

ORIGINAL RESEARCH ARTICLE

Ghanaian Men Living with Sexual Transmitted Infections: Knowledge and Impact on Treatment Seeking Behaviour- A Qualitative Study

DOI: 10.29063/ajrh2018/v22i3.3

Michael N. Azu¹, Solina Richter^{2*} and Patience Aniteye³

Department of Nursing and Midwifery Training College, Kumasi, Ghana¹; Faculty of Nursing, University of Alberta, Edmonton, Canada²; School of Nursing and Midwifery University of Ghana, Legon, Ghana³

*For Correspondence: Email: solina.richter@ualberta.ca; Phone: +1 780 4927953

Abstract

The purpose of the study was to explore Ghanaian men's knowledge about sexually transmitted infections (STIs) and their treatment seeking behaviour. An exploratory descriptive design was used. The research site for this study was a STI clinic at a large government hospital in the Ashanti region in central Ghana. Purposive sampling was used to recruit men diagnosed with or previously infected with STI/HIV attending the clinic. Twelve participants were interviewed, and the data was thematically analysed. The findings were presented as themes: knowledge of STI, misconception, health seeking behaviour: visiting the hospital, buying drugs, using herbal treatment, visiting the traditional healer, and "shopping for health". Participants had good knowledge of the causes and/or mode of transmission of STIs/HIV. Their source of information was the radio, friends and education at the STIs/HIV unit of the hospital. Participants had little knowledge about the STIs/HIV treatment options before they received health education from the personnel at the STI/HIV unit. Participants had fallacies and believed they developed STIs/HIV infection because of a curse or someone who wanted them dead or bewitched them. The overarching reason for participants' choice of care was an expectation to recover from the infection. Seeking treatment at the hospital was one of the major choices for treatment. Participants tried various forms of treatment to find the most effective treatment. The research findings have several implications for health education, research, and practice in Ghana. There is the need to scale up health education by the various health institutions. Further research is needed on the general treatment seeking behaviour of men with an emphasis on the contextual and cultural differences that influence men's behavioural change. Gender based research is mostly focused on women and further studies are needed on the health and treatment seeking behaviour of men. (*Afr J Reprod Health* 2018; 22[3]: 24-32).

Keywords: Ghana, knowledge, men, sexual transmitted infections, treatment seeking

Résumé

Le but de l'étude était d'explorer les connaissances des hommes ghanéens sur les infections sexuellement transmissibles (IST) et leur comportement de recherche d'un traitement. Un modèle descriptif exploratoire a été utilisé. Le site de recherche pour cette étude était une clinique d'IST dans un grand hôpital gouvernemental de la région d'Ashanti au centre du Ghana. L'échantillonnage raisonné a été utilisé pour recruter des hommes diagnostiqués avec ou ayant déjà été infectés par une IST / VIH qui fréquentaient la clinique. Douze participants ont été interrogés et les données ont été analysées par thème. Les résultats ont été présentés sous forme de thèmes: connaissance des IST, idées fausses, comportements de recherche de santé: visite à l'hôpital, achat des médicaments, traitement à base des plantes, visite du guérisseur traditionnel et «faire des emplettes pour la santé». Les participants avaient une bonne connaissance des causes et / ou du mode de transmission des IST / VIH. La radio, les amis et l'éducation de l'unité IST / VIH de l'hôpital constituait la source d'information. Les participants avaient peu de connaissances sur les options du traitement des IST et du VIH avant de recevoir une éducation sanitaire du personnel de l'unité IST / VIH. Les participants avaient des erreurs et croyaient avoir développé une infection par les IST / VIH à cause d'une malédiction ou de quelqu'un qui voulait leur faire mourir ou les ensorceler. La principale raison du choix des soins par les participants était de s'attendre à se remettre de l'infection. Le traitement à l'hôpital était l'un des principaux choix de traitement. Les participants ont essayé les différentes formes de traitement pour trouver le traitement le plus efficace. Les résultats de la recherche ont plusieurs implications pour l'éducation à la santé, la recherche et la pratique au Ghana. Il est nécessaire d'intensifier l'éducation sanitaire par les différents établissements de santé. Des recherches supplémentaires sont nécessaires sur le comportement de recherche de traitement général des hommes en mettant l'accent sur les différences contextuelles et culturelles qui influencent les

African Journal of Reproductive Health September 2018; 22 (3): 24

comportements des hommes. La recherche basée sur le genre est principalement axée sur les femmes et des études supplémentaires sont nécessaires sur le comportement des hommes en matière de santé et de traitement. (*Afr J Reprod Health* 2018; 22[3]: 24-32).

