BASELINE STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICES AMONGST TRUCKER AND ALLIED POPULATION REGARDING TUBERCULOSIS

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PG/15/55

Annex B

Internship Training

at

Hindustan Latex Family Planning Promotion Trust (HLFPPT)

Baseline Study of Knowledge, Attitude and Practices amongst trucker and allied population regarding Tuberculosis

by

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PG/15/55

Under the guidance of

Dr. Pradeep Panda, Professor & Dean (Research)

Post Graduate Diploma in Hospital and Health Management

2015-17

International Institute of Health Management Research

New Delhi

TO WHOMSOEVER IT MAY CONCERN

This is to certify that **Dr. Prachi Pal** student of Post Graduate Diploma in Hospital and Health Management (PGDHM) from International Institute of Health Management Research, New Delhi has undergone internship training at **Hindustan Latex Family Planning Promotion Trust (HLFPPT)** from **1st Feb 2017 to 30th April 2017**

The Candidate has successfully carried out the study designated to him during internship training and her approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.

Dr. A.K. Agarwal
Dean, Academics and Student Affairs
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Dr. Pradeep Panda
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The certificate is awarded to

Dr. Prachi Pal

in recognition of having successfully completed her Internship in the department of

Business Development and Strategic Partnerships

And has successfully completed her Project on

Baseline Assessment of Knowledge, Attitude and Practices of Trucker and Allied population regarding Tuberculosis

1st Feb 2017 to 30th April 2017

Hindustan Latex Family Planning Promotion Trust (HLFPPT)

She comes across as a committed, sincere & diligent person who has a strong drive & zeal for learning

We wish her all the best for future endeavors

Shivi Rawat
Team Leader
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Certificate of Approval

The following dissertation titled **"Baseline Assessment of Knowledge, Attitude and Practices of Trucker and allied population regarding Tuberculosis"** at **"Hindustan Latex Family Planning Promotion Trust (HLFPPT)** is hereby approved as a certified study in management carried out and presented in a manner satisfactorily to warrant its acceptance as a prerequisite for the award of **Post Graduate Diploma in Health and Hospital Management** for which it has been submitted. It is understood that by this approval the undersigned do not necessarily endorse or approve any statement made, opinion expressed or conclusion drawn therein but approve the dissertation only for the purpose it is submitted.

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Certificate from Dissertation Advisory Committee

This is to certify that **Dr. Prachi Pal** a graduate student of the **Post- Graduate Diploma in Health and Hospital Management** has worked under our guidance and supervision. She is submitting this dissertation titled **"Baseline Assessment of Knowledge, Attitude and Practices of Trucker and allied population regarding Tuberculosis"** at **"Hindustan Latex Family Planning Promotion Trust (HLFPPT)** in partial fulfillment of the requirements for the award of the **Post- Graduate Diploma in Health and Hospital Management.**

This dissertation has the requisite standard and to the best of our knowledge no part of it has been reproduced from any other dissertation, monograph, report or book.

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CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **Baseline Assessment of Knowledge, Attitude and Practices of Trucker and allied population regarding Tuberculosis** submitted by **Dr. Prachi Pal** Enrollment No. **PG/15/55** under the supervision of **Dr. Pradeep Panda, Professor & Dean (Research), IIHMR, Delhi** for award of Postgraduate Diploma in Hospital and Health Management of the Institute carried out during the period from **1st Feb 2017 to 30th April 2017** embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

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FEEDBACK FORM

Name of the Student: Prachi

Dissertation Organization: Hindustan Latex Family Planning Promotion Trust (HLFPPT)

Area of Dissertation: Strategic Partnerships & Business Development

Attendance: Good

Objectives achieved: Yes

Deliverables: Preparation and Completion of due diligence documentation for new proposals, surfing for new opportunities and their analysis for presentation in meeting, working on initial draft version of the new proposals.

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Executive Summary

This quantitative study is conducted to assess the knowledge, attitude and practices of truck drivers, cleaners, dhabawalas, mechanics, helpers and others towards tuberculosis. The target sample is 250, that is chosen randomly consisting of 200 truck drivers, cleaners and 50 allied population. Sanjay Gandhi Transport Nagar in Delhi is the study area which consists of more than 8,000 workers and a daily inflow of 3,500 trucks. The questionnaire is divided in four segments. The first segment consists of questions related to their general details e.g. name, age, monthly income which gives the socio-economic insight. The second segment consists of questions reflecting awareness regarding TB and its signs and symptoms. The third segment incorporates their behavior towards tuberculosis and fourth reflects their health seeking behavior.

On interviewing them, it was observed that majority of them had heard about tuberculosis as a serious disease, but did not know the exact signs and symptoms related to it.

A majority of respondents said they want to help people suffering from TB but, in general, people tend to stay away from those suffering from TB, because of fear of getting infected. They preferred visiting government health facilities, because most of the respondents maintain that private health facilities are expensive, although they believe that the level of treatment is better at private facilities. Most of the respondents (36%) said they would seek medical help during illness only, which reflects there is lack of awareness about preventive health. Also as their nature of job requires them to travel continuously and stay away from home they are unable to take care of themselves. They cannot adhere to strict medicine regimes because of lack of follow-ups. Also they have lack of money and basic facilities, which are the reasons why they ignore their health even if they are willing to seek medical services.

There is need to increase awareness amongst the target population regarding preventive health and causes, symptoms, precaution, management and treatment of TB. This would lead to decrease in disease burden and increase in positive health. Apart from medical aspect of TB, there is a need to work upon social and behavioral aspects as well. It includes extending support to the families that have people suffering from TB by guiding them about management and treatment and spreading awareness among communities to burst myths and misnomers about TB, thereby curbing the stigma attached to it.

Introduction

About Tuberculosis

Tuberculosis (TB) is an infectious disease caused predominantly by Mycobacterium tuberculosis. It is most commonly transmitted by inhalation of infected droplet nuclei which is discharged in the air when a patient with untreated TB coughs or sneezes. It usually affects the lungs but can involve any part of the body.

Tuberculosis (TB) continues to be a public health challenge in India and is estimated that 1.9 million new cases of TB occur in India annually. Active TB disease is the commonest opportunistic infection, amongst HIV-infected individuals. People infected with TB bacteria have a 10% lifetime risk of falling ill with TB. However, persons with compromised immune systems, such as people living with HIV, malnutrition or diabetes, or people who use tobacco, have a much higher risk of falling ill.

