

MEN'S BEHAVIOUR TOWARDS HEALTHCARE SERVICES IN QUTHING, LESOTHO

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Abstract

Good health-seeking behaviour is essential for prevention, early diagnosis and management of disease conditions. This study explored the behaviour of men towards health services in Quthing, Lesotho. A qualitative approach was employed in the collection and analysis of data. In-depth interviews were used to gather data from 10 purposively selected men, four healthcare workers and two village health workers, who were also interviewed as key informants. The study's main findings show that men barely utilise healthcare services when ill and that they only seek health services based on the severity and perceived seriousness of the illness. They also uncovered the various methods men employ to deal with illness other than seeking healthcare and it is only when those methods prove ineffective that they seek healthcare. Therefore, the conclusion made from the findings is that men barely utilise healthcare services when they are ill. Instead, they utilise alternative traditional healthcare services. The paper recommends disseminating health education and raising awareness on the importance of seeking healthcare, as well as training and awareness campaigns aimed at changing the mindset of men on how they perceive healthcare services and how they carry themselves when experiencing illness.

Keywords

Behaviour, healthcare services, Lesotho, men, utilisation.

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1. Introduction

Healthcare-seeking behaviour has been defined by Latunji and Akinyemi (2018) as any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill to find an appropriate remedy. In addition, Haileamlak (2018) further states that attaining good health-seeking behaviour is an important element of prevention, early diagnosis and management of disease conditions and it helps reduce costs, disability and death from diseases. From the previous statements, it is clear that good health-seeking behaviour is beneficial not only to men's health but to the economy as well. However, literature has abundant evidence that men's healthcare-seeking behaviour is poor. This is supported by authors such as Heidelbaugh (2016), who pointed out that men's poor health-seeking behaviour is an issue that deserves specific attention, especially concerning their premature mortality from Non-Communicable Diseases (NCDs) and morbidity associated with underutilisation of health services.

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Looking at men's health, the results of a study that was conducted by the Global Burden of Disease (2013) revealed that globally, in 2012, 52% of all deaths from NCDs were of males. Males were more likely than females to die prematurely (under 70 years) from NCDs in almost every country. In contrast, females were more likely to die prematurely from NCDs in just a few countries (Abubakar *et al.*, 2015). These results further revealed that the proportion of premature NCD deaths in males was twice or more than in females in 11 countries, including Russia, where 52% of male NCD deaths were premature compared to 24% of female NCD deaths. According to the findings of that study, the significant risk factors for NCDs included unhealthy diets, tobacco use and the harmful use of alcohol. Men do worse than women regarding all these (Abubakar *et al.*, 2015).

With regards to life expectancy and mortality rate, Etienne (2018) opines that 36% of deaths in men are preventable, compared with 19% in women. Furthermore, life expectancy data also highlights the health burden borne by men. Globally, the male life expectancy of 68 years lags five years behind female life expectancy. The global gap is predicted to increase over the next 15 years; therefore, by 2030, male life expectancy could be seven years shorter than female life expectancy (GBD, 2013). Additionally, the Office for National Statistics (2021) adds that life expectancy in males is less than that of their female counterparts. For example, in England for 2018-2020, life expectancy at age 65 years was 18.5 years for males and 21.0 years for females, respectively.

Lesotho is not an exception when it comes to men's high mortality rate compared to that of women. According to the United Nations Population Division (2022), the mortality rate for men was 549.17 per 1,000 male adults, while the mortality rate for women was 430.91 per 1,000 female adults in 2022. Furthermore, in 2021, life expectancy was 48.7 for males and 54.6 for females (WHO, 2024). It is evident through the statistics and literature that men's health is poor and worrisome as opposed to women's health. This was also supported by Wang *et al.* (2012), who stipulated that in most parts of the world, health outcomes among boys and men continue to be significantly worse than among girls and women. However, this gender-based disparity in health has received little national, regional or global acknowledgement or attention from health policy-makers or healthcare providers. As a result, this paper explored the behaviour of men towards healthcare services as insight into the latter will enable improvement and development of policies and strategies aimed at improving their health-seeking behaviour, consequently improving their health in general.

