TB and Latent TB Infection Survey Among African Refugee Women

African Refugee Women's Health Improvement Project
Summer, 2005

Massachusetts Department of Public Health Refugee and Immigrant Health Program and Division of Tuberculosis Prevention and Control

TB and LTBI Survey: African Refugee Women

| | Respondent ID: |
|------------------------------|---|
| (i) NO | OTE TO THE INTERVIEWER: |
| • | urpose of this interview is to determine the following: Perceptions of TB in the African Refugee Women communities Cultural factors that influence the lives of African Refugee Women who have TB |
| • | Barriers and obstacles African Refugee Women face in initiating and completing TB and LTBI treatment |
| Note to intervie | o Interviewer: General information should be filled out before starting ew. |
| Genera | al Information: |
| Time In | Interview:/_/ Interview Started: Interviewed Completed: Ewers Initial: |
| 1. (2. N | Region of Interview: (circle one) Greater Boston Region Northeastern/Central Region Western Region |
| 1. E 2. L 3. S 4. A | age of Interview (circle one) English (Standard) Liberian English Somali Af-Maay Other (specify) |
| 1. S 2. L 3. C | f Questionnaire Used (circle one) Standard English Liberian English Questionnaire translated to Somali or Af-Maay Questionnaire translated to another language (specify) |
| 1. H 2. F | on of interview (Circle all that apply) Home Public place Other (specify) |

Instruction to Interviewer: Please read the following to the respondent:

"Good afternoon. My name is ______. The Refugee and Immigrant Health Program of the Massachusetts Department of Public health has asked me to facilitate this interview with you today. First, I want to thank you for your time and for your interest in this interview.

Our discussion with you will help the Refugee and Immigrant Health Program of the Massachusetts Department of health to provide better services to African Refugee Women who need and receive TB treatment.

We are interested in hearing and learning from you. However, if you feel uncomfortable you may refuse to answer a question. Additionally, there is no right or wrong answer, and if you do not understand a question please feel free to ask me to repeat it.

The comments, answers and responses that you give us will be summarized and be a part of the report. However, no names will be included in any report and they will remain confidential.

If you do not want to complete this interview you have the option to stop without any concern. Your comments or actions in this interview will not affect or change the services that you get.

Do you have any questions before we begin?"

PART A: DEMOGRAPHIC INFORMATION

Note to the Interviewer: Read the following statement to the respondent and circle the respondent's responses in their appropriate boxes:

First, I am going to ask you some general questions about your background.

| riist, i aii | r going to ask you some general questions about your background. |
|--------------------------|--|
| 1. What c | country were you born in? |
| 1. | Somalia |
| 2. | Liberia |
| 3. | Other (specify) |
| | |
| 2. How ol | d are you? |
| If c | client doesn't know or refused to answer, mark the following choices: |
| 1. | Don't Know |
| 2. | Refused to answer |
| | |
| Note to t | he Interviewer: |
| Please re | ead the following statement to the respondent before asking question #3. |
| When yo | u ask the questions, please don't read the answers. |
| | |
| their race that we ca | o make sure that all African refugee women get the best care possible, regardless of or ethnic background. We would like you to tell us your race or ethnic background so in review the services that all women receive and make sure that everyone gets the hality of care. |
| Note to t | he Interviewer: |
| This que | stion is optional and if respondent doesn't want to answer question #3 |
| and/or 4, | please go to question #5. |
| 3. What w | vould you say best describes your racial background? |
| 1. | Black |
| 2. | White |
| 3. | Asian |
| 4. | Mixed |
| 5. | Other (Specify) |

