

# Perception of Tuberculosis among Patients in A Rural Setting in Aligarh

Uzma Eram<sup>1</sup>, Tabassum Nawab<sup>1</sup>, Najam Khalique<sup>2</sup>

## ABSTRACT

**Introduction:** Tuberculosis is a major cause of illness world wide. It is caused by *Mycobacterium tuberculosis* that affects the lungs and other body parts. It is commonly transmitted via aerosol. The burden is rising globally due to poverty, increasing population and HIV/AIDS. It is estimated that one-third of the population in the World have tubercular infection, in spite of that the observed cases represent tip of iceberg so the aim of the study was to assess perception of illness of tubercular patients.

**Material and Methods:** The present study was conducted in Rural Health Training Centre, Jawan, of Jawahar Lal Nehru Medical College, AMU, Aligarh. A semi structured questionnaire was used to collect data from January- March, 2015. A total of 80 subjects, more than 15 years age group, residents of Jawan, were selected who either had completed tuberculosis treatment or are still on treatment. An informed consent was taken, before starting the questionnaire.

**Results:** shows that out of 80 subjects under study, 50% were in age –group 35 to 55 years and 75 % were males. It also showed that 40% of subjects under study said they fear other TB patients because they may infect them. 31.25% of subjects under study said they would be friendly to other TB patients but would avoid them. Only 18.75% of the subjects said they wanted to help them and 10% said they had no particular feeling. The study showed 62.5% of the subjects got family support, 80% had threat of jobs or wages, 90% felt sad and socially neglected.

**Conclusion:** The study showed that the misconceptions about the disease is present in most of the subjects. We also observed stigma towards TB. TB awareness programs should focus on reduction of TB associated stigmas. We need to train our health workers and also educate our masses especially those living in rural areas.

**Keywords:** Tuberculosis, perception, rural areas

## INTRODUCTION

Tuberculosis is a major cause of illness worldwide. It is caused by *Mycobacterium tuberculosis* that affects the lungs and other body parts. It is commonly transmitted via aerosol.<sup>1</sup> The burden is rising globally due to poverty, increasing population and HIV/AIDS.<sup>2</sup> It is estimated that one-third of the population in the World have tubercular infection<sup>3</sup>, in spite of that the observed cases represent tip of iceberg.<sup>4</sup> Delayed presentation is considered as a reason for growing burden of T.B. in developing countries.<sup>5</sup> Understanding on health and perceived severity of T.B. are vital factors for timely health care seeking and diagnosis.<sup>6</sup> In developing countries, poor knowledge and perception of tuberculosis is prevalent, which causes delay in diagnosis and treatment of tuberculosis.<sup>7-9</sup> India has the highest number of TB cases in the world.<sup>10</sup> The current study was done to assess perception of illness of tubercular patients.

## MATERIAL AND METHODS

The present study was conducted in Rural Health Training Centre, Jawan, of Jawahar Lal Nehru Medical College, AMU, Aligarh. A semi structured questionnaire was used to collect data

from January- March, 2015. A total of 80 subjects, more than 15 years age group, residents of Jawan, were selected who either had completed tuberculosis treatment or are still on treatment. An informed consent and ethical clearance was taken, before starting the questionnaire.

## STATISTICAL ANALYSIS

Descriptive statistics like mean, percentages and SD were used to interpret the data. Microsoft office 2007 was used to make tables.

## RESULTS

Table 1 shows that out of 80 subjects under study, 50% were in age –group 35 to 55 years and 75 % were males.

Table 2 showed that 40% of subjects under study said they fear other TB patients because they may infect them. 31.25% of subjects under study said they would be friendly to other TB patients but would avoid them. Only 18.75% of the subjects said they wanted to help them and 10% said they had no particular feeling.

Table 3 showed about self –perception of being TB patient. 62.5% got family support, 80% had threat of jobs or wages, 90% felt sad and socially neglected, 56.25% expressed that utensils for food/drink were separated from them, 50% felt that other people behave differently and 10% felt isolated within the family.

## DISCUSSION

In our study, as shown in table 1, 75% of the subjects were males. A study of Nepal also showed that the male patients were higher than female patients.<sup>12,13</sup>

We did not look for any psychological status of the patients in our study, however, 90% of the subjects felt socially neglected/ low esteem, 80% were afraid of loss of jobs/wages, 50% of the subjects complained of changed behavior of other persons. However, more than half of the subjects expressed cooperative behavior of their family members.

Tuberculosis related pervasive stigma may worsen the quality of life of its victims.<sup>11</sup> A higher degree of psychiatric morbidity like denial, hopelessness about life, tension/anxiety and feeling neglected by family and society is common in TB patients.<sup>14,15</sup> Fear of being infected has been reported to be a cause of discrimination against TB sufferers in Nepal.<sup>16</sup> The social isolation of TB patients was also described in Ghana and Nepal.<sup>17,18</sup> Tuberculosis causes a great impact on the social, psychological and mental well-being of the victim. Being diagnosed with TB can create the fear of isolation and

<sup>1</sup>Assistant professor, <sup>2</sup>Professor and Chairman, Department of Community Medicine, India

**Corresponding author:** Dr Uzma Eram, 50, Nishat Apartments, Shamshad Market, Aligarh (Uttar Pradesh):202001, India

**How to cite this article:** Uzma Eram, Tabassum Nawab, Najam Khalique. Perception of tuberculosis among patients in a rural setting in Aligarh. International Journal of Contemporary Medical Research 2016;3(11):3325-3326.

