

Improving access to cancer testing and treatment in Kenya

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Abstract

As the third-leading cause of mortality in Kenya after infectious and cardiovascular diseases, cancer poses a challenge to the current health infrastructure. An increase in the number of cancer cases in Kenya over the past ten years resulted in the creation of cancer policies and guidelines to guide delivery of cancer testing and treatment services. Access to these services is limited for the majority of cancer patients in Kenya due to a combination of factors.

This study applied a qualitative analysis approach to determine barriers faced by patients seeking access to cancer testing and treatment, as well as providers delivering these services. The 1974 Andersen and Aday Framework for the study of access to medical care services¹ was applied to respond to the research question, analyze findings and recommend actions in the plan for change section.

Research was conducted in three parts: a literature review, a semi-structured key informant survey and a policy analysis. A purposive sampling technique was used recruit study participants. Fourteen people, including clinicians delivering oncology services and cancer patient support and advocacy group leaders, participated in the key informant interviews. Data from the semi-structured interviews was manually analyzed and five key themes were identified for analysis. These includes financing access to cancer testing and treatment, the level of knowledge and information, the population's health-seeking behaviors, the locations of cancer diagnostic and treatment services, and policy development and implementation. Further analysis was conducted based on these themes and recommendations on a policy implementation plan formulated.

The limited amount of literature on barriers to cancer testing and treatment in Kenya reduced the scope of available literature for review. The concentration of cancer services in Nairobi, the capital of Kenya, resulted in the use of a limited subset of the population to provide opinions to inform recommendations. Future studies can explore barriers by type of cancer or by demographic group.