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A Study to assess the Knowledge & Attitude of Care Takers of TB Patients Regarding TB & its Prevention in TB Units of Dhiraj General Hospital with a view to Develop Information Booklet

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ABSTRACT

BACKGROUND

A study to assess the knowledge and attitude of caretakers of TB patients regarding TB among Dhiraj general hospital is very crucial nowadays because nurses play a vital role in bringing changes and creating awareness in community and patient group, with this health of patient & patient is also important. As TB care is commonly seen in a patient to prevent this and early case detection and prevention of TB patient awareness is a must.

AIMS & OBJECTIVES

To assess the pretest knowledge & attitude of caretakers regarding TB & its prevention at Dhiraj general Hospital, Pipariya, Vadodara.

MATERIAL&METHODS

The Descriptive design approach: A pre-test design is used in this study on 30 Caretakers of TB patient by purposive sampling technique

RESULTS

The data shows that the χ^2 value computed between the pre-test knowledge score of caretakers of TB patient with their selected demographic variables such as Age (0.706), Marital status (0.779), Monthly income in RS (3.153), personal hygiene (2.845), Numbers of family members (2.514), Place of work (1,571), Cattle maintained hygienically (0.015), History of TB (0.376), at 0.05 level of significance. Hence the research hypothesis was rejected, Thus if is interpreted that there is no significant association between Pre-test knowledge scores with the above variables.

The data shows that the χ^2 value computed between the pre-test Attitude score of caretakers of TB patient with their selected demographic variables such as Age (7.345), Marital status (0.597), Monthly income (3.153), personal hygiene (2.845), Numbers of family members (0.810), Place of work (1.571), Cattles maintained hygienically (0.655), History of TB (0.376), at 0.05 level of significance. Hence the research hypothesis was rejected, Thus it is interpreted that there is no significant association between Pretest attitude scores with the above variables.

Keywords: *Care Takers of TB Patient, Information Booklet, Pre-test Knowledge & Attitude of Care Takers of TB Patient and its Prevention.*

INTRODUCTION

Health is a fundamental right of all human beings as it is an asset for an individual and community as well. It is the responsibility of government to provide health care to all people in equal proportion. Ever since India's independence in 1947, various national health schemes and programs have been launched with a view to improving the health status of people living in rural areas¹.

The areas where tuberculosis is most prevalent are often the poorest regions of the world. Families now spend considerable portions of their income on health care, often for tuberculosis treatment.²

OBJECTIVES OF THE STUDY

1. To assess the pretest knowledge & attitude of caretakers regarding TB & its prevention.
2. To find an association between knowledge and attitude of caretakers regarding TB & its prevention with their selected demographic variables.
3. To find a correlation between knowledge & attitude of caretakers regarding TB & its prevention.
4. To develop & distribute information booklet to caretakers of TB patients regarding TB & its prevention.

HYPOTHESIS

H₁: There will be a significant association between level of knowledge and attitude of caretakers regarding TB and its prevention and selected demographic variable.

H₂: There will be a significant co-relation between knowledge and attitude of care regarding TB and its prevention.

MATERIAL AND METHODS

RESEARCH APPROACH: Research approach is a systematic, objective method of discovery with empirical evidence and religious control. The research approach spells out the strategies that the researchers develop information that is accurate and interpretable. The control is achieved by holding conditions constant and varying only the phenomena under study.

RESEARCH DESIGN: The research design helps in the selection of subjects for observation and determines the type of analysis to be used to interpret. The selection of the research design depends upon the purpose of the study and the condition under which the study is conducted. The design normally specifies which of the various types of research plans to implement specific controls to enhance the inter predictability of the results.

INDEPENDENT VARIABLE: In the present study the independent variable is Information booklet.

DEPENDENT VARIABLE: In the present study the dependent variable is knowledge & attitude of caretakers of TB patient.

TARGET POPULATION: Caretakers of TB patient.

SAMPLE: 30 caretakers of TB patient

SAMPLE SIZE: A proportion of the subset of the population is known as a sample. The sample for the present study comprises of 30 Caretakers of TB patients in Dhiraj general hospital, Pipariya, Vadodara.

SAMPLING TECHNIQUE: The samples of the study were selected by using Purposive sampling technique according to inclusive criteria as well as the availability of samples from TB wards of Dhiraj general hospital, Waghodiya, Vadodara District.

SAMPLE SELECTION CRITERIA

Inclusion criteria: Caretakers of Tuberculosis Patients who stay with TB patients during the course of TB treatment.

1. Caretakers of TB patients who are willing to participate in the study.
2. Caretakers who are present at the time of data collection.
3. Caretakers who can read & write Gujarati/Hindi.

Exclusion Criteria

1. Caretakers of TB patients who are sick at the time of data collection.

PROBLEM STATEMENT

“A study to assess the knowledge & attitude of caretakers of TB patients regarding TB & its prevention in TB units of Dhiraj General Hospital with a view to developing information booklet”

DESCRIPTION OF THE TOOL

This consists of two parts:

Part A: Consist of demographic variables such as Age, Marital status, Family Income, Personal hygiene, people living in family, occupation, Weather cattle were maintained hygienically, History of TB in the family.

Part B: Structured knowledge questionnaire to assess the knowledge & structured attitude scale to assess the attitude of caretakers regarding TB & its prevention.

