

Tuberculosis management practices among private medical practitioners in Kaski district, Nepal

Background

In Nepal's health care system, the private sector plays a significant role; particularly in urban areas, they are the initial source of help for most tuberculosis (TB) patients. However the quality of services they provide is of a major concern. Most often they are found to deviate from the recommended standards. This study has therefore focused on understanding the current TB management practices of private practitioners, private pharmacies and private laboratories termed here as the private medical practitioners (PMPs).

Objective

This study intends to gain insights on TB management practices amongst private medical practitioners in urban areas of Kaski district as well as on their knowledge and attitude towards National TB Programme (NTP).

Method

A descriptive cross-sectional study was carried out in the urban areas of Kaski district: Pokhara sub metropolitan city and Lekhnath municipality. All the private pharmacies (142) and private laboratories (42) in the area were enrolled in the study. Semi structured interview schedule was used for them. Similarly out of 48 private for profit qualified medical doctors, 45 were approached with self-administered questionnaire and among them only 30 had responded which made the basis for analysis.

Analyses was done using SPSS version 13 with descriptive statistics. For attitudes, five-point Likert scale -2 to 2 was employed. The attitudes were scored and categorized into three levels: Negative (Below 40% score), Moderate (Between 40%-80% score) and Positive Attitudes (Above 80% score).

Results

Almost of all private pharmacies and more than half of private practitioners were providing TB services along with 83 percent of private laboratories offering AFB tests in the area. However private medical practitioners were not adequately trained on TB. Majorities (80%) of the private practitioners in the study area were government employees.

In general, the knowledge of private practitioners on TB treatment was good. However, the knowledge among private pharmacies needs to be improved. General orientation of PMPs to diagnose TB was to utilize the sophisticated diagnostic procedures along with sputum examination. Moreover PMPs diagnostic practices did not meet the standards. Similarly different TB treatment regimens were prescribed by the practitioners and for longer duration. Follow-up of TB patients and their record keeping system was weak across the private sectors. Only one out of five PMPs could mention that their patients completed TB treatment in their clinic. Very few of them reported the practice of counseling to the patients and their family members and regular follow up arrangement to ensure treatment adherence. This reveals weak case holding of TB in private sectors.

The cost of TB treatment across the private sector is higher; many poor people cannot afford it and it is one of the reasons of patient defaulting in the private sector. Because TB services are free in public health facilities, PMPs were found to refer TB patients to DOTS center.

Regarding PMPs attitude towards the national programme, around three fifth of the practitioners strongly agreed that NTP is one of the effective programmes in Nepal and NTP's treatment regimen is in line with WHO recommendation. Also most of them are willing to be linked with NTP and provide TB services according to national standard.

Conclusion

Private sectors' involvement in TB control has been crucial in the area. Though PMPs had good understanding on TB, overall TB case management across the private sectors was weak. Private practice of TB diagnosis and treatment was not satisfactory. Of all these suggests that private sectors' TB case management needs improvement with proper orientation/training and updates of national protocol of TB management.

