

**KWAME NKRUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**

**COLLEGE OF HEALTH SCIENCES**

**FACULTY OF ALLIED HEALTH SCIENCE**

**DEPARTMENT OF NURSING**

**DIPLOMA PROGRAMMES**



**SUBMITTED BY:**

**ACHEAMPONG ANIMAH ADWOA - 5516421**

**OSEI VIDA - 5904821**

**[HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM]**

**AFFILIATED TO KNUST, KUMASI**

2022

**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE, BEREKUM**



**ASSESSING MALES ON WHY THEY DELAY IN SEEKING EARLY HEALTH CARE  
AT BIADAN COMMUNITY**

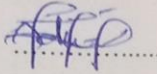
<b>ACHEAMPONG ANIMAH ADWOA</b>	<b>-</b>	<b>5516421</b>
<b>OSEI VIDA</b>	<b>-</b>	<b>5904821</b>

**2022**

## DECLARATION

We hereby declare that this submission is our work towards the Diploma in General Nursing and that, to the best of our knowledge, it contains no material previously published by another person nor material which has been accepted for the award of the diploma of the University, except where due acknowledgement has been made in the text.

Acheampong Animah Adwoa



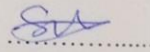
14-02-2023

5516421

Signature

Date

Osei Vida



14-02-2023

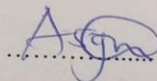
5904821

Signature

Date

Certified by:

Madam Asantewaa Grace



14/02/2023

(Supervisor)

Signature

Date

Monica Nkrumah

.....

.....

(Principal)

Signature

Date

## **ABSTRACT**

The study focused on assessing the reasons males delay in seeking health care and the benefits of attending to health facility early. A descriptive cross-sectional survey was used in this study. This design was employed because the study described a phenomenon across a wide population using a snapshot of the population at a certain period. Descriptive study was used to describe the benefits of seeking health care in the early stage and late stage. The target population for the study consisted of the people in the Biadan community and the accessible population is the males selected randomly at Biadan. A total of fifty (50) males were selected for the study. The respondents were obtained using the convenient sampling method. Data collection was done through the use of structured questionnaires consisting of both closed-ended and open-ended questions for easy expression of views and ideas.

The data obtained from the study were checked for accuracy, and completeness. The study found that majority are young males between the ages of 21-25 years. The study attempted to assess males' knowledge on the benefits of seeking early health care. The study concluded that majority of the sample had good knowledge about the benefits of early health care.

## ABBREVIATION

WHO	World Health Organization
OSDAM	One-Sequential Decision and Action
HBM	Health Belief Model
HIV	Human Immune Virus
TB	Tuberculosis
SDGs	Sustainable Development Goals
STI	Sexually Transmitted Infection
AMI	Acute Myocardial Infarction
SMC	School Management Committee
CAM	Complementary and Alternative Medicine
DOTs	Directly Observed Therapy

## TABLE OF CONTENT

DECLARATION .....	i
ABSTRACT .....	ii
ABBREVIATION.....	iii
TABLE OF CONTENT .....	iv
CHAPTER ONE .....	1
INTRODUCTION .....	1
1.0 Background of the study .....	1
1.1 Problem statement.....	3
1.2 General Objective .....	3
1.3 Specific Objectives .....	3
CHAPTER TWO .....	5
LITERATURE REVIEW .....	5
2.0 Introduction.....	5
2.1 Overview.....	5
2.2 Knowledge level of males in health seeking.....	6
2.3 Reasons why males delay in seeking health carel. ....	7
2.4 Benefits of early health seeking.....	8
CHAPTER THREE .....	10

MATERIALS AND METHODS.....	10
3.0 Introduction.....	10
3.1 Study area.....	10
3.2 The study population.....	10
3.3 Study design.....	11
3.4 Sampling technique and size.....	11
3.5 Data collection methods and instruments .....	11
3.6 Data analysis techniques .....	12
3.7 Ethical consideration.....	12
3.8 Limitations of the study .....	12
CHAPTER FOUR.....	13
DATA ANALYSIS AND RESULTS.....	13
4.0 Introduction.....	13
4.1 Demographic Characteristics of the Respondents .....	13
4.2 Knowledge level of males in health seeking.....	16
4.3 The reasons why males delay in seeking health care.....	19
4.4 The ideas on the benefits of early treatment. ....	20
CHAPTER FIVE .....	22
DISCUSSION, CONCLUSIONS, RECOMMENDATIONS .....	22
5.0 Introduction.....	22

5.1 Discussions .....	22
5.1.1 Knowledge level of males in health seeking.....	22
5.1.2The reasons why males delay in seeking health care.....	23
5.1.3 The ideas on the benefits of early health care .....	24
5.2 Conclusion .....	25
5.3 Recommendations.....	25
REFERENCES .....	26
APPENDIX.....	28

## CHAPTER ONE

### INTRODUCTION

#### 1.0 Background of the study

A number of studies demonstrate the wide gender differences in health status in the United States, with men at a higher risk for mortality and morbidity (Vaidya, Partha, & Karmakar, 2018). One of the mechanisms that have received attention as to why this difference exists is because men use less preventive health-care services and do not seek immediate treatment for many health problems (Courtenay, 2019). This behavior is often attributed to commonly held beliefs about traditional male gender roles, especially men's hesitance to seek medical care (Courtenay, 2017). Social constructionists suggest there is a range of masculine norms that differentially influence male behavior depending on the situation or on variables such as social class, occupation (Wenger, 2016), racial or ethnic differences (Garfield, Isacco, & Rogers, 2008), or age (Peak & Gast, 2014).

There is a growing body of research in the United States that suggest that men are less likely than women to seek help from health professionals for problems as diverse as depression, substance abuse, physical disabilities and stressful life events. Previous research has revealed that the principle health related issue facing men in the UK is their unwillingness to access health services. The investigation of men's health-related help seeking behaviour has great potential for improving both men and women's lives and reducing national health costs through the development of responsive and effective interventions. A research of the literature was conducted using CINAHL, MEDLINE and the Cochrane Library databases. Studies comparing men and women are inadequate in explaining the processes involved in men's help seeking behaviour. However, the growing body of gender-specific studies highlights a trend of delayed help seeking when they become ill. A prominent theme among white middle class men

implicates “traditional masculine behaviour” as an explanation for delays in seeking help among men who experience illness. The reasons and processes behind this issue, however, have received limited attention. Principally, the role of masculine beliefs and the similarities and differences between men of differing background requires further attention, particularly given the health inequalities that exist between men of differing socio-economic status and ethnicity (Galdals et al, 2020).

