

SOCIO-CULTURAL BARRIERS AND HEALTH SEEKING BEHAVIOR AMONG FEMALE PATIENTS OF TUBERCULOSIS IN SOUTHERN PUNJAB

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Abstract

Background & Objective: In Pakistan, some societies consider a woman's place is at her home, and they are discouraged to visit the outside home including health facilities. Due to these societal restrictions, many health problems remain undiagnosed and untreated. According to the latest TB trends, the female ratio in smear-positive cases is increasing each year worldwide, which is a serious threat. Hence, we aim to assess the socio-cultural barriers faced by the women and their health seeking behavior for TB.

Methods: This cross-sectional descriptive study was carried out in two District Hospitals in southern Punjab (Muzaffargarh and DG Khan). About 190 females patients with tuberculosis registered at the TB clinic were selected through simple random sampling. An interview was conducted and the responses were recorded in a structured questionnaire. Data were entered and analyzed using SPSS.

Results: Out of 190 patients, a majority 161(85%) of the females claimed that their family and community are reluctant to meet them, 178 (94%) were afraid of leak of information to the community, 112 (59%) were delaying seeking treatment due to stigma, 110(58%) had health facility conveniently located from their residence, however 164 (86%) were not satisfied with the traveling costs.

Conclusion: Health-seeking behavior of the female TB patients as well as sociocultural and transport barriers influence the treatment in these patients hence mass education and dedicated health facilities along with transport facilities should be made available to these patients.

Key Word: Seeking behavior, Tuberculosis, Cultural behavior, delay services

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Tuberculosis (TB) is a worldwide prevalent infectious disease. World Health Organization (WHO) reported 32% of the world's population is suffering from Tuberculosis. Approximately eight million TB

cases and two million TB deaths are being reported globally every year. 22 countries are contributing 80% of the total TB cases in the world. Pakistan is also a highly endemic country contributing 65% of all TB cases in the Eastern Mediterranean Region (EMR) of the World Health Organization. In Pakistan, Punjab is contributing the highest i.e. 50% of total TB cases reported in Pakistan.¹

Tuberculosis is a serious public health issue in Pakistan and it had been notified as a national emergency in 2001. As a combating strategy, Directly Observed Treatment Short Course (DOTS) was adopted because TB is completely curable through short-course chemotherapy. Pakistan stands 5th among the 22 TB high burden countries of the world, as well as 4th among 27th high Multiple Drug Resistant (MDR) countries.

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According to the National Prevalence Survey 2011², the reported prevalence of TB was 342, with an incidence of 275 and there were 27 deaths per 100,000 populations. The National TB Control program reported overall 384415 male and 132972 female cases in 2014 while 191885 males and 81862 females were reported from Punjab alone. It is a known fact that one TB patient can infect 10-15 other persons in one year.³ Therefore strategy of early diagnosis and prompt treatment with effective follow-up is very important for successful control of TB. Delayed diagnoses enhance community transmission, which increases the mortality and morbidity burden of the disease while the treatment cost increases poverty.²

According to the WHO report of 2004, the estimated burden of TB in Pakistan was 3,50070 cases. Out of the total registered cases, there were fewer male cases as compared to females. According to TB data, trends are changing, and the female ratio in smear-positive cases is increasing. Reportedly 500,000 women die each year of TB in the world, which is indeed a serious threat worldwide because this is a higher number of deaths among women as compared to deaths associated with maternity. It has been reported in many studies that during the reproductive age period (15 -45) more women suffer from TB as compared to men. This brings a negative impact on children and families as these are economically active years of females. Female TB patients also face difficulties to get access to early diagnostic and treatment facilities due to their added childcare and earning responsibilities in addition to their home chores and responsibilities, which ultimately become the reason for deaths from TB.

Personal experience and culture influence human treatment-seeking behavior, culture is more important and therefore requires more devoutness. It is proved by many studies that without knowledge of local conduct, control measures cannot be fruitful. Urban-rural mass's behavior is significantly different, the urban female population can understand the importance to visit the doctor as soon as possible while rural females cannot even visit the doctor without the company of their husband or any senior family member, they can-

not even afford the fee of a private doctor. WHO data described that males were found more positive for sputum smears positive as compared to females, one of the reasons is fewer female patients seeking health facilities for diagnosis. Hence, the diagnosis of TB in females is deferred and delayed, which increases the burden of disease in the community and also on the health system. These types of delays have been well documented in a number of studies globally.

