Assessment of Knowledge regarding Homecare of Family Member of Client Diagnosed as Pulmonary Tuberculosis in View to Prepare Informational Booklet

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Abstract: _Background: Pulmonary Tuberculosis remains a worldwide public health problem. The homecare for this long term illness is very much effective. Objective: To assess the knowledge regarding home care of family member. Methodology: The descriptive study was conducted at Primary health center Lote to assess the level of knowledge regarding home care management of tuberculosis among family members of tuberculosis client and to find out the association between the knowledge about home care management on tuberculosis in selected demographic variables. The sample size was 30 family members of tuberculosis clients and selection of the sample was done with simple random sample technique, the pre test was conducted by using structured knowledge interview questionnaire. Result: The major findings were, majority of family members of tuberculosis (TB) clients lies between 26 to 35 Years of age most of them were male (53.33%), majority were from joint family (70%), majority were graduates (66.67%), the maximum respondents were private employees (43.33%), the majority family monthly income were between 10,000/- to 25,000/- rupees (46.67%), most of the them were parents of T.B. patient(50%),they received source of the information regarding TB through health personnel (46.67%). The 13(43.33%) respondents have moderate knowledge, 11(36.67%) respondents have inadequate knowledge and 6(20%) have adequate knowledge. The association was found between selected socio -demographic variables and level of knowledge on home care management of TB such as age, sex, types of family, education status, occupational status, family income, relationship with the TB clients and source of information was not significant among TB clients._

Keywords: Assessment, knowledge, Homecare, family member, pulmonary tuberculosis

1. Introduction

Tuberculosis remains a worldwide public health problem despite the fact that the causative organism was discovered more than 100 years ago and highly effective drugs and vaccines are available making tuberculosis a preventable and curable disease. National Tuberculosis Control Program (NTP) was formulated in 1962, which was implemented in phased manner. The deficiency in NTP was identified in 1993 and Revised National TB Control Program (RNTCP) was developed[1].

The home care restored to health can be treated for part of his long-term illness at home to his ultimate program for the TB rests on the assumption that an intelligent, co-operative patient partially benefit[2]. The success of TB control program would be the resultant of multiple components (health education, supportive health system, family support, etc) acting in concert to support and enable patients to complete the therapy[3]. Community contribution of effective TB care has the potential to overcome the limitation resulting in more widespread implementation and effective of resource which has been brought out way back in 70s by the 9th report of world health organization experts committee on TB[4].

1.1 Statement of the problem

Assessment of knowledge regarding homecare of family member of client diagnosed as pulmonary tuberculosis in view to prepare an informational booklet

1.2 Objectives of the study

- To assess the existing knowledge regarding home care management on tuberculosis among family members of tuberculosis clients.
- To find out the association between the knowledge about home care management on tuberculosis and selected demographic variables

1.3 Research Methodology

- **Research approach:** An evaluative research approach was used in this study.
- **Research design:** A descriptive research design was used to conduct the study.
- **Setting of the study:** The study was conducted in Primary Health Center, Lote.
- **Samples:** The sample selected for the present study was family member of TB client.
- **Sampling Technique:** Purposive sampling technique was used to draw the sample. Total 30 samples were selected in Primary Health Center Lote
- **Research variables:** In this study, the study variable refers to level of knowledge among family member of TB clients regarding home care management of TB.
- **Demographic variables:** In the present study the demographic variables are the characteristics of family member of TB clients, which include age, sex, marital status, educational status, occupational status, and types of family, family income per month, family history, and source of information.

1.4 Criteria for selection of sample

a) Inclusive criteria
- Family member of TB Clients who were participated in the study.
- Family members of Clients who were diagnosed as pulmonary tuberculosis.
- Family members of TB Clients who were on DOTS.
- Family members of TB Clients who can understand Marathi.

b) Exclusive criteria
- Family members of TB Client who were not willing to participated in the study.
- Family members of TB Client who were mentally ill.

2. Results

The study findings are presented in the following sections:
- **Section-A:** Data on demographic variables of TB clients regarding home care management on TB.
- **Section- B:** Classification of respondents based on level of knowledge

Section-A

Data on Demographic Variables of family members of TB clients regarding home care management on tuberculosis.

