

# Men & HIV

FORUM

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## SOCIETY'S SUCCESSFUL MEN: WHAT THIS MEANS FOR TB INTERVENTION DESIGN



Dr Jeremiah Chikovore

Human Sciences Research Council, South Africa



# CHALLENGE – MORE TB AMONG MEN

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

2016: Age-standardized TB incidence rate/100 000: 1.8x higher in men: 154.4 vs 86.3

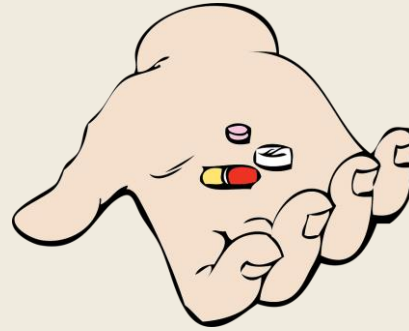
Men consult less at primary care facilities; including for HIV

Men experience worse outcomes incl adherence, loss-to-follow-up & mortality



They contribute to ongoing TB transmission in the community

# TB CASCADE



Timely treatment prevents spread - people cease being infectious 2 weeks into treatment

It is critical to have men on TB treatment

Treatment requires access to testing

Engaging men in TB settings allows for TB to be an entry point for HIV prevention messages, interventions and HIV testing.

TB /HIV

TB could be a good platform for linkage to ART, and reinforcement of adherence counselling to improve viral suppression

# METHODS USED TO DEVELOP INTERVENTIONS



Empirical research on gender and health (FGD; IDI; Q & A)

Use of theory to set research agenda, & in analysis

Reliance on researcher insights

Use of grounded theory & triangulation

Participatory approaches; member checking

# RESEARCH POPULATIONS AND CONTEXTS

- **TB studies:** (i) symptomatic uninvestigated individuals (ii) TB patients (iii) community members (iv) health stakeholders (v) HCWs
- **SRH study:** (i) men & women community members; (ii) boy & girls school youth

- Adult men & women (ages 18-70 (HIV study); 9 – 65 (SRH study));
- Young boys and girls in school

- Urban, low-income, high HIV & TB prevalence, low-income (Blantyre, Malawi; Harare, Zimbabwe)
- Rural, low-income, high-HIV prevalence (Chiredzi, Zimbabwe)

# CONCEPTS OF SUCCESS IN MEN

Rich; strong; hard working;  
heterosexual; disciplinarian,  
authoritative, in control, non-  
quitter; virile; dominating;  
provider; healthy;  
independent; leader

“...he must be independent, not a disgrace; someone dependable to his family, who fulfils their necessities so they don't lack things” –Men's FGD

“he is not supposed to consider bodily pains... he's head of the family; they all look up to him...” – Women's FGD

social change, race/ethnic/class relations; North-South relations; tradition resisting modernity; nationalism, migrancy, globalisation, colonialism

# CONCEPTS ARE IDEAL FOR MOST MEN, BUT FAILURE ENTAILS STIGMA

High HIV contexts

Barriers to realizing concepts

Limited earning opportunities



Result in stigma of failure

“when not working you’re a poor person... and its a big burden when you don’t send money. I spend months without sending. It’s painful.” - IDI, 2 month chronic cough male

“We look at our friends in other families , maybe they dress and eat well, and we ask, ‘Why is my own husband like this? No dressing well in our family’”  
- Women’s FGD

They’re in big trouble: they’re humiliated ... you lead an isolated life ... your marriage breaks down ... and your own children won’t respect you.” - Man, mixed FGD

# MEN'S RESPONSE: RESISTANCE, FLIGHT, COMPLIANCE TO EXTREMES

- Rather work or spend on family than seek healthcare
- Avoid 'feminizing' healthcare; stretch the body, act invincible while sick
- Drink as if all is well, trying to 'rid' body of disease or cope
- No room to take time off work and engage with healthcare
- Re-emphasise other versions 'available' of masculinity



“Men say ‘Should I go to the hospital where I will find myself scrambling with women?’”



“The little money that I have, I can't use it to seek treatment. I use the little I have to get food for my Kids” – 25 yr old man, without TB



“That man must have money...by doing piece tasks: sweep, dig latrines... fetch firewood from the mountain ... “so my children can eat at home?” – Women's FGD <sup>8</sup>



# IMPLICATIONS FOR DESIGNING INTERVENTIONS

Recognise that men's behaviour is constructed at multiple intersecting levels

Locate TB control within sustainable development, social protection, decent work, & health system reform

Acknowledge and support emergent masculinities

Ensure health services cater for men's roles and across the life course, reaching them where they are and are comfortable

Integrate health services, esp. TB / HIV with sensitivity to men's fears and concerns

Strengthen awareness of TB symptoms and importance of early investigation

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