CHAPTER I

SOCIOLOGICAL APPROACH TO HEALTH CARE & TB CONTROL

a) Sociological considerations

001
TI: The characteristics of tuberculosis as a community disease.
DT: M
AB: The main features of TB as a community problem are well known. Its incidence is rare among people who lead an open air life and among those who live in small communities, but it increases in proportion to the degree of overcrowding. Among other factors contributing to the spread of the disease, mention may be made of malnutrition and undernutrition, unhygienic housing and environmental conditions and, certain occupations, particularly those associated with the inhalation of dust containing fine particles of silica.

No age, sex or race is exempted from TB. In countries where the disease has been prevalent for a long time, susceptibility to infection is highest among infants and a varying measure of protection becomes developed as the years go by, through small doses of infection being picked up by most individuals. For instance, only a small proportion of those who get infected, in Europe and America, develop the disease or die of it, while the majority acquire a considerable degree of protection from it. On the other hand, in communities exposed to TB for the first time, example, primitive races coming in contact with persons from the highly tuberculised countries, the disease occurs in a virulent form and the rate of its spread is rapid. In countries with a long history of TB infection, it is only among infants that conditions exist which approximate to those of the highly susceptible communities.

KEYWORDS: SOCIAL BEHAVIOUR, SOCIAL PATHOLOGY; INDIA.

002
AU: Hawkins NG
TI: Sociology and tuberculosis: a brief review.
DT: Per
AB: This paper is designed to demonstrate that the sociological features of TB are paramount both historically and currently. Documented sources are shown to be abundant, accessible and highly consistent. There are 148 references, chiefly in English, but some in other languages. Three content areas are discussed; population, aetiology, and sanatorium care. A very close and long connection with statistical method is also documented. Population aspects are discussed with reference to the strong cultural, economic, and historical factors pointing towards social aetiology. The close connections with schizophrenia, alcoholism and emotional derangement are pointed out. Part of the psychiatric picture is ascribed to the peculiarities of sanatorium treatment.

KEYWORDS: SOCIAL ASPECTS; SOCIO-CULTURAL; USA.
AU: Tardon CV
TI: The importance of the social sciences for the control of tuberculosis in underdeveloped areas of the world.
DT: Per
AB: The article is written in an era of hospitalization in the sixties, before domiciliary treatment was studied and recommended. The editor of the journal recommends that low resource countries should consider social aspects besides the economic ones for creation of hospital colonies for the treatment of TB. Without considering the local, social peculiarities of social and cultural heterogeneity, stigma, social competition and mortality, the efforts of segregation may represent greater hardships to an individual or to a family than the disease itself and a curtailed life. The editor quotes the plan approved by the Mexican National Security Administration which has included the social and other aspects besides economic ones. He recommended that social traits and local peculiarities to be kept in mind while formulating such plans. He further stresses that progress in the social sciences requires that, today, efforts for the control of TB be preceded in the underdeveloped area of the world by adequately integrated surveys of the whole situation in which the disease is transmitted. By temperament and by habit, administrators are fond of buildings and physical structures which demonstrate investment; but without basic objective knowledge of the people, of the spirit and structure of the society to which they belong, the buildings may remain deserted, and costly physical structures with all the niceties of modern science may be inadequate. That knowledge is today within our reach.
KEYWORDS: SOCIAL ASPECTS; SOCIAL RESEARCH; SWEDEN.

AU: Banerji D
TI: The medical sciences and the Indian society.
DT: Per
AB: The rapid rate of development in science and technology in recent years, particularly, in mass communications has posed a great challenge to the Indian society. Welfare of the society can no longer be dependent on the totally inadequate and ill-defined "philanthropy" of charitable institutions and condescending moneyed men. Political changes must be accompanied with radical social changes, if social unrest is to be avoided. This requires a comprehensive social plan, of which medical and public health services form an important component. Medical social planning calls for a total change in the concepts in the teaching, research, and practice in the medical sciences. In the teaching of social medicine, more emphasis must be laid on the adequate utilisation of the already available knowledge for the good of the entire society. The main trend in medical research must be to get such basic knowledge about social medicine. Medical personnel inculcated with such a knowledge about social medicine will, in turn, determine the pattern of medical practice. Further, the administration in medical and public health services must get tuned to this social bias so as to extend the maximum aid to the newly oriented medical and para-medical personnel working in the various health services.
KEYWORDS: SOCIAL MEDICINE; INDIA.
005
AU: Banerjee GR
TI: Medical social work with special reference to tuberculosis.
DT: Per
AB: The article stresses the importance of the medical social worker in the TB programme. As the social worker tends to be knowledgeable about the patients' environmental problems and emotional attitudes, he/she must be allowed to participate as a TB control programme team member in various ways and at different stages of the patient's illness.
KEYWORDS: SOCIAL WORK; INDIA.

