



Rinat Akhmetov Foundation For
Development of Ukraine



Stop TB
in Ukraine

**TUBERCULOSIS VS
UKRAINIAN POPULATION:
PRACTICE
AND BEHAVIOR**

This publication was prepared based on the analysis of the survey report “TB-related knowledge, attitudes, practices and behavior among the general population of Ukraine and target groups, 2011”.



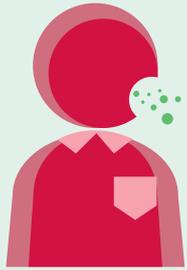
The Tuberculosis (TB) epidemic in Ukraine constitutes a threat to the national security and is a result of complex series of problems related to the general socio-economic conditions, the health care system situation and an inadequate level of knowledge and behavior of the general population and the specific groups most vulnerable to TB. To overcome these existing challenges the National Targeted Social TB Program for years 2012 - 2016 was legally approved providing for the general and equal access to quality services for TB prevention, diagnosis and treatment.

TB prevention, diagnosis and treatment should focus primarily on the needs of a person suffering from TB or one who is vulnerable to this disease. Thus, the planning and implementation of efficient services is only possible when you are aware of and consider the behavioral features of the various groups, their level of knowledge about TB and their attitude to the issue.

A comprehensive study on TB-related knowledge, attitudes, practices and behavior was conducted for the first time in Ukraine within the “Stop TB in Ukraine” Program by the Rinat Akhmetov Foundation for “Development of Ukraine” supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria (Round 9).

The survey was carried out between September 2011 and March 2012 and involved two components: the general population survey (quantitative component, a total of 5004 respondents covering all regions of Ukraine) and a poll of vulnerable to TB groups (qualitative component). Please visit http://www.stoptb.in.ua/en/project_publications under “Program Publications” section for the complete survey results (Please note that survey report is in Ukrainian).

What should a person with a cough do?



Any **cough** lasting **more than 3 weeks**

is a sign of a disease, like TB, pneumonia or even lung cancer. Any illness should be promptly seen by a doctor and be diagnosed and treated in line with to the doctor's recommendations.

1



Consult a doctor!

No self-treatment!

2



Get diagnosed

Make sure to go through all the prescribed tests for a proper diagnosis.

3



Start treatment

According to diagnosis, a doctor shall prescribe an appropriate treatment.

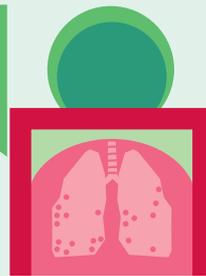
4



Continue treatment in line with the prescription

You should not stop taking medicines, even if you are feeling well. Treatment interruption may not lead to the desired result, and, in the case of TB, it leads to the development of drug-resistant forms of TB.

5



Finish treatment

Upon completing the treatment course, the doctor shall appoint all necessary tests for reexamining your health condition.



RECOVERY

Attitudes of Ukrainian population to TB challenge

Whether TB constitutes a threat to the population of Ukraine in general?



- “Yes” think the majority of respondents (**75%**)
- 20%** surveyed consider TB an important issue, but only “partly dangerous” for the population.
- 4%** were not certain.
- Only **1%** of the adult population does not consider TB to be a current national challenge as it is “safe”.

Therefore, according to the public opinion TB prevalence is a relevant issue constituting a high threat to the Ukrainian society.

But...

Whether TB constitutes a threat personally for you?



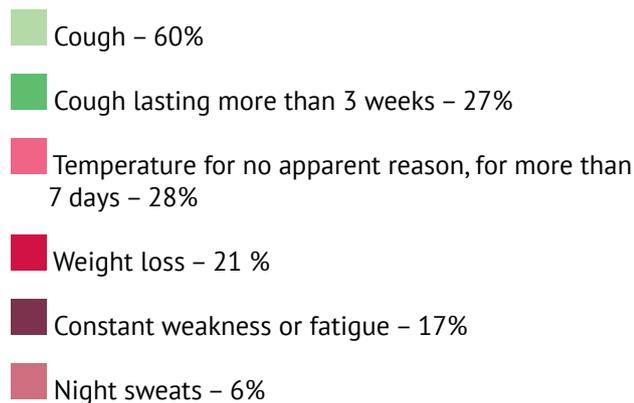
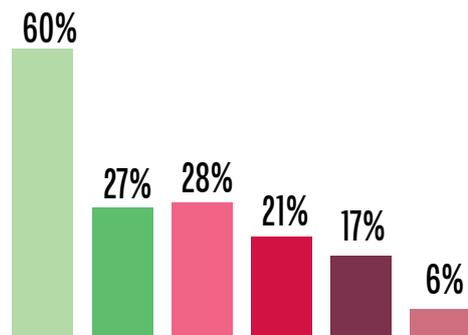
- Almost half of the population (**49%**) believes they have a low personal risk.
- 15%** claimed having no such risk.
- 8%** were not certain.
- 28%** of the respondents marked high personal probability of contracting TB.

