Addressing research gaps around masculinity and stigma: implications for TB health-care seeking

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TDR Expert Group Meeting: Gender and Intersectionality in Research on Infectious Diseases of Poverty

20-21 November 2018.

UNAIDS Building, WHO Headquarters, Geneva, Switzerland

Comparing men and women in some key indicators: TB rates, life expectancy, healthcare usage, and mortality

2017: male : female TB notification ratio was 1.7. Prevalence surveys showed even higher ratios.

2016: Age-standardized TB incidence rate/100 000: **1.8 x** higher among men compared to women: **154.4 vs 86.3**

2016: Age-standardized TB mortality rate/100 000: **2x** as high among men compared to women: **21.9 vs 10.8**

Men who stay undiagnosed add to ongoing disease transmission in the community

- Global life expectancy is rising but the gap is also increasing between men and women: Gap was 5.5 in 2016;
- Men consult less at primary care facilities;
- They are less likely to be HIV-tested, and to initiate anti-retroviral therapy;
- They start treatment at later stages of disease progression, with worse adherence, and higher loss-to-follow-up when on treatment, and higher chances of dying than women.

WHO 2018; Global Burden of Disease (GBD) Tuberculosis Collaborators; GBD Mortality Collaborators; Wang et al 2013; Johnson et al 2012; Lessels et al 2011; Dodd et al, 2015

Categorizing explanations for men's healthcare seeking behaviour: two crude families of theory

Men's behavior and health situation

- Essentialist views of men's behaviour
- Men seen as similar and benefitting equally from patriarchy
- Behaviour seen as serving functions such as survival or procreation

Aggression, violence, irresponsibility, etc. are foregrounded

- Stresses social construction of behavior
- Acknowledges differences among and within men, and across situations;
- Recognizes tensions and contradictions for men;
- Sees men as also capable of being powerless

A poster that was on display in the waiting area of a primary health center

Case study: How stigma linked to masculinity emerges and shapes men's healthcare use in urban Blantyre, Malawi

Country context

- Low income; over half of population is classified as poor;
- High informal employment;
- Shortage of healthcare workers
- One of 30 high TB/HIV burden countries;
- Half of expected TB cases are being diagnosed
- TB male: female notification ratio is **1.7**
- TB incidence is 133/100 000; TB treatment success rate is 82% (WHO 2018)
- HIV prevalence: 10.6%; 68% accessing ART; 59% virally suppressed

The sources of data

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

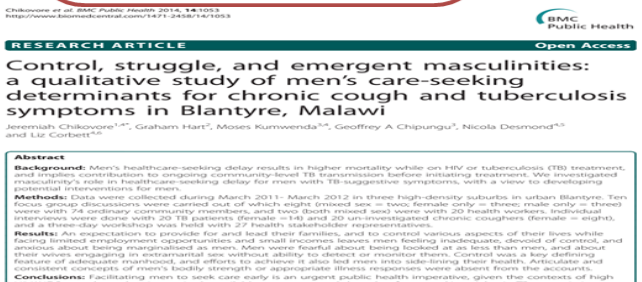
- Competent provider
- Manages own affairs alone
- Controls wife's sexuality and movement
- Successfully oversees domestic space

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)


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

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

"…institutions can also perpetuate images of and ideals for men that are not always congruent with reality, contributing to increased pressure and stress on men who are either unable to or are discouraged from fulfilling certain roles and responsibilities in a changing, globalized world"

(WHO 2011, *Gender Mainstreaming*)

