

Masculinity and HIV

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Masculinity



form of identity, a way
to understand one's
personal behavior and
attitudes

form of ideology,
represent(ing) a set of
cultural ideals that
define the appropriate
roles, values, and
expectations for men in
all societies

social and
political
construct

Portrayals of masculinity



Images from
<http://thesocietypages.org>



Images from <http://thesocietypages.org>



Poster in public
area of health
facility in
Blantyre, Malawi



Image from
<http://www.bing.com>

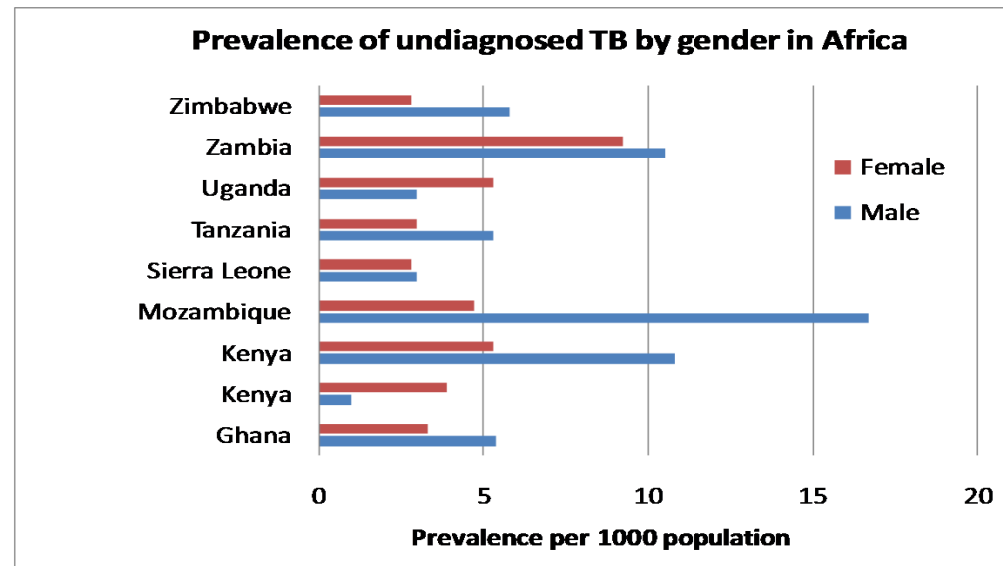
Men and health (cp. to women)

- Men have lower life expectancy globally than women
- They generally delay seeking healthcare longer than women
- Although in SSA, AIDS-related deaths fell 39% between 2005 - 2013
 - Men are less likely to test or be on ART; more likely to die on ART and to have immunologic non-response, than women
 - Men report older, sicker with lower CD4 cell counts than women
- 67% men v 57% of women were not receiving ART in SSA in 2013



Study on men and TB

- TB has recently resurged in Africa
- The continent has 27% of global cases, 14% of the population
- More men than women remain undiagnosed with disease in the community
- **Aim: To understand the reasons for high levels of undiagnosed TB among men in the community**



SOURCES OF DATA

| Category of participants | Data collection technique | Sex | No of participants | Total no. of participants |
|--------------------------------|---------------------------|-------|--------------------|---------------------------|
| Chronic coughers | IDI (n=20) | Women | 13 | |
| | | Men | 7 | 20 |
| | | | | |
| Recently diagnosed TB patients | IDI (n=20) | Women | 8 | |
| | | Men | 12 | 20 |
| | | | | |
| Community members | FGD (n=8) | Women | 40 | |
| | | Men | 34 | 74 |
| | | | | |
| Health Care Workers | FGD (n=2) | Women | 14 | |
| | | Men | 6 | 20 |
| | | | | |
| Stakeholders | 3 day workshop | Women | | |
| | | Men | | 27 |
| | | | | |

Malawi country context

- Low-income, with high levels of unemployment and informal work
- Adult national HIV prevalence: 10.8%
- ART coverage 69% -- 2010 guidelines
- TB incidence: 163/100,000; 78% diagnosed within a year against the global target of 70%
- Treatment success rate at 85%
- 70% of TB patients are co-infected with HIV
- Case notification: 5000/yr. - 1985 to > 25 000/yr. in early 2000s



Control as a key representation of manhood

Image of man in control

Competent provider
Manages own affairs alone
Controls wife's sexuality and movement
Successfully oversees domestic space

