

EXPERIENCES OF HIV INFECTED
WOMEN REGARDING EXCLUSIVE
BREAST FEEDING IN THE FIRST SIX
MONTHS OF THE INFANTS'S LIFE

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PRESENTATION OUTLINE

- Introduction
- Purpose
- Methodology
- Findings
- Discussions
- Conclusions and Recommendations
- Limitations

INTRODUCTION

- The South African and WHO guidelines for PMTCT recommend exclusive breastfeeding by all mothers in the first six months including those who are HIV infected because the benefits of breastfeeding outweigh the risk of HIV
- Breast feeding is made safer by provision of ARV's to all HIV infected mother and prophylaxis to their babies.

Mother: “Doc, should I breastfeed my baby, I am HIV+”?

Without ARVs, HIV-infected mothers have **10 to 15%** chance of passing HIV through breast milk, and still lower if on **ARV**



Non breast feeders are at high risk of: **Malnutrition, ARI, Diarrhea**- All leading causes of deaths!
Baby may survive, only to suffer later in life from **DM, Allergies, Au to- immune diseases**

So... Weigh before you say!

PROBLEM STATEMENT

- Mothers were first oriented to the fact that HIV can be transmitted from the mother to the baby through breastfeeding.
- There was free supply of formula in government health facilities for HIV positive mothers for PMTCT till April 2012
- This was stopped after the promulgation of the Tswane declaration in 2011
- There was a sense of uncertainty regarding breastfeeding among mothers and clinicians as evidenced by the researcher

PURPOSE

- The purpose of this study was to explore, describe and interpret the experiences of HIV positive mothers about exclusive breastfeeding in the first six months of the infant's life and also make recommendations to the stakeholders who are expected to support exclusive breastfeeding.

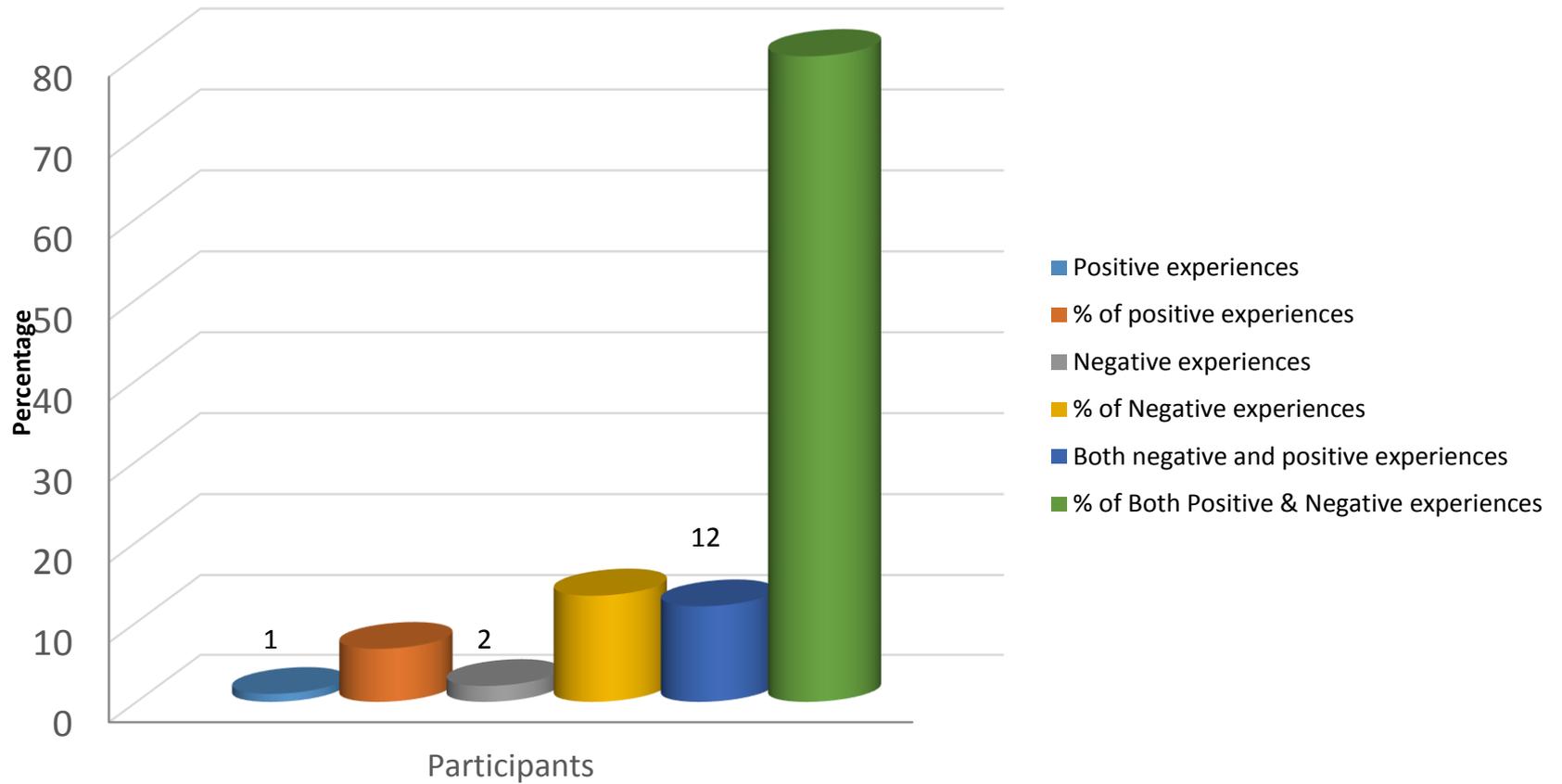
OBJECTIVES

- Identify challenges with regard to infant feeding in the context of HIV, especially with regard to the recommendation of exclusive breastfeeding in the first six months of the infant's life by HIV infected mothers
- Determine the feasibility of exclusive breastfeeding by HIV infected mothers in the first six months of the infant's life
- Identify gaps with regard to counselling on infant feeding in the context of HIV