Social stigma leads to fewer patients disclosing symptoms to others, being reluctant to seek care or a diagnosis, and defaulting from seeking treatment from local catchment areas. In a study by Somma D, Bangladesh a female patient reported : "I do not know why Allah has given me this disease. I cannot go to any social happenings. My dignity is less because I have moved to my mother's place from my husband's home. The people from my husband's family stay away from me. My pride and dignity have been decreased a lot because of my disease".⁵

Another socio-cultural problem faced after diagnosis is that these patients quit office work because of stigma, feeling weak, and low acceptance at the workplace which adds to the economic problems of the patients, so gender bias, cultural, and personal experiences contribute to poor health health-seeking behavior and ultimately prognosis.

In 1983 Kroeger splits the two approaches called "the pathway model and the determinants model". The 1st was a rational-based use of health care facilities at the earliest possible and choice-based health care service. WHO (2015) chose to underpin the issues and described them differently: "Globally, more men than women fall ill with TB annually. However in some settings, such as Afghanistan, and parts of Pakistan bordering Afghanistan, and Iran, more women than men are diagnosed with TB. Social, cultural, and financial barriers can act as major obstacles for women seeking care resulting in delayed presentation and more severe illness. TB mainly affects women when they are economically and reproductively active, the impact of the disease is also strongly felt by their children and families."⁶

Rahman in 2000 testified that female patients’ choice to get treatment from a specific hospital is a complex pronouncement of various actions like location, dealing of doctors, availability of facilities, and social viability of the community.⁷

Hence, we aim to assess the existence of female gender-related sociocultural barriers and health-seeking behaviors among TB patients. The identification of these barriers will help in overcoming these barriers and developing gender-sensitive TB control programs on local level as well as on national policy making level. The ultimate results will detect gaps between provider and client in the fight against TB.

METHODS

This cross-sectional study was conducted in two District Headquarters Hospitals (DHQ) of Southern Punjab (Muzaffargarh & D.G. Khan) for which we included 190, 18-50 years old female TB patients registered at DHQ Hospitals. Patients were selected randomly from a list of patients already registered at the centers. An interview was conducted and recorded on a structured questionnaire comprising 3 sections i.e. stigma related barriers, transport related barriers and health-seeking behavior of patients about tuberculosis. The accuracy and confidentiality of the data was ensured by organizing, editing, coding, and then entering in SPSS version 20 for the analysis.

RESULTS

We interviewed 190 female TB patients and data demonstrate that the majority (85%) of respondents reported that their friends, peer groups, or community members were reluctant to meet with the patient. As far as the concern about frequently meeting with colleagues at the workplace the majority (58%) of respondents do not meet frequently. Afraid of the treatment and consequences of information leaked surrounding the community the majority (94%) of respondents were afraid. Most (87%) of respondents think that women suffering from TB are more affected due to social stigma and community pressures, (and 59%) are delayed in seeking treatment due to social stigma. The majority (47%) of respondents’ husbands or their family was

thinking about divorce or reducing the chance of marriage due to social stigma. but a substantial majority (38%) of respondents feel shame to express their diseases & receiving treatment for tuberculosis due to the bad perception of the diseases in the society.

It was also seen that the majority of women who have TB faced traveling-related barriers during their visits to healthcare facilities. Data briefed that the majority 86% of respondents find it expensive to travel from their residence to the health center, 77% of respondents TB patients did not travel to the health center due to non-availability of transport, and 95% of the res-

Table 1: Stigma and Transport Related Barriers Experienced by Female TB Patients (n=190)

Section 1: Stigma-Related Barriers:	Yes		No.	
	f	%	f	%
Are your friends, peer groups, or other community members reluctant to meet you?	161	85	29	15
Are your close relatives reluctant to meet you?	85	45	105	55
Do your colleagues frequently meet you at your working place?	111	58	79	42
Are you afraid of the consequences of the leak of information to the community?	178	94	12	6
Do you think women suffering from TB are more affected due to stigma?	165	87	25	13
Are you delaying seeking treatment due to social stigma?	112	59	78	41
Is your husband or his family thinking to divorce you or ending your relationship?	89	47	101	53
Do you feel shame to express your disease & receiving treatment for it?	73	38	117	62
Section 2: Transport-related barriers:				
Is the public health facility conveniently located from your residence?	110	58	80	42
Is it expensive for you to travel from your residence to a health facility?	164	86	26	14
Do you go to a public health facility in case of non-availability of transport?	44	23	146	77
Does distance influence your choice of a health care facility?	180	95	10	5

pondents agreed that distance of health care facility plays a vital role in their health seeking behavior.

While assessing health-seeking behavior it was found that only half of the patients (51%) pay health facility visits frequently. Only 30% accept their disease when they experience the symptoms and only 25% admit giving importance and taking care of their health. 77% experienced stress regarding the disease and its treatment and 66% were afraid of consequences and death. However, 86% of respondents confess their family and husbands giving importance to their health.

