American Journal of
Health, Medicine and Nursing Practice
(AJHMN)

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American Journal of Health, Medicine and Nursing Practice
ISSN 2520-4017 (Online)
Vol.12, Issue 1, pp 70- 80, 2026

www.ajpojournals.org

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Article history
Submitted 24.01.2026 Revised Version Received 10.02.2026 Accepted 24.02.2026

Abstract

Purpose: The aim of the study was to assess the influence of nurse-led telehealth interventions on medication adherence among patients with chronic hypertension in urban health facilities in Kenya.

Methodology: This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low cost advantage as compared to a field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

Findings: The study found that nurse-led telehealth interventions significantly improve medication adherence among patients with chronic hypertension in urban health facilities in Kenya. Interventions such as SMS reminders, virtual consultations, follow-up phone calls, and digital blood pressure monitoring enhanced patient engagement and reduced missed medication doses. Patients who received nurse-led telehealth support demonstrated higher adherence levels compared to those receiving routine care. The findings also showed that telehealth improved continuity of care, patient education, and self-management of hypertension. However, challenges such as limited digital infrastructure, high patient workload, and low digital literacy slightly hindered full effectiveness. Overall, nurse-led telehealth interventions were found to be a strong predictor of improved medication adherence and better hypertension outcomes.

Implications to Theory, Practice and Policy: Health belief model (HBM), theory of planned behavior (TPB), technology acceptance model (TAM) may be used to anchor future studies on assessing the influence of nurse-led telehealth interventions on medication adherence among patients with chronic hypertension in urban health facilities in Kenya. Health facilities should also establish patient tracking systems that combine electronic medical records with telehealth tools to improve continuity of care. Investment in digital health infrastructure, particularly in urban public health facilities, should be prioritized to support scalable telehealth delivery.

Keywords: *Nurse-Led Telehealth Intervention, Medication Adherence, Patients, Chronic Hypertension, Urban Health Facilities*

INTRODUCTION

Medication adherence among patients with chronic hypertension in developed economies is generally moderate to high but remains suboptimal due to complex treatment regimens and lifestyle-related factors. In the United States, large-scale evidence shows that adherence to antihypertensive medication ranges between 50%–70%, with nonadherence contributing significantly to uncontrolled blood pressure and cardiovascular risk (Choudhry, 2022). Similarly, in the United Kingdom, population-based studies indicate that approximately 30%–40% of hypertensive patients exhibit partial or complete nonadherence, despite strong universal healthcare coverage and structured follow-up systems (Choudhry, 2022).

In Japan, adherence levels are comparatively higher but still present challenges, with studies reporting that about 24%–26% of patients discontinue or inconsistently take medication within the first year of therapy initiation (Sagara, 2024). In the USA, disparities in adherence persist across socioeconomic and racial groups, with lower adherence observed among low-income and minority populations. In Japan and the UK, pharmacy refill systems and insurance-based chronic care programs have improved continuity of medication use. Overall, developed economies show relatively better adherence trends, though long-term persistence remains inconsistent due to behavioral and health-system factors (Dean, 2024).

In developing economies, medication adherence among hypertensive patients is generally lower due to financial barriers, weak follow-up systems, and limited awareness of chronic disease management. Studies from India and Brazil indicate adherence rates ranging between 40%–60%, with significant dropout after the first six months of treatment (Wang, 2021). In India, nearly 45% of hypertensive patients discontinue medication within one year, mainly due to medication costs and poor health literacy (Wang, 2021).

In Brazil, approximately 50% of patients maintain consistent antihypertensive use, while rural populations experience even lower adherence due to access barriers and long travel distances to health facilities. In China, urban adherence has improved; however, rural areas still report no adherence levels exceeding 35%, largely due to fragmented primary healthcare systems. These trends show that medication adherence in developing countries is strongly shaped by socioeconomic inequality and healthcare accessibility challenges (Wang, 2021). Overall, adherence remains moderate but unstable across most developing economies.

In Sub-Saharan Africa, medication adherence among hypertensive patients remains significantly low compared to global standards due to systemic healthcare limitations and socioeconomic constraints. Regional evidence shows adherence levels ranging between 30%–55%, with high discontinuation rates linked to drug shortages and out-of-pocket payment systems (Abegaz, 2017). In Kenya, studies indicate that nearly 50% of hypertensive patients do not consistently adhere to prescribed medication regimens, especially in rural and low-income urban populations (Abegaz, 2017).

