



# Barriers to accessing successful treatment for TB infection among adolescents and young men: A political economy analysis in Kenya



## Introduction

**T**uberculosis (TB) is among the leading causes of mortality in developing countries with an estimated 1.6 million deaths in 2021.<sup>1</sup> In spite of the progress made, research evidence shows that the burden of TB still remains high, more specifically among males compared to their female counterparts.

In Kenya, the incidence of TB in 2021 was estimated to be 133,000 (81,000-198,000), translating to 251 (152-373) people per 100,000 population, while TB mortality in the HIV-negative population was 20,000 (12,000-31,000, translating to 39 (22-59) people per 100,000 population) and in the HIV-positive population it was 11,000 (6,900-17,000) or 21 (13-32) people per 100,000 population.<sup>2</sup>

In 2020, men comprised 66% of all reported TB cases in Kenya. The TB cases were notably higher in males compared to females at 56.5% and 32.5% respectively while the prevalence for children was 11%.<sup>3</sup>

There are concerted efforts to care for and prevent TB through screening, timely diagnosis, treatment, and preventive mechanisms.

## Key messages

- Tuberculosis (TB) stakeholders need to include gender-responsive plans in the existing policies to address gender disparities in the TB care and treatment cascade.
- There is an urgent need to mobilize and earmark resources to enable the successful implementation and sustainability of gender-responsive approaches for TB care and treatment.
- Stakeholder engagement and collaboration are critical in implementing effective gendered TB policies to end TB.
- The community as a stakeholder can guide on real-life issues that can inform evidence-based policies that address the specific needs of men and women.

The WHO End TB Strategy endorsed in 2014 has set the goal of ending the TB epidemic globally by 2035 with a targeted 95% decline in TB deaths and a 90% reduction in TB incidence.<sup>4</sup> TB prevention and care are hampered by delayed diagnoses and treatment, poor health infrastructure, and under-reporting of TB cases.<sup>5</sup> Although there have been global and country-level efforts to control TB infections,<sup>6</sup> there is a paucity of information on gender-responsive interventions to address the significantly high cases of TB among men.

Through the Leaving no-one behind; transforming Gendered pathways to Health for TB (LIGHT) Consortium, the African Institute for Development Policy (AFIDEP) and Respiratory Society of Kenya (ReSoK) conducted a political economy analysis (PEA) study to understand the barriers to accessing and successful treatment of TB infection among Kenyan male adolescents and young adults.

The PEA study seeks to dig deeper into the barriers that lead to high TB cases among men and recommends approaches to enhance TB gender-responsive programming to improve TB access and successful treatment among men.

### Objective of the study

To understand the political and economic context that can hinder access to and successful treatment of TB infection among Kenyan male adolescents and young adults.

### Methodology of the study

The PEA methodology drew from both a narrative review and a qualitative approach that included an applied political economy and key informant interviews.

### Political economy literature approach

We conducted a comprehensive search from published and grey resources with no time and language limit. The search strategy included the following key terms: (“TB OR tuberculosis”) AND (“men OR gender”) AND (“policy OR guidelines or strategy”) AND (“political economy analysis.”) Relevant variations were adopted in specific databases and websites: PubMed, Cochrane Library, Web of Science, Scopus, WHO (www.who.int/), MOH (www.nltp.co.ke), and African Development Bank (www.afdb.org).

### Qualitative approach

In November 2022, 16 participants were purposively sampled to include TB actors in Kenya who can work alongside and/or influence policymakers on approaches to improve access to and successful treatment of tuberculosis infection and incidence among Kenyan male adolescents and young adults. The sampling frame included: health sector–related government workers, civil society actors in health, individuals in research institutions conducting health-related research, private sector employees, academics with expertise on Kenya’s political economy, TB coordinators, and TB champions. See Table 1 for a summary of stakeholders interviewed and their positions.



