

Gender, Child Survival & HIV/AIDS from evidence to policy

7-9 May 2006, Founders College, York University, Toronto, Canada



17 February 2006

Dear friends,

We would like to announce that the World Alliance for Breastfeeding Action (WABA) and York University are co-organizing a conference on "Gender, Child Survival and HIV/AIDS: From Evidence to Policy" on 7-9 May 2006, York University, Toronto, Canada, and would like to welcome your participation.

The HIV issue has been a grave challenge. In the area of prevention of mother-to-child-transmission (PMTCT), HIV/AIDS, women's and breastfeeding/infant feeding groups need to work together to find common understanding, mutual support and possible solutions.

About the conference – background to the issue

Gender inequity underlies the marginalization of women living with HIV/AIDS. HIV positive mothers are further burdened with the dilemma of weighing risks to ensure the best health outcome for their children. This conference aims to bring together women's health groups, HIV/AIDS groups and breastfeeding and infant feeding advocates for a critical examination of the role of gender in health research, and how evidence is used (or not used) to direct policy relevant to women's health, infant health, and HIV/AIDS. The conference will also review the latest research on the transmission of HIV and the health outcomes of different infant feeding options, often missing from clinical discussions of pediatric AIDS (also referred to as mother-to-child-transmission, MTCT). This conference aims to provide a safe environment where divergent views on gender and HIV/AIDS are respected. Please visit <http://www.waba.org.my/hiv/conference2006.htm> for more information.

Organisations or persons to approach

We would also like to request that you send this information to those who would be interested, or let us know of other organizations and contact persons to whom we should send a letter of invitation to participate in the conference.

We would be happy to hear from you if you have any queries. We look forward to receiving your registration form <http://www.waba.org.my/hiv/registration.htm>.

Best wishes,

Dr. Penny Van Esterik and Liew Mun Tip

York University and WABA

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"You are fighting for the survival of women and infants, recognizing the excruciating dimension of HIV transmission, addressing it in a sophisticated, knowledgeable way, even if on occasion, it means replacement feeding in circumstances where you might wish otherwise. You're fundamentally fighting for the emancipation of women, and there is no fight in this world more worthwhile"

Stephen Lewis, UN special envoy for HIV/AIDS in Africa
(WABA-UNICEF HIV and Infant Feeding Colloquium, Arusha, Tanzania, 2002)



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Effect of the HIV epidemic on infant feeding in South Africa: “When they see me coming with the tins they laugh at me”

Tanya Doherty, Mickey Chopra, Lungiswa Nkonki, Debra Jackson & Ted Greiner

(Source: *Bulletin of the World Health Organization* 2006;84:90-96)

Most women in sub-Saharan Africa have their HIV status diagnosed during pregnancy because of testing available through programmes for the prevention of mother-to-child-transmission (PMTCT) of HIV. Adherence to a chosen infant feeding method is especially challenging for women with HIV. Avoidance of any breastfeeding eliminates the risk of post-natal transmission. Recent evidence suggests that exclusive breastfeeding has a lower risk of MTCT than does mixed breastfeeding. However, neither exclusive breastfeeding nor exclusive non-breastfeeding is the cultural norms in most African settings. Mixed breastfeeding is the predominant method of infant feeding. The HIV epidemic has significantly altered the context within which women make decisions about how they will feed their infants. Interventions to optimize infant feeding are more critical than ever for improving child survival.

The research presents five key themes that characterized the infant-feeding experiences of mothers with HIV

1. Protecting the child: decision-making and mixed messages

For breastfeeding and formula feeding mothers the reasoning behind their infant-feeding choices was related to the desire to protect their child.

Uncertainties about the risk of transmission through breastfeeding and control of the provision of formula feeds left many women confused and unsure about the best infant-feeding choice, and therefore chose whatever they were told would provide the best protection for their child.

“I thought that he would get the virus if I breastfed him so I decided to bottle feed him.” (RV-214, mother of 19 years, infant aged 5 months, formula fed.)

2. Influence of health workers and significant others on infant-feeding

Health workers seemed to have the greatest influence over mothers’ initial infant-feeding choices. The relationship is one often based on power and hierarchy. Twenty women (80%) who had chosen exclusive breastfeeding had introduced other liquids within the first month because of pressures by family.

“The counselling changed me because I had planned that I would breastfeed him until he is 3 years then I got this advice from the hospital and it changed my mind.” (RV-125, mother aged 18 years, infant aged 11 months, breastfed and abruptly weaned at 12 weeks.)

3. Hiding the truth: effect of HIV status on communication

Being HIV+ greatly affected participants’ communications with their families and friends about infant feeding, largely because of the need to hide their HIV status. The lack of disclosure makes adherence to drug regimens or infant-feeding guidelines difficult.

“They were asking why am I stopping to give the baby the breast so early. I told them that it was enough.” (RV-102, mother aged 24 years, infant aged 14 months, breastfed.)

4. “When the milk finishes...”: realities of free formula milk

Mothers who chose to formula feed faced a constant struggle to access formula supplies because of their dependency on health workers to obtain milk for their infants. Moreover, not much is known about the health outcomes of being without formula for varying length of time.

“...most of the mothers who are formula-feeding face the problem of not getting stock and they don’t even have money to buy on their own so during those days when they don’t have formula they decide to give juices and sugar water.” (FG-UM)

5. Self-efficacy

For many of the mothers in the study, being HIV+ led to feelings of social isolation, despair and powerlessness. Many mothers doubt their ability to carry out certain feeding practices – particularly exclusive breastfeeding – and has lower beliefs in their own ability to care for their children. High quality training for counselors that address attitudes and interpersonal relations can lead to greater support for women, increased disclosure rates and greater confidence.

“...when they see me coming with the tins they laugh at me, they say I have HIV, and I tell them I do not have AIDS it is because I have TB and a lot of people know I have TB and I hide the tins.” (UM-338, mother aged 22 years, infant aged 8 months, formula fed.)

Summarised by Liew Mun Tip