

Knowledge, attitude & practices towards tuberculosis: Comparison between community and Health care professionals

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ABSTRACT

Background: Tuberculosis disease is one of the major global health problems. Community participation can help reduction in this disease.

Aim: To compare the knowledge, attitude and practice towards tuberculosis between community and health care professionals.

Methodology: The study got approved by ethical review board. This cross sectional survey was conducted from January to June 2017, for the community and health care professionals (50 participants each) of King Edward Medical University, Lahore to compare the knowledge, attitude and practice towards tuberculosis. A validated questionnaire was used. The study participants were included by non-probability convenient sampling. The participants were explained regarding study protocol and their consent was obtained. The study participants were interviewed according to the questionnaire. Data were entered in SPSS 20 for statistical analysis. Chi square test was applied to see the differences between responses.

Results: The study participants consisted of 50 doctors and 50 community members. There was statistically significant difference in knowledge between doctors and community for tuberculosis disease epidemiology, its spread, available treatment facilities and preventive measures. However, there was not statistically significant difference between the responses in attitude and practices about TB.

Conclusion: Findings from this study are indicative of differences in gap in knowledge, attitudes, and practices associated with tuberculosis in a resource-limited locality. There is significant gap in knowledge associated with tuberculosis between doctors and community. The community needs to be educated more for tuberculosis and its prevention.

Keywords: Knowledge, Attitude, Practice, Tuberculosis, Community, Health care professionals

INTRODUCTION

Tuberculosis remains a major global health problem. WHO has estimated 8.7 million cases and 1.4 million deaths globally, with major burden in in Asia (60%) and Africa (24%)¹.

Low income countries like Pakistan face TB as one of the major burden. Poor nutrition, HIV, smoking, poverty and lack of awareness are important contributory factors^{2,3}. Decreased access to health facilities^{4,5} reduce financial resources⁶ and less knowledge about the disease epidemiology in community are major determinant affecting the health seeking behavior of patients⁷.

Unfortunately, this is misconception of public that influences the social behaviors. Due to these facts, mass awareness about the TB is mandatory which would initiate community participation⁸. Based on this review, this study was planned to compare the knowledge, attitude and practice towards tuberculosis between community and health care professionals.

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METHODOLOGY

The study got approved by ethical review board. This cross sectional survey was conducted from January to June 2017, for the community and health care professionals (50 participants each) of King Edward Medical University, Lahore to compare the knowledge, attitude and practice towards tuberculosis. A validated questionnaire was used. The study participants were included by non-probability convenient sampling. The participants were explained regarding study protocol and their consent was obtained. The study participants were interviewed according to the questionnaire. Data were entered in SPSS 20 for statistical analysis. Chi square test was applied to see the differences between responses.

RESULTS

The study participants consisted of 50 doctors and 50 community members. Males were 58% male and 53% of the study population was between 15-30 years of age. Among total, 98% population belonged to urban areas. Majority (68%) of the participants were graduates (Table I).

Table I: Demographic characteristics

	Frequency	%age
Male	58	58.0
Female	42	42.0
Age (years)		
15 to 30 years	53	53.0
30 to 45 years	29	29.0
above 45 years	18	18.0
Residence		
Rural	02	02.0
Urban	98	98.0
Profession		
Doctor	50	50.0
Community	50	50.0
Education		
Uneducated	15	15.0
Primary	7	7.0
Secondary	4	4.0
Higher secondary	6	6.0
Graduation	68	68.0

Table II: Comparison of knowledge about Tuberculosis among doctors versus community

