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HEALTH - SEEKING BEHAVIOUR OF MEN LIVING WITH PROSTATE CANCER – A QUALITATIVE STUDY IN THE VOLTA REGION

BY

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DECLARATION

I hereby attest to the fact that this thesis entitled "Health-Seeking Behaviour of Men Living with Prostate Cancer (PCa) – A Qualitative Study in the Volta Region" is my original research work conducted under the excellent assistance of my able supervisors. This research work had not been submitted either in full or in any part to any University for the award of degree or diploma. The appropriate acknowledgment had been made in both text and references to other works and literature used in this research.

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DEDICATION

This thesis is dedicated to God, almighty for his grace, strength, and guidance. I also dedicate this work to my family without whom reaching this far will be a mirage and dream; especially my ever-loving mother Madam Akuworgah Ametor, my wife Cynthia Atiah, and my children for their support and strength. Finally, I dedicate this research work to all my friends especially all my childhood friends in Apekotuime in the Ketu South District in the Volta Region, Ghana for their motivation and encouragement.

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ABSTRACTS

Prostate cancer (PCa) is the most common male diagnosed cancer and the second leading cause of cancer death globally. The treatment involves huge financial commitments from patients and their families. In Ghana, there is a dearth of literature on the health-seeking behaviour of men living with PCa hence, the need for this study to explore the health-seeking behaviour of men living with PCa in the Volta Region using the Theory of Reasoned Action as a guiding framework. An exploratory descriptive qualitative study design with a purposive sampling technique was employed to recruit ten (10) participants for the study. An in-depth interview was conducted using a semi-structured interview guide. The interviews were audiotaped, transcribed, coded, and analyzed using thematic content analysis techniques. Five major themes emerged: attitude, subjective norms, health-related factors, behavioural intention, and behaviour. The finding revealed that personal beliefs, emotions, and behaviour greatly influenced the participants' attitudes towards health-seeking. The participants sought interventions such as traditional, medical, and complementary therapies. Secrecy due to perceived negative judgment, ignorance, misinterpretation of the early clinical manifestation, and financial difficulties contributed to delayed health-seeking behaviour. Therefore, there is a need for more education on urological conditions especially PCa to promote early health-seeking behaviour.

CHAPTER ONE

INTRODUCTION

This chapter outlines the introduction, the problem statement of the research, the purpose of the study, the significance of the study, and research objectives. It also contains research questions and an operational definition of some key terms.

1.1 Background

Cancer is one of the greatest public health challenges and has increased persistently over the years across the world (Vineis & Wild, 2014). Per the International Agency for Research on Cancer (IARC) estimation in 2018, over 18 million new cases of cancer are expected to be diagnosed with 9.5 million cancer deaths globally. This invariably accounted for nearly 1 out of every 8 deaths in the world (Bray et al., 2018). This global worrying concern of cancer is anticipated to surge with more than 27 million new cases, 75 million prevalent cases, and 17 million cancer death by 2030 (Adeloye et al., 2016). The burden of cancer imposes a lot of financial engagement and a drain on healthcare resources in the world. Approximately $88 to $124 billion is spent on cancer morbidity and premature mortality per year for medical costs only (Islami et al., 2018). Cancer affects all sexes but the most dominant among males is prostate cancer (PCa).

Prostate cancer (PCa) is the most common male diagnosed cancer and the second leading cause of cancer death in American men especially African Americans (Badmus et al., 2010). It affects 1 in every 7 men in America (Sanda. et al., 2018) and mostly among the older population of 45 years and above (Bechis, 2011; Vickers, 2013). Globally, the rate of incidence varies widely with the developed nations leading the chart (Bray et al., 2018). Prostate Cancer incidence is steadily on the rise and is estimated to triple by 2021 (Quon, Loblaw, & Nam, 2011). It was also projected that 35% of men are more likely to be diagnosed with PCa than a woman is to be diagnosed with breast cancer globally (Amin

et al., 2014). Despite, this high incidence, there is also hope after treatment. The number of PCa survivors are equally steadily on the ascendency. There is almost 98.8% - 100% 5 years to 10 years of survival rate after early diagnosis and treatment (Imm et al., 2017). This improvement can be ascribed to the advancement in the approaches to treatments as well as improvement in the healthcare system. In 2015, almost 3 million PCa survivors were recorded in the united states alone and this number is anticipated to increase to 4 million by 2024 (DeSantis et al., 2014; Imm et al., 2017).

However, it is extremely cumbersome to accurately describe the burden of PCa in Africa as well as the sub-Sahara region. This difficulty stemmed from one main cause; issues of PCa is grossly underestimated and wrongly reported. This is because there is a lack of appropriate diagnosis, low quality of cancer data systems (Adeloye et al., 2016; Morhason-Bello et al., 2013), and a relatively low number of studies conducted on PCa in some parts of Africa (Adeloye et al., 2016). Despite the massive data inaccuracy, PCa is believed to be on the increase (Morhason-Bello et al., 2013; Ogunbiyi, 2011). In 2010, Sub-Sahara Africa alone has recorded about 69% increase in PCa rate representing a leap from 100,200 in 1990 to 219,700, and GLOBOCAN 2012 reports on the incidence of prostate cancer in Africa also indicated an increased rate of 23.2 (Adeloye et al., 2016).

Prostate cancer and its treatment modalities expose men to several physical, psychological and psychosocial problems (De Sousa, Sonavane, & Mehta, 2012; Jayadevappa, Malkowicz, Chhatre, Johnson, & Gallo, 2012; Köhler et al., 2014; Levy & Cartwright, 2015a). Men with advance prostate cancer are faced with increasing physical aberrations in their normal body functions such as pain, fatigue, decreased mobility, nausea, constipation, scrotal oedema, urinary frequency and urinary retention, osteoporosis with increased risks for fracture, anaemia, weight gain, muscle mass loss, loss of sexual

desire and erectile dysfunction (Ahmadzadehfar et al., 2016; De Sousa et al., 2012; Gavin et al., 2015; Levy & Cartwright, 2015a; Mohler et al., 2010)

Again, depending on the treatment type or regimen, these males experience side effects of bodily deterioration challenges as hot flushes, loss of libido, erectile dysfunction, gynecomastia, weight gain, female distribution of fat, loss of body hair, decreased vitality, and mood disturbances (Gavin et al., 2015; Mohler et al., 2010). Studies have indicated that these side effects contribute significantly to impotency or sexual dysfunction in men which adversely disrupt interpersonal relationships between the patients and their spouses. These males consequently fear and doubt their chances of regaining their abilities to fulfil their roles as husbands again (Chung & Brock, 2013; Ervik & Asplund, 2012)

Aside from the physical manifestations, men with PCa or on PCa treatment experiences various types of emotional distress such as depression, anxiety, unmet needs, and poor quality of life along the course of their cancer journey (Jayadevappa et al., 2012; Köhler et al., 2014; Watts et al., 2014). They experience an increased level of depression and anxiety due to erectile dysfunction (ED), high treatment cost, increased use of health care services, and mortality among men with PCa in the follow-up periods (Ettridge et al., 2018; Fish, Prichard, Ettridge, Grunfeld, & Wilson, 2015; Medina-Perucha, Yousaf, Hunter, & Grunfeld, 2017).

Other studies confirmed that they failed to maintain intimacy because of the mood disturbances, low self-esteem, or fear of rejection that originated from cancer experiences (Bamidele, Lagan, McGarvey, Wittmann, & McCaughan, 2019; Chambers, Chung, Wittert, & Hyde, 2017). Even women whose partners are faced with new (or renewed) threat from PCa or treatment side effects are vulnerable to emotional stress and sexual

dissatisfaction (Galbraith, Fink, & Wilkins, 2011). To mitigate these frustrating effects of PCa, men and their partners seek treatment.

It is believed that the most effective solution to PCa and its associated challenges is early detection and treatment (Nakandi et al., 2013a). There are many disease treatment outlets in Africa. In Ghana, there are different prostate cancer treatment modalities such as medical treatment including surgical intervention, radiotherapy, hormone therapy, chemotherapy (Keavey & Thompson, 2018; Yeboah et al., 2016). The non – medical treatment includes herbal treatment and watchful waiting (Kyei, Klufio, Ayamba, & Mohammed, 2017). Yet, literature carries it that in Sub-Sahara Africa and particularly Ghana, most of the men living with PCa report to the hospitals lately for treatment, and at the state where the disease advanced and metastasized to other surrounding vital organs rendering treatment extremely difficult (Asamoah et al., 2018). The reason for the delay in the treatment-seeking or hospital attendance is attributed to varied opinions.

Per my candid understanding, these people resorted to allopathic means of treatment after the complementary and alternative treatment failed to provide the desired results or therapeutic effects. Again, studies have confirmed that most of these men deny the diagnosis of prostate cancer due to the hidden nature of the prostate gland and or due to a complete lack of knowledge and proper appreciation of early obvious physical and noticeable clinical manifestations (Ettridge et al., 2018). In the local parlance, there is an adage that “he who cries for help that is helped” but this is a scarce commodity in the domain of men. Men are generally unwilling to seek help when experiencing problems in life especially with issues bordering on masculinity as PCa. Men are always confronted with many healthcare-seeking challenges such as cultural beliefs, ignorance of clinical manifestation, and over-reliance on complementary and alternative treatment (Chawatama, 2017; Gyamenah, 2015),

Finally, as perceptions and knowledge of PCa in Africa and Ghana especially are unclear and limited, men are largely handicapped in their quest in healthcare information seeking. As a result, men exhibit poor attitudes towards help-seeking for both health and psychological problems. Furthermore, men consider healthcare seeking in prostate cancer as unnecessary exposure of their sexual weakness, privacy as well as a reduction in the masculinity (Torres, Thorn, Kapoor, & DeMonte, 2017; Zanchetta et al., 2017). Many men rely heavily on their spouses for practical, emotional, and medical support, and prefer to have their health decisions made with their urologists (Aning, Wassersug, & Goldenberg, 2012; Bamidele et al., 2019; Barbara Joyce Davison & Breckon, 2012). Hence, the study to explore the health-seeking behaviour of men with prostate cancer.

This study will adopt a psychological behaviour change model (Theory of Reasoned Action) developed by Ajzen, & Fishbein (1980) to predict and explain health-related behaviour as the theoretical framework to guide the study.

1.2 Problem Statement

Prostate cancer (PCa) is hidden cancer in men (Ettridge et al., 2018), and the second leading cause of death among men globally. Although the incidence rates of prostate cancer in Africa are on the increase, the data is unclear, limited, and disproportionate among the Africa countries compared to the advanced countries (Adeloye et al., 2016; Chu et al., 2011). Among the West African countries, prostate cancer is rare in Togo while the second leading cancer death among Ghana men (Badmus et al., 2010). According to the Ministry of Health, National Strategy for Cancer Control, (2012 – 2016), prostate cancer is placed second in Ghana with an incidence rate of more than 200 cases per 100,000 of the population per year after liver cancer (MoH, 2016).

Despite the high morbidity, literature indicated that most of the men with PCa delay in reporting to the hospital for treatment (Asamoah et al., 2018). The decision regarding early healthcare-seeking is preceded and influenced by several factors such as availability of alternative means of treatment (Mbonu, 2014), individual expectations, professional characteristics, community/family norms (Oberoi, Chaudhary, Patnaik, & Singh, 2016), and cost of treatment (Ajayi & Arigbede, 2012; Liew, 2018)

Several studies were done on PCa but most of these studies focus on the disease progression, effects on the patient and the partners (Dowrick, Wootten, & Botti, 2018; Keen, 2016), early detection and treatment (Davison & Breckon, 2012), and quality of life after surgical treatment (Asante, 2012). Very little work was done in the area of the health-seeking behaviour of patients. Moreover, most of these studies were done using a quantitative approach without paying much attention to the individual sentiment attach to this crucial decision-making process that precedes and influences the choice of treatment option. This study, therefore, seeks to determine the health-seeking behaviour of men living with prostate cancer using a qualitative approach.

1.3 Purpose of the Study

The purpose of this study is to explore the health-seeking behaviour of men living with PCa in the Volta region in Ghana.

1.4. Specific Objective

The following are the objectives of the study:

a. To describe the attitude of men living with PCa toward health-seeking in the Volta region

b. To identify the subjective norms that influence the health-seeking behaviour of men living with PCa in the Volta region

c. To describe the behavioural intentions of men living with PCa toward health-seeking in the Volta region

d. To describe the behaviour of men living with PCa toward health-seeking in the Volta region.

1.5 Research Questions

Qualitative analysis of the study in chapter 3 will address the following questions:

- What are the attitudes of men living with PCa toward health-seeking?
- What are the subjective norms influencing the health-seeking behaviour of men living with PCa?
- What are the behavioural intentions of men living with PCa toward health-seeking?
- How is the behaviour of men living with PCa towards health seeking?

1.6 Significance of the Study

The findings of this study describes the health-seeking behaviour of men living with prostate cancer. Also, it helps the policymakers and stakeholders to appreciate the contributive factors to the men's delayed health-seeking behaviour in Pca treatment. Again, it adds to the existing literature on the health-seeking behaviour of men living with prostate cancer and stimulates further studies in this area. It makes a significant contribution to the body of knowledge in nursing and midwifery education, research, and practice. Furthermore, it provides a source of reference for health care practitioners on PCa issues. Finally, it provides information for policy formulation to involve the patient's social networks in the management process.

1.7 Definition of Terms

Prostate Cancer: Cancer that occurs in the prostate.

Health: It is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

Health Seeking Behaviour: Any action undertaken by individuals who perceive themselves to have a health problem or to be ill to find an appropriate remedy

Attitude: It is the way people or an individual feel towards performing a particular behaviour.

Subjective Norms: These are perceptions or views of what significant others think about the behaviour in question.

Intention: A person's mental preparedness and readiness to perform a given behaviour.

Behaviour: Any action undertaken by individuals who perceive themselves to have a health problem for finding an appropriate remedy.

CHAPTER TWO

LITERATURE REVIEW

This chapter was discussed under two sections; the literature review and the theoretical framework. The literature review section focused on the literature related to the research topic. It started with the search for the formation of relevant health-related and nursing information regarding the topic. The literature sources included books, dissertations, and online databases, such as the Cumulative Index of Nursing and Allied Health Literature (CINAHL), Medical Literature On-Line (Medline), Academic Search Complete, and Science Direct. Other databases used for the review were EBSCOhost Discovery, the Web of Science database, and Google Scholar. Both offered scholarly literature from different fields, including Nursing and Health. The key terms used for the search were: "Attitude", "Character" "Subjective Norms", "Intention", and "Health – Seeking Behaviour", "Help-Seeking Behaviour", "Care-Seeking Behaviour", and Wellness Seeking Behaviour

The literature review is organized under the following headings; (a) the overview of health-seeking behaviour of men (b) attitude of men with PCa toward health-seeking (c) subjective norms influencing health-seeking behaviour of men with PCa (d) behavioural intention of men with PCa towards health-seeking and (e) health-seeking behaviour of men with PCa.

2.1 Justification of Models / Theoretical Frameworks of the Study

The use of psychological, social, and behavioural science theory/model provided the grounds for understanding human behaviour relevant to public health interventions. Several behavioural models or theories guide to explain and predict health behaviour. Some of these models are the Health Belief Model (HBM) by Janz and Becker (1984), the

Rational Choice Theory by Becker (1992), and the Transtheoretical Model/Stages of Change (TTM) by Norcross, Krebs, and Prochaska (2011).

The first model reviewed was the Health Belief Model (HBM). It was developed by social scientists in the United States of America in the 1950s. The theory was derived from psychological and behavioural theory which has its root from the two components of health-related behaviour such as the desire to avoid illness, and the belief that a specific health action will prevent, or cure illness. The health belief model (HBM) was developed to assess the failure of people to adopt disease prevention strategies or screening tests for the early detection of disease. It was later used to explore the patient's symptoms appraisal, responses to symptoms, and compliance with medical treatments. It has six (6) constructs namely perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cue to action, and self-efficacy.

Although the Health Belief Model holds the same assumptions as the Theory of Reason Action, it failed to account for the person's attitudes, beliefs, or other individual determinants that influence a person's health decision. It also did not take into consideration the behaviour that is displayed for non-health-related reasons such as social acceptability, and had low predictive abilities. Hence, the health belief model could not be used as the organizing framework to structure the study.

The second theory/model considered was the Rational Choice Theory developed by Gary Stanley Becker (1992). The Rational Choice Theory states that an individual's action or behaviour is based on a chosen course of action which is most in tandem with personal preferences. Rational Choice Theory is used to shape the individual decision-making process especially in the context of microeconomics. It best helps to understand and explains societal choices based on their preferences. But patients' decision to seek

healthcare is not solely dependent on their preferences. Patients were often locked up in a dilemma regarding treatment options unless sanctioned and supported by significant others. Hence, the Rational Choice Theory could also not be used to explore and explain the health-seeking behaviour of men living with prostate cancer.

The Transtheoretical Model (TTM) focuses on people's motivations to change. It proposes that people are always at different stages of readiness to adopt healthy behaviour. The differences in the stages of people's readiness to change explains and predicts the varieties in people's behaviour. It has five (5) distinct but interrelated stages namely pre-contemplation, contemplation, preparation, action; and maintenance. However, the stages lacked detailed description and consistencies of how complex situations such as physical behavioural health changes occur across health behaviour or spectrum. It again failed to outline the determinants of a behaviour change. The Transtheoretical Model did not also give credence to the effect of social context in determining and influencing behaviour. Therefore, the Transtheoretical Model could also not be use as the organizing framework for the study.

After exploring all these models / theoretical frameworks, the researcher settled on the psychological, behavioural, and social science theoretical framework called the Theory of Reasoned Action.

2.2 Theoretical Framework: Theory of Reasoned Action (TRA)

The Theory of Reasoned Action propounded by Ajzen and Fishbein, (1980) was used to structure the work. This theory resulted from the attempt to explain and estimate the discrepancy between attitude and behaviour. Ajzen and Fishbein, (1980) developed and validated this theory from the previous researches using social psychology persuasion model and attitude model. This theory is rated among the effective models in predicting

human behaviour and has been used globally to measure, estimate and explain human behaviour in many spheres of life. The Theory of Reasoned Action (TRA) has four constructs: attitude, subjective norms, intention, and behaviour (see figure 2.1). In this study, it explained the health seeking behaviour of men livng with prostate cancer. The theory presumed that the best predictor of a person's behaviour in any situation is the intention to perform the behaviour. Ajzen and Fishbein, (1980) stated that a person's behaviour is determined by his intention to perform the behaviour and this intention is, in turn, a function of his attitude toward the behaviour and his subjective norm. According to the authors, intention is the cognitive representation of a person's readiness to perform a given behaviour. The Theory of Reasoned Action (TRA) further suggested that attitude and subjective norms are two major factors that influence human intention to engage in a behaviour. Attitude is an evaluation of an object of thought which can be anything a person may hold in mind, ranging from the mundane to the abstract, including things, people, groups, and ideas. Subjective norms on the other hand is defined as the perceived social pressure to perform or not to perform a particular behaviour. It is a combination of perceived expectations of important others and motivations to comply with those expectations. As such, a person's decision to engage in a particular behaviour is enforced and motivated by the persons's awareness of the potential outcome and /or the action will be sanctioned by others or is expected of him by friends and relatives. However, these attitudes and subjective norms varied greatly from one person to another and also exert a different level of influence on the intention to perform a behaviour at different times.

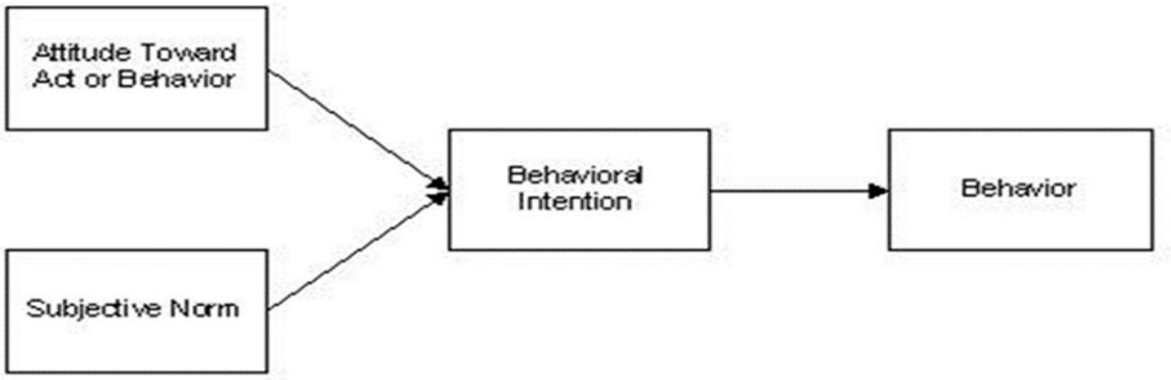

Figure 2. 1: Theory of Reasoned Action

2.2.1 The Overview of Health Seeking Behaviour of Men living with prostate cancer (PCa)

Health-seeking behaviour is explained as how individuals monitor their bodies, define and interpret their symptoms, take remedial action, and utilize other sources of help, as well as engage with the more formal healthcare system (Anwar, Green, & Norris, 2012). It also describes actions taken by an individual, group of people, or a community in a bid to prevent, minimize or cure a disease condition as well as maintain good health (Adongo & Asaarik, 2018). Many factors contributed to the health-seeking behaviour of men. According to the health belief model, men's response to a health situation is determined by two factors; the degree to which the individual perceives the situation as threatening, and /or the extent an individual can effectively reduce the anticipated negative results of the situation based on the resources available (Glanz & Bishop, 2010).

Several studies have confirmed the challenges and difficulties associated with men's health-seeking behaviour (Odaman & Ibiezugbe, 2014; Tong, Low, & Ng, 2011). Most notable of these factors are the men's attitudes (Samal, 2016; Uddin, Hossin, Mahbub, & Hossain, 2012; Xu, Dailey, Eggly, Neale, & Schwartz, 2011) and subjective norms that inform their intention to engage in a behaviour (Jung, 2014).

2.2.2 Attitude of Men Living with PCa towards Health-Seeking Behaviour

The attitude of an individual towards a behaviour is a predisposition and an overall evaluation of the outcome of the behaviour which determines either to respond positively or negatively to the specific stimuli (Fabrigar & Wegener, 2010). According to **Coban, Kırca, and Yurttaş (2015)**, attitude is a positive or negative pre-tendency to a reaction that cannot be observed directly, related to an object, situation, or feelings toward individuals. It changes from a person to another and serves as a guide to a person. Attitude plays a defining role in men's decision-making regarding health. Attitude helps to define identity, how people perceive issues, processes complex information, guides actions and consequences, determine what people consider relevant, good, and appropriate as well as influences judgments of people or situations (Howe & Krosnick, 2017; McCormick & Meekan, 2010; Pareek, Batra, Kalia, & Sethi, 2015).

A positive attitude demonstrates a mental outlook of optimism and expectation of good fortune (Frijters, Liu, & Meng, 2012). According to Tornikoski and Maalaoui (2019), a positive attitude increases the possibilities of behavioural intention. Yeboah-Asiamah, Yirenya-Tawiah, Baafi, Ackumey (2017) noted that men with adequate knowledge of PCa are always zealous to undertake the PCa screening. Negative attitudes on the other hand influence negative thoughts, ignore the good, and focus on the worse circumstances as such vulnerability (Clement et al., 2015).

The level of vulnerability results in negative consequences such as labeling and unwanted disclosure such as public stigma. The examples of public stigma are social judgment and rejection, employment discrimination, shame/embarrassment, and family stigma. Prevention of these public stigma caused men to mask their symptoms, and deferred health-seeking. Teo, Ng, Booth, and White (2016) and Seidler et al (2016) claimed that men exhibit these poor attitudes by avoiding and denying illness, seeking

health only when the disease is severe, not trusting the doctor or health system, and fear of getting the disease and/or its consequences. The men also become sceptical of the benefits of treatment processes, and believing that illness can heal naturally. Furthermore, they display negative attitudes such as laziness, procrastination, or forgetfulness of the illness.

