**High awareness of the EBF concept**

**Positive attitudes towards EBF**

* It prevents diseases, malnutrition and HIV acquisition
* It provides high-quality nutrition that promotes infant growth
* It facilitates bonding
* Breast milk is inexpensive and is readily available
* It reduces the stigma against HIV-infected, non-breastfeeding mothers
* It reduces the infant mortality rate
* It is a method of family planning

**EBF**

**Negative attitudes towards EBF**

* It increases exposure to HIV in a child with mouth sores
* It increases exposure to HIV in a child if the mother has nipple sores
* It goes against the belief in prelacteal feeds
* It is not effective if there is insufficient breast milk

Reduction of risk of HIV acquisition

**In favour**

* Breast milk alone cannot satisfy a baby after six months
* Complementary food helps the baby to grow well
* Continuing to breastfeed after six months increases the bond between the mother and baby

**ARV drugs**

**The introduction of complementary foods at six months while continuing to beastfeed**

**Perceptions about an HIV-infected lactating mother introducing complementary foods at six months while continuing to breastfeed**

**Not in favour**

* Eating complementary food after six months increases the baby to exposure to HIV infection