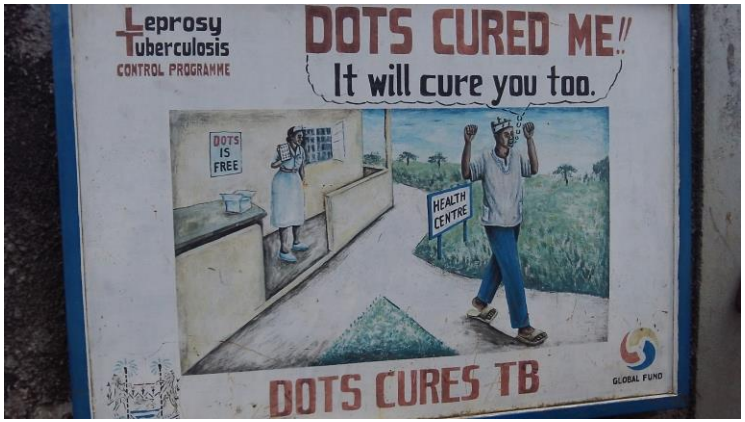
# Perceptions and attitudes relating to tuberculosis: a qualitative study at Connaught Chest Clinic

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# TB in Africa & Sierra Leone

## Africa:

- Prevalence: 303/100,000
- Incidence: 255/100,000
- Mortality: 26/100,000
- Case detection: 59%

2011: treatment success rate for new smear positive cases: 82%; smear negative: 76%

## Sierra Leone:

- Prevalence: 1,304/100,000
- Incidence: 674/100,000
- Mortality: 143/100,000
- Detection Rate: 32%

2011: national treatment success rate for smear positive cases: 88%; smear negative/ extra pulmonary cases: 85%

(World Health Organization, Global Tuberculosis Report 2013)

# TB in Sierra Leone

- Incidence rate of TB in Sierra Leone amongst the highest reported in the world (3rd=) .
- Incidence rate more than three times higher than neighboring countries.
- In Sierra Leone, both mortality and prevalence trending upward since 1990.
- TB is a major public health problem despite relatively low rates of HIV infection in the population:

  seroprevalence among 15-49 years old: 1.60%.

# Background

- The body of literature suggests that factors influencing utilization of service include:
  - Mobility
    - Distance to clinic
    - Time
  - Knowledge
    - Patients who lack knowledge of symptoms, transmission, and treatment of TB are more likely to postpone seeking care.
  - Treatment cost
    - Cost of transportation and diagnostic tests
    - Misperceived cost of TB treatment
  - Stigma and discrimination

# Sierra Leone TB Program Goals

- Seeking to meet the targets of the Millennium Development Goals the Sierra Leone Ministry of Health and Sanitation has adopted the following TB goals:

    1. To detect 70% of the estimated new sputum positive pulmonary TB cases.
    2. To raise the treatment success rate of sputum positive TB cases to 85% and maintain that level.

In order to achieve these goals:

- The population must be aware of the disease and the service so that they may seek appropriate care (detection).
- Reasons people may drop out of treatment need to be addressed (treatment success).

# Methodology

- Semi structured interviews were conducted with clinic staff members and patients.
  - Patients:
    - All patients were eligible.
    - Purposive sample of 7 patients interviewed individually with the assistance of a translator as needed.
    - Patients chosen to best represent the range of demographics of the wider clinic population.
      - 2 women, 5 men between the ages of 20 and 56 years of age.
  - Staff:
    - All paid staff were eligible and participated.
    - Interviews performed in groups organized by job description (nurses, lab technicians, doctor).

# Interviews – Mobility and Poverty

For many, distance to the clinic and perceived costs were a cause for delay in seeking treatment.

**Patients**: "No, no, it's not easy, because right now, I have the sick now. Because I am the only person supporting me, and I live far from town."

"Well it is difficult because when I walk, let me just say I feel ill […] but I don't have the money to pay for transport."

**Staff:** "They do not have money to pay transportation to come to the centers, and then eating, providing food is another problem."

