

Clinico-social profile and care seeking behaviour of adult tubercular patients : a cross sectional study

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Introduction

India is the highest tuberculosis (TB) burden country in the world and accounts for nearly one fifth of the global burden of tuberculosis, two-third of the cases in South East Asian Region. Every year approximately 1.8 million person develop tuberculosis of which about 0.8 million are new smear positive highly infectious cases. TB kills about 0.32 million people every year. Annual risk of becoming infected with TB is 1.5% and once infected there is 10% life-time risk of developing TB disease. 2 out of every 5 Indians are infected with TB bacilli. The case detection of new smear-positive cases in Revised National Tuberculosis Control Program (RNTCP) reported a minor improvement between 2007 and 2008 in India. Despite this, it has been reported that an estimated 19% of the new smear-positive cases in India remained undetected by the DOTS Program in 2007, the highest globally. An important cause of these missed cases in India is because many patients with the symptoms of TB did not seek formal care for treatment of tuberculosis. Inadequate knowledge about the disease or its presenting symptoms and availability of TB treatment free of cost at Public health institutions, overreliance on informal health care providers and lack of accessibility to treatment are the reasons behind. However there are some guidelines which aim to reduce the gaps in providing care, to increase coverage and to ensure quality of care which in turn increases the satisfaction of both patients and service providers. This also helps in improving compliance of the patients and enhances the chances of a favourable outcome. Against this background, the present study has been

planned to ascertain these gaps in care-seeking behaviour of the tuberculosis patients who are undergoing treatment under RNTCP in Bankura Municipal area as well as to identify clinic-social profile and perception about disease and treatment which might have some bearings on care-seeking behaviour, in order to identify strategies for effective tuberculosis control.

Methods

After obtaining informed consent, the participants will be interviewed to collect their clinic-social profile, perception about the disease and treatment as well as care-seeking behaviour at the DOTS centres using the pre-designed, pilot-tested, semi-structured proforma. Tuberculosis treatment card, sputum form will be reviewed to collect relevant information. Mean, proportion and standard deviation will be calculated as appropriate. Bivariate tests of significance will be used to examine relation of clinic-social profile and perception of patients with care-seeking behaviour.

Results

The project is under process and has not been completed soon.

Conclusions

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Keywords: Tuberculosis; RNTCP.