

**SELF-MANAGEMENT PRACTICES FOR ASTHMA CONTROL AMONG
PATIENTS WITH ASTHMA ATTENDING CHUKA COUNTY REFERRAL
HOSPITAL - THARAKA NITHI COUNTY, KENYA**

HELLEN NJERI MICHENI

**A Thesis Submitted to the Graduate School in Partial Fulfillment of the
Requirements for the Award of the Degree of Master of Science in Nursing of
Chuka University**

CHUKA UNIVERSITY
OCTOBER, 2024
DECLARATION AND RECOMMENDATION

DECLARATION AND RECOMMENDATION


Declaration

This thesis is my original work and has not been presented for award of diploma or conferment of a degree in this university or any other institution.

Signature..........Date.....18/10/24.....
Hellen Njeri Micheni
SM20/39911/19

Recommendation

This thesis has been examined, passed and submitted with our approval as University Supervisors.

Signature..........Date.....18/10/24.....
Prof. Lucy Gitonga, PhD. OGW
Chuka University

Signature..........Date.....18/10/24.....
Dr. Beth Gichobi, PhD
Chuka University



COPYRIGHT

© 2024

All rights reserved. No part of this thesis may be reproduced by means of mechanical, including photocopying, recording or any information retrieval system without permission in writing from the author or Chuka University

DEDICATION

This work is dedicated to my loving husband Patrick Micheni and my dear children Joan, Joy and Vincent for their support, encouragement and prayers throughout this journey. I also thank my parents and siblings for their encouragement during the entire process.

ACKNOWLEDGEMENTS

First of all, I wish to thank the Almighty God for His grace, strength and guidance throughout my study period. Special appreciation goes to my supervisors Prof. Lucy Gitonga and Dr. Beth Gichobi who tirelessly guided me, gave me insightful comments and inspiration towards producing this work as well as ensuring that I complete my studies. Their selflessness, keen interest, patience and valuable time offered during the technical process cannot be measured. I would also wish to sincerely appreciate Mr. Stephen Kainga who has also been a great inspiration as he took me step by step towards the completion of this study.

Special regards to Mr. Antony Matumo for IT support during the entire process. I am also grateful to Chuka University for giving me the opportunity to pursue this Master's degree. I appreciate the contribution of the entire department of Nursing for their encouragement and advice that was resourceful in enriching my studies. I would like to thank my family members and in a special way Patrick Micheni, who have been a great source of encouragement and support.

I am very grateful to the staff of Chuka Sub County health department who offered great help during data collection. My special appreciation goes to the patients with asthma who willingly contributed to the success of this study. Lastly, I wish to thank my fellow students Viginia Mwangi, Judy Mutune, Beatrice Wakina and other students of Masters in Nursing 2019 class, for their encouragement and academic guidance.

ABSTRACT

Asthma is a chronic inflammatory disease of the respiratory tract which arises from narrowing of the air passages leading to life-threatening symptoms of coughing, wheezing chest tightness and difficulty in breathing. It is a global public health problem that affects people of all ages contributing significantly to morbidity and mortality. According to estimates, 4.3% of the world's population has asthma with about 461 000 deaths being associated with the disease annually. In the developed countries the prevalence is estimated at 15 – 20% while in LMICs the prevalence is 12%. Kenya is depicted as having an asthma prevalence of 7.5%. At Chuka County Referral Hospital, asthma accounts for about 25% of the diseases of the lower respiratory tract. Asthma being a chronic illness requires self-management practices to achieve asthma control. Failure to engage in self-management leads to asthma exacerbations, emergency hospitalization, reduced productivity and poor quality of life (QoL). This study aimed at assessing self-management practices for asthma control among adult patients with asthma. The study was guided by the following specific objectives; to assess level of knowledge on asthma self-management, to determine asthma self-management practices, to establish determinants of asthma self-management and to determine the status of asthma control among patients with asthma at Chuka County Referral Hospital, Kenya. The study adopted a descriptive cross-sectional survey design. A sample size of 118 patients was obtained using Fisher's et al formula and the sample was selected using simple random sampling. A researcher administered questionnaire was used to collect data. Data was analyzed using statistical package for social sciences version 26 to generate frequencies, mean and measures of central tendency. At 5% level of significance, a Chi-square test was employed to determine associations between demographic variables and asthma control while Pearson's correlation coefficient was used to determine the relationship between knowledge on asthma as well as selfmanagement practices and asthma control. The study concluded that; knowledge on asthma and self-management is statistically significant and negatively correlated to asthma control ($r=-0.251$, $p\text{-value}=0.006$) where individuals with knowledge on asthma and its associated self-management reported asthma symptoms less frequently and vice versa. Notably, 53.1% of respondents lacked knowledge on asthma triggers while 49.6% lacked knowledge on controller medications for asthma. Self-management practices were found to be statistically significant and negatively correlated to asthma control ($r=-0.19$, $p\text{-value}=0.045$) where patients engaging in self-management practices reported less frequent asthma symptoms. The study revealed that non-adherence to asthma medication is driven by factors such as absence of symptoms and high cost of medications. Key facilitators of asthma self-management practices include; effective communication with healthcare workers, availability and affordability of medications in government hospitals. Some of the reported barriers to asthma self-management include presence of comorbidities, poor self-control and lack of knowledge on ASM. On status of asthma control, the study established that a majority of the respondents (43.3%) had partially controlled asthma, 28% had uncontrolled asthma and only 28.7% had controlled asthma. This study has concluded that there are significant gaps in asthma self-management practices hence sub optimal asthma control which calls for improvements in asthma health literacy among patients with asthma. It is anticipated that the finding of this study will lead to improvements in self-management practices for optimal asthma control among patients with asthma.