

**Nutritional status, dietary practices and clinical factors of people living with
HIV/AIDS attending Riruta Health Centre, Nairobi, Kenya**

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ABSTRACT

Nutritional status is a significant predictor of survival rate in adult People Living with HIV/AIDS (PLWHA). While public opinion assumes that PLWHA are prone to malnutrition, there is very little documented data about their nutritional status, dietary practices and clinical factors specifically in urban poor settings in Kenya. This study considered the nutritional status, dietary practices and clinical factors of adult PLWHA in an urban poor setting. The main objective was to determine the nutritional status, dietary practices and clinical factors of adult PLWHA attending Riruta Health Centre (H/C), Nairobi, Kenya. It was a cross sectional study conducted at Riruta Health Centre, Nairobi, Kenya. Systematic sampling of adult PLWHA attending the clinic was used to select study participants. A semi-structured questionnaire was pretested and used to collect data. A written informed consent was sought and obtained prior to the interview. The study protocol was reviewed and approved by the Kenyatta National Hospital/ University of Nairobi (KNH/UON) Ethics Review Committee. Nutritional status was determined by Mid Upper Arm Circumference (MUAC) and Body Mass Index (BMI). The results showed that the

mean age for the study participants was 36 ± 9 years. Seventy percent of them were females among whom 60% were married. Fifty seven percent of PLWHA attending Riruta Health Centre were unemployed. Majority (88.8%) of the study participants were from Nairobi West District. Their diets were most frequently staples that were predominantly carbohydrate rich foods. The diets were also limited in variety. The study participants consumed very little animal protein source foods and fruits. Overall, 25.8% of the study participants were undernourished. The proportion of males who were undernourished (42.3%) was about two times that of the females (18.7%). The clinical factors that were independently associated with being underweight were poor appetite ($p = 0.0002$, Crude Odds Ratio = 4.0885) and occurrence of opportunistic infections ($p = 0.0027$, Crude Odds Ratio = 2.9308). In conclusion, PLWHA attending Riruta Health Centre were mainly of low level education with high level of unemployment. They also had poor dietary practices. The prevalence of undernourishment among PLWHA was found to be 25.8 %. Nutrition interventions for PLWHA should focus on regular nutrition and health education, blending of locally available foods in the market to enrich their nutrient value and food fortification with selected micronutrients so as to improve the nutritional status of PLWHA.