities and provider of the household and being *isoka*- having more than one woman partner (Lynch et al., 2010:16). Masculinity endorses being *isoka*; the behaviour is assumed as evidence of manhood. Sexual relations with multiple partners increase the chances of HIV infection. Brown et al. (2005) argue that the tendency of men to have multiple sexual partners is described as manhood status in some South African societies.

Lynch et al. (2010) argue that masculinity perpetuates HIV/AIDS in South Africa. HIV/AIDS is one of the leading causes of death in South Africa. The spread of the disease is often through deviant sexual behaviour. The ideas of masculinity promote male promiscuity, independence and invulnerability (Lynch et al., 2010). Multiple partners increase the likelihood of infection and expansion of disease to various individuals. Pride and an invulnerable attitude towards illness and social events influence help seeking and support. The perception of invulnerability also encourages men to neglect methods of prevention such as use of protection. Condom utilisation is seen as unmanly and as an indication of weakness (Lynch et al., 2010). Health care seeking and support is limited. Lynch et al. (2010) argue that this leads to maladaptive coping techniques.

Men are less likely to test for diseases such as HIV and are less likely to access proper diagnosis and treatment (Skovdal et al., 2011). Skovdal et al. (2011) found that men in Zimbabwe are less likely to utilise services of health care as a result of masculine ideologies. Taking health instructions from nurses, attending clinics regularly and taking medication provide the perception that they are not complete men (Skovdal et al., 2011). Men who get tested are those who are seriously sick. Men react reluctantly to services advocating testing and treatment; hence men have a higher death rate than women (Skovdal et al., 2011). It is only a minority of men who access and receive proper treatment for health conditions.

Men in Zimbabwe were found to be shy or embarrassed to admit to illness (Skovdal et al., 2011). They prefer not to disclose their health status and opt not to consult health facilities. Expectations concerning masculinity, manhood and attitudes of health care workers limit men from accessing proper medical attention and treatment (Skovdal et al., 2011).

In relation to sexual and health practices, men are expected to present a strong state of being. Men are anticipated to be in control psychologically and physically (Brown et al., 2005). This puts pressure on men as they are expected to maintain a strong identity. The failure to conform to the notions of masculinity results in despair and loss of manhood status (Brown et

al., 2005). The concept of invulnerability increases possibility of the infrequent use of precautions and promotes irresponsible and risky behaviour; for example enhancing the likelihood of contracting sexual diseases (Lynch et al., 2010). Hence it perpetuates unsafe sex. The use of condoms is regarded as unmanly and a deviation from the norm (Lynch et al., 2010).

However, Williams (2006) points out that not all men conform to the dominant social norms or notions of masculinity. Witty et al. (2011) also argue that not all men submit to social norms, ideologies of masculinity. Some men do actually utilise certain health services. Some studies report that some men disregard some concepts of masculinity (Witty et al., 2011). Lynch et al. (2010) argue that there is a significant shift in the notions of being *isoka*. HIV/AIDS have influenced the existing and dominant notions of masculinity (Lynch et al., 2010). It has shaped the reconstruction and transformation of masculinity. Lynch et al. (2010:16) point out that sickness, particularly HIV, enforces change in sexual behaviour. It presents a shift from the ideology of 'being a real man'. The state of illness affects the masculine concept of man's independence. The HIV infection enforces change regarding the notions of masculinity. The disease influences the modification of sexual behaviour as well as gender identity (Lynch et al., 2010).

2.7.2 Lack of time

Moller-Leimkuhler (2002) argues that it is socially expected that men will 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. Smith et al. (2006) point out that the lack of time due to employment prevents men from using the health services. Moller-Leimkuhler (2002) argues that setting time apart or missing work to consult health facilities is a challenge for working men. Men are often occupied in the work force hence they lack time for health care seeking.

Men's involvement in the work force has an influence on their opportunity for health care seeking. Employment restricts time and need for health care as well as progressive welfare of men as they spend most of the time in labour production (Albizu-Garcia et al., 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. South African men

often work under dangerous conditions, namely in factories and mines (Section 27 of Catalysts for Social Justice, 2010). These working environments are often risky and consequently regular health check-up is important.

Involvement in the work force implies access to various resources, income and affordability of various services. Income serves as an enabling factor for individuals influencing access and utilisation of health care (Bertakis et al., 2000). Income determines ability to pay and access health services. However, men who are involved in employment tend to utilise fewer medical services. Albizu-Garcia et al. (2001) found that men who were unemployed frequently use health care facilities. Unemployed men use care services as much as women. "Employment constitutes a barrier to health care utilisation" (Albizu-Garcia et al., 2001: 872). Labour activity serves as a constraint, limiting opportunities to seek care assistance. This is different concerning women, as for some women, in spite of being involved in the work force, their use of care services remains high. Albizu-Garcia et al. (2001) argue that males and females respond differently to various conditions such as unemployment. It is likely that men out of work are under stress or pressure. This suggests that unemployed men often need and seek health care because they experience employment deprivation, stress related issues and they have the opportunity to seek assistance.

Denton et al. (2004) recognise differences in need for health care, looking at various types of employment status. They argue that retired men often suffer distress, therefore they require more regular medical assistance than those employed full time. Self-employed men are less likely to suffer from enduring health issues than those involved in managerial positions in corporations (Denton et al., 2004). Employment serves a big role in men's health care seeking behaviour and need for health care. The majority of men in developing countries invest most of their time in the work force. Employment seems to be the significant factor in men's lives that takes up most of their time. In most societies men are perceived as breadwinners, the providers for households.

Siu et al. (2013) argue that members of societies in Uganda consider men's involvement in the work force as a critical part of their manhood. Hard work and independence are considered valuable, therefore there is less time for medical attention. Men are conditioned to be involved in labour activities; most of their time is invested in economic activities (Siu et al., 2013). Approximately 72.0% of men are involved in the labour force in South Africa (Blackden & Wodon, 2006). There are instances where some men leave households to seek

work for their families; the objective is to earn an income; therefore more time is spent on productivity in pursuit of a better economic status. The implication is that as men are often occupied in the work force, there is less focus on other factors involving wellbeing such as seeking health care regularly. Time is limited as a result of employment and the desire to produce an income in order to sustain a household.

2.7.3 Patient-care provider relationship

Smith et al. (2006) define help seeking as a response to an ill condition. Help here implies the use of services such as consulting a doctor, clinic, health care personnel or pharmacy. Regardless of the services available, men's health seeking assistance is low. Smith et al. (2006) argue that a significant shift from blaming men about lower use of services needs to occur. Rather than pointing fingers at men's behaviour, Smith et al. (2006) consider service providers as a barrier to men's use of health care facilities. "Sometimes health facilities fail men" (Smith et al., 2006: 81).

O'Brien et al. (2005) argue that an unwelcoming environment at health care services acts as a barrier towards men's health care seeking behaviour. Men often experience unfriendly health personnel; often less attention is placed on men. O'Brien et al. (2005) argue that there are limited male health care workers who provide health care assistance in the health facilities. Often the majority of individuals that are usually found in health care services waiting rooms are women and children. Men often feel as if they do not belong and feel uncomfortable to consult health services. This places a major constraint on men as they find it difficult to access health care. They are reluctant to discuss their health issues with female personnel who they often find in health institutions; therefore, they associate health care facilities with women and children (O'Brien et al., 2005).

Fitzgerald et al. (2010) found that men in KwaZulu-Natal who seek treatment for HIV valued confidentiality and a coherent relationship with health care workers. Men feel at ease when they can trust and discuss health issues with health care providers. Fitzgerald et al. (2010) argue that men anticipate a supportive environment regarding health issues and treatment. Warm welcoming and supportive health facilities enhances men's use of services. The services' support and attitude of health care workers influences utilisation of health facilities in KwaZulu-Natal. It promotes positive utilisation and decision making of men concerning health assistance.

2.8 Summary

The evidence indicates gender differences in health care seeking behaviour and the use of services. Men are less likely to seek health care compared to women. Various factors affect men's health care seeking behaviours. Social relations encourage a positive attitude towards utilisation of health care facilities. The media plays a significant role in expanding health awareness. The notions of masculinity, such as independence and invulnerability, perpetuate the infrequent use of the health care services, which in turn limit health care seeking behaviour. Culture shapes perceptions of men towards the use of health care. A lack of finances, service related factors and poor service access also affect help seeking of men. This chapter has highlighted some of the factors that influence men's health care seeking behaviour and use of services.

CHAPTER THREE

Methodology

3.1 Introduction

The aim of the study was to investigate various factors that influence men's health care seeking behaviour and use of services. A mixed method approach was used for the study. A survey questionnaire was used to gather quantitative data and in-depth interviews were used to collect qualitative data. The sample size of this study consisted of 200 men for the survey and 10 men who participated in the interviews. The study was conducted in April 2014. This chapter provides the contextual background of the study. It also outlines the research methods and data analysis techniques used in the study. Finally, it considers ethical issues and limitations of the study.