2. Literature Scoping

This section provides a brief overview of literature related to men's behaviour towards healthcare services in Lesotho. Specifically, it focuses on men's attitudes towards healthcare seeking, willingness to utilise healthcare services and perceptions of healthcare services. In addition, it also provides the theoretical framework that underpins the study.

2.1. Men's attitude towards healthcare-seeking

According to Thornton (2019), attitudes to healthcare differ by gender, meaning that when facing the same disease, men seek healthcare less than women. This was supported by Medina-Perucha *et al.* (2017), who stipulated that negative attitudes toward healthcare utilisation have been discussed as a barrier to men seeking healthcare. Additionally, the findings of a study conducted by Mthembu (2015) revealed that men

who reported having never sought healthcare when ill mentioned that they found health-seeking unnecessary as they found other means, such as self-treatment and consulting traditional healers. Nzama's (2013) study also revealed that the respondents (men) indicated that they follow processes when feeling ill other than seeking healthcare, which include peer consultation, traditional healers and religious methods.

2.2. Willingness to utilise healthcare services

Literature suggests that the severity of the disease dramatically influences men's willingness to utilise health services. This has been supported by the findings of a study titled "*Health Status and Health-seeking Behaviour of Jamaican Men Fifty-five Years and Over*" by Morris et al. (2011), which revealed that during the time of the study, which used a sample of 2000 men, majority of men (67.6%) had not visited a doctor or health facility in the year prior to the survey. The main reason was the absence of illness (44%); 28.7% used home remedies and 21.9% reported being unable to afford them. 18% had visited a private doctor, 20.1% had visited a health centre and 5.1% used both. Even when ill, 50% reported not seeking care. Even among the men who reported chronic disease, the health service utilisation rate was reported to be less than recommended (Morris et al., 2011).

In addition, the findings of a study titled "*Are Men Shortchanged on Health? Perspective on Healthcare Utilisation and Health Risk Behaviour in Men and Women in the United States*" by Pinkhasov et al. (2010) uncovered that during the time of the study, the visits made to the Physicians' office, emergency department and physician home visits, by adult (18 years and over) men and women in United States revealed that men were more likely not to visit the mentioned places than women.

From the mentioned literature, it can be assumed that generally, men's willingness to utilise healthcare services is questionable because although some do utilise healthcare services, the majority of them delay seeking; they utilise health services when their diseases have progressed and are becoming more serious, which suggests that they only do so because they are 'forced' by circumstances due to the deterioration of their health. In support of this statement, Albizu-Garcia et al. (2001), cited in Mthembu (2015), argue that men pursue health assistance when symptoms or illness are life-threatening.

2.3. Men's perception of healthcare services

How men perceive or understand the use of health services is a crucial factor affecting their health-seeking behaviour and utilisation of health services. According to O'Brien et al. (2005), there is an association between denial of weakness and rejecting help as a key practice of masculinity and help-seeking behaviour. The authors further state that men regard themselves as powerful and in control; hence, they do not seek healthcare. A study that was conducted by DiCarlo et al. (2014) on "*Men usually say that HIV testing is for women': Gender dynamics and perceptions of HIV testing in Lesotho*" revealed that men and women consistently characterised men as fearful of and resistant to HIV testing. The participants of the same study reported that men commonly view HIV testing to be something that women do.

Furthermore, the findings of a study by Novak et al. (2019) on "*Associations Between Masculine Norms and Healthcare Utilisation in Highly Religious, Heterosexual Men*" revealed that men's perceptions of doctors played a key role in whether they chose to go to the doctor or not and was influenced by masculine gender scripts. Some men

reported that they felt the doctor was incompetent, prescribing different pills for every symptom or changing diagnoses. In contrast, others were sceptical of the doctor's ability to select the proper treatment. At the core of these perceptions, the men felt they knew better and reflected masculine scripts about their abilities or knowledge (Novak *et al.*, 2019).

