



TUBERCULOSIS; PATIENTS KNOWLEDGE, ATTITUDE AND PERCEPTIONS

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ABSTRACT... Tuberculosis is one of the major public health problems in Pakistan. Pakistan ranks fifth amongst TB high-burden countries worldwide and accounts for 61% of the TB burden in the WHO Eastern Mediterranean Region. **Objectives:** To describe knowledge, attitudes, and perceptions among the patients of pulmonary tuberculosis about their disease attending outpatient department at independent university hospital Faisalabad. **Study Design:** A descriptive cross-sectional study. **Period:** August to September 2014. **Setting:** Out patients department at Independent University Hospital Faisalabad. **Methods:** A total of 197 patients from OPD. Systematic random sampling technique. After an informed consent a pretested questionnaire were used to collect the information from the patient. SPSS-17 were used to calculate the frequencies and percentages. **Results:** Out of 197 respondents were 55.3% (109) male, 44.7% (88) female and 63% (125) were earning below 10000 rupees per month. As for as knowledge is concerned 50% of the patients viewed that TB is transmitted through contact with the patients having tuberculosis, 83% labelled cough of long duration as commonest sign, 60% viewed that it can be prevented by avoiding contact with patients, 57% labeled healthcare staff as their source of information, 65.9% perceived TB as an infectious disease, 55% stress as cause of disease, 85% as not curable disease. **Conclusions:** Poor knowledge and false perceptions are the main constrain in the control of TB in Pakistan.

Key words: MDR, DOT's, MDG's, OPD, TDR, T.B, EMR.

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INTRODUCTION

Tuberculosis is a notorious disease and globally nearly one-third of the population is infected with Mycobacterium tuberculosis and 5-10% of the population is at risk of developing the disease during their life time. Yearly more than eight million people develop and about two million die of due to tuberculosis worldwide. Individuals living in developing world are at higher risk of developing new cases. The annual rise of tuberculosis infection in high burden countries is estimated to be 0.5-2 per cent¹.

Tuberculosis is one of the major public health problems in Pakistan and it ranks Pakistan at number fifth country amongst Tuberculosis high-burden countries in the world. Pakistan accounts for 61% of the Tuberculosis burden in the WHO Eastern Mediterranean Region. Approximately 420, 000 new TB cases emerge every year and half of these are sputum smear positive. Pakistan

is also estimated to have the fourth highest prevalence of Multidrug-resistant Tuberculosis globally. The current case detection rate of new smear positive TB cases is 63% based on new estimates of incidence, and the treatment success rate is 91%. A total of 5800 diagnostic and treatment centers providing free TB testing and treatment services have been established in the public sector. MDR-TB management has started at three pilot sites. Resources have been secured for comprehensive management including diagnosis, treatment and social support of 15,000 MDR-TB patients².

Pakistan adopted DOTS in 1995 and TB was declared as a national emergency in 2001. Pakistan's TB control program failed to meet the World Health Organization's target of 70% case detection and 85% cure, and is not yet on track to meet the Millennium Development Goals by 2015. Lack of knowledge about the disease and

stigmatization causes under utilization of the services, delay in seeking diagnosis, and poor treatment compliance³.

Several international and National studies have reported poor knowledge, attitudes and practices of patients of tuberculosis about their disease. Many studies in Pakistan revealed poor tuberculosis awareness and stigmatization, however, only a few of these studies were community-based⁴.

Case finding depends upon the patients themselves to present to the health facility when they suspect that they have symptoms of tuberculosis but this is highly affected by the patient's knowledge about symptoms, readiness and decision to visit health care providers⁵.

This study will help to understand the knowledge attitude and perception about TB among tuberculosis patients in our setup.

OBJECTIVE

To describe knowledge, attitudes, and beliefs about tuberculosis (TB) among the patients of pulmonary tuberculosis attending outpatient department at independent university hospital Faisalabad.

MATERIAL & METHODS

Study Design

A descriptive cross sectional study.

Setting

Out patients department at Independent University Hospital Faisalabad.

Sample Size

A total of 197 patients from OPD

Sample technique

Systematic random sample technique.

Data Collection Method

After an informed consent a pretested questionnaire were used to collect the information

from the patients.

Data Analysis Method

SPSS-17 were used to calculate the frequencies and percentages.