3.2 Contextual background

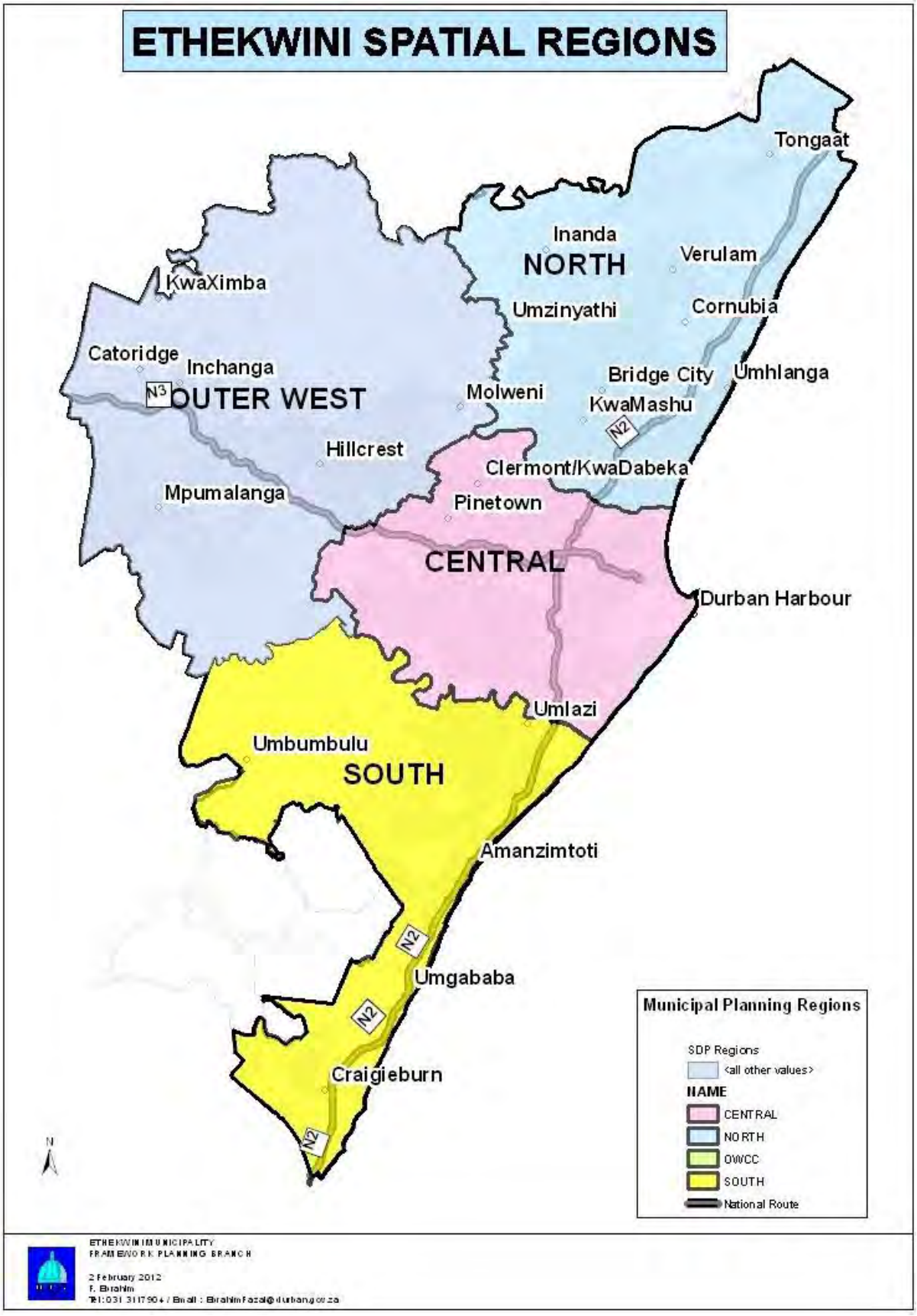
The study was conducted at Inanda Township in Durban, South Africa. Inanda is situated north of Durban on the east coast of South Africa and falls under eThekwini municipality (Department of Provincial and Local Government, 2007). South Africa consists of approximately 52.98 million individuals (Statistics South Africa, 2013). South Africa is diverse; it consists of different race groups: black African, Coloureds, Indian/Asian and White. Black African is reported as the largest population group in South Africa. The report indicates that 51.0% of the population of the country is female and females outnumber males in most provinces in South Africa (Statistics South Africa, 2013).

KwaZulu-Natal consists of 10.5 million individuals and about 19.7% of the total population in South Africa resides in the province, while black Africans are the largest population group (Statistics South Africa, 2013). More than three million individuals reside in the eThekwini metropolitan area and it is the district with the second highest number of residents in KwaZulu-Natal (Section B: District and province profile, n.d). Inanda is a township situated in KwaZulu-Natal. It is occupied predominantly by black Africans and was established in the 19th century (Department of Provincial and Local Government, 2007).

Inanda is located almost 20 kilometres from the city of Durban (Meyer et al., 2003). It developed as an informal settlement outside the city and now consists of both formal and

informal housing. The area is famous for its political and historical background. It is known for its historical sites namely Mahatma Ghandhi's Phoenix settlement and Ohlange Institute established by the late J. L. Dube the founder African National Congress the current ruling political party in South Africa since 1994 (Marschall, 2013). The research site, Inanda, can be seen in the top part of the map shown in Figure 3.1 below.

Figure 3.1: Map showing the research site, Inanda, within the eThekwini special region.



Source: eThekwini Municipality: Development Planning and Environment Management Unit (2011)

Most households in South Africa use health facilities that are close to their residences (Statistics SA, 2013). The public clinics and hospitals are the nearest services of health care to households. It is convenient for most households to access public clinics and hospitals. Inanda Township consists of a number of public health facilities namely: Amaoti, Inanda Newtown A including mobile, Inanda C, Inanda Youth Care Centre, Sivananda, Amatikwe, Inanda Seminary and Besters (Meyer et al., 2003).

It is estimated that 77.0% of households in KwaZulu-Natal utilise public health care facilities (Statistics South Africa, 2013). Almost all population groups in all provinces of South Africa are satisfied with health care services they receive or have access to (Statistics South Africa, 2013).

3.3 Research paradigm

The study uses both qualitative and quantitative methods. The post-positivism paradigm was drawn upon for producing descriptive and in-depth data in order to promote broader and deeper understanding of the phenomenon being investigated. The research aims to provide a broader picture and in-depth account of factors affecting men's health care seeking behaviour and use of services. Therefore, the investigation was conducted under the post-positivism paradigm.

The post-positivism paradigm takes assumptions of both positivism and constructionism (Neuman, 2001). Positivism assumes that reality is stable, unchanging. On the other hand, constructivism believes that individuals are dynamic; the assumption is that individuals, groups and organisations will behave differently and express different opinions in different contexts (Terre Blanche et al., 2006). Positivism values accuracy and repeated similar results.

3.4 Data collection procedure

A pilot study was conducted before the commencement of the actual research. The pilot study ensured accuracy of the questions and identified limitations regarding the investigation. Terre Blanche et al. (2006) argue that a pilot study is an important initial aspect before an actual study commences. Pilot study or pre-testing allows and assists the researcher to identify possible issues with the instrument. Pilot study ensures consistency, appropriate language and

also supplements gaps and identifies repetition of items occurring in the data collection instrument (Terre Blanche et al., 2006).

The pilot study was conducted with some of the members in one of the areas in Inanda. The researcher requested two respondents to respond to the questionnaire. Each was given a questionnaire to answer individually under the researcher's supervision. The respondents answered some of the questions; however, there were some that they identified as unclear and required more explanation. As a result each respondent took longer than the expected time to complete the questionnaire. Therefore, some of the questions needed greater clarity, rewording and arrangement into simple language. The researcher identified some inaccuracies and had to make amendments. Another pre-test took place after the researcher had made changes in the questionnaire. The researcher administered the questionnaires to another pair of respondents. The second pre-test was successful; the respondents completed the questionnaires effectively and in an anticipated time which was no longer than twenty minutes. This gave the researcher the confidence to commence the actual investigation.

The researcher also asked two different individuals to participate in the interviews for the qualitative component of the study. The researcher conducted pilot, individual interviews with two individuals. Each interview took more than an hour. The response from each respondent was fair, each respondent seemed to well understand the nature or purpose of the study and the information required from them. However, some of the questions were not well understood and created some confusion. Some of the questions were more assumptions, as if the researcher has already made a decision so that the questions were more likely to confirm a certain assumption. The researcher identified some errors and made changes in the interview schedule. The second pre-test involved three individual interviews. The questions in the interview schedule were improved. Although each interview was different and took different durations, the researcher received a positive outcome. Therefore, the pre-testing provided approximate time duration that each respondent would take to complete the interview. It helped the researcher to identify the items that needed development. In this sense the pre-test ensured reliability and validity of instruments.

3.5 Triangulation

The study adopted a triangulation of method; the method that assists the researcher to analyse data both qualitatively and quantitatively. Triangulation involves gathering information in as

many different ways and forms using various possible sources. This assists researchers to obtain a better understanding of a phenomenon by approaching it from several different angles (Terre Blanche et al., 2006: 287). The current study used quantitative and qualitative methodologies.

Methodological triangulation "refers to the use of multiple methods to study a single problem, looking for convergent evidence from different sources such as interviewing, respondent observation, surveying and review of documentary resources" (Terre Blanche et al., 2006: 380). Sarantakos (1998) states that triangulation is often used when the researcher is interested in supplementing possible shortfall(s) of a certain approach. Terre Blanche et al. (2006) identify the issue of representativeness as the weakness of the qualitative method. The objection to the qualitative component is the inability to generalize. Therefore, using a combination of methods minimises this limitation. Triangulation also promotes greater reliability of the data.

Quantitative research provides a description of the demographic social surrounding in which individuals live. It provides a detailed picture of the population. Good quality quantitative data and statistics allow researchers to make inferences of different situations regarding the study (Terre Blanche et al., 2006). This study used the survey questionnaire to gather descriptive information of the sample. The questionnaire included closed questions such as age, marital status and level of education.

In addition, the study employed semi structured interviews. The semi structured interviews were used to allow respondent s to share their own understanding and experiences regarding factors influencing use of health care facilities. Qualitative methods assume that "the social world is always a human creation" (Sarantakos, 1998:46). The method focuses on how individuals make sense of their own social world and involves social practices. It seeks individuals' views, opinions and attitudes regarding certain practices and behaviour (Sarantakos, 1998). The respondent is the main subject of investigation. There is great emphasis on interpretation of behaviour, deep understanding of human meanings and experiences in their social surroundings. This presents more realistic perceptions of the social world through individuals' insights. Individuals experience different situations and have various understanding of social events; therefore, qualitative methods seek specific perspectives and experiences.

