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Research Paper

Cultural Norms, Masculinity, and System Design in Men's Healthcare Avoidance in Cameroon

Paul Saah*[1], Delphine Fri Chifor[2], Gisele Mah[3]
[1] University of South Africa, South Africa
[2] Cameroon Baptist Convention Health Services, Cameroon
[3] North-West University, South Africa

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Abstract

Men in Cameroon routinely underutilize formal healthcare services, causing a delay in diagnoses, poor health outcomes, and higher rates of death. This study intends to explore the interactions of cultural norms, constructions of masculinity, and structural design attributes on how they affect men's avoidance of healthcare in Cameroon and suggest context-specific strategies to address it. Based on the results of a systematic review of the 50 most relevant scholarly works, this study aims to provide a data-driven, evidence-based account of men's healthcare avoidance in Cameroon, combining theoretical analysis and practical reflections to discover prevalent themes, reveal knowledge deficiencies, and highlight opportunities for developing more male-focused health policies and interventions. The findings of the study depict that men's avoidance of healthcare in Cameroon is based on interrelated factors, such as cultural norms surrounding strength and self-reliance, structural disregard for male-specific needs, concern for being stigmatized or loss of status, and practical as well as symbolic salience of traditional medicine. The results recommend efforts to deliver gender-inclusive healthcare interventions in Cameroon that address communication disparities, establish male-friendly spaces, and incorporate culturally appropriate practices while framing masculinity as a major social determinant of health that can mitigate exclusion and ensure equitable access. The study builds on information available on men's health in sub-Saharan Africa and adds to the existing literature by proposing a framework in which cultural norms, masculinity, and system designs converge to drive healthcare avoidance, new perspectives, and specific recommendations for enhancing healthcare delivery in Cameroon.

Keywords: *Healthcare, Cultural Norms, Masculinity, Men's Avoidance, Traditional Medicine*

INTRODUCTION

Despite changes in society, in Cameroon and indeed throughout much of Africa, young men's resistance to seek formal health care continues to be a thorny behavioural and structural problem. Deeply embedded gender norms often construct masculinity as incompatible with vulnerability, help-seeking, or routine medical care (Warria, 2017). Within this cultural system, stoicism is celebrated as strength, sickness as weakness, and formal health systems are useless unless an illness has become intolerable. Such views not only reduce men's participation in health services, but they also perpetuate health inequities that last for generations. This pattern of avoidance has wide-ranging public health consequences. Men are greatly overrepresented in diagnoses of late disease, such as HIV, tuberculosis, and non-communicable diseases, but underrepresented in preventive care and chronically missing out on valuable moments of care (Beia *et al.*, 2021). On the other hand, national health systems in Cameroon, as in many African countries, have, for the most part, emphasized maternal and child health, with significant impact in these areas. But male health, especially the state of young, economically engaged, and socially mobile men, continues to be marginalized and under-addressed by policy and program design. The

Corresponding author's: saahpaul10@gmail.com

resulting neglect has left a policy vacuum, which remains to recreate structural inequities in both access to and usage of healthcare.

The disengagement of young males from healthcare in Cameroon is not entirely explained by persistent access constraints, including cost, distance, and inefficiencies in the system. Many young men continue to rely on unofficial and alternative channels, such as self-diagnosis, herbal therapies, and, in the case of HIV, "proxy testing" through a partner, even when services become financially and physically available. These behaviours reflect rational responses shaped by stigma, fear of discrimination, and gendered expectations surrounding health responsibility. Drawing on Mthembu's (2015) This study's gender-relational theory of health behaviour conceptualises masculinity as a socially constructed performance that is reinforced by institutional arrangements, peer norms, and economic roles. These factors collectively position formal healthcare as incompatible with ideals of toughness, resilience, and independence. By addressing three fundamental concerns, the study explores the sociocultural and systemic logics that normalise men's disengagement from formal healthcare: What is the Cameroonian health system like for young men? What does obtaining care and interacting with health services mean to them? In what ways do policy gaps and institutional blind spots sustain gendered exclusion? The analysis demonstrates that structural factors, not individual preferences, are the cause of men's avoidance of care by placing male health behaviour within larger cultural, gendered, and institutional contexts. It also contends that men's health needs have been ignored by prevailing policy objectives, despite improvements in maternal and child health. In order to address the particular obstacles influencing young men's health behaviours in Africa, the study adds to the growing body of research supporting gender-relational, context-sensitive, and evidence-based redesigns of health systems.

