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Abstract

Tuberculosis (TB) is an infectious air borne disease and it is a major global health problem. The disease is more commonly seen in under developed countries. Tuberculosis has re emerged in 20th century mainly due to the epidemic of HIV. The prevention and control of tuberculosis is in cooperated in to the context of Millennium Development Goals (MDG) and Stop TB partnership.

Sri Lanka has been identified as a moderate burden country with TB, but the current preventive and control strategies need to be strengthened to achieve the MDG and Stop TB partnership targets. Addressing the socio economic characteristics of TB patients is an innovative additional method to accelerate the current preventive strategies. The risk factors pertaining to TB can change over time and no recent studies has been carried out exploring risk factors especially in Colombo where the highest disease burden is reported. Association of TB with stigmatization and its impact on life style of the patient is another important aspect that worth exploring.

The main objective of this study is to describe the social and economic characteristics, potential risk factors and the influence of the disease on their life style among tuberculosis patients attending to Central Chest Clinic Colombo. This was a descriptive cross sectional study consisted of two components. The first component is designed to describe the social, demographic and economic characteristics and potential risk factors of tuberculosis patients and the second component is designed to describe how influence of tuberculosis on patients' life style.

The study population consisted of all the diagnosed tuberculosis patients, who were above the age of 15 attending to Central Chest Clinic Colombo. The total sample size comprised of 425 TB patients registered in the Colombo district TB register on 01.01.2011 or later. The second component included patients who have completed the first two months of treatment course to assess the impact of the disease on their life style. By considering the total number of clinic attendees and the duration of data collection around 20 patients were interviewed per day, where every 3rd TB patient identified from the daily clinic attendance register.

An interviewer administered questionnaire was used to collect data. Analysis of data was by using SPSS 17.

The findings suggest that TB is associated with the lower socio economic status and linked with poverty. It is common in people with lower level of education, unemployment, if employed, engaged in elementary occupations and low income levels. The other known risk factors for TB were also observed in considerable proportions in this study sample. They are smoking, alcohol consumption, narcotic drug use, imprisonment, close contact history and chronic medical conditions.

There were considerable negative life style changes, which were commonly seen in the same socially disadvantaged group of patients which could further worsen their social status. The considerable life style changes had significant associations with male sex, low education level, employment, low income level, retreatment and infective patients, residing within the Colombo Municipal Council (CMC) area and substance abuse (alcohol, smoking, narcotic drug use).

The stigma associated with the disease had a major impact on patients' life styles as it has influenced to the family interactions, marital status as well as social interactions. In summary TB is associated with poverty, low socio economic status; they change their lifestyle more negatively making them more vulnerable to social disadvantages.

When prevention and control of TB is considered not only the medical treatment, but also the social and economic aspects of the TB patient need to be taken into consideration. Patients and their families should be supported with better health education, counseling (Nutrition, alcohol, smoking, narcotic drugs) and economic aspect.

More focused methodologically robust studies on TB are necessary to identify and quantify the risk factors and in depth analyses of life style changes should be conducted to identify and assess factors driving behind.

Key words: Tuberculosis, Socio economic, risk factors, impact, lifestyle