

**CAPITALIST PATRIARCHAL RELATIONS AND
NONCOMPLIANCE WITH DIRECTLY OBSERVED
TREATMENT FOR TUBERCULOSIS AMONG WOMEN:
A STUDY IN NYEIN TOWNSHIP, YANGON. MYANMAR**

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ABSTRACT

This research primarily aimed to explore the patterns of noncompliance and the reasons why women tuberculosis clients in Nyein township of Yangon, Myanmar, do not comply with anti TB drugs provided under Directly Observed Treatment (DOT) regimen of the new TB program. As qualitative research, this study used different data collection methods such as in-depth interviews, non-participant observation from the middle of July to early November, 2005. A new settlement of the industrialized suburban township of Yangon, Nyein township, with a population of over 200,000 was chosen as the study site. A number of private practitioners in the township are providing anti TB drugs under the new anti TB control program, Directly Observed Treatment Short Course Therapy. A total of 8 women clients participated in the study and a number of documents regarding the economic and cultural context of the country were reviewed for analysis.

The results revealed that the noncompliance experience of women has different dimensions and allows space for women not to be easily labeled as such. The patterns of noncompliance are found to be not completing the treatment program, not taking medications in a correct way and not taking specific drugs prescribed by medical doctors. Myanmar's society has capitalist and patriarchal relations as expressed by private production, male dominated reproduction, male centered sexuality and socialization, and authoritative capitalist health services. In addition, seniority in client-provider relations further distanced women from health services by reinforcing women's submissive obedient manners and silence, leading to women's lack of information about compliance with their anti TB treatment. Capitalist patriarchal relations penetrate into women's life and lead to noncompliance with their anti TB treatment. The relationship between structural factors and reasons for noncompliance are found under capitalist modes of production, reproduction of capitalist patriarchal ideology, and socialization of women

The results suggested the need of participation of men in domestic work, gender mainstreaming in health as well as in society, reform of health sector from authoritative capitalist model to partnership model and SAT (Self Administered Treatment) with social support for women patients.

KEY WORDS: NONCOMPLIANCE/ WOMEN/ TUBERCULOSIS CLIENTS/
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