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PRACTICUM REPORT

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Cohort-10
2022 - 24

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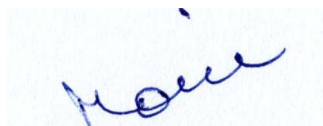
TO WHOMSOEVER MAY CONCERN

This is to certify that Yatin Malhotra, a student of the Master of Public Health Program offered by IIHMR University, Jaipur in cooperation with Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum training at the NITRD, New Delhi-110030 from 06th January 2024 to 31st March 2024.

The candidate has successfully carried out the study designated to him during the training and his approach to the study has been sincere, scientific, and analytical.

The practicum training is in fulfilment of the course requirements.

I wish him success in his future endeavours.



DR MONIKA CHAUDHARY
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CERTIFICATE BY SCHOLAR

This is to certify that the Practicum Project submitted by me, Yatin Malhotra with Enrollment No. IIHMR-U/07/2022-2024/0061 under the supervision of Dr Monika Chaudhary and Dr Khalid Umer Khayyam for the award of **Master of Public Health** carried out during the period 06th January 2024 till 31st March 2024, embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other Institute or other similar institution of higher learning.

Yatin Malhotra
MPH Cohort 2022-24

CERTIFICATE FROM THE ORGANIZATION



राष्ट्रीय क्षय एवं श्वसन रोग संस्थान

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्त शासी निकाय)

National Institute of Tuberculosis and Respiratory Diseases

(Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)

Ref. No. NTEP/2024/.2.287

Date: 13/04/2024

To Whom It May Concern:

This is to certify that Dr. Yatin Malhotra, a student of Master of Public Health, IIHMR University was posted at the National Institute of Tuberculosis and Respiratory Diseases, New Delhi-110030 for Practicum Training from 06th January, 2024 to 31st March, 2024.

During his placement, Dr. Yatin Malhotra showed good competency and skill in the population-based study which he conducted. He was found sincere, responsible, and committed to his work.

I wish him success in all his endeavors.

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STUDY TITLE:
ASSESSMENT OF HEALTH-SEEKING
BEHAVIOR IN TUBERCULOSIS PATIENTS
DIAGNOSED AT NITRD-OPD – A
QUESTIONNAIRE-BASED STUDY

UNDER THE PROJECT:
NATIONAL TUBERCULOSIS ELIMINATION
PROGRAMME (NTEP)

LOCATION:
NATIONAL INSTITUTE OF TUBERCULOSIS
AND RESPIRATORY DISEASE (NITRD), NEW
DELHI

ABSTRACT

Background: Tuberculosis remains a significant public health challenge in India. Effective management relies on patients exhibiting positive health-seeking behavior. This study assessed health-seeking behavior among tuberculosis patients attending the outpatient department of the National Institute of Tuberculosis and Respiratory Diseases in New Delhi, India.

Methods: A cross-sectional study recruited 100 consenting adult tuberculosis patients. Data was collected through similar pre- and post-education questionnaires exploring demographics, general health-seeking behavior, and tuberculosis-specific knowledge. Descriptive analysis evaluated the impact of educational interventions delivered by healthcare professionals.

Results: A substantial portion of participants displayed limited knowledge about tuberculosis. The patient interview showed that not more than 50% of the participant patients showed appropriate general health-seeking behavior. The intervention in the form of health education significantly improved the health-seeking behavior. Appropriate knowledge about Tuberculosis, which was exhibited by only 35.1% of participants, rose to 80.3% after the health education.

Conclusion: This study highlights the need for enhanced patient education on tuberculosis. Addressing socioeconomic disparities and tuberculosis-related stigma is also crucial. Effective communication between healthcare providers and patients can empower individuals to make informed treatment decisions, ultimately leading to improved TB management. There was a significant difference in patient responses after the education of the participants.

KEYWORDS: Tuberculosis, Health-seeking behavior, National Institute of Tuberculosis and Respiratory Diseases

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ABBREVIATIONS

TB	Tuberculosis
NTEP	National Tuberculosis Elimination Programme
DOT	Directly Observed Treatment
HSB	Health Seeking Behavior
NITRD	National Institute of Tuberculosis and Respiratory Diseases
OPD	Outpatient Department
COPD	Chronic Obstructive Pulmonary Disease
IEC	Information, Education, and Communication
SES	Social Economic Status

1. INTRODUCTION

TB is a contagious disease mainly caused by *Mycobacterium tuberculosis*. *Mycobacterium tuberculosis* ordinarily affects the lungs but can also affect various other structures like the brain, intestines, bones, and spine. The causative bacteria spread through the droplets when an infected person coughs, sneezes or speaks(1). TB is diagnosed through history taking, physical examination, radiography, and microbiological testing(2). Treatment of TB is done through multi-drug therapy over several months(3). To diminish the bacteria completely from the body, without the development of any drug resistance, the patients must complete the entire prescribed treatment regimen(4).

The detection and management of TB cases in India are guided by the NTEP (5). The objectives of NTEP include early detection through active case finding and improved diagnostic services, effective treatment via standardized regimens. The prevention and control methods adopted include secondary infection control, high-risk patient finding, identifying drug resistance, stakeholder engagement, conducting supportive research, and surveillance enhancement. Even though with a robust TB treatment system in place, the disease is still a significant health issue, significantly in low- and middle-income countries(6).

In 2022, India had about 25% of TB cases present globally. Roughly 2.77 million TB were recorded(1). In India, various cultural, economic, social, and healthcare factors control the perception of disease. TB is surrounded by stigma and discrimination, which is frequently connected to poverty and fosters social isolation. Fear and ignorance are exacerbated by persistent misconceptions about the transmission of TB. Poverty and inadequate access to healthcare restrict patients' adherence to treatment, prompting patient support attempts. Disparities must be addressed since such variables increase the prevalence of TB. In India, the perception of TB is influenced by a multitude of complex factors so comprehensive methods for effective control are vital.

HSB refers to initiatives to enhance health, that people undertake in case of disease or any health issue(7). Similarly, according to the WHO, HSB is any action or inaction taken by individuals who believe they have a health problem or are ill to find an appropriate remedy(8). Ethically and scientifically, HSB should involve consultation

and advice from a professional healthcare provider. The activities of HSB may encompass visiting a private or public sector health facility, self-medication, home remedies, or behavioral actions toward general fitness. Good HSB helps the individual and community in the prevention, early diagnosis, and management of disease conditions. It also helps in reducing cost, disability, and death from diseases. According to the literature, the HSB of an individual is explained by two theories namely “the health belief model” and “the theory of planned behavior”(9). In developing countries like India, HSB is determined by several social, cultural, financial, demographical, and individual factors.

In this study, we undertake the patients diagnosed with TB in the outpatient department (OPD) of the NITRD. The NITRD is a premier autonomous institution located in New Delhi. The institute is dedicated to the prevention, control, and treatment of TB and other respiratory diseases. NITRD serves as a national referral center for TB and respiratory diseases, providing specialized diagnostic, treatment, and research facilities. It offers outpatient and inpatient services, including specialized clinics for TB, asthma, chronic obstructive pulmonary disease (COPD), and sleep disorders. As a nodal center for TB control, NITRD collaborates with national and international organizations, government agencies, and research institutions to strengthen TB control efforts in India and beyond. The patients diagnosed clinically or through lab tests at NITRD-OPD are further directed toward the health education section for counselling by a professional health educator regarding their respective diseases. The patients will be assessed through questionnaires for their attitudes and knowledge of HSB.

2. AIMS & OBJECTIVES

2.1 Primary Objective:

- Assessment of HSB in patients diagnosed with TB at NITRD-OPD

2.2 Secondary Objectives:

- Identify any change in the HSB of patients diagnosed with TB at NITRD-OPD
- Identification of factors affecting the HSB of patients diagnosed with TB at NITRD-OPD

3. REVIEW OF LITERATURE

Medical information is increasingly available in today's world and people proactively take a role in controlling their health, hence it is vital for both healthcare seekers and providers to have a better understanding of the HSB(10). PubMed and Google Scholar databases were used to search previous studies related to the assessment of HSB and studies related to determinants of HSB.

HSB is multifaceted and has no single method of justification. HSB is an outcome of individual perception and the existing external environment, which control the attitude towards health. Everyone's attitude towards health remains fluid and thus vulnerable to change. To better understand the nature of HSB it is important to consider the theories for health behaviors: The Health Belief Model and The Theory of Planned Behaviour(9). The Health Belief Model advocates for the concept of 'perceived susceptibility', meaning the perceived probability of acquiring the disease. 'Perceived susceptibility' and 'perceived severity' lead to the formation of a 'perceived threat' to a particular disease. Health behavior toward disease is linked to the perceived threat, perceived benefits, barriers to change, self-efficacy, and the cues to action(9). The Theory of Planned Behaviour states that health behavior is a result of personal beliefs related to the behavior which determines the attitude, prevalent subjective norms, and the perceived behavioral control leading to a motivation to enact a particular behavior, intending to be an important determinant and immediate antecedent to a particular behavior(11). The theory of planned behavior assumes a causal relation that links beliefs to behavioral actions via attitude, subjective norms, and perceived behavioral control, thus providing a systematic approach to identifying the important issues for a person's decisions to perform a required behavior(12).

