Rural and urban Tuberculosis in South India: Patient’s knowledge of the disease and impact of stigmatization, on work and family’s life

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

WHAT IS TB: “IT’S A PAINFUL EXPERIENCE.”

SIMILARITIES
- BETWEEN RURAL AND URBAN AREAS:
  - TB is known has an airborne communicable disease (4 patients). Most patient were defining TB by symptoms experienced.
  - Risk factors: lack of nutrition, low immunity, cold, smoke, drink and heredity.
  - How patients protect their surroundings: limiting the spatum spreading by covering mouth when coughing, maintaining distance and keeping apart their utensils.
  - The evolution of the knowledge similarly increasing.
  - They had not faced any barriers to the cure.
  - 50% of the patients stopped working.

DIFFERENCES
- BETWEEN RURAL AND URBAN AREAS:
  - In urban areas almost ¾ haven’t told their neighborhood and friends about their disease. In contrast, in rural areas almost ⅓ of the patients have told to their friends and to neighborhood.
  - In rural areas two young patients were afraid of the consequences of TB which could affect their future (marriage, work).
  - Urban patients had more expressed their feelings about TB than rural patients.
  - Patients in urban areas focused their care experience on treatments, especially the organizational and the temporal dimensions and in rural areas on healthcare providers and their help.

RESULTS

<table>
<thead>
<tr>
<th></th>
<th>RURAL</th>
<th>URBAN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>F= 2</td>
<td>F= 3</td>
</tr>
<tr>
<td></td>
<td>M= 5</td>
<td>M= 4</td>
</tr>
<tr>
<td>Age</td>
<td>M= 38</td>
<td>M= 44</td>
</tr>
<tr>
<td>Civil status</td>
<td>Single : 3</td>
<td>Single : 0</td>
</tr>
<tr>
<td></td>
<td>Married : 4</td>
<td>Married : 7</td>
</tr>
<tr>
<td>Number of children</td>
<td>M= 1.9</td>
<td>M= 2</td>
</tr>
<tr>
<td>People living in the house</td>
<td>M= 7.2</td>
<td>M= 6.3</td>
</tr>
<tr>
<td>Economic status (CHF)</td>
<td>&lt; 80 : 2</td>
<td>161-200 : 1</td>
</tr>
<tr>
<td></td>
<td>&gt; 251 : 0</td>
<td>181-200 : 4</td>
</tr>
</tbody>
</table>

DISCUSSION

Knowledge:
- Patients in urban areas are more knowledgeable than rural patients.
- Rural patients were more informed that TB is a communicable airborne disease than urban patients. But do rural patients talk more freely about TB in their neighborhood and could it be the reason of a better knowledge on TB treatment?

Impact:
- Many results regarding impact on marriage, isolation, using separated utensils, working and wearing a mask are similar in urban and rural areas.
- Patient didn’t related them specifically to stigmatization, more present in rural areas according to Doctors, but they are part of it as mentioned by the literature and health care providers.
- Stigma could hinder the control of TB. These finding corroborates with the finding of Anand et al. (2013) “Lack of understanding of the community perspectives towards TB may be a possible reason for TB remaining as a major public health problem”.

CONCLUSION

- Minors differences between rural and urban areas.
- Through educational and individual surveillance, DOTS has a positive impact on TB.
- Stigmatization seems to be decreasing in India among TB.

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**PROBLEMATIC AND RESEARCH QUESTION**

India has the highest prevalence of tuberculosis in the world (20%), which represents two deaths within three minutes. Tuberculosis is a real community and public health problem leading also to psychological 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 and rural dwelling patients with tuberculosis, what are the impact of tuberculosis and the patients’ knowledge of the disease ? ».

**METHODOLOGY**

- Literature review.
- Community-based participatory qualitative research with semi-structured interviews guided by translators of the community health care department of Nursing/Medicine of Father Muller Charitable Institution.
- Development of two questionnaires (patient and health care providers) composed of two parts: a preliminary one (age, religion, children...) and a main one (knowledge, impact, life experience, etc.)
- Research population patients: n= 7 rural patients and n= 7 urban patients (with defines cases TB with or without HIV).
- Research population health workers: n= 5 health care providers.

**RESULTS**

- **WHAT IS TB: « IT’S A PAINFUL EXPERIENCE. »**

- **SIMILARITIES**

- **DIFFERENCES**

- **OBJECTIVES**

- **METHODOLOGY**

- **DISCUSSION**

- **CONCLUSION**

- **ACKNOWLEDGMENTS**