

## A Descriptive Study to Assess the Awareness Regarding T.B Harega Desh Jitega Campaign Among Rural Community People of Pune District

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### Abstract

Tuberculosis is One-third of all world largest population is infected with Mycobacterium TB, making it a global public health threat. In 2008, tuberculosis resulted in 9.4 million new cases, 7.6 million existing illnesses, and 1.3 million deaths. Smear-positive cases occurred at a rate of 84 per 100,000 persons per year. All types of TB and smear-positive cases had predicted prevalence rates of 5.05 and 2.27 per 1,000 individuals, respectively. **Objectives of the study:** Assess the awareness regarding T.B harega desh jitega campaign among rural community people, to find out the association with selected demographic variables. **Material and Methods:** In present study, researcher adopted non - experimental descriptive research design was used. It was carried out on 350 samples. The Non-probability convenient sampling strategy was adopted.to data was collected using the structured questionnaire. The average time taken by each sample for answering the question was 15-20 minute. Data analysis was done mainly using descriptive statistics. **Result: The findings shows** that awareness regarding T.B harega desh jitega campaign among rural community people is around equal percentage as 90.86% sample were having inadequate awareness, 7.43% were having adequate awareness and 1.71% were having no awareness. The mean score is 12.94 with SD 2.46. **Conclusion:** T.B harega desh jitega campaign majority 62% were know about the T.B harega desh jitega campaign and 38% were not know about the T.B harega desh jitega campaign. **Recommendation:** Same study can be done on the community health nurses.

**(Keywords: Assess, Awareness, T.B. harega desh jitega, Campaign, Rural community)**

### Introduction

Tuberculosis is One-third of all world largest population is infected with Mycobacterium TB, making it a global public health threat. In 2008, tuberculosis resulted in 9.4 million new cases, 7.6 million existing illnesses, and 1.3 million deaths. Smear-positive cases occurred at a rate of 84 per 100,000 persons per year. All types of TB and smear-positive cases had predicted prevalence rates of 5.05 and 2.27 per 1,000 individuals, respectively. In 2010, the current prevalence rate of TB in India was 283 / 100,000 individuals. In India, about 2.2 million individuals get TB each year, with one million additional cover up cases and half a deaths worldwide. <sup>1</sup> Chlamydia (TB) is a bacteria illness affecting mostly the lungs. When an

infected individual coughs or sneezes, the germs that cause tuberculosis are transmitted. *Mycobacterium tuberculosis* causes tuberculosis..<sup>2</sup> Cities evolved throughout the twentieth century in response to changes in global and domestic political and economic fortunes. As cities have grown, so has the health of their residents. Although there is no solid data tying changes in urbanisation to population health, health in cities has often mirrored the population migration and growth that has changed the urban landscape. Infectious diseases, chronic diseases, and mental health disorders were all more common in city dwellers than in the overall population. Most cities are part of a vast, heavily populated region that extends for kilometres beyond the city centre. Many Indian cities are experiencing an increase in air pollution. The World Health Organization (WHO) named 14 Indian towns among the top 20 most polluted in the world in 2016. Air pollution has resulted in a wide range of respiratory illnesses. As humans breathe, minute particles are absorbed into the lungs and into the circulation, resulting in asthma, COPD, lung cancer, and heart disease. Furthermore, as globalisation spreads around the globe, there is much to learn about how the wide-ranging changes are affecting infectious diseases. Tuberculosis is the most serious of all infectious diseases. Tuberculosis is frequently referred to as a social illness. Overcrowding, hunger, poverty, and unsanitary living circumstances, particularly in urban slums, all contribute to the spread of this airborne disease. Being diagnosed with drug-resistant tuberculosis has an impact on the patient's social milieu..<sup>3</sup> In 2019, Two-thirds of all new tuberculosis cases were found in India, Indonesia, China, the Philippines, Pakistan, Nigeria, Bangladesh, and South Africa. With 44 percent of the total cases, the WHO South-East Asian region led the way, followed by the WHO African Region with 25% of the Who Pacific with 18%. In 2019, 87 percent of new TB illnesses will occur in the top 30 nations with the highest TB burden. <sup>4</sup> Tuberculosis (TB) is a disease that affects people all over the globe. TB is also one of the top 10 causes of mortality in the world, and the second-leading fatality from a single infected individual (behind HIV/AIDS). In 2019, an estimated ten million people worldwide acquired TB. In the United States, there's many 5.6 million men, 8 million ladies, & 1.2 million children. Tuberculosis affects people of all ages and in all nations. But at the other hand, tuberculosis is both curable and preventable. Around the globe, 1.2 million children were afflicted with tuberculosis. Child and adolescent TB, which may be difficult to diagnose and cure, is frequently overlooked by health professionals..<sup>4</sup> In the year of 2017 the number of TB cases was 18 lakh in India from 2018 to 2019 in one year the 17% of cases was increased. <sup>5</sup>According to WHO TB statistics, 2.69 In India, a million cases of TB were recorded in 2018. <sup>6</sup> Pneumonia does indeed have a higher number of fatalities than covid, and Pune city reported rate. Consequently, cases at private (36) & public (189) hospitals on November 24, 2020, with 286 fatalities, showing a 5.63 percent CFR due to TB. In 2015, 4,465 new cases were reported in Pune, which grew to 6,632 in 2019.. In Pune, the prevalence of tuberculosis was 3.9 percent..<sup>7</sup>