Mots-clés: Ghana, connaissances, hommes, infections sexuellement transmissibles, recherche de traitement

Introduction

Early treatment seeking behaviour is critical, especially in sexually transmitted infection (STI) care. Men in comparison to women do not utilise treatment services and fail to seek early health interventions¹. Across Western cultures, it has become a growing concern that men are reluctant to seek healthcare and use health services²⁻⁴. Men are often blamed for being poor healthcare service consumers and delaying or refusing to seek healthcare⁵⁻⁷ due to ignorance or disinterest in issues relating to their health⁸⁻¹⁰. These conceptions are linked to hegemonic masculine traits; portraying men to be independent, strong, stoical, and tough^{7,11}. Health seeking and health service utilisation is an indictment to their hegemonic masculinity traits, and often contribute to their failure to seek early health care⁸. The purpose of the study was to explore Ghanaian men's knowledge about STIs, including HIV and their treatment seeking behaviour.

Many of the health challenges that men experience are preventable and curable with early medical intervention or a change in lifestyle. Boys who are brought up to believe that "real men do not get sick" see themselves as not vulnerable to illness or risk of becoming ill. When they become ill, they may endure the illness or seek health care only as a last resort¹². These attitudes and behaviours challenge the treatment seeking behaviour for sexually transmitted infections (STIs) such as HIV/AIDS, and additionally preventative efforts. If "real men" do not fall ill, then it is not "manly" to be concerned about condom use and other safer-sex precautions to prevent HIV and other sexually transmitted infections¹³. Health care seeking behaviours related to STIs are often delayed^{14,15}, both in low and middle-income countries. Education on early treatment seeking care for STIs is important. Behavioural change has been viewed as the most effective approach toward reducing infections¹⁶. Prevalence rates of STIs in Ghana are

available, but data on individuals' STI care seeking behaviours are limited. A better understanding of men's knowledge of STI transmission and the various factors that lead individuals to seek or not to seek treatment is critical for effective STI prevention and management.

Sexually transmitted infections are behaviour-based diseases. The lack of awareness and knowledge regarding STI and HIV leave a large section of the population vulnerable to contract STIs. Correct knowledge and awareness regarding the STIs and HIV are a prerequisite for the prevention and control of these infections. Men are not unaware of STIs such as herpes, syphilis or chlamydia, the accompanying symptoms and that it is not a 'female disease' only¹⁷⁻²¹.

Ignorance and misinformation about the mode of transmission of STIs and HIV are powerful obstacles to seek treatment. A few studies found that men were aware that having unprotected sex with commercial sex workers and multiple sexual partners are causes of STIs/HIV transmission, but others cited sharing bathroom, toilet and basin, lack of hygiene and touching infected person as the mode of transmission of STIs/HIV^{19,20,22}. Supernatural causes are additionally mentioned as ways of contracting STIs. Supernatural causes of illness are interpreted as punishment for a man's immoral, social or sexual behaviour. Enemies were enlisted as a witch who used her witchcraft to place a spell or curse on a man²².

Understanding the treatment seeking behaviour of those with STIs has a practical and scientific relevance for the effective control of STIs, including HIV/AIDS. Effective and early treatment of STIs directly influence the duration of being infectious and reduce further complications, infection and spread. Seeking care is influenced by various factors involving patients, providers, and the health care system¹⁶. Treatment includes a variety of care seeking behaviors such as visiting medical doctors, clinics or hospitals; and informal

caregivers such as traditional healers, herbalists; and faith healers. Other men self-medicate and buy drugs directly from drugstores^{16, 22}.

Methods

An exploratory descriptive design was used to explore the research objective. The research site for this study was an STI clinic at a large government hospital in a city in the Ashanti region, central Ghana. The population in this study included men with STI/HIV attending a STI clinic. Men who were diagnosed or previously infected with sexually transmitted infection/HIV were the population for the study. In 2011, 344 patients received care at this clinic; 33.1% were male and 66.9% female.

