

Health Seeking Behavior among Patients with Tuberculosis in Dr. Hasan Sadikin General Hospital Bandung, Indonesia in November 2012

Maya Valentina Putrie,¹ Rovina Ruslami,² Lika Apriani³

¹Faculty of Medicine Universitas Padjadjaran, ²Department of Pharmacology and Therapy, Faculty of Medicine Universitas Padjadjaran, ³Department of Epidemiology and Biostatistics, Faculty of Medicine Universitas Padjadjaran

Abstract

Background: Dr. Hasan Sadikin General Hospital is the main referral hospital in West Java, Indonesia, treating yearly 1.000 tuberculosis cases of whom most are in severe condition. The severity of the disease is probably affected by the poor patient's health seeking behavior. The objective of this study was to assess the pattern of patients with tuberculosis's health seeking behavior before being treated in Dr. Hasan Sadikin General Hospital, Bandung.

Methods: A descriptive study was carried out in November 2012 on 56 patients in the Drug Observed Treatment Shortcourse (DOTS) Clinic at Dr. Hasan Sadikin General Hospital (RSHS) to assess the number and type of health services visited prior to RSHS. The inclusion criteria were patients who were diagnosed with TB for the first time, aged at least 19 years old. The data were collected using an open-ended questionnaire and presented as percentage.

Results: A total of 32 respondents (57%) sought for initial treatment by going to professional health care centers (the medical doctors, puskesmas, or hospitals), the rests sought for traditional treatment (7%), self-treatment (29%), or no medication prior to the treatment at RSHS (7%). Fifty five percent of respondents did more than one type of health seeking behavior. The average time between the first complaint until the respondents got treatment was 5 months.

Conclusions: The patients with tuberculosis's treatment seeking behavior is various prior to the treatment at RSHS and there are still patients who seek treatments to the non-professional health care. [AMJ.2015;2(3):418-22]

Keywords: Health seeking behavior, treatment, tuberculosis

Introduction

Tuberculosis (TB) is one of the biggest public health problems in the world as an infectious disease caused by *Mycobacterium tuberculosis*.¹⁻³ It is estimated that 8.8 million incident cases of TB occurred globally in 2010.⁴ The mortality and morbidity rates are high if tuberculosis is not handled properly.¹ After Human Immunodeficiency Virus (HIV), TB is the second leading cause of death from an infectious disease worldwide. In 2010, Indonesia ranks fourth among countries with the largest number of incident cases of TB, after India, China, and South Africa.⁴

Indonesia follows the World Health Organization (WHO) which recommended

Directly Observed Treatment Short course (DOTS) to cope with TB since 1995.⁵ Dr. Hasan Sadikin General Hospital established DOTS polyclinic in 2007 and have been treating approximately 1,000 TB cases a year.⁶ Most of the patients who are treated with anti tuberculosis drugs for the first time in DOTS polyclinic are in severe condition. This condition indicates the presence of delayed treatment. The delay of patients in seeking treatment and the delay in diagnosing can cause a delay in the treatment of TB.⁷

The delay in the diagnosing of TB may increase the infectivity in a community, advances the state of the disease and increase the risk of deaths.⁷ The diagnosis of TB is dependent on many factors. One of these

Correspondence: Maya Valentina Putrie, Faculty of Medicine, Universitas Padjadjaran, Jalan Raya Bandung-Sumedang Km.21, Jatinangor, Sumedang, Indonesia, Phone: +6289607727249 Email: putrie_valentina@yahoo.com

factors is the health seeking behavior of TB patients. By understanding the health seeking behaviors of TB patients, strategies of health education can be improved and the delay of diagnosis and improve patients' compliance to the treatment can be reduced.⁸

Methods

A descriptive study was conducted in November 2012 at the DOTS polyclinic of Dr. Hasan Sadikin General Hospital (RSHS) among 56 pulmonary and extrapulmonary tuberculosis patients. Every patient who fulfilled the inclusion criteria (the new cases/

people who were diagnosed with TB for the first time aged at least 19 years old) were invited as participants. The data was collected using an open-ended questionnaire after taking a written informed consent.

The questionnaire included detailed questions about the patients' socio-demographic characteristics, duration from the onset of their illness until their treatment with anti-tuberculosis drugs, their initial health seeking behavior, number of health seeking behavior types, patients' reason for being treated at Dr. Hasan Sadikin General Hospital, and their pattern of health seeking behavior.

