

“I AM A TSOTSI FROM SOPHIATOWN, YOU MUST CURE YOURSELF”: MASCULINITY AND HEALTH SEEKING BEHAVIOURS IN SOUTH AFRICA

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The aim of the present study was to examine constructions of masculinity of South African men in relation to their health seeking behaviours, as well as the likely implications of dominant ideas of masculinity for early death. A striking construction of masculinity and its association to health behaviour that the study found and is used in the title is that of a tsotsi who is, therefore, supposedly expected to cure himself. The term tsotsi is loosely translated in English as a thuggish male found in black South African townships with an exaggerated sense of dress style. As a self-definition, tsotsi means a streetwise person who survives by his wiles.

The motivation for the study is that whilst some research has been conducted into the health seeking practices of men in African countries such as Kenya and Zimbabwe, we know of no empirical investigations in Africa that have focussed on the associations between forms of masculinity and men's health seeking behaviours, and the implications of such associations with possible premature mortality. At the same time, critical studies of men and masculinity have contended that like high risk behaviours, negative health behaviours are linked to traditional dominant masculine norms of patriarchy. Ignoring symptoms and delaying or not seeking help from health professionals have been shown to be instances of expressing and embracing ruling ideas and structures of masculinity. “When a man brags, ‘I haven't been to a doctor in years’, he is simultaneously describing a health practice and situating himself in a masculine arena”.

Several studies report that men are less likely than women to seek medical attention. Men are less likely to go for HIV testing than women. In comparison to women, men are more likely to smoke, abuse alcohol, eat unhealthy food¹¹ and have multiple partners. However, researchers also show that in comparison to women men tend to engage in more physical activities in the form of sports and exercise.

At the same time, reports on the burden of disease and causes of death for African men and women show that the leading causes are HIV and AIDS, diabetes, hypertension, ischemic heart disease, tuberculosis and cancer, amongst other things. These conditions often emerge in middle age after long exposure to unhealthy lifestyles involving tobacco use, alcohol, a lack of regular physical activity or sedentary lifestyles, and consumption of diets rich in saturated fats, sugars and salts.

METHODOLOGY

The study used interviews to investigate how men construct masculinity and the associations of such constructions with health seeking behaviours. A convenient sample of forty six men aged between 15 to 90 years from the areas surrounding Johannesburg was used. These men were of African (63%), Indian (30%) and least Coloured (7%) descent.

Fifty-two percent of the sample had 12 years of education or more while 48% had less than 12 years of education. Their occupations were mainly in the public sector (police, fire fighting, and paramedical services), followed by students (grade 7 to PhD), and pensioners. Nine percent had no income, 54% had an income of <R5000, 24% earned between R5000-R10000, and 13% earned >R10 000. The majority of the men (57%) had one sexual partner (wife/girlfriend) and 22% had more than one current partner. The remainder had no partners.

RESULTS

Thematic analysis was applied on the data and findings were interpreted using critical theories of men and masculinity.

Men's health and their perception of early death

Men generally reported to be healthy and not at risk of premature mortality. This was despite reporting unhealthy eating habits, as well as chronic health conditions. In addition, most of the men indicated their main relaxation or leisure activity as drinking alcohol. Lastly, nineteen men (41%) reported that they were active in sports while 22 (48%) indicated that they used to be active in sports but no longer had time for it.

It appears from this that the majority of men pay inadequate attention to their health given their lifestyles, which includes lack of exercise and alcohol drinking behaviour. This poor attention to their own health may be associated with a masculine feeling of toughness or invulnerability. The lack of concern for their own health by men is supported by their lack of regular visits to health services for medical check-ups.

How often and why men go for a medical health check-up

The majority of men (63%) reported to never go for health care check-ups, while 37% indicated that they do not. Seventy-six percent of those who don't go for health check-ups reported that they eventually do access health services when they are feeling severely ill, while 24% never go at all.

