
Lived Experiences of PLWHIV Accessing Nutrition Education and Counselling: Exploring the Benefits, Barriers and Strategies

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ABSTRACT: *HIV patients require proper nutrition for health management, and nutrition education and counselling services in primary healthcare help them make informed decisions about dietary practices, promoting physical well-being and economic welfare. This study aimed to explore and describe the lived experiences of PLWHIV in accessing nutrition education and counselling. This study was conducted in Lusaka District, Zambia. It adopted a hermeneutic phenomenological design. A total of 25 participants, aged between 20 and 60 and on antiretroviral therapy (ART) for over three years, were purposively selected, and semi-structured interviews were used to collect data. The study revealed that individuals with PLWHIV benefited from nutrition education and counselling, despite challenges like transportation, limited resources, and personnel shortages. The study concluded that nutrition education and counselling significantly impact PLWHIV's health, leading to positive changes in dietary practices and overall well-being. However, challenges in accessibility and acceptability persist, requiring improvements in healthcare infrastructure and resources. Recommendations include enhancing nutrition counselling services, promoting regular physical activity, collaborating with healthcare facilities and community organisations, monitoring and evaluating services, and identifying best practices to enhance care quality.*

KEY WORDS: Nutrition education, Counselling, PLWHIV, lived experiences, Dietary practices, Hermeneutic phenomenological

INTRODUCTION

Living with HIV comes with unique health challenges, and one vital aspect of managing the condition is proper nutrition. From the studies conducted, it has been proven that good nutrition increases resistance to infection and disease, improves energy, and thus makes a person more robust and productive (Duggal, Chugh, & Duggal, 2012; De Pee & Semba, 2010). Empirical evidence suggests that numerous nutritional challenges faced by individuals living with HIV

(PLWHIV) can be effectively addressed through the provision of nutrition education and counselling services, typically accessible within the primary healthcare setting (Hudyani & Sartika, 2016; Tesfay et al., 2021). Nutrition education and counselling play a pivotal role in enabling individuals, families, and communities to make informed decisions regarding dietary practices and lifestyles that not only promote their physical well-being but also have broader implications for their economic and social welfare (Anand & Puri, 2019; Bello et al., 2019). The delivery of nutrition education and counselling encompasses various modalities and encompasses interventions at the individual, communal, and policy levels (Contento, 2011). These interventions encompass both one-on-one and group counselling sessions (Alo et al., 2014; Derose et al., 2015; S. et al., 2022). It is imperative to underscore that nutrition education and counselling represent an indispensable component of comprehensive nutrition management within the context of HIV and AIDS (Malama & Ndhlovu, 2019). The significance of nutrition education and counselling for people living with HIV (PLWHIV) is well established.

McNulty (2013) affirms that nutrition education and counselling have demonstrated efficacy in effecting modifications in dietary behaviours relevant to chronic diseases. Moreover, it has been established that nutritional counselling can significantly impact health outcomes among individuals afflicted with HIV and AIDS (Hudayani & Sartika, 2016). When coupled with access to antiretroviral therapy (ART), psychosocial support, treatment for opportunistic infections (OIs), and adherence to prescribed medical nutrient supplementation, these interventions collectively hold the potential to ameliorate the nutritional status of individuals living with HIV (PLWHIV) (Tushemeriwe, 2016; UNAIDS, 2014). Insufficient access to nutrition education and counselling, as well as limited knowledge and suboptimal dietary practices among individuals living with HIV (PLWHIV), may serve as notable factors contributing significantly to the accelerated progression of HIV to AIDS (Martinez et al., 2014; Ezenwosu & Ezenwosu, 2023). These services play a pivotal role in helping PLWHIV maintain their overall health, improve their immune function, and manage the side effects of antiretroviral therapy (ART). However, accessing nutrition education and counselling can be a complex journey, shaped by individual experiences, challenges, and successes. Ewune et al. (2019) noted that PLWHIV were challenged with many factors around managing their nutrition and beyond taking medication. In the context of research conducted in Zambia, previous studies have predominantly concentrated on aspects related to nutrition and HIV, food security among individuals living with HIV (PLWHIV), and the impact of food supplements on the nutritional status of PLWHIV (Zulu et al., 2011; Banda-Nyirenda, 2009; Cantrell et al., 2009; Chen et al., 2019). These studies predominantly relied on quantitative methodologies, which have inherent limitations in capturing the intricate attitudes and perceptions of PLWHIV. There has been no study conducted on access to nutrition education and counselling.

