ETHNOGRAPHY OF INFANT FEEDING IN SUB-SAHARAN AFRICA: CASE STUDIES IN THE CONTEXT OF HIV/AIDS AND NEWBORN CARE

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ETHNOGRAPHY OF INFANT FEEDING IN SUB-SAHARAN AFRICA: CASE STUDIES IN THE CONTEXT OF HIV/AIDS AND NEWBORN CARE

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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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TABLE OF CONTENTS

I. INTRODUCTION 1
Dissertation outline 4

II. BREASTFEEDING AND CHILD HEALTH AND SURVIVAL: A SOCIAL PERSPECTIVE 7
1. Defining infant feeding terms 7
2. Importance of appropriate infant feeding practices 9
a. Importance of appropriate infant feeding practices for infant health and survival 12
b. Importance of appropriate infant feeding practices for mothers, families and society 12
c. Breastfeeding: best practices 13
d. Infant feeding options in situations where breastfeeding is not be beneficial 15
3. Current Patterns of infant feeding in sub-Saharan Africa 16
a. Feeding prelacteals 17
b. Giving breast milk substitutes to infants before they are six months of age 18
c. Feeding infants during episodes of illness 19
4. A conceptual framework linking infant feeding behavior to the broader social, economic and political context 20
1. Individual level 22
2. Interpersonal level 24
3. The home, the health care setting and the work place 26
4. Legal, political, economic and religious aspects of society 27
5. Summary 28
5. Conclusion 29

III. INFANT FEEDING IN SPECIAL CIRCUMSTANCES IN SUB-SAHARAN AFRICA: HIV AND CARE OF THE NEWBORN 30
Part I. Infant feeding and Mother-to-child transmission of HIV (MTCT) 31
1. Infant feeding options for mothers with HIV: the dilemma 31
2. Biological and behavioral determinants of MTCT through breastmilk 32
3. Infant feeding options for HIV infected mothers 33
4. Best practices for the preparation of other milks for infant consumption 50
5. Mothers' rights to fully informed and free choice of infant feeding method and challenges for the informed approach 51
Part 2. Infant feeding within the context of newborn care 54
I. Importance of the problem of neonatal mortality 54
2. Potential impact of appropriate infant feeding practices on neonatal mortality 56
3. Determinants of neonatal mortality 56

4. Principles of good neonatal care 64
5. Interventions to lower neonatal mortality 68
Conclusion 74

IV. METHODOLOGICAL APPROACHES 75
A) The ethnographic approach 75
1) Key features of the ethnographic approach 76
2) Ethnographic methods and techniques 78
a) Participant observation 78
b) Key informant interviewing 80
c) Free listing 81
d) Pile sorting 81
e) Structured ethnographic interviews and surveys 84
3) Analysis of ethnographic data 85
a) Analysis of text data using content analysis and thematic analysis 86
b) Developing "codes" and "themes" using the grounded approach 88
c) Analysis of pile-sort data using multi-dimensional scaling 89
4) The use of ethnographic research in nutrition and public health 94
5) Validity (interpretation, representation and generalizability of ethnographic studies) 96
1. Researcher as an interpreter 96
2. The problem of "exotic selectivity" 98
B) The "Trial of Improved Practices" (TIPS) approach 99
1) Description of the TIPS approach 99
2) Evaluating the standard TIPS protocol as a research tool 102
a) Lack of specification of its theoretical basis 103
b) Lack of clear guidelines on how to analyze the data obtained 105
c) Number of sites 106
d) Logistics of the TIPS 106
C) Conclusion 107

V. SOCIAL CULTURAL INFLUENCES ON INFANT FEEDING DECISIONS AMONG HIV-INFECTED WOMEN IN RURAL KWA-ZULU NATAL, SOUTH AFRICA 108
A) Objectives of the study 108
B) Research setting 109
C) Structure of the Africa Center project 111
1) Counseling, testing for HIV, and administration of anti-retroviral drugs 112
2) Infant feeding counseling 114
D) Methods 115
1) Interview procedures 115
2) Data analysis 117
E) Results 117
Sample characteristics 118
Theme 1: HIV 118
Theme 2: Infant feeding and fear of HIV transmission through breastmilk 125

Theme 3: Perceived quality of breastmilk in comparison to infant formula 127
Theme 4: Formal employment and the role of economic circumstances in infant feeding decision-making 128
Theme 5: Age and family influences on feeding practices 130
F) Discussion 131
Conclusion 135

