Original Article

Factors Influencing the Health Seeking Behaviour of Men in Gasabo District, Rwanda

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Abstract

Background
Various studies conducted on factors influencing men's health seeking behavior suggested that men are less likely to seek professional medical help for diverse health problems and also pointed out that their reluctance to seek health is a major hindrance to their well-being.

Objective
To determine factors influencing men's health seeking behavior and use of health services in Gasabo District.

Methods
The 247 men aged above 18 years residing in Gasabo District participated in this cross sectional study for quantitative data and ten in-depth interviews were conducted. Univariate, bivariate and multivariable logistic regression analysis were also computed.

Results
Among the key findings, 61.5% of the respondents had high level of health seeking behavior and for multivariable logistic analysis the following variables were independently associated with high level of health seeking behavior: men whose age was above 40 years (AOR = 3.00; 95%CI= 1.26-7.14; p value=0.013); men with tertiary level of education (AOR = 3.78; 95%CI= 1.29-11.05; p value=0.015); men with casual work (AOR = 2.30; 95%CI= 1.23-4.31; p value=0.09); and men with health insurance (AOR = 4.33; 95%CI= 1.08-17.32 ;p value=0.038).

Conclusion
Men moderately utilize healthcare services and there are modifiable characteristics, perceptions and beliefs among men that hinder them from utilizing health care services.

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Keywords: Factors ; Health seeking behavior; Men

Background

Health-seeking behaviors are the processes or activities individuals undertake to maintain a state of physical health and fitness that enables them to manage their social, physical and biological environments for their satisfaction.[1] Health seeking behavior is considered an indicator of the future of the population's future health as well as social and economic growth.[2] It has become a tool for thinking about how people interact with the health care system. In recent years, women's health movement has become a powerful force in health planning, bridging gaps in healthcare, research, advocacy and policy. In contrast, little attention has been paid to equally

important issues related to men's health, despite the consistently higher mortality rates in men than women.[3] Initially the men's health field focused solely on gender differences in life expectancy particularly as evidenced by western data.[4] As a result, men's health has been often misinterpreted as a gender issue. Life expectancy at birth is often used as an indicator of men's poor health. However, more statistics for assessing men's health need to include the causes of morbidity and death.[4]

Worldwide, the life expectancy of a 68 year old man is five years behind that of a woman. There is no country in the world where men's life expectancy exceeds that of a woman. Overall, the gender gap has widened since 1970 and will continue to do so, As by 2030, men's life expectancy is projected to be seven years shorter than women's.[5]

Nationally 52% of the total population of Rwanda are women. They outnumber men from around 386,000. This is mainly caused by higher life expectancy of women, seen In Rwanda which is the same case as any other country,[6] men die more than women, regardless of the cause of death (communicable disease, non-communicable or trauma). Although male-specific diseases are at the centre of men's health, causes of death are not exclusive to men and share many of the same preventable risk factors. These include: smoking, alcohol consumption, sedentary lifestyles, poor diet, and lack of physical exercises, obesity and high risk behaviors.[5]

Health-seeking behavior in this study has been identified as the approaches in which men interpret health problems and action taken to remedy these problems. It settled inside the broader plan of health care utilization, which encompasses activities undertaken to prevent and curing health issues, maintain physiological state and well-being, or obtaining data regarding one's health status and prognosis.[9]

Men's supposed 'underuse' or delayed use of healthcare is often taken to be a key part of the explanation for men's shorter life expectancy in comparison with women Their underuse of the healthcare system is constructed as a social problem and has moved up the policy agenda in countries such as the UK, the USA, Australia and Canada.[16]

During the past two decades, the Government of Rwanda has made great strides in expanding the provision of health care services throughout the country to meet its commitments. Notably, the creation of community-based health insurance (CBHI, also known as Mutuelles de santé), the expansion of primary care centres, and the establishment of the volunteer-based Community Health Program (CHP) have contributed to improving reported access to health care for all.[3]

However data is limited on gender-related aspects of health in Rwanda, especially for men and boys. In HSSP IV, the Ministry of Health acknowledged that "women and men have specific health needs at all stages of life that are related to both physical differences and their societal roles." The key gender issues highlighted in the policy, however, only include recommendations for sexual and reproductive health, SGBV, and nutrition for women and children.[16]

As the Rwanda demographic health survey reports consistently report that the mortality rate across all age groups is higher for men than women and also that little is known about factors that influence health seeking behavior of men , further research is needed on health risks specific to men and boys in Rwanda. Therefore this has resulted in a heightened interest to conduct research in the area of men's health for the provision of a contribution in literature about factors affecting the health seeking behavior of men in Gasabo District, Rwanda.

