



FORMATIVE RESEARCH TO SUPPORT IMPROVED INFANT FEEDING IN BURKINA FASO:

Findings and Recommendations for Action

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Alive & Thrive
FHI 360
1825 Connecticut Avenue, NW
Washington, DC 20009
aliveandthrive@fhi360.org
www.aliveandthrive.org

BACKGROUND

Alive & Thrive is an initiative to save lives, prevent illness, and ensure healthy growth and development. Good nutrition in the first 1,000 days, from conception to two years of age, is critical to enable all children to lead healthier and more productive lives. In its first five years (2009-2014), Alive & Thrive applied a multicomponent, multi-stakeholder framework for designing and implementing large scale infant and young child feeding (IYCF) programs. This framework consists of four main components: advocacy, interpersonal communication and community mobilization, mass media, and strategic use of data.

In Burkina Faso, Alive & Thrive (A&T) is supporting the government in scaling up nutrition with a focus on promoting early initiation of breastfeeding (within one hour of birth) and exclusive breastfeeding (no liquids, including water) for the first 6 months of life. A&T will test the feasibility of improving breastfeeding through a package of community mobilization, interpersonal counseling, and behavior change communication interventions in the region of Boucle du Mouhoun. A&T will also help strengthen the capacity of the national health system to provide quality breastfeeding counseling and support to pregnant and lactating women and reach target populations across the country with community radio messages that reinforce optimal breastfeeding practices. A&T will adapt proven models and tools developed in its first five years of programming to Burkina Faso as a model for francophone West Africa.

Specifically, A&T in Burkina Faso aims to:

- Increase exclusive breastfeeding to at least 60%¹ over three years (2014-2017) in areas reached by A&T programming.
- Reach approximately one-half of the population through mass communication of messages related to optimal breastfeeding practices.
- Demonstrate how to adapt and apply A&T's four-component model for implementing infant feeding interventions at scale in francophone West Africa.

Formative research study goals and objectives

In collaboration with FHI 360, the Programme d'Appui au Monde Associatif et Communautaire (PAMAC), and the Burkinabe Ministry of Health, A&T conducted a study to identify existing practices, barriers, and facilitating factors related to optimal IYCF. The information gained from this study will help inform the development of targeted communication messages intended to change behaviors and improve infant feeding practices.

In particular, this study aimed to:

- Identify a range of improved feeding practices that would be acceptable to mothers of infants and young children.
- Identify barriers and facilitating factors to implementing improved practices, and gather recommendations from mothers, healthcare providers, and other community members.
- Document which IYCF messages and counseling approaches are most effective in persuading mothers to try a new behavior.

1. The SMART 2014 Survey reported the following national breastfeeding rates in Burkina Faso: Early Initiation of Breastfeeding 41.6%, Exclusive Breastfeeding 50.1% and Colostrum feeding 86.3%.

METHODOLOGY

From December 2014 to April 2015, PAMAC trained data collection teams in 12 sites in four regions. Data collection activities were monitored by the research team at PAMAC, by the Nutrition Division of the Ministry of Health, and by Alive & Thrive.

The study team conducted two in-depth interviews with 99 women in four regions: Boucle du Mouhoun, Central-West, East, and Sahel (table 1). During the first interview, a data collector and health counselor explored current IYCF practices and identified “small doable actions” that participants could undertake to improve infant feeding practices over seven days (i.e. to not give any water or herbal teas to the baby for seven days). One week later, the data collector assessed the mothers’ ability to undertake the improved practices, and discussed barriers and factors that facilitated the behavior change.

Trials of improved practices (TIPS) were also implemented with approximately 7-10 women in each town of the village, representing women in their third trimester of pregnancy, mothers of infants 0-6 months, and mothers of children 7-12 months. Additionally, we carried out two in depth interviews per woman, before and after each counseling session.

Concept testing (results not shown) was conducted in 20 focus group discussions with mothers, mothers-in law/ elderly women, fathers, and community health workers. During the focus group discussions, the study team evaluated the content of seven different messages related to breastfeeding, including clarity of the message and its ability to persuade the listener to take action. Messages were intended to influence different social-behavioral determinants, including risk/benefit, self-efficacy, and social norms.

