OVERVIEW

- TB is a major public health problem for women around the world, and it has impact on businesses.
- Businesses need to devise gender-sensitive TB programs to address issues that affect women, including stigma, fear of job loss, and delayed diagnosis.
- Taking action is good for women and good for business.

TB & WOMEN: THE BUSINESS CASE

Women’s health has been proven to be a good indicator of economic development in a country. If businesses want the economy around them to thrive, it is necessary to invest in women’s health and provide prevention and treatment programs for diseases and conditions that impact women adversely.

Most important among these diseases is tuberculosis, the third leading cause of death worldwide among women aged 15-44. In 2008, 3.6 million women fell ill with TB and 700,000 women died from TB. Luckily, among the leading threats to women’s health, TB can be the most affordably controlled: it costs between US $10 and US $20 to cure a case of drug-susceptible TB.

Certain industries are heavily female employee-based. These industries include apparel (80% female employees), tourism (70%), and agriculture (50%), among others. If TB remains unaddressed, these industries – and any industries that employ women – will suffer from absenteeism, high medical costs, lost productivity, and other negative consequences of sick or lost employees.

HOW DOES TB AFFECT WOMEN?

Twice as many men as women are documented as being infected with TB, but a greater percentage of infected women than men die from TB. 1 million women die and almost 3 million, mainly between the ages of 15 and 44, become sick with TB every year, and 17 million Disability Adjusted Life Years (DALYs) are lost every year. The disease kills more women annually than HIV/AIDS and all causes of maternal mortality. The high death rate is primarily because women go undiagnosed or lack access to effective treatment, for reasons discussed below.

Contributing factors to risk for TB disease tend to affect women disproportionately, including poverty, low socio-economic status, lack of education, and barriers to health care.

Why is TB Case Detection lower in women than in men?

Stigma and Fear
- In certain societies, due to the potential for isolation and abandonment, and the fear that a TB diagnosis will result in poor marriage prospects, women often delay seeking medical care until the disease is so progressed as to be untreatable. This is one of the major factors driving the high death rates among women with TB. One study in India found that male patients with TB expected their wives to care for them, but infected wives rarely received care.
- Unmarried women, in particular, also worry about being dismissed from work if their TB status is known.
- Non-pulmonary TB sometimes results in infertility – a condition that causes further ostracism for women.
- In families where it is unacceptable for women to leave their homes without explanation, they may delay diagnosis or treatment for fear of having to reveal their condition.

Difficulty accessing healthcare
Healthcare centers are sometimes located far from home, and women often find it difficult to get to them for detection and treatment, especially if it involves leaving their household duties and/or taking off from work.

Unwillingness to spend on treatment
In some regions, women do not have ownership of their own income and cannot make decisions regarding the family’s financial resources. For fear of stigma, they may hesitate to ask for money.
In general, TB diagnosis is sometimes missed because healthcare providers may encounter the disease fairly infrequently and may, therefore, have a low index of suspicion for it. The socioeconomic risk factors for TB are exacerbated by women’s trend towards delayed care-seeking for TB symptoms, resulting in later diagnosis and poor prognosis for survival. Also, there is some evidence that women may find it more difficult to comply with treatment once symptoms subside, possibly because they often give their medicines to their children who become sick with TB.

The feminization of the HIV/AIDS epidemic is also increasing the burden of TB for women. 60% of global HIV infections are women, and compromised immune system is one of the strongest risk factors for developing active TB disease; thus, the more women with HIV, the more women who develop TB disease. This is especially important to note in southern Africa, where rates of co-infection between HIV and TB are highest.

**Why is it imperative to take action?**
Whole families suffer when a mother/wife becomes sick or dies from TB. A mother’s well-being is intimately linked to the well-being of her children. TB may spread from mother to child, or the death of a mother may leave orphans behind. Children may also have to stay home from school to care for their sick mother while the father (if present/alive) earns income for the family.

**WHAT CAN BUSINESS DO?**
Businesses need to design programs that are sensitive to women’s unique needs in the TB epidemic. Companies must have and advertise non-discrimination policies which emphasize that TB alone cannot be the cause for termination. If this policy is known to exist, female employees, in particular, may not avoid accessing treatment out of fear of dismissal.

**Education and Prevention**
- To address delayed care-seeking, awareness education targeting women employees should emphasize education on TB symptoms and facilitate access to diagnostic services as soon as symptoms manifest.
- Information and awareness-raising programs should also involve men and underscore the fact that TB is completely curable if detected early.
- Since stigma is a major driver in TB deaths among women, anti-stigma programs at work and in the community will have extra benefit for female employees and community members. Men and women employees should be encouraged to work together to eradicate the stigma of TB.
- As part of the program, women peer educators can lead workshops and provide counseling to women. Women who are currently undergoing/have undergone treatment for TB can serve as mentors and role models for fellow women employees.

**Treatment**
Companies must also facilitate access to treatment, with services either offered on-site or through subsidized transportation to off-site clinics and paid time off, etc., so that women can get the treatment that they need to stay healthy. On-site health facilities can help women conveniently obtain the care they need without worrying about stigma, loss of wages, or loss of time spent on household duties and caring for the family.

Companies can leverage and build on existing health programs, especially HIV/AIDS programs, which target women. For example, many companies offer worksite clinics for reproductive health care; these should include TB screening and diagnosis as well. Companies might also benefit by collaborating with women’s organizations and health groups to train workplace educators and design gender-sensitive aspects of the program.

**Business Action**
In Uganda, AstraZeneca International has piloted a community-based integrated program to raise awareness about HIV/AIDS, TB, and malaria. The program especially focuses on women of reproductive age, who are most at risk for TB. Through community awareness sessions, they encourage people to improve their understanding of the three diseases, share key preventive measures, encourage testing at the site and reduce stigma. These messages are often disseminated through drama, music and dance, and other entertaining media.
Healthy Women, Healthy Economies (HWHE) is GBCHealth’s platform for galvanizing and facilitating corporate action to improve the health, well-being, and opportunity of women and girls. Launched in 2011, HWHE is centered on 4 main pillars of impact: Health (especially maternal and reproductive health, HIV/AIDS and PMTCT), Education, Economic Empowerment and Rights and Inclusion. HWHE helps member companies explore different types of interventions across these areas that the business community is uniquely equipped to advance, ranging from employee engagement and workplace programs, to technical education and materials, to awareness-building and advocacy. To learn more about Healthy Women, Healthy Economies, please contact Laura Rosen at lrosen@gbchealth.org.

About GBCHealth
GBCHealth is a global coalition of over 200 private sector companies and top NGOs leading the business fight for improved global health. GBCHealth supports members by developing comprehensive workplace policies; supporting community programs; leveraging core competencies; facilitating leadership and advocacy by business leaders; and brokering partnerships. GBCHealth also manages the private sector delegation to the Global Fund to Fight AIDS, Tuberculosis and Malaria, serving as an entry-point for corporate collaboration and engagement with the Fund and its recipients worldwide. GBCHealth has offices in New York, Johannesburg, Beijing, Nairobi and Moscow. For more information on GBCHealth, please visit www.gbchealth.org.

REFERENCES AND RESOURCES
- GBC Case Study Database, www.gbcimpact.org
- TB and Women, WHO/Stop TB, 2009
- 2009 Tuberculosis: Women and TB, WHO/Stop TB, 2010
- Tuberculosis: Leading Infectious Killer of Women, Results Canada, 2009
- Tuberculosis and Gender, WHO, 2009
- Women and Tuberculosis, WHO, 1996