

Original Research Article

Health Seeking Behaviour among Patients with Tuberculosis Attending Tribal Health Care Centres of H.D. Kote Taluk, Mysuru District

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ABSTRACT

Introduction: Tribal population is one such group who share common cultural and socio-religious beliefs, and reside in particular discrete geographic areas. Many of the socioeconomic factors among tribal population will determine the health care seeking behaviour and treatment outcomes in relation TB. Hence this study is proposed for the better understanding of their health care seeking behaviour and to identify the barriers on the outcome of the treatment.

Objective: To describe the health seeking behaviour among tribal with Tuberculosis

Material and Methods: A Retrospective and prospective study was conducted from February 2014 to October 2014. All diagnosed patients from H.D. Kote govt. hospital and VMH, Sargur were included in the study. A pretested structured proforma was used collect the data by interview technique. Data was coded and entered into SPSS version22 and analyzed.

Results: Fever and cough were the predominant symptoms in 93.7% of the cases. Cough was the most common symptom prompting patients to seek health care. 75% of patients consulted health care providers, 21.8% resorted to home remedies before consulting a health facility. 93.7% patients first consulted allopathic doctors, 6.3% had consulted alternate system of medicine for treatment. 90.6% of the patients were diagnosed within the first 3 visits to the health facility.

Conclusions: First consultation of nearly 40.6% TB patients was with the private hospitals. Easy accessibility is the single most important reason for consulting a particular health facility. Allopathic system gets the priority over alternate system of medicine for treatment of TB. More specific and effective health education to the tribal population on TB and seeking of appropriate medical consultation through proper channel are likely to increase the adherence to treatment.

Key words: Tuberculosis, tribal, health seeking behaviour.

INTRODUCTION

The tribal population is one such group of people who share common cultural and socio-religious beliefs, and reside in particular discrete geographic areas. Their cultural and socio-religious beliefs are quite different from a wider general population.

Tuberculosis remains a major global health problem. The current global picture of tuberculosis shows a continued progress

but not fast enough. During the year 2013, an estimated 9 million people developed tuberculosis, which is equivalent to 126 cases per 100000 populations. Most of these cases were from Asia (56%), and African regions (29%). [1] The South East Asia Region accounts for 39% of the global burden of TB in terms of incidence and India alone accounts for 24% of world, s TB cases. It is estimated that about 3.4 million

new cases of TB continue to occur each year in this region, most of them in India, Bangladesh, Indonesia, Myanmar and Thailand. 6.2% of the cases with HIV known status (39% of the total SEAR region) were HIV positive. [2] WHO recommended DOTS relies upon the passive method of screening chest symptomatic, who seek care of health facilities on their own. Hence this study is proposed for the better understanding of the health care seeking behaviour and to identify any barrier for timely diagnosis and treatment.

Objective

- To assess the factors influencing the health seeking behaviour among tribal patients of tuberculosis

MATERIALS AND METHODS

A Community based Retrospective and Prospective follow up study was carried out during the period February 2014 to October 2014 at H.D. Kote taluk of Mysuru district. Required approval was obtained from the ethics committees of JSS Medical College and Vivekananda Memorial Hospital, Saragur. Prior permission to conduct the study from the hospitals was obtained from the concerned authorities. All tuberculosis patients diagnosed in H.D. Kote govt. hospital and VMH Hospital during past three months and those who will be diagnosed for the same in next 6 months were included for the study. A pretested structured pro forma was used to collect the information. Newly diagnosed tuberculosis patients registered under H.D. Kote TB unit and SVYM TB Units were enlisted. All the subjects were interviewed either by house visit or at the place of work. Data thus obtained was coded and entered into Microsoft excel and was analyzed using SPSS version 22. Descriptive statistics used in characterizing the respondents. Chi square test was used for qualitative discrete data. Statistical significance level was fixed at $p=0.05$.

