

Webinar Presentations



'Community, rights and gender: Meaningful engagement with African-centred masculinities to end TB'

Tuesday 11 July 2023 14:00 BST

Speaker



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Speaker



GOODMAN MAKANDA
ADVOCACY OFFICER
TB Proof

Chair



DR KATHERINE HORTON
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Speaker



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Human Sciences Research Council

Speaker



JERRY AMOAH-LARBI
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Webinar Overview

The global TB community is united in their call for equitable, gender-responsive, rights-based, and stigma-free TB prevention and care, exemplified during the preparations for the UN High Level Meeting on tuberculosis (TB). The demands to centre community, rights, and gender in the TB response are, however, not new. Building on the sustainable development agenda's shared promise to leave no-one behind, the 2018 Political Declaration included numerous commitments – from community involvement in the TB response, special attention to people considered most vulnerable, to actions that end TB stigma, address discrimination, and overcome barriers to TB services among others. We hope that these commitments remain in the 2023 Political Declaration.

In 2021, close to 2.5 million people developed TB disease across the WHO African region (WHO Global TB Report 2022). Despite the region having achieved a significant reduction in TB incidence (22% since 2015), a first milestone of the WHO's End TB Strategy, men are faced with systemic barriers to accessing TB prevention and care. Of 1.3 million men who developed TB disease in the region in 2021, nearly 550,000 (42%) remained undiagnosed and missed out on care (WHO Global TB Report 2022). TB-affected communities have a critical role in ending TB due to their lived experience. Theoretical and methodological frameworks need to reflect the complex realities, diversity, and capacities of TB-affected communities and be equipped to empower them as leaders and partners in the local and global TB response.

Join the LIGHT Consortium, SSHIFTB, and the Union Working Group on Gender Equity in TB for a webinar to meaningfully engage with African-centred perspectives on masculinities for person-centred community, rights, and gender TB response.

The objectives of the webinar are:

- To contribute towards advancing understandings and visibility of African-centred masculinity theories, and their application to TB research, policy, and practice.
- To learn from research and advocacy that centre the lived experiences of African men with TB.
- To explore ways for an equitable, gender-responsive, rights-based, and stigma-free TB response with men in African contexts.

SPEAKER PRESENTATIONS

Dr Amon Ashaba Mwiine

Lecturer, School of Women and Gender Studies, Makerere University & Researcher, Countering Backlash, Reclaiming Gender Justice Programme

Dr Jeremiah Chikovore

Senior Research Specialist, Human Sciences Research Council, South Africa & Director, Social Science & Health Innovation for Tuberculosis

Jerry Amoah-Larbi

National Coordinator, Ghana TB Voice Network

Disclaimer

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Dr Amon A Mwiine

African centered masculinity Theories



Amon A Mwiine, PhD
School of Women & Gender Studies,
MAK

Introduction

Brief reflections

- Concept/theories of Masculinity
- Body of knowledge on Masculinities in Africa
- “African Masculinities” Influence on TB

Masculinity/ Masculinities: The set of social practices and cultural representations associated with being a man. The plural ‘masculinities’ is also used in recognition that ways of being a man and cultural representations of/about men vary, both historically and culturally, between societies and between different groupings of men within any one society (Pilcher & Whelehan, 2004).

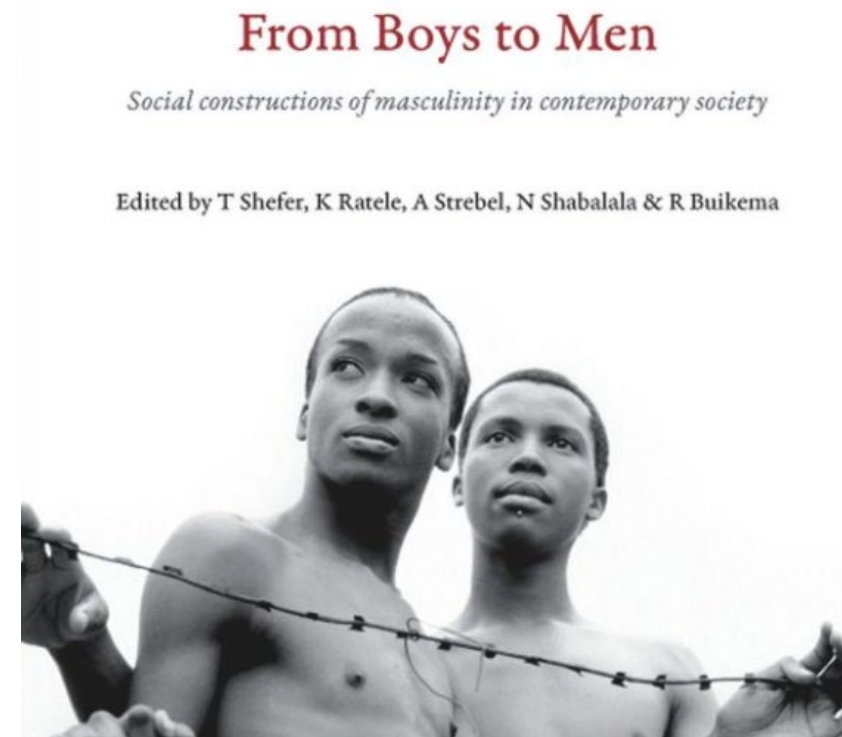
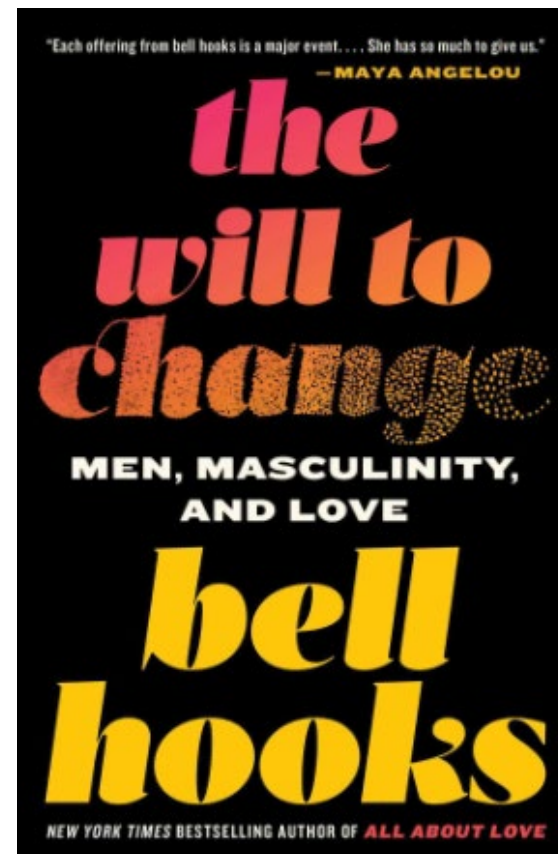
Growth of Scholarship on Masculinities

