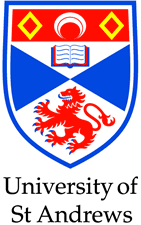
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**Ministry of Health**

**Department of Health Policy & Research**

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# Socio-economic and cultural impediments in diagnosis and management of tuberculosis in Kenya

**Background**

Despite introduction of efficient TB diagnostic tools the recent prevalence survey shows that over 40% of tuberculosis (TB) in Kenya remains undetected. Social cultural aspects in the control of TB, is an important component in health seeking behaviors in Kenya may be actually one of driving the TB scourge

**Impediments to effective diagnosis and management** **of tuberculosis**

**Stigma, cultural beliefs, lack of knowledge on TB - self-medication, disclosure repercussions, and attitude of public health staff**

**Patient health seeking behavior-delayed diagnosis, Nutrition, hidden costs, lack of counseling-family, opportunity cost, lack of recognition & empowerment of community health volunteers**

**Socio-cultural drivers**

**Socio-economic drivers**

**Key Findings**

**How does the patient health seeking behavior impact on TB diagnosis and management?**

* **Over reliance in easily accessible private health facilities which are not equipped to diagnose and manage TB**
* **Low index of suspicion for TB disease in the private facilities most patients seek initial treatment**
* **Myths of bewitchment and need for supernatural interventions**

**Who offers socio psycho support?**

* **Families of TB patients have abdicated their duties of caring for the sick.**
* **Community health workers, local administration, sponsors taken over psycho-social support to the patients**

**Does Stigma impact on TB diagnosis and management?**

* **Stigma plays a role in patient segregation and poor compliance to therapy**

**TB diagnosis and treatment is free: Who then bears the hidden cost such as?**

* **Upkeep: TB patients are too ill and weak and are not able to earn a living since majority of them work in the informal sector.**
* **Transport: Large number of TB patients reside far from public health facilities equipped to diagnosis and treat tuberculosis therefore incur transportation costs**

**Conclusions and recommendations**

* **Create public awareness on TB disease to improve health seeking behavior and reduce stigma**

**Public has faith on public health facilities for TB diagnosis but lack understanding of signs and symptoms of TB hence delay in seeking care in these facilities**

* **Empower CHVs and local administration to sustain public awareness on TB disease and ensure psycho-social support for TB patients and their families**