

# **GENDER DISPARITIES IN HEALTH – A CASE STUDY ON WOMEN INFECTED WITH TUBERCULOSIS IN SLUM AREAS OF KOLKATA**

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**Abstract:** Tuberculosis (TB) is a highly infectious bacterial disease caused by *Mycobacterium tuberculosis*. TB can affect any part of the body. India is a patriarchal state where women are subordinate to men and the health of the women is intrinsically linked to their gender role and the prevailing patriarchy system in their society. Inadequate or gender-insensitive health care infrastructure has been found to reduce women's access to TB services in slum regions of Kolkata. Women infected with tuberculosis are reluctant to go for any treatment, more over they are harassed and ill-treated at home as well in workplace. The research paper has explored this aspect of gender disparities of health with regard to female population in slum regions of Kolkata.

**Keywords:** Health, Tuberculosis, Gender, Women, Slum, Kolkata.

**Introduction:** Tuberculosis, commonly known as TB, is a disease that usually attacks the lungs but can affect almost any part of the body apart from the nails and hair. A person infected with TB does not necessarily feel sick, such cases being known as silent or "latent" infections. When the lung disease becomes "active", the symptoms include a cough that lasts for more than two or three weeks, weight loss, loss of appetite, fever, night sweats and coughing up blood. TB germs usually spread through air when a patient with pulmonary tuberculosis coughs or sneezes. When these droplets are inhaled by a healthy person she or he gets infected with tuberculosis.

TB develops in two stages. The first stage, known as latent TB or TB infection, occurs when a person exposed to TB bacteria becomes infected. The bacteria stay in the body but remain dormant or inactive. The individual is infected, but does not have any symptoms and is unable to spread TB

The second stage, known as active TB or TB disease, occurs when the bacteria multiply in the body, usually causing the person to become sick. This can happen at any time, even many years after infection. People with active TB experience symptoms which can vary depending on whether they have pulmonary or extra-pulmonary TB. Additionally, people with TB of the lungs or throat can spread infection to others.

Gender configures both the material and symbolic positions that men and women occupy in the social hierarchy. In their everyday lives, women face many barriers including access to health care. In the case of TB, women spend most of their time in their dwellings where contraction of the disease is most likely. Due to the socio-economic status of women who live in the slum areas, there is a cycle in health care issues in the sense that these women are poorly educated, remain poor and live under poor conditions that expose them to disease-carrying pathogens. When they fall sick, they are more unlikely than others to benefit from some form of effective health care. In a situation where both the man and woman get infected with TB and require health care, popular rules state that the man should get treatment before the woman since he is the pillar of the household.