Scoring procedure and scoring interpretation:

1. The knowledge level is arbitrary divides into 3 categories based on self-administered knowledge questionnaire and accordingly, the score was allotted

For knowledge assessment:

If right answer – 1

If wrong answer – 0

- Adequate knowledge – 15-20 (71-100%)
- Moderately adequate knowledge – 8-14(36-70%)
- Inadequate knowledge – 0-7(0-35 %)

2. The attitude level is arbitrary divides into 2 categories based on self-administered attitude questionnaires' and accordingly, the score was allotted

For Attitude assessment:

- Positive attitude: 60-100
- Negative attitude: >60

SUMMARY OF THE FINDINGS, CONCLUSION, IMPLICATION, AND RECOMMENDATION

This chapter deal with the discussion of the major findings of the study, summary, and implication to nursing practice and recommendation for further study. The objective of the study was:

OBJECTIVES OF THE STUDY

1. To assess the pretest knowledge & attitude of caretakers regarding TB & its prevention.
2. To find an association between knowledge and attitude of caretakers regarding TB & its prevention with their selected demographic variables.
3. To find a correlation between knowledge & attitude of caretakers regarding TB & its prevention.
4. To develop & distribute information booklet to caretakers of TB patients regarding TB & its prevention.

FINDINGS OF THE STUDY AND DISCUSSION

The following are the major findings of the study with discussion:

MAJOR FINDINGS OF THE STUDY AND DISCUSSION

- **Section A:** Distribution of caretaker of TB patients based on socio-demographic variables.

- **Section B:** Association between pre-test knowledge scores of care taker of TB patients with selected socio-demographic variables.
- **Section C:** Association between pre-test Attitude scores of care taker of TB patients with selected socio-demographic variables.
- **Section D:** Correlation between pre-test Knowledge & Attitude of care takers regarding TB and its prevention.

Section A: Distribution of care taker of TB patients based on socio-demographic variables.

1. Majority of the participants (53.33%) are aged above 48 years of age, followed by 23.33% are in the age group of 18-28 years, 16.67% are aged between 38-48 years and only 6.67% of the participants are in between 28-38 years of age.
2. Majority of the samples that is 93.34% are married and only 6.66% samples are unmarried.
3. Majority of care takers of TB patients (53.34%) having a monthly income of 0-5000Rs, followed by 40% is having 5000-10000Rs and 3.33% of participants having 10000-15000Rs & 3.33% are having an income of >15000Rs per month.
4. The majority (96.66%) of care takers of TB patient are taking bath once in a day and only (3.34%) are taking bath once in two days.
5. The majority (53.34 %) of samples having 4-6 no. of the family members, followed by (26.66%) of samples having 7 & more no. of family members, and (20%) of samples having 1-3 no. of family members.
6. Majority of the participants (70%) are farmers, 13.33% of the samples are working in a company, 13.33% samples are not working and only 1 sample is working in Market area.
7. Majority of samples (73.34%) cattle's were not maintained hygienically and further 8 samples (26.66%) cattle's were maintained hygienically.
8. Majority of the samples (96.66%) are not having a family history of TB, and only 3.34% are having a family history of TB.

Section B: Association between Pre-Test Knowledge Scores of Care Taker of TB Patients with Selected Socio-Demographic Variables

Depicts that the computed χ^2 value was less than the table value among the variables such as Age (0.706), Marital status (0.779), Monthly income in RS (3.153), personal hygiene (2.845), Numbers of family members (2.514), Place of work (1.571), Cattle maintained hygienically (0.015), History of TB (0.376), at 0.05 level of significance. Hence the research hypothesis was rejected, Thus it is interpreted that there is no significant association between Pre-test knowledge scores with the above variables.

Section C: Association between pre-test Attitude scores of care taker of TB patients with selected socio-demographic variables.

Depicts that the computed χ^2 Value was less than the table value among the variables such as Age (7.345), Marital status (0.597), Monthly income (3.153), personal hygiene (2.845), Numbers of family members (0.810), Place of work 1.571), Cattles maintained hygienically (0.655), History of TB (0.376), at 0.05 level of significance . Hence the research hypothesis was rejected, Thus if is interpreted that there is no significant association between Pre-test attitude scores with the above variables.

Section D: Correlation between pre-test Knowledge & Attitude of care takers regarding TB and its prevention.

Obtained 'r' value is 0.1 hence these exist a positive correlation between pre-test Knowledge & Attitude of care takers regarding TB & its prevention.

IMPLICATION

The findings of the study have definite implication in nursing administration, nursing education, nursing practice and nursing research.

Nursing administration

In the era of development of advanced technology, demand for quality and competent care, improved awareness on the dignity of life, it possesses a challenge to nurse administrator to plan and organize and take part in developing protocols. The nursing administrator can mobilize the available resource personnel towards the health education of the care takers of TB patients. The nurse administrators should explore their potentials and encourage innovative ideas in the preparation of an appropriate teaching material.

Nursing education

The nurse educators have the responsibility to update the knowledge of the care takers of TB patients regarding TB & its prevention. The findings of a study can serve as guidelines for the nurse educators to plan and conduct educational programmes for the TB patients and care takers of the TB patients. The curriculum should lay emphasis on the TB in providing information on tuberculosis and its control, which includes introduction, incidence, and prevalence of TB, aims and objectives of TB, host factors of TB, clinical features and diagnosis of TB, control measures of TB, side effects of TB drugs, protective and preventive measures of TB.

Nursing practice

The nurse plays an important role in the health care delivery system. Assessment of knowledge serves as a base to provide counseling service to the care takers of TB patient. The study findings imply that there is a need for the educational programme to create awareness among the care takers of TB patients regarding TB. Nurses are the key personnel of health team, who apply for a major role in health promotion and maintenance. Nursing is a practicing profession, so, the investigator generally integrates findings into practice. Nursing professionals working in the community can understand the importance of health education regarding TB. Nursing professionals can play a key role in the enhancement of knowledge of care takers of TB patients regarding TB & its prevention.