The ideas of the majority respondents on TB are very vague and abstract. The TB concerns in most cases are not related to awareness of personal contraction risk. This means that our knowledge about TB hardly will lead to changes in behavior.

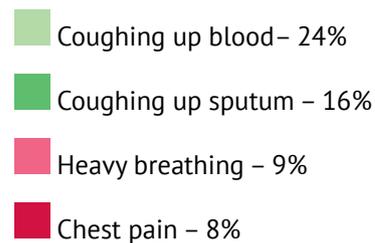
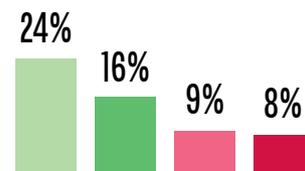
TB symptoms

Knowledge

Main correct TB symptoms named by the respondents:



Also the respondents identified other possible TB symptoms:

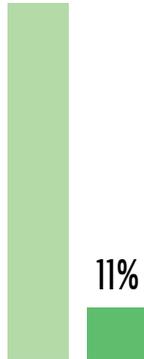


Besides, a small number of respondents indicated **conditionally false signs** (e.g. headache, nausea, skin rash etc.). **These symptoms may be observed among TB patients, but they are not specific and definitive for a TB diagnosis.**

Behavior

When answering the question **“What will you do if you are coughing for more than 2-3 weeks?”** the respondents chose optimal behavioral strategy and stated as follows:

74%



Refer to district or family doctor, to paramedic

Refer to TB dispensary or TB doctor

But it worth stressing on the share of respondents considering **self-treatment** equally relevant to consulting a doctor! (implying they can either visit a doctor or a pharmacy or a folk medicine representative).

15%



I will go to pharmacy and self-treat – 15%

I will look for the info in the Internet – 3%

I will go to the folk or non-traditional medicine representative – 2%

But...

To ensure the practical use of behavioral schemes by the respondents they were to answer the additional clarifying question: **“When will you visit a doctor if you start coughing?”**



30% At once (within first week)



45% If the cough will last more than 2-3 weeks



12% When self-treatment becomes ineffective



8% I will refer to a doctor only if I am seriously sick/feeling really badly

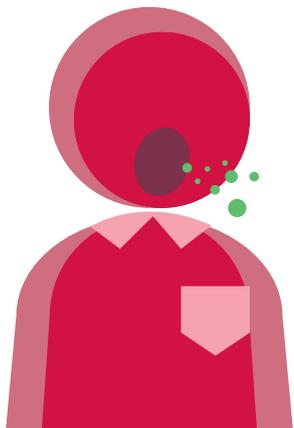


3% Won't refer to a doctor

1%

A handful of people (1%) are most indifferent to their health, as they marked the “Won't go anywhere” option. And 1% of the respondents believe they are safe from TB.

Conclusion



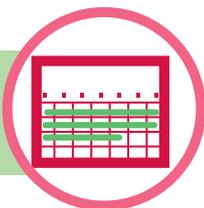
The basic TB **symptom: a cough,** or a cough lasting **more than 2-3 weeks,** was recalled alone by the great majority of respondents (81%).

81%



You should go to a health facility if you have at least some of the following symptoms:

cough lasting more than 2-3 weeks



weakness



profuse night sweats



weight loss for no reason



temperature rise to 37°C or higher without any apparent reasons, and lasting more than a week.

37°



Also, the majority of the respondents (85%) are aware that **when having TB symptoms** one should **consult a doctor.**

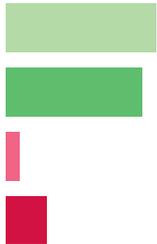
85%



However, the survey results indicate that every 4th respondent (25%) will tend to postpone visits to a doctor upon noticing TB symptoms.



25%



- 11% of the respondents have an intention to refer to health care facility if self-treatment is unsuccessful
- 10% – if they are seriously ill and feel really badly
- 1% – for other reasons
- 3% – claimed never to visit a doctor just because of cough.

Ways of TB transmission

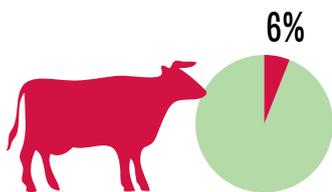
Knowledge



The basic, in terms of TB epidemic development: **the airborne** route of infection was stated alone by 84% of the respondents.