HSB is influenced by a multitude of determinants. Understanding the complex interplay of these determinants is crucial for devising targeted interventions and policies to promote better health outcomes across diverse populations. These factors encompass socio-economic status, including income level, education, and employment status, alongside accessibility and affordability of healthcare services, insurance coverage, and personal ability to pay(13). Furthermore, psychological aspects like perceptions of sickness severity and health literacy interact with socio-cultural elements like cultural beliefs, societal conventions, and family dynamics(14).

Decisions about obtaining medical attention are greatly influenced by the attitudes of healthcare practitioners as well as the quality of services that people believe are available. These behaviors are further shaped by the type and severity of the illness, as well as demographic traits like age and gender. Moreover, social support systems, including family size and social networks, along with mass media exposure, also play pivotal roles(15).

GENDER AND HSB

Gender disparities in HSB are also prominent and deserve the attention of the concerned professionals. Women generally exhibit better preventive health behavior, this also supported by research that women pay more visits to health facilities for their health concerns than men do(16).

AGE AND HSB

While aging populations experience a rise in chronic conditions and theoretically greater healthcare needs, their HSB is multifaceted. Increased financial limitations, transportation challenges, and potential age-related misattribution of symptoms to normal aging can act as barriers to care. Additionally, psychological factors like fear of diagnosis, treatment burden, or a desire for self-sufficiency can further influence healthcare utilization in older adults. A study in India in 2023 showed that utilization of public health services increased with age in the OPD. Further, appropriate HSB was 23% less in the 80-year-old and above elderly as compared to younger age groups. Availability of health insurance is also a major factor determining the HSB of the elderly (18).

SOCIO-ECONOMIC STATUS AND HSB

Socioeconomic status (SES) presents a robust predictor of HSB. Lower SES, characterized by limited income, education, or occupational attainment, is associated with substantial barriers to healthcare access. Financial constraints due to out-of-pocket costs or lack of insurance, logistical challenges with transportation or clinic location, and potential distrust in the healthcare system can all impede HSB in low SES groups. Conversely, higher SES individuals benefit from greater financial resources to afford healthcare, improved health literacy to navigate the system, and potentially stronger trust in medical institutions, leading to increased healthcare utilization(19). A previous study conducted in 2020 showed a positive relation between SES and choice of services availed for health improvement. The study showed a significant relation, with $p < 0.05$, between

SES and HSB. This highlights the significant impact of SES on healthcare access, forming a gradient where lower SES creates disadvantages and higher SES facilitates HSB.

LITERATURE ON QUESTIONNAIRE-BASED STUDIES FOR HSB

To design the questionnaire for the assessment of HSB for TB, previous similar studies were referred. Keeping in mind that many patients at the NITRD belong to weaker sections of society and their hesitant attitude towards TB, the questions in the interview questionnaire were kept close-ended. Previous studies showed that HSB arises from knowledge of the disease and awareness of treatment modalities available(20). Therefore, questions were framed to enquire about the knowledge of TB like causation, complications, mode of transmission, and prognosis. Further, questions were framed to enquire about the awareness of various services offered by the government to TB patients. As mentioned, HSB is an attitude that is fluid and continuously developing within an individual. Hence, questions were framed to ask about general attitudes towards health. The health belief model talks of concepts of perceived threats, perceived benefits, and possible barriers to treatment. These concepts were also kept in mind while framing a few of the questions in the questionnaire.

While the questionnaire for this study was developed using previous similar studies on the assessment of HSB, a systematic review was also referred to in designing the study questionnaire. Choi and Jeong in their systematic review proposed a theoretical framework which is an information-channel-health structure for health information-seeking behavior (18). According to this framework, researchers aiming to assess health information-seeking behavior through questionnaires should prioritize creating a valid and reliable tool. This requires careful consideration of several key factors. First and foremost, it is important to specify every aspect of the information-seeking behaviour being studied as well as the goals of the questionnaire. Subsequently, investigators must ascertain the principal aspects they wish to evaluate, including the frequency of information retrieval, favored sources, perceived benefit, and any obstacles faced(19). Utilizing validated scales or established items from existing research strengthens the questionnaire's reliability and validity(23). To get a complete picture, the design needs to consider both offline and online information sources in addition to in-person encounters. Furthermore, asking demographic questions on age, gender, education, and health status enables researchers to better understand how these variables affect people's behavior while seeking information. Before the questionnaire is widely

distributed, a small-group pilot test helps find any ambiguities or problems in its structure or language. It is ensured that respondents comprehend the questions and can make accurate responses by using straightforward language. By providing a range of response alternatives, including multiple-choice, ranking scales, open-ended questions, and Likert scales, researchers can record several facets of information-seeking behavior(21). Finally, researchers must ensure the questionnaire respects respondents' privacy and confidentiality, complying with ethical guidelines for human subject research. Researchers can design an instrument that is sensitive to cultural differences by taking these differences into account and customizing the questions to the intended audience. These guidelines can help researchers create a strong questionnaire that accurately reflects the subtleties of people's methods for finding health information.

4. METHODOLOGY

The empirical study was done in New Delhi (India), in the health education section of the NITRD. The study design was approved by the Institutional Research Committee of the NITRD (NITRD/RC/2548) and the post-graduate Ethics Committee (NITRD/PGEC/2024/1476).

4.1 STUDY POPULATION

All patients diagnosed with TB and above the age of eighteen in the health education section were approached to join the study. The first hundred patients who agreed to join and signed the consent form were taken to be part of the study. The participation was entirely voluntary. A patient information sheet was provided in both Hindi and English language to each of the participants. The participating patients were provided information regarding the objectives of the study. This study had no direct risks or benefits for the patients.

The sample size of a hundred participants was decided taking the prevalence(P) of respiratory diseases as 18.8% in Delhi and the surrounding national capital region(25). The sample size(n) is calculated by taking 1.96 as the Z_{α} from the normal distribution table($\alpha=0.05$). Minimum absolute error(L) is taken at 8%. Using the formula:

$$n \geq \frac{z_{\alpha}^2 P(100-P)}{L^2}; n \text{ is calculated as } 91.6. \text{ Hence, the sample size is taken to be } 100.$$

4.2 DEVELOPMENT OF THE QUESTIONNAIRE

These interviews were facilitated through the utilization of a formulated questionnaire. This questionnaire was meticulously designed in both Hindi and English languages, based on previous similar studies on the assessment of HSB. The first section of questions focuses on the demographic data of the participant, which includes name, age, sex, residence, marital status, and socioeconomic status using the modified kuppuswamy scale(26,27). The different questions of the questionnaire were targeted to extract different types of information from the participating patients diagnosed with TB(28). The first question is a direct question that asks the participants whether they know which disease they suffer from. The second set of questions from question no. two to question no. five dealt with participant patients' general attitudes toward health(29). Questions no. six and seven ask about the knowledge of TB. Questions from eight to ten ask about how TB as a disease affects them. Questions from eleven to fifteen enquire if the TB patients are informed about the appropriate treatment and treatment services available to them(30).

The intervention by the health educator was expected to bring some change in behavior and knowledge towards TB. To record any change in response after the intervention by health educators, the developed questionnaire was used twice, once as a pre-education questionnaire and a second time as a post-education questionnaire.

4.3 DATA COLLECTION METHOD

The data collection took place in the last week of March 2024. All the patients who arrived at the health education section after diagnosis of TB during the study period were informed about the study. The first hundred patients who signed the consent form were taken to be participants. Before interacting with the health educator, the pre-education questionnaire was used to interview the participant patients. The participants were then allowed to sit with the health educators. These educators educate TB patients about the imperative nature of adhering to the prescribed treatment plan and essential lifestyle adjustments. Additionally, patients are briefed about the specific healthcare facilities nearby where they can obtain necessary medications and undergo routine examinations. The participant patients after interaction with the health educators were again interviewed using the same post-education questionnaire. The change in responses, from negative to positive, to questions that were addressed by health educators, was recorded as a change positive for HSB(31).

All the questions and queries in the questionnaire were explained to the participants in the local Hindi language during the interviews. Collectively both the pre-education and post-education interviews were done in a time span of approximately twenty minutes for each participant.