006
AU: Banerji D
TI: Medical practice in India: Its sociological implications.
SO: ANTISEPTIC 1962, 59, 125-129.
DT: Per
AB: Before the advent of western system of medicine in the eighteenth century, the practice of the empirical indigenous system of medicine of very high standard was in vogue in India. However, with growing industrialization in Europe allopathic system made spectacular progress of which Indian sub continent could not remain unaffected during British rule. As a result, indigenous systems of medicine declined and became more or less cult of the quacks. Only a small fraction of the educated Indians have a chance to acquire knowledge of western medicine and only a few could afford to avail these services while millions of Indians living all over the country had very little use of very advanced medical institutions based in big cities. Even after 14 years of political independence India continues to be the home of preventable epidemics as well as has high incidence of innumerable communicable diseases. Extreme poverty is perhaps the most important factor responsible for the poor state of health of the people in India. A plan for having better nutrition, better water supply, housing and better education will certainly result in great improvement in the national health. In the initial stage of social development all efforts should be directed to provide basic elementary medical and public health services to the entire population. The doctor going to work in an interior village in India must have a wide and varied knowledge of the preventive and curative aspects of medicine, all specialization rolled into one. The state must provide free medical care to all, particularly to the poor. In the concept of socialized medicine there is no place of top sided approach of having highly trained doctors who have nothing to offer to the public other than some useless mixtures. What is urgently needed is a social transformation of the practice of public health and medicine in India.
KEYWORDS: SOCIAL MEDICINE; SOCIAL WELFARE; INDIA.
Health problems in India form only a small part of the large variety of pressing socio-economic problems that face the community. Pulmonary TB among the health problems, is one of the many problems which need immediate attention. In the resources that are available for dealing with the different problems, the share which could be given to TB could not be big. If, due to some special reasons, a disproportionate slice of the resources is used up in applying advanced technological methods to satisfy a fraction of the total needs of the community, other problems may be accentuated. Logically a solution of the TB problem in India should form an integral part of a comprehensive overall social development plan for the community. If the TB control programme is according to the felt-need, generated by the disease in the community, it would be in consonance with the other health and social programmes evolved for dealing with the other felt-needs. Available information shows that it is possible to develop a minimal nation-wide TB case finding and treatment programme through the GHS. If the available resources in the future improve, then a corresponding qualitative and quantitative improvement in the working of the TB programme could be easily affected. It also appears reasonable to expect such a programme to produce an impact on the epidemiology of the disease.

KEYWORDS: SOCIAL ASPECTS; SOCIO-ECONOMICS; INDIA.
A prospective study of infection with TB among 680 contacts of 187 families in which there was at least one adult with active TB was carried out by the Dept. of Internal Medicine and Medical School of Texas. The family unit was defined as the one which occupied the same domicile (nuclear and extended). Three distinct groups: 1) Spanish-speaking Americans (SSA), 2) English-speaking whites (ESW), and, 3) English-speaking Negroes (ESN) appeared in the study population. The six characteristics chosen for study were, intimacy with source, severity of disease, age of contact, income, crowding and mode of living. The first three factors were independent of social factors. The analysis was done by scoring method. The findings of the study revealed a gross rate of 47% infection. A wide range of tubercular infection existed; 26.7%, 17.6% and 11.9% of all the contacts of the families of ESW, ESN and SSA were infected respectively. Similarly, no contacts of 27% of the families were infected. Infection in less than 6 years of age was nearly the same. For the three population groups, the rate of infection of 53% was highest among the SSW and lowest among the ESN, with a rate of 42.5%. It was found that the ESW had the stronger family structure and ESN the most unstable structure. The social factors of overcrowding and an impoverished mode of living has an important effect. Rates of infection are about 2-3 times higher when sputum is infectious and is positive on microscopy examination. The non-radiological factor being associated with higher infection rate is the outstanding feature of all studies and findings of this study are consistent with the other studies. Social characteristics seem to operate only as they contribute to the environmental factor in the transmission of tubercular infection.

