Community-Based Tuberculosis Control Programme Effectiveness Among Rural Villagers in Zimbabwe: Treatment Completion Rates and Healthcare Service Referral Frequencies

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Abstract

Tuberculosis (TB) remains a significant public health issue in rural Zimbabwe, where access to healthcare services is limited. A cross-sectional study design was employed with structured questionnaires administered to a sample population from selected rural villages in Zimbabwe. Data were analysed using descriptive statistics and inferential statistical methods including logistic regression for analysis of referral patterns. Treatment completion rates averaged at 85% with significant variability across different villages, influenced by socioeconomic factors. Referral frequencies varied, with higher rates observed among villages closer to the provincial capital, suggesting a need for regionalized healthcare services. Community-based TB control programmes show promise in improving treatment adherence and reducing referral needs, though further research is required to optimise service delivery. Enhanced community engagement strategies should be developed, along with targeted outreach initiatives to improve access to care among remote areas. Regionalized healthcare services are recommended to reduce referral distances. Treatment effect was estimated with $text\{logit\}(\pi) = beta 0 + \vec{\beta}\ p\ X_i$, and uncertainty reported using confidence-interval based inference.

Keywords: *Tuberculosis, Rural Health Services, Community Health Workers, Contact Investigation, Treatment Adherence, Healthcare Utilization, Cross-Sectional Studies*

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