

Sexual Health and Masculinity: Examining the Stigma around Reproductive Health Services for Middle-Aged Men in Cameroon

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Abstract

Background: Masculinity norms shape health-seeking behaviors, often discouraging men from accessing reproductive health services. In Cameroon, middle-aged men face stigma when seeking such care, exacerbating unmet health needs. This study explores how masculinity influences stigma and access to reproductive health services among middle-aged men in Cameroon. Methods: A combination of quantitative survey data from 60 men (n =60) and qualitative in-depth interviews from 20 participants (n =20) was collected from men aged 35–55 who resided in urban and rural areas of Cameroon. Research data underwent both descriptive and inferential statistical analysis for quantitative information and thematic analysis was used for qualitative data assessment. Results: Findings indicate that hegemonic masculinity reinforces stigma, deterring men from seeking reproductive health services. Self-stigma creates avoidance in healthcare by making males uneasy about representations of weakness and social stigma arises from cultural pressures that discourage men from using reproductive health services. The healthcare system carries its own stigma which healthcare providers express through negative behaviors to put more barriers before men wishing to access reproductive services. Men embracing stigma use separate approaches which include self-treating their issues alongside hiding their problems and trusting non-medical healthcare providers. Conclusion: Masculinity-driven stigma creates systemic barriers to reproductive healthcare for middle-aged men in Cameroon. Effective solutions to overcome this problem demand healthcare systems that view gender differences and also need community-based approaches along with stigma reduction programs in health facilities. Strengthening male-inclusive reproductive health services could improve health outcomes and challenge restrictive gender norms.

Keywords: *Masculinity, stigma, reproductive health, health access, middle-aged men, Cameroon.*

Introduction

In Cameroon, prevailing societal norms and traditional gender roles significantly influence men's health-seeking behaviors, particularly concerning reproductive health services. The concept of masculinity in many African contexts, including Cameroon, is often associated with strength, self-reliance, and dominance, which can deter men from seeking healthcare services perceived as feminine or indicative of vulnerability (Courtenay, 2000). The tendency for men to avoid medical care becomes most notable in maternal health fields which have long been considered under female authority thus reducing male involvement and worsening gender-based healthcare inequities.

Hegemonic masculinity, characterized by the dominance of male over female and the subordination of alternative masculinities, plays a crucial role in shaping health behaviors. Men adhering to these norms may avoid seeking reproductive health services to maintain their masculine identity, perceiving such actions as signs of weakness or vulnerability (Connell & Messerschmidt, 2005). The process of internalizing social expectations about male behavior leads men to create psychological barriers against health services thus upholding masculine norms.

In Cameroon, these gender norms significantly impact men's utilization of reproductive health services. Research by Skovdal et al. (2011) indicates that societal expectations push men to be independent and self-sufficient thus leading them to avoid participation in both HIV testing and treatment programs less than women do. The HIV testing results show that less than half of HIV-positive men start treatment yet 81% of women and 62% of men know their HIV status according to UNAIDS (2021).

The issues become more serious because of discriminatory behaviors that operate at a community level. Men who seek reproductive health services may face ridicule or ostracism from peers and community

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members, reinforcing the notion that such services are inappropriate for men (Mahalik et al., 2007). The social discrimination against men in society blocks their access to health services and produces avoidable medical issues with resulting transmission of diseases.

The healthcare environment itself produces barriers which scare away males from seeking healthcare services. Healthcare providers exhibit biases that maintain reproductive health belongs exclusively to women while most healthcare facilities do not provide services designed for men (Dudgeon & Inhorn, 2004). This perception can lead to feelings of discomfort and alienation among men who consider seeking care, further reducing their engagement with reproductive health services.

Addressing these barriers requires a multifaceted approach that includes redefining societal norms around masculinity, implementing gender-sensitive health policies, and creating male-inclusive healthcare environments. Community-based interventions that challenge traditional gender norms and promote positive aspects of masculinity have shown promise in increasing men's participation in reproductive health services (Dworkin et al., 2013). Healthcare providers who receive training about non-judgmental and inclusive care become able to reduce institutional stigma which subsequently increases male participation in necessary services.

This study aims to explore the impact of masculinity on the stigma surrounding reproductive health services among middle-aged men in Cameroon. This research analyzes social standards in combination with individual ideas along with healthcare systems to offer essential findings that will help create programs for equal healthcare opportunities for males.

Theoretical Framework

In examining the health-seeking behaviors and associated stigma among men, particularly in the context of reproductive health in Cameroon, three theoretical frameworks offer valuable insights: Hegemonic Masculinity Theory (Connell, 1995), Stigma Theory (Goffman, 1963), and the Health Belief Model (HBM) (Rosenstock, 1974).

