STIGMA, EQUITY AND CHOICE: DECISION-MAKING IN THE CONTEXT OF INFANT FEEDING BY HIV-POSITIVE MOTHERS

D. Cifali

Multicultural HIV And Hepatitis Service

Background: There are currently 2 distinct messages, globally, about breastfeeding, targeted at women living with HIV (WLHIV), in the developing and developed worlds, respectively. In developing nations, breastfeeding is promoted due to poor sanitation, low vaccination rates and associated infant morbidity and mortality - breastfeeding trumps HIV; in developed nations where life and death issues of sanitation are not a factor, breastfeeding is contraindicated for WLHIV, due to transmission risks - HIV trumps breastfeeding.

Issues: These seemingly contradictory messages raise issues for WLHIV in multicultural Australia. HIV-positive new mothers can find themselves socially-isolated, facing multi-layered stigma. The responses they attract as a consequence of choices cut to the core of social constructions of "woman" and "mother". Those keen to maintain secrecy around HIV status, while complying with medical policies, face questions, comments and judgement within their social circles. Current mainstream health breastfeeding policies can serve to marginalise and shame these mothers; those who choose to take the perceived risk of breastfeeding run the gamut of medical and child welfare disapproval.

Approach: We compare recommendations relating to HIV and breastfeeding in resource-rich and resource-poor nations. We present 3 vignettes to explore themes of identity, gender roles, cultural values, shame, guilt, and choice. We highlight the work to support positive women, undertaken by our state-wide agencies, the Multicultural HIV and Hepatitis Service's HIV Client Support Program and Pozhet.

Innovation and Significance: We examine the emerging evidence that the U=U message may offer empowerment, options and improved quality of life to women in relation to breastfeeding, whereby in the Australian context, a revised breastfeeding policy in conjunction with a partnership model of care, would place the decision-making about what is best for them and their babies, in their own hands.

Disclosure of interest: None