

"This is how I feed my child"



A look into the infant feeding practices of Black mothers living with HIV in North America and Africa

A Summary Community Report

of the Canadian Institutes for Health Research-funded study:

Critical Research to Advance Infant Feeding (CRAIF) amongst Black Mothers Living with HIV in Ottawa (Ontario, Canada), Miami (Florida, United States) and Port Harcourt (Nigeria)

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Ottawa, Canada



Miami, United States



Port Harcourt, Nigeria



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LIST OF ABBREVIATIONS

Countries

- CA – Canada
- NG – Nigeria
- US – United States of America

Feeding choices

- EBF – Exclusive Breastfeeding while on Antiretroviral Therapy
- EFF – Exclusive Formula Feeding
- MF – Mixed Feeding

Scientific terminology

- AIDS – Acquired Immunodeficiency Syndrome
- ART – Antiretroviral Therapy
- HIV – Human Immunodeficiency Virus

Organizations

- WHO – World Health Organization

Executive Summary

Infant feeding choices for mothers living with HIV are constantly changing. Research to prevent mother-to-child transmission of HIV and infant feeding choices is a global health concern. The purpose of this study was to examine the specific subculture of infant feeding while living with HIV, within populations of Black mothers in a developing country (Nigeria) and two developed countries (Canada and the United States of America). The mothers in this study were Black mothers living with HIV with infants/children in the previous five years and who were making infant feeding choices. These feeding choices included Exclusive Formula Feeding (EFF), Exclusive Breastfeeding while on antiretroviral therapy (EBF) or Mixed Feeding (MF)*.

The total of **690 mothers** recruited from the three different countries included:

- 89 mothers from Ottawa, Ontario, Canada;
- 201 mothers from Miami, Florida, United States of America; and,
- 400 mothers from Port Harcourt, Nigeria.

The significance of this study is its attempt to understand the experiences of Black mothers residing in Western countries and to explore the experiences of Indigenous Black women in Nigeria. It outlines some promising and low-cost solutions that may inform practice in Canada and the United States going forward. A mixed-methods approach comprised of in-depth interviews and quantitative survey administration was used.

The main findings revealed that the existence of specific cultural beliefs and practices about infant feeding practices in a mother's place of origin decreased her likelihood of practicing EFF over MF. Additionally, it was found that receiving perinatal healthcare** while living with HIV increased the likelihood of practicing EFF over MF, and EBF over MF.

The mothers were more likely to choose EFF over MF, and EBF over MF if they were receiving perinatal healthcare from a nurse or midwife than if they received it from a physician or a clinical healthcare provider. Psychosocial factors such as social support or stress also influenced the mothers' infant feeding choices.

It is clear from the findings that most of the mothers followed the recommendations of the feeding guidelines in their country of residence.

Executive Summary - Cont.

Additional findings revealed that:

- Adhering to the national guideline on infant feeding while living with HIV was associated with increased positive motherhood experiences in **Ottawa, CA** and **Miami, US**.
- In **Port Harcourt, NG**, if the cultural beliefs and practices of a mother aligned with the national infant feeding guideline, she would have an increased positive motherhood experience.

This study also looked at the mothers' experiences of HIV stigma, and found that it was significantly greater in the North American cities (Ottawa and Miami) than the African city (Port Harcourt).

These results imply that all the national guidelines promote positive motherhood experiences, except where it opposes the cultural expectations and practices of the mothers.

The results of this research conclude that a small but significant percentage of mothers are not adhering to their country's national guideline on infant feeding practices for mothers living with HIV even if they accessed the local healthcare system.

There is a need to mobilize Black mothers and their social networks to address the socio-cultural and socio-political conditions that contribute to the challenges of infant feeding while living with HIV. The healthcare system remains an effective way to communicate the WHO/national policy on infant feeding to mothers living with HIV. Mobilization of Black mothers living with HIV and their social networks holds promise to increase policy adherence in the short term and ensure broader consultation with these groups to improve policies affecting their lives. These voices, in combination with the voices of Black women and their social networks, can be powerful informants for policy makers in the future.

* Exclusive Formula Feeding (EFF) is defined as only feeding the baby or infant with formula solutions. Exclusive Breastfeeding while on Antiretroviral Therapy (EBF) is defined as only feeding the baby or infant through the mother's breastmilk, provided the mother is undergoing antiretroviral therapy to help prevent HIV transmission. Mixed Feeding (MF) is defined as using both formula feeding solutions and breastfeeding, interchangeably, to feed the baby / infant.

** Perinatal healthcare includes the care received from the beginning of the pregnancy up to 1 year after the birth.

Chapter 1: Background information



Globally, about 50% of people living with HIV are women of childbearing age, and breastfeeding is a major route through which HIV is transmitted from the mother to the newborn.

With emerging research on ways to prevent mother to child transmission of HIV, and the use of antiretroviral therapy (ART), infant feeding choices for HIV-positive women are constantly changing¹. In 2010, the World Health Organization (WHO) recommended continuous breastfeeding until the infant is 12 months old, provided the mother living with HIV and/or infant undergo ART at the same time.

However, this guideline also recommends avoiding breastfeeding if formula feeding is accessible, feasible, affordable, sustainable, and safe². Contrastingly, implementing these guidelines varies globally depending on their local interpretation.

These seemingly conflicting guidelines leads to stigma and increased tension for Black mothers, especially those living in Western countries because of the significant influence of cultural norms on mothering²⁻³.

Infant feeding decisions are further complicated by public health messaging on the benefits of breastfeeding, alongside HIV clinical practice guidelines that recommend Exclusive Formula Feeding (EFF) for HIV-positive mothers.

Chapter 1:

Background information - cont.

Three feeding practices were evaluated in this study:

1

Exclusive Formula Feeding (EFF), defined as only feeding the baby or infant with formula solutions.



2

Exclusive Breastfeeding while on Antiretroviral Therapy (EBF), defined as only feeding the baby or infant with the mother's breastmilk, provided the mother is undergoing antiretroviral therapy to help prevent HIV transmission.



3

And Mixed Feeding (MF), defined as using both formula feeding solutions and breastfeeding, interchangeably, to feed the baby / infant.



No previous studies had specifically looked at the practices and experiences of Black mothers, especially those living in the Western world, in the contexts of living with HIV, or following the national infant feeding guidelines which could affect different expectations of motherhood. This study attempted to fill that gap.

Chapter 2: Methodology

The study was guided by the following research questions:

- **How do the cultural beliefs and practices of HIV-positive Black mothers influence their infant feeding choices and practices within the first year of birth?**
- **How do existing global and national infant feeding recommendations for HIV-positive women influence infant feeding practices among Black mothers living with HIV?**
- **How do existing global and national infant feeding recommendations for HIV-positive women influence the experiences of Black mothers living with HIV?**
- **How can current knowledge and recommendations regarding pregnancy and motherhood among HIV positive women be appraised and tailored to enhance culturally appropriate interventions for this sub-population?**

Through a mixed method approach, this study examined and provided an understanding of the sociocultural factors that affect infant feeding practices and experiences of childbearing HIV positive Black mothers during the first year of infant life (infancy period).

This research was conducted in three phases.

Phase 1 was recruitment, which focused on ethnographic interviews and the administration of a quantitative survey.

Phase 2 involved qualitative and quantitative data analysis, and community stakeholder consultations involving HIV/AIDS advocates, community representatives, service providers and policy makers.

Phase 3 focused on knowledge mobilization, including the production, pilot testing and evaluation of culturally appropriate knowledge mobilization tools.

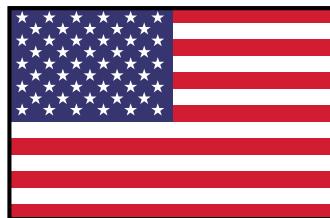


Chapter 2: Methodology – cont.

