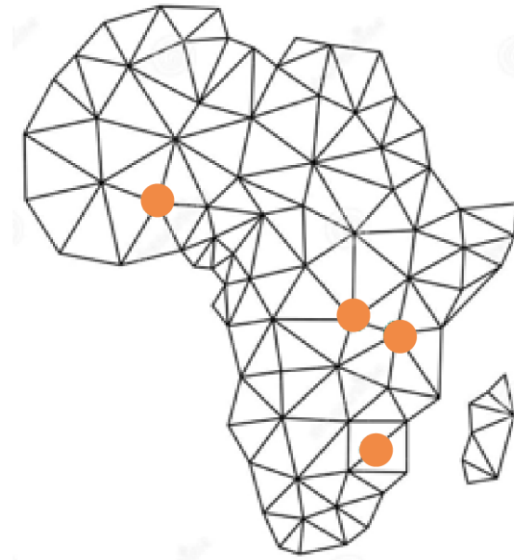


THE
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**Access and Engagement with Public health interventions in Nigeria: A
gender lens and its implications.**

IOA Network session / 13th January 2023

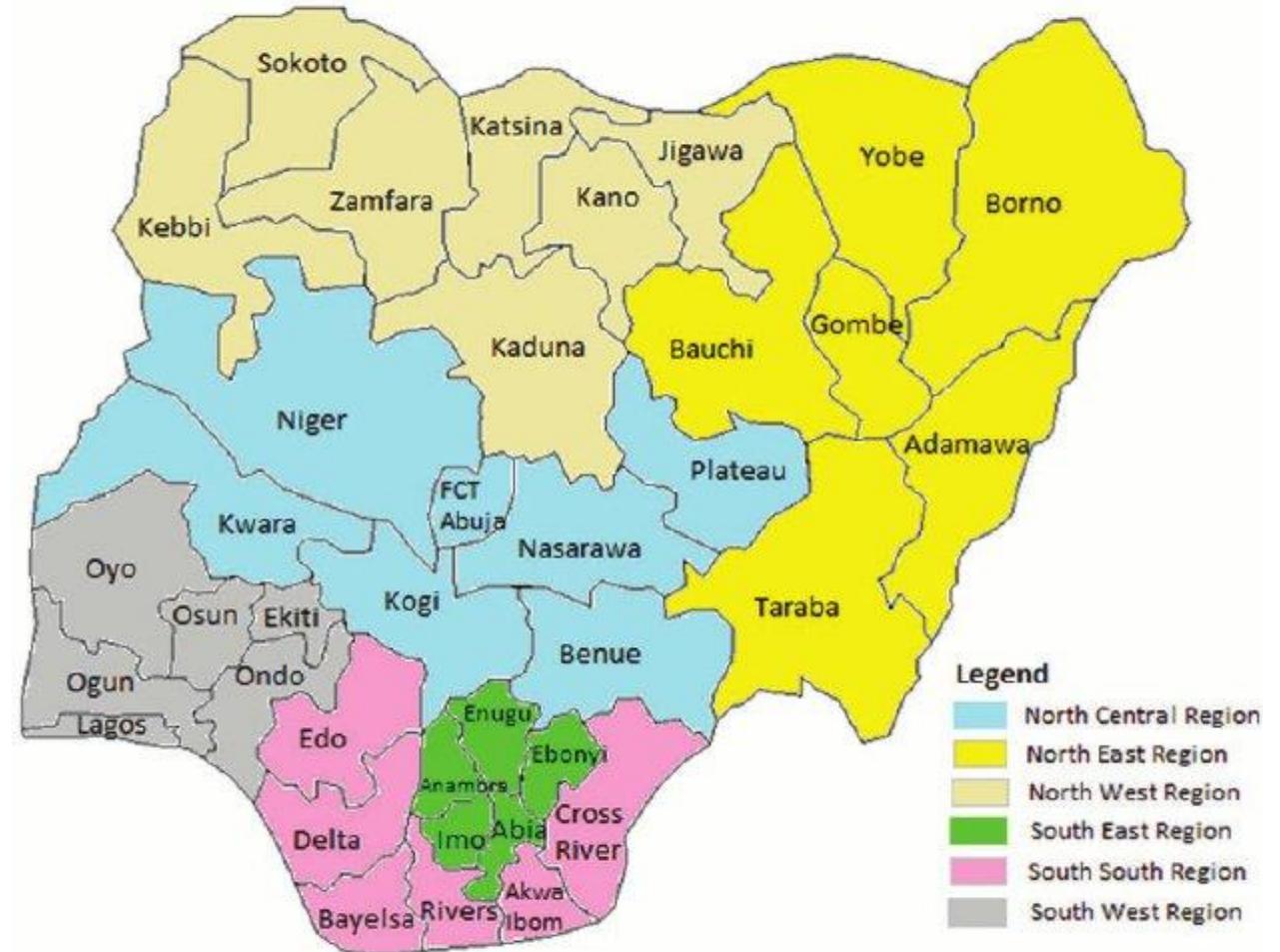
Chukwuebuka Ugwu, Liverpool School of Tropical Medicine, UK



