

TUBERCULOSIS PERCEPTION OF THE URBAN SLUM COMMUNITY MEMBERS IN BANGKOK, THAILAND

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FIG. 2. From a rare cabinet photograph of Koch in 1890

The specific cause
of Tuberculosis
was first proved
in 1882

by **Robert Koch**,
who recognized
the germs in
stained sputum
from patients
with the disease.

Credited Photo : Dr. William Harries

BACKGROUND

- **18th on the list of 22 high-burden TB countries**
- **90,000 TB cases annually**
- **Incidence 135/ 100,000**
- **HIV-associated TB estimated 15%**

(Jay et al 2007)

BACKGROUND

- **Individual and community problem** (Godfrey, 1998).
- **Public awareness campaigns and education programs toward high-risk groups are mandatory.** (Snider, 1994., Freudenberg, 1995, White, 1995, Leff, 1981, McAnulty)

STUDY SETTING:

- Largest urban condense community-based in Bangkok.**
- A high prevalence of tuberculosis, HIV infection, and Injecting Drug Users.**

STUDY OBJECTIVE:

To describe the tuberculosis perception of the urban congested community members.

RESEARCH QUESTION

**What are the differences,
in terms of TB perception
of the community
members by gender?**

METHODS: SAMPLE

- **Age 18 years or more**
- **Informed consent**
- **No communication problems**
- **Willing to participate**
- **Residing in the studied community for at least 1 year**

Research Tools

**Interviewed, structured
questionnaire 430
community members**

- Demo-graphic data**
- TB risk perception**
- TB severity perception**
- TB Prevention perception**
- Service need**

