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Original article:

Socio-demographic profile and outcome of management of tuberculosis in rural setup in Vidharbha

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Abstract:

Introduction: Tuberculosis remains a worldwide major public health problem though the fact that the causative organism was discovered more than 100 years ago with extensive research in their details. It is a disease of poverty affecting mostly young adults in their most productive years.

Methodology: This was Prospective Longitudinal study conducted among the patients attending DOTS center of DTC located at our Institute for last three years. We collected data of 150 patients with inclusion criteria specified for study group. The sample size was approved by the expert. We collected following data from Patient record as well as from his interview.

Results: In our present study most of patients were found in middle age group 30 – 50 years with more number of male population. We also found addition was observed major patients . Most of patients were from lower socioeconomically area .

Conclusion: Our study concluded that most of the patients were from lower socioeconomic status and with some addiction related to tobacco.

Keywords: Tuberculosis, vidharbha, lower socioeconomically

Introduction:

Tuberculosis remains a worldwide major public health problem though the fact that the causative organism was discovered more than 100 years ago with extensive research in their details. It is a disease of poverty affecting mostly young adults in their most productive years. The vast majority of TB deaths are in the developing world[1]. Age is the important determinant of the risk of diseases after infection. The risk may increase in the elderly, possibly because of waning immunity and co morbidity. Indians were at a significantly greater risk of tuberculosis at all sites especially in rural set up due to low socioeconomic strength all over India . In this view present study was planned to study Socio-demographic profile and outcome of management of tuberculosis in rural setup in our Vidharbha.

Methodology:

This was Prospective Longitudinal study conducted among the patients attending DOTS center of DTC located at our Institute for last three years. We collected data of 150 patients with inclusion criteria specified for study group.

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The sample size was approved by the expert. We collected following data from Patient record as well as from his interview.

Inclusion data:

1) Age group – above 18 years
2) Patient regularly attending clinic for more than six months
3) Patients with regular treatment & follow-up
4) Patients from rural set up locality only.

Exclusion data:

1) Patients less than 18 years
2) Non regular patients
3) Patients attending less than six months

Results:

Table 1) Socioeconomic profile of patients (N =150)

S.NO	Variable studied	Number of patients
1	Education	
	Less than SSC	74
	HSC	22
	Graduate	8
	Postgraduate	7
	Non educated	39
2	Economical :	
	Lower class	144
	Middle class	06
	Higher class	0
3	Age group	
	18 – 30	24
	30-50	112
	50-60	04
	>60	10
4	Addiction :	
	Tobacco chewing / mishri	60
	Smoking	23
	Alcohol	-
	Mixed (all 1+2+3)	64
	No	03

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5	Sex Male Females	 142 08

Table 2) Treatment follow-up & Outcome

S.NO.	Treatment remarks	Number of patients
1	Number of taking regular treatment	150
2	Good prognosis	144
3	Developing resistance towards cases	06
4	Patients willingness	146

Discussion:

Vidarbha is the eastern region of the Indian state of Maharashtra, comprising Nagpur Division and Amravati Division with major rural population settle on farming buissness with lesses education. A number of suicides have been reported from Yavatmal, Akola, Amravati, Wardha, Buldana and Washim districts of Vidarbha area. Initially reports from the press suggested high indebtedness as the reason for suicides. Subsequently it was assumed that the cessation of Monopoly Purchase by Maharashtra for purchase of cotton was a major immediate trigger and had led to these suicides as farmers were not getting remunerative returns on cotton.

Tuberculosis (TB) is a major public health concern worldwide: despite a regular, although slow, decline in incidence over the last decade, as many as 8.6 million new cases and 1.3 million deaths were estimated to have occurred in 2012. Since TB does not homogeneously affect the population, selected high-risk groups should be identified in all settings as they deserve special attention and should be addressed specifically with additional interventions.

TB is mostly a poverty-related disease: this can explain its uneven distribution in different population groups. Poor housing and environmental conditions, food insecurity, financial difficulties, illiteracy, unfavourable psycho-social circumstances are among the major determinants of TB and concomitantly affect the capacity of sick persons to access healthcare services.

In our present study most of patients were found in middle age group 30 – 50 years with more number of male population. We also found addition was observed major patients . Most of patients were from lower socioeconomically area .

The bacteria that usually cause the disease in humans, usually affect the lungs, but can affect other parts of the body. If you are infected with the bacteria you won't necessarily become sick, because you can have either latent TB or TB disease.[1] People with latent TB do not feel sick and do not have any symptoms. Some people become sick soon after they have become infected, before their immune system (the part of the body that fights diseases) can fight the

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bacteria. Other people don't get sick at first but they get sick years later when their immune system becomes weak for another reason. This can be because they have an infection, such as HIV, or some other health problem.

It is not fully known how differences between drug susceptible, and drug resistant TB, as well as HIV status, affect the risk of TB transmission. However it is thought that people with drug resistant TB remain infectious for much longer, even if treatment has been started, and this may prolong the risk of transmission in the household. Doctors and other health care workers who provide care for patients for TB, must follow infection control procedures to ensure that TB infection is not passed from one person to another. Every country should have infection control guidance which clearly needs to take into account local facilities and resources, as well as the number of people being provided with care. However, infection control guidance must not only be written but also implemented.

Conclusion:

Our study concluded that most of the patients were from lower socioeconomic status and with some addiction related to tobacco.

References:

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