4.4 DATA ANALYSIS

Descriptive statistics, such as frequency counts and percentages were used to summarize the data collected through the questionnaires. For questions that aim to enquire about general behavior towards HSB, responses were summarized and represented in percentage form. For the questions for which a change is expected after interaction with a health educator, the enhancement observed in the post-education questionnaire is recorded by frequency of change in response. The summarised data was also depicted in graphical form using Microsoft Excel.

5. RESULTS

5.1 DEMOGRAPHICS OF POPULATION UNDER STUDY

- (a) Among the study participants, the number of males was forty-two, while the number of females was found to be fifty-eight. The ratio of male participants to female participants is represented in Fig 5.1.

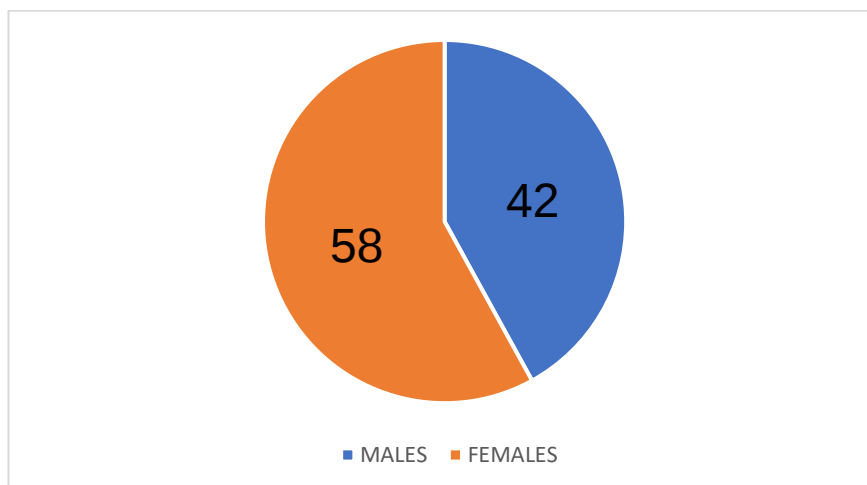


FIG 5.1: GENDER DISTRIBUTION OF PARTICIPANTS

(b) The distribution of participant patients according to their ages is represented by Fig 5.2. It is seen that the maximum number of patients belong to the age group of 31-50 years. The graph shows a declining trend beyond the age of 51 years.

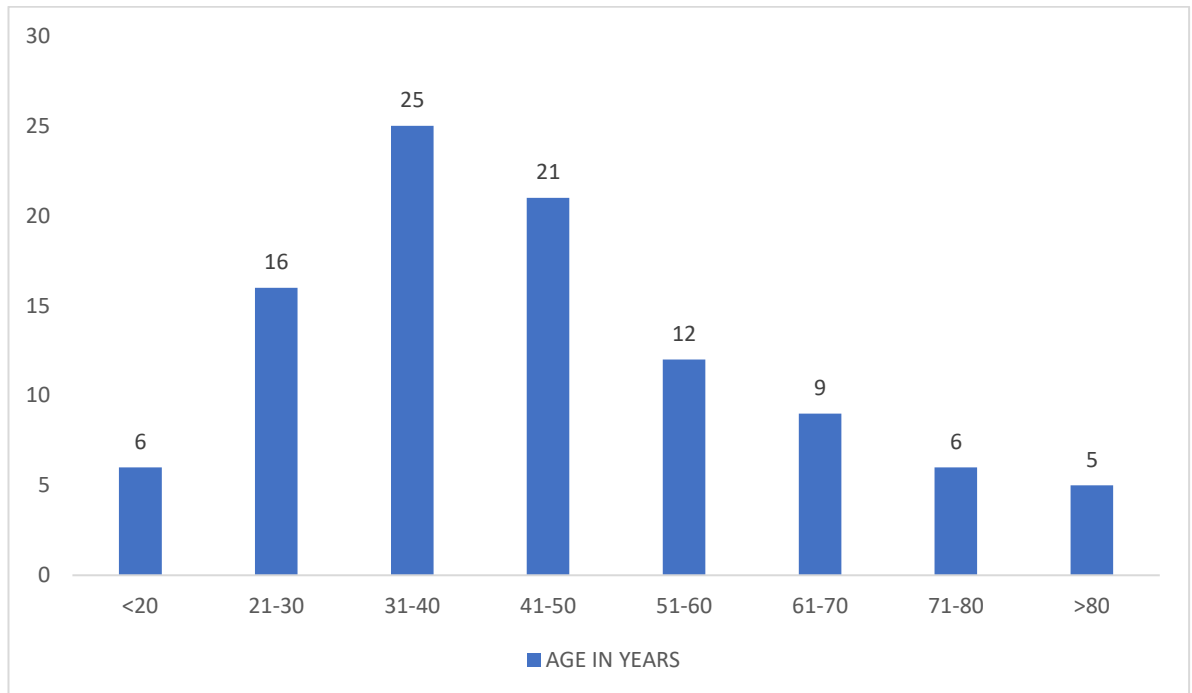


FIG 5.2: DISTRIBUTION OF PARTICIPANTS ACCORDING TO AGE

(c) Fig. 5.3 depicts the distribution of participant patients according to their occupation. According to the modified kuppaswamy scale, a major chunk of the participants belongs to occupation categories which are graded very low on the scale(27).

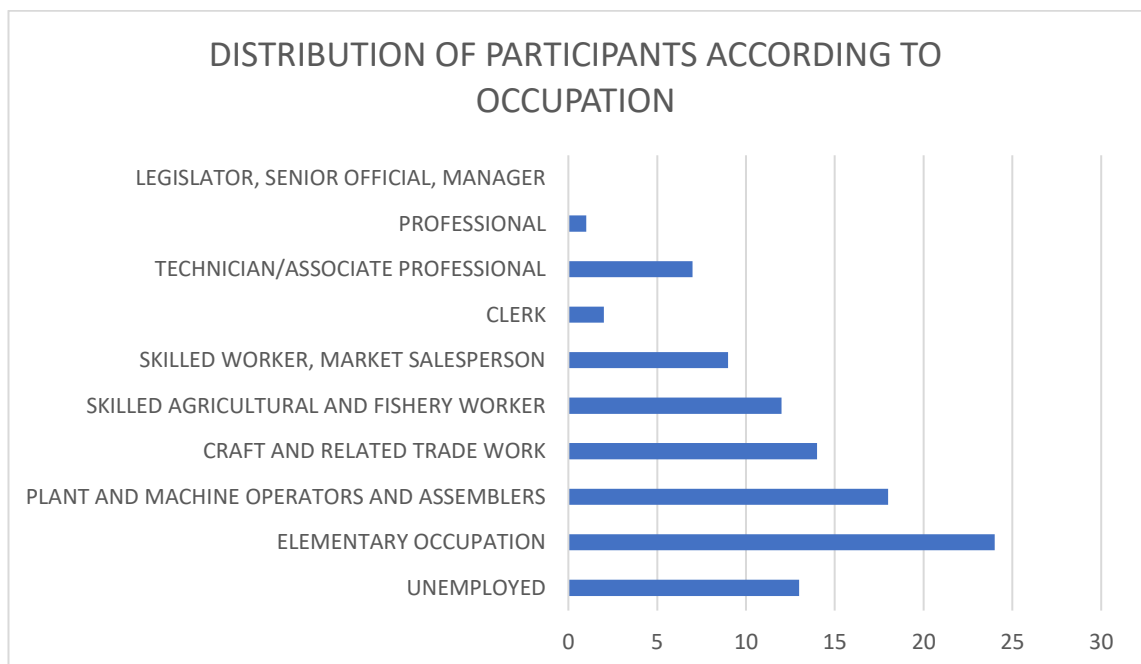


FIG 5.3: PARTICIPANT DISTRIBUTION ACCORDING TO OCCUPATION

- (d) The education profile of the participant patients is depicted in Fig 5.4. It can be noticed from the graph that the highest number of participant patients were illiterate. The other categories showed somewhat of a random distribution trend, with the number of graduates being the second highest.