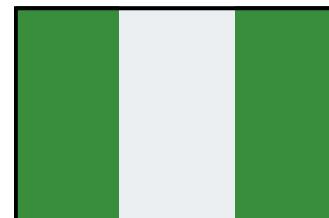
This study required closely collaborating with healthcare professionals, HIV/AIDS service organizations and communities of people living with HIV in Ottawa, Port Harcourt, and Miami. The 690 total mothers resided in three different countries:



**89 mothers
were from
Ottawa, Canada**



**201 mothers
were from
Miami, United States**



**400 mothers
were from
Port Harcourt,
Nigeria**

In the next chapter, we go over six elements that provide a better understanding of the 690 mothers that were recruited for this study, broken down by location:

- the demographic characteristics of the mothers;
- their HIV-related information;
- the source / provider of their perinatal care;
- their infant feeding practices;
- the cultures and communities that surround them; and
- their psychosocial attributes.

The Black mothers who participated in this study were from three sites: Ottawa (Canada), Miami (United States), and Port Harcourt (Nigeria).

Chapter 3:

Get to know the mothers

3.1. DEMOGRAPHIC CHARACTERISTICS

DEMOGRAPHIC CHARACTERISTICS OF THE MOTHERS FROM OTTAWA

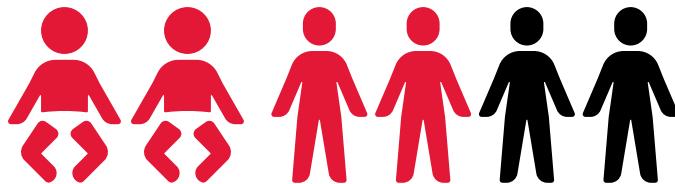
Age, status and identities

In Ottawa, 89 mothers were recruited with an average age of 36.6 years old. Over half of them (55%) were Canadian citizens.

- 46 mothers identified as Black African;
- 35 mothers identified as Black Caribbean/Latin American; and
- 8 mothers identified as Black Canadian/American.
- Nearly two-thirds (61%) of them identified as Christian.

Household composition and characteristics

- In their households there was a range of 1-6 people with the median being 4 and of these, the median number of children was 2.



- The mothers disclosed how many children they had after receiving their HIV diagnosis. The median in Ottawa was 2, with the average amount of time since receiving that diagnosis being 12.7 years.
- One third (33%) of the mothers from Ottawa were married and almost all (95.5%) of them had completed at least secondary education.
- Over half (67%) of the mothers were employed full or part time.



Chapter 3:

Get to know the mothers – cont.

DEMOGRAPHIC CHARACTERISTICS OF THE MOTHERS FROM MIAMI

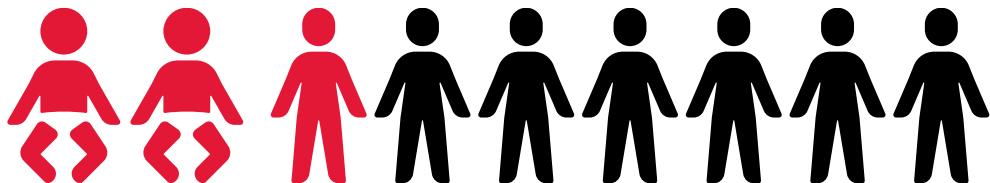
Age, status and identities

In Miami, 201 mothers were recruited with an average age of 32.4 years old. Almost all the mothers (90%) were citizens of the United States.

- 75 mothers identified as Black African;
- 35 mothers identified as Black Caribbean/Latin American; and
- 87 mothers identified as Black Canadian/American.
- Nearly two-thirds (68%) of them identified as Christian.

Household composition and characteristics

- In their households there was a range of 1-9 people with the median being 3 and of these, the median number of children was 2.



- The mothers disclosed how many children they had after receiving their HIV diagnosis. The median in Miami was 1, with the average amount of time since receiving that diagnosis being 6.3 years.
- More than half (61%) of the mothers from Miami were married and almost all (98%) of them had completed at least secondary education.
- One third (35%) of the mothers were employed full or part time.



Chapter 3:

Get to know the mothers – cont.

DEMOGRAPHIC CHARACTERISTICS OF THE MOTHERS FROM PORT HARCOURT

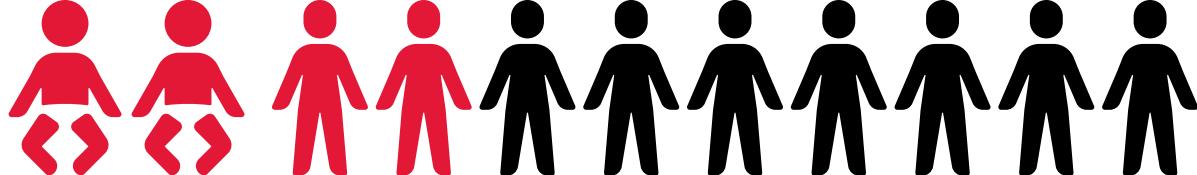
Age, status and identities

In Port Harcourt, 400 mothers were recruited with an average age of 34.7 years old. Nearly all of the mothers (96%) were citizens of Nigeria.

- 100% of the mothers identified as Black African;
- Nearly all (98%) of them identified as Christian.

Household composition and characteristics

- In their households there was a range of 1-11 people with the median being 4 and of these, the median number of children was 2.



- The mothers disclosed how many children they had after receiving their HIV diagnosis. The median in Port Harcourt was 1, with the average amount of time since receiving that diagnosis being 10.9 years.
- Most (85%) of the mothers from Port Harcourt were married and almost all (89%) of them had completed at least secondary education.
- Most (88%) of the mothers were employed full or part time.



Chapter 3:

Get to know the mothers – cont.

3.2. HIV-RELATED INFORMATION

HIV-RELATED INFORMATION OF MOTHERS FROM OTTAWA

Average age of diagnosis and treatment status

- The 89 mothers in Ottawa had, on average, received their HIV diagnosis 12.7 years prior to the study.
- The vast majority (96%) were on HIV treatment.



HIV status disclosure

- The vast majority (92%) of the mothers had disclosed their HIV status to their spouse/partner and/or the baby's father.
- In contrast, less than half (40%) of the mothers had disclosed this status to other members of their family.

Knowledge of HIV transmission

- Over half (61%) of the mothers knew that the virus which causes AIDS can be transmitted from the mother to the child during the pregnancy.
- Additionally, the majority (72%) of the women knew that this virus could be transmitted from mother to child during delivery and during breastfeeding.

Awareness of and source of information on breastfeeding while living with HIV

- 76 of the 89 mothers were aware at 1 year after giving birth of the correct national policy on how to feed their child while being a mother living with HIV.
- 57% of the mothers from Ottawa received information about the local national policy from health workers.

Chapter 3:

Get to know the mothers – cont.

HIV-RELATED INFORMATION OF MOTHERS FROM MIAMI

Average age of diagnosis and treatment status

- The 201 mothers in Miami had, on average, received their HIV diagnosis 11.4 years prior to the study.
- The vast majority (97%) were on HIV treatment.



HIV status disclosure

- The majority (67%) of the mothers had disclosed their HIV status to their spouse/partner and/or the baby's father.
- The vast majority (80%) of the mothers had disclosed this status to other members of their family.

Knowledge of HIV transmission

- Over half (74%) of the mothers knew that the virus which causes AIDS can be transmitted from the mother to the child during the pregnancy.
- Additionally, the majority (68%) of the women knew that this virus could be transmitted from mother to child during delivery.
- 80% of the mothers knew that this virus could be transmitted from mother to child during breastfeeding.

Awareness of and source of information on breastfeeding while living with HIV

- 151 of the 201 mothers were aware at 1 year after giving birth of the correct national policy on how to feed their child while being a mother living with HIV.
- 67% of the mothers from Miami received information about the local national policy from health workers.

Chapter 3:

Get to know the mothers – cont.

HIV-RELATED INFORMATION OF MOTHERS FROM PORT HARCOURT

Average age of diagnosis and treatment status

- The 400 mothers in Port Harcourt had, on average, received their HIV diagnosis 6.3 years prior to the study.
- The vast majority (99%) were on HIV treatment.

HIV status disclosure

- Almost all (99%) of the mothers had disclosed their HIV status to their spouse/partner and/or the baby's father.
- The majority (68%) of the mothers had disclosed this status to other members of their family.

Knowledge of HIV transmission

- The vast majority (88%) of the mothers knew that the virus which causes AIDS can be transmitted from the mother to the child during the pregnancy.
- Additionally, the majority (89%) of the women knew that this virus could be transmitted from mother to child during delivery and 88% of the mothers knew that this virus could be transmitted from mother to child during breastfeeding.



