

# Rapid Situational Analysis of the Baby Friendly Hospital Initiative in Swaziland May 2001

## Background Information

The baby friendly hospital initiative (BFHI) was launched by UNICEF/WHO in 1991, as a global effort to empower health facilities to promote, protect and support breastfeeding. Swaziland, like any other developing country is committed to the improvement of children's health. The BFHI is therefore embraced with enthusiasm in the country as a child survival strategy.

In 1992 a National BFHI Task Force was established. This saw the implementation of the initiative and converted 5 referral hospitals into baby friendly institutions. One referral hospital together with 5 health centres were designated as committed.

The rediscovery of breastfeeding and its benefits was not without challenges. The aggressive commercial marketing of breastmilk substitutes brought confusion to the ignorant mothers. The International Code of Marketing of Breastmilk Substitutes was then put in place and acted as a watchdog over the trade and the use of substitutes by government and the general public. However, for the Code to be effective, it needs to be legalised.

## Problem Statement

Breastfeeding is one of the norms in Swazi culture. Once a baby is born it is natural to breastfeed. Sociological changes, commercial marketing strategies and the emergence of HIV/AIDS have all contributed to changes in the normal pattern of infant feeding.

Women of childbearing age are amongst the highly affected by HIV. This is the group of women who receive advice on infant feeding from the health workers based on suspicion of their status and are discouraged from breastfeeding. They are usually left with the option of un-affordable milk formula without first considering their socio-economic status.

## Objective

Overall Goal: To establish infant feeding practices in health facilities in the face of HIV/AIDS.

### Specific Objectives

- To establish the BFHI status in health facilities.
- To establish the impact of MTCT of HIV infection to breastfeeding practices.
- To identify information gaps among health care providers' training needs.

## Introduction

Recent studies indicate that the risk of HIV infection through breastmilk is about 14%. The media has also raised the public's concerns about this issue by publishing less helpful statements. The absence of a policy statement and infant feeding guidelines in the face of HIV/AIDS has created conflicting advice given to pregnant and lactating mothers by health care providers. It therefore became necessary for Swaziland Infant Nutrition Action Network (SINAN) together with the National Nutrition Council to analyse the situation in the health facilities in order to design effective intervention. A checklist was then prepared to guide interviews with health care providers in Maternity and Children's wards. These included medical doctors, nursing sisters, breastfeeding and HIV/AIDS counselors. Six (6) referral hospitals and five (5) health centres were visited.

## Results

The results will be discussed according to the questions in the checklist.

**Question:** Is the unit promoting and supporting breastfeeding?:- if yes, how? If the answer is no, give reasons.

**Response:** Yes – all health facilities promote breastfeeding as a principle. However health workers do not feel comfortable and obliged to confront mothers who prefer not to breastfeed. Some mothers come to the hospital with their minds already set for infant formula feeding.

**Question:** Does the unit have a breastfeeding policy displayed, or used as a reference?

**Response:** The majority of health facilities did not have the policy displayed, and even those that had it, they were not aware of what it was, to them it was just a poster like the others on the wall.

**Question:** In the past three months has the unit encountered a suspected or diagnosed HIV infected mother or baby?

**Response:** Yes a significant number of mothers with clinical signs of HIV/AIDS are noticed in maternity wards and a great number of children failing to thrive are seen in children's wards. Confirmed cases were said to be very few.

**Question:** Is voluntary counselling and testing encouraged by this unit?

**Response:** Health facilities in the Lubombo and Shiselweni regions do encourage voluntary testing and people coming up for testing are ranging between ages 25-35 years. In the Hhohho region a few were noticed coming up from the urban areas but the rural folks still associate HIV with

witchcraft. In the Manzini region voluntary testing was reported as a rare occurrence.

**Question:** What nutrition advice do you give to a post-partum mother who is HIV positive (both for herself and her baby)?

**Response:** All respondents reported that they encourage HIV positive mothers (or suspected cases) to make use of available resources and combine them into the three food groups.

The dilemma was with what advice to give to an HIV positive mother on infant feeding. The majority of health workers discouraged breastfeeding and advised mothers on formula feeding. Only a few reported that they first considered the mothers socio-economic status and advise accordingly.

**Question:** As a health care provider are you aware of your responsibilities under the International Code of Marketing of Breastmilk Substitutes?

**Response:** More than half of the respondents were not aware of the Code. The remainder who said they were aware had difficulty in recalling what the Code entails.

**Question:** Have you or your colleagues in this unit received formal training on mother to child transmission of HIV infection?

**Response:** Almost all health facilities did have one or two HIV/AIDS counsellors who are aware of the MTCT of HIV infection. However their training only had emphasis on the HIV transmission and did not relate to infant feeding. The same HIV/AIDS counsellors were not oriented on breastfeeding issues.

**Question:** What is your personal opinion with regards to breastfeeding and HIV?

**Response:** Different opinions were cited by medical doctors, nursing sisters and HIV/AIDS counsellors, a few captions of these opinions are highlighted.

Male Nurse – Maternity Ward

I believe breastfeeding is still the best and optimal feeding for the infant. Therefore if the mother is confirmed HIV positive I would encourage exclusive breastfeeding but only up to 3 months.