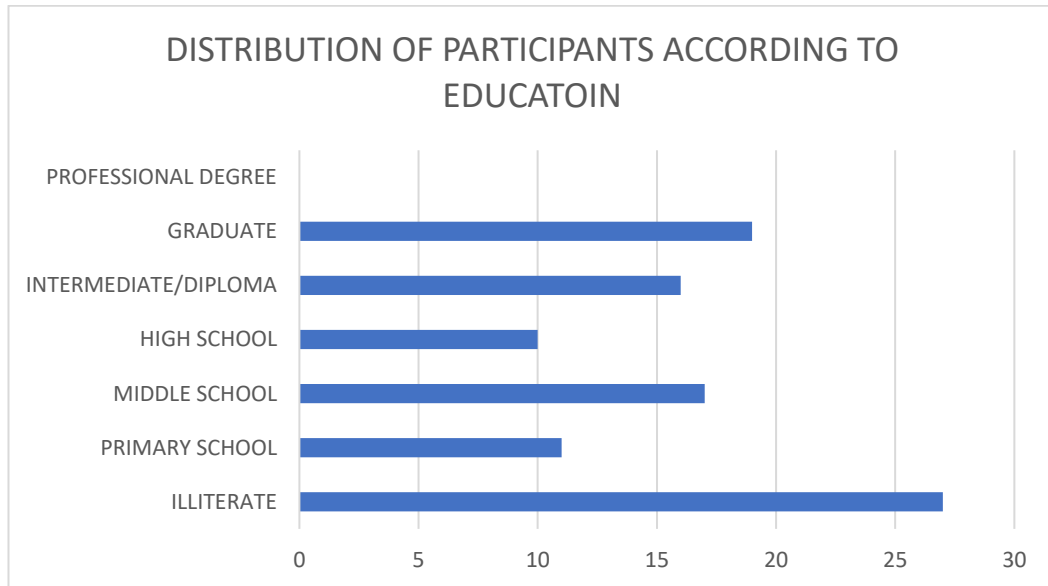


FIG 5.4: PARTICIPANT DISTRIBUTION ACCORDING TO EDUCATION

- (e) The distribution of participant patients according to the monthly income of their family is shown in Fig. 5.5. It can be derived from the graph that 50% of the participants belong to the weakest section of the strata.

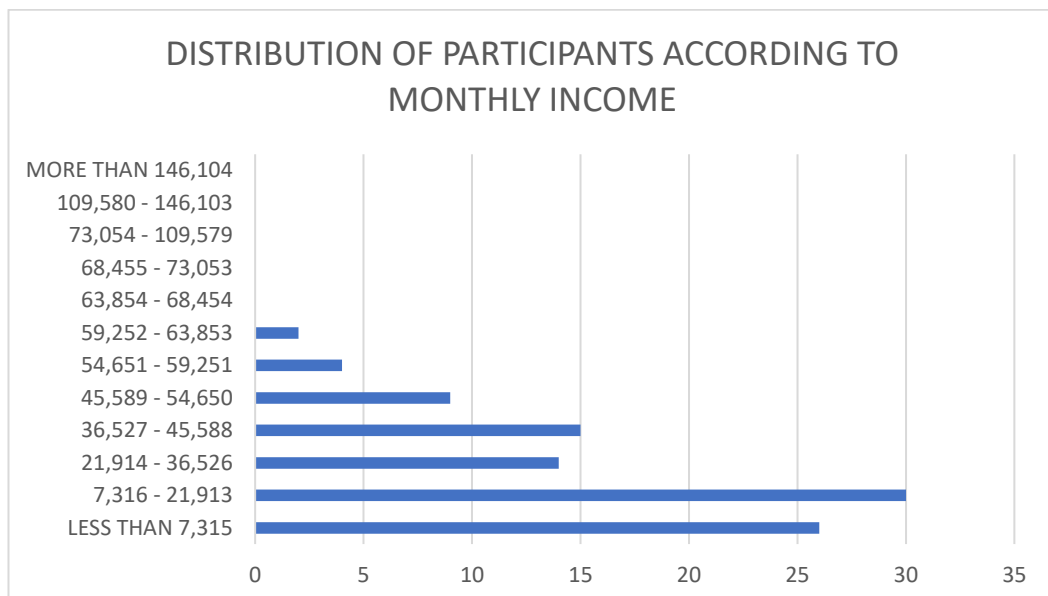


FIG 5.5: PARTICIPANT DISTRIBUTION ACCORDING TO MONTHLY INCOME

(f) The socio-economic status of the participant patients calculated according to the modified kuppuswamy scale is shown in Fig 5.6(27). The majority of the participant patients belonged to the lower strata of the socio-economic status.

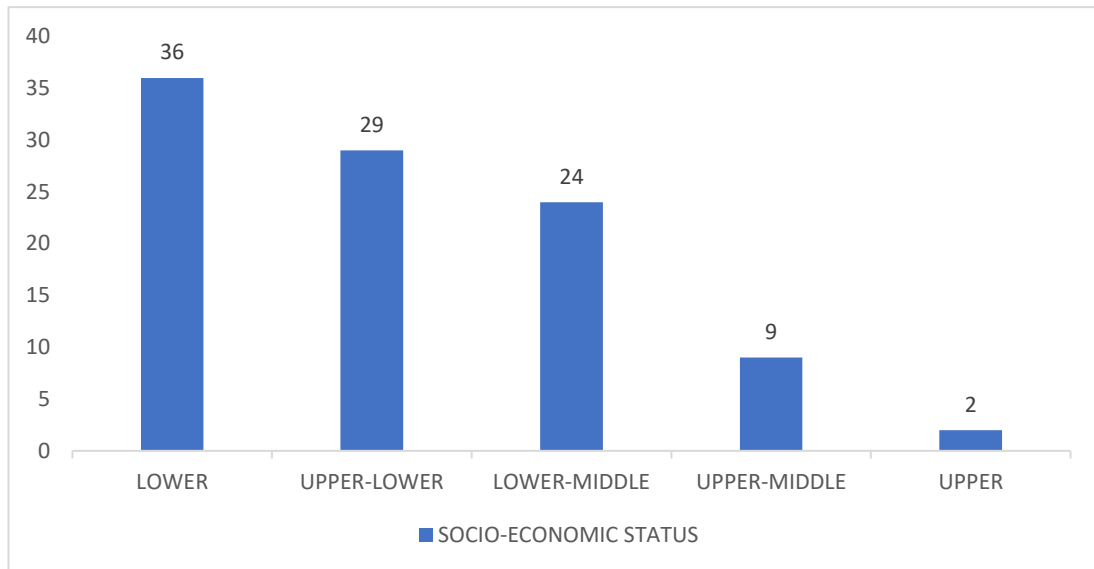


FIG 5.6: SOCIO-ECONOMIC STATUS OF PARTICIPANTS

5.2 RESPONSES TO QUESTIONNAIRE

(a) The questions that enquired about the general HSB of the study participants were asked only during the pre-education interview. The frequency of positive and negative responses is shown in Fig 5.7. Q2 and Q3 show almost an equal response to both positive and negative replies. Q4 and Q5, which enquire about fitness-targeted physical activity and health insurance coverage respectively, majorly show negative responses. Q9 which asks if the health consequences were known, would there have been any change in HSB, achieves a 100% positive reply.

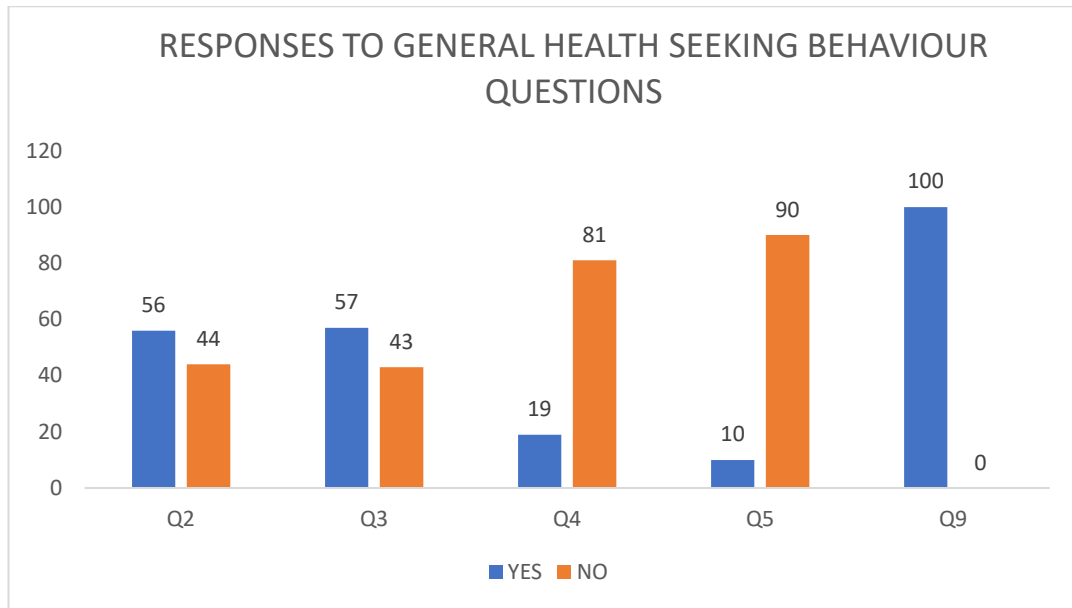


FIG 5.7: RESPONSES TO GENERAL HSB QUESTIONS

(b) The responses to questions that enquire specifically about HSB for TB are shown in Table 5.1. The frequency count of each response is recorded. The same frequency of responses is graphically represented in Fig 5.8.

TABLE 5.1: PRE-EDUCATION AND POST-EDUCATION RESPONSES

	PRE-EDUCATION RESPONSES	POST-EDUCATION RESPONSES
Q. 1	72	91
Q. 6	19	45
Q. 7	41	87
Q. 8	76	85
Q. 10	24	97
Q. 11	8	14
Q. 12	49	96
Q. 13	37	97
Q. 14	13	95
Q. 15	12	96
Average of cumulative responses	35.1	80.3

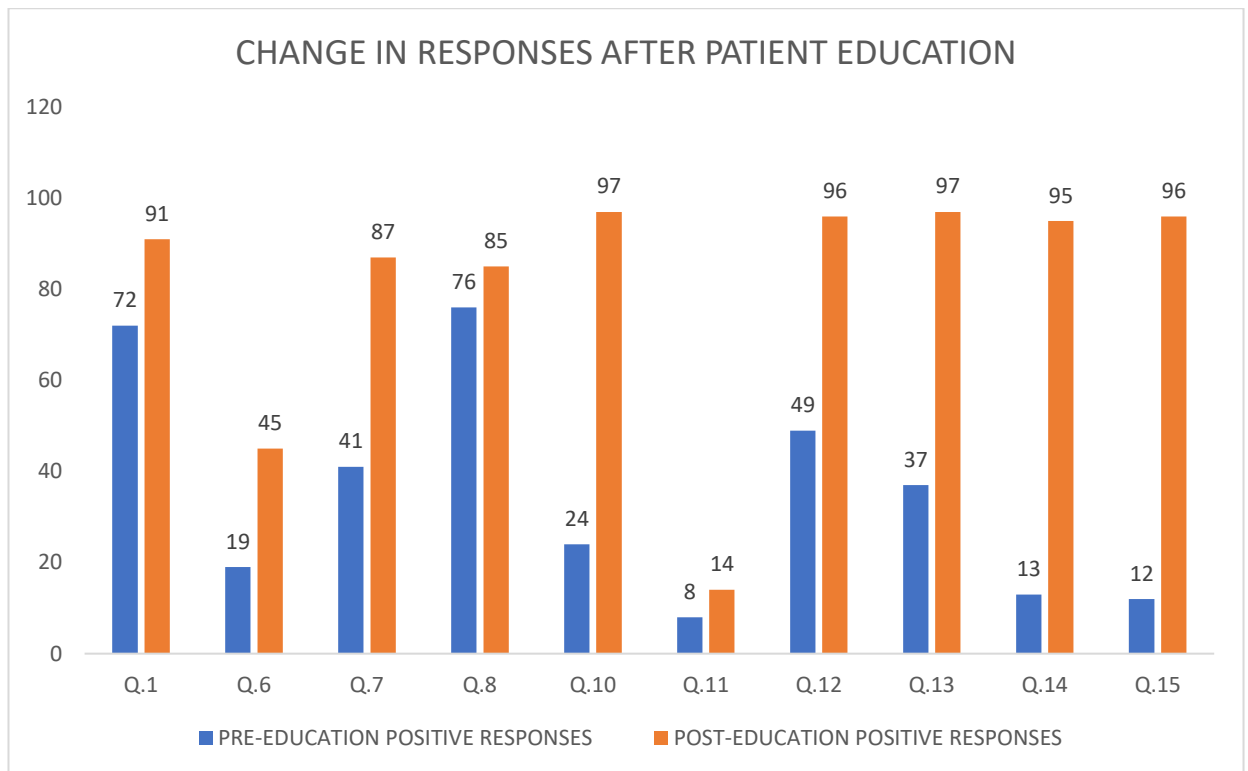


FIG 5.8: RESPONSES AND CHANGES TO TB HSB QUESTIONS

Table 5.2 shows the percentage of change in responses of the participants after the education by the health educator. The average cumulative change is calculated which was found to be 44.7%.

TABLE 5.2: CHANGE IN RESPONSE AFTER EDUCATION

	PERCENTAGE CHANGE IN RESPONSE
Q. 1	19
Q. 6	26
Q. 7	41
Q. 8	9
Q. 10	73
Q. 11	6
Q. 12	47
Q. 13	60
Q. 14	82
Q. 15	84
Average of cumulative change	44.7

6. DISCUSSION

This study was conducted to determine the knowledge, attitude, and treatment perception of TB, and subsequently examined the HSB of the patients diagnosed with TB at the NITRD, New Delhi. Limited knowledge of TB remains a crucial hurdle to better prevention and treatment of TB. Varied prejudices, social and cultural beliefs, low educational levels, and poor socioeconomic conditions complicate the situation. Health beliefs and practices are full of different modalities and require better understanding.

It was observed that the 50% positive response to questions enquiring about general HSB corresponded to a similar study in Assam. Baruha et al in 2017 out of 125 elderly 51.6% showed appropriate HSB(32). Assam is a state in the north-eastern part of India, which is covered by mountains and forests. Healthcare services in New Delhi, which is a world-class metropolitan city, ought to be more accessible than in Assam. Thus, the HSB of 51.6% of people can be considered as a benchmark but not as a target. If we are aspiring for a better outcome in HSB, various factors can be attributed to various noticeable determinants. The reluctance could be due to the stigma associated with TB(33). People may feel ashamed or embarrassed about having TB, fearing discrimination or social isolation if others find out. This stigma can lead to individuals avoiding seeking medical help or disclosing their condition to others. The phrase "pervasive stigma surrounding TB" emphasizes that this stigma is widespread and deeply ingrained in society, impacting individuals' attitudes and behaviors regarding seeking healthcare for the disease.

Sixty-five percent of the patients who participated in our study were from lower socioeconomic strata. This demographic feature is one more factor impacting the behavior of those in our study sample who seek health care. Many socio-economic determinants of health, such as inadequate health literacy, restricted access to healthcare facilities, and limited financial means, are closely associated with lower socio-economic status. All these elements work together to create obstacles in the way of timely and appropriate healthcare access. Furthermore, people from lower socioeconomic backgrounds frequently face obstacles including stigma, prejudice, and practical limitations, which make it harder for them to swiftly seek medical assistance. Therefore, it is essential to recognize the impact of socioeconomic position to comprehend and resolve differences in healthcare outcomes and utilization among the participants in our study.

The absence of health insurance, whether governmental or private, emerges as a primary determinant fostering reluctance to access health services. Merely 10% of the surveyed participants in our study possessed health insurance coverage. This disparity underscores a significant gap in healthcare access and underscores the pivotal role insurance plays in shaping individuals' healthcare-seeking behaviors. The lack of insurance coverage often leads to financial barriers, compelling individuals to forgo or delay seeking necessary medical care, thereby exacerbating health disparities, and hindering timely disease prevention and management efforts(31). Addressing this insurance gap is crucial for ensuring equitable access to healthcare services and mitigating the socioeconomic barriers impeding healthcare utilization.

The health-oriented leisure activities and physical workout activities were seen to be a choice of only 19% of patients in our study. This cues to work on the promotion of healthcare and HSB in the target population. Much of the population acts when they get ill and underestimates the value of screening for general health and health-oriented leisure activities(35).

Most inquiries within the questionnaire focused on assessing the participants' HSB concerning TB and aimed to gauge any alterations in their understanding of disease treatment following interaction with the health educator. Responses to these inquiries in the post-education questionnaire exhibited a predominantly positive trend. This suggests that adequately educating patients leads to an enhanced understanding of disease treatment modalities. By effectively disseminating relevant information, patients become better equipped with knowledge about their condition and its management. Consequently, informed patients are more likely to engage in proactive HSBs and participate actively in their treatment plans, ultimately contributing to improved health outcomes. In a similar study for other respiratory diseases, it was observed that informed patients sought 50-80% better treatment than uninformed patients(36). It is very evident in Question 9 of the questionnaire that the patients strive towards better health. The information given to them by the health educator was also well-retrieved in the post-education questionnaire. The participant patients showed a positive approach to the treatment of their disease after their interaction with the health educator.

It is evident from the 44.7% change in the average cumulative responses that the patients were better informed about TB and could appropriately follow their treatment. A brief and direct intervention at the patient level, used in this study proved to enhance knowledge about TB treatment in the study population. The result of awareness about the NTEP underscores the need to add more information during patient education by health educators.

7. CONCLUSION

This study examined health-seeking behavior (HSB) among patients diagnosed with TB) at the outpatient department (OPD) of the National Institute of Tuberculosis and Respiratory Diseases (NITRD) in New Delhi, India. Through a structured questionnaire based on previous studies and theoretical frameworks, the study explored factors influencing HSB, including knowledge of the disease, awareness of treatment modalities, socio-economic status, and stigma associated with TB. The health education proved to be an effective method to enhance the HSB of the patients. The average number of appropriate responses rose to 80.3 in the post-education questionnaire, which was 35.1 in the pre-education questionnaire. The results indicated severe gaps in the knowledge of tuberculosis (TB) and emphasized how important it is to have suitable policies and keep enforcing them to improve patient outcomes.

The study evidently found a positive impact of the intervention by the health educators. Over 90% of the participants showed better knowledge of TB treatment in the post-education questionnaire. The average cumulative change, which was found to be 44.7%, justifies that effective communication between healthcare providers and healthcare seekers is crucial for better outcomes. Healthcare providers can enable patients to make well-informed choices about their treatment plans by providing them with clear and simple information. Patients show preventive behavior towards disease if they are informed about causation, symptoms, and treatment modalities (33). During the patient interviews, it was also noticeable that lack of health insurance and consequent financial constraints also hampered access to services. Healthcare should be equitable thus better policies targeted in favour of weaker communities should be implemented.

Furthermore, the interviews revealed the presence of stigma associated with TB, which discourages some individuals from seeking help. Combating this stigma requires

multifaceted interventions that raise awareness and promote empathy within communities.

The current study highlights valuable insights about the HSB of the study population, but it is also limited by certain facts. The findings cannot be completely generalized because of the small number of the study population. As seen most participants belonged to the lower socio-economic status, further studies can consider a wider spectrum of socio-economic status and comment on TB perceptions in higher strata. The knowledge gained immediately after educational intervention might not last in the memory of everyone. The use of mass communication media and SMS reminders can be helpful to periodically broadcast information.

In conclusion, the study shows that HSB for TB is complex and depends on various internal and external factors. The study undermines the importance of awareness, health equity, and TB perception to address HSB among TB patients. Healthcare providers and policymakers must address HSB through tailored strategies to ultimately improve the health outcomes of TB patients and reduce the overall disease burden.

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ANNEXURE 1

PARTICIPANT INFORMATION SHEET

- I. Title of study: ASSESSMENT OF HEALTH SEEKING BEHAVIOR IN PATIENTS
DIAGNOSED WITH TUBERCULOSIS AT NITRD-OPD – A QUESTIONNAIRE-
BASED STUDY
- II. Name of Investigator: DR. YATIN MALHOTRA
- III. Place of study: Room no.- 107, health education section, 1st floor, OPD, NITRD, New
Delhi
- IV. Introduction:
- You must understand why the research is being done and what it will involve. Please take your time to read through and consider this information carefully before you decide if you are willing to participate. Ask the study staff if anything is unclear or if you would like more information. After you are properly satisfied that you understand this study, and that you wish to participate, you must sign this informed consent form.
- Your participation in this study is voluntary. You do not have to be in this study if you do not want to. You may also refuse to answer any questions you do not want to answer. If you volunteer to be in this study, you may withdraw from it at any time. If you withdraw, any data collected from you up to your withdrawal will still be used for the study. Your refusal to participate or withdrawal will not affect any medical or health benefits to which you are otherwise entitled.
- V. What is the purpose of the study?
The purpose of this study is to assess and improve the healthcare-seeking behaviour of patients diagnosed with respiratory diseases at the National Institute of Tuberculosis and Respiratory Diseases, New Delhi.
- VI. What are the responsibilities of the participants in this study?
Participants should answer all the questions asked in the questionnaires, which will take about ten minutes of your time. You are free to decline to answer any of the questions that you feel uncomfortable with. All participants should be above 18 years of age.
- VII. Risks and benefits to the participants:
Participation in this study will not affect your treatment, and there is no risk involved. There will be no costs for participating, nor will you be compensated for participating. There may or may not be any benefits to you.
- VIII. Confidentiality of participant's data:
All your information obtained in this study will be kept and handled confidentially, in accordance with applicable laws and/or regulations. When publishing or presenting the study results, your identity will not be revealed without your expressed consent. Individuals involved in this study, qualified monitors and auditors, and governmental or regulatory authorities may inspect the study data, where appropriate and necessary.

ANNEXURE 2

INFORMED CONSENT FORM

By signing below, I confirm the following:

- I have been given oral and written information for the above study and have read and understood the information given.
- I have had sufficient time to consider participation in the study and have had the opportunity to ask questions and all my questions have been answered satisfactorily.
- I understand that my participation is voluntary, and I can at any time freely withdraw from the study without giving a reason and this will in no way affect my future treatment. I understand the risks and benefits, and I freely give my informed consent to participate under the conditions stated. I understand that I must follow the study doctor's (investigator's) instructions related to my participation in the study.
- I understand that study staff, qualified monitors and auditors, the sponsor or its affiliates, and governmental or regulatory authorities, have direct access to my medical record to make sure that the study is conducted correctly, and the data are recorded correctly. All personal details will be treated as STRICTLY CONFIDENTIAL.

Participant:

Signature:

OPD no:

Name:

Date:

Witness:

Signature:

Name:

ANNEXURE 3

प्रतिभागी सूचना पत्रक

- I. अध्ययन का शीर्षक: एनआईटीआरडी-ओपीडी से निदान किए गए मरीजों के स्वास्थ्य संबंधी व्यवहार का आकलन - एक प्रश्नावली-आधारित अध्ययन
- II. अन्वेषक का नाम: डॉ. यतिन मल्होत्रा
- III. अध्ययन के स्थान: कमरा नंबर- 107, स्वास्थ्य शिक्षा अनुभाग, पहली मंजिल, ओपीडी, एनआईटीआरडी, नई दिल्ली
- IV. परिचय:

आपको समझना होगा कि शोध क्यों किया जा रहा है और इसमें क्या शामिल होगा। कृपया यह निर्णय लेने से पहले कि आप भाग लेने के इच्छुक हैं या नहीं, कृपया अपना समय लें और इस जानकारी पर ध्यानपूर्वक विचार करें। यदि कुछ अस्पष्ट है या आप अधिक जानकारी चाहते हैं तो अध्ययन स्टाफ से पूछें। जब आप ठीक से संतुष्ट हो जाएं कि आप इस अध्ययन को समझते हैं, और आप इसमें भाग लेना चाहते हैं, तो आपको इस सूचित सहमति फॉर्म पर हस्ताक्षर करना होगा।

इस अध्ययन में आपकी भागीदारी स्वैच्छिक है। यदि आप नहीं चाहते तो आपको इस अध्ययन में शामिल होने की आवश्यकता नहीं है। आप ऐसे किसी भी प्रश्न का उत्तर देने से इंकार भी कर सकते हैं जिसका आप उत्तर नहीं देना चाहते। यदि आप स्वेच्छा से इस अध्ययन में शामिल होना चाहते हैं, तो आप किसी भी समय इससे हट सकते हैं। यदि आप निकासी करते हैं, तो आपकी निकासी तक आपसे एकत्र किया गया कोई भी डेटा अभी भी अध्ययन के लिए उपयोग किया जाएगा। आपके भाग लेने से इनकार करने या वापस लेने से किसी भी चिकित्सा या स्वास्थ्य लाभ पर कोई प्रभाव नहीं पड़ेगा जिसके आप अन्यथा हकदार हैं।
- V. अध्ययन का उद्देश्य क्या है?

इस अध्ययन का उद्देश्य नेशनल इंस्टीट्यूट ऑफ ट्यूबरकुलोसिस एंड रेस्पिरेटरी डिजीज, नई दिल्ली में श्वसन रोगों से पीड़ित रोगियों के स्वास्थ्य देखभाल संबंधी व्यवहार का आकलन और सुधार करना है।
- VI. इस अध्ययन में प्रतिभागियों की जिम्मेदारियाँ क्या हैं?