Awareness of and source of information on breastfeeding while living with HIV

- 327 of the 400 mothers were aware at 1 year after giving birth of the correct national policy on how to feed their child while being a mother living with HIV.
- 93% of the mothers from Port Harcourt received information about the local national policy from health workers.

Chapter 3:

Get to know the mothers – cont.

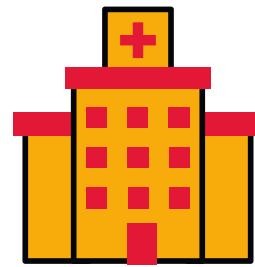
3.3. SOURCE / PROVIDER OF PERINATAL CARE

Perinatal healthcare is defined as the care received from the beginning of the pregnancy up to one year after the birth.

SOURCE / PROVIDER OF PERINATAL CARE OF MOTHERS LIVING IN OTTAWA

Source of perinatal care for the mothers living in Ottawa

- 90% from a Public Hospital
- 5% from home
- 1% from a Private Hospital
- 2% from a Mission Hospital



Providers of perinatal care for the mothers living in Ottawa

- 7% from Nurses and Midwives
- 53% from Physicians or Clinical Officers
- 40% from Healthcare Providers

SOURCE / PROVIDER OF PERINATAL CARE OF MOTHERS LIVING IN MIAMI

Source of perinatal care for the mothers living in Miami

- 97% from a Public Hospital
- 11% from home
- 4% from a Private Hospital
- 15% from a Mission Hospital



Providers of perinatal care for the mothers living in Miami

- 4% from Nurses and Midwives
- 73% from Physicians or Clinical Officers
- 15% from Healthcare Providers

SOURCE / PROVIDER OF PERINATAL CARE OF MOTHERS FROM PORT HARCOURT

Source of perinatal care for the mothers living in Port Harcourt

- 67% from a Public Hospital
- 5% from home
- 19% from a Private Hospital
- 8% from a Mission Hospital



Providers of perinatal care for the mothers living in Port Harcourt

- 77% from Nurses and Midwives
- 22% from Physicians or Clinical Officers
- 0.5% from Healthcare Providers

Chapter 3:

Get to know the mothers – cont.

3.4. INFANT FEEDING PRACTICES

GLOBAL RESULTS

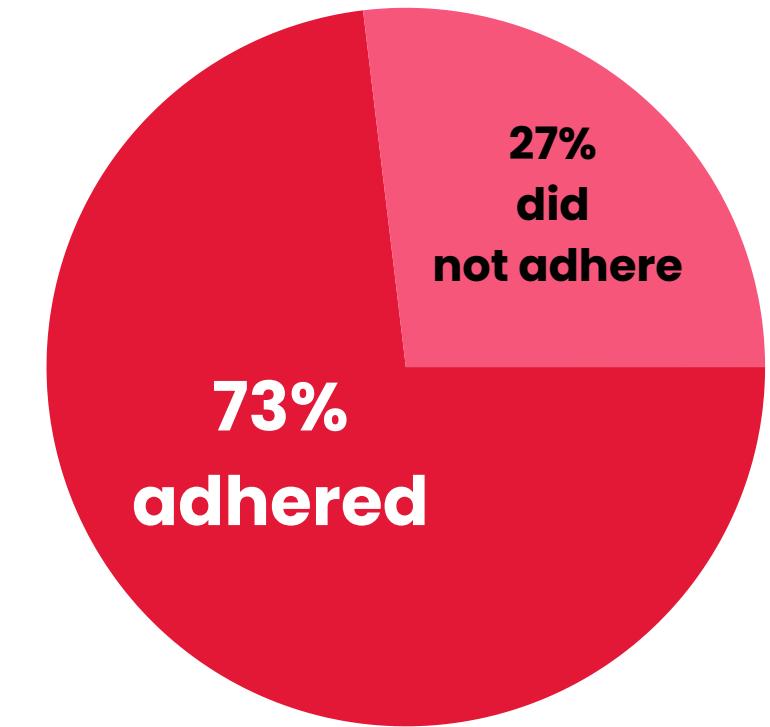
A total of 73% of mothers in the three sites followed the WHO/National infant feeding recommendations.

Less than a third (28.0%) of the mothers reported that no one supported them in their decisions about how to feed their baby while living with HIV.

Overall, 62.0% of the mothers perceived that their spouse, partner, or baby's father's opinion aligned with the national guideline on infant feeding while living with HIV.

Also, 70% of the mothers in all sites rated their spouse, partner or baby's father's opinion on infant feeding as being either "important" or "very important" to them.

The majority of all mothers followed the WHO / national infant feeding recommendations.



Adherence to infant feeding guideline for all mothers

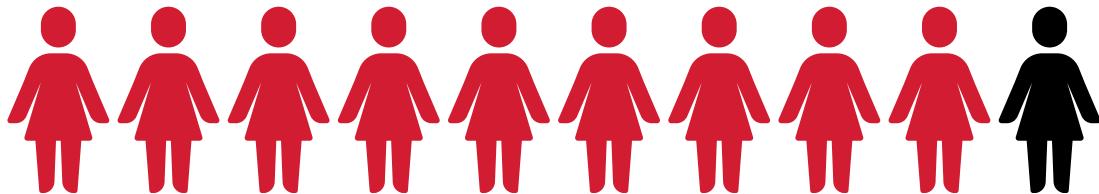
Chapter 3:

Get to know the mothers – cont.

INFANT FEEDING PRACTICES OF MOTHERS FROM OTTAWA

Adherence to guidelines

- 91% of the mothers in Ottawa practiced **Exclusive Formula Feeding (EFF)** as recommended by the guidelines in their area.



Sources of support for feeding decisions

- Nearly half (45%) of the mothers reported being supported by their spouse, partner, or baby's father in their decision.
- 43% of the mothers in Ottawa reported not having their infant feeding choices be supported by anyone.
- 90% of the mothers reported that their healthcare providers supported the guidelines. 100% of the mothers "cared" or "cared very much" about their healthcare provider's opinion.



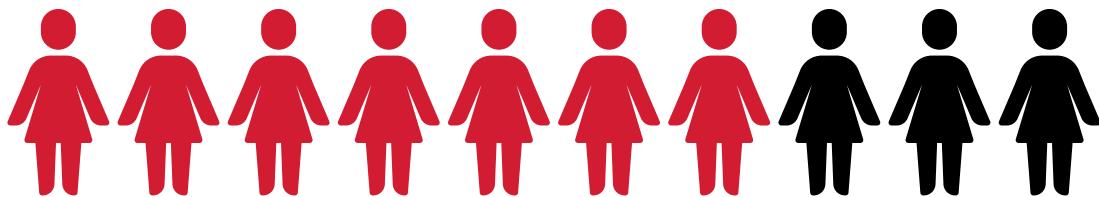
Chapter 3:

Get to know the mothers – cont.

INFANT FEEDING PRACTICES OF MOTHERS FROM MIAMI

Adherence to guidelines

- 76% of the mothers in Miami practiced **Exclusive Formula Feeding (EFF)** as recommended by the guidelines in their area.



Sources of support for feeding decisions

- A small group (19%) of the mothers reported being supported by their spouse, partner, or baby's father in their decision.
- 44% of the mothers in Miami reported not having their infant feeding choices be supported by anyone.
- 81% of the mothers reported that their healthcare providers supported the guidelines. 85% of the mothers "cared" or "cared very much" about their healthcare provider's opinion.



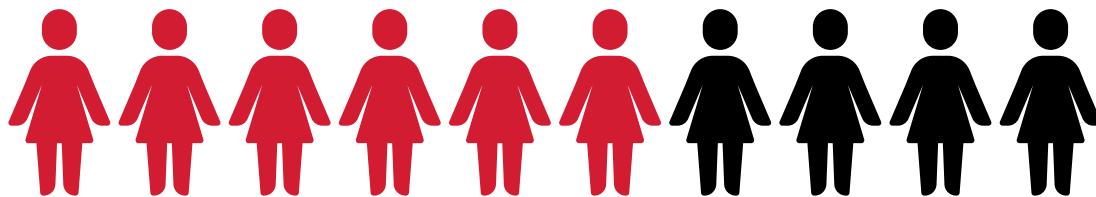
Chapter 3:

Get to know the mothers – cont.

