

# GENDER / MASCULINITIES IN UNDERSTANDING VULNERABILITIES



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Human Sciences Research Council, South Africa

Makerere Lung Institute, Day of Lung Science 2024

Webinar:

Theme: ***Are health systems and research reaching key populations?***

March 13, 2024

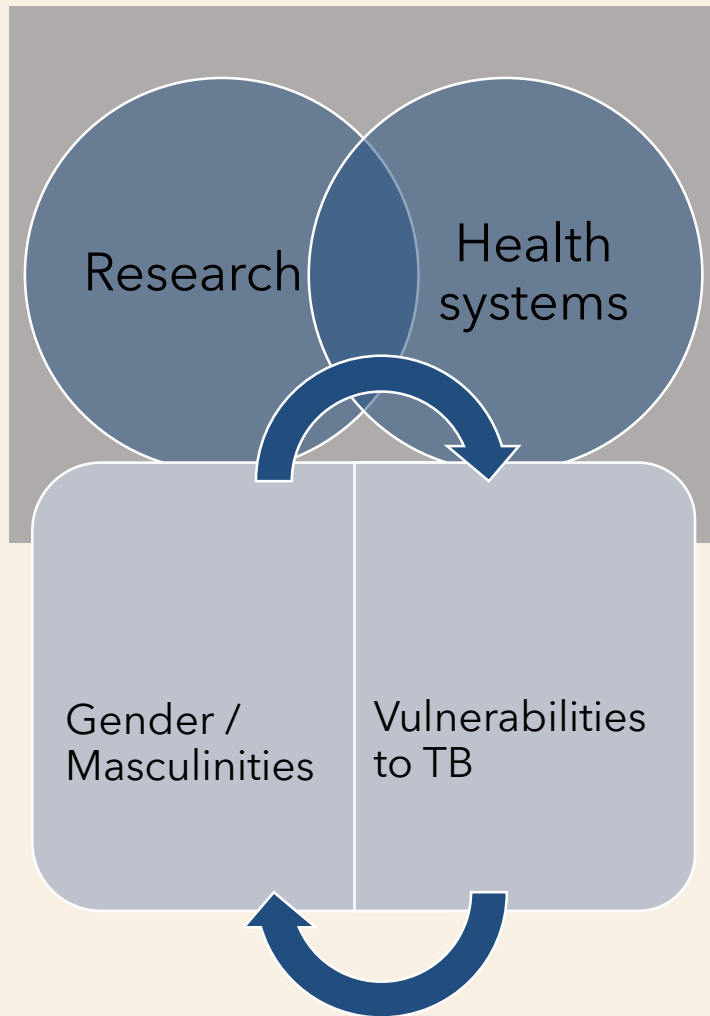


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# OUTLINE



Introduction

The clinic as a feminized space in Africa

The status of the global TB epidemic and response

Some reflexivity /positionality

Some research findings

Recap of some of findings

Reflections

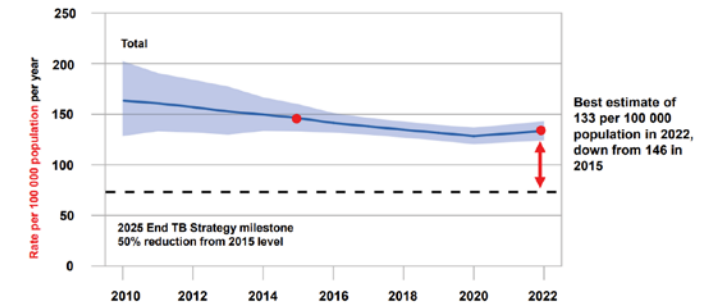
# Illustrating some of the missed global TB targets