CONNELL'S HIERARCHY OF MASCULINITY

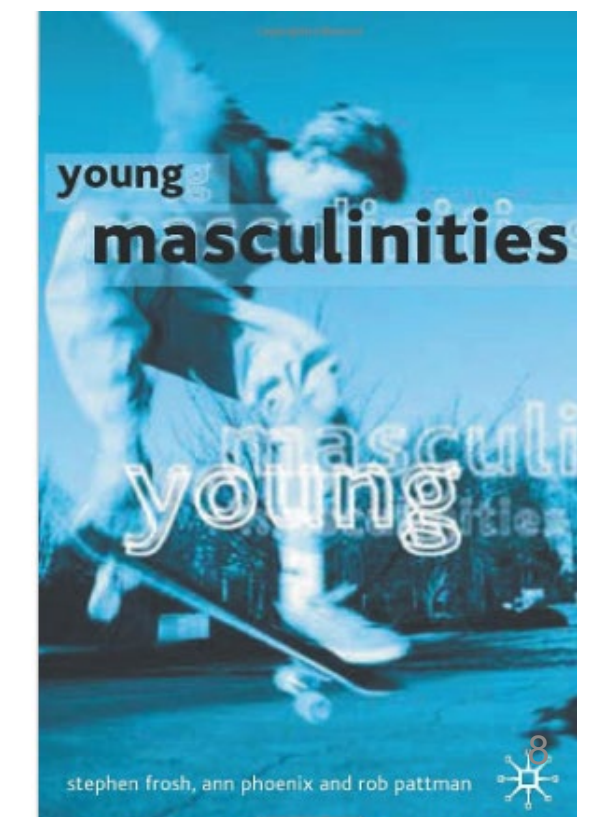
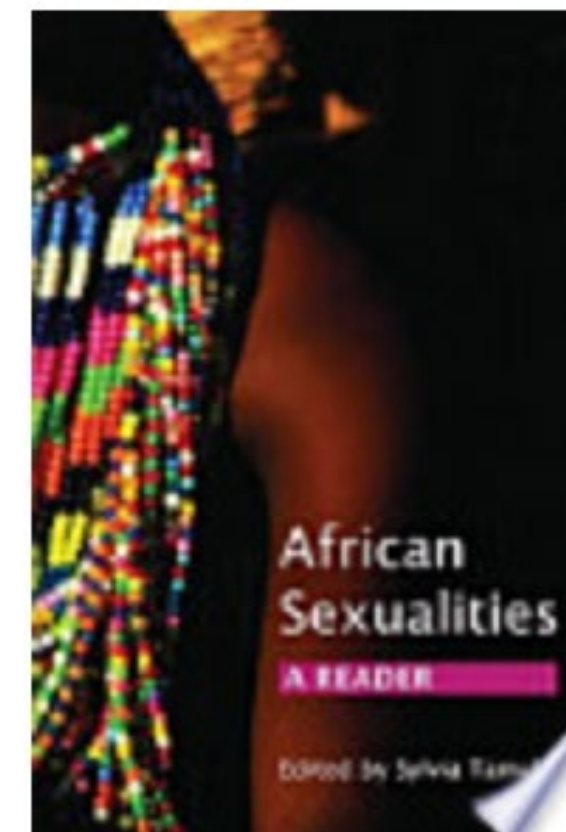
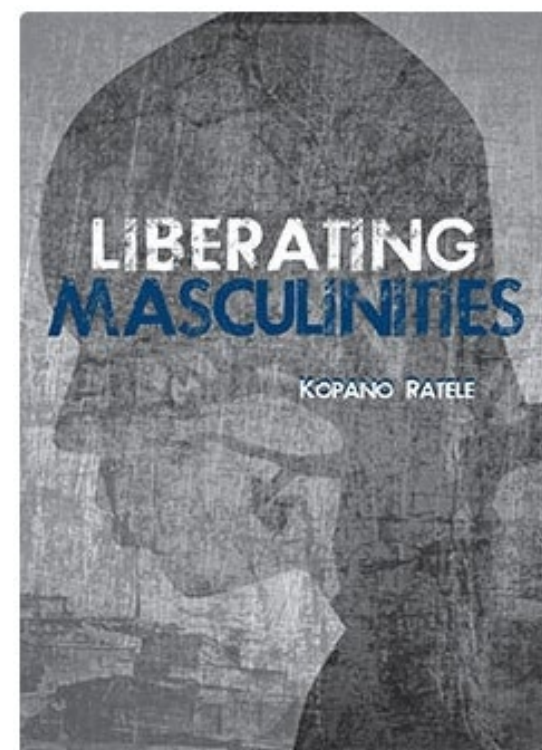
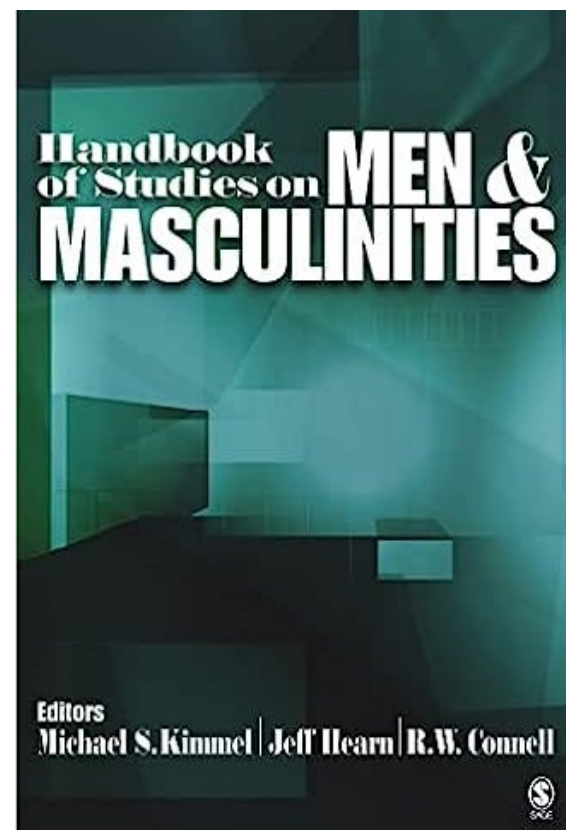
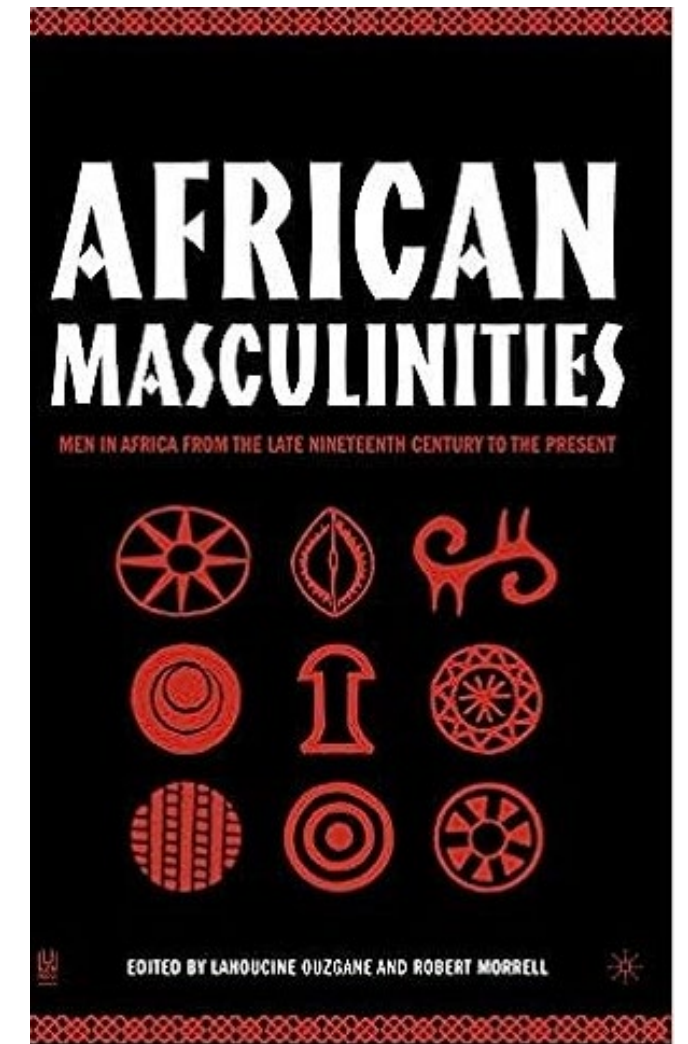
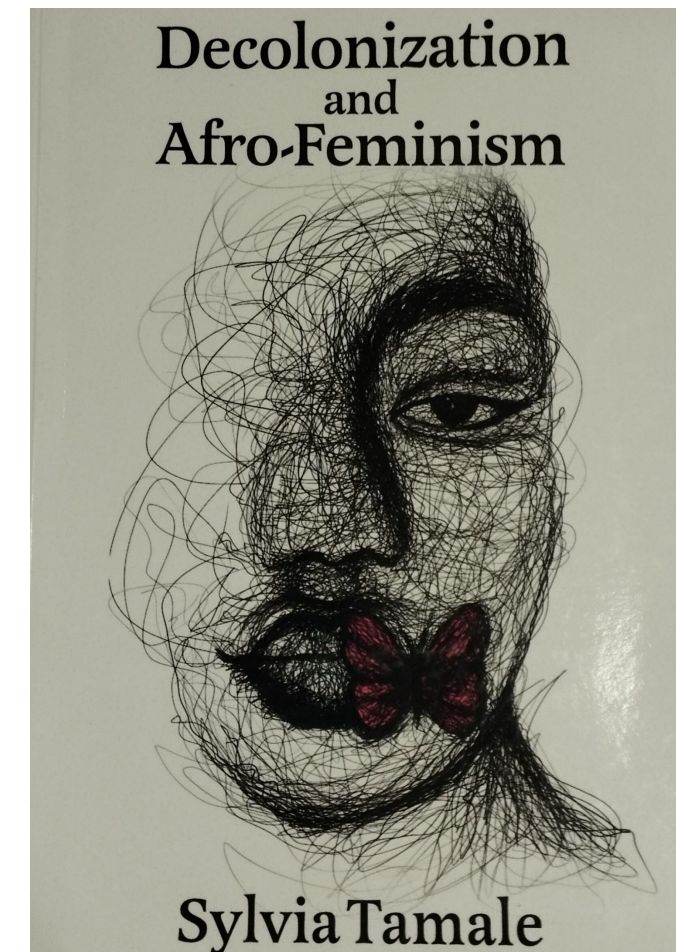


- RW Connell's early 1980s work on *Hegemonic Masculinity* – “*Toward a New Sociology of Masculinity* - 1985”
 - Departure from sex-role theory & its essentializing & universalization of men
 - Hierarchies among men
 - Contextually diverse
- Critical Masculinities Theory – masculinities as gendered, complex, intersectional, change, vary across time & space.