84%

A great many respondents do not differentiate **the actual ways of TB transmission and the ways of interaction with TB patients** when the airborne transmission becomes relevant. Such occasions include shared living space, kissing and sexual relations with a person who is the source of bacteria emission that consequently results in an increased risk of infection for all those around.



The possibility of TB pathogen transmission **with the meat/milk of sick animals** was indicated by 6 % of the respondents. However, these routes of disease transmission are not important in terms of a public health and the control of the TB epidemic.

A common **myth** among respondents is that **TB can be transmitted by household contacts** (e.g. sharing dishes, handshake, magazines/money, door handles, handrails and other objects in public places). At least one of these alternatives was reported alone by 41% of the respondents (■), and by 85% surveyed with “hint” questioner (■).

41%

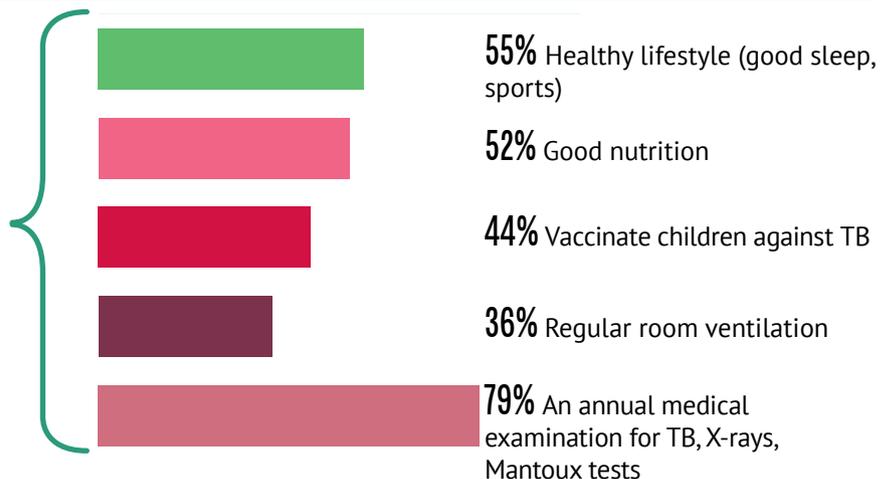
85%

A small number of respondents (**3%**) mentioned other ways of TB transmission being in most cases not the principal routes of disease transmission, but rather **factors weakening the immune system and thus increasing the risk of infection** (smoking, frequent colds, hypothermia, permanent residence in damp areas, malnutrition, unsanitary conditions, failure of personal hygiene).

Also, a few respondents claimed falsely TB transmission such as “through blood” (23 people – 0.5 %) and “through food” (4 people – 0.1%).

Behavior

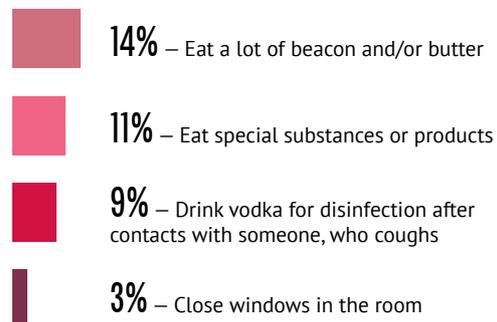
From a third to a half of the respondents are aware of some components of individual TB prevention. However, the proportion of people indicating the full range of preventive measures (simultaneously marked all the “appropriate” answers) including “an annual medical examination” constitutes only 9%.



Important **hygiene measures** preventing **other than TB** infectious diseases



The survey results reported a high prevalence of misconceptions about “preventive measures” that might be completely meaningless and sometimes even harmful

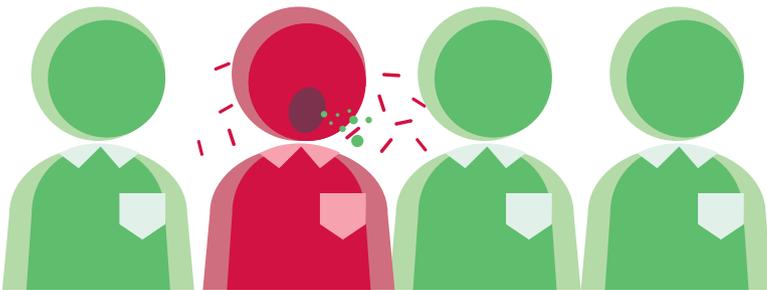


Other indicated inefficient preventive measures were as follows: eat organic food, including garlic/onion, drink sweet tea; wash hands after using the mobile phone; and try not to sin. Some respondents also believe that you have to wear a mask (rather a respirator) to protect yourself against TB, but this method is feasible only in case of direct contact with active TB patients (such as personnel working in TB treatment wards).

