

CHAPTER V

CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary and Conclusions

This research aimed to study the outcomes of medical treatment for new TB patients, and related factors, in Thungsong District, and to ascertain the relationships between treatment outcomes and these factors. The subjects for study consisted of 100 new smear-positive pulmonary TB patients registered at Thung Song Hospital counting backward from September 2003 (enrollment started in February 2003). However, it was possible to follow up only 86 cases, because 10 patients died and 4 patients transferred out. Data were collected using an interview questionnaire designed by the researcher; the patients were interviewed by research assistants. The results of this study may be summarized as follows:

1. Outcomes of medical treatment for new TB patients in Thung Song District.

It was found out that:

1.1	cured	=	41 (47.7 percent)
1.2	completely treated	=	21 (24.4 percent)
1.3	default	=	24 (27.9 percent)

Total 86 cases (100.0 percent)

2. Relationship between related factors and outcomes of medical treatment for new TB patients in ThungSong District

Statistically significant relationships between completeness of treatment and studied factors are summarized immediately below. Presence of DOTS: 88.9 percent of the DOTS-treatment patients had completed the medical treatment course, compared with 43.8 percent for non-DOTS. When tested statistically, DOTS treatment was significantly related to completeness of treatment (P-value <.05). Area of residence: Furthermore, new TB patients living in municipal areas (100 percent) had completed timely medical treatment course more than those in the rural local administrative areas (68 percent). This difference was statistically significant. (P-value <.05).

Knowledge: differences in tuberculosis-related knowledge were found to be statistically significant in following up complete or incomplete medical treatment course (P-value <.05).

Practices: differences in the practices of healthcare staff toward patients were found to be statistically significant (P-value <.05).

Non-significant relationships are summarized immediately below. For all of these relationships, $p > .05$.

80 percent of the new female TB patients had completed the treatment course, while 67.9 percent of the males had completed it. Regarding patient access to TB treatment, 78.8 percent of the patients whose families comprised > 4 members tended to

follow up the complete treatment course, compared with 67.9 percent of those whose families consisted of < 4 people. TB patients with insufficient incomes (80.0 percent) had completed timely medical treatment course more than those with sufficient incomes (72.1 percent). Moreover, other health insurance groups (83.3 percent) had achieved timely complete medical treatment course more than the gold card group (66.1 percent). The new TB patients who spent < 30 minutes traveling to hospital (81.3 percent) completed their timely medical treatment course more than those who spent > 30 minutes (66.7 percent).

Furthermore, new TB patients who were breadwinners of families (76.2 percent) completed timely medical treatment course more than those who were only family members (70.8 percent). Also, a greater proportion of new TB patients who did not have agricultural occupations (73.7 percent) completed their timely medical treatment courses than those who had agricultural occupations (70.8 percent). Completeness of treatment was not statistically significantly associated with age, income, attitudes about tuberculosis, relationship of patient with medical staff, or patient satisfaction with medical services.

3. Attitudes of New TB Patients in Thung Song District.

The new TB patients' most positive attitude towards TB and its treatment was that severe TB cases may die if not properly cured (Mean=4.21). The least positive attitude was that TB patients could stop taking anti-TB drugs without their doctor's permission when they were getting better (Mean=1.96). Overall, the new TB patients'

attitudes towards tuberculosis and its treatment were at a rather low level (Mean=33.70).

4. Practices of the New TB Patients in Thung Song District.

The treatment behavior that most of the new TB patients did most was never changing the dosages of anti-TB drugs by themselves (Mean=2.74), followed by stopping smoking during the treatment period (Mean=2.67). The behavior that was done least was seeing the doctor at the due time (Mean=2.44). All in all, the new TB patients' practices in Thung Song District were quite good (Mean=25.92).

5. Interrelationship between Healthcare Staff and New TB Patients in Thung Song District.

The most frequent item was convenience for the patients to come for a medical treatment course based on the hospital's schedule (Mean=2.73), followed by healthcare staff could provide them with good care services (Mean=2.67). The least performed interaction was patients had minimal opportunities to talk about their treatment problems with healthcare staff (Mean=2.30). Overall, the level of interaction between healthcare staff and TB patients in Thung Song District was quite high (Mean=40.42).

