

Executive summary

Baseline survey

DMI and the London School of Hygiene and Tropical Medicine (LSHTM) are conducting a cluster randomised trial in Burkina Faso, to investigate whether comprehensive mass media campaigns can change behaviours on a scale large enough to result in measurable reductions in under-five child mortality. Our baseline survey was conducted between December 2011 and February 2012, before the media intervention was launched. In total 5,000 mothers of a child under 5 years were interviewed about maternal and child health behaviours, from several regions across Burkina Faso, so our data provides a representative sample of mothers throughout the country.¹

Main findings

Initiation of breastfeeding

- Across the 14 areas surveyed, 29.6% (95% CI 23.7 to 35.8%, n=5078) of mothers reported initiating breastfeeding within an hour of their child's birth, 42.2% (95% CI 33.0% to 51.4%) within 2 hours and 79% (95% CI 75.0% to 83.8%) within 24 hours of delivery.
- Levels of knowledge were higher than the reported behaviour, with 51% of women mentioning that breastfeeding should be started within an hour of birth.
- The 2010 Demographic and Health Survey (DHS) for Burkina Faso reported that in rural areas initiation of breastfeeding within one hour of birth was 41.5% and within 24 hours of birth was 80.4%. In urban areas 45.5% of new-borns were breastfed within an hour of birth (42.1% nationally) and 80.6% were breastfed within 24 hours of birth (80.5% nationally).

Exclusive breastfeeding

- Overall, 31.0% (95% CI 22.3% to 39.7%, n=897) of babies across the regions of Burkina Faso surveyed were exclusively breastfed for the first six months of life. Exclusive breastfeeding was defined as mothers reporting their child was only breastfed the day prior to the interview, did not occasionally receive other liquids during the first months after birth and had not started to regularly receive other liquids.

¹ Our survey covered 14 clusters across Burkina Faso, but did not include all regions so we have no breastfeeding data from the Hauts-Bassins or Sud-Ouest regions of Burkina Faso for example.

- Levels of knowledge about exclusive breastfeeding were 40%.
- In the 