



KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING TUBERCULOSIS AMONG URBAN SLUMS OF JAMMU REGION.

Dr. Sonika Sangra*

Assistant Professor Department Of Community Medicine GMC Kathua, J&K.

*Corresponding Author

Dr. Neha Choudhary

Demonstrator Department Of Community Medicine GMC Jammu, J&K.

Dr. Wahida Kouser

Medical Officer Department Of Health & Medical Education, J&K.

ABSTRACT

INTRODUCTION- Tuberculosis is always a major health as well as social problem all over India as well as globally. So, the KAP study regarding tuberculosis is always important in the urban slum population for the effective functioning of the control programs.

OBJECTIVE- This study was undertaken with an aim to evaluate the knowledge, Attitude and Practices (KAP) of urban slum population regarding tuberculosis, its treatment and prevention.

MATERIALAND METHODOLOGY- A cross-sectional study was conducted in the urban slums of Trikuta Nagar which is a field practice area of Department of Community Medicine, GMC Jammu, J&k. 50% of the population was selected randomly by lottery method i.e; 450. But only 380 people consented to participate in the study. Standardized questionnaire for evaluation of Tuberculosis Knowledge, Attitude and Practice was used as Study tool.

RESULTS- A total of 380 persons were enrolled in the study. Majority of respondents had fair Knowledge, Attitude and Practice scores regarding tuberculosis, prevention and its management.

CONCLUSION- Our current study revealed that the scores of KAP was not so good, so to improve them various IEC activities need to be performed at the grass root level and also through mass media.

KEYWORDS : Kap, Tuberculosis, Urban Slum Population.

INTRODUCTION

Tuberculosis is a communicable disease which is not only very infectious medical disease but also economic as well as social problem also. It is a very serious public health problem all over the country as well as outside India, which accounts for one-fourth of total global burden of Tuberculosis.² New TB cases accounts for about 9.6 million people according to World Health Organization report, 2015. The incidence of TB cases are 2.2 million cases out of total 9.6 million cases and the prevalence of 195 lac population.³

Urban Slums are vulnerable populations which are at greater risk of contracting the TB disease and spreading the TB disease in the neighboring community because of their socioeconomic status and lifestyle. So, appropriate education will help urban slum population to seek medical care at appropriate place as per their own choice.^{4,5}

Since TB is prevalent Communicable disease, so slums knowledge, Attitude and Practice assessment is necessary. Although the mortality and morbidity related to tuberculosis has decline to a lower level due to the implementation of Revised National Tuberculosis control Programme but still a gap in access by these people.

MATERIALAND METHODOLOGY

A cross-sectional study was conducted in the urban slums of Trikuta Nagar which is a field practice area of Department of Community Medicine, GMC Jammu, J&k. The Trikuta nagar consists of sectors 1 to 9 with population of 16000 (Census 2011) and 14 scattered urban slums and urban slum population consists of 900(survey). 50% of the population was selected randomly by lottery method i.e; 450. But only 380 people consented to participate in the study. Standardized questionnaire for evaluation of Tuberculosis Knowledge, Attitude and Practice was used as Study tool. The data was entered and percentages were calculated in Microsoft excel. All the participants were briefed about the nature of the study and consent was taken. Data were then recorded including general data regarding Age, Overcrowding, cross-ventilation, Gender and Education. The KAP Questionnaire regarding menstrual hygiene comprised of three parts. The first one had five sections which assessed the urban slum population knowledge about Source of information about TB disease, BCG vaccine prevents the Tuberculosis disease in future, adequate diet prevents the disease, and tuberculosis disease is curable, spread of tuberculosis. The second part had five sections assessing the attitude regarding start treatment of Tuberculosis if diagnosed, tuberculosis is a serious disease, Is BCG

immunization required, Cough > 2 weeks, test sputum, Smoking causes tuberculosis or not and the third part had four sections exploring practices which comprised of Consult about the disease with doctor, Treatment of Tuberculosis from which place, Use handkerchief while coughing and Windows were opened, whenever they were in house during coughing or when diagnosed with Tuberculosis.

We categorized urban slum population KAP scores into three categories based on the percentage of maximum possible scores: 'Poor'-(0%-50%), 'Fair'-(51-75%) or 'good' (76-100%).

INCLUSION CRITERIA- All the persons/respondents who were present on the data collection days were included in the study.

EXCLUSION CRITERIA- Not willing to participate.

RESULTS

Altogether 380 persons were enrolled in the study. Table 1. Shows the distribution of sample characteristics in numbers and percentages. The knowledge scores revealed that 168 (44.15%) population had good knowledge, 92(14.10%) population had fair knowledge, and 150(41.75%) population had poor knowledge regarding tuberculosis disease, its treatment and prevention (Table 2). The attitude scores revealed that 210(56.36%) population had good attitude, 98(20.37%) population had fair attitude, and 112(23.27%) population had poor attitude regarding tuberculosis disease, its treatment and prevention (Table3). The practice scores revealed that 181(47.82%) population had good practices, 109(28.68%) population had fair practices, and 90(23.50%) population had poor practices regarding tuberculosis disease, its treatment and prevention.

Table 1. Demographic characteristics.