The gender-relational theory explains why young men in Cameroon internalise norms of toughness, self-reliance, and emotional restraint that keep them away from formal healthcare by highlighting how gender relations are constructed through everyday interactions, institutional arrangements, and sociocultural expectations. This paradigm allows the study to understand men's disengagement as behaviour influenced by structural factors and culturally accepted scripts rather than as individual negligence. Additionally, it makes a theoretical contribution by shedding light on how healthcare facilities themselves perpetuate gendered identities and avoidance patterns that align with prevailing masculine ideals (Adhikari & Sigdel, 2024). The gender-relational theory explains why young men in Cameroon internalise norms of toughness, self-reliance, and emotional restraint that keep them away from formal healthcare by highlighting how gender relations are constructed through everyday interactions, institutional arrangements, and sociocultural expectations. This paradigm allows the study to understand men's disengagement as behaviour influenced by structural factors and culturally accepted scripts rather than as individual negligence. Additionally, it makes a theoretical contribution by shedding light on how healthcare facilities themselves perpetuate gendered identities and avoidance patterns that align with prevailing masculine ideals. Through this orientation, Mthembu's (2015) framework supports evidence-based redesigns of health systems that better reflect the lived realities of young men in Cameroon, ultimately improving uptake and fostering more equitable health outcomes. Therefore, the purpose of the study is to investigate how socio-cultural norms, gendered constructions of masculinity, and the structural features of the health system interact to shape young men's disengagement from formal healthcare, to generate evidence to inform culturally responsive and gender-sensitive health system redesign.

Understanding young men's avoidance of formal healthcare in Cameroon requires examining how cultural expectations, gendered identities, and system design shape their interactions with health services. This study investigates the socio-cultural and institutional dynamics that underpin men's disengagement from the health system.

Research Objectives

- To explore how masculinity, fear, and denial influence young men's avoidance of health facilities in Cameroon.
- To examine how institutional power and gendered roles within the healthcare system shape men's experiences and decisions regarding care-seeking.
- To analyse the extent to which communication misfit between healthcare providers and young men contributes to disengagement from formal health services.
- To investigate men's preference for traditional medicine and how it interacts with cultural norms and perceptions of formal healthcare.

Research Questions

- How do masculinity, fear, and denial shape young men's avoidance of health facilities in Cameroon?
- In what ways do institutional power dynamics and gendered roles within the health system influence men's engagement with formal healthcare?
- How does the communication misfit between healthcare providers and young men contribute to men's limited use of formal health services?
- Why do young men prefer traditional medicine, and how does this preference relate to broader cultural norms and perceptions of formal healthcare?

The article is organized into four parts, each aimed at developing a deeper sense of the question at hand. After the introduction, the methodology section describes the study, including the data collection methods and the analytical framework used to interrogate the socio-cultural and institutional factors at play that support male disengagement. After that the findings and discussion section states the empirical evidence, specifically on how young men view healthcare in Cameroon, live the experience, and how they deal with it. These findings pave the way for the rest of our chapter on discussion, which uses an evidence base to provide practical, policy-relevant, and programmatic suggestions for redesigning a health care system in ways that engage men but are tailored to their specific needs even more effectively. In the end, the conclusion summarizes the major results of the study and reflects on the implications not just for improving men's health outcomes in Cameroon, but also for wider progress in terms of public health equity and gender-sensitive health policy at the continental level across Africa and elsewhere.

RESEARCH METHOD

The study adopts a Systematic Literature Review and follows a qualitative synthesis approach to explore and synthesise existing knowledge in order to identify patterns and gaps in the literature, without testing hypotheses or establishing causal relationships. A literature review extends beyond summarising individual sources by systematically examining and synthesising all available material on a topic (Saah & Mbohwa, 2024). As noted by Snyder (2019), a conceptual, non-empirical study entails a detailed review of existing theories and the broader knowledge base, while Jaakkola (2020) emphasises that such an approach promotes critical thinking and the integration of diverse theoretical perspectives. In line with this, numerous journal articles addressing cultural norms, masculinity, and system design in men's healthcare avoidance in Cameroon were initially reviewed, after which 50 most relevant publications were selected for in-depth analysis to synthesise key scholarly insights and identify recurring themes. The 50 journal articles used in the study were intentionally selected through purposive sampling to ensure that only the most relevant and theoretically significant publications directly addressing the research focus were included. This targeted selection allowed the review to capture a wide range of perspectives, methodologies, and

thematic insights necessary for a comprehensive synthesis. A sample of 50 articles was deemed sufficient for saturation because recurring patterns, dominant themes, and consistent knowledge gaps began to emerge well before this point, indicating that additional sources were unlikely to yield substantially new information.