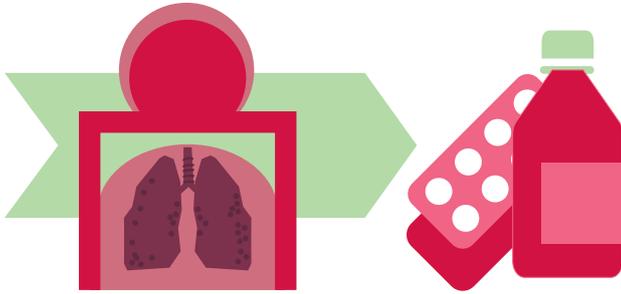
Conclusion



Along with the correct information about the TB symptoms, ways of its transmission and prevention, the public mind is filled with stereotypes and myths. And a leading role is taken by the idea of TB transmission by household contacts.



The main route of TB transmission is airborne. It is possible to contract TB by breathing the air with the disease pathogen – *Mycobacterium tuberculosis*. Transmission can occur in closed and poorly ventilated areas where a person with active TB is/was present.



The best way of **TB prevention** is the **timely detection and early treatment** of a person who is suffering from TB, as well as **providing adequate hygiene** for areas where a person with TB is living and working.

Moreover, it is important to take actual **risk-reduction steps** for personal health, including an annual **health examination** that contributes to the early TB diagnosis and its **timely treatment.**

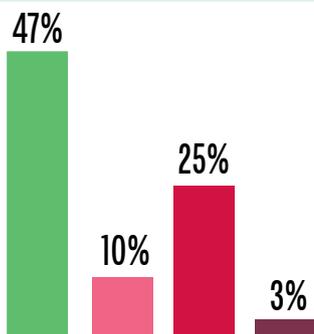
TB treatment



- Know that TB is curable – 73%
- Deny TB curability – 16%
- Difficult to answer – 11%



Those respondents, who believe that TB can be cured, were asked about the duration of this process. Nearly half (**47%**) of the surveyed think that it takes about **six-twelve months, 10% – less than six months, 25% – several years, and 3% – whole life.**



The respondents are mostly certain of substantial costs for the TB treatment. In general, only a quarter of respondents (25%) believe that TB can be diagnosed for free and only 7% that it is treated for free as well. However, 42% believe TB detection to be expensive or even unavailable, and 77% regard the same about TB treatment.



It is about declaration of free medical care in public facilities not provided with sufficient resources. Therefore, most likely the respondents' beliefs about high cost of TB treatment is associated mostly not with their ignorance but rather with their personal experience of medical institutions, providing that free medical care is frequently only conditional. As there are "voluntary" contributions, necessity to buy medicines, consumables and other products according to the doctor's list and so on.

Also, the study confirmed the myths prevalence in terms of TB treatment such as eating various products/substances, namely honey and other bee products, badger fat or dog meat/fat (11%).

Conclusion

What we should know about TB treatment:

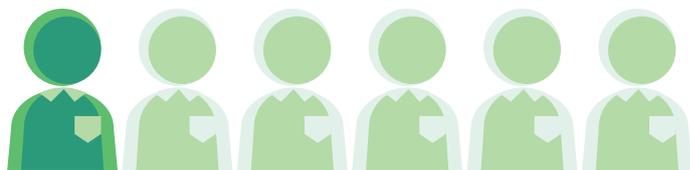
- TB is cured if strictly adhered to treatment regimen;
- TB treatment is lasting;
- TB is treated under medical supervision;
- TB medicines may cause side effects, but the risk they bring to human health is hundreds of times lower than the refusal from TB treatment.

The overall rate of population knowledge about TB

To assess the general level of respondents' awareness the overall knowledge rate was developed, which is sufficient in view of the TB epidemic in Ukraine. It represents the proportion of respondents who simultaneously:

- named without a card the key TB sign, a cough that lasts more than three weeks;
- named without a card the main route of TB transmission (airborne when a patient coughs or sneezes);
- know that TB can be cured.

In general, this indicator **is only 17.5%** implying that one out of six respondents has minimum sufficient level of TB-related knowledge suggesting conscious and timely visit to a doctor in case of TB symptoms.

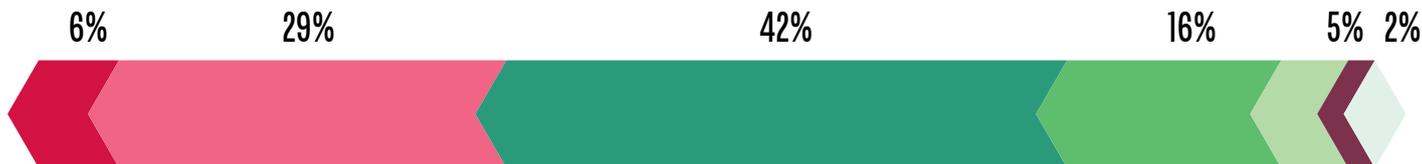


17,5%



Conclusion

The survey results indicate that respondents tend to assess inadequately and to overestimate substantially their knowledge about TB.