### **Need of the Study**

In India, substantial progress has been made in the fight against tuberculosis over the years. Last year, the Indian government announced the “TB Harega Desh Jeetega” acceleration programme, which aimed to boost advocacy and communications, increase inter-ministerial

coordination, and encourage business sector, community, and many other relevant stakeholders involvement and participation.<sup>11</sup> Despite all of the other initiatives & increased agreements, missing cases have emerged as the most formidable enemy barriers toward the abolition of this dangerous illness in recent years, with the potential to expand infections and the always bacterial infections of about 3-5 % circumstances and 14-20 % of old cases. This has had a tremendous impact on prevention and therapy, making patient care more complicated and leading to poor health outcomes. Experts say that if India wants to eliminate TB by 2025, the disease's incidence must drop at a rate of more than 20percent per year over the following five years. In the wake of drug-resistant TB, this essentially implies that India still must continue to make strenuous efforts to stop and cure tuberculosis, but also rigorously try to minimize antimicrobial resistance. (AMR).<sup>12</sup> According to the WHO, about 700,000 people die each year as a result of AMR, with more than 230,000 of those dying from multi-drug resistance (MDR) tuberculosis (TB). By 2050, it is anticipated that AMR will be responsible for up to 10 million fatalities each year around the world. Taking on the dual burdens of tuberculosis and AMR is no easy task. The construction of a robust monitoring system, according to the NITI Aayog report "Vision 2035 Public Health Surveillance in India," is one of the most important stages to assure long-term antibiotic usage and reduce the possibility of resistance. By improving labs' capacity to gather quality data, significant contributions might be made to the government's National Strategic Plan for TB reduction and AMR National Action Plan.<sup>13</sup> At present time in India the prevalence rate of TB 5.05% per thousand. In Pune Maharashtra every year the number of cases of Tuberculosis rapidly increases its show by the prevalence rate and this rate rapidly increases at present time prevalence rate of TB in Pune city was 3.9%. Behind the reason of increases number of cases was the community people are not aware about the conditions and lack of knowledge about the TB.<sup>14</sup> In India the number of cases of tuberculosis was rapidly increased and mainly the cases of tuberculosis were founded in community areas. Majority of the people in community are not aware of any National programmes which is launched for the society. The National tuberculosis control programmes launched by the union ministry are mainly focused on the preventive and curative aspects. Moreover, ministries definite plan of eliminating TB completely from the society will only become success with the hundred percent participation of India's rural and urban population. Hence, Looking on to the above facts and many benefits under this programme for tuberculosis patient and also considering the main components of this programme that is active community participation and follow up, this study is focusing on to assess the awareness regarding TB harega desh jitega campaign in Rural community people.<sup>15</sup> In a slum zone in Chhattisgarh, the influence of a hierarchical TB awareness method on family intention and behaviour was investigated. The study's results indicated that knowledge components such as TB transmission pathways and the provision of cheap treatment facilities were one of the study's knowledge components, the improvement was greater than 90%.<sup>16</sup> As a responsible medical team, it is our duty to light the candle and spread it to others for a quality health. Hence the above facts and findings were the factors that led to this study about the awareness regarding T.B. harega desh jitega campaign.

## Aim of the Study

A Descriptive Study to Assess the Awareness Regarding T.B Harega Desh Jitega Campaign Among Rural Community People of Pune District

## Methodology

Non- experimental descriptive research design is adopted. The study was conducted in Nasrapur ,Nidhan Sangavi and Malegaon Pune district. Total 350 samples were selected from rural areas of Pune city. The reliability was done in Nidhan Sangvi Pune district, from 6<sup>th</sup> September 2021 to 8 September 2021. The pilot study was conducted between 27/09/21 to 30/09/21 at Nidhan Sangavi in Pune city on 35 samples to assess the feasibility of the study, to test the proficiency of instrument to be used for data collection and to decide plan for data analysis. In the data analysis, descriptive and inferential statistics were to be applied. The statistical profile of patients was analysed using descriptive analysis.

## Results

According to gender majority 53.71% were males and 46.29% were females majority 46.57% were from age group of 18-34 years, 34.86% were from 35-51 years and 18.51% were from 52-68 years of age. education majority 54.57% were having higher secondary education certificate, 29.14% were having secondary education certificate, 10.29% were having primary education, 5.71% were graduated and 0.29% were post-graduated. occupation status majority 48.57% were having other occupation, 23.14% were labourer, 19.17% were businessman, 6.86% were private employee and 1.71% were government employee. The type of family majority 54.29% were having nuclear family and 45.71% were having joint family.

Findings related to awareness regarding T.B harega desh jitega campaign among rural community people.

