

A study on Patients perspective in Tuberculosis Treatment

INTRODUCTION

Magnitude of the problems caused by tuberculosis in India and world wide is well documented. A number of researches been conducted in search of a solution and number of projects been piloted in effective implementation of Tuberculosis control programme. TB control has been a challenge unmet despite the fact that NTP was in place over three decades and was revised due to global pressure and efforts are continued in disseminating the facts that TB is curable, drugs and vaccines are available for treatment and prevention. According finding of some studies that though the patients knew that TB is curable, requires prolonged regular treatment and irregularity would lead to deterioration and possible death were irregular and discontinued the treatment.

The resurgence of this disease made WHO declare TB a Global emergency in 1993. Tuberculosis is among the most effective and cost effective of all diseases to treat yet it had to be declared as Global emergence. It in India it is estimated that there are about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more and it is evident that the poverty status in India is further deteriorated by globalization policies. Is well known that the poor seek help from more than one place due to various reasons and this adversely affect treatment outcome and the patients pocket. Information on health seeking behavior of the patients has already been studied in other parts of India especially in Maharashtra and it is hoped that this study would bring in some more insight in understanding the TB treatment from the patient's perspective.

OBJECTIVES:

- a. Assess the socio economic status of the patients.
- a. Gain an understanding on the knowledge of the patients on TB
- b. Understand the treatment seeking behavior of the patients
- c. Understand the impact of the disease on their lives and what adjustment they have to towards

METHODOLOGY

Patients who are under treatment and have discontinued treatment would be selected using the cross sectional method from among the urban poor. The interview technique would be in-depth interview by using semi-structured guidelines for eliciting information.

INTERVIEW GUIDELINE

Socio economic status

Name, sex, age, occupation, income and educational status of the patient

Assessment of economic status through observation of the type of house and the household things.

Information on TB

- What is the name of the disease that you are suffering from and how did you get to know.
- What do you know about this disease
- Why do you think that you got this disease
- Are there any other reasons for people getting this disease
- What do you think are the consequences if the disease is untreated and how long one need to take the treatment.
- Who are affected more by the disease male/ female rich/ poor/ poor young and old why does it affect.
- Do you think this disease is communicable and how one can spread the disease to others?
- How does this disease affect marriage

Community attitude

- What do your family members feel about you having the disease?
- Do any community members know that you have the disease if yes who and how did they come to know
- What do the community members generally think about this disease
- What do people say is the reason for this disease
- What are the ways people say that one can be cured of this disease

Help seeking behavior and experiences

- What were your complaints in the beginning and did you do anything at home and neighborhood.
- When did you seek help (after how long) if sought late reasons

- Where did you seek help from (different places) and who referred you there and what were your experiences.
- Who choice was it to visit a particular place, reasons ?
- Name the places you went to before coming to this center in search of help
- Which are places that you visited for treatment or another help in relation to this disease and what where your experience both positive and negative (staff attitude, information given, time spent and the physical setting of the place)
- If more than one place reasons.
- How much money you would have spent so far for the following
 - a. consultation
 - b. investigation
 - c. prescription
 - d. spend money

- **Influence of health education on knowledge about the disease and treatment**
- Since how long your are taking treatment from the present place.
- How did you come to this place?
- What information is given to you by the staff of this center about Tb and treatment
- What life changes have taken place after you came to this center

Cost of treatment including indirect cost like transport and loss wages

- How much time you need to spend for taking the medicines from the health center
- How far is the health center from your place
- do you go to work on that day if gone to work how much money you would have earned
- Does anyone accompany for treatment? if yes, who, and does this affect his/. Her work, in what way
- Do have any experience of giving money to any of the staff or staff demanding form you and why

Influence of atmosphere of the place

- What you like most and least in the present place
- Who do you like more in this place why and who you don't like and why

treatment

A study on Patients perspective in Tuberculosis control

INTRODUCTION

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The resurgence of this disease made WHO declare TB a Global emergency in 1993. Tuberculosis is among the most effective and cost effective of all diseases to treat yet it had to be declared as Global emergence. In India it is estimated that there are about 1440 people die of tuberculosis every day. It is also well know that this disease affects the poor more and the poverty status in India is further deteriorated due globalization policies. Information on health seeking behavior of the patients is already studied and it is hoped that this study would bring in some more insight in understanding the TB treatment from the patient's perspective.

OBJECTIVES:

- Asses the socio economic status of the patients.
- Gain an understanding on the knowledge of the patients on TB
- Understand the treatment seeking behavior of the patients

*men, women, + children + their parents
? HIV+?*

METHODOLOGY

those who
Patients who are under treatment and have discontinued treatment, would be selected using the cross sectional method from among the urban poor. The interview technique would be in-depth interview by using a semi structured guidelines for eliciting information.

INTERVIEW GUIDELINE

Socio economic status

Name, sex, age, occupation, income and educational status of the patient

|| Assessment of economic status through observation of the type of house the household things.

Information on TB

What is the name of the disease that you are suffering from and how did you know that name name.

What do you think are the consequences if the disease is untreated

What do your family members feel about you having the disease.

What do the community members think

What do you think are the reasons for the disease. *that you got TB, are there any other reason*

Who are affected by more by the disease male/ female rich/ poor/ poor young and old. *from any people get TB*

Treatment seeking behavior

What were your complaints in the beginning and when did you seek help (after how long) if sought late reasons

Where did you seek help form (different places) and who referred you there and what were your experiences.

If changed places reasons.

Since how long your are taking treatment form the present place and what are your experiences compared to the other palaces positive and negative.

cost - Did any one accompany you -

- how long approximately you ~~waited~~ waited

- money spent for treatment -

- *transportation* medicines - *consultation*

This needs to be worked upon, in greater detail

Purpose / Aim -

Problem Statement -

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INTRODUCTION

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The resurgence of this disease made WHO declare TB a Global emergency in 1993. Tuberculosis is among the most effective and cost effective of all diseases to treat yet it had to be declared as Global emergence. In India it is estimated that there are about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more and it is evident that the poverty status in India is further deteriorated by globalization policies. Is well known that the poor seek help from more than one place due to various reasons. Information on health seeking behavior of the patients has already been studied and it is hoped that this study would bring in some more insight in understanding the TB treatment from the patient's perspective. → in Kona Lake.

in that part
of India,
esp. at Kona Lake

- and this adversely
affects R. outbreak
+ the patients' pocket

OBJECTIVES:

- Assess the socio economic status of the patients.
- Gain an understanding on the knowledge of the patients on TB
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METHODOLOGY

Patients who are under treatment and have discontinued treatment would be selected using the cross sectional method from among the urban poor. The interview technique would be in-depth interview by using a semi structured guidelines for eliciting information.

INTERVIEW GUIDELINE

Socio economic status

Name, sex, age, occupation, income and educational status of the patient

Assessment of economic status through observation of the type of house and the household things.

Understand the impact of the disease + their lives + what adjustments they have to make towards this.

Information on TB

- What is the name of the disease that you are suffering from and how did you get to know.
- What do you know about this disease
- Why do you think that you got this disease
- Are there any other reasons for people getting this disease
- What do you think are the consequences if the disease is untreated and how long one need to take the treatment.
- Who are affected ~~by~~ more by the disease male/ female rich/ poor/ poor young and old.
- Do you think this disease is communicable and how one can spread the disease to others.
- Can one ~~get~~ marry if he or she has this disease, if no, why

Community attitude

- What do your family members feel about you having the disease.
- Do any community members know that you have the disease if yes who and how did they come to know
- What do the community members think about this disease
- What do people say ~~of~~ the reason for this disease

Help seeking behavior and experiences

- What were your complaints in the beginning and did you do anything at home neighborhood.
- when did you seek help (after how long) if sought late reasons
- Where did you seek help from (different places) and who referred you there and what were your experiences.
- Who ~~choice~~ was it to visit a particular place.
- Name the places you went to before coming to this center in search of help
- If more than one place reasons.
- Since how long you are taking treatment ~~from~~ the present place
- How much time you need to collect the medicines from the health center and do you go to work on that day if gone to work how much money you would have earned
- What you like most and least in the present place
- experiences of places visited both positive and negative (staff attitude, information given, time spent and the physical setting of the place
- How much money you would have spent so far for the following
 - a. consultation
 - b. investigation
 - c. prescription
 - d. speed money

Information about the disease + treatment ^{that was} offered by
the health provider (HE)

INTERVIEW GUIDELINE FOR THE TB PATIENTS

Socio economic status

Name, sex, age, occupation, income and educational status of the patient

Assessment of economic status through observation of the type of house and the household things.

Information on TB

- What is the name of the disease that you are suffering from and how did you get to know.
- What do you know about this disease, *How can one know TB* - identification
- Why do you think that you got this disease - Cause
- Are there any other reasons for people getting this disease - spread, Rx - consequences
- What do you think are the consequences if the disease is untreated and how long one need to take the treatment.
- Who are affected more by the disease male/ female rich/ poor/ poor young and old why does it affect.
- Do you think this disease is communicable and how one can spread the disease to others?
- How does this disease affect marriage.

Community attitude >

- What do your family members feel about you having the disease? *How is the reaction of your family members when they came to know that you had TB?*
- Do any community members know that you have the disease if yes who and how did they come to know
- What do the community members generally think about this disease *and their attitude towards TB patients*
- What do people say is the reason for this disease - *perception*
- What are the ways people say that one can be cured of this disease -

Help seeking behavior and experiences

- What were your complaints in the beginning and did you do anything at home and neighborhood.
- When did you seek help (after how long) if sought late reasons

is anyone in your family suffer from this disease

What have you doing before and what are you doing now any change.

- Where did you seek help from (different places) and who referred you there and what were your experiences.
- Who choice was it to visit a particular place, reasons ?
- Name the places you went to before coming to this center in search of help
- Which are places that you visited for treatment or another help in relation to this disease and what where your experience both positive and negative (staff attitude, information given, time spent and the physical setting of the place)
- If more than one place reasons. *Cost or treatment*
- How much money you would have spent so far for the following
 - a. consultation
 - b. investigation
 - c. prescription
 - d. speed money

- **Influence of health education on knowledge about the disease and treatment**
- Since how long your are taking treatment from the present place.
- How did you come to this place?
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Cost of treatment including indirect cost like transport and loss wages

- How much time you need to spend for taking the medicines from the health center
- How far is the health center from your place
- do you go to work on that day if gone to work how much money you would have earned
- Does anyone accompany for treatment? if yes, who, and does this affect his/. Her work, in what way
- Do have any experience of giving money to any of the staff or staff demanding form you and why

Influence of atmosphere of the place

- What you like most and least in the present place
- Who do you like more in this place why and who you don't like and why

INTERVIEW GUIDELINE FOR THE PRIVATE SECTOR
INVOLVED IN TB CARE

Name of Institution _____

Location (Address) _____

Phone # _____

Director/ In-charge _____

Person Surveyed _____

Funding Sources _____

Year of Establishment _____

No of Staff Members:

Doctors

Nurses

Lab Technicians

Others

No of Beds

No of Patients

No of TB Patients

Diagnostic Facilities Available _____

Case Finding/ Diagnosis

1. When do you ask for the investigations

2. Approximately how many patients come in with TB Symptoms in a month? (suspect of TB)

Of these symptoms, we include:

Severe cough for extended period of time _____

Severe Weight Loss _____

Extended Fever _____

Blood in Sputum _____

Extreme Fatigue _____

Patches on Chest _____

Other _____

3. What percentage of patients are from lower/poor economic backgrounds? _____

4. What diagnostic tools are used?

Chest X Ray _____

Sputum Culture _____

Both _____

Others _____

5. When do you repeat investigations?

6. What would you do if a patient presents his/herself with TB symptoms yet the investigations return with negative results?

