

Centering experiences of African men with TB

“Community, rights and gender: Meaningful engagement with African-centred masculinities to end TB”. **11th July 2023**

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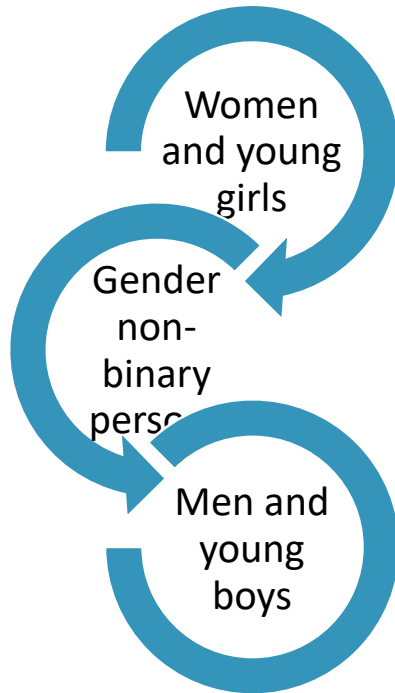


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Gender: a social construct and determinant of health



“The socially constructed roles, behaviors, activities, attributes and opportunities that any society considers appropriate for men and women, boys and girls and people with non-binary identities”

Is relational; about how different genders interact with each other and with the world around them. It assumes context-specific forms in terms of its emergence and its manner of exerting influence.

Overview of TB epidemiology by sex: WHO TB Report 2022

Male:female ratio of bacteriologically confirmed adult TB cases, prevalence surveys 2007–2021 – **1.2 Ethiopia to 4.5 Vietnam**: Men typically account for ~66-75% TB disease burden in adults

Globally in 2021, **54% of the HIV-negative people who died from TB were men, 32% were women** and 14% were children (aged <15 years)

The P:N ratio by sex of adult TB cases, prevalence surveys 2007–2021 - **Detection gaps are higher for women only in 4 countries**: Eswatini, Zimbabwe, Philippines and Nepal

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

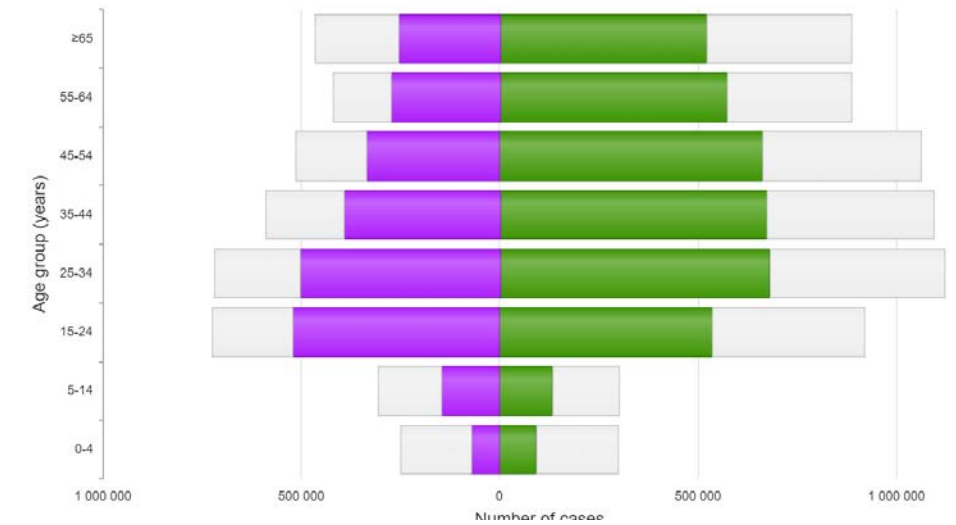
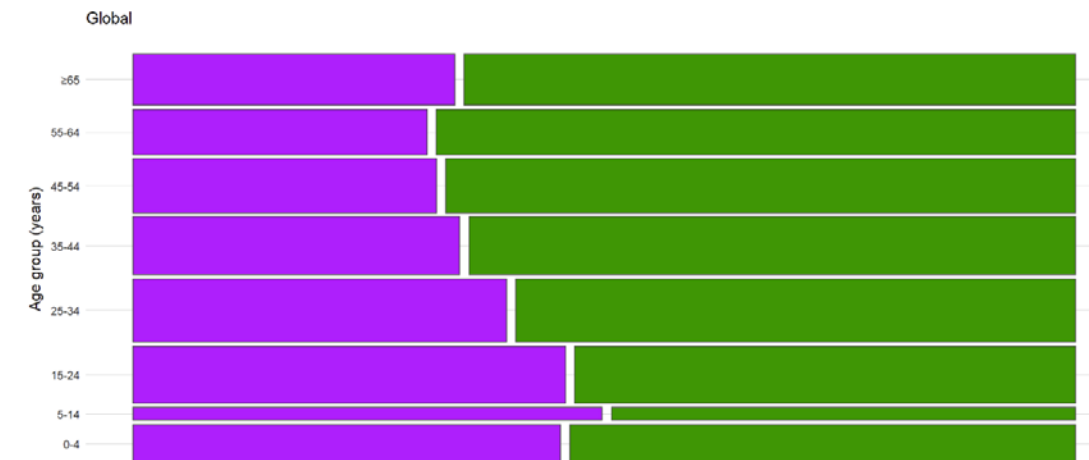