A systematic literature review is conducted to provide a transparent, rigorous, and replicable method for identifying, evaluating, and synthesising existing research, thereby ensuring that conclusions are grounded in comprehensive and unbiased evidence. Guided by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) process, the review follows a clear, stepwise sequence: Identification, where relevant studies are gathered from multiple databases using predefined keywords and search strategies; Screening, during which duplicate records are removed and titles and abstracts are assessed for preliminary relevance; Eligibility, involving full-text evaluation of remaining studies against predetermined inclusion and exclusion criteria to ensure methodological quality and relevance; and Inclusion, where only studies that meet all criteria are retained and synthesised in the final analysis. This structured approach enhances the credibility, transparency, and reproducibility of the review.

To ensure rigour and transparency, the study employed the PRISMA framework, which provides a structured and repeatable process for identifying, screening, and selecting academic literature (Dickson & Yeung, 2022). The four PRISMA stages, identification, screening, eligibility, and inclusion, guided the review process. During identification, comprehensive searches were conducted across databases such as Scopus, Web of Science, and Google Scholar using relevant keywords and Boolean operators. Screening involved removing duplicates and excluding irrelevant studies based on titles and abstracts, followed by eligibility checks that assessed full-text articles against predetermined inclusion and exclusion criteria, as recommended by Mishra and Mishra (2023). In the inclusion phase, selected studies were analysed to identify major themes, trends, and gaps. Applying PRISMA ensured methodological transparency, reduced bias, and supported the development of a robust understanding of communication practices within South Africa's project-based context.

The study employed a systematic literature review as its primary methodological strategy, as it was considered the most appropriate approach for achieving its objectives. This method enabled the structured, transparent, and repeatable identification, assessment, and synthesis of existing studies on communication strategies and procedures in project-based organisations, thereby facilitating a comprehensive understanding of current knowledge, gaps, and future research directions. However, relying solely on a non-empirical, content-based literature review introduces limitations and potential biases. Panjaitan et al. (2024) argue that complementary methods, such as cost-benefit analysis, can offer additional insights into organisational practices, while the dependence on available published literature raises concerns about selection bias. This may result in over-representation of certain industries or geographical contexts and under-representation of others, including the specific realities of South African project-oriented businesses. More so, without primary data such as interviews or surveys, the applicability of theoretical insights remains uncertain, and the method may fail to capture evolving communication practices shaped by local socioeconomic and cultural dynamics.

The literature review process followed a systematic analysis of academic sources, industry reports, and policy documents relevant to the research objective (Saah & Mbohwa, 2025). To strengthen methodological transparency and enhance the study's credibility and reproducibility, a PRISMA flow diagram was incorporated. According to Iannizzi *et al*. (2023), the PRISMA diagram serves as a standardised visual tool that outlines the progression of sources through the stages of identification, screening, eligibility assessment, and final inclusion. In this study, the diagram demonstrates the rigour applied in selecting relevant literature and visually maps the decision-

making process that shaped the final body of evidence included in the synthesis. By outlining each step of the selection process, the diagram helps ensure that the literature review was conducted systematically and objectively, enhancing the overall methodological rigour of the study. It provides a clear audit trail by documenting the exclusion of ineligible studies, frequently for reasons like lack of peer review, insufficient relevance, or methodological weaknesses. This transparency supports the findings of the study by confirming that they are based on a carefully curated and well-justified body of evidence. The detailed items for systematic reviews are reported in the PRISMA flow diagram as depicted in figure 1

