



# To breastfeed or not to breastfeed?

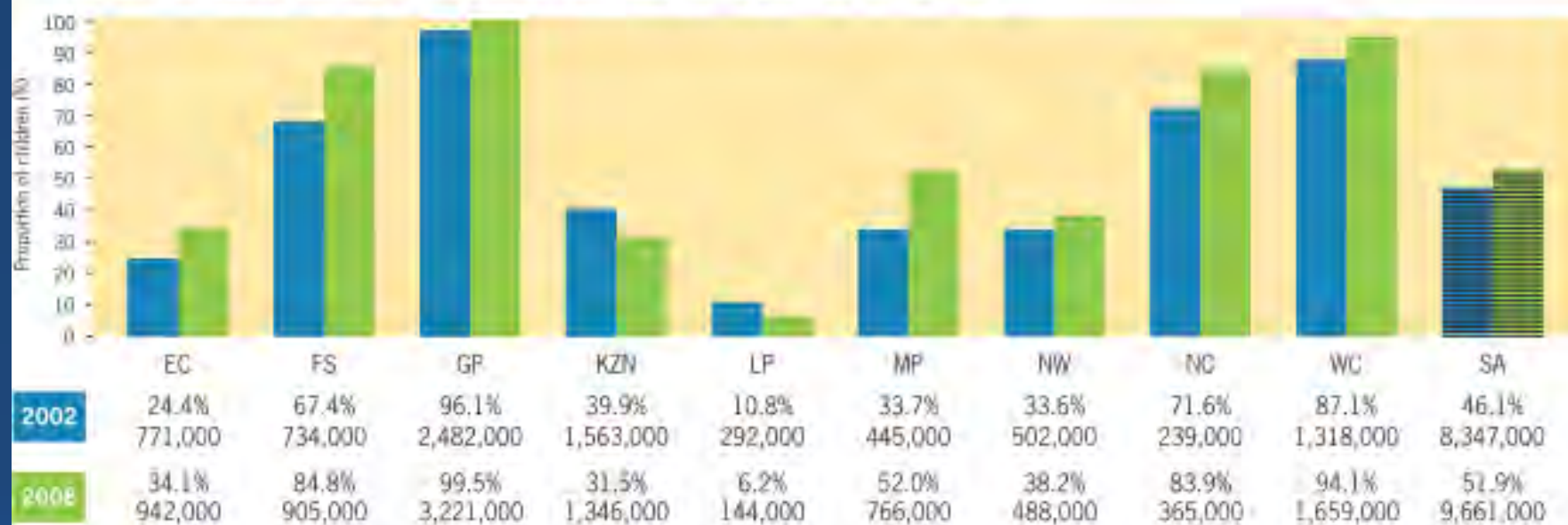
Government has got it wrong



1. Formula feeding remains a legitimate HIV prevention strategy

2. South Africa is not a single homogenous country

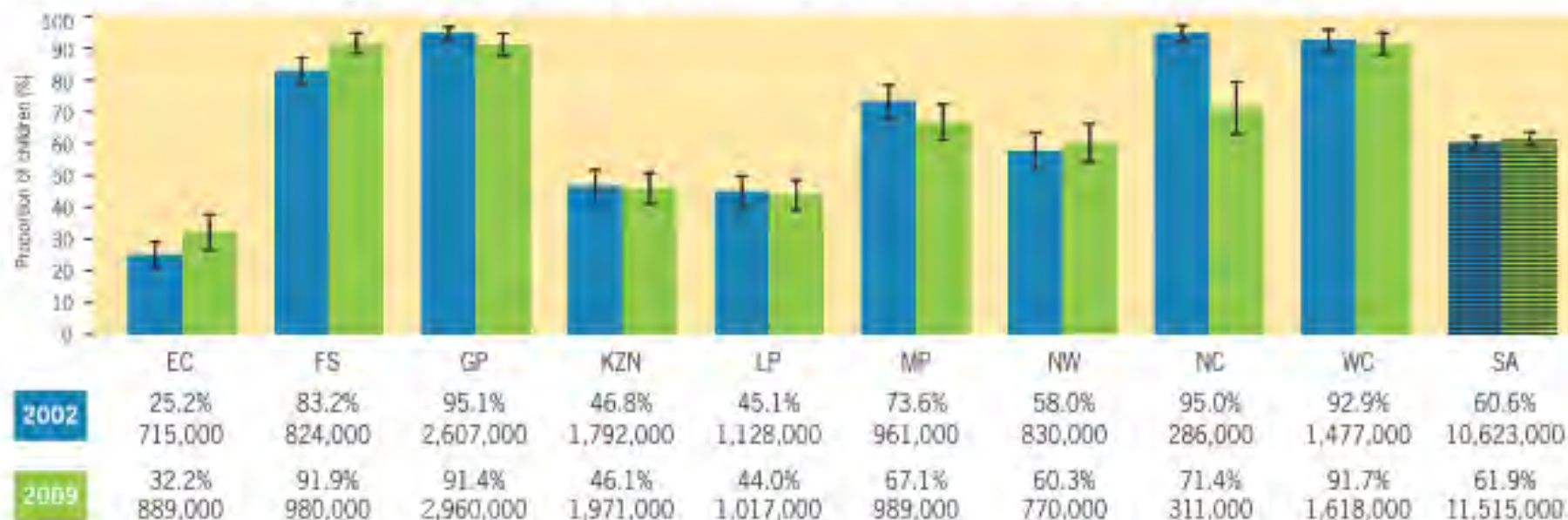
**Table 5a: Number and proportion of children living