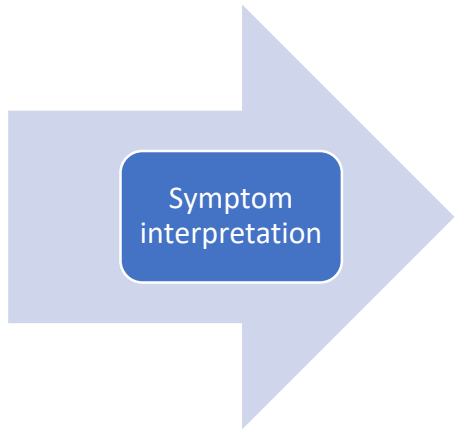
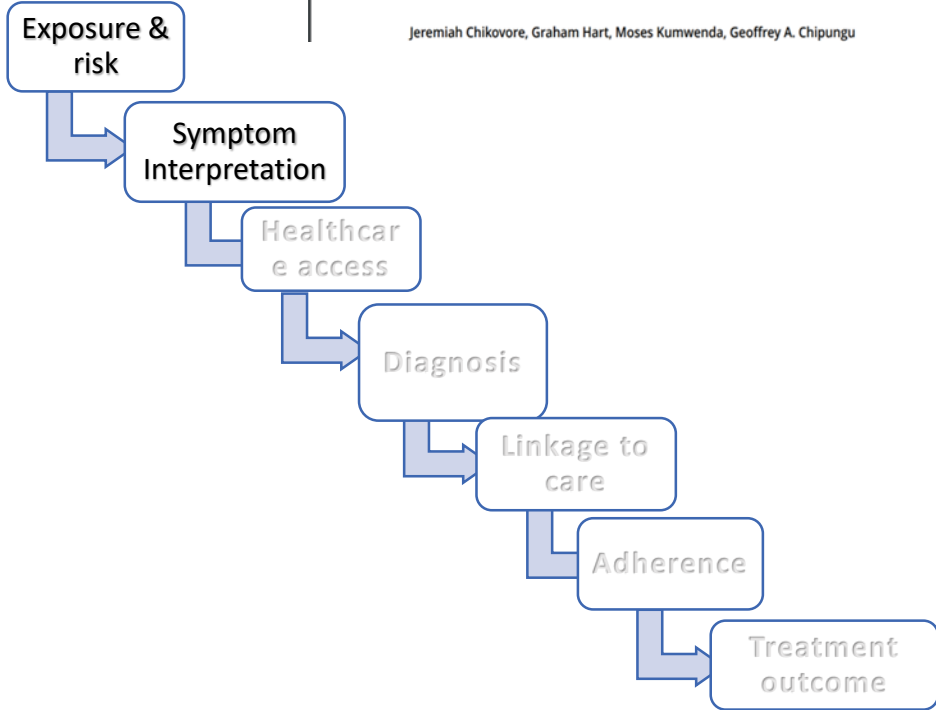
Fig. 2.2.2 Global distribution of estimated TB mortality in HIV-negative people by age group and sex (female in purple; male in green), 2021