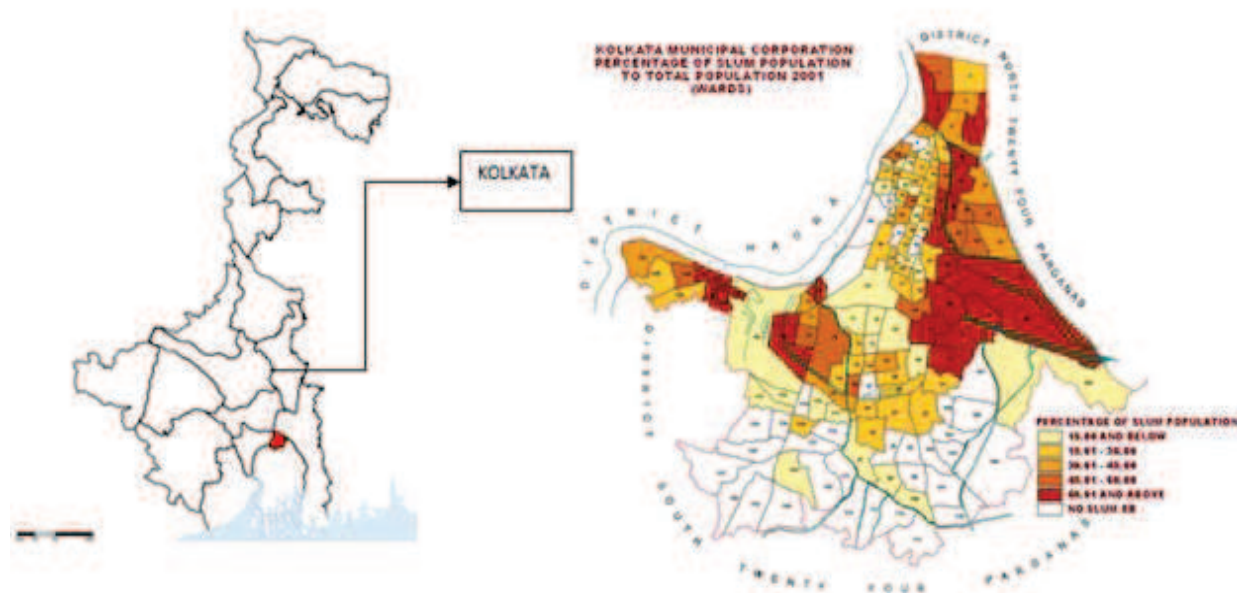
The present paper is a genuine endeavor to explore gender inequalities with regard to health; the paper has primarily focused on women infected with tuberculosis in slum regions of Kolkata.

**Methodology:** The present cross-sectional study was carried out in the slum regions of Kolkata city. A structured questionnaire was used for data collection. The questionnaire was first pilot tested and after a few modifications the questionnaire was implemented. The questionnaire consisted of two sections; first section was about the subject's socio-economic characteristics including age, sex, education, occupation, monthly household income etc. Second section was about the knowledge and awareness on TB like heard of TB disease, cause of transmission, symptoms, parts of the body affected by TB bacilli, etc. Secondary source of data were also accessed for successful completion of the research work.

**Objectives:** The objectives of the research paper are discussed below:

- To make a brief overview about tuberculosis and its effects
- To analyze the status of women infected with tuberculosis in slum regions of Kolkata
- To explore the causes of gender differentiation with regard to diagnosis and treatment of tuberculosis
- To recommend measures to provide equal opportunities to women in health sector

**Study Area:** The research was carried out exclusively in the slum areas of Kolkata as well as some part of Howrah, North & South Twenty Four Parganas.



**Table 1:** Population of Kolkata

	KOLKATA (KMC)
Total Population	4.60 million
No of Municipalities	1
No of wards	144
Urban Population	46, 30, 174
% of slum population	32.50%

**Statement of the Problem:** Women affected by tuberculosis suffer a double burden that is the impact of the disease as well as the “consequential loss of other rights. Poor access to health services creates gaps in tuberculosis diagnosis and treatment, contributing to higher levels of active TB cases, worse clinical outcomes and the development of drug resistance. Women suffering from tuberculosis are deprived from their rights, they are either battered from their husbands or exploited in the workplace. They have to face all sorts of discrimination in different spheres of their life.

**Results and Discussions:** The stigma associated with TB may be greater for women than men and the consequences include ostracism, abandonment by the husband and/or his family, divorce or the husband's taking of a second wife, and consequent loss of social and economic support, lodging, access to one's children, etc. Marriage chances are affected if women are known to have TB, or even if they have a family member with TB, since the stigma associated with the disease may affect all household members. Women with TB have particular difficulty finding a marriage partner, and some families go to great lengths to deny or hide an unmarried daughter's illness. Young girls infected with tuberculosis discontinue taking medicine since the families feel that consuming TB medicine is a hindrance in the path of getting eligible grooms for their daughters. In-depth interviews with TB patients in slum region of Kolkata indicated that married women were concerned about rejection by husbands and harassment by in-laws and unmarried women worried about their reduced chances of marriage and being dismissed from work. On the other hand, women have less access to TB treatment and prevention services than men, and in some settings, have been less likely to undergo sputum smear examinations. Women have difficulty gaining access to TB services because male family members are unwilling to pay for these services, women's health is not be considered as important as that of male family members, or because TB in women is more stigmatized than in men. Women generally wait longer than men for diagnosis and treatment, and may be discouraged from seeking care by a lack of privacy or childcare facilities in health care settings. As per the traditional social custom women felt uncomfortable producing the mucus needed for sputum –smear microscopy. Doctors are also sometimes unable to examine female patients carefully due to excessive covering cloths. All these led to missing the diagnosis before it became too advanced

