PRIVATE SECTOR INVOLVEMENT IN TUBERCULOSIS CONTROL IN CHANDIGARH

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Summary
Background: Private practitioners in India treat a substantial proportion of the TB cases. The present study is an attempt to find out the extent of private sector involvement in the control of tuberculosis in the Union Territory of Chandigarh.

Methodology: The study was conducted in Union Territory of Chandigarh, during 2003-04. This study was a cross-sectional study involving 20 per cent of private practitioners practising allopathic system of medicine in Chandigarh. A questionnaire was used for collection of data after pre-testing.

Results: Out of 114 doctors interviewed, 71 per cent dealt with TB patients. In response to a question as to how many sputum samples were required for routine microscopy, 72 per cent stated 3 samples but only 6 per cent knew the correct timing of sputum collection. 8.6 per cent of the practitioners followed the recommended guidelines of RNTCP treatment. As to reasons for not following the standard guidelines, 46.6 per cent said that they were not aware of these guidelines. About 82 per cent were willing to be partners for implementation of RNTCP. A case history was given to practitioners to assess their knowledge regarding DOTS. It was observed that only 7.8 per cent knew the correct dosage and 21 per cent knew the correct duration of treatment.

Conclusion: Knowledge of private practitioners regarding RNTCP and DOTS strategy was poor and they were not following recommended guidelines for control of tuberculosis, but they were willing to participate in the programme.

Key Words: Tuberculosis, Private practitioner, Knowledge, RNTCP, TB.

INTRODUCTION

The private sector accounts for 82 per cent of all out patient visits at the all India level, with no significant variations by income group. Suspected TB patients also first approach private sector. Private practitioners in India treat over half of the TB cases. In many parts of India, the private sector has still remained alienated from DOTS implementation; hence case detection has remained low in many of these regions. Unfortunately, case management practices in the private sector overly rely on X-ray and treatments too often are based on unproved and untested regimens.

For national programme to broaden its reach and have maximal impact, the involvement of private practitioners assumes great importance. It is one of the big challenges to policy makers in India to ensure their participation, which is intimately linked with the success of the programme. Hence, present study is an attempt to observe the extent of the private sector involvement in implementation of Revised National Tuberculosis Control Programme (RNTCP) in the Union Territory of Chandigarh.

MATERIAL AND METHODS

The study was done in the Union Territory of Chandigarh during the year 2003 - 04. This was a cross-sectional study involving 20% of the private practitioners, who are practising allopathic system of medicine in Chandigarh. Since the data about the involvement of private practitioners in RNTCP for Chandigarh was not available when the study was planned, a sample of 20% practitioners was taken randomly for further study. A list of all doctors practising in allopathic system of medicine was obtained from the Indian Medical Association (IMA), Chandigarh branch. A questionnaire was used after...
pre-testing. The questionnaire had two parts – information on management of tuberculosis and the other on case history. The first part sought information regarding methods of diagnosis, how many samples of sputum are required, knowledge on treatment categories and any training received under RNTCP, provision of treatment under supervision, reasons for not following recommended guidelines and if given an opportunity would they like to be a partner for implementation of RNTCP. The second part on case history was to assess their knowledge regarding treatment protocol and drug dosage of anti-tubercular therapy under the RNTCP guidelines and the authenticity of the information provided.

A field worker visited a private practitioner with prior appointment. After taking his/her consent, he gave the questionnaire to collect the relevant information. A case history was given to each practitioner to assess his or her current management practices and check the authenticity of the information provided. The history was about a 35-year old male, weighing 60 kg, with a 3 weeks’ history of cough with expectoration and mild fever, positive history of contact with a TB case. The chest X-ray showed hilar lymphadenopathy with consolidation of medial basal segment. The doctor put this patient on ATT with HRZE drugs. Questions pertaining to management of that case were put forth.

The data was entered into a computer for further analysis. Statistical analysis was done by using Epi Info 2000. Proportions of different variables were calculated and compared.

RESULTS

Out of 114 doctors interviewed, 59.6% were males and 40.4% females. About one fourth (24%) were doing private practice for less than 5 years, 25% for 5-10 years and 51% for more than 10 years. The profile of respondents is given in Table 1. Of all, 71% dealt with TB patients in their routine practice. Only 8.6% registered tuberculosis patients and send this information to District Tuberculosis Centre. About 95% doctors stated that they did not have any TB patients registered with them at the time of interview.

About 29 (35%) practitioners dealing with TB patients, have their own laboratory facilities for diagnosis of TB patients. Out of them, 55% had X-ray facilities and 45% had laboratory facility to do sputum examination for acid-fast bacilli (AFB). Out of 52 (65%) practitioners who do not have laboratory facilities in their clinic, 73% send tuberculosis patients to private laboratories for diagnosis, 17% send them to District Tuberculosis Centre for diagnosis and only 3% send them to nearest government hospital. About 72% stated that 3 sputum samples should be taken routinely for sputum microscopy, but only 6% told the correct timing of sputum collection i.e. spot - morning - spot. The response of the private practitioners about the diagnosis of tuberculosis patients is given in Table 2.

