A study of obstacles and opportunities for gender equity in TB control

Dami A. Onifade¹, Angela Bayer², Julian Surey³, Rosario Montoya⁴, Marie Haro⁴, Jessica Alva⁴, Jessica Franco⁵, Rosario Sosa⁶, Betty Valiente⁶, Enit Valera⁴, Carolyn Ford⁵, Colleen Acosta³, Karine Zevallos⁶, Samuel G. Schumacher², Carlton A. Evans²

¹Wellcome Centre for Clinical Tropical Medicine & Dept of Infectious Diseases & Immunity, Imperial College London, Hammersmith Hospital Campus, London, UK, ²IFHAD: Innovation For Health And Development, London, UK, ³London School of Hygiene & Tropical Medicine, UK, ⁴ADRA Peru, Lima, Peru, ⁵Asociacion Benefica PRISMA, Lima, Peru, ⁶Universidad Peruana Cayetano Heredia Facultad de Ciencia, Lima, Peru

BACKGROUND
Female gender may be associated with reduced likelihood of TB diagnosis and successful treatment. We therefore characterized gender-related barriers to TB control.

METHODS
We investigated experiences and attitudes relating gender to TB in 17 shantytowns near Lima, Peru.

Epidemiological analysis characterized TB-related gender differences.

These were then investigated using the grounded theory approach amongst key TB control stakeholders in 22 semi-structured interviews and in 4 focus group discussions with 26 TB patients and 17 health care workers.

RESULTS
We actively screened 3599 people heavily exposed to TB and diagnosed TB disease in 141 of them, with similar frequency in both genders (51% women).

In contrast, standard passive case finding diagnosed fewer women (40% of 1259 patients; P<0.01).

In another shantytown, adherence to TB therapy in 262 patients was more likely to be interrupted in women (adjusted OR 6.7; P=0.02).

Despite these TB-related gender inequalities, in qualitative studies the TB program was perceived not to be gender discriminatory and to provide equal TB care to men and women. This contrasted with stereotypical gender roles and a commonly expressed belief amongst patients and healthcare workers that female health inherently has a lower priority than male health.

This belief was principally associated with men’s predominant role in the household economy and limited employment for women.

Women were also generally reported to experience the adverse psychosocial and economic consequences of TB more than men.

CONCLUSIONS
Standard TB passive case-finding under-diagnosed women, who were also more likely to suffer treatment interruptions. This gender inequality was associated with a common perception that women’s TB care was of secondary importance to that of men. This reflected societal gender values and was despite apparent gender equality in care provision.

IMPLICATIONS
The greatest opportunities for improving women’s TB care appear to be in improving social, political and economic structures, more than TB program modification.