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Research Article

**ANALYSIS OF AWARENESS ABOUT PULMONARY
TUBERCULOSIS AMONG PATIENTS**¹Dr Aisha Seher, ²Dr Maria Nazar, ³Dr Afaq Sadaat¹Women Medical Officer at THQ Hospital, Sadiqabad²Women Medical Officer at BHU Hathiwind, Sargodha³Medical Officer at THQ Hospital, Taxila

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Abstract:

Introduction: Tuberculosis (TB) is a major global health concern. It is the most common infectious cause of mortality worldwide surpassing malaria and Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDs).

Aims and objectives: The basic aim of the study is to analyze the level of awareness about pulmonary tuberculosis among patients.

Material and methods: This cross-sectional study was conducted in THQ Hospital, Sadiqabad during November 2018 to February 2019. The data was collected from 100 TB patients through a questionnaire analysis. This study was aimed to do the analysis of level of awareness about pulmonary TB among patients. The data was collected through a questionnaire analysis. This analysis includes all the demographic data of the patients.

Results: The data was collected from 100 TB patients. About 36.8 percent participants were 41-60 years followed by more than a quarter (28.1%) were 21-40 years old. About 80.7 percent participants were known that blood in sputum followed by evening rise in body temperature (71.9%), generalized weakness and loss of weight (28.1%), and continuous cough for >3 weeks (21.1%) are the presenting symptoms of PTB.

Conclusion: It is concluded that knowledge regarding the sign and symptom of tuberculosis was commonly observed amongst majority of the participants, however, only few had correct knowledge about the cause, modes of transmission, and preventive methods of TB.

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INTRODUCTION:

Tuberculosis (TB) is a major global health concern. It is the most common infectious cause of mortality worldwide surpassing malaria and Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDs). According to World Health organization (WHO), lack of knowledge about TB causes underutilization of the services, delay in seeking diagnosis, and poor treatment adherence [1]. Consequently, creating general awareness about TB among communities and initiating community participation in the control of the disease make up one component of the 6 basic components of the "Stop TB Strategy" of the WHO. Improving community's knowledge on TB is essential in the TB Control strategy as it shapes their health-seeking behavior [2]. Several studies have shown that dearth of knowledge about the etiology, cardinal symptoms, route of transmission as well as appropriate treatment of TB may lead to delayed or inappropriate health-seeking practices, thus sustaining the transmission of the disease within the community [3]. According to Mondal et al (2014), although people often have a general idea of what TB is, gaps in knowledge on transmission, treatment and prevention leads to diagnostic and treatment delays among people living with TB. The author argues that patients with low knowledge about TB are less likely to seek healthcare and get diagnosed rather they often turn to self-medication and traditional healers which lead to delays in diagnosis and appropriate treatment [4].

Tuberculosis (TB) is an infectious disease caused by Mycobacterium tuberculosis that affects the lungs and other body parts. Tuberculosis of lungs is termed as pulmonary tuberculosis and otherwise it is called as extra-pulmonary tuberculosis. It is commonly transmitted via aerosol. Despite remarkable success been made in the prevention and control of tuberculosis, it remains one of the World's most serious alarming public health problems in developing countries [5]. Every year, millions of people get tubercular infection which remains a second leading cause of deaths attributed to the infectious diseases. It is estimated that one-third of the population in the World have tubercular infection; nonetheless, the observed cases represent

tip of iceberg. It is estimated that six out of every ten adults in Nepal have Mycobacterium infection, of whom 40,000 people develop active TB and 20,000 result with infectious pulmonary disease [6].

AIMS AND OBJECTIVES:

The basic aim of the study is to analyze the level of awareness about pulmonary tuberculosis among patients.

MATERIAL AND METHODS:

This cross-sectional study was conducted in THQ Hospital, Sadiqabad during November 2018 to February 2019. The data was collected from 100 TB patients through a questionnaire analysis. This study was aimed to done the analysis of level of awareness about pulmonary TB among patients. The data was collected through a questionnaire analysis. This analysis includes all the demographic data of the patients. The questionnaire was designed to explore the information about the five components of knowledge and 14 areas of attitudes pertaining to tuberculosis. The first part of the questionnaire was constructed to generate the knowledge of TB whereas the second part contained 14 sets of attitude-related questions with five-point Likert's scale.

