

**FACTORS CONTRIBUTING TO LOW TUBERCULOSIS
CURE RATE IN PRIMARY HEALTHCARE FACILITIES
WITHIN THE GREATER GIYANI MUNICIPALITY OF
LIMPOPO PROVINCE**

by

Maswanganyi Nandzumuni Velaphi

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**Department of Public Health
University of Venda**

Supervisor: Dr Rachel Tsakani Lebese

Co-Supervisor: Mrs Ntsieni Stella Mashau

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ABSTRACT

Tuberculosis is a disease that is curable when a person takes full course of treatment within a prescribed period. However, as the prevalence of TB is increasing worldwide, many countries still experience low TB cure rates. Globally, there are targets for TB cure rates so that it is possible to monitor its progress. This study explored and described the factors that contributed to the low TB cure rates in primary healthcare (PHC) facilities of the Greater Giyani Municipality in the Mopani District of the Limpopo Province. The study sought to achieve the following objectives: determine the factors that contributed to the low TB cure rates in the Greater Giyani Municipality; explore how TB patients are managed after discharge from hospital; identify the challenges faced by TB patients when taking treatment at home; and determine the strategies that can be used to improve the low TB cure rate within Greater Giyani Municipality. The research design in this study was qualitative, exploratory, descriptive, and contextual in nature. The study population consisted of professional nurses working in PHC facilities which have a cure rate below the national target of 85%. The study population also consisted of TB patients collecting treatment at these facilities. Non-probability purposive sampling was used to select the facilities, professional nurses and patients. The objectives of the study were met during data collection which was conducted through the use of individual face-to-face interviews followed by data analysis. Data collection was done up to 12 patients because no new information was forthcoming from the patients. Patients were 3 males and 9 females, the professional nurses were 18 and all were females. The age of patients ranged from 25 to 57 and those of professional nurses ranged between 31 and 48. Tech's open coding methodology was used to analyze data in this study. Data

from both participant groups were collated into themes and sub-themes. The following themes emerged from raw data: themes from professional nurses: poor management of TB patients on discharge from the hospital and the impact of stigma on the management of TB patients. One theme emerged from TB patients: the experience of TB patients on barriers to treatment adherence. Complications such as the poor referral system of TB patients from the hospital to PHC facilities, and the latter frequently running out of stock for food supplements and TB treatment, together with cultural beliefs and the stigma attached to TB resulted in TB patients seeking assistance from traditional health practitioners and faith-based healers, also impacted negatively on treatment adherence and TB cure rate. It is recommended that TB patients and their family members be counseled on diagnosis so that they understand their condition and comply with treatment. The inclusion of TB patients in community projects for food security and financial support was proposed as was the involvement of community stakeholders in the management of TB to remove stigma of TB in the community. The study suggested that policy about the referral of TB patients need to be developed in order to improve the poor referral system. It was concluded that most of the TB patients have poor family support structures which made it difficult for them to secure financial and food security, and hence to comply with the demands imposed between TB treatment schedules.