INFANT FEEDING PRACTICES OF MOTHERS FROM PORT HARCOURT

Adherence to guidelines

- By following the guidelines in Nigeria, 67% of the mothers in Port Harcourt practiced **Exclusive Breastfeeding (EBF)** within the first 6-12 months of their baby's life while on antiretroviral therapy.



Sources of support for feeding decisions

- The majority (77%) of the mothers reported being supported by their spouse, partner, or baby's father in their decision.
- 16% of the mothers in Port Harcourt reported not having their infant feeding choices be supported by anyone.
- 87% of the mothers reported that their healthcare providers supported the guidelines. Nearly all (98%) of the mothers "cared" or "cared very much" about their healthcare provider's opinion.



Chapter 3:

Get to know the mothers – cont.

3.5. CULTURES AND COMMUNITIES

GLOBAL RESULTS

Overall, 42% of all the mothers perceived that their other family members' or close relatives' opinion aligned with the local guideline, while half of the mothers rated they "cared" or "cared very much" about other family members' or close relatives' opinion on infant feeding choices.

Only a minority (27%) of the mothers in all sites thought that cultural beliefs and practices existed in their place of origin that prohibited adhering to the global/national infant feeding recommendations while living with HIV.

Similarly, only a small percentage (18%) of the mothers in all sites rated the influence of cultural beliefs and practices on their infant feeding choices as being "much" or "very much".



Chapter 3:

Get to know the mothers – cont.

CULTURES AND COMMUNITIES OF MOTHERS FROM OTTAWA



In Ottawa, 66 of the 89 mothers (74%) said they "cared" or "cared very much" about family members' opinions on feeding practices. Ottawa had the highest rate compared to the other cities (Miami and Port Harcourt).

Thoughts on opinions of family members

- The study site where the highest proportion of mothers said they "cared" or "cared very much" about family members' opinions related to feeding practices was Ottawa, where 66 of the 89 mothers (74%) said this.
- 15% of the mothers believed their other family members supported the infant feeding policy in their area.
- A small group (8%) of the women believed their mother or mother-in-law supported their decision on infant feeding.

Influence of cultural norms on feeding habits

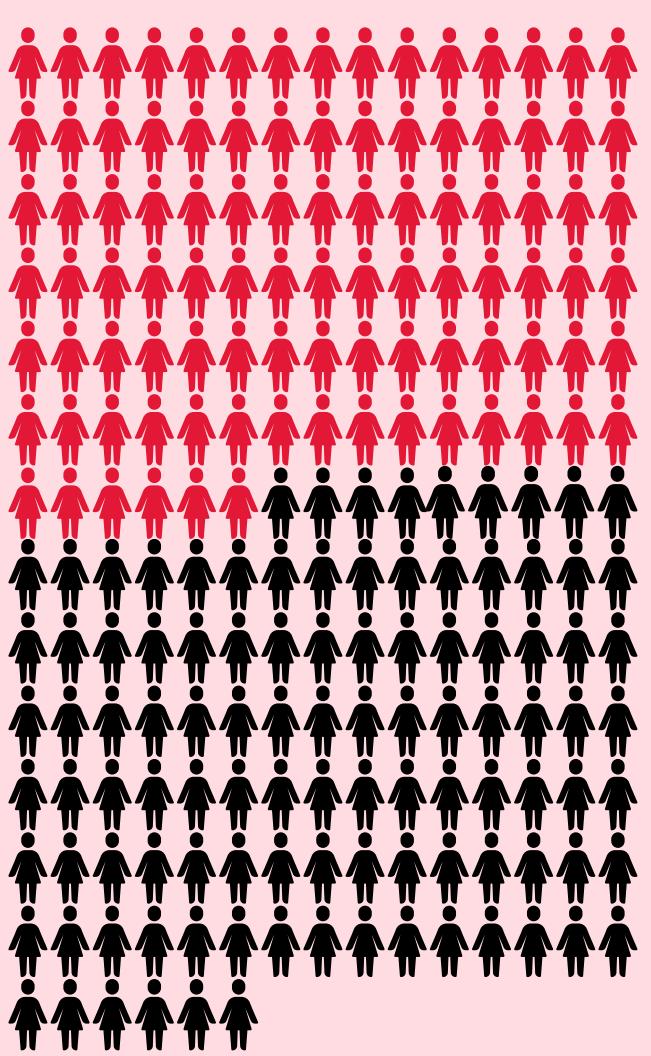
- 13% of the women in Ottawa believed that cultural beliefs and traditions existed in the area about infant feeding practices.
- Almost half (48%) of the mothers rated cultural norms and traditions on infant feeding practices as something that influenced them "much" or "very much".



Chapter 3:

Get to know the mothers – cont.

CULTURES AND COMMUNITIES OF MOTHERS FROM MIAMI



In Miami, 96 of the 201 mothers (48%) said they "cared" or "cared very much" about family members' opinions on feeding practices. Miami sits behind Ottawa but ahead of Port Harcourt for this rate.

Thoughts on opinions of family members

- 48% of mothers rated they "cared" or "cared very much" about family members' opinions.
- 57% of the mothers believe their other family members supported the infant feeding policy in their area.
- A small group (18%) of mothers believed their mother or mother-in-law support their decision on infant feeding.

Influence of cultural norms on feeding habits

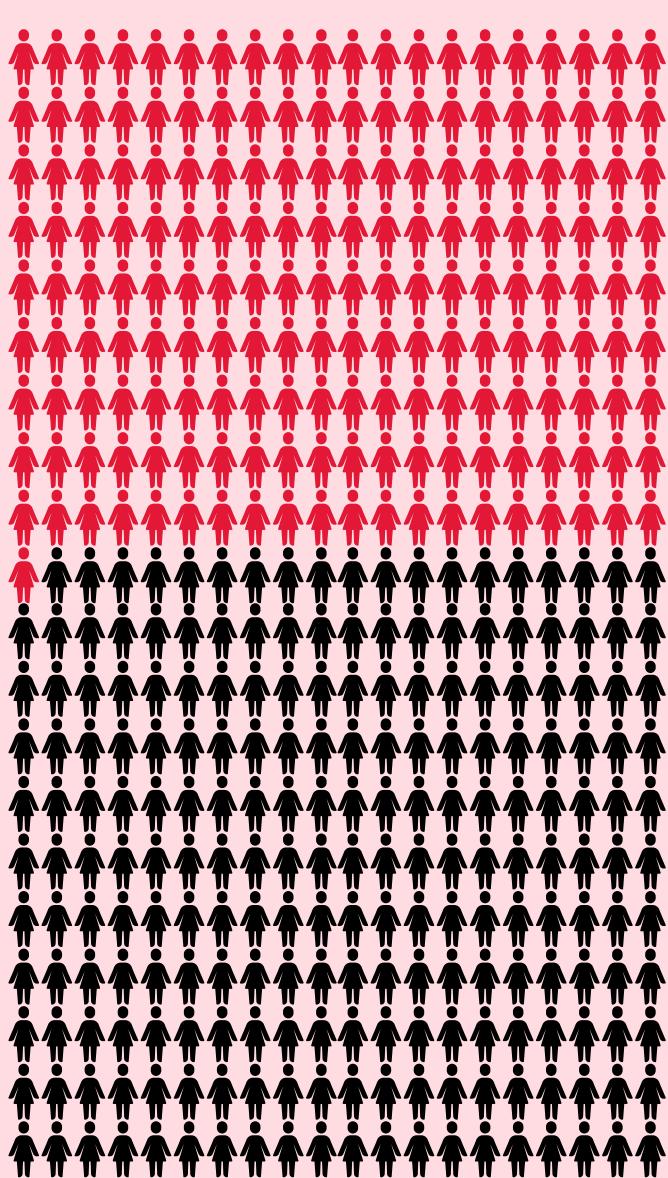
- A quarter (25%) of the mothers in Miami believed that cultural beliefs and traditions exist in the area about infant feeding practices.
- Less than half (41%) mothers rated cultural norms and traditions on infant feeding practices as something that influenced them "much" or "very much".



Chapter 3:

Get to know the mothers – cont.

