CHAPTER: I
INTRODUCTION

1.1 Background of the Study

Tuberculosis (TB) is known to have existed for thousands of years and still remains a major global health problem. It causes ill-health in millions of people each year and in 2015 will be one of the top causes of death worldwide, ranking above HIV/AIDS as one of the leading causes of deaths from a infectious disease. It will be estimated that there were 1.4 million TB deaths in 2015 and a additional 0.4 million deaths resecting from TB disease among HIV position people.

The united Nations had adopted the sustainable development goals in 2015 which aim to the global TB epidemic by 2030. In 2014, the world health assembly had called for a 90 % reduction in deaths occurring due to TB and 80 % reduction in the incidence rate of TB by 2030 with respect to 2015. The global TB report provides and evaluation of the TB epidemic and progress made in TB diagnosis, treatment and prevention efforts as well as an overview of TB-specific financing and research. It talks about the broader agenda of the universal health coverage, social protection and other surfacinable development goals that have an impact on health. It presents data for 202 countries and territories that account for over 99 % of the TB world's care.

The TB epidemic is larger that it will be projected previously, in 2015. There were an estimated 10.4 million new TB cases worldwide, of which 5.9 million (56 %) were among area, 3.5 million (34 %) were among women and 1.0 million (10 %) were among children and people living with HIV accounted for 1.2 million (11 %) of all TB cases six countries (India, Indonesia, China, Nigeria, Pakistan and South Africa) globally accounted for about 60 % of new TB cases. Global programs in TB epidemic depends on advancement in TB prevention in these countries. Worldwide remained at only 1.5 % from 2014 to 2015. In order to reach the first milestone of the End TB strategy, a 4-5 % incidence by 2030. (Global TB report of WHO, 2016)

TB is a major public health problem of Nepal. Despite the remarkable progress made by NTP since 2006, the disease still remains a treat in Nepal. In the fiscal year 2015 a total of 34122 cases of TB were notified to the NTP. The total estimated TB incidence in Nepal will be 5200 and the estimated MDR/RR-TB cases among notified pulmonary TB Cates will be 900. The NTP of Nepal had allocated or budget of 20 million us & for the prevention and control of the TB epidemic. Nepal had a total of

45 % MDR and 7 XDR laboratory confirmed DR TB cases and the number of patients started on treatment will be 379 for MDR TB cases and XDR laboratory confirmed DR TB cases and the number of patients started on treatment will be 379 for MPR TB cases XDR TB cases. The TB ache fatality ratio will be 0.14 i.e. a total of 14 deaths occurred per every 100 cases identified. Nepal has high treatment coverage of 75 % TB patients. The population with new cases with multi-drgresistant TB (MDR-TB) will be 2.2 % among new cases re-treatment cases. In 2015, a total of 379 MDR TB and 71 XDR TB were enrolled for treatment. The majority of TB cases and deaths occur among men, the burden disease among women seems significantly lower in Nepal. The prevalence of HIV is raising in Nepal and effective control measures for AIDS and as well as for TB is more important now than ever before.

Nepal has been showing progress in TB prevention and control than several countries like India, Pakistan, Bangladesh and Afghanistan. It has higher treatment coverage rate and lower mortality rate compared to other countries. However Nepal falls back in TB related performance in comparison with other high performing countries like Maldives and Srilanka in South Asia. Nepal remains an average country in South Asia in the prevention and control of TB. Nepal still has a long way before it can eradicate the problem of TB completely. (Source : Global TB report of WHO/2016)

Baraha municipality is a newly formed municipality of Sunsari district. The total population Baraha municipality is 70,405. My research is related with the Urawn community, so the total population of Urawn people in this municipality is 2634, among them 1210 are males and 1424 are females. Especially this study is going to be held in Baraha municipality ward no. 6, 7, 8, 9, 10, 11. The total population of Urawn people in these wards is 624 among them 288 are male and 336 are females. On comparison to other people the infections of “Mycobacterium Tuberculosis” is more prevalent in Urawn people. Men and women have their different gender roles and responsibilities in the different social context. Unequal gender relation and opportunities affects the vital social and economic variable which resulted into inequitable pattern of seeking health care and utilization health information as well as care and services for the remedy. (Source: Sunsari District Profile 2070)

1.2 Statement of the Problem

For many years TB has been remaining a greater position health not only in Nepal, but world too. Poverty, malnutrition, HIV/AIDS and drug abuse made it more vulnerable nearly 40 percentages of all TB cases found in south-earth Asia region.

Before implementing the DOTS program the total rate of tuberculosis will be high. People used to isolate the TB patients. They used to hate them. This practice is still remaining in the present day society. Now globally the DOTS strategy has been recognized as the best cost effective approach to control tuberculosis.

TB is a major public health problem in Nepal. Despite the remarkable progress made by NTP since 2006, the disease is still remaining as a major problem. In Nepal 34122 cases of TB were notified by NTP in year 2015. The total estimated TB incidence in Nepal will be 5200 and the estimated MDR/RR-TB cases among notified pulmonary TB cases will be 900. (WHO Global Report 2016)

In my study area, the participation of the women TB cases in less in comparison to men. It is distinct the TB programme would not be successful unless and until the equal participation of the both sex in the TB control programme especially for the treatment and case of the disease at the source. By the analysis of above statement the problems regarding the tuberculosis can be pointed out as like, the participation of the male cases.

Especially this study seeks to determine the status of prevalence of tuberculosis in male and female of Urawn community at Baraha municipality. Urban people are included in indigenous people of Nepal. As like the other indigenous people in Terai Urawn people are facing many problems like poverty, powerlessness, lack of capability, devoid of essential services, unemployment and underemployment, restricted access to natural resources, on-access to facilities etc. so, they have fallen back and becoming victims of different fatal diseases.

TB is primarily a lung disease with systemic involvement. Pulmonary tuberculosis is acquired through air born spread of droplet nuclei produced usually by an infected person. The bacilli can remain dormant and clinical infection can occur in any part of the body when the patient′s immunity becomes compromised. TB complication can occur in the lungs or in any other system. The complications are usually the cause of morbidity an mortality in these patients.

Hemoptysis, pleurisy, pleural effusion, empyema, pneumothorax, laryngitis, corpulmonale, enteritis, HIV related opportunistic infections are some of the complications seen in TB patients. (Source: pioneer medical journal Vol. 3, No. 5, Jan-Jun, 2013)

1.3 Objectives of the Study

Tuberculosis is a social disease and trended medically if the disease is identified if the disease is identified. This disease is called by non-medical factors like poor quality of life, poor housing, population explosion, malnutrition, large family size, early marriage, lack of awareness of causes of illness etc. these factors are responsible for the occurrence and spread of TB in society. So, this study has intended to accomplish the following specific objectives:

- To ascertain the educational and economic status of TB patients.
- To find out the complications of TB in male and female of Urawn people.
- To find out the accessibility of the health service providers.

1.4 Significance of the Study

About 10.4 million people are affected from TB world-widely among them 1.4 million people are dying of TB infectious. In south East Asian region people of Bangladesh, Pakistan, India and Afghanistan are at high risk of TB infection. Nepal is also facing TB problem. The incidence of TB is found more in males them females (WHO global TB report 2016)

This study will help to find out the economic and educational status of Uranw people. It will also help to find out the intake of balanced diet, supply of pure drinking water, condition of sanitation etc. This study is help to find out about the lifestyles of Uranw people who are infected from TV and to find out the impact of complication in patients, so this study is important. Mainly, this study will help to know the causes, mode of transmissions, symptoms, methods of prevention about tuberculosis in the Uranw people.

1.5 Delimitation of the Study

This is the research in the particular field for specific purpose, their study attempts to carryout it taking the following limitation and conditions to make the study systematic and reliable.

1. The study is related within the Baraha municipality ward No. 6,7,8,9,10 and 11.
2. There is no residence of Uranw people in ward no. 1,2,3,4,5.
3. The total population of ward no. 6 is 207, among them 109 males and 98 are females.

4. The total population of ward no. 7 is 218, among them 97 males and 121 are females.
5. The total population of ward no. 8 is 274, among them 136 males and 138 are females.
6. The total population of ward no. 9 is 423, among them 204 males and 219 are females.
7. The total population of ward no. 10 is 531, among them 249 males and 282 are females.
8. The total population of ward no. 11 is 981, among them 454 males and 527 are females.
9. The total population TV infected Uranw people from these wards are 184 males and 46 females.

1.6 Definition of the Terms Uses

Corpulmole : Extensive lung destruction.

Epidemic : Attacking or affecting many individuals in a community or population simultaneously.

EPTB : Extra pulmonary tuberculosis. Tuberculosis occurring in the parts of body except lungs.

Empyema : Rupture of tuberculosis lesion in plural area.

Enteritis : Abdominal pain, alternating diarrhea.

Fatality : A death resulting from an accident or a disaster.

Fiscal Year : Any accounting period of twelve months.

Hemoptysis : Capillary break down, erosion of arteries in Necrotic areas/wall of cavity.

Laryngitis : Soreness of throat, dry hacking cough, hoarseness of voice.

Morbidity : The relative incidence of a particular disease.

