

# Promoting exclusive breastfeeding in the context of HIV: What do nurses at the front line have to say?

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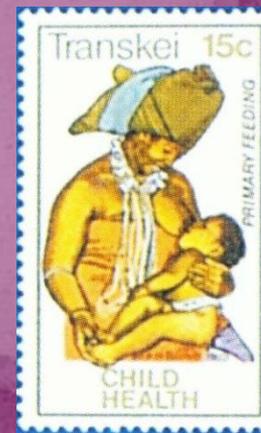
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RESTORING BREASTFEEDING AS THE OPTIMAL FEEDING CHOICE FOR INFANTS SYMPOSIUM

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# Background

- The protection, promotion and support of breastfeeding is one of the key focus areas of SA's Integrated Nutrition Program
- As the backbone of South Africa's public health care system nurses are tasked with implementing policies related to the promotion of Exclusive breastfeeding (EBF)
- The 2010 revision of the PMTCT policy made provision for anti-retroviral treatment for HIV exposed infants and/or their mothers thereby placing stronger emphasis on EBF as a safe feeding option than past policy versions. The latter had led, in part, to the majority of HIV-infected women opting to practice exclusive formula feeding.

# Study Design

- **Study setting:** Primary Health Care nurses involved in Maternal and Child Health Care (MCHC) at PHC facilities in a sub-district of Drakenstein. This peri-urban farming community has an HIV prevalence of 9% & Infant Mortality Rate around 40/1000 live births
- **Aim:** To explore the attitudes and perceptions of PHC nurses with regard to their role as EBF promoters, protectors and supporters in the context of HIV
- **Methods:** PHC Nurses who had taken part in an Infant Feeding KAPP survey in the Drakenstein sub-district were invited to participate in a Focus Group Discussion and a key informant interview was conducted with a PMTCT peer counselor.
- **Trustworthiness:** The researcher paid due consideration to 4 aspects of trustworthiness – credibility, transferability, dependability and confirmability – identified by Shenton (2004) in the design and execution of this study
- **Data Analysis:** The audiotaped proceedings were transcribed and translated by the researcher with the aid of two assistants. Transcripts were studied to identify key issues/themes emerging from the data. An interpretive approach was applied in analysis of the data (Pope, Ziebland & Mays, 2000).

# The Participants

- Seven PHC nurses, one male and six female
- Age 43 -50 years
- 12 years experience in the management of infant and young child, 5 years experience in antenatal care
- One PMTCT peer counsellor

## Theme 1: Mixed feelings about the promotion of Exclusive breastfeeding as a safe feeding option for HIV-infected mothers

*For those who don't want it known that they are HIV positive, they will go for it....*

Male nurse 1

*“See, it's really interesting the breastfeeding one because in any case, the mothers are shy they really don't want to formula feed. So now things are different –HIV infected and uninfected mothers are breast feeding so there's no difference. So they can't see that this one is negative and that one is positive they don't know...”*

PMTCT lay counsellor

## Theme 1: Mixed feelings about the promotion of Exclusive breastfeeding as a safe feeding option for HIV-infected mothers

*...they (the mothers) will not consider the consequences. Sometimes it is not 100% (safe), maybe babies can be infected because it is not 100%. I don't know...Male nurse 1*

*"I think they (the mothers) will be sceptical-(have) mixed feelings, 'I done it that way in the past why should it be done this way now?' It creates lots of confusion, they do not have much faith in Nevirapine because they are lay people, they do not really understand what is happening. I have dealt with people who do not know what to do-they ask you what they should do, they are confused... If it is already so much for us who are professional (to understand/manage) how the heck can the poor lay person's brain handle it."*

## Theme 2: Policy versus practice

*Sometimes I battle with my own feelings (when my own opinion is in contradiction to policy)*

*Even with my knowledge and access to information, if I was HIV positive and pregnant, given the options I would definitely not BF, I would put my baby on formula. And I mean, I am the one with all the information...*

# Theme 3: Barriers to the success of EBF

- The lack of commitment of young mothers
- The influence of grandmothers and elders
- The role and influence of the lay counsellor
  - The influence of doctors
  - Health workers' lack of understanding of the socio-cultural contexts in which mothers must make decisions

# Theme 3: Barriers to the success of EBF

*... the book (new Road to Health booklet) is a handy book, especially for new mothers. They can feed their baby according to that book but the gogos (grandmothers) at home will tell them 'No, the nurses do not know anything, you were given pap at a certain age ... and look how big you are'*

## Theme 4: Opinions on how EBF promotion should change to improve outcomes

**Refocus EBF education and promotion drive to HIV-negative mothers to limit stigma associated with this feeding option**

*“...the drive for EBF must begin with the HIV-negative mothers – so that an example is set – ‘this is what your child will look like –regardless of HIV status-if he drinks only breast milk’.”*

## Theme 4: Opinions on how EBF promotion should change to improve outcomes

**Conveying important messages with target-appropriate media**

*“I think that the mothers need evidence of the benefits of EBF – even if they make a video so that people can see and hear that it is the truth because the man on the street does not just want to hear scientific facts and figures.”*

## Theme 4: Opinions on how EBF promotion should change to improve outcomes

### Making key messages more target group specific

*“When we speak of mixed feeding we must remember that it also refers to the use of medicine bottles. Although we focus (in education/promotion) on the problem of formula feeds we need to pay more attention to these medicine bottles-as these cause the children to end up here.”*

## Theme 4: Opinions on how EBF promotion should change to improve outcomes

### Buy in from grandmothers and elders

*“It (EBF promotion) must begin with the grandmothers and great-grandmothers (everyone must change) because some of them also used bottles along with BF...it is not only the nurses who must spread the message of EBF - the elders (in the community) must also be brought up to speed with regards to EBF so that babies born out of their homes will be EBF. But we have become accustomed to mixed feeding.”*

# Reflection



# Reflection....

**“THE PESSIMIST COMPLAINS ABOUT THE WIND;  
THE OPTIMIST EXPECTS IT TO CHANGE;  
THE REALIST ADJUSTS THE SAILS.”**

**WILLIAM A. WARD**

# Acknowledgements

I wish to express my gratitude to:

- The hardworking nurses and lay counsellor who willingly shared their experiences of infant feeding promotion in a very challenging context



A little bit of history...stamp circulated in  
1979