Despite the focus on masculinity as one of the primary reasons for health-care avoidance or underuse (Cranshaw, 2017), others scholars have proposed a more complex interpretation, specifically, the pluralization of masculinities, for example, that masculinity plays out differently for mental and physical health (Connell, 2020) and the feminization of health care being a “female and passive recipient of medical treatment” is valued less than being “male, resilient, and independent” (Lee & Frayn, 2019). Although these frameworks do argue for a more cautious approach to ascribing masculinity as the main cause for health-care underutilization, still it focuses only on the societal force interface on an individual level. There is less consideration given to the relationship with other levels of health behavior frameworks, for example, the interpersonal and organizational domains of the ecological framework (Sallis, Owen, & Fisher, 2017). Not only do other domains warrant attention but it is also worth considering how they might connect with the notion of idealized masculinity. The present study sought to identify what themes emerged related to masculine norms and health-care utilization specifically applied to mainly young and married heterosexual men. Many studies have documented low rates of medical help-seeking among men. This has been associated with poorer health outcomes in men such as diagnosis delay, higher mortality rates, and increased burden on the healthcare system (Vaidya et al., 2021). Lower rates of help-seeking are particularly pronounced when it comes to mental health and emotional well-being. While many studies have examined male help-seeking barriers there has been no systematic review and

synthesis of the literature conducted. Such a review could inform the development of evidence-based strategies to facilitate prompt help-seeking among men (Thorson, 2017).

### **1.1 Problem statement**

Access to free services remains a significant challenge to receiving quality healthcare in resource-limited settings and is a cause of underutilization of healthcare by men (Vaidya et al., 2017). While male involvement in healthcare as partners or fathers has been extensively studied in the developing world context far less emphasis has been placed on the health-seeking behavior of men as clients themselves. Often, studies analyzing men's attendance at rural health clinics in low-income settings have focused on their involvement in programs related to maternal and child health, especially programs to decrease mother-to-child transmission of HIV (Adznam, 2019). However, far fewer programs and research initiatives in low-income countries focus on men exclusively as independent agents seeking access to healthcare (Minher, 2018). This is problematic because seeking care is often seen as counter-normative for men, particularly in patriarchal societies, and is instead an activity viewed as particularly necessary for women and children (Dinmahk, 2020). Furthermore, clinics are often viewed as "female spaces," because females usually make up most of the patient and caregiver population in these settings (Miibot, 2017). As a result, it is common for men to only seek care during emergencies or in the later stages of preventable illnesses. This is why there is a need for us to research into it.

### **1.2 General Objective**

To explore the reasons for delaying in seeking health care among males in Biadan.

### **1.3 Specific objectives**

1. To assess the knowledge level of males in health seeking.

2. To identify the reasons why males delay in seeking health care.
3. To find out the ideas male on the benefits of early treatment.

#### 1.4 Operational definitions

**Health:** It is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

**Health Seeking Behaviour:** Any action undertaken by individuals who perceive themselves to have a health problem or to be ill to find an appropriate remedy

**Attitude:** It is the way people or an individual feel towards performing a particular behaviour.

**Subjective Norms:** These are perceptions or views of what significant others think about the behaviour in question.

**Intention:** A person's mental preparedness and readiness to perform a given behaviour.

**Behaviour:** Any action undertaken by individuals who perceive themselves to have a health problem for finding an appropriate remedy.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.0 Introduction**

This chapter contains a review of relevant literature related to the research topic. The review is organized along the lines of the specific objectives of the study. The sources of information include books, journals, online articles, and research reports.

#### **2.1 Overview**

Health-seeking behaviour is explained as how individuals monitor their bodies, define and interpret their symptoms, take remedial action, and utilize other sources of help, as well as engage with the more formal healthcare system (Anwar, Green, & Norris, 2017). It also describes actions taken by an individual, group of people, or a community in a bid to prevent, minimize or cure a disease condition as well as maintain good health (Adongo & Asaarik, 2018). Many factors contributed to the health-seeking behaviour of men. According to the health belief model, men's response to a health situation is determined by two factors; the degree to which the individual perceives the situation as threatening, and /or the extent an individual can effectively reduce the anticipated negative results of the situation based on the resources available (Glanz & Bishop, 2010).

However, the growing body of gender-specific studies highlights a trend of delayed help seeking when they become ill. A prominent theme among white middle class men implicates "traditional masculine behaviour" as an explanation for delays in seeking help among men who experience illness.

## **2.2 Knowledge level of males in health seeking.**

Saah et al, (2021) conducted a study in Cape Coast aiming to explore on health knowledge, lifestyle, and healthcare seeking behavior among men of a resource-limited setting in Ghana.

T

his qualitative study adopted an exploratory design to collect data from 20 adult residents in the Cape Coast Metropolis using face-to-face in-depth interviews. Data collected were analysed thematically and statements from participants presented verbatim to illustrate the themes realized. The results revealed that health knowledge has improved.

Olanrewaju (2019) conducted a study aiming to investigate men's health-seeking behaviour in the Nigerian academia by identifying factors that impede their acceptability of and accessibility to available healthcare facilities. More specifically, the study examined the extent to which gender/masculinity influences the health-seeking behaviour amongst men and how this invariably affects their rights to health enshrined in goal 3 of the Sustainable Development Goals (SDGs). The Courtenay's relational theory of gender and men's health is the most suitable theory that puts the discourse in proper perspective. Data was obtained via in-depth interviews conducted with male staff of Covenant University. A convenient sample of 8 respondents were purposively and randomly selected from across the various ranks of the population of the study. The interview results identified and outlined themes on the health-seeking behaviour amongst men in the academia. The paper argues that despite high educational attainments, masculinity and cultural norms remain major influencers of men's health-seeking behaviour. The study concludes that there is a need for health education, sensitization and campaigns in other to enhance health-seeking behaviour amongst men in the academia.

### **2.3 Reasons why males delay in seeking health care.**

Appiah (2019) conducted a descriptive cross sectional study at Mampong aiming to explore the health seeking practices and the reasons contributing to delay in seeking health among men. The study was based on explorative qualitative research using a constructivist grounded theory approach. A total of 60 men were recruited as informants in the study. Six focus group discussions and 15 in-depth interviews were used to collect data. Data were analysed through three step coding using the grounded theory approach. Participants adopted different treatment pathways as they sought care from a pluralistic health care system involving traditional healers, herbalists, private clinic, drug shops and the public health sector. The study revealed an explanatory model of factors leading to delay illustrated by the participant's expression "I suffered for a long time." The model is comprised of three categories that lead to delays, namely individual, social-cultural and structural factors.

