

AWARENESS OF REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAM AMONG MEDICAL PRACTITIONERS

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ABSTRACT

To study the extent of awareness of 'RNTCP' among Medical practitioners, a cross-sectional study of practicing doctors in the 4 districts of Western Uttar Pradesh was conducted during the year 2011. They were interviewed on the basis of pre-designed questionnaire. Out of 120 doctors, 94 doctors were able to complete the questionnaire. Fifteen percent knew the correct expansion of DOTS. 65% doctors had impression that CXR is essential part of RNTCP, while 24% knew that sputum AFB is the only investigation. Only 27.7 % had knowledge of existing treatment regimens in RNTCP. 76 percent of the respondents have not participated in any awareness programme. Although, our study revealed gaps and weaknesses in knowledge regarding RNTCP. Majority of participants were willing to upgrade their knowledge which will require more collaborative efforts between public health facilities and practicing doctors.

KEYWORDS : Tuberculosis, RNTCP, DOTS.

To study the extent of awareness of 'RNTCP' (Revised National Tuberculosis Control Programme) among Medical practitioners practicing in four districts of Western Uttar Pradesh. Although, our study revealed gaps and weaknesses in knowledge regarding RNTCP. Majority of participants were willing to upgrade their knowledge which will require more collaborative efforts between public health facilities and practicing doctors. In our study 24% respondents have participated in some awareness programme while in study from Chandigarh 17% had received training under National Tuberculosis Programme. Majority of private practitioners are not aware of or not prescribing the treatment regimen recommended by the RNTCP. (Thakur et al.,2006; Chauhan and Tonsing, 2005 and RNTCP,2011)

MATERIALS AND METHODS

The study was done in the 4 districts of Western Uttar Pradesh during the year 2011. This was a cross-sectional study of doctors practicing allopathic system of medicine in the area. A list of all doctors practicing allopathic system of medicine was obtained from the Indian Medical Association (IMA) of respective areas and they were interviewed on the basis of questionnaire. The questionnaire had three parts, section A was to assess general awareness regarding RNTCP, section B was to

assess knowledge of investigations in RNTCP and section C was to assess awareness regarding various treatment regimen and categorization of patients. A field worker visited a private practitioner with prior appointment. After taking his/her consent he gave the questionnaire to collect the relevant information. The data was entered into a computer for further analysis. Statistical analysis was done by using SPSS. Proportions of different variables were calculated and compared.

RESULTS

A total of 120 doctors were contacted out of which 95 agreed to participate, 1 doctor could not complete the form, and was excluded from the final evaluation. Doctors practicing in surgical branches and other systems of medicine were excluded. Out of 94 doctors included 66% were MD Medicine, 28% were MBBS and 6% were DTCD (Table 1). Fifteen percent knew the correct expansion of DOTS. Nineteen percent had knowledge about nearest RNTCP centre. Sixty five percent of doctors had impression that CXR is essential part of RNTCP, while 24% knew that sputum AFB is the only investigation available in RNTCP. Seventy percent did not include sputum AFB in their investigation plan. However, out of those who included sputum AFB in their plan, only 23% knew the correct timing of sampling i.e. spot-morning. While 27.7 % had knowledge

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of existing treatment regimens in RNTCP, 17 % knew the correct duration of treatment under various regimes. A vast majority 56 percent thought that there are three regimens while 16 percent thought that there are more than 3 regimens. 76 percent of the respondents have not participated in any awareness programme. Question was asked regarding their willingness to participate in RNTCP programmes, about 82% of private practitioners expressed their willingness to be partners for implementation of national TB control programme (Table 2). An open-ended question was asked on how the involvement of private practitioner could be ensured in RNTCP. They felt that regular awareness programmes for private practitioners on national TB guidelines and programmes should be arranged.

DISCUSSION

Poor awareness about Tuberculosis management among Private Practitioners continues to be a major obstacle in war against Tuberculosis as they still manage about 70% of total Tuberculosis cases. DOTS was implemented via RNTCP 1997 1 and by March 2006, a full nationwide coverage was achieved 2 The objectives of RNTCP are to cure at least 85% of sputum positive TB patients registered and after achieving this objective, detecting at least 70% of existing cases in the community3. Numerous problems still exist at the operational level; the biggest among them is low participation and awareness of private practitioners. Still, 65% of the practitioners stated that X-ray was their first priority for diagnosis. (Khatri and Frieden,2002).

While 24% knew that sputum AFB is the only investigation available in RNTCP. In a similar study from Chandigarh 40% stated X-ray as the first priority while 65% said that CXR and single sputum were required for confirmation of diagnosis. In our study only 15% knew the correct expansion of DOTS reflecting poor knowledge about the scheme. In our study 27.7 % had knowledge of existing treatment regimens and 17 % knew the correct duration of treatment under various regimes. In a similar study from Chandigarh About 11% practitioners said that they knew about various treatment categories under RNTCP and only 4% could specify three categories. In our study

Table 1 : List of Docotors For RNTCP Programme

MBBS	28%
MD	66%
DTDC	6%

Table 2 : RNTCP Programmes Participate

Correct expansion of DOTS	15%
Nearest DOTS center	19%
Correct awareness about availability of CXR in RNTCP	35%
Correct duration of treatment	17%
Participation in awareness program	24%
Willingness to participate in RNTCP	82%

24% respondents have participated in some awareness programme while in study from Chandigarh 17% had received training under National Tuberculosis Programme. Majority of private practitioners are not aware of or not prescribing the treatment regimen recommended by the RNTCP. Poor knowledge of Private Practitioners is because of paucity of training programmes, lack of incentive in attending these programmes. They need periodic training, and more collaborative efforts are required between public health facilities and practicing doctors for control of tuberculosis. Although the study revealed gaps and weaknesses in knowledge regarding RNTCP, it was observed that majority of the private practitioners wanted to upgrade their knowledge about RNTCP.

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