



OUR APPROACH: **STRENGTHENING NUTRITION COUNSELING**

Promoting breastfeeding as an option for HIV-positive mothers in Haiti

Cassandra tested positive for HIV at an antenatal visit during her first pregnancy four years ago. Although the diagnosis was devastating for the young wife and mother-to-be from Haiti's impoverished Artibonite region, Cassandra was determined to take the best care possible of herself and her child—she immediately began taking antiretroviral medications. Once her son Maxime was six weeks old, he tested negative for HIV and she diligently followed the guidance of the nurse, who told her at the time to give him only formula as a way to continue to avoid transferring the virus. Today, in good health and joyously expecting a second child, Cassandra was astonished that the very same nurse was now counseling her to breastfeed exclusively for the first six months of her new baby's life and to continue to do so while introducing complementary foods after her baby reaches six months of age. At first, she was unsure when told that the protection exclusive breastfeeding provides against deadly childhood illnesses far outweighs the risk of transmitting HIV, but then she remembered Maxime's frequent episodes of diarrhea and a frightening case of pneumonia that required hospitalization. The nurse, who had participated in an IYCN training workshop on infant feeding counseling during early infant diagnosis of HIV since her last encounter with Cassandra, even took out a pencil and paper, helping her to calculate the money she would save by not purchasing formula and showing how that money could be used to buy vegetables and other important foods for her, her husband, and especially Maxime. Cassandra also wanted to know if other HIV-positive mothers were doing the same, and if their babies were healthy. "It's important that I do what's best for my baby and my family," she said. "Breastfeeding is the right thing for me."

Since 2008, the United States Agency for International Development's Infant & Young Child Nutrition (IYCN) Project has been assisting the Haiti Ministry of Public Health and Population (MSPP) and its partners to implement new national guidelines that support breastfeeding by the country's 7,000 HIV-positive mothers, including by developing updated curricula and counseling materials, and training more than 1,400 health workers. As part of this effort, the project has strengthened the skills of more than 500 health workers and trainers to enable them to provide appropriate infant feeding counseling during the critical time when an HIV-positive mother receives her child's first HIV test result.

A need for appropriate counseling at early infant diagnosis of HIV

Appropriate counseling and support is especially important for HIV-positive mothers when they receive the first HIV test results for their babies, often occurring as early as six



Haiti: key figures

- After reaching 9.4 percent in 1993, HIV prevalence among Haitian adults today is 2.2 percent. This still represents the highest prevalence rate in the Latin America and Caribbean region and is well above the 1 percent threshold that constitutes a “generalized and severe” epidemic.
- Women are disproportionately affected by HIV and AIDS. Young women between the ages of 15 and 24 are twice as likely as men in the same age group to be infected. The prevalence rate among pregnant women is 2.7 percent.
- Only 42 percent of the estimated 368,000 pregnant women in the country in 2009 were tested for HIV, and only 2,443 of the 4,276 who tested positive received antiretroviral therapy to prevent HIV transmission to their children.
- The United Nations Children’s Fund estimates that only 41 percent of all children younger than six months in Haiti are exclusively breastfed.
- Even before the country’s ongoing cholera epidemic began in late 2010, diarrhea was the leading cause of death among young children. At the time, most Haitian toddlers could expect to suffer from five cases of diarrhea per year, and approximately ten children younger than the age of five died each day from diarrheal disease. It is well established that exclusive breastfeeding for six months and continued breastfeeding for the first year of life could avert 13 percent of childhood deaths from diarrhea and other childhood illnesses.



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age. This reversal of earlier guidelines weighed the risk of mother-to-child transmission of HIV through breastfeeding against a much higher risk of mortality that results when an infant is deprived of exclusive breastfeeding. Infants who are not exclusively breastfed are six times more likely to die of a preventable illness than those who are. By comparison, it is estimated that between 5 and 20 percent of infants of HIV-infected women become infected during breastfeeding when no specific HIV interventions are provided and a significantly lower infection rate is achieved through antiretroviral therapy. Globally, breastfeeding is thought to currently result in about 300,000 instances of mother-to-child transmission of HIV every year, while at the same time, formula feeding with contaminated water causes approximately 1.5 million child deaths annually.

