

**BINDRA UNIVERSITY OF SCIENCE EDUCATION
FACULTY OF SOCIAL SCIENCES AND HUMANITIES**



**factors influencing health seeking behaviour among men in zimbabwe. a case study of
westlea surbub harare**

By

(B201575B)

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the Requirements of Bachelor of Science Honours Degree in Peace and Governance

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ABSTRACT

The aim of the study was to explore the factors influencing health seeking behavior among men in Zimbabwe, Westlea Suburb of Harare. The study used Human security theory as conceptual framework, aiding in the understanding of economic, food, environmental and personal security that set out prerequisites for maintaining good health among men. The literature review articulated the factors that deterred and persuaded most men when seeking medical help assistance when they get ill, while addressing the positive and negative effects of the factors. The study used a qualitative method as research design. The researcher used Westlea Suburb of Harare as the targeted population. The random sampling technique was used randomly to select 45 people from Westlea Suburb. Then purposive sampling technique was used in select the six key informants of the interview. Questionnaire and Key informant's interviews were used by the researcher to collect data. The research findings on the first objective revealed that most men do not seek medical help when ill with a coughing. This is because it is important judge the nature of illness before consulting suitable course of action. The research findings also indicated that most men seek medical help when test positive for HIV/AIDS, Sugar Diabetes and when ill with Influenza Virus. This is because most men found visiting the hospital and disclosing their illness had improved physical health and emotional support. The research findings of the second objective revealed that lack of money deter most men from seeking medical help assistance when they get ill. This is because most men see seeking healthcare as an unnecessary expense that takes resources that could be used to support the household. The research findings on the third objective revealed that that most men who belong to Johanne Marange Apostolic faith do not seek medical help assistance when they get ill. This is because they believe in the power of prayer and spiritual intervention for healing over medical healing. The study findings showed that the majority of men belonging to Christianity, Islamic and ATR denominations were allowed to seek medical help when they get ill. This is because their bodies are gifts from God and should be cared for responsibly and that includes seeking medical assistance to address health concerns and maintain wellbeing. The fourth objective revealed that that most men are not well socialized to seek medical help by the family. This is because they were taught to be strong and able to withstand pain. The research concluded that there are a lot factors that positively and negatively influence most men not to seek medical health assistance when they get ill. The study revealed a lot of issues which include that most men do not have a health insurance and this deter them from seeking medical help when they get sick. It is recommended that the Government should force men to have health insurance so that they are helped when they get ill. Area of further research should focus on the factors influencing the use of health services among women in Zimbabwe.

Key words: AIDS, denominations, health, healthcare, illness, HIV, security, power, peers and socialisation.

DECLARATION FORM

I, B201575B, a student pursuing a Bachelor of Peace and Governance (Honours) degree, I genuinely affirm that am aware that plagiarism is a major academic infraction and that fabricating data is unethical in the field of peace and governance research.

1) The dissertation report with the heading “Factors influencing health seeking behavior among men in Zimbabwe. A case study of Westlea Suburb Harare” is the outcome of my own research and is original.

2) I have complied with the ethical standards for research on peace and governance.

3) I authorize the University to utilize this report for educational functions.

Project Supervisor

Signature.....

Date.....

Chairman (Department)

Signature.....

Date.....

Student

Signature.....

Date.....

DEDICATION

This study is dedicated to my late father. My mother. Your words of encouragement, motivation, and love will be remembered and treasured forever.

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First of all, I'd like to express my appreciation to my supervisor for all of his help, advice, and time during the writing of my dissertation. I am grateful to God the Father for providing insight and direction when I was writing this dissertation. The degree and this research endeavor would not have been possible without God's assistance.

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God bless each and every one of them.

LIST OF ABBREVIATIONS AND ACRONYMS

HIV- Human Immunodeficiency Virus

NMTPC-National AIDS Council and National Medicines and Therapeutics Policy and advisory Committee

OPHID-Organization for Public Health Interventions and Development

UNDP- United Nations Development Programme

HDR-UNDP Human Development Report

WHO- World Health Organization

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CHAPTER ONE

INTRODUCTION

1.1. Background of the study

Uptake of health seeking services among men remain an issue. There is a difference in health care seeking behavior and the lifespan for men as compared to that of women. Many women seek more health care and report more incidences of illness than males. The delay in seeking health services among men typically makes them live shorter lives than women do in the majority of nations around the world, (Chipungu, 2017). Men pass away earlier than women, which is a well-known occurrence. According to World Data Info, (2021) Men have a life lifespan of 68.9 years, while women have a life lifespan of 73.9 years, indicating a health disparity between the two genders. According to a Cleveland Clinic poll in the United States, 65% of men resist seeking medical assistance for as long as possible because to being busy, assuming imbalances will heal on their own, and feeling weak (Handock 2022).

In the Republic of South Africa, getting the opportunity to receive healthcare is considered an essential human right. The South African constitution states that everyone has the right to access medical facilities (Statistics South Africa, 2013). The private as well as public healthcare sectors both ensure access to healthcare services and promote the usage of readily accessible medical supplies. South Africa's democratic government ensures that all citizens have access to basic health care, which improves societal well-being. In South Africa, most men are more reluctant compared to women to look for medical assistance when they are sick, according to the 2011 General Household Survey (GHS) (Statistics South Africa, 2013). In South Africa, women have a life expectancy of 61.4 years and males 57.7 years (Statistics South Africa, 2013). This demonstrates a disparity in health outcomes between men and women. In South Africa, around 70.4% of men deter seeking medical attention when they are ill, according to a survey by Statistics South Africa.

In accordance with Section 76 (1) of the Zimbabwean constitution, all citizens and residents are required to have access to primary health-care services. In addition, the Constitution's clause 76(3) requires the government to make sure that no one is denied access to emergency medical care in any hospital. In light of this perspective it still remain an issue among men that seeking health services is lacking because they fear appearing as weak. According to O'Neill, (2023) stated that life expectancy at birth in Zimbabwe from 2011 to 2021, by gender in 2021, for women was about 62.05 years, while life expectancy at birth for men was about 56.23 years on average. Which suggested that men are experiencing premature death than women due to lack health awareness. It is important to understand healthcare seeking behaviour in a community in order to develop appropriate health policies, health systems and educational facilitate access. It is against this background that the research seeks to explore factors influencing health seeking behaviour among men in Westlea Suburb Harare.

1.2. Statement of the problem

Health seeking behaviour among men in Zimbabwe has been a longstanding issue that requires urgent attention. Men in Zimbabwe exhibit lower rates of healthcare utilization compared to women, leading to disparities in health outcomes. Men in Zimbabwe are reluctant when it comes to the utilization of health services such as clinics hospitals and pharmacies in time when ill or injured and this has led to disastrous consequences on the overall well-being of men in Zimbabwe. Despite the significant advancements in healthcare infrastructure and services in Zimbabwe, men continue to underutilize healthcare facilities and delay seeking medical care, leading to detrimental effects on their health outcomes. There are several underlying factors contributing to this issue such as stigma, culture, gender disparities, religion, political influence from family and so on. The delay in seeking health services in time among men have resulted in lost opportunities to link patient's appropriate treatment and care, (Yonemoto and Kawashima, 2022). Previous studies conducted in the United States on health seeking

behaviour among men portrayed that 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 (Marshall, 2005). Postponing or delaying medical care among men, likely result in worsened medical conditions, inability to continue with treatment because of heightened expenses due to worsened medical conditions and so on. Hence these circumstances underscored the need to carry out a research on health seeking behaviour among men in Zimbabwe.

1.3. Aim of the study

The purpose of this study was to examine the factors influencing health seeking behaviour among men in Zimbabwe: A case study of Westlea suburb.

1.4. Research objectives

- To analyse how types of illnesses influences health seeking behaviour among men.
- To examine how finances influences health seeking behaviour among men.
- To examine how different types of religious beliefs influences health seeking behaviour among men.
- To examine the role of socialisation in influencing health seeking behaviour among men.

1.5. Research questions

- How does types of illness influences health seeking behaviour among men?
- How does finance influences health seeking behaviour among men?
- How religious denominations influences health seeking behaviour among men?
- How does socialisation influences health-seeking among men?

1.6. Assumptions of the study

The researcher will make the following assumptions.

- Most men do not disclose about their health issues.
- The interviewees will cooperate with the researcher especially young men.
- Local clinics and pharmacies staff in the study area will also cooperate by giving the researcher information about health seeking behaviour among men, since it is an issue to do with their workplace.
- Interested parties will open up and give vital and reliable information to the researcher

1.7. Significance of the study

Men's health is not given enough attention. Men are thought of as being people who don't necessarily need medical treatment. Men are generally at high risk for numerous major diseases, including heart disorders, lung cancer, and HIV, according to a 2018 study by (Arias E et al, 2018). Prostate cancer is one health issue that specifically affects men and not women. This is the rationale behind this study in enhancing men's health-seeking behaviors. The Ministry of Health and Child Care should take idea from this study and help to increase knowledge of preventative exams and specialized medical care for men of all ages. Interventions to cut back on drinking, smoking, and other unhealthy habits that contribute to men's health improvement and disease prevention (Kochanek, et al, 2018).

This research help policy makers to come up with evidence based policies that address health seeking behaviour among men. This assist the Government, Ministry of Health and child care, the National AIDS Council and National Medicines and Therapeutics Policy and advisory Committee (NMTPC) as well as major programme implementers, such as Organization for Public Health Interventions and Development (OPHID) in shaping current mechanisms by coming up with policies which are effective and responsive in promoting uptake of health seeking services among men.

The findings of this study increased the researcher's awareness about men's health seeking behaviour. The study advance awareness of men's health-seeking behaviour and add value to the corpus of information. Since the research's findings cannot be applied to other groups, this motivate academics to conduct additional research on the health-seeking behaviour of men in other communities.

1.8. Delimitations of the study

The study conducted in Westlea Suburb Harare which is located approximately 15 km from the city centre and its geographical coordinates Latitude -17.8205° or $17^{\circ} 49' 14''$ south, Longitude 30.97882° or $30^{\circ} 58' 44''$ east. The research explored the factors influencing health seeking behaviour among men in Zimbabwe. The researcher interviewed six participants, 4 men and two women within the range of 18 years and above. The researcher gathered additional information by distributing questionnaires to the other 39 participants using random systematic sampling technique within the boundary of Westlea Suburb Harare.

1.9. Limitations of the study

The manner in which men seek healthcare was a question of personal choice. It was subjective to look into people's individual health care seeking behaviour, attitude, and experiences. Men are frequently seen as strong and independent, which make them reluctant or embarrassed to talk about their health and behaviour and unwilling to divulge information.

Some respondents give the researcher information they believe would make them look good in the eyes of society. The researcher had to compare different responses from respondents to find similar feedback that would suggest true responses.

Respondents' fatigue was another issue. Some of the respondents participated in comparable interviews for earlier studies. Therefore, the majority them did not notice benefits from such

investigations. In response, the researcher discussed with the respondents the significance of both this study and any future studies that are going to be conducted by any entity or individual.

1.10. Definition of key terms

Health Care it is the improvement of health through diagnosis, prevention, treatment and amelioration from diseases, illness, injury. Including physical and mental impairment among people

Culture refers to the ordinary way of life to a given group that identifies common behaviours, beliefs, norms, institutions, values, and other community goods that are socially transmitted throughout generations (Chikovre et al., 2020).

Health, According World Health Organization, (2014) defined health more than simply the absence of disease or disability; it is a state of whole physical, mental, and social well-being.

