

**KNOWLEDGE, ATTITUDE AND PRACTICE ON TUBERCULOSIS AMONG  
SELLERS AT NAN-DA-WON MARKET IN SOUTH OKKALAPA TOWNSHIP**

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**ABSTRACT**

The main objective of the study was to study knowledge, attitude and practice on tuberculosis among sellers at Nan Da Won market in South Okkalapa Township. This cross-sectional descriptive study was conducted by face-to-face interview with 165 study participants using semi-structured questionnaire. The majority (75%) of respondents got information on tuberculosis from radio and TV. Fifty eight percent knew that TB is caused by germ. All respondents knew that TB can be transmitted through air while coughing or sneezing and this transmission can be prevented by covering mouth or nose while coughing or sneezing. Concerning the symptoms of TB, (99%) answered chronic cough, (69%) evening rise in fever, (86%) weight loss, (46%) loss of appetite. Most of respondents knew about DOTS (98%), health centers available for anti-TB treatment (92%) and six month duration of treatment (94%). Nearly two-third of them knew that drug resistance is the consequence of incomplete treatment. Only about one-third of them knew that diabetic patients are at high risk of TB. Forty one percent had low knowledge level and (59%) had high knowledge level. More than two-third had good attitude (70%) while only one-third had good practice (33%). Good attitude was seen in (87%) of high knowledge level and (46%) of low knowledge level. This meant that the higher the knowledge, the better the attitude was seen. Good practice was experienced in (44%) of high knowledge level and (18%) of low knowledge level. Therefore, the higher the knowledge score, the better the practice was seen. Higher percentage of good practice level was seen among those with good attitude level (42% Vs 14%) and practice was significantly associated with attitude ( $p=0.001$ ). This study revealed that the higher the educational status the higher the knowledge level, the better the attitude and practice levels were seen. In this study, attitudes and practices

were dependent on knowledge level of respondents and knowledge was also dependent on general educational status. Attitude on prevention and treatment also influenced on practice of this community. Therefore, it needs to improve the knowledge level on TB by means of different approaches such as health education programs through electronic media, printed material, health talks and health education during pre-treatment counselling to all TB patients, patient's attendances and general population.