

SOCIAL BARRIERS TO MEN'S UTILISATION OF HEALTHCARE SERVICES IN QUTHING, LESOTHO: AN EXPLORATORY INVESTIGATION

Authors: Mpheng Mapuru- Khati¹ & Mulwayini Mundau¹

¹Lecturer, National University of Lesotho, P.O. Roma 180, Maseru, Lesotho.

Email: mphengmapuru@gmail.com

¹Senior Lecturer, National University of Lesotho, P.O. Roma 180, Maseru, Lesotho.

Email: lmundau@gmail.com

Corresponding author: Mpheng Mapuru- Khati

P.O. Roma 180, Maseru, Lesotho

mphengmapuru@gmail.com

(+266) 63111529

Abstract

Men's utilisation of healthcare services is of critical importance in improving the population's health status and should therefore be treated as a priority. Despite the availability of services, men across the world, including those of Lesotho continue to underutilize health care services. This study sought to explore the social barriers to men's utilisation of healthcare services in Quthing, Lesotho. A qualitative research approach was employed, using in-depth interviews with male participants and key informant interviews with healthcare workers and village health workers. The study found that men's upbringing and socialisation on the utilisation of healthcare services, distance from facilities, waiting times at health facilities and men's assistance by female healthcare workers are among the key social barriers to men's utilisation of health services. Based on these findings, the study recommends that there should be more male healthcare workers in health facilities to improve comfort and trust, more health care facilities should be established in remote and underserved areas to reduce travel burdens, strategies should be put in place to reduce waiting times in health care facilities, and targeted health campaigns on the importance of health services usage among men should be carried out.

Key Words: social barriers, health services, Lesotho, men, utilisation

1. Introduction

The adequate utilisation of health services is of critical importance in improving the population's health status and should therefore be treated as a priority by all people. However, studies show that this is not the case with men as they are reported to underutilise healthcare services. According to Mursa et al. (2022), across a variety of measures, men's general health is much poor than that of women because men are a lot more likely than women to engage in unhealthy lifestyles and not use health services effectively, especially primary care and screening. Additionally, Bayram et al. (2016) state that, numerous studies have found that overall, men have lower rates of medical help-seeking and healthcare utilisation compared to women. This is further supported by Seidler et al. (2016), who opine that, men do not only avoid health seeking for physical health concerns, but also seek help less often than women for mental health challenges and substance abuse problems.

Men's underutilisation of health services has been characterised as pervasive. The Australian Institute of Health and Welfare (2019a; 2019b) points out that, compared to women of the same age, Australian men between the ages of 15 and 45 years do not frequently utilize healthcare services including primary healthcare such as visiting a General Practitioner (GP) with a health concern, not only that but they also do not utilize preventative health services such as visiting a GP just for a check-up when not sick. Also, Statistics South Africa's (2018) findings of the general household survey revealed that, between males and females who fell ill a month before the interview, 1311 males and 1708 females reported having consulted a health worker, which indicates a difference in utilisation of health services between males and females. Furthermore, the Lesotho Demographic Health Survey of 2014 report revealed that more than half of men aged 15-49 years (58.5%) who took part in the survey had never had their blood pressure measured, and they were less likely to seek treatment when experiencing symptoms associated with tuberculosis; the second leading cause of death in Lesotho (Ministry of Health Lesotho, 2014). Additionally, the 2023-2024 report reveals that six per cent of women and 11% of men between 15- 49 years of age have never been tested for HIV (Ministry of Health Lesotho, 2024).

There is minimal literature on the barriers to utilising healthcare services. According to Smith and Hebbon (2023), regardless of significant levels of interest, there is a scarcity of scientific research that explores why males are less likely to seek help for mental health problems than females. However, many factors are likely to contribute to this vexatious behaviour among men. Among them are masculinity, socialisation, sociocultural as well as economic factors (Amoo, 2018). The authors argue that masculinity plays a key role in shaping societal norms and has a significant influence on how men approach healthcare, as they are introduced to these health-related attitudes and behaviours from an early age through socialisation. Seidler, et al. (2016), opine that, in societies where traditional masculinity remains the prevailing identity for men, healthcare is strictly seen as a feminine construct where females who are usually labelled as weaker vessels require health services regularly, while men are tough and do not need healthcare services.

