

'I just accept it but in my heart it pains me because as a woman you have to breastfeed your baby': the impact of infant feeding decisions on African women living with HIV in London



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Introduction

- Breastfeeding is an important route of mother-to-child transmission (MTCT) of HIV
- UK guidelines recommend complete avoidance of breastfeeding for women living with HIV¹
- Approximately 1250 live births to HIV-positive women are reported annually in the UK; more than 75% in women from sub-Saharan Africa²
- Few studies have explored the impact of infant feeding decisions on migrant mothers in resource-rich settings

Methods

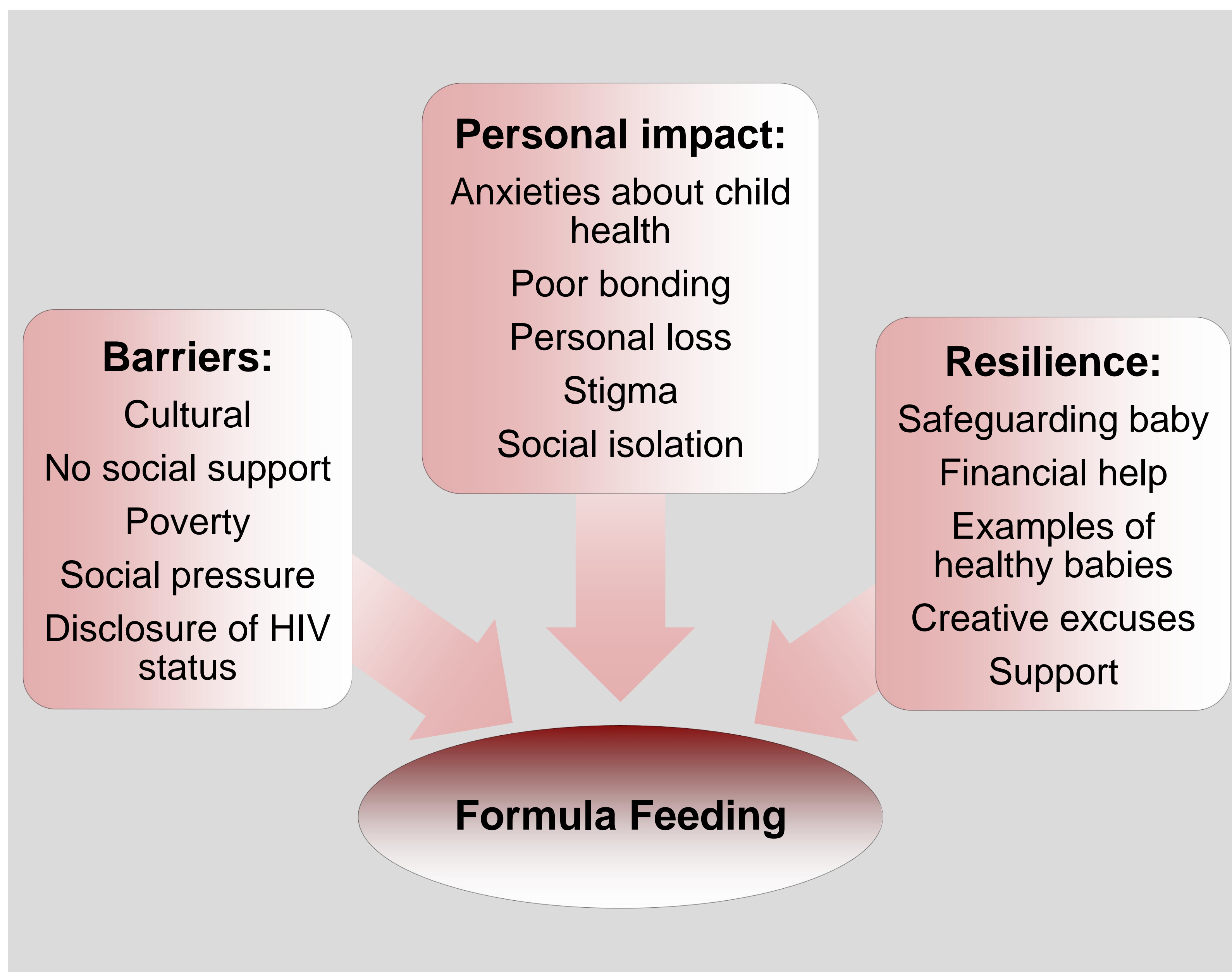
- We conducted semi-structured interviews with:
 - 23 African women living with HIV who were pregnant or had recently given birth, recruited from 3 National Health Service (NHS) clinics in London
 - 6 key professionals including HIV specialist doctors and midwives, and staff from HIV charities
- Women were sampled purposively to represent different African regions of birth
- Interviews were transcribed verbatim and analysed thematically in NVivo 9.0 using grounded theory



Results

- Almost all women interviewed were exclusively bottle-feeding their infants or intended to do so; only one woman reported breastfeeding
- Barriers to formula-feeding, the impact of formula-feeding and factors that promoted resilience are summarised in figure 1

Figure 1: Themes identified from interviews about infant feeding



The most important thing is my child not having it [HIV], you understand? If there's anything that'll make them not to have it, why wouldn't I do it?

That's what really make me feel sad because our culture in Africa you're supposed to breastfeed.

The formula as well is very expensive. At some point we could not afford it was so expensive.

It's like I'm not having bond with the child.

What do you tell people? You have to say you're on medication. I have to discuss it with my partner so he can protect me and the baby.

Conclusions

- The majority of HIV-positive mothers in this study abstained from breastfeeding which is a testament to both their concern for the health of their baby and their resilience
- Formula-feeding comes at high social and personal cost
- There are significant structural, cultural and personal barriers to formula-feeding for African women living with HIV in the UK
- A potentially significant intervention is the free and consistent provision of formula milk and feeding equipment to all HIV-positive women across the UK
- Important sources of support include partners, peer support groups, voluntary sector organisations and healthcare professionals



<http://www.bandagedear.com/artist/t-c-chiu>

References:

1. BHIVA, Management of HIV infection in pregnant women (2012)
2. www.nshpc.ucl.ac.uk

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