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A STUDY ON KNOWLEDGE, ATTITUDE TOWARDS PULMONARY TUBERCULOSIS AND HEALTH SEEKING BEHAVIOR FOR PULMONARY TUBERCULOSIS SYMPTOMS AMONG PATIENTS FROM URBAN POPULATION

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ABSTRACT **Introduction:** India is the highest tuberculosis burden country accounting for one fifth of the global incidence. It has been acknowledged though that TB control efforts worldwide, although impressive, are not sufficient. RNTCP has consistently maintained the treatment success rate >85% and case detection rate close to the global target of 70%. Urban population require intensive focus and support from the tuberculosis programme, as these populations often are not able to access timely diagnosis or complete the full duration of anti TB treatment, and hence are at risk of unfavorable treatment outcomes including deaths, defaults, failures and drug resistance. Based on this objectives of our study is to assess Knowledge, Attitude towards Pulmonary Tuberculosis and Health Seeking Behavior for Pulmonary Tuberculosis Symptoms among patients from urban population **Results & Conclusions:** The study concludes that females, older population and individuals without schooling or with primary schooling were observed to be the groups with a significantly lower level of knowledge about symptoms, transmission, diagnosis, treatment and prevention of TB. Poor knowledge was also observed in smokers and alcoholics. Overall TB knowledge 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.

KEYWORDS : Attitude, Pulmonary Tuberculosis, Health Seeking Behavior

INTRODUCTION

India is the highest tuberculosis burden country[1] accounting for one fifth of the global incidence (Global annual incidence estimate is 9.4 million cases out of which it is estimated that 1.98 million cases are from India). Revised national tuberculosis control programme (RNTCP) has consistently maintained the treatment success rate >85% and case detection rate close to the global target of 70%. To maintain these goals requires active community participation by way of creating awareness on the etiology, symptomatology, management, preventive measures, and information of availability of services, etc, for Tb[1].

It is predicted that for consolidation of the TB control measures, needs of marginalized sections/special groups should be paid special attention. Knowledge about transmission of infection and how to protect oneself against it is a necessary, but not sufficient, pre-condition. Urban population require intensive focus and support from the tuberculosis programme,[2].

Based on this objectives of our study is to assess knowledge and attitude towards pulmonary tuberculosis among urban population and to study health seeking behavior for pulmonary tuberculosis symptoms in the above population. Also to find out the association between knowledge, attitude and health seeking behavior with selected demographic variables like age, sex and educational status.

MATERIAL AND METHODOLOGY:

This study was done as a Community based cross-sectional study.in urban population of Krishnagiri town from January 2022 to May 2022. All men and women aged 15 years and above who consented to participate are included in the study. While those who could not be contacted even after three visits and those who are not willing to participate were excluded from the study.

The study was conducted with standardized, pretested semi- structured questionnaire. Source: WHO sample ACSM KAP questionnaire[3]. Data analysis was done using SPSS 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.

RESULTS

Of 530 individuals who participated in the study 265 (50%) were males and 265 (50%) were females. Mean age was 40.03± 11.95.Age group 15–35years age group constituted 38.2% (Males-31.3%, Females- 44.9%), 47.5% were between 36 -55 years (Males-54.7%%, Females- 40.4%), 14.3% were 56 years and above (Males-14%, Females-14.7%). Males in middle age group were in higher proportion compared to females Hindus constituted the majority (91%) followed by other religions forming 9% of total.

In this study area 44.7% were illiterates and primary schooling (Males-42%, Females-47.2%), 45.1% had middle and high school education (Males-46.8%, Females-43.4%) and only 10.2 % had higher secondary education and above. Male population had slightly better educational status than female population.

In the study population 2.3% were unemployed[#], 42.5% of the study population were unskilled workers, 52.5% were semiskilled worker and other contributes 2.7%. Based on Modified Kuppusamy scale, the study population was divided into following socioeconomic class. Upper lower class constituted 84.5% followed by lower middle class which constituted 14.3% whereas upper middle class and lower class formed 0.8% and 0.4% respectively.

General awareness / knowledge about TB:

The respondents were found to be well aware about the name of TB (98.7%). When they were asked who was more susceptible to TB, the most frequently mentioned susceptible was anybody (81.8%). Majority (85.5%) were aware that TB is a communicable disease.