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

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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. *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* = 3), in-depth interviews with 20 TB patients (female = 14) and 20 uninvestigated chronic coughers (female = 8), and a 3-day participatory workshop with 27 health stakeholder representatives. The research process drew to a large extent on grounded theory principles in the manner of Strauss and Corbin (1998) and also Charmaz (1995). *Results*: Role descriptions by both men and women in the study universally assigned men as primary material providers for their immediate family, that is, the ones earning and bringing livelihood and additional material needs. In a context where collectivism was valued, men were also expected to head the provision of support to wider kin. Successful role enactment was considered key to achieving recognition as an… same time, job scarcity and insecurity, and low earnings gravely impeded men. Presented… continuing income then meant constantly looking for jobs, or working continuously to retain… to raise money through self-employment. All this led men to relegate their health considerations… *Conclusions*: Early engagement with formal healthcare is critical to dealing with TB and HIV. However, role constructions as portrayed for men in this study, along with the opportunity costs of acknowledging illness seem, in conditions of vulnerability, important barriers to care-seeking. There is a need to address hidden care-seeking costs and to consider more complex interventions, including reducing… in efforts to improve men's engagement with their health.

Keywords: *Malawi; masculinity; tuberculosis; healthcare seeking; gender; provider; qualitative; lim…*

Responsible Editor: Malin Eriksson, Umeå University, Sweden.

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Received: 11 October 2014; Revised: 23 January 2015; Accepted: 5 March 2015; Published: 31…

Tuberculosis (TB) is a leading cause of adult morbidity and mortality globally. In 2012, it was responsible for 8.6 million cases and 1.3 million deaths of which 0.32 million deaths were in people living with HIV (1). Although TB rates have been declining globally, the World Health Organization (WHO) consi… ders the rate of decline to be slow and the 50% target for reduction of active… unlikely to be met (1). In particular, the European and African regions are unlikely to meet prevalence and mortality targets (1). In addition, the African continent is over-represented among… with 1… of the world population, it accounted for… in 2012, coming second… [illegible]

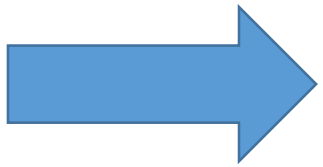
Chikovore, *et al.*, Global Health Action 2015 (8), 26292.

"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)

Internalized ideal expectations that are not met lead to isolation and stress

"… 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)**



"My mother's condition 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 stay with someone … and you can't contribute money…. to tell them you're hungry… you can't. So, whenever I get my hands on some money, I leave home and go out to eat somewhere (**Male TB patient, recently quit job, feeling isolated within the family)**

"Most men don't measure up, because employment is scarce. Here in town… most people are suffering; they don't have ways to get money" **(Women's community FGD)**

"They're in big trouble: they're humiliated; … taken for being useless… you lead an isolated life, nobody to chat with; … also your marriage breaks down … and your own children won't respect you." **(Man in mixed community FGD)**

Chikovore et al, BMC Pub H, 2014; Chikovore et al, GHA 2015

Conceptions of cough and serious illness in a high HIV prevalence context

Cough is seen or experienced as serious illness

- **Loss of self-dependence**
- **Diminished functioning**
- **Stigma of HIV and association with death**

