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How nutrition education can make a difference to people with HIV in Nigeria

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HIV and Aids are still global health problems and sub-Saharan Africa remains the most affected region. Globally, around 770,000 people died from Aids-related conditions in 2018, 160,000 of them in West and Central Africa.

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The standard treatment for HIV consists of a combination of at least three antiretroviral drugs. But providing antiretroviral therapy without proper, nutritious diets may compromise the effectiveness of the treatment.

People with HIV have higher energy needs than those of people without HIV. And the World Health Organisation recommends that antiretroviral medications be taken with food to avoid possible side effects such as headaches and stomach problems, which can lead to weakness and weight loss.

HIV infection has a complex relationship with nutrition.

Because of the importance of good nutrition in the management of HIV, we aimed to develop and test a nutrition education programme for adults living with HIV in the Nigerian context. We wanted to evaluate their knowledge of nutrition, their actual diets and the effect on their bodies – in short, the programme's impact on their health and quality of life.

We found that the education programme helped people to choose healthy foods and this improved their physical well-being. This experience could contribute to other education programmes aimed at supporting people with HIV to have a better quality of life.

We started by studying the existing Nigerian nutrition guidelines for adults living with HIV. The nutrition information and recommendations were the same for all adults, whether they had HIV or not. The general premise of the Nigerian national dietary guidelines is to promote good dietary practices and to avoid alcohol consumption and smoking.

There are no details on key issues relating to HIV and nutrition such as how individuals can improve the variety of foods they eat, how they can get important vitamins and minerals, and how they can access clean drinking water despite limited

resources.

In addition, there isn't much appropriate nutrition information available to public healthcare staff and patients.

We wanted to design a programme that would plug this gap by teaching adults with HIV how to eat healthy foods with limited resources.

The intervention

Our research, in the form of a nutrition education intervention, focused on outpatients receiving HIV treatment at two selected hospitals in Abeokuta, southwestern Nigeria.

First we conducted a needs assessment in a similar group, which revealed poor quality of life, high consumption of unvaried meals, poor nutrition knowledge and unhealthy eating behaviour. We used this information to develop contextualised nutrition education materials. Health care workers could use these materials to provide nutrition education specifically for patients with HIV, such as planning varied meals, the relationship between diet and medication, and dealing with barriers to healthy eating.

The content of the programme also covered the importance of hygiene and exercise, how to deal with problems like diarrhoea and anaemia, and how to shop for healthy food within a limited budget.

We developed a trainer's manual, brochures, participant's workbook and flipcharts. We also evaluated the impact of the education materials on the participants before and after the intervention. And we followed up with them for 12 weeks after the intervention.

Better nutrition choices

found that using the communication materials we developed could influence the participants' decisions about healthy food choices and access. The nutrition education programme led to some significant improvements.

Participants were able to function better physically and their activities weren't as limited by pain or weakness compared with the control group who didn't receive nutrition education. Participants who received our nutrition education intervention had better nutrition knowledge, quality of life and dietary diversity scores compared to the control groups.

The intervention we designed showed that people don't need to have more money to make better nutrition choices. They can and do improve their well-being when they have more knowledge. And our programme was effective in imparting this knowledge. We believe that our findings could be useful to improve programmes that help poor people living with HIV to access healthy food.

ABOUT THE AUTHOR

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