

Background: Tuberculosis (TB) is a public health problem and is the sixth leading cause of death in Nepal. Diabetes Mellitus (DM) is an already established risk factor of TB which is associated with poor treatment outcome. Most of the health care interventions are complex in nature with various interacting components and delivered at different level of care. Therefore, acceptability becomes the major concern in design, evaluation and implementation of healthcare interventions.

Objective: The aim of this study was to assess the yield of screening of DM among TB patients at DOTS Center in selected districts of Nepal and to explore the key factors affecting acceptability.

Methods: This was a sequential explanatory mixed method study conducted in Kathmandu and Kailali district of Nepal from September 2017 to January 2018. Patients with all forms of TB aged above 16 years were screened for DM using purposive sampling. Quantitative data were entered in Epi data and descriptive analysis was done using Stata IC version 13.0 (64-bit). Focus group discussions with patients and key-informant interviews with programme managers were audiotaped, translated, transcribed and coded using open code 4.02 software followed by thematic analysis.

Results: A total of 212 TB patients were approached for DM screening. The acceptability rate of screening test was found to be 97.64%. The prevalence of DM among TB patients was found to be 18.84%. The Context Assessment Index (CAI) which assessed the readiness of health facility was found better in a non-government organization run DOTS compared to government run DOTS center. The Evidence-based practice (EBP) of health providers in terms of knowledge and practice was below average while the attitude was found positive. Five key themes were identified: i) disease burden; ii) institutional capacity; iii) training and education; iv) linkage, coordination and integration of services and v) sustainability that could affect acceptability.

Conclusion: DM screening service was highly accepted by patients, providers and programme managers. Increasing disease burden and unavailability of effective non-communicable disease programmes, difficulties in linking service affecting integration and sustainability were the potential challenges for implementation of the intervention.



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**THE ACCEPTABILITY OF SCREENING OF DIABETES MELLITUS AMONG TUBERCULOSIS PATIENTS
AT DIRECTLY OBSERVED**

TREATMENT SHORTCOURSE (DOTS) CENTER IN SELECTED DISTRICTS OF NEPAL
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