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*Health seeking behaviour of men
with STIs in a Ghanaian
municipality*





Health Seeking Behaviour of Men with Sexually Transmitted Infections/HIV in a Ghanaian municipality

By

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INTRODUCTION

- ▶ Early health seeking behaviours are critical for recovery.
- ▶ Evidence shows that men generally fail to seek early health interventions compared to women (Noone & Stephens, 2008).
- ▶ A growing concern in Western cultures is that men are reluctant to seek healthcare (Galdas, Cheater & Marshall, 2005, O'Brien et al, 2005; Smith et al, 2005).
- ▶ Men are disinterested in issues relating to their health and may be less likely to seek help for health related problems (Addis & Mahalik, 2003; Mansfield et al, 2003; Smith, Braunack-Mayer, & Wittert, 2006).

INTRODUCTION

- These ideas have been linked to hegemonic masculine traits that expect men to be independent, strong, stoical and tough (Lee & Owens, 2002; Riska, 2002).
- Health seeking and health service utilisation is an indictment to their hegemonic masculinity traits, hence the failure to seek early health care
- Meanwhile, many of the health problems that men face can be prevented or cured with early medical intervention or a change in lifestyle.
- However, boys who are brought up to believe that "real men don't get sick" see themselves as not vulnerable to illness or risk.
- When they fall ill, they may endure the illness or seek health care only as a last resort (Langeni, 2007).
- These attitudes and behaviours undermine preventive efforts of sexually transmitted infections (STIs) such as HIV/AIDS.
- If real men do not fall ill, then it is not "manly" to worry about avoiding risks, condom use and other safer-sex precautions to prevent HIV and other STIs ([UNAIDS](#), 2000)

Rationale for the study

- Prevalence data on STIs in Ghana are available, data on individuals' STI-related care seeking behaviours are limited.
- A better understanding of the factors that lead individuals to seek or not seek treatment is critical for effective STI control.
- The study explored the health care seeking behaviours of male patients in a Municipality in Southern Ghana.
- Findings will contribute towards the development of health education programmes, and policies to help lessen the spread of STIs and HIV/AIDS in high-risk populations.

The Problem

- Globally, Sexually Transmitted Infections (STIs) have caused significant morbidity and mortality among millions of men, women and infants for decades (Jayabaskar, 2004).
- Studies have proved that, in the Western world, the health of men is poorer than that of women; mortality rates are higher in men than women.
- Thus, men still have lower life expectancy than women.
- Over the last decade, men's health has increasingly become a public health concern, yet, their use of health services is still less than women (Courtenay 2000; Porter & Ku 2000; Sadosky 2005).

The Problem

- ▶ A study conducted in Botswana on contextual factors associated with treatment seeking behaviour and high-risk sexual conduct of men with sexually transmitted infection (STIs), found that high-risk behaviours continue to sustain the STIs/HIV epidemic.
- ▶ Yet, men continue to resist seeking medical treatment and continue to engage in unprotected sex with multiple sexual partners while experiencing STI symptoms (Langeni, 2007).

The Problem

- In Ghana, statistics from the STIs, AIDS/HIV control unit of the Public Health Department of the Municipal Hospital studied showed that men's reluctance in seeking treatment after a STI/HIV diagnosis is increasing compared to that of women.
- In 2009, 236 new patients receiving HIV clinical care; **23.7% were male, 76.3% were female** and **only 16.9% of the males** continued seeking clinical care and receiving ART.
- In 2010, 333 new patients received HIV clinical care; 23.1% were male, **76.9% were female** and **15% of the males** continued to seek clinical care for ART.
- In 2011, out of 344 new patients receiving HIV clinical care **33.1% were male, 66.9% female** and **15.1% of the males** continued with the ART, consistently.



The Problem

- ▶ The longer an infected man remained with symptoms of STIs/HIV before seeking clinical care or treatment, the higher the probability existed for him to engage in unprotected sex and hence infect others (Mason, 2005).
 - ▶ Thus, men's increasing reluctance and sometimes refusal to seek clinical care is a problem that needs to be addressed in the fight against STIs/HIV.
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Purpose & RESEARCH QUESTIONS

Purpose: to explore the health seeking behaviours of men with STIs/HIV.