Mycobacterium Tuberculosis : A bacteria that causes TB disease found out by Robert Kock in 1882 AD.

Pleurisy : Underlying tab lesion of lung.

Prevalence	**:**	It refers especially to all current cases old or new existing in a given point in time or over a period of time in a given population. It is used to say the total individuals who have an attribute or disease at a particular time divided by the population at risk of having the attribute or disease at this point in time or mid-way through the period.
PTB	**:**	Pulmonary Tuberculosis. Tuberculosis of lungs.
Social Stigma	**:**	Bad symbol of society animal from malpractices.
Vulnerable	**:**	Susceptible to attack.

CHAPTER: II
REVIEW OF THE RELATED LITERATURE

The literature review is an integral part of the research process and makes a valuable contribution to almost every operational step. It has value even before the first steps; that is, when we are merely thinking about a research question that we may want to find answers to through our research journey. In the initial stages of research it helps us to established the theoretical roots of our study, clarify our ideas and develop our research methodology. Later in serves to enhance and consolidate our own knowledge base and helps us to integrate our finings with the existing body of knowledge. Since an important responsibility in research is to compare our findings with those of others, it is here that the literature review plays ad extremely important role. In relation to study, it brings clarity and focus to the research problem, improves research methodology, broader knowledge base in research area and contextualise findings.

2.1 Theoretical Literature

Tuberculosis is a fatal disease if it kept untreated. Being a fatal disease, tuberculosis is concerned with social issues as well as major public health problem. Mortality due to TB is more remarkable as like the other diseases. The post literatures are the integral part of this study like others. This chapter deals with the global scenario of health seeking behaviours and study related to health seeking behavior of TB infected people. For this purpose as many as books, research papers and publications were studied and websites were browsed to review the literature. For this issues, after the establishment of WHO in 1948, WHO has published various articles, reports and research reports, text books and booklets of some studies, brochures and pamphlets which are reviewed for the purpose of this study. A part from the WHO publications, text books of the different authors, research and the study reports of different writers and case study reports on health prospective has been reviewed to gather the knowledge and information for this study. Majority TB infected poor people in rural areas do not seek the treatment in early stage of the disease which resulted in the severe and advance stage and difficult to treat completely. Asia, including Nepal experiences higher incidents of infectious diseases such as tuberculosis rheumatic fever which are quite uncommon among indigenous people like Urawn. The indigenous people are also suffering increasingly obesity heart disease, cancer type 2 diabetes as well as physical, mental and social disorders. Such disorders are often

linked to misuse of alcohol and other drugs which results from identity loss, disorientations in the collective cultural life world and indigeneous identities. Inaccessibility to proper health care services, inadequate clinical care and health promotion, and poor disease prevention services on the part of the state aggravate this situation because preventable conditions are not adequately addressed by the health by the health care delivery systems. Lack of access to adequate and culturally appropriate health care services is one of the primary experiences of the Urawn indigenous people of the Nepal. Indigenous people have limited health care infrastructure and ability to utilize existing health services. Data reviewed from different sources on the group difference with respect to access indicate that Indigenous groups, especially indigenous females are most likely to report being in bad health, have the highest incidence of temporary health problems and are less likely to receive or seek treatment when ill. The systematic character of the health gap is related to the lack of general state capacity to provide health services to indigenous people. Restructuring of the existing preventive and curative health care services are at the heart of the indigenous peoples rights to health and well-being.

2.2 Empirical Literature

TB is an infectious disease caused by the bacillus mycobacterium tuberculosis. It particularly effects the lungs (Pulmonary TB) but can effect other sides as well (extra pulmonary TB). The disease is spread in the air when people who are sick with pulmonary TB expel bacteria, for example by coughing. Overall, a relatively small proportion of people infected with mycobacterium tuberculosis will develop TB diseases. TB is also more common among men than women, and affects mainly adult in the most economically productive age groups. (Source: NTP annual report 2016).

The common method for diagnosing TB nationwide is sputum smear microscopy in which bacteria are observed in sputum samples examined under a microscope. Following recent advances in TB diagnostic, the use of rapid molecular tests offered from 22 centers to diagnose TB and drug – resistant TB is increasing in Nepal. Likewise, two national reference laboratories are also offering sputum culture facilities in the country. The currently recommended treatment for new cases of drug susceptible TB is a six months regimen (fixed dose combination) of for first line drug : isoniazid, rifampicin, etham-butol and pyrazinamide. Cured rates will be 88 % and treatment success rates will be 89 % for new cases reported in 2013/014. Treatment for multi drug resistant TB (MDR – TB), defined as resistance to isoniazid and

rifampicin (the two most powerful anti TB drug) is longer, and requires more expensive and more toxic drugs. For most patient with MDR –TB, the current regimens recommended by WHO last 20 to 24 month, and treatment success rates will be 76.6 % -NTP Annual Report 2070)/071).

Tuberculosis remains as a public health problem, responsible for ill-health among thousands of people each year. TB ranks as the sixth leading cause of death among top 20 causes of deaths in Nepal. During the reporting year, NTP register 37025 TB cases among them 18738 (51%) were sputum smear positive. Among the cohort of all the TB cases register during this latest year 15947 (43 %) were new spear positive TB cases. Among total new smear positive cases 5155 (32 %) were female and 10792 (68 %) were male patients registered in NTP system. Similarly 2305 (6 %) were smear positive re-treatment TB cases. 8445 (22.8 %) were sputum smear negative, 8583 (23.1 %) were extra pulmonary TB cases and 1259 (3.4 %) were other cases. Out of total registered cases in NTP, 13182 (36 %) female and 23843 (64 %) male patients were registered in NTP. The majority of TB cases and deaths occur among men, the burden of disease among women, seems significantly lower. TB motility is unacceptably high given that most deaths are preventable if people can access health care for a diagnosis and the correct treatment is provided. Short–course regimens of first line drugs that can cure among 89 % of cases have been available for decades. Nepal NTP has adopted global SOTP TB strategy as TB control strategy of diseses.

2.3 Implication of Literature Review

Reviewing the literature is a continuous process. It begins before a research problem is finalized and continues until the report is finished. Literature review helps to formulate the research problem. Reviewing the literature involves number of steps; searching for existing literature in study area, reviewing the selected literature, using it to develop theoretical frame work for investigation.

Overall the implication of literature review can be stated as:

i. It provides theoretical background for the study.
ii. It enables to contextualise the findings in existing problems.
iii. It helps to bring clarity and focus to research problem.
iv. It improves research methodology.

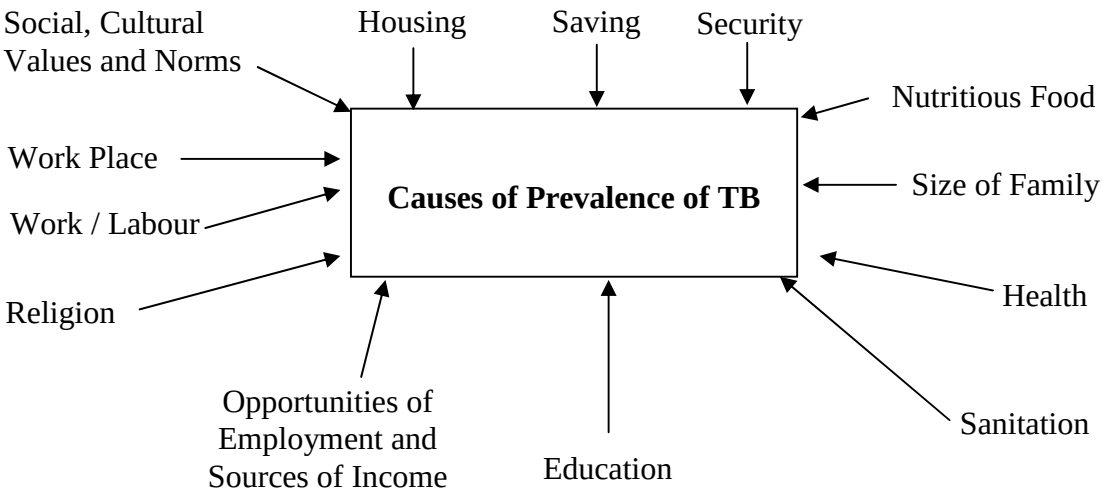
So, the literature reviewed should be thematic in nature, that is based on main themes, the sequence of these themes in the write-up should follow a logical progression.

2.4 Theoretical Conceptual Framework

Tuberculosis is a major public health problem in Nepal. About 45 % of the total population is infected with TB, of which 60 % are adults. Every year, 40,000 people develop active TB, of whom 20,000 have infectious pulmonary disease. These 20,000 are able to spread the disease to others. Treatment by directly observed treatment short course (DOTS) has reduced the number of deaths; however 5000-7000 people still die per year from TB. Expansion of this cost effective and highly successful treatment strategy has proven its efficacy in reducing the mortality and morbidity in Nepal. By achieving the global targets of diagnosing 70 % of new infectious cases and curing 85 % of these patients will prevent 30000 deaths over the next five years. High cure rates and sputum conversion, rate will reduce the transmission of TB and lead to a decline in the incidence of this disease, which will ultimately help to achieve the goad and objectives of TB control.