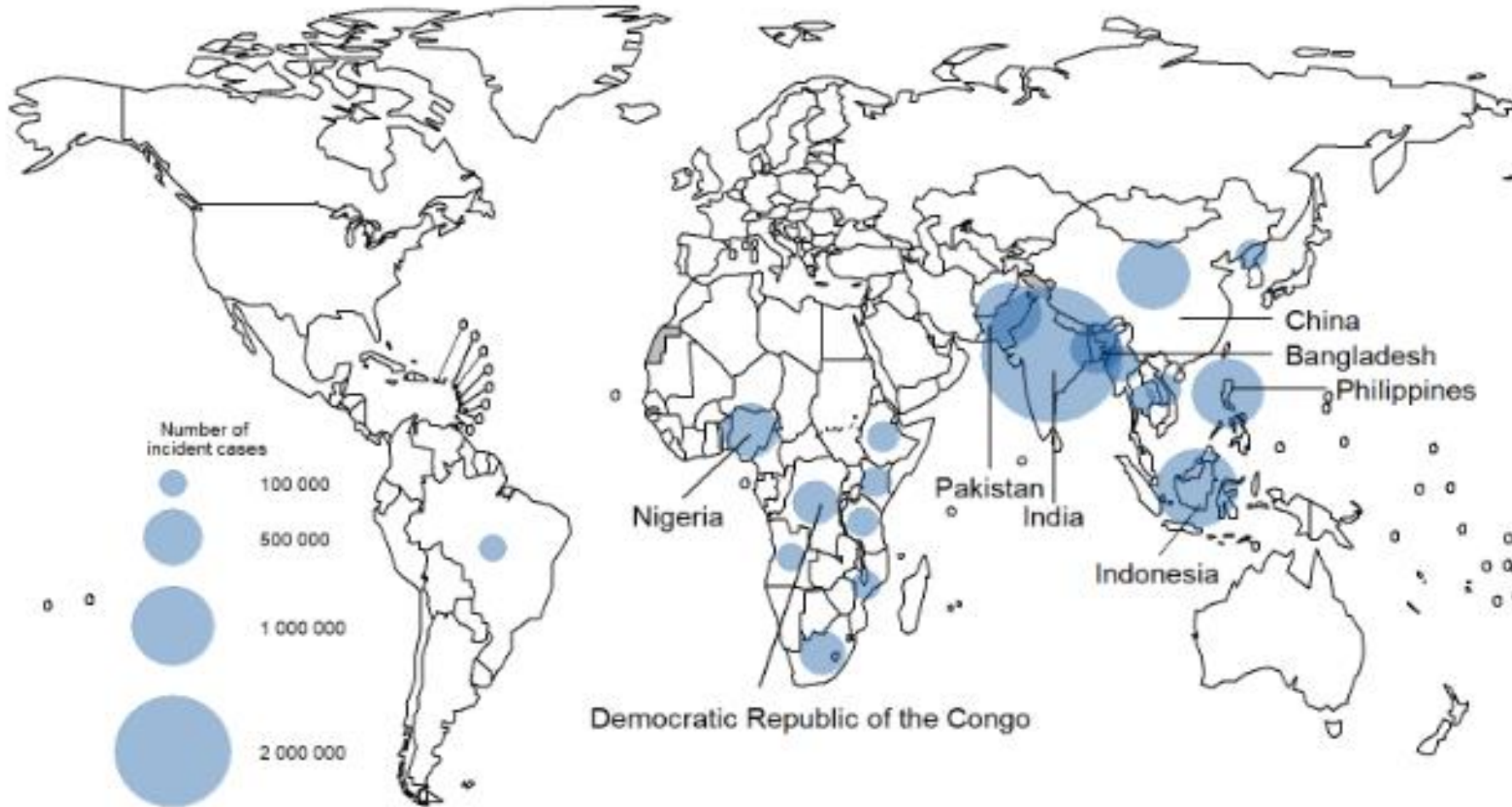
Presentation outline



- Background story – Nigeria
- Research objectives and approach
- Research findings
- Our experience in the setting
- COVID-19 Vaccine uptake