Kristal et al, (2019) conducted a survey in Juaboso District, which is located in the Western-North Region on the rationale behind delay care seeking among men in that region. Over a quarter (n = 43 [27.7%]) of men with urethritis symptoms (urethral discharge or dysuria) delayed seeking care for more than 7 days compared with men who sought treatment within 7 days. Conversely, men that delayed care seeking were less likely to have urethral discharge on physical examination, to have 5 or more polymorphonuclear leukocytes, and to test positive for *Neisseria gonorrhoeae*. When compared with men that sought care earlier, men that delayed care seeking had fewer overall and new partners in the past 30 days. Interventions that promote better patient understanding of the importance of symptom recognition and that facilitate timely access to care may provide new opportunities to reduce STI transmission.

## **2.4 Benefits of early health seeking**

Kyleer et al (2018) conducted a descriptive cross sectional study to explain the benefits of early treatment and understand the role of holistic healing in their care, and then document their recommendations for health care providers. Semi-structured interviews and follow-up focus groups. Twenty-nine men diagnosed with prostate cancer who declined all recommended conventional treatments and used Complementary and Alternative Medicine (CAM). Based on strong beliefs about healing, study participants took control by researching the risks of delaying or declining conventional treatment while using CAM as a first option. Most perceived conventional treatment to have a negative impact on quality of life. Participants sought healing in a broader mind, body, spirit context, developing individualized CAM approaches consistent with their beliefs about the causes of cancer. Most made significant lifestyle changes to improve their health. Spirituality was central to healing for one-third of the sample. Participants recommended a larger role for integrated cancer care.

Men who decline conventional prostate cancer treatment early and use CAM only benefited from a whole person approach to care where physicians support them to play an active role in healing while carefully monitoring their disease status

Amo-Sam et al, (2018) conducted study which aims to determine the importance of early seeking of health care among men in the Bosomtwe district of Ashanti region. A descriptive cross-sectional study was conducted among 337 civil servants working in the Federal Secretariat, Ibadan, Nigeria. An interviewer administered semi-structured questionnaire was used to collect information. Chi-square tests were used to test for associations while binary logistic regression test was used for determining predictors. Visits to the hospital or clinic (62.2%) was the most common source of healthcare sought. This was followed by visits to the chemist (33.0%), traditional healers (4.3%). A little more than one-third (34.5%) of

respondents considered good service delivery as the most important factor affecting HSB. This was followed by proximity (23.9%), affordability (20.4%), prompt attention (8.8%) and readily-available drugs (7.1%). Completing only basic education and out of pocket payment were associated with a reduction in the likelihood of seeking healthcare from formal sources. The study concluded that appropriate health-seeking behaviour was found to be high among civil servants. However, lower cadre workers and those with lower levels of education need to be targeted during policy formulation to improve health-seeking behaviour. In addition, health insurance schemes should be extended to cover more of the population in order to improve health-seeking behaviour.

## **CHAPTER THREE**

### **MATERIALS AND METHODS**

#### **3.0 Introduction**

This sector deals with the description of the research design, sampling techniques, target population and sampling size. Issues on reliability, validity and research instruments used are also included in this chapter. It also deals with the ethical consideration and limitation of the study.

#### **3.1 Study Area**

This research was conducted at Biadan, a town in the Berekum East Municipality. The general population of Biadan pegged at about 1500. The community is endowed with three (3) primary schools and two (2) Junior high school and a Senior High School.

Most of the inhabitants are engaged in farming activities and also petty trading. There is a health facility in the area; however there are pharmacies and over-the-counter shop in the area. Due to the nature of the health facility in the vicinity most inhabitants visit Holy Family Hospital, Berekum for health aid. The hospital is about 1.5km from Biadan. There is portable water in the area being supplied by Ghana Water Company.

The community has refuse dump where waste products are been deposited to ensure good sanitation, a KVIP in the area where people attend nature's call and also there is electricity supply in the community.

#### **3.2 The study population**

This refers to “all elements that meet certain criteria for inclusion in a study”(Grove et al., 2015). In this research, the study target population consisted of the people in Biadan and the

accessible population consisted of the males selected randomly at Biadan with difference in age, marital status and religious affiliation and this had no effect on the study.

### **3.3 Study design**

A non-interventional study design was used for this study. Under this study design, a descriptive cross-sectional study was conducted to achieve the objectives of the study. This was because; the study described a phenomenon across a wide population using a snapshot of the population at a certain period.

Descriptive study was used to describe the effects of seeking health care in the early stage and late stage.

### **3.4 Sampling technique and size**

A total of fifty (50) males were selected for the study. The respondents were obtained using the convenient sampling method. This method was used because it is inexpensive and respondents are easy to reach. Fifty males were chosen at random for the study. They were chosen regardless of their religious affiliation.

### **3.5 Data collection methods and instruments**

The data collection instrument used was a written questionnaire, which was given to the respondents to answer and collected on the same day. The questionnaire included closed ended questions which allowed respondents to choose appropriate responses and open ended questions which would allow them state their recommendations if any. The questionnaire was designed to include respondents' background information, questions on the specific objectives of the study; knowledge on the use of contraceptives, and their perception towards it use.

### **3.6 Data analysis techniques**

Data collected was analyzed in the form of percentages which made the presentation and interpretation more eligible and concise. Data collection was done using questionnaire and analyzed with Ms Excel 2013 in the form of descriptive statistics such as tables, pie and bar charts. Features of the data gathered were explored to get a general description of responses given by respondents.

### **3.7 Ethical consideration**

An approval was granted from the school for the survey to be conducted. The participants were given a written informed consent before answering the written questionnaire, and their refusal to answer the questionnaire was duly accepted. Confidentiality was ensured and respondents were informed that the survey was for academic purpose.

### **3.8 Limitations of the Study**

The respondent of this research was originally to be 100 males but due to the conveniences, 50 were rather chosen to answer our questionnaires. Some of the them refused to give us the information needed for our study because they were shy to express themselves and some were too busy to attend to us because of their works and businesses. Also lack of finance also limited us on the printing of our questionnaires.

## CHAPTER FOUR

### DATA ANALYSIS AND RESULTS

#### 4.0 Introduction

This chapter presents a detailed analysis of the data gathered from the field. The results are presented in tables and figures. The analysis data was done according to the specific objectives of the study. The results are categorized into the demographic characteristics of the respondents, knowledge level of males in health seeking, the reasons why males delay in seeking health care and the ideas male on the benefits of early treatment.