This study delves into the lived experiences of PLWHIV regarding how they access nutrition education and counselling. By exploring their narratives, the aim is to gain a deeper understanding of the barriers they face, the strategies they employ, and the impact of accessing these essential

services. Their narratives provide insights into the intricacies of navigating the healthcare system and accessing nutrition support. Through this exploration, we can identify areas for improvement in service delivery, ultimately enhancing the quality of life and health outcomes for PLWHIV.

METHODOLOGY

The study was conducted in Lusaka District, Zambia, at the biggest health facility. This qualitative study employed a hermeneutic phenomenological design to capture the lived experiences of PLWHIV in accessing nutrition education and counselling. PLWHIV from diverse backgrounds were purposefully sampled using homogenous purposive sampling to ensure a wide range of perspectives. A total of 25 participants were included in the study. In-depth, semi-structured interviews were conducted, allowing participants to share their experiences, challenges, and strategies related to accessing nutrition education and counselling. The interviews were audio-recorded and transcribed for analysis. Thematic analysis was employed to identify recurring themes and patterns in the participants' narratives using Ajjawi & Higgs's six stages of data analysis (Ajjawi & Higgs, 2007). Codes were generated and organised into themes, which were then analysed to draw meaningful insights.

In this research study, the participant demographic comprised adults between the ages of 20 and 60 who had been under antiretroviral therapy (ART) treatment for a duration exceeding three years. It was a prerequisite for participants to have previously availed themselves of educational, counselling, and healthcare services pertaining to their HIV and AIDS condition. Exclusion was made on the grounds of age, with individuals below 20 years and above 60 years being ineligible for participation. Additionally, pregnant and lactating women, as well as those concurrently undergoing tuberculosis (TB) treatment, were not included in the study. The study ensured informed consent from the participants through consent forms, adhered to ethical standards, and obtained clearance from the University of Zambia ethics committee. This ensured participants rights, wellbeing, academic rigour, and integrity in the research endeavour.

RESULTS

Benefits of nutrition education and counselling

The study identified several ways in which acquired nutrition education knowledge and skills have benefited individuals living with HIV (PLWHIV). The participants reported experiencing positive changes in their health and nutritional status, including significant improvements in their CD4 counts. Participants reported positive changes in their dietary practices, improved weight management, the adoption of healthier lifestyles, and an overall improvement in their health status.

"It has helped me to know the right food to eat or take". (Participant 10).

It helped me by reducing a bit of weight because they tell us that we need to have a good BMI to be sick. This will help us not have diseases such as heart problems, high blood pressure, and diabetes. (Participant 19)

These findings underscore the significance of nutrition education as a valuable tool in promoting the well-being of individuals living with HIV.

Acquired nutrition knowledge and skills

The study revealed that individuals living with HIV (PLWHIV) acquired a range of valuable knowledge and skills through nutrition education. Key aspects of nutrition education that were commonly acquired included an understanding of the importance of consuming healthy foods, such as fruits and vegetables, engaging in regular exercise, maintaining a balanced diet, and ensuring adequate consumption of clean and safe water. Additionally, participants reported gaining knowledge and skills related to good food hygiene and sanitation practices, the avoidance of alcohol and smoking, reducing high-fat food intake, and the importance of regular meals.