CULTURES AND COMMUNITIES OF MOTHERS FROM PORT HARCOURT



In Port Harcourt, 181 of the 400 mothers (45%) said they "cared" or "cared very much" about family members' opinions on feeding practices. Port Harcourt has the lowest rate for this compared to the other cities (Miami and Ottawa).

Thoughts on opinions of family members

- 45% of mothers "cared" or "cared very much" about family members' opinions.
- 39% of the mothers believed their other family members supported the infant feeding policy in their area.
- A very small group (5%) of the women believe their mother or mother-in-law supported their decision on infant feeding.

Influence of cultural norms on feeding habits

- A very small group (0.5%) of mothers in Port Harcourt believed that cultural beliefs and traditions existed in the area about infant feeding practices.
- 3% of mothers rated cultural norms and traditions on infant feeding practices as something that influenced them "much" or "very much".



Chapter 3:

Get to know the mothers – cont.

3.6. PSYCHOSOCIAL ATTRIBUTES

Mothers were scored on their psychosocial attributes by psychometric scales; these included scores in 7 areas: perceived stress, HIV-related stigma, discrimination, heightened vigilance, functional social support, being a mother, and infant feeding attitudes ⁴⁻¹¹. Each area had its own scoring method with a maximum achievable score.



Ottawa (CA)



Miami (US)

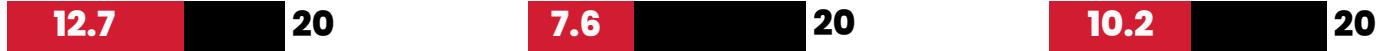


Port Harcourt (NG)

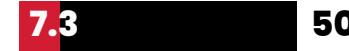
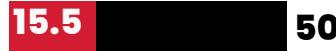
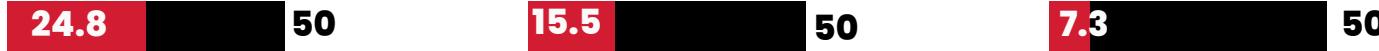
- On the *Functional social support scale* where 35 is the highest possible score, the mothers in each country had a score of...



- The *Heightened vigilance scale* where 20 is the highest possible score, the mothers in each country had a score of...



- On the *HIV-related discrimination scale* where 50 is the highest possible score, the mothers in each country had a score of...



- On the *HIV-related stigma scale* where 10 is the highest possible score, the mothers in each country had a score of...



- On the *Perceived stress scale* where 40 is the highest possible score, the mothers in each country had a score of...



- Infant feeding attitudes* were scored where 85 was the highest possible score, the mothers in each country had a score of...



Additionally, many of the Port Harcourt mothers highlighted that they belonged to social groups. These groups help them cope with challenges faced daily. This means there is a good social network for all mothers in Port Harcourt to cope with any challenges encountered and to share experiences and best practices.

Chapter 3:

Get to know the mothers – cont.

Select quotes from mothers

In this section, a mother in each city helped shine some light on their thoughts and concerns around being a mother living with HIV and feeding their children.

"Me, I'm a woman who loves to feed her children, but I can't feed them because of what I've read and what the doctors have told me. On one hand, I want to keep my children safe, [and] my children are safe because I did not breastfeed. Maybe if I had breastfed, they would have gotten the disease. I don't understand why... other women can feed and their children are ok. I was [caught] in between, but I did not breastfeed my children. I gave them formula ..."

– A mother in Ottawa

"I'm HIV positive but I have a son, he is 3. He came out negative which is a blessing for me. I don't, I decided not to breastfeed him because I didn't want him to get the virus. I thought it would be better if he didn't have it in his system. So I just feed him with the bottle. In the beginning it was tough because I am a first time mum."

– A mother in Miami

"The thing that stressed that first week was, especially the time I was, even when I started after 6 months was trying to be careful to ensure that the baby's feeding things were clean and up to the standard that will make the child not to be sick, these were the things that stressed me, because I, I tried as much as I could to ensure that the child doesn't get contaminated food into his system. So these were the things that they are really stressing me that time ..."

– A mother in Port Harcourt



Chapter 3: Get to know the mothers - cont.

3.7 EXPERIENCES OF STIGMA AND DISCRIMINATION

The types of HIV-related stigma reported by the mothers included:

- Personalized stigma
- Worries about disclosure
- Negative self-image
- Sensitivity to public reactions about their HIV status.

Overall, the findings suggest that HIV-related stigma was highest in Miami, followed by Ottawa, and then Port Harcourt. However, levels of personalized stigma among women living with HIV in Miami and Ottawa were moderately higher than those of mothers living in Port Harcourt.

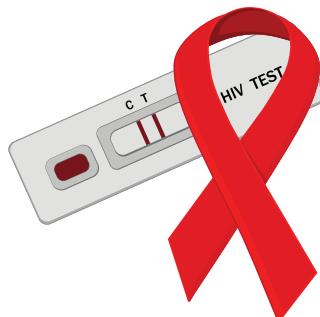
Gradient of HIV-related stigma per city **Miami > Ottawa > Port Harcourt**

Worries about disclosure weren't significant between the North American cities and the African city.

Additionally, negative self-image was greater in Miami than Ottawa and greater in the North American continent in general than in Africa.

Sensitivity to public reaction about the mothers' HIV status was greater in Ottawa than Miami but also significantly greater in Port Harcourt than the two North American cities.

Gradient of sensitivity to public reaction about mothers' HIV status per city **Port Harcourt > Ottawa > Miami**



Chapter 4:

Determinants of Infant Feeding

The seven determinants of infant feeding practices

1 Country of residence

2 Cultural beliefs and practices

3 Health care system

4 Health care personnel

5 Perceived stress

6 Infant feeding attitude

7 Social support

Quantitative analysis findings

As concluded in this study, the country of residence of a mother and their cultural beliefs did not predict if a woman would Exclusively Breastfeed while on Antiretroviral Treatment (EBF) over choosing to Mix Feed (MF) their child.

However, residing in Ottawa or Miami did show a higher likelihood of Exclusively Formula Feeding (EFF) and the existence of cultural beliefs did decrease the rate of EFF.

Mothers living with HIV who were receiving health care during their pregnancy were more likely to EBF than MF and were more likely to EFF than MF. The same was seen when mothers received perinatal care from a nurse or midwife.

Perceived stress decreased the likelihood of EBF or EFF over MF. Higher infant feeding attitude scores and higher functional social support scores predicted that the mothers were more likely to EBF.

Infant feeding attitudes could not predict a higher rate of EFF over MF, and neither could higher scores of functional social support.



Chapter 4:

Determinants of Infant Feeding – cont.

The seven determinants of infant feeding practices

1 Country of residence

2 Cultural beliefs and practices

3 Health care system

4 Health care personnel

5 Perceived stress

6 Infant feeding attitude

7 Social support

In-depth interview findings

Based on the ethnographic study of infant feeding of all the three sites, which involved observing people in their own environment to understand their experiences, the findings show that **mothers in Ottawa, Miami, and Port Harcourt agreed that breastfeeding is considered the most convenient method to feed their child although it is not safe if a mother has HIV.**

For some mothers, especially those interviewed in Ottawa and Miami, the restriction on breastfeeding their infants is seen as a way of protecting their babies, but they still felt a void in not breastfeeding as expressed in a quote below.

The study findings revealed that **some mothers felt conflicted when choosing which method to feed their infant, especially if local social and cultural beliefs opposed the feeding practice suggested by perinatal care providers.**

For many mothers, their cultural norms influenced their breastfeeding practices. **Not meeting certain cultural expectations could create a negative perception for the mother and the child should the mother be HIV-positive and the child be HIV-negative.** People would not understand why a child was being fed with a bottle despite the mother having breast milk, for example.



Chapter 4:

Determinants of Infant Feeding – cont.

Clarifying quote from a mother on the influence of culture

"Ugggh, like in our culture, mainly the baby has to be breastfed, yeah! Everybody expects me to breastfeed. It's EVEN good for me that I don't have much family here. But I feel for those other black Canadians who have their relatives here, for instance the mother-in-law. It's H-A-R-D! I am sure it's more H-A-R-D for them than it was for me. Yes, because how do you explain yourself? And I mean you cannot be disclosing your status to everybody who comes...‘and why are you not breastfeeding?’ Yes. They will be on you! They'll just want to see you breastfeed the baby, yes! Especially if you're not working, what excuse do you have to give the formula for the baby? It is not making sense for them. They'll just be like; YOU HAVE TO breastfeed the baby. ‘Why are you not breastfeeding the baby? Breastfeed the baby, the baby grows healthy when he is being breastfed...Breastmilk is the best – the baby's bones would not be strong – the baby's... they'll tell you all sort of things just to make you breastfeed the baby, yeah.”