6. Problems and Recommendations of the New TB patients in Thung Song District.

The new TB patients suggested most (33.3 percent) that healthcare staff should provide them and their relatives with knowledge about TB treatment and practices during treatment, which was followed by staff should ask them about their health

problems before the medical examination (27.8percent). The least wanted item was for require a home visit by medical staff.

The most effective treatment system was related to the number of drugs and the duration of treatment (36.8 percent), as well as their relatives' good care in administering them some anti-TB drugs (26.4 percent).

5.2 Discussion of the Results

Personal Information

In terms of personal information, the number of male TB cases was higher than females. Most were agriculturists and completed primary level educations (Grade 6). This finding was consistent with that by Mantana Jtheirakangwan (1986), who studied the prevalence of pulmonary tuberculosis patients in the Out-Patient Ward of Srisaket Hospital. She found more male patients than females, that most of them were agriculturists, and that most of them had finished only primary level education.

Knowledge and Practices

On the basis of knowledge and medical practices, the study showed that the TB treatment outcomes among new TB cases who followed up a complete or incomplete medical treatment course were different with statistical significance (P- value <.05). Based on patient level of knowledge. The crucial variable contributing to the differences was providing the patients with knowledge of tuberculosis and its medical treatment at the TB clinics. This finding was in line with the study by Nongpimol Sapimol (1987), who studied the effectiveness of teaching hygiene education and

following up pulmonary TB patients with short-course therapy. She found that teaching hygiene and having a follow-up session with pulmonary tuberculosis patients could result in better treatment co-operation and practices. This was supported by Fabiyi (1985), who stated that strengthening knowledge of TB could contribute to improving behaviors and practices in direct and indirect ways. In addition, Bloom noted that the knowledge obtained via learning experiences, understanding and observation could create memory, comprehension, application, analysis, synthesis and assessment.

Residential area

The result of this study indicated that the new TB patients who completed the medical treatment course lived in municipal areas more than other areas, and this difference was statistically significant. This finding was consistent with the study by Wanpon Trongdon, who found that most TB patients' domiciles were in urban areas.

Treatment Systems

The DOTS-treated TB patients gained a more effective, complete result than the non-DOTS. The correlation was statistically significant ($p < .05$), although the system of DOTS treatment had not been widely or effectively implemented or conducted. However, the study showed that DOTS could bring about more effective and complete treatment. This finding supports the recommended WHO strategies, that DOTS is the most effective method of curing TB. It is also very important that new TB patients receive adequate education regarding the importance of DOTS. If their knowledge about the importance of DOTS is not sufficient, it is possible that Thailand will be unable to control TB effectively, even if DOTS is available.

4.3 Recommendations

Policy recommendations

It was found that DOTS was clearly related to curing TB. However, only a few patients knew that DOTS could bring about a more successful result in curing TB, with confirmation by sputum smear examination. When patients are examined and diagnosed as infected with TB, the hospital should have a room devoted to consulting and health education of new TB cases and their relatives, so that they can be provided with intensive knowledge about TB and its treatment, and the treatment practices during the admission, to bring about good co-operation between medical staff and TB patients.

It was found that the overall attitudes of the TB patients were at a moderate level (43.0 percent). Therefore, when patients are examined and diagnosed with developing TB, all should be assessed for their attitudes towards TB treatment before the treatment starts, so that staff can assess patients' individual characteristics, and adjust medical treatment procedures to suit each individual patient.

Recommendations for Services

The most popular suggestion was for improve the interrelationship of healthcare staff, who should ask patients about their problems, to engender a good patient-staff relationship, in which patients would feel confident to reveal their problems. The staff should ask relevant questions so that each patient can be provided with appropriate medical treatment, suitable to the patient's individual situation and needs.

4.4 Suggestions for Further Study

1. A study of the results of DOTS, comparing new and relapsed non-DOTS TB cases, should be conducted.
2. A further in-depth interview study should be conducted among curable and incurable groups to ascertain deeper knowledge about knowledge and attitudes in these groups, and about differences in knowledge and attitudes between these groups.
3. A study to ascertain the determinants of high defaulter rates in rural areas should be conducted.