

ლად ჯანდაცვის სისტემებს და ამცირებს პაციენტების სიცოცხლის ხარისხს. აივ ინფიცირებულთა დაახლოებით მეხუთედმა არ იცის საკუთარი დაავადების სტატუსის შესახებ, ტუბერკულოზი რჩება კვლავ სიკვდილობის წამყვან მიზეზად აივ ინფიცირებულთა შორის და შიდსთან დაკავშირებული სიკვდილიანობის დაახლოებით მესამედს შეადგენს. ინტეგრირებული სკრინინგის მიზანია გააუმჯობესოს სამედიცინო დახმარების ხარისხი და პაციენტების გამოსავალი. საქართველოში აივ ინფექციის, ტუბერკულოზისა და C ჰეპატიტის ინტეგრირებული სკრინინგი პირველადი ჯანდაცვის სფეროში ხორციელდება 2018 წლიდან. პროგრამის მიზანია პირველადი ჯანდაცვის სფეროში ტუბერკულოზის, აივ ინფექციისა და C ჰეპატიტის სკრინინგისა და ადრეული გამოვლენის შესაძლებლობების გაძლიერება, რადგან ადრეული გამოვლენა და მკურნალობა ყველაზე ეფექტური სტრატეგიებია ამ ინფექციების თავიდან ასაცილებლად. სკრინინგის გასაუმჯობესებლად ქვემო ქართლის რეგიონში პირველადი ჯანდაცვის მუშაკთა შორის ჩატარდა საგანმანათლებლო პროგრამა.

კვლევის მიზანს წარმოადგენდა ქვემო ქართლის რეგიონის პირველადი ჯანდაცვის მუშაკთა შორის

ტუბერკულოზის, აივ ინფექციისა და C ჰეპატიტის შესახებ საბაზისო და შემდგომი ცოდნის შეფასება და შედარება.

კვლევის ინსტრუმენტი იყო თვითშეფასებადი კითხვარი. გამოკვლეულია ქვემო ქართლის რეგიონის 459 პირველადი ჯანდაცვის თანამშრომელი. ჯანდაცვის მუშაკთა წილი, რომლებმაც სწორად იციან MDR ტუბერკულოზის განმარტება, ტრეინინგის შემდეგ გაიზარდა 34,6%-დან 82,8%-მდე, სხვაობა სტატისტიკურად სარწმუნოა ($p < 0,01$). ექთნები ნაკლებად იყვნენ ინფორმირებული აივ ინფექციის შესახებ. მათგან მხოლოდ 70,7%-მა იცოდა აივ ინფექციის გადაცემის გზები, ექიმების 89,3%-მა სწორად უპასუხა ამ კითხვას ($p < 0,01$). პირველადი ჯანდაცვის მუშაკების ცოდნის შეფასება მნიშვნელოვანია, რადგან ისინი წარმოადგენენ პაციენტებთან ურთიერთობის პირველ რგოლს. ტრეინინგის შემდგომმა შეფასებამ აჩვენა ჯანდაცვის მუშაკების ცოდნის მნიშვნელოვანი გაუმჯობესება. ტრეინინგის შემდგომი შეფასება და პრაქტიკა აუცილებელია, რათა გაირკვეს გრძელვადიანი გავლენა პირველადი სამედიცინო მომსახურების მიმწოდებლების მიერ სკრინინგის გამოვლენის მანევრებლებზე.

A QUALITATIVE STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS TB IN GEORGIA

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TB is a global public health problem. According to the WHO data, an estimated 10 million people fell ill with TB worldwide and a total of 1.5 million people died from TB in 2018 [3].

TB remains to be the major public health concern in Georgia too. According to the Global Tuberculosis Report 2019, estimated MDR TB incidence is 14 per 100,000 population, which is higher than the average for the European Region. 31% of previously treated TB cases and 12% of new TB cases were reported to be MDR/rifampicin-resistant (RR) TB. Although there is a decreasing trend during the past years, the estimated TB incidence remained as high as 80 cases per 100,000 population in 2018 [2].

Early detection and adequate treatment of both sensitive and resistant TB cases is the basis for effective TB control. Unfortunately, inadequate knowledge of some health care professionals causes delays in diagnosis and treatment or leads to the prescription of suboptimal treatment, which contributes to the development of resistance. Awareness of TB is usually low in the general population, which leads to delayed referral to a medical facility, which in turn hinders timely initiation of diagnostic and treatment interventions.