Table 1: Stakeholders Interviewed

Stakeholder groups	Organisation/ Institution	Role within the institute	Number
Government entities (MoH)	National TB Programme	TB coordinator, TB manager	4
	National AIDS & STI Control Program (NASCOPI)		
Universities & Research Institutions	Universities	Programme manager	1
Health care workers	Private health facility	TB programme clinician	2
	Public health facility		
NGOs/De-velopment Partners	Kenya Legal and Ethical Issue Network on HIV and AIDS (KELIN)	Director of programme, TB programme manager, programme coordinator	3
	Centre for Health Solutions – Kenya (CHS)		
	Amref Health Africa in Kenya		
Community TB Groups	Stop TB Partnership (STP-KE)	TB programme coordinator, programme manager	6
	Men Engage Kenya Network		
	Network of TB Champions Kenya		

Data from the qualitative interviews were analyzed using a combination of inductive and deductive approaches utilizing the framework thematic approach.<sup>7</sup> Transcripts were coded using Dedoose software by two members for joint review through a series of meetings. The codes were then mapped onto the domains from the applied PEA analysis framework while identifying emerging themes and sub-themes.<sup>8</sup>

## Result

### Contextual and structural issues

#### Gender concerns related to TB

Men account for roughly twice the burden, with men displaying extremely low health-seeking behaviours with the highest treatment interruptions.<sup>9</sup> Further, men with a TB infection face unfavourable outcomes with regard to TB deaths and treatment failures possibly due to non-adherence to treatment.<sup>10</sup> The qualitative

inquiry reported on the concerns around limited targeted interventions towards men which in turn do not meet the needs of men thereby influencing their overall access to TB services.



“..., there are minimal interventions with TB in Kenya geared towards men. We don’t focus on men regarding case finding, meeting their needs, and so on, which is quite unfortunate.”

(Key Informant Interview – KII, Development partner, 2022)

#### Health infrastructure

In Kenya, the public health care system is overworked and with very high waiting times thereby limiting access to the impoverished population that would otherwise seek care in these facilities.<sup>11</sup> Additionally, there are reported logistical issues around access to TB services where the health facilities are in far-off areas.<sup>12</sup>

Participants from the qualitative finding echoed the need to have TB services more accessible by equipping more hospitals with the necessary resources and offering flexible times to meet the needs of patients beyond the 8 am–5 pm working hours. These efforts would largely lead to the expansion of TB services to men, especially casual laborers who work during the day.

“Participants recommended that health centres offering TB services be flexible and offer services on the weekend to suit everyone.”

(KII, policymaker, 2022)

## Social and economic context

### ↻ Social and cultural norms

In Kenya, the high TB burden mostly in men is partly attributed to poor health-seeking behaviour which is attributed to cultural norms and traditional beliefs.<sup>13</sup> The cultural beliefs lead to seeking traditional interventions, including a preference for alternative medicine, thereby taking longer to get medical help from hospitals or TB treatment attrition.<sup>14</sup> Furthermore, social stigma attributed to TB and HIV/AIDS increases patients’ delay in treatment.<sup>15</sup>

“There is a stigma attached to TB and is scary. ...If you delay TB diagnosis, you become slim and thin and people mistake it for HIV. The stigma associated with HIV and TB has created late case detection or missed cases.”

(KII, TB champion, 2022)

### ↻ Poverty and unemployment

Unemployment is a major contributor to TB treatment interruptions and loss to follow-up in Kenya.<sup>16</sup> Men are often the sole breadwinners and rely on daily wages where they face the hurdle of providing for the family rather than seeking care for ailments.<sup>17</sup>

Study participants emphasized the unemployment effects on poor health outcomes such as the inability to pay for medical care while ill and the usage of drugs at reduced dosages necessitated by the logistical and access costs which leads to drug resistance in the body. Worthwhile to note, even though TB treatment is free in public health facilities, the 8 am–5 pm working hours hinder men from seeking care as they are working to obtain their daily wages.

“Unemployment affects health because if you have no money, you cannot go to the hospital when sick. Also, you can’t afford drugs you go for half doses creating drug resistance in the body.”

(KII, Development partner, 2022)

Further, the majority of the participants described the poor state of the economy, which has been exacerbated by the COVID-19 pandemic, leading to job losses and high costs of living.

“Most people lost their jobs after corona and now jobs are very scarce impacting TB access.”

