INTRODUCTION

Tuberculosis (TB) is a disease with a high incidence rate among diseases at world level, accounting for approximately two million death a year worldwide. Due to high level(s) of poverty and inadequate development of local medical systems, as well as due to the augmenting incidence of this disease, tuberculosis is a continuous challenge for existing medical efforts to improve world health.

The sustaining public policy represents an endeavour to influence public policies by means of persuasive communication. Public policy includes all statements, policies or dominant practices imposed by those in position to manage or control institutional, community or, sometimes, individual behaviour.

The building of coalitions strengthens sustainance. Community mobilisation represents a process of both involvement and mobilisation of persons from the community and it refers to citizens, medical officials as well as decision factors as to the organisation and measure taking in order to mach a common objective. Community mobilisation often is represented by sustained efforts during a long period of time. Community mobilisation can be part of a health campaign and it can sustain it.

Starting already in the late half of the 70s community mobilisation started as an important strategy of health promotion; some major conceptual documents such as the Alma Ata Statement on Health Care of the International Health Organisation (1978) and the Ottawa Chart on Health Promotion (1986) indicated the importance of direct community participation in health programmes and health service development.

AIM AND OBJECTIVES

Study aim: the identification of the needs of both TB patients and their support group in order to ensure their compliance with treatment and fight against discrimination.

STUDY OBJECTIVES:

We investigated the existence of five types of capital, namely material, human, social, vital and symbolical. As far as the organisations are concerned the study attempted to identify all possible actors which, by participating in ACSM (advocacy, communication and social mobilisation) activities play an active role in such as local administrations, school, church, non governmental organisations, social services and health services.

METHODOLOGY

The survey was designed on the basis of community capacity building pattern trying to identify all those elements able to influence the TB patients’ life circumstances, the fight against all forms of discrimination and the improvement of TB control by means of participation process and community involvement.

Such an approach allows for the evaluation of both priorities and opportunities to be able to sustain positive changes on a community level.

The pattern takes into account all existing circumstances on both individual and community level thus trying to identify both the needs and the resources to facilitate the community participation and involvement process.

The principles underlying this paradigm include ACSM activity planning thus leading to local participation, cooperation encouragement and enhancement of human and social capitals.

Data collection method

Questionnaire-based quantitative structured survey (annexe 3) throughly investigating each and every of the surveyed issues.
The questionnaire-based survey investigated a series of indicators:

- TB patients’ main problems as well as their potential solutions;
- existing economic resources available to TB patients’ families;
- living conditions;
- economic activities and income sources available to TB patients and to their families;
- TB patients’ participation in community life;
- TB patients’ relationship to the community they belong to;
- health care access.

Furthermore, a series of relevant local indicators were collected. These indicators took into account the local economic and demographic context.

**Target population (urban vs. rural)**

According to the survey objectives the target population was entirely constituted of TB patients.

**Sample volume**: 133 persons aged 18 and over.

**Sample type**: Random, probabilistic.

**Sampling**: Probabilistic selection of the questionnaire subjects on the basis of the NCTB (National program for the control of TB) archives. We therefore used the evidence documents existing in the archives of the Coordinator NCTB and the DOTS centres.

The sample maintains the projecting principles of sampling and it was constituted on the basis of the information-rich source criterion.

**Results**

The survey results will be curtly displayed mainly taking into account the six sections of the survey instrument we used, namely the questionnaire given to the 133 TB patients to constitute the survey lot.

**Participating Lot Description by personal characteristics.**

More than half of the inquired patients come from an urban environment, that is to say 61.4% of a total of 127 TB patients to answer the question, the other 38.6% lived in a rural environment.

We also took into account the size of the locality where the inquired TB patients reside and concluded that half of them (50.4%) come from small towns with less than 20,000 inhabitants. A smaller part of them, approximately a quarter of the lot (28.3%) live in larger towns with more than 100,000 inhabitants.