It is, therefore, imperative at this juncture to reflect that most of the studies on barriers to men's utilisation of health services were carried out in the developed world and outside Lesotho. This study, therefore, seeks to explore the barriers to men's utilisation of healthcare services in Lesotho, specifically in the Quthing District. This is of critical importance in enabling the healthcare workers as well as service providers, policymakers and the community at large to understand the factors that hinder healthcare services utilisation by men. In addition, it will also promote the development of policies and interventions geared towards improving men's access to healthcare services, as well as advocate for a review of already existing policies.

Hypothetically the study is premised on the assumption that, if men were to access healthcare services in a timely and appropriate manner, they would get treated on time for whatever disease they present, which in turn would improve their well-being in general and be cost-effective, other than waiting for the disease to worsen in turn requiring more effort and resources, or in worse cases leading to death. Contrarily, men's poor utilisation of healthcare services has implications on their life expectancy and mortality as research states that mortality rates are higher in men, and is, therefore, a call for concern globally (Thornton, 2019). There is a need therefore for change and improvement of men's utilisation of healthcare services to curb the high mortality of men resulting from illnesses that could have been prevented or treated had they been diagnosed on time.

2. Materials and Methods

This section highlights the methodological considerations for the study. It outlines that research approach and design, study site and study population. It further looks into sampling techniques, data collection and analysis, the inclusion and exclusion criteria and the ethical consideration adopted for the study.

2.1 Research design and approach

The study adopted a qualitative research approach, utilizing a phenomenological design to gain in-depth insights from the individuals involved and to provide a deeper understanding of the barriers to men's utilisation of health services.

2.2 Study site

This study was conducted in the Urban Council of Quthing District in Lesotho. The district is made up of six community councils which include Urban, Mjanyane, Qomoqomong, Telle, Tosing and Tsitsong (Lesotho Bureau of Statistics, 2016). Urban Council is the capital of the district and consists of 59 villages, from which five of them that include Ha Mokhameleli,

Thoteng, Ha Sikara, Ha Lephutha and Mokanametsong were used as the site for this study. In addition, there is one public clinic, one public hospital, and three private clinics, all located within the Urban council where data were also collected from healthcare workers as key informants. The setting was chosen because it is the only district in Lesotho whose inhabitants are from three different tribes with different cultural practices who speak different languages apart from Sesotho and these are Xhosas, Baphuthi and Thepus (MISA Lesotho, 2016). This allowed for the collection of rich and various perspectives, as data were gathered from men belonging to different cultural backgrounds.

2.3 Study population

The population of this study consisted of men aged 18 years and above residing in five villages within the Quthing urban council: Ha Mokhameleli, Thoteng, Ha Sikara, Ha Lephutha and Mokametson. According to the Lesotho Bureau of Statistics (2016), the Urban Council has a total population of 21480, comprising 10,423 males and 11,057 females. Specifically, the total male population across the five villages where data were collected is 1606 (Lesotho Bureau of Statistics, 2016). In addition to the male participants, healthcare workers, male clinic healthcare workers and Village healthcare workers from the same area were engaged as key informants.

2.4 Sample size and selection procedure

Non probability sampling, specifically purposive sampling was employed to select 10 men as main participants of the study, and 6 key informants being 3 health care workers from the different health centers (1 from the hospital, 2 from the private clinics), 1 health care worker from the male clinic (from the public hospital) and 2 village health workers, all giving a total sample size of 16 participants.

2.5 Data Collection and Analysis

Semi structured interviews were used to collect data from men, with the use of semi-structured interview guides, while key informant interviews were used to collect data from health care workers, male clinic health workers as well as village health workers utilizing key informant interview guide as a tool for data collection. Both the semi structured interviews and key informant interviews were used to allow men, health care workers, male clinic health workers as well as village health workers to share their own understanding and experiences regarding the barriers to men's utilization of health care services. For data analysis and presentation, the study adopted Thematic analysis to analyse the data and presented it using themes that emerged from the analysis.

2.6 Inclusion and Exclusion Criteria

The men who fit the criteria for this study were those aged 18 years and above from Ha Mokhameleli, Thoteng, Ha Sikara, Ha Lephutha and Mokametson in Urban council Quthing, Lesotho. Men from this age were selected because their age put them in a position to make their own informed decisions regarding health seeking and utilization of health care services, and they also did not require parents' consent to participate in the study. Men below the age of 18 years and who do not stay in Ha Mokhameleli, Thoteng, Ha Sikara, Ha Lephutha and Mokametson in Urban council Quthing, Lesotho did not meet the criteria to participate in the study.