World Health Organization, 2023



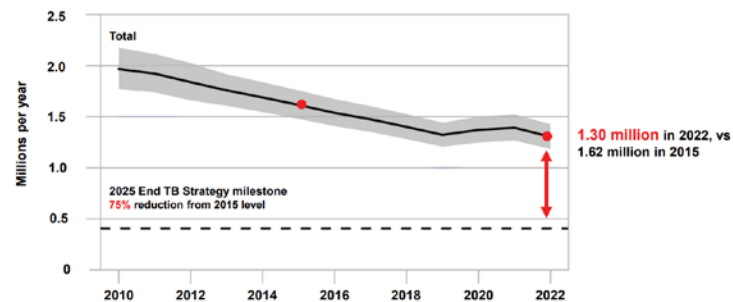
### Global TB incidence rate

8.7% net reduction from 2015 to 2022, far off 2025 milestone



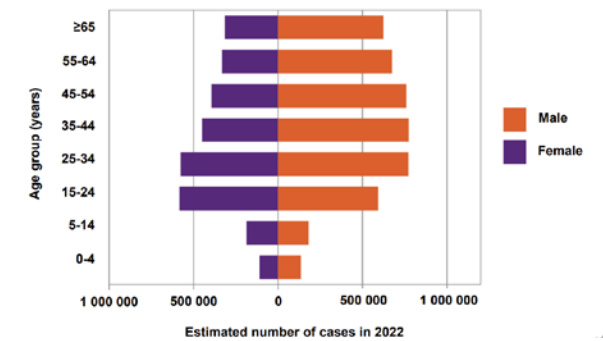
### Global number of deaths caused by TB

19% net reduction from 2015 to 2022, far off 2025 milestone



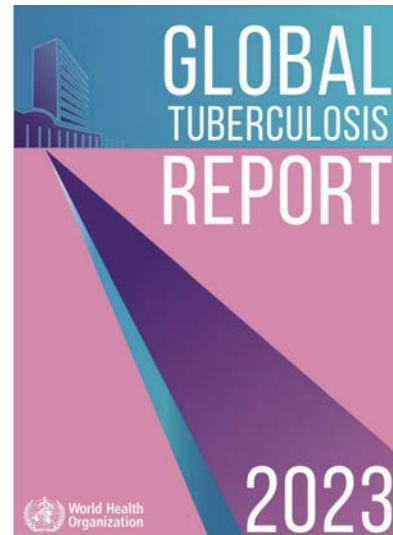
### Distribution by age and sex

5.8 million men (55%), 3.5 million women (33%), 1.3 million children (12%)