Hegemonic Masculinity Theory: Hegemonic Masculinity Theory, introduced by R.W. Connell, describes the culturally dominant ideal of male behavior, which emphasizes attributes such as toughness, self-reliance, and authority over women and other men. This construct legitimizes men's dominant position in society and justifies the subordination of women and marginalized masculinities (Connell & Messerschmidt, 2005). In the Cameroonian context, traditional gender norms often equate masculinity with strength and invulnerability, discouraging men from seeking healthcare services perceived as feminine or indicative of weakness. This internalization of hegemonic masculinity can lead to the neglect of health needs, particularly in areas like reproductive health, where seeking help may be seen as contradictory to masculine ideals.

Stigma Theory: According to Erving Goffman's Stigma Theory society describes attributes as undesirable which causes both discrimination and devaluing experiences for those affected individuals. Social stigma develops because a person has attributes which contrast with accepted norms which consecutively damages their identity perception (Goffman, 1963). The domain of men's health-seeking behaviors displays dual manifestations of stigma between community-based judgments of individuals as well as personal condemnation of their own traits. Men who seek reproductive health services may fear being labeled as unmanly or weak, deterring them from accessing necessary care. Society maintains this stigma through prevailing cultural beliefs that promote male stoicism and self-reliance which makes people refrain from speaking about their health problems.

Health Belief Model (HBM): The Health Belief Model (HBM), developed by Rosenstock, posits that health-related behaviors are influenced by individuals' perceptions of susceptibility to a health issue, the severity of the issue, the benefits of taking action, and the barriers to action (Rosenstock, 1974). In the context of Cameroonian men, perceptions of low susceptibility to reproductive health issues, coupled with cultural beliefs that such matters are women's concerns, can reduce the perceived need for preventive measures or treatment. Additionally, perceived barriers such as potential stigma, lack of male-friendly

services, and financial constraints can further deter men from seeking care. Understanding these perceptions is crucial for designing interventions that address specific misconceptions and barriers, thereby promoting better health outcomes.

Integration of Theories: Integrating these frameworks provides a comprehensive understanding of the factors influencing men's health-seeking behaviors and the associated stigma. Hegemonic masculinity sets the cultural context that defines acceptable male behaviors, while stigma theory explains the social consequences of deviating from these norms. The HBM offers insight into individual decision-making processes regarding health behaviors. Together, these theories highlight the complex interplay between societal expectations, individual perceptions, and health behaviors, underscoring the need for culturally sensitive interventions that challenge harmful norms and reduce stigma.

Addressing the stigma surrounding reproductive health services among middle-aged men in Cameroon requires a multifaceted approach that considers the influence of hegemonic masculinity, societal stigma, and individual health beliefs. By applying these theoretical frameworks, interventions can be tailored to challenge detrimental gender norms, reduce stigma, and enhance men's engagement with essential health services, ultimately improving health outcomes.

Methodology

Study Design

This study employs a mixed-methods approach, integrating both quantitative and qualitative data to comprehensively explore the stigma surrounding reproductive health services among middle-aged men in Cameroon. Specifically, a convergent parallel design is utilized, wherein quantitative and qualitative data are collected simultaneously but analyzed separately, with results compared and merged during interpretation (Creswell & Plano Clark, 2018). This design allows for a more holistic understanding of the research problem by leveraging the strengths of both data types and offsetting their respective weaknesses (Fetters et al., 2013). Given that reproductive health issues among men are socio-culturally complex, the integration of both numerical data (surveys) and lived experiences (interviews and focus groups) enhances the validity of findings (Teddlie & Tashakkori, 2009).

Study Population and Sampling

The target population comprises 60 middle-aged men aged 35 to 55 years residing in both urban and rural areas of Cameroon. This demographic is selected due to their increased risk of reproductive health concerns and potential underutilization of healthcare services, influenced by social stigma and hegemonic masculinity norms (Connell & Messerschmidt, 2005).

Quantitative Component: A stratified random sampling method is employed to ensure representation across various demographics, including age, socioeconomic status, and geographic location. Stratified sampling ensures that different subgroups (urban vs. rural, high-income vs. low-income, educated vs. less educated) are adequately represented (Teddlie & Tashakkori, 2009). This approach enhances the generalizability of the findings by capturing diverse perspectives within the target population.

Qualitative Component: For qualitative data collection, purposive sampling is utilized to select participants who can provide in-depth insights into the stigma associated with reproductive health services. Participants are chosen based on specific criteria, such as prior experiences with reproductive health services or involvement in community health initiatives, to ensure rich and relevant data (Guest et al., 2013).

Data Collection Methods

Quantitative Component: Structured surveys are administered to collect data on the attitudes, experiences, and utilization of reproductive health services among 60 middle-aged men. The survey instrument includes validated scales to measure:

- Perceived stigma (adapted from Goffman, 1963),
- Health beliefs (based on Rosenstock's 1974 Health Belief Model), and
- Service utilization patterns (Creswell & Plano Clark, 2018).

Demographic information (e.g., age, marital status, income, education level) is also collected to facilitate subgroup analyses.

Qualitative Component: In-depth semi-structured interviews with Focus Group Discussion (FGD) were conducted with 30 middle-aged men out of the 60 participants to explore:

- Men's lived experiences accessing reproductive health services,
- Social norms shaping health-seeking behaviors, and
- Cultural barriers preventing engagement with healthcare providers.

