

Cancer Management in Kenya: Awareness and The Struggles Patients Face to Access Treatment, Care & Support

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Background

The increase in obesity, urbanization, processed foods, abuse of alcohol, smoking, lack of exercise and lifespan in developing countries coupled with a lack of infrastructure to treat cancer is one reason why, today, **more than 70% of all cancer deaths occur in low- and middle-income countries** (Kenya, 2011).

In Kenya specifically, cancer is the third leading cause of death after infectious and cardiovascular diseases (Atieno, 2018).

In 2018, the World Health Organization estimated that **around 32,900 Kenyans die of cancer annually with an average of about 90 people dying from cancer daily and 130 new diagnosis each day** (Niyaundi, 2018).

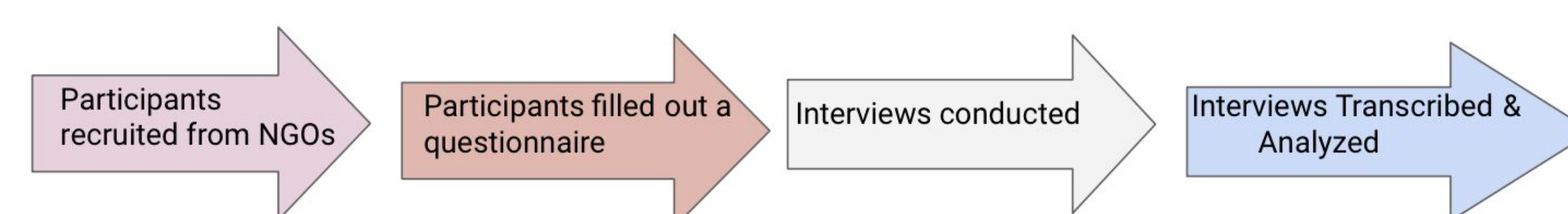
There have only been a few studies that have examined the plight of individuals living with cancer in Africa. In addition, few studies have been done in Kenya to examine the barriers that individuals with cancer in Kenya face in accessing treatment, care or psychosocial support and the stigma that these patients may face.

Research Objectives

- To examine the current management of cancer patients in Kenya including the concerns and challenges cancer patients have especially when it comes to accessing cancer detection methods, oncologists, treatment & psycho-social support.
- To conduct qualitative interviews with key people in the campaign against cancer (e.g. hospice officials, nurses, NGO executives, individuals working in the Ministry of Health, hospital in-charges) in order to examine how cancer awareness, detection and treatment can be improved.
- To identify the level of Breast Cancer awareness among women of reproductive age in Kenya by using the Breast Cancer Awareness Measurement Tool (BCAM).

Methods

Study Participants Who Had Cancer



Participants were recruited from **Limau Cancer Connection, Faraja Cancer Support and Kenya Cancer Association**. A phone interview was conducted for some who were unable to meet the researcher in person. **One focus group** was held at **Texas Cancer Center**.

Key Informants

Key informants in campaign against cancer were interviewed briefly. Interviews were recorded and transcribed verbatim for analysis.

