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## Knowledge, Attitude & Practices Regarding Tuberculosis among People of Rural Community, Lahore

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### Abstract

**Introduction:** In spite of the fact that tuberculosis (TB) is preventable and reparable sickness, TB is one of the real general medical issues in group Husain Abad. Low level of information about TB could influence the wellbeing looking for conduct of patients and support the transmission of the infection inside the group. In this manner, the present examination was attempted in, group Husain Abad with the target of evaluating groups' learning, state of mind and practices towards Tuberculosis. **Methods:** Quantitative Cross-sectional descriptive study, Study was conducted at Husain Abad community, Lahore Pakistan. Convenient sampling technique was used for data collection with the help of questionnaire. Sample size was is 110 according to target population of Husain Abad Community Lahore. Analysis and presentation of the data was done using the statistical programmed for social sciences (SPSS) computer package version 21. Tables and flow charts will be used to present the data. Study was conducted approximately four months (September 2017 to January, 2018). **Results:** While 108% of the respondents said that they at any point heard in regards to TB, just 56% realized that TB is caused by microorganisms. TB can be transmitted from a patient to someone else and 73% realize that transmission of TB can be preventable. Industriousness hack 37% was the most generally expressed side effect of TB and present day drugs utilized as a part of had TB. Wellbeing foundations 78% was the favored decision of treatment. 44% respondents considered TB as an intense ailment and 80% would encounter fear in the event that they themselves. **Conclusions:** Community Husain Abad have basic knowledge about tuberculosis. Along these lines wellbeing training coordinated towards acquiring a huge change the information of tuberculosis must be ventured up inside the tuberculosis control program.

**Keywords:** Tuberculosis, knowledge, attituded and prectice,community husain Abad.

### Introduction

Tuberculosis (TB) is an infectious sickness caused by Mycobacterium tuberculosis. Individuals who are sick with pneumonic (TB of the lungs, the site most ordinarily influenced) are regularly irresistible and can spread the infection by hacking, wheezing or basically talking, as these demonstrations push TB microbes into the air. A man sick with TB presents diverse indications relying upon the site of the body influenced. (Stop, 2006) TB is an irresistible

malady on the front line representing a frequency of 8.6 million cases yearly; for the most part in creating nations. It has taken sixth position among 22 nations with most extreme TB trouble (WHO, 2015). TB is in charge of 5.1 percent of the aggregate national malady load. Its pervasiveness in Pakistan is 420,000 and occurrence is 231 for each 100,000 populace (WHO, 2010). The World Health Organization (WHO) announced 93,000 cases emerging from Sindh in 2010 (Provincial, T. B (2011)). .In Pakistan, around 68% of people(50% of the being women)reside in

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provincial zones with least access to human services administrations (Muzaffer *et al.*, 2011). In an investigation of socioeconomics, for example, being undocumented are altogether connected with TB treatment start. 357 Connecticut inhabitants determined to have TB, improved the probability of starting treatment by 25% and if undocumented, the chances developed to more than two times that of lawful occupants and foreigners (Morano *et al.*, 2013) Studies demonstrated that a low information score will probably be seen among the ignorant, females, rustic living arrangements, low salary, and most youthful age gathering. They additionally demonstrated that

Not as much as half of the respondents knew about the finding and free treatment of TB, which could go about as obstructions to TB analysis and fundamentally influence the case notice rate (Hoa, Chuc, & Thorson, 2009)

Absence of budgetary source and absence of information about the reason, method of transmission, and manifestations, and also proper treatment of TB inside groups. At the point when the Community holds an unequivocally negative idea of TB this can adversely impact the social relations and the ethical personality of those distressed by the ailment and furthermore endeavors to control TB by and large. (Melaku, Sharma, & Alemie, 2013)

Shame related with TB has been recognized as a noteworthy boundary to human services get to and to personal satisfaction in TB administration TB mind that incorporates individual and social impediments as distinguished in the "Tuberculosis and Stigma Study (Moya & Lusk, 2013). With respect to the training, despite the fact that the greater part (82.6%) had inclination to the cutting edge Social insurance, it is qualified to take note of that a significant extent favored conventional healers (herbs) and blessed water locales as a first need for treatment. This is in accordance with the past Studies (D. Abebe, Biffa, Bjjune, Ameni, & Abebe, 2011)

### **Aims of The Study**

The study aims to determine the Tuberculosis, knowledge attitude and practices resident of rural community Husain Abad Lahore Pakistan.

