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Ending TB means responding to socially produced vulnerabilities of all genders

Beate Ringwald ,[1] Amon Ashaba Mwiine,[2] Jeremiah Chikovore ,[3] Goodman Makanda,[4] Jerry Amoah-Larbi,[5] Kerry A. Millington,[1] Katherine C. Horton[6]

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[1]Department of Clinical Sciences, Liverpool School of Tropical Medicine, Liverpool, UK
[2]School of Women and Gender Studies, Makerere University, Kampala, Uganda
[3]Public Health, Societies and Belonging, Human Sciences Research Council, Durban, South Africa
[4]TB Proof, Cape Town, South Africa
[5]TB Voice Network, Accra, Ghana
[6]Department of Infectious Disease Epidemiology, London School of Hygiene & Tropical Medicine, London, UK

Correspondence to
Dr Beate Ringwald;
beate.ringwald@lstmed.ac.uk

Globally and in Africa, tuberculosis (TB) affects more men than women, as masculine norms, behaviours, and practices can increase likelihood of exposure to TB while undermining engagement in TB care.[1] The WHO Africa region remains particularly affected, accounting for nearly a quarter (23%) of the estimated 10.6 million people who developed TB and close to a third (31%) of the 1.6 million people who died from the disease in 2021,[2] despite being home to only 15% of the world's population.[3] Twenty-five African countries are considered high burden countries for TB, HIV-associated TB, and drug-resistant TB.[2] TB affects close to 6 million men globally and 1.3 million men in the WHO Africa region every year,[2] undermining their physical health, mental well-being, and capacity to contribute to their families and communities.

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On this International Men's Day 2023, celebrated on 19 November to draw attention to men's health and well-being among others,[4] we contribute to discussions on how to respond most effectively to men's TB epidemiological and social scenarios.[1 5] We reflect on what lessons can be drawn from the existing and growing body of knowledge that may be characterised as African-centred gender and masculinities theories, that can build towards person-centred, gender-responsive approaches to TB which address the underlying causes of socially constructed gendered barriers to health among men and facilitate their access to TB prevention and care.

SUMMARY BOX

⇒ Tuberculosis (TB) affects close to 6 million men globally and 1.3 million men in the WHO Africa region every year. This commentary contributes to discussions on how to respond most effectively to men's TB epidemiologicaland social scenarios to TB and to the underlying causes of socially constructed gender barriers to health among men.

⇒ The discussion summarises sex-related and gender- related factors underpinning the higher TB burden among men. We define masculinities for this commentary and discuss notions of masculinities marking a growing body of knowledge that may be characterised as African- centred gender and masculinities theories.

⇒ Lessons from strategies for engaging men in other fields resonating with insights gained from this body of theories are elaborated, suggesting that the theoretical guidance offered by the same may help address limitations of existing male engagement strategies.

⇒ We conclude that theoretical guidance from African contexts can advance the TB response by moving beyond a focus on either men or women to recognise socially produced vulnerabilitiesof all genders so that TB responses address the needs of everyone in the community.

⇒ We call on global and national TB programmes to be cognisant of the historic and cultural context of communities and offer differentiated care models accommodating the needs of populations affected by TB across all genders.

Sex and gender differences in disease patterns result from biological differences and from socially constructed gender norms, roles, and relations that drive gendered differences in disease exposure, illness experience and meanings, health behaviours, and access to healthcare as well as gender-biased health systems, research, and institutions.[6] Gender dynamics in the epidemiology of TB seem to fall outside common gender narratives, which are largely conflated to focus on women's disadvantages. Yet the higher burden of TB among men is driven by a combination of biological, behavioural, social, and structural vulnerability to TB and systemic barriers to accessing healthcare[1] that are grounded in gender norms, roles, and relations. These dynamics show how structures and systems underpinning gender inequality not only disadvantage girls and women but can also be harmful to boys, men, and people of non-binary gender identities.[6] Yet despite clear disparities, gender-responsive care for TB remains elusive. TB programmes have relied heavily on standardised, biomedical approaches to disease control[7] with limited consideration of the different needs of men, women, and people of non-binary gender identities.[8]

