

Assessment of factors influencing the nutritional status of under-fives living with HIV/AIDS

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Factors that influence the nutritional status of under-fives living with HIV/AIDS were assessed through a descriptive survey. These factors included feeding practices, health and socio-economic characteristics. The study was carried out at the Lea Toto Programme situated at Kangemi, Nairobi. Purposive sampling was used to select the under-fives. Stratified random sampling was done according to age and gender then random sampling done to obtain a proportionate number from each stratum and a sample of ninety children out of a total of two hundred obtained. Data was obtained by use of a semi-structured interview schedule and taking of anthropometric measurements. Data analysis was done by use of the statistical package of social sciences (SPSS) and Epi Info. ANOVA, Pearson's Product Moment Correlation, Chi-square and t-test were used in analysis. Result revealed that sixty of the children were stunted, forty five were underweight and eighteen were wasted. Foods consumed frequently by the children were carbohydrates in nature. No exclusive breastfeeding was practiced. Fifty six of the children were breastfed for more than two years. 89 babies were weaned on porridge. A (x²) test revealed that there was no significant relationship between stunting and underweight and the number of meals taken by the children but a relationship existed between wasting and number of meals. An independent t-test showed a significant difference between underweight and wasting and whether children were breastfed or not. Fourty one of the children had succumbed to diarrhea within one week. Other opportunistic infections include anorexia, Tuberculosis and pneumonia. A (x²) test revealed a relationship between duration of living with HIV/AIDS and nutritional status. There was no relationship between frequency of occurrence of nausea and vomiting and nutritional status. Sixty two of the guardians had attained primary education and five college education. Income was little and irregular. An ANOVA test showed no significant difference in stunting, wasting and underweight and income. A post-hoc test showed a significant difference between stunting and income. Dietary intake of children living with HIV/AIDS was inadequate due to low purchasing power of the guardians as a result of little income. These children ailed from opportunistic infections, which weakened their immune system. It is recommended that the government, donor agencies, nutritionists, and health institutions should work hand in hand to enhance the nutritional status of children living with HIV/AIDS.

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