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**Report of Contributions**

Contribution ID: 1

Type: **Abstract for Research Paper**

## **INFLUENCE OF HEALTH INSURANCE ON CLINICAL DECISION MAKING AMONG KENYAN DOCTORS IN EMERGENCY CARE**

**Background:** Majority of Kenyans lack health insurance and therefore find it difficult to raise money for health expenditure. Studies elsewhere have shown disadvantage to uninsured individuals in terms of health care accorded to them when compared to those insured, even in provision of lifesaving medical care. There is scarcity of research in Kenya to evaluate whether lack of insurance affects the kind of health care they receive.

**Objective:** To examine the extent that clinical decisions on emergency medical care by doctors in Kenya changed given the health insurance status of a patient

**Methodology:** An online self-administered survey was sent to Kenyan doctors. Data obtained included demographics of the doctors and the modality of payment of their patients. Respondents were then asked how often they would change their clinical decisions in emergency medical cases. The results were compared to the payment modality of their patients. Chi square test was used to measure significance for a p value of/or less than 0.05 using SPSS software.

**Results:** The completed responses were 183 (20 % of total surveyed). Of the respondents' data analyzed, 84% reported that they had changed their clinical decisions on basis of health insurance status of the patients. In regards to decision change in delivery of emergency health care, no difference was found between the doctors who attended to uninsured patients and those who attended to insured patients ( $p=0.4$ ).

**Conclusion:** While clinical decision making of Kenyan doctors is influenced by health insurance, delivery of emergency health care is not influenced by health insurance.

**Recommendation** is made to the government bodies to formulate policies that ensure that health-care is universally available regardless of insurance status. Further research on objective outcome measures in emergency care should be done.

### **Keywords**

Health insurance, Emergency medical care, Clinical decisions

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**Track Classification:** Healthcare financing

Contribution ID: 5

Type: **Abstract for Abstract Presentation**

## **MATERNAL DETERMINANTS OF IRON DEFICIENCY ANAEMIA AMONG PREGNANT WOMEN IN MIGRATORY COMMUNITY, NAROK COUNTY**

### **ABSTRACT**

Iron deficiency Anaemia is defined as the haemoglobin less than 11g/dl. It is associated with adverse effects. The objective was to identify maternal determinants of IDA among pregnant women in migratory community of Narok County. A cross-sectional design was adopted and the study was conducted at Ewaso Ngiro Health Centre, in Narok County, targeting pregnant women. Quantitative data including socio-demographic characteristics, were collected using structured and validated questionnaire while Haemoglobin levels were collected using the Mission Plus Hb machine. A sample size of 373 pregnant women took part in the study. The data obtained was analyzed after cleaning using SPSS version 24.0 and Microsoft Excel 2013. The 24-hour recall was analyzed using Nutri survey 2007 for mean nutrient consumption. Analysis of variance was used to assess the significance of the study parameters between IDA, dietary intake, and Haemoglobin levels. Student t test was used to analyze correlations between Iron deficiency anaemia and Haemoglobin levels. The results indicated that the mean age was  $24.9 \pm 6.5$  years. The mean Haemoglobin levels ranged from 6.0 – 14.9 . The mean dietary intake for macronutrients was energy (1597  $\pm$  612.9), Protein (56.7  $\pm$  31.2), PUFA (4.0  $\pm$  2.4), Fat (14.2  $\pm$  20.3) and Fibre was (4.0  $\pm$  2.4). Mean intake of key micro nutrients was Vitamin A (1195 $\pm$ 826.2), Vitamin B1 (1.1 $\pm$ 0.5), Folic acid (228.2 $\pm$ 105.7), Zinc (11.8  $\pm$  5.8), Iron (12.8  $\pm$  6.7), Magnesium (421 $\pm$  198.5) and Vitamin C (76.8  $\pm$  62.1). Generally, pregnant women who had Haemoglobin levels less than 11.0 g/dL were 61.5%. Pearson correlation indicated that there was a weak positive association between pregnancy haemoglobin levels and maternal dietary iron intake levels. Future work should investigate on serum ferritin levels as it is a more sensitive measure that can indicate iron storage disorder and its low levels are indicative of Iron deficiency anaemia.