Threats to control

Limited resources/incomes
Expectations from extended family being burdensome
Illness
Unemployment
Women needing to augment income and so being mobile
Wives engaging in extramarital sex

Strategies to deal with threats

Public display of strength even in illness
Re-emphasizing the strength of the male body, inc seeking care when very ill
Stronger effort at self reliance (intensive focus on work, and generally relegating health)

Chikovore et al. BMC Public Health 2014, 14:1053
<http://www.biomedcentral.com/1471-2458/14/1053>



Open Access

RESEARCH ARTICLE
Control, struggle, and emergent masculinities: a qualitative study of men's care-seeking determinants for chronic cough and tuberculosis symptoms in Blantyre, Malawi

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Abstract

Background: Men's healthcare-seeking delay results in higher mortality while on HIV or tuberculosis (TB) treatment, and implies contribution to ongoing community-level TB transmission before initiating treatment. We investigated masculinity's role in healthcare-seeking delay for men with TB-suggestive symptoms, with a view to developing potential interventions for men.

Methods: Data were collected during March 2011- March 2012 in three high-density suburbs in urban Blantyre. Ten

The provider role and care seeking implications

Provider role delineation...

Men are considered as material providers to their families

Collectivism also places on people a strong obligation to help kin materially

Threats and tensions in role ...

Responsibility for many people

Conditions of precarity

Pressure arising from family expectations

Precarity necessitates sharing for social protection, but individualism just to get by

Strategies of dealing with threats and tensions ...

Men are not expected to consider health issues ahead of providing

Men must do any type work to raise income

Men opt to continue working even while sick

Job insecurity compels men to work continuously or risk being offloaded

Neither time nor resources for men to seek care

Global Health Action 

ORIGINAL ARTICLE

'For a mere cough, men must just chew *Conjex*, get strength, and continue working': the provider construction and tuberculosis care-seeking implications in Blantyre, Malawi

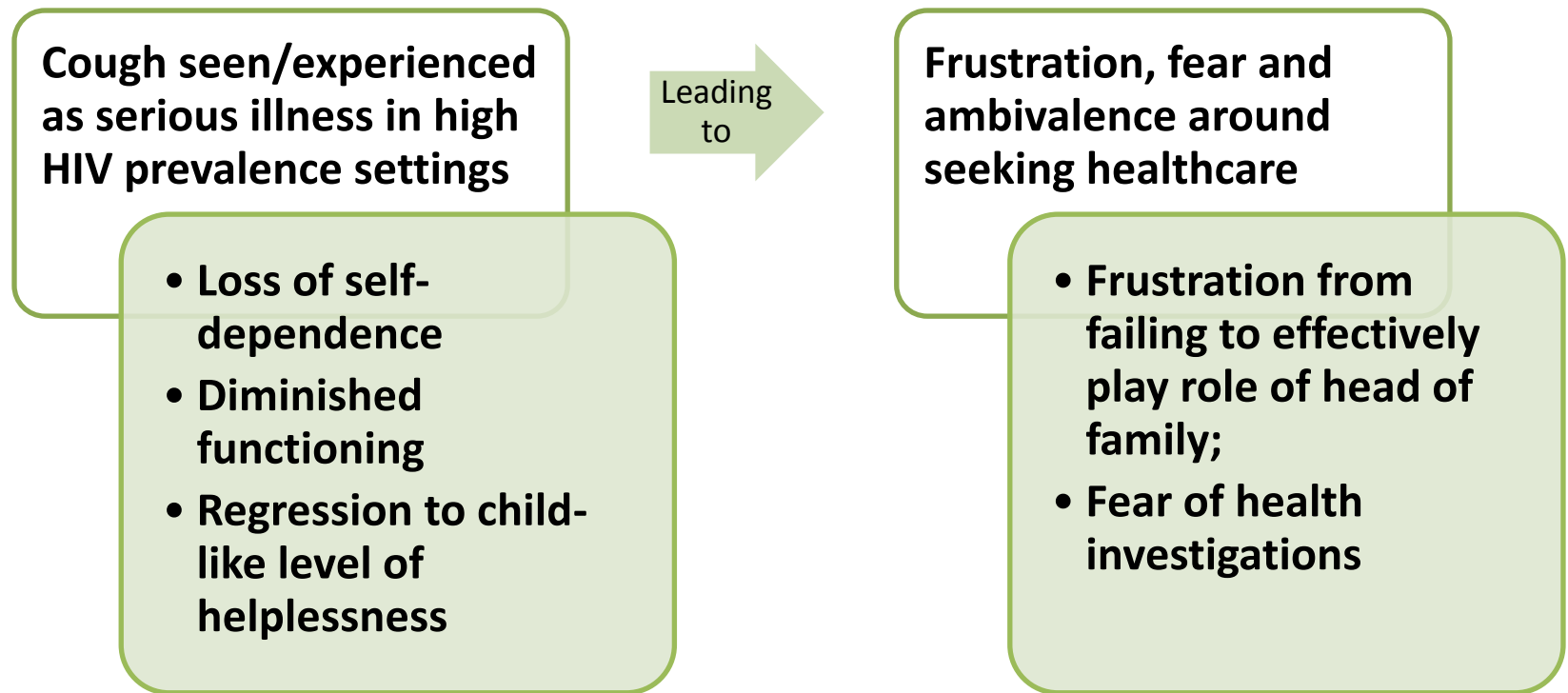
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Background: Delay by men in seeking healthcare results in their higher mortality while on HIV or tuberculosis (TB) treatment and contributes to ongoing community-level disease transmission before going on treatment. **Objective:** To understand masculinity's role in delay in healthcare seeking for men, with a focus on TB-suggestive symptoms.

