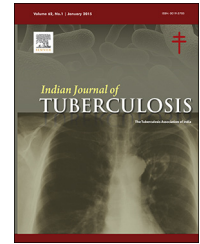


Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: <http://www.journals.elsevier.com/indian-journal-of-tuberculosis/>

## Original Article

# Effective communication approaches in tuberculosis control: Health workers' perceptions and experiences

Sriram Arulchelvan<sup>\*</sup>, Rengan Elangovan

Anna University, Department of Media Sciences, CEG Campus, Anna University, Guindy, Chennai 600025, India

## ARTICLE INFO

## Article history:

Received 13 September 2016

Accepted 1 November 2016

Available online xxx

## Keywords:

TB

Interpersonal communication

IEC

DOTS

Mobile phones

## ABSTRACT

**Background:** Health workers' experiences and understanding of the myths, misconceptions, beliefs about TB, and patients in the community (and effective communication methods) can be useful in designing effective IEC materials and strategies.

**Objective:** To study the perceptions and experiences of health workers regarding TB disease, patients, and effective communication strategies in TB control.

**Methods:** A survey was conducted among health workers involved in Directly Observed Treatment Short (DOTS) course. Data regarding general health beliefs, prevalent myths and misconceptions about TB in their respective localities, knowledge level among patients, and utilization of various communication strategies were collected.

**Results:** There is a significant increase in knowledge about TB during DOTS among patients, as observed by about half of the health workers. TB patients are aware about how TB spreads to others and their responsibilities. Regular interaction with patients is required for treatment adherence. Two thirds of the health workers believe that media-mix strategy can be very effective in creating awareness among the patients as well as the public. Health workers realized that the video player facility on their mobile phones is useful for showing health-related videos.

**Conclusion:** A combination of mass media and interpersonal communication could be effective for TB control. Face-to-face communication with community members, patient-provider discussions, and information through television could be very effective techniques. Exclusive communication materials should be designed for family members of the patients. Smart phones can be used for effective implementation of TB control programs.

© 2016 Tuberculosis Association of India. Published by Elsevier B.V. All rights reserved.

## 1. Introduction

Tuberculosis (TB) remains the number one killer infectious disease affecting people in many developing countries. In 2015, out of the global annual incidence of 9.6 million TB cases, 2.5 million occurred in India accounting for one-fourth of the global TB burden.<sup>1</sup> In India, TB kills 2 people every 3 min, which

is nearly 1000 every day.<sup>2</sup> A recent health report states that TB cases are on the rise in some parts of India.<sup>3</sup>

TB control programs heavily rely on a strong infrastructure and an effective Information, Education, and Communication (IEC) strategy. IEC can play a major role in TB control by generating awareness, encouraging timely self-reporting, and improving adherence to Directly Observed Treatment Short

<sup>\*</sup> Corresponding author at: Assistant Professor, Department of Media Sciences, Anna University, Chennai 25, India. Tel.: +91 9444819958. E-mail address: [arulchelvansriram@gmail.com](mailto:arulchelvansriram@gmail.com) (S. Arulchelvan).

<http://dx.doi.org/10.1016/j.ijtb.2016.11.017>

0019-5707/© 2016 Tuberculosis Association of India. Published by Elsevier B.V. All rights reserved.

course (DOTS) among patients, all of which are major determinants of the success of the program.

Treatment default rate decreased in Vietnam and Peru, and the treatment rate in these countries surpassed 85% mainly through their intense and sustained communication programs.<sup>4</sup> People do not know the correct mode of TB transmission and have misconceptions about the disease.<sup>5</sup> One of the causes of TB patients disengaging from treatment is health-care professional's failure to listen and respond to the patient's misconceptions regarding TB treatment and the disease.<sup>6</sup> Increased provider-patient contact can have a positive impact on the treatment completion.<sup>7</sup>

Public education and awareness raising programs designed to counteract myths and to encourage greater inclusion of people who have TB are essential elements of any effort to combat TB stigma.<sup>8</sup> Varied communication strategies are needed for different target groups and settings. Print messages had less influence on the poor and disadvantaged populations of the city according to a study based in New Delhi on the impact of IEC campaign.<sup>9</sup>

This paper attempts to study the perceptions and experiences of the TB health workers, as they are important stakeholders of all TB control programs. They play an important role attending to the treatment needs of the patients and the public on a daily basis. Thus, their perspectives and observations of the disease, patients, and communication strategies become significant to understand the health-seeking behavior of community members and they might be useful in designing effective IEC materials and strategies.

