

# TB & GENDER EQUITY

A REALITY CHECK FOR BUILDING A SUSTAINABLE TOMORROW

*Gender inequity and systemic discrimination against women, girls and gender diverse people is an international phenomenon that manifests in every aspect of life.*

Gender is pertinent to all facets of a competent TB response. To a large extent, gender impacts the risk of infection and disease, timely diagnosis, treatment access, treatment adherence and, all-in-all, the severity of the impact of TB on a person's life, from the onset of symptoms to getting back on track post recovery.

Barriers to care include:

**FINANCIAL BARRIERS**  
(lack of insurance, lack of income)

**DISCRIMINATION**  
(lack of cultural competence by health care providers)

**HEALTH SYSTEMS BARRIERS**  
(inappropriate electronic records, forms, lab references, clinic facilities)

**SOCIOECONOMIC BARRIERS**  
(transportation, housing, mental health)

*While some of these barriers are faced by other minority groups, many are unique and significantly magnified for women & transgender persons.*

## GLOBAL TB DATA<sup>1</sup>

In 2020 the highest TB burden is in adult men, who accounted for 56%; by comparison, adult women accounted for 33% and children for 11%.

There were an estimated 1.3 million deaths among HIV-negative people, and an additional 214,000 deaths among HIV-positive people. Of the TB deaths among HIV-positive people, 50% were men, 40% were women and 9.8% were children. Of the TB deaths among HIV-negative people, 53% were men, 32% were women and 16% were children (aged <15 years).

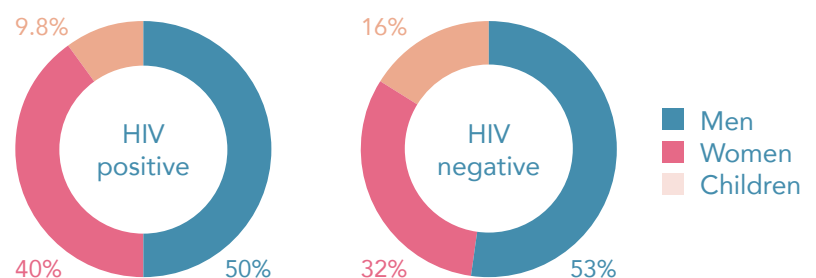


Fig. 1: TB deaths among HIV-positive and HIV-negative people

*"Tuberculosis does not know gender. TB does not discriminate but transgender people affected by TB face stigma and discrimination every step of the way. This needs to stop. We need strategic interventions focused on the needs of the transgender community."*  
- M Rakshitha, Sahodaran, India

## INDIA TB DATA

In 2021,  
**493,000**  
people died due  
to TB in India.

India accounted for 24% of the **global gap** of the estimated number of persons with TB disease<sup>2</sup>.

Gaps are due to a combination of

- underreporting of people diagnosed with TB and;
- underdiagnosis (lack of access to health care or not being diagnosed).

## INCIDENCE OF TB IN WOMEN

Evidence shows that TB among women may be different from men, contributing to delays and making it difficult to diagnose<sup>4</sup>.

Research from India shows that the prevalence of HIV-TB co-infection is higher among women and the highest among young persons, i.e., those aged between 21 and 40 years<sup>5</sup>.

## ACCESS BARRIERS FOR WOMEN

### Difficulty Accessing TB Services

- Male family members are unwilling to pay for a woman's treatment and care
- Women's health is not considered as important as that of male family members
- TB is more stigmatized in women

### Diagnostic Delays

- Stigma associated with TB
- Non-integration of TB services with other reproductive, maternal and child health services
- Lack of privacy

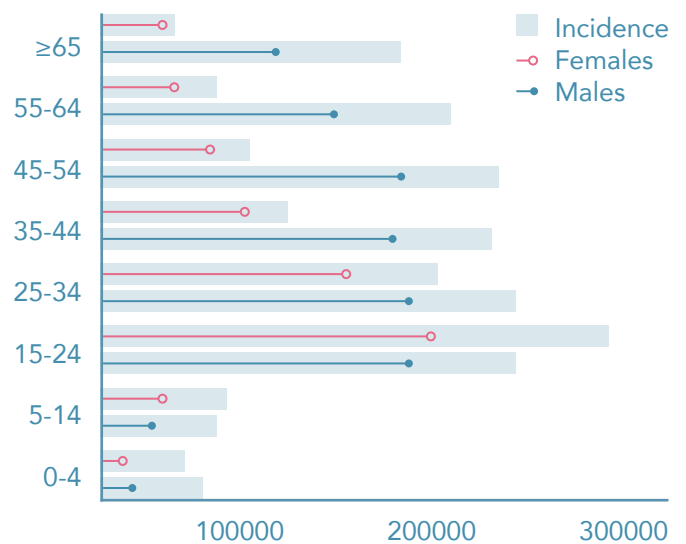


Fig. 2: Incidence, Notified persons by age group and sex, 2020

Women are at greater risk of malnutrition than men and report greater food insecurity in 2/3 of 141 countries<sup>6</sup>. This puts them at a greater risk of developing TB.