Estimated TB incidence in 2021, for countries with at least 100,000 incident cases - Background



Estimated TB incidence for 2020 was **452,000**,

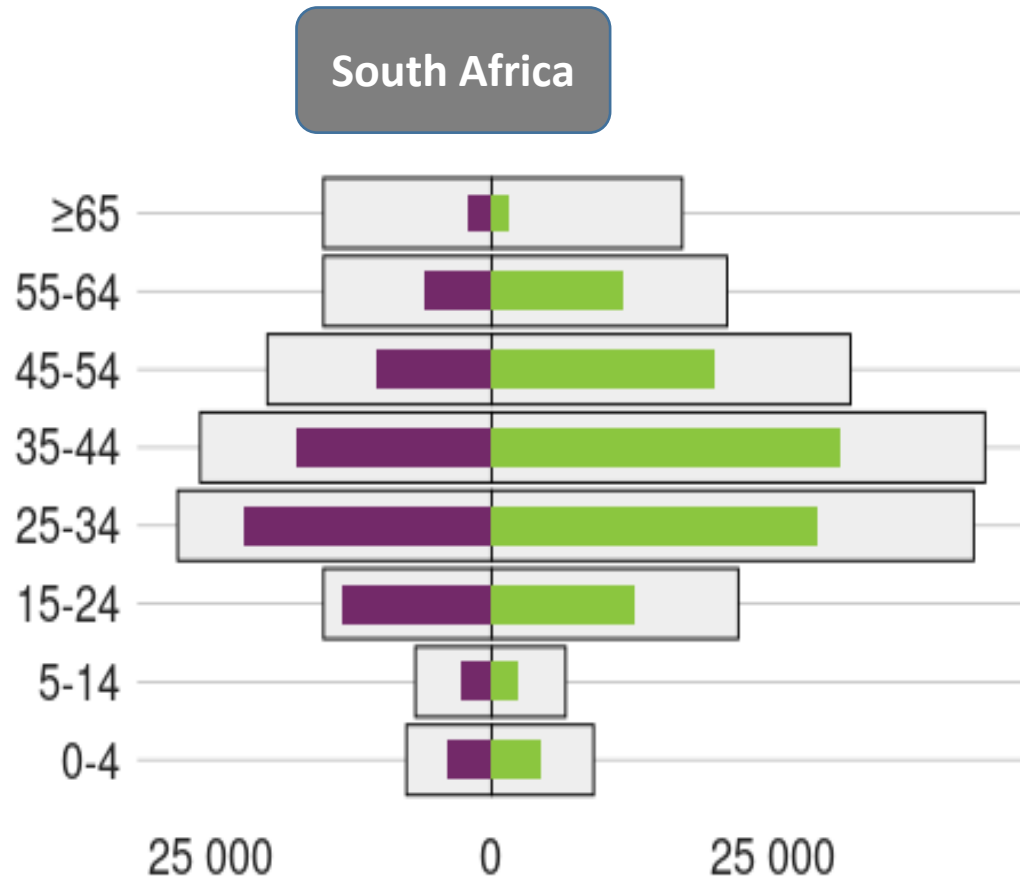
Notification was **135,800** (0-14 years = 7%; Females = 36%; Males = 57%)

