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*HEU Policy Briefs present summarised research findings and key policy recommendations on important health care policy issues in Sub-Saharan Africa.*

# Infant feeding choices of HIV-positive mothers in Ghana

## How do the roles of counsellors, mothers, families and socio-economic status influence these choices?

### Background

In Ghana, almost 3 percent of pregnant women are infected with HIV and an estimated 15 percent of infants born to them acquire the infection through breastfeeding (National HIV prevalence and AIDS reports 2008-2015, 2009).

In 2001, Mother and Child Health services in Ghana adopted the World Health Organisation infant feeding guidelines for HIV women. The guidelines call for the avoidance of breastfeeding by HIV-positive mothers when exclusive replacement feeding is Acceptable, Feasible, Affordable, Sustainable and Safe (AFASS). Other feeding options recommended are the use of heat-treated expressed breast milk or wet nursing of the newborn by HIV-negative women when the AFASS criteria is not possible. When AFASS criteria cannot be met, mothers are advised to exclusively breast-feed and avoid mixed feeding.

Since these guidelines have been adopted, little has been done with respect to assessing the implications of this for HIV-positive mothers, as well as the enabling environment needed for effective implementation.

This policy brief draws on evidence from a recent study which investigated the factors influencing the choices of infant feeding of HIV-positive mothers in Ghana through an assessment of the perspectives of HIV-positive mothers and family members (i.e., fathers and grandmothers) in two districts.

### Methods

A mix of qualitative and quantitative approaches was used. A cross-sectional hospital-based survey of 40 HIV-positive mothers with infants under the age of 12 months across 3 hospitals was carried out in Tema and Manya-Krobo districts. In addition, 6 focus group discussions were conducted with HIV-positive mothers with infants under the age of 12 months, fathers and grandmothers.

### Key findings

#### Knowledge, understanding and practices of HIV-positive mothers with respect to infant feeding

All infants in the study had been breastfed although not exclusively and early mixed feeding patterns were widely practiced amongst infants under the age of 6 months. Across both districts, most mothers correctly understood the practice of exclusive breast-feeding and to a lesser extent exclusive replacement feeding. However, they were unfamiliar with other replacement feeding options (including animal milk, wet-nursing and expressed heat-treated breast milk), which they reported had not been discussed in detailed during counseling.



MELISSA MAY, 2003 / PHOTOSHARE

A mother and her infant visit a nurse - Ghana

### **Influence of family members on infant feeding practices of HIV-positive mothers**

Despite fathers and grandmothers in both districts demonstrating a good understanding of the link between breastfeeding and the HIV infection and the benefit of replacement feeding in reducing this risk, they argued for the continuation of breastfeeding for reasons of mother-to-child bonding.

*“Non-breast fed children miss the motherly love, bonding and communication that is usually created between the mother and the baby in the course of breastfeeding, through voice and smell and by touch”(grandmothers’ focus group discussion in Manya-Krobo).*

In addition, they also supported mixed-feeding (breast-feeding and the introduction of water and foods) during infancy based on cultural norms.

*“The new born baby is welcomed by giving water or herbal mixture for it to become part of the family as custom demands. Such traditional medicines have the potency of making the baby to fight against evil spirits which come its way” (fathers’ focus group discussion in Manya-Krobo).*

*“The giving of water to the new born baby is just like how one welcomes a visitor or a stranger to the home with water” (grandmothers’ focus group discussion in Tema).*

### **Influence of socio-economic factors on infant feeding practices**

Socio-economic barriers to replacement feeding included costs associated with formula milk, cooking utensils, transport to purchase infant formula and access to storage facilities (i.e. freezers and refrigerators), clean water and access to a regular maternal income. These barriers are important factors contributing to the continuation of mixed feeding.

*“A tin of formula milk is small and expensive, it also finishes very fast if the baby is feeding well. The cost of a tin of infant formula milk of sixteen Ghana cedis (GH¢16 ≈ (\$11)) is compelling some of us to manage the formula milk with some local foods hence the inability to practice replacement feeding” (mothers focus group discussion in Tema).*

## Community perceptions about HIV/AIDS

Mothers were concerned that by not directly breastfeeding their infants, that this might give rise to suspicion in the community that they are infected with the HIV virus. This then might mean experiencing the social consequences of HIV/AIDS stigmatisation associated with not breastfeeding.

*“Immediately people realize that you are not breastfeeding your baby, they just conclude that you have the disease AIDS. If they finally get to know you have the disease, they will make you the subject of discussion and a laughing stock in the area” (mothers’ focus group discussion in Many-Krobo).*

## Conclusion

- ◆ HIV-positive mothers had good knowledge and understanding of exclusive breastfeeding and exclusive replacement feeding, however adherence to these feeding options was poor and mixed feeding was common.
- ◆ HIV-positive mothers had access to counseling on replacement infant feeding options but there was an emphasis on exclusive breastfeeding and exclusive replacement feeding and not on other replacement options (expressed heat-treated breast milk, wet-nursing and animal milk), which were regarded as the least acceptable and feasible options by mothers, fathers and grandmothers.
- ◆ HIV-positive mothers faced various obstacles (socio-economic, familial and stigma) in carrying out replacement feeding. Family members and communities have a strong influence on mothers’ infant feeding practices.

## Policy and programme recommendations

- ◆ Introduce a multi-dimensional behaviour change strategy which involves mothers, family members and significant community members in order to change perceptions, understanding and attitudes to exclusive replacement feeding and exclusive breastfeeding and at the same time, explicitly deal with the risk in terms of infant survival associated with mixed feeding.
- ◆ Involve male partners in antenatal care services and postnatal care if they are to understand the risks of mixed feeding and the importance of adherence to either exclusive breastfeeding or exclusive replacement feeding.
- ◆ Explore with counselors, why the full range of feeding options (that is heat-treated breast milk, animal milk and wet-nursing) are not discussed. This will also provide an opportunity for discussing the associated misconceptions that are prevalent and with these options.

Failure by policy makers to incorporate these issues will continue to lead to a gap between well-intended policies and programmes and actual practices of HIV-positive mothers.

## References

For a full list of references, please contact the author

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