

**FACTORS RELATED TO  
ACCEPTANCE OF TUBERCULOSIS CASE DETECTION  
AMONG URBAN SLUM POPULATION IN MOHAMMADPUR,  
DHAKA CITY CORPORATION, BANGLADESH**

The image features a large, semi-transparent watermark of the Mahidol University logo in the background. The logo is circular with a gold border and contains a central emblem with Thai script. The name 'KAZI ASADUR RAHMAN' is printed in bold black text across the center of the logo.

**KAZI ASADUR RAHMAN**

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**FACTORS RELATED TO ACCEPTANCE OF TUBERCULOSIS  
CASE DETECTION AMONG URBAN SLUM POPULATION IN  
MOHAMMADPUR, DHAKA CITY CORPORATION, BANGLADESH****KAZI ASADUR RAHMAN 5038028 ADPM/M****M.P.H.M (PRIMARY HEALTH CARE MANAGEMENT)****THESIS ADVISORS: WIRAT KAMSRICHAN, Ed.D.,  
BOONYONG KEIWKARNKA, Dr.P.H.****ABSTRACT**

A cross sectional descriptive study was conducted of two hundred and forty eight household populations living in Ali's Pora slum in Mohammadpur, Dhaka, Bangladesh. The objective was to identify factors related to acceptance of tuberculosis case detection among the urban slum population. Data was collected from January 26-29, 2008, by interview using structured questionnaires. Data was analyzed by descriptive statistics and Chi-square test was used for association analysis ( $\alpha=0.05$ ).

100 percent of the respondents accepted tuberculosis case detection. This meant they all said they wanted to go to a TB-DOTS center for sputum examination, if they developed a persistent cough for 3 weeks or more or would advice a family member to go, or take a family member there, if they developed a persistent cough for 3 weeks or more.

Results showed that 62.50% of the respondents were in the 15-30 years age-group; 79.84% were female, 82.66% were married, 59.68% had no education, and 63.71% were housewives and house-maids. 100% were Muslim and 59.68% had a monthly family income less than 3000 Taka.

Half of them (50.40%) had 'Poor' knowledge (<60% score) and 'Poor' attitude (51.21%) towards tuberculosis disease ( $\leq$ Median=19.0), and 43.58% did not know a nearby TB-DOTS center. Television-Radio was the main source of information for 71.77%. A significant association was found between knowledge of tuberculosis and education, occupation, monthly family income, and level of attitude (p-value < 0.001) using Chi-square test.

A community-based slum-friendly health education program on tuberculosis with some income-generating initiatives should be considered for implementation for this poorest and vulnerable community with their participation. A future study might usefully evaluate such a program after a period of implementation.

**KEY WORDS: TUBERCULOSIS / ACCEPTANCE / CASE DETECTION / DOTS**

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