Assessing the Patients' Perception and Awareness about TB Treatment adherence and Treatment follow up in Drug Sensitive Tuberculosis and Drug-Resistant Tuberculosis Patients under the National Tuberculosis Elimination Program in Gandhinagar district of Gujarat

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Organization History, Vision & Mission

History

NHM was launched nationwide on 1st May 2013 by the Government of India which consists of two submissions:

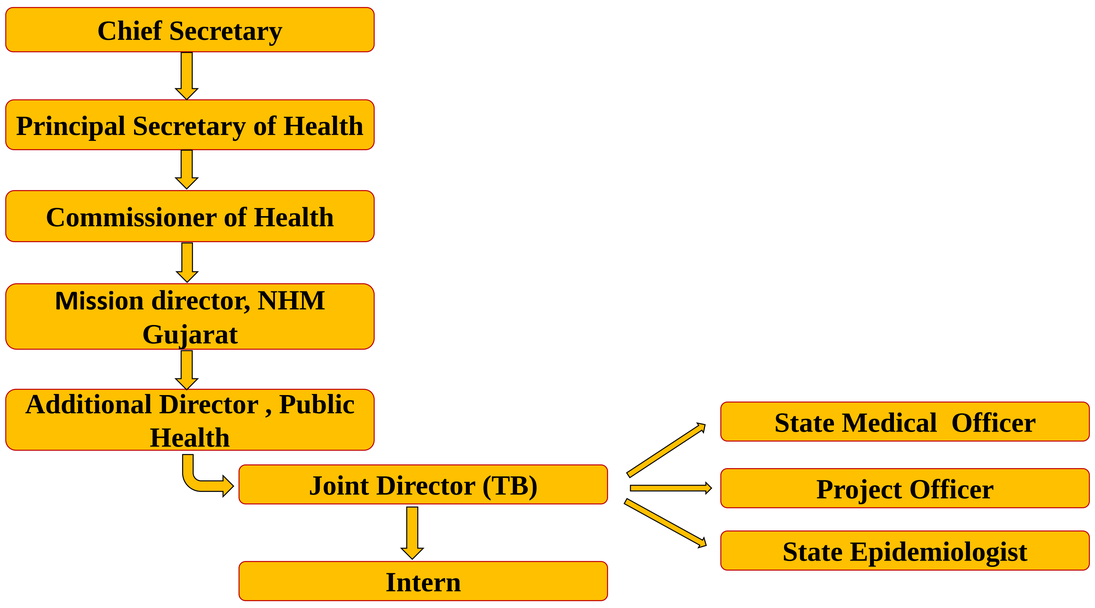
1) National Rural Health Mission (NRHM) 12th April 2005
2) National Urban Health Mission (NUHM) 1st May 2013.

The main programmatic components include Health System Strengthening, Reproductive-Maternal- Neonatal-Child and Adolescent Health (RMNCH+A), and Communicable and Non-Communicable Diseases.

Vision and Mission

Attainment of Universal Access to Equitable, Affordable & Quality health care services, accountable & responsive to people's needs, with effective inter-sectoral convergent action to address the wider social determinants of health.

Organization Structure



SWOT Analysis

Strengths

- Ccomprehensive Framework: Prevent, Detect, Treat, Build
- Government Support and Funding: National Initiative
- Free Diagnosis and Treatment: Accessibility
- Strong Diagnostic Network: Early Detection
- Directly Observed Treatment, Short-course (DOTS): Patient-Centered Approach
- Focus on Drug-Resistant TB: Specialized Treatment Regimens
- Community Involvement and Education: Public Awareness Campaigns

Weakness

- Inconsistent Follow-Up Care: Variability in Follow-Up
- Side Effects Management: Insufficient Support
- Stigma and Social Barriers: Persistent Stigma
- Resource Allocation and Access: Logistical Issues
- Patient Education Gaps: Knowledge Deficit
- Financial and Social Support: Insufficient Support Systems

Opportunities

- Technological Integration: Digital Health Tool
- Enhanced Community Engagement: Outreach programs
- Improved Side Effects Management: Support Services
- Interdisciplinary Collaboration: Holistic Care
- Policy Development: Evidence-Based Policies
- International Partnerships: Global Initiatives

Threats

- Emerging Drug Resistance: MDR-TB and XDR-TB
- Funding Fluctuations: Financial Stability
- Public Health Crises: Pandemics and Epidemics
- Socioeconomic Factors: Poverty and Inequality
- Healthcare System Challenges: Infrastructure and Workforce

Theory Understanding VS Practical Exposure

Practical exposure in a mixed-method study: Designing the study, collecting data, ensuring data quality, and conducting statistical analysis. This involved addressing logistical challenges, maintaining ethical standards, and adapting to unforeseen circumstances.
Theory Understanding: Theory included understanding sampling techniques, utilizing available information, and critically evaluating the material.

Implementing Theoretical Knowledge To Enhance Practical Exposure

Theory equipped me with a comprehensive understanding of the principles, frameworks, and best practices in managing healthcare organizations**. Practical Exposure gave me a firsthand experience in applying the theoretical knowledge**. It allowed me to work in a real-world healthcare setting, interacting with professionals, stakeholders, and beneficiaries.

Learnings

- Learn about primary data collection.
- Learn about Data analysis and to make comprehensive report.
- Learned how to operate Nik-shay Portal.
- Improvement in communication skills.
- Enhanced my report writing skills

Usefullness

- Exposure to the real field of work and learned work ethics
- Improvements in skill-sets
- Networking with experienced people in the industry.