As a result of effective antiretroviral regimens specifically geared toward preventing HIV transfer through breastmilk emerged, WHO made a new recommendation in 2010 that HIV-positive mothers essentially follow the same breastfeeding practices as HIV-negative mothers; that is, exclusively breastfeed for the first six months of life and subsequently provide a combination of breastmilk and appropriate complementary foods for at least an additional six months before weaning. WHO’s recommended age of weaning depends on a mother’s ability to replace breastmilk with formula.

Collaborating with the IYCN Project to integrate the new WHO guidelines on exclusive breastfeeding into national policy, the MSPP has recommended that mothers exclusively breastfeed during the first six months of their children’s lives while also maintaining informed choice should mothers wish to formula feed. The policy stresses the important role of health workers in ensuring that children are never fed using a risky mix of breastmilk and formula.

weeks of age. The IYCN Project found that it was common in Haiti for mothers to receive inaccurate information from health workers during this critical and emotional time. Focus groups at two health facilities revealed that health workers were largely advising mothers who had breastfed up to that point to immediately stop breastfeeding upon receiving negative HIV test results for their infants. The rationale, they explained to mothers, was that they could avoid transmitting the virus by replacing breastmilk with formula. Mothers were eager to follow their advice, yet stopping breastfeeding too soon can have serious consequences for a child’s health and well-being, including increased risk of life-threatening diseases, such as diarrhea and pneumonia, and reduced chance of survival.

Changing guidelines on infant feeding within the context of HIV

In 2006, the World Health Organization (WHO) recommended for the first time that HIV-positive mothers should exclusively breastfeed children until six months of

The urgency of exclusive breastfeeding

While Haiti maintains formula feeding as an option, it is clearly viable for only a small subsection of the population, as is the case in all low- and middle-income countries. When Haitian mothers express a desire to formula feed, health workers are urged to help them assess their circumstances according to previously recommended AFASS—acceptable, feasible, affordable, sustainable, and safe—criteria. For instance, a mother who opts for artificial milk, but who lacks the means to regularly purchase formula, may drastically cut the amount of powder used to prepare each serving as a way to extend her supply. The MSPP is considering adopting the WHO 2010 guidelines, which encourage countries to set national or regional policies either fully recommending breastfeeding or fully recommending replacement feeding, removing the complicated AFASS criteria from the equation.

With more than 630,000 people still living without shelter as a result of the January 2010 earthquake, and scores of families deprived of their livelihoods, promoting optimal infant and young child feeding becomes even more urgent. A persistent cholera outbreak that began in October 2010 highlights that many lack access to safe water as well. In as much as disaster has made the expansion of exclusive breastfeeding more urgent, it has also made a priority of resolving outdated notions that health workers and mothers alike may have about breastfeeding within the context of HIV.

The challenge of expanding breastfeeding

Successfully promoting exclusive breastfeeding by pregnant mothers who are HIV positive is not a simple question of disseminating the new WHO guidelines. A number of basic impediments to exclusive breastfeeding and appropriate complementary feeding existed in Haiti even before the issue of HIV was ever addressed.

IYCN-supported qualitative research conducted in 2009 (before the earthquake) concluded, among other things, that many barriers to exclusive breastfeeding remain in Haiti despite widespread awareness of its benefits. Foods and liquids other than breastmilk are given at an early age—within the first few months for many infants. One main obstacle to exclusive breastfeeding is that mothers need to work and do household tasks, and taking babies with them is not the norm. Other major issues are that breastfeeding sessions are too short, and often mothers cannot breastfeed on demand since it is common to be separated from their infants.