'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

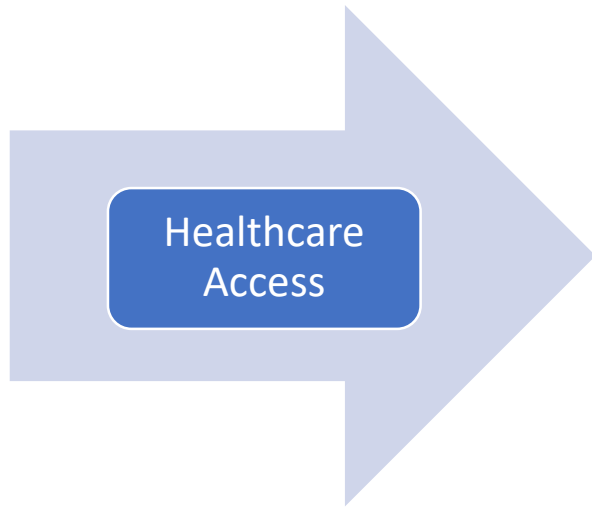


- Socialisation in crowded settings
- Alcohol and substance use
- Work environment
- Biological risk
- Pool of infection in households and in communities
- Age and multimorbidity
- Conscious / unconscious suppression of symptoms
- Focus on work, or socialise to divert attention, oust symptoms, or meet their provider role
- Society stigmatises symptom acknowledgement by men

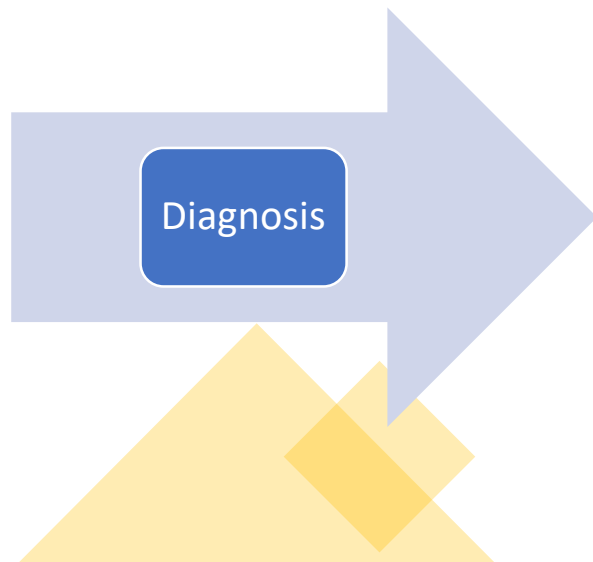
Control, struggle, and emergent masculinities: a qualitative study of men's care-seeking determinants for chronic cough and tuberculosis symptoms in Blantyre, Malawi

