



TB kills more women than all causes of maternal mortality put together!

It is customary to view women's health problems largely in the reproductive health arena. High maternal mortalities have been the focus of attention (and rightly so) for a long time, especially in the developing countries.

But what is increasingly coming to light is most alarming. Over 900 million women are infected with TB worldwide. One million women die every year from TB and 2.5 million new women get sick with the disease.

TB is the single infectious cause of female deaths in the world.

Women in their reproductive years have a higher risk of developing active TB than men of the same age. This means that it is during the most critical years of a woman's life, when women raise children, work, and are generally economically productive than at any other time in life, that TB strikes.

What is particularly tragic is the fact that many women have reduced access to TB control services. It is estimated that in the world, among women sick with TB at any given time, at least a third die because they are undiagnosed or receive poor treatment.

A joint study by the World Bank, WHO and Harvard University showed that TB caused an annual loss of 7–8 million healthy years of life among women 15 to 44 years of age while 3–6 million healthy years were lost from HIV and 2 million from malaria.

In the South-East Asia Region, TB is responsible for the death of almost half a million women each year.

Although TB detection rates seem higher in men than in women, this may not be reflective of the real situation. It is now widely recognized that lower prevalence rates of TB particularly in women 15–35 years, is the result of under notification of infected women.

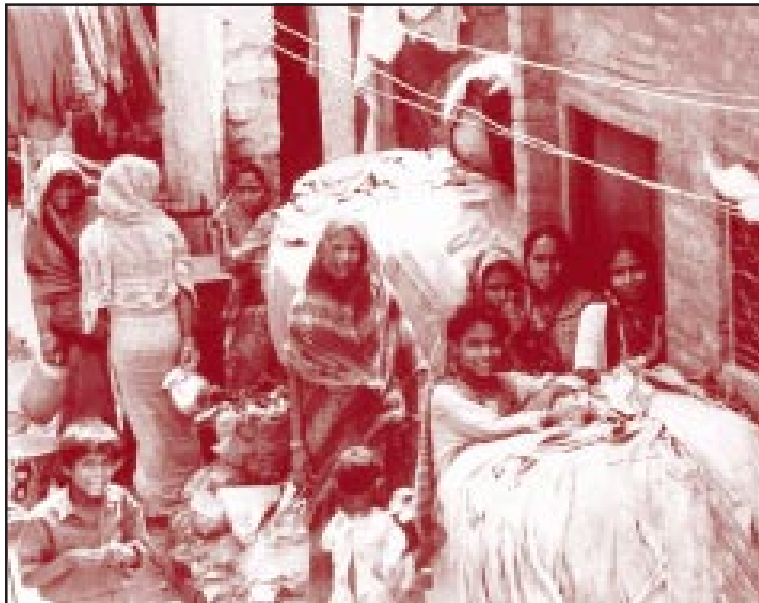
TB has been a neglected issue both in men and women but in women it seems much more evident.

Women have to overcome several barriers before they can easily access health care. Their dual responsibilities at home and at work leave them little time to reach diagnostic and curative services. A study in Nepal showed that

women were more likely to attend mobile clinics, but men would travel further for medical help. Women have less money to pay for transport and treatment costs. It is also believed that in the South-East Asia Region, more specific to care seeking for TB, is lack of decision making power in women, as well as poor knowledge of TB especially of its signs and symptoms.

The social stigma attached to TB is also much more in women than in men. While men usually worry about loss of wages and capacity for work, women worry about social rejection – from husbands, in-laws and the community in general. If single, TB also foils a woman's chances of finding a suitable match in marriage. Fear of stigma was reported as a common reason for fewer female patients according to a report from an NGO run DOTS programme in Bangladesh. And in India it is believed that more than 100,000 women are rejected by families on account of TB.

TB mortalities are higher in women than in men. The loss of a mother's life is not only tragic in itself, but it also seriously damages the very fabric of family life. Children specially suffer and are even at risk of contracting TB, due to close contact with their mothers. It is not uncommon for mothers to unwittingly infect their children with TB before dying themselves.



The HIV/TB co-epidemic is yet another threat with grave implications for women. HIV infection in women is rising in the developing countries. This means many more women will suffer and die from TB if services are not made easily accessible to them. It is well documented that DOTS allows women to be treated successfully and affordably near their homes.

It is therefore time that TB control programmes were made gender specific. Empowering poor women with health knowledge and providing them with equitable access to resources on a sustainable basis would go a long way to address the gender disparities in TB.