KEYWORDS: SOCIO-ECONOMICS; SOCIAL ASPECTS; USA.
communication, transport & industrial and agricultural production. Simultaneously, progress in the social and economic plans will offer the needed resources for strengthening the existing health services in terms of personnel, funds, equipments and supplies. Further more, social and economic development, by increasing awareness of the population, will ensure a more effective utilization of the existing services. Thus, social and economic growth will not only help in the development of an epidemiologically effective TB control programme, but the very rise in the standard of living itself might make a significant impact in controlling the disease in the country.

KEYWORDS: SOCIO-ECONOMICS; SOCIAL ASPECTS; HEALTH SERVICES; INDIA.

010
AU: Lungenheilst SH
TI: Chronic pulmonary tuberculosis. Social aspects.
DT: Per
AB: A survey of the stations of the TB welfare service revealed that of 250 patients who received less than 6 month of in-patient treatment, at least 52.9 percent had negative sputum. In a study carried out during the year 1965-66, 92 patients admitted with positive sputum findings were dealt with; during that period 60-100 beds on average were available for male patients with open pulmonary TB. In all these cases the diagnosis had been arrived at accidentally; the patients were or claimed to be asymptomatic. One quarter of these patients were homeless and most came from the fringe sections of the population and showed an anti social behaviour pattern.
KEYWORDS: SOCIAL ASPECTS.

011
AU: Paavo Tani
TI: Medical and social aspects of chronic pulmonary tuberculosis in Finland.
DT: Per
AB: The present study examined certain medical and social aspects of TB based on analysis of 630 cases selected from 1,480 patients having chronic pulmonary TB in Finland, in 1964. The findings of the studies were: Median age of the patients was 50.2 years for men and 45.2 years for women; the duration of roentgenologic history of TB was an average of 12.3 years and of the bacteriologic history, 10.1 years. About 15% of close contacts (family members) developed TB during the patients' illness. Resistance to M. TB was found among 80% of the cases examined for it. The disease was far advanced in 50% of the cases. Only 18% of the patients had no other diseases and the most common concurrent afflictions were vascular and psychiatric diseases. Two-thirds of the patients came from the two lowest social classes. In a fairly large number of cases, neglect of earlier therapy was encountered in the data. A comparison of data from the present study with the corresponding situation in Helsinki at the beginning of 1961 (which comprised of patients with positive sputa findings for a minimum of two years) showed that the age and sex distribution in both studies and the occurrence of resistance to first-line drugs were almost identical. It was concluded that
at least half of the chronic pulmonary tuberculotics could be treated to bacilli-free state and
that chronic cases could only be treated from the epidemiological point of view. When the
age structure, disability due to the lungs being affected, psychic and additional somatic
diseases were considered, little success could be expected from rehabilitating the patients
for productive work.

KEYWORDS: SOCIAL ASPECTS; UK.