Dodd et al, Am J Epi 2016

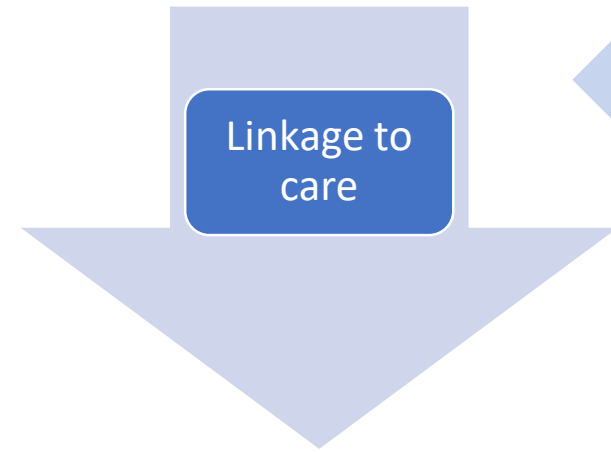
Stuckler et al Am J Pub H 2011



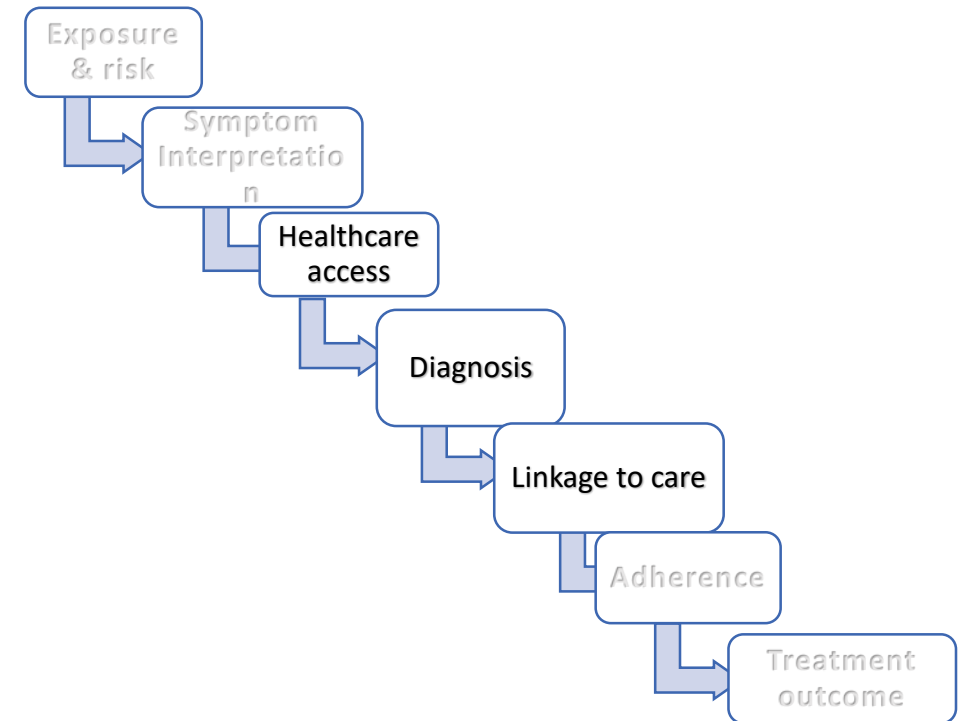
- Structuring, staffing, and operations of healthcare services may be a barrier.
- Stigma of being seen in 'feminine' spaces or admitting illness
- Sub-optimal social protection and work policies in high unemployment conditions



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



Male sex is associated with TB PTLFU



programmes. A public health approach is one that is directed to address the health needs of a population, or the collective health status of the people, rather than just individuals. This paper discusses the four steps of the approach:

- Define the problem and the risk factors;
- Find out what works to control the disease;
- Scale up effective interventions in a wide range of settings; and
- Monitor/evaluate the impact and cost-effectiveness of these interventions.

The key lessons for a public health approach to HIV include:

- The health sector's role is central in the overall national response to the epidemic;
- A scaled-up integrated package of prevention, treatment, care and support services is necessary to halt and reverse the epidemic and mitigate its impact;
- Implementing a scaled-up response to the HIV epidemic requires effective programme management, trained human resources and robust health systems.

The screenshot shows a document header for the World Health Organization, Regional Office for South-East Asia. It details a meeting of the Advisory Committee (ACM) to review technical matters, held at WHO/SEARO, New Delhi, from 30 June to 3 July 2008. The document is identified as Agenda item 2.4, SEA/ACM/Meet.1/2.4 (Rev.1), dated 25 June 2008. The main title is 'Public Health Approach to Combating HIV/AIDS'. A short paragraph at the bottom states: 'The HIV epidemic continues to take its toll in the SEA Region. Yet countries have demonstrated that implementing an effective response is feasible, both to halt and'.


