

TableS1. Summary of included studies

First Author Year Country Setting	Type of study Sample size (N) (% female) Age(years)	Study population	Individual-level delay	Provider- /system-level delay	Type of provider- /system- delay	Combined individual- /provider-/ system-level delay	Type of combined delay	Individual-level barriers					Provider- /system-level barriers	Combined individual- /provider-/ system-level barrier
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CROSS-SECTIONAL STUDY														
Cramm 2010 South Africa Unknown	Cross-sectional 1042 73.0% Median=38	General population	-	-	-	-	-	-	-	No significant difference in attitude toward people with TB between men and women, however, more women reported their fear that people would talk about it as a reason to delay clinic visit (OR: 1.142, p<0.05)	No significance difference in TB knowledge score between men and women (p=0.083)	-	-	-
Deribew 2010 Ethiopia Mixed	Cross-sectional 750 58.0% Mean (SD)=31.2(11.0)	General population	-	-	-	-	-	-	-	A larger proportion of females than males had high prejudice toward patients with TB (aOR: 1.3, 95% CI 1.0, 1.9)	Men were more likely to recognize that weight loss, shortness of breath, chest pain, and poor appetite are TB symptoms (47.2% vs 39.0% p=0.029, 20.5% vs 14.8% p=0.05, 20.8% vs 13.1% p=0.006, 20.8% vs 13.3% p=0.02).	-	-	-

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Dhingra 2010 India Urban	Cross-sectional 1977 42.1% -	New PTB patients; EPTB patients	-	-	-	-	-	-	-	Family level: No significant difference by gender in disclosure of disease in their family (M 98.9% vs F 99.6% p>0.05) or worried about marriage prospect among unmarried patients (M 73% vs W 63.5%, p>0.05) Females were less likely than males to share TB information with family members (52.2% vs 64.9%, p<0.05) and were more likely to experience spouse's change of attitude toward them (11.4% vs 5.5% p<0.05) Work level: Significantly less females disclosed their disease status to colleagues and employers (p<0.05) Society level: Intense stigma was observed with 60% of patients hiding their disease, stigma at this level was found to be more in females than in males (p<0.05)	-	-	-	-
Mesfin ¹ 2010 Ethiopia Mixed	Cross-sectional 924 45% Median=34 years	New TB cases	-	-	-	-	-	Total cost per person diagnosed is higher in women, because women incurred higher escort- related costs	-	-	-	-	-	-
Mushtaq 2010 Pakistan Mixed	Cross-sectional 1080 23.5% 61.6% between 31 and 50 years	General population	-	-	-	-	-	-	-	--	No significant difference in good TB knowledge (male 41.2% vs female 47.2%), p=0.095	-	-	-

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French 2009 England Mixed	Cross-sectional 22856 45% Median= 36 (IQR 26-54)	TB cases	-	-	-	Females had statistically significant longer delays from symptom onset to treatment initiation than males. 71 days vs 65 days (HR= 0.9, p<0.001)	^	-	-	-	-	-	-	-
Gele 2009 Ethiopia Rural	Cross-sectional 226 45.3% Mean= 32.2(SD 13.0)	TB cases	There was no significant gender differences in patient delay	-	-	-	-	-	-	-	-	-	-	-
Hoa 2009 Vietnam Rural	Cross-sectional 12143 58.3% 31.6% between 15-34; 43.6 % between 35-54; 24.8% >= 55	General population	-	-	-	-	-	-	-	Significantly more women associated heavy stigma with a TB diagnosis (48.7% vs 35.1%, p<0.0001)	Significantly higher knowledge score in men; more men knew TB mode of transmission, sputum smear exam, and free TB drugs (77.9%, 65.7% p<0.001, 66% vs 54.5% p<0.001, 57% vs 45.3% p<0.001); fewer men knew hemoptysis as a symptom of TB (15.4% vs 17.3%, p<0.05); higher mean knowledge score was associated with visiting a hospital (p<0.01)	-	-	-