Materials and Methods

Study design and site

A mixed methods approach was chosen for this study. The 247 men residing in Gasabo District for the past twelve months at time of study were recruited for the quantitative research part and ten men for in-depth interviews were conducted for the qualitative part of the study. This study design was chosen in order to facilitate in getting a broader and deeper understanding of the factors that influence men's health seeking behaviour in Gasabo District, Rwanda.

Gasabo District is located in the northeast of Kigali city and according to the latest provisional results of the NISR 5Th population and housing census done in 2022, the total population of Gasabo District is 879,505 people which stands at 46.8% of the total population of Kigali city (1,745,555 inhabitants) and 5% of the country's total population (13,246,394) making Gasabo District the most populated District of the country.[6]

Study population, sample size and sampling

All participants were men aged 18 old and above and the sample size was calculated using the following single ratio formula:[7]

$$n = z^2 \frac{(1-p)}{e^2}$$

Where:

n = required sample size,

z = z statistic level of confidence (1.96 at 95% confidence level),

p= estimated prevalence of not seeking health care was 20%. [14]

1-p = estimated prevalence of seeking health care in Rwanda, estimated at 80% and;

e = the margin of error at 5% (standard value of 0.05).

This gave a minimum sample size of 247 respondents.

The population of Gasabo is predominantly male at 51.7%, which was an important aspect that qualified it for this research study and also the majority of its residents (81.2%) being urban dwellers with only 18.8% living in rural sectors.[6]

Gasabo District is divided into eight sectors namely Gatsata, Kacyiru, Kimihurura, Kimironko, Remera, of which are urban; and Rutunga, Nduba, Gikomero being rural. Convenience sampling technique was used where participants were selected from two urban sectors which were (Kimironko, n = 85) and (Remera=82) and one rural sector Gikomero (n = 80).

Respondents were conveniently selected from churches, library, taxi parks and market centres. In Kimironko sector respondents were selected from the two main churches and one market centre which are the catholic church (Regina pacis), Association des eglises de pentecote au Rwanda (ADPR) Zindiro parish and Kimironko market centre. As for Remera sector the selected areas were Remera taxi park and the Kigali public Library; while in urban areas Gikomero sector was selected and respondents were found in the Gikomero main market and two main churches which are the Catholic and ADPR. Taking into account that the purpose of the study was to solicit opinions from men in diverse social environments, such areas as where men were most likely to be found were intentionally selected for the indepth interviews in the three mentioned sectors.

Data collections tools

The research questionnaire was developed on the basis of available literature and in accordance with research objectives. The questionnaire consisted of three sections, the first consisted of the study participant's key social demographic characteristics which were age, marital status, education attainment, religious status, income level and number of family members.

The second section focused determining the level of health seeking among men and the association between socio demographic characteristics and health seeking behavior and seven parameters which were used to determine

the level of health seeking behavior among men, four parameters were stated positively and three were negatively stated. For positive statements a score "1" was given to "Yes" while score "0" was given to "No" response". The opposite score was applied for negative statements. Those who scored above the mean (4.7) were classified as having high healthcare seeking behavior while those who scored below the mean were classified as having low health seeking behavior.

The last section presented the qualitative aspect on barriers and challenges of health seeking among men. Qualitative data for this study were obtained from in-depth interviews in which ten semi structured interviews were conducted. Interviews consisted of men's perceptions, attitudes, ideas and experiences regarding access to health services in Gasabo District, Rwanda.

Quality control (Validity and reliability)

A pre-test study was conducted to ensure reliability of the tool used in this study. This consisted of testing the actual questionnaire on 12 men in Gasabo District a week before the study was conducted. The interview guide tool was reviewed again to ensure that it collected the required data and that the questions were clear and well structured. After analyzing the data from the pilot study vague and unclear questions were rephrased or removed to help respondents provide appropriate and accurate answers. The questionnaire and the interview guide werewritten in English translated in Kinyarwanda and retranslated back into English to ensure accuracy of answers.