2.7 Ethical considerations

Ethical clearance to conduct this study was obtained from the National University of Lesotho Research Ethics Committee and Ministry of Health Research and Ethics Committee of Lesotho,

with the approval number ID 48-2022. The letter of permission to conduct the study and approval for the permission to carry out interviews from men was gained from the chiefs of the villages where the data was collected from. The researchers also adhered to widely accepted ethical standards in scientific research, ensuring that all procedures aligned with what is considered appropriate in scientific enquiry. Ethical considerations such as informed consent and voluntary participation were strictly observed. In addition, the principle of no harm was upheld, ensuring that participants were not subjected to any emotional or physical harm during the research process. Strict measures were taken to maintain confidentiality, anonymity and privacy. Participants were assured that all information provided would be solely for research purposes and that their personal environments and identities would fully be protected through the study and after.

3. Results

This section presents the findings of the study, which explored the barriers to men's utilisation of healthcare services in Quthing, Lesotho. The thematically analysed data show that among the key findings are the influence of men's upbringing and socialisation, distance from the health facilities, being assisted by female healthcare workers and long waiting times at health facilities. Additionally, assistance by female healthcare workers, attitudes of healthcare workers, inconvenient working hours for men as well as the role of masculinity are among the factors.

3.1 Participants demographic characteristics

The participants in this study reflected a range of demographic characteristics. In terms of age, the study had participants from 27 years (the youngest) to 73 years (the oldest). Regarding marital status, out of the 10 male participants, six were single, three were married, and one was widowed. Educational backgrounds varied: two participants had no formal education, two had completed primary education, another two had reached secondary level, one had finished high school, and three held tertiary qualifications. Employment status also differed among participants—three were employed in formal jobs, three were self-employed, one had temporary employment, and three were unemployed. In terms of tribe, men from two out of the three major tribes in Quthing, being Basotho and Xhosas took part, with seven men identifying as Basotho and three as Xhosa. The study also involved six key informants (five females and one male). Of these, four were healthcare workers: two female health care workers from private clinics, one female from a public hospital, and one male from a public male clinic. Additionally, two female village health workers from separate villages participated. Among the key informants, five were Basotho and one was Xhosa. A summary of the demographic characteristics of the target population is provided in Table 1.

Table 1: Demographic Characteristics of the study population

Participant ID	Age (Years)	Marital Status	Location	Education level	Employment Status	Tribal Group
1	73	Widowed	Ha Lephutha	None	Unemployed	Mosotho
2	27	Single	Ha Sikara	Secondary	Self-employed	Mosotho
3	38	Single	Motse Mocha	Tertiary	Employed	Xhosa
4	41	Single	Ha Lephutha	Primary	Unemployed	Mosotho
5	40	Married	Motse Mocha	Tertiary	Self-employed	Mosotho
6	38	Single	Ha Sikara	Tertiary	Self-employed	Mosotho
7	62	Married	Ha Mokhameleli	None	Unemployed	Mosotho
8	36	Single	Ha Mokhameleli	Primary	Temporarily employed	Xhosa
9	35	Married	Mokanametsong	High School	Employed	Xhosa

10	37	Single	Mokanametsong	Secondary	Employed	Mosotho
----	----	--------	---------------	-----------	----------	---------

3.2 Men's Upbringing and socialisation on the utilisation of healthcare services

The study's findings show that men's upbringing contributed immensely to their use of healthcare services as grown men. Participants mentioned that when they were growing up, they had other alternative measures taken instead of healthcare services, with healthcare services being the last resort for some. For instance, they relied more on herbal treatments from the traditional practices passed on through generations. One Participant stated that:

"My father raised me a strong man, a man that can take any illness like a man. He told me that he had never gone to a hospital throughout his life. He knew all sorts of herbs and he taught me, this is why I don't feel the need to seek healthcare because I know herbs that will cure me" (Participant 10).

In addition, another participant had this to say:

"Growing up, I had a very close relationship with my grandfather, and he taught me all sorts of traditional herbs to use for various illnesses and other problems. I grew up in a family and community that relied on traditional herbs instead of seeking healthcare services" (Participant 4).

Healthcare workers also attested that men's upbringing influences their utilisation of healthcare services. This is primarily due to issues related to the role of masculinity and acceptable gender roles. They indicated that they believe that the fact that men were taught from an early age that a man is supposed to be strong, a man does not cry and that a man should withstand pain has contributed to men's underutilisation of healthcare services compared to women. One Participant reported that:

... this normative saying "a man does not cry" contributes a lot to men's utilisation of health services. We are faced with the challenge of men not using healthcare services because of the way they were raised, and being told to be strong and tough. They hide their illnesses from those close to them, including their spouses because men are taught to bear pain and act tough. (Healthcare Worker 1).