### **Keywords**

Maternal determinants, pregnant woman, migratory community

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**Track Classification:** Health education and promotion

Contribution ID: 6

Type: **Abstract for Abstract Presentation**

## **PREVALENCE AND CORRELATES OF DIETARY SUPPLEMENTS USE BY ADULT OUTPATIENTS SEEKING HEALTHCARE SERVICES IN A COUNTY REFERRAL HOSPITAL, KENYA**

**Background:** Globally, there is a rise in dietary supplement use and is considered common in the developed countries with estimated use of about 40% among adult outpatients in these countries. The key documented usage of dietary supplements in low income countries is on those specific supplements which are routinely recommended to be used under close supervision of healthcare worker with minimal literature on the other dietary supplements. Dietary supplementation especially in illness is highly debated since toxic effects of excessive intake have been identified for some of them especially when their use is not monitored.

**Aim:** The aim of this study was to assess the prevalence of dietary supplements and their correlates of use among adult outpatients aged 18 to 65 years seeking medical services in Kericho County Referral Hospital.

**Methodology:** It was designed as an institutionalized cross sectional survey and simple random sampling was used to select 237 study participants. Researcher administered Structured questionnaire was used

**Data Analysis:** Data was analysed using Statistical Package for Social Sciences (SPSS) version 20.

**Results:** The overall prevalence of dietary supplements use was 42% with 58% being non-prescribed by a healthcare worker. High prevalence of dietary supplements use was reported among respondents who were females (55.8%), aged below 35 years (65.5%), tertiary highest level of education (51.9%), farmers (51.9%), respondents living in rural areas ( 47.4%) and among the widowed respondents (55.6%). High prevalence of dietary supplements use was also noted among the respondents who were exercising (68.9%), Obese 1(82.8%) and underweight (81.2%). The variables that were positively correlated with the use of dietary supplements were were gender (male), presence of non-communicable disease and engagement in at least moderate physical activity ( $p < 0.05$  and adjusted  $O.R > 1$ ).

**Recommendation:** Patient-centered interventions need to be enhanced to ensure safety and relevance in the use of dietary supplements especially in illness.

### **Keywords**

Dietary supplements, Prevalence, Adult, Patient, Correlates

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**Track Classification:** Health education and promotion

Contribution ID: 8

Type: **Abstract for Research Paper**

## **Modalities of Healthcare Payment and their Consequences - A Qualitative Study on Kenyan Doctors**

Modalities of Healthcare Payment and their Consequences - A Qualitative Study on Kenyan Doctors

**Introduction:** In the past 3 years, the Kenyan government has put a spirited reform to ensure all Kenyans get universal health-care. This has led to restructuring of several entities among them the health insurance industry. This is geared at alleviating the burden of catastrophic expenditure on health from the poor Kenyans. The process has been slow as insurance uptake still remains at a quarter of the population. Majority of Kenyans still pay for healthcare out of pocket. This out of pocket payers often don't afford the ever increasing cost of health-care in Kenya. This study looked at how doctors deal with patients given their modality of payment.

**Methodology:** This was an online based survey that was distributed to Kenyan doctors via email by Kenya Medical Association. The survey sought information from the respondents on how they dealt with patients given their modality of payment. In addition, respondents were asked to provide an example of a case they had dealt with that touched on each payment modality.

**Results:** Respondents gave their experiences where insurance had influenced their clinical decisions. Codes developed from the prose were; "inability to pay", "harmful to the patient", "changed the prescription", "referred to a public hospital", "admitted to allowing insurance to pay" among others

Health insurance plays a crucial role whenever respondents make decisions.

**Conclusion:**

It appears that the respondents are stuck in a limbo; striving to give the best care to patients but limited by the patients' inability to pay.

