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Promoting health equity and social justice through
intersectionality: Men and TB in Southern Africa

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science & innovation

Department:
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REPUBLIC OF SOUTH AFRICA



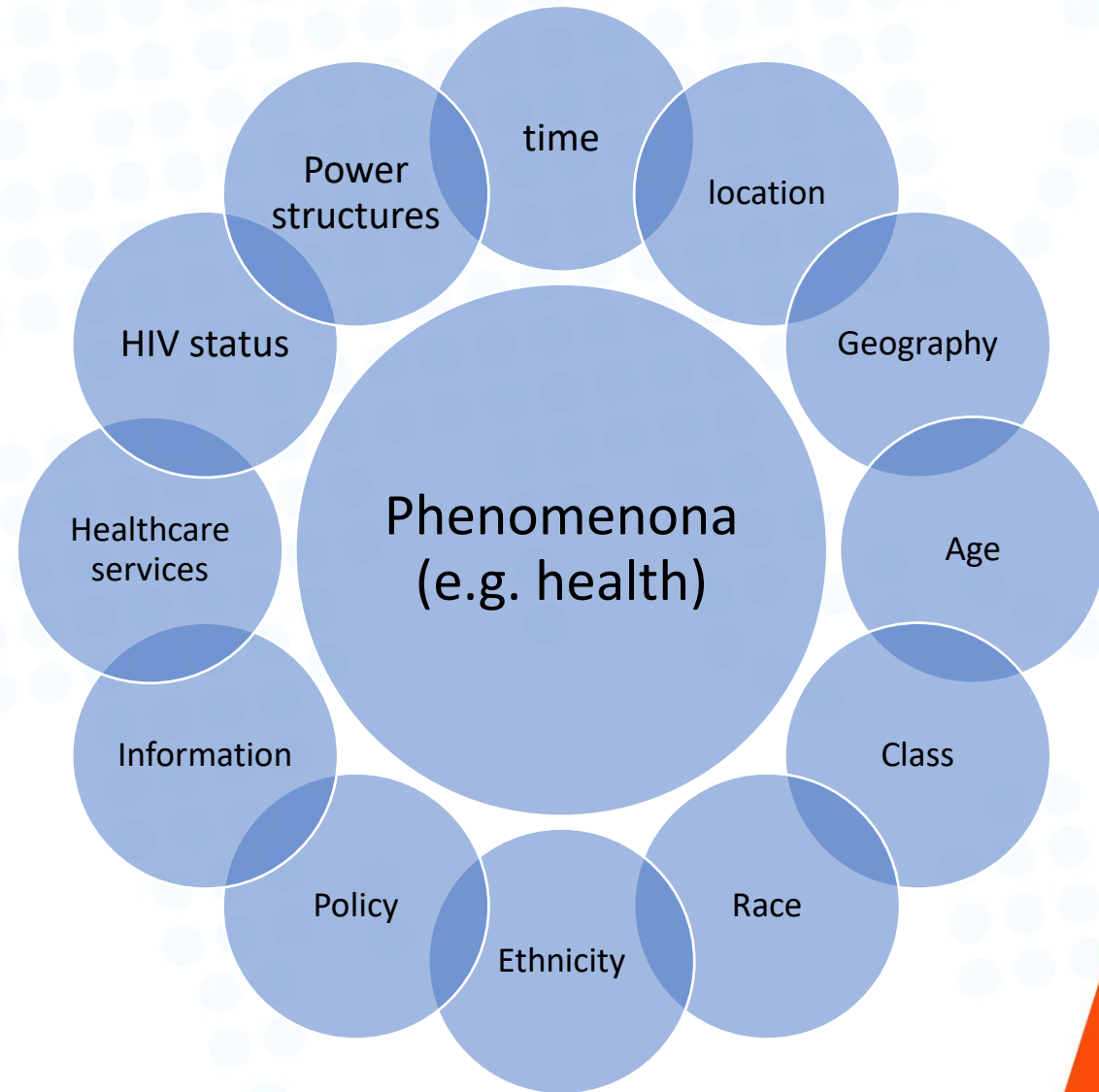
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Overview

1. Recapping on intersectionality
2. Tuberculosis and inequity
3. TB epidemiology by sex
4. Qualitative research vis-à-vis intersectional analysis
5. Empirical observations: an intersectional lens

