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Research - (2019) Volume 7, Issue 5 Nwanna Uchechukwu Kevin: Correspondence: Nwanna Uchechukwu Kevin, Department of Medical Sciences, University of Victoria, Uganda, Tel.: 256778092462, Email: Author information Introduction: There are a number of problems for both the mother and health care providers due to the risk of transmission of human immunodeficiency virus (HIV) as a result of transmission of human immunodeficiency virus (HIV) as a result of hiv transmission. Proper and adequate nutrition is critical to the child's growth and development, as well as throughout the child's life. The national health sector in Uganda focuses on health promotion, disease prevention, early diagnosis and treatment of diseases. The national minimum health care package consists of maternal and child health; Prevention, treatment and control of infectious diseases; Prevention, treatment and control of noncommunicable diseases; Health and public health initiatives. Purpose: The purpose of this study was to determine the level of nutrition guidelines for infants born to mothers living with HIV in the Rakai region of Uganda. Methodology: The descriptive cross-sectional design of the study was used with a sample size of 138 respondents and using a quantitative method of research. A probability sampling strategy called a sequential sample was used to sample mothers with HIV. The data was analyzed using SPSS to generate descriptive analysis data. Results: Of the 135 HIV mothers surveyed, 69 (51.1%) were HIV mothers. adhered to the guidelines for breastfeeding for children born to hiv-infected mothers. Conclusion: 5 out of every 10 HIV mothers adhere to breastfeeding guidelines for children born to HIV mothers. Recommendations: Timely reorientation of mothers and families to breastfeeding, proper supervision by health workers. Baby keywords; Feeding; HIV; Mothers; Uganda's introduction of Uganda's policies and guidelines on feeding infants and young children include: Parents should be consulted and supported to introduce adequate, safe and appropriate supplementary nutrition when the child is six months old. However, parents can breastfeed their children for more than two (2) years. All HIV-negative mothers and HIV-infected women should receive counselling and support solely to breastfeed their children during the first six months of the child's life. Pregnant women and nursing mothers should be properly cared for and encouraged to consume nutritious foods. It is strongly recommended that HIV-positive mothers breastfeed their babies exclusively for the first six (6) months if they cannot afford and substitution feeding when recommended. Children born to mothers living with HIV are tested for HIV at the age of 10 weeks. In an area where children under the age of five suffer from diarrhoea, malnutrition and pneumonia, breastfeeding contributes to the health of children. In addition, high mortality of poor mothers is recommended to breastfeed exclusively for the first six (6) months and gradually introduce additional food for more than two years. In 2010, WHO for the first time recommended ARVs to prevent postpartum transmission of HIV through breastfeeding. In 2010, WHO adopted a public health approach, recommending that national authorities encourage and maintain single feeding practices for all women living with HIV to access health care in public health facilities. It was a major paradigm shift. As part of the EMTCT service programme, mothers living with HIV in the Rakai area are provided with breastfeeding counselling to prevent HIV transmission to infants through breast milk by health workers during antenatal visits, and then follow-up counselling during follow-up visits. However, the level of adherence to breastfeeding guidelines (exclusively breastfeeding, supplementary feeding and cessation of breastfeeding), especially among HIV-positive mothers, is reported to be below 30 per cent. This could lead to high vertical transmission rates and without appropriate measures to improve WHO adherence to WHO guidelines for breastfeeding among HIV-positive mothers, vertical transmission rates within the first six months of infants will inevitably increase, hence the infant mortality rate from HIV will increase. In 2010, WHO's global guidelines on HIV and infant feeding were updated to recommend that, when diarrhoea, pneumonia and malnutrition continue to be common causes of infant and infant mortality, national health authorities should, while providing ARVs, to encourage and support breastfeeding among women and mothers living with HIV. HIV-positive mothers are strongly encouraged to breastfeed only their babies for the first six (6) months and stay one year behind them. Mothers living with HIV should then consider stopping breastfeeding for 12 months if they are able to provide adequate and safe nutrition without breast milk. The guidelines state that for women living in non-food-non-food-non-food-producing regions, continued breastfeeding for 12 months may still be important for a child to achieve adequate nutrition. The recommendation to breastfeed for up to 12 months and then consider whether to either stop breastfeeding or continue breastfeeding for longer was based on four considerations. Compliance with breastfeeding recommendations survival of infants of HIV-infected women is crucial for the free-from-human immunodeficiency virus (HIV). HIV-infected mothers in developing countries often face complex problems that affect their choice of breastfeeding practices. Mothers who are unable to cope may succumb to practices that do not include breastfeeding guidelines, thereby endangering