DOTs have successfully implemented throughout the country since April 2001. The NTP has co-ordinated with the public sectors, private sectors, local government bodies, INGOs, social workers, educational sectors and other sectors of society in order to expand DOTs and sustain the present significant results achieved by NTP.

By 16th July 2010 NTP has 1122 DOTs treatment centers with 3098 sub-centers. The treatment success rate stands at 90% and case finding rate of 76%. At the national level 37430 TB patients have been registered of whom 15562 infectious and are being treated under the DOTs strategy in NTP during the fiscal year 2066/067. (DOHS annual report 2009/010).



CHAPTER: III
METHODS AND PROCEDURES OF THE STUDY

Most methods of data collection can be used in both qualitative and quantitative research. The distinction is mainly due to the restrictions imposed on flexibility, structure, sequential order, depth and freedom that a researcher has in their use during the research process. This process fevers the questionnaire and interview methods for the data collection.

3.1 Design and Method of Study

A research design is a plan, structure and strategy of investigation so conceived as to obtain answers to research questions or problems. The plan is the complete scheme or programme of the research. It includes an outlines of what the researchers will do from writing the hypothesis and their operational implications to the final analysis of data.

So, this research was designed to carry out on the basis of descriptive type of research method to identify the condition of tuberculosis in Urawn people regarding decision making of the family for treatment. Socio-economic/cultural factors and harmful practices of the community. Education status of patients. Access to health facilities and information as well as the behaviour and practice of health service providers towards the TB patients.

3.2 Population of the Study

This study was conducted on TB infected and cured women people of Baraha municipality ward no.6, 7, 8, 9, 10, and 11. Madhuban Primary Health Care Center, Prakashpur, Health Post, Mahendranagar Health Post are the service providers for the TB infected people in this municipalities. Form the mentioned DOTs centers and sub-centers TB infected people are getting treatment.

Treatment Centres	Total no. of TB cases studied	Study Population	Sample Population
3 DOTs Centers	Male- 91 Female – 19	TB infected Urawn people of Baraha Municipality	110 infected male and female

Sources: DOTs Centers of Baraha Municipality

3.3 Sampling Techniques and Sample Size

This study was based on TB infected male and female of Urawn community in Baraha municipality of Sunsari District. Among 2634 total population of Urawn 1210 were males and 1424 were females. 91 males and 19 females of Urawn populations infected from TB were taken as sample by simple random sampling technique. All the sample were taken from the each wards of the municipality.

3.4 Data Collection Tools

Observation and interview were the major tools for the collection of information. Among the 110 sample size, according to convenience, 10 people among them 7 males and 3 females were taken to collect the information about the tuberculosis by using questionnaire, so that the errors were minimized.

3.4.1 Observation

In this study it were observed the real setting of health services delivery system and patients response in their family and society as well as in the health institution.

3.4.2 Interview

During this process interview were taken with the patients, health service providers, and society in the study area. In-depth interview and focus group discussion method were applied to collect information; for this study, consultation with the different resources, such as previous research report, advisors and subject teacher were done for the guidelines and to avoid the errors.

3.5 Data Collection Procedures

For the completion of this study necessary data were collected by making working schedule. According to schedule at first offices of the each wards of municipality and health service providing centers were visited. Total population and TB infected population of the Urawn were collected. By using interview other information were collected from study population.

3.6 Methods of Data Analysis and Data Interpretation

According to the guidelines of advisor, lectures, and norms of campus, data from the targeted people were collected under the research tools. By using questionnaire schedule in the targeted people data were collected for analysis purpose. The output of the data were interpreted statistically with the help of mean and percentage. The output of the data is shown in tables, figures, charts, and presented according to the format of college.

CHAPTER: IV
ANALYSIS AND INTERPRETATION OF DATA

The study area of this research was Baraha Municipality of Sunsari district. This is the newly formed municipality of Sunsari district after the declaration of constitution of Nepal of 2072. Many people related to different caste and ethnic groups are living in this municipality. Among them Uranw are the indigenous people who have difficult life styles to live and mainly suffered from tuberculosis due to hard physical labour, low intake of balanced diet, ignorance, poor sanitation, careless of illness, avoidance of utilize of health services etc.

General Description of the Study Group

The data of the study was collected from the TB patients of Uranw people of Baraha Municipality. The total population of the Uranw people in Baraha Municipality was 2,634 among them 1210 were males and 1424 were females. 91 males and 19 females TB infected people were taken as sample by simple random sampling process. Uranw people of this area are under the high risk of Tuberculosis. Due to low income sources they do different types of works without having precautions, like workers in poultry farming, rice mills, in crusher machines etc. primarily, the data was collected from the productive age groups of Uranw people who were found in the DOTs center of Baraha Municipality for their treatment and investigation of Tuberculosis.

This chapter mainly deals with the statistical analysis and interpretation of educational and economic status, complication of Tuberculosis and role of service provider institute related to Uranw people. Directly and indirectly knowledge, attitude and practices of TB patients against Tuberculosis is studied to reduce the risk of Tuberculosis in Uranw people. The findings of this research have been interpreted in this chapter.

4.1 Educational and Economic Status of TB Patient

4.1.1 Educational Status

Education plays vital role in the living standard of people. Education leads people to live meaningful life. People become aware from different types of hazards and the risk if they are educated.

Table No.: 1

Educational Status

S.N.	Description	Number	Percentage (%)
1	Illiterate	48	43.63
2	Literate	60	54.54
3	SLC	02	1.81
4	Above SLC	0	0
Total		110	100

(Field Survey, 2074)

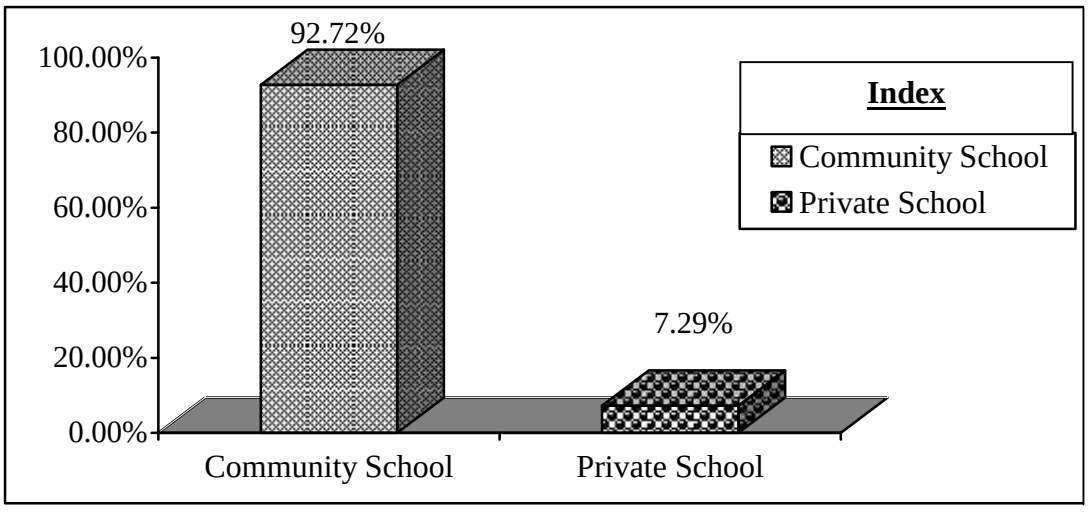
Among 110 respondents 48 people, 43.63 % were found illiterate, 60 people 54.55 % were found literate and on 2 people, 1.81 % were found having the certificate of SLC. It can be concluded that disease has been transmitted to the people due to the lack of awareness and healthy behaviour.

4.1.2 School Education Management of Children of TB patient

Nowadays, people think that private school can provide quality education than government school. It is the matter of nation for discussion to prove. From the mention fact it can be said that most of TB patients that are poor so they are not able to fulfill the basic needs of family members.

Figure No.: 1

School Education Management of Children of TB Patient



(Field Survey, 2074)

World bank has stated that if a person earns less than $1.25 US Dollars per day she/he is listed as poor people. Although, Nepalese government has provided cost free

education according to the constitution 92.72 % children of respondents are studying in the government school and 7.29 % children are studying in private school.