METHODS: STATISTIC ANALYSIS₁

- Descriptive statistic**
- Chi-square test**

ETHICAL REVIEW

- **Approved by ERB, Health Sciences Research, Chulalongkorn University**

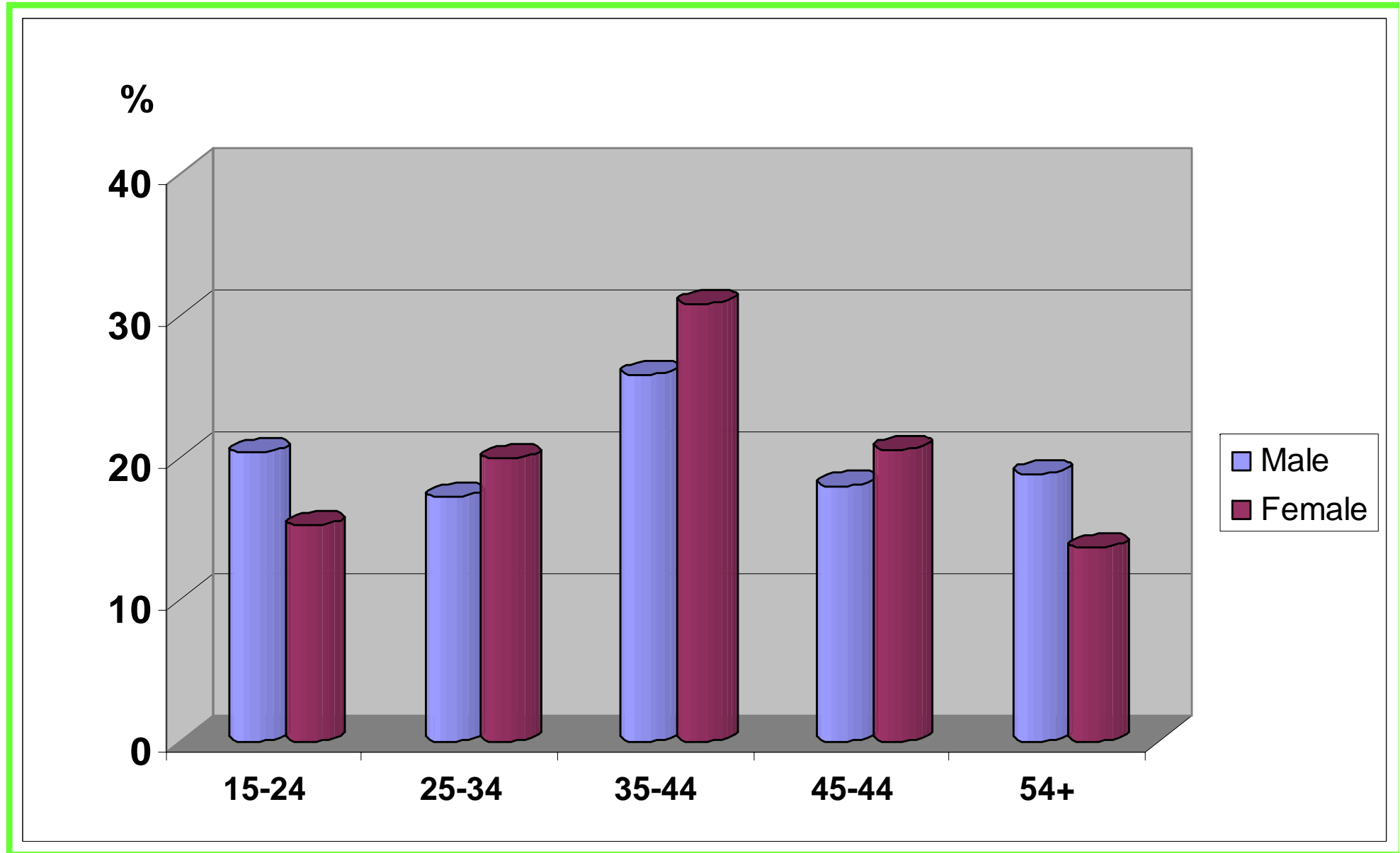
RESULTS : Demographic data

430 community members

- 70.2% (302) females

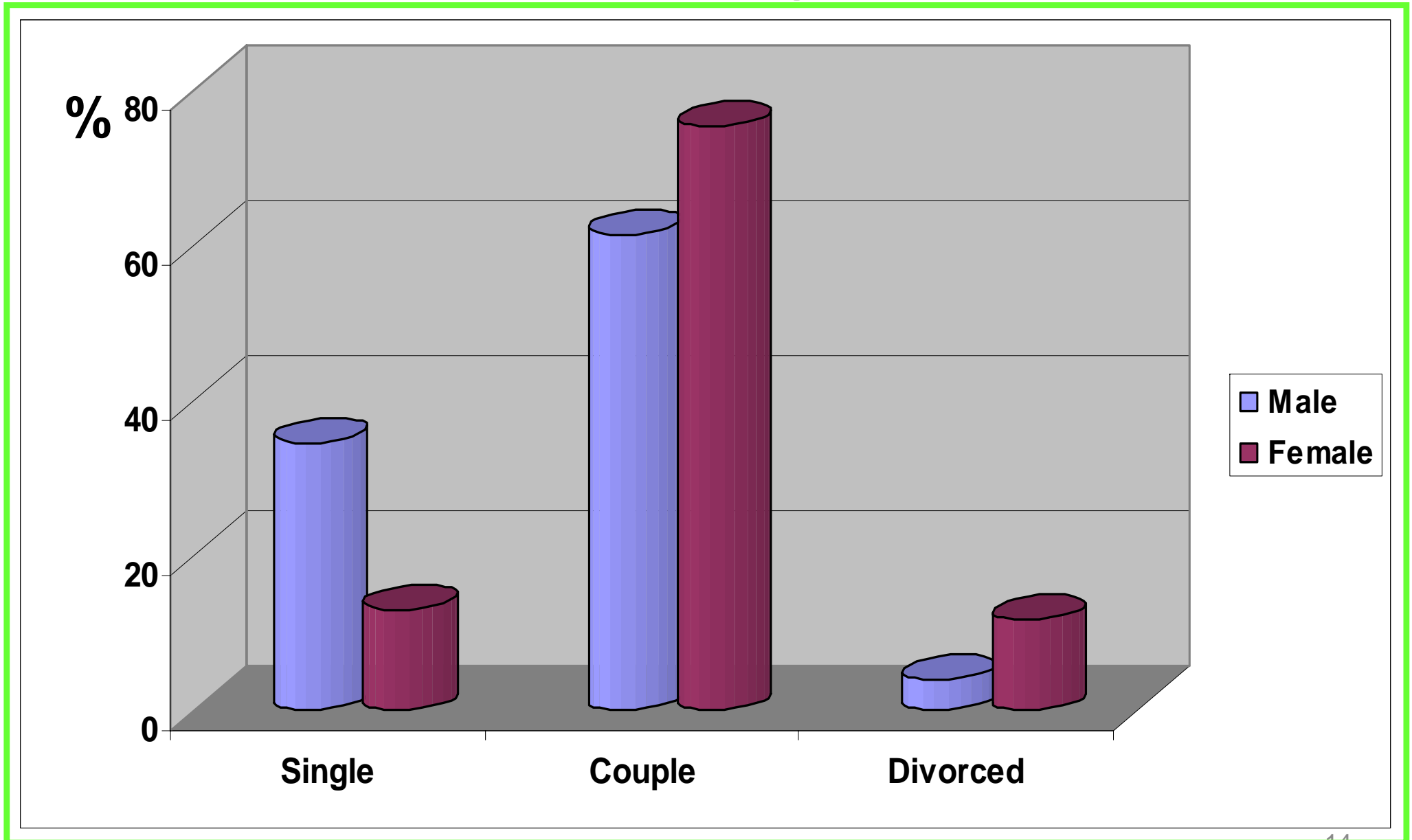
- 29.8% (128) males

RESULTS: Age Group (Years)