Purposive sampling was used to recruit participants. Men diagnosed with or previously infected with STI/HIV attending the clinic, age 18 and above, able to give informed consent, and able to converse in English and/or “Twi” (a local Ghanaian dialect) were included in the study. Twelve participants were interviewed using a semi-structured interview guide to collect in-depth information. The interviews were conducted at a time and place convenient for the participants. Only one participant was interviewed in English; and the rest in “Twi”. Ethical clearance was obtained from the Noguchi Memorial Institute for Medical Research, College of Health Sciences, University of Ghana and Ghana Health Service. Participants were briefed concerning their ethical rights to privacy, confidentiality, and options to withdraw.

The audio-recorded interviews were transcribed verbatim. The transcripts in “Twi” were translated to English for easy reading and reporting in English. The quality of the translation was checked. Data collection and data analysis were conducted iteratively. Applied principles were drawn from a thematic analysis approach to analyze the data²³. This is a content analysis method, which involves summarizing and classifying data within a thematic framework. The model for trustworthiness by Lincoln and Guba²⁴ was used in this research.

Results

The findings are presented as themes and sub-themes that emerged from the data.

Demographic data

The ages of participants ranged from 30 to 52 years. All the twelve participants were Ghanaian citizens from two ethnic groups (Fante, n = 1 and Ashanti, n = 11). Ten participants were Christians and two were Muslims. Four of the participants were married, five divorced, and three were single. All participants had children and basic or primary education. Four participants were peasant farmers who grow crops such as cassava, yam cocoyam, maize, plantain, and banana. The remaining participants were a goldsmith, chainsaw operator, welder, painter, mechanic mason and contractor and one participant were unemployed. Participant’s names were replaced with pseudonyms.

Knowledge of STIs/HIV

Participants had knowledge of the causes and/or mode of transmission of STIs/HIV. They knew that sexually transmitted infections are acquired through unprotected sexual intercourse with an infected person. Kwao (52 years old) expressed:

“If you have intercourse with an infected person you could contract the disease. Once you have an unprotected sex with a woman who is infected, and the person does not tell you, you are likely to also get infected.”

Participants cited other modes of transmission of STIs. Abeko (44 years old) shared:

“Well, it is an illness that you can contract through other means apart from having sexual intercourse with an infected person; like blood transfusion, sharing sharp objects like blade with somebody who has the HIV, barbering with a barbering machine that is infected with the HIV and being injected with a needle infected with the HIV.”

Participants had adequate knowledge on those who are vulnerable to STIs/HIV. Kofi (48years old) reflected:

“I must say too many sexual partners can lead you to that infection. Everybody who is married or even not married who jump and have unprotected sex with many sex partners is vulnerable to the sexually transmitted infection and the HIV. Also, those men, who travel and have sex with prostitutes at hotels without knowing their sexually transmitted infection and HIV status are also vulnerable. Most of the prostitutes are infected with the sexually transmitted infections. I must say my situation is an example.”

Participants said they heard about the types of STIs on the radio, friends and education at the STIs/HIV unit of the hospital. Knowledge about the manifestation of STIs/HIV focused on participants’ knowledge of the signs and symptoms of STIs/HIV as reflected on by Kwadwo (43 years old):

“The first one that I mentioned; the HIV, when one becomes infected you would experience persistent fever, weight loss, diarrhea and frequent urination. A blood test in the hospital would confirm you have the disease. About the gonorrhoea too, there is burning sensation of the urethra during urination and a whitish discharge from the urethra.”

Yaw (48 years old) vividly described the signs and symptoms of STIs based on his experience:

“When a man urinates; you feel pains ...and whitish purulent discharge.... Sometimes the penis becomes swollen. These are the manifestations I have seen before. I once even had the infection and experienced a whitish discharge and intense pain when I am urinating. I had sexual intercourse with a lady. Just three days after the sexual affair with the lady I started having the painful urination, I felt itching in my penis.”

Participants had good knowledge about the treatment of STIs. Kwaku (44 years old) responded:

“For the HIV disease, I don’t think there is a cure. Taking mine for instance, if you continue to take the drugs it will help improve your health but not cure you. I am a farmer and I can go to the farm to work. I even went to farm yesterday, and I go every day. I also follow the instructions given to me. So, if you ask me if the HIV disease could be cured, for that I don’t think so. But gonorrhoea is curable; for instance, I told you I was infected with the gonorrhoea and after I bought the drug and took, I recovered fully. Since then I have not experienced the whitish discharge from my genital and the pain during urination.”

