ABSTRACT

FACTORS AFFECTING THE DIRECTLY OBSERVED TREATMENT SHORT-COURSE TREATMENT IMPLEMENTATION IN ST CATHERINE, JAMAICA

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Tuberculosis, alone among health concerns, has been declared a ‘Global Emergency’ by the World Health Organization (WHO). This is in spite of the fact that means exist to control it. Demonstrably effective tools for its control have been available for decades. An agreed global strategy is in place. This strategy has been shown to be among the most cost-effective of any health intervention in low-income countries, where most of the cases live. The strategy has been adopted by a large number of target countries. And still, tuberculosis, if any, is more frequent than it was one hundred years ago. To understand this enigma, we need to explore some of the aspects of the disease and the tools and strategies we have for dealing with it.

A situational analysis was done in this study to document the current tuberculosis control situation using the Directly Observed Treatment Strategy (DOTS) in the parish of St Catherine, Jamaica. The aim was to determine factors that influence the implementation of DOTS. An investigative cross sectional survey was conducted using a stratified sampling method. One hundred and thirteen respondents from four categories (Medical Officers (1.8%), Nurses (36.3%), Public Heath Inspectors (12.4%), Community Health Aides (46%) and other (3.5%); with a mean of 3.4 years of service participated. Participants completed
self administered questionnaire. The qualitative aspect of the study was achieved by focus group and interviewing key informants from the health services in the Ministry of Health.

Findings revealed that overall there is a deficiency in the knowledge of DOTS among health workers in the parish of St. Catherine Health Department. Indices showed that nurses were the ones who had heard mostly about DOTS (p=0.000). Despite this difference 97.3% knew that DOTS involves directly supervising treatment. Irrespective of this knowledge it did not correlate with the monitoring of TB treatment. Monitoring of TB treatment is not being conducted routinely (p=0.001). Similar results were obtained for home visits.

It was suggested that training in tuberculosis and more educational material be provided to health workers. Corresponding value (p=0.007) among participants who had received TB training and a similar value was obtained among those who feel they can not manage tuberculosis cases as they have not been trained in DOTS/TB. To a certain extent the technical, logistical, operational and political aspects of DOTS were evaluated. To a great extent this resources are not available hindering the overall success of the program.

The study reinforces a re-evaluation of the existing program. Health Care workers are participating in the strides towards TB control, but efforts need to be intensified at all levels for the success of the program.
This study represents the realization of a dream of a work on public health. It is a document that analyzed the data on the characteristics of the health of the people of Jamaica. There are other publications that show in great detail the health situation and the trends that are occurring. Therefore, I am pleased that we have in this study, a work that reflects on the context in which public health is perceived and practiced and sets out the extent to which those functions that are essential to promoting and preserving the public’s health are being discharged.