

Households perceptions about Tuberculosis: potential effects on the achievement of MDGs in Kenya (a case study of Trans Mara District)

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Abstract:

Tuberculosis remains a major public health problem despite it being preventable, treatable and curable. This is despite the fact that the policy environment has improved drastically after TB was declared a national disaster. Millennium Goal 6 is an important development goal of halting and reversing the spread of HIV/AIDS, malaria and other diseases, including tuberculosis (TB). Target 8 for TB relates to reduction in prevalence and death rates associated with TB. While, Kenya has now joined the league of nations that are moving towards achieving the MDGs by achieving the World Health Organization's (WHO) targets of detecting 70 percent of TB cases and treating successfully 85 percent of cases detected as a result of concerted efforts of government, partners and stakeholders, the country still requires urgent, comprehensive and effective action to combat TB. The study set out to establish the knowledge, attitudes and practices among households in Trans Mara District regarding TB; patterns and determinants of health-seeking behaviour among the community members; availability and accessibility of health care facilities in the community; capacity of health facilities to provide TB services; cultural factors among local community that promote or hinder early TB diagnosis and treatment; and how all these impacts on household income and welfare and by extension achievement of the health related MDGs in the country. The impact of TB is in terms of the economic effects, including its impact on poverty and the capacity to deliver development outcomes. The econometric models estimated in the study are the probit model of health care seeking behaviour and a model of determining household income. The findings show that despite the knowledge levels and acknowledgement of TB as a major problem in their community, many respondents had not been tested, due to the fear of being diagnosed with HIV and being discriminated against in case they find that they are also HIV-positive. Some were very willing to get tested but there were no available services. Others were reluctant and only get tested when they notice they are getting recurring infections. The findings also established that TB treatment improves household income and therefore by making TB treatment widely available in the community is a good strategy in fighting poverty and diseases generally. In conclusion, no single development partner is able to sufficiently address health problems in a community, especially TB which is highly infectious. Collaboration with the community and all stakeholders is important for TB prevention and ultimately its mitigation. It is therefore recommended that TB services should be more accessible to achieve better TB case-findings and treatment. TB campaigns and advocacy programmes should also be enhanced to facilitate the changes in perception that households hold about the causes of TB.