Qualitative research promotes advanced perspective of respondents on the phenomenon under investigation (Terre Blanche et al., 2006). The method allows the researcher to explore issues or concepts in deeper detail. Qualitative research "attempts to describe and interprets individuals' feelings and experiences in human terms rather than through quantification and measurement" (Sarantakos, 1998: 272). Sarantakos (1998) shares a similar perspective with Terre Blanche et al. (2006) in that triangulation allows a combination of qualitative and quantitative methods; both methods ensure a corroboration of findings of the study. Therefore, this study employed triangulation of methods to explore descriptive information and personal views regarding men's health care seeking behaviour in Inanda.

3.6 Sampling Procedure

The study employed non-probability sampling. Convenience sampling was used for this investigation. Non-probability sampling allows opportunity for flexibility (Babbie & Mouton, 2001). It enhances a different approach which allows the researcher to select a sample from a large population based on the objectives of the study. Convenience sampling was used to obtain the perspectives of men from different backgrounds. The study conveniently recruited men aged 18 years and over residing in Inanda for at least one year. Convenience sampling was considered suitable for the study.

The researcher recruited respondents from various social contexts such as churches, libraries, sport recreation and community centres located in Inanda. The researcher aimed to obtain views of men from various social environments. Therefore, the study deliberately selected certain contexts where it was likely to find men.

3.7 Data collection techniques

Questionnaire

The strength of a survey method is that it promotes descriptive assertions about the population (Babbie & Mouton, 2001). A survey provides a bigger image of individuals involved in the study. Therefore, the present study looked at different factors and social characteristics such as the demography or background of the respondents; it then explored the attitudes and experiences of respondents in relation to the subject under investigation. The

use of the questionnaire enhanced the opportunity to explore the various aspects regarding the study.

The disadvantage of using a survey is that it is perceived as inflexible; some questions may be irrelevant to some respondents (Sarantakos, 1998). "A survey is often assumed to be superficial in its coverage of complex topics" (Babbie & Mouton, 2001: 263). The options provided on the questionnaire may not apply to the respondent. In this sense the respondent's expressions and certain thoughts concerning the issue are limited. However, the questionnaire administered for the present study provided 'other' as an additional option to allow respondents to write what applied to them.

The quantitative data for this study comes from a survey. For the survey, 200 questionnaires were administered by the researcher. Each questionnaire is subdivided into three sections; section one requires background information, section two explores respondents' behaviour and preferences and section three seeks beliefs and perceptions regarding the study. The questionnaire consists of open ended and closed questions. Open ended questions require the respondent to provide own responses. The researcher included the open ended questions to allow opportunity for the respondents to state their views. Closed questions request the respondent to choose a relevant response from a list provided. The questionnaires were handed out; some men filled them in on their own and assistance was provided for those who could not fill them in on their own. The questions were asked and responses of participants were written down by the researcher. Completing the questionnaire took less than fifteen minutes for most respondents.

In-depth interviews

The qualitative data for the study comes from the in-depth interviews. 10 semi-structured interviews were conducted with men for the qualitative component of the study. The interviews explored men's perceptions, attitude, values and experiences concerning utilisation of health care services. The semi-structured interview questions allowed for flexibility. This choice of semi-structured interviews as a tool for data collection is valuable in investigation of men's perceptions and experiences on health services. This data collection tool promotes opportunity for openness. The respondents were allowed opportunity to voice opinions, feelings and thoughts. In-depth interviewing is convenient as it encourages respondents to reveal personal information and underlying assumptions on the phenomenon

that is being studied. The interviews were conducted in isiZulu, the home language of the respondents to promote deeper understanding between the researcher and respondents. The interviews were audio recorded on request and agreement of respondents.

An interview is an important and authentic form of engaging with individuals (Sarantakos, 1998). It allows for a close relationship between the researcher and respondents. The researcher gets an opportunity to be a part of the individuals' real world. The researcher also obtains a chance to interact with the respondent, explore respondents' thoughts and feelings regarding social events and the issue being investigated. An interview is one of the techniques for data collection that allows the researcher to probe, hear stories and obtain an in-depth understanding of the social world (Sarantakos, 1998). The respondents are entirely at liberty to express their own feelings and experiences. This serves as an advantage as it enhances flexibility. The respondents also share their own thoughts with no limitations as there are no set or listed responses provided to choose from. Again, flexibility allows the researcher to find out more about the phenomenon under study through follow up questions that promote advanced understanding. The researcher obtains first-hand experience of respondents as they describe their own world, practices and surroundings. The obtained information is regarded as authentic; it shifts from assumptions of the researcher (Sarantakos, 1998).

The shortcoming concerning an interview is the fact that individuals are dynamic (Babbie & Mouton, 2001). Individuals of the social world change their stories all the time, they say what they feel or think at that particular moment and space depending on the mood and surrounding. Different factors influence individuals' thoughts and attitudes. Another issue is the researcher's effect; the respondent may say whatever he or she thinks would impress or please the researcher (Babbie & Mouton, 2001). This limits real information gathered and it cannot be considered reliable. Such influences change authentic information. In addition, although flexibility of interviewing is an advantage, flexibility may result in an extended time of the interview process.

3.8 Ethical considerations

Informed consent was completed before investigation commenced. The informed consent form explained the study and purpose in detail. It emphasized complete understanding of the study and requested participation. It ensured that participation was entirely voluntary; the

respondent had a choice not to take part in the study and they were also given the opportunity to withdraw at any stage of the investigation without penalty. The consent form also ensured no harm and that there were no benefits in taking part in the study.

Respondents were assured of confidentiality and anonymity. The information gathered from the respondents remained confidential and anonymous; respondents' identities and data will not be revealed under any circumstances. Information provided is between the researcher and the respondent only. However, respondents were made aware that data collected would be shared with the supervisor and that information would be used in the report. The ethical approval for the research was obtained from the university's ethics committee.

The respondents were made aware that the information provided would be used to write a report and that respondents could access results on request. The information will be made available and contact details were provided for further information or any queries.

3.9 Data Analysis

The data analysis method was SPSS for quantitative data and thematic analysis (NVivo) for qualitative data. SPSS allows the researcher to create a bigger picture from the quantitative data. This allows the researcher to identify relationships and significant differences among variables. The researcher is able to generate charts and graphs demonstrating findings in great detail. NVivo allows the researcher to organise and analyse interviews as well as audio files of qualitative data. For this study interviews were transcribed and then uploaded to the NVivo software. Themes were identified; nodes enabled the researcher to keep concepts and themes in the source materials. Models produce an illustration of patterns that the researcher observes in the data. The analysis for this investigation is implemented through convergence of findings from both qualitative and quantitative.

3.10 Limitation of the study

Men's health care seeking behaviour is a personal matter. Investigating individuals' personal health care seeking behaviour, attitude and experiences is subjective. Men are often perceived as strong and independent, which could result in reluctance or embarrassment to discuss health issues and behaviour. They could not want to share information. It is possible that the

respondents could have provided socially desirable information that they thought would please the researcher.

This study does not represent the whole population of men in Inanda. The study selected specific areas within Inanda; therefore, the research findings cannot be generalized. This suggests that data collected in these selected areas will not be applicable to the whole of Inanda.

3.11 Summary

This chapter has highlighted the methodology applied in the study. The study employed triangulation of methods. The quantitative method used a survey to gather descriptive data on factors affecting men's health care seeking behaviour and use of services. The qualitative data came from ten interviews to explore men's perceptions, values and attitudes on the research topic. The aim of the study was to provide insights into men's health care seeking behaviour and factors affecting their utilisation of health services. The research methodology and findings helped to determine and assess various factors influencing men's health care seeking behaviour.

CHAPTER FOUR

Results

4.1 Introduction

This chapter reports on the main findings from both the quantitative and qualitative components of the study. The quantitative component presents a wide description of the sample. The first part of the chapter examines the results from the survey. It first presents the socio-economic and demographic characteristics of the sample and then looks at men's health care seeking behaviour and use of services. The second half of the chapter examines the results from the in-depth interviews. It looks specifically at men's perceptions of health care services and their experiences in utilising health care services.

4.2 Quantitative Findings

4.2.1 Sample Characteristics

The health care utilisation model describes demographic, age, marital status and education as predisposing factors towards use of health services. The model also describes factors such as income and social support as enabling factors. The study therefore firstly provides a picture of the demographic and then the socio-economic characteristics of the respondents.

The study consisted of 200 men aged 18 years and older residing in Inanda Township. The study comprised a majority of young respondents. The results show that 44.5% were aged 18-25 years and 26.5% were between the ages of 26-30 years. The age group 31-40 years constituted 15.0% and respondents above the age of 40 years constituted 14.0% of the sample.

The education level of the sample is high; most of the respondents had completed matric. Above 50.0%, (67.0%) of the respondents had secondary schooling as their highest education level, 26.0% had post matric education level, only 5.0% indicated primary education level and a few, (2.0%) had no education. A proportion of the respondents (40.0%) indicated that they were currently unemployed. Only 27.0% of the respondents indicated that they were involved in full time employment, 20.5% indicated part time employment and 12.5% were self-employed. This reflects the situation in South Africa, which has a high unemployment rate. The age groups 18-25 is more likely to constitute the unemployed while

the age group 26-30 and above are likely to be involved in economic activities. Table 4.1 indicates employment and education level of the sample.

Just over half of the sample population indicated a single relationship status, with 52.5% indicating that they were single. About 32.0% indicated that they were in a relationship. Only 10.0% of the respondents indicated that they were married. Most respondents who indicated being in a relationship were within the age group 26-30 and those who were above age 40. Only 3.0% of the respondents indicated that they were currently divorced and 2.5% indicated that they were separated. Table 4.1 shows sample characteristics.

