



An Inquiry into the Healthcare Seeking Behaviour of Rural Males in Jamaica during the Coronavirus Disease 2019 (COVID-19) Pandemic

Paul Andrew Bourne¹ Jodie-Ann Pinnock², Imani Sinclair², Mashieka Tatham², Brittany Williamson², James Fallah³, Calvin Campbell⁴, Clifton Foster⁵, Caroline McLean², Dian Russell Parkes², Tabitha Muchee⁶

¹Department of Institutional Research, Northern Caribbean University, Mandeville, Manchester, Jamaica, WI.

²Department of Nursing, Northern Caribbean University, Mandeville, Manchester, Jamaica, WI.

³Department of Dental Hygiene, Northern Caribbean University, Mandeville, Manchester, Jamaica, WI.

⁴Department of Mathematics and Engineering, Northern Caribbean University, Mandeville, Manchester, Jamaica, WI.

⁵Department of Biology, Chemistry, and Environmental Sciences, Northern Caribbean University, Mandeville, Manchester, Jamaica, WI.

⁶Department of Nutrition and Dietetics, Northern Caribbean University, Mandeville, Manchester, Jamaica, WI.

Abstract

Background: The general attitude and concepts about masculinity in today's society can often make it hard for men to acknowledge the importance of maintaining and seeking health services before or when a health issue arises. Rural men are portrayed to be resilient, competent and self-reliant and as a result less likely to seek health care assistance. This study seeks to highlight an inquiry into the healthcare seeking behaviour of Rural Males in Jamaica during the Coronavirus disease 19 (COVID-19).

Objectives: The purpose of this study is to determine (1) How do rural males seek healthcare services during the Covid-19 pandemic? (2) How often do rural males in Jamaica seek healthcare services during the COVID pandemic?

Methods: This research employed a cross-sectional and correlational research design. A series of questions were created in Google Forms and distributed to 1096 participants from the 14 parishes in Jamaica. The quantitative data conversion occurred using IBM Statistical Packages for the Social Sciences (SPSS) for Mac, version 27.0.

Results: The findings revealed that 61.4% (N=673) of the sampled respondents seek healthcare traditionally (medical doctor, pharmacist) and 81.8% (N=897) seek healthcare non-traditionally. 44.5% (N=488) of respondents are in close proximity to a healthcare facility which indicates that

since the Covid-19 even within close proximity to healthcare facility, rural males prefer non-traditional routes over traditional routes.

Conclusion: On average rural males seek healthcare only sometimes and the majority utilize home remedy as a form of non-traditional healthcare practice.

Keywords: Rural, males, Jamaica, healthcare seeking behavior, coronavirus.

Introduction

Health issues remain tremendously sensitive, predominantly when it concerns the male gender and associated with the perception of masculinity. According to a research on men's health seeking behavior in Nigeria, findings revealed that masculinity, cultural values, societal norms and socio-economic factors play very fundamental roles in men's health-seeking behavior. Moreover, while education has not been a positive impetus for better health-seeking behavior, rather social norms and social roles have a stronger impact on health-seeking behavior. The study also argues that while there is some but little mindfulness of some of the illnesses that are distinctive to men, there is an elevating ignorance of the necessity for medical check-ups and preventive health care intervention ("Masculinity and men's health-seeking behavior in Nigerian academia", 2021).

Previous studies have shown that the rural population when compared to the urban population has a lower median income, higher unemployment rates and lower education attainment. Rural communities are also known to have high poverty rates, less access to healthcare, and are less likely to have health insurance. A recent study done by the Cleveland Clinic, shows that close to 60 percent of men do not regularly visit a doctor, going only if they are seriously ill. All of these factors may result in poor health (Hiebert, Leipert, Regan & Burkell, 2016).

According to the U.S. Centers for Disease Control and Prevention Data, men are 1.5 times more likely than women to die from heart diseases, because of their reluctance to seek health care (Murray, 2011). Men's unwillingness to seek healthcare have only recently become egregious (Courtenay, 2000). The normative behavior in men seeking healthcare services in the past, were the right amount; If men sought help less than women, then women were thought to be encroaching the healthcare services. Such interpretations of sex differences in health-seeking behavior served both to position women as weak and hypochondriacal and to construct men as the stronger sex (Courtenay, 2000).

