

Abstract

Introduction/background:

Infant and young child feeding (IYCF) practices in the context of Human Immunodeficiency Virus (HIV) remain a challenge because breast milk may contain HIV. In the context of HIV, the Ministry of Health, Uganda (MoH, 2012) recommends exclusive breast feeding during the first six months of an infant's life for optimal growth, health, survival and development. Nutritionally adequate, safe and appropriately fed complementary foods should be introduced at the age of six months to meet the evolving needs of the growing infant while breastfeeding continues up to a year. However, little evidence exists on infant and young child feeding practices among HIV exposed children.

The aim of this study: was to assess adherence to the new IYCF guidelines among HIV positive mothers with children 0-23 months Mulago postnatal clinic.

Methodology: A cross sectional study was done in order to provide data on the population under study. A purposive sampling method was employed. Quantitative data was collected using single structured questionnaires; 400 HIV positive mothers/caregivers were interviewed and data analyzed using SPSS. The findings were categorically summarized using frequency tables, and have been presented in form of pie charts and tables. Qualitative data from Key informants and focus group discussions collected was triangulated to document knowledge, awareness, and practices on the new IYCF guidelines.

Results: There was universal breast feeding with almost all children((96.7%) having been breast fed. However, more than a third (36.2%) were not breastfed in the first hour following delivery, and 45.9% were given something to drink other than the mother's breast milk within 3 days after delivery. About 91.3% of infants were still breastfeeding by the end of the 11th month. Exclusive breast feeding for the first six months was rare as only about 25.5% of infants were exclusively breastfed for six months. Factors that were significantly associated with adherence to optimal IYCF practices were ANC attendance, awareness about IYCF, place of delivery, type of service provider and parity.

Conclusion: Infant and young child feeding in the context of HIV has continued to be a challenge and progress in adherence to the recommended practices seems not to be progressing making it difficult to achieve the global targets. In the study, adherence to MoH recommendations for infants and young child feeding practices was poor compared to the awareness levels that were slightly higher among HIV positive mothers reporting that the main source of their information being health workers. However, these are few compared to the big client load, therefore there is need to build capacity of more health workers to be able to provide adequate services.

ANC attendance was high and there were equally several deliveries that occurred in a health facility and this greatly impacted on IYCF practices among HIV positive mothers despite other factors. There is therefore need to put in place interventions that focus on factors such as health service and maternal care practices, access to and utilization of ANC, delivery and PNC health care facilities, child feeding education, skilled personnel and family planning. Addressing social stigma, misconceptions and male involvement should be emphasized during eMTCT programming in order to improve adherence.