Avoidance is adopted as a coping mechanism where men encounter situations that they have limited control to effectively change the outcome. Ayers et al (2014) defined avoidance as a deliberate turning away from unpleasant emotions, thoughts, sensations, and situations as a result of unbearable negative internal states. A qualitative study by Spendelow, Joubert, Lee, and Fairhurst (2018) asserted that avoidance protects and assists men to escape psychologically stressful situations as PCa and its consequences. Men diagnosed with PCa battle with many psychologically challenging and stressful events. They experience unpleasant emotions such as shock, disbelief, anxiety, depression, fear, grief, feelings of uncertainty about the future, fear of cancer metastasizing and death or dying, and a loss of control (De Sousa et al., 2012; Hyde et al., 2017; Jayadevappa et al., 2012; Watts et al., 2014).

Consequently, men avoid and deny the existence of PCa on the grounds of no physical growth, and even in the face of obvious clinical manifestations, men deliberately and wrongly appreciate the clinical manifestations (Idris, Hassan, & Sofian, 2019; Nakandi et al., 2013a). Men deny these diagnoses of PCa to temporally escape and isolate themselves from the physical and psychological impact associated with the disease. Persoskie, Ferrer, and Klein (2014) most importantly noted male gender, low income, low education, younger age, and not having health insurance as the main indicators of healthcare-seeking avoidance among men aged 50 and above. The study further stated that cancer worries are much more problematic to men aged 50 and above and contributed significantly to avoidance of the perceived cancer risks.

In the literature, a bulk of studies were conducted on factors influencing the attitude of men towards healthcare seeking. These factors include cultural beliefs, patient's age, personal experiences, knowledge, educational level, economic (financial) conditions, media, physical factors, and disease pattern (Adongo & Asaarik, 2018; Ukwaja, Alobu, Nweke, & Onyenwe, 2013; Yeboah-Asiamah et al., 2017). According to Singer et al (2016), cultural values and beliefs are the significant determinants of most of human attitudes and characteristics. Cultural beliefs constitute the fundamental elements that modelled a person's attitude and influenced the person responses to the condition. Cultural beliefs and practices contributed to how an individual responds, views, and appraises an impending condition and determines the intervention preferences be it orthodox care or traditional medicine (Yew & Noor, 2013).

Although, culture is most frequently operationalized to mean race/ethnicity or a particular type of belief system of people and social determinants of health, it influences the health behaviour and health outcomes of an individual or a society (Singer et al., 2016). In a participant-observation and in-depth interviews study in Bangladesh, patients were ever determined to settle for any specialized care that respects and takes into consideration their cultural variations (Rahman, Kielmann, McPake, & Normand, 2012). Similarly, findings from a study in Ghana, indicated that people's belief system drives their passions and minds towards a treatment modality which is in harmony with their culture, religion, and spirituality (Gyasi et al., 2016).

Again, culture is considered as a presumed explanatory variable for differences and disparities in the human health outcomes hardly attributable to other factors such as attitudes of men in healthcare-seeking (Singer et al., 2016). Studies committed to the attitudes of men with PCa in healthcare-seeking indicated that men generally exhibit poor attitude towards healthcare seeking for both physical health and psychological problems

(Nakandi et al., 2013b; Quillin et al., 2018; Seidler et al., 2016; Teo et al., 2016; Thompson et al., 2016). A retrospective and matched case-control study in Jamaica affirmed that men refused treatment because their culture opposed the treatment process of digital examination (Dotson, Howard, Aung, Keenan, & Jolly, 2015).

Another area of great impact on men's attitude toward healthcare-seeking behaviour is their mentality and perception of masculinity. The male gender is traditionally perceived as superior and dominant in all contexts (Harvey & Alston, 2011; Olanrewaju et al., 2019). A qualitative study conducted among two groups of working-class men opined that males considered themselves to be physically and emotionally stronger (Dolan, 2011; McAteer & Gillanders, 2019). Socio culturally, men are strictly forbidden to complain and outcry their pain as well as seeking health care. The men are appreciated and cherished for the endurance of pain, anguish, and frustration (Moore, Grime, Campbell, & Richardson, 2013). Men conformed to the belief of masculinity of being stronger and resilient to defer, delay, or refuse treatment-seeking (McAteer & Gillanders, 2019; Olanrewaju et al., 2019).

Furthermore, health-seeking behaviour poses a great challenge to men especially when the situation affects masculinity as PCa (Zanchetta et al., 2017). Men perceive health-seeking in issues involving the reproductive system as means of unnecessary exposure of their sexual weakness or reduction in their masculinity (Marcos, Avilés, Del Río Lozano, Cuadros, & Del Mar García Calvente, 2015; Torres et al., 2017; Zanchetta et al., 2017). Coupled with this, men harboured some ill-feeling against being treated by female health professionals whom they considered the "weaker sex" when they are sick and require medical attention (Moore et al., 2013; Olanrewaju et al., 2019). Moreover, some cultural norms prevent men from discussing certain pertinent issues with women. Therefore, men's frequent visits to the hospital are impeded by these cultural norms in

circumstances where all the health professionals are women (Olanrewaju et al., 2019). However, in Kenya, a study was done to explore the patients and family's perception towards PCa diagnosis. The finding noted that patients and families believed that PCa is caused by genetic factors. Therefore, it must be treated by medical professionals (Kirungia, 2019)

Another factor of concern that influences the attitude of men is age. Age indicates the state and the reasoning capacity of an individual (Ukwaja et al., 2013). It also communicates the extent and level of autonomy, and significantly influences the decision-making process regarding treatment choices (Chima, 2015; Barbara Joyce Davison & Breckon, 2012). However, the attitudes of men differ according to their ages because of healthcare-seeking behaviour (Kamate et al., 2010). Men of 60 years and below play an active role in the decisions regarding their treatment while men of 70 years and above engage in passive roles (Davison & Breckon, 2012). Meanwhile, a study in eThekwini Metropolitan Municipality and KwaZulu -Natal Province in South Africa indicated that older patients correctly respond to inform consents. They sought further information from reliable sources to inform their treatment decision making while young patients rely on the decisions of the surrogates (Chima, 2015).

Several studies identified patient's age as one of the influential factors of attitude towards healthcare-seeking (Chima, 2015; Omotoso, 2010; Samal, 2016; Xu et al., 2011). The age of men affords them the autonomy, right and power to decide on when, where to obtain healthcare, and choose the age-related appropriate treatment options (Zhang et al., 2015). A qualitative study in metropolitan Detroit, Michigan, verified the young men's decision for rejecting watchful waiting PCa treatment options for surgical intervention. The finding concluded that watchful waiting intervention is best for the elderly (Xu et al., 2011). Similarly, a study on attitude regarding advanced care planning and healthcare

autonomy among older Chinese men asserted that older men prefer to plan their health with health professionals and/or have total control over decisions on their healthcare (Zhang et al., 2015).

Again, the factor of crucial influence on the attitude of men towards healthcare-seeking worth considering is the patient's educational level. The patient's educational level explains the highest grade attained in academia (Zhao & Glewwe, 2010) and how enlightened a person had become in the event of a situation. Education is widely accepted as a fundamental resource for individuals (Gutmann & Ben-Porath, 2014). According to McCoy et al (2011), education prepares individuals adequately to decide on intervention seeking and health promotion. It again improves an individual's ability in appraising health situations and influences the healthcare utilization or choice of treatment modalities (Sørensen et al., 2012; Zhao & Glewwe, 2010).

The effects of education on attitude towards healthcare seeking among men have been captured among studies (Leventhal Howard, Halm, Horowitz, Leventhal, & Ozakinci, 2015; Omotoso, 2010; N. Zhang et al., 2015). Education influences the decision-making process regarding health service utilization (Joseph-Williams, Elwyn, & Edwards, 2014). A systematic review by Joseph-Williams, Elwyn, & Edwards,(2014) asserted that patients who are well informed of both the therapeutic and side effects of the treatment options make quick decisions regarding health care service utilization, get prepared and well-conditioned to undergo a treatment type. However, well-educated individuals with strong financial stands perceive themselves as too busy (Hvidberg, Wulff, Pedersen, & Vedsted, 2015), and therefore, perceive visitation to the healthcare professionals for treatment as time-wasting (Williamson, Ramirez, & Wingfield, 2015).

According to Zhang et al (2015), men with higher educational levels and have much knowledge of their conditions preferred to enroll for early treatment than those counterparts of less educational level. Also in a cross-sectional survey in the Lower and Upper Myanmar posited that men with lower educational level skip treatment as against their counterparts of middle and higher educational status (Moe Dr., Tha, Naing, & Htike, 2012). Meanwhile, less educated people than the educated elites believed that most cancer treatments are worse than cancer disease itself (Hvidberg et al., 2015). Some men rely heavily on the instructions and suggestions of the health care professionals because they have inadequate knowledge of the condition (Joseph-Williams et al., 2014). Again, a qualitative systematic review indicated that inadequate education and information regarding prognosis, treatment options, and severity of side effects generate uncertainty, fear, and panic among patients. This demotivates men toward healthcare-seeking (King et al., 2015)

Another factor that enhances men's health-seeking behaviour is their knowledge of the condition. In Zimbabwe, a study was done on men's knowledge about PCa in Mhondoro Ngezi, Kadoma District. The finding indicated that the knowledge level of PCa was low. Only 21% of the participants who had some level of education or higher education heard of the condition (Moyo, 2017). Another study noted that men have faint or no knowledge of PCa because the prostate gland is notoriously hidden (Munatswa, 2014). However, those men with little knowledge heard the information from different sources. These sources include friends, family, teachers, and newspapers/magazines, healthcare providers, radio, and television (Moyo, 2017; Olapade-Olaopa et al., 2014a). According to Chataut, Pandey, and Rao (2015), ignorance or inadequate knowledge of the clinical manifestation of PCa result in delayed healthcare-seeking behaviour.

Furthermore, the socioeconomic status of an individual contributes immensely to influencing the attitude of men in decisions regarding healthcare utilization. According to Pampel et al (2010), socioeconomic status explains the social position and the financial standing of the individual. Chan et al (2018) found that due to the high cost of treatment, most patients avoid health screening, and ignore the clinical manifestations of conditions. According to Sato (2012), people with higher income access healthcare services at the modern healthcare facilities while their counterparts with low-income access healthcare at the traditional care centres or postponed healthcare seeking.

Also, many studies on the attitude of men in healthcare-seeking resort to the influence of men's economic status (Musoke, Boynton, Butler, & Musoke, 2014; Van Der Hoeven, Kruger, & Greeff, 2012). The patients who are financially sound report for treatment with every ailment while patients who have financial constraints always skip treatment for some ailments. The poor only seek treatment when the condition is considered serious (Idris et al., 2019). Griffith et al (2011) stated that the cost of healthcare and lack of health insurance served as barriers to healthcare seeking among black men. A study among Bhutanese Refugees revealed that participants with less financial strength sought financial assistance from their family members, neighbours, nonprofit or governmental organizations in and outside their community (Yun et al., 2016)

The role of media is another factor worth considering in this discussion. It is a tool used to convey information to the public (Jung, 2014), and it provides timely and credible health information to the public (Picazo-Vela, Gutiérrez-Martínez, & Luna-Reyes, 2012). Media influences the attitudes of men and contributes massively to the decision-making process of men relative to healthcare seeking behaviour. There are different forms of media namely print media; newspapers, magazines, and other types of publications (Wikström & Ellonen, 2012), broadcast media such as radio and television (Clayman,

Manganello, Viswanath, Hesse, & Arora, 2010), and digital media including Internet blogs and websites (Howard & Hussain, 2011).

The media programmes, and the manner of presentations shape viewers understanding of reality (Livingstone, 2013). Media especially radio and television, account for the spread of the majority of all health-related issues on men and hence, positively influenced healthcare service utilization (Acharya, Khanal, Singh, Adhikari, & Gautam, 2015; Jung, 2014; Zanchetta et al., 2017). A study on the determinants of health information-seeking behaviour indicated that media advocacy leads to improvement in people healthcare management skills and medical compliance (Jung, 2014). Also, it increases the awareness, knowledge, and belief in the effectiveness of the get healthy service (O'Hara, Bauman, & Phongsavan, 2012). However, some perceived information by mass media as misleading as it misconstrues the real-world experiences (Keogh, 2015). A media content analysis to explore the newspaper reportage on men's health noted that some media advocacy deprive men of knowledge that would improve their health decisions and practice (Cooke, 2017; Zanchetta et al., 2017)

Another factor that inluences the attitude of men towards healthcare-seeking behaviour is the severity of symptoms. Several studies have been directed to the influence of symptoms on men's healthcare-seeking behaviour (Emery et al., 2013; Jones et al., 2014; Salmon, Clark, McGrath, & Fisher, 2015). The symptoms of cancer experienced by men include pain, dyspnoea, haematuria, bowel difficulty, urinary difficulty, erection difficulty, urinary incontinence, hot flushes, lack of energy, weight loss, and blood in the stool (Emery et al., 2013; McAteer & Gillanders, 2019; Watson et al., 2016). Men described their symptoms as intermittent, mild, and severe. Participants who considered their symptoms as severe and perceived themselves at risk report promptly for treatment or sought help (Emery et al., 2013). Lammers, van Wijnhoven, Teunissen, Harmsen, and

Lagro-Janssen (2015) noted the persistent nuisance of the associated signs and symptoms as the main reason for the men's healthcare-seeking behaviour.

However, participants who are confident in their abilities to manage the symptoms and rated their symptoms as moderate felt less stressed and delayed treatment or help-seeking (McAteer & Gillanders, 2019). They subsequently, sought care when the sickness becomes very painful (Nyalela, Dlungwane, Taylor, & Nkwanyana, 2018; Nzama, 2013). Therefore, a study by McAteer & Gillanders (2019) avowed that men who stand by the stoic ideology will be at a greater risk of emotional and mental distress.

Studies on healthcare facility accessibility indicated the relevance of healthcare accessibility in determining the health-seeking behaviour of men (Haggerty, Roberge, Lévesque, Gauthier, & Loignon, 2014; Liew, 2018; Shahid et al., 2016; Uddin et al., 2012). Haggerty, Roberge, Lévesque, Gauthier, & Loignon (2014) defined the geographical accessibility of healthcare facilities as the Spatio-temporal distance between the location of the patient and location of care. It is also expressed in the time used in reaching the facility. The distance of the nearest facility serves as a barrier or facilitator to healthcare seekers. The same study indicated that the distance of the healthcare facility is a barrier to healthcare seeking for the elderly and the poor. They have to travel a long distance to access healthcare which involves a lot of investment (Haggerty et al., 2014).

Again, in Bangladesh, a study was conducted on health-seeking behaviour among basic school adolescents. The finding revealed that the distance of the healthcare facility from the participants served as a major barrier to their health-seeking behaviour. The distance needed to be covered to access healthcare demotivates participants from accessing healthcare (SEIDU, 2015). In this view, a study on the health-seeking behaviour among African male asylum seekers in South Africa indicated that traditional

healers and herbal medical practitioners are the first point of contact due to their accessibility (Ntakobajira, 2012).

An attitude of men towards health seeking can be seen in three perspectives such as cognitive (belief) attitude, affective (emotions) attitude, and behavioural attitude (Conner et al., 2013).

2.2.2.1 Cognitive (Belief) Attitude of Men towards Health Seeking

Beliefs are certain assumptions, ideas, or convictions that people ascribed to as being true (Usó-Doménech & Nescolarde-Selva, 2016). Beliefs can be of three main sources; personal experiences or experiments, acceptance of cultural or societal norms, and others perceptions or environments (Day & Lynch, 2013). Men's beliefs or perceptions about their disease conditions or the clinical manifestations of disease massively influenced their quest for treatment or direction of management as well as the coping responses to the condition (Baines & Wittkowski, 2013). It is a common belief among Malaysian Chinese that mentioning the name of cancer increases the intensity and severity of the sickness as well as an invitation to cancer disease (Vivien, Er, & Noor, 2013). Also, a qualitative study conducted among the black males in a college and university in the United States of America (USA) noted that black males refused health-seeking because they have not considered themselves susceptible to PCa disease (Mincey et al., 2017).

Several authors have also indicated that men's beliefs in the health system motivate their health-seeking behaviour (Jones et al., 2015; Nyalela et al., 2018). A qualitative study conducted in Durban, South Africa identified that the participants' relationship with their healthcare provider serves as a motivation and demotivation for their healthcare-seeking behaviour(Nyalela et al., 2018). In the study, whiles some

participants described their relationship with their healthcare provider as non-existent and distant, some considered it cordial. As a result, despite some nurses' bad attitudes, the majority of the participants report early for treatment.

In another study, men are motivated to seek healthcare at a designated facility because of the professional characteristics. They described the professionals as intelligent, experienced, honesty, a listener, approachable, caring, and a specialist who base decisions on the most current research and evidence (Nolting, 2020). Another study noted that the participants have a very good relationship with their healthcare providers. They could discuss any issues related to their health and behaviour with them (Griffith et al., 2011).

However, a qualitative study among African Americans conducted to explore the determinants of their medical help-seeking noted that the participants refused healthcare-seeking because they were uncomfortable about the hash toned used by the doctors when communicating with them (Griffith et al., 2011). But another study opined that the participants' self-belief in medication demotivated and distanced them from health-seeking (Nyalela et al., 2018). Some claimed that doctors are not the only intelligent and smart people on earth as such do not trust their judgments. They conceived that their explanations are misleading (Griffith et al., 2011)

The religious belief of men is another booster in their healthcare decision making. Religion and its practice provide major alternatives in the choice of methods of cure. Ntakobajira (2012) argued that the manner a person interprets his problem, illness, and any misfortune has an extensive impact on his method of treatment. Some participants conjugated the faith healing with the use of alternative medicine. It is opined by Olanrewaju et al (2019) in the study among the male staff of Covenant University that some participants engaged and committed their faith and trust in God, as the only source

of remedy to their sickness. The participants held the view that certain problems cannot be handled and dealt with alone. It is solacing, refreshing, and relieving to know that someone perceived to have possessed the power is praying for them (Ntakobajira, 2012).

Another dimension of the factors influencing the belief of men with PCa toward healthcare-seeking behaviour is the age-related cause of the condition. Many studies noted that men believed that PCa affects only the elderly (Fish et al., 2015; Forbat, Place, Hubbard, Leung, & Kelly, 2014; Medina-Perucha et al., 2017). Fish et al (2015) found that although men are aware of PCa, they hold the belief that the condition affects only the older adults. They hence, deny its occurrence among the younger age groups. Some participants were also ignorant about the early signs and symptoms of PCa. Therefore, they misinterpreted or wrongly appreciated the early clinical manifestation as normal aging changes (Forbat et al., 2014; Medina-Perucha et al., 2017).

2.2.2.2 Affective (Emotion) Attitude of Men towards Health Seeking

Literature postulated that the attitude of men is significantly influenced by their emotions about the likely outcome of a phenomenon (Mincey et al., 2017). The emotion of men living with PCa plays a major role in the health decision-making process (Davison & Breckon, 2012). It provides propelling powers towards the determination and acceptance of a treatment option. These treatment options may be either allopathic or non-allopathic forms of treatment (Xu et al., 2011). A qualitative study in Malaysia to explore the reason for their delay in health-seeking indicated that the participants reported for treatment because they were worried about the symptoms although not painful (Azhar & Doss, 2018).

Several other studies have also identified fear as a major factor influencing men's health-seeking behaviour (Fish et al., 2015; Medina-Perucha et al., 2017). Griffith et al

(2011) noted that black men avoid health-seeking because they are afraid of the diagnosis, and some medical instructions. They do not want to be informed that they have cancer or are instructed to modify their lifestyles. Also, men refrain from health-seeking because of fear of been associated with a medical condition and its treatment procedure (Medina-Perucha et al., 2017; Persoskie et al., 2014). But having witnessed the death of a relative of PCa due to fear of health-seeking, induced tremendous fear into some participants to timely attend regular PCa checkup (Griffith et al., 2011).

Another study on masculinity revealed that men are motivated to adopt preventive measures when they observed the death of a close relative or friends from a similar condition. (Harvey & Alston, 2011). After diagnosis and treatment, men turn to encourage others to be vigilant by being proactive in PCa screening (Forbat et al., 2014). Meanwhile, men diagnosed with erectile dysfunction feel ashamed, stigmatized, and find it difficult communicating with colleagues and even healthcare professional about their condition due to lack of confidentiality (Adams, Collins, Dunne, de Kretser, & Holden, 2013)

Other studies have also identified embarrassment as a negative attitude that affects men's health-seeking behaviour (Adams et al., 2013; Connolly et al., 2011; Ettridge et al., 2018; Forbat et al., 2014). Embarrassment and a sense of stigma prevented men from discussing their disease condition with friends as well as health professionals (Adams et al., 2013; Ettridge et al., 2018; Forbat et al., 2014). The sources of their embarrassment include sexually related symptoms such as erectile dysfunction, the treatment and screening procedures e.g. DRE, and communication with the healthcare providers (Adams et al., 2013; Harvey & Alston, 2011; Medina-Perucha et al., 2017). In Australia, another study was conducted on perceptions of stigma, social isolation, and help-seeking among men with PCa. The result opined that there was no stigma attached to being diagnosed with PCa since it is a condition associated with old age. But some men experience a

certain degree of stigma and embarrassment in areas of social norms such as sexual involvement with their partners (Ettridge et al., 2018).

Again, Harvey and Alston, (2011) indicated that participants expressed aversion towards the PCa screening procedure of DRE and claimed it violates manhood perception. The men likened the procedure to homosexuality hence, felt uncomfortable and embarrassed permitting doctors inserting their fingers into their rectums. Therefore, men managed their embarrassment by keeping to themselves or delayed opening up to people about their condition (Forbat et al., 2014). In China, the result of a case study among Malaysian Chinese cancer survivors stated that the participants prefer to keep mute over their illness from friends, and outsiders even from their families to control and minimize their embarrassment. Because the term cancer is forbidden in Chinese communities. It is considered a bad omen. The participants hid their illnesses and delayed professional healthcare-seeking (Yew & Noor, 2013).

2.2.3 Subjective Norms that Influences the Health Seeking Behaviour of Men Living with PCA

Another factor that influences the intention of men toward health-seeking is the subjective norm. Subjective norms are perceived social pressure to engage or not to engage in a behaviour (St John, Edwards-Jones, & Jones, 2011). They serve as motivation that drives individuals to succumb to societal pressures and expectations (Sacconi & Faillo, 2010). According to Bobek et al (2013), it forms the total sets of accessible normative beliefs concerning an expectation of important issues of concern. It is also the perceptions of anticipated behaviour from significant others (Ahn & Kahlor, 2019). Literature carried it that norms amplify conformity, and establish the bond between people's normative beliefs and behaviour (McKelley & Rochlen, 2010; Olanrewaju et al., 2019; Tayler & Bloomfield, 2011).

These normative beliefs could be of an individual, significance others (relatives /friends), or societal expectations prescribing an accepted behaviour in a given context with an expectation of compliance (Bobek et al., 2013). Spouses, relatives, friends, and healthcare professionals play significant roles and have great influence in the healthcare decision-making process of men. The spouses and relatives seek, gather, process information, arrange for healthcare services, and other supports for the men (Buckley & Ó Tuama, 2010; Fish et al., 2015; Forbat et al., 2014; Tong et al., 2011). A qualitative study in Glasgow confirmed that the spouses played a significant role in interpreting symptoms. They also motivated men a lot to take immediate action by regularly visiting the healthcare professionals (Forbat et al., 2014). Also, spouses and relatives motivate men in various health conditions in timely healthcare utilization, and normal functioning (Fish et al., 2015).

