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A Descriptive Study to Assess the Level of Awareness on Tuberculosis among Clients at Kancheepuram District

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Abstract:- World health organisation declared "It's time to end TB" as theme of world TB day 2019 to ensure everyone who needs tuberculosis care can get it, as the death rate falls to one third but 10 million people still fall ill with the disease. This article reveals the level of awareness on Tuberculosis. Non- experimental design – Descriptive research design was adapted. 50 clients from designated microscopic centre, tuberculosis units at kancheepuram district were selected by using non-probability purposive sampling technique. Clients were assessed by using structured multiple choice questionnaire and statistical analysis by using descriptive statistics. The findings of this study suggests 65.7% of clients are having inadequate awareness, 22.9% of them having moderately adequate awareness and only 11.4% falls in category of adequate the level of awareness on tuberculosis. This study concludes that around 66% of the clients are having inadequate awareness on tuberculosis. The investigator suggests that an educational intervention can help the clients to improve their awareness thereby it reduces the morbidity and mortality rates of tuberculosis in future.

Keywords:- *Awareness, Educational intervention, Tuberculosis.*

I. INTRODUCTION

Tuberculosis persists as a most important global health problem in India. In spite of advancement in its diagnosis and treatments, future research is needed to meet the millennium Development goals and to stop Tuberculosis partnership in order to eliminate Tuberculosis by 2050. The spread of Tuberculosis can be prevented by covering the nose and mouth when coughing and sneezing. Another one of the important measures to prevent Tuberculosis from spreading is early identification and treating the client with appropriate medication.

Tuberculosis (TB) is the world's top infectious disease killer, claiming 4 500 lives each day. Since 2000, 54 million lives have been saved, and TB deaths fell by one-third. But 10 million people still fall ill with TB each year, with too many missing out on vitalcare.In advance of World TB Day on 24 March, WHO has issued new guidance to improve treatment of multidrug-resistant TB (MDR-TB). WHO is recommending shifting to fully oral regimens to treat people with MDR-TB. The recommendations are part of a larger package of actions designed to help countries increase the pace of progress to end TB. "The theme of this year's World TB Day is: It's time to end TB," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "We're highlighting the urgent need to translate commitments made at the 2018 UN High Level Meeting on TB into actions that ensure everyone who needs TB care can get it."

II. REVIEW OF LITERATURE

Kato S, kuwabarak and kakkaku (2014) conducted a study to identify the main cuse of tuberculosis is due to delayed detection of initial cases. The exposure of many people to tuberculosis bacilli were from individuals having long lasting severe cough and excretion of massive tuberculosis bacilli. The other factor which increases the transmission of disease are the lack of awareness, immune status of the indidiuals and socio economic factors of the infected persons.

A. Statement Of The Problem

A descriptive study to assess the level of awareness on tuberculosis among clients at kancheepuram district.

B. Objectives

- To describe the level of awareness on tuberculosis among clients at kancheepuram district.

C. Methods

- **Research approach**: Quantitative research approach
- **Research design:** Non- experimental design – Descriptive research design
- **Sample size**: 50
- **Sample:** clients attending tuberculosis unit in kancheepuram district
- **Setting**: designated microscopic centre in tuberculosis units at kancheepuram district
- **Population**: clients diagnosed as pulmonary tuberculosis

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- **Sampling technique**: Non-probability purposive sampling technique

- **Tool**: multiple choice question on awareness of tuberculosis

- **Criteria for sample selection**

- *Inclusion criteria*
✓ Newly diagnoses pulmonary tuberculosis clients
✓ Both sputum smear positive and negative clients
✓ Both male and female clients

- *Exclusion criteria*
✓ Clients who are associated with other health problems
✓ Clients who are all relapsed and drop out cases
✓ Clients diagnosed extra pulmonary tuberculosis

III. DESCRIPTION OF THE TOOL

A. PART I : Questionnaire For Demographic Variables

Demographic variables consists of age, gender, religion, educational status, occupation, family's monthly income, source of infection, type of family, area of residence and previous contact with tuberculosis

A. PART II: Questionnaire To Assess The Level Of Knowledge On Awareness Of Tuberculosis

Assessment of awareness on tuberculosis by using a total of 30 structured multiple choice questionnaire prepared by the investigator.

B. Data Collection Procedure

The data was collected by using structured multiple choice questions for assessing the level of awareness on tuberculosis among clients were administered to subjects with adequate information. In an average it took 10-15 minutes to collect the responses from each client.

C. Data Analysis

Descriptive statistics were used for analyze the demographic variables in terms of frequency and percentage. Frequency percentage, mean and standard deviation was used to assess the level of knowledge on awareness of tuberculosis.

D. Interpretation

The structured multiple choice questionnaire consists of 30 questions totally. Each correct response caries one score and each wrong response carries zero score. The total score is 30.

Percentage of scores	Interpretation
< 50%	Inadequate awareness
50-75%	Moderately adequate awareness
>75%	Adequate awareness

Table 1

IV. DATA ANALYSIS AND INTERPRETATION

SECTION A: Distribution of demographic characteristics

SECTION B: Assessment of level of awareness on tuberculosis among clients.

Out of 50 clients with tuberculosis, 8(16%) were between 18-28 years, 12 (24%) were between 29-39 years, 14 (28%) were between 40 – 50 years, 16 (32%) were above 50 years. 38 (76%) were male and 12 (24%) were female clients. 18(36%) were illiterate, 6(12%) had primary education 16(32%) had secondary education and 10(20% had collegiate education). 6(12%) were unemployed, 20(40%) were daily wages, 04(16%) were agriculture, 8(16%) were business and 8 (16%) were home makers. Regarding their income 12(24%) were below 5000, 6(12%) were 5001-7000, 18(36%) were 7001-9000, 14(28%) were getting above 9000.

