



SSHIFTB

The Union

Paris, November 15-18

WORLD CONFERENCE ON LUNG HEALTH 2023

TRANSFORMING EVIDENCE INTO PRACTICE



science & innovation

Department:
Science and Innovation
REPUBLIC OF SOUTH AFRICA



HSRC
Human Sciences
Research Council

CONFLICT OF INTEREST DISCLOSURE FORM

I have no Conflict of Interest to report.

I have the following Conflict of Interest(s) to report:

Please tick the type of affiliation / financial interest and specify the name of the organisation:

- Receipt of grants/research supports: _____
- Receipt of honoraria or consultation fees: _____
- Participation in a company sponsored speaker's bureau: _____
- Tobacco-industry and tobacco corporate affiliate: _____
- Stock shareholder: _____
- Spouse/partner: _____
- Other: _____

CREATING A GENDER-TRANSFORMATIVE AGENDA TO ADDRESS CONTEXTUALISED TUBERCULOSIS RISK AND CARE ACCESS FOR MEN

Jeremiah Chikovore, Human Sciences Research Council : *“Higher ambitions for a gender-transformative response to TB for improving health, social and economic outcomes”*
Symposium, 15 November 2023.

OUTLINE

- I. Gender as a social construct, and determinant of TB
- II. TB and men
- III. TB and women
- IV. Some gaps and issues
 - a) Re research and policy focus on men
 - b) Lack of data on some key groups (including non-binary individuals)
 - c) Privileging of single-strand analyses
 - d) Limited attention to social issues for marginalised, at risk groups in lower burden settings.

CONCEPTUALISATION OF GENDER

Socially constructed roles, activities, attributes and opportunities considered appropriate for men/boys, women/girls, and non-binary people.

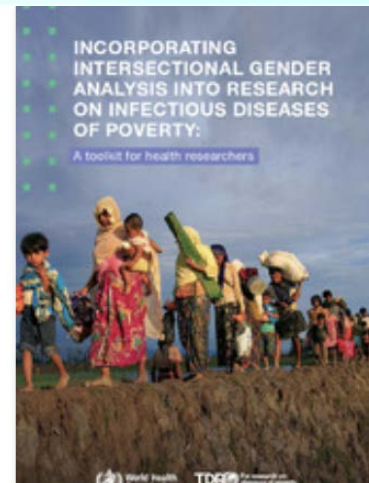
 @UNIONCONFERENCE

Is often relational, shaping how different categories interact with each other and the world around them

#UNIONCONF

Varies through spaces, contexts and time, as roles and identities are shaped by broader political, social and economic circumstance.

As a power relation, shapes vulnerability or risk of disease, access and utilization of health services and ultimate disease experience.



World Health
Organization,
2020

TUBERCULOSIS EPIDEMIOLOGY BY SEX (WHO 2022)

Deaths

HIV(+): 51% M; 38% W
 HIV(-): 54% M; 32% W

Global TB cases

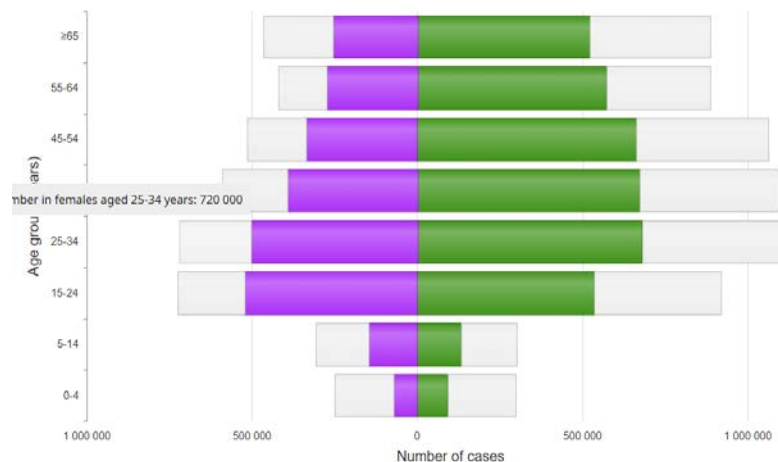
57% adult men; 33%
 adult women

TB prevalence surveys

Higher gaps in case
 detection and
 notification in men
 (2007-2021)

