

Knowledge of Mother-to-Child HIV Transmission through Breast Milk among Adolescents in Jimma Zone

This Policy Brief examines adolescent knowledge of mother-to-child HIV transmission through breast milk and beliefs about whether HIV-positive mothers should breastfeed their infants.

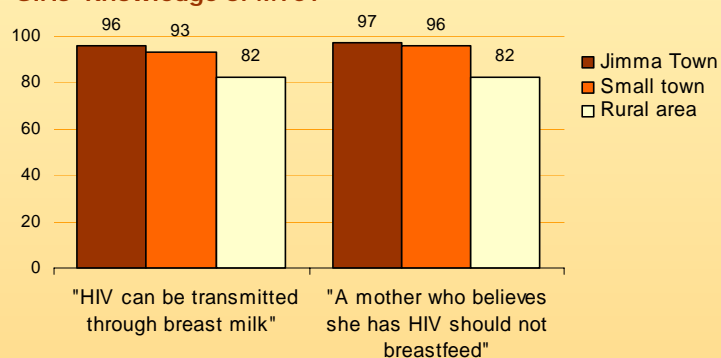
Based on data from Round 1 (September 2005-March 2006) of the Jimma Longitudinal Family Survey of Youth

Efforts have been made to educate the Ethiopian public about modes of HIV transmission, and such efforts have led to substantial improvements in the level of awareness of the risk of contracting HIV and knowledge of many different modes of transmission. In addition to the risk of unprotected sex, public health experts are concerned with increasing awareness that HIV can be transmitted through breast milk from mother to child. Adolescents are an especially important target for HIV awareness and knowledge programs because many will soon begin sexual activity and become parents.

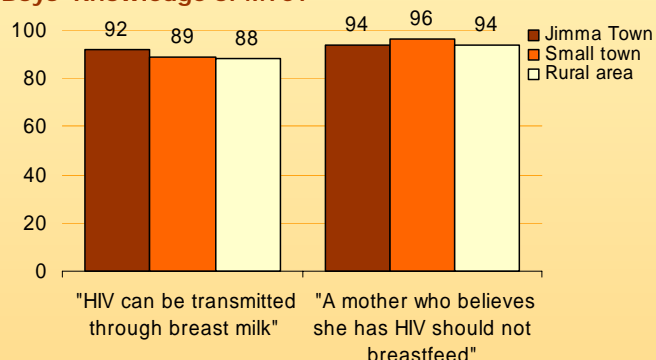
The Jimma Longitudinal Family Survey of Youth (JLFSY) asked adolescents whether they thought HIV can be transmitted from mother to child through breast milk, and whether a mother who believes she has HIV should not breastfeed her baby. In this policy brief we ask: How does knowledge of transmission of HIV through breast milk vary by place of residence, by gender, and by education? Which group of youth is least aware of this mode of transmission, and how does knowledge of this mode of transmission vary by the adolescents' source of information about infant feeding and care?

Knowledge of MTCT through Breast Milk by Place of Residence and Gender

Girls' Knowledge of MTCT



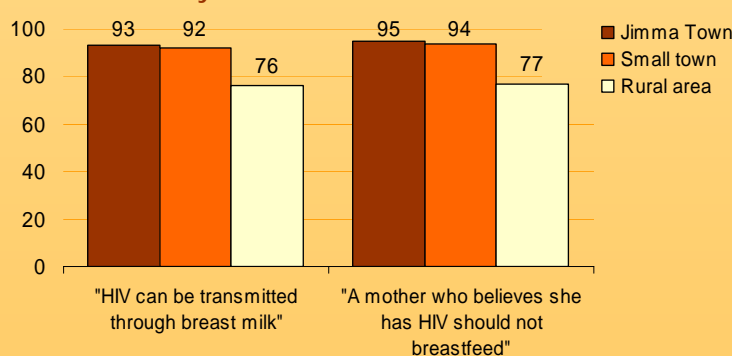
Boys' Knowledge of MTCT



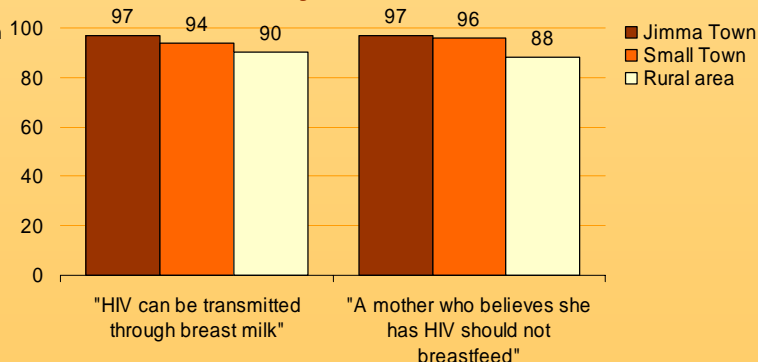
Knowledge of MTCT varies across places more among girls than among boys. Close to one in five adolescent girls living in rural areas does not agree or is not aware that mothers with HIV can transmit HIV to their babies through their breast milk. A similar proportion of girls in rural areas do not agree or do not know that a mother with HIV should not breastfeed her child.