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Yimer ³ 2009 Ethiopia Rural	Cross-sectional 1006 53.9% Mean=40 years	TB suspects	-	-	-	-	-	-	-	-	-	-	-	A higher proportion of TB patients detected by active case-finding were female (63.2%, p=0.04). Women had a 3.43 higher odds than men of being detected by ACF vs PCF (p=0.05).
Al-Maniri 2008 Oman Urban	Cross-sectional 257 53.9% Mean age 41.3	General Practitioners	-	-	-	-	-	-	-	-	-	-	No correlation between gender and TB Knowledge score (regression score -0.08, CI95% -0.94, 0.77)	-
Armijos 2008 Ecuador Urban	Cross-sectional 212 62.7% Range= 18-80	TB suspects	-	-	-	-	-	-	-	More women than men indicated that they would keep an employeewith TB and help them to get treatment (28.9% vs. 5.4%,P = 0.003).	Gender did not predict reported TB familiarity. More men than women (35.4% vs. 14.3%, P = 0.001) identified an infectious cause for TB. Men were lesslikely than women to indicate that TBcan be transmitted by fomites (41.7% vs 23.4%, p= 0.02).	-	-	-
Aspler 2008 Zambia Urban	Cross-sectional 103 43.0% Mean=32; range 18-53	PTB andEPTB cases	-	-	-	-	-	Total costs as a proportion of median monthly income were significantly higher for women than men (132% vs 10.1%). Pre-diagnosis costs as a proportion of median monthly income were higher for women than men (113% vs 7%).	-	-	-	-	-	-

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Ayuo 2008 Kenya mixed	Cross-sectional 230 35.7% Median= 28.5; range 12-80	TB cases	No significant difference in mean patient delay was found by gender.	-	-	-		-	-	-	No significant difference in level of education by gender (p=0.08)	Women were as likely as men to be widowed/separated/divorced (19.51% vs 12.16%, p=0.19); Being widowed/separated/divorced was a predictor of longer patient-level delay (p = 0.015).	-	-
Bassili 2008 Egypt, Iran, Iraq, Pakistan, Somalia, Syria, Yemen Mixed	Cross-sectional 5053 39.7% Majority 15-35	TB cases	-	-	-	Yemenese women had significantly longer total delay (adjusted OR 2.29, 95% CI 1.26-4.14) and Egyptian women had significantly shorter total delay (adjusted OR 0.62, 95% CI 0.39-0.99), whereas there were no difference by gender in delay among other countries.	^	-	-	-	-	-	-	-
Brassard 2008 Canada Urban	Cross-sectional 164 48.8% Mean= 38 (SD 10.8)	High-risk population	-	-	-	-	-	-	-	-	Females had higher odds of reporting no TB knowledge than males. This was not statistically significant. (OR= 1.6, CI= 0.8-3.1)	-	-	-
Chimbanrai 2008 Thailand Mixed	Cross-sectional 300 42.7% Mean= 39.9 (SD 14.9)	PTB cases	-	-	-	-	-	-	-	-	Males were found to have poorer TB knowledge than females.(P=0.001)	-	-	-

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Mfinanga 2008 Tanzania Urban	Cross-sectional 639 39.3% Mean (SD)=35.1(12.1) years for males; 33.1(11.2) for females	SSM+ TB cases	Women had longer patient delay>30 days (41.0% vs 31.5%, p=0.019)	More women had referral delay >2 days (94.6% vs 86.2%, p=0.019); more women had diagnostic delay>3 days (62.1% vs 47.0%, p=0.001); more women had facility delay>5 days (88.8% vs 79.8%, p=0.005); no significant difference in treatment delay	*, #, @	-	-	Having no employment was associated diagnostic delay among women, but not men	Although distance from residence to facility with DOTS was similar for both men and women, distance>5Km was associated with more diagnostic delay among women, than men.	-	Poor knowledge of TB symptoms were associated with diagnostic delay among women, but not men	-	-	-
Continuation of Mfinanga 2008						-	-		Among patients living within 5km from the health facility the proportion of males vs females was 65.8 vs 61.6%; for distance 5- 10km it was 85% vs 63%; for distance >10km it was 47% vs 33%	-		-	-	-
Qureshi 2008 Pakistan Urban	Cross-sectional 301 46.8% Median among females: 32 Median among males: 35	TB cases	Women had longer patient delay (median 35 days in women, 29 days in men, p<0.001).	-	-	-	-	-	-	27% reported the presence of stigma related to TB. Both men and women were affected by stigma	No significant difference in knowledge about of TB.	-	-	-

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Somma ⁴ 2008 Bangladesh, India, Malawi and Colombia Rural (Bangladesh) Urban (Colombia, India, and Malawi)	Cross-sectional 427 ~50% : -	TB cases	-	-	-	-	-	-	-	Females in Bangladesh have a significantly higher stigma index (p=0.04); in India, the male-female difference was suggestive but not significant (p=0.01). In Bangladesh and to a lesser degree in India, impaired self-esteem, shame/embarrassment and perceived low regard of others were likely to be reported by women. Concern about social isolation was also more frequently reported by women in Bangladesh. For women with low self-esteem and concern about social isolation in the South Asian sites, these feelings were often related to the experience of having been actively isolated because of their disease, or forced to move away from their homes. Work-related aspects of stigma were frequently reported, and they were more likely to be an issue for men, except in Colombia where more women said they had decided to stay away from work and groups. In the multivariate analysis, never having been married was associated with greater stigma in India and Malawi but increasing age in Bangladesh was associated with less stigma.	-	-	-	-

