

**Social and service delivery factors associated with compliance and
outcomes of Tuberculosis treatment in an urban slum, Nairobi Kenya**

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ABSTRACT

Non-compliance to prescribed drug regimens is a major challenge to attainment of Tuberculosis (TB) treatment goal which is to cure patients once they start treatment. Compliance to treatment is important to reduce risks of treatment failure and drug resistance, morbidity that further strains already burdened national health systems. In Kenya, the extent of the problem remains understudied and more so in urban slums which contributes to over 60% of all new cases of TB. This retrospective cohort study was carried out in Kangemi slums in Nairobi to establish the extent of compliance and outcomes of treatment and to establish the associated social and service delivery factors. The study established that compliance to TB treatment which was (85.7%) was slightly lower than the global target of 87 % set by WHO and above the estimated national average of 80%. However given the nature of informal settlement, the study considered that 14.3% non-compliance is still significant and especially at the intensive phase as it increased possibilities of harboring infectious cases in a crowded environment and chances of cross infection and Multi-Drug resistance. Observation of treatment by self or close family members significantly improved compliance as shown by a ($P < 0.001$) which was a different from many similar studies which showed that compliance was better among patients who had direct observation of their short course therapy at the facility by health workers or trained TB treatment supporters Extensive compliance education directed to patients, family members and community at large is recommended. Current DOTS strategy should enlist family members and guardians as partners in treatment and especially at the intensive phase.