ORIGINAL RESEARCH PAPER

Volume-8 | Issue-1 | January-2019 | PRINT ISSN No 2277 - 8179

INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

KNOWLEDGE AND AWARENESS AMONG TB PATIENTS REGARDING TUBERCULOSIS

Community Medicine

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ABSTRACT

Background: India ranks 17th among 22 High burden countries with respect to incidence rate.
Objective: To assess knowledge and awareness regarding TB among tuberculosis patients.
Material & Methods: A c-s study was conducted in the Chest Disease Hospital Srinagar for two months from August 2018 to September 2018.A total of 365 patients who were on DOTS were selected.Pre-tested questionnaire was used to collect information. Data was analysed later using SPSS software.
Results: Only 188(51.5%) of respondents had correct knowledge about symptoms. Mode of transmission and complications.
Conclusion: steps should be taken to improve the knowledge and awareness of patients.

KEYWORDS

TB, DOTS, Knowledge of TB, TB patients

Introduction:
The highest burden of Tuberculosis is seen in India.The WHO TB statistics for India for 2016 gave an estimated incidence figure of 2.79 million cases of TB for India. Incidence rate of TB in India as per latest figure is 204/lac population, while mortality rate is 31/lac population. [1]Thus India ranks 17th among 22 high burden countries.[2]

TB is a curable disease but as medicines are to be taken for months together, compliance and adherence to treatment remains questionable. The same can be improved if the awareness of patients regarding disease and its treatment is increased. Unawareness about the disease and its stigmatisation causes poor utilisation of services as well as poor adherence. With this background this study was conducted to assess the knowledge and awareness of disease among TB patients.

Material & Methods:
This was a cross-Sectional, observational epidemiological study conducted for 3 months from July to September at chest Disease Hospital ,Srinagar-the summer capital of J&K.Total of 365 patients were interviewed who were coming there for ATT.After taking informed consent ,questionnaire was administered to the patients eliciting information regarding knowledge and awareness about TB. The data so collected was analysed using SPSS software.

Observations & results

Table 1: Socio-Demographic Characteristics of Study Subjects

Serial No.	Characteristic		Number	Percentage
1.	Gender	Male Female	188 177	51.5 48.5
2.	Residence	Rural Urban	239 126	65.5 34.5
3.	Education	Literate Illiterate	191 174	52.3 47.7
4.	Occupation	Govt./Pvt. Employee Agriculture/Labourer Unemployed	56 189 120	15.3 51.8 32.9
5.	Marital Status	Married Unmarried Widowed	250 83 32	68.5 22.7 8.8
6.	Type of Family	Joint Nuclear	236 129	64.7 35.3
7.	Age	Less than 30 30-44 45 or more	150 90 125	41.1 24.7 34.2

Table 2.Distribution of Patients according to awareness about TB.

Serial No.	Parameters	Correct Knowledge No.	%
1	Heard of Tb	188	51.5
2	Cause of Tb	125	34.2
3	Mode of Spread	126	34.5
4	Symptoms	156	42.7
5	Complications	105	28.8
6	Sources of Information :, Healthworker Mass Media Others		 53 59 5

Table 3: Distribution of TB patients as per knowledge about treatment they are on.

Serial No.	Parameter	Correct knowledge No.	%
1	Treatment of TB	142	61.5
2	Knowledge about DOTS	60	16.4
3	No. Of drugs to be taken	117	50.6
4	No. Of doses required	155	67.1
5	Phase of treatment	165	71.4
6	Sputum exam. While on DOTS	137	59.3

Observations:
Of the total of 365 patients, 188(51.5) were males and majority of patients were aged below 30 .i.e., 150(41.1%). 239(65.5) were from rural areas and 174(47.7%) were illiterate. Majority of patients were married 250(68.5%), while 236(64.7) were living in joint family.189 (51.8%) were farmers or labourers. [Table 1].