- 6% – very good
- 29% – good
- 42% – satisfactory

- 16% consider their knowledge as poor
- 5% said they know nothing about the disease
- 2% abstained

Possible consequences of the differences between our knowledge and behavior

Stigma and discrimination of TB patients

Attitudes of the respondents to people suffering from TB and even to those already cured are rather ambiguous.



Whether TB patients have to feel support, good attitude from other people?

Yes – answered 92% of the respondents

92%

Whether a TB patient can actually feel and receive support from others?

TB is a terrible disease; therefore, a patient needs to be suspended from work so as not to infect others?



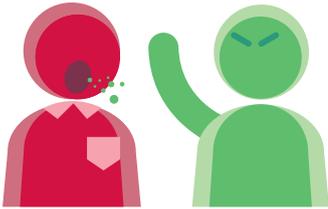
“Yes” – 48% 33% answered “No”

I understand people who stop interaction with relatives/ close people suffering from TB?

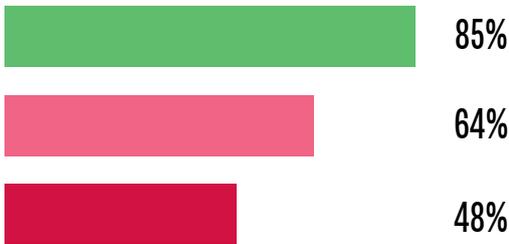


“Yes” – 39% 42% disagreed.

On the one hand, 92% % surveyed believe that such people should feel the support and kindness of others. And on the other, a share of people supporting specific tolerant attitudes is more than twice lower (41-44%).



Most respondents consider penalties appropriate in case of refusal from treatment, including 85% (■) who believe that TB patients should be compulsory isolated from others, and 64% (■) – should be penalized to force treatment. These data indicate a high level of strict attitudes towards TB patients among respondents. In addition, 48% (■) of surveyed supported direct discrimination claim to dismiss TB patients from work.

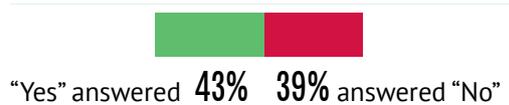
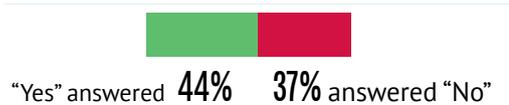


These data reflect a high level of stigma towards TB patients, lack of information on TB curability, on recommended international approaches to TB treatment, and the possibilities of society to overcome the TB burden. Also, it is interesting to mention the contradiction between socially acceptable position (possibility for each patient to choose any method and place for TB treatment) and the desire "to isolate" dangerous patient without going into details.

Unfortunately, the minds of most respondents reflect TB as the life sentence, and the idea of complete TB curability is not common today. Less than half of the respondents expressed their intention of tolerance interaction in hypothetical situations with people, who were suffering from TB and are fully cured: not to avoid them, particularly, to work side by side with such people.

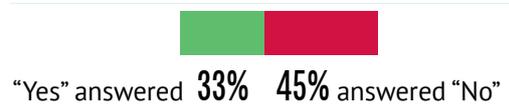
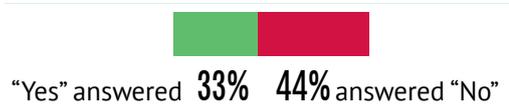
Whether people cured from TB have the right to work in a service sector (waiters, cashiers, bus drivers, etc.)?

I try to stay away from people who had TB.



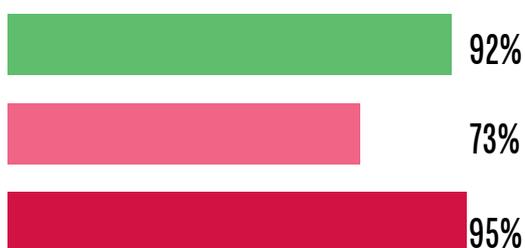
I will easily eat in a restaurant if I know that a waitress or a chef is completely cured from TB.

If you find out that you will be working with a cured TB patient you will ask for other room in the office or other department/shift.



Conclusion

Thus, the **stigma level of TB patients is very high** and those who recovered in Ukrainian society.



Although **92%** (■) of the respondents declared abstract empathy for such patients, **73%** (■) agreed with at least one of the five stigma statements regarding TB cured, and **95%** (■) supported at least one of the other five TB stigma or discrimination statements.