Participants had little knowledge about the treatment of HIV before they received treatment and health education from the personnel at the STI/HIV unit. Yoofi (52 years old) said:

“I have learned from the health personnel that HIV has no curable medicine but there is medication for adequate management or sustaining you until such a time that the Lord your God will call you. I had all this information from the education I had from the Health staff in-charge of the STI/HIV clinic and other elderly people who discuss issues related to STI/HIV with me even though they do not know I have been infected with the HIV.”

Participants believed they contracted HIV because of another STI. Kwasi (48 years old) and Yaw (45 years old) respectively shared:

“I resorted to self-medication with the herbal treatment. I recovered eventually but I suppose the HIV developed from the other sexually transmitted diseases I suffered; that is the gonorrhoea.”

“Syphilis is another STI that when a person contracts can result in HIV infection.”

The only STIs that almost all participants had knowledge about were HIV and gonorrhoea. A few had knowledge about and were able to mention syphilis and hepatitis B as other types of STIs. Abeku (43 years old); and Kwao (52 years old) respectively shared:

“I know about sexually transmitted infections. I think there are many of them, HIV, gonorrhoea and hepatitis B. I suppose gonorrhoea can be contracted solely through sex, but HIV and hepatitis can be contracted by other means in addition to the sex.”

“Well apart from the HIV, I also know the one they call Gonorrhoea. It is only these I know.”

Participants had little knowledge about STIs such as chlamydial infection, trichomoniasis, chancroid, genital herpes, and genital warts. Owuraku (36 years old) mentioned diabetes under the types of STIs:

“What I know about sexually transmitted infections is that whenever a man and a woman mate and one person is infected, the non-infected person can get HIV, diabetes, hepatitis.”

Misconception

Even though many of the participants had enough knowledge on the causes or mode of transmission of STIs/HIV, a few had other opinions on the causes and mode of transmission of HIV. They thought that HIV could be caused by a curse or be spiritually inflicted. Kwabena (42 years old) shared:

For instance, it is only the woman I am married to I have known sexually and for about three years now she and my children; the last born who is also about three years have done the HIV test several times and are all not infected. I got married to my wife when she has not had sexual intercourse with any man; she was then in school I agree with the pastor who

advised me that my illness is spiritual and not physical.”

Participants had fallacies and believed they developed STIs/HIV infection because of a curse or someone who wanted them dead or bewitched them. A participant said that in his entire family, he is the only person who has learned a trade and is progressing in life thus some persons in his family are envious of him and wanted to kill him and inflicted the disease on him.

Seeking care

The overarching reason for participants' choice of care was an expectation to recover from the infection.

Going to the hospital

Seeking treatment at the hospital was one of the major choices for treatment for STIs or HIV/AIDS. All the participants at one stage of their disease chose to go to the hospital for treatment. The hospital was described as the best place to seek care and treatment when experiencing any illness. The hospital was mentioned as the only place where laboratory tests were available, where they were correctly diagnosed and adequately treated. Participants did not regret visiting the hospital as their health improved with treatment. A participant, Mensah (30 years old) shared:

“When I came to the hospital I was examined and given treatment. I took the drugs home and took it accordingly. Subsequently, the painful and burning sensation I felt in my penis got better.”

Participants shared that they were advised that all men should consider going to the hospital for treatment since that is the best choice for seeking care for STIs/HIV. In their view, men should not be their own doctors or treat themselves. Participants also shared that men should periodically visit the hospital for an annual medical examination. Kwabena (44-year-old) suggested:

“When you go to the hospital and you are given drugs it is better than going to buy

drugs from the drug store on your own without a prescription. If the health of men will be improved, it all depends on going to the hospital for treatment. It should not be only when men are sick before they go to a hospital for treatment but can go to the hospital from time to time for medical check-up. This is something that men do not do but it is a good habit every man needs to cultivate. It would aid in the promotion of men's health in Ghana."

Majority of the participants mentioned that their compliance to treatment were related to the relationship and positive attitudes of the health care providers at the STIs/HIV unit. The healthcare providers were described as encouraging, assuring and supportive. Kwaku (52 years old) shared that he never experienced any hostile attitude from any health care providers at the STI clinic:

"I have not encountered any challenge while going for treatment. The staffs of the STIs/HIV clinic of [name of hospital] are doing a good work; they are full of encouraging words. They give us education on HIV and we should be consistent in collecting our medicines and taking it accordingly. Since I have been coming for my treatment I have had no problem with the staff and none of them has treated me badly. I will have to congratulate them for being patient and being there for us."