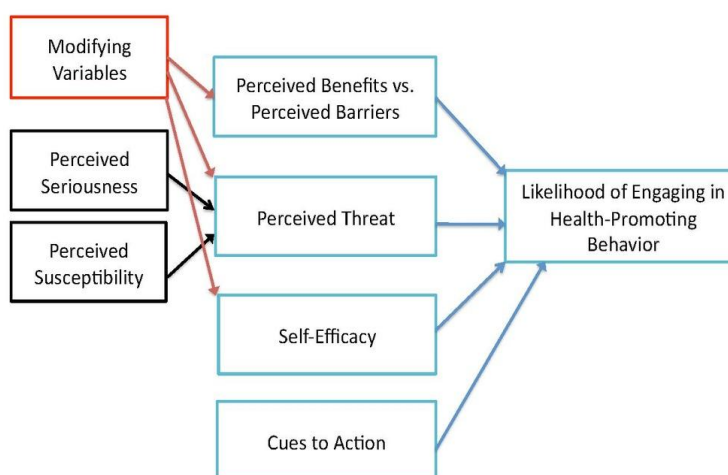
This study seeks to highlight an inquiry into the healthcare seeking behaviour of Rural Males in Jamaica during the Coronavirus disease 19 (COVID-19) and provide answers to the following two questions: (1) How do you seek healthcare during the COVID19 pandemic? (2) How often do rural males in Jamaica seek healthcare services during the COVID pandemic? The study of the health seeking behavior of rural males in Jamaica during the Coronavirus pandemic can be of good contribution to give additional information for other researchers who wants to conduct further research on the related field by providing knowledge-based, concise and factual

information in seeking health behavior of males on a whole and their reluctance in seeking healthcare and their preferred route for health care assistance.

Theoretical Framework

One of the most used theories in the Health System is the Health Belief Model (HBM). This theory was developed in the early 1950s by social scientists at the U.S Public Health Service consecutively to comprehend the failure of people to accept disease prevention strategies or screening tests for the early detection of disease. Later uses of HBM were for patients' responses to symptoms and compliance with medical treatments. According to (Nancy & Becker, 1984; Siddiqui et al., 2016) the HBM suggests that a person's belief in a personal threat of an illness or disease together with a person's belief in the effectiveness of the recommended health behavior or action will predict the likelihood the person will adopt the behavior. From psychological and behavioral theory in the health belief model, the foundation that the two components of health-related behavior are as follows: 1) the desire to avoid illness, or conversely get well if already ill; and, 2) the belief that a specific health action will prevent, or cure, illness. Ultimately, an individual's course of action often depends on the person's perceptions of the benefits and barriers related to health behavior.

The Health Belief Model



Urich (u.d).

Figure 1.Show the Health Belief Model.

Literature Review

In December 2019, the (World Health Organization, 2020) reported that a cluster of cases similar to pneumonia was discovered in Wuhan, China. According to (STATIN, 2021), the reports suggest that the pathogen associated with this cluster was later identified as the novel Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2). This forced the World Health Organization in January 2020, to declare the novel coronavirus outbreak a public health emergency of international concern. By March 2020, it was communicated by officials that this was a global pandemic. This represented a fundamental change in people's approach, as countries

across the globe seek to implement measures to control the outbreak while simultaneously trying to understand the virus. To date, little is known about the disparities between residents in urban and rural areas about health-seeking behaviours toward COVID 19. In light of this, the research aims to assess the health-seeking behaviour of rural males since the onset of COVID-19.

Health literacy is mainly concerned with medical or healthcare settings (Egbert & Nana, 2021). It is posited that health literacy takes into consideration the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health. With the onset of the COVID-19 pandemic, there have been significant health concerns among individuals in communities (Chriscaden, 2020). This takes into consideration the phenomenon of health-seeking behaviour.

Healthcare seeking behaviour has been defined as, "any action or inaction undertaken by individuals who perceive themselves to have a health problem or to be ill to find an appropriate remedy" (Latunji & Akinyemi, 2018). According to Latunji and Akinyemi, inappropriate health-seeking behaviour has been linked to worse health outcomes, increased morbidity and mortality and poorer health statistics. This is also suggested by (Glenister, 2021) in a later study, who found that there is evidence that the COVID-19 pandemic has been associated with changes to people's health-seeking behaviours, prompting concerns of delayed care or late presentations for important health conditions.

