

# QUALITATIF STUDY ABOUT MEN'S AWARENESS TO RISK FACTORS OF NON- COMMUNICABLE DISEASES

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**Submission date:** 09-Sep-2024 09:24AM (UTC+0700)

**Submission ID:** 2448532340

**File name:** Prociding\_IMC\_2014\_NS-RK\_new.pdf (373.26K)

**Word count:** 2773

**Character count:** 14398

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**QUALITATIF STUDY ABOUT MEN'S AWARENESS  
TO RISK FACTORS OF NON-COMMUNICABLE DISEASES**

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Abstract

The unhealthy life style of men, still become a problem in many countries. The proportion of smoking still high among men, that is 54.1% in men, and 2,8% in women. Drinking alcohol also high among men than women. Another life style, like physical activity, unhealthy diet, also high among men than women, although the differences not so loud. This study aims to describe the men's awareness to risk factors of noncommunicable diseases. This present study use qualitative design, in which data were analysed using thematic analysis. We interviewed 15 men aged 35 – 59 years in community. Analysis revealed two major themes : health seeking behavior in men influenced by the presence of signs or symptoms; and risk factors : majority of men didn't have a good understanding of health eating behavior, the reason not to have smoking cessation was felt more comfortable when smoking, not doing physical activity because felt tired after their work and didn't have any time for physical activity because of their work, only those who have noncommunicable diseases have knowledge about noncommunicable diseases, the understanding about PHBS (Perilaku Hidup Bersih dan Sehat) only for hand wash before eating and not smoking.

*Keywords: awareness, men, risk factors, noncommunicable diseases*

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## INTRODUCTION

The issue about men's health actually began in 1990. This topic began to raise because the men's health is not just a single problem or a simple concept. Gender differences for morbidity and mortality among men and women have been discussed everywhere. This includes life expectancy for men which is lower than women. According to WHO/SEARO, on 2010-2015, life expectancy for men in Indonesia is 68.3 years, and 72.8 years for women. Mortality in productive age is more common to find in men than women (Riskesdas 2007), Diseases cause mortality also more common to find in men than women. Cardiovascular disease among adults more common in men, even in men with younger age groups. Has been published as well, that risky behavior is more common in men, such as smoking and alcohol drinking that clearly seen higher in men, food intake and physical inactivity, or aggressive behavior tendencies. Nevertheless, for health seeking behavior, the search for health services, usually males less frequent to visit health services than women. They only come if it is really necessary, for example if it is disturbing their activities or if the disease is severe. Number of men at reproductive age visit the health center is lower than women (35% v/s 40% , SKRT 2004). Meanwhile, from the health center side, we have not seen a program that is specific enough to accommodate men's health issues. From literature, and from several theories of behavior (health belief model, the social cognitive models, Integrated theoretical models), we obtained a lot of things related to health care -seeking behavior

in men. Among these is the patient's perception of their own health. Often male patients feel no pain or feel no need to do early detection. Men generally visit health care if the disease has been disturbing their activities or their works, or generally interfere their quality of life. Other factors that also affect health -seeking in men are social determinants, cultural factors like masculinity in men, support of surrounding community, like family, friends, or other community groups, and health care providers, which we focus here is the health center as the primary health care in the community. Results of the preliminary study on the determinants of health status in reproductive men, has found that the proportion of poor health status is 56.1 % (subjectively using a questionnaire of health perception). Morbidity status almost equal to the national average (for diabetes, hypertension, and obesity), but high enough proportion to dislipidemi, ie by 54.2 %. Issue in this study is how is the men's awareness to their health, especially in risk factors of non-communicable diseases, and why they act like those.

## METHODS

This present study use qualitative study, with indept interview. The subjects of the study: men aged 21-59 years who live in the Mampang District. Samples will be determined based on the degree of saturation. Analysis of the data used is to examine the entire interview data by performing data reduction in a summary and table to be easily understood.

## RESULTS

Individual factors contribute to healthy behaviors:

### I. Habits of treatment

From in-depth interviews we obtain 2 large groups of men, the first group is the health seeking because of having disease, and the second group is health seeking that wait untill signs or symptoms appears

**Health seeking because of having disease.** From the results of in-depth interviews there were 10 men looking for health care services because of having disease. It can be seen from the following statement:

"..I have already knew that I have diabetes, so I control regularly, because I want to be healthy again, because it is not comfortable with the up and down of glukose level "

" I go to Puskesmas in order to control my hypertension. I worried about the complication, people talk about heart disease and stroke after having a hypertension "

**Health seeking with the arise of signs and/or symptoms.** There are 5 people seek treatment when signs or symptoms appear. It can be seen from the following statement:

" Usually I go to Puskesmas when I feel sick.

" If the pain is severe, I go to doctor "

From these two groups, we can see that men are willing to go to doctor/health service if they feel something wrong with their health. They wait until there is something, whether just signs or symptoms, or already diagnose having disease. They have awareness about their health after the<sup>6</sup> is something wrong with their health. Garfield et al (2011) in his review said that 1 in 4 men would wait as long as possible before consulting a physician if they were feeling sick, in pain, or concerned about their health.

**Concern about screening or medical cek up.** Majority of men agree that medical cek up is important to their health, but to do that, is a different thing.

"I think medical cek up is important, but I have not do it yet. Busy to work, and when the time is exist, I<sup>13</sup> n't feel up to go."