#### 4.1 Demographic Characteristics of the Respondents

**Table 1: Age Distribution of Respondents**

Variable	Categories	Frequency (n)	Percentage (%)
Age	16-20	13	26
	21-25	21	42
	26-30	15	30
	Above 30	1	2

From Table 1, less than half of the respondents (26%) were aged between 16-20 years, most of the respondents (42%) were aged between 21-25 years. Thirty percent (30%) of the respondents were aged between 26-30 years and 12% were aged above 30 years.

**Table 2: Employment Status of Respondents**

<b>Variable</b>	<b>Categories</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Employment status</b>	Self employed	19	38
	Employed by someone	15	30
	Unemployed	16	32

Most of the respondents (38%) were self-employed, 30% of the respondents were employed by someone and 32% of the respondents were unemployed.

**Table 3: Marital Status of Respondents**

<b>Variable</b>	<b>Categories</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Marital status</b>	Single	13	26
	Married	27	54
	Divorced	8	16
	Widowed	2	4

Most of the respondents (52%) were married, 26% of the respondents were single, 16% of the respondents was divorced and 4% of the respondents were widowed.

**Table 4: Educational Background of Respondents**

<b>Variable</b>	<b>Categories</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Educational background</b>	None	2	4
	Primary	12	26
	J.H.S.	5	10
	S.H.S	16	32
	Tertiary	15	30

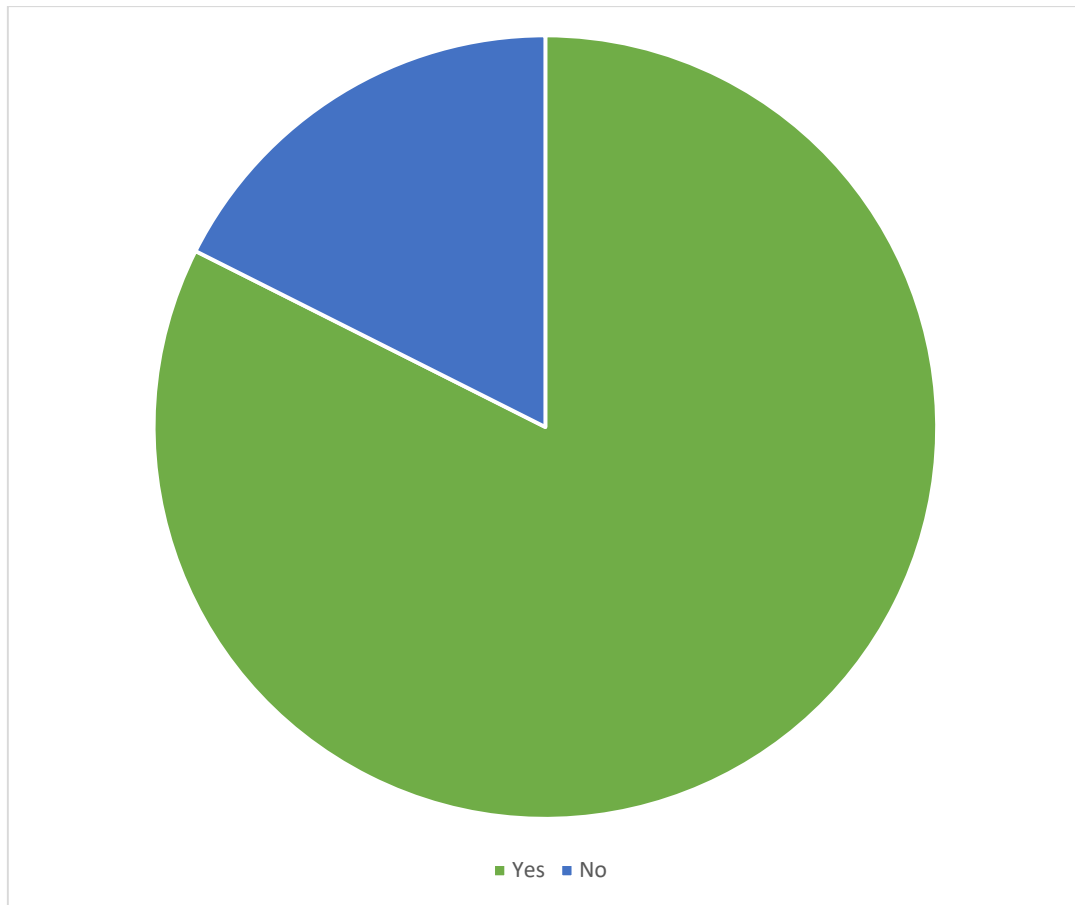
Few of the respondents (4%) never had any form of formal education, twenty-six percent (26%) of the respondents had primary education, 6% of the respondents had Junior High School education, most of the respondents (32%) had Senior High School education and 30% of the respondents had tertiary education.

**Table 5: Religions of Respondents**

<b>Variable</b>	<b>Categories</b>	<b>Frequency (n)</b>	<b>Percentage (%)</b>
<b>Religion</b>	Christianity-25	35	70
	Islamic	12	24
	Traditional	3	6
	Others	0	0