7. When do you ask for a sputum culture ?

8. How many of the patients do you find are co-infected with HIV?

9. What other co-infections are common?

10. What information is given to patients upon diagnosis?

11. What audio-visual aids do you have on TB? How often do/ are they used and when do you normally use them?

12. Normally, what is the patient's understanding of the disease?

Treatment

13. What are the most commonly prescribed drugs?

14. In your experience, which ones work best?

15. What is the duration of the treatment regiment that you advise? How do you decide this?

16. What percentage of patients responsive to treatment and follow it as prescribed?

17. Of those who are not responsive to treatment, what do you think are the reasons?

18. What exactly is the prescribed regimen (i.e. SCC)

19. What are common side effects of the treatment, and how do patients handle them?

20. What percentage of the patients reports side effects?

21. What do you do to treat the side effects?

22. What are some major challenges in providing treatment?

23. What form of record keeping do you practice ? What do you do with the records of patients who have terminated treatment?

24. Do you have a sample to show ?

25. How much do you charge for the following :

- | | | |
|---------------------------------|-----|----------------------|
| a) Consultation | Rs. | <input type="text"/> |
| b) Investigation (Sputum/X-Ray) | Rs. | <input type="text"/> |
| c) Prescription | Rs. | <input type="text"/> |

26. Where do you get the drugs from?

27. How much does an average course of treatment cost the patient?

28. Does your institution give any concession to the TB patients for the following and how much?

a. consultation %

b. investigation %

c. Prescription %

29. Are you aware of how patients can get assistance in getting medication?

Case Holding/ Follow Up

30. What percentage of patients that you have treated completed treatment?

31. What are the most common reasons they stop?

Financial

Social

Side Effects

Other

32. What do you do when a patient discontinues his/her treatment?

33. What percentage of your patients become resistant ?

34. What percentage of patients come with MDR TB?

35. How do you treat these types of patients?

36. Is there special protocol/policy that you use for treating recurring patients?

37. When do you decide to refer patients elsewhere?

38. Are there any formal arrangements for referral?

39. Tell me about the level contact and collaboration with any government institutions dealing with TB treatment? Which areas do you focus on? (who approaches who? Reporting, referral, etc)

40. Please tell me about the government programs for TB control?

41. How often do you encounter it in practice and how often do you use its services?

42. Any other concerns/questions/comments that you would like to raise?

Thank you for your cooperation

20/8/2000

regarding
A study on Patients' perspectives in Tuberculosis Treatment and the role of Private Sector in prevention and control of TB

INTRODUCTION

Magnitude of the problems caused by tuberculosis in India and worldwide is well documented. Resurgence of TB made WHO declare it a global emergency in 1993. Tuberculosis is among the most effective and cost effective of all diseases to treat yet it had to be declared as Global emergence. (WHO)

TB control has been a challenge unmet in India despite the fact that NTP was in place over three decades and was revised due to global pressure. In India it is estimated that about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more and it is also evident that the poverty status in India is further affected adversely by globalization policies. Links with Poverty has been explicitly acknowledged in the 1940 health policy and later it was hidden under the category sociological problems. A number of researches have been conducted in search of a solution and a number of projects been piloted for understanding effective implementation strategies in prevention and control of the disease.

It is observed that the prevalence is evenly distributed among both the rural and urban population. It is well known that the poor seek help from more than one place due to various reasons and this adversely affected treatment outcome and the patient's pocket. Most people with chest symptoms first approach the private practitioner for help and it is evident that they are not equipped to handle the problem effectively for various reasons. Information on health seeking behavior of the patients has already been studied in other parts of India especially in Maharashtra and it is hoped that this study would bring in more insight in understanding TB treatment from patient's perspective and the role of private sector.

Problem statement

Give references for all major points made
It is well known that TB is associated with poverty, illiteracy malnutrition and over crowding. Treatment of TB puts on an enormous physical, economical, psychological, and social pressure on the patient particularly the poor patient and his or her family. What bothers most people suffering from TB is their cough, chest pain, fever loss of weight and body ache. It is least of their concerns that they are excreting the bacilli in sputum and are infecting others. There were instances when TB patients said that they just wanted to die due to depression and in other instances the patients had to sell their valuables to pay for the treatment. It is estimated that on an average a TB patient spends about 5500 rupees for treatment apart from transport and other indirect costs. As TB affect more the young and the adults in the productive age group, the economic loss to the nation is calculated as 1000 crore man-hours.

Most of the TB patient seeks first help from a private practitioner chiefly because they are easily accessible and available. Normally they approach within two weeks after developing chest symptom and most of them are sent away with cough mixtures. Affordability is a question that arises later during treatment, which is one of the main reasons that force the poor TB patients to become irregular in treatment for some time. Some of the other reasons for discontinuing treatment are; priorities in the family, feeling well, cannot leave work and come for treatment, unavailability of drugs in the center when approached, side effects, staff attitude and distance. Poor nutrition, strong medication and alcohol cause side effects such as nausea and dizziness that prevents a patient from continuing treatment. Finding of a study revealed that patients who stayed beyond 5 kms from the health centers were irregular with treatment. The support available both family and community level to a person suffering from TB for enabling him/her complete treatment is insignificant. Besides these the problem of stigma still persists and has its negative impact. TB patients face rejection by neighbors, employers and coworkers. Young brides who developed symptoms are returned to their homes as unfit to bear children, their dowries forfeited.

As a result of these problems many of them become MDR (Multi Drug Resistance) MDR means more a death trap to person who has defaulted treatment. Cost of treating MDR is 100 times more. If dropped from treatment due to this factor, the consequences are that the loss to the family is incalculable and the patient would have transmitted the disease to many other people at least 10 to 15 before their death. It is 30 years since a new drug has been brought into market and the chances in the near future are very remote. Understanding personal experiences of the patients taking treatment, and factors that affect both at family and community level would help in planning an appropriate strategy for effective prevention and control of the disease.

India bears two third of the burden of the problem of TB in the world of which 60 per cent of the TB patients are managed by the private practitioners. In India there are about a million registered doctors who are involved in private practice. There are many others who trained and untrained from non-allopathic system of medicine are also involved in private practice. Attractive monetary benefit has been the driving force behind setting up practice for many of them.

The NTP did not have any specific component for involvement of private practitioners

Not much information is available on patient attending the private clinics, the diagnosis procedure, treatment regimen used, adherence to treatment in Karnataka. However the information available of the situation elsewhere shows that most of the private practitioners prefer x-ray to sputum smear for diagnosis which is unnecessary for diagnosing most cases. About treatment though many of them used drugs specified under the short course chemotherapy, they were inappropriate with the combination and duration. A study conducted in Mumbai revealed that the private practitioners have used 80 to 90 combination of the drugs prescribed under SCC. Experience's of a few of the private practitioners who had knowledge of diagnostic procedures, treatment regimens and had a better relationship with the patient which resulted in educating and motivating them have shown better results.

The problems with the private practitioners have been that their knowledge and experience for managing TB is inadequate. Most of the private practitioners from both the system of medicines are dependant on medical representatives for upgrading their knowledge. Many of the private practitioners from non-allopathic system of medicine have learnt allopathy and were practicing independently or under a senior allopathic practitioner. Many of them are not aware existence of public health services for tuberculosis and those who are aware have negative attitude towards the functioning of public health services that prevents them from referring the TB patient there. However some of them do have the compassion to send the patient to the public health service when they discover the inability of the patients to pay for their service. It is understood that stigma attached to the disease prevents some of them from disclosing the diagnosis to their patients.

Health seeking behavior has been studied in many part of the country and it is evident that most of the TB patients first seek help from the private practitioner. ~~It is~~ recommended ~~that~~ the involvement of private sector in RNTCP would be crucial for effective and prevention and control of the disease. Therefore it is important to learn form their experiences, strengths, weaknesses and their perspectives. *How this study would*

Aim:

Conduct a sociological enquiry on the impact of tuberculosis treatment and the to understand the role of private practitioners in prevention and control of the disease.

OBJECTIVES:

- a. Assess the socio economic status of the patients.
- a. Gain an understanding of patients perception on TB
- b. Understand the treatment seeking behavior of the patients
- c. Understand the impact of the disease and the treatment on their lives and the adjustment they need to make towards this.

METHODOLOGY

Patients under the RNTCP programme implemented through the Health Centers of BMP(Bangalore Mahanagara Palike) would be identified. Information would be collected using in-depth interview and focus group discussion techniques. They would be selected using the cross sectional method from among the urban poor. Likewise the private practioners located in and around the slums of Bangalore would be identified for in depth interviews and if possible a few focus group discussions would be held with them.

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101

A study on Patients perspectives regarding TB treatment under RNTCP

Introduction

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TB control has been a challenge unmet in India despite the fact that NTP was in place over three decades and was revised due to global pressure. In India it is estimated that about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more and it is also evident that the poverty status in India is further affected adversely by globalization policies. Links with Poverty has been explicitly acknowledged in the 1940 health policy and later it was hidden under the category sociological problems. A number of researches have been conducted in search of a solution and a number of projects been piloted for understanding effective implementation strategies in prevention and control of the disease.

It is observed that the prevalence is evenly distributed among both the rural and urban population. It is well known that the poor seek help from more than one place due to various reasons and this adversely affected treatment outcome and the patient's pocket. Information on health seeking behavior and the patients perspective regarding the treatment has already been studied in other parts of India especially in Maharashtra and it is hoped that this study would bring in more insight in understanding TB treatment from patient's perspective.

Problem statement

It is well known that TB is associated with poverty, illiteracy malnutrition and over crowding. Treatment of TB puts on an enormous physical, economical, psychological, and social pressure on the patient particularly the poor patient and his or her family. What bothers most people suffering from TB is their cough, chest pain, and fever loss of weight and body ache. It is least of their concerns that they are excreting the bacilli in sputum and are infecting others. There were instances when TB patients said that they just wanted to die due to depression and in other instances the patients had to sell their valuables to pay for the treatment. It is estimated that on an average a TB patient spends about 5500 rupees for treatment apart from transport and other indirect costs. As TB affect more the young and the adults in the productive age group, the economic loss to the nation is calculated as 1000 crore man-hours.

Most of the TB patient seeks first help from a private practitioner chiefly because they are easily accessible and available. Normally they approach within two weeks after developing chest symptom and most of them are sent away with cough mixtures. Affordability is a question that arises later during treatment, which is one of the main reasons that force the poor TB patients to become irregular in treatment for some time.

Some of the other reasons for discontinuing treatment are; priorities in the family, feeling well, cannot leave work and come for treatment, unavailability of drugs in the center when approached, side effects, staff attitude and distance. Poor nutrition, strong medication and alcohol caused side effects such as nausea and dizziness also prevents a few patients from continuing treatment. Finding of a study revealed that patients who stayed beyond 5 kms from the health centers were irregular with treatment. The support available both family and community level to a person suffering from TB for enabling him/her complete treatment is insignificant. Besides these the problem of stigma still persists and has its negative impact. TB patients face rejection by neighbors, employers and coworkers. Young brides who developed symptoms are returned to their homes as unfit to bear children, their dowries forfeited.

As a result of these problems many of them become MDR (Multi Drug Resistance) MDR means more a death trap to person who has defaulted treatment. Cost of treating MDR is 100 times more. If dropped from treatment due to this factor, the consequences are that the loss to the family is incalculable and the patient would have transmitted the disease to many other people at least 10 to 15 before their death. It is 30 years since a new drug has been brought into market and the chances in the near future are very remote. Understanding personal experiences of the patients taking treatment, and factors that affect both at family and community level would help in planning an appropriate strategy for effective prevention and control of the disease.

Aim:

To understand the patients perspective regarding TB treatment provided by the Bangalore Mahanagara Palike under the RNTCP (Revised National Tuberculosis Control Programme) using DOTS (Directly Observed Treatment, Short course) approach.

OBJECTIVES:

1. Assess the socio economic status of the patients.
2. Gain an understanding of patients perception on TB
3. Understand the treatment seeking behavior of the patients
4. Understand the impact of the disease and the treatment on their lives and the adjustment they need to make towards this.

Methodology

Patients under the RNTCP programme implemented through the Health Centers of BMP (Bangalore Mahanagara Palike) would be identified. Information would be collected using in-depth interview and focus group discussion techniques. They would be selected using the cross sectional method from among the urban poor.