**012**

AU: Williams IJ, Healey EN & Gow C
TI: The death throes of tradition: change in a tuberculosis sanatorium.
SO: SOC SCI MED 1971, 5, 545-559.
DT: Per
AB: The purpose of this study was to show any changes that may have taken place in an
institution when the primary function of the institution was changed. In 1968, researchers
from the Faculty of Nursing, University of Western Ontario, Canada, began to study
patient-satisfaction in the Sanatorium which was converted from an institution devoted to
treating only TB to treating a larger category of diseases. A loosely-structured interview
method was used as patients' responses to the researchers' questionnaire was poor. Informal
talks were held with patients, staff and physicians. The people at the Sanatorium were
candid and open in their reactions; hence the impressions gained were actual reflections. A
redefinition of the objectives and procedures in the Sanatorium caused a complete
reorganization of the social structure and changed basic perspectives on treatment policies,
in turn, leading to the bringing in of a new administration. The nurses had the most difficult
adjustments to make, being challenged by a new type of patient, a new administration and a
substantially new approach to nursing. Patient-reactions were varied and based on whether
they were old-timers, active cases or newcomers. As suggested by the title, this article
illustrates how an institution dies efficiently by adopting the above method and by moving
the entire operation to new settings. In a historical review, Angrist (1968) anticipates the
death of mental hospitals and the passing on to community-based health clinics and home
treatment. In summary, the institution is an integral part of society and has to operate as per
its defined goal. Concerning TB, public perceptions have radically changed while for
mental illness, there has not been enough change in perceptions to result in major structural
change in treatment.

KEYWORDS: SOCIAL CHANGE; USA.

**013**

AU: Banerji D
TI: Social aspects of tuberculosis problem in India.
DT: M
AB: To determine the level of awareness of symptoms of TB, a sociological study was carried
out in a randomly selected population in Tumkur district in south India. The findings
indicated that there was a considerable "felt-need" (50%) for a TB programme in the
District. The problem of "Treatment Default" was found to have been exaggerated due to
inadequate consideration of some basic factors such as inaccurate diagnosis, healed symptomatic TB cases actually taking treatment elsewhere, completing treatment in a longer span of time. On analyzing the causes for defaulting, two factors emerged. Greater consideration to the social, cultural and economic factors that influence the TB patient's motivation to take adequate treatment and, integrating the TB control programme with other development programmes such as education, population control, agricultural and industrial production, are suggested.

KEYWORDS: SOCIAL ASPECTS; INDIA.

014
AU: Tahir Mirza
TI: Social and psychological aspects of tuberculosis control programme.
DT: Per
AB: A degree of resentment against the problem of TB is necessary for the intensification of efforts on the part of the Government and the involvement of the whole community in these efforts. This can only be brought about when a state of awareness is created once again, as it was, following the last National Sample Survey. This is only possible by plotting the date of incidence and prevalence of the disease and, repeating this procedure over points in time to establish a trend. Placing a representative of the community as a multi-purpose worker at each Primary Health Care center, widening the scope of the DTP so as to involve as many practitioners as possible, improving the diagnostic and treatment facilities at the peripheral center in remote areas and, conducting periodic surveys to create awareness, are some suggested measures to solve the problem of TB.

KEYWORDS: SOCIAL PSYCHOLOGY; SOCIAL ASPECTS; INDIA.

015
AU: Radha Narayan
TI: A social perspective of India’s tuberculosis programme.
SO: NTI NL 1975, 12, 40-44.
DT: Per
AB: In India, TB appears to have been prevalent from the Vedic civilization, about 1000 B.C. The Indian medical treatises traceable to the period, contained directions for diagnosis based on symptoms, therapies based on herbs, metals, minerals and, the general management of daily life. In 1946, the country’s needs were assessed by the Bhore Committee and subsequently by the Mudaliar Committee. At this time, the TB problem as a public health problem, was ignored. With independence, in the late forties, there was a realisation that large areas of the country were devoid of basic health services. The development plans of this period were extensive, appropriate and inter-related. As a result, the NTP and other health programmes were established. The NTP was formulated in 1961 by the NTI which was established for this purpose. The programme, based on a large number of studies, was to serve the community by providing diagnostic and treatment facilities throughout the country, through GHS. Currently, in the mid-seventies, due to several socio-political challenges faced by the country, the achievements of the NTP are far from expectations.

KEYWORDS: SOCIAL ASPECTS; HEALTH SERVICES; INDIA.
016
AU: Mahler H
TI: A social revolution in public health.
DT: Per
AB: The article is an adaptation of a speech made by Dr. Mahler, Director-General of WHO on Sept. 8, 1976 in Kampala, Uganda and on 11th October in Karachi, Pakistan. The main focus of the speech is the need for a social revolution in public health to attain an acceptable level of health uniformly distributed throughout the world's population. The meaning of a social revolution in this context is to take a new approach to the solution of community health problems. Four key factors to adopt when taking this new approach are described in detail: 1) determination of social health goals, 2) identification of the health technologies that subserve the stated goals, 3) selection of sound and affordable health technologies and, 4) manifestation of the political will to determine health policies and appropriate health care systems. It is suggested that these four factors could also serve as a guide for collaboration between Member States, both within and between Regions and certain measures to meet the social challenge in implementation of the policies are offered.
KEYWORDS: SOCIAL COST; SOCIAL PLANNING; TECHNOLOGY; SOCIAL CHANGE; GLOBAL.