Table 4.1: Sample characteristics

Background Characteristics	**Men**	
	N	**%**
Age group		
18-25	89	44.5
26-30	53	26.5
31-40	30	15.0
above 40	28	14.0
Marital Status		
Married	20	10.0
In a relationship	64	32.0
Divorced	6	3.0
Separated	5	2.5
Single	105	52.5
Employed		
Full time	54	27.0
Part time	41	20.5
Self employed	25	12.5
Unemployed	80	40.0
Level of Education		
None	4	2.0
Primary	10	5.0
Secondary	134	67.0
Tertiary	52	26.0

4.2.2 Utilisation of health facilities

Out of 200 respondents, 93.0% indicated that they use health care services when feeling unwell. Only 7.0% indicated that they do not seek medical assistance. The majority of men indicated that they consult health care facilities. The study examined factors contributing to the use of health care facilities among respondents. It looked at the main reasons that make men seek health care assistance. The respondents indicated a number of reasons why they use the available health services. Interestingly, 62.0% of the sample indicated that they consult health services because they need to get better, 19.5% visited health care facilities because they value the assistance and treatment they receive, 1.5% indicated that they utilise public health institutions because they are free of charge and 14.5% indicated that it is important to seek professional assistance for illness. The majority of men in the study utilise health care facilities to get better. Men indicated that they value the treatment and professional health care assistance.

The type of health facility that most respondents indicated they consult was the public sector institutions. A significant proportion, 52.5 % of the sample, indicated that they use the local public clinics and hospitals, 28.0% use private facilities, 10.5% purchased medication from the pharmacy, 7.0% visited traditional healers for assistance and only 3.5% of the sample indicated that they do not seek any type of health assistance. Unemployed respondents were more likely to utilise the public health care facilities. This is probably because of the high cost of private health care. The employed respondents reported that they prefer private health facilities because they could afford the services. Most men indicated that they did have access to the public health care facilities. In South Africa, public health care facilities are more frequently accessed because they do not charge consultation fees. The public health care facilities were convenient for most respondents. Figure 4.1 illustrates the types of health facilities used by men involved in the sample.

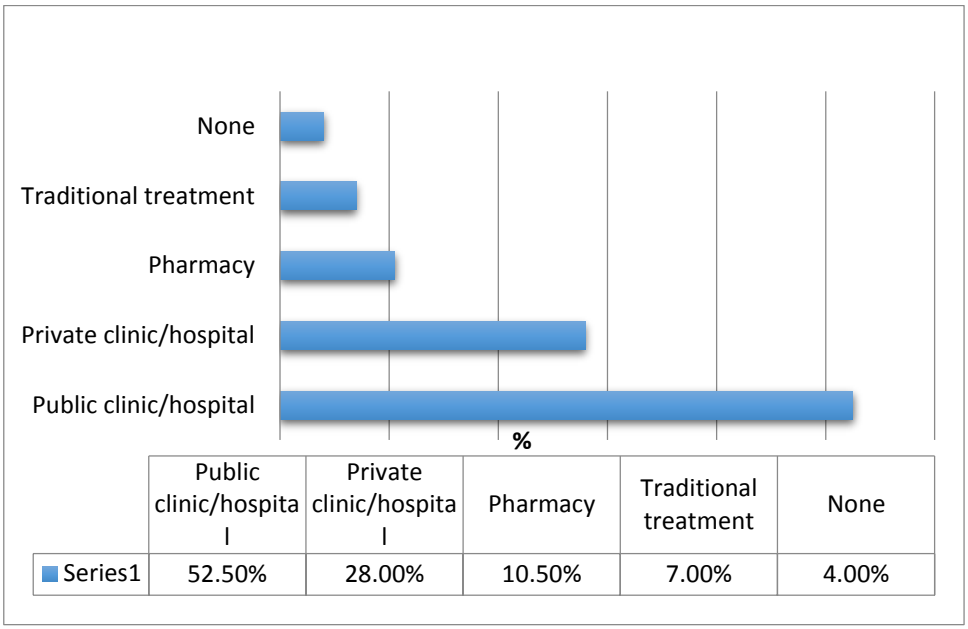


Figure 4.1: Percentage of men using different types of health care facilities

The respondents were further asked to indicate the reason why they prefer the type of health facility. The majority of respondents, 44.5% indicated that the facility provides the best treatment, 26.5% indicated affordability, and 17.5% indicated convenience and only 9.0% stated the attitude of the health care personnel. Most men pointed out that they receive the best treatment from the services they use. This indicates that men valued treatment and as a result they preferred health care facilities that provided the best treatment from their perspective. In addition, 56.5% indicated that it is important to use health facilities most of the time, 41.0% pointed out that seeking help is important sometimes and 2.5% indicated no need for health care attention. Therefore, over 50.0% recognise the need for utilising health facilities.

Furthermore, the respondents were asked whether they have utilised health services in the past six months. The majority (54.5%) indicated that they had not consulted health facilities in the past six months. About 45.0% reported that they had used the services in the past six months. It was interesting that over 50.0% had not consulted the health care facilities in the past six months yet they were aware of the benefits of health care services. The research finding indicates that men do not frequently consult health care services.

4.2.3 Health seeking behaviour

The study investigated attitudes and possible influence regarding health care seeking behaviour of men. The respondents pointed out a number of positive factors concerning use of health care facilities. In the sample, 39.0% indicated that they feel comfortable to discuss their health conditions with health care providers, 42.5% indicated that they strongly agree that using health institutions improves their chances of getting better, 29.5% pointed out that health care departments provide effective treatment and 38.5% indicated that they take any type of illness seriously and seek health assistance. Men pointed out that it is important to seek health information. This enhanced the opportunity to know more about symptoms, illness as well as better treatment. The findings implied a satisfactory utilisation of health care services and active health seeking behaviour.

The respondents indicated a desire to improve their health condition. The study found that 41.0% of the sample sought health assistance to get treatment. Most men consulted health care facilities when they needed a remedy for an illness. Some respondents indicated that they visit the health facilities for health check-ups. Table 4.2 indicates some of the reasons for health care consultation.

Table 4.2: Reasons for consulting health care services

Reasons for health care consultation	**Men**	
	N	**%**
Serious illness or injury	20	10.0
Get treatment	82	41.0
Check-up	72	36.0
Health information	8	4.0
Other	18	9.0
Total	200	100

However, the perceived seriousness seemed to play a major role in their decision making and health care seeking behaviour. Most respondents indicated that they do not rush for health care assistance as soon as they feel unwell. A proportion (25.0%) indicated that they seek help immediately compared to 42.5% that seek medical attention after 2 to 3 days of feeling sick. Almost 11.0% pointed out that they seek help after a week, 4.0% visit facilities after a

month and 14.0% use facilities when their condition gets worse. The study suggests that most men delay help seeking. Most men indicated that they wait for several days to seek help when they feel sick. Figure 4.2 indicates time it takes for men to consult health care facilities.

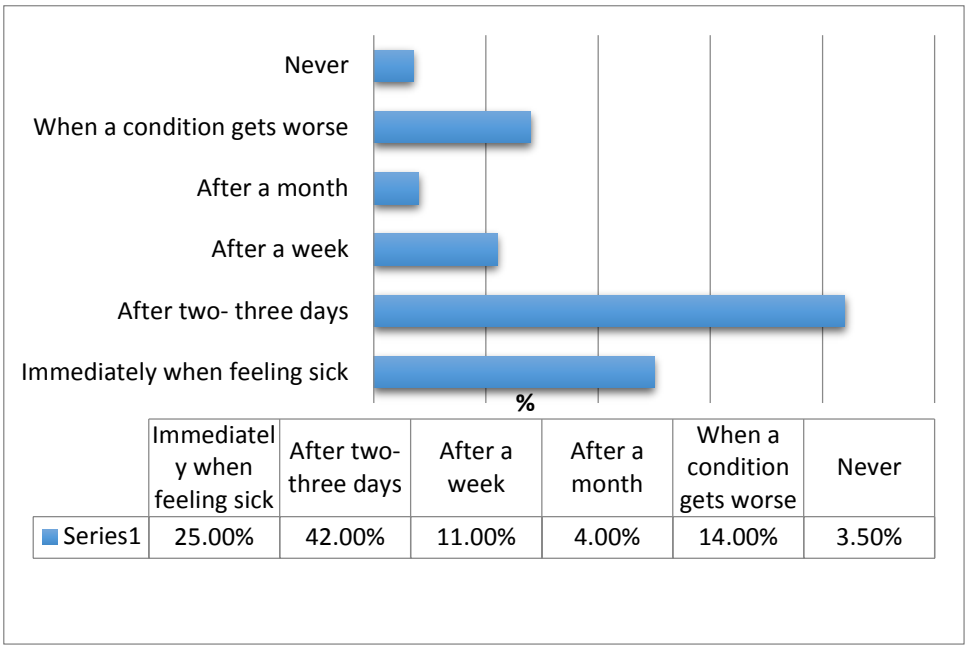


Figure: 4.2: Time it takes for men to consult health care facilities

4.2.4 Reasons for not consulting health facility

Respondents who indicated that they do not seek medical assistance when not well were requested to explain the main reason for not seeking assistance. The perceived symptoms, the perceived seriousness and self-treatment affected health care seeking behaviour. Some men indicated that they could determine whether an illness required health care assistance or not. Almost 5.0% of the sample pointed out that they have never experienced a severe condition that could have made them resort to seeking health care assistance. This indicates that the respondents may have encountered minor illnesses but did not consult health care facilities. A few (1.5%) indicated that they deal with the illness on their own through self-treatment and only 0.5% pointed out that they let the illness go without any treatment and health care assistance. These research findings indicate that a few men felt confident that they could manage certain conditions on their own. They could evaluate a condition and choose not to seek health care. The respondents were further asked whether there is ever a time when they have felt sick but for some reason felt hesitant to consult health facilities. The respondents

were requested to provide reasons for such instance(s). Interestingly, 31.0% of the respondents indicated that they feel reluctant to visit health services. More than half (52.5%) of the sample use the public health services for convenience and treatment reasons. Some respondents indicated negative aspects regarding service. About 13.0% reported that they felt hesitant to consult the facilities because of the negative attitudes of health care providers, 4.0% indicated poor service, 6.5% pointed out that public health facilities are often full requiring long waiting periods, 5.5% indicated that it is best to treat themselves, 1.5% pointed out that they fear what other people would say if they see them using health services and only 0.5% indicated that health facilities are far away, requiring more time and strength to arrive at the health institution. To some extent factors related to the service affected the utilisation of health services by men.