Knowledge of MTCT among Girls by Education and Place of Residence

Girls with 0-3 years education



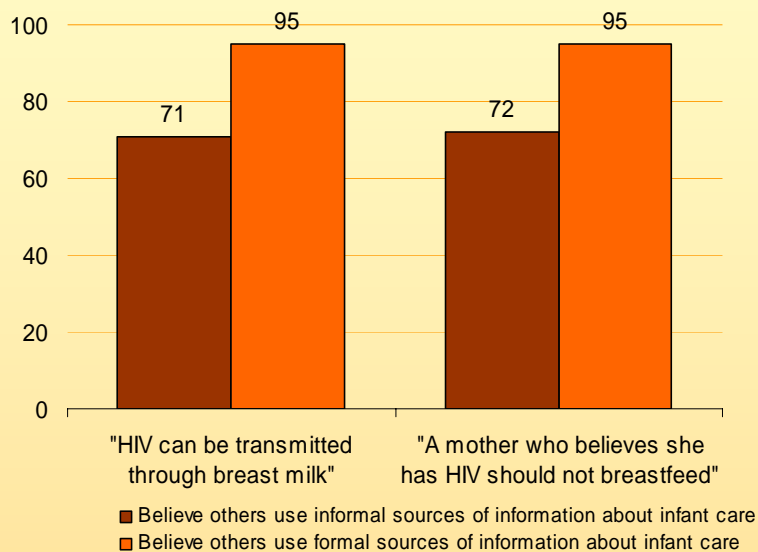
Girls with 4 or more years education



Among adolescent girls in Jimma Town and in small towns in the JLFSY study area, knowledge of MTCT does not vary by level of education. However, knowledge does vary by level of education in rural areas. One in four girls in rural areas who have 0-3 years of schooling is not aware that HIV can be transmitted through breast milk, whereas only one in ten rural girls with 4 or more years of schooling is unaware of this mode of transmission.

Knowledge of MTCT among Rural Girls by Source of Information about Infant Feeding and Care

The JLFSY asked adolescents how most new mothers learn about feeding and caring for their new babies. For poorly educated girls in rural areas, knowledge of MTCT is lowest among those who believe that most new mothers learn about infant care from informal sources such as family members, relatives, or untrained birth attendants. On the other hand, knowledge of MTCT is very high among poorly educated rural girls who believe that most new mothers learn about infant care from formal sources, such as health workers, television, radio or other community health service providers.



Policy Recommendations

The use of safe and nutritious substitutes for breast milk is a potentially effective strategy for reducing the risk of mother-to-child transmission of HIV. It is important that public health information, education and communication programs provide knowledge of MTCT to adolescents in Ethiopia. Girls with little or no education in rural areas are the one group that lags behind in this knowledge. Greater efforts should be made to reach this group of adolescents. Results from the JLFSY suggest that health workers, the electronic media, and community-based reproductive health agents are an effective mechanism to increase knowledge of MTCT among this hard-to-reach group. Poorly educated rural girls who associate information about infant feeding and care with these formal sources are much more likely to be knowledgeable of MTCT than girls who believe new mothers use informal sources of information.

The Jimma Longitudinal Family Survey of Youth

The Jimma Longitudinal Family Survey of Youth (JLFSY) began in 2005. It is representative of Jimma Town, the small towns of Yebu, Serbo, and Sheki, and nearby rural areas. The stratified sample includes 3700 households and 2100 boys and girls ages 13 to 17, yielding about 700 adolescents each for Jimma Town, the small towns, and the rural areas. Household data were collected from the household head or the spouse of the head. Adolescents were directly interviewed. Questionnaire data were collected by trained interviewers in the Amharic and Oromifa languages.



Jimma Zone in Ethiopia

The JLFSY is an interdisciplinary effort by specialists in epidemiology, community health, biostatistics, demography, sociology, and economics. The study examines critical challenges that youth face such as health, education and training, employment and earnings, forming families, and becoming productive citizens. A special focus of the study is on key sources of support for youth as they meet these challenges including parent and kin investments, household resources, parent and kin guidance, local community infrastructure, and informal support networks.

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This research is being conducted by faculty and students affiliated with the **Partnership in Improving Reproductive Health**.



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