



“A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE AND ATTITUDE REGARDING PULMONARY TUBERCULOSIS AMONG ADULTS IN NIJ SINDURIGHOPA CHANGSARI KAMRUP(R), ASSAM.”

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ABSTRACT **Background Of The Study:** Tuberculosis has been present in humans since antiquity. The earliest unambiguous detection of *M. tuberculosis* involves evidence of the disease in the remains of bison. However, whether tuberculosis originated in bovines, then was transferred to humans, or whether it diverged from a common ancestor, is currently unclear. **Aim:** To assess the knowledge and attitude regarding Pulmonary Tuberculosis among adults. **Method:** Quantitative research approach was used and Descriptive and survey design was adopted in the study, the samples were collected using convenient sampling technique from 40 adults. **Results:** Out of 40 adults, 40% are of age 28-37 years, 50% are male and female. 52.5% are educated up to secondary education. 70% are married. 35% are getting their monthly income of Rs.929 and below. 100% belongs to Hindu religion. 67.5% belongs to a nuclear family, 22.5% are self-employed. 65% are Assamese mother tongue. Sources of information regarding pulmonary tuberculosis through television is 42.5% through health professionals and television. Previous diagnosis of relatives/friends/neighbors are 75%. The findings of the present study shows that 50% have average knowledge, 27.5% have good knowledge and 22.5% have poor knowledge and 65% have indifferent attitude, whereas 35% have adequate attitude and 0% have inadequate attitude. There was association of knowledge of adults with demographic variable i.e. type of family and association of attitude of adults with demographic variables such as Age. **Conclusion:** The study concluded that there is a need of prevention and control of Pulmonary Tuberculosis by organizing awareness program to educate the people in the community with enriching knowledge regarding Pulmonary Tuberculosis by the expert.

KEYWORDS :

INTRODUCTION

Tuberculosis is an infectious disease caused by the bacterium *Mycobacterium tuberculosis*. It generally affects the lungs, but can also affect other parts of the body. Most infections do not have symptoms, in which case it is known as latent tuberculosis. About 10% of latent infections progress to active disease. The classic manifestations of active TB are chronic cough with blood-containing sputum, fever, night sweats, and weight loss. Tuberculosis is spread through the air when people who have active TB in their lungs cough, spit, speak, or sneeze. People with latent TB do not spread the disease. Compared with other disease caused by a single infectious agent, tuberculosis is the second biggest killer, globally. In many developing countries, acquired drug resistance remains high, because national tuberculosis control program in these countries have not been able to achieve a high cure rate over a very long period of time, even after the introduction of short-course chemotherapy.

OBJECTIVES OF THE STUDY:

- 1) To assess the knowledge regarding Pulmonary Tuberculosis among adults.
- 2) To assess the attitude towards Pulmonary Tuberculosis among adults.
- 3) To find out the association between the knowledge regarding Pulmonary Tuberculosis with the selected demographic variables among adults.
- 4) To find out the association between the attitude regarding Pulmonary Tuberculosis with the selected demographic variables among adults.

Review Of Literature

Kapil Amgain et.al (2014) a descriptive cross-sectional study in Nepal, total 114 patients, only 17.5% were known about the causative organism of TB. Primary immunization (80.7%), avoiding personal contact (54.6%) with the TB patients and use of face mask (12.2%) were reported preventive measures of TB. Most of the participant had strongly agreed (68.4%) that DOTS is an effective treatment and the treatment should not be discontinued during the course of treatment (61.4%). Out of 14 attitude, positive agreements amongst more than 60% which indicate affirmative opinions with respect to existing knowledge. Concluded that knowledge regarding signs and symptoms of TB was good amongst participant. However only few had correct knowledge about the cause, mode of transmission, and prevention of

TB. Majority had positive attitude toward the TB prevention and control in accordance with the existing knowledge of TB.

Dr. Azhar (2012) conducted a systematic review of trails in India to demonstrate the high relapsed rate among new cases of pulmonary TB patients treated with DOTS regimen (RNTCP). The entire India is covered under the RNTCP program since 2006 and the program have consistently achieve an 85% treatment success rate among new smear –positive cases for last few years , but the registration of relapsed cases are progressively increasing. Regularity in treatment is essential to achieve high cure and low relapse rate among TB patients. Concluded that the regularity in TB treatment can be addressed by early retrieval mechanism and proper implementation of RNTCP.