STATISTICAL ANALYSIS:

All the data was collected and analyzed using SPSS version 20.0. All the values were expressed in mean and standard deviation.

RESULTS:

The data was collected from 100 TB patients. About 36.8 percent participants were 41-60 years followed by more than a quarter (28.1%) were 21-40 years old. About 80.7 percent participants were known that blood in sputum followed by evening rise in body temperature (71.9%), generalized weakness and loss of weight (28.1%), and continuous cough for >3 weeks (21.1%) are the presenting symptoms of PTB. Majority 82 (71.9%) believed that Tuberculosis is caused by excessive alcohol consumption followed by almost equal proportion (70.1%) believed that the smoking (smoking products such as cigarette, Bidi, and different brands) is a cause TB.

Table 01: Analysis of level of awareness among PTB patients

Knowledge items	Frequency	Percent
Presenting symptoms and signs of TB*		
Evening rise of temperature	82	71.9
Weakness/weight loss	32	28.1
Continuous cough >3 weeks	24	21.1
Headache	4	3.5
Loss of appetite	18	15.8
Blood in sputum	92	80.7
Loose stool	8	7.0
Cause/s of TB*		
Bacteria (<i>Mycobacterium tuberculosis</i>)	20	17.5
Smoking	80	70.2
Alcohol consumption	82	71.9
Chewing Tobacco (Surti, Khaini, Tobacco pan)	30	26.3
Polluted water/environment/food	14	12.3
Communicability		
Communicable	94	82.5
Non Communicable	20	17.5
Mode of transmission*		
During coughing	66	57.9
Sharing common materials (cloth, utensil, room)	64	56.1
Air borne/droplets	6	5.3
Sharing of smoking items	24	24.6
Alcohol consumption	14	12.3
Preventive measures of TB*		
Primary immunization with BCG	93	81.57
Avoiding smoking	40	35.1
Avoiding alcohol	16	14.0
Providing the awareness about TB	50	43.9
Avoiding personal contact to the TB patient	60	52.6
Personal protection measures: Face masks	14	12.3

DISCUSSION:

This study revealed that the study participants had basic knowledge about the symptoms of TB and its modes of transmissions. The lack of TB knowledge is of great concern as it leads to wrong opinions on control and prevention of TB thereby making it difficult to reduce the burden of TB [6]. The current study revealed there were false beliefs and opinion about the cause of TB in the study area. The findings are consistent with those of a study done in rural Uganda where witchcraft, hereditary factors, heavy labour, sharing of utensils and smoking were documented as the causes of TB. Similarly, in a study done Tanzania, participants attributed TB to smoking, drinking alcohol, witchcraft and genetic factors. The participants did not differentiate the cause of TB and the risk factors for disease development [7]. While smoking and drinking alcohol may serve as risk factors for developing TB, they do not cause TB. Poverty and lack of awareness are considered the most important factors that

increase the risk of exposure to TB while factors such as HIV/AIDS, smoking, drinking alcohol, malnutrition, increased susceptibility of infants and the elderly and increased virulence and/or increased dose of bacilli have been recognized as important contributors to the development of the disease and its epidemiological burden [8]. The misperceptions about the cause of TB should be targeted through patient education and awareness creation in the community.

Variation in the understandings might be due to the eruption of different symptoms according to the geographical variations or differences in the participant's profile. In this study, alcohol and smoking were reported as the principal causes of tuberculosis; however, the true information regarding bacterial infection was reported by less than a quintile (17.5%) participant. Knowledge of causative agent amongst the participants in our study was very low as compared to the findings of

Tasnim *et al.* (47.7%) in Bangladesh; however, it was higher than that was reported by Mohamed *et al.* (1.9%) in Sudan [9]. In this study, more than four out of every five participants knew that the TB is a communicable disease whereas as many as (96.6%) patients in rural area of Aligarh, India, reported that TB is communicable disease and it is transmitted from one person to another. It indicates that the proportion of participants who know about the communicability of TB reported in this study was lower than that was reported in Aligarh. Majority had reported that sharing of common means in between the patient and family members is the common mode of TB transmission; nonetheless, almost a quarter affirmed that sharing of smoking items is the mode of disease transmission [10].

CONCLUSION:

It is concluded that knowledge regarding the sign and symptom of tuberculosis was commonly observed amongst majority of the participants; however, only few had correct knowledge about the cause, modes of transmission, and preventive methods of TB.

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