The three ethnographic case studies described in this dissertation provide a
cultural description of breastfeeding behavior with respect to HIV/AIDS and newborn
care, and with a focus on early infancy.

**Study 1**: Influences on infant feeding decisions were investigated in-depth
interviews with a sample of 22 HIV-positive mothers from Kwa-Zulu Natal, South
Africa. Five themes were identified: social stigma of HIV infection; maternal age and
family influences on feeding practices; economic circumstances; beliefs about HIV
transmission through breastmilk; and beliefs about the quality of breastmilk compared
to formula. Mothers knew that breastmilk can infect the infant with HIV, but a
dominant theme was that breastmilk protects children and is superior to formula.

**Study 2**: Local feeding practices for the newborn, and how these “fit” within
the repertoire of newborn care giving practices were assessed in Pemba Island,
Tanzania. In-depth interviews were conducted with 13 peri-urban mothers and 30
rural mothers. Beliefs underlying neonatal care-giving practices included: a) fear of
maternal and/or newborn death at the time of delivery; b) vulnerability of the
newborn; c) ritual pollution after childbirth and d) feeding strategies believed to
enhance newborn health and survival. From a pile sort exercise conducted with a
literate sub-sample, infant feeding was found to be conceptualized as distinct from
other newborn care giving practices.

**Study 3**: The 30 rural women from study 2 were provided with advice to improve feeding behavior during pregnancy. Their responses to the advice were assessed postpartum. Breastfeeding newborns was part of cultural expectation and practice, but exclusive breastfeeding was not.

In all three communities, breastfeeding is highly valued and is culturally normative. The first study results offer a glimpse of the forces that influence HIV positive women as they attempt to make an informed choice about feeding their infants. Results from the second study suggest that interventions could specifically target feeding without having to affect other domains of newborn care. Results from the third study offer guidance for designing education messages for promoting exclusive breastfeeding during the first few weeks of infant life. Taken together, the three studies provide useful information for breastfeeding promotion activities.
BIOGRAPHICAL SKETCH

I left Kenya after high school to study Biochemistry in Nantes University in France (1993). Following a year of intensive French language courses at the University, I enrolled as an undergraduate and then as a Master’s student in the department of Biochemistry. For my Master’s thesis (1998), I reviewed the literature on the biochemical basis of protein-energy malnutrition in children. During this experience, my profound interest in child nutrition in the developing nations emerged, and has continued to intensify.

After enrolling in the International Nutrition Program at Cornell University in the United States (Fall 1999), I envisioned how I might focus my growing interest in the nutritional aspects of HIV/AIDS. Because of my own personal commitment to children’s well-being, the nutritional context of Mother-To-Child Transmission of HIV was a natural choice. For my Masters’ thesis research at Cornell University (Summer 2000), I chose to explore the cultural acceptability of infant feeding alternatives among women of unknown HIV status drawn from one community in the Central Province of Kenya.

My brief research project revealed that many questions relative to HIV/AIDS and infant feeding remain unanswered. I wanted to build on the material in the interviews to better understand these complexities, and to be able to contribute to efforts to prevent Mother-To-Child Transmission of HIV through breastfeeding. The first study presented in this dissertation was largely inspired by the Kenya research. In the study, I interviewed a small sample of HIV positive women in South Africa about their infant feeding practices.

During the South Africa project, I found that the complexities and the difficulties faced by HIV-positive women may not be applicable to mothers who were
not HIV infected. For this reason, my subsequent research focused on feeding during the first few weeks of infant life. I designed the second and the third studies in Pemba Island, Tanzania, which has among the lowest rates of HIV infection in Africa, but which experiences one of the world’s high rates of neonatal mortality.

I continue to enjoy working on infant feeding issues in sub-Saharan Africa, and I am especially pleased with the results of the three ethnographic studies. I hope that you will learn as much from this dissertation as I did from writing and editing it.
To mom

For your love and support
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LIST OF ABBREVIATIONS

AIDS: Acquired Immune Deficiency Syndrome
BFHI: Baby Friendly Hospital Initiative
CD4: A type of cell in the immune system that is targeted and killed by HIV. As the number of CD4 cells decreases, an infected person’s risk of getting “opportunistic infections” increases
CD8: Also a type of cell in the immune system that provides an immunologic defense against HIV by controlling viral replication
FES: Focused Ethnographic Study
HIV: Human Immunodeficiency Virus, the virus that causes AIDS
KZN: Kwa-Zulu Natal
MDS: Multi-Dimensional Scaling
MTCT: Mother-To-Child Transmission of HIV
PBA: Pemba
PMTCT: Prevention of Mother-To-Child Transmission of HIV
RAP: Rapid Assessment Procedures
TBA: Traditional Birth Attendant
TIPS: Trial of Improved Practices
UN: United Nations
UNAIDS: The Joint United Nations Program on HIV/AIDS
WHO: World Health Organization