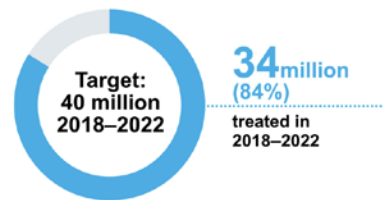


# Illustrating some of the missed global TB targets

World Health Organization, 2023

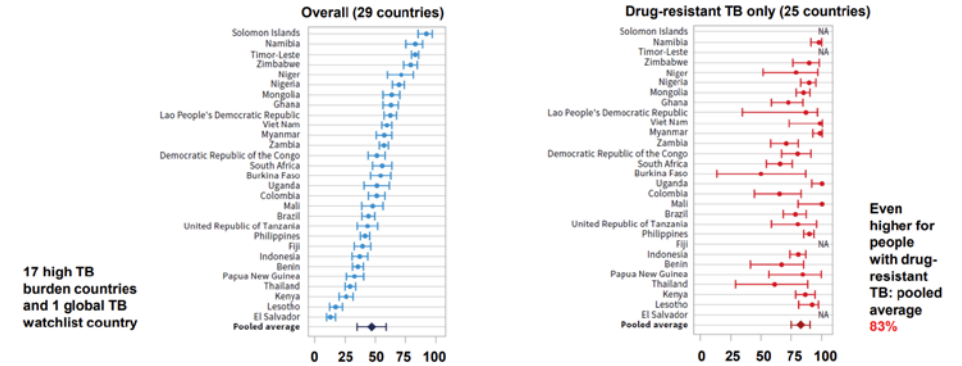


## Global TB treatment target\* Target **missed**

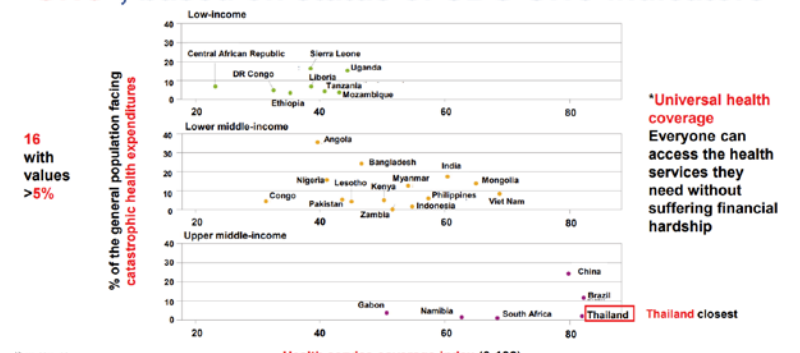


\*based on what was required to be on track to reach 2025 milestones of End TB Strategy

## About half of people with TB and their households face catastrophic costs pooled average = 49%; far from End TB Strategy target of zero



## Almost all high TB burden countries far from UHC\*, based on status of SDG UHC indicators



World Health Organization

# TB epidemiology by sex



**Deaths (2022)**  
HIV(+): 47% M; 35% W  
HIV(-): 52% M; 32% W

**Global TB cases (10.6 m)**  
55% adult men; 33%  
adult women

**TB prevalence surveys**  
Higher gaps in case  
detection and  
notification in men



**In Africa:**  
Higher incidence in men  
Men majority in new  
and relapse TB

TB is among the top 10  
causes of death in  
women

**However, TB affects everyone!!**

“folktales are not my cup of tea; I deal with real numbers”

“to go far you have to do a course in biostatistics”

## Positionality / reflexivity





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



Global Health Action

ISSN: 1654-9716 (Print) 1654-9880 (Online) Journal homepage: <https://www.tandfonline.com/loi/zgha20>

**'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

"I just haven't had time... been very busy working, so I just push myself on ---coughing... I leave in the morning around *past five*... and return only around *seven*... including Saturday and Sunday .... So really I'm just thinking they should ... do the process and find out if it is TB." (IDI, 37-yr-old, 2-month chronic cougher)

(Men) "often they hide ... they don't want to tell you they're sick. .. You just suffer inside, 'My husband is sick... clearly with something serious...' But he hides; tries to be strong." (Woman in community mixed-sex FGD)



“If a man falls sick at night, just to get there and receive the *medicine* (attention) is difficult. There’s no space except for pregnant women. Pregnant women have an advantage because they sleep inside the fence. Those coming in the morning come with an advantage already, because there is a section for women and one for the *under-five* clinic, but no special room for men” [Man in community mixed sex FGD]



“. . .several times I went to a primary care centre to explain and was just given medicine and sent home. Sometimes they would give me amoxicillin, sometimes bactrim, sometimes some tiny pills. . . I wasn’t improving and had to go back to tell them that the medicine didn’t help, so they gave me different drugs. It wasn’t until I started coughing up blood that they found TB.” [Woman, TB patient, IDI]



“If you have to consider pain, remember ... those who come you to [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” [Man, 31 yr., TB patient]





# The clinic as a feminized space in Africa

**PLOS ONE**

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<sup>1,2</sup>, Nicola Desmond<sup>1,3</sup>, Graham Hart<sup>4</sup>, Augustine Choko<sup>1,5</sup>, Geoffrey A. Chipungu<sup>2</sup>, Deborah Nyirenda<sup>3,6</sup>, Tim Shand<sup>7,8</sup>, Elizabeth L. Corbett<sup>1,5</sup>, Jeremiah Chikovre<sup>9\*</sup>