As mentioned a meeting was held with the Medical Officer in -charge of the Tuberculosis control programme with BMP(Bangalore Mahanagara Palike) and gained an understanding of the programme. It is understood that the BMP has 7 TB units and under each TB unit there are 5-6 Microscopic Centers spread around the city.. The treatment is provided through about 132 health centers including the health centers of the IPPVIII (India Population Project) A visit was made to all the 7 TB units and list of 701 patients who have registered with them during the first quarter that is from January to March 2001 was procured. These are the details about the patients that are available, TB. No. Date of registration, age, sex, Name of treatment center, category, type, status (new, defaulters, dropout and others. It decided with this information available, to select 100 patients and conduct an in-depth interview for understanding their perspectives.

Annexure

INTERVIEW GUIDELINE FOR THE TB PATIENTS

Socio economic status

Name, sex, age, occupation, income and educational status of the patient

Assessment of economic status through observation of the type of house and the household things.

Information on TB

- ♣ What is the name of the disease that you are suffering from and how did you get to know.
- ♣ What do you know about this disease
- ♣ Why do you think that you got this disease
- ♣ Are there any other reasons for people getting this disease
- ♣ What do you think are the consequences if the disease is untreated and how long one needed to take the treatment?
- ♣ Who are affected more by the disease male/ female rich/ poor/ poor young and old why does it affect.
- ♣ Do you think this disease is communicable and how one can spread the disease to others?
- ♣ How does this disease affect marriage

Community/ family attitude

- ♣ What do your family members feel about you having the disease?
- ♣ Do any community members know that you have the disease if yes who and how did they come to know
- ♣ What do the community members generally think about this disease
- ♣ What do people say is the reason for this disease
- ♣ What are the ways people say that one can be cured of this disease

Help seeking behavior and experiences

- ♣ What were your complaints in the beginning and what did you do
- ♣ When did you seek help (after how long) if sought late reasons
- ♣ Where did you seek help from (different places) and who referred you there and what were your experiences.
- ♣ Who choice was it to visit a particular place, reasons?
- ♣ Name the places you went to before coming to this center in search of help
- ♣ Which are places that you visited for treatment or another help in relation to this disease and what where your experience both positive and negative (staff attitude, information given, time spent and the physical setting of the place)

What symptoms subsided after taking treatment and what symptom continued even after taking treatment

♣

- ♣ If visited more than one place reasons.
- ♣ How much money you would have spent so far for the following
 - a. Consultation
 - b. Investigation
 - c. Prescription
 - d. Speed money

When did you feel better?

♣

- ♣ **Influence of health education on knowledge about the disease and treatment**
- ♣ Since how long you are taking treatment from the present place.

- ♣ How did you come to this place?
- ♣ What information is given to you by the staff of this center about Tb and treatment
- ♣ What life changes have taken place after you came to this center

Cost of treatment including indirect cost like transport and loss wages

- ♣ How much time you need to spend for taking the medicines from the health center
- ♣ How far is the health center from your place
- ♣ do you go to work on that day if gone to work how much money you would have earned
- ♣ Does anyone accompany for treatment? if yes, who, and does this affect his/. Her work, in what way
- ♣ Do have any experience of giving money to any of the staff or staff demanding form you and why

Influence of atmosphere of the place

- ♣ What you like most and least in the present place
- ♣ Who do you like more in this place why and who you don't like and why

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46 years and above male										
Yeshwanthpura TB unit										
Sl.No	TB No	Month Reg	Name	Sex	Age	TB Unit	Category	Type	Status	Smear
1	6	1	Shivanna	m	45	YMCH	2	p	n	2+
2	67	2	Kannan	m	45	YMCH	3	p	n	1+
3	74	2	Hanumanth	m	45	PGMH	1	p	n	1+
4	125	3	Ramu	m	45	YMCH	1	p	n	2+
5	143	3	Rammanna	m	45	SRMH	1	p	n	1+
6	152	3	Murthy	m	45	SRMH	3	p	n	n
7	15	1	Valli	m	45	SRMH	2	p	n	hiv
8	49	2	Robert	m	46	SRMH	3	p	n	3+
9	107	3	Nazara	m	47	YMCH	1	p	n	n
10	104	3	Vanudocai	m	47	YMCH	1	p	n	3+
11	34	1	Peerkhan	m	48	MRMH	1	p	n	n
12	45	2	Muthu	m	48	Krpura	1	p	n	3+
13	54	2	Vijaya	m	48	GNMH	1	p	n	n
14	105	3	Govindaraj	m	48	YMCH	3	p	n	3+
15	126	3	Managevappa	m	48	YMCH	1	p	n	3+
16	75	2	Babalu	m	49	GNMH	1	p	n	n
17	106	3	Venkatesh	m	49	GPALY	1	p	n	3+
18	2	1	Hanumiah	m	50	YMCH	3	p	n	2+
19	85	2	Nazara	m	50	YMCH	3	p	n	n
20	32	1	Narayanaswamy	m	50	GNMH	3	p	n	n
21	66	2	Munihannulah	m	50	YMCH	1	p	n	2+
22	70	2	Mani	m	50	SRMH	3	p	n	n
23	78	2	Hanumantharaya	m	50	PGMH	3	p	n	1+
24	118	3	Francis	m	50	SRMH	1	p	n	3+
25	150	3	Charles	m	50	SRMH	1	p	n	3+
26	160	3	Ramanna	m	50	GNMH	3	p	n	n
27	23	1	Amirulian	m	52	PGMH	3	p	n	n
28	81	2	N.R.Reddy	m	52	GNMH	3	p	n	n
29	137	3	Gishnamurthy	m	52	PGMH	1	p	n	1+
30	162	3	Ramanna	m	53	GNMH	3	p	n	n
31	39	1	Mesappa	m	55	YMCH	3	p	n	1+
32	141	3	Javai	m	55	MRMH	1	p	n	PLUS
33	163	3	Besappa	m	55	GNMH	3	p	n	n
34	89	3	Gurumurthy	m	56	SRMH	1	p	n	n
35	21	1	K.Krishna	m	60	SRMH	3	p	n	n
36	101	3	Galvappa	m	60	MRMH	1	p	n	PLUS
37	133	3	Maranna	m	60	YMCH	2	p	D	1+
38	174	3	Sampath	m	60	YMCH	1	p	n	PLUS
39	15	1	Kondian	m	62	YMCH	1	p	n	1+
40	94	3	Gangadharasetti	m	65	PGMH	1	p	n	1+
41	124	3	Ramalingam	m	67	YMCH	2	p	n	1+
42	55	2	Mariah	m	70	YMCH	1	p	n	1+
43	55	2	Mohamed Usman	m	72	GNMH	1	p	n	n
44	98	3	Chinniah	m	72	PGMH	3	p	n	1+
Broadway TB unit										
45	48	february	samlullah	m	48	bbmh	1	p	n	scanty
46	84	march	edwin sandwin	m	48	bwd	1	p	n	2+
47	13	January	subramani	m	50	bwd	2	p	o	2+
48	72	february	abbul rasheed	m	60	bwd	1	p	n	3+
49	108	march	raju c	m	60	cmn	1	p	n	3+
50	15	January	perumal	m	75	owu	1	p	n	3+
Neelacandra TB unit										
51	88	march	ehvalingiah	m	48	snq	3	p	n	n
52	6	January	K.G Hiremat	m	47	AGD	2	p	d	2+
53	16	January	nathan anthony	m	47	slmc	2	p	d	hiv
54	23	January	chowdappa	m	50	AGD	3	p	n	n
55	56	march	muniswamy	m	51	snq	1	p	n	1+
56	8	January	Gundappa	m	52	AGD	3	p	n	n
57	35	february	ansaipasha	m	52	NCD	1	p	n	2+
58	66	m	satin	m	52	slmc	2	p	o	2+
59	35	march	perappa	m	52	AGD	3	p	n	n
60	51	march	manadeviah	m	55	AGD	1	p	n	3+
61	43	february	sonathakumar	m	50	NCD	3	p	n	n
62	49	march	narayanaappa	m	60	AGD	1	p	n	3+
63	90	march	lanallah	m	60	snq	3	p	n	n
64	80	march	ameerkhan	m	62	mln	3	p	n	n
65	89	march	muniswamappa	m	62	snq	3	p	n	n

Hosahalli TB unit										
66	5	jan	Raju	m	46	crd	1	p	n	3+
67	54	feb	putiahgowda	m	48	khc	1	p	n	n
68	71	mar	gaviappa	m	50	mrhm	2	p	n	1+
69	55	mar	narasimhan	m	51	rmh	3	p	n	n
70	72	mar	narasimhan	m	52	rmh	2	p	n	1+
71	50	jan	narayan	m	53	rmh	1	p	n	2+
72	56	mar	narasimhan	m	53	rmh	1	p	n	2+
73	55	mar	venkatesh	m	55	rmh	3	ep	n	n
74	21	jan	nagaraj	m	55	rmh	3	p	n	n
75	43	feb	malleshetty	m	55	ghc	3	p	n	n
76	3	jan	ramasundrachari	m	56	rmh	1	p	n	n
77	24	jan	ganeshappa	m	60	rmh	3	ep	n	n
78	7	jan	thimiah	m	65	crd	1	p	n	2+
79	82	mar	narayanarao	m	71	hrh	3	p	n	n
80	95	mar	manjunath	m	446	rmh	1	p	n	3+
81	4	jan	narayanappa	m	62	rmh	3	p	n	n
Jayanthi TB unit										
82	77	mar	MUNRAJ	m	46	MMHC	2	p	n	1+
83	10	jan	SYED AMEED	m	50	BSK	3	p	n	n
84	22	feb	RAMACHANDRAH	m	50	TVK	1	p	n	2+
85	29	feb	SPRIKANTHA	m	50	VVG	1	p	n	n
86	37	feb	NAGARAJ	m	50	YDR	3	p	n	n
87	52	mar	MD OBADULLAH	m	50	SDS	1	p	n	n
88	44	feb	SMASHEKAR R	m	54	MMHC	1	p	n	n
89	76	mar	SYED UMAR	m	55	YBR	1	p	n	n
90	56	mar	BASEERA	m	56	JNR	2	p	n	3+
91	47	feb	ABDUL SUKKUR	m	58	JNR	1	p	n	3+
92	27	feb	MEETHEEMAPPA	m	60	SDS	3	p	n	n
93	60	mar	MUHAMMED	m	60	VVG	3	p	n	n
94	3	jan	DASHARAN	m	65	BSK	1	p	n	1+
95	24	mar	A. PALANI	m	65	TVK	3	p	n	n
96	7	jan	SYED ISMAIL	m	60	MMHC	1	p	n	n
Hanumantha nagara TB unit										
97	28	1	JARULAPPA SURE	m	48	GMH	1	p	n	2+
98	29	1	SUBRAMANI	m	48	AMH	2	p	n	2+
99	32	1	RAGHURAM	m	48	AMH	1	p	n	3+
100	120	3	MD. HUSSAIN	m	48	GMH	2	p	n	3+
101	68	2	LAKSHI PATHI	m	50	SRMH	3	p	n	n
102	9	1	KASHEED KSHAN	m	50	AMH	2	p	n	2+
103	16	1	NARAYANAPPA	m	50	HCD	3	p	n	n
104	74	2	NAGARAJ	m	50	SRMH	3	p	n	n
105	123	3	PYARCAB	m	50	GMH	1	p	n	3+
106	59	2	SYED UMAR	m	50	GMH	1	p	n	3+
107	43	2	MUTHURAJ	m	51	AMH	3	p	n	n
108	138	3	VENKATESH	m	52	HCD	1	p	n	1+
109	133	3	ATHMALINGAM	m	53	BPHC	1	p	n	n
110	12	1	MOMTHIPIAH	m	53	AMH	1	p	n	1+
111	35	1	SHAFIULLA SHAFI	m	54	SRMH	3	p	n	n
112	62	2	KHALEEL AHAME	m	54	GMH	3	p	n	n
113	53	2	INGARAJ	m	55	HCD	1	p	n	n
114	136	3	KALAPPA	m	55	AVHC	1	p	n	2+
115	126	3	VENKOBARAO	m	50	GMH	3	p	n	n
116	25	1	MM SWAMY	m	62	HCD	1	p	n	3+
117	50	2	MASBULLAH	m	62	AMH	1	p	n	2+
118	46	2	RAMACHANDRAH	m	64	AMH	3	p	n	n
119	6	1	HEERISH	m	65	GMH	2	p	n	2+
120	8	1	ASLAM	m	65	AMH	1	p	n	3+
121	4	1	GOPAL RAO	m	68	HCD	1	p	n	2+
122	109	3	THIMMARAYAPA	m	70	HCD	3	p	n	n
123	15	1	MOHAMED BABU	m	70	AMH	3	p	n	n
124	67	2	SILLE GOWDA	m	70	SRMH	3	p	n	n
125	69	2	MALLAPPA	m	70	SRMH	1	p	n	n
126	108	3	CHIKKARAMIAH	m	80	BSHC	2	p	n	3+
127	76	2	RAGHURAM	m	15	AMH	3	p	n	n
128	30	1	ROOP SINGH	m	30	AMH	3	p	n	n