Buying drugs from the drug store

Participants bought drugs from the drug stores to treat their symptoms and it was often due to their prevailing circumstances which necessitated that treatment option.

"The diarrhea became so frequent than I usually have. I did not understand so I went to buy medicine to take. When I took the medicine, it resolved for some time. I bought a drug from a drug store and took it for about a month. I did not know it was."

Participants shared that they treated themselves based on advice from friends. Kofi (44 years old) shared that his friends used the drugs and it was effective:

"My friend who advised me to buy the drug for treatment of gonorrhoea said he was infected with gonorrhoea several times, but he has never sent it to the hospital for treatment. He always buys the same drug from the drug store to treat his sexually transmitted infection. So, I believe there are many men with sexually transmitted infections who do not come to the hospital for treatment. They resort to self-treatment with drugs bought from the drug store. I bought the drug to treat my gonorrhoea and I recovered."

Most of the participants who resorted to buying drugs from the drug store to treat themselves of their illnesses got some relief or treatment; however, not all were successfully treated. Some sought further treatment at the hospital after self-treatment failed.

Herbal treatment

Participants sought herbal treatment to treat their STIs/HIV. They received the herbal treatment from herbalists or prepared it themselves. Kwasi (45 years old) noted that the use of herbal medicine was a convenient and effective form of treatment against STIs:

"Truly when the illness started I first prepared herbal medicine and took for some time since I thought it was a fever. The herbal medicine was made up of so many herbs used to treat all fever related illness. It is herbal medicine I mostly use to treat my fever and it was effective. I use herbal medicine because it is an effective medicine for me, passed on to me by my father. That is what I use to treat fever and it was effective for me."

Some participants reflected that herbal medicine did not always prove to be effective. Abeku, 45 years old shared:

“Actually, it is herbal medicine I mostly use to treat my fever and it is effective, but this time round I did not see any improvement after taking it for a while.”

Going to the shrine (traditional healer)

Some participants believed their illnesses were not physical but spiritual. Participants who sought care at the shrine stated that the treatment at the hospital was not effective. Kwao (40 years old) was advised by friends and relatives to seek spiritual help:

“After observing me, the fetish priest told me I was cursed by a woman. She was my girlfriend. She got pregnant and ...I refused to accept the pregnancy. She took some eggs and cursed me saying “if I am denying the pregnancy then ‘Antoa Nyamaa’; a river god should deal with me. Since then I started not feeling well. After telling my uncle all this information that was when he took me to the shrine to consult the gods and I told them all the truth. The fetish priest told me it wasn’t HIV infection or just a physical illness but rather a curse, so we should go and reverse the curse. It took seven days in reversing the curse. During the ritual, I bath in the [river], fowls were killed, and libation was poured to plead with the River gods; ‘Antoa Nyamaa’.”

Findings indicated that people in the community hold the view that HIV infection occurs in people because of spiritual affliction, curse and bewitchment. These wrong notions direct the health seeking behaviour of the individuals. Some participants went to the shrine when they were advised that their illness was not a physical illness but a spiritual one.

“Shopping for health”

Participants sought treatment for their illness and tried various forms of treatment to find the most effective treatment (Owuraku, 30 years) said:

“No, not right away, I stayed in the house for long. It took some time before coming

to the hospital. I tried several traditional treatments for a long time, thinking it was an evil inflicted illness. I was taken to many traditionalists until one of my sisters who is a nurse came to advise me and took me to the hospital for management. It was when we came to the hospital that we realized I am suffering from this ailment.

Treatment seeking was experimental for some of the participants and they tried to determine which form of care was effective.

Discussion

This study contributes to new knowledge of men’s knowledge of STIs and treatment seeking behaviour. Men in this study had knowledge of how STIs transmit and treatment options but still had many misconceptions. All the participants had some knowledge of the causes or mode of transmission of STIs/HIV. They were able to state that sexually transmitted infections are acquired through having unprotected sexual intercourse with infected persons. Participants were also able to indicate the other modes of transmission of HIV, which includes, blood transfusion with HIV infected blood, use of infected sharps like a blade, injection with HIV infected needle and kissing an infected person. This is contrary to other studies which cited sharing bathroom, toilet and basin, lack of hygiene and touching infected person as the mode of transmission of STIs/HIV^{16,17,20,22}. A few of the participants held a contrasting opinion on the causes and mode of transmission of HIV. They believed it was caused by a spiritual curse placed on them. They additionally, believed illnesses are caused by disharmony or conflict in the social relationships between humans or in spiritual relationships between humans and religious or ancestral spirits. The modes of transmission and pathogens for such effects were reported as mysterious, invisible forces. They interpreted supernatural causes of illness as punishment for a man’s immoral social or sexual behaviour. Enemies may enlist a witch to use witchcraft to place a spell or curse on a man. Some participants believed similar spells are used by wives, girlfriends, or sex workers to ensure a man stays

faithful. Pearson and Makadzange²² also found this in a study.