Economic constraints have restricted women from going to a clinic for diagnosis and treatment. Many women depend on their husbands, sons or fathers to take them to a clinic, either because they are discouraged to go alone, or because they do not have the information about where to seek treatment.

Some of the cases are discussed below:

- A poor widow, Hasina Bewa (name changed) hailing from the slum of Ward no. 138 in Kolkata district. She used to work as a domestic help at a nearby house. She suffered from persistent cough and fever for more than 10 days when contacted the private doctor for treatment. The formal provider advised for chest X-ray + sputum test and she was diagnosed as Tuberculosis patient. Anti – TB Medicines were prescribed and she started taking the medicines since 13<sup>th</sup> Jan-2018. Three weeks have passed when she stopped taking TB medicines as the employer asked to see her medicine & report. Despite stopping the medicine she lost her job.
- Masuda Begum (name changed), a slum dweller in Kolkata & mother of three children. She was residing at a rented hut with 3 children & husband. Her husband left the family soon after she was diagnosed as a TB patient on August 2017. Being the only care giver to the 3 children (5yr, 8yr & 12 yr) she couldn't afford to visit healthcenter regularly. Eventually she stopped medication. When symptom aggravates she went to a local health center & started taking medication for symptomatic treatment. As a result condition deteriorated further.
- Anjali (name changed), a 15 years old girl residing at slum area of Kolkata She was diagnosed as a TB patient on May 2017. As per doctors advise she was having medicine (privately purchased by the patient). Though she has successfully completed the course But on interrogation, her mother admits that they stopped taking medicine in between during the course, as per advise of relatives & neighbors who suggested not to take TB medicine & not to visit TB doctor (pulmonologist) / TB hospital as this may expose her illness & they will not find any groom for the girl.

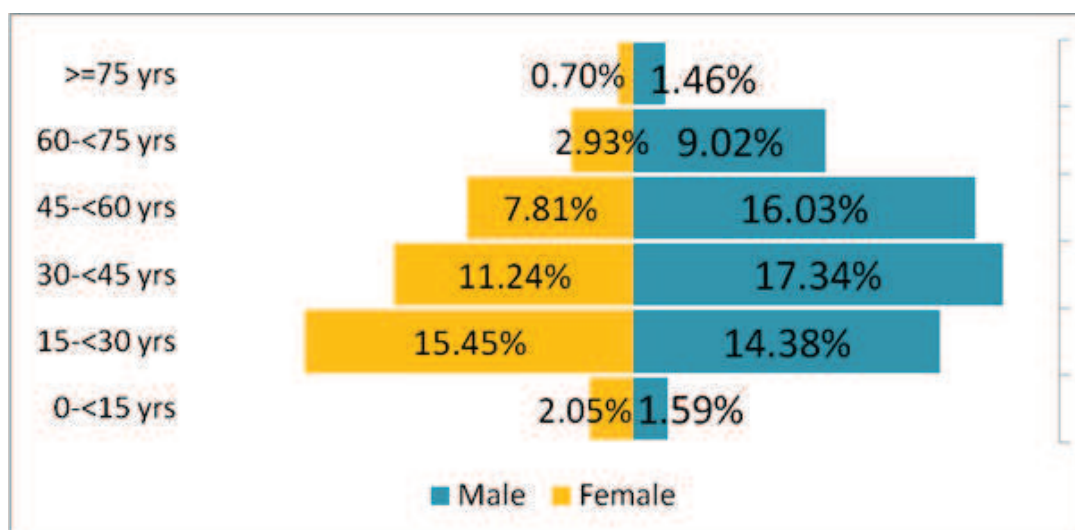


Figure 1: Graphical Representation Of Tuberculosis Affecting Male And Female Agewise (In %)

