

ABSTRACT

Human immunodeficiency virus (HIV) infection is a major global health problem. Evidence exists on links between nutrition and HIV and AIDS. The Food by Prescription (FBP) in the various Patient Support Centres in Kenya aims at improving nutritional status and drug adherence among people living with HIV and AIDS in poor resource settings. The programme anticipates that within a period of 3-6 months, nutritional status should improve. However, inability to attain the required improvement in weight within this period may not necessarily mean the program is not effective but could suggest non-compliance as alluded to, though not measured in some studies. There is limited information on whether compliance to Food by prescription will lead to improved nutritional status and improved drug adherence hence improved quality of life given challenges of inadequate food in poor resource settings. Additionally, socio-demographic factors may have an influence on compliance, nutritional status and drug adherence hence may vary achievement of the aim of the food by prescription program. The objectives of this study were to: assess compliance to the Food by Prescription, nutritional status and drug adherence across socio-demographic characteristics and establish association between compliance and nutritional status and compliance and drug adherence. The study was conducted at Jaramogi Teaching and Referral Hospital, Patient Support Centre in Kisumu Central Sub County, Kenya. Three hundred and six respondents out of the 1200 clients enrolled in the food by prescription on foundation plus were selected by systematic random sampling. In across sectional study, questionnaires and focus group discussions were used to collect data. Data was analyzed using descriptive statistics and bivariate logistic regression analysis. Low level of compliance was observed (25.7%). More compliance was observed among; respondents who do not share the FBP, males, respondents aged 46 years and above and married respondents. Participants had either moderate (76.9%) or severe acute malnutrition (23.1%). Moderate malnutrition was mostly observed among; respondents that earn above Ksh.20, 000, married, males and respondents aged between 26-35 years. Severe acute malnutrition was mostly observed among; respondents, who are divorced, had completed secondary education, aged 46 years and above. Drug adherence was high (86.7%) and was mainly observed among; respondents who do not share the Food by Prescription, do not stay with children less than 5 years and earn Ksh.20, 000 and above. Compliance to food by prescription was associated with nutritional status: (OR 3.27; 95% CI 1.48-7.19; $P = 0.00$) but not to drug adherence. Compliance may influence nutritional status but respondents will adhere to medication instructions even if they don't comply with the Food by Prescription. Health care workers need to involve family members during enrolment of clients in the program to help them understand the importance of compliance.