The Stigma of Exclusive Breastfeeding Among Both HIV-Positive and HIV-Negative Women in Nairobi, Kenya

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Abstract

Background: Exclusive breastfeeding (EBF) means giving only breast milk to an infant. Although it is the optimal mode of feeding for infants younger than 6 months, its prevalence is low in HIV-endemic regions. Extensive promotion of EBF for 6 months in prevention of mother-to-child HIV transmission (PMTCT) programs could inadvertently result in stigma due to women’s perceived association of EBF with HIV infection. In this qualitative study, we describe how stigma impacts the uptake of EBF among HIV-positive and -negative women.

Methods: Pregnant and postpartum women and their male partners were recruited to participate in a total of 22 focus group discussions (FGDs). Transcripts were analyzed using ATLAS.ti. Codes were identified both a priori and inductively using the open coding approach. Major themes and subthemes were identified.

Results: There was a broad and strong consensus among some FGD participants that HIV-related stigma was a barrier to EBF. EBF was perceived as a practice for HIV-positive women. Thus, fear of discrimination deterred both HIV-positive and -negative women from EBF. However, with health education, peer counselor, and male partner support, some women were able to breastfeed exclusively regardless of opposing social norms.

Conclusion: Stigma related to HIV poses a formidable barrier to EBF in HIV-endemic regions. There is an urgent need to widely target all women with EBF information and support EBF practices regardless of maternal HIV infection status. The lessons learned from this study indicate that vertical programs can hinder promotion of infant health interventions and therefore negatively affect child survival.