

Abstract Preview

- print version -

Abstract category: C19 Interventions to prevent mother-to-child transmission

Optional category: C29 Determinants of HIV risk and protective behaviors

Abstract title: **Delayed stigma ? dilemma in infant feeding for HIV+ mothers in Bobo-Dioulasso, Burkina Faso**

Author(s): Ky-Zerbo O.¹, Sanou A.¹, Alfieri C.², Meda N.¹, Desclaux A.²

Institute(s): ¹*Kesho Bora Study, Centre Muraz, Bobo-Dioulasso, Burkina Faso,*
²*Centre de Recherche Cultures, Santé, Sociétés (CReCSS), Université Paul Cézanne d'Aix-Marseille (UPCAM), Aix-en-Provence, France*

Abstract text: **Background:** Two feeding options are usually proposed to HIV+ mothers in resource-poor settings: exclusive breastfeeding with early and brief weaning and formula feeding. Their implementation may induce stigma, specially in a country where median breastfeeding duration in general population is 24,5 months. The choice of the least stigmatising option cannot be easily anticipated, which creates new difficulties for mothers that have been seldom studied.

Methods: Within a trial about the impact of HAART on HIV transmission through breastfeeding (Kesho Bora study) in Bobo-Dioulasso, Burkina Faso, mothers are counseled about feeding options and choose an option before 32-34 weeks of amenorrhea, thus undergo regular follow-up and counseling until the baby is 2 years old. Their comments and questions during counseling are collected by counsellors from Kesho Bora study, and interviews of 30 mothers were held as part of a qualitative research project (ANRS 1271).

Results: Most women (66%) choose exclusive breastfeeding and early weaning. The reason is not economical, since formula feeding is provided free until 7 months and women are given replacement feeding until 12 months. The freight of stigma is a main reason of their choice. When choosing breastfeeding at birth, women do not face stigma immediately. The risk of stigma is not eliminated but only delayed. They will have to face this risk when their baby is 4-6 months, since weaning a child at that age is as infrequent as formula feeding in this context. How may counselling tackle this issue ? Is anticipating risk during counselling a mean to help mothers ? Data about mothers' perceptions and experiences will be discussed.

Conclusions: Stigma is nearly unavoidable with present infant feeding options. A new preventive strategy is highly needed to avoid high risk mixed feeding for babies from HIV+ mothers.

Conference: AIDS2006 · Abstract: A-011-0136-12754 · **Status: Submitted**

PRINT

BACK