VI. ROUTINE CARE OF THE NEWBORN IN PEMBAN HOUSEHOLDS: THE THEMATIC STUDY 137
Background 137
Objectives of this study 137
Research setting 138
1) History 139
2) Culture 140
3) Education 141
4) Employment and economic activities 142
5) Food and nutrition 144
6) Key features of Pemban households 145
7) Health care and health seeking in Pemba 147
8) Description of the two Pemban sites (rural and peri-urban) in which the study was conducted 149
Research methods for this study 155
1) Data collection 156
2) Selection of the two samples 157
3) Interview procedures 159
4) Data analysis 160
Results 160
Characteristics of the participants 161
Theme 1: Fear of death during delivery 162
Theme 2: Perceived vulnerability of the newborn and its implications for parenting 164
Theme 3: Ritual pollution and postpartum seclusion 173
Theme 4: Infant feeding beliefs and practices 174
Discussion 182
a) Results from both samples in relation to beliefs about breastmilk substitutes 182
b) Interpreting beliefs and practices related to newborn care in relation to current biomedical knowledge 183
Conclusion 190

VII. ROUTINE CARE OF THE NEWBORN IN PEMBAN HOUSEHOLDS: THE PILE SORT ANALYSIS 192
Objective 192
Methods 192
1) Site and sample selection 192
2) Data collection 192

3) Data analysis 194
Results 196
Sample demographic characteristics 196
Results of MDS scaling of newborn care practice pile sorting: peri-urban women 196
Results of MDS scaling of newborn care practice pile sorting: Rural women 261
Results obtained from merging the two samples 263
Results obtained from selecting women who had a good correlation 264
Discussion 260
Methodoligical approaches 266
Limitations of the study 270
Conclusion 270

VIII. FEEDING THE NEWBORN ON THE PEMBA ISLAND OF TANZANIA: WOMEN'S BELIEFS, PRACTICES AND RESPONSES TO RECOMMENDATIONS 212
Objectives of the study 212
Methods 212
Sample selection 212
Interview procedures 213
Developing the messages 214
Obtaining measure of exclusive breastfeeding 216
Interviewer training 217
Data analysis 219
Results 219
Characteristics of the sample 220
Beliefs about breastmilk and breastfeeding and feeding intentions prior to delivery 222
Exposure to the recommendations 225
Feeding practices reported by mothers after delivery 231
Experiences with Recommendations 232
Variability in response to the recommendations not to give the baby any water to drink and not to give the baby any foods or liquids apart from breastmilk 234
Traumatic experiences encountered by four of the mothers in the sample during and after delivery 237
Discussion 239
Methodological approach 239
Research findings 241
Conclusion 243

IX. IMPLICATIONS OF THE THREE CASE STUDIES FOR INTERVENTIONS TO IMPROVE EARLY INFANT FEEDING 245
Comparisons of the site and the samples 246
Site characteristics: Social, political and economic commonalities and differences 246

Characteristics of women in the three samples and their implications for generalizing the results 247
Methodological approaches 250
Analysis of the findings in relation to the socio-ecological model 252
1. Individual level 253
2. Interpersonal level 254
3. Settings in which the individual operates 256
4 Legal, political, economic and religious aspects of society 259
Lessons learned and applications to improve infant feeding practices 261

X. APPENDICES 266
Appendix 5.1: Items written on index cards, and respective questions 266
Appendix 6.1a: List of 34 newborn caregiving practices written on index cards (English) 267
Appendix 6.1b: List of 34 newborn caregiving practices written on index cards (Kiswahili) 267
Appendix 6.2a: List of 34 newborn caregiving practices written on index cards, and respective questions used to interview peri-urban Pemban women 268
Appendix 6.2b: List of 34 newborn caregiving practices written on index cards, and respective questions used to interview peri-urban Pemban women 271
Appendix 6.3a: List of 16 food items commonly fed to newborns in Pemba, and the respective questions used to interview rural Pemban women (English) 273
Appendix 6.3b: List of 16 food items commonly fed to newborns in Pemba, and the respective questions used to interview rural Pemban women (Kiswahili) 275
Appendix7.1a: Instructions for the pile sorting exercise used for literate mothers only, peri-urban and rural Pemban samples (English) 277
Appendix 7.1b: Instructions for the pile sorting exercise used for literate mothers only, peri-urban and rural Pemban samples (Kiswahili) 278
Appendix 8.1a: Interview 1 (English) 279
Appendix 8.1b: Interview 1 (Kiswahili) 283
Appendix 8.2a: Interview 2 (English) 287
Appendix 8.2b: Interview 2 (Kiswahili) 291
Appendix 8.3a: Interview 3 (English) 294
Appendix 8.3b: Interview 3 (Kiswahili) 303

XI. REFERENCES 312

LIST OF FIGURES

Figure 2.1 Ecological framework and broad categorization of factors influencing infant behavior 22

Figure 3.1 MDS plot recreated from the distances in table 3.1 Stress in two dimensions: 0.00081 91

Figure 5.1 Map indicating Hlabisa district 111

Figure 6.1 Map of the two Zanzibar islands (Pemba and Unguja) 198

Figure 7.1 MDS plot of judged similarities among common newborn care-giving behaviors for the peri-urban women (stress in 2 dimensions=0.243). Note that one grouping of behaviors is located at the upper left extremity of the first dimension. Other behaviors form an arc spanning the right hand side of the second dimension 201

