

SAMPLE SURVEY OF AWARENESS OF SYMPTOMS AND UTILISATION OF HEALTH FACILITIES BY CHEST SYMPTOMATICS*

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Summary : In the national TB Programme, case finding is 'passive' and persons with chest symptoms are expected to attend on their own for diagnosis and treatment. For the successful implementation of the programme, it is, therefore, essential that chest symptomatics in the community are motivated enough to get their condition diagnosed, The Tuberculosis Research Centre undertook a sample survey in rural, urban and metropolitan areas to identify the chest symptomatics as defined in the National TB Programme. The symptomatics were interviewed by medical social workers with a view to obtain information about the action taken for relief, the type of health facilities utilised and the reason for the choice. Questions were also asked to find out the symptomatics' knowledge about tuberculosis. More than 80% of the symptomatics were aware, over 75% had taken action, although most had no idea about its causation, yet more than 90% had contacted health facilities of which one half were governmental.

- cough for two weeks or more,
 - fever or chest pain for one month or more, or
 - haemoptysis;
- (ii) find out their knowledge about tuberculosis, and
- (iii) know about the action taken by them in order to get relief.

The surveys were carried out in Chetpet Block, North Arcot District for rural, Thiruvannamalai Town, North Arcot District for urban, and Madras City for metropolitan areas.

Material and Methods

A 20% sample from Chetpet Block, 20% sample from Thiruvannamalai Town and 10% sample from Madras City were chosen, based on cluster sampling.

In all the three areas, a census was taken and the chest symptomatic were identified. These chest symptomatics were subsequently interviewed by medical social workers. The aim of the interview was to obtain information on the knowledge of tuberculosis in general, its cause, and action taken by the symptomatics to get relief from their symptoms. The interviews were conducted at the symptomatics' houses in an informal and relaxed atmosphere. Care was taken to establish the necessary rapport before proceeding with the actual interview.

Study Population

The study was confined to persons aged 15 years or more.

The sample size was 18,395 persons for rural, 17,409 for urban and 37,290 for metropolitan area. The proportions of chest symptomatics identified from these samples were 5.8% from rural, 5.5% from urban and 4.7% from metro-

Introduction

In the National Tuberculosis Programme, case-finding is passive and persons with chest symptoms are expected to seek diagnosis and treatment from the available health facilities. For the success of the programme, therefore, it is essential that chest symptomatics in the community are aware of the symptoms and motivated enough to get their illness diagnosed and treated.

The Tuberculosis Research Centre, Madras undertook surveys in three areas, rural, urban and metropolitan in Tamil Nadu in order to :

- (i) identify chest symptomatics, as defined in the District Tuberculosis Programme, that is, those with.

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Table 1. Study population *

| | Rural | Urban | Metro |
|--------------------|--------|--------|--------|
| Sample size | 18,395 | 17,409 | 37,290 |
| Chest symptomatics | 5.8% | 5.5% | 4.7% |
| Interviewed | 93% | 95% | 91% |

*Aged 15 years or more

politan area. Of the identified symptomatics, the interviews were done for 93% from rural, 95% from urban and 91% from metropolitan area.

The coverage for the interview, therefore, was good in all the three areas.

The data on the symptomatics' knowledge of tuberculosis and their action-taking are given below. The socio-economic conditions were different in the three areas.

Heard of tuberculosis

Among the illiterates, 83% from rural, 96% from urban and 84% from metropolitan. areas had heard of the disease. Among the literates,

Table 2. Knowledge of tuberculosis among symptomatics in rural, urban and metropolitan areas

| Literacy status | Rural | | Urban | | Metro | |
|-----------------|-------|-------------|-------|-------------|-------|-------------|
| | Total | Heard of TB | Total | Heard of TB | Total | Heard of TB |
| Illiterate | 598 | 83% | 253 | 96% | 357 | 84% |
| Literate | 389 | 95% | 665 | 98% | 1223 | 96% |

95% from rural, 98% from urban and 96% from metropolitan areas had heard of tuberculosis.

Source of information

Relatives, friends and neighbours were the main source of information in hearing about the illness in all the three areas. In the rural areas, 46% came to know about the illness through tuberculosis patients and 11% through health institutions. In the urban area, for 23% the source was patients and for 29% health institutions. In the metropolitan area, only 9% mentioned tuberculosis patients as the source while 27% mentioned health institutions. The influence of mass media, like radio, TV and newspapers, appeared to be very low in rural and urban areas but was better (15%) in the metropolitan area. Some of the symptomatics mentioned more than one source of information.