DISCUSSION

Many financial and political efforts have been made during the past two decades to control tuberculosis in Pakistan by creating mass awareness and enhancing the diagnostic and therapeutic expertise of health-care providers. Tuberculosis is a common disease which is curable within six months of treatment. TB

Table 2: Health Seeking Behavior of Female TB patients (n=190)

Section 3: Health-seeking behavior of patients about tuberculosis	Yes		No.	
	f	%	f	%
Are you visiting the Health Care Facility frequently?	97	51	93	49
Do you accept the sickness, when you feel the symptoms of the disease?	58	30	132	70
Do your husband and family give importance to your health?	163	86	27	14
Do you give value to health and try to keep it safe?	48	25	142	75
Are of afraid of the treatment consequences or death from TB?	125	66	65	34
Do you have any stress about your illness and its treatment?	138	77	52	27

tests and treatment are free and available at all public health facilities in all over Pakistan. The developed world has controlled this disease by adopting good strategies and some of the developing countries have a significant dip in the number of new cases of tuberculosis and deaths. But socio-cultural barriers in our society have led to low health seeking in these patients especially women. Sudhakar M.V reported that the

social, cultural, and financial burden on women due to diseases affected their health-seeking behavior because tuberculosis infections cause deaths in most females globally.⁸

Gender, cultural, social, and personal experiences generally influence health seeking behavior of individuals. Lakshmi K (2014) study supported our present result that female patients face more sociocultural barriers as compared to the males. Most of the women experienced issues related to finances, low literacy, and household stigma. However, she also claimed that the socio-cultural barriers limit the access to TB care services in the context of specific gender-related differences.⁹ Socio-cultural norms associated with the status and women’s role, lack of family support, and women’s autonomy directly affect each barrier type. Another social researcher Onifade D.A et al supported our results and found that the health care worker overwhelmingly state that women experienced stigma and socio-cultural beliefs as a greater barrier to accessing TB treatment services.¹⁰

According to Eastwood S.V study, women experienced more cultural barriers in terms of travelling cost, distance from residence and behavior of health care providers.¹¹ Long N.H, Johansson E, Lonroth K study indicated that longer travel time or long distance from residence to health care facility, low education and high number of family members among both sexes affected their treatment seeking.¹² The delays to diagnosis of tuberculosis among women were higher than men. Most of the women TB patients has different kinds of barriers, like, social stigma, travel cost, distances from residence, and location of health facility, organizational factors and health care providers behavior. Khan. M.S (2012) study results found that longer distance of health center from residence was a greater barrier to women than men in health seeking services.¹³ The literature on preference regarding TB related health services indicate that women in several Asian setting prefer traditional healer and private practitioners over Government center due to socio-cultural and organizational factors. A Study in Pakistan have reported that women’s mobility is restricted so they prefer

the health services that are more close to their home. According to Eastwood S.V et al worker felt that women experienced more barriers than men in terms of travelling cost.¹¹ The results showed that demographic and cultural identifiers were very diverse and most of the respondent's knowledge about the prevention and diagnosis of tuberculosis was low. Rajeswari R, Chandrasekaran V et al and several other studies supported our study results. Family's role in treatment-seeking especially in TB treatment is very important.¹⁴ The majority (62%) of the respondent's husbands did not go accompanied wife to health care facilities. Another study by Agboatwalla M, Qazi G.N & Shah S.K also supported the present study that rural and urban females were generally reluctant to visit regular health facilities alone. The rural women would not be allowed to visit the health facility unless accompanied by husbands or other close family members so nearby facilities are more likely to be visited by the females.^{15,16}

One of the study by Chandrasekhar V reported that the decision of the women to visit specific health center are based on their individual needs, social & cultural factors, care providers behavior with patient and location of delivery services.¹⁸ therefore addressing all these factors will remove all the hindrance in seeking health care for these women.

CONCLUSION

Socio-cultural barriers in health-seeking behavior have been almost a universal phenomenon all over the country. The present study found that a significant number of women having TB have different levels of socio-cultural barriers, in seeking health services, social stigma, traveling cost, longer travel time or longer distance from residence to a health care facility and inadequate location of public health facility, organizational factors like delay in treatment, insufficient staff, the behavior of health care providers, the unhealthy environment of the facility, availability of the quality medicine and social stigma.

It can be concluded that the treatment seeking behavior, organizational and transport factors, family support, and social stigma have proven to be barriers

in health-seeking services of women TB Patients or "higher the socio-cultural barriers lower the health seeking behavior among women's TB Patients and vise-versa.

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