Regular Knowledge, Attitude, and Practice (KAP) surveys are important to identify TB-related knowledge scarcities, cultural perceptions, and behaviors that may contribute to problem acknowledgment and action mobilization, or, conversely, to create problems and hinder tuberculosis control. Hence, similar studies facilitate the planning, implementation, and evaluation of informational/educational activities.

The aim of the current study was to explore TB knowledge, attitudes and practice, as well as related barriers and facilitators by conducting FGDs in different target groups (general population and risk groups).

Material and methods. FGDs were conducted in Tbilisi among five different target groups: (1) TB patients; (2) TB contacts; (3) Injecting drug users; (4) health care providers and (5) students. TB patients and their contacts were consecutively selected with the help of the "Patients' Union". IDUs were also consecutively selected through the non-governmental organization "New Vector" providing Needle and Syringe services to IDUs. In the case of health care providers, the researchers contacted medical institutions of different profile, explained

the purpose of the study and, in the case of consent, consecutively selected and included participants in the study. Snowball sampling method was used in case of selection of students. Index participant was a student actively involved in activities of Health Research Union on a voluntary basis.

The qualitative data was collected through FGDs using the predefined guides developed for each target group separately. The guides included open question with the focus on following key issues: TB awareness and knowledge and related factors; attitude and practice towards TB and related factors; stigma; areas for improvement; most trusted sources for getting information on TB and other important issues. FGDs were conducted by trained personnel. The average duration of each FGD was 1,5 hours.

Investigators explained the purpose of the study to the participants before the beginning of each interview. The discussions were tape-recorded without identification of the participants. Digital audio recordings of the discussions were uploaded to a password-protected computer after which the recordings were erased from the audio recorder. The recorded information was used to prepare transcripts.

The study investigators were obtaining the informed consent before each FGD. The participants were informed that at any time during the discussion they had the freedom to refuse to answer a question or to quit participation in the study. All respondents were also informed that their participation was voluntary and that their responses would remain anonymous.

FGD recordings were transcribed using a predefined coding scheme that was in line with the survey instruments used for collecting data. By using predefined codes, information was organized and followed by contextual analysis, presented below in the results section.

Results and their discussion. In September 2018, five FGDs were conducted among study target groups, 6-8 participants at each session. Overall, 35 (14 women and 21 men) respondents participated in the study.

During each focus group discussion, participants were asked to talk about TB, including disease spread, pathogen, transmission, risk groups, symptoms, diagnosis, treatment, and ways of prevention. They were also asked to talk about the factors that affect the level of awareness and knowledge, both in their community and in the general population. All participants from TB patients' and their contacts' focus groups had information about the pathogen, knew the mode of transmission, main symptoms of the disease, some of the risk groups, and were all involved and familiar with the National TB Program. Prior to diagnosis, only part of the participants had information about the disease. The level of TB knowledge among health care providers participating in the study was quite high, regardless of whether they have cases of TB management in their practice. The main source of information for them is training and guidelines. TB knowledge was particularly high among those physicians who had specific trainings on this topic. All participants from the group of IDUs stated that they've heard about TB. They know the symptoms of the disease, the mode of transmission and pathogen, have some information about the risk groups and disease prevention. Mostly they had received this information as part of their educational component at Needles and Syringes Program. The group of students in our study appeared to be the least informed about TB. They had very little information about the symptoms of the disease, the routes of transmission, and the risk groups. All of them mentioned that they had heard about TB from school; social media and parents were also named as

a source of information on TB. None of them had information about the diagnosis, treatment or prevention of the disease, nor were they informed about the National TB program. According to TB patients, contacts, IDUs and health care providers participating in the study, the lack of TB awareness is mainly related to the scarcity of TV/Radio programs and educational campaigns on TB and existing stigma in the society. The students participating in the study could not identify the factors contributing to the lack of TB awareness, however, they noted that in general, various educational campaigns increases the knowledge about particular topic.

"It is characterized by cough, fever, weakness, sweating ... Before my diagnosis I only knew it was an incurable disease... There is a lack of TB awareness among the population ... It is a pity that TB is only mentioned in the media on March 24 ..."

