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 case-seeking, accurate diagnosis and prompt initiation of treatment are paramount.

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. 3

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.

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. 7

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 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 tuberculosis.

OBJECTIVES
1. To assess knowledge and attitude towards pulmonary tuberculosis among field practice area of tertiary medical institute, Hapur, UP.
2. To study health seeking behavior for pulmonary tuberculosis symptoms in the above population.
3. 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.

RESULTS
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 schoolponding students

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 semi-structured 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.

KEYWORDS
TB, RNTCP, DOTS, Health seeking behavior, Diagnostic delay
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 al6 in their study noted TB awareness of the disease and to increase the suspicion of chest symptoms by health-care providers in the private sector are vital to reduce diagnostic delay. Bhagyalaxmi A et al10 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


Table 2: Health seeking behaviors for Pulmonary TB symptoms

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

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.

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