

Exploring the barriers and facilitators influencing the decision to seek non-conventional treatments for tuberculosis – A qualitative study with people affected by tuberculosis in Pakistan

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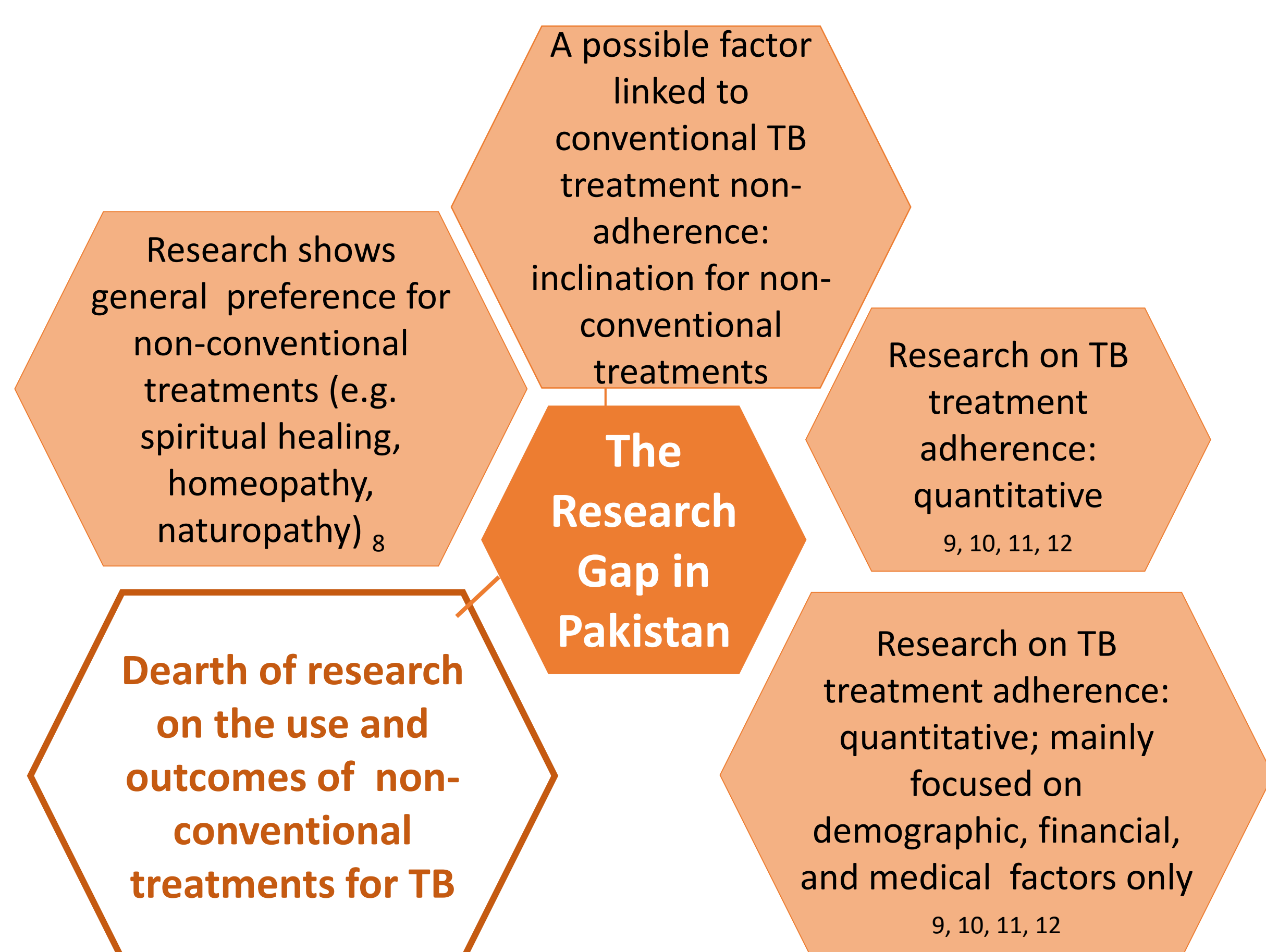
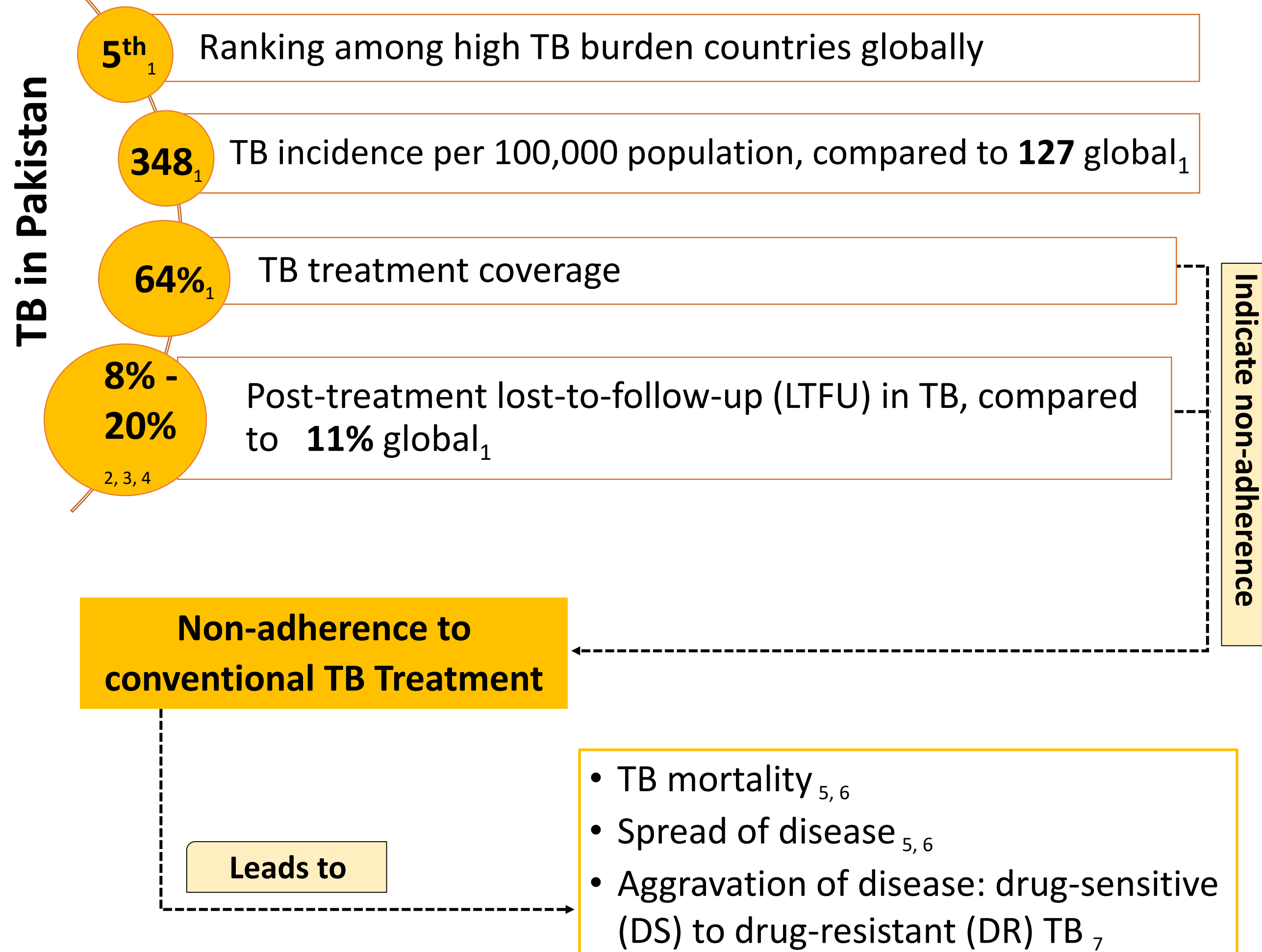
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1. Background