in urban areas, 2002 & 2008**



Sources: Statistics South Africa (2003) General Household Survey 2002; Pretoria: Stats SA.

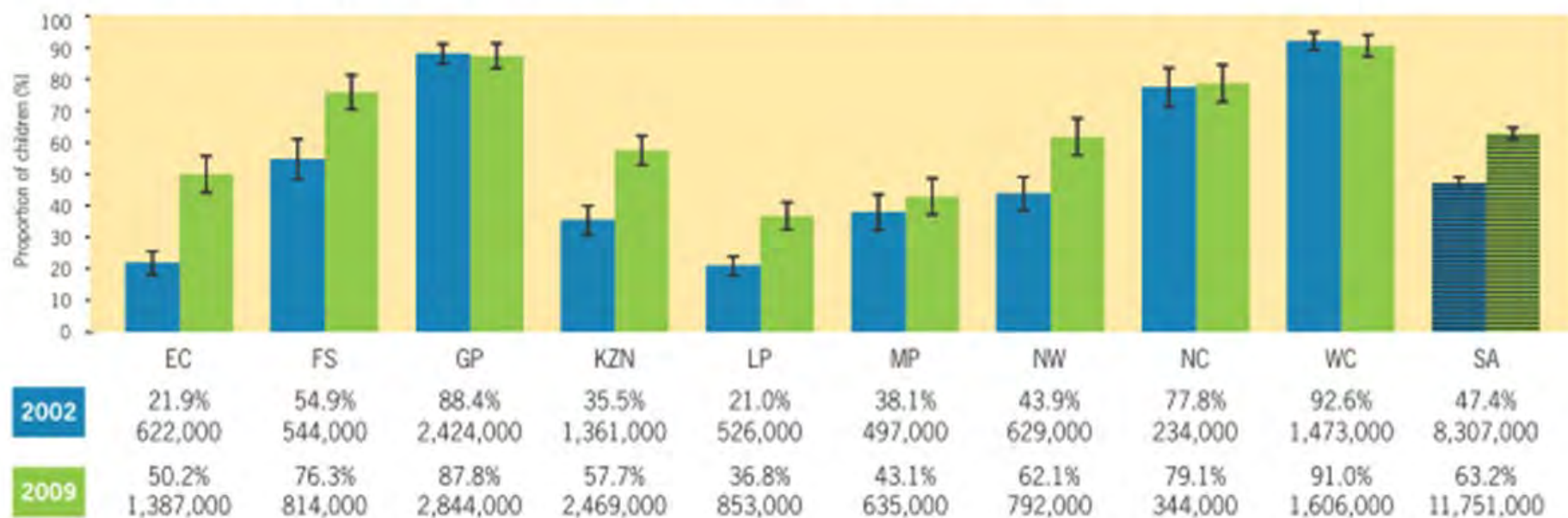
National Income Dynamics Survey 2008. Available: [www.nids.uct.ac.za](http://www.nids.uct.ac.za). Calculation by Katlani Hall, Children's Institute, UCT.

