BACKGROUND

Asthma is an obstructive respiratory disease characterized by wheezing, chest tightness, cough and shortness of breath that is evidenced by expiratory airflow limitation. Patient awareness of asthma control measures is key in ensuring compliance with asthmatic drugs. The main aim of the study was to assess determinants of adherence to asthma control measures among adult asthmatic clients attending chest clinics in Mama Lucy Kibaki Hospital.

MATERIALS AND METHOD

We employed a descriptive cross-sectional study design involving asthmatic patients interviewed at Mama Lucy Kibaki Hospital in Nairobi, Kenya. The study participants had to have been diagnosed with asthma for at least three months preceding the study, attend the chest clinic and consent to participate in the study. We pretested the study tools at Mbagathi county hospital on 11 asthmatic patients. A systematic random sampling method was used to select 110 study participants and data was collected using a modified questionnaire and lung function test between March to

June 2018. Quantitative data was analyzed using SPSS 22.0. The Chi-square test was used to establish the association between independent variables and asthma adherence control measures at a 95% confidence interval.

RESULTS

Our findings report a response rate of 89% (98). The majority (58.2%) of participants were females. On average 57.1% had good adherence to asthma control measures. Control of asthma was poor, with well-controlled being 27.5%, moderately controlled at 53.1% and poorly controlled at 19.4%, respectively P (0.003). Respondents with adequate knowledge were 56.1% and positive attitude with 71.2%. There was a significant association between adherence to asthma control measures and participants' attitude (P-value=0.000), knowledge (P-value=0.000), level of education (P-value=0.000), level of asthma control (P-value=0.003). Environmental factors were cleaning carpets/curtains (P-value=0.001), type of fuel (P-value=0.003), and use of carpet (P-value=0.014).

CONCLUSION

Adherence to asthma control measures was suboptimal resulting in a generally poor asthma control. Adequate knowledge was associated with a positive attitude. Adherence was strongly associated with attitude, knowledge, education and asthma control.