At the interview moment, more than half of the interviewed subjects were treated in hospital (59% of the 122 question respondents) in contrast to the 41% TB patients to be under tuberculostatic treatment in the TB local centres.

**Graph 1 TB Patient Percent Distribution by Residence**

![Graph 1](image1)

**Graph 2 TB Cases distribution by Residence Size**

![Graph 2](image2)

**Graph 3 Case Distribution of the Surveyed Lot by Age Group and Residence**

![Graph 3](image3)

- **Age**

As far as the survey subjects’ age is concerned we noticed that most of the TB suffering patients are among young people with three quarters of the respondents (71%) aged less than 50.

- **TB patients Percent Distribution by Sex**

Most of the surveyed eligible TB patients were represented by male patients (64.6% of the 130 respondents) whereas women only constituted a third of the total of eligible subjects.
Perceived quality of life

The quality of life as perceived by the interviewed subjects was surveyed by means of questions referring to topics such as – earnings and spendings in the TB patient family, quantity of food, living conditions – namely type of housing, housing crowdedness, utilities, weekly labour quantity as well as an estimation of the quality of life as compared to the previous year.

Existing Family Income

Most of the respondents (37.6%) stated that the family earnings barely sufficed for basic necessities.

Approximately 15.8% of the TB patients earned enough as to ensure a decent living without being able to acquire expensive objects while 12% of the TB patients can afford buying expensive objects on condition that they save household money.

The most important category of household spending

Most of the money earned by the interviewed TB patients’ families goes into food and lodging. Thus nearly half of the respondents consider that most of the family money goes into food/nourishment (45.7% of 127 TB patients to respond the question), while another half of the TB patients – 40.1% - declare an important share of household money goes into lodging costs.

Approximately 9.4% of the interviewed TB patients spend an important share of family money on health care thus paying for medicine, medical reports and medical visits. Only a small amount of the interviewed subjects spent their money on clothing or shoes (Graph 8).

Education level in surveyed population

A third of the respondents (31% of 132 participants to respond the question) went to high school whereas half of the subjects (49.9%) attended less than ten compulsory years of education. The percent distribution of those with a low level of education and of those who attended university are quite similar, but rather reduced by comparison to the other two respondent categories (6.8%, and 7.6%)

TB patients with or without a social health insurance

Most of the TB interviewed patients (80.9% of 131 patients to respond the question) detain a social health insurance whereas a reduced number of the interviewed TB patients do not possess one (19.1%) which is more or less similar (just a bit higher) with the percent of patients without a social health insurance in rural areas, as calculated in 2007.

Deficient food intake plays a major role in the illness onset making the mycobacterium tuberculosis infection manifest itself. Patients who consume inadequate quantities of food as well as bad quality food face increased illness risk.
More than a third of the interviewed subjects (33.6% of 131 respondents to the question) consider they are undernourished. This is rather alarming as an important condition for curing from the illness (besides strictly following the prescribed treatment) is a balanced and healthy diet (Graph 9).

Graph 8 Percent Distribution by the Most Important Household Spending

Graph 9 Percent Distribution by Daily Food Intake

Knowledge, beliefs and attitudes towards the illness and its treatment

A set of questions investigated existing TB patients’ knowledge, beliefs and attitudes towards TB and its treatment.

The questions referred namely to the illness seriousness from both an individual and community point of view, to curing possibility(es), contagiousness, respondents’ knowledge about the malady, duration of treatment, interruption of treatment and its consequences.

• TB patients’ opinion on the illness seriousness

Most of the respondents – 90.2% - consider tuberculosis to be a serious illness (50.4% - very serious and 39.8% - quite serious) as compared to nearly a tenth (9.8%) in whose opinion the illness is not very serious.

