

Chapter 10

NUTRITION EDUCATION AND COUNSELLING FOR PLWHA

Nutrition education and counselling are integral to providing nutritional care and support to PLWHA. They are important in letting the individual understand the need to maintain an adequate diet and how to manage common health problems related to HIV that may negatively affect the nutritional status.

Counselling is seen as sharing information and giving advice. However, when counselling PLWHA, it may involve more than giving advice on diet to remain healthy. It also requires helping the PLWHA address their feelings and reactions with regard to their HIV status. Good nutrition counselling should result in positive changes in eating habits and help improve the quality of life of the client.

A counsellor, who understands and empathizes with how clients react to the HIV infection, can provide nutrition counselling to examine their options and help them make the best choices. In so doing, the clients are more likely to agree with the advice given.

Definitions

Counselling is the process in which the counsellor expresses care and concern towards a person with a problem in order to create an environment of trust where the client can learn more about their feelings, thoughts and emotions in order for them to take positive actions to resolve their problems.

Nutrition education is that set of communication activities aimed at achieving voluntary change in nutrition related behaviour to improve the nutritional status of the population. Nutrition education involves teaching of basic nutritional concepts in a simple and practical manner.

10.1 Practical Considerations for Nutrition Counselling:

Be aware and sensitive to the feelings of PLWHA. The HIV positive person may be shocked, depressed or frightened of how to cope with this chronic condition. Make the client feel comfortable by determining their needs and wants during the counselling session and then work together to come up with a plan that works. The following should be observed during counselling:

1. Building a trusting relationship by listening carefully, empathizing, and responding to the client's needs and concerns.
2. Assessments/interviews should be conducted in a non-judgmental manner to elicit more accurate responses from the client, and help build a stronger rapport between the client and the counsellor. Treat the client with respect and acceptance, irrespective of the client's attitudes, beliefs and life choices.
3. Be aware of the body language (both yours and the client's).
4. Ask open-ended questions that start with "what", "why", "how", "when" and "where", when counselling clients.
5. Confidentiality and professional conduct should be maintained throughout the counselling period, and after the counselling session.
6. Praise and reaffirm those things that the client is doing right, to help build self-confidence, self-esteem and motivation.
7. Change and living with HIV is stressful. Suggest one change at a time and ensure that your recommendations are realistic to the client's circumstances. Remember, *"One glove does not fit all"*.
8. Provide practical suggestions and recommendations.

9. When counselling and educating, be aware of the harmful traditional practices and those that do no harm. Encourage the good traditional practices.
10. Be aware of issues that require referral to another appropriate service provider.

The above make a big difference between effective and ineffective nutrition care and support.

10.2 Ways of Promoting Nutrition Counselling:

Following long-term medical or dietary regimens is not easy and many clients soon give up if the information is not presented in a motivating way.

HIV is a chronic condition and nutrition intervention is one part of the comprehensive care package. This means that the PLWHA are getting a lot of information, advice and counselling on a number of issues to help them live a positive life and improve their quality of life. The following, in conjunction with the suggestions above, can be used in promoting and improving the acceptance of the nutrition counselling:

- The first step of nutrition counselling is to conduct a dietary intake and habits assessment. Information and advice should only be given afterwards.
- Food habits are difficult to change, and HIV requires vigilance in observing dietary intakes. It is important to review previous advice and suggest new realistic changes as the situation demands.
- Focus the nutrition education and counselling on the most important and relevant information, based on the client's lifestyle.
- Focus on the positive - stress all the foods your client can eat and offer ideas on how they can prepare food and share recipes if appropriate.

- Give action oriented-tips. Tell the client how to do it and not just what to do. For example, instead of just telling a client to eat a variety of fruits and vegetables, tell them to eat at least one fruit or one type vegetable that is readily available, accessible and affordable to them.
- Provide practical suggestions. Use a list of local, affordable and accessible foods to show the client what they need to eat or how much extra food they need to eat, or how to manage symptoms such as anorexia, diarrhoea, nausea, vomiting and weight loss.
- Negotiate with the client for positive nutritional actions. Avoid tarring with words like “Don’t”, “Avoid” and “Stop”.
- Communicate nutrition information, taking into account the client’s own cultural values and beliefs. For example, know what the food taboos are and help them to identify appropriate alternatives.
- Set short and long-term goals and gradually work on adding more goals with each success. Formulate nutritional strategies such as dietary plans and set targets with the client, e.g. weight-gain and improved laboratory results.
- Arrange for follow-up visits. One visit is not enough. Changing life long eating habits takes more than 30 minutes of counselling.

Chapter 11

MONITORING AND EVALUATION FOR IMPLEMENTATION OF NUTRITION GUIDELINES

It is important to maintain a systematic assessment, analysis and documentation of the implementation of activities associated with nutritional care and support. In this regard, it is important to monitor the implementation of the guidelines and review them in relation to local experiences. This will help to provide information on how well the guidelines are contributing to the health of the PLWHA and their families.

Monitoring and evaluation should address three main questions:

1. Are the guidelines helping in the delivery of nutritional care and support to PLWHA? Which elements are working well? Which ones are not? What are the gaps?
2. Are the guidelines contributing to the improvements of the nutritional status and quality of life of the PLWHA?
3. Are there dietary changes among the PLWHA?

Therefore, the monitoring and evaluation will involve:

- Following up with the key stakeholders involved in the development of the local guidelines in order to assess the practicality of the use of the guidelines within their agencies;
- Following up on the field workers who have been trained on the use of the guidelines in order to assess their usefulness, problems experienced and lessons learned;
- Interviewing the PLWHA who received nutritional care and support to assess the extent to which they have been able to follow the guidelines and suggest modifications;

- Assessing the types of nutritional support activities (counselling, food supplementation, food security) given to the PLWHA and their families; and
- having meetings with the stakeholders to get comments on the guidelines, to identify gaps and to facilitate the review.
- In order to achieve the above, accurate records of all clients, including weights, food intake and medical records, must be kept. The data should be aggregated and reported periodically;
- there must be agreement amongst the key stakeholders and related programmes/interventions on the purpose of the monitoring and evaluation and the key indicators to use (**see Annex 8**) and;
- monitor the availability, accessibility and use of the national nutrition guidelines to the stakeholders in the various sectors.