

KNOWLEDGE, ATTITUDE AND PRACTICES OF TUBERLOSIS

PATIENTS REGARDING ANTI TUBECULOSIS DRUGS

IN KATAKWII GENERAL HOSPITAL,

A RESEARCH REPORT SUBMITTED TO UGANDA NURSES AND MIDWIVE

EXAMINATION BOARD IN PARTIAL FULFILLMENT FOR THE

AWARD OF A DIPLOMA IN NURSING SCIENCE:

SUBMITTED BY

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Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

ABSTRACT

Introduction:

Although TB care is provided free of charge in Uganda, there are still very few patients who go for testing and even those who are diagnosed voluntarily interrupt their treatment before the end. This is a major obstacle in the fight against the disease therefore a study to assess the knowledge, attitude and practices of tuberculosis patients regarding anti TB drugs at Katakwi general hospital, in March 2017 has helped the community to adapt new methods and knowledge about TB treatment.

Objectives: To assess the knowledge, attitudes and practices of TB patients regarding anti TB drugs.

Methods: A cross-sectional study design was employed. Data was generated from 55 respondents both out patients and inpatients departments. A convenient sampling technique was employed in the selection of only patients aged 18 years and above who consented to participate in the study. The data was analyzed using quantitative methods and presented in form of pie charts, tables and bar.

Results: Among the respondents 47.2% (26) knew that TB is a disease that affects lungs and organs of the body caused by a germ (mycobacterium) and 45% (25) knew TB preventive measures as encouraging TB suspects and patients to always cover their mouth with hand kerchief when coughing, sneezing, sighing and taking all the drugs as recommended by the health workers. Almost all the respondents interviewed 98.2% (54) believed that people with TB should get treatment and 52.7% (29) said that they will go to the hospital to get treatment while 40.9% (22) knew that all suspected TB patients must be reported to VHT, hospital and immunizations of all children under 5 years against TB were current preventive measures.

Conclusion: This study recorded better general knowledge and attitude towards anti TB drugs although there were misconceptions about meaning, signs and symptoms, cause, prevention, cure, treatment modality and isolation, discrimination and social stigma were reported. This finding justifies the need to incorporate patients' education into current integrated immunisation outreach program.

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AUTHORIZATION

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DEDICATION

I dedicate this research proposal to the Almighty God who gave me knowledge and all the resources and funds to do and accomplish this research proposal.

I also dedicate it to beloved parents Papa late Opolot Joseph, Toto Adong Hellen Mary for their care, love, moral and financial support.

My dearest wife Engara Martha for being everything I needed in coming up with this research proposal

My children; Outeke Emmanuel and Adong Hellen not grandmothers Tata Adeke Joyce, beloved brothers and sisters for love spiritual, moral and material support whenever I needed it.

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I would like to most sincerely appreciate all my classmates and friends for the moral support and encouragement that they accorded to me during my study.

MAY GOD BLESS YOU ALL.

ALIST OF ABBREVIATIONS AND ACROMYNS.

AFB	Acid-fast Bacilli
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral Therapy
BCG	Bacillus Chalmette Guerin
DOTS	Directly Observed Treatment, Short course
EPTB	Extra Pulmonary Tuberculosis
HC IV	Health Centre Four
HIV	Human Immunodeficiency Virus
MDR	Multi-Drug Resistance
MDR-TB	Multi-Drug Resistant Tuberculosis
NGO	Non-Government Organization
NTLP	National Tuberculosis Leprosy control Programmer
PTB	Pulmonary Tuberculosis
SDG	sustainable development goals.
TB	Tuberculosis

TCU	Tuberculosis control unity
UBOS	Uganda Bureau of Statistics
VHT	Village Health Team
WHO	World Health Organization
XDR-TB	Extensively Drug-resistant Tuberculosis.

OPERATIONAL DEFINITIONS

Adherence: Refers to following the recommended course of treatment by taking all the prescribed medications for the entire length of time necessary.

Assessment: Talking to a patient to find out about his or her medical history, knowledge, feelings and beliefs about TB treatment, and other pertinent information.

Attitude: It is the relatively enduring organization of beliefs, feelings and behavioral tendencies towards socially significant objects, groups, events or symbols

Extensive drug resistance: Tuberculosis that is resistant to at least the following first line anti TB drugs: Isoniazid and Rifampicin as well as to any member of the Quinolone family and at least one member of the following second line anti-TB inject able drugs; kanamycin, capreomycin or Amikacin

Knowledge: It is the familiarity, awareness or understanding of someone or something such as facts, information, descriptions, or skills or education by perceiving, discovering, or learning.

Multidrug Resistance TB: Tuberculosis that is resistant to at least the following first line anti TB drugs; Isoniazid and Rifampicin.

Non adherence: The patient's inability or refusal to take TB drugs as prescribed.

Treatment failure: A TB patient who remains or turns sputum smear or culture positive at 5 or more months of anti-TB treatment.

Treatment interrupted: A patient whose anti-TB treatment was interrupted for less than 2 consecutive months before the end of the treatment period and whose sputum smear is negative.

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CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter will include the following sub sections; background of the study, statement of the problem, justification of the study, research questions and study objectives.

1.1 Background

Tuberculosis is a chronic bacterial infection caused mainly by *Mycobacterium tuberculosis*. It is mainly transmitted through air droplets, coughing and sneezing when an infected person expels the droplets containing bacilli and inhaled by healthy persons (WHO 2009).

Although TB primarily affects the lungs, it also affects any other organs of the body including kidneys, brain, intestines, bones, lymph nodes.

Globally TB is one of the top 10 causes of death (WHO 2015). Uganda is in 16th position among the 22 top TB burdened countries in the world (WHO 2010). In 2015 10.4 million people fell ill with TB and 1.8 million died from the disease (MOH 2015). Another estimated 1.7 million people died from TB in 2009, the highest number of deaths was in the Africa Region (WHO 2009). As per the surveillance of WHO it's estimated that an approximate of 9.4 million new cases were reported in the south east Asia Region and the largest number of new TB cases occurred in 2009 which accounted for 35% of incident cases globally (WHO 2015). However, the estimated incidence rate in sub-Saharan Africa is nearly twice that of the South-East Asia Region with over 350 cases per 100,000 populations (WHO 2010).

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A study conducted by MOH revealed that an estimated 49 million lives were saved through TB diagnosis and treatment between 2000 and 2015. This was as a result of Patients adherence to the new treatment therapiestotreat long-term and chronic disease conditions. Non- adherence can influence the emergence of new disease strains, individual health outcomes and the overall cost of health. For example, MDR-TB and XDR-TBhas emerged largely because of widespread, non-adherence to treatment for TB disease (MOH2010).

Although TB incidence has fallen by an average of 1.5% per year since 2000, there is need to accelerate to a 4-5% annual decline to reach the 2020 milestones of the “END TB Strategy”(WHO 2015).

Ending the TB epidemic by 2030 is among the health targets of the newly adopted sustainable Development Goals (SDG). MOH has adopted WHO Strategies which are aiming at improving TB treatment regimen in order to reduce the incidence and prevalence like DOTS and Patient-centered care (WHO 2015).

In Uganda TB treatment and diagnosis is offered free of charge at government and NGO health facilities where by all patients who test smear positive for AFBS are given treatment course duration of 8months(WHO 2012).

Roles of the patient, TB programmer staff, the community, and other providers are described in assuring adherence to treatment. A treatment supporter must be identified for each TB patient, which may be a health worker, or a trained and supervised member of the community or family and the treatment supervision is defined in the context of a larger support package to address patients’ needs (MOH 2010).

1.2 Statement of the problem.

TB has remained a major global health problem causing ill health among millions of people every year and ranks second leading cause of death from infectious diseases worldwide after HIV affecting one third of the world's population (WHO 2009). In sub Saharan Africa, 5-10% of people are infected with TB and this implies that health workers and the community are continuously exposed to TB patients/cases due to inadequate knowledge, poor attitude and practices of TB patients regarding TB treatment and preventive measures to avoid the spread to others (UNAIDS 2013). In Uganda and Katakwi General Hospital in particular, most patients who come for TB screening usually come after one or more months of cough and even a few who are diagnosed still default treatment and miss their treatment follow up appointments and yet they are supposed to take their drugs on daily basis as per prescribed period of time. Considering the year 2014, 9 patients of 36 patients enrolled on TB treatment had either missed or defaulted treatment for unknown reasons (Hospital records Katakwi General Hospital 2014).

As a result of the above these patients remain infectious to the health workers and community. Therefore, the study has helped to establish the knowledge, attitude and practices of TB patients regarding anti TB drugs/ treatment at Katakwi General Hospital in Katakwi district and this has helped in achieving the SDG.

1.3 Significance of the study

The finding is to be used by the in charges of the health Centre, DHO's office and at the ministry of health in planning, implementation and evaluation of TB treatment in the District.

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The research finding was compiled to make the research report by the researcher and was submitted, to Uganda Nurses and Midwifery Examination Board for the partial fulfilment of the award of Diploma in Nursing Science.

The research results will also be utilized by other future researchers for references on topics related to knowledge, Attitude and practices of TB patients regarding anti TB drugs /treatment.

1.4 Objectives:

Purpose of the study:

To assess the knowledge, attitudes and practices of TB patients regarding Anti TB drugs/ treatment at katakwii general hospital.

Specific objectives:

To assess the knowledge of patients regarding TB treatment among the patients taking anti TB drugs at katakwii general hospital.

To determine the attitude of patients regarding TB treatment at katakwii general hospital.

To determine the practices of patients regarding TB treatment at katakwii general hospital.

1.5 Research Questions:

What was the level of awareness about TB treatment among patients taking anti TB drugs at katakwii general hospital?

What was the attitude of patients towards TB treatment at katakwii general hospital?

What were the practices of patients on TB treatment at katakwii general hospital?

