

ABSTRACT

Background: Previous research revealed that community-based active screening of contacts of Tuberculosis patients has been shown to be acceptable and effective. However, there is limited evidence on level of implementation adherence to standard operation procedures (SOPs), which is essential to replicate success of contact screening in real world setting. This study aimed to assess the extent to which standard operating procedures were adhered to during implementation and identify factors that can affect the implementation adherence.

Method: This was a mixed methods study with triangulation design. We administered self-reporting survey questionnaire to 33 community health volunteers, and conducted in-depth interviews with 7 community health volunteers and 5 former TB patients in seven townships of Mandalay, Myanmar.

Results: Most of the community health volunteers in the study were well experienced in contact screening, and they were well aware of standard operating procedures. They possessed adequate knowledge related to TB to work as volunteers. The level of implementation adherence to standard operating procedures of contact screening was high. Perceptions towards contact screening by both community health volunteers and former TB patient participants were positive. Contact screening was appreciated because it was free and effective in preventing TB transmission. Widespread discrimination against TB still exists despite advancement in TB diagnosis and treatment. Major challenges encountered by community health volunteers were TB related stigma in the community, difficulty to reach former TB patients either due to distance or invalid contact information, and reluctance for TB screening and/or diagnostic testing. Major facilitators identified in the study were good organizational support, positive perceptions towards contact screening and highly motivated community health volunteers doing contact screening.

Conclusion: Well-experienced community health volunteers have been implementing contact screening with a considerably high level of implementation adherence in this resource-limited setting. In order to improve contact screening, more effective dissemination of TB related knowledge in the community and better support for community health volunteers to trace extended contacts at workplaces and get presumptive TB cases to access further TB diagnostic testing are needed.

Key words: implementation; adherence; fidelity; research; contact tracing; active case finding; community; tuberculosis; Myanmar



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GADJAH MADA

**IMPLEMENTATION ADHERENCE OF COMMUNITY-BASED CONTACT SCREENING OF
TUBERCULOSIS IN SEVEN TOWNSHIPS OF
MANDALAY, MYANMAR: A MIXED METHODS STUDY**

Aung Ko Ko, dr. Yodi Mahendradhata; dr. Ari Probandari

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