In Nigeria and Ghana, adherence rates vary between 35% and 50%, with patients often stopping treatment once symptoms improve or due to financial constraints. In South Africa, although access to healthcare is relatively better, adherence challenges persist, with approximately 40% of patients demonstrating poor long-term compliance due to overcrowded clinics and transportation barriers. These findings highlight that weak health systems and poverty are major determinants of poor

medication adherence in the region (Abegaz, 2017). Overall, Sub-Saharan Africa records the lowest adherence levels globally, with structural health system challenges playing a dominant role.

Nurse-led telehealth interventions refer to structured, technology-supported healthcare services delivered or coordinated by nurses to improve continuity of care, patient monitoring, and chronic disease management, particularly in conditions such as hypertension. Four commonly applied interventions include virtual consultations, follow-up telephone calls, digital blood pressure monitoring, and mobile health (mHealth) reminders or SMS-based adherence support. Virtual consultations enable nurses to assess patients remotely, adjust care plans, and provide real-time education, which strengthens understanding of antihypertensive regimens and improves adherence (Kitt, 2021). Follow-up telephone calls provide personalized reinforcement, allowing nurses to identify barriers such as side effects or forgetfulness and intervene early to prevent medication discontinuation. Digital health monitoring tools, such as home blood pressure devices linked to mobile apps, enhance self-management by enabling patients to track progress and share data with nurses, increasing accountability and adherence behavior (Choudhry, 2022).

Mobile health reminders and SMS-based interventions further support medication adherence by prompting patients to take medication at prescribed times and reinforcing health education messages. Collectively, these nurse-led telehealth interventions improve medication adherence among patients with chronic hypertension by reducing access barriers, improving patient engagement, and strengthening therapeutic relationships between nurses and patients. Evidence suggests that patients receiving telehealth-supported care demonstrate higher medication persistence compared to those receiving routine clinic-based follow-up alone (Kitt, 2021). These interventions are particularly effective because they address common adherence challenges such as forgetfulness, low health literacy, and limited access to healthcare facilities. Overall, nurse-led telehealth models integrate technology and nursing care to promote sustained hypertension control and improved cardiovascular outcomes (Choudhry, 2022).

Problem Statement

Hypertension remains one of the leading non-communicable diseases contributing to cardiovascular morbidity and mortality globally, and its effective management largely depends on sustained medication adherence. However, evidence shows that a significant proportion of patients with chronic hypertension do not consistently adhere to prescribed antihypertensive therapy, resulting in poor blood pressure control and increased risk of complications (Choudhry, 2022). In Kenya, studies conducted in urban and peri-urban health facilities indicate that medication non-adherence ranges between 40% and 50%, with many patients forgetting doses, discontinuing treatment when symptoms improve, or facing challenges related to health system inefficiencies (Kimani, 2023). Despite increasing adoption of digital health solutions globally, most Kenyan urban health facilities still rely on traditional follow-up models, which are often insufficient in sustaining long-term adherence among hypertensive patients (Mutua, 2022). Consequently, there remains a persistent gap between recommended hypertension management practices and actual patient adherence behavior in urban Kenyan settings.

Recent advancements in telehealth suggest that nurse-led interventions such as virtual consultations, follow-up phone calls, SMS reminders, and remote blood pressure monitoring may significantly improve medication adherence by enhancing patient engagement and continuity of care. Evidence from low- and middle-income settings, including Kenya, indicates that mHealth-

supported interventions can increase adherence rates by up to 30–40% compared to standard care, demonstrating strong potential for improving hypertension outcomes (Mutua et al., 2022; Abegaz, 2017). However, despite this potential, there is limited empirical evidence specifically focusing on nurse-led telehealth models within urban Kenyan health facilities, particularly regarding how these interventions influence long-term medication adherence among hypertensive patients. Furthermore, existing studies tend to focus on general telemedicine or physician-led interventions, leaving a contextual and conceptual gap in understanding the unique contribution of nursing-led digital care strategies. This study therefore seeks to address this gap by examining the influence of nurse-led telehealth interventions on medication adherence among patients with chronic hypertension in urban health facilities in Kenya.