1.6 Justification:

Despite the implementation of international the recommendations and strategies to combat TB DOTS in almost all parts of WHO regions, many international and national efforts exerted on Prevention and control of TB remains a major public problem as many patients are still not seeking care early and those who access TB services do not complete their treatment to declare cure. The non- adherence to TB treatment has also resulted into TB relapses, treatment failure, TB retreatment, death, MDR-TB and XDR-TB which are too expensive treat with very low cure yet they remain infectious to the community(WHO 2012).

In Uganda, TB treatment is provided free of charge in government hospitals, health centers and NGO hospitals but patients are still interrupting treatment, defaulting and others not willing to complete their treatment. The current focus of the NTLP of Government of Uganda is that of the use ofDOTS to achieve and maintain WHO cure rate of over 85% and augmentation of case finding activities to detect at least 70% of estimated cases (MOH 2010).

Achieving these goals requires active patient's participation by way of creating awareness on the etiology, signs, symptoms, management, preventive measures and information of availability of services etc for TB. It is also essential to disseminate information and interact with the people in order to alleviant fear and stigma associated with TB so that people can come forward to seek care. Therefore there is a need to carry out a study to assess the knowledge, attitude and practice of TB patients regarding anti TB drugs / treatment.

CHAPTER TWO: LITERATURE REVIEW.

2.0 Introduction;

This chapter involves the already existing literature regarding knowledge, attitude and practices of TB patients on anti TB drugs/ treatment. Literature was got from internet, text books, journals and other researches already done nationally, in Africa and globally.

2.1 Knowledge of TB patients on anti TB drugs management

A study carried out between March to August 2008 in selected DOTS centers of Dhaka metropolitan city Bangladesh it revealed that Knowledge about course and treatment of tuberculosis among TB patients was quite good, however, misconceptions about transmission of disease led to discrimination like separate utensils for food or drink. Diagnosis of TB is associated with increase anxiety/tension, fear of loss of wage/earning and stigma threatening self-esteem and quality of life. Mass media can be better utilized to remove misconceptions (Saria et al 2012). In another related study about knowledge of TB patients on anti TB drugs carried out in South Africa in 2010 found out that, the majority of the participants were new TB cases with a 55.9% HIV co-infection rate in this adult male and female sample 18 years and older. Significant predictors of non-adherence common to both anti-TB drugs and to dual therapy (ART and anti-TB drugs) included poverty, having one or more co-morbid health condition, being a high risk for alcohol miss-use and a partner who is HIV positive. An additional predictor for non-adherence to anti-TB drugs was tobacco use (Naidoo et al. 2013).

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Another study carried out in Juba City, South Sudan in 2010 about the knowledge of the cause of TB, 80.4% of patients interviewed did not relate causation of TB to a germ but rather to other causes such as cat fur. Eighty one (79.4%) respondents correctly related transmission of TB through coughing. Regarding knowledge of correct disease diagnosis, 87.3% knew they had TB. Regarding symptoms of TB, 52.0% were not knowledgeable of correct symptoms of TB such as prolonged cough. On treatment 39.6% did not know that TB treatment duration is eight months. Fifty six respondents (54.9%) did not know the importance of adherence to treatment, that is, cure and or prevention of development of a form of TB that is difficult to treat/resistant TB or more dangerous form of disease (Kenya et al May 2014).

Related study on local knowledge of TB patients that was conducted in Eastern Uganda found out that respondents had multiple TB etiologies including sharing utensils, heavy labour, smoking, bewitchment and hereditary transmission therefore knowledge seems to be a problem (Waako et al. 2013).

2.2 Attitude of patients regarding TB

Following a study carried out in Jiangsu Province, China it found out that the most stigmatizing attitudes and behaviors of the community members towards the disease and its sufferers lead individuals with TB to hide the diagnosis, default from treatment and to conceal the disease from others due to fear of being discriminated against, isolated, risk of being fired if the employer knows that they have TB while the Unemployment sighted the high cost of disease and heavy financial burdens to the family made many patients to terminate treatment. This implies that attitude not only of the patients but of the community at large plays a big role in TB treatment (WHO 2009).

Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

According to a study which was conducted in ten TCUs in public primary and respiratory care centers in Fez city, Morocco, 82.4% of respondents said that TB patient can stop it's treatment if he feels better; 93.3% among non-adherent patients versus 65.5%, More than half of patients (57.9%) said TB patient can stop DOTS if he can't support medication, and 76.5% said there are many drugs to take. 64.2% believes that if you have TB people do not respect you. There were no significant difference between adherents and non-adherent's patient (Nabil et al. 2014).

A study about attitude of TB patients regarding TB treatment done in School Adolescent, Ogoja urban, Nigeria revealed that respondents had considerable attitude towards tuberculosis as majority of the respondents strongly subscribed to the fact that tuberculosis is a disease that kills 139 (34.7%), adolescent should visit the nearest hospital for treatment if they notice they are infected with TB 245 (61.2%) and tuberculosis patients should be kept in a separate environment 165 (41.2%). On the other hand, most respondents strongly disagreed to the fact that treatment of tuberculosis is free 122 (30.5%) and tuberculosis is a disease of only the elderly people 178 (44.5%)(Osonwa K et al February 2015).

Considering a related study conducted among TB/HIV co-infected adults in Mbarara hospital from January to March 2008 it revealed that the prevalence of non-adherence was high and on continuous phase of the TB regimen was significantly associated with non-adherence Alcohol consumption and cigarette smoking being the most contributing factor(Amuhu et al 2008).

2.3 Practices of patients on preventive measures:

According to the study carried out on the practices of TB patients to prevent the spread of TB that was conducted in Juba City, South Sudan revealed that 94.1% patient (respondents) were able to

Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

perform at least one task to stop spread of disease and 79.4% used a form of personal protective measure like a handkerchief when coughing. Accessing free TB testing was practiced in 100% of cases and on access to free drugs in 99% of cases. A total of 93 respondents (91.2%) did not disclose to members of the community or family that they have the disease TB but rather preferred to call their illness other names such as chronic cough or chest disease.(South Sudan Medical Journal of May 2014) this shows that patients need an ongoing, health education, social support and counselling to enable them prevent the spread of the disease to uninfected people in the community and also to adhere when diagnosed TB positive.

According to the study carried out by ministry of health Uganda 2010 on the practices and control of Tuberculosis infections in health care facilities, it showed that there were still bad/poor practices on TB prevention and control among the TB patients (MOH 2010).

Following the reports of katakwii general hospital (2014) about TBpatient's practices on prevention and control of the spread of TB to the health worker and the community they live in (Hospital records 2014).

CHAPTER THREE: METHODOLOGY.

3.0 Introduction:

This chapter will describe the study design, the study setting, study population, sample size, sampling procedures and data collection methods

3.1 Study design:

A cross-sectional descriptive study design involving quantitative methods of data collection was employed since it involves numerical representation and manipulation of observations for the purpose of describing and explaining the phenomena (Robert, 2014).

3.2 Study area:

The study was conducted at Katakwi General Hospital, It is located by road 154km eastern from Mbale city in the eastern region of Uganda and it is surrounded by Moroto district in the east, Soroti in the west, Amuria in the North and Kumi in the south. Their social economic activities are farming and cattle keeping. The hospital has a bed capacity of 100 patients and served by 86 medical personnel and the services it offers to the community are obstetrics and gynecology, surgery, medical and pediatrics. These services are offered both OPD and inpatient with an average of 200 patients per day. In OPD with 50 medical cases 5% of which are TB cases/patient (according to hospital records 2015). Katakwi district has a population of 165,553 people according to 2014 national census.

3.3 Study population:

The study focused on all patients aged 18years and above both outpatients and inpatients receiving services at the hospital.

3.4. Selection criteria:

3.4.1 Sample size determination:

Fisher's formula which was developed in 1995 will be used for determining the sample size.

According to Fisher's formula, $n = \frac{z^2 pq}{r^2}$

$$r^2$$

Where;

n=sample size in the population,

z=standard deviation at the desired degree of accuracy: standard accuracy=95% which is =1.96,

p=proportion of population of TB patients at Katakwi General Hospital 40%,

q=1-**p**, and **r**= magnitude of error the research is willing to accept is 10%

Therefore $n = \frac{(1.96)^2 * (0.4) * (0.4)}{(0.1)^2}$

$$(0.1)^2$$

n=55 target population.

3.4.2 Sampling procedure and Rationale.

Convenient sampling method shall be used. Convenient sampling is one of the non probability sampling methods which involve drawing samples that are easily accessible and willing to participate in the study, therefore it will be used to select only the TB patients who will attend TB clinic and those admitted in TB ward in order to represent the target population. This method is cheap, easy and time saving (Krueger and Casey, 2009).

3.4.3 Inclusion criteria:

The study included only TB patient's aged 18 years and above who had consented to participate in the study.

3.4.4 Exclusion criteria:

The study excluded patients less than 18 years of age and all those patients who were critically ill or those who were not able to make informed consent to participate in the study.

3.5. Definition of study variables:

3.5.1 Independent Variables:

Demographic factors (age, tribe, location, level of education and religion) are considered as the most distal determinants, which can affect knowledge, attitude and practices of TB patients regarding anti TB drugs.

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3.5.2 Dependent Variable:

The dependent variables were anti TB treatment.

3.6 Research instruments:

A semi structured Questionnaire was used with three sections where; section A is to determine participant's demographic data, section B is to determine knowledge of TB patients regarding anti TB drugs, section C to determine the attitude of TB patients and section D to determine the practices of TB patients.

3.7. Data collection procedure:

The targeted populations were reached after an introductory letter from the Dean school of nursing was issued to the researcher. After obtaining individual consent, participants were interviewed basing on their accessibility until full sample size was realized.

3.7.1 Data management:

Data collected from each participant was managed with maximum level of confidentiality whereby it was coded and stored under lockable cupboard.