Norms shape human actions by clarifying expectations and bring about conformity in behaviour (Bicchieri & Muldoon, 2011). Studies on subjective norms identified information sourcing, treatment options, places of healthcare-seeking, and professional preferences as areas of impact (Ahn & Kahlor, 2019; Fish et al., 2015; Smith et al., 2019). Drawing on the place of healthcare, Griffith et al (2011) opined that it is a commonly accepted, and stereotype perception among black men that men do not frequently visit the doctor. They visit only with serious medical problems. Also, a systematic synthesis of mixed-method research indicated that notions of masculine gender of being strong and not weak prevented men from seeking early healthcare (Fish et al., 2015)

Health information is crucial in health decision making (Zhang, Wen, Liang, & Lei, 2017). In the literature, men acquired information from many sources. These sources include the internet, general brochures, pamphlets, medical journals, talking to other patients who have been treated for the condition, and healthcare professionals (Davison &

Breckon, 2012; O'Callaghan et al., 2014; Smith et al., 2019). Again, behaviour endorsed by people in authority, increases its probability of enforcing the decision. Men required more shreds of evidence, and better understanding to make informed health decisions (Hirvonen & Ek, 2015). As a result, men relied heavily on health professionals to have better understanding of situations of uncertain nature to respond appropriately and effectively (Davison & Breckon, 2012).

Few studies confirmed that men preferred consultation and treatment recommendations with their healthcare providers (Davison & Breckon, 2012; Griffith et al., 2011; Xu et al., 2011). This assertion, however, was in sharp contrast with Dotson et al (2016) that men are defiant and reticent in discussing their sexual and reproductive health issues with their doctors. Also, some men considered information, suggestions, and decisions from their doctors and internets as misleading, confusing, and/or limited (Griffith et al., 2011; O'Callaghan et al., 2014)

However, most men stood by their relatives' positions regarding a particular healthcare utilization and/or adopted a suggested healthy lifestyle. For instance, a cross-sectional study by Zhang et al (2015) revealed that healthcare decision-making regarding a disease condition in Chinese societies resides in the hands of the family. Nevertheless, in most cases, only men take this crucial decision with the support of their spouses. In some extreme situations such as partner's age, the decision is collectively made by the couple. But in critical situations such as longevity expectation or distressful memories of cancer-related complications, healthcare professionals are involved in the decision making (Griffith et al., 2011; Hoffman et al., 2018; O'Callaghan et al., 2014).

The next area of perceived societal pressure is the decision regarding the preferred treatment options. There are various treatment options such as active surveillance (AS),

surgery, and radiotherapy (Hoffman et al., 2018; Smith et al., 2019). Men's decision on their treatment options is influenced by the perception of the healthcare professionals, family, wife, colleagues, and significant others from the society (Davison & Breckon, 2012; Forbat et al., 2014). For instance, a qualitative study was done in Liverpool and Australia to explore the decision support needs of men with localized PCa choosing between robotic prostatectomy and radiotherapy treatment. The finding indicated that primary healthcare professionals became the source of treatment-related information, and their suggestions shaped men's treatment decisions (Smith et al., 2019).

Another study conducted in Australia has shown that men's decision on treatment choice is informed by emotions, memories of cancer-related conditions, current and future lifestyles hope to live and information available (O'Callaghan et al., 2014). Young men are triggered to undergo medical screening as a preventive measure when they get married because they wish to stay healthy (Teo, Ng, & White, 2017). Again, in Australia, a qualitative study on the choice of localized PCa treatment between robotic prostatectomy and radiotherapy treatment stated that participants preferred radiotherapy because they believed it has lesser effect on the body and everyday life activities (Smith et al., 2019).

The roles of the men's social network greatly influenced the health-seeking behaviour of men. The social network encouraged men to regularly visit the healthcare provider, and helped them cope with the stresses of their condition (Forbat et al., 2014). Additionally, spouses adopted strategic measures to assist men to adhere to treatment and suggested lifestyle modification strategies. Some studies found that the men's belief in the importance of their family health, and the effects of the clinical manifestations on the family motivated them to adhere to treatment recommendations to adopt a changed behaviour (Fish et al., 2015; Griffith et al., 2011).

Cost of health care, lack of insurance, and transportation to the healthcare facility are most often, the challenges to men's health (Bourne, 2010; Griffith et al., 2011; Teo et al., 2016). When men do not want to distress their families and others with their illness or show themselves as weak and vulnerable, they kept their illness to themselves and pretended to be well to avoid seeking healthcare (Cornally & McCarthy, 2011; Fish et al., 2015). Chan, Lee, and Low (2018) found that due to the high cost of treatment, lack of time and interest, patients avoided health screening, and overlooked clinical manifestations of health conditions which invariably delayed treatment. However, a descriptive cross-sectional study in Goma, Democratic Republic of Congo noted that elderly men received financial supports from their families and non-formal sectors for their healthcare (Lutala, Kwalya, Kasagila, Watongoka, & Mupenda, 2010). Also, studies indicated that encouragement from the spouses and significant others boosted men's healthcare-seeking behaviour and lessened symptoms severity (Fish et al., 2015; Pedersen, Olesen, Hansen, Zachariae, & Vedsted, 2011). Furthermore, men are motivated and inspired by their spouses to seek medical health care and adhered to the decisions and advice of the health care professional (Griffith et al., 2011).

2.2.4 Behavioural Intentions of men living with PCa toward Health Seeking Behaviour

Behavioural intentions are a cognitive or mental readiness, and self-instruction to perform a given action. It describes deliberate activities directed at healthcare-seeking behaviour (Sheeran & Webb, 2016). Many studies outlined several positive activities men with PCa adopted and directed at healthcare-seeking behaviour (Fish et al., 2015; Griffith et al., 2011). Other studies noticed lifestyle modification of men with PCa as a major intentional drive to health (Bourne, 2010; Hackshaw-McGeagh et al., 2017; Skolarus et al., 2014; Yew & Noor, 2013). Lifestyle describes the way of life of an individual or a

group of people. It includes all regular activities of daily living; eating patterns, homemaking, sport, leisure, shopping, and working (Hackshaw-McGeagh et al., 2017; Yew & Noor, 2013). A guideline for primary care management of PCa survivors suggested regular examinations to determine the level of involvement of clinicians and spouses in the management and to prevent the disease from serving as a barrier to lifestyle modification and health promotion (Skolarus et al., 2014).

A case study among Malaysian Chinese cancer survivors at Lembah Kiara Recreational Park in Kuala Lumpur, Malaysia found that to recover and cope with cancer, participants must adopt a renewed and a changed lifestyle. For instance, follow a dieting schedule, regularly participate in physical exercise, and be completely dedicated to the work of God and the ancestral spirits (Yew & Noor, 2013). Similarly, in England, a qualitative study on the acceptability of dietary and physical activity lifestyle modification among men after radiotherapy and radical prostatectomy opined that men are motivated to alter their lifestyle if they know the scientific benefits they stand to enjoy (Hackshaw-McGeagh et al., 2017). On the other hand, Hackshaw-McGeagh et al (2017) noted that participants face several health challenges adapting to their changed lifestyle. These impediments include bad weather conditions, incontinence with participants that underwent intervention, time pressure, and overall participants' health conditions.

Further exploration in the participants' intention of cure is demonstrated in the participants' adherence to treatment. A qualitative study with a grounded theory approach was conducted on the experiences and coping strategies of oncology patients undergoing oral chemotherapy. The result demonstrated total responsibility and commitment of the participants in their treatment and followed all prescription orders. They exhibited this by taking their medications at the right time and in the right dosage backed with the knowledge of the possible effects of meal, belief in the efficacy, and awareness of how

life-threatening was the condition (Gassmann, Kolbe, & Brenner, 2016; Verbrugghe, Verhaeghe, Lauwaert, Beeckman, & Van Hecke, 2013). However, some participants did not adhere to the prescription orders. Literature avowed that the medication adherence rate was high among men with high socioeconomic status and educational standards than men with lower education, income, and poverty (Brown & Bussell, 2011; Verbrugghe et al., 2013).

Also, men with single conditions recorded a high medication adherence rate than men with comorbid disease conditions (Rolnick, Pawloski, Hedblom, Asche, & Bruzek, 2013). The factors influencing medication adherence were classified as patient-related, therapy-related, disease-related, healthcare system, and social and economic factors (Brown & Bussell, 2011; Jimmy & Jose, 2011; Verbrugghe et al., 2013). Findings of a systematic review on factors influencing oral anticancer drug (OACD) therapy nonadherence and persistence to oral anticancer drugs further considered patient-related factors as intentional and unintentional. The study furthermore explained that participants intentionally did not adhere to the prescription orders due to lack of perceived necessity taking the medication, doubts about the effects of the drug on the quality of life, concerns about the severity of symptoms, and not knowing the consequences of missing a dose whiles unintentionally forget and accidental take overdose (Verbrugghe et al., 2013).

A lot of studies demonstrated PCa patient's intentions towards healthcare (Bass, Muñiz, Gordon, Maurer, & Patterson, 2016; Fish et al., 2015). The men sought healthcare from the formal healthcare facilities (hospitals, clinics, and health centres) or the non-formal facilities such as herbal or traditional healing centres or both (Carter, Bryant-Lukosius, DiCenso, Blythe, & Neville, 2011; Musoke et al., 2014; Sato, 2012; Uddin et al., 2012). Fan et al. (2017) examined the rationale for men with prostate disorders medical consultation. The result showed that men sought healthcare with an expectation to

have treatment for their troubling clinical manifestations and prevent complications of prostate condition. Again, a qualitative study examining the unmet psychological needs of PCa patients after treatment identified that the main concern of men irrespective of their ages is the need for survival (Hyde et al., 2017; Watson et al., 2016). Therefore, the young participants are provided with counseling services before treatment to prepare them for probable treatment consequences such as psychological concerns of loss of sexual function (O'Brien et al., 2011).

In addition, Cornally and McCarthy (2011) noticed that participants delayed or refused healthcare-seeking if they anticipated negative outcome of their encounter with the healthcare professionals. For instance, Teo et al. (2016) noted that men misinterpreted information about cancer screening procedures and perceived them as painful. This misinformation discourages men from seeking early healthcare. However, in another study on race, healthcare access, and physician trust among the black and Caucasian patients in the United States of America avowed that most patients sought healthcare because they have trust in their physicians. The same study further, noticed great differences in the participant's levels of trust. The black patients exhibited lower trust (average score of 86.73) in their physicians' decisions compare with their Caucasian counterparts (average score of 89.65) (Do et al., 2010).

2.2.5 Behaviour of Men Living With PCa towards Health Seeking

Behaviour is an observable and measurable actions displayed by an individual in response to a particular situation. According to Bergner (2011) behaviour is an attempt of an individual to make a change from one state of affairs to another or to maintain a current state of affairs. To change the current state of affairs, men living with PCa employ a lot of interventions to relieve themselves of the burdens and predicament of the clinical manifestations of PCa. Studies on PCa opined that the initial action of men towards health

care was information sourcing (Fish et al., 2015; Jung, 2014; Nelissen, Beullens, Lemal, & Van den Bulck, 2015).

The men sought information about the disease condition, place of care, treatment modalities, medications, medication side effects, and competencies of the healthcare providers as well as new advancement in treatment (Carter et al., 2011; Uddin et al., 2012). According to Uddin et al (2012) and Zhang et al (2015), almost all patients preferred seeking health information regarding their condition and treatment from their physicians. Some participants sought this information from various sources including family, friends, know people who have experienced the condition, and the healthcare providers. They also sought this information from books, brochures, posters, and internets (Ettridge et al., 2018; Hyde et al., 2017; McClymont, Gow, & Perry, 2014; M. L. Smith et al., 2017; Yun et al., 2016).

In Belgium, a cross-sectional study among cancer diagnosed and non-cancer diagnosed people avowed that people with cancer diagnosis actively search for more information on cancer than non-cancer diagnosed people (Nelissen et al., 2015). Another study on men diagnosed with localized PCa noted that about 94% of the participants accessed resources and supports of varied forms from health professionals, family, or friends (Hyde et al., 2017). This confirms the assertion that men are highly motivated to acquire healthcare navigation competencies to steer their affair (Ettridge et al., 2018; Yun et al., 2016). In Ghana, a study conducted on the dynamic of health information-seeking behaviour among lower-income older adults noted that adequate health information from trusted sources promotes health (Agyemang-Duah, Arthur-Holmes, Peprah, Adei, & Peprah, 2020).

However, factors such as inadequate knowledge of the relevance of health information, communication barrier, and professional's bad attitudes prevented low-income adults from health information seeking (Agyemang-Duah, Arthur-Holmes, Peprah, Adei, & Peprah, 2020). Additionally, other scholars indicated that fear of being diagnosed with cancer and lack of insurance motivated men to avoid information searching on cancer (Nelissen et al., 2015; Persoskie et al., 2014). The disparities in these assertions may be due to the differences in the participants' ages. Chima (2015) avowed that older patients sought further information regarding treatment options from other sources while younger patients especially minors sought information or assistance from their parents or guardians.

In the quest to recover from the challenges associated with PCa, men applied their personal known methods of treatment, sought medical treatment, consulted herbalists, and engaged in spiritual and religious treatments (Carter et al., 2011; Nelissen et al., 2015; Uddin et al., 2012; Verbrugghe et al., 2013). The medical treatments include surgery, radiation therapy, and systemic treatment such as chemotherapy, targeted therapy, hormonal therapy, and immunotherapy (Chen & Zhao, 2013; Miller et al., 2019). According to Hamdy et al (2016), 1643 men opted for medical treatment. Out of this number, 482 had undergone active monitoring, 391 men had surgical operation and 405 men had radiotherapy. Another study was conducted in California, South Carolina, and Texas among men newly diagnosed with PCa to determine their preliminary treatment consideration. The finding showed that out of 198 participants that consider medical treatment, 59 % of the participants consider surgery while 41% opted for nonsurgical procedures such as radiotherapy or chemotherapy (Zeliadt et al., 2010).

Studies have identified multiple health care utilization as the trending form of health-seeking behaviour among patients of PCa (Chan et al., 2018; Fouladbakhsh &

Stommel, 2010; Kristoffersen, Norheim, & Fønnebø, 2013; Sato, 2012). Some cancer patients, out of desperation and frustration sought treatment from many centres at the same time. They mixed both allopathic treatment with the non-allopathic treatment (Chan et al., 2018; Kristoffersen et al., 2013). For instance, a qualitative study on Chinese culture and cancer among Malaysian Chinese cancer survivors opined that the majority of the participants sought treatment and other assistance from both allopathic facilities and herbal or alternative treatment centres (Vivien et al., 2013). Also, Sato (2012) examined whether socioeconomic status explains the usage of modern or traditional healthcare services in Ghana. The finding showed that out of the 741 participants, 411 participants used modern medicine, 53 participants used traditional medicine and 150 participants used both modern and traditional medicine.

Sato's study further indicated that the differences in the participant's preferences were due to their economic status: those with sound economic grounds access modern healthcare while those with less and unstable economic status access traditional healthcare. Similarly, in Singapore, a systematic review was conducted among rental and owned housing communities to assess the socio-economic impact on their health status, health-seeking behaviour, and healthcare utilization. The finding showed that more participants in the rented apartment preferred traditional or alternative medicine practitioners to medically trained doctors while the owned housing population had great preference for medically trained doctors (Chan et al., 2018). A result of another study revealed a significant association between men with lower income and complementary and alternative medicine usage (Kristoffersen et al., 2013)

Again, a cross-sectional study in Ghana among cancer patients on chemotherapy and radiotherapy indicated that 75% of the participants used complementary and alternative medicine. And more than half of the participants that used complementary and

alternative medicine used more than one form at a time (Yarney et al., 2013). Kristoffersen (2013) stated that 33.8% of all cancer patients used complementary and alternative medicine. The common forms of complementary and alternative medicine used were prayers, herbal, Massages, Megavitamins, and Chinese Medicine (Yarney et al., 2013). The finding again indicated that the participants heard of these medicines from their friends, family members, health personnel, mass media, CAM practitioners, church, and religious groups (Yarney et al., 2013).

The participants have various reasons for the usage of complementary and alternative medicine. These reasons include the desire to try anything and religious faith and beliefs. They believed that their sickness is spiritual, conventional treatment is too mechanical, disappointed in conventional treatment, and conventional treatment is too toxic (Gyasi et al., 2016; Yarney et al., 2013). Another study conducted in the Ashanti Region of Ghana to determine the motivation for alternative therapy usage indicated that traditional medicine is compatible with their cultural practices and beliefs. The participants also trusted the competencies and experiences of the traditional medicine practitioners (Gyasi et al., 2016).

Also, a qualitative study in Kumasi Metropolis and Sekyere South District, Ghana, opined that people opted for traditional medicine because it is natural, has no or little chemical, and has minimal or no side effects, and easily accessible and less expensive (Gyasi et al., 2016). However, literature showed that some participants declined the use of complementary and alternative medicine because they had no faith in its effectiveness (Chan et al., 2018; Sato, 2012). They were discouraged by those who had used complementary and alternative medicine. They have trust in the allopathic treatment and believed that alternative medicine is unnecessary (Yarney et al., 2013). However, the same

study indicated that men's distrust of medical treatment stems from the view that medical treatments are too mechanical, disappointing, and too toxic (Yarney et al., 2013).

Furthermore, Vivien et al (2013) indicated that when men are faced with life-threatening conditions as cancer, they initially call on their interventions; over counter-drugs and other herbal medications to alleviate the worries associated with the signs and symptoms of the illness. Blomberg et al (2016) also showed that participants managed their physical signs and symptoms such as frequency micturition by reducing their fluid intake and avoidance of some beverages like beer and coffee before bedtime. They managed their fatigue by enduring and keeping themselves active irrespective of the overwhelming nature of it. Another study was conducted on exploring and examining PCa survivor's management behaviour, coping, and social support to health-related quality of life, anxiety, and depression. The finding revealed that men adopted behaviour such as avoidance of constipation, heavy lifting, use of an incontinence pad, and avoid drinking plenty of fluids as a measure to frequent urination. The participants also used medications for erectile dysfunction, share worries and concerns freely, get involved in emotional and social support activities, and ensure adequate rest (Paterson, Robertson, & Nabi, 2015).

An exploration of the literature showed an extensive work of many authors on the roles of religion in the PCa management (Bowie et al., 2017; Moore et al., 2013; Vivien et al., 2013). In a comparative study between the African American and white men, it was opined that African American men believed that PCa diagnosis is a faith trial and punishment from God. The trial strengthens their faith more to cope with the condition. They believed that God is the healer and will heal them of the cancer through prayers. However, the diagnosis of cancer dampens the faith of some participants in God (Bowie et al., 2017). Also, a qualitative study on the faith of low income Africa America men treated for PCa indicated that the belief and faith of some participants in God enhance renewed

perceptions of PCa and subsequently helped them cope with the diagnosis, treatment, treatment adverse effects, and its associated death (Maliski, Connor, Williams, & Litwin, 2010).

Also, Vivien et al (2013) stated that as part of treatment modalities, the participant visits their religious leader to understand the cause of their illness because medical treatment could not provide the necessary explanations to the cause of cancer. They believed that cancer might be due to a divine punishment or possession of an evil spirit (Bowie et al., 2017). They prayed and performed rituals to their ancestor with the belief that by so doing, the ancestors would provide them with spiritual strength and protection against the pain and mishaps during the medical treatment (Vivien et al., 2013).

The literature discussed a lot on men's self-reliance in health-seeking (Yun et al., 2016). A study on how perceived stigma, self-stigma, and self-reliance related to treatment behaviour noted that men with high perceived or self - stigma toward healthcare-seeking relied heavily on self-treatment (Jennings et al., 2015). Some participants did not see the need to seek attention at a hospital or consult with a doctor. They were confident of self-prescribed medications and self - appreciation of clinical signs and symptoms whether it demands external assistance or not. Some of the participants claimed that their medications were more effective than medication prescribed by the trained healthcare professionals (Buckley & Ó Tuama, 2010)

2.3 Summary of Literature Review

In summary, a detailed literature search was done on factors influencing the health-seeking behaviour of men with PCa. The literature search was under the themes; attitudes, perceived subjective norms, behaviour intention, and the behaviour of men toward health-seeking. Several current studies including both qualitative and quantitative studies that

were related to the study were given much consideration in the review. Although this study is centred on the health-seeking behaviour of men with PCa, due to the dearth of literature in this area, the search was extended more to the health-seeking behaviour of men.

From the literature, men generally have a negative attitude towards health-seeking. Men considered health-seeking in reproductive conditions such as PCa as unnecessary exposure to sexual weakness and masculinity. Many factors influenced the health-seeking behaviour of men. These factors include cultural beliefs, the patient's age, educational level, economic conditions, physical and financial accessibility, and disease pattern.

Family and societal relation which constitute an integral part of men significantly influence men's healthcare-seeking behaviour. Men with PCa sought healthcare to regain the normal state, enhance and promote the health of their family, and lessen the physical and psychological burden of their sickness on their family. Men enjoyed both emotional and financial supports from their spouses, relatives, and significant others. They preferred health decisions and suggestions from their healthcare professionals.

Men with PCa demonstrated their commitment to regain a normal state of function by seeking information about the condition, available treatment modalities, medication, and treatment side effects. Some men in their quest to recover early, adhered strictly to their healthcare professional directives; kept to hospital prescribed medication. However, some men mixed these treatments with alternative treatments such as herbal medicine. They viewed issues regarding their condition confidential and private and as a resulted to self-medication. Although, indicative that men living with PCa sought health from several healthcare outlets, some of these men also kept information to themselves as a means of hiding their weakness as well as coping with the challenges associated with the conditions.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

The methodology describes the process by which the research is conducted (Polit & Beck, 2012). This chapter presents the study design, research setting, target population, sample size, and sampling techniques. It describes the data collection tool, data collection procedure, piloting of the interview guide, data management, and data analysis. The methodological rigour and ethical consideration are discussed.

3.1 Study Design

Research designs are strategies for research that bridge gap between decisions of broad assumptions to detailed approaches to data collection and analysis. It is a plan, which specifies who, where and when data are to be collected and analysed (Parahoo, 2014). Research design can either be quantitative, qualitative or mixed (Creswell & Creswell, 2017). According to Grove, Burns, and Gray (2012), a study design must be chosen based on its appropriateness and relevance to the topic being investigated. Qualitative research is an inductive approach used to gain in-depth information about the phenomenon under study. It also explores and describes all dimensions of a phenomenon or experience for a better understanding (Kornhaber, de Jong, and McLean, 2015). This study therefore, employed an exploratory descriptive qualitative approach to understand the health-seeking behaviour of men living with PCa in the Volta Region of Ghana. Polit & Beck, (2012) posited that an exploratory research, enables the researcher to investigate the full nature of phenomena and provides an insight into the comprehension of an issue or situation, rather than simply observing and explaining the phenomena. This design ensures an adequate discourse and interaction between the researchers and the participants on their health-seeking behaviour.

3.2 Research Setting

This study was conducted in the Volta region of Ghana. Volta region is one of Ghana's sixteen administrative regions. It is located in between Lake Volta on the West and the Republic of Togo on the East. It is bounded on the north by the Oti Region of Ghana and by the Gulf of Guinea in the south. It has Ho Municipal as its capital town. Hohoe, Kpando, and Aflao are the major commercial towns. The region covers an area of 20,570 square kilometres representing 8.6% of Ghana. The population of the Volta region according to the 2010 population and housing census is 2,118,252 with 1, 019,398 males representing 48.1 % and 1,098,854 females representing 51.9 % (GSS, 2011). Volta region can boast of a total of 326 health institutions out of which 242 are Ghana Health Service (GHS) administered. 18 are Mission owned. One facility is quasi-government (that is the military hospital – MRS) at the medium mortar regiment in Ho, and 65are privately owned. Sogakope District Hospital was the outlet for the participants' recruitment. Sogakope district hospital is a 63-bed capacity hospital located along Accra to Aflao main road. It has a staff strength of 301 and has two specialty departments such as Urology and Obstetrics & Gynaecology. Due to the urology department, it draws its clientele from within the Volta Region, parts of the Eastern Region, and Oti Region.

