

Abstract

This study examined the cultural, social and economic factors that affect patient compliance with drug prescriptions in Kanduyi Division of Bungoma District. The study adopted a patient centered perspective rather than a medically-centred one. Unlike the latter, the former views patients as active decision making agents. Subsequently, patients' own ideas and attitudes about illness and treatment were given due attention. Their etiological concepts, definition of appropriate therapy, expectations of the clinicians and doctors and the meaning of medications in their daily lives were examined.

The study population comprised out-patients attending both public and private health institutions in Kanduyi Division. The sampling method used to select respondents was stratified random sampling. Stratification was along the following categories of the health institutions: dispensaries, health centres, nursing homes/medical centres and hospitals. The researcher selected 25 out patients from each of the above categories (strata). This yielded a sample size of a hundred respondents.

The methods of data collection were formal interview using a questionnaire, direct observation, informal interview and in-depth interviews with key informants. The findings show that patients do make deliberate decisions about whether or not to follow the advice of doctors or clinicians. They carry out a cost benefit analysis of every treatment and medication prescribed. Similarly, they evaluate the clinician's or doctor's prescriptions against their own ideas. Lastly, the drug is evaluated against its efficacy, cost and side effects. After such a 'calculation', they decide to comply or not. Therefore, an act of non-compliance, which may be seen as irrational from the doctor's point of view, may be very rational when seen from a patient's point of view. The study, therefore, recommends that clinicians and doctors should be sensitive to the patients lay ideas about illnesses and medications. They should try as much as possible to understand how patients and those around them view diseases origin and prognosis. Doing so will help them place illness into a wider context, thereby, helping in alleviating the physiological as well as socio-psychological ill-being.

It is also recommended that health education should include patient compliance as an important component. The public should be educated about the dangers of non-compliance and the need to follow clinicians' and doctors' advice and recommendations.