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

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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

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