Level of awareness	Frequency	Percentage	Mean	SD
No awareness	6	1.71	5.91	2.66
Inadequate awareness	318	90.86		
Adequate awareness	26	7.43		

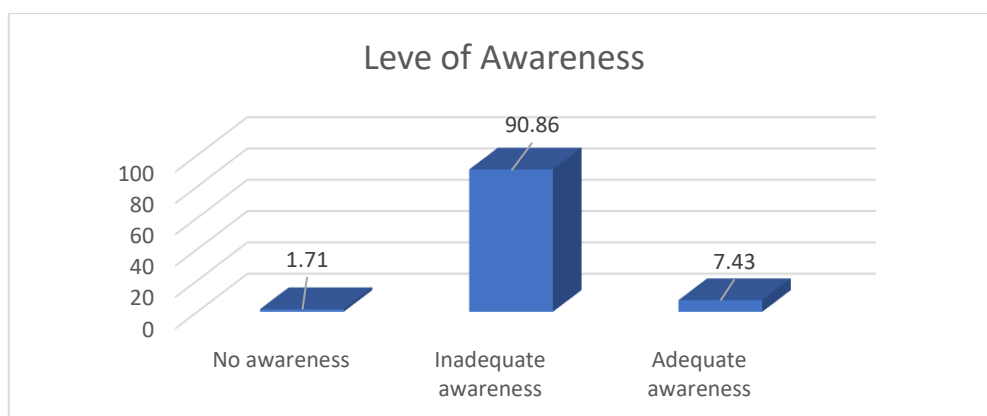


Figure 1 Level of awareness

Table no. 1 shows that awareness regarding T.B harega desh jitega campaign among rural community people is around equal percentage as 90.86% sample were having inadequate awareness, 7.43% were having adequate awareness and 1.71% were having no awareness. The mean score is 12.94 with SD 2.46.

Association of findings with selected demographical variables.

The results of research on the relationship between awareness and demographic characteristics such as education, employment, and income. Do you realise about the T.B harega desh jitega campaign? Level of awareness is significantly associated with gender, age, and family type (p value less than 0.05 level of significance), but gender, age, and family type are not directly correlated with level of awareness (p value greater than 0.05 level of significance).

## Discussion

The study can be discussed with the Gargi Thakur et.al the Increasing T.B. Cases and drug resistance is disturbing in India the data gathering from regional and global specialists, an online survey was conducted. The information was gathered in October of 2017. A total of 46 replies were received. The results demonstrate that specialists had varying opinions on the threat of tuberculosis in India, the impact of tuberculosis on people, families, and society, the failure of government programmes in India, and TB awareness campaigns and methods. According to the study the immediate actions are needed against the diseases and healthcare infrastructure. Beneficiary of other programs run by Government like Pradhan Mantri Matru Vandana Yojna also had inadequate awareness about it.<sup>17</sup> It is observed in research related to assess the knowledge regarding swine flu, participate had average knowledge about swine flu.<sup>18</sup> Diet plays an important role in tuberculosis similarly a study conducted by Dr Anita Nawale and Dr Geeta Shiroor and Archala Khemnar on knowledge and attitude of housewives regarding dietary practices. This study stated homemakers had average knowledge regarding dietary practices, as homemakers play an important role in planning and implementing diet in preventing illness. Healthy diet will help in building up immunity and prevent communicable diseases<sup>19</sup> action was needed to combat the illness, such as enhancing the country's healthcare infrastructure (increasing the number and quality of health care facilities and physicians) and raising knowledge about tuberculosis. According to the survey, The Indian government is working hard to alleviate the problems associated with TB. Despite this, India has taken a long-term strategy to decreasing TB' high prevalence rate. Other than a lack of knowledge and resources, the key obstacles include inadequate roads, increasing multidrug resistance instances, insufficient notification, and general carelessness. If we alleviate food insecurity, educate the population, and change the perception linked with TB, we may be able to achieve a disease-free future. (1)

## Conclusion

For present study descriptive cross sectional design was approved. The sample size was 350 with purposive sampling technique. According to gender majority 53.71% were males and 46.29% were females. Majority 46.57% were from age group of 18-34 years, 34.86% were

from 35-51 years and 18.51% were from 52-68 years of age. The education majority 54.57% were having higher secondary education certificate, 29.14% were having secondary education certificate, 10.29% were having primary education, 5.71% were graduated and 0.29% were post-graduated. The occupation status majority 48.57% were having other occupation, 23.14% were labourer, 19.17% were businessman, 6.86% were private employee and 1.71% were government employee. The status type of family majority 54.29% was having nuclear family and 45.71% were having joint family. The Do you know about the T.B harega desh jitega campaign majority 62% were know about the T.B harega desh jitega campaign and 38% were not know about the T.B harega desh jitega campaign. 90.86% sample were having inadequate awareness, 7.43% were having adequate awareness and 1.71% were having no awareness. The mean score is 12.94 with SD 2.46. The findings related to association of awareness with demographic variables, Education, occupation status and Do you know about the T.B harega desh jitega campaign is significantly associated with demographic variables as p value is less than 0.05 level of significance whereas gender, age and type of family is not significantly associated with demographic variables as p value is more than 0.05 level of meaning

### Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in the paper.

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