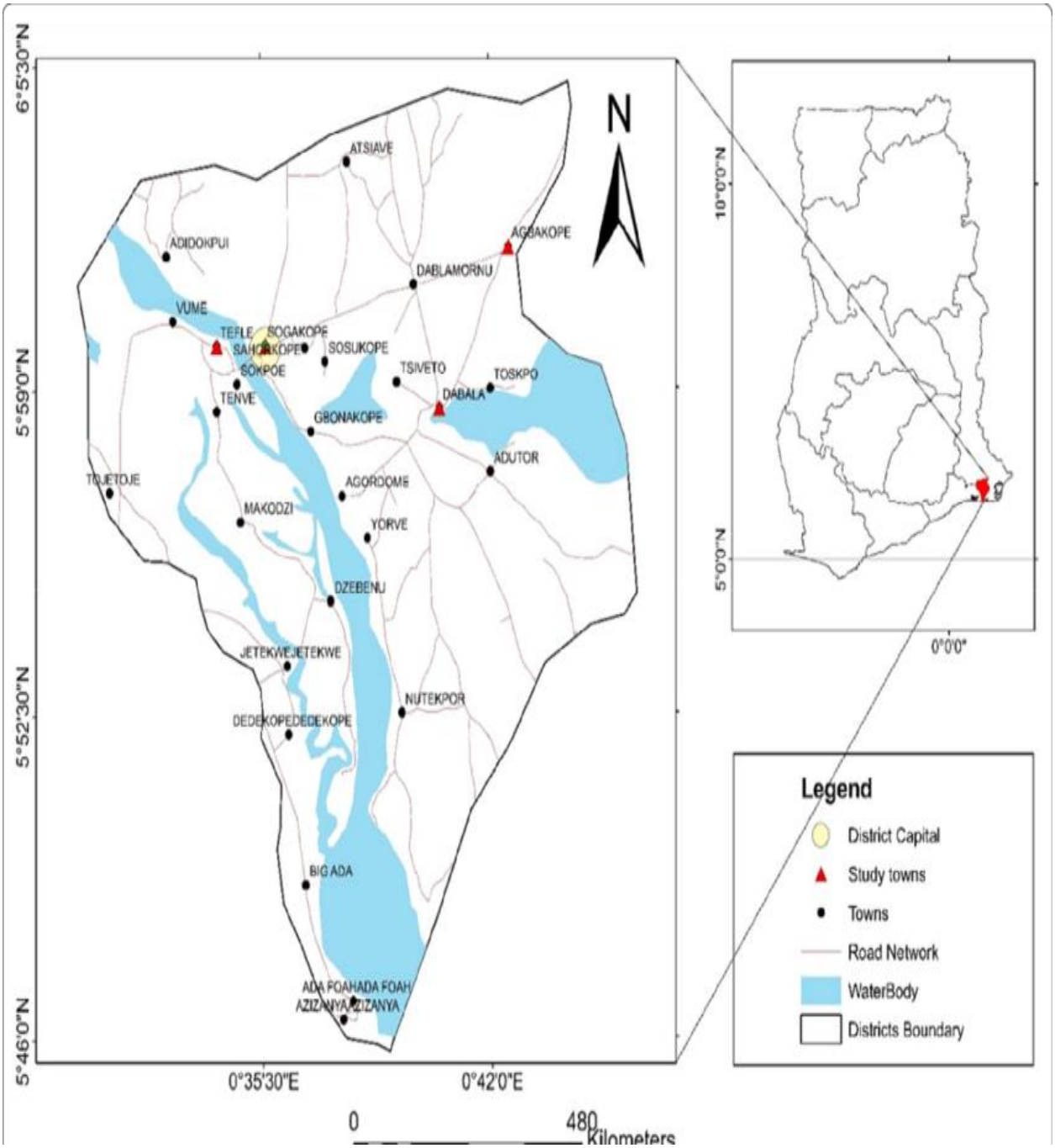

Figure 3. 1: Map of Ghana showing South Tongu District
Source: Duedu (2016)

3.3 Target Population

The target population of the study were males who have been living with PCa in the Volta Region.

3.3.1 Inclusion Criteria

The inclusion criteria included adult males who are aged 18 and above, who gave consent to participate in the study, who were living with PCa between six (6) months or more at the time of the study, and can speak English, Twi, or Ewe.

3.3.2 Exclusion Criteria

The exclusion criteria excluded mentally impaired adults, speech impaired, and seriously ill adults.

3.4 Sample Size and Sampling Technique

A purposive sampling technique was used to recruit participants for the study. Purposive sampling technique is a non-probability sampling method to recruit the participants who have the specific knowledge and experience in the phenomenon under study (Marshall & Rossman, 2014). The researcher obtained verbal permission from the management of the hospital to collect data in the facility. The facility have two clinic days (Tuesdays and Thursdays) in a week for urological conditions. On these clinic days, the researcher met with the consultants (specialist) and got located a place around the consulting room. Before participants were recruited, they were first seen by the urologist. After their consultations, the consultant introduced the researcher to the participants living with the condition. The researcher then explained the purpose of the study to the participants and assured them of confidentiality and privacy. The participants who met the inclusion criteria and were willing to share their experiences were recruited for the study. The researcher then took their details and subsequently visited them for the interview on the agreed day, time and at locations convenient to the participants. 10 participants were used for the study because information saturation was attained at the time the researcher finished interviewing the 10th participant. The 10th participant provided the last point to end the interview because data saturation is crucial in qualitative research for the study to

be credible. Polit and Beck (2012), explains data saturation as the state where there is no new information emerging at a stage of interviewing such that the participants keeps repeating same information.

3.5 Data Collection Tool

A face-to-face in-depth interview guide (Semi-Structured Interview Guide) design based on the objectives and research questions of the study was used as the data collection instrument evidenced by Appendix E. The interview guide was developed from the literature review and the objectives of the study. The semi-structured interview guide had given the researcher the flexibility, enhanced dialogue in the interview, and provided the opportunity to reshuffle the mode of questioning. Also, the interview guide containing research questions of the study covered all relevant areas of the study. This facilitated deeper interrogation with the participants to elicit more information relevant to the study and kept the researcher focused on the objectives of the study. The interview guide was put into two sections: section A and section B. Section A focused on the demographic data of the participants, while section B involved subsections with several open-ended questions and probing questions. Also, the researcher kept field notes during each interview section to document other events such as participant reactions to some of the questions on the field.

3.6 Data Collection Procedure

The Interviews were conducted at various locations convenient to the participants. The researcher discussed with the participants the purpose of the study and provided them with the information sheet which contained detailed information about the entire study. The researcher further explained procedures to the participants and cleared any misconceptions they were having about the study. The researcher scheduled an appointment with the participants who expressed interest and willingness to participate in

the study. These participants were followed to their homes and offices after scheduling a convenient day and time for the interview.

With permission from the participants, the interviews were recorded for word transcription into word files and analysis. Averagely, each interview lasted for approximately 30 – 60 minutes, and in the language most convenient for the patient. The researcher commenced the interview with major and probing questions. This afforded the participants sufficient ground to provide detailed and convincing responses. Other supporting questions followed to probe deeper into the participants' experiences. When the participants lose track of the question, other probing questions were asked to bring them back to course.

3.7 Piloting of the Interview Guide

A pilot study was conducted to pretest the research instrument for data collection. Pretesting a research instrument permitted the researcher the opportunity to assess, identify the weakness of the research questions, and subsequently refined them. This helped determine the cost and time required for the study. The semi-structured interview guide for the study was pretested at the Sogakope District Hospital to explore the health-seeking behaviour of at least two men that had been living with PCa. By piloting the instrument, the ambiguous questions were subsequently reframed. The finding and participants of the pilot study were not included in the main study.

3.8 Data Management

Data management started with decisions about how to preserve and share data after the project is completed. To prevent lost data, errors, increase the quality of data analyses, allow others to validate and replicate findings. Participants were allocated and identified with codes (PRT1- PRT10). Each interview was transcribed verbatim after several replays

to minimize the errors and omissions. The electronic data were kept in a folder on a computer with a security password while a file designed with special identification marks were allocated for each interview transcription. Hard copies of the interview or transcribed copies of the interview were stored in a safe place with lock and key.

3.9 Data Analysis

The section A which captured the participants' demographic data was analysed using descriptive analysis, putting the items in the range and finding the average age. Both manual and Computer based data management software (NVivo) was used to manage and assist in data analysis. It was first done manually with my supervisor for adequate understanding before the use of the NVivo. Interviews conducted in English were transcribed verbatim while those conducted in Ewe were translated into English based on the understanding of the researcher and crosschecked by an expert in the Ewe language for accuracy.

The data was anlysed using thematic content analysis as stated by Braun and Clarke, 2006. The data analysis was done concurrently with data collection. As indicated by Vaismoradi, Turunen, and Bondas (2013), this will help improve upon the depth and quality of the interview as the initial analysis will provide some direction in the subsequent interviews. The researcher was actively involved in the transcription of the recorded interview into a word file to get familiar with the data. The researcher read the transcripts again one after the other carefully paying particular attention to each sentence as well as listening to the tape-recorded version to identify any trace and familiarity.

After listening and carefully reading through the transcripts, the researcher began to label or code the relevant words, phrases, sentences, or sections. The researcher went through all the codes created, read them carefully, and generated new codes from them by

combining two or more existing codes based on the common trends, similarities, and contrasts. Codes that appeared less important were dropped. The researcher kept the codes that were of importance and group them to form categories or themes. At this point, the researcher became open-minded, unbiased, and focused on the objectives of the study to provide a guide or a framework for the analysis and categorization of the various sub-themes. The researcher labeled the categories, identified more relevant codes, and established a connection between these categories that form the main results of the study. This formed the new knowledge of the world (health-seeking behaviour of men living with PCa) from the perspectives of the participants of the study. The researcher then wrote the results of the study by describing the categories and how they were connected using a neutral voice devoid of the researcher's interpretation of the result.

3.10 Methodological Rigour (Trustworthiness)

Rigour is about how a researcher persuaded the audience that the findings of an inquiry are worth paying attention to and worth taking account of (Sandelowski, 2015). To meet this standard, Polit & Beck. (2012), outlined five main strategies namely credibility, dependability, confirmability, transferability, and authenticity.

Credibility

Credibility is concerned about the truthiness of the data or the participant's perceptions, interpretation, and genuine representation of the information gathered from the participants by the researcher (Polit & Beck, 2012). It assesses whether the findings make sense, and are they the accurate representations of the participants' perceptions. Credibility involves strategies that suggest that findings are trusted, convincing, or believed. To ensure the credibility of the study, a good relationship was established with the participants. The researcher established rapport and explained every step and procedure involved in the study with all the participants to help build trust in them. Again,

the researcher ensured that participants' recruitment met all the inclusion criteria. During the data collection period, the researcher ensured adequate time to engage the participants fully to elicit all the necessary information required, and adequate time (an average of four days) was allocated to transcribing and analyzing each interview before the next interview. After the data collection, the researcher and the supervisors coded the data separately and compare it to straighten out the differences to ensure that the position of the participants is well demonstrated. Also, the researcher kept a field note of the behaviour and emotional responses of the participants as well as the researcher perceptions of some of the reactions of the participants. Also, the researcher assessed and extracted his knowledge and position on the topic so that the finding depicts exactly the stance of the participants. Furthermore, a pilot study was conducted to assess the extent to which the instrument can cover all the objectives of the study.

Dependability

Dependability refers to stability or constancy (reliability) of data over time and conditions (Polit & Beck, 2012). It is achieved when the credibility of a study is fully measured. To ensure dependability, the researcher kept an audit trail of the events and procedures by tracing and recording any decisions that may influence the research findings.

Again, the data was coded at two different times with at least a week separating the first coding and the second coding. The codes were then compared to assess any variation in the coding. Also, the researcher described in detail the research design, procedures, and analysis of the data collected for easy replication. Lastly, the audit examination was conducted by the supervisor to scrutinize the data from the participants and the importance of the study.

Confirmability

Confirmability refers to the extent to which the findings of a study are congruence with another or verified by other researchers under the same conditions and circumstances. To ensure confirmability, the researcher kept a reflective journal (field note) of the events (the behaviour and emotional responses of the participants) that transpired during data collection. The researcher assessed and excluded his reflections such as motivations, biases, and perspectives about the study from distorting the data from the participants. Also, open-ended questions were asked to limit or avoid asking leading questions. The researcher ensured that participants were not enticed with unnecessary gifts. Finally, detailed audit trails were kept as evidence that the study is truly conducted.

Transferability

Transferability refers to the degree to which the result of a study in a certain area can be easily applicable in another setting (Polit & Beck, 2012). To achieve transferability of the study, the researcher provided detailed descriptions of the strategies such as the description of sampling techniques used, the data collection procedures, analysis, and vivid descriptions of other processes or steps employed in the study to ensure that the study can be easily replicated by another person under the same environment and conditions. Again, an audit trail is kept of all events that took place during the process as well as a detailed explanation of all the procedures involved in the study.

Authenticity

Authenticity is the degree to which the researcher fairly and faithfully presents and demonstrates the range of reality or truth of the participants in a study (Polit & Beck, 2012). To ensure authenticity, the researcher bracketed himself or his knowledge of the study from influencing the data. The researcher analyzed and interpreted only the data

gathered from the participants. Finally, the researcher presented the findings of the study to depict the truth stances and perceptions of the participants.

3.11 Ethical Considerations

Ethical approval (Appendix A) was obtained from the Institutional Review Board of Ghana Health Service Ethics Review Committee (GHS-ERC030/10/19), verbal approval from the management of Sogakope District Hospital, and an introductory letter from the School of Nursing, University of Ghana (Appendix B). Potential participants were issued a document containing information stating clearly the purposes and objectives of the study. They were adequately informed of the possible benefits, risks, and inconveniences associated with the study. The participants were assured of anonymity and confidentiality. They were also reminded that participation was voluntary and they have the reserved right to refuse the interview at any time or decline to respond to certain questions.

A follow up was made to confirm their agreement and participation in the study. The potential participants that agreed to participate in the study were given consent forms to complete (Appendix C). Participants who are illiterates, the consent form were translated into their native languages in the presence of a witness. Both the participants and the witness signed and thumb printed the consent form for authenticity. Also, participants were made aware of the fact that, after appending signatures on the consent form, they still have the reserved right to withdraw from the study without any consequences. They were assured of the utmost confidentiality of all the information provided. Codes (PRT1 - PRT10) to represent the participants were used to ensure anonymity.

The participants were notified that the consent form, the information provided, and the audio recordings would be in the researcher's possession for at least three years after the dissertation. Soft copies of the transcriptions are kept in electronic folders with a unique password on the researcher's hard drive to ensure data security. Finally, the researcher had arrangements with a counselor or a clinical psychologist to attend to participants that may be become emotional in narrating his unpleasant life experiences during the study. Fortunately, such an incident has not occurred during the data collection.

CHAPTER FOUR

FINDINGS OF THE STUDY

4.0 Introduction

This chapter presents and clarifies the findings of the study. The findings have been categorized into themes per the constructs of the theoretical framework, Theory of Reasoned Action propounded by Ajzen & Fishbein (1980), and the objectives of the study. The finding demonstrates the outcome of the in-depth interview had with men living with PCa in the Volta Region on their health-seeking behaviour. With the use of thematic content analysis, five major themes emerged namely attitude, subjective norms, health-related factors, behavioural intention, and behaviour. These themes and corresponding sub-themes are captured in the study with verbatim quotations from the participants using participant's codes as the symbols of identification. The participants' demographic characteristics are also captured in the chapter.

4.1 Description of the Study Population

A total of ten (10) participants comprising six (6) retirees made up of 3 educationists, a police officer, a civil servant and a pastor, and four (4) in active service including an electrical engineer, a farmer, a kente weaver and a fisherman were interviewed. The ages of the participants range from 60 – 86 years. One of the participants was an Africa traditional believer and the remaining nine (9) were all Christians. Nine (9) participants were married and a widower. All the participants have children and the number of children ranges from 2 – 24. One of the participants is an Akan while the remaining nine (9) were Ewes. Their period of living with the condition ranges from 1 year to 6 years.

The following themes and sub-themes emanated from the data; Attitudes (cognitive, affective, behavioural), Subjective Norms (personal decision for treatment,

financial considerations, counseling and recommendations from others, motivation for herbal treatment), Health-Related Factors (healthcare accessibility, effects of clinical manifestations, professional competence, maturity and exposure, cultural factors) Behavioural Intention (hope for treatment, information seeking) and Behaviour (personal management, secrecy, medication adherence, a combination of treatment)

4.2 Organization of the themes

Thematic content analysis was employed for the analysis of the data from the participants and five (5) major themes emerged. These themes are attitude, subjective norms, health-related factors, behavioural intention, and behaviour. Out of these five (5) themes, four (4) namely attitude, subjective norms, behavioural intention, and behaviour were in line with the constructs of the model, theory of reasoned action which was used to structure the study. The other theme (health-related factor) was the additional finding to the model and it emerged from the content analysis of the data gathered from the participant. This indicated that aside from attitude and subjective norms, health-related factors such as healthcare accessibility, effects of clinical manifestations, professional competence, maturity and exposure, and cultural factors also influenced and contributed to the participants' behaviour intention to undertake a particular action. From the analysis of the data, twenty (20) sub-themes emerged and subsequently grouped under the various themes.

Table 4.1: Organization of Major Themes and Sub-themes

Major themes	Subthemes
1. Attitudes	• Cognitive attitude (Beliefs) ➢ Ignorance of early signs and symptoms ➢ Confusion • Affective attitude • Behavioural attitude
2. Subjective norms	• Personal decision for treatment • Financial Considerations • Counseling and Recommendations from others • Motivation for herbal treatment
3. Health-related factors	• Healthcare accessibility • Effects of clinical manifestations • Professional competence • Maturity and exposure • Cultural factors
4. Behavioural intention	• Hope for treatment • Information seeking
5. Behaviour	• Personal management • Secrecy • Medication adherence • Combination of treatment

4.3 Attitude

In response to the research question *"What are the attitudes of men living with PCa toward health-seeking?"* Attitude became a major theme that sought to describe the feelings of men living with PCa towards seeking healthcare. Participants narrated and demonstrated varied attitudes in their condition toward healthcare seeking.

These attitudes were informed by several reasons such as degree of belief, emotions, and the passion to achieve and expedite recovery to offset the likely adverse outcomes of the condition. Out of the data, 3 sub-themes emerged namely; cognitive attitude, affective attitude, behavioural attitude.

4.3.1 Cognitive Attitude (Beliefs)

Cognitive attitude (belief) is one of the concepts under attitude. It described how the belief of men influences their health-seeking behaviour. From the study, few of the participants chose to seek and obtain healthcare in a given facility because they believed in the health system. Few of the participants believed that the healthcare facilities are endowed with trained healthcare professionals who are capable to provide high-quality care to promote their recovery.

> *… Because I have belief in medical science …. Personally, I have trusted and believed in the medical treatment so whatever affects me, the first point of call is the hospital… I know whatever afflictions it may be that may affect you, when you go to the health facility you will get the cure … They have the men there… PRT2*

Few of the participants believed and trusted allopathic medicine. They subsequently sought care at these healthcare facilities because of the disappointment they had with their previous encounters with the non-allopathic therapy. They were once promised and assured by the non-allopathic practitioners' heaven and earth of certain encouraging signs and symptoms of recovery of their conditions but grossly failed after a period of religiously relying on their medicine.

> *… As I stated earlier, as I took the herbal medication, if the catheter (rubber) were to come out, I wouldn't have believed the hospital medication. Because the rubber hasn't come out, I have to go back to for the hospital treatment…PRT3*

Again, some participants relied completely on the medical directives because they have absolute belief in their diagnosis of the condition. They believed the diagnosis because they had detailed education of the condition from their friends and other sources such as radio sets in the past before the onset of their condition.

> *… I don't doubt it, because I heard of it through friends and read a little about it so he said it I believed it… PRT 1*

> *… I did not doubt at all. I believed that it is that sickness that was about starting…This is because I have been listening to the educations on the prostate on the radio… I have been listening to these sorts of education on the radio all the time. Also, they mentioned that it is very common among men …PRT 6*

4.3.1.1 Ignorance of Early Signs and Symptoms

Ignorance of the early signs and symptoms was one of the commonest causes of delayed healthcare seeking among the participants. Most of the participants had no prior knowledge and education on the prostate gland and its associate problems.

> *… I had no idea about the disease so… No, no. I have never had the chance of been educated on this condition before… PRT2*
>
> *… I have not heard anything about this condition…PRT3*
>
> *No, no, no. I have not heard it before… Not at all. Because my mind is never on this condition, so I don't know anything called prostate let alone knows that there is a prostate that disturbs a man. I have not heard it before…PRT4*
>
> *… No, no, no. I have not heard of it before…. no. I had not heard of any education of any kind on radio regarding the prostate conditions…. PRT7*

Almost all the participants were ignorant of the early signs and symptoms of their condition. The early clinical manifestations were usually grossed over and considered as part of the aging process that merits no critical considerations until they become worse or get out of hand.

> *… within these periods, anytime I wanted to urinate I have been experiencing some slight pains in the penis but I never knew that this was happening to me… I will agree with you perfectly in terms of ignorance… PRT 3*
>
> *… You see. Ignorance is the first cause of delay… Before the onset of this condition, when I am driving, every small time I have to stop and urinate. When I continue driving, after one hour, I have to stop and urinate. But it does not come and happens consistently. For some time, I will not feel it and I will forget. Until one day it has happened again. These are all signs of this but I didn't know…. PRT 7*

Furthermore, some of the participants reported misinterpretation of the early clinical manifestations of the condition to a disease called "bilharzia" or the issues of bilharzia experienced in the past.

> *…. I had what we called bilharzia. I suffered it for some time before it stopped. As it stopped, anytime I wanted to urinate, I experience pain…. PRT7*
>
> *… You have to be very careful especially when one suffered from bilharzia…. we drink from the creeks here. Even the Volta river…. those who live along the Volta river, at times they have this bilharzia system… I do drink direct water from the Volta River.*

So, these things are there … So, while it happened ahaa, I quickly understand that this is probably the problem (bilharzia)… PRT8

4.3.1.2 Confusion

In the study, few of the participants at a point became confused knowing the consequences of delayed treatment. Yet the blurred and unclear pathway of the intervention process, misconceptions coupled with their ages and recuperation abilities after surgical operation caused them became much more confused and worried. They wondered about their chances of survival after undergoing the available surgical intervention for long.

…I have become confused a little. Because it may cause more damage perhaps. If they have not removed it early and it gets worse, it may cost me. Therefore, I have become confused… Perhaps during the surgery, I wonder whether they were going to remove the whole scrotum with the testis or not…. I am now old. So, if at this stage of life, I should undergo a surgical operation, if God has not intervened, I may only survive for just a year…. PRT 10

Again, a participant was equally confused since he could not attribute his recovery to a specific type of intervention adopted, being it medical or herbal intervention. Since he has used both interventions together and at the same time.

…. So, for now, I cannot tell you whether my relief I am getting is the result of I mean the herbal preparation or whatever. But I am getting better…PRT 2

Another participant indicated that he usually became confused considering his position and its associated responsibilities in his community. As nobody can perfectly represent him at certain functions. There are a lot of places and meetings that required his presence but due to his current condition, he could not attend and function as expected. He continuously gave excuses to absent himself, and even those that he attended, he usually leave midway through the section.

> *… I am the chief now…. Sometimes I usually become confused. Because there are some places that required my presence but I cannot go… when they summon meetings for the chiefs and insisted that I must be present… when I analyzed the situation and knowing very well that no representative can either speak or behave like me, it usually gives me headache… Sometimes, I managed to be there… but I always use the opportunity to excuse them that they are aware that I am not so healthy so I cannot be with them for the full length of the meeting before I proceed with my submissions…PRT 5*

Another participant was rather empathetic and pitiful for the limitations placed on him by the condition rather than been confused. He could not function freely and perform activities that he cherishes.