3.7.2 Data processing and analysis:

Data generated was processed and analyzed using micro soft excel 2010 and be presented in descriptive forms of pie charts, tables and graphs.

3.8 Ethical considerations:

An approval letter was obtained from the dean school of nursing sciences that introduced the researcher to Katakwi general hospital before commencement of the study and further permission was requested from Katakwi general hospital management and TB clinic in charge/ HOD. Prospective participants were given explanation about the study and only those who consent and assent were included in the study and confidentiality was ensured, cultural beliefs and customs were respected.

3.9 Study limitations:

Since the research was carried out as I was studying, there was limited time to carry out the detailed study in the area of research's study. However this was overcome by proper allocation and utilization of time that is available.

During data collection some participants ask for money, this was solved by proper explanation to the participants.

3.10 Dissemination of Results:

The results from the study were disseminated in hard copy paper print to Uganda Nurses and Midwives Examination Board as well as to KIU Nursing School and Kampala international university library and a copy was produced for Katakwi general hospital that was submitted to SPNO in order to discuss findings and recommendations to entire Katakwi general hospital and the population of patients they serve.

CHAPTER FOUR:

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0: Introduction:

This chapter contains a detailed presentation, analysis and interpretation of the study findings in relation to knowledge, attitude and practices of TB patients about Anti TB Drugs/ treatment at Katakwi General Hospital in Katakwi district.

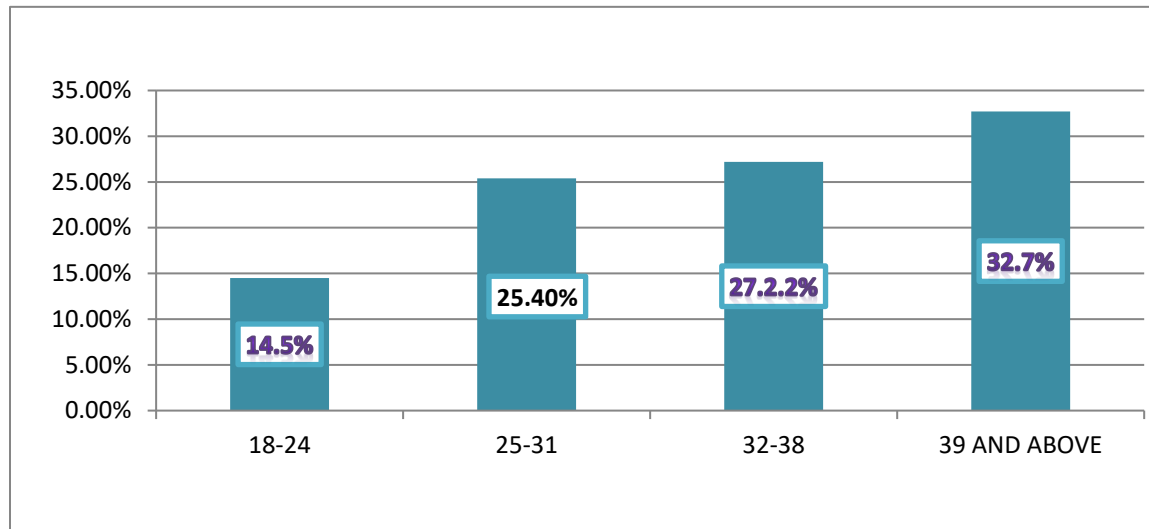
Data was obtained from 55 patients aged 18 years and above who had attended OPD/ TB Clinic and those who were admitted in the wards.

This chapter is also based on biographic characteristics of the respondents, their knowledge, attitude and practices towards Anti TB Drugs/ treatment.

A: DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS:

4.1.1: Age class of respondents:

Figure 1: Distribution of respondents by Age class: n=55



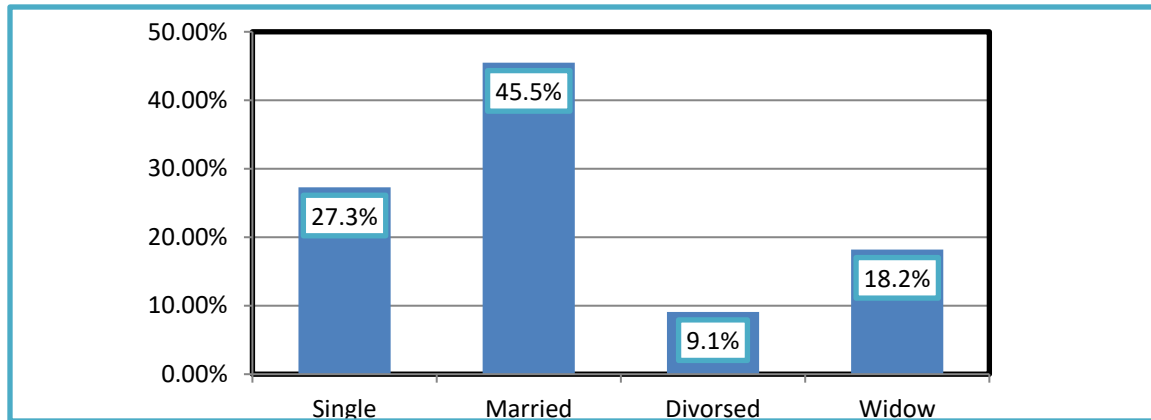
More than $\frac{1}{3}$, 32.7% (18) of the respondents were between 39 years and above of age and closely followed by 27.2% (15) respondents between 31-38 years of age. The least number of respondents were between 18-22(8) years as shown in the figure 1 above.

4.1.2: Sex of the respondents: n=55

Majority of respondents 32(59.1%) were females and 22(40.9%) were males.

4.1.3: Marital status of respondents:

Figure 2: Distribution of respondents by Marital status n=55

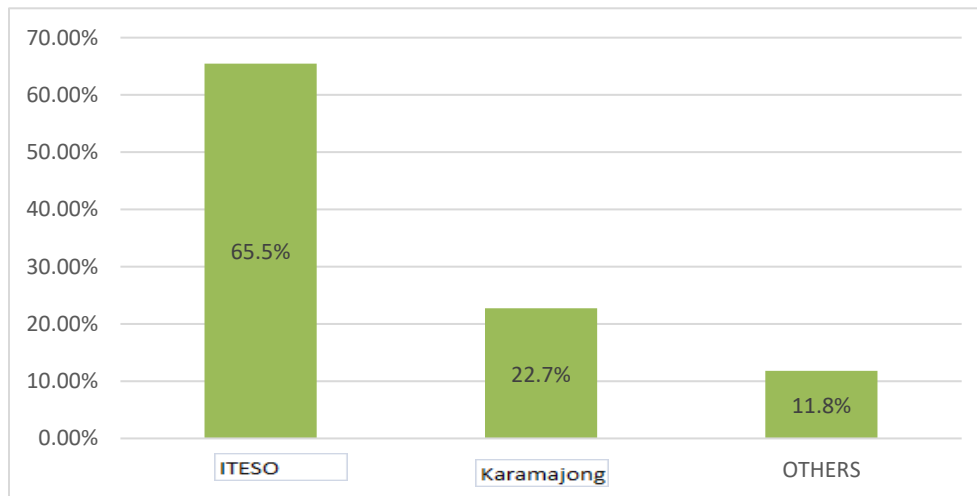


Source: Field data, 2016

Almost $\frac{1}{2}$ of the respondents 45.5% (25) were married, followed by 27.3% (15) of the respondents were single and 18.2% (10) were widows as shown in fig 2.

4.1.3: Tribe of the respondents:

Figure 3: Distribution of respondents by tribe n=55



Source: Field

data, 2016.

The majority of the respondents 65.5 % (36) were Iteso and one fifth 22.7% (12) of the respondents were Karamajong as shown in fig 3.

4.1.4: Religious affiliation of the respondents:

Table 1: showing practices of respondents on current preventive measures of TB in use:

n=55

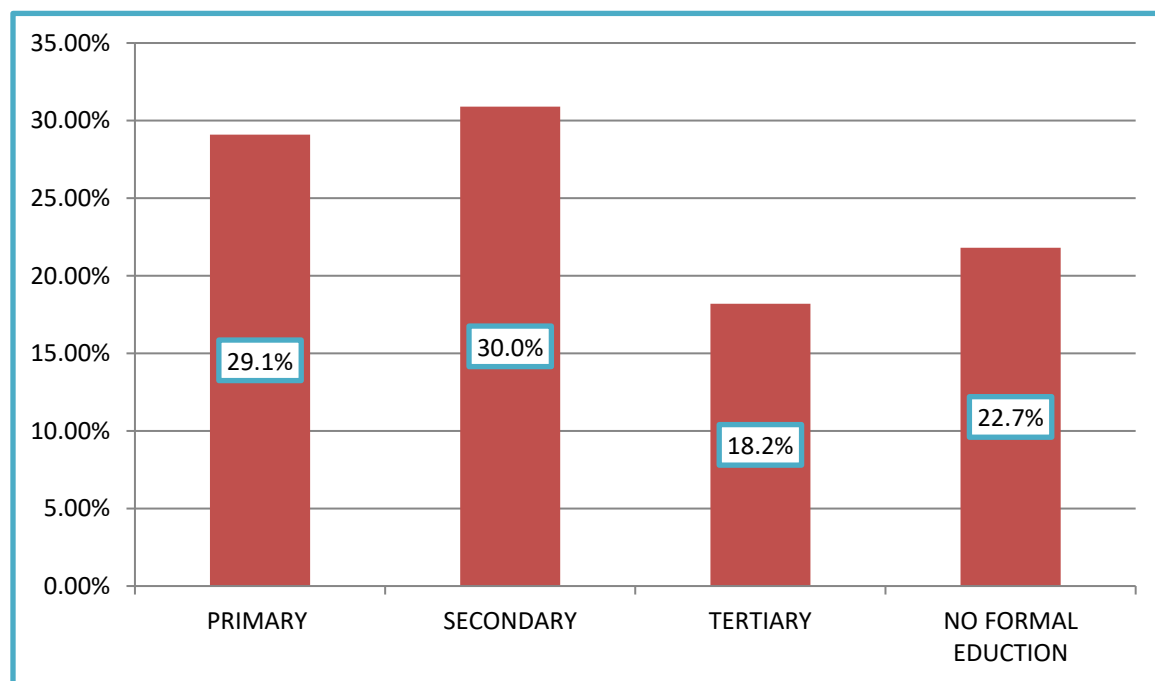
Religion	Number	Percentage
Anglican	20	36.4%
Catholics	19	34.5%

S.D.A & Isa Messiah	4	7.3%
Pentecostal	12	21.8%
Total	55	100%

Most of the respondents, 36.4% (20) were Anglicans, and the least 7.3% (4) were other religions which included; 2 Seventh day Adventists and 2 Isa Messiah as shown in table 2 above.