Health seeking behaviour, Health-seeking behaviour is the action undertaken people who consider themselves to be prone to or have experienced health difficulties may engage in health-seeking behavior in order to obtain an appropriate solution and promote good health status (Mushtaq et al., 2020).

1.11. Chapter outline

1 Chapter One: Introduction

Chapter One revealed context of the study, which explained the importance of conducting research on men's health-seeking behavior. The researcher outlined the research challenge and the inspiration for doing the study in chapter one. This was the study's single goal, which contributes to the understanding of men's health-seeking behavior. The chapter included research objectives that served as a roadmap for conducting the study. The study identified of

the various beneficiaries who will gain from the study. The chapter also highlighted the research's limitations and boundaries, as well as the definition of essential phrases and words.

2. Chapter Two: Theoretical Framework and literature review

Chapter Two revealed the conceptual framework of the study and review of related literature. This chapter focused on the evidence that show health seeking behavior or patterns among men. It also assessed the benefits and disadvantages about health awareness among men of different age group.

3. Chapter Three: Research Methodology

Chapter 3 focused on research methodology, outlining how the study conducted. In understanding men's health seeking behavior, the research used interview guides and questionnaires to obtain data from the participants. The study used these research instruments because they offer a variety of benefits to the study, including the ability to collect data from a wide range of participants.

4. Chapter four: Data presentation and analysis

Chapter 4 presented, analyzed, interpreted and discussed the findings of the research. The findings of the research were discussed in line to the theoretical framework and review of related literature. The participants' ages and the total number who took part in the research were displayed as bio data on paper. The objectives of the research, which included factors influencing men's health seeking behavior, were addressed in chapter two. As a result, the information in chapter four was related to the participants' responses.

5. Chapter five: Summary, Conclusions, and recommendations

Chapter 5 contained summary of the entire research. The conclusions and suggestions based on the findings in chapter four were presented in this chapter. The study conclusions presented

the overall observations, findings, and concluding remarks. The findings suggested that there is room for more investigation.

CHAPTER TWO

REVIEW OF RELATED LETERATURE

2.1. Introduction

The study aimed to examine the factors influencing health seeking behavior among men in Zimbabwe, Westlea Suburb of Harare. This chapter examined types of illnesses that influence health seeking behavior among men. It expounded on how financial power created social differences that played massive role influencing different health seeking behaviors among men. In addition, the chapter focused on how various types of religions influences health seeking behaviour among men. More so, this chapter will explored on how socialization influences health seeking behavior among men. The last section of the chapter focused on what can be done to promote adherence to treatment. Last but not least, the knowledge gap concerning the study area was also looked at.

2.2. Human security theory

The Cold War gave rise to the idea of human security. It was thought of and perceived in terms of militarism. But since the conclusion of the Cold War, there have been significant paradigm shifts from the conventionally recognized state-centric realism paradigm of security to a human-centered one, and as a result, the idea of security has expanded to include a number of relevant factors in today's society. The idea of human security makes connections between various problems and gives one a chance to examine the politics, power, and environmental elements that contribute to insecurity. It is regarded as a developing concept in international organizations, addressing concerns about environmental sustainability, human rights, and human development (Gasper, 2005). "The objective of human security is to safeguard the vital core of all human lives from...pervasive threats in a way that is consistent with long-term fulfillment," according to the commission on human security (CHS, 2001). Additionally, as

stated in the Global Environmental Change and Human Security (GECHS) report from 2003, human security is achieved when and where people have the freedom and capacity to exercise their options and actively participate in exploring them in order to eliminate, mitigate, or adapt to threats to their environmental and social rights.

Since the UNDP released its first Human Development Report in the 1990s, the conversation around human security has grown with the intention of placing people at the center of the development process. The UNDP report from 1994 redefined security differently, focusing on people as a point of reference instead of the government and armed forces. Then, in 1945, the US Secretary of State contended that "if men and women do not have security in their homes and in their jobs," then the world will never be secure from war (UNDP, 1994). As a result, the UNDP identified the following seven components that constitute human security: political, social, economic, food, health, and environmental security, as well as personal security.

"Freedom from want" is the foundation of a broad approach to human security, while "freedom from fear" is the foundation of a more focused one. Although these classifications are, to be honest, a little oversimplified in their nomenclature, they serve as a helpful tool in showing how various human security proponents take quite diverse approaches when advocating for action related to human security (Liotta and Owen 2006). Most people agree that the 1994 UNDP Human Development Report (HDR) was the first serious attempt to define the comprehensive strategy for human security. There are two primary components to human security. It first refers to protection from enduring dangers like famine, illness, and oppression. Furthermore, it refers to safeguarding against abrupt and harmful disturbances in everyday routines, be they in residences, workplaces, or communities. According to (Liotta and Owen, 2006), dangers of this kind can arise at any level of national income and development.

The human security theory is crucial to this study since it offers a more comprehensive framework for the topic's analysis due to its expansive character. The theory's scope allows it to address both human rights and needs. Aside from this, there is a strong correlation between security and the behavior of seeking health. Since human survival and good health are prerequisites for the entire spectrum of functioning, good health is "intrinsic" to human security (UNDP Report 1994). Men's opinions, actions, and behavior related to seeking health care can all be significantly impacted by human security. Economic security can help men afford healthcare services, prescription drugs, and preventative measures. Economic security influences the behavior of those who seek health care. Due to financial limitations, a lack of economic security may cause people to seek treatment later or insufficiently. In addition, men's health-seeking behavior is directly impacted by health security in the context of human security. When they believe they will have access to high-quality medical care, vaccinations, and information, men are more inclined to seek health care proactively.

Men's health-seeking behavior is greatly influenced by human security, which goes into additional detail about personal security, protection from illnesses, injuries, and violence, and so on. Men who have a sense of personal security may be more likely to seek early detection of health issues and prompt medical intervention when they do. Furthermore, men's health seeking behavior can be greatly influenced by the social environment, including healthcare services, support networks, and community views on health. Positive attitudes toward getting health care may be encouraged in a safe and encouraging community (UNDP Report 1994). The idea of environmental security is more closely related to human security theory. Access to clean water, sanitary conditions, and a safe home are examples of environmental elements that might affect men's health and, in turn, their behavior while seeking medical attention. Men may be more likely to emphasize healthy habits and seek medical attention when necessary in safe environments. Furthermore, the state of political stability, which encompasses lawfulness,

governance, and stability, may have an indirect effect on men's health-seeking habits. Men's attitudes toward obtaining health care can be positively influenced by a stable political climate, which can also help to increase the availability and accessibility of healthcare services. Given the wider perspective that human security theory offers, men's health-seeking behavior is complex and subject to the effect of a multitude of interrelated factors. Developing programs and policies targeted at advancing men's general health and well-being can benefit greatly from an examination of the connection between human security and health-seeking behavior.

2.2.1. Types of illness and health seeking behaviour among men

There are various types of illnesses that influence men's health-seeking behaviour. The cultural, social, and economic factors linked to these illnesses greatly influence how men approach seeking medical care. Some key types of illnesses relevant to men in Zimbabwe include infectious diseases, non-communicable diseases, and mental health conditions. Infectious Diseases are illnesses such as malaria, tuberculosis, and HIV/AIDS are prevalent in Zimbabwe according to the (World Health Organisation, 2023). These diseases have an influence on men's health-seeking behaviour due to the stigma attached to them. Men are reluctant to seek treatment for these illnesses due to concerns about being perceived as weak or being associated with risky behaviours. Additionally, the lack of access to healthcare facilities, especially in rural areas, deter men from seeking timely treatment for infectious diseases. Non-communicable diseases, including cardiovascular diseases, diabetes, Cancer and respiratory conditions, are increasingly affecting men in Zimbabwe. In a recent systemic study conducted in Zimbabwe portrayed that mortality rate of non-communicable diseases is high particularly prostate cancer among men. Approximately 10,676 deaths were recorded in 2017 according to Moyo (2018), and without early prevention and care, men face greater risk in urinating or decreased force of stream, blood in the urine or semen, bone pain, unexpected weight loss. However, men's health-seeking behaviour for these illnesses is often influenced by

socioeconomic factors. The cost of treatment and medication, as well as the impact of illness on their ability to work, can deter men from seeking appropriate medical care.

Mental health conditions such as depression, anxiety, and substance abuse influence men in Zimbabwe to exhibit different health seeking patterns. Men who suffer from these illnesses may be discouraged from getting treatment because of stigma or misconceptions about their conditions. Gebreegziabher (2019) estimates that 322 million individuals globally suffer from depression, while 264 million people are thought to be afflicted with anxiety disorders. According to Steel et al. (2014), one in three people globally will have a mental illness at some point in their lives, but very few of them will seek professional assistance and most will put it off. However, the stigma surrounding mental health and the societal expectation for men to be stoic and resilient can prevent them from seeking help. Men may be less likely to acknowledge their mental health struggles and may avoid seeking professional support for fear of being perceived as weak. According to research conducted in Harare, over 75% of patients seeking mental health services sought advice from both conventional and biomedical providers (Chimbari, 2017). Therefore mental health conditions negatively influence health seeking behaviour among men in Zimbabwe. Understanding the influence of these types of illnesses on men's health-seeking behaviour in Zimbabwe is crucial for developing targeted interventions. Initiatives aimed at promoting men's health awareness, reducing stigma, improving access to healthcare facilities, and offering mental health support can help encourage men to seek timely medical care for various illnesses. By addressing the social and cultural barriers that affect men's health-seeking behaviour, it's possible to enhance overall health outcomes for men in Zimbabwe.

Despite increasing recognition on the necessity of addressing types of illness and health seeking among men, there is still a huge gap in the understanding of men's health and how types of illness influence healthcare behavior among the majority of Zimbabwean males. The gaps exist

in Zimbabwe's epidemiological profile of men's health. While there is considerable information on the general burden of illness in the country, there is no disaggregated knowledge regarding the prevalence, incidence, and health determinants of various illnesses among men as a whole (Mugweni et al., 2018). This makes it challenging to accurately analyze and develop focused therapies for men's specific health needs. Furthermore, there is a dearth of awareness about how men's health profiles differ among socioeconomic, geographic, or demographic categories, which may impede the identification of high-risk individuals (Mangombe & Chandiwana, 2022). Therefore the researcher seeks to study more about the epidemiological profile of men's health in Zimbabwe to understand which types of illness influence health seeking behavior among men and improve utilization of health services so that men get the help they need.

2.2.2. Finance and health seeking behaviour among men

Finances play a crucial role in influencing health-seeking behaviour among men, particularly in low- and middle-income countries such as Zimbabwe. The factors on how financial power influences health-seeking behaviour among men, can be observed in various ways, including access to healthcare services, medication affordability, and the ability to cover indirect costs associated with seeking medical care. In Zimbabwe, financial constraints often limit men's access to healthcare services (Munyaradzi 2020). The cost of consultations, diagnostic tests, and hospitalization can deter men from seeking medical attention, particularly for non-emergency conditions. In a study conducted in the United States of America it is roughly estimated that 16 million US Men are without health insurance and affordability incur medical bills at the high rates and this is why men skip needed healthcare because of cost. Without financial resources, men may delay or avoid seeking care altogether, which can negatively impact their health outcomes according to (The Commonwealth Fund, 2022).

