# Gender Differences Delays in Initiating Tuberculosis Treatment among Tuberculosis Patients, Far Western Development Region, Nepal

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**Background**

In Nepal, at least twice as many men as women are registered for TB treatment. Long diagnostic delay among women has even more adverse effects, as the health and welfare of children and other family members are closely linked to that of the mothers. Therefore, reducing delays in TB health seeking and diagnosis is especially important among women. This study aims to investigate the gender differences for delay in initiating directly observed treatment short-course (DOTS), among new pulmonary tuberculosis patients.

**Methods**

This cross-sectional study was carried out in Kailali and Kanchanpur districts of Far Western Development Region between Mansir 2063 and Chaitra 2063. Both quantitative and qualitative methodologies were applied. All the registered new smear positive pulmonary tuberculosis patients under 4 randomly selected DOTS centres of the Kailali and Kanchanpur districts between Mansir 2063 to Chaitra 2063 were the sample population.Four focus group discussions were carried out among the different communities.A standard structured questionnaire was prepared in English and then it was translated by professional translators into Nepali**.** Modified grounded theory and cut and paste techniques were used for qualitative data analysis. All analyses were conducted using the SPSS statistical package, version 13 for quantitative data.

**Results**

The mean patient delay was 2.71 months in females and 2.64 months in males. This difference was not statistically significant (p>0.05). The mean patient delay in all patients was 2.67 months. The mean provider delay was found longer in both males (2.86 months) and females (7.58 months). Moreover, it was significantly longer among females than males (p <0.05). The mean total delay was 5.51 months in males and 10.21 months in females. This difference was highly significant (p<0.001).

**Conclusions**

It was observed that provider delay was significantly longer in female than male patients. The risk factors for patient delay and provider delay identified in this study should be the area under discussion of future interventions in order to reduce delay in delivery of DOTS treatment to tuberculosis patients in general and female TB patients in particular, and hence transmission of the disease in the community.

**Keywords:** delays; far-western region; gender differences; patients; treatment; tuberculosis.