– A mother in Ottawa



Chapter 5:

Factors influencing motherhood experiences

In this section, we examined the factors that influenced motherhood experiences of Black mothers living with HIV: psychosocial factors and sociocultural factors.

Psychosocial factors

Two psychosocial factors were studied:

- **Functional social support**, which positively affected motherhood experience in all three regions.
- **Increased perceived stress**, which negatively affected motherhood experiences in all three regions.



Sociocultural factors

Two sociocultural factors were studied:

- **Infant feeding practices**, which, if they were followed in their respective countries, increased positive experiences of motherhood in all three regions.
- **Cultural beliefs and practices**, which, if they did not conflict with feeding guidelines, were not associated with motherhood experiences in Ottawa and in Miami, but had a positive effect on motherhood experience in Port Harcourt. Exclusive Breastfeeding while on Antiretroviral Therapy (EBF) is the recommended practice in Nigeria, where breastfeeding is culturally significant.

Other factors that affected motherhood experiences

- Feelings of guilt from infecting their child
- The challenge of being a mother
- Knowledge sharing and support from other mothers, which leads to increased confidence about their HIV status, medical appointments and parenting.

Chapter 5:

Factors influencing motherhood experience - cont.

Factors that mediate stigma

Functional social support and discrimination are major predictors of stigma among mothers living with HIV in Ottawa, Miami, and Port Harcourt. The findings reveal that:

Being able to obtain emotional support when facing difficult life situations or being able to get help or advice from friends or family can reduce stigma among mothers living with HIV in Miami and Port Harcourt. The effects this type of support has on HIV-related stigma were twice as high in Miami than Port Harcourt.

Having functional social support can help shield mothers from negative social attitudes, but, if it is completely absent, it will be more detrimental to mothers living in Miami and Port Harcourt.

Discrimination had a significant effect on HIV-related stigma among mothers living with HIV in all three cities. Feeling unfairly treated, disrespected, or treated with courtesy can fuel internalized stigma among mothers living with HIV.

The importance of discrimination when it comes to personalized stigma among mothers living with HIV varies between cities, and there is even a gradient across the three cities.

Mothers living with HIV in Ottawa who experience discrimination report internalized HIV stigma levels almost double in magnitude compared to their counterparts in Port Harcourt. The larger effects of discrimination in Ottawa and Miami could be linked to the multi-ethnic and multicultural social character of these cities.

Discrimination is frequent and can lead to stigmatization, first, because of HIV-positive status and, second, because of the fact that Black women in North America are members of a minority group that has been historically marginalized.



Chapter 6:

Factors associated with awareness of infant feeding guidelines

The determinants of infant feeding guideline adherence were grouped into two categories: sociocultural determinants and psychosocial determinants.

Sociocultural determinants

- Awareness or knowledge of infant feeding guidelines
- Socioeconomic status (which was evaluated with income source as a proxy)
- Familial influences (baby's father and other family members)
- Health worker influences, and
- Cultural beliefs and traditions.

Psychosocial determinants

Psychosocial determinants are factors which involve both psychological aspects and social aspects. They included:

- Infant feeding attitudes
- Motherhood experiences
- Hyper-vigilance
- Discrimination and perceived stress
- HIV-related stigma, and
- Functional social support⁴⁻¹¹

This study found that almost 2 out of 10 mothers (15%) were not aware of their country's infant feeding guidelines across the three sites. This is quite troubling.

After controlling for sociodemographic and geographic factors, the sociocultural determinants which were significant included *functional social support* and *cultural beliefs*.

There existed a link between *functional social support* and awareness of the correct national infant feeding guidelines for Black mothers living with HIV. However, a negative association was found between the presence of *cultural beliefs* and awareness of the correct national guidelines.

Chapter 6:

Factors associated with awareness of infant feeding guidelines – cont.

Mediating factors

The factors which affected awareness of national guidelines on infant feeding while living with HIV included:

- Country of residence
- Age
- Cultural beliefs and practices
- Social support

In this study, there was no significant difference in infant feeding guideline awareness between the North American cities and the African city.

It was determined that **older mothers were less likely to know of the correct guidelines, and that mothers with higher ratings of influence from cultural beliefs were significantly less likely to be aware of the national guidelines.**

Finally, **mothers who had higher functional social support were more likely to be aware of the correct guidelines.**

An overwhelming majority of mothers (84.5%) across all sites were aware of the infant feeding guidelines in their country.

If mothers had correct guideline awareness, there was an association with adherence to them. However, it was difficult to determine the importance of this association.

Additionally, mothers living with HIV who had an income source from salary or wages were 2.6 times more likely to adhere to the guidelines.

If the perception of the baby's father and the mother was that their health care worker endorsed the guidelines, then the guidelines were followed.

Cultural beliefs and traditions, along with negative psychological factors, both negatively influenced a mother's adherence to the guidelines.

Chapter 7: Conclusion

This research examined the specific sub-culture of infant feeding while living with HIV, within populations of Black mothers in Canada, Nigeria, and the United States of America.

We designed a mixed method study to guide the development of an approach to infant feeding that is grounded in the experiences of Black mothers living with HIV in a developing country and two developed country settings.

This study sought not only to understand the experiences of Black mothers residing in Western countries, but also to explore the experiences of Indigenous Black women in Nigeria as promising and low-cost solutions that may inform practice in Canada and the United States of America.

Some of the key inferential analyses to address the research questions showed that:

The existence of cultural beliefs about infant feeding practices in a mother's place of origin decreased her likelihood of practicing Exclusive Formula Feeding (EFF) over Mixed Feeding (MF).

Receiving perinatal healthcare while living with HIV increased the likelihood of practicing EFF over MF, and Exclusive Breastfeeding while on Antiretroviral Therapy (EBF) over MF.

Mothers were more likely to choose EFF over MF, and EBF over MF if they were receiving perinatal healthcare from a nurse or midwife than when they received it from a physician or a clinical officer.

Other than sociocultural factors, we found that psychosocial factors also influenced the mothers' infant feeding choices.



Chapter 7: Conclusion - cont.

It is clear from the findings that most of the mothers adhered to the recommendations of the guidelines in their country of residence.

First, the descriptive statistics showed that 73% of the mothers were in adherence to the guideline.

Second, mothers who received perinatal health care were likely practicing the guideline of EFF.

Moreover, possibly because of respect for healthcare professionals' advice, mothers residing in Ottawa and Miami were more likely to adhere to the guideline of EFF than the non-recommended MF.

While looking into how these guidelines influenced the experiences that mothers have outside of feeding their infants, some key findings arose:

- 1 **Following the national guideline on infant feeding while living with HIV was associated with a positive motherhood experience in Ottawa and Miami.**
- 2 **In Port Harcourt, if the cultural beliefs and practices of a mother aligned with the national infant feeding guideline for that country, she would have a positive motherhood experience. These results imply that the guidelines promote a positive motherhood experience, except when it goes against cultural expectations and practices.**
- 3 **The mothers' experiences of HIV stigma were significantly greater in the North American cities (Ottawa and Miami) than in the African city (Port Harcourt). In contrast to other study sites, it was shown that adhering to national guidelines on infant feeding significantly decreased the experience of HIV-related stigma in Ottawa, Canada.**



Chapter 7: Conclusion cont.

Finally, there is a need to mobilize Black mothers and their social networks to address the socio-cultural and socio-political conditions that contribute to the challenges of infant feeding while living with HIV.

It is worrying that a small but significant percent of mothers are not following the policy guidelines.

The healthcare system remains an effective way to communicate the WHO/national policy on infant feeding to mothers living with HIV.

Mobilization of Black mothers living with HIV and their social networks holds promise to increase policy adherence in the short term and ensure broader consultation with these groups to improve policies affecting their lives.