(KII, Health care practitioner, 2022)

### ↻ Food security and malnutrition

Lack of food has a long-term impact on health since it can lead to malnutrition.<sup>18</sup> TB patients with severe malnutrition have higher risks of failure rates or deaths and it is a key driver of the TB epidemic in Kenya.<sup>19</sup>

Therefore, a substantial contributor to TB in Kenya is food insecurity. The findings from the literature are consistent with the qualitative findings where most Kenyans, including males, focus on food and daily sustenance rather than health care since it has reached a point where it is equated to a life-or-death situation.

“...., because of global warming, we are experiencing a lack of rain leading to drought and famine. It’s getting to the point where it’s a matter of life and death, so everyone is more concerned with food and daily nourishment than health care.”

(KII, Development partner, 2022)

“We have policies and guidelines, but none talk about a specific gender. Instead, they cover everyone. But we’ve found that TB affects men more than women. This is a hot topic, and we need to consider gender issues in TB care and prevention.”

(KII, Policymaker, 2022)

## Political context

### ↻ The country and its devolved counties

Since 2010, due to the devolved system, each county in Kenya has had a different level of efficiency in providing health care services.<sup>20</sup> Most counties indicated that the national government only provides them with meagre funding, with a further low prioritization of TB programmes by the county health teams.

Additionally, most participants indicated that corruption and lack of coordination between national and county governments play a major role in poor health service delivery.

“The health sector is really struggling because of how the health services are being run. The counties are having a hard time, and the national decision-making process isn’t making things better at the county level.”

(KII, policymaker, 2022)

## Institutional environment

### ↻ TB policies and gender

Overall, TB policies and strategy implementation in Kenya have been hampered by limited budgetary allocations.<sup>21</sup> The policy analysis revealed that various components of active TB including management and diagnosis were included in Kenya’s National Strategic Plan for TB and Lung Health 2019-2023.<sup>22</sup> However, the policies/strategies lack a gendered approach to address men’s barriers to TB care.

### ↻ Evidence-informed decision-making capacity gap

Skills in evidence synthesis, utilization, and communication are vital within government bodies, civil society organisations (CSO), research institutions, and the media to enable the communication of findings to stakeholders including the community. Participants concurred with the need for the researchers to break down technical research information for easy consumption by all actors who use evidence for decision-making such as policymakers and legislators, among other key stakeholders.

“...investing in the capacity on communication strategy will help to deliver the dedicated TB messages to policymakers and the community at large.”

(KII, Development partner, 2022)

## TB actors in Kenya

TB is a public issue in Kenya that has attracted a diverse set of actors in government (at the three levels), non-state actors, and development partners. The degree of involvement of these actors is informed by their interests in the TB control programme in the country. Overall, the Ministry of Health plays a central role in the management of TB in the country. The NLTP controls most of the funding for TB work in the country.

The national-level actors including the researchers, community, health care professionals, TB champions, development partners, civil actors, and politicians are occasionally engaged in various forums including the TB Technical Working Group (TWG) on the issue of TB care and prevention. However, an action plan with gender-responsive approaches is still missing.

In Kenya, few NGOs like KELIN have segregated gendered guidelines and services where they offered gendered services in a structured way. KELIN concentrates on specific interventions involving men in the workforce. The organisation has an initiative that goes to areas where men are available, including their leadership. Some of the interventions include performing screenings and health education.

“Men should be targeted where they are, rather than waiting for them to come to treatment centers, to ensure they do not miss out on their jobs while seeking or receiving care. They do not forfeit their pay.”

**(KII, TB coordinator, 2022)**

Communities have the potential to improve overall TB treatment outcomes at minimal costs.<sup>23</sup> Additionally, the inclusion of TB care and other health care in the communities largely improves acceptance and access.<sup>24</sup> The interviewed participants agreed that most communities are slowly changing and are becoming positive and receptive to TB programmes.

“Most communities are changing and are open to TB programmes, ..... To amplify further, the focus needs to be on raising awareness, lobbying for resources, and leadership, and getting everyone on board.”

**(KII, TB champion, 2022)**

Civil society organisations have a keen interest in ending TB. CSOs have incorporated community interventions including the use of TB champions to create awareness. The Stop TB Partnership has also played a significant role in raising awareness regarding gender and human rights through its Communities, Rights, and Gender (CRG) initiative.

