FOOD CONSUMPTION, FOOD SECURITY AND COPING STRATEGIES AMONG PLHIV, KENYA

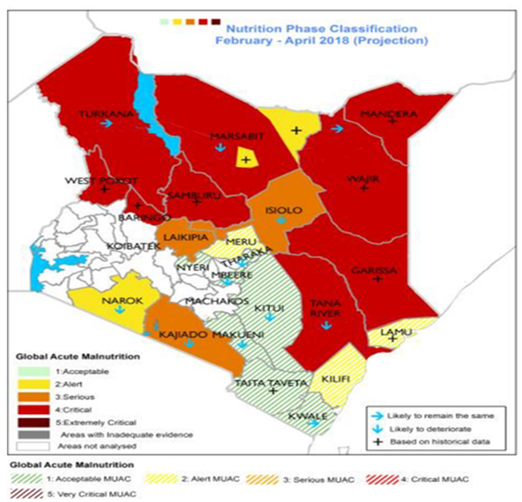
Josephine Mwema, Cyprian Ouma, Manaan Mumma
World Food Programme, Kenya Country Office

Background:

With Kenya classified as a UNAIDS fast track country, the HIV response is working towards achieving the global 90-90-90 targets. However, despite tremendous progress in controlling and reversing the HIV trend in Kenya, there remains a high new HIV infection rate among young people and key populations, and the HIV response in arid and semi-arid lands (ASAL) remains a concern. Gaps persist in the prevention of mother-to-child transmission (PMTCT), antiretroviral treatment coverage, and in the coverage and distribution of health facilities and personnel.

There remains a paucity of information on the impact of drought-related shocks on HIV response in arid and semi-arid lands which experience cyclical droughts leading to food insecurity and malnutrition both for the general population, but more so for PLHIV and TB clients. During crises, limited data are available regarding the present status of nutrition as well as food security among PLHIV.

The United Nations World Food Programme (WFP) conducted an assessment to identify the effects of the 2017 drought on food consumption, food security and coping strategies among PLHIV and to explore the complex and interacting mechanisms that enhance or impede HIV response in ASAL areas in Kenya.

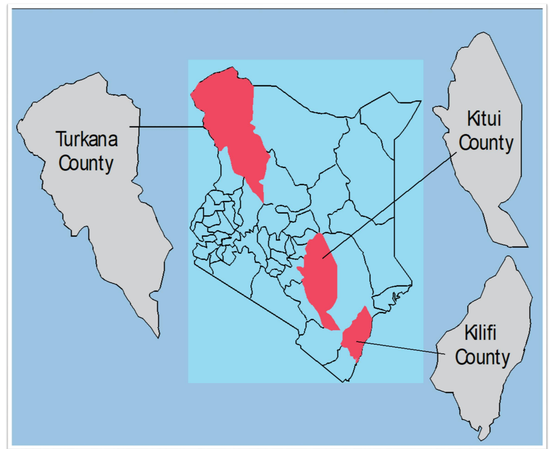


Methods:

A rapid assessment using a mixed methods research approach was carried out in Kilifi, Kitui and Turkana counties. Counties were selected based on a composite score of drought severity, poverty index, HIV prevalence and malnutrition.

Three Comprehensive Care Clinics (CCCs) were purposively selected as the entry point. Participants were recruited that were aged from 2 years onwards. In addition, data was obtained from medical records of clinically active children below 59 months that attended CCC between January and October 2017. The study had ethical approval from the Ministry of Health and informed verbal consent was obtained from participants prior to participation.

Study areas:



Analysis

Descriptive and multivariate analysis was used using SPSS v 24. Food insecurity was assessed using the Household Food Insecurity Access Scale.
Individual Dietary diversity was assessed in adults using one 24-hour recall period. Seventeen food groups were identified and data on their consumption collected. The food groups were then combined to create 12 food groups that were used to calculate dietary scores for household dietary diversity (HDDS). Scores were also calculated for women, based on 10 food groups
Coping strategies to food insecurity were assessed using the Coping Strategy Index.

Ethical Clearance

The study had ethical approval from the Ministry of Health and informed verbal consent was obtained from participants prior to participation.

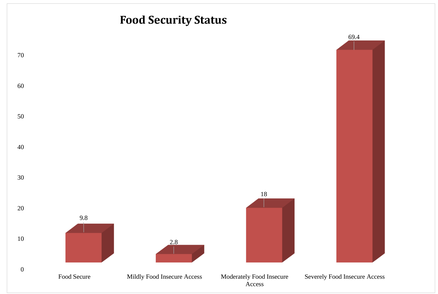
Results:

1272 children aged 2 to 14 years, adult men and women were recruited.

Mean HDDS and dietary diversity score for women were both 3.8, and below the minimum recommended threshold.

87% of female participants had low to medium dietary diversity.
Prevalence of severe food insecurity was 69.4%.

78.5% of children 2-14 years were from severely food insecure households. 69.2% of adults reported low coping strategies to food insecurity.



Likelihood of being wasted increased with increasing food insecurity [OR 3.31 (95% CI 1.22-9.02); p=0.019] and low household dietary diversity [OR 2.64 (95% CI 1.48-4.72); p=0.01]. The odds of being wasting were higher in men, substance users, consumers of untreated water and those with high viral load.

Variables	AOR	95% CI Lower	95% CI Upper	p value
Household dietary diversity score (HDDS)				
Low HDDS (<=3 HDDS)	2.64	1.48	4.72	0.001
Food Secure	Ref			
Severely food insecure access	3.31	1.22	9.02	0.019
Sex				
Male	1.70	1.04	2.77	0.034
Currently using at least one substance (cigarettes/alcohol/drugs)				
Yes	2.25	1.20	4.22	0.012
Do anything to drinking water				
No	1.92	1.18	3.13	0.009
Viral load count				
>=1000 cp/ml	1.93	1.08	3.46	0.027

Conclusion

The relatively poorer infrastructure in ASAL areas undermines the innate ability of communities in ASAL areas to cope with drought. The less developed road network increased the cost of food, which undermined the terms of trade. While livestock offtake is a good start, the same could happen spontaneously if communities are informed well in advance and road networks are good enough for traders to access these markets. This affords ASAL communities some dignity even as they mitigate drought effects.

Overall, communities were not adapting severe coping strategies as would be expected given the severity of the drought.

It would appear that communities in ASAL areas are constantly in 'survival' mode where some form of scarcity is the norm rather than the exception.

A call to **sustainable s**olutions to deliver resilience in the already deprived livelihoods is prioritized in the ending drought in emergencies is of priority.

Support by both the national and the county governments in Kenya in prioritising preparedness and response is critical in ensuring gains made in addressing HIV are sustained.

WFP World Food Programme

Contact:
Josephine.mwema@wfp.org/Manaan.mumma@wfp.org