Factors influencing tuberculosis control among the Maasai of Narok District, Kenya

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ABSTRACT

Tuberculosis, a deadly infectious disease caused mainly by *Mycobacterium tuberculosis*, is increasingly becoming one of the leading health concerns globally. Human Immuno-deficiency Virus has exacerbated the situation in developing countries and it has led to the resurgence of tuberculosis. Of more concern is the emergence of multidrug-resistant (MDR) and extensively drug resistant (XDR) TB which are much more difficult and costly to treat. Kenya has mounted a series of interventions with a view to sensitizing people about the disease. Despite those efforts, there remain hard-to reach regions or communities such as the Maasai whose coverage in the interventions have been minimal. A special TB treatment programme, "TB *Manyatta"* strategy was introduced to maximize treatment outcomes in the region. The main objective of the study was to establish the community perceptions, socio-cultural beliefs and practices and other factors influencing TB control among Maasai of Narok District. This was a survey which utilized quantitative and qualitative methods of data collection. A sample size total of 384 TB patients were recruited for the study as they went into the TB clinics, after obtaining prior informed consent. Quantitative data was analyzed using SPSS version 10 program. The level of significance was $P<0.05$. Qualitative data was analyzed thematically using NVIVO (version 8). To obtain secondary data, this study also utilized records that were kept at the district hospital. Bivariate analysis revealed several factors that had independent statistical significance when related with respondents'

knowledge of TB. These included age of the respondent (P<0.001), marital status (P=0.034), religion (P=0.032), the level of education acquired (P=0.022), accessibility to TB education (P=0.039) and overall patients attitude towards TB (P<0.001). Tuberculosis was perceived as a highly contagious, incurable and killer disease such that those suffering from it were reported to be stigmatized and isolated. Socio-cultural practices such as coughing without covering the mouth (92%), consumption of untreated milk (25%) and crowding in traditional huts with no or minimal ventilation predispose the Maasai to contracting TB. Regarding health seeking behavior, first health facility visited was significantly related to knowledge on TB (P=0.002). Patient delay before medical consultation was conspicuously observed. Major factors associated with delay before seeking medical consultation included use of traditional medicines (47.9%), inaccessibility of health facilities (29.2%) and poverty (21.1%). The Maasai community had a negative attitude towards TB *manyatta* strategy, as they considered it forced treatment. As a result records reviewed for year 2008/2009 revealed that treatment defaulting has always been around 13.5%. Knowledge of TB disease is inadequate and attitude towards TB is predominantly negative. Knowledge gap that exists should be bridged through continuous public health education that is tailored to suit the Maasai beliefs and practices. To improve access, health services should be decentralized nearer to the people.