ABSTRACT

This study was carried out in Uganda at Mengo hospital TB unit. Touch Namuwongo TB clinic and the National Tuberculosis and Leprosy programme (NTLP) all in Uganda. The objective was to explore the risk factors associated with development of multi-drug resistance to tuberculosis medication among the TB patients on treatment for the last six months and also who developed MDR-TB after 1 month of treatment.

Methods: An cross sectional study was conducted in Mengo Hospital, Touch Namuwongo TB clinic and the National TB control unit next to the public service. The unit of enumeration was all patients with TB within the first six months. A sample size of 384 patients was determined but a total of 382 patient's records was used to analyse the findings .Case was defined as a TB patient who develops MDR or XDR TB while a Control was defined as a patient who develops MDR TB with one month of treatment. A total of 382 patient's records were reviewed in order to gather more information with the help of some key informatics from different health facilities that have TB units.

Results: The majority of the patients in the study were between 15-24years of age followed closely by those at 25-34 years. This was 31.7% and 27.2% respectively with 7.6% being the lowest among those at 55+ years. Majority in terms of sex were female who were 57.9% and male patients were 42.1 %. Looking at their level of education, a greater percent has at least attended primary school and a less percentage of about 2.9% with no education at all. Most of the patients were students who contributed 19.6% followed by housewives 18.6% and 7.6% being the lowest for public servants.

Conclusion: The findings indicated that both social demographic factors and biological factors had a significant relationship with development of drug resistance to anti TB drugs. Some of the risk factors however were not explored by the researcher since they were not recorded in the patient's records and further investigations should be done to confirm if they are significant to development of MDR-TB. These factors include social economic factors and health system factors. Chapter two has discussed some findings that other researchers had found in their studies about MDR-TB.