

Knowledge, attitudes and practices among newly diagnosed
Tuberculosis patients in selected public hospitals in Nyeri district

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ABSTRACT

Tuberculosis (TB) is considered the most resurgent disease of public health importance worldwide. It is estimated that one third of the world's population is infected with *Mycobacterium tuberculosis* which causes TB. The prevalence of TB among adults has more than doubled since the onset of HIV and AIDS epidemic in Kenya with most of the cases often related to HIV and AIDS conditions. Accordingly TB cases have increased from 137/100,000 population in year 2000 to over 619/100,000 population in 2004. NLTP annual report 2005 indicated that in 2004, 9% of the patients' absconded treatment at the time of completing treatment in Nyeri District. Successful control of disease partly depends on a positive change of habits or way and attitudes of a group of people or an individual. The tendency to behave in a certain way is based on knowledge and information gained from health education. The objective of this study was to evaluate knowledge, asses' attitude and practices regarding TB disease and to determine the association between knowledge, attitude and practice among newly diagnosed TB patients in selected health care facilities in Nyeri District. A cross-sectional study was conducted in different health setting in Nyeri District. Patients were interviewed on treatment initiation using questionnaires. Quantitative and qualitative data were collected and analyzed using SPSS and NVIVO 8 respectively. The study shows that there were misconceptions about TB and its transmission with respondent citing harsh weather condition (cold), smoking and sharing of curtlerly as cause of TB. A total of 170 patients with a mean age of 34.45 (\pm 12.0) years (range 18-77 years) were interviewed. The mean TB knowledge score was 9.98 (\pm 2.0). When correct answers for ten out of the sixteen questions asked was regarded as satisfactory knowledge based on WHO knowledge, attitudes and practices survey guide, 46.5 % of the study population had adequate knowledge of disease and treatment. Educational

background was an important determinant of the patients' level of knowledge of TB; those with education above secondary scored better than those with lower or no formal education ($P < 0.001$). Male respondents were more knowledgeable than their female counterparts, with the difference being statistically significant ($p = 0.038$). Respondents reported the presence of stigma towards TB patients in which the respondents were not willing to disclose their disease status. When positive response to three out of the five questions associated with attitude was regarded as positive attitude, 82.9% of the respondents were regarded to have a positive attitude. In addition there was a correlation between knowledge and attitude ($r = 2.565$, $p = 0.026$). 61.5% of the respondents had good practices. However there was no significant association between knowledge and attitude with practice ($p = 0.205$; $p = 0.214$).

In addition symptoms misinterpretation of early symptoms may have led to delay in seeking care. It seems that the knowledge is not the only factor steering health-seeking behaviour among potential TB cases in this community. However adequate knowledge appeared to have some protective effect on good practice (CI= 0.2-1.2).

These social conditions necessitate culturally sensitive health education taking into account local perception of TB. This study concludes that educational and other activities of the national TB control have had beneficial effect on knowledge, attitudes and practices of TB patients. However, the study reveals a significant gap in TB knowledge and poor practices in terms of seeking healthcare among newly diagnosed patients' attending various hospital facilities in Nyeri District. There is therefore need for intensive health education to improve on knowledge, health seeking behaviours and incorporation of the issues of tuberculosis related stigma along with other programs of TB and HIV/AIDS and further studies to enrich the knowledge about stigma surrounding TB and TB patients.

This study will shed light to the understanding of TB disease and its control among the Nyeri community where this study was conducted and also form a basis for intervention in Nyeri and in Kenya at large.