Original Article

TB Stigma

TB Stigma, Attitude and Practices among Urban Dwellers. A Descriptive Study on TB

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ABSTRACT

Objective: objective of the study was to explore the Stigma, attitude and practices with special reference to TB in Urban areas.

Study Design: Descriptive study

Place and Duration of Study: This study was conducted in UC-49. Tehsil Malikwal District Mandi Bahawaldin from Jan-2013 to March-2013.

Materials and Methods: To gather the data on set objective a structured questionnaire was implemented. To collect the data a sample of 70 was interviewed after verbal consent. Tool was refined as per the highlighted suggestions of pre-testing under similar environment. Data was entered in EpiData software and analyzed in SPSS.

Results: Tables show the participation of both male and female as 70:30% respectively. In case of TB symptoms; Doctor or other medical worker was consulted for sharing by 91.4% respondents, 71.4% respondents would like to visit health facility (Government or Private), 14.3% visit the pharmacy for treatment, 30% were those who visit the health facility when they observed TB signs especially duration of cough, 65.7% urban residents visit the care center as soon they realize they had TB, 8.6% hate TB patients, 30% response friendly but avoid TB patients, 40% show sympathy toward TB patients, and 60% were said that the life of Tb patients were poor.

Conclusion: In spite of health interventions aimed at awareness, treatment and rehabilitation of TB in Pakistan, the country still stands distinctively among the nations where TB is sky rising. The government and civil society need to move ahead from policy level to practical implementation of measures to prevent TB. At cultural perception level, there is a need to remove misconceptions about TB being the one that severely bars the social life mingling.

Key Words: TB, Stigma, Attitude and practices, Delay in treatment, Self treatment

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INTRODUCTION

Tuberculosis (TB) is the world's a very old disease, is very common in developing countries. Once seemingly under control, it has now made a comeback never seen before with a retribution[1]. In the WHO Regional Office for the Eastern Mediterranean in 2004 gives an idea of such diseases prevalent in the eastern Mediterranean region, the number of , cases have been reported in the region (Afghanistan, Bahrain, Djibouti, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates, Yemen and UNRWA) for 2005 were 321468 with Afghanistan contributing 25473 and Pakistan the leader at 163927 cases[2].

Pakistan has been included in one of the high TB burden countries[3]. A person's perception about TB is pretended by his previous information of the disease. Tuberculosis's better understandings depicted better health-seeking behavior. In Pakistan, 26 percent of TB patients have not heard about TB before diagnosis, surprisingly it is not worth noting that 10 percent of the total population have not heard about TB[4]. Researches from neighboring India, 56-99 percent of the population were well aware about the disease tuberculosis[5-7]. Also previous studies depicts that lack of knowledge is believed to be as one of the reason in Pakistan to increase TB burden[8].

Earlier studies evidences show that geographical factor of stigmatization among TB infected peoples, predominantly those living in urban communities. The results of existing studies showed that people in urban areas feel hindered and ashamed, if they find themselves suffering from tuberculosis. Tuberculosis has long been associated with similar feelings[9-12].

Fear of transmitting infection and to avoid potential inequity from the society is the result of individual stigma. Findings of the existing literature show that regardless of residential areas either rural or urban it was observed that communities normally reject TB patients. Graph of TB stigmatization among masses raises due to perceived threat of infection and supposed link between TB and low caste, poverty, infamous behavior and divine punishment[13].

Self treatment[14], stigma, perception and beliefs about TB (TB treatment, diagnosis, TB is curable, causes by evil spirits etc) were identified as risk factors[15]. It was observed that many TB patients were very reluctant to attend NTP health facility because it means that they have to disclose TB in public. In many countries, TB is so closely associated with HIV that is why patients fear and think that they reveal their HIV status to their neighbors[16].

In Pakistani communities TB has long been associated as a disease that every one infected or supposed to be infected by TB virus wants to hide it from others people including their family, friends and neighbors in recent past. Situation regarding the awareness about TB signs and symptoms, diagnosis, treatment and treatment duration and beliefs of communities is getting improved after the interventions of NTP and other private line departments like NGOs with particular focus to cure TB from Pakistan. Still stigma, self treatment and to avoid sharing T status with other and delay in getting treatment from specialized TB health facility is grounded. This research was focused to explore stigmatization, attitude and practices of people urban areas regarding TB.

MATERIALS AND METHODS

To collect the data on study objective a structured questionnaire was implemented after improvement activity as suggestions were highlighted during pre-testing of the tool. Data was gathered form a sample of 70 people including 49 male and 21 female of UC-49 of *Tehsil Malikwal*, District Mandi Bahawaldin. Data was collected after the verbal consent of the participants and ethical consideration of research. With the help of experienced researchers the data was collected, verified and entered in EpiData. SPSS was used to do analysis and further analytical requirements.