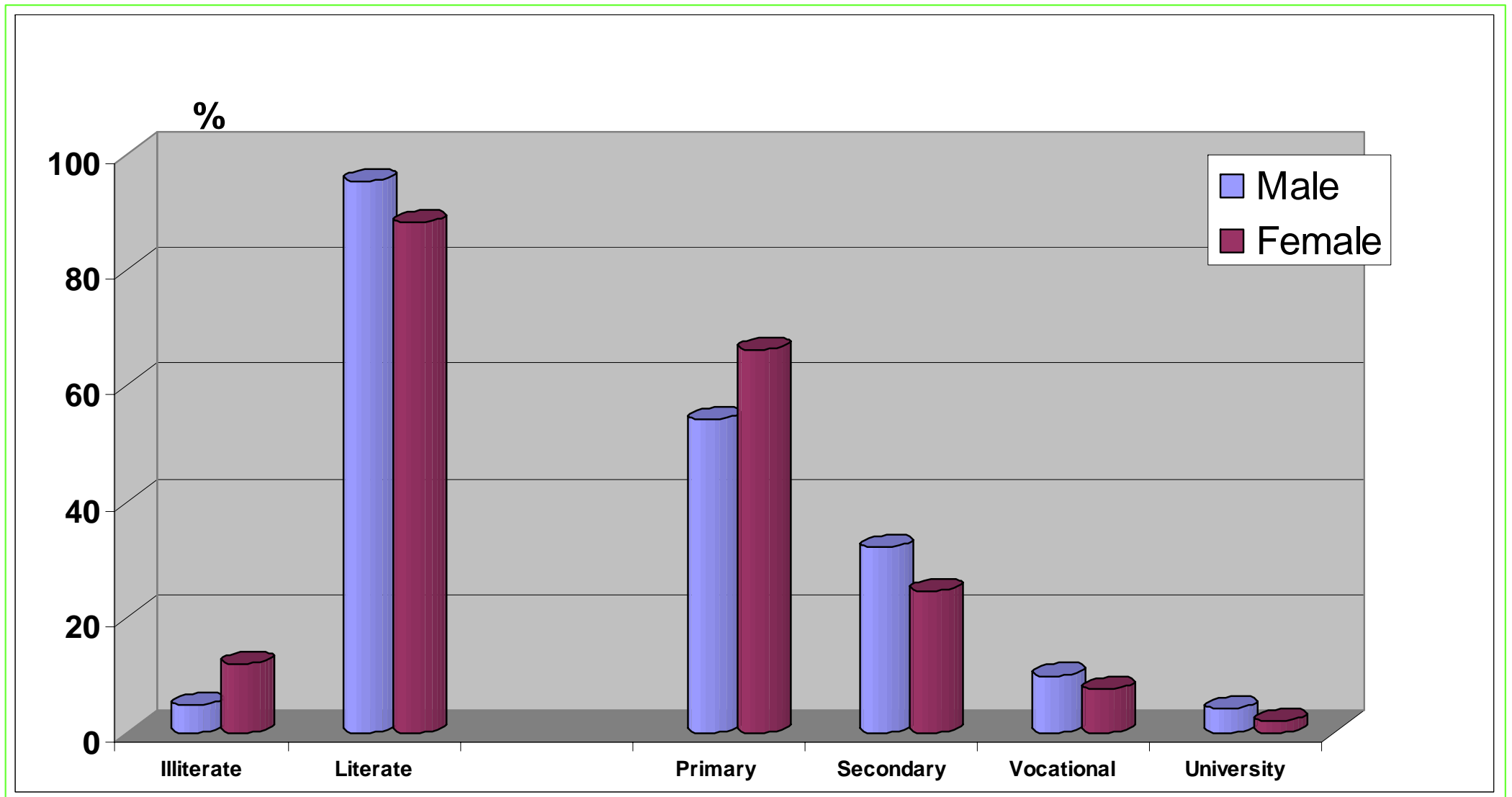


RESULTS: Demographic Data

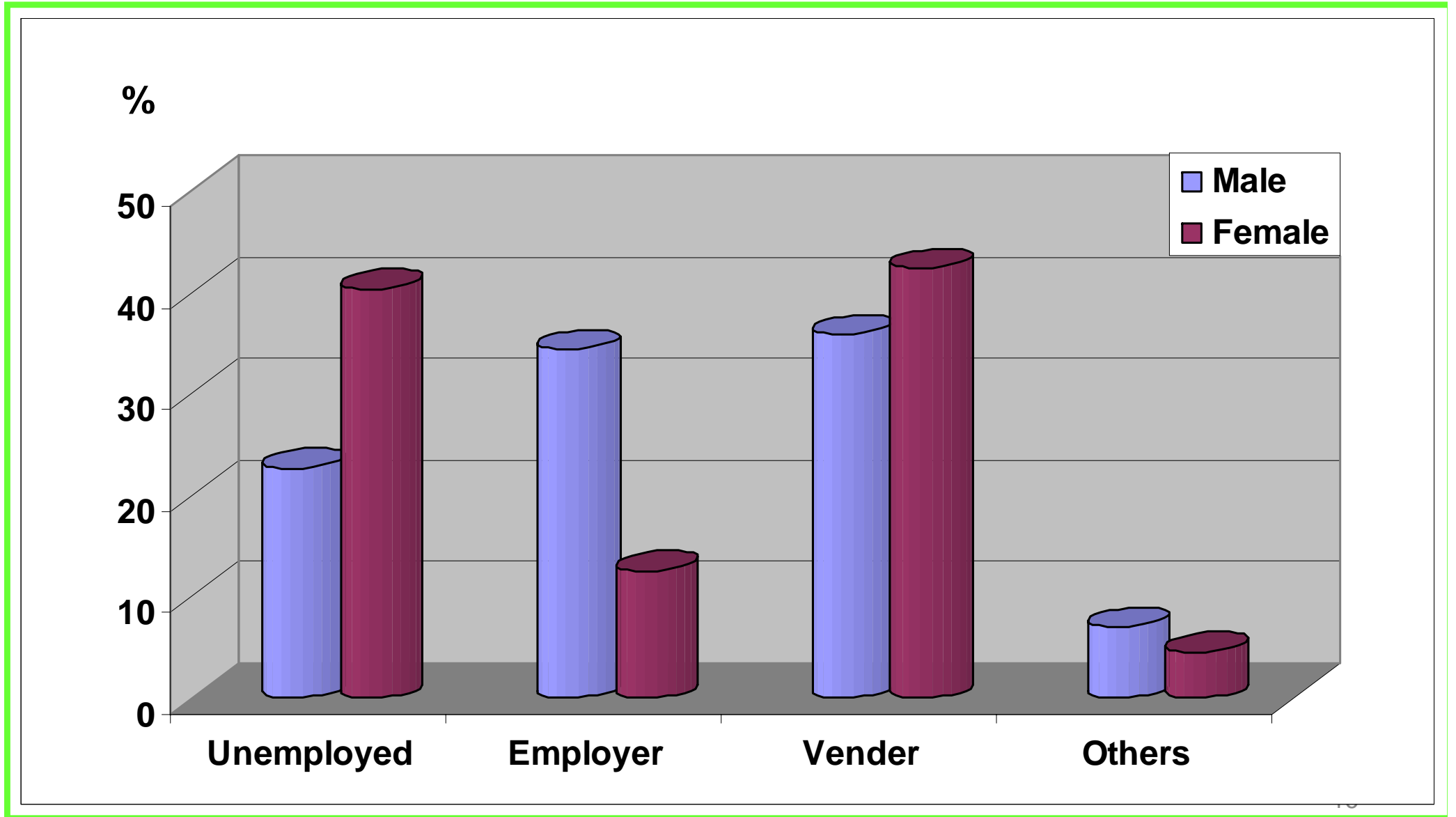