RESEARCH METHODOLOGY

Research approach: Quantitative research

Research design: Descriptive & Survey design.

Variables:

Dependent variables: Knowledge and Attitude

Independent variables: Tuberculosis

Demographic variables:

The demographic variables are age, gender, educational status, marital status, monthly income, religion, family type, occupation, mother tongue, sources of information, previous diagnosis of pulmonary tuberculosis.

Setting of the study: Nij Sindurighopa, Changsari, Kamrup. (R)

Population: Adults.

Target Population: All the Adults residing in Nij Sindurighopa

Accessible Population: Adults residing in Nij Sindurighopa

Sample size: 40

Sample and sampling technique: Convenient sampling technique

Criteria:

Inclusion Criteria:

- Adults who can understand Assamese and English.
- Adults who are residing in Nij Sindurighopa

Exclusion Criteria:

- Adults unwilling to participate and sick.
- Adults who were not present at the time of data collection.

Tools and techniques:

Structured knowledge questionnaire was used to assess the level of knowledge and the technique was self-report.

Scoring key:

The correct answer was given score of 1(one) and wrong score 0(zero). The total score was 20.

Category of knowledge level:

Good knowledge: 16-20

Average knowledge: 10-15

Poor knowledge: 1-9

Content validity of the tool:

The prepared instrument along with the problem statement and objectives was submitted to four (3) experts: 2 Nursing experts in the field of Community health Nursing & 1 Nursing experts in the field of Medical Surgical Nursing for establishing the content validity.

Ethical consideration:

- Written permission from the principal of our Nursing Institution and from the Village Head/Gaonbura. was obtain before starting the final data collection procedure for the study
- Consent taken from each population before collecting data.
- The subjects were assured of confidentiality and anonymity of the data obtained.
- Participants had the liberty to leave the study at any point of time as they desired.
- The study utilized noninvasive procedure and it was ensured that there would be no physical or psychological harm to the participants.

RESULTS:

Table-1: Frequency And Percentage Distribution Of Socio Demographic Variables

Sl. No.	Demographic data	Data group	Frequency (N=40)	Percentages
1	Age	18-27	15	37.5%
		28-37	16	40%
		38-47	5	12.5%
		48-57	2	5%
		58yrs and above	2	5%
2	Gender	Male	20	50%
		Female	20	50%
		Primary education	4	10%
		Secondary education	21	52.5%
		Higher secondary education	10	25%
4	Marital status	Graduate and above	5	12.5%
		Married	28	70%
		Unmarried	12	30%
		6200 and above	13	32.5%
		6199-3100	07	17.5%
5	Monthly income	2099-1860	02	5%
		1859-930	04	10%
		929 and below	14	35%
		Hindu	40	100%
		Religion		
7	Family type	Nuclear	27	67.5%
		Joint	06	15%
		Extended	07	17.5%
		Government employment	7	17.5%
		Private employee	6	15%
8	Occupation	Self employed	9	22.5%
		Daily worker	9	22.5%

9	Mother tongue	Unemployed	9	22.5%
		Assamese	26	65%
		Bodo	13	32.5%
		Others	1	2.5%
10	Sources of information regarding pulmonary TB	Television	17	42.5%
		Health professionals	17	42.5%
		Printed media(Eg; magazine, newspaper)	5	12.5%
		Family members/ Friends	1	1%
11	Previous diagnosis	Yes	10	25%
		No	30	75%

Table-2: Frequency And Percentage Distribution According To The Level Of Knowledge

Knowledge level	Frequency of knowledge scores	Percentage (%)	Mean	Median	Standard Deviation
Good	11	27.5%	12.5	13.5	4.355
Average	20	50%			
Poor	9	22.5%			
Total	40	100%			



Figure-I: Bar Diagram Showing Percentage Distribution Knowledge Score

Table-III: Frequency, Percentages, Mean, Median And Standard Deviation Of Statistical Data Regarding Attitude On Pulmonary Tuberculosis.

Knowledge level	Frequency of attitude scores	Percentage (%)	Mean	Median	Standard Deviation
Adequate	14	35%	68.425	68	8.909
Indifferent	26	65%			
Total	40	100%			

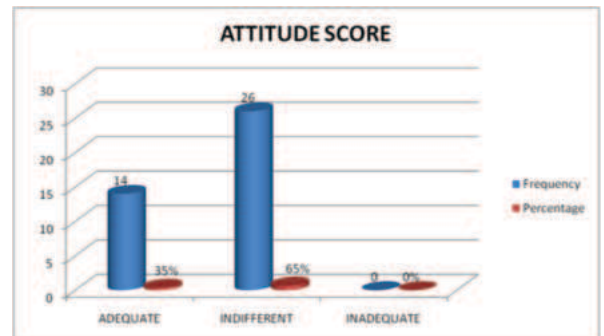


Fig 14: Attitude Score Towards Pulmonary Tuberculosis.