It is more than three decades since the first documented case of the HIV was reported, and, in our study, men still had superstitious opinions that HIV is caused by a curse, witchcraft or spiritual infliction or spell. These beliefs are real in Ghana and in the Northern part of Ghana, there are witch camps²⁵.

Men in our study had adequate knowledge about who are vulnerable to contract STIs/HIV. They indicated that everybody who engage in indiscriminate or unprotected sexual intercourse with different sex partners are susceptible to contact STIs/HIV. All participants had knowledge of some types of STIs although not all the types. There are more than thirty sexually transmitted disease pathogens identified in the last few decades, which include HIV²⁶. Participants used a variety of treatment seeking options, which included medical treatment at the hospital, buying drugs from the drugstore, herbal treatment, and going to the shrine. This is also described in other global studies^{16,21,22}. It is not uncommon for men to seek self-treatment with drugs bought from drug stores without a prescription or buying drugs from the pharmacy²².

Some participants sought herbal treatment from close relatives, herbalist and some prepared the herbal medicine themselves. Participants confirmed the herbal medicine was a convenient, affordable and effective form of treatment against STIs and that was why they sought to treat themselves. Similar findings in a study conducted in Singapore reported that men visited traditional medicine practitioners for treatment¹⁶.

Men in our study mentioned that they obtained information on STIs and treatments from their friends or close relatives. Research shows that men are more likely to hear and personalize messages. Men tend to change their attitudes and behaviours if they receive health education from other men who had the same experiences. Previous research also demonstrated that peers influence youth's health behaviors²⁷ but not much is known on the use of peer education of older males especially as it relates to STIs knowledge.

Implications for Health Education, Research, and Recommendations

The research findings have several implications for health education, research and practice in Ghana. Health education is an effective tool for preventing the spread of STIs/HIV, however in our study, men still had many misconceptions related to the transmission and treatment of STIs/HIV. There is the need to scale up health education by the various health institutions both public and private. Other modes of delivering information on STIs to older men that are vulnerable to contract STIs need to be investigated. The role of social media in sexual health is an emerging field²⁸. A text message system particularly will work well within the context of Ghana; a very large percentage of the population has access to cell phones. Public awareness campaigns, that include education on treatment, need to target men in different settings but particularly men in the rural settlements and the population at greatest risk of contracting STIs/HIV.

Further research is needed on the general treatment seeking behaviour of men with an emphasis on the contextual and cultural differences that influence men's behaviours. Gender based research conducted in Ghana is mostly focused on women and further studies are needed on the health and treatment seeking behaviour of men in Ghana. Further research is needed on the role of pharmacies in treating STIs especially selling over the counter medication.

The findings of the study add to the existing body of knowledge on treatment seeking behaviour for STI/HIV among men. The findings potentially will aid health policy makers and stakeholders in the health and education sectors to develop appropriate measures to create awareness on the prevention and treatment behaviours.

References

1. Noone JH and Stephans C. Men, masculine identities, and health care utilization. *Sociol Health Illn* 2008 30(5): 711 – 725. Doi:10.1111/j.1467-9566.2008.01095.x2008.
2. Galdas PM, Cheater F and Marshall P. Men and health help-seeking behaviour: literature review. *J Adv Nurs* 2005; 49(6): 616-623.

