ABSTRACT

Tuberculosis (TB) is re-emerging and fast becoming an alarming public health problem in Sri Lanka affecting the economically active age group. Hence much concerted efforts are needed to control the Tuberculosis epidemic including appropriate management of patients. Non compliance to drug regimens, lack of awareness regarding preventive measures against disease transmission, mal-adaptive behaviours such as smoking and alcoholism are major issues arising in controlling TB.

This study aimed to describe knowledge, attitudes and practices regarding pulmonary tuberculosis among newly diagnosed patients in Sabaragamuwa Province.

A cross sectional descriptive study was carried out on 279 newly diagnosed patients with smear positive pulmonary tuberculosis who are over 15 years of age and been on anti TB drugs for at least 2 weeks and less than 6 months. All newly diagnosed patients with smear positive pulmonary tuberculosis attending to District Chest clinics Rathnapura and Kegalle during the study period were recruited. Subjects were assessed using a pretested interviewer administered questionnaire.

Knowledge, attitudes, and practices were described in frequencies and percentages. Overall knowledge score and a favourable attitude score was calculated. Overall knowledge, favourable attitudes and safe practices were compared with selected socio-demographic factors using chi-square test and statistical significance was tested at 95 % confidence levels.

The mean age of the study population was 43.8 years ranging from 15 to 74 years and a greater proportion was represented by males (69.2%) and Sinhalese (79%). Majority (30.1%) have been educated up to grade 6-10 and a greater proportion belonged to lower social class IV (40.9%) and V (42.7%).

Mean knowledge score was 58.6% (sd=10.6) and nearly seventy percent of the participants had an average level of knowledge (mean± 1sd).Thirteen percent of the patients had poor knowledge. Patients lacked knowledge on mode of disease transmission (36.2%), cause of TB (61.3%), environment most conducive for germ causing TB to live (85.3%), side effects (64.6%), and

consequences of discontinuation of drugs (79.6%). Majority had good knowledge on curability (99.3%) and duration of treatments (96.4%).

Nearly fifty six percent of the patients had scored poorly in attitudinal questions. Non disclosure of TB to others (50.5%), negative influence on marriage (45.9%), avoiding social gatherings due to stigma (60.9%), belief that sharing food spreads the disease to others (75.6%), considered fate/ 'karma' as the reason for getting TB(57%) were the unfavourable attitudes held by the majority.

Thirty eight percent were covering face while coughing and only 11.8% practiced safe sputum disposal. A considerable proportion continued to smoke (31.6%) and consumed alcohol (15.%).

Overall knowledge was significantly associated with age, sex and level of education ($p<0.05$). Although poor knowledge was associated with low social classes and non Sinhalese, this was not statistically significant. There was no statistically significant association between favourable attitudes and age, sex, level of education, ethnicity, and social class. Safe practices were significantly associated with age and not associated with sex, level of education, ethnicity and social class. Overall knowledge was not significantly associated with safe practices.

Health care providers had done a commendable job in the process of delivering some important health messages such as complete curability with proper treatment, duration of treatment, and drug frequency interval.

Non Sinhalese patients who are above 44 years of age from lower social classes with poor educational background were more likely to have poor knowledge on TB and irrelevant practices, increasing the likelihood of treatment failure and spread of disease. Therefore choice of media for communication of health education messages has to be appropriate to the target population; the message should be commensurate with the level of education, literacy levels and must be delivered in languages relevant to the target groups.

Key words: Knowledge, Attitudes, Practices, Pulmonary TB