Research questions

- What do participant's know about sexually transmitted infections, including HIV?
- **What are the treatment steps taken by participants with STIs/HIV and what were their health seeking behaviours?**
- What things kept participants from accessing healthcare at the hospital on time?
- What are participants' suggestions for the promotion of health seeking behaviour for men with STIs/HIV?

Methods

- **Research design:** Exploratory Descriptive Qualitative approach (more flexible, naturalistic, enables researcher to generate in-depth information from participants to answer research questions).
- **Research Setting:** A municipality in Southern Ghana
- **Target population:** Men with STI attending hospital
- **Sampling Method:** Purposive or judgmental
- **Sample size:** 12 based on saturation or redundancy
- **Data collection & Analysis:** Thematic Framework Analysis (content analysis)
- **Rigour/Trustworthiness**
- **Ethical considerations**
- **Limitation**

Findings

Demographic Characteristics:

Age range: 30-52

Ethnicity: All were Akans

Religion: 10 Christians; 2 Moslems

Marital status: 4 married; 5 divorced; 3 single

Educational level: all had had basic education. The vast majority had Middle school or Junior secondary school; one had tertiary education

Occupation: 4 farmers, 7 artisans; 1 unemployed



Findings

- 10 Themes and 39 sub-themes in the study

Key findings: Main Themes

- Knowledge on STIs/HIV
 - Seeking Care for STIs/HIV and reasons for choice
 - Challenges that hindered seeking health care
 - Disclosure/Non-disclosure and reasons
 - Stigma
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Findings

- The vast majority had knowledge on causes and transmission of STIs/HIV from education at the hospital
- A minority believed in curses or spiritual afflictions as causes:
“I want to tell you a secret today...if they talk of men who are virgins, I was one of them. I was afraid to propose to women; I got married to my wife when she had not had any sexual intercourse...I agree with the Pastor who advised that my illness is spiritual and not physical”
- A few participants had misconceptions about the cause:
- ***“I believe we had the illness through the curse of somebody or it might be someone who is bewitching us”***

Findings

Seeking care and reasons

Going to hospital, buying drugs from drug stores, herbal treatment, going to the shrine and “shopping for health”

- **Main choice:** Going to the hospital; hospital described as best choice due to proper diagnosis and adequate treatment but as last resort due to challenges- ***“I would entreat all men to make the hospital their first point of call for any illness, I have not regretted finally coming to hospital for treatment”***
- Some men considered certain diseases as those not meant for hospital treatment
- Herbal treatment from herbalists, close relatives and self medication; herbs described as “convenient and effective”- ***it is herbal medicine I mostly use to treat my fever and it is effective but this time I did not see any improvement...”***
- Some participants fell victim to herbalists who claimed to have the cure for HIV/AIDS

Findings

- **Going to the Shrine:** A few participants sought treatment at the shrine because they attributed their STI to spiritual causes; some had earlier gone to the hospital but no remedy so advised by close friends and relatives to seek spiritual intervention – ***“when the symptoms started, I told an uncle about it and he took me to the shrine. The fetish priest told me I was cursed by a woman named XXX”***
- **“Shopping for Health”:** This was another means of seeking treatment for STI. Participants sought various forms of treatment out of desperation to ascertain which one was effective. Treatment sought included herbal medicine, buying drugs from the drug store and receiving treatment from the hospital-
- ***No,no,no not right away! I stayed in the house for a long time. It took sometime before coming to the hospital. I tried several traditional treatments for a long time, thinking it was an evil inflicted illness. I was taken to many traditionalists until one of my sisters who is a nurse took me to the hospital for management. I visited herbalists for herbal treatment, shrines to see the fetish, I also went to prayer camps to see Pastors for prayers...those were the initial treatments I sought. It was because we believed the illness was a spiritual attack!***

Conclusion & Recommendations

- The study explored the health seeking behaviour of men with STI/HIV.
- The study showed that even though men sought treatment at the hospital, they did so as the last option.
- Self medication delayed men from seeking care at the hospital
- Care sought was influenced by perceived causes
- The majority of participants were reluctant to disclose their illness to friends and relations for fear of gossips and stigma
- Recommendations for nursing education, policy and practice to help improve the health seeking behavior of men
- Need for quantitative studies for generalization purposes



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