Data collection and analysis

After all the questionnaires were filled and checked for completeness, The contained information were turned into data by entering them into a computer using software IBM SPPS version 21 for windows. Univariate analysis was performed to describe the distribution of each variable. Binary logistic regression was also used to examine the strength of the relationship between health seeking behavior and independent variables. The significance level was set at $p \leq 0.05$ (95% confidence interval). As for qualitative data Thematic analysis (NVivo) was used. As this allows researchers to organize and analyse audio files of interviews.

Ethical considerations

The researcher obtained ethical approval from the research and ethic committee of the University of Mount Kenya, and a cover letter granting permission to conduct this study was originally obtained from the administration of the University of Mount Kenya and submitted in Gasabo District administrative committee in order to get an approval to carry out the research in the District The researchers confirmed that the participants who participated in the study were volunteers. The questionnaires were anonymous to ensure anonymity and encourage respondents to provide complete and authoritative information.

Results

Respondents' social-demographic characteristics

Table 1 shows the distribution of the most important sociodemographic characteristics of the respondents whereby the highest proportion of respondents (34%) was in the age category of 26-30 years, followed by those who were aged less than25 (27.5%) and concerning the marital status of respondents more than a half (55.1%) were married. Men with primary level of education were 43.3% while those with university or college level of education were only 10.9%. Almost half (49.4%) the respondents had casual job and 43.3% were employed. Most (57.1%) belong to Catholic religion whereas only 9.7% were Muslims. The number of household members was asked and 56.7% had more than 5 members. Regarding to the income, 45.7% had between 101000 and 200000 Rwandan Francs per month and 32.0% were earning less than 100000 Rwandan Franc per month. The proportion of respondents with health insurance was 95.1%.

Table 1. Sociodemographic characteristics of the respondents(n=247)

Attributes	Frequency	Percentage
Age [years]		
< 25	68	27.5
26-30	84	34.0
31-45	45	18.2
<35	50	20.2
Marital status		
Single	111	44.9
Married	136	55.1
Level of education		
Primary	107	43.3
Secondary	113	45.7
Tertiary	27	10.9
Employment status		
Employed	107	43.3
Casual work	122	49.4
Unemployed	18	7.3
Religion		
Catholic	141	57.1
Protestant	82	33.2
Muslim	24	9.7
Family size		
< 6	107	43.3
6 and above	140	56.7
Income per month [Rwandan Franc]		
<100000	79	32.0
101000-200000	113	45.7
>200000	55	22.3
Whether having health insurance		
Yes	235	95.1
No	12	4.9

Health seeking behavior level among men

Table 2 shows that 51.8% of the respondents utilized healthcare services whenever they feel sick. Those who immediately sought medical attention after illness were 57.5%. Majority (60.7%) of the respondents were seeking regular medical check up. Most men (95.1%) said they were comfortable asking and talking to their health care providers about their health conditions. More than half (56.3%) confirmed that they hesitate to seek medical help when feeling sick.

Likewise, 7.3% of all respondents reported that they wait for the disease condition to go away on its own without any treatment at all. In summary it was found that the majority of respondents (61.5%) were presenting a high level of health seeking behavior while the remaining 38.5% were having low level of health seeking behavior.

Table 2. Health seeking behavior among men (n=247)

Attributes	Frequency	Percentage
Ever used healthcare when feeling unwell		
No	119	48.2
Yes	128	51.8
Taking any type of illness seriously and seek health care immediately		
No	105	42.5
Yes	142	57.5
Seeking regular medical check up		
No	97	39.3
Yes	150	60.7
Feeling comfortable to discuss health condition with healthcare workers		
No	12	4.9
Yes	235	95.1
Prefer self-treatment		
No	240	97.2
Yes	7	2.8
Ever hesitated before seeking medical assistance		
No	108	43.7
Yes	139	56.3
Letting illness to go away on its own without treatment		
No	229	92.7
Yes	18	7.3
Overall level of health seeking behavior		
High	152	61.5
Low	95	38.5

Bivariate analysis for factors associated with health seeking behavior.