Furthermore, the cost of medications is a significant influencer of health-seeking behaviour among men. Even when men are diagnosed with a medical condition, the affordability of prescribed medications can become a barrier to adherence and continued treatment. Men facing financial limitations may choose to forgo or reduce their medication intake, leading to suboptimal health management and potential complications (Mupfimirira 2021). In a survey conducted by the Herald news in Zimbabwe propounded that most pharmacies in and around the city increased their prices and they are not accepting any form of payment apart from the United States dollars. Which is a challenge as most people are earning Zimbabwean dollars so by virtue buying drugs for medical help becomes expensive and this hinders man to seek medical help (Mupfimirira 2021). In addition the indirect costs associated with seeking medical care, including transportation expenses and lost income from missed work, can also influence health-seeking behaviour. Men in Zimbabwe, particularly those in rural areas, may face challenges in covering transportation costs to healthcare facilities. Additionally, taking time off work for medical appointments can result in a loss of income, further impacting their ability to seek timely care (Chitiyo 2022).

Addressing the role of finances in influencing health-seeking behaviour among men in Zimbabwe requires comprehensive strategies that aim to minimize financial barriers to healthcare access (Munyaradzi 2020). Governmental and organizational interventions should focus on ensuring affordability of healthcare services, including consultations, diagnostic tests, and hospitalization fees through subsidized programs or health insurance schemes. Implementing medication subsidy programs to improve the affordability of essential medications, especially for chronic conditions such as HIV/AIDS, diabetes, and hypertension. Developing and improving public transportation systems to make healthcare facilities more accessible, particularly in rural areas (Mabika 2020). Providing financial support mechanisms or income protection for individuals who need to take time off work for medical appointments.

The influence of finances on health-seeking behaviour among men in Zimbabwe is profound. Financial barriers can prevent men from accessing essential healthcare services and medications, leading to delayed care and suboptimal health outcomes. It is imperative for policymakers, healthcare providers, and organizations to address these barriers through targeted interventions to ensure that financial constraints do not impede men's ability to seek and receive timely medical care.

Although the literature reviewed above includes numerous studies regarding how financial power influence men's health-seeking behavior. There has been little research into the extent to which the affordability of healthcare services, such as payments out of pocket, health insurance, and travel expenses, influences men's willingness and ability to seek care (Mugweni et al. 2018). Therefore the researcher suggest that understanding how men's socioeconomic status, employment, and household responsibilities interact with these financial factors to influence their healthcare utilization patterns is also crucial.

2.2.3. Religion and health seeking behaviour among men

Religion plays a significant role in shaping individuals' beliefs, attitudes, and behaviours, including their approach to health and healthcare-seeking. In Zimbabwe, where religious denominations diversity is prevalent, examining how religion influences men's health-seeking behavior is essential for developing effective healthcare interventions. Religious beliefs often inform individuals' perceptions of health and illness (Krause & Wulff, 2005). In Zimbabwe, various religious traditions, including Christianity, Islam, traditional African religions, and others, shape men's understanding of health and illness. For instance, some Christian denominations emphasize divine healing and may advocate prayer and faith-based approaches as primary means of seeking healing (Keating and Fretz 1990). This can influence men's decisions regarding medical treatment, as some may prioritize spiritual intervention over conventional healthcare. In a study conducted in South Africa men who belong to the

Pentecostal group, own a variety of justifications for being less likely to seek medical help when ill or sick. One explanation for this is that during times of experiencing illness as part of Christians are instructed to rely on their faith for miraculous recovery rather than seeking help from a secular source (Bjorck and Trice, 2006).

Religious practices and rituals can influence men's attitudes toward seeking medical care. For example, in some traditional African religious beliefs, the use of traditional healers and ancestral rituals is deeply ingrained in the healthcare-seeking behaviour of men. This can lead to delays in seeking modern medical treatment and potentially impact health outcomes. Additionally, religious fasting, dietary restrictions, and specific observances during religious festivals may affect men's adherence to medical regimens or influence their ability to access healthcare services during certain periods (Azongo and Yidana, 2015). Religious teachings and cultural norms surrounding mental health and illness can influence men's health-seeking behaviour. In Zimbabwe, religious communities such as the Johanne Marange apostolic group have varying perspectives on mental health, with some attributing mental illness to spiritual causes or moral failings, (Chakawa et al. 2010). Consequently, men experiencing mental health challenges may be reluctant to seek professional help due to fears of stigma or religious condemnation. This can result in undiagnosed and untreated mental health conditions among men, posing significant challenges for their overall well-being. Religious institutions and leaders wield influence over their congregations, including men, and can shape their attitudes toward healthcare-seeking (Steel et al. 2014). Faith-based organizations in Zimbabwe often play a role in providing healthcare services, such as clinics and outreach programs. This can either facilitate or hinder men's access to healthcare, depending on the religious teachings and practices promoted by these institutions. Moreover, religious leaders may impact men's health-seeking behaviour through the dissemination of health-related information, advocacy for or against certain medical interventions, and the promotion of healthy behaviours.

Knowing the influence of religion on men's health-seeking behaviour has critical implications for healthcare provision in Zimbabwe. Healthcare providers must recognize and respect the religious beliefs and practices of men, incorporating culturally sensitive approaches into healthcare delivery (UNDP Report 1994). Collaborative efforts between healthcare professionals and religious leaders can promote health education and awareness within religious communities, addressing misconceptions and promoting positive health-seeking behaviours. Public health interventions aimed at improving men's health-seeking behaviour should consider religious influences as part of their strategy. Culturally tailored health promotion initiatives, designed in collaboration with religious institutions, can effectively reach men within their religious contexts. Additionally, addressing mental health stigma through religious education and advocacy can positively impact men's willingness to seek mental healthcare (UNDP Report 1994).

While the association between religion and men's health-seeking behavior has been researched in a variety of contexts, the specific interaction between religious beliefs and practices and men's health-seeking behaviours in Zimbabwe has received less attention. There is still a vacuum in understanding the function of religious institutions and leaders in determining men's healthcare-seeking behaviours. According to research, religious institutions and leaders can have a substantial influence on how community members perceive and use healthcare services (Nyamayaro & Biri, 2020). However, the precise manner in which religious institutions and leaders in Zimbabwe interact with, promote, or discourage men's usage of healthcare services are little known. As a result, further research is needed to understand the particular ways in which religious leaders affect the promotion or discouragement of health-related behaviours among male congregants. This would aid in the development of interventions and solutions to address men's health inequities.

2.2.4. Socialisation and health seeking behaviour among men

Men's behavioural habits are influenced by deeply entrenched cultural beliefs about manhood and masculinity, which can have negative and positive health effects. Men are socialized to avoid showing signs of emotion or vulnerability that could be interpreted as weakness and to project power, individualism, autonomy, dominance, stoicism, and physical violence, (Williams, 2003). Culture has a big influence on how people think, feel, and behave when it comes to masculinity and femininity. Social norms and culture help men understand what it means to be a man (Courtney, 2000). Men are thought to be capable of becoming self-reliant. According to Galdas et al. (2010), acknowledging a medical professional's illness is a sign that you are not acting as a true man.

According to Smith et al. (2006), cultural norms empower males to make courageous and autonomous decisions about their health and use of services. These cultural preconceptions restrict men's access to healthcare information and support. In Zimbabwe, cultural beliefs and customs greatly influence men's views (Skovdal et al., 2011). Men are stereotyped as being powerful, rugged, and violent due to cultural beliefs. In sub-Saharan Africa, the general belief is that "real men do not get sick and health institutions are for women" (Skovdal et al., 2011). This perception of men is prevalent. Being a true men also entails being self-sufficient, tough, and the provider of the family; it also implies having multiple female companions. Getting medical attention is a sign of social disobedience. Men's access to healthcare is hampered by their fear of being branded as less manly.

Witty et al. (2011) note that concepts of masculinity and gender roles in families and society are deeply rooted in how infrequently men use healthcare facilities. Masculine ideologies push men to put off seeking medical attention, put off seeking treatment, and wait for problems to worsen before seeking medical attention or visiting a facility (Witty et al., 2011). In addition, According to Witty et al. (2011), males are self-assured when it comes to preserving their

health. Some men think they are capable of taking care of themselves. According to Witty et al. (2011), men believe they are in charge of their own health and are conscious of their physical and emotional well-being. Men's independence and self-control are upheld by ideas of masculinity. In the same vein, Skovdal et al. (2011), said men are less likely to get a good diagnosis and treatment as well as to test for infections like HIV. According to Skovdal et al. (2011), masculine ideals prevent males in Zimbabwe from using health care services. They get the impression that they are not whole men since they follow the nurses' health guidelines, go to clinics frequently, and take medicine (Skovdal et al., 2011). Men who are very ill are the ones who get tested. Men die at a higher rate than women because they respond less favourably to programs that promote diagnosis and treatment (Skovdal et al., 2011). Men who seek and receive appropriate medical care for health issues are a minority.

According to Skovdal et al. (2011), men in Zimbabwe were found to be reluctant or ashamed to confess to being ill. They choose not to seek medical advice from institutions and would rather keep their health status a secret. Men's access to appropriate medical attention and treatment is hampered by expectations about masculinity, manhood, and the attitudes of health care professionals (Skovdal et al., 2011). Williams (2006), however, makes the point that not all males adhere to the prevailing ideas of masculinity or social norms. Additionally, Witty et al. (2011) contend that not all males adhere to societal norms and masculinity ideas. In fact, some men do make use of specific health services. According to certain studies, some men don't think certain ideas about what it means to be a man (Witty et al., 2011). Furthermore men's utilization of healthcare facilities is influenced by their social and familial support. Support from family members promotes seeking medical attention. Men seek medical attention when recommended by friends, relatives, or other members of the community (Witty et al., 2011). According to Witty et al. (2011), males occasionally ask friends and family for support and guidance. When they become ill, some men seek assistance from close friends and family

members. According to Witty et al. (2011), males comprehend their health state more fully when they talk to friends and family about it. Friends and family can encourage men to seek medical attention. Close friends and family members support, counsel, and provide recommendations for potential medical care. Men's social connections essentially increase their awareness of the value of using health care.

Furthermore, the encouragement of health awareness is greatly aided by social ties to family, friends, society, and other groups. The social capital and marital status have an impact on the health care seeking behaviour of men. Wives or female partners, according to O'Brien et al. (2005), urge prompt action in response to men's poor situations. When their partners are ill, women as partners advocate getting help. Married men are more likely to seek medical attention than widowed or separated men, as well as men who have never married or have no relationships at all, according to research by (Parslow et al. 2004). Men with partners exhibit different health care seeking behaviour than men without partners, indicating the importance of social and familial support for men's health. Men benefit from being among caring persons, whether it be a partner or others. It is believed that women enrich the lives of males. Families and partners offer the necessary support and foster favourable views toward the usage of medical services. Men's behaviour, usage of medical services, and response to treatment are all significantly influenced by their social relationships.

According to O'Brien et al. (2005), men are presumed to be implicitly dependent on intimate partners, particularly women, when it comes to health difficulties because women are frequently the ones who emphasize the value of getting medical attention. Men's life are affected by their social relationships. Men are frequently made more aware of their health by women, who also motivate them to seek medical attention. Men are much more likely to recognize the signs of disease and the importance of getting treatment when they have support. Unless they receive advice from women, some males choose not to seek medical attention

(O'Brien et al., 2005). As a result, women have a big impact and a progressive influence on how males seek medical attention (O'Brien et al., 2005).

According to the literature reviewed above, the socialization process has a significant influence on an individual's views, assumptions, and habits, including their approach to healthcare. However, further study is needed to determine the influence of community and household socialization in shaping men's health-seeking behavior in Zimbabwe. According to research, family and community dynamics, such as the influence of elders, religious leaders, and peers, can have a substantial effect on an individual's healthcare-seeking behavior (Chikovore et al., 2020). However, the specific manner in which these societal and community-level factors influence men's opinions and use of healthcare services in Zimbabwe are little unknown and further research is needed.