Masculinities are referred to as social practices or cultural representations associated with being a man in a given context and time, recognising the multiplicity of masculinities.[9] Masculinities studies is an emerging field on the African continent, building on a longer tradition of gender studies and feminist movements.[10] African theories on masculinities are concerned with notions of men as gendered beings and products of their social environments being shaped by the structural legacies of colonialism and imperialism on the one hand and indigenous African philosophies and ideologies on the other hand.[9 11] Masculinities theories grounded in African contexts tend to emphasise the collegiality and interdependence of women and men challenging binary gender concepts that view men and women as conflicting opposites. Such notions resonate with African feminist theories which critique notions of polarised gender power relations based on supposed natural differences, claiming male superiority and female inferiority and instead recognise the greater variety of social roles and more complex power relations within African extended families and communities which have traditionally been determined by an interplay of lineage, gender, and seniority.[12] Moreover, masculinity or what makes a man in an African community cannot be separated from, but intersects with, other social hierarchies likesuch as class, ethnicity, religion, sexuality, and seniority among others.[13] Alongside the conceptualisation of masculinities as socially constructed, contestable, and changeable is the idea of acknowledging masculine vulnerability.[14] Constant pressure to live up to masculine ideals, characterised by bodily strength, social control, and wealth among others, can lead men into side-lining their health, including when their circumstances and/or environment are unconducive.[15]

These theoretical underpinnings have practical implications for a gender-responsive approach to TB. First, understanding the health and healthcare-related barriers and disadvantages faced by men recognises that gender norms affecting women and gender norms affecting men are related rather than inherently conflicting. Second, viewing different genders as relational and/or complementary, rather than essential opposites, promotes a focus on both common and sex-specific challenges as well as the structural factors underpinning the TB epidemic. Third, considering structural and intersectional dimensions of masculinities allows opportunities to overcome monolithic generalisations of men as a group, and thus considering differences among men. Consequently, responses to TB in African contexts may not focus exclusively on people of any one gender. TB programmes need to consider the challenges faced by different groups of men, women, and people of non-binary gender identities and their needs in a given situation. The design and implementation of TB interventions must facilitate conditions that enhance, among people of all genders, the ability to thrive in positive dimensions in their roles, and in this way, also address the socially constructed gendered barriers to health.

Moreover, gender and social empowerment are collective processes. Strategies for engaging men in other fields[16] are relevant to the TB response. For instance, the involvement of women and men in programmes to prevent violence against women has been shown to be key for facilitating and sustaining social norm change around gender.[17] Family-focused HIV care models have been proven to increase uptake of HIV testing and antiretroviral treatment among men and their involvement in care of the family.[18] HIV programmes designed and led by and for communities and key populations have achieved beneficial prevention and treatment outcomes.[19] Acknowledging the need for more theory-informed interventions,[16] the emerging body of African-centred theories may help address some common limitations of male engagement strategies such as overemphasis on harmful masculinities[20] and focus on individual agency or behaviour rather than structural issues,[21] including in the design and strengthening of policies, programmes, and health systems.[22]

The global TB community is vocal and united on the importance of equitable, gender-responsive, rights-based, and stigma-free TB prevention and care.[23] We argue that theoretical guidance on gender from Africa can facilitate inclusive pathways to health for people with TB across genders. Arguments presented here suggest gender-responsive care for TB should move beyond a focus on either men or women to recognise socially produced vulnerabilities of all genders so that TB responses address the needs of everyone in the community. We call on global and national TB programmes to be cognisant of the historic and cultural context of communities, offer differentiated care models accommodating the needs of populations affected by TB, and promote inclusive

collaboration between men, women, and people of non-binary gender identities. These steps are essential to facilitate and sustain behavioural, social, and structural changes for an equitable and gender-responsive approach to end TB.

Twitter Beate Ringwald @RingwaldBeate, Amon Ashaba Mwiine @amwiine, Jeremiah Chikovore @jerrychikovore, Goodman Makanda @MakandaGoodman, Jerry Amoah-Larbi @jerry_larbi, Kerry A. Millington @KerryMillington and Katherine C. Horton @kc_horton

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ORCID iDs
Beate Ringwald http://orcid.org/0000-0002-3950-3145
Jeremiah Chikovore http://orcid.org/0000-0002-4910-6952