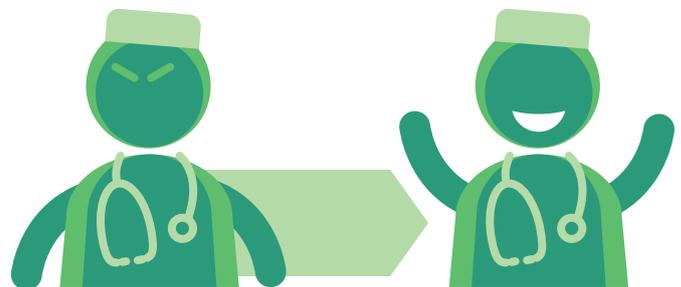
The replies of the majority respondents are rather contradictory and illogical, most surveyed do not or don't want to realize their support to certain behavioral practices being discriminatory and violate rights of TB patients or those who recovered.



Most respondents feel no difference between interaction with active TB patients (open TB form), that can actually lead to TB transmission, and with people who previously suffered from TB and successfully treated, that are completely “safe” for others. The majority of respondents wished to stay away from both categories of people in hypothetical situations of interaction.

According to WHO recommendations, the **adherence to TB treatment** is achieved by creating **convenient treatment conditions**, counseling and training on TB, as well as possibilities to support patients during TB treatment. According to numerous studies, this approach **reduces treatment interruptions to 5%** or less.

An attempt to introduce any **compulsion leads** to patient's **refusal** from **consulting a doctor** even to diagnose TB. Tolerant attitudes of a society, availability of social care and support programs for TB patients is a civilized way to counteract TB, but this ideas are not yet popular among Ukrainian population.



Barriers for the ideal behavior in TB prevention and timely referral for medical care



Confidence that medical care is expensive is the most commonly cited barrier among respondents preventing their timely referral to a doctor: **27% (without a card)** and **44% (with a card)**.

27%  44%

In this regard, it is possible that a main role played out by the state declaration on free healthcare is the opposite of the realities. When going for care and treatment, one has no idea how much and for what he/she will have to pay. However, the majority of respondents were reasonably certain that they definitely will have to pay, and to pay a significant amount.

Not only is a lack of public funds a challenge, but also the awareness level on the possibilities of TB diagnosis and treatment. The acceptable level of knowledge and confidence in the economic affordability of diagnosis (not treatment) increases willingness of citizens to timely counseling in case of a cough.

Objective reasons, such as transport difficulties, distant medical facilities, inability to leave work, or lack of time to stand in queues, are occupying the next place. At least one of the above reasons was mentioned by **24% (without a card)** and **37% (with a card)** respondents.

24%  37%

The distance to health facilities in general is not a problem for most respondents, as for 80% it takes **less than 30 minutes** to reach the nearest health facility (hospital, medical and obstetric unit, etc.). However, in rural areas, this distance greatly increases. About a third of **rural residents (28%)** indicated that the nearest **medical facility is within 1-2 hours' drive** from their place of residence.



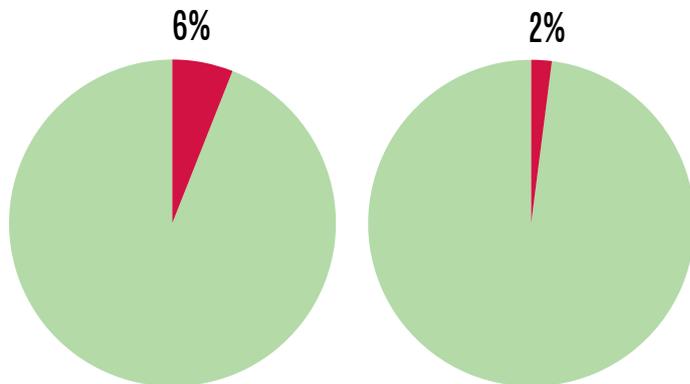
Concerns related to TB diagnosis and treatment.

Many respondents among the reasons of non-referral for medical care stated their fears were related to severe side effects and/or fluorography/X-ray screening (due to their harm to the body), fear of compulsory treatment/surgery, unwillingness to know their diagnosis and to experience stigma by others if there is a confirmed diagnosis of TB. At least one of these reasons was **marked by 10% alone** and **by every fourth respondent using the card**, regardless of gender, age and education.

10%  25%

Prejudicial attitude towards the doctors is also a major barrier for a timely referral when having TB-related symptoms. **Every fourth (without a card)** and **42% (with a card)** indicated the bad attitude of medical staff to patients or distrust in the doctors' professionalism among the reasons preventing their referral to a doctor.