Several other reasons were offered by the respondents for not going for health check-ups, some commonplace and others uncommon. These included lack of medical aid; distrust of public services; the view that visiting health services are a waste of their time; the fact they had regular exercise and ate healthy; the fear of finding out that one is unwell; and the idea that health check-ups are for other others who are weaker, which is direct confirmation of findings from previous studies that men see visits to health services as an unmasculine activity.



no I have not gone for a health check up...I won't be able to concentrate if I go if they tell me that I have some bad things or not well it will disturb me and I'm a student I have to focus on my school work. ...even if someone wanted me to go I would not go it's disturbing ... [Student, 16]

I have not been for a health check up I trust my body... [Security, 29]

I'm a tsotsi from Sophiatown, you must cure yourself take a tablet hot water and finish [Pensioner, 75].

Studies have shown that men often ignore symptoms and if not, delay seeking health related help. However, they assume that exercising and eating healthy food guarantees that they will be healthy.

On the other hand, some of the respondents provided reasons for going for health check-ups. Those who offered such reasons were mainly older men with serious health illnesses.

yes I go for health checkup just to check it's a routine one a month ... I'm a diabetic my check-ups are mixed with traditional healers they also have herbs that help...herbs work with doctors medication all my life I have always done general check-ups [Driver, 57]

However, most men reported being more likely to go for health consultation in the case of a severe illness.

I visit the GP when I'm really sick and my mom took me to a traditional healer once [Student, 15].

I went to a doctor I didn't want to take things for granted it was nothing serious ... [Administrator, 36]

I only go to gps especially for my epilepsy and I use the combinations like steaming with vicks that my mother suggests [Student, 17]

Men and HIV testing

Given the high rates of HIV in South Africa, the study asked questions about HIV testing. Fifty two percent of the sample reported to have had an HIV test. Reasons for testing included a need to know their HIV status either on their own accord, testing for work or insurance purposes, having perceived risk from their working environment or personal behaviour, and having found out their status accidentally while doing their health check ups:

...to maintain my health knowledge of status is powerful I always encourage people to leave a healthy life and check their status...[PhD student, 28].

... about three times the first time ... a condom burst while I was sleeping with one of my girlfriends second time I got a needle prick injury when I was busy with a patient and third to exhaust my medical aid I often go twice in a year just because I can or ... if I date someone new we go for an hiv test... [Paramedic Manager, 30].

... I went to the doctor for something else and the blood tests came back saying that i'm hiv positive [Police, 48].

Forty eight percent men do not know their HIV status or have not been for a test. These men saw no need for a test as they are faithful to one partner, are abstaining, do not have the virus, are generally scared of testing or of needles, know about HIV and have been an HIV advocate, and lastly not liking nor understanding why they have to do voluntary counselling and testing.

I have not been I am too scared ... I check with my wife she works for eskom and they have to do hiv tests so I know I'm negative because she is negative [Police, 39 year old].

no I haven't because I haven't got it [Pensioner, 75 year old].

I have been but they did not test, they wanted me to fill in forms...I didn't test because of that I go there to test and not fill in forms I have been there so many times and they tell me the same thing and so I go back home [Masters student and Tutor, 24].

CONCLUSION

This study established that while some men do seek health related help by going for health check-ups, the majority of men is reluctant to do so except in extreme cases or of chronic illness. Although there were other factors indicated by the participants for this reluctance, such as socio-economic reasons and distrust of public services, the disinclination to visit health services was mainly related to traditional ideas of what it means to be a man.

PREVENTION AND INTERVENTION STRATEGIES

Given that health related behaviours are shown to be associated with masculine identities, it is recommended that:

- Health care services need to be more encouraging to men to use health services, as well as be more male user friendly.
- Parents need to expose their boy children to seek regular health care at an early age to subvert the masculine anxiety and gendered ambivalence about visiting health facilities as early as possible when feeling unwell.
- Men need to be made aware of the risks and consequences of taking their health lightly by adhering to dominant norms of masculinity.
- Intervention work needs to place emphasis on men's need to:
 - Eat right;
 - Exercise regularly;
 - Be physically and psychologically productive;
 - Have regular healthcare check-up of blood for sugar, pressure, etc. so that medical doctors may be able to identify problems early and treat them before they become serious; and
 - Avoid smoking, drugs and alcohol abuse.

REFERENCES

References can be furnished upon request.

CONTACT DETAILS: