SUMMARY

The principle objective of this case-control study was to identify some demographic, socio-economical and biological factors associated with pulmonary Tuberculosis. 93 cases of pulmonary TB in patients aged 30 years and above, presenting at the Chest Clinic, Galle,was compared with age, sex, matched same number of controls admitted to surgical units at Teaching Hospital, Karapitiya, during the same period of time.

Interviewer administered structured questionnaire was used to collect data from the subjects. Overall association between tuberculosis with some selected variables were elicited using chi-square test of significance. Risk analysis was carried out in the two major age groups (30 to 59 year and 60 years and above) using a matched odd and Mc-Nemars test.

There was statistically significant association between tuberculosis and education level ($P<0.01$) (Table 5.6). However education level of grade 8 and lower was not found to be a risk factor associated with TB in age group 60 and above ($P>0.05$)(Table 5.20).

Majority of cases had monthly income of Rs.3000/= and below. There was statistically significant association between TB and income level (P<0.001)(Table 5.9). However monthly income of equal or less than Rs. 3000/= was not found to be a risk factor associated with TB in both age group (Table 5.19 and 5.20).

Statistically significant associations was observed between TB on housing status (P<0.05)(Table 5.11).

Statistically significant association was found between cases and controls and two composite indices (luxury item index (P<0.01) and composite social class index(P<0.01)). Bivariate analysis revealed luxury item index 0-5 as a risk factor in TB in both age groups (Table 5.19 and 5.20). Social class, lower and middle were identified as a risk associated with TB in age group 30 to 59 years (OR=4, P<0.01).

There was statistically significant association between TB on contact history of TB in total sample (P<0.05) (Table 5.15). In bivariate analysis, positive contact history was found to be a risk factor associated with TB in age group 30-69 years (OR=4.8, P<0.001)(Table 5.19).

Alcohol habits was not found to be a risk associated with TB in both age groups. However there was a overall significant association between TB and alcohol habits (P<0.001)(Table 5.14).

Two medical diseases investigated in the study were Branchial Asthma and Diabetic mellitus. Bronchial Asthma was identified as a risk factor associated with TB in both age group (Table.5.19 and 5.20). There was no significant association between TB on Diabetes Mellitus (P>0.05)(Table 5.16). Furthermore, in the bivariate analysis, Diabetics Mellitus was not found to be a risk factor associated with TB (Table 5.19 and 5.20).

There was no significant association between TB and the following variables viz. Ethnicity (Table 5.3), Religion (Table 5.4), Area of residence, Table 5.5) occupation (Table 5.7), marital status (Table 5.8) and habit of smoking (Table 5.13).

Of those variables, the bivariate analysis, revealed areas of residence as a risk factor in age group 30-59 years (OR = 2.5, P<0.05)(Table 5.19) and ex-smoker and smokers as a risk factor in age group 60 years and above (OR=4, P<0.05)(Table 5.20).