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Weiss ⁴ 2008 Bangladesh, India, Malawi Rural(Bangladesh); Urban (India, Malawi)	Cross-sectional 329 49.0% -	TB cases	-	-	-	-	-	Men felt significantly more financial distress because of TB than women in all three countries (Bangladesh 63.5% vs14% , p<0.01; India: 75.8% vs 37.7% , p<0.01; Malawi: 78% vs 60% , p<0.05)	-	No quantitative difference in social barriers in all three countries.	Significant differences in knowledge about perceived causes were reported at different levels in all three countries (some cause-specific non-significant differences were also reported); more women knew TB is transmitted through environmental exposure either through infection, contact, or airborne exposure.	-	-	-
Chang 2007 Malaysia Mixed	Cross-sectional 316 38.9% Median=45; range: 15-70	TB cases	Women were significantly more likely to delay health seeking (57% vs 36%, p=0.006).	No significant difference in diagnostic delay between men and women (51% women vs 48% men, p=0.626)	-	-	-	-	-	-	-	-	-	-
Huong 2007 Vietnam Mixed	Cross-sectional 2093 29.0% 56% between 25-54	TB cases	Women were significantly associated with longer patient delay (aOR 1.3, 95%CI 1.0-1.7)	No significant difference in health system delay (female vs male aOR 1.2, 95% CI 0.8-1.7); risk of long patient delay if the first provider was private rather than public was reduced by half among men, but to one third among women (test of interaction, p<0.05)	#	Women were significantly associated with longer total delay (aOR 1.6, 95% CI 1.3-2.2)	^	-	-	-	-	-	-	-

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Karim 2007 Bangladesh Mixed	Cross Sectional 1000 50.0% Mean= 37.7	TB cases	Women had significantly longer patient's delay than men.	No significant difference in doctor's, treatment , and health system's delays	*, #, @	Women had significantly longer total delay and total diagnostic delay than men.	^, \$	-	-	-	-	Older women had longer patient and treatment delays (test for interaction between age and sex: p=0.031, and 0.029 respectively).	-	-
Karim 2007 Bangladesh Unknown	Cross-sectional 102 49.0% Mean: M 40.6years; F 32.6 years	TB patients	-	-	-	-	-	-	-	The overall stigma index for female TB patients was significantly higher than it was for males. (p<0.05) Females were significantly associated with greater prominence of the stigma indicators “shamed or embarrassed” “others refuse to visit” and willingness to disclose their illness to others” Males were significantly associated with more partner refusal of sex due to TB, and decision to stay away from work, groups.	Women reported more schooling than men (mean = 6.6 years vs 4.3 years; p=0.00)	-	-	-
Kaulagekar 2007 India Mixed	Cross-sectional 3001 40.0% -	TB cases (prevalent cases)	-	-	-	-	-	-	-	-	-	Women had significantly less treatment seeking than men in scheduled caste or tribe (p<0.001) For women, higher age and being married was associated with decreased health-seeking	-	-
Kemp 2007 Malawi Urban	Cross-sectional 179 49.0% -	New PTB cases	-	-	-	-	-	Patient cost: no significant difference in direct cost (13 USD for men vs 12 USD for women); men had higher opportunity cost. Household cost: women lost more income-earning opportunity because of caretaking responsibilities	-	-	-	-	No significant difference in number of care-seeking episodes (5.4 for women vs 5.0 for men)	-

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Sherma 2007 India Mixed	Cross-sectional 1008 40.6% Mean (SD)=35.3(12.0)	General population	-	-	-	-	-	-	-	-	A similar proportion of males and females thought that TB was an infectious disease (89.0% vs 89.5%, p=0.8). Among those who thought TB was an infectious disease, significantly fewer women than men thought TB could be transmitted through the air by coughing/sneezing (65.3% vs 76.4%, p=0.003); less women knew hospitalization as a measure to prevent TB transmission (21% vs 27.7%, p=0.01); more men knew cough >3 wks is a symptom of TB (p=0.01); more men knew sputum exam as a diagnostic for TB (47.3% vs 40.6% p=0.04); no significant difference in the knowledge of places where treatment was available (M 64.3% vs F 67.0%, p=0.37); no significant difference in the knowledge of treatment duration (p=0.17) As many women as men thought that TB treatment, cough hygiene and use of separate utensils/food consumption would prevent TB transmission (89.5% vs 89.5%, p=0.998; 26.4% vs 26.7%, p=0.9; 10.5% vs 8.2%, p=0.2).	-	-	-