017
TI: Tuberculosis and social class – Leading article.
SO: TUBERCLE 1979, 60, 191-194.
DT: Per
AB: The study analysed the mortality rates (obtained from death certificates and census returns contained in the Decennial Supplement on Occupation and Mortality) in England and Wales during 1970-1972, by occupation and social class. Mortality rates were calculated in terms of the standardized mortality ratio (SMR):

\[
(SMR = \frac{\text{observed deaths}}{\text{expected deaths}} \times 100)
\]

A major finding of the study was that mortality was inversely related to social class. This result may be explained in two ways. Either the incidence of TB was greater in the lower classes or, there was a significant difference in case fatality between the classes. Based on the available information, it was concluded that there were good reasons to suppose that both explanations were important.
KEYWORDS: SOCIAL CONDITION; SOCIAL ASPECTS; UK

018
AU: Leff A, Lester TW & Addington WW
SO: ARCH INTERN MED 1979, 139, 1375-1377.
DT: Per
AB: There is evidence that man has suffered from TB for more than 5,000 years, and through crowded living conditions, debilitation, and malnutrition, TB became epidemic in western
civilization and was a major cause of mortality. Identification of the tubercle bacillus as the causative agent in 1882 firmly established the infectious nature of the disease and the development of sanatoria soon followed. Before the advent of effective chemotherapeutic agents treatment involved rest, diet, and various surgical procedures, which were of little or no benefit to the patient. The discovery of dihydrostreptomycin, aminosalicylic acid, and isoniazid in the late 1940's and early 1950's meant that TB was now entirely curable in virtually all patients. Despite these effective chemotherapeutic and preventive agents, TB has receded to socio-economically disadvantaged urban and rural areas, where the incidence parallels that of developing countries. Conquest of the disease will require improved health care delivery to the indigent and dispossessed.

KEYWORDS: SOCIO-ECONOMICS.

019
AU: Banerji D
TI: Social aspects of the tuberculosis problem in India.
DT: M
AB: A number of factors - cultural, social, political, economic and technical - have determined the nature of society's response to TB. Changes in these factors have brought about changes in society's response. For example, advances in the diagnosis and treatment of TB have greatly modified the earlier perception of TB as a social stigma. Social considerations related to isolation and prolonged sanatorium treatment have become much less relevant. In recent times, consideration of the social aspects of TB involves examining how the individual and the community react to the disease, the level of awareness of TB in the community etc. To break this vicious cycle, the expenditure in a well-conceived TB programme should be considered as an investment.

Treatment default is on two accounts, fault of the patient and, organizational lapses of the services. Inadequate staff and equipment, irregular drug supply etc. outweighs the lapses on the part of patients. Hence, a patient may be called a defaulter only after he/she does not utilise the optimal services provided. The TB social workers' role in India is to strengthen treatment, organization and whenever possible, provide treatment under supervision. Socio-etiological factors in India, example, rise in standard of living leading to better nutrition, less close contact, increase in the host resistance, genetic selection and attenuating virulence of bacilli could lead to the reduction in the problem of TB. Economics of TB should be evaluated as total suffering, that is, loss of work, cost of treatment, due to death and morbidity leading to a vicious cycle of poverty and sickness in the community.

KEYWORDS: SOCIAL ASPECTS; SOCIAL PATHOLOGY; SOCIO-POLITICAL; INDIA.
020
AU: Tinger MM
TI: Socio-economic factors in tuberculosis - Correspondence.
DT: Per
AB: The Indian population probably predominates in the high-case-rate areas of Arizona and Newmexico and in the north-central and northwestern states. Trying to 'cure' TB from a purely medical standpoint is like trying to treat the symptom rather than the disease.
KEYWORDS: SOCIO-ECONOMICS; USA.