Research Objective

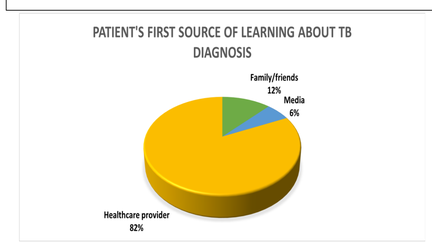
Primary Objective:
•Assess perception and awareness of TB treatment adherence and follow-up among DSTB and DRTB patients under NTEP.
Secondary Objectives:
•Identify factors influencing non-adherence and follow-up in DSTB and DRTB patients.
•Compare perception and awareness of adherence and follow-up between DSTB and DRTB patients.
•Explore patient knowledge of the importance of treatment adherence and follow-up visits.

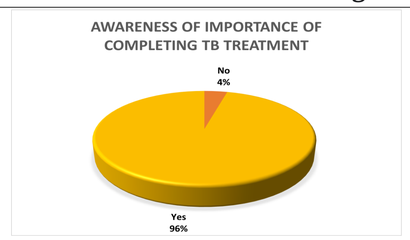
Research Methodology

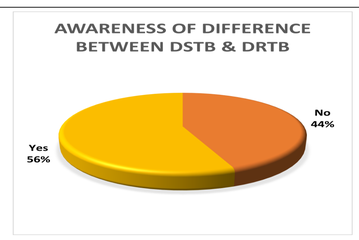
Source of Data: Secondary data through information uploaded in the NIK-SHAY portal.
Primary data collection through field visits for sampled districts.
Study Design: Mixed-method approach
Study Duration: 2 months
Study Population: Confirmed cases of DSTB and DRTB patients enrolled under NTEP in Gandhinagar district during 2023.
Study Area: The study area included several villages in Gujarat: Shahapur, Dehagam, Prantiya, Alampur, Moti Shiholi, Dashla, Dolarana Vasna, Dhanap, Isanpur Moti, Magodi, Lavarpur, and Valad.
Data Collection: Quantitative Component: Structured questionnaires
Qualitative Component: Interviews
Data Analysis: Quantitative data were analyzed using MS Excel & Qualitative data were analyzed using thematic analysis.

Research Findings

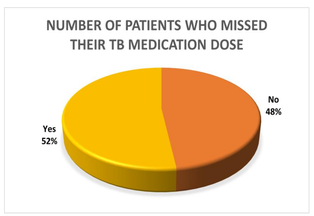
1. Awareness and Knowledge

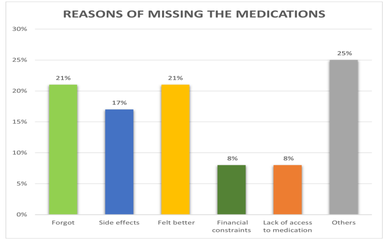






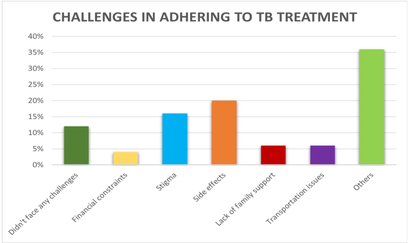
2. Treatment Adherence





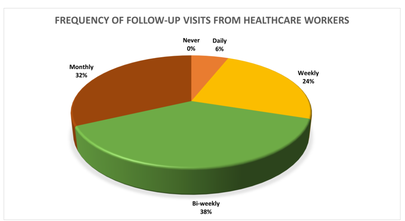
*Others included substance abuse 8.3%, alcohol consumption 16.7%

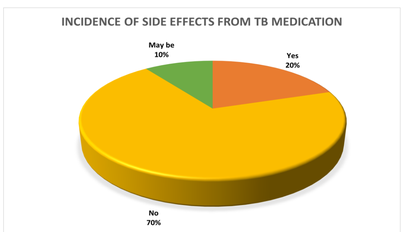
3. Barriers and Challenges

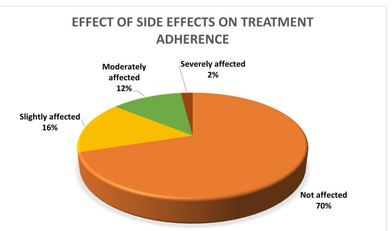


*Others included Forgot to take medication 10%, Felt better 10%, lack of access to medication 4%, alcohol consumption 8%, substance abuse 4%

4. Follow-Up and Support







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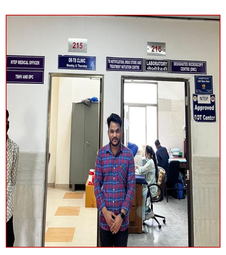

Challenges

- Extreme hot environmental condition
- Language barrier
- Social stigma and Taboos

Suggestions

- Improve transportation options for patients to access treatment centers.
- Implement reminders and provide medications for side effects to ensure adherence.
- Integrate psychological support, address stigma, and substance abuse through counseling, including de-addiction services.
- Increase community education to reduce stigma and improve public understanding of TB and DR-TB.
- Ensure thorough and regular follow-up care for patients.
- Engage local leaders and utilize various media platforms for educational outreach.
- Enhance the quality and availability of free items provided to patients.
- Provide comprehensive care that includes all necessary support services in the TB treatment program