

## **CHAPTER V**

### **PRESENTATION**

This study is focused in field of TB controlling program in Thailand It's investigate for the appropriate strategy to increase the compliance of TB treatment by DOTS. The title was issued as “ Home Visit Existing DOTS : A Strategy to Increase Cure and Complete Treatment Rate among TB Patients in Zonal TB Center 3, Chonburi Province”.

This chapter is describe about the whole study in briefly. I would like to present the context into three part : introduction content and summarization. The presentation be showed by slide help the audiences are follow or participate easily.

**Home Visit Existing DOTS  
: A Strategy to Increase Cure and  
Complete Treatment Rate of  
Tuberculosis Treatment**

**in  
Zonal Tuberculosis Center 3  
Chon Buri**

**Mrs. MALEE KERDPUN**

*May, 2002*

**Background**

- **TB is a worldwide public health problem which has increasing of infectious rate every year.**
- **The most serious problem is the increasing of Multidrug Resistant TB (MDR-TB) .**

## **Background**

- In 1993, WHO declared TB as “Global Emergency”.
- There are many factors caused TB problem worsen including the epidemic of HIV infection, non-compliance to treatment, poverty, etc.

## **Background**

- In 1997, WHO recommended DOTS as the best strategy in TB control program to prevent MDR-TB and increase compliance of treatment.
- Directly Observed Treatment with Short-Course Chemotherapy(DOTS) is a management to ensure that the patient takes every dose of the recommended treatment regimen .

## **Background**

**✍ The management to ensure that observer watches the patient swallowing tablets are ;**

- Training observer**
- Daily drug package**
- DOT card**
- Monitoring and evaluating system.**

**✍ The observers are chosen from health personnel, village health volunteer, community or family members.**

## **Background**

- In Thailand, TB Division responds for National TB Control program (NTP) and organized 12 Regional TB Centers all over the country.**
- Zonal TB Center 3 Chon Buri is one of Regional TB Centers responsible for NTP in region 3 (7 provinces in eastern part of Thailand) which has around 3 millions of population.**

## **Background**

- In 1996, DOTS was started to implement in Thailand.
- In 2001, DOTS was introduced in all provinces and covered 59% of the population.
- ✍ DOTS was introduced in region 3 since 1997.
- ✍ In 2001, DOTS implementation covered 80% of the region 3.

## **Background**

- ✍ DOTS intervention improved cure rate of region3 from 50% in 1996 to 70% in 2000(NTP goal is 85% cure rate of new smear positive).
- ✍ Home visit is an intervention in this study to increase efficacy of DOTS strategy in Region 3.

## **Home Visit: *definition***

---

**: a public health service by health workers who visit patient's home. The activities compose of**

- ☞ nursing care,**
- ☞ social welfare**
- ☞ promote health; prevention, treatment and rehabilitation.**
- ☞ provide health education about environmental management for patient's disease**
- ☞ acknowledge the disease, economics and society.**

## **Home Visit: *Reviewed literature***

---

***Tuntitaveechok, 1996***

- Can evaluate patient and family need via contact family member relationship, economic status.**
- Can give individual and group health education easier.**
- Building relationship until patient and family member trust visitor.**
- Provide appropriate nursing care for solving health and family problems.**

## **Objectives**

### **General Objective :**

To improve the effectiveness of DOTS strategy by increasing of cure rate to achieve the National Standard by home visit for TB patients groups at Zonal TB center 3 Chon Buri province.

### **Specific objective**

- 1. To strengthening DOT recording card system.
- 2. To investigate patients' behavior in anti TB drug swallowing and practice the cutting of transmission.
- 3. To ensure the compliance treatment of TB patient.