4.1.5: Education status of the respondents:

Figure 4: Distribution of Respondents by Level of Education =55



Nearly $\frac{1}{3}$ of the respondents, 30% (16) had attained secondary school education unlike 22.7% (12) respondents had never had formal education as shown in figure 4 above.

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4.1.6: Occupation of the respondents:

Table 2: Distribution of respondents by occupation n=55

occupation	Frequency	Percentage
peasant	33	60%
Unemployed	9	16.3%
Employed	3	5.4%
Farmers	7	12.7%
Business	3	5.4%
Total	55	100%

Majority of the respondents 33(60%) were peasants followed by 9(16.3%) respondents who were unemployed and 3(5.4%) was the employed.

B: KNOWLEDGE ON ANTI TB DRUGS/ TREATMENT

4.2.1: Knowledge of respondents about the meaning of TB:

Table 3: showing knowledge of respondents about the meaning of TB: n=55

Meaning.	Frequency.	Percentage (%)
A terrible disease with headache with vomiting only.	13	23.6%
Harmless disease for the poor people.	8	14.5%
TB is a disease that affects lungs and organs of the body caused by a germ (mycobacterium)	27	49%
Don't know	7	12.7%
Total	55	100

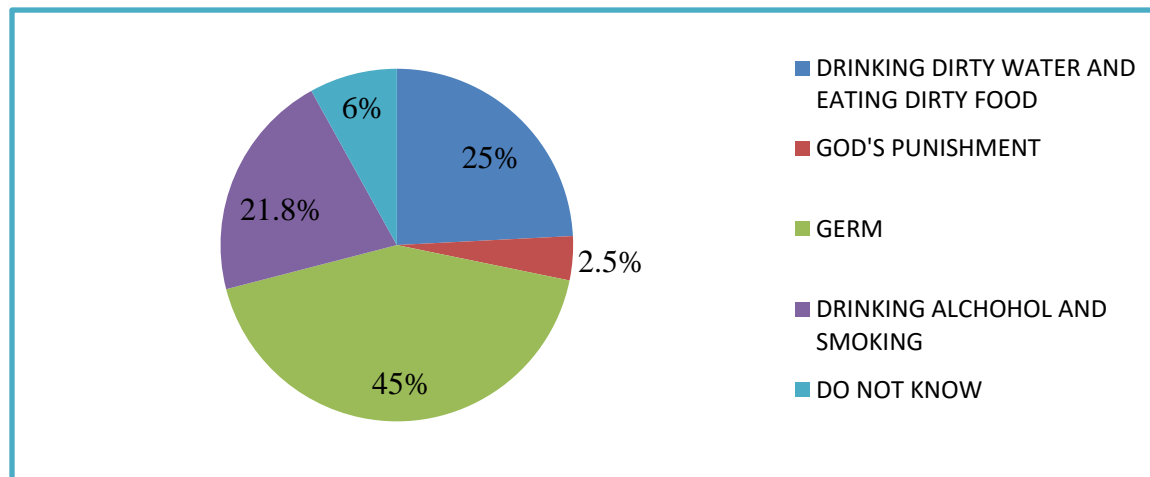
Source: Field data, 2016

Nearly ½ of the respondents 49% (27) said that TB is a disease that affects lungs and organs of the body caused by a germ (mycobacterium), followed by 23.6% (13) who said that it is A terrible disease with headache with vomiting only 12% (7) respondents said that it is Harmless disease for the poor people and the least number of respondents 15.5% (8) said that they did not know what it as shown in table 4 above.

4.2.2: Knowledge of respondents about the causes TB:

Figure 5: A showing distribution of the knowledge of the respondents about the causes TB.

n =55



Source: Field data, 2016

Almost $\frac{1}{2}$ of the respondents 45.4% (25) answered right cause of TB as germ (mycobacterium) and 47.2% (26) of the respondents gave a variety of wrong causes of TB such as drinking dirty water, eating dirty food, God's punishment, drinking alcohol and smoking, 6.2%(4) said that they did not know as shown in the figure 6 above.

4.2.3: Knowledge of respondents about the group of people at risk suffering from TB:

Table 4: showing knowledge of respondents about the group of people at risk suffering from TB: n=55

Group of people	Frequency	Percentage
People with weak immunity, HIV/AIDS, children and those sharing crowded houses with TB patients.	22	40%
People who do not pray	8	14.5%
Poor people who cannot afford to buy drugs for cough from nearby drug shops.	19	34.5%
I don't know	6	10.9%
Total	55	100

Source: Field data, 2016

Most of the respondents 40% (22) said people with weak immunity, HIV/AIDS, children and those sharing crowded houses with TB patients followed by 34.5% (19) who said Poor people who cannot afford to buy drugs for cough from nearby drug shops and the least number of respondents 10.9%(6) said that they did not know

4.2.4: Awareness of respondents about the signs and symptoms of TB:

Table 5: showing knowledge of respondents about the signs and symptoms of TB: n=55

Signs and symptoms	Frequency	Percentage
Wrong answers	23	41.8%
Right answer	26	47.2%
I don't know	6	10.9%
Total	55	100%

Source: Field data, 2016

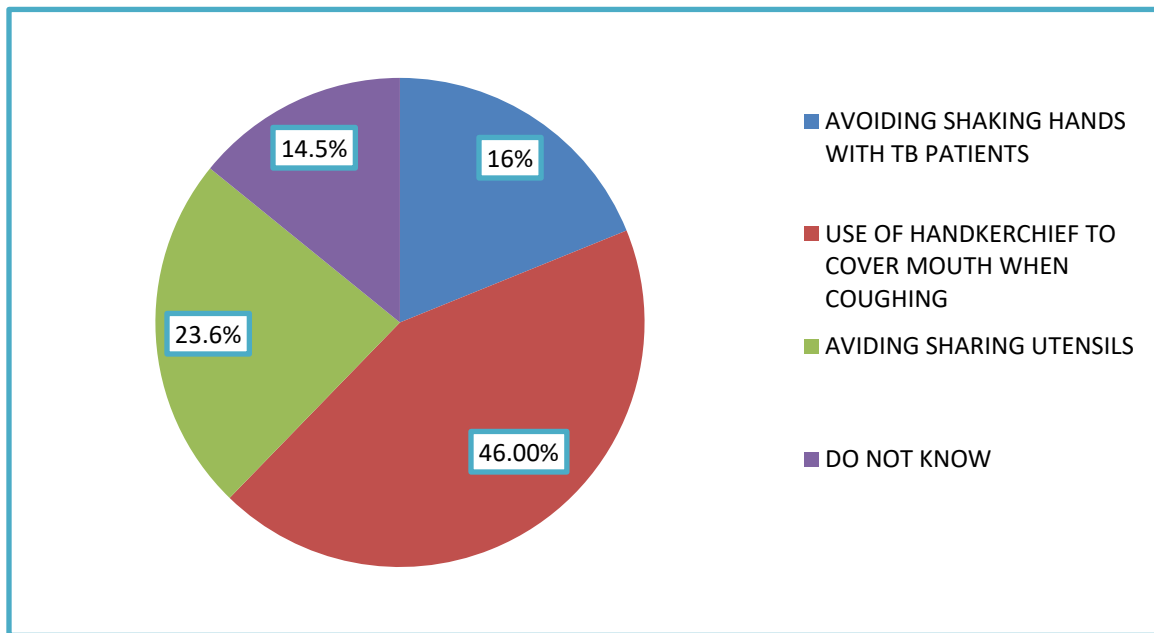
Nearly $\frac{1}{5}$, 48.2% (26) of the respondents answered correct signs and symptoms of TB as are Coughing blood, weight loss, fever, sweating at night and prolonged cough for longer than 2 weeks and difficult breathing, 42.7% (23) answered wrong as they said diarrhea and tiredness were signs and symptoms of TB while others did not have an idea as shown in the table 5 above.

4.2.5: Knowledge on prevention of TB: n=55

Most of the respondents 49(90.9%) said that can be prevented and only 4(9.09%) said that it cannot be prevented.

