



WHY THE STUDY?

Men experience higher TB burden in Nigeria yet are less likely to access timely diagnosis and treatment. Men in peri-urban settlements are highly vulnerable to TB due to overcrowding, informal labour, mobility, and weak social protection systems. This study explored how masculinities intersect with poverty, informal work, migration, education, and family responsibilities to shape men's access to TB services.

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WHAT WE DID

- Qualitative study conducted in two peri-urban communities in Nigeria (Karu and Okpoko).
- 20 in-depth interviews (12 men, 8 women) with people with presumptive or confirmed TB
- 3 focus group discussions with 24 men in male-dominated workplaces (drivers, artisans, transport workers)
- 12 key informant interviews with policymakers, TB programme staff, NGO actors, and patent medicine vendors

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HOW WE ANALYSED

Data analysis utilised the reflexive thematic approach informed by an intersectional gender framework. We examined how masculinities interact with structural conditions such as informal employment, migration, poverty, and health system constraints to shape care-seeking.

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WHAT WE FOUND

Four key themes were identified:

- Men cannot afford to show TB symptoms: Economic pressure, daily-wage dependence, and stigma led men to normalise symptoms and delay care.
- TB information does not reach men: Messaging relied on formal channels and clinic-based education, missing men in workplaces and trusted community spaces.
- Men negotiate the least disruptive pathway to wellbeing: Men preferred convenient informal or private providers, often delaying accurate TB diagnosis.
- Baiting and negotiation to engage and retain men in care: Frontline female health workers informally adapted services to support and retain men in treatment.

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WHAT THIS MEANS

Men's delayed TB care reflects intersecting gender norms, economic precarity, and rigid health systems. TB programmes should implement gender-responsive strategies including:

- Delivering TB messaging in male-dominated spaces (motor parks, markets, workplaces)
- Integrating informal and private providers into TB referral networks
- Offering flexible and community-based diagnostic services
- Recognising and resourcing frontline health worker innovations

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