

An Assessment of Knowledge and Practices of Non Allopathic Practitioners in a District of Central India

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Abstract

Background: Non-allopathic practitioners are the major service providers especially in rural and peri-urban areas. Their awareness about the signs, symptoms and management of TB is also crucial.

Objectives:

- To assess the knowledge of sign and symptoms of TB and its management
- To assess the practicing pattern regarding tuberculosis

Material and method: The present was carried out among the registered non allopathic practitioners providing their services in Gwalior District during the study period. A total of 150 non allopathic practitioners of various pathies from both Government and Private Sectors were interviewed using a pre-designed, pre-tested semi-structured questionnaire.

The information was collected on the knowledge about signs and symptoms of TB and its management and practices commonly adopted in the management

Result: The average score of government practitioners was 7.3 compared to 4.6 by private practitioners. On detail analysis of question related to the knowledge about signs, symptoms and management of TB patients.

It was noted that government practitioners relied mostly on sputum examination for diagnosis and follow up compared to private practitioners who chose other modalities like X-ray, blood examination or this work.

Conclusion: The present study concludes that since the non allopathic practitioners' plays a vital role in providing health care especially in rural and peri urban areas, their involvement in any tuberculosis programme is also important.

Keywords: Tuberculosis; Non allopathic Practitioners; Knowledge and Practices

Introduction

India has the highest TB burden accounting for one-fifth of the global incidence with an estimated 1.98 million cases. Even though the treatment success rate has tripled from 25% to 87% and death rate has declined from 29% to 5%, it is still a major cause of morbidity and mortality in India [1]. Non-allopathic practitioners are the major service providers especially in rural and peri-urban areas. Recently, government had also involved non allopathic practitioners in providing health services under AYUSH scheme. This again emphasis the importance of non allopathic practitioners in providing health services especially in rural and peri urban areas. Their awareness about the signs, symptoms and management of TB is also crucial. Although various studies had been carried out in the past regarding the assessment of allopathic practitioners [2-4]. There are limited researches regarding the assessment of non allopathic practitioners in India [5]. Regular assessment of knowledge about the sign and symptom on TB of not only allopathic practitioners but also of non allopathic practitioners is the need of the time. This will not only increase the early case detection rate but also increase the treatment success rate.

Thus the present study was designed to

- To assess the knowledge of sign and symptoms of TB and its management
- To assess the practicing pattern regarding tuberculosis

Materials and Methods

Study design

Cross Sectional Study.

Study period

Six Months (July 2008-Dec 2008).

Study participants

The present was carried out among the registered non allopathic practitioners providing their services in Gwalior District during the study period. A total of 150 non allopathic practitioners of various pathies from both Government and Private Sectors were interviewed using a pre-designed, pre-tested semi-structured questionnaire. All the participants were selected using purposive sampling technique.

The information was collected on the knowledge about signs and symptoms of TB and its management and practices commonly adopted in the management

The study performa was divided into two parts. First part was related to the assessment of knowledge about the management of tuberculosis. It consists of nine questions which were asked directly

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by the interviewer with the study participants. Each correct answer was given one point and all incorrect and non response was given zero point. At the end of the interview total point were added to find out the overall score.

The second part was related to the assessment of practices adopted in the management of TB patients. It consists of few questions, related to the practices, which were asked directly by the researcher as well as few on site observations. The findings were recorded on the Study Performa. All the data were entered into suitable statistical software. Proportion and Chi square test were applied for analysis and interpretation of the result.

Result

The average score of government practitioners was 7.3 compared to 4.6 by private practitioners. On detail analysis of question related to the knowledge about signs, symptoms and management of TB patients. It was noted that there was a statistically significant difference between the two group on issue related to the management of tuberculosis but there was no difference on questions related to the awareness about the current status of TB in India (Table 1)

It was noted that government practitioners relied mostly on sputum examination for diagnosis and follow up compared to private practitioners who chose other modalities like X-ray, blood examination or this work. It was also noted that most of the private practitioners prefer private labs for getting the investigation done compared to the government practitioners (Table 2).

Discussion

It is noted in the present study that government practitioners are more knowledgeable on tuberculosis and its management. The mean score of government practitioners was 7.3 compared to 4.6 of private practitioners. This is similar to the finding of Vandana et al. [2] who

compared the knowledge of allopathic practitioners of both the sector. This difference in knowledge of both the group can be attributed to the fact that government practitioners had received more in depth training and regular updates from programme managers.

It was noted in the present study that there were statistically significant differences in the knowledge of the two groups on issues related to sputum examination, prophylaxis and duration of treatment. While 58% of government practitioners were aware of the fact that a person with a history of cough for three weeks should undergo sputum examination compared to 28% of private practitioners [6]. Similarly, 70.1% of government was aware that new pulmonary tuberculosis requires a treatment for 6-7 months compared to 38.7% of private practitioners [6]. This is a dangerous situation as unawareness regarding the exact duration of treatment among private practitioners lead to inadequate or prolonged treatment of tuberculosis case which is detrimental to patients

It was observed in the present study that the awareness regarding HIV-TB and MDR-TB were low among the participants of both the group. Only 22.6% of government and 17.3% of private practitioners were aware of the exact definition of MDR-TB. Similarly, only 28% of government and 24% of private practitioners were aware that HIV does not affect the prognosis of TB [6].

