



Rapid Assessment of HIV and Infant Feeding Work

Malaysia

Report by:

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I. Background

The Malaysian Breastfeeding Association has been promoting best practices in infant and young child feeding for over 30 years. We have been striving to protect, promote and support breastfeeding and have been actively involved in the celebration of World Breastfeeding week since 1992 in Malaysia.

The Malaysian Breastfeeding Association has been part of the international task force on HIV and infant feeding. This task force is working on the assessment of HIV and infant feeding work at the country level. In line with the above, the association has jointly organized a roundtable discussion with the World Alliance for Breastfeeding Action (WABA) and IBFAN Asia Pacific.

HIV/AIDS in Malaysia

Malaysia is a country with a total estimated population of 25,526,500 in 2002 (Monthly Statistical Bulletin, Department of Statistics, Malaysia, July 2003) and 14 administrative states (two on the island of Borneo and 12, including Kuala Lumpur Federal Territory, in Peninsular Malaysia) and 131 health districts.

The Malaysian Government initiated its national efforts to combat the epidemic of HIV/AIDS in 1985 and the first case of HIV was detected in the country in 1986. Malaysia has been classified as a concentrated HIV epidemic, based on the current WHO/UNAIDS classification: the average HIV prevalence has been less than 0.1% among women attending antenatal clinics, and consistently higher than 5% among Intravenous Drug Users in the past 10 years.

Women attending antenatal clinics

With the national Prevention of Mother-to-Child Transmission (MTCT) Programme, antenatal mothers receive a free voluntary confidential HIV screening service at the government antenatal clinics. The coverage of mothers screened reached 88% in 2001 and 93 % in 2002 (ranging from 77% to 100% between states) among the mothers attending the government clinics. It is estimated that more than 70% antenatal mothers seek medical care at the government clinics. Screening coverage of antenatal women ranged from 50% in 1998 to 93% in 2002, and HIV prevalence rates ranged 0.02% to 0.04% during 1998-2002. (Consensus Report on HIV/AIDS Epidemiology: Malaysia, 2004)

II. Objectives of the Roundtable

1. To raise awareness of the issue and particularly, the latest material on HIV/IF, especially UN materials;
2. To create a solidarity/trusting relationship around each others concerns;
3. To network for cooperation to initiate joint actions;
4. To facilitate discussion and find out how HIV and infant feeding is being addressed in the PMTCT programmes as part of HIV/AIDS Programmes.

III. Process

A three hour presentation discussion and brainstorming session was facilitated by Susan Siew (WABA) and Siti Norjina Moin (Malaysian Breastfeeding Association) involving several



stakeholders, including Department of Disease Control, Ministry of Health, Malaysia, UNICEF, WHO, HIV groups/ NGOs, health professional bodies. (See annex 1 for list of participants)

IV. Key outputs of the roundtable

1. Presentations by key speakers

Dr. Ahamad Bin Jusof, Principal Assistant Director, AIDS/STD Section, Ministry of Health, Malaysia.

Dr. Venu Gopalan: World Health Organization

Dr. Kamarul Azahar: Malaysians AIDS Council.

Key issues discussed by the presenters

- Primary prevention strategies in Malaysia including health education, abstinence and prevention of MTCT have been extremely successful. As a measure of harm reduction and prevention of Mother to Child Transmission, Malaysia practices replacement feeding for all HIV positive mothers.
- All government antenatal clinics conduct HIV testing for expectant mothers with the objective of preventing the infected mother to transmit the virus to the newborn. However an opt out policy exists if the mother does not agree for the HIV testing.
- If a child is HIV positive at birth, the government provides free Highly Active Anti Retroviral Therapy (HAART) for both mother and the child. The mother is provided with free alternative feeding (formula) for the infant.
- The Government practice is to provide alternate feeding for children of HIV positive mothers.

2. Brainstorming session

Facilitation

- i. Susan Siew, WABA


Key issues discussed

- The Ministry of Health stated Malaysia follows the WHO recommendation on infant feeding for HIV positive women which states “When replacement feeding is acceptable, feasible, affordable, sustainable, and safe, (AFASS) avoidance of all breastfeeding by HIV infected mothers is recommended. Malaysia qualifies for AFASS and this is the reason for preventing HIV positive mothers to breastfeed.
- Breastfeeding groups were concerned of rates of spillovers resulting in lower rates of exclusive breastfeeding and higher use of commercial infant feeding formula for HIV negative mothers than for mothers of unknown status .The possibilities of fear among mothers undermines their confidence in breastfeeding.
- The Ministry of Health policy remains to not allow HIV positive mothers to breastfeed. Elective Caesarean section is performed on the mothers to prevent infection during labour and as a result the present transmission rate has been cut down to 4%.Based on cases rapid tests are also performed in the delivery room.
- Issues of rights violation have also been raised for mandatory testing of antenatal mothers while this was clarified by the government representative mentioning the existence of an opt out policy for mothers who do not wish to get screened.
- Failures in the primary prevention strategies like awareness generation, use of effective IEC materials have been cited to increase the risk of HIV in the country.