NURSING RESEARCH

The findings show that there is an extensive need to evaluate the knowledge and attitude regarding TB. The nurses could conduct a research study on the TB. An experimental study could be conducted to find out the knowledge and attitude regarding TB. Research should be done on different aspects of tuberculosis among different samples in different settings. The nurse should encourage the students to carry out similar research with different samples and different setting to find out the knowledge of TB patients and their care takers.

LIMITATIONS OF THE STUDY

1. The study was confined to only 30 care takers of TB patients.
2. The study was limited only to the assessment of knowledge and attitude on TB & its prevention among the care takers of TB patients.

RECOMMENDATIONS

Based on the findings of the study, the following recommendations have been made for further study:

- A similar study can be done to assess the knowledge and attitude on TB among care takers of TB patients.
- The study can be replicated on larger samples for better generalization.
- The study can be conducted in different settings like community and hospitals.
- An experimental study can be conducted with the control group.

ORGANIZATION AND PRESENTATION OF DATA

The data collected were edited, tabulated, analyzed, interpreted and finding were presented in form of tables and diagrams represent the following areas.

Section I: - Socio-demographic variables such as Age, Gender, Education Status, Occupation, Number of family members in the family, Income of the family, personal hygiene, ventilation into the house, cleanliness of the house.

Section II: Structured knowledge questionnaire to assess the knowledge & structured attitude scale to assess the attitude of care takers regarding TB & its prevention.

SECTION – I: Association between pre-test Attitude scores of care taker of TB patients with selected socio-demographic variables.

Sr. no.	Variables		Pre-test Attitude		Chi square value	Df	Inference
			Negative	Positive			
1.	Age	a.18-28	2	5	7.354	3	Not significant
		b. 28-38	2	0			
		c. 38-48	0	5			
		d. > 48	4	12			
2.	Marital status	a.Married	7	21	0.597	1	Not significant
		b. Unmarried	1	1			
3.	Monthly income	a.0-5000	4	12	3.153	3	Not significant
		b. 5000-10000	3	9			
		c. 10000-15000	0	1			
		d. >15000	1	0			
4.	Personal hygiene	a.once in two days	1	0	2.845	1	Not significant
		b. once in a day	7	22			
5.	Number of family members	a.1-3	1	5	0.810	2	Not significant
		b. 4-6	4	12			
		c. 7 & more	3	5			
6.	Place of work	a.Not working	2	2	1.571	3	Not significant
		b. farmer	5	16			
		c. market	0	1			
		d.company	1	3			
7.	Cattles hygiene	a.yes	3	5	0.655	1	Not significant
		b. no	5	17			
8.	History of TB	a.yes	0	1	0.376	1	Not significant
		b.no	8	21			

Section I depicts that the computed χ^2 Value was less than the table value among the variables such as Age (7.345), Marital status (0.597), Monthly income (3.153), personal hygiene (2.845), Numbers of family members (0.810), Place of work 1.571), Cattles maintained hygienically (0.655), History of TB (0.376), at 0.05 level of significance . Hence the research hypothesis was rejected, Thus if is interpreted that there is no significant association between Pretest attitude scores with the above variables.

Table no. 1: Frequency & Percentage distribution of care takers of TB patients based on their age.

Sr. No. :	Variables	Frequency	Percentage
	Age in years		
1	18-28	07	23.33%
2	28-38	02	06.67%
3	38-48	05	16.67%
4	>48	16	53.33%

Table No.1and Diagram No.1: represents that majority of the participants (53.33%) are aged above 48years of age, followed by 23.33% are in the age group of 18-28 years,16.67% are aged between 38-48years and only 6.67% of the participants are in between 28-38years of age.

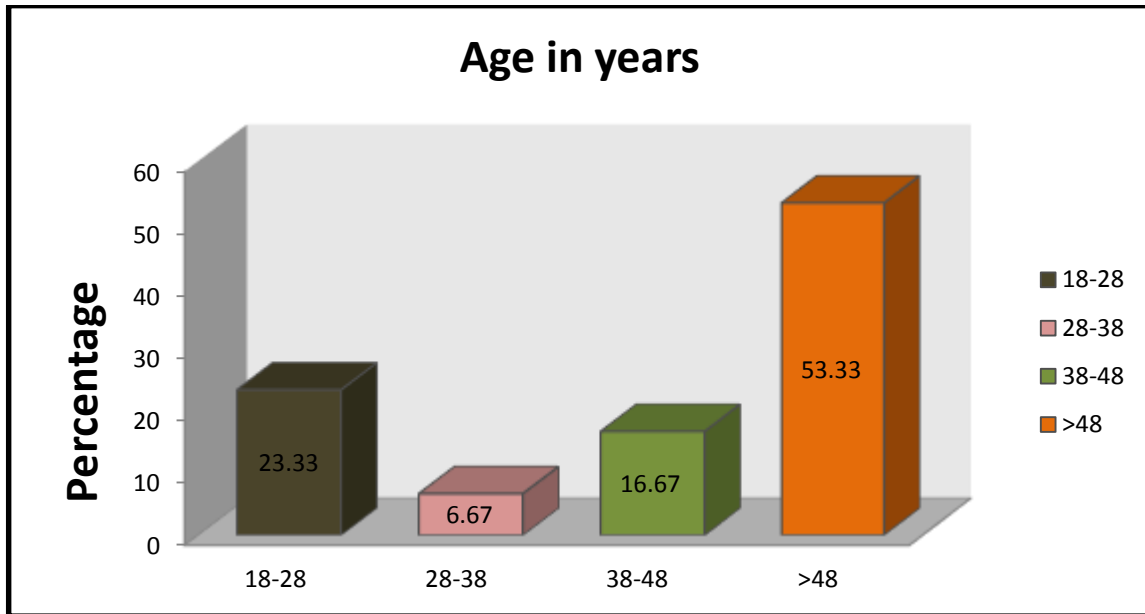


Diagram No. 1: Distribution of care takers of TB patients based on their age

Table no.:2 Frequency & Percentage distribution of care takers of TB patients based on their marital status.