RESULTS

In a present study Fever and cough were the predominant symptoms present in 93.7% of the cases. Loss of weight, loss of appetite and fatigue were also present in 87.5%, 84.3% and 81.2% cases respectively [Table 1]. Cough was the most common symptom which prompted the patients to seek health care (75%). Fever was the next main reason for the patients to seek health care. [Table 2]

Table 1: Symptoms related to Tuberculosis among study subjects (N =32)

Symptoms*	N (%)
Fever	30 (93.7)
Cough/ Blood in Cough	30 (93.7)
Loss of Weight	28(87.5)
Loss of Appetite	27(84.3)
Fatigue	26(81.2)
Chest Pain	21(65.6)
Breathlessness	21(65.6)
Chills	18(56.2)
Night Sweats	12(37.5)
Others	01(3.1)

*Multiple responses

Table 2: Distribution of study subjects according to predominant symptom that motivated them to seek Health Care (N=32)

Symptoms	n (%)
Cough	24(75)
Fever	08(25)
Total	32(100)

After the onset of symptoms most of the patients either tried over the counter drugs or consulted health care providers (75%), 21.8% resorted to home remedies before consulting the health facility. [Table 3]

Table 3: Distribution of study subjects according to first action taken after the onset of symptoms (N=32)

First action	n (%)
Home Remedy	05 (21.8)
Over The Counter drugs	03 (9.3)
Consulted Health care provider	24 (75)

93.7% patients first consulted allopathic doctors for the complaints. Only 3.7% patients consulted alternative system of medicine for treatment. The preferred system of medicine for first consultation is still allopathic in the study area. [Table 4]

Table 4: Distribution of study subjects according to system of medicine consulted (N=32)

System of medicine	n (%)
Allopathic	30 (93.7)
Indigenous	02 (6.2)

Table 5: Distribution of study subjects according to the first health facility consulted (N=32)

Health Facility	n (%)
Private clinic	05 (15.6)
Private Hospitals	13 (40.6)
Government Health Centre	07 (21.8)
Government Hospital	07 (21.8)

Table 5 shows that the first consultation of nearly 40.6% TB patients was with the private hospitals. 21.8% each visited government health centre and government hospitals. 15.6% patients did visit private clinics as the first health facility consulted. Easy accessibility was the reason in 62.5% of patients for preferring a health facility [Table 6].

Table 6: Distribution of study subjects according to self reported reasons for first health facility preference (N=32)

Reasons	Number	Percentage
Near to house	20	62.5
Having faith and belief in HF	05	15.6
Followed in the family for all health ailments	05	15.6
Reasonable Cost	02	6.2

Table 7: Distribution of the study subjects according to the person influencing for consulting with the health care facility (n=32)

Who referred	No. (%)
Self	13 (40.6)
Family	11 (34.3)
Health workers	08 (25)

Table 8: Number of health care facilities consulted by the study subjects before diagnosis of Tuberculosis (N=32)

Number of health care providers consulted	n (%)
0	09 (28.1)
1	08 (25)
2	13 (40.6)
3	01 (3.1)
4	01 (3.1)

Table 9: Total numbers of visits to the all health care facilities by the study subjects before diagnosis of TB

Total number of visits	N=32, n (%)
1-3	29 (90.6)
≥4	03 (9.3)

Table 10: Distribution of study subjects according to reasons for finally approaching TB centre for DOTS (N=32)

Reasons	n(%)
Symptoms not subsided with previous treatment	18 (56.2)
Referred by Government Health Worker	08 (25)
Referred by Family/ Friends	06 (18.7)

