

Survey of knowledge, attitude and practices among communities to enhance response in Nepal's tuberculosis control programme

Introduction

Tuberculosis (TB) has always been a major public health problem in Nepal, causing a significant burden of morbidity and mortality. In Nepal it is estimated that about 45% of the population is infected with TB and 44,000 people develop active TB every year. People's knowledge of TB is a crucial element for TB control. Appropriate knowledge of the community towards TB and its management is a prerequisite and are the pillars of success in TB control programme. The aim of this study was to investigate knowledge, attitudes and practices on tuberculosis among communities to enhance response in Nepal TB control programmes in Dolakha district of Nepal.

Methods

A descriptive cross-sectional study of 357 respondents comprising of 191 females and 166 males were selected from a Municipality and adjoining 5 VDCs of Dolakha district of Nepal and interviewed through semi-structured questionnaire. One focus group discussion among TB patients and five in-depth interviews among TB service providers were also held to complement the KAP data. Statistical analysis was done using Chi-square test to assess statistically significant differences in knowledge on TB. Logistic regression was fitted for measuring the association between knowledge about TB and attitude and stigma towards TB. The qualitative analyses were performed using a thematic approach to identifying, understanding and linking themes. All statistical analysis was done by SPSS for window (version 11.1) and R statistical package.

Results

Most of the respondents were between 25-54 years old and were Hindu. More than half of respondents belonged to upper caste people followed by disadvantaged janajatis. The educational status of most respondents was illiterate followed by read and write only. The majority of the respondents were unmarried. The occupation status of most of the respondents was farmer, labour, homemakers, students and service holder. The majority of the respondents' monthly family income was below NRs. 5000. The majority of the respondents were aware about TB including sign and symptoms, source of transmission,

symptoms, diagnosis, duration of treatment, preventive measures, and TB being curable. The majority of the respondents agreed that TB is serious and can be fatal if untreated; TB treatment is free of charge in public healthcare and there are good TB drugs available in public health institution for the TB patients. Most of the respondents disagreed that coughing for 2 weeks or more is not serious, that TB is the disease of poverty and that TB cannot be cured once being infected. This study also showed that females are not dependent on male or family members to either accompany them or get the medicines on their behalf as the majority of respondents agreed that women usually can go to a health-care facility alone. However, respondents felt that TB would have a negative impact on a young girl's marriage prospects. More than half of the respondents agreed that health workers are friendly in TB treatment center and contact with friends and neighbors can be made after getting TB treatment. The majority of respondents were found to consult the government health institution in case of sickness and TB. 68% of the respondents were satisfied with the services provided in government health institution and 65% in private health institutions. The study revealed there was stigma attached to TB in the community as shown from quantitative and qualitative findings. The respondents and TB patients felt like hiding were ashamed and isolated themselves when diagnosed with TB.

Of the 357 respondents interviewed, 22% reported high TB stigma, 26% low TB knowledge, and 20% negative attitudes. There was significant association between age groups, ethnicity, education status, marital status and occupation status were associated with the knowledge on TB (p -value < 0.01). Higher education status, younger age group and upper caste people were associated with high knowledge about TB. The results of fitting logistic regression showed that both attitude and stigma were statistically significant with knowledge on TB (p -value < 0.05). Negative attitudes, high stigma and low TB knowledge were associated.

Conclusions and recommendations

In the present study, knowledge about TB within the population was poor despite NTP health education programmes. Social stigma attached to TB still existed in the communities; however, the situation is improving compared to the previously. To reduce stigma and negative attitudes towards

TB, basic knowledge about various aspect of TB is necessary. Extensive health education is needed to inform the public without raising additional fears, and should emphasize that TB is perfectly curable, in order to eliminate social stigma against TB patients with joint efforts of media, doctors and health workers and TB patients.

