

**DETERMINANTS OF ADHERENCE TO ANTI-TUBERCULOSIS
TREATMENT AMONG PATIENTS WITH TUBERCULOSIS ATTENDING
MERU TEACHING AND REFERRAL HOSPITAL, KENYA**

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DECLARATION AND RECOMMENDATION

Declaration

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

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Recommendation

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

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DEDICATION

This Thesis is dedicated to the Nazareth sisters, my late parents, Mr. and Mrs. Mureithi, and my late brothers and sisters, all my siblings, my nephews, Nieces and Grandchildren and members of my Congregation who gave me the inner drive to carry out this project.

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ABSTRACT

Tuberculosis (TB) is an infectious disease and a leading cause of morbidity and mortality globally. Adherence to standard anti-TB drugs is crucial in the control of the TB epidemic. Despite Meru County being ranked among the top ten counties with a high burden of the TB epidemic in Kenya in 2022, the adherence levels are low, yet little is known about the factors influencing adherence in this setting. This study therefore sought to determine individual and health facility factors that influence adherence to anti-TB treatment among TB patients attending the TB clinic at Meru Teaching and Referral Hospital (MeTRH). This was an analytical crosssectional study involving 176 TB patients. Simple random sampling was used to select participants. In addition, a purposive sampling technique was used to select participants for Focused Group Discussions (FGDs). A researcher administered semi-structured questionnaire was used to collect quantitative data. Qualitative data was collected through four FGDs involving 8 participants each and facilitated using a semi-structured discussion guide. Quantitative data from questionnaires were analyzed using Statistical Package for the Social Sciences (SPSS) 29.0. Mean, standard deviation, frequencies, and percentages were used to summarize quantitative data. The relationship between variables was tested using the Chisquare test and logistic regression analysis at 95% Confidence Level. Qualitative data from FGD was analyzed thematically using NVIVO 14.0. Data was presented using narratives, tables, and figures. The findings revealed that slightly more than half of the participants (55.1%, n=97) were male. The mean age of the participant was 37 ± 14.8 SD years, with the largest proportion (40.9%, n=76) aged 18-30 years. Most of the participants (46%, n=81) had been on TB treatment for three months.

The majority of participants (46%, n=81) had attained secondary education. Furthermore, most participants (63.1%, n=69) were married and also served as the primary breadwinners in their families (63.6%, n=112). Almost all participants (93.8%, n=165) had pulmonary TB, with 48.8% (n=86) in the second phase of treatment. The level of adherence to Anti-TB treatment was 75.0%. Individual related factors that significantly influenced adherence to Anti-TB treatment were

Age (AOR=1.609, $p = 0.001$, 95%CI), Marital status (AOR = 0.20, $p < 0.001$, 95% CI, level of Education (AOR=4.94, $p=0.002$, 95% CI) and level of Knowledge AOR=7.6, $p < 0.001$, 95% CI. Health facility-related factors that significantly influenced adherence included distance (AOR=17.3, $p=0.001$ 95% CI) and support from healthcare (AOR=10.59, $p < 0.001$, 95%CI). The study concludes that the level of adherence to Anti-TB treatment is below the WHO-recommended level of at least 90%. The study recommends that the Ministry of Health should develop targeted health messages about TB and TB treatment to improve the level of knowledge, and also consider decentralizing TB drugs picking points to the lowest level of care. The health care providers need to consider adjusting the clinic operating hours to cater for patients who are working as well as strengthen counseling and health information sharing with TB patients at the commencement and throughout the treatment period. Further research may be carried out to determine the effect of patient education on adherence to anti-TB treatment.