

## ORIGINAL RESEARCH

# MASCULINITY, ILL HEALTH, HEALTH HELP-SEEKING BEHAVIOR AND HEALTH MAINTENANCE OF DIABETIC MALE PATIENTS: PRELIMINARY FINDINGS FROM BRUNEI DARUSSALAM

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## Abstract

**Background:** Literature revealed that men tends to use healthcare services much lesser and visit much later, resulting in poor health outcomes. This is often regarded as a way of exhibiting masculinity. In Brunei, there is an increasing number of mortality resulting from the complication of diabetes mellitus, a non-communicable disease, which arguably can be prevented.

**Objectives:** To explore their health-help seeking behavior and health maintenance pattern of male diabetic patients in Brunei.

**Methods:** Qualitative research guided by phenomenology research design. COREQ Checklist was used to prepare the report of this study. Individual semi-structured interview on eleven men were conducted from February to November 2018. Interviews were audio-recorded, transcribed and analyzed thematically.

**Results:** Three themes were developed: “*Maintaining health to enable the performance of masculine roles*”, “*Men delay seeking healthcare services*”, and “*Maintaining control and self reliance in looking after own sick body*”.

**Conclusion:** Health is perceived as important - it enables men to perform their ‘masculine responsibilities’. When men are in ill-health and realized how this could jeopardize their masculine roles, they would actively involve in taking care of their own body. This suggested how masculinity is in fact context –dependent. Level of knowledge and experiences with healthcare services and treatments also influenced men decision in health-help. Despite evidence that suggests how men often decline involvement with health promoting activities and delay seeking health from healthcare professionals, it was found that being able to continue supporting their family act as a legitimate reason for them to access healthcare services.

**KEYWORDS:** men; health maintenance; diabetic

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## INTRODUCTION

Diabetes mellitus (DM) is a non-communicable disease affecting significant global health. Epidemiological evidence suggests that without effective prevention and control programs, the prevalence will continue to increase globally ([International Diabetes Federation, 2006](#)). In Brunei, diabetes is the third leading cause of death from 2012 to 2017. Diabetes and diabetes-related complications could lead to blindness, renal failure, myocardial infarction, stroke and lower limbs amputations resulting in premature adult mortality, as almost half of all diabetes-related deaths occur before the age of 70 ([World Health Organization, 2016](#)).

This study focuses on men due to the compelling epidemiological data, which showed that men have a lower life expectancy and poorer health outcomes in comparison to women ([Richardson, 2004](#)). Prior studies suggests that men have different ways of maintaining their health, such that men often decline to take part in any health promoting activities

([Courtenay, 2000](#)). Moreover, men are often reluctant to visit their GP and even if they do visit, it is often too late to prevent or treat. Literature revealed that men tends to use healthcare services much lesser and visit much later, resulting in poor health outcomes. This is often regarded as a way of exhibiting masculinity ([Courtenay, 2000](#)).

In 2014, the percentages of people with diabetes in Brunei were 8.9% in male and 9.2% in female. The Ministry of Health revealed an increased in male mortality rate of 11.1% in 2015, and a slight increase of 9.3% for female. The increased mortality rate in male resulting from complication of DM reflected the lifestyle, health awareness and health maintenance. Although there are limited studies on health maintenance for diabetic men, few studies highlight the importance of health maintenance in men, and their risk taking behaviors were found but none were looking specifically from the lens of men and masculinities.

## BACKGROUND

[Bateman \(1990\)](#) found that adolescent diabetic men struggle to achieve “normal” development, as a consequence of the daily insulin injections and strict glucose monitoring. It could be argued that adolescents are rebellious, and rejection of and poor adherence to treatment are common ([Lewin et al., 2005](#)).

[King et al. \(2017\)](#) argues that the management of DM faces challenges to attain an optimal health care. Diabetes management relies on the patient’s responsibility, which may be difficult with the addition of other physiological and sociological stresses in their lives. Therefore, it is important to look into their attitudes and perceptions on the long-term effects of DM, and explore their knowledge on health management to prevent complications.

