Multi Drug Resistant Tuberculosis of (15-60 Years) of Far-Western Region of Nepal

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YfY were only 2 respondents in control having history of tuberculosis and none of them had history of non-compliance whereas 48 out of 50 respondents had history of tuberculosis due to which it was not possible to calculate association.

Reason for non-compliance of anti-tuberculosis drugs among the respondents

Y reason for non-compliance or irregularity of anti-tuberculosis drugs was explored (Table 2). Majority of the respondents had forgotten to take the drugs i.e., 35 percent followed by feeling better (23%), home far from health center (12%) and remaining had shortage of money, no time for medication, misprescription by health worker, migration during medication or stigma.

Reason for Non-Compliance	Number	Percentage (%)
Forget to take drugs	6	35
Feeling better	4	23
Home far from Health Centre	2	12
Shortage of Money	1	6
No time for Medication	1	6
Misprescription by Health Worker	1	6
Migration at the time of Medication	1	6
Stigma	1	6

Majority of the respondents were Brahmin/Chettri i.e., 64 percent in cases and 82 percent in controls | lg might be because Brahmin/

out by Rick et al. in Namibia showed history of hospitalization g[b] Wabhimassociated with MDR-TB whereas this study had not shown any association between history of hospitalization and MDR-TB [7]. Sixteen percent respondents from cases were found to have family history of TB and none of the respondents from controls was found to have family history of TB. YfYZ:fYz there might be transmission of MDR-TB from infected family member to the cases that had family history of MDR-TB. In cross sectional observational study in Pakistan, none of the cases were found to have a family history of MDR-TB [9]. But due to very less cell value, it was not included in further analysis

Majority of respondents were found not having proper ventilation in their room i.e., 31(62%) from cases and 36(72%) from controls whereas a study by Marahatta et al. showed only 14.5 percent cases and