Highlighting the role and visibility of social sciences

The public health approach has been employed to TB management and control in LMICs including Africa, minus adequate funding and amid weak, poorly-resourced health systems (staffing, technology)

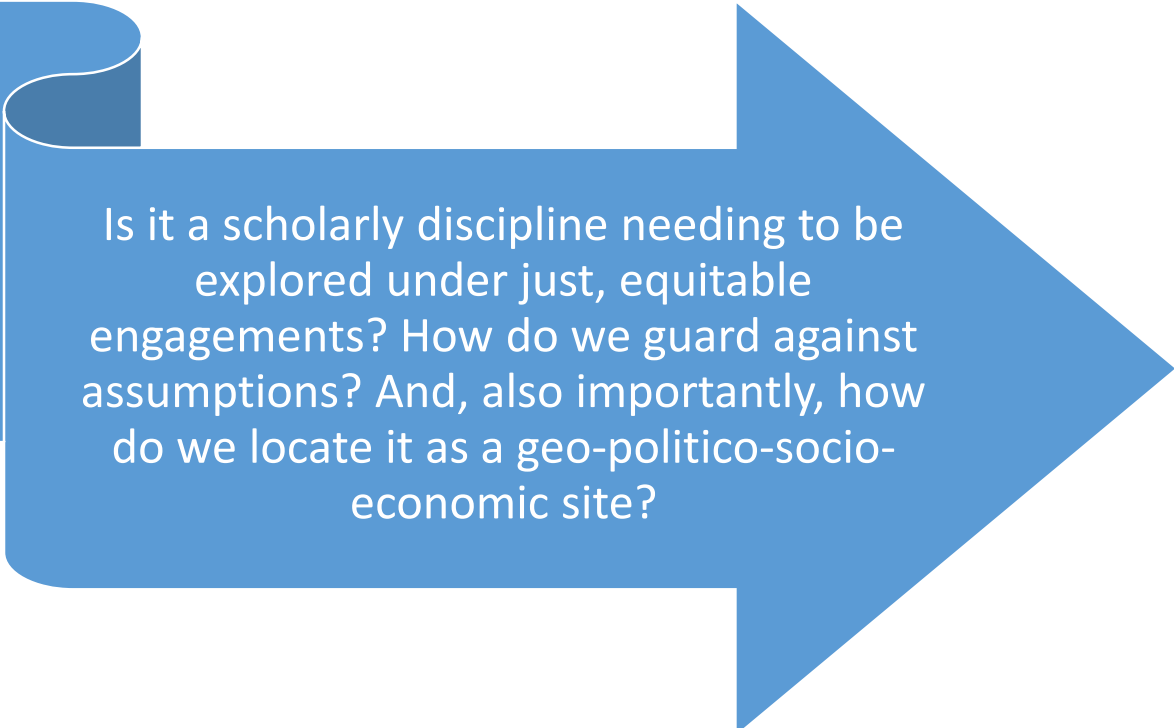
The funding gap for tuberculosis likely affects resources available to explore social aspects affecting TB epidemiology in Africa

Various dynamics (career competition disciplinary mandate creeping; pressure for analyses and results; and demands for brevity in research reporting; prioritization of findings directly related to the problem) all create challenges wrt to addressing TB from a social perspective.

Characterizing and defining African masculinities - What could be the pertinent questions?



Why are we discussing African masculinities, in this moment? What is the problem at hand? How has it been defined? By whom? On what classificatory and methodological assumptions?



Is it a scholarly discipline needing to be explored under just, equitable engagements? How do we guard against assumptions? And, also importantly, how do we locate it as a geo-politico-socio-economic site?

Possible issues to tackle in centering African men / masculinities

To focus on Men in African cosmological philosophy; OR to address Men's identities in contemporary hybridized perspectives?

Critical to recognize the diversity and contextualised nature of experiences of African men

Use methodologies that allow accessing men's experiences, and allow parallel support to social sciences in health alongside other disciplines

Pursue actions with broad social , health, welfare implications, beyond reiterating this in talk

Some potential challenges

Opposition to critical
debate

Reconciling women's
gendered vulnerability
with men's gendered
health needs

Reluctance to deal
(funding-wise and policy-
wise) with amorphous
inputs and outcomes in
interventions

Readings and references

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