The International Food Policy Research Institute (2021) posited that it is hard to assess the urban-rural difference in health-seeking behaviour as testing and reporting are more challenging in rural areas. It is found that there are higher COVID-19 susceptibility and death rates in rural counties. Additionally, early research indicates that men are more likely to experience high mortality rates than women from COVID-19 (Daudu et al., n.d). That is, the novel coronavirus disease is shining a spotlight on the neglect of men's health at various levels. This could be attributed to the fact that compared with urban residents; rural dwellers are less likely to be recreationally active. According to Conell and Messerscdhmidt (2005), it was found that people continue to suffer in silence and convince themselves and others that they are not ill. This trend may also be associated with rural social constructions of health, which consider someone, particularly a man, healthy as long as they can still work.

According to Hiebert et al. (2018), limited recreational time for rural populations could be attributed to barriers such as limited access to recreational facilities, high costs of participation, geographical isolation, or transportation issues. Furthermore, in a CDC report by Griffith et al. (2020), it was highlighted that compared with women, men tend to engage in more high-risk behaviours that generate the potential for contracting COVID-19. Men have been more likely to downplay the severity of the virus's potential to harm them, and fewer men than women have reported that they have been avoiding large public gatherings or avoiding close physical contact with others. Compared with women in many countries, including the United States, men tend to have higher rates of behaviours that are linked with COVID-19 infection and mortality, including higher rates of tobacco use and alcohol consumption. Men also tend to have lower rates than women of hand washing, social distancing, wearing masks and effectively and proactively seeking medical help. Many men have been socialized to mask their fear, and it is important to

consider how hiding fear affects men's response to COVID-19. These behaviours are common in both urban and rural men but are more prevalent in rural men due to a lack of resources and cultural upbringing in several households.

Health-seeking behaviour is also affected by the delivery of formal and informal health care services in rural areas. According to Tran et al. (2020), most people in rural areas often visit health clinics or family doctors when perceiving a health problem, and most often than not, they cannot afford treatment. To mask their frailty, many traditional men prefer to purchase unprescribed medications at pharmacies for self-treatment or visit traditional healers, private or non-registered clinics, rather than hospitals and official health stations as places of first contact for health issues.

Though there have been identified gaps in rural men's health-seeking behaviour, even during the pandemic, there is evidence that the COVID-19 pandemic has been associated with changes to people's health-seeking behaviours, prompting concerns of delayed care or late presentations for important health conditions.

In conclusion, it is found that access to health information is essential to promote and maintain a healthy population. Griffith et al. (2020) suggested that health-seeking behaviour can be better assisted by strategies to reduce virus transmission, thereby reducing men's risk of COVID-19 mortality. These include health education, community engagement, and public health outreach; health promotion and preventive care; sex-disaggregated data in clinical practice and policy; rehabilitation and health care delivery infrastructure; and health policy and legislative interventions. These characteristics will also help to reduce the most common behaviours seen in rural men's reactions to the COVID-19 pandemic, lowering mortality rates.

Methods and materials

This research employed a cross-sectional study and a correlational research design. A purposive sampling approach was used to select the population. The standardized instruments consisted of thirteen (13) closed ended questions related to the health seeking behaviour of rural males and demographics each of which were reviewed by a methodologist. Researchers utilized a web based and face to face standardized survey to collect data from 1096 rural male participants 18 years and older from all three counties in Jamaica. The sample size of 1096 was established by utilizing the population size of 1,352,109 Jamaican males (STATIN), 2019) at a 95% confidence interval and 2.96% margin of errors. Participants were informed about the researcher's aim and there was no use of personal identifiers. Data for this research was collected during the period September 17 to November 30, 2021 with the use of an electronic data collection device to record responses guided by Aman Rashid (Rashid, 2021). Data from Google Form was converted and stored to IBM Statistical Packages for the Social Sciences (SPSS) for Windows version 25.0. Data analysis occurred using bivariate (chi-square) methods to give a variable response in frequency and percentage, and a P value of 5% was used to determine the level of statistical significance.

Results

Table 1 presents the demographic characteristic of the sampled respondents. Of the sampled respondents (n=1096), majority of them dwelled in the County of Middlesex (54.1%, n=593).