3.3 Distance from the health facilities

The findings also show that distance from health facilities hinders men's utilisation of health services. Participants indicated that they stay far from health facilities and this adversely affect their use of services because they are sometimes forced not to visit the facility on account of distance. One of them reported that:

"It takes me about two hours or more to get to a health facility on foot. This sometimes affects my use of services because sometimes when I'm ill, I decide not to go because of the distance that I have to walk" (Participant 7).

In addition, the Village healthcare workers corroborated the finding that distance to the health facility hinders the utilisation of healthcare services. They stated that staying far away makes it difficult to access healthcare and is worsened by the damaged roads. So, when a patient is severely ill, they rather opt for solutions at their disposal because getting that person to the health facility is a great challenge.

3.4 Long waiting times at health facilities and men's impatience

The study findings show that long waiting times at public health facilities before being assisted is one of the main barriers to utilisation of healthcare services. They indicated that the time

they wait before being attended to, is very long, adding that they usually get to the facilities in the morning but leave late in the afternoon. Some of them said:

The time we wait before getting assistance is very long. This has been going on for a very long time so much that it has become a norm that when you decide to go to a public facility, you spend most of the day there waiting for assistance. (Participant 9).

In agreement with this statement, another man also said:

From what I have seen, there is a shortage of Healthcare workers, as a result, we wait long hours before being assisted. This is a huge challenge, especially in cases where a person is in a lot of pain and needs immediate attention. This is why we decide not to seek healthcare for bearable illnesses. (Participant 1).

However, the findings from Healthcare workers on this matter are in contrast with men's views. They indicated that men always want to be assisted as soon as they arrive at the facility. They further elaborated that it does not matter how long they have to wait, men are very impatient. This was said by one of them:

Well because I start working on time, patients do not wait longer than one hour at my practice. But what I can tell you is that men do not like waiting, they to precede the queue and be assisted first, even before the people that arrive before them. As you know, men are used to special treatment at home. They expect to be a priority even here and are very impatient" (Healthcare Worker 1).

One of the Healthcare workers indicated that because of the nature of services provision in that facility, patients do have to wait before they can be assisted, and that between men and women, men are always first to complain, regardless of when they arrived:

Doctors usually arrive at 9: 30 am because they first have to do rounds in the wards, so for patients who arrive at around 08: 00, they wait about an hour and 30 minutes before patients are seen. But what I can tell you is that men are very impatient, so they always complain about the time they wait. They complain that they have a lot of work to do like attending to their cattle and so on. (Healthcare Worker 2).

3.5 Assistance by female healthcare workers

The study findings also show that men face challenges with the disclosure of their illnesses to female healthcare workers. The participants indicated that as men, disclosing personal information, especially illness is already a problem for them, so having to discuss such with female health workers is even more difficult. Some further indicated that it becomes more of a challenge when they have to undress for examination by female workers. This is what one of them said:

".... seeking healthcare exposes one's vulnerability, especially when being assisted by female health workers and having to discuss uncomfortable issues with them, that we would rather discuss with other men" (Participant 5).

In concurrence, Healthcare workers also raised the issue of the prevalence of female healthcare workers as one of the factors that hinder men from utilising healthcare services. Female health workers mentioned that they are faced with the challenge of men sometimes refusing to disclose some of the details about their illnesses, and some having a problem with undressing during examination when asked to. This is what some said:

Another barrier is the fact that most health facilities are staffed by female health workers. This is a huge challenge so much so that other men who come from remote

areas like Tsatsane, when I as a female health worker ask him to show me where the problem is, it becomes a huge problem (Healthcare worker 1).

3.6 Attitudes of healthcare workers

The study findings show that healthcare workers' negative attitude toward men is one of the factors contributing to men's poor utilisation of health services. In this regard, participants stated that they do not appreciate the way some of the healthcare workers treat them and talk to them. They indicated that some of the healthcare workers are rude and do not treat them with respect. Resultantly, these negative attitudes force them to decide not to seek health care just thinking about the treatment they will receive at health facilities. The negative attitudes of healthcare workers were also mentioned by one of the participants who indicated to have never sought healthcare as one of the reasons why he does not utilize healthcare services stating that he has heard other men complaining about the negative attitudes of healthcare workers.

