

# Is early breastfeeding cessation by HIV+ mothers "AFASS" in rural Zimbabwe?

Findings from a formative research study

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# Purpose of the study

- Examine the feasibility of BF cessation at 6 months for HIV+ rural Zimbabwean women
- Assess acceptability, affordability and safety of different replacement feeding options for feeding infants after 6 months

# Context <sub>-1</sub>

- The Zimbabwean Ministry of Health promotes exclusive breastfeeding until 6 months, followed by sustained breastfeeding for 2 or more years along with appropriate complementary foods
- For HIV+ mothers, the guiding principle is that “breastfeeding should continue to be encouraged unless there are viable options to ensure appropriate infant and child feeding for women who know they are HIV positive”

MINISTRY OF HEALTH  
**CHILD HEALTH CARD**  
ZIMBABWE



**GOOD INFANT FEEDING PRACTICE**  
Give only breast milk for the first 6 months. Introduce solids and liquids from 6 months. Continue breast feeding up to 24 months or beyond unless counselled otherwise by a health worker.

**KUDYA KWAKANAKA KWEMWANA**  
Ipai mwana mukaka wezamu chete pamwedzi mitanhatu yekutanga.  
Ipai kumwe kudya kana kunwa kubva pamwedzi mitanhatu.  
Rambai muchiyamwisa kusvika pamakore maviri kana kubatwa kumbe kwekuti makabauriwa mukadzivisa neve ubano.

**MUNYISA OKUNGABANGELI INGOZI**  
Munyisa ingane yakho okwenyanga eziyisithapha zakupala.  
Qala ukuyipha okunye okudliwayo lo kunathwayo uma telenyanga eziyisithapha.  
Qhubeka ukumunyisa ingane yakho izo ilike imnyaka embili toba ukwedhula. ngaphandle uma ucetshiswe ngabazempilo kanye ukuba ungamunyisi.

NAME OF CHILD:	
SURNAME OF CHILD:	
SEX:	DATE OF BIRTH:
NAME OF MOTHER:	
PHYSICAL ADDRESS:	
PLACE OF BIRTH:	
HEALTH CENTRE:	

For more information on infant feeding, contact your nearest health worker.

# Context <sup>-2</sup>

- St. Theresa's Mission Hospital, Midlands Province, Zimbabwe
  - PMTCT program since 2001
- VCT and lay counselors carry out HIV-related counseling



*Photo: P. I liff*

# Context <sup>-3</sup>

- HIV PCR testing is offered for all HIV-exposed babies at 5 months to assist mothers in making infant feeding decisions
  - ~1/3 to 1/2 of HIV-exposed infants are tested (others go elsewhere for follow up)
- Hospital sporadically receives donations of infant formula from various sources

# Methodology

## In-depth interviews

12 HIV+ mothers whose infants tested PCR-negative at 6 months and who indicated intention to stop breastfeeding

## Focus group discussions (6-10 participants each)

1. Health workers
2. Women >40 years
3. Men >40 years (including community leaders)
4. Mothers 20-35 years
5. Fathers 20-35 years

# Topics explored

- Feasibility of early BF cessation
  - associated enabling factors and barriers
- Attitudes toward replacement feeding options
  - infant formula
  - animal milk (cow/goat)
  - expressed and heat treated breast milk
  - RUTF/Plumpy'nut

# Results



*Photo: P. I liff*

# Feasibility of early BF cessation

- 11/12 HIV+ mothers stopped BF after getting their infant's HIV-negative test result at 6 months
- Most stopped BF very rapidly
  - 6 mothers stopped within 2 days
  - 5 mothers stopped within 1 week

- The mother who did not stop BF had an unsupportive husband

*"I was able to accept it and this is something that could make me happy to know my baby was negative....but when I got home to tell my husband, he kept quiet. When I asked him 'should I take off the baby from the breast?' he said '**there is no child of mine who will be taken off the breast**'.*

*HIV+ mother*

# Enabling factors <sup>-1</sup>

- Mothers' primary motivation to stop BF was to **avoid infecting their baby** with HIV (12/12)

*"...we do not want to transmit the disease to the baby by continuing to give it bad milk so it is better that I take it off (the breast) ..."*

*HIV+ mother*

# Enabling factors <sup>-2</sup>

- **Disclosure** of the infant's HIV status was important
  - Every mother disclosed to an adult household member
  - Only 2 mothers disclosed to non-household members



*Photo: P. Iliff*

# Barriers -1

- **Stigma** was mentioned frequently as a barrier to early BF cessation, though the mothers interviewed were willing to stop BF anyway

*"I don't want to lie, they will talk until they are quiet, but I will be knowing that my baby's life is alright." HIV+ mother*

- The community is coming to terms with HIV/AIDS

*“Mostly you will force yourself to breastfeed when you are living with the virus, being afraid to be laughed at... but if you take it and say these things happen ...it’s already in me and I am now living with it... I am not supposed to look at what the world will say... if my partner accepts it and other relatives accept it, I think it will be easier for us...”* Young mother

*“Now that we as leaders have gained new information, wherever there is a gathering such as at a funeral, we need to let others know that this is a common thing now and there is no need for misunderstandings. People should not deny it ...”*  
Male community elder

# Barriers <sup>-2</sup>

- Mothers had difficulty accessing replacement milks and nutritious foods due to economic constraints and food insecurity
  - 8/12 mothers said they could not afford milk
  - 10/12 mothers said it was difficult to obtain a variety of foods for a balanced infant diet

- “AFASS” is not always a stable condition
  - 4/12 mothers had a plan for obtaining replacement milk but were unable to implement it for various reasons

*“When I left here I was saying this goat of mine has a kid.. but when I got home that evening it died... I t affected me... what would I give the baby since the goat had died and I was planning to give the baby its milk?... So we thought it was better to keep the baby off breast milk, although there was no more goat milk, and the baby would have whatever is there...” HIV+ mother*

- Health workers were concerned about the lack of replacement feeding options

*“Most babies who have been weaned at six months are developing malnutrition... because of lack of milk. Most (mothers) say don’t want to heat-treat or don’t have cows’ milk for the baby... Maybe one in five or ten (weaned infants) are in good health, but most of them right now they are coming with malnutrition.” Health worker*

# Barriers <sup>-3</sup>

- **Knowledge gaps** were a further barrier to *safe* early BF cessation:
  - 4/12 mothers had no plan for how they were going to feed their infants after BF cessation

*Counselor: "But when you were thinking of stopping breastfeeding and when you were counseled, had you thought of where you were going to get the milk?"*

*Mother : "I never thought of it"*

# Attitudes toward replacement feeding options

Infant formula	Too expensive
Animal milk (cow/goat)	Acceptable but not affordable or available for most
Expressed and heat treated breast milk	Not culturally acceptable
RUTF (Plumpy'nut)	Acceptable but concerns about cost, safety, availability, and sustainability

# Lessons learned

- Mothers are making decisions about BF cessation without balancing the risks
  - Avoiding infant infection is the strongest motivating factor
  - Economic constraints and knowledge gaps make the decision to stop BF a dangerous one in resource-poor settings
  - AFASS counseling needs to be strengthened to address the balance of risks
- Mothers and community members would accept certain replacement feeding options if they were available and affordable

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