

Tuberculosis is a chronic infectious disease which is still a global health hazard. With the emergence of new more effective drugs, tuberculosis was expected to be completely eradicated; but global reports show results to the contrary. It seems that, in addition to drug regimens, individual health and social factors should be taken into consideration. This is not achievable except by increasing the knowledge and creating a positive attitude towards the disease. The aim of this study was to evaluate the level of knowledge, attitude and preventive practices of adolescents' in high school regarding tuberculosis. A cross-sectional study design was carried out in Kisauni Division, Mombasa District among the urban and sub-urban secondary schools. Qualitative data was obtained from key informant interviews while quantitative data was obtained from pre-tested structured questionnaires. A stratified of 384 respondents were used for the study. Descriptive statistics were used to summarize and analyze the data using the statistical package for social sciences (SPSS). Differences between independent and dependent variables were compared using Pearson's Chi-square and regression coefficient with the level of significance of p-values less than 0.05 ($p < 0.05$ considered statistically significant). Some results were presented in form of tables, bar charts and pie charts. This study showed that 93.3% of the respondents had heard about T.B and medical workers were an important source of information. Knowledge about symptoms and transmission of T.B was 63.3%. Age was significantly associated with knowledge of T.B ($\chi^2=18.07$; $p < 0.05$; $df=4$). Knowledge of TB did not vary significantly by education level or gender ($\chi^2=0.4087$; $p > 0.05$; $df=1$). Tendency to discriminate TB patients was evident as 72.6% of the respondents opined to isolate TB patients from the family. Attitude towards TB patients did not vary significantly by age and gender. There was a positive relationship between the attitude and knowledge of adolescents towards TB. 50.3% of the respondents were on the opinion that TB can be treated through directly observed treatments (DOTS). Mode of DOT delivery was significantly associated with knowledge ($Z=9$; $p < 0.05$). Attitude towards DOT providers did not vary significantly by age or gender ($x = 6.553$; $p > 0.05$; $df=5$). Knowledge of tuberculosis (TB) had positive correlation with confidence in preventive practices ($r=0.226$, $p < 0.05$) and behaviour change ($r=0.274$, $p < 0.05$). Attitude had a positive correlation with beliefs of susceptibility to T.B ($r=0.141$; $p < 0.05$) but negative correlations with preventive practices ($r=-0.124$; $p < 0.05$) and behavioural change ($r=-0.153$, $p < 0.05$). Considering the direct correlation of attitude and knowledge and also the important role of attitude in preventive behaviours, increasing the knowledge of adolescents about tuberculosis seems to be essential. This aim can be achieved by scheduling programs for general education of all students of the country in this regard. Establishing adolescents committees in the district by the Kenya government to prevent and control tuberculosis and other infectious diseases is of paramount. A national survey on the Kenyan adolescents who are in secondary schools knowledge of and attitudes towards tuberculosis should be conducted. More research is also needed on older adolescents to investigate their knowledge of TB changes as they mature and gain more exposure and knowledge