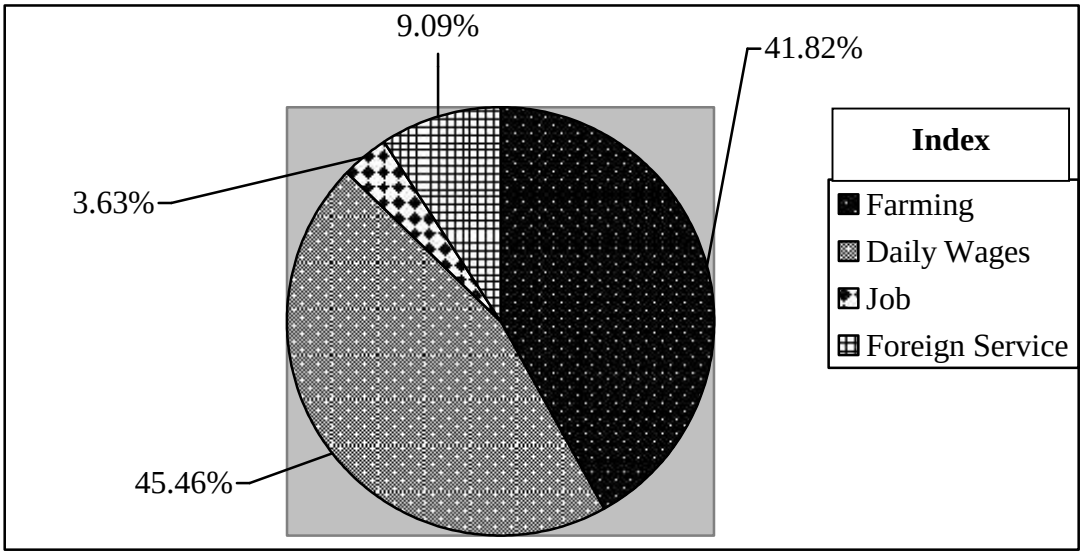
4.2 Economics Status of TB Patients

4.2.1 Occupational Status of TB Patients

Nepal is an agricultural country. More than 65 % of Nepalese people are depending still on agriculture. Victimized people are not able to manage their family according to needs so their living standard is very low in infected family.

Figure No.: 2

Occupational Status of TB Patients



(Source: Field Survey, 2074)

4.2.2 Condition of Land of TB Patients

In Sunsari district there is enough fertile land. Likewise in Baraha Municipality there is also fertile land. But indigenous people don't have enough amount of land. In few piece of land they cultivate. They are not able to manage the family needs by the production for long time within a year.

Table No. 2

Condition of Land of TB Patients

S.N.	Description	Number	Percentage (%)
1	Yes	96	87.27
2	No	14	12.73
Total		110	100

(Source: Field survey, 2074)

Among the 110 respondents, 87.27% respondents have land and 12.73% respondents don't have their own land.

4.2.3 Status of early income from farming in TB patients

In rural areas almost people are depending upon farming for their livelihood. But they are not able to earn enough money from farming. Lack of irrigation, costly seeds and fertilizers, natural disasters also play negative role for the production of crops in farmers.

Table No. 3

Status of Early Income from Farming in TB Patients

S.N.	Description	Number	Percentage (%)
1	Less than 50 thousands	89	80.90
2	50 thousands	14	12.72
3	1 Lakh	07	6.36
4	More than 1 Lakh	0	0
	Total	110	100

(Source: Field survey, 2074)

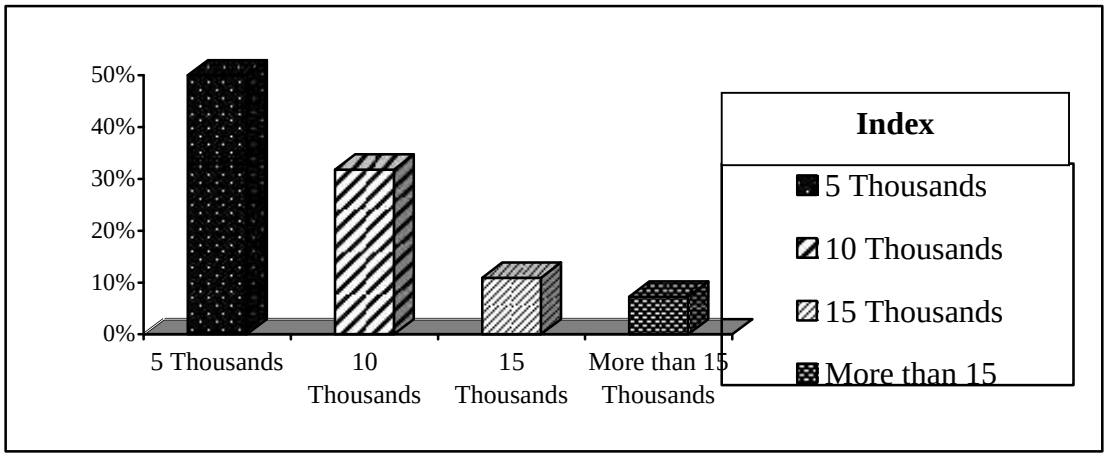
In this study, 80.90% respondents earn less than 50 thousands yearly from farming, 12.72% people earn more than 50 thousands and only 6.36% people earn nearly 1 lakh yearly from farming.

4.2.4 Distribution of monthly earning from daily wages in TB patients

Rural people are suffering from poverty. They have no education, skills to be adapted in any high ranked job. Most people are engaged in daily wages. People don't get chance to be involved in daily wages all the time. They get mostly seasonal opportunities mainly in farming.

Figure No. : 3

Distribution of Monthly Earning from Daily Wages in TB Patients



(Source: Field survey, 2074)

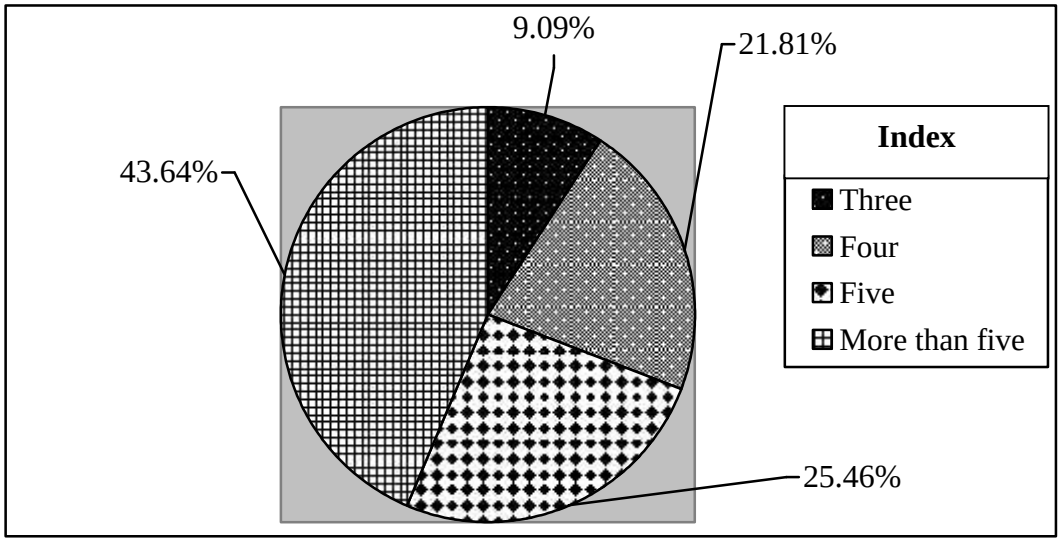
Among the total respondents 50% are earning 5000 monthly, 31.81% are earning ten thousands, 10.90% are earning fifteen thousands and only 7.27% are earning more than fifteen thousand monthly from daily wages.

4.2.5 Number of family members of TB patients

Illiteracy and lack of awareness are the major problems of rural people. Most people are very far from the accessibility of health services. They don't have enough knowledge about the contraceptive devices. So the member of children in those families are more. Infant mortality rate is also playing the vital role to produce more children in the family.

Figure No.: 4

Number of Family Members of TB Patients



(Source: Field survey, 2074)

Among 110 respondents ten families have three children, twenty four families have four children, twenty eight families have five children and forty eight families have more than five children, which is also a sign of poverty in rural area.

4.2.6 No. of Family Members Engaged in Earning

Most TB Patients family have more children. They have given birth yearly. Generally, only parents are productive manpower in most families. To maintain their family they go to earning money in different sectors, especially daily wages.

Table No. 4

No. of Family Members Engaged in Earning

S.N.	Description	Number	Percentage (%)
1	One member	55	50
2	Two members	45	40.90
3	Three members	10	9.09
4	Four members	0	0
Total		110	100

(Source: Field survey, 2074)

From the 50% TB infected families only one person go for earning. From 40.90% families two people go for earning and from 90.90% family, three people go for earning.

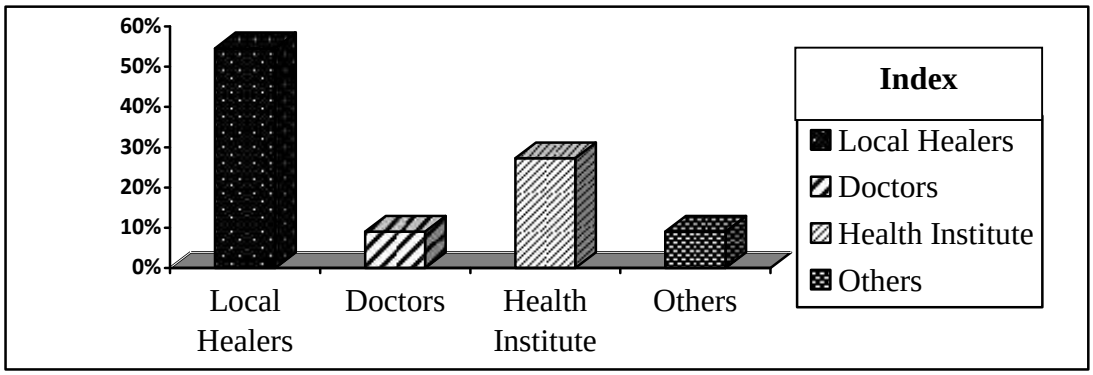
All people don't have enough earning because they are not skilled manpower. So, their family standard is very low.

