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CONFRONTING RESISTANCE: FUNDAMENTALS TO INNOVATIONS



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The influence of masculinity on care seeking for TB

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Gender differences in health

- Men experience higher and earlier mortality than women.
- They contributed 5.9 million of the 10.4 million incident TB cases in 2015 vs. 3.5 million for women.
- Male gender is a risk factor for late diagnosis and treatment, and death while on treatment for both TB and HIV.

World Bank 2012; M Cornell, ASSHH 2014; WHO 2016

Gender differences in health ..cont'd

- Multitude of different potential pathways: biological, social etc.
- Men have poorer contact with primary healthcare services, and delay seeking healthcare.
- Review study (van Hoorn et al.,2016): men delay seeking healthcare but women face greater diagnostic barriers:
 - Women contact healthcare services more frequently, greater access to providers but who are less qualified.
 - Manifestation of TB symptoms may differ between men and women
- Medicine has evolved around the male body as the prototype

Study aim

- To understand the reasons for high levels of undiagnosed TB among men in the community
- To develop, and explore preferences around, candidate interventions for facilitating men to engage with healthcare



Social constructionism

- Is defined by historically and culturally specific forms of analysis.
- Sees the world as constructed through daily interactions.
- Acknowledges the possibility for multiple creations of the world, with meanings, knowledge, and power being plural and even contradictory.
- Gender relational theory (Connell):
 - multidimensional
 - operates in a complex network of institutions
 - involves the interaction of men and women at local level and world scale,
 - interwoven with the historical and contemporary structural dynamics.

Connell 2010 & 2012; Courtenay 2000

Malawi country context

- One of poorest countries globally (173/188 Human Dev Index)
- High burden of both HIV and TB:
 - 71% of TB patients in Blantyre were also HIV+
- Case detection \pm 43% in 2015
- Well organised but basic health services free at point-of-care
 - Committed to principle of “public health approach”
 - 61% of all PLHIV are on ART

Malik 2013; Aggarwal et al 2010; Habitat 2012; WHO 2016; Chimzizi & Harries 2007.

Data Sources

Participant group	Method (n)	Sex (n)	Total
Chronic coughers	IDI (20)	Women (13)	20
		Men (7)	
TB patients	IDI (20)	Women (8)	20
		Men (12)	
Community members	FGD (8)	Women (40)	74
		Men (34)	
Health Care Workers	FGD (2)	Women (14)	20
		Men (6)	
Stakeholders	3 day workshop	Mixed sex	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)

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



Open Access

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

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Abstract
Background: Men's healthcare-seeking delay results in higher mortality while on HIV or tuberculosis (TB) treatment, and implies contribution to ongoing community-level TB transmission before initiating treatment. We investigated masculinity's role in healthcare-seeking delay for men with TB-suggestive symptoms, with a view to developing potential interventions for men.
Methods: Data were collected during March 2011- March 2012 in three high-density suburbs in urban Blantyre. Ten focus group discussions were carried out of which eight (mixed sex = two; female only = three; male only = three) were with 74 ordinary community members, and two (both mixed sex) were with 20 health workers. Individual interviews were done with 20 TB patients (female = 14) and 20 un-investigated chronic coughers (female = eight).

The provider role and care seeking implications

Provider role delineation...

Threats and tensions in role ...

Strategies of dealing with threats and tensions ...

Men are considered as material providers to their families
Collectivism also places on people a strong obligation to help kin materially

Responsibility for many people
Conditions of precarity
Pressure arising from family expectations
Precarity necessitates sharing for social protection, but individualism just to get by

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*, gain 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 ($n=2$), in-depth interviews with 20 TB patients (female = 14) and 20 uninvestigated chronic coughers (female = 8), and a

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

Significance of work and being material provider, and threats that the men face ...

“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, no friend to chat with; ... also your marriage breaks down ... and your own children won’t respect you.”