**Table 6a: Number and proportion of children living in households with adequate water, 2002 & 2009**



**Sources:** Statistics South Africa (2003; 2010) *General Household Survey 2002; General Household Survey 2009*. Pretoria: Stats SA.  
 Analysis by Katharine Hall, Children's Institute, UCT.

**Table 6b: Number and proportion of children living in households with basic sanitation, 2002 & 2009**



**Sources:** Statistics South Africa (2003; 2010) General Household Survey 2002; General Household Survey 2009. Pretoria: Stats SA.

Analysis by Katharine Hall, Children's Institute, UCT.

3. A single infant feeding option is inappropriate for all HIV positive women in South Africa



## Infant feeding choices

**Table 2. Criteria for appropriateness of formula choice in relation to HIV transmission/death a**

Score of appropriateness <sup>a</sup>	No. (%) women choosing to formula feed who have the criteria	Adjusted for transmission
Score A: piped water in house/yard	152 (52.6)	0
Score B: piped water in house/yard + fuel <sup>c</sup>	146 (50.5)	0
Score C: piped water in house/yard + fuel + disclosure	94 (32.5)	0
Score D: piped water in house/yard + fuel + disclosure + fridge	68 (23.5)	0
Score E: piped water in house/yard + fuel + disclosure + fridge + employment	44 (15.2)	0

**Table 3. HIV transmission or death at 36 weeks' postpartum according to appropriateness of infant-feeding choice.**

Appropriateness of feeding choice according to the presence or absence of piped water, fuel and HIV status disclosure	Adjusted HR (95% CI) for HIV transmission or death <sup>a</sup> at 36 weeks amongst infants HIV negative at 3 weeks
Met criteria: choice to formula feed (referent group)	1
Did not meet criteria: choice to breastfeed	3.33 (1.37 to 8.11)
Did not meet criteria: choice to formula feed	3.63 (1.48 to 8.89)
Met criteria: choice to breastfeed	3.35 (1.25 to 8.96)
<i>P</i> value for differences between groups <sup>b</sup>	$\chi^2 = 8.39$

- Formula feeding demonstrated a protective effect on HIV transmission or death among those living in households with **piped water**
  - (Hazard ratio, HR: 0.51; 95% CI: 0.31–0.84).
- Among those who had **piped water and fuel and who disclosed their HIV status**, the protective effect of formula was greater
  - (HR: 0.32; 95% CI: 0.16–0.62).

Doherty T, et al. *XVI International AIDS Society Conference, 2006*

4. It is possible to safely formula feed in many resource poor settings

5. Provinces have the right and the responsibility to make the best choices themselves



6. New 'policy' is retrogressive in terms of supporting women's choice and is anti-poor

7. Policy makes no provision for the various social situations resulting in breastfeeding not being an option

8. New 'policy is heavily based on extrapolation rather than evidence



9. Ability of health system to support the new 'policy' is not guaranteed – failure to deliver will have drastic consequences



10. South African data indicates formula feeding as a HIV prevention strategy is cost effective depending on infant mortality rate



11. New 'policy' is a huge public health experiment

12. The goal of an HIV free generation can never be achieved while breastfeeding continues



What should the policy have said?

# A final quote

- “The unreflective desire to simply enforce the same programs in vastly different circumstances, however, does nothing to address these inequalities and has been shown in the field of infant feeding and HIV to do considerable harm.”

Louise Kuhn (Clin Perinatol 2010;37:843–862)