4.2.7 Health Service Seeking Behavior

People living in rural areas are conservative. Due to poor education people don't have knowledge about the causes of diseases. Still they are in the faith of stone age.

Figure No. : 5

Health Service Seeking Behaviour



(Source: Field survey, 2074)

54.54% people still go to the local healers to seek treatment if they fall sick. 9.09% people go to consult doctors. 27.27% people go to health institute for treatment and 9.09% people go to consult doctors. 27.27% people go to health institute for treatment and 9.09% people go to consult other people like homeopathic practioners.

4.2.8 Consciousness towards Illness

All people have equal rights to get the treatment if they fall sick. Low income sources of family directly affect the family members. Health provider institute are very expensive for people. Most people can't afford in health check-up for their family member.

Table No. 5

Consciousness towards Illness

S.N.	Description	Number	Percentage (%)
1	Yes	25	22.72
2	No	85	77.27
Total		110	100

(Source: Field survey, 2074)

Among the 110 respondents only 22.72 % people send their family members immediately for treatment if they fall sick. 77.27 % people don't send their family members for treatment immediately if they fall sick.

This is due to the low income, lack of awareness and inadequate health services provided by government.

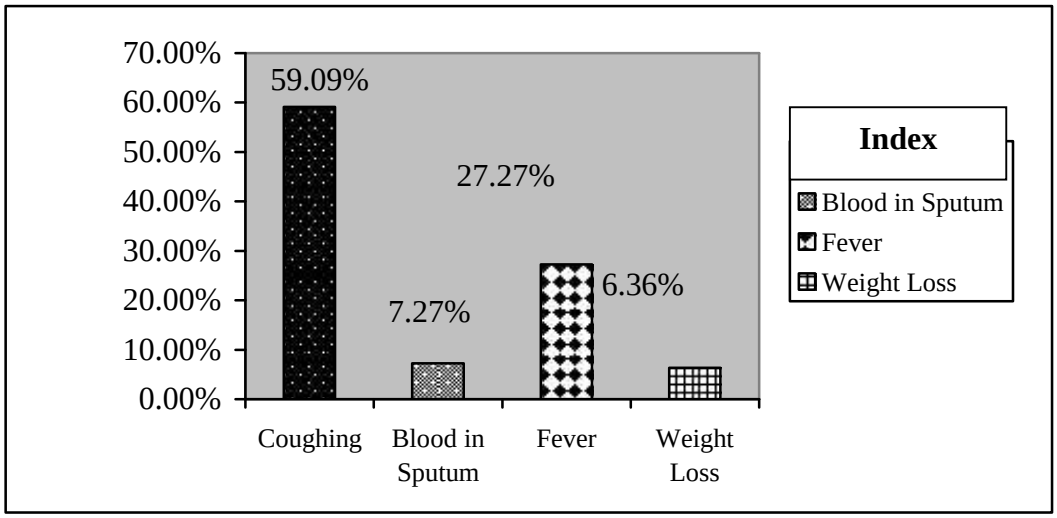
4.3 Complication of TB in TB Patients

4.3.1 Initial Symptoms Developed in TB Patients

Most of patients don't care the symptoms develop in them if they fall sick. The ignore the symptoms of diseases initially which leads them to face complex health hazards.

Figure No. : 6

Initial Symptoms Developed in TB Patients



(Source: Field survey, 2074)

In this research 59.09 % people have got coughing initially, 7.27 % TB patients are suffering from blood in sputum while coughing, 27.27 % people are suffering from fever and 6.36 % people have lost their weight due to TB.

4.3.2 Condition of Physical Disabilities in TB Patients

After suffering from diseases many complications can be developed in human body. Like this, in TB patients many complications can be seen.

Table No. 6

Condition of Physical Disabilities in TB Patients

S.N.	Description	Number	Percentage (%)
1	Chest Pain	85	77.27
2	Lumbar Pain	15	13.63
3	Neurological Disorder	05	4.54
4	Spondylitis	05	4.54
Total		110	100

(Source: Field survey, 2074)

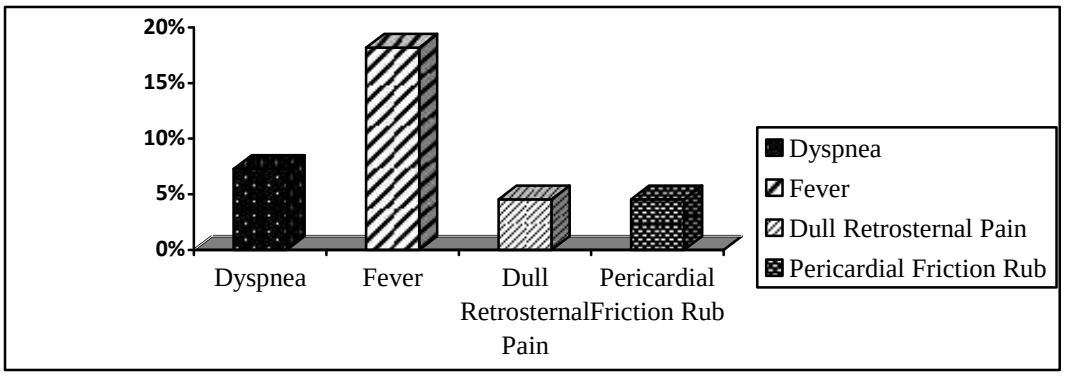
Among 110 respondents 77.27 % people have got chest pain, 13.63 % people have got lumbar pain, 4.54 % people are suffering from neurological disorder and 4.54 % people are suffering from spondylitis.

4.3.3 Symptoms of Tuberculosis Pericarditis in TB Patients

Careless of illness in patients specially in rural TB patients is measure health problem due to which they have to loss their lives. Lack of special diagnosis is other measure health problem in rural people so the patients condition is not improved.

Figure No. 7

Symptoms of Tuberculosis Pericarditis in TB Patients



(Source: Field survey, 2074)

In the study population 72.72 % patients are suffering from dyspnea, 18.18 % patients are suffering from fever, 4.54 % people are suffering from dull retrosternal pain and 4.54 % people are suffering from pericardial friction rub.

4.3.4 Condition of Pneumothorax

Pneumothorax is a abnormal presence of air in the pleural cavity resulting in collapse of lung. Many TB patients don't know about the complications of TB. Poor knowledge about the healthy habits and intake of poor balanced diet also damage their health.

Table No. 7

Condition of Pneumothorax

S.N.	Description	Number	Percentage (%)
1	Yes	90	81.81
2	No	20	18.18
Total		110	100

(Source: Field survey, 2074)

It is found that 81.81 % TB patients are suffering from spontaneous pneumothorax and 18.18 % TB patients are not suffering from spontaneous pneumothorax.

4.3.5 Process of checking TB in Patients

There are so many process to identify the infection of TB. Generally in our locality, sputum test, blood test and screening test are more in practices. People go to test for TB according to the accessibility of health of services providers.

Table No. 8

Process of checking TB in Patients

S.N.	Description	Number	Percentage (%)
1	By blood test	65	59.03
2	By Screening Test	45	40.90
Total		110	100

(Source: Field survey, 2074)

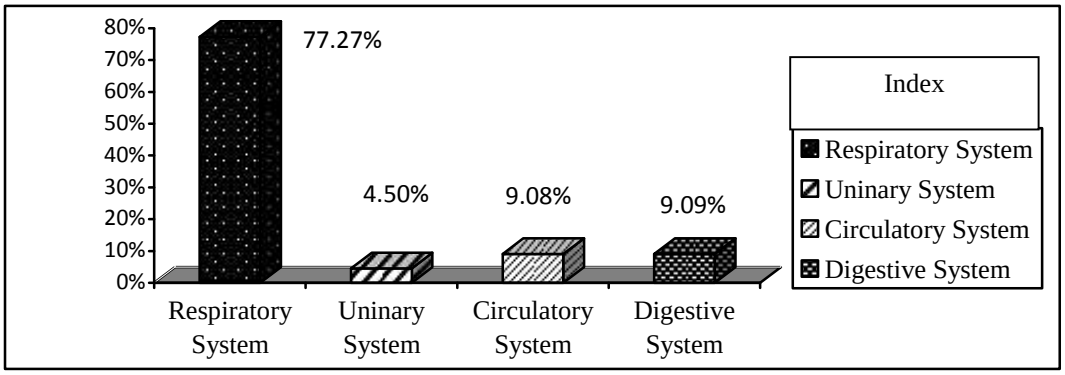
Among 110 respondents 59.09 % people have checked their infection by blood test and 40.90 % people have got the findings by screening test.

4.3.6 More Infected System of Body

Our human body is running smoothly with the support of all systems. If any system doesn't work well we become sick physically and mentally. TB is a infectious disease and harms different systems of body.

Figure No. 8

More Infected System of Body



(Source: Field survey, 2074)

In the study population 77.27 % people are suffering from the infectious I respiratory system, 4.54 % people have problems in urinary system 9.09 % have got problem in circulatory system and 9.09 % people have digestive disorders.