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Tiwari 2007 Nepal Armed conflict areas	Cross-sectional 180 30.6% Median: 12-45 years	TB cases	-	-	-	-	-	-	No significant difference in visiting TB services was found by effect of armed conflict (e.g. curfew, casualties, killings) between male and female was found due to location of DOTS center (p=0.05). More women could not go health center during rainy season (p=0.019).	-	Males had significantly higher rate of literacy than females (P=0.001)	-	No significant difference in waiting time (p=0.699), separate exam room (p=0.637), and frequency of staff advice (p=0.268). No significant difference in satisfaction with TB services between men (89.6%) and women (87.0%, p=0.647).	-
Wondimu 2007 Ethiopia Mixed	Cross-sectional 198 56.3% Mean(SD)=33.6(14.1) for men; 29.7(11.8) for women	TB cases	Patient delay was significantly longer in females (aHR 0.63, 95% CI 0.47-0.84, p=0.002)	Female patients had significantly shorter health system delays (aHR 1.51, 95% CI 1.12- 2.04, p=0.007)	#	-	-	-	-	-	-	-	-	-
Xu 2007 China Rural	Cross-sectional 1204 38.4% Median=40-59 years	Hospitalized TB suspects	No significant difference between males and females in patient delay (M/F aRR 1.09 95% CI 0.96- 1.23, p=0.19).	-	-	-	-	-	-	-	-	-	-	-
Yan 2007 China Rural	Cross-sectional 889 - -	Community residents and PTB patients	-	In 1 of 4 provinces, system delay higher for women than men (35% vs 25%, p=0.04)	*	-	-	-	-	-	-	-	-	-
Zhang 2007 China Rural	Cross-sectional 614 48.9% -	General population	-	-	-	-	-	-	-	-	More men knew how TB was spread (44% vs 36% , p<0.05)	-	-	-

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Farah 2006 Norway Unknown	Cross-sectional 83 47.0% Median=32	TB cases, including EPTB	Sex was not associated with patient delay	Gender was not associated with health system delay	#	Gender was not associated with total delay in TB treatment	^	-	-	-	-	-	-	-
Fochsen 2006 India Rural	Cross-sectional 644 interviewed for health seeking behavior; 445 with cough and sought care 25.8% (of 644) and 26.5% (of 445) 53.3% of population with cough between 15-54	TB suspects	-	-	-	-	-	-	-	-	-	-	No significant difference by gender in being provided sputum examination (aOR 1.2, 95% CI 0.5-2.9)	-
Pehme 2006 Estonia Mixed	Cross-sectional 185 31.9% -	New PTB cases	Males were more likely to have prolonged and extreme patient delay (M/F aOR 2.12 95% CI 1.06- 4.23, p<0.05, and 3.28 95% CI 1.30-8.26, p<0.05).	-	-	-	-	-	-	-	-	-	-	-
Rojpibulstit 2006 Thailand Mixed	Cross-sectional 202 22.8% Mean(SD)=43.3(16.2)	SSM+PTB cases	No significant difference in patient delay (F/M aHR 1.00 95% CI 0.68- 1.46)	No significant difference in health system delay (F/M aHR 0.86 95% CI 0.59-1.24)	*	-	-	-	-	-	-	-	-	-
Saly 2006 Cambodia Rural	Cross-sectional 308 49.7% Mean(SD)=46(15.1)	SSM+ TB cases	-	-	-	No significant difference in total delay	^	-	-	-	-	-	-	
Sarmiento 2006 USA Urban	Cross-sectional 39 30.8% Mean(SD)=41.6(14.4)	New TB cases	-	-	-	No significant difference in total delay (M 21.3 wks F 13.4 wks, p=0.497)	\$	-	-	-	-	-	-	

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Date 2005 Yemen Rural	Cross-sectional 74 44.6% -:	SSM+ PTB cases	-	-	-	-	-	-	-	-	27% of men and 73% of women were illiterate (p=0.12) Illiteracy was a predictor of longer diagnostic delay (OR = 2.9, p = 0.046). Literate females were least likely to have diagnostic delays AND treatment not completed (p < 0.001), and illiterate males were most likely to have diagnostic delay AND treatment not completed (OR 6.4, p = 0.008).	-	-	-
Diez 2005 Spain Mixed	Cross-sectional 5184 29.7% -	TB cases	-	Women were significantly associated with extreme health system delay (OR 1.26, 95% CI 1.04-1.49), but not with delay longer than 50th percentile (OR 1.12, 95% CI 0.97-1.29)	#	-	-	-	-	-	-	-	-	-
dos Santos 2005 Brazil Urban	Cross-sectional 1105 33.0% -	TB cases	-	-	-	Sex was not associated with total delay in TB treatment (OR of delay for women vs men: 1.18, 95% CI 0.91-1.53, p=0.1884)	^	-	-	-	-	-	-	-
Katamba 2005 Uganda Rural	Cross-sectional 307 31.6% Mean (SD): DOTS: 35.1(13.4); SAT: 35.2(12.0)	TB patients	-	-	-	-	-	-	-	-	No significant difference in the belief that TB is associated with HIV/AIDS (p=0.694)	-	-	-