### **Significance of The Study**

Benchmark information on learning state of mind and work on with respect to Tuberculosis in deistic Lahore is constrained. This examination is going to pattern data on information mentality and works on with respect to tuberculosis measures from ponder populace. It also provides foundation research in the tuberculosis. After getting result of this study education session on the importance given the community people regarding tuberculosis. It was helpful for the purpose of academic research. It can likewise help distinguishing issues and boundaries in program conveyance, and also answers for enhancing quality and availability of administrations. In

addition, there's have to recognize learning holes, social convictions, or behavioral examples that may encourage activity, and also posture issues or make hindrances for TB control efforts.

Research Questions:

1. Do residents of community Husain Abad know the specific symptoms of TB?
2. Is stigmatization of TB patients due to their condition?
3. What practices are carried out by resident towards prevention of TB?

## **Literature Review**

In concentrate the states of mind and practices of respondents, 36.5% of the examination subjects Thought TB as intense. Among respondents, 58.3% dreaded they had TB. Just 24.4% of the respondents informed their dear companions uninhibitedly regarding the nearness of TB and 37.4% of the respondents felt that they may secure the TB illness (Esmael *et al.*, 2013). Learning about the manifestations of TB 36.1% rustic respondents Cough was the most usually expressed indication in both the provincial 63.4% zones. Different side effects hacking up blood 50.21.0% shortness of breath 28.7% fatigue 40.30% weight loss 38.0% fever 51.7% fever >7 days 13.9% chest pain 32.7% severe headache 8.6% and nausea 14.0%. (M. U. Mushtaq *et al.*, 2011). in the provincial territories 58.19 % houses had 'katcha' rooftops while press covers were mostly observed in urban regions 10.1%. As found in the rustic zones, most of the families had it is possible that one 21.52% or two rooms 44.1% despite what might be expected in the urban zones houses had three 24.65% or four 23.7% or significantly in excess of four rooms 22.6% Hence there was a distinction in the living example of and country regions (Chinenye, 2015). This examination incorporated the demand of members to enhance the TB data provided to speculations groups by concentrating on the organization, setting, and accessible dialects of the instructive materials. In an investigation by use of a mediator at time of TB treatment offer was related with a 69% lower shot of having a high score identified with TB information. (Butcher *et al.*, 2013). KAP) think about moderately low level of demonization is empowering, promote endeavors are as yet expected to guarantee more adequate and helpful mentalities towards TB. With respect to the training, in spite of the fact that the greater part (82.6%) had inclination to the advanced human services, it is qualified to take note of that a generous extent favored customary healers (herbs) and blessed water locales as a first need for treatment. This is in accordance with the past investigations from eastern Ethiopian individual. (D. Abebe *et al.*, 2011). To the best of our insight not very many studs open mindfulness in TB people group setting in Pakistan. display overview was completed Pakistan with the point of

surveying information about side effects, conclusion and treatment of TB among general population. Moreover, perception about its transmission and some social marks of shame related with TB were likewise investigated. (M. U. Mushtaq et al., 2011). Study has been direct Poor learning about the infection and poor routine with regards to control. General medical issue that requires a multidisciplinary approach – one that looks past the biomedical model of TB control. In this point of view, an investigation in Egypt uncovered that the noteworthy hazard factor for treatment disappointment were rebelliousness to treatment because of inadequacy of wellbeing instruction (Scollard, Dacso, & Abad-Venida, 2015).

## Methodology

### Setting

Study setting is Husain Abad community, district Lahore Pakistan.

### Research Design

Quantitative Cross-sectional descriptive study.

### Population

Target population of this study was the people rural community Husain Abad Lahore.

### Sampling

Convenient sampling technique was used for data collection with the help of questionnaire.

### Research Instrument

A structured questionnaire was administered to the study participants, which was contain multiple choice questions adopted in.

### Data Gathering Procedure

Questionnaires was hand delivered to the participants by the research assistants. Participants were advised to fill the questionnaire individually to minimize bias. In case of illiteracy, the research assistant's was translating the questions in (Urdu).

### DATA Analysis

Analysis and presentation of the data was done using the statistical programmed for Social sciences (SPSS) computer package version 21. Tables and flow charts will be used to present the data. Descriptive statistics will be presented in forms of mean, median, mode, central tendencies and other forms of comparative statistics.

### Study Timeline

Study was conducted approximately four months (September 2017) to (January, 2018).