Sr.No.	Variables	Frequency	Percentage
	Marital status		
1	Married	28	93.34%
2	Unmarried	02	06.66%

As per table no.:2 & diagram no.2: the majority of the samples that is 93.34% are married and only 6.66% samples are unmarried.

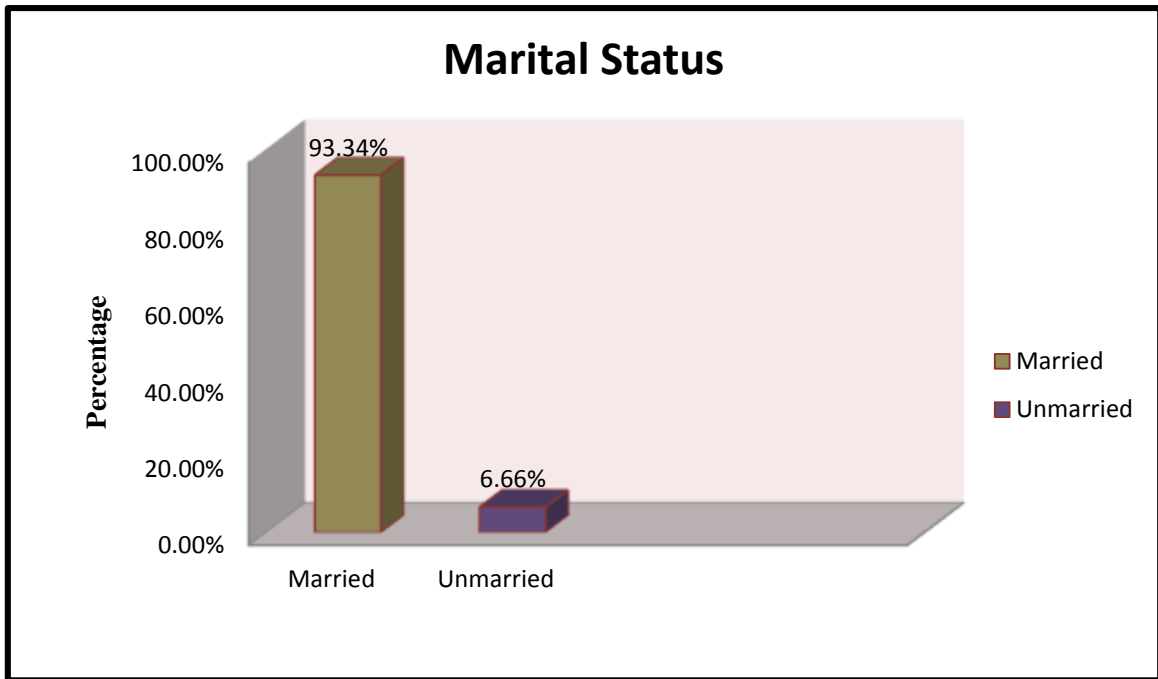


Diagram No.2: Distribution of caretakers of TB patients based on their marital status.

Table No.3: Frequency and percentage distribution of care takers of TB patients based on their monthly income.

Sr.No.	Variables	Frequency	Percentage
	Monthly Income in RS		
1	0-5000	16	53.34%
2	5000-10000	12	40%
3	10000-15000	01	3.33%
4	>15000	01	3.33%

According to table no.:3 & diagram no.:3 majorities of care takers of TB patients (53.34%) having a monthly income of 0-5000Rs, followed by 40% is having 5000-10000Rs and 3.33% of participants having 10000-15000Rs & 3.33% are having an income of >15000Rs per month.