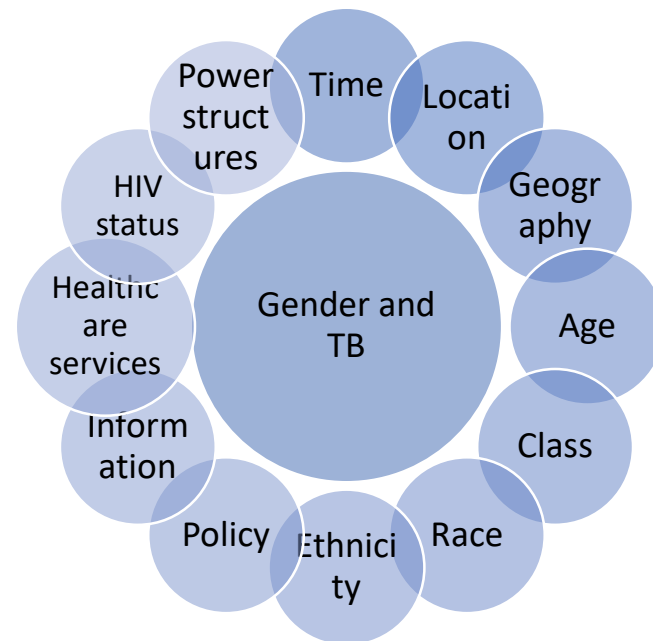
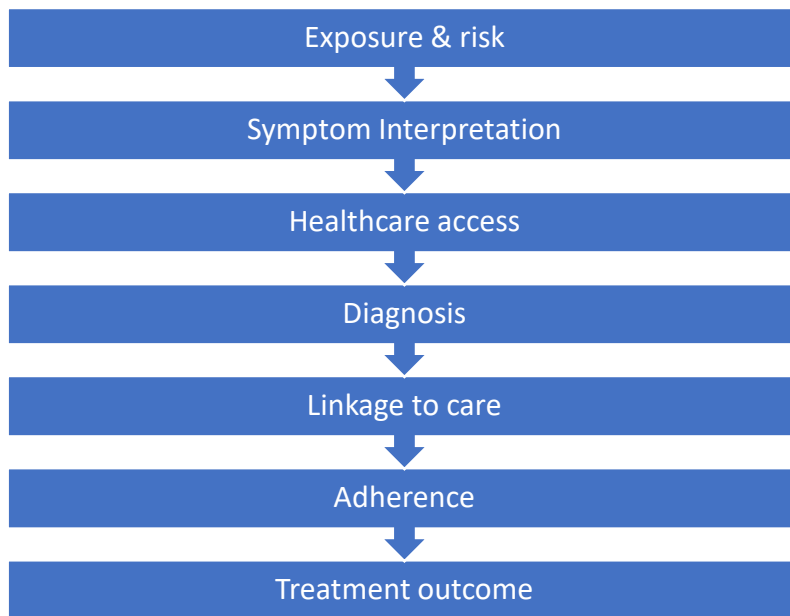
TB is among the top 10
 causes of death in
 women

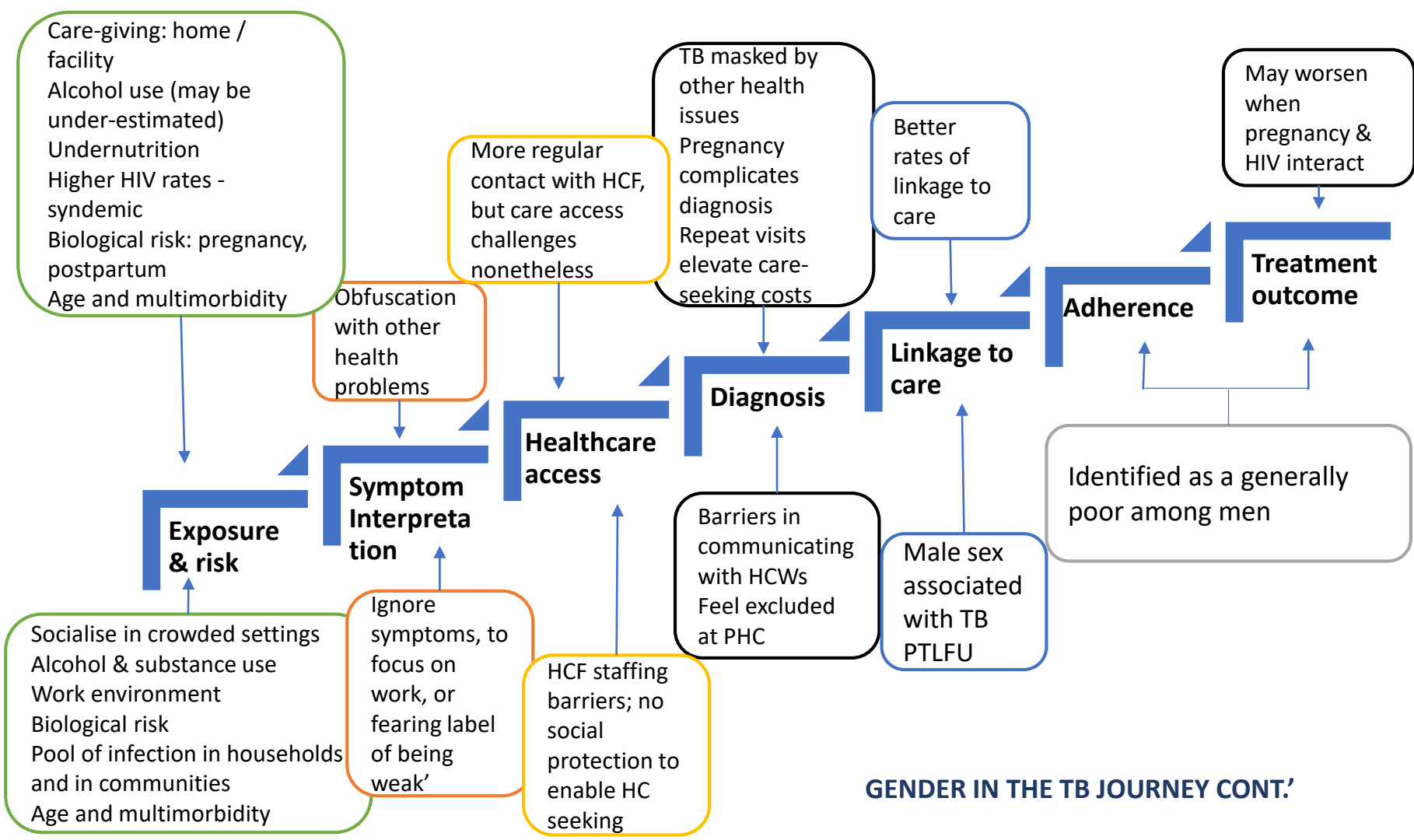
Fig. 2.1.5 Global estimates of TB incidence numbers and case notifications disaggregated by age and sex (female in purple; male in green), 2021