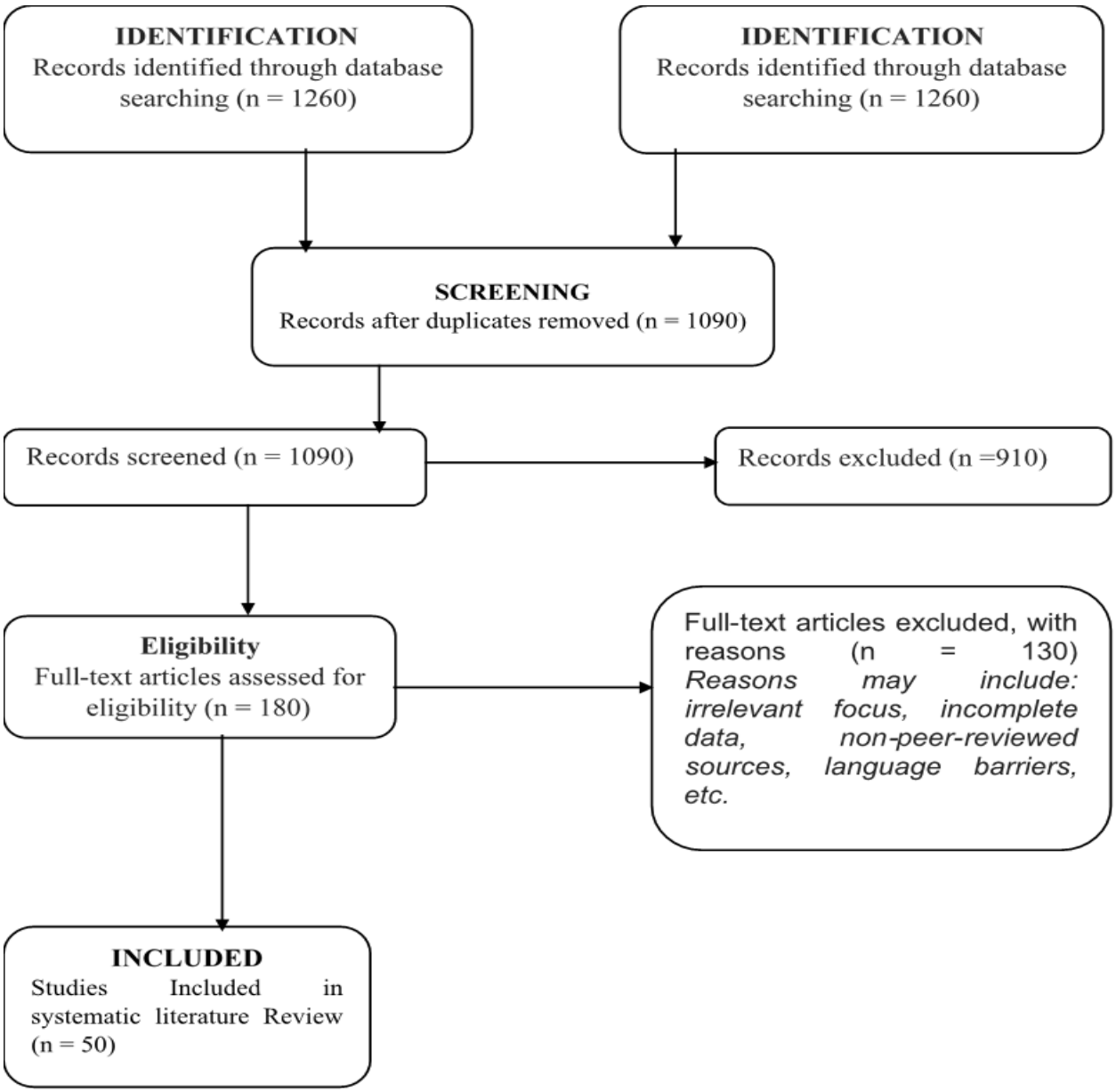

Figure 1. Flowchart of the database search and literature review

The PRISMA framework presented in Figure 1 provides a structured and transparent process for conducting systematic literature reviews by illustrating the sequential flow of studies from identification to inclusion. In the identification stage, potentially relevant literature on the cultural norms, masculinity, and system design in men's healthcare avoidance in Cameroon is gathered through defined keywords and search strategies across multiple databases and sources.

During screening, duplicates are removed, and titles and abstracts are assessed for preliminary relevance. The eligibility stage involves full-text evaluation based on predetermined inclusion and exclusion criteria, including methodological quality and relevance to the research focus. Studies that do not meet these standards are excluded with documented reasons. The final inclusion stage integrates the eligible studies into the synthesis, making the PRISMA diagram an audit trail that enhances transparency, rigour, and replicability throughout the review process.

