

Knowledge and Practice of clinicians in diagnosing tuberculosis among children under 14 years of age in Kinondoni and Temeke health facilities.

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Background:

Childhood Tuberculosis (TB) is a global public health problem. In 2016, TB cases in children were 550,000 an estimate of 6% of the global burden. The global challenges of tuberculosis in children have been reported by UNICEF, USAID, and WHO in 2016. These include “non-specific symptoms and lack of a sensitive and child-friendly diagnostic tests resulting from health workers who lack sufficient knowledge and the capacity for diagnosis of TB in children.”

Objective:

The broad objective of this study was to determine the level of knowledge and practice of clinicians in diagnosing tuberculosis among children under the age of 14 years in Kinondoni and Temeke health facilities. Methodology: This was a cross-sectional study among 181 full-time clinicians attending children under 14 years of age in Kinondoni and Temeke health facilities. Multistage sampling was used in selecting study sites and samples. Independent variables included: gender, age, designation, departments, experience, facility level and training on TB diagnosis while knowledge was a dependent variable. Data was collected using a structured questionnaire. Continuous variables were summarized using mean/standard deviation and/or median/range. Summarized data was then presented using tables, figures, and texts. A Chi-square independence test and multivariate logistic regression were conducted. P-value of less than 0.05 was considered statistically significant. Bivariate and multivariate logistic regression analyses was done and Odds ratio was used to identify predictors of mortality at a 95% confidence interval. Results: The study recruited a total of 181 Clinicians with mean age of 40.2 years \pm 8.6. Females and clinical officers accounted for 98(54.1%) and 82(45.3%) respectively. Most participants 125 (69.1%) worked at the outpatient departments. Only 9/181(5%) had ever received any training or refresher courses on TB management. A large proportion 113 (62.4%) had experience of over 10 years at work. The study clinicians' knowledge (59.1%) of TB diagnosis in children was generally adequate. Knowledge of clinicians on multivariate analysis was influenced by the clinicians who had attended refresher training for TB diagnosis by 0.421 against those who did not attend any training with a P-value of 0.03. Participants who reported inadequate diagnostic tools/facilities had a 0.387 chance of being knowledgeable times less than that those who reported adequate TB diagnostic tools, the p-value was 0.039.

Conclusions:

The overall level of knowledge of clinicians to diagnose TB in children under the age of 14 years old was moderate. However, their practice was inadequate.

Recommendations:

The findings from this study will be shared with the hospital administrators of Temeke and Kinondoni regions for policy implications. It is recommended that Continuous medical education and in-service refresher training for clinicians on diagnosis of TB in children be provided regularly. Further studies are recommended to identify the various constraints existing in the workplace for intervention and improve the care and management provided to children with tuberculosis.