3. Theory of Planned Behaviour

This study was guided by the Theory of Planned Behaviour, which served as a framework for exploring men's attitudes towards healthcare services in Quthing, Lesotho. The theory posits that an individual's behaviour is driven by behavioural intentions, where behavioural intentions are a function of an individual's attitude toward the behaviour, the subjective norms surrounding the performance of the behaviour and the individual's perception of the ease with which the behaviour can be performed (behavioural control) (Eagly & Chaiken, 1993). According to this theory, intentions influence behaviours determined by attitudes, subjective norms and perceived behavioural control (Ajzen, 1991). The first factor of the theory guided this study, "attitudes towards the behaviour", which refers to the degree to which a person has a favourable or unfavourable evaluation of the behaviour of interest. It entails considering the behaviour's outcomes (LaMorte, 2019). Ajzen (1991) adds that attitudes and behaviours include feelings and attitudes towards a specific behaviour; believing that a particular behaviour has positive outcomes will undoubtedly lead to more intention to perform that behaviour.

Through its first component, the TPB concurs with this study in that it considers men's decision to seek healthcare as determined by their attitude and belief towards healthcare seeking and whether or not seeking healthcare services when ill will positively impact their health. This theory further states that when the consequences of a particular behaviour are considered desirable, the intention to carry out that behaviour will be great. This is why men eventually present themselves to the health facilities when their illness has become severe and are left with no choice because they know they will find healing, which TPB may refer to as desirable outcomes or positive consequences.

4. Methodology

This study followed a qualitative research approach guided by a Phenomenological research design to enable the researchers to get insights from those involved. This study was conducted in Quthing Lesotho. Quthing District comprises six community councils: Mjanyane, Qomoqomong, Telle, Tosing and Tsitsong (Lesotho Bureau of Statistics, 2016). The study was conducted in the Urban Council, which is located in the town of Quthing, which is well known as Moyeni. Urban Council is the camp town or capital of the district (Gender Links, 2015). According to the Lesotho Bureau of Statistics (2016), this council consists of 59 villages, from which five of Ha Mokhameleli, Thoteng, Ha Sikara, Ha Lephutha and Mokanametsong were used as the site for this study. In addition, one public hospital, one public clinic and three private clinics are found in the Urban Council. Data was also collected from healthcare workers who work in some of these health facilities as key informants. Quthing as a district was chosen because of its multi-lingual nature. It is the only district in Lesotho whose inhabitants are three different tribes with three different cultural practices who speak different languages apart from Basotho. These are Xhosas, Baphuthi and Thepus (MISA

Lesotho, 2016). Thus, this gave a diverse view as data was gained from men of different cultural practices. The urban council was selected because, as previously stipulated, it is the district's capital; for that reason, it has a higher population, which provided a better sample for the study.

The population of this study was men aged 18 years and above who reside in five villages of Ha Mokhameleli, Thoteng, Ha Sikara, Ha Lephutha and Mokametsong in Quthing Urban Council. According to the Lesotho Bureau of Statistics (2016), the Urban Council has a total population of 21480, with 10423 males and 11057 females, respectively. The total population of males residing in the six villages from which the data was collected is 1606 (Lesotho Bureau of Statistics, 2016). Apart from that, Healthcare workers, male Clinic Healthcare workers and Village healthcare workers from this area were used as key informants.

The study utilised non-probability and purposive sampling techniques to select ten men and the six key informants (three healthcare workers, one male Clinic healthcare worker and two village health workers) for In-depth interviews. Thematic analysis was used and data was presented using themes from the analysis. In terms of ethical consideration, the study considered the ethics of informed consent and voluntary participation by providing participants with all the relevant information regarding the study to make an informed decision towards participation. Also, the study upheld the ethic of no harm to participants, either emotionally or physically, throughout the process. Furthermore, confidentiality, anonymity and privacy were highly regarded throughout the study. The participants were assured that their information would be used for the research and that their personal spaces were well safeguarded.

5. Findings

This section presents the findings from this study, which explored men's behaviour towards healthcare services in Quthing Lesotho. The results are presented using main themes derived during analysis, which include men's use of healthcare services, men's perception of healthcare services and their willingness to use healthcare services.