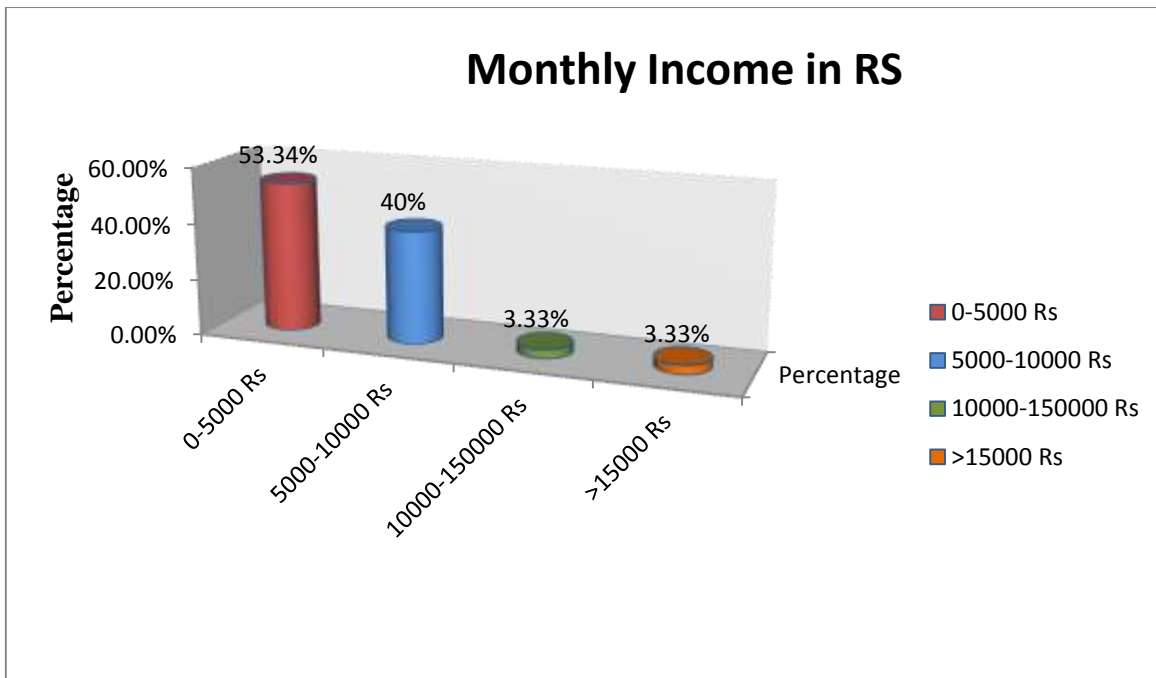


Diagram No.3: Distribution of samples based on their monthly income.

Table no. 4: Frequency and distribution of care takers of TB patient based on their personal hygiene.

Sr.No.	Variables	Frequency	Percentage
	Personal hygiene		
1	Once in a day	29	96.66%
2	Once in Two days	01	3.34%
3	Takes bath when feels itchy	00	0%

According to table no.:4 & diagram no.4: represent that majority (96.66%) of care takers of TB patient are taking bath once in a day and only (3.34%) are taking bath once in two days.

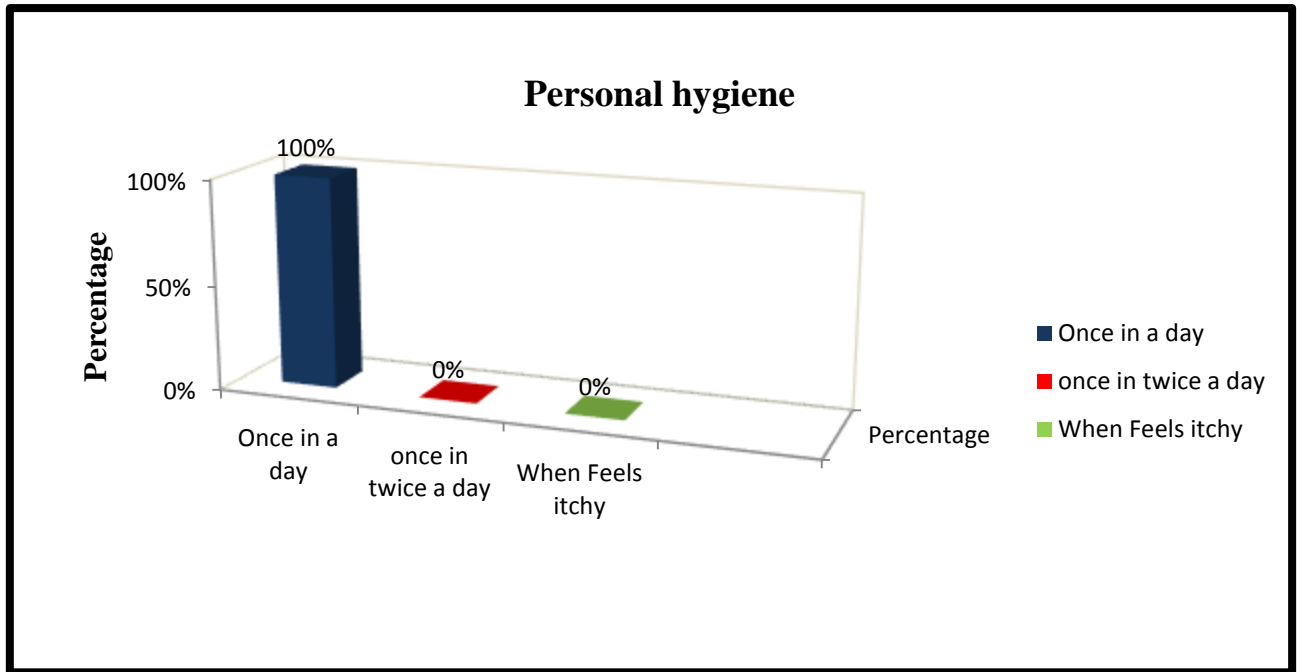


Diagram No.4: Distribution of samples based on their personal hygiene.

Table no.:5 Frequency and distribution of care taker of TB patient based on their number of family members.

Sr. No.	Variables	Frequency	Percentage
	No. of Family Members		
1	1-3	06	20%
2	4-6	16	53.34%
3	7 & More	08	26.66%

Table no.:5 indicates that majority (53.34 %) of samples having 4-6 no. of the family members, followed by (26.66%) of samples having 7& more no. of family members, and (20%) of samples having 1-3 no. of family members.