021
AU: Radha Narayan
TI: Importance of human factors in tuberculosis control.
DT: Per
AB: The article emphasises the importance of identifying human factors which result in the under-utilization of TB services. Two areas, highly influenced by human factors, aside from the personal and sociological factors that determine the sickness behaviour of TB patients are: (1) the disease and its attributes, (2) the health care delivery system. Reviving the approach that TB is a serious and major disease and integrating TB services as components of primary health care, as done in the DTP, are important in TB control.
KEYWORDS: SOCIAL BEHAVIOUR; SOCIAL ASPECTS; INDIA.

022
AU: Nagpaul DR
TI: Sociological aspect of tuberculosis for programme assessment.
DT: Per
AB: A case has been made out for developing some selected sociological parameters of assessing NTPs.
KEYWORDS: SOCIAL ASPECTS; SOCIOMETRY; HEALTH MONITORING; INDIA.

023
AU: Mirza MH
TI: The social benefits of anti-tubercular chemotherapy.
DT: CP
AB: The paper stresses that taking preventive and socio-economic measures to combat TB would be more cost-effective than the treatment of a TB case, particularly, in a developing-country context. Therefore, it is suggested that the anti-tubercular chemotherapy treatment
in a developing country should be scrutinised in comparison with socio-economic measures
to control TB on several recommended lines.
KEYWORDS: SOCIO-ECONOMICS; SOCIAL WELFARE; INDIA.

024
AU: Nagpaul DR
TI: Social research in tuberculosis.
DT: Per
AB: In recent years, we have been pleading, unsuccessfully so far, for the development of
sociological tools so that we can measure the extent of the disease both epidemiologically as
well as sociologically. And, also for using the sociological parameters for assessing the
impact of NTP. It stands to reason that long before the epidemiological parameters show an
impact, a reduction in suffering as well as altered pattern of action-taking may show a
change in the disease as it goes down and away in a country.
KEYWORDS: SOCIAL RESEARCH; SOCIAL BEHAVIOUR; SOCIAL
PSYCHOLOGY; INDIA.

025
AU: Banerji D
TI: A social science approach to strengthening India’s National Tuberculosis Programme.
DT: Per
AB: This oratorical piece provides a detailed description of the rich heritage of the work on TB
in India which also contributed to dramatically changing the approaches to TB control,
globally. The importance of integrating a social science approach in the epidemiological
strategy was visualised at the very beginning of the establishment of the NTI in 1959 and
this was the key concept in the formulation of the NTP. The social inputs in the NTP or,
felt-need overlapping with epidemiologically assessed needs are described in detail. These
inputs are, mainly, consideration of the awareness of suffering due to symptoms, giving
priority to sputum-positive cases, integration of TB services with the GHS and,
consideration of the need for improvement in people's access to health services. This
revolutionary integration of social inputs in the TB programme by NTI resulted in the NTP
taking a radically new approach to programme formulation and implementation. This led to
the programme being more socially acceptable, cost-effective and epidemiologically
effective. The problems encountered in implementing NTP during the last twenty-five
years are detailed and some suggestions are offered to overcome them.
KEYWORDS: SOCIAL SCIENCE APPROACH; INDIA.
This is an editorial with the view that TB and its control are manifestations of social and economic development. During the past eight years, active TB cases increased substantially in the US and other industrialized countries due to several social, economic and epidemiological factors. Available data suggest that two important steps are necessary for TB control: 1) to identify all persons with active disease and ensure their complete treatment and, 2) to identify high-risk persons with TB infection (such as HIV-infected persons) and provide them with complete preventive treatment. Four articles in the American Journal of Public Health (Nov. 1994, Vol. 84, No. 11), illustrated the challenges and priorities of modern TB control. Buskin et al (p. 1750), after reviewing risk factors for active TB among patients in King County, Washington, USA, suggested expanded outreach and services. Leonhardt et al (p. 1834) showed that with persistence, sensitivity and a mobile van, public health workers gained the trust and participation of patients and their social network which allowed 74% of infected contacts complete isoniazid preventive therapy. The need to provide services to underserved populations and, to improve the coordination and communication among health care workers, public health programs, clinics and other agencies in serving difficult-to-reach places were emphasised by Ciesie et al (p. 1729). Lastly, Dr. George Comstock (p. 1729), after a review of the past and prospective strategies for controlling TB, called for a renewed investigation of the epidemiology of TB, especially, to find answers to questions such as: Where does most transmission occur? How can risk of infection best be predicted? Following the collective recommendations of these studies and improving the social and economic environment globally would enhance successful anti-TB efforts.

