Challenges faced by patients while undertaking treatment for Tuberculosis

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ABSTRACT

Despite the immunisation of 92% of the Indian population against tuberculosis with the bacille Calmette-Guérin vaccine, India recorded 79,800 deaths due to this bacterial infection. Professionals in the field have tried to find the reason behind both, the high mortality and high infection rate in the country with the aim of eliminating tuberculosis in India by 2025 as part of the TB National Strategic Plan. A significant reason identified for this phenomenon is non-adherence to treatment due to challenges faced by the patients while undertaking treatment. The aim of the present research study is to identify the challenges faced by Indian tuberculosis patients visiting a dispensary in South Delhi undertaking treatment for tuberculosis and evaluating their relative importance in influencing their treatment experience through a mixed-method approach. Financial difficulties/loss of job school was found to have the highest mean rating which mirrors the trend in other developing countries such as Bangladesh. The study has implications for the government at different levels and private hospitals can be convinced that providing free-of-cost treatment is not enough and more budget should be allocated to tuberculosis treatment to ensure that patients receive a wholesome diet during and post-treatment.

INTRODUCTION

Tuberculosis is a contagious disease, caused by the bacterium Mycobacterium tuberculosis. It is a serious condition that mainly attacks the lungs (American Lung Association (ALA), n.d.). This bacterium is transmitted through tiny droplets of moisture released in the air by coughing, sneezing, or by consuming infected milk products (ALA, n.d.). There are two types of Tuberculosis: Latent Tuberculosis and Active Tuberculosis.

Although tuberculosis is highly contagious, it is curable (Ghebreyesel et al., 2018). Unfortunately, despite the disease being treatable as well as preventable in most cases by following basic hygiene and taking the BCG (bacille Calmette-Guérin) vaccine (Rodriguez, 2009), tuberculosis is still a leading cause of death in many parts of the world. One of the main factors contributing to this high mortality rate is the non-adherence to a complete course of treatment by the patients.

The treatment for tuberculosis usually lasts for 6 months or more. The treatment primarily involves taking oral antibiotics, which are commonly provided using Directly-observed treatment- short-course (DOTS).

Literature on the challenges faced by tuberculosis patients in India while they’re treated is not widely available. What is available though is the factors contributing to non-adherence in Indian tuberculosis patients which are closely linked to the challenges faced by them. Below are the main factors identified:

- Socio-economic concerns
- Transport costs
- Stigma, Side Effects and Poor facilities

METHODS AND MATERIALS

Respondents were asked to rate each of the factors identified in the literature, in terms of their level of importance in influencing the personal difficulties faced by them on a Likert scale of 1-7. The sample consisted of 35 respondents with 19 males and 16 females majorly from South Delhi, all of which belonged to a relatively poor socioeconomic background.

A survey was designed and was conducted in Hindi catering to the general population to fight against tuberculosis in developing countries is pivotal. To eliminate TB can be targeted at different genders The study also helps draw an interesting conclusion; combating a disease involves not only medical advancements but also a plethora of prevention strategies to ensure the patient experience when undertaking treatment for tuberculosis and also towards tuberculosis elimination by 2025. The difference between the mean ratings of ‘Financial difficulties/loss of job/education’ by males and females can also be used to understand how different measures adopted to eliminate TB can be targeted at different genders. The study also helps draw an interesting conclusion; combating a disease involves not only medical advancements but also a plethora of prevention strategies to ensure the patient experience when undertaking treatment for tuberculosis and also towards tuberculosis elimination by 2025.

RESULTS

The results were in line with the large proportion of people living in poverty in India coupled with the rather long duration of treatment which averages 8 months and 4 days according to the results of this study. It is also interesting to note the correlation and perhaps causation between the prevalence of tuberculosis and poverty. A study conducted amongst Indian tuberculosis patients found the prevalence of the disease amongst those living under the poverty line was significantly higher (242,100,000) than those above this mark (168,100,000).

Respondents also elaborated on this factor by speaking about the additional out-of-pocket (OOP) expenses borne by them. These included the high cost of medicines as explained by a 76-year-old female respondent.

In the case of a then-16-year-old student respondent, the trade-off came in the form of loss of education. She ended up stopping her education after contracting tuberculosis; the irregularity of her school attendance led to her losing interest in her studies. On a larger scale, this loss of education can have serious social and economic implications on the economy of a country. A 2012 report from UNICEF (2012) suggested that for every 1 USD spent.

DISCUSSION

As discussed above, there are some noteworthy differences in the mean ratings given by respondents to the six challenges identified in this study. These differences can be useful to keep in mind when government sector hospitals, local government bodies, private individuals and firms, research institutions, civil society organisations and international agencies are devising strategies to improve the patient experience when undertaking treatment for tuberculosis and also towards tuberculosis elimination by 2025. The difference between the mean ratings of ‘Financial difficulties/loss of job/education’ by males and females can also be used to understand how different measures adopted to eliminate TB can be targeted at different genders.

The results of the t-test, as shown in table 1 are supported by the idea that men are the breadwinners of the house and therefore, disruption to income poses more of a problem to men (M=5.53) as opposed to women who have been affected by tuberculosis, as compared to women (M=4.74).

CONCLUSIONS

REFERENCES