RESULTS

Below chart shows the 58.6% participation from the age group of 20-30 years. 17.1% of the participants were in the category of 31-40 years of age, 14.3% belongs to 41-50 years of age and 10% were those enjoying 51 and above year of age.

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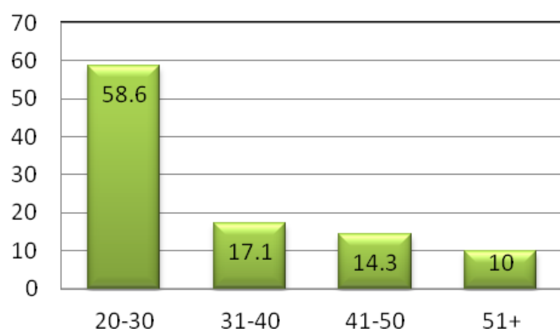
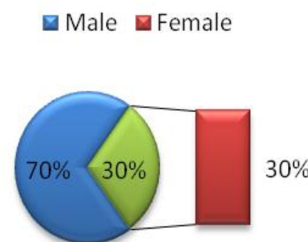
Age of Participants



Bar Chart No. 1: Age of Participants

Pie chart explains the gender distribution of the participants of study. Percentile shows 70% involvement from male side and 30% from female side to collect the opinion of both sides of gender.

Gender Distribution of Participants



Pie-chart No. 1: Gender Distribution of Participants

Table No. 1: If you had TB Symptoms whom you shared with first?

Category	Frequency	Percent
Doctor or other medical worker	64	91.4
Other family member	4	5.7
Close friend	2	2.9
Total	70	100

Table 1 shows that 91.4% participants want to visit doctor to share TB if he had. In 5.7% cases they were likely to expose TB with their family members and 2.9% were those respondents who would like to share with their close friends if they had TB.

Table No. 2: If You Had Symptoms of TB Then Where You Go first?

Category	Frequency	Percent
Go to health facility	50	71.4
Go to pharmacy	10	14.3
Go to traditional healer	1	1.4
Pursue self-treatment?	7	10
Other treatment options	2	2.9
Total	70	100

Table No. 3: If You Had Symptoms of TB, When Would You Go to The Health Facility?

Category	Frequency	Percent
When treatment on my own does not work	3	4.3
When symptoms that look like TB signs especially duration of cough	21	30
As soon as I realize that my symptoms might be related to TB	46	65.7
Total	70	100

Table 2 explains the responses of study participants about where they want to go if they had symptoms of TB. 71.4% of the respondents would like to visit health facility, 14.3% were in favor to visit pharmacy only,

1.4% were those who inclined toward the services of traditional healer and 10% were those who would like to pursue self treatment if they had TB symptoms.

Table 3 shows that if someone had symptoms of TB then when would he visit health facility for specialized treatment of TB. Percentile shows that 4.3% of the respondents visit the health facility when their self medication does not work, 30% respondents were of the view that they would like to visit health facility when TB symptoms especially cough prolonged up-to 3 weeks because 3 weeks cough is main symptom of TB and 65.7% were those participants who said that as early they realize that they had TB symptoms they would like to visit health facility for treatment.

Table No. 4: What is the Response of Community toward TB patient?

Category	Frequency	Percent
Most people reject him or her	6	8.6
Most people are friendly, but they avoid TB patients	21	30
The community mostly supports and helps	43	61.4
Total	70	100

Table 4 explains that if a person had TB then what would be the expected response of the community toward that respective patient. In 8.6% cases respondents were of the view that community rejects TB patients, 30% were those who said that mostly community attitude toward TB patients were observed friendly and 61.4% respondents were of the view that community normally provide support and help to the patient and motivate them for the treatment.

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Table No. 5: Your Feeling toward People who Have TB?