The systematic literature review was selected as the main methodological approach because it offers an organised and replicable way to synthesise existing research on the cultural norms, masculinity, and system design in men's healthcare avoidance in Cameroon. By carefully identifying, assessing, and integrating evidence from peer-reviewed publications and policy documents, this approach provides a comprehensive overview of current knowledge, recurring themes, and theoretical insights. However, its reliance on non-empirical content analysis introduces limitations, as the quality and representativeness of findings depend on the availability and relevance of existing literature. As Panjaitan et al. (2024) highlight, the reliance on non-empirical content analysis may produce selection bias, over emphasizing on certain variables while under emphasizing on the others. More so, without primary data such as interviews, surveys, or field observations, the review may overlook emerging challenges, lived experiences, and adaptive strategies of Men's healthcare avoidance, limiting its ability to fully capture the evolving realities of cultural norms, masculinity, and system design in men's healthcare avoidance in Cameroon.

FINDINGS AND DISCUSSION

Theoretical underpinnings of this study contribute to the evidence base for examining the mediating role of cultural norms, masculinity, and system design in leading to men avoiding healthcare in Cameroon. The study reported four interrelated domains that provide insight into the chronic disengagement of Cameroonian men from formal healthcare systems. These also represent both individual agency as well as a failure of system design. The findings of the study of the effects of cultural norms, masculinity, and system designs that lead men to avoid healthcare in Cameroon, which were not only cross-urban and semi-urban settings, were mediated by social class, education level, and age-related status. The study identifies avoidance of health facilities, institutional power, gendered roles, and communication misfit, masculinity, fear, and denial, as well as preference for traditional medicine as some factors that contribute to preventing men from seeking healthcare in Cameroon. The theoretical framework, illustrated in Figure 1, translates the foundations of the study into a useful model that graphically depicts the important components, relationships, and outcomes of how cultural norms, masculinity, and system designs all contribute to men's avoidance of healthcare in Cameroon.

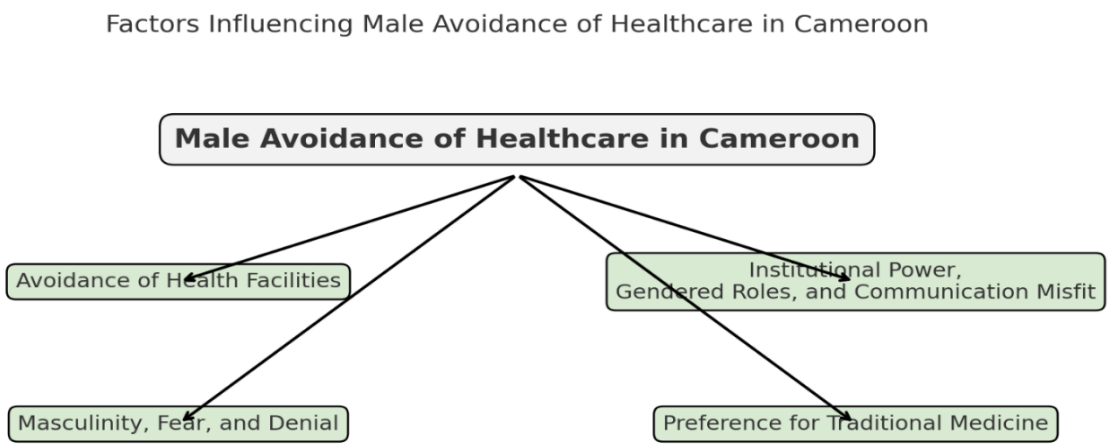

Figure1. Factors Influencing Men's Avoidance of Healthcare in Cameroon

The figure illustrates men's avoidance of healthcare in Cameroon as a product of intertwined cultural norms, constructed notions of masculinity, and systemic design limitations. Male disengagement from formal health systems is shaped by four key variables: avoidance of health facilities, where men delay seeking care due to expectations of strength and self-reliance (Chavalala et al., 2025); institutional power, gendered roles, and communication misfit, which reveal how health systems prioritise maternal and child health while failing to create male-inclusive spaces and communication strategies; masculinity, fear, and denial, whereby social norms reward stoicism and discourage men from seeking care due to stigma and perceived weakness (Mursa et al., 2022); and a preference for traditional healthcare, which leads men to use herbal remedies, self-medication, and traditional healers that better align with cultural and masculine identities. Together, these factors highlight the complex interplay of cultural beliefs, gender expectations, and institutional blind spots that shape men's health-seeking behaviour and contribute to their persistent disengagement from formal healthcare in Cameroon.