Moreover, it could be considered that gender is a risk factor for many diseases. In regards to male, this is due to the social construction of masculinity and how it affects health-seeking behavior. According to [Galdas et al. \(2005\)](#), men experiencing illness often delay in seeking help, because men are expected to be strong and independent. Additionally, [Del Mar García-Calvente et al. \(2012\)](#) posits men as ‘reluctant users’ of health care services. Unless there is strong legitimate reason, men would avoid or delay in seeking help from health care professionals. Consequently, this affects their overall health.

### Healthcare system in Brunei

There are four major government hospitals in Brunei, with one in each district. Medical services are free and easily accessible for its citizens. Therefore, getting treatments or visiting a doctor is not a problem. However, despite this, there is a high incidence of DM and its related complications in the country. Recently in Brunei, there is no evidence to support what diabetic Bruneian men do to maintain their health or whether they seek professional help. This study aimed to explore the health

maintenance pattern and the health help-seeking behavior of male diabetic patients in Brunei Darussalam.

## METHODS

### Design

Qualitative study guided by phenomenological research design.

### Participants

The study was conducted from February to November 2018, at one the main hospital in Brunei. Eleven participants (N=11) were interviewed individually (Table 1). The gatekeeper helped to disseminate posters containing information about the study. Information about the study that was provided on the posters includes, brief background of the study, aims and significance of the study, data collection method, issues of confidentiality and contact detail of the researcher.

Interested participant contacted the researcher via phone and appointment was made for the interview. These participants were recruited purposively. The inclusion criteria for this study includes Bruneian male diabetic patient of aged 18 years and above, and able to write and speak both English and Malay languages.

All interviews were carried out by two research members. NSH (a female, undergraduate student nurse) conducted six face-to-face interviews, while DRI (a male nurse with PhD who has high interest in mens’ health seeking behavior) conducted the remaining five. Venue for the interview was at one of the room at the hospital. During the session, only researcher and participant were present at the allocated venue. With the consent from participants, all interviews were audio recorded and transcribed.

**Table 1** Socio-Demographic Detail of Participants

Pseudonym	Age	Marital Status	No. of children	Academic qualification	Occupation
Ali	54	Married	2	Diploma	Private company
Jamal	48	Married	3	Secondary	Self-employed
Kamil	41	Single	0	Undergraduate	Nursing Officer
Bakar	67	Married	7	Certificate	Retired
Shahrin	60	Married	5	Undergraduate	Officer
Indra	52	Single	0	Secondary	Private company
Zul	45	Married	3	Diploma	Officer
Rahman	55	Married	3	Secondary	Self-employed
Imran	47	Married	2	Diploma	Officer
Khai	43	Single	0	Secondary	Officer
Saiful	42	Married	3	Secondary	Unemployed

### Relationship with participants

No face-to-face contact was made between the researchers and the potential participants. Recruitment was done by the gatekeeper. Upon agreement to participate, the researcher will meet for the interview session and introduce herself (NSH) and himself (DRI). Both researchers introduced themselves as researcher from Universiti Brunei Darussalam. Written consents were then sought from the participants prior to the interview.

### Data collection

COREQ tool (See Supplementary File 1) is used in guiding the reporting of this study finding. This qualitative study was guided by phenomenology approach. The open-ended nature of the question used in the semi-structured interview not only defines the topic under investigation, but also provides opportunities for both interviewer and interviewee to discuss some topics in more detail.

Prior to the interview, all participants were asked to fill in a socio-demographic sheet containing relevant information such as age, occupation, marital status, religion, number of dependent and existence of co-morbidities. The interviews were conducted in language preferred by the participant. Each participant was only interviewed once. An interview guide containing questions and prompts to be used during the interview was provided to the researcher. This is to ensure uniformity in terms of the questions asked. All sessions were audio recorded as agreed by participants. No field notes were taken during the session. On average the interview takes approximately 35 to 45 minutes. Questions asked were surrounding their experiences with maintaining their health while managing their everyday life and also controlling their sugar level. The following (Table 2) are the interview guide used during the session.

