

**ADHERENCE TO TUBERCULOSIS TREATMENT BY PATIENTS CO-
INFECTED WITH HUMAN IMMUNE-DEFICIENCY VIRUS ATTENDING
MOI TEACHING AND REFERRAL HOSPITAL, ELDORET**

BY

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ABSTRACT

BACKGROUND: This cross sectional and descriptive study, was carried out to describe and determine adherence to tuberculosis (TB) treatment; the consequences of non adherence on TB patients co - infected with the Human Immune-Deficiency Virus (HIV).

JUSTIFICATION: To date, activities aimed at controlling TB have focused on improving case notification and access to TB treatment and care; very little has been done on treatment adherence and how to improve treatment outcomes for tuberculosis. Full understanding of the factors that prevent people from taking medicine correctly and those that help them complete their treatment is necessary.

GENERAL OBJECTIVE: To determine factors affecting adherence to TB treatment among TB / HIV co - infected patients attending Moi Teaching and Referral Hospital.

SPECIFIC OBJECTIVES: 1. To determine the level of adherence to TB treatment among TB / HIV co - infected patients on both ARVs and anti-TB drugs and those on anti-TB drugs alone.

2. To determine the level of adherence to TB treatment among TB / HIV co - infected patients on anti-TB drugs alone.

3. To determine patient factors affecting adherence to TB treatment among TB / HIV co - infected patients.

4. To determine care factors affecting adherence to TB treatment among TB / HIV co - infected patients.

METHODOLOGY: Systematic and expert sampling (a sub-case of purposive sampling) techniques were used. Interviewer administered questionnaires and Key Informant Interviews were conducted.

DATA ANALYSIS: Descriptive statistics were performed where frequencies and Percentages were done. Pearson's Chi-squares and Odds Ratios were done to determine the adherence levels and the strength of associations between independent and dependent variables respectively.

FINDINGS: A total of 370 patients were included in the study. Those on both ARVs and anti-TB drugs were 260 while those on TB treatment alone were 110. The mean age was 34.8 years. The level of adherence to TB treatment was 38% and 62% among patients on both ARVs and anti-TB drugs and those on anti-TB treatment, respectively. P values for age = 0.02; residence = 0.476; education = 0.342; employment = 0.448; start of TB medication = 0.000; re-treatment = 0.073; counselling = 0.001; knowledge on cause of TB = 0.09. P value for association between level of education and knowledge of cause of TB was 0.000; relationship between ARVs and forgetting = 0.009. The level of significance was set at P=0.05, and 95% CI.

CONCLUSION: Findings from this study indicate that TB/HIV co-infected patients often take their TB medication under difficult circumstances therefore negatively affecting their adherence.

RECOMMENDATIONS: To improve adherence to TB medication among PWLHA, new TB control program strategies are required. Non- adherence to TB drugs should be documented to facilitate follow ups and control of TB.