Lady Wellington TB unit										
129	7	jan	Karuna	m	47	D.M.H.	1	p	n	3+
130	15	jan	Venkatakrishna	m	48	LWSTC	1	p	n	1+
131	51	feb	Nagabhusan	m	49	LWSTC	3	ep	n	
132	103	mar	Kio.usman	m	49	D.M.H.	3	p	n	n
133	23	jan	Kulasekhara	m	50	V.H.	1	p	n	1+
134	48	feb	Joseph	m	50	D.M.H.	1	p	n	3.
135	60	feb	Chandran	m	50	A.G.H.C.	3	p	n	n
136	83	mar	Bhagmalah	m	50	D.M.H.	1	p	n	3+
137	13	jan	Dabh	m	55	LWSTC	1	p	n	1+
138	79	mar	Mariappa	m	58	D.M.H.	1	o	n	3+
139	1	jan	Manivappa	m	60	D.M.H.	3	p	n	n
140	16	jan	Ram Bhadur	m	60	LWSTC	1	p	n	1+
141	37	feb	Seelappa	m	60	D.M.H.	3	p	n	n
142	47	feb	Subrayappa	m	60	D.M.H.	1	p	n	n

46 and above female									
Sl No	TB No	Month of Rec	Name	Sex	Age	TB Unit	Cat	Type	Status
Lady Wellington TB Unit									
1	39	feb	Siragunnisa	F	50	U.M.H	2	p	F
2	74	jan	Soodha Lakshmi	F	70	LWSTC	1	ep	n
3	75	mar	Kuppamma	F	70	CMH	1	ep	n
Hanumanth nagar TB unit									
4	115	mar	MADAMMA	F	16	SRMH	3	p	N
5	107	mar	PASUVATHI	F	48	AMH	1	o	N
6	121	mar	BEGUM JAN	F	50	GMH	3	p	N
7	31	jan	THIMAKKA	F	55	AMH	1	p	N
8	71	feb	CHAKRA BAI	F	55	SRMH	3	p	N
9	57	feb	KAMAKSHI	F	58	AMH	3	c	N
10	132	mar	VENKATAMMA	F	58	AMH	1	p	N
11	54	feb	HUNNAMMA	F	60	AMH	1	p	N
12	125	mar	CHINTHIVAMMA	F	60	SRMH	3	p	N
13	101	mar	PUTTAMA	F	65	SRMH	2	o	N
14	34	jan	PARVATHAMMA	F	70	HCD	3	p	N
15	19	jan	SRIDEVI	F	72	HCU	1	ep	N
16	22	jan	KAMALAMMA	F	80	HCD	3	p	N
Jayanagara TB unit									
17	66	Mar	VAJRAMMA	F	50	MWHG	1	p	N
18	23	Mar	NOORJAHIDG	F	55	JNR	1	ep	N
19	59	Mar	HANUMAMMA	F	60	JNR	3	ee	N
20	63	Mar	VENKATAMMA	F	60	WG	1	p	N
21	12	Jan	SORAJAMMA	F	65	YBR	3	p	N
Hosahalli TB unit									
23	80	mar	Jayamma	F	50	khc	1	p	n
24	77	mar	saraswathinurai	F	70	mrmn	3	p	n
Neelasarada TB Unit									
25	7	jan	Tajun	F	50	AGD	3	p	p
26	37	feb	rosemary	F	60	simc	1	p	n
27	73	mar	Isamma	F	50	AGD	3	p	n
28	29	feb	Elizabeth	F	53	dml	2	q	n
29	52	mar	rukmani	F	58	AGD	1	p	n
30	5	jan	A. Mary	F	60	NCU	3	ep	n
31	11	feb	rajamma	F	65	ufar	3	ep	n
32	66	mar	lameela	F	65	sna	3	p	n
33	34	feb	chinnamma	F	70	NCD	3	p	n
Broadway TB Unit									
34	23	jan	kairunissa	F	48	bwd	1	o	n
35	3	jan	Jayamary	F	50	ctmh	3	ep	n
36	79	mar	snakunna	F	50	owa	niv	p	n
37	105	mar	mumukshu begum	F	55	bwd	1	p	n
38	95	mar	kalalaksmi	F	60	bsa	1	o	n
39	51	feb	papamma	F	65	bbmh	1	p	n
Pechimangalore TB Unit									
40	115	mar	Shanthamma	F	60	SPMH	3	p	N
41	121	mar	Sarojani	F	60	MRMH	2	p	R
42	66	feb	Guramma	F	65	TMCH	1	p	N
43	92	mar	Rudamma	F	65	KPM	1	p	N
Hosahalli TB Unit									
44	80	mar	Jayamma	F	50	khc	1	p	n
45	79	mar	saraswathinurai	F	70	mrmn	3	p	n

19-45 male Lady Wellington TB unit										
Sl.No	TB No	Date	Name	Sex	Age	Unit	Cat	Type	Status	Smear
1	57	feb	Suresh	m	19	stmh	1	p	n	1+
2	67	mar	Durgasinh	m	19	lwstc	1	p	n	1+
3	107	mar	(Manoj)	m	19	lwstc	1	p	n	1+
4	2	jan	Binu Krishna	m	20	dmh	3	p	n	n
5	40	feb	Munshi	m	20	dmh	2	p	D	3+
6	28	jan	Karan Shetty	m	22	lwstc	1	p	n	1+
7	46	feb	Shankar	m	24	V.H.	3	ep	n	n
8	42	feb	Muniraju	m	25	lwstc	1	p	n	1+
9	92	mar	Tashi	m	25	stmh	1	p	n	2+
10	62	mar	Murugesh	m	26	stmh	3	p	n	n
11	61	mar	Ganapathisinh	m	27	stmh	3	ep	n	n
12	27	jan	Bhareth Raj	m	27	stmh	1	p	n	3+
13	53	feb	Dinesh	m	27	stmh	1	p	n	3+
14	82	mar	J. Umesh	m	28	dmh	3	p	n	n
15	97	mar	Raju	m	28	dmh	1	p	n	2+
16	73	mar	Lokesh	m	29	lwstc	3	ep	n	n
17	32	jan	John	m	29	lwstc	1	p	n	1+
18	95	mar	Ganesh	m	29	lwstc	3	p	n	n
19	71	mar	Somanna	m	29	stmh	1	p	n	2+
20	30	jan	Kumar	m	30	lwstc	3	ep	n	n
21	6	jan	Ganesh	m	30	dmh	2	p	D	3+
22	26	jan	Suresh	m	30	mmh	3	p	n	n
23	18	jan	Venkatesh	m	32	stmh	3	ep	n	n
24	95	mar	Arumugam	m	32	lwstc	1	p	n	1+
25	45	feb	Balasubramanyam	m	33	V.H.	3	ep	n	n
26	81	mar	David	m	34	dmh	3	p	n	n
27	3	jan	Abdul Anna	m	35	dmh	1	p	n	3+
28	44	feb	Devichandir	m	35	lwstc	3	p	n	n
29	108	mar	Dhondeshodur	m	35	lwstc	1	p	n	1+
30	109	mar	Shankar	m	35	V.H.	1	p	n	2+
31	94	mar	A. Kumar	m	36	lwstc	1	p	n	1+
32	84	mar	Zelapasha	m	37	dmh	3	ep	n	n
33	74	mar	Shashidar Rao	m	37	lwstc	3	p	n	n
34	96	mar	JonamDorsie	m	37	dmh	1	p	n	1+
35	9	jan	Prabhakar	m	38	aghc	3	p	n	n
36	102	mar	Md. Thayub	m	40	stmh	3	ep	n	n
37	91	mar	Jayaram	m	40	stmh	1	p	n	3+
38	31	jan	Marappa	m	42	lwstc	1	p	n	3+
Hanumanthnagar TB unit										
39	36	jan	RAGAVENDRA	m	19	dmh	3	p	n	n
40	126	mar	ICMAL	m	19	dmh	1	p	n	1+
41	95	feb	SIDDHARAJU	m	20	dmh	3	ep	n	n
42	49	feb	RAMESH	m	20	hcd	1	p	n	3+
43	50	feb	SHANKAR	m	20	hcd	1	p	n	1+
44	81	feb	VASANTH KUMAR	m	21	hcd	3	ep	n	n
45	5	jan	RAJU	m	21	hcd	1	p	n	3+
46	1	jan	RAJESH	m	22	dmh	3	ep	n	n
47	2	jan	CHANDREASHEKA	m	22	dmh	3	ep	n	n
48	130	mar	PRASAD	m	22	dmh	1	p	n	3+
49	127	mar	MOOR	m	23	dmh	3	p	n	n
50	40	feb	ASAS	m	24	dmh	1	p	n	3+
51	72	feb	RUBI	m	25	dmh	2	ep	n	n
52	144	mar	NAGARAJ	m	25	hcd	1	ep	n	n
53	20	jan	MUNESH	m	26	hcd	3	p	n	n
54	60	feb	GURULINGA	m	26	dmh	3	p	n	n
55	113	mar	MURUGESH	m	26	dmh	1	p	n	3+
56	3	jan	VENKATESH	m	27	dmh	3	p	n	n

13

17

$$\frac{8792}{52} = 169$$

$$\frac{298}{47} = 6.34$$

$$\frac{251}{15} = 16.73$$

$$\frac{22}{116} = 0.19$$

57	23	Jan	RAMAGSAMY	m	27	hcd	1	p	n	3+
58	58	Feb	SOMASHEKAR	m	28	amh	3	p	n	n
59	80	Feb	PUTTARAJU	m	28	hcd	3	p	n	n
60	26	Jan	KESHAVAMURTHY	m	30	hcd	3	p	n	n
61	36	Feb	INAGANNA	m	30	amh	3	p	n	n
62	103	Mar	BASU	m	30	srmm	1	p	n	3+
63	143	Mar	VASU	m	30	hcd	1	p	n	2+
64	7	Jan	RAJU	m	32	amh	2	p	D	
65	11	Jan	KSLAPPA	m	32	amh	1	p	n	1+
66	84	Feb	STHIVANARAYANA	m	32	hcd	1	p	n	1+
67	39	Feb	RAVI	m	34	amh	2	p	R	3+
68	33	Jan	PUTTMALIAH	m	35	hcd	2	p	D	1+
69	38	Feb	THALAK KAMAL	m	35	amh	2	p	F	1+
70	51	Feb	BOREGOWDA	m	35	hcd	3	p	n	n
71	86	Feb	SIDDAPPA	m	36	hcd	3	ep	n	n
72	110	Mar	SUNDRESH	m	37	srmm	1	p	n	2+
73	52	Feb	KEMPEGOWDA	m	38	hcd	1	p	n	PLUS
74	117	Mar	JAMJAD PASHA	m	38	gmn	2	p	F	2+
75	122	Mar	ABDUL RAHIM	m	38	gmn	3	p	n	n
76	134	Mar	KUMAR	m	38	spth	1	p	n	2+
77	137	Mar	GAJENDAR	m	40	hcd	3	ep	n	n
78	76	Feb	ABDUL GAFER	m	40	gmn	4	p	n	1+
79	84	Feb	PUTTASWAMY	m	42	hcd	1	p	n	1+
80	70	Feb	SISDDU	m	43	srmm	1	p	n	3+
81	112	Mar	SELVADAS	m	43	srmm	3	p	n	n
82	100	Mar	BALASUBRAMANIAN	m	44	amh	1	p	n	n
83	11	Jan	MUNIR AHAMED	m	45	amh	2	p	D	2+
84	55	Feb	SHIVALINGIAH	m	45	amh	1	p	n	3+
85	61	Feb	MD. SHAFIULLAH	m	45	gmn	3	p	n	n
86	66	Feb	KRISHNAN	m	45	amh	3	p	n	n
87	146	Mar	CHIDAMBARAM	m	45	hcd	1	p	n	3+
Jaynagar TB unit										
88	31	Mar	PAVLOSON	m	45	BSK	1	p	n	n
89	23	Feb	MANJINATHI	m	45	MAHC	2	p	O	n
90	54	Mar	VENKATESH	m	45	SDS	3	p	n	n
91	1	Jan	VENU	m	24	BSK	1	p	n	3+
92	35	Feb	RAGAVENDRA	m	24	YDR	2	p	O	n
93	45	Feb	THIMMA REDDY	m	24	MAHC	1	p	n	n
94	8	Jan	CHIKANNA	m	25	MAHC	2	p	R	3+
95	25	Feb	IRAHAMAT	m	25	SDS	3	p	n	n
96	36	Feb	INSAR	m	25	YDR	3	p	n	n
97	51	Mar	MANJUNATH	m	25	SDS	1	p	n	n
98	42	Feb	MUNITAN SHIVA	m	26	WVG	1	p	n	1+
99	71	Mar	BSJA	m	27	WVR	1	p	n	n
100	48	Feb	MANDA	m	28	WVR	2	ep	n	n
101	70	Mar	RAVI	m	28	SDS	1	p	n	2+
102	15	Jan	RANGIAH	m	30	BSK	2	p	n	n
103	33	Feb	ESAR	m	30	TVK	3	p	n	n
104	82	Mar	MUNIRAJ	m	30	WVG	1	p	n	3+
105	46	Feb	DRWAKUMAR	m	32	MAHC	1	p	n	n
106	55	Mar	DILBHADUR	m	32	SDS	1	p	n	1+
107	78	Mar	MUKTHAR	m	32	RAMAN	1	p	n	3+
108	28	Feb	RAJAPPA	m	35	YDR	3	p	n	n
109	40	Feb	KAJU	m	38	BSK	3	p	n	n
110	43	Feb	JATASHEELA	m	38	WVG	3	p	n	n
111	4	Jan	BRIGADAPPA	m	40	WVR	3	p	n	n
112	20	Feb	MURTHY	m	40	WVG	1	p	n	1+
113	74	Feb	LINGARAJU	m	40	YDR	1	p	n	1+
114	62	Mar	RAVIM	m	40	WVR	1	p	n	n
115	41	Feb	AKODAM	m	45	WVG	3	p	n	n

Hosahalli TB unit									
116	84	mar	chandreshkar	m	19	crd	3	p	n
117	25	jan	maregowda	m	20	rnn	1	p	n
118	30	feb	pradeep	m	21	crd	2	p	n
119	68	mar	madhu	m	22	mrnh	2	ep	n
120	32	feb	iravikumar	m	23	rmh	2	o	d
121	38	feb	ishankar	m	24	crd	3	ep	n
122	83	mar	kantharaj	m	24	aphe	3	ep	n
123	5	jan	ranjan	m	24	mrnn	2	p	r
124	33	feb	shreekumar	m	24	rmh	1	p	n
125	58	feb	hampi	m	24	hrhc	2	p	d
126	87	mar	devedine	m	24	hrh	1	o	n
127	16	Jan	venkataramanan	m	25	mrnh	1	p	n
128	40	feb	leppai	m	25	hrm	3	p	n
129	63	mar	prasad	m	25	mpnc	1	p	n
130	70	mar	bala	m	26	mrnh	3	ep	n
131	13	Jan	metaraj	m	27	rmh	2	ep	n
132	74	mar	mani	m	27	rmh	1	o	n
133	10	Jan	velu	m	28	hohc	3	p	n
134	29	feb	ramakrishna	m	30	aphe	1	ep	n
135	75	mar	Raju	m	30	rnn	3	ep	n
136	34	feb	venkatesh	m	30	mrnh	1	p	n
137	55	feb	sanappa	m	30	sqd	1	p	n
138	57	feb	Ravi	m	30	hrh	2	o	r
139	86	mar	shakar	m	32	hrh	1	p	n
140	56	feb	shanthakumar	m	34	khc	1	p	n
141	35	feb	gowdanna	m	35	gnc	3	p	n
142	42	feb	shivarani	m	35	rnn	1	p	n
143	50	mar	shivappa	m	35	hzm	2	p	n
144	81	mar	krishna	m	35	hrh	1	o	n
145	31	feb	hanumanthappa	m	36	rmh	3	p	n
146	53	feb	shakar	m	38	rmh	1	ep	n
147	73	mar	narayana	m	40	mrnn	3	ep	n
148	46	feb	sheshu	m	40	mrnh	3	p	n
149	68	mar	shankaragouda	m	40	mrnh	1	p	n

Hoelsandra Tb unit									
150	12	jan	bau	m	20	ast	3	p	n
151	56	mar	kurian	m	20	snq	3	p	n
152	66	mar	baba	m	20	smc	2	p	d
153	80	mar	dali	m	21	smc	1	p	n
154	84	mar	lakumar	m	23	smc	3	ep	n
155	21	jan	lo r choudhry	m	23	AGD	3	o	n
156	25	jan	saravana	m	23	snq	3	p	n
157	27	feb	david	m	23	nco	2	p	d
158	13	jan	prashanna	m	24	ast	3	ep	n
159	70	mar	highwanth	m	24	dml	2	p	n
160	18	Jan	srinivas	m	26	oms	1	o	n
161	75	mar	aswathanarayan	m	26	oms	1	p	n
162	28	feb	palani	m	27	nco	1	ep	n
163	15	jan	ramesh	m	27	smc	1	p	n
164	32	feb	syed yalappasha	m	28	ast	3	ep	n
165	42	feb	minivenkatesh	m	28	ulsr	2	ep	n
166	82	mar	anand	m	28	nco	1	o	n
167	24	jan	anand	m	29	snq	3	ep	n
168	33	feb	balechandar	m	30	nco	p	n	n
169	4	jan	Syed	m	30	nco	2	p	n
170	46	feb	janardhan	m	30	AGD	1	p	n
171	93	mar	naqaraj	m	30	smc	2	p	n
172	94	mar	venkatesh	m	31	smc	1	o	n
173	9	jan	Naqaraj	m	32	snq	3	ep	n
174	11	jan	d'souza	m	32	nco	2	p	d
175	77	mar	raju	m	32	pipp	1	p	n
176	58	mar	venkatesh	m	35	oms	1	p	n
177	50	mar	hari	m	37	ulsr	1	p	n
178	91	mar	mohan	m	37	snq	2	o	d
179	39	feb	bau	m	38	smc	2	o	n
180	17	jan	xavier	m	40	oms	3	p	n
181	60	mar	yeshappa	m	40	oms	1	p	n
182	61	mar	poosalingam	m	40	nco	1	p	n
183	62	mar	Dashubandari	m	40	smc	1	p	n
184	71	mar	anand	m	40	nco	1	o	n
185	78	mar	perumal	m	43	ulsr	1	p	n
186	87	mar	ramesh	m	43	snq	2	p	d
187	96	mar	kanickaraj	m	44	smc	1	p	n
188	2	jan	Ghuseel Ahmed	m	45	nco	1	p	n
189	10	jan	mani	m	45	oms	1	p	n
190	45	feb	narayanaswamy	m	45	AGD	1	o	n

Broadway TB unit										
180	99	mar	Imohin ahamed khan	m	19	bwd	3	ep	n	n
191	10	jan	Imohin ahamed khan	m	19	owd	3	p	n	n
192	22	jan	Imohin ahamed khan	m	19	owd	3	p	n	n
193	27	feb	Imohin ahamed khan	m	19	owd	3	p	n	2+
194	28	feb	Imohin ahamed khan	m	20	bbmh	3	p	n	n
195	54	feb	Imohin ahamed khan	m	21	bwd	1	p	n	1+
196	55	feb	Imohin ahamed khan	m	21	cmh	1	p	n	2+
197	94	feb	Imohin ahamed khan	m	22	owd	niv	ep	n	n
198	95	feb	Imohin ahamed khan	m	22	owd	3	p	n	n
199	96	feb	Imohin ahamed khan	m	22	owd	3	p	n	1+
200	64	feb	Imohin ahamed khan	m	25	bwd	3	ep	n	n
201	20	jan	Imohin ahamed khan	m	25	bwd	1	p	n	scanty
202	69	feb	Imohin ahamed khan	m	25	cld	2	p	n	3+
203	17	jan	Imohin ahamed khan	m	29	owd	2	p	n	3+
204	28	feb	Imohin ahamed khan	m	29	owd	2	p	n	3+
205	48	feb	Imohin ahamed khan	m	37	bsa	3	ep	n	n
206	25	feb	Imohin ahamed khan	m	38	bbmh	3	p	n	n
207	71	feb	Imohin ahamed khan	m	38	bbmh	2	p	n	d
208	2	jan	Imohin ahamed khan	m	29	cld	1	p	n	3+
209	6	jan	Imohin ahamed khan	m	30	bbmh	3	p	n	n
210	27	feb	Imohin ahamed khan	m	32	bbmh	3	p	n	n
211	102	mar	Imohin ahamed khan	m	34	bwd	1	p	n	2+
212	11	jan	Imohin ahamed khan	m	35	bbmh	1	p	n	1+
213	47	feb	Imohin ahamed khan	m	35	bwd	1	p	n	3+
214	4	jan	Imohin ahamed khan	m	38	bsa	1	p	n	3+
215	7	jan	Imohin ahamed khan	m	38	owd	1	p	n	n
216	20	feb	Imohin ahamed khan	m	39	bbmh	1	p	n	1+
217	104	mar	Imohin ahamed khan	m	39	bwd	1	p	n	3+
218	20	feb	Imohin ahamed khan	m	40	bbmh	3	ep	n	n
219	36	feb	Imohin ahamed khan	m	40	bsa	1	p	n	1+
220	43	feb	Imohin ahamed khan	m	40	bsa	1	p	n	2+
221	45	feb	Imohin ahamed khan	m	40	bsa	3	p	n	n
222	52	feb	Imohin ahamed khan	m	40	bbmh	1	p	n	3+
223	92	mar	Imohin ahamed khan	m	40	bsa	1	p	n	2+
224	94	mar	Imohin ahamed khan	m	40	bsa	3	p	n	n
225	96	mar	Imohin ahamed khan	m	40	bbmh	1	p	n	3+
226	5	jan	Imohin ahamed khan	m	42	bsa	1	p	n	1+
227	75	feb	Imohin ahamed khan	m	42	bsa	1	p	n	1+
228	80	mar	Imohin ahamed khan	m	42	bsa	1	p	n	d
229	98	feb	Imohin ahamed khan	m	45	bwd	1	p	n	3+
230	65	feb	Imohin ahamed khan	m	45	bwd	niv	p	n	n
Yeshwanthapura TB unit										
231	12	jan	Imohin ahamed khan	m	19	IMRMH	3	p	n	n
232	64	feb	Imohin ahamed khan	m	19	ymch	3	p	n	n
233	130	mar	Imohin ahamed khan	m	20	ymch	1	ep	n	n
234	3	jan	Imohin ahamed khan	m	20	ymch	2	p	n	n
235	111	mar	Imohin ahamed khan	m	20	srmh	1	p	n	1+
236	69	feb	Imohin ahamed khan	m	21	ymch	3	ep	n	n
237	26	jan	Imohin ahamed khan	m	21	ymch	3	p	n	2+
238	7	jan	Imohin ahamed khan	m	22	ymch	3	ep	n	n
239	19	jan	Imohin ahamed khan	m	22	ymch	1	ep	n	1+
240	91	mar	Imohin ahamed khan	m	22	ymch	3	p	n	3+
241	157	mar	Imohin ahamed khan	m	22	ymch	3	p	n	n
242	10	jan	Imohin ahamed khan	m	23	ymch	1	p	n	n
243	113	mar	Imohin ahamed khan	m	24	srmh	1	p	n	3+
244	40	jan	Imohin ahamed khan	m	24	srmh	1	p	n	2+
245	115	mar	Imohin ahamed khan	m	24	srmh	2	p	n	n

246	112	mar	Subramaand	m	26	srmh	1	p	n	3+
247	13	jan	Mothial	m	27	MRMH	3	p	n	n
248	171	mar	Srinashkumar	m	27	ymch	1	p	n	2+
249	18	jan	Govard	m	28	srmh	1	ep	n	1+
250	57	feb	S Kumar	m	28	ymch	2	p	n	2+
251	77	feb	Nagesh Rao	m	28	Pamh	3	p	n	2+
252	114	mar	Mamunath	m	28	srmh	3	p	n	n
253	52	feb	manjunath	m	29	ymch	2	p	n	n
254	90	mar	Nagara	m	29	srmh	1	p	n	n
255	93	mar	Yasu	m	29	MRMH	2	p	D	n
256	96	mar	Mohan	m	29	Pamh	2	ep	n	n
257	29	jan	Babu	m	30	qnmh	3	p	n	2+
258	53	feb	Annoirao	m	30	ymch	2	p	D	3+
259	73	feb	Ravi	m	30	srmh	3	p	n	n
260	117	mar	Raju	m	30	ymch	1	p	n	1+
261	120	mar	Prakash	m	30	ymch	3	p	n	p
262	464	mar	Das	m	30	srmh	4	p	n	1+
263	159	mar	Mahesh	m	30	ymch	1	p	n	1+
264	131	mar	Venkiah	m	31	ymch	3	p	n	n
265	170	mar	Arunuchalam	m	31	ymch	1	p	n	1+
266	5	jan	Ravi	m	32	ymch	1	p	n	n
267	5	jan	Prashamsundari	m	32	ymch	1	p	n	n
268	75	feb	Pamjumar	m	32	Pamh	4	p	n	2+
269	83	feb	Kurumiah	m	32	qnmh	3	p	n	n
270	11	jan	Beemanna	m	35	MRMH	3	p	n	3+
271	30	jan	Nagaraj	m	35	qnmh	2	p	D	3+
272	47	feb	Mani	m	35	Pqmn	2	p	D	3+
273	53	feb	Mohan	m	35	ymch	2	p	d	1+
274	102	mar	Srinagar	m	35	MRMH	1	p	n	3+
275	127	mar	Arumugam	m	35	ymch	1	p	n	2+
276	172	mar	Govindappa	m	35	ymch	3	p	n	n
277	128	mar	Ravikumar	m	36	ymch	1	p	n	n
278	154	mar	Lojkesn	m	36	srmh	1	p	n	2+
279	56	mar	Ghakar	m	36	srmh	1	ep	n	n
280	185	mar	Sidharath	m	36	Pamh	1	p	n	2+
281	1	jan	Shanmugam	m	40	ymch	1	p	n	3+
282	35	jan	Joseph	m	40	MRMH	1	p	n	2+
283	60	feb	Kannan	m	40	ymch	3	p	n	1+
284	68	feb	Narayanswamy	m	40	ymch	1	p	n	1+
285	120	mar	Amendiah	m	40	MRMH	1	p	n	2+
286	145	mar	Behar ahmed	m	41	ymch	2	p	D	PLUS
287	40	jan	Munwarbasha	m	42	ymch	1	p	n	n
288	137	mar	Krishna	m	42	SPALY	1	p	n	1+
289	17	jan	Gajandra	m	43	srmh	2	p	D	n
290	109	mar	Raddie	m	43	ymch	3	p	n	n
291	147	mar	Govard	m	43	srmh	3	p	n	n
292	43	feb	Natash	m	44	ymch	2	p	n	n
293	6	jan	Shivanna	m	45	ymch	2	ep	n	2+
294	67	feb	Kannan	m	45	ymch	3	ep	n	1+
295	74	feb	Hanumanth	m	45	Pamh	1	p	n	1+
296	125	mar	Ramu	m	45	ymch	1	p	n	2+
297	145	mar	Rammona	m	45	srmh	1	p	n	1+
298	162	mar	Murthy	m	45	srmh	2	p	n	n

19-45 years female

Lady Wellington TB Unit

Sl.No	TB No	Month of Reg	Name	Sex	Age	TB Unit	Cat	Type	Status	Smear
1	12	jan	Jayanthi	f	19	LWSTC	3	ep	n	
2	28	jan	Smith	f	19	St.Marhas	1	ep	n	n
4	19	jan	Sadana	f	20	St.Marhas	3	ep	n	n
5	90	mar	Vijaya	f	20	St.Marhas	2	ep	O	n
6	34	feb	Sunanda	f	22	D.M.H.	1	p	n	4AFB
7	80	mar	Salma	f	22	D.M.H.	3	p	n	n
8	43	feb	Pushpavath	f	23	LWSTC	3	o	n	n
9	21	jan	Pillamma	f	25	St.Marhas	1	ep	n	n
10	41	feb	Lakshmi	f	25	D.M.H.	1	p	n	1+
12	93	mar	NaveenaManga	f	26	St.Marhas	1	p	n	3+
13	4	jan	Shaeena	f	28	A.G.H.C	3	ep	n	n
14	69	mar	Chowdamma	f	28	SRMH	1	p	n	1+
15	59	feb	Kalavathi	f	29	D.M.H.	3	ep	n	n
16	89	mar	Wazla	f	30	PMH	3	ep	n	n
17	72	mar	Veena	f	30	SRMH	3	ep	n	n
18	79	mar	Rathna	f	32	CMH	1	p	n	3+
20	100	mar	Shanthamma	f	36	PMH	3	ep	n	n
21	76	mar	BiagyaLasimi	f	36	CMH	1	p	n	Positive
22	77	mar	Thayamma	f	36	CMH	1	p	n	3+
23	54	feb	PusnpaKuman	f	38	St.Marhas	3	ep	n	n
24	88	mar	Khalid	f	38	D.M.H.	3	ep	n	n
25	22	jan	Susheelamma	f	45	V.H.	1	ep	n	1+
26	38	feb	Mallikamma	f	45	D.M.H.	1	ep	n	n

Hanumanthnagar TB Unit

28	64	feb	ABIDABEE	f	20	GMH	3	ep	N	n
29	139	mar	VEENA	f	20	HCD	3	ep	N	n
30	17	jan	RENUKA	f	20	AMH	3	p	N	n
31	21	jan	LAKSHMI	f	21	HCD	1	p	N	1+
32	114	mar	ZAREEN TAJ	f	21	AMH	1	o	N	1+
33	116	mar	NUSARATUNIS	f	22	GMH	2	n	F	1+
34	131	mar	SHANTHAKUM	f	22	AMH	1	n	N	3+
36	41	feb	BHAGYA	f	24	AMH	1	p	N	1+
37	48	feb	MEENA	f	24	AMH	1	p	N	3+
38	87	feb	ISRATH SULIA	f	24	GMH	1	p	N	2+
39	105	mar	RATHNAMMA	f	24	AMH	1	p	N	1+
40	113	mar	TASEENA	f	24	GMH	1	p	N	SAFB
41	110	mar	CHITRA	f	25	CMH	2	ep	N	n
42	65	feb	PARVATHI	f	26	GMH	1	p	N	3+
44	115	mar	JABINTAJ	f	26	AMH	1	p	N	2+
45	27	jan	MARY USHA	f	27	SRMH	3	ep	N	n
46	128	mar	BHAGYAMMA	f	27	GMH	3	p	N	n
47	92	feb	FATIMA	f	28	GMH	3	ep	N	n
48	97	mar	LAKSHMI	f	28	AMH	1	p	N	1+
49	147	mar	NASIR AHAMEI	f	28	GMH	3	p	N	n
50	90	feb	YSMINTAJ	f	30	GMH	1	ep	N	n
52	73	feb	PARVINTAJ	f	35	SRMH	3	ep	N	n
53	96	feb	SORAJAMAMA	f	35	AMH	3	ep	N	n
54	63	feb	ASIYA BEE	f	35	GMH	3	p	N	n
55	129	mar	OBALAMMA	f	36	AMH	3	ep	N	n
56	93	feb	MARY	f	38	GMH	3	p	N	n
57	37	feb	GUNDAMMA	f	40	AMH	1	p	N	2+
58	44	feb	CHIKALAMMA	f	40	AMH	3	n	N	n
60	102	mar	IRSHATH BEG	f	45	SRMH	2	p	O	n

Jayanagar TB Unit

61	5	Jan	SAVITHA	f	20	BSK	3	ep	N	n
62	24	Feb	VEERA	f	20	JNR	3	p	N	S LOG
63	26	Feb	UMA	f	20	SDS	3	p	N	n
64	39	Feb	RHAVYA	f	23	RSK	3	p	N	n
65	49	Feb	SHANTHA	f	23	SDS	1	p	N	1+
66	73	Mar	SHASHIKA A	f	23	JNR	1	p	N	Jan+
68	28	Feb	SILITANA	f	25	YRR	3	p	N	n
69	50	Feb	SHAKILA	f	25	SDS	1	p	N	1+
70	80	Mar	D RAMA	f	26	JNR	1	p	N	2+
71	85	Mar	RESHMA	f	28	MMHC	1	op	N	n
72	17	Feb	RAHIMABANU	f	32	YDR	3	p	N	n
73	13	Jan	ZENATH DEOUM	f	33	JNR	1	p	N	2+
74	18	Feb	MANJALAMMA	f	35	YDR	3	p	N	n
76	14	Jan	RAJAMMA	f	36	BSK	1	ep	N	n
77	6	Jan	AKTHAR JAN	f	40	JNR	1	ep	N	n
78	32	Feb	ANUSYYAMMA	f	45	YBK	3	ep	N	n
79	53	Mar	PADAMMA	f	45	SDS	3	p	N	n
Hosahalli TB unit										
80	79	mar	Iatna	f	20	ngnc	3	ep	n	n
81	90	mar	madhu	f	21	mphc	3	ep	n	n
82	51	feb	bhaqyalakshmi	f	21	mmh	1	p	n	n
84	94	mar	varalakshmi	f	21	hrh	1	p	n	1+
85	62	mar	vanitha	f	22	mmh	1	p	n	1+
86	64	mar	anjanli	f	24	mmh	3	p	n	n
87	92	mar	geetha	f	24	aphe	2	p	d	3+
88	91	mar	chandrakala	f	25	mmh	3	ep	n	n
89	9	Jan	ludna	f	25	ord	3	p	n	n
90	17	Jan	tulasiamma	f	25	mmh	1	n	n	n
92	27	Jan	iyafena	f	25	khe	2	p	d	n
93	93	mar	saraswathi	f	25	aphe	1	p	n	3+
94	30	feb	nagamma	f	30	ghc	3	op	n	n
96	49	feb	sudha	f	30	mmh	2	op	n	n
98	1	Jan	rani s	f	30	mmh	1	p	n	1+
97	2	Jan	rani s	f	30	mmh	1	p	n	3+
99	47	feb	sunanda	f	30	mmh	1	p	n	1+
100	76	mar	iyellamma	f	40	mmhc	1	p	n	n
101	14	Jan	kannamma	f	45	ngnc	3	ep	n	n
102	52	feb	muniyamma	f	45	mmh	2	ep	n	n
103	5	Jan	bnavani	f	45	ord	3	P	n	n
104	20	Jan	naseema tabasi	f	21	oms	3	p	n	n
105	47	feb	ngaveni	f	21	AGD	1	p	n	3+
106	76	mar	latha	f	23	ulsr	1	p	n	1+
108	74	mar	padmavathy	f	25	kdh	1	p	n	1+
109	97	mar	usha narayan	f	25	sjmc	1	p	n	1+
110	14	Jan	kausalya bai	f	28	simc	3	ep	n	n
111	36	feb	padma	f	28	simc	3	ep	n	n
112	26	Jan	pramila	f	28	NCD	1	p	n	2+
113	72	mar	shameemunisa	f	30	NCD	3	ep	n	n
114	30	feb	nagarathnamma	f	30	NCD	1	p	n	3+
116	85	mar	kashuri	f	30	sng	3	p	n	n
117	44	feb	kaladevi	f	32	dml	3	ep	n	n
118	48	feb	shahanaz	f	32	ast	3	ep	n	n
119	62	mar	mubon sultan	f	35	NCD	3	op	N	N
120	34	mar	orolla	f	35	NCD	3	ep	n	n
121	53	mar	regina	f	36	NCD	3	ep	n	n
122	10	Jan	chandramathi	f	42	NCD	3	ep	n	n

Broadway TB Unit

124	89	mar	ammu	f	19	bwd	1	p	n	3+
125	53	feb	shilaia	f	20	bwd	3	ep	n	n
126	14	ian	asha	f	20	bwd	1	p	n	2+
127	76	mar	shabana	f	20	bwd	1	p	n	3+
128	83	mar	nagamani	f	20	bwd	1	n	n	2+
129	97	mar	usha	f	20	bwd	1	n	n	3+
130	98	mar	hahceeda	f	20	bwd	1	n	n	3+
132	37	feb	manjula	f	22	bwd	3	ep	n	n
133	30	feb	razia	f	22	bbmh	1	p	n	3+
134	68	feb	shadmani	f	22	cld	3	p	n	n
135	37	mar	shonaz begu	f	22	djmh	3	p	n	n
133	53	feb	sangeetha	f	23	cmh	2	p	d	3+
137	67	feb	geetha	f	24	cld	3	p	n	n
138	8	jan	dhanaalakshmi	f	25	bwd	1	p	n	3+
140	88	mar	mathamma	f	25	bwd	2	p	n	n
141	90	mar	vimala	f	26	cmh	1	p	n	3+
142	1	jan	sarala	f	27	bwd	1	p	n	2+
143	74	feb	saraswathi	f	27	bsa	1	p	n	2+
144	83	feb	yasmin	f	28	bwd	3	ep	n	n
145	42	feb	israth	f	28	bsa	1	p	n	1+
146	107	mar	carolinamary	f	29	bwd	1	ep	n	n
148	35	feb	lakshmi	f	30	ltd	3	p	n	n
149	86	mar	shaheen	f	30	djmh	3	p	n	n
150	49	feb	violet	f	32	bwd	3	ep	n	n
151	60	feb	fatunissa	f	32	bsa	h1v	p	n	n
152	79	mar	marv	f	34	bwd	3	ep	n	n
153	82	mar	sampa	f	35	bwd	3	ep	n	n
154	61	feb	subhalekshmi	f	35	bsa	3	p	n	n
156	81	mar	varalakshmi	f	40	bwd	3	ep	n	n
157	18	jan	kallunbee	f	40	bwd	1	p	n	3+
158	73	feb	krishnaveni	f	46	bwd	3	p	n	n
159	104	mar	rajunissa	f	48	bwd	3	p	n	n
Yeshwanthapura TB unit										
160	71	feb	rehda	f	13	SRMH	3	ep	N	1+
161	148	mar	Seivi	f	18	SRMH	1	p	N	2+
162	76	feb	Rajni	f	20	PGMH	1	p	N	1+
164	123	mar	Jayamma	f	20	YMCH	1	p	N	3+
165	155	mar	Thara	f	20	YMCH	3	p	N	n
166	164	mar	Padmavathi	f	21	PGMH	3	p	N	8atb
167	103	mar	Kaliyamma	f	23	YMCH	1	p	N	2+
168	108	mar	Pratiba	f	23	YMCH	1	p	N	3+
169	135	mar	Geetha	f	23	SPALY	1	p	N	2+
170	140	mar	Lakshmi	f	23	MRMH	3	p	N	n
172	119	mar	Janaki	f	26	PGMH	1	p	N	2+
173	99	mar	Haseenabanu	f	28	GNMH	3	p	N	n
174	166	mar	Pushpa	f	28	PGMH	1	p	N	2+
175	122	mar	Zainabegum	f	30	MRMH	3	ep	N	n
176	144	mar	Pushpavathi	f	30	YMCH	3	ep	N	n
177	82	feb	Sairah	f	30	GNMH	3	p	N	2+
178	130	mar	Rathnamma	f	30	YMCH	3	p	N	n
180	161	mar	Baby	f	30	GNMH	1	p	N	1+
181	87	mar	Jayamma	f	32	YMCH	3	p	N	3+
182	143	mar	Jolaja	f	33	YMCH	3	ep	N	n
183	156	mar	Nagamani	f	38	YMCH	3	ep	N	n
184	158	mar	Nagamamma	f	38	YMCH	1	p	N	1+
185	72	feb	JAYALAKSHMI	f	38	SRMH	3	p	N	n
186	108	mar	Dissy	f	42	GNMH	3	p	N	n
187	134	mar	Shakia	f	44	MRMH	1	p	N	PLUS
188	80	feb	Lalithamma	f	45	GNMH	2	p	D	n
189	110	mar	Vanaiamma	f	45	YMCH	1	p	N	1+

16/2/2007

0-5 FEMALE										
Sl.No	TB No	Month of Reg	Name	Sex	Age	TB Unit	Category	Type	Status	Smear
Yeshwanthpura										
1	61	2	Ashwini	f	5	ymch	3	ep	n	
2	37	1	Ayesha Fatima	f	5	mrmh	3	ep	n	
Hanumanthnagar										
3	65	2	kousalya	f	4	hcd	3	p	n	xray
boradway TB Unit										
4	58	2	bharathi	f	4	ctmh	3	p	n	
Hosahalli TB unit										
5	18	1	iyothi	f	5	mrmh	3	p	n	
0-5 MALE										
Neeiasandra TB Unit										
6	40	2	selvakumar	m	3	ast	loose j	ep		
Boradway TB Unit										
7	33	2	kiran	m	3	ctmh	3	p	n	
8	70	2	sved tafia	m	4	bbmh	3	p	n	
Yeshwanthapura TB Unit										
9	36	1	Sannanullah	m	2.6	MRMH	3	ep	n	n
Lady Wellington TB Unit										
10	56	2	Vinyaka	m	5	it.Marth	3	ep	n	
Hanumanthanagar TB Unit										
11	66	2	DEPAK	m	1.6	AMH	3	p	n	
12	79	2	UJNAL	m	3	AMH	3	p	n	XRAY
13	82	2	PRASHANTH	m	3	HCD	3	p	n	XRAY
14	76	2	ROBERT	m	3.6	AMH	3	p	n	XRAY
15	111	3	SURYA	m	4	SRMH	3	ep	n	XRAY
				Sex	total	ep	pul	selected		
				female	5	2	3	5		
				male	10	4	6	10		
				Total	15	6	8	15		

6-18 female

Yeshwanthpura TB Unit

Sl.no	TB No	Month Reg	Name	Sex	Age	TB Unit	Category	Type	Status	Smear
1	63	feb	Shilpashree	f	9	YMCH	3	p	n	
2	62	feb	Elizabeth	f	11	YMCH	3	p	n	
3	97	mar	Anitha	f	15	PGMH	3	eo	n	n
4	142	mar	Lakshmi	f	17	MRMH	3	p	n	n
5	160	mar	Parvatharu	f	17	PGMH	3	ep	n	n
6	132	mar	Munirathna	f	19	YMCH	3	p	n	n
7	168	mar	Manjula	f	13	PGMH	1	p	n	1+

9	138	mar	Sudha	f	16	GNMH	3	ep	n	1+
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Lady Wellington

10	70	mar	Mangala	f	9	SRMH	1	p	n	3+
11	49	feb	Nodiya	f	11	A.G.H.C	2	p	D	3+
12	35	feb	Sumava Banu	f	14	D.M.H.	1	eo	n	n
13	52	feb	Selvi	f	14	LWSTC	3	eo	n	
14	86	mar	Sudha	f	14	D.M.H.	3	ep	n	n
15	10	jan	Leena	f	15	MMH	1	p	n	3+
17	25	jan	Neziya	f	17	V.H.	3	ep	n	n
18	8	jan	Guinaz	f	17	P.M.H.	3	p	n	n
19	33	feb	Ayesha Azmat	f	17	AGHC	1	p	n	2+
20	83	mar	Reena	f	18	St.Martina	3	ep	n	
21	89	mar	Kanchana	f	18	D.M.H.	1	p	n	1+
22	5	jan	Banu	f	18	D.M.H.	3		n	n

Hanumanthnagar

23	83	feb	PRIYANKA	f	6	HCD	3	p	n	XRAY
25	104	mar	PARVATHI	f	12	HCD	3	ep	n	n
26	99	feb	SALMA	f	15	GMH	1	p	n	3+
27	142	mar	SYEDULLAH B	f	15	AMH	3	p	n	n
28	46	feb	SUNITHA BAI	f	16	AMH	1	p	n	3+
29	124	mar	GULIAZ	f	16	GMH	1	p	n	3+
30	24	jan	VANAJAKSHI	f	17	HCD	1	p	n	1+

Javanagar

31	20	feb	USHA	f	7	YDR	3	p	n	n
33	72	mar	NAGAVEN	f	14	YDR	1	p	n	1+
34	31	feb	MANJULA	f	15	KSI	3	p	n	n
35	75	mar	KHAMALA	f	15	REMAND	1	p	n	n
36	74	mar	JYOTSNA	f	15	REMAND	1	p	n	n
37	73	mar	HAJERA	f	17	WIC	2	ep	n	n
38	67	mar	SADNA	f	16	MWHC	3	p	n	n
39	61	mar	WASHREE	f	16	JPN	3	p	n	n

Hosahalli										
41	15	Jan	Kamala	f	12	mrnh	3	ep	n	n
42	95	mar	parvitha	f	15	ord	1	p	n	3+
43	12	Jan	meena	f	18	rmh	2	ep	n	n
44	23	Jan	ratna	f	16	mrnh	2	ep	n	n
45	37	feb	sujaana	f	17	cro	2	ep	n	n
46	36	reb	kala	f	18	mpnc	3	ep	n	n
47	60	mar	marakavitha	f	18	mrnh	1	ep	n	n
48	26	Jan	naseera	f	18	rmh	3	p	n	n
50	61	mar	marv	f	18	mrnh	1	p	n	1+
Neelasandra										
51	55	mar	lutfy	f	6	sng	loose j	p		
52	61	mar	balakina	f	8	NCD	loose j			
53	95	mar	mary josphine	f	13	sinc	iii	ep	n	n
54	57	mar	divya	f	15	sng	i	p	n	3+
55	92	mar	sujaana	f	17	sng	iii	p	n	n
57	53	mar	ashwathamma	f	18	bipp	i	p	n	3+
Boradway dispensary										
58	102	mar	marv bascillica	f	6	bsa	iii	p	n	
59	41	feb	farheen	f	8	hea	i	p	n	1+
60	50	feb	chitra	f	9	bwd	iii	p	n	1+
61	32	feb	awathi	f	14	stmh	iii	p	n	
62	40	feb	naseema	f	16	bwd	iii	p	n	n
63	44	feb	shameen	f	16	bsa	i	p	n	3+
65	106	mar	tapasum	f	17	bwd	iii	ep	n	n
66	21	jan	salma	f	17	bwd	i	p	n	3+

