

Fate is the main reason for Tuberculosis (TB)? Knowledge about TB among women in Kerala, India



Title: Fate is the main reason for Tuberculosis (TB)? Knowledge about TB among women in Kerala, India

Category: Public health practice

Topic: A00 Tuberculosis

Sub-topic: A13 Other

Content:

Background: Worldwide, women carry a disproportionate burden of poverty, ill-health, malnutrition and disease. Gender and culture barriers inhibit women from seeking health-care, leading to poor diagnosis rates, yet higher susceptibility to TB and greater mortality rates. Tuberculosis causes more deaths among women than all causes of maternal mortality combined and women of reproductive age are more susceptible to developing TB than men of same age. Increased knowledge is related to treatment seeking behavior. Through project Axshya even the most vulnerable and marginalized groups were reached and women are sensitized and awareness activities among such groups helped in bringing awareness and treating the entire family.

Method: A pilot study was conducted to understand the knowledge, attitudes and practice about tuberculosis among women. All women respondents of the 11 communities of Vilvattam district were listed and 80 women were selected through stratified sampling method. Women were interviewed about knowledge, attitudes and practice relating TB care and control.

Result: About 77.5% of the respondents were unemployed leading to backwardness of respondent's treatment seeking behavior. Only about 50% of them participated in awareness programs but 75% of the respondents had knowledge of the transmission of TB. 47.5% knew about the DOTS treatment and around 41% did not know the duration of the treatment. 71.3% did not know the possibility to get infected with TB. For 58.8% responded TB does not need care and 88.8% responded that TB can be cured without treatment. About 82.5% believe that fate is the main reason for TB.

Conclusion and recommendation: Addressing TB among women in conjunction with the community, there would be greater success in achieving the goals as women are integral change makers within the family units. Awareness programs for kudumbasree units (women self help groups), other women's group and continuous evaluation of Axshya programs to reach out for more vulnerable groups is recommended.

Submitted: Public health practice

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