Marital Status



RESULTS: Demographic Data Education

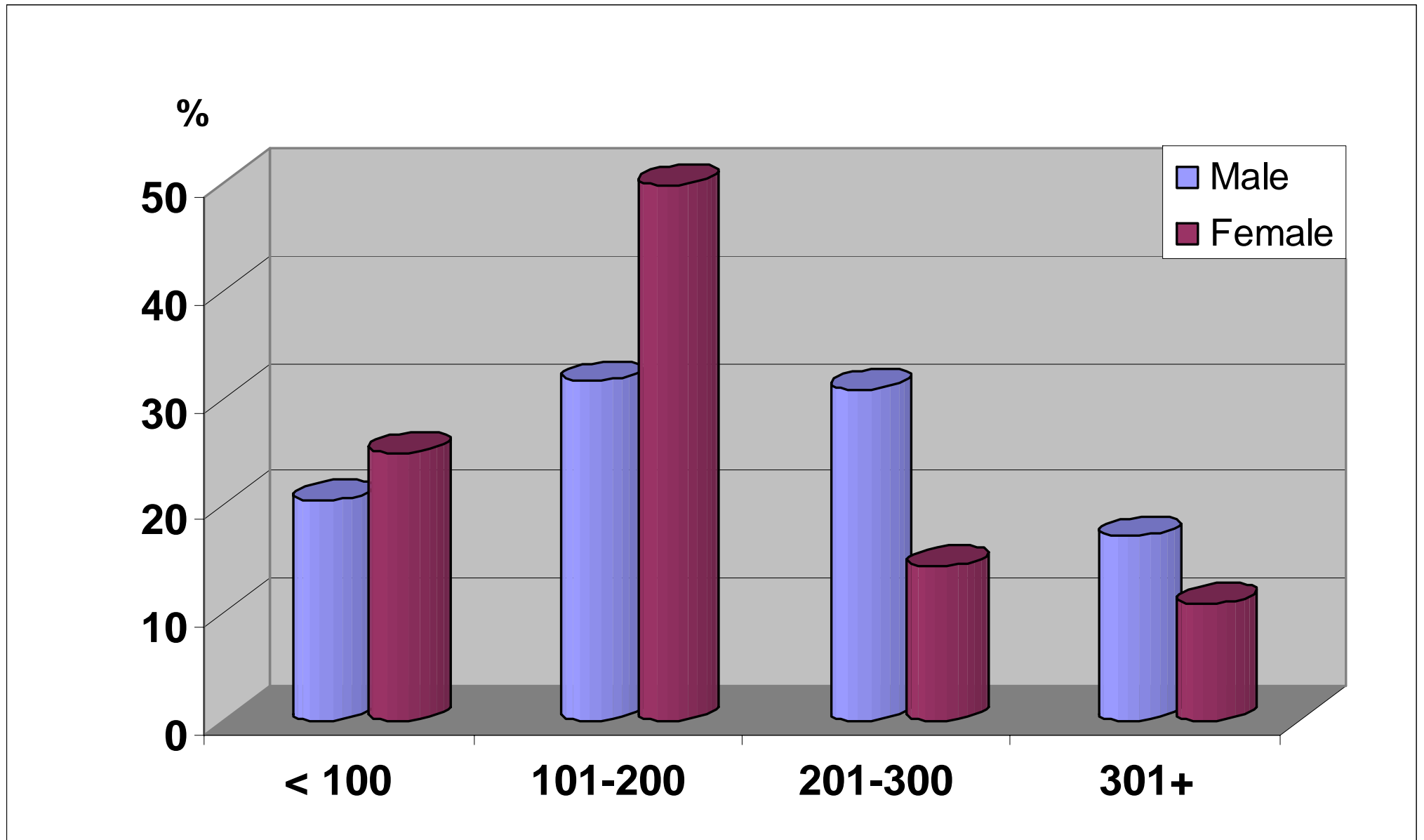


