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Tuberculosis and gender

The issue

Gender dynamics are key factors affecting an individual's risk of becoming infected with and developing tuberculosis (TB), his or her access to health information and health-seeking behaviour, and ultimately the outcome of treatment. In addition, gender shapes people's coping capacities and the social consequences of TB. Not only does gender influence the risk of contracting and developing TB; at each step towards successful diagnosis and treatment, structures and barriers defined by gender create disadvantages that are specific to women or men in different contexts.

The term "gender" refers to the social constructions of being male or female, in contrast to the predetermined biological characteristics of the sexes. Unlike the essentialist and unchangeable view on femaleness and maleness created by considering biological sex, gender emphasizes the hierarchical ordering of society and the imbalance of power between men and women.

Although globally more men than women are diagnosed with TB, the gender differences in TB notification rates reported from many eastern European countries are greater than expected. These findings raise questions about the validity of the reported data and highlight the need for further research.

The facts

- One third of the reported TB cases in the world are among women. There are only a few population-based studies of TB prevalence or incidence, so it is not known to what extent the reported gender variations represent real differences in incidence or can be explained by under-reporting of female cases in certain contexts.
- In eastern Europe, the reported gender differences in TB notification are even more striking. The proportions of female cases reported range from about 33% in Uzbekistan to 12% in Belarus. Gender differences are most evident in the reproductive age groups (15–45 years). The reported data have not been validated or explained.
- There is some evidence, however, regarding gender discrepancies in risk behaviours associated with TB. While there have been steep increases in women engaging in risk behaviours such as alcohol, substance and tobacco abuse, such behaviours are still predominantly seen in men.
- Another contributing factor is the high-TB incidence in prisons, whose populations consist mostly of men.
- TB is a major cause of disease and death among women. Families of women with TB experience severe negative social consequences. Women are especially exposed to TB-related

stigma and resource constraints, which create gender-based inequities in access to care and treatment.

- In some eastern European countries, discrimination against ethnic or religious minorities is common and sometimes legal. Being part of an ethnic minority may limit access to health care, a situation that may be aggravated by being of female gender.

The policy considerations

Although the reported impact of TB is clearly higher in men of adult age in most countries in eastern Europe, the observed gender differences still need to be verified in population-based surveys. While an increasing number of women experience social marginalization, they are not yet "visible" in national TB statistics. Another knowledge gap is the lack of reports from women's prisons.

There are similarities between countries in eastern Europe, as well as at subregional levels, particularly in terms of risk behaviours and gender structures that negatively influence the risk of developing TB and access to care. National and local contexts need to be explored so that specifically targeted policies and interventions can be designed and carried out. Sex- and age-disaggregated TB data need to be examined at national and provincial levels.

A step-wise generic protocol for examining potential gender inequities at each stage of the TB disease trajectory should then be used to define the magnitude of the problem at national or subnational level. This will involve specifying the numbers of men and women seeking care with TB-related symptoms, those examined and diagnosed with TB, and those coming back for follow-up visits and results, and starting and completing treatment. If possible, the reported gender discrepancies in TB rates should be verified by population-based surveys.

Interventions against gender inequities in TB care should include raising awareness among health care providers at subnational level. Special efforts may be needed to reach private providers in some contexts. TB information campaigns aimed at the general population could "piggyback" on HIV outreach activities, in order to reach marginalized groups of men and women.

Prepared by Anna Thorson