Variables	Frequency	Percentage
N		197
Gender		
Males	109	55.3
Females	88	44.7
Marital status		
Married	120	61
Unmarried	77	39
Family Type		
Nuclear	57	28.9
Extended	140	71.1
Education		
Illiterate	118	60
Literate	79	40
Income Monthly		
5000-10000	125	63.4
10000-15000	25	12.7
15000-20000	22	11.2
>20000	25	12.7
Background		
Rural	138	70
Urban	59	30

Table-I. Socio Demographic Characteristic of the patients

Transmission		
• Contact with someone with TB	99	50%
• Air	83	42%
• Smoking	69	35%
• Food	83	42%
• Witchcraft	10	5%
• Inheritance	53	27%
Symptoms		
• Cough of long duration	164	83%
• Weight loss	99	50%
• Coughing out blood	69	35%
• Breathlessness	39	20%
• Joint pains	47	24%
• Fever	108	55%

Prevention		
• Avoiding contact with patients	118	60%
• Ensuring adequate ventilation	30	15%
• Covering one's mouth while coughing or sneezing	59	30%
• Using separate utensils for eating food	79	40%
Information Source		
• Healthcare staff	112	57%
• Relatives	39	20%
• Media	45	23%

Table-II. Knowledge of the patients about the most common signs and symptoms of pulmonary tuberculosis

Disease is infectious	130	65.9%
Stress leads to TB	177	90%
Not Curable	167	85%
Transmitted by air	112	57%
Avoid to eat with a person with TB	85	43%
Avoid to care for a close relative with TB	99	50%
Not willingness to accommodate a person with TB	79	40%
Avoid to shake hands or hug a person with TB	69	35%
Not Willingness to disclose to others	118	60%

Table-III. Perception of the patients about the pulmonary tuberculosis

RESULTS

Out of 197 respondents were 55.3%(109) were male,44.7%(88) female, 61% (120) married, 60% (118) illiterate,70%(138) living in rural area, 85 (43.1%) were unemployed and 63% (125) were earning below 10000 rupees per month as shown in Table No I.

50% of the patients were having opinion that tuberculosis is transmitted through contact with the patients having tuberculosis while 42% were also having opinion about air droplet inhalation.

About the signs and symptoms of the disease, 83% of the respondents labeled the disease to cough of long duration, 50% to the weight loss, 35% to cough with bloody sputum, 20% to breathlessness, 24% to joint pains and 55% to fever as the commonest sign and symptoms of having tuberculosis as shown in Table no II.

As for as the knowledge about prevention is concerned , 60% of the respondents were having opinion that it can be prevented by avoiding contact with patients, 15% by ensuring adequate ventilation, 30% by covering one's mouth while coughing or sneezing and 40% by using separate utensils for eating food as shown in Table No II.

Regarding the source of patients information, 57% of the respondents viewed healthcare staff, 20% their relatives and 23% to media as the source of their major information about their disease as showed in Table No II.

Regarding perception about their disease 65.9% of the respondents perceived tuberculosis as an infectious disease, 55% labeled stress as cause of disease, 85% viewed as not curable disease,43%,55%,40%,35% were having opinion of avoiding to eat with a person with TB, care for a close relative with TB, accommodate a person with TB, shake hands or hug a person with TB and avoiding to disclose the disease to others as shown in Table No III.

DISCUSSION

This study showed that poor knowledge and bad perceptions of TB patients concerning their disease may contribute to the high burden of Tuberculosis disease in Pakistani patients. By educating the patients, removing their misperceptions and improving compliance with therapy and adopting preventive measures disease in Pakistan is likely to be controlled. Sociodemographic feature of the respondents in this study were almost the same as observed in another study conducted in Karachi, Pakistan⁶.

Knowledge of the patients about the signs and symptoms of the disease, observed in this study were high and majority of patient labeled cough of long duration as a symptom of TB as compared to weight loss as in another study conducted in South East Nigeria⁷. This may be because majority of the patients presents with cough in our settings.

Regarding knowledge of disease transmission

majority of the study participants were of opinion that tuberculosis is transmitted through direct contact with the patients having tuberculosis which were different from the results showing air droplet as a major way of transmission in US National Health Interview Survey⁸ that's why regarding the knowledge of prevention is concerned, 60% of the respondents in this study were having opinion that it can be prevented by avoiding contact with patients which were lower as compared to 77.4% observed in another study conducted in North East Libya study⁹. Most of the respondents (60%) labeled healthcare staff as source of their information which were slightly low as compared to 75% observed in other studies. This shows that healthcare staff gives less time to counsel and educate the patients.

Perception of the patients of tuberculosis as an infectious disease, stress as cause of disease, not curable disease, avoiding to eat with a person with TB, care for a close relative with TB, accommodate a person with TB, shake hands or hug a person with TB and avoiding to disclose the disease to others were almost the same as observed in other studies in Karachi⁶.

CONCLUSIONS




Prevalence of tuberculosis and especially Multi Drug Resistance and mortality due to tuberculosis is increasing in Pakistan due to poor knowledge, bad attitude, false perception and non compliance. These rates can be slow down by rectifying above factors through extensive health education programs.

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