Table 1 Characteristics of respondents

Characteristics	N(%)
Type of TB	
Pulmonary TB	23 (41)
Extrapulmonary TB	33 (59)
Gender	
Male	40 (71)
Female	16 (29)
Age	
Median	32
Residence	
Bandung	36 (64)
Outside Bandung	20 (36)
Level of education	
Primary school	14 (25)
Junior high school	13 (23)
Senior high school	22 (39)
Undergraduate	7 (13)
Occupation	
Government servant	3 (4)
Private sector	8 (14)
Unemployed	27 (48)
Others	19 (34)
Income*	
< Rp 1,300,000	37 (66)
≥ Rp 1,300,000	19 (34)
Time between initial symptom until the respondent received anti-tuberculosis drugs	
Mean (standard deviation),in months	5(4)

Table 2 The Initial Health Seeking Behavior

The Initial Health Seeking Behavior	Frequency	Percentage (%)
Professional health care	32	57
Doctor	15	47
Primary healthcare centre	13	41
Other hospitals	4	12
Traditional healer	4	7
Self treatment	16	29
Used medicines without prescription	8	50
Herbal medicines	8	50
No treatment before treated at RSHS	4	7

Types of health seeking behaviors included seeking for treatment by going to professional health care centers (the doctor's, primary healthcare center, or hospitals, traditional treatment, self treatment (using medicines without prescription or herbal medicines) or no medication prior to treatment at Dr. Hasan Sadikin General Hospital. The quantitative data were presented as percentages.

Results

Fifty six patients were included in this study as respondents (Table 1). More than half of the respondents (59%) were diagnosed with extrapulmonary TB. Males (nearly three-quarter) were much more likely to have TB than female. The median age was 32 years. Sixty four percent of the respondents lived in Bandung, 39% only had senior high school and nearly half of the respondents were

unemployed.

Two-third of the respondents had an income below the regional minimum wage of Bandung city. The mean duration between initial symptoms until the respondents got anti-tuberculosis drugs was 5 to 4 months.

Most of the respondents (93%) had sought treatment for their illness before being treated at RSHS, though 36% of the respondents had sought nonprofessional treatment. Table 2 shows the initial health seeking behavior of the respondents.

Table 3 shows that more than half of the respondents had sought more than one health service before going to RSHS. Nearly half of them, 46%, had sought 2 to 3 health services.

All of the respondents received anti-tuberculosis drugs for the first time when they were treated at RSHS. The most common reason for going to RSHS was that they were referred by professional healthcare services.

Table 3 Number of Health Services Visited prior to RSHS

Amount	Frequency	Percentage (%)
1	22	42
2-3	24	46
>3	6	12

Table 4 Patients' Reason to Seek Treatment in RSHS

The Reason	Frequency	Percentage (%)
Emergency cases	4	7
Self initiative	9	16
Referred	43	77