Figure 7.2 Clusters identified through MDS scaling of the peri-urban women's sorting of the 34 newborn care behaviors 202

Figure 7.3 MDS plot of judged similarities among common newborn care-giving behaviors for the rural women (stress in 2 dimensions=0.240). Note that one grouping of behaviors is located at the lower left extremity of the first dimension☞ 203

Figure 7.4 Clusters identified through MDS scaling of the rural women's sorting of the 34 newborn care behaviors 204

Figure 7.5 Clusters identified through MDS scaling of the pooled sample's sorting of the 34 newborn care behavior 205

Figure 7.6 MDS plot of judged similarities among common newborn care-giving behaviors for the rural and peri-urban women whose correlation with the model was 0.5 and above (stress in 2 dimensions=0.240). Note that one grouping of behaviors is located at the lower left extremity of the first dimension 222

Figure 8.1 Number of women who participated in each of the three interviews 205

LIST OF TABLES

Table 2.1: WHO/UNICEF/UNAIDS definitions of infant feeding terms (Source: UNAIDS/UNICEF/WHO, 1998) 8

Table 3.1 Set of distances among 5 American cities 90

Table 3.2: Kruskall's informal guidelines for interpreting the stress 93

Table 5.1: Characteristics of the full study cohort (as of June, 2002) and the ethnographic study sample 118

Table 5.2: Mothers' beliefs about HIV and about the modes of transmission 119

Table 5.3: Mothers' beliefs about HIV prevention 119

Table 5.4: Women's perceptions about the mode of infant feeding promoted in local hospitals 123

Table 5.5: Age and disclosure of HIV status to the interviewer 124

Table 5.6: Women's beliefs about the use of infant formula 128

Table 5.7: Women's employment status relation to infant feeding 130

Table 5.8: Age and infant feeding decision 131

Table 6.1: Sample demographic characteristics 162

Table 6.2: Mothers' perceptions about the constraints and motivations for delivering at the hospital versus the home 164

Table 6.3. Beliefs and motivations for washing a baby with traditional medicine 169

Table 6.4: Beliefs and motivations for massaging a baby with traditional medicine 170

Table 6.5: Mothers' beliefs and motivations for exposing newborns who are ill to smoke 172

Table 6.6: Mothers' beliefs and motivations for applying soot on the baby's face, palms and under his feet 172

Table 6.7: Mothers' beliefs and motivations about shaving part of the baby's hair and applying medication on it 173

Table 6.8: Mothers beliefs about breastmilk and breastfeeding 175

Table 6.9: Beliefs about giving newborns water to drink 177

Table 6.9: Beliefs about giving newborns fluids to drink 178

Table 6.10: Beliefs about giving newborns solids and folk fluids 180

Table 6.11: Respondents' beliefs about spoon and bottle feeding newborns 182

Table 7.1: Sample demographic characteristics 196

Table 7.2: Stresses obtained from the Multi-Dimensional Scalings for the peri-urban sample 197

Table 7.3: Number of clusters versus fit, larger numbers indicate better fit 199

Table 7.4 Specific behaviors contained in each of the clusters, membership in a given cluster was determined using hierarchical clustering 200

Table 7.5: Stresses obtained from the multi-dimensional scalings for the rural sample 201

Table 7.6: Stresses obtained from the multi-dimensional scalings of the pooled sample 203

Table 7.7: Stresses obtained from the multi-dimensional scalings for women with correlations >.5 205

Table 8.1: Demographic characteristics of the sample (n=30) 221

Table 8.2: Mother's breastfeeding intentions 223

Table 8.3 Breast milk substitutes that mothers intended to give to newborns 224

Table 8.4: Anticipated provider of breastmilk substitute 225

Table 8.5: eligibility for exposure to recommendation 226

Table 8.6: Number of mothers who chose to try each of the recommendations provided 227

Table 8.7 Mothers' motivations for choosing to breastfeed on demand 228

Table 8.8 Mothers' reasons for choosing to initiate breastfeeding within two hours of delivery 229

Table 8.9 Mothers' motivations for choosing not to give their babies any other foods or liquids 230

Table 8.10 Motivations for choosing the recommendation not to give the baby any water to drink 230

Table 8.11 Reasons for not agreeing with the recommendation to forego giving water 231

Table 8.12 Newborn feeding practices in the sample 232

Table 8.13: Reasons for trying the second recommendation 233

Table 8.14 Statements to justify giving the baby water 234

Table 8.15: Explanations for trying the recommendation not to give the baby any water to drink 234

Table 8.16: Age and success in trying out recommendation not to give water 235

Table 9.1 Lessons learned and applications from the three studies in relation to infant feeding in the context of HIV 263

Table 9.2 Lessons learned and applications from the three studies in relation to essential newborn care 264

Table 9.3 Lessons learned and applications from the three studies in relation to infant feeding in general 265

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

UNICEF: United Nations Children's Fund (formerly "United Nations International Children's Emergency Fund")

WHO: World Health Organization