*“There is so much ignorance. Doctors need to explain the disease better, understand if people who are going through TB have other problems related to the disease. We need a checklist with indicators. It has to be a systematic process and counselling needs to be done accordingly to address specific issues each individual faces.”*  
- **Prabha Mahesh<sup>7</sup>, TB Survivor, India**



## IMPACT OF TB ON MATERNAL HEALTH



Menstrual dysfunction among more than 90% of adolescents and young women diagnosed with pulmonary or extra-pulmonary TB. The dysfunction was in proportion to severity of the disease, including MDR-TB<sup>9</sup>.



Genital TB, which is challenging to diagnose, is an important cause of infertility in high TB-incidence settings.



Six-fold increase in risk of perinatal death and a doubling of premature birth and low birth-weight.



TB progresses more quickly in women of reproductive age than in men of the same age group.



TB in pregnant women living with HIV increases the risk of maternal and infant mortality by almost 400%<sup>10</sup>.



TB among mothers living with HIV have more than double the risk of vertical transmission of HIV to the unborn child - India<sup>8</sup>.



Pregnant women and women in their post-partum period face a higher risk of TB.

- Immunological changes during pregnancy make new infections and activation of latent infection more common among this group<sup>11</sup>.
- Women in the early post-partum period are twice as likely to develop TB as non-pregnant women<sup>12</sup>.

## ACCESS BARRIERS FOR TRANSGENDER PERSONS

### Undernutrition

- Low health literacy
- Poverty

### Diagnostic Delays

- Lack of privacy
- Difficulty accessing TB services

### Higher and Sustained Exposure to Infection

- Living in overcrowded communities and poorly ventilated places.

TB-HIV co-infection is high among transgender persons, who are 49 times more likely to suffer from HIV as compared to others.

Transgender persons living in overcrowded houses and consuming alcohol face the highest prevalence of HIV-TB co-infection, illustrating the compounding effect of poverty and gender-linked risks.

Transgender women carry a disproportionate burden of HIV infection, with a worldwide HIV prevalence of 20%<sup>13</sup>, putting them at risk for TB.

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*“Stigma stops transgender people from accessing appropriate care for TB. We need multisectoral commitment and action to ensure care models that specially cater to the needs of the transgender population. We cannot build a sustainable tomorrow without investing in robust mechanisms to break gender barriers today.”*  
- **Abhina Aher, Transgender Activists, Founder - TWEET Foundation, India**



We risk the lives of millions of people by not accounting for gender inequalities in the TB response. We need to challenge the current approaches that impede a gender-sensitive and equitable TB response and transition to a more gender transformative approach that enables universal access to care.

## WHAT NEEDS TO BE DONE?

- **Meaningful engagement** of women and transgender persons in design, planning and monitoring of the TB response. Build capacity of women and transgender persons on gender transformative TB response.
- **TB prevention, diagnosis and treatment** should form core components of health interventions for women, particularly along their reproductive life cycle. This is vital, especially in high HIV and TB burden settings. This has also to be addressed for the LGBTQ+ community, the sex workers, women using drugs and women with disabilities who have to go through additional stigma and discrimination in seeking healthcare.
- **Increased research** and development taking into account the specific needs of women, those living with HIV, pregnant and lactating women, along with relevant operational and social science research.
- **A holistic rights based approach** to be adopted while rolling-out the End TB Strategy to ensure socio-cultural barriers and stigma are effectively eliminated, providing access to high-quality care.

*“We know that transgender people and the Hijra community are one of most marginalized groups in the context of HIV prevalence rate and social vulnerability. Till date we have only been talking about the stigma and discrimination associated with HIV for a transgender person. But what about TB and TB stigma? We do not have any targeted interventions to combat that. We need dedicated specific interventions for the community, because the needs of the transgender community are different.”*

**- Sowmya, TWEET Foundation & Humsafar Trust, India**

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