



Health Seeking Behaviour among the Persons in Contact with Tuberculosis Patients in an Urban Slum Patharbandh, Khurda, Odisha: in Sociocultural Approach

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Keywords: Awareness; Diagnosis; Health seeking; Knowledge; TB.

Abstract

Background: Health seeking behaviour is now a major challenge for the health system to improve the situation of TB cases. Inadequate knowledge and understanding of the people always matters for success and implementation programme of any disease. Therefore Govt. has initiated to conduct awareness camps and involved health workers but yet there is no changes seen among the people specifically those are under poverty and having less qualification. The aim of this study is to find out the health seeking behaviour of the persons in contact with TB patients in an urban slum.

Method: This study was conducted in an urban slum of Khurda district and data collected using the mixed methodology approach. A field validated questionnaire was used for the both quantitative and qualitative data. The qualitative section included In-Depth Interview (IDI) and Focused Group Discussions (FGD).

Result: The result of this study revealed that 25.5% replied the common symptom is coughing and the rest were almost ignorant. Regarding how TB spreads, 20% reported that TB spread through air, but 19% mentioned that TB can be prevented by using mask; rests are ignorant. In view of the knowledge about diagnostic 38.4% supported sputum test is best testing for TB diagnosis. Whereas 18.4% thought it is a life-threatening disease. It is observed that 36% seek advice from local pharmacy prior to reaching Govt. Health center.

Conclusion: This study suggests that further systematic research is needed to looked-for understanding their perception regarding health seeking behaviour after integration and implementation of awareness camps through a base line and end line survey.



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Introduction

Tuberculosis is an infectious disease which caused by the bacillus known as "Mycobacterium Tuberculosis". It affects mainly lungs (Pulmonary) and also can affect other sites (Extra-pulmonary). It is an airborne disease and it spreads through an untreated patient with pulmonary TB. For example an afflicted person's coughing [1]. In India it causes 3laks deaths and 2.2million new cases in each year. It is also one of the top 10 causes of death from a single infectious agent [4]. In India TB in community is managed by National TB elimination Programme (NTEP). The main target of this programme is to eliminate TB with 90% notification and 85% re-treatment initiation rate. Since 2007, Government has initiated DOTs to cover all the notified TB cases by distributing drugs with free of cost from nearby their Govt. health facilities. Nevertheless, the problem is not yet end. The control of TB is not as informal which always depends upon the health seeking behaviour pattern of people. It allows the patients to choose the health facility by their own wish. As a result that leads a delay in health seeking behaviour among them. In most Indian communities it has been observed that they prefer private hospitals for coughing and chest pain unless they got satisfied [11]. It has been observed that in many studies more than 50% patients seek private health care facilities like pharmacy which treatment is remain substandard [14]. The health seeking behaviour of people is being affected mostly by their socio-economic condition and social stigma is another cause of leading health seeking delay among people [2].

In urban slum Patharbandha of Khurda district which is situated at the east zone of the Bhubaneswar city in Odisha. The prevalence of TB cases of this area is reported with highest number after following another slum- Salia sahi in same urban. Health seeking behaviour of this slum people was assessed through door-to-door survey with the support of ASHA workers and MAS members. To strengthen the health system guideline we need to understand their knowledge on TB and health seeking behaviour regarding TB & to find out the gaps if any and take the relevant action, with in the health system framework. The aim of this paper is to understand the health seeking behaviour of persons in contact with cured TB patients and their choice for health facilities, in priority basis.

Method

This study was conducted in an urban slum Patharbandh by adopting a mixed method technique to understand their health seeking behaviour. The data collected in both qualitative and quantitative approach; using a validated structured questionnaire. The qualitative section included In-depth interview (IDI) and focused group discussions (FGD). Randomly one thousand households were taken for the survey on basic categories with approximately six thousand populations. In this three thousand males and two thousand five hundred females are estimated population. Questionnaire of qualitative data were different for health workers and community people. All the participant's name and demographic data were coded to keep it confidential. In this the excluded categories are locked door, unlocked houses with children and old persons. Then randomly the members of each household were included both male and female for the interview those who are in contact with TB patients.

