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A Study to Assess the Knowledge and Attitude of Community People Regarding Tuberculosis in Selected Areas of Rani, Kamrup (Rural), Assam

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Abstract

Tuberculosis (TB) continues to prove as a major threat to global health. India has approximately two to three million people infected with tuberculosis. Therefore, a study was undertaken to assess the knowledge and attitude of community people regarding tuberculosis in selected areas of Rani, Kamrup (Rural), Assam with the objectives to assess the knowledge and attitude of the community people, to compare the knowledge and attitude and to find out the association between knowledge and attitude of the community people regarding tuberculosis and demographic variables. Quantitative research approach with descriptive survey design was adopted for the study. The selected areas were Rani Community in the district Kamrup (Rural) of Assam. Hundred community people were selected as study sample using simple random sampling (lottery with non-replacement) technique from the study population. A demographic proforma, a structured knowledge questionnaire and a structured attitude questionnaire was adopted to collect the necessary information from the study sample. The data were analyzed using both descriptive and inferential statistics. The findings of the study revealed that majority; 47% had average knowledge followed by 30% poor and 23% had good knowledge on tuberculosis. The attitude towards tuberculosis revealed that, 46% had favorable attitude towards tuberculosis in the areas of diagnosis, treatment, prevention and support to the diseased person, whereas 54% participants had unfavorable attitude towards tuberculosis. Unfavorable attitude was significantly associated with female gender ($p \leq 0.05$). Favorable attitude towards tuberculosis patients was significantly associated with high educational level of the study participants ($p \leq 0.05$). While assessing the association between the knowledge of the sample and selected variables, no significant association was found.

Keywords

Tuberculosis, Knowledge, Attitude

INTRODUCTION

Tuberculosis (TB) is one of the primary public health problems in developing countries. It is one of the most common worldwide infectious diseases and the single largest cause of death in the world, in fact, since 1993, tuberculosis has been declared as "global emergency" by the World Health Organization until now[1].

It remains one of the world's deadliest communicable diseases. In 2013, an estimated 9.0 million people developed tuberculosis and 1.5 million died from the disease; 3,60,000 of whom were HIV-positive[2]. Approximately 4,00,000 people die from tuberculosis every year in India and more than 1,000 every day[3] and 100 million work-days are lost each year[1].

Since tuberculosis is increased in morbidity and mortality, it is expected to become a critical health issue especially in developing countries. In the northeast India, especially in the tea garden communities of Assam, pulmonary

tuberculosis is one of the major health concerns[4]. Moreover, in a community with low levels of awareness about the cause, mode of transmission and preventive methods, the spreading of tuberculosis could be high[5].

To understand knowledge of tuberculosis and attitudes toward tuberculosis for all people in Assam is very important. Thus, the present study intends to compare the knowledge of tuberculosis and attitudes toward tuberculosis among people in Assam. To make the community people aware of the disease and to reduce the morbidity and mortality, active community participation by way of creating awareness on the etiology, symptomatology, management, preventive measures, and information of availability of services, etc., for tuberculosis is needed to be spread. It is also essential to disseminate information and interact with the people for removing fear and stigma associated with tuberculosis so that people can come forward for seeking care. A few studies have highlighted the awareness about tuberculosis among the general population in different parts of India such as in Rajasthan[6], rural Tamil Nadu[7], among the chest symptomatics in Tamil Nadu[8] and in slum community of Delhi[9]. In spite of the improvement in the health care infrastructure, facilities and trained health personnel, the majority of cases came for treatment only after the disease was well advanced.

The finding from various studies indicate that patients delayed in treatment may be influenced by several factors, namely lack of knowledge, lack of awareness of the significance of symptoms, negative social attitudes or different combinations of these three factors. Tuberculosis is the most infectious disease that can spread from person to person. Therefore, it is very important for the health workers to educate the community people and to give health education about how to protect themselves from spreading of the disease.

The present study was planned to assess knowledge and attitude of the community people in relation to socio-demographic variables so that appropriate measures can be adopted for the community.

OBJECTIVES OF THE STUDY

1. To assess the knowledge of the community people regarding tuberculosis.
2. To assess the attitude of the community people regarding tuberculosis.
3. To compare the knowledge and attitude of the community people regarding tuberculosis.
4. To find out the associate between knowledge and attitude of the community

people regarding tuberculosis and demographic variables.

HYPOTHESIS:

H01 - There is no significant association between the knowledge and attitude of the community people regarding tuberculosis and the demographic variables.

METHODOLOGY:

Research Approach and Design: Quantitative research approach with descriptive survey design was adopted to assess the knowledge and attitudes of tuberculosis among community people.

Setting: Selected areas of Rani Community, Kamrup (Rural), Assam was selected as the setting for the present study.

Study population: Population is the set of people or entities to which the results of a research are to be generalized. In the present study the population consists of all the adult community people of selected areas of Rani community, Kamrup (Rural), Assam.

Sample size: 100 adult community people of selected areas of Rani community, Kamrup (Rural), Assam were selected as sample using simple random sampling (lottery with non-replacement) technique from the study population.

Description of the tool for data collection:

The tool for data collection in the present study consists of three parts –

Part – I: Demographic proforma to collect the demographic information of the sample viz. age, sex, religion, education, occupation and source of information.