Theoretical Review

Health Belief Model (HBM)

Developed by Rosenstock explains that individuals adopt health behaviors based on perceived susceptibility, severity, benefits, and barriers. In telehealth nursing, patients are more likely to adhere to antihypertensive medication when they perceive hypertension as serious and believe nurse-led virtual follow-ups reduce health risks and barriers such as forgetfulness or distance to clinics. The model has been widely applied in digital health interventions to improve chronic disease adherence (Janz & Becker, 2019).

Theory of Planned Behavior (TPB)

Ajzen explains that behavior is influenced by attitude, subjective norms, and perceived behavioral control. In this study, patients' adherence to medication is shaped by positive attitudes toward telehealth, encouragement from healthcare providers (nurses), and their confidence in using digital tools for follow-up care. Recent studies show TPB effectively predicts adherence behaviors in telemedicine-supported hypertension management (Ajzen, 2020).

Technology Acceptance Model (TAM)

Developed by Davis explains how perceived usefulness and ease of use determine acceptance of technology. Nurse-led telehealth interventions such as SMS reminders, virtual consultations, and digital monitoring are more likely to be used when patients find them easy to use and beneficial for managing blood pressure. Recent healthcare research confirms TAM as a strong predictor of telehealth adoption among chronic disease patients (Venkatesh, 2020).

Empirical Review

Mutua (2023) examined the effect of nurse-led SMS reminders and follow-up phone calls on medication adherence among hypertensive patients. The purpose of the study was to determine whether mHealth-supported nursing interventions could improve long-term adherence to antihypertensive medication. The study used a randomized controlled design involving 120 adult patients diagnosed with chronic hypertension. Participants were assigned into intervention and control groups in a 1:1 ratio. Nurses delivered weekly SMS reminders and biweekly follow-up phone calls for three months. Medication adherence was measured using validated adherence scales before and after the intervention. The study also collected qualitative feedback on patient experiences with telehealth support. Results showed a significant improvement in adherence levels in the intervention group compared to the control group. Specifically, adherence improved by approximately 38%. Patients reported improved medication-taking behavior and reduced

forgetfulness. The study found that nurse engagement increased patient accountability. It also showed that telehealth reduced missed clinic visits. The authors concluded that nurse-led digital follow-ups enhance chronic disease management. They recommended integration of mHealth systems into routine nursing practice. The study emphasized scaling up nurse-led telehealth interventions in Kenyan public health facilities.

Okube (2023) investigated the effect of nurse-led cardiovascular health education on medication adherence among hypertensive patients in Kenya. The purpose was to assess whether structured nurse education improves adherence and self-management. The study used a randomized controlled trial involving adult patients attending outpatient clinics. Nurses delivered standardized health education sessions focusing on hypertension management and medication use. Data were collected using pre- and post-intervention questionnaires. Medication adherence was assessed using validated behavioral scales. Findings showed significant improvement in knowledge of hypertension among participants in the intervention group. Improved knowledge was associated with better medication adherence behaviors. Patients demonstrated increased understanding of the importance of continuous medication use. The study found reduced discontinuation rates among educated patients. Nurses were found to play a central role in behavior change communication. The intervention group showed higher clinic attendance rates compared to controls. The study concluded that nurse-led education improves adherence outcomes. It recommended routine incorporation of structured education into hypertension care. The authors emphasized the importance of continuous nurse-patient interaction.

Xiong (2022) determined adherence levels and identify barriers to medication use. The study involved 93 participants recruited from community health facilities. Quantitative data were collected using the Morisky Medication Adherence Scale. Qualitative interviews were conducted to explore patient experiences. Findings revealed that non-adherence ranged between 43% and 76%. Common barriers included forgetfulness, medication cost, and lack of follow-up. Patients reported limited nurse contact after diagnosis. The study highlighted weak continuity of care in urban informal settings. Many patients discontinued medication when symptoms improved. Financial constraints were a major determinant of poor adherence. The study found limited use of telehealth or digital reminders. It recommended strengthening nurse-led follow-up systems. It also recommended adoption of mobile-based adherence support tools. The authors concluded that urban informal settlements require enhanced telehealth interventions to improve outcomes.