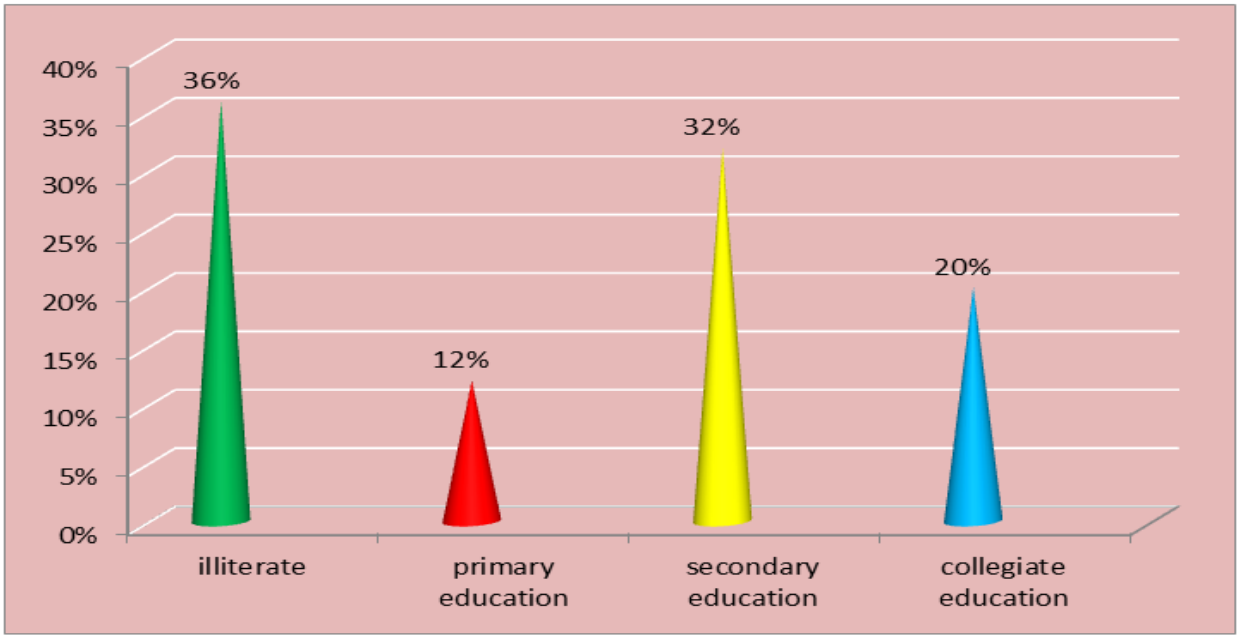

Fig 1; Educational status of the clients

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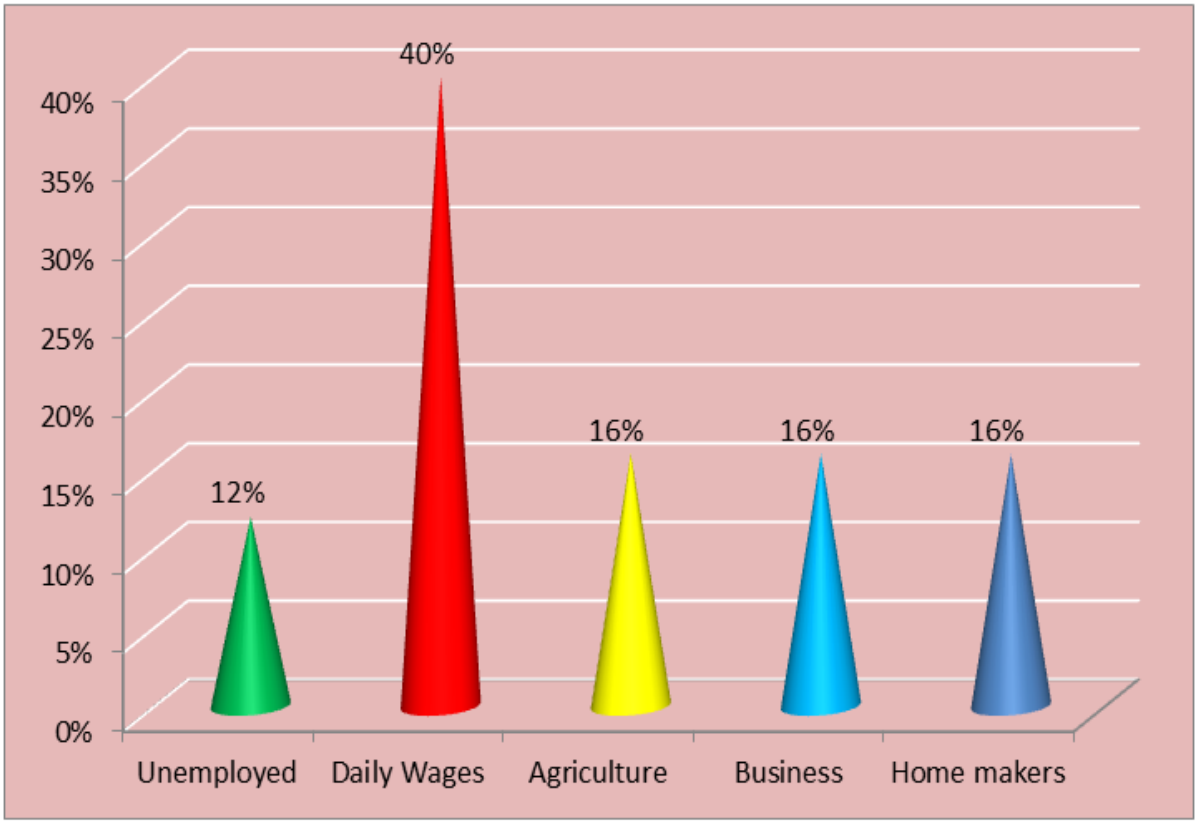