METHODOLOGY

- A qualitative
- Descriptive
- Unstructured interviews
- Population: mothers of babies aged 6 -12 months who had opted for EBF.
- Saturation was reached after interviewing fifteen mothers

FINDINGS



Themes

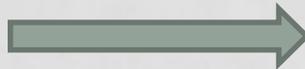
Sub themes

Positive experiences



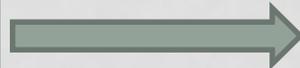
Well informed
Satisfaction
Motivated
Support

Negative experiences

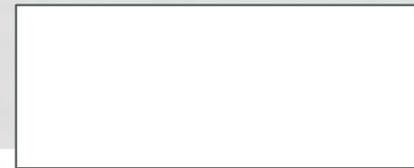


Disclosure of HIV status
Anxiety
Guilt
Mistrust of relatives
Incongruence
Family pressure and conflict

Challenges



Mix feeding
Early cessation of breastfeeding
Non-disclosure
Misinformed



POSITIVE EXPERIENCES

- ***Well informed***

“I had been taught at the clinic that breast milk is good and that the Nevirapine syrup that the baby was getting would protect my baby from getting HIV. I was also told not to give the baby anything except the breast for six months”

- ***Satisfaction***

“I wanted to give him the best I could, so I was very content and happy about breastfeeding.”

Motivated

“I had often seen other mothers’ breastfeeding their babies and felt that one day I would breastfeed mine like that.”

POSITIVE EXPERIENCES

- ***Support***

“My boyfriend is also HIV positive and he was also very understanding and supportive.”

Disclosure of HIV status

- “I had also disclosed my HIV status to other house hold members so they understood that the baby was not to get anything except breast milk.”

NEGATIVE EXPERIENCES

- ***Anxiety***

“I was anxious because I knew that there was a possibility that my baby could be infected from the breast milk.”

“.....I was also scared that my baby was going to be HIV positive because she drank water and the breast..”

NEGATIVE EXPERIENCES

- ***Guilt***

“.....I am even afraid of taking him for the test as I know I mixed fed him. I already feel guilty about what I did and I pray every day that my child be HIV negative ...”

- ***Mistrust of relatives***

“I did not trust them so I would always make sure that my baby was with me for fear that they would give him some water and those medications....”

NEGATIVE EXPERIENCES

- **Incongruence**

“Just to summarise on several occasions when I took the breast milk to the nursery I found that my babies had been given formula, when I asked about it I was told by the nurse that my milk has never been sufficient for those two babies,... I had been told several times at the clinic by nurses that it should either be breast milk alone or formula alone and breast was best, never mixed feeding because babies can get HIV and other infections ... Why was I not told from the beginning that my milk was not enough? But why was I advised on something that was not feasible?”

NEGATIVE EXPERIENCES

- **Family pressure and conflict**
- *“I experienced some problems when my mother came to visit, she said a child cannot survive without water and I was going to kill that child ... My mother ended up giving the baby some water and I had to stop breastfeeding.”*
- *“My father was very dissatisfied about the issue of expressing breast milk. He said it was disgusting to wash the utensils with breast milk where we wash other dishes, and keeping the milk in the fridge with other food’*

CHALLENGES ENCOUNTERED

Mix feeding

“It was good but my milk was not enough so at three months I started to give him formula as well, I had been told about the dangers of mix feeding but the baby’s cry made me to break the rule” I could not take it, and every time after giving formula he would be calm and even sleep.”

CHALLENGES

Early cessation of breastfeeding

There are some things that made me suspect that the baby did not even get that expressed breast milk but I kept quiet as there was nothing I could do, therefore I stopped breastfeeding at four months.”

Non-disclosure

“It was even more difficult because I had not disclosed my HIV status to her and that caused a lot of friction between us as I seemed to be disrespectful.....”

CHALLENGES

Misinformed

- *“Breastfeeding was a good experience for me, I became very sad when I had to stop I wanted to continue but I was told never to go beyond six months..... I was actually surprised this morning when we were taught that HIV positive mothers can breastfeed up to one year and be on ARV's while breastfeeding.”*

CHALLENGES

Work

- *“The first day when I returned to work I expressed some breast milk for the baby..... When I came back in the evening my mother had bought and already fed the baby some formula claiming that the breast milk got finished.”*
- *“I was going back to work and leaving my baby with my mother who had insisted that the baby needs water from birth and some porridge from four months, and I realised I could be putting my child at risktherefore I stopped breastfeeding”*

DISCUSSIONS

- Health education about exclusive breastfeeding
- Knowledge gap by health providers
- Lack of knowledge by other community members
- Limited maternity leave
- Family support
- Disclosure

RECOMMENDATIONS

- Communication and social mobilisation on health issues to all community members
- Extended maternity leave
- Support groups
- Strengthening family planning for HIV infected mothers
- Intensify training of health care providers on infant feeding policy

LIMITATIONS OF THE STUDY

- Teenagers <18years excluded.
- Participants
 - From public facilities
 - Only had basic education
 - All babies had tested negative at six weeks



THANK YOU