3.7 The role of masculinity

The participants also mentioned the role of masculinity as a barrier to the utilisation of healthcare services. Men expressed no interest in being seen at health facilities and that people would lose respect for them if they were to be seen in such facilities, especially for minor illnesses. The participants also mentioned that they do not like discussing their problems with other people as that would make them look weak and more inclined to disclose their problems. One participant reported that:

The masculinity issue that comes with being a man puts us men in a position that makes it difficult to admit illness as it would indicate weakness, especially to our peers, so seeking healthcare means publicising illness and admitting weakness. To avoid that, men choose to withstand the illness until it goes away to maintain the image of being tough (Participant 5).

Similarly, Clinic healthcare workers and Village health workers mentioned that through experience, they learned that some men do not utilise healthcare services because they worry about what people will say about them when they see them in health facilities. They further stated that because of the role of masculinity, men do not want to be perceived as weak. This is what one of them said:

...You do know in Sesotho there is a saying that men do not cry? Truth is it does not mean they do not cry, but men have a lot of self-confidence that when sick, they believe they can do something for themselves by themselves to find a cure. So the masculine stature that men have contributes to their underutilisation of health services. Men want to live up to that masculinity role. Most people, when they see a man see strength, so seeing a man succumbing to illness makes people view him as weak which motivates a man to hide and endure illness just to prove that he is a man and out of worry of what people will say when they see him giving in to illness (Healthcare Worker 3).

4. Discussions

4.1 Men's Upbringing and socialisation on the utilisation of healthcare services

The findings of this study are consistent with those of a study in South Africa by Mthembu (2015), that revealed that the upbringing of most men had an influence on how they perceive and use health facilities as grown-ups. Men in that study further pointed out that from an early

age seeking help was not important and that they were conditioned to endure some circumstances, hence most men felt that it was inappropriate to consult health facilities. Furthermore, Novak et al. (2019) analysis of American men's behaviour towards the use of health services confirms that traditional beliefs about being male are harmful to a man's health. They further state that, even if really sick or in pain, there are high chances that a man will delay seeking health care which may be related to the socialization they receive about what it means to be male. In agreement with the previous statements, Sierra Hernandez et al. (2014) discovered that men are more willing to reveal their emotional issues in communities where help-seeking is normative and where appropriate support is readily available. The authors further noted that men's health-seeking behaviour can be encouraged in supportive environments where emotional expression is accepted and validated as a normal part of communication. Which explains why men who when growing up learned that there are other ways to deal with illness other than seeking health care services still in their adulthood resort to other means other than seeking health care services when ill.

4.2 Distance from the health facilities

These study's findings are in concordance with the findings of a study that was conducted in Zimbabwe by Pearson and Makadzange (2008) which found that availability and accessibility to healthcare services are barriers to seeking healthcare and that people living in remote areas have less access to healthcare facilities compared to those in the townships and suburbs. The findings of this study are also in concurrence with a study that was conducted in Lesotho by Dick-Sagoe et al. (2021) which found that decentralisation of the healthcare services in Lesotho improved utilisation of healthcare services as services were brought closer to the people within their communities, strengthening the findings of this study that men who stay far away from the health facilities have less access, which becomes a barrier to health care services utilisation.

4.3 Long waiting times at health facilities and men's impatience

The dissatisfaction associated with waiting times per the findings of this study concurs with Daniels et al.'s (2017) observation that, waiting times influence patients' satisfaction and waiting in long queues often causes frustration. The findings are further in line with the views of Leichter et al. (2011), who note that men avoid utilising public healthcare facilities because they view them as time-consuming as the waiting times are not anything less than four hours. They further state that men find this tiresome and inappropriate and as a result, they do not utilize the care facilities. Most of the time, the delays in waiting time are due to common factors such as high workloads; large groups of patients arriving at a clinic over short time-periods during the day, and patients arriving before the clinic opening time (Daniels et al., 2017).

4.4 Assistance by female healthcare workers

This study's findings are congruent with Myburg's (2011) view that having more female than male healthcare workers hinders men from utilising healthcare services. The author stipulated that clinics have potentially become a hostile environment for men because of women's dominance. The author further states that women dominate healthcare as users of the healthcare centres and as working professionals in the clinics. This unfavourably affects the disclosure and openness aspect, indicating that men are expected to reveal personal and culturally sensitive information to female workers who require openness and honesty during consultation, which possibly challenges the dominant masculine identity (Mthembu 2015; Kimmel 2018). Additionally, a study in Sedibeng District, South Africa by Tshuma et al. (2024), revealed that participants mentioned that in Africa, gender is the main arranging principle of power and that men find it challenging to give away that power by communicating their physical pain to female nurses. In agreement, the results of a study on "The factors influencing men's uptake of sexual

and reproductive health services in Anambra State, Nigeria” by Ezeonu et al. (2025) revealed that the gender of healthcare providers significantly affected service utilization by men who expressed a clear preference for male-focused facilities and male health workers, citing feelings of embarrassment, discomfort, and cultural inappropriateness when discussing intimate health concerns with female staff. Additionally, some participants of the same study reported experiencing judgmental attitudes or lack of empathy from female providers, which further discouraged them from seeking care.