Although most respondents indicated that they use public health care facilities, they pointed out several factors that limit their health care seeking behaviour. Men pointed out that the unfriendly attitude of health care providers was a major deterrent. Poor service and long waiting time at public facilities influenced their hesitation regarding consultation. Hence, some men preferred self-treatment.

4.2.5 Further awareness

The study explored knowledge and awareness of health care services. The respondents were asked if they felt that they had enough knowledge of different types of health care services and the importance of treatment. The results show that 27.5% of the sample indicated that they were aware and 24.5% pointed out that they felt they lacked adequate knowledge. This indicates that some respondents require additional information. Knowledge is important because it promotes awareness of various health issues. It allows better understanding regarding diagnosis and effective measures regarding a specific condition. The effective measures involve knowing how and where to seek help. It also promotes prevention which is more important than any other aspect. Prevention promotes healthy behaviour.

The majority of respondents indicated that further health awareness would be an advantage. The study found that 38.0% of the sample agreed with the notion of further health awareness. About 46.5% pointed out that awareness would promote advanced knowledge and healthy lifestyle. In the sample, 33.5% indicated that awareness is actually important. Most

respondents indicated that further programmes would help them learn more about health services and treatment as well as encourage them to utilise the health care facilities available.

4.3 Qualitative findings of the study

4.3.1 Utilisation of health services

In addition to a survey, in-depth interviews were conducted for the qualitative component of the study. In-depth interviews were used to obtain a deeper understanding of men's health care seeking behaviour. This research technique helped to explore various factors that influence men's health care seeking behaviour and their use of services. The study explored the actions that men consider or implement whenever they feel sick. It investigated the types of health care institutions that men consult for health care assistance, the enabling and disabling factors influencing the use of services. The study found that utilisation of health care services was influenced by certain beliefs, attitudes, preferences and type of health care service. Heath care seeking behaviour of men was also affected by socialization; some men believe that health care services are not actually designed for them. Some men seek health assistance from health care facilities that they consider private. Men indicated that they have various options available to improve their health; most respondents mentioned a number of accessible services. However, the research finding indicated inconsistency of utilisation of health services.

4.3.2 Perceived seriousness

A number of factors which influence men's health care seeking behaviour were identified. The study found that most men evaluate their health before they consider consulting medical institutions. Most men indicated that they determine whether their condition requires seeking health care attention or not. Men felt that it was important to judge any kind of illness then consider appropriate and preferred action. Most men claimed that they manage to control what happens in their bodies and well-being. They indicated that they evaluate their condition and decide whether or not to consult a health care facility. Evaluation involves consideration of available health care services and various resources such as money and time. The most highlighting factor is that there are conditions that men consider as minor or harmless.

The minor illnesses are regarded as less dangerous. These are conditions that men perceived as manageable. Most men indicated that conditions such as a headache do not necessarily require consultation of health facilities. There are conditions that men perceive as less severe. Hence, men indicated that they do not consult the health care facility immediately when they feel sick. Men wait for a certain period of more than two days to see the progress of a condition; they wait to see if a sickness disappears or gets worse. They indicated that they seek health care assistance if a condition gets worse or goes beyond their own control.

> *I wait for some time to see if the condition gets worse as some conditions come and go so I do not need to rush to seek help… I cannot go to the clinic immediately; I wait at least two days to see the outcome* (IDI #6).
>
> *I do not consult immediately when I am not feeling well. I wait to see if the condition gets severe then I consult the doctor if I do have money…In fact health facilities are not spaces that I visit often…It is only when the condition is worse, a condition that I cannot handle that makes me go and seek medical assistance* (IDI #7) .

4.3.3 Self-treatment

The importance of self-treatment complements the value of perceived seriousness. Men indicated that they diagnose and treat themselves. They pointed out that they evaluate a condition and determine own preferred treatment. It was interesting that men indicated that they set time for independent recovery. Most men indicated that they self-medicate. Help seeking occurs when they have attempted various techniques on their own. Men indicated that they manage some health conditions they encounter. They indicated a sense of self control; preferring self-treatment rather than seeking health assistance. They emphasized that they only seek help if a condition goes beyond their own control after a specific time.

In relation to self-control, most men pointed out that purchasing medication from the pharmacy was a better option than to ask for assistance from a health care worker at a public facility. Men indicated that they value independence. They claimed that it was better to consult a pharmacy where they can purchase medication over the counter. They pointed out that purchasing medication was convenient and required fewer personal details. Men

indicated that consulting a health care worker at a clinic or hospital required disclosing certain personal information. They perceived and preferred the pharmacy as a private health care facility.

> *It depends on the condition. If it is a condition that I can handle, I purchase medication from the store or pharmacy. If the condition is intense I seek help from the clinic, doctor and wherever I can get help to get better* (IDI #4)

> *If it is a minor headache or cough, I go and buy pain killers at the store. I cannot just feel a minor pain and rush to the doctor. I need to find alternatives around me that would help me without seeking aid from the doctor. Then if it is beyond my efforts I seek professional help. I consult a private doctor* (IDI #5).

Some men valued traditional medicine. Some men pointed out that they use traditional medicine such as herbs. They preferred herbs as an alternative that allows self-treatment. They indicated an ability to make certain herb solutions. They pointed out that there are certain plants that they use to make their own solutions. One of the respondents mentioned that he seeks advice regarding certain herbs from elders within the household. The respondent claimed that the elders know about various plants and herbs that are effective for specific conditions. He has confidence in traditional medicine and pointed out that they are helpful, hence he perceived no need to consult health care facilities such as clinics.

> *The clinic is my last resort because I try and treat myself with whatever I find helpful for the situation. I ask older members of the family for alternatives such as traditional medicine. Herbs help me to manage any illness; I use them to clean my body system. The herbs often attack any sickness and keep my body strong for longer periods. Health facilities such as clinics and hospitals are intimidating; I use them when the situation gets out of hand* (IDI #7).

Men report that they only visit health facilities when they find that their medication is not helping. Health facilities are for many men the last resort.

4.3.4 **Service available**

The kinds of service men receive impacts on their utilisation of health services. The type of assistance available affects consultation. As much as men want heath assistance, they regard and value proper service. Poor interpersonal relationships with some health workers limit opportunities of seeking help. Most respondents shared that public health services are accessible to them. The majority of men pointed out that they do not often appreciate the service they receive. According to the men some public facilities provide unsatisfactory service. Most men felt that the public health care workers held a negative attitude. Men indicated that they do not appreciate the tone and language used by some health care workers at public clinics. Men pointed out that some nurses are rude and they treat them as minors; treat them like children. Men also pointed out that some health care workers force them to disclose certain information that they do not want to share. One of the respondents pointed out that some health care workers ask questions that he considers irrelevant; they would ask about HIV status and do not focus on their current condition. The respondent also shared that he does not prefer local health care facilities because they provide worse service and he would rather seek help from other facilities that are far from his place of residence. Men in the study generally indicated that they lack confidence in the public health care facilities. This discourages men from using the available facilities; as a result, they do not feel welcome.

> *I do not appreciate how the other care workers especially from public clinics treat us and talk to us. They are cheeky; they talk to you like you are a child. That sometimes discourages me from visiting health facility* (IDI #4).

> *The health care workers lack the assistance that I think I deserve. The service is poor, I do not appreciate the language they use and they are rude. Sometimes the care providers would ask if you have tried other alternatives before visiting the clinic. That question is discouraging and makes me feel a lack of confidence in their service. Some health care providers even go further to ask annoying questions; they ask if you have tested for HIV. I personally think that this question is unnecessary. They should be assisting me with the current condition that I think is a problem at that instant. If the answer is no, they throw harsh words that would make you feel bad. I feel that they should not do that because it is up to me to know my status. That makes me*

reluctant to visit. Therefore, I would rather seek assistance from facilities available in other areas or the private clinics (IDI #8).

4.3.5 Long wait

The majority of men in this study indicated a disapproving attitude towards public health services. There were a number of factors that men pointed out as discouraging concerning utilisation of public health care services. The waiting period at some public health facilities was a challenge. Most men indicated that they did not appreciate the long wait at the public institutions. Seeking assistance required men to wait long hours. Men also pointed out that in addition to the long wait some health care workers at the public health care facilities literally chase them away or let some patients go back home without providing assistance they need. This affects men's decision making and consideration of consulting health facilities. This type of service also influenced men to seek other alternatives or no help at all if they could not afford other facilities.

Men indicated that private health care facilities are better than the public health care services. Men shared that the private health care services are efficient. They pointed out that the private services provide assistance that they need to get better. The private services compared to public services attend to patients immediately and provides desirable attention and treatment.

Public clinics often provide poor services, some staff members are brutal and they take long to help us; we have to wait long hours for assistance. Nurses at the clinic sit in tea rooms, drinking tea and chatting. When they come to attend to us patients, they shout and treat us as like fools after we have waited for so long (IDI #9).

Waiting long hours is unacceptable; sometimes we do not get proper attention on the same day; some staff even tell us that we have to come back for help the next day. How is that possible when you need help at that specific instant, what if I die on my way back home? There are also occasions where you find that treatment is not available. The closest public facilities are disappointing sometimes insufficient; it is better to consult private facilities in town (IDI #7).

It is only the fact that clinics are often full, one has to wait long hours to get assistance. Sitting and waiting is irritating. Another aspect is that the clinic I use is a bit far, it takes about 30-45 minutes to get there. That are some of the reasons I prefer to wait and see if the condition gets better (IDI #6).