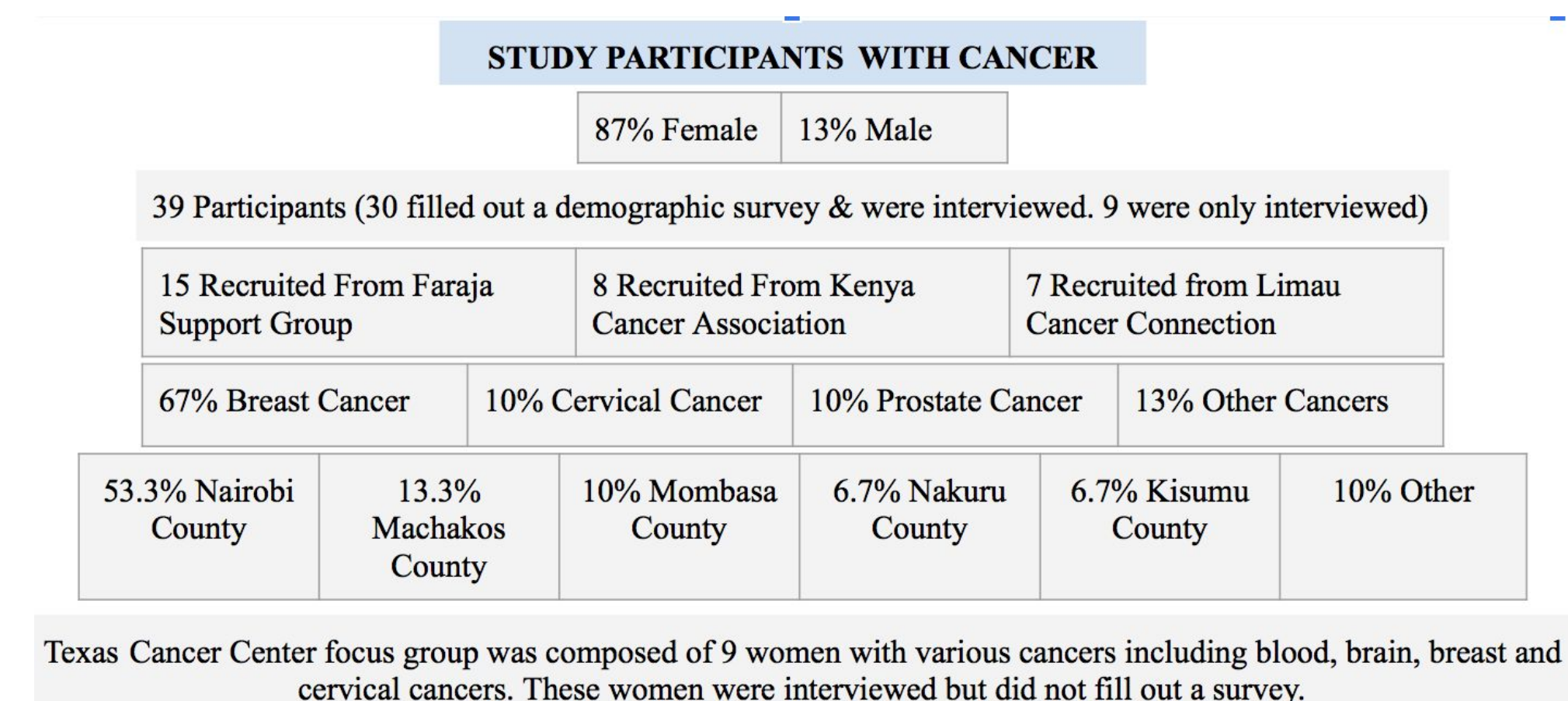
Awareness Survey Participants

Participants were recruited from various social locations including the **Prestige Mall in Nairobi, the Citam Valley Road Church congregation in Nairobi, as well as the social networks of friends and family who helped hand out surveys at their various workplaces**.

The survey targeted women above the age of 18 and the tested **BCAM Tool** was used. An **online form** was used for convenience for women who could not be accessed physically.

Results

Demographics



Texas Cancer Center focus group was composed of 9 women with various cancers including blood, brain, breast and cervical cancers. These women were interviewed but did not fill out a survey.

KEY INFORMANTS:

- 6 NGO Officials
- 4 Oncologists
- 4 Caregivers
- 2 Cancer Researchers
- 1 Psychologist
- 1 NHIF Official
- 1 Cancer Clinic CEO
- 1 Official from the Ministry of Health

AWARENESS SURVEY:

- Participants: 59
- Age
 - 18-29: 44%
 - 30-39: 32%
 - 40-49: 14%
 - 50+: 10%
- Education
 - Primary: 2%
 - Secondary: 5%
 - Tertiary: 75%
 - Masters: 16%
 - Doctorate: 2%
- Residence
 - Nairobi County: 46%
 - Kisumu County: 34%
 - Other: 10%

Challenges Identified

- High Cost of Treatment
- Lack of Access to Treatment, Medication & Oncologists
- Burnout of Medical Personnel, Lack of Counselling and Violation of Patient Rights
- Stigma and Lack of Psycho-social Support
- Lack of Awareness and Knowledge about Cancer, Late Detection & Misdiagnosis