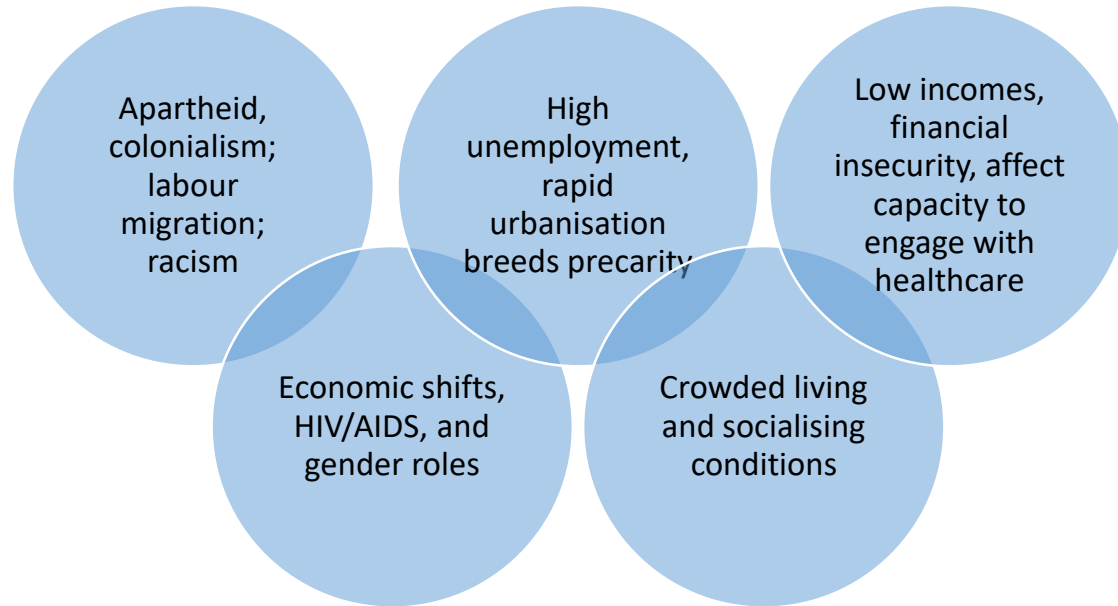
**TB affects
 everyone**

GENDER IN THE TB JOURNEY FOR MEN AND WOMEN





INTERSECTING SOCIAL AND STRUCTURAL DETERMINANTS OF TB



KEY ISSUES AND GAPS: RECAP

Gender affects men, women and non-binary individuals at all stages of the TB cascade, and differently

Factors heightening the vulnerability of younger people (women and men) are not well understood

Data on non-binary individuals are also largely not available

Reliance on single-strand analyses, whereas practices are predominantly shaped by intersecting factors

Attention to men in research and policy is growing, though within a context of ambivalence

TB public health efforts in low-burden settings centre around migrants, requiring concerted focus on rights and equity

BMJ Global Health

Missing men with tuberculosis: the need to address structural influences and implement targeted and multidimensional interventions

