



A Systematic Review of the Association Between Food Insecurity and Antiretroviral Therapy Default Among Postpartum Women Living with HIV in Nairobi's Informal Settlements, Kenya

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the Association

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Abstract

Food insecurity is a critical social determinant of health in resource-limited urban settings. For postpartum women living with HIV, managing nutritional needs, infant care, and lifelong antiretroviral therapy (ART) adherence is a complex challenge. This challenge is concentrated in the informal settlements of Nairobi, Kenya, yet a synthesis of evidence on this specific population is lacking. This systematic review aimed to synthesise existing evidence on the association between food insecurity and ART default among postpartum women living with HIV in Nairobi's informal settlements. The objective was to determine the nature and strength of this association to inform public health policy and interventions. A systematic search of multiple electronic databases was conducted following PRISMA guidelines. Included peer-reviewed studies, both qualitative and quantitative, focused on the target population and outcome. Studies were screened by title and abstract, followed by a full-text review. Data were extracted using a standardised form and assessed for quality using appropriate critical appraisal tools. The included studies demonstrated a consistent positive association. A key quantitative finding indicated that postpartum women experiencing severe food insecurity were approximately three times more likely to default from ART than those who were food secure. Qualitative themes highlighted the difficult trade-off between purchasing food and incurring transport costs to collect medication. Food insecurity is a significant and modifiable risk factor for ART default among postpartum women living with HIV in Nairobi's informal settlements. This underscores the need to integrate nutritional support into standard HIV care programmes for this group to improve maternal health and prevention of mother-to-child transmission outcomes. Programmatic recommendations include integrating routine food security screening into antenatal and postnatal HIV clinics and developing targeted food or voucher support programmes for at-risk postpartum women. Further longitudinal research is needed to establish causality and evaluate the efficacy of such interventions. HIV, postpartum women, antiretroviral therapy, adherence, default, food insecurity, informal settlements, Nairobi, Kenya. This review consolidates evidence on a critical barrier to ART adherence within a vulnerable, under-studied population, providing a clear rationale for integrating food security interventions into HIV care programmes in urban informal settlements.

Keywords: *food insecurity, antiretroviral therapy adherence, postpartum period, HIV, urban informal settlements, sub-Saharan Africa, social determinants of health*

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