4.2.6: Knowledge on preventive measures of TB:

Figure 6: A pie chart to show respondents' Knowledge on preventive measures of TB: n=55



Source: Field data, 2016

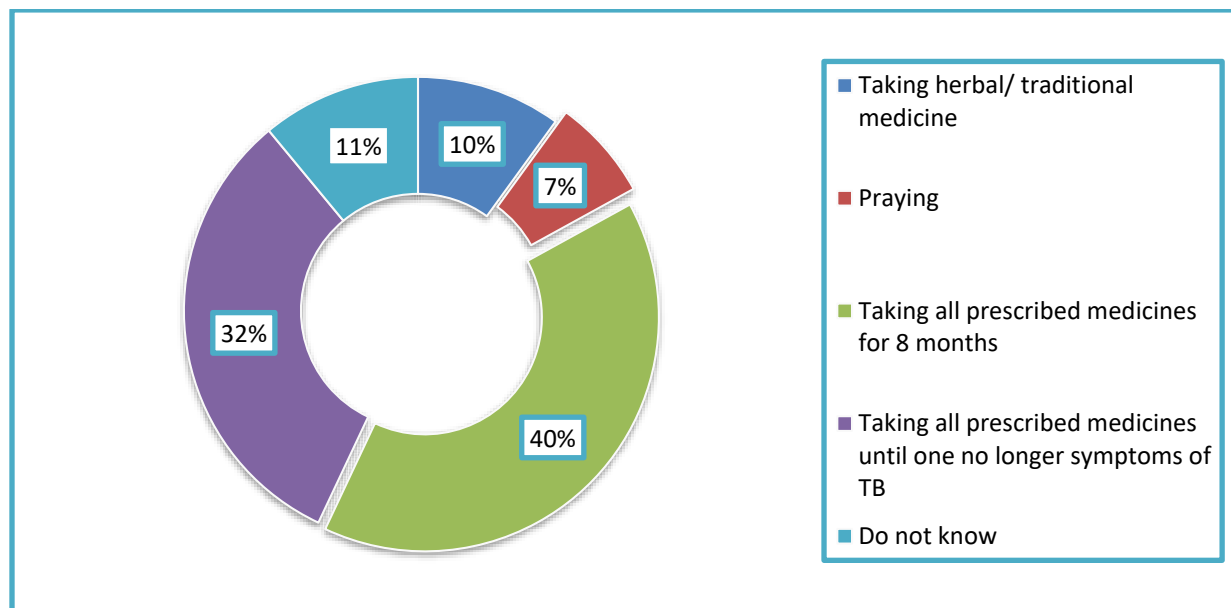
Most of respondents 45.4% (25) said that encouraging TB suspects and patients to always cover their mouth with hand kerchief when coughing, sneezing, sighing and taking all the drugs as recommended by the health followed by 23.6% (13) who said by avoiding sharing utensils like cups and plates with TB patients and the least number 14.5% (8) said that they did not know ways of avoiding TB as shown in the figure 7 above.

C: ATTITUDE TOWARDS TB TREATMENT:

4.3.1: Attitude towards cure of TB: n=55

Majority of the respondents 90.9% (49) said TB can be cured and only 9.1% (5) said it cannot be cured.

Figure 7: A pie chart to show attitude of respondents on how TB is cured: n=55



Source: Field data, 2016.

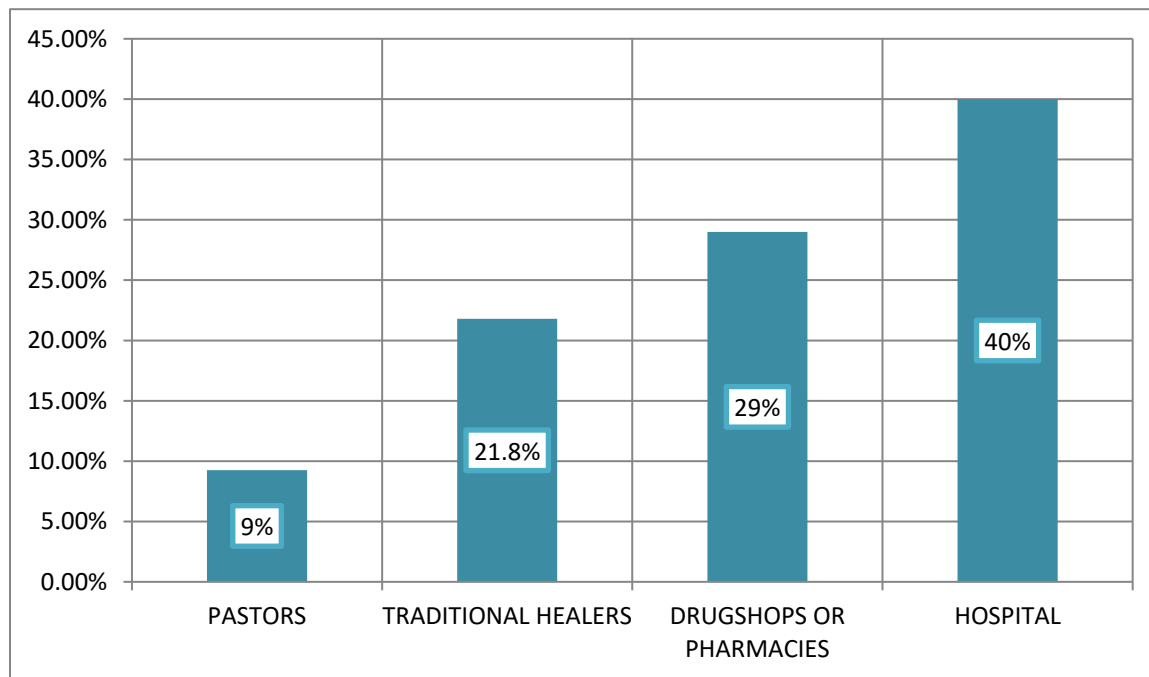
More than $\frac{1}{3}$, 40% (22) of them believed in taking all medicines as prescribed for 8 months, followed by 17 (32%) who said all medicines until when one feels better and the least number of them 3 (7%) said by praying as shown in the figure 8 above.

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4.3.2: The feeling of respondents about getting TB treatment by those infected: n=55

Almost all the respondents interviewed 98.2% (54) believed that people with TB should get treatment and only 1.8% (1) said that they should not get treatment.

Figure 8: showing where the respondents think to get treatment TB from: n=55



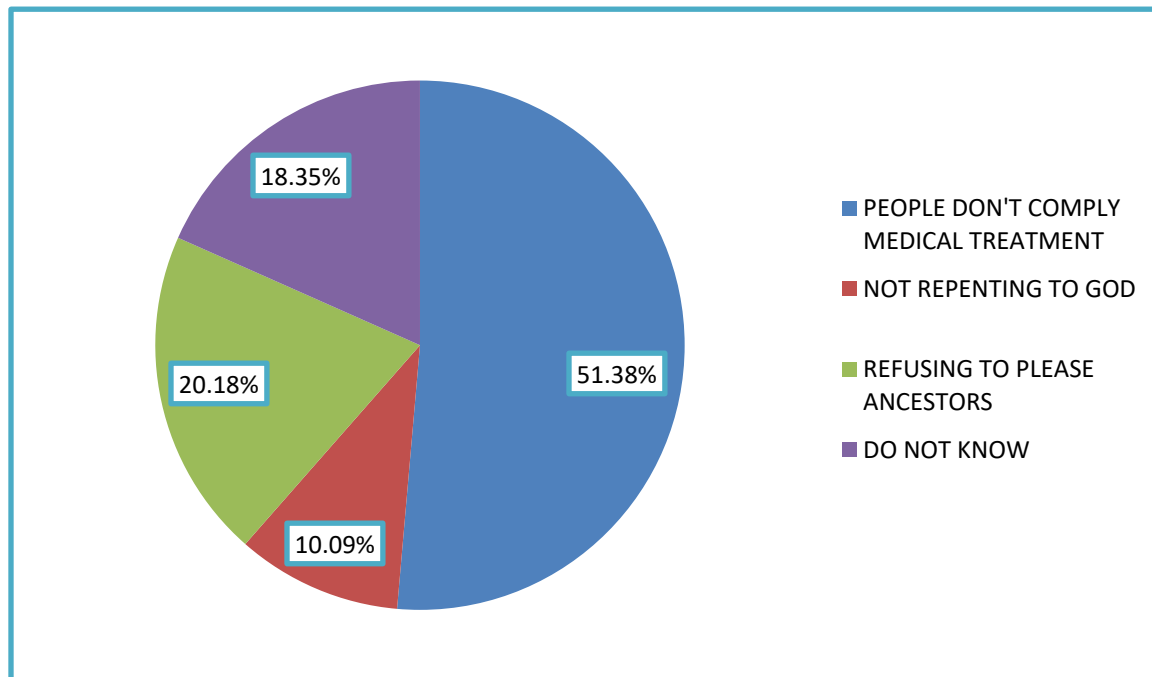
Source: Field data, 2016

More than $\frac{1}{3}$ of respondents 40% (22) said that they should go to the hospital for free treatment, followed by 29% (16) who said drug shops or pharmacies and the least number of the respondents 9.0% (5) said pastors who will pray for them as shown in the figure 9 above.

4.3.3: Believes of the respondents about TB: n=55

Almost all the respondent interviewed 99.1% (54) believed that TB is a disease that kills and only 0.9% (1) answered that it does not kill.