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Xu 2005 China Rural	Cross-sectional 493 27.8% Median: 40-59 years	TB cases	No significant difference in patient delay in two counties between male and female TB cases.	No significant difference in doctor's delay in two counties between male and female TB cases.	*	-	-	-	-	-	-	-	-	-
Yimer 2005 Ethiopia Rural	Cross-sectional 384 47.4% Median(range)=28(16- 70)	New SSM+ PTB patients	No significant gender differences in patient delay	Provider delay did not vary by gender	#	-	-	-	-	-	-	-	-	-
Ahsan 2004 Bangladesh Rural	Cross-sectional 307 52.8% Mean= 36 (range 15- 90)	TB cases	A larger proportion of those who delayed for 14- 60 days were men. Of those who had > 60 days delay, 50% were women whereas only 29.8% were males.	-	-	-	-	More women than men were unemployed/housewives, which predicted health seeking. More females than males reported difficulties paying for travel to access care (83.3% vs 66.2%, p<0.001).	-	More females than males wanted to be diagnosed secretly (82.7% vs 23.4%, p<0.001). Women were more likely than men to report problems in the relationship with their spouse (72.1% vs 49.2%, p<0.001); to report problems in their relationship with other family members (77.2% vs 36.6%, p<0.001). Men were more likely than women to report difficulty in finding a marriage partner (64.1% vs 45.7%, p=0.001).	-	More women than men were unmarried, which predicted against health seeking.	More women than men were uncomfortable with clinic hours or dissatisfied with provider's behavior/TB services, both of which were predictors of health seeking. Fewer females than males reported satisfaction with clinic hours (69.8% vs 78.6%, p=0.077); satisfaction with providers' behaviors (61.1% vs 75.2%, p=0.009); and satisfaction with TB services (65.4% vs 75.9%, p=0.046).	-

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Atre ² 2004 India Rural	Cross-sectional 160 50% Mean 39.7	Community members who did not have TB and whose immediate family members did not have TB	-	-	-	-	-	Financial problems, including job loss (P < 0.1) and reduced family income (P = 0.07), were reported more frequently for the male than for the female vignette.	-	There were no statistically significant gender differences in respondents responses to stigma indicators (tested using male and female vignettes)	There were no gender differences in the ability to recognize TB. Significantly more men (74%) than women (15%) identified the mass media as sources of TB information. (P<0.01). More men (31%) than women (14%) identified health services as a source of TB information (p<0.05).	-	-	-
Balasubramanian 2004 India Rural	Cross-sectional Community:76011 TB suspects:8646 TB patients:1967	General population, TB suspects, TB cases	No gender difference in delay was found. Median delay was 14 days for both gender (P=0.2)	Men and women experienced similar health system delays regardless of whether they consulted government provider first (median 15 vs 17 days, p=0.6) or private provider first (median 42 vs 45 days, p=0.6).	*	-	-	Women spent significantly more money for care seeking than men (500 vs 300 rupees; P< 0.001). For both men and women, it cost 5 times more to consult a private provider than a government provider (500 vs 100 rupees; P< 0.001)	-	Women faced significantly greater stigma than men in terms of discussing their illness with family and friends (21% vs 14%, p<0.05), feeling unwelcome to participate in social events (18% vs 12%, p<0.05) or facing rejection due to their illness (4% vs 2%, p<0.05).	-		-	Among SSM+ TB patients, women were less likely to be notified (the probability of notification was significantly higher for women than men, 0.54 vs 0.33; p<0.01)

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Paynter 2004 UK Urban	Cohort 71 32.4% Mean=38.1	PTB cases	No significant difference in patient delay (median 26 days among men vs 50 days among women p=0.13).	No significant difference in health system delay (median 26.5 days among men vs 41.5 days among women, p=0.42).	#	No significant difference in total delay (median 77.5 days among men vs 93 days among women, p=0.53).	^	-	-	-	-	-	-	-
Shetty 2004 United Kingdom Urban	Cross-sectional 75 45.3% -	TB patients; household contact; community residents	-	-	-	-	-	-	-	No significant difference by gender in living and coping with TB and how others related to patients' disease	-	-	-	-
Thorson 2004 Vietnam Mixed	Cross-sectional 35832 53.3% -	General population	-	-	-	-	-	No significant difference in the proportion of TB cases in lowest quintile income level by gender (60% vs 67%, p=0.78)	-	-	-	-	-	Among self- referred patients (i.e. passive case- finding), the case detection rates were estimated to be 39% (20- 76%) among men and 12%(6-26%) among women. Men had significantly higher case detection rate (RR 3.3 95% CI 1.9-5.8), suggesting women were under- represented by self- referral