**Table 2** Interview Guide

TOPIC GUIDE	
<b>Please can you share your experiences of managing your diabetes</b>	
Prompts:	
a.	When were you diagnosed?
b.	Did you notice any signs and symptoms that indicate that you may have diabetes?
c.	What brought you to the hospital that time to check for your sugar level? Or blood test?
d.	How are you managing your diabetes now? What treatments are you currently on?
e.	Do you think it is important to take control and maintain your health? Why? Please explain. Could also explore complications of Diabetes if not managed.
f.	What did you do to maintain your health?
<b>How does diabetes affect your life as a man?</b>	
Prompts:	
a.	Explore family background and relevant socio demographic i.e. no of children? Occupation? Family/ support system?
b.	Could you share, if there is any changes or modifications that has to be made to your everyday life as a result of Diabetes?
c.	How does having diabetes made you feel?

### Data analysis

Upon achievement of saturation point, interview was then ceased (N=11). The researchers agreed that having additional interviews (12<sup>th</sup> interview) would not give any more new data. This was followed by analysis.

Thematic analysis was performed manually on the verbatim transcripts by all the researchers independently, and then themes and subthemes were compared and discussed in a face-to-face meeting with all the researchers to achieve an agreement on final themes. This process enhances the credibility of this study (Birt et al., 2016). Except NSH who was a nursing student, DRI and NS are both nursing lecturers with PhD and MSc, respectively and have experiences with qualitative research. Coding system using table and 'Coding tree' comprises of themes and categories were made during the discussion to visualize the findings and facilitate the discussion.

The verbatim transcripts were produced in its source language i.e. Malay or English or both; in this case, mostly were mixture of both. Analysis was done based on these transcripts. The research team did not attempt to translate the transcript at this stage as to avoid mistranslation. Relevant excerpts were translated into English for writing up.

### Validity and rigor

The individual analysis of the transcripts followed by meetings between all the researchers to compare and discuss the themes is argued to enhance the credibility of this study. This study also analyzed the data in its original language used during the interview. This helped to reduced the issue of mistranslation.

## RESULTS

The following are themes derived from our data.

### Maintaining Health to Enable the Performance of Masculine Roles

Majority of the participants agreed that maintaining health is important. Although the participants came from different socio-demographic backgrounds, most agreed that as a man they carry big responsibilities in their life. This includes being a father, breadwinner and leader of the family. This was seen as a strong reason for them to stay healthy. This is reflected in the excerpt below.

"...I have a family member to look after, I am the leader of the family so it is important, If I don't take care of my health my family will suffer..." (Ali, 54-years-old, married)

In the above excerpt, Ali talks about how he needs to earn money to support his family, as it is his responsibility as a man, and being a leader of his family.

"...It is important to maintain health so that I will be able to provide more (do/contribute) to my job..." (Kamil, 41-years-old, single)

Bakar, a 67-years-old man, also shared the similar sentiments whereby he shared that:

"...Health is important; we cannot be ignorant especially for a pensioner like me because I small children to take care of (financially)..."

Here we can see how men talk about being able to financially support their family and see it as their responsibility. It is noted that men in this study regularly referred to themselves as a leader. Being a leader in this case refers not only to someone who has responsibility to provide for the family, but a status acquired as a man and a husband through performance of their provider-role in the family. In this study, these men equated being a husband and being a leader for the family. For them, as a husband they need to provide, protect, guide and lead their wife and children. Again, these are described as cultural practices and beliefs passed from one generation to another.

### Men Delay Seeking Healthcare Services

It was found that delay in seeking healthcare amongst the participants is rather common. Most of the participants reported that after experiencing the sign and symptoms of diabetes, it took them a few weeks or months before going to the hospital. There are several reasons for the delay. This includes lack of knowledge about the sign and symptoms of diabetes, and unpleasant past experience with health care services.

### Needing strong valid reason to access healthcare services

Feeling uncomfortable and experiencing symptoms that are unbearable was seen as a factor that convinced them to seek health help. This was shared by Jamal and Andra when they reflected back on what made them see a doctor.