4.5 Attitudes of healthcare workers

In agreement with the findings of this study, Cornell (2013) stated that though men hold a powerful status in society, they are subject to some discriminatory circumstances. The author added that men experience unfair treatment in some healthcare institutions, which restricts their use of health care facilities. However, the study also found that not all men take the treatment by healthcare workers in a negative way, but regard it as a way of ensuring that they (patients) do the right thing. This finding corroborates the view by Tshuma et al. (2024), that in Africa, men find it difficult to communicate or take instructions from female nurses. In concurrence, a study conducted by Dovel et al. (2023) in Malawi and Mozambique highlights the negative attitudes of healthcare workers as a significant barrier to men's utilization of health services, particularly in the context of HIV care. The researchers found that healthcare providers frequently characterized male clients as “selfish,” “prideful,” and “bad clients,” attributing men’s low engagement to personal failings rather than to structural or systemic obstacles. These biases contributed to a reduction in provider empathy and motivation to implement male-centered interventions, ultimately reinforcing a clinical environment that is unwelcoming to men.

4.6 The role of masculinity

The findings of this study on masculinity and health service utilisation are in concurrence with Novak et al.’s (2019) findings on American men which found that masculine norms, or men’s adoption of what they perceived to be the idealised male behaviour, seemed to be displayed by all participants. Men possess a strong sense of themselves even against their health condition. This behaviour ultimately leads to their underutilisation of health services and is detrimental to their health. Furthermore, Witty et al. (2011) posit that the ideas of masculinity encourage men to ignore healthcare services, postpone seeking health care and allow conditions to worsen before considering or consulting a healthcare facility. Even for mental health problems, masculinity inhibits men from seeking health care services. This was confirmed by the results of a study conducted by Staiger et.al. (2020) on “Masculinity and Help-Seeking Among Men with Depression” which revealed that men who suffer from depression have problems disclosing their mental health problems, with reasons that traditional masculine norms such as being strong, successful, and self-reliant hinder help-seeking behavior. This was confirmed by Scotti Requena et al. (2024) who wrote that hegemonic masculinity manifested in norms like stoicism and self-reliance serve as a potent barrier to men’s mental health help seeking, resulting in suicidal idealisation and prolonged suffering.

5. Conclusions

The study sought to explore the barriers to men’s utilisation of healthcare services in Quthing, Lesotho. This was achieved through examining the social factors that hinder men from utilising healthcare services. The study concludes that men’s upbringing and socialisation have a bearing on their utilisation of health services in Lesotho, specifically in Quthing. Also, distance from the health facility and long waiting times at the health centres have been observed to

immensely contribute to men's poor utilisation of healthcare services. With regard to long distances, the most affected are men who stay far from the health facility who will be discouraged from embarking on such an odious journey. The study also found being assisted by female healthcare workers, negative attitudes of healthcare workers and the role of masculinity as among the hindrances to men's utilisation of healthcare services.

In agreement with the findings of this study, the Theory of Planned Behaviour which suggests that people are much more likely to intend to enact certain behaviours when they feel that they can enact them successfully. Ajzen (1991), explains men's underutilisation of healthcare services as resulting from the aforementioned barriers associated with seeking healthcare services, which give men the perception that seeking healthcare is difficult, resulting to underutilisation of such services because of the difficulties associated with doing so.

6. Recommendations

In line with the findings, the study recommends more male healthcare workers in health facilities since men do not want to be assisted by female healthcare workers. Additionally, it further recommends the establishment of more male clinics as it was found that men prefer a safe space dominated by men while seeking healthcare services. In addition, the training of healthcare workers on interactive skills with patients is required as most men reported dissatisfaction with the treatment received in health facilities. Men showed dissatisfaction with waiting long hours before being attended to in health facilities. As a result, there is a need for interventions that will lessen the waiting times in health facilities. These may specifically focus on establishing causal factors and pay attention to any general factors such as logistical problems, bottlenecks in patient flow, and queuing problems among others. Lastly, there is a need for an extension of working hours in healthcare facilities to accommodate all men including working men. Also, carrying out community outreaches and dialogues where healthcare services provided in health facilities are taken to the community closer to the people will go a long way as distance from the facility was found to be a barrier to health services utilisation.

