



FACTORS ASSOCIATED WITH NON - COMPLIANCE TO ANTI TUBERCULOSIS TREATMENT AMONG TB PATIENTS IN DIANI DIVISION, MSAMBWENI, KENYA.

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Introduction

Tuberculosis remains a major global health problem, and ranks as the second leading cause of death from an infectious disease worldwide, after HIV (WHO, 2012).

The adoption of Directly Observed Treatment (DOT) has been associated with reduced rate of treatment failure, relapse and drug resistance. However, DOTS impact in reducing TB incidence has been limited by non-compliance to treatment.

In countries where DOT has had little impact on TB control, poor or non-compliance to self-administered TB treatment is common and has been identified as an important cause of failure of initial treatment, relapse (Sanou, et.al: 2004) and development of drug resistance (Hirpa, et.al: 2013).

The purpose for the study was to identify factors associated with non-compliance to anti-TB treatment in Diani division, Msambweni District.

Objective

To identify patient-related, socio-cultural, healthcare system and service provider factors that influence non-compliance to TB treatment in Diani Division, Msambweni.

Methods

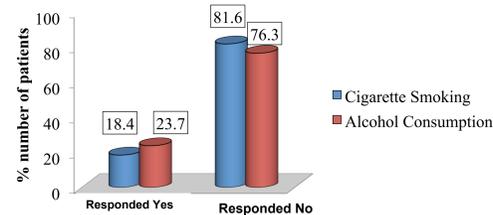
The study adopted a cross-sectional design. The study population comprised of loss to follow and Treatment after loss to follow TB patients in Diani division.

Purpose sampling was used to recruit the study subject who were interviewed using an interviewer schedule to obtain primary data not routinely collected. The data was collected using an interviewer schedule, administered through face-to-face interviews, and interviewer checklist for observation data.

A total of 60 patients had been identified as defaulters from the hospital records, 63.3% (38) were included to participate in the study while 36.67% (22) were excluded from the study. 45.0% (10) of those excluded had died whereas 55% (12) could not be traced.

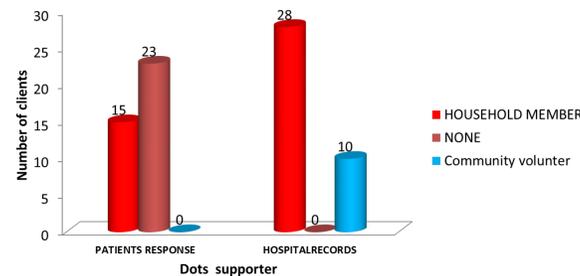
Results

Response to Cigarettes and alcohol Consumption and TB medication



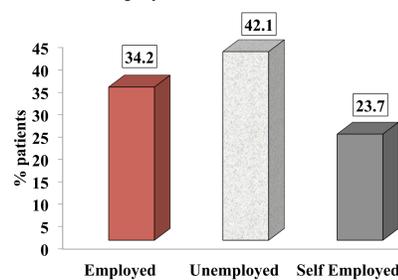
The study established relationship between taking alcohol and/or smoking among patients with non compliance to TB medication $\chi^2 (2) = 23.062$, $p = 0.003$ and $\chi^2 (1) = 38.00$, $p = 0.002$ for cigarettes smokers and alcoholics respectively

PRESENCE OF A DOTS SUPPOTER



The test of difference between DOT supported patients and the checklist records showed that no association ($\chi^2 (1) = 1.824$, $p = 0.177$) existed between them. These differences suggested that health workers could have put a DOTS supporter in the register without confirming his/her existence

Employment Status of Patients



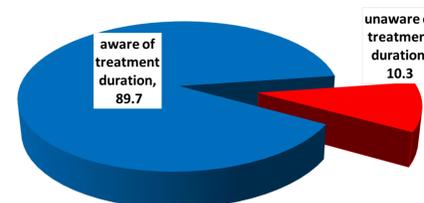
Association existed ($\chi^2 (2) = 7.113$, $p = 0.029$) between skipping medication and employment status of the patients.

Average waiting times, distance and cost of for TB service delivery, place of residence and of services offered by the TB clinics in that order.	Patients % (n=38)
Average waiting time at TB clinic (in Hours)	
< 1	73.7% (28)
1 – 2	18.4% (7)
> 2	7.9% (3)
Average distance to TB clinic (in Km)	
< 5	76.3% (29)
5 - 10	21.1% (8)
11 - 15	2.6% (1)
Cost of travelling to the TB clinic (in Kshs)	
0 (walking distance)	47.4% (18)
20	23.7% (9)
20 – 50	15.8% (6)
> 50	13.2% (5)

Knowledge on TB treatment instructions and contra-indications

	Number who answered correctly % (n)	Number of answered incorrectly No % (n)
Contraindication		
Sexual intercourse	68.4% (26)	31.6% (12)
Any form of work	42.1% (16)	57.9% (22)
Milk (n=38)	60.5% (23)	39.5% (15)
Alcohol (n=38)	71.1% (27)	28.9% (11)

Awareness of treatment duration



Conclusion

Consumption of alcohol, smoking and employment status was established to be associated with poor adherence.

However, factors such as occurrence of side effects, patient's HIV status, time taken to recuperate showed no significant association with adherence to medication upon testing using the CHI test.

Recommendations

The patients should be informed on the importance of adherence to medication during the start of medication and the need to continue with medication until end of treatment, even when they feel like their health has improved.

- The patient's understanding of the information given by the healthcare workers should be assessed to confirm that they understand the information given to them.

- Healthcare workers should confirm the presence of a DOTS supporter by asking them to accompany their patients to the clinic. Health education should also be offered to them on their role of ensuring adherence.

- Patients should be advised to avoid alcohol consumption and cigarette smoking since it is associated with poor compliance.

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