INTRODUCTION
Over the past few years, tuberculosis has come to acquire a centre-stage in the policy making of international organisations like the World Bank and WHO. The apparent resurgence of TB even in the industrialised nations like the USA, and the growing instances of its multi-drug resistance and deadly combination with HIV/AIDS, have probably shown to these apex organisations the urgent need for management and control of tuberculosis. Thus, WHO raises alarm about TB becoming a ‘global epidemic’ and millions of dollars are being channelised to propagate and make the DOTS strategy universal and most effective. This is especially the case with the South-East Asian regions, including India, which together have the dubious distinction of bearing the heaviest burden of TB globally.

As a response to such international concerns which also have had their significant impact at national and local levels, varied researches have been done in India. However, despite such recent surge of interest, most of the works still remain confined to quantitative study or have more to do with concepts and technicalities than to deal with the concrete experiences of patients and non-patients, their feelings, perceptions and attitude towards TB and its control programme.

It is in this context that the present study, entitled ‘Health Behaviour of Urban Slum Dwellers of Delhi towards Tuberculosis - A Sociological Study’ becomes relevant. Here an attempt has been made to
understand sociologically the health behaviour of urban slum dwellers of Delhi, both patients and non-patients, toward tuberculosis and its control programmes. In other words, efforts have been made to examine what the understanding, perceptions, beliefs and expectations of general slum population are about tuberculosis and about those who suffer from it, and how such perceptions, understandings and beliefs influence the attitude and treatment-seeking behaviour of patients. Secondly, how do the patients themselves perceive and think about the disease, its causation and treatment. Are they able to understand the treatment regimens and the differences within them under the National Tuberculosis Programme (NTP) and the Revised National Tuberculosis Control Programme (RNTCP). Do they understand the much advertised 'DOTS' and the linked 'policing' of their behaviour? How do they react to such strategy and what is their experience about it.

Thirdly, within this overall behavioural study, there is also an attempt to explore the gender dimensions involved. This is particularly to see whether the perceptions, experience and expectations of the general slum population and those of patients vary on gender line, and how much of them could be understood in terms of the specificity of urban slum environment and/or general socio-cultural and economic milieu of the Indian society. In addition, as a logical corollary, one has tried to assess the
behaviour of health providers, both public and private, vis-a-vis, the disease of tuberculosis, its treatment process and seekers of the treatment.

Human behaviour is the collective manifestation of the interplay of varied forces in society and, therefore, has to be seen in totality against the backdrop of overall socio-economic and cultural environment. It is here that social sciences in general, and sociological insights and imaginations emanating from the discipline of Sociology, in particular, become significant. Sociological imagination has enabled one to see and understand the problem of poverty prevalent in the slum areas, it has sensitized one to look beyond the four walls of patriarchy and make sense of the gender questions and issues involved. It has also, in a way, enabled one to see the gap between the people at the receiving end and the health providers as well as the policy makers. Health behaviour otherwise is usually the subject of psychology where psychological tools and techniques to measure perception, attitude and beliefs are involved. This however is not the case with the present study.

As it is clear from above, this is essentially a qualitative study and engages more in what, why and how than in pure statistical analysis. In other words, emphasis is more on interpretation here than on quantification. This does not, however, mean that quantitative methods have completely been neglected. Wherever necessary, one has taken help of
quantitative methods but it acts more as supplementary components of the study. Broadly, the methods adopted in this study are observation, record checking, focus group discussion, case studies and in-depth interviews with semi-structured interview schedules containing largely open-ended and multiple response questions. The general slum dwellers (non-patients) of the study areas, all pulmonary tuberculosis patients registered for treatment at the Area tuberculosis centre. (ATCs) of the slums during a specified period of time and the health providers (private and public) involved in treatment of TB in the slums, provided the source of data for the present study. The collected data has been presented both in verbatim and tabular form (making use of statistical tools like chi-square) against the backdrop of prevailing socio-economic conditions of the slum.

