An Examination of Breastfeeding and Feeding Behaviors Among Eastern Cape Mothers

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Introduction
- The World Health Organization (WHO) recommends that mothers exclusively breastfeed (EBF) infants for the first 6 months of life and continue breastfeeding for at least 12 months afterward.
- Yet, EBF rates remain quite low among mothers in South Africa, while alternative foods, such as formula, Nestum (similar in taste to porridge) mixed with formula, and other solids.
- In the past, HIV+ mothers have been advised to refrain from breastfeeding their infants to avoid the risk of Mother to Child Transmission (MTCT) of HIV, and encouraged instead to exclusively formula feed infants.

Objective of the Study
To better understand the infant feeding landscape among Eastern Cape (EC) mothers, keeping in mind the breastfeeding and infant feeding trends among EC mothers, many mothers appear to be prematurely beginning to introduce solids/Nestum to their baby’s diet.

Methods
- Used survey data from ZIMA, a study designed to compare the health outcomes of babies and mothers who are being seen by Mentor Mothers to those who are not.
- Mothers in the study were recruited during pregnancy.
- Data-collectors conducted interview-style Birth Assessment Surveys, 6 Month Follow-up Surveys, and 12 Month Follow-up Surveys; responses from 1183 mothers are currently logged in the database.
- Surveys included a wide range of topics, which may have on breastfeeding; to review the differing feeding trends among HIV+ and HIV– mothers in the EC six months after giving birth. Surveys included a wide range of topics, which may have an impact on breastfeeding.

Results
- Figure 1. Very low percentage of mothers are still exclusively breastfeeding at 6 months after birth. Among mothers who are no longer breastfeeding at 6 months, over 10% stopped within the first month after birth. The first month is crucial in promoting breastfeeding among mothers.
- Figure 2. Mothers who are no longer breastfeeding at 6 months (red) stop exclusively breastfeeding much earlier than those mothers who are still breastfeeding at 6 months (green). There appears to be a correlation between EBF and overall breastfeeding duration. Promoting EBF may result in lower overall BF durations.
- Figures 4 and 5. The overall rate of mixed feeding (yellow), in which a mother feeds her infant a combination of breast milk and alternative foods, appears to increase as the infant reaches 6 months. However, as seen in Figure 5, this trend decreases when mothers are separated based on their HIV status. A greater proportion of HIV– mothers mix feed their infants whereas a smaller proportion of HIV+ mix feed their infants. This may be due to a risk of MTCT of the HIV virus via breast milk, which increases when babies are fed other foods alongside breast milk.

Discussion
- Many mothers that stop breastfeeding very early on, in the first month prior to birth.
- Mothers who EBF for shorter periods of time were less likely to still be breastfeeding at the 6th month mark.
- Mothers are introducing Formula, Formula+Nestum, and Solids before the recommended 6th month mark.
- Important to further research the effects of Formula+Nestum especially.
- Mixed feeding rates increase among mothers while EBF rates decrease from 0 to 6 months.
- HIV+ mothers tend to either EBF for longer durations or completely stop breastfeeding very early on compared to HIV– peers.
- HIV+ mothers were originally recommended to avoid mix feeding to reduce the risk of MTCT. Data shows this public health message has been effective.

Questions
- Are their specific long-term effects of prematurely introducing Nestum/Formula to a baby’s diet?
- Is partial breastfeeding/mixed feeding advisable in the age of accessible and effective Anti-Retroviral Treatment?

Conclusions
- EBF rates among EC mothers at large remain quite low.
- Formula and Formula+Nestum are very popular among EC mothers.
- HIV status may affect a mother’s breastfeeding behavior. HIV+ mothers are less likely to mix feed.
- Clearer stance on mixed feeding/partial breastfeeding may be helpful, especially in an infant feeding landscape with low EBF rates, high formula/Nestum usage, and concerned HIV+ mothers.

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