

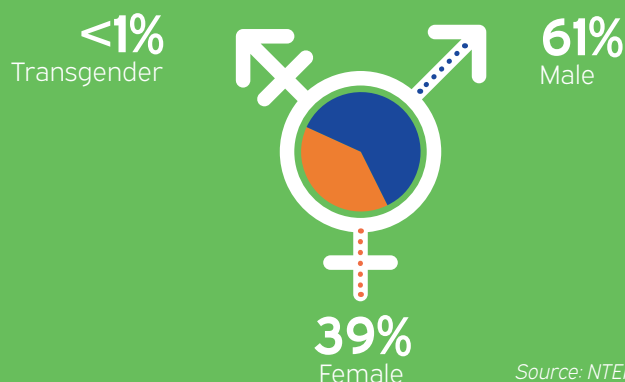
ADOPTING A GENDER-RESPONSIVE APPROACH TO TB CARE

Key Insights

INTRODUCTION

India bears a significant portion of the global Tuberculosis (TB) burden, contributing to over a quarter of all people newly diagnosed with TB every year. In 2023, of the over 25.5 lakh TB cases notified to the National TB Elimination Programme (NTEP), 61% were male, 39% were female, and <1% were transgender.

The experience of TB, and its impact, is different for men, women and LGBTQIA++ persons. India's National Strategic Plan for TB Elimination (2017-25) recognises the need for a gender-responsive approach to TB



elimination, that takes into account the gender-specific needs of each group, as well as the intersectionality of gender with other socio-economic aspects.

Understanding the dynamics of sex, gender and sexual orientation in the TB context is the first step towards building a gender-responsive health system.

FRAMING A GENDER-RESPONSIVE APPROACH TO TB

India is one of the first TB high-burden countries to have adopted a framework for a gender-responsive approach to TB. The framework aims to respond to the unique needs of cis women, LGBTQIA++ persons, and cis men affected by TB. It uses the four pillars of NSP – Detect, Treat, Prevent and Build – to delineate strategies and actions fundamental for gender-responsive TB care.

This brief aims to help readers understand the gendered dimensions of TB and how a gender-responsive framework at the health system and community levels can create an inclusive TB care response.

INTERACTIONS BETWEEN GENDER, SEXUAL ORIENTATION AND TB

TB Burden

In absolute numbers, more men are affected by TB than women. However, it is possible that delays in diagnosis are greater in women, due to poorer access to health services and stigma, that could deter care seeking. India's TB programme records the transgender identity, but beyond this, there is little data on the burden of TB among LGBTQIA++ communities.



Gendered Risks and Vulnerabilities

- **Women** often bear a triple burden of paid work, unpaid domestic labour, and caretaking responsibilities at home. Lack of financial independence curbs their access to resources



and results in power differentials. All these factors make them more vulnerable to TB.

- **Men** face the pressure of earning income for the family and appearing strong, masculine and non-vulnerable. Acceptance of risk behaviours such as smoking and drinking in men increases their vulnerability to TB.
- **LGBTQIA++** individuals face social and economic marginalisation, discrimination and exclusion due to gaps in the legal and protective frameworks. Socio-economic disadvantages, inadequate housing and barriers to health, result in increased vulnerability to TB.
- TB is also an **occupational risk for men and women**, particularly those engaged in the informal sector.

Health-seeking Behaviour and Access to Healthcare



Women

- More likely to access informal providers
- Are lower on the index of suspicion for TB
- Present differential symptoms of TB
- Lack private spaces for examination in the health centres
- Lack access to women doctors

Men

- Face difficulties in accessing healthcare due to inconvenient clinic timings and geographical distance
- Experience unwelcoming attitude of health staff
- Pay high consultation charges for visits to private clinics

LGBTQIA++ persons

- Face stigma, discrimination and abuse
- Lack private spaces for examination
- Lack access to confidential care
- Lack access to information on free TB services at the health centres

Treatment Adherence and Completion

- **Women** have a higher probability of completing treatment, with better treatment outcomes. Married women may be unable to complete treatment for reasons such as TB not being disclosed to the in-laws and the women hiding their TB diagnosis due of social stigma, self-stigma and fear of rejection, or incomplete information on the safety of first-line TB drugs in pregnancy.
- **Men**, particularly those who smoke or use alcohol, struggle to complete TB treatment. Adverse Drug Reactions (ADRs) or toxicity to TB drugs, migration, and taking medicines from other centres are also some of the reasons for not completing treatment.
- **LGBTQIA++** individuals are often unable to complete treatment due to economic instability, social discrimination, and stigma.

Socioeconomic and Psychosocial Impact of TB

- A TB diagnosis has an impact on the mental health of **women** and affects their ability to handle the pressures of familial responsibilities.
- The pressure of not being able to work or provide for families is substantial for **men**.
- TB's socioeconomic and psychosocial impact is magnified as well as oppressive for **LGBTQIA++ persons** as they often do not have the social safety nets of families and structured communities.



