

FOREWORD

Burden of any infectious disease is invariably measured by the epidemiological parameters of the disease often overlooking the sociological aspects. The National Tuberculosis Institute, Bangalore (NTI) while formulating the National Tuberculosis Programme (NTP) in 1962 addressed the sociological issues related to the disease by conducting a series of sociological and operations research. This was considered a radical departure from the conventional approach of diagnosing and treating cases in hospitals and sanatoria. The basic principle of case finding among self reporting chest symptomatic at various general health institutions in the programme is based on the study of symptom awareness among tuberculosis (TB) patients done by NTI. Non compliance to treatment was observed very early while formulating the programme. However, no solutions could be given then. There are many sociological reasons, which are responsible for non-compliance requiring intervention to improve the programme performance.

The study conducted by the Tuberculosis Research Center (TRC), Chennai, on Home versus Sanatorium treatment in 1959 showed that a large group of patients had no explanation for not taking their medicines and only few missed their medicines due to side effects and other complaints. Further, there are patients who even though collected the drugs, did not consume them. This social behaviour needs to be studied in depth.

Literature on TB reflects, in large part, the social nature of the disease. TB afflicted person, more often than not, is a poor man who copes with the disease in his home and community; the various social problems faced by women, especially young married women in their marital home, when they develop the disease; many children are forced to drop out of school when one of their parents develop the disease; many families are rendered homeless because of the sheer economic burden of TB. Such stories are endless. If we are aware of these aspects of the disease, it will also help us to aptly apply the sociological data available to control diseases like TB.

One of the main reasons for compiling this database on TB is to give the social aspects of TB, the importance it deserves and to percolate it at all levels in the health services/sector. It is necessary for each one of us to be acutely aware of the various dimensions of the disease burden every time we treat a TB patient, every time we select a drug regimen or frame the control policy, every time we research into the problem and come up with recommendations. We hope that this effort will help students and researchers to understand the richness of the sociological data on TB and enthuse them to include this angle in any further study of the disease.

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