Participants shared insights from their experiences with nutrition education, illustrating the impact of this knowledge on their dietary habits and overall well-being. These insights included a shift towards a more balanced diet, incorporating locally available and affordable foods. Participants also emphasised the importance of food preparation practices that minimise excessive fat or cooking oil usage.

I have learnt that a good diet is not only meat, because I used to eat a lot of meat, but now I know that vegetables and fruits are good for my health. I have also learnt that exercise is very good. I never used to exercise, but now I walk a lot. I know that food should be prepared in such a way that it does not have a lot of fat or cooking oil because too much fat is bad for me. (Participant 1

“I am healthy now because I eat a healthy and balanced diet” (Participant 22).

Furthermore, they highlighted the value of incorporating vegetables and fruits into their diets as a means of promoting better health.

"I eat the foods that I have been told are healthy for me and prepare them myself, because I have stopped taking a lot of fat and meat." I eat vegetables with groundnuts and kapenta too much". (Participant 7).

Accessibility and acceptability of nutrition education and counselling

From the participants' experiences, the study found that nutrition education and counselling for individuals living with HIV (PLWHIV) was both positive and negative. A significant number of participants reported positive experiences when accessing nutrition education at health facility

centre. They highlighted that nutrition education and counselling was consistently available and easily accessible, where healthcare professionals provided information and guidance on maintaining a healthy lifestyle.

“Nutrition education is usually easily accessible; a nutritionist is always present on review dates. I always get talks from the nutritionists whenever I come for my review”. (Participant 3).

Many participants mentioned that they regularly received nutrition education during their routine check-ups, and they found this accessibility beneficial and informative. The presence of nutritionists, their approachability, and the free availability of this service were all highlighted as positive aspects of accessibility.

It is available and easily accessible; accessing it has been easy... They teach well about nutrition” (participant 24).

However, a subset of participants expressed negative experiences regarding accessibility to nutrition education. Negative accessibility is rooted in the limited availability of nutritionists and time constraints, leading to frustration and missed sessions. The study highlights the need for improved accessibility and staffing to ensure the best possible nutrition education for PLWHIV.

My experience with accessing nutrition education is that it is very bad because there are so many of us and there is only one person who talks to us, and sometimes the space is too small for all of us to sit, so we sit far apart from each other, like in the section where they put some benches. (Participant 17)

Similarly, the study examined the accessibility and acceptability of nutrition counselling for individuals living with HIV (PLWHIV). Participants found it easily accessible, with nutritionists available during routine check-ups. They found the counselling to be beneficial, improving their diets and understanding of dietary choices. However, some participants reported rushed sessions due to the high number of patients and limited availability of nutritionists. Despite these challenges, the positive experiences of nutrition counselling were generally considered acceptable and beneficial.

Barriers to accessing nutrition education and counselling

The study revealed that while nutrition education and counselling services were generally accessible and acceptable to participants, individuals living with HIV face several challenges in accessing nutrition education and counselling services. These include transportation difficulties, insufficient time by health care providers to attend to patients, and a shortage of healthcare personnel. Transportation issues make it difficult for participants to reach healthcare facilities,

while insufficient time to attend to patients leads to unconventional hours and bypasses nutrition counselling appointments. The shortage of healthcare personnel also creates a situation where patients prioritise consultations with doctors over nutrition counselling. The following were some of the complaints from the participants' own point of view:

"I can say that the real challenge is the lack of transport to come to the hospital and have a chat with a medical worker" (Participant 3).

It is easy to access nutrition counselling; however, there is less time taken to be talked to... the nurses have to attend to so many people that come for check-ups and to the pharmacy, and because of this, we leave this place sometimes after 14 hours. (Participant 14).

It had been a long time since I was counselled by the nutritionist. Every time I came, they asked me to take my weight, and when I went to the desk of the nutritionist, they said I was okay. They pay much attention to those who are very sick and underweight. (Participant 3)

The study findings highlighted a range of challenges faced by PLWHIV in accessing nutrition education and counselling services, despite the acknowledged importance of these services. These challenges encompassed issues related to transportation, time constraints, and inadequate healthcare personnel.

