

**Factors Associated with Uptake of Community Based Directly Observed
Tuberculosis Treatment strategy in Kayunga district, Uganda.**

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Abstract

Background: Good uptake of CB-DOTS is critical for the successful control of TB both at the national and district level. Despite 100% geographical coverage with CB-DOTS in Kayunga district by 2005, in 2007 the uptake was only 59 out of 309 registered TB clients, representing 19.1%. This uptake is way below the district target of 95%.

Objective: To assess the factors that are associated with the uptake of community based directly observed tuberculosis treatment strategy in Kayunga district, in order to generate information that will be used by the DHT and partners, to improve up take.

Methodology: A cross sectional study with a study population of 354 adults who received TB treatment within the last 3 years for at least two consecutive months. Other study participants were health workers and community members who participated in FGDs. Adjusted Odds ratios, their corresponding confidence intervals and p-values were used to determine associations between uptake of CB DOTS and the independent variables: individual, service delivery and community factors as well as controlling for confounding.

Results: Factors associated with higher Odds of uptake of CB DOTS were: being 50 years or older (Adj. OR=3.88, 95% CI 1.31-11.42); availability of a community volunteer (Adj. OR=13.11, 95% CI 3.75-45.81); knowledge of advantages of CB DOTS (Adj. OR=11.52, 95% CI 3.89-40.30); receiving adequate counseling from a health worker (Adj. OR=4.54, 95% CI 2.09-9.84); positive sputum smear at start of treatment (Adj. OR=3.93, 95% CI 1.74-8.84) and not feeling stigmatized by next of kin (Adj. OR=3.86, 95% CI 1.82-8.19)

Conclusion

Being 50 years or older and not being stigmatized by the significant others such as spouses are the two influential factors identified from individual client and community factors respectively.

Availability of a full time community volunteer, client's knowledge of the advantage of CB DOTS, adequate client counseling and having a positive sputum smear are the service delivery factors affecting CB DOTS uptake. Inadequate involvement and lack of training for health workers; and lack of guidelines and IEC materials on CB DOTS were identified from KI interviews, health facility assessment and FGDs.

Recommendations: In order to improve uptake of CB DOTS the district should: involve the significant others like spouses in CB DOTS counseling and education, sensitize the community to reduce stigma and encourage community members to support uptake of CB DOTS, put more emphasis on young TB patients during CB DOTS counseling and education, reduce attrition rate and improve morale of community volunteers through incentives, disseminate CB DOTS guideline and IEC materials as well as organize trainings for health facility staff on CB DOTS implementation with a purpose of improving on client counseling.