In our study 188 (51.5%) of patients had already heard about TB and the main source of information were health workers (53%).But more than one source was also observed. Only 125 (34%) of respondents were knowing the cause and mode of spread of TB.156 (42.7%) patients were aware of symptoms but only 105 (28.8%) were aware of the complications of the disease [Table 2]

Only 142(38.9%) of TB patients knew they are on treatment for TB.117 (32.5%) knew about correct number of drugs and 155 (42.4) knew correct number of doses they were taking. Only 137(37.5%) knew how many sputum examinations they have to undergo while on treatment and 165 (45.2%) knew about the phase of treatment they are on. Very less number of patients 60(16.4%) had heard about DOTS before diagnosis. [Table 3]

Discussion:
TB continues to remain a major public health issue in our country despite effective implementation of RNTCP in 1988.Poor compliance; inadequate awareness and the stigmatisation of the disease continue to remain major inhibitors for effective control of TB.

In our study majority of patients were below 30 years of age and married, signifying reproductive and economically effective group was affected. Majority of patients were from rural areas 65.5% while in another study 75.4% were rural inhabitants [3].Males, living in joint family and agricultural workers & labourers were the characteristics of study population. In our study about half of respondents (51.5%) had heard about TB prior to diagnosis. This finding is very low as compared to that in similar studies.[3][4]In our study the main source of

information were health personals (53%) .In a study by E.R. Wandwdom 45.3% were getting information from health workers. In our study only 34% of respondents knew correctly about mode of spread of TB.This is very low compared to two other studies, who reported that 50.9% & 71.8% of respondents gave the correct response [3][6].However results for knowledge of cause was almost similar to other study [3] where it was 38%.

42.7% of TB patients were aware of symptoms of TB which is low compared to other study [7] where 62.9% correctly specifies symptoms of TB. Only 38% of our patients knew that they are on drugs for treatment of TB.Likewise there was poor knowledge regarding number of drugs, doses and phase of treatment. Only 16% were aware of DOTS, which is still higher compared to that in another study [3] where only 9.8% are aware of DOTS. Thus it is clear that awareness and knowledge is very poor and needs to be addressed. Our study thus highlights gross lacunae in public awareness of DOTS and other aspects of TB.

A well informed patient can become a brand ambassador for improving the awareness. So need of the hour is to pay a lot of attention towards poor knowledge of TB among patients. Regular IEC activities, involvement of mass media, awareness programmes in communities and giving health education to patients and their families by health workers will play an important role in progressing towards TB free India.

REFERENCES

1. WHO Global TB report 2018.
2. Central TB Division, DGHS, Ministry of Health and Family welfare, Government of India. Official RNTCP website. New Delhi, India: TB INDIA 2010- RNTCP status report. Www.tbcindia.org. Last accessed on 12th January 2017.
3. Jangid VK, Agrawal NK, Yadav GS, Pandey S, Mathur BB. Knowledge and Awareness of the Tuberculosis in Tuberculosis Patients at a Tertiary Care Centre in North West Rajasthan, India.Ntl J Community Med 2016; 7(4):262-268.
4. Jeremy Devey. Report on a Knowledge, attitude, and practice (KAP) survey regarding tuberculosis: Report on an Independent Study conducted during a HNGR internship with: Champak and Chetna Community Health and Development Projects, Duncan Hospital, Bihar, India from May to November 2000.Bihar, India; 2001.p10.
5. Wandwalo ER and Morkve O. Knowledge of disease and treatment among tuberculosis patients in Mwanza, Tanzania.*Int J Tuberc Lung Dis*. 2000; 4 (11): 1041-6.
6. Sharma N, Malhotra R, Taneja DK, et al. Awareness and Perception about Tuberculosis in the General PopulationOf Delhi. *Asia Pac J Public Health*. 2007; 19(2): 10–5.
7. Kiran Rami, Nilesh Thakor, Anjali Patel.Awareness and knowledge about tuberculosis in patient of tuberculosis at GMERS Medical College and Hospital Dharpur, Patan, Gujarat.International Journal of Medical Science and Public Health.2015 ; 4 :906-909.