Semi-structured interview guides are used to ensure consistency while allowing flexibility to probe emergent themes (Guest et al., 2013). FGDs are particularly useful in identifying community-level stigma and shared cultural beliefs that may not emerge in one-on-one interviews (Teddle & Tashakkori, 2009).

Data Analysis

Quantitative Component: Descriptive statistics (e.g., means, standard deviations, frequencies) are used to summarize demographic characteristics and survey responses. Inferential statistical tests, such as chi-square tests, t-tests, and logistic regression analyses, are conducted to examine:

- The association between perceived stigma and service utilization,
- The impact of education and socioeconomic status on health-seeking behaviors, and
- The predictors of willingness to use reproductive health services (Creswell & Plano Clark, 2018).

Data analysis is performed using SPSS version 28 to ensure accuracy and reliability.

Qualitative Component: Thematic analysis is employed to identify patterns and themes within the qualitative data (Braun & Clarke, 2006). Following their six-phase approach, the process includes:

1. Familiarization with the data,
2. Generating initial codes,
3. Searching for themes,
4. Reviewing themes,
5. Defining and naming themes, and
6. Producing the final report.

This method allows for a nuanced understanding of the social and cultural factors influencing men's reproductive health behaviors (Braun & Clarke, 2006). NVivo software is used for qualitative coding and theme identification.

Ethical Considerations

To uphold ethical research standards, this study adheres to rigorous ethical guidelines, ensuring compliance with both institutional and international research ethics frameworks. Ethical approval was obtained from the University of Venda Institutional Review Board (IRB) before data collection, with all research protocols aligned with the Declaration of Helsinki on Human Research Ethics (World Medical Association, 2013). Prior to participation, all respondents received detailed information about the study's purpose, procedures, potential risks, and benefits, allowing them to make an informed decision about their involvement. Written informed consent was obtained from each participant, emphasizing voluntariness and autonomy in participation. To maintain confidentiality and anonymity, all data were de-identified using unique participant codes, ensuring that no personal identifiers, such as names or phone numbers, were linked to survey responses or qualitative transcripts.

Additionally, the study prioritized cultural sensitivity by training data collectors in cultural competence and gender-sensitive interviewing techniques, ensuring that interactions were respectful and appropriate within the local socio-cultural context. To facilitate participant comfort and comprehension, interviews and focus group discussions (FGDs) were conducted in local languages, including Pidgin English, French, and native dialects. By integrating both quantitative and qualitative methods within a convergent parallel design, this study provides a comprehensive understanding of the stigma associated with reproductive health services among middle-aged men in Cameroon. The methodological rigor and ethical considerations embedded in this research enhance the credibility and reliability of the findings, ensuring their relevance for informing health policies and designing targeted interventions to address barriers to reproductive healthcare access.

Study Trustworthiness

Ensuring trustworthiness in qualitative research is essential for maintaining the credibility, dependability, confirmability, and transferability of findings (Lincoln & Guba, 1985). In this study, credibility was enhanced through triangulation, whereby data from semi-structured interviews were cross validated with quantitative survey responses to ensure consistency and accuracy (Shenton, 2004). Member checking was also conducted, allowing participants to review and verify their interview transcripts to minimize misinterpretation. Dependability was ensured through a detailed audit trail, documenting all methodological decisions, coding processes, and thematic development to enable replication (Nowell et al., 2017). To establish confirmability, researcher reflexivity was maintained by bracketing preconceptions and using NVivo software for systematic coding, reducing bias in theme identification (Morse, 2015). Finally, transferability was strengthened by providing a rich, detailed description of the research setting, participant demographics, and social context, allowing future researchers to assess the applicability of findings to similar populations (Shenton, 2004). These strategies collectively enhance the rigor and validity of the study.

Result

Sociodemographic Characteristics

A total of 60 middle-aged men (ages 35–55) participated in the study, with 30 also taking part in semi-structured interviews. The sample included individuals from both urban ($n=35$, 58.3%) and rural ($n=25$, 41.7%) settings. Table 1 presents the participants' demographic distribution.

Table 1: Participants Demography

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Age (Mean: 44.2, SD: 5.3)	35–40	18 (30.0)
	41–45	16 (26.7)
	46–50	14 (23.3)
	51–55	12 (20.0)

Education Level	No formal education	10 (16.7)
	Primary	15 (25.0)
	Secondary	20 (33.3)
	Tertiary	15 (25.0)
Marital Status	Married	35 (58.3)
	Single	15 (25.0)
	Divorced/Widowed	10 (16.7)
Employment Status	Employed	30 (50.0)
	Self-employed	18 (30.0)
	Unemployed	12 (20.0)

Perceptions of Masculinity and Reproductive Health

Thematic analysis revealed that masculinity was strongly associated with self-reliance, sexual potency, and reluctance to seek healthcare services. Quantitative survey data showed that 42 out of 60 participants (70%) believed that seeking reproductive health services was a sign of weakness. This aligns with Connell's (1995) hegemonic masculinity theory, which asserts that dominant masculine norms discourage men from engaging with healthcare systems.

