



## A CROSS SECTIONAL SURVEY ON KNOWLEDGE OF ADULT REGARDING TUBERCULOSIS

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### ABSTRACT

**Objectives:** To assess the knowledge of adult regarding tuberculosis.

**Methodology:** A Quantitative research approach was used for the study to assess the knowledge of adult regarding tuberculosis survey design was used. The study was conducted in selected hospital, Dehradun, Uttarakhand. Convenient Sampling technique was used to select the study subjects. Data was collected from 100 adults who are present in hospital premises during time of data collection using Semi-Structure Questionnaire.

**Result:** The knowledge scores of adults showed that maximum adults had average knowledge score (65.0 %) regarding tuberculosis,(22.0%) had good knowledge scores, while the knowledge scores of (13.0%) adults were poor regarding the tuberculosis. Results also indicated that adults were not fully aware about the tuberculosis henceforth a further need existed to strengthen the knowledge of adults further regarding the tuberculosis.

**Conclusion:** It is concluded that frequent awareness program and information booklet is required for adults to increase knowledge about tuberculosis

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## INTRODUCTION

In an age when we believe that we have the tools to conquer most diseases, the ancient scourge of tuberculosis (TB) still causes 2 million deaths a year world wide – more than any other single infectious organism reminding us that we still have long way to go. Even equipped with drugs to treat TB effectively, we haven't managed to eradicate this deadly infection.<sup>i</sup>

Tuberculosis has affected humanity since the beginning of the recorded time and is associated with poverty, malnutrition, overcrowding, poor socio-economic status, large family, industrialization. Tuberculosis occurs at any age, majority of cases are seen in 20-40 years. Almost 40% of the population in India are infected with TB pathogen, every Fifth new patient world wide is living in this sub-continent.<sup>ii</sup>

Tuberculosis is specific infectious disease caused by mycobacterium tuberculosis. It affects the lungs and causes pulmonary tuberculosis, It also affects intestine, meninges, bones, tissues of the body, joints, lymph glands & skin. The lung is the usual infection site, It spreads from person to person through droplet infection. Majority of transmission of TB infection takes place indoors.<sup>iii</sup>

WHO estimates that largest number of new tuberculosis cases in 2008 occurred in South East Asia Region, which accounted for 35% of incident cases globally.

In 2009, it is estimated that 1.7 Million people died of tuberculosis and there were about 9.5 Million new cases detected. Over all 1/3<sup>rd</sup> of the world's population is currently infected with tuberculosis bacillus. People with HIV infection are much more likely to develop tuberculosis. In India, every year approximately 1.8 Million persons infected by tuberculosis in that 0.8 Million are new smear positive highly infectious cases. Annual risk of becoming infected with TB is 1.5%, 2 of 5 Indians are infected with TB bacillus. Every day about 5000 peoples are affected by TB. Patients with infectious pulmonary tuberculosis disease can infect 10-15 persons in a year. 2 persons die every 3 minutes, more that 1000 people died every day, almost 0.5 Million die every year due to TB.<sup>iv</sup>

It is also estimated that between 2000 and 2020 nearly 1 billion people will be newly infected, 200 million will get sick, and 35 million will die, from tuberculosis if global control is not further strengthened.<sup>12</sup> TB killed more young people and adults than any other infectious diseases in the world. It causes more deaths than AIDS and Malaria combined. Although the use of penicillin and antibiotics have caused the decline of the disease in some countries, hot spots of this illness still exists in eastern Europe, South East Asia and sub-Saharan Africa. In the developed world, this disease is primarily seen in the elderly, while in developing countries, it is more commonly seen in young adults.<sup>13</sup>

## METHODOLOGY

The survey was conducted in adult population coming to OPD. 100 adults who were present in hospital premises during time of data collection were selected through convenient sampling

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technique. The data was collected on 10<sup>th</sup> March 2014 at selected Hospital. Subjects who fulfilled inclusion criteria were selected for the study. Informed written consent was obtained from participants of the study after explaining the purpose of the study.

**Data Analysis**

Sociodemographic characteristics were described using frequency and percentage. Data analysis done using descriptive and inferential statistics.

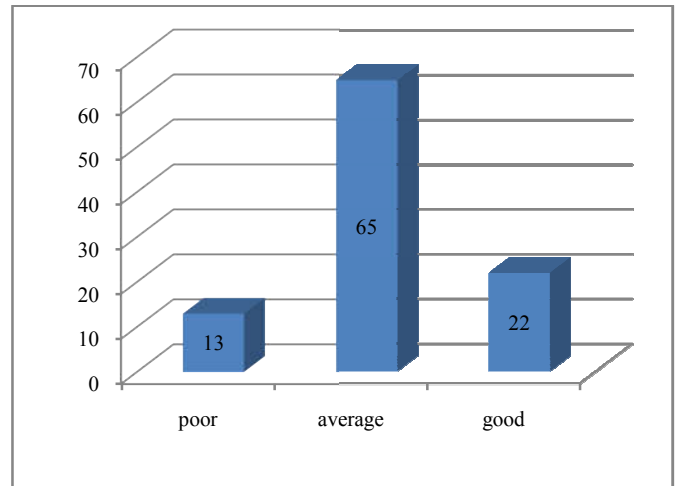
**RESULTS**

Sociodemographic characteristic of study participants are described in Table 1.

**Table 1** Frequency and percentage of distribution of selected demographic characteristics of samples.

S.No	Characteristics	Samples N = 100	
		Frequency	Percent
1	AGE	18 -28 years	19 19.0 %
		29 – 38 years	25 25.0 %
		39 - 48 years	24 24.0 %
		49 – 58 years	13 13.0 %
		59 – 68 years	14 14.0 %
		69 – 78 years	05 05.0 %
2	Gender	Male	51 51.0 %
		Female	49 49.0 %
3	Living	Urban	48 48.0 %
		Rural	52 52.0 %
		Informal	23 23.0 %
4	Education	Primary Education	24 24.0 %
		Secondary Education	30 30.0 %
		Graduate	23 23.0 %
		Skilled	20 20.0 %
5	Occupation	Professional	23 23.0 %
		Unemployed	17 17.0 %
		Housewife	40 40.0 %

**Table 1:** The data presented in Table indicates that majority of the adults are in the age group of 29-38 years were male, 52 % of adults were from rural area, with 30% of them were graduate. 40% of them were housewives.



**Figure 1 represents:** The knowledge scores of adults showed that maximum adults had average knowledge score (65.0 %) regarding tuberculosis, (22.0%) had good knowledge scores, while the knowledge scores of (13.0%) adults were poor regarding the tuberculosis. Results also indicated that adults were not fully aware about the tuberculosis henceforth a further need existed to strengthen the knowledge of adults further regarding the tuberculosis.

**DISCUSSION**

The knowledge scores of adults showed that maximum adults had average knowledge score (65.0 %) regarding tuberculosis, (22.0%) had good knowledge scores, while the knowledge scores of (13.0%) adults were poor regarding the tuberculosis

**CONCLUSION**

This study concludes that, Extensive health education directing towards attitudinal change by community involvement is needed to create awareness and remove myths about TB in general population.

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