2.3. Summary

The evidence above indicates gender disparities in the manner in which individuals seek and use health care, according to the data. Compared to women, men are less likely to seek medical attention. Men's health-seeking behaviours are influenced by a number of factors. Positive attitudes about using healthcare facilities are fostered by social interactions. An important factor in raising health awareness is the media. Masculine concepts like independence and invulnerability encourage infrequent use of healthcare facilities, which in turn discourages men from seeking medical attention when they need it. Perceptions about men and their use of healthcare are influenced by culture. Men's need for assistance is also impacted by a lack of funds, service-related issues, and inadequate service accessibility. This chapter has outlined a few of the variables that affect men's decisions to seek medical attention.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

The study aimed to examine the factors influencing health seeking behavior among men in Zimbabwe, Westlea Suburb of Harare. This chapter, outlined the study's methodology, which included information on the project's instrumentation for data collection, the population targeted, sample plans, data processing techniques, and research design. The chapter also provided insight into the moral concerns brought up by conducting the research.

3.2. Research Approach

According to Creswell, (2018) argued, that research approach serves as a set of theoretical and philosophical tenets that influence the selection of certain data collection and analytic techniques as well as the design of the study. According to Creswell (2018), there are essentially three categories of research approaches: mixed method, qualitative, and quantitative. The mixed research approach was used in this investigation. The mixed methods approach incorporates both quantitative and qualitative components into a single research. This strategy enabled the researcher to combine the qualities of both approaches, which resulted in a more complete understanding of the study problem (Creswell & Creswell, 2018). Mixed methods research gained popularity in a variety of areas because it allowed the researcher to address complicated research problems that cannot be fully addressed using only quantitative or qualitative methods.

3.3. Research Design

According to Pandey (2015) defined a research as a master plan specifying the methods and procedures for collection and analysing the information needed. Creswell argues that research designs are types of inquiry with qualitative, quantitative and mixed approaches that provide

specific direction in a research. Denzin and Lincon (2011) referred to research design as strategies of inquiry. A qualitative research paradigm was used in this research. According to Maxwelll (2013), a qualitative research paradigm is a systematic subjective approach used to describe life experiences and give them meaning and its main goal is to gain insight, explore the depth, richness and complexity inherent in the phenomena. The qualitative research paradigm gave the researcher an in depth understanding on the factors influencing health seeking behaviour among men in Westlea suburb of Harare. This paradigm was also ideal and logical as the researcher as the researcher to understand the factors that influence men to seek medical help assistance. It was important in answering the what, how and why of a phenomenon. Phenomenology is an approach of investigating the experiences or perception of people about a particular phenomenon and this was important in helping the researcher to gather data under natural settings.

3.4. Target Population

According to Etikan et al. (2016) argued that, target population in research pertains to a whole group of people, things, and events that the researcher is interested in examining and to whom the research findings are meant to be applied broadly. The wider group that served as the study sample's source was known as the target population. Participants in the study respondents were drawn from the Westlea Suburb of Harare. Young men and women between the ages of 18 years and above became the research subjects. Through simple random sampling technique 45 participants were included in the study.

3.5. Sample Size

According to Preacher et al. (2006) propounded that, the sample size in research is the total number of individuals or observations included in a study. A total number of 45 participants 40 men and 5 women were randomly selected using random sampling technique. Then purposive sampling technique was used in select the four key informants of the interview.

Within the boundaries of the Westlea Suburb, participants were chosen at random from at least two medical facilities, such as a nearby clinic and a neighbourhood pharmacies.

3.6. Sampling technique

The process of selecting a representative sample of the population and using the data obtained for research purposes is known as sampling (Etikan et al., 2016). Through sampling, a known number of sample units' attributes are represented by each sample unit in the population. According to Sharma, (2017) sampling's primary benefit is that it offers a variety of techniques that allow one to consider only data from a sub-group rather of all potential cases or elements, hence reducing the amount of data that needs to be collected. Probability sampling and non-probability sampling are the two types of sampling techniques.

Probability sampling is characterized by a unique feature where each unit in the population had a known nonzero probability of being included in the sample (Sharma, 2017). One benefit is that the researcher determines precise bias and inaccuracy for the information gathered. It removed the possibility of researcher bias in the selection process due to their ideas or wants and gives every subject an equal chance of being chosen. The drawback of probability sampling is that it sometimes falls short of specific study goals. The researcher easily created a sample using non-probability, which saves money and eliminates the need for population representation in data collection (Etikan et al., 2016). Non probability was used by the researcher because it involves purposive sampling which helped the researcher to identify the key informants in the research. However its failure to thoroughly analyse potential bias and likely inaccuracy was the drawback.

3.7. Research instruments

The term "research instruments" refers to the equipment or techniques used by researchers to gather data for their investigations. Due to their direct influence on the validity, reliability, and

quality of the data obtained, these instruments are essential to the research process (Bolarinwa, 2015). The researcher used mixed method as the primary instrument to gather data. These tools provided the necessary information on how to obtain the relevant data. The most contribution of qualitative research to the understanding of human behaviour was the ability to capture people's words in their own terms, which revealed that questionnaires and interviews are essential instruments for gathering data. During an interview, the researcher (interviewer) modify the question to clear up any confusion and make sure the answers are understood by restating or repeating the question. Interviews provide a wealth of information and give questions substance.

3.7.1. Questionnaire

Documents known as questionnaires posed the same questions to every member of a sample (Etikan et al., 2016). Large-scale questionnaires were utilized in the study to gather data on the variables influencing men's health-seeking behaviour in Zimbabwe. Westlea suburb inhabitants and male patients at the nearby clinics and pharmacies along the suburb's border were given questionnaires with both organized and unstructured questions. The public discovered it easier to complete several of the questions because they were matrix-style, allowing them to simply check the relevant response or answer.

Respondents to questionnaires were given a printed list of questions to complete. Bolarinwa, (2015), asserted that the greatest use of questionnaires occurs when information from a sizable sample of people is sought. Because the questionnaire included both closed- and open-ended items, the researcher employed it. Only a certain amount of answers are permitted for closed questions. In contrast to a second sort of closed question where respondents select "strongly disagrees," this allowed respondents to select one of several statements that most closely reflects their perspective (Bolarinwa, 2015). There was also room for other scales.

In general, creating and interpreting questionnaires was fast and simple, especially using closed-ended questions (Creswell, 2018). It was possible to obtain potential information from a sizable fraction of a group. Stated differently, the fact that questionnaires have a time restriction and cover a wide population makes them more appropriate for data collection. Additionally, the researcher used surveys which helped to identify the issues causing males to underuse health services and directly jeopardize human security (Sharma, 2017).

Furthermore, it was simple to turn the information provided by the respondents into measurable statistics (Preacher, 2012). The researcher ensured a degree of anonymity and independence by distributing the questionnaires by hand, which resulted in a high response rate and enabled the researcher to collect the questionnaires right away. Respondents were free to express their opinions without interfering with one another and being swayed by the researcher's guide, which aided in the qualification and quantification of the data collected.

The researcher encountered a decreased response rate especially from respondents that were not interested in responding them. Few of the questionnaire's questions only had partial answers, which would impede development. Creswell et al. (2018), participants provide flimsy answers, particularly when the questionnaire took a long time to be completed. To make sure the issues listed were removed, the researcher pre-tested the questionnaire. The appropriate officials got the general patient questionnaires, which were distributed at random. The surveys were divided into three sections: personal information, experience, and attitude, which were measured on a range of scores from strongly agree to disagree. Yes or no and true or false.

3.7.2 Interview Guide

According to Yin, (2018), interviews consist of a prepared, uniform set of questions that the researcher reads aloud and captures the response on a schedule that is consistent. Interviews were an additional method of gathering information from people through conversations and are

a methodical approach to speaking and listening to them. Open-ended questions were asked by the interviewer.

Creswell & Poth, (2018), wqqqasserted that the interviewer has the ability to make questions more understandable to the respondent. They enable the researcher to choose subjects who are inexpensive to create and gather data from and who offer value to the researcher. They are a quick way to get data, particularly when responders are readily available. However, a few number of participants were interviewed because it was time consuming, and responders were randomly being selected and were widely spread out. The researcher faced some other drawbacks, errors in questioning and elaborating which resulted in biased responses from some of the responders. However the research deduced trouble by comparing response from respondents to true information.

3.8. Data collection procedures

According to Creswell (2018) data collection is a fundamental aspect of research as it directly impacts the reliability and validity of the findings. The researcher used questionnaires to acquire quantitative data on the variables influencing men's health-seeking behaviour. The researcher also used interviews to gather qualitative data. Furthermore to ensure that the sample is representative of the target population, the researcher used probability sampling technique which was simple random sampling and this helped to minimize the risk of systemic bias. The researcher ensured that the procedure functioned well and adhered to validity and reliability standards.

3.9 Data Validity

According to Creswell & Creswell, (2017) Data validity refers to how correctly the acquired data represents the events or constructions being examined. The qualitative approach of information collection made it simple to accept and cross-check the discoveries, which built on the strengths and weaknesses of each piece of data gathered. Specific precautions were made

to ensure the data's unwavering quality and respectability. The researcher obtained data without the involvement of second parties, gave clarity, specificity (the topic of the study), and forged associations with interviewees, and gave the researcher the ability to interpret and translate the research questions that were asked. To ensure that data was obtained accurately, the researcher employed a variety of techniques, including random sampling, which ensured that the sample accurately represented the target population. The researcher used a pilot survey to test the data collection equipment and procedures, which helped to guarantee that the results were valid.

3.9.1 Data Reliability

According to Schönberger & Cukier, (2013) data reliability refers to the consistency, stability, and trustworthiness of the data, ensuring that the information obtained can be relied upon for its intended purpose. The researcher centred to the research guide so as to keep away from biasness. The researcher also asked the same inquiries to every respondent in data collection.

3.10 Ethical Considerations

The Harare City Council provided the researcher permission to begin carrying out the research. He informed relevant officials in the Suburb District, including the District Administrator, about the study's objectives. The researcher obtained data while adhering to ethical guidelines.

3.10.1 Informed consent

The researcher confirmed that participants participated voluntarily through providing them with important details concerning the research, such as the objectives and data collection processes, allowing them to make educated judgments about their potential engagement. According to Silverman (2013), research personnel and subjects must be thoroughly informed about the research's objective, methods, and planned possible uses, as well as what their involvement in the research entails and any dangers that may exist. Respondents were well aware of what they were taking part in.

3.10.2 Confidentiality

The researcher confirmed all the acquired data was kept confidential, and the respondents' anonymity was safeguarded and respected. This was accomplished by using pseudonyms for important informants who participated in the study. Confidentiality was stressed during interviews and discussions, which was significant because it allowed respondents the confidence to express their ideas.

3.10.3 Voluntary Participation

According to Silverman (2013), research volunteers must participate voluntarily and without compulsion. The researcher notified the research participants that they had the freedom to refuse or withdraw from the study at any time and for any reason. This was significant since it ensured that respondents participated voluntarily, without being coerced by their researcher.

3.10.4 Avoidance of harm

According to Curtis and Curtis (2011), researchers have a legal and moral responsibility to follow ethical considerations, the most important of which is the minimization of harm. This means that if there is any possibility of distress, procedures must be in place to prevent it from occurring, and if it does occur, it must be dealt with quickly and effectively. According to Silverman (2013), research is required to be conducted in a way that minimizes harm or risk to social groups. The researcher verified that the participant's interests were not harmed by their involvement by using pseudonyms.

