

Auer, C, Tanner, M, Sarol, S Jr and Weiss, MG, “TB illness experience from patient, community and provider perspectives in Manila, Philippines,” *The International Journal of Tuberculosis and Lung Disease*, Vol. 10, No. 11, (November) 2006, Supplement 1: S146.

Methods: We examined how patients experience TB and their treatment, how non- affected urban poor residents perceive TB patients, why TB carries stigma, and the patient- provider relationship. The following was done in Manila, Philippines: interviews with 319 TB patients; 3 focus group discussions with non-affected urban poor residents; and administration of questionnaires to 104 public health centre personnel.

Results: Many patients reported emotional and social distress, e.g., sadness, loss of self-esteem and feeling ostracized. Many patients separated eating utensils, slept apart from others, and reduced sexual activities, consumption of tobacco and alcohol. Non- affected urban poor residents were reluctant to approach TB patients, based on fear of infection, but also supportive. They explained the TB patients’ embarrassment and social withdrawal as the result of their fear of infecting others. Identified problems in the interaction between health centre personnel and patients included providers giving inaccurate or incomplete information about TB and treatment and a tendency to blame patients: 49% of 35 community health volunteers and 27% of 48 nurses and midwives felt patients drop out of treatment due to them being lazy or fed up. Some patients (16%) perceived the competence of the personnel and their explanations to be unsatisfactory.

Conclusion: Providers’ good rational skills and accurate health education may reduce the TB illness burden and make DOTS attractive.