

# **Maguindanao Tuberculosis Control Project**

## Operations Research to assess gender inequalities in access to TB services for women





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## INTRODUCTION

Tuberculosis remains a major health crisis in the world, particularly among the poorest and most vulnerable populations. It is a disease of poverty, killing 1.6 million people in 2005, the vast majority in the developing world.

In an effort to staunch the spread of TB, the World Health Organization set goals to detect tuberculosis cases at a rate of 70 percent and to cure patients at a rate of 85 percent by 2005. The primary strategy was to use the Directly Observed Treatment Short Course (DOTS) strategy. Only 26 countries achieved those goals. Among them is the Philippines, one of the 22 “high-burden” countries that account for 80 percent of the world’s TB cases.

Because of its success in detecting and curing TB cases, Catholic Relief Services chose the Philippines to study how the DOTS strategy can be further strengthened, particularly by identifying and closing any gender gaps in the diagnosis and treatment of women. Although more men than women worldwide are diagnosed with TB and die from it, the disease nonetheless is a leading infectious cause of death for women. And because tuberculosis affects women most often when they are economically and reproductively active, their children and families often shoulder its devastating impact.

This operations research study proposes that part of the gender gap in tuberculosis diagnosis and treatment exists because of inequalities in women’s access to TB services. Cultural and economic factors combine with the epidemiological characteristics of TB to put women increasingly at risk for the disease.



The study uncovered key disparities in TB services for men and women, providing the basis for recommendations to design more culturally and gender-sensitive TB health programs – thereby improving prevention, diagnosis and treatment for both women and men.

### Studying TB in Maguindanao, Philippines

CRS conducted its study on the island of Mindanao in the Maguindanao Province, one of the poorest provinces in the country. It is also a stronghold of the Moro Islamic Liberation Front, a Muslim secessionist movement advocating for the creation of the Bangsa Moro republic. Inadequate infrastructure, the threat of conflict, a low-skilled labor force and a weak private sector all serve to repress

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Maguindanao's development. The average life expectancy is 52.8 years, with tuberculosis as one of the leading causes of death.

The TB program in the province, however, is considered among the most effective. CRS studied five randomly chosen rural health units (RHUs) considered by the provincial health office as "high-performing," meaning they scored closest to a 100 percent TB detection rate. The study's findings and recommendations are based on records from the National Tuberculosis Control Program Registers (NTPs) in 2005 and 2006, along with direct clinical observation, exit interviews and focus group discussions conducted in December 2006 with both clients and healthcare staff. Combining both years, the NTP Registers from the five selected RHUs reported a total of 663 TB clients, 436 of whom were males and 227 female.

The study sought specifically to: (1) reexamine age and sex-disaggregated data from past surveys and data maintained by TB programs to clarify the magnitude and nature of gender disparities; (2) identify barriers and gender-related problems of access to care within TB programs; and, (3) propose interventions for gender-sensitive TB control.

## **Women Take a Cultural Back Seat**

Biologically, women are stronger than men and are expected to live longer. But in poor countries, this edge is often eroded by women's lack of access to health care, constant childbearing and the neglect of the female child in favor of the male child.

In male-dominated societies such as that in Maguindanao, women are relegated to secondary roles and are nearly always overburdened. The patriarchal structure of the typical household often dictates that women must obtain permission from their husbands to even leave the house. This lack of control over their own mobility may extend to women's ability to seek care when they suspect they have, or may have been exposed to tuberculosis.

Besides mobility, gender inequalities are also evident in decisions about treatment. The study determined that both men and women tended to prioritize the health of male family members over that of women's when there are insufficient resources to obtain care for both. The reason: The fear that the family would suffer



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more should they lose the income generated by men due to an illness. This belief that men's health is more important becomes a major obstacle in women's ability to access prompt diagnosis and treatment. Adding to that obstacle is evidence that although both men and women face stigma associated with tuberculosis, the consequences are harsher for women.

This lack of support for women's health can also be seen in how each gender is influenced into seeking care. Men report being more influenced by their wives, family members and neighbors into getting care for their TB. However, women tended to seek care for their illness based on the advice not of their spouses or community but of doctors, midwives and their children. Such findings point to a greater need for TB programs to increase awareness among their husbands to encourage symptomatic women to seek prompt care.

### **TB Strikes Harsher Blow to Poorer Women**

Predictably, the study found that female TB patients were poorer than the male patients. A majority of the women came from female-headed households with more household members and smaller homes. Nearly one in five women reported to be widows. This economic disadvantage increased the risk of TB infection among women and strongly curtailed the women's ability to seek reliable TB information and care, which in turn affected their decision to seek proper care.