Result

The result of this study revealed the valid data on the basis of thematic approach. These are knowledge about TB symptom,

cause and transmission, knowledge about prevention and its curability, knowledge about TB diagnostic and treatment services, perception and attitude regarding disease and health seeking behaviour.

The socio-demographic profile of the studied population reveals that the approximate population of the slum is around 6000 in 1000 households. Out of this total population the response rate of population is about 60%. In terms of age maximum respondents were in the age group of 15yr-60yrs. The literacy rate of them is merely 50% out of this 30% had only formal schooling, 20% went to secondary school and 10% preferred higher study. As regards to monthly income, around one-third (16%) earning more than Rs.20,000/-40,000/-, 70% were earning Rs.5, 000/- 10,000/-.

Table 1: Knowledge about TB Symptom & Transmission.

SL. NO	SYMPTOMS	MALE	%	FEMALE	%	TOTAL	%
1	1. Cough	650	21	625	25	1275	25.5
	2.Coughing with blood	45	1.5	25	1	70	1.4
	3.Fever	500	16	200	8	700	14
	4.loss of weight	600	20	525	21	1125	22.5
	5.loss of appetite	500	16	400	16	900	18
2	1.Spread by Air	900	30	100	4	1000	20
	2.Spread by Food	25	0.8	10	0.4	35	0.7
	3.Spread by water	30	1	02	0.08	32	0.64
	4. Contagious	20	0.6	03	0.12	23	0.46

Graphical Presentation

KNOWLEDGE ON SYMPTOMS

■ NO ■ 1.1. Cough ■ 2.2.Coughing with blood ■ 3.3.Fever ■ 4.4.loss of weight ■ 5.5.loss of appetite

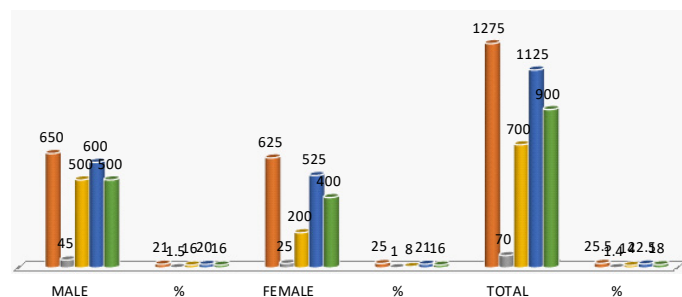


Figure 1: Representing the percentage of male and female's knowledge and understanding on symptoms of TB.

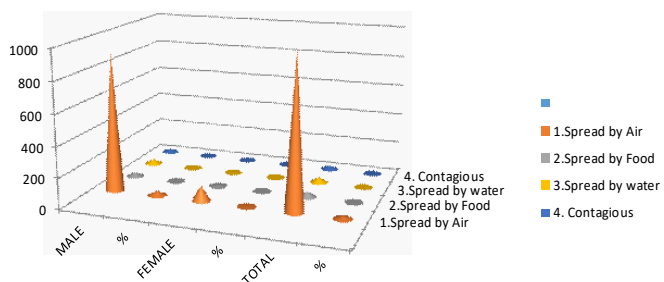


Figure 2: Shows the percentage of male and female responded about the causations of spreading TB disease.

Table-1 depicted about the knowledge and understanding of the people on symptom and transmission only 25.5% responded coughing, 1.4% mentioned coughing with blood and fever (14%), Loss of weight (22.5%) and Loss of appetite (18%). It seems that more women responded coughing is early symptom of TB and 20% reported TB transmitted through air. Very negligible person considered it as a contagious disease. As per the literacy level of people, it is observed that those who had formal education were aware about symptom and causes of TB.