Table 3. Source of information about tuberculosis

| Source | Rural % | Urban % | Metro % |
|------------------------------|---------|---------|---------|
| Relatives/Friends/Neighbours | 80 | 45 | 50 |
| Patients of tuberculosis | 46 | 23 | 9 |
| Health Institutions | 11 | 29 | 27 |
| Mass Media | 1 | 2 | 15 |
| Books and Magazines | 2 | 6 | 7 |
| Others | 6 | 5 | 7 |
| Total | 869 | 894 | 1468 |

Some mentioned more than one source

Thus, verbal communication was the main source of information in all the three areas.

Cause of tuberculosis

Above 30% from all the three areas did not have any idea about the cause of this illness. And less than one third of the symptomatics gave various reasons like eating tomatoes and other

Table 4. Knowledge about cause of tuberculosis

| Cause | Rural % | Urban % | Metro % |
|------------------------------|---------|---------|---------|
| No idea | 41 | 30 | 48 |
| Germs | 4 | 14 | 8 |
| Lack of food | 18 | 12 | 7 |
| Smoking/Alcohol | 21 | 16 | 9 |
| Overwork | 5 | 3 | 1 |
| Worries | 3 | 1 | 1 |
| God's curse/evil spirit/fate | 2 | 1 | < 1 |
| Others | 33 | 35 | 35 |
| Total | 869 | 894 | 1468 |

Some mentioned more than one cause

cold things, change of climate and unhygienic conditions, etc. Only 4% from rural, 14% from urban and 8% from metropolitan area had mentioned “germs” as the cause for this. illness. Even among the rural symptomatics, only 2% had attributed the illness to God’s curse, evil spirits or fate; 21% from rural, 16% from urban and 9% from metropolitan area mentioned smoking and consumption of alcohol as the cause and some had mentioned more than one cause.

Action- taking to get relief

Over 75% from the three areas had sought medical advice for their chest symptoms. Even among the rural illiterates, 72% of the symptomatics had taken action to get relief.

Table 5. Action taken for getting relief front symptoms

| Area | No. of Chest Symptomatics | Action-taking % | | |
|-------|---------------------------|-----------------|----------|-------|
| | | Illiterate | Literate | Total |
| Rural | 987 | 72 | 79 | 75 |
| Urban | 918 | 78 | 83 | 81 |
| Metro | 1580 | 82 | 80 | 81 |

Type of health facility utilised

Over 92% from all the three areas had utilised Government and/or private allopathic health facilities. About 50% of the symptomatics had utilised government health facility.

Reasons for not seeking medical advice

In all, 33% from rural, 48% from urban and

Table 6. Type of health facility utilised

| Type of facility | Proportion utilized in areas | | |
|------------------|------------------------------|-----------|-----------|
| | Rural (%) | Urban (%) | Metro (%) |
| Government | 54 | 46 | 53 |
| Private | 62 | 51 | 52 |
| Indigenous | 1 | < 1 | 2 |
| Homeopathic | 7 | 6 | < 1 |
| Others | 2 | < 1 | 2 |
| Total | 736 | 744 | 1278 |

Some utilised more than one facility

Table 7. Reasons given for-not seeking medical device

| Reasons | Symptomatics in areas | | |
|-------------------------------|-----------------------|---------|---------|
| | Rural % | Urban % | Metro % |
| Symptoms not severe | 33 | 48 | 39 |
| Financial | 53 | 9 | 7 |
| Work | 38 | 18 | 29 |
| Transport | 20 | 1 | < 1 |
| Dissatisfaction with facility | 3 | 6 | 4 |
| Domestic | 12 | 5 | 6 |
| Others | 10 | 15 | 27 |
| Total | 251 | 174 | 302 |

Some mentioned more than one reason

39% from metropolitan area mentioned “Symptoms not severe” as the reason for not seeking medical advice. In rural area, 53% of the symptomatics had mentioned financial reason and 38% pressure of work as the reason for the same. In urban area, 18% had mentioned pressure of work as the reason and the same was mentioned by 29% from metropolitan area. One fifth of the symptomatics from rural area had mentioned transport problem for not taking any action. Some of them had mentioned more than one reason.

Conclusions

The main conclusions of the survey are as follows :

1. More than 80% of the symptomatics had “heard of TB” and more than 75% had taken action.
2. The main source of information was verbal communication.
3. A large proportion had ‘No idea’ of the cause of tuberculosis even in the metropolitan area.
4. More than 90% had utilised government and/or private allopathic health facilities. About 50% had utilised government health facilities.
5. The major reason for not taking action was “Symptoms not severe”.