Abstract

Tuberculosis is a major public health problem in India affecting the most productive age group of 15 to 54. It is estimated that without treatment, two-thirds of the smear-positive cases die within five to eight years, with most of them dying within 18 months of being infected (Styblo and Rouillon, 1991). Thus, study tried to understand the factors affecting the treatment seeking processes in terms of pathways chosen by the TB patients before initiation of treatment under DOTS, its economic and health consequences and its linkages with gender and discrimination faced due to TB. Study used primary data collected on 367 tuberculosis patients registered under Revised National Tuberculosis Program (RNTCP) in 2009. Patients living in slums of M-ward, Mumbai (a high TB prevalent ward) has been interviewed during October 2010-January 2011.

Result reveals that on average patients made two moves prior reaching to DOTS. Females, high school and above educated patients and rich choose more number of healthcare providers than their counterparts. Average number of health system delay is much longer than patient delay. Risk factors for health system delay depicts that females, Buddhist and other religious group, patients from middle and rich economic classes, pulmonary TB patients, those reached DOTS after visits to one allopathic doctor or after one private allopathic doctor and a government facility doctor or through other mixed pathways and those chose more number of healthcare providers. Results for health outcome shows that females, working patients, low knowledge gap about TB, adherence to treatment and shorter health system delay are more likely to result with successful health outcome. Likewise, among males, younger age group (18-24 years), working, new cases, experience of less number of symptoms and adherence to treatment are more likely to result with successful treatment outcome than their comparative groups. Moreover, among females, Muslims, low knowledge gap about TB, adherence, shorter health system delay and no experience of discrimination against TB are likely to increase the chances of successful health outcome. Further, result of economic burden due to treatment of tuberculosis shows that male, older age group, Hindus, scheduled caste/scheduled tribes, non-literates, poor, small family size, hospitalised cases, longer health system delay are more likely to increase the chances of impoverishment than their comparative groups. Two pathways with low chances of impoverishment are those who reach DOTS after government facility and another is after visiting a private allopathic doctor and a government facility. Factors affecting discrimination among males show that Hindu, poor, pulmonary cases, alcoholic, number of moves for treatment are at higher risk to face number of discrimination due to TB. On other side, among females, older age groups, Budhhist/other religious group, non-scheduled caste/tribe/other backward class and other backward class, primary, and middle educated patients, poor, pulmonary cases, old cases and more number of moves for treatment increases the risk to face higher number of discriminations.

It is clearly found that despite of making availability of free treatment, generally, patients visit two health providers before initiating treatment under DOTS. There is need to check the quality of services provided by private practitioners in the area. Although RNTCP has succeeded in reducing the direct cost for patients but associated indirect cost has been catastrophic for patients, especially for poor. Nonetheless, discrimination due to TB has affected the health outcome of patients especially women. There is need to address gender, knowledge gap about TB and discrimination faced by people in tuberculosis program.