The findings reveal that men's avoidance of the health sector in Cameroon originates from the combined influence of social norms, male identities, and institutional design restrictions. Men's propensity to put off or avoid formal healthcare because of expectations of strength and independence, which portray asking for assistance as a sign of weakness, is at the heart of this habit. Institutional power dynamics, gendered roles, and poor communication techniques that prioritise women and children while ignoring and inadequately addressing male-specific needs are equally important. Men's hesitation is further shaped by masculinity, fear, and denial since cultural scripts promote reducing sickness, rejecting vulnerability, and delaying care in order to prevent stigma or status loss. A strong predilection for traditional medicine through herbal cures, spiritual consultations, and self-medication, offers culturally acceptable alternatives regarded as more aligned with manly values than biomedical care. When taken as a whole, these elements offer a thorough knowledge of the institutional and sociocultural causes of men's disengagement from formal healthcare in Cameroon.

Results of Avoidance of Health Facilities

In Cameroon the avoidance of health facilities is heavily affected by cultural and social norms of masculinity that discourage care-seeking among men, and instead promote coping skills, stoicism, and the importance of self-reliance as part of one's masculinity. As

a result, many men delay seeking care until they are in advanced stages of the disease or refuse to get a service altogether, making it seen as showing signs of weakness (Wollie *et al.,* 2024). The same goes with the society's expectations of stoicism, valorising endurance and minimising illness resulting in men over-representing late-stage diagnoses and under-representing preventive care among men. Novak *et al*. (2019) assert that men's avoidance of healthcare is similar elsewhere in Africa, where men are less inclined to access routine healthcare compared to women, signaling a more general gender-based differences in access to health facilities. Daniels *et al.* (2021) affirm that in Cameroon, this avoidance is perpetuated, for example, with the stigma attached to certain conditions, such as HIV, which leads to men avoiding testing or finding indirect methods, including "proxy testing" through their partners. As a result, avoidance of health facilities becomes critical obstacles when men enter formal health systems, revealing the intersection of masculinity, social norms associated with physical and mental disease, and systemic neglect in shaping care.

Results of Institutional Power, Gendered Roles, and Communication Misfit

Institutional power dynamics, gendered roles, and misfits in communication are key factors contributing to men's avoidance of healthcare in Cameroon. In clinical settings, authority and social roles are challenged, as junior or female staff challenged their authority, which often faced resistance because culturally, there is a greater emphasis on male control and discouragement of vulnerability (Gurieva *et al.,* 2022). More so, consultations in healthcare facilities in Cameroon often depend on modes of communication compatible with women's tendencies toward disclosure, putting pressure on men to express symptoms and personal concerns differently, often contrary to their preferred means of brief, implicit, or physical expression (Barkhuizen *et al*., 2022). Eliciting detailed narratives from male patients delayed diagnosis and frustrate providers of healthcare services in Cameroon (Padavic *et al*., 2020). This implies that care avoidance can often be explained by more than stigma or fiscal constraints and can be attributed to systemic misalignments between men's expectations of respect, privacy, and control, and the communication practices present in healthcare encounters.

Results of Masculinity, Fear, and Denial

Men's avoidance of healthcare in Cameroon is deeply embedded in their performance of culturally sanctioned masculinity, whereby being seen as enduring pain and concealing illness are considered as acts of strength and resilience (Hicks, 2015). This is because according to some men, disclosure of health problems is potentially risky because subjects feared being mocked socially and losing power and influence in peer dynamics. This narrative is consistent with Thelma and Ngulube (2024) postulation that masculine norms support health risk behaviors and with those of Galsanjigmed and Sekiguchi's (2023) observations of gender role conflict and emotion-suppression. In addition to concerns about becoming physically ill, the external social and economic outcomes of a diagnosis, such as stigma, loss of livelihood and social marginalization, which together contribute to avoidant behaviours. Hicks (2015) affirms that several men prefer to stay in ignorance of their health status because they see denial as a way to protect against threats to their masculinity and social status.

