Original Article

A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE REGARDING DOTS THERAPY AMONG THE RELATIVES OF TUBERCULOSIS PATIENT IN T.B. HOSPITAL DIST HISAR" (HARYANA)

Shikha Pahuja

(Ph.D. Scholar) Medical Surgical Nursing Himalayan University, Ita Nagar (A.P.) Under the guidance of

Sikandar Kumar

Corresponding E-mail: shikhadeepakpahuja@gmail.com

ABSTRACT

Introduction: Tuberculosis, a chronic communicable bacterial disease, has varied clinical profile, chemotherapeutic responses, and social implications. Despite being curable and having structured treatment regimen for many years, it continues to be the one of the most important public health problems worldwide. Tuberculosis (TB) remains a leading cause of death in low- and middle-income countries despite the availability of effective treatments. A descriptive study to assess the knowledge regarding dots therapy among the relatives of tuberculosis patients in T.B Ward in distt. Hisar.

Material & Methods: A pre-experimental study was conducted with pre and posttest design. Convenient sampling technique was used to select 30 relatives in T. B WARD of civil hospital dist. Hisar. Tools: -Part: -1 socio demographic profile sheet: part: -2 structured knowledge questionnaire to assess the knowledge of nurses in specific area in Govt. Hospital.

Result : In Pretest, 4(13.3%) subjects had poor knowledge, 14(46.6%) had average knowledge and 11(36.6%) had good knowledge and 1(3.3%) had excellent knowledge regarding DOT therapy after providing than teaching regarding management and prevention of tuberculosis. post test was conducted after one week. Posttest knowledge score 10(33.3%) had excellent level of knowledge, 19(63.3%) had good level of knowledge and 1(3.33%) had average knowledge and no one have poor knowledge regarding DOT therapy.

Conclusion: Its evidence that there was significant improvement in Posttest knowledge regarding DOT therapy.

Keywords: Assess, DOT, Effectiveness, knowledge, Prevention, Teaching, Therapy.

INTRODUCTION

Tuberculosis is a disease with devastating social and economic costs. Tuberculosis and the enormous burden on persons afflicted by the disease in India can be seen by the fact that more adults die from TB than any other infectious disease and most of these are avoidable deaths.

Historical overview of TB says depicts that it has caused great public concern in the 19th and early 20th century as the endemic disease of the poor. The national scenario says that India accounts for one fifth of global TB burden and more than 40% of population is infected with Mycobacterium Tuberculosis. Being a major public health problem, the economic burden of TB in India is huge and is a great loss in terms of life, money and lost workdays.

Global TB control has made major progress in the past decade. The widespread implementation of DOTS strategy has proven to be an effective tool in controlling TB at a large scale and is practised in over 200 countries globally.

DOTS is a systematic strategy to control TB disease. DOTS stand for Directly Observed Treatment Short Course. DOTS should be initiated when TB treatment starts. DOTS work best when used with patient centred case management approach. DOTS was proven to be the internationally recommended approach to global TB control.

Infection with M. tuberculosis usually results from inhalation into the lungs of infected droplets produced by someone who is coughing and who has pulmonary TB disease. The source of infection of most children is an infectious adult in their close environment. This exposure leads to the development of a primary parenchymal lesion in the lungs with spread to the regional lymph node.

Specifically, regarding the diagnosis of TB in children, this relies on a careful and through assessment of all the evidence derived from a careful history, clinical examination and relevant investigations such as tuberculin skin test, chest radiography and sputum smear microscopy. A trial of treatment with TB

ISSN Print: 2581-8546 ISSN Online: 2582-2934

medications is not generally recommended as a method to diagnose TB in children. New, improved diagnostic tests are urgently needed. The World Health Organization declared tuberculosis as a global emergency in 1993.

MATERIAL & METHODS:

Research Design: Descriptive Design Adopted for the study.

Sampling Techniques: Convenient sampling techniques

was adopted for the study. **Sample Size:** 30 Sample

Setting of the study: T.B. Ward of civil hospital dist. Hisar.