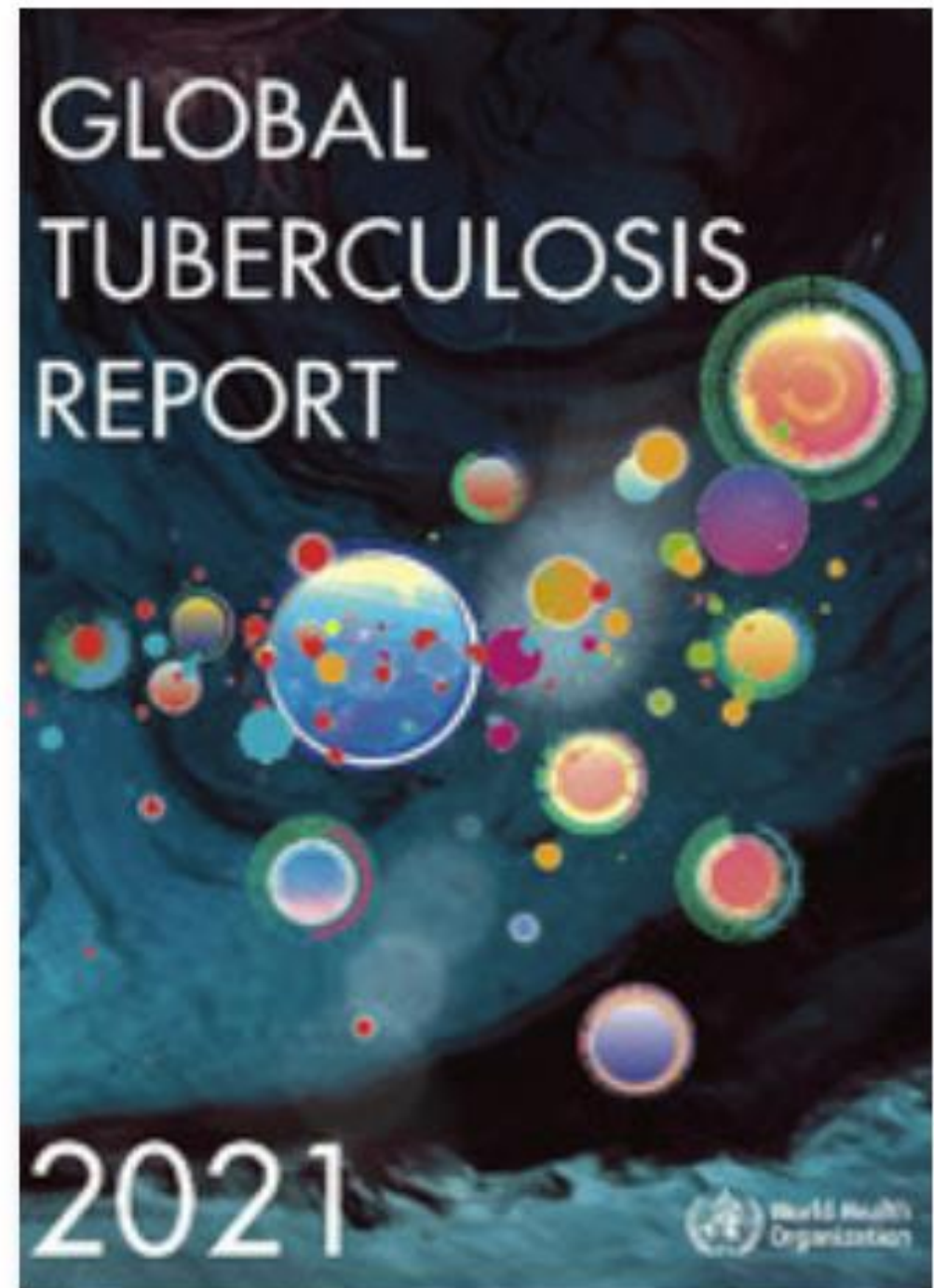
Intersectionality

1. Dimensions of oppression are not additive
2. Focuses on phenomena at different intersections of identity, social position, processes of oppression / privilege, and policies or institutional practices.
3. Attends to heterogeneity both of effects and causal processes producing health inequalities
4. Categories of oppression are non-separable
5. Sees power structures as inter-related, and marginalization as to be understood in a holistic manner.



