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Abstract - Groupe n°38 (Inde 2)

Rural and urban Tuberculosis in South India: Patient’s knowledge and impact of stigmatization, on work and family’s life.
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Problematic
India has the highest prevalence of tuberculosis in the world (20%). Tuberculosis is a real health community problem leading also to psychologic and social suffering in India. Directly Observed Therapy Short course (DOTS) is a control program of Tuberculosis in India.

Our research question focused on: « Among urban versus rural dwelling patients with tuberculosis, what are the burden of tuberculosis and the patients’ perceptions of the disease? »

Objectives
To identify the impact (stigma, work and family) for patients dwelling of tuberculosis. To identify the knowledge of the patient dwelling of tuberculosis.

Methodology
We completed a literature review reading literature about tuberculosis in India and we used local tools in Father Muller Charitable Institution (FMCI). Then we selected thirty articles, reports and books about impact and knowledge of Tuberculosis.

We proceeded to data collection with semi-structured interviews guided by translators of the community department of Nursing of FMCI. A team in the FMCI selected our patient’s sample: 7 patients who live in rural area and 7 patients in urban area integrated in the Indian national TB program and 5 health care providers (physicians, laboratory worker, social health worker).

Results
Knowledge: Patients in urban area were more knowledgeable than rural patients. According to 2 doctors working for the DOTS program: “this is because of lower education in rural area”. Our results are matching with specialist’s account however we noticed that rural patients were more informed that TB is a communicable airborne disease than urban patients. This main difference, which came out of our study.

Impact: Moreover it transpired from our research many results regarding the impact of Tuberculosis such as marriage, isolation, use of separated utensils, impact on working and wearing a mask are similar in urban and rural areas. Patient didn’t relate them specifically to stigmatization but they are part of it as mentioned by the literature and health care providers. Doctors told us that they observed that stigma was more present in rural areas especially for young people in their most productive years and in the age of getting married.

Conclusion
There are minors differences between rural and urban areas. Through educational and individual surveillance, DOTS has a positive impact on TB perceptions and burdens. Stigmatization seems to be decreasing in India among Tuberculosis.

Keys words
Tuberculosis ; India ; Perception ; Burden ; Patient ; Rural and urban.

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