As shown in Table 3, age, education level, employment status, insurance and satisfaction with health care services were significantly associated with health seeking behavior. High level of health seeking behavior was significantly more common among men aged above 35 yrs old $x2 = 11.36$; $p = 0.01$). Men with tertiary level of

education had significantly higher level of healthcare seeking behavior, (x2 value = 6.84; p = 0.033) than those with primary level of education. Higher level of health seeking behavior was significantly higher among men in non-regular employment than in full time workers, (x2 value = 6.85; p value= 0.032). The proportion of higher health seeking behavior was more among men with health insurance, (x2 value = 4.24; p value= 0.039). Men who indicated satisfaction with healthcare services were having higher level of health seeking behavior, (x2 value = 11.69; p value= 0.001) compared to those who indicated otherwise.

Table 3. Bivariate analysis of factors associated with health seeking behavior

Variables	High HSB		Low HSB		x^2 value	p value
	n	%	N	%		
Age [years]						
≤25	31	45.6	37	54.4	11.36	**0.010**
26-30	54	64.3	30	35.7		
31-40	30	66.7	15	33.3		
above 40	37	74.0	13	26.0		
Marital status						
Single	69	62.2	42	37.8	0.03	0.856
Married	83	61.0	53	39.0		
Level of education						
Primary	57	53.3	50	46.7	6.84	**0.033**
Secondary	74	65.5	39	34.5		
Tertiary	21	77.8	6	22.2		
Employment status						
Employed	58	54.2	49	45.8	6.85	**0.032**
Casual work	85	69.7	37	30.3		
Others	9	50.0	9	50.0		
Religion						
Catholic	86	61.0	55	39.0	0.90	0.637
Protestant	53	64.6	29	35.4		
Muslim	13	54.2	11	45.8		
Family size						
< 6	68	63.6	39	36.4	0.32	0.570
6 and above	84	60.0	56	40.0		
Income per month						
<100000	46	58.2	33	41.8	0.55	0.760
101000-200000	71	62.8	42	37.2		
>200000	35	63.6	20	36.4		
Whether having health insurance						
Yes	148	63.0	87	37.0	4.24	**0.039**
No	4	33.3	8	66.7		
Satisfaction with the accessible healthcare services						
Satisfied	115	68.9	52	31.1	11.69	**0.001**
Unsatisfied	37	46.3	43	53.8		

HSB= Health Seeking Behavior; Bolded p value indicates significance level at 5% and below

Multivariable analysis for factors associated with health seeking behavior

Independent predictors of high levels of health seeking behavior in men were determined using multiple logistic regression using 'the backward conditional' method with distance at a P value of 0.05. As indicated in Table 4. Men aged above 40 years were significantly three times more likely to exhibit higher level of health seeking behavior than younger men aged 18 to 25 years (AOR = 3.00; 95% CI= 1.26-7.14; p- value = 0.013). Men with tertiary level of education were significantly 3.78 times more likely to have high level of health seeking behavior than men with primary level of education (AOR = 3.78; 95% CI= 1.29-11.05; p-value = 0.015).

Men in non-regular employment were 2.3 times more likely to have High level of health seeking behavior than in regular workers (AOR = 2.30; 95%CI= 1.23-4.31; p-value = 0.009). Higher health seeking behavior was significantly 4.33 times more among men with health insurance (AOR = 4.33; 95% CI= 1.08-17.32; p value = 0.038). Men who reported being satisfied with healthcare services were significantly 2.81 times more likely to exhibit than those who said they were not (AOR = 2.81; 95% CI= 1.55-5.10; p value = 0.001).