Medical Doctor Maternity Ward

I personally promote and support breastfeeding. When I come across confirmed cases of HIV I consider their socio-economic status before I advise on their feeding options. I feel there should be a form of social network that would support HIV positive mothers. Maybe a fund for procurement of substitutes could be set up in which all workers could contribute 1% of their salary. I also think we need a social worker in this hospital because I as a doctor may not have the time to discuss these issues with the mothers. Communities need to be educated as well so that they can also provide support.

HIV/AIDS Counsellor

I believe people should be given factual information and allow them to make affordable choices.

Medical Doctor – Health Centre

I discourage breastfeeding to suspected cases whom I diagnose by using HIV/AIDS clinical guidelines. However, our catchment area is faced by poverty and malnutrition, which makes the whole issue of infant feeding a problem.

As a doctor I treat the opportunistic conditions that the babies present with but malnutrition remains. In a nutshell I think the issue of infant feeding in HIV is a social problem therefore we need a social worker and a nutrition rehabilitation ward/centre.

Sister in Charge – Maternity Ward

I am confused. Yes I do encourage breastfeeding to women who do not know their status. I think we need a policy statement. In its absence we remain with a problem.

Breastfeeding Counsellor

I think we should let people take the option that they believe they will afford.

Medical Doctor – Referral Hospital

We need to research more on HIV transmission through breastmilk. I'm personally not happy to give advice to mothers when I'm not sure of the facts. I believe more education about HIV/AIDS is still required at community level. People are still in denial. I treat a lot of STD's in the outpatient department, which means that vulnerability to HIV is still high. Most of our people here consult with traditional healers first before coming to the hospital so this group should also be targeted for training.

Breastfeeding Counsellor

If the baby is negative from a positive mother, I discourage breastfeeding, but if the baby is already positive, continue with breastfeeding.

Nurse – Children's Ward

I think breastfeeding is no more practical now in the light of HIV/AIDS. Educating the public about breastfeeding should "stop".

Medical Doctor - Health Centre

HIV/AIDS is really disarming us as doctors, this is a blow. We are in a dilemma of not knowing what to tell our patients. However we treat each case on its merits. Luckily we have a discharge room in our facility where we screen and counsel individual cases and take details for follow up on discharge. Our catchment area is usually hit by drought so the socio-economic status is not good.

## Observations

- NAN was found in almost all the health facilities displayed in the nurses duty room. (The Code states that formula should be kept under lock and key and its use should be medically indicated.)
- Feeding bottles some with teats were also found in the nurses' duty room and children's wards. Feeding bottles were justified as being used for measuring formula feeds.
- Health facilities have very few breastfeeding counsellors. If more of these are to be trained, training should include HIV/AIDS.
- A lot of ground still needs to be covered for the success of the voluntary counselling and testing. The following was observed;
  - Communities are still in denial.
  - Those who come for testing do not report back for their results.
  - The few who come back for results are discouraged by delayed results.
  - Clients come two or three times and find that the nurse who provided counselling and took the blood is off duty and the results are still delayed. The client is then discouraged.
  - Testing is done centrally – only in Manzini.
  - Even facilities that try and use rapid tests are unable to sustain this process due to logistics problems. Otherwise one health centre reported that rapid tests are reliable, they occasionally send blood specimens to central lab for quality control.
  - Decentralisation of testing services would require upgrading of laboratories and capacity building.

- The emergence of HIV/AIDS has slowed down the momentum of BFHI.
- The number of formula supplements has increased in health facilities to feed the orphaned or abandoned infants. Some infants have very sick HIV positive mothers who are admitted in the medical wards.
- Formula feeding in low socio-economic conditions has brought back malnutrition, which is seen in children's wards.

### Conclusion

The analysis leaves the Ministry of Health and Social Welfare (SINAN, National Nutrition Council) and partners with great challenges. The situation is overwhelming and it is evident that as the risk of HIV transmission through breastmilk becomes more widely publicized, HIV infected mothers face the difficult burden of having to decide whether to break with tradition and choose not to breastfeed or to breastfeed and run the risk of infecting their infants with HIV.

The decision not to breastfeed, even with adequate counselling, comes with its own social risks, which include the stigma or suspicion of being infected with HIV. The same risk carries grave social, emotional and physical consequences. In an attempt to minimise risks to her infant and yet hide her own status from neighbours, family and friends, mothers combine breastfeeding with artificial feeding, the worst of all possibilities as it exposes the infant to both sets of risks.

### Way Forward

- Re-launch and monitor BFHI closely to minimize mortality and malnutrition in infants and children.
- Train more breastfeeding counsellors and include HIV/AIDS component.
- Design effective strategies for legislation of the International Code of Marketing of Breastmilk Substitutes.
- Re-orient health care providers on the Code so that they are aware of their responsibility with regard to the Code to prevent the spill over effect of artificial feeding and erosion of breastfeeding among women who are not HIV infected.
- Advocate for a policy statement on HIV and Infant Feeding.
- Develop clear guidelines on HIV and Infant Feeding.
- Initiate nutrition re-habilitation centres (or cook houses) in health facilities especially in the rural areas to cater for orphans and abandoned children.
- Explore the possibility of producing locally available and acceptable replacement food for infants born to HIV positive mothers. Measuring equipment would be included in this package.
- Develop target-orientated IEC materials.
- Join hands with partners in educating mothers on HIV/AIDS prevention and family planning.
- Conduct more research on MTCT of HIV infection.
- Continue with update courses for health care providers on HIV and Infant Feeding.

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