4.3.6 Lack of financial resources

Private health care services seemed to be valued by most respondents. However, they indicated that private services are expensive. Money was a factor that influenced access to private health care. Most men felt that lack of money was a disadvantage in accessing convenient and preferred services. They pointed out that money serves as a means and tool for accessing proper health care. The majority of men indicated that they cannot afford using private health facilities most times. Money was one of the major constraints that prevented men from accessing health services that they regard as effective.

I consult a health facility if I have money… I wait; if the condition gets severe I consult the doctor only if I do have money. Having cash allows me to seek appropriate assistance…Public clinics are often full and I do not get satisfactory assistance and treatment from them (IDI #9).

The private facilities are better in terms of staff attitudes, the environment is comfortable, but I cannot afford it at this point in time (IDI #7).

4.3.7 Absence of Male Health Workers

The study also explored other challenges that men encounter when they consult health care facilities. The findings indicated that most men faced difficulty in discussing and confiding their health condition to female health care workers. Men raised a concern that they often find it difficult to open up about particular conditions. Men pointed out that there were specific conditions that they felt embarrassed to discuss and share with female health care workers. This implied that men lacked sufficient confidence in female health care personnel. Hence men indicated reluctance to consult health care facilities. This is a barrier preventing access to health services and the opportunity to improve health conditions.

Men indicated that they do not consult health care facilities because health care workers are often women. Men pointed out that they do not feel comfortable to discuss health issues with female health care workers. They felt that discussing health issues with female health care workers interferes with their privacy. They regarded disclosure as a sign of weakness. One of the respondents indicated that there are conditions that he cannot discuss with his wife; therefore the female health care worker is not an option. One of the respondents also pointed out that some health care workers are young females, which make it difficult to ask for help; they would rather not seek help. Men also indicated that it is challenging to disclose sexually related issues to a female health care worker. They pointed out that it would be better if they got assistance and disclose to a male health care worker.

> *In most times I do not feel like visiting any health care facility because I often find female health care workers. It is difficult to discuss my condition with a stranger, worse a female care provider. My health condition should remain private at most times and I do not feel confident telling a woman about it. There is a condition where I do not even want to discuss with my wife. Sometimes I prefer suffering on my own. I feel ashamed if someone knows my weakness and especially if that someone is a woman. I should sustain my status as a man; as a man I should be brave and independent* (IDI #8).

> *Sometimes I do not go to the clinic because health care workers are often female and there are conditions that I cannot discuss with a female. I cannot discuss sex related issues with female health care workers; I would rather not ask for help. Sexual illnesses are a bit embarrassing to discuss with a stranger especially female health workers. I find it difficult; it is like that person is going to judge me* (IDI #6).

> *I do not go to any health facility because there are often women that provide assistance. I do not trust women and they ask unnecessary questions most of the time. I remember this one time when I had a broken toe. I went to the clinic…. The health care worker was a female nurse and she was younger than me. I think some of the questions were inappropriate. The worse part she said she had to inject me so I had to take off my trousers; I just looked at her and refused. I could not show a young girl part of my body. I went home and tried other alternatives, and then I got better after some time. I definitely cannot discuss my health and personal issues with a strange woman who is younger than me* (IDI #1).

4.3.8 Socialisation

It was interesting to find that socialisation had an influence on men's attitude towards health facilities. The upbringing of most men had an impact on how they perceive and use health facilities. The notions of manhood had an impact on most men's health care seeking behaviour and utilisation of services. Most men indicated that from an early age seeking help was not a priority. The study found that men were conditioned to bear or withstand some ill conditions and injuries. Men pointed out that culture and masculine ideology encouraged them to be brave. The notions implied that seeking help indicated vulnerability. Hence most men felt that it was inappropriate to consult health facilities and most men indicated that seeking help was a sign of weakness.

Men who had female siblings indicated that they were brought up differently compared to their sisters. Men indicated that they were encouraged to be independent from an early age. Men pointed out that they were taught to be strong and able to withstand pain. They indicated that certain conditions were never made easy for them; less attention was given to them when they experienced illness or an injury. Men were never encouraged to seek help when they were sick or injured. Seeking help was never a priority from an early age. They were taught to be invulnerable and take care of themselves. On the other hand, their female siblings were often encouraged to seek health assistance when they were not feeling well. This difference occurred in childhood.

> *The way I was brought up was different than that of my sisters. My upbringing was a bit harsh compared to my sisters; it was a way to train me to be strong as a man. If both me and one of my sisters were sick, my parents would advise my sister to consult the clinic and they would suggest that I use herbal solutions and tell me that I would be okay, I should remain strong. Consulting a health facility was never my first option. I grew up with the notion and belief that being seen at the clinic all the time is not manly; you are not a real man if every time you cough you rush to the clinic for help. One needs to be strong and independent as a man, try different ways to make you feel better and ask other men for advice and other alternatives. Once everything has failed consult the care providers then* (IDI #2).

> *I grew up knowing that it is important to take care of myself. I was raised in a very strict household, as a boy I was told that I should not get involved in any situation that would put me at risk. So whenever I experienced injury playing outside, I could*

not report to my granny because she would regard that as irresponsible and even punish me for it. In that way I learnt to bear pain and take control of the situation on my own. I did not want to be blamed for playing because it would result in injury. Talking and asking for help at home was very difficult therefore, I had to deal with any ill condition on my own. In this sense it is awkward for me to go outside and seek help (IDI #8).

I grew up with the notion that a strong man does not cry. I was taught that I am stronger than my sisters and I should protect them. I learnt that a man needs to be brave not only for himself but for the family as well. I do not need to show my family and people around that I am weak. I always need to present the strong side of me especially to my boys. So consulting a health care facility indicates weakness; I feel that I lack strength for my family and people around me. Therefore, I rather not ask anyone for assistance and keep hoping that I will get better (IDI #9).

The study also found that men avoided being seen in health care institutions. Men feared what other individuals would say if they see them at the health facility. They indicated their desire to maintain their independence; they did not want to be identified as weak. In addition, men felt that they did not belong in health facilities because there are often women and children who seek help. Hence they avoided using the health care facilities.

It is very difficult for me, as a man of the house I cannot be seen by the public that I am not well. It is embarrassing being seen in a public health facility waiting for assistance. And the worst part is to tell a stranger that there is something wrong with me. I have to maintain my dignity at all times. Some issues should remain secret. I can make myself better without asking anyone for help. People should not see me as weak (IDI #9).

It is a little embarrassing being seen at the public health facilities. I feel helpless being in the room full of women and children, waiting for help. What kind of a man that is seen in such an environment. People, neighbors and friends discuss negative aspects behind your back if you are often seen at health care institutions. There is an assumption that you are weak if you seek assistance and I do not want to be associated to that. I need to maintain my status in my family and community (IDI #6).

4.3.9 The significance of health care assistance

Access to health knowledge and related assistance influenced health care seeking behaviour of men. The study found that the majority of men valued health care assistance. Most men indicated that they appreciate help from health facilities. The majority of men stated that they did not only seek help for their present condition, but they also accessed advanced information. The health care facilities provide useful health information. The sample indicated that the information about health is important and that it helps them to deal with future illnesses. Men indicated that they valued the information they received from health care facilities. They pointed out that they learn about various causes of illnesses; men also learn about specific treatments available for certain illnesses as well as prevention methods. Therefore, help and further awareness encouraged men to seek health care attention.

> *I visit the health care facility such as the private clinic or pharmacy. I think that these health care services are important. The health workers are qualified to provide assistance. They extend knowledge, determine the cause of illness, the treatment and suggest remedies that would help. Consulting health facilities promotes and enhances better health* (IDI #5).
>
> *Sometimes I seek health care attention because I appreciate health care facilities because they inform me of various aspects I need to know in life. My own knowledge is not enough so I appreciate the knowledge I get there. There are some useful pamphlets with information and also when I look around at the charts on the wall they are very informative* (IDI #2).
>
> *Consulting health facilities expands the knowledge that I have. The care workers improve my level of knowledge. I may think that I am okay; the professional personnel may find something else. For instance I may not be aware that I have tuberculosis and visiting the clinic I may find out more. Therefore, the good thing about using health institutions is the advanced knowledge and assistance it provides. Therefore, although I may not like going to the clinic, sometimes I consult the health care institution to access professional knowledge and assistance* (IDI #4).

The study investigated ideas that could improve men's perceptions and utilisation of services. The study explored the knowledge and importance of health care services. The study found that overall men have fair awareness of the various types of health facilities, the use and

significance of services available. Although men indicated that they are well informed, awareness did not affect use of the services. Various notions and beliefs influenced behaviour. However, men suggested possible ideas that could improve attitudes and behaviour. They felt behaviour may develop through various implementations. Men indicated that advanced knowledge is important. Most men pointed out the significance of health awareness from an early age. They also suggested a men friendly health care environment and the presence of male health care workers. Men indicated that there is a need for male health workers. They pointed out that the presence of male health care workers would make it easy for them to access knowledge and seek appropriate care.

> *I feel that awareness is not enough and that men do not pay much attention; we do not. Health information could be posted and target men in places such as taverns and entertainment locations. Teaching individuals at a young age the importance of health and services would be a great advantage* (IDI #7).

> *Health interventions would be a great advantage. We need more knowledge; individuals nowadays die of ignorance. Awareness would advance the knowledge that we have* (IDI #4).

> *I would appreciate and feel more comfortable if there would be a private space for men. A space like a specific room where only men can consult and only find other men and the care provider be a male. That would make me feel more comfortable and encourage me to use public health facilities. It is really difficult to discuss health issues with female care workers* (IDI #2).

> *Awareness should be emphasized at early ages; one has to grow up knowing health issues. It is a challenge to learn these issues at an old stage because I grew up knowing that I should be strong and now there is emphasis on the importance of health facilities. It is a bit difficult for me to adjust, change my behaviour* (IDI #9).

