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Assessment of Knowledge Among the Staff Working at Urban Health Centres (Excluding Doctors) Under Medical College in Mumbai

Medical Science

KEYWORDS : TB burden, disease of poor, paramedical & non-medical staff, urban health centre

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ABSTRACT

India is the highest tuberculosis (TB) burden country in the world in the terms of absolute number of incidence cases. The annual risk of TB infection is about 1.5%. In India, TB is mainly the disease of poor. Besides the disease burden, TB also causes an enormous socio-economic burden of India. The sole purpose of this study was to assess the knowledge, attitude & practises about TB in paramedical & non-medical staff (excluding doctors) of two urban health centres under T.N. Medical College Mumbai. This study was conducted from 1st January 2014 to 31st march 2014. It was cross sectional study with universal method sampling used. There were 47.4% paramedical staff and 52.6% non-medical staff at the centres. Maximum 50% of staff came to know about the TB from the various health training programme conducted by government authority. About 84.2% staff were knowing that TB get contracted through the air droplets and 92.1% staff were having knowledge of Cough more than 2 weeks as one of the important symptom of TB.

Introduction – India is classified along with the sub-Saharan African countries to be among those with a high burden and the least prospects of a favourable time trend of the disease as of now (Group IVcountries).[1] India is the highest TB burden country in the world in the terms of absolute number of incidence cases. It accounts for one-fourth of the estimated global incident TB cases in 2013. As per WHO estimations prevalence per lac has reduced from 465 in 1990 to 211 in 2013. The annual risk of TB infection is about 1.5%. In India, TB is mainly the disease of poor.[2]

Besides the disease burden, TB also causes an enormous socio-economic burden of India. TB kills more adult of economically productive age group (15-50 years) than any other infectious disease. TB is the commonest opportunistic disease among AIDS patient.[3] Poor living condition, malnutrition, shanty housing and over-crowding are the main reasons for the spread of the disease. Under this medical college in Mumbai, there come two urban health centres.

Objectives – To assess the knowledge about TB of the staff (excluding doctors)

Materials & Methodology –
Design of study – Cross sectional study

Study area & population – All staff members (excluding doctors) working at urban health centres under T. N. Medical College, Mumbai.

Sampling technique – Universal sampling.

All working staff (excluding doctors) were included in study. A preformed questionnaire was used to collect data.

Study Duration – 1st January 2014 to 31st March 2014.

Results – There were total 18 (47.4%) paramedical staff and 20 (52.6%) non-medical staff working at the Urban Health Centre under T. N. Medical College, Mumbai. Thus, it was total 38 staff members (excluding doctors). There were 24 (63.2%) female staff and 14 (36.8%) male staff **(Non-tabulated data).**

Table 1 – Staff got first information about TB from?

Got first information about TB from	Paramedical staff	Non-medical staff	Total
Training Programme	10	9	19 (50.0%)
Doctors at UHTC	5	8	13 (34.2%)
Colleague	3	1	4 (10.5%)
T.V. & newspaper	0	2	2 (5.3%)
Total	18	20	38 (100.0%)

On asking about from where the staff got first information about TB, 50% staff got information about TB through the training programme conducted by the government authority followed by 34.2% staff who got information about TB from the doctors working at UHTC.

Table 2 – Knowledge about Sign & symptoms

Sign & Symptoms	Paramedical staff	Non-medical staff	Total
Cough > 2weeks	17	18	35 (92.1%)
Decreased appetite & weight loss	14	16	30 (78.9%)
Fever	16	15	31 (81.6%)
Cervical Lymphadenopathy	7	3	10 (26.3%)
Blood in Sputum	7	6	13 (34.2%)

About 92.1% of study subjects were having knowledge of Cough more than 2 weeks is one of the important symptoms of the TB. Also, 78.9% staff answered decreased appetite & weight loss as the sign & symptoms of the TB. But, only 34.2% staff were knowing about the blood in sputum as the symptom of TB.

Table 3 – Various questionnaire

Various Questionnaire	Paramedical staff	Non-medical staff	Total
Spread of TB through Air droplet	16	16	32 (84.2%)
Proper Treatment & balanced diet as way to prevent spread	16	18	34 (89.5%)

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DOTS as treatment for TB	16	17	33 (86.8%)
HIV people should be more concerned about TB	18	19	37 (97.4%)

About 84.2% staff were having knowledge that TB spread through the droplets. Also, 89.5% staff mentioned proper treatment & balanced diet as one of the effective method to prevent the spread of the TB. Near about 86.8% staff have knowledge that DOTS as the treatment option for TB. On asking whether HIV people should be more concerned about TB? 97.4% staffs answered that people with HIV should be more concerned about TB and reason for this was told that they have decreased immunity.

Table 4 – Preference of Staff for treatment

Place of Treatment	Paramedical staff	Non-medical staff	Total
Government Hospital	7	13	20 (52.6%)
Private Hospital	11	7	18 (47.4%)
Total	18	20	38 (100.0%)
$X^2 = 1.649$ df = 1 p = 0.199			

About 52.6% staff prefer government hospital for the treatment purpose, while 47.4% staff prefer private hospital for the treatment purpose **(p-value = 0.199).**

Table 5 – Can you get TB?

Questionner		Paramedical staff	Non-medical Staff	
Can you get TB?	Yes	14	14	28 (73.6%)
	No	4	6	10 (26.4%)
Total		18	20	38 (100.0%)
$X^2 = 3.906$ df = 1 p = 0.142				

On asking whether they can get TB, 73.6% staffs told that they can get TB and the reason for this they told that they work in hospital and came in contact with many patients **(p-value = 0.142).**

Discussion – In the present study we came to know that only half of the staff got to know about the TB from the training programme conducted by the government authority. This indicate to strengthen the health training programme for the healthcare staff. Also, about 92% of health staff know cough more than 2 weeks as the important symptoms to diagnose the TB. Also, table no. 2 suggest that the knowledge of the staff working in the urban health centres was pretty much good. This results were similar to the study conducted by Rahul Bogam & Sunil Sagare among the post graduate medical students in Pune city.[4] While, study conducted by Muthurajesh Easwaran & etal in Tamil Nadu show Knowledge regarding the cause and mode of transmission of TB was inadequate.[5] Table no. 3 indicate that about 84% staff know the droplets way of spread of TB and nearabout 87% staff know DOTS as the treatment modality of TB. The study conducted by Kiran Rami & etal in Gujarat on the patient in tertiary care hospital show that only 41% subjects knew about the mode of Tb transfer and 65% subjects knew about the DOTS clinic.[6] While study conducted by S.P. yadav & etal show that knowledge among sandstone quarry workers about spread of TB infection by droplets was found to be only 5.9%.[7] Also, 97% staff member know that HIV infected persons should be more concerned about the TB and the reason for this was told that they have defective or low immunity. Table no. 4 indicate that more paramedical staff was using private healthcare facilities than non-medical staff. The reason for this may be the more economical sound condition for paramedical staff than non-medical staff. Also, table no. 5 suggest that near about 73% staff members felt that they may get TB and this indicate the stigma of the staff at urban health centres.

Conclusion – Paramedics are likely to start treatment from the private hospital. Maximum number of staff was aware of signs & symptoms of the TB. Thus, staff can be used for the mass information. Only half of the staff got the information from the training programme conducted by the government authority indicating scope to further expand the activity through programmes especially for non-medical staff. Maximum number of staff were well known for the air droplet as mode of disease transfer. Fear of acquiring of TB is high. This may result in stigma & discrimination in TB cases. The ways to prevent occupational exposure of TB used to be put into place.

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