Variables	N (%)
18-27	143
28-37	109
38-47	79
48-57	27
>58	22
Gender	
Male	223
Female	157
Overcrowding	

Present	321
Absent	59
Cross-Ventilation	
Present	70
Absent	310
Education	
Illiterate	107
Primary	65
Middle school	40
High school	119
12th pass	39
Graduation.	10

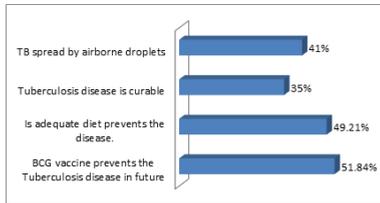


Fig1. Knowledge regarding Tuberculosis among urban slum population

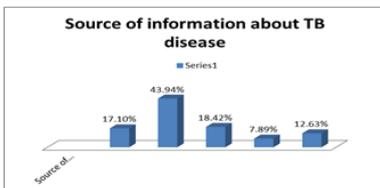


Fig 2. Sources of information about TB disease among urban population.

Table 2. Distribution of knowledge scores among urban slum population.

Knowledge scores	N (%)
Good	168 (44.15%)
Fair	92 (14.10%)
Poor	150(41.75%)

Fig 3. Attitude regarding Tuberculosis among urban slum

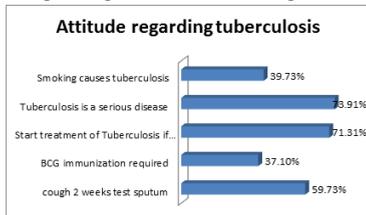


Table 3. Distribution of attitude scores among adolescent girls.

Attitude scores	N (%)
Good	210(56.36%)
Fair	98(20.37%)
Poor	112(23.27%)

Fig 4. Practices regarding Tuberculosis.

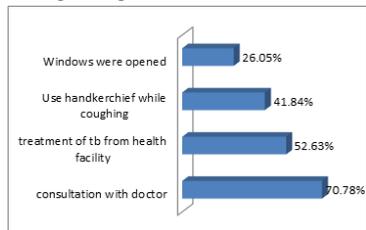


Table 4. Distribution of practices scores among urban slum population.

Practices scores	N (%)
Good	181(47.82%)
Fair	109(28.68%)
Poor	90(23.50%)

DISCUSSION

In our study, we found out that the knowledge among the urban slums living in Trikuta Nagar, Jammu at the time of data collection was satisfactory. In our study, only 40.78% of the population knew the exact mode of transmission of tuberculosis disease which was less as compared to the study done in Rawalpindi(60%).⁶In the present study, 51.84% of the slum population heard about the BCG Vaccine and knew that it prevents the disease in future which was more as compared to the other study.⁷Most of the slum population(43.94%), got the information about tuberculosis from media which was similar to the study conducted in Ethiopia.⁸But in other study conducted at Jodhpur, the main source of information about the tuberculosis was from friends and relatives (50.5%).⁹This shows that the sources of information about the disease varies from place to place.

As the slum populations are more vulnerable population, they are more prone to communicable diseases due to overcrowding, poverty, absence of cross-ventilation etc. So, the awareness among the population needs to be addressed through various IEC activities and promote the concept of 'free TB diagnosis and treatment.' Our study showed satisfactory knowledge about tuberculosis but good attitude regarding the disease treatment.

Most of the population (73.94%) knew that tuberculosis is serious and contagious disease but curable disease which was in consistent with the findings of other studies still only 52.63% of the population consulted health facility for the treatment of the tuberculosis.^{10,11} So, the health care workers should devise some strategies to improve the knowledge, attitude and practices of urban slum population regarding prevention and treatment of disease. They should also emphasize them about the various benefits of well ventilated rooms and taking healthy diet.

CONCLUSION

Our current study revealed that the scores of KAP was not so good, so to improve them various IEC activities need to be performed at the grass root level and also through mass media. So, health education is needed to improve the awareness of urban slum population regarding the disease transmission, prevention, treatment and curability.

LIMITATION-

The limitation of the study was small sample size, absence of any of the intervention and relationship of KAP with sociodemographic factors were not explored.

DECLARATION

Funding-None
Conflict of interest-None

REFERENCES

1. Tuberculosis in India. National Sample Survey. ICMR New Delhi, 1958:55.
2. TB INDIA 2016. Revised National TB control programme. Annual status report.
3. Global Tuberculosis report, 20th edition. World Health Organization, 2015.
4. Chinnakali P, Ramakrishnan J, Vasudevan K, Gurumurthy J, Upadhyay RP, Panigrahi KC. Level of awareness about tuberculosis in urban slums: Implications for advocacy and communication strategy planning in the National Program. Lung India, 2013;30(2):139-42.
5. Obuku E, Meynell C, Kiboss-kyeyune J, Blankley S et al. Sociodemographic determinants and prevalence of tuberculosis knowledge in three slum population of Uganda. BMC Public Health, 2012; 12(1):536.
6. Sabir SA, Naseem U, Abideen Z, Chisti MJ. Assessment of tuberculosis preventive knowledge in persons taking care of TB patients. J Rawal Med Coll.2012;16(1):62-4.
7. Westaway MS. Knowledge, beliefs and feelings about tuberculosis. Health Education Research.1989;4(2): 205-11.
8. Tolossa D, Medhin G, Legesse M. Community knowledge, Attitude and Practices towards tuberculosis in Shinile town, Somali regional state, eastern Ethiopia: a cross-sectional study. BMC Public health 2014;14(1):804.
9. Yadav S, Mathur M, Dixit A. Knowledge and Attitude towards tuberculosis among sandstone quarry workers in desert parts of Rajasthan. Indian Journal of Tuberculosis, 2006; 53(4):187.
10. Agboatwalla M, Kazi G.N, Shah SK, Tariq M. Gender perspectives on knowledge and practices regarding tuberculosis in urban and rural areas in Pakistan.
11. Nair DM, George A, Chacko KT. Tuberculosis in Bombay. New insights from urban poor patients. Health Policy and Planning 2002;12(1):77-85.