TB Disease Burden in India

India accounts for one fourth of the global TB burden. In 2015, an estimated 28 lakh cases occurred and 4.8 lakh people died due to TB. The table below shows the estimated figures for TB burden globally and for India reported in WHO Global TB Report for the year 2015

Estimates of TB Burden (2015)	Global	India
Incidence TB cases	104 lakh	28 Lakh
Mortality of TB	14 lakh	4.8 lakh
Incidence HIV TB	11.7 lakh	1.1 lakh
Mortality of HIV-TB	3.9 lakh	37,000
MDR-TB	4.8 lakh	1.3 lakh

India has highest burden of both TB and MDR TB based on estimates reported in Global TB Report 2016. An estimated 1.3 lakh incident multi-drug resistant TB patients emerge annually in India which includes 79000 MDR-TB Patients estimates among notified pulmonary cases. India bears second highest number of estimated HIV associated TB in the world. According to the TB India 2017 report, an estimated 1.1 lakh HIV associated TB occurred in 2015 and 37,000 estimated number of patients died among them. One million children (0–14 years of age) fell ill with TB, and 170,000 children (excluding children with HIV) died from the disease in 2015.

Review of Literature

Tuberculosis (TB) is a major public health concern worldwide: despite a regular, although slow, decline in incidence over the last decade, as many as 8.6 million new cases and 1.3 million deaths were estimated to have occurred in 2012[1]. Most cases are estimated to be in Asia and Africa (58% and 27% respectively), with the highest incidence in India (range 2.0–2.4 million) and China (0.9 −1.1 million), together accounting for 38% of the total number of cases[2]. TB prevalence is declining globally since the early 1990s (before incidence started to decline). This decline is largely attributed to the progressive introduction of the DOTS strategy which, by emphasizing bacteriological diagnosis and standard short-course chemotherapy with direct observation of treatment, may have significantly contributed to the reduction of chronic and untreated cases, as well as to the duration of illness.

TB is mostly a poverty-related disease: this can explain its uneven distribution in different population groups. Poor housing and environmental conditions, food insecurity, financial difficulties, illiteracy, unfavourable psycho-social circumstances are among the major determinants of TB and concomitantly affect the capacity of sick persons to access healthcare services[3]. Well-defined vulnerable groups include people living with HIV infection, homeless people, migrants/refugees, and substance or heavy alcohol users. Besides the increased risk of exposure to *M. tuberculosis*, vulnerable groups are also more likely to progress to active disease once they are infected due to the immunocompromised status of their underlying condition. Moreover, in some of these groups TB may remain for a long time undiagnosed, thus representing a source of infection for the entire community.[4] Data from countries that reported treatment outcomes disaggregated by HIV status showed a lower treatment success rate for new HIV-positive TB cases (73%) compared to HIV-uninfected cases (87%).

TB has no boundaries and easily spreads from one region to another, just following people movements. Migrants represent the major reservoir of infection in many low endemic countries, where over 50% of TB cases occur in this particularly fragile group. Poverty, overcrowded housing, hazardous working environment, and the existence of concomitant risk factors (e.g. illicit drug use, alcohol abuse) are all potential triggers for TB development and spread[5]. Notably, TB incidence rates among specific migrant communities may differ from what is observed in their country of origin, being either lower or higher as a result of determinants associated to the migration process and the hosting environment.

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[1] www.ncbi.nlm.nih.gov/pmc/articles/PMC4235436/
[2] World Health Organization (WHO) Global Tuberculosis Report 2013. Geneva: 2013
[3] http://dx.doi.org/10.1186/1755-7682-7-35
[4] Latent tuberculosis infections in hard-to-reach drug using population-detection, prevention and control. Tuberculosis (Edinb) 2009
[5] Tuberculosis in tropical areas and immigrants. Mediterr J Hematol Infect Dis. 2014 Jun 1;6(1):e2014043

Who is most at risk?

Tuberculosis mostly affects adults in their most productive years. However, all age groups are at risk. Over 95% of cases and deaths are in developing countries. According to WHO, People who are infected with HIV are 20 to 30 times more likely to develop active TB The risk of active TB is also greater in persons suffering from other conditions that impair the immune system. Tobacco use greatly increases the risk of TB disease and death. More than 20% of TB cases worldwide are attributable to smoking

Multidrug-resistant tuberculosis (MDR-TB) is a form of TB caused by bacteria that do not respond to isoniazid and rifampicin, the 2 most powerful, first-line anti-TB drugs. MDR-TB is treatable and curable by using second-line drugs. In some cases, more severe drug resistance can develop. Extensively drug-resistant TB (XDR-TB) is a more serious form of MDR-TB caused by bacteria that do not respond to the most effective second-line anti-TB drugs, often leaving patients without any further treatment options.

Purpose of the Study

The aim of the study is to assess the knowledge, attitude and practice of trucker and allied population towards different aspects of TB in the Sanjay Gandhi Transport Nagar, Delhi.

Scope

The study primarily assesses knowledge, attitude and behavior in respect to Tuberculosis among the target population. The geography includes Sanjay Gandhi Transport Nagar, New Delhi and target includes trucker population that consists of truck drivers, cleaners and allied population that consist of dhabawalas, mechanics, transport labourers etc.

Objectives

- To understand the level of knowledge amongst the target population regarding cause and symptoms of Tuberculosis.
- To assess and understand the attitude of the target population about Tuberculosis and all those who have been suffering from it.
- To gather information on the current practices among the target population with respect to spread, treatment about Tuberculosis and their health seeking behavior.
- To assess the health-seeking behavior of the target population
- To analyze the level of awareness amongst the target population regarding Tuberculosis

Methodology

Sources of Data

It is a cross-sectional study of the target population which was carried out over a period of month. The study used quantitative data collection with a semi-structured questionnaire.

Study Population

The survey population comprises of Truckers and Allied population. The data sources are 250 respondents. As per study design, out of 250 respondents, 200 were truck drivers, cleaners and 50 were allied population. The rationale behind selecting these data sources was to collaborate the quantitative data, collected through semi-structured questionnaire.

Sampling, Sampling frame and Geography

The sampling of subjects was done randomly in the targeted geography. The sample size is as follows:

Particulars	Specifics	Number of Respondents	Geography
Subjects	Drivers & Helpers Dhabawalas, Mechanics, Transport labourers	200 50	Sanjay Gandhi Transport Nagar

The study area was Sanjay Gandhi Transport Nagar, located in the North West of Delhi. It has over 8,000 workers and a daily inflow of 3,500 trucks. The transport centre was developed in 1990's by the Delhi Development Authority as a part of the plan to decongest the walled city. Around 2,000 transporters were allotted plots in Transport Nagar in line with the government's plan to shift wholesale markets out of the area. The roads are poorly illuminated; there aren't many public toilets around or proper arrangement for drinking water.

Data Collection

Data was collected using a semi-structured and pre-tested questionnaire. It includes topics related to demographic details of the respondents, knowledge about TB, attitude towards TB

and practices regarding TB. The quantitative questionnaire consisted mostly of closed ended questions and a few open ended ones.

Data Analysis

General Details

A total of 250 respondents were randomly selected from the population. These respondents were divided into two groups. Truck drivers and cleaners were in one group and mechanics, dhabawalas in another, also known as the allied population.

State

Table 1: Home state of the respondents

	Frequency	Percentage
Assam	1	0.4
Maharashtra	3	1.2
Outside India (Nepal)	1	0.4
Odisha	1	0.4
Punjab	29	11.6
Rajasthan	9	3.6
Tamil Nadu	2	0.8
Uttar Pradesh	87	34.8
Uttarakhand	4	1.6
West Bengal	1	0.4
Bihar	27	10.8
Chhattisgarh	1	0.4
Delhi	24	9.6
Haryana	32	12.8
Himachal Pradesh	17	6.8
Jammu & Kashmir	5	2.0
Jharkhand	1	0.4
Madhya Pradesh	4	1.6
Missing	1	0.4
Total	250	100.0

More than half of the respondents belong to Northern and Central part of India. Majority of the respondents were from U.P. (34.8%), followed by Haryana (12.8%), Punjab (11.6%) and Bihar (10.8%).

Caste

Table 2: Caste of respondents

		Frequency	Percent
Valid	General	119	47.6
	Schedule Caste	24	9.6
	Schedule Tribe	6	2.4

	Other Backward Caste	55	22.0
	Don't Know/ Can't Say	46	18.4
	Total	250	100.0

Of all the respondents, majority of the respondents were General (47.2%). Other Backward Caste, Scheduled Caste and Schedule Tribe were 22.0%, 9.6% and 2.4% respectively.

Religion

Table 3: Religion of respondents

	Frequency	Respondents
Hinduism	168	67.2
Islam	47	18.8
Christianity	1	0.4
Sikhism	15	6.0
Other	19	7.6
Total	250	100.0

Majority of the respondents were Hindus 67.2%. Muslim, Sikh and Christian respondents were 18.8%, 6.0% and 0.4% respectively.

Monthly Income

Table 4: Monthly family Income

	Frequency	Percent
UptoRs 10,000/- per month	104	41.6
Rs 10,001/- to Rs 15,000/- per month	57	22.8
Rs 15,001/- to Rs 20,000/- per month	33	13.2
Rs 20,001 to Rs 25,000/- per month	15	6.0
Above Rs 25, 000/- per month	15	6.0
No response	26	10.4
Total	250	100.0

Roughly half of the respondents had monthly family income less than INR 10,000 per month. 6% respondents had monthly income above INR 25,000. Most of these were engaged in small business or transport services.

Age

Table 5: Distribution of respondents - by age

	Frequency	Percent
Age group (18-29 Years)	94	37.6
Age group (30-39 Years)	79	31.6
Age group (40-49 Years)	49	19.6

Age group (50-59 Years)	24	9.6
Age group (60 Years and Above)	2	0.8
No response	2	0.8
Total	250	100.0

Almost 70% of the respondents are 18-39 years. Majority of the respondents (37.6%) belong to age group 18-29 years. Around 1% of the respondents are 60 years and Above.

Profession

Table 6: Profession of respondents

	Frequency	Percent
Driver	192	76.8
Cleaner	08	3.2
Mechanic	21	8.4
Small Business	19	7.6
Other	10	4.0
Total	250	100.0

About 76.8% respondents were drivers and 4% were cleaners. This population constituted the majority. In allied population, 8.45% were Mechanics and 7.6% were owner of small business.

Marital Status

Table 7: Marital Status of respondents

	Frequency	Percent
Never Married	69	27.6
Married	179	71.6
No response	2	0.8
Total	250	100.0

The analysis suggests that 71.6% out of the total respondents were married in comparison to 27.6% respondents who were never married.

Education

Table 8: Educational Qualification of respondents

	Frequency	Respondents
Illiterate	45	18.0
Up to Class 5^{th}	47	18.8
Class 6^{th} to 10^{th}	123	49.2
Class 10^{th} and above	34	13.6
No response	1	0.4

Total	250	100.0

86% of the respondents never studied more than class 10. About 18% of the respondents were illiterate. Majority of the respondents fall in the group of education level between class 6 and 10.

Travel

Table 9: Stay away from family-per month

	Frequency	Percent
Up to 6 days	56	22.4
7 days to 15 days	50	20.0
16 days to 20 days	32	12.8
20 days to 30 days	17	6.8
Entire month	91	36.4
No response	4	1.6
Total	250	100.0

Almost 36.4% of the respondents stay away from family for the entire month. Only 22.4% respondents said that they live away from their homes less than six days a month.

Knowledge about TB

Awareness

Table 10: Basic Awareness

	Frequency	Percent
Yes	237	94.8
No	13	5.2
Total	250	100.0

Data analysis suggests that almost all the respondents had heard about TB, if not knowing a lot about it. 94.8 % respondents reported that they had heard about TB

Table 11: Basic awareness – across groups

			Q101. Have you heard about TB?		Total
			Yes	No	
Respondent Profession (Driver or Allied Population)	Driver and Cleaner	Count	187	13	200
		% within respondent Profession (Driver or Allied Population)	93.5%	6.5%	100.0%
		% of Total	74.8%	5.2%	80.0%
	Allied	Count	50	0	50

	Population	% within respondent Profession (Driver or Allied Population)	100.0%	0.0%	100.0%
		% of Total	20.0%	0.0%	20.0%
Total		Count	237	13	250
		% within respondent Profession (Driver or Allied Population)	94.8%	5.2%	100.0%
		% of Total	94.8%	5.2%	100.0%

Out of the Drivers and cleaners, 93.5% respondents had heard about TB whereas all the respondents from allied population informed of being heard about TB.

Table 12: Seen suffering from TB

	Frequency	Percent
Yes	131	52.4
No	119	47.6
Total	250	100.0

Out of total respondents, more than half of them (52.4%) informed of having seen/heard of a person suffering from TB.

Table 13: Having people suffering from TB in family

	Frequency	Percent
Yes	34	13.6
No	216	86.4
Total	250	100.0

Around 13.6% respondents had someone in their families, who had been suffering from TB at one point in time or the other.

Causes

Table 14: Causes of TB as per respondents

	Responses		Percent of Cases
	N	Percent	
Bacteria/ Germs	47	13.7%	19.0%
Cold	26	7.6%	10.5%
Smoking	98	28.6%	39.5%
Hot climate	12	3.5%	4.8%
Drinking raw milk	10	2.9%	4.0%
Any other	54	15.7%	21.8%
Don’t Know	96	28.0%	38.7%

Total	343	100.0%	138.3%

Amongst the various reasons, respondents felt that smoking is the leading cause of TB, followed by Bacteria/germ. 28.6% respondents said that smoking is the major reason of TB whereas almost equal percentage of the respondents didn't know about the causes of TB. Despite the fact that almost 93% of drivers and cleaners and 100% allied population claimed that they have heard about TB, but when probed further regarding the causes of TB, the findings were slightly different.

Symptoms

Table 15: Symptoms of TB as per respondents - multiple responses

		Responses		Percent of cases
		N	Percent	
Symptoms of TB?	1. Cough	140	19.7%	56.2%
	2. Cough that lasts longer than 2 weeks	125	17.6%	50.2%
	3. Coughing up blood	72	10.1%	28.9%
	4. Severe headache	16	2.2%	6.4%
	5. Nausea	20	2.8%	8.0%
	6. Weight loss	75	10.5%	30.1%
	7. Fever	73	10.3%	29.3%
	8. Pain in chest	53	7.4%	21.3%
	9. Shortness of breath	25	3.5%	10.0%
	10. Weakness	56	7.9%	22.5%
	11. Sweating at night	1	0.1%	0.4%
	12. Other	10	1.4%	4.0%
	13. Don't know	46	6.5%	18.5%
Total		712	100.0%	285.9%

The table suggests that respondents were not much aware of the symptoms of TB and could not enumerate all the symptoms. Very few respondents could tell the important symptoms of TB such as sweating at night, pain in chest, cough that last for more than 2 weeks.

Transmission

Table 16: Transmission of TB from patient to the other persons

	Frequency	Percent
Yes	177	70.8
No	23	9.2
Don't know	50	20.0
Total	250	100.0

As per data analysis, respondents seemed to have known of transmission of TB from patient to other persons. 70.8% respondents felt that TB can be transmitted from a patient to other persons.

Transmission

Table 17: Transmission of TB from patient to other person – across groups

			Q106.Does this disease transmit from a person to other person?			Total
			Yes	No	Don't know	
Respondent Profession (Driver or Allied Population)	Driver and Cleaner	Count	140	17	43	200
		% within respondent Profession (Driver or Allied Population)	70.0%	8.5%	21.5%	100.0%
		% of Total	56.0%	6.8%	17.2%	80.0%
	Allied Population	Count	37	6	7	50
		% within respondent Profession (Driver or Allied Population)	74.0%	12.0%	14.0%	100.0%
		% of Total	14.8%	2.4%	2.8%	20.0%
Total		Count	177	23	50	250
		% within respondent Profession (Driver or Allied Population)	70.8%	9.2%	20.0%	100.0%
		% of Total	70.8%	9.2%	20.0%	100.0%

Out of the total respondents, 70.8% respondents felt that TB can be transmitted from a patient to other persons. Among trucker group, 70% respondents said that TB can transmit from a patient to other. On the other hand the knowledge of TB transmission was found slightly higher as 74% respondents among allied population said that TB can transmit from patient to other persons.

Table 18: Ways of transmission of TB from patient to another person

		Responses		Percent of Cases
		N	Percent	
Transmit route	1. Through sneeze and cough	105	41.0%	59.7%
	2. Through sharing of food and drinks	90	35.2%	51.1%
	3.Through taking care of person suffering from TB	29	11.3%	16.5%
	4. Through others	13	5.1%	7.4%
	5. Don't Know	19	7.4%	10.8%
Total		256	100.0%	145.5%

The table suggests that sneeze and cough was considered to be the major cause of TB transmission from patient to other person. 41% of the respondents considered sneeze and cough to be major reason which was followed by sharing of food and drinks.

Table 19: Transmission of TB from patient to another person – educational qualification

			Q106.Does this disease transmit from a person to other person?			Total
			Yes	No	Don't know	
	Illiterate	Count	33	4	8	45
		% within Highest Educational Qualifications	73.3%	8.9%	17.8%	100.0%
		% of Total	13.2%	1.6%	3.2%	18.0%
	Up to Class 5th	Count	30	4	13	47
		% within Highest Educational Qualifications	63.8%	8.5%	27.7%	100.0%
		% of Total	12.0%	1.6%	5.2%	18.8%
	Class 6th to 10th	Count	90	12	21	123
		% within Highest Educational Qualifications	73.2%	9.8%	17.1%	100.0%
		% of Total	36.0%	4.8%	8.4%	49.2%
	Class 10th and above	Count	23	3	8	34
		% within Highest Educational Qualifications	67.6%	8.8%	23.5%	100.0%
		% of Total	9.2%	1.2%	3.2%	13.6%
	No response	Count	1	0	0	1
		% within Highest Educational Qualifications	100.0%	0.0%	0.0%	100.0%
		% of Total	0.4%	0.0%	0.0%	0.4%
Total		Count	177	23	50	250
		% within Highest Educational Qualifications	70.8%	9.2%	20.0%	100.0%
		% of Total	70.8%	9.2%	20.0%	100.0%

Almost three fourth of the respondents, from all the educational qualification groups, said that TB can transmit from patient to other person.

Table 20: Prevention of transmission of TB from patient to another person

	Frequency	Percent
Yes	17	6.8
No	170	68.0
Don't know	63	25.2
Total	250	100.0

68% of the respondents suggested that transmission of TB from patient to other person is preventable

Table 21: Transmission of TB – across groups

			Q106. Is transmission of TB preventable?			Total
			Yes	No	Don't know	
Respondent Profession (Driver or Allied Population)	Driver and Cleaner	Count	15	134	51	200
		% within respondent Profession (Driver or Allied Population)	7.5%	67.0%	25.5%	100.0%
		% of Total	6.0%	53.6%	20.4%	80.0%
	Allied Population	Count	2	36	12	50
		% within respondent Profession (Driver or Allied Population)	4.0%	72.0%	24.0%	100.0%
		% of Total	0.8%	14.4%	4.8%	20.0%
Total		Count	17	170	63	250
		% within respondent Profession (Driver or Allied Population)	6.8%	68.0%	25.2%	100.0%
		% of Total	6.8%	68.0%	25.2%	100.0%

The table indicates that, 72% of respondents from allied population consider that transmission of TB infection is preventable whereas the level of this information is slightly lower among trucker population. Only 67% respondents from trucker and cleaner population said that TB transmission is preventable.

Treatment

Table 22: Treatment of TB

	Frequency	Percent
Yes	4	1.6
No	196	78.4

Don’t know	50	20.0
Total	250	100.0

Out of the total respondents, 78.4% suggested that treatment of TB is available, but more than 20% of the respondents said that they are not aware about the treatment of TB.

Table 23: The most effective treatment of TB

	Frequency	Percent
Traditional Medicines	31	12.4
ModernMedicines	163	65.2
Religious rituals	6	2.4
Eating HealthyFood	5	2.0
Any other	6	2.4
Don’t know	39	15.6
Total	250	100.0

Out of the respondents, 65.2% regarded Modern Medicines to be the most effective treatment of the disease, followed by traditional medicines and religious rituals.

Table 24: The duration of treatment of TB

	Frequency	Percent
One Month	7	2.8
Two Months	7	2.8
Three Months	23	9.2
Six Months	85	34.0
Six Months ormore	45	18.0
Other	6	2.4
Don’t know	77	30.8
Total	250	100.0

Out of the respondents, 34% respondents maintained that duration of TB treatment is six months. But a significant proportion (30.8%) of the respondents were unaware about the duration of TB.

Table 25: Information about DOTS

	Frequency	Percent
Yes	82	32.8
No	54	21.6
Don’t know	114	45.6
Total	250	100.0

Out of the respondents, only 21.6% have heard about DOTS, 32.8% respondents had never heard about DOTS whereas 45.6% respondents didn't know anything about DOTS.

Attitude towards TB

Seriousness (Opinion)

Table 26: How serious TB as a disease is?

	Frequency	Percent
Very serious	177	70.8
Somewhatserious	29	11.6
Not very serious	14	5.6
Don't know	30	12.0
Total	250	100.0

Around three fourth of the respondents (70.8%) felt that TB is a very serious disease in their community. Only 5.6% respondents said that it is not a very serious disease. About 12% were completely ignorant about the seriousness of the disease vis-à-vis their community.

Stigma

Table 27: Helpful Attitude

	Frequency	Percent
I feelcompassionand desire to help	126	50.2
I feelcompassionbut Itend to stay awayfrom these people	47	18.8
It istheirproblem andI cannot getTB	15	6.0
I fear them becausetheymay infect me	14	5.6
I haveno particular feeling	5	2.0
Other	1	0.4
Don't know	42	16.8
Total	250	100.0

The analysis of data is suggestive of that in spite of knowing about the causes of spread, transmission and etiology of TB, half of the respondents said that they have the desire to help people who have been suffering from TB. But equal percentage (50%) of respondents seemed to be carrying some stigma in their mind, against people suffering from TB and was not very forthcoming when it came to helping persons suffering from TB.

Table 28: Avoiding Attitude

	Frequency	Percent
Many people avoid him/her	61	24.4
Most people are friendly but they generally try to avoid him/her	67	26.8

The community mostly support and extend help	82	32.8
Don't know	40	16.0
Total	250	100.0

51.2% respondents informed that most of the people try to stay away from the people suffering from TB. It is indicative of stigma attached with TB and prevalent amongst the target population.

Table 29: Stigma and misinformation

	Frequency	Percent
Fear	24	9.6
Surprise	20	8.0
Shame	7	2.8
Embarrassment	7	2.8
Sadness andhelplessness	79	31.6
Other	41	16.4
Can't say	72	28.8
Total	250	100.0

Stigma and misinformation is deep rooted amongst the respondents and is evident from their thoughts. 31.6% expressed that they would feel sad and helpless if someone closer to them had TB. About 9.6% respondents said they would fear, 8% said that they would be surprised and about 6% expressed they would feel ashamed and embarrassed if someone is close in their families had TB.

Risk Factor

Table 30: People prone to have TB infection

		Responses		Percent of Cases
		N	Percent	
Who can be infected with TB?	Anybody	154	37.7%	62.1%
	Poor people	35	8.6%	14.1%
	Homeless people	7	1.7%	2.8%
	Alcoholics	77	18.8%	31.0%
	Drug users	72	17.65	29.0%
	People living with HIV	14	3.4%	5.6%
	People who have been in prison	1	0.2%	0.4%
	Others	22	5.4%	8.9%
	Don't know	27	6.6%	10.9%
Total		256	100.0%	145.5%

37.7% respondents maintained that anybody can be infected with TB. 18.8% respondents told that alcoholics and drug users are highly vulnerable to get infected by TB.

Practice regarding TB

Table 31: Cough - no blood

	Frequency	Percent
I will wait for some time	17	6.8
Ask family	46	18.4
Ask friend	5	2.0
Self-treatment	60	24.0
Consult a health worker	6	2.4
Consult a doctor	96	38.4
Other	5	2.0
Can't say	15	6.0
Total	250	100.0

About 38% preferred to consult the doctor whereas 24% still felt that they would treat themselves on their own. This shows that there is still a significant number of people who do not understand the importance of consulting a doctor.