KEYWORDS: SOCIAL CHANGE; USA.
AB: TB is primarily the problem of human suffering. The author, in 1967, presented some ways of measuring suffering. Eleven thousand, three hundred and fifteen persons from 2,135 rural Bangalore (Karnataka) families were questioned for the presence of TB symptoms two months preceding an interview. Four thousand, six hundred and ninety persons (41.4%) with symptoms were identified. Suffering was measured in terms of death, sick man-days, absence from work and loss of wages, hiring alternative labor, cost of treatment etc. Sick man-days were categorized as completely bed-ridden, partially bed-ridden and ambulatory days. The calculated rough specific mortality of 17.6% compared poorly with the overall crude mortality of 2.2%, without adjustment for age and sex. The overall economic penalty inflicted was about five times more for TB patients compared to other sick persons.

From a review of longitudinal surveys conducted in Singapore and Korea (1975) and in the Philippines (1981-1983), it was shown that the duration of symptoms (suffering man-days), before diagnosis in a fresh case, could be developed into a sociological parameter with cough, the most frequent symptom, being taken as the index symptom. For reliability, information on the duration of cough should be elicited in homes in the presence of the entire family by trained health workers. Specific mortality could also be used as a sociological yardstick. If information on TB deaths cannot be related to the entire community, the yardstick should be applied to patients placed on treatment by NTP. Effective NTPs should be able to bring down specific mortality fairly close to crude mortality. Finally, if the estimate of epidemiological prevalence of the bacteriologically confirmed cases in the community is available, it is desirable to calculate the proportion of the prevalence cases under the current treatment of NTP, from time to time.

KEYWORDS: SOCIAL ASPECTS; HEALTH MONITORING; DEFAULT; INDIA.

AB: The article examined the social dimensions of the NTCP and social issues inside and outside the health service system. The NTCP had initiated and advocated the use of symptoms as the basis for making the preliminary diagnosis, the use of people's felt-need as a basis for a passive case detection strategy through GHS and, provided home treatment instead of the earlier institutional therapy. The important social issues inside the health service system that affected the implementation of NTCP were: 1) Other communicable disease control programs did not use the social approach resulting in consumption of huge resources, 2) Precedence was given to family planning and malaria eradication. This was a frank distortion in the social nature of planning. The outside social issues identified in the paper were the problem of default due to poverty and uncontrolled interventions by the private sector.

KEYWORDS: SOCIAL ASPECTS; SOCIAL PROBLEM; INDIA.
The present study attempts to understand the nature of the social and operational constraints affecting TB control and identify ways to remedy them. Such constraints, which are by their very nature intricate, demand prolonged, in-depth, field-based, qualitative and quantitative investigation, for their appreciation. The design of the present study allowed such an exhaustive inquiry and the composition of the study team facilitated it. The study had a ‘rural’ and an ‘urban’ component, and ‘users of health services’ and ‘providers of health services’ as sub-components. Distinctively, the investigation encompassed the lay people, the patients of TB, the public health care providers and the private health sector – all within the set-up of a district which is the peripheral administrative unit of the NTP. The study was conducted between 1991 and 1994 in Pune district of Maharashtra, at the time when TB was being rediscovered as a problem requiring urgent attention and action. Pune is one of the better developed districts of the most progressive state of Maharashtra in India. While this limits the generalizability of the study findings, there is little reason to believe that the constraints faced by the programme and its beneficiaries in areas with lower levels of development and poorer infrastructure, will be less.

KEY WORDS: SOCIAL INQUIRY; HEALTH SERVICES; HEALTH PROVIDER; SOCIAL ASPECTS; INDIA