TB stigma reduction: a focus on the gendered construction of TB stigma in men

Jeremiah Chikovore,

Human Sciences Research Council, Durban, South Africa

Zero Discrimination Meeting 19 May 2016, Humanity House, The Hague, Netherlands

Meaning of TB is different for men and women

TB stigma operates differently

Men's health and TB situation vis-à-vis women

- Men have a lower life expectancy, and generally delay seeking healthcare longer.
- In SSA, men are more poorly engaging with and benefitting from HIV treatment
- They report older, sicker with lower CD4 cell counts
- National TB prevalence surveys show higher ratios of prevalent to notified cases for men - - *most TB transmission events arise from men*.

Borgdoff et al, 2000; White & Cash, 2004; Cornell 2015; UNAIDS 2014; WHO, Global TB report 2015

Malawi country context

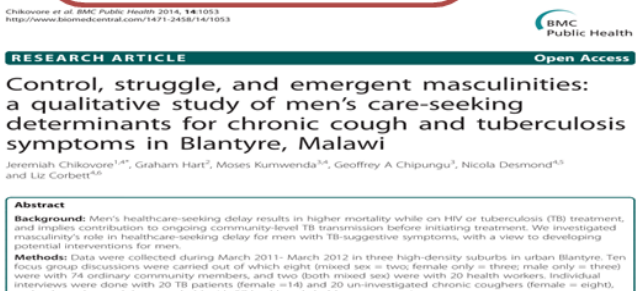
- Low-income, high unemployment, high informal work;
- Adult HIV prevalence: 10.8%
- ART coverage 69% based on 2010 guidelines
- TB incidence: 163/100,000; 78% diagnosed within a year against the global target of 70%
- Treatment success rate at 85%
- 70% of TB patients are co-infected with HIV

Malik 2013; Aggarwal et al 2010; Habitat 2012; WHO. 2014; Chimzizi & Harries 2007.

Participant group	Method (n)	Sex (n)	Total
Chronic coughers	IDI (n=20)	Women (13)	
		Men (7)	20
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 (14)	
		Men (13)	27

Control as a key representation of manhood

Image of man in control	Threats to control	Strategies to deal with threats
Competent provider Manages own affairs alone Controls wife's sexuality and movement Successfully oversees domestic space	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	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

BMC Public Health

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

Jeremiah Chikovore[1,4*], Graham Hart[2], Moses Kumwenda[3,4], Geoffrey A Chipungu[3], Nicola Desmond[4,5] and Liz Corbett[4,6]

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 focus group discussions were carried out of which eight (mixed sex = two; female only = three; male only = three) were with 74 ordinary community members, and two (both mixed sex) were with 20 health workers. Individual interviews were done with 20 TB patients (female =14) and 20 un-investigated chronic coughers (female = eight),

Chikovore *et al.*, BMC Public Health, 14(1), 1053.

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*, ga… strength, and continue working': the provider construction and tuberculosis care-seeking implications in Blantyre, Malawi

Jeremiah Chikovore[1]*, Graham Hart[2], Moses Kumwenda[3,4], Geoffrey A. Chipungu[5] and Liz Corbett[4,5]

[1]HIV/AIDS, Sexually Transmitted Infections & TB, Human Sciences Research Council, Durban, South Africa; [2]School of Life & Medical Sciences, University College London, London, United Kingdom; [3]Helse Nord TB Initiative, College of Medicine, Blantyre, Malawi; [4]Malawi Liverpool Wellcome Research Programme, Blantyre, Malawi; [5]London School of Hygiene and Tropical Medicine, London, United Kingdom

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. ***Design***: Data were collected between March 2011 and March 2012 in low-income suburbs in urban Blantyre using focus group discussions with community members ($n = 8$) and health workers ($n = 2$), in-depth interviews with 20 TB patients (female = 14) and 20 uninvestigated chronic coughers (female = 8), and a

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

Conceptions of cough and illness in high HIV prevalence context

Cough is seen or experienced as serious illness

Leading to

Frustration from failure to provide and losing independence

Stigma of HIV and its association with death

Fear and ambivalence regarding health investigations

Stigma of failing to provide

"… a perfect man is independent, not a disgrace; someone dependable to his family, who fulfils their necessities so they don't lack things; his wife must not move in torn clothes, or even lack maize flour." **(Community men's FGD)**

Stigma of TB and failing to support other important people, or to be self-reliant

"My mother's condition back at the village … sometimes she asks for money for fertilizer… But as I am now, the money is hard to get…. So I get depressed… *[Chuckles]* Also, when you live with another person, and can't contribute money ... for you to tell them that you're starving … you cannot. So, whenever I lay my hands on some money, I leave home and go out to eat somewhere **(Male TB patient, recently quit job due to health problems)**

The stigma of men who cannot meet their obligations

Those men are humiliated, starting within their families all the way to outsiders and relatives . . . to the point of being denied food in their homes and even teased when walking the street. **(Woman in mixed-sex community FGD)**

"My wife, kids … grandmother at the village… other relatives … I do everything for them…. So when not working or doing any *business*, you're a very poor person… Your big responsibilities become a big burden when you don't send money. I spend months without sending to the village … and it's painful." **(33-year old father of two; chronic cougher)**

Care-seeking implications

He just must have money . . . work here and there, doing something, any piecework . . . sweeping . . . digging latrines . . .whatever is available . . .. Someone asks 'Please help thatch my house', and that way he gets money . . .. Going up the mountain to fetch firewood to sell; because he must always think: What will my children eat? Buying and selling bananas 'Just so my children get something to eat.' . . . Even touting at taxi ranks. **(Community women's FGDs)**

"If you have to consider pain, just remember then that … those who *come to you* [depend on you for help] will as well know they're just going to starve … You want to be able to tell people: 'I went to such-such a place even with my body not well' and they'll be shocked" **(31-yr old father of three, TB patient)**

TB stigma from failing to provide and work

"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)**

"… failing to do some things on my own… Like hard jobs, jobs that make me get money … I fail just because I have TB… It hinders me… I should do hard work but I have difficulties breathing. … When I am working and I start having difficulty breathing, I just leave it in the middle." **(29-year old father of three; TB patient)**

Fearing being tested for TB or HIV

"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)**

‘Going to the clinic’ as emasculating

- Being shouted at in front of other men, women and children
- Being subjected to unexplained processes and ‘objectified’

“Men don’t like crowding. They ask themselves ‘Should I go to the hospital where I will find myself scrambling with women? Why not just get panado and avoid that place that’s filled with women?” **(Woman in mixed community FGD)**

How can engagement with TB care be made less stigmatizing for men?

- Training staff to become more aware and receptive of men's special needs?
  - Alongside improved interface between communities and health systems
- Increase accessibility of health services for men:
  - Mobile health care vans??
  - Special times and algorithms at PHCs?
  - Engaging workplaces

Funding

Wellcome Trust Grant
WT085411MA

**Prof Liz Corbett,
LSHTM & Malawi
Liverpool Wellcome
Trust**

- **Participants**
- **Geoff Chipungu, COM**
- **Frances Cowan**

**Prof Graham Hart,
UCL**

HIT TB Hard Study Team

**Dr Nic Desmond,
UoL & MLW**