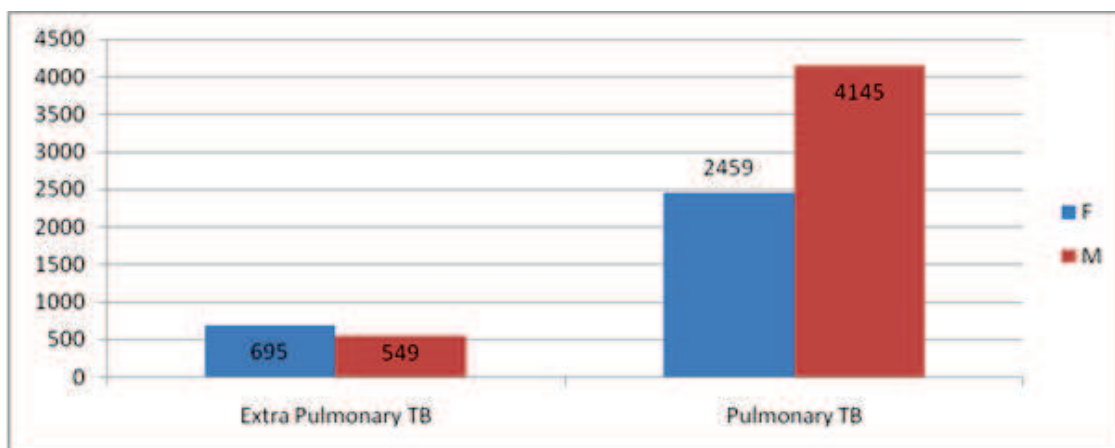


Figure 2: Gender & Anatomical Sites Of TB [Extra-Pulmonary TB I.E. TB Involving Organ Other Than Lungs, Is A Non-Localized Form Of TB & Indicative Of Lower Immunity]

**Conclusion and Recommendations:** Women's health is a good indicator of economic development in a country, when women are healthy, economies trend to be healthy. Women's health issues deserve as much attention as men; they should get easy access to health centers for the treatment and diagnosis of diseases. To provide equal opportunities to women in health sector more stringent laws should be implemented to abate gender disparities.

**Commitment:** Mobilizing support at global and national levels to remove underlying risk factors and assure gender-equitable access, including women friendly services for TB prevention, diagnosis, treatment, care and support.

**Collaboration:** Fostering strategic partnerships and synergies across the health system and at the same time maximizing the entry points to TB care for women at all levels.

**Integration:** Integration of TB screening and investigation in different health centers. Emphasis should be given to girls and women suffering from TB.

**Data Collection:** Improvement of the recording and reporting of TB data disaggregated by sex and age

**Monitoring Systems:** Promotion of the implementation and integration of patient monitoring systems for TB to capture data and ensure successful follow-up of the patient irrespective of gender.

**Diagnostic Scale-Up:** Xpert MTB/RIF should be used as the initial test for TB diagnosis in people. The uptake of Xpert MTB/RIF needs to be scaled up. Xpert MTB/RIF is more effective at detecting TB than sputum microscopy.

**Research And Development:** Increased research for the development of new diagnostics and new drugs which also take into account the specific needs of women suffering from tuberculosis.

**Improve The Gender-Sensitivity of Programs:** Gender sensitive health care center with more number of female staff, gender sensitive workplace.

**Promotion of Woman Employment and Empowerment**

**Expansion of Medical and Operational Research on Sex/Gender Differences**

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