5.1. Demographic characteristics

The demographic characteristics of the study's participants in line with the ages of men were varied. The ages were ranked according to the ranges of 27 years as the youngest and the oldest at 73 years. Considering their marital status, of the ten men, six were single, three were married and one was widowed. Regarding the highest level of education attained, two had no education, two had completed primary school and another two had completed secondary school. Also, one had completed high school and three had completed the tertiary level. In addition, the findings in line with the employment status of men show that three were employed, three were self-employed, one was temporarily employed and three were unemployed. Of the three common tribes in Quthing, Basotho and Xhosas participated in this study, with seven Basotho men and three Xhosa men as the target population. The study also comprised six Key informants (five females and one male) of which four were healthcare workers, with two from private clinics (both females), one from a public hospital (female) and one from a male clinic (male) within a public hospital. There were also two Village health workers (both females) from different

villages. Five of the key informants were Basotho, while one was Xhosa. Table 1 provides a summary of the demographic characteristics of the target population.

Table 1. Demographic characteristics of the participants

Participant	Age (years)	Marital Status	Place of Residence	Level of Education	Employment Status	Tribe
1	27	Single	Ha Sikara	Secondary	Self-employed	Mosotho
2	38	Single	Ha Sikara	Tertiary	Self-employed	Mosotho
3	37	Single	Mokanametsong	Secondary	Employed	Mosotho
4	40	Married	Motse Mocha	Tertiary	Self-employed	Mosotho
5	38	Single	Motse Mocha	Tertiary	Employed	Xhosa
6	35	Married	Mokanametsong	High school	Employed	Xhosa
7	36	Single	Ha Mokhameleli	Primary	Temporarily employed	Xhosa
8	41	Single	Ha Lephutha	Primary	Unemployed	Mosotho
9	62	Married	Ha Mokhameleli	None	Unemployed	Mosotho
10	73	Widowed	Ha Lephutha	None	Unemployed	Mosotho

5.2. Men's utilisation of healthcare services

Men were asked to narrate the measures they usually take to get well when faced with an illness. Amongst other measures, most men reported that they have sought healthcare services while ill, while there are a few who reported to have never sought healthcare while ill. All the men who reported having sought healthcare services when ill mentioned that it is not for all the illnesses they had utilised, indicating that they only used them a few times, with some mentioning that they have only sought them once. However, they have been ill several times. This is what was said by one of the men who indicated that it is not for all illnesses they have sought healthcare services: *"I have sought healthcare services, but not for all illnesses I have suffered from. Other times I just took a rest until I felt better and for some illnesses, I purchase tablets from the shop"* (Participant 8).

Some of the men mentioned that they have been ill, but they have never sought healthcare services. One of them said: *"I have been ill many times and I always use traditional herbs and other home remedies to cure myself. I have never felt the need to seek healthcare services because the traditional herbs I use have never failed me. I do not even have a health booklet"* (Participant 4).

Not only were the views of men gathered to establish their utilisation of healthcare services. Healthcare workers as service providers (from public and private health facilities) and village health workers were also asked to comment on the utilisation of healthcare services by men compared to women. This is what they said:

Men use healthcare services significantly less than women. Let me give an example: Today, out of 22 patients I saw, only two were men and five were children. The rest were women (15). Men use health services at a very low rate. This is why they are accompanied by their wives even when they come. The wives even told me they accompanied them because they had been telling them to go to the clinic, but they never did (Healthcare Worker 1).

In agreement with the fact that men use healthcare services less, another healthcare worker further said:

Men do not like utilising healthcare services. Take, for example, a married couple on ART. You will find that the wife is the one who always comes for a refill every month and the man will only come when they are due for tests like viral load monitoring, which requires him to come. Furthermore, you cannot say that he does not come for refills because he is usually away; no, they are always around, but they do not like coming for services; they only come when they have to (Healthcare Worker 4).

The fact that men underutilise healthcare services was not mentioned by healthcare workers only; village health workers also attested to this:

Men have a problem with seeking healthcare services. They like to bear the pain without sharing their illness and some keep quiet until very late. When you ask why they do not seek healthcare services, some say they do not like to wait in long queues and others say they are afraid they will get hospitalised. Most of them say that they trust traditional herbs. Another issue is that they do not trust healthcare workers to keep their illnesses confidential. There is one other reason they give; they say that they do not wish to discuss their illnesses with young female healthcare workers, mainly if it includes having to take off their clothes, so they would instead not seek healthcare. As for women, they are afraid of illness; they seek healthcare immediately when there is a need” (Village Health Worker 1).