Table 4. Multivariate analysis for factors associated with health seeking behavior among men

Variables	COR	95%CI		p value	AOR	95%CI		p value
		Lower	Upper			Lower	Upper	
Age [years]								
18-25	Ref				Ref			
26-30	2.15	0.98	4.13	0.052	2.39	0.99	4.97	0.051
31-40	2.39	1.09	5.22	0.029	1.98	0.85	4.61	0.114
> 40	3.40	1.54	7.50	0.002	3.00	1.26	7.14	**0.013**
Level of education								
Primary	Ref				Ref			
Secondary	1.66	0.97	2.86	0.066	1.85	1.00	3.38	0.057
Tertiary	3.07	1.15	8.21	0.025	3.78	1.29	11.05	**0.015**
Employment status								
Employed	Ref				Ref			
Casual work	1.94	1.13	3.34	0.016	2.30	1.23	4.31	**0.009**
Others	0.85	0.31	2.30	0.741	1.22	0.36	4.12	0.745
Whether having health insurance								
Yes	3.40	1.00	11.63	0.051	4.33	1.08	17.32	**0.038**
No	Ref				Ref			
Satisfaction with the accessible healthcare services								
Satisfied	2.57	1.49	4.45	0.001	2.81	1.55	5.10	**0.001**
Unsatisfied	Ref				Ref			

COR = Crude Odds Ration; AOR = Adjusted Odds Ratio; CI = Confidence Interval; Bolded p value indicates significance level at 5% and below

Challenges of healthcare seeking behavior among men

The challenges of healthcare seeking behavior among men in Gasabo District were explored through a qualitative perspective. The main findings was that the use of health care services was heavily motivated by certain beliefs, attitudes, preferences and type of available health care services and the identified themes were as follows:

Theme 1: Perceived gravity of the diseases

Many factors have been identified that influence health seeking behavior in men. The study found that most men assess their health before seeking medical attention. The majority of men indicated evaluating whether their health condition warranted medical attention. The most prominent factor is that there are conditions men consider insignificant or harmless. That's why men reported that they would seek medical attention if their condition worsened or if personal remedies could no longer cure them.

> I wait for some time to see if the condition gets worse as some conditions come and go so I do not need to rush to the clinic… I cannot go to the clinic immediately; I wait at least two days to see the outcome (IDI #6).
>
> I do not consult immediately when I am sick. I wait to see if the condition gets severe and I am in so much pain then I consult the doctor …In fact health care settings are not spaces that I visit often… It is only when the condition is worse, a condition that I cannot manage on my own and if all the options at hand were exhausted that makes me go and seek medical help (IDI #7).

Theme 2: Self-treatment

Men indicated that they would self-diagnose and treat themselves. They also indicated that they asses the condition and determine their preferred intervention. They claimed to only seek help if the condition gets out of their control after a period of time when the pain is too intense to bear. Most men indicated a strong sense of self control as they said that they were better off buying medicine at pharmacies or making traditional home remedies rather than seeking help from a medical facility.

> It depends on the sickness. If it is a condition that can be tolerated, I buy medication from the store or pharmacy. If the condition is violent and persistent I seek help from the private clinic, and wherever I can get help to get better (IDI #4)
>
> If it is a minor migraine or cough, I go and buy pain killers at the pharmacy. I cannot just feel a regular or simple pain and always rush to the doctor. I need to find some other simple options around me that would help me without having to go to the doctor. Then if I have run out of all possible options. I consult a doctor (IDI #5).

Theme 3: Service available

The types of health services men receive affects their access to medical services. Men not only want health care services they also value proper services. So poor interpersonal relationship with some health care providers limit opportunities to seek professional medical help. The majority of men mentioned that they do not often appreciate the service they receive at public health care facilities as the majority only go there due to the fact that they only use Mutuelle De Sante as their sole insurance. According to the men some public facilities provide unsatisfactory services. The cloudiness of public health facility also discourages men to go and seek medical assistance as quick as it is required and also there was an issue raised about the quality of services given there where they are not treated well enough and well informed about the treatment type they would receive or even their consent is not sought before hand at some health facilities before initiating certain procedures. The majority of men in this study mentioned that they don't have trust in the public health care facilities. This discourages men from using the available health care facilities services because they do not have a sense of belonging there.

> I do not appreciate how the other care workers especially from public health care settings (health centres) treat us and talk to us.

They are cheeky; they talk to you like you are a child and even it is as if I am not allowed to ask questions when there are things I don't understand. That sometimes discourages me from visiting health facility (IDI #4).