4.3.7 Complication of Laryngitis

Laryngitis is known as soreness of throat, dry healing cough hoarseness of voice. TB patients in the rural areas are suffering from the pulmonary TB. In pulmonary TB the condition of lung is very poor. Patients have shortness of breathing.

Table No. 9

Complication of Laryngitis

S.N.	Description	Number	Percentage (%)
1.	**Yes**	**90**	**81.81**
2.	**No**	**20**	**18.18**
Total		110	100

(Source: Field survey, 2074)

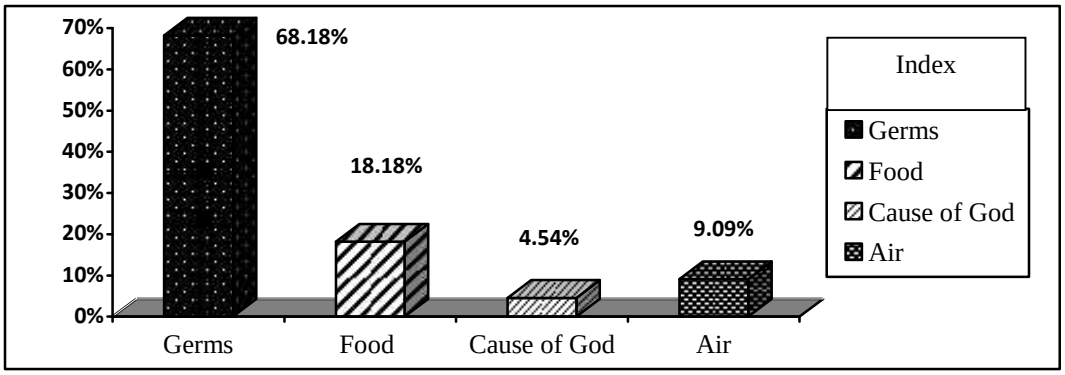
So, among the total population 81.81% are suffering from laryngitis problems and rest 18.18% patients are suffering from other problems.

4.3.8 Knowledge on causes of TB

Education plays a vital role in the life of an individual. Lack of education leads them to live difficult life. In this 21st century people still believe on old traditions and faith.

Figure No. 9

Knowledge on Causes of TB



(Source: Field survey, 2074)

From the study it is found that 68.18% respondents have said that TB is the cause of germs, 18.18% people have told that TB is the cause of food, 4.54% people have said that TB is caused by cause of god and 9.09% people said that TB is caused by air.

4.3.9 Concept about the type of TB

Many people have different concepts about the TB diseases. Generally there are two types of diseases, communicable and non-communicable according to medical

science. Still people don't know which diseases are communicable and non-communicable.

Table No. 10

Concept about the Type of TB

S.N.	Description	Number	Percentage (%)
1.	Result of previous deeds	10	9.09
2.	Curable	70	63.63
3.	Communicable	25	22.72
4.	Non communicable	05	4.54
Total		110	100

(Source: Field survey, 2074

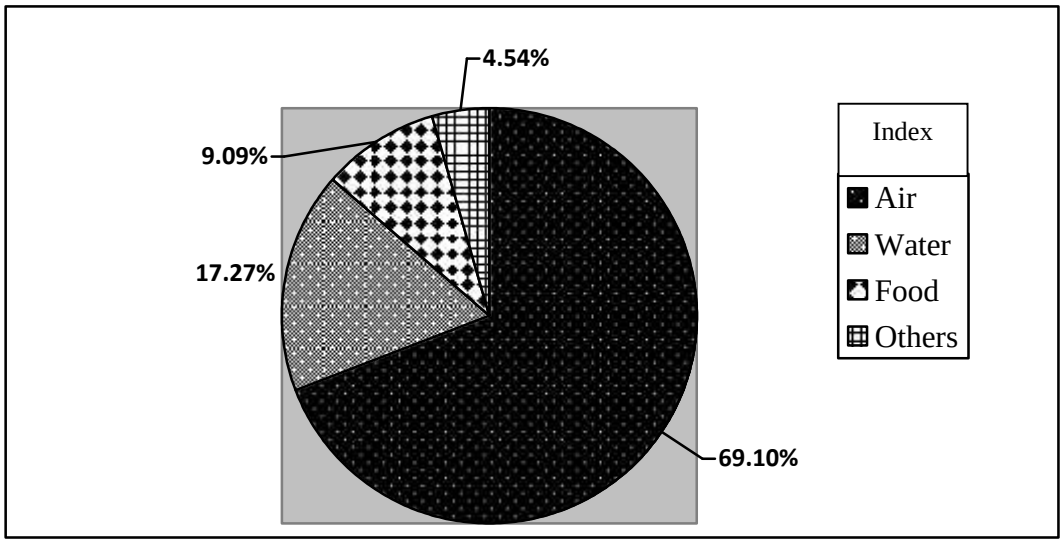
In the study population 9.09% people mentioned that TB is the result of previous, 63.63% people have said that TB is a curable disease, 22.72% people have said that TB is a communicable disease, like this 4.54% people believed that TB is a non-communicable disease.

4.3.10 Knowledge about Transmission of TB

Majority people know that TB is a communicable and curable disease but due to the careless of illness they are suffering from different types of complications. So, if it is treated in time they may get safe health.

Figure No.: 10

Knowledge about Transmission of TB



(Field Survey, 2074)

From the study population 69.09% people have said that TB is transmitted from air, 17.27% people have said that TB id transmitted through water, 9.09% people have believed that TB is transmitted through food and only 4.54% people have mentioned that TB is caused by others transmission factors.

4.4 Accessibility of the Health Service Providers

4.4.1 Practice of Health Seeking Behaviour

Many people are unable to go to the health instituted to know about the infections due to lack of awareness and lack of health institute.

Table No. 11

Practice of Health Seeking Behaviour

S.N.	Description	Number	Percentage (%)
1.	Local Healers	10	9.09
2.	Health Institute	80	72.72
3.	Private Doctors	15	13.63
4.	Others	05	4.54
Total		110	100

(Source: Field Survey, 2074

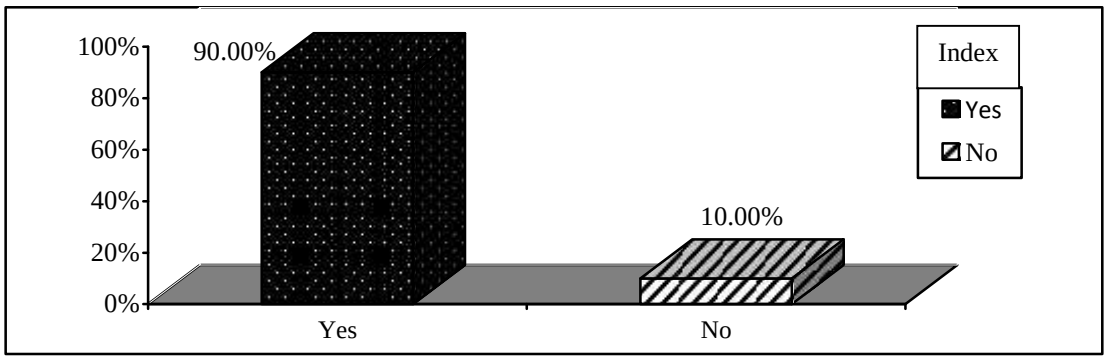
Still 9.09% respondents go to local healers for diagnosis, 72.72% respondents go to the health institute, 13.63% respondents go to the private doctors and 4.54% respondents go to the other sectors.

4.4.2 Behaviors of Health Workers towards TB Patients

Generally, people who have low income go to take free services in the government health institutes. They have to wait for long time if there is crowd.

Figure No. 11

Behaviors of Health Workers towards TB Patients



(Source: Field Survey, 2074)

So, among 110 respondents, 90% people have said that they are satisfied with the behaviour of health workers and 10% people are not satisfied with the behaviour of health workers.

4.4.3 Visit of TB Patients Every Day in DOTs Centers

Government has managed the medicines of TB in DOTs centers. Sometimes people don't get medicines due to the poor supply from managements sectors. TB patients have to go daily to take medicines in DOTs centers.

