b: Health Centre Based

193

AU: Banerji D

TI: Behaviour of tuberculous patients towards a treatment organisation offering limited supervision.

SO: INDIAN J TB 1967, 14, 156-172.

DT: Per

AB: The research study was an extension of a prior study (Anderson & Banerji, D., 1963) that undertook a one-year follow-up of 784 patients who were diagnosed at the clinic of the State TB Demonstration and Training Center, Bangalore. The study sought to determine, over a three-year period, how the pattern of drug collection among the above patients related to the findings about their bacteriological and sociological status.

This report contains a summary of the material and methods used in the clinic followed by detailed descriptions of the bacteriological follow-up of the patients, the significance of the radiological findings for the initial diagnosis and follow-up of patients and, the methods of sociological investigation. The results of the data analysis are also described in detail. The conclusion drawn from the research was that when TB patients, who actively sought medical help, were offered facilities for drug collection within a reasonable distance from their place of residence and when a "skeletal" organization was made available to supervise the treatment of these patients, it was very unlikely that the patients would continue to suffer from TB without availing themselves of the treatment facilities.
KEYWORDS: SOCIAL BEHAVIOUR; MOTIVATION, INDIA.

194

AU: Nagpaul DR

TI: Some implications of the observed socio-epidemiological characteristics of out-patients attending a city tuberculosis control centre.

SO: National Conference on Tuberculosis and Chest Diseases, 24th , Trivandrum, India, 3-6 Jan 1969 p. 336-342.

DT: CP

AB: A socio-epidemiological study was undertaken by the NTI on out-patients attending the LWTDTC at Bangalore to understand the main reasons why people attended TB diagnosis and treatment centers so as to know why they default in treatment subsequently. During February-May 1966, a 50% random sample (comprising 2,653 persons of which 1% of the interviews were rejected) of the new out-patients attending the TB Center for diagnosis were interviewed by experienced social investigators before their X-ray examination. Eighty-three percent of the out-patients came from the city while only 17% came from the rural areas.

While a number of sociological characteristics such as profession, religion and literacy were found not to have any significant relationship with the patients' attendance, distance from patient's home to the city TB Center proved to be crucial. Further analysis of the data suggested that even in a city, a majority of the persons with symptoms first contacted, for treatment, the nearest health institution which typically happened to be a general health

institution. This delayed early diagnosis or referral. Of those patients who subsequently attended the city TB Center, 37% had not received any treatment for TB from the general health institutions, 50% got non-specific treatment and only 13% got likely or definite TB treatment. Nineteen percent who did not have TB also got likely or definite TB treatment. It was clear that a very complex and multi-lateral relationship existed between the symptomatic patients, the institutions of general health and the established specialized services. Sociological or operational studies to examine this "complex" were suggested.
KEYWORDS: SOCIAL BEHAVIOUR; SOCIAL AWARENESS; HEALTH SERVICES, INDIA.

195

AU: Nagpaul DR, Vishwanath MK & Dwarakanath G

TI: A socio-epidemiological study of out-patients attending a city tuberculosis clinic in India to judge the place of specialised centres in a tuberculosis control programme.

SO: BULL WHO 1970, 43, 17-34.

DT: Per

AB: The study was carried out at LWTDTC, Bangalore to inquire into the epidemiological and sociological characteristics of patients attending a city TB clinic for the first time, to ascertain the reason for attendance and the nature of previous treatment if any. It was also to see whether there was a preference for seeking specialists and specialised services for alleviation of the symptoms experienced and whether there were any differences amongst the urban and rural attenders. A fifty percent random sample of 2,658 out-patients during 61 working days, formed the study population. They were interviewed by using a questionnaire based on the above mentioned objectives. 247 were not eligible due to incomplete record and below 5 years of age.