Table 11: Factors determining visit to Health Facility

Sl. No	Characteristics	Reasons			Total	p-value
		Own treatment not worked	Symptoms last for 3-4 weeks	Realization of symptoms of TB		
01	Tribals					
	Jenu Kuruba	0	21	1	22(68.7%)	<0.05
	Kadukuruba	1	1	0	02(6.2%)	
	Yarava	0	4	0	4(12.5%)	
Soliga	1	2	1	4(12.5%)		
02	Age(Years)					
	15-30	2	21	2	25(78.1%)	>0.05
31- 60	0	7	0	07(21.8%)		
03	Gender					
	Male	0	16	1	17(53.1%)	>0.05
Female	2	12	1	15(46.9)		
04	Occupation					
	Service	0	1	0	1(3.1%)	>0.05
	Agriculture	0	1	0	1(3.1%)	
	Labourer	1	21	2	24(75%)	
Un employed	1	5	0	6(18.8%)		
05	Marital Status					
	Married	1	15	1	17(53.2%)	>0.05
	Single	1	11	1	13(40.6%)	
Widow	0	2	0	2(6.2%)		
06	Type of family					
	Nuclear	2	14	2	18(56.2%)	>0.05
Joint	0	14	0	14(43.8%)		
07	Participant income per month					
	900-3499	1	21	1	23(71.9%)	<0.05
3500-7500	1	7	1	9(28.1%)		
08	Distance to Health facility					
	0-10 Kmtrs	1	21	1	23(71.9%)	<0.05
11-20 Kmtrs	1	7	1	9(28.1%)		
09	Alcohol Use					
	Yes	0	14	0	14(43.7%)	>0.05
No	2	14	2	18(56.3%)		
10	Smoking					
	Yes	0	11	0	11(34.3%)	>0.05
No	2	17	2	21(65.7%)		
	Total	2	28	2	32(100%)	

Table 7 depicts that Self motivation (40.6%) and family members (34.3%) influenced the patients to consult the health care facility. 46.8% had consulted two or more health facilities before diagnosis was made [Table 8].

90.6% of the patients were diagnosed within 3 visits to the health facility. 9.3% were diagnosed after they made more than 3 visits [Table 9]. 56.2% of study subjects responded that reason for approaching the TB centre for DOTS was symptoms did not subside with previous symptoms, 25% were referred by government health workers, 18.7% were referred by family/friends which is showing in table 10.

Table 11 shows the factors influencing study subject to visit health facility.

Among the tribal communities, Jenu Kuruba's are the highest (68.7%0) who made their first visit to health facility after the symptoms last for 3-4 week, which was statistically significant ($p < 0.05$). Low monthly income subjects taken 3-4 weeks to approach health facility which is statistically significant. Study subjects residing within 10 kilo meters from the location of health facility; have approached more, which is statistically significant.

DISCUSSION

- In present study, fever and cough were the predominant symptoms present in 93.7% of the cases.

In a study conducted by Salaniponi et al, [3] 61% patients with cough and 16% with fever consulted a health care provider. Cough was reported as the predominant symptom for consultation by 62.9% patients in study done by Liam. C. K. et al. [4]

- After the onset of symptoms most of the patients (75%) either tried over the counter drugs or consulted health care providers, 21.8% of them resorted to home remedies before consulting the health facility

These findings were similar with findings from many other studies in India

and abroad. Some of the Indian studies by Rajeshwari R et al, [5] Ashoo Grover et al, [6] Wilson N et al, [7] Sanganthi P et al [8] Dinesh M, Nair et al, [9] Jerard M. Selvam et al [10] have found that nearly half prefer Private Hospitals/ Private clinics for their first consultation.

Similarly National health policy - 2002 states that the current level of utilization of Government Health Facility is less than 20%. [7,5]

- Easy accessibility (62.5%), following in the family for all health ailments and having faith and belief in health facility (15.6% each), reasonable cost (6.2%) were some of the reasons stated for their first consultation with particular health facility.

Similarly P. Suganthi et al., in their study in Bangalore slums found that 72% first approached private health facilities. 87% visited two or more facilities before initiating treatment services. The choice of first health facility depended primarily on distance from residence and the health care services. Predominant reason for subsequent visits to other health facilities was persistence of symptoms and referral. [10]

CONCLUSION

Educational status has been an important factor influencing timely health care seeking. 93.8% of the study subjects directly came in contact with TB patients before developing TB. Cough was the most common symptom which prompted the patients to seek health care. Allopathic system gets the first priority for consultation than the alternative system of medicine (75%). The first consultation of nearly 40.6% TB patients was with the private hospitals. Easy accessibility is the single most important. Patient's occupation level and monthly income had direct impact on their health care seeking behavior.

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