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Agboatwalla 2003 Pakistan Mixed	Cross-sectional 754 49.0% -	General population	-	-	-	-	-	-	-	-	Significantly higher overall literacy of men than women both in urban and rural sites (p<0.05); more men than women knew TB is transmitted through droplet in both sites (p=0.02, 0.02); more urban women than men thought TB is transmitted through sexual contact (14.2% vs 3.1%, p<0.05); men had more knowledge TB symptoms (lesser difference in urban areas)	-	-	-
Ailinger 2003 USA Mixed	Cross-sectional 14727 14.1% -	General population	-	-	-	-	-	-	-	-	Gender was slightly associated with knowledge of perceived risk, 23.8% of men and 25.7% of women answered all questions correctly (p < 0.001).	-	-	-
Harries 2003 Malawi Mixed	Cross-sectional 329 53.5% Mean: 36	Hospitalized TB cases	-	-	-	-	-	-	-	-	-	-	No difference in the odds of “exceeding ideal maximal number” of health facility visits by gender for both smear positive (aOR 1.26, p = 0.4) and negative patients (aOR 0.94, p=0.9).	-

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Hashim 2003 Iraq Mixed	Cross-sectional 500 patients 500 HCWs Patient: 33.4% Health care worker: 22.0% Mean (SD) for patient=36.4 (16.4) 75%of HCWs were >30 years	Health care workers and SSM+ TB cases	-	-	-	-	-	-	-	-	Among patients, no significant difference in TB knowledge (65.8% vs 61.7%, chi- squared=0.81);	-	Among health care workers, lower proportion of women had good knowledge (96.4% vs 99.0%, non- significant)	-
Hoa 2003 Vietnam Rural	Cross-sectional 559 53.7% 56% between 25-64	TB suspects	Women significantly had more healthcare action (p<0.001)	-	-	-	-	-	-	-	More women than men were illiterate (15% vs 4%, p<0.001); significantly higher mean knowledge score in men than women (3.04 vs 2.55, p<0.001); more men knew TB is transmitted through droplet (p=0.04); knowledge of TB symptoms was associated with increased healthcare action or seeking hospital care	-	-	-

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Demissie 2002 Ethiopia Urban	Cross-sectional 700 46.9% Mean= 31	PTB cases	SSM+: Females had 0.98 the odds of longer delays than males, but this was not statistically significant (CI 0.61-1.57) SSM-: Females had 1.1 times the odds of longer delays than males but this was not statistically significant(CI= 0.72-1.69).	-	-	-	-	-	-	-	-	-	-	-
Dhingra 2002 India Urban	Cross-sectional 301 46.8% -:	PTB cases	No gender difference in delays was found	-	-	-	-	-	-	-	-	-	-	-
Godfrey-Faussett 2002 Zambia Urban	Cross-sectional 427 59.5% 68% between 20-39	TB suspects	No significant difference in patient delay. (38.2% for men vs 32.7% for women, p=0.29)	-	-	-	-	Sex was not associated with socio-economic factors (p=0.6)	Sex was not associated with distance to clinic (p=0.1).	Sex was significantly associated with stigma (p=0.019, direction was not reported)	Sex was not associated with knowledge of TB (p=0.93), but was associated with education (p=0.00007, direction not reported); poor TB knowledge was associated with increased stigma (p=0.004)	-	-	-
Malhotra 2002 India Rural	Cross-Sectional 213 52.1% Mean=43.02; range: 20-90	General population	-	-	-	-	-	-	-	-	Males significantly more than women were aware about symptoms, mode of spread, and etiology of TB	-	-	-
Masjedi 2002 Iran Urban	Cross-sectional 50 60% Mean(SD)=42(19)	New SSM+ TB cases	Men had longer patient delays (mean 15.5 vs 10.5 days, p=0.12)	Women had longer physician delays (108 vs 70 days, p<0.05)	*, @	-	-	13% of women delayed seeking medical advice due to dependence on their husbands.	-	-	-	-	-	-

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Rajeswari 2002 India Mixed	Cross-sectional 531 28.1% Mean(range)=38(15-80)	SSM+ new PTB cases	Men waited somewhat longer than women to seek care (20 vs 15 days. P= 0.07) A significantly higher proportion of women (77%) than men (68%) sought care within 30 days of onset of symptoms.(X2= 4.3, P= 0.0382)	No significant difference in median health system delay (M 23 days vs F 30 days).No significant difference in the proportion of diagnosed > 7 days (M 68% vs F 73% p=0.18)	*	-	-		-	-	-	-	-	-