| 4. What v | vould you s | say best describes your ethnicity? |
|-----------|---------------------|--|
| 5. Do you | ı remembe | r what year you left your home country? |
| 1. | Yes | If "Yes", Go to question # 6 |
| 2. | No | If "No", Go to question # 7 |
| 6. What y | ear was it | ? |
| | he Intervie | ewer: Do not ask question 7 if respondent tells you what year country. |
| 7. About | how many | years ago did you leave your country? |
| • | /ou left yoι Yes | ır home country, did you live <u>in</u> a refugee camp? |
| 2. | No | If "no", Go to question # 10 |
| 9. For ho | w many ye | ars did you live <u>in</u> refugee camp? |
| | you left yo Yes | our country, did you live <u>outside</u> a refugee camp? |
| 2. | No | If "no", Go to question #12 |
| 11. For h | ow many y | ears did you live outside a refugee camp? |
| | you ever b Yes | een thought how to read and write? |
| 2. | No | If "no", Go to question # 18 for Language |

| 13. | Where did you learn how to read and write | e? (Check all that apply) |
|-----|--|---------------------------------------|
| | 1. Koranic school | Go to question # 14 |
| | 2. Home tutoring | Go to question # 15 |
| | 3. Formal school | Go to question # 16 |
| | 4. Refugee camp school | Go to question # 16 |
| | 5. Other (specify) | Go to question # 17 |
| | For how many years did you attend the Kor How many years of home tutoring did you h | |
| 16. | What is the highest level of school/education | on you completed? |
| | Primary school | What grade |
| | 2. Junior high school | What grade |
| | 3. Some high school/ secondary school | What grade |
| | 4. High School/secondary school gradua | ate |
| | 5. Some college/university | |
| | 6. College/university graduate | |
| | 7. Postgraduate (master's, doctoral deg | ree, medical school, law school, etc) |
| | 8. Other (specify) | |
| | 9. Do not remember | |
| 17. | How many years of "other school" type did | you attend? |
| | | |

Note to the Interviewer: Read the following statement to the respondent and circle the respondent's responses in their appropriate boxes:

"Now, I am going to ask you a few questions about the language(s) you speak and your ability to read and write in that language."

18. What is your **primary native** language? _____

By **primary native** language we mean your first language.

Sometimes it is also known as "Mother tongue".

Note to the Interviewer: Write the <u>native language</u> in the space provided and ask the following questions.

| Native Language Specify | Very Well | Well | Not Well | Not at All |
|---------------------------------------|-----------|------|----------|------------|
| 19. How well can you SPEAK in? | 1 | 2 | 3 | 4 |
| 20. How well can you READ in? | 1 | 2 | 3 | 4 |
| 21. How well can you WRITE in? | 1 | 2 | 3 | 4 |

22. What language do you **currently** speak at **home**? Specify_____

Note to the Interviewer:

- 1. Write the language currently spoken at home in the space provided
- 2. If the language currently spoken at home is the same as the native language above then Go to question # 26
- 3. If the language currently spoken at home is different from the native language above then Go to question # 23

| Language spoken at home Specify | Very Well | Well | Not Well | Not at All |
|---------------------------------------|-----------|------|----------|------------|
| 23. How well can you SPEAK in? | 1 | 2 | 3 | 4 |
| 24. How well can you READ in? | 1 | 2 | 3 | 4 |
| 25. How well can you WRITE in? | 1 | 2 | 3 | 4 |

26. Do you speak English?

- 1. Yes
- 2. No If "no", Go to question # 30

| English Language | Very Well | Well | Not Well | Not at All |
|---|-----------|------|----------|------------|
| 27. How well can you SPEAK in English? | 1 | 2 | 3 | 4 |
| 28. How well can you READ in English? | 1 | 2 | 3 | 4 |
| 29. How well can you WRITE in English? | 1 | 2 | 3 | 4 |

| 30. | Do you s | speak a | any other | languages? |
|-----|----------|---------|-----------|------------|
| | | | | |