25%  42%

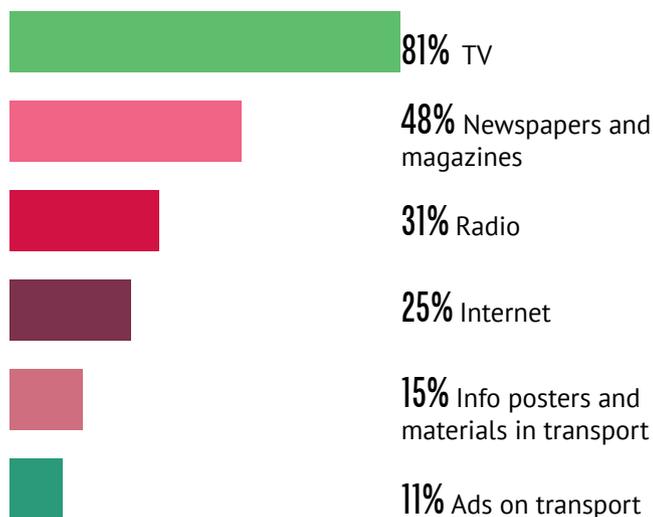


Family situation (6%) and the **lack of information (2%)** are the least significant factors hindering the respondents from timely referral for medical care.

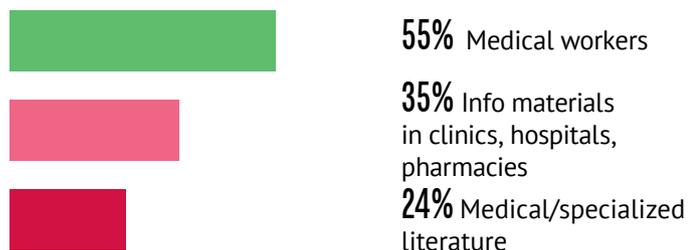
Information needs of the population and sources of TB awareness

The main **informational sources** for the public on health issues are **the mass media and the public healthcare system**, as well as the **social environment**.

Media



Healthcare system

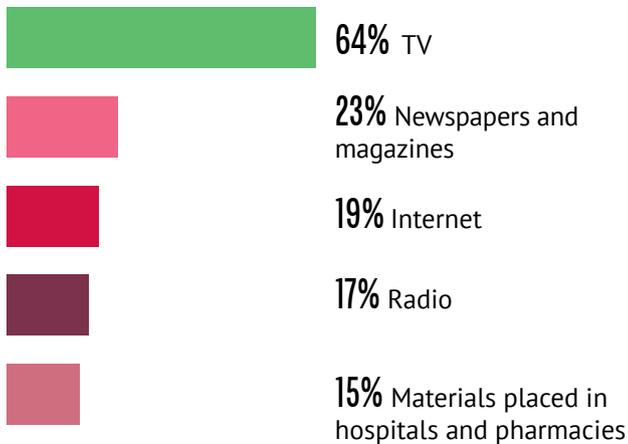


Social environment



Acceptability of info sources

For a great majority of the respondents those info sources on healthcare they already use are the most suitable for them.



Other sources are, in general, less convenient for the whole array of respondents.

Urban residents compared to villagers find the Internet (22% vs. 12%) and materials in health facilities (17% vs. 10%) more convenient. A certain conservativeness (or limited technical capabilities) of villagers was manifested by their greater interest than for urban residents in getting the information on health via the more traditional media outlets, such as TV, periodicals and radio.

It should be noted that representatives of various social groups have various preferences for info sources.

In particular, for the **elderly respondents**, the most convenient sources are **TV (70%), periodicals (28%) and radio (25%)**.

The youth, in addition to **TV** frequently marked the **Internet (35%** vs. 16% and 4% among older respondents).

City

Village

Consider the Internet convenient



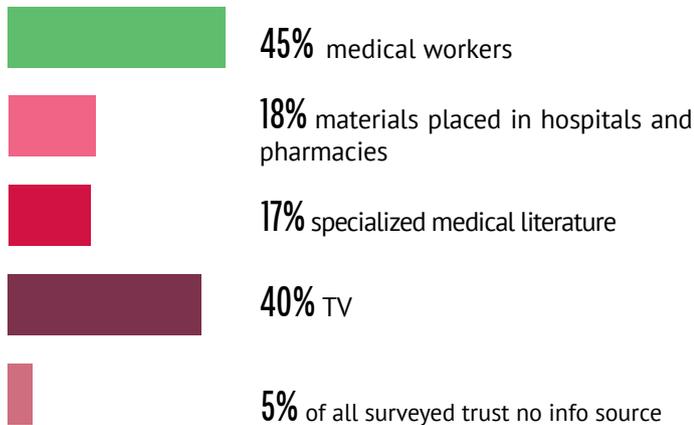
Consider materials in health care facilities convenient