TB was considered as serious and very serious disease widely (80.9%) and majority of respondents cited that TB was curable disease (83.7%). Half of the respondents (50.1%) reported that hospitalization is necessary for treatment of TB. Only 6.3% of study population have heard about DOTS centre. More than three fourth of the study population (78.4%) were aware that treatment was given free of cost at the government health facilities. Only 23.7 % of respondents had received some information related to TB in the past month and when they were asked about the sources of TB information, Hospital/health workers (50%) and mass media (26.6%) were the major sources of information about TB symptoms.

In the study population, poor knowledge was seen in 25.4% (M-20% F-30.8%) and some knowledge was seen in 57.2% (M-59.2% F-55.1%) of population. Only 17.4% of study population (M-20.8% F-14.1%) had good knowledge about tuberculosis. Male population had better knowledge than female population with 20.8% good knowledge in males compared to 14% good knowledge in females ($p < 0.05$). Cough was the major symptom identified by the respondents (72.5%), followed by fever (32.4%), Breathlessness (31%), loss of weight (16.4%), Coughing up blood (10.7%) and Pain in the chest (4%).

The most common knowledge on diagnostic test for TB was found to be sputum examination (65.2%). Most of the study population (88.1%) were well aware that specific drugs available for treatment of tuberculosis. Almost half of study population (49.1%) mentioned

cough hygiene and regular treatment for prevention of transmission of TB to others. Air borne (61.2%) was the most common mode of spread cited by the study population.

Our study also evaluated the attitude of study population towards tuberculosis and tuberculosis patients. When they were asked whether you can get TB, nearly half of population (47.4%) agreed that anyone can get TB. Considerable proportion of study population (32.3%) urged that TB patients should be isolated and they should be restricted to use the public utilizing places (38.4%). Half of study population did not know TB affected mother can breast fed her baby

In this study respondents were asked about health seeking behavior for TB symptoms. Only just over half of study population (58.5%) would go to health facility if they had prolonged cough. Nearly 40% of respondents said they would either go to pharmacy (28.9%) or pursue self-treatment options (10.3%). If had symptoms of TB majority (89%) would seek health facility at the different point of time. Preference of health facility would be private in 48.7% of respondents. Major reason for not going to government health facility was long waiting time (51%).

DISCUSSION

The cross sectional study was carried out in an urban population of Krishnagiri. It aims at gaining an insight into the level of knowledge, attitude towards tuberculosis and health seeking behavior for TB symptoms among urban population.

A few population based studies have highlighted the public awareness on TB from different parts of India. One such study from Jaipur (Rajasthan)[4] 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. A study from Delhi[5] highlighted that age, sex and economic status did not have significant influence on TB knowledge but present study clearly indicated that that younger age group and males have better knowledge when compared to older age group and females. This was statistically highly significant $p < 0.001$.

Majority of study population were well aware that TB is a communicable disease (85.5%), curable disease (84%) and diagnosis and treatment were provided free of cost (78.4%). These findings were comparable to similar studies conducted in a rural area in Delhi[6], sandstone quarry workers of Jodhpur[7].

Cough was the commonest symptom mentioned by respondents (72.5%) followed by fever (32.4%) and coughing up blood (10.7%). From a programme point of view, the fact that knowledge about cough as a important TB symptom was encouraging but educating about the duration of cough has to be focused to ensure timely reporting and to improve passive case finding.

Although 88% knew the fact of availability of specific drugs for TB but only 15% were aware of the duration of treatment and also only 6.3% had heard about DOTS centre. These facts are discouraging from programme point of view and there is a need to improve the awareness about the place of diagnosis/ treatment and the duration of treatment.

Only one fourth of respondents were informed about TB in the past month. In the study from Delhi[6], sources of information in more than half of the respondents were doctors and health workers, which was also true in the present study. In the present study, it was also found that hospital/ health worker were the major sources of information (50%) followed by mass media (26.6%).

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[8].

CONCLUSIONS

Based on the results of this study, it was found out that there is still a need to strengthen the educational campaign on TB through mass media; because they are excellent venues for information-dissemination, there is a greater chance for better case detection. TB control programme should particularly address the myths and various misconceptions regarding transmission of TB and its cure. Health facilities and working places should be utilized to provide basic knowledge about TB. It may be necessary to establish more diagnostic facilities in TB prone areas.

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