“ It was concluded that the nurses and midwives' voices were found to be the more likely sources of positive change in terms of infant feeding decisions. These voices, in combination with the voices of Black women and their social networks, can be powerful informants for policy makers in the future. ”

Future research

Future research should include exploring policy translation as well as translation of research knowledge about infant feeding practices. Additionally, investigating health workers' knowledge and perceptions about the infant feeding policy is necessary.

Studies should assess the cultural values and beliefs of maternal and child health and if they are in line with current infant feeding policy recommendations.

Finally, future research could investigate whether investments to increase the social capital of Black mothers living with HIV is an effective means to increase health policy uptake amongst them.

Appendix A: Main takeaway messages

Findings

- 84% of the mothers living with HIV were aware that the virus can be transmitted from mother to child through breast milk.
- 84% of the mothers were aware of the national policy on how to feed their baby while living with HIV.
- 76% of the mothers were informed of this policy by their healthcare providers/workers.
- 73% of the mothers were adhering to the WHO/National infant feeding recommendations.
- 72% of the mothers believed that their spouse/partner/baby's father, relatives, in-laws, health providers or community, etc contributed to their decisions on infant feeding.
- Existence of cultural beliefs and practices about infant feeding practices in the mother's places of origin decreased the likelihood of choosing Exclusive Formula Feeding over Mixed Feeding.
- Perinatal healthcare while living with HIV increased the likelihood of choosing Exclusive Formula Feeding over Mixed Feeding, and Exclusive Breastfeeding while on Antiretroviral Therapy (ART) over Mixed Feeding.
- The mothers were more likely to choose Exclusive Formula Feeding over Mixed Feeding, and Exclusive Breastfeeding over Mixed Feeding when they receive healthcare from a nurse or midwife than when they receive it from a doctor or a clinical officer.
- Maternal Perceived stress decreased the likelihood of choosing Exclusive Formula Feeding over Mixed Feeding, and Exclusive Breastfeeding while on ART over Mixed Feeding.
- Functional social support increased the likelihood of choosing Exclusive Breastfeeding while on ART over Mixed Feeding.
- Adhering to the national guideline on infant feeding while living with HIV was associated with positive motherhood experiences in Ottawa and Miami.
- Cultural beliefs and practices that aligned with national infant feeding guidelines were associated with positive motherhood experience in Port Harcourt. This implies that the national infant feeding guidelines for women living with HIV had no significant negative effects on motherhood experiences in Port Harcourt.
- HIV stigma was significantly greater in the North American cities (Ottawa and Miami) than in the African city (Port Harcourt).
- In contrast to other study sites, adhering to national guideline on infant feeding significantly decreased the experience of HIV-related stigma in Ottawa, Canada.

Appendix A: Main takeaway messages cont.

Implications

- Infant feeding is a crucial aspect of women's motherhood experiences and living with HIV is a complicated situation in these processes.
- Socio-cultural and psychological factors influence the motherhood experiences of Black women living with HIV.
- Policies to address infant feeding practices among HIV-positive women have not been adequately structured to consider specific socio-cultural and psychological contexts.
- Culturally responsive interventions for infant feeding practices among Black women living with HIV must be tailored to the unique needs of both mother and child.
- Building positive motherhood experiences irrespective of HIV status are essential for sustaining maternal and child health including wellbeing.

Appendix B:

Research team and acknowledgements

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Appendix B:

Research team and acknowledgements -cont.

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Appendix B:

Research team and acknowledgements - cont.

WITH THANKS TO OUR INTERNATIONAL PARTNERS



University of
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Appendix B: Research team and acknowledgements - cont.



Picture #1: CO-CREATH Lab with visiting International Partner, Dr. Jean Hannan.

From left to right: Sarah Layng (uOttawa student) / Tyler Boyce (uOttawa – Research Coordinator) / Dr. Jean Hannan (Co-PI) / Dr. Josephine Etowa (PI) / Dr. J.C. Phillips (Co-PI) / Natnia Abebe (uOttawa – Research Assistant)



Picture #2: CRAIF Team meeting with International guest, Dr. Florence Undiyaundeye (Nigeria).

From left to right (top): Dr. Josephine Etowa (PI) / Hector Addison (Somerset-West Community Health Centre) / Solomon Lome (uOttawa – Research Coordinator)

From left to right (bottom): Dr. Florence Undiyaundeye / Dr. J.C. Phillips (Co-PI) / Yvette Ashiri (uOttawa – Research Coordinator).

Appendix B:

Research team and acknowledgements - cont.



Picture #3: Community consultation meeting in Ottawa

From left to right: Dr Hugues Loemba (Co-PI and physician) / Zhaida Uddin (Ottawa Public Health) / Dr. Josephine Etowa (PI) / Ayan Jama (Bruce House) / Yvette Ashiri (Community leaders and CRAIF former Research Coordinator), & Melissa Kingwaya (ACB Community member).



Picture #4: Taken during an Ottawa site community consultation meeting

From left to right: Zhaida Uddin (Ottawa Public Health) / Ayan Jama (Bruce house) / Dr. Josephine Etowa (PI) / Yvette Ashiri (Community leader and former CRAIF study Research Coordinator)

Appendix B: Research team and acknowledgements - cont.



Picture #5: Taken during a conference from Dr. Josephine Etowa at the Loyer Research Chair Research Think Tank.

From left to right: Madame Marie Loyer (Philanthropist & creator of the Loyer-DeSilva Research Chair in Public Health Nursing) / Dr. Ardene Vollman (former president of the Canadian Public Health Association) / Dr. Mark Walker (Ottawa Hospital Research Institute – The Ottawa Hospital) / Dr. Josephine Etowa (PI & Loyer Chair in Public Health Nursing)



Appendix B: Research team and acknowledgements - cont.



Picture #6 – Principal investigators' meeting in Miami, Florida, USA

From left to right: Joy Osuagwu (Communications Consultant), Dr. Jean Hannan (Co-PI), Dr. Seye Babatunde (Co-PI), Dr. Josephine Etowa (PI)



Picture #7- CRAIF Project Nigeria Team KTI Meeting

From left to right: Lara Adedayo (Nigeria – Research Coordinator), Dr. Seye Babatunde (Co-PI), Joy Osuagwu (Communications Consultant), John Umo-Otong (Nigeria – Research Coordinator)

Appendix C: List of publications

PEER REVIEW JOURNAL PUBLICATIONS (PUBLISHED)

1. **Etowa, J., Hannan, J., Etowa, E. B., Babatunde, S. Mkandawire, P. & Phillips, C.J** (2020). HIV-Related Stigma Among Black Mothers in Two North American and One African Cities. *Journal of Racial and Ethnic Health Disparities*. <https://doi.org/10.1007/s40615-020-00736-4>
2. **Phillips, C.J., Etowa, J., Hannan, J. Etowa, E. B., & Babatunde, S.** (2020) Infant feeding guideline awareness among Black mothers living with HIV in North America and International Breastfeeding Journal(2020) 15 (1):27. <https://10.1186/s13006-020-00274-z>
3. **Etowa, J.; Nare, H.; Kakuru, D.M.; Etowa, E.B.** Psychosocial Experiences of HIV-Positive Women of African Descent in the Cultural Context of Infant Feeding: A Three-Country Comparative Analyses. *Int. J. Environ. Res. Public Health* 2020, 17, 7150. URL: <https://pubmed.ncbi.nlm.nih.gov/33003622/>
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6. **Etowa, J, Hanna, J, Etowa, EB*, Babatunde, S, & Phillips, JC.** (2021). Determinants of infant feeding practices among Black mothers living with HIV: a multinomial logistic regression analysis. *BMC Public Health*, 21: 663, 1-17. doi:10.1186/s12889-021-10675-2
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Appendix C: List of publications – cont.