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Getahun 2001 Ethiopia Rural	Cross-sectional 1000 25.6% Mean= 40.1(SD 10.8)	General population	-	-	-	-	-	-	-	Significantly higher proportion of males than females would allow home visits from TB patients on treatment. (36.4% vs 26.2%; X ² = 8.9; P= 0.002); to continue marriage if spouse develops TB. (70.2% vs 66%; X ² = 53.1; P= 0.0001); to shake hands with a TB patient (24.9% vs 13.3%, x ² =14.9 p=0.001); to attend social gathering with TB patients on treatment on the open field (25% vs 19.5% x ² =3.2 p=0.075) Higher but not statistically significant proportion of males than females would allow siblings to play with children from a TB family (9.1% vs 6.2% x ² =2.1 p=0.15); to attend social gathering with TB patient on treatment on the same room (14.6% vs 12.1% x ² =1.0 p=0.31)	A lower proportion of females than males believed TB is curable. (57% vs 70%; X ² = 14.5; P= 0.001)	-	-	-
Lienhardt 2001 The Gambia Mixed	Cross-sectional 152 27.6% Mean=36 for men and 30 for women	TB cases	-	-	-	No significant difference by gender in total delay (aHR of delay among men vs women 0.74, 95% CI 0.34-1.62, p=0.46)	^	-	-	-	-	-	Women had seen a significantly higher number of healthcare providers (p=0.01)	-

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Needham 2001 Zambia Urban	Cross-sectional 202 44.0% 53% <32	TB cases	-	-	-	Delay from symptom onset to initiation of treatment was significantly longer in women than men (72 days vs 58 days, p=0.02)	^	-	-	-	-	-	-	-
Ngamvithayapong 2001 Thailand Unknown	Cross-sectional 557 33.7% Median=37	New SSM+ TB cases	Women had longer patient delay (aOR=1.04, 95%CI 0.69- 1.58)	Women had longer provider delay (univariate OR=1.43, 95%CI 1.01- 2.04)	*	-	-	Significantly higher proportion of women than men were unemployed/had no income (37.2% vs 26.5% p=0.03)	-	-	No significant difference by gender in proportion of being illiterate(M 21.7% vs F 28.7% , p=0.10)	-	-	-
Pronyk 2001 South Africa Rural	Cross-sectional 298 40.6% Mean(SD)=40.4(15.5)	Hospitalized PTB cases	No significant difference in patient delay (F/M HR 1.00 95% CI 0.78- 1.26)	Women had longer service provider delay (F/M HR 0.64 95% CI 0.49- 0.83, p<0.05)	*	-	-	-	-	-	-	-	-	-
Sadiq 2001 Pakistan Mixed	Cross-sectional 160 47.0% Mean(SD)=33(16.6)	New registered TB cases	No significant difference in patient delay (p=0.19)	-	-	-	-	No significant difference in mean travel cost (p=0.45)	No significant difference in travel time and distance from residence to TB center (p=0.44, 0.58, respectively)	-	-	-	-	-
Ward 2001 Australia Mixed	Cross-sectional 781 42.4%-42.6% Mean= 54.8 years among men; 46.1 among women	TB cases	All TB: No significant difference in patient delay (M/F aRR 0.93 95% CI 0.80- 1.08). SSM+ TB: OR 1.02 (0.81- 1.27)	All TB: Men had shorter system delay (M/F aRR 0.78 95% CI 0.68-0.91) SSM+ TB: OR 0.78 (0.63- 0.97)	#	-	-	-	-	-	-	Stratification of sex by age dichotomized at 45 years and risk group showed that That the principal source of age-corrected difference between females and males for health care system delays was in the non-indigenous Australian-born group. Females aged 45 and over in this group had significantly longer times to diagnosis (P<0.01).	-	-