One participant stated: “As a man, you should be strong and handle your problems privately. Going to a clinic for reproductive health makes you look weak.” (Male, 47, Urban)

Additionally, 57% of respondents indicated they had never discussed reproductive health issues with a healthcare provider. Figure 1 illustrates the perceived barriers to accessing reproductive health services.

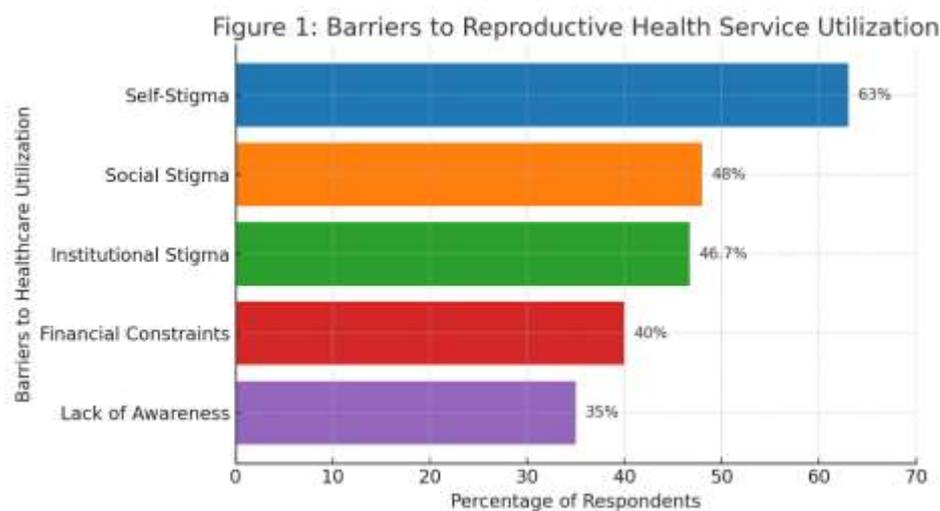


Figure 1: Barriers to Reproductive Health Service Utilization

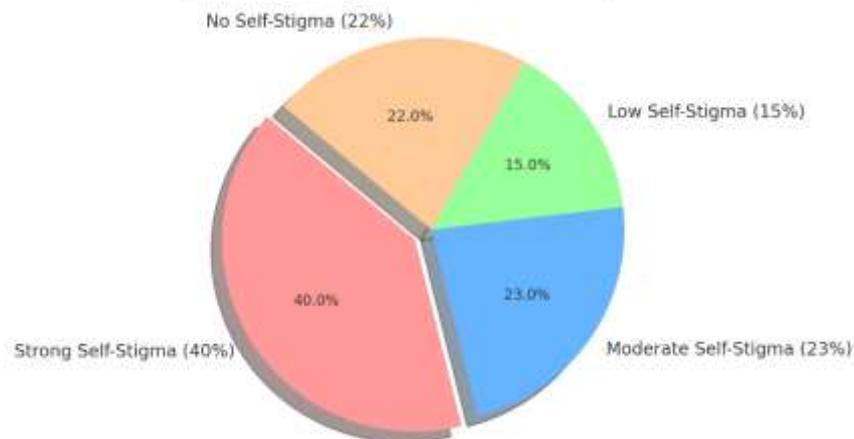
Stigma and Barriers to Access

Self-Stigma

Self-stigma was prevalent, with 38 out of 60 participants (63%) expressing reluctance to seek reproductive health services due to shame or fear of emasculation. One interviewee noted:

“I would rather suffer in silence than be seen in a reproductive health clinic. People will think I have problems in bed.” (Male, 42, Rural)

Figure 2: Self-Stigma Among Middle-Aged Men



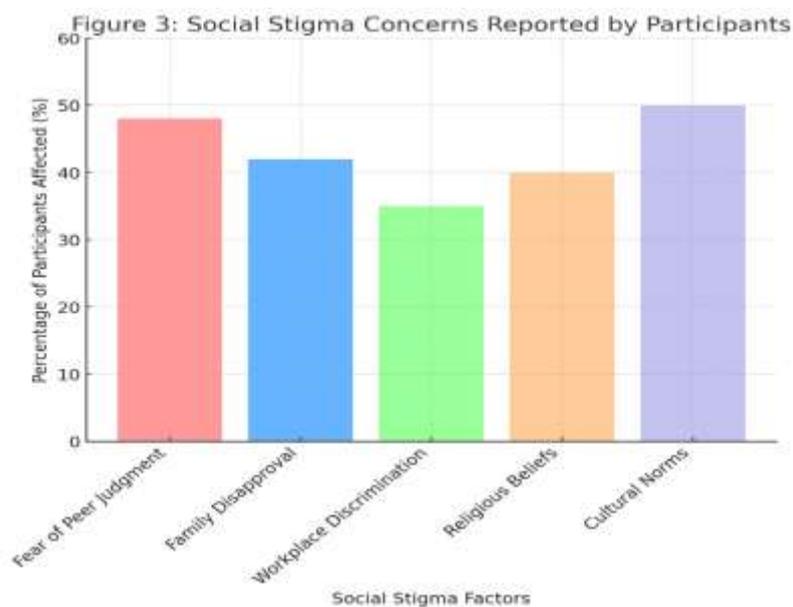
Social Stigma

Social stigma was another significant barrier, as 48% of participants feared judgment from family and peers. This aligns with Goffman's (1963) stigma theory, which explains how societal norms shape individuals' reluctance to disclose health concerns.

