

Master Thesis

**Gender and the cultural epidemiology
of tuberculosis among patients
in the Central Region of Afghanistan**



by
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May 2007

Dissertation submitted as partial fulfilment of the requirements for the degree of the
Master of Science in International Health

Recognised by TropEd
University of Basel, Switzerland
Swiss Tropical Institute

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Abstract

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Background Tuberculosis is a major global health problem with more than 8.8 million people yearly diagnosed. Though worldwide more men than women are notified with TB, Afghanistan has seen an opposite pattern for many years with more women notified. This raises questions about gender, help seeking and epidemiological differences for TB. This cultural epidemiological study hopes to clarify some of these questions.

Objectives This study has the following objectives: (i) clarify the local experience, meaning and help seeking for TB in Afghanistan; (ii) compare the cultural epidemiology of TB for men and women in Afghanistan and explain the role of gender; (iii) study sex-specific data from TB registers and treatment cards; (iv) identify features of the cultural epidemiology that may account for the preponderance of women in the epidemiological rates of TB in Afghanistan.

Methods 79 TB patients were interviewed in the public sector in the Central Region, using semi-structured EMIC interviews. Patterns of distress (PD), perceived causes (PC), stigma and help seeking (HS) for TB were studied for gender with quantitative and qualitative analysis. A stigma-index was developed based on findings for different stigma indicators. Register data from the National Tuberculosis Program were analysed for sex-specific information.

Key findings Main results of this study include: (i) illness experience for TB showed gender specific features; (ii) the psychosocial burden of TB was perceived as very high among men and women; (iii) dust was perceived as most important cause of TB; (iv) patient delay was longer for men, but diagnostic and treatment delay was longer for women; (v) consultation of the private practitioner as first help provider was similar for men and women; (vi) stigma was higher for women than men.

Expected value It is expected that this study can contribute towards further knowledge of illness experience, meaning and help seeking among TB patients and knowledge of gender-specific barriers that influence help seeking. The findings are expected to be representative for other TB patients treated in the public sector in the Central Region, while some findings might also be representative for other areas in Afghanistan.

Findings could further contribute towards development of strategies that aim to reduce stigma, patient and diagnostic delay and strategies that include gender-specific approaches for TB control. It is expected that TB patients can benefit from this study if more attention will be given to patient-centred factors that can help to improve effective TB control.

Implications for TB control (i) health staff should be aware of gender differences in illness experiences and symptom presentation among TB patients to reduce diagnostic delay; (ii) staff should address misconceptions about TB among patients and families by giving proper information about tuberculosis, treatment and curability; (iii) training for health staff should include patient-related factors that play a role in TB control and barriers that affect help seeking; training should also include provider-related factors that can cause diagnostic delay or contribute towards stigma; (iv) strategies should be developed to increase public awareness of TB and treatment, to increase early help seeking and to reduce stigma; these strategies should involve all stakeholders, including former TB patients; (v) policy makers should increase access for TB patients by integration of TB control activities in primary health care facilities and expansion of community Dots programs; (vi) policy makers should develop specific strategies to reduce stigma, with attention to gender; (vii) to reduce diagnostic and treatment delay, policy makers should develop strategies for further cooperation with the private sector in TB control activities; (viii) further research is needed to clarify the preponderance of women among notified TB patients and to clarify the current burden of disease for tuberculosis in Afghanistan.