

**TREATMENT SEEKING BEHAVIOUR AND  
FACTORS INFLUENCING COMPLIANCE  
AMONG HYPERTENSIVE PATIENTS, PAKOKKU  
TOWNSHIP**

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## ABSTRACT

This study aimed to assess the treatment seeking behaviour and factors influencing compliance among hypertensive patients in community clinics (outpatient clinics opened for Non-communicable diseases in Urban Health Centers and Rural Health Centers), Pakokku Township. A cross-sectional study was conducted among the hypertensive patients ( $\geq 25$  years old) in community clinics from one urban health center and five rural health centers from September to November in 2017. A total of 217 respondents were interviewed face-to-face by questionnaires. Their high blood pressure was first diagnosed accidentally by health care providers (158, 73%), or detected on medical check-up (58, 26%). About (124, 57%) of the patients were diagnosed by doctors and the remaining by basic health staff. Among the respondents, (87, 40%) took treatment from both public health centers and private health centers, and (29, 13%) from both public health centers and philanthropic clinics. Main reasons for choosing public health centers were proximity (148, 68%), satisfaction of health care (53, 24%), advice from friends or relatives (36, 17%), and availability of treatment without payment (36, 16%). Frequency of monitoring blood pressure varied: about (2, 1%) for daily, (57, 26%) for at least once a week, and (96, 44%) for at least once a month. About (150, 69%) of respondents checked the blood pressure with midwives, (74, 34%) with doctors, and (48, 22%) with health assistants. Among the patients, (89, 41%) had good medication compliance and (58, 26.7%) had controlled blood pressure. There was significant association between treatment compliance and some variables like frequency of monitoring blood pressure ( $p=0.01$ ), taking regular follow up ( $p<0.001$ ), having recent medical records or anti-hypertensive drugs ( $p<0.001$ ), good communication with health care providers ( $p=0.005$ ), help from family members in reminding medication ( $p<0.001$ ) and duration of hypertension ( $p=0.008$ ). There was significant association between compliance and controlled blood pressure ( $p<0.001$ ). Therefore, good compliance and control of hypertension among the patients in community clinics can be achieved by enhancing regular blood pressure monitoring and follow up, providing medical records, and promoting good communication between health care providers and patients.