ACKNOWLEDGEMENTS

We would like to express our sincere gratitude to everyone who contributed in making this study a success. Our deepest appreciation goes to our participants who generously devoted their time and effort.

References

- Ajzen, I. 1991. 'The theory of planned behaviour'. *Organisational Behaviour and Human Decision Processes*, 50 (2), 179–211.
- Amoo, E. O. 2018. 'Introduction to special edition on Covenant University's perspectives on Nigeria demography and achievement of SDGs-2030'. *African Population Studies*, Vol 32 (1), 3993-3996.

- Australian Institute of Health and Welfare. 2019a. The health of Australia's females. Retrieved October 27, 2021, from https://www.aihw.gov.au/reports/men_women/female-health.
- Australian Institute of Health and Welfare. 2019b. The health of Australia's males. Retrieved October 27, 2021, from <https://www.aihw.gov.au/report>.
- Babbie, E. R. 2013. *The Practice of Social Research*. Wadsworth: Cengage Learning.
- Baker, P. 2016. 'Men's health: a global problem requiring global solutions', *Trends in urology and men's health*, 7(3), pp. 11-14.
- Bayram, C., Valenti, L., & Britt, H. 2016. 'General practice encounters with men', *Australian Family Physician*, 45(4), pp. 171–174.
- Cornell, M. 2013. 'Gender inequality: Bad for men's health', *Southern African Journal of Human Immunodeficiency Virus Medicine*, 14(1), pp. 12-14.
- Daniels, J., Zweigenthal, V. & Reagon, G. 2017. Assessing the impact of a waiting time survey on reducing waiting times in urban primary care clinics in Cape Town, South Africa. *Journal of Public Health in Africa* 2017; Volume 8:639. 98-102.
- Dick-Sagoe, C., Asare-Nuamah, P. and Dick-Sagoe, A. D. 2021. Public choice and decentralised healthcare service delivery in Lesotho: Assessing improvement and efficiency in service delivery. *Cogent Social Sciences*, 7(1), p.1969737.
- Dovel, K., Paneno, R., Balakasi, K., Hubbard, J., Magaço, A., Phiri, K., Coates, T., & Cornell, M. 2023. Health care workers' perceptions and bias toward men as HIV clients in Malawi and Mozambique: A qualitative study. *PLOS Global Public Health*, 3(10), e0001356.
- Ezeonu, N.A., Nwabueze, A.S., Ezeama, N.N., Itanyi, I.U., Obi, D.C. and Odi, F. 2025. Urban–rural differences and determinants of utilization of sexual and reproductive health services among males in Anambra State, South-eastern Nigeria. *BMC Health Services Research*, 25(1), p.784.
- Kimmel, M. 2018. *Healing from hate: How young men get into – and out of – violent extremism*. Oakland, CA: University of California Press.
- Leichliter, J. S., Paz-Bailey, G. Friedman, A. L. Habel, M, A. Vezi, A., Sello, M., Farirai, T., & Lewis, A. D. 2011. 'Clinics aren't meant for men': sexual healthcare access and seeking behaviours among men in Gauteng province, South Africa. *Sahara J*. 2011; 8 (2):82-88.
- Lesotho Bureau of Statistics. 2016. *Population and Housing Census. Census Tables*. Maseru, Lesotho: Ministry of Finance and Development Planning. Retrieved August 17, 2023, from https://www.bos.gov.ls/2016_Summary_Key_Findings.pdf.
- Ministry of Health Lesotho. 2014. *Lesotho Demographic and Health Survey*. Maseru: Ministry of Health/Lesotho and ICF International. Retrieved July 10, 2023 from <https://dhsprogram.com/pubs/pdf/FR309/FR309.pdf>.
- Ministry of Health Lesotho. 2024. *Lesotho Demographic and Health Survey*. Maseru: Ministry of Health/ The DHS Program. June 2024. Retrieved July 6, 2024 from: <https://dhsprogram.com/pubs/pdf/PR154/PR154.pdf>.
- MISA Lesotho. 2016. Invitation to Press Freedom Day 2016 event at Quthing Community. MISA Lesotho. Retrieved February 17, 2022, from <https://lesotho.misa.org/2016/05/01/world-press-freedom-day-2016/>.
- Mthembu, M. E. 2015. Factors affecting men's healthcare seeking behaviour and use of services: a case study of Inanda Township, Durban (Masters Dissertation, University of KwaZulu Natal, 2015). Retrieved January 20, 2022, from https://researchspace.ukzn.ac.za/xmlui/bitstream/handle/10413/14392/Mthembu_Mba li_Emerald_2015.pdf?sequence=1&isAllowed=y.