Tropical Medicine and International Health doi:10.1111/tmi.1365-3156.2010.02493.x  
VOLUME 15 NO 5 PP 574-579 MAY 2010

### Chronic cough and its association with TB-HIV co-infection: factors affecting help-seeking behaviour in Harare, Zimbabwe

Webster Mavhu<sup>1</sup>, Ethel Dauya<sup>2</sup>, Tsitsi Bandason<sup>2</sup>, Shungu Munyati<sup>2</sup>, Frances M. Cowan<sup>1,3</sup>, Graham Hart<sup>3</sup>, Elizabeth L. Corbett<sup>3,4</sup> and Jeremiah Chikovre<sup>3,4</sup>

1 Department of Community Medicine, University of Zimbabwe, Harare, Zimbabwe  
2 Biomedical Research & Training Institute, Harare, Zimbabwe  
3 Centre for Sexual Health & HIV Research, University College Medical School, London, UK  
4 London School of Hygiene & Tropical Medicine, London, UK  
5 Human Sciences Research Council, Durban, South Africa  
6 Malawi Liverpool Wellcome Trust Clinical Research Programme, Blantyre, Malawi

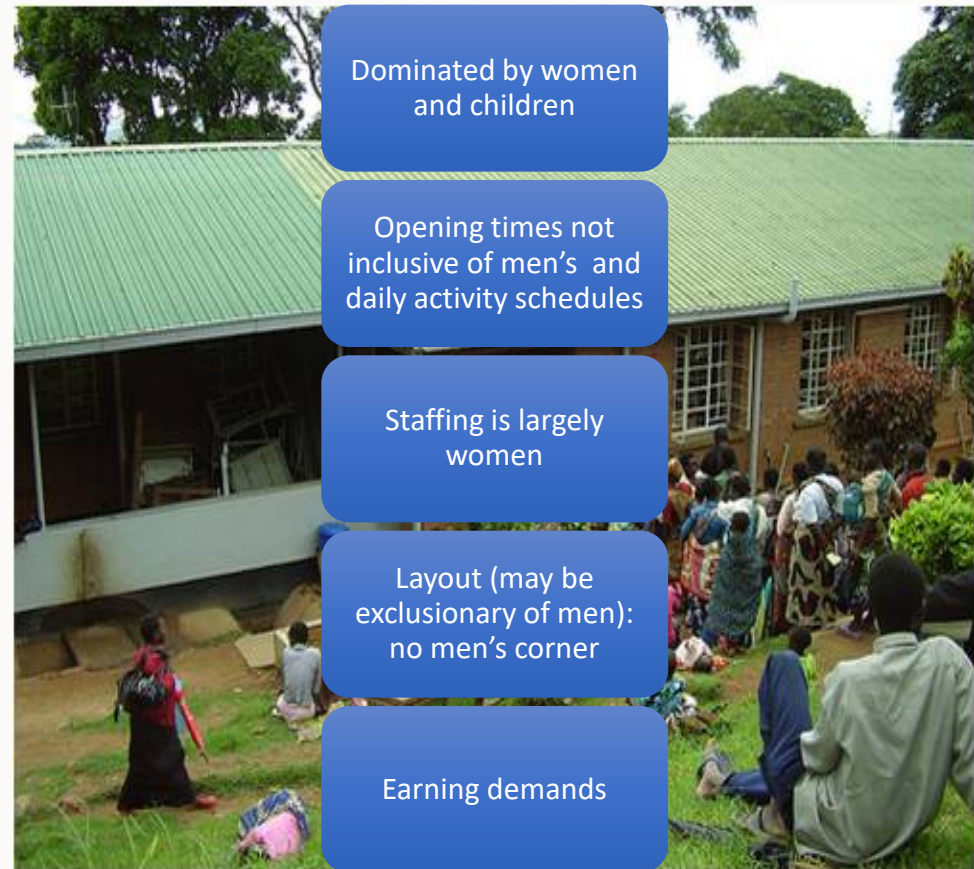
**Global Health Action**

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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**