Growing scholarship on critical Masculinities – 1995 onward



Masculinities in Contemporary Africa



“African Masculinities”!

Can we talk of “African Masculinities” without accusation of being essentialist?

“All scientists know that you cannot solve any problem without tackling its root causes. Africa’s relationship to the Trans-Atlantic slave trade, [racially-based] colonialism and imperialism is unique and its structural legacies run so deep that it would be foolhardy, even dangerous, to gloss over them in any analysis of its current position in the world” (Tamale, 2020:3).

- African concepts e.g., Ubuntu – “An African traditional ideology of justice and fairness based on the philosophies of humanness, communitarianism, solidarity and interdependence” (Tamale, 2020:xv).

Growth of masculinities scholarship – Can We talk of “African Masculinities”?

“...that African masculinities and men do not grow naturally from the ground, so to say, but are *produced in relationship* between people, and between individuals and structures; and that there are *differences* between men, over *time*, over *villages and national borders*, and because of their divergent desires, biographies and life developments (Ratele: 2008: 32).

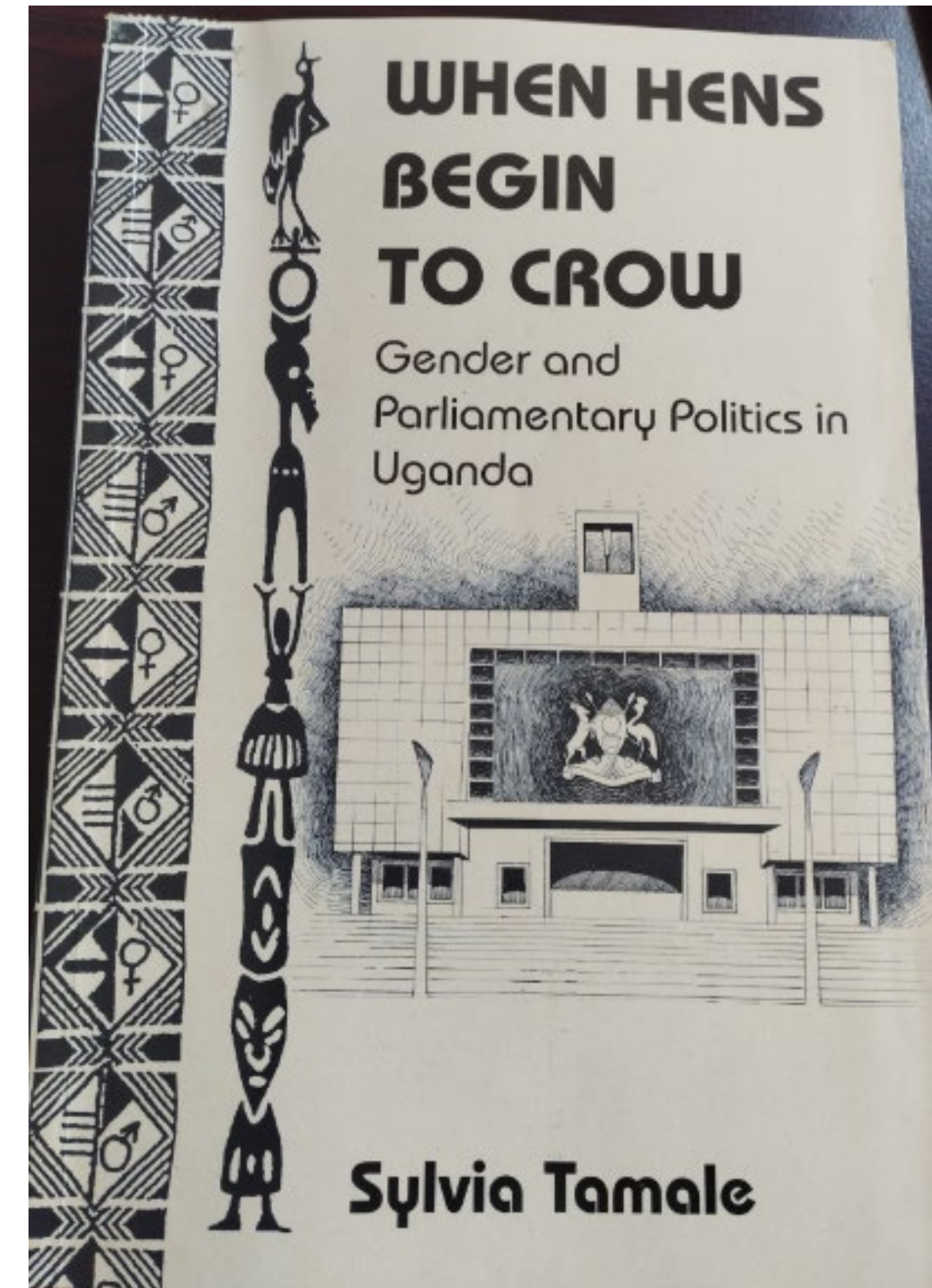
- Increasing acknowledgement that “African masculinities” – beliefs, practices, associated with being a man are produced in Unique contexts of:
 - **History** – (de)colonisation
 - **Social cultural uniqueness**
 - **Changes from time to time**
 - **Intersections** of class, ethnicity, religion, sexuality, seniority, race, ...
 - **African traditional ideologies/philosophies** - humanness, communitarianism, solidarity and interdependence” (Tamale, 2020:xv); negotiation, compromises and converging relations between women & men (Nnaemeka, 2003; Ratele, 2008; Mwiine, 2019)

... Masculinities in Africa

Colonialism and the shaping of gender relations (Tamale, 1999; 2020)

“Where there had been a blurred distinction between private and public life in Uganda, British structures and policies focused on delineating a clear distinction guided by an ideology that perceived men as public actors and women and private performers” (Tamale, 1999: 9)

- **Colonial Masculinities** - Man as the public figure, income earner, rational being, decision maker, controlling, & women as the domestic other
 - Man as the Bread winner
 - Masculinity as aggressive, strength, non-vulnerable, unemotional
- **Heterosexual patriarchal capitalist masculinity** is the hegemonic form of masculinity in South Africa (Ratele, 2008) & other African communities
 - Domination (including sexual)/controlling behavior/decision making/resource ownership, warrior-like, fearless, risk taking
 - Men who do not fit into the hegemonic forms of masculinity are othered – seen as not men enough



Masculinities in Africa

There has been an “ethnographic moment” in Masculinities work in Africa (Shefer, et al 2007)

- Detailed research, documenting masculinities in their diversity, the interplay between different forms of masculinities, understanding masculinities in different historical, cultural, political contexts.
- African Research on Masculinities & Health (HIV/AIDs, GBV, SRHR) – how masculine norms, practices and beliefs influence negative health outcomes
- Conforming to dominant versions of ‘African’ masculinities limit men’s interface with and using health care systems
 - Man, the breadwinner/provider – too preoccupied to seek medical care
 - Men as warriorlike, risk takers & non-vulnerable (Lindsay Clowes; 2013) influences men’s health seeking behavior
 - Paracetamol Masculinities – denial of pain by resorting to painkillers

From Boys to Men

Social constructions of masculinity in contemporary society

Edited by T Shefer, K Ratele, A Strebler, N Shabalala & R Buikema



Masculinities TB

- Observing TB wards – one would easily say that TB is a man's disease
- As an airborne disease, & an infection that spreads when you stay in contact for long, some of the men's behaviours make them most prone.

Risk factors of contracting TB correlate with some culturally acceptable ways of being a man

- Gatherings for a long time – sports activities e.g., playground, betting, local brew drinking, etc – masculine lifestyles
- HIV/AIDS another recorded risk factor for TB has its own masculine perspective – multiple sexual partners as manly, denying pain and
- Lifestyles like smoking & alcohol drinking common among young masculinities.

TB is airborne diseases, first of all. So, for it to spread there must be a source. TB tends to spread when people meet and stay longer together. So, men's social behaviours make TB spread a little easier. E.g., men meet in bars, in betting houses, they meet in Malwa joints, and they tend to stay longer together. They are always looking for company. As they look for company, they grab the disease (*Male Medical Doctor – specialist in lung diseases – June 2023*).

