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Infant Feeding Options and Practices by Counselling HIV-Positive Mothers: A Case Study of Mombasa District //

By

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ABSTRACT

Acquired Immune Deficiency Syndrome in Kenya is a major public health problem with negative impact on the country's development. The AIDS situation in Kenya has progressed from one case reported in 1984 to an estimated 2.2 million people living with HIV in 2001 (Ministry of Health, 2001). The National AIDS Control Programme estimates that by June 2000, adult Human Immunodeficiency Virus prevalence had increased to 13.5% (NASCO, 2000). This leaves many new-born babies at a high risk of being infected with HIV from their mothers in the uterus, during delivery or during breastfeeding. This study therefore, examined infant feeding practices and the choice of infant feeding options by HIV-positive women in Kenya's coastal region- Mombasa.

This was a hospital-based descriptive and cross-sectional study that was carried out within a period of five months, from November 2003 to March 2004. The 200 HIV- positive participants in the study comprised of antenatal women (72%) and postnatal women (28%) who were attending MCH clinics at Coast Provincial General Hospital and Port Reitz District Hospital. The women's age ranged between 17 and 40 years with a mean age 26.29 years (SD = 4.85) with an average of 8.7 (SD = 2.46) years of formal education. The study employed a structured questionnaire, focus group discussion, case studies and household observations to obtain information on the various infant feeding practices and factors that influence the mothers' choice of feeding options. Correlation analysis of the results was done to investigate the relationship between key variables like education, level of respondent, knowledge of mother-to-child transmission of HIV, occupation of respondent and maternal income. Because of the non-parametric nature of the data, the test of differences on the choice and practice of infant feeding options was conducted using the Mann-Whitney U test statistic using Wilcoxon rank sum tests.

Breastfeeding was the least favoured infant feeding option for women in Mombasa once the HIV-positive status is established. This was attributed to a high degree (94.9%, n=195) of knowledge of the chances of MTCT of HIV through breast-feeding. Commercial infant formula and the use of cow's milk ranked high in preference, 81.8% and 80.9% (n=192) respectively. The socio-cultural pressure was evident on those not breastfeeding and the same made other options like wet-nursing not acceptable. The use of breast milk from a milk bank was not only unacceptable but also not available in the study area. Maternal education was found to be significantly related with use of expressed and heat-treated breast-milk and commercial infant formula ($p \leq 0.05$). The results indicate that for both groups of respondents, there is no significant difference in the choice of the feeding option ($p > 0.05$) except for the use of breast milk from milk bank.

The study found out that it is not one factor that determines the choice of infant feeding practice but a number of them that include household and mothers' income, knowledge of a mother's HIV status, knowledge on available infant feeding options and social stigma. Because of this, any intervention preventing mother-to-child transmission of HIV will require integrated approach that will take care of all the factors starting with prevention of HIV transmission, access to and utilisation of health facilities and nutrition education with a focus on infant feeding practices and options