

19 JUN 2002



**BURDEN OF TUBERCULOSIS IN MYANMAR: SOCIAL
SCIENCE PERSPECTIVES**

SOE MOE

z

With compliments
of

บัณฑิตวิทยาลัย มหาวิทยาลัยมหิดล
.....

**A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS
(HEALTH SOCIAL SCIENCES)**

**FACULTY OF GRADUATE STUDIES
MAHIDOL UNIVERSITY**

2002

ISBN 974-04-1404-4

COPYRIGHT OF MAHIDOL UNIVERSITY

TH
S681b
2002
c.2

Copyright by Mahidol University

4338098 SHSS/M :MAJOR: HEALTH SOCIAL SCIENCE; M.A. (HEALTH SOCIAL SCIENCE)
 KEY WORDS :TUBERCULOSIS/BURDEN/KNOWLEDGE/ PERCEPTION / HEALTH SEEKING BEHAVIOR/ MYANMAR
 SOE MOE :BURDEN OF TUBERCULOSIS IN MYANMAR: SOCIAL SCIENCE PERSPECTIVES. THESIS ADVISORS: ORATAI RAUYAJIN, Dr. P. H., ARAYAN TRANGARN, Sc.D., KHIN SAW NAING, M.B.,B.S, M.Sc., SAMLEE PLIANBANGCHANG, Dr. P.H. p 240 ISBN 974-04-1404-4

This is a case study to explore the social psychological and financial burden imposed on tuberculosis patients and their families. The burdens were measured from the patients' aspect. Knowledge and perception of the patients and families and community members were also explored to find their association to the burdens.

This study was conducted in a selected township in Yangon division, Myanmar. An in-depth interview was made with 10 tuberculosis patients under DOTS strategy and 10 tuberculosis patients who were not under DOTS strategy. Four sections of focus group discussion (FGD); focus group discussion for DOTS patients, non- DOTS patients, family members and community members, were performed. Observation was also made to check and support the findings of FGD and in-depth interviews.

The study showed that knowledge of the patients , family members as well as community members are poor, especially in the area of transmission and prevention of tuberculosis. All DOTS patients knew the consequences of irregular treatment whereas only a few of non-DOTS patients knew about it. The majority of the patients did not know about the free supply of anti TB drug at the beginning of their illness. There were misconceptions about the disease causation, transmission and prevention. Gender difference in perceived causation was seen as a result of social culturally bound behavior of male and female patients. Perceived susceptibility was very low among family members. Therefore patients were not rejected by their family members. However, because of the misconception concerning transmission and preventive measure, patients perceived social stigma. Regarding the social psychological burden, psychological effects were more common than social disadvantages. Illness label of tuberculosis was not strong because majority of the informants knew the biomedical model of causation and availability of effective western medicine. As a result, the majority of patients did not keep their illness secret. Patients and family members were not shunned by the society. Because of the social support from family members relatives and neighbor, patients could cope with the situation and hence severe social disadvantages were rarely seen. The financial burden imposed on tuberculosis patients and families were very high in some patients whereas a few case were free of burden. DOTS patients also suffered very high financial burden because they took irregular treatment at private sector before current treatment. Some non-DOTS patients got financial support from social security board. Early diagnosis and prompt treatment with free supply of anti TB drugs were associated with no financial burden or reduction in financial burden.

Intensification and modification of health education activities are necessary to get rid of the wrong beliefs and practices which effect the social psychological burden. Active case finding should be considered to shorten the delay period of getting free anti TB treatment. Effective health insurance scheme should be formulated .