## **Data Exercise**

**: has designed to gather some necessary information for further study regard home visit existing DOTS which improve the cure rate of treatment to achieve the goal.**

## **Methodology**

---

### **Study design:**

**Quasi- experimental research.**

### **Tools:**

**Questionnaires and Observation**

## **Methodology**

### **Method;**

- 1. Design home visiting , behavior, and satisfy questionnaire.**
- 2. Timing of home visit was planned as**
  - Once a week in intensive phase.**
  - Once a month in continuous phase**
- 3. Collect and analyze data.**

## **Methodology**

### **Sample population;**

**20 TB patients registered at ZTC 3 during 1- 31<sup>st</sup> December 2001.**

### **Duration ;**

**1<sup>st</sup> January –10<sup>th</sup> February 2002.**

## **Finding**

**Table 1 TB patients.**

	<b>No.of patient</b>
<b>Found</b>	<b>16</b>
<b>Not found</b>	<b>4</b>
<b>- did not find house</b>	<b>3</b>
<b>- did not find patient</b>	<b>1</b>
<b>Total</b>	<b>20</b>

## **Finding**

### **Visiting times within a month**

**(4 times/month of 16 TB cases).**

	<b>times</b>
<b>Only patient</b>	
<b>Both patient and observers</b>	<b>32</b>
<b>Only observer</b>	<b>12</b>
<b>Miss both</b>	<b>4</b>
<b>Total</b>	<b>64</b>

## Finding

### DOT card checking with remained drugs and urine color

Activities	Home visit			
	1st	2nd	3rd	4th
Correct DOT card checking with remained drugs.	75 %	87.5 %	92.9 %	100 %
Found orange-red urine color.	91.7 %	100 %	100 %	100 %

## Finding

### Behaviors of preventing transmission.

Behaviors	Visiting week			
	1st	2nd	3rd	4th
using handkerchiefs	56.3%	100%	100%	100%
rinsed sputum into the closet of sputum	62.5%	75%	92.9%	100%
destroyed sputum into water closet or fired	37.5%	81.3%	92.9%	100%
doors and windows opening, basked bedding, general utensil's cleaning in regular with soap or detergent.	93.8%	100%	100%	92.9%

## **Finding**

---

### **Patient satisfaction**

<b>Activities</b>	<b>No. of cases</b>	
	<i>satisfied</i>	<i>Not satisfied</i>
Home visit activities	15	1*
Home visit once a week	16	-

\* afraid of neighbor knowing his disease.

## **Discussion**

---

**1. There were some weakness of the activities at ZTC 3 in DOTS strategy.**

- wrong addresses in 3 cases.
- 9 observers(56.3%) did not know how to advise patients.
- 2 patients denied to have observers.

## **Discussion**

**2. Compliance to treatment could be improved by increasing time of home visit.**

■ **DOT cards recorded were improved by the time of home visits (75% in 1<sup>st</sup> visit to 100% in 4<sup>th</sup> visit).**

■ **Orange-red color of urine were found in 91.7% of cases at the first visit and increased to 100% in following visits.**

## **Discussion**

**3. Home visitors should identified causes of not taking drugs.**

■ **Only 75% (12 cases) took drugs everyday**

■ **No reasons for not taking drugs in the questionnaires.**

## **Discussion**

**4. Behaviors in preventing TB transmission could be improved by increasing time of home visit.**

■ using handkerchiefs improved from 56.3% in 1<sup>st</sup> visit to 100% in 4<sup>th</sup> visit.

■ destroy sputum improved from 37.5% in 1<sup>st</sup> visit to 100% in 4<sup>th</sup> visit.

## **Limitation**

■ Social stigma of TB and HIV made difficulty in home visiting.

### **Constraints and obstacles**

- 1. Lacks of home visitors.**
- 2. Vehicles were not available in some time.**

## **Recommendation**

---

### **1. Strengthen the activities of ZTC 3 in**

- **Interview addresses as much as possible and identify the most possible place where patient will stay for total course of treatment.**
- **Advice/teaching/training the observer in what will be done as the role of observer.**
- **Convince the patient in having DOT observer. Tell patient what will be their benefit.**

## **Recommendation**

---

### **2. Home visit should be one of DOTS strategy and should be implement due to**

- **increase compliance**
- **increase behavior of preventing TB transmission**
- **almost all patient accept the activities.**



### **Recommendation**

- 3. Data collecting about assessment of factors leading to non-compliance of TB treatment should be added to home visiting form.**
- 4. Questionnaires about satisfaction of home visit activities should be separated patient and observers and add more questions in the actions of observer.**

### **Recommendation**

- 5. For further study, fulfill agreement from responsible health authority will reduce manpower and vehicle limitation.**
- 6. Well plan in visiting time will reduce time constraint.**