Gender and health is big. We have patients who get their lungs destroyed and they can longer survive on room air but on oxygen. We call them patients on long stay of oxygen. So, you find a patient staying for 2 years in Mulago on oxygen and many of these are men (*Male Medical Doctor – specialist in lung diseases – June 2023*).

Where do we go from here?

Some of the culturally celebrated male behaviour & lifestyles – excessive drinking of alcohol, smoking, denial of vulnerability, multiple sexual partnerships & HIV, ... predispose men to TB infection.

- We need a deliberate understanding of men (not as universal & privileged category) but as gendered products of varying social environments
- Center masculinities in Gender & Health Research

References

Tim Carrigan , Bob Connell and John Lee Published by : Springer Stable URL : <http://www.jstor.org/stable/657315> REFERENCES Linked references are available on JSTOR for this article : You may need to log', *Theory and Society*, 14(5), pp. 551–604.

Clowes, L. (2013) 'The limits of discourse : Masculinity as vulnerability', *Agenda*, 27(1), pp. 12–19. doi: 10.1080/10130950.2013.778621.

Morrell, R. (1998) 'Of boys and men: Masculinity and gender in Southern African studies', *Journal of Southern African Studies*, 24(4), pp. 605–630. doi: 10.1080/03057079808708593.

Mwiine, A. A. (2020) *Men in Kitchens and the (re) configurations of masculinity in domestic spaces during Covid-19 Lockdown in Uganda*, *Gender & Covid-19 Blog*. Available at: <https://www.genderandcovid-19.org/uncategorized/men-in-kitchens-and-the-re-configurations-of-masculinity-in-domestic-spaces-during-covid-19-lockdown-in-uganda-2/>.

Ratele, K. (2008) 'Studying Men in Africa Critically', in Uchendu, E. (ed.) *Masculinities in Contemporary Africa*. Dakar: Council for the Development of Social Science Research in Africa (CODESRIA), pp. 19–33.

15

Ratele, K. (2016) *Liberating Masculinities*. Cape Town: Human Science Research Council.

Shefer, T. *et al.* (2007) 'From boys to men: An overview', in Shefer, T. *et al.* (eds) *From Boys to Men: Social constructions of masculinity in contemporary society*. Cape Town: UCT Press, pp. 1–12.

Tamale, S. (1999) *When Hens Begin to Crow: Gender and Parliamentary Politics in Uganda*. Kampala: Fountain Publishers.

Tamale, S. (2020) *Decolonisation and Afro-Feminism*. Ottawa: Daraja Press.



Dr Jeremiah Chikovore

Centering experiences of African men with TB

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

Jeremiah Chikovore, Human Sciences Research Council



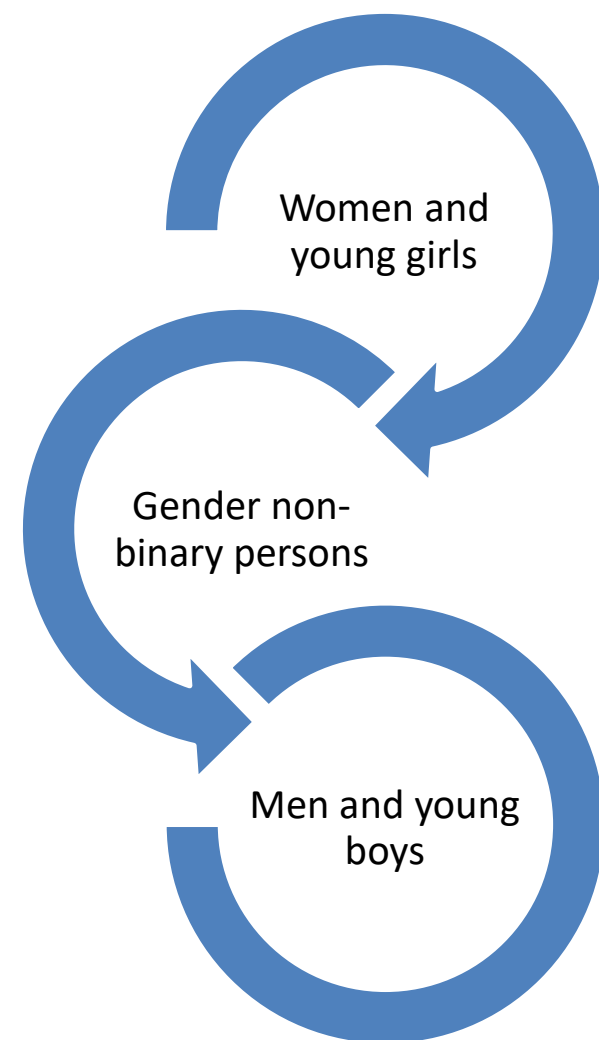
science & innovation

Department:
Science and Innovation
REPUBLIC OF SOUTH AFRICA



HSRC
Human Sciences
Research Council

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 counties**: 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

