Influences on infant feeding method among South African mothers living with HIV in the Option B+ era


BACKGROUND

Despite recommendations for exclusive breastfeeding for six months and continued breastfeeding until one year for mothers on antiretroviral therapy (ART), many do not breastfeed. We assessed influences on feeding method choices through patient and healthcare provider (HCP) experiences.

METHODS

At Witkoppen Health and Welfare Centre, a primary care clinic in Johannesburg, we conducted in-depth interviews with 22 HIV-positive women on ART (12 breastfeeding, 10 formula feeding) and 12 HCPs. Interviews were audiorecorded, transcribed and coded by two independent coders. Themes related to influences on feeding decision-making were analysed using a grounded theory approach.

RESULTS

Both breastfeeding and formula feeding women were cognizant of the importance of breastmilk for infants. Two-thirds of women who chose breastfeeding cited financial constraints and social pressure as primary reasons. Women who had not disclosed their HIV status expressed that formula feeding can be stigmatizing as it serves as a surrogate of being HIV-positive. Mothers who formula fed cited fear of HIV transmission to their infant as the key reason. Many participants acknowledged that formula feeding is costly, inconvenient, and attributed it to infant ailments like diarrhea. All participants expressed concerns around breastfeeding for more than six months because of increased transmission risk associated with the introduction of complementary foods (mixed feeding). Working mothers also feared that they could not safeguard against mixed feeding when the child was under the care of others. HCPs viewed cost of formula as a motivator to counsel women to breastfeed instead of formula feed, though not when ART adherence or drug resistance were concerns.

CONCLUSION

Mothers living with HIV expressed significant concerns around vertical HIV transmission from breastfeeding. Fears of mixed feeding also heavily influenced feeding choices. Many women expressed uncertainty around their choice, highlighting the need for clear and consistent communication by HCPs.

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