Despite the availability of free medication, other related costs affect women's decision to seek proper care as well as comply with treatment protocols. In exit interviews, the women who visited one of the five clinics included in the study reported living within the village or barangay in which the RHU was located. Men, however, had traveled from villages located farther away. The implication: Women who do not have access to a clinic within their barangay may either forgo treatment altogether or may be receiving substandard care elsewhere. Further strengthening this possibility, the study also found that women who live in barangays outside the village where the RHU is located were more likely to take public or private motorized transportation to get care, but that the associated cost is a greater burden on them because they tended to be poorer. TB programs, then, must consider how to provide services to those women who do not have access to a nearby clinic and for whom transportation to one farther away is too costly. Further monitoring is also needed to assess whether women living in underserved areas do not have access to TB services and whether men travel to RHUs outside of their barangays to avoid neighbors' discovery of their TB status.

When it comes to receiving accurate information about TB and TB programs, women's economic status again may play a limiting role. Among men, radio ranked

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as the foremost source of information about the TB program in the clinic. Yet more women claimed to have learned about the program by word of mouth – from health workers or friends and neighbors. This indicates that women favor face-to-face communications because they have more opportunity to ask the health workers questions. Men, on the other hand, cited the radio as their first source of information, suggesting that they may have more access to media equipment, which is less likely to be affordable for women to own.

## **Quality of Care Lags for Women**

Despite being among the highest performing in terms of detecting and treating tuberculosis, the rural health units examined in this study nonetheless demonstrated disparities in the quality of care they provided to men and women.

For example, TB treatment protocol requires that all patients receive a full examination, provide three sputum samples, and, if they are smear positive for TB, receive treatment. However, the study showed that despite the fact that more women than men suffered symptoms of tuberculosis and were examined, fewer women were asked to provide sputum samples. This finding echoes the WHO Gender and Tuberculosis report that noted that while women seek health care services early, there is a longer period of delay before diagnosis. One of the reasons for the delayed diagnosis in the WHO study was: Fewer doctors referred women for sputum exam.

The same gender disparity was noted in advising TB patients to return to the clinics for follow-up examinations, an important part of the continuum of care. All men were told by staff to return to the clinics, but only 85 percent of women received the same advice.

The barriers to accessing health care were similar for both men and women. Issues such as delays in laboratory results, work and financial and geographic restraints were cited by both men and women as factors in their ability to receive proper care. One difference is worth noting, however. Women also reported problems with the treatment protocol and side effects from medication as a deterrent. This could mean that women were not receiving all the information they needed regarding side effects and protocol. If they did, they would be more likely to seek and follow through on treatment. Men, on the other hand, cited shame as a barrier to accessing TB services promptly.

## **SUMMARY OF FINDINGS AND RECOMMENDATIONS**

Given the findings of the study, CRS is proposing a number of improvements to existing TB programs in Maguindanao. The following recommendations may have

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implications for programs in other areas of the world and at the very least, may lead to closer examination of where gender gaps may exist in other TB programs.

**Treatment cards should include sex-disaggregated data about their contacts.**

The study found that the NTP records of the rural health units and the province's office recorded the information disaggregated by sex, except the treatment cards. In a similar finding, the WHO Global Tuberculosis Report 2007 also recommended that procedures for collecting epidemiological data and other information about program performance be systematically improved. Unless such information is consistently collected at all levels of TB services, many programs will continue to miss opportunities to better understand the magnitude of the TB burden and to stem gender disparities in the detection and treatment of the disease.

**Both men and women showing symptoms of tuberculosis should receive complete physical examinations and provide sputum samples** Despite clear treatment protocols, the study found a disparity in the quality of care for women versus men. Records showed that 65 percent of women who sought services at the RHUs had symptoms of TB versus 54 percent of men. On the other hand, less than one-third of the men received a physical examination, while almost half of the women reported getting an exam.

Exit interviews also revealed that 83 percent of men compared to 68 percent of women were asked to provide a sputum sample, a finding echoed in the WHO Gender and Tuberculosis report. The findings in the CRS report re-emphasize the need to ensure all female *and* male clients receive complete examinations and sputum samples be followed.

**Health workers must request that all patients bring household members with TB symptoms to the clinic.** A large majority of women who visited the rural health units for TB treatment – 85 percent of exit interview participants – said they were advised to bring household members with TB symptoms to the clinic. However, less than half of the men who participated in the survey said they were similarly advised. In addition, more women than men were asked if they had any household members who exhibited symptoms.

Given that Maguindanao Province is largely Muslim, the study also sought to determine if more women were at risk for TB infection because of the practice of polygamous marriages. However, most marriages were monogamous. Still, the false assumption of polygamy should have encouraged health workers to be more vigilant about asking men to bring female household members with TB symptoms to the clinic. This disparity illustrates significant missed opportunities for detecting

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even greater cases of TB by failing to question men regarding the health of household members.

**Continue to support the training of rural health workers, particularly midwives, in TB services.** The study found that nurses more often attended men than women, while midwives tended to see more women. This was because women feel more comfortable seeking care from a midwife from whom they often seek care for other health issues as well as for child care.