Differential Experience of TB-related Stigma

- For **women** the stigma is associated with marriage-related problems, harassment and differential treatment within the household.
- **Men** experience social isolation and job loss owing to TB-related stigma and reduced income.
- In **LGBTQIA++ persons**, the stigma is threefold – social discrimination as an LGBTQIA++ person, as an LGBTQIA++ person with TB or presumed to have TB, and as an LGBTQIA++ with HIV and TB or presumed to have HIV.



STEPS SUGGESTED BY THE FRAMEWORK FOR IMPLEMENTATION OF GENDER-RESPONSIVE APPROACH TO TB

Training of NTEP staff at the national, state, district and sub-district levels to understand and acknowledge varied TB symptoms for cis women, LGBTQIA++ persons and cis men, the interaction between TB and gender and on gender responsiveness

Gender-responsive approach to detecting, treating and preventing TB at the health system and community levels

Selection of gender-diverse TB treatment supporters in the community

Learning from the experiences of affected communities and facilitating the formation of support groups for people with TB

Ensuring proportionate and appropriate representation of affected community representatives of all genders and sexual orientations in leadership roles and TB Forums

Engagement of TB-affected community, including TB survivors, as co-creators in designing, planning and implementing gender-responsive Advocacy, Communications and Social Mobilisation (ACSM) activities

Mainstreaming of gender in the TB programming framework and inclusion of gender-responsive evaluation

Increased focus on marginalised and socially vulnerable groups such as cis women and LGBTQIA++ persons in research to better understand their health needs

Framing of a multisectoral response including building and strengthening collaboration with ministries and departments beyond health at the national as well as state levels

IMPLEMENTING A GENDER-RESPONSIVE APPROACH TO TB AT THE HEALTH SYSTEM AND COMMUNITY LEVEL

Key actions for the health staff

TB Detection



- Undertaking community level mapping, screening and Active Case Finding (ACF) among vulnerable groups
- Tracking and analysing access to diagnostics across diverse genders and sexual orientations

TB Treatment



- Training of NTEP staff to understand gender-specific needs during treatment initiation
- Avoiding gender stereotyping at the health facilities
- Identifying and addressing the specific needs of trans persons diagnosed with TB
- Preventing discrimination of women and LGBTQIA++ persons
- Ensuring gender-inclusive access to new treatment regimens
- Maintaining privacy and confidentiality, and ensuring informed consent
- Facilitating access to support services for people with TB susceptible to gender-based violence

Key actions at the community level

- Active participation of TB Champions, survivor-led networks and LGBTQIA++ collectives in:
 - ♦ reaching out to the community
 - ♦ ensuring a strong feedback mechanism from the community
- Engagement of TB Champions, local community leaders and LGBTQIA++ collectives in ACF drives

- Capacity building of TB survivors and Champions to provide gender-responsive peer support to people with TB who are on treatment
- Ensuring representation of women and survivors who identify as LGBTQIA++ as TB Champions
- Community monitoring and feedback on the quality of treatment services through TB Forums and survivor-led networks
- Constitution of TB Forums at the district, state and national levels with adequate and proportionate representation

Key actions for the health staff

TB Prevention



- Ensuring contact screening of people with TB from diverse genders and sexual identities
- Ensuring screening of those particularly vulnerable within families, including women who are caregivers, use solid fuels for cooking, pregnant or postpartum women in contact with people with TB, people of all genders and sexual identities who smoke, use drugs or alcohol and LGBTQIA++ persons and their contacts who are forced to live in crowded communities and have limited access to healthcare

Building a Gender-Responsive Health System



- Incorporation of gender issues in all routine programme meetings and reviews
- Aiming for gender parity in the health system workforce in the long term
- Adopting a gender-diverse and inclusive approach in selecting treatment supporters in the community

Supervision, Monitoring and Evaluation with a Gender Lens



- Evaluating gender and sexuality training of staff and mainstreaming gender in programming
- Focusing on recording, interpreting and applying gender-disaggregated data to devise mechanisms to ensure gender-responsive interventions
- Incorporating gender-responsive programming component into the existing evaluation framework used by the programme at all levels

Key actions at the community level

- Counselling of people with TB by TB Champions, survivor-led networks, and LGBTQIA++ collectives to promote the uptake of TPT
- Ensuring availability of TPT beyond clinical settings
- Seeking feedback from people with TB, TB Champions, and survivor-led networks about common socio-cultural problems faced by people with TB

- Investing in learning from the experiences of affected communities
- Ensuring proportionate and appropriate representativeness of affected community representatives of all genders and sexual orientations in leadership roles and their participation in TB Forums

It is critical to recognise and acknowledge the gender dimensions and practice a gender-sensitive approach to TB care and treatment so that every woman, man and individual who identifies as LGBTQIA++ receives the highest quality of gender-specific care that they are entitled to.



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