Graph 10 Percent Distribution of Cases by Beliefs about the Illness Degree of Seriousness

Graph 11 TB Patients Percent Distribution by Knowledge about TB Contagiousness

TB Patients’ Opinion as to the degree of TB seriousness for the Community they Belong to

Most of the respondents (88.7%) consider TB to be a serious problem. The percentage of those believing TB is a very serious problem (46.6%) is quite similar to those considering TB a quite serious problem (42.1%). In contrast, 11.3% of the interviewed subjects do not consider TB is a very important problem for the communities they come from.
both hospital and in the local TB centres are prompt and respond to the needs of patients, these ones would be stimulated to continue with medication, thus reducing the illness duration as well as further public costs, such hospitalisation costs as well as triggering all absence of complex cases of resistance to existing chemical therapy. Shortcomings occurring during hospitalisation or treatment as well as illness improvement after a certain period of correct treatment can, on the other hand, determine patients to consider themselves already cured and to interrupt treatment without doctors’ approval.

- Hospital service quality assessment
Medical services provided in hospital by medical doctors and nurses as well as by auxiliary medical staff were assessed from different points of view such as: time spent with TB patients, medical care quality and behaviour of medical staff. Furthermore, as far as medical care quality is concerned most of the respondents evaluate the endeavours of local medical staff as positive, namely very good, good or sufficient. As far as time spent by medical staff with TB patients is concerned, approx. 81.6% of 130 respondents judge it as good and very good.

- TB Local Centre Quality Assessment
We first need to mention that as far as TB centre medical care quality and medical behaviour are concerned the analysis only took a number of 50 TB patients into account that is to say those particular TB patients who were cared for in the local TB centres during the survey. We therefore concluded that TB patients generally believe medical behaviour and medical activities carried out in the TB local centres to be satisfying. The subjects assessed all elements involved positively. Thus medical behaviour, medical service quality and time spent with the patient in TB local centres were evaluated as very good, good or sufficient by most of the patients (95.7% of 47 respondents on time spent with the patient, 92.7% of 36 respondents on medical care quality and 97.7% of 44 respondents on medical behavior). The interviewed subjects were also asked to assess the quality of services provided by nurses and their behavior and the results showed that all patients of local TB centres found that to be very good, good or at least sufficient except for one patient who judged their activity as insufficient.

TB patient satisfaction with medical care
TB Patient satisfaction with medical care can trigger the patient motivation to continue with medical treatment until completely healed. If medical services offered in

Graph 12 TB Patients Percent Distribution by Beliefs about Illness Seriousness for the Community they Belong to

Graph 13 Percent Distribution by TB Patient Opinion about TB Treatment Duration

TB Patient satisfaction with medical care
Medicine Taking after Hospital Discharge

More than three quarters of a total of 48 patients attending treatment in the local TB centres after hospital discharge (85.4%) have their medication administered under the direct observation of medical staff: doctors (8.3%) or medical nurse (77.1%). The other answerers take their medication under the direct observation of the community nurse (one respondent) or take treatment themselves (12.5% of a total of 48 TB patients to attend the local TB centres who responded to the question).

Social context

1. Family support

Support in general and family support in particular is very important to TB patients as a means of encouragement to continue with tuberculostatic treatment that can lead to complete healing of the illness.

- Degree of Importance of things such as work, family, health, workplace, friends, spare time, religion for TB patients.

The most important (quite important, important and very important) things in the interviewed TB patients’ lives are as following: health (83.5%), family (81.9%) and work (72.2%). Other important things are spare time (64.7%), religion (64.6%), work place (60.9%) and friends, acquaintances (50.4%). Most of the patients think that health (67.7%) and family (60.9%) are very important. There are some smaller percentages of patients who do not think that family (14.3%) and health or work (10.6%) are important.

- What TB patients expect from their own family (parents, brothers, sisters and children)

Most of the interviewed TB patients expect understanding (75.6% of a total of 127 respondents to the question) from family, namely parents, brothers, sisters or children. TB patients also expect love (57.5%), advice (45.7%) or material help (27.1%) from family. There also exists a small percent (8.9%) of the respondents who do not expect anything from family.

