

**DETERMINANTS OF ANTIRETROVIRAL THERAPY  
ADHERENCE AMONG HIV POSITIVE PATIENTS IN  
NAVAKHOLO SUBCOUNTY, KAKAMEGA COUNTY.**

**BY**

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## ABSTRACT

Although evidence suggests adherence to antiretroviral therapy (ART) in African settings is relatively high there are potentially high rates of loss-to-follow up cases. Studies have also shown 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 influencing adherence to ART medications among patients receiving antiretroviral medications from a clinic in Navakholo Sub-County Hospital Kakamega County, Kenya. The objectives of the study were to determine social demographic, psychological, facility and social economic factors influencing adherence. This study used descriptive cross-sectional study to find out the factors influencing adherence. The expected outcome was that alcohol abuse, use of traditional medication, poverty, low level of education, poor health care services, poor patient-provider relationship, faith healing, stigma and depression led to low ART adherence. The researcher employed simple random sampling to ensure that every individual had equal chance of participation. The study involves collecting information from a sample that has been drawn from a predetermined population. This enabled the researcher to describe in detail the influencing factors to adherence to ART among HIV positive patients attending Navakholo sub-county hospital. It bore both qualitative and quantitative data collection techniques. The study population was HIV positive patients attending Navakholo sub-county hospital. The target population was 480 HIV positive patients attending Navakholo sub-county hospital. The inclusion criteria: All adults above 18 years who are HIV positive on ART for more than three months. The sample determination method employed was that of Fisher's for a Finite population. Also staffs working in CCC who gave consent were involved in the study. A questionnaire was used as the tool for data collection. Both closed and open-ended questionnaires were employed to enhance clarity of information gathered. The researcher trained two-research assistants who worked alongside him to ensure quality data was collected. The researcher pretested the questionnaire on 10% of sampled population of nurses at the clinics to check on the validity and reliability of the responses a week prior to actual data collection dates. The researcher checked the filled questionnaires for completeness. The researcher made a follow-up to ensure all questions had been appropriately answered. SPSS (Statistical Package For social sciences) programme package, Version 20 was used to analyze data. Observation impression was used to analyze qualitative data. Descriptive statistics such as mean and standard deviation were used to analyze the data. Approval to carry out this study was sought from the Mount Kenya University ethics review committee. On findings, majority of the respondents confirmed that at one point they had used traditional medicine. Poor adherence was contributed to by: anticipated drug side-effects, complicated regimens and pill count. Half of the population who are on drugs and are taking alcohol missed their pills. The level of adherence was found to be at 72% which was good but below the expected 90%