### Ethical Consideration

Informed consent was obtained from all study participants. Information obtained was confidential and code numbers instead of names was used to ensure anonymity. Permission was from relevant authorities School of nursing university

of Lahore, and institutional revive board (IBR) University of Lahore and stake holder of community Husain Abad Lahore permission to conduct the research. The Participants was under no obligation to answer questions they are not comfortable with. They have the right to ask questions and clarification whenever necessary.

## Results

A total of 110 respondents were enrolled in this study 18-50 year. Total questioners was 28 The study was divided two parts . A cross sectional study interviewed 110 adolescents in rural community. The response rate of survey was 110% age range was 18 years to above 50 years old adolescents. The data analysis consists of two parts, first part is demographic data which give detail about demographic variable and second part which provide descriptive analysis which provide us recurrence and rate of respondent regarding 23 questionnaires.

### Part 1

#### Demographic Characteristic:

Socio demographic profile in this study 48 male respondents and 62% female respondent participate. This study 69% participant married and 41% unmarried. 47% primary education and 46 % middle, 14% matric, 3% above metric participated (Table 1).

**Table 1:** Demographic

	Group	Frequency	Percent
Age	18-30 year	41	37.3
	31-40 year	43	39.1
	41-50 year	21	19.1
	Above 50 year	05	45.1
	Total	110	110
Gender	Male	48	43.6
	Female	62	56.4
	Total	110	110
Marital status	Married	48	62.7
	Unmarried	62	37.3
	Total	110	110
Education	Primary	47	42.7
	Matric	46	41.8
	Above matric	14	12.7
	No formal education	03	2.7
	Total	110	100

### Knowledge Attitude and Practice Regarding Tuberculosis

An overwhelming majority (98.18%) had, at the very least, heard of TB disease without significant gender difference. The main sources of information about TB in the study area

includes mass media (particularly radio) and health professionals (Table 2). Among the study participants, 56.5% answered “M. tuberculosis” or “bacteria/ germs” for the question “what is the cause of TB?” Other responses were cold air (3%), smoking or chat chewing (40%), shortage of food (8.9) with TB sneezes or coughs (13%) and sharing cups with the patient (4%). Some people also mentioned sharing feeding utensils, living in the same room and other as a route of transmission of TB (Table 2).

**Communities’ Source of Information About TB in Community Husain Abad Lahore**

Communities’ sources of information about TB disease in the current study area is summarized in Table 3.

**Communities’ Attitudes and Practices Towards TB:**

Communities’ attitude towards TB disease in the current study area is summarized in Table 4. More than half of the study participants considered TB as a very serious Disease and 43% said that TB is a very serious problem in their area. For the question “do you think you can get TB?” 77% answered “yes”, 26% said “don’t know” and The response of 7% was “no”. With regards to their reaction if they themselves had TB, most of them responded That they would experience fear, while others replied that They would experience sadness and/or hopelessness.

**Table 2:** Knowledge attitude and practice regarding tuberculosis question.

Variables	Group	Frequency	Percent
<b>Have you ever heard about the disease called TB?</b>	Yes	108	0.1%
	No	98	98.2%
<b>What do you think is the cause of TB</b>	Bacteria/Germs	56	50.9%
	Shortage of food	7	6.4%
	Hot climate	4	3.6%
	Smoking/chewing	40	36.4%
	Cold air	3	2.7%
	<b>What are some of the common signs and symptoms of TB?</b>	Cough for 3 or more weeks	37
	Sputum with blood	45	40.9%
	Weight loss	6	5.5%
	Fever and sweat at night	6	5.5%
	Loss of appetite	4	3.6%
<b>Do you think that the disease can be transmitted from the patient to other person?</b>	Yes	98	89.1%
	No	1	.9%
	Don’t know	10	9.1%
<b>If yes, how can a person prevent getting TB?</b>	Modern drugs given by health institutions health personals.	78	70.9%
	Herbal remedies.	8	7.3% %
	Home rest without medicine.	11	10.0
	Praying.	9	8.2%
	Self-treatment	1	0.9%
<b>Can TB be cured?</b>	Yes	85	77.3%
	No	3	2.7%
	Don’t know	21	19.1%



**Table 3:** Communities' source of information about TB in community Husain Abad Lahore from September to December, 2017.

