

Why 'No' to TB Health Facilities? Answer from a Community Perspective

Arupkumar Chakrabarty*

Health Vision and Research, Kolkata, India

***Corresponding Author:** Arupkumar Chakrabarty, Health Vision and Research, Kolkata, India.

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During peak of the COVID 19 pandemic people were mostly confined at their home and became hesitant to come to healthcare facilities seeking any care unless it was very much urgent. In a rural district, Purulia in West Bengal, India; as a public health specialist, by virtue of the author's association in the management of TB services, some interactions were made with the people from the community to explore the cause of poor footfall at different healthcare facilities. The COVID-19 pandemic has challenged the gains made over recent years. World Health Organization shows that high TB burden countries have observed sharp decline in TB notifications in 2020. It foresees 50% drop in TB case detection over 3 months and 400,000 additional TB deaths this year alone. Poor case identification is a major challenge for achieving global TB targets. Interactions were made through 4 Focus Group Discussions among adult male and female and adolescent boys and girls and 12. In-depth interviews among community gatekeepers. This unstructured and informal exploration revealed out some key findings attached to poor footfalls of people seeking TB services from designated TB health facilities that have been shared through this note.

Key findings

People do not want to disclose their history of cough and fever with apprehension that the symptoms can be due to COVID infection. People are very much panic about the disease that supersedes healthcare seeking.

For common ailments, people are now more dependent on medicine shops and so, over the counter sales by shop keeper and pharmacist have increased. Shopkeepers reported that more patients are coming with prescriptions (in white paper) from informal providers.

Doctors, nurses, and staffs of health facilities are more afraid than the patients. They do not touch patients like before. They see patients remaining far away and listen to problems, no examination. For any type of cough, cold, and fever; doctors advise to go to do COVID test. But everybody does not have the infection. This has increased reluctance for coming to facility.

One respondent told that his 12 years old grandson had convulsion. The doctor even did not touch him. He died in the hospital itself. Extent of emergency care has also come down. One respondent reported that his wife had diarrhea. No medicine was given. All medicines were purchased by them. All attention has gone towards COVID and people are dying due to other reason.

Earlier, hospital used to take admission for critical case. Now staffs are not willing. If doctors are not willing, people have refused to attend OPD. Now doctors are referring critical cases to district hospital in Purulia. Doctor patient relationship has broken due to Corona. If doctors and nurses are careful to them, they can go back to hospital during the spread of Corona virus. Only for emergency cases, people are going to hospitals.

People are afraid that if their Corona positive status is disclosed, they do not exactly know how the neighbors will behave with them. Disease is unknown and unknown is its social hazards. Out of this fear and unknown consequences, people sometimes feel better not to disclose their health problems till it is very much disturbing.

People are at home. They are taking home made food. In days, without lock down, when men are going outside, they are taking home made food with them. Outside, hotels are all closed. Shops like oil cake, street food are all closed. Children are not eating those things. Therefore, general ailments have come down.

Some important policy concerns coming out

It is perhaps simply not how much COVID has negatively impacted TB program performances. Beyond it, why people and or providers are hesitant, the root cause needs to be addressed. We may rethink why there has been a major decline in the OPD footfalls? Is it simply because less people are coming to OPD and symptomatic people are not disclosing due to COVID that has similar symptomatic presentations? Are we prepared with a friendly facility in COVID epidemic emergency?

Could we really read the mind of common people? Any attempt done so far in this regard? Is it more patient's fear or more of the providers? What has been done to bridge up the gaps?

Is it the same reason for TB also or different that overall disease reporting in hospitals have come down? Any difference in cause for TB?

Can we blame our healthcare providers that they are not doing their jobs now? How much mental health support could we provide to them?

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