3.10. Summary

The techniques the researcher employed to gather data were covered in this chapter. As methods of gathering data, the researcher employed combined research, observations, interviews, and questionnaires. The fourth chapter covers the interpretation and analysis of data.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS, AND DISCUSSION

4.1. Introduction

The study aimed to examine the factors influencing health seeking behavior among men in Zimbabwe, Westlea Suburb of Harare. This chapter presented, analyzed, interpreted and discussed the findings of the study. The chapter was arranged as follows; presentation of the demographic characteristics, followed by presentation of the objectives. The first objective was to examine types of illness and health seeking behavior. The second objective was to examine finance and health seeking behavior. The third objective was examine religion and health seeking behavior and the fourth objective was to examine socialization and health seeking behavior.

4.2. Demographic information

The demographic information about the study participants was provided in this section. Age, marital status, education level, and sex are the main bio data taken into account. The demographic information provided by participants is important because it enabled the researcher to see patterns within the participants that correspond with their demographic traits.

4.2.1. Sex

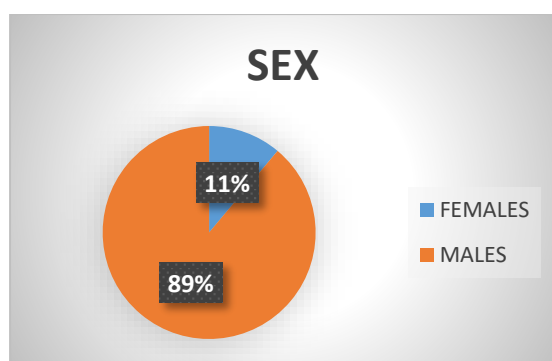


Figure 4.1 Sex (No. 45)

According to Figure 4.1 above shows that among the 45 responders in total, 40 (89%) were men and 5 (11%) were women. Because the study's goal was to comprehend how males seek health care, men dominated the sample more than women. This means that the responses are mainly from males.

4.2.2. Age

Table 4.1: Age (45)

Age groups in years	Frequency	Percentage
18-25	12	27
26-35	20	44
36-45	5	12
Above 46	8	17
Total	45	100%

On the Table 4.1 above shows that the majority of the participants 20(44%) fell between the age of 26-35 years, least were 5(12%) from 36-45 age group. This means collecting data from all age groups ensures that the information obtained reflects the diversity of the population which leads to unbiased and complete data which accurately represent the needs, perspectives, and experiences of different age cohorts.

4.2.3 Marital status

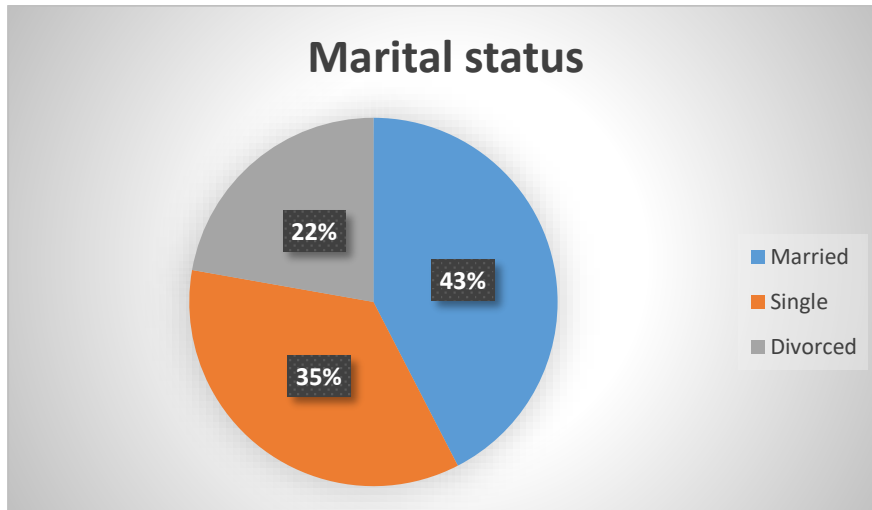


Figure 4.2 Marital status (45)

Figure 4.2 shows that the majority of the participants 19(43%) were married. The average number 17(35%) participants were the single group and the least participants 9(22%) were divorced. This means that participants that are married seek medical help assistance more than participants who are single and divorced. This means that married respondents provide greater knowledge and expertise that benefits the researcher through depth and insights.

4.2.4 Level of education

Table 4.2 Level of education (No 45)

Level of Education	Frequency	Percentage
Primary	3	7%
Secondary	20	44%
Tertiary	22	49%
Total	45	100%

Table 4.2 above shows that the majority of participants 22(49%) were at tertiary level. The average number 20(44%) participants were at secondary level. This means respondents were well educated and willing to engage in the study by giving insights on disparities that exist in accessing and utilization of health services among men.

4.2.5. Employment Status

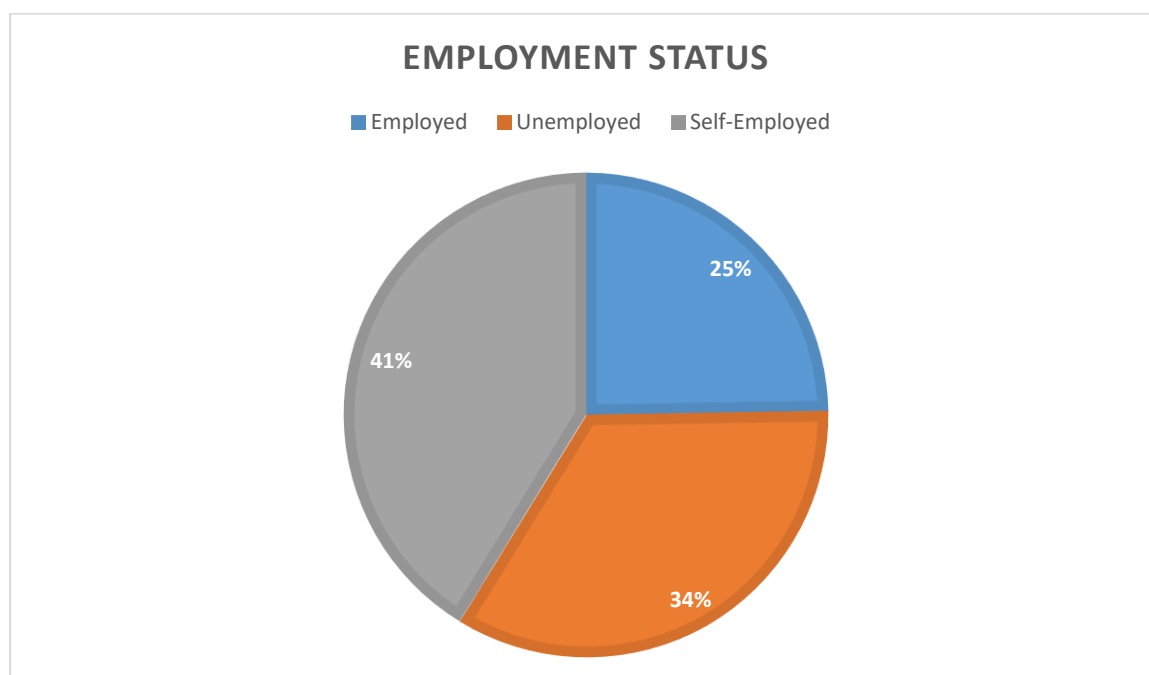


Figure 4.3 Employment Status (No 45)

Figure 4.3 shows that majority of participants 18(41%) were self-employed. Whilst the least 11(25%) of the participants were employed. This demonstrates that people from many walks of life were represented in the data collection.

4.3. Types of illness and health seeking behavior among men

Participants were asked to give their views on how types of illnesses influences health seeking behavior among men. The conduct on which illnesses make them go to clinic earlier for treatment, illnesses that make them delay to go to hospital. Their views helped the researcher to have an insight on what influences men's health seeking behaviour.

Table 4.3: Types of illness and health seeking behavior. (No 45)

Statement	True		False	
	No	%	No	%
I seek medical help when ill with coughing.	19	42	26	58
I seek medical assistance when ill with sugar diabetes.	41	91	4	9
I seek medical help for influenza virus.	26	58	19	42
I go for treatment if I have test positive HIV	26	58	19	42

4.3.1. Coughing and health seeking behavior

In Table 4.3 the majority of participants 26 (58%) do not seek medical help when ill with coughing. Only 19(42%) of the participants seek medical help when ill with coughing. This was supported during an interview by a male participant who said:

“I delay going to hospital when ill with coughing, I will self-cure myself with home remedies such as gargling hot salt water, when sick with a minor headache I drink a lot of water and take some painkillers to deal with the pain.” (Participant 19, 24 years old)

The responses above indicate that men postpone seeking medical treatment for coughing because they believe the illness is less serious. Furthermore, some of the participants (19) (42%) showed concern about seeking medical attention for coughing. This was supported by a female participant during an interview said:

It depends upon the situation. If the problem is manageable, I buy medication at the store or pharmacy. If my illness is severe, I seek aid from a clinic, a doctor, or wherever I can receive help to recover. (Participant 35, 40 years old)

The above responses indicate that men do not to seek medical attention for coughing because they assess the severity of coughing before seeking medical attention. This was supported by Ahmed et al (2019) who said most men believed it was vital to judge any type of illness before deciding on a suitable and preferred course of action. Most men claimed power over their physical health and well-being. Kamo (2021) suggested that men analyse their condition and decide if they want they should visit a healthcare institution. Therefore this shows that most men do not consult medical assistance when ill with a coughing.

4.3.2. Sugar diabetes and health seeking behaviour

In Table 4.3 the majority of participants 41(91%) highlighted that they seek medical help when ill with sugar diabetes whilst only 4(9%) showed no desire to seek medical assistance when diagnosed with sugar diabetes. In an interview a female key participant said:

I definitely go to the hospital for medical assistance when diagnosed with sugar diabetes, for early treatment and intervention. (Key informant 27 years old).

According to the responses above men seek medical attention when diagnosed with sugar diabetes. This reasoning is consistent with the research conducted by Kim & Kim, (2020), who hypothesized that the more serious a health problem is, the more motivated one is to investigate ways to lessen the likelihood of the disease and its repercussions. The fact that only 4(9%) of the participants denied seeking medical attention when ill with sugar diabetes suggests the type and severity of the disease. With this in mind, participants who regarded sugar diabetes as an imminent threat were more likely to visit health facilities for routine check-ups.

4.3.3. Influenza-Virus and health seeking behaviour

In Table 4.3 most of the participants 26(58%) agreed that they seek medical help when ill with Influenza-Virus. Whilst only 19(42%) of the participants denied that they seek medical assistance when ill with Influenza-Virus. In an interview a female participant said:

When I am not feeling well due to flu, I seek medical attention quickly. I don't wait till the issue worsens before seeing a doctor if I have the money. When I don't have money, I turn to natural cures like lemons and plants. (Participant 18, 19 years old)

According to the responses above, suggest that most men seek medical help for influenza virus; based on their comments, flu is unbearable from the beginning and exceedingly painful. To deal with this condition, the majority of participants seek medical aid by purchasing medication from pharmacies, and if the illness persists, they seek professional medical care from clinics or hospitals (Chikovere et.al. 2017). However 19(42%) participants expressed no desire to seek medical attention when unwell with the influenza virus, preferring to deal with pain or let the disease to resolve on its own. In an interview a male key informant stated that:

The hospital is the final option given that I try to cure myself with whatever approach that works for the circumstance at hand. I ask senior members of the family about alternatives, such as traditional medicine. Herbs help me manage ailments and cleanse my body. The herbs commonly treat illnesses and keep my body healthy for extended periods of time. Clinics and hospitals are intimidating; I use them when the issue gets out of hand. (Participant 19, 23 years old).

