FACTORS INFLUENCING ADHERENCE TO ANTIRETROVIRAL MEDICATIONS AMONG PATIENTS LIVING WITH HIV IN KENYA

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DECLARATION

This project paper is my original work and has not been submitted for a degree in this or any other university.

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This project has been submitted for examination with my approval as the supervisor.

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ABSTRACT

Although evidence suggests adherence to antiretroviral therapy (ART) in African settings is relatively high compared to North American settings, there are potentially high rates of loss-to-follow up and little evidence-based information regarding facilitators and barriers to adherence from developing countries yet majority of the people living with HIV and in need of ART come from this region. This study explores factors that facilitate adherence to ART medications among patients receiving antiretroviral medications from a clinic in Nairobi, Kenya.

The study used methodological triangulation with a sample of 277 patients systematically selected and interviewed using a structured questionnaire. A sub-sample of 22 patients was further selected to participate in the semi-structured interviews and a focus group discussion was conducted with 9 health care providers. Patients’ adherence levels were determined using monthly pharmacy pill counts and a multivariate regression model was used to determine predictors of adherence.

Out of the 277 respondents interviewed 72% (200) were female and 28% (77) were male. The median age of the respondents was 35 years and 91% (228) of the patients on ART achieved perfect adherence (>95%). Level of income (p-value 0.023 and odds ratio 4.093) and use of memory aids (p-value 0.016 and odds ratio 4.864) predicted optimal adherence. Five factors emerged to explain optimal adherence: 1) improved health status after ART initiation; 2) faith in the drugs (patients referred to drugs as food or life) resulting in making drug taking part of their daily routine; 3) having dreams to accomplish and meet family obligations; 4) support from others such as treatment buddies, health care providers and support groups and 5) use of reminder tools.

Level of adherence using pharmacy pill count was high, with 91% of the patients achieving perfect adherence of 95% and above. Adherence to treatment requires team work between patients, health care providers and policy makers. Although adherence was high in this group, it can further be improved. At the individual level, patients need to assess the motivators and barriers to adherence. This will help them to develop positive
attitude towards adherence and deal with the barriers encountered. At the facility level, the health care providers have the obligation to ensure high health literacy levels among patients through intensive adherence counseling before and after ART initiation. At the policy level, policy makers should review empirical research focusing on interventions to improve adherence and come up with evidence-based recommendations to improve adherence.