2. Community support

Different factors can also contribute to the material and psychological welfare of TB patients such as social factors from outside the TB patient’s family or household. The questionnaire investigates the interviewed subjects’ opinion about the relationship with friends, a factor that can trigger positive experiences in the life of TB patients. We also assessed the TB patients’ opinion about community support.
involvement into TB issues, about the degree of happiness of their own life and their participation in the social life of the community they belong to.

- Friends’ role into TB patients’ life
A percentage of 66.7% of a total of 129 persons to respond to the question possess a group of friends by comparison to 33.3% who do not have one. About 38.3% of the interviewed TB patients consider the group of friends to be the total of people whom they spend their spare time with, and 35.9% of them consider friends as those who make TB patient feel loved, understood and listened to.

- Degree of involvement in TB issues on behalf of the communities TB patients belong to
In order to assess the community interest for TB issues and solutions we used a graded scale from 1 to 10 where 1 represents a total absence of such interest and 10 a huge community involvement in TB issues. Over a third of the interviewed subjects to respond to the question (35.6%) consider that community involvement in TB issued is quite unimportant choosing grades between 1 and 4. A percentage of 19.6% of the answerers assess community involvement as average grading it 5 or 6. An amount of 40% of TB patients assess community involvement in TB issues as positive grading it 7 to 10. A percentage of 3.6% assess community involvement as negative but fail to grade it just as another 4.5% who assess community involvement as positive, without grading it.

- Degree of TB patient satisfaction as to the services provided by medical, local, transport and employment institutions
The highest unsatisfaction degree including those who were completely unsatisfied or not very satisfied is towards public transport (47.4% of the answerers), local authorities (45.8%) and social services (34.6%).

Discrimination and stigma
This part of the questionnaire investigated discrimination-related aspects throughout questions about: real discrimination cases due to the illness, own experiences lived either by the TB patient himself or by his/her family, mass media representation of TB and TB patients, degree of knowledge about patient rights, degree of information about discrimination as well as about the institution in charge with fighting TB discrimination.

Graph 17 Percent Distribution by Importance of Things in the patient’s life

Graph 18 Percent Distribution by satisfaction with certain services

Graph 19 Percent Distribution by Frequency of Participation in Community Life
• Real situations in which TB patients were discriminated due to the illness, situations known or declared by the interviewed subjects.

Most of the interviewed TB patients declare that most often the TB patients are discriminated in hospital (21.8%) or during employment procedure (18.8%). Other discriminating situations occur at work or at school (16.5% each), but also in their own family (15.8%). There have also been rare cases of public discrimination (church, theatre, cinema) and in relation with public authorities (9.8% and 9%). The number of those TB patients who have never experienced such a situation is quite large, among 39 and 55 subjects from a total of 133.

CONCLUSIONS:

As a conclusion, the survey highlighted the fact that the majority of TB patients consider TB as a serious disease that can be cured; the role of the family is important in offering support both material and psychologic and the role of the community is thought to be important but in practice it is very reduced. Stigma and discrimination was reported as occurring in hospital, at the workplace or in school. When assessing the activity and the behaviour of the TB physician the patients considered it favorable. The time allotted by the physician to the patient and the quality of medical care were appreciated positively.

Article translated by Andreea Mateescu Jones

Survey Participants:

PROJECT MANAGER:
DANIELA VALCEANU, PhD, MD

SURVEY COORDINATOR:
MARIAN MATEI, Sociologist

Team:
CRISTINA CRINTEA, MD
Scientific collaborator CARMEN SASU, MD, researcher
IOANA ISTRATE, nurse
IULIANA ROBU, nurse
MADALINA DRAGOS, MD

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Graph 20 Real Discrimination Situations among the Interviewed TB Patients

Graph 21 Percent Distribution by Personal Experiences of Discrimination