Treatment coverage was 30%

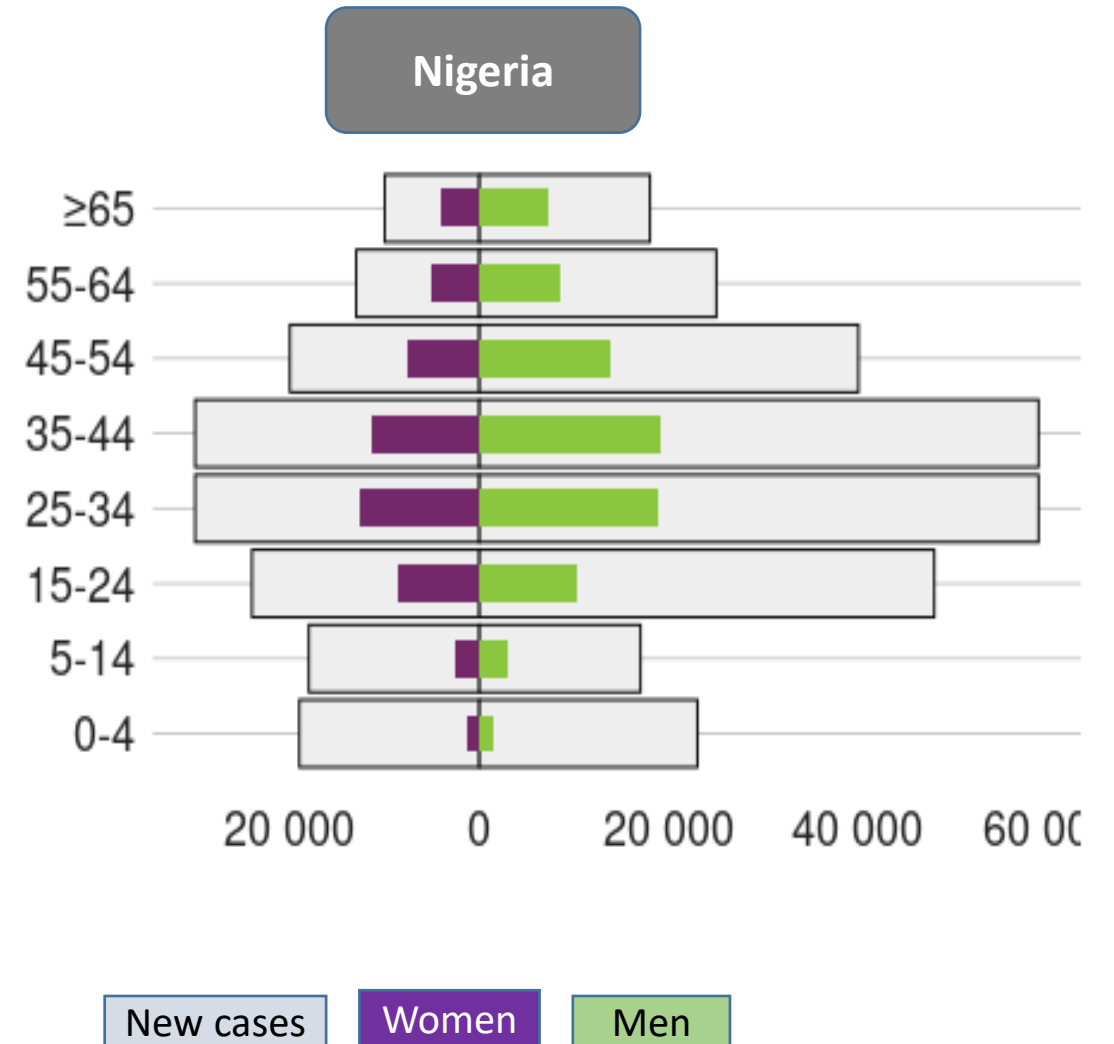
Missed people = 70%

Source: WHO Global TB Report 2021

Gendered pattern of TB burden and Notification



WHO Global TB Report 2021



DESTINE study – developing and evaluating gender-sensitive TB interventions for communities in Nigeria

