

Knowledge on Tuberculosis Infection and Direct Observation Tuberculosis Therapy Short Course Care Among Tuberculosis Patients and Providers in TEMEKE Municipality

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Tuberculosis epidemic continues to be a major public health problem globally, it is estimated that about 22 million peoples are TB infected. The international recommended tuberculosis control, strategy that includes DOTS is widely proven and highly cost - effective. Cross-section analytical study was conducted in Temeke Municipality in June 2005 to explore knowledge on tuberculosis infection and direct observation short course therapy care among tuberculosis patients and DOTS providers in Temeke Municipality. The study involved 435 TB patients and 31 DOTS providers and open-ended structured questionnaires were used for data collection. The results show that 74% of TB patients and 96.8% of DOTS providers are aware of the cause of TB; Twenty one percent mentioned virus and 5.1% mentioned worms. The results indicate further that knowledge on TB among patients is independent of age, perception on causes of TB is slightly higher among female patients (77%) than male patient (72%) but the different is not statistically significant. It further indicates that perception on TB causes tended to increase with an increasing level of education this difference is statistically significant. Patients were asked about measures of TB prevention, the percentage of awareness ranged from 70-95%. Therefore, patients are expected to be knowledgeable and ready to take preventive measures against TB infection. The importance for patients to complete TB treatment was also explored among DOTS providers, 93.5% mentioned the importance of preventing further TB spreads to others, 87% knew about drug resistances and 61% reported TB can cause death. This shows how DOTS providers were knowledgeable about the importance of TB prevention. Several factors can determine what kind of DOTS patients opt for Patients were interviewed about sources of information about CBDOTS. Mostly mentioned source of Information about CBDOTS were from Government Units (61.8%), followed by home based providers (25.8%) private units (5.9%), Media (4.8%) and other sources (1 .6%) and among 186 TB patients who heard about CBDOTS 61 opted for CBDOTS. Patients were also interviewed about reasons for choosing CBDOTS. About 88.5% mentioned saving time and avoiding long ques at the health facility DOTS, while 67.9% mentioned reducing transport costs, about 52%were avoiding strictness of taking drugs at a health unit, while 32.7% were avoiding health workers harshness attitudes towards patients and 25% were after the politeness of DOTS home providers. In the study 86% opted to remain taking drugs at health facility such results could be due to distance from home to DOT health facility as 78.6% of patients live within I km as majority of patient reported, "to health facility is just a walking distance." In the study we interviewed DOT providers on training about CBDOTS, out of 30 DOTS providers 36.7% had training and 63.3% did not have training. The results showed that, training on administering the TB drugs had no significant influence on the performance of any of the tasks and roles of the provider. The results show that some steps needed to be taken to ensure good utilization of CBDOTS. The steps needed include: Promotion of community-based DOTS, education in the community and among TB patients to address the awareness of TB infection and the value of community involvement in the NTLP activities.

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