The above responses suggest that men delay seeking medical help from pharmacies, clinics and hospitals when get ill with influenza virus but they prefer to cure such illness on their own using some home remedies. Such as herbs, honey mixed with lemon which helps to manage and cleanse the illness from the body. This was supported by Musesengwa et.al (2017) who

said if the disease persists, men seek home remedies such as drinking lemon water and steaming with natural herbs, which can both relieve discomfort and cure the illness. This shows that the majority of men seek medical help assistance when ill with influenza virus.

4.3.4. HIV/AIDS and health seeking behaviour.

In Table 4.3 revealed that most participants 26(58%) agreed they seek medical help when test positive for HIV/AIDS. Whilst only 19(42%) of the participants disagreed seeking medical help when diagnosed with HIV/AIDS. In an Interview a male participant said:

HIV/ AIDS can be a life threatening diseases so when diagnosed with such an illness I will immediately consult a medical practitioner for early prevention and cure.
(Participant 31 years old).

The above response indicate that men seek medical help assistance early when test positive for HIV/AIDS because of the threat the illness poses, For example dying early and also because of the stigma that surrounds HIV/AIDS. More so the response above also suggest that men find it helpful to seek medical help assistance for HIV/AIDS early because when treated sooner the better the chance of the illness to be suppressed. This was supported by Yonak et al (2014) who emphasized that According to study findings, patients who reported being HIV-positive had improved social support, greater parental and relationship assistance, reduced anxiety and despair, better physical health, emotional support, and financial assistance, as well as the ability to take their ART without hesitation and stick to it more. .This therefore shows that most men seek medical help when test positive for HIV/AIDS.

4.4. Finance and health seeking behaviour

Participants were asked how finances influences health seeking behaviour among men. Participants provided their opinions on how lack of money deter them to go to hospital, on whether they still seek medical help when they don't have money or when they have money.

Also men gave their valuable insight on health insurance and how it influences them to seek or deter medical help when ill or injured. Their views helped the researcher to have a clear insight on what influences men's health seeking behaviour.

Table 4.4. Finance and health seeking behaviour. (No. 45)

Statement	Yes		No	
	No	%	No	%
I have a health insurance.	20	44	25	56
I go to clinic when I have money for medical treatment.	35	78	10	22
Lack of money deter me to go to hospital for early treatment as soon as am ill.	37	82	8	18

4.4.1. Health Insurance and health seeking behaviour

On the Table 4.4 the majority of the participants 25(56%) denied having a health insurance cover. While only 20(44%) participants, agreed to have a health insurance. This was supported by male respondent during an interview who said:

I don't have a medical insurance cover. It's a waste of my time and my resources to have it because I rarely get sick. (Participants 18, 20 years old)

The responses above indicate that most men do not have a health insurance because to them it's an unnecessary expense and waste of resources that can be used for their intended benefits such as food and clothes. According to research findings, the majority of those without insurance live in households with modest incomes with at least one working member. This is supported by a study carried out in the United States of America (USA) by Damico et al (2023),

who concluded that despite legislative efforts to enhance coverage affordability, many uninsured persons report the high cost of insurance as the primary reason they do not have coverage. Damico et al. (2023) argued that in 2022, 64% of uninsured nonelderly individuals stated that they were uninsured because the cost of coverage was too high and this is the reason why most men they don't have health insurance and this deter them from seeking medical help assistance when they get ill. This therefore shows that the most men do not seek medical help assistance when they get ill because they don't have health insurance.

4.4.2. Lack of money and health seeking behaviour

In Table 4.4 show that most participants 37(82%) Agreed that lack of money deter men to seek medical assistance. Whilst only 8(18%) denied that lack of money deter men to seek medical when ill or injured. This was supported during an interview by a male participant who said that:

If I have the money, I visit a medical facility. I wait and only see a doctor if the condition worsens. Having money enables me to look for the right help. The assistance and care I receive from public clinics is often inadequate due to its frequent fullness. (A 40-year-old participant)

The response above showed that men value private health care services more than public hospitals because private clinics tend to offer the best services that are adequate and they are not always crowded. Access to private health care is influenced by financial considerations and not having money prevent most men from using convenient and desired services (Chikovere et al. 2017). This was supported by only 35(78%) of the participants who said that having money helps one have access to quality medical treatment. This was agreed during an interview by one of the male participant who said:

Although the atmosphere and personnel attitudes at the private facilities are better, I am currently unable to pay for them. (Participants 29, 32 years old)

The above response indicated that the cost of private services is high and because of this deter or delay most men from seeking medical help in time when ill or injured. This was supported by Akinyemi, et al. (2018), who claimed that the majority of men stated that they typically cannot afford to use private health facilities and money is main obstacle preventing men from using health services they believe to be helpful. As a result, many men avoid getting medical attention when they are ill or hurt. This shows that lack of money deter most men from seeking medical help assistance when they are ill or injured.

4.5. Religious beliefs and health seeking behaviour

Majority of participants were asked how their religious beliefs and values often shape their understanding of illness and help seeking behaviour. Men who are religious adhere to specific moral or ethical codes that influence their health-seeking behaviour positively and negatively as well. Based on research finding participants views helped the researcher to have a clear insight on how different types of religious beliefs influences men's health seeking behaviour.

Table 4.5 Religious beliefs and health seeking (No 45)

Statement	Agree		Neutral		Disagree	
	<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>	<u>No</u>	<u>%</u>
Islamic believers are allowed to seek medical help when ill.	27	60	12	27	6	13

Johanne Marange Apostolic Sect believers are allowed to seek medical help when ill.	5 12	10 22	30 66
Christians are allowed to seek medical assistance when ill.	37 82	4 9	4 9
The believers of African traditional are allowed to integrate spiritual practices into seeking medical help when ill.	21 47	10 22	14 31

4.5.1. Islam and health seeking behavior

On the Table 4.5 above the majority of participants 27(60%) agreed that men belonging to Islamic faith seek medical assistance when ill or injured. Whilst only 12(27%) participants indicated to have no idea whether men belonging to Islamic faith are allowed to seek medical assistance when injured or ill. Whereas only 6(13%) of participants disagreed. In an interview a female key informant had said:

Am not a Muslim so I don't know but I have witnessed many Muslims sponsoring, funding hospital facilities. Because of that I think they seek medical help when ill.
(Participant 26, 30 years old).

The responses above indicate that men belonging to Islamic faith seek medical assistance when ill or injured. From Islamic perspective health is viewed as one of the greatest blessings that

Allah (God) has bestowed on mankind. This line of thought was supported by Padela et al. (2018), who said that in the final message of God, Prophet Muhammad mounted the pulpit, then wept and said, “Ask Allah for forgiveness and health, for after being granted certainty, one is given nothing better than health”. These Islamic beliefs and teachings emphasize the importance of maintaining good health and seeking medical treatment when needed. Islamic teachings encourage Muslim men to take care of their bodies, as they are considered a trust from God. This shows that most men belonging to Muslim denomination seek medical help assistance when they get ill or injured.

4.5.2. Johanne Marange Apostolic Sect and health seeking behaviour

In Table 4.5 shows that the majority of participants 30(66%) disagreed that men from Johanne Marange Apostolic Sect are allowed to seek medical help when ill. Whilst only 10(22%) participants had no knowledge that men of Johanne Marange Apostolic sect seek medical help when ill. While the least 5(12%) participants agreed. This was supported during an interview by a male participant who said:

Johanne Marange Apostolic Sect followers are denied by their religion to seek medical help when ill. Their belief is based on the fact that the hospitals are meant for white people not black people and only through faith in God one can be healed when injured or ill. (Participant 50 years old)

The responses above indicate men from Johanne Marange Sect believers are not allowed seek medical help when ill. This is because their denomination believe in the power of prayer and spiritual intervention for healing. This denomination prioritize seeking spiritual remedies, such as prayers, anointing with holy water, or attending religious ceremonies, over seeking medical help (Chakawa et al. 2010). This reliance on spiritual healing lead to delays in seeking medical attention or neglecting necessary medical interventions.

The sect's teachings create a stigma around seeking medical treatment, considering it a lack of faith or a betrayal of religious beliefs. Members fear judgment or ostracism from their community when they choose to pursue medical care. This stigma discourages individuals from seeking appropriate medical treatment, even in cases where it is urgently needed. This line of thought aligns with, Chakawa et al. (2010) who retorted that in Zimbabwe, religious communities such as the Johanne Marange apostolic group have varying perspectives on mental health, with some attributing mental illness to spiritual causes or moral failings. Consequently, men experiencing mental health challenges are reluctant to seek professional help due to fears of stigma or religious condemnation. Resulting in undiagnosed and untreated mental health conditions among men, posing significant challenges for their overall well-being (Chakawa et al. 2010).

However, it cannot be ignored that only 5(12%) of participants agreed that at times Johanne Marange apostolic sect followers disobey their church doctrines and seek medical assistance when ill or injured. Because pain from an injury or illness becomes unbearable to the extent that religion alone can help an individual to heal. This was supported by one of the male participant during an interview, who said that:

I am Johanne Marange Apostolic Sect follower, when ill or injured I wait for some time to see if the condition gets worse as some conditions come and go but in a scenario that it gets worse. I seek medical assistance. (Participant 27, 30 years old)

The response above suggests that not all members interpret the teachings of the sect in the same way. Some individuals may have a more flexible or nuanced understanding of their religious beliefs, allowing them to reconcile the use of medical treatment with their faith. They may view medical care as a complementary approach to spiritual healing or consider it a gift from God to aid in recovery. The fact that some followers seek medical help assistance for an

illness or injury without the denomination knowledge and approval, clearly shows that most men who belong to Johanne Marange Apostolic faith are not allowed to seek medical help when they get ill.

4.5.3. Christianity and health seeking behaviour

In Table 4.5 indicate that most participants 37(82%) agreed that men belonging to Christian denominations are allowed to seek medical help when ill. While only 4(9%) of participants disagreed. This was supported by a female participant during an interview who said:

Am a Christian follower and my church allow and gives me their undying support to seek medical help when ill or injured. (Participant 23, 24 years old)

The response above show that Christian men seek medical assistance when injured or ill because as Christians they believe that their bodies are gifts from God and should be cared for responsibly and that includes seeking medical assistance to address health concerns and maintain overall well-being. Manyewu and Mpofu (2016) backed this line of thought, arguing that the Christian tradition in Zimbabwe emphasizes the significance of maintaining one's physical wellness, which encourages males to seek medical care. Furthermore, the study found that churches serve as a platform for communicating medical information and promoting preventative treatment, such as frequent health examinations and screenings (Hungwe, 2015). This raise awareness and comprehension among Zimbabwean Christian males, which encourage them to actively participate in the healthcare system. This shows that most men who are Christians seek medical assistance when ill.

4.5.4. African Traditional Religion and health seeking behaviour

In Table 4.5 most of the participants 21(47%) agreed that believers of African traditional religion are allowed by their faith to integrate spiritual practices and seeking medical help at the same time. Whilst the least 10(22%) participants indicated to have no knowledge and only

14(31%) participants disagreed the connection between ATR spiritual practices and secular help. This was supported by a male during an interview who said:

It is very possible to integrate ATR spiritual disciplines into modern medical help. Combining traditional healing methods, such as herbal remedies, rituals, or consultations with traditional healers, with modern medical treatments can enhance overall well-being and increase the chances of successful healing. (Participants 50, 55 years old).