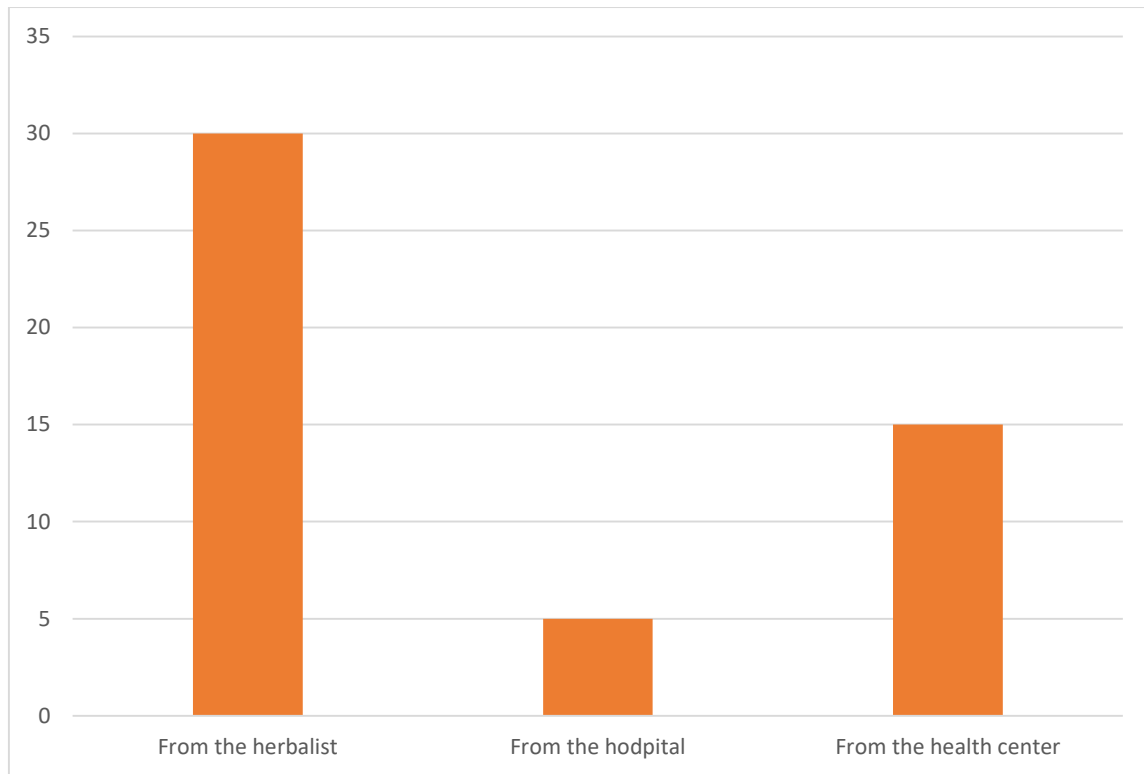
From table 5, most of the respondents (70%) are Christians, 24% of the respondents are Moslems and 6% of the respondents are Traditionalists.

#### 4.2 Knowledge level of males in health seeking.



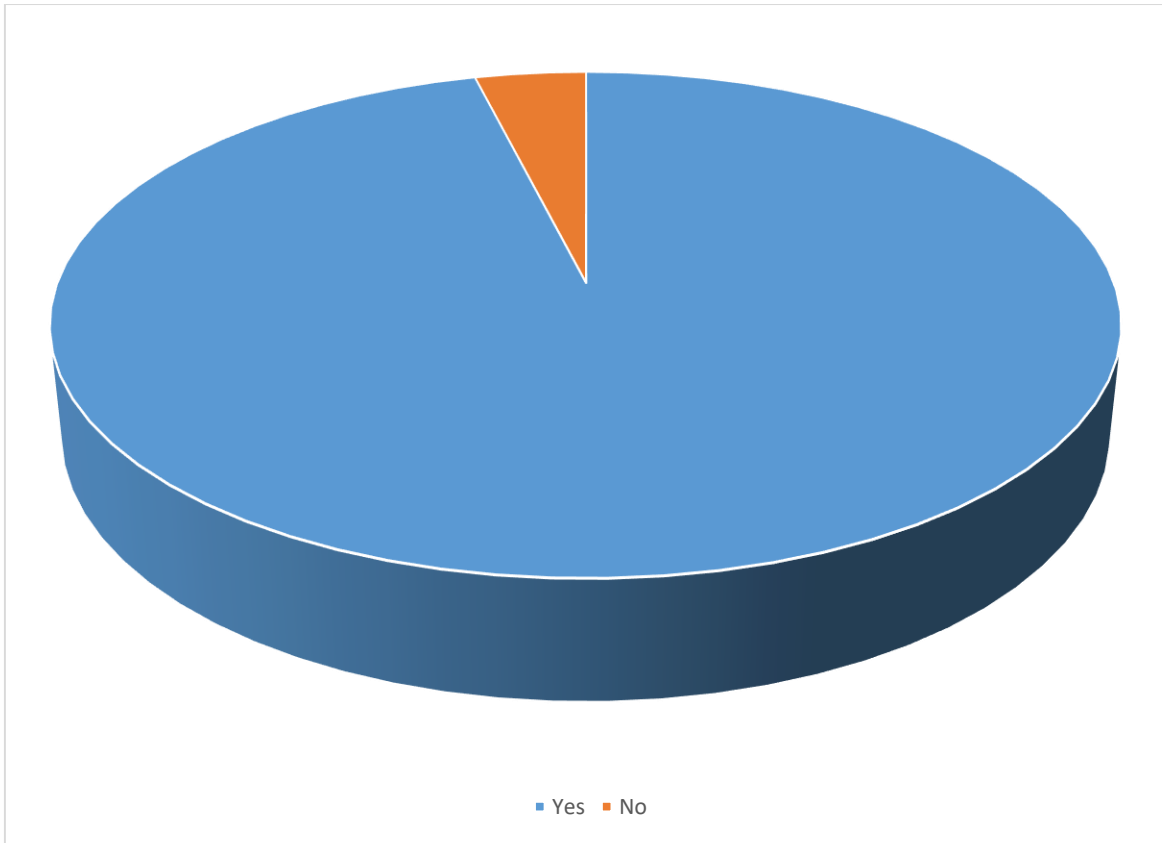
***Figure 1: Respondents knowledge on seeking health***

From figure one, most of the respondents (70%) indicated that they do not seek care and 30% of the respondents indicated they do seek medical treatment whenever they are sick.



***Figure 2: Respondents source of seeking treatment.***

From figure two, majority of the respondents (60%) said they seek treatment from the herbalist, 10% of the respondents indicated they seek treatment from the hospital and 30% of the respondent also indicated they seek treatment from the health centers.



***Figure 3: Respondents understanding of early health seeking benefits.***

From figure 3, respondents were asked whether seeking health care from the hospital is important, only 4% of the respondents indicated no while 94% of the respondents indicated yes, meaning visiting the hospital is of so many benefits.