> *… I will say at times I pity myself because things I used to do; I cannot do them anymore … I like fishing and farming. Where I usually go. But I have no more been going… probably those things may occupy me to be thinking otherwise… I wouldn't say it is confusion… PRT 8*

4.3.2 Affective Attitudes

This sub-theme focused on the emotional sentiment of men. It demonstrated the impacts of men's emotions on their desire and passion for healthcare seeking. The study revealed that some participants claimed to have sought early treatment due to their emotions associated with the likely outcome of delay in seeking healthcare. They sought early healthcare for the fear that the condition may degenerate into cancer if it is not treated early by a healthcare professional.

> *…I heard if it is not cured probably you will die. It will develop into cancer. So actually, it is fear that pushed me to start now … PRT 1*
>
> *…. the level of pain I experienced was too much for me. So, I became scared that I may die that is where I rushed to the hospital… PRT 7*

One of the participants believed that one may die of the condition if it is not properly treated at the right place and by a professional.

> *…They said, PCa is a kind of disease that is very dangerous and if you don't take good care of yourself, you may die… PRT 4*

Also, some participants refused to seek care from the hospitals and relied on their interventions due to fear. The fear of the adverse effects of the medical intervention caused some participants to perceive some medical interventions as an issue of life and death. The survival is dependent on prayer, luck, and God's mercies, protection, and intervention.

> *…. the mention of an operation put some level of fear in me… I entertained some level of fear. Had it not the fear, when the surgeons have come to the St Anthony Hospital, Dzodze, they have sent for me but I refused to go with the excuse that even if these surgeons have gone, another group of surgeons may come again... I am now old. So, if at this stage of life, I should undergo a surgical operation, if God has not intervened, I may only survive for just a year…. PRT 10*

> *… They said they told them that when they perform surgery on them, their penis will not erect again… sometimes, when they have performed surgery on you and you are not fortunate, you will only die… Because of this, they remained and lived with this condition until they die … PRT 4*

However, few of the participants expressed no fear at all for any of the medical management especially surgical intervention because they had had experiences of some successful surgical operation in the past.

> *… I had no fear at all. This is because I have undergone surgical operations before… With all these experiences, I don't entertain any fear when mentioned surgical operation…. PRT 5*

> *… You see. Something had happened before so I don't fear an operation. My wife was suddenly diagnosed with fibroid in 2002…. Finally, we went and they did the operation. It has not been long she has recovered… Therefore, I don't fear an operation at all…PRT 7*

One participant reported that he was interested and preferred to have the cause of the predicament or problem removed at once through surgical intervention to been treated with chemotherapy.

> *… There was no fear in me … I did not agree with been put on medication. Because of the problem they mentioned to me earlier, and he also stressed on it when I came to him. That problem must be removed so that I can be free. That is why I didn't agree to be on the medication. If I had agreed on the medication, I believe by now I would have been tired or dead… PRT 3*

4.3.3 Behavioural Attitude

This sub-theme described the behaviour and commitment of men towards achieving early recovery from their ailment. The study showed that some participants put up desperate attitudes toward achieving early recovery. They started searching for a cure once noticed the changes in their health. They focused more on the activities and events that will facilitate and speed up their recovery. They tried every available intervention to achieve their normal stable condition.

> *… I was like desperate to do whatever I can do to get relief … I tried several things eventually, I had to rash myself to a nearby clinic… that time I was suffering (Suffering). Severe pain so where I could pass to get relief is what I did… PRT 2*
>
> *… I am only sick. Whatever I can do to recover from this sickness is what I am doing…PRT 3*

However, few of the participants considered themselves very strong and resilient to some conditions hence developed a lackadaisical attitude and paid less attention towards immediate healthcare-seeking until the condition gets out of control.

> *… Men are the type that when they fall sick, they don't pay much attention to it … that sort of ego that they are strong and all these things that it makes people don't care about it till it gets to place that they found out that they have to go… PRT 1*

Also, few men considered themselves busy to the extent that they considered waiting time at the hospitals for their turn of treatment as time-wasting. Hence, resort to self-medication by relying on the over the counter medicines.

> *… Woooo. men you see men are always busy. Moving up and down. So, for a man to come and sit down for one hour waiting for a doctor to see him. No, no, no. So, he goes over the counter buys something to take and he keeps on moving… PRT 1*

4.4 Subjective Norms

In response to the question *"What are the subjective norms influencing the health-seeking behaviour of men living with PCa?"* Subjective norm was the main theme to

describe the perceived power of influence on the participants to engage in a behaviour. This influence emanated from the wife, children, friends, relatives, professionals, and significant others in the society at large intending to enforce compliance to perceive expectations or standards. Out of this theme, four (4) sub-themes emerged namely personal decision for treatment, financial considerations, counseling and recommendations from others, and motivation for herbal treatment.

4.4.1 Personal decision for treatment

Personal decision for treatment is one of the concepts of subjective norms. It described the personal determination and decisions towards health-seeking behaviour. From the data, most of the participants had no external coercion deciding for them when and where to seek treatment when they were sick. They solely decided on when and where to obtain their treatments.

> *... There is no external pressure. Just that I decided to seek medical care... PRT 1.*
>
> *... It was purely my own decision... So that one there, let me say it was due to my own personal experience...PRT2.*
>
> *.... It was solely my decision to go to the hospital.... PRT 5.*
>
> *... Since I felt I could not urinate well, the urine was not flowing well, I decided to go to the hospital... I feel like I shouldn't stay in the house for anything... I have to go to the hospital... it is not that I should wait for somebody to tell me... PRT 9.*
>
> *.... I have not sought anybody's information before left for the hospital. Because I know that is where I can obtain treatment and attain healing. Therefore, I have to go to the hospital ... PRT10.*

One of the participants confirmed that the nature of the condition did not permit him the luxury of time to be waiting on someone to instruct them regarding when, where to seek, and obtain healthcare.

> *... The way and manner the disease came about ... once you are in pain, every normal being once in pain, nobody will advise you before you go to wherever you can get help.... PRT 2*

Additionally, some of the participants had taken most of the critical decisions regarding where, when, and what type of healthcare they wished to attain due to their positions and authorities they stamped in their families. Their wives continued to be submissive and follow their decisions to the latter.

> *… I told my wife that I have to go to the hospital. She didn't say anything but she agreed … PRT 6*
>
> *… I am the head. I am the head… I don't fall sick and sought anybody's decision before going to the hospital…. therefore, when any of my family member has fallen sick, I send him/her to the hospital… PRT10*
>
> *…. I live with only my wife…. she can't say anything…. the reason why she cannot say anything is that the way I was suffering …. She also knows that that is the only way I can get a solution…. PRT 7*

One of the participants took this crucial decision on his own because he promised his children of living with them for long, never wanted to look up to anybody, and subsequently die young. He saw himself too young to die.

> *… Huuuu. I am too young to die of this so I have to seek medical attention. I have to take the initiative… Because I promised my children that I will be a hundred plus (100+) before I will die ... PRT 8*

4.4.2 Financial Considerations

This sub-theme described the role of the financial status of men in their health-seeking behaviour. The study demonstrated that most of the participants were not financially sound to determine where to obtain desired care as well as who should provide the care. They did not have adequate funds to respond swiftly as they started experiencing the signs and symptoms of the condition.

> *… I will say financial difficulties … Especially, financial difficulties. Because had it not for financial difficulties, just as you started noticing the changes and difficulties, you would have gone to the hospital for a checkup. But because you don't have the money to go, you will continue to endure it that it will be fine. Therefore, it is financial difficulties… PRT 3*

... The main thing that I will say probably delayed my coming here is finance, finance ... it's the finance... personally I am a pensioner, till the allowance comes, I can't do anything... PRT 1

... I cannot go any further where expenditure may be too much for me. Financial constraints. Yes, financial constraints... PRT 8

One participant did not have money to pay for the initial cost of investigations to commence with his treatment. Even contributions from his children were not enough to meet the initial cost of treatment.

... Finance was a problem. The first time the doctor told me to come with an amount of Four Million Old Cedis (₵ 4,000, 000). That a sample will be taken from there to Korle - Bu, I told my children. It was only one of them...They are not able to help. It is only W who gave me One Million Old Cedis (1, 000, 000) ... PRT 8

Another participant requested to know the cost of treatment. When the bill of treatment was served, he could not afford even half of the stated amount at the time. He, therefore, pleaded to have the least on him deposited whiles he goes to solicit for more funds to settle the rest later. But his suggestion was turned down by the healthcare facility authorities.

... When I enquired about the operation cost, he said Seven Thousand Ghana Cedis (GHC 7,000.00). At this time, I was only having Five Hundred Ghana Cedis (GHC 500.00). I pleaded to leave it with him and go home to solicit for some supports... Moreover, where will I get the remaining to add to it? And I was not having it... PRT 3

Nevertheless, the participants with financial difficulties sought financial assistance from others. In the study, almost all the participants secured financial assistance of any kind from various sources to seek and obtain care. Most of the participants solicited and relied on financial assistance from their wives and children.

... So yes. My wife supported me. Some of my children also supported me... PRT 2

... Before we got there, my son has sent the money... PRT 3

... In terms of finance, I have only been managing myself with some support from my children. They have been supporting me in the hospital until now.... PRT10

Also, some participants sought healthcare at certain designated facilities because they had total financial support from their employers. The company settled all the hospital bills incurred by the employees. Also, once they registered with the national health insurance scheme, most of the bills were covered and settled by national and private health insurance schemes.

… for money wise there is no difficulty…I may say that in the company I work, anything as far as your health is concerned, the company will pay you … the health insurance always covers up for most of the costs or bills… most of the areas have been covered by health insurance… PRT 4

… Once I registered with the national health insurance scheme, I know I will pay something when I get there but it will not be too much…PRT 6

4.4.3 Counselling and Recommendations from others

Counseling and recommendations from others is one of the concepts of subjective norms. It described the suggestions from people that matter on the participant's position in their healthcare-seeking behaviour. The study has shown that participants had advice from many sources regarding the management of the condition. They had advice from their children, friends, health professionals, and some insurance companies.

> *… She encouraged me to visit him [doctor] for a checkup to see whether there is an issue with the prostate…PRT4*
>
> *…. Then when I went to pension, I joined the Liberty Medical Scheme (private Insurance) so they told us that we could go for the treatment of the eyes and this prostate problem without any charge... PRT 1*

Again, few participants had been encouraged and admonished to seek early medical care or visit the specialist for a checkup to be aware of their health status whenever they are sick.

> *… In our church, there is always teaching about taking care of ourselves… We should pray and seek medical attention whenever we are sick quickly to avoid anything worse from happening…PRT 8.*

Also, one participant had been advised against the options of choosing herbal means of treatment, and he was motivated not to hesitate the option of surgical operation, should the need be, to have the problem solve once and for all.

… If the doctor wanted to perform surgery on you, agree and endeavour to have the surgery done once. If the surgery is done, then you are free but if rely on the herbal medication, some will only solve the problem for a short period. Later, the condition may come back … PRT 4

Furthermore, most of the participants were referred from their earlier facility of treatment to Sogakope District Hospital to obtain specialized care. Some participants have been referred with a referral letter from their earlier facility of care to receive specialized or advanced care.

> *…When I went to him, he gave me a referrer to Sogakope District Hospital and that is where I start seeing the doctor, the specialist who has been seeing us here … PRT 2*
>
> *…When I got there, the doctor said, my condition can only be managed at the Sogakope District Hospital…So, he referred me to Sogakope District Hospital…PRT5*

Meanwhile, some participants walked in upon verbal information or recommendation from health professionals or through public education or lecture where they heard of the specialist. These people came to the facility requiring specialized care without a referral letter or authorization from a healthcare facility.

> *… Yes. I heard of one Dr. A.H that he is a specialist… Because of him that he is a specialist that he can help me…. It was upon this that I was convinced that if I come to him, he will be able to treat me. Upon this that I decide to come… PRT 1*
>
> *… She said there is this doctor at their hospital called Dr (AH). He is a specialist urologist… PRT 4*

4.4.4 Motivation for Herbal Medication Usage

This sub-theme considered the interest, the zeal, and the energy that drove the participants toward alternative medicine. The study revealed that almost all the

participants have first sought treatment at the herbal or alternative medicine centres in one form or another and later switched their course of healthcare-seeking to the hospitals. They sought these means for various purposes. Few of the participants first sought herbal treatment because of the persistent advertisement of the effectiveness of the herbal medicine on the radios by the herbal practitioners.

> *… I was there first before I later went to the Sogakope District Hospital in the first instance…. I have been there for about 2 – 3 months before I went to the Sogakope District Hospital…. When the issue of frequency urination started, I listened to an advertisement of this herbal medicine on the radio inviting all those experiencing the signs and symptoms of the condition…. PRT 6*

Again, few participants asserted that men are naturally more inclined to and fascinated by the usage of herbal medication or alternative medicine than medical treatment.

> *… Actually, the men or we the men, we are so much interested in those things than coming to the right place for the right treatment … PRT 1*

Although some participants had earlier been to the hospital and were kept on chemotherapy, when they later heard of or had the herbal medicine, they abandoned the medically prescribed medications and concentrated on the herbal medicine until it was finished.

> *… I started with medically prescribed medications first. But when I started with the herbal medication, I stopped using the hospital prescribed medication… PRT 3*
>
> *… When I went to Medi Moses in the first instance, I have stopped taking the hospital prescribed medications… PRT 7*
>
> *… I sideline the hospital medication and concentrated on that one, till I finished it then I resume with the hospital medication… PRT 2*

Few of the participants reported that the underpinning circumstance that necessitated the decision and interest to sourcing other forms of treatment (herbal or alternative medicine) with medical treatment is to enhance the recovery process.

> *… In fact, the way I have suffered with the condition, I have looked for other drugs with the mind that once I take them the urethral should open…p7*

Also, some participants were not comfortable with the physical discomfort, worries, and embarrassment associated with some of the medical interventions especially indwelling catheterization.

> *… I thought of it (catheter). I wonder how I will be walking. Is it that I will be carrying the urine bag along? I thought of it. I have also realized that when you come to sit with people who have a catheter (rubber) insitu, you will be smelling some odour. I wonder if I will not suffer the same …. PRT 5*

> *… I want relief because at that the catheter was in me. Because me, I wasn't comfortable with it… PRT 2*

Besides, few of the participants perceived healthcare-seeking at the healthcare facilities such as hospitals as excessive time-wasting. Men considered themselves so busy and ascribed much knowledge or consciousness of the value of time. They had no time to either travel to healthcare facilities to obtain care or wait for their turn of service at the hospitals. Therefore, resort to herbal medications / alternative medicines or over the counter medications for the treatment of their condition.

> *… Woooo. men you see men are always busy. Moving up and down. So, for a man to come and sit down for one hour waiting for a doctor to see him. No, no, no…. Many people just go there, buy those drugs and they take…. they buy those things there that they wouldn't travel. They will not come and stay here for a long time before they get treatment and then they take those things…. So, he goes over the counter, buys something to take…. PRT 1*

In addition, some participants used herbal medication because it was suggested and sanctioned by their relatives.

> *… I have a sister who told me that the husband knows some herbal treatment … I was actually undergoing treatment before my sister also came out with herbal medicine … That one is the only one bottle my sister recommended …PRT 2*

> *… One man from the town came to me that he is a herbalist… He is preparing herbal medication for people… he had used his prepared medication to treat a lot of people at various places. One of my grandson's had led him to me… My grandson also insisted that the herbalist must prepare his medication for me… I said all I had but he [grandson] insisted … PRT 3*

However, few of the participants detested the herbal medication usage and threw his preference for an allopathic form of therapy. They claimed that herbal medication lacks prescription precision, is absurd, and incongruent with the standard system of measurement.

> *… With the herbal medication, I am out … some people even opted to prepare for me some herbal medications and I refused… I don't personally believe in those herbal medications… Because they have no standard of measurements. They will only say drink one cup meanwhile what's happening you are not supposed to drink one cup. But once you are instructed, you will be forced to drink… PRT 4*

Another participant added that herbal medicine lacks prior standard investigations suggestive of the decisive prescriptions. The prescribers conducted no such necessary investigations that require a given medication or dosage.

> *… The herbal medications I bought from here, not that they have conducted any examinations on me before sold them to me. They only said it stops the frequency of urination. They have not done any examination…. PRT 6*

4.5 Health-related factors influencing the intention to seek healthcare

"Health-related factors" is the added theme that has emerged from the finding. It sought to answer the question *"What are the health-related factors influencing the behavioural intention of men towards healthcare-seeking?"* The health-related factor was identified as a major theme because it was revealed from the study that health-related factors have also contributed massively to the participants' decision making leading to the intention to seek healthcare other than the attitude and subjective norms ascribed to in the model. However, patient's exposure /maturity, and cultural beliefs come under this

heading. Five (5) sub-themes emerged from the data namely healthcare accessibility, effects of clinical manifestations, professional competence, maturity and exposure, and cultural factors.

4.5.1 Healthcare Accessibility

Availability and accessibility to healthcare facility provides a boost to men's healthcare-seeking behaviour. The data indicated that few of the participants chose to obtain healthcare at a certain healthcare facility because it was closer to their environment.

> *… When I was registering for a national health insurance scheme, they asked about the hospital I will attend when I am sick and I mentioned that hospital… because it is closer to me… PRT5*
>
> *…. Because this place (IHDN Hospital, Adzadokpo) is closer to my hometown, if I am at home and keep visiting them for treatment, it will be better. That is why I have stayed back and keep going to the hospital…PRT10*

However, some of the participants claimed that they accessed healthcare at the healthcare facilities not because they were close by and easily accessible. They rather heard of the competencies of healthcare professionals and trusted that their competencies will facilitate their recovery.

> *… I'm closer to Comboni Hospital than the Sogakope District Hospital…. Because of him that he is a specialist that he can help me…. It was upon this that I was convinced that if I come to him, he will be able to treat me. Upon this that I decide to come… PRT 1*
>
> *…. From here to Sogakope is a distance. We have a health centre here. But since I know that the Sogakope district hospital, I will be treated well I decided to go… PRT 9*

Again, few of the participants accessed healthcare only because they were sick and needed to recover. They neither accessed these healthcare facilities due to its closeness to their environment nor had any advanced information about the professional competencies.

> *… I am only sick. Whatever I can do to recover from this sickness is what I am doing. Not because the hospital is close by…PRT 3*
>
> *… Even if you were somewhere else, you see, what had happened to you any part of the body can drive anywhere you want to go to…PRT7*

4.5.2 Effects of Clinical Manifestations

This sub-theme demonstrated the effects of symptoms on men's decision-making process toward healthcare-seeking behaviour. The study revealed that participants experienced several and varied clinical signs and symptoms of their conditions such as *"pain", "feeling uneasy", "sperm or gel-like urine", "frequent urination (4 - 6 at night)", "retention of urine", "delayed urine flow" and "distention".*

> *... I started feeling some uneasiness in my genitals and also in my groin ... Sometimes, the urine comes with some sort of I don't know whether it is sperms or gel-like that and then it will stop... PRT1*
>
> *... The urine delays for sometimes before begin to flow. It even begins flowing small, small before finally begins to flow...PRT5*
>
> *... In the night when I wanted to urinate, the urine refuses to come out PRT3*

The most dominant of these clinical manifestations was the pain. Some participants described the intensity as *"severe", "unbearable", "burning" and "Indescribable".*

> *... On the night of this day, I was in this severe pain until the following day... the pain was becoming unbearable... it become extremely difficult ... PRT 3*
>
> *.... When the condition started, the pain associated was very unbearable ... PRT 7*
>
> *.... Burning pain in the lower abdomen.... Burning pain, burning pain and at a certain point a whole day, a whole night. No, no, no.... PRT 8*

From the data, most of the participants sought healthcare at the various health care centres due to the intensity of the pain.

> *... But in my case, the way and manner the disease came about, you have no other alternative than to rush to the expects [healthcare professionals]... Pain. Pain. Pain. What I am saying now I don't know how to describe it... PRT 2*
>
> *... Due to the severity of the pain, during these periods, I never knew how I got to the hospital... PRT3*
>
> *... Certainly, I went to the hospital because of the pain associated with the sickness...PRT 5*
>
> *.... The level of pain I experienced was too much for me. So, I became scared that I may die that is where I rushed to the hospital... PRT 7*

One participant claimed that the degree and the intensity of pain experienced caused him to lost hope of survival and thought his time of death was at hand. It took the timely interventions of the health team to still have him alive. He would have been died and gone long ago, had it not for health professional's timely interventions.

> *… Had help not come the next 20 to 30 minutes. I don't think I will be here talking to you. The pains cannot be described… I was sweating all over and I knew my time was due. Had help no come that material time, it could have been a different story… PRT 2*

4.5.3 Professional Competencies

Professional qualities and attributes encouraged men in their health-seeking behaviour. The study revealed that some participants sought and obtained healthcare at certain designated healthcare facilities due to the professional characteristics, qualities, and competencies exhibited by the professionals towards them. The manner the professionals approached and addressed their concerns motivated them to continue seeking healthcare at these facilities or insisted on been attended to by those particular specialists.

> *… He is very free… He is free to extent that when you get to him, he will give you a listening ear… He is not the type that is harsh on his clients… He is the type of person, that is free and the way the situation is with you he will allow you to express it…. With this, you are always happy…. PRT 4*

> *… Wooo. In fact, the specialist, he has got time for me. Well, I don't know whether it happens to me alone. Whenever I go to him, he has got time for me and ask me questions. Then give me advice as to how I should hold myself. So, I don't have any fears…. PRT 9*

Meanwhile, some participants had neither special preference based on previous encounters with the healthcare professional nor information referenced to the healthcare professionals. They just have to seek care at these facilities for professional attention because their interventions have failed them.

... I tried several things eventually, I had to rash myself to a nearby clinic… PRT 2

... I have tried all that I could do to urinate but they all failed. I bathed and drunk some water but the urine has not come. I entered my car and drove to Sogakope District Hospital to inform them of what was happening to me…PRT 7

Again, one participant even though went to the hospital for treatment, but did not wholly trust the competencies of the medical team. He was only counting and trusting God for the manifestation of his healing powers. He believed that God is the overall healer. He created the heaven and the earth. He bargained with God to take his soul if he knows that it's his time to leave the world.

... At this particular time, I was only hoping for God. Because he is the maker of heaven and the earth. If he is aware, I worship him solely and wholly and believe in him, then he should heal me… but if he knows that the time is due for me then I can die… PRT 5

4.5.4 Maturity and Exposure

This sub-theme focused on the influence of participants' maturity and exposure in their healthcare-seeking behaviour. From the data, some of the participants assumed total responsibilities for their health by deciding on when, and where to assess healthcare due to their maturity and exposure in life. They claimed that they were matured enough to be responsible for their health, and contributed significantly to the major decisions regarding where to obtain care, and who should provide the care.

... Yes. I am old enough to know that this is wrong with me so I should seek medical attention ... Yes, so my age also ... PRT 1

... Eeeeee… I am old enough that is why they cannot decide for me ... because I am well educated and exposed ...PRT 8

However, one participant believed that a participant's age as in numbers cannot play any significant role in determining and choosing a place to seek healthcare. An elderly person who had no exposure and advanced knowledge in the strength and competencies of the

healthcare facility and level of expertise of the professionals cannot make this all-important decision.

> *… I can only say exposure. You can be old. You can be hundred years meanwhile you have not had any experience with medical or health professionals, I don't think your age can maybe direct you to such thing… PRT 2*

Again, a participant claimed that he sought healthcare not because he was matured enough to assume responsibility for his health or experience in life. He was not also scared of death. He was motivated to live long to ensure that the children are gainfully employed and financially independent in the future.

> *… The only thing I keep on praying for is that God should help and provide my children with a job. Once that is achieved, it is fine. If I die today is good. I believe the best I can do I have done it. God is aware that I have done my best…PRT4*

4.5.5 Cultural Factors

Cultural belief is one of the concepts under health-related factors influencing the health-seeking behaviour of men. In the study, some participants had declined to the consideration and the influence of cultural practices in their determination of issues concerning healthcare.