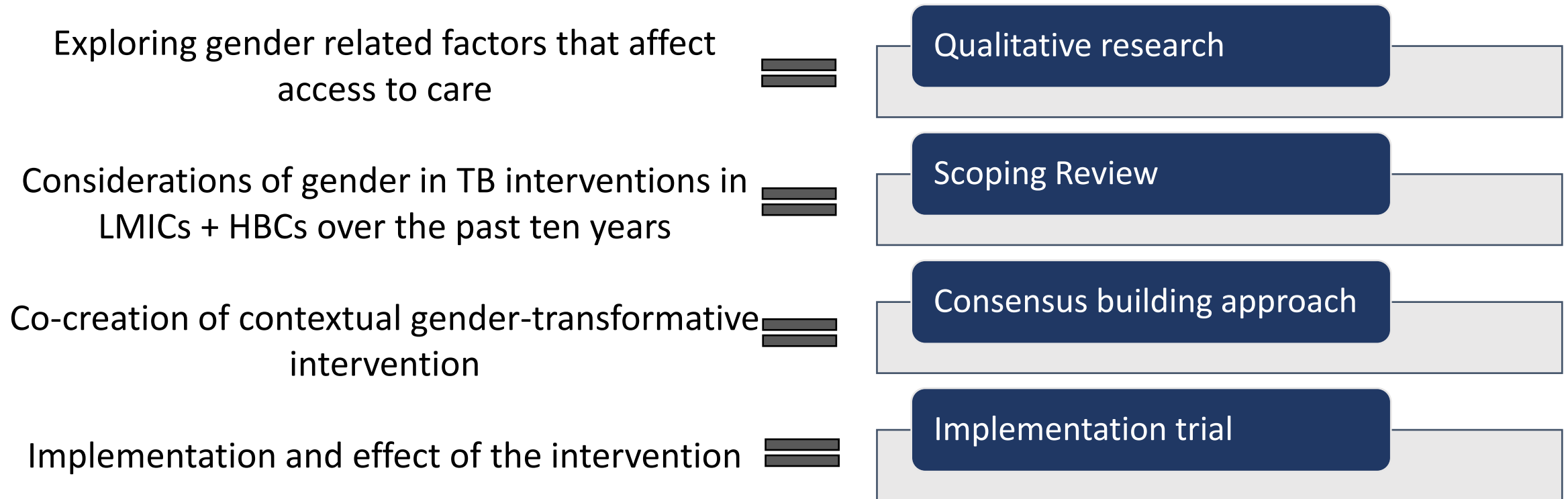


- The DESTINE research was developed through The **LIGHT Consortium** in response to men's high tuberculosis burden and disadvantages in detection and reporting in Nigeria.
- **Leaving no-one behind: Transforming gendered pathways to health for TB (LIGHT)** a six-year FCDO grant to generate new evidence to improve access to TB care
- Anchored within Zankli Research Centre (**ZRC**), Bingham University, Nigeria and forms part of LIGHT research going on in Uganda, Malawi, Kenya, and the UK