प्रतिभागियों को प्रश्नावली में पूछे गए सभी प्रश्नों का उत्तर देना होगा, जिसमें आपका लगभग दस मिनट का समय लगेगा। आप ऐसे किसी भी प्रश्न का उत्तर देने से इनकार करने के लिए स्वतंत्र हैं, जिसमें आप असहज महसूस करते हैं। सभी प्रतिभागियों की आयु 18 वर्ष से अधिक होनी चाहिए।
- VII. प्रतिभागियों के लिए जोखिम और लाभ:

इस अध्ययन में भाग लेने से आपके उपचार पर कोई प्रभाव नहीं पड़ेगा, और इसमें कोई जोखिम शामिल नहीं है। भाग लेने के लिए कोई लागत नहीं होगी, न ही भाग लेने से आपको कोई लाभ होगा। इससे आपको कोई लाभ हो भी सकता है और नहीं भी।
- VIII. प्रतिभागी के डेटा की गोपनीयता:

इस अध्ययन में प्राप्त आपकी सभी जानकारी लागू कानूनों और/या विनियमों के अनुसार गोपनीय रूप से रखी और संभाली जाएगी। अध्ययन के परिणामों को प्रकाशित या प्रस्तुत करते समय, आपकी सहमति के बिना आपकी पहचान उजागर नहीं की जाएगी। इस अध्ययन में शामिल व्यक्ति, योग्य मॉनिटर और लेखा परीक्षक, और सरकारी या नियामक अधिकारी, जहां उचित और आवश्यक हो, अध्ययन डेटा का निरीक्षण कर सकते हैं।

ANNEXURE 4

सूचित सहमति प्रपत्र

नीचे हस्ताक्षर करके, मैं निम्नलिखित की पुष्टि करता हूँ:

- उपरोक्त अध्ययन के लिए मुझे मौखिक एवं लिखित जानकारी दी गई है तथा मैंने दी गई जानकारी को पढ़ एवं समझ लिया है।
- मेरे पास अध्ययन में भागीदारी पर विचार करने के लिए पर्याप्त समय है और प्रश्न पूछने का अवसर मिला है और मेरे सभी प्रश्नों का संतोषजनक उत्तर दिया गया है।
- मैं समझता हूँ कि मेरी भागीदारी स्वैच्छिक है, और मैं बिना कोई कारण बताए किसी भी समय स्वतंत्र रूप से अध्ययन से हट सकता हूँ और इससे मेरे भविष्य के उपचार पर कोई असर नहीं पड़ेगा। मैं जोखिमों और लाभों को समझता हूँ, और मैं बताई गई शर्तों के तहत भाग लेने के लिए स्वतंत्र रूप से अपनी सूचित सहमति देता हूँ। मैं समझता हूँ कि मुझे अध्ययन में मेरी भागीदारी से संबंधित अध्ययन डॉक्टर (जांचकर्ता) के निर्देशों का पालन करना चाहिए।
- मैं समझता हूँ कि अध्ययन स्टाफ, योग्य मॉनिटर और ऑडिटर, प्रायोजक या उसके सहयोगी, और सरकारी या नियामक अधिकारियों की मेरे मेडिकल रिकॉर्ड तक सीधी पहुंच है ताकि यह सुनिश्चित किया जा सके कि अध्ययन सही ढंग से आयोजित किया गया है और डेटा सही ढंग से दर्ज किया गया है। सभी व्यक्तिगत विवरण पूरी तरह से गोपनीय माने जाएंगे।

प्रतिभागी:

हस्ताक्षर:

ओपीडी नंबर:

नाम:

तारीख:

गवाह:

हस्ताक्षर:

नाम:

ANNEXURE 5

PRE-EDUCATION QUESTIONNAIRE

Full Name:

Age:

Sex:

OPD ticket no.:

Current residence:

Permanent residence:

Marital status:

Socio-economic status:

Education	Score
Professional Degree	7
Graduate	6
Intermediate/diploma	5
High school	4
Middle school	3
Primary school	2
Illiterate	1

Occupation	Score
Legislator, senior official, manager	10
Professional	9
Technician/associate professional	8
Clerk	7
Skilled worker, market salesperson	6
Skilled agricultural and fishery worker	5
Craft and related trade work	4
Plant and machine operators and assemblers	3
Elementary occupation	2
Unemployed	1

Monthly income	Score
≥146,104	12
109,580 – 146,103	11
73,054 – 109,579	10
68,455 – 73,053	9
63,854 – 68,454	8
59,252 – 63,853	7
54,651 – 59,251	6
45,589 – 54,650	5
36,527 – 45,588	4
21,914 – 36,526	3
7,316 – 21,913	2
≤7,315	1

Total score	Socio economic class
26 - 29	Upper (I)
16 - 25	Upper middle (II)
11 - 15	Lower middle (III)
5 - 10	Upper lower (IV)
<5	Lower (V)

1. Do you know what disease you have?

YES

☐

NO

☐

2. Do you seek professional help for every ailment?

☐☐

3. Do you follow precautionary behaviour when required?

☐☐

4. Do you indulge in physical activity keeping personal fitness in mind?

☐☐

- | | | |
|--|--------------------------|--------------------------|
| 5. Do you have health insurance? | ☐ | ☐ |
| 6. Do you know about the causation of your disease? | ☐ | ☐ |
| 7. Do you know complications of your disease? | ☐ | ☐ |
| 8. Does your disease affect your social, professional or personal life? | ☐ | ☐ |
| 9. If preventive measures were known to you earlier, do you think you could prevent the disease? | ☐ | ☐ |
| 10. Do you know any measures to prevent the spreading of the disease? | ☐ | ☐ |
| 11. Are you aware of govt. health schemes regarding your disease? | ☐ | ☐ |
| 12. Are you aware of govt. centres in your area providing healthcare services? | ☐ | ☐ |
| 13. Are you aware of the medications to be taken? | ☐ | ☐ |
| 14. Are you aware of centres to procure free/subsidized medications? | ☐ | ☐ |
| 15. Are you aware of lifestyle modifications required after diagnosis of your disease? | ☐ | ☐ |

ANNEXURE 6

POST EDUCATION QUESTIONNAIRE

	YES	NO
1. Do you know what disease you have?	☐	☐
2. Do you seek professional help for every ailment?	☐	☐
3. Do you follow precautionary behaviour when required?	☐	☐
4. Do you indulge in physical activity keeping personal fitness in mind?	☐	☐
5. Do you have health insurance?	☐	☐
6. Do you know about the causation of your disease?	☐	☐
7. Do you know complications of your disease?	☐	☐
8. Does your disease affect your social, professional or personal life?	☐	☐
9. If preventive measures were known to you earlier, do you think you could prevent the disease?	☐	☐
10. Do you know any measures to prevent the spreading of the disease?	☐	☐
11. Are you aware of govt. health schemes regarding your disease?	☐	☐
12. Are you aware of govt. centres in your area providing healthcare services?	☐	☐
13. Are you aware of the medications to be taken?	☐	☐
14. Are you aware of centres to procure free/subsidized medications?	☐	☐
15. Are you aware of lifestyle modifications required after diagnosis of your disease?	☐	☐

ANNEXURE 7

शिक्षा पूर्व प्रश्नावली

पूरा नाम:

आयु:

लिंग:

ओपीडी टिकट नंबर:

वर्तमान निवास:

स्थायी निवास:

वैवाहिक स्थिति:

सामाजिक-आर्थिक(26)

शिक्षा	
व्यावसायिक उपाधि	7
इंटरमीडिएट/डिप्लोमा	6
इंटरमीडिएट/डिप्लोमा	5
हाई स्कूल	4
मिडिल स्कूल	3
प्राथमिक स्कूल	2
निरक्षर	1

पेशा	
विधायक, वरिष्ठ अधिकारी, प्रबंधक	10
पेशेवर	9
तकनीशियन/सहयोगी पेशेवर	8
लिपिक	7
कुशल श्रमिक, बाजार विक्रेता	6
कुशल कृषि एवं मत्स्य श्रमिक	5
शिल्प एवं संबंधित व्यापार कार्य	4
प्लांट और मशीन ऑपरेटर और असेंबलर	3
प्राथमिक व्यवसाय	2
बेरोज़गार	1

प्रति माह पारिवारिक आय (रु.)	
≥146,104	12
109,580 – 146,103	11
73,054 – 109,579	10
68,455 – 73,053	9
63,854 – 68,454	8
59,252 – 63,853	7
54,651 – 59,251	6
45,589 – 54,650	5
36,527 – 45,588	4
21,914 – 36,526	3
7,316 – 21,913	2
≤7,315	1

कुल स्कोर	सामाजिक आर्थिक वर्ग
26 - 29	Upper (I)
16 - 25	Upper middle (II)
11 - 15	Lower middle (III)
5 - 10	Upper lower (IV)
<5	Lower (V)

हाँ नहीं

1. क्या आप जानते हैं कि आपको कौन सी बीमारी है?

☐ ☐

2. क्या आप हर बीमारी के लिए पेशेवर मदद लेते हैं?

