

SHARED BREASTFEEDING CONTRIBUTES TO HIV-TRANSMISSION, STUDY SHOWS

A study to investigate why some children are HIV-positive and their mothers HIV-negative came up with some unexpected findings. The results were presented by OLIVE SHISANA, co-principal investigator, at the AIDS Impact Conference in Cape Town in April.

Widespread “shared” breast-feeding of babies by a non-biological caregiver with HIV is the single most important factor linked with HIV infection in children, besides the most obvious route of mother-to-child transmission of HIV. The odds of a baby having been breastfed by a non-biological mother is 17 times greater in HIV-positive children, compared to the odds in HIV-negative children.

This emerged from an investigation in the Free State, the first of its kind, into possible causes of HIV infection among a very small proportion of children in the 2-9 age group who had HIV-negative mothers. The study, HIV Risk Exposure in Children Aged 2-9 years Served by Public Health Facilities in the Free State, South Africa, investigated breaks in infection control practices among 4 000 mother and child pairs in 25 public hospitals, three community health centres and 54 primary healthcare clinics in the Free State.

It was conducted by the HSRC, the University of Stellenbosch, the Medical Research Council (MRC) and the Centre for AIDS Development Research and Evaluation (CADRE). The Nelson Mandela Foundation commissioned the study, with support from the Free State Department of Health and the Nelson Mandela Children’s Fund.

Another finding is that prolonged breast-feeding of children by HIV-positive mothers increases exposure to the risk of HIV infection in children. An overwhelming majority (92.3%) of HIV-positive mothers breastfed their babies for a prolonged period – 60% of them continued breastfeeding after the child was one year old. This greatly enhances the chances of a baby becoming infected with HIV, even if he or she is born HIV-negative.

Management and control of access to expressed milk was also a problem. Breast milk samples were randomly selected. It was found that babies could be exposed to HIV-contaminated milk; 29.7% of the sample

of breast milk destined for feeding babies tested positive for HIV, and six milk samples contained high viral loads.

Only 13 of the 25 public hospitals had dedicated milk preparation areas. In the rest, milk preparation was carried out in the ward, with few infection prevention methods. A major problem was that bottles were labelled by cot number rather than the name of the baby and were rarely checked, allowing milk to be fed to the wrong baby if the cot was moved.

The study also looked at the potential for healthcare-acquired transmission of HIV in the maternity, paediatric and dental facilities in the Free State health facilities. “Poor infection control practices were found in some labour and maternity areas and in dental facilities, in particular through poor cleaning techniques and traces of blood found in these areas and on dental instruments,” said a co-principal investigator, Professor Shaheen Methar of the University of Stellenbosch.

(right)
Dr Olive Shisana at the announcement of the results of the study on HIV in children aged 2-9 in the Free State, at the AIDS Impact Conference in Cape Town.

(far right)
Mr John Samuel, CEO of the Nelson Mandela Foundation, and Dr Olive Shisana, co-principal investigator, at the announcement of the results of the study on HIV in children 2-9 in the Free State Province.





Of the dental instruments ready to be used on patients, 24.6% had traces of blood. In the case of instruments destined for maternity and paediatric patients, 24% were contaminated with invisible blood and 17.5% had visible blood, which suggests a breakdown in infection control processes over an extended period.

The evidence generated from this study suggests a need to reduce the potential for HIV transmission in dental, maternity and paediatric facilities. John Samuel, CEO of the Nelson Mandela Foundation stated, "The solutions lie not only with policymakers, to ensure that there are policies and guidelines for infection control, and that these guidelines are rigorously implemented, but that patients are educated to demand that health workers wash their hands, wear and change gloves and use sterile equipment. Well-informed patients are best placed to monitor weaknesses in infection control."

Mothers and children were tested for HIV, and mothers and caregivers answered questionnaires. DNA testing was done on the biological mothers to confirm maternity of the children who participated. Children were also examined for scars inflicted by traditional practices such as circumcision, incisions, birth procedures and scarification.

Findings indicate that the overall HIV prevalence among children in public health facilities in the Free State is 14.3%; among hospitalised children, this figure rose to 21.5% – a heavy burden on public hospitals.

Prolonged breastfeeding of children by HIV-positive mothers increases the risk of HIV infection in children

The study also found that just over 29% of mothers in the study were HIV-positive. •

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An overwhelming majority were willing to teach their learners about human sexuality and safe sex practices. There were, however, those who were not willing to do so. A minority indicated that their school had an AIDS committee (39%), had a system for replacing absent educators (31%) or were aware that the DoE provided care to educators with drinking problems (22%).

RECOMMENDATIONS

Some of the major recommendations emanating from the study are that the DoE, with the support of the unions, should consider:

- ▶ Restructuring remuneration packages, reducing workload and managing educators' job stress.
- ▶ Improving resource allocation to poorer schools and providing psychosocial support for educators.
- ▶ Setting up a comprehensive workplace healthcare programme.
- ▶ Embarking on a targeted, positive prevention programme starting with those who are HIV positive and an antiretroviral therapy programme for educators.
- ▶ Improving on the implementation of HIV/AIDS and related policies and programmes.