	Profession		P value
	Doctor	Community	
Have you heard about tuberculosis?			
Yes	50	50	--
TB symptoms may be cough with blood, Night sweats, Weight loss and Fever			
Yes	40	33	0.02
No	10	16	
Not sure	0	1	
Can TB be transmitted?			
Yes	50	45	0.02
No	0	5	
Not sure	0	0	
Air droplets are cause of TB transmission			
Yes	45	43	0.03
No	5	2	
Not sure	0	5	
TB is bacterium			
Yes	50	25	0.001
No	0	16	
Not sure	1	9	
TB is preventable			
Yes	47	36	0.001
No	3	9	
Not sure	0	5	
TB is curable			
Yes	50	47	0.02
No	0	3	
Not sure	0	0	
Treatment of TB is free of cost			
Yes	48	14	0.002
No	2	24	
Not sure	0	12	
Do you know about BCG?			
Yes	46	6	0.001
No	4	40	
Not sure	0	4	
Does BCG prevent TB?			
Yes	44	34	0.014
No	6	16	
Not sure	0	0	
Do you thing that sputum analysis is an important diagnostic tool?			
Yes	48	36	0.01
No	2	14	
Not sure	0	0	

There was statistically significant difference in knowledge between doctors and community for tuberculosis disease epidemiology, its spread, available treatment facilities and preventive measures. (Table II). However, there was not statistically significant difference between the responses in attitude and practices about tuberculosis (Table III & IV).

Table III: Comparison of attitude about Tuberculosis among doctors versus community

Attitude	Profession		P value
	Doctor	Community	
I consider myself at risk for TB			
Strongly agree	31	36	0.145
Agree	17	12	
Disagree	2	2	
Strongly disagree	0	0	
Not sure	0	0	
All TB infected persons should be isolated			
Strongly agree	23	21	0.01
Agree	21	22	
Disagree	6	1	
Strongly disagree	0	2	
Not sure	0	4	
Our Government has responsibility of taking preventive measures for TB			
Strongly agree	38	43	0.04
Agree	12	7	
Disagree	0	0	
Strongly disagree	0	0	
Not sure	0	0	
Do you think that infection control is important step to prevent TB			
Strongly agree	45	42	0.01
Agree	5	5	
Disagree	0	0	
Strongly disagree	0	0	
Not sure	0	3	

Table IV: Comparison of practices about Tuberculosis among doctors versus community

Practice	Profession		P value
	Doctor	Community	
Would you go to health facility if you thought you have TB?			
Yes	50	34	0.02
No	0	14	
Not sure	0	2	
Would you prefer going to hakeem/traditional healer if you ever have TB?			
Yes	50	29	0.002
No	0	21	
Not sure	0	0	
Will you take all the pills prescribed by the doctor?			
Yes	50	49	0.4
No	0	1	
Not sure	0	0	
Will you be able to complete the course of pills if you ever have TB, no matter how long it may be?			
Yes	50	48	0.2
No	0	2	
Not sure	0	0	
Do you practice the preventive method for TB to avoid having TB?			
Yes	50	44	0.5
No	0	6	
Not sure	0	0	

DISCUSSION

Present study had statistically significant difference in knowledge between doctors and community for tuberculosis disease epidemiology, its spread, available treatment facilities and preventive measures. The results from our study favor that general community was familiar with TB disease. This finding agrees with previous studies.^{7,8} This is in contrast from the results of earlier study conducted from Pakistan⁹, the community had less awareness about TB.^{10,11} This behavior of awareness subsequently has impact on patients' attitude towards health-seeking behavior and practices. This awareness of masses has decisive impact on policy makers. These findings from our study are in accordance with studies by Melaku et al⁷ and from Pakistan¹². This level of awareness in our study is in consistence with findings by Deribew et al¹².

Present study had no statistically significant difference between the responses in attitude and practices about tuberculosis. In contrast to earlier studies,⁵ the respondents from our study favored to go to health facility for TB treatment. This shows current success of TB control program.

This study has certain limitations. The study was single centered, and was conducted on small sample size, the result of which cannot be generalized. More qualitative studies are needed to address this important issue on larger scale.

CONCLUSION

Findings from this study are indicative of differences in gap in knowledge, attitudes, and practices associated with tuberculosis in a resource-limited locality. There is significant gap in knowledge associated with tuberculosis between doctors and community. The community needs to be educated more for tuberculosis and its prevention.

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Conflict of interest: The authors declare that there is no conflict of interests.

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