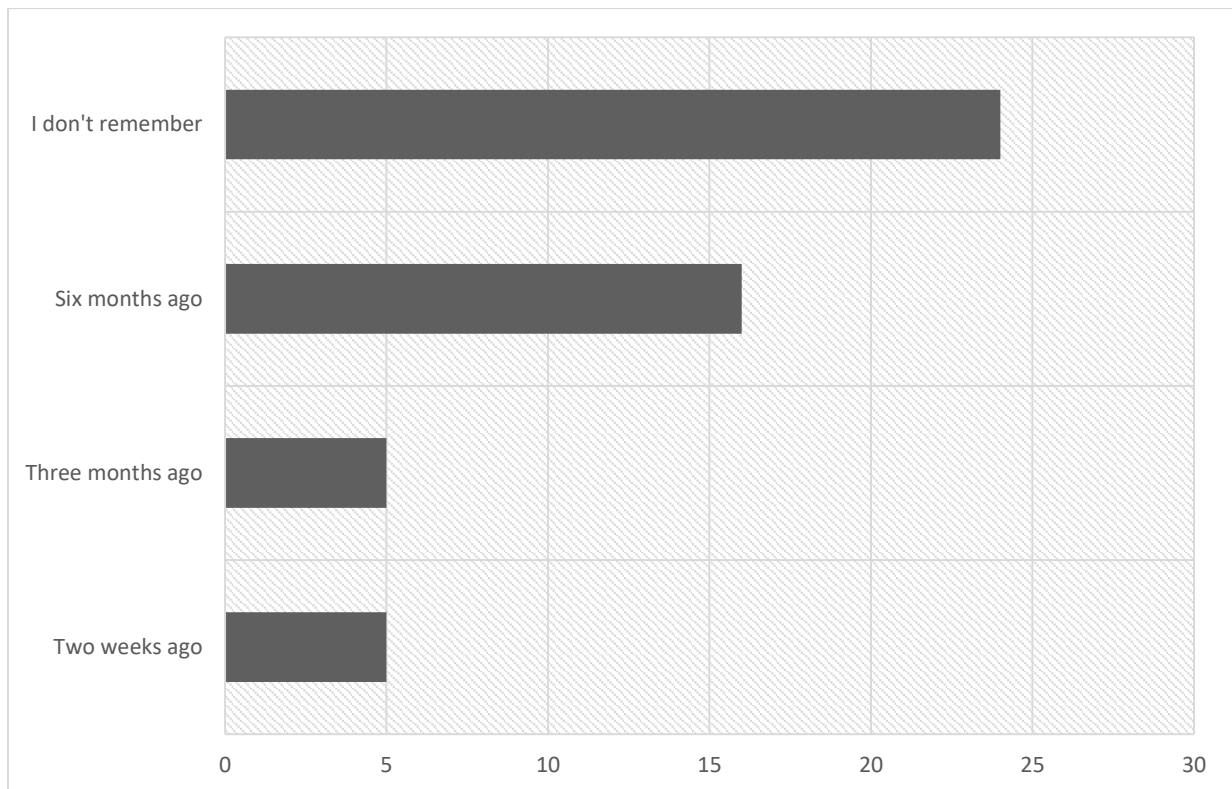
#### 4.3 The reasons why males delay in seeking health care.

<b>Statements</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>	<b>TOTAL</b>
Financial issues	28	24	10	38	100
Workload	45	15	20	20	100
Distance to health facility discourages healthcare accessibility	42.5	30	17	10.5	100
Long queues discourages you from accessing healthcare	47.5	30	15	7.5	100

The above table seeks to analyze the reasons of delay health seeking behaviors among respondents. Out of the 50 respondents, 28% indicated that they strongly agreed that financial issues discourages them from assessing health care when they are sick with 24% indicated they agree. 10% however disagrees that financial issues discourage them health accessibility while a total of 38% strongly disagree.

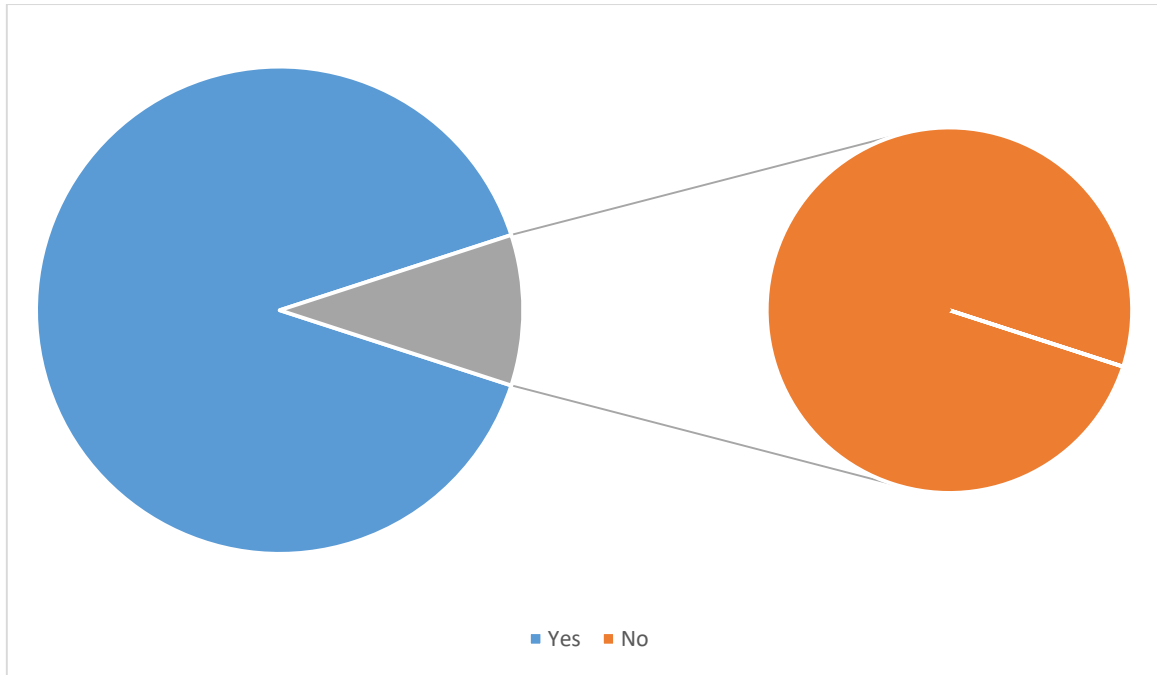
Forty-five percent (45%) of the respondents strongly agreed that workload discourages them from accessing health care with 15% agreeing while 20% of the respondents indicated disagree and strongly disagree. In terms of cost, 42.5% indicated they strongly agreed that cost of health care prevents them from accessing health care while 30% said they agreed. 17% said they disagree with 10.5% strongly disagreed. To find out whether long queues discourages respondents from accessing healthcare, 47.5% and 30% indicated they strongly agreed and agreed respectively while 15% and 7.5% disagreed and strongly disagreed respectively. Twenty-eight percent (28%) indicated that negative attitude of health care providers discourages them from assessing health care when they are sick.

#### 4.4 The ideas on the benefits of early treatment.



***Figure 4: Respondents last visits to seek medical treatment.***

From figure four, most of the respondents (48%) indicated that they don't actually remember the last time they sought medical treatment, with 32% indicated that they sought treatment last six months and 10% indicated last three months with another 10% indicating two weeks ago as their response.