Institutional Stigma

Negative attitudes from healthcare providers were reported by 28 out of 60 participants (46.7%). Men in both rural and urban settings described experiencing discomfort and embarrassment due to judgmental attitudes. One participant stated:

“The nurses assume you have an STD or fertility problems. They don't treat you with respect.” (Male, 50, Urban)



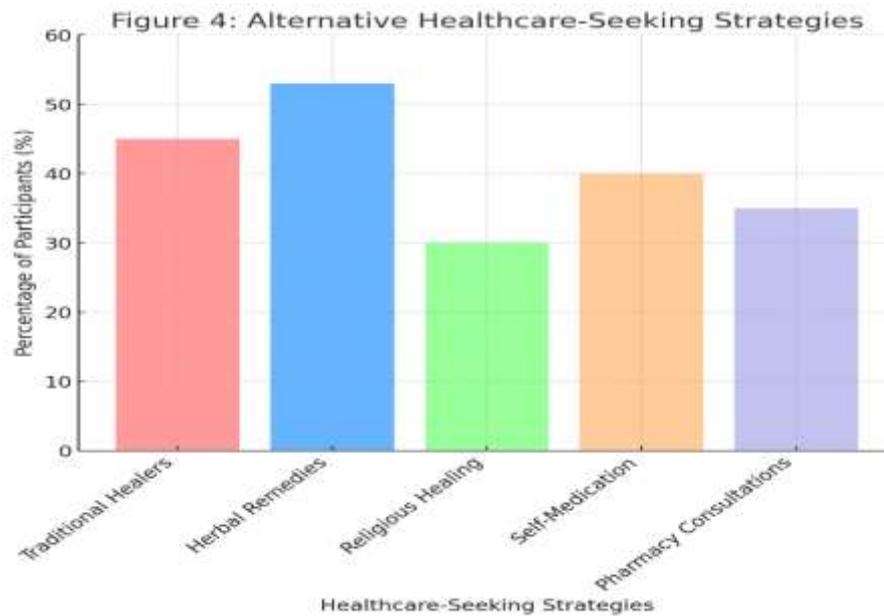
Strategies Men Use to Navigate Stigma

Seeking Informal Healthcare

Due to stigma, 45% of participants relied on traditional healers or over-the-counter medications instead of formal healthcare.

One participant shared:

“I trust traditional medicine more because no one questions why I am there.” (Male, 49, Rural)



Relying on Self-Medication

Self-medication was common, with 53% of participants opting for herbal remedies or purchasing medication without prescriptions.

A participant explained:

“I buy herbal treatments from the market. They work well, and I don’t have to explain myself to anyone.” (Male, 41, Urban)

Disguising Visits to Clinics

Some men (27%) reported disguising reproductive health visits as consultations for general health check-ups.

One respondent noted:

“If I go to the clinic, I tell them it’s for a headache or a general check-up, not for anything related to reproductive health.” (Male, 46, Urban)

Quantitative and Qualitative Convergence

A mixed-methods integration showed a strong convergence between quantitative and qualitative findings. While survey results quantified the extent of stigma and avoidance, interview data provided deeper insight into the lived experiences shaping these attitudes. Table 2 summarizes the key findings from both methods.

Table 2: Summary of Quantitative and Qualitative Findings

Masculinity and health-seeking	70% see healthcare as weakness	Men feel pressured to appear strong
Self-stigma	63% avoid clinics due to shame	Fear of being seen as weak
Social stigma	48% fear judgment from peers	Masculinity norms discourage help-seeking
Institutional stigma	46.7% experience negative provider attitudes	Judgment from healthcare staff
Coping strategies	53% self-medicate	Traditional healers preferred

Discussion

Overview of Key Findings

This study provides an in-depth exploration of how masculinity constructs and stigma influence reproductive health-seeking behaviors among middle-aged men in Cameroon. The findings indicate that masculinity ideals, coupled with social and institutional stigma, significantly impact men's willingness to engage with reproductive health services. The results align with the Hegemonic Masculinity Theory (Connell, 1995), which suggests that dominant masculinity norms discourage health-seeking behaviors, and Stigma Theory (Goffman, 1963), which highlights how societal attitudes shape individuals' reluctance to disclose health concerns. The study also resonates with the Health Belief Model (Rosenstock, 1974), which explains how perceived barriers and benefits affect health-related decision-making.

