

The Union

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THE 48TH UNION WORLD
CONFERENCE ON LUNG HEALTH

ACCELERATING TOWARD ELIMINATION

11–14 OCTOBER 2017 | GUADALAJARA, MEXICO

MASCULINITIES AND TB: IMPLICATIONS FOR PROGRAMMING

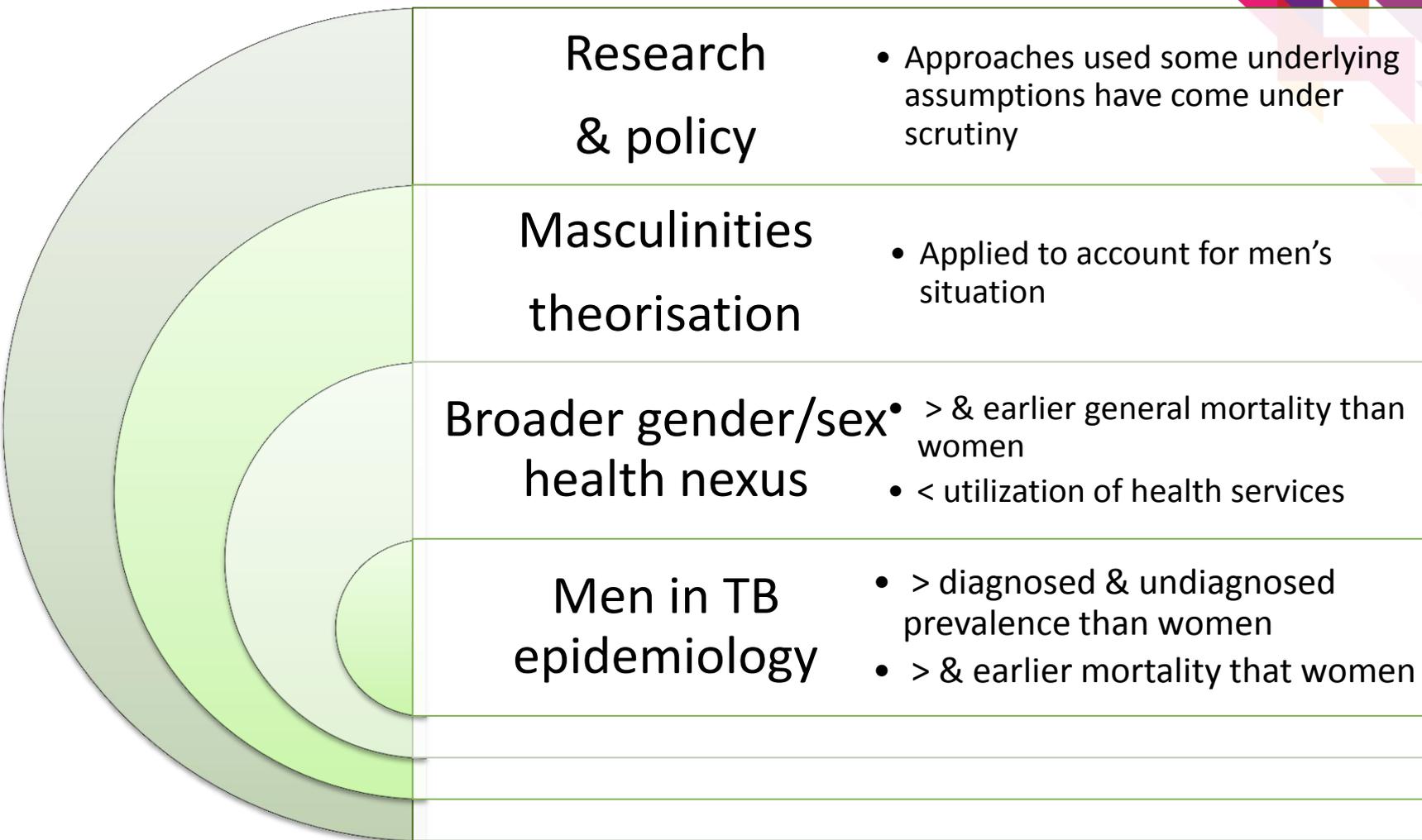
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INTERVENTIONS

- What needs to be done about the situation that by now everyone recognizes?
- What possible steps ought to be taken?
- Who needs to be involved?
- What should be targeted to be changed?
- What are the potential major challenges along the way?