## 2. Methodology

The areas chosen for the study are Chennai and Salem districts of Tamil Nadu state in South India. Chennai is a metropolitan city consisting more of urban population while Salem town has a mix of urban, semirural, and rural people. These two places were selected as they were some of the high TB burden districts of the state<sup>10</sup> representing all sections.

Health workers' category includes senior treatment supervisors (TB), community DOTS providers and lab technicians who administer DOTS to the patients at the TB centers regularly. Data from 110 health workers were collected through a structured questionnaire in their vernacular language, i.e., Tamil (because all the health workers are Tamil natives) using stratified sampling technique. It had queries about general health beliefs, prevalent myths and misconceptions about TB among people in the community, knowledge level of TB patients, various communication strategies, and base-level constraints being faced in TB control. This cross-sectional study was conducted from May to October 2015. The questionnaire was pretested on 5% of the population.

## 3. Results and discussion

### 3.1. Profile of health workers

More than half of health workers who participated in the study were graduates (bachelor degree holders). Women health

workers had equal representation. About one-fourth of them had more than 10 years of work experience whereas 39.1% and 36.4% had less than 5 years and 5–10 years of experience, respectively. Most of them were working in primary health centers and city corporation hospitals while 17.3% were community DOTS providers.

### 3.2. Health literacy level

The majority of health workers (71.8%) state that the overall health literacy level in their respective areas is satisfactory followed by low-level health literacy (21.8%) as shown in Table 1. Health literacy is related to treatment-seeking behavior. People with low health literacy level cannot act on the health information even if they have access to it. General awareness about hygiene and healthy behaviors is important for preventing and treating TB.

### 3.3. Myths and superstitions about general health

There are many myths and misconceptions prevalent in the communities related to health. According to 70% of health workers, "people believes that treatment through injections is more effective than drugs" (Table 1). A study done in Pakistan shows that patients may question the efficacy of the pills or think that only injections are "medicine" corroborating the above observation.<sup>11</sup> As many as 51% say that people think of private hospitals as better places for taking treatment than government hospitals. A very small percentage of 6.4% observed home remedies being followed among people. The widespread belief among community members that having drips of glucose at the hospital is good for a speedy recovery from many diseases was observed by a few health workers.

These general misconceptions and superstitions regarding health have to be addressed in the TB IEC materials and other public health programs. Overall increase in general health awareness will make TB communication efforts easier and

**Table 1 – General health beliefs and misconceptions about TB (N-110).**

Variable	n (%)
<i>General health literacy levels</i>	
Low	24 (21.8)
Satisfactory	79 (71.8)
High	7 (6.4)
<i>Myths and superstitions about general health<sup>a</sup></i>	
Injections are better than drugs	77 (70)
Not applying oil can lead to poor eyesight	3 (2.7)
Home remedies work better than allopathic medicines	56 (50.9)
Private hospitals are better than Government hospitals	7 (6.4)
Other beliefs	4 (3.6)
<i>Myths and superstitions regarding TB<sup>a</sup></i>	
Hereditary disease	63 (57.3)
People get TB due to past sins	10 (9.1)
Women are more prone to it	4 (3.6)
Home remedies/traditional treatment is better	19 (17.3)
Eating beef meat cures TB	48 (43.6)
Others	11 (10)

<sup>a</sup> Multiple response.

Download English Version:

<https://daneshyari.com/en/article/5672325>

Download Persian Version:

<https://daneshyari.com/article/5672325>

[Daneshyari.com](https://daneshyari.com)