In explaining their experiences, respondents explain a situation where they intend to offer the best but patients cannot afford. This especially so for those without health insurance who end up either not getting services or at the very best, get inferior services

### **Keywords**

insurance

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**Track Classification:** Healthcare financing

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## **FACTORS THAT CONTRIBUTE TO STUNTING OF CHILDREN LESS THAN TWO YEARS IN FOOD SECURE REGIONS: A COMPARATIVE STUDY OF URBAN AND RURAL UASIN GISHU**

Stunting is low height for age with poor brain and physical development. It affects about one fifth of children less than five years globally with Africa having 39% in 2017. Stunting develops during pregnancy and in children 0-23 months due to inadequate nutrition. It results to increased morbidity, mortality, reduced individual output, and predisposes children to chronic illnesses. Some surveys have shown stunted children are found in food secure areas. However there seems to be a major research gap on factors contributing to stunting in such areas more so in Uasin Gishu County. The purpose of this study was to determine the contributors to high prevalence of stunting in children less than two years in Uasin Gishu County. A comparative cross-sectional survey design was used for this study. A sample size of 331 stunted children aged 0-23 months were recruited using multistage, systematic random sampling. The results show more stunted females than males at  $\chi^2$  ( $P=0.001$ ) with most of the children cared for by their biological mothers 92% (305/331). More urban children who were less than six months were exclusively breastfed compared to rural children,  $\chi^2$  ( $P=0.001$ ). More rural than urban children 6-23 months were still breastfeeding at  $\chi^2$  ( $P=0.001$ ). Children who lived in the rural area had a higher dietary diversity score  $\geq 4$  compared to urban children. Eggs were least fed food for both urban and rural children respectively (13/269:11/88). Rural children had a higher intake of vitamin A rich foods compared to urban children. Sub optimal feeding for the urban children six to twenty three months and rural children less than six months may be a contributing factor for stunting in children who are less than two years of age.

### **Keywords**

Stunting, Children, Foods, Food secure, Nutrition

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**Track Classification:** Health education and promotion

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Type: **Abstract for Research Paper**

## MATERNAL FACTORS INFLUENCING LOW BIRTH WEIGHT IN WEST POKOT COUNTY, KENYA

MATERNAL FACTORS INFLUENCING LOW BIRTH WEIGHT IN WEST POKOT COUNTY, KENYA

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### Abstract

Worldwide an estimated 20% babies are born LBW and the impact on infant mortality is enormous. Child survival and development need more focus on healthy start of life. A broad range of maternal factors have shown strong influence on giving birth to LBW babies whereas information available was not documented for West Pokot County and considerable variations observed within different settings based on context. The objective of this study was to investigate maternal characteristics associated with LBW. Cross sectional hospital based mixed study design was employed to collect maternal demographic socio-economic, obstetric and cultural information from women of reproductive age in seven (7) randomly selected health facilities. A sample size of 223 eligible biological mothers of infants (< 12 months old), randomly recruited upon provision of informed consent, participated in this study. Quantitative data were collected using interviewer administered questionnaire. Descriptive statistics were analyzed and presented in frequencies and proportions and associations maternal characteristics on birth weight was examined for relationships and chi square tests done to confirm their statistical significance. Significant associations were observed among five maternal characteristics including; Maternal nutrition; MUAC (B = 1.890, p=0.045), Antenatal Care attendance (B=2.236 p<0.001), Mothers education (B = 1.399, p=0.003), marital status (B=-5.647, p<0.001), FGM (B = 1.532, p<0.001). The implication of this study results was that mother's socio demographic and cultural characteristics strongly predict mother giving birth to a LBW baby. Interventions that focus on improving the socio demographic characteristics recommended for implementation to improve the birth outcome (LBW).

Key Words: Maternal, Influence, Low Birth Weight, West Pokot

### Keywords

Maternal, Influence, Low Birth Weight, West Pokot

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Contribution ID: 12

Type: **Abstract for Research Paper**

## **DIETARY PRACTICES, HEALTH AND NUTRITION STATUS OF INFANTS BORN TO ADOLESCENT MOTHERS IN TRANSMARA WEST, NAROK COUNTY, KENYA**