“The social workplace and networks of TB stakeholders are increasingly being taken into consideration rather than visiting men at their homes. Community, Rights and Gender (CRG) is being included as a subject area by the Network of TB Champions as it advances from the entire cascade regarding prevention, care, and cure.”

**(KII, TB coordinator, 2022)**

## Discussion

TB prevention and care needs concerted efforts including an understanding of contextual factors such as the health system infrastructure, as well as socio-political and economic analyses. This PEA study found notable consistent concerns around gender disparity with high TB treatment interruptions and default among males compared females.<sup>25</sup> This study further noted the need for targeted gender interventions and the development of progressive policies to improve men’s health-seeking behaviours and an overall considerate structural system such as surveillance of loss to follow-up, decentralized TB services that reach marginalized populations, and reduced opportunity costs associated with the treatment.

The Rio Political Declaration forum held in 2011 emphasizes the need to address inequalities and inequities around the social determinants of health including giving special attention to gender-related aspects.<sup>26</sup> One key social determinant impeding TB treatment and completion is socio-cultural beliefs such as the use of alternative medicines, and social stigma have been reported in various studies. There is an urgent need to necessitate culturally sensitive health education on TB disease targeting men including clarifying any myths and misconceptions and enhancing positive attitudes towards TB disclosure.

The second reported determinant that hampers TB treatment and care is poverty, which is consistent with other reported findings. This therefore, stresses the need for good public health strategies and socio-economic empowerment interventions.<sup>27</sup> Furthermore, the negative impacts of global warming call for health care systems’ preparedness in dealing with the health impacts of climate change like malnutrition due to drought. However, the majority of countries including Kenya are not sufficiently prepared. This, therefore, calls for concerted efforts around the country’s financial, logistical, and systemic response.

This PEA found evidence-informed decision-making is a key strategy for informing decisions

toward sustainable efforts to end TB. Skills in evidence synthesis and utilization are vital among government bodies, research institutions, and implementing partners to inform the decision-making process.<sup>28</sup> To achieve this, research needs to be prioritized at national and regional levels with adequate dissemination capacity to inform policy and practice. These oftentimes are impeded by different political prioritizations such as poor governance, and limited financial and budgetary prioritisations.

## Conclusion

The political economy analysis brings to the fore the interplay of politics and other socio-dynamics in the health decision-making and implementation space. Key stakeholders including the government need to employ strategies that improve citizens' lives, including hardship economic relief, and availability of services at flexible times within the health facilities. Additionally, capacity strengthening among researchers and policymakers on how to translate evidence into an actionable recommendation is vital to inform decision-making.



## Recommendations

- ⊕ Implement interventions that are specifically tailored to men who are hesitant to seek health care due to factors such as their work so as to help with TB identification and care.
- ⊕ TB stakeholders need to revise existing policies to competently address gender disparities that affect access to TB care and treatment across the identification and care cascade.
- ⊕ There is an urgent need to develop and implement resource mobilization strategies, especially domestic financing from the government, to ensure the sustainability of gendered TB prevention and treatment efforts.
- ⊕ Community mobilisation efforts to raise TB awareness should be escalated to reduce misconceptions and stigma associated with the disease which negatively impact treatment access.
- ⊕ Strengthening the capacity of stakeholders to use evidence to inform decision-making is crucial.
- ⊕ Policymakers need to engage communities and beneficiaries to identify the real problems and use research findings to develop evidence-informed policies.

## Acknowledgement

The study was part of the Leaving no-one behind; transforming Gendered pathways to Health for TB (LIGHT) programme.

LIGHT is a cross-disciplinary global health research programme funded with UK aid from the UK government. The partners organisations are: African Institute for Development Policy (AFIDEP), Kenya and Malawi; Zankli Research Center - Bingham University (ZRC), Nigeria; Malawi-Liverpool-Wellcome Trust Clinical Research Programme (MLW), Malawi; Respiratory Society of Kenya (ReSOK), Kenya; Makerere University Lung Institute (MLI), Uganda; London School of Hygiene & Tropical Medicine (LSHTM); and Liverpool School of Tropical Medicine (LSTM), UK

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