

Factors that influence infant feeding options among HIV-positive mothers in Western Uganda

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Infant feeding is one of the ways through which an HIV-positive mother in western Uganda may pass on the virus to her baby. In this East African country, over 90 per cent of the HIV-positive children below age 15 are infected through mother-to-child transmission (MTCT). According to Uganda's Ministry of Health, over 24,000 children are infected each year.

Provision of antiretroviral medicine and practising the recommended infant feeding options which include exclusive breast feeding and replacement feeding is one of the strategies to combat mother-to-child transmission of HIV. This article presents findings of a study that examined factors that influence infant feeding options among HIV-positive mothers in Western Uganda.

Study methods

The study used qualitative and quantitative methods and involved HIV-positive mothers registered with three The AIDS Support Organization (TASO) service centres at Masaka, Mba-

rara and Rukungiri in Western Uganda. A total of 83 HIV-positive mothers were interviewed. Twenty four were reached through two focus group discussions, 11 through key informant interviews involving eight health workers, and three counsellors. Clients' records were also reviewed.

Study findings

Access to information and infant feeding options practised

Almost all mothers received information on infant feeding options from service providers which is most likely to have influenced the

choice of infant feeding practised. Of these mothers, 34 per cent received information to exclusively breast feed for six months or exclusive replacement feeding from birth. About a third practised exclusive breast feeding while nearly half reported to practise exclusive replacement feeding.

Nearly half of the mothers lived more than 10 kilometres from the nearest source of information. It is possible that mothers from far distances can easily access information on infant feeding options through health facilities, radio talks and community sensitisations and awareness.

Sixty per cent of the mothers were peasants. Of these, 34 per cent practised exclusive breast feeding and 43 per cent exclusive replacement feeding.

Only two per cent of the women were formally employed mothers and all practised exclusive

replacement feeding. "(Formally) employed mothers may choose exclusive replacement feeding since they are always away from their homes and babies while other mothers opt for exclusive breastfeeding and later mixed feeding," said one of the key informants from TASO Masaka.

More than half of the HIV-positive mothers said that they were practising exclusive replacement feeding after six months, which is in line with the Ministry of Health 2010 guidelines on infant feeding and PMTCT. Half of the mothers had babies who were below six months and 67 per cent of these were practising exclusive breast feeding while about a quarter were practising exclusive replacement feeding.

Disclosure of HIV status and stigma

Nearly all mothers had revealed their HIV status, which could have influenced the choice of infant feeding options practised as a third reported practising exclusive breast feeding and nearly half practised exclusive replacement feeding.

However, three had not revealed their HIV status, which could also influence the choice of infant feeding practised. As a woman in an FGD said: "I have not disclosed my HIV status to my husband and other family members I live with as such I find it fit to exclusively breastfeed to avoid suspicion."

One of the key informants noted that "some mothers opt for mixed feeding because they don't want the community to suspect that they are HIV-positive by not breastfeeding and they end up giving other feeds. Other mothers take up any feeding option because they fear to disclose their HIV status to anyone. As such, they opt for mixed feeding during the day and exclusively breastfeed at night fearing that the partner might ask why she does not breastfeed."

In the two FGDs held in the two service centres, the level of income determined whether or not the mother practised exclusive replacement feeding. It was noted that spouses or partners do not support breastfeeding mothers financially. As one woman said: "I had to breastfeed exclusively till now because my

husband refused to give me money to buy food for my child."

The study found that HIV-positive mothers who had been in care for long often chose exclusive replacement feeding. Those who had been counselled by TASO for more than two years were less likely to practise mixed feeding compared to those that had spent less than a year.

Conclusion

Disclosure of HIV sero status influences the choice of infant feeding in HIV care and support. Relatedly, most mothers who were respondents in the study had received information on infant feeding options, but lack of financial support could have limited their feeding practises. This emphasises the need to offer clear and adequate information about postpartum HIV transmission to all women and men seeking antenatal care, financial and materials support. ■



Community health volunteers in Zimbabwe. They help educate people on the importance of disclosing one's HIV status. (Photo courtesy of SAfAIDS).



A facilitator presents on gender during a conference in southern Africa. Fear of gender-based violence hinders some mothers from disclosing their HIV-positive status to their partners. (Photo courtesy of SAfAIDS).

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Lessons Learnt

- Disclosure of one's HIV sero status and stigma influence the infant feeding option practised by a breastfeeding HIV-positive mother.
- Access to accurate and relevant information on infant feeding options influences the choice practised. Although some HIV-positive mothers had received the information, they still practised mixed feeding. This emphasises the need to offer clear and adequate information about postpartum HIV transmission to all women seeking antenatal care.
- Also, financial and material support influence the choice of infant feeding. Limited income is an impediment to mothers wishing to opt for exclusive replacement feeding. Some mothers opt for breastfeeding and give alternative food to the baby which may expose them to HIV infection. Even though women might know and want to practise exclusive replacement feeding, they cannot do so because they have no say on financial matters. It is therefore critical that men get information on the need to support their partners financially.

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