Masculinity and Healthcare Avoidance

The study reveals that masculinity is strongly associated with self-reliance, sexual potency, and resistance to healthcare-seeking behaviors. The survey data indicated that 70% of participants viewed seeking reproductive health services as a sign of weakness, reinforcing Connell's (1995) hegemonic masculinity concept. Interview findings supported this, with men expressing concerns about how their masculinity would be perceived if they sought healthcare. For instance, one participant noted:

"As a man, admitting to a reproductive health issue is like saying you are not strong. It's embarrassing."
(Male, 47, Urban)

These findings align with prior research, which suggests that men are less likely than women to seek preventive healthcare due to masculine identity norms (Mahalik et al., 2007; Courtenay, 2000). The reluctance to seek care stems from deep-rooted societal expectations that men should be strong, resilient, and independent. In many African cultures, masculinity is associated with virility and dominance, making discussions about reproductive health particularly sensitive (Dworkin et al., 2012).

Stigma and Barriers to Accessing Healthcare

Self-Stigma

The study found that 63% of participants experienced self-stigma, leading to avoidance of reproductive health services. Self-stigma manifests in feelings of shame, embarrassment, and fear of being perceived as weak. According to Goffman's (1963) Stigma Theory, individuals avoid actions that could label them as deviant. This aligns with the responses from participants who expressed fears that seeking reproductive healthcare would damage their masculine identity:

"Going to a clinic for reproductive issues makes people question your manhood." (Male, 42, Rural)

These findings echo previous studies, where self-stigma has been identified as a major barrier to healthcare-seeking among men (White et al., 2011; Fleming et al., 2019). The internalization of societal norms discourages men from openly addressing reproductive health concerns, exacerbating negative health outcomes (Noone & Stephens, 2008).

Social Stigma

Social stigma was another significant barrier, with 48% of participants fearing judgment from family and peers. This aligns with Goffman's concept of public stigma, where individuals avoid behaviors that might result in societal disapproval. One respondent stated:

"My friends would laugh at me if they knew I was seeing a doctor for reproductive health issues." (Male, 38, Urban)

Social stigma has been widely documented as a barrier to men's engagement with health services (Seidler et al., 2016). Studies show that masculine peer norms discourage open discussions about reproductive health (Lohan et al., 2015). Social expectations reinforce secrecy, making it difficult for men to seek timely medical interventions (Malamou et al., 2021).

Institutional Stigma

Institutional stigma also emerged as a major deterrent, with 46.7% of participants reporting negative attitudes from healthcare providers. Several men described experiencing judgmental treatment, discomfort, and lack of privacy when seeking reproductive health services. One participant shared:

"The healthcare workers assume you have an STD or fertility problems. They don't treat you with respect." (Male, 50, Urban)

This finding is consistent with research on healthcare discrimination against men seeking reproductive care (Baker et al., 2015). Negative encounters with medical professionals reinforce fear and reluctance, discouraging men from engaging with formal healthcare systems (Galdas et al., 2005).

Coping Strategies: Navigating Stigma

Due to stigma, men developed various coping mechanisms to avoid direct engagement with reproductive health services. Three key strategies emerged:

Seeking Informal Healthcare

About 45% of participants relied on traditional medicine or alternative healthcare providers. This trend is consistent with research indicating that men often turn to informal healthcare settings to maintain privacy and avoid stigma (Ogunbanjo & Omole, 2013). One participant stated:

"Traditional medicine is more discreet. No one asks questions." (Male, 49, Rural)

Relying on Self-Medication

Over 53% of participants reported self-medicating, often purchasing over-the-counter drugs or herbal remedies. This practice aligns with findings from previous studies, where men prioritize autonomy over professional medical advice (Smith et al., 2006). One participant expressed:

"I prefer to treat myself. Going to a clinic is too much stress." (Male, 41, Urban)

Disguising Visits to Clinics

Some men (27%) disguised their reproductive health visits by seeking consultations for unrelated conditions. This aligns with avoidance-based coping mechanisms, where men strategically bypass stigma by framing their visits as general health check-ups (Mahalik & Burns, 2011). One respondent shared:

"If I go to the clinic, I say it's for a headache, not reproductive health." (Male, 46, Urban)

Implications for Policy and Practice

The findings of this study have significant implications for public health interventions aimed at improving men's reproductive healthcare access.

Addressing Masculinity Norms

Programs should incorporate gender-sensitive approaches to redefine masculinity and promote positive health-seeking behaviors (Dworkin et al., 2015). Community-based initiatives that challenge harmful masculine norms can help normalize discussions about reproductive health (Kimmel, 2018).

Reducing Stigma in Healthcare Settings

Healthcare facilities must train providers to deliver non-judgmental, male-friendly services. Studies suggest that gender-sensitive training improves patient-provider relationships and encourages men to seek care (Courtenay, 2011).