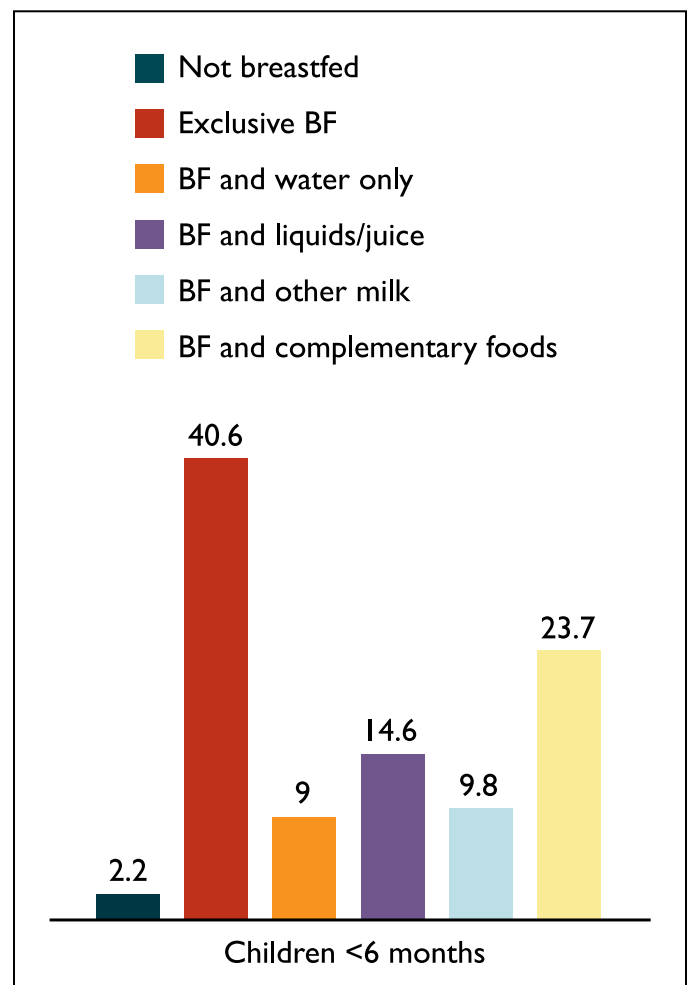
There are also very common misconceptions that contribute to early complementary feeding and temporary and permanent

termination of breastfeeding. A 2007 report published by the Institute of Haitian Studies at the University of Kansas detailed some of these common beliefs:

- Colostrum is poisonous (though IYCN research suggested that this belief is becoming less common).
- Emotional trauma, or even a single violent argument, will cause a mother's milk to spoil.
- Breastfeeding can cause mental illness in mothers.
- Breastmilk can cause intestinal worms in children.
- Pregnant women should not breastfeed their infant children, in order to reserve their milk for the fetus.

Nonetheless, a relatively strong foundation for exclusive breastfeeding exists in Haiti. As illustrated in Figure 1, a majority of infants are exclusively breastfed in the early weeks of life, and although mixed feeding prevails in the lives of most children beyond the age of two months, only a small number are weaned altogether before six months of age.

Figure 1. Breastfeeding (BF) status of children less than 6 months of age



Source: Demographic and Health Survey, 2005.



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Improving provider performance

To address the need for improved counseling of mothers surrounding early infant diagnosis of HIV, the project supported MSPP to conduct capacity-building activities at three health facilities. IYCN kicked off the process in April 2011, in Bernard Mevs Hospital in urban Port-au-Prince, in addition to Fermathe and Claire Heureuse Hospitals, rural facilities outside of Port-au-Prince. Together, they provide antenatal services to an average of approximately 600 mothers per year.

Because the trainees had been advised to counsel HIV-positive mothers whose babies received a negative test result against breastfeeding for many years, it took some convincing to accept the recommendations based on the evidence that supported them. But a more critical challenge was reinvigorating counseling as part of the key services health workers deliver to clients. A nurse described the situation by saying, “It’s not as if we didn’t know about [infant feeding] counseling before this course, but it has been difficult to provide because of our workload.”

Based on the latest WHO guidelines on infant feeding and HIV, the project collaborated with partners to develop a unique, three-day training curriculum specifically addressing infant feeding counseling surrounding early infant diagnosis of HIV. The curriculum stresses that behavior change in mothers requires spending more time with them, most especially in a quiet area away from other clients, where one-on-one interaction can occur. In this sense, the ability to clearly articulate key information with the assistance of counseling cards, also developed by IYCN, is just as important as demonstrating responsiveness to each mother’s specific needs by listening carefully to them and showing receptive body language.

Using the new curriculum, the project supported training of more than 300 trainers and health workers and followed up with training participants to offer supportive supervision at the three facilities. Although many of them were reluctant to accept new practices and information at first, the majority of training participants are now offering more appropriate counseling for HIV-positive mothers. “Having a healthy child is every mother’s concern, so we know they’ll listen if we take the time,” concluded one trainee on behalf of her colleagues.

As such, health workers are finding ways to ensure that counseling can occur even as high client loads and time constraints continue to affect them. In post-training interviews, some reported they now urge certain mothers to return for separate sessions at times known to be less busy. And, recognizing the widespread use of cell phones in Haiti, the staff at Claire Heureuse Hospital is asking the facility’s directors to implement a system for efficiently tracking client phone numbers, enabling better follow-up, particularly when a mother misses a planned antenatal or well-baby visit.

