

The kidney is an important homeostatic organ involved in the control of salts and water in the body. Renal failure is the inability of the kidney to perform its functions and occurs due to infection, shock, disease of the glomerulus, inherited obstructive diseases, and use of analgesics or 'street' drug abuse. Renal failure may either be acute or chronic. Intervention measures include diet and /or dialysis whereby patients with acute renal failure are expected to regain kidney function while those with chronic renal failure must rely on diet, diet and dialysis, diet and medication or kidney transplant to live. Diet modification is necessary and is made individually depending on the patient's age, body weight, nutritional status and urine output among other factors. Non- diet compliance has serious effects like accumulation of potassium and other metabolic wastes in the body. No studies have been carried out in Kenya to determine the factors that influence dietary compliance among renal failure patients. This forms the basis of this study. The general objective was to determine factors that influence dietary compliance of renal failure patients undergoing haemodialysis at Kenyatta National Hospital (KNH). A descriptive cross-sectional survey was carried out among renal failure patients visiting the renal unit for dialysis at KNH. A total of 100 respondents were interviewed. Data was collected using structured pre-tested questionnaires and in-depth interviews. Two focus group discussions were held with the nutritionists, doctors, social workers, nurses and counselors working in the renal unit. Fifty five percent of the respondents were females and 45% were male. The study indicated that level of education, employment and marital status, nutrition knowledge and relationship with the care-givers had a direct influence on diet intake. Those who had college education, who were employed (had a stable source of income), who had family support, (parents, siblings, spouse or relative), and related well with their care-giver (nutritionist) had a positive attitude towards diet as an option in the management of renal failure. There was a significant difference between employment and protein consumption ( $\chi^2= 22.225$ ;  $df = 3$ ;  $p=0.001$ ). There was a significant difference between protein intake and level of education ( $\chi =11.708$ ;  $df =4$ ;  $C=0.352$   $p=0.02$ ). Nutritionally, 39.2% of the patients were underweight, 39.2% were of ideal weight while 21.6% were over-weight. Of the patients, 52.9% were taking proteins below the Recommended Daily Allowances (RDA), 27.6% were taking the recommended amounts while 19.5% were taking above the recommended amounts. The patients were knowledgeable on the diet implications to their condition. They also felt that they needed other forms of education materials (CDs, DVDs, videos) to refer to at home. The focus group discussions revealed that regular nutrition education and psychological support of these patients influenced dietary compliance. The findings of this study are important in helping the health professionals (nutritionists, nurses, counsellors and doctors) in addressing not just dietary education but attitudes and family support so as to improve the nutritional management and hence the health of renal patients. More importantly the findings will help the patients to realize their limitations and deal with them accordingly to improve adherence to the regimens so as to add life to their days.