

**KNOWLEDGE, ATTITUDE AND PRACTICE  
RELATED TO MULTI-DRUG RESISTANT  
TUBERCULOSIS (MDR-TB) AMONG  
BASIC HEALTH STAFF IN  
THARYARWADDYTOWNSHIP AND  
OKPHO TOWNSHIP  
IN THARYARWADDY DISTRICT,  
BAGO REGION**

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## ABSTRACT

Drug-resistant tuberculosis (DR-TB) is a type of TB that has resistance to one or more of anti-TB drugs. Multidrug-resistant TB (MDR-TB) is resistance to at least Isoniazid plus Rifampicin, the two most potent anti-TB agents. Rifampicin-resistant TB (RR-TB) is resistance to Rifampicin with or without resistance to other anti-TB drugs. A cross-sectional study was conducted among Basic Health Staff (BHS) in order to assess the knowledge, attitude and practice related to MDR-TB among Basic Health Staff in Tharyarwaddy Township and Okpho Township, Tharyarwaddy District, Bago Region. Total of 164 BHS were included. Self-administered questionnaire was used. Majority of the respondents were graduated (58.5%) and had total service less than 5 years included 97(59.1%). Most of the participants were Midwives (MW) (91, 55.5%) and Public Health supervisor II (PHSII) (46, 28%). Among respondents, 154 (93.9%) had good knowledge and for TB and for MDR-TB, 60(36.6%) had good knowledge. Among respondents 11(6.7%) of respondents had good knowledge about 'What is MDR-TB', and 42(25.6%) of respondents had good knowledge about treatment of MDR-TB. Among BHS, 4 (8.7%) of PHS II had good knowledge score towards MDR-TB (P value<0.001). All respondents knew careless spitting and coughing could transmit DR-TB including MDR-TB. About 47.6% of respondents did not know that second-line anti-TB treatment drugs could complete cure of MDR-TB and 52% knew that follow-up sputum examination was monthly done. The study showed that 100% of respondents had good attitude. There was no association between level of knowledge about MDR-TB and level of attitude (P value 0.070).Among respondents, 60(36.6%) had experienced on management of DOT for TB patients last one year ago and meeting patients who incomplete DOT was 51(31.1%). Among BHS, 58.2% of MW had experienced on management of DOT patient and 4 (8.7%) of PHSII had that experienced. For contact tracing, 4 (26.7%) of MW had done. The finding from this study highlighted more training on MDR TB for BHS is necessary especially for PHS II. Since two third of BHS did not conduct initial home visit and contact tracing for TB and MDR TB patients, those activities should also be strengthen.