4.4 Summary

The quantitative results of the study illustrate that men use health care services. The findings indicate significant utilisation of health facilities among men. The economic status of men determines the type of health care they access. Men consult medical institutions when they feel ill. However, the results showed that there were instances when men felt hesitant to consult health facilities; hence most men visited the health services after some time. The perceived seriousness of the illness and self-treatment delayed them from seeking assistance. The service related factors also had an influence on men's utilisation of health care facilities. The findings also illustrated that there was fair knowledge and awareness of various health services and treatment. As respondents had high level of education, they were aware of health issues, facilities to seek help and the importance or need for medical attention. Further awareness and knowledge was considered an advanced advantage.

The qualitative method explored men's perceptions, attitudes, values and experiences regarding use of health care facilities. The study identified various factors influencing men's health care seeking behaviour and utilisation of the services. The study found that men seek health assistance to improve specific conditions. The perceived seriousness of illness and value of self-treatment delayed help seeking. The study also found that service related factors such as the attitude of health care personnel and the long waiting period had an impact on utilisation of services. In addition, notions of masculinity affected men's health care seeking behaviour and the use of facilities.

CHAPTER FIVE

Discussion, Conclusion and Recommendations

5.1 Introduction

This chapter presents a discussion of the main findings of the study. It explores the factors affecting men's health care seeking behaviour and use of services. The discussion reflects on both the quantitative and qualitative data. The discussion explores the results of the study in relation to the previous literature. The chapter also offers possible recommendations.

5.2 Discussion of the findings

5.2.1 Gender variation

Various studies argue that there is a significant difference in the health care seeking behaviour of men and women across the world (Bertakis et al., 2000; Courtenay, 2000; Green & Pope, 1999). Most literature indicates that women utilise more health care than men. A large proportion of men in South Africa do not utilise the available health facilities (Statistics South Africa, 2013). This may be the reason women live longer than men; the death rate of men is 1.4% higher than women (Coovadia et al., 2009). Hence, this study explores factors affecting men's health care seeking behaviour and utilisation of services. The results of the study reveal various factors that influence men's attitude towards the health care services and their health care seeking behaviour.

5.2.2 Various factors influencing health care seeking behaviour

According to Statistics South Africa (2013) there are various factors that influence the health care seeking behaviour of its citizens. These include cultural and socio-demographic factors, economic status and type of health care available that affect help seeking and use of services. The social and economic factors determine individuals' accessibility to the health facilities. The absence of employment is associated with poor health. The individuals' lifestyles such as poor diet, deviant behaviour and substance abuse impact health. Health care seeking behaviour also differs with regards to age, gender, population group and social background including family, friends and community (Statistics South Africa, 2013).

The study indicates that the desire to get better and value of treatment influenced health care seeking behaviour of men. Most men indicated that they consult health care facilities to improve their condition. Interestingly, 62.0% of the sample indicated that they consult health care services in order to get better. The main constraints to accessing health care indicated in the study were perceived seriousness, poor interpersonal relations between health care personnel and patients, poor service at some health care facilities and social stigma. These constraints contributed to men's poor or infrequent consultation of health care facilities. The study also indicates that perceived seriousness influenced delay in health care seeking and promoted self-treatment.

5.2.3 Lack of income as a disabling factor

The health care utilisation model describes income as an enabling factor; income determines accessibility and affordability of health care services (Andersen, 1995). A lack of income serves as a constraint in the use of alternative health care facilities. The study found that men could not afford to utilise some health care facilities. Hence, men seek alternatives such as self-treatment and public health facilities that do not charge for consultation.

Statistics South Africa (2013) report that individuals utilise the health care services close to their place of residence. The majority of men in this study indicated that they access local public health facilities. Most men relied on the local public sector for their health care needs because of convenience and cost. A lack of income limited men from seeking other alternatives. The economic status determined a type of health insurance, accessibility and affordability of men.

Although men were able to identify a number of sources of health care services, the majority indicated that they mostly consulted the public local health care services. Most men (52.5%) in the study stated that they use the local public health care facilities. One of the reasons for some men to utilise the local public health care facilities was that they were unemployed. About, 40.0% men in the study indicated that they were unemployed. Men's economic status determined the type of health care accessible to them. The local public clinics and hospitals are free of charge. Therefore, the public health facilities provide for their health needs. However, men like other patients encounter certain challenges during consultation at these facilities.

5.2.4 Long wait at public health care facilities

This study indicates that public health services require a long waiting period. Patients often receive assistance after a long period of time. The respondents in the study pointed to the long waiting period as a major challenge. Men who were involved in either a survey or interview stated the issue of long waiting periods in the local public health care services. The men in the study indicated that they spend long hours unattended and they felt that the long wait is exhausting. The long wait exposes patients to various conditions; in addition, their condition may become worse. There are also instances where patients return home without being treated. The men in the study indicated impatience concerning the long waiting period hence they are reluctant to visit health services. A long waiting period is likely to serve as a deterrent to visiting health facilities for many men.

5.2.5 Health care provider- Patient relationship

The health care utilisation model considers the social factors that influence utilisation of health care. The model considers that social relations affect health care seeking behaviour of individuals. O'Brien (2005) points out that the unfriendly health personnel's attitude towards men serves as a barrier to utilisation of the facilities. The present study found that the majority of men avoid consulting health care facilities because they do not feel welcome. In open ended questions of the questionnaire, some men stated that they do not appreciate the hostile attitudes of some the health care providers. Most men who were involved in the interviews shared negative past experiences with health care personnel. Men indicated that they do not appreciate or approve the attitude of some health care workers. The men pointed out that they encounter rude attitudes from some health care staff. Most men indicated that they cannot tolerate the disrespectful treatment they receive from health care staff. The negative attitude leads to reluctance in utilisation of the facilities. This also restricts good interpersonal relationship between the patient and the health provider. Fitzgerald et al. (2010) argue that men anticipate a supportive environment. A warm welcoming health environment is likely to encourage utilisation of facilities. The health care provider-patient interaction plays a significant role in health care seeking and utilisation of services.

According to Skovdal et al. (2011) men find it challenging to disclose their health condition. O'Brien et al. (2005) also suggest that the limited number of male health care workers affects men's confidence and use of services. The quantitative component of the study indicates that 39.0% within the sample feel comfortable to discuss their health condition with health care providers. However, the study also found that often health care providers are women. Most men who were interviewed pointed out that it is difficult to confide or discuss sensitive issues with female health care workers. In addition, men indicated that it is embarrassing to share personal details with female care providers. They also worried that the health personnel are often young. Particularly older men find it is inappropriate to discuss what they consider serious and private concerns with staff that they consider to be young enough to be their children or grandchildren. Regardless of the skills or qualifications the female personnel have, some men find it awkward to open up about their situation. Skovdal et al. (2011) points out that it is anticipated that men will be in control; therefore, taking and following instructions from the nurses indicates weakness.

5.2.6 Masculinity

The notions of masculinity affect decision making and behaviour of men. Different studies point out that dominant notions of masculinity emphasize self-reliance, strength and pride (Coovadia et al., 2009; Mahalik et al., 2007; Witty et al., 2001). The socially constructed concepts and expectations shape behaviour. Skovdal et al. (2011) argue that men feel discrimination associated with their illnesses. These notions promote assumptions that men do not belong in health service facilities. The health care utilisation model illustrates that members of society and households have an impact on how other individuals seek help. The qualitative component of this study found that family, friends and society influence men's health care seeking behaviour. The study found that men fear being seen at health facilities and as a result they do not consult the facilities. The fear concerns the negative attitude from friends and neighbours; they indicated that they worry what people would say. Some members of communities hold a certain stigma concerning men using health care. Seeking health care attention is perceived as a sign of weakness. This study also found that some men opt to consult clinics far away from their own neighbourhoods. Some men indicated that they went to health facilities outside their areas where no one would recognise them. This puts pressure and limits men from seeking help from available close to their place of residence.

5.2.7 Self-rating and decision making

The health care utilisation model describes the evaluation of a health condition as a need factor. It describes that individuals' perceived need for health care has an influence on health care seeking behaviour. Individuals make certain health decisions and actions based on their judgment of a condition. Other studies argue that men utilise health services when they are subject to severe illness (Albizu-Garcia et al., 2001, Macintyre et al., 1996). Galdas et al. (2001) also point out that men prefer to treat themselves, delay health care seeking and consultation until the sickness gets worse. The current study corroborates the findings of the literature. The study found that the majority of men do not seek health care immediately when they feel unwell. The quantitative results indicated that 42.5% of the sample consults health care facility after two to three days. The qualitative results of the study also indicated that men observe the condition; they wait to see what happens and they also attempt other means to get better on their own. The older men were more likely to have specific techniques that they believe work for them. The older men indicated certain skills or expertise in managing illness and improving their health conditions. This suggests that they do not rush to seek health care. The majority of men also emphasized the importance of fitness; they reckon that cleansing and taking some healthy precautions such as herbs prevent ill conditions. This indicates that most men manage self-treatment and implement particular techniques to sustain a healthy life. This also implies independence and confidence in own capabilities.

5.2.8 Traditional medicine

Furthermore, this study found that some men consult herbalists and traditional healers for treatment and health advice. A few men who were interviewed indicated that they prefer traditional treatment. In addition to the precautionary techniques that men implement to stay healthy, the men in the study pointed out that they seek herbal and traditional help. It is important to note that these kinds of services do not keep records of the patients who consult them. Therefore, there is a lack of evidence concerning men's utilisation of these services. Hence, there is a widely shared perception that men do not go to health facilities.