34 years old male, "former TB patient".

"I know about TB... it is a disease transmitted through direct contact with an infected person... it is an airborne disease caused by bacteria and it is a lung disease. It is characterized by cough, weight loss, sweating... I have attended TB trainings several times here [talking about the needles and syringes program]...and then we spread this knowledge among our friends and relatives..."

44 years old male, IDU, NSP beneficiary

"I know that it is a bacterial disease and it is more common in smokers, I do not remember the symptoms... I do not know how it is diagnosed..."

18 years old male, student

"It often happens that we discuss some topics and for example if we do not know something, we ask our parents or search through the Internet... I have participated in educational campaigns, not in terms of TB, but in other fields, and I think that such campaigns significantly increases the awareness on certain topics among our peers."

19 years old female, student

In order to assess the existing practice, the focus group discussion participants were asked to talk about their experiences with TB. Former or current TB patients talked about their own experiences and changes that occurred after being diagnosed while disease free respondents were sharing the practice and experiences of TB patients who they know. Participants were also asked in which case they were referred to a medical facility for TB examination. To assess attitude towards TB, participants were asked to talk about the changes of people's behaviors towards TB patients and vice versa. In addition, TB program beneficiaries were asked to rate the services provided under the program and the attitude of medical staff towards the patients. According to TB patients and their contacts, in most cases, there was a delay in TB diagnosis, which was due to combination of delays caused by both the patient and the health care provider. For a number of reasons, such as perception that "I will not have this disease", fear of losing a job, lack of awareness about TB symptoms, patients present on a late stage to the health care system. At the initial phase, TB diagnosis is shocking for the patient. Mostly they disclose their diagnosis to the friend and relatives, but there are cases when people hide it even from their family members. The support from peers and medical personnel (especially nurses of the National TB Program) appears to be supportive to overcome depression. Majority of respondents stated that the attitude of others rarely change towards TB patients, which is largely due to the correct awareness about the disease. However, there are still cases when people show stigmatized attitude towards TB patients. Respondents also spoke

about the stigma among medical personnel. Most of the patients and the contacts positively evaluated the services received under the National TB Program. The importance of treatment adherence services was highlighted. Only geographical accessibility and poor infrastructure at TB dispensaries were named as barriers. During the focus group discussion with health care providers, only primary health care representatives spoke about TB management practices, which involves identification of TB presumptive cases and referral to a specialized facility. Primary Health Care (PHC) personnel are well aware of and cooperate with the National TB Program, in contrast to physicians working at secondary and tertiary levels. None of the participants from this group mentioned the program barriers. All participants noted that their attitudes towards TB patients is not different from other patients. Unlike patients, they believe that there is no stigma towards TB patients among medical personnel. All participants in IDUs' and students' groups noted that there is no stigma towards TB patients in their communities, thus no need to change or improve attitudes and practice.

"I had an intensive cough, but I did not even think about TB, I thought I would cure on my own. Then I started having fevers, I was treated for bronchitis by a family doctor. Then the water came into my lungs, I was hospitalized for 5 days and treated for pneumonia... When the second time the water came into my lungs, I was diagnosed with TB ... It took more than three weeks to be diagnosed..."

32 years old female, TB patient

"My friends' attitude towards me has not changed... at the beginning I just avoided to contact them... At first, of course, you are depressed when diagnosed, but then the support from peers help a lot... I am very satisfied with the program. I remember well when we sat together (patients and nurses) talked to each other and took medicines..."

41 years old male, TB patient

FGD participants were asked about their perceived ways to increase TB awareness and knowledge in the population, as well as the most reliable sources of information for them. According to TB patients and their contacts, TB awareness and knowledge is much higher in their community than in the general population, therefore they consider it is necessary to develop and implement measures for raising TB awareness among general population. Spread of information through TV programs is considered to be the most effective for general population, while for younger population different social networks are believed to be the best source of information. Organization of various information campaigns at large-scale gathering places such as schools, kindergartens, universities and others was also named as tool for raising TB awareness. According to the respondents, information about TB should be provided at school programs. Importance of NGO involvement in educational campaigns was also highlighted. Respondents believe that proper awareness of the general population will be the basis for stigma reduction in the society. The patients also spoke about the importance of stigma reduction among medical personnel. Particular emphasis was placed on the complexity of the interventions and their permanent nature. Health care providers agree that there is a need to increase TB awareness and knowledge among general population. In their opinion, information should be disseminated through all possible sources and the measures should be permanent. The most reliable source of information for medical personnel is their colleagues, therefore it is important to participate in trainings on a regular basis and constantly stay updated. According to IDUs, the Needle and Syringe Program is one of