Table 1: Study Area

REGION	SITES (DISTRICTS)	SAMPLE
Boucle de Mouhoun	Toma, Kari and Gossina	26 pregnant women in third trimester and mothers of children 0-12 months
Central-West	Koudougou, Kyon and Silly	25 pregnant women in third trimester and mothers of children 0-12 months
East	Fada, Katchari and Piela	23 pregnant women in third trimester and mothers of children 0-12 months
Sahel	Gorom-Gorom (Gorom-Gorom, Sigberi and Tin Agadel)	25 pregnant women in third trimester and mothers of children 0-12 months

KEY FINDINGS

Overall, mothers in the study sites reported knowing that breastfeeding is important for the health of their baby, and that colostrum protects the baby in the initial days after birth. Cultural practices and a lack of knowledge on early initiation of breastfeeding (i.e. putting the baby to the breast in the first hour of birth), the importance of colostrum, and exclusive breastfeeding for 6 months (not giving water, teas, or other liquids) affect the prevalence of optimal breastfeeding. For example, the practice of giving water before initiating breastfeeding and during the first six months is widespread and supported by mothers and their immediate family and community members.

Facilitating factors and barriers to optimal breastfeeding

Factors that contributed to optimal breastfeeding were similar across regions. These included family support for implementing new practices; trust in health counselors as sources of information; and the belief that giving colostrum would improve babies' health.

Barriers to optimal breastfeeding included the availability of a mother's breastmilk (specifically, the belief that mothers do not have enough milk to satiate the baby's hunger or thirst); limited time to breastfeed; a mother's illness; disapproval from their families and community (especially mothers-in-law) when cultural norms are not followed; difficulty finding recommended supplementary foods for mothers or infants; and financial barriers that limit a family's ability to purchase nutritious foods for lactating mothers.

Key highlights from all regions include:

- Mothers and families dream to have a happy, healthy baby.
- Mothers and families lack information on adequate breastfeeding practices and the benefits of exclusive breastfeeding.
- Poverty or the lack of diverse foods are constraints for improving a mother's food intake during lactation.
- Mothers would like to have more knowledge about the developmental and behavioral milestones of their babies.
- Women and their families need to be reached through a variety of interventions at the facility level and within their communities.
- Advice of health workers is respected and trusted, but they should standardize their knowledge about optimal breastfeeding practices.
- Health workers need to improve their counseling and interpersonal communication skills.

Table 2 illustrates the regional variations in optimal breastfeeding practices.

Colostrum feeding and early initiation of breastfeeding

The study highlighted that colostrum feeding is common, and revealed the following perceptions regarding colostrum feeding and early initiation of breastfeeding:

- The traditional thinking of colostrum as 'dirty milk' is changing.
- Colostrum serves as the baby's first medicine, makes the baby strong, and allows the baby to grow.

- Colostrum is good for “purging” or cleansing the baby’s stomach after birth.
- Early initiation allows for an emotional link between the mother and baby.
- Women need to rest after delivery and before breastfeeding, which affects early initiation.

Pre-lacteals and other liquids

The study also highlighted the following practices and perceptions regarding giving pre-lacteals and other liquids before 6 months:

Perceptions

- A baby’s thirst is only satisfied through water.
- Water is associated with good health.
- Tisanes or herbal teas are associated with the need for cleansing and purging the baby, to give strength, to heal (*mostly promoted by elderly women*).

Practices

- Water and sugar water are given to stop a baby from crying.
- Tisanes or herbal teas are used for bathing the baby after birth.
- Tisanes or herbal teas are given to or used on approximately 50% of study infants less than 6 months.

Exclusive breastfeeding for 6 months

The study highlighted the following perceptions regarding exclusive breastfeeding for 6 months:

- It is possible to increase the rates if mothers receive advice and counseling.
- It is very difficult for mothers that work outside the home to breastfeed according to recommendations.