Infant and young child feeding practices contribute to the growth and development of infants as well as preventing the occurrence of common illnesses. Infants should be exclusively breastfed for the first 6 months of life and thereafter introduced to complementary foods according to WHO recommendations. Infants are vulnerable to malnutrition thus nutrition and health status of the infants of young mothers is of interest. The purpose of this study was to determine dietary practices, health and nutrition status of infants born to adolescent mothers in Transmara West, Narok County. A descriptive cross-sectional study design was adopted targeting infants belonging to adolescent mothers in the selected health facilities in Transmara West Sub County. A structured questionnaire was used to obtain information on socio-demographic of both mother and infant, feeding practices, anthropometry, morbidity prevalence and health seeking behavior for the mother. Quantitative data was analyzed using SPSS for windows version 24.0 and ENA for SMART survey 2011. Chi-square and Pearson Product Correlation Relationship was used to establish associations between variables at a significance level of  $<0.05$ . The prevalence of wasting, stunting and underweight was 17.1%, 22.0% and 22.0% respectively. About 62.2% of the infants were initiated within the first hour while 50% were exclusively breastfed. Infant illness two weeks before the study, meal frequency and exclusive breastfeeding were significant ( $p<0.05$ ) factors associated with malnutrition. Educational level of the mother did not influence the nutritional status of their infants. The study alluded to the existence of malnutrition among infants of adolescent mothers hence teenage mothers should be educated on child care in order to reduce malnutrition among their infants.

### **Keywords**

Nutritional status, adolescent mother, feeding practices, infant, health status

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**Track Classification:** Health education and promotion

Contribution ID: 19

Type: **Abstract for Research Paper**

## **Sources of support for primary home-based caregivers of patients with advanced cancers from AIC Kijabe, Kiambu County.**

### ABSTRACT

#### Introduction

Cancer is the third leading cause of mortality in Kenya. Eighty percent of cancer cases present at advanced stages, when little curative care can be done and palliative care is their best option of care. Majority of the end of life care in Kenya is done in the home setting, yet little is known about the caregiver's lived experiences and their support systems. This study sought to know the caregiver's support system so as to understand how to equip the "supporters" of the primary caregiver to optimize the care they give to the patients.

#### Methods

This was a qualitative phenomenological study. A purposive sampling method was used to identify and recruit twelve participants were recruited from the Kijabe Palliative clinic database. Home visits were then carried out. Data was collected in two primary ways: in-depth interviews and direct observation. A six-step thematic analytic method was used to analyze the data. Ethical clearance was obtained prior to conducting the study.

#### Results

Four main themes with subthemes emerged: (i)family members- financial support, relief for primary caregiver, unmet expectations from extended family members, modernization of the family structure, (ii) social and community networks, (iii)religious institutions-role of prayer, propagating hope and (iv) healthcare providers-use of phone calls, healthcare at home.

#### Conclusion

This study found that the main source of support for primary caregivers was family members. Social and community networks, religious institutions and healthcare workers also form part of the support system for the primary caregivers. It is recommended that family debriefing meetings should be done with the primary caregiver and other support persons. The debriefing meetings should include discussions on how the other family members can support the primary caregiver.

### **Keywords**

Cancer caregivers, home-based, support

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Contribution ID: 20

Type: **Abstract for Research Paper**

## **INFLUENCE OF CULTURE ON HEALTH INSURANCE UPTAKE AMONG PATIENTS AT CHOGORIA MISSION HOSPITAL, THARAKA NITHI COUNTY**

The government of Kenya plans to largely finance Universal Health Coverage through the National Health Insurance Fund (NHIF). However, most of the Kenyan population do not have health insurance cover. They rely mainly on out-of-pocket payment. The reality today is that uptake of health insurance is still low in general, particularly in rural areas, where the majority of Kenyans live. Studies have identified four main reasons why individuals are not registered for any form of health insurance: affordability, value, relevance and process. However, these reasons may be complicated by cultural and social beliefs, as revealed by studies done in other middle and low-income countries. The aim of this study is to describe cultural beliefs and practices that may have an influence on health insurance uptake. We used a qualitative phenomenology study design over a period of 3 months at Chogoria Mission Hospital. The study used purposive sampling to recruit participants from inpatient and outpatient departments. Through 20 in-depth interviews using a semi structured design and utilizing the constant comparative method of analysis, we identified the following themes: Chieftaincy, religious beliefs that purchasing health insurance is a lack trust in the healing power of God and calling bad omen, patriarchal culture, traditional medicine use, peer influence of purchasing insurance and Harambe as factors that might have an influence on health insurance uptake. Unique to this study was the theme about health insurance being associated with family and community dissociation. Compared to findings in other countries, the findings of this study suggest that culture also has an influence on health insurance even if it is limited. The results of this study need to be explored more in details in other studies. This study suggests that most reasons of non-enrollment are hinged on cultural motivation at various level and degrees.