Tuberculosis (TB): a preventable and curable disease

13th Leading cause of death worldwide



2. Aims and Objectives of the Study

Aim: address the research gap by exploring peoples' views on, experiences with, and motivations for, the use of non-conventional treatments for TB

Objectives:

- Investigate whether there is a preference for non-conventional treatment for TB among people diagnosed with TB
- Investigate whether there is an inclination toward switching to non-conventional treatment during conventional TB treatment
- Investigate whether an inclination for non-conventional treatment barricades adherence to conventional TB treatment
- Explore the factors that negatively and positively influence the decisions to take up non-conventional treatments for TB

3. Study Design

Exploratory qualitative study

Location: The Indus Hospital and Health Network (IHHN), Karachi, Pakistan: provides free conventional TB treatment as per the international guidelines

Sampling and recruitment: Recruitment through purposive sampling

Inclusion criteria:

- Adult (>=18 years old)
- Ever registered for conventional TB treatment
- Clinical condition stable enough for sitting in a lengthy interview

Exclusion criterion:

- Falls in a any of these categories of vulnerable population: refugees, prisoners, minors, persons with diminished mental capacity

- Recruitment continued until thematic saturation was reached, and total 12 participants were recruited from 01-Mar-2023 till 17-Apr-2023

Data collection: Semi-structured interviews

Data Analysis: Inductive thematic analysis

Ethics approvals provided by:

- University of Edinburgh's Usher Master's Research Ethics Group (UMREG)
- Indus Hospital & Health Network Institutional Review Board (IHHN IRB)
- National Bio-ethics Committee of Pakistan (NBC)

4. Findings

- Non-conventional treatment use was **limited to spiritual healing**, used **concurrently** with conventional treatment.
- Participants who visited non-conventional healers like naturopaths for TB symptoms prior to the TB diagnosis, received a **misdiagnosis** and an **inappropriate treatment**, resulting in worsening of the condition.
- Factors (identified as 'themes') associated with decisions regarding conventional/non-conventional treatment uptake were:

Themes	Influence (sub-themes in bold)
Trust in medical treatments	Being provided with adequate knowledge by clinicians about the disease and its treatment (and expected side effects), having a satisfactory experience at the clinic , and seeing improvement in one's own condition after treatment initiation, made people develop trust in conventional TB treatment and adhere to it
Influence of family and community	Certain familial and community beliefs and norms pressurized people to take some form of non-conventional treatment before initiating the conventional treatment. Past success of conventional TB treatment among family made people more inclined toward continuing the conventional TB treatment
Financial and geographical enablers	Easy access and free-of-cost model of conventional TB treatment made people continue the conventional treatment
Religious beliefs and practices	Certain religious beliefs made people use spiritual therapies concomitantly with the conventional treatment

5. Limitations

Inability to recruit people who had abandoned conventional TB treatment (due to resource and time constraints)

6. Conclusion and Recommendations

The **limited, concurrent** use of non-conventional treatment for TB did **not interfere with conventional treatment**.

Prior misdiagnosis by non-conventional healers: indicates a need for referral linkages with these healers for timely diagnosis and correct treatment.

For future research: including people who abandon conventional TB treatment may generate valuable information on a possible association between non-conventional treatment uptake and non-adherence to conventional treatment

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