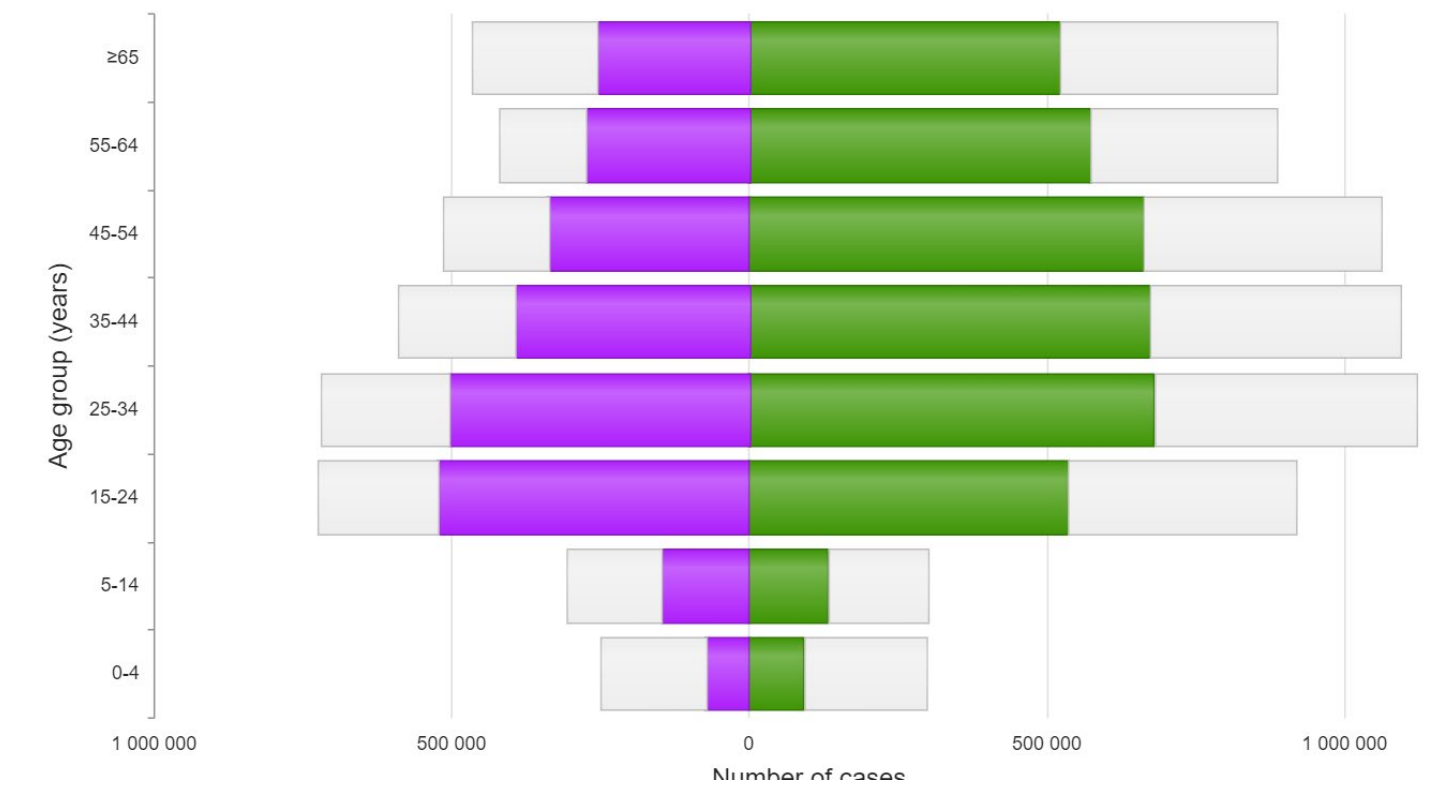
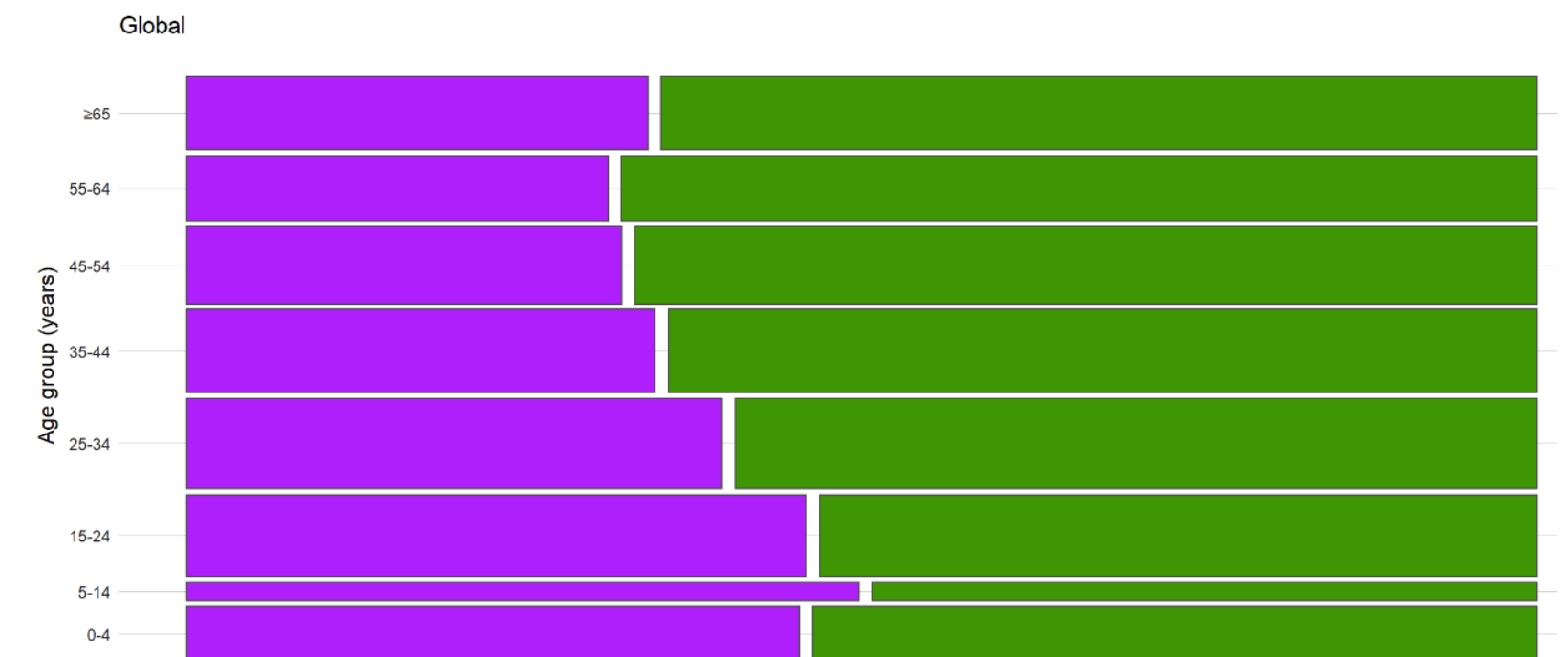
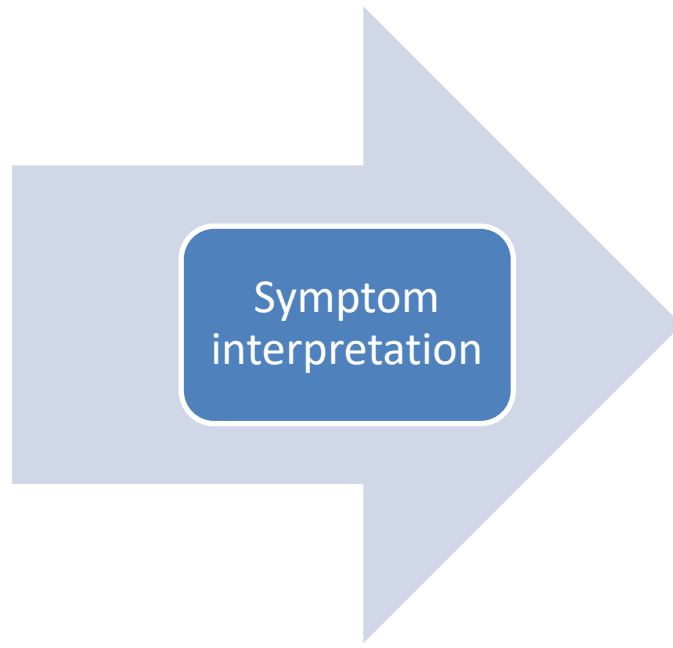
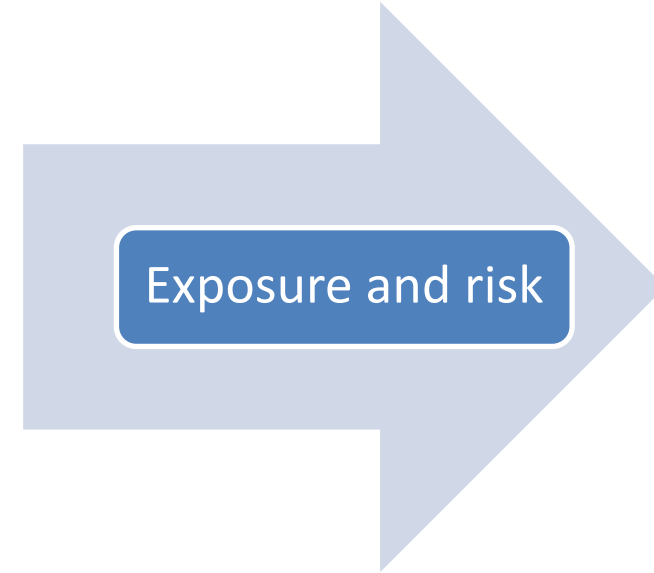
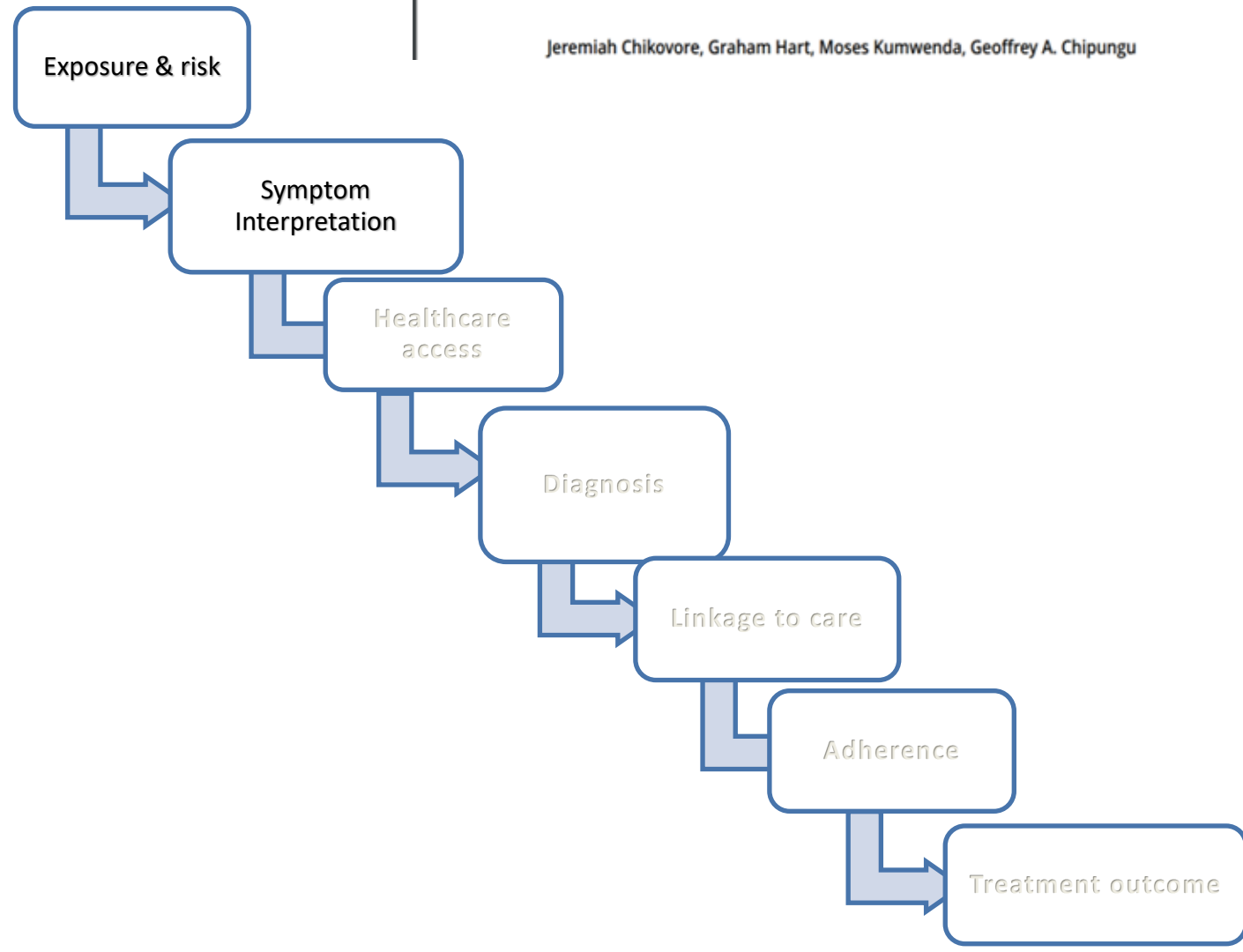