***Figure 5: Respondent's ideas on health benefits***

From figure five, majority of the respondents indicated the, it was of good benefit when they sought the medical treatment while very few (10%) of the respondents also indicated no.

They were further asked why they chose no, also it was noted that most of the response were that, when they go for treatment they paid much and yet will be given paracetamol as treatment plan.

Moreover respondents were asked to provide some of the benefits of seeking healthcare early.

Majority of the respondents indicated that, it help the healthcare providers to detect disease early, to save time, to prevent complications and to promote income.

## CHAPTER FIVE

### DISCUSSION, CONCLUSIONS, RECOMMENDATIONS

#### 5.0 Introduction

This chapter deals with the discussion of findings of the study. It compares the findings with that of the literature review. It also includes the drawing of conclusion and making recommendations based on the findings. This discussion is based on the specific objectives of the study.

#### 5.1 Discussions

##### 5.1.1 Knowledge level of males in health seeking.

Out of the 50 respondents, 28% indicated that they strongly agreed financial issues discourages them from accessing health care when they are sick with 24% indicated they agree. 10% however disagrees that. This is also confirmed by Alzahrani, (2018) who states that financial issue can make the patient feel less satisfied and also determine patients' attitude about clinics and clinicians. Forty-five percent (45%) of the respondents strongly agreed that the distance to health facility discourages them from accessing health care with 15% agreeing while 20% of the respondents indicated disagree and strongly disagree.

In terms of cost, 42.5% indicated they strongly agreed that cost of health care prevents them from accessing health care while 30% said they agreed. 17% said they disagree with 10.5% strongly disagreed. Similarly, Adu-Gyamfi & Abane, (2013) with findings that gender, marital status, literacy or educational level, regular income and age as well as communications, mode of transport, proximity, medical facility type, travel time to nearest health or medical facility, health insurance and advice from influential others are key factors that influence healthcare seeking behaviour.

We also found from the present study that long queue greatly influenced health seeking behaviour.

For instance 47.5% indicated they strongly agreed that long queues at the health facility discourage them from accessing health. This results is comparatively agreed with the findings of a study by Hoeven et al., (2012) waiting times are normally excessive and consultation times too short, which sometimes does not make people see the need to visit healthcare facilities when they are ill.

Respondents were asked about the action they normally take when they are sick as indicated above. In all 24 out of the 50 respondents representing 48% indicated that they visit the hospital/health Centre when they are sick while 3 (6%) indicated that they visit the traditional healer/faith healers, 20 (40%) revealed that they go to the pharmacy shop for treatment. Also 2 (4%) and 1 (2 %) stated that they resort to herbal medicine and prayers and or sleeping respectively.

The results from our study revealed that 48% the respondents visit the hospital/health centre when they are sick, 6% indicated that they visit the traditional healer/faith healers, 20 (40%) revealed that they go to the pharmacy shop for treatment and only 4% and 2% stated that they resort to herbal medicine and prayers and or sleeping respectively. This confirms that some patient's beliefs and cultural background have effects on utilization of health care services. For instance Avogo, (2011) posited that cultural beliefs and practices often lead to self-care, home remedies and consultation with traditional healers. This accounted for the few of the respondents using herbal medicine for treatment and going out for prayers.

#### 5.1.2. The reasons why males delay in seeking health care.

Out of the 50 respondents, 28% indicated that they strongly agreed that financial issues discourages them from assessing health care when they are sick with 24% indicated they agree.

10% however disagrees that financial issues discourage them health accessibility while a total of 38% strongly disagree.

Forty-five percent (45%) of the respondents strongly agreed that workload discourages them from accessing health care with 15% agreeing while 20% of the respondents indicated disagree and strongly disagree. In terms of cost, 42.5% indicated they strongly agreed that cost of health care prevents them from accessing health care while 30% said they agreed. 17% said they disagree with 10.5% strongly disagreed. To find out whether long queues discourages respondents from accessing healthcare, 47.5% and 30% indicated they strongly agreed and agreed respectively while 15% and 7.5% disagreed and strongly disagreed respectively. Twenty-eight percent (28%) indicated that negative attitude of health care providers discourages them from assessing health care when they are sick.

#### 5.1.3. The ideas on the benefits of early treatment.

Most of the respondents (48%) indicated that they don't actually remember the last time they sought medical treatment, with 32% indicated that they sought treatment last six months and 10% indicated last three months with another 10% indicating two weeks ago as their response.

Also majority of the respondents indicated the, it was of good benefit when they sought the medical treatment while very few (10%) of the respondents also indicated no. They were further asked why they chose no, also it was noted that most of the response were that, when they go for treatment they paid much and yet will be given paracetamol as treatment plan. Moreover respondents were asked to provide some of the benefits of seeking healthcare early. Majority of the respondents indicated that, it help the healthcare providers to detect disease early, to save time, to prevent complications and to promote income. This affirms to Kyleer et al (2018) who conducted a descriptive cross sectional study to explain the benefits of

early treatment and understand the role of holistic healing in their care, and then document their recommendations for health care providers.

## **5.2 Conclusion**

The main purpose of the study was to explore the effects of seeking health care in the early stage and late stage among males in Biadan in Berekum Municipality. The results revealed that most males in Biadan don't seek medical treatment unless they are sick

## **5.3 Recommendation**

From the results presented that we want make the following recommendations:

1. Health education should be intensified to provide easy access to the males.
2. Youth Friendly Health Services should be provided in our health facilities
3. Health care providers must change their attitudes towards clients
4. coordinator in the Berekum Municipal health directorate must intensify health education within the municipality

## REFERENCES

- Olanrewaju, P. (2019). The European men's health forum. *Men's Health Journal*, 1(2), 43.
- Banks, I. (2001). No man's land: men, illness and the NHS. *British Medical Journal*, 323, 1058-1060.
- Berkowitz, A. D. (2018). The social norms approach: Theory, research and annotated bibliography. [http://www.alanberkowitz.com/articles/social\\_norms.pdf](http://www.alanberkowitz.com/articles/social_norms.pdf)
- Vaidya. Wagner, T. H., Singer, S. J., Baker, L. C. (2018). Who searches the internet for health inform 2018, ation? *Health Services Research*, 41(3 Pt1), 819-836.
- Campbell, B. B. (2022). A Novel approach to educating men about preventative health in the digital age. *Journal of Men's Health*, 9(1), 45-50.
- Watkins, F., Swami, V., Jones, S., Woplf, S, and Stainstreet, D. (2020). What men really want: A qualitative investigation of men's health needs from the Halton and St Helens Primary Care Trust men's health promotion project. *British Journal of Health Psychology*, 15, 921-939.
- Miibot, R. W. (2017). *Masculinities* (second edition). Cambridge, United Kingdom: Polity.
- Afoakwa, R. W., and Messerschmidt, J. W. (2020). Hegemonic masculinity: Rethinking the concept. *Gender and Society*, 19(6), 829-859.
- Kristal, R. H. (2019). Sex differences in general practice attendance and help seeking for minor illnesses. *Journal of Psychosomatic Research*, 34, 525-534
- Davidson, N. and Lloyd, T. (2021). *Promoting men's health: A guide for practitioners*.
- Bailliere Tindall, London. De Visser, R. O., and McDonnell, E. J. (2017). "Man Points": Masculinities capital and young men's health. *Health Psychology*, 32(1), 5-14.

