

ABSTRACT

Introduction

Tuberculosis (TB) occurs every part of the world and one of the top cause of death in worldwide. Reducing the noncompliance among TB patients are important for treatment success and to prevent drug resistant TB.

Objectives

Objective of this study is to assess the factors associated with noncompliance of TB treatment in intensive phase and to assess the selected covariates at Kalutara District.

Methodology

This was a descriptive cross-sectional study. Study comprised of the TB patients registered in District Tuberculosis Register Kalutara for period of six months. Entire study population was recruited for the study. A structured, pre-tested interviewer administered questionnaire was used to collect data. Data were collected from all responders from the chest clinic and by field visit. Data entered to a EpiData software and exported to an analyzing software.

Result

There were total of eligible 267 patients for the study. Fifteen patients did not response and data were collected from 252 patients. Mean age of study group was 49.5 years and the group consisted of 63.5% (n=160) males and 36.5% (n=92) females. Among them 77% (n=194) were married. Majority were Sinhalese (57.2%, n=144) and Buddhist (53.2%, n=134). The noncompliance rate was 18.3% (n= 46) among newly diagnosed TB patients in Kalutara District.

Only 13.5% (n=34) TB patients visited Directly Observed Treatment (DOT) provider daily. Majority (61.9%, n=156) of DOT providers did not observe for drug intake and it was significantly associated with noncompliance ($\chi^2=4.7994$, $p=0.028$). Side effects of the drugs were significantly associated with noncompliance ($\chi^2 = 4.131$, $p=0.042$) to TB treatment.

Educational level Ordinary level (O/L) or below ($\chi^2=4.2904$, $p=0.038$), living environment of the TB patients ($\chi^2=13.338$, $p=0.004$) and living along without care giver ($\chi^2=4.633$, $p=0.031$) were significantly associated with noncompliance to TB treatment. Mean total non-medical expenses for one patient per day for attending to DOT center was 341.61 Sri Lanka Rupees (SLR). Mean total medical expenses for one patient in intensive phase was 1254.13 SLR.

Conclusions and recommendations.

Noncompliance with the treatment is still a common problem among TB patients. Special emphasis should be made on TB patients with education level O/L or below, living in slum areas, estate sectors and patients living along without care giver. Motivation for regular drug intake, proper supervision and education should be done for TB patients who have risk of noncompliance. There was general inadequacy of adherent to DOTS policy of National Programme For Tuberculosis and Chest Disease, within the health care system in Kalutara District. Proper programme should arranged to make DOT providers adhere to the DOTS policy.

Despite of free health care system in Sri Lanka, “Out of Pocket Expenditure” for daily DOTS were high. It is recommended to enhance the financial or materialistic support to decrease the barriers in compliance.

Key words – Tuberculosis, noncompliance, DOTS, Out of Pocket Expenditure