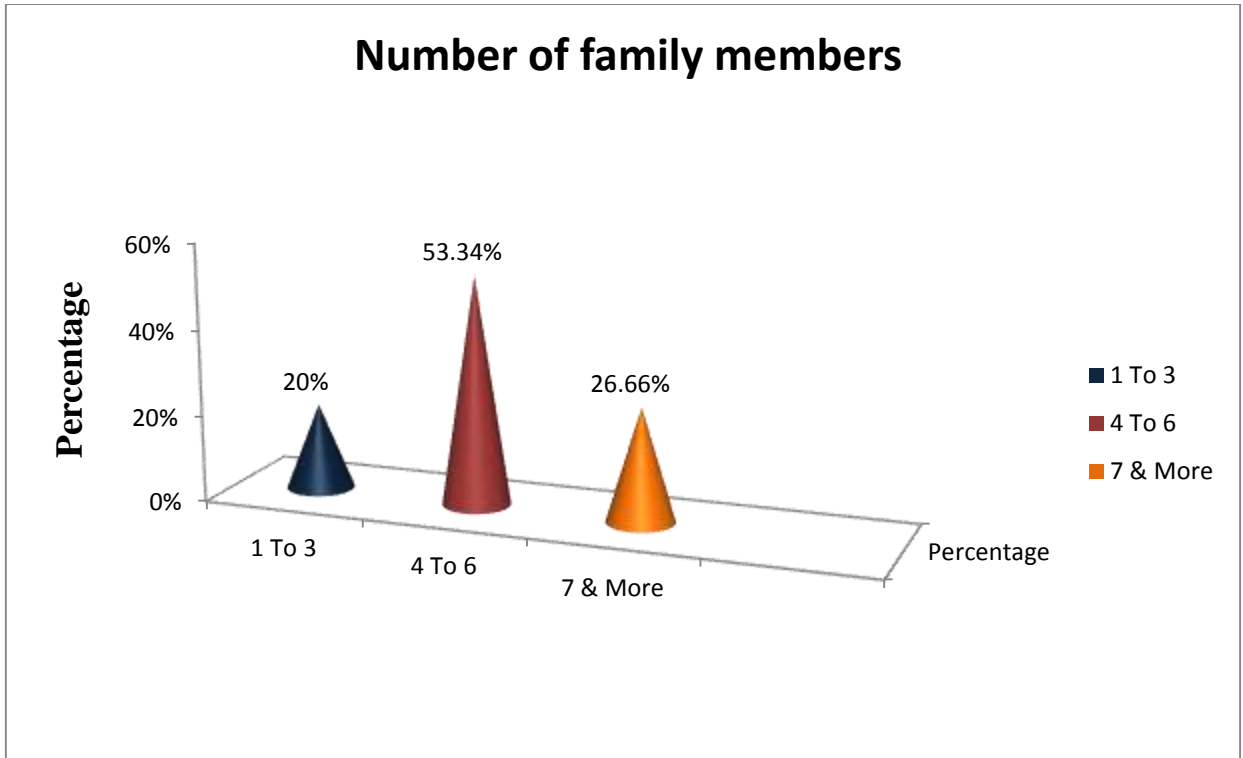


Diagram No.5: Distribution of samples base on their no. of family members

Table no.:6 Frequency and percentage distribution of care takers of TB patients base on their working area.

Sr. no.	Variables	Frequency	Percentage
	Working area		
1	Farmer	21	70%
2	Company	04	13.33%
3	Not working	04	13.33%
4	Market area	01	3.34%

Table no.6 & diagram no.6 represents the majority of the participants(70%) are farmers, 13.33% of the samples are working in a company, 13.33% samples are not working and only 1 sample is working in Market area.

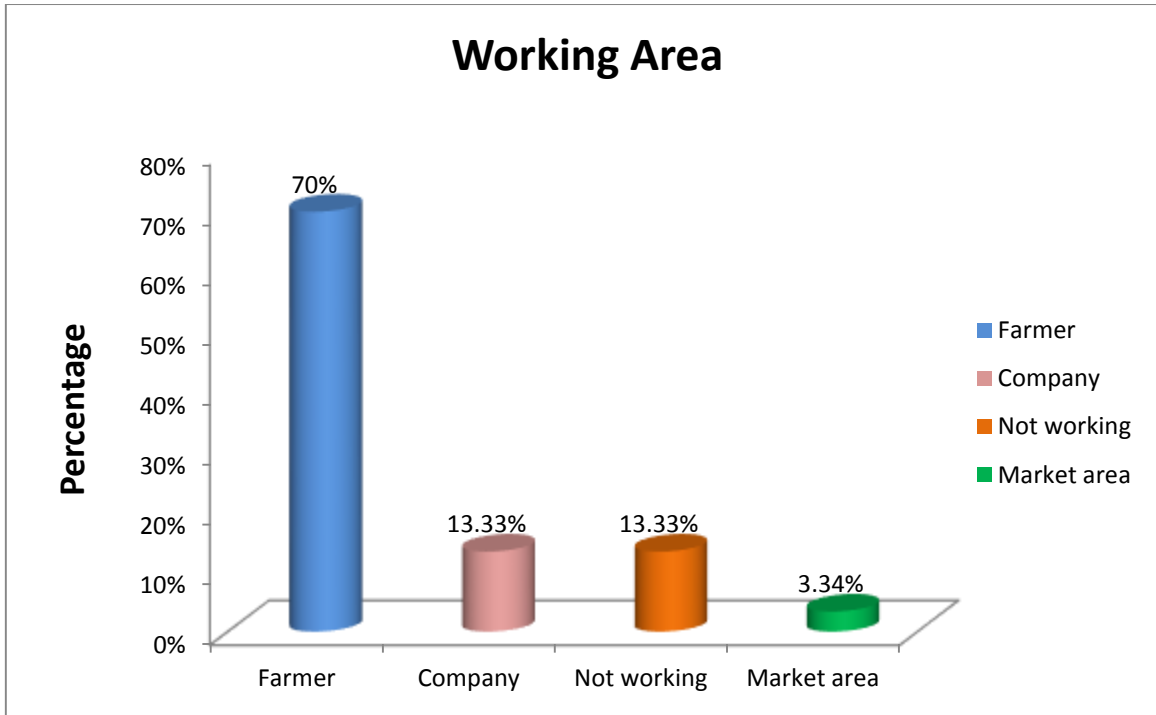


Diagram no.6: Distribution of care takers of TB patients based on their working area.

