

Breast-Feeding Promotion and the Dilemma Posed by AIDS in Tanzania

Marina de Paoli¹, Rachel Manongi², Knut-Inge Klepp¹

¹ Institute for Nutrition Research, University of Oslo, P.O. Box 1046 0316 Oslo Norway

m.d.paoli@basalmed.uio.no, k.i.klepp@basalmed.uio.no

² Kilimanjaro Christian Medical College, Community Health Department, P.O. Box 3010, Moshi, Tanzania Jhunter@MAF.org

The finding that the HIV-virus is transmissible through breast-feeding has complicated the advice on infant feeding in resource-poor settings. This study is evaluating pregnant women's perceived feasibility of the revised *Guidelines on breast-feeding and HIV* ⁽¹⁻²⁾ and was undertaken in the Kilimanjaro region, Tanzania (June - Sep 1999). This region has the third highest case rate of HIV in Tanzania ⁽³⁾ and a high incidence of child malnutrition has been reported ⁽⁴⁾.

The objectives of the study were to assess awareness, knowledge and perceptions of the risk of mother-to-child-transmission (MTCT) of the HIV-virus; to explore which infant feeding option is perceived as the most feasible for HIV-positive mothers; to describe intentions to adopt an infant feeding option if found HIV-infected; and to elicit the perceived barriers to the revised guidelines on breast-feeding.

The design of the study was a structured cross-sectional interview survey systematically selecting pregnant women (n=500) attending one of nine selected antenatal clinics in urban and rural settings. Five trained nurses from a regional referral hospital conducted the interviews. The questionnaire consisted of three parts: breast-feeding-, HIV/MTCT related-, and psychosocial issues in connection with the revised guidelines. Questions related to psychosocial issues were graded on a 1-5 scale. Focus group discussions (FGD) were also conducted and were used to supplement the more quantitative approach.

Results

The sample consisted of women with a mean age of 25 years (range 16 - 44 years). All the respondents had a strong intention to breast-feed. Those with previous breast-feeding experience recalled a median duration of 24 months.

Awareness of MTCT was high; the majority of the respondents knew that the virus could be transmitted during pregnancy or through breast-feeding, and two thirds knew that it could be transmitted during labour. There was a widespread and strong belief, however, that all infants born to HIV-infected mothers were already infected *in utero*. Respondents' awareness of MTCT did not vary by demographic factors.

A third of the respondents strongly believed that pregnant women should be given the opportunity of voluntary counselling and testing (VCT). Depending on the motivation, 29% of the women would strongly agree to VCT during pregnancy to enable them to make an infant feeding choice; 39% would want to be able to receive medication to reduce the risk.

The majority of the respondents regarded AIDS as a big threat to the community. Only 7% had been HIV-tested themselves; 39% noted the importance of testing fathers as well. At the same time, half of the respondents strongly agreed that AIDS should be kept a secret within the family and that an HIV-infected person would hide this fact to protect himself from social ostracism. A considerable percentage of the respondents had at some time witnessed ostracism of people with AIDS. 71% of the respondents therefore said that they would definitely lie about the reasons for not breast-feeding if found to be HIV-infected and two thirds responded that they would definitely not show in public that they practised replacement feeding.

The respondents clearly believed that breast-feeding is superior for infants and the preferred infant feeding method. The respondents' belief about the best infant feeding method for HIV-positive mothers did not vary by socio-demographic factors. Cow-milk was regarded as the most feasible infant feeding alternative for HIV-infected mothers in this community. Other feeding strategies such as artificial feeding, expressed heat-treated breast-milk, and wet-nursing received low and very low scores. If HIV-infected mothers were advised not to breast-feed, 37% believed strongly that it would cause worries among all breast-feeding mothers.

The findings from South Africa, that exclusive breast-feeding practised for a short period followed by abrupt weaning is "protective" ⁽⁵⁾, was incorporated as a theme during FGD. This finding was perceived as contradictory to women's recent awareness that breast-milk can transfer the virus, and was not easily understood and received with scepticism.

A major obstacle seen to sustaining safe replacement feeding was inadequate financial resources to afford the milk and supplies for preparing it. In general, artificial feeding scored low as a feasible choice. If it were given free of charge or at a subsidised price (as suggested in the Guidelines) however, it would be scored the highest as a choice for HIV-infected mothers.

Discussion

Breast-milk is highly valued by all women in the Kilimanjaro region, where a strong breast-feeding tradition exists. The revised Guidelines recommend that women of unknown HIV status should continue to breast-feed. That would imply the majority of women in this population, who do not know their HIV-status, regard themselves as being at risk, and who have a high awareness of mother to child transmission of the HIV-virus. Poor mothers might feel guilty about breast-feeding, which in the long term can influence breast-feeding traditions adversely. This in turn may affect the long-term efforts to promote breast-feeding, and is a special concern if health care facilities distribute breastmilk substitutes free of charge.

In this survey we observed few socio-demographic differences in relation to breast-feeding practices, to knowledge about AIDS/MTCT, and to issues related to the revised Guidelines. Generally, it was seen as a complicated choice not to breast-feed as mothers are likely to be "labelled" as HIV-infected and there is a high risk of stigmatisation. Efforts to involve husbands of HIV-infected women ought to be considered as a way to reduce social discrimination connected with being HIV infected.

There are still many dilemmas that should be investigated before a programme targeting HIV-infected mothers in resource-poor settings (where breast-feeding is the norm) can be implemented. The MTCT strategy to prevent HIV is likely to face educational challenges related to misperceptions regarding MTCT, stigmatisation related to AIDS, and how to advise HIV-infected mothers on the best infant feeding method.

Tanzania is one of ten countries in Africa which are participating in a multi-centre trial to prevent MTCT transmission under the leadership of UNICEF. Five sites have been included in this trial, one of these being the regional referral hospital to which this study is affiliated. A follow-up study evaluating the Guidelines during this on-going trial will be conducted from August 2000 until January 2001.

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