Changes in knowledge and health seeking behaviour among persons with symptoms of TB living in urban slums, Hyderabad

The level of knowledge on TB may determine the health seeking behaviour of persons who are suffering from symptoms. If persons with symptoms are unable to recognize them as a TB, and do not know where to access appropriate testing and treatment, they may remain undiagnosed. This delay in health seeking and consequent TB diagnoses raises the risk of transmission, results in continued onward transmission and development of complications, including death.

Study objectives

We examined the changes in levels of knowledge on TB and health seeking behaviour over three years among adult chest symptomatic persons in the urban slum areas of Bengaluru. We also used pooled data from Bengaluru and Hyderabad to examine the effect of exposure to THALI activities, using matching methods.

Defining Knowledge and Health seeking behaviour

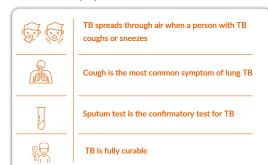
We assessed health seeking behaviour in relation to two key behaviours:



Seeking treatment from a healthcare provider in the two weeks after the onset of the cough

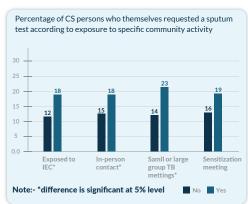


We devised a composite index of comprehensive knowledge based on four key aspects of TB



THALI's Impact in Bengaluru and **Hyderabad cities**

Exposure to THALI's small or large group meetings on TB was found to have the maximum difference in the proportion of respondents seeking treatment from a healthcare provider after two weeks of cough as compared to the non-exposed group (73% vs. 65%).



The effect of exposure to THALI's IEC materials and group meetings on respondents requesting a sputum test showed a significant difference when compared to the non-exposed group

Exposure to IEC materials should have significantly increased the comprehensive knowledge by 31 percentage points and the request for sputum tests by 7 percentage points as compared to non-exposed groups.

Exposure to small or large group TB meetings should have increased comprehensive knowledge by 12 percentage points, seeking treatment from healthcare provider by 10 percentage points and requesting a sputum test by 9 percentage points, as compared to the non-exposed groups.

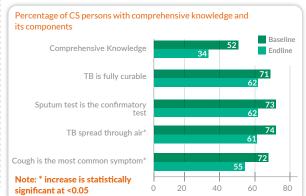
In-person contact had an effect only on comprehensive knowledge and should have significantly increased the comprehensive knowledge by 28 percentage points as compared to non-exposed

Study Coverage

Sample coverage details of adult CS persons in the baseline and end line surveys, Hyderabad.

Status of Survey	Baseline		End-line	
	Number of Cases	Percent	Number of Cases	Percent
Chest symptomatic identified	564		495	
Selected for Interview	480	100.0	476	100.0
Completed	427	89.0	411	86.3
Refused	29	6.0	40	8.4
Not available	24	5.0	25	5.3

Knowledge Aspects



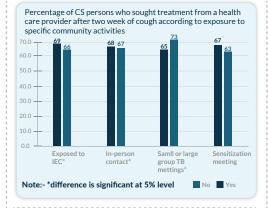
Health seeking behaviour

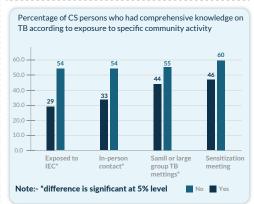
57% to 65%

Increase in proportion of respondents consulting a healthcare provider after two weeks of cough

58% to 66%

respondents who knew that cough is the common symptom of lung TB and sought care from a qualified provider after two weeks of cough. The increase was statistically significant





Program Implications

- Even though around 64% of the CS persons did visit a formal healthcare provider after two weeks of cough, many of them did not receive the recommendation for the appropriate test, a sputum test. Recommending a sputum test is usually considered a function of the healthcare provider. In the absence of this, the ability of the patient to ask for a sputum test also plays a key role in the process of early detection. Programs should aim to build awareness on symptoms and tests for TB, and empower persons to ask for it, increasing their changes of early detection.
- The study found that group approaches to diffuse the key knowledge aspects of TB may be better than individual approaches in generating demand and utilization of services related to TR
- The study found that 74% of the CS persons were exposed to the IEC materials developed by the THALI program, but only 6% of them could recall what information they had received through these IEC materials. Although exposure to IEC materials improved the knowledge aspects, they did not produce the same level of change in the health seeking behaviour, particularly in seeking treatment from a healthcare provider. IEC materials must be appropriate and efficiently designed, supplied, distributed and utilized.