**"**Well some don't come to the clinic earlier because they think they will have to spend a lot of money."

# Interviews – Patient Knowledge

Patients cited a lack of knowledge, both about their symptoms and the availability of treatment at Connaught Chest Clinic as a cause for delay.

**Patients:** "I wasn't aware that the treatment was given here."

"I didn't know what was going on with me. I wish I had come sooner."

"Most people do not know that the treatment is available here at the chest clinic and other centers, so they will go to different doctors or nurses and they don't do the proper tests."

"It is very serious, because most people don't know. Some people do get the disease and they do not know where to go to find the treatment."

**Staff:** "Lack of knowledge. I think I must make this clear, we see only few patients. We call this Western, or white mans treatment. Most of our people prefer going first for the native doctor."

# Interviews – Stigma

Responses to questions on stigma uniformly negative; stigma of the disease appears to be very high.

**Patients:** "…my friends, we are living together […] When I tell them I have the sick, the drove me from the house."

"You just feel that you are different than everyone."

"They will look at you with some different eyes."

"Well, some people view it as, like, somebody who is already condemned."

# Interviews – Stigma (cont.)

**Staff**: "TB is not accepted in our society. It is not accepted like diabetes or hypertension […] because it is highly contagious."

"People do feel isolated, left out, when they take the diagnosis for TB. So the relatives push them away, their friends push them away. So, really, some just want to keep it a secret."

"It will affect their lives, especially the working class. If they know they have TB, they will totally be dropped from work. Even their homes."

"Some believe it is a curse. That God is not happy with you, a person with TB."

"They prefer to go to other communities, where they are not easily identified. Not visualizing, not seeing in the future that maybe the treatment will last for such a while, and in the rainy season, instead of going to your closest health center, you have to go a distance, where the rain can stop you."

# Interviews – Community Education

All felt that the community should be educated on TB, so more people would understand the disease, how it is spread and where to seek treatment. Many felt this would reduce stigma.

**Patients**: "The nurses in the hospital should go to houses and explain too. They should teach others, and information can circulate."

"Besides the radio, the people can do some programs, come into the community, sensitize the people about it."

**Staff**: "Give health talks. Cover the air. Yes, community level, because most people don't listen to the radio. So spread the word with the children. Speak through a megaphone. Go to the market, talk to the market women. Talk to them, tell them that stuff. Especially when they are gathered at the marketplace, the mosques, the churches. Give them talks there."

"More education, more awareness within the society, and less prevalence and therefore less stigma. Less stigma, less prevalence."

# Interviews - Recap

- Many patients reported that they started experiencing symptoms several months before seeking treatment. Factors that **delayed** a visit included: **money**, **stigma**, and **lack of awareness**.

- Patients were unanimous in their desire for **more information** not only for themselves, but for the whole community.
  - Many patients wanted to learn more about the disease so they could return to their communities and teach others.

- Interviewees felt that the **lack of community awareness** lends to the stigma associated with TB. Many stated that the stigma prevented people from seeking treatment.

- Patients and staff members recommended **community education programs** through the media, or at community events, churches, mosques or market places.

# Limitations

- Pilot questionnaire – may need refinement.
- Only seven patient interviews were performed.
- Study was focused in one clinic.
- Findings in Freetown may not be generalizable to whole country.

# Conclusions

1. Body of literature suggests that mobility, knowledge, perceived treatment costs and stigma influence utilization of TB services.

2. In order to achieve the goals of 70% detection and 85% treatment success rate, reasons patients would delay or drop out of treatment could be addressed.

3. Interviews with patients and staff at Connaught Chest Clinic highlight the need for community education.
    - Awareness of the disease, its symptoms, and availability of treatment may increase.
    - Enhanced education will help to reduce the stigma that may prevent patients from seeking or staying in treatment.

# Next Steps

- Refine questionnaire and conduct with larger group to ensure views are consistent across population.

- Aim to develop ways to enhance community awareness of the disease and its treatment.

- Reasons why people drop out of treatment should be further investigated.

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