

Research Article

Knowledge of pulmonary Tuberculosis among the patients under tubercular therapy in Teaching Hospital Dera Ghazi Khan

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ABSTRACT

Tuberculosis is a significant medical issue in numerous pieces of the world. For legitimate administration, learning about Tuberculosis is essential among the patients under anti-tubercular treatment. This study aimed to assess the knowledge and perception about Tuberculosis in the DHQ teaching hospital of Dera ghazi khan. This study is a cross-sectional descriptive research design. A self-reported questionnaire was filled by 100 registered patients of the antidote therapy program. Descriptive statistics were used to analyze the data. The results showed 68.80% male, and 41.60% females have known about the treatment of Tuberculosis. 72.50% male, 41.60% female have known the diagnosis. 41.33% male and 24.33% female have known about prevention. 65% male, and 47% females have known signs and symptoms of Tuberculosis. Conclusions included that males have more knowledge about Tuberculosis than females and common source of knowledge among patients in the hospital.

Keywords: DOT therapy, knowledge and perceptions, Tuberculosis

Introduction

For better comprehension of the Tuberculosis (TB) control program, learning of the patients concerning the sickness is significant. The frame of mind and practices, misguided judgment, and doubts likewise assume a critical job in controlling it. Unblemished, these are the premises of an effective TB control program¹. Early case location and brief, powerful treatment of TB are reliant upon patient seeing the requirements to look for consideration quickly at the beginning of aspiratory side effects, the meeting a sound office, and being appropriately analyzed and treated². Nearly 33% of the worldwide populace is tainted with

mycobacterium tuberculosis, and along these lines danger of building up the infection³.

TB is a significant medical issue in numerous pieces of the world. WHO announced TB as a worldwide open crisis in 1993, and Pakistan proclaimed it as a national crisis in 2001⁴. Albeit worldwide endeavors to control TB were rejuvenated in 1991 by a World Health Assembly goals⁵, the pestilence is murdering 1.6 million individuals every year around the world. Pakistan positions eighth among the world's most elevated TB trouble nations: TB represents 5.1% of its national infection trouble, with 297 cases for every 100000 populaces, and 181 new cases/100000 happen every

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year⁴. In a cross-sectional examination in India, the creator used surveys and meetings as information accumulation apparatus. This examination demonstrated outcomes findings: persistence hack (48.4%) was the most widely recognized side effect known, 87% knew that TB could spread to others, with 56.6% monitoring airborne transmission⁶. Besides, The previous study used Xpert MTB/RIF in Pakistan that examines the primary national Anti-DOT of TB medicates obstruction. It presumed the primary agent information of MDR-TB trouble the Xpert measure had about 100% explicitness even in a low MDR-TB pervasiveness setting⁷. TB is brought about by contamination with *Mycobacterium tuberculosis*, a piece of a Complex of life forms including *M.bovis* and *M.afri-canum*⁸.

Since the 1970s, after the crises of the welfare state, the figure of the family has gained strength as social protection system and structure of recovery and support of social solidarity raising health practices for a movement giving priority to the family counselling⁹. Attention to the TB the family nucleus inclusion has been gradual and deferential among countries varying with the degree of organization and centrality of health policies focused on the family. Literature studies showed that compared to the TB patients, it might need central roles to be the source of support and assistance in coping with the disease and its treatment completion^{9,10} or even abandon the patient and by segregation against the disease^{11,12}. The changes in individual and family behavior are directly related to knowledge and perception about the disease¹³. Failure to initiate the treatment, particularly in smear-positive cases, is a big challenge¹⁴, and this needs a lot of concern when controlling the disease in community¹⁵.

Moreover, TB-related knowledge and attitudes vary widely among countries, ranging from a comprehension of the disease's infectious etiology to the idea that the disease is caused by the evil, and from supportive to highly stigmatized views of the disease and its patients. Improved health-seeking behavior is likely to be aided by adequate knowledge and favorable attitudes toward TB patients. However, among poor social groups and uneducated, inaccessible, rural, and

impoverished regions, TB awareness and service availability are frequently reported to be suboptimal¹⁶⁻²⁰. Therefore, this study want to assess the knowledge and perception about TB in the DHQ teaching hospital of Dera ghazi khan. It would help nurse in the community to prepare strategy for supporting family and patient and to achieve complete treatment.