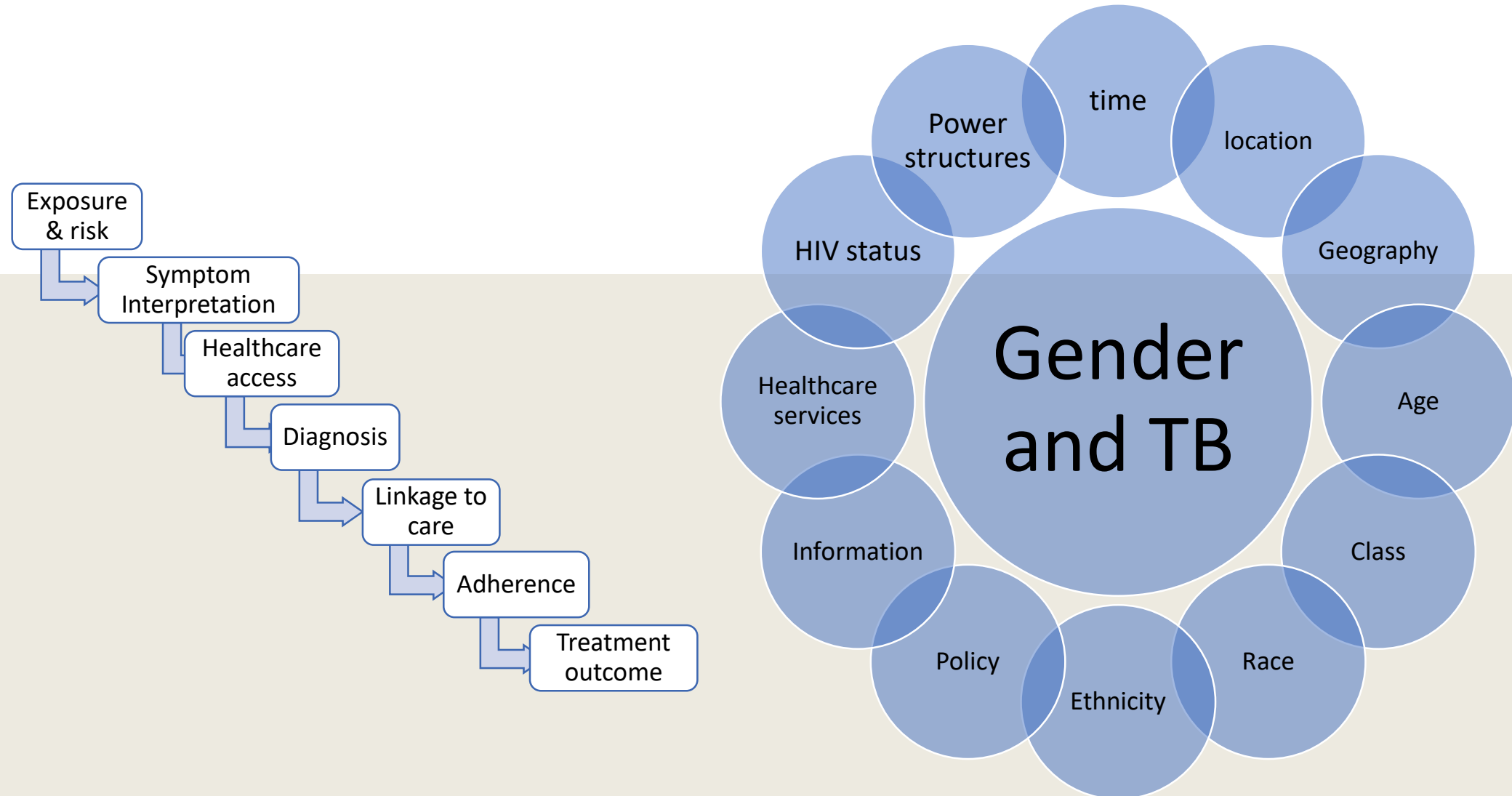
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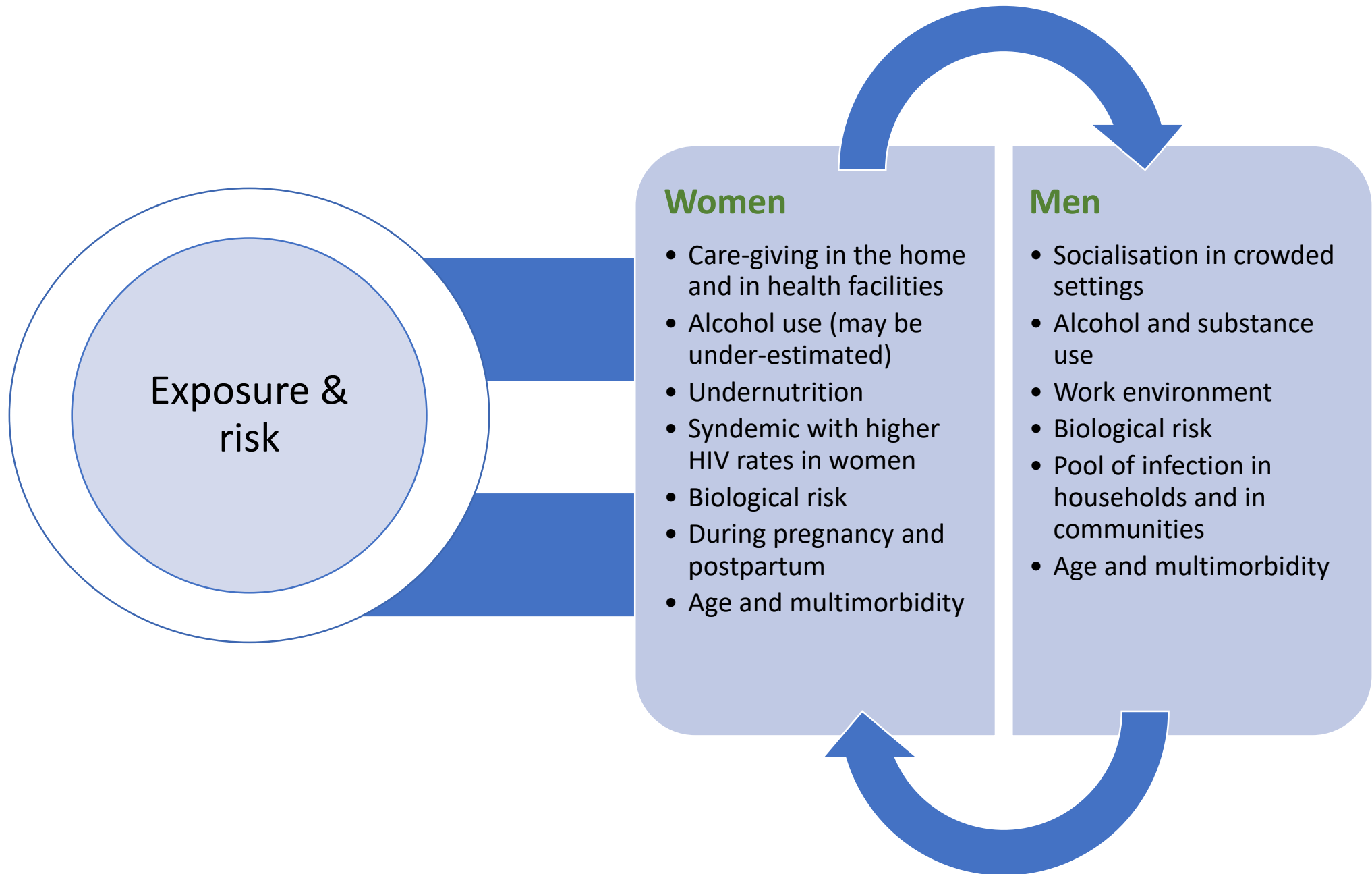
“Men don’t like crowding. They ask themselves ‘Should I go to the hospital where I will find myself scrambling with women?..’”  
**(Woman, Mixed sex community FGD)**