Fig. 2.2.2 Global distribution of estimated TB mortality in HIV-negative people by age group and sex (female in purple; male in green), 2021



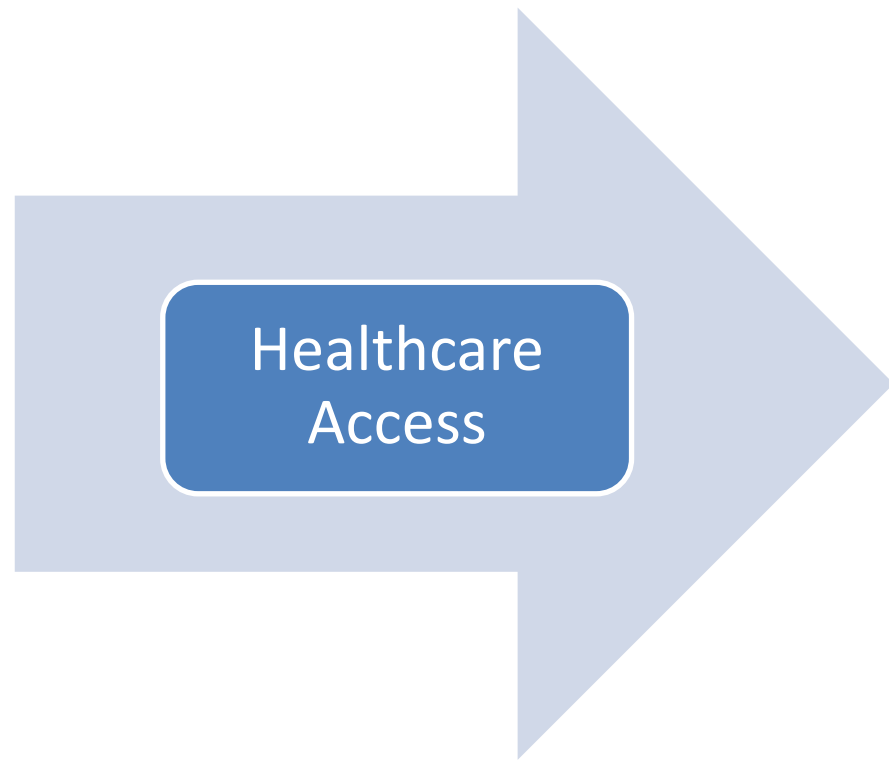


- Socialisation in crowded settings
- Alcohol and substance use
- Work environment
- Biological risk
- Pool of infection in households and in communities
- Age and multimorbidity
- Conscious / unconscious suppression of symptoms
- Focus on work, or socialise to divert attention, oust symptoms, or meet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

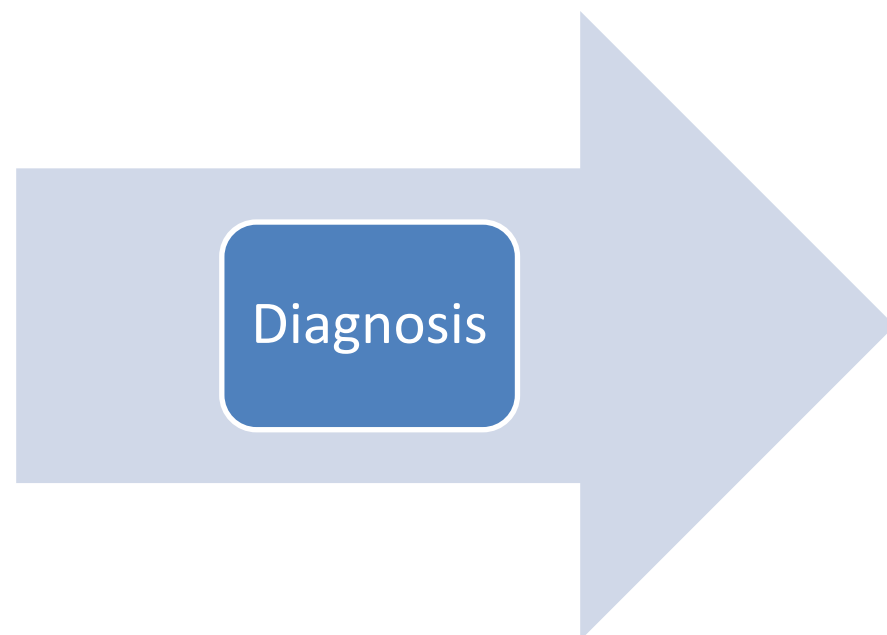
Control, struggle, and emergent masculinities: a qualitative study of men's care-seeking determinants for chronic cough and tuberculosis symptoms in Blantyre, Malawi