their Survival without HIV. Based on the accumulation of evidence on the negative effects of avoidance or early termination of breastfeeding in developing countries, as well as on the benefits of antiretroviral (ART) interventions to reduce mother-to-child transmission of HIV (ICT) through breast milk, the World Health Organization (WHO) has published rapid counselling, i.e. revised WHO guidelines and recommendations on breastfeeding in the context of HIV in 2009. This guide recommends the use of prevention during breastfeeding up to one week after exposure to breast milk. It also recommends that HIV-infected mothers intending to breastfeed do so exclusively for the first six months and then introduce appropriate supplementary food and continue breastfeeding for up to 12 months. A study was conducted to examine breastfeeding practices among HIV-infected and negative mothers (0-9 months after delivery) and to describe the link between infant feeding practices and HIV-free survival. This study showed that despite adequate feeding practices that were low among mothers who were both negative and positive, mothers who were HIV-positive were more likely to adopt safer feeding methods for their children, and this was the result of counseling given to them by health care providers during the EMTCT program. Methodology Research Design This design study has been a descriptive cross-sectional and analytical study with quantitative methods of data collection. The cross-examination allowed the researcher to collect all the necessary data at the point; the purpose of the study was to develop issues that required data collection and analysis. Population Study Was Among Mothers Living with HIV in the Rakai area. It is estimated that one in 10 mothers in the Rakai area lives with HIV. In the Raki district, 23 health centres and two hospitals offered services to prevent mother-to-child transmission (PMTST). The data were collected in 23 health centres and two hospitals in a row. The inclusion criteria for all mothers living with HIV in the Rakai region are ready to participate in the study. The criteria for excluding all HIV mothers in the Rakai region who were unable to answer the question because of a disease. The study calculated the number of women living with HIV in the Rakia area, which was about 10%. The researcher determined the sample size based on the Kisi and Leslie formula, a method used because the actual population of a woman living with HIV in the Rakia area is not available. This method includes the equation below: $12 \text{ Where the desired sample size is the standard normal deviate at the level of trust or } 1.96 \gg \gg \text{ in the population with } (10\%) - 1-r \text{ (P - is the share of the population) - the degree of accuracy that is at the level } (0.05) \text{ Value } n \text{ } 138; \text{ thus, the sample size for this study is } 138 \text{ sampling procedures The incorrect sampling method of all samples, called the method of sequential sampling, has been used to assess a woman living with HIV in the Region of Rikia; a consistent sampling method includes the sampling method of all who agree to participate, provided that they meet pre-set criteria until the number of desired items is reached. This allowed the researcher to be more rated for the respondents and easily achieve the desired sample size. This was done at the HIV clinic and other outreach activities in the district. Measuring the variables of Independent Variable Mothers Living with HIV: Attributes such as HIV status were controlled through the basic issues associated with each attribute. Dependent variable level of adherence to feeding guidelines: This was determined by the question of whether mothers were breastfed exclusively during the first six months of life, introducing appropriate supplementary food afterwards, and continue breastfeeding, being fully supported for joining ART. Mothers who adhere to the above guidelines for breastfeeding are grouped under the principle of adherence, and those who do not adhere to are grouped on the principle of non-compliance. Data collection methods quantitative methods Data were collected through a structured questionnaire and with the help of researchers. A semi-structured questionnaire containing all the questions related to the objectives of the study has been developed. The questionnaires were introduced with the help of research assistants to assist them in spreading them properly. The data collected for quantitative analysis of data management were analyzed using the Social Science Statistical Package$

(version 22.0). Statistical calculations were carried out only using descriptive analysis. The results were presented in the charts. Quality control (reliability and reliability) The following quality control measures were used in this study: - To ensure reliability, the researcher pre-tested the questionnaires prior to data collection - During the collection of data, trained and experienced research assistants were used to avoid the bias of the interview Ethical considerations In order to maintain high ethical standards, the following measures were observed: - Informed consent-all respondents and participants were previously notified of the nature of the study and their consent was requested prior to the filling of the questionnaires - The right to privacy and confidentiality - the identities of the participants and their opinions were considered the strictest degree of trust. Each medical facility was provided with a closed box for the drop-off of the completed questionnaires, and it was empty every third day to prevent the respondents from being tracked back - self-determination - all