5.3. Men’s perception of healthcare services

When asked how they perceive healthcare services, most men mentioned that healthcare facilities are places for severely ill people. They further indicated that not all illnesses require health services, but only primary and serious illnesses. One participant reported, *“Minor illnesses like headaches, flu and stomach aches do not require healthcare services, especially for us men, so we should find other means to deal with such illnesses. In my opinion, only serious illnesses require seeking healthcare”* (Participant 3).

On the other hand, men mentioned that seeking healthcare services is not necessary at all as there are other means, such as using home remedies, purchasing tablets and using traditional herbs to deal with illness. They further mentioned that healthcare services are for women and children. One said, *“We men can cope without healthcare services. There are various ways to deal with illnesses other than seeking healthcare; besides, we can live with pain. Healthcare services are for women and children because, unlike us, they cannot bear pain”* (Participant 4).

Contrary to this, a few men mentioned that healthcare services are important and that one should seek them to lead a healthy life. *“I believe that healthcare services are the best to go to when one is feeling ill, especially when one experiences illnesses they do not know or are not familiar with”* (Participant 9).

Men’s opinions on using healthcare services varied, but most believe that healthcare services should only be sought for severe illnesses.

5.4. Willingness to utilise health services

The findings revealed that men's willingness to utilise healthcare services was driven by the severity of illness or perceived seriousness and how much one knows about the particular illness. For all men who said they have utilised health services, they indicated that the decision to seek healthcare was prompted by the seriousness or severity of illness, stating that they only seek healthcare for illnesses they consider very serious or significant and either endure or find other means to deal with those they consider minor.

"The only illness I have ever sought healthcare services for was STIs because I have heard that they can be very dangerous if left untreated, which is why I never make a mistake but always go to the hospital when I have them. However, I purchase tablets for other illnesses like headache, stomach ache and flu" (Participant 1).

Most men consider illnesses like headaches, flu, stomach aches, and tonsils minor and, therefore, do not require seeking healthcare, no matter how often they recur. For them, severe or significant illnesses that require seeking healthcare services are those that are associated with being unable to walk or come out of bed or those that they consider "uncommon."

"I have been ill to the extent of needing healthcare once and I went to a hospital. I could not walk and was later diagnosed with TB of the bones. Other than that, I have suffered from minor illnesses like common cold and headaches, which I treated with home remedies and with tablets which I bought from the shop." (Participant 3).

Healthcare and village health workers were also asked for an opinion on men's willingness to utilise healthcare services. To determine willingness, they were asked about the duration men usually take before seeking healthcare services when ill and the severity of the illnesses they usually seek care for. They indicated that most men do not go to the facility willingly but are prompted by the severity and seriousness of an illness. They further indicated that many a time, men present to the health facility when they are left with no choice but to do so because the illness has become very serious or because it has taken a long time without improvement. Some said this of them:

"Men come when their condition has worsened, when they are left with no choice. They do not come as soon as they are faced with an illness. Even illnesses like the common cold only come when the condition has worsened without getting better. In comparison, women come as soon as they feel ill. A woman takes action to seek healthcare after a day or 2; men come at very later stages" (Healthcare Worker 1).

In addition, other participants stated, *"From what I have seen, men are very reluctant to utilise healthcare services; they only seek healthcare services when their illnesses have become severe and they see that seeking healthcare is the only option they have left"* (Healthcare worker 2).

They differ, but they mostly come after 2 weeks or more. Those who stay far come even months after realising that the illness will not disappear. The primary reason for not seeking healthcare immediately is that they believe the illness will go away while still utilising traditional herbs; that is the first option they consider (Healthcare Worker 3).

6. Discussions

In concurrence with the findings of this study in terms of men's utilisation of health services, Baker (2016) stipulated that the health of men is poor compared to that of women because men are far more likely than women to engage in unhealthy lifestyles and to use health services ineffectively mainly primary care and screening services. These findings also concur with what Schlichthorst et al. (2016) said, that men use health services less often than women and frequently delay seeking help even if experiencing serious health problems. Contrary to these findings, other men also indicated that they had never utilised healthcare services before, even though they had been ill before. They reported that they have other means to deal with illness and therefore, they have never felt the need to seek healthcare services. This was in line with a study conducted by Mthembu (2015), whose findings revealed that men who reported having never sought healthcare when ill indicated that they found health-seeking unnecessary as they found other means, such as self-treatment and consulting traditional healers. These findings also concur with Nzama's (2013) study, which uncovered that respondents have indicated that there are processes they follow while experiencing illness besides seeking healthcare, which includes peer consultation, traditional healers and religious methods.