Kirui (2024) evaluated clinician-triggered mobile health reminders in Western Kenya to improve hypertension care. The purpose was to assess the effectiveness of digital tools in supporting medication adherence. The study used a quasi-experimental design across 10 health facilities. Nurses implemented SMS reminders and digital decision-support systems. Patients were followed over a six-month period. Data were collected through clinic records and patient interviews. Results showed improved medication-taking behavior among patients receiving reminders. Clinic attendance also increased significantly. Nurses reported improved ability to track patient progress. The study found enhanced communication between patients and healthcare providers. Patients expressed satisfaction with remote follow-up support. The intervention reduced missed doses of medication. The study concluded that digital tools strengthen nurse-led chronic care management. It recommended scaling up integrated digital health systems in Kenya. It also emphasized training nurses in telehealth technologies.

Mbuthia (2023) conducted a community-based randomized intervention in Kiambu County focusing on nurse-supported home-based care for hypertensive patients. The purpose was to determine whether community follow-up improves medication adherence. The study involved community health workers working alongside nurses. Participants were followed for six months. Home visits and phone follow-ups were conducted regularly. Medication adherence was measured using self-reports and clinical records. The intervention group showed improved adherence compared to controls. Blood pressure control also improved significantly. Patients reported better understanding of medication importance. Nurse-community collaboration improved continuity of care. The study found reduced hospital visits among participants. It demonstrated the value of decentralized care models. The authors recommended integrating home-based telehealth support into primary healthcare systems. They emphasized strengthening community-nurse partnerships. The study concluded that blended telehealth models improve chronic disease outcomes.

Ayub (2023) assessed medication adherence among hypertensive patients. The purpose was to measure adherence levels and identify contributing factors. The study included 259 patients using the Morisky scale. Data were collected through structured questionnaires. Findings showed that over 70% of patients had low adherence levels. Major barriers included poor counseling and weak follow-up systems. Patients reported limited interaction with nurses after prescription. Many patients lacked understanding of medication schedules. Forgetfulness and side effects were common challenges. The study found gaps in outpatient chronic care services. It highlighted insufficient use of telehealth systems. Nurses were identified as key but underutilized in adherence support. The study recommended strengthening nurse-led counseling programs. It also recommended introducing structured telehealth follow-ups. The authors concluded that improved nurse engagement is critical for better outcomes.

Moss (2023) examined medication adherence among hypertensive patients. The purpose was to assess adherence levels and identify influencing factors. The study included adult patients attending outpatient clinics. Data were collected using structured questionnaires and clinical records. Findings revealed that 46.6% of patients were non-adherent. Major causes included medication cost and forgetfulness. Limited access to healthcare facilities also contributed to poor adherence. The study found weak nurse-patient follow-up systems. Patients rarely received reminders or digital support. Rural patients faced transportation challenges affecting clinic attendance. The study identified lack of telehealth infrastructure as a major gap. Nurses had limited capacity for remote monitoring. The authors recommended simplifying treatment regimens. They also recommended strengthening nurse-led telehealth systems. The study concluded that improved digital follow-up could enhance adherence

METHODOLOGY

This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low-cost advantage as compared to field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

FINDINGS

The results were analyzed into various research gap categories that is conceptual, contextual and methodological gaps

Conceptual Gaps: The existing studies largely focus on isolated components of nurse-led interventions such as SMS reminders, phone calls, or health education, without integrating these into a comprehensive nurse-led telehealth intervention model. For instance, Mutua (2023) and Kirui (2024) examine digital reminders, while Okube (2023) focuses on education, leaving a gap in understanding the combined effect of multiple telehealth modalities (virtual consultations, digital monitoring, SMS, and follow-up calls) on medication adherence. Additionally, most studies emphasize short-term adherence outcomes, with limited attention to long-term sustainability of adherence behavior and patient behavioral change mechanisms. There is also limited exploration of mediating factors such as patient digital literacy, nurse workload, and technology usability in influencing adherence outcomes.