RESULTS: Demographic Data Occupation



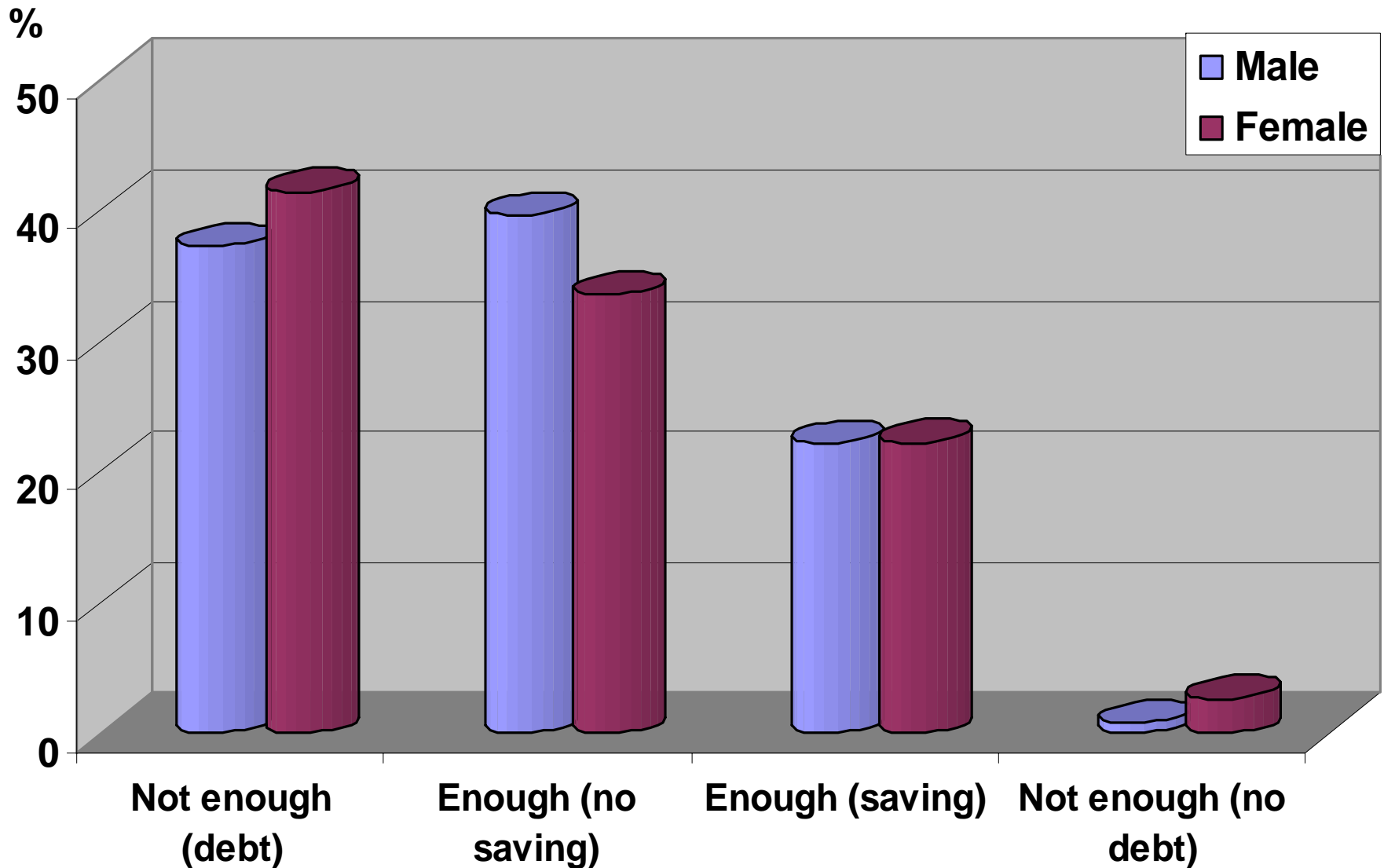
RESULTS: Demographic Data

Income (Baht/Day)