Consistent with the findings of this study regarding men's perception of healthcare services, the findings of a study that was conducted by Olanrewaju et al. (2019) on "Masculinity and men's health-seeking behaviour" revealed that the perception of the respondents towards medical screening and preventive healthcare was very poor. When asked about their attendance in health facilities for medical screening, all the respondents showed that they had never visited any medical facility exclusively for health screening. However, they were aware that the facilities existed. They believed that visits to medical centres should be when there is a significant sickness that they cannot address with self-medication and alternative medicines.

Additionally, a study by Mthembu (2015) revealed that men who reported never seeking healthcare when ill indicated that they found health-seeking unnecessary, as they found other means, such as self-treatment and consulting traditional healers. However, a few men had a different perception of healthcare services, with one who mentioned that he believed that health facilities are the best place to go if one wants to live a healthy life. Some men reported seeking healthcare services for preventative services.

Lastly, the findings of this study revealed that men's willingness to utilise healthcare services was driven by the severity of illness or perceived seriousness. These findings accord with the European Commission's (2011) statement that men tend to present at the later stages of illness or when the disease has reached the more critical stages. These findings also concur with the findings of a study by Mthembu (2015) that revealed that the perceived seriousness of a disease seemed to play a significant role in men's decision-making about seeking healthcare, with men reporting that they felt it was important to judge any illness then consider appropriate and preferred action. In support of this statement, Albizu-Garcia et al. (2001), cited in Mthembu (2015), argue that men pursue health assistance when symptoms or illness are life-threatening.

7. Conclusions

This study aimed to explore men's behaviour towards healthcare services in Quthing, Lesotho. This was achieved by examining men's utilisation of healthcare services, their perception of it, and their willingness to utilise it. The conclusion made from this study is that men barely utilise healthcare services. Also, compared to women, they seek healthcare very little as opposed to the number of times they experience illness. On the other hand, some men have never utilised healthcare services. Men's perception of healthcare services contributed significantly to their decision to seek healthcare. It has been concluded that they only seek healthcare services for illnesses they consider significant or severe, which, according to them, are those that affect their mobility, sexual life and ability to carry out daily activities and lead an everyday life. The severity and perceived seriousness of illness are the major influences behind men's utilisation of healthcare services.

To concur with the findings of this study, The Theory of Planned Behaviour stipulates that men's decision to seek healthcare is determined by whether or not seeking healthcare services when ill will positively impact their health. This theory further states that when the consequences of a particular behaviour are considered desirable, the intention to carry out that behaviour will be great. This is why men eventually present themselves to the health facilities when their illness has become severe and are left with no choice because they know they will find healing, which TPB may refer to as desirable outcomes or positive consequences.

8. Implication to Social Work Practice

The implication these findings have on social work practice is that there is a need for the provision of interventions in the form of therapy (for instance, Cognitive Behavioural Therapy) aimed at helping men change their negative thoughts and perception of healthcare services utilisation. Social workers must also establish and facilitate community dialogues to challenge cultural beliefs that prohibit men from seeking healthcare services. There is a need for advocacy for the development of new policies and interventions and a review of already existing policies geared towards improving men's access to healthcare services.

9. Recommendations

Considering the study's findings, the following recommendations are proposed to all relevant stakeholders to improve men's healthcare-seeking behaviour, thus improving the health and well-being of men in Quthing, Lesotho.

- The study recommends that there should be training and awareness campaigns aimed at changing the mindset of men on how they perceive healthcare services and how they carry themselves when experiencing illness.
- The study further recommends the employment of social workers in health facilities, whose jobs will be, amongst others, to provide psycho-education to men and to provide counselling services to healthcare workers to help them cope with the stress that comes with their job.
- There is a need to develop and implement a policy to improve men's utilisation of healthcare services.

- The study saw a need for demand-creation activities aimed at men to uptake healthcare services and educate communities on the importance of seeking healthcare services when experiencing illness.

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