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# A Descriptive Study to Assess the Knowledge Regarding Tuberculosis among Males Aged between 20-50 Years in Selected Rural Areas of Moradabad, Uttar Pradesh: A Original Study

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## Abstract

**Introduction:** Tuberculosis is a contagious disease, caused by acid fast bacilli. Tuberculosis being a communicable disease has spread and made many people it's victim. Now it's high time to do something to control the spread of the disease by spreading awareness about its prevention and about its accessible treatment available.

**Aim:** The aim of this study is to find the level knowledge regarding Tuberculosis among males aged between 20-50 years in rural areas of Moradabad and also to find out the associations between level of knowledge with selected demographic variables.

**Methodology:** Types of studies- Descriptive survey design. Types of participants- Males of 20-50 years residing in rural area. Setting- Selected rural area of Bagadpur, Moradabad Outcome- Based on the findings and interpretation of the present study, the following conclusion was drawn that 32 (53.3%) had average level of knowledge and there is no significant association of level of knowledge with selected demographic variable.

***Keywords:*** *Assessment, knowledge and Tuberculosis.*

## Introduction or Background

Tuberculosis being a communicable disease has spread and made many people it's victim. Now it's high time to do something to control the spread of the disease by spreading awareness about its prevention and about its accessible treatment available.

Tuberculosis is a contagious disease, caused by acid fast bacilli. It belongs to mycobacterium tuberculosis complex. Tuberculosis has been identified as a big issues related to health (WHO, 2012). As per knowledge we know tuberculosis is controllable, preventable and curable, although it is estimated that one-third of world's population is infected with latent tuberculosis.

According to WHO, 2012 eight million new cases arise every year and about two million people die from tuberculosis.

Human tuberculosis is caused Mycobacterium microli is rare, but its prevelance and clinical significance may have been underestimated. A cross sectional study was conducted to find out the knowledge regarding Tuberculosis among rural areas in Kanchipuram district of Tamil Nadu. Study result showed that only 215 (10.6%) knew that tuberculosis is caused by microorganisms, 530 (26.1%) knows that it is transmitted by cough and 694 (34.4%) of the participants knew about some symptoms of tuberculosis, but 65.6% participants did not know about even though a single symptoms of tuberculosis. The study has concluded that knowledge regarding cause and mode of transmission of Tuberculosis was inadequate in rural areas (Easwaran, et al., 2015)[5]

A population based cross sectional survey was conducted in area of FilaBavi in Bavi District, Vietnam to find out the knowledge on Tuberculosis among Men and Women with a cough for more than three weeks and to observe their health seeking behavior on Tuberculosis. The study was conducted on April-June 2000 in 67 cluster area of FilaBavi by specially trained interviewer with structured knowledge questionnaire on

population of more than 15 years or older adult. A total number of 35832 adults have participated in the study among them 559 (1.6%) had cough of three weeks or more duration. The study had found out men have more knowledge score than women (3.04 and 2.55 respectably with $P<0.001$). Higher level of knowledge has significant association with higher education, age less than 65 years, being married, being government staff and being student. Better knowledge was also significantly influenced to better health seeking behaviour. But in this study also found majority of men than women did not take any heath care action at all (Hoa, Thorson, Long, & Diwan, 2003).[1]

Another descriptive cross sectional study has conducted among general population in North East Libya to find out level of knowledge on Tuberculosis in February- July, 2009 on 1000 people from five cities. The study result reveals that majority of population are having poor level of knowledge with mean score of 11.4+/-3.9 which is higher in Libyans (11.7+/-3.8) than non-Libyans (9.7+/-4.7, t=26.13, p<0.001). Finally, the study suggested that specialized educational program should arrange for community people to promote awareness in general people (Solliman, et al., 2012).[2]