Table 2: Knowledge About Prevention and Its Curability.

SL. NO	PREVENTION	MALE	%	FEMALE	%	TOTAL	%
1.	Mask	950	31.6	50	2	1000	20
2.	Nutrition	05	0.16	40	1.6	45	0.9
3.	Avoid eating from same plate	900	30	650	26	1550	31
4.	Not shared same bed	600	20	700	28	1300	26
5.	Sympathetic towards patient	900	30	900	36	1800	36
6.	Keep distance while talking with them	600	20	500	20	1100	22
7.	Do not Know	00	00	00	00	00	00

Regarding TB preventive measures 19% responded that TB can be prevented by using mask, 0.9% stated that proper nutrition is needed during treatment, then sharing food in same plate and bed it was responded by 31% and 26% respectively, highest percentage (36%) people claimed that all should be sympathetic towards TB patients and 22% suggested maintain distance when talking with patients. However, all had very adequate knowledge on prevention.

Table 3: Knowledge about TB Diagnostic and Treatment Services.

SL. NO	DIAGNOSTIC & TREATMENT	MALE	%	FEMALE	%	TOTAL	%
1.	Govt. Hospital	950	31.6	200	08	1150	23
2.	Sputum Test	1020	34	900	36	1920	38.4
3.	Blood Test	00	00	05	0.2	05	0.1
4.	Chest X-Ray	960	32	150	06	1110	22.2

Table 5: Health Seeking Behaviour.

SL. NO	HEALTH FACILITIES	MALE	%	FEMALE	%	TOTAL	%
1.	Nearest Govt. Health Facility	600	20	500	20	1100	22
2.	Private Clinic	300	10	200	4	500	10
3.	Pharmacy	1000	33	800	16	1800	36

Unless diagnosed as TB patient, 36% had sought advice from local pharmacy as they get medicines at a reasonable cost. Though almost hail from daily wage labourer only 10% preferred private clinic whose monthly income was Rs.20000/- to Rs.30, 000/-. Those are under BPL category after getting worse condition (22%) sought to the nearest Govt. hospital facility.

KNOWLEDGE ABOUT DIAGNOSTIC AND TREATMENT

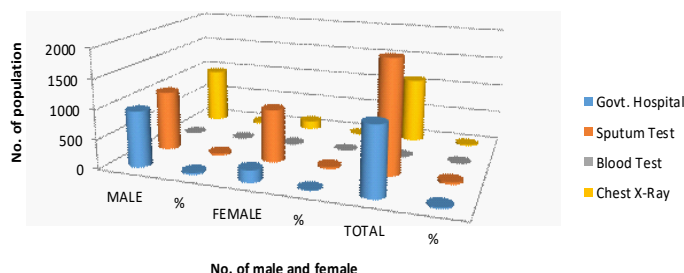


Figure 3: Presenting the percentage of male and female both are aware of diagnostic and treatment.

Table-3 and figure- the above graphical data represent the knowledge about diagnostic: 38.4% mentioned that sputum test is best testing for TB diagnosis. Male were more aware about treatment and its duration is for six months. Only 0.1% extra-pulmonary case reported that blood test is one of the best testing of this diagnosis. Following to sputum test 22% stated about chest-x rays was done during their check-up. 23% were aware about TB drugs being available in Govt. hospitals with free of cost.

Table 4: Perception and Attitude Regarding Disease.

SL. NO	PERCEPTION & ATTITUDE	MALE	%	FEMALE	%	TOTAL	%
1.	Fatal	700	23.3	300	12	1000	20
2.	Very serious	900	30	500	20	920	18.4
3.	Not Serious	200	6.6	350	14	550	11
4.	No change in Behaviour	600	20	300	12	900	18
5.	Community support	800	26.6	300	12	1100	22
6.	Patient was avoided	200	6.6	150	06	350	7

Qualitative Result

This result reveals the knowledge regarding TB disease and its spread was quite satisfactory looking into their educational background. People were also aware about the treatment place, availability of drug and the duration of the course of drugs. Voluntarily the community members are working for TB patients and regularly visit their houses for follow-up. Only tribal community people mentioned that lack of nutrition and financial issues lead to noncompliance of the treatment.