5.2.9 Age and Education as predisposing factors

The health care utilisation model indicates age and education as predisposing factors of health care utilisation. Age and education have an impact on how individuals use and seek health care. Young men in the study were more likely to seek health advice from older men. Some men stated that they appreciate the information they access from the mass media such as television programmes like "Soul City" (IDI #5). Men pointed out that additional information would be a great advantage. About, 46.5% indicated they appreciate further health care awareness. This suggests that men value a healthy lifestyle. It also indicates that men are receptive to changing their behaviour. Awareness does not only improve knowledge, it also promotes more healthy behaviour. Witty et al. (2011) found that men find health information on the internet helpful. Some men use the online search engines to explore certain symptoms that they may be experiencing. Men utilise information sources such as the internet service to access knowledge concerning health. The useful information involves effective lifestyle skills, for example the importance of a healthy diet (Witty et al., 2011). Therefore, the various information resources like mass media and the internet enhance awareness of symptoms, illness and appropriate care. Men utilise these sources to their great advantage.

5.3 **Conclusion**

The aim of the research was to explore the factors affecting men's health care seeking behaviour and use of services. The study explored the factors facilitating and constraining the utilisation of health services.

Various studies have explored the gender difference in utilisation of health services. Many have argued about how men and women differ in health care seeking behaviour and service utilisation. These studies focus more on biological differences between men and women. They also focus on the fact that women are marginalized under the patriarchal system and, as a result, enjoy limited opportunities and access to particular resources. Therefore, their aim was to address women's health and wellbeing. Hence, men's needs and factors affecting their wellbeing are overlooked. This study diverted from emphasis on gender differences.

The objectives of the study were accomplished through the investigation of various factors impacting the use of services. The study found that men utilise the available health facilities.

Men are aware of available health facilities and the importance of treatment. Although self-treatment and perceived seriousness of symptoms influence help seeking, the behaviour only occurs for a short while. Eventually men seek assistance when the illness gets out of hand. There is evidence that men utilise health care services when they experience serious conditions. Severe conditions force men to seek health care.

The study found that men's health care seeking and use of services is affected by socio-economic factors as well as service related aspects. It is observed that men encounter several constraints concerning health services. It became clear that there are certain barriers that prevent men from accessing appropriate health care. Notions of masculinity affect the health care seeking behaviour of men. Men experience cultural barriers that influence how they regard, seek and use health services. This restricts them from accessing health care attention. The lack of financial resources also served as a constraining factor. The study found that insufficient or lack of finances limited men from accessing the health facilities and treatment of their choice. The health service related factors also play a role in impacting the health care seeking behaviour of men. The unwelcoming environment from certain health care facilities serves as a barrier towards utilisation.

5.4 **Recommendations**

Smith et al. (2006) acknowledge difference in health service use between men and women. The authors advocate an appropriate intervention strategy to monitor men's health care seeking behaviour and utilisation of facilities. They emphasize that the issue requires increased attention and advanced health knowledge. Smith et al. (2006) also argue that the issue should be addressed applying various frameworks such as gender relations and population health. They also note a lack of policies and inadequate resources available in meeting men's issues.

Men and women have different heath needs and require various services. Section 27 of Catalysts for Social Justice (2010) also states that health activists and policy makers should defy gender inequality. Health institutions should involve various forms of assistance for men in order to accommodate men's needs and eliminate unnecessary barriers to accessing health care. Attention needs to be placed on men as well and move away from women's health

issues as the dominant priority (Section 27 of Catalysts for Social Justice, 2010). Health services should adapt and be competent to address the needs of both males and females.

Section 27 of Catalysts for Social Justice (2010) advocates the intervention of experts and activists to challenge dominant ideologies of masculinity that restrict men from seeking help. Health programmes are required to promote positive utilisation of services. Educational interventions need to emphasize the value and importance of health services' use for both females and males from early ages (Section 27 of Catalysts for Social Justice, 2010).

Coovadia et al. (2009) point out the importance of improvement within the health institutions. They argue that institutions should be accessible to all citizens. The focus should be on enhancing sustainable access. There is a need for social programmes within the education systems. The intervention should not only target citizens as users and health seekers, it should also aim to improve the health providers' attitude. A pleasant relationship between health care personnel and the patient is important. The intervention should encourage empathy and coherent communication skills by health care workers. A supportive environment with responsible health care providers would promote positive attitudes towards the use of the health facilities.

Health care seeking behaviour is a personal issue; however it is shaped by various social factors. Some factors such as the notion of masculinity need to be modified. There should be an intervention that promotes responsible behaviour. The intervention would ensure appropriate health care seeking behaviour and decrease the rate of diseases in South Africa (Coovadia et al., 2009). A shift from harmful stereotyped perceptions to advance knowledge of health care is significant for a healthy lifestyle in society (Section 27 of Catalysts for Social Justice, 2010).

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Appendix 1

Questionnaire

SECTION 1

This section refers to background or demographic information. **Please tick relevant answer.**

1. Age

Between 18 to 25	
Between 26 to 30	
Between 31 to 40	
Above 40	

2. Relationship status

In a relationship	
Single	
Married	
Divorced	
Separated	

3. Your highest educational qualification

Primary school level	
Secondary school level	
Matric (Grade 12)	
Certificate, Diploma, Degree	
Post-graduate Degree	
Other	

4. Economic status

Full time employment	

Part time employment	
Self employed	
Unemployed	
Other: Please specify how you make living	

5. Size of your household; number of family members

2 to 5 members	
6 to 10 members	
More 10 members	

SECTION 2

This section explores your behaviour and preferences regarding health seeking and use of health care services. **Please select relevant answer.**

6. Have you ever use health care services when feeling unwell?

Yes	
No	

7. If yes, what was the reason?

Admitted	
Get treatment	
Health check up	
Health information	
Other (please specify)	

8. If the answer is No in question 6, Please explain why you have never used health facility when feeling unwell. (Please write your response below)

…….
…….

…….
…….

9. What type of health care service do you prefer to use?

Public clinic/hospital	
Private clinic/hospital	
Purchasing medication from pharmacy	
Traditional healer	
Other: please specify	
None	

10. What influenced you to prefer the health care type selected in question 9?

Convenience	
Affordability	
Provides best treatment	
Prefer attitude of health care personnel	
None	

11. How often do you use health facility?

Always	
Often	
Rarely	
Never	

12. How long do you take to visit health care services during sickness?

Immediately when you feel sick	
After few days (maybe 2-5 days) of feeling sick	
After a week	

After a month	
When the condition gets worse	
Never	

13. Have you used any health care service in the past six months?

Yes	
No	

14. How often do you think one should seek health care when feeling sick or need medical assistance?

Most of the time	
Sometimes	
Never	

SECTION 3

This section explores your beliefs and perceptions regarding use of health care services. To what extent do you agree with each of the following statements? **Tick relevant answer.**

Please indicate your response using the following scale:

1. Strongly Agree (SA)
2. Disagree (D)
3. Neutral (N)
4. Agree (A)
5. Strongly Disagree (SD)

	SD	D	N	A	SA
15. I believe that using health care services indicates that I am weak					

16.Using health care services is a waste of time and money					
17.I feel comfortable to discuss my health condition with health care workers					
18. I feel comfortable asking questions to the health worker					
19.Using health care services improves my chances of getting better					
20. Health care institutions provide effective treatment					
21. I prefer treating myself					
22. I let illness to go away on its own without treatment					
23. I feel that I have enough knowledge on different types of health care services					
24. I feel that health awareness programs should be provided to enhance healthy lifestyle behaviour					
25. I take any type of illness seriously and seek health care immediately					

26. Do you feel reluctant to use health care services? Yes/No (Please explain your answer). Please write response on the space below.

…….
…….
…….
…….
…….

27. Do you feel/think that further awareness programs on the importance of different types of health care services and treatment would encourage you to use the services? Please explain your response. (Please provide answer on the space provided).

…….
……

Thank you for your participation!!

Appendix 2

Interview Schedule (in English and IsiZulu)

1. If you are feeling sick where do you go to for health assistance?
   (Uma uzizwa ungaphilile/ubuthaka empilweni uyakuphi ukuze uthole usizo?)

2. If you don't go to health facility, why don't you? How do you get better?
   (Uma ungayi, isiphi iszathu esenza ungayi futhi yini ekwenza ube ncono noma ululame?)

3. What type of ill condition that makes you seek health assistance?
   (Isimo esinjani esikwenza ukuthi uyofuna usizo emthola mpilo?)

4. Do you feel that using health care services is important? Why?
   (Ukubona kubalulekile ukusebenzisa izinsiza/izikhungo zomthola mpilo?)

5. Do you feel that the way you were brought up as a male individual influences your perception and the way you use health care services?
   (Indlela okhuliswe ngayo njengo muntu wesilisa kungabe inomthelela kwindlela obonangayo nosebenzisa ngayo izinsiza zomthola mpilo?)

6. How do you feel about consulting an outside individual; a health care worker regarding your health status?
   (Uzizwa kanjani ngokubikela umuntu wangaphandle; umsebenzi wezempilo ngesimo sakho sempilo?)

7. Do you prefer modern or traditional treatment? Why?
   (Uthanda ukusebenzisa umshanguzo wesilungu noma wesintu?)

8. Do you feel that some health care services are designed for specific groups of individuals? (Do you perhaps associate some health institutions with women and children?).
   (Indlela obonangayo ngezinsiza zomthola mpilo kungabe ihambisana nokuthi imithola mpilo yakhelwe amalungu okungabantu besifazane kanye nezingane?)

9. Do you feel that culture and tradition play an important role in shaping your beliefs and attitude towards use of health care services?
   (Kungabe isiko lidlala indima ebalulekile kwi ndlela obona nosebenzisa ngayo izinsiza zomthola mpilo?).

10. What are positive aspects of using health care services? (What are benefits of consultation and treatment?)
    (Ikuphi okuhle ngokusebenzisa izinsiza zomthola mpilo?)

11. Are there negative aspects in using health care services?
    (Kungabe kukhona okungalungile/okubi ekusebenziseni izinsiza zomthola mpilo?)

12. What do you think are possible measures to improve or enhance your perception about use of health care services?
    (Ucabanga ukuthi ikuphi okungenziwa ukuze kushintshe indlela wena kanye nabanye abantu besilisa ababona ngayo kanye nokusebenzisa izinsiza zomthola mpilo?)