



Results of an intervention to improve optimal breastfeeding practices in Boucle du Mouhoun



Photo credit: Getty Images

Introduction

Alive & Thrive (A&T) conducted an impact evaluation to test an integrated package of interventions to improve breastfeeding practices in the Boucle du Mouhoun region from 2015 to 2017. To document the results of its interventions in the said region, the London School of Hygiene & Tropical Medicine (LSHTM), along with Centre Muraz and AFRICSanté conducted a joint external evaluation in 37 municipalities (communes) from 2015 to 2017. The communes were randomized to serve as control areas (19 communes) or intervention areas (18 communes), of the communes which received two key interventions:

- Breastfeeding counseling for pregnant women and mothers of infants aged 0 to 6 months by the health workers in health centers. For those women who expressed difficulty in breastfeeding, consultations were followed by home visits by Community Based Health Workers (ASBC). The health workers and ASBC had received training on breastfeeding practices, job aids and regular supportive supervision. This intervention was implemented through the Entraide Universitaire Mondiale du Canada (EUMC).
- Community mobilization at the village level included group facilitation sessions and exchange meetings, implemented by the partner Mwangaza Action. Separate meetings were held for fathers/husbands, grandmothers/mothers-in-law and community leaders.

In addition, the inclusion of the theme of exclusive breastfeeding at major events (traditional festivals, fairs, etc.) helped increase the reach of messages in the intervention areas.

Impact evaluation

The main outcomes measured by assessing the impact of this package of interventions were key indicators of breastfeeding practices. The evaluation also included qualitative interviews with 74 community actors and 16 health workers conducted in 2016. These interviews showed that certain cultural beliefs persisted: for example, the perception that colostrum is dirty, contains worms and is a source of disease. Some have also mentioned that giving teas to the baby can strengthen the bones, protect it against evil spirits and diseases or even make a newborn's stool emissions easier. The misperception that a baby needs water because of the hot climate and the perceived milk insufficiency continues to threaten EBF. The change of knowledge and attitudes about these persistent beliefs about water should be at the centre of future interventions on exclusive breastfeeding in Burkina Faso. A long-term sustainable strategy to strengthen optimal IYCF through counseling and community mobilization is necessary to ensure that changes in knowledge can translate into better breastfeeding practices.

2,288 mother-child pairs under 12 months of age were sampled at baseline and 2,253 at endline. Trends between 2015 and 2017 were compared between the 18 intervention communes and the 19 control communes. The evaluation results showed significantly greater increases in the percentages of mothers reporting breastfeeding within one hour of giving birth and exclusive breastfeeding during the first six months of life in the intervention communes compared to the control communes (see figures 1 and 2). Almost all the mothers in the intervention communes reported giving colostrum to their babies (96%) compared to 74% in the control communes.

FIGURE 1 : PERCENTAGE OF MOTHERS OF CHILDREN AGED 0-11 MONTHS WHO REPORTED HAVING INITIATED BREASTFEEDING IN THE HOUR FOLLOWING DELIVERY

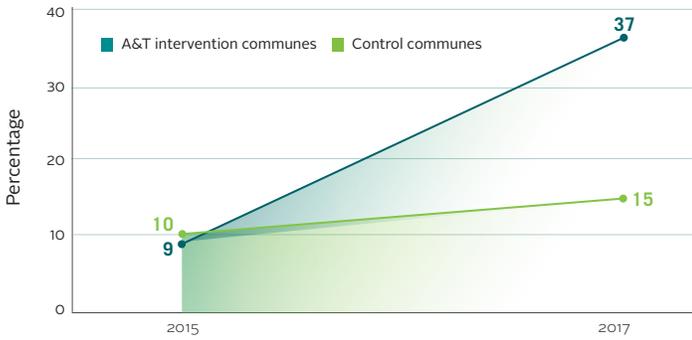
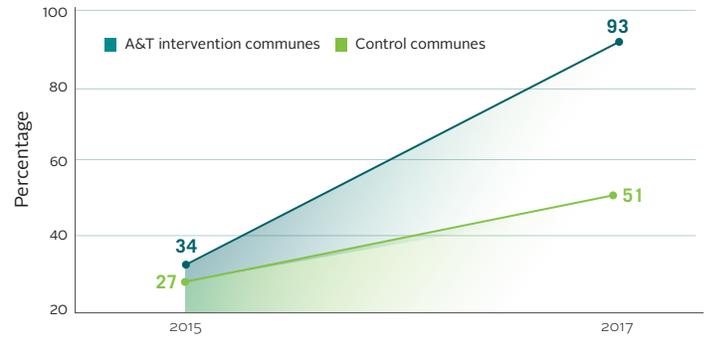


FIGURE 2 : PERCENTAGE OF MOTHERS OF CHILDREN AGED 0-5 MONTHS WHO REPORTED HAVING PRACTICED EXCLUSIVE BREASTFEEDING



The results presented above are based on the self-reported behavior of mothers, using a tool recommended by WHO to measure exclusive breastfeeding. A separate validation study, conducted in 2016, used a biological marker¹ to validate self-reported data. The results of the 2016 validation study suggest a high rate of over-reporting. In addition, the extent of over-representation was much larger in the intervention communes. For example, in the control communes, 45% of mothers reported exclusive breastfeeding (EBF), but only 31% of the infants could be classified as exclusively breastfed based on the biological data. In the intervention communes, 76% self-reported EBF and only 34% of the infants were classified as EBF based on the biomarker. Although the results indicate that the true EBF rate is probably less than what we can measure using existing survey methods, this suggests that in the intervention communes, women were more aware of the desirable response. The timing of the validation study does not allow for inferring the extent to which the 2017 results are influenced by this bias to provide the desirable response or whether, by the end of the intervention (June 2017), this gap between knowledge and practice may have narrowed.

SECONDARY OUTCOMES

- The percentage about knowledge of the best moment for initiating breastfeeding was 26 points higher in the intervention communes compared to the control communes.
- Knowledge of the optimal duration of EBF was 81% in the intervention communes compared to the control communes in which it was 57%.
- Overall, 93% of mothers in the intervention communes compared to 58% of mothers in the control communes reported having received advice on exclusive breastfeeding, in at least one contact during: (1) prenatal care visits, (2) delivery (3) postnatal care visits/ consultation of healthy infant (including weighing of the child), or (4) vaccination in a health center.
- One third (35%) of mothers reported having received breastfeeding advice from one or several sources of information similar to the activities implemented by Alive & Thrive in the intervention communes compared to 6% of mothers in the control communes.

1 DOSE-TO-THE-MOTHER DEUTERIUM OXIDE TURNOVER METHOD (DMDOT)



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