- Dominated by women and children
- Opening times not inclusive of men’s and daily activity schedules
- Staffing is largely women
- Layout (may be exclusionary of men): no men’s corner
- Earning demands

# Gender in the TB journey





## Symptom Interpretation

### Women

- Obfuscation with other health problems

### Men

- Conscious / unconscious suppression of symptoms
- Focus on work, or socialise to divert attention, out symptoms, or meet their provider role
- Society stigmatises symptom acknowledgement by men



Healthcare access

## Women

- Have more regular contact with health facilities but still experiences care access challenges

## Men

- Structuring, staffing, and operations of healthcare services may be a barrier.
- Stigma of being seen in 'feminine' spaces or admitting illness
- Sub-optimal social protection and work policies in high unemployment conditions

# Diagnosis

Women

Masking of TB beneath other health challenges  
Pregnancy complicates diagnosis  
Repeat visits imply higher care-seeking costs

Not fully articulating, or downplaying symptoms to providers  
Being managed without full communication can feel emasculating  
Self-treatment might interfere with diagnosis

Men



Linkage to care

**Women**

Have better rates of linkage to care

**Men**

Male sex is associated with TB PTLFU

Adherence

Identified as a major problem among men

Treatment and illness outcomes

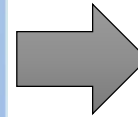
Stigma & tensions related to men not achieving/demonstrating valued traits, i.e.

Attending health facilities, deemed effeminate spaces

Not being in control of own life and body

In high HIV contexts, having a serious & disabling disease

Not catering adequately for immediate and wider family



## Reactions and 'resistance' actions

- Drinking as usual, while 'ridding' body of disease
- Immersing self in hard & 'affirming' work
- Opting to work or spend on family needs vs healthcare
- 'Flying' from healthcare while appearing invincible
- Stretching the body during illness

# The wider context of gender / masculinities and TB in Southern Africa

Apartheid, colonialism & labour migration

Economic shifts, HIV/AIDS, and gender roles

High unemployment, rapid urbanisation breeds precarity

Crowded conditions

BMJ Global Health

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

Jeremiah Chikovore ,<sup>1</sup> Madhukar Pai ,<sup>2</sup> Katherine Chisholm Horton,<sup>3,4</sup> Amrita Daftary ,<sup>5,6</sup> Moses Kelly Kumwenda,<sup>7</sup> Graham Hart,<sup>8</sup> Elizabeth Lucy Corbett<sup>3,7</sup>

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

J. Chikovore,\* G. Hart,<sup>†</sup> M. Kumwenda,<sup>‡§</sup> G. Chipungu,<sup>§</sup> N. Desmond,<sup>¶||</sup> E. L. Corbett<sup>\*\*</sup>



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



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

# 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

# Closing questions

How can patient experience be improved while maintaining science provisions?

How do you empower patients to ensure that the care they receive is acceptable to international standards?

How do we check the will to privilege education over social reform and protection?

What are patient needs? How are these delimited? From whose viewpoint?

# Acknowledgments

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Prof Liz Corbett

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Prof Graham Hart

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Dr Geoff Chipungu

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Prof Frances Cowan

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Dr Nic Desmond

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Dr Webster Mavhu

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Dr Moses Kumwenda

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Participants

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The Hit-TB team, Malawi Liverpool Wellcome Trust

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Funding from Wellcome Trust



# THANK YOU

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