Research objectives and approach



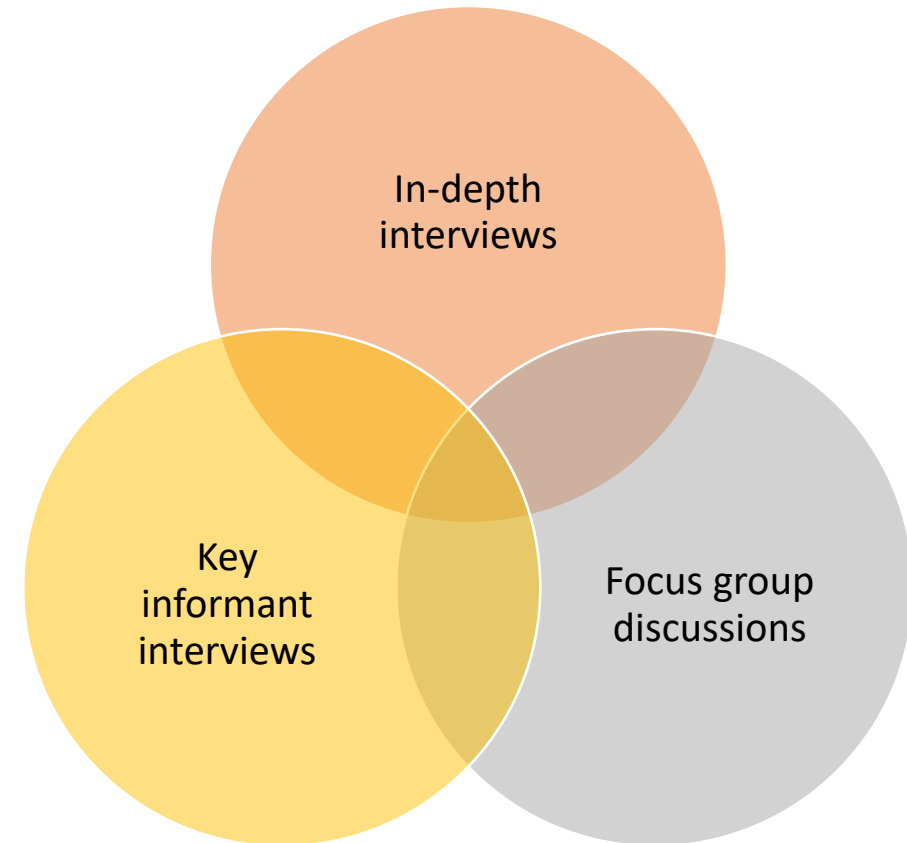
DESTINE study – developing and evaluating gender-sensitive TB interventions for communities in Nigeria



Qualitative research



- **IDs** with men and women in communities
- **FGDs** amongst groups of men (in their workplace) and women in communities
- **KIIs** with stakeholders in the TB program at all levels:
 - National, regional, state, and local areas
 - including patent medicine vendors and
 - community health extension workers



