A paradigm shift in African men and health - the case of oral health

It has been widely documented that men, especially those of African origin, will seek medical attention only when they experience serious ill health.1,2 In African settings, this reluctance is mostly influenced by their dominant masculine structures.3 Other barriers which have been documented include socio-economic status, peer influences, lack of awareness and inadequate knowledge.3,4 This unfortunately places African men at a disadvantage which results in their forfeiting some of the benefits of preventive health care.

While considerable research has been directed at the health-seeking behaviour of African men on various medical topics such as HIV, cancer and TB, not much has been written about their behaviour in seeking oral health.3,5 For most African peoples, illiterate or not, the role of a dentist is perceived as normally limited to relief of pain and sepsis. In fact, many people living in the African continent have never had a consultation with a dentist.3,5 Knowledge of oro-facial and other dental conditions is non-existent in most African people, perhaps especially so among African men. However, this problematic situation could be changing for the better.

A colleague and social anthropologist who specialises in men’s health and masculinity, recently related a very interesting and insightful experience he had while attending a Xhosa homecoming initiation ceremony. Coincidentally, it was a few weeks after he had had a dental consultation with me. Usually, initiation ceremonies are happy but dignified occasions, very cultured and with a great deal of masculine performances. As one may expect, conversations taking place at such events will be about manhood and the significance of a Xhosa boy’s transition into becoming a man. They may likely include lessons about the responsibilities of a man, their roles in society and the importance of living up to those roles and responsibilities.5 Alcohol is served and drinking is another way of expressing the dominant masculine domain.

My colleague sat next to a young Xhosa-speaking man who was conversing with an elderly man. The conversation between these two men was startling, taking into consideration the setting, as well as the literacy level of the young Xhosa man, who complimented the elderly man on his beautiful set of teeth and even asked whether he flossed them. The elderly man responded by asking what is floss? The young man took a pack out of his pocket and proceeded to demonstrate and provide a thorough explanation of the uses and benefits of dental floss, as well as the importance of maintaining good oral hygiene. He said “If you maintain your teeth like this, they will last you forever!”

The experience recounted above is evidence that there are people who listen and take to heart what we in the dental profession advise them to do in maintaining good oral hygiene. There may be a need to do some empirical research on men and oral health in the African context, a project that does not approach men as a problem, but attempts to investigate how they engage with oral health issues on an everyday basis. I believe this encounter between my colleague and his interlocutors opens a space for such research to be conducted in African countries. Though the episode was brief, it shows that men can be engaged positively on oral health issues.

Acknowledgments
I would like to acknowledge Dr Sakhumzi Mfecane who is a senior lecturer in the Department of Anthropology and Sociology, University of the Western Cape, for his continuous interest in men’s health and for his input.

References