- 1. Yes If "yes", (specify) Language One ______ AND Go to Q. # 31 (specify) Language Two _____ AND Go to Q. # 34 (specify) Language Three _____ AND Go to Q. # 37
- 2. No If "no", Go to **PART B**

| Language One (specify) | Very Well | Well | Not Well | Not at All |
|---------------------------------------|-----------|------|----------|------------|
| 31. How well can you SPEAK in? | 1 | 2 | 3 | 4 |
| 32. How well can you READ in? | 1 | 2 | 3 | 4 |
| 33. How well can you WRITE in? | 1 | 2 | 3 | 4 |

| Language Two (specify) | Very Well | Well | Not Well | Not at All |
|---------------------------------------|-----------|------|----------|------------|
| 34. How well can you SPEAK in? | 1 | 2 | 3 | 4 |
| 35. How well can you READ in? | 1 | 2 | 3 | 4 |
| 36. How well can you WRITE in? | 1 | 2 | 3 | 4 |

| Language Three (specify) | Very Well | Well | Not Well | Not at All |
|---------------------------------------|-----------|------|----------|------------|
| 37. How well can you SPEAK in? | 1 | 2 | 3 | 4 |
| 38. How well can you READ in? | 1 | 2 | 3 | 4 |
| 39. How well can you WRITE in? | 1 | 2 | 3 | 4 |

PART B: GENERAL TB PERCEPTION/UNDERSTANDING

Note to Interviewer:

Please read the following statement to the respondent before asking the following questions. When you ask the questions, please don't read the answers. Mark the response that is closest to the respondent's answer.

"Now, I would like to ask you some questions about TB."

- 40. Have you heard about TB?
 - 1. Yes
 - 2. No
 - 3. Don't remember If "no", or "don't remember" go question # 57.
- 41. When did you hear about TB for the **first** time?
 - 1. Before coming to the US
 - 2. After coming to the US
 - 3. Don't remember
- 42. Who told you about TB for the **first** time? (Circle only one)
 - 1. Friend, Relative
 - 2. Medical worker
 - 3. TB Clinic
 - 4. Community Outreach Educator
 - 5. Newspaper
 - 6. Radio
 - 7. TV
 - 8. Booklet, leaflet
 - 9. Refugee Camp
 - 10. Other (specify)_____

43. What are the symptoms of TB? (Check all that apply)

[Note to interviewer: Ask what else? Until respondent exhausts all her responses]

- 1. Cough persisting for \geq 3 months
- 2. Fever
- 3. Night Sweats
- 4. Weight loss
- 5. Coughing up blood
- 6. Others, Please specify_____
- 7. Do not know

Note to Interviewer: Please read the following statement to the respondent before asking the following questions. When you ask the questions please circle the responses in appropriate boxes.

"We are also interested in hearing and learning from you about what you know and feel about TB. I am going to read some questions to you and please let me know what your responses are, you can answer Yes, No or I don't know."

| Question | Yes | No | Don't Know |
|--|-----|----|------------|
| 44. Can a person pass TB on to others? | 1 | 2 | 3 |
| 45. Can TB be prevented? | 1 | 2 | 3 |
| 46. Can medicines protect you from getting TB disease? | 1 | 2 | 3 |
| 47. Can medicines cure TB? | 1 | 2 | 3 |
| 48. Is TB an infection caused by a germ? | 1 | 2 | 3 |
| 49. Can TB spread through the air? | 1 | 2 | 3 |
| 50. Can TB be transmitted from mother to child during pregnancy? | 1 | 2 | 3 |
| 51. Can an insect or a mosquito bite cause TB? | 1 | 2 | 3 |
| 52. Can TB be caused by supernatural powers? | 1 | 2 | 3 |
| 53. Can BCG vaccine protect a person from TB through out life? | 1 | 2 | 3 |
| 54. Is a person cured of TB as soon as his/her symptoms | 1 | 2 | 3 |
| disappear? | | | |
| 55. Should a person be treated differently because she/he is | 1 | 2 | 3 |
| taking TB medicines? | | | |
| 56. Do you think people are afraid of taking TB medicines? | 1 | 2 | 3 |

PART C: INDIVIDUAL/SOCIAL PERCEPTIONS

Note to Interviewer: Please read the following statement to the respondent and circle the response that fits best.