Table No. 12

Visit of TB Patients Every Day in DOTs Centers

S.N.	Description	Number	Percentage (%)
1.	Yes	100	90.09
2.	No	10	9.09
Total		110	100

(Source: Field survey, 2074

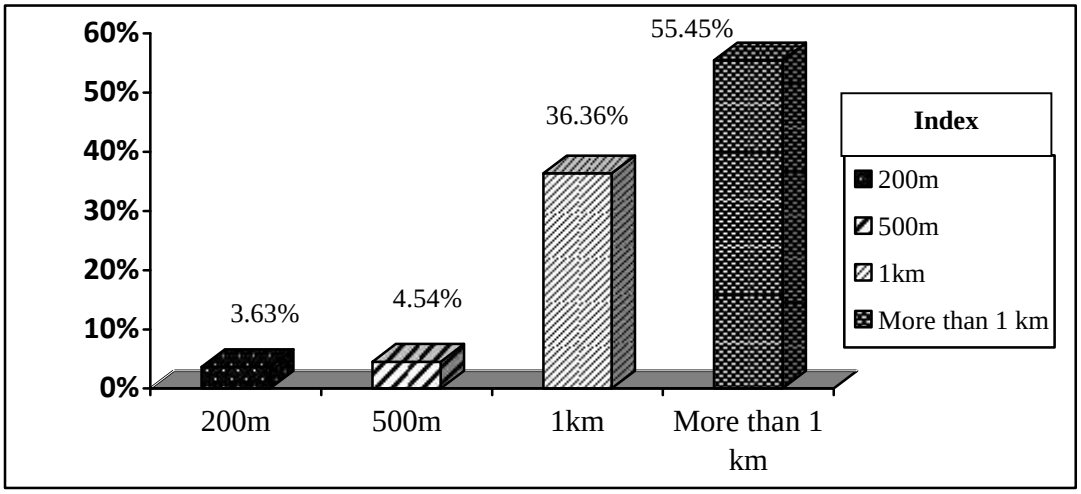
From the study population it is found that 90.90% people go to DOTs centers every day to take medicines and only 10% people go irregularly to the DOTs centers.

4.4.4 Distance between House and DOTs centers of TB Patients

In rural areas TB patients must go to the DOTs centers every day to take medicines to reduce the infection of TB and to be cured.

Figure No. 12

Distance between House and DOTs Centers of TB Patients



(Source: Field Survey, 2074)

Among 110 respondents 3.63% people are sitting only 200 m far from DOTs centers, 4.54% people have their house within 500 m, 36.63% people house is 1 km away

from the DOTs centers and 55.45% people visit the DOTs center from more than 1 km distance.

4.4.5 Condition of Supply of TB Medicines

For the treatment of TB patients have to take medicines regularly up to six months from the DOTs center. If they don't take medicines regularly TB becomes resisted and need second line drugs.

Table No. 13

Condition of Supply of TB Medicines

S.N.	Description	Number	Percentage (%)
1.	Yes	102	92.72
2.	No	09	8.18
Total		110	100

(Source: Field survey, 2074

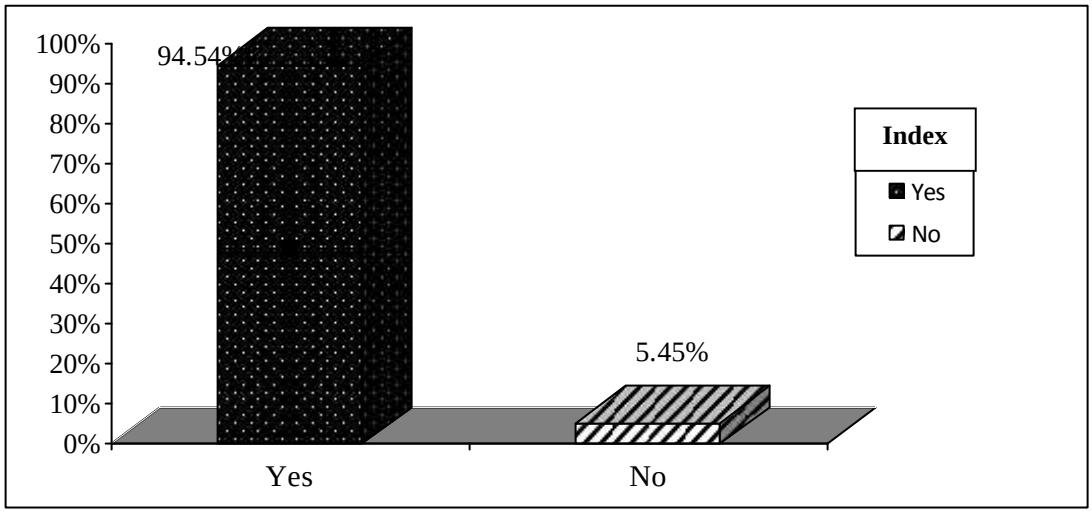
In the taken study population 92.72% respondents have said that they get medicines easily from the DOTs centers and only 8.18% people have said that they are not getting medicines easily when they go to DOTs center.

4.4.6 Condition of Discrimination in DOTs Centers

In rural areas TB patients have low living standard. They have linguistic problem also. They don't communicate easily with the health workers. Dusssse to miss communication some patients may feel humiliation and think that they are being discriminated.

Figure No. 13

Condition of Discrimination in DOTs Centers



(Source: Field Survey, 2074)

Among 110 TB patients 94.54% patients haven't felt any discrimination from the health workers and only 5.45% respondents mentioned that they are discriminated from the health workers.

4.5 Summary and Findings

4.5.1 Summary

This study was based on the field survey in which the primary data were collected from the male and female of Baraha municipality of Uranw community DOTs center of Baraha municipality. The objective of this study was to find out the educational and economical status of TB infected uranw people, to find out the complications of TB in TB infected people and to find out the accessibility of the health service provides related to TB infected uranw people. This research was designed to carry out on the basis of descriptive type of research method to identify the conition of TB in uranw people regarding decision making of the family for treatment, socio-economic/cultural factors and harmful practices of the community education status of patients access to health facilities and information as well as the behaviours and practice of health service providers towards the TB patients.

Among the total population 110 people were taken as sample for the study. The findings of all data were presented descriptively and analytically.

People who are living in rural areas have low income they are mostly illiterate and poor educated they follow cultural traditions and still have faith on traditions. Lack of awareness about health people is very careless about their health. Initially if they fall sick they don't go for treatment immediately in health institutes instead they go to local healers for treatments which damage their health seriously. So, this study is important for the TB infected uranw people to know about the causes of TB, mode of transmission, symptoms, method of preventions, to be safety from the different complications of TB and about the treatment provided by the stakeholder. TB infected uranw people will get chance to be healthy from the TB infection, they will be able economically, mortality rate in the society will be decreased and the total society will be healthy.

4.5.2 Findings

This study is related to the prevalence of Tuberculosis in the uranw people of Baraha municipality of Sunsari district. From the collected data analysis following finding were observed:

1. Among the 110 respondents 43.63% people were found illiterate, 54.54% people were literate and only 1.85% people were found to pass SLC.
2. From the family of TB infected people 92.72% children were getting school education from private school.
3. Occupationally, 41.81% TB infected people were found to be engaged in daily wages, 3.63% people were found to be engaged in job and 9.09% people were found to be engaged in foreign services.
4. According to the ownership of land 87.27% people had their own land and 12.72% TB infected people had not their own land.
5. Among total respondents 80.90% people were found less than fifty thousand yearly income, 12.72% people thousand, 6.36% were earning one lakh yearly.
6. According to the monthly income of TB infected people, 50% people were earning mostly, 31.81% people were earning mostly, 10.90% people were earning 10 thousand per month and 7.27% people were earning more than 15 thousand monthly from the daily wages.
7. According to the number of children in TB infected people, 9.09% family had three children, 21.81% family had four children, 25.45% people had five children and 43.63% people had more than five children in their family.
8. In 50% TB infected family only individual was found productive, 40.90% family had two people for earning, and 9.09% family had three people to go for earning.
9. According to health seeking behaviour, 54.54% people were found to go to local healers for treatment, 9.09% people were found to go to doctors, 27.27% people were found to go to health institute an 9.09% people were found to go to other sectors to seek treatment.
10. Among 110 people 22.72% people were found alert about their illness and 77.77% people were not found alert about their illness.
11. According to initial symptoms, 59.09% people had get coughing, 7.27% people had get blood in sputum, 27.27% people had got fever and 6.36% people had got weight loss as symptoms.
12. Among 110 respondents, 77.27% people had got chest pain, 13.63% people ha got lumber pain, 4.54% people had got neurological disorder and 4.54% people had got spondylitis problem.
13. According to the symptoms of tuberculosis pericarditis, 72.72% people were found suffering from dyspnea, 18.18% people were found suffering from fever, 4.54%

people were found suffering from dull retrosternal pain and 4.54% people were found suffering pericardial frictional rub.

14. According to the problem of pneumothorax, 81.81% people were found suffering pneumothorax and 18.18% people were found free from pneumothorax.
15. According to the disease check-up process, 59.09% people were found their infections by blood test and 40.90% people were found their infections from screening test.
16. Among the 110 respondents, 77.27% people were found suffering from respiration, 4.54% people were suffering from urinary problem, 9.09% people were suffered from the problem of circulation and 9.09% people were suffered from digestive disorder.
17. Among all respondents 81.81% people were suffering from laryngitis and 18.18% people were not suffering from laryngitis.
18. 68.18% TB infected people had said that TB in caused by gurus, 18.18% people had said TB is caused by food, 4.54% people had said TB id caused by cause of God and 9.09% people had said TB is caused by air.
19. TB infected people ha different concept about TB, 12.72% people had said that TB is communication diseases, 63.63% people had said TB is curable disease and 9.09% people had said TB is result of previous.
20. About the transmission of TB 69.09% people had said that TB is transmitted from air, 17.27% people had said TB is transmitted from water and 9.09% people had said TB is transmitted from food.
21. According to the practices of health seeking behaviour, 72.72% people used to go to health instituted for diagnosis, 9.09% people used to go to local healers, 13.63% people went to went private doctors and 4.54% people went to other sectors.
22. Among all respondents 90% people were found satisfied with the behaviour of health workers.
23. 90.90% TB infected people were found to go to DOTs center every day for treatment.
24. Among the TB patients, 55.45% people had their homes more than 1 km away from the DOTs centers and rest people had their homes near from the DOTs centers.
25. In this study population, 92.72% TB infected people were getting medicines of TB easily from the DOTs centers.
26. According to the condition of discrimination towards the patients in DOTs centers, 94.54% people were not discrimination and 5.54% people felt discrimination in DOTs centers.
27. The prevalence rate of TB in Uranw male people was 7.52 % and 1.33 % in females.

