



ISSN: 0975-833X

RESEARCH ARTICLE

**HEALTH CARE SEEKING BEHAVIOUR OF TUBERCULOSIS PATIENTS IN IBADAN,
SOUTH-WEST NIGERIA**

***Obiechina, G. O., Imogie, O. A. and Ekenedo, G. O.**

Department of Human Kinetics and Health Education, University of Port Harcourt, Nigeria

ARTICLE INFO

Article History:

Received 21st July, 2013
Received in revised form
07th August, 2013
Accepted 14th September, 2013
Published online 23rd October, 2013

Key words:

Health care seeking behaviour,
Tuberculosis,
Nigeria.

ABSTRACT

The aim of the paper was to investigate the health care seeking behaviours of tuberculosis (TB) patients in Ibadan, South-West, Nigeria. The study was undertaken using a descriptive survey design. A sample of 1222 registered TB patients was drawn from a population of 4073 "in and out" TB patients in selected clinics in parts of Ibadan. Questionnaire was the instrument used to collect data. Data collected were analyzed using percentages. The findings of the study revealed that more than half of the patients delayed in seeking medical attention on notice of signs and symptoms of TB. The patients were engaged in multiple consultation and utilization of health care services in response to their ailment, oscillating between modern health care, traditional and spiritual healing, though adherence to treatment was high among the patients. The paper concluded that there is need for a health education intervention that would address the health care seeking behaviours of TB patients, suspects and susceptible individuals in Ibadan and other parts of the country.

Copyright © Obiechina, et al., This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Tuberculosis (TB) remains a major global health problem and ranks as the second leading cause of death from an infectious disease worldwide, after the human immune deficiency virus (HIV), (WHO 2012). Improvement in cure rate is less than desired; this is in spite of various TB intervention programmes including Directly Observed Treatment Short-Course (DOTS), Public Private Partnership (PPP), 'Stop TB' Programme, Radio Awareness programmes, etc. The persistence of the disease may be due in part to problems associated with patients' health care seeking behaviour such as diagnostic delay, failure to seek health care, poor choice of health care service, self medication, and lack of compliance in completing TB treatment. Health care seeking behaviour according to Yimer, Holm-Hansen, Yimaldu and Bjune (2009) is defined as sequence of remedial actions taken by an individual to rectify perceived ill-health. It is a dynamic process that is influenced by age, gender, education, religion and other factors. Therefore, a thorough understanding of patients' motivation, willingness and actions are crucial to understand TB and the treatment. Notwithstanding, some factors may affect health care seeking behaviour of TB patients which includes poor perception of the health problem, cost of care, accessibility of health care, and long duration of treatment therapy. The concept of health care seeking behaviour has evolved with the course of time and has ultimately become a tool for understanding how people utilize or interact with health care

systems in their respective socio-cultural, economic and demographic circumstances. The health issues are complex and necessitate systematic knowledge that goes well beyond the health sector to address them especially in a case of tuberculosis. These factors affect the way individual patients perceived their symptoms, create concepts and make decisions regarding their health care action.

Ibadan is the second largest city in West Africa and the capital of Oyo State, Nigeria. It is located approximately on longitude 3^o5¹ east of the Greenwich Meridian and latitude 7^o25¹ north of the Equator. Ibadan metropolitan area consists of both urban and semi-urban areas, and is densely populated. The population of Ibadan as at 2006 census figure is 2,550,593, (Mberu, 2007). A Non Governmental Organisation, the Damian Foundation of Belgium (DFB) has been providing free TB diagnosis and treatment to patients in Ibadan for almost two decades. So far, it seems that no previous study has investigated all these five health care seeking behaviours in Ibadan though studies by Bello and Itiola, (2010) investigated drug adherence among TB patients in University of Ilorin while Oluwadare and Bosede (2010) investigated health care seeking behavior of TB patients with emphases on poverty, choice and stigma in Ekiti State. This study therefore, aims to determine the health care seeking behaviour of TB patients in Ibadan. The study investigated TB patients' actions on perceived signs and symptoms which examined the actions undertaken by individuals in response to signs and symptoms, and test seeking behaviour, which is one of the factors that contribute most to low case detection rate in TB (WHO 2008). Other behaviours investigated are choice of health care, which may be determined by patients or their family's decision.

***Corresponding author: Obiechina, G.O.,**
Department of Human Kinetics and Health Education, University of
Port Harcourt, Nigeria

Treatment seeking may also depend on various factors such as, constant supply of anti-TB drug, number of pills the patient takes, access to treatment, adverse drug reactions, symptomatic relief or lack of relief, complex treatment guidelines, dissatisfaction with TB service providers and poor communication interactions (Paliwal, 2010). Treatment adherent behaviour, however, describes an individual's willingness and action to comply with regular treatment.