the most trusted source for receiving any kind of information. The beneficiaries then successfully disseminate the information received through educational component of the Program among the representatives of their community. According to the students, it is necessary to organize various educational campaigns, both in schools and higher education institutions in order to raise TB awareness among their community. Another most important source of information named was internet and social networks, which are usually preceded by seeking information from friends and parents. Health care personnel appears to be one of the trusted source of information on medical issues, but young population rarely visit doctors and if they do, they are limited to the current problem and usually do not talk about other topics. All participants from this group mentioned that they would receive information on TB (as well as other issues) from NGOs staff, former patients and celebrities. TV and radio programs are the least used source of information for young people.

"Doctors should be educated first... sometimes they are the source of stigma... Information should be often spread on TV ... Brochures should be short and contain basic information... short information is easier to read and more people will understand and remember... representatives of target groups should be involved in the design of any kind of educational activities..."

34 years old male, TB patient

"Periodic trainings are very important. For me personally, the most reliable source of information is my colleague, information should be disseminated by relevant professionals and we should have often trainings..."

35 years old female, health care provider

"The information is best shared through us... when we hear something here [at Needle and Syringe Program] we go and tell to others..."

40 years old male, IDU, NSP beneficiary

"There may be some video tutorials that will be spread through social media ... most of all we trust the doctor ... but if something does not bother us, we do not go to the doctor ... direct contact is the best probably, in the form of a lessons or lectures, educational campaigns, etc..."

18 years old male, student

The results of this study provide additional information about TB knowledge, attitudes, practices, and related factors, which are important to consider when planning and implementing information / educational activities. Advocacy, communication and social mobilization activities should be an integral part of National TB Programs, as it is one of the most effective approaches to TB control [1]. However, in making inferences and drawing recommendations, study limitations should be considered. The study used the consecutive selection of the participants, therefore there may have occurred selection bias, with more motivated individuals being selected who may have had more information about the topics of research interest. Although the number of study participants in each target group was small, the overall sample size was in line with the one recommended for qualitative studies, and it should be noted that in majority of cases information saturation was reached [2].

According to the results of FGDs conducted among different target groups, good level of TB knowledge and awareness was observed among current/former TB patients, their contacts, and health care providers. Awareness of patients and their contacts is linked to their TB experience. In the case of health care providers, the level of knowledge was significantly related to the trainings. Those physicians who had been trained in TB management had far more complete knowledge of the disease than those who

had not and had no experience in managing such patients. Adequate TB knowledge level was revealed among IDUs as well. All of them were Needle and Syringe Program beneficiaries and had received information on TB within program's educational component. Because IDUs are one of the TB risk groups, cases of TB are frequent among their peers, which, as already mentioned, positively affects the level of knowledge. According to the results of this study, a significant lack of TB knowledge was revealed in a segment of the general population such as students. It may be assumed that if there is no TB experience in their reality in the future (students themselves or those around them contract TB), their level of knowledge will remain low unless various TB awareness-raising educational activities are planned and implemented.

Proper TB knowledge significantly determines the attitude towards the disease. Most of the TB contacts noted that with the right knowledge, their attitude towards the TB patient does not change and they do not avoid contact with them. It should be noted that majority of the patients showed self-stigmatization: they avoid contact with others although around two weeks after the start of treatment they are no longer a contagious. While physicians and nurses need to be actively involved in providing health education to patients and the general population, the study participants also spoke about examples of stigma among health care providers. According to the IDUs participating in this study, there is no TB stigma among their community. Although students in our study did not have TB experience around them, they noted that in case of such reality their attitude towards the infected person would not change. Presumably, this should be related to the significant lack of TB knowledge among this group. It is also noteworthy that students were more aware of HIV/AIDS and they expressed having positive attitude towards HIV infected persons. Awareness on HIV/AIDS is linked to the information obtained through advertisements, various campaigns and movies.

