Health Literacy And Knowledge Related To Tuberculosis Among Outpatients At A Referral Hospital In Lima, Peru.

Rosalina Peñaloza 1, Joanna Navarro 1, Pauline Jolly 2, Anna Junkins 2, Carlos Seas 3, Larissa Otero* 3
1. Minority Health International Research (MHIRT) fellow, University of Alabama, Birmingham, Alabama, USA 2. School of Public Health, University of Alabama, Birmingham, Alabama, USA 3. Instituto de Medicina Tropical Alexander von Humboldt, Universidad Peruana Cayetano, Heredia, Lima, Peru

INTRODUCTION

➢ Health Literacy: set of knowledge and skills that determine one’s ability to obtain, understand, and apply health information in ways that promote and maintain good health. Consistent findings suggest a causal relationship between limited health literacy and adverse health outcomes.

➢ Limitation of Current Studies: In Latin America, very few studies evaluated level of health literacy and its impacts. In Peru only one study of gynecological patients evaluated health literacy and no study to date has examined the relationship between health literacy and TB knowledge.

➢ Why Tuberculosis? Peru has one of the highest burdens of tuberculosis (TB) in the Americas. The annual incidence rate is 117 cases per 100,000 population (2016). Lima, the capital of Peru, accounts for approximately 58% of the country’s TB cases. As in most countries with high TB burden, TB case detection in Peru relies on passive case finding. This strategy relies on the assumption that the community is aware that a persistent cough is a possible symptom of TB and that formal health care needs to be sought. There are occasional education campaigns, but level of knowledge and awareness is not clear.

OBJECTIVE

➢ To assess level of health literacy and TB knowledge among outpatients attending a referral hospital in Lima, Peru.

➢ Our goal was to ascertain knowledge gaps in TB, to identify subgroups for intervention, and to provide insight for interventions to increase health literacy.

METHODS

➢ Cross sectional survey among outpatients at Hospital Cayetano Heredia in Lima, Peru from June – August 2017.

➢ Questionnaire to determine:
  a) Knowledge on TB risk, transmission, and symptoms as well as prevention and treatment
  b) Socio demographic data including validated socio economic scale
  c) Health literacy with the Short Assessment of Health Literacy-Spanish (SAHLS-S) tool (Validated for Spanish-Speakers, Short version (18 questions), Longer version SAHLSA-50 used in previous study in Peru)

➢ Those at least 18 years old were invited to participate, and those consenting were enrolled.

➢ Items were read out loud and responses recorded in a database designed on Qualtrics using iPads.

RESULTS

➢ 57.7% knew someone who had TB, 9% had TB in the past

➢ 96.3% identified cough as a symptom of TB

➢ 91.2% identified “through the air, when someone with TB coughs/sneeze” as the mode of transmission of TB

➢ High TB knowledge was found in 54.8%

➢ High health literacy was found in 71.0%

➢ Health literacy and TB knowledge were not significantly associated

➢ After controlling for sex, age, district, education, health insurance, frequency of hospital visits and previous TB diagnosis:
  a) High TB knowledge was associated to knowing someone with TB (aOR 2.7 (95%CI 1.6-4.7)) and being a public transport driver, (aOR 0.2 (95%CI 0.05-0.9))
  b) Not being poor was the single factor associated to high health literacy (aOR 3.8 (95%CI 1.6-8.9))

CONCLUSIONS

➢ TB knowledge was fair, though 30% did not know the most important symptom of TB

➢ Transport drivers and collectors have higher risk of having low TB knowledge

➢ Living in poverty is associated with low health literacy

➢ Tailoring educational strategies to risk groups may enhance passive case detection

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Contact info: Rosalina.Penaloza@gmail.com