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### **Determinants of treatment delays among pulmonary tuberculosis patients in Enugu metropolis, South-East, Nigeria**

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**Introduction:** Globally, the burden of Tuberculosis is escalating. Early diagnosis and prompt initiation of treatment is essential to achieve an effective tuberculosis control programme.

**Objective:** To assess the determinants of treatment delays among pulmonary tuberculosis patients in Enugu metropolis, South-East, Nigeria

**Methods:** This cross sectional study was conducted among 219 pulmonary tuberculosis patients in six randomly selected DOTS centres in the three LGAs in Enugu metropolis. Data was analysed using SPSS version 17, and statistical significance of association between variables was assessed using Chi-square test at  $p < 0.05$ . STATA version 13.1 was used to calculate the positive predictors of TB treatment delays using logistic regression. Ethical clearance was obtained from the Research Ethics Committee of UNTH and informed verbal consent was obtained from the participants.

**Results:** Overall, 291 respondents took part in the study, 55.7% were males, 84.4% were aged between 16 to 60 years, while their mean age was  $35.4 \pm 12.6$  years. Most of the participants 32.9%, 26.9%, 15.5% are traders, civil servants, and students respectively. Among the respondents, 3.6% knew that mycobacterium tuberculosis is the cause of tuberculosis.

Among the participants, only 23.3% presented for first appropriate treatment consultation within 1-30 days of onset of symptoms. The reasons given by the respondents for the delay are: ignorance of necessity treatment (36.1%), Lack of money (24.2%), no health facility close to the house (13.2%), and other reasons 26.5%. Delay in treatment was found to be significantly associated with HIV status ( $X^2 = 23.412$ ,  $df=8$ ,  $p=0.003$ ), knowledge about the causes of TB ( $X^2=42.322$ ,  $df=28$ ,  $p=0.040$ ), TB symptoms experienced ( $X^2=46.857$ ,  $df=20$ ,  $p=0.001$ ), occupation ( $X^2=34.217$ ,  $df=20$ ,  $p=0.025$ ), and distance of the health facility from the respondents residence ( $X^2=34.908$ ,  $df=8$ ,  $p=0.000$ ). The positive predictors of delayed treatment, using logistic regression, were first presentation at: patent medicine dealer (OR 12.3 CI: 3.22-36.23), private hospital (OR 10.6 CI: 5.73-17.94), prayer house (OR 7.2 CI: 2.75-23.64), and traditional healer (OR 11.9 CI: 6.87-32.85)

**Conclusion:** Majority of TB patients in this study did not present early to health facilities. The positive predictors of delayed presentation for appropriate PTB treatment were first presentations at inappropriate treatment centers.

There is need to intensify public health awareness among potential TB patients on the associated risks of treatment delay to prevent transmission. Unskilled health care providers should refer suspected PTB patients promptly to facilitate their treatment.

#### **Biography**

Omotowo IB obtained MBBS from University of Ilorin, Nigeria in 1987. He completed MPH from University of Nigeria, Nsukka in 2006, and FWACP from West African College of Physicians in 2009. He worked as a Medical Advisor for German Leprosy and Tuberculosis Relief Association from 2010 to 2012. He is a lecturer at the Department of Community Medicine, College of Medicine, University of Nigeria, Enugu Campus since August, 2012. He is the MBBS Coordinator in the department since then. He has published some papers in both local and international journals. His interests are infectious and non-communicable diseases.

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