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Community Knowledge, Attitude and Practices on prevention of tuberculosis: A Crossectional Study in Lari Sub-county, Kenya.

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Abstract: *Introduction: Tuberculosis remains a major problem globally despite it being a fairly preventable and curable disease. TB remains a major cause of morbidity and mortality in Kenya and the greatest burden is in the most productive age group. Lack of knowledge on TB within communities affects the health seeking behavior of patients which in turn presents ample time for infection to spread to the healthy population and poses a formidable challenge towards controlling the disease. Objectives: The aim of the study was to assess the Knowledge, Attitude and Practices on prevention of Tuberculosis among residents of Lari Sub-County. Methods: The study was a hospital based cross sectional study which was conducted at the Outpatient Department in Lari Hospital in Kenya. A total of 337 clients were selected using systemic random sampling and interviewed. The data collected was analyzed using SPSS version 21.Findings: Knowledge level was average (62.6%) with 15% being aware of the causative agent, 35 % aware of the signs and symptoms and 42% recognizing BCG vaccine as a preventive measure to TB. Majority of the respondents did not have a favorable attitude towards TB and there existed stigma towards TB infected people. The average mean for good practices was 65% with some of the respondents exhibiting poor practices towards prevention of TB. Conclusion: Knowledge level was average with knowledge gaps existing. A significant number did not have favorable attitude towards TB and there was stigma associated with TB infection and some poor practices were reported. There is need to step up health education to empower the communities with knowledge on TB and reduce stigma towards TB patients.*

Keywords: *Attitude, Knowledge, Practice, Prevention, Tuberculosis*

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I. Introduction

Tuberculosis (TB) is one of the major communicable diseases afflicting mankind. The prevention of TB is a major challenge as one infected person can infect up to fifteen people through coughing. TB prevalence is increasing with increasing Human Immunodeficiency Virus (HIV) infection. Despite TB being a preventable and curable disease, it is still a major global health burden as 10.4 million new (incident)TB cases were reported worldwide in 2015 and among this number, 1.2 million were co-infected with HIV. In 2015, 1.4 million people died from TB of whom 0.4 million were infected with HIV. TB is ranked among the top five causes of mortality among adult women aged 20-54 years. Men are also equally affected as, 890,000 men died from TB and 5.4 million had acquired TB infection in 2014. Approximately One Million children were infected with TB and 400,000 died of TB in 2015. [1]

In 2015, there were approximately 480 000 new cases of multidrug-resistant TB (MDR-TB) and an additional 100 000 people with rifampicin-resistant TB (RR-TB). These patients were also newly eligible for treatment of MDR-TB. According to WHO, the number of new cases that were notified to National TB Programmes in 2015 were 6 million which represented about 59 % of people estimated to have acquired the infection. This shows a gap in reporting of the detected cases and access of the care so this is increases the risk of spreading TB at the community level. There still exists inequalities in the case fatality rate across countries with the developing countries being the most affected. TB death rates have decreased by 47% since 1990, but decreased only by 1.5% from 2014-2015 which is lower than the rate highlighted in the End TB strategy to be achieved by 2030 which would require a rate of approximately 5% per annual decrease.[1]

Tuberculosis remains a major cause of morbidity and mortality in Kenya and the greatest burden is in the most productive age group 15 – 44 years. Factors responsible for the large TB disease burden in Kenya is deprivation socially, HIV co-infection, low socio economic status, congestion in households and inadequate access to health care and preventive services. The global TB/HIV co-infection rate was 12% in 2015 while in Kenya it was at 33%, this was significantly higher than the global rates. The drug resistant TB cases in Kenya have been in a gradual increase with MDR-TB notification increasing from 112 cases in 2010 to 288 cases in