were previously notified of their right to ask questions, refuse to provide information, withdraw from the study at any given time and about freedom from any form of coercion - All participants in the study were presented with a statement about the purpose of the investigation, which outlined the role of the participant in the study and how the information they provided should have been used by the Study Restriction - The study may be limited to the information provided, information bias arises. When respondents choose not to give the correct informational example when administering questionnaires to respondents; this was limited, highlighting the confidentiality of the information orally and the inclusion in the questionnaire Results a total of 135 mothers living with HIV were selected from 138 expected sample size showing the response rate of 98%. Compliance with breastfeeding guidelines for infants born to mothers living with HIV in the Rakai area with figure 1 above, out of 135 HIV mothers surveyed 69 (51.1%) adhered to the guidelines of breastfeeding for infants born to HIV mothers, while 66 (48.9%) Don't stick. Figure 1. A diagram of lawyers showing the public's adherence to breastfeeding guidelines for infants born to HIV mothers in the Rakai area. Breastfeeding a baby with breast milk only for 6 months with figure 2 above, out of 135 HIV mothers surveyed, 103 (76.3) mothers breast-feeding a child with breast milk only for 6 months and 32 (23.7%) did not breastfeed the baby for only 6 months. Figure 2. Bar charts showing the population of mothers that breastfeeding a baby with breast milk only for 6 months in the Rakai area. Appropriate extra feed after 6 months As shown in Figure 3, all mothers surveyed 135 (100%) introduced appropriate supplemental feed after 6 months of breast milk only drawing 3. Displaying the population of HIV mothers who administer appropriate supplementary feeding after 6 months of breast milk only for their children. The duration of breastfeeding in Figure 4 above shows that mothers who used up to 24 months to breastfeed were the majority of respondents, while those who used less than 6 months for breastfeeding had the lowest number of respondents. Figure 4. A bar chart showing the different durations of breastfeeding of babies born to mothers living with HIV in the Rakai area. Discussion Compliance With Breastfeeding Guidelines for Infants Born to Mothers Living with HIV in the Rakai Area This study found that of the 135 HIV-positive mothers surveyed, 51.1% of them adhered to breastfeeding guidelines for HIV-born mothers, while 48.9 per cent of them did not adhere to guidelines; this shows that 5 out of every 10 HIV-positive mothers adhered to breastfeeding guidelines for infants born to HIV mothers. In addition, this study shows that guidelines for breastfeeding, on average, among mothers living with HIV. Compliance with breastfeeding guidelines will help to create a child's immunity, which will help reduce mother-to-child transmission of HIV. This guide was specifically designed to improve the health of mother and child. The findings of this study are consistent with a long-term descriptive study used to examine compliance with human immunodeficiency virus (HIV) -infected mothers in Nigeria's higher hospital, the results of the study showed that 73% of mothers adhered to guidelines for breastfeeding for HIV mothers and 28% did not adhere to the guidelines of breastfeeding for HIV mothers. The main reasons for not not being selected were fears of mother-to-child transmission of HIV (65%), and the availability of the formula (97%) EBF and EFF, respectively. In addition, a study was conducted to examine the feeding practices of infants belonging to HIV-negative and positive mothers (0-9 months after delivery) and to determine the relationship between infant feeding practices and free HIV survival. The results showed that more HIV-positive mothers were exclusively breastfed than HIV-negative mothers. This shows that mothers are even more interested in ensuring that mothers adopt guidelines for breastfeeding, as they have very significant benefits in ensuring a significant reduction in mother-to-child transmission of HIV. It also helps reduce the burden of HIV worldwide. The study concluded that that 51.1 per cent of HIV-infected mothers adhered to guidelines for infants born to HIV-positive mothers, while 48.9 per cent of HIV-positive mothers did not adhere to guidelines for infants born with HIV, indicating that 5 out of every 10 HIV-positive mothers adhered to guidelines for infants born with HIV. The recommendation Effective and effective timely reorientation of mothers and families to approved breastfeeding guidelines will help mothers and families better understand the benefits of breastfeeding guidelines; also regular campaigns and awareness will serve as a reminder to them always. Links to Uganda's IYCF policy. 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Goga AE, Doherty T, Jackson DJ, Sanders D, Colvin M, Chopra M, etc. Int Breastfeed J. 2012;7:4. Nwanna Uchechukwu Kevin Department of Medical Sciences, University of Victoria, Uganda Citation: Kevin NU (2019) Nutrition Guidelines for Babies Born to Mothers Living with HIV in Raqai District, Uganda. J Trop Dis 7:327. Doi: 10.35248/2329-891X.19.7.327 Received Date: June 08, 2019 / Accepted Date: 24 August 2019 / Published Date: 03 Aug 2019 Copyright: © 2019 Kevin Nu. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which allows unlimited use, distribution and reproduction in any environment, provided that the original author and source are enrolled. Credited.

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