Research findings – 1 Qualitative



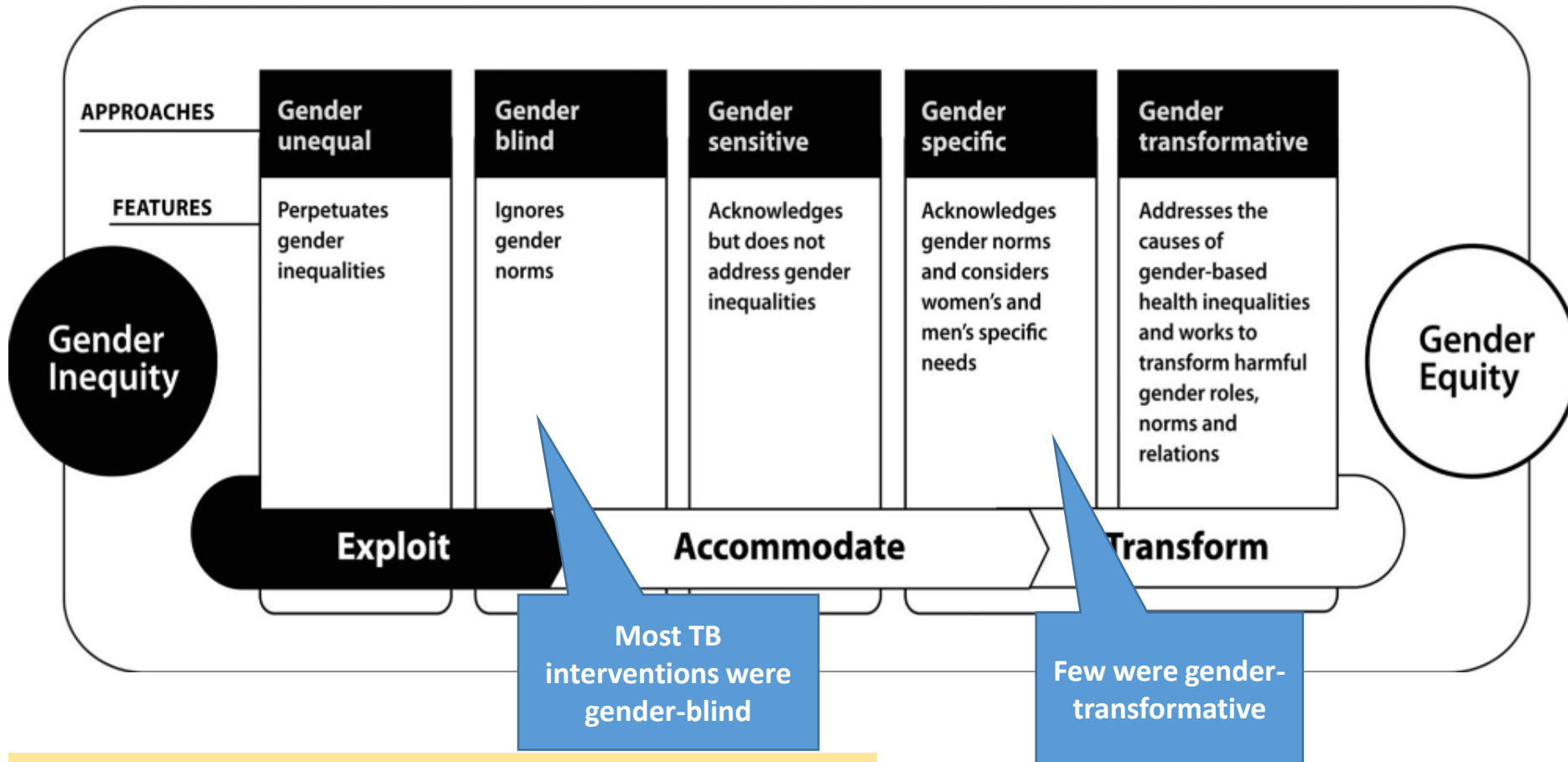
- We found a clear gendered pattern in **illness experience**
 - Symptoms/Stigma/triggers to seek care
- There was gendered pattern to **access to information** and awareness of TB services
- Gender variations in factors affecting **retention in care**
 - Resources for adherence/pre-treatment education
- **Health system's capacity** for gender-sensitive care
- Gender **intersections** with other conditions/positions
 - Single parenthood/migrant worker/poverty
- **Delay** in seeking care was complex and gendered



"...how do you now tell your boss that you went to the hospital to treat cough that's why you didn't make your return for any day. They will collect your keke and give it to someone who is serious. Most of us don't own tricycle, it was given to us on hi-po (hire-purchase)"

- Keke napep driver (M5-FGD-001)

