Myanmar ranks 30 among high tuberculosis (TB) burden countries, contributing 338 new cases per 100,000 in 2018. Although the prevalence of TB reduced by 50% between 1990 and 2015, Myanmar needs to accelerate the rate of decline to meet the End TB targets. Since the TB disease burden affects men and women differently, it is critical that the program addresses gender-specific barriers related to prevention, diagnosis, and treatment. The 2016-2020 National Strategic Plan for TB includes gender-based differences in knowledge, care seeking, and treatment adherence to render gender-specific activities.

PATH and the Myanmar Medical Association formed a strategic partnership to implement TB REACH Wave 7, a project funded by the Stop TB Partnership. The project generates evidence to address sub-optimal TB screening among household contacts of patients by introducing artificial intelligence-augmented chest X-ray to detect missing TB cases; and accelerating TB case detection, contact investigation, and treatment to reduce transmission in communities through gender-responsive approaches and engagement and empowerment of women.

The purpose of this policy brief is to increase awareness of (1) gender-related factors in the TB treatment cascade and (2) specific actions required to address these factors.

**Gender-Related Factors in TB**

Desk reviews were completed in early 2020. It was followed by a gender participatory analysis for project assessment from May 2020 to July 2020. Twenty key informants were interviewed (7 males, 13 females), including health care providers, volunteers, and staff of women-support organizations. Evidence was gathered to understand gender-related factors in TB, and the findings will be useful in guiding gender equity in TB programming.

**Knowledge and Perceptions of TB Patients through a Gender Lens**

All participants reported awareness and basic knowledge on TB. Community perceptions were found to have changed in recent years. A typical TB patient was described as male, between 25 and 45 years old, slim, with chronic coughing, dry skin, low education, poor socioeconomic status, and prone to infectious diseases.

Women were regarded as less likely to default as they follow doctor’s instructions more stringently than men. It emerged that men were unable to quit drinking alcohol and were more likely to miss TB treatment. It was considered rare for pregnant women to have TB and there was a perception that they would not take anti-TB drugs.

There is more stigma in communities, families, and workplaces toward female TB patients than men. In fact, even women with TB appeared to be more concerned that others will find out about their status. Male patients have fewer concerns than women in terms of treatment. Men think that TB treatment is not a problem, but women are more fearful of incorrect TB diagnosis and have more concerns about the side effects of anti-TB drugs.

**Information Seeking**

Men have more access to mobile phones than women, thus, sharing information through Facebook or other online media can be an effective way to reach them. Compared to men, middle-class women have more access to TB information as they regularly watch television while men are at work. Women attend more health education sessions, which are usually conducted during the day.
when men are at work. As such, women are found to be more interested in reading and seeking information.

Care-Seeking Behavior

Women take more action and seek more advice from providers and prefer female practitioners. Women have more concerns about spreading their infection in the community, infecting their families, especially children, disturbing neighbors with their coughing, and more fear of stigma. As such, female TB patients are more likely to seek treatment, more easily accept their diagnosis, and are more likely to take medication regularly to protect others.

Men emerged less likely to seek care as they do not want to take leave from work. Women are more likely to visit the clinic and comply with treatment as they tend to work from home, either in home-based businesses or as homemakers. Wives typically accompany their husbands for diagnosis and treatment; however, few husbands accompany their wives.

Barriers to seeking care include fear of a positive result, long waiting hours, staying inside the hospital for sputum collection, and out-of-pocket expenses (e.g., transportation).

Recommendations to Address Gender-Related Factors in TB

This section lays out key actions the National TB Program can take to increase participation of women in decision-making related to TB control as well as in developing gender-responsive TB activities. The recommendations follow the framework laid out by the Stop TB Partnership for empowerment of women and girls in TB REACH grants as shown in Figure 1.

1. Look at the data and evidence to understand how gender affects TB response and how TB affects gender issues.
   - Switching from a paper-based system to a digital recording system: Digital system allows for efficient disaggregating of TB data by gender and an improved understanding of the TB burden on women. Having gender-specific information can help in developing interventions targeted to female TB patients.

2. Develop gender-responsive interventions.
   - Gender-responsive technical trainings: These trainings can encourage doctors to practice gender-sensitive TB care and learn about the latest information on TB. Online training modules can be developed to encourage practitioners to join at their convenience.
   - Gender-sensitive information, education, and communication (IEC) materials: Gender-sensitive IEC materials that target specific gender groups across media can help to address barriers to care seeking and bridge information gaps. These gender sensitive IEC materials can provide health education appropriately and promote gender equity by improving knowledge of women on TB care cascade.

3. Promote gender equity by empowering women and girls.
   - Increasing gender awareness in the TB treatment cascade: Health care providers can design gender-responsive interventions for TB patients. Resultantly, treatment adherence can be more effective.