Results of Preference for Traditional Medicine

Traditional or herbal medicine among men in Cameroon is not a matter of being ignorant or lacking accessibility, but being practical, and conforming to cultural and social

expectations (Sifuna, 2022). Dieudonne (2023) note that traditional healers provide respectful listening, confidentiality, and culturally affirming care, reinforces peer legitimacy and supports the maintenance of a masculine persona. Motivation derived from factors related to avoiding bureaucratic hurdles, perceived effectiveness as supported by society, and the cultural iconography of herbal healings. This pattern represents Novak *et al*. (2019) theory of "health-seeking rationality," in which men make purposeful decisions that protect status and autonomy in the social sphere. In cultures that stigmatize formal healthcare settings for their threats to authority and respect, contact with traditional medicine helps men negotiate illness in a way that is conducive and is seen as within socially acceptable norms. Table 1 below summarizes the factors influencing men's avoidance of healthcare in Cameroon with additional, nuanced results of the study. Chance and Théophile (2025) identified several core themes shaping men's avoidance of healthcare in Cameroon, which have been adapted and presented in Table 1 for clearer thematic interpretation. These themes span institutional power dynamics, gendered expectations, and communication mismatches within clinical environments that collectively create systemic barriers to male engagement. They also highlight the influential roles of masculinity, fear, denial, and the strong cultural validation of traditional medicine as an alternative, all of which converge to shape men's reluctance to seek formal healthcare services. This consolidation emphasizes the interaction between structural, social, and cultural factors to inform men's involvement in formal healthcare services.

Table 1. Summary of Results of the Factors Influencing Men's Avoidance of Healthcare

Domain	Core Theme	Key Evidence	Interpretation
Avoidance of Health Facilities	Strategic non-engagement	73% of men in Cameroon self-medicate or use herbal options. 54% have self-diagnosis ability. 31% fear diagnosis (esp. HIV). 27% report negative staff interactions. 22% cite time burden.	Avoidance is not ignorance, it reflects a rational, gendered calculus shaped by fear, economic roles, and mistrust of systems not built with men in mind.
Institutional Power and Communication Misfit	Gendered clinical power dynamics and misaligned communication norms	Discomfort being examined by junior/female staff. Clinics expect female-style disclosure. Male brevity misread as resistance. Nurse reports difficulty diagnosing due to limited symptom sharing.	Men's silence is misread as non-compliance. Systems assume verbal transparency, ignoring male norms of non-verbal expression. Clinical protocols penalize non-feminized communication.

Domain	Core Theme	Key Evidence	Interpretation
Masculinity, Fear, and Denial	Health avoidance as identity performance	Care-seeking equated with weakness. Fear of social ridicule. Fear of diagnosis leading to social or financial collapse.	Masculinity scripts reward risk-taking and silence. Avoiding healthcare protects status more than it risks health. Emotional suppression is incentivized.
Preference for Traditional Medicine	Traditional healing as culturally aligned care	Herbalists offer discretion and respect. Avoidance of queues and formal processes. Viewed as efficient, familiar, and community-validated	Traditional medicine affirms identity and provides culturally legible care. It functions as a trusted alternative, not a fallback.
Gendered Program Design and Male Invisibility	System-level exclusion of men	Male needs rarely addressed in outreach or materials. Facilities feminized in aesthetics and content. No provision for male-targeted timing or outreach channels. Men don't see themselves in the system.	Men are not passive; they are actively excluded. Until services are re-designed to acknowledge male-specific needs and visibility, disengagement will persist.

Source: Adapted from Chance and Théophile (2025)

DISCUSSION

The findings of the current research highlight that the men-avoidance of healthcare behaviour in Cameroon in combination on cultural norms and masculinity and systemic elements of healthcare is largely explained by cultural norms, masculinity and systemic forms of health service provision. Institutional power dynamics in healthcare institutions were found to reduce men's perception of authority, control and empowerment of health into disempowering power relations. It is consistent with Wollie *et al.* (2024) construct of hegemonic masculinity, which focuses on the preserving of male power in social relations. In this sense, being examined or taught by younger or female staff members is not only clinical, but reflects a symbolic reversal when gendered roles collide with men's expectations and discourages continued participation in formal health services. The second great point illustrated by the research is the mismatch in communication between the health professionals and male patients. In health clinics consultations typically take as a guideline a disclosure style of communication similar to that of women's characteristic of explaining symptoms in detail (Gurieva *et al.*, 2022). Many men however preferred brief, indirect or non-verbal communication, leading to both frustrated parties. Providers found it difficult to elicit the right information, with male patients feeling interrogated or

misunderstood. This disconnect affects the reliability of diagnosis and strengthens the belief that formal healthcare does not adapt to men's verbal choices. This mismatch is consistent with results in Thelma and Ngulube's (2024) reported that men frequently withdraw themselves from health care when language conventions don't consider differences of expression related to gender.

