

Commentary

Food preferences during HIV infections: A risk factor for AIDS

Bello Temitope Kayode

Department of Human Nutrition, University of Pretoria, South Africa.

Received 30 March, 2017; Accepted 22 May, 2017

This perspective discusses the study of Santiago Rodas-Moya et al. (2016) published in Public Health Nutrition: Preference for food and nutritional supplements among adults living with HIV in Malawi, Public health nutrition, 19(04), pp.693-702. The study explored the factors liable for the food preferences of adults living with HIV (ALHIV) in Blantyre, Malawi. The study reported that sourness of food or drinks was one of the key factors liable for the food preference among the Malawian ALHIV.

Key words: AIDS, HIV, food preferences, herbs, nutrition, nutrition intervention.

INTRODUCTION

Food preference during HIV infection is a very sensitive issue that needs close attention. Compromised immunity of people living with HIV (PLWH) makes the food requirements to be different from non-positive individuals. It was on this note, the World Health Organization recommended increased protein and energy food requirements by more than 20 and 10%, respectively, for PLWH (WHO, 2003). The common causes of malnutrition among PLWH have been: poverty, inadequate foods intakes (Bello et al., 2011), malabsorption (associated with damaged gastro intestinal tract), and loss of appetite as a result of mouth ulceration, nutrients and drugs interactions side effects and opportunistic infections (Poles et al., 2001). These factors were known for influencing food preferences among ALHIV. Inadequate and preferences for unhealthy food among PLWH is a risk factor for the disease progression to AIDS.

Food preferences during HIV infections: A qualitative approach

In the exploratory descriptive study published by Rodas-Moya et al (2016) in Public Health Nutrition journal, a qualitative approach was used to obtain information from 24 Malawian (15 females) ALHIV (Rodas-Moya et al., 2016). The study used 32 in-depth interviews for a period of five weeks triangulated with iterative approach to obtain data. Participants of the study were asked questions on their food preferences, factors that can influence their food preference and organoleptic properties of selected food samples (chocolate milk shake, fruit bar, cereals based chocolate, butternut biscuits). The results called for attentions. All the participants preferred moderately sour food to sweet food. Participants' preference was associated with their

Email: tkbello2070@gmail.com. Tel: 0123563212.

Author(s) agree that this article remain permanently open access under the terms of the [Creative Commons Attribution License 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

cultural norms and beliefs that sour foods and drinks could help to restore health during HIV-infections. This kind of cultural norms and beliefs can increase the risk of unhealthy food choice leading to disease progression to AIDS. Risky unhealthy food choice includes the use of herbs to replace food intakes. This study is very timely and important as a basis to sound a general warning sign to the ALHIV, especially in Africa where the consequence of the disease is heating hard that bitterness or sourness is not a determinant of healthiness of food or positive impacts on health. The policy makers have roles to play in ensuring that a constant intervention that discourages the use of herbs in the replacement of healthy food choice is promoted. This may be achieved through mass media campaign and not just focusing on provision of antiretroviral therapy (ART). Although, the study has some limitations that could make it difficult for the results to be generalized: small sample size, the study involved rural ALHIV. Despite the limitations of the study, the use of 32 in-depth interviews to explore information seems scientifically rigorous to capture perceptions of the participants. In addition, the data was triangulated with iterative approach.

SUGGESTIONS

This study provides urgent information to policy makers that the nutrition guidelines for ALHIV still remain ineffective. There is a need to develop nutrition guidelines that is culturally sensitive to the needs of ALHIV. In poverty thriving communities, nutrition education should be on the impossibility of replacing healthy foods with traditional medicines either in the form of foods or drinks. Researchers planning a nutrition education programme for ALHIV may need to incorporate the implications of using herbs in during HIV-infections in their programme. This can help to enhance the effectiveness of the programme.

Loss of appetite is still a common incidence during HIV-infection. Strategies on how to improve loss of appetite should be considered by future researchers.

Research opportunity

A mixed method research to explore the food preferences and factors that can influence food preference during HIV infections may be needed to identify the needs of ALHIV which can guide in the development of an effective nutrition education intervention (NEI).

An effective NEI must address food insecurity, nutritional status, cultural sensitivity in meal planning and the implications of using herbs (tradition medicine) in HIV-infections. Strategies to combat factors that impede healthy food preference and choice should also be considered in future nutrition intervention research for ALHIV.

CONFLICT OF INTERESTS

The authors declare that there is no conflict of interest.

ACKNOWLEDGEMENTS

The author appreciates those that funded his PhD (TETFUNDS, Nigeria, Department of Research and Innovations (DRI), University of Pretoria, Red Cross international, Lagos branch, Nigeria); without their efforts, this commentary may not be a reality.

REFERENCES

- Bello TK, Olayiwola I, Agbon CA (2011). Nutrients intake and health status of HIV/AIDS patients. *Nutr. Food Sci.* 41(5):352-58.
- Poles MA, Fuerst M, McGowan I, Elliott J, Rezaei A, Mark D, Taing P, Anton PA (2001). HIV-related diarrhea is multifactorial and fat malabsorption is commonly present, independent of HAART. *Am. J. Gastroenterol.* 96(6):1831-7.
- Rodas-Moya S, Kodish S, Manary M, Grede N, de Pee S (2016). Preferences for food and nutritional supplements among adult people living with HIV in Malawi. *Public Health Nutr.* 19(04):693-702.
- World Health Organization (WHO) (2003). Nutrient requirements for people living with HIV/AIDS: Report of a technical consultation, World Health Organization, Geneva, 13–15 May 2003. pp. 1-31. Available at: http://www.who.int/nutrition/publications/Content_nutrient_requirements.pdf