High Cost of Treatment

Participants reported spending from Ksh 21,000 - 6 million a year for Treatment

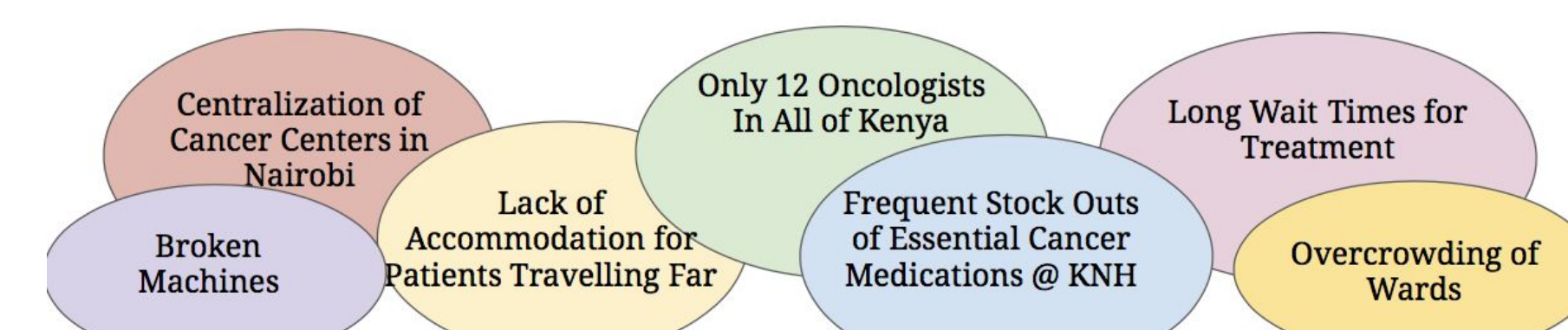
"It's 500 shillings for one tablet and then I have to take pain killers and blood pressure... So now in one day you're spending like 700 shillings on medication alone. You have a house to pay, food to buy... It's really tough."

"I'm a blood cancer survivor. I've spent over 20 million... very expensive to treat blood cancer. I take medication about 20 a day. Every month about 200,000 shillings [for medication]... Its expensive. Survivors can only survive if they have money."

Participant Responses to "What is the Most Difficult Part of Having Cancer in Kenya?"

Cost of Treatment and Medication	85.5%
Fear of Dying From Cancer	7.4%
Lack of Psychosocial Support and Counselling	3.7%
Lack of Accessible Treatment and Cancer Care Centers and Specialists in Some Parts of the Country	25.9%
Stigma and Misconceptions People Have about Your Cancer	7.4%
Other	1%

Lack of Access to Treatment, Medication & Oncologists



Burnout of Medical Personnel, Lack of Counselling and Violation of Patient Rights

"We had doctors squabbling over who would do the biopsy because of the money involved. Left without being attended for hours and in a lot of pain. Proper procedures not adhered to especially after chemotherapy... prescriptions given over the phone where she required physical examination... In the early stages of her diagnosis we had several claims that they had lost her test results."

"...The doctor gets to scare you that he's the only doctor you can talk to and you can't get a second opinion. They hold onto your patient files you can't ask questions which is a complete contrast to what your patient rights are..."