Masculinity, fear, and denial were also major causes of avoidance. Endurance and not sharing pain was often conceptualized as performances of masculine strength as opposed to seeking care was a form of weakness for the male figure and the seeking were seen to indicate weakness or being defenseless. This mirrors Galsanjigmed and Sekiguchi's (2023) view that men actively construct their gender identities through activities threatening to cause harm to health, and mirrors Padavic *et al.*'s (2020) gender role conflict versus emotional suppression. Crucially, we noted that fear was frequently a symptom of rather than a cause of illness, with men reporting their fear about stigma, economic insecurity, and social exclusion being the main concerns rather than a concern with illness per se. Such a fear-based denial becomes a mechanism of protecting itself, one that continues to solidify the avoidance approach to protect social identity and social power. The inclination towards traditional medicine provides additional exposure to how men negotiate their health-seeking role in terms of cultural and social positioning. Traditional healing was regarded as a common strategy rooted in ease of use, trustworthiness and the community's legitimacy to practice, rather than as a matter of choice in ignorance or lack of reach. Herbalists listened respectfully, avoided bureaucratic processes, and offered peer reassurance, men said. This aligns with Barkhuizen *et al.*'s (2022) understanding of health-seeking rationality when patients select between health pathways that adhere to their cultural and social logics. At a time of increased formal healthcare and a growing loss of men's autonomy and authority, traditional medicine offers an alternative that allows men to assert agency and yet also fulfils more symbolic needs than more formal alternatives.

Taken together, these results illustrate how structural and cultural dimensions can help shape male-inclusive health care systems. Although economic and logistically-based barriers often are foregrounded in discussions of access to health services in low- and middle-income countries, this study indicates that gender-specific expectations, communication patterns, and cultural schemas are also relevant. Responding to disengaged men requires measures that recognize masculinity as a social determinant of health Sifuna (2022), reconceiving how communications can be modified, and include culturally authentic practices that can support the values and expectations of men. Failure to address these dimensions' risks reinforces avoidance patterns that undermine health outcomes. Finally, it builds on larger debates in gender and health by demonstrating that men's health behaviors cannot merely be thought of as individual decisions, but rather as embedded within these cultural scripts, institutional mechanisms, and systems. The study aims to contribute to discussions on masculinity and masculinity-specific social construction by situating health avoidance in the framework of masculinity and system design, reinforcing the need for more contextually sensitive approaches to health prevention models that are informed by sociocultural and also socio-economic data. Further research is needed to understand how health systems rewire the dynamics of provider and patient encounters to better engage men and how practices like traditional medicine may be integrated in a healthy way in formal healthcare pathways and at no cost to the integrity and safety of clinical care.

CONCLUSION

This study examined how cultural norms, masculine identities, and health-system design shape young men's avoidance of formal healthcare in Cameroon, with the findings directly addressing all four research questions. The results show that masculinity, fear, and denial significantly influence men's reluctance to seek care, as cultural expectations of strength, autonomy, and emotional restraint frame clinic attendance as a sign of weakness. Institutional power dynamics and gendered roles within the health system further compound this avoidance, revealing a longstanding prioritisation of women and children that has resulted in limited male-oriented services and a system that does not adequately accommodate men's health needs. According to the study, young men prefer traditional medicine because it is culturally validated, aligns with masculine identity norms, and offers care environments perceived as more respectful, confidential, and flexible than formal health facilities. Collectively, the study provides a comprehensive understanding of the socio-cultural and structural drivers of men's healthcare avoidance in Cameroon. Theoretically, the study enriches gender-relational theory by demonstrating how masculinity is shaped through the interaction of cultural scripts and institutional structures, positioning health-seeking as a socially negotiated behaviour rather than a purely individual decision. The reveals important intersections between cultural norms and health-system design, underscoring the need for improved communication strategies, more inclusive institutional arrangements, and recognition of the enduring legitimacy of traditional medicine if men's health engagement is to be strengthened.

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