6-18 years male										
Lady Wellington TB Unit										
Sl.No	TB No	Month of Reg	Name	Sex	Age	TB Unit	Cat	Type	Status	Smear
1	104	3	Saiad	m	12	D.M.H.	3	p	N	n
2	85	3	HarishKumar	m	14	D.M.H.	3	ep	N	n
3	17	1	Anada	m	16	LWSTC	3	p	N	n
4	20	1	Anthonyvinod	m	17	St.Martha	3	p	N	n
5	55	2	TenzinRuti	m	17	St Martha	1	p	N	3+
6	88	3	Shiva	m	18	D.M.H.	1	p	N	1+
7	99	3	Shashikumar	m	18	D.M.H.	1	p	N	2+
8	105	3	Mahador	m	18	D.M.H.	3	p	N	n
Hanumanthanagar TB Unit										
9	98	3	SYED KAHZIAR A	m	12	AMH	3	p	N	n
10	13	1	SRINIVASA	m	13	AMH	3	ep	N	n
11	10	1	ANBU	m	16	AMH	2	ep	N	n
12	146	3	NAVID PASHA	m	17	GMH	2	p	R	2+
13	42	2	NOORULLAH	m	18	AMH	3	ep	N	n
14	16	1	RAJA	m	18	AMH	3	p	N	n
Jayanagar TB Unit										
15	19	2	KUMAR	m	14	YDR	3	p	N	n
16	66	3	MURALIN MOHAN	m	16	MVHC	1	p	N	n
17	2	1	HANUMIAH	m	17	JNR	1	p	N	3+
18	3	1	THANGAVELU	m	18	JNR	3	ep	N	n
19	11	1	MANIKANTA	m	18	JNR	2	p	R	2+
Hosahalli TB Unit										
20	44	2	shivakumar	m	7	mrhm	3	p	n	n
21	41	2	shankara	m	13	mphe	3	ep	n	n
22	76	3	kiran	m	13	suraksh	3	ep	n	n
23	45	2	yshas	m	13	mrhm	3	p	n	n
24	11	1	velu	m	14	rmh	3	ep	n	n
25	48	2	raja	m	16	hrm	1	p	n	1+
26	28	1	krishnamurthy	m	18	qhc	3	ep	n	n
27	96	3	bhaskar	m	18	hghe	3	p	n	n
28	31	2uary	shivanna	m	16	NCD	3	ep	n	n
Broadway TB Unit										
29	39	2uary	jacob	m	6	bwd	3	ep	n	n
28	91	3ch	kiran kumar	m	6	ctmh	1	p	n	n
29	66	2uary	sihvshanka	m	8	hope	3	p	n	n
30	24	1uary	jeovan	m	14	bwd	3	ep	n	n
31	8	1uary	yeswanth	m	15	bwd	3	ep	n	n
Yeshwanthapura TB Unit										
32	100	3	Bhagyaraj	m	14	YMCH	1	p	N	n
33	153	3	Jeevaraj	m	18	SRMH	3	ep	N	n
Neelasandra TB unit										
34	34	march	sundoop	M	6	ulsr	loose	paed		
35	35	february	shivanna	M	18	NCD	iii	ep	n	n

A Study on patient perspectives of TB treatment under RNTCP in Bangalore Mahanagara Palike

Since the study is focussed on the poor, there is no ~~the~~ need to assess the socio-economic status of the patients ^(already selected), ~~even though~~ as one of the objectives of the study, even though we may get information on occupation, income and educational status.

The objectives may be

Primary Objective: Gain an understanding of patient perception on TB treatment, among the urban, ~~poor~~ women people.

Secondary Objectives: Understand their treatment seeking behaviour.

Understand the impact of the disease and their treatment on their lives and the adjustments they need to make.

Methodology

Since there are enough patients and interpretation will be more easy, we may select only ~~new~~ ^{of pulmonary tuberculosis,} cases, aged 14-45 years. Adopt random selection of 100 patients. Among them

analysis { married ; husband ~~is~~ living ; employed/unemployed ; children
Single = unmarried ; separated/divorced/husband died.

Questionnaire

Get full details of the individual (Personal)

$$\begin{array}{r} 11 \\ 14 \\ \hline \end{array}$$

9

$$\begin{array}{r} 61 \\ 23 \\ 13 \\ \hline 97 \\ 14 \\ \hline 111 \end{array}$$

1. Knowledge about the disease

- What is the name of the disease for which you are getting treated?
- What do you know about this disease?
- Who are more affected by the disease? male/female; rich/poor; children/adults/old people.
- Any reason why they are affected more?
- How is the disease spread?

2. Help seeking behaviour

- How did you find out that you had this disease?
- What were your initial complaints? What did you do?
- What made you seek treatment? When? Where?

(Narrate your experience) -

- * What made you come to this centre?
- How long have you been taking treatment from this centre?
- How long have you to take the treatment?
- What symptoms have subsided? What symptoms are persisting?
- How do you feel generally now?
- What would happen if the disease is not completely treated?

* If there was delay in seeking treatment, ^{what were} the reasons?

3. Family

- Does this disease affect your married life? family life?
- What do your family members feel about your having this disease? Are they supportive of your treatment? What are the changes you had to make?
- Do you have a child less than 2 years old? Do you breastfeed the baby? If you stopped breastfeeding, why?
- Does any of your family have this disease? What has he or she done about it?

4. Community

- Do the members of the community know that you have this disease?

- Did you have to discontinue treatment at the centre? Why?

- Would you recommend your relative/friend to attend this centre, if he/she had the disease?

- Any suggestion for improvement?

9. Any other matter

A study on Patients perspectives regarding TB treatment under RNTCP in Bangalore Mahanagara Palike

Introduction

Magnitude of the problems caused by tuberculosis in India and worldwide is well documented. Resurgence of TB made WHO declare it a global emergency in 1993. Tuberculosis is among the most effective and cost effective of all diseases to treat yet it had to be declared as Global emergency. (WHO) *because of resurgence*

TB control has been a challenge unmet in India despite the fact that NTP was in place over three decades and was revised due to global pressure. In India it is estimated that about 1440 people die of tuberculosis every day. It is also well known that this disease affects the poor more, and it is also evident that the poverty status in India is further affected adversely by globalization policies. Links with Poverty has been explicitly acknowledged in the 1940 health policy and later it was hidden under the category sociological problems. A number of researches have been conducted in search of a solution and a number of projects been piloted for understanding effective implementation strategies in prevention and control of the disease.

It is observed that the prevalence is evenly distributed among both the rural and urban population. It is well known that the poor seek help from more than one place due to various reasons and this adversely affected treatment outcome and the patient's pocket. Information on health seeking behavior and the patients' perspective regarding the treatment has already been studied in other parts of India especially in Maharashtra, and it is hoped that this study would bring in more insight in understanding TB treatment from patient's perspective.

Problem statement

It is well known that TB is associated with poverty, illiteracy, malnutrition and over crowding. Treatment of TB puts on an enormous physical, economical, psychological, and social pressure on the patient particularly the poor patient and his or her family. What bothers most people suffering from TB is their cough, chest pain, and fever, loss of weight and body ache. It is least of their concerns that they are excreting the bacilli in sputum and are infecting others. There were instances when TB patients said that they just wanted to die due to depression and in other instances the patients had to sell their valuables to pay off for the treatment. It is estimated that on an average a TB patient spends about 5500 rupees for treatment apart from transport and other indirect costs. As TB affect more the young and the

adults in the productive age group, the economic loss to the nation is calculated as 1000 crore man-hours.

Most of the TB patients seek first help from a private practitioner chiefly because they are easily accessible and available. Normally they approach within two weeks after developing chest symptom and most of them are sent away with cough mixtures. Affordability is a question that arises later during treatment, which is one of the main reasons that force the poor TB patients to become irregular in treatment for some time. Some of the other reasons for discontinuing treatment are: priorities in the family, feeling well, cannot leave work and come for treatment, unavailability of drugs in the center when approached, side effects, staff attitude and distance. Poor nutrition, strong medication and alcohol caused side effects such as nausea and dizziness; also prevents a few patients from continuing treatment. Finding of a study revealed that patients who stayed beyond 5 kms from the health centers were irregular with treatment. The support available both family and community level to a person suffering from TB for enabling him/her complete treatment is insignificant. Besides these the problem of stigma still persists and has its negative impact. TB patients face rejection by neighbors, employers and coworkers. Young brides who developed symptoms are returned to their homes as unfit to bear children, their dowries forfeited.

As a result of these problems many of them become MDR (Multi Drug Resistance). MDR means more a death trap to person who has defaulted treatment. Cost of treating MDR is 100 times more. If dropped from treatment due to this factor, the consequences are that the loss to the family is incalculable and the patient would have transmitted the disease to many other people at least 10 to 15 before their death. It is 30 years since a new drug has been brought into market and the chances in the near future are very remote. Understanding personal experiences of the patients taking treatment, and factors that affect both at family and community level would help in planning an appropriate strategy for effective prevention and control of the disease.

Aim:

To understand the patient's perspective regarding TB treatment provided by the Bangalore Mahanagara Palike under the RNTCP (Revised National Tuberculosis Control Programme) using DOTS (Directly Observed Treatment, Short course) approach.

OBJECTIVES:

Primary

1. Gain an understanding of the patient perception on TB Treatment, among the urban poor people.

Secondary

1. Understand the treatment seeking behavior
2. Understand the impact of the disease and their treatment on their lives and the adjustment they need to make.

Methodology

Patients under the RNTCP programme implemented through the Health Centers of BMP (Bangalore Mahanagara Palike) would be identified. Information would be collected using in-depth interview technique. They would be selected using the cross sectional method from among the urban poor.

As mentioned a meeting was held with the Medical Officer in -charge of the Tuberculosis control programme with BMP (Bangalore Mahanagara Palike) and gained an understanding of the programme. It is understood that the BMP has 7 TB units and under each TB unit there are 5-6 Microscopic Centers spread around the city. The treatment is provided through about 132 health centers including the health centers of the IPPVIII (India Population Project). A visit was made to all the 7 TB units and list of 782 patients who have registered with them during the first quarter, that is from January to March 2001 was obtained.

Following are the details that were available about the patients: TB. No., Date of registration, age, sex, Name of treatment center, category, type, status (new, defaulters, dropout and others). The information was fed into the computers and using the Microsoft Excel programme the data was sorted using the following three key variables: age, sex and type. The data was further sorted according to age, which was divided into four categories viz; 0- 5 years, 6-18 years, 19 - 45 years and 45 years and above. From this category every eighth person was selected applying a simple random technique. 97 patients' names were selected and added 14 patients from the 0-5 categories making the final list of patients selected for the study to 111. It

was decided to select all the 14 children below the age of 6 years to cover under the study as the number available after applying sampling technique would too less to represent.

Guideline for the interview

1. Knowledge about the disease

- * What is the name of the disease for which you are/ were getting treatment ?
- * What do you know about this disease?
- * Who are more affected by this disease male/ female.; rich /poor; children/ adult/ old people.?
- * Any reason why they are affected more ?
- * How is the disease spread?

2. Help seeking behavior

- * How did you find out that you had this disease?
- * What were your initial complaints? What did you do?
- * What made you seek treatment? When? Where?
- * Narrate your experience
- * If there was delay in seeking treatment, what were the reasons?
- * What made you come to this centre?
- * How long have you been taking treatment from this centre?
- * How have you to take treatment?

* What symptoms have subsided? What symptoms are persisting?

* How do you feel generally now?

* What would happen if the ^{treatment is} disease not completed treated?

3. Family

* Does this disease affect your married life? Family life?

* What ^{do} your family members feel about your having this disease? What support ^{do} you get from your family with regard to treatment? What are the changes you had to make?

* Do you have a child less than 2 years old? Do you breastfeed the baby? If you stopped breastfeeding why?

* Does any of your family have this disease? What has he/ she ~~has~~ done about it?

4. Community

* Do the members of the community know that you have this disease?

* What do the community members think about this disease?

* What support ^{do} you get from the community member with regard to your treatment?

* Do they accept you as member of the community? Whole heartedly ☐ grudgingly ☐

* Do you know of any other ^{people} ~~member~~ of the community having this disease? What has he /she done about it?

5. Economic

* How much money have you spent for the following;

* a. Consultation

b. investigation

c. medicines

* Others specify

* How did you get the money for the treatment?

* Family income sufficient; borrowing (from whom)

* Has any of the staff of the center demanded money? Taken money? ?

6. Work and treatment

* Have ^{you} been away from work because of this disease? (During treatment)

* If yes, for how long?

* Are you able to continue the work ^{you were performing} s before the symptoms started?

* Does the treatment affect your work? Rejection by employer? Co-worker?

7. Distance and time

* How far is the health center from your place?

* How do you go to the centre?

* Does any one accompany you when you go for treatment? Does it affect his/ her work?

8. Satisfaction

* What did you like best in the centre? Why?

* What did you like least in the centre? Why?

* Was the staff courteous? Very much ☐ to some extent ☐ not at all ☐

- * Were there any side effects? Were they attended to?
- * Did you have to discontinue treatment at this centre? Why?
- * Would you recommend your relative/ friend to attend this centre if he/she had this disease?
- * Any suggestion for improvement?

9. Any other matter