"...(Usually I just ignored) ...but I went to see my doctor when I started to feel very uncomfortable and it really bothers me..." (Jamal, 48-years-old, married)

"...At first I put it at the back of my mind because I thought it was a minor headaches or maybe I was just tired, but after sometime it became unbearable, I get tired easily while at work then I decided to go for a checkup..." (Andra, 52-years-old, single)

"...It all started with the sign and symptoms such as waking up at nights, I felt very thirsty, frequent urinating so as it gets uncomfortable, and I went to see my doctor..." (Zul, 45-years-old, married)

### **Lack of knowledge about diabetes and its sign and symptoms**

It was found that neither qualification nor occupation influence one's health help-seeking. This is echoed in an interview with a nursing officer, Kamil, 41 years old. He shared that:

*"...I actually didn't know that I have diabetes, it took me one and a half year to know, I started to have the sign and symptoms of diabetes but at that time I was just putting it at the back of my mind and ignored it (thinking it was nothing serious)..."*

Furthermore, Kamil mentioned they busy nature of his work and this makes him tired. He never thought of having any medical problems. Hence, he ignored it.

Few participants admitted that diabetes never came across their mind. Bakar and Shahrin found only when they went for their medical checkup at their local health center. They added that the medical checkup was required for work and part of a procedure for performing Hajj in Mekah, respectively.

Bakar did not notice any signs or symptoms, and he generally felt well, except some episodes of tiredness, but believed that it is due to his age. He added that he only knew when he went for his medical check up. He said that:

*"...I am not aware because I have not done any medical checkup, during that time, I had to go because it is required by the company prior to offering me the job. It never crossed my mind that I was going to have diabetes..." (Bakar, 67-years-old, married)*

*"...I am not aware until I went for medical checkup for Hajj (pilgrimage)..." (Shahrin, 60-years-old, married)*

### **Previous experiences with healthcare services and treatments**

Bad experiences with health care services in the past were seen as a factor that deters and delays men from making immediate visit to healthcare centers.

*"...I was admitted in the ward for three weeks but there are no improvements until my condition gets worse and I am not happy with the doctor ... " (Bakar, 67-years-old, married)*

Long queues, prescribed medications and advices that are perceived as ineffective were also shared as deterrent factors. Shahrin stated that:

*"...You have to queue too long and the medications given were very not effective (did not cure me)..." (Shahrin, 60-years-old, married)*

*"...When I see a dietician for a consultation, the food that they suggest is not relevant with our culture..." (Khai, 43-years-old, single)*

*"...From what I see, the drugs that are given by the hospital...we cannot depend on it 100%, there are some drugs that causes the illness itself (side effects and adverse effects), therefore it is better for us to go for the natural way which is to watch we're eating and doing exercise..." (Rahman, 55-years-old, married)*

When prompted further, Rahman revealed that he uses alternative treatments to control his blood sugar:

*"...I also use like those Jamu (traditional medicine mostly made of herbs) you can buy them from the local shop and sometimes I also boiled some herbs myself and drink the water (believe that it will controls his blood sugar level)..."*

### **Maintaining Control and Self-Reliance in Looking After Own Sick Body**

It was noted that after they were diagnosed with DM, they realized how it could impact on their daily life and activities, as they would want to be actively in-charge of their situation and not want to rely on others. They recognized the importance of

maintaining health as much as they could, so that they can continue with their life and performing their daily roles.

Ali shared this sentiment:

*"...I get advice primarily from the health professionals, the doctors, the nurses and I take my medications as prescribed but that was during the initial stage but after a while I kind of know what I need to do and I start to monitor my own blood then I check it from time to time...cannot relying on others too much..." (Ali, 54-years-old, married)*

A 41-years-old bachelor, Kamil, shared how he usually refers to Internet and books for additional information particularly on how to maintain his health despite his uncontrolled blood sugar level.

*"...Apart from the medication from hospitals and what the doctor told me well I normally Google for medication and supplements, what I think is right and good then I will take otherwise I won't, I also read on testimonials as well..."*

He also added that:

*"...I need to be well despite my diabetes, so I can continue working and earning money to support myself and my parents...my parents live with me and they are both pensioners and in their 80's now..." (Kamil, 41-years-old, single)*

These men expressed that modifying lifestyle such as diet and exercise is necessary.

