

## News and Views

### ABSTRACT AND POSTER:

**October 7-11, 2022, The 9th Congress of the EUROPEAN ACADEMY OF PAEDIATRIC SOCIETIES, Barcelona & Online; A Joint Scientific and Educational Event of EAP, ESPNIC and ESPR.**

**And, we were very contented to share that it was accepted for presentation at the ensuing European Academy of Pediatric Societies (EAPS), Barcelona, Spain.**

### ABSTRACT FOLLOWING:

#### **PREVENTION AND CONTROL OF CHILDHOOD TUBERCULOSIS: RECENT FINDINGS ON PARENTAL PERCEIVED-KNOWLEDGE, ATTITUDINAL-TREND AND PRACTICE LEVEL FROM SOUTHWESTERN BANGLADESH USING A MIXED METHOD STUDY**

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**Background and Aim:** Since community-based research on childhood tuberculosis (CTB) is scarcely conducted in Bangladesh, we conducted this KAP (knowledge,

attitude and practice) door-to-door survey on CTB in 18 rural-villages of Khulna (relatively ignored and less-focused). 9th Congress of the European Academy of Pediatric Societies 2281 Poster Viewing Abstracts

**Methods:** Utilizing a hybrid-designed method we conducted this KAP-survey among 434 parents to assess their knowledge-score, attitudinal-trend and practice-level on the prevention/control of CTB. Quantitatively, potentials of CTB control-dynamics were measured among domiciliary-health-care service (HCW) providers to strengthen DOTS qualitatively (KII-method: Priori-Code list/Matrix).

**Results:** Most respondents were young-females (90%) from lower/mid socio-economic status being more literate (34%) than men (26%). Poverty, distantly-located health-care-centers, poor-household-income remained causes of non-compliance in health-care-seeking-behavior. Mean knowledge-score was  $2.94 \pm 0.8$ : ~59% had low, 35% good and 10.5% adequate. Respondent's attitude: Likert-scale on CTB-prevention/control was positive in 77%.

To answer if CTB is curable: 47% said sometime, 30% always; 23% thinks CTB be prevented by 'avoiding CTB-patient-contact, 23% avoiding open-coughing or spitting-off/dispose sputum safely, while 45% had no idea. Our observation yielded kitchen (dry-smoky fuel) in >80% households attached to child's living/bed that may cause/aggravate CTB. Of all KII involving community-based HCWs, Pediatricians/Administrators, revealed CTB could be latent/underdiagnosed so actual CTB-prevalence may be more than actual-reporting. It became difficult to detect C/TB due to parental misunderstand on proper diagnosis and care.

**Conclusions:** Our findings will further assist the policy makers towards a better/ robust strategic planning of CTB-prevention &/or control. Our data will add prudent values in further strengthening of preventive strategies treatment planning and control measures against CTB

# Childhood Tuberculosis: E-poster: published in Frontier Pediatrics

EP321 / #2714; E-Poster Viewing - Neonatology AS02-24.

## Public health & social pediatrics

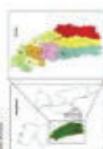
### PREVENTION AND CONTROL OF CHILDHOOD TUBERCULOSIS: RECENT FINDINGS ON PARENTAL PERCEIVED-KNOWLEDGE, ATTITUDINAL-TREND and PRACTICE-LEVEL FROM SOUTH-WEST BANGLADESH : USING A MIXED METHOD STUDY

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**Background:** Since community-based research on childhood tuberculosis (CTB) is scarcely reported in Bangladesh, we conducted this door-to-door KAP (knowledge, attitude and practice) survey on CTB in 18 rural villages of Khulna Division (relatively ignored, less-focused & not well-explored areas in Bangladesh).

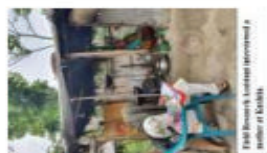
**Results:** Most respondents were young females (90%) from lower/mid socio-economic status being more literate (34%) than men (26%). Poverty, distantly located health care centres, poor household income remained main causes of non-compliance in health care seeking behaviour. Mean knowledge-score was  $2.94 \pm 0.8$ ; nearly 14% had no knowledge, 35% good, 6.9% better and 3.5% best level.

**Observation:** It yielded in >80% of their kitchen had dry-smoky fuel, attached to child's living/bedroom that may cause/aggravate CTB. Of all KII involving community-based HCWs, pediatricians/administrators revealed CTB could be latent/ underdiagnosed than actual CTB prevalence which may be more than actually reported. It became difficult to detect CTB due to parental misunderstanding on proper diagnosis and care as following KII findings revealed:



#### Methods:

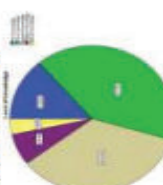
Utilizing a hybrid-designed KAP-survey among four hundred thirty four parents were assessed on knowledge-score, attitudinal-trend & practice -level on CTB-prevention/control, quantitatively, to gauge potentials of CTB control-dynamics and measured domiciliary-health-care service: HCW as key person to strengthen DOTS, qualitatively with KII method: *Priori-Code-list/Matrix* (Below is a rural hospital-THC)



Field Researcher's interview (interviewed a mother of a child)

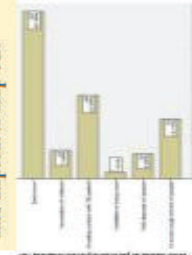
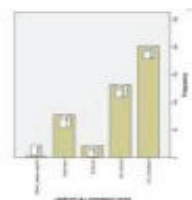


Riding van for going to villages at Kushiia



While ~1/2 of mothers knew nothing on TB prevention, 23% opined it can be prevented avoiding TB pt/contact & 23% avoid open-coughing/spitting & its safe disposal to stop TB.

On measuring attitude on CTB prevention the Likert-scale response: 77% said CTB is curable: 47% said sometimes & 30% always.



Our observations revealed that 50% parents said 'Yes' & 50% said 'No' to answer if they spit off sputum in nearby area/courtyard/ house few instance, that ~50% spit off sputum anywhere in the house (bad)

#### Conclusions:

Our house-to-house survey yielding low % of CTB definitely demand to be repeated before accepting or refuting our result. However, our finding will assist policy making towards a better/robust strategic planning of CTB-prevention & control. Our data may add prudent values in further strengthening of preventive strategies, treatment planning & control measures against CTB in Bangladesh.



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