Part – II: consists of the knowledge questionnaire containing 30 items developed by the researcher and validated by 3 experts from the field of Medical Surgical Nursing and Community Health Nursing. Each item has a correct answer. If one gives the correct answer on the question, earns one point; if not, receives zero point. The lowest score in this questionnaire is zero and the highest score is 30. The higher the score, better the knowledge of tuberculosis the persons have.

Part – III: This part consists of attitude questionnaire toward tuberculosis, containing 22 items developed by the researcher and validated by 3 experts from the field of Medical Surgical Nursing and Community Health Nursing. In this four-point Likert scale was used to evaluate the samples attitude towards tuberculosis, where, 1 means “strongly disagree” to 4 means “strongly agree”. The lowest score for this questionnaire is 22 and the highest score is 88. The higher the score, proactive

attitude the persons have towards tuberculosis.

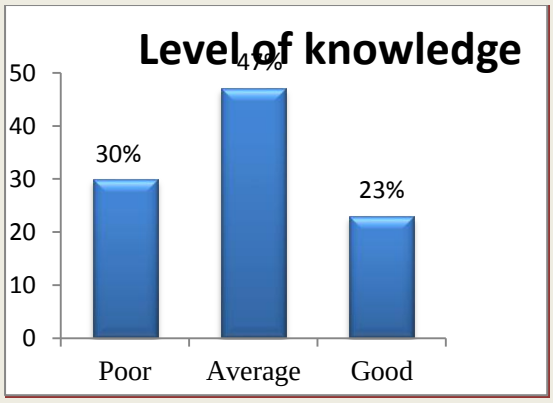
RESULTS

Section 1: Demographic information of the sample:

The demographic information of the sample showed that most of the persons 43 (43%) were from the age group of 40 to 50 years, majority of them 71 (71%) were female, most of them 48 (48%) were from Hindu religion, majority 41 (41%) of the persons educational level was high school pass, majority of the samples 68 (68%) were house wife and for majority 40 (40%) get the source of information from mass media.

Figure 1

Level of knowledge among the community people regarding tuberculosis



The level of overall knowledge generated using the composite knowledge score is summarized in Figure 1. Of the total study participants 100, majority (47%) had average level of knowledge about tuberculosis. Whereas, 30% had poor and 23% had good knowledge on tuberculosis.

Section 2: Assessment of the level of knowledge among the community people regarding tuberculosis

The level of overall knowledge generated using the composite knowledge score is summarized in Figure 1. Of the total study participants 100, majority (47%) had average level of knowledge about tuberculosis. Whereas, 30% had poor and 23% had good knowledge on tuberculosis including all the areas together.

Section 3: Assessment of the level of attitude among the community people regarding tuberculosis

Community peoples' attitude towards tuberculosis was assessed using a likert scale of 22 items. From the total of 100 study participants, 46 had favorable attitude towards tuberculosis in the areas of diagnosis, treatment, prevention and support to the diseased person whereas, 54 participants had unfavorable attitude towards tuberculosis. Unfavorable attitude was significantly associated with female gender ($p \leq 0.05$). Favorable attitude towards tuberculosis patients was significantly associated with high educational level of the study participants ($p \leq 0.05$).

Section 4: Association between knowledge and attitude of the community people regarding tuberculosis and demographic variables.

While assessing the association between the knowledge of the sample and selected variables, no significant association was found ($p \leq 0.05$). Whereas, unfavorable attitude was significantly associated with female gender and favorable attitude towards tuberculosis patients was significantly associated with high educational level of the study participants ($p \leq 0.05$).

DISCUSSION

The present study revealed that out of total study participants 100, majority (47%) had average level of knowledge, 30% had poor and 23% had good knowledge on tuberculosis. While assessing the association between the knowledge of the sample and selected variables, no significant association was found. Whereas, unfavorable attitude was significantly associated with female gender and favorable attitude towards tuberculosis patients was significantly associated with high educational level of the study participants ($p \leq 0.05$). Similar to the present study finding, a community-based cross sectional study was conducted by **Jango Bati, Mengistu Legesse and Girmay Medhin (2012)**[10] with the objective to assess the level of knowledge, attitudes and practices regarding tuberculosis in a Regional State of Ethiopia. Out of 422 study participants 57.6% had good level of knowledge and 40.8% had favorable attitude towards tuberculosis and 45.9% had good practices. Moreover, low level of overall knowledge, attitudes and practices about tuberculosis was associated with female participants. Another study conducted by **Diallo (2009)**[11] about knowledge, attitude and practices behavior in Bamako‟s people with tuberculosis, the result expressed concern about the ignorance of the relationship between tuberculosis and HIV, 85% of respondents did not know that there is a relationship between tuberculosis and HIV. Khan et al (2006)[12] in a study assessed knowledge of patient with tuberculosis in Pakistan, showed the alarming lack of knowledge on tuberculosis in Pakistani people with tuberculosis. Poor knowledge of people with tuberculosis concerning their disease may contribute to the high burden of tuberculosis disease in the country. Almost the participants had high score in attitude in this study.

CONCLUSION

The results of the present study revealed an average level of knowledge about tuberculosis in the selected areas of the community. In addition, the study showed unfavorable attitude towards tuberculosis especially in female participants. Hence,

public health education and awareness on the cause, symptoms and mode of transmission, treatment and preventive measures of tuberculosis would be very important towards the prevention and control of tuberculosis.

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