Tools: Part: -1 socio demographic profile sheet: part: -2 structured knowledge questionnaire to assess the knowledge of nurses in specific area in Govt. Hospital.

RESULT

The findings are organized and presented in parts as shown below:

PART 1 - Description of demographic characteristics.

PART 2 - Analysis of knowledge score regarding DOTS therapy

PART 3 - Association of knowledge scores with selected demographic variables.

PART 1: DESCRIPTION OF DEMOGRAPHIC CHARACTERISTICS

This part deals with the distribution of participants according to their demographic variable characteristics. Collected data is analyzed using descriptive statistics and summarized in terms of percentage.

N=30

Characteristics	Category	Frequency	Percentage	
Age Group (yrs)	10 - 20	2	6.67%	
	20 - 30	17	56.67%	
	30 - 40	5	16.67%	
	40 - 50	6	20%	
Gender	Male	15	50%	
	Female	15	50%	
Education Status	Illiterate	2	6.67%	
	Primary School	1	3.30%	
	High School	9	30%	
	Graduate	18	60%	
Religion	Hindu	30	100%	
	Muslim	0	0%	
	Sikh	0	0%	
	Christian	0	0%	

Occupation	Unemployed or Housewife	7	23.30%		
	Employed	10	33.30%		
	Business	1	7%		
	Student	12	40%		
Type Of Family	Nuclear	16	53.30%		
	Joint	14	46.67%		
Marital Status	Married	17	56.67%		
	Unmarried	13	43.30%		
Area of Belong	Rural	22	73.30%		
	Urban	8	26.67%		
Source of Information	Mass Media	22	73.30%		
	Health Personnel	0	0.00%		
	Friends and Family	5	16.60%		
	Parents and				

The result shows the greater percentage (56.57%) of sample were in age group of 20-30 years whereas (20%) were in the age the age group of 40-50 years, (16.67%) were in the age group of 30-40 years and only (6.67%) were in the age group of 10-20 years. Considering education status (60%) were graduate, (30%) have high school education, (6.67%) were illiterate and (3.37%) have primary schooling. Sample reveals that about (53.3%) were from joint family and (46.67%) were from nuclear families. (673.3%) samples obtained knowledge from mass media, (16.6%) from friends and family, (10%) from parents and relatives. Distribution of sample according to occupation revels that were (40%) students, (33.3%) were employed, (23.3%) were unemployed and housewife, (6.67%) have their own business.

PART 2:- ANALYSIS OF KNOWLEDGE SCORE REGARDING DOTS THERAPY

N = 30

Knowlewdge Score Regarding Dots Therapy

Category	Knowlegde Score	Percentage
Poor (0-7)	2	6.60%
Average (10-15)	21	70%
Good (16-20)	7	23.30%

Table depicts the level of knowledge score regarding DOTS therapy, subjects that had poor knowledge are (6.60%), with average knowledge are (70%) and subjects with good knowledge are (23.30%).

PART 3: ASSOCIATION OF KNOWLEDGE SCORES WITH SELECTED DEMOGRAPHIC VARIABLES.

H1: There will be significant relationship between knowledge regarding DOTS therapy and demographic variables.

This part of analysis reveals co relation of demographic variables with knowledge score of relatives of tuberculosis patient regarding DOTS therapy.