Strategies employed by participants

The majority of the participants employed various strategies to manage their nutrition. They diversified their diet based on the advice received during counselling, prepared recommended foods at home, and managed side effects through adaptive strategies. Overall, dietary changes emerged as an essential component of comprehensive care for PLWHIV, with the potential to significantly improve their health outcomes and quality of life.

"I am able to choose good food that can help me not get sick. And I eat my food for breakfast, lunch, and supper... The education has helped me buy only foods that will help me get healthy." (Participant, 25).

"I have managed to change my eating habits from eating junk food, especially meats, to eating a lot of fruits and vegetables" (Participant 4), and participant 8 shared that *"I now know how important it is to regularly exercise; I make sure I exercise three times a week by walking because I have knee problems."* (Participant 8)

The participants emphasised the vital role of nutrition counselling in managing their health. The support and guidance received through counselling were considered crucial in maintaining their nutritional status and preventing or alleviating health issues such as vomiting, diarrhoea, and high blood pressure. Furthermore, the counselling sessions promoted weight gain among those struggling with low body weight, enhancing immune function and overall health.

DISCUSSION

The study's findings highlight the significance of nutrition education in equipping individuals living with HIV (PLWHIV) with essential knowledge and skills related to healthy dietary practices. Participants acquired a range of nutritional knowledge, including the importance of consuming a balanced diet, engaging in regular exercise, practicing good food hygiene, and avoiding habits detrimental to their health and nutrition, such as alcohol and smoking (Ezechi et al. 2016). Research has shown that the acquired skills and knowledge not only contribute to improved dietary practices but also have a considerable impact on their overall well-being and treatment outcomes (Mengie, 2018; Olive et al., 2014; Ezechi et al., 2016). The current study underscores the vital role of nutrition education, particularly in resource-poor countries where individuals often have limited access to a variety of foods and may rely heavily on starchy staples (Mwangome et al., 2010). While there is evidence suggesting a strong link between nutrition knowledge and dietary practices, the study acknowledges variations in findings across different research studies, likely influenced by methodological differences, the frequency of nutrition education, and sociocultural and economic factors, as indicated by Oliver, Mwangi, & Mbugua (2014) and S et al. (2022).

The current study has shown that the participants' acceptance and accessibility experiences were both positive and negative. The study reveals that while some participants found nutrition education easy, free, and informative, others had negative experiences due to time constraints and limited resources. The acceptability of nutrition education is not well documented, and the impact of nutrition education on the quality of life of people with PLWHIV is well documented (Anand & Puri, 2019; Ezenwosu et al., 2022; Bello et al., 2019; Deprese et al., 2015). The present study also found that the limited number of nutritionists and cramped spaces contributed to the negative experience. This is consistent with previous studies that identified time constraints as a significant barrier to providing preventive care to patients during appointments (Martinez et al., 2014). Abeman (2014). The study suggests that integrating nutrition support through NEC with trained community health workers can enhance effectiveness and establish rapport with PLWHIV, enhancing linguistic, cultural, and community-building skills (Mwai et al., 2013; Banwat, 2013). While a substantial proportion of participants had a positive experience with nutrition education, not all had a great experience due to inadequate manpower and time constraints at health facilities. It was observed from the study findings that nutrition education significantly improved the health and nutritional status of people with PLWHIV. It led to improved CD4 count, healthy eating habits, and lifestyle changes. Similar studies (Thapa 2015; Martinez 2014; Tabi 2012; Derosé 2015) have acknowledged that nutrition education greatly improves health outcomes for those living with HIV and AIDS, allowing them to enjoy longer, more fulfilling lives. Tafadzwa et al. (2019) also noted that nutrition information is crucial for PLWHIV to improve their overall quality of life, strengthen

their immune system, and effectively manage HIV symptoms and complications, thereby enhancing their abilities.