- Mursa, R., Patterson, C., & Halcomb, E. 2022. Men's help-seeking and engagement with general practice: An integrative review. *Journal of Advanced Nursing*, 78(7), 1938–1953. <https://doi.org/10.1111/jan.15240>.
- Myburgh, H. 2011. 'The clinic as a gendered space: Masculinities, health seeking behaviour and HIV and AIDS'. *Consultancy Africa Intelligence (CAI)*, pp.1-5.
- Novak, R. J., Peak, T., Gast, J & Arnell, M. 2019. Associations between Masculine Norms and Healthcare Utilization in Highly Religious, Heterosexual Men. *American Journal of Men's Health*. 2019 May-Jun; 13(3): doi: 10.1177/1557988319856739.
- Pearson, S., & Makadzange, P. 2008. 'Help-seeking behaviour for sexual-health concerns: A qualitative study of men in Zimbabwe', *Culture Health and Sexuality Journal*, 10, pp.361- 76.
- Scotti Requena, S., Pirkis, J., Arya, V., Nicholas, A., & Currier, D. 2024. *Does help-seeking mediate the relationship between the masculine norm of self-reliance and suicidal thoughts among men?* *Social Psychiatry and Psychiatric Epidemiology*, 60(7), 1613–1623.
- Seidler, Z. E., Dawes, A. J., Rice, S. M., Oliffe, J. L., & Dhillon, H. M. 2016. 'The role of masculinity in men's help-seeking for depression: A systematic review', *Clinical Psychology Review*, 49, 106–118.
- Sierra Hernandez, C.A., Han, C., Oliffe, J.L. and Ogrodniczuk, J.S. 2014. Understanding help-seeking among depressed men. *Psychology of Men & Masculinity*, 15(3), p.346.
- Smith, D. G., & Hebdon, M. 2023. Mental health help-seeking behaviour in men. *Journal of Advanced Nursing* Volume 80, Issue 3, 951-953. <https://doi.org/10.1111/jan.15869>.
- Staiger, T., Stiawa, M., Mueller-Stierlin, A.S., Kilian, R., Beschoner, P., Gündel, H., Becker, T., Frasch, K., Panzirsch, M., Schmauß, M. and Krumm, S. 2020. Masculinity and help-seeking among men with depression: A qualitative study. *Frontiers in Psychiatry*, 11, p.599039.
- Statistics South Africa. 2018. *General Household Survey*. Pretoria: Statistics South Africa.
- Thornton, J. 2019. WHO report shows that women outlive men worldwide. *BMJ*, 2019(365), 1163. <https://doi.org/10.1136/bmj.l1631>.
- Tshuma, N., Daniel N. Moyo, E. C., Tshepo M. Ndhlovu, M., Mokgatle, M., Moyo, S., Moyo, S., Chadyiwa, M., Mandeep. K., Malahlela, M. K., Tshitangano, T. G., & Mphuthi, D. G. 2024. Community perceived barriers to uptake of health services among men in Sedibeng district in South Africa. *Health SA Gesondheid: Journal of Interdisciplinary Health Sciences* Volume 29 (2024). Retrieved August 17, 2024 From <https://hsag.co.za/index.php/hsag/article/view/2548/html>.
- Witty, K. R., White, A. K., Bagnall, A. M. and South, J. 2011. 'Male frequent attenders of general practice and their help-seeking preferences', *Journal of Men's Health*, 8(1), PP. 21-26.

Authors' responsibilities

Mpheng Mapuru- Khati designed the study, collected data, conducted the analysis, drafted the paper, improved the paper and approved the final draft for publication. **Dr Mulwayini Mundau** contributed to the design of the study, contributed to the analysis, reviewed the paper, contributed to the revision and improvement of the paper and approved the final draft for publication.

Declaration of conflict of interest

The authors declare no conflict of interest (financial or personal) that could have influenced the conduct or findings of this study.

Funding information

This research received no specific grant or financial support from any agency or organization.

Authors ORCIDs

Mpheng Mapuru- Khati <https://orcid.org/0009-0008-7797-2242>

Mulwayini Mundau <https://orcid.org/0000-0003-3738-4223>