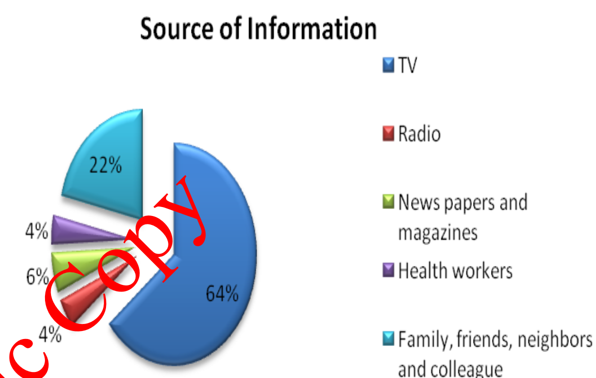
Category	Frequency	Percent
Sympathy	28	40
Hate	2	2.9
Friendly but I will try to avoid him or her	8	11.4
I will support and help him or her	31	44.3
Others	1	1.4
Total	70	100

Table 5 focused particularly about the feelings of respondents toward a TB patient. Percentile explains that 40% respondents were behave in sympathetic form toward TB patient, 2.9% said that they feel hate for TB patients, 11.4% were those respondents who used to behave in friendly way but also try to avoid them, predominantly 44.3% respondents inclined to support and help TB patients.

Table No. 6: Quality of Life of a Person with TB

Category	Frequency	Percent
Normal	11	15.7
Poor	42	60
Very Poor	16	22.9
Good	1	1.4
Total	70	100

Table 6 shows the perception of study participants about the quality of life of TB patients. In 15.7% cases respondents were of the view that Tb patients living their normal life, 60% of the participants were of the view that TB patients living poor lives, 22.9% were in favor of very poor life style of TB patients and only 1.4% respondents said that TB infected patients living good lives in routine.



Pie-Chart No. 2: Source of Information

Source is information is always very crucial to create awareness among masses. There are many way and techniques to spread information among communities about any particular topic. In this focused TB research 64% of the study respondents were mentioned TB as a source of information, still radio is in use as reported 4% times in current study, 6% respondents take information from newspapers and magazines, LHW as a source of information reported 4% and 22% of the respondents said that their friends, family members, neighbors and colleagues were the main source of information regarding TB.

DISCUSSION

Stigma, self treatment and delay in getting treatment are very obvious and life threatening factors associated with attitude and practices of general public regarding TB in Pakistan. Data of current study shows that situation is not as worse as depicted in earlier studies and literature existed on similar factors. In Pakistan, TB DOTS program almost working on 100% Government health facilities throughout rural and urban areas. Efforts of DOTS program along with the active participation and interventions of private sector including basic education project on TB disease with an appreciated effort to spread information about signs &

symptoms, diagnosis & treatment and to avoid every expected delay for treatment including stigma, self treatment and to utilize private health practitioners like spiritual healers, untrained medical staff, traditional and homeopathic consultants but still there is a need of improvement especially regarding attitude of health staff and to enhance the quality of services[17,18].

In previous studies degree of kinship was reciprocally coupled with stigmatization. Moral support provided by family members often plays an important role in early diagnosis and treatment compliance[19, 20]. Growing TB education among masses can help to reduce inequity and stigma as deficiency of primary information about the disease is played an important stigmatization contributing factor in TB[21].

Several existing studies depicted self-treatment as major contributing problem in treatment delay[15]. A study conducted earlier in Pakistan with the results that 50% of patients practiced self-treatment and 42% would like to visit pharmacy as first after getting TB symptoms[14], but the opinion of respondents in current study is different with the results to practices self-treatment as reported 10% and to visit pharmacy at first was reported 14%.

Previous studies show that in spite of having high class knowledge about TB more than half of patients did not practiced appropriate health seeking behavior in term of timely visit to suitable health facility for specialized care, which reflects the high level of stigma associated with the disease. Some other studies also reported that information alone is not the only factor to measure health seeking behavior of TB patients or their devotion to timely treatment, but importantly the patient's attitudes and practices[22-24].

Multiple factors affect natural attitudes and practices of human beings such as socio-cultural belief system, stigma, socio-economic status, access to health facilities and availability of quality care. A very intensive community-based media campaign is highly recommended to reduce the stigma associated with TB. Educational activities, such as increasing awareness in the community should be started instead of being limited to the target behavior modification[25].

CONCLUSION

Unfortunately, Pakistan is among the nations of the world that witness highest rates of case identification regarding TB. On the other hand, TB is more than a disease in cultural level. The TB is seen as a physical problem that not only damages the health of patient but also excludes him or her from the social relations, stops the patients from appearing in the social circles and meeting with family, relatives, friends, colleagues, co-workers and neighborhood. Though it can be said that few interventions regarding war against TB are already underway but there is a need for serious thinking, planning and adopting practical measures for TB control. The patients need proper screening, treatments and opportunities for physical rehabilitation. In addition, there is a need that the government may take one step ahead in order to work on the social stigma related to TB prevailing among the general masses of the country. People need to understand via social and attitudinal engineering that TB is curable as well as it does not restricts the patients to perform normal life routines and chores.

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