Table 1. Demographic Characteristic of the Sampled Respondents, n=1,096

Details	% (n)
Area of residence (County):	
Cornwall (Hanover, Westmoreland, St. James, Trelawny, St. Elizabeth)	18.0 (107)
Middlesex (St. Catherine, St. Mary, St. Ann, Manchester, & Clarendon)	54.1 (593)
Surrey (Kingston, St. Andrew, Portland, & St. Thomas)	27.9 (306)
Total	1,096

Table 2 presents information on the healthcare issues of the sampled respondents. Of the sampled respondents (n=1,096), most of the respondents have not sought medical care in the last 4-weeks (59.3%, n=650) but they have sought medical care in the last 18-month period (68.2%, n=748), used private medical care (35.2%, n=386), and sometimes sought traditional medical care on experiencing ill-health (61.4%, n=673). Furthermore, 81.8% (n=897) have used non-traditional medical care on experiencing ill-health.

Table 2. Healthcare Issues of the Sampled Respondents, n=1,096

Details	% (n)
Sought Medical Care (in last 4 weeks)	
Yes	40.7 (446)
No	59.3 (650)
Sought Medical Care (in last 18 months)	
Yes	68.2 (748)
No	31.8 (348)
Type of Medical Care Used	
Privately	35.2 (386)
Publicly	13.4 (147)
Both	51.4 (563)
Sought healthcare assistance since COVID 19 pandemic	
Very often	3.6 (40)
Often	5.7 (63)
Sometimes	61.1 (670)
Never	29.5 (323)
Sought traditional healthcare (visit medical doctor, nurse, pharmacist)	
Yes	61.4 (673)
No	38.6 (423)
Sought non-traditional healthcare (healer, home remedy, etc.)	
Yes	81.8 (897)
No	18.2 (199)

Types of traditional healthcare practices used	
Medical Doctor	57.8 (634)
Community nurse	4.6 (50)
Pharmacy	12.0 (131)
None	25.6 (281)
Types of non-traditional healthcare practices used	
Spiritual healing	
Herbal remedies (bush)	8.0 (88)
Four eye man (obeah man)	36.1 (396)
Home remedies	1.0 (11)
None	41.9 (459)
Sought medical care for	
Sick only	
Job requirement	30.7 (337)
School requirement	12.2 (134)
Visa requirement	9.4 (103)
COVID-19 vaccine	5.3 (58)
Normal check ups	23.6 (259)

Bivariate Statistical

Table 3.A cross-tabulation of Crosstabs

Details			
	Medical Doctor	Community nurse	Pharmacy

Notes		
Output Created	06-JAN-2022 17:01:38	
Comments		
Input	Data	D:\NRSRG 446\DATASET ASSISTANCE\IMANI SINCLAIR\Rural males survey 1 (4) (1) (1).sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	1096
Missing Value	Definition of Missing	User-defined missing values are treated as missing.

Handling	Cases Used	Statistics for each table are based on all the cases with valid data in the specified range(s) for all variables in each table.
Syntax		<p>CROSSTABS</p> <p>/TABLES=Whichofthefollowingtraditionalhealthcarepracticesdoyouuse</p> <p>Generallydoyouseektraditionalhealthcarevisitmedicaldoctornurseph BY</p> <p>Whichofthefollowingnontraditionalhealthcarepracticesdoyouuse</p> <p>Generallydoyouseeknontraditionalhealthcarehealerhomeremedyetc</p> <p>/FORMAT=AVALUE TABLES</p> <p>/STATISTICS=CHISQ CC PHI</p> <p>/CELLS=COUNT COLUMN</p> <p>/COUNT ROUND CELL.</p>
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01
	Dimensions Requested	2
	Cells Available	524245

Case Processing Summary						
	Cases					
	Valid		Missing		Total	
	N	Percent	N	Percent	N	Percent
Which of the following traditional healthcare practices do you use? * Which of the following non-traditional healthcare practices do you use?	699	63.8%	397	36.2%	1096	100.0%
Which of the following traditional healthcare practices do you use? * Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	815	74.4%	281	25.6%	1096	100.0%
Generally, do you seek traditional healthcare (visit medical doctor,	954	87.0%	142	13.0%	1096	100.0%

nurse, pharmacist)? * Which of the following non-traditional healthcare practices do you use?						
Generally, do you seek traditional healthcare (visit medical doctor, nurse, pharmacist)? * Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	1096	100.0%	0	0.0%	1096	100.0%

Which of the following traditional healthcare practices do you use? * Which of the following non-traditional healthcare practices do you use?

Crosstab							
			Which of the following non-traditional healthcare practices do you use?				Total
			Spiritual healing	Herbal remedies (bush)	Four eye man (obeah man)	Home remedies	
Which of the following traditional healthcare practices do you use?	Medical Doctor	Count	76	220	0	240	536
		% within Which of the following non-traditional healthcare practices do you use?	88.4%	76.1%	0.0%	74.8%	76.7%
	Community nurse	Count	4	21	1	23	49
		% within Which of the following non-traditional healthcare practices do	4.7%	7.3%	33.3%	7.2%	7.0%

		you use?					
	Pharmacy	Count	6	48	2	58	114
		% within Which of the following non- traditional healthcare practices do you use?	7.0%	16.6%	66.7%	18.1%	16.3%
Total		Count	86	289	3	321	699
		% within Which of the following non- traditional healthcare practices do you use?	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	17.567 ^a	6	.007
Likelihood Ratio	17.657	6	.007
Linear-by-Linear Association	3.945	1	.047
N of Valid Cases	699		

a. 3 cells (25.0%) have expected count less than 5. The minimum expected count is .21.

Symmetric Measures

		Value	Approximate Significance
Nominal by Nominal	Phi	.159	.007
	Cramer's V	.112	.007
	Contingency Coefficient	.157	.007
N of Valid Cases		699	

Which of the following traditional healthcare practices do you use? * Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?

Crosstab					
			Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?		Total
			Yes	No	
Which of the following traditional healthcare practices do you use?	Medical Doctor	Count	511	123	634
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	77.3%	79.9%	77.8%
	Community nurse	Count	45	5	50
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	6.8%	3.2%	6.1%
	Pharmacy	Count	105	26	131
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	15.9%	16.9%	16.1%
Total		Count	661	154	815
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	100.0%	100.0%	100.0%

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	2.765 ^a	2	.251
Likelihood Ratio	3.184	2	.203
Linear-by-Linear Association	.055	1	.815
N of Valid Cases	815		
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 9.45.			

Symmetric Measures			
		Value	Approximate Significance
Nominal by Nominal	Phi	.058	.251
	Cramer's V	.058	.251
	Contingency Coefficient	.058	.251
N of Valid Cases		815	

**Generally, do you seek traditional healthcare (visit medical doctor, nurse, pharmacist)? *
 Which of the following non-traditional healthcare practices do you use?**

Crosstab							
			Which of the following non-traditional healthcare practices do you use?				Total
			Spiritual healing	Herbal remedies (bush)	Four eye man (obeah man)	Home remedies	
Generally, do you seek traditional healthcare (visit medical doctor, nurse, pharmacist)?	Yes	Count	84	238	3	248	573
		% within Which of the following non-traditional healthcare practices do you use?	95.5%	60.1%	27.3%	54.0%	60.1%
	No	Count	4	158	8	211	381
		% within Which of the following non-traditional healthcare practices do you use?	4.5%	39.9%	72.7%	46.0%	39.9%
Total		Count	88	396	11	459	954
		% within Which of the following non-traditional healthcare practices do you use?	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	57.846 ^a	3	<.001
Likelihood Ratio	72.161	3	<.001
Linear-by-Linear Association	28.342	1	<.001
N of Valid Cases	954		

a. 1 cells (12.5%) have expected count less than 5. The minimum expected count is 4.39.

Symmetric Measures			
		Value	Approximate Significance
Nominal by Nominal	Phi	.246	<.001
	Cramer's V	.246	<.001
	Contingency Coefficient	.239	<.001
N of Valid Cases		954	

Generally, do you seek traditional healthcare (visit medical doctor, nurse, pharmacist)? *
Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?

Crosstab					
			Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?		Total
			Yes	No	
Generally, do you seek traditional healthcare (visit medical doctor, nurse, pharmacist)?	Yes	Count	550	123	673
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	61.3%	61.8%	61.4%
	No	Count	347	76	423
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	38.7%	38.2%	38.6%
Total		Count	897	199	1096
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	100.0%	100.0%	100.0%

Chi-Square Tests					
	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.017 ^a	1	.897		
Continuity Correction ^b	.002	1	.961		
Likelihood Ratio	.017	1	.897		
Fisher's Exact Test				.936	.482
Linear-by-Linear Association	.017	1	.897		
N of Valid Cases	1096				
a. 0 cells (0.0%) have expected count less than 5. The minimum expected count is 76.80.					
b. Computed only for a 2x2 table					

Symmetric Measures			
		Value	Approximate Significance
Nominal by Nominal	Phi	-.004	.897
	Cramer's V	.004	.897
	Contingency Coefficient	.004	.897
N of Valid Cases		1096	

Table 12 Showing a Cross tabulation between how often do you seek healthcare assistance since COVID-19 pandemic and generally do you seek non-traditional healthcare (healer, home remedy etc.) (X^2 critical= 55.095 > X^2 obtained 55.095, P=0.023) Hence, we fail to reject the null hypothesis.

How often do you seek healthcare assistance since COVID 19 pandemic? * Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)? Crosstabulation

			Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?		Total
			Yes	No	
How often do you seek healthcare assistance since COVID 19 pandemic?	Very often	Count	31	9	40
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	3.5%	4.5%	3.6%
	Often	Count	35	28	63
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	3.9%	14.1%	5.7%
	Sometimes	Count	588	82	670
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	65.6%	41.2%	61.1%
	Never	Count	243	80	323
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	27.1%	40.2%	29.5%
Total		Count	897	199	1096
		% within Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?	100.0%	100.0%	100.0%

Table 13 Showing Chi-square test associations between generally do You seek non-traditional healthcare and how often do you seek healthcare Assistance during the COVID-19 pandemic

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	55.095 ^a	3	<.001
Likelihood Ratio	49.652	3	<.001
Linear-by-Linear Association	.023	1	.881
N of Valid Cases	1096		

H₀: There is no statistical association between generally do You seek non-traditional healthcare and how often do you seek healthcare Assistance during the COVID-19 pandemic.

H₁: There is a statistical association between generally do you seek non-traditional healthcare and how often do you seek healthcare assistance during the COVID-19 pandemic. (X^2 critical= 55.095 > X^2 obtained 55.095, P =0.023) Hence, we fail to reject the null hypothesis.

Discussion

Preliminary research conducted showed that fear and perceived vulnerability manifest as the significant motivators for seeking help, and denial often prevents men from thinking they need medical attention. The sense of immunity and immortality that men experience makes it difficult to give up control. Therefore, it is believed that seeking help is not an acceptable behavior. Oftentimes, it is perceived that men are not interested in preventative measures and appear to be reliant on their female partners for support with regard to health concerns. Most men deflect discussing health concerns with other male friends or relatives except in certain circumstances, such as sports-related injuries or workout injuries. The pattern of support tends to be indirect rather than straight-forward. The fear of diagnosis is more visible in younger males as studies show that adult males over 65 years tend to have more consultations with family physicians than younger males. Statistics show that about 21% of men admit to avoiding the doctor because they are too nervous to find out what might be wrong (Ianzito, 2021).

In this current study, it has been established that of the 1096 rural Jamaican men, 54.1% (593) resided in Middlesex, 27.9% (306) Surrey and 18% (197) located in Cornwall County. Researchers further revealed that 59.3% (650) of rural Jamaican males never used medical care in the past four weeks and 31.8% (348) had never sought care in the past 18 weeks. A new Cleveland Clinic survey confirms only half of 1,174 adult men surveyed have undergone regular examinations (Ianzito, 2021). The frequency of seeking health care was questioned and 61.1% (670) of Jamaican rural males reported that sometimes they sought health care and 29.5% (323) have never sought healthcare since the COVID19 pandemic. According to (King, Calasanti, Pietilä & Ojala, 2021), older adults aged 65 and 70 years old visit their doctor more frequently than younger adults because the majority of them have at least one chronic illness that requires care and there is a lost of the idealized sense of masculinity tied to occupational success and robust health .

Questions were asked about the choice of healthcare practices participants seek to employ, as a result 61.4% (673) agreed to generally seeking traditional healthcare and 81.8% (897) said 'yes' to generally seeking non-traditional healthcare practices. 61.4% (673) of participants admit to visiting a medical doctor as a preferred choice of traditional healthcare practice, and 81.8% (897) prefer home remedies as a non-traditional practice. As it relates to distance for seeking healthcare, results show 44.5% (488) of respondents are in close proximity while 24.5% are not in close proximity with a healthcare facility. Additionally, the reasons for which respondents seek healthcare were also investigated and the majority 30.7% (337) said that they seek healthcare when they are sick only, 23.6% (259) went to acquire the Covid 19 vaccine, 18.6% for normal checkups, 12.2% job requirement, 9.4% (103) school requirement and 5.5% (58) for visa requirements. According to the National Center for Biotechnology Information, an acceptable reason that allows rural males to seek healthcare is concern about a health problem that causes pain or affects normal functioning, such as the ability to work as a result they often do not seek help until a disease has progressed (Banks, 2021). Respondents were asked how effective their method of seeking healthcare was, results showed 16.5% (181) of respondents stated seven out of ten percent effective.

Table 12 shows the analysis of the cross tabulation between how often do you seek healthcare assistance since COVID-19 pandemic and generally do you seek non-traditional healthcare (healer, home remedy etc.) Of the 1096 respondents, 61.1% (670) of the respondents stated sometimes, as how often they seek healthcare assistance since covid-19 pandemic. It has proven that there is a relationship between healthcare seeking behaviour and rural males in Jamaica during the Covid-19 pandemic. The findings interpretation are as follows (X^2 critical= 55.095 > X^2 obtained 55.095, $P=0.023$) Hence, we fail to reject the null hypothesis. Table 13 shows analysis of the Chi-square test between generally do you seek non-traditional healthcare and how often do you seek healthcare assistance during the COVID-19 pandemic. The findings interpretation is as follows (X^2 critical= 55.095 > X^2 obtained 55.095, $P=0.023$) Hence, we were able to reject the null hypothesis and accept the alternative hypothesis that there is a statistical association between generally do you seek non-traditional healthcare and how often do you seek healthcare assistance.

Conclusion

This research focused on an investigation of the healthcare seeking behavior of rural males across Jamaica. The quantitative data method was used along with the health belief model theory to conduct this research. Of the sampled population of (n=1096), the study empirically found that the majority of men living in rural areas of Jamaica generally seek non-traditional medical care and home remedies were the preferred type. Most respondents have not consulted with a doctor in the last 4 weeks, but most respondents have done so in the past 18 weeks. According to Jamaica Gleaner online, women can encourage men in their life by assisting them in keeping up with their doctor's appointments, says Dr. Stupas. Additionally, the most effective way to reduce prejudice against a man's health is to get him to talk to other men about his or her health ("Protecting men's health", 2021).

Appendix

Questionnaire

1. Select your age group
 - 18-25 years
 - 26-33 years
 - 34-41 years
 - 42-49 years
 - 50-57 years
 - 58-65 years
 - 65+ years

2. Please select the county in which you reside:
 - Cornwall (Hanover, Westmoreland, St. James, Trelawny, St. Elizabeth)
 - Middlesex (St. Catherine, St. Mary, St. Ann, Manchester, & Clarendon)
 - Surrey (Kingston, St. Andrew, Portland, & St. Thomas)

3. Have you sought healthcare in the past 4 weeks?
 - Yes
 - No

4. Have you sought healthcare in the past 18 months?
 - Yes
 - No

5. Normally, how do you seek healthcare?
 - Privately
 - Publicly
 - Both

6. How often do you seek healthcare assistance since COVID 19 pandemic?
 - Very often
 - Often
 - Sometimes
 - Never

7. Generally, do you seek traditional healthcare (visit medical doctor, nurse, pharmacist)?
 - Yes
 - No

8. Generally, do you seek non-traditional healthcare (healer, home remedy, etc.)?
 - Yes
 - No

9. Which of the following traditional healthcare practices do you use?

- Medical Doctor
- Community nurse
- Pharmacy
- None

10. Which of the following non-traditional healthcare practices do you use?

- Spiritual healing
- Herbal remedies (bush)
- Four eye man (obeah man)
- Home remedy
- None

11. Are you in close proximity (close distance) to any of the following? Choose as many as apply to you:

- Public Health Centre
- Public Hospital
- Private Doctor's Offices
- None

12. When do you seek healthcare?

- Sick only
- Job requirement
- School requirement
- Visa requirement
- COVID-19 vaccine
- Normal check ups

13. On a scale of 1 to 10 with 10 being the most effective, how effective is your method of seeking healthcare?

1	2.	3.	4.	5.	6.	7.	8.	9.	10
Least effective.									Most effective

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