

**PS-71514-10 Gender disparity among TB suspects and new TB patients: record-based retrospective study in SAARC member states**

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**Introduction:** The gender differentials are potentially important source of inequity in TB control. With equal population distribution between sexes in SAARC member countries, the low detection of female TB cases remains a troubling public health issue demanding urgently focused study in this region.

**Objective:** To assess the gender differences in TB suspects, TB case detection and treatment outcome under National TB Control Programmes of SAARC member countries.

**Methods:** This is cross sectional, record based retrospective study. Using a uniform format, sex specific data were collected under the categories of TB case detection, TB suspects and treatment outcomes recorded during the last 2 quarters of 2004 from randomly selected five TB treatment centers from each SAARC country.

**Results:** Male/female ratio of more than one was observed among the TB suspects and also in TB case detection in all the countries except in Pakistan. Male are more affected as NEW smear positive and smear negative PTB than female whereas in new extra pulmonary TB female are more affected than male. Gender distribution among cured and treatment failure found to be similar in both sexes where as in relation to defaulter and died male are more affected than female.

**Conclusion:** The SAARC region being one of the most gender sensitive regions in the world, existing gender inequalities may reflect gender differences in TB epidemiology. The results of this study support to derive testable hypotheses such as; gender differences in susceptibility to TB infection and treatment outcomes. This reflects there might be presence of gender differential in health seeking behaviors and medical care at the health care units in all member states of SAARC. Further studies are needed to examine those hypotheses.

**PS-71544-10 Tuberculosis: an additional tipping stress on poor households in South Africa and Zambia?**

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**Background:** Households in high HIV prevalence settings are often coping with HIV alongside other forms of adversity—including food insecurity and escalating tuberculosis incidence. In both Zambia and Western Cape (South Africa), TB and HIV prevalence are high and many households are food insecure.

**Objective:** This 18 month anthropological RENEWAL study compares the converging impact of food insecurity,

TB and HIV/AIDS on households in rural Zambia and peri-urban South Africa.

**Methods:** Participant observation in two field sites (Pemba, Mbekweni). Case studies of 16 TB and 16 non-TB households over 8/6 months using timelines, seasonal calendars, matrix ranking and scoring, well-being ranking and scoring, observation, and semi-structured interviews.

**Preliminary Findings:** In both countries, TB patients put additional demands on households for 'special' foods. The most striking difference between countries is the possibility in South Africa for people living with HIV/AIDS and TB patients to access welfare grants and food aid from government and NGOs that help them cope. In Zambia, access to external welfare is more limited and strategies to cope include moving children out of school, moving children to other households, borrowing money, selling livestock, working for wealthier households or missing a meal. In both countries, most TB patients are living with HIV and access to ARVs is more lengthy and costly in rural Zambia.

**Conclusion:** TB tips households into deeper poverty in the absence of external welfare and in the wider context of food insecurity and high HIV prevalence.

**PS-71576-10 Barriers to care seeking in DOTS clinics and tuberculosis control in southern Nigeria: a qualitative analysis**

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An understanding of the socioeconomic and cultural realities of persons infected with tuberculosis (TB) is important in setting programme strategies because they often come as constraints to the use of TB services (DOTS) in Southern Nigeria. The study took place in 24 communities, both urban and rural, in 12 randomly selected local government areas in Southern Nigeria. Using in-depth interviews and focus group discussion, this study looked qualitatively at the barriers to the use of DOTS facilities for prompt diagnosis and treatment of smear positive cases in Nigerian communities. It was found that a number of common and interrelated issues underlie these barriers, including perceived causes of the infection and perceived efficacy of the treatment, which are often influenced by the causative theories held by the infected persons and their relatives.

'Ukwaranta (TB) is a very deadly disease and it is a disease of shame. No one wants to be associated with it.'

Others include perceived costs of following treatment. Facility staff were noted to have demanded monies from patients in spite of the advertised free treat-