From the above responses shows that the majority of men who seek traditional and secular medicine at the same time have experienced positive outcomes from integrating traditional healing practices into secular medicine. This place a high level of trust in ATR spiritual practices. Most men believe these practices have a long standing history and cultural wisdom that can offer unique insights and treatments for various health conditions (Hart, 2017). Traditional spiritual practices are commonly recognized in the healthcare-seeking procedure, and in some situations, the formal medical system actively facilitates them (Makaudze, 2015). This acceptance is based on the country's history with traditional African healing practices and the awareness of their cultural relevance. Zimbabwean hospitals and clinics, for example, let patients to contact traditional healers or participate in spiritual ceremonies on the grounds, as long as these traditions do not interfere with or contradict the authorized medical therapy (Muchacha & Dziro, 2020). This method recognizes the significance of traditional African beliefs in the healing process for many Zimbabwean men. This therefore means that most men who are believers of African traditional religion in Zimbabwe are allowed to integrate spiritual practices into seeking medical help when ill when they get ill.

4.6. Socialisation and health seeking behaviour

Majority of participants were asked how socialisation often shape their understanding of illness and help seeking behaviour. There were asked whether they have been taught in the family to seek medical help when they get ill. Whether they get encourage by their Church to seek medical help or their encouraged by their peers. Their views helped the researcher to have a clear insight on how socialisation beliefs influences men's health seeking behaviour.

Table 4.6. Socialisation and health seeking. (No.45)

Statement	Yes		No	
	No	%	No	%
I have been taught by the family to seek medical help	11	24	34	76
My peers encourage me to seek medical assistance when ill	38	84	7	16
I get taken to the hospital when am ill	31	69	14	31
My church encourages me to seek medical help in time when ill	34	76	11	24

4.6.1. Family and health seeking behaviour

On the Table above 4.6 indicate that most participants 34(76%) denied that men are taught by the family to seek medical help, whilst only 11(24%) participants agreed. During an interview a male participant said:

I was raised differently than my sisters. My upbringing was harsher than my sisters, it was intended to develop me to be a strong man. If myself and one of my sisters got unwell, my parents would urge my sister to consult the clinic, and they would suggest that I use herbal remedies and assure me that I would be fine, that I should be strong. Visiting a medical centre has never been my first choice. I grew up with the idea and concept that going to the clinic all the time is unmanly; you cannot be a real man if you rush to the hospital every time you cough. As a male, you must be strong and independent, experiment with new techniques to help yourself feel better, and seek advice and alternatives from other men. When everything else fails, consult with your healthcare providers. (Participant 18, 19 years old)

The above responses show that the family institution is a critical development of health seeking behaviour among men. Most men indicated that they were encouraged to be independent from an early age. The majority of men stated that they were raised to be self-sufficient from a young age. Some males stated that they were raised to be tough and able to endure suffering. They also claimed that some circumstances were never made easier for them, and that when they faced illness or injury, they received less attention (Chireshe et.al. 2016). Men were never advised to seek medical attention when they were ill or injured. Seeking treatment did not become a top priority from a young age. They were trained to be invulnerable and to care for themselves. In contrast, their female siblings are urged to seek medical attention when they are ill. This difference occurred in childhood and this is in line with what was supported by one of the male participant during an interview who said that:

I grow up understanding how vital it is to take good care of yourself. I was reared in an extremely strict environment, and as a boy, I was advised not to become involved in any circumstance that could put me in danger. So, whenever I was hurt while playing outside, I couldn't tell my grandmother because she'd think it was reckless and even

punish me. As an outcome, I learnt to persevere in the face of adversity and to manage my own destiny. I didn't want to be punished for playing, as this might result in injury. Speaking and asking for help at home was tough, so I had to cope with any illnesses on my own. In this sense, it is uncomfortable for me to walk outside and seek aid.

(Participant, 53 years old).

The above responses suggest the view that, in Zimbabwe cultural beliefs and customs greatly influence men's views. Men are stereotyped as being powerful, rugged, and violent due to cultural beliefs. In sub-Saharan Africa, the general belief is that "real men do not get sick and health institutions are for women" (Skovdal et al., 2011). This perception of men is prevalent. Being a true men also entails being self-sufficient, tough, and the provider of the family. It also implies having multiple female companions. Getting medical attention is a sign of social disobedience. Men's access to healthcare is hampered by their fear of being branded as less manly (Chimbari et.al. 2017). Although only 11(24%) participants agreed some men have been taught within the family to seek medical help when they get ill, it cannot be dismissed that naturally most men are stereotyped to deal with any ill condition on their own this has denied most men to open up their illness and this negatively deteriorated men's health seeking behaviour. This shows that the majority men are not taught by the family to seek medical help when they get ill.

4.6.2. Peers and health seeking behaviour

In Table 4.6 above shows that the majority of participants 38(84%) agreed that men are encouraged by peers to seek medical assistance when they get ill or injured. While only 7(16%) of participants denied this assertion. This was supported during an interview by a male participant who said:

Yes colleagues and friends have supported me when am ill or injured. Sometimes they even go on to provide me assistance with money, food and transport. Others pay their kindness by visiting me when feeling unwell encouraging me to seek medical help to get better and heal. (Participants, 20, 25 years old).

The responses above indicate that peers create a supportive environment, which allow most men to more likely engage in positive health-seeking behaviours. This include encouraging and motivating each other to prioritize health, sharing experiences, and providing emotional support. Creel et.al (2019) argued that peers who exhibit healthy behaviours serve as positive role models for others. Seeing friends or colleagues engaging in activities such as regular exercise, proper nutrition, and seeking medical help when needed inspire men to adopt similar habits. This is in line with Witty et al. (2011), who propounded that males occasionally ask friends and family for support and guidance. When they become ill, some men seek assistance from close friends and family members. According to Witty et al. (2011), males comprehend their health state more fully when they talk to friends about it. Friends can encourage men to seek medical attention support, counsel, and provision of recommendations for potential medical care. Men's social connections essentially increase their awareness of the value of using health care (Creel et.al. 2019). This shows that the majority men are encouraged by their peers to seek medical help assistance when they get ill.

4.6.3. Church and health seeking behaviour

In Table 4.6 above shows that most participants 34 (76%) agree that men are taught to seek medical help when ill or injured. Whilst only 11(24%) disagree portraying that it varies with different religious denominations. In an interview a female participant said:

My Pentecostal church provide me with their support and encourages me to seek medical help when ill or injured accompanied divine healing, prayer and faith-based approaches as means of seeking healing from illness. (Participants 32, 40 years old)

The above responses portray that Churches provide health education programs and awareness campaigns tailored specifically for men. This involve organizing workshops, seminars, guest speakers who address important health topics, such as preventive care, healthy lifestyle choices, mental health, and disease management (Mpofu, 2019). By increasing knowledge and awareness, the church empower men to make informed decisions about their health. This is in line with (Steel et al. 2014) who said that religious institutions and leaders wield influence over their congregations, including men, and shape their attitudes positively toward healthcare-seeking behaviour. This shows that men are taught by the church to seek medical help assistance when they get ill.

4.7. Summary

In this chapter data was collected, presented and analysed through a combination of tables and pie charts. Research findings showed that factors influencing health seeking behaviour among men are on the raise negatively as well positively. The next chapter gives a summary of the study, conclusions drawn from the research findings and propose recommendations. Area for further research will also be proposed.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1. Introduction

The study aimed to examine the factors influencing health seeking behavior among men in Zimbabwe, Westlea Suburb of Harare. This chapter provided the overview of the entire project and the conclusions about the variables influencing men's health-seeking behavior in Zimbabwe. The goal of the study was to investigate the nature of illnesses that influence men's health-seeking behavior. The varieties of religious beliefs and their effect on men's help-seeking behavior were further investigated in the study. Narratives on the factors of socialization and money on health-seeking behavior bolstered the results of the research. Human security theory served as the study's central tenet. A synopsis of the major discoveries was provided in accordance with the particular goals of the study. Recommendations were developed based on the examination of participant perspectives, and conclusions were derived from the research's overall findings.

5.2. Summary

5.2.1. Summary of the whole Project

Chapter One, provided the research introduction, which emphasized the importance of the research and background. This chapter also included an explanation of the study's objective, research questions, and goal. The definitions of important terminology, the boundaries and restrictions of the research, and the chapter conclusions were all provided in the first chapter.

Chapter Two, reviewed the literature which focused on stories from secondary data sources that influenced the direction of the study. The chapter described the methodology previously used by researchers who were interested in the factors influencing men's health-seeking behavior in Zimbabwe. The chapter's primary objective was to assist the researcher in

identifying gaps in the existing literature and creating a new study plan that would expand on past discoveries. Furthermore, the chapter presented the theoretical framework that served as the foundation for the investigation. The study employed human security theory, emphasizes the value of shielding people against a variety of risks, such as illness, poverty, political persecution, environmental damage, and more.

Chapter Three, outlined the study's methodology, which included information on the project's instrumentation for data collection, the population targeted sample plans, data processing techniques, and research design. The chapter also provided insight into the moral concerns brought up by doing the research.

Chapter Four, presented, examined, and debated the study's conclusions. This chapter had textual data that was supported visually with tables and pie charts. In accordance with the research questions and objectives, the research findings were also organized into themes and subthemes.

Chapter five; was the last chapter, which presented the study's findings. This chapter presented the study's summary and conclusion. Along with areas to be addressed in programming or action, the chapter makes recommendations for potential future study subjects.

5.2.2. Summary of research findings

The first objective of the study was to examine how types of illness influence health seeking behavior among men. The study revealed that types of illness are an important factor that influence men's decision to seek medical help attention. Most men attested that they postpone seeking medical help for illnesses such as coughing because the illness is less threatening (Chitiyo, 2022). The study discovered that the majority of men judge any type of illness before deciding on a suitable and preferred course of action. The study further showed that men seek medical help attention more when ill with sugar diabetes and when test positive for HIV

because such illnesses pose substantial health risk among men and untimely death. This means that types of illness are an important factor that influences health seeking behavior among men in Zimbabwe.

The second objective of the study was to examine how finance influence health seeking behaviour among men. The study showed that the financial power is an important factor on the men's decision to seek medical attention. The majority of men attested to the fact that lack of money deter them to seek medical assistance when ill or injured. The results from the study showed that most men prefer to seek medical help from private health facilities than public hospitals but however lack of money prevent most men from using convenient and desired services. The study further showed that majority of men denied having health insurance because it's a worst of money intended for other benefits such as food and clothing (Mupfumira, 2021). This means that financial power is an important factor that influence men's decision to seek medical attention when ill or injured.

The third objective of the study was to examine how religious denominations influence health seeking behavior among men. The study showed that different religious denominations are an important factor that influences men to seek medical help assistance when ill or injured. The research showed that most men belonging to Islamic faith seek medical help assistance when ill and injured because health is a greatest blessing that Allah bestowed on mankind. Furthermore, the study showed that the majority of men belonging to Johanne Marange Apostolic denomination deter seeking medical help assistance when ill or injured because power of prayer and spiritual healing cure men from any type of illness or injury. The research also showed that most men belonging to Christian denominations seek medical help attention when ill or injured because their bodies are gifts from God and should be cared for responsibly and that includes seeking medical assistance to address health concerns and maintain overall

well-being, (Creel et.al, 2017). This means that religious denominations are an important factor that encourages men to seek medical help attention when ill or injured.

The fourth objective of the study was to examine how socialisation influence health seeking behavior among men. The study showed that the majority of men are not socialised to seek medical help attention when ill and injured. Most men upbringing is harsh and are taught to be strong man. Seeking medical help attention among men is not the first option but to remain strong and deal with the pain to be manly. The study also revealed that men receive supportive environment from peers which allow most to open up about their illness and receive medical help assistance. Peers exhibit healthy behaviours that serve as positive role models for most men which have allowed men to engage in positive health-seeking behaviours. The study also showed that religious denominations positively influence health seeking among men through health educational programs such as workshops and seminars. This means that socialisation is an important factor that influence health seeking behavior among men in Zimbabwe.

