Brief communication

Gender perspective in health: does it matter in tuberculosis control?

Meaza Demissie[1, 2] Bernt Lindtjorn[1]

Introduction

Gender refers to women's and men's roles and responsibilities that are socially determined. Gender is related to how we are perceived and expected to think and act as women and men because of the way society is organized, not because of biological differences (1). Sex is genetic/physiological or biological characterristics of a person which indicates whether one is female or male (1).

These gender divisions shape the lives of both women and men in fundamental ways. As individuals with particular identities and as members of the society they are shaped and reshaped by their femaleness or their maleness. In one sense then, both women and men are constrained by their membership of particular gender group. But these variations represent more than just a difference. In most societies they are also used to justify major inequalities with those in the category female having less access than those in the category male to a wide variety of economic and social resources like obvious inequality in the distribution of income and wealth, around the world, women make up about 70% of those who are poor (2), unequal situation in the labour market, less favorable treatment in most social security systems, many have no access to independent income and those who do earn their own wage receive on average around three quarters of the comparable male salary (2).

As well as material discrimination, women's lives are also affected by the cultural Devaluation of femaleness that is a significant element of every day thinking in so may societies (3). This cultural discrimination is expressed by low status within the household, the relatively low value placed on women and girls by individual families and by society as a whole. Women still outnumber men by two to one among the world's illiterate people and girls constitute the majority of the children without access to primary school (2). Women's access to political and economic power is not also balanced with their number and contributions as citizens and in some countries these gender inequalities in power continue to be reflected in the discriminatory nature of the law.

Sex, Gender and Health

Patterns of health and illness in women and men show marked differences. Men and women experience different health risks that stem from their biological differences as well as their different social economic and cultural roles (4). Most obviously women as a group tend to have longer life expectancy than men in the same socio-economic circumstances. Yet despite their greater longevity women in most communities report more illness and distress than men (5). The precise details of this excess in female morbidity and the factors behind it vary in different social contexts (5).

Women's advantage in relation to life expectancy is partly biological in origin. Economic development and social changes that remove some of the major risks to women's health such as introduction of birth control technologies improvements in living standards and the introduction maternity services also led to a significant improvement in life expectancy. Thus a range of social factors combined to

[1]Center for International Health, University of Bergen, Norway; [2]P.O. Box 2077, Addis Ababa, Ethiopia,
E-mail: meaza.demissie@cih.uib/no

enhance women's inherent biological advantage.

For men, the emergence of the male breadwinner in industrial economies required men to take on life threatening jobs in much greater number than women. As a result, male deaths from occupational causes have historically been higher than those among females and that. At the same time men's increase access to resources and their growing freedom from religious and other constraints led many to take up potentially dangerous substances and these new habits came to be defined as inherently 'masculine'.

These factors contributed to reduce life expectancy among men. The net effect if socio-economic conditions favour longer life expectancy among female. However, in African countries men outlive women, possibly because of the harsh living conditions and the marginalization of women (6,7).

In India and Pakistan the two sexes have almost equal life expectancy (1). In these societies there is an excess of female deaths both in childhood and in childbearing years and most can be attributed to the material and cultural discrimination against girls and women (8). Therefore, these are societies in which the biological advantage of the women is entirely cancelled out by their social disadvantage.

The female preponderance in morbidity is difficult to interpret, but three contributing factors are suggested: (a) Women's greater longevity is itself a cause of their higher rates of morbidity. (b) Women are more likely than men to suffer health problems connected with their reproductive system. Their capacity to conceive and bear children as well as the desire to control fertility brings them to the health care system more often than men. (c) Studies from many parts of the world show that women are more likely than men to report symptoms of mental distress (5).

Therefore, being a male or being female has a major effect on an individual's health and well-being. The combination of their biological sex and gendered nature of their cultural economic and social lives will put individuals at risk of developing some health problems while protecting them from others.

The course of a disease may be different in women and men because of differential response to illness between men and women; differential societal response, to male and female sickness; and difference in accessing health care. This paper tries to illustrate the relevance of a gender perspective in health in general and particular in the control tuberculosis. This is imperative to do because information and research on this particular area is grossly lacking in Ethiopia.

Gender and Tuberculosis Control

Varying biological factors between the sexes influence susceptibility and immunity to diseases. Gender roles and relations influence the degree of exposure to infection and access to disease prevention and control resources shared by both sexes, they may have different manifestations or natural histories or differ in the severity of their consequences in women and men:

- overall there are twice as many male cases of TB as female cases (9).
- more smear positive male tuberculosis patients are diagnosed (10).
- TB is the single leading cause of deaths among women of reproductive age, accounting for 9% of the deaths worldwide; compared with war 4%, HIV 3% and heart disease 3% (11,12).
- progression from infection to disease is as much as 130% high in women and case fatality rates are 27-41% higher among girls and young women (13).

Despite such disparities in the epidemiology of TB between the two sexes, gender was not an issue in tuberculosis control until recently.

Inter-disciplinary research and control programs have begun to give attention to it in the last few years.

The social consequences of TB are found to be severe for women to the extent of, rejection by husband, rejection by in-lows, reduced chances of marriage (16,17,18). However, the concerns of men when diagnosed of tuberculosis were different. Male patients worry about the economic losses more than consequences (17,18).

Women in Vietnam with pulmonary TB are diagnosed on average 2 weeks later than men because of delays from the health care provider. Men were offered sputum examination more often than women (19). In the same area, a mean delay from onset of cough to first visit of a hospital was significantly longer among women than men (20). Barriers to compliance to treatment also appear different for men and women in Vietnam (21).

There are very limited studies dealing with the social aspects tuberculosis in Ethiopia. Two studies in northern Ethiopia show the stigma related with the diagnosis of tuberculosis is severe to the extent of divorce and reduced chance to getting married it a girl is known to have TB (22,23).

Gender Analysis of TB

Gender analysis in health is concerned with asking how and why inequity occurs in health and explains the differential constraint experienced by women and men in accessing health care (15).

The gender perspective facilitates a more contextualized understanding of differences between women and men in relation to: the rate of and vulnerability to infection, differences in access to and use of available health care resources, differences in the effect of the social meanings, especially stigmatization, of infectious diseases, the effects of disease on women as primary health care providers in their homes, and key dimensions of structural differences based on factors such as age and social status.

Stigma associated with TB seems to have a greater impact on women than on men and often places them in an economically or socially precarious position. Because the health and welfare of children is closely liked to that of their mothers, TB in women can have serious repercussions for families and households (13).

The first international research workshop on Gender and TB, was convened by the Nordic School of Public Health, in May 1998. Key issues were presented and discussed and the book produced from the workshop represent a resource for setting the agenda for future research on the subject (14). The conceptual framework which was developed based on discussion at this workshop is a useful guide for gender analysis of tuberculosis. It includes various steps from the infection of individuals and populations with *M tuberculosis* to the development of disease and its cure. It also indicates the possible gender related questions that can be asked at the different levels, from acquiring the infection to cure and to the period after cure (14).

Effective TB control cannot be achieved so long as the disease is considered in isolation from the social process that maintain it, create the condition facilitating its spread and act as barriers to care. Insights into the economic and social burdens incurred with a diagnosis of TB are essential to understand why many patients especially the most disadvantaged are unable to seek health care and unable to comply with treatment regimens (24).

Conclusion

Socio- economic and cultural factors play important roles in determining overall gender differences in rates of infection and progression to disease; and access to case detection and successful treatment of TB. Therefore, tuberculosis control and research programs need to be gender sensitive and take the necessary measures in all their efforts.

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