☐ ☐

- | | | |
|--|--------------------------|--------------------------|
| 3. क्या आप आवश्यकता पड़ने पर एहतियाती व्यवहार का पालन करते हैं? | ☐ | ☐ |
| 4. क्या आप व्यक्तिगत फिटनेस को ध्यान में रखते हुए शारीरिक गतिविधि में शामिल होते हैं?(8) | ☐ | ☐ |
| 5. क्या आपके पास स्वास्थ्य बीमा है? | ☐ | ☐ |
| 6. क्या आप अपनी बीमारी के कारण के बारे में जानते हैं? | ☐ | ☐ |
| 7. क्या आप अपनी बीमारी की जटिलताओं को जानते हैं? | ☐ | ☐ |
| 8. क्या आपकी बीमारी आपके सामाजिक, व्यावसायिक या व्यक्तिगत जीवन को प्रभावित करती है? | ☐ | ☐ |
| 9. यदि आपको पहले से ही निवारक उपायों के बारे में पता होता, तो क्या आपको लगता है कि आप बीमारी को रोक सकते थे? | ☐ | ☐ |
| 10. क्या आप इस बीमारी को फैलने से रोकने के लिए कोई उपाय जानते हैं? | ☐ | ☐ |
| 11. क्या आप अपनी बीमारी के बारे में सरकारी स्वास्थ्य योजनाओं से अवगत हैं? | ☐ | ☐ |
| 12. क्या आप अपने क्षेत्र में स्वास्थ्य सेवाएं प्रदान करने वाले सरकारी केंद्रों से अवगत हैं? | ☐ | ☐ |
| 13. क्या आप ली जाने वाली दवाओं के बारे में जानते हैं? | ☐ | ☐ |
| 14. क्या आप मुफ्त/सब्सिडी वाली दवाएँ खरीदने वाले केंद्रों के बारे में जानते हैं? | ☐ | ☐ |
| 15. क्या आप अपनी बीमारी के निदान के बाद आवश्यक जीवनशैली में बदलाव के बारे में जानते हैं? | ☐ | ☐ |

ANNEXURE 8

शिक्षा के बाद प्रश्नावली

	हाँ	नहीं
1. क्या आप जानते हैं कि आपको कौन सी बीमारी है?	☐	☐
2. क्या आप हर बीमारी के लिए पेशेवर मदद लेते हैं?	☐	☐
3. क्या आप आवश्यकता पड़ने पर एहतियाती व्यवहार का पालन करते हैं?	☐	☐
4. क्या आप व्यक्तिगत फिटनेस को ध्यान में रखते हुए शारीरिक गतिविधि में शामिल होते हैं?	☐	☐
5. क्या आपके पास स्वास्थ्य बीमा है?	☐	☐
6. क्या आप अपनी बीमारी के कारण के बारे में जानते हैं	☐	☐
7. क्या आप अपनी बीमारी की जटिलताओं को जानते हैं?	☐	☐
8. क्या आपकी बीमारी आपके सामाजिक, व्यावसायिक या व्यक्तिगत जीवन को प्रभावित करती है?	☐	☐
9. यदि आपको पहले से ही निवारक उपायों के बारे में पता होता, तो क्या आपको लगता है कि आप बीमारी को रोक सकते थे?	☐	☐
10. क्या आप इस बीमारी को फैलने से रोकने के लिए कोई उपाय जानते हैं?	☐	☐
11. क्या आप अपनी बीमारी के बारे में सरकारी स्वास्थ्य योजनाओं से अवगत हैं?	☐	☐
12. क्या आप अपने क्षेत्र में स्वास्थ्य सेवाएं प्रदान करने वाले सरकारी केंद्रों से अवगत हैं?	☐	☐
13. क्या आप ली जाने वाली दवाओं के बारे में जानते हैं?	☐	☐
14. क्या आप मुफ्त/सब्सिडी वाली दवाएँ खरीदने वाले केंद्रों के बारे में जानते हैं?	☐	☐
15. क्या आप अपनी बीमारी के निदान के बाद आवश्यक जीवनशैली में बदलाव के बारे में जानते हैं?	☐	☐

ANNEXURE 9



EPABX: EPABX: 91-11-69027100
Fax: 0091-11-2651 7834, 2656 8227
Website: www.nitrd.nic.in
Email: sa-nitrd@nic.in, rk.dewan@nitrd.nic.in

National Institute of Tuberculosis and Respiratory Diseases
(Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)
Sri Aurobindo Marg, Near Qutub Minar, New Delhi 110030

NITRD/RC/ 2548

Dated: 28/2/24

To

Dr. Yatin Malhotra
IIHMR University, Jaipur

Dear Dr. Yatin Malhotra

This is to inform you that the research proposal titled "Assessment of Health Seeking Behaviour in Patients Diagnosed with Tuberculosis at NITRD-OPD-A Questionnaire- Based Study" was discussed in the meeting of Research committee held on 20.02.2024 and following are the recommendations.

Approved

Please Note

- This Research Protocol would now be forwarded the Institute ethical committee for clearance

With sincere regards

Devika
Dr. Devika Tayal
In-charge Research Cell

Copy to :

- Dr. Khalid Umer Khayyam

• Dr. Yatin Malhotra 6638@iihmr.ac

ANNEXURE 10



राष्ट्रीय क्षय एवं श्वसन रोग संस्थान

(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन एक स्वायत्तशासी निकाय)

श्री अरविंद मार्ग, कुतुब मीनार के निकट, नई दिल्ली 110030

National Institute of Tuberculosis and Respiratory Diseases

(Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)
Sri Aurobindo Marg, Near Qutub Minar, New Delhi 110030

No. NITRD/PGEC/2024/ 1476

Dated: 28.03.2024

Dr Yatin Malhotra
IIHMR University
Jaipur

Sir,

The Post Graduate Ethics Committee in its meeting held on **21.03.2024** reviewed the following research protocol and have given the following comments:-

Title : "Assessment of health seeking behavior in patients diagnosed with Tuberculosis at NITRD-OPD . A questionnaire-based study"

The following members of the Post Graduate Ethics Committee were present:

Name	Designation/ Title	Affiliation to the Institution Yes/ No	Present/ Absent
Dr. K.K. Chopra	Chairperson	No	Present
Dr. Sanjay Gupta	Member	yes	Present
Dr Prabhpreet Sethi	Member Convener	yes	Present
Sri Santosh Srivastava	Member	No	Present
Dr. Manpreet bhalla	Member Convener	yes	Present
Dr. Alok Yadav	Member	yes	Present

Recommendations

Approved...

Yours faithfully,

(Dr. Prabhpreet Sethi)
Specialist (SAG) and
Member Convener – Post Graduate Ethics Committee

Copy to : Dr. Devika Tayal, Incharge – Research Cell...

Chief Co-ordinator
Academic
NITRD
New Delhi

ANNEXURE 11

File No.AS-13011/3/2023-Academic Section

I/10603/2024

1.



EPABX: 91-11-69027100, 2651 1793, 2685 4922.
2685 4929, 2651 7830
Fax: 0091-11-2651 7834, 2656 8227
Website: www.nitrd.nic.in
Email: sa-nitrd@nic.in, s.gupta@nitrd.nic.in

National Institute of Tuberculosis and Respiratory Diseases

(Autonomous Institute under the Ministry of Health & Family Welfare, Government of India)

Sri Aurobindo Marg, Near Qutub Minar, New Delhi 110030

No. I/10603/2024

Dated: 06/01/2024

OFFICE ORDER

This is in reference to his request letter dated 14/12/2023, Sh. Yatin Malhotra S/o Dr. Yash Pal Malhotra, a bonafied student of the Master of Public Health Programme (MPH Cohort-10, Session 2022 – 2024) at IIHMR University, SD Gupta, School of Public Health, Jaipur, is hereby informed that his request has been accepted by the competent authority and he is allowed to undertake 160 hrs of internship training in the NTEP programme in the Department of Epidemiology and Public Health of this Institute.

He is required to report Dr. U. K. Khalid, Epidemiologist (SAG) and I/c Academic Cell, NITRD, for further necessary action in the matter.

This issues with the approval of the Director.


ADMINISTRATIVE OFFICER

A copy of the above is forwarded to:-

1. Director's Office - for kind information of the Director.
2. Chief Medical Officer (SAG), Administration & HOD (TB&RD)
3. HOD, Hospital Administration
4. Asstt. Medical Superintendent
5. HOD, Department of Epidemiology and Public Health
6. I/c Academic Cell
7. Dr. Seema Mehta, Professor & Faculty Incharge, Master of Public Health Programme, IIHMR University, SD Gupta, School of Public Health, 1, Prabhu Dayal Marg, Sanganer Airport, Jaipur-802029 (Email: sdgsph@iihmr.edu.in).
8. Dr. Yatin Malhotra, a bonafied student of the Master of Public Health Programme (MPH Cohort-10, Session 2022 – 2024), IIHMR University, SD Gupta, School of Public Health, 1, Prabhu Dayal Marg, Sanganer Airport, Jaipur-802029.
9. Office Copy


ADMINISTRATIVE OFFICER

ANNEXURE 12

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by Yatin Malhotra

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