



## Challenges of breastfeeding

12.11.2012 Ayanda Mkhwanazi

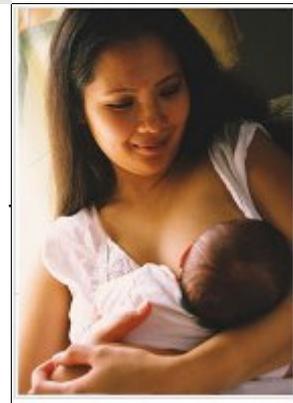
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**Despite knowing the benefits of exclusive breastfeeding in the first six months of a child's life, many new mothers often encounter challenges that prevent them from breast-feeding.**

While HIV is no longer the prime reason why women do not exclusively breast-feed their new-born babies, trying to juggle work and being a new mother, combined with one's living conditions are some of the reasons new mothers give for not exclusively breast-feeding.

Sharing her own story, Deputy Chairperson of the Treatment Action Campaign (TAC) in the Ekurhuleni district of Gauteng, Portia Serote, who is HIV-positive herself, says she could only exclusively breast-feed for four months.



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Serote, whose baby is now 11-months old, says certain aspects of her background and living environment didn't make it conducive for her to exclusively breast-feed.

"My first challenge was that I didn't have electricity, for when I had to express milk from my breast, it would get spoilt while I was at work because it should be refrigerated. That would lead to mixed feeding because people who took care of my child ended up giving my child formula milk, which was not right. The other challenge was that when you breast-feed, you can't measure how much the child has fed. When it cries, you always think it's hungry. Sometimes, it might not be", Serote says.

According to Health Minister, Dr Aaron Motsoaledi, initiating breast-feeding is high in the country. It is sustaining the practice of exclusive breast-feeding that seems to be the problem. A dramatic drop in exclusive breast-feeding occurs when babies are between four to six months, with only 1.5% of infants exclusively breast-fed in this age group. This is one of the worst rates in the world at which women stop breast-feeding their babies. It was at almost the same time that Serote also decided to stop exclusively breast-feeding.

"I only breast-fed for two months and it was too much. What made me change to formula was because of the disadvantages I came across, for instance, milk getting spoilt. They would sometimes call me... and I am at work... I'd need to rush home because what I expressed was finished. And, I was a working mother. There was nothing else I could do, but introduce formula", says Serote.

With the new Prevention of Mother to Child HIV Transmission (PMTCT) guidelines, mothers are encouraged to exclusively breast-feed, at least, until the baby is six months old. This also goes for mothers who are HIV-positive, like Serote. Chief Dietician at Kalafong Hospital, Marlene Gilfillan, explains.

“Those with CD4 (counts) below 350, are put on anti-retroviral therapy (ART), which will decrease transmission during pregnancy and lactation period. They also give children nevirapine for the duration of the breast-feeding period. If she chooses to breastfeed for a year, the baby will receive nevirapine for a year.

If the mother’s CD4 (count) is high, then she won’t be put on treatment, but the baby will be put onto nevirapine to prevent transmission”.

Gilfillan says with the new PMTCT guidelines, more HIV-positive mothers are opting to breast-feed because they feel assured that their babies are covered. She says HIV should no longer be an issue that prevents women from breast-feeding because there are interventions that are now making it possible for HIV-positive mothers to breast-feed. But, although women generally seem to be comfortable to exclusively breast-feed, sustaining the practice is the biggest challenge.

“One of the problems is that we have teenage pregnancies. So, they go back to school. A lot of mothers have to return to work, and it is far. So, they are separated from their infants for most of the day. I don’t always think the work-place is very friendly. Often, mothers will tell you there is no facility for them to sit and express the milk or the time. That is one huge area we need to work on... if we can make it friendlier for working mothers and (the) other thing is, family influences the women. Some still believe that formula is much more effective”, says Gilfillan.

Gilfillan adds that breast-feeding is very therapeutic for both mother and child.

“If you exclusively breast-feed, you can decrease your child’s chances from getting ear infection by 77%... asthma, skin infections, upper respiratory tract infections...It does make a difference, especially if you do it exclusively. For mothers, their uterus contracts faster. In (the) long term, the chances of getting rheumatoid arthritis are also decreased. The morbidity of the mother is reduced”, she says.