“TB in the context of India-addressing Gender issues, vulnerable population with Civil Society engagement”

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Tuberculosis & related Gender issues
Literature review suggest:

- Gender differentials in social and economic roles and activities may lead to differential exposure to tuberculosis bacilli;
- The general health/nutritional status of TB-infected persons affects their rate of progression to disease.
  - In areas where women's health is worse than men's, women's risk of disease is increased;
- A number of studies suggest that responses to illness differ in women and men, and that barriers to early detection and treatment of TB vary are greater for women than for men.
- Gender differences also exist in rates of compliance with treatment;
- The fear and stigma associated with TB have greater impact on women than on men, often placing them in an economically or socially precarious position.
- Because the health and welfare of children is closely linked to that of their mothers, TB in women can have serious repercussions for families and households.
In Tiruvallur district (Tamil Nadu)

- 66% of males and 57% of females had tuberculosis
- More females than males felt inhibited discussing their illness with family (21% vs. 14%)
- More females needed to be accompanied for DOT (11% vs. 6%).
- Males had twice the risk of treatment default than females (19% vs. 8%; \( P < 0.01 \)).

Social and cultural dimensions of gender and tuberculosis

- Lower rates of notification for women may be a consequence of:
  - biological differences, including the possibility that women have a different immune response to TB than men. As a result, women may have different symptoms, signs, and outcomes.
  - smaller proportion of women than men with tuberculosis visiting a health facility for sputum examination.
  - difficulty in accessing health care.
  - preference in consulting private practitioners such as traditional healers.
  - lack of female health worker in a Govt. facility.
  - embarrassment.
  - fear of stigma.
Gender-specific vulnerability of women to TB-related stigma

Women with tuberculosis usually face problems such as:

• reduced chances of marriage,
• rejection by husbands and
• harassment by in-laws
Women’s social roles make them more susceptible to developing active TB disease

- Studies show that women who cook with biomass fuel (wood/cow dung) and stay indoors are more likely to develop active TB.

• Possible solution-efficient smokeless stoves/cleaner fuels
Some exceptions....

• The notified incidence rate of sputum smear-positive TB in Iran is higher for women than men.
• Strikingly, women in Afghanistan account for more than two thirds of notified TB cases. The notified incidence rate is lower for men than women, not only for smear-positive TB, but also for extra-pulmonary TB.

What can explain this much higher notification of female TB cases in Iran and Afghanistan?
What are the implications for policies & for TB control programmes?

• Effective TB control requires efforts both to prevent spread and to minimise unreasonable fear of spread despite effective treatment,

• Tuberculosis control programmes need to develop & disseminate appropriate health education on:
  – tuberculosis symptoms,
  – diagnosis
  – treatment for the general population as well as for health providers, in order to reduce diagnostic delays.

• Gender considerations regarding health seeking behaviour & outcome of a positive TB identification must be integrated into these health education programmes.
• Community-based / family supervision models of the DOTS strategy may be more successful in achieving treatment compliance and positive outcomes among women who may be unable to visit treatment centres for various reasons

• Incorporation of gender issues in training curricula for service providers and TB programme managers.
• Further investigation to understand the inadequacies of diagnosing and treating TB in women, including research on gender sensitive treatment options.

• All **pregnant women** should be screened for TB and provided appropriate treatment and care.

• **Routine TB screening** should be incorporated into maternal and child health programs.
A Civil Society Initiative to Strengthen TB Care and Control in India

THE GLOBAL FUND ROUND 9 TB PROJECT

Project Axshya
Project Axshya- A Civil society initiative to improve TB care & control

• The International Union Against Tuberculosis and Lung Disease (The Union) is a Principal recipient of Global fund Round 9 TB grant in India implementing the project titled ‘Providing Universal Access to DR-TB control services and Strengthening Civil Society Involvement in TB Care and Control’.

• The objective focusses on engaging community-based providers to improve TB services, especially for women and children, marginalised, vulnerable and TB-HIV co-infected populations across identified 300 districts of the country.
Project Axshya & Gender Mainstreaming

Phase II of the project will address “gender mainstreaming” by setting a minimum proportion of the overall sputum samples collected to be from women.
Vulnerability: Vulnerable populations defined as persons who are at increased risk of TB infection, disease or adverse outcomes –

- HIV +, Diabetics
- Urban slums
- Stone crushers, Beedi workers
- Contacts of sputum + TB patients etc.

Marginalized populations defined as people who have difficulty in accessing TB services

- Socially marginalized groups
- Migrants
- Tribal populations
- People who get cut off due to natural calamities
Civil society engagement to improve TB care & control

Findings of Social Assessment Study for RNTCP (ORG Centre for Social Research):

- Community participation, in the programme by and large has not been very visible in the study areas.
- CBOs are not generally engaged with RNTCP.
- In the areas where CBOs or NGOs are involved with the programme, the functionaries as well as beneficiaries have appreciated their role in the programme.
- Such organizations, in the opinion of the functionaries, widen the reach of the programme to benefit a larger area and a bigger population.
- Accessibility is an issue in the tribal/marginalized areas, need to have more sputum collection centres and DOT providers in such areas.
Increasing access to TB services under Project Axshya

- Emphasis will be given to community based case finding strategy amongst ‘Most At Risk Populations’ (MARPs).
- ~70% of all district/sub district ACSM activities will be undertaken in these MARPs
- Mapping:
  - Identification of vulnerable/marginalized populations within district/TU/block
  - Using topographical maps, the distribution of marginalised and vulnerable groups is highlighted
  - TB awareness campaigns, Community meetings intensified in these vulnerable & marginalized pockets.
  - *A step-by-step guidance workbook developed for the project staff*
- Sputum collection & transport centers established
  - ~77,000 sputum samples collected and transported (~6000 diagnosed)
SPUTUM COLLECTION AND TRANSPORT
Empowering TB communities

- During Phase II of the project, more efforts will be made to empower TB patients:
  - By sensitizing TB patients on rights and responsibilities through the District TB Forums.
  - Emphasis on sensitising patients from:
    - marginalised communities
    - TB patients who are women
    - Patients likely to suffer from adverse social and/or economic consequences as a result of TB disease.
- \(~ 90,000 \) TB patients will be directly reached and sensitized
Thanks