Enhancing Confidentiality and Accessibility

Men are more likely to seek healthcare when they perceive services as private and accessible. Introducing discreet male-friendly clinics and mobile health solutions could help address stigma-related barriers (Fleming et al., 2020).

This study highlights how masculinity and stigma shape men's engagement with reproductive health services in Cameroon. The findings align with established theories, emphasizing the need for structural and cultural changes to improve men's healthcare access. Addressing these challenges through policy interventions, stigma reduction, and gender-sensitive healthcare delivery is essential for advancing men's reproductive health outcomes.

Conclusion

This study examined the intersection of masculinity, stigma, and reproductive health service utilization among middle-aged men in Cameroon. By integrating the hegemonic masculinity theory (Connell, 1995), stigma theory (Goffman, 1963), and the health belief model (Rosenstock, 1974), this research provided a nuanced understanding of how gender norms and societal expectations influence men's health-seeking behaviors. Using a mixed-methods approach, the study identified key barriers, including self-stigma, social

stigma, and institutional discrimination, and explored the strategies men employ to navigate these challenges.

Key Findings and Contributions

The study revealed that hegemonic masculinity norms significantly shape attitudes toward reproductive healthcare. The quantitative data indicated that 70% of participants perceived seeking reproductive health services as a sign of weakness, reinforcing the idea that masculinity is equated with strength, independence, and self-reliance. This was supported by qualitative findings, where men expressed concerns about being judged or ridiculed by peers for prioritizing reproductive health. The persistence of these beliefs suggests that deeply ingrained gender norms act as structural barriers to health service utilization.

The stigma associated with reproductive health issues emerged as a critical deterrent. Self-stigma was evident in 63% of participants, who admitted to avoiding healthcare due to embarrassment and fear of emasculation. Social stigma, reinforced by peer and familial expectations, was reported by 48% of participants, highlighting the societal pressure to conform to rigid masculine ideals. Institutional stigma, reported by 46.7% of respondents, further compounded these issues, as negative attitudes from healthcare providers deterred men from seeking services. These findings validate Goffman's (1963) stigma theory, which posits that individuals experiencing stigma internalize societal attitudes, leading to avoidance behaviors.

Men adopted various coping strategies to navigate stigma and access care in ways that align with traditional masculine ideals. A significant proportion (45%) relied on traditional healers, emphasizing a preference for culturally accepted alternatives over formal healthcare. Additionally, 53% of participants engaged in self-medication, reflecting a broader reluctance to engage with the healthcare system. Disguising health visits, reported by 27% of participants, underscores the extent to which stigma influences help-seeking behaviors, as men attempt to maintain their masculine identity while receiving necessary medical attention.

Implications for Policy and Practice

The findings underscore the urgent need for policy interventions that challenge restrictive gender norms and promote male-friendly healthcare environments. Public health campaigns must be tailored to reframe reproductive health as an essential component of overall well-being, rather than a threat to masculinity. This requires community engagement efforts that involve traditional leaders, religious institutions, and male role models to reshape perceptions around masculinity and health.

Healthcare systems must also address institutional stigma by implementing gender-sensitive training for healthcare providers. Improving confidentiality and patient-provider communication can foster trust and encourage men to seek care without fear of judgment. Establishing male-friendly health services, such as dedicated men's health clinics, may further reduce barriers to access.

7.3. Theoretical Contributions

This study makes significant contributions to the theoretical understanding of masculinity and health-seeking behavior by integrating and extending Hegemonic Masculinity Theory (Connell, 1995), Stigma Theory (Goffman, 1963), and the HBM (Rosenstock, 1974). The findings illustrate how dominant gender norms actively shape men's perceptions and engagement with reproductive health services, emphasizing that masculinity is not a fixed concept but evolves across life stages. Unlike previous research that primarily focuses on adolescents or elderly men, this study highlights the unique struggles of middle-aged men (35–55 years) who experience heightened societal expectations of self-reliance, autonomy, and sexual performance. The reluctance to seek reproductive healthcare is deeply rooted in these hegemonic masculinity ideals, where any acknowledgment of sexual or reproductive health issues is perceived as a sign of weakness. This is evidenced by participants' statements, such as: "A man should be strong and deal with his own problems. If you go to a clinic, you are seen as weak." These insights extend hegemonic masculinity

theory by showing that masculinity-related stigma is not static but varies based on age, health concerns, and social contexts.

Additionally, this study contributes to stigma theory by demonstrating that reproductive health-seeking behavior is stigmatized at multiple levels—self-stigma, social stigma, and institutional stigma—creating a reinforcing cycle of avoidance. Self-stigma, reflected in the 63% of participants who expressed reluctance to seek care due to shame, underscores the internalized pressure to conform to masculine ideals. Social stigma, reported by 48% of respondents, highlights the fear of peer or familial judgment, further discouraging men from engaging with healthcare services. Institutional stigma, experienced by 46.7% of participants, reveals that healthcare provider attitudes and systemic biases also contribute to men's avoidance of reproductive health clinics. This study refines stigma theory by demonstrating that the fear of judgment is not just external but also internalized, reinforcing avoidance behaviors even in the absence of direct discrimination.