Fig.2, Occupation

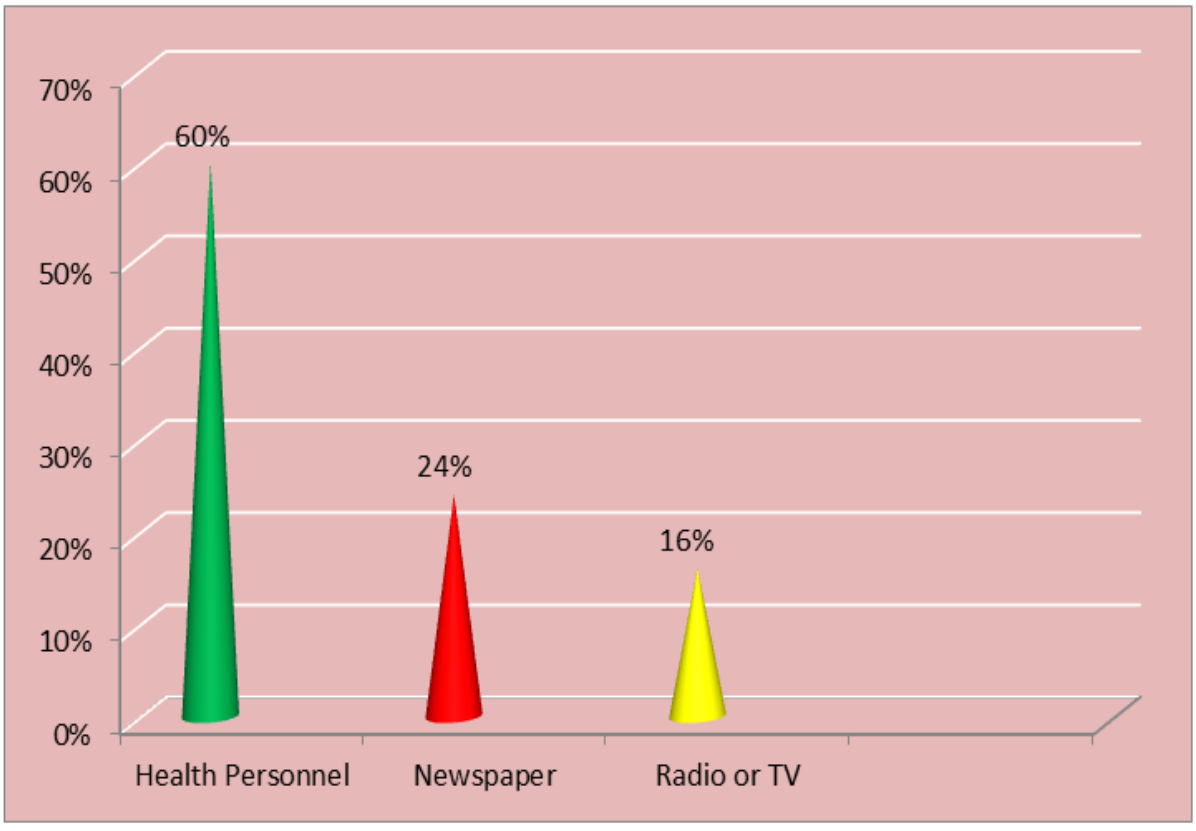

Fig.3, source of information

Regarding source of information 30(60%) received from health personnel, 12 (24%) from radio or TV, 8 (16%) from newspaper. 24(48%) from nuclear family, 26 (52%) from joint family. 32 (64%) from slum area, 14 (28%) from rural residence, 4 (8%) from semi urban area, 20(40%) had previous contact with tuberculosis clients 30 (60%) had no previous contact with tuberculosis clients.

V. RESULTS & DISCUSSION

To assess the level of awareness of tuberculosis among clients at kancheepuram. The level of awareness of tuberculosis in each domain reveals that they are having maximum awareness in signs and symptom (59%) and minimum awareness in meaning (36%)and in all they have 42.6% of awareness on tuberculosis. Regarding overall level of awareness on tuberculosis, 65.7% of clients are having inadequate awareness, 22.9% of them having moderately adequate awareness, 11.4% are having adequate awareness on tuberculosis.

VI. CONCLUSION

The proportion of awareness regarding tuberculosis was greater with the age above 50 years and who has completed secondary level of education. This study reveals creating awareness on tuberculosis not only reduces the incidence of newer cases it also prevents the pulmonary tuberculosis converted to Multi Drug Resistant Tuberculosis(MDR TB) in future.

RECOMMENDATIONS

It is recommended

- Increasing the size of the sample population
- Strengthen the educational campaign on tuberculosis through mass media
- Survey should include the knowledge, attitude and practice of the study group.

REFERENCES

[1]. Dye C, Lonnroth K, Jaranmillo E,et.al – Trends in Tuberculosis, Incidence and their determinants in 134 countries, 2009 Sep, 87(9), 683-691.
[2]. Kgona F A, Assessment factors of treatment non-adherence and knowledge of tuberculosis, Indian journal of community health home, vol 25, No4 (2004)
[3]. Kato S, Kuwabarak and Kekkaku, Tuberculosis, journal article [lang:jpn], 2014, 89[2]; 77-88
[4]. Suresh K Sharma, ‘Nursing Research and statistics’ India, Elsevier, a division of reed Elsevier India private limited; 2012,P 110.
[5]. World health organisationworldhealthupdates@who.int