3. O'Brien R, Hunt K and Hart G. "It's caveman stuff, but that is to a certain extent how guys still operate": Men's accounts of masculinity and help seeking. *Soc Sci Med* 2005; 61(3): 503-516.
4. Smith LK, Pope C and Botha J L. Patients' help-seeking experiences and delay in cancer presentation: A qualitative synthesis. *Lancet* 2005; 366: 825-831.
5. Davis C. Men behaving badly. *Nurs Stand* 2007; 21(21): 18-20.
6. Peate I. Men's attitudes towards health and the implications for nursing care. *Br J Nurs* 2004; 13(9): 540-545.
7. Lee C and Owens RG. *The psychology of men's health*. Open University Press. 2002. Retrieved from <http://espace.library.uq.edu.au/view/UQ:170208>.
8. Smith J, Braunack-Mayer A and Wittert G. What do we know about men's help seeking and health service use? *Med J Aust* 2006; 184(2): 81-83.
9. Addis M and Mahalik J. Men, masculinity, and the contexts of help seeking. *Am Psychol* 2003; 58(1): 5-14.
10. Mansfield AK, Addis ME and Mahalik JR. "Why won't he go to the doctor?" The psychology of men's help seeking. *Int J Mens Health*; 2003; 2: 93-110.
11. Riska E. From type A man to the hardy man: masculinity and health. *Sociol. Health Illn*; 2002; 24(3): 347-358.
12. Langeni T. Contextual factors associated with treatment-seeking and higher-risk sexual behavior in Botswana among men with symptoms of sexually transmitted infections. *Afr J AIDS Res* 2007; 6(3): 261-269.
13. UNAIDS. Opening up the HIV/AIDS epidemic: Guidance on encouraging beneficial disclosure, ethical partner counselling and appropriate use of HIV case-reporting. Geneva 2002.
14. Aral SO and Wasserheit JN. STD related health care seeking and health service delivery. In: Holmes K. K, ed. *Sexually transmitted diseases*. New York: McGraw Hill 1999: 295-305.
15. Ward H, Mertens TE and Thomas C. Health seeking behaviour and the control of sexually transmitted disease. *Health Policy Plan* 1997; 12: 19-28.
16. Jayabaskar T. Health care seeking behaviour of patients attending an STI clinic in Singapore 2004. Retrieved from <http://scholarbank.nus.edu.sg/handle/10635/16479>.
17. Bana A, Bhat VG, Godlwana X, Libazi S, Maholwana Y, Maragungana N and Mofuka J. Knowledge, attitudes and behaviours of adolescents in relation to STIs, pregnancy, contraceptive utilization and substance abuse in the Mhlakulo region, Eastern Cape. *South African Family Practice* 2010; 52(2). Retrieved from <http://www.ajol.info/index.php/safp/article/view/54317>.
18. Mason H. Peer education: Promoting healthy behavior. *Advocates for youth* 2003. Available at www.advocatesforyouth.org.
19. Mason L. Knowledge of sexually transmitted infections and sources of information amongst men. *R Soc Promot Health* 2005; 125(6): 266-271.
20. Nanyonjo AM. Knowledge, attitude and practices of young people, regarding HIV positive prevention-a mixed method study at the Infectious Diseases Institute Kampala Uganda. University College 2009. Retrieved from http://www.phmed.umu.se/digitalAssets/30/30097_2009-3-agnes-nanyonjo.pdf
21. Khan MMH, Kabir MA and Matin MA. Factors affecting STIs among married men in Bangladesh. *J Fam Welf* 2003; 49(2): 38-44.
22. Pearson S and Makadzange P. Help-seeking behaviour for sexual-health concerns: a qualitative study of men in Zimbabwe. *Cult. Health Sex* 2008;10(4): 361-376
23. Ritchie J and Spencer L. Qualitative data analysis for applied policy research, in Bryman and Burgess, eds., *Analysing Qualitative Data*, London: Routledge, 1994; 173-194.
24. Lincoln JS and Guba EG. Naturalistic Inquiry. In: Tappen R M (eds). *Advance Nursing Research from Theory to Practice*. Ontario, Canada: Jones & Bartlett Learning, 2011, 119.
25. Liebe B. Examining the growth of witchcraft accusations in sub-Saharan Africa. *GVJH* 2016; 4(1): 1- 18.
26. Gerbase A C, Rowley JT and Mertens TE. Global epidemiology of sexually transmitted diseases. *Lancet* 1998; 351(3): 2-4.
27. Layzer C, Rosapep L and Barr S. A peer education program: Delivering highly reliable sexual health promotion messages in schools. *J. Adolesc. Health* 2014; 54: S70 -S77.
28. Gabarron E and Wynn R. Use of social media for sexual health promotion: a scoping review. *Glob Health Action* 2016; 9: 1- 9. Doi.org/10.3402/gha.v9.32193.