



A STUDY ON HEALTH SEEKING BEHAVIOUR TOWARDS SYMPTOMS OF PULMONARY TUBERCULOSIS IN RURAL FIELD PRACTICE AREA OF TERTIARY MEDICAL INSTITUTE HAPUR, UTTAR PRADESH, INDIA.

Community Medicine

Dr Ujjwal Sourav Assistant professor, Saraswathi Institute of medical sciences, Hapur, UP

Dr Gagan Garg* Assistant professor, Saraswathi Institute of medical sciences, Hapur, UP *Corresponding Author

Haripal singh Asst. prof cum Statistician Saraswathi Institute of medical sciences

ABSTRACT

Introduction: India contributes almost 30% of the global Tuberculosis (TB) burden with prevalence rate of 195 per 100,000 population nationally.

Materials and Methods: This is community based cross-sectional study in field practice area of tertiary medical institute, Hapur, UP in all men and women aged 15 years and above who consented to participate are included in the study.

Result : In our study we found that 97.8% study participants heard about TB. Table 1 presents the knowledge regarding TB, About 80-85% study participants had the correct knowledge about different aspect of TB, only 10.4% heard about DOTS centre. Only about 58.6% study participants consider going to health facility if they had cough, only 35.8% study participant will take it in supportive manner if someone known is diagnosed to have TB.

Conclusion: The study concludes that Overall health seeking behavior towards TB symptom and attitude towards TB was higher among males, younger age and higher schooling respondents

KEYWORDS

TB, RNTCP, DOTS, Health seeking behavior, Diagnostic delay

INTRODUCTION

India contributes almost 30% of the global Tuberculosis (TB) burden with prevalence rate of 195 per 100,000 population nationally. Despite efforts to achieve 70% case detection, the Revised National TB Control Programme (RNTCP) is unable to control the epidemic. Approximately 2.8 million TB patients, of the estimated annual global incident TB patients of 10.4 million in 2015 are reportedly from India. Hence for effective control of TB, early care-seeking, accurate diagnosis and prompt initiation of treatment are paramount.¹

Early phase symptoms of TB are usually non-incapacitating and compatible with day-to-day activities until they are severe enough to warrant concerns by which time several close persons may have been exposed. Health workers' index of suspicion may also be low especially in settings where the disease is not endemic.²

National TB control programmes have attempted to reduce the disease burden in the general population by addressing the root cause and preventing spread, which is achievable through early diagnosis, treatment and adherence to the treatment regimen. A major hurdle in achieving these goals is the delay in diagnosis.³

Because the direct observed treatment short-term (DOTS) policy depends on the self-presentation of the patients to the health centers, proper awareness about the disease and its management is fundamental for the National Tuberculosis Control Program (NTCP). Patient awareness determines the health care-seeking behavior and practices of patients.⁴

Many studies have described the awareness levels, attitude, and health care-seeking behavior of patients with tuberculosis; however, data specifically and exclusively for patients with PTB in this part of India are currently not available. Therefore, we assessed and reported the awareness levels and health care-seeking behavior of patients with PTB.

OBJECTIVES

- To assess knowledge and attitude towards pulmonary tuberculosis among field practice area of tertiary medical institute, Hapur, UP
- To study health seeking behavior for pulmonary tuberculosis symptoms in the above population.
- To find out the association between knowledge, attitude and health seeking behavior with selected demographic variables like age, sex and educational status.

MATERIALS AND METHODS

STUDY DESIGN: Community based cross-sectional study.

STUDY AREA: Field practice area of Tertiary medical Institution, Hapur, UP. **STUDY PERIOD:** From August 2019 to Feb 2020.

STUDY POPULATION:

All men and women aged 15 years and above who consented to participate are included in the study.

Exclusion criteria:

Those who could not be contacted even after three visits.

Those who are not willing to participate were excluded from the study.