Table 32: Cough - with blood

	Frequency	Percent
I will wait forsome time	2	0.8
Ask family	25	10.0
Ask friend	12	4.8
Self-treatment	2	0.8
Consult ahealthworker	6	2.4
Consult a doctor	182	72.8
Other	3	1.2
Can't say	18	7.2
Total	250	100.0

Almost 73% respondents agree to consult a doctor if they observe blood in their cough.

Table 33: Wait before the visit

	Frequency	Percent
One to two weeks	77	78.6
Two to threeweeks	12	12.2
One month	5	5.1
Two months	2	2.0
More than two months	2	2.0
Total	98	100.0

About 78% replied that they would wait 1 – 2 weeks which is still longer period for ignoring a symptom like this. About 12% even increased the limit to 2-3 weeks and a few of them more than that.

Table 34: Hygiene Practices

	Frequency	Percent
Yes	202	80.8
No	15	6.0
Don’t know	33	13.2
Total	250	100.0

A positive response was seen with 80% respondents said that the mouth and nose should be covered while sneezing and coughing. Another aspect to look into is 13% were not aware what is to be done which shows that there is still lack of knowledge and awareness among the group regarding transmission of TB infection

Table 35: Isolation of the patient

	Frequency	Percent
Yes	134	53.6
No	72	28.8
Don’t know	44	17.6
Total	250	100.0

Around 53% replied that the patient should stay in a separate room whereas 28% disagreed with the same. This throws light on lack of knowledge about the disease and its communication mechanism

Table 36: Diet Practices

	Frequency	Percent
Yes	187	74.8
No	24	9.6
Don’t know	39	15.6
Total	250	100.0

About 74.8% respondents felt that the person suffering from TB should have a healthy diet while 15% were not aware of the fact whether he should have a healthy diet or not.

Table 37: Commodity sharing

	Frequency	Percent
Yes	134	53.6
No	68	27.2
Don’t know	48	19.2
Total	250	100.0

About 53% respondents felt that clothes and food should not be shared with the person suffering from TB. This can be linked to the stigma prevalent in the society and various myths related to TB

Health Facility Visit

Table 38: Most preferred place

	Frequency	Percent
Government clinicorhospital	131	52.4
NGO runclinicorhospital	4	1.6
Privateclinic orhospital	94	37.6
Traditional healer	3	1.2
Medical Store	8	3.2
Other	3	1.2
No response	7	2.8
Total	250	100.0

More than half of the respondents said they visit government clinic or hospital for general health problem and the rest of the majority preferred private clinic or a hospital. In a way this shows a better perspective where people do not prefer traditional healers or quacks or medical stores.

Table 39: Frequency

	Frequency	Percent
Monthly	36	14.4
Once intwo months	14	5.6
Once insix months	48	19.2
Once ina year	26	10.4
Neverinlast two years	18	7.2
During any illness	92	36.8
Other	6	2.4
No response	10	4.0
Total	250	100.0

Most of the respondents (36%) said they would seek medical help during illness.

Infection of TB

Table 40: Possibilities of getting affected

	Frequency	Percent
Yes	88	35.2
No	139	55.6
Don’t know	23	9.2
Total	250	100.0

About 55% of the respondents felt they cannot get TB. About 23% did not respond to the question and 35% felt they cannot get TB

Table 41: Reason for possibilities of infection

	Frequency	Percent
Because of nature of work	8	47.1
Due to pollution	3	17.6
If I don't take health precautions	1	5.9
If I drink and smoke	1	5.9
Yes, if I smoke	1	5.9
If there is old cough and I don't see a doctor	2	11.8
If my immune system gets weakened	1	5.9
Total	17	100.0

Out of the respondents who felt they can get TB, they were asked for the reason, to which 47% replied because of their nature of work, 17.6% felt because of the pollution.

Table 42: Most preferred place, if infected with TB

		Responses		Percent of Cases
		N	Percent	
What if you had TB?	Goto governmenthealthfacility	161	57.5%	69.1%
	Goto private healthfacility	111	39.6%	47.6%
	Goto a pharmacy	4	1.4%	1.7%
	Self-treatment options	1	0.4%	0.4%
	Any other	3	1.1%	1.3%
Total		280	100.0%	120.2%

69% of the respondents replied they would go to government health facility for treatment, 47% would go to private health facility. But at the same time there were few responses that said they would go to pharmacy or opt for self-treatment

Key Findings

2. A total of 250 respondents were randomly selected from the target population. More than half of the respondents belonged to Northern and Central part of India. Majority of the respondents were from U.P. followed by Haryana, Punjab and Bihar.
3. The study found that the level of literacy among the target population is not very high. Majority of respondents never studied more than class 10.18% of the respondents were illiterate. Maximum respondents fall in the group of education level between class 6 and 10.
4. Data Analysis suggests that almost all the respondents had at least heard about TB. Almost all the respondents (94.8%) said they had heard about TB from various sources such as advertisement in television. Out of Driver and cleaner population, 93.5% respondents had heard about TB whereas all the respondents from allied population informed of being heard about TB.

5. TB infection is prevalent among the target population. One seventh of the respondents had someone in their families, who had been suffering from TB at one point in time or the other.
6. Amongst the various reasons, respondents felt that smoking is the leading cause of TB, followed by Bacteria/germ. One third of the total respondents didn't know anything about the causes of TB.
7. The respondents were not much aware about the symptoms of TB and could not enumerate all the symptoms. For example, symptoms like night sweat, pain in chest, cough with blood, weight loss etc.
8. Respondents were aware of transmission of TB from patient to other person and also the methods to prevent transmission of TB.
9. Around three fourth of the respondents felt that TB is a very serious disease in their communities. A majority of respondents said they want to help people suffering from TB but, in general, people tend to stay away from those suffering from TB.
10. More than one third of the respondents maintained that anybody can be infected with TB. One fifth of the respondents told that alcoholics and drug users are highly vulnerable to get infected with TB.
11. In spite of the fact that people prefer to go to health facility, self-treatment was prevalent. Only half of the respondents said that they would visit the doctor if they have cough without blood whereas three fourth of the respondents said that they would visit doctor if they have blood in cough.
12. A positive response was observed in the level of information about the hygiene practices to minimize the spread of TB infection. About 80% agreed that the mouth and nose should be covered while sneezing and coughing.
13. Government clinics or hospitals, for any health problem, are the preferred places of visit. In a way, this shows a better perspective where people are at least not preferring quacks. Government health facilities are more preferred because most of the respondents maintain that private health facilities are expensive, although they believe that the level of treatment is better at private facilities
14. Most of the respondents (36%) said they would seek medical help during illness. It indicates that there is lack of awareness about preventive health
15. Two fifth of the respondents reported that they would seek help from the health facility on the same day, if any of their family member is unwell whereas 41.6% respondents would wait for two to three days. This is indicative of the fact that majority of the respondents do not take health issues seriously and thus prefer to wait for at least two to three days before seeking any medical help.
16. The trucker population because of their nature of job that requires them to travel continuously and stay away from home are unable to take care of themselves. They cannot adhere to strict medicine regimes because of lack of follow-ups. Also they have lack of money and basic facilities, which are the reasons why they ignore their health even if they are willing to seek medical services.
17. Almost half of the respondents feel that there should be more awareness regarding TB and almost equal percentage felt that TB should be properly diagnosed and treated.

