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by

DEFAULTING RATE OF MDR-TB PATIENTS IN THE MDR UNIT
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ABSTRACT

Context: Tuberculosis was declared a global emergency in 1993 by the World Health Organization. TB is amongst the top ten causes of global mortality. The purpose of this study was to explore factors that influence the defaulting rate of MDR-TB patients in the MDR unit in the Limpopo Province, South Africa. A contextual, explorative, and descriptive research design, using qualitative methodology, was adopted in the study.

Methods: Permission to conduct the study at the MDR unit was granted by the Limpopo Provincial Department of Health. Further permission was sort and granted by the MDR unit management. Participants meeting the inclusion criteria into the study were selected and the study and consent form was explained before interviews conducted. Individual interviews were conducted using a semi-structured interview guide to collect data among tuberculosis (TB) patients hospitalized in the MDR unit of Limpopo Province, South Africa. Tesch's (1994) open-coding method of data analyses was adopted in analyzing the qualitative data.

Results: The findings of this study revealed that there were patient factors, cultural beliefs, health care system factors and health care practitioner related factors that contributed to patients defaulting their TB treatment. Almost 15 participants reported that their period of stay in MDR unit was prolonged and that they were not thoroughly counselled or informed about their treatment during their hospital stay.

Recommendation: Further research is required on various topical aspects of TB, HIV/AIDS and sexually transmitted infections (STIs) prevention and control in such institutions.

Key concepts: adherence, defaulter, patient, treatment, drug-resistant tuberculosis, MDR unit