### **Keywords**

culture, health insurance

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**Track Classification:** Healthcare financing

Contribution ID: 21

Type: **Abstract for Research Paper**

## **Doctors' training and knowledge in end of life care: case study of three mission hospitals in Kenya.**

### **Background**

There is an increasing number of people in Kenya with life limiting illnesses secondary to HIV/AIDS, cardiovascular diseases and cancer. Patients who suffer from these illnesses require palliative and end of life care. In developed countries such care is often given in a hospice or at home by palliative service professionals. In Kenya, there are limited such resources and therefore this care frequently ends up being offered by inpatient healthcare professionals spear-headed by doctors.

### **Objectives**

To assess doctors' previous training in end of life care, and to assess doctors' knowledge regarding end of life care.

### **Methodology**

A descriptive cross-sectional survey utilizing a questionnaire was administered to doctors working in three mission hospitals in Kenya.

### **Results**

The response rate was 59.2%. Forty percent of the respondents had not had any end of life care training as part of their undergraduate curriculum. For those who had received training only 26% had received bedside training.

End of life care knowledge was positively associated with having received both lectures and bedside teaching ( $p=0.001$ ) as an undergraduate as well as having undergone further training in end of life care at postgraduate level ( $p=0.046$ ).

Other factors associated with a higher knowledge in end of life care were: older age ( $p=0.008$ ), seniority ( $p=0.000$ ), medical specialty ( $p=0.029$ ), having trained in a developed country ( $p=0.000$ ) and having >10 years clinical experience ( $p=0.004$ ).

### **Conclusion**

Nearly half of doctors working in three mission hospitals in Kenya had never received any form of undergraduate training in end of life care. Those clinicians who had received more intensive end of life care training appeared to have a greater knowledge of end of life care management. Curriculum reviewers should incorporate end of life care as part of training for all doctors. The training should include both lectures and bedside tutorial.

### **Keywords**

end of life care, palliative care, terminal illness, knowledge, training, doctors

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**Track Classification:** Emerging and re-emerging diseases

Contribution ID: 22

Type: **Abstract for Research Paper**

## Integrating Family Planning Data in Kenya's DHIS 2

### ABSTRACT

Kenya's health information system (HIS) for family planning (FP) is fragmented, preventing integration of data from multiple sources in meaningful information products. Although FP is the second most-funded health program in Kenya in terms of money spent on commodities FP funding is not equitably distributed to other components of the health system, including DHIS 2, this study investigated integration of FP data in DHIS 2, factors related to lack of integration, and ways to remedy the lack of integration. Design was cross-sectional and employed a knowledge, attitudes, and practices survey to adequately understand DHIS 2. Data collection techniques included document reviews, FGDs, KIIs, and field visits. Results point to poor integration of FP data in DHIS 2; the quality of data in DHIS 2 not accurately reflecting what is in the MOH 711. Recommendations included giving reproductive health coordinators and facility in-charges user rights to DHIS 2

### Keywords

Integrating Family planning Data , Kenya's DHIS2, Kenyan Health Information system

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**Track Classification:** Healthcare technologies

Contribution ID: 23

Type: **Abstract for Research Paper**

## **Factors Contributing to Underutilization of Intra Uterine Contraceptive Device among Women of Reproductive age Attending Eldama Ravine County Hospital In Kenya**

### **ABSTRACT.**

The Intrauterine Contraception Device (IUCD) is one of the modern Long Acting methods of contraception. It is however faced with remarkable underutilization among women of reproductive age (15-49) years in most hospitals in Kenya. This study sought to determine demographic knowledge and social-cultural factors contributing to low utilization of IUCD among women of reproductive age, attending Eldama Ravine Sub-County hospital. A descriptive cross-sectional study design was used and the data collection technique employed was researcher administered questionnaires to interview women of reproductive age attending FP services at Eldama ravine Hospital. Results indicated that, Peer influence (39.2%) and lack of knowledge on the IUCD were the key factors contributing to underutilization of the IUCD, where (31.3%) did not know the fertility duration for clients on IUCD. This study recommends intensifying family planning campaigns to promote awareness of the long acting methods of FP such as the IUCD.

### **Keywords**

Family Planning, Uptake of IUCD, Socio-cultural factors and women of reproductive age

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**Track Classification:** Health education and promotion