Trust in info sources



The **most trusted** is the **information** from official **medical sources**



A specific feature of public opinion on health issues is its controversy particularly observed in the breakdown of respondents' opinions regarding their trust in doctors. The health workers (45%) proved to be the highest rated info source according to the public level of confidence. Nevertheless, among the respondents reporting doctors as the most credible info source, there were people explaining their refusal to visit a doctor promptly, when having a lasting cough, due to the distrust in doctors' expertise. However, their share is not

large: only a quarter of respondents who refuse consulting a doctor because of the above reason at the same time marked doctors as one of the three sources of credible health information.

This contradiction can be explained by the following hypothesis: perhaps respondents feel distrust to specific doctors and health care system, but when it comes to info source, they imagine the ideal expert doctor who is trustworthy, has good attitude to patients and provides comprehensive information.

Conclusion

Information sources on health care issues for the “average” citizen of Ukraine **are very rich**, according to the survey. More than half of the population receives information on health issues from four or more sources. Today, the most influential source for all socio-demographic groups is the mass media.

Most appropriate and convenient health info sources for both general population and social groups are those they already use.

But...

In the confidence-based info sources ranking the first place is taken by medical workers (45%) and the second by TV (40%). One should note **the significantly lower level of trust among the respondents to other health info sources**. This primarily applies to newspapers and magazines, Internet and radio. Very low is the level of public confidence in visual media (billboards on the streets, vehicles, etc.). Perhaps the factor that significantly reduces public trust, is that the mass media actively (even aggressively) advertise medicines and other health products.



Brief information

The Program “Stop TB in Ukraine”

In 1995 the epidemic of tuberculosis (TB) was announced in Ukraine. In 2009, the Rinat Akhmetov Foundation for “Development of Ukraine”, along with the Ministry of Health have submitted the Proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria (hereinafter - GF) for Round 9 under “Tuberculosis” component. On March 2010, the GF allocated to Ukraine in accordance with the Proposal. And on December 10, 2010 the Grant Agreement was concluded between Ukraine and GF. According to this document Rinat Akhmetov Foundation for “Development of Ukraine” is the Principal Recipient of the grant; and the allocated funds are invested in “Stop TB in Ukraine” program implementation for years 2011-2015. Rinat Akhmetov Foundation for “Development of Ukraine” also invests its own funds into the Program.

Overall Program budget - \$94,862,399

First year – \$4,547,584

Second year – \$25,111,730

Total for Phase 1 – \$29,659,314

Key Program objectives:

The Program is designed to complement the national TB program in the challenges that state cannot cope with on its own, such as:

- To improve TB diagnosis by optimizing the TB laboratory network in public and prison settings.
- To increase access to high quality services for people having limited access to TB care due to various reasons.
- To enhance Ukrainian healthcare system capacity in TB control by improved management (leadership, monitoring and evaluation, human resource development) necessary for successful TB program implementation.
- To increase overall access to TB diagnosis, treatment, care and support by expanded awareness, mobilized political support and decreased stigma.

The agreement with GF stipulates that within five years, Ukraine have to approach maximum to international standards for the TB diagnosis and treatment and reverse the current epidemic trend.



Rinat Akhmetov Foundation for “Development of Ukraine”:

Charitable foundation for “Development of Ukraine” was established on July 15, 2005. The purpose of the Foundation is to participate in the elimination of the causes of social problems in Ukrainian society and to move from acts of goodwill towards a coherent strategy for social development.

Foundation mission

To work for people in eliminating the causes of current social problems by implementing best practices gained in Ukraine and abroad, by creating unique system solutions, and achieving maximum results in every project and action.

Find out more about the Foundation at www.fdu.org.ua

We have to question ourselves: "What should we do to overcome tuberculosis?" We should admit that it is a nationwide challenge, we should unite and, most importantly, effectively manage the counteraction of this disease. In this way, and I am most certain of it, we will overcome tuberculosis.

Rinat Akhmetov, 2006.

Tuberculosis develops for a long time in a human body without any outward signs. Within this period, the mycobacterium tuberculosis upon entering the lungs starts multiplying in the lungs or other organs while the immune system tries to stop or decrease this progression. When the degree of organ damage reaches significant size a person begins to feel unwell and the following symptoms may be observed:

- cough lasting more than 2–3 weeks;
- profuse night sweats;
- weakness;
- weight loss for no reason;
- temperature rise to 37°C or higher without any apparent reason, and lasting more than a week.

Ukrainian TB hotline
0 800 503 080
All calls are free of charge
www.stoptb.in.ua