Figure 9: A pie chart to show Believes of the respondents about people TB kills: n=55



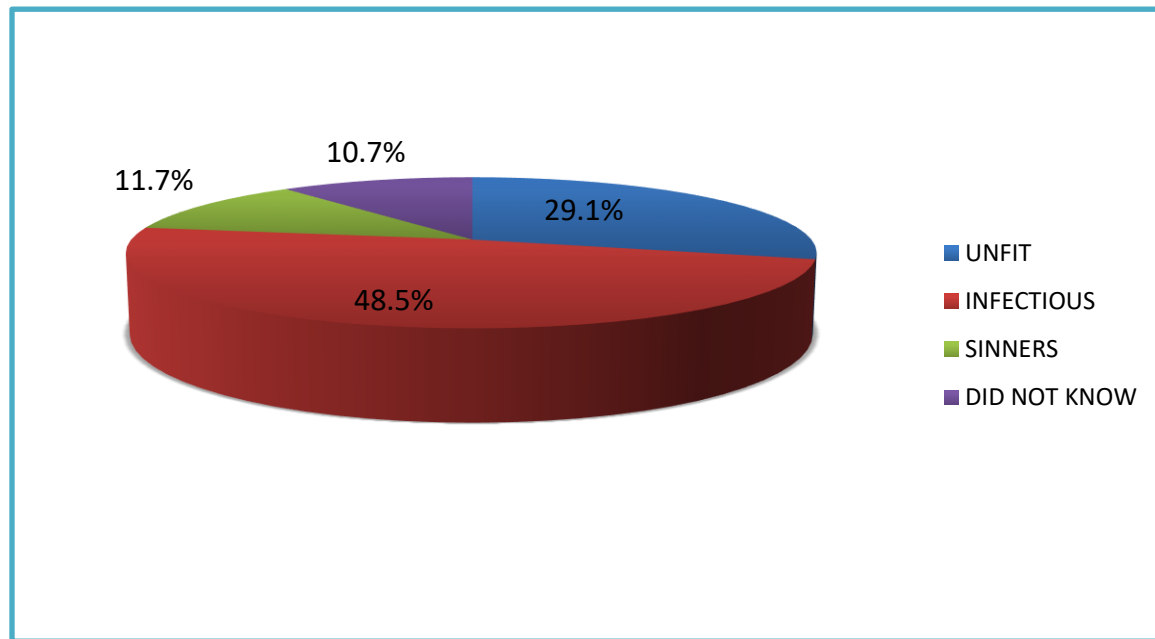
Source: Field data, 2016

About $\frac{1}{2}$ of the respondents 51.4% (28) said that TB kills people who do not comply with medical treatment followed by 20.2% (11) who said that it kills people who refuse to please ancestors and the least number of the respondents said people who do not repent to God as shown in the figure 10 above.

4.3.4: Attitude of the respondents towards isolation of TB patients: n=55

Almost all the respondents 93.6% (51) answered that TB patients should be isolated and only 6.4% (3).

Figure 10: showing respondents' reasons for isolating TB patients: n=55



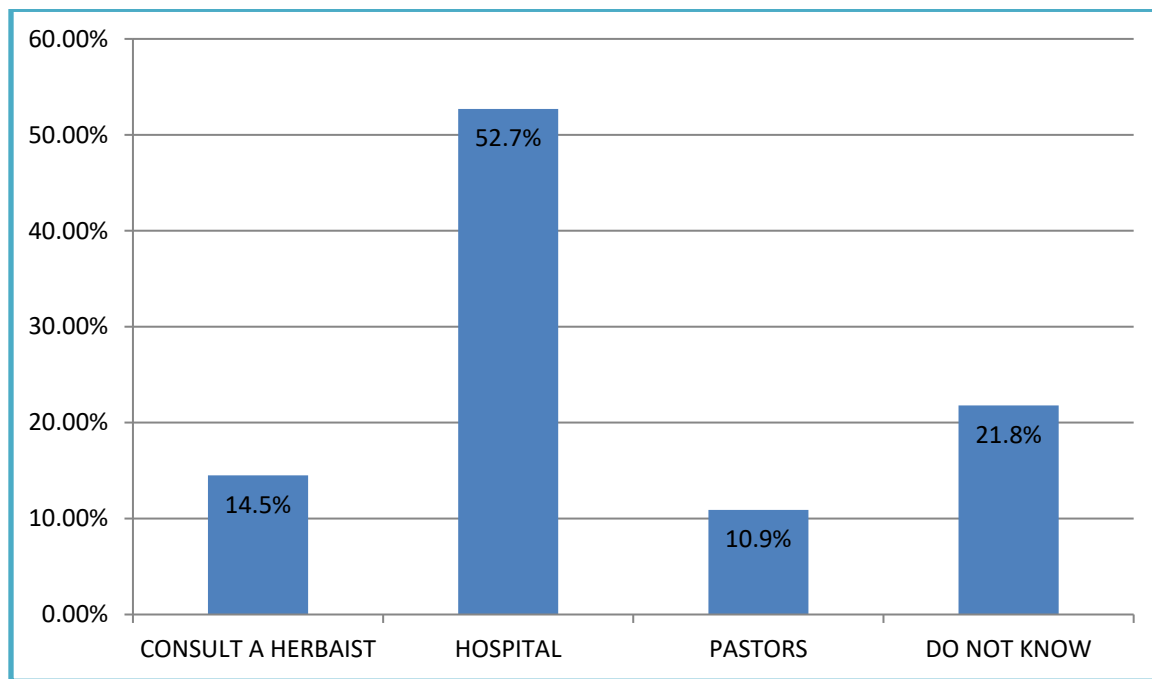
Source: Field data, 2016

Almost $\frac{1}{2}$ of the respondents 48.5% (26) said they can spread TB when they cough, sneeze or spit they can spread TB to uninfected people, followed by 29.1% (16) said because they are un fit to socialize with and the least number of the respondents 6(10.68%) said that they did not know the reason for isolating TB patients as shown in the figure 11 above

4.4.0: PRACTICES OF THE RESPONDENTS ON TB TREATMENT

4.4.1: What the respondents will do if they present with signs and symptoms of TB:

Figure 11: showing what the respondents will do if they present with signs and symptoms of TB: n=55

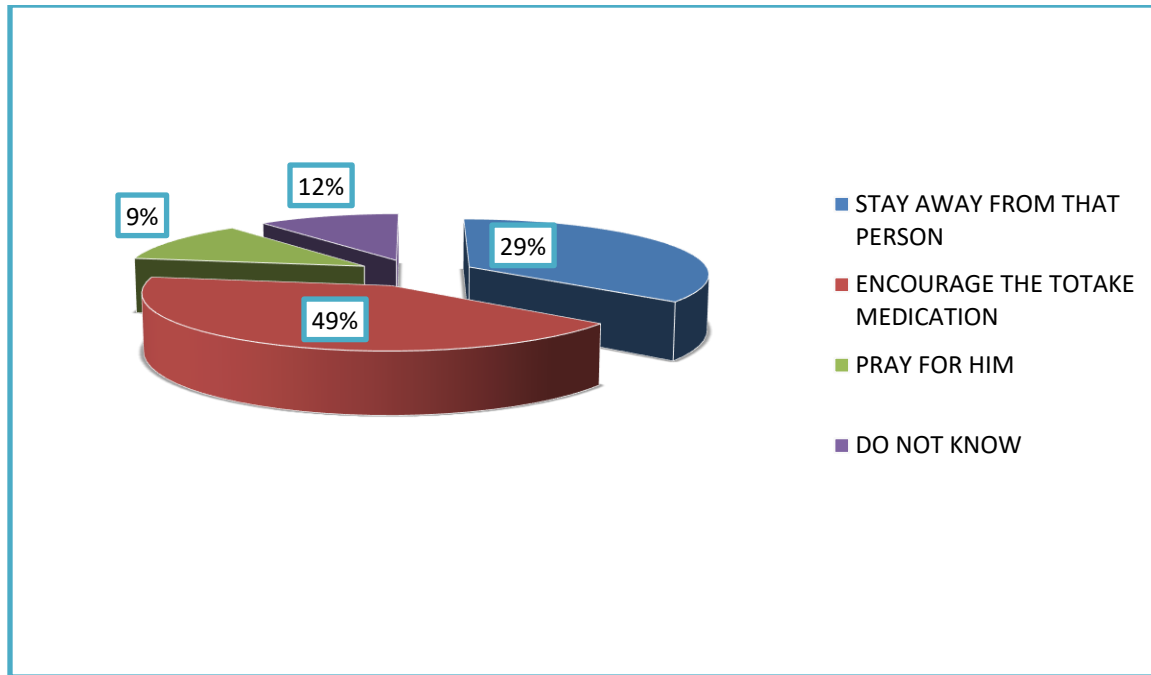


Source: Field data, 2016

Majority of the respondents 52.7% (29) said that they will go to the hospital to get treatment, followed by 21.8% (12) respondents who said that they did not know what to do and the least number of the respondents 10.9% (6) said that they will go to the pastor for prayers as shown in the figure 12 above.

4.4.2: What they will do when they notice someone with TB in a community:

Figure 12: A pie chart to show the respondents practices towards TB patients in a community: n=55



Source: Field data, 2016

Exactly $\frac{1}{2}$ of the respondents 49%(27) said that they will encourage him/her to take all his/her medications as prescribed by the doctor, followed by 29%(16) said that they will stay away from that person and the least number of respondents 9% (5) said they will pray for the person as shown the figure 13 above.

4.4.3: Practices of respondents on current preventive measures of TB in use:

Table 6: showing practices of respondents on current preventive measures of TB in use:

n=55

Preventive measure	Frequency	Percentage
Reporting all TB patients to the pastor	5	9%
Use of masks and gloves in community with TB patients	10	18.2%
Avoiding eating, shaking hands and talking with suspected TB patients	13	23.6%
Reporting TB suspects to VHT, going to hospital and immunization of children under 5 years	22	40%
Do not know	5	9%
Total	55	100%

Source: Field data, 2016

Less than $\frac{1}{2}$ of the respondents 40% (22) said that all suspected TB patients must be reported to VHT and encouraged to go to the hospital to get treatment and immunizations of all children under 5 years against TB, followed by 23.6% (13) who said by avoiding eating, shaking and talking with a suspected TB patient, and the least number of respondents 5(9%) replied that they did not practice any preventive measures of TB as shown in table 9 above.

CHAPTER FIVE:

RESEARCHDISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.0: Introduction:

This chapter presents the discussion of the research findings, conclusions and recommendations in relation to the research objectives. The results are discussed in line with the research findings under the following headings;

Socio-Demographic Characteristics of the respondents.

Knowledge

Attitude

Practices.

