

Attitudes and barriers towards involvement of rural health care practitioners in RNTCP from multiple stakeholders

Background: Healthcare delivery in rural India faces several pitfalls and the primary point of contact for many rural health seekers remain rural health care practitioners (RHCP) including AYUSH providers and registered medical practitioners (RMP). RHCP have strong community links and play the role of formal and informal leaders in various aspects of health seeking behavior thus forming a vital core for the public-private mix (PPM) in the Revised National Tuberculosis Control Program (RNTCP).

Methods: A cross sectional, descriptive study was conducted among ten districts in Karnataka among 50 RHCP and 15 RNTCP staff. A structured interview schedule comprising of ten questions relating to attitudes and barriers of engaging RHCP in the RNTCP program was administered via a face to face interview. The responses were obtained on a three point Likert scale ranging from one to three with one indicating complete agreement with the statement and three indicating complete disagreement. Summary measures including means and standard deviation and tests of significance including unpaired t test were obtained.

Results: The items wherein the RHCP predominantly disagreed included that RHCP are not supported by RNTCP staff, that RNTCP is effective only for poor population and that referring patients to RNTCP leads to loss for RHCP with mean scores of 2.54 ± 0.646 , 2.32 ± 0.935 and 2.24 ± 0.96 respectively. There were significant differences between the attitudes of RHCP and RNTCP on items such as RNTCP staff do not provide information about their activities relating to tuberculosis (P value = 0.013) and that only RNTCP should be responsible for tracking defaulters (P value = 0.005).

Conclusion: Involvement of RHCP through PPM is an integral core of RNTCP and can be facilitated by understanding the attitudes, viewpoints and barriers from all the stakeholders involved.