

Community perceptions of role of social determinants in tuberculosis control in New Delhi: From evidence to action

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Abstract

Background of the Study: Despite sufficient funding by the Government of India, tuberculosis (TB) still remains one of the most efficient and relentless killers of Indian society. This can be attributed to lack of attention to the role of social determinants of TB, which are usually overshadowed by focusing more on diagnostic and treatment aspects. Thus it is required not only to invest in strengthening diagnostic and treatment aspects of tuberculosis control programs, but also to act on its social determinants. Paradoxically qualitative analysis of this issue has not been systemically reviewed to bring out deep-rooted connections TB and social determinants of health. **Objectives:** To explore the perspective of TB patients and their family members on tuberculosis and its related social determinants together with patient experiences, meanings, behaviour and impact.

Methods

Eight focus group discussions (FGDs) were conducted at four TB control programme centres in New Delhi. Focus Group participants consisted of TB patients and their family members. On an average, each FGD had seven participants. The discussions were audio-taped, translated verbatim to English and analysed using qualitative data-analysis methodology.

Results and Discussion

The participants' responses were first grouped and then analysed under the following seven themes- Community perceptions of causative and preventive

aspects of TB, financial bankruptcy, non-uniformity in TB treatment in public and private health sectors, stigma associated with TB, social and geographical barriers in treatment of tuberculosis, role of poor housing in the spread of TB and the relationship between TB and malnutrition.

Proposed Solutions

Viable solutions that emerged were: Incorporating action on social determinants into designing new TB control programmes centres under the Revised National Tuberculosis Control Program (RNTCP); awareness campaigns through mass media, public posters and involvement of medical students; financial security via unemployment allowances and Worker's Protection Act; efficient drug delivery system through collaboration with NGOs.

Conclusions

The RNTCP guidelines are being followed diligently by TB centres across New Delhi, yet they have been inefficient at large in decreasing TB associated mortality beyond a certain point i.e. progress has become stagnant. The considerable progress seen in clinical care of TB under the present strategy needs to be sustained. However to achieve the WHO-set targets, this approach has to be combined with incorporation of social determinants into tuberculosis control programs. Though the present study provides a systemic review of this health problem, a more sustained approach in action on social determinants of tuberculosis is required.