5.1: Socio-Demographic Characteristics of the respondents:

The study revealed that most of the respondents 35(63.6%) were Iteso this is because katakwii District as a whole is mainly occupied by Iteso and this could be the reason as to why they are many. More so Information and health education about TB treatment is mainly done in Ateso language which quickens their understanding. This in turn promotes knowledge, attitude and practices towards TB treatment. This is contrary to the Karamajong 13(23.6%) and others 7(12.7%) which included 2Kumam, 3Acholi, 1Bagisu and 1 Bagwere. Their language barrier makes them fail to pick information about knowledge, attitude and practices towards TB treatment and this is why they came in few numbers. The study also found out that more than $\frac{1}{3}$, 33.6% (18) of the

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respondents were between 39 years and above of age, majority of respondents 32(59.1%) were females and almost $\frac{1}{2}$ of the respondents 45.5.2% (25) were married this could be because of their better health seeking habit and their responsibility of caring for the young ones in the family. Nearly $\frac{1}{3}$ of the respondents 30% (16) had attained secondary school education and majority of the respondents 33(61.8%) were peasants. This was below the researcher's expectation as he had expected reverse since the health centre is located in town.

5.2: Knowledge of the respondents on TB:

Basing on the study findings, the respondents generally had better knowledge on TB as shown by having all the respondents 100% (55) saying that they had ever heard of TB treatment, about average number of respondents 48.2%(26) were able to correctly define TB as is a disease that affects lungs and organs of the body caused by a germ (mycobacterium), about average number of the respondents 47.2%(26) knew one or more of the signs and symptoms of TB as Coughing blood, weight loss, fever, sweating at night and prolonged cough for longer than 2 weeks. Study findings are in line with a study by **M.U.Mushtaq et al (2011)**: in India, which reported that 73.7% cough with sputum, weakness and breathlessness 40.4%, fever 34.3%, and haemoptysis 30% were mentioned as symptoms of TB [9]. In Pakistan most commonly recognized symptom was cough 83.5%, fever 54.7%, chest pain 24.7%, and bloody sputum 24.7% and almost all the respondents 90.9%(50) knew that TB can be prevented.

This is not in line with findings obtained by **Gilpin et al(2009)**: which showed that respondents' "sufficient" knowledge of TB is very low as respondents had misconceptions about TB which was exhibited by many and also does not concur with **Kenya et al (2010)**: which found that eight in

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ten of the patients did not know that TB is caused by a germ or an agent that is transmissible from an infected person to another rather related it to community beliefs such as inhalation of fur of cats but it almost in line with the findings of **Mukhtar et al (2009)**: in North East Libyawhich showed that half of the respondents (50%) were able to answer correctly the cause of TB.

However, despite the fact that there was better knowledge concerning TB treatment, signs and symptoms, cause and prevention, still some of them had wrong or limited information about the meaning, cause and prevention of TB. About the meaning of TB, they gave a variety of answers as follows; a terrible disease with headache and vomiting only, it is Harmless disease for the poor people and others said that they did not know what TB means. While concerning the cause, the wrong information from the respondents suggested God's punishment, drinking dirty water, eating dirty food, drinking alcohol and smoking as the causes of TB with others saying they did not know the cause. On the signs and symptoms, they mentioned diarrhea and tiredness while others did not know and many 30(54.5%) of respondents did not know correct preventive measures as the thought by avoiding shaking hands with TB suspects and patients, by not sharing utensils like cups and plates with TB patients would prevent TB and others said they did not know ways of avoiding TB. This is almost in line with a study carried out in Tigray, northern Ethiopia by **Mengisteet al** which revealed that only 14.5% of respondents were able to mention vaccination and modern treatment as means of PTB prevention though slightly better. This poor knowledge could be attributed to their source of information where the respondents may not get detailed information about TB treatment since the source is not mainly from the health worker hence limited knowledge is obtained by the respondents.

5.3: Attitude of patients of patients about TB treatment:

The study findings revealed that respondents generally had better attitude towards TB as evidenced by almost all the respondents 90.9% (49) believing that TB is curable, nearly all the respondents 98.2%(54) interviewed believed that people with TB should, 99.1%(54) of respondents believed that TB is a disease that kills, and almost all the respondents 93.6%(51) had believed that TB patients should be isolated. This is in line with **Saria et al, (2008):Bangladesh** in selected DOTS centers of Dhaka metropolitan city, which revealed that 98% of the respondents mentioned that TB could be cured completely through taking specific drugs from DOT centres.

On the other hand, despite of better general attitude towards TB, some of them still had misconceptions about the TB cure, treatment and reasons for isolation of TB patients. This is evidenced by more than $\frac{1}{2}$ of the respondents 60%(33) saying taking prescribed by health worker all medicines until when one feels better, taking herbal/ traditional medicine and as means of curing TB while others said by praying . This agrees with **E. Buregyeya et al (2011):**which revealed that poor knowledge about TB and traditional misbeliefs are associated with delays in case detection. About where to get treatment from, more than $\frac{1}{2}$ of the respondents 58.4% (32) believed that traditional healers, drug shops or pharmacies and pastors were their treatment options. About the category of people TB kills, they had a wrong perception as they thought that people who refuse to please ancestors or those who do not repent to God and others had no idea of people TB kills. This was even made worse when majority of respondents 70.9% (38) said being unfit to socialize with and being sinners as their reasons for isolation and others did not have an idea but they

believed that TB patients should be isolated.. This can still have an impact on TB diagnosis and seeking attitude among patients.

5.4: Practices of the respondents on TB treatment:

The study found out that more than $\frac{1}{2}$ of respondents would practice good preventive measures towards TB as evidenced by 54.5% (29) respondents had a good practice about TB treatment as the hospital was their treatment choice in case they present with signs and symptoms of TB, Concerning TB patients in the community, exactly 50.0% (27) of the respondents said that they will encourage him/her to take all his/her medications as prescribed by the health worker. About preventive measures, 40.9% of respondents said correctly that all suspected TB patients must be reported to VHT and encouraged to go the hospital to get treatment and immunizations of all children under 5 years against TB as current preventive measures.

This was short of the expectations of researcher since Katakwi general hospital is in urban health facility where people have easy access to information about TB through mass media among others and also basing on the fact that they had better general knowledge and attitude. But this was higher than Mengiste M Mesfin et al (2012) Tigray, northern Ethiopia which revealed that only 14.5% of respondents were able to mention vaccination and modern treatment as means of PTB prevention. While a majority 45.5% (25) of the respondents expressed practices such as going to pastors for prayers, consulting herbalist/traditional healer or never had an idea about TB treatment in case they get TB, concerning TB patients in the community 50% (27) either said staying away from that person, praying for the person or did not even know what to do and avoiding eating, shaking and talking with a suspected TB patient, Reporting all TB patients to the pastor, use of masks and gloves in community with TB patients and some did not know practice any preventive measures of

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TB . Such practices will lead to stigmatization of the patients, poor adherence to treatment, development of MDR-TB or more people will be infected with TB in the community.

This could be due to limited knowledge about current preventive measures of TB.

Conclusion

This study recorded better general knowledge and attitude towards TB, although there were misconceptions about meaning, signs and symptoms, cause, prevention, cure, treatment modality and isolation of TB patients were reported found to be average among the respondents interviewed in Katakwi general hospital. Some of the respondents reported likely hood of discrimination and social stigma like separate utensils for food or drinks of TB patient as they considered TB patients as sinners and unfit people to socialise.

Recommendations

The researcher made following recommendations to improve on the knowledge, attitude and practices of the patients towards TB;

The health unit in charge and the office of the principal medical office the responsibility of intensifying awareness campaigns on endemic infectious diseases like TB in the community through integration of TB health education with routine immunisation activities.

VHTs and religious leaders should be trained intermittently on key diseases such as TB and HIV/AIDS and be provided with regular updates on their prevention strategies to effectively impact the community where patients live.

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Further research should be carried out on the impact of TB stigma on TB diagnostic delay, treatment compliance.

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Appendix I: RESEARCH CONSENT FORM

CONSENT FORM TO PARTICIPATE IN RESEARCH

Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

IamOkotel Emmanuel a diploma in nursing student at kiu-wc school of nursing conducting a
**STUDY ON KNOWLEDGE, ATTITUDE AND PRACTICES OF TUBERCULOSIS
PATIENTS REGARDING ANTI TUBERCULOSIS DRUGS AT KATAKWII GENERAL
HOSPITAL, KATAKWII DISTRICT.**

Iam kindly requesting you to participate in this study. Participation in this research is voluntary and no payment of any form shall be made to the participants at the end of the exercise. Failure to participate will not affect your treatment at this hospital.

If you volunteer to participate in this study, you will be requested to answer a few simple questions from a questionnaire, prepared in English (the questionnaire will be translated upon request). All information provided will be kept confidential.

Participation and withdrawal

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study.

Signatures of participant.....date.....

Signature of researcher..... date

Tel .no. 0777157775

SECTION A: DEMOGRAPHIC DATA;

1. Age.

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a) 18-24 ☐ b) 25-31 ☐ c) 32-38 ☐ d) 39 and above ☐

2. Sex

a) Male ☐ b) Female ☐

3. Marital status.

a) Single. ☐ b) Married. ☐ c) Divorced. ☐ d) Widow ☐

e) Others.....