Majority of the out-patients were in 20-30 years of age and were wage earners. Nearly 80% were aware of their symptoms and contained 95% of the TB cases detected at the clinic. Most of them were having 2-3 symptoms. No difference in time of reporting was observed among urban or rural patients; 61% of the urban and 42% of the rural patients attended the clinic within 3 months from the onset of their symptoms. Distance is a major obstacle. Upon 4.8 km the number of new out-patients was large but the case yield was poor. As the distance increased the out-patients decreased but the case yield was more, suggesting a selective process influenced by distance. It was also found that 20% of the out- patients came of their own without any prior contact with any other source of treatment, 32% had previous contact with other health institutions, 31% were actually referred by them and 17% were advised by BCG workers. Further analysis showed that of the 1,642 patients who had previous contact with health institutions, 84% were at general health institutions, 10% at specialised TB clinics and 6% were others. Of the remaining eligible 2,403 patients, 83% were from urban and 17% from rural areas. Sputum was collected from 2,308 patients. Of them, 179 (7.8%) were found to be positive by direct microscopy or culture or both and 169 were positive by culture (91% confirmation by culture). 131 (80%) were sensitive to isoniazid and 32 were isoniazid resistant.

The data obtained suggests that attendance at a specialized TB centre is not necessarily a function of awareness of symptoms and of the knowledge that such specialised services

exist. It also does not support the theory that people prefer specialized institutions in cities. It is also seen that urban and rural patients behave in almost the same way in that their first contact for symptoms suggestive of TB, is initially at the general medical services and they should be strengthened with adequate means for diagnosis and treatment of TB.
KEYWORDS: SOCIAL CHARACTERISTICS; SOCIAL AWARENESS, INDIA.

196

AU: Kane RL & Kavasch PI
TI: The tuberculosis patient's knowledge about his disease.
SO: AME REV RESPIR DIS 1970, 101, 314-316.
DT: Per
AB: Patients hospitalized in Kentucky (USA) TB sanatoriums were interviewed to determine the degree of understanding of their disease and its implications in preparation for ambulant care. Eighty percent knew their diagnosis and 56 percent recognized TB as contagious. Although two-thirds could give at least a visual description of their medication, at least 50 percent demonstrated a deficiency in knowledge that was needed to be corrected before adequate compliance away from the hospital environment could be expected. Further, only 25% knew the criteria for discharge. Among the several patient factors analyzed to explain the difference in knowledge levels, only age was consistently significant. Positive effort was recommended to educate the patient for adequate ambulant or home treatment.
KEYWORDS: HEALTH EDUCATION; SOCIAL LITERACY; SOCIAL AWARENESS, USA.

197

AU: Deshmukh MD
TI: Anti-tuberculosis shibirs (TB camps) where work becomes a pleasure.
SO: INDIAN J TB 1972, 19, 68-72.
DT: Per
AB: Eighteen TB camps were conducted in Bombay between January 1969 and April 1971 to provide diagnosis and treatment facilities to rural areas. The total number of persons examined were 7,351, the number of persons screened 2,782, the number of radiological cases of pulmonary TB seen 562, the number of sputum positive, 152 and the number of BCG vaccinations done, 23,308. It was concluded that TB camps played a substantial role in the Anti-TB measures, especially, in rural areas and, other developing nations could organize such TB camps.
KEYWORDS: SOCIAL WELFARE; SOCIAL RELIEF, INDIA.

198

AU: Radha Narayan
TI: Long term sociological follow up of symptom recurrence and action taken by tuberculosis patients.
SO: INDIAN J PREV & SOC MED 1978, 9, 85-91.
DT: Per
AB: A long term follow up study of symptom recurrence and action taking of TB patients of urban clinics in metropolitan cities may be of limited value. But such follow up studies

based on a PHC, which is an important rural diagnostic and treatment unit in the TB programmes will be of a great value, because the center is responsible for comprehensive preventive and curative services to the community through family and household units. It is, therefore, important to know whether a TB patient, diagnosed and put on treatment by the centre, experiences recurrence of the symptom, for which he has sought relief at the centre and if so whether he goes in search of relief elsewhere.

KEYWORDS: SOCIAL AWARENESS; SOCIAL ASPECTS; SOCIAL ATTITUDE.

Total No.of Records: 6