Haasnoot, Boreting, Kuney, & Roosmalen, 2010 conducted a descriptive exploratory study to assess knowledge attitude and practice about maasai, Simanjiro District, Tanzania concerning Tuberculosis and to gain insight into the role of traditional healer in diagnosia and treatment. The study results found that majority of population are known about danger of Tuberculosis. Majority 46 (67%) are knows about Tuberculosis, 55 (80%) knows symptoms about Tuberculosis and 46 (67%) are consider it is treatable. Study result also believe Tuberculosis is a punish from God and can be treat by herbs roots and bark. They also concerns traditional healers have influence on initiation and adherence in treatment of Tuberculosis.[3]

A cross sectional epidemiological study was done in the department of Tuberculosis and chest, S P Medical College, Bikaner, Rajasthan from April, 2010 to January, 2011 over 510 Tuberculosis patient to find out awarness and knowledge on Tuberculosis. The study result found that 510 (100%) participant heard about Tuberculosis but among them only 100 (19. 6%) partcipant knows its spread by germ. 260 (59.9%) people knows mode of transmission is through air when coughing, 85 (16.6%) listen about medication but none of them knows the name of medicine. Finally the study concluded that overall knowledge and awarness are less in people and information education is neeed in community (Jangid, Agrawal, Yadav, Pandey, & Mathur, 2016).[7]

Mushtaq, et al., 2011 conducted a cross sectional study on Pakistan Punjab provines to find out inequities in knowledge, attitude and practice on Tuberculosis among urban and rural population in 2008-2009. A total number of 1080 partcipant of aged 20 Years or above are participated in study among which 432 are from urban and 648 from rural residence. A semi structure questionare was used consisting of sociodemographic questionare, knowledge, attitude, practice and information sources about Tuberculosis. The study resut found that majority of population are having poor knowledge. Study also found that urban area are having more knowledge than rural are in terms of knowledge regarding symptoms (2.03, 1.59-2.61), transmission (1.93, 1.44-2.59), prevention (2.24, 1.70- 2.96), duration of standerd treatment (1.88, 1.41-2.59) at p<0.001. Therefore the study has concluded that areas of residence should considered during making prevention and management strategy.[4]

## Findings

### Section 1: Description of sample characteristics

Majority of men participated in the study, 32 (53.3%) were belongs to the category of 31-40 years, 52 (86.7%) were belongs to Hindu religion, 25 (41.7%) were studied till secondary, 28 (46.7%) family income per month is are 5000-10000, 28 (46.7%) belongs from joint family, 52 (86.7%) had adequate ventilation in house, 32 (53.3%) are married, 25 (41.7%) are farmer by profession and 37 (61.7%) are belongs from family of 4-5 members in house.

### Section 2: Distribution of level of knowledge regarding Tuberculosis among males aged between 20-50 years

Figure 1: Graphical representation of level of knowledge

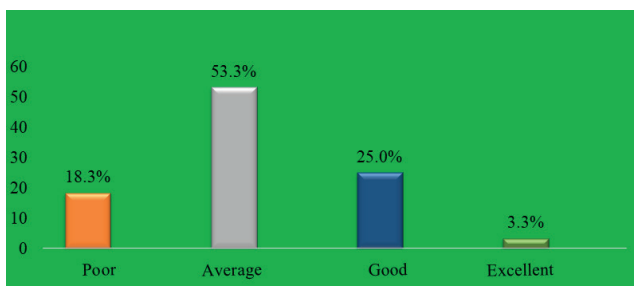


**Figure 1: Bar diagram showing percentage distribution of male according to their level of knowledge**

Figure 1 shows that majority 32 (53.3%) had average knowledge, 15 (25%) had good knowledge, 11 (18.3%) had poor knowledge and 2 (3.3%) had excellent knowledge on Tuberculosis.

**Section 3: Association between level of knowledge regarding Tuberculosis among males with selected demographic variables**

Section 3 depicts the association of demographic characteristic of male with knowledge score of Tuberculosis. It shows that there is no significant association for age in year, religion, education, family income per month, type of family, ventilation, marital status, occupation and number of family member in house with level of knowledge hence, null hypothesis is accepted.

