**071: A STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICES OF PATIENTS CURRENTLY UNDER TREATMENT FOR TUBERCULOSIS AND DEFAULTERS, IN A BACKWARD AREA OF SOUTH INDIA:**

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The overall efficiency of the NTP implemented through the general health services has been generally poor. The authors feel that several administrative, managerial and technical endeavours are necessary in identifying key factors that influence the efficiency of the TB control efforts from time to time. One such factor would be to assess the knowledge, attitude and practices of patients who are the end beneficiaries.

Therefore a study in Aundipatti taluk of Madurai district was conducted by Seva Nilayam Society, an NGO in collaboration with NTI, Bangalore to assess the knowledge, attitudes and practices of patients under treatment for TB in the study area with regard to chest symptoms, TB disease, its diagnosis and management and to study the reasons for default and treatment seeking behaviour of defaulters thereafter. A survey was conducted in a sample of 100 patients (66 males and 34 females) of ages more than 15 years who were undergoing treatment for TB from health care providers (PHCs, NGOs and qualified and unqualified private practitioners). Experienced SI interviewed the patients. Also 49 defaulters (patients, dropped out of treatment for more than 2 weeks) were interviewed with the help of a specially designed schedule to ascertain the reasons of default and on any further course of action taken by them.

The results of the study indicate that though the majority of patients were aware of most facets of the nature and curability of the disease, there were areas that required educative support and guidance. Also noteworthy was the fact that social stigma attached to the disease was not prevalent in the area. The health care providers were also partially responsible for the ignorance of the patients. Regarding the defaulters, 36% of them had resumed treatment from other sources for reasons ascribable to more faith in the quality of diagnosis and treatment, accessibility and convenient timings.

**Key Words:** KAP; Survey; Chest Symptoms; Pulmonary Patients; Defaulters.

**072: IEC AND ITS ROLE IN THE CONTROL OF TUBERCULOSIS**


The acronym IEC stands for Information Education and Communication. It is an important tool for dissemination of health information. The objective of IEC is to inform, motivate and subsequently guide people into action to adopt healthy practices and life styles. Before imparting IEC, the educator should assess the knowledge and attitude of the people regarding the subject he wants to talk about and the strategy and the message should be planned accordingly. The media used for communication should also be chosen with care. Two-way communication is more likely to influence behaviour than one way communication. All barriers in communication - psychological, physiological, environmental and cultural should also be identified and removed.

Before any IEC activity is planned, it is important to identify the felt-needs of the people. Prior knowledge of customs, habits and beliefs of the people is important before preparing the strategy. Active learning in the form of group discussions, panel discussions and learning by doing should be encouraged. This principle is well illustrated by the Chinese proverb “If I hear, I forget; if I see, I remember; If I do, I know”. The messages should be commensurate with the level of education, knowledge and understanding of the target group. Periodic repetition of key messages during communication reinforces learning.

IEC has an important role to play in the control of TB, as the disease is a major public health problem in India. Ignorance of symptoms, mis-beliefs and stigma attached to TB are important sociological problems, which perhaps deters people, especially women from seeking help. Non-adherence to treatment regimens is another important aspect. Many doctors are ignorant of standard anti-tubercular regimens. Proper IEC activities will help in combating these hurdles and hence this vital component for TB control should be strengthened.

The IEC messages directed towards patients and their relatives should emphasize that TB is easy to diagnose, treat and cure; that the treatment of TB is free in the government sector; people having cough lasting for more than three weeks should consult their doctors and so on.
To the health care providers the message should emphasize the reliability of sputum microscopy for diagnosis. To political leaders and funding agencies the scourge of TB should be highlighted and commitment for TB control should be sought. The choice of the appropriate media of communication should be done with care and may be through posters, films, wall paintings, tin plates, talks and so on. Sincere and dedicated efforts of all stake holders is paramount to ensure success of IEC in TB control.

**Key Words:** IEC; TB control

073: A STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICES OF MEDICAL PRACTITIONERS REGARDING TUBERCULOSIS AND ITS CONTROL IN A BACKWARD AREA OF SOUTH INDIA


Tuberculosis continues to be major health problem in our country and is the single largest cause of loss in healthy life years in the productive age group. Though TB control programme has been in vogue for more than 30 years, it has not made a measurable impact on the disease situation. Inspite of nearly half of bacillary cases of TB approaching general health institutions for relief of their symptoms, the case finding and case holding efficiency of these agencies is generally poor. More recently it has been reported that a majority of the chest symptomatics in cities first approach the private sector for relief and in rural areas one third of the diagnosed cases had approached the private providers. However, the diagnostic and curative abilities of these agencies were disparate and only a fraction of the diagnosed cases completed treatment which resulted in unsatisfactory cure rates. Such a scenario calls for periodic assessment of KAP of medical practitioners manning all types of treating agencies so that some of the factors adversely influencing diagnosis and treatment could be identified and remedial actions taken up subsequently. Such studies are more relevant in remote and backward areas inhabited mostly by poor people with limited access to health care and where a large number of unqualified private practitioners provide service to the community.

With this background in view, a KAP study was carried out in Aundipatti taluk, a backward area in Madurai district of Tamil Nadu inhabited mostly by the poor and tribals who eke out a living without proper housing, sanitation and supply of safe drinking water. The survey was conducted among all the 96 Medical Practitioners in the area, after enlisting them by visiting and making enquiries with the PHCs, private practitioners, druggists and other knowledgeable sources like village leaders. Each medical practitioner was interviewed using a semi-structured proforma in an informal atmosphere. The KAP survey was conducted to assess the existing practices by all types of medical practitioners regarding diagnosis and treatment of pulmonary TB.

The results indicated that as elsewhere in India, even this region had a number of medical practitioners - there were 24 allopaths and 72 non-allopaths. The majority of the former and a significant proportion of the latter had adequate knowledge about the cause and symptoms of pulmonary TB and tools required for diagnosis and drug regimens. However, their practices did not necessarily follow their knowledge as evidenced in diagnosis, over-dependence on X-ray and disparities in treatment. This was more so among the non-allopaths. Most were aware of the consequences of irregular treatment.

There is vast scope for utilizing the existing network of medical practitioners to augment efforts to control TB. Hence information dissemination on scientific lines and guided involvement of medical practitioners is important.

**Key Words:** KAP, Survey; Pulmonary TB; Defaulters.

**Total:** 3