HEALTH AS A CRISIS: CHRONIC DISEASE AND GENDER AS POINTS OF EXACERBATION

Presentation by Abu Conteh



BACKGROUND

• Crisis framings of health provide insights into the complexities of health systems in times of extreme stress & uncertainties (Brodie et al 2021)

Dominant framings

- Emergencies: Conflict; climate change; health emergencies/outbreaks
- Daily crisis: Poverty; hunger; environmental problems; disease burden
- Systemic/structural: Health system weaknesses; limited investment in public health
- Public health threats: Intersections of infectious disease and noncommunicable disease; COVID-19 and the rising burden of Noncommunicable diseases



BACKGROUND

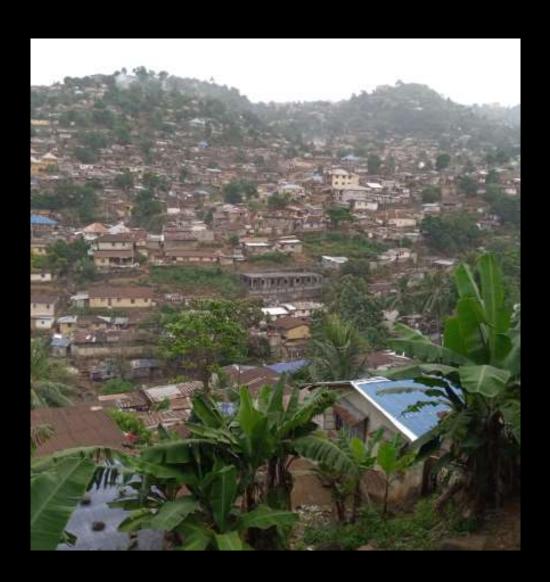
Visibility of crisis

- Intersections of infectious disease and noncommunicable diseases (NCDs) impacting the poor
- COVID-19 a disruptor of stability; an epitome of crisis and the rising urban inequalities



NCD CONTEXT IN SIERRA LEONE

- NCDs are an emerging crisis in Sierra Leone
- 70% of population exposed to NCD risk factors; 29,700 annual deaths
- High stroke mortality: 39% hospital deaths in Freetown
- Co-morbidity: 83% of stroke patients (Ischaemic & haemorrhagic stroke) live with hypertension; 16% with diabetes
- Healthcare access a daily crisis for people with NCDs; uncertainties about diagnosis & care
- Limited public awareness; urbanisation & lifestyle changes
- Implications for future public health response





METHODS

Treatment diaries / narrative interviews

- 16 participants living with non-communicable diseases: Diabetes, hypertension and stroke as case studies
- Three rounds of interviews to explore the intersectionality of NCD experiences, anchoring gender, conflict and place
- Adapted the Intersectionality Wheel
- In-depth Interviews



MAP OF STUDY SETTINGS





RESEARCH FINDINGS

Women's experiences of health

- Structural inequalities/gender stereotypes: shaping women's access to education, poverty, and poor health outcomes
- Recurrent health problems: co-morbidities e.g., hypertension and diabetes
- Impact of conflict: loss of livelihoods and opportunities
- Access barriers: housing, water and healthcare
- Feelings of stress and isolation: linked to childlessness and widowhood
- Physical violence: experienced by women related to matrimonial disputes



RESEARCH FINDINGS

Men's experiences of health

- Cycles of poverty: linked to conflict, loss of livelihoods and family relations
- Financial hardship: Men's experiences with health and financial hardships were not linked to gender discrimination; linked more to migration and conflict
- Collapse of health and the loss of power: conflict; stress and implications for coping with NCDs



CONCLUSIONS

- Health outcomes are precarious in informal settlements; influenced by intersecting inequities
- NCD patients are impacted variously by health inequalities linked to structural factors and societal norms
- Urgent need to adapt the health systems in fragile settings to improve access to healthcare for people with NCDs; consider contexts of outbreaks and emergencies



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