> *… No, I don't consider any cultural issues. I don't deal with issues of culture … PRT6*
>
> *… In fact, I don't really believe in superstitions… going to this African culture, going to the soothsayers to find out what might be the cause of this or that no, no, no… I don't indulge in all that…. PRT 8*

One participant reported that some relatives suggested the performance of some cultural practices to ascertain the right of treatment, seek blessing and favour from their gods but he declined. This enraged the relatives and brought a misunderstanding between them.

> *… No, no, no. however, my nieces, sisters, brothers, and cousins suggested the performance of certain cultural rites but I declined. I don't live with those things hence my refusal to succumb to their suggestions. Their suggestion was to an extent that it generated misunderstanding between us… PRT 5*

Few participants held the view that issues of cultural practice in health-seeking provide misleading information, and involve wasting of funds and resources. There is no consultation with the gods without the request of sacrifices and rituals which invariably demand money. Meanwhile, the main constraint in the condition was funding.

> *…. there is no way they will perform their rites and there will be no message from the gods and no ritual activities to be performed…. [Laughter]. They will be saying a whole lot meanwhile you don't have the money to go to the hospital for treatment. They will ask you to buy fowls, goats, and others for some rituals to some gods. You will have all these perform yet the problem will persist… PRT 5*

Again, some participants believed that although health professionals die, with their professional advice and knowledge of treatment, the life of a sick person can be prolonged. They deemed health professionals as gods on earth. Therefore, assumed it is better to seek for health directives from the health professionals. This is because health professionals' directives with God's grace, will enforce recovery than to rely on superstitions. Reliance on superstition may only lead to death.

> *… "Though a doctor dies of a disease yet by medicine life can be prolonged" …. Go to the people who know or who are trained with our human problem. Go to them to advise you…. going to the soothsayers to find out what might be the cause of this or that no, no, no…. In fact, I don't really believe in superstitions…. these superstition and other things may not help you go anywhere. You will only die…. PRT 8*

> *… I convinced myself that whatever that happens is the wish of God, yet some are temptations. Any of them that happens to you, you have to hope on God. Doctors are the earthly gods. When you are sick, you will go to them [hospital]. When you go to them and they diagnosed the condition and start with their treatment, and when God agrees and permits, you will recover…. PRT 10*

However, one participant accepted and demonstrated the roles of cultural practice in his healthcare-seeking behaviour. He consulted with the gods, performed some rituals and sacrifices to seek the right course of treatment in the condition, and asked for favour and protection in the scheduled surgical operation.

… I went to enquire to find out the right courses that I have to take to undergo successful operations… I have performed some rituals and sacrifices to the gods for successful operations… PRT 3

The study further revealed that participants adopted various approaches to seek involvement and blessings of God in their healthcare. Most of the participants attempted to manage their condition through continuous prayers to God through Jesus Christ. They believed that God has created heaven and earth as well as man and living things. Therefore, he has the power to change everything. They prayed to command the enlarged prostate to reduce or decrease to normal size because Jesus Christ has given them power over all sicknesses.

> *… So, I prayed for some time. Pray, pray… I pray in the name of Jesus… Praying with the idea that the Lord himself has given me power over all sickness. So, I pray to cast it out… I command the prostate to reduce to normalcy for some time…PRT 1*
>
> *… The day the incident started, I was at the bathroom, I have prayed…. I have not ceased praying. I have been praying…PRT 7*
>
> *… You see, I am the Catechist of the local church here. Many people were coming, coming, coming and coming. Preaching, prayers upon prayers, prayers upon prayers…. PRT 8*

4.6 Behaviour Intentions

This section sought to address the question *"What are the behavioural intentions of men living with PCa toward health-seeking?"* Behaviour intention was also considered as a major theme to describe the mental readiness of a person to engage in a behaviour. The mental readiness of the participants was informed by their awareness of the likelihood of positive outcomes, prior educations or exposure, past experiences, and desire for precise treatment decisions. The sub-themes that were emerged from the behavioural intention were hoping for treatment, and information seeking.

4.6.1 Hope for Treatment

This is one of the concepts of behavioural intention. It described men's motivation to seek and obtain healthcare at a given healthcare facility. In this study, participants rushed themselves to the healthcare facilities after their interventions failed. They went with an expectation of professional expertise that would relieve them of their predicaments.

> *... I tried several things eventually, I had to rash myself to a nearby clinic... PRT 2*
>
> *... I only intended going to the hospital for medicine for the sickness to stop... PRT 4*

Few of the participants reported immediately to the hospital for treatment as they observed the clinical manifestations of the condition.

> *... I have not delayed healthcare seeking. Because just as it started, then we started attending hospital for treatment. We went to the hospital... As we have heard of the surgeons here, that was why we have come ... PRT10*

Few of the participants also visited several hospitals because they had not realized the desired and expected improvement in their condition after undergoing the prescribed treatments.

> *.... At first, when I started urinating often and often, I realized that the rate is becoming too much. So, I went to the Sogakope District Hospital... at the hospital, I told them the rate at which I have been urinating but they have not confirmed to me that it was due to prostate problems but they have just given me some medications. After taking the medication, the rate of urinating was not changing so I went to Kpando Margaret Marquart Hospital.... PRT 6*

A participant reported that he had visited several hospitals with the hope of accessing the desired specialized treatment. But due to a lack of right information regarding the designated facility to access the desired specialized and advanced treatment led him to several hospitals.

… I was rushed to the hospital in Tema … they referred me to Ashaiman Hospital… they picked me to Battor Catholic Hospital… they directed us to the Sogakope District Hospital…PRT 3

However, one of the participants delayed treatment to later days by dodging the specialist who suggested further investigations for the confirmation of the diagnosis.

…. It started when I feel that there are certain things wrong with me. I used to urinate regularly which is abnormal… So, I went to seek medical advice at the Sogakope District Hospital with the specialist, and he told me to bring an amount so that a sample will be taken from somewhere and send to Korle - Bu for analysis to see if there is something developing there as cancer. So, in fact, I started dodging that hospital. I have no more been going there. Eventhough, this thing persists. I have not been going there. I always go to Comboni Hospital. When I complained, they also advised me to see the specialist at Sogakope district hospital but I don't normally go…. PRT 8

4.6.2 Information Seeking

This sub-theme illustrated men's knowledge sources regarding healthcare. In this study, participants sought information from various sources about their condition. This information ranges from the place of care to the intervention option. Some participants sought information from friends, relatives, and health professionals.

… I have sought information from people about what was troubling me and they advised me to go to the hospital … fortunately, there was this nurse that came around… I informed her of my problem…then she said there is this doctor at their hospital. He is a specialist urologist… PRT 4

… The doctor told me that they can remove it through surgical operation but they don't perform such surgeries here. But at the Sogakope District Hospital, there is a specialist urologist and when you go and it is necessary, they can remove it…. PRT 10

Two participants sought information from known patients who were experiencing the problem or have experienced the problem and have successfully recovered.

… These people that were suffering from prostate conditions and I enquired from them …. They mentioned to me that the doctor at the Sogakope District Hospital is a specialist in prostate conditions (urologist) …. Yes. I sought information from people especially those that have suffered the condition… PRT 6

… I heard from people who had the problem… PRT9

Furthermore, some participants claimed to have read about their condition.

… I read a little about it … whenever I go to the hospitals and I see the posters, I go closer to them and read to add to it…PRT1

… I have been reading pamphlets and posters along the hospital walls… PRT2

While some participants learned about their condition from radio and television sets.

… I have been hearing all this on the radio… I have been listening to these sorts of education on the radio all the time…PRT 6

… I heard people talking about it on Tongu FM…PRT 1

… I have viewed it on television for some time…PRT 9

4.7 Behaviour of men towards health seeking

This theme is directed at answering the question *"How is the behaviour of men living with PCa towards healthcare-seeking?"* The study revealed that the participants demonstrated several actions towards healthcare seeking. These actions assumed diverse forms. Some of these actions were openly or closely exhibited. As a result, four 4 sub-themes emerged from the theme namely personal management, secrecy, medication adherence, and combination of treatments.

4.7.1 Personal Management

This sub-theme described the various interventions employed by men with PCa in alleviating symptoms of their condition. The data indicated that during the onset of the condition, almost all the participants had undertaken various interventions to relieve themselves of the unexpected and unbearable clinical manifestations of the condition. Few of the participants applied Robb ointment to the areas to relieve the associated pain.

… I applied Robb (ointment) on it for some time and then it goes off …PRT 1

Few of them also applied warm compresses to some areas of the body where their pains were allocated.

... I performed warm compresses around the lower abdomen and waist… PRT 5

One of the participants reported that he bathed several times thinking that it was due to the insufficiency of the water, and drank more fluids for instance water to apply more pressure on the area to open or to enhance the flow of urine.

... Honestly, I bathed and bathed… for bathing, it was not only once. I have bathed thinking that the water was not sufficient that is where I was not able to urinate… I drank water too, on several occasions…PRT 7

Most of the participants have taken some herbal concoctions either self-prepared or prepared by the relatives to relieve them of the pain accompanying the urine retention or to open up the urethral for the urine to flow out.

... As I started having frequency in urination, all the herbs that I know that treat frequency of urination, I prepared them and used them…. PRT10

... He told me to go and get penicillin and palm wine. When I use it, I will be fine… I mixed one bottle with the palm wine and took… PRT 3

... I started shouting for help… Various people came with their herbal medications for me to take and I took…PRT 5

However, one participant did nothing at home but rushed to the hospital for intervention.

... I have not done anything. I just went to the hospital at once…PRT 4

4.7.2 Secrecy

Secrecy is one of the concepts under behaviour. The study indicated that few of the participants considered their sickness as an issue of privacy and secrecy. They viewed discussions centred on and surrounding their condition as a gross exposure of man's masculinity and issues of private content to the society.

... This sickness is something like you are exposing your sexual ability or inability to the public. So, I didn't tell friends that this is worrying me. Sometimes at church, they talked about it but I didn't come out boldly that this is my problem… It is privacy … I will find it very much unusual to go and be telling people what is happening to me. I cannot urine, probably my wife's refusal for sex, and all those things might have caused this thing. I don't feel easy telling people so I didn't tell anybody…PRT 1

Moreover, one of the participants felt ashamed of discussing or mentioning their condition to people. Due to his positions in the society coupled with his job, he was afraid of societal negative interpretations. He presumed that people may wrongly judge him contracting sexually transmitted infections (STIs) especially gonorrhea through his amorous sexual activities with his secret numerous sexual partners. Hence, he preferred total silence over his condition to avoid public ridicule.

> *… Not for me alone. Among males' sicknesses, the most common one is gonorrhea. That is what people know so if you go mentioning some conditions, once people do know of it, they will take it for granted and once I am a pastor, they will associate their interpretations to it [gonorrhea]. They might say that he is not holy. He keeps on sleeping with women and contracted gonorrhea… For the type of sickness, anytime I go to give testimony for people to know the particular condition I suffered, I don't say it...PRT 7*

However, the majority of the participants did not feel ashamed or stigmatized speaking about their condition. They believed that sickness is natural, inevitable, and can affect anybody at any time as well as families.

> *… Wooo no. as for sickness, it can come at any time. So, I don't feel anything. I feel it is a normal issue… when it happened? Ah! Yes. Whoever comes to me I told him what actually happened to me… PRT 9*
>
> *… It didn't induce any feeling of shyness or stigma. Those that are familiar I told them especially, my wives… this sickness does not make me shy in any way. The education about it made me to understand that it is natural… PRT 6*
>
> *… In my case, there is no shyness because sickness can affect any part of your body. If you have not committed any sin or offended anybody and you have fallen sick, there is no need for you to be ashamed of it... PRT 10*

Some participants wonder why they should be ashamed of sickness. They easily share their condition with people especially those that are familiar with them.

> *… Oh. How can I be ashamed of sickness? Not at all …p3*
>
> *… Nothing, nothing, nothing. Nothing at all. Nothing at all. I don't feel shy or stigmatized when talking about it… PRT 8*
>
> *… Woooo. No. the way I have gotten healing, so I wish for everybody…Wooo. I have been telling my colleagues… PRT 4*

4.7.3 Medication Adherence

This sub-theme describes the commitment and reliance of men on the medical directives. In the study, most of the participants adhered to the treatment regimen by keeping to medical treatment directives and review dates.

... I am only on the hospital prescribed medications… PRT10.

... Presently yes. Now, I am solely on the hospital medications… PRT2

... I have been regular. The doctor will give me an appointment to see him at the clinic which I have been doing to date… PRT2

However, the participants expressed various reasons for their medication adherence. Some participants followed strictly the treatment regimen directed by the medical healthcare professional because they had no other means of treatment, and had seen it as the only means of survival and good health hence, struggle to achieve it.

... I didn't have any personal treatment for this. No. I didn't… PRT 1

... I believed that it is only the doctor who can treat men ... PRT2

... Because I am also struggling to be healthy…. because of that any appointment date that is given… I don't skip or miss it. I am always there, and regular… PRT 4

But due to the challenges associated with the condition, few of the participants did not adhere strictly to the medically prescribed medications. They explored other forms of medications as well.

... Honestly, the way I have suffered with the condition, I have looked for other drugs with the mind that once I take them the urethral should open… PRT7

4.7.4 Combination of Treatment

In the interview, most of the participants out of desperation for cure and quest for early relief from the difficulties associated with the condition, mixed medically prescribed medication with the herbal medications. They used the two forms of medication concurrently.

… I tried a couple of that herbal medication alongside the medical treatment… PRT 2

… I combined all the medicines given to me at the hospital and that of the Medi Moses herbal medicinal centre …. PRT 7

… I may say, I relied only on the hospital prescribed medication. But since I know some herbals, I do prepare those herbs to take…PRT10

Some participants abandon the medically prescribed medications completely for herbal medication. They then resumed the administration of the medically prescribed medications when they had finished with the herbal medication.

… I started with medically prescribed medications first. But when I started with the herbal medication, I stopped using the hospital prescribed medication. Because I cannot mix the two medications… PRT 3

… I was having the hospital prescribed medications. So, as I was using it [herbal medicine], I stopped using the hospital medications. It was when I have finished using it [herbal medicine] and I went home, was when I went back to the hospital… PRT 6

… I have stopped taking the hospital prescribed medications…. PRT7

However, one participant also used some forms of herbal medications concurrently with medical medication. The intention was not to treat the underlining condition but to rather promote good living and health.

… These medicines are not directed to treating the particular condition but they are herbal medications for good life… to enhance healthy living I use these herbal medicines… PRT 6

Furthermore, some participants never break the administration regimen of the medically prescribed medications. They were committed and religiously followed the administration regimen until the dosage has finished. As they waited for the date of review for the new set of medications, that they switched over to the locally prepared or herbal medication. They used the herbal medication as a stop-gap measure to wait for their review date.

… Let's say they give me 2 months to come for review when I finished with the medicine, I then go to concentrate on this herbal one… PRT 8

… For hospital medication, they have given me some periods and directives regarding how I should administer it so for my self-prepared herbal medicines, I have been using them on different days before the days of the hospital prescribed medications… I drink it before I continue with the hospital medication…. PRT 10

4.8 Finding Summary

A total of 10 participants living with PCa with ages of 60 – 68 took part in the study. With the guide of thematic content analysis, five (5) themes emerged from the health-seeking behaviour of men living with PCa. From the study, the participants demonstrated both positive and negative attitudes toward health-seeking behaviour. The study revealed that the participants exhibited these positive attitudes because they believed in the health system, they were afraid of delayed adverse effects of the condition, and desire to regain their normal state of health. However, the negative attitudes were due to the high treatment cost and the ignorance of the early signs and symptoms.

Socially, the participants experienced no external pressure determining their directions of treatment. The final decisions regarding directions of treatment and treatment choices were made solely by the participants. They had absolute control of this decision because they were mature and more exposed. Moreover, the participants enjoyed massive financial and emotional supports as well as recommendations from their social network. These supports encouraged and facilitated a lot in their pursuit of a cure. Nonetheless, some participants were sceptical and feared for societal perceptions and misinterpretation of the condition of their condition as such kept it secret, and resort to self-medication.

Also, health-related factors such as healthcare accessibility, effects of clinical manifestations, professional competence greatly influenced the health-seeking behaviour of men. From the study, most of the participants sought health care because the facilities were close by, or due to the worrisome effects of the clinical manifestation of the condition, or they were inspired by the professional competencies. Interestingly, however, cultural perceptions and views did not play any role in influencing the health decisions of the participants. The participants did not consider any views of culture in their health decision making relative to their healthcare-seeking.

Furthermore, all men living with PCa intended to secure treatment to enhance their survival. But lack of knowledge about the condition and where to access the desired treatment had forced participants to seek information. Most of the participants sought information from their social networks, health care professionals, and known people suffering from the condition. Moreover, the study indicated that some participants also reported at the hospital for medical assistance because their known interventions failed them or had no knowledge of managing the condition.

Finally, the study showed that all participants accessed conventional treatment. But the struggle for survival has compelled some participants to seek other forms of treatment. While some participants however abandoned the conventional treatment for the non-orthodox treatment, some participants used both forms of treatment concurrently. Even so, some participants used non-orthodox treatment because it was sanctioned by the significant others.

CHAPTER FIVE

DISCUSSION

The study explored the healthcare-seeking behaviour of men living with PCa in the Volta Region of Ghana. The Theory of Reasoned Action by Fishbein and Ajzan (1980) was employed as a theoretical framework to structure the work. Considering both the objectives of the study and the constructs of the theoretical framework, the discussion of this study is structured under the themes that emanated from the study such as attitude, subjective norms, health-related factors, behavioural intentions, and behaviour.

To set the ball rolling, a brief discussion of the demographics of the participants was done followed by the discussion of the major themes as well as the sub-themes.

5.1 Demographic Characteristics of the participants

The ages of the participant in the study ranged from 60 – 86. This age range is consistent with other studies in the literature (Harvey & Alston, 2011; Hoffman et al., 2018; Medina-Perucha et al., 2017). This indicates that this condition is mostly found among the older population (Fish et al., 2015; Forbat et al., 2014; Medina-Perucha et al., 2017), and the chance of an individual developing the condition increases significantly as the individual aged 45 years and above (Bechis, Carroll, & Cooperberg, 2011; Vickers et al., 2013). This implies that men between the ages of 45 and above should be encouraged to be regularly screened for prostate disorders especially PCa.

In terms of religion, almost all the participants 9 are Christian and only a participant is a traditional religious believer. This showed that majority of the population in the Volta Region for that matter Ghana practice Christianity. This was confirmed by the Ghana Statistical Service in the last population and housing census conducted in 2010. About 71.2% of the population are Christians (Nortey, 2013). Irrespective of religious

affiliation, most of the participants have a religious interpretation of the condition. This suggests that spirituality influences the interpretation of health conditions as reported by other studies (Taylor, 2019; Visser, Garssen, & Vingerhoets, 2010). People engaged in various forms of prayers to seek God's healing, interventions, favour, and direction in their healthcare-seeking. This suggests that religion prepares men to accept, and strengthens their faith to cope with their conditions better (Bowie et al., 2017).

Regarding education, most of the participants of this study had a formal education of different levels with 3 of them obtaining a university degree. Only a participant had no form of formal education similar to other studies (Abubakar et al., 2013; S. Dotson et al., 2015). This is perhaps because most of the participants are from urban areas of the region where education is highly appreciated and cherished. This, however, has not been manifested in their desire and interest in early health-seeking to be abreast of their health status. This opposed the finding that education prepares individuals adequately to function on their health decision making towards healthcare intervention seeking as well as health promotion (McCoy et al., 2011). Most of these educated participants demonstrated a complete lack of prior knowledge of the condition. This is in contrast with the assertion that men with higher educational levels have much knowledge of their conditions and prefer early treatment than counterparts of less educational level (Zhang et al., 2015).

Given the period of living with the condition, few of the participants lived with the condition for the period between 3 - 6 years while most of them lived with it for just one year. In this, half of these participants were kept on chemotherapy while the remaining 5 participants had undergone surgical operations. This agrees with the previous study by Zeliadt et al. (2010) that out of 198 newly diagnosed men with PCa, 59 % of them chose surgery while 41% opted for chemotherapy. This means that newly diagnosed patients with a first stage or second stage cancer are managed on chemotherapy to suppress the

growth of the cancer cells. And those diagnosed with advanced-stage cancer can only be managed with surgical intervention. Therefore, the need for men within the risk age groups to regularly go for checkup for early detection and treatment to avert complications.

All the participants are married with many children similar to the literature (Ettridge et al., 2018; Medina-Perucha et al., 2017). Most of these participants have children ranging from 5 to 24. Only a few of these participants were having 2 and 3 children respectively similar to the literature (Abubakar et al., 2013; Moe Dr. et al., 2012). Most of these participants with larger family sizes reported to the hospital with an abnormal frequency of micturition while those with little or smaller family size came to the hospital with retention of urine with abnormal pain intensity. This invariably implies that men with larger family sizes engaged in more sexual activities which reduced their risk of the condition than men with less family size. Because high sexual activities per month protect men against PCa (Foley, 2015).

5.2 Attitude of men Living PCa towards Health-Seeking Behaviour

The study showed that men displayed both positive and negative attitudes toward health-seeking behaviour. The attitudes exhibited are consistent with other studies in the literature (Frijters et al., 2012; Seidler et al., 2016; Teo et al., 2016). This implies that although the attitude of men towards health issues is subjective, it is dependent on the participants' evaluation of the situation based on their knowledge. For instance, men with adequate knowledge of PCa and its delayed treatment effects are always zealous to undertake early screening or treatment than counterparts with less knowledge (Yeboah-Asiamah et al., 2017; N. Zhang et al., 2015). This means that the government and health institutions should regularly embark on educational campaigns to broaden the knowledge base of men on male-related conditions especially PCa.

The study again tried to gain a better understanding of the health-seeking behaviour of men with PCa, and noticed that the belief system influences the health-seeking behaviour of men (Singer et al., 2016). The finding revealed that most of the participants sought orthodox healthcare because they believed in the health system. The participants believed that orthodox facilities have the professionals trained and equipped with the necessary skills to treat them. This finding is contrary to the previous study that views orthodox treatment as mechanical, disappointing, and too toxic. It concludes that doctors are not the only intelligent people on earth as such do not trust their judgments (Griffith et al., 2011). This disparity may be due to cultural variations of the participants. Gyasi et al (2016) stated that peoples' belief system drives them towards treatment modalities that are in harmony with their belief system. Therefore, healthcare professionals should consider the role of the peoples' belief system in the planning and formulation of health policies. The implementation of these policies should conform to the dictates of the belief systems.

Again, the study revealed that some participants only saw orthodox treatment as the last resort after been disappointed with non-orthodox treatment. This finding is consistent with the other findings in the literature (Ng et al., 2013a; Yarney et al., 2013). This confirms the men's vulnerability that results in negative attitudes such as masking of symptoms, and deferment of healthcare-seeking (Clement et al., 2015). This is due to an inherent fear and misconceptions of the medical procedures and perceived treatment side effects (De Sousa et al., 2012; King et al., 2015). Men become sceptical about the treatment process (Seidler et al., 2016; Teo et al., 2016) and wish to visit the hospital with only serious medical problems (Griffith et al., 2011; Ng et al., 2013b). To effectively alternate these negative perceptions among men, the healthcare professional should

encourage open discussions where men's misconceptions can be addressed to demystify their fears.

Furthermore, the behavioural attitudes demonstrated by the participants to ensure recovery from their condition contradicts the earlier findings that men exhibit poor attitude towards healthcare-seeking (Nakandi et al., 2013b; Quillin et al., 2018; Thompson et al., 2016). The disagreement in these findings may be attributed to the inaccessibility of healthcare and lack of knowledge of where to access the desired healthcare. Indeed, the instinct of self-preservation actuates men to traverse every length to access health should the place of desired health service is known (Frey, Savage, & Torgler, 2010).