- Feminization of HIV/AIDS is evident in Malaysia. In 1982, for every 50 men infected with HIV only one woman was HIV positive, however the ratio currently stands at one woman for every eight men infected.
- According to lactation consultant, Dr. Koe, the overall postnatal transmission of HIV through breastfeeding is 12%, 68% of this occurs after 6 months of age. While 90% of mothers who are HIV positive do not know their status. Recent reports suggest that exclusively breastfed infants for 6 months reduced the post natal transmission of HIV by 50%
- Mixed-fed infants have 4 times the risk of post natal transmission of HIV compared to exclusively breastfed infants; Coutoudis A et al Lancet 1999; 345:471-476 Illiff P J et al, Aids 2005; 19:699-708.
- Contraindications to Breastfeeding are few if,
 - HIV Positive Mothers [If AFASS can be met]
 - Mother on Anti-metabolic drugs.
 - Mother on Radio-Active Iodine [Temporary]
 - Almost all other drugs are compatible with BF
- Stigma and discrimination plays a major role in HIV and infant feeding. With increasing awareness of issues surrounding MTCT of HIV, most women who opt to exclusively breastfeed are in some settings beginning to be stigmatized in a similar way as those who opt for other alternatives to breastfeeding.
- The Ministry of Health responded to the question raised by one of the participants, *if mother chooses to breastfeed the baby what are the options* and the Ministry responded promptly saying that in such cases the counseling given to the mother has failed and she should further be counseled.
- Alternative feeding methods like milk banks and wet nursing were discussed. Wet nursing was discouraged, as it was one of the potential routes of transmission.
- Issues of testing and treating the expressed milk for HIV virus and religious and cultural taboos were raised. Questions on complementary foods and nutrition for infants beyond six months were also raised.

Potential threats and other issues related to breastfeeding that came across in the discussion

- Media needs to play a more proactive and empowering role in dissemination of accurate information.
- IEC materials should be designed to provide right messages. Messages like “*HIV can be transmitted through breastfeeding*” is misleading and can hamper ignorant mothers who are non-HIV to stop breastfeeding.
- Issues like mothers who are HIV positive and given free formula, do not come and take their formula regularly from the hospitals. This can hinder the AFASS criteria that Malaysia claims to have been qualified for. Hence strict monitoring of all HIV infants in terms of their feeding needs urgent attention by the government.
- A question was raised in the discussion, on the HIV testing for antenatal mothers, which is done in the early months. Questions like what happens if the mothers acquire the infection later and direct solutions like in order to minimize risks all women should stop breastfeeding is very daunting on the practice of breastfeeding.
- Childcare providers requested to be informed of latest developments as there are facilities where services are provided for infants from new-born to 4 years. If HIV-status of infants is not known, they could pose a danger to care-providers and other children. If they are known, the child will be stigmatized and the facility will lose its business. How does one deal with HIV-positive infants? We cannot put them all in



one place or home like orphans, which is what the Social Welfare Department has to deal with. Many HIV-positive babies are abandoned and left at the Department's doorsteps.

Recommendations and way forward

- Constitution of a joint task force at the national level involving various stakeholders to work on HIV and Infant Feeding.
 - Public education and awareness on the issue.
 - Training courses on HIV and Infant Feeding for counselors including health professionals to be designed in local languages.
 - The Ministry of Health, Malaysia to come up with a briefing paper on the issue and a policy statement on HIV and Infant Feeding.
 - Enhanced role and awareness of medical professionals including those in private clinics, maternity homes on issues of HIV and Infant Feeding.
 - Training and orientation to media on HIV and Infant Feeding.
 - Encourage universal screening and Voluntary Counseling and Testing (VCT) services
 - Involving already existing HIV counseling groups into mainstream programme.
 - Fostering HIV positive infants
 - To compile data on status of HIV positive infants.
 - Coming up with a joint statement on HIV and Infant Feeding.
 - All the participants find the issue rather complex and requested for more information and clarification. They suggested a 3-4 day meeting/symposium/workshop to bring in all the key stakeholders and experts.
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