Age (in years)	Numbers	Percentage
>or = to 15 -35	15	18.7
>35-55	40	50
>55 or more	25	31.2
Sex		
Male	60	75
Female	20	25

**Table-1:** Background characteristics

Perception about the TB	Frequency	Percent
I want to help and support them	15	18.75
I have no particular feeling	8	10
I will be friendly but avoid them	25	31.25
I fear them because they may infect me	32	40

**Table-2:** Feeling about other tb patients

Perception as TB patients	Frequency	Percent
Family members are cooperative towards me	50	62.5
Increase sadness/socially neglected/low esteem	72	90
Utensils are separated for me	45	56.25
Threat of job/wages	64	80
Most people behave differently	40	50
Feel isolated within the family	8	10

**Table-3:** Perception on being a TB patient

discrimination.<sup>19</sup> In HIV prevalent countries TB patients are stigmatized due to assumed coinfection with HIV.<sup>20</sup>

## CONCLUSION

The study showed that the misconceptions about the disease is present in most of the subjects. We also observed stigma towards TB. TB awareness programs should focus on reduction of TB associated stigmas. We need to train our health workers and also educate our masses especially those living in rural areas.

## REFERENCES

- Grange JM, Greenwood D, Slack R, Peuthere JF. Medical Microbiology 15<sup>th</sup> ed.UK: ELBS Churchill Livingstone; 1998.p 215.
- World Health Organization (2009): Global Tuberculosis Control. A short update to the 2009 report (World Health Organization, Geneva, 2009).
- Miller B, Schieffelbein C. Tuberculosis. Bull World Health Organ 1998;76:141-3.
- WHO. Global Tuberculosis Report. 2012.Geneva, Switzerland: World Health Organization; 2012b.
- WHO. WHO Global Tuberculosis Control: Surveillance, Planning, Financing WHO Report 2006. Geneva, Switzerland;2006.
- Karim F, Johansson E, Diwan VK, Kulane A:Community perceptions of tuberculosis: a qualitative exploration from a gender perspective. Public health. 2011;125:84-89. Retrieved on 5<sup>th</sup> March 2013 from <http://www.sciencedirect.com/science/article/pii/S0033350610003288>.
- Busari O, Adeyemi A, Busari O. Knowledge of tuberculosis and its management practices among medical interns in a resource –poor setting: implications for disease control in sub-Saharan Africa. The Internet J. Infect. Dis. 2008;6:45-50.
- Mushtaq MU, Majrooh MA, Ahmad W, Rizwan M, et al.

Knowledge, attitudes and practices regarding tuberculosis in two districts of Punjab, Pakistan. Int J Tuberc. Lung Dis. 2010;14:303-10.

- Yousif TK, Al Khayat IM and Salman DH. Survey of knowledge, attitudes and practices: Enhanced Response to TB ACSM, Iraq, Middle East J.Family Med. 2009;7:23-38.
- Central TB Division, DGHS, Ministry of Health and Family Welfare, Government of India. Official RNTCP website. New Delhi, India: TB INDIA 2010-RNTCP status report.[www.tbcindia.org](http://www.tbcindia.org)
- M.G.Weiss, C.Auer, D.B.Somma, and A. Abouhia, Gender and Tuberculosis: Cross-Site Analysis and Implications of a Multi-Country. study in Bangladesh, India, Malawi and Colombia, vol 3 of TDR Monograph, WHO, Geneva, Switzerland, 2006.
- Bhatt CP, Bhatt AB, Shrestha B. Knowledge of tuberculosis treatment-A survey among Tuberculosis patients in DOTS program in Nepal. SAARC J Tuberc Lung Dis HIV/AIDS. 2010;7:10-4.
- Tasnim S, Rahman A, Hoque FM. Patients knowledge and attitude towards tuberculosis in an urban setting. Pul Med. 2012;2012:352850.
- E.Manoharan, K.R. John, A. Joseph, and K, S, Jacob. Psychiatric morbidity, patients perspectives of illness and factors associated with poor medication, compliance among the tuberculosis in Vellore, South India.The Indian Journal of Tuberculosis. 2001;48:77-80.
- U. Eram, I.A. Khan, Khan Z, M Tamanna, et al. Patients perception of illness and initial reaction to the diagnosis of tuberculosis. Indian J Comm Med. 2006;vol 31.
- Bacay-Domingo MCN, Ong-Lim AL. A descriptive study of the knowledge, attitudes and practices on tuberculosis among patient treatment partners of pediatric patients in Tarlac City. PIDSP J. 2009;10(1).
- Dodor EA, Kelly S. We are afraid of them.: attitudes and behaviours of community members towards tuberculosis in Ghana and implications for TB control efforts. Psychol Health Med. 2009;14:170-179.
- Baral SC, Karki DK, Newell JN. Causes of stigma and discrimination associated with tuberculosis in Nepal: a qualitative study. BMC Public Health. 2007;7:211.
- O.Christopher and I Bosedede. Health seeking behavior of tuberculosis patients in Ekiti State, Nigeria. Studies on Ethno Medicine. 2010;4:191-197.
- E.Buregyeya, A.Kulane, R.Colebunders et al. Tuberculosis knowledge, attitudes and health-seeking behavior in rural Uganda. International J of Tuberculosis and Lung Disease. 2011;15:938-942.

**Source of Support:** Nil; **Conflict of Interest:** None

**Submitted:** 25-10-2016; **Published online:** 02-12-2016