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INTRODUCTION

Men, in general, are more likely to hold negative views and be unwilling to access health services (Hawkes and Buse, 2013) except in circumstances when they view their lives as being imperilled (Novak, et al., 2019). However, this is associated with the social construction of masculinity and the expectations of how masculinity should be performed (Novak, et al., 2019). Being concerned about one's health is perceived as a female concern and creates cognitive dissonance for men in deciding whether they should behave as though they don't care or should care for their health (Robertson and Williams, 2010, Elliott, 2015, Bonhomme, Brott and Fadich, 2017, Novak, et al., 2019).

In spite of the growing body of literature on masculinity and health; addressing issues of men's health is challenging since there is an absence of agreement on what constitutes 'men's health', in spite of attempts to do so (Bardehle, Dinges and White, 2016).

Although a number of studies have been conducted on men in the Caribbean, there is a dearth of literature on men and their perceptions of health services from a Caribbean perspective. This study will contribute to the empirical literature on masculinity, as well as, masculinity and health in the Caribbean, in particular.

The purpose of this study was to explore masculinity and perceptions of 'male sensitive' health services. This study explored the perceptions of 'male sensitive' health services among men between the ages of 18 years to 65 years in Trinidad and Tobago. The research questions was:

What are men's perceptions about masculinity and its implications for 'male sensitive' health services?

METHODS

Design

This research paper is part of a wider research project that formed the basis of the thesis of the main author 'Masculinity, health beliefs and implications for health policy among men in Trinidad and Tobago'. An interpretative, phenomenological, qualitative research study was conducted among men to explore their perspectives on 'male sensitive' health services. The intent of the researcher was to move beyond merely reporting masculine behaviour but explore men's accounts of being male as well as the impact of those accounts on their perceptions of 'male sensitive' health services.

Data collection

Two sources of data were used in this study: Focus Groups and Semi Structured Interviews. Fourteen Focus Groups were conducted with a total of seventy-five men between the ages of 19-60 years associated with male dominated social groups or professional organizations including occupations, religious groups and sports groups. These were conducted in different locations throughout the country in spaces where men from the various groups congregated, including at the seaside with the fishermen. A total of twelve Semi Structured Interviews were conducted among men at the policy and leadership level of programs targeting males.

Data analysis

Each taped transcript was transcribed verbatim by a trained Research Assistant and the transcripts were then reviewed by the lead author to ensure content reliability. Data were open coded initially to generate conceptual codes and analysed thematically using Van Manen's (2007) interpretative phenomenological approach.

RESULTS

A total of eighty-seven (87) men between the ages of 19 to 60 years participated in the study. They represented men who worked or were engaged in the health sector, including doctors and nurses, industrial sector, sportsmen, military organizations, professional organizations, as well as, religious leaders. Three themes emerged from the data.

1. Being healthy is core to being male
"... I think is ah kind ah weakness to let people know that you are sick..." (MK: Sports leader).
"...men supposed to be the strong ones, they are the ones who are the leaders and you can't be ah leader if some people will think you have ah disease..." (SN: Sports leader).
2. "Male sensitive" health services
"friendly" (Doctor), *"polite"* (Clinical Nurse), *"caring"* (Supervisor), and *"courteous ... helpful"* (Medic) as well as *"straight forward ... genuine"* (Secretary NGO).
"the doctors and the senior nurses who would actually be involved in the clinic, their consultation must cater to your needs and be willing to cater to your needs by yourself" (Doctor).
3. Contradictions in accessing "male sensitive" services
 Being ill was viewed as an affront to their masculine identity as it made them fearful that *"others will laugh at ... look down at him"* (Chairman NGO)
"male oriented activities" (Youth Officer) as well as *"recreational activities"* (Clinical Nurse)

CONCLUSION

The notion of 'male sensitive' services may be illusionary rather than real since it may be more associated with preferences rather than any real 'male specific' need. Men were expected to be healthy but achieve this without taking any responsibility for the maintenance of their health. While men feared being diagnosed with a serious illness it did not have a positive influence on their preventive health behaviours. By extension, seeking health care voluntarily was viewed as unmanly and this further reinforced men's unwillingness to access preventive health services.

Implications for nursing

While men may not utilize the health services as readily as women, the findings from this study can serve as a catalyst for greater levels of sensitivity among health personnel in addressing the needs of men. From a policy perspective, this study could be used as a framework for guiding policy makers in providing adequate human resources, as well as, the configuration of services to engender greater utilization of 'male sensitive' services that are needs oriented.

REFERENCES

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