Table 1: Frequency and percentage distribution of demographic characteristics of TB clients in relation to demographic variables

Demography Variables	Frequency	Percentage
1.Age of the relative		
18-25yrs	10	33.34
26-35yrs	12	40
35-above	8	26.66
2.Sex		
Male.	16	53.33
Female.	14	46.67
3.Type of family		
Nuclear family.	8	26.67
Joint family.	21	70
Single parent	1	3.33
4.Educational status		
Illiterate.	10	33.33
U.G.	20	66.67
P.G.	0	0
5.Occupational status		
Government employee	5	16.67
Business.	12	40
Private employee.	13	43.33
6.Family Income Rs per month		
Below 10000	13	43.33
10000 to 25000	14	46.67
Above 25000	3	10
7.Relationship with the patient		
Grandparent.	1	3.33
Parents.	15	50
Sister / Brother.	12	40
If any other specify_____.	2	6.67
8.Did you receive information regarding home care management of TB		
Yes.	25	83.33
No.	5	16.67
9.If yes, source of information		
Health personnel.	14	46.67
Family members/ Relatives.	4	13.33
Mass media (TV, radio, newspaper, Magazine)	7	23.34
If other specify_____.	5	16.66

Section – B

Table 2: Classification of respondants based on level of knowledge

Sr. No	Level of knowledge	Frequency	Percentage
1	Adequate knowledge	**6**	20%
2	Moderate knowledge	13	43.33%
3	Inadequate knowledge	11	36.67%

The level of knowledge of relatives on home care management of tuberculosis out of 30 respondents, 13 (43.33%) respondents have moderate knowledge, 11 (36.67%) respondents have inadequate knowledge and 6 (20%) have adequate knowledge.

Table 3: Showing Mean, Standard deviation, Median, Mean deviation and range level of knowledge of respondents on Tuberculosis

Sr. no.	Aspects	Max Score	Mean	Standard deviation	Median	Mean Percentage	Range
1	Level of knowledge	20	12.16	4.24	13	60.8%	5-19

The above table describes about the mean, SD and Mean percentage level of knowledge on home care management of patients with tuberculosis. The overall mean percentage was 60.80 with mean and SD of 12.16±4.24. the range was 5-19 and median was 13.

Section C: Association between the level of knowledge with selected demographic variables of the respondents

Table 4: Association between the levels of knowledge with the demographic variable Table no.4 shows that the above calculated values were less than table value at 0.05 level hence the none of the demographic variable have shown significant association with knowledge level.

Demography Variables	≥13 Median	<13 Median	Chi square Value
1. Age of the relative			
a)18-25yrs	6	4	χ^2=0.19, df=2, (5.99at 0.05,) NS
b)26-35yrs	7	5	
c)35-above	4	4	
2.sex			χ^2 =2.31, df=1,

a)Male.	10	4	(3.84at 0.05,) NS
b)Female.	7	9	
3.Type of family			
a) Nuclear family.	6	2	χ^2 =2.3, df=2, (5.99at 0.05,) NS
b)Joint family.	10	11	
c)Single parent	1	0	
4. Educational status			
a)Illiterate.	5	5	χ^2 =0.25, df=2, (5.99at 0.05,) NS
b)U.G.	12	8	
c) P.G.	0	0	
5.Occupational status			
a)Government employee	10	3	χ^2 =4.83, df=2, (5.99at 0.05,) NS
b)Business.	3	2	
c)Private employee.	4	8	
6.Family Income Rs per month			
a)Below 10000	7	6	χ^2 =2.23, df=2, (5.99at 0.05,) NS
b)10000 to 25000	9	5	
c)Above 25000	3	0	
7. Relationship with the patient			
a)Grandparent.	7	5	χ^2 =2.47, df=3, (7.82at 0.05,) NS
b)Parents.	7	8	
c)Sister / Brother.	1	0	
d)If any other specify_____.	2	0	
8.Did you receive information regarding home care management of TB			χ^2 =0.97, df=1, (3.84at 0.05,) NS
a) Yes.	15	10	
b) No.	2	3	
9.If yes, source of information			
a)Health personnel.	10	4	χ^2 =4.59, df=3, (7.82at 0.05,) NS
b)Family members/ Relatives.	3	1	
c)Mass media (TV, radio, news paper, Magazine).	2	5	
d)If other specify_____.	2	3	

3. Discussion

The overall knowledge of the family members about homecare management of tuberculosis patients selected for this study, there was no significant association found between knowledge and selected demographic variables. So we came to a conclusion overall knowledge of respondents based on level of knowledge level categorized as among 30 respondents 13 (43.33%) sample had moderate knowledge,11(36.67%) had inadequate knowledge and 6(20%) had adequate knowledge. The overall mean percentage was 60.80 with mean and SD of 12.16±4.24. The range was 5-19 and median was 13. There was no any demographic variable found significant association with the level of knowledge.

4. Conclusion

The study shows that the level of knowledge regarding home care management of tuberculosis client between family members was moderate to inadequate.

5. Recommendations

The recommendation we put forward after this study were :
- The present study can also be conducted in a large number of samples.
- We can include more than one family member from the same family so that we can judge the level of knowledge more correctly.

6. Nursing Implication

The finding of this study has importance in following fields:
- **Nursing Service**- Arrange health education programme periodically regarding home care management for family member of TB client.
- **Nursing Education**-Students can plan health education based on the knowledge level of family member of TB client in home setting or in the community area.
- **Nursing Administration**- As a nurse administrator, plan a strategies for management and educational programs for home care management of patient with TB. Discharge planning should include pamphlets or health educational materials.

Conflict of Interest: No

References

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