- **Man in mixed community FGD**

Functional impairment... and frustration

“one fails to do things one could do when they were well. They now expect other people to do things for them, like bathing... eating... and yet the person is a grown-up.”

- **Community men’s FGD**

“It’s like being head of family and sick ... like, it’s been complicated. So, ever since, how we eat is changing compared to in the past... My means of getting money changed ... (and) this is not the way we eat, no. ... I don’t eat the way I used to.”

- **24yr old man, TB patient**

Fear and ambivalence around seeking health care ...

“there wasn’t time. Yeah. At that time, there wasn’t ... really just that – the time to go to the hospital (health facility) --- ... and then also not having the courage to say ‘I should test’. Umm umm! (No). Instead I would tell myself I was having a minor cough?”

- 29yr old man, TB patient

“... it’s like you don’t get to be that free (open to getting tested). Yeah, as for me, the way I was at first compared to now -- maybe because of that anxiety ... a-ah, I don’t feel all that well. Mmm (Yes).. . (Interviewer: What do you mean?) I just happen to be anxious [laughing]. Yeah (Interviewer: Why so?) ... well, about that TB issue.”

- 24yr old man, TB patient

Nowadays, once you get admitted, before they release you, you're told to have your blood tested. So you can't run away from having your blood tested. You can't run away even if you didn't plan in your mind on getting tested.

You can't even say you just came to receive the drug for cough and nothing more. You can't be redeemed. This means they'll definitely test your blood so they see how you are.

- **Woman in community mixed sex FGD**

Embracing treatment and health appropriate behavior ...

“... [Being diagnosed with TB] is a big thing ... I now refrain from the worldly things that I was doing... I can’t drink beer ... I don’t smoke ... I used to drink bad (sic) but they said to refrain. ... I had wanted to stop ... but had no specific reason Now they told me I should take care of my family; I’m very happy...”

• 30yr old man, TB patient

Re-ordering gender relations...

“Upon receiving the medication and instructions ... on the way home my wife told me ‘this is your chance, now you can be chaste’ ... (Participant continued later)... Whatever she tells me ... for example, ‘you will not leave this house, you should first go and have a bath’, I obey”

• 30yr man, TB patient



Image from <http://thesocietypages.org>



Images from <http://thesocietypages.org>



Poster in public area of health facility in Blantyre, Malawi



Image from <http://www.bing.com>

INTERVENTION COMPONENTS

IMPROVE MEN'S CAPACITY TO ACCESS FORMAL HEALTH CARE

- Train health service staff to become more aware and receptive of men's special needs
- Dedicate days for men during HSAs' outreach activities
- Set up mobile health care vans
- Dedicate special times and algorithms for men at primary care facilities
- Enhance household income security through loan and revolving credit facilities
- Enlist corporate involvement in and support for men's wellness in order to i) free time for pursuing wellness for men ii) reduce stigma and discrimination
- Promote positive interaction and cooperation between men and women within households

PURSUE AWARENESS OF TB, AND ADVOCATE FOR MEN'S WELLNESS AND POSITIVE GENDER

RELATIONS

- Pursue community sensitization/education activities
- Advocate for a national Men's Wellness Day
- Hold forums with District Health Offices
- Hold seminars/ participatory workshops, and display leaflets and posters on men's health at workplaces
- Promote interface between predominantly women's groups and predominantly men's groups at community level

STRENGTHEN INTERFACE BETWEEN COMMUNITIES AND HEALTH CARE PROVIDERS

- Hold meetings involving VHC, NGOs and health facility committees
- Strengthen monitoring of care providers by health facility committees

Recommendations

- Need for complex interventions with synergistic pathways and multiple domains of effect / outcomes
- Continue to understand and address men's vulnerability and manifestation and the link to health in different contexts
- Review health delivery strategies with focus on communication styles, layout, and operating times
- In finding men 'where they are', focus too on workplaces
- Tailor counselling in order to capture and retain clients at all stages of care to avoid 'neglecting' and 'letting slip' patients



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