It should be highlighted that all participants in all groups (those who had contact with the TB program) positively evaluated the National TB Program and its services. Supportive attitude of the Program's medical staff was also emphasized, which has a positive impact on treatment adherence and outcomes.

All FGD participants noted that information on TB should be disseminated through all possible sources and the process should have permanent nature.

Some key recommendation drawn based on our study results include: (1) actively use schools and universities as one of the main information channel; (2) actively use TV and social media for spreading key messages on TB; (3) conduct stigma reduction campaigns; (4) plan and implement activities aimed at increasing TB case detection and integrate TB issues in health promotion messages for general population; (5) continue periodic trainings on TB related issues for health care providers; (6) ACSM activities should be an integral parts of National TB program, they should be delivered on a permanent basis and the planning process should involve representatives of target population.

Adequate TB awareness is an important prerequisite of stigma reduction. Correct information on TB should be continuously disseminated through all possible channels.

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SUMMARY

A QUALITATIVE STUDY OF KNOWLEDGE, ATTITUDE AND PRACTICE TOWARDS TB IN GEORGIA

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TB remains to be the major public health concern in Georgia. TB awareness and knowledge is usually low in the general population, which leads to delayed referral to a medical facility, which in turn hinders timely initiation of diagnostic and treatment interventions. Lack of knowledge also contributes much to the widespread stigma in the society.

The aim of the study was to qualitatively explore TB knowledge, attitudes and practice, as well as related barriers and facilitators by conducting FGDs among representatives of general population as well as TB risk groups.

The qualitative data was collected through FGDs among different target groups: (1) TB patients; (2) TB contacts; (3) Injecting drug users; (4) health care providers and (5) students. FGD recordings were transcribed using a predefined coding scheme and followed by contextual analysis.

According to the study results, there is a good level of TB knowledge and awareness among current/former TB patients, their contacts, and health care providers, which is linked to their practice and experience. IDUs receive sufficient information on the disease within the educational component of the Needle and Syringe program. A significant lack of TB knowledge was revealed in a segment of the general population such as students. Lack of TB knowledge among general population is highly linked to the stigmatized attitude towards TB patients.

Accurate TB knowledge is an important prerequisite determining positive attitude towards the disease and supporting stigma reduction. Correct information on TB should be disseminated through all possible channels and the process should have permanent nature.

Keywords: TB knowledge, attitudes and practice in Georgia.

РЕЗЮМЕ

КАЧЕСТВЕННОЕ ИССЛЕДОВАНИЕ ЗНАНИЙ О ТУБЕРКУЛЕЗЕ, ПРАКТИКИ И ОТНОШЕНИЯ К НЕМУ В ГРУЗИИ

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Туберкулез (ТБ) является основной проблемой общественного здравоохранения в Грузии. Осведомленность о

ТБ среди населения в целом низкая, что препятствует своевременному направлению больных в медицинское учреждение и проведению диагностических и лечебных мероприятий. Недостаток знаний о болезни также вносит значительный вклад в широко распространенную стигму в обществе.

Целью исследования явилось изучение качества знаний о туберкулезе, вопросов практики и отношения к нему, а также связанных с ними способствующих или препятствующих факторов путем обсуждения в фокус-группах среди представителей общего населения и групп риска по туберкулезу.

Качественные данные собраны посредством обсуждения в фокус-группах среди различных целевых групп: 1) пациенты с ТБ; 2) контакты пациентов с ТБ; 3) потребители инъекционных наркотиков; 4) медицинские работники; 5) студенты. Стенограммы подготовлены из аудиоматериалов обсуждений в фокус-группах с использованием заранее

определенных кодов с последующим контекстным анализом. Согласно результатам исследования, среди нынешних/бывших больных ТБ, их контактных лиц и медицинских работников отмечается хороший уровень знаний и осведомленности о ТБ, что связано с их практикой и опытом. Потребители инъекционных наркотиков получают достаточную информацию о болезни в рамках образовательного компонента программы «Иглы и шприцы». Выявлен значительный недостаток знаний о туберкулезе у такой части общего населения, как студенты. Отсутствие знаний о ТБ среди общего населения в значительной степени связано со стигматизированным отношением к больным туберкулезом. Адекватные знания о туберкулезе - значимая предпосылка, определяющая позитивное отношение к болезни и способствующая снижению стигмы. Достоверная информация о туберкулезе должна распространяться по всем возможным каналам, и этот процесс должен носить постоянный характер.