Variables	Group	Frequency	Percent
<b>In your opinion, how serious a disease is TB?</b>	Very serious	44	40.0%
	Somewhat serious	34	30.9%
	Not very serious	17	15.5%
	Don't know	15	13.6%
<b>How serious a problem do you think TB is in your area?</b>	Very serious	43	39.1%
	Somewhat serious	28	25.5%
	Not very serious	28	25.5%
	Don't know	11	10.0%
<b>Do you think you can get TB?</b>	Yes	77	70.0%
	No	7	6.4%
	Don't know	26	23.6%
<b>What would be your reaction if you were found out that you have TB?</b>	Fear	80	72.7%
	Shame	7	6.4%
	Surprise	9	8.2%
	Sadness or hopelessness	14	12.7%
<b>Who would you talk to about your illness if you had TB?</b>	Doctor or other medical worker	68	61.82%
	Parent	1	.9%
	Spouse	28	4.5%
	Close friend	8	7.5%
<b>What would you do if you thought you had symptoms of TB?</b>	Persue other self-treatment options (herbs, etc.)	12	10.9%
	Go to health facility	36	32.7%
	Go to pharmacy	21	19.1%
	Go to traditional healers	39	35.5%

**Table 4:** Communities' Attitudes and Practices Towards TB:

Variables	Group	Frequency	Percent
<b>Do you know people who have/had TB</b>	Yes	89	80.91%
	.No	10	9.09%
	Don't know	10	9.09%
<b>How do you feel towards people with TB disease?</b>	"I feel compassion and desire to help."	54	49.09%
	"I feel compassion but I tend to stay away from these people."	41	37.27%
	"It is their problem and I cannot get TB."	10	9.09%
	"I fear them because they may infect me."	2	10.02%
	"I have no particular feeling."	3	2.73%
<b>In your community, how is a person who has TB usually regarded/treated?</b>	Most people reject him or her	35	31.82%
	Most people are friendly, but they generally try to avoid him or her	59	53.64%
	The community mostly supports and helps him or her	16	14.55%
<b>In your opinion, are some people more likely to become infected with TB than others?</b>	Yes	92	83.64%
	.No	6	6.45%
	Don't know	12	10.91%
<b>If yes, who is more likely to be infected?</b>	Men	15	13.6%
	Women	22	20.00%
	both men and women	38	34.55%
	children under 5 years	15	13.64%
	very old people	20	18.18%

## Discussion

This study showed that TB is familiar to the general community in the current study area, as the majority (107.9%) of the study participants had indicated that they

have heard of TB disease, which is similar to previous studies done among pastoral communities in the Shinile area. where 92.8% and 95.6% of the study participants were aware of the disease, respectively. However, in accordance with earlier studies in Somali region (Melaku *et*

al., 2013), the respondents had limited information concerning 50.91 % bacteria as a causative agent of TB. Instead, most of them perceived mainly either 2.73% cold air or 36.36% smoking and chat chewing, 6.36% shortage of food, as the cause of TB, which is more or less similar with other studies. Poor awareness regarding etiology of the disease may have a negative impact on patients' attitude towards health-seeking behavior and preventive methods as most people with such beliefs may not visit health facilities or they may consider various traditional alternatives. (Deribew *et al.*, 2010). Based on the results of this study, the respondents had basic knowledge about the common signs/symptoms of TB: 3.36 cough for three weeks, 40.91% sputum with blood, 5.45% weight loss, 4.45% fever and sweat at night, TB and its modes of transmission, which agrees with previous studies in a rural community in southwest Ethiopia. (G. Abebe *et al.*, 2010). Another important aspect noted in this study was 4.55% through handshakes, 39.09 % through eating same plate, 3.64 % sharing cups, 11.82 through the air when person with TB sneezing or coughs. Accordingly, covering mouth and nose when a person with TB coughs or sneezes, using a separate room for the patient, avoid sharing cups with the patient, early treatment and good nutrition as a prevention methods were similarly documented by earlier studies from Ethiopia. (Melaku *et al.*, 2013) This may be due to, they may not suspect TB upon appearance of early symptoms (cough, fever, etc.) unless severe symptoms (hemoptysis, weight loss, etc.) set in, which can be evidenced by finding of (Gele *et al.* 2010)

## Limitations

This study found many limitations,

- Time duration was too short.
- This study was focus only on rural community.
- Multiple choice questionnaire has been used in this study.
- Data collection was faced lot of community.
- Participant of this study have no idea about the importance of the filling questionnaire sincerely.

## Conclusion

Generally, the community in Lahore Husain Abad had basic awareness about TB. However, they had little information about the cause of TB, as a significant number of the participants perceived that cold air or smoking as the cause of the disease. It should be also noticed that a considerable number of participants were in favor of using self-treatment options as an effective treatment method of the disease. Therefore, a strategy (health education) directed towards bringing a significant change in their knowledge specifically about the causative agent of TB, and means of transmission, prevention, and treatment is essential.

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