18. More than half of the respondents said that they can't get affected with TB. Although their place and nature of work along with the pollution were enumerated as the leading causes of TB infection. Few of the respondents also mentioned that weak immune system, lack of proper diet, improper lifestyle and unhygienic conditions are also responsible for TB infection
19. Stigma and misinformation is deep rooted amongst the population and it is evident that 31.6% expressed they would feel sad and helpless if someone closer to them had TB.
20. The level of information about link of HIV and TB was found significant, 33.6% respondents said that people living with HIV should be more concerned about TB. About 55 respondents agreed that people with HIV should be concerned about TB infection. 70% amongst them felt that such people are vulnerable to developing infection while remaining were not sure about why such people should be concerned.

Conclusion

1. The respondents are not aware about the significance of the disease, hence have no idea of socio-economic impact of TB upon them. A significant number of respondents had someone at their home who had TB, still they were not well aware of DOTS and drug regime.

2. Stigma and misinformation is deep rooted amongst the respondents, evident from the expression that respondents said that they would feel sad and helpless if someone closer to them has TB. This stigma is also responsible for not going to doctor for diagnosis and treatment, non- adherence to the drug regime and non-compliance to diet regime

3. There is lack of awareness regarding preventive health and focus is upon curative aspect of health. Moreover, almost all the respondents were not very much active when it comes to their own health but at the same time they were equally active when it comes to the health of their near and dear ones.

4. The level of general information regarding ways to prevent transmission of TB was considerably high. Most of the respondents, even though were not practicing these habits, but knew about the ways of spreading TB transmission from the patient to others and also the measures to curb such transmission. There is, therefore an opportunity to mobilise and sensitise the community in a manner so that they translate their knowledge into action and practice.

5. The respondents do not have time to think about their health. Thus, ignore the initial signs and symptoms of almost all the diseases. This ignorance could be very dangerous as they don't give importance to their health unless they have to take off from their work for ill health. The lack of awareness and ignorance could be the reason of perceived low number of diagnosed cases of TB. The major reasons of less number of identified and diagnosed cases of TB among the target communities are that trucker and allied population are moving most of the time, hence miss out on adherence to visit to health centres and treatment. Moreover,

the data analysis suggests that most of the respondents give least preference to their own health.

Recommendations

There is need to increase awareness amongst the target population regarding preventive health, in general, and causes, symptoms, precaution, management and treatment of TB, in particular. This would lead to decrease in disease burden and increase in positive health.

Apart from medical aspect of TB, there is need to work upon social and behavioral aspects as well. It includes extending support to the families that have people suffering from TB and burst myths and misnomers about TB, thereby curbing the stigma attached to it. There shall be two prolonged approach, working with the persons suffering from TB to guide them about management and treatment and spreading awareness among communities so that the stigma and misinformation associated with it don't see the day light again

There is need to work upon level of general hygiene practices among the target population as better hygiene practices alone would decrease in the number of cases for communicable diseases.

There is need to strengthen the forward and backward linkages in terms of primary and secondary healthcare services. The respondents must be aware about the services being offered by primary and secondary health services. The level of information about DOTS centre was very poor which could be one of the reasons of undiagnosed and untreated cases of TB. Therefore, adequate information about DOTS and related drug regime must be disseminated to the target population.

Annexure: Questionnaire

General Information about Respondent			
State:	**District:**	**Block:**	**Village:**
Mohalla:			
Respondent Sl. No:		(For office use only)	
Name of the Respondent (Write Full Name)		**Age:**	**Sex:**
Contact Number:			
Caste		General 1 Schedule Caste 2 Schedule tribe 3 Other Backward Caste 4 Don't know 99	
Religion		Hindu 1 Muslim 2 Christian 3 Sikh 4 Other (specify) 99	
Family composition:			
Number of earning members in the family:			
Total Monthly Family Income:			

General Questions

Q No	Question	Response	Code	Skip to
I.	How old are you?	1) 18-29 years 2) 30-39 years 3) 40-49 years 4) 50-59 years 5) 60 years or above		
II.	What is your profession?	1) Driver 2) Cleaner 3) Mechanic 4) Small business 5) Any other (Please specify) _____		
III.	Marital Status?	1) Never Married 2) Married 3) Divorced 4)		
IV.	What is your highest educational qualification?	1) Illiterate 2) Up to class 5th 3) Class 6th to 10th 4) Lass 11th and above		
V.	How far do you live from the nearest government health facility?	1) Less than 5 km 2) Between 6 to 10 km 3) More than 10 km		
VI.	For how many days in a month you stay away from your family?	1) Less than 6 days 2) More than 6 days but less than 15 days 3) 16-20 days 4) More than 20 but less than 30 days 5) Entire month		