Table no.7: Frequency and percentage distribution of care takers of TB patients based on Weather Cattles were maintained hygienically.

Sr.no.	Demographic variable	Frequency	Percentage
	Weather Cattles were maintained Hygienically		
1	Yes	08	26.66%
2	No	22	73.34%

According to table no.:7 & diagram no.7: Majority of samples (73.34%) cattle's were not maintained hygienically and further 8 samples (26.66%) cattle's were maintained hygienically.

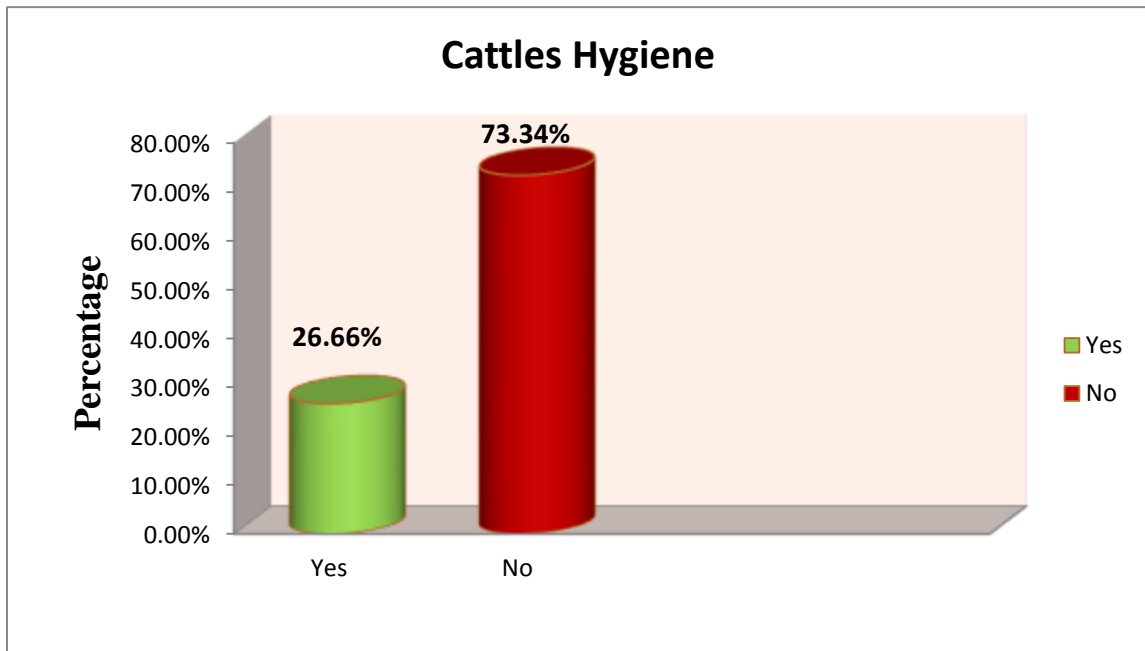


Diagram no. 7: Distribution of care takers of TB patients based on Weather Cattles were maintained hygienically.

Table no. 8: Frequency and percentage distribution of care takers of TB patient's base on their history of tuberculosis.

Sr.no.	Variables	Frequency	Percentage
	History of Tuberculosis		
1	Yes	01	3.34%
2	No	29	96.66%

Table no.:8 & diagram no.:8 represent that majority of the samples (96.66%) are not having a family history of TB, and only 3.34% are having a family history of TB.

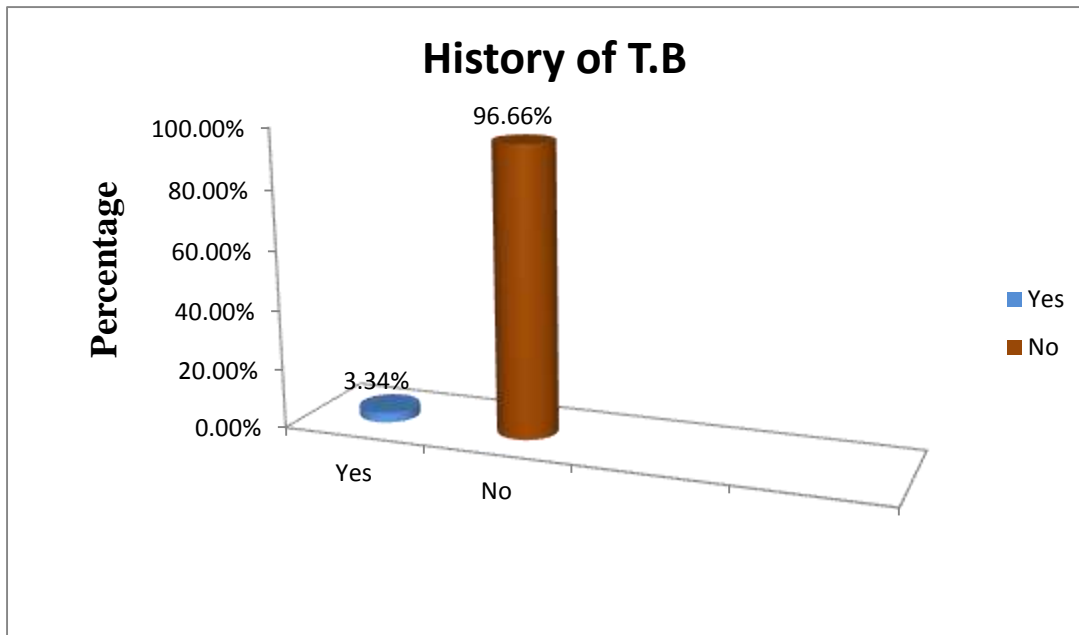


Diagram no.8: Distribution of care takers of TB patients based on their history of tuberculosis.

