

3.6.1 Independent variables.

Table 3.2 Independent Variables

Socio-demographic Characteristics	<ul style="list-style-type: none">i. Ageii. Genderiii. Ethnicityiv. Occupationv. Relationship to the index case
Risk factors for TB	<ul style="list-style-type: none">i. Diabetic patientii. Smokersiii. HIViv. None
Barriers factor identification	<ul style="list-style-type: none">i. Knowledge, attitude and practices of contactsii. Distance from home to the nearest clinic

The independent variables are listed below.

i. Age

This variable will be analysed as categorical data. A respondent aged between 0-18 years old will be coded as (0). Respondents between 19-35 years old will be coded as (1), those between 36-64 years old will be coded as (2), and respondents more than or equal to 65 years of age will be coded as (3).

ii. Gender

This variable will be analysed as categorical data. The female respondents will be coded as (0) and the male respondents will be coded as (1).

iii. Ethnicity

This variable will be analysed as categorical data. The Malay respondents will be coded as (0), and the Non-Malays will be coded as (1)

iv. Occupation

This variable will be analysed as categorical data. This will be grouped by assessing the level of commitments each group represents. Hence, it will be coded as (0) for Unemployed/housewife/self-employed, (1) for private and government employees and (2) for students.

v. Relationship to TB patients

This variable will be analysed as categorical data. The close contacts will be coded as (0) and casual contacts will be coded as (1).

vi. Risk Factor for TB

This variable will be analysed as categorical data. Those who have one or more risk factors will be categorised as (0) and the rest with no risk factors will be (1).

vii. Distance from Home to Nearest Clinic

This variable will be analysed as categorical data. This category is chosen by MOH target coverage of each clinic and their respective zones. Hence, a distance less than 3 kilometres (km) will be (0), 3km to 10km will be (1) and more than 10km (2).

viii. Knowledge, attitude and practices of contacts

This variable will be analysed in separate forms of knowledge with six variables, perception with five variables and attitude with one variable. This will be analysed separately by frequency and percentage based on the respondents' answers. The respondents' answers will either be yes, no or do not know.

3.6.2 Dependent variable

i. TB contact screening appointments

TB contact screening appointments can be divided into four, as mentioned in earlier the introduction and literature review chapter.

For this study, since the objective was to explore overall TB contacts' attendance to screening appointments and factors affecting it, the outcome will be divided into two. The outcome of this variable is defined as those who attend all four screening as "completed" and the rest as "not completed". For those TB contacts who turn out positive during first, second or third screening will be labelled as "completed" screening appointment since the outcome of screening is achieved.

The outcome variable will be coded as those who completed screening appointments (0) and those who did not complete screening appointments (1).

The interviewers will be trained on how to administer the questionnaire prior to the data collection. Each question will be addressed in this training to ensure the interviewer explores the intention of the question correctly.

3.9 Data Management

Part 1: Descriptive Study

In part-1, the data will be analysed descriptively and tabulated in SPSS. All data will be categorical and will be presented with frequency.

Part 2: Analytical Study

In part-2, the analytical study, the univariable and multivariable logistic regression models will be used to identify the odds of completing screening appointments according to questionnaire responses. Variables included in the survey that had a significant statistical association will be included in the multivariate analysis, which will be done via logistic regression. A p-value of less than 0.05 is regarded as statistically significant for univariate and 0.25 for multivariate will be used. All the analysis will be performed using SPSS.

3.10 Study flow

This study will begin after obtaining its ethical approval. Firstly, after the descriptive study, participants that meet the inclusion and exclusion criteria will be identified. After the identification, the team comprising health inspectors and community nurses will be briefed on this study's purpose and procedures. The health team will fill the questionnaire when interviewing the participants, moving door to door. The team will be given eight weeks to cover all contacts identified. After collecting the filled questionnaires, the researcher will conduct the

CHAPTER 4: RESULTS

4.1 Distribution of Respondents Based on Socio-demographic Factors

Table 4.1 Demographic Characteristics of TB Contacts Among Completing and Non-Completing Screening Appointments.

Characteristics	All	Attended	Did Not Attend	p
Age				
0-18				
19-35				
36-64				
≥65				
Sex				
Male: number (%)				
Female: number (%)				
Ethnicity				
Malay				
Non-Malays				
Occupation				
Unemployed/ Housewife/				
Self-employed				
Private/ government				
employee				
Student				
Relationship to TB index				
case				
Close Contact				
Casual Contact				

Table 4.3 Perception and Practices of TB Contacts

Characteristics (n=237)	Frequency (%)		
TB is commonly associated with the following symptoms:	Yes	No	Don't know
Cough			
Leg pain			
Weight loss			
Night sweats			
Coughing up blood			
Fever			
TB can be transmitted by:			
Sneezing			
Sharing utensils			
Sleeping in the same room			
Sharing a toilet			
Sexual intercourse			
TB is caused by:	True	False	Don't know
An infection			
Unhygienic environment			
Inherited from parents			
The following people have higher TB risk:			
Smokers			
Children			
People with HIV/Aids			
Pregnant women			
Treatment and cure of TB:			
TB can be completely cured if patient takes treatment.			
Traditional medicine can be used to cure TB			

Table 4.4 Factors associated with TB Contacts Completing Screening Appointments

Question	Frequency (%)
Number	
Perceive that TB is stigmatised ('Do you think that there is discrimination against people with TB?')	
Yes	
No	
Don't know	
Believe that own risk of TB is higher than the general population	
Much lower risk	
Lower risk	
Similar risk	
Higher risk	
Much higher risk	
Believe TB screening is beneficial for their family	
Neither agree nor disagree	
Agree	
Strongly agree	
What would you do if you had symptoms of TB?	
Go to health facility	
Go to pharmacy	
Go to traditional healer	
When would you go to a health facility if you had TB symptoms?	
When symptoms that look like TB signs lasts for 3-4 weeks	
As soon as I realise that my symptoms might be related to TB	
Number	
I didn't attend the clinic appointment because:	
The distance to travel from my home to preventative district health centre is too far	
I am worried about discrimination from other people towards myself and my family	
It is time-consuming. It was difficult to get time off work or study	

Table 4.5 Factors associated with clinic attendance for contact investigation.

Characteristics	Univariable			Multivariable		
	Odds Ratio*	95% CI	p-Value	Odds Ratio*	95% CI	p-Value
Age						
0-18						
19-35						
36-64						
≥65						
Sex						
Male: number						
(%)						
Female: number						
(%)						
Ethnicity						
Malay						
Non-Malays						
Occupation						
Unemployed/						
Housewife/ Self-						
employed						
Private/						
government						
employee						
Student						
Relationship to						
TB index case						
Close Contact						
Casual Contact						
Knowledge						
Attitude						
Perception						