Socio-Cultural Contexts of Infant Feeding Choices Among African Canadian Women Living with HIV

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CHNC 2016 Conference
St John's NL
May 30- June 1, 2016

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Background

The Problem

- Women account for over 50% of individuals with HIV infection globally.
  - Most of which are of childbearing age (UNAIDS, 2013).
- Breastfeeding significantly increases the risk of MTCT of HIV (Horvath et al., 2009).
  - 3.3 million children (under 15 years) are living with HIV.
  - **Almost all** infected by their mothers (Morgan et al., 2010; UNAIDS, 2012).
- In the absence of interventions – probability of MTCT of HIV to infants is 5-10% *in utero*, 10-15% during childbirth, and 5-20% through breastfeeding (DeKock et al, 2000; WHO, 2003
- In Canada – African immigrant women living with HIV represents the highest rates of HIV-exposed infants (48.3%) (Health Canada, 2015).

Global Contexts

- Global commitment to prevent MTCT include:
  - In 2011 – Global Plan was launched:
    - Goal to "*eliminate all new infections among children by 2015 and keeping their mothers alive*" (AVERT, 2012; UNAIDS, 2011).
    - Seeks to reduce pediatric infection by 90% and decrease MTCT rate to global scale of below 5% by 2015 (UNAIDS, 2012).

- In low-to middle-resource settings where replacement feeding is not acceptable, feasible, affordable, sustainable, and safe (AFASS):
  - **Exclusive breastfeeding** until the baby is **6 months old** and then stopping and using replacement feeding is recommended to optimize infant survival (WHO, 2010)I.

- In high resource settings – where women have access to AFASS feeding alternatives:
  - **Exclusive formula feeding** is recommended
    - Eg, Canadian best practice guidelines recommend that all mothers living with HIV avoid breastfeeding regardless of plasma viral load and use of ART (Health Canada, 2014).

A Canadian Paradox

Mixed Messages in Canada:

1. Clinical practice guidelines for women living with HIV are recommended to avoid breastfeeding.

<u>HOWEVER,</u>

2. Health Canada promotes breastfeeding as the *"normal and unequalled method of feeding infants"* due to:
   - Superior nutritional value,
   - Protection against many infections,
   - Potential for stimulating emotional connection between mother and child.

The Canadian HIV-IF Tensions

- Educational campaigns that promote and position exclusive breastfeeding in Canada do not consider:
  - the presence of HIV in breast milk
  - the social, practical, and cultural challenges to breastfeeding (Greene et al., 2013).
- Tension is heightened for African immigrant women living with HIV who migrated from countries and cultures where breastfeeding is an expectation of all new mothers, and where using formula is a sign of illness (Kapiriri et al., 2014).

Culture Plays a Vital Role

- Culture helps determine the level of health of individual, family and community (Airhihenbuwa & Webster, 2002).
- Culture specifies the care available to the perinatal family and also socializes and educates – eliciting the desire for a particular style of care (Etowa, 2012).
- There is a need to:
  - Understand the experiences and the socio-cultural factors influencing infant feeding choices especially those of African Canadian women living
  - Empower mothers living with HIV to make and adhere to informed infant feeding choices.
  - Improve health outcomes for newborns of mothers living with HIV.

Methods

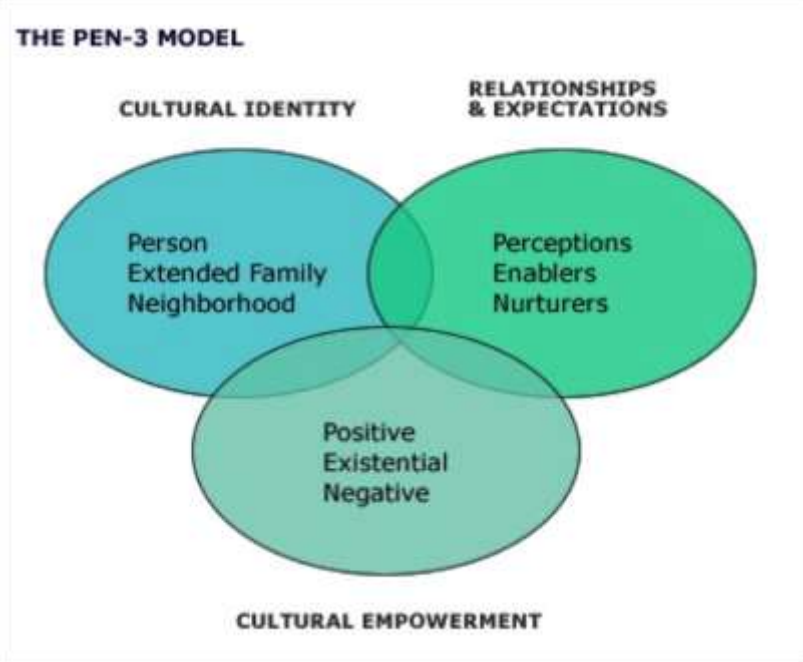
- Electronic data base search:
  - January 2001 – September 2015
  - CINAHL
  - Global Health
  - Health Star
  - PubMed
  - Sociological Abstracts
  - Search terms: infant feeding; breast feeding; replacement feeding; HIV; exclusive breast feeding; exclusive formula feeding.
- Manual reference list search from retrieved relevant articles.