Section II:-Association between pre-test Attitude scores of care taker of TB patients with selected socio-demographic variables.

N=30

Sr. no.	Variables		Pre-test Attitude		Chi square value	Df	Inference
			Negative	Positive			
1.	Age	a.18-28	2	5	7.354	3	Not significant
		b. 28-38	2	0			
		c. 38-48	0	5			
		d. > 48	4	12			
2.	Marital status	a.Married	7	21	0.597	1	Not significant
		b. Unmarried	1	1			
3.	Monthly income	a.0-5000	4	12	3.153	3	Not significant
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		b. once in a day	7	22			
5.	Number of family members	a.1-3	1	5	0.810	2	Not significant
		b. 4-6	4	12			
		c. 7 & more	3	5			

6.	Place of work	a. Not working	2	2	1.571	3	Not significant
		b. farmer	5	16			
		c. market	0	1			
		d. company	1	3			
7.	Cattles hygiene	a. yes	3	5	0.655	1	Not significant
		b. no	5	17			
8.	History of TB	a. yes	0	1	0.376	1	Not significant
		b. no	8	21			

Section II depicts that the computed χ^2 Value was less than the table value among the variables such as Age (7.345), Marital status (0.597), Monthly income (3.153), personal hygiene (2.845), Numbers of family members (0.810), Place of work 1.571), Cattles maintained hygienically (0.655), History of TB (0.376), at 0.05 level of significance . Hence the research hypothesis was rejected, Thus if is interpreted that there is no significant association between Pretest attitude scores with the above variables.

TABLE NO. 9: Correlation between pre-test Knowledge & Attitude of care takers regarding TB and its prevention.

VARIABLES	R VALUE	INFERENCE
Pre-test Knowledge & Pre-test Attitude	0.1	Positive

Obtained 'r' value is 0.1 hence these exist a positive correlation between pre-test Knowledge & Attitude of care takers regarding TB & its prevention.

CONCLUSION

The following conclusion can be drawn from the study findings, which are supported by evidence from the other literature;

The self-administered likert scale has shown a remarkable association between academic performances with selected demographic variables. Using the statistical formula we have computed the association between the demographic variables and academic performance.

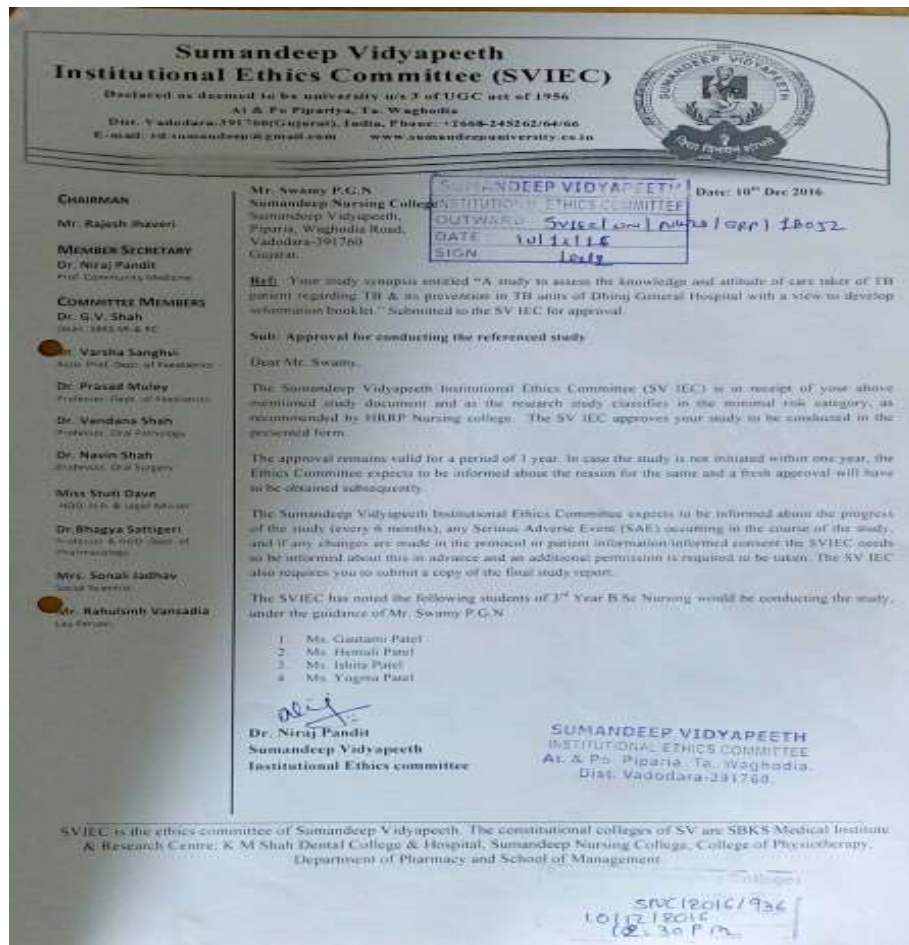
SUMMARY

This chapter presents a brief account of the present study; the conclusion drawn from the findings, implication, and recommendation for further research in the area.

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ETHICAL COMMITTEE CERTIFICATE



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