

Proponents of public health argue that it is a more cost-effective and the best approach to sustain a good health system especially when it comes to a certain category of diseases which are not only terminal but costly to treat as well as infectious if not well managed within communities. Researchers have argued that countries which have done well in enhancing adherence levels to TB drugs have largely incorporated the community in addition to ensuring the right line of treatment administered.

The study was designed to examine factors which influence adherence to tuberculosis treatment among patients with TB infection in Wakiso district. The specific objectives of this study were to determine the level of patients' adherence to TB treatment, assess the level of knowledge of patients about adherence to TB treatment, determine the socio-economic factors that influence adherence to TB treatment and determine health facility factors which influence the level of adherence to TB treatment in Wakiso district.

The study adopted both qualitative and quantitative research paradigms, and was conducted in all five health Centre IVs in Wakiso district (Wakiso, Namayumba, Ndejje, Buwambo and Kasangati.) The study employed documentary review, interview guide and questionnaire as data collection methods. A total of 80 participants participated in the study (70 in the sample out of 80 and 10 key respondents).

Triangulation of data sources and collection methods was adopted to ensure validity and reliability of the instruments used and data collected.

Findings from the study indicate that there is low level of patients' adherence to TB treatment in Wakiso district (48.6%), due to not swallowing medicine as prescribed, number of times missed to swallow medicine, having a problem in swallowing medicine in large quantities, presence of side effects thus preventing the patient from swallowing drugs, food unavailability while swallowing medicine and long waiting time at the clinic before being given medicine.

The major recommendations generated by the study are to train key stakeholders involved in TB treatment right from grassroots to national levels, to conduct more frequent and effective advocacy at the district and lower levels to inform the local communities about TB and how best they should participate, improve or reduce on the time patients have to await at the health centers, either hire more staff in particular for the TB Clinic or ensure that they report early on the days allocated for TB treatment and establish outreach programs where the some patients could be treated within their communities.

After conducting the research study, the principal researcher recommends the following for future research: There were low levels of TB treatment adherence. However, what is interesting was that there were fewer females as opposed to males. The study did not establish the reasons for the variance, which could be an area for further research and the factors that affect adherence to TB

treatment in Wakiso as being side effects which prevent patients from swallowing medicine as prescribed, food unavailability at the time of swallowing medicine and time spent at the clinic before being treated. However, no statistical relationships were confirmed between the key factors, which call for further research to explore this phenomenon.