PEER REVIEW JOURNAL PUBLICATIONS (PUBLISHED)

9. **Phillips JC, Etowa J, Hannan J, Etowa EB*, & Babatunde S.** (2020). Infant feeding guideline awareness among mothers living with HIV in North America and Nigeria. *International Breastfeeding Journal*, 15, 1–9. doi:10.1186/s13006-020-00274-z
10. **Etowa J, MacDonald S, Hannan J, Phillips JC, Boadu NY, & Babatunde S.** (2018, April). Sociocultural factors influencing infant-feeding choices among African immigrant women living with HIV: A synthesis of the literature. *Journal of the American Association of Nurse Practitioners*, 30(4), 208–235. doi:10.1097/JXX.0000000000000014
11. **Etowa, J., Ekanem, E., Ariyo, O., Inoua, H., Ashiri, Y., Nare, H. Essien, E. A., & Etowa, E. B.** (2021). Mental health experiences of African, Caribbean and Black (ACB) mothers living with HIV in the context of infant feeding Women living with HIV. *International Journal of Africa Nursing Sciences*. 15 (2021) 100358. <https://doi.org/10.1016/j.ijans.2021.100358>

Appendix C: List of publications - cont.

LIST OF KNOWLEDGE MOBILIZATION TOOLS

The CRAIF Project team created a number of knowledge mobilization tools including: digital stories, an illustrated manual for African, Caribbean and Black communities to inform infant feeding choices for Black mothers living with HIV, a handbook for health professional training, and info graphics as well as policy briefs in an effort to reach stakeholders who may not have access to academic journals.

Visit: www.co-creath.com/knowledge-translation-tools to access all of them for free!

CRAIF VIDEO DOCUMENTARY

by J. Etowa, S. Babatunde, J. Hannan and J.C. Phillips.

The CRAIF video documentary is based on the findings of our community based participatory research which explores the experiences and challenges faced by African, Caribbean and Black (ACB) mothers living with HIV relating to infant feeding in its comprehensive sense. The main goal of this documentary is to examine the social and cultural context of infant feeding of mothers living in three countries: Canada, the United States, and Nigeria. The documentary is rich with testimonials of mothers backed by research-based statistics as well as research-based views of experts on the subject matter. This documentary not only provides insights on the diverse challenges faced by mothers, but provides a bedrock for interventions aimed to create social and policy change with the ultimate aim of improving conditions for mothers living with HIV.

ILLUSTRATIVE MANUAL

The illustrative manual is a masterpiece which pragmatically excavates the conundrums associated with HIV diagnosis and living with HIV for African, Caribbean and Black (ACB) mothers, emphasizing the importance of getting treatment, seeking advice from professionals and HIV disclosure to harness social support for the affected mothers. The manual explicitly depicts different pressure points which make motherhood an excruciating journey, as mothers try to navigate the spaces between cultural and contradictory national guidelines. It is in this context that challenges associated with infant feeding are brought to the foreground, and the manual informatively advises mothers on best practices for caring for their babies and adhering to infant feeding guidelines.

Appendix C: List of publications – cont.

LIST OF KNOWLEDGE MOBILIZATION TOOLS – CONT.

POLICY BRIEFS

Policy briefs detail important information specifically aimed at influencing policy formulation on various aspects related to HIV treatment and care for African, Caribbean and Black (ACB) people. The policy briefs place the emphasis on the importance of introducing context-specific and culturally-sensitive policies and approaches to HIV treatment and care. Each policy brief has a unique target area.

Policy brief 1: Social-cultural considerations regarding infant feeding among Black mothers living with HIV.

This policy brief focuses on the need to address the socio-cultural contexts influencing infant feeding choices and practices of Black women who represent the highest population of women living with HIV globally. As the results from our study showed, a successful approach to infant feeding is grounded in the experiential knowledge of Black mothers, improved cultural competencies of service providers, culturally specific interventions to reduce HIV-related stigma and tools to reduce vertical transmission of HIV among Black mothers. The policy brief therefore concludes that, Black women living with HIV in Canada are aware of and adhere to National guidelines on infant feeding. However, the introduction of functional psychosocial support within a culturally competent and specific context can act as an incentive for their resolve to comply with the guidelines. Context-specific recommendations are then detailed to better address the situation.

Appendix C: List of publications – cont.

LIST OF KNOWLEDGE MOBILIZATION TOOLS – CONT.

POLICY BRIEFS – CONT.

Policy brief 2: HIV-related Stigma and Infant Feeding among Black Mothers Living with HIV

This policy Brief pedagogically deals with HIV-related stigma experienced by mothers living with HIV. This policy brief shows the necessity of introducing culturally-specific interventions and tools to reduce stigma as well as discrimination and racism throughout the HIV cascade, from prevention through to diagnosis, to prevent vertical transmission of HIV among Black mothers. This document shows how stigma can act as a significant barrier to HIV care, support, and management. Fear of stigma limits possibilities of people and communities to talk openly about HIV, which could prove to be an important source of social support for people living with HIV. This policy brief recommends implementation of strategies that align with the Public Health Agency of Canada's Action Framework for building an inclusive health.

Policy brief 3: Service Providers Advancing Infant Feeding for Black Mothers Living with HIV

This document goes on to detail the significance of improved cultural competence of service providers which can be brought about by specified training and culturally specific interventions in practice. This policy brief shows the realities and challenges faced by HIV positive Black mothers and the importance of how their lived experiences should not be taken for granted but used to inform improvements for interventions relating to infant feeding practices among Black women living with HIV.

Appendix C: List of publications – cont.

LIST OF KNOWLEDGE MOBILIZATION TOOLS – CONT.

FACTSHEETS

Our factsheets present an overview of multi-dimensional challenges of motherhood experienced by mothers living with HIV. Such complications stem primarily from contradictory national guidelines on infant feeding which alters infant feeding mechanisms without offering varied options for mothers to choose from. This situation often results in aggravated stress levels and consequently mental health issues. The brief but rich information in these documents bring to light the plight of mothers living with HIV. Henceforth, the CRAIF factsheets highlight vital research evidence that can educate the public and healthcare providers about the experiences of Black women living with HIV in order to promote knowledge translation and inform practices that can improve the quality of care received by persons living with HIV.

Factsheet 1: Black motherhood while living with HIV

This fact sheet specifically deals with issues of motherhood while living with HIV. It vividly excavates cultural norms and expectations for African, Caribbean, and Black (ACB) mothers on what constitutes motherhood and contrasts them with the national infant feeding guidelines in Western countries which present serious problems for Black mothers living with HIV. This fact sheet based on a 3-year mixed-methods community based participatory research (CBPR) project which identified the problems, providing useful and informative details to health care providers as well as decision-makers on how best they can improve service delivery for Black mothers based on an empirically-verified need.

Factsheet 2: HIV and Infant Feeding: Adherence and determinants

Arriving at an infant feeding choice is not always an easy decision for mothers living with HIV as they try to balance guidelines requirements with motherhood cultural expectations of African, Caribbean and Black (ACB) cultures. Thus, this factsheet focuses on factors which influence infant feeding choices for mothers living with HIV. Significantly, this factsheet advocates for a need for healthcare professionals to keep up with advances in technology and emerging evidence about infant feeding among women living with HIV/AIDS, including feeding option recommendations. For instance, the use of pasteurized milk could be explored and promoted as an option for women living with HIV.

Appendix C: List of publications cont.

LIST OF KNOWLEDGE MOBILIZATION TOOLS – CONT.

FACTSHEETS – CONT.

Factsheet 3: Welfare of mothers living with HIV

This fact sheet centres on the welfare of mothers living with HIV in a world where stigmatisation and discrimination on account of one's HIV status is rampant. This fact sheet focuses on some of the key stressors for HIV-positive mothers which can potentially compromise their mental health. The fact sheet then details coping strategies resulting from our 3-year mixed-methods community based participatory research (CBPR). This becomes significant as it provides useful information to mothers who could be going through difficult times due to their HIV status, and at the same time, helps inform public health workers and policy makers on how they can harness social capital to minimize the effect of such challenges.

TRAINING CURRICULUM

Training Curriculum for Health Professions Education

Evidence-based research has exposed some limitations and weaknesses within the health care delivery system as far as HIV treatment and feeding guidance is concerned. The curriculum seeks to address such discrepancies by highlighting structural faults uncovered from emerging data and offers solutions on how best the problems could be addressed. A central point in this curriculum is the need to advocate for specialized training which equips graduate nurses and midwives with critical skills for caring for people living HIV. This includes but is not limited to: enhancing social support, creating linkages to health care, and providing culturally safe and competent care. Ultimately, the Training Curriculum Content for Health Professions Education document recommends core competencies for nurses and midwives regarding HIV/AIDS care training.

Appendix D: References

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