Case-1

A 40yr boy said that the long duration of treatment, loss of daily wages and inadequate supplement, he forgot to consume the medicines on time which makes it impossible for completing the treatment. (Male RP- TB Patient)

- Regarding on the knowledge of TB disease community members had inadequate knowledge. They believed that it is a contagious disease and spreads due to practice of unhygienic food and consumption of local beverage.

Case-2

I know that about Govt. is providing treatment for TB patients. But inadequate knowledge about prevention among people always leads to increase cases of TB patients. (Teacher)

- The direct observation of the family member is a good initiation to supervise the patient till the completion of the treatment. However, some of them complained that the side effect of TB treatment is being very difficult to perform the daily

chores.

Case-3

A 60yr old TB patient who was staying with his daughter for his treatment said that he lost his appetite and weight unless he was diagnosed as a TB patient. After diagnosis he had immediately undergone for treatment and stayed under supervision with his daughter for 6months. In first month due to side effect his vision was blurred that severely affected his daily routine.

- Disclosing TB status to the family and society it was a serious issue with most of the participants as it was a stigmatized disease and TB patients were being discriminated by the community earlier. People usually hide their TB status for fear of social exclusion.

Case-4

A 15yr old patient's Mother stated that they hesitated to disclose the disease because of community attitude as it eventually creates many difficulties for her daughter to socialize in the society but now communities became very supportive (Female TB patient).

- After FGD and IDI with patients, their family members and community members of the slum, then was noticed lack of distribution of IEC material and awareness programme among people is a leading cause of intensification of TB cases.

Case-5

The situation could be stable even if the awareness programme will be conducted rigorously and involvement of AWW may be benefitted for the delivery service effectively. (Aganwadi Worker).

Discussion

The study area Patharbandha slum is located at Khurda district in Bhubaneswar city, Odisha. Almost all dwellers of this area are daily wage labourer and they earning between Rs.10,000/- to Rs.15,000/- per month. This figure reveals their socio-economic status and more than half of the people are under poverty [6]. To assess the level of knowledge and understanding, our study has reported that more than 65% are well versed on symptom, cause and treatment of TB [1]. It is observed that in Patharbandha slum, delay in health seeking behaviour among people from health facilities for TB is a potential risk in prolonged disease transmission and poor treatment outcome [9,12]., there are 36% patient first approached private practitioners and pharmacist (Kuntala Medicine store) which includes qualified, unqualified and traditional practitioners [11]. More than 20% responded that TB spreads by Air and 25% considered coughing as a first symptom of this disease. A similar study was conducted in Pakistan, reported that coughing is not symptom of TB it is also associated with fever and blood in sputum. [6]. 20% reported about TB symptoms and other were not aware of symptoms and cause. This indicates that awareness on causation of TB should be given to the persons in contact with the TB patients.

Regarding knowledge about prevention and curability our study discovered that 36% replied to be sympathetic whereas 20% asked to use mask while talking with them. Like our study, different study mentioned that equal number of responded cover their mouth while sneezing and coughing. But higher percentage responded don't share food in same plate in com-

parison to another study [1, 6, 11]. Besides that about condition of TB disease patients 20% stated that patient's condition may be worsen/fatal if the medicine is left interim of the course. Although TB was considered to be a serious, life threatening condition, yet we felt most respondents convinced that it is curable if someone will be in appropriate regimen [5].