Jeremiah Chikwore ¹, Madhukar Pai ², Katherine Chasthain Horton, ^{3,4}
Anrita Dattary ⁵, Moses Kelly Kumbwenda, ⁶ Graham Hart, ⁷
Elizabeth Lucy Corbett ⁸

KEY ISSUES AND GAPS: RECAP

Hesitation to deal with
amorphous/
polymorphous inputs
and outcomes in
interventions

Limited funding for
social science research

Enduring global
inequities

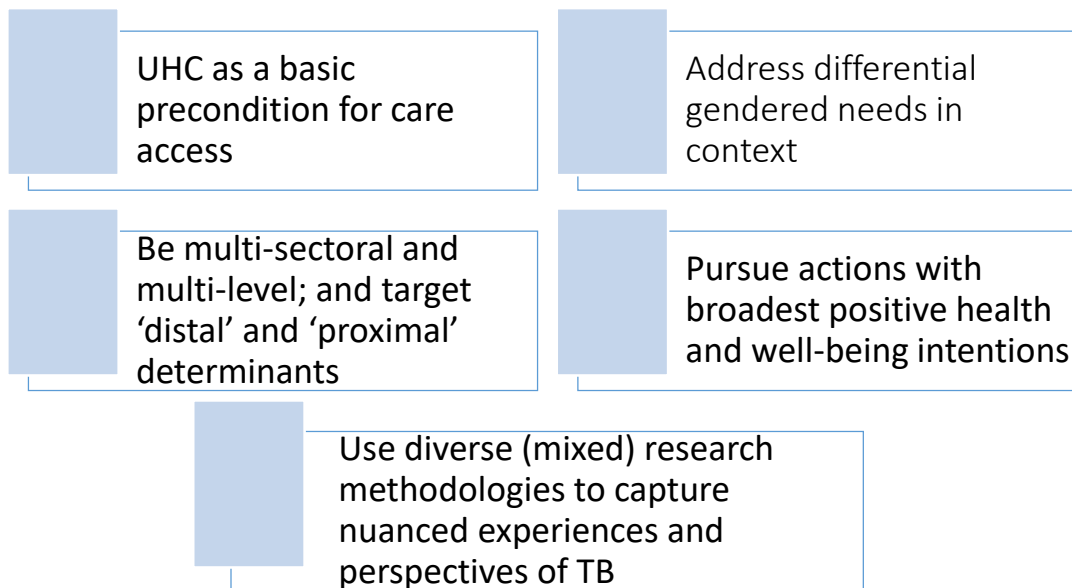
Public health approach
in health promotion

BMJ Global Health

Missing men with tuberculosis: the need to address structural influences and implement targeted and multidimensional interventions

Jeremiah Chikwora¹, Madhukar Pai², Katherine Christhalm Horton,^{1,4}
Armita Dattary⁵,^{1,4} Moses Kelly Kumwenda,⁶ Graham Hart,⁷
Elizabeth Lury Corbett^{1,11}

WHAT IS NEEDED FOR A GENDER-RESPONSIVE APPROACH



READING AND REFERENCES

- Abgrall, S. et al. (2010). *AIDS*, 24(5).
- Arakelyan, S., et al. (2021). Patient preference and adherence, 2137-2154.
- Chikovore, J. et al. *BMJ Global Health* 5.5 (2020)
- Daftary, A., et al. *IJTL*. 24.12 (2020): 1312-1315.
- Dodd, P. J., et al. (2016). *American journal of epidemiology*, 183(2), 156-166.
- Glaziou, P. et al. (2018). Trends in tuberculosis in the UK. In (Vol. 73, pp. 702-703): BMJ Publishing Group Ltd.
- Günther, G. et al. (2023). *Clinical Microbiology and Infection*, 29(1), 77-84.
- Horton, K.C. et al. *PLoS medicine* 13.9 (2016)
- Marcoa, R. et al. (2018). *Pulmonology*, 24(3), 199.
- Marinda, E. et al. *AIDS Behav* (2021).
- Méchäï, F. et al. (2020). *Frontiers in Public Health*, 8, 443.
- Moyo, S. et al. *Springer, Cham*, 2021. 85-97.
- Peer, V. et al. (2023). *Frontiers in Public Health*, 10.
- Sreeramareddy, C. T. et al. (2009). *BMC Infectious Diseases*, 9(1), 91.
- van den Hof, S. et al. (2010). Report prepared for Tuberculosis Control Programme (TB CAP) September.
- WHO. *Global TB Report 2022*.
- WHO. *Incorporating Intersectional gender Analysis into research on infectious diseases of poverty*. Geneva, WHO, 2020.
- Woldeamayyat, E. M. (2021). *Risk Management and Healthcare Policy*, 2965-2970.

THANK YOU

jchikovore@hsrc.ac.za

www.hsrc.ac.za

sshiftb.org



SSHIFTB