"Before, I asked you about your opinion regarding TB. Now, I would like to ask you few questions about your perception (that means what you think) about TB and please let me know what your responses are, you can answer Yes, No or I don't know. There is no right or wrong answer."

| Question | Yes | No | Don't Know |
|--|-----|----|------------|
| 57. Do your friends and family worry about getting TB? | 1 | 2 | 3 |
| 58. Is your worry about TB the same as your worry about | 1 | 2 | 3 |
| housing? | | | |
| 59. Would you visit a relative who has TB? | 1 | 2 | 3 |
| 60. Would you visit a friend or neighbor who has TB? | 1 | 2 | 3 |
| 61. If a person from (Somalia/Liberia or country of birth) had | 1 | 2 | 3 |
| TB, do you think she or he would tell it to a neighbor? | | | |
| 62. Do people with TB get concerned about being identified | 1 | 2 | 3 |
| by others as someone who has TB? | | | |
| 63. If a person had TB, do you think it would change the way | 1 | 2 | 3 |
| other people treated that person? | | | |
| 64. Do you think people who are not doctors – like traditional | 1 | 2 | 3 |
| healers can cure TB? | | | |

Note to Interviewer: When you ask the following three questions, please don't read the answers. Mark all the responses that apply.

65. If someone were <u>in a refugee camp</u> where would you suggest he/she should go for TB treatment?

| 1. | Traditional | Healer |
|----|-----------------|--------|
| | i i aaitioi iai | |

- 2. Doctor or Nurse
- 3. Friend/Family
- 4. Clergy
- 5. Others (Specify) _____
- 6. No where _____
- 7. Don't know

66. After reaching the U.S. or <u>Within the U.S.</u> where would you suggest that people with TB should go for treatment?

- 1. Traditional Healer
- 2. Doctor or Nurse
- 3. Friend/Family
- 4. Clergy
- 5. Others (Specify) _____
- 6. No where _____
- 7. Don't know

67. What do you think would make it hard for a TB patient to **get** treatment?

[Note to Interviewer: ask the respondent "what else" until she exhausts her answers].

- 1. Transportation
- 2. Problem with clinic schedule
- 3. Clinic waiting time is too long
- 4. Unfriendly clinic staff

- 5. Doubts about the care they receive from the TB Clinic/or provider
- 6. Language Barriers
- 7. Fear of cost of medical treatment
- 8. Fear of drug side effects
- 9. Have no one to take care of my children
- 10. Too Busy with other activities of life
- 11. Others, specify _____

68. What do you think would make it hard for a TB patient to **complete** treatment?

[Note to Interviewer: ask the respondent "what else" until she exhausts her answers].

- 1. Transportation
- 2. TB clinic is too far
- 3. Problem with clinic schedule
- 4. Waiting time is to long
- 5. Unfriendly staff
- 6. Doubts about the care they receive from the TB Clinic/ or provider
- 7. Language Barriers
- 8. Fear of cost of medical treatment
- 9. Drug side effects
- 10. Can't remember to take regularly
- 11. Too Busy with other activities of life
- 12. People tell me that the medicines are harmful
- 13. Others, specify _____

Note to Interviewer: Please read the following statement to the respondent before giving out incentives and concluding interview.

"This brings us to the end of our interview and before we wrap-up our discussion on TB, we want to Thank you very much for your time and your participation. This

interview will help improve services to other women who come from your country of origin and Thankyou for being a part of it.

Do you have any question I need to answer?"

If respondent says yes, answer respondents question, provide staff contact information for future questions, give out incentive and conclude interview.

If respondent says no, please provide staff contact information for future questions, give out incentive and conclude interview.