Practices common among Non Allopathic Practitioners

It was observed in the present study, that while the government practitioners mostly relied on sputum examination for diagnosis and follow-up, X-ray was the most preferred modality for private practitioners for both diagnosis and follow-up. This is similar to the finding of Anandhi CL et al. [6] who also noted that majority of non-allopathic practitioners relied on X-ray and blood examination for diagnosis and follow-up. Studies carried out by other researchers on private allopathic practitioners both in India and around the globe

S. No	Knowledge on TB	Correct response		No Response		Incorrect response		P value
		No.	%	No	%	No	%	
1	A person with cough of 3 week duration should have sputum examination • Government Practitioners • Private Practitioners	41		18		16		$\chi^2 = 11.57$ df=2 p = 0.003
		21		24		30		
2	X ray have only supportive role in the diagnosis of TB • Government Practitioners • Private Practitioners	21		16		38		$\chi^2 = 1.83$ df=2 p = 0.401
		14		18		43		
3	Pulmonary TB is the most common TB in India. • Government Practitioners • Private Practitioners	53		9		13		$\chi^2 = 0.62$ df=2 p = 0.732
		49		12		14		
4	A new pulmonary TB case require treatment for 6-7 months • Government Practitioners • Private Practitioners	53		8		14		$\chi^2 = 15.58$ df=2 p = 0.0004
		29		15		31		
5	INH prophylaxis should be given to breast feeding babies whose mother have active tuberculosis • Government Practitioners • Private Practitioners	45		9		21		$\chi^2 = 7.46$ df=2 p = 0.023
		29		18		23		
6	TB is common in the age group of 15-60 years • Government Practitioners • Private Practitioners	53		8		14		$\chi^2 = 1.49$ df=2 p = 0.475
		51		5		19		
7	X- ray finding persist for many years • Government Practitioners • Private Practitioners	44		13		18		$\chi^2 = 1.80$ df=2 p = 0.406
		36		15		24		
8	Resistance to INH and Rifampacin is required to label a patient as having MDR TB. • Government Practitioners • Private Practitioners	17		24		34		$\chi^2 = 3.39$ df=2 p = 0.139
		13		16		46		
9	HIV infection do not worsen the prognosis of TB • Government Practitioners • Private Practitioners	21		13		41		$\chi^2 = 1.51$ df=2 p = 0.470
		18		9		48		

Table 1: Showing the distribution according to the Knowledge on TB.

S.No	Practices adopted in the management	Government Practitioners	Private Practitioners	P Value
1	Modality used for the diagnosis of TB patients • Sputum examination • X-ray • Elisa/blood Examination • Others	56 9 6 4	24 36 9 6	$\chi^2 = 30.00$ df=3 p < 0.0001
2	Modality used for follow up of TB patients • Sputum examination • X-ray • Elisa/blood Examination • Others	49 15 7 4	23 31 16 5	$\chi^2 = 18.59$ df=3 p = 0.0003
3	Places to get investigation done • Govt./Pvt. accredited labs • Private labs	68 7	18 57	$\chi^2 = 68.13$ df=1 p < 0.0001
4	Type of regime prescribed by you • Alternate day regime • Daily regime	69 6	14 61	$\chi^2 = 81.60$ df=1 p < 0.0001
5	Average duration of treatment required to treat a new smear positive cases • <4 months • 4-6 months • 6-8 months • > 8 months	5 36 22 12	8 29 25 13	$\chi^2 = 1.68$ df=3 p = 0.6419
6	Do you treat TB patients suffering from HIV • Yes • No	0 75	1 74	$\chi^2 = 1.01$ df=1 p = 0.3156
7	Do you have material to spread awareness about TB in community • Yes • No	73 2	69 6	$\chi^2 = 2.11$ df=1 p = 0.146

Table 2: showing the distribution of participant according to the practices adopted in the management of TB Patients.

have also noted the similar importance of X-ray in the diagnosis and follow-up of TB patients [3-5,7,8]. However, the researchers would like to say that the respondent may have answered what they believe to be accepted, instead of what they actually practices in their clinic.

It was noted in the present study that most of the private practitioners (76%) refer their patients to private labs for investigation compared to 9% of government practitioners. This approach of private practitioners can be assign to either the lack of awareness about the government accredited labs in the area. However, researchers would like to express their sincere views that there can be other causes also for this differential approach.

On question of treatment of HIV-TB patients, it was noted that practically none of the participants want to treat such patients. This could probably due to lack of knowledge about the management of HIV-TB co-infection. This is similar to the findings of Kermodé et al [9] on health care workers in rural India.

Conclusion

The present study concludes that since the non allopathic practitioners' plays a vital role in providing health care especially in rural and peri urban areas, their involvement in any tuberculosis programme is also important. This will not only increase their knowledge on recent advancement in tuberculosis management, but it will also increase their participation in national programme to control tuberculosis.

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