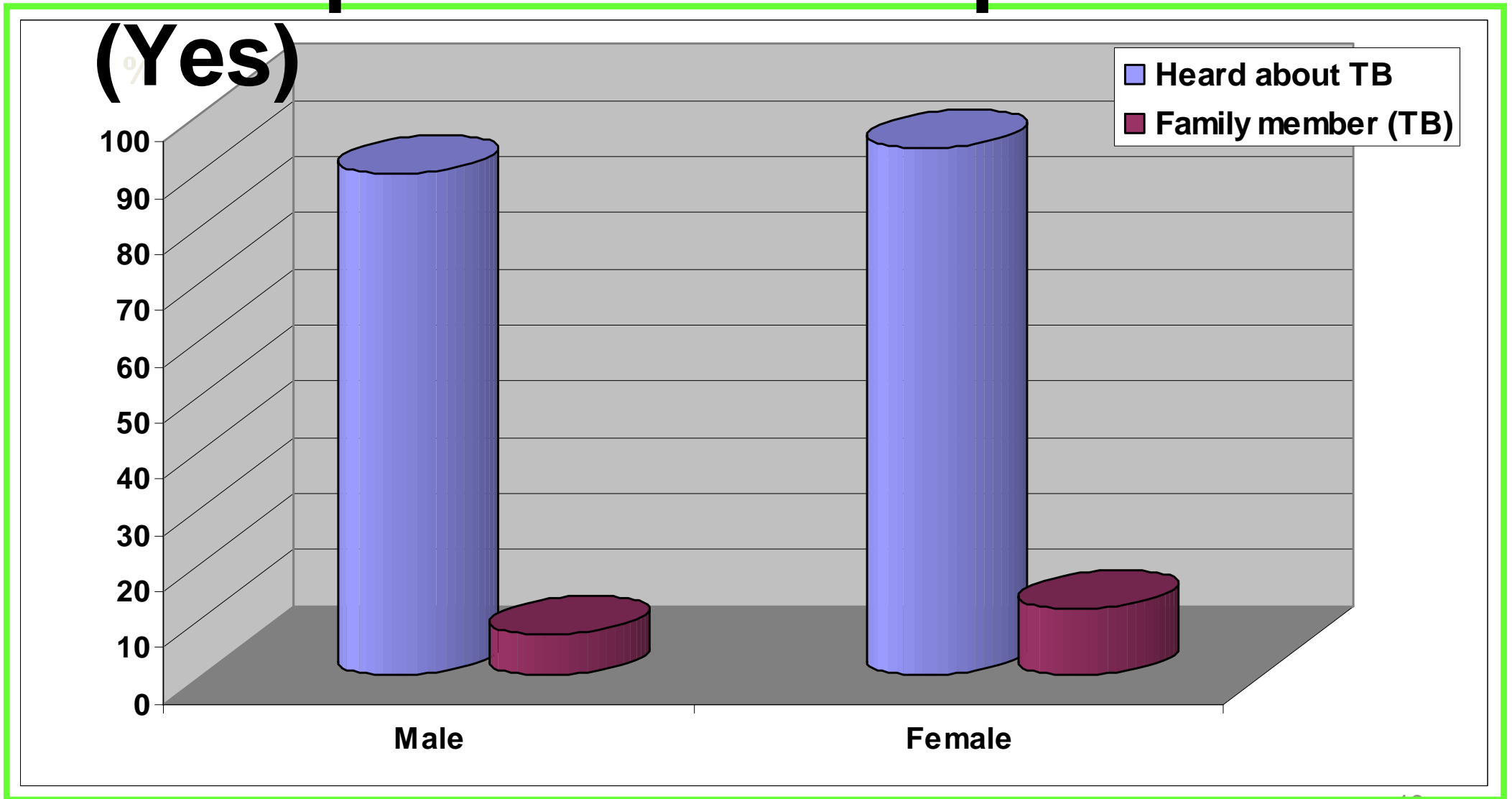
RESULTS: Demographic Data

Income Sufficiency



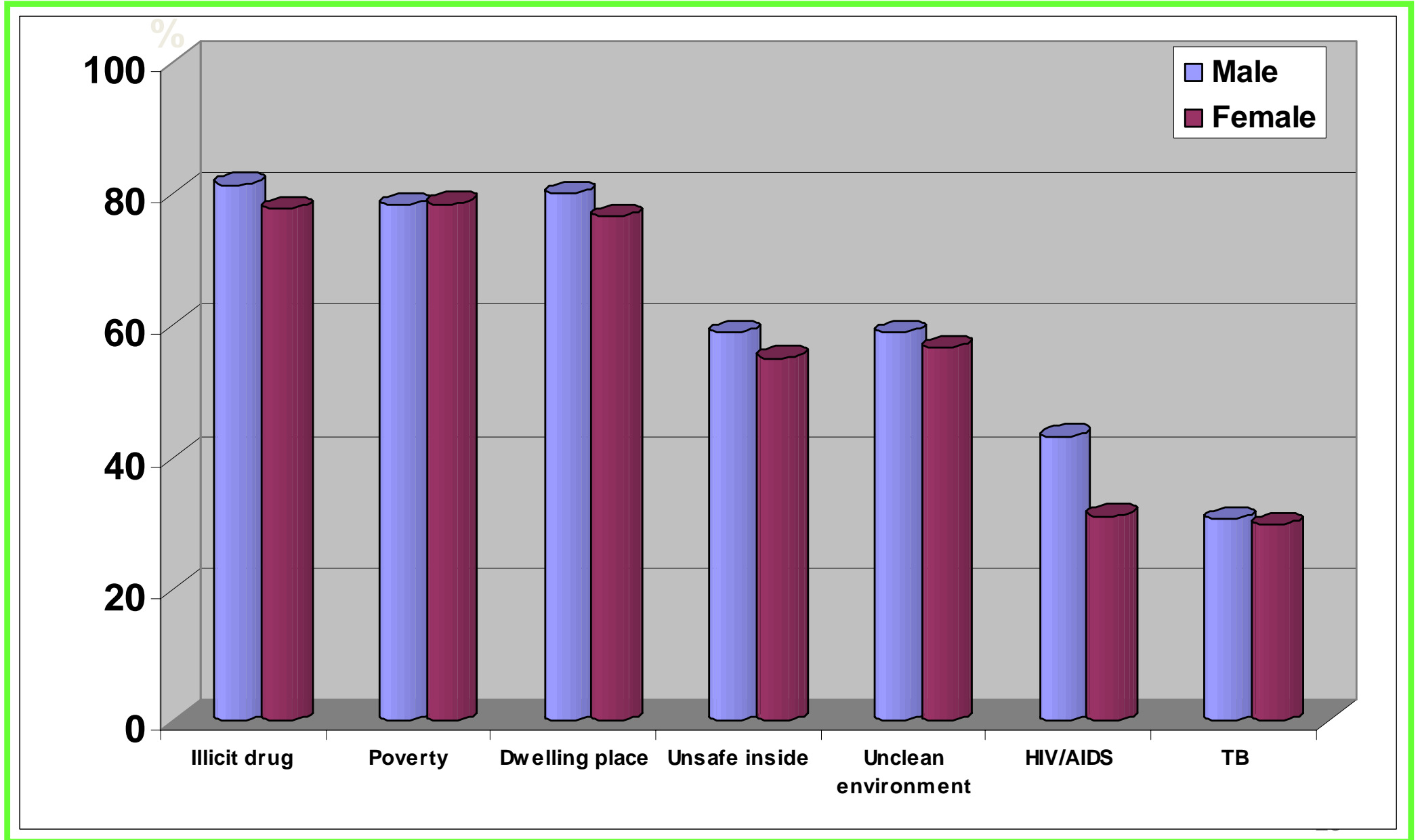
RESULTS: Demographic Data