The study highlights the challenges faced by people living with HIV (PLWHIV) in accessing nutrition education and counselling services. Transportation is a significant barrier, with participants often having to travel long distances on foot to reach healthcare centres. These findings align with prior research conducted in resource-constrained countries, which has consistently highlighted the hurdles faced by individuals, especially older adults with HIV, in accessing healthcare (Kiplagat et al., 2019; Schatz et al., 2019; Mwai et al., 2013; Martinez et al., 2014; Van Wyk & Moomba, 2019). Factors such as distance, cost, and time constraints also hinder access to essential healthcare services. Insufficient time allocation for patient care is another issue, with healthcare providers often underutilizing preventive measures. A study was carried out in Ethiopia to explore barriers and facilities for implementing nutrition education assessment and counselling (Degefa et al., 2021). Among the barriers cited was a lack of an adequate workforce. Insufficient healthcare personnel is another significant barrier, with the scarcity of human resources limiting the capacity of health institutions to serve all clients effectively (Almeida et al., 2011; Serrano et al., 2010; Martinez et al., 2014). Addressing these challenges is crucial for PLWHIV to receive the necessary support for optimal nutritional and health outcomes.

The current study further revealed that individuals living with HIV used various strategies to manage their nutrition, influenced by nutrition counselling. Participants diversified their diets, choosing foods that support their health and prevent illness. They transitioned from unhealthy foods to a diet rich in fruits and vegetables, demonstrating the importance of a balanced diet. Regular exercise was also integrated into their routines, enhancing overall well-being. This is in line with studies done by Aishwarya (2015), Fleetwood (2015), and Alo et al. (2014).

Nutrition counselling plays a crucial role in maintaining nutritional status and addressing health concerns such as vomiting, diarrhoea, and high blood pressure (Tang et al., 2015). Counselling also promoted weight gain, which is essential for immune function and overall health (S. et al., 2022). The study emphasises the importance of incorporating comprehensive nutrition education and counselling into care and support, contributing to improved health outcomes and enhanced quality of life.

CONCLUSION

In conclusion, the findings of this study emphasise the significant impact of nutrition education and counselling on individuals living with HIV (PLWHIV) and their strategies for managing nutrition. Participants actively incorporated the knowledge and skills gained through nutrition counselling into their daily lives, resulting in positive changes in their dietary habits and overall well-being. Dietary diversification, increased consumption of fruits and vegetables, and regular

exercise were among the strategies employed by PLWHIV. These changes reflect a shift towards healthier lifestyles and diets, highlighting the practical influence of nutrition education and counselling.

Moreover, nutrition counselling played a pivotal role in maintaining nutritional status and addressing health concerns. Participants reported improved management of side effects, such as vomiting, diarrhoea, and high blood pressure, indicating the effectiveness of counselling in addressing health-related issues. Furthermore, counselling contributed to weight gain, which is essential for bolstering immune function and overall health. The study underscores the importance of integrating comprehensive nutrition education and counselling into the care and support provided to PLWHIV. This holistic approach contributes to improved health outcomes and enhances the overall quality of life for this population.

RECOMMENDATIONS

Healthcare providers should enhance nutrition counselling services to meet the specific needs of patients with PLWHIV by addressing the side effects of medication and tailored dietary recommendations. The promotion of regular physical activity should be integrated alongside dietary changes in the care of PLWHIV. Physical activity contributes to their overall well-being and can be an essential component of comprehensive healthcare. There should be collaborative efforts between healthcare facilities and community organisations to provide ongoing support. There should be regular monitoring and evaluation of nutrition education and counselling to refine services and improve responsiveness to evolving needs. Research initiatives and knowledge-sharing forums should be encouraged to identify and disseminate best practices in the field of nutrition management for PLWHIV. Collaboration and information exchange can lead to advancements in care quality and treatment outcomes.

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