

**OUTCOMES OF TUBERCULOSIS TREATMENT AMONG
NEW TUBERCULOSIS CASES AND RELATED FACTORS IN
THUNGSONG DISTRICT, NAKORN SI THAMMARAT
PROVINCE, THAILAND**

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for the Degree of Master of Public Health in Health Systems Development**

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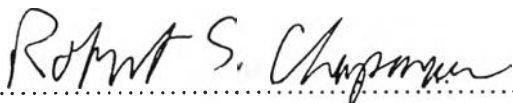
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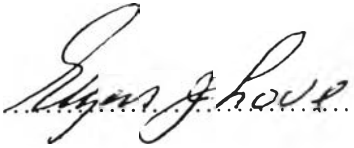
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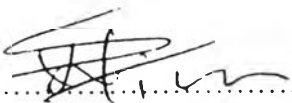
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This was a cross-sectional descriptive and analytical study to examine the outcome of treatment, and related factors, among 100 new smear-positive pulmonary tuberculosis cases registered at the TB clinic at Thung Song Hospital from 10 February-30 September 2003. After exclusion of 14 TB patients who died or transferred out, there were 86 patients left in the analytical dataset. The data were collected by interview questionnaire and TB treatment card. The descriptive data were expressed as percentages, means, and standard deviations for general information. In analysis, the Chi-square test, Fisher's exact test, and Mann Whitney U-test were used to determine relationships among the factors studied, e.g., population, knowledge, attitude, practices, relationships of TB patients with health care staff, patient satisfaction and types of services in the TB clinic. Regarding treatment outcomes, the results showed that 47.7%(41) were cured, 24.4%(21) completed treatment, and 27.9%(24) defaulted. Factors significantly associated with TB treatment outcome were treatment method using DOTS programme effectively for new smear positive TB more than (88.9%) non DOTS (43.8%) (DOTS; p-value = 0.000), the patients complete treatment had good knowledge more than incomplete treatment, (p-value = 0.001), and the practices of the patients, who complete treatment good practice more than other (p-value = 0.000). In terms of population, factors statistically associated with outcomes of treatment included residential area the new TB patient who were living in municipal areas complete treatment (100%) more than local administrative areas (66.7 %) (p-value = 0.030).

It is recommended that the hospital should have the consulting room for new TB patients and their relatives, to allow sufficient time to prepare them for intensive DOTS. Also, the attitudes of each patient should be evaluated, to assist in providing suitable services for each individual. Moreover, medical staff should follow up all cases to address their individual problems effectively.

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