

Infants and HIV/AIDS: The Fragility of Life



Exploring in-depth the experiences of HIV-exposed infants and their families to inform appropriate policy and interventions

South Africa's high infant mortality rate is driven partly by vertical transmission of HIV to children – an estimated 19% – 36% of children are born HIV positive. In an effort to better understand the circumstances contributing to child mortality, this project explored the experiences of HIV-exposed infants and their families by detailing the political, social, economic, and cultural contexts that affect the quality of such infants' lives and health trajectories.

Using ethnographic methods, the project tracked 10 HIV-positive women, their infants and other family members and caregivers from the first booking at an antenatal clinic, through birth, and until infants turned one year old.

Fieldwork concluded in mid-2010, and analyses of infant feeding practice and decision-making – which are critical to HIV-free survival – have been completed. Analysis of the role and influence of fathers on infant well-being and health decision-making will be wrapped up in 2011.

Findings suggest that adhering to safe infant feeding goes beyond simply making the right feeding “choice” between exclusive breastfeeding and exclusive formula feeding. Based on cultural, social and emotional ties, others besides the mother have legitimate claims to decision-making and feeding, which influence adherence to safe feeding practices. Even where mothers minimise the roles played by others, safe feeding is undermined by their own negative experiences of clinics, distressed home environments, and complex interactions between beliefs about milk, other baby foods, and interpretations of infant health and infant feeding cues.

The study suggests that improving adherence to exclusive feeding requires attending to this complex and dynamic interaction of social, psychological, cultural and economic factors through ongoing assessment and support. Promoting feeding practices that are beneficial regardless of HIV status, such as exclusive breastfeeding for six months and delaying the introduction of solid foods, among the general population would also help to mitigate the often unpredictable influence of others. The findings also suggest that new feeding guidelines that propose advocating for exclusive breastfeeding with antiretroviral treatment may compromise infant HIV-free survival.

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