Again, Nolting (2020) noted that men are motivated to seek healthcare at a designated facility because of the available information about the facility or professional characteristics. Lack of accurate information about a place of care and or on professional competences greatly affects men's health-seeking behaviour. Agyemang-Duah, Arthur-Holmes, Peprah, Adei, and Peprah, (2020) emphasized that adequate health information especially from trusted sources promotes health. Therefore, there is a need for a health information centre in the public domain for easy accessibility of information about the location of the specialized services to enhance men's health-seeking behaviour.

Besides, the finding indicated that some participants entertained some degree of fear relative to their condition. The consequences of this fear indicated in this study contradicts the findings in the literature that men avoid health-seeking because they are afraid of the diagnosis (Griffith et al., 2011; Medina-Perucha et al., 2017; Persoskie et al., 2014). The inconsistencies in these outcomes may be due to the differences in the participants' educational levels. King et al (2015) noted that lack of education and information about prognosis, treatment, and side effects generates uncertainty, fear, and

panic and discourages healthcare seeking. Participants that are well informed of their condition and treatment options are well-conditioned to seek healthcare service without fears (Joseph-Williams et al., 2014). This means that mass media must outline health educational programmes on their airwaves to keep the people abreast with the much-needed health information to disperse their fears. This is because the fear associated with the condition, and the extent to which a condition is perceived as life-threatening influence the health-seeking behaviour (Davison & Breckon, 2012; Jones et al., 2015).

Another finding of the study indicated men's desperation for immediate remedy instigated them to exploring all activities and interventions available. The results of men's desperation in this study concurs with other finding that out of desperation and frustration, men seek various forms of treatment and other assistance (Vivien et al., 2013). The consistencies in the findings can be attributed to the man's natural desire to be free from pain. Men who experience severe pain seek early treatment (Emery et al., 2013; Nyalela et al., 2018). This finding, however, contradicts another study which avowed that men express aversion towards some PCa screening and treatment procedures, for instance, digital rectal examination (DRE). They claimed that this treatment procedure violates manhood perception and likened the procedure to the act of homosexuality (Harvey & Alston, 2011). The disparity may be due to their cultural differences and their perceptions of masculinity ideology. This implies that healthcare professionals should be more circumspect in their recommendations because men might not comply with them if the recommendations contravene their personal or cultural views. Patients are determined to settle for any specialized care that respects their cultural variations (Rahman et al., 2012).

Also, the effects of men's stoic mentality demonstrated in the current finding is similar to the earlier studies that men perceived themselves stronger and resilient as such refuse health-seeking (Harvey & Alston, 2011; McAteer & Gillanders, 2019; Olanrewaju

et al., 2019). The male gender is traditionally perceived as superior and resilient in all contexts (Harvey & Alston, 2011). Therefore, health-seeking in issues involving the reproductive system signifies weakness (Marcos et al., 2015; Torres et al., 2017; Zanchetta et al., 2017). Most especially, when the healthcare provider is a female whom they consider "the weaker sex" (Moore et al., 2013; Olanrewaju et al., 2019). Literature indicates that for this purpose men are continuously searching for an opportunity to acquire healthcare competencies to steer their health affairs (Ettridge et al., 2018; Yun et al., 2016).

As a result, some participants of the current study treated their condition as a matter of privacy and secrecy. This perception may stem from the cultural norms that overrated and elevated male status and prevent men from even discussing certain issues with women (Olanrewaju et al., 2019). Therefore, the counseling services for men living with PCa should be more focused on the views of masculinity ideology. Effective discussion with men on the issues of masculinity will help reshape their perceptions and hence enhance their attitude towards health-seeking behaviour.

Furthermore, timing in its essence is crucial in health, and it plays a significant role in influencing the health-seeking behaviour of men. The concerns and value of time expressed in the study are consistent with the previous findings reported by Hvidberg, Wulff, Pedersen, and Vedsted (2015) and Williamson, Ramirez, and Wingfield (2015). Williamson, Ramirez, and Wingfield (2015) reported that some men avoid professional healthcare-seeking because of the long waiting time for treatment. They therefore perceive visitation to healthcare professionals for treatment as time-wasting. This suggests that it is necessary for the authorities of the various cancer healthcare facilities to adopt new strategies and modern technologies to speed up health service delivery. Timing should be the hallmark of their service delivery. Chan, Lee, and Low (2018) reported that lack of

time is one of the major reasons for deferring health screening among men. Therefore, the employers must introduce weekly health screening exercises into their work schedule where health professionals can visit them at their workplaces for screening and treatment.

5.3 Subjective Norms Influencing the Health-Seeking Behaviour

This study showed that participants decided to seek healthcare on their own without coercion and authorization from anyone. This finding is contrary to the previous literature that suggested that spouses and relatives encourage men on healthcare utilization (Buckley & Ó Tuama, 2010; Fish et al., 2015; Forbat et al., 2014; Tong et al., 2011). It is believed that although health is subjective, it affects society. As such societies have certain perceived expectations as the right pathway of dealing with issues of health and healthcare (Bobek et al., 2013; Metheekul & Namanee, 2012). This outcome disparity may be attributed to men's authority in their families. Men assume this status because they are always the oldest. This gives men the right and power to decide when and where to access healthcare. This confirms a finding of a study among older Chinese men that older men prefer total control over decisions on their healthcare (Zhang et al., 2015).

Furthermore, the study demonstrated that the high cost of treatment was one of the major causes of delayed health-seeking behaviour. This finding is consistent with other studies (Griffith et al., 2011; Teo et al., 2016). Again, the study found that due to the high cost of treatment, patients avoided health screening, and overlooked clinical manifestations of conditions. This finding is similar to the study among rural male health workers in western Jamaica (Bourne, 2010) and the result of a systematic review conducted among the low socioeconomic status population in Singapore (Chan et al., 2018). This shows that the impact of the high cost of treatment on health-seeking behaviour is not limited to the developing worlds but it affects also the people of the

developed world. The government must intervene with workable financial policies to assist and facilitate the health-seeking behaviour of men especially in the area of PCa.

Moreover, the study identified that participants solicited and relied on financial assistance from various sources. This finding is consistent with the literature (Pedersen et al., 2011; Yun et al., 2016). A study conducted in Goma, Democratic Republic of Congo noted that elderly men receive financial supports from the family and non-formal sectors for their healthcare (Lutala, Kwalya, Kasagila, Watongoka, & Mupenda, 2010). The financial commitments of family and organizations to facilitate healthcare-seeking behaviour implies that the management of men with PCa must involve the family and the financial organizations. Financial assistance and encouragement from social networks boost men's health-seeking behaviour (Pedersen et al., 2011). Patients with financial supports report for treatment with every ailment while patients with financial constraints skip treatment (Idris et al., 2019)

When men are confronted with a disease like cancer, they seek information and support in various forms. The finding of the current study that the participant had advice and encouragement from many sources is consistent with the literature (Buckley & Ó Tuama, 2010; Carter et al., 2011; Forbat et al., 2014). Men seek information about the condition, place of care, treatment modalities, treatment side effects, and competencies of the healthcare providers (Carter et al., 2011; Uddin et al., 2012). The study further indicated that the participants sought information from their children, friends, health professional, and some organization. This finding also conforms to other studies that men seek information and support from the family, friends, known people who have experienced the condition, and the healthcare providers (Ettridge et al., 2018; Hyde et al., 2017).

Also, the spouse and relatives seek and gather information (Buckley & Ó Tuama, 2010; Fish et al., 2015; Forbat et al., 2014; Tong et al., 2011). The consistencies in these pieces of evidence are due to the gregarious nature of mankind. Man lives in association with society such that there is both an equal and opposed influence on the other that cannot be avoided and separated (May, 2011). The roles of the men's social network in the healthcare-seeking indicated that healthcare institutions should involve them in the management. However, upon second thought, the spouse's assumption of absolute responsibility of men's healthcare may contradict men's positions on masculinity. This is because some communities forbade men from discussing certain information with women (Olanrewaju et al., 2019).

The study identified that participants sought healthcare assistance from multiples sources for instance allopathic and non-allopathic sources. This finding is consistent with a previous study conducted among cancer survivors in the USA that indicated that patients made use of both forms of treatment (Fouladbakhsh & Stommel, 2010). These pieces of evidence are similar to another study done among cancer survivors in Norway. The study reported that patients used orthodox medicine with complementary and alternative medicine (Kristoffersen et al., 2013). This implies that the adoption of a pluralistic manner of healthcare-seeking is unlimited to low economic states but can also be found in the more economically endowed states where health services delivery is par excellence.

Another finding of the current study identified various reasons for participants' usage of multiple treatments. These reasons are largely consistent with the existing literature (Kristoffersen et al., 2013; Sato, 2012; Yarney et al., 2013). Vivien et al. (2013), stated that some participants mixed treatment out of desperation, frustration, and out of curiosity to try anything that can solve their problem. Another study in Ghana opined that men opt for alternative medicine because it is natural, has no or little chemical, has

minimal or no side effects, easily accessible, and less expensive (Gyasi et al., 2016). The participants also believe alternative medicine is compatible with their cultural beliefs and practices, trust in the competencies of the practitioners (Gyasi et al., 2016; Yarney et al., 2013). Moreover, the form of alternative medicine used by the participants in the current study conforms with those in the literature, such as herbal, massage herbal, megavitamins, and Chinese medicine (Gyasi et al., 2016; Sato, 2012; Vivien et al., 2013; Yarney et al., 2013).

Also, the study found that the participants heard of the alternatives medicine from several sources. The sources are similar to the finding in the literature (Kristoffersen et al., 2013; Yarney et al., 2013). The participants heard of these medicines through spouses, relatives, friends, mass media, health personnel, complementary and alternative medicine (CAM) practitioners, church, and religious groups (Olbara et al., 2018; Yarney et al., 2013). Media advertisements spread the majority of all health-related issues of men and influence their healthcare service utilization (Acharya et al., 2015; Zanchetta et al., 2017). To get to the larger population of men with PCa, alternative medicine practitioners advertise their products on several media channels such as the internet, radio, television sets, and newspapers. The alternative medicine practitioners throw an open invitation to men to their facilities (Kyei et al., 2017; Muriuki, Midiwo, Mbugua, & Gikunju, 2010). As such, orthodox facilities should develop a strategy to inform and attract men to access their services.

However, the finding revealed that some participants declined the usage of alternative medicine in the management of their condition. The reasons for the refusal agrees with existing literature (Sitaresmi, Mostert, Schook, Sutaryo, & Veerman, 2010). Some participants declined the use of alternative medicine because they had no faith in its effectiveness, and had been discouraged by those who had used alternative medicine

(Yarney et al., 2013). Nevertheless, this indicates the need for more researches into complementary and alternative medicine to ascertain its efficacy in the treatment of PCa. The government should adopt means to integrate complementary and alternative treatment with the orthodox treatment.

5.4 Health-related factors influencing the intention of men to seek healthcare

Health seeking behaviour of men with PCa is influenced by many factors (Fish et al., 2015). The underpinning theoretical framework of the study suggested that the attitude of men coupled with perceived subjective norm accounts for the behavioural intention of men to undertake activity towards healthcare. However, from the data, other factors besides the aforementioned constructs of the theoretical framework had contributed to the health-seeking behaviour of men living with PCa. These factors include healthcare accessibility, effects of clinical manifestations, professional competence, participants' maturity and exposure, and cultural factors.

These factors of the current study are similar to factors identified in the previous study among rural dwellers in the Bongo district by Adongo and Asaarik, (2018). These findings are similar to another study that measures male teacher's perceptions, knowledge, and attitude about PCa screening in the Sunyani Municipality (Yeboah-Asiamah et al., 2017). The consistency in these findings may be expected since these studies were conducted in the same country where men largely share almost similar perceptions with cultural interpretation to issues of male significance. This means that factors of influence in men's health-seeking behaviour are of no difference among men in Ghana irrespective of their geographical location.

This study again noted that access to healthcare facilities is one of the major factors influencing the health-seeking behaviour of men. The study found that most of the

participants patronized health facilities accessible to them. This finding conforms to the study by Odaman and Ibiezugbe, (2014) that elderly men utilize health services because it was accessible to them. These patients perhaps patronized these nearest facilities due to a lack of information about where to access the specialized treatment needed. Every patient expects receiving the best treatment that will expedite recovery (Van Der Hoeven et al., 2012). This desire supersedes the high transportation cost and even distance to cover to access good healthcare. This buttressed the result of a study conducted between closely and sparsely settlements in wales. The study opined that patients were ever determined to travel any distance to access good healthcare irrespective of time and cost (McGrail, Humphreys, & Ward, 2015).

Nonetheless, the lack of knowledge regarding the right facility to access the specialized care identified shows that there is complete silence on information regarding specialized service delivery facilities that could ease men's location of these designated facilities. Many of these men located these specialized facilities through scattered information from their social networks. As stated that spouses and relatives seek, gather, and process information for their men (Fish et al., 2015; Forbat et al., 2014; Tong et al., 2011). This contributes to time-wasting and delayed health-seeking behaviour (Haggerty et al., 2014). Therefore, Ministry of Health and the various healthcare institutions should establish a telecommunication platform where potential patients can access information necessary about their conditions and designated places of specialized treatments.

Clinical manifestations associated with PCa is one of the burdensome and scaring effects of the condition (Emery et al., 2013). The study found that participants living with PCa manifested many signs and symptoms with pain as the most dominant symptom. The severity of these signs and symptoms especially pain contributed to the participants' patronage of healthcare facilities. This finding conforms to the literature that suggested

that men who experience severe symptoms report for early treatment (Emery et al., 2013). This confirms to the earlier assertion by Nyalela et al (2018) that men access healthcare when their condition is very painful. This is because pain when not properly controlled, has detrimental and negative effects on quality of life (Green, Hart-Johnson, & Loeffler, 2011).

Pain is subjective, and it is what the sufferer says it is (Wettstein, Eich, Bieber, & Tesarz, 2018). These participants might have been enduring these pains for a long, and perhaps reported for healthcare only as they realized that the condition has become persistent and overwhelming. As such healthcare professionals require training to provide optimal and timely intervention necessary. Again, this demonstrates men's underestimation and inadequate knowledge of pain. There is therefore the need for mass media education on pain and its implication to increase the knowledge base of men. Because knowledge they said is power (Fogg-Rogers, Bay, Burgess, & Purdy, 2015). According to O'Hara et al (2012) and Jung (2014), media education increases the awareness and knowledge of men and positively influences their health-seeking behaviour.

Professional competence is another discovery in this study. Some participants mentioned that the manner they were approached, and had their concerns addressed motivated them to continue seeking healthcare at these facilities. This finding is consistent with the previous studies that describe the cordial relationships between the participants and healthcare providers as the motivation for their healthcare-seeking behaviour (Nolting, 2020; Nyalela et al., 2018). Literature indicates that some men have a very good and cordial relationship with their healthcare providers to the extent that they discuss any issues related to their health (Griffith et al., 2011). As a result, about (82.9%) of the participants report early for treatment (Nyalela et al., 2018). However, this finding of the current study is inconsistent with other previous studies (Nyalela et al., 2018; Rahman et

al., 2012). They described their relationship as non-existent, and distant. The professional qualities demotivated them from seeking healthcare (Nyalela et al., 2018). Another study in Bangladesh among tribal groups Bengali described the healthcare professionals as disrespectful, ignorant of emergency, and phlegmatic (Rahman et al., 2012).

Again, Griffith et al. (2011), suggested that some men refused seeking healthcare because of the harsh tone used by the healthcare providers on them. This disparity may be attributable to the cultural variation of men. Singer et al. (2016) opined that human attitudes and characteristics are determined by their cultural values and beliefs. These values and beliefs influence men's perceptions and responses to situations. Therefore, the need for the government and health training institutions to introduce into the health professional training curricular cultural competency training module. A module that will afford trainees, and practitioners the opportunity to appreciate the impacts of cultural values and beliefs on the health-seeking behaviour and healthcare delivery of older men (Agness-Whittaker & Livia, 2016).

The study revealed that participants assumed absolute control and took decisions regarding their healthcare because they were of age, matured, and more exposed in life. Maturity shows the reasoning capacity and level of autonomy of a participant (Chima, 2015). The impacts of the participant's maturity and exposure in the current study conforms to other findings in the literature that explained that maturity communicates the rights, and impacts of men regarding health service utilization. (Davison & Breckon, 2012). Literature reported that matured and experienced patients seek further clarification from other sources such as professionals and the internet to inform their decisions (Chima, 2015). This shows that the participant's age, maturity, and exposure affords them the autonomy, and power to decide and choose the appropriate treatment options (Zhang et al.,

2015). As such healthcare providers must listen and consent with the elderly patients before their final decisions.

Men's inclination to the cultural belief determines their health-seeking behaviour (Singer et al., 2016). The finding of the current study indicates that most of the participants denounced the influence of cultural beliefs in their health-seeking. This finding is incongruent with the previous study by Yew and Noor (2013), that noted that cultural beliefs of men contributed to how they view, appraise and respond to an impending condition. It determines the intervention preferences, be it orthodox or traditional medicine. This finding disagrees with the earlier study that suggested that men are unwilling to seek health when experiencing problems because they are stronger and tough (Olanrewaju et al., 2019).

Additionally, the finding indicated that cultural beliefs and practices were misleading, time-wasting, and involves wastage of limited resources. The participants perceived health professionals as representatives of God on earth. Therefore, they preferred professional treatment to submitting to the superstitions of cultural practice. These disparities in the findings may be due to the educational level of the participants of the current study. Most of the participants 9 (9%) were educated, of which some obtained university degrees. This buttressed the earlier evidence that education prepares individuals adequately, and improve their abilities to appraise health situations (Sørensen et al., 2012). Although there was an appreciable increase in awareness of the detrimental effects of cultural beliefs on health-seeking behaviour, it exists in literature even in the advanced worlds. This implies that more need to be done to encourage men to keep to the trending course of health-seeking behaviour exhibited in the current study.

Interestingly, the study further identified that some participants adopted religious approaches to the management of their condition. This finding concurs with the existing study among Malaysian Chinese that some cancer patients pray, perform rituals and sacrifices to their ancestors (Vivien et al., 2013). The finding by another study among African Americans and whites men demonstrated that some PCa patients pray to God (Bowie et al., 2017). The participants of the current study's reasons for praying is consistent with the study by Bowie et al. (2017), that God is the healer and will heal them. Some men visit their religious leaders to seek to understand the cause of the illness and find a solution. Because, they believe that cancer is a divine punishment or a sign of possessing an evil spirit (Vivien et al., 2013). The consistencies in these findings echo the view that religious interpretations of health-related issues are not limited to third world countries. But it is also found in the advanced health and endowed economic states where health service delivery is second to none.

Again, this shows the impacts of spirituality on health and how men assign religious interpretations to life events. Literature indicates that religious faith changes participants' perception of life-threatening events such as cancer, and prepares them to accept and cope with the condition or get ready for death (Lee & Carvallo, 2014). Unfortunately, most of the health professionals are deficient in spiritual management and or hardly pay attention to the spiritual needs of these patients (Taylor, 2019). Therefore, the need for assessment of our health delivery system and development of spiritual care training programmes for trainees and practitioners to boost their knowledge, competencies, and confidence in assisting patients with their spiritual health issues.

5.5 Behavioural intention of men living with PCa towards health seeking

The intention of men with PCa was demonstrated in their mental readiness to seek healthcare. From the study, information-sourcing was the foremost step taken by men

living with PCa towards treatment. The study revealed that all the participants realized the need for treatment and therefore, sourced information from various sources. This finding agrees with the existing literature that men with PCa seek information from their friends, relatives, other patients experiencing the condition, and healthcare professionals (Carter et al., 2011; Hyde et al., 2017; Olapade-Olaopa et al., 2014a). Some literature showed that men also source information from the internet, general brochures, pamphlets, medical journals and listen to the radio (Carter et al., 2011; Hyde et al., 2017; Olapade-Olaopa et al., 2014b; Uddin et al., 2012; Zhang et al., 2015). This is because health information is crucial in health decision making (Zhang et al., 2017). O'Callaghan et al (2014) stated that men's decisions are made based on the available health information.

Furthermore, the study revealed that most of the participants preferred this information from the healthcare professional. This finding is consistent with the existing literature (Uddin et al., 2012; Zhang et al., 2015). According to Joseph-Williams, Elwyn, & Edwards (2014), men do not have adequate knowledge of the condition on their own, as such healthcare professionals become a source of treatment-related information (Smith et al., 2019). It is convincing and enterprising to note that the participants sourced this necessary information perhaps due to the physical and psychological distress associated with the condition. Some of the physical and psychological distresses include hot flushes and sweats, loss of libido, erectile dysfunction, weight gain, loss of body hair, mood disturbances, depression, and anxiety (Gavin et al., 2015; Jayadevappa et al., 2012; Köhler et al., 2014; Mohler et al., 2010; Watts et al., 2014). This assertion conforms to the previous findings that men seek healthcare with an expectation to have treatment for their troubling clinical manifestations and to prevent complications (Fan, Lin, Huang, & Chen, 2017).

In this current study, participants rushed themselves to the hospitals with an expectation and hope for experts' assistance. At this moment hope becomes their strongest strength of survival. This confirms the assertion that to survive and live with a mind-boggling condition as PCa, hope is the key element to hold up to (Levy & Cartwright, 2015b). Hope for treatment as well as survival has become the driving force for the participants of this study to seek healthcare. As expected, this finding corroborates with the earlier evidences that men seek healthcare to have treatment for their conditions rated from moderate to severe (Chong et al., 2012; Fan et al., 2017). O'Brien et al (2011) established that the main concern of all PCa patients irrespective of their ages is the need for survival. This finding, however, contradicts an earlier study by Cornally and McCarthy (2011) that men delay or refuse healthcare-seeking when anticipating negative outcomes. The men's negative health-seeking behaviour might have been due to their past experiences and poor education. Hence, the need for further studies and public surveillance to explore the impacts of memories and education on the health-seeking behaviour of men with PCa.

5.6 Health Seeking Behaviour of Men living with PCa

The findings of the currents study revealed that most of the participants adopted some physical and personally known measures to ameliorate the early clinical manifestations of their condition. The measures participants adopted concords with an earlier study that cancer patients initially apply known interventions; over counter- drugs and herbal medications to alleviate the signs and symptoms of the condition (Paterson et al., 2015; Vivien et al., 2013). The consistencies in these findings are not surprising because men always wish to have control and manage their health. Ettridge et al (2018) noted that men are highly motivated to acquire healthcare navigation competencies to steer their personal affairs.

Again, the study revealed that some participants sought medical attention since they knew no intervention of their own. This finding confirms the previous findings (Zeliadt et al., 2010). According to Chan et al. (2018) and Miller et al. (2019), some men with PCa opted for medical treatment. The consistency may be attributable to the trust these men have in the health system. A study among Black Americans and Caucasians patients in the USA indicated that 88.60% of the patients sought healthcare because they trusted the physicians (Do et al., 2010). This invariably tasks the health training institutions to equip trainees with modern techniques, professional codes, and etiquettes to maintain the standards to sustain the patient's trust in the health system. For, trust is the cornerstone and the bedrock of the relationship between the patients and healthcare professionals (Tan & Goonawardene, 2017)

Although, the study revealed that most of the participants did not feel ashamed of their conditions, few of them complained of shyness and stigmatization. The negative consequences revealed by the participants agrees with earlier studies that embarrassment and stigma affects men's health-seeking behaviour and prevent men from discussing their condition with friends and health professionals (Adams et al., 2013; Ettridge et al., 2018). Literature showed that some participants preferred to keep mute over their illness to control and minimize their embarrassment (Yew & Noor, 2013). The areas of embarrassment include erectile dysfunction, treatment and screening procedures such as DRE, and communication with friends and healthcare providers (Adams et al., 2013; Harvey & Alston, 2011; Medina-Perucha et al., 2017). However, participants that had no issue of embarrassment freely discuss their conditions with friends, family, and healthcare professionals (Forbat et al., 2014).

