

CONSULTING PRIVATE HEALTH CARE PROVIDERS AGGRAVATES TREATMENT DELAY IN URBAN SOUTH AFRICAN TUBERCULOSIS PATIENTS

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Setting: An urban primary health care facility in Khayelitsha, South Africa.

total, HS and diagnostic delays. Engagement and education of private HCPs is recommended.

Objective: To determine the difference in total tuberculosis (TB) treatment delay in patients who initially seek care at National TB Control Programme (NTP) facilities after the onset of TB-related symptoms, compared to patients who initially seek care from non-NTP health care practitioners (HCPs); and to describe the relative contributions of diagnostic, treatment initiation, patient, and health system (HS) delay.

Design: A cross-sectional study of adult TB patients treated by the NTP. **RESULTS:** A total of 210 patients (median age 31 years) were enrolled from May to December 2009: 46% were male, and 58% were human immunodeficiency virus (HIV) infected. The median duration of total delay was 31 days, diagnostic delay 26, treatment initiation delay 0, patient delay 8 and HS delay 17 days. Initial visit to a non-NTP HCP was independently associated with total ($P = 0.007$), HS ($P = 0.014$) and diagnostic delays ($P = 0.012$). HIV infection was an independent risk factor for total ($P = 0.047$) and HS delay ($P = 0.021$); 27% of patients reported first going to a non-NTP HCP.

Conclusion: Initial care sought from non-NTP HCPs was the main determinant of