Furthermore, integrating the Health Belief Model (HBM) into this analysis provides a comprehensive framework to understand how masculinity and stigma interact with health-seeking behavior. The study reveals that middle-aged men assess reproductive healthcare through the lens of perceived susceptibility, perceived severity, perceived benefits, and perceived barriers—all of which are deeply influenced by dominant masculinity norms. Although many participants recognized the potential benefits of seeking care, perceived barriers—such as social ridicule and distrust in formal healthcare—outweighed their motivation to engage with services. By merging the HBM with hegemonic masculinity and stigma theories, this study offers a multidimensional understanding of why middle-aged men delay or avoid reproductive healthcare, providing a theoretical foundation for designing more effective masculinity-sensitive health interventions.

Limitations and Directions for Future Research

While the study provides critical insights, some limitations must be acknowledged. The sample size, though adequate for thematic analysis, may not fully capture the diverse experiences of middle-aged men across different regions and socioeconomic backgrounds. Future research should explore longitudinal trends to assess how masculinity-related stigma evolves over time and its impact on health behaviors in the long term.

Additionally, the study primarily focused on reproductive health services; however, masculinity-related stigma affects men's engagement with other aspects of healthcare, such as mental health services and chronic disease management. Expanding research to include these dimensions can provide a more holistic understanding of male health behaviors.

Recommendations

Based on the study findings, several recommendations are proposed to address the stigma and barriers middle-aged men face in accessing reproductive health services. These recommendations focus on policy reform, healthcare system improvements, community engagement, and future research directions.

- **Policy Interventions for Male-Centered Reproductive Healthcare:** Governments and health institutions must develop policies that explicitly address male reproductive health needs and dismantle gendered barriers to care. Current health policies in many Sub-Saharan African countries focus primarily on maternal and child health, often neglecting men's reproductive health (Barker et al., 2019; WHO, 2022). Integrating a male-inclusive framework into reproductive health policies will ensure the availability of services tailored to men's unique concerns, particularly concerning fertility, sexual health, and chronic conditions such as erectile dysfunction.
- **Healthcare Provider Training and Gender-Sensitive Service Delivery:** Findings from this study indicate that institutional stigma and negative attitudes from healthcare providers significantly deter men from seeking reproductive health services. Training programs should be implemented to sensitize healthcare providers on gender norms and stigma-free communication (Dworkin et al., 2020). Male-friendly service models, such as dedicated men's health clinics or designated consultation hours, could

encourage more men to seek care without fear of judgment (Shand et al., 2014). Furthermore, task-sharing approaches—where trained male health workers provide counseling on reproductive health—could improve service acceptability among men (WHO, 2021).

- **Community-Based Interventions to Address Social Stigma:** Since peer and societal stigma are major deterrents, community-based programs should focus on shifting gender norms and promoting positive narratives around male reproductive health. Community dialogues, mass media campaigns, and workplace health education can play a crucial role in normalizing reproductive health discussions among men (Pulerwitz et al., 2019). Engaging traditional and religious leaders to advocate for men's health issues could further reduce cultural resistance to healthcare-seeking behaviors (Mkhize & Mokoena, 2021).
- **Expanding Access to Alternative and Digital Health Solutions:** Many participants in this study reported self-medicating or seeking traditional healers due to stigma-related barriers. To counteract this, governments should integrate traditional healthcare providers into formal health systems through collaborative programs and referral pathways (Leonard, 2018). Additionally, digital health platforms and telemedicine services could provide anonymous reproductive health consultations for men who fear in-person visits (Smith et al., 2020). Expanding mobile health (mHealth) interventions for reproductive health education may also improve knowledge and service utilization (Lemaire, 2019).

While this study provides critical insights into the stigma and barriers to reproductive health services among middle-aged men in Cameroon, further research is needed to explore these issues across different socio-economic and cultural contexts. Longitudinal studies could examine how stigma and masculinity norms evolve over time, while intervention-based research can assess the effectiveness of male-targeted reproductive health programs (Connell & Messerschmidt, 2005). Future studies should also incorporate larger sample sizes and mixed methods approaches to strengthen generalizability and depth of analysis.

Conclusion

In conclusion, this study highlights the complex relationship between masculinity, stigma, and reproductive health-seeking behaviors among middle-aged men in Cameroon. Deeply entrenched gender norms and societal expectations continue to shape men's engagement with healthcare, leading to avoidance behaviors and alternative coping mechanisms. Addressing these barriers requires multi-level interventions, including policy reforms, public awareness campaigns, and gender-sensitive healthcare initiatives. By challenging restrictive masculinity norms and fostering a more inclusive healthcare system, significant strides can be made in improving men's reproductive health outcomes and promoting gender equity in healthcare access. Future research and policy efforts should build on these findings to develop sustainable strategies that encourage help-seeking behaviors among men, ultimately contributing to better health outcomes and reduced stigma in reproductive healthcare settings.

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