It is particularly notable that women reported receiving more complete information regarding the TB treatment regimen, side effects, where they can go for more medications and the necessity of follow-up visits. The disparity in this case points to a strength in the TB care and support system. Healthcare partners such as midwives can play a critical role in – and are equal to nurses in the task of – ensuring all patients, especially women, receive the proper information in successful TB treatment when given the proper training.

**Improve awareness of the role of treatment partners – in this case, barangay health workers (BHWs).** The role of community healthcare partners is vital to successful TB treatment, especially in helping patients comply with strict chemotherapy regimens. In fact, the DOTS strategy recommends that a treatment partner be available to ensure all patients take their medication daily for six months or until they recover from the disease. In Maguindanao, BHWs are used to provide daily medication, to remind patients of scheduled visits to the clinics and to monitor the general health of patients. However, just a little over half of both men and women were able to identify BHWs as partners in their treatment. This sometimes meant that patients consulted other, perhaps less qualified people, such as family members, if they had questions or any difficulty with their health or medication. With greater awareness of BHWs' roles, both men and women will be more likely to successfully complete their medication as well as have access to accurate information.

**Clinics and healthcare workers must provide more privacy to patients during consultations.** Specifically, the first TB screening for both men and women should be done in a private ward. While nearly all men and women who visited the RHUs said staff was respectful, there was a noted lack of regard for the privacy needs of female patients. Only 32 percent of women versus 78 percent of men reported the presence of privacy during consultation, the lack of privacy could be significantly hampering the desire to seek care and subsequently the detection of TB, particularly among women. A recent study in Vietnam indicated that social stigma is an important barrier to accessing TB treatment among rural folk (Johansson, 2000). While social isolation resulting from TB stigma affects both sexes, the consequence may be harsher for women and girls.



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In exit interviews, both men and women tended to delay treatment in hopes their symptoms would go away. However, while men were more likely to self-medicate first before seeking care, women said shame deterred them from seeking treatment. Therefore, the issue of privacy – the assurance that information on their TB status will be safeguarded – cannot be underestimated in improving care and treatment of both men and women.

**TB programs should look to resources such as TB clubs to gather information on ways to improve services.** Both men and women were conservative in providing suggestions to improve TB services at the clinics. When asked, fewer than 7 percent of both men and women shared their suggestions. Of those who did respond, men suggested improving information regarding the disease and care, while women suggested providing a week’s supply of medicine rather than daily doses to save time and transportation costs.

The ability of programs to determine how to better serve its clients can be essential in identifying program weaknesses, particularly in providing more sensitive services to women.

There are avenues, however, that may be effective in encouraging women, in particular, to share their views and concerns about care. The study suggests that TB clubs provide a forum where they can provide feedback and recommendations on how to improve it. Still, not all clubs are functional and most male and female clients are unaware of their existence.

**Programs should increase awareness of among TB clients and health workers of the availability of free drugs as well as existing services that encourage both men and women to seek care and to comply with treatment.** The study notes that a service, “Microscopy on Wheels,” is available to provide free transportation from remote communities to health centers. Because access to clinics – as well as the affordability of treatment – often poses a barrier to TB treatment, it is not enough to simply make available free drugs and transportation services; they must also be widely advertised. Interviews with healthcare workers confirmed that the distance of the health center hampered the decision of both men and women to effectively comply with treatment instructions. In Zambia, China and other high-burden countries, it is common for people who live in rural areas to walk more than two hours to reach the nearest health center for treatment.

Such transportation assistance is more likely to bring women from unserved barangays into RHUs since they are less likely than men to use self-propelled modes of transportation, such as walking or bicycles, to reach the clinics. And

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because of women's economic disadvantage, easing transportation costs could lift a significant barrier to their seeking and complying with treatment.

**Increase opportunities to provide information about TB and TB services on a face-to-face basis.** Knowledge is an important factor in people's ability to improve their health; once equipped with correct information, people are more likely to take correct actions. The study, however, found that 12 percent of both men and women said they knew nothing about tuberculosis and therefore delayed getting treatment, in some cases for months.

Both sexes also said they had varied sources of information about their TB, but women tended to seek information about tuberculosis from personal sources because they see the advantage of having the opportunity to ask for clarification questions. Men, on the other hand, cited radio. The lack of understanding of the nature of TB and its transmission means patients may continue to put themselves and others at risk of spreading the disease.

In order to improve the information available, the study suggests that face-to-face communications may be the most effective in ensuring women particularly have access to and receive correct information. Interestingly, radio ranked as the foremost source of information about TB among men. However, women still claimed to have learned about the program by word of mouth, indicating that they favor face-to-face communications – be it with barangay health workers or others. Again, this finding points to the importance of using TB clubs and other social opportunities to provide information about tuberculosis and TB services.



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