4. Tribe.

a) Etesot/Atesot. ☐ b) Kumam. ☐ d) Others specify.....

c) Karamajong ☐

5. Religion.

a) Anglican ☐ c) Moslem . ☐ e) Others specify.....

b) Catholic ☐ d) Pentecostal ☐

6. Education level.

a) Primary ☐ c) Tertiary ☐

b) Secondary ☐ d) No formal education. ☐

7. Occupation.

a) Employed c) other ☐ specify.....

b) Unemployed ☐ d) Business ☐

SECTION B: KNOWLEDGE ON TB TREATMENT:

8. What is TB?

Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

- a) A terrible disease with headache with vomiting only. ☐
- b) Harmless disease for the poor people. ☐
- c) It is a disease that affects lungs and organs of the body caused by a germ (mycobacterium). ☐
- d) I do not know. ☐

9. What is the cause of TB?

- a) Drinking dirty water and eating dirty food. ☐
- b) The cause is God's punishment. ☐
- c) A germ (mycobacterium). ☐
- d) Drinking alcohol and smoking. ☐
- e) I don't know. ☐

10. Which group of people is more likely to suffer from TB?

- a) People with weak immunity ☐
- b) HIV/AIDS ☐
- c) Children ☐
- d) Those sharing crowded houses with TB patients. ☐
- e) People who do not pray. ☐
- f) Poor people who cannot afford to buy drugs for cough from nearby drug shops. ☐
- g) I don't know. ☐

11. What are some of the signs and symptoms of TB?

- a) Coughing ☐
- b) Difficult breathing. ☐
- c) Tiredness ☐

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- d) Coughing blood ☐
- e) weight loss ☐
- f) Fever ☐
- g) sweating at night ☐
- h) Prolonged cough. ☐
- i) Diarrhea. ☐
- j) I don't know. ☐

12. Can TB be prevented?

- a) Yes ☐ b) No ☐

13. If yes, how can one avoid TB?

- a) By avoiding shaking hands with TB suspects and patients. ☐
- b) Encouraging TB suspects and patients to always cover their mouth with hand kerchief when cough, sneezing and sighing and when tested positive should take all there drugs as recommended by the health worker. ☐
- c) Avoid sharing utensils like cups and plates with TB patients. ☐
- d) I don't know. ☐

14. Are you on TB treatment?

- a) Yes ☐ b) No ☐

15. How long have you had the treatment?

- a) One mouth ☐
- b) Three months ☐ c) Four mouths ☐

SECTION C: ATTITUDE TOWARDS TB TREATMENT

16. Do you agree that TB can be cured?

a) Yes, agree. ☐

b) No, I disagree. ☐

17. If you agree, how can they be cured?

a) By taking herbal/traditional medicine. ☐

b) By praying ☐

c) By taking all the medicines as prescribed for 8 months. ☐

d) By taking all the medicines as prescribed until one feels better. ☐

e) I don't know. ☐

18. Do you agree that people with TB should get treatment?

a) Yes ☐ b) No ☐

19. If yes where should they get treatment from?

a) Pastors who will pray for them. ☐

b) Traditional healers who will consult to forgive them. ☐

c) To the drug shops or pharmacies and buy drugs for themselves. ☐

d) Should go to the hospital for free TB treatment. ☐

20. Do you believe that TB kills?

a) Yes ☐ b) No ☐

21. If yes who does it kill?

a) Those who do not comply with medical treatment. ☐

b) Those who do not repent to God. ☐

Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

- c) Those who refuse to please ancestors. ☐
- d) I don't know. ☐

22. Do you agree that people with TB should be isolated from others?

- a) Yes, I agree ☐ b) I disagree ☐

23. If yes why should they be isolated?

- a) Because they are sinners. ☐
- b) Because they are not fit to socialize with. ☐
- c) Because when they cough, sneeze, spit they can spread TB to uninfected people. ☐
- d) I don't know. ☐
- e) Others specify.....

SECTION D: PRACTICE ON TB TREATMENT

24. Where did you go when you were diagnosed with TB? ☐

- a) I will consult an herbalist/traditional healer for treatment. ☐
- b) I will go to the hospital to get treatment. ☐
- c) I will go to the pastor for prayers. ☐
- d) I don't know. ☐
- e) Others specify.....

25. What should you do when you notice someone in your community with TB?

- a) Stay away from that person. ☐
- b) Encourage him/her to take all his/her medications as prescribed by the doctor. ☐

Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

c) Just pray for him. ☐

d) I don't know. ☐

26. What current preventive measures are you using to avoid TB in your community today?

a) Reporting all TB patients to the pastors for prayers. ☐

b) Use of masks and gloves in a community with a TB patient. ☐

c) Avoiding eating, shaking and talking with a suspected TB patient. ☐

d) All suspected TB patients must be reported to VHT and encouraged to go to the hospital to get treatment and immunizations of all children under 5 years against TB. ☐

27. How do you take your drugs?

a) Once every day ☐ b) once every week ☐

c) Once every month ☐

28. Have you ever missed your drugs?

a) Yes ☐ b) No ☐

APPENDIX II: (WORK PLAN)

PERIOD	ACTIVITY
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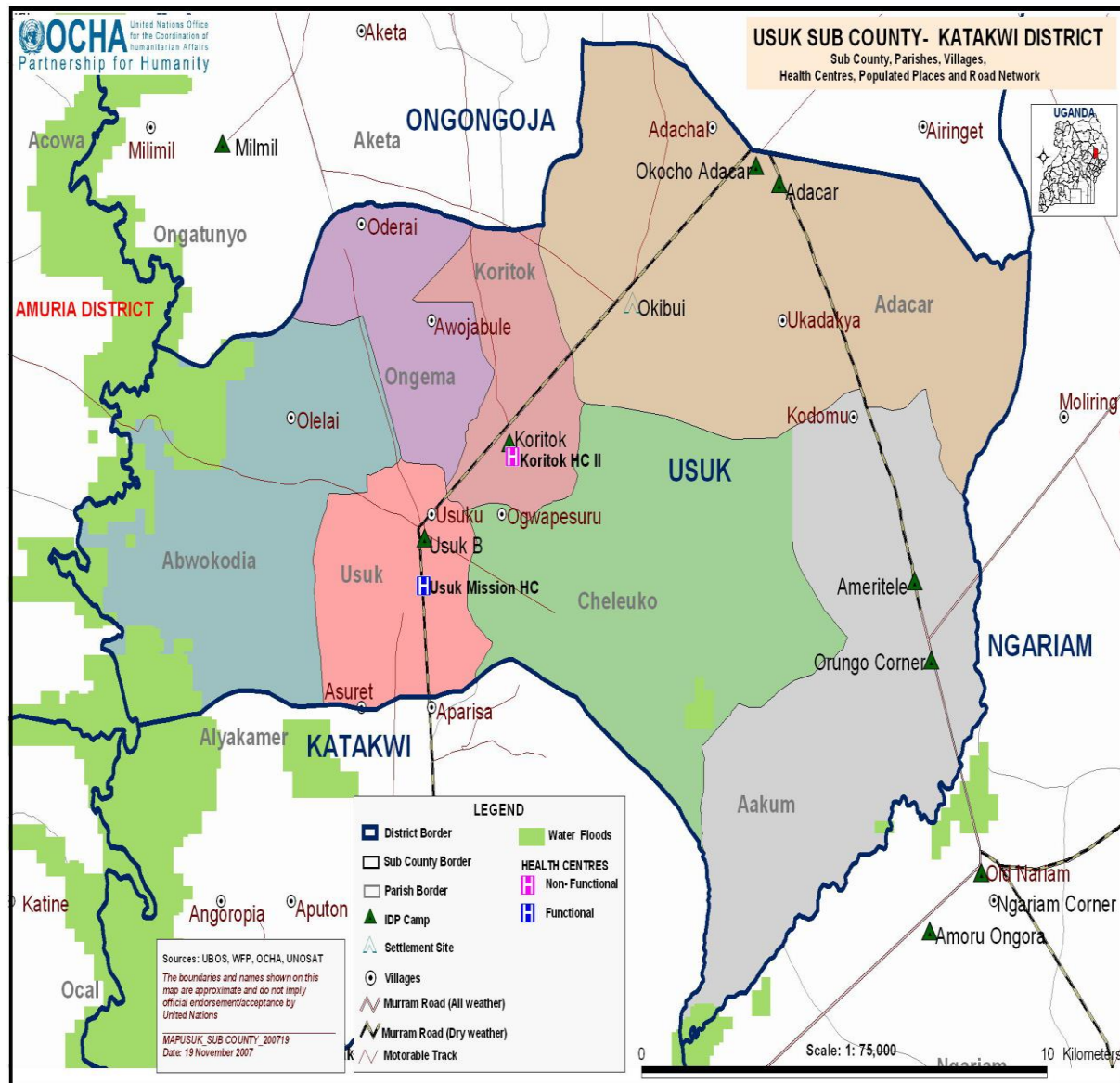
Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

NOVEMBER 2016	Submission of the research topic to the Academic registrar/ Supervisor correction.
DECEMBER 2016	Writing the research proposal and submission of the first draft.
JANUARY 2017	Correction and submission of the second and final research proposal.
FEBRUARY 2017	Pretesting and fine tuning data collection instruments.
MARCH 2017	Data collection, analysis and writing of the first draft report.
APRIL 2017	Submission of the draft report to the supervisor for corrections.
APRIL-MAY 2017	Submission of the final research report to the Academic registrar.

APPENDIX III (BUDGET)

SERIAL NUMBER	ITEM	UNIT COST	TOTAL
1	FLASH	20000*I	20000
2	COMPUTER WORK	30000*2	60000
3	PRINTING AND BINDING	30000*2	60000
4	PHOTOCOPYING	100*560	56000
5	TRANSPORT	10000*12	120000
6	LUNCH	8000*12	96000
7	MISCELLANEOUS	60000	60000
	TOTAL		472000

APPENDIX VI: MAP OF KATAKWI DISTRICT



Knowledge, attitude and practices of TB patients regarding anti TB drugs/treatment.

INTRODUCTORY LETTER



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Office of the Dean - School of Nursing Sciences

TO WHOM IT MAY CONCERN



Dear Sir/Madam

RE: OKOTEL EMMANUEL - DNS/E/3547/153/DU

The above mentioned is a student of Kampala International University – School of Nursing Sciences undertaking Diploma in Nursing Science and he is in his final academic year.

He is recommended to carry out his data collection as a partial fulfillment for the award of the Diploma in Nursing Science.

His topic is **KNOWLEDGE, ATTITUDE AND PRACTICES OF TUBERCULOSIS PATIENTS REGARDING ANTI TUBERCULOSIS DRUGS IN KATAKWII GENERAL HOSPITAL.**

Any assistance rendered to him will be highly appreciated.

Thank you in advance for the positive response.


Nabalisa Sarah
RESEARCH COORDINATOR

"Exploring the Heights"