Results

- Summary of included studies:
  - 38 studies – 19 qualitative; 13 quantitative; 6 mixed methods.
  - 17 countries;
    - West Africa – 3; East Africa – 3; Central Africa – 1; South Africa – 7; North Africa – 1
    - Cambodia – 1; Canada – 1
- Participants
  - HIV+ and HIV- mothers; babies; grandmothers; health workers.
  - Settings – hospitals; clinics; PMTCT programs.

Theoretical Framework:
PEN-3 Cultural Model

- PEN-3 Cultural Model (Airhihenbuwa & Webster, 2004)
  - Relationships and expectations
    - Which factors influence infant feeding?
  - Cultural empowerment
    - How do the identified factors influence infant feeding?
  - Cultural identity
    - What entry points should interventions target for maximum effectiveness?
- Thematic analysis and interdependence



Source: Airhihenbuwa and Webster, 2004

PEN-3 Cultural Model: Socio-Cultural determinants of Infant Feeding Choices

Relationships and Expectations	Infant Feeding Choices, Practices and Adherence (exclusivity of practice; recommended practice	Cultural Identity: **P**erson, **E**xtended Family, **N**eighborhood) Entry Point for recommended Intervention
Perceptions Positive and negative	**Family and community support** Cultural norms and practices Beliefs about breast milk - nutrient content, safety…	**Extended family**
	Individual maternal factors HIV status, stigma, and significance Ability to resist family and social pressure Mothering identity and role	**Person**
Enablers	**Socio-economic capital** Formula access and suitability **Socio-demographic factors** Maternal age, education, employment, marital status Knowledge of HIV and infant Decision making autonomy **Health system support** Perinatal counseling, home visits, … Health worker knowledge of vertical HIV transmission risks associated with different feeding methods **Individual maternal factors** Ability to resist family and social pressure Adequate maternal knowledge of vertical HIV transmission risk with different feeding methods	**Neighborhood** - Identify where the focus is at the **societal level**; identify and appropriately target those in the social networks of HIV positive mothers **Train** HIV health services providers to be knowledgeable, regularly updated and adequately equipped to provide sound counsel, allay undue fear and concern, and encourage adherence to exclusivity **Train** HIV social services providers to discreetly identify and provide guidance regarding social determinants that impact on HIV positive mothers' choices or their ability to adhere to their choices or to recommended standards of infant feeding Provide **targeted education** on HIV and mothering to HIV positive mothers, close family members, use special classes to encourage social support
Nurturers	**Family and community support** Partner or spousal support Extended family influence Social support with child care, decision making involvement Post-disclosure support	**Extended family**

Cultural Empowerment

(Positive, Existential, and Negative)

	Themes from the literature reviewed	Positive	Existential	Negative
Perceptions	Knowledge related to mixed feeding	x		
	Desire to breastfeed		x	
	Identity as a mother		x	
	Fear of MTCT through breastfeeding			x
	Stigma and discrimination			x
	HIV = rejection, abandonment, divorce			x
Enablers	Prevention of MTCT health education programs	x		
	Support groups & counseling	x		
	Lay health workers		x	
	Financial constraints			x
	Limited understanding of EBF			x
	Stigma & discrimination from nurses			x
	Confusion & mistrust			x
Nurturers	Disclosure of HIV status	x		
	Family support	x		
	Partner support and involvement	x		
	Non-disclosure of HIV status			x
	Stigma from community members			x
	Family pressure			x

Discussion

- Relationships and expectations
  - Perceptions, enablers, and nurturers to infant feeding.
- Cultural empowerment
  - Positive, existential, and negative influences in infant feeding.
- Cultural identity
  - Intervention entry points to improve infant feeding experiences and outcomes.

Discussion & Implications

- Several tensions exist for mothers living with HIV experiences as a result of infant feeding:
  1. Vertical HIV transmission remains a serious public health problem
  2. Criminalization;
  3. Healthcare access, testing, and stigma;
  4. Public health messaging;

Conclusion

- Women's choice of infant feeding method is a social, cultural, and emotional issue that must be understood in relationship to mothers' social and cultural position as well as their HIV status.

- Given that women of childbearing years are the fastest growing group of persons who are infected with HIV, with over-representation of women from HIV endemic countries in sub-Saharan Africa and the Caribbean, raising awareness of this issue in the immigrant community is warranted.

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