*"...Before this, I used to eat whatever I want, I love foods but now everything has to be controlled...my body not as well as before anymore.. I still can enjoy my food but I just need to adjust and change few things..It's still OK.. as long I control my food.. it's me who needs to control it..." (Jamal, 48-years-old, married)*

What is interesting in the above excerpt is how Jamal maintains his positive attitude and places the responsibility of controlling the situation, in this case, by accepting that he is diabetic and his life must change secondary to the diagnosis. He is actively in-control of his situation and acknowledges that it is important to be in charge of his own well-being.

Indra a 52 years old bachelor also shared the importance of having positive attitude, i.e. be able to accept the diagnosis. He emphasized how psychological acceptance is crucial in order to maintain his health.

*"...When you overthink of the illness, it will affect our health and life, but if you think positive, everything will be alright, just accept it.. it's still like usual.. only with few adjustments but still OK as long you can control yourself.. your medicines and what you can eat and not eat..." (Indra, 52-years-old, single)*

## **DISCUSSION**

The overarching issue here is men's idea and portrayal of masculinities for the delay in seeking health help, as evident from prior studies. Moreover, men are regarded as reluctant health service users (Galdas et al., 2005; O'Brien et al., 2005). It is argued that, men portrayed dominant masculine behaviors that reflect the socially constructed masculine attributes, such as being independent, self-reliant, robust and tough male (Courtenay, 2000). In the Western countries, the socio-cultural norms surrounding ideal masculinity include the idea that men should be healthy, strong and self-sufficient (Robertson, 2006), demonstrate independence, competitiveness, emotional stoicism and self control (Ogrodniczuk & Oliffe, 2011). These characteristics are reflected as "hegemonic masculinity".

Connell and Messerschmidt (2005) defines hegemonic masculinity as the current configuration of practice that legitimizes men's dominant position in society and justifies the



subordination of women, and other marginalized ways of being a man. Hegemonic masculinity explains how and why men maintain dominant social roles over women, and other gender identities, which are perceived as "feminine" in a given society. This is regarded as the dominant form of masculinity and because of its dominance all men are required to position themselves in relation to it. In Western society, this dominant form of masculinity includes certain characteristics such as strength, courage, toughness, risk taking, competitiveness, aggression and stoicism ([Donaldson, 1993](#)).

[Emslie et al. \(2006\)](#) concluded that men tend to rely on themselves and not others. Acknowledging this is no surprise why men tend to delay their visit to the doctor. [Robertson \(2006\)](#) suggested that most men worried that by getting help they are seen as weak and effeminate. However, this is not always the case. Various factors influence men's health help-seeking behavior and their healthcare services utilization.

Lack of knowledge about sign and symptoms of DM, unpleasant experiences with healthcare services, and believing that treatments are unnecessary were highlighted as the few factors that delay men from visiting their doctor, not merely due to adherence to masculine ideology. While wanting to be in control and self-reliance and able to continue performing their role as a man for their family are considered as important masculine attributes, men in our study also revealed that in the episodes of ill health they would go to seek for health help and will take active control of their treatment. This was to ensure they would be able to continue performing their masculine role to their family. This shows how complex men health seeking behaviors and health maintenance are.

Our study is in agreement with previous studies, which suggest men often delay accessing healthcare services ([Galdas et al., 2005](#)), and they are legitimate users of healthcare services, i.e. men need strong reasons to go to see the healthcare professionals ([Noone & Stephens, 2008](#)). In our case, because of unbearable and bothersome signs and symptoms, these men agreed that health is important. Moreover, these men regarded the ability to perform their role and responsibility as a man of the family just as important.

Participants acknowledged that unless they are well, they would not be able to perform this role. This roles and responsibilities are culturally shaped and learnt from home ([Seidler, 2006](#)). This finding echoes previous study conducted by [Idris et al. \(2019\)](#) that looked at health help-seeking behavior of men in Brunei. Men in his study revealed that family and the importance of their ability to perform their masculine role is an important factor for them to adopt a much positive health seeking behavior and maintaining a good health. In Brunei, men are expected to be leader of the family and to earn for the family. Boys grow up seeing their father performing this role and are culturally expected to continue this tradition and role, and it is what they regarded as an important attribute to their masculinity. The presence of ill health therefore may jeopardize their ability to fulfill these roles ([Idris, 2018](#)).

