



**HIV/AIDS QUALITY OF  
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# CARING FOR A CHILD WITH HIV



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AIDS has already claimed the lives of millions of people and still the pandemic is growing and spreading more fiercely. This affects our children dramatically and AIDS orphans and HIV-infected youngsters are becoming more and more prevalent in our societies.

Children living with HIV and AIDS started life with a disadvantage and are in need of special care. They often grow slower and are plagued with illnesses and diseases that, for their already poor immune systems, can be life threatening.

All Children regardless of whether they are born of HIV-positive mothers or not should be monitored routinely at well-baby clinics and given vaccines as scheduled.

The follow-up schedule can start as early as 10 days post delivery followed by the 6-week visit then at 3,4,5,6,9 and 18 months of age.

During these visits the health worker should look out for, fever, weight loss or weight gain, recurrent infections, ear infections, oral thrush and general development milestone. It is important to seek advice from the health care worker early when the child does not look well.

### **Nutrition**

Poor nutrition causes serious problems in children living with HIV and AIDS, so good nutrition is vital for growth and strength. Children on medication or with thrush in the mouth may not eat well, but the caregiver should try and encourage them to eat small portions of food more regularly than usual. Also, give the child food that is energy dense, soft, moist and easy to chew and swallow.

The nutritional needs of the child must be taken into consideration. Older children need more food than younger ones. Increase the energy of the food by adding small amounts of butter or margarine to the food, but be careful not to overdo it. Fats and oils in food can make diarrhoea worse if the child already suffers from it. Feed children at least 5 times in a day.



Increase the intake of protein in the diet by adding dried milk powder or peanut butter to the food. If the child has a problem digesting milk, try yoghurt or sour milk products like amasi and buttermilk. If the child suffers from diarrhoea, it sometimes helps to avoid fresh milk until the diarrhoea has stopped.



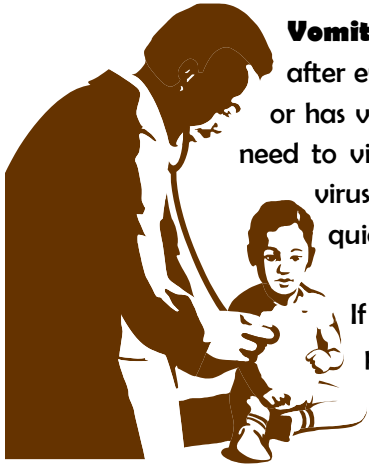
A child with HIV and AIDS has the same need for stimulation and love as any other child and should not be treated differently. Encourage these children to play when they are feeling well and to enjoy the period of life that is given to them. Children born of HIV-positive mothers should be given vitamins and cotrimoxazole for the prevention of opportunistic infections. Make sure that they get enough rest and receive the best medical treatment that is available to them.

- o How do I know when it's just the sniffles or a real bad cold?
- o How do I know when the fever is just from teething or the baby has an infection?
- o Should you panic when your child doesn't eat one of his meals or is it just a toddler thing?

These are just some of the questions that parents with children with HIV face everyday. Most parents don't want to miss something but they don't want to be running to their doctor, clinic or hospital constantly.

This guide will help parents with concerns about signs of infection.

**Fever** - a temperature of 38<sup>o</sup> C or above that lasts at least 24 hours usually indicates some kind of infection that needs follow-up with a doctor or a nurse. You can use paracetamol and this may bring it down but if the next day there is a fever see your nurse or doctor. However if the baby is less than 3 months old and has a fever visit your nurse or doctor for advice.

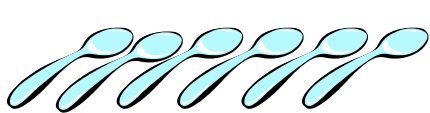


**Vomiting** - if your child is an infant and is vomiting after every feeding (a large amount, not just spit up) or has vomited more than 4 -5 times in one day, you need to visit your nurse or doctor. It may be a simple virus, but since infants can get dehydrated (dry) so quickly, giving extra fluids is very helpful.

If at any time the child looks ill or vomiting persists beyond a day, visit your nurse or doctor for advice.

**Diarrhoea** - is frequent loose/ watery usually green stool (bowel movements) occurring 4 or more times a day. It can also be blood stained, mucousy, loose and occurring at least 4 or more times a day. It is not just one loose stool. If your child is an infant you should visit your nurse or doctor. Give the child salt and sugar solution to avoid dehydration. Most of the time you will be asked to bring in a stool specimen, so bring in one of the napkins. If there is any visible blood, bring that to the attention of your nurse or doctor immediately. If your child is older and having loose, watery, or mucousy stools more than 4-5 times a day and their activity is unchanged visit your nurse or doctor. Blood in the stool may be a serious sign. See your health care provider without delay.

The recipe for the salt and sugar solution is as follows;



6 level teaspoons sugar



750ml water



Half a level teaspoon salt

Children become dehydrated more quickly than adults so it is necessary for any water lost due to vomiting or diarrhoea to be replaced. After the child has passed a watery stool or vomited, give him/her some salt and sugar -

solution or liquid in the form of soup, thin porridge, tea or rice-water. Boil the water if you are not sure of its cleanliness.

**Appetite** - changes in appetite, such as eating or drinking less, difficulty swallowing or drooling lasting more than 1 day may indicate thrush (white patches in mouth) or herpes (usually redness in the mouth) and needs a call to your nurse or doctor because your child will need to start medication to clear up the infection. If your child is not feeling better in 24-48 hours then your will need to go and see your doctor.

**Rashes** - bumps, lumps or any sores on the skin need to be reported and seen by your nurse or doctor.

**Coughing** - chest congestion, difficult or painful breathing need to be reported to your nurse or doctor immediately. Any signs that your child is having problems breathing, for example, using their stomach to breathe, moving their nostrils when breathing, or needing to sit up to breathe, needs immediate attention.

**Nosebleeds** - that take at least 5 minutes to stop, more bruising than usual or bruising without a known cause needs a call to your nurse or doctor. Most of the time you will need to come in for blood tests and if the child needs any medicine this can be done in the clinic.

- **Remember that Exposure to any communicable disease such as chicken pox, measles or T.B. must be reported immediately to your nurse or doctor to protect your child.**
- **Children born of HIV positive mother; should receive COTRIMOXAZOLE (See Brochure QOC 12) from 6 weeks of age until 15-18 months; when their own HIV status can be established. Beyond 18 months; children who have tested HIV positive should receive COTRIMOXAZOLE for life.**
- **Find out from your health care provider if AIDS drugs are available.**