

TUBERCULOSIS TIBI

SOCIAL EPIDEMIOLOGICAL FACTORS FOR TREATMENT DELAYS AMONG TIBI PATIENTS IN SELANGOR, MALAYSIA

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64.3% of Tuberculosis (Tibi) patients in Selangor experienced delays in seeking treatment.



KEY FACTORS OF DELAYS INCLUDE:

- Risky Behaviors
- Perceived Stigma
- Socioeconomic Status
- Chronic Diseases
- Age Factor

BACKGROUND

- Early TB diagnosis and treatment are important to control the spread and improve patient outcomes.
- Delays in treatment can result in worse health, higher death rates, and more TB transmission in the population.
- The study looks at the social factors causing delays in TB treatment in Selangor.
- Factors identified like:
 - ✓ Risky behavior
 - ✓ Perceived stigma
 - ✓ Sociodemographic characteristics
- The aim is to help create better prevention and control strategies for tuberculosis.

RESULT

The average number of days for patients with tibi presented to the health facility within two weeks after experiencing symptoms was 38 days.



These patients are characterised by:



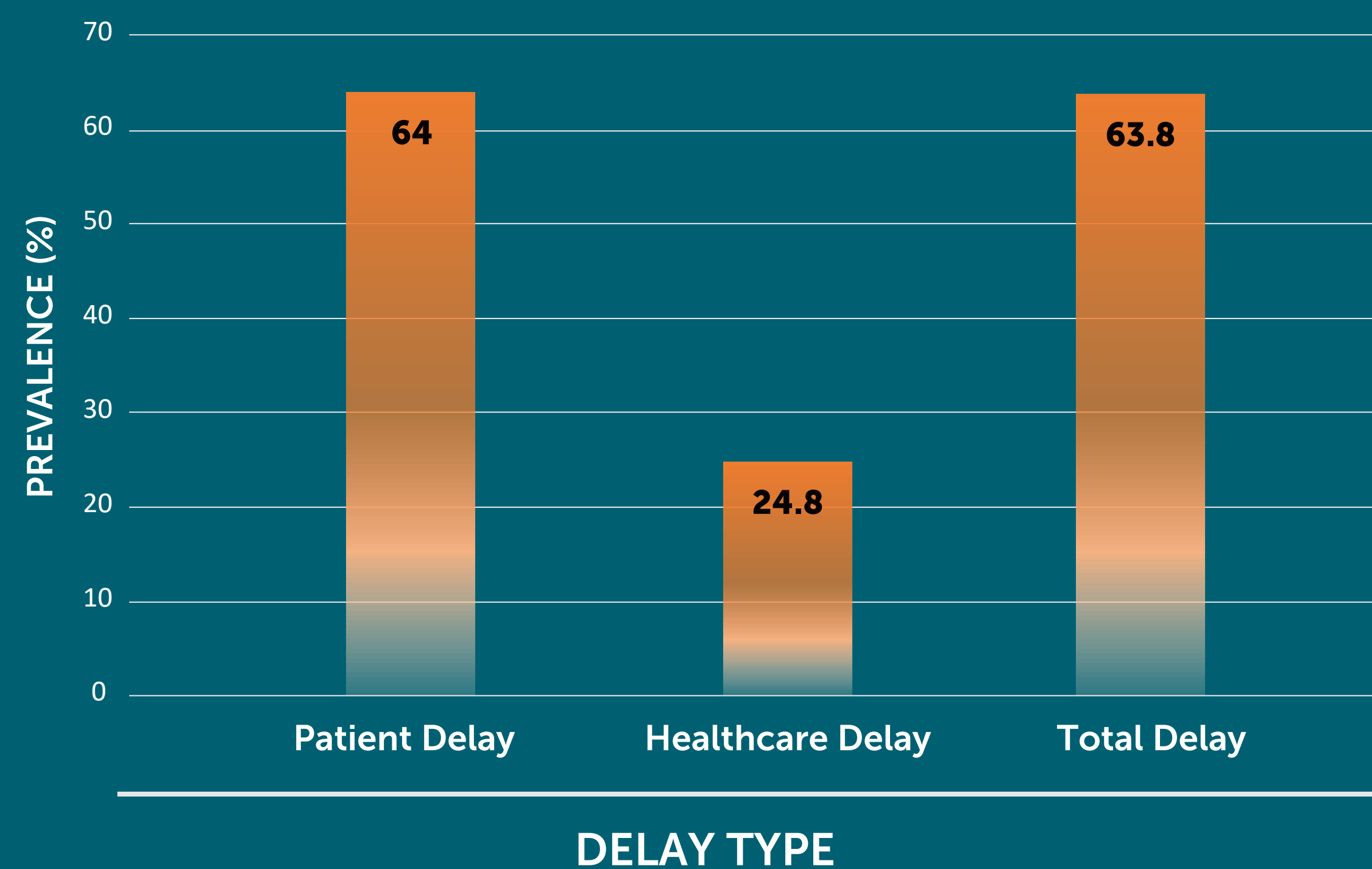
- Married Status
- Older Age
- Monthly Income < RM1,000

The factors identified to predict patient delay

- Presence Of Chronic Diseases
- Chinese Ethnicity

RESULTS CONTINUED

PREVALENCE OF DELAYS AMONG TB PATIENTS



METHOD

Exploratory Sequential Mix Method Research

Qualitative

Quantitative

FGD

Semi-Structured Questionnaire

Analysis: Nvivo Software

Respondents Registered from 2019-2020 (n=222)

Confirmatory Test: Chest X-Ray & Sputum Microscopy

Study Location: Districts of Petaling, Hulu Langat, Klang and Gombak

CONCLUSION

TB treatment delays are influenced by social and demographic factors.

Factors Predicting Patient and Healthcare Delay in TB Treatment

Patient Delay	Healthcare Delay
• Risky behaviour (self treatment)	• Married
• Perceived Stigma	• Older age group
	• Low monthly income (<RM1000)
	• Presence of chronic disease
	• Chinese ethnicity

Interventions:

Public health education, improved healthcare access for low-income and high-risk groups, and policy changes are crucial.

Recommendations:

Reduce stigma through public campaigns. Focus on vulnerable groups with targeted healthcare access. Continuous government surveillance and policy support are essential.

Conflict of Interest:

None declared.

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