Similar findings were found in a big scale questionnaire survey involving 5134 men from five Asian countries including China, Japan, Korea, Malaysia and Taiwan whereby, the participants considered the ability of men to work and earn money for the family is one of a quality of being masculine, thus maintaining their health is important to them ([Ng et al., 2008](#)). Similarly, a British study by [Galdas et al. \(2005\)](#) found that in comparison to men from the West, South Asian men regarded the role of being male holds the responsibility as a breadwinner to the family, therefore health help-seeking is one way to prevent from any ill health that can cause them to be discharged from the

responsibility.

Notably, familial responsibilities and work are important in hegemonic masculinities in the global north and south, and Asia, as evident in the literature. However, it is unique that the existence of cultural-political context and the drive to enforce and maintain a particular set of gender role relationships and form of family life are seen in Brunei.

Thus, when health and well-being is threatened by illness such as DM, men have to find ways of giving meaning to their experiences and managing the impact in the context of being a man. The concept of care of the self is a means of understanding and managing ill health in socially acceptable ways ([Foucault, 1978](#)). Thus, people are expected to take care of themselves and lead a healthy way of life ([Armstrong, 1995](#)). This concept proposes that medicine, science and technology should not be regarded as holding the sole responsibility to cure people, but in order to be a good citizen, the individual is required to follow, for example, the recommendations and guidelines that are proposed to them by the healthcare team ([Pylypa, 1998](#)).

Here, it was noted that despite delaying seeking for health help, these diabetic men wanted to get better so that they can perform daily tasks. They considered this as valid reason for the action ([Noone & Stephens, 2008](#)). Men in this study shared how they took extra measures by doing their research and reading on the Internet, and few taking alternative treatment such as using traditional medicines. Tendency to engage in such activities point towards men's risk taking behavior and poor health outcomes. Our finding is in line with earlier study by [Pagán and Tanguma \(2007\)](#) whereby they found that diabetic men do care about health. In fact they put extra effort to find other alternatives such as complementary and alternative medicines (CAM) to maintain their health and to prevent further complications of DM. They found that 89% of the participants believed these methods are important in maintaining their health.

This altogether reflect men active involvement and their ways of taking control of their own life, rather than leaving it to the health professionals. This relates to the ideology of men wanting to be seen as self-sufficient and independent (Connell, 2005). This is in line with finding from Robertson (2006), in which he illustrated using the concept of 'Don't care/Should care dichotomy'. He posited that there is a general agreement in the research literature that men are reluctant users of health services, but he argued with good and strong reasons, a man would move towards the 'should care' offside of this dichotomy.

#### **Limitation of the study**

This study did not conduct any pilot prior to the actual phase of the data collection. Hence, the questions were not tested prior to interview. Member checking was also not done. The transcripts could have been given back to the participant to ensure it is correct. Similarly, this applies to the findings of the study. By doing this, it would have further enhanced the credibility of the study.

#### **CONCLUSION**

Three themes were discussed including *the importance of being healthy as to adhere to roles and responsibility, men delaying assessing healthcare services, and taking control of own sick body*. Therefore, it can be concluded that men's perception on the importance of performing the culturally shaped gender roles and responsibilities as the main reason for them to stay as healthy as possible despite their DM. It is also found that factors such as level of knowledge and experiences with healthcare

services and its treatments influence their decision to seek professional healthcare. Through findings of this study, it could provide new information, develop appropriate changes or guide the policy maker into making the healthcare service more attractive and therefore consequently, develop a positive health seeking behavior amongst the diabetic Bruneian men.

Despite evidence that suggests how men are usually taking risks and often decline involvement with health promoting activities and delay seeking health from healthcare professionals, it was found that with the right motivation and reason to seek health help and stay healthy i.e. in this case being able to continue supporting their family act as a good valid reason for them to access healthcare services. Healthcare professionals could consider this in constructing their health advices and teaching. Healthcare professional should also explore the use of CAM amongst their patients. It is important to ensure that these treatments are safe to be taken and do not interact with the current prescribed treatment.

It is recommended for future research to look at Diabetes men who suffered from diabetes-related complications and how it affects their views on masculinity and overall health and wellbeing need to be explored. The use of CAM and how this may interact with the treatment warrants further exploration.

#### Declaration of Conflicting Interest

None declared.

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