Tuberculosis and inequity

- Leading cause of death despite existence of known tools
- Affects mainly LMIC settings and marginalized persons
- Funding deficit (41% of 2020 target) - hence key control targets are being missed – woefully inadequate
- Eight countries from Africa and Asia make 2/3 of total annual cases
- Nearly half of TB-affected households face catastrophic costs



TB epidemiology by sex

Deaths

HIV(+): 53% M; 32% W
HIV(-): 50% M; 40% W

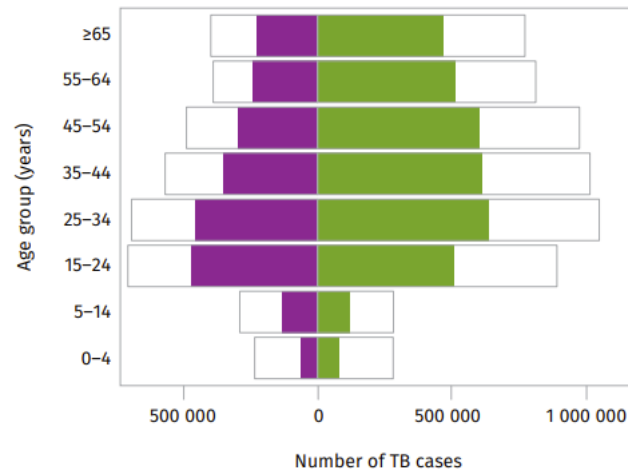
Global TB cases

56% adult men; 33%
adult women

TB prevalence surveys

Higher gaps in case
detection and
notification in men

Global estimates of TB incidence (black outline) and case notifications of people newly diagnosed with TB disaggregated by age and sex (female in purple; male in green), 2020



In Africa:

Higher incidence in men
Men majority in new and
relapse TB

TB is among the top 10
causes of death in
women

Qualitative research vis-à-vis intersectional analysis

- Meanings in context.
- Complexity in social & power relations
- Flexible
- 'Evens' power
- Permits shifting perspectives
- Researcher as instrument

Qualitative
research

- Contextualized, multifaceted perspectives
- Illuminates complexity in drivers and outcomes of health
- Locates and positions all/most actors, including assumptions and motivations
- Aspires to equity and social justice
- Considers multiple dimensions
- Can guide data collection or analysis in qualitative research

Intersectional
analysis

Empirical observations: socioeconomic determinants of men's TB care engagement:

- Socialisation: outdoors; substance use; demonstration of control
- Men expected to be providers; in control
 - Are engaged in formal & informal work
 - Working hours and irregular times
 - With stringent leave conditions
 - Precarious work (low job security; high unemployment; low wages)
- Men generally expected to be strong



Socialisation affects risk, care seeking, and adherence

Earning pursuit: high opportunity costs of healthcare engagement

Need to balance food and basic needs against healthcare

Not expected to pay attention to the body

Focus on work, or socialise to divert attention, omit symptoms, or meet their provider role

Conscious / unconscious suppression of symptoms

Exposure and risk

Symptom Interpretation

Healthcare access

Diagnosis

Linkage to care

Adherence

Treatment outcome

TB care pathway

Ideal concepts of manhood

Rich; strong; heterosexual; White collar; Caucasian; provider; healthy; virile; in control/independent

- ↓
- Ideal for most men
 - Restated through exclusion & othering
 - Affect public and private violence
 - Drive aspirations
 - Pursuit of alternative achievable versions *in extremis*

Intersection of
social change, race, ethnicity, class, tradition vs modernity; nationalism, migrancy, poverty, unemployment, globalization, colonialism