METHODOLOGY

The study was conducted with standardized, pretested semistructured questionnaire. This questionnaire was modified and translated to the local language (Hindi) and pre-tested. The data was collected by household survey by interview method using a semi structured questionnaire. The purpose of the study was explained to the respondents after a brief introduction. After getting verbal consent willful respondents were interviewed with questionnaire and information was obtained. If more than one eligible and willful respondents were present at the time of survey, elder one was preferred for interview. In case of non-response or only one eligible respondent present at the time of survey or locked house even after three visits, the next household was chosen to complete the required sample. Data entry was made in excel software in codes. The entered data was cleaned and validated for consistency. Analysis was done using EPI Info 7.1 software. Prevalence was expressed in percentage and association with factors was tested for significance using Chi square test. While assessing the relationship of TB knowledge and attitude for age group and educational status trend chi-square test was employed. P-value < 0.05 was considered significant. While performing statistical analysis, the similar categories were clubbed together to ease the analysis and interpretation.

RESULTS

In our study we found that 97.8% study participants heard about TB. Table 1 presents the knowledge regarding TB whereas Table 2 presents the health care-seeking behavior of study participants. About 80-85% study participants had the correct knowledge about different aspect of TB, only 10.4% heard about DOTS centre. Only about 58.6% study participants consider going to health facility if they had cough, only 35.8% study participant will take it in supportive manner if someone known is diagnosed to have TB.

Table-1. Awareness / General knowledge about TB

variable	Response	N	%
TB can affect	Heard about TB	489	97.8
	Anybody	409	81.8
	Only poor/homeless	34	6.8
	Only Smokers	8	1.6
	Others/Don't Know	49	9.8

TB is communicable disease		425	85.0
Seriousness of TB	- Very Serious	230	46.0
	Somewhat Serious	174	34.8
	- Not Serious	96	19.2
TB can be cured	Yes	418	83.6
	No	12	2.4
	- Don't Know	70	14.0
Hospitalization is -yes Necessary -No For treatment	Yes	251	50.2
	No	227	45.4
	Don't know	22	4.4
Heard about DOTS center	yes	52	10.4
	No	448	89.6
Cost Of TB - Free Diagnosis -Reasonably Priced & treatment	Free	406	81.2
	Reasonably Priced	67	13.4
	Expensive	12	2.4
	Don't know	15	3.0
Have received TB information in the past month	Yes	113	22.6
	No	387	77.4
Sources of information	Hospital / Health Worker	250	50.0
	Mass Media	133	26.6
	Both Hospital & Mass Media	44	8.8
	Relatives / Friends	73	14.6

Table 2 : Health seeking behaviors for Pulmonary TB symptoms

variable	Response	N	%
If had prolonged cough, would thought to	Go to health facility	293	58.6
	Go to pharmacy	144	28.8
	Pursue other self-treatment options (herbs, etc.)	52	10.4
	Others	11	2.2
Preference of health facility	Would not go to the doctor	37	7.4
	Do not know	18	3.6
	Government	227	45.4
	Private	218	43.6
Reaction if self /known persons are found infected with TB	Fear	87	17.4
	Surprise	18	3.6
	Hopelessness	6	1.2
	Sadness	206	41.2
	Take it in a sportive manner	179	35.8
	Other	4	0.8
	Total	500	100

DISCUSSION

The cross sectional study was carried out in field practice area of tertiary medical institute. It aims at gaining an insight into the level of knowledge, attitude towards tuberculosis (TB) and health seeking behavior for TB symptoms among aged 15 years and above.

