

An evaluation of breastfeeding practices in selected prevention of mother to child
transmission of HIV sites in Nairobi

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ABSTRACT

Breastfeeding though beneficial has been associated with up to 20 percent of mother to child transmission of HIV and the risk of HIV transmission increases fourfold with mixed feeding (MF). This withstanding studies have demonstrated that morbidity and mortality among infants 0 to 6 months is significantly higher among infant given replacement foods as compared to those exclusively breastfed. WHO recommends that HIV positive mothers' exclusively breastfeed for 6 months then introduce complementary foods and continuing breastfeeding for 12 months. Replacement feeding is recommended only when it is acceptable, feasible, affordable, sustainable and safe (AFASS). Initiatives in Kenya have focused on providing infant feeding counselling during ante-natal clinics (ANC) as well as post natal clinics (PNC). This thesis highlights findings of an evaluation of infant feeding practices among HIV positive women in resource poor settings in Nairobi. The study was cross sectional in design and was conducted with HIV positive women 18 years and above and their significant others in Nairobi to determine prevalence of exclusive breastfeeding (EBF) and factors promoting or inhibiting the practice of EBF. Face-to-face interviews were conducted with 387 individuals as they exited PMTCT service delivery points. In addition, 4 groups were done – 2 with the HIV positive mothers and 2 with significant others. Overall, 94.8 percent of the participants indicated that they been counselled on infant feeding during their ANC or PNC visit. Of these, 47.5 percent were counselled on mother's nutrition, 13.4 percent on avoiding MF, and 10.8 percent on how to stop breastfeeding. On feeding during infant-mother separation, 5.3 percent were advised to give other foods while away and breastfeed upon return. Close to 35 percent practiced mixed feeding (MF) which was defined in the groups as breastfeeding and giving other forms of foods. From the FGDs with the mothers and significant others, it was clear that it was not the lack of

knowledge of the negative implications of MF that drove the practice. Instead MF was practiced due to ignorance, pressure from family members and need to engage in economic activities. Mothers who delivered in hospital ($p=0.019$), those who had disclosed their HIV status ($p=0.002$), those who reported that the child's father had been tested ($p=0.003$) as well as those who had received advice from health worker on infant feeding ($p=0.000$) were more likely to practice EBF. Concern that child was not getting satisfied, need to soothe the child, pressure from significant others, mother's inadequate nutrition, fear of disclosing HIV status and inadequate counselling were perceived as the key challenges to the practice of EBF. In conclusion, the study demonstrated that despite high knowledge on importance of EBF, 35 percent practice MF. EBF practice was associated with place of delivery, mother's working status, information received, child's father HIV testing and mother's disclosure of HIV status. Lack of knowledge, misconceptions on breast milk and fear of stigmatization are the main hindrance s to exclusive breastfeeding. Enhancing infant feeding counselling at each contact, supporting disclosure of HIV status and enhancing male involvement in PMTCT is recommended as a way of improving EBF. Male involvement is particularly proposed since the study indicated that mothers that knew of their partners HIV status or had disclosed their own status were more likely to practice EBF suggesting possible support by partners as a result.