Most significantly, post-training focus groups revealed that health workers who had previously counseled mothers to stop breastfeeding upon receiving a negative test result are now promoting exclusive breastfeeding through the first six months. The majority of health workers dramatically changed their advice following the training, ensuring that Haitian babies at risk of HIV will continue to stay healthy and free of HIV. “We no longer automatically encourage the mothers to use artificial formula, even if it is free, because we believe in the benefits of exclusive breastfeeding, a sure way of keeping babies healthy,” explained one health worker.



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The final lesson in any training on counseling and behavior change is often the hardest, though. “This course showed us the value of accurate information and sound counseling when helping mothers choose how to feed their infants, but we must accept that reaching 100 percent of the mothers successfully will take perseverance because behavior change is a slow process,” cautioned a nurse from Bernard Mevs Hospital.

“If the mother was exclusively breastfeeding, we encourage her to continue to do so.”

—Training participant

Counseling cards

To assist health workers with one-on-one counseling, the project also supported MSPP to develop and pre-test counseling cards on infant and young child feeding. It is clear that the challenge of expanding breastfeeding within the context of HIV is more about promoting optimal breastfeeding practices than about demonstrating to HIV-positive mothers that conclusive evidence has made old advice on the dangers of breastfeeding obsolete. “One of the most important achievements with the cards is that the MSPP has approved them as the only tool for counseling on feeding children under the age of two,” explained IYCN consultant, Nicole Racine. “A major problem before was that the advice that mothers received from doctors was often too complex for them compared to what they would hear from a nurse or another health worker. These cards standardize the messages so they can be expressed by a variety of counselors



Si w gen jèm SIDA a... Kijan w ka chwazi nouri tibebe w la ki poko gen 6 mwa?

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One of the IYCN counseling cards is designed to answer the question, “If you have the germs that cause AIDS, what choice should you make to feed your baby for the first six months?” The pictures show that exclusive breastfeeding and exclusive formula feeding are the only two options. A subsequent card reviews the socioeconomic conditions that must be present to make formula feeding a viable option.

and understood by targeted mothers in a way that will lead to effective behavior change,” she added.

Mrs. Racine also touts the effectiveness of the pictures used on the counseling cards. “In Haiti, we find that people do not relate well to drawings,” she noted. “In fact, the photos are so engaging that some mothers who have received counseling with specific cards relating to their child’s age category will then ask to see the entire packet, looking through it like a magazine.” Mothers are also provided pamphlets on recipes and complementary feeding to take home.





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“Since the training, we do a better job counseling the mothers. IYCN has done a good job in making believers out of us. We now believe in the benefits of exclusive breastfeeding, whether babies test negative or positive.”

—Training participant

Next steps

As training is scaled up across Haiti, two significant issues will need to be addressed: supportive supervision of health workers and institutionalization of the country’s breastfeeding policy beyond publically run health programs.

It was notable that only one supervisor attended the trainings at Bernard Mevs Hospital and none at Claire Heureuse. Guaranteeing support for health workers who provide counseling is a priority moving forward, both by emphasizing the participation of supervisors in training and

refining a well-targeted tool for them to use when conducting supervision. In the meantime, IYCN has helped establish a cross-support system between health workers who have already been trained, urging them to meet at least once a week to discuss problem-solving, and to elevate complex issues to their superiors so that a consistent and acceptable response is established across the facility.

It is also important to recognize that a significant portion of Haiti’s health services are provided through nongovernmental organization (NGO)-funded and partially NGO-funded facilities. Depending on the priorities and approach of each supporting organization, these facilities may receive outside shipments of artificial milk. Advocacy to align all health providers in Haiti with government policy on breastfeeding within the context of HIV—particularly as it relates to considering the option of artificial milk—will be essential to achieving the greatest possible impact on child health.

ABOUT THE INFANT & YOUNG CHILD NUTRITION PROJECT

The Infant & Young Child Nutrition Project is funded by the United States Agency for International Development. The project is led by PATH and includes three partners: CARE, The Manoff Group, and University Research Co., LLC. For more information, please contact info@iycn.org or visit www.iycn.org.

This document was produced through support provided by the U.S. Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.