How Much Patients Agreed That They Were Informed Throughout Treatment Process

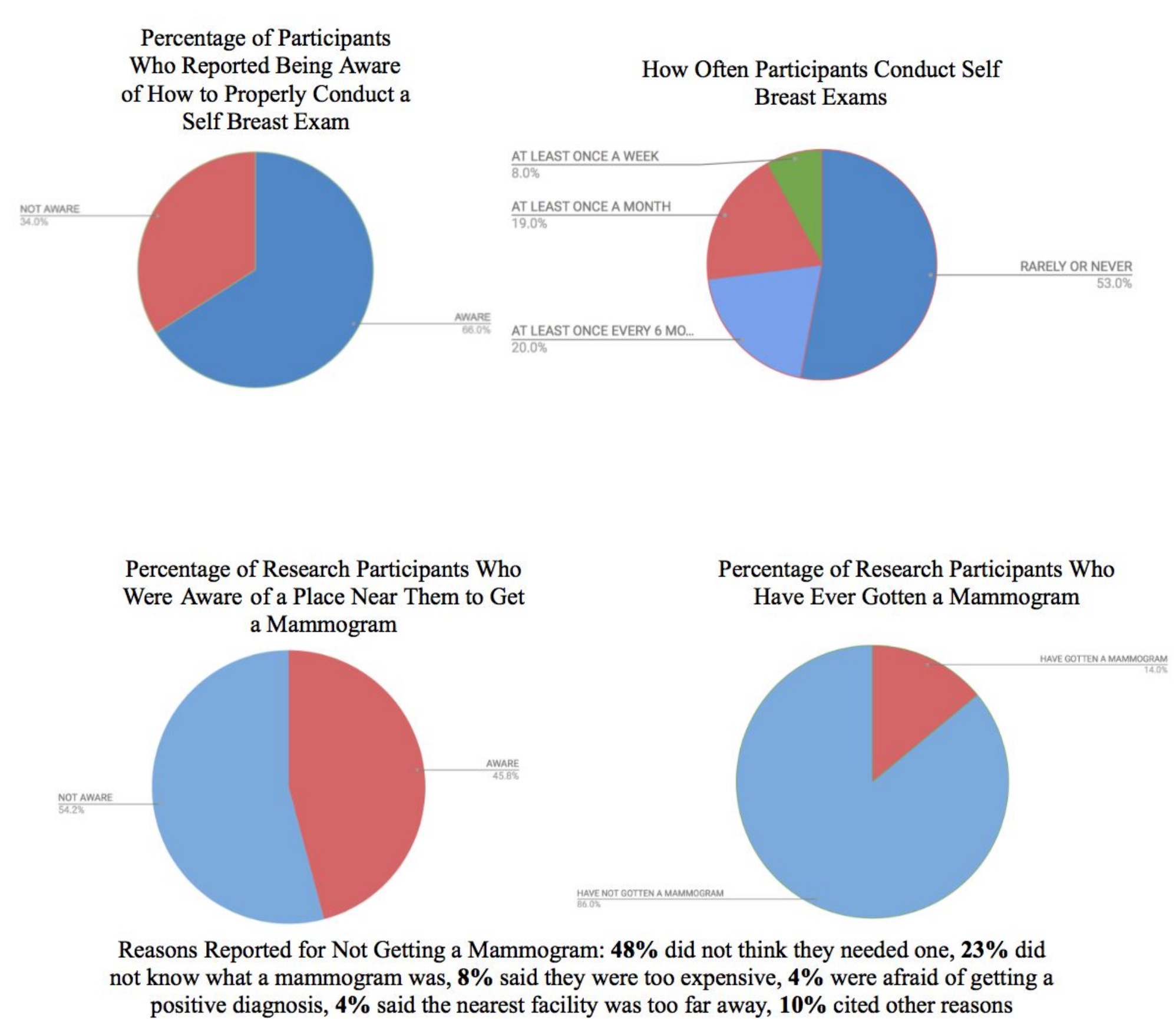
	Strongly Disagree	Disagree	Agree	Strongly Agree
During my diagnosis and treatment process, I was well informed by my doctor about my diagnosis, treatment options and the side effects that might come from my cancer and my treatment.	44%	7.4%	14.8%	40.7%

