

## Abstract of Master's Dissertation

No.1

Course	International health development (MPH)	Name	Tomomi Igari
Thesis Title	A Descriptive Study of Treatment-Seeking among Buruli Ulcer Patients in Southern Benin		
<p><b>Objectives:</b></p> <p>This is a hospital-based qualitative study on the treatment-seeking of patients with Buruli ulcer (BU) in southern Benin. The overall objective of this study is to find the factors that affect BU patients' early visit to the hospital. Specific objectives were set: (1) To describe the treatment-seeking path of patients with BU until they visit the '<i>Centre de Dépistage et de Traitement du l'Ulcère du Buruli</i>', BU Screening and Treatment centre (CDTUB) and (2) To grasp the decision-making points of treatment-seeking in patients with BU.</p> <p><b>Method:</b></p> <p>Two types of interviews were organised. First, key informant interviews were conducted with 14 medical staff members, 10 community health volunteers (CHVs), and 12 community members including village chiefs, school teachers, and <i>amawatos</i> (herbalists) with two aims in mind: (1) To understand the services provided in the CDTUBs and peripheric health centres, the community surveillance system, and the outreach programmes in target areas and (2) to understand how the general population perceives and recognizes BU, the options and process for treatment-seeking, and the decision making points related to</p>			

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<p>Treatment-seeking in the area where the interviewee lives. Second, twenty-eight in-depth interviews were conducted with patients or caregivers to describe their treatment-seeking path from perception of wound to visiting CDTUB and points influencing the treatment-seeking choice of patients with BU. Treatment-seeking path and option were classified into three patterns. were collected from individual data to form a category. Treatment-seeking was extracted from words and sentences, and common terms</p> <p><b>Findings and conclusion:</b></p> <p>Three treatment-seeking paths were extracted as a result of creating case histories as: Pattern 1. Start with Health facilities, CHVs, advice from relatives, Pattern 2: Start with self-treatment, and Pattern 3: Contained a Pluralistic Medical Behaviour. In particular, the case of pattern 2 was seen in 16 out of 28 cases. In addition, <i>amawatos</i> and a <i>bokônons</i> (a prayer) also existed as treatment options.</p> <p>Most of patients and caregivers recognized the wound as a common wound, like ‘a simple abscess’, ‘a simple pimple’, ‘something like a ball’, and almost automatically performed their first treatment (<i>i.e.</i> Health facilities, CHVs, self-treatment, <i>amawato</i>, <i>bokônnon</i>). Only after failing with the first treatment, they engaged in treatment-seeking behaviour. Additionally, the advice of relatives</p>			

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<p>played a role in the decision-making of patients and caregivers. These trends were commonly seen in all patterns. Medical practitioners want patients to seek care for medical facilities and CHVs as in Pattern 1, however in fact it has become clear that more than half of cases like Pattern 2 and 3 as illustrated. In addition, even when patients visit a health facility like Pattern 1, some patients could not reach CDTUB, because some medical practitioners could not correctly diagnose suspected BU. The treatment-seeking behaviour of patients is pursued to heal wounds. It is necessary for medical practitioners to understand the behaviour of these patients in order to detect early cases and achieve early hospital visits. In addition, strengthening the ability of medical staff and CHVs to accurately detect suspected BU cases are needed.</p>			