TB experiences of respondents



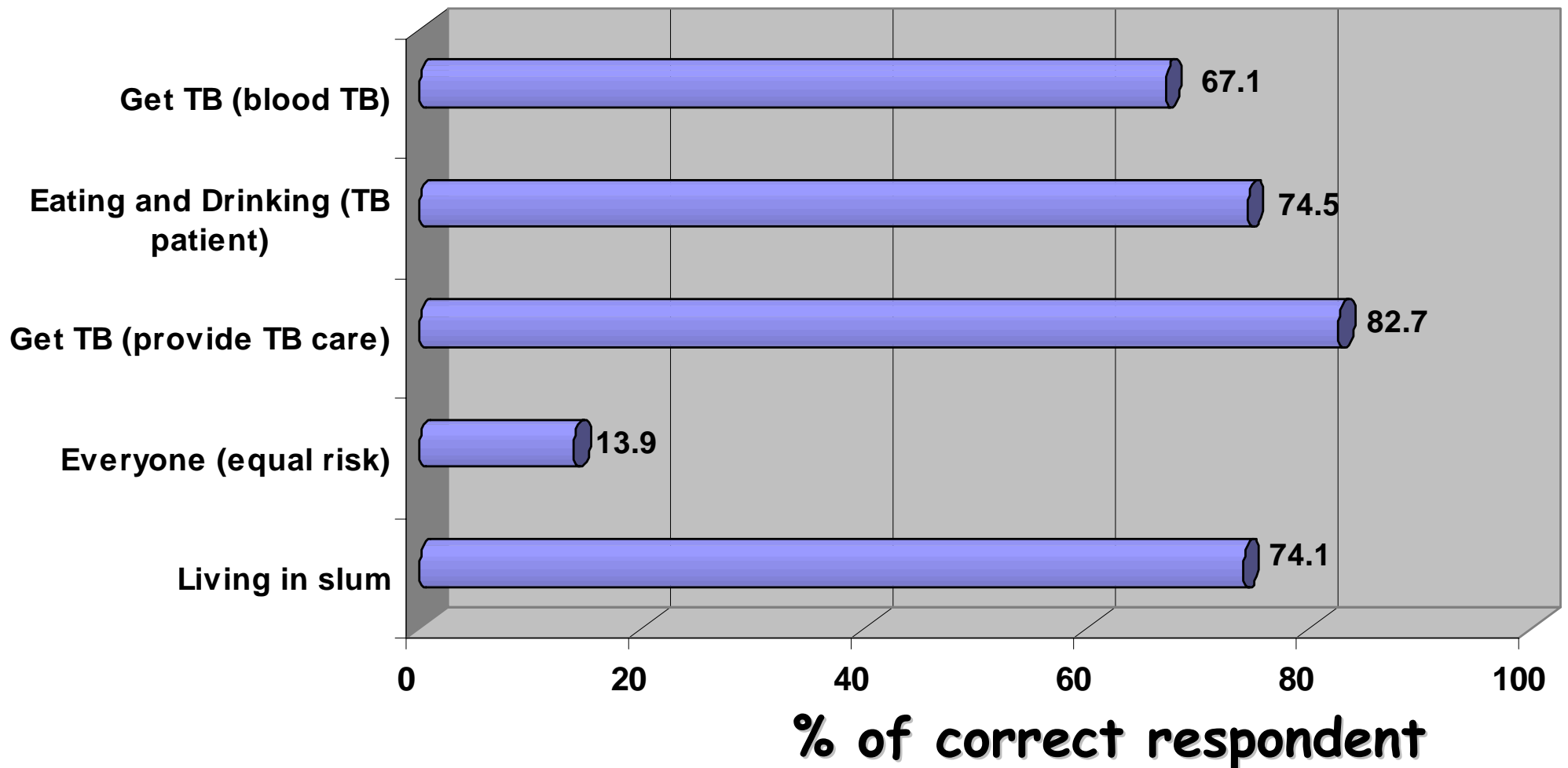
RESULTS: Demographic Data

Community Problems (Need for Solution)