REFERENCES

1 Chikovore J, Pai M, Horton KC, *et al*. Missing men with tuberculosis: the need to address structural influences and implement targeted and multidimensional interventions. *BMJ Glob Health* 2020;5:e002255.
2 World Health Organization. Global tuberculosis report 2022. Geneva WHO; 2023. Available: https://www.who.int/teams/global-tuberculosis-programme/tb-reports/global-tuberculosis-report-2022
3 United Nations Population Fund. State of world population report; 2023. Available: https://www.unfpa.org/swp2023
4 International Men's Day. International men's day history & background. 2023. Available: https://internationalmensday.com/founders-statement/
5 The LIGHT Consortium. Community, rights and gender: meaningful engagement with African-centred Masculinities to end TB. 2023. Available: https://youtu.be/5HqBf37OwII?si=rREMRKSCRyE1maZa
6 Heise L, Greene ME, Opper N, *et al*. Gender inequality and restrictive gender norms: framing the challenges to health. *Lancet* 2019;393:2440–54.
7 Daftary A, Calzavara L, Padayatchi N. The contrasting cultures of HIV and tuberculosis care. *AIDS* 2015;29:1–4.
8 Citro B, Soltan V, Malar J, *et al*. Building the evidence for a rights-based, people-centered, gender-transformative tuberculosis response: an analysis of the stop TB partnership community, rights, and gender tuberculosis assessment. *Health Hum Rights* 2021;23:253–67.
9 Ratele K. Studying men in Africa critically. In: Uchendu E, ed. *Masculinities in contemporary Africa*. Dakar: CODESRIA, 2008: 18–33.
10 Mwiine AA. Tracking the trajectory of feminist advocacy in Uganda: how has theory informed the practice of advocacy *Agenda* 2022;36:66–76.
11 Tamale S. *Decolonization and afro-feminism*. Ottawa, Canada: Daraja Press, 2020.
12 Bakare-Yusuf B. 'Yorubas don't do gender': a critical review of oyeronke oyewumi's the invention of women: making an African sense of Western gender discourses. In: Anfred S, Bakare-Yusuf B, Kisiang'ani EW, et al., eds. *African gender scholarship: concepts, methodologies and paradigms*. Dakar: CODESRIA, 2004.
13 Ratele K. *Liberating masculinities*. Cape Town: HSRC press, 2016.
14 Clowes L. The limits of discourse: masculinity as vulnerability. *Agenda* 2013;27:12–9.
15 Chikovore J, Hart G, Kumwenda M, *et al*. Control, struggle, and emergent masculinities: a qualitative study of men's care-seeking determinants for chronic cough and tuberculosis symptoms in Blantyre, Malawi. *BMC Public Health* 2014;14:1053.
16 Colvin CJ. Strategies for engaging men in HIV services. *Lancet HIV* 2019;6:e191–200.
17 Jewkes R, Willan S, Heise L, *et al*. Effective design and implementation elements in interventions to prevent violence against women and girls. Pretoria South African Medical Research Council; 2020. Available: https://www.whatworks.co.za/documents/publications/373-intervention-report19-02-20/file
18 Tonwe-Gold B, Ekouevi DK, Bosse CA, *et al*. Implementing family-focused HIV care and treatment: the first 2 years' experience of the mother-to-child transmission-plus program in Abidjan, Côte D'Ivoire. *Trop Med Int Health* 2009;14:204–12.
19 Ayala G, Sprague L, van der Merwe L-A, *et al*. Peer- and community-led responses to HIV: a scoping review. *PLoS One* 2021;16:e0260555.
20 Dworkin SL, Fleming PJ, Colvin CJ. The promises and limitations of gender-transformative health programming with men: critical reflections from the field. *Cult Health Sex* 2015;17 Suppl 2:S128–43.
21 Greig A, Flood M. Work with men and boys for gender equality: a review of field formation, the evidence base and future directions. 2020. Available: https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/Library/Publications/2020/Discussion-paper-Work-with-men-and-boys-for-gender-equality-en.pdf
22 Beia T, Kielmann K, Diaconu K. Changing men or changing health systems? A scoping review of interventions, services and programmes targeting men's health in sub-Saharan Africa. *Int J Equity Health* 2021;20:87.
23 Stop TB Partnership. Key asks from TB stakeholders for the UN high-level meeting on TB. 2023. Available: https://www.stoptb.org/key-asks-tb-stakeholders-un-high-level-meeting-tb-1