Characteristics	Category	Frequency	Expected Value	Mean	Chi Square	P Value	Df	Association
Age Group (Years)	10 - 20	2	7.5	0.2	2.1	0.026	29	No
	20 - 30	17	7.5	0.4	16.84			
	30 - 40	5	7.5	1.5	3.34			
	40 - 50	6	7.5	0.6	6.84			
Gender	Male	15	15	0.5	14.82	0.0672	29	Yes
	Female	15	15	0.5	14.82			
Education Status	Illiterate	2	7.5	0.15	2.15	0.011	29	No
	Primary School	1	7.5	0.3	1.84			
	High School	9	7.5	0.3	13.84			
	Graduate	18	7.5	0.6	16.84			
Religion	Hindu	30	7.5	1	25.84	0.0644	29	Yes
	Sikh	0	7.5	30	0			
	Christian	0	7.5	30	0			
	Muslim	0	7.5	30	0			
Occupation	Unemployed or Housewife	7	7.5	0.284	2.51	0.0134	29	No
	Employed	10	7.5	0.3	3.481			
	Business	1	7.5	0.3	8.84			
	Student	12	7.5	1.84	2.84			
Type of Family	Nuclear	16	15	1.8	2.484	0.0174	29	No
	Joint	14	15	1.64	3.841			
Marital Status	Married	17	15	2.85	8.481	0.0893	29	Yes
	Unmarried	13	15	1.85	6.84			
Area of Belong	Rural	22	15	1.84	9.84	0.0464	29	No
	Urban	8	15	3.84	6.84			
Soi	Mass Media	22	7.5	3.84	8.48	0.0618	29	Yes
	Health Personnel	0	7.5	0	0			
	Friends And Family	5	7.5	1.84	3.84			
	Parents and Relatives	4	7.5	10.1	2.84			

H1: There will be significant relationship between knowledge regarding DOTS therapy and demographic variables (gender, marital status, religion and source of information). It is evident that variable at 0.05 level of significance.

DISCUSSION

The findings of the present study reveled that over all post test mean knowledge score (70%) was higher than the pre test mean score knowledge (6.60%) of DOTS therapy among the relatives of tuberculosis patients. These findings revels that there is increase in the knowledge after implementation of the health education in prevention and management regarding DOTS.

These findings supported the other studies conducted among the relatives of tuberculosis patients fir there knowledge prevention and management . these studies recommend that this type of educational proram should be provided to increase the knowledge in this area .

The conclusion was drawn on the basis of finding of the studies. The finding showed that post test knowledge score greater than pre test knowledge score. This will help the society to eradicate the tuberculosis from the country.

REFERENCES

- Mohan P. National Institute of Allergy and Infectious diseases; 2006.
 - www. Niaid.nih.gov.
- Park K. A text book of preventive and social medicine.
 18th Ed. Jabalpur: Banarsidas Bhanton Publishers;
 2005.
- m Patrica. H. NJMS National Tuberculosis Centre;1996. www. Umdnj.edu.
- m Kumar, V. Performance of RNTCP Case detection

- (2007 first quarter), smear conversion and treatment outcome; 2007. www.medind.nic.in.
- M Dr. Narayanappa. Statement showing the sputum examination and case detection under Revised National Tuberculosis Control Programme for the month of October 2007. Taluka wise of Raichur district.
- m Karnataka state TB co-ordination society, Managing the revised National Tuberculosis Control Programme in your area, Bangalore; 2005.
- m Gro Harlem Brandtland. TB ALERT. Stop Tuberculosis world wide; 2005. www.tbalert.org/ worldwide/DOTS.php.
- m Ivie Sitali. Pursue high quality DOTS expansion and enhancement; 2007. www.who. Int/tb.dots/en.
- M Basavantappa. B. T. A text book of community Health Nursing. New Delhi: Jaypee brothers, medical publishers; 2003
- Deepa. D. TBC India directorate general of health services, ministry of health and family welfare, New Delhi; 2006.www.tbcindia.org
- m Shankarmurthy. Directorate of health and family welfare services;2006.www.karhfw.gov.in/about us.html.
- Denise F. Polit. (1999); "Nursing research principles and methods". Philadelphia, Lippincott Company. 6th edition. Page no. 79.
- m Suhana. M. Knowledge assessment of young adults regarding TB and DOTS.2006. (4):23.
- Meeta Singla. The impact of an IEC campaign on TB awareness and health seeking Behavior in Delhi; 2003.
 drneetasingla @ rediffmail.com.