In response to how to diagnose a case of tuberculosis, 40% of the practitioners said that X-ray was their first priority for diagnosis. Majority (65%) of practitioners said X-ray and single sputum positive for AFB is required for confirmation of the disease. Only 2% said that 2 samples of sputum positive for (AFB) were needed for confirmation of tuberculosis. Only about one third (33%) said the name for national programme for tuberculosis as Revised National Tuberculosis Control Programme

<table>
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<tr>
<th>Variables</th>
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<tr>
<td>MD</td>
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<tr>
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<td>&gt; 10 years</td>
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*DM, DNB, FRCP, etc.
(RNTCP). About 17% of the participants had received training under National Tuberculosis Programme. Out of this 17% received training under RNTCP, 50% followed these guidelines for treatment. While comparing with total population of private practitioners who deal with TB patients, only 8.6% followed the recommended RNTCP guidelines. About 11% practitioners said that they knew about various treatment categories under RNTCP but only 4% could specify three categories. The knowledge of private practitioners regarding management of tuberculosis cases is given in Table 2.

Only 15% of the private practitioners provide supervised treatment to TB patients, and the treatment was provided by the practitioner himself (50%), family members (33%) and the clinic staff (17%). About the reasons for not following the national TB treatment guidelines, 47% said that they were not aware and 10% said that they thought that the guidelines were only for government doctors.

About 69% strongly agreed, 30% agreed and only 1% strongly disagreed that involvement of private practitioners is important for control of TB in India. About 82% of private practitioners expressed their willingness to be partners for implementation of national TB control programme.

A case history was given to them to assess management practices and to test the authenticity of the answers they had provided. About 94% of the practitioners said that the patient should have been investigated further and 63% agreed with the therapy provided. Only 7.8% knew the correct dosage of Rifampicin, Isoniazide, Pyrazinamide and Ethambutol and 21% knew the correct duration of treatment.

**DISCUSSION**

The RNTCP is being primarily implemented through the Government network of institutions and health providers. Several studies have suggested that roughly 50% of the population sought medical care from the Private Sector in India²,³. This aspect needs further research as to why patients prefer to go to private practitioners first. The RNTCP, therefore, cannot hope to achieve major successes unless public-private mix is a success.

It was found in the present study that only 8% of the private practitioners send the information to District Tuberculosis Centre. This finding is consistent with the finding of a study from Pakistan where this rate was 6% and another study further pointed out that private practitioners rarely report TB cases to the relevant national health authorities and are generally not involved in national TB control programmes⁴,⁵. About 20% of the private practitioners send their patients for diagnosis to district tuberculosis centre and nearest government hospitals.

Still, 40% of the practitioners in Chandigarh stated that X-ray was their first priority for diagnosis while 65% said X-ray and single sputum specimen positive for AFB were required for confirmation of the disease. This is less than the 75% shown by another study⁶. Two thirds of practitioners had no idea about the name of the national programme for
tuberculosis in India. A merely 3% knew about the three treatment categories in tuberculosis management. This indicates the poor level of awareness among the practitioners.

The majority (88.4%) of private practitioners were not aware of, or were not prescribing the treatment regimen recommended by the RNTCP. This finding is substantiated by various studies in India. A study in Maharashtra found that many private doctors prescribe wrong TB drugs and they were not providing supervised treatment. A study conducted in Delhi had demonstrated that only 29.4% of the private practitioners were using the regimen recommended by the RNTCP. Only 7.8% knew the correct dosage combination of anti-tubercular treatment. This indicates that they are prescribing inappropriate treatment regimens for management of tuberculosis patient. A study in Maharashtra showed that 100 private doctors prescribed 80 different regimens, most of which were both inappropriate and expensive.

A study has shown that many reasons could be attributed to the diagnostic delay and improper management of tuberculosis patients in the private sector. These were lack of awareness of recommended best practice, due to outdated information sources, and lack of access to reliable and up to date evidence; increased likelihood of private practitioners to be working alone along with promotional literature from pharmaceutical companies. These results also substantiate many of our findings.

Majority of private practitioners are not aware of or not prescribing the treatment regimen recommended by the RNTCP and the majority of patients are being improperly treated or over-treated. There is a lack of emphasis on proper supervised treatment provision. They need periodic training, and more collaborative efforts are required between public health facilities and practising doctors for control of tuberculosis. It was observed that half of the practitioners who had received training were following RNTCP guidelines as compared to 8.6% of those who did not receive training. Anti-tubercular drugs can be provided through the private practitioners after imparting necessary training to them. District Tuberculosis Centre should also develop partnership with local NGOs. This could be achieved by extending public private mix (PPM) under RNTCP to more areas and its effective implementation as per local needs.

Although the study revealed gaps and weaknesses in the private doctors reported practice of managing tuberculosis, it was observed that majority of the private practitioners wanted to be a part of RNTCP. This willingness could be utilized properly for building public private partnership for control of tuberculosis in Chandigarh.

Impact on Policy Makers

After the study, a dialogue was established with the State Tuberculosis Officer (STO), Chandigarh. Since RNTCP was implemented in Chandigarh from January 2002, and the study was conducted in 2003, it was not expected that there would be a substantial change in attitude / participation of private practitioners. However, after discussion with State Tuberculosis Officer, training sessions were organized for the private practitioners. The initial response after training has been found to be very encouraging. Till 31st March 2005, 131 private practitioners have been involved in tuberculosis control in Chandigarh.

REFERENCES