## Discussion

Findings of the study was supported by a descriptive exploratory study was conducted in rural Tandavapura, Mysore District, Karnataka to find out the knowledge on rural adults and associative factors. Demographic proforma and structure interview questionare on Tuberculosis was applied on 30 adults. The study results find out that 15 (50%) are having average level of knowledge with mean score of 12.1. The study also revealed that there is no significant association in demographic variable and level of knowledge (Nair, G, S, & Williams, 2015).[6]

This findings of the study was contradicted by a study done by Kumar, Das, Christina, & Sezal, 2018. They conduct a descriptive study to assess the knowledg regarding Tuberculosis and its prevention among Nursing student posted in selected hospital of Vadodara, Gujrat. Non-probablity convenient sampling technique was used to seect the student and total number of 120 student was selected. Structured knowledge questionare was used and study result reveals that majority 75 (62.5%) had moderate level of knowledge. The study also found that level of knowledge is having significant association with course/education.[8]

Another descripted study has conducted among Tuberculosis patients and their caregiver in selected DOT's center in Punjab to find out knowledge and practice regarding management of Tuberculosis and to find out association in between knowledge and practice. A total number of 200 participant are participated in the study and the study result found that both patient and care giver had very good knowwledge (38% and 41% respectively) on Tuberculosis but in practice both are having average (92%, 87% respectively) level of practice. The study also found that there is a significant relationship between knowledge and practice score of patient with $P$=0.001 and level of knowledge having significant association with patients with age, education and marrital status, $P$</=0.005. Finally the study concluded that participant has good knowledge on Tuberculosis but they are not applying it on practice (Thakur & Sethi, 2016).[9]

## Conclusion

Based on the findings and interpretation of the present study, the following conclusion was drawn that 32 (53.3%) had average level of knowledge and there is no significant association of level of knowledge with selected demographic variable.

**Sourse of Funding:** Self-funding

**Ethical Clearance:**

- Prior permission was obtained from the Medical superintendent of District Women Hospital.
- Informed written consent was taken from each participant under the study. Objective of the study was maintained with honesty, privacy confidentiality and anonymity.

**Conflict of Interest:** Nil

## Reference

1. Hoa NP, Thorson AEK, Long NH, Diwan VK. Knowledge of tuberculosis and associated health-seeking behaviour among rural Vietnamese adults with a cough for at least three weeks. 2003;31.
2. Solliman MA, Hassali MA, Al-haddad M, Hadida MM, Saleem F, Atif M. Assessment of Knowledge towards Tuberculosis among general population in North East Libya. 2012;02(04):24–30.
3. Haasnoot PJ, Boeting TE, Kuney MO, Roosmalen J Van. Knowledge, Attitudes, and Practice of Tuberculosis among Maasai in Simanjiro District, Tanzania. 2010;83(4):902–5.
4. Mushtaq MU, Shahid U, Abdullah HM, Saeed A, Omer F, Shad MA, et al. Urban-rural inequities in knowledge, attitudes and practices regarding tuberculosis in two districts of Pakistan ' s Punjab province. 2011;1–9.

5. Easwaran M, Ramachandran D, Ramasamy R, George N, Mathew M, Bazroy J, et al. Knowledge, attitude, and practice regarding tuberculosis among rural population in Tamil Nadu. 2015;4(12):1681-4.
6. Nair NP, G VK, Mahadevprasad VS, Williams PS. A study to assess the Knowledge regarding Tuberculosis among the adults in selected rural areas of, Mysore with a view to develop an information pamphlet objectives : 2015;5(March):15–7.
7. Jangid VK, Agrawal NK, Yadav GS, Pandey S. Knowledge and awareness of the tuberculosis in tuberculosis patients at a tertiary care centre in North West Rajasthan, India. 2016;7(4):262–8.
8. B VKM, Das D, Christian R, Sezal P. "A Study to Assess the Knowledge Regarding Tuberculosis and its Prevention among Nursing Students Posted in Selected Hospital of Vadodara." 2018;V(I):184–8.
9. Thakur N, Sethi D. A Descriptive Study on Knowledge and Practices Regarding Management of Tuberculosis among Patients and Their Caregivers at Selected Dots Centers in Punjab. 2016;(7):702–10.