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## Men's attendance in health care facilities and social representations in Burkina Faso

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## Introduction

- More women than men are infected by HIV in Sub-Saharan Africa (59%)
- Previously - numerous studies and initiatives concerning vulnerability specific to women
- Now - fewer HIV+ men are treated than women, no specific measures
- The motives for this difference require understanding

## Study Objectives

- Analyze the socio-cultural determinants for quantitative differences between men/women in HIV treatment service attendance in Burkina Faso
- Understand the qualitative differences
- Specify the role of social representations of HIV and gendered social relationships

## Method and Materials

- Study funded by ANRS (ANRS 1281), Sidaction, IRD grant
- Ethnographic method: direct observation, semi-structured individual interviews, group interviews, in 2003–2005 and 2006–2007
- Participants contacted through their social networks
- 53 PLWHA (35 women, 18 men), 37 health care workers in Ouagadougou and Zorgho
- Data treatment done manually (content analysis)
- Ethical considerations: informed consent, confidentiality

## Context

- HIV prevalence: 2% in 2006 (UNAIDS)
- National initiative for access to ART, 2005; fixed pricing system with exemptions: 8000F (16 USD)/month
- Recurring financial ruin for PLWHA, “de facto free access” in structures
- For the majority of PLWHA, access to care is dependent on access to treatment structures for PLWHA
- Strong influence of the mossi culture on society and men access to HIV treatment

## Context (2)

- Health care system
  - Approved public, faith-based and associative care structures
  - Structures open to everyone
  - Frequent waiting-lines of male and female PLWHA
  - Important volunteer involvement in associations

## Results

## Quantitative Data

- Sex-ratio for attendance in 7 treatment structures for HIV:
  - 10,004 PLWHA = 6787 women (68%) and 3217 men (32%)
- Sex-ratio of registered PLWHA:
  - 3 to 5 women for every 2 men
- Sex-ratio of people on ARVs:
  - 3 to 6 women for two every 2 men
- Prevalence for ages 15–49 years in Burkina:
  - 1.8 for women and 1.9 for men (2004 DHS)

## Qualitative Data

- Representation of HIV/AIDS in the era of ARVs
  - AIDS is a “women’s disease”
  - AIDS synonymous with financial ruin, misfortune
  - The “baadramba,” a “negativized” social category
- Rich discourse on the differences between men and women concerning access to care

## Male Discourse

- “It is not a dignified disease. Tell someone, and he’ll wonder how you will manage. It brings on the worst.” (Mathieu, age 41, civil servant), February 2004
- “Some men would rather die than cast a shadow on their dignity. A man doesn’t bargain with his dignity like a woman. It’s natural to him. Here, we say ‘kuum sao yande’ (better to die than to suffer shame).” (man, age 32, Group Interview, February 2007).

## Female Discourse

- *“Women are not ashamed to line up, because of children. ... Because of children, you’re not going to hide”. (widow, age 45, Group interview, February 2007).*
- *“Some men (sick with AIDS) do not go to treatment sites, even if they are going to die ....” (Married woman, age 30, Group interview, February 2007).*

## Caregiver Discourse

- *“Generally, seeing men in the waiting room means they have experienced situations that were very difficult to bear. As long as they can avoid coming, they don’t come....,” contrary to women who are seen as more prompt. (Doctor, man, age 45, involved from the beginning in HIV treatment in a public structure, January 2006)*

## Discourse of an Association Leader

*"A man is afraid of falling from his pedestal. As long as he is not up against a wall, he won't come. But a woman will rise up quickly because she has no problem (with honor). She thinks of her children instead." He adds: "Shame, infamy, this is what people fear, and they will really die over it." (Man, âge 35, president of a treatment association for PLWHA, Ouagadougou, August 2006).*

## Analysis

### Social Role of Men and HIV Infection

- Masculinity linked to a man's economic, physical and moral capacity
  - Among the Mossi, a husband, and even more so, a zaksoba (head of family) must be "capable"
- Man's necessary "capacity" contrasted to the image of a man weakened by disease
- Valuing dignity in particular and fear of anything that can bring on "yande", (shame)

### Masculinity and Resorting to Care

- Men have a very negative representation of the term "baadramba"
- Difficulty for men to stand in line, wait and follow directives
- Difficulty in accepting help
- Difficulty especially standing in line with women
- Men are more sensitive to "social scrutiny" in structures
- Men are not motivated by caring for children (individualistic approach)

### Conclusion

- No differences in accessibility to structures based on gender, however less access to treatment among men due to:
  - Their self-isolation and denial of HIV
  - Their limited recourse to care and help
- Difficulties in benefiting from the continuum of care that ensures access to ARVs

### Conclusion(2)

- Several factors
  - Men's role in Burkinabe society, which specifically emphasizes the fact of "ensuring"
  - Their individualistic approach in health management
  - Very negative representations about being infected with HIV
  - Men's vulnerability to "social scrutiny"
  - The context of egalitarian organization for men and women in health structures
- Constitute obstacles to treatment for men living with HIV

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