OBSERVATIONS FROM THE LITERATURE

HEALTH SYSTEM CHALLENGES

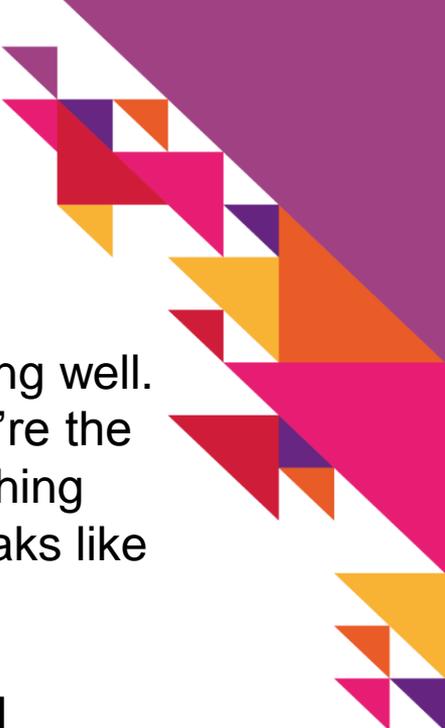
- Health facilities are seen as places where people “go to die”
- Poor communication of algorithms; people feel forced into procedures, with little control;
- Lack of courtesy and respect -- which emasculates men;
- Long waiting hours, which inconvenience men in different ways than women, based on the image of material provider;
- Lack of dedicated spaces for men, unlike women & children

Kumwenda, Plos One 2015; Adams, IJTLD 2017; Zuniga, Am J Men's H 2014; Chikovore, 2014

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“The staff is just rough... The last time I was there, I wasn’t feeling well. They said something I just couldn’t understand...they said, “you’re the problem. After doing your things out there, you come to us coughing and almost dying”. Imagine I am in pain and then someone speaks like that to me...” (man, age 37, without TB)

“... When our child died at X hospital, one of them grimaced as I approached the reception. Before I even knew my child had died. That affected me so much... When my wife and I emerged later, they continued laughing...It disheartened me.... Up to now, no matter how ill, I won’t go to hospital. I’d rather stay at home’. (man, age 57, without TB)

Mavhu et al. ...Chikovore TMIH 2010

WORKPLACE CHALLENGES

- Absence of dedicated and comprehensive TB education, including in places such as mines;
- Limited protection of workers' rights: policies espouse non-discrimination but workers who are infected or unwell are let go
- Some workplaces do not offer security to allow people time off to engage with healthcare
- Informally employed men are concerned about the opportunity losses associated with missing work

Adams, IJTL D 2017; Zuniga Am J Men's H 2014;; Vergara, 2003

MEANINGS OF AND RESPONSES TO COUGH

“...you can see a person’s cough has gone too far... that they must now seek treatment... You can tell from the “sound” of the cough... that it’s like someone suffering from HIV... The ordinary cough is just a once off thing... But there’re times when one coughs persistently ... When a person with HIV coughs, they end up crying due to pain from the cough’. (man, age 24, without TB)

‘One of my friends said, “Smoke a lot, the cough will go”. Others would tell me to take a lot of brandy. I did that but my cough actually worsened and some of my friends began to advise me to stop smoking and drinking and to seek medical attention’. (man, age 31, with TB)

Mavhu et al...Chikovore TMIH 2010

RESISTANCE ACTIONS

- Men are concerned about sharing utensils and risking spreading TB infection to their families;
- People with TB report emotional and physical suffering, and feeling isolated and stressed by incapacity to work;
- Economic precarity and related failure by men to meet role expectations breeds a sense of “vulnerability”

Zuniga 2014; Chikovore et al, 2015 & 2017; Hunter, 2009



“I never used to know peace . . . whenever I tried to sleep, I would start coughing. . . and then I would have to sit up ... And there was the Breathlessness... So I am very glad . . . (the Diagnosis) happened while I was still strong. . . And I could take the drug and not be severely weakened from taking it“

IDI, 55-yr male TB patient

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”

IDI, 30-yr male married TB patient

Chikovore et al, IJTL, 2017

POSSIBLE INTERVENTION AREAS

- Health systems strengthening, to accommodate men and engender a respectful and collaborative atmosphere;
- Focussing on workplaces in their diversity, and enhancing their health policies and health promotion activities;
- Strengthening social security and reducing exposure to out-of-pocket expenditure, and to implications of missing work to attend to health;
- Addressing knowledge about TB, including views that people can tell ‘HIV’ from ‘non-HIV’ cough; or that drinking and smoking can help to ‘kill off’ a cough;

POSSIBLE INTERVENTION AREAS

- Acknowledging instances of ‘resistance’ – where men act differently than is often assumed - and building on them;
- Recognising the special vulnerabilities of men and women;
- Acknowledging that men and women co-construct each other, hence women are instrumental in shaping the form and manifestation of masculinity

“... like most things ... we should just assume [laughs], well, what I wish him to be doing in the family, I mean, being employed, right?... because then it means that what I expect of him can be done. .. I can also say, ‘my husband works; end of the month he earns ... and we can budget for this and that...’ because money is there.” **(IDI, 29-year old married mother of three)**

They tell her, ‘Why suffer with an unemployed husband ... End the marriage. Another man can marry and make you happy’ ”

(Man in community mixed sex FGD)

Chikovore et al., BMC Pub H, 2014

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

PURSUING 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

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THANK YOU

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