The finding of treatment adherence revealed by this study is consistent with the previous studies that all participants take total responsibility for their treatment and follow

prescription orders religiously. They take their medications at the right time and in the right dosage (Gassmann et al., 2016; Verbrugghe et al., 2013). The study further revealed that participants adhered to medication because they are effective. This also confirmed an earlier study that men adhere to medication because they believe in the efficacy of the medication (Gassmann et al., 2016). The study finding of the participants' reasons for adherence disagrees with the literature. Literature indicates that men refused to adhere to medication order because of inadequate knowledge of its necessity, and doubts about their effectiveness on the quality of life (Verbrugghe et al., 2013). This indicates that more works need to be done because medication adherence is not the sole responsibility of the patients. Health services providers must institute measures to ensure that patients understand the need and adhere to their medications.

The finding that participants combine alternative treatment with medical treatment is consistent with the other studies that identified multiple healthcare utilization as the trending form of health-seeking behaviour among PCa patients (Chan et al., 2018; Fouladbakhsh & Stommel, 2010; Kristoffersen et al., 2013; Sato, 2012). They mixed both allopathic treatment with the non-allopathic treatment (Vivien et al., 2013). This is certainly so because the non-orthodox healthcare facilities are available and accessible in almost every community (Gyasi et al., 2016; Ntakobajira, 2012). According to Kristoffersen (2013) and Yarney et al. (2013), 33.8% - 75.3% of all cancer patients use complementary and alternative medicine, and more than half of this population use more than one form at a time. This calls for an extensive study into the efficacy of herbal medicine in the treatment of cancer especially PCa.

5.7 Evaluation of the Theoretical Framework

The theory of reasoned action developed by Fishbein and Ajzan (1980), was used as the theoretical framework to structure the study. The objectives and research questions

were formulated from the constructs of the framework. The Theory of Reasoned Action framework has four (4) constructs namely attitude, subjective norms, behavioural intention, and behaviour. This theoretical framework was chosen because it measures exactly the reasons that influence men's decision-making regarding healthcare seeking which was not clearly explained in the other models explored.

The attitude component of the framework was explored under the beliefs, emotions, and behaviour characteristics of men living with PCa towards health-seeking. The study revealed that men's trust in the health system, fear of death, and desire to recover influenced their health-seeking behaviour. The outcome of this study did not completely agree with the assumption of the construct. According to the authors, attitude explains how peoples' belief in a behaviour determines their behaviour response after critically assessing the attributes. However, the fear of death and the desire to recover that emanated from the study were not captured in the description of the construct. As a result, the attitude of men living with PCa in this study did not completely conform to the framework.

Subjective norms according to the framework, is the perceived social pressure to engage or not to engage in a behaviour. It is determined by normative belief or it is an expectation of acceptance from a significant referent. The findings of the study were consistent with the framework. Although, there was no direct coercion on the participants to seek healthcare, some participants sought healthcare to live long to fulfil the promise made to the families. However, the counseling and financial supports from the social network exerted an indirect force and boosted their effects to seek healthcare to satisfy the desires of the members of their social network. Again although the construct was not explained by the proponents in this direction, the financial challenges encountered and

lack of information regarding the place of healthcare could be accountable for its inclusion in the present study. Therefore, it could be added to the framework.

The behavioural intention describes the mental preparedness or the convictions of men living with PCa to undertake an activity directed to solving their problem. The current study supports the model as the participants hope for treatment and information sourced gingered their interests and directed them to the designated places of healthcare. Furthermore, the behaviour of the framework describes activities taken by individuals in response to or to effect changes in their health conditions. The findings of the current study support the explanation of this construct as the participants have undertaken several activities such as applications of their known interventions, seeking religious interpretation and assistance, seeking medical treatment, herbal treatment, and or both. Some participants treated issues about their condition as a matter of secrecy due to perceived stigma, embarrassment, and fear of societal negative interpretations.

However, the additional theme that is emerged from the data is inconsistent with the constructs of the theoretical framework. The study identified health-related factors that influence men's intention to seek healthcare. These factors include healthcare accessibility, effects of clinical manifestations, professional competencies, maturity/exposure, and cultural beliefs. Therefore, the need for modification and integration of health-related factors as a main construct in the framework. The integration will inspire further researches into finding the significant impacts of health-related factors on men with PCa's health-seeking behaviour. Furthermore, the financial challenges encountered by men living with PCa in their treatment, couple with roles of the patient's maturity/exposure and culture factors in the decision-making process regarding healthcare seeking should be a construct on their own.

5.8 Conclusion

Prostate cancer is life-threatening and poses many challenges to men. From the study, men generally exhibited positive and negative attitudes towards health-seeking. Men living with PCa employed several activities within their means to ameliorate the challenges of the condition. They sought healthcare from medical, herbal, and spiritual/religious treatment and even combined some of these treatments.

The participants were motivated to employing medical treatment because of the trust in the health system, fear of death, and the desire to regain a normal state. However, the persistent advertisement and praises of the effectiveness of herbal medicine on the media motivated them to trace their pathway to visiting the herbal medicine practitioners against other treatment choices.

The high cost of treatment, ignorance of early clinical manifestation, and secrecy due to fear of stigmatization have generated negative attitudes towards health seeking as reported by earlier studies. Fortunately, most of the participants solicited and had financial assistance from their close relatives, insurance companies, and employers as reported by other studies.

Finally, cultural factors and perception of masculinity had no influence on health-seeking behaviour in this study as reported in other studies. The men relegated the perception of masculinity to the background as they desired and forged forward to have the cause of their condition eliminated for good.

CHAPTER SIX

SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSION AND RECOMMENDATIONS

This chapter discusses the summary of the study, implications of the findings, and limitations of the study. It presents also the conclusion and recommendations.

6.1 Summary of the Study

Health-seeking behaviour describes the activities of men living with PCa employed in the management of their condition. The name cancer triggers attention and puts shivers into the spins of men. As such, men diagnosed with PCa put in all resources available to recover. But much is not known about the health-seeking behaviour of men living with PCa in the Volta Region. The Theory of Reasoned Action was adopted as a guiding framework to structure the work on the health-seeking behaviour of men with PCa.

Thematic content analysis technique was used for the analysis of the data. Five main themes emerged namely attitude toward health-seeking, subjective norms influencing health-seeking, health-related factors influencing health-seeking, behavioural intentions towards health-seeking, and health-seeking behaviour of men.

The attitude of the participants in the study was both positive and negative. The positive attitudes were motivated by professional competencies, financial supports, and desire for wellness. The quest to regain a normal state of function has led the participants to adhere to the treatment regimen, sourced for information about the condition, available treatment options, and places of care. The participants sourced this information from their social networks. However, the negative attitudes were due to ignorance of the early signs and symptoms, high cost of treatment, and secrecy due to perceived wrongful interpretation of the condition. The financial supports from close family members,

insurance companies, and employers were overwhelming in this study. Most of the participants solicited for financial and other supports from their social networks. This served as a booster for them to explore and go the extra mile to seek treatment.

The participants sought healthcare from various healthcare facilities such as hospitals, herbal medicine centres, spiritual/religious centres, and or a combination of these facilities. Participants patronized these services due to their trust in the health system, fear of death, and the desire to regain a normal state of function.

6.2 Implications of the findings

The findings of the study have been categorized under the following headings: nursing practice, nursing research, and policy formulation.

6.2.1 Nursing practice

This study indicated that men living with PCa sought medical treatment because they believed in the health system. Yet, the study emphasized that some either abandon the medical treatment for herbal medicine or mixed the two forms of treatment at once. This invariably means that these participants have not been educated well on their medication, and the adverse effects it may have on them mixing medical treatment with the herbal medicines. Also, some participants accessed the medical treatment because their intervention failed them. This might be due to some previous experiences with the healthcare professional. Therefore, it is necessary for the nurses in the medical team to educate them on the treatment regimen. They should advise them to adhere to their treatment and encourage them to report immediately at the facility if there is any shortage in the medication before their next review date or there is any adverse effect after the administration of the medication. Nurses should listen to the concerns of these men since

the condition has to do with the male organ and provide the needed assistance they deserve.

6.2.2 Implication Nursing research

The most practicable and basic sources of nursing knowledge for evidence-based nursing practice is through nursing research. Therefore, nurses should be more focused on nursing research to understand the concerns raised by men with prostate problems especially PCa.

6.2.3 Implication on Nursing Policy

The findings of this study have a massive implication on nursing policy formulation and implementation in the area of PCa with much regard to the health-seeking behaviour of men. Reference to the mammoth concerns raised by the participants about the high cost of treatment, it is necessary that health policymakers and stakeholders in the facilities outline some policies to assist men with PCa financially in their healthcare - seeking. The specialized service facilities should seek assistance or collaboration from some companies to take up part of the treatment cost of PCa. This should represent and form part of their social responsibilities to facilitate easy treatment costs for these men. Finally, there is the need for policy change to include cancer investigations and treatment costs in the national health insurance scheme (NHIS) benefit package to alleviate from men living with PCa the pressure of treatment cost. There should be a policy on continuous awareness creation on PCa through mass media to increase the knowledge base of men on this condition to promote early treatment-seeking behaviour.

Lastly, since PCa affects largely the older population, it calls on the government, researchers, and practitioners to develop capacity-building programmes in communication strategies to assist these vulnerable groups.

6.3 Limitations of the Study

Irrespective of study designed and methodology, every study is bound to have some limitations. The first limitation of the current study comes from the geographical location of the study. This study was conducted in the Volta Region where the cultural influence of the findings might not be the same elsewhere. However, the findings may be transferable. Also, the participants were recruited from just a hospital in the region. The finding may not be generalized to other hospitals in the region and the country as a whole. Therefore, the need for similar and further studies in the other facilities. Another major limitation faced was the invasion of the coronavirus (covid19) pandemic. The data collection period has coincided with the covid19 pandemic in that it was scary and difficult to travel from one place to another to meet participants for the scheduled interviews.

6.4 Conclusion

This study explored the health-seeking behaviour of men living with PCa in the Volta Region of Ghana. From the study, participants demonstrated both positive and negative attitudes toward health-seeking behaviour. The positive attitude displayed include their continuous treatment-seeking and strict adherence to the treatment regime. They sought healthcare from three major facilities namely hospitals, herbal and religious centres. The men's belief in the health system, persistent advertisement of herbal medicine, fear of death and financial support from their social network motivated them to seek treatment at these outlets.

Nevertheless, the negative attitude involve their delayed heath seeking behaviour due to ignorance of the early sigh and symptoms, high treatment cost, and secrecy for fear of societal wrongful judgment. Finally, issues of culture played no role in the decision-making reference to the healthcare-seeking behaviour of men in this study. Therefore,

healthcare professionals should develop a very good communication strategy to address these concerns and encourage this elderly and vulnerable population.

6.5 Recommendations

According to the findings of this study, the undermentioned recommendations are made to the Ministry of Health (MOH), Ghana Health Service (GHS), Nursing & Midwifery Council of Ghana, Urology Departments, Complementary and Alternative Medicine Practitioners (CAM), and Multimedia for possible implementation.

6.5.1 Recommendation for Ministry of Health

The Ministry of Health should:

• Work with government and other health agencies to enact laws binding on the major companies to partly absorb the treatment cost of PCa patients as part of their social responsibilities.

• Work with government and other health agencies to make the cost of PCa diagnostic tests and treatments part of the national health insurance benefit package.

• Collaborate with the government to establish oncology specialist training institutions. To enhance the training of the professionals in this area.

• Work with the government and agencies to set funds aside to support institutions and researchers to conduct more researches into herbal medicine to ascertain its efficacy in cancer management especially PCa.

6.5.2 Recommendation for Ghana Health Service

The Ghana Health Service should:

• Create cancer management units in all the districts, municipals, regional hospitals across the country. This will make these units accessible to the patients.

• Work with healthcare institutions to establish a telecommunication platform to ease information-sourcing reference to the location of specialized facilities.

• Formulate policies on continuous education of men on prostate conditions especially PCa to enhance health-seeking behaviour.

6.5.3 Recommendation for Nursing & Midwifery Council of Ghana

The Nursing and Midwifery Council should:

• Consider the establishment of oncological nursing as a specialty in some training institutions to train professionals in this area. This would enable these professionals to provide the best of care to cancer patients especially PCa.

• Introduce in the current nursing curriculum some basic principles and topics of oncology (urology) to assist students from other specialty areas to be able to provide the basic oncological care.

• Introduce into the curriculum spiritual management programmes to equip the trainees with the necessary skills to meet the spiritual needs of the patients.

6.5.4 Recommendation for the Urology Departments

Urology department should:

• Continuously upgrade the knowledge and competencies of the staff in the assessment of PCa patients through regular organization of in-service training.

• Develop a standardized and structured protocol for the assessment and management of PCa patients.

• Collaborate with other organizations and agencies to regularly organize PCa awareness creation programmes to educate men on prostate problems especially PCa.

6.5.5 Recommendation for Complementary and Alternative Medicine Practitioners (CAM)

CAM practitioners should:

• Present their (products) medicines to the Center for Scientific Research into Plant Medicine for examination before making them available in the markets.

• Read more on the conditions before going on the media to educate the public to avoid misinformation.

6.5.6 Recommendation for the Multimedia Authority

The multimedia group should:

• Collaborate with the healthcare institutions to outline educational programmes on oncological conditions especially PCa

• Collaborate with the healthcare institution to keep informing the public on the location of specialized healthcare facilities especially PCa. This would assist the public to seek healthcare at facilities where their care needs can be timely met.

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APPENDICES

Appendix A: Ethical Approval Letter

GHANA HEALTH SERVICE ETHICS REVIEW COMMITTEE

In case of reply the number and date of this Letter should be quoted.

MyRef. GHS/RDD/ERC/Admin/App/19/693
Your Ref. No.

Research & Development Division
Ghana Health Service
P. O. Box MB 190
Accra
GPS Address: GA-050-3303
Mob: +233-50-3539896
Tel: +233-302-681109
Fax + 233-302-685424
Email: ethics.research@ghsmail.org

13th December, 2019

Emmanuel Kwame Dumor
School of Nursing and Midwifery
College of Health Sciences, University of Ghana
P. O. Box 43, Legon

The Ghana Health Service Ethics Review Committee has reviewed and given approval for the implementation of your Study Protocol.

GHS-ERC Number	**GHS-ERC 030/10/19**
Project Title	Health Seeking Behaviour of Men Living with Prostate Cancer: A Qualitative Study in the Volta Region
Approval Date	13th December, 2019
Expiry Date	12th December, 2020
GHS-ERC Decision	**Approved**

This approval requires the following from the Principal Investigator

- Submission of yearly progress report of the study to the Ethics Review Committee (ERC)
- Renewal of ethical approval if the study lasts for more than 12 months,
- Reporting of all serious adverse events related to this study to the ERC within three days verbally and seven days in writing.
- Submission of a final report **after completion** of the study
- Informing ERC if study cannot be implemented or is discontinued and reasons why
- Informing the ERC and your sponsor (where applicable) before any publication of the research findings.

Please note that any modification of the study without ERC approval of the amendment is invalid.

The ERC may observe or cause to be observed procedures and records of the study during and after implementation.

Kindly quote the protocol identification number in all future correspondence in relation to this approved protocol

SIGNED.....
Dr. Cynthia Bannerman
(GHS-ERC Chairperson)

Cc: The Director, Research & Development Division, Ghana Health Service, Accra

Appendix B: Introductory Letter

UNIVERSITY OF GHANA
SCHOOL OF NURSING AND MIDWIFERY

Ref. No.: 10153341

January 14, 2020

The Medical Superintendent
Sogakope District Hospital
Sogakope - Volta Region

Dear Sir/Madam,

LETTER OF INTRODUCTION

I write to introduce to you **Emmanuel Kwame Dumor,** an M.Phil student in the Department of Adult Health, School of Nursing and Midwifery, University of Ghana, Legon.

As part of the requirements of the M.Phil programme, the student is to undertake a research study and he intends to use the Sogakope District Hospital as one of the main study sites for data collection.

The title of his research is **"Health Seeking Behaviour of Men Living with Prostate Cancer: A Qualitative Study in the Volta Region."**

It will be appreciated if he is given the necessary assistance.

Thank you.

Yours faithfully,

Kwaku Amponsah
School Administrator

COLLEGE OF HEALTH SCIENCES
P. O. Box LG 43, Legon, Accra, Ghana.
• Telephone: (0) 303 970 801 / 0553 089 267 • Email: nursing@ug.edu.gh • Website: www.nursing.ug.edu.gh

Appendix C: Participant's Information Sheet

Title: **Health Seeking Behaviour of men living with Prostate Cancer: A Qualitative Study in the Volta Region**

Principal Investigator: EMMANUEL KWAME DUMOR

Address: School of Nursing and Midwifery, Adult Health Department, College of Health Sciences, University of Ghana. P o box 43, Legon

General Information about Research:

The purpose of this study is to explore the lived experiences of men living with prostate cancer towards health care seeking. This become necessary because despite the high morbidity and mortality rate, men living with prostate cancer, report for screening and treatment at the hospital late. They report at the stage when the condition goes beyond control and management thus, where the cancer cells metastasize to other surrounding structures. Secondly, the findings will help the policy makers in drafting measures to assist patients in their decision-making processes toward health seeking.

Your agreement and involvement in this study will not interfere with your daily activities because the interview will be conducted at the most convenience time and place of your choice. You will be engaged in a face to face interview with only the researcher. The interview will last for not more than 60 minutes.

Your responses will be recorded using audiotape recorder. Some open-ended questions about your perceptions and experiences on health seeking behaviour of men living with prostate cancer will be sought.

Possible Risk and Discomfort

It is anticipated that the study will not expose you to any harm, risk or discomfort. It is however possible that some questions may elicit some emotional responses when narrating your story. In situation as this, the researcher will refer you to Dr. Eric Kugbey Nuworza (0249377659), a clinical psychologist to attend to you psychologically to relief you of your emotional stress without any financial commitment from you. Therefore, you also have the reserved right to refuse responses to questions that will be sensitive and provocative.

Possible Benefits

Your involvement in this study will contribute greatly to knowledge generation in the area of prostate cancer. These knowledges will afford the policy makers to formulate policies to direct the decision-making processes of individuals that will fall sick in this area. Again, the knowledge will be made available to public through media educations and television programmes.

Confidentiality

Your real name will not be used for in the study to ensure that you are not associated to any of the information collected from you. Codes will be generated and used to protect your identity so that information provided cannot be traced to you ensure confidentiality. In order to ensure privacy, no identifiable information will be collected during this interview. Your phone number will be taken when you agree to part take in the study for the reasons of further clarifications. Information provided will be protected electronically and on a hard print. The information provided will be accessible to only the researcher and supervisor. In cases of publications of the finding of the study, the information will be processed and all personal identifiers will be excluded. During data collection, privacy will be ensured. The demographic data and audiotape will be destroyed after ten (10) years, after analyzing and erasing the information from time to time.

Compensations

There will not be any compensation package for participating in this study. The participant may however be given some Snacks of Malta Guinness and Sandwich during the interview section.

Voluntary Participation and Right to leave the research

Participating in this study is purely voluntary. You may choose not to participate and leave at any point in time. If you feel uncomfortable or for whatever reason best known to you, you are absolutely free to withdraw your participation from the study.

Contacts for additional information: For any further information about the study, contact

THE RESEARCHER:

Emmanuel Kwame Dumor M.Phil. Nursing (Student)

Address: Department of Adult Health, School of Nursing and Midwifery, College of Health Sciences, University of Ghana, P. O. Box LG 43

Legon, Accra Ghana. Tel. 0249886484 Email: emmanueldumor4@gmail.com

SUPERVISOR:

Prof. Lydia Aziato,

The Dean, School of Nursing and Midwifery,

College of Health Sciences,

University of Ghana, P. O. Box LG 43, Legon, Accra Ghana.

Tel - 0244719686. Email: aziatol@yahoo.com

COUNSELOR:

Dr. Eric Kugbey Nuworza,

Lecturer & Clinical Psychologist,

University of Health and Allied Sciences

Hohoe, Volta Region

Tel. 0249377659

For further clarification on ethical issues and right to participation.

Contact:

The administrator

Ethics Review Committee

Nana Abena Kwaa Ansah Apatu

0503539896, ethics.research@ ghsmail.org

Appendix D: Consent Form

STUDY TITLE: **HEALTH SEEKING BEHAVIOUR OF MEN LIVING WITH PROSTATE CANCER: A QUALITATIVES STUDY IN THE VOLTA REGION**

PARTICIPANTS' STATEMENT

I acknowledge that I have read or have had the purpose and contents of the Participants' Information Sheet read and all questions satisfactorily explained to me in a language I understand (English / Ewe / Twi). I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

Name or Initials of Participant…….. ID Code ……..

Participants' Signature ……...OR Thumb Print……

Date: …….

INTERPRETERS' STATEMENT

I interpreted the purpose and contents of the Participants' Information Sheet to the afore named participant to the best of my ability in the (……*name of language*) language to his proper understanding.

All questions, appropriate clarifications sort by the participant and answers were also duly interpreted to his/her satisfaction.

Name of Interpreter……

Signature of Interpreter…….. Date: ……

Contact Details

STATEMENT OF WITNESS

I was present when the purpose and contents of the Participant Information Sheet was read and explained satisfactorily to the participant in the language, he/she understood (….*name of language*)

I confirm that he/she was given the opportunity to ask questions/seek clarifications and same were duly answered to his/her satisfaction before voluntarily agreeing to be part of the research.

Name: ……

Signature…….. OR Thumb Print …….....

Date: ……

INVESTIGATOR STATEMENT AND SIGNATURE
Brief statement or declaration that investigator has given enough information to participants to make informed decisions.

I certify that the participant has been given ample time to read and learn about the study. All questions and clarifications raised by the participant have been addressed.

Researcher's name…….

Signature …….

Date…….

Appendix E: Interview Guide

UNIVERSITY OF GHANA

MPHIL THESIS RESEARCH: Health Seeking Behaviour of Men Living with Prostate Cancer: A Qualitative Study in the Volta Region

SEMI STRUCTURED INTERVIEW GUIDE

The purpose of this interview is to explore the health seeking behaviour of men living with prostate cancer from six (6) months and above. The interview is only about your experiences within these periods regarding your health seeking when living with prostate cancer. I therefore humbly request you to share with me your experiences in this condition.

Code Number …… **Date of Interview** ……

Interview Number ……

Section A: Background Information Form / Demographic Data

1. Age (year)
   ……
2. Place of Residence
   ……
3. Nationality
   ……
4. Tribe
   ……
5. Marital status
   ……
6. Number of children
   ……
7. Profession / Occupation
   ……
8. Level of Education
   ……
9. Language (s) spoken
   ……

10. Religion

    ……

11. Date of PSA Investigation

    ……

12. How long have you been living with the condition?

    ……

Section B: Interview Guide

1. **Please share with me what you know about your condition (prostate cancer)**

Probe:

- Causes
- Signs and symptoms
- Treatment option to your condition

2. **What is the attitude of men living with prostate cancer towards health seeking?**

Probe

- Actively seeking information about mode of treatment
- Active in seeking health care
- Refusal to seek health care
- Prefer medical treatment
- Prefer local and herbal or traditional treatment

3. **What are the personal factors you consider before seeking for health care?**

Probe:

- Cultural beliefs
- Financial
- Severity of signs and symptoms
- Physical accessibility
- Disease pattern

4. **Share with me the external forces/ pressures that influence your decision making towards seeking health care?**

Probe

- Family
- Spouse
- Friends
- Members of the community

5. **What factors inform your decision to seeking a particular health care?**

Probe

- Level of education
- Culture and religiosity
- Age
- Media
- Friends and family information

6. **What do you think are the behaviour of men living with prostate cancer toward seeking healthcare?**

Probe:

- Acting Ignorantly
- Fear
- Confusion
- Feeling stigmatized
- Seek for information every where
- Reliance on mixed form of treatment
- Count on health professionals