The sample areas for the study are the two jhuggi-jhopri colonies of Delhi, namely Govindpuri where NTP was in operation at the time of data collection, and the Wazirpur area, where RNTCP was launched as the Pilot Project in 1993. While these two areas largely represent the typical case of a slum situation with extremely unhealthy living conditions, by virtue of having two different tuberculosis control programmes in their localities, it was possible to have varied views about the disease and the treatment programmes. In other words, based on the study of these two areas, one is also able to see the interesting differences that may (or may not) exist
between the views, experiences, and attitude of the people in the two areas, and the health providers around them.

This work makes a modest attempt to fill the gap that exist because of the lack of adequate qualitative studies. The present research is also significant in some other ways. For example, it provides an opportunity to understand tuberculosis, its causes and effect, the government's policies and programmes, the health provider's role and the problems involved, from the people's perspective. One feels that the slum dwellers are largely the main sufferers of TB in urban areas and the ones on whom Tuberculosis Control Programme are being implemented, and are also the best people to evaluate the services delivered. And, therefore, there is a lot to learn from them. This also helps in shedding light on the felt needs of the people, which in today's lexicon is called 'needs assessment'.

CHAPTERISATION

The findings of the present study has been presented thematically in the form of six chapters. After Introduction is the chapter on Review of Literature which has dealt primarily with slums, the health problems of the slum dwellers and the situation of tuberculosis and its control in India. The first chapter begins with the larger processes of urbanisation with slums as its corollaries, the different nature and types of slums in the world and in India, the existing health scenario in the slums, the increasing stress on the
problem of tuberculosis at national and international levels, the heritage of tuberculosis work in India, an evaluation of the national control programme on tuberculosis and the need for the Revised programme, the different critical viewpoints regarding the Revised TB control programme and the various social research studies conducted on the problem of TB in India. The chapter ends with highlighting the inadequacy of qualitative researches on the social aspects of TB, particularly in the urban areas, and hence the need for the present study.

The second chapter describes the design of the study. Beginning with a brief overview about the research design, the chapter raises a number of research questions which follows naturally from the review of literature. The research questions have then been concretised in the form of general and the specific objectives of the study which is followed by a detail description of the methodology adopted in the study including the selection of the study areas, the study population and the tools of data collection. The manner in which the data has been analysed and presented as well as the possible limitations of the study have also been given in this chapter.

The results of the study begin with the third chapter, i.e. Profile of the Study Areas and the Study Population. A profile of Delhi slums has been given in this chapter which is followed by a detail description of the physical environment of the study areas. This includes the different aspects
like the housing pattern, essential civic services, the educational facilities and the health care services system, particularly the TB treatment facilities. Socio-economic features of the study population like religion, place of migration, age, education, occupation, family size and structure, links with village etc. have also been presented in this chapter.

The fourth chapter provides a picture of the level of awareness of the slum dwellers, both patients and the non-patients, about TB and its control programme. This has been understood in terms of their ability to recognise the disease on the basis of its symptoms, their beliefs about the causes, spread and the curability of the disease and their knowledge regarding the method, source and duration of its treatment.

The fifth chapter deals with the interaction of patients with the health providers. The chapter begins with an effort to understand the help-seeking practices of the study population for minor illnesses and for chest symptomatics. The first source of help, the source of diagnosis of the disease, the process of ‘shopping for treatment’ undergone by the patients, the compliance and the non-compliance behaviour of the patients have been discussed in detail in this chapter. The factors responsible for non-compliance have been analysed against the backdrop of the functioning of the Area tuberculosis centres (ATCs) and the attitude of the patients towards the DOTS strategy. However, besides the viewpoints of the
beneficiaries (patients), the perspective of the health providers (both public and the private) has also been given to provide a holistic picture regarding the interaction of patients with the health service system.

The *sixth chapter* has brought out the various gender differences in the health behaviour of the study patients. Differences found in certain features of the study population, their awareness and ignorance about causes and spread of the disease, their compliance behaviour and the general social acceptability of men and women TB patients have been presented in this chapter. These differences and the possible reasons for it have been analysed in the background of the existing socio-economic milieu of the society.

The study ends with the summary and conclusion where the major findings of the study have been summarised and a few broad conclusions have been drawn.

Although doubts may be raised as to how far an individual research study can help in mitigating the sufferings of the slum dwellers, nevertheless, by making them the subject of the study and having raised several questions and issues, it is hoped that in some form or the other, the present research has worked towards empowering them and enabling them to seek the answers themselves.