

## ABSTRACT

A cross-sectional study, using quantitative and qualitative methods was used to assess the knowledge, attitude, practice and perception on MDR-TB management among MDR-TB patients attending Aung San MDR-TB clinic, Yangon. A total of 217 patients were interviewed with pre-tested structured questionnaire for quantitative data and then twelve patients were purposively selected for conducting in-depth interview. Most of respondents were aged 24-44 years (59.5%), male (72.4%), middle and high school education level (60.8%) and employed (56.2%). Only 40% of the MDR-TB patients' bed rooms had proper lighting and cross ventilation and only 40.6% got counseling and health education sessions at least 3 times before treatment. Most of the MDR-TB patients (59%) did not get the DOT service from health staff when they were taking oral second line drugs and (43%) did not get the injection service at their home by health staff. Most of the patients got the high knowledge, attitude and practice score. In this study, the number of counseling and health education sessions ( $p = 0.012$ ), getting IEC materials ( $p = 0.029$ ), getting DOT service by health staff ( $p = 0.020$ ), getting of the injection service at home by health staff ( $p < 0.001$ ) were highly associated with knowledge level. There was statistically significant association between the number of counseling and health education sessions and attitude of MDR-TB patients on the disease ( $p = 0.009$ ). The dealing of the health staff was statistically significant with the positive attitude and the proper practice on MDR-TB among these patients ( $p < 0.001$ ), ( $p = 0.043$ ). Knowledge, attitude and practice level were significantly associated each other. According to the patients' perception on the current MDR-TB management, majority of patients were satisfied with health services they received. However, some pointed out the dealing of the health staff; quality of the counseling and health education sessions; availability of the supports during treatment; improper DOT service by health staff; long waiting time and unfavorable waiting area at follow up visit. Therefore, effective DOTS strategy with proper DOT and pre-treatment counseling is very essential to impart knowledge, attitude and practice on MDR-TB patients. These would also enhance treatment adherence and can prevent transmission of infection in community through the patients.