



Original article

Knowledge and attitude of private practitioners about operational component of tuberculosis under RNTCP

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Article history

Received 31 October 2018
Revised 25 December 2018
Accepted 31 December 2018
Early online 05 January 2019
Print 31 January 2019

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Abstract

India is a high burden country for tuberculosis (TB). The Stop TB strategy 2006-2015 of Revised National Tuberculosis Control Programme (RNTCP) aimed to engage directly with private healthcare sector to ensure patients have access to high quality DOTS. A cross-sectional study was conducted using a self-administered questionnaire to assess the knowledge and attitude of private practitioners regarding the operational component of RNTCP. Though majority of study subjects had correct knowledge and good attitude about diagnostic aspects of TB, but there were clear gaps in between. Sensitization of private practitioners regarding RNTCP needs to be intensified.

Key words: DOTS, Knowledge, Private practitioners, RNTCP, Tuberculosis

DOI: 10.5455/jmas.15104

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India is one of the countries that were designated as high burden countries for tuberculosis (TB) by the World Health Organization (WHO). The WHO TB statistics for 2016 gave an estimated incidence of 2.79 million cases of tuberculosis for India. It accounts for 22.7% of total global burden of TB¹. With the growth of private sector health care in India, there has been expansion of TB services outside the Revised National Tuberculosis Control Programme (RNTCP) control. The Stop TB strategy 2006-2015 aimed to engage directly with private sector providers to ensure patients have access to high quality DOTS services from all TB care providers². Public private partnership strategy under RNTCP also tends to rope in private practitioners. Despite such endeavors, however, progress is slow with limited and varying success.

This study was done to assess the knowledge, attitude of private practitioners in relation to diag-

nosis, treatment and management of TB. This information is important in assessing the loopholes in private sector which can be thereafter addressed to improve implementation of DOTS in private sector as well in the larger interest of public health.

Materials and methods

The study was done in Kashmir Province of Jammu & Kashmir state of India. It was a cross-sectional study and study subjects were 25 private practitioners whose minimum qualification was Bachelor of Medicine and Bachelor of Surgery (MBBS). Allopathic private practitioners working in government sector as well were excluded. In Kashmir private sector is not so much developed and majority of doctors preferably work in government sector. Besides there is also ban on private practice in the major tertiary care hospitals. For this reason only 25 practitioners could be approached

using convenience sampling. Self administered, pre-tested, structured questionnaire was administered to the study subjects. Written consent was taken from all the study subjects prior to administration of questionnaire.

Statistical analysis: Data was analyzed using SPSS 20.

Results

Table 1: Characteristics of health care providers

Characteristic	No.	%
Qualification	Graduates	19 76.0
	Post-graduates	6 24.0
Received any RNTCP training	Yes	13 52.0
	No	12 48.0
Duration of training	<6 days	Nil Nil
	6 days	13 52
	>6 days	Nil Nil
Refresher training received	Nil	Nil
Training satisfaction	13	100

Table 2: Knowledge of private health care providers about operational component of TB control under RNTCP

Correct knowledge about	No.	%
Chest symptomatic	8	32
TB suspect	15	60
Number of sputum samples	14	56
Diagnosis	22	88
Sputum negative cases	22	88
TB Categorization	13	52
Number of sputum examination during DOTS	10	40
Defaulters	24	96
Contacts of sputum positives	20	80

As per the observations in **Table 1**, 76% (19/25) of private practitioners were MBBS graduates and rest was post-graduates. 52% (13/25) had received RNTCP training for a period of 6 days but without any succeeding refresher training. All the recipients were satisfied with the training.

Table 3: Attitude and practices of private health care providers towards TB control

	No.	%
Send chest symptomatic for sputum examination	Own facility	2 8
	Designated Microscopy Centers (DMC)	20 80
	Tertiary care hospital	1 4
	Any other place	2 8
Aware of DOTS facility in vicinity of clinic	6	24
Aware of DMC facility in vicinity of clinic	2	8
Aware of both DOTS & DMC facility in vicinity of clinic	18	72
Course of action followed in case of positive patient	Put patient on ATT	1 4
	Refer to tertiary care hospital	4 16
	Refer to DOTS facility	20 80
Think DOTS as a viable method to tackle TB menace	Yes	22 88
	No	3 12
Follow patients after being put on DOTS	Yes	19 76
	No	6 24
Ever contacted by RNTCP people to either send patients for sputum microscopy or for treatment to DOTs facility	Yes	15 60.0
	Never	10 40.0
Interested in getting training in RNTCP	Yes	8 66.6
	No	4 33.3

Private practitioners having correct knowledge about TB diagnosis and how to deal with a sputum negative case were 88% (22/25), TB defaulter 96% (24/25), number of sputum samples required for case detection 56% (14/25) and labeling a TB suspect 60% (15/25). Lesser number knew how many sputum examinations are required during DOTS 40% (10/25) and how to categorize TB cases 52% (13/25) (**Table 2**).

Table 3 shows 80% (20/25) of the private providers reported that they send their patients to DMC's for sputum examination. 24% (6/25) and 8% (2/25) were aware of DOTS or DMC facility nearby to their clinics respectively. 80% (20/25) reported sending patients to DOTS facility if positive. 88% (22/25) believed that DOTS is a viable method to control TB. 76% (19/25) reported that they follow their patients after being put on DOTS. 60% (15/25) affirmed that they were sensitized by RNTCP team for sending patients to DMCs and DOTS centers. Amongst the untrained only 66% (8/12) were interested in receiving training in RNTCP.

Discussion

India continues to remain one of the highest TB burden countries. Inadequate treatment practices and implementation are the major contributing factors for this high burden of disease³⁻⁵. 76% (19/25) of study subjects in our study were MBBS graduates; hence this group mainly needs to be roped in for trainings under RNTCP. 52% (13/25) of Private practitioners had received training which is higher than that seen in two other studies^{6,7}.

Majority of study subjects had correct knowledge about diagnosis of a case of TB which is consistent with yet another study⁷. And 56% (14/25) knew rightly about number of sputum samples to be collected for diagnosis. Likewise, only 40% (10/25) correctly knew about the number of sputum samples to be examined during DOTS. This shows the evident gaps in the knowledge of private practitioners regarding management of TB under RNTCP.

Overall the attitude towards the operational control of RNTCP was fairly good. 80% (20/25) of study subjects reported that they send chest symptomatic patients for sputum examination to DMC and a sputum positive patient to DOTS facility. This good attitude is consistent with another study⁶. 88% (22) agreed that DOTS is a viable method to tackle the menace of TB. At the same time majority of private

practitioners were unaware of nearest DMC or DOTS facility. This shows a mismatch between knowledge, attitude and practices (KAP) of these private practitioners. 66.6% of practitioners who had not received any RNTCP training were interested in receiving trainings.

Conclusion and Recommendations

The present study shows that there are apparent gaps between knowledge, attitude and practices of private health care providers. These gaps need to be addressed. It is recommended that all private health care providers should be sensitized and trained under RNTCP at war footing in order to improve the implementation of RNTCP in private sector as well.

Acknowledgments: None

Source of funding: None

Conflict of interest: The authors declare no conflict of interest exists.

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