Contextual Gaps: Most reviewed studies are conducted in hospital-based or controlled research environments, such as Mutua (2023) and Ayub (2023), which do not fully reflect real-world implementation conditions in urban public health facilities. Furthermore, while some studies acknowledge nurse involvement, they often treat telehealth as a general mHealth intervention without isolating the specific contribution of nurse-led care models. Studies such as Mbuthia (2023) incorporate community health workers but do not clearly differentiate the role of nurses in telehealth delivery. There is also limited evidence on how urban facility constraints such as high patient load, staffing shortages, and weak digital infrastructure affect the effectiveness of nurse-led telehealth interventions on medication adherence.

Geographical Gaps: Geographically, most studies are concentrated in select regions such as Central Kenya (Mutua, 2023), Nairobi informal settlements (Xiong, 2022), Western Kenya (Kirui, 2024), Kiambu (Mbuthia, 2023), and Kilifi (Moss, 2023). However, there is limited comparative evidence across different urban health facilities in Kenya, particularly major urban referral hospitals and county-level urban facilities operating under different resource capacities. Additionally, very few studies have examined nurse-led telehealth interventions specifically within urban Kenyan public health systems as a unified setting, leaving a gap in understanding how urbanization, digital infrastructure availability, and patient population diversity influence medication adherence outcomes. This creates a need for more geographically inclusive studies focusing on urban health facilities in Kenya to generate generalizable evidence for national policy and scale-up.

CONCLUSION AND RECOMMENDATIONS

Conclusions

In conclusion, nurse-led telehealth interventions play a crucial role in improving medication adherence among patients with chronic hypertension in urban health facilities in Kenya. Evidence from recent studies shows that interventions such as SMS reminders, virtual consultations, follow-up phone calls, and digital blood pressure monitoring significantly enhance patient engagement, reduce forgetfulness, and strengthen continuity of care. These approaches are particularly effective because they extend nursing care beyond the hospital setting, enabling continuous patient monitoring and timely support. Despite these benefits, medication adherence remains a challenge due to system-level constraints such as limited digital infrastructure, high patient workloads, and inconsistent implementation of telehealth services.

Overall, the integration of nurse-led telehealth interventions presents a promising strategy for addressing persistent non-adherence to antihypertensive medication in urban Kenyan populations.

Strengthening nursing capacity in digital health, improving access to telecommunication tools, and embedding telehealth into routine chronic disease management can significantly enhance hypertension outcomes. Therefore, expanding and institutionalizing nurse-led telehealth services is essential for achieving sustained medication adherence, improved blood pressure control, and reduced cardiovascular complications in Kenya's urban health facilities.

Recommendations

Theory

This study contributes to the health belief model, theory of planned behavior, and technology acceptance model by extending their application to nurse-led telehealth interventions in a low-resource urban African context. It demonstrates how perceived usefulness, perceived behavioral control, and perceived disease severity interact within digital nursing care to influence medication adherence. The study also expands behavioral health theories by integrating telehealth as a mediating mechanism between healthcare provider interaction and patient adherence behavior.

Practice

Urban health facilities in Kenya should integrate structured nurse-led telehealth interventions such as SMS reminders, scheduled virtual consultations, and routine follow-up phone calls into standard hypertension care. Nurses should be trained in the use of digital health platforms to ensure consistent patient monitoring and timely intervention when adherence challenges arise. Health facilities should also establish patient tracking systems that combine electronic medical records with telehealth tools to improve continuity of care. Additionally, patient education should be strengthened through nurse-led digital counselling sessions focusing on medication adherence, lifestyle modification, and complication prevention. These practical measures will enhance patient engagement and reduce non-adherence rates among individuals with chronic hypertension.

Policy

The Ministry of Health in Kenya should develop clear national guidelines that formally integrate nurse-led telehealth services into chronic disease management frameworks. Investment in digital health infrastructure, particularly in urban public health facilities, should be prioritized to support scalable telehealth delivery. Policies should also support capacity-building programs for nurses in telehealth competencies, including digital communication, remote patient monitoring, and data management. Furthermore, reimbursement and funding mechanisms should be introduced to sustain telehealth services within public healthcare systems. Strengthening regulatory frameworks for data privacy and digital health security will also be critical to ensure safe and ethical implementation of telehealth interventions.

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