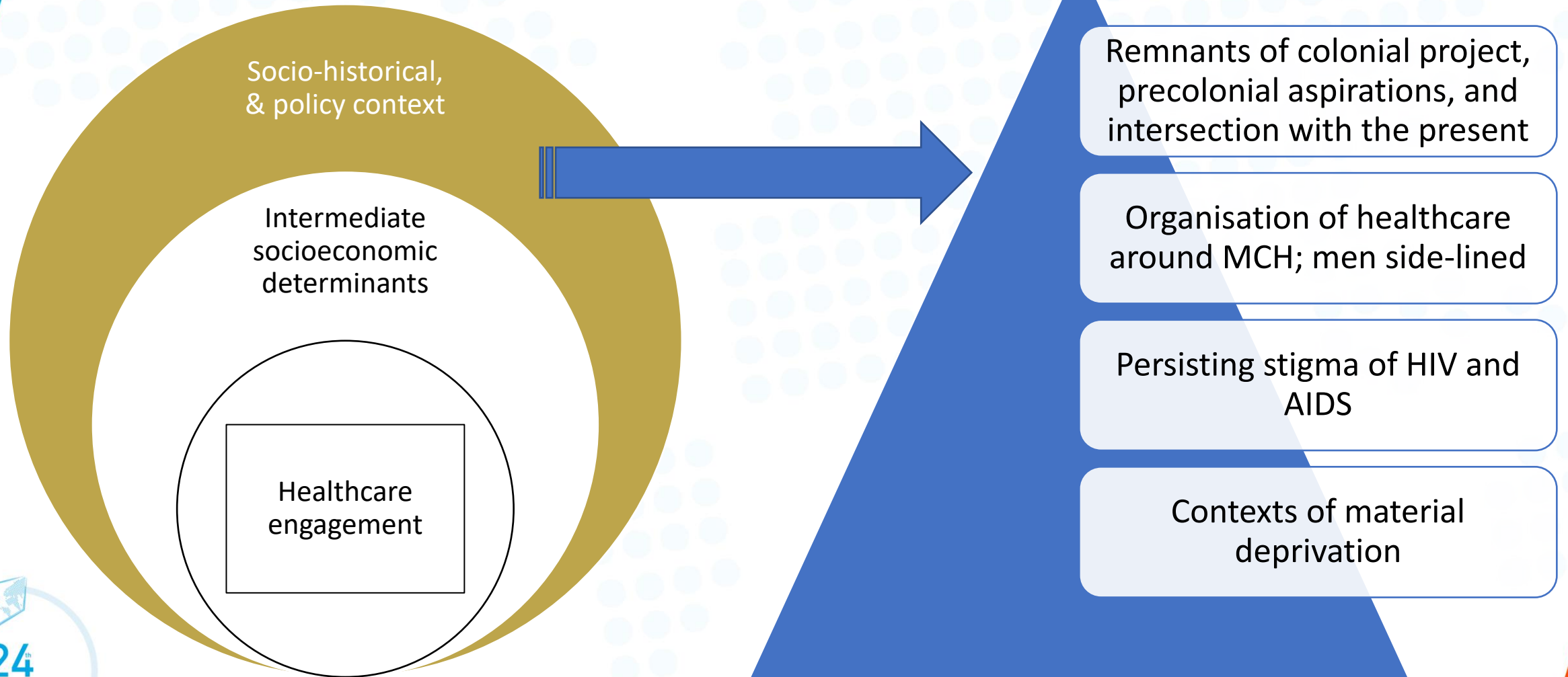
TB and HIV stigma compounded by threatened masculinity: implications for TB health-care seeking in Malawi

J. Chikovore,* G. Hart,† M. Kumwenda,‡§ G. Chipungu,§ N. Desmond,¶|| E. L. Corbett*#

RESEARCH ARTICLE

Treatment-Seeking for Tuberculosis-Suggestive Symptoms: A Reflection on the Role of Human Agency in the Context of Universal Health Coverage in Malawi

Moses Kumwenda^{1,2}, Nicola Desmond^{1,3}, Graham Hart⁴, Augustine Choko^{1,5}, Geoffrey A. Chipungu², Deborah Nyirenda^{2,6}, Tim Shand^{7,8}, Elizabeth L. Corbett^{1,5}, Jeremiah Chikovore^{1*}



For research and policy, intersectional analysis can illuminate

INCORPORATING INTERSECTIONAL GENDER ANALYSIS INTO RESEARCH ON INFECTIOUS DISEASES OF POVERTY:

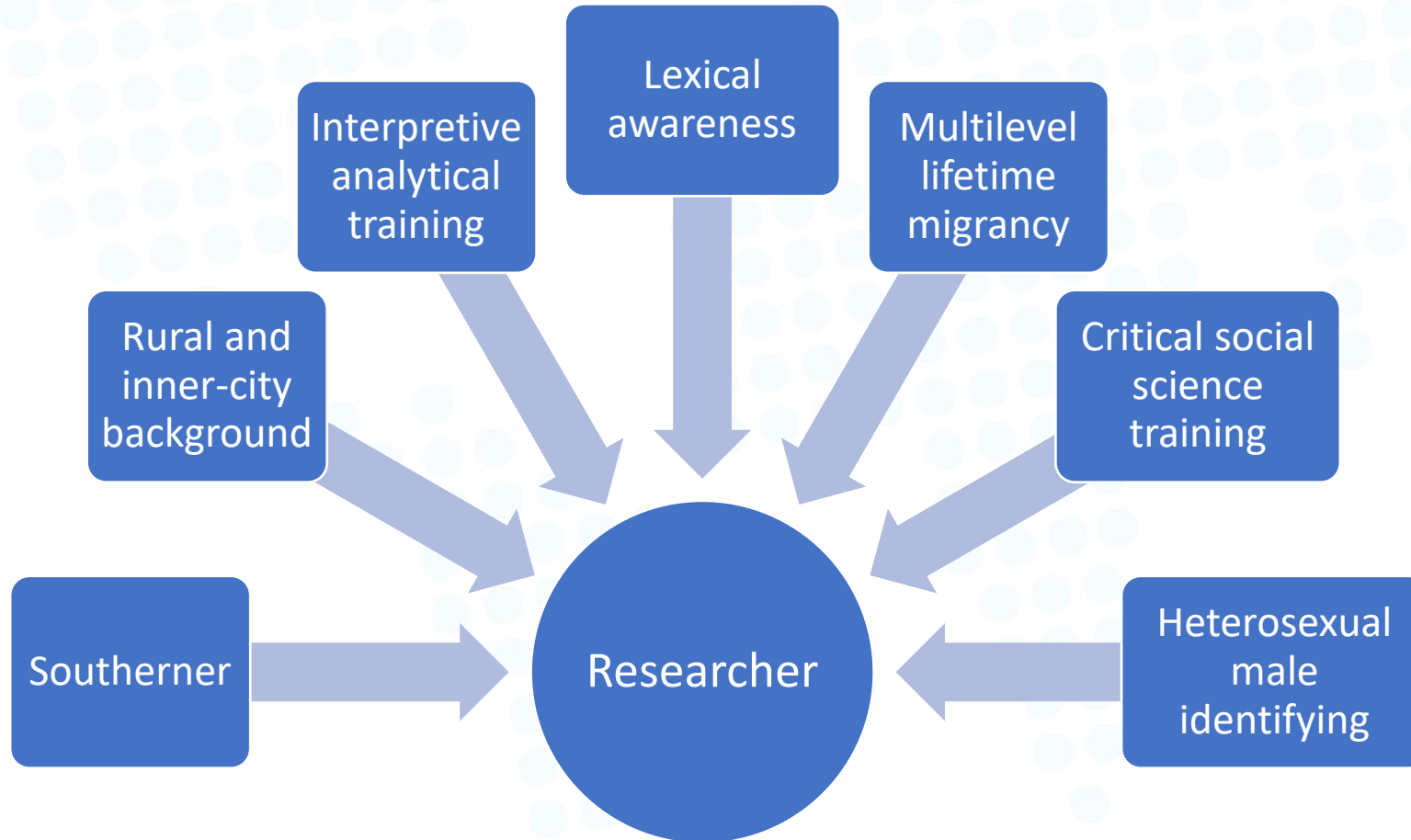
A toolkit for health researchers

research
& policy

1. Who is affected, when, where, how, by what
2. Who generates new knowledge
3. What is prioritised, why
4. What is implemented, by whom, with whom



Researcher positionality



TB and HIV stigma compounded by threatened masculinity: implications for TB health-care seeking in Malawi

J. Chikovore,* G. Hart,[†] M. Kumwenda,^{‡§} G. Chipungu,[§] N. Desmond,^{¶¶} E. L. Corbett^{**}



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

Jeremiah Chikovore, Graham Hart, Moses Kumwenda, Geoffrey A. Chipungu

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



RESEARCH ARTICLE

Open Access

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

Study implications for a male-sensitive TB response

UHC as a basic precondition for care access

Address differential gendered needs in context

Recognize the role of flux

Be multi-sectoral and multi-level

Foreground empathy, equity, social justice and inclusion

Address 'distal' and 'proximal' determinants

Pursue actions with broadest positive health and well-being intentions

Incorporate diverse research methodologies

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