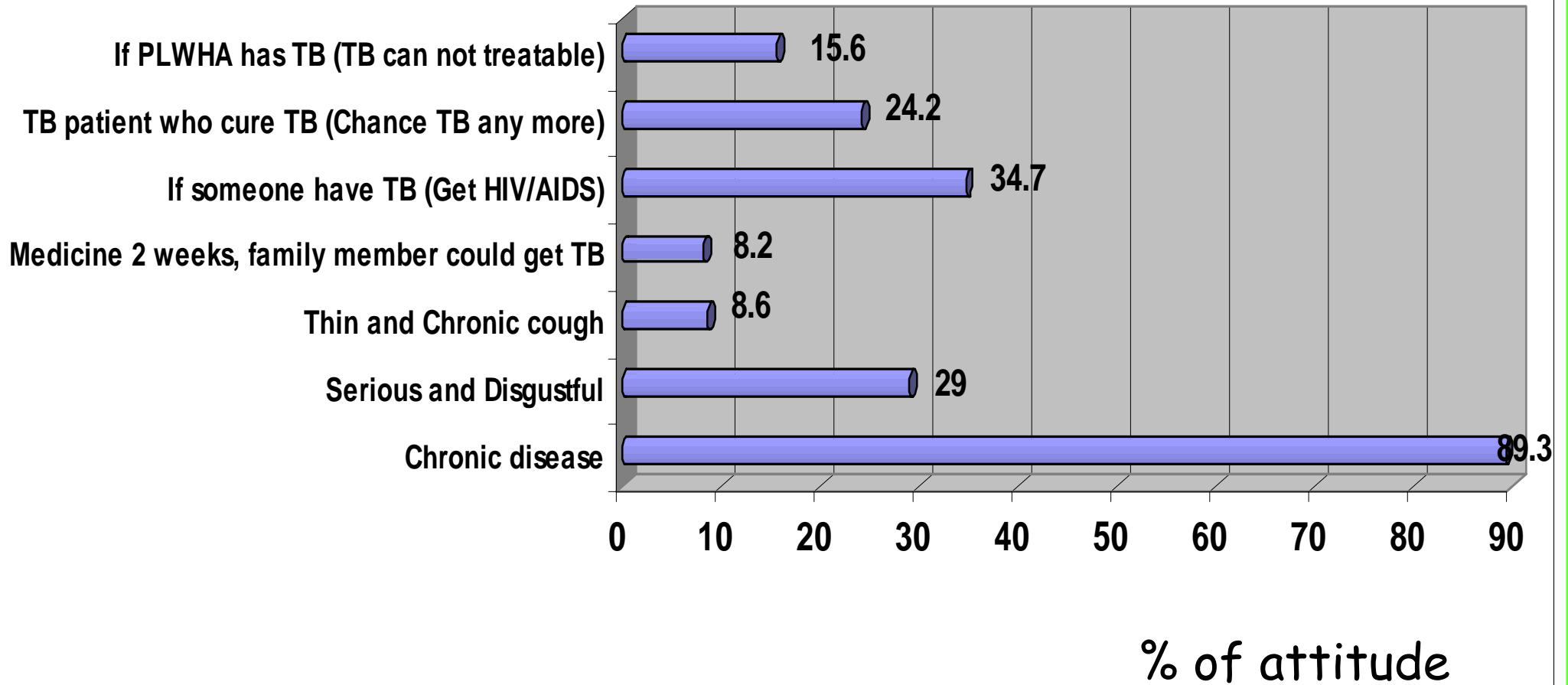


RESULTS: TB Risk Perception

Questions



RESULTS:TB Severity Perception



TB perception of community respondents

- **There was not found the difference between male and female on their own risk perception and TB severity perception.**

TB service Need perception of community respondents.....1

90.2% need TB counseling unit is established in sub-community

92% need TB brochure that provides information, knowledge about prevention and treatment

97.% recommend that the brochure should contain the detail of TB services organization in brochure

93.2% TB brochure should specify TB treatment expenditure

TB service Need perception of community respondents.....2

96% specify financial support resource

**86.5.% Government should provide TB
Hotline.**

▪

DISCUSSION...¹

- 1. TB awareness in community but miss-perception and confusion of TB and AIDS transmission exist.**

Similar with the study in South Africa and Asian countries.

DISCUSSION...²

2. TB remains a stigmatized disease.

Similar with finding from a study in Asian and Africa countries (Liefoghe *et al*, 1997).

Chiang Rai, Thailand (Ngamvithayapong *et al.*, 2000)

DISCUSSION....3

3. Lack of knowledge about treatment.

- 42.3% agreed that need to treat TB/ PWHA .**
- 52% TB in HIV could be curable.**
- nearly 62% do not know that cured TB patient can be resurgent**
- 4.1% TB patient can stop taking medicine whenever feel better.**

DISCUSSION....4

4. Community Need

- TB counseling center
- Informative TB brochure
- TB Hotline

CONCLUSION

Community residents have inadequate knowledge about TB symptoms. Several miss-perceptions about TB being associated with AIDS. These results can be barriers and delay in diagnosis and unprotected disease transmission. Educational programs are needed to fill the gap by multi-sectoral collaboration and poverty and priority problem of community people should be integrated into TB programme.

Our sincere thanks to

**Community
respondents,
Community leader,
Community youth,
TB patients,
PLWHA,
NGO**





**THANK YOU
FOR YOUR ATTENTION**