Chikovore, *et al.*, Global Health Action 2015
(8), 26292.

Cough-TB-HIV/AIDS-serious illness: a composite concept in high HIV prevalence context



Functional impairment...

“one fails to do things one could do when they were well. They now expect other people to do things for them, like bathing... eating... and yet the person is a grown-up.”

- Community men's FGD

Frustration...

“It's like being head of family and sick ... like, it's been complicated. So, ever since, how we eat is changing compared to in the past... My means of getting money changed ... (and) this is not the way we eat, no. ... I don't eat the way I used to.”

- 24yr old man, TB patient

Given the composite concept of HIV/AIDS-cough-TB-serious illness, fear and ambivalence around seeking health care ...

“there wasn’t time. Yeah. At that time, there wasn’t ... really just that – the time to go to the hospital (health facility) --- ... and then also not having the courage to say ‘I should test’. Umm umm! (No). Instead I would tell myself I was having a minor cough?”

- 29yr old man, TB patient

“... it’s like you don’t get to be that free (open to getting tested). Yeah, as for me, the way I was at first compared to now -- maybe because of that anxiety ... a-ah, I don’t feel all that well. Mmm (Yes).. . (***Interviewer: What do you mean?***) I just happen to be anxious [***laughing***]. Yeah (***Interviewer: Why so?***) ... well, about that TB issue.”

- 24yr old man, TB patient

Embracing treatment and health appropriate behavior

...

“... [Being diagnosed with TB] is a big thing ... I now refrain from the worldly things that I was doing... I can't drink beer ... I don't smoke ... I used to drink bad (sic) but they said to refrain. ... I had wanted to stop ... but had no specific reason Now they told me I should take care of my family; I'm very happy...”

30yr old man, TB patient

Re-ordering gender relations...

“Upon receiving the medication and instructions ... on the way home my wife told me ‘this is your chance, now you can be chaste’ ...
(Participant continued later)...
Whatever she tells me ... for example, ‘you will not leave this house, you should first go and have a bath’, I obey”

IDI, 30-yr male married TB patient

Conclusions

Common portrayals of men

- Powerful
- Stoical
- Aggressive
- Domineering
- Competitive
- Violent
- Hiding illness
- Desiring control
- “Largely disinterested in their health” Baker et al, 2014

What is not seen

- Factors shaping men’s identities and behavior, i.e.
 - structural
 - relational gender dynamics at micro levels
- Men’s struggles with expressing and nurturing alternative identities and relations
- The ambiguities and shifts, e.g. from fear before diagnosis to embrace, acceptance and change of behaviour after

Looking ahead

- Testing, treatment, and adherence are now critical to HIV public health efforts
- Men continue to be left behind
- There is need for gender- appropriate and sensitive approaches
 - Attention to different phases individuals go through within the care continuum
 - Recognising, supporting ‘emergent masculinities’, ‘exit options’, or adaptive masculinities
 - Facilitating men to engage with their health in different spaces (workplaces, community, health facilities) in line with their roles and representations
- Complex interventions with a broad range of effects are required
 - Reducing precarity and poverty
 - Addressing gender issues across the population spectrum (children, women, men, gender non-conforming etc)

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Participants

The Hit-TB team



Thank you!!