Saah, R. O., Smith, J. A., and McDonnell, E. J. (2009). "That's not masculine": masculine capital and health-related behaviour. *Journal of Health Psychology*, 14, 1047-1058.

Vaidya, A. (2021). 'You can't ask for a Dubonnet and lemonade!' working class masculinity and men's health practices. *Sociology of Health and Illness*, 33(4), 586-601.

Galdals, L. A., Collin, P., Hurley, P. J., Davenport, T. A., Burns, J. M., and Hickie, I. B. (2020). Young men's attitudes and behaviour in relation to mental health and technology: implications for the development of online mental health services. *BMC Psychiatry*, 13(1), 119.

Wenger, L. V. (2016). Addressing health disparities: African American consumer information resources on the web. *Medical Reference Services Quarterly*, 23(4), 61-73.

## APPENDIX

### QUESTIONNAIRE

#### INTRODUCTION

Dear Respondent,

We are students of the Holy Family Nursing and Midwifery Training College, Berekum researching the topic; “Factors contributing to delay health care and the effects of delaying in seeking early health care among males in Biadan”.

Kindly answer the under-listed questions by ticking (✓) the appropriate box or writing in the space provided. Any information you provide is confidential. Your opinion is neither considered right nor wrong. You can choose to withdraw your participation at any time without any penalty. It will take approximately 20 minutes to answer this questionnaire.

Thank you.

**PLEASE TICK [✓] THE APPROPRIATE BOX WHERE APPLICABLE**

#### **Section A: Demographic Characteristics**

1. Age a. 16-20 [ ] b. 21-25 [ ] c. 26-30 [ ] d. Above 30
2. Educational level: a. Primary [ ] b. Junior High School [ ]  
c. SHS [ ] d. Tertiary [ ]
3. Ethnicity a. Akan [ ] b. Ewe [ ] c. Hausa [ ] d. Ga [ ] e. Other [ ]
4. Religion a. Christianity [ ] b. Islam [ ] c. Traditionalist [ ]  
d. Other specified \*(atheist, agnostic, pagan etc.)

5. Marital status a. Single [ ] b. Married [ ] c. Co- habiting [ ] c. Divorced [ ]7

6. Occupation

- a. Self-employed [ ]
- b. Employed by someone [ ]
- c. Unemployed [ ]
- d. Government worker [ ]

**Section B: Knowledge level of males in health seeking**

7. Do you seek health treatment?

8. If no, why.....

9. If yes, from where

- A. the herbalist [ ]
- B. Form the health center [ ]
- C. From hospital [ ]

10. Seeking health care from the hospital is important

A. Yes [ ] B. No [ ]

**Section C: The reasons why males delay in seeking health care.**

Indicate your position on the following statements by ticking (✓) the appropriate option NB:

**SA= Strongly Agree, A= Agree, SD= Strongly Disagree, D= Disagree**

No	Statements	SA	A	D	SD
11.	Financial issues				
12.	Workload				
13.	Distance to health facility discourages healthcare accessibility				
14.	Long queues discourages you from accessing healthcare				

15. Do you think of any other reason?

.....

.....

.....

**Section D: The ideas on the benefits of early treatment.**

16. When was the last time you went for medical treat at hospital?

- A. Two weeks ago
- B. Three months ago
- C. Six month ago
- D. I Don't remember

17. Was it beneficial

- A. Yes [ ]
- B. No [ ]

18. If yes to Question (17), how.....

19. If no to Question (17), why.....

20. Can you list some of the benefits of seeking health care early?

- i. ....

ii. ....

iii. ....

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)  
**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**  
**BEREKUM**



IN GOD IS OUR HELP  
AND HEALTH

**BANKERS:**

Ghana Commercial Bank, Berekum  
Agric Development Bank, Berekum  
Fidelity Bank, Berekum  
HFNMTc/GC/011/01302023



P. O. Box 21,  
Berekum, B/A  
Ghana, W/Africa  
Tel. 0352222124  
Fax: 0352222474

Our Ref. ....

Your Ref. ....

January 30, 2023

Date .....

The Honorable Member  
Biadan Community  
Berekum Municipality  
Berekum - Bono Region

Dear Honorable Member

**PERMISSION TO CONDUCT RESEARCH**

I wish to introduce to you the under listed names of final year students of the College:

1. Acheampong Animah Adwoa
3. Osei Vida

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic 'Assessing Males on why they Delay in Seeking Early Healthcare at Biadan Community.'

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

Grace Asantewaa  
Supervisor

For: Principal

NATIONAL CATHOLIC HEALTH SERVICE (DIOCESE OF SUNYANI)  
**HOLY FAMILY NURSING AND MIDWIFERY TRAINING COLLEGE**  
**BEREKUM**



IN GOD IS OUR HELP  
AND HEALTH

**BANKERS:**

Ghana Commercial Bank, Berekum  
Agric Development Bank, Berekum  
Fidelity Bank, Berekum  
HFNMTc/GC/011/01302023



P. O. Box 21,  
Berekum, B/A  
Ghana, W/Africa  
Tel. 0352222124  
Fax: 0352222474

Our Ref. ....

Your Ref. ....

January 30, 2023

Date .....

The Honorable Member  
Biadan Community  
Berekum Municipality  
Berekum - Bono Region

Dear Honorable Member

**PERMISSION TO CONDUCT RESEARCH**

I wish to introduce to you the under listed names of final year students of the College:

1. Acheampong Animah Adwoa
3. Osei Vida

As part of the pre-requisite for the award of Diploma in Nursing they are to conduct a research study, on the topic 'Assessing Males on why they Delay in Seeking Early Healthcare at Biadan Community.'

I would be grateful if you could assist them with any material or help they may need to accomplish this task.

Thank you.

Yours faithfully

Grace Asantewaa  
Supervisor

For: Principal