Leading to

Frustration and fear

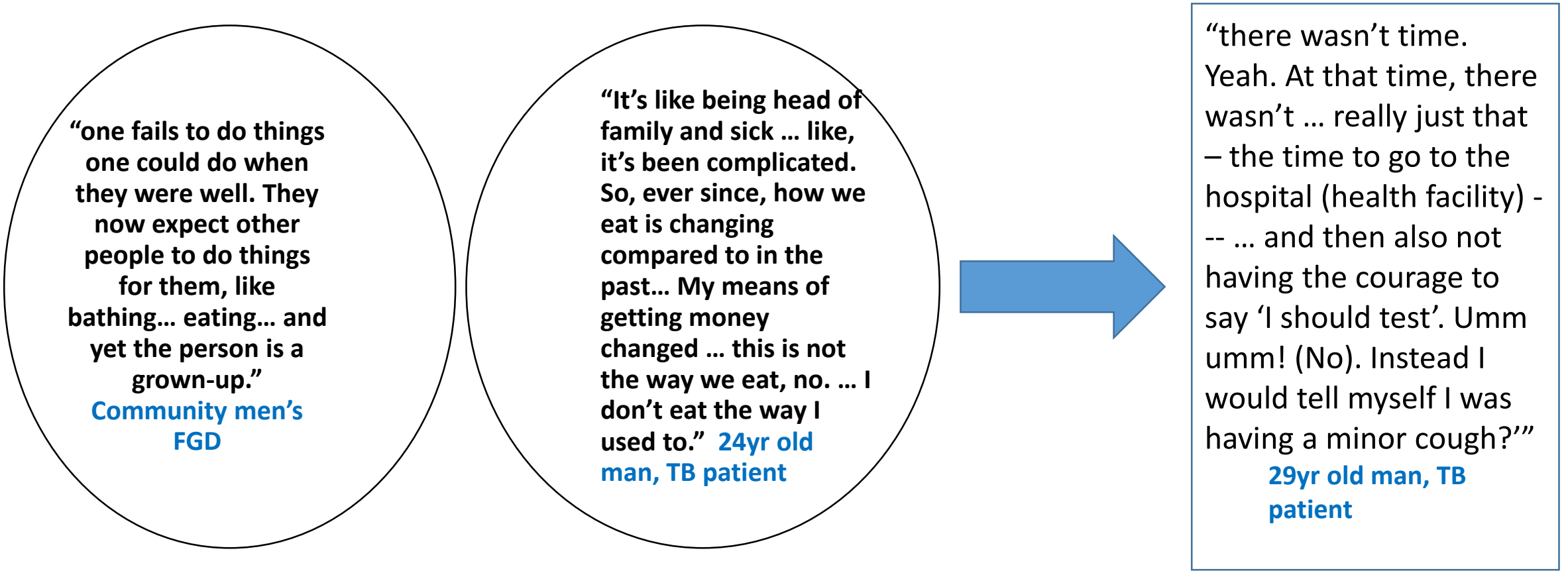
- **Frustration from failing to effectively play role of head of family;**
- **Fear and ambivalence regarding health investigations**

"They often come when they have no money. I try to find some to give them. It is things like those that leave joy in my heart; when my children come to me, and I accomplish what they want."

(Male TB patient)

Chikovore et al, BMC Pub H, 2014; Chikovore et al, IJTLD 2017

Intersection of material vulnerability, physical illness, confirmed or threatening TB or TB/HIV, gender role, and health care seeking



Chikovore et al, IJTLD 2017

Further intersections with health services manner of operating

"Men don't like crowding. They ask themselves 'Should I go to the hospital where I will find myself scrambling with women?.."
(Woman in mixed community FGD)

I wasn't having time… was very busy with work. I just push myself while coughing…I leave in the morning at 5… am back maybe to 7… Sunday to Saturday .... Yet I think they should do the examination to see if it's TB. (IDI, man, age 37, 2-mo cough)

Kumwenda… Chikovore et al, Plos One 2015

Research gaps: May revolve around the need for and how to

- **Map** the determinants of healthcare seeking behavior (including masculinity and stigma) at local level, including historical and contemporary dynamics generating these;
- **Implement** comprehensive intervention packages to address complex, multi-level (including structural) determinants of health seeking behavior, and go beyond free healthcare, or health education;
- **Revisit** models used to treat TB in LMIC in particular the public health approach, where the counselling approach seems missing;
- **Reform** and **reorganize** health delivery, to make it convenient and accessible to men too
- R**evoke** universalistic assumptions about gender and masculinity and acknowledge resistances and emergent identities;
- **Find** men in their various places (including places of work in their variety), and using media that appeal to their different and fluid identities and representations
- **Prioritize** social protection for families and communities.

Acknowledgments

Funding for formative work:

Wellcome Trust

Collaborators on formative work:

Prof Liz Corbett, LSHTM, MLW; Prof Graham Hart, UCL; Dr Geoff Chipungu, COM; Dr Frances Cowan, UCL; Dr Nic Desmond, LSTM, MLW

The participants and the research team for the formative work

For input received on related presentations

Dr Ellen Mitchell, Erasmus University