Table- IV: Association Of Knowledge With Selected Demographic Variables

Sample Characteristics	Knowledge score ≤Median	Knowledge score >Median	Total	Table Value	Chi Square Value
Age-				9.49	5.6265
18-27	10	5	15		
28-37	7	9	16		
38-47	1	4	5		

48-57	1	1	2		
58 years and above	2	0	2		
Gender-				3.84	0.3369
Male	10	10	20		
Female	11	9	20		
Educational status-				9.49	6.6476
Primary education	3	1	4		
Secondary education	14	7	21		
Higher secondary education	3	7	10		
Graduate and above	1	4	5		
Marital status-				5.99	0.8059
Married	16	12	28		
Unmarried	5	7	12		
Monthly income-				9.49	6.8498
6200 and above	6	7	13		
6199-3100	6	1	7		
2099-1860	0	2	2		
1859-930	3	1	4		
929 and below	6	8	14		
Religion-				7.82	0
Hindu	21	19	40		
Family type-				5.99	7.2386*
Nuclear	13	14	27		
Joint	6	0	6		
Extended	2	5	7		
Occupation-				9.49	9.062
Government employment	4	3	7		
Private employee	4	2	6		
Self employed	5	4	9		
Daily worker	7	2	9		
Unemployed	1	8	9		
Mother tongue-				7.82	2.9823
Assamese	12	14	26		
Bodo	9	4	13		
Others	0	1	1		
Sources of information regarding pulmonary tuberculosis-				9.49	8.9573
Television	6	11	17		
Health professionals	13	4	17		
Printed media(e.g magazine, newspaper)	1	4	5		
Family members/ friends	1	0	1		
Previous diagnosis-				3.84	0.8353
Yes	4	6	10		
No	17	13	30		

Table III. II: Association Of Attitude Of Patients With Selected Demographic Variables

Sample characteristics	Attitude score		Total	Table Value	Chi Square Value
	≤Median	>Median			
Age-				9.49	9.8666*
18-27	8	7	15		
28-37	4	12	16		
38-47	4	1	5		
48-57	2	0	2		
58 yrs and above	2	0	2		
Gender-				3.84	0.16
Male	8	12	20		
Female	12	8	20		
Educational status-				9.49	0.7276
Primary education	3	1	4		
Secondary education	10	11	21		
Higher secondary education	6	4	10		

Graduate and above	1	4	5		
Marital status-				5.99	1.9046
Married	16	12	28		
Unmarried	4	8	12		
Monthly income-				9.49	0.5036
6200 and above	7	6	13		
6199-3100	4	3	7		
2099-1860	1	1	2		
1859-930	2	2	4		
929 and below	6	8	14		
Religion-				7.82	0
Hindu	20	20	40		
Family type-				5.99	1.4162
Nuclear	14	13	27		
Joint	4	2	6		
Extended	2	5	7		
Occupation-				9.49	4.0314
Government employee	4	3	7		
Private employee	3	3	6		
Self employee	6	3	9		
Daily worker	5	4	9		
Unemployed	2	7	9		
Mother tongue-				7.82	3.406
Assamese	10	16	26		
Bodo	9	4	13		
Others	1	0	1		
Source of information-				9.49	0.8668
Television	8	9	17		
Health professional	10	7	17		
Printed media (magazine, newspaper)	1	4	5		
Family members/ friends	1	0	1		
Previous diagnosis-				3.84	2.1332
Yes	3	7	10		
No	17	13	30		

CONCLUSION:

It was found that majority of adults have average knowledge, whereas some have good knowledge and less have low knowledge as well as majority of adults have indifferent attitude, whereas some have adequate attitude and not a single adult have inadequate attitude. The study also reveals that there was association of knowledge with demographic variable i.e. type of family and it also shows that there was significant association of attitude with age.

Thus from the present study, it can be concluded that there is a need of prevention and control of TB by organizing awareness program to educate the people in the community with enriching knowledge regarding TB by the expert.

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