Dodd et al, Am J Epi 2016

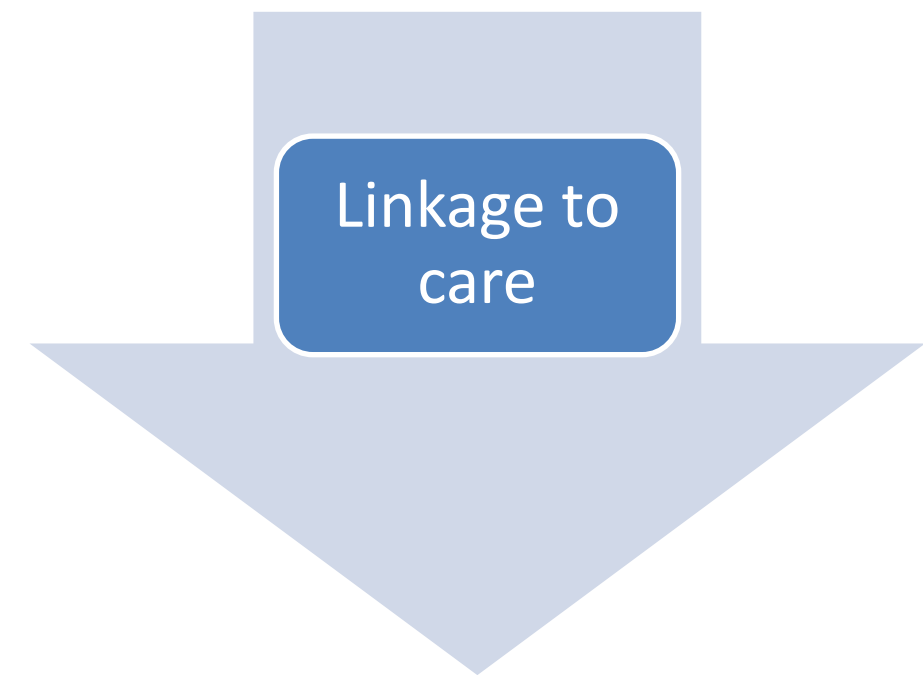
Stuckler et al Am J Pub H 2011



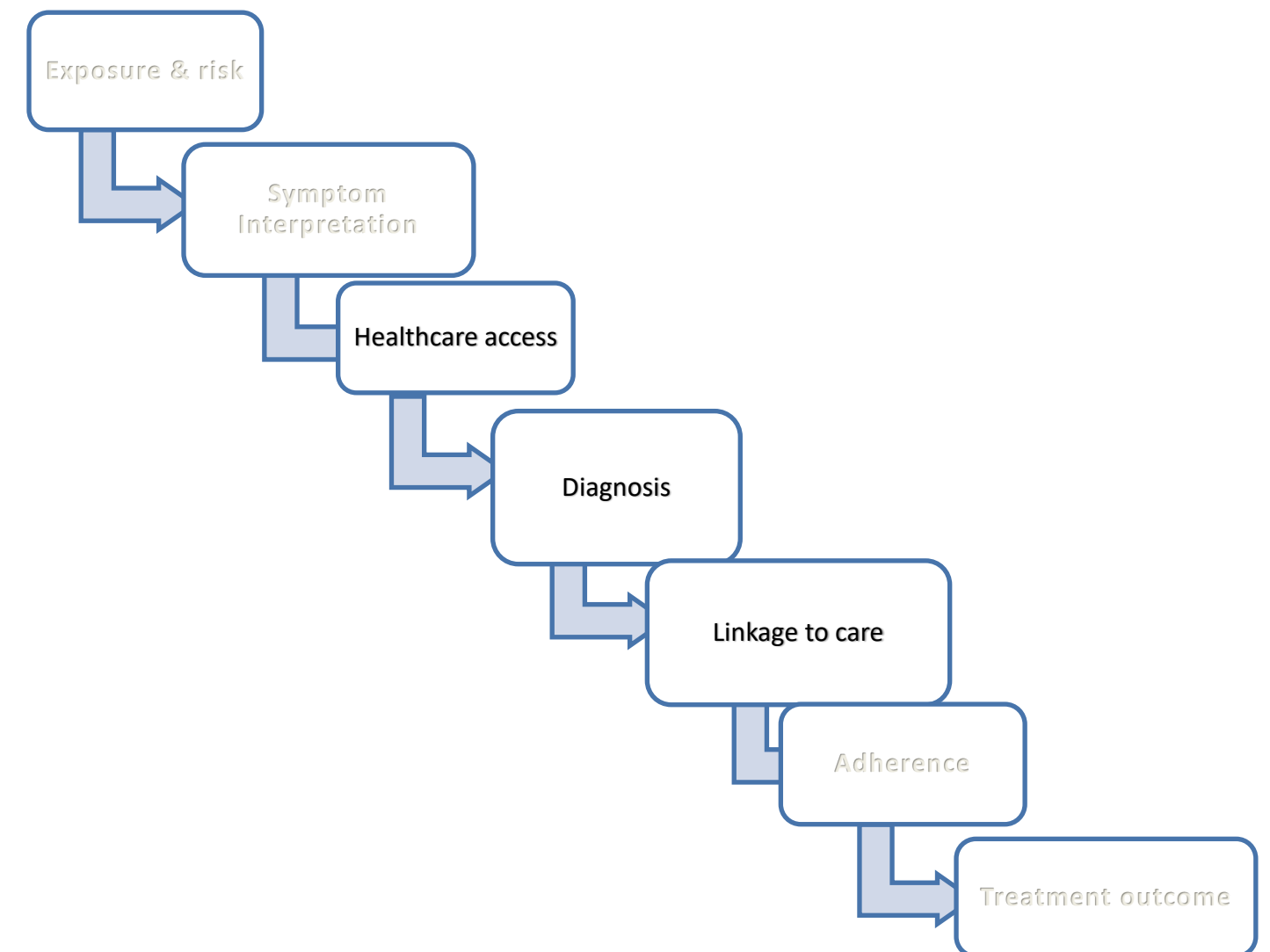
- Structuring, staffing, and operations of healthcare services may be a barrier.
- Stigma of being seen in 'feminine' spaces or admitting illness
- Sub-optimal social protection and work policies in high unemployment conditions



- 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.



Meeting of the Advisory Committee (ACM) to review technical matters to be discussed at the Sixty-first Session of the Regional Committee
WHO/SEARO, New Delhi, 30 June – 3 July 2008

Agenda item 2.4

SEA/ACM/Meet.1/2.4 (Rev.1)
25 June 2008

Public Health Approach to Combating HIV/AIDS

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

Opposition to critical
debate

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

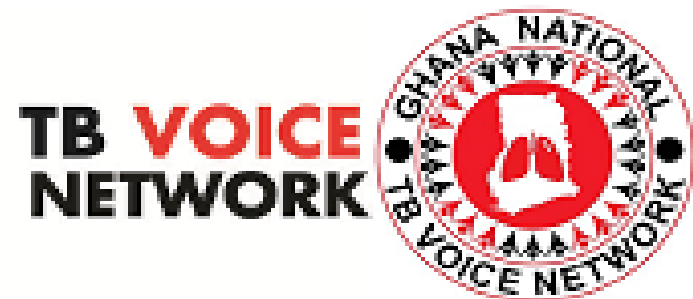
Reluctance to deal
(funding-wise and policy-
wise) with amorphous
inputs and outcomes in
interventions

Readings and references

- Chikovore, Jeremiah, et al. "Missing men with tuberculosis: the need to address structural influences and implement targeted and multidimensional interventions." *BMJ Global Health* 5.5 (2020): e002255.
- Daftary, A., et al. "TB and women: a call to action." *The international journal of tuberculosis and lung disease: the official journal of the International Union against Tuberculosis and Lung Disease* 24.12 (2020): 1312-1315.
- Marinda, E., Zungu, N., Chikovore, J. et al. Association Between ART Adherence and Mental Health: Results from a National HIV Sero-Behavioral Survey in South Africa. *AIDS Behav* (2021).
- Moyo, Sizulu, et al. "Tuberculosis and the relevance of sex-and gender-based analysis." *Sex-and Gender-Based Analysis in Public Health*. Springer, Cham, 2021. 85-97.
- Milinkovic et al, 2022, [The Lancet HIV](#) 9:S1
- Horton, Katherine C., et al. "Sex differences in tuberculosis burden and notifications in low-and middle-income countries: a systematic review and meta-analysis." *PLoS medicine* 13.9 (2016): e1002119. First National TB Prevalence Survey South Africa 2018 - short report. https://www.nicd.ac.za/wp-content/uploads/2021/02/TB-Prevalence-survey-report_A4_SA_TPS-Short_Feb-2021.pdf
- Pillay, Y., et al. "What did we learn from South Africa's first-ever tuberculosis prevalence survey?." *SAMJ: South African Medical Journal* 111.4 (2021): 0-0.
- van den Hof, S., Najlis, C. A., Bloss, E., & Straetemans, M. (2010). A systematic review on the role of gender in tuberculosis control. Report prepared for Tuberculosis Control Programme (TB CAP) September.
- Dodd, P. J., Looker, C., Plumb, I. D., Bond, V., Schaap, A., Shanaube, K., ... & White, R. G. (2016). Age-and sex-specific social contact patterns and incidence of *Mycobacterium tuberculosis* infection. *American journal of epidemiology*, 183(2), 156-166.

Jerry Amoah-Larbi

GHANA NATIONAL TB VOICE NETWORK



Webinar :

Community, rights and gender: Leaving no-one behind: Transforming gendered pathways to health for TB

Jerry Amoah-Larbi

National Coordinator

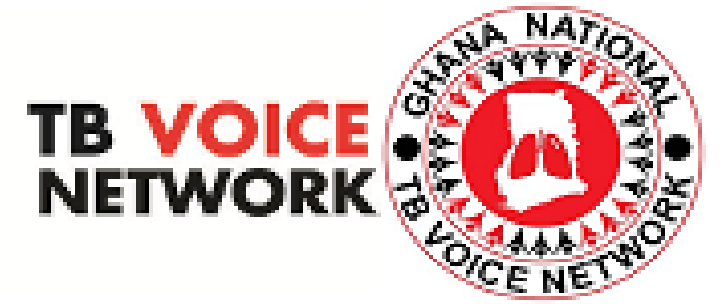
Ghana National TB Voice Network



OUTLINE

- a) Who we are and what we do?
- b) What are the barriers to meaningful engagement with Africa-centred masculinities to End TB-CRG assessment
- c) Some recommendations

The Ghana TB Voice Network



Who are we?

- Ghana TB Voice Network is a community of persons infected and affected with TB.
- Recruited and trained 124 cured TB clients
- Representation on the Ghana Country Coordinating Mechanism of the Global.