METHODS

The descriptive survey design was used to carry out the study. The population consisted of 4073 "in and out" TB patients in selected clinics in parts of Ibadan. A sample of 1222 registered TB patients 14 years and above was drawn from the population using a multi-stage sampling procedure comprising of simple random, purposive and proportionate sampling techniques. A self-structured and validated Health Care Seeking Behaviour of Tuberculosis Patients Questionnaire designed according to the variables under study was the instrument used to collect data after testing for reliability. One thousand, two hundred and twenty two copies of the instrument were duly completed and returned. Data collected were coded and analyzed using the version 17 of the Statistical Package for Social Sciences (SPSS).

RESULTS

Table 1 shows that 667 (54.6%) of the respondents were male while their female counterparts were 555 (45.4%).

Table 1: Demographic characteristic of the respondents (n=1222)

	f	%
Gender		
Male	667	54.6
Female	555	45.4
Age		
14-24yrs	268	21.9
25-34yrs	525	43.0
35-44yrs	179	14.6
45-54yrs	167	13.7
55+	83	6.8
Ethnic Group		
Yoruba	962	78.7
Hausa	129	10.6
Ibo	83	6.8
Others	48	3.9
Religion		
Christianity	542	44.4
Islamism	600	49.1
Traditionalism	80	6.5
Level of income		
Less than ₦10,000	515	42.1
10,000-20,000	441	36.1
21,000-30,000	167	13.7
Above 31,000	99	8.1

Two hundred and sixty eight (21.9%) of the respondents were within the age range of 14-24years, 525 (43.0%) were within the age range of 25-34years, 179 (14.6%) were within the age range of 34-44, 167 (13.7) were within the age range of 45-54, while 83 (6.8) were 55years and above. Also, 962 (78.7%) of the respondents were Yoruba, 129 (10.6%) were Hausa, 83(6.8%) were Ibo while 48 (3.9%) belongs to minority ethnic groups. The table shows that 542 (44.4%) of the respondents were Christians, 600 (49.1%) were Muslims while 80 (6.5%) were traditional worshippers. Finally, 515 (42.1%) of the respondents earned less than ₦10,000 monthly, 441 (36.1%) respondents earned within ₦10,000-20,000 monthly, 167 (13.7%) earned within ₦21,000-30,000 monthly while 99 (8.1%) respondents earned above ₦31,000

Table 2: Health care seeking behaviour of the TB patients in Ibadan (n=1222)

Health care seeking behaviour	f	%
Action on perceived sign and symptoms		
Ignored TB on notice of the signs and symptoms	242	23.5
Discuss the signs and symptoms with someone first	436	35.4
Sought health care on notice of the signs and symptoms	524	41.1
TB Test Seeking Behaviour		
I went for test to confirm TB	889	72.7
Pastor determined TB status.	998	81.6
Family decided where I went for TB test	700	57.8
I decided where I went for TB test	515	41.7
Traditional healer diagnosed my TB	951	74.9
I do regular test to determine progress of TB treatment	238	23.1
I went for test in TB centre.	972	79.6
I went for test in government hospital.	707	57.9
I went for test in private clinic.	260	21.2
I went for test in a laboratory centre.	587	48.1
Choice of Health Care Services		
Family decided where I went for TB treatment.	577	47.3
My spouse decided where I went for TB treatment.	711	58.3
I decided where I went for TB test	475	38.7
I prefer modern health care for TB.	958	74.9
I prefer spiritual healing for TB.	1016	83.1
I prefer traditional healing.	1049	83.6
Treatment Seeking Behaviour		
I bought TB drugs from chemist store.	1018	80.8
I preferred spiritual healing than taking TB drug.	977	79.9
I took local herbs for TB treatment.	224	16.6
I went to a hospital & TB centre for TB treatment.	875	71.7
I prefer taking tablet.	946	77.4
I prefer taking injection.	457	32.6
Treatment adherent behaviour		
I made out time during office hour to go for treatment.	841	68.8
My occupation allowed seek healthcare during office hour.	900	73.6
My work sometimes interfered with appointment.	421	34.5
Customers interfered with my appointment	437	35.8

