PERSPECTIVES OF MALES ON UTILIZATION OF HEALTH SERVICES: IMPORTANT STAKEHOLDER IN ACHIEVING HOUSEHOLD SUSTAINABLE HEALTH

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Introduction

Health of the citizen are been promoted by different government through diverse methods in Nigeria, however the expected desired outcomes is still a mirage. Many reasons may be attributed such as lack of resources, illiteracy, poor health behaviours which may be influenced by lack of male participation in household health seeking behavior. Male inclusiveness in household decision making is an essential component if the needed health outcome is envisaged especially in Africa where cultural/traditional practices which bestow unlimited power to the male counterparts are still held in high esteem.

Studies have accrued to the importance of male inclusiveness at promoting family planning uptake, delivery services, prompt health decision making etc. Most recently, the growing need to encourage male participation in household health have being promoted. A pilot study on observed poor health seeking behaviours of mothers in a densely populated semi urban community in Jos Plateau state necessitated this study.

Aims and objectives

The study assessed the male willingness to encourage household utilization of health services, their knowledge of the benefits of utilizing health services and challenges to utilization.

Methods

Study was conducted at Nassarawa ward, Jos, Plateau state. Having had permission for the study by the head of a religious group (Imam of a mosque) where virtually all the male household heads attend for their mandatory morning prayers, a semi structured questionnaire was administered aided by two trained assistants over three days to all adult male household heads who consented to be studied.

Findings

One hundred and sixty six married household heads participated, 23(13.9%) had no formal education, 95(57.3%) practiced polygamy, 52 (31.3%) had more than 10 household members. Ninety seven (58.4%) indicated their willingness to encourage household members to utilize health services, 102(61.4%) had a good knowledge of accrued benefits, 36 (21.7%) were skeptical of its high cost, 72 (43.4%) indicated long hours of waiting, 16 (9.6%) felt wives take undue advantage of hospital visits for other ventures.

Conclusion

Unaffordability of services and long hours of waiting were some of the challenges identified. In such a high fertility setting, community health insurance will alleviate out-of-pocket spending on health to promote utilization.