"Medical cek up, I don't know the kind of it, maybe the doctor know. I wait 'till there is a free medical cek up"<sup>9</sup>

"Medical cek up is good, but I don't think the price is good for me."<sup>9</sup>

"I don't want to go to medical cek up, because I'm afraid about the result"

One of the problem about medical cek up is the cost, which is actually some of the medical cek up covered by the health assurance. Sosialization about health assurance is needed.

The other reason found that men don't want to go to medical cek up, because<sup>5</sup> they're afraid about the result. Boyle et al (2004) in his cross section study found a positive public health initiative involving community pharmacists. According this study, patient education by community pharmacists had a significant impact on motivating men to see a physician for follo<sup>5</sup>-up care once a potential health risk was identified. This is an enormous opportunity to raise awareness of men's health care and influence men's health behavior.

## II. Life style

**Food Consumption.** Only 3 informants stated that healthy eating behavior means a balanced nutrition. Here is the statement of the informants:

" according to me healthy food is unexcessive food consumption. We should eat more vegetables and fruits than rice."

While 12 other informants do not know what kind of healthy foods , such as the following statement :

" Healthy food more like chickens. It is OK if we consume more rice. And not too much deep- fried consumption"

" Healthy food means Tasty and satisfied .. "

"If we still can enjoy the food meaning that our body is health"

We still found poor understanding about balance nutrition. Majority said that healthy food means full and plenty food consumption. Since we didn't done the dietary assessment, we can not have clear conclusion about food consumption in men. What we must underline here is that around citizen in urban area, there are still many wrong opinion about healthy food.

Indonesian Dietary Guidelines<sup>4</sup> Balance Nutrition should be follow up, just as Soekirman noted in his review: To measure behavior output requires the

implementation of national or regional household dietary or food consumption studies, periodically. In the long run (5-10 years) it should be followed up by measuring the impact of epidemiological transition of diseases to see if dietary and disease patterns are changing.

**Smoking.** There are 8 men with habitual smoker, as evidenced in the following statement:

" I smoke 3-4 cigarettes/day, my wife often complain at me, but it has been my habit since I was young"

" I smoke 12 cigarettes/day, since I was in high school"

There are 7 respondents who claimed never smoked and do not feel any benefit from smoking, as evidenced by the following statement :

" I had ever smoke, have been quit this 2 years. But now, I hate to smell the smoke."

"I don't quit smoking, because I feel uncomfortable when I don't smoke."

We found that men who have smoking, they also don't visit the health care. The reason men have difficult to quit smoking is a matter of pleasure or comfort, rather than influenced by the environment. Mao dkk (2014) in his study noted that traditional familism and collectivism interplayed with the pro-smoking environment and supported rural people's smoking practices at the community level. Living in the rural area was also a barrier to quitting smoking because of the lack of information on smoking cessation and the influence of courtyard-based leisure activities that facilitated smoking.

**Exercise.** There are 6 men who admitted regularly exercise and take benefit from the habit , as evidenced in the following statement:

"After I had diabetes, I regularly have exercise like riding bicycle, once a week. I feel better after exercise."

" I have regularly exercise , walking, play tennis , at least twice a week .. "

While there are 9 respondents who claimed never exercise, which is evident in the following statement:

"I never do exercise "

"I never do exercise, because my work make me very tired."

" I never have exercise, I have buy bicycle for my son, I plan to have exercise together with my son, but until now I have not do it yet..hahaha "

" I never do truly exercise, but I have physical activity at my work, so I have sweat too"

Eime et al, in her review, noted that sport may be associated with improved psychosocial health in addition to improvements attributable to participation in physical activity. Specifically, club-based or team-based sport seems to be associated with improved health outcomes compared to individual activities, due to the social nature of the participation. Notwithstanding this, individuals who prefer to participate in sport by themselves can still derive mental health benefits which can enhance the development of true-self-awareness and personal growth which is essential for social health.

**Knowledge About Disease.** Men who have already diagnose in certain disease usually have better knowledge than the healthy ones.

“I have high blood pressure and cholesterol. Not too bad, but I hear those can become a stroke one day if I don’t carefully take care them.”

“ I know I am diabetic, I think it is a common disease . And if untreated, it will effect to many organs. I will keep healthy recommended eating and taking medication, and doing exercise.”

While for the healthy men, there are some of them who have fair knowledge about noncommunicable diseases, especially in men.

“men in my age may have headache, maybe abdominal pain, usually from their stress and work, if other disease like hypertension, stroke, maybe at the older age. Risk factor ? I don’t know, maybe genetic ?“

“I know man can have stroke and heart disease, maybe from the food”

“Some times I got headache, but it disappear when I take medicine, so I don’t think seriously about that. I don’t think I need to see the doctor, I feel good”

“Are there any disease specific for men ? I don’t know about that, I think women and men have the same risk and the same disease”

## CONCLUSION

In men, the individual factors that play a role in awareness of healthy behavior, is obtained:

1. Most of the respondents looking for treatment if they were sick/symptoms raise
2. Most of the respondents did not know about eating right
3. Men difficult to quit smoking because they feel better/comfortable when they do smoking
4. Majority of men didn’t do exercise because they were tired / not have enough time because of their work
5. Men who already have disease have better knowledge about disease, specifically their own disease

A comprehensive ways to enhance men’s health is needed. It has to cover the awareness, knowledge, motivation from men’s side and also health care. We can not wait until men come to health care facilities. Building awareness from men and his community is needed as a promotion. Than we do specific protection to screen in specific disease. If there is diagnose, we do carefully and comprehensive treatment, not just for the disease, but also risk factors, not just the patients, but also families and community support.

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