Concerning community support, our study explored that 22% answered people are not avoiding and they used to be sympathetic towards patients. In contrast, another study expressed it is a noted fact that people avoid and even reject the interaction with TB patients, leading to their social exclusion and difficulties in finding the marital match [13, 3]. Unfortunately, these attitudes seem to be worsening among them who are having higher education, income, and awareness of TB [7, 8, 10].

Conclusion

This study concludes that the knowledge, attitude and perception of the community needs to be understood significantly through qualitative approach. Organizing awareness programme in community level is must warranted to aware the people for early diagnosis and changing their health seeking behaviour for Govt. health facilities. Further study is obligatory to understand their attitude through baseline and end line survey about disease, health system facilities and the availability of benefits.

References

1. Badane Asmamaw Abayneh, Dedefo Mohammed Gebre, Genamo Edao Sado, Addisu Bekele Nigatu. Knowledge and Health-care Seeking Behavior of Tuberculosis Patients attending Gimbi General Hospital, West Ethiopia. *Ethiop J Health Sci.* 2018; 28: 529.
2. Chanda-Kapta Pascalina, kapta Nathan, Masiye felix et al. Health seeking behaviour among Individuals with Presumptive Tuberculosis in Zambia", *PLoS ONE.* 2016; 11.
3. G. Abebe, A. Deribew, L. Apres, K. Woldemichael, J. Shiffa, M. Tesfaye. "Knowledge, health seeking behavior and perceived stigma towards tuberculosis among tuberculosis suspects in a rural community in Southwest Ethiopia," *PLoS One.* 2010; 5: e133339.
4. Gamtesa dinka Fikadu, Tola Habteyes hailu, Mehmed Zemadu. "Health care seeking behaviour among Presumptive Tuberculosis patients in Ethiopia: A systematic review and meta-analysis", *BMC health Services and Research.* 2020; 20: 445.
5. Khan A, Irfan M, Zaki A, Beg M, Hussain SF, et al. "Knowledge, attitude and misconceptions regarding tuberculosis in Pakistani patients," *The Journal of the Pakistan Medical Association.* 2006; 56: 211-214.
6. Khan Adeela, Shaikh Babar Tasneem, Baig Mirza Amir. "Knowledge, Awareness, and Health-Seeking Behaviour regarding Tuberculosis in a Rural District of Khyber Pakhtunkhwa, Pakistan", *Hindawi BioMed Research International.* 2020; 6.
7. Macfarlane L, Newell NJ. A qualitative study exploring delayed diagnosis and stigmatisation of tuberculosis amongst women in Uganda. *International Health.* 2012; 4: 143-147.
8. Mushtaq MA, Majrooh MA, Ahmad W. Knowledge, attitudes and practices regarding tuberculosis in two districts of Punjab, Pakistan," *The international journal of tuberculosis and lung disease.* 2010; 14: 303-310.
9. Musoke D, Boynton P, Butler C, Musoke MB. Health seeking behaviour and challenges in utilising health facilities in Wakiso dis-

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- trict, Uganda. *Afr Health Sci.* 2014; 14: 1046-1055.
10. National Tuberculosis Programme, Advocacy, communication and social mobilization: national strategy and operational guidelines, Ministry of Health, Islamabad, 2008.
 11. Samal Janmejaya, Health Seeking Behaviour among Tuberculosis Patients in India: A Systematic Review, *Journal of Clinical and Diagnostic Research.* 2016; 10: LE01-LE06.
 12. The END TB Strategy Global Strategy and Targets for Tuberculosis Prevention, Care and Control after 2015. World health organization 2018. Geneva, Switzerland.
 13. Thu A, Win H, Nyunt M, Lwin T. Knowledge, attitudes and practice concerning tuberculosis in a growing industrialised area in Myanmar," *The International Journal of Tuberculosis and Lung Disease.* 2012; 16: 330-335.
 14. Uplekar M, Juvekar S, Morankar S, Rangan S, Nunn P. TB patients and practitioners in private clinics in India", *Int J Tuberc Lung Dis.* 1998; 2: 324-329.