Table 2 presents data on the health care seeking behaviour of TB patients in Ibadan. Twenty-three point five percent (23.50%) of the respondents ignored the signs and symptoms of TB, 35.49% discussed it with someone first, while 41.1% sought health care immediately. The data also showed that 72.7% went for test to confirm the presence of TB, and only 23.1% went for regular tests to determine progress of TB treatment. While 79.6% of the patients went for test in TB centres, 57.9% went to government hospitals; 48.1% went to laboratory centres and 21.2% to private clinics. Again 81.6% and 74.9% of the patients also went to their pastors and traditional healers respectively to get diagnosis for their ailments. With regards to choice of health care services, 83.6% of the respondents sought the services of traditional healers (alternative health care), 83.1% preferred spiritual healing, and 74.9% went for modern medical services (orthodox health care). For 58.3% of the patients, their spouses made the choice

of health care services, 47.3% indicated that the choice was made by their family, while 38.7% indicated that it was a personal decision. The data also shows that 80.8% of the TB patients bought TB drugs from drug stores, 71.7% visited hospitals and TB centres for treatment, 85.8% took local herbs, and 79.9% preferred prayers as treatment choice for TB. Of those that sought orthodox health care, 77.4% preferred tablets while 32.6 preferred injections. Majority of the patients (73.6%) indicated that their occupation allowed them time to seek healthcare during work hours. Whereas 68.8% made out time during office hours to go for treatment, 34.5% and 35.8% respectively indicated that work and customers interfered with their treatment appointments.

DISCUSSION

The findings showed that majority of the patients (41.1%) sought health care immediately on notice of signs and symptoms of TB, yet this was not up to half of the respondents and means that more than half of them delayed in seeking medical attention. Delay in test seeking has been attributed to ignorance, misconception, lower educational status (Ford *et al.*, 2009 and Sabramanian, 2010); fear of stigma and discrimination (Oluwadare and Bosede, 2010); cultural beliefs (Edginton, Sekatane and Goldstein, 2002, Mangesho *et al.*, 2007); and lack of diagnostic facilities (Kim *et al.*, 2009). The finding is worrisome because one of the factors that contribute to low case detection rate in TB is related to delay in patients to come for diagnosis (WHO, 2008) leading to increase in spread of the disease in the community. Discussing the signs and symptoms of TB with someone first (34.49%) before taking action is a good gesture because if the right person is consulted, patients may get the right advice and may likely take the right actions. On the other hand, consulting the wrong person may lead to misinformation and wrong actions.

Another important aspect of TB management is regular test to monitor treatment progress. However, only 23.1% of the respondents in this study complied with that. A number of factors may determine where individuals may seek diagnosis of ailment especially TB. These include ignorance, misconception, lower educational status (Ford *et al.*, 2009 and Sabramanian, 2010); fear of stigma and discrimination (Oluwadare and Bosede, 2010); cultural beliefs and superstition (Edginton, Sekatane and Goldstein, 2002, Mangesho *et al.*, 2007) and lack of diagnostic facilities (Kim *et al.*, 2009) as well as the person consulted. Proper consultations may explain why 79.6% of the patients went for test in TB centres. It may sound contradictory that 81.6% and 74.9% of the patients respectively also went to their pastors and traditional healers to get diagnosis for their ailments. It is not unusual for Nigerians to consult their spiritual leaders first whenever they are faced with any form of challenge including ill health. This is based on the belief that there is spiritual basis for everything that happens to individuals. Some people attribute TB and many other chronic diseases to 'witchcraft', 'evil eye' and satan (Mangesho *et al.*, 2007). Also, there is still a strong rooted belief in traditional health care among the people. This is evident in the finding that 83.6% of the respondents sought the services of traditional healers (alternative health care) and 83.1% preferred spiritual healing. Nevertheless, the fact that 74.9% went for modern medical services (orthodox health care) shows that patients made

multiple consultations and obtained treatment from different sources for the same ailment, perhaps simultaneously. However, some may start from traditional medicine and end up with orthodox medicine while others may start with orthodox medicine and end with traditional medicine. What is obvious is that most of the patients oscillate between one form of health care service and another. These actions may lead to delay in getting adequate treatment thereby increasing possibility of spread of the disease.