The health care workers lack the assistance that I think I deserve. The service is poor, I do not appreciate the language they use and they are sometimes rude. They should be assisting me with the current condition that I think is a problem at that instant. If I ask them questions to get more information regarding my condition, they throw harsh words or just ignore me as if knowing about my health status or what they are doing for me doesn't t matter to me. I feel that they should not do that because it is up to me to know my status and be explained which form of treatment I am being given and why. That makes me reluctant to visit. Therefore, I would rather seek assistance from facilities like the private clinics if I have money (IDI #8).

Theme 4: Lack of financial resources

Private health settings appear to be rated highly by the majority of respondents. However, they noted that private health settings services are expensive and in some cases unavailable. Financial capacity was a factor influencing access to health care services. Some men felt that lack of money was a disadvantage in accessing adequate and desirable services. The majority of men indicated that even if they wanted to, most of the time they could not afford to use private medical facilities.

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

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

Discussion

The overall objective of this study was to determine men's health care seeking behavior and factors affecting their utilization of health services in Gasabo District.

Men's level of healthcare seeking behavior and associated factors

The findings from the current study have demonstrated an overall moderate level, 61.5%, of health seeking behavior among men in Gasabo District, Rwanda, although a considerable proportion reported not utilizing healthcare services when sick (48.2%), not attending regular check-ups (39.3%), and a majority (56.3%) reported hesitating before eventually seeking treatment. However, only few (4.9%) reported being uncomfortable discussing their health with health care workers or preferring self-treatment (2.8%). This appears to mirror findings from other studies conducted in African countries such as Ethiopia, South Africa, Nigeria and Uganda, which also reported lower rates of VCT use among men inspite of it being a gateway to HIV treatment , care and support. [23,17,1,8]

Attitudes of men regarding health seeking appear to be similar around the world. For example, one study found that men were reluctant or unwilling to attend regular checkups, medical screenings, or counselling and reported symptoms of illness, pain, and even poor health. [20] Often men ignore or delay seeking medical help when sick, in pain or even when their lives are in great danger. This is quite similar to the findings from the current study where it was mentioned that men health seeking behavior was generally poor due self-treatment, inability to attend screening services and also masculinity beliefs that men are supposed to be strong bread winners for family while health seeking are for women and children.[9]

Socio-demographic factors associated with health seeking behavior among men

The results of this research show that age, education level, employment status, health

insurance and healthcare service satisfaction were significantly associated with health seeking behavior among men, where men who were older, highly educated, health-insured and satisfied with health care services were more likely to present health seeking behavior. Men in casual employment were more likely to present health seeking behavior than to those in full-time employment. These results are consistent with the literature from sub Saharan Africa [10] and Europe, as reported by,[12] suggesting that age influences health seeking behavior and this then reflects in the fact that older men are more likely to seek healthcare services as seen in the current study.

Similarly when socioeconomic and demographic conditions permit, biological aging increases male use of health care services particularly because of the vulnerability of this age period to morbidity and mortality from chronic diseases. [11] Education attainment is related to socioeconomic status and the ability to provide convenient means such as health insurance which are associated with better health outcomes and also that increased education level promotes knowledge ,intellectual capacity, health literacy which in turn promote health seeking behavior.[12]

The proportion of men in the workforce affects their ability to seek health. Employment , especially attractive full time employment constraints men's time and need for health care services and continued wellbeing as they spend most of their time in labor production. [12] This seems to give an explanation to this study's finding that men with a full-time employment were less likely to exhibit health seeking behavior when compared to their casual employment counterparts. Men's commitment to employment to earn an income affects their time and robs them the access to adequate health care services. Most men in developing countries invest most of their time in labor market.[10] Occupation status appears to be the most important factor that occupies most of the time in men's lives in many societies, including Rwanda, men are perceived as the breadwinners and providers of their families. It has also been argued that members of societies such as Uganda view male participation in the workforce as a very important part of their masculinity and as much as male independence and self-control are held highly as a result less time is consecrated to health care service usage.[10]

Challenges of healthcare seeking behavior among men

The main challenges found in this study which hinder men in Gasabo District to seek health were men's reluctance to seek professional medical services when sick, preferring self treatment , men's negative attitude towards available health facilities, cost of health care services and masculinity beliefs.

