

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

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## 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).

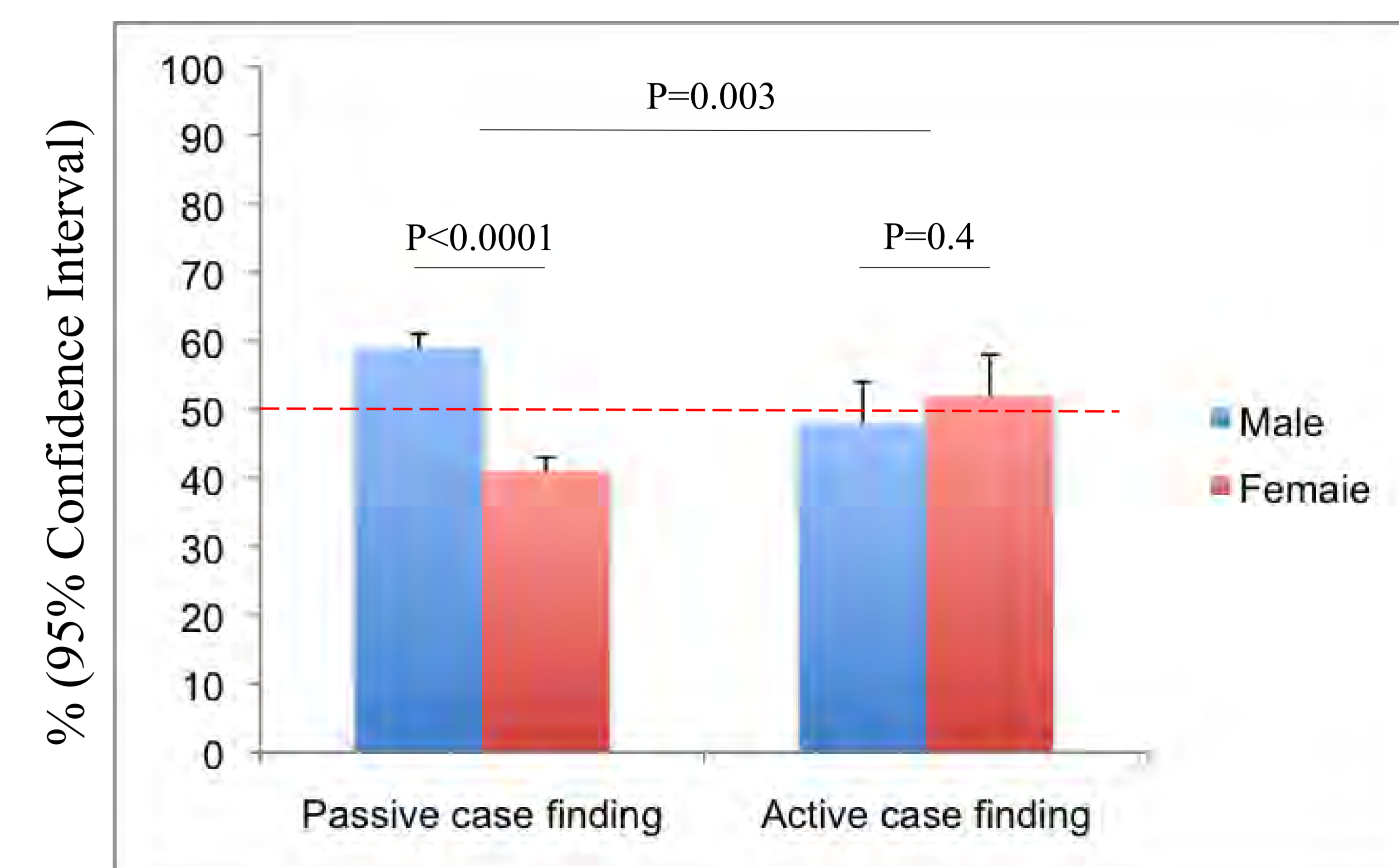
In contrast, standard **passive case finding** diagnosed **fewer women** (40% of 1259 patients;  $P < 0.01$ ).

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.