Materials and Methods

A cross-sectional study design was used to assess the knowledge and perception among TB patients. During this study, the data was collected at one point in time simultaneously, there for cross-sectional design is effective. Here the aim is not to analyze the findings in the form of tables and graphs as frequencies and percentages that is why descriptive study design is preferred. The targeted population for this study is patients of TB in DOT therapy of Teaching Hospital Dera Ghazi Khan, who was working in a different unit of the Hospital. Inclusion Criteria: who have been in DOT therapy for the last six months and present during the data collection period and are willing to participate in the study. Exclusion Criteria: those who are not present during data collection and are not willing to participate in the study. A self-reported questionnaire consisted of perception and knowledge about Tuberculosis. The knowledge about TB was categorized as knowledge about treatment, diagnosis, prevention, sign, and symptoms. The questionnaire consisted of closed-ended structured questions and different answer options as agree, disagree, and neutral. The participants were instructed to fill the questionnaire in about 30 minutes and return the complete questionnaires. The complete returned questionnaire will be undergone in the process of analysis. One hundred patients were selected randomly from total registered patients of TB in DOT therapy for the last six months. Ethical approval for this research was obtained from the local institutional Review Board. In addition, formal consent was obtained from the Director of Teaching Hospital, Dera Ghazi Khan. All participants, the beneficiary of this research, were told of the purpose of this study. Their engagement has been voluntary. Researchers confirmed that the participants were free to

withdraw, protected their data and that their information would be released anonymously. Finally, the researchers asked the participants to read and sign a consent agreement without any coercion whatsoever. It was confirmed that all participants had received all necessary consent forms.

Results and Discussion

In this study, the percentage of perception questions is 53.63% males agreed, 39.45% disagreed, and 6.9% were answered Neutral. 42.18% of females were agreed to perception questions, 52.36% disagreed, and 4.72% were Neutral. In knowledge about treatment, 68.80% of males agreed, and 41.60% of females were agreed. Besides, 26.00% of males and 42.40% of females disagreed. Males' and females' response neutral were 6.9% and 16%, respectively.

Table 2. Demographic Variables

Demographic Variables	Male	Female	Total
Source of knowledge			
Friend	6	1	7
Media	1	1	2
Literature	5	1	6
Hospital	38	47	85
Smoking positive	Male	Female	
Yes	38	0	38
No	12	50	62
Socioeconomic status	Male	Female	
upper class	0	0	0
middle class	11	2	13
lower class	39	48	87
Age	Male	Female	
15-30	6	10	16
31-45	16	12	28
46-60	18	10	28
> 60	10	18	28
Residency area	Male	Female	
Rural	35	43	78
Urban	15	7	22

Marital status	Male	Female	
Married	48	42	90
Unmarried	2	8	10
Hospitalization	Male	Female	
Yes	39	35	74
No	11	15	26
Family type	Male	Female	
Nuclear	7	3	10
Joint	35	20	55
E.Joint	8	27	35
Occupation	Male	Female	
Job	4	0	4
Labor	33	4	37
Former	13	0	13
Others	0	46	46
Education	Male	Female	
Illiterate	38	49	87
Primary	6	1	7
Secondary	6	0	6

Previously similar KAP surveys have been reported in Pakistan's urban area, such as Karachi²¹, and Lahore/Rawalpindi²² regarding diagnosis, management, and DOT guidelines. In this study, the researcher investigates the descriptive statistics of sources of knowledge and Demographic variables of participants.

In this study, the total participants were 50.00% male and 50.00% female. The researcher finds the sources of knowledge through which the patient gains knowledge about TB, as shown in figure 5.1. least commonly they gain knowledge from media about 1% female and 1% male total of 2% people answered media. About 85% of males and females responded that they gained knowledge from Hospital sources.48% of enrolled males were married, 2% were unmarried, while 42% were female married, and 8% were unmarried.

Comparing another similar study in a township in India regarding knowledge, attitude, and practices among tuberculosis patients, one hundred and twenty-two persons participated in that study⁶, 52.5% were male, 61.5% were married. One hundred and nine study participants asked where they heard about TB. The primary source of information was the health workers 64.7%.

Table 2. Knowledge and Perceptions of Participants Regarding Tuberculosis

Knowledge & perception	Male			Female		
	Agree	Disagree	Neutral	Agree	Disagree	Neutral
Perception about T. B	53.63%	39.45%	6.9%	42.18%	52.36%	4.72%
Knowledge about treatment	68.80%	26.00%	5.2%	41.60%	42.40%	16%
Knowledge about diagnosis	72.50%	20.50%	7%	41.60%	45%	13.50%
Knowledge about prevention	41.33%	47%	12.66%	24.33%	60.33%	15%
Knowledge about sign and symptom	65%	29%	6%	47%	40.33%	13%

The study limitation is used small samples and one hospital. The result might not represent the TB population on Dera Gazi Khan or Punjab because those limitations. It is recommended to conduct big scale study that involve big sample size, multi hospital and region.

Conclusion

Conclusions of this study suggest that most of the participants got knowledge about Tuberculosis through hospital visits rather than media and other sources. Furthermore, the participants in the urban area have more understanding than rural areas.

Further study should explore factors related knowledge and perception among TB patients. Moreover, intervention to increase the awareness is urgently needed.

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