CHAPTER – V
CONCLUSION AND RECOMMENDATION

5.1 Conclusion

Globally TB is becoming a major causes of death. Even people from developed countries are suffering from infections of TB. The morbidity of TB is not still under control. Especially, in the rural areas people like uranw, they have low living standards of life due to the lack of educations and income sources. They are not alert towards their illness immediately. Most of the TB infected family have high numbers of children. They only satisfied the food not the balance food. They are engaged in different source sector for earning. Their health is in risk due to occupational health hazards.

Due to the complications of TB many symptoms have been developed in them. Most people are fully depend on DOTs centers. They are not able to go to other modern service sectors for treatment due to lack of income sources. Treatment services are not under the access of TB infected uranw people in rural areas. So, the treatment system have to be broadened in rural areas. Marginalized people like uranw should get the chance of employment according to their capacity so that they can fulfill their basis needs easily. On the other hand education system should be depend on life skill and then coming generation of uranw people will be able to be free from any types of health hazards.

5.2 Recommendations

This study had made on effort to find out the facts and figures of uranw people and tuberculosis which affects the human society for TB care. There is variation in health seeking behaviour of the TB infected uraw people and health care providers response which resulted in barriers in accessing the health care. In order to make the TB care service acceptable for all there is need of equal responsibilities and more efforts from all the sectors such as government health system, civil societies, societies, families and all other individuals. This recommendation will help the people of different level who are invested and involved in the field of TB control such as family members, community, health care providers, government policy makers and other stakeholders.

5.2.1 Practice Related Recommendation

TB is a curable diseases but due to the fear of social isolation people avoid to conform TB. People who are infected from TB hesitate themselves feeling that they will be discriminated in family an society. So, the following recommendations have been made for the family members for the misperception regarding TB:

1) The family members should help the victims of TB for diagnosis, care and treatments.
2) The family members should help the patients physically and psychologically due to which patients get well soon.
3) All the family members must have knowledge about the cause, transmission, effects and treatments.
4) The family member should take part in TB awareness campaign in order to reduce the diseases.
5) Society should play the leading role to uplift the life standard of marginalized people.
6) Society should help the people to find out the infection of diseases.
7) Society should act as a facilitator between the infected people and health provider institutes.
8) Malpractices prevailing in the society should be eliminated.
9) Society should be able to establish the modern and reliable treatment system for infected people.

5.2.2 National Policy Related Recommendations

The ultimate destination for the TB patients are health care providers for real treatment. There should be good relations between patients and health care providers in society. So the following recommendations are submitted for the health care providers.

1) Health care providers are primary people having knowledge of TB, so they should great awareness against TB to educate the patients, people and societies.
2) They should not discriminate TB patients on any bases.
3) To make the services faithful and efficient they should o be delayed for the treatment and diagnosis.
4) Health care providers should establish good relations with all people in society to deliver necessary information.

5) Government should formulate special policy/strategy for the treatment of marginalize TB infected people.
6) Government should help the marginalized people that they can get chance to involve in employment.
7) Poverty elimination programme should be curtained for the people so the people could fight against TB and poverty.
8) Appropriate mobilization of media should be set up for the behaviour change of TB patients.
9) Regular monitoring and evaluation should be done up to the local level by direct contact.
10) Medications for the TB patient in the DOTs centers should be promoted.
11) Facility of transportation for the infected people should be provided to reach to the DOTs centres.
12) The medicines of TB should be provided regularly in every DOTs centers for the TB infected people.

5.2.3 Recommendation for Further Study

TB control is common responsibilities of all sectors GOs, NGOs, INGOs and civil societies. All these sectors can play an important role for the TB control and elimination from the societies. So, all the stek holders should be responsible for the elimination of TB from the society and Nation.

On a local level managerial aspects of any programme and the responsibilities have to be well defined. It is desirable that the co-ordination made by someone affiliated to a local clinics, as this is likely to increase the sustainability and credibility of any scheme. Guidelines for drug supply and technical support from the national level have to be clear. NGOs, INGOs should link to the local government and local private doctors to minimize the prevalence rate of tuberculosis in local and rural areas. NGOs who have knowledge of the local context, long term objectives, a culture of care of the patients and public, have the means to support the NTP in their activities.

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TRIBHUVAN UNIVERSITY

FACULTY OF EDUCATION

JANTA MULTIPLE CAMPUS

HEALTH EDUCATION DEPARTMENT

ITAHARI

2074

QUESTIONNAIRE

Questionnaire for interview with TB patients about knowledge, Attitude and practices.

Name:

Age:

Sex: Male ☐ Female ☐

Address:

Occupation: ☐ ☐ ☐ ☐

Marital Status: Married ☐ Unmarried ☐

Education Level: Illiterate ☐ Literate ☐

SLC ☐ Intermediate ☐

Bachelor ☐ Above Bachelor ☐

Economic Status: Annual Income (Approx.)

NRs. Land Other Income

1. What is your occupation?
   a) Farming b) Daily wage
   c) Job d) Foreign service
2. Do you have your own land?
   a) Yes b) No.
3. How much acres land do you have?

a) Less than one acres b) One acres
   c) Two acres d) More than two acres

4. Which crops do you farm mainly in your land?
   a) Paddy b) Maize
   c) Vegetables d) Cash crops

5. How much money do you earn yearly from farming?
   a) Less than 50 thousand b) 50 thousand
   c) 1 lakh d) More than 1 lakh
6. How much money do you earn monthly from daily wages?
   a) 5 thousand b) 10 thousand
   c) 15 thousand d) More than 15 thousand
7. Are you married?
   a) Yes b) No.
8. What is your qualification?
   a) Literate b) Illiterate
   c) SLC d) Above SLC
9. How many family members do you have?
   a) 3 b) 4
   c) 5 d) More than 5
10. How many family members go for earning?
   a) 1 b) 2
   c) 3 d) 4
11. Where do you send your children for education?
   a) Community school b) Private school
12. Where do you send your family members if they fall sick?
   a) Local healers b) Doctors
   c) Health institute d) Others
13. Do you send your family member immediately if they fall sick?
   a) Yes b) No.
14. What types of symptoms developed in you initially?
   a) Coughing b) Blood in sputum
   c) Fever d) Weight loss
15. What types of physical disabilities are present in your body?
   a) Chest pain b) Lumbar pain
   c) Neurological disorder d) Spondylitis
16. What types of tuberculosis pericarditis symptoms do you have?
   a) Dyspnea b) Fever
   c) Dull retrosternal pain d) Pericardial friction rub

17. Are you suffering from spontaneous pneumothorax?

a) Yes b) No.

18. How did you check your lungs?

a) By blood test b) By screening test

19. Which system of your body is more infected from TB?

a) Respiratory system b) Urinary system

c) Blood circulatory system d) Digestive system

20. Are you suffering from laryngitis?

a) Yes b) No.

21. Are you suffering from enteritis?

a) Yes b) No.

22. What is your age group?

a) (10-14) years b) (15-19) years

c) (20-24) years d) Above 25 years

23. What is the cause of TB?

a) Germs b) Food c) Cause of God

24. What type of disease is TB?

a) Result of Previous b) Curable c) Communicable

d) Non-communicable e) Fatal

25. What is the mode of transmission of TB?

a) Air b) Food and drinks c) Others

26. What are signs and symptoms of TB?

a) Prolong coughing b) Chest pain c) Blood sputum

d) Headache

27. Do you seek health care after suspecting TB?

a) Yes b) No

28. Where do you seek advice first?

a) Local healers b) Health Institutions

c) Private Doctors d) Others

29. Is there, any TB contact in your family?

a) Husband b) Wife

c) Daughter d) Son

30. Who helped you to seek the treatment?

a) Self b) Family member

c) Neighbor d) Society member

31. Did the health worker discriminate you for diagnosis and treatment?

a) Yes b) No

32. Are you satisfied with the behaviour of health workers?

a) Yes b) No

33. Did you go every-day in the DOTs center to take medicine?

a) Yes b) No

34. Is your relation with the family members satisfactory?

a) Satisfactory b) Bad

c) Biased d) Good

35. Are you isolated in your family member?

a) Yes b) No

36. What is the distance between your house and health institute?

a) 200 m b) 500 m c) 1 km d) More than 1 km

37. Who helps you to go to the DOTs center?

a) Go ownself b) Wife c) Offsprings d) Neighbour

38. Do you get your medicine easily every-day from DOTs center?

a) Yes b) No