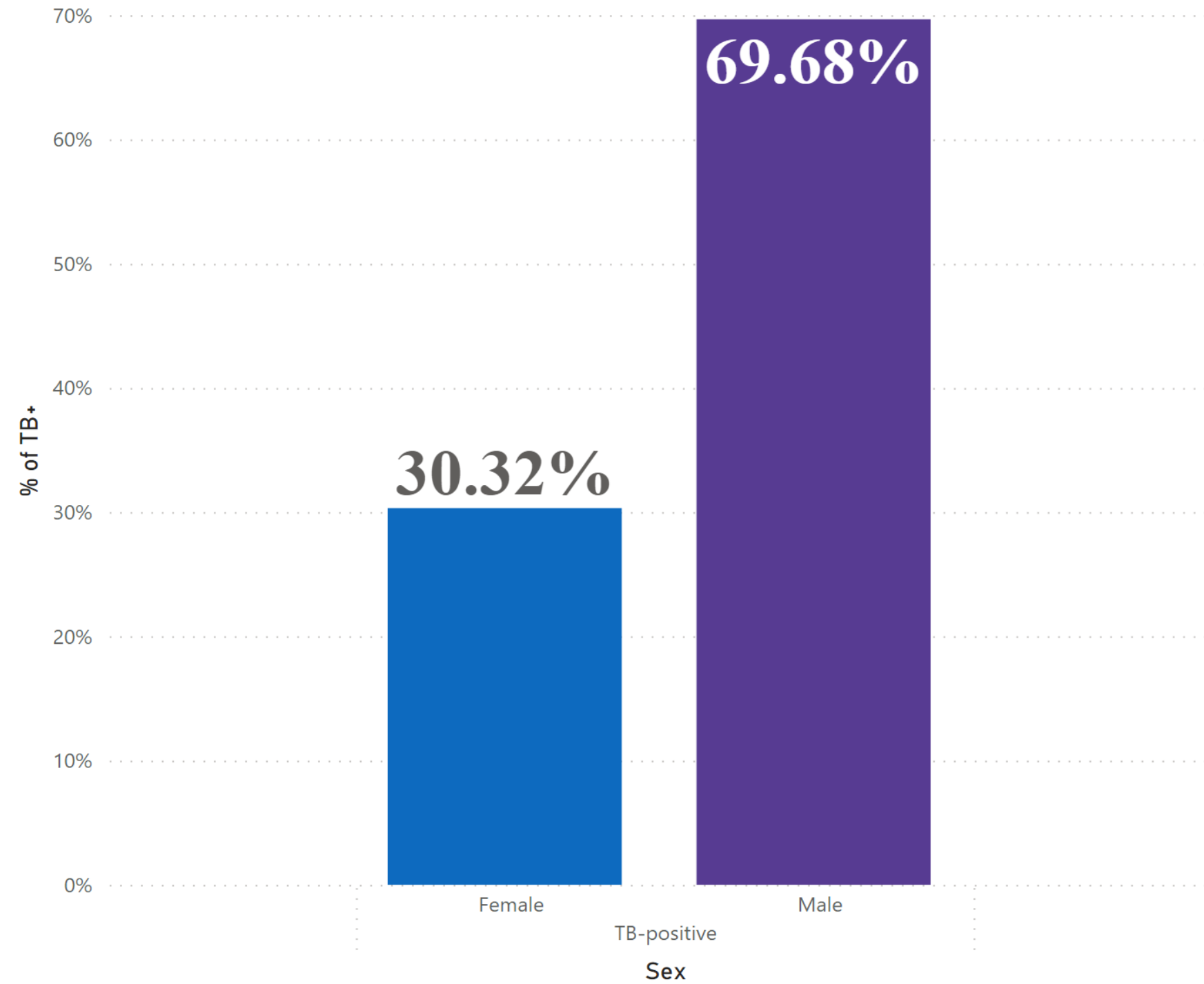
What we do?

- Conduct case finding and contact tracing
- Facilitate treatment, care and support services
- Advocate for TB inclusivity in policy and health service delivery.
- Advocate for accountability and equity in accessing TB services

What does the gendered-data from Ghana tell us?

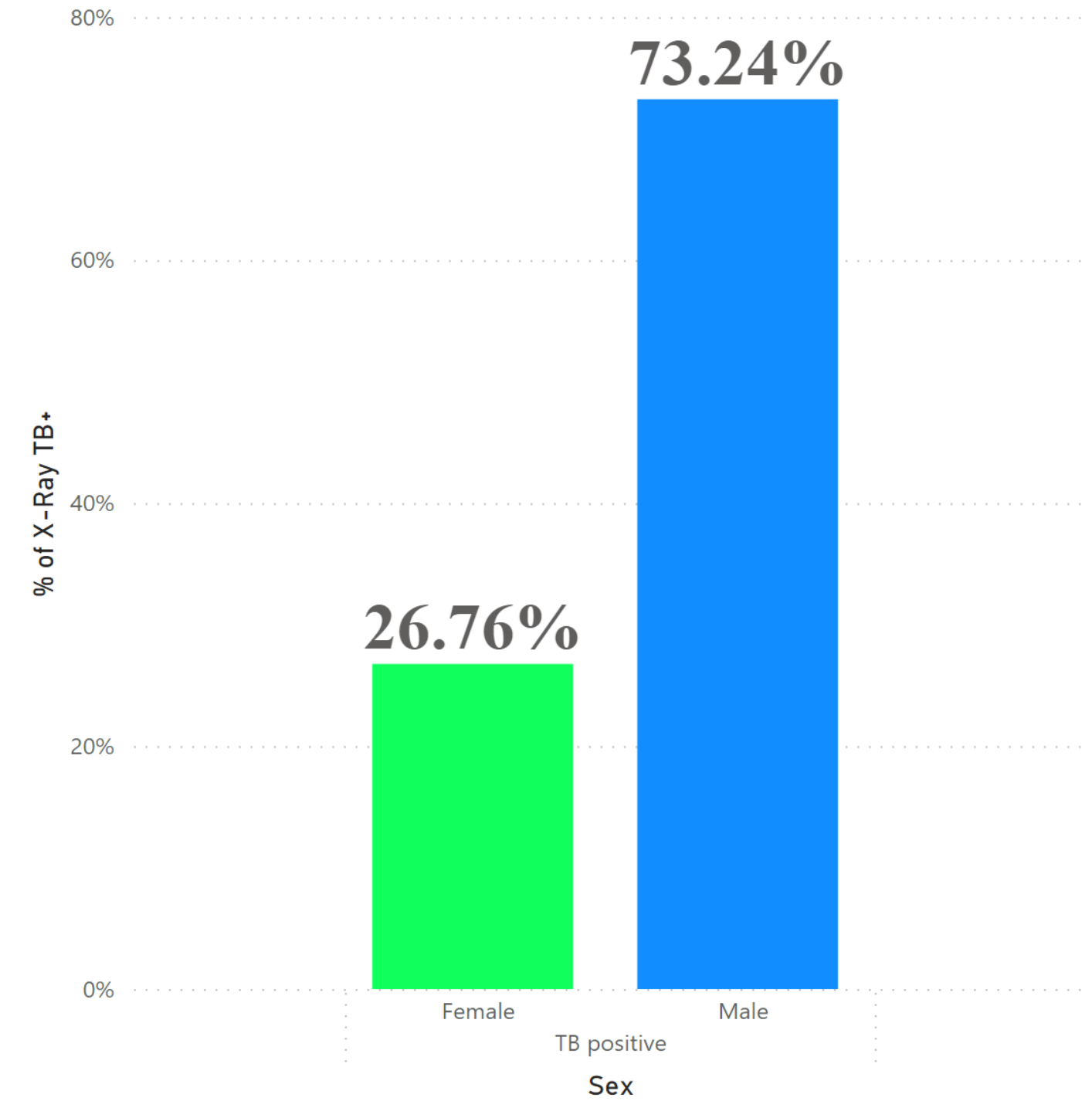
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% OF X-RAY TB+

% of X-Ray TB+ by X-Ray results and Sex



Barriers to meaningful male (men and boys) engagement

1. The Ghana national prevalence survey 2013 shows clearly that the TB burden is higher among males than females.
2. The 2020 Ghana Stigma Index 1.0 showed:
 - **Stigma among males (13.3%) was higher compared to both females (8.7%) and transgender (0.3%).**
 - **Excessive alcohol use, smoking and drug use predisposes men to a high risk of TB infection.**
 - **Limited resources (unemployment and poverty) impede men's access to TB health services.**
 - **Delayed or refusal to seek and engage in healthcare.**

How African masculinities could be leveraged to end TB.

1. Cultural Sensitivity.
2. Community Engagement
3. Gender Transformative Approaches
4. Fatherhood and Family Engagement

RECOMMENDATIONS

1. Adopt a gendered approach to TB programming.
2. Prioritise early diagnosis and treatment for men with TB through integrated and patient-centred care
3. Reduce catastrophic cost that men incur in accessing health care service by providing sufficient enablers packages.
4. Ensure laws/policies that allows TB patients to take mandatory leave during the intensive treatment face are enforced.
5. Ensure laws/policies that prevent TB patients from losing their jobs in order to protect the livelihood of person diagnosed or being treated for TB.
6. Specifically allocate funds to drive the integration of human rights and gender in national strategic plans, the Global Fund and STOP TB Partnership grant applications.

END OF PRESENTATION

