
Proceedings

Assessment of knowledge and attitude of HIV positive mothers on HAART towards infant feeding practices in two specialist hospitals

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Abstract

Purpose: The aim of this study was to assess knowledge and attitude of HIV positive mothers to infant feeding and the associated factors affecting infant feeding practices.

Methods: Institution based cross sectional study was conducted among all HIV positive mothers on Highly Active Antiretroviral Therapy (HAART) in two Specialist Hospitals. A modified WHO structured pre-tested questionnaire using interview technique was used for data collection. The data were analysed using SPSS version 20 statistical package.

Results: A total of 90 HIV positive mothers were included in the study. Knowledge of infant feeding practices among study population was 86.2% and 82.1% at both clinics had followed the recommended way of infant feeding practice while less than one-fifth (13.7% and 17.9%) had practiced mixed breast feeding. In logistic regression analysis, disclosure of

HIV status, knowledge of first milk, parity and occupational status were found to be independently associated (p-value of < 0.05) with recommended infant feeding practice in Benin Centre.

Conclusion: This study identified higher proportion of the respondents at both institutions used the recommended way of infant feeding practice (EBF and RF). Mixed feeding, an undesirable practice in infant feeding was also reported. Major determinants of infant feeding practice were found to be disclosure of HIV status, knowledge of the advantages of the first milk (colostrum), parity and occupational status. There is need for a more extensive approach of breast feeding education for HIV positive mothers on HAART.

Keywords: HIV, HAART, infant, breastfeeding, attitude

Indexing: Index Copernicus, African Index Medicus

Background

Poor breastfeeding practices especially lack of exclusive breastfeeding during the first 6 months of life and inadequate complementation are important risk factors for infant and childhood morbidity and mortality [1].

Aim/Objectives

The aim of this study was to assess knowledge and attitude of HIV positive mothers on Highly Active Antiretroviral Therapy (HAAT) to infant

feeding and the associated factors affecting infant feeding practices.

Materials and Methods

Institution based cross sectional study was conducted from February to May 2014 among all HIV positive mothers with less than two years old child attending prevention of mother to child transmission and antiretroviral therapy clinics in Specialist Hospital in Benin City and Akure. A modified WHO structured pre-tested questionnaire using interview technique was used for data collection. The data was entered

and analysed using SPSS version 20 statistical package.

Results

A total of 90 HIV positive mothers were included in the study. Knowledge of infant feeding practices among study population is illustrated in Table 1, 86.2% and 82.1% at both clinics had followed the recommended way of infant feeding practice while less than one-fifth (13.7% and 17.9%) had practiced mixed breast feeding. In logistic regression analysis,

Table 1: Knowledge of infant feeding practices among study population

Variables	Specialist Hospital Benin City (South-South) N (%)		Specialist Hospital Akure (South-West) N (%)	
	N	(%)	N	(%)
Attend antenatal clinic during pregnancy				
Yes	51	100	39	100
No	0	0	0	0
Source of information on exclusive breastfeeding				
Health worker	39	76.4	38	97.4
Media	4	7.8	1	2.6
Friends/relatives	10	19.6	1	2.6
Others				
HIV infected should never breastfed				
Yes	6	11.8	11	28.2
No	45	88.2	28	71.8
Knowledge on the advantage first milk (colostrum)				
Good	21	41.2	20	51.3
Not good	1	2.0	0	0
May expose the child to risk	10	19.6	10	25.6
I don't know	19	37.3	9	23.1
Breast milk alone is sufficient for the baby for 0-6 months				
Yes	28	54.9	31	79.5
No	23	45.1	8	20.5
Appropriate time to start complimentary food				
< 1 months	0	0	0	0
1-3 months	0	0	2	5.1
4-5 months	11	21.6	5	12.8
≥ 6 months	32	62.7	28	71.8

Discussion

The results of this study are similar to other previous studies in Tanzania and elsewhere in Sub-Saharan African countries that have showed that breastfeeding is the culture and well accepted practice where most of the infants are breastfed at one point in time [2, 3]. Most of the mothers who did not breast feed chose not to do so because they were worried about transmitting the virus to their babies. This is similar to other studies in Ibadan and India where majority of the mothers chose not to breast feed in order to prevent transmission of HIV [4].

disclosure of HIV status, knowledge of first milk, parity and occupational status were found to be independently associated (p-value of < 0.05) with recommended infant feeding practice in Benin Centre.

Fear of infecting the baby's, breast milk not sufficient, breast problem such as sore/cracked at nipples, pains and mastitis and pressure from spouse or in-laws often constitute barrier to mothers for not exclusively breast feeding.

Conclusion

The present study showed and identified that higher proportion (86.2% and 82.1%) of the respondents at both institutions used the recommended way of infant feeding practice (EBF and RF). Mixed feeding (13.7% and 17.9%), an undesirable practice in infant feeding, in the first 6 months of age were also reported. Major determinants of infant feeding practice were found to be disclosure of HIV status, knowledge of the advantages of the first milk (colostrum), parity and occupational status. There is need for a more extensive and

comprehensive approach of breastfeeding education and especially of exclusive breastfeeding among HIV mothers.

References

1. Black RE, Morris SS, Bryce J. Where and why are 10 million children dying every year? *Lancet*, 2003; 361(9376):2226–2234.
2. Dop MC. Breastfeeding in Africa: Will positive trends be challenged by AIDS epidemic/*Sante*, 2002; 12 (1):64-71.
3. Leshabari SC, Blystad A, de Paoli M, Moland MM. HIV and infant feeding counseling: challenges faced by nurse-counselors in northern Tanzania. *Hum Resour Health*. 2007; 5(18):5-9.
4. Oladokun RE, Brown BJ, Osinusi K. Infant-feeding pattern of HIV positive women in a prevention of mother-to-child transmission (PMTCT) programme. *AIDS Care*; 2010; 22(9):1108-1114.