THE REPORTS EMANATING FROM THE STUDY ARE:

- 1 Potential Attrition in Education: The impact of job satisfaction, morale, workload and HIV/AIDS (HSRC).
- 2 Factors Affecting Teaching and Learning in South African Public Schools (HSRC).
- 3 The Health of our Educators in Public Schools: a focus on HIV/AIDS in South African schools (HSRC and MRC).
- 4 HIV-positive educators in South African public schools: Predictions for prophylaxis and antiretroviral therapy (HSRC and MRC).
- 5 The impact of antiretroviral treatment on AIDS mortality: A study focusing on educators in South African public schools (HSRC).
- 6 Workplace Policies in Public Education: A review focusing on HIV/AIDS (HSRC).
- 7 Educator Attrition & Mortality in South Africa 1997/8-2003/04 (MTT). •

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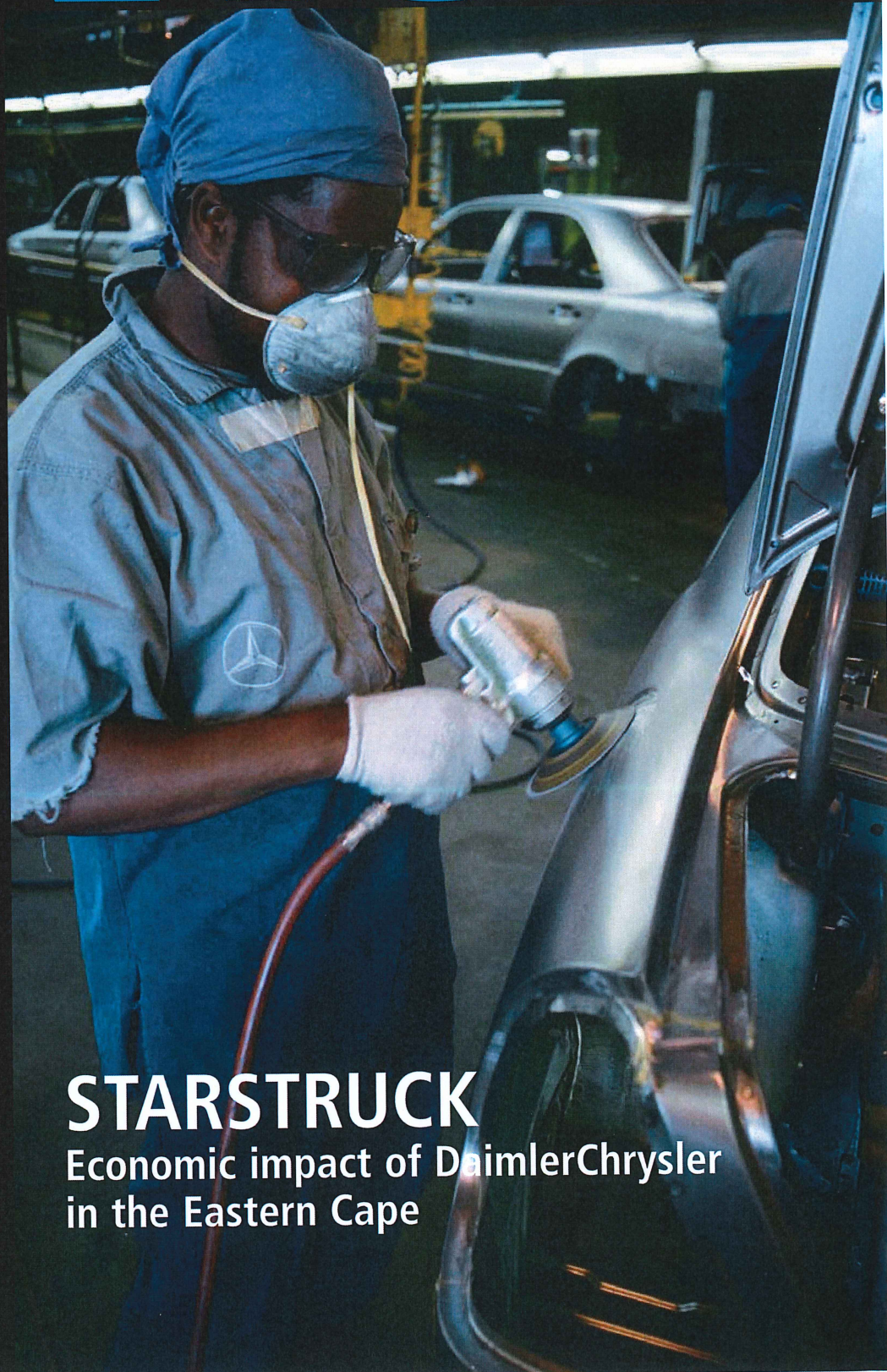
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