



**mothers2mothers**

HELPING MOTHERS SAVING BABIES

## **Supporting Infant Feeding Practices in Swaziland: Challenges and Best Practices from the Field**

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# The Epidemiology & Impact of HIV in Swaziland

- Swaziland has the highest HIV prevalence rate of 26% (31% women and 20% men) among people aged 15-49 years and has an estimated HIV incidence rate of 3% compared to other countries in the region.
- Women living with HIV/AIDS are estimated to be 100,000.
- In 2006, the HIV prevalence in pregnant women rose from 34% to 43%.



# PMTCT in Swaziland

- PMTCT services started being offered in 2003 to combat MTCT
- About 42% of pregnant women are HIV-positive and need PMTCT services
- It has expanded to cover 132 of the country's 172 clinics
- Uptake by pregnant women has shown a rapid increase over the years: approximately 36,000 pregnancies were registered in 2009.





# Social and cultural challenges around infant feeding in Swaziland

## Common Myth

- It is widely believed that breastfeeding alone will make the baby hungry, which leads a number of mothers to mix-feed.

## Gender-Based Violence

- A big portion of women in Swaziland are minors and are culturally submissive to their husbands, so opting for exclusive breastfeeding yet the husband wants the child to be mix fed, may cause conflict within the family later resulting in gender related violence.



# More Challenges

## **Stigma and Discrimination**

- Most mothers fear to exclusively breastfeed in the country due to fear of being labelled HIV-positive

## **Forced Disclosure**

- In a bid to protect their babies, mothers will have no option but disclose to their husband and extended families. This is very common to working mothers who leave their children with other family member or mothers in-law



# Health System Challenges

## **Exclusive Feeding Rate**

- Swaziland current has a very low rate of exclusive feeding which is 32%. This will continue to pose as a major challenge with the new guidelines

## **Poor Messages (leaving the options open to the mothers)**

- Previous recommendations allowed mothers to choose one option rather than the other (formula versus breastfeeding) has left mothers confused and undecided resulting in mixfeeding





# More Challenges

## Resources

- Is the country fully capacitated for this roll-out?
- Is there enough human resources to ensure the guidelines are effectively implemented?
- Due to time constraints and other challenges, counselling is not thoroughly done, such that clients leave health facilities without adequate information

## Supply Chain Management

- Is there enough NVP stock?



# The role of mothers2mothers

Education and Psychosocial Support around Infant Feeding in the context of PMTCT:

Very busy nursing staff will refer HIV-positive clients to Mentor Mothers who will dedicate enough time and through one-to-one counselling session to reinforce:

- Exclusive breastfeeding choice for first 6 months
- Explain clearly the recent recommendation of continued breastfeeding up to 12 months and how and when to introduce complementary feeding
- Support disclosure to gain family and husband support to adhere to the exclusive breastfeeding option





# mothers**2**mothers Partnerships

Since 2009 the Swaziland Infant Nutrition Action Network (SINAN) utilizing the best national nutrition trainers join **m2m** pre-service training for 3 full days to support counselling education around breast feeding, introduction to complementary feeding and weaning.



Recently MOH of Swaziland has invited m2m National Trainer to join a training for Sexual Reproductive Health Nurses to provide a full update to adapt local practice and implement Option A recommendation according to the new Guidelines.



# Partner Involvement

Partner invitation slips for partners are given to PMTCT clients to encourage couple counselling, thus giving support their spouses with their chosen feeding option



Partner involvement is also encouraged within Support Group meetings. It is within such forums that men clearly understand what infant feeding is and how exclusive breastfeeding benefits the child. In such meetings they meet with other men who share their experiences on how they supported their wives





# mothers2mothers Health Talks

- These morning talks they target all community members that have come to the clinic, i.e. Mothers-in-law, Aunts, Men and Community Members.
- These enlighten community members about infant feeding without needing to necessarily go for one-on-one counselling sessions.







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**Thank you**

**[www.m2m.org](http://www.m2m.org)  
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