It is disheartening that despite the establishment and decentralization of TB health services in Ibadan, respondents still preferred spiritual healing and traditional health care. Choice of health care service may be determined by patients' satisfaction with services and service providers (Paliwal, 2010, Obiechina and Ekenedo, 2013), gender and level of education (Oluwadare and Bosede, 2010) and significant others such as family members. The later is confirmed by the findings of this study which showed that spouses made the choice of health care services for 58.3% of the patients, while 47.3% indicated that the choice was made by their family; only 38.7% indicated it was a personal decision. Multiple utilization of health care services presented itself again in the findings of the study on choice of treatment by the patients. Eighty point eight percent (80.8%) of the TB patients bought TB drugs from drug stores, 71.7% visited hospitals and TB centres for treatment, 85.8% took local herbs, and 79.9% preferred prayers as treatment of choice. It is, however, interesting to find that majority of the patients (73.6%) indicated that their occupation allowed them time to seek healthcare during work hours which meant that adherence rate was high. Choice of treatment and adherence rate were usually influenced by availability of drugs, adverse drug reactions, nature and duration of treatment, symptomatic relief or lack of relief, complex treatment guidelines, dissatisfaction with TB service providers and poor communication interactions (Paliwal, 2010, Obiechina and Ekenedo, 2013).

Conclusions

TB patients in Ibadan displayed a combination of positive and negative health care seeking behaviour. Basically, it is evident in the findings of the study that majority of the patients were involved in multiple consultation and utilization of health care services, oscillating between orthodox, traditional and spiritual health care services. The paper concludes that TB is curable if patients make the right decisions about seeking health care, make the right choices of health care services and treatments, and adhere to TB treatment regimen. This can only happen when TB patients and suspects as well as susceptible individuals are properly informed through various means of communication and education so that they can make informed decisions about their status and course of action.

Recommendations

Based on the conclusions of the study, the following recommendations were made:

1. There is need for intervention programme that addresses the negative health care seeking behaviours of the TB patients as identified in this study for TB patients, suspects and susceptible individuals in Ibadan and other parts of the world where TB still presents a serious health problem.

2. Workshops and seminars should be held intermittently for TB health service providers to build their capacity to review the health care seeking behaviours of their patients in order to know where to emphasize health education.
3. Further studies should be carried out to assess the demographic and socio-economic determinants of health seeking behaviours of TB patients so as to develop programmes that address them.

REFERENCES

- Bello, S.O. and Itiola, O. A. 2010. Drug adherence amongst tuberculosis patients in the University of Ilorin Teaching hospital, Ilorin, Nigeria. *African Journal of Pharmacy and Pharmacology*, 3 (3): 109-114.
- Edjinton, M. E., Sekatane, C.S. and Guldstein, S. J. 2002. Patients' beliefs: Do they affects tuberculosis control? A study in a rural district of South Africa. *International Journal of Tuberculosis and Lung Disease*, 6:1075-1082.
- Ford, C. M., Bayer, A. M., Gilman, R. H., Onifade, D., Acosta, C., Cabrera, L., Vidal, C. and Evans, C.A. 2002. Factors associated with delayed tuberculosis test- seeking behaviour in the Peruvian Amazon. *The American Journal of Tropical Medicine and Hygiene*, 81 (6): 1097-1102.
- Kim S.C., Jim, B.W., Shimao, T. and Mori, T. 2009. Study on the knowledge of tuberculosis and attitudes towards the disease. *International Journal of Tuberculosis Lung Disease* 60: 131-132.
- Mangesho, P.E., Shayo, E., Makunde, W.H., Keto, G.B. and Mandara, F. 2007. Community knowledge, attitudes and practices towards tuberculosis and its treatment in Mpwapwa district, central Tanzania. *Tanzan Health Research Bul*, 9: 38-43.
- Mberu, B.U. 2007. Household structure and living condition in Nigeria. *Journal of Marriage and Family*, 69 (2): 513-527.
- Obiechina, G.O. and Ekenedo, G.O. 2013. Factors affecting utilization of university health services in tertiary institution in South- West Nigeria. *Nigerian Journal of Clinical Practice* 16. (4): 454 – 457.
- Oluwadare, C. and Bosede, I. 2010. Health seeking behaviour of tuberculosis patients in Ekiti State. *The Nigerian Journal of Social Sciences*, 4 (3): 191 – 197.
- Paliwal, R. 2010. Can Directly Observed treatment improve treatment seeking behaviour of TB patient Medical? *Journal of India Chest society*. 27 (2): 49-50.
- Sabramanian, S. 2007. Sample survey of awareness of symptoms and utilizations of health facilities by chest symptomatic. *Indian Journal of tuberculosis*, 6 (7): 137-69.
- World Health Organization 2008. *Global tuberculosis surveillance, planning and financing*. Geneva: WHO.
- World Health Organization 2012. *Global tuberculosis control. epidemiology, strategy and financing*. Geneva: WHO.
- Yimer, S., Holm-Hansen, C., Yimaldu, T. and Bjune, G. 2009. Health care seeking among pulmonary tuberculosis suspects and patients in rural Ethiopia: A community-based study. *British Mountaineering Council of Public Health*, 9: 454-459.
