

**FACTORS INFLUENCING THE UPTAKE OF TUBERCULOSIS
PREVENTIVE THERAPY AMONG NURSES AND MIDWIVES IN TIER 2 - 4
PUBLIC HEALTH FACILITIES IN IMENTI NORTH SUB-COUNTY,
KENYA**

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Requirements for the Award of the Degree of Master of Science in Nursing
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**DECLARATION AND
RECOMMENDATIONS**

Declaration

This thesis is my original work and has not been presented for an award of diploma or conferment of degree in any institution.

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Recommendation

This thesis has been examined, passed and submitted with our approval as University supervisors.

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DEDICATION

I dedicate this thesis to my loving husband Timothy and our children Prudence, Precious and Emmanuel for their encouragement and support during my studies.

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God bless you all

ABSTRACT

Occupational exposure to tuberculosis puts nurses at a higher risk of contracting the disease. To mitigate this risk, tuberculosis preventive therapy (TPT) is recommended for healthcare workers who have not yet progressed to TB disease. However, despite the high risk and the availability of the drugs, TPT uptake remains below the expected level, particularly in Kenya where the burden of TB is significant. This study investigated factors influencing TPT uptake among nurses and midwives in tier 2-4 public facilities in Imenti North Sub- County, Meru County, Kenya. Specifically, the study examined the uptake of TPT and identified both health facility and individual related factors that influenced TPT uptake. The study employed an analytical cross-sectional survey design. A total of 154 nurses and midwives were selected from among 215 nurses and midwives via stratified random sampling method. Quantitative data were gathered through a self-administered, semi-structured questionnaire developed by the researcher. Qualitative data was collected through eleven key informant interviews with the nursing service managers purposively selected from the facilities where the study was undertaken. Pre-testing of the study instruments was conducted in Tigania East, Mikinduri sub- county hospital among 15 nurses. Quantitative data was manually cleaned and analyzed using Statistical package for social sciences (SPSS) version 29.0. Descriptive statistics among them mean, standard deviation, frequency and percentages were used in summarizing the data. Chi-square and multivariate logistic regression analysis were used to identify relationship between independent and dependent variables at 95% confidence interval. Qualitative data was transcribed verbatim from audio records and thematic analysis via NVIVO version 12.0. Results were presented through tables, figures and in narrative form. Results showed that most participants (82.8%, n=125) were from Meru teaching and Referral Hospital. The mean age of the participants was 37.03+ 8.124 and the mean years of practice was 10.17+ 7.52. About two thirds of the participants (66.2%, n=96) were female. Majority (60.9%, n=93) had a diploma in Nursing and 51.0%(n=77) were married. Most participants (97.7%, n=147) were aware of TPT and 72.8%(n=110) had good knowledge of TPT. Majority of the participants (95.4%, n=144) supported the use of TPT. Only 33.1%(n=50) of the participants had taken TPT. Among these, 46.0%(n=21) had taken Rifapentine Isoniazid and 68.9% had taken it within the last year. None of the individual related factors was significantly associated with the uptake of TPT since they had $p > 0.05$. Among the health facility related factors, availability of policy($X^2=7.729(1)$, $p=.005$) and guidelines on TPT ($X^2=4.457$, $p=.035$) as well as receiving verbal instructions/ training ($X^2=5.121$, $p=.024$) on TPT were significantly associated with uptake of TPT. In conclusion, the uptake of TPT among nurses and midwives was low. None of the individual related factors investigated influenced the uptake of TPT. Availability of policy and guidelines as well as receiving instructions on TPT increased the uptake. It is recommended that the ministry of health should make TPT mandatory among all the health care providers rather than voluntary and disseminate policy and guidelines on TPT to all levels of the health care additionally, more CMEs should be carried out to demystify TPT among health care workers. A large scale study involving all health care providers on factors that influence adherence to TPT is recommended.