Research findings – 2 Scoping review

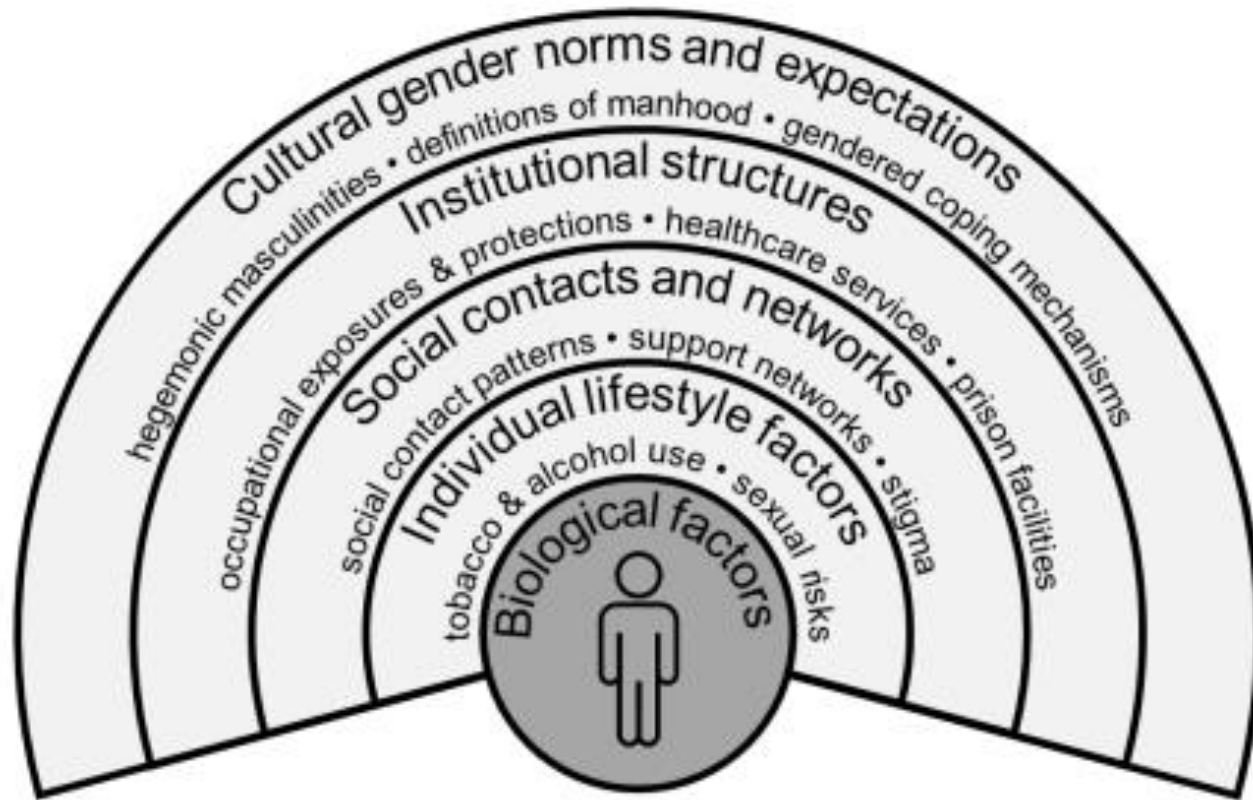


Majority of TB interventions were **gender blind**, less were gender-sensitive and specific

How gender-sensitive were COVID-19 interventions?

1. WHO Gender Responsive Assessment Scale
2. WHO Gender Assessment Tool

What are some of the factors (to guide design of interventions and services)



Source: LSTM LIGHT Consortium Rapid Evidence Synthesis

Conclusion - Quotes from the pilot



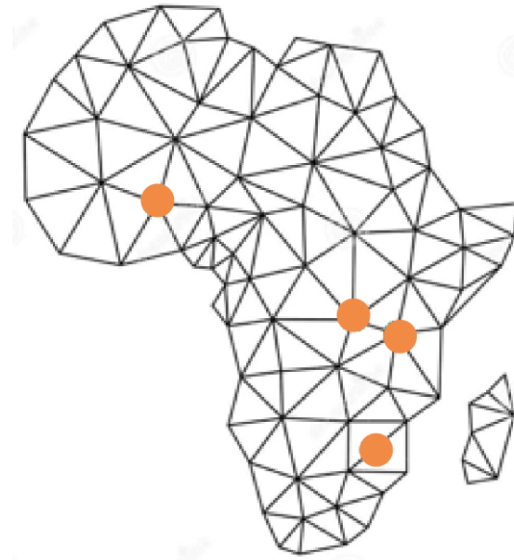
“...Men will always be men, the issue is, can the (health) system handle (adapt to) them like that?”

Female HCW, single mother, living with disability

“...My family dey for Benue, na wetin I get from this my work dem go use chop. I dey fit send them (money) every week”.

Male Security man, Father, Migrant worker

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Thank you

Leaving no-one behind; transforming Gendered pathways to Health for TB

Partners



UKaid
from the British people

Leaving no-one behind: Transforming gendered pathways to health for TB