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Yamasaki- Nakagawa 2001 Nepal Rural	Cross-sectional 336 29.0% Median=37 for men and 30 for women	TB cases: SSM+, SSM-, EPTB	No significant difference in patient delay by gender (0.8 month for men vs 0.6 month for women, p=0.7);	Women had slightly more health provider delay than men (1.3 month vs 0.8 month, p=0.054)	*	Women had longer total delay than men (median 3.3 months vs. 2.3 months p=0.034)	\$	No significant difference by gender in fee paid to health care providers before TB diagnosis (p=0.36)	No significant difference by gender in travelling time to governmental medical establishment where patients got treated (p=0.35)	-	-	-	-	-
Thorson 2000 Vietnam Unknown	Cross-sectional 492 56.7% -	TB suspects from population survey	Being a woman was associated with longer delay to first hospital visit	-	-	-	-	Male is significantly associated with a higher total cost per health care action (p=0.01)	-	-	-	-	Significantly more men than women reported giving a sputum sample at hospital (36% vs 14%, p=0.0006); women were associated with increased number of care-seeking actions	-
Wandwalo ⁵ 2000 Tanzania Mixed	Cross-sectional 296 33.4% Mean (SD)= 36.2 (12)	SSM+ TB cases	No significant difference in patient delay (p=0.854); no significant different in patient delay longer than 30 days (p=0.469)	-	-	There were no significant gender differences in delays.	^	-	-	-	-	-	-	-
Wandwalo ⁵ 2000 Tanzania Mixed	Cross-sectional 296 33.4% Mean (SD)=36.2 (12)	New SSM+ PTB cases	-	-	-	-	-	-	-	-	No significant difference about knowledge of TB symptom/sign (p=0.398),knowledge of cause and transmission (p=0.889), and overall satisfactory knowledge of TB (F/M aOR 1.64 95% CI 0.89-3.01, p=0.114).	-	-	-

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Jiménez-Corona 2006 Mexico Mixed	Cohort 623 41.1% Mean(SD)= 44.3(17.8)	TB cases	-	No significant difference in the interval between diagnosis and initiation of treatment (men: 0.20vs women: 0.02, p=0.22)	@	No significant difference between initiation of symptoms and diagnosis in months (men: 2.90 vs women 2.78, p=0.46), and between initiation of symptoms and treatment (men 3.5o vs women 3.25, p=0.18)	^, \$	-	No significant difference in distance to nearest health centre (687 meters for men vs 705 meters for women, p=0.24).	-	-	-	-	-
Rajeswari 2005 India Unknown	Cohort 610 33.7% 54% males and 57% females<=45	TB cases	-	-	-	-	-	-	-	-	Women had lower literacy (52% vs 70%, p=0.0001); no overall significant difference in knowledge of TB etiology and mode of transmission (p=0.106, 0.194); no significant difference in correct recognition of infection as TB etiology (12% of men vs 16% of women, p>0.05)	-	-	-

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Datiko 2009 Ethiopia Rural	Cluster randomized trial 296811 47.9% -	General population and self- referred TB suspects	-	-	-	-	-	-	-	-	-	-	-	Mean case detection rate was higher in intervention kebeles (122.2% vs 69.4%, p<0.001) and for female patients (149% vs 91.6%, p<0.001); the improvement of case detection rate was significantly more for women than for men
Khan 2007 Pakistan Urban	Pragmatic randomized clinical trial 3055 48.9%	TB suspects referred by physicians or by the NTP	-	-	-	-	-	-	-	-	Brief instruction significantly increased sputum smear positive rate among women, increased a second early morning sputum specimen submission and decreased rate of saliva seen in submitted samples. The significant differences were not seen among men	-	-	-

Legend& Footnote:

-: Not reported; **M**: male; **F**: female; **SD**: standard deviation; **CI**: confidence interval; **TB**: tuberculosis; **PTB**: pulmonary tuberculosis; **EPTB**: extrapulmonary tuberculosis; **SSM+**: sputum smear positive; **SSM-**: sputum smear negative; **HIV**: human immunodeficiency virus; **AIDS**: acquired immunodeficiency syndrome; **OR**: odds ratio; **aOR**: adjusted odds ratio; **HR**: hazard ratio; **aHR**: adjusted hazard ratio; **RR**: risk ratio; **aRR**: adjusted risk ratio; **ACF**: active case-finding; **PCF**: passive case-finding; **DOTS**: directly observed treatment short; **SAT**: self-administered treatment; **STD**: sexually transmitted diseases; **NTP**: national tuberculosis program; **Patient delay**: delay between symptom onset and presentation to health care; **Three types of provider/system-level delay**:*: delay between presentation to ANY health care provider and diagnosis (health care provider includes but is not restricted to qualified specialist, primary physician, private practitioner, and traditional healer); #: delay between presentation to ANY health care provider and treatment (health care provider includes but is not restricted to qualified specialist, primary physician, private practitioner, and traditional healer); @: delay between diagnosis and treatment; **Two types of combined delay**:^: delay between symptom onset and treatment initiation; \$: delay between symptom onset and diagnosis

¹Mesfin 2010 and Mesfin 2009 used same population;

²Atre 2009 and Atre 2004 used same population;

³Both studies by Yimer in 2009 used same population;

⁴Gosoni 2008, Somma 2008, and Weiss 2008 used same population in Bangladesh, India, and Malawi

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⁵Both studies by Wandwalo in 2000 used same population