

**FACE TO FACE EDUCATION FOR VILLAGE HEALTH  
VOLUNTEERS ON DIRECTLY OBSERVED TREATMENT  
SHORT - COURSE (DOTS) IN NEW SMEAR POSITIVE  
PULMONARY TUBERCULOSIS PATIENTS**

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A Thesis Submitted in Partial Fulfillment of the Requirements  
for the Degree of Master of Public Health  
Health Systems Development Programme  
College of Public Health, Chulalongkorn University

Academic Year 2001

ISBN: 974-17-0032-6

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Bangkok, Thailand

Thesis Title : Face to Face Education for Village Health Volunteers on Directly Observed Treatment Short Course (DOTS) in New Smear Positive Pulmonary Tuberculosis Patients

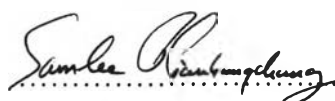
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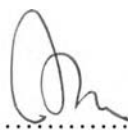
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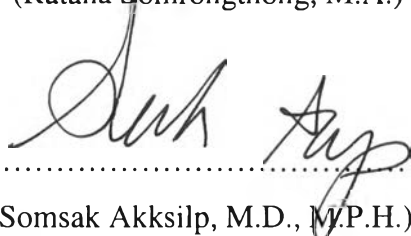
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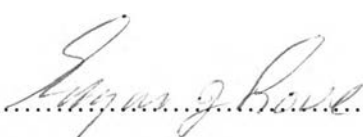
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## ABSTRACT

Project “Face to face education for village health volunteers on directly observed treatment short-course (DOTS) in new smear positive Pulmonary Tuberculosis patients” aimed to develop knowledge and working performance of village health volunteers as well as increase tuberculosis treatment outcome in Roi-Et Province. The treatment outcome is the most important indicator of tuberculosis control measures regarding to WHO guidelines in accordance with primary health care where community participation is essential in order to create better understanding of tuberculosis problems in their own community.

The selected studied areas were 5 districts included Nong Phok, Phon Thong, Salephum, Pho Chai and Meyavadi in order to have adequate number of new smear positive pulmonary tuberculosis patients within scheduled time. Observed data including quantitative data was analyzed using program SPSS for Windows consisted of percentage, means, S.D. and Paired t-test. Qualitative data was taken to analyze based on DOTS contents. Project outcomes can be summarized as follows; Eighty Eight village health volunteers passed “face to face” training and after training they were significantly increasing knowledge score with 95 percent confidence compared to test results of 2 months prior to the training: mean score ranged 0.839 – 1.683 P value = 0.000. Eighty Eight village health volunteers passed “face to face” training and were divided into 2 groups of 44 each. The first group was treatment supervisor to observed monitor TB patient taken their anti - TB medication, and another group was sub-

supervisor. After training, knowledge scores of both groups significantly increased with 95 percent confidence compared to test results of 2 months prior to the training. First village health volunteers supervisor have difference mean scores ranged 0.460-1.584, P-value=0.001 whereas the sub-supervisors have the range of means scores of 0.855-2.144, P-value < 0.001. The attendance of village health volunteers to monitor the treatment in the intensive phase more than 5 days / week to 7 days per week. The treatment outcome evaluated after 2 months of treatment illustrated the high conversion rate of 97.7percent. No patients missed the scheduled treatments for longer than allowable period, but there was one patient died of accident before the completion of the 2 - month treatment period.

From the study, it showed that face to face training for village health volunteers in the selected areas increase in knowledge, supervision the TB patient and clearly understand the DOTS process, resulted in higher conversion rate of new smear positive pulmonary tuberculosis patients which minimized sources of transmission and predisposed higher cure rate for further phases.

## ACKNOWLEDGEMENTS

I would like to express my heartfelt gratitude and appreciation to my advisor Ajarn Ratana Somrongthong for her kind attention, creative guidance and encouragement timely throughout the period of this MPH study. I am very much grateful to my Co – advisor Dr. Somsak Akkasilp, the director of Communicable Disease and Control, Zonal 7, Ubonratchatani for his critical. But, valuable advise which constantly made me confused and encouraged me to do better.

I would like to express my deep gratitude to my mother and my wife Punja Chomputawat for theirs constantly support throughout the period of my study without which this would not have been possible.

I am very much to thanks to all my colleagues for mental support and very good suggestion.

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## Abbreviation

AIDS	=	Acquire immune deficiency syndrome.
BCG	=	Bacillus Camille Guerin
HIV	=	Human immuno deficiency virus.
MDR – TB	=	Multi Drugs Resistant – Tuberculosis.
WHO	=	World Health Organisation.
DOTS	=	Directly Observed Treatment Short - course.
VHV	=	Village health volunteer.
TB	=	Tuberculosis.
NTM	=	Non – tuberculosis mycobacterium.
MOTT	=	Mycobacterium other than tuberculosis.
MAC	=	Mycobacterium avium complex.
CAT	=	Category