

The economic impact of Neglected Tropical Diseases on Women and Girls: exploring the evidence

April 2017

Background

Women and girls are disproportionately affected by NTDs due to both biological and social factors, and tend to shoulder the burden of caring for family members affected by these diseases. NTDs further exacerbate existing inequalities and the impact of NTDs can compound stigmatisation and increase barriers to inclusion faced by women. This is likely to have a profound impact on the economic prospects of women and girls, and, by implication, on their communities and societies.

The new ambition catalysed by Agenda 2030 to 'leave no one behind' and eliminate poverty makes clear that interventions to achieve this must begin with the poorest communities and those excluded from society and from accessing all services. Achieving shared prosperity and sustainable development is impossible without addressing the rights and health of women and girls – and this is certainly true for the SDG target of ending the epidemic of NTDs. To deliver on this health and development commitment, it is essential to address the particular impact of NTDs on women and girls. To redress health inequalities and their determinants the NTD community must protect and promote the health and rights of women and girls.

This brief uses currently available evidence to take stock of the economic impact of NTDs on women and girls and draw attention to the consequences and costs of failing to address these impacts at appropriate points in their lives, to formulate policy recommendations and programme solutions. A fully-referenced report will be made available at a later date.

Evidence on Economic Impacts of NTDs

The economic impact of NTDs on the lives of women and girls is multi-faceted and intimately linked with their social status and roles within society.

Stigma

Many NTDs cause highly visible and stigmatising effects, such as deformation and scarring. Reasons for stigmatisation are similar across conditions, and include fear of contagion, being a burden on family, and the inability to fulfil gender roles. Stigma significantly affects the social and economic prospects particularly for women, both in terms of family life and formal employment. Emerging evidence suggests women are often particularly marginalized by stigma resulting from NTDs. In a qualitative study of lymphatic filariasis, women reported avoiding or delaying treatment, being shunned by partners, losing work opportunities and losing marriage prospects and career aspirations due to stigma and disability. Beliefs around aetiology of disease mean women are often thought to be to blame for their illness. In women, urinary schistosomiasis is considered to be a venereal disease with associated stigma, while it is considered a sign of virility in young men.

Reproductive and Maternal Health

Anaemia is a common complication in pregnant and breastfeeding women, and is exacerbated by certain NTDs, leading to adverse maternal outcomes, low birth weight and infertility. NTDs can also increase the risk of HIV infection. Onchocercal skin lesions have been shown to significantly reduce duration of breast feeding due to itching. Although lymphatic filariasis itself does not generally affect perinatal outcomes, women with lymphatic filariasis have been reported to have poorer outcomes on account of being the least favoured wife in polygamous families, with resulting poorer access to antenatal and maternal health care.

The reproductive cycle can also be a substantial obstacle to accessing treatment programmes, compromising the health of both mother and child. The links between birth weight, breast feeding and overall infant health and development are well-established. Caring for children, as well as for sick family members, is often the responsibility of women, shortening their working day and restricting the types of economic activity they can participate in.

Accessing Treatment

In many settings where women are subject to a disadvantaged position in the household, they also have limited autonomy, limited ability to access resources and to access care outside the home. Consequently, women are known to access formal health services less frequently than men, despite having similar or higher burden of disease.

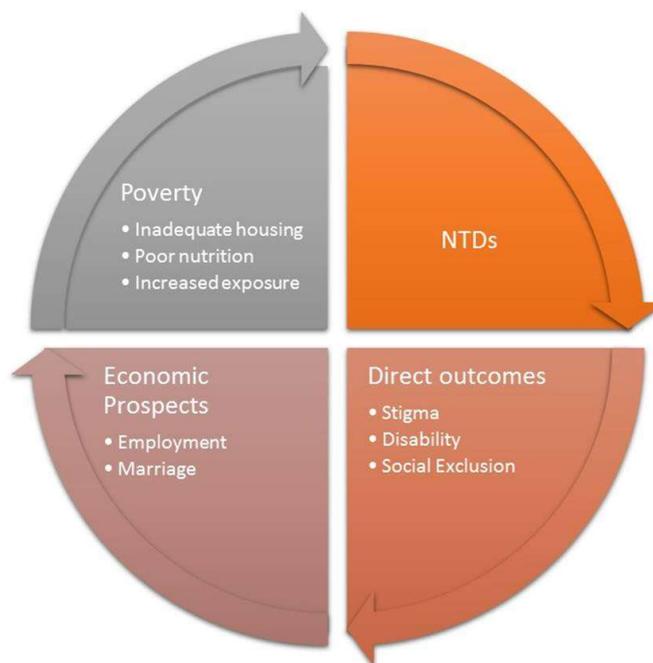
Accessing formal care can be difficult for women due to household responsibilities. This complicates treatment of certain diseases, for example leishmaniasis, where inpatient and/or daily outpatient visits may be required to manage toxicity. Inability of women to attend leads to higher morbidity and mortality. Stigma associated with leprosy also means male family members can be reluctant to escort women to formal health services, leading to poor treatment compliance.

When accessing formal health care, women may face issues of staff demanding bribes, being rude and condescending, blaming women for their own ill health, and failing to provide a private environment for consultation. Cultural attitudes to physical examination mean lesions on breasts and genitalia, e.g. from lymphatic filariasis, can remain undetected as only arms and legs are examined. Some, but not all, treatments available for NTDs are safe for women who are pregnant and/or breastfeeding; however, lower skilled health workers are often not confident about these restrictions. Many women opt to skip treatment during pregnancy and breastfeeding, and as this can take up a significant proportion of their reproductive years, this means many women repeatedly miss treatment and are susceptible to more severe complications.

Women reportedly have a greater tendency to access informal care such as traditional healers, particularly for stigmatised NTDs such as leprosy, but also other stigmatised conditions such as TB and certain gynaecological conditions. However, methods of treatment for cutaneous leishmaniasis can include use of battery acid, gunpowder, petroleum and hot metal objects, which can exacerbate disfigurement and lead to tissue necrosis.

Summary

The impact of NTDs on women and girls is embedded in the social structures around them. Stigma related to disfigurement and fear of contagion leads to social isolation and limited prospects for employment or marriage. Deteriorating socio-economic status in turn can lead to greater risk of contracting NTDs and suffering adverse outcomes. This vicious cycle is illustrated below.



Cycle of events linking NTDs, clinical, social and economic outcomes

This briefing paper was by David Tordrup on behalf of the UK Coalition against Neglected Tropical Diseases (UKCNTD), a collaborative partnership between UK organisations actively engaged in NTD research and implementation and in advocating for effective sustainable NTD control programmes.

To find out more about UKCNTD visit www.ntd-coalition.org or follow @UKCNTD