A few population based studies have highlighted the public awareness on TB from different parts of India. One such study from Jaipur (Rajasthan) 5 showed that 90% of illiterates were unaware about different aspects of TB. Present study also showed that literates were more aware about the various aspects of TB as compared to illiterates. Persons with literacy of higher secondary schooling and above had good TB knowledge score (79.6%) compared to illiterates and those with primary schooling(2.6%). Grange, J. et al 6 in their study noted TB is considered to be a social disease with medical aspect. Social factors play an important role in the management of TB patients. Kelly P et al 7 noted The stigma and fear associated with the disease often leads to delayed treatment seeking and poor adherence to therapy. TB was perceived to be very serious and serious disease by 80% of study population. This perception may be encouraging in one end as we could expect more individuals to seek health care as early as possible but in other end it may reflect their fear, apprehension and stigma towards the disease and this fact was also observed in the present study i.e only just over half of the respondents would seek for health care for prolonged cough. Even today persistence of these attitudes i.e., isolation, using separate utensils, prohibiting TB patients using public places etc., towards TB were disappointing. Patients responded to these attitudes by isolating themselves and becoming secretive about their disease. Awoke N et al 8 found that Female gender, rural residence, not attending formal education, visiting nonformal health facility as first health care seeking, having poor knowledge of TB, and

having antibiotic treatment before TB diagnosis were identified as independent significant associated factors. Paramasivam S et al 9 found that poor knowledge about the disease among the patients was one of the main risk factors. Interventions to improve knowledge and awareness of the disease and to increase the suspicion of chest symptomatic by health-care providers in the private sector are vital to reduce diagnostic delay. Bhagyalaxmi A et al 10 found that The most common reason for the delay in the initiation and initial default was the social and personal factors (48.80%), and in 34 (20%) of the patients, the delay was attributed to the effect of the previous treatment. 10

CONCLUSION

The study concludes that Overall health seeking behavior towards TB symptom and attitude towards TB was higher among males, younger age and higher schooling respondents. Concerted efforts should be taken to create awareness / knowledge about TB and also to change their negative attitude towards TB.

REFERENCES

- Mistry N, Lobo E, Shah S, Rangan S, Dholakia Y. Pulmonary tuberculosis in Patna , India: Durations , delays , and health care seeking behaviour among patients identified through household surveys. *J Epidemiol Glob Health* 2017;7(4):241-8
- Bello S, Afolabi RF, Ajayi DT, Sharma T, Owuoye DO, Oduyoye O, et al. Empirical evidence of delays in diagnosis and treatment of pulmonary tuberculosis : systematic review and meta-regression analysis. *BMC Public Health*. 2019; 19(820):1-11
- Gali JH, Varma H V, Badam AK. Hurdle in the eradication of tuberculosis : delay in diagnosis. *The Egyptian Journal of Chest Diseases and Tuberculosis*. 2019; 68 (1):32-8
- Purohit MR, Purohit R, Mustafa T. Patient Health Seeking and Diagnostic Delay in Extrapulmonary Tuberculosis: A Hospital Based Study from Central India. *Tuberculosis Research and Treatment*. 2019; Article ID 4840561: 1-8.
- Purohit SD, Gupta MC, Madan A, Gupta PR, Mathur BB and Sarma TN. Awareness about tuberculosis among general population: a pilot study. *Indian J Tuberc* 1988;35: 193.
- Grange J, Story A and Zumla A. Tuberculosis in disadvantaged groups. *Curr Opin Pulm Med* 2001; 7:160.
- Kelly P. Isolation and stigma: The experience of patients with active tuberculosis. *J Commu Health Nurs* 1999; 16:233.
- Awoke N, Dulo B, Wudneh F. Total Delay in Treatment of Tuberculosis and Associated Factors among New Pulmonary TB Patients in Selected Health Facilities of Geddo Zone ,Southern Ethiopia, 2017/18. *Interdisciplinary Perspectives on Infectious Diseases*. 2019;2019:1-14.
- Paramasivam S, Thomas B, Chandran P, Thayyil J, George B, Sivakumar CP. Diagnostic delay and associated factors among patients with pulmonary tuberculosis in Kerala. *J Family Med Prim Care* 2017;6:643-8.
- Bhagyalaxmi A, Jain S, Patel P, Barot D. Reasons for the delay in the initiation of treatment and initial default among drugresistant tuberculosis patients in Ahmedabad corporation area. *Indian J Public Health* 2019;63:377-9.