SECTION I

<u>Knowledge about TB</u>

Q No	Question	Response	Code	Skip to
101	Have you heard about TB?	1) Yes 2) No		
102	Have you ever seen/heard a person suffering from TB?	1) Yes 2) No		
103	Did anybody in your family ever have TB?	1) Yes 2) No		
104	What do you think are the cause of TB? *(Can be multiple responses)*	1) Bacteria/Germ 2) Cold 3) Smoking 4) Hot Climate 5) Drinking raw milk 6) Any other (Please specify) _____ 99) Don't know		
105	What do you think are the symptoms of TB? *(Can be multiple responses)*	1) Cough 2) Cough that lasts longer than 2 weeks 3) Coughing up blood 4) Severe headache 5) Nausea 6) Weight loss 7) Fever 8) Pain in chest 9) Shortness of breath 10) Weakness 11) Night Sweat 12) Any other (Please specify) _____ 99) Don't know		
106	Does this disease transmit from a patient to other person?	1) Yes 2) No 99) Don't know		If yes- go to 107
107	If Yes, how can it be transmitted from patient to other person? *(Can be multiple responses)*	1) Through sneeze and cough 2) Sharing food or drink 3) Taking care of person suffering from TB 4) Other (Please specify) _____ 99) Don't know		
108	Is transmission of TB preventable	1) Yes 2) No 99) Don't know		
109	Is treatment of TB available?	1) Yes 2) No 99) Don't know		

Q No	Question	Response	Code	Skip to
110	What is the most effective treatment of TB?	1) Traditional Medicines 2) Modern Medicines 3) Religious rituals 4) Good Food 5) Any other (Please specify) _____ 99) Don't know		
111	What is the duration of treatment of TB?	1) One Month 2) Two Months 3) Three Months 4) Six Months 5) Six Months or more 99) Don't know		
112	Do you know about DOTS?	1) Yes 2) No 99) Don't know		

SECTION II

Attitude towards TB

Q No	Question	Response	Code	Skip to
201	In your opinion how serious a disease TB is?	1) Very serious 2) Somewhat serious 3) Not very serious 99) Don't know		
202	Which statement is closest to you about people with TB disease? (Prompt the responses, if required)	1) I feel compassion and desire to help 2) I feel compassion but I tend to stay away from these people 3) It is their problem and I cannot get TB 4) I fear them because they may infect me 5) I have no particular feeling 6) Other (Please specify) _____ 99) Don't know		
203	In your community, how is a person who has TB usually regarded?	1) Many people avoid him/her 2) Most people are friendly but they generally try to avoid him/her 3) The community mostly support and extend help 4) Other (Please specify) _____ 99) Don't know		
204	What would be your reaction if anyone closer to you has TB?	1) Fear 2) Surprise 3) Shame 4) Embarrassment 5) Sadness and helplessness 6) Other (Please specify) _____ 99) Can't say		
205	If you have TB symptoms or diagnosed with TB, who would you talk to about your illness?	1) None 2) Doctor 3) Health worker 4) Spouse 5) Children 6) Parents 7) Close friend 8) Any other (Please specify) _____ 99) Don't know		

Q No	Question	Response	Code	Skip to
206	In your opinion, who can be infected with TB? (Multiple choices are available)	1) Anybody 2) Poor people 3) Homeless people 4) Alcoholics 5) Drug users 6) People living with HIV 7) People who have been in prison 8) Any other (Please specify) 99) Don't know		
207	How expensive do you think TB diagnosis is?	1) It is free of cost 2) It is reasonably priced 3) It is somewhat expensive 4) It is very expensive 99) Don't know		
208	How expensive do you think TB treatment is?	1) It is free of cost 2) It is reasonably priced 3) It is somewhat expensive 4) It is very expensive 99) Don't know		
209	Do you think people living with HIV should be more concerned about TB?	1) Yes 2) No 3) Don't know		If yes- go to 210. If no, go to 211. If don't know- go to 301.
210	Why?	1) A person living with HIV is more likely to develop TB 2) Don't know 3) Any other (Please specify) ……..		
211	Why not?	1) A person living with HIV is less likely to develop TB 2) Don't know 3) Any other (Please specify) ……..		

SECTION III

Practices regarding TB

Q No	Question	Response	Code	Skip to
301	If you have cough with no blood, what would you do?	1) I will wait for some time 2) Ask family 3) Ask friend 4) Self-treatment 5) Consult a health worker 6) Consult a doctor 7) Any other (Please specify) _____ 99) Don't know		If 1- go to 303
302	If you have cough with blood, what would you do?	1) I will wait for some time 2) Ask family 3) Ask friend 4) Self-treatment 5) Consult a health worker 6) Consult a doctor 7) Any other (Please specify) _____ 99) Don't know		If 1- go to 303
303	If you prefer to wait for some time, how long would you wait?	1) One to two weeks 2) Two to three weeks 3) One month 4) Two months 5) More than two months		
304	Should mouth and nose be covered while sneezing/coughing?	1) Yes 2) No 99) Don't know		
305	Should person infected with Tuberculosis stay in separate room?	1) Yes 2) No 99) Don't know		
306	Should person infected with Tuberculosis have healthy diet?	1) Yes 2) No 99) Don't know		
307	Should healthy people not share clothes, dishes and food with people who are infect with Tuberculosis	1) Yes 2) No 99) Don't know		

SECTION IV

Health Seeking Behaviour

Q No	Question	Response	Code	Skip to
401	Where do you usually go when you are sick or for any general health problem?	1) Government clinic or hospital 2) NGO run clinic or hospital 3) Private clinic or hospital 4) Traditional healer 5) Medical Store 6) Any other (Please specify) _____		
402	How often do you generally seek health care at clinic or hospital?	1) Monthly 2) Once in two months 3) Once in six months 4) Once in a year 5) Never in last two years 6) During any illness 7) Any other (Please specify) _____ _____		
403	Do you think you can get TB?	1) Yes 2) No		If no- go to 405
404	Do you think you can get TB? Explain why.			
405	What would you do if you had TB? *(Multiple options are available)*	1) Go to government health facility 2) Go to private health facility 3) Go to a pharmacy 4) Go to a traditional healer 5) Self-treatment options 6) Any other _____		
406	If any of your family members is unwell, what would you do?	1) Take to government health facility 2) Take to private health facility 3) Take to local healer 4) Prefer homemade medicines		
407	If any of your family members is unwell, at what point would you seek help from a health facility?	1) Same Day 2) Within 2-3 days 3) Within a week 4) Generally after a week 5) Don't go to Health Facility		If response 5 is not chosen- go to 409

Q No	Question	Response	Code	Skip to
408	If you would not go to a health facility, what is the reason? *(Multiple choices are available)*	1) Not sure where to go 2) Cost 3) Transport challenges 4) Do not like attitude of health workers 5) Can't leave work to visit health facility 6) Fear of finding out something really wrong 7) Any other (Please specify)		
409	Is there anything else you would like to share with regards to TB?			