

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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بالرسالة صفحات لم ترد بالأصل



**INVESTIGATION OF FACTORS LEADING TO DEFAULT OR
COMPLIANCE OF TUBERCULOUS PATIENTS REGISTERED IN
HEALTH CENTERS IN PORT-SAID**

THESIS

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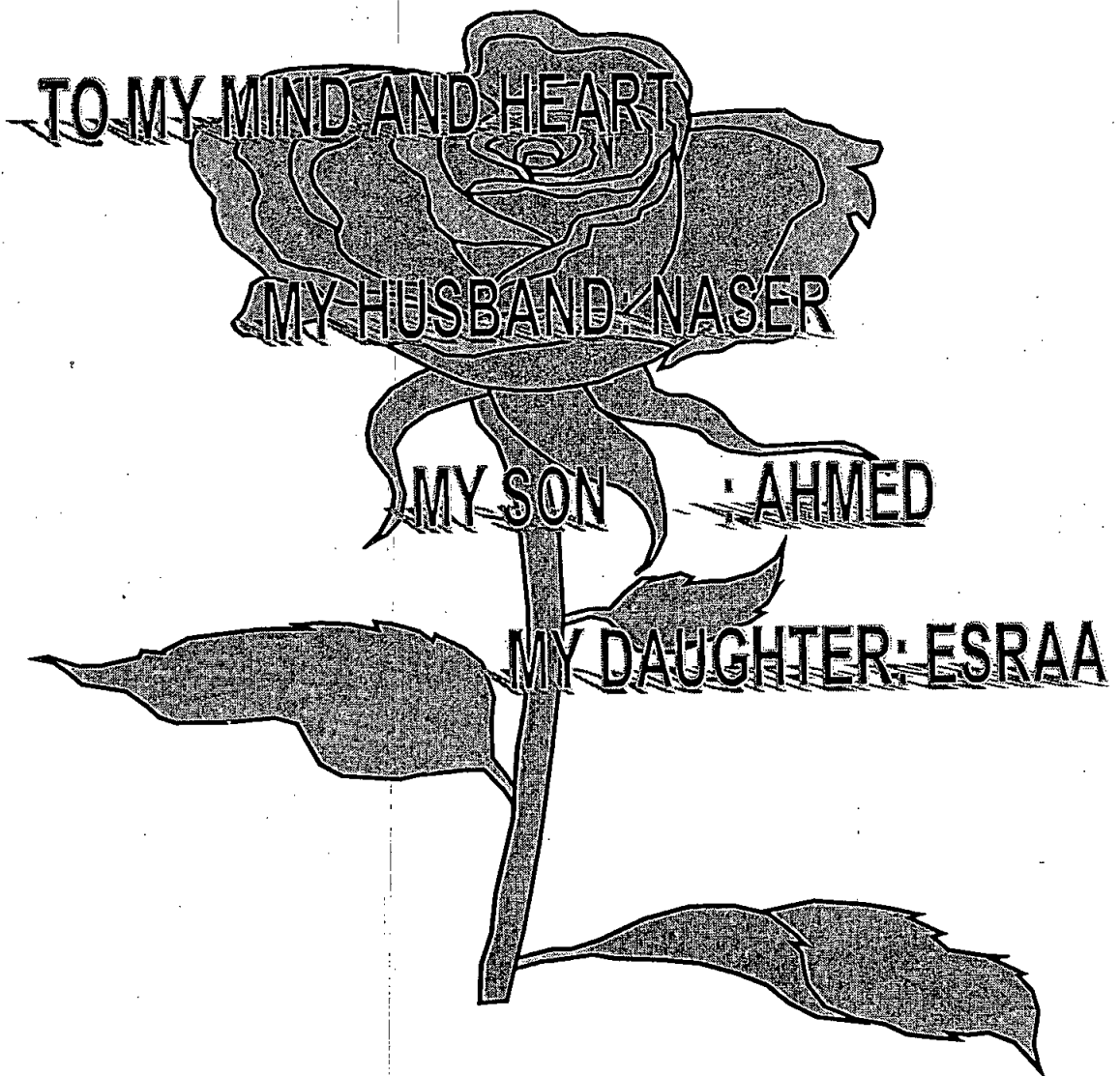
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INTRODUCTION AND AIM OF THE STUDY

INTRODUCTION

Tuberculosis is a very old disease of wide world distribution, affecting human beings of all races, ages and both sexes, as well as, animals (*Oof et al. 1994*). Tuberculosis is an infectious disease caused by *Mycobacterium tuberculosis*, a gram-positive, acid-fast bacillus (*Sands & Dennison 1995*). It causes tubercular lesions in the lung or other body organs, these lesions may remain dormant for life or become reactivated at any time and progress into active tuberculosis (*Swanson & Nies 1997*). It is mainly transmitted by exposure to airborne droplet contaminated by tubercle bacilli from persons with pulmonary tuberculosis during talking, coughing or sneezing. It has an incubation period of 4 to 12 weeks. The common symptoms of tuberculosis are cough, fever, hemoptysis, chest pain, fatigue, night sweats, and weight loss (*Stanhope & Lancaster 1996*).

Though tuberculosis infection has regressed, it still remains the most important communicable disease in the world, with a total of $4-5 \times 10^6$ individuals being infected each year (*Oof et al. 1994*). Globally 20% of the world population is infected with the tubercle bacillus *Cookfair reported in (1996)* that 10-15 million persons in the United States were reported infected with *Mycobacterium tuberculosis*.

In Egypt tuberculosis is still a major health problem consisting a menace to the life of people especially young children. According to the national program for control of tuberculosis, it was reported that about 20,000 new individuals are annually infected and are to be added to 10,000 chronic tuberculous patients (*MOH 1997*).

Chronically ill patients are individuals who must assume a life long responsibility of abiding to a treatment regimen. That is to say to comply to the discipline of the therapeutic requirement of their condition. Unfortunately therapeutic requirement are often restrictive and human beings tend to reject boundaries in their daily life, and become sooner or later the noncompliance to their therapeutic management. It was estimated that 30 to 50 percent of people suffering from chronic conditions such as hypertension and tuberculosis are noncompliance and fail to remain under medical care (*Cameron & Gregor 1987, Clark 1984*).

Tuberculosis is a chronic disease and thus tuberculous patients are chronically ill patients. Thus it is only reasonable to assume that some tuberculous patients will fall under the category of noncompliance and that they would default, from treatment (*Swanson & Nies 1997*).

Patients who fail to complete treatment for TB pose a public health danger because they may remain infectious or may develop and spread multidrug resistant tuberculous organisms, as well as run the risk for the development of coinfection with HIV (*Flaskerud & Ungvarski 1995, Qscherwitz et al. 1997*).

Reasons for noncompliance do not only stem from rejection of constriction in daily life such as inconvenience of required actions, disruption of lifestyle, but include inability to understand recommendations, financial or situational constraints, and lack of belief in the severity of the problem or the efficacy of the treatment (*Clark 1992*).

An important community health nursing function is monitoring client compliance with therapy for chronic conditions, identifying and minimizing the effect of factors that may lead to noncompliance. It is only when nurses become cognisant and sensitive to these factors that they will be able to either establish or participate in health care strategies that will foster patients compliance to care (*Clark 1992*).