რეზიუმე

ტუბერკულოზის შესახებ ცოდნის, დამოკიდებულებისა და პრაქტიკის ხარისხობრივი კვლევა საქართველოში

¹თ. ზურაშვილი, ^{1,3}ც. ჩახაია, ^{1,2}მ. კოჭლამაზაშვილი, ^{1,2}გ. კამკამიძე, ^{1,2}მ. ბუჭაშვილი

¹ჯანმრთელობის კვლევის კავშირი, თბილისი, საქართველო; ²კლინიკა ნეოლაბი, თბილისი საქართველო; ³ტუბერკულოზისა და ფილტვის დაავადებათა ეროვნული ცენტრი, თბილისი, საქართველო

სადღეისოდ ტუბერკულოზი წარმოადგენს საქართველოში საზოგადოებრივი ჯანდაცვის მნიშვნელოვან პრობლემას. ზოგად პოპულაციაში, ჩვეულებრივ, დაბალია ინფორმირებულობა ტუბერკულოზის შესახებ, რაც განაპირობებს სამედიცინო დაწესებულებაში მიმართვის დაგვიანებას და აფერხებს დიაგნოსტიკური და სამკურნალო ინტერვენციის დაწყებას. დაავადების შესახებ ცოდნის ნაკლებობა ასევე მნიშვნელოვნად განაპირობებს საზოგადოებაში ფართოდ გავრცელებულ სტიგმას.

კვლევის მიზანს წარმოადგენდა ტუბერკულოზის შესახებ ცოდნის, მის მიმართ დამოკიდებულების, პრაქტიკის საკითხების და მასთან დაკავშირებული ხელშემწყობი თუ ხელშემშლელი ფაქტორების ხარისხობრივი შესწავლა ზოგადად მოსახლეობისა და ტუბერკულოზის რისკ-ჯგუფების წარმომადგენელთა შორის.

ხარისხობრივი მონაცემების შეგროვება განხორციელდა ფოკუსურ ჯგუფებში დისკუსიების გზით შემდეგ მიზნობრივ ჯგუფებთან: 1) ტუბერკულოზით დაავადებული პაციენტები; 2) ტუბერკულოზით დაავადებული პაციენტების კონტაქტები; 3) ნარკოტიკების ინიექციური მომხმარებლები; 4) ჯანდაცვის მუშაკები; 5) სტუდენტები. ფოკუსური ჯგუფების დისკუსიების აუდიომასალისგან მომზადდა ტრან-

სკრიპტები წინასწარ განსაზღვრული კოდების გამოყენებით, რასაც მოჰყვა კონტექსტუალური ანალიზი. კვლევის შედეგების თანახმად ტუბერკულოზის შესახებ ცოდნისა და ინფორმირებულობის მაღალი დონე აღინიშნა ამჟამინდელ/ყოფილ პაციენტებში, მათ კონტაქტებსა და ჯანდაცვის მუშაკებში, რაც მათ პრაქტიკასა და გამოცდილებას უკავშირდება. ნარკოტიკების ინიექციური მომხმარებლები საკმარის ინფორმაციას იღებენ დაავადების შესახებ "ნემსებისა და შპრიცების" პროგრამის საგანმანათლებლო კომპონენტის ფარგლებში. ტუბერკულოზის შესახებ ცოდნის მნიშვნელოვანი დეფიციტი გამოვლინდა ზოგადი მოსახლეობის ისეთ სეგმენტში, როგორცაა სტუდენტები. ზოგად მოსახლეობაში დაავადების შესახებ ცოდნის ნაკლებობა მნიშვნელოვნად უკავშირდება ტუბერკულოზით დაავადებული პაციენტების მიმართ მასტიგმატებელ დამოკიდებულებას. ტუბერკულოზის შესახებ სწორი ცოდნა წარმოადგენს დაავადების სადამი დადებითი დამოკიდებულების განმსაზღვრელ და სტიგმის შემცირების მნიშვნელოვან წინაპირობას. ტუბერკულოზის შესახებ სწორი ინფორმაციის გავრცელება უნდა ხდებოდეს ყველა შესაძლო წყაროს მეშვეობით და ამ ღონისძიებებს უნდა ჰქონდეს პერმანენტული ხასიათი.