5.3. Conclusions

The first research question was how types of illness influence health seeking behavior among men. The study concluded that men seek medical help assistance when get ill with a variety of illnesses such as sugar diabetes, influenza virus and when test positive for HIV. This is a positive factor that entails men have knowledge about the types of illness and their consequences. Hence positively seeking medical attention to types of illness among men help those to be linked with appropriate treatment and prevention, to achieve SDG3 which aims to achieve universal access to good health and wellbeing by 2030. Including a daring pledge to put an end to the pandemics of AIDS, Malaria, TB, and other communicable diseases

The second research question was how does finance influence health seeking behavior among men. The study showed that financial power is a factor that positively and negatively influence

health seeking behavior among men. Most men do not seek medical help assistance as soon as their ill because they don't have money and also most men prefer health treatment from private health facilities than public hospitals. The study further concluded that men with financial power seek more medical assistance because they have health insurance which provides them with financial protection against the high costs of medical care, unexpected medical expenses, such as hospitalizations, surgeries, or treatments for serious illnesses. These factors affect men in Zimbabwe both positively and negatively in line with SDG 3 which seeks to attain good health and wellbeing for all including a bold commitment to end pandemics of tuberculosis, malaria, AIDS, and other communicable diseases by 2030.

The third research question was how religious denominations influence health seeking behavior among men. The research concluded that a variety of religious denominations in Zimbabwe such as Christianity, Islam and African Traditional Religion are factors that positively influence men not to seek medical help assistance. The study revealed that most men in Christian denominations seek medical attention when unwell or injured because their bodies are gifts from God and should be cared for responsibly, which includes obtaining medical assistance to manage health concerns and maintain overall well-being. The study showed that highly religious men from different denominations such as Johanne Marange Apostolic are less likely to seek medical help assistance because their health is in the hands of higher power (God) and through prayer and fasting. Men believe they can be cured from illness without medical help assistance. The study also revealed that most men who are believers of African traditional religion in Zimbabwe are allowed to integrate spiritual practices into seeking medical help when ill when they get ill which positive movement in the achievement of SDG 3 which aims to ensure universal access to outstanding health and wellbeing by 2030. Including a bold commitment to stop the spread of infectious illnesses including malaria, AIDS and tuberculosis.

The fourth research question was how socialisation influence health seeking behavior among men. The research showed that men are not well socialised and this is a negative factor that deter the majority of men from getting the medical help assistance. Men who are not well socialised project authority, autonomy, independence and physical aggressiveness while avoiding showing sensitivity or emotion that would be interpreted as weakness like seeking medical help assistance when ill or injured. These firmly established social beliefs about manhood and masculinity have hindered the majority men in Zimbabwe to be linked appropriate healthcare when ill or injured, which is a derailment in the achievement of SDG3. Which aims to ensure universal access to exceptional quality of life by 2030, as well as a strong commitment to ending the pandemics of AIDS, Tuberculosis, Malaria, and other spreadable illnesses.

5.4. Recommendations

- a) The study revealed that most men do not seek medical assistance when ill with coughing. It is recommended that the Ministry of Health and Child Care should do awareness campaigns especially for men, so that they are encouraged to seek medical help as soon as they get ill.
- b) The study revealed that the majority of men do not have health insurance. It is recommended that the government should force men to have health insurance so that they are helped when they get ill.
- c) The study showed that some men are deterred by their religious denominations from seeking medical help assistance when ill or injured. It is recommended that the government should encourage religious denominations to teach their male congregants to seek medical help assistance when they get ill.
- d) The study revealed that some men are not well socialised to seek medical help when they get ill or injured. It is recommended that the school and church should teach men about seeking medical help assistance when they get ill


- e) Further research should focus on the factors influencing use of health services among women in Zimbabwe.

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Appendix A: Harare City Council Research Letter


CITY OF HARARE

HUMAN CAPITAL DEPARTMENT
TOWN HOUSE, HARARE, ZIMBABWE
POST OFFICE BOX 990
TELEPHONE 752979 / 753000
EMAIL: hrd@hararecity.co.zw
ADDRESS ALL CORRESPONDENCE TO THE HUMAN CAPITAL DIRECTOR

Bindura University of Science Education *
P. Bag 1020
Bindura

20 February 2024


RE: AUTHORITY TO UNDERTAKE RESEARCH: GARABA PASSMORE TANAKA

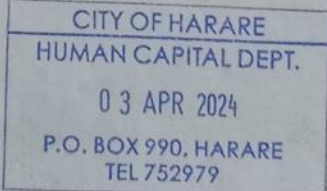
This letter serves as authority for Garaba Passmore Tanaka to undertake a research survey on the topic: **"FACTORS INFLUENCING HEALTH SEEKING BEHAVIOUR AMONG MEN IN ZIMBABWE. A CASE STUDY OF WESTLEA SUBURB"**

The City of Harare has no financial obligation and neither shall it render any further assistance in the conduct of the research. The researcher is however requested to avail a soft and hard copy of the research to the undersigned so that residents of Harare can benefit out of it. The research should not be used for any other purpose other than the study purpose specified.

This letter is issued upon payment of 5usd administration fee.
Receipt number: 13745736

Yours faithfully


RTD MAJOR M. MARARA
ACTING HUMAN CAPITAL DIRECTOR



Harare to achieve a WORLD CLASS CITY STATUS by 2025


Appendix B: Permission letter from institution

FACULTY OF SOCIAL SCIENCES & HUMANITIES

P. Bag 1020
BINDURA, Zimbabwe

Tel: 263 - 71 - 7531-6, 7621-4
Fax: 263 - 71 - 7534

Peace & Governance Department
dmakwerere@buse.ac.zw
Cell 0772 596 562



BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date: 20/02/24

TO WHOM IT MAY CONCERN

=====

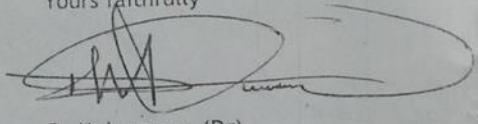
RE: REQUEST TO UNDER TAKE RESEARCH PROJECT IN YOUR ORGANISATION/AREA

=====

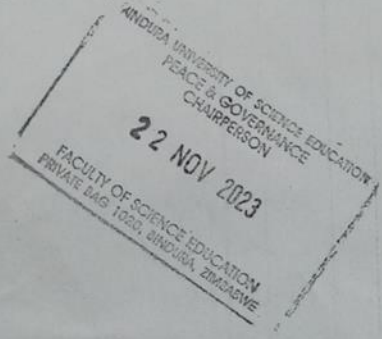
This serves to introduce the bearer GARABA PASSMORE T, Student Registration Number B2015753 who is a HBSc Peace and Governance student at Bindura University of Science Education and is carrying out a research project in your area.

Your usual cooperation and assistance is therefore being sought.

Yours faithfully



D. Makwerere (Dr)
CHAIRPERSON - PEACE AND GOVERNANCE



Appendix C: Interview Guide

In-depth interview Guide

My name is B201575B a student at Bindura University of Science Education I am studying for a BSc Honours Degree in Peace and Governance. In this regard I am conducting a research to fulfil my academic requirements. This research is entitled: Factors influencing health seeking behaviour among men. A case study of Westlea Suburb Harare. I would appreciate if you spare 30 minutes of your time to respond to the following questions. Your responses will be treated with utmost confidentiality and no names will be mentioned in the research report. Thank you.

Section A

To analyse how types of illnesses influences health seeking behaviour among men.

- 1) Which illnesses make you go to clinic earlier for treatment?
- 2) Which illnesses make you delay to go to hospital for?
- 3) Do you go to clinic when ill with flue?
- 4) Do you go to hospital when ill with cholera?

Section B

To examine how finances influences health seeking behaviour among men.

- 6) Do you have a health insurance?
- 7) If you don't have money do you go to the clinic for treatment?
- 8) Is money a factor that makes you go to hospital for early treatment as soon as you're ill?
- 9) Can you have money and delay going to hospital for medical assistance when sick?

Section C

To examine how different types of religious beliefs influences health seeking behaviour among men.

- 10) Are Christians allowed to seek medical assistance when ill?
- 11) Are Islamic believers allowed to seek medical help when ill?
- 12) Are Johanne Marange apostolic sect followers denied to seek medical assistance when ill?
- 13) Do believers of African Traditional Religion allowed to integrate spiritual practices into seeking medical help when ill?

Section D

To examine the role of socialisation in influencing health seeking behaviour among men.

- 14) Have you ever been taught in the family to seek medical help when ill?
- 15) Have you ever been taken to the hospital as soon as you were ill?
- 16) Have you ever received support from your peers for seeking medical assistance when ill?
- 17) Have you ever been helped by your church to seek medical assistance when ill?

Appendix D: Questionnaire/Survey

My name is B201575B, a student at Bindura University of Science Education I am studying for a **BSc Honours Degree in Peace and Governance**. In this regard I am conducting a research to fulfil my academic requirements. This research is entitled: Factors influencing health seeking behaviour among men. A case study of Westlea Suburb Harare. I would appreciate if you spare 30 minutes of your time to respond to the following questions. Your responses will be treated with utmost confidentiality and no names will be mentioned in the research report. Thank you.

Please put a tick ☐ where appropriate and fill answers where space provided

1) Employment Status- **Employed**☐ **Unemployed**☐ **Self Employed**☐

2) Gender- **Male**☐ **female**☐

3) Marital Status-**Single**☐ **Married** ☐ **Divorced** ☐

4) Educational Level-**Grade 7** ☐ **ZJC**☐ **O-Level**☐ **A-Level** ☐ **Diploma**☐ **Degree**☐

5) **Age**

18----25	
26----35	
36----45	
46----ABOVE	

Directions: For each statement in the survey please indicate how much you agree or disagree with statement by **putting a check in the box on the right side of each statement**. There are no right or wrong answers. Your answers will be kept strictly confidential and you are not to be identified.

Section A

To analyse how types of illnesses influences health seeking behaviour among men.

ITEM	True	False
6) I seek medical help when ill with Coughing?		
7) I seek medical assistance when ill with Sugar diabetes.		
8) I seek medical help for influenza virus		
9) I get cured when test positive for HIV		

Section B

To examine how finances influences health seeking behaviour among men.

ITEM	Yes	No
10) I have health insurance.		
11) I delay seeking health assistance when, I don't have money.		
12) I don't go to clinic when I have money for medical treatment.		

13) Lack of money deter me to go to hospital for early treatment as soon as am ill.		
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Section C

To examine how different types of religious beliefs influences health seeking behaviour among men.

ITEM	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
14) Are Islamic believers allowed to seek medical help when ill?					
15) Do Johanne Marange Apostolic Sect believers allowed to seek medical help when ill?					
16) Are Christians allowed to seek medical assistance when ill?					
17) Do believers of African Traditional Religion allowed to integrate spiritual practices into seeking medical help when ill?					

Section D

To examine the role of socialisation in influencing health seeking behaviour among men.

ITEM	Yes	N0
18) I have been taught by the family to seek medical help when ill.		
19) My peers encourage me to seek medical assistance when ill.		
20) I get taken to the hospital when am ill.		
21) My church encourages me to seek medical help in time when ill.		

Supervisor's signature.....*[Signature]*

Department of PG Chairperson's signature.....*[Signature]*

Student signature.....*[Signature]*