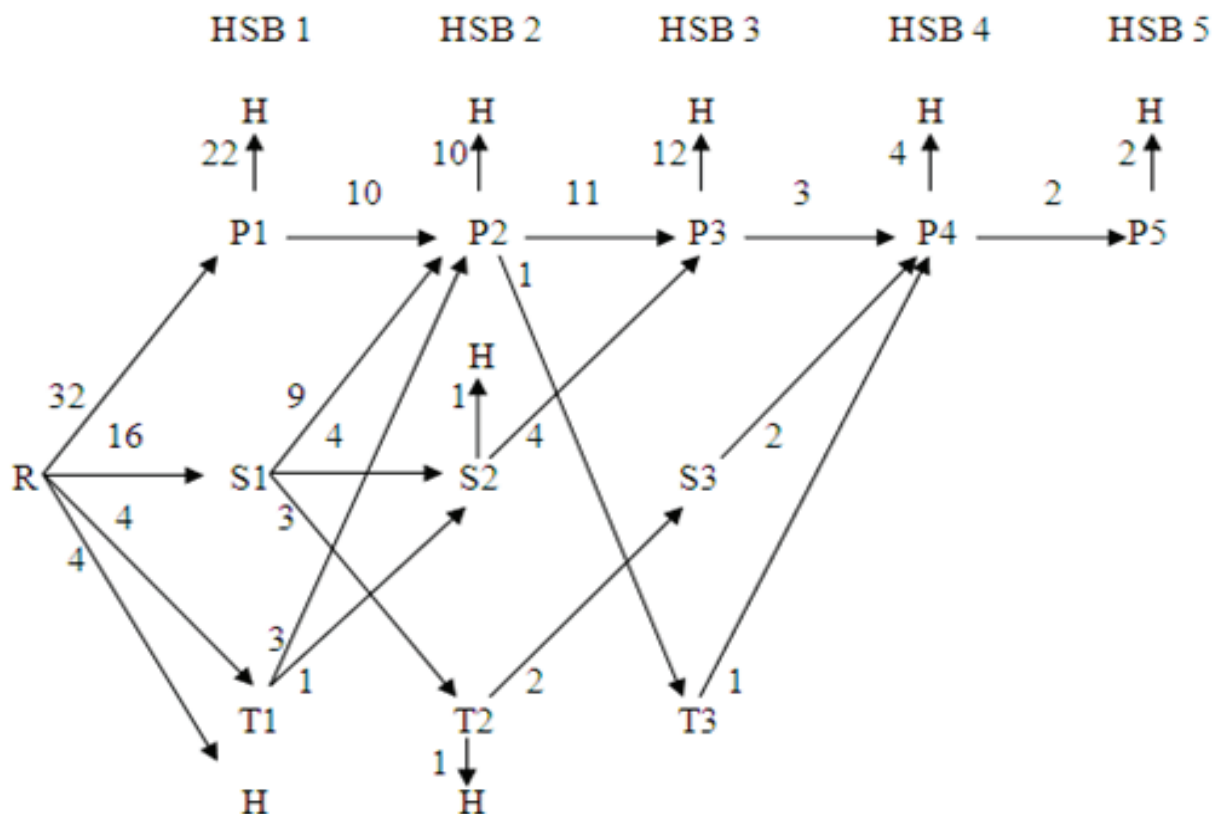


Figure 1 Pattern of Health Seeking Behavior

Note: HSB=health seeking behavior, H=RSHS, P= professional healthcare service, S= self treatment, T= traditional healer

Figure 1 shows the lowest number of health seeking behavior type was one and highest type was five. The initial health seeking behavior of 32 respondents were to seek treatment in professional healthcare services. Sixteen respondents performed self-treatment, 4 respondents sought treatment by going to the traditional healer and 4 respondents did not take any action at all. The flow chart from P1 to P2 shows health seeking behavior to various professional healthcare services, for example from a private general practitioner to a primary health care centre or vice versa. Respondents who were diagnosed as TB will get anti-tuberculosis drugs when they received treatment at RSHS. Indirectly, the flow of health seeking behavior from one professional health care service to another until they reached RSHS indicated a delay in the diagnosis of TB.

Discussion

The study purpose was to determine the health seeking behavior of the TB patients

until they received anti-tuberculosis drugs at the RSHS. It was found that more than half of the respondents sought initial treatment by going to a professional health care service. This finding is consistent with the earlier finding of Kase et al.⁹ Most of the respondents had sought treatment for their illness from the health system. But it contradicted with the findings in Nigeria¹⁰ which reported that most of the respondents initially went to a non-National Tuberculosis control Programme after the onset of TB-related symptoms.

The number of types of health seeking behavior performed by respondents until they were diagnosed with TB at RSHS and the duration for respondents to receive anti-tuberculosis drugs indicated the delay of TB treatment. The most common reason respondents went to RSHS was that they were referred by professional healthcare services. It indicated the presence of delay in diagnosis. The reason for delay in diagnosis was probably the lack of diagnostic tools in professional health care centers such as a private general practitioner. According to the

WHO7 the delay in diagnosis will increase the morbidity and infectivity of TB patients, thus increases the mortality rates. Health seeking behavior towards TB has to be improved, considering that only 57% of the respondents sought initial treatment at professional healthcare centres.

The limitations of the study were the small sample size and absence of elaboration of why those patterns of health seeking behaviour occurred.

It can be concluded that the tuberculosis patient's treatment seeking behavior was various prior treatment at RSHS and there were still patients who sought treatments to the non-professional health care which can worsen the condition of the disease.

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