Infant feeding knowledge, intention and practice among HIV-positive and negative women in Soweto

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RESULTS: Infant feeding intentions and practice

• Among all HIV-positive women (n=107), 65% said their status did not affect their feeding choice.
• Yet antenatally, a lower proportion of HIV-positive women intended to exclusively breastfeed (62%) as compared to their HIV-negative counterparts (79%) (p=0.001; OR, 2.50, 95% CI: 1.22-5.16).
• Ten antenatal women (7%) including one HIV-positive mother, reported intention to mixed feed.
• Among postnatal respondents, there was no difference between HIV status and breastfeeding practice (65% vs. 66% for HIV-positive and negative; p=0.3), while 14 postnatal women (19%) including 4 HIV-positive women reported mixed feeding.

TABLE 1: Knowledge

<table>
<thead>
<tr>
<th></th>
<th>HIV-positive (n=107)</th>
<th>HIV-negative (n=140)</th>
<th>Total (n=247)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge score</td>
<td>80% (IQR:70-90%)</td>
<td>70% (IQR: 50-80%)</td>
<td>80% (IQR 60-90%)</td>
</tr>
</tbody>
</table>

FIGURE 1: Beliefs regarding breastfeeding amongst HIV-infected women

Results: Knowledge, Beliefs and Affect on Feeding Choice

• Median knowledge score for HIV-positive women was significantly higher (80%) than HIV-negative women (70%) (p < 0.001).
• There was no difference in knowledge between antenatal and postnatal respondents.
• Figure 1 includes beliefs about breastfeeding.

METHODS

• We conducted semi-structured interviews with women attending 10 randomly selected public sector facilities for antenatal and postnatal care.
• HIV status was self-reported.
• A total of 247 women responded to knowledge of safe feeding practices; assessed using a 10-item knowledge score.
• This analysis also presents the feeding intentions of 145 antenatal respondents, feeding practices of 75 postnatal respondents (women having delivered less than 6 months ago).

RESULTS: Knowledge, Beliefs and Affect on Feeding Choice

• Infant feeding practices impact mother-to-child transmission of HIV and childhood morbidity and mortality.
• Exclusive breastfeeding is promoted to improve infant outcomes, but rates of breastfeeding are largely unknown.
• This study aims to explore infant feeding knowledge, intentions and practices of women in Soweto.

CONCLUSIONS

• Antenatal women with HIV infection have a lower intention to breastfeed than those without HIV infection in our setting, but this disappears after delivery.
• HIV-positive women had better knowledge about infant feeding.
• We recommend exploring infant feeding qualitatively to understand barriers to exclusive breastfeeding.
• Of concern is mixed feeding practices, highlighting the need to improve safe feeding practice.

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