Key influencers

The study also noted the following key audiences and decision makers regarding breastfeeding and nutrition at family and community-level:

- Elderly women/ mothers-in-law are the first source of advice on feeding for babies.
- Fathers are key decision makers at the household level.
- Health workers (including midwives) are respected and listened to by mothers and other key family and community members.

Health workers

Mothers report valuing and following the advice of health workers regarding breastfeeding and IYCF. However, results also show that health workers’ knowledge regarding optimal breastfeeding practices is limited and sometimes incorrect. Mothers also report not being satisfied with the communication and counseling approaches used by health workers.

Table 2: Regional infant feeding practices (as reported by mothers)

FEEDING PRACTICES	SAHEL (N=25)	EAST REGION (N=23)	CENTRAL- WEST (N=25)	BOUCLE DU MOUHOUN (N=26)	TOTAL (N=99)
Immediate breastfeeding within one hour of birth	13 (52%)	13 (56.5%) (1 missing)	15 (60%) (2 missing)	5 (19%)	46 (46%)
Provided colostrum	21 (84%)	21 (91%)	21 (84%) (1 missing)	22 (84.6%)	85 (85.8%)
Gives herbal teas, sugar-water or other to babies <6 months old	22 (88%)	4 (17%)	13 (52%) (1 missing)	18 (69%)	57 (57.5%)
Give water before 6 months old	19 (76%)	5 (21.7%)	18 (72%) (2 missing)	17 (65.8%)	59 (59.6%)
Knew or started to initiate supplemental foods starting at 6 months	10 (40%)	16 (69.5%) (5 missing)	13 (52%) (3 missing)	12 (46%) (4 missing)	51 (51.5%)

PROGRAM IMPLICATIONS AND RECOMMENDATIONS

Based on findings from this study, A&T has gained a deeper understanding of existing perceptions and practices in infant feeding, as well as the barriers to optimal feeding. In designing a behavior change and capacity building strategy for health workers we recommend the following actions:

<p>BEHAVIORS TO PROMOTE AMONG ALL TARGET GROUPS</p> <ul style="list-style-type: none"> Reinforce colostrum feeding Intensive focus on early initiation and exclusive breastfeeding for 6 months Intensive focus on no pre-lacteals 	<p>FOR HEALTH WORKERS</p> <ul style="list-style-type: none"> Intensive focus on knowledge and key messages Intensive focus on counseling and interpersonal communication skills Midwives should also be considered for training
<p>FOR MOTHERS</p> <ul style="list-style-type: none"> The desire for a healthy, happy baby is a key driver for supporting optimal breastfeeding practices Older mothers serve as a source of advice and support to first time or younger mothers 	<p>FOR THE COMMUNITY</p> <ul style="list-style-type: none"> Design special counseling and awareness sessions for mothers-in-law and elderly women Design sessions with fathers, as they are the main decision makers at household level Reinforce 'healthy-mother healthy baby' message Reinforce 'healthy baby happy family' message

Our recommendations for context-specific interventions differ based on the needs of each region. In each region, specific messages should focus on:

- *Boucle du Mouhoun*: immediate breastfeeding and not giving tisanes or herbal teas to babies. Messages must be delivered to older female relatives and immediate family members.
- *Central-West*: increasing the frequency of breastfeeding through improving the counseling skills of Community Health Workers (CHWs) and intensive promotion of exclusive breastfeeding with mothers.
- *East*: early initiation of breastfeeding and not giving sugar water. Interventions must work with mothers, CHWs, mothers-in-law, and other caregivers.
- *Sahel*: not giving water or teas. Interventions must work with mothers and older female relatives.

DISCUSSION

Cultural norms and influences from family members, especially mothers-in-law, seem to have a more powerful influence on IYCF behaviors of young mothers than the counseling of health workers. As a result, mass media campaigns (community radio spots) targeting mothers and family members should be designed to help mothers adopt healthy behaviors and abandon harmful ones, and change perceptions at all levels.

In Burkina Faso, there is potential to have a significant impact on breastfeeding practices in the four study regions. Strengthening the knowledge and interpersonal communication skills of health workers will be key to program success. Community-level activities need to be strengthened, such as home visits, meetings with elderly women, fathers and community leaders to support family-led behaviors.

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