

# Characterizing courtesy stigma on family members of PTB diagnosed individuals enrolled in dots in Cebu city, Philippines

**Alterado Axell**

Zuellig Family Foundation

## ABSTRACT

**Background:** Roughly 77 Filipinos with pulmonary tuberculosis (PTB) are dying everyday despite wide Direct Observe Treatment Short-course (DOTS) coverage. Ensuring that the ill seeks immediate and consistent treatment is equally important with putting quality services in place. Family members' behaviour towards having a PTB diagnosed kin is critical to treatment seeking, yet little is known how stigma affects their lived experiences. The study aimed to characterize courtesy stigma experience by examining the correctness of family members' knowledge on PTB, describing their perception on how others view them, their actual social interaction and caregiving patterns, and evaluating their personal assessment on the presence or absence of perceived stigma and discrimination. **Methods:** In-depth interviews of 16 purposively selected family members according to sexual orientation and nuclear family roles, in relation to the ill, were conducted in Cebu City, Philippines. **Results:** PTB is perceived as contagious, dangerous, and feared disease. Misconceptions remain. Those who attributed smoking, alcohol drinking, and stress as direct causes of PTB perceived blame on the disease onset and progress, while members who cited sharing eating utensils and inheritance as transmission modes perceived being regarded as PTB carriers, resulting into a feeling of shame. Overall self-assessment revealed that family members experience perceived and enacted courtesy stigma. Responses to the negative social regard varied according to family roles. Several coping mechanisms noted were denial, neutralisation, avoidance, acceptance, and effective use of social distance. Forms of care provided include facilitating medical necessities, nutrition, discipline, and substituting missed familial roles. **Conclusion:** Presence of perceived and enacted courtesy stigma among family members of PTB diagnosed individuals is evident, requiring a comprehensive approach that would look into the sensitivity of service delivery and the inclusion of families in socio-behavioural change communications.

Med J Malaysia Vol 72 Supplement 1 August 2017:A33

---

# Comparing medical records with vital registrations among hospital deaths in Malaysia 2013: can the differences be explained?

**Chandrika Jeevananthan, Azahadi Omar, Mohamad Fuad Bin Mohamad Anuar, Shubash Shander, Fazila Haryati, Nazirah Alias**

Institut Kesihatan Umum

## ABSTRACT

**Introduction:** The quality of mortality statistics is the foundation for epidemiological research. Considerable discrepancies have been reported between vital registration and corresponding hospital medical records. This study aims to identify if the differences between the death certificate's underlying cause of death and the main condition from the final hospital discharge record can be explained by differences in ICD selection procedures. **Methods:** A sample of 5,207 hospital deaths was randomly selected for this cross-sectional nation-wide study. Medical record for the selected sample was reviewed by trained physicians and coding of underlying causes of death was used to derive diagnoses. Validation characteristics were determined for the leading causes of hospital deaths from registration data, and misclassification patterns were identified for registration diagnoses. **Results:** Analysis identified specific underlying causes of deaths that were originally assigned ill-defined causes and septicaemia together account for virtually 9% of hospital deaths in vital registration, but on reassessment, are collectively estimated to cause about 2% of deaths. Proportionate mortality from pneumonia decreased upon review from 14.44% to 5.9%. The reassignment of deaths from non-specific categories upon review resulted in substantial increase from 20% to 75% and redistributed accordingly. **Discussion:** Most differences between underlying cause of death and final main conditions can be explained by differences in ICD selection procedures. Registration data on causes for deaths occurring in hospitals require periodic validation prior to epidemiological research usage.