

A woman's face in tuberculosis

BY CHARLES MPAKA

Teraga Chifutwe is a nurse. She works in the ward for Tuberculosis (TB) patients at Chiradzulu District Hospital.

At the time of the interview last week, there were 31 male patients and 37 female ones receiving treatment in the ward.

She has also been responsible for two multi-drug resistant TB (MDR-TB) cases. Unfortunately, one of them died.

Every day, Teraga is in danger of contracting TB from the patients she is paid to care for.

That could happen to men too, those that could be in her shoes. But the men would still be better off, because they are men. Teraga is a woman in the first place. That, alone, is enough to make her vulnerable to TB.

The figures of TB cases Teraga is caring for at the hospital are by no means an indication of the national TB rate proportion between male and female Malawians.

No comprehensive research has been conducted in the country focusing on women who apparently are a key front in the fight against TB.

The International Union against Tuberculosis and Lung Diseases (IUATLD) in conjunction with National TB Control Programme (NTP) did carry out an operational survey in mid 1990s.

The aim of the survey was to detect gender situations in sputum submission and occurrence of pulmonary TB.

According to the survey, done in some public and private hospitals in eight districts in Malawi, significantly more males submitted sputum as compared with females. And, not surprisingly, more males were TB positive than females.

NTP reports that the ratio of TB prevalence between men and women in Malawi has been balanced for some period.

In recent times though, the scales have tipped against women, of course not significantly, according to NTP. Slightly more women have been diagnosed with TB than men.

The reasons for this shift can only be speculative. This includes that men are often too preoccupied with other things to check their health status.

Teraga thinks the same way too.

“Not many men come to us for tests, perhaps because they are busy,” she says.

TB is the world’s second largest killer after Aids and the woman’s role in the fight against the disease is no less important.

It is not surprising that Teraga, a woman, is a nurse. In Malawi, nursing has been a woman’s job.

The gender lines have been fading. But the number of women in the field of nursing still overwhelms that of men.

Even at the laxity of the gender boundaries, a male working as a nurse in Malawi is still looked down upon by many.

The risk of more women than men contracting the disease is therefore very clear.

Taken from the traditional social arrangement, more women than men should be getting infected from the hospitals where they are working as nurses or while providing care to patients both in the community and in the hospitals.

Malawi's TB care is largely done in the community. NTP reports that in over 90 percent of such cases, women are the ones providing care to the patients.

Not that there are no men to provide the service, but because women make the home. Malawian tradition demands that looking after the sick is a woman's task. This exposes many women to a high risk of getting infected by the disease.

In a study NTP once conducted in tracing TB patients missing from hospital, it was found that most of them were women.

According to NTP, the women gave reasons such as having had no money for transport to hospitals for treatment and that their men had been unsupportive.

Not many women in the country make decisions about their own health. Tradition requires them to be submissive and listen.

The State of the World's Children's 2007 report by United Nations Children's Fund (Unicef) says that about 70 out of every 100 women say their husbands decide regarding the woman's health.

Women comprise around 51 percent of Malawi's population. Yet, according to Malawi Growth and Development Strategy (MGDS), they are sidelined in social and economic activities.

That is to the extent that they are unable to effectively contribute to social, economic and political development of the country.

"The main challenges (against women) are social/cultural factors, limited access to means of production, and limited participation in social and economic activities," says MGDS.

The document further notes that even the coordination and implementation of gender related policies is weak in Malawi.

Several health conditions also put women at higher risk of contracting TB.

Fifty-seven out of every 100 women of child bearing age are affected by malnutrition in Malawi compared with 37 out 100 men.

Forty-seven out of every 100 pregnant women are hit by anaemia while only 17 out of 100 men have the condition.

In addition, more females are infected with HIV in Malawi than men. For every 100 adults living with Aids in Malawi, 60 of them are women, says Unaids.

NTP Director Felix Salaniponi adds that child bearing makes the woman's body delicate. In pregnancy, the body has to provide immunity for both itself and the unborn child.

"This is a natural mechanism that protects the baby from getting aborted. The woman's body functions on reduced immunity to ensure the life of the baby," Salaniponi explains.

Lowered immunity increases the chances of the dormant TB germ in the human body becoming active.

NTP also observes that maternal mortality due to TB is not significant in Malawi. But that if a woman has TB and is pregnant, risks of death while giving birth are high.

In his explanation, Salaniponi says the process of giving birth relies in part on the functioning of lungs. In the case a TB infected woman, the lungs are already afflicted. The exertions of giving birth worsen the situation.

Where a woman who is TB positive has delivered, chances are also high that the TB can be transmitted to the newly born child.

The NTP director admits that many TB programmes in the world have not been proactive in tackling TB in a way that accounts for women situation.

“This has been a neglected component not only at home but also world over,” observes the director.

“It’s a very important area of research.”

NTP has within its structure a gender and equity subcommittee. The purpose of the committee is

to integrate within TB control activities the analysis of gender and equity.

This, NTP hopes, would help in promoting satisfactory health service to all social groups irrespective of gender and sex.

The TB control programme is also recruiting “a focal person” whose job it will be to assess women issues as related to TB.

The officer will be following up on women patients and care givers in their communities to appreciate their specific experiences for appropriate action.

“But we, as NTP, also support policies that seek to empower women by giving them appropriate knowledge and skills,” says Salaniponi.

“We think that as a nation we have to look into traditional roles that overburden women and put them at risk of contracting TB or help spread it.”

Coordinator for Malawi Health Equity Network (MHEN) Martha Kwataine argues that advances have been made in the country to address women’s health concerns.

But she says much attention has been given to HIV/Aids at the expense of other diseases such as TB.

Kwataine also observes that concerned women are often not involved in the process of drawing policies not just for TB but also other health aspects yet they play a crucial role in providing care to patients.

“In the case of TB, women are there providing care. They are the ones who have to administer the treatment and see to it that it is adhered to.

“It is not proper to sideline a woman in the village when coming up with these plans. She knows her problems. She actually understands what is happening and would know what to contribute to the plans,” she says.

On culture, the MHEN coordinator says there has to be a “power analysis”.

According to Kwataine, it is not enough to just educate women on the rights they have.

“Let’s go to the power holder, the man, and make them understand the influence of their

position and how they are supposed to use their power to the advantage of their women.”

The ministry of health has a Plan to implement universal access to Tuberculosis in Malawi.

Whether some women from a remote village looking after their TB husbands were involved in drawing it out cannot be told.

Among its strategies, the plan will intensify screening of high risk groups for active TB cases. The plan does not mention women as within the high risk group.

So as highly vulnerable and involved in the disease as they are, they have to wait a little longer, it seems.

At least Teraga is more advantaged than other women. She is educated. She has a job. She might also be better placed to make her own decision about her health.

She is benefiting from the TB control guidelines NTP produced in 1998 to prevent the increase of the infection among health workers.

She is also working at a new and modern hospital. It has state-of-the-art equipment to be able to respond to emerging health trends.

It offers a working environment that would minimise the risk of Teraga contracting the disease.

But how many women are as privileged as Teraga? After all, none of the conditions she works in take away the fact that she is a woman.

She is still vulnerable to TB.

(published in *The Daily Times*, May 15, 2008)