

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

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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 non-communicable disease; COVID-19 and the rising burden of Non-communicable diseases



BACKGROUND

Visibility of crisis

- Intersections of infectious disease and non-communicable 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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