Stigma and Lack of Psycho-social Support

66.7% of Participants Reported Experiencing Stigma

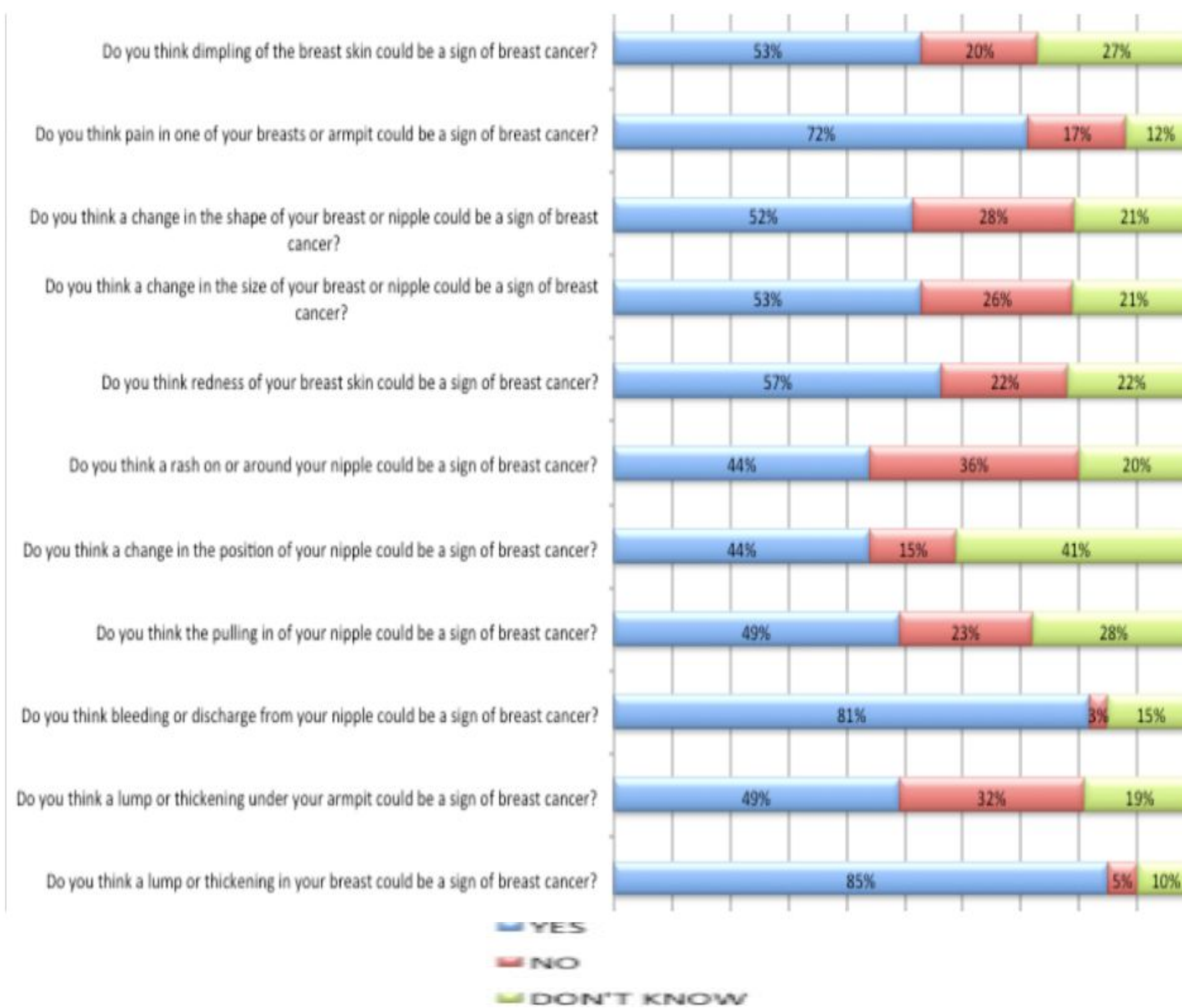
"...me I'm just here with my children. I don't have any friends. They run away. Even relatives because they believe that cancer is a death sentence so there is nothing that you can do."

Lack of Awareness and Knowledge about Cancer, Late Detection & Misdiagnosis



Reasons Reported for Not Getting a Mammogram: 48% did not think they needed one, 23% did not know what a mammogram was, 8% said they were too expensive, 4% were afraid of getting a positive diagnosis, 4% said the nearest facility was too far away, 10% cited other reasons

Participant Identification of the Warning Signs of Breast Cancer



Conclusions & Recommendations

- NCDs Are Becoming an Emerging Problem that Sub Saharan Africa Cannot Afford to Ignore
- More Trained Oncologist are Needed
- Training CHVs on the Warning Signs of Cancer Can Increase Early Detection
- Increased Awareness & Education are Necessary to Combat Stigma and for Early Detection
- More Cancer Centers Should be Spread Throughout Kenya for Easier Access
- More Integration of Mental Health into the Healthcare System is Needed

References

- Atieno, O. M., Oponga, S., Martin, A., Kurdi, A., & Godman, B. (2018). Pilot study assessing the direct medical cost of treating patients with cancer in Kenya; findings and implications for the future. *Journal of Medical Economics*, 21(9), 878-887. doi:10.1080/13696998.2018.1484372
- Kenya, Ministry of Public Health and Sanitation. (2011). *Kenya National Cancer Control Strategy*.

Acknowledgements