Perceived seriousness and self-treatment

Starting with men's reluctance to seeking health. This study found that men tend to evaluate the seriousness of the disease before they seek medical aid in case of need and this makes them regard some illnesses as minor and manageable by themselves thus delaying seeking medical help unless the condition deteriorates and gets out of hand. The study also found that men prefer to self-diagnose and self-treat themselves as this gives them a sense of self-control and power when they purchase medication they believe will help them from pharmacies rather than seeking help from a professional health care worker, unless the condition gets out of hand and is unmanageable.

Perceived friendliness of available services

According to a study done in South Africa men are discouraged from seeking medical help because they perceive the available health services to be poor, unfriendly, inadequate, or inaccessible.[17] In addition to this the long wait time by large numbers at public health facility are strong barriers to personal use. That study also found that men avoid time consuming public health

facilities especially if they report waiting time of four hours or more as a result men do not consult public health care settings because they find this troublesome and unacceptable.[17]

This study also found that men don't prefer public facilities compared to private facilities but are not be able to access them due to the high costs involved, given that the communal insurance (Mutuelle De Sante), which the majority use, is only accepted at public facilities. Empirical evidence from comparable studies conducted in developing countries in Asia and sub Saharan Africa argues that men in various poverty affected populations are in poor health Because of limited access to health facilities caused by high cost of health care services.[19–21] It can therefore be assumed that financial resources influences the accessibility to healthcare and the types of health care facilities accessed which ultimately influences the health seeking behavior of individuals.

Masculinity beliefs and Lack of financial resources

Masculinity beliefs are often associated with risky behavior by some men in most societies and it has been pointed out that some men claim to be powerfull enough to take care of themselves during illness without needing support from anyone else.[16] A study conducted in India found that cultural norms motivate and inspire men to act boldly and independently when seeking health services.[13] these social stereotypes such as claim of self- control and masculinity beliefs limit knowledge about health services and support for men's health care, as reported in the current study. Sub-saharan African cultural concepts , beliefs and practices play an important role in shaping the perception of men.[15]

And about the issue of financial lack, Private health care services seemed to be valued by most respondents. However, they indicated that private services are expensive. Money was a factor that influenced access to private health care.

Most men felt that lack of money was a disadvantage in accessing convenient and preferred services. They pointed out that money serves as a means and tool for accessing proper health care. The majority of men indicated that they cannot afford using private health facilities most times eventhough it was pointed out by men that their primary health care preference was private health care settings.

Conclusions

The purpose of this study was to identify factors influencing men's health care seeking behavior and utilization of health services in Gasabo District, Rwanda. The study concludes that men in Gasabo only moderately utilize healthcare services with a considerable proportion not utilizing healthcare services when feeling unwell, not having regular check-ups, and a majority hesitating before eventually seeking treatment only when the illness gets out of hand. The study also concludes that there are some modifiable characteristics such as level of education, employment status, insurance and healthcare service satisfaction which were significantly associated with health seeking behavior, and thus when addressed, the health seeking behavior of men can be improved. The third conclusion is that there are certain perceptions, beliefs, attitudes, preferences, and stereotypes among men that hinder them from utilizing health care services. If these issues are addressed, the health seeking behavior among men can be improved thus resulting in more positive health outcomes for men in Gasabo District, Rwanda.

The MOH should make health care services more male-friendly by establishing clinics specifically dedicated to men and preferably staffed by male health workers to encourage more men to utilize health care services. RSSB also to consider expanding Mutuelle insurance to cover private clinics because men seem to have a preference to using private health facilities.

Alternatively upgrading of public facilities to provide services comparable to those offered at private facilities and making them more men-friendly. Additionally, public health providers must aim to provide health education to men about the benefits and importance of seeking health services, as opposed to self-diagnosis and self-treatment. Finally, the government to upscale poverty reduction strategies especially those targeting men in order to empower them financially and thus enable them to access and pay for their preferred healthcare services.

Conflict of interest declaration

The authors declare that no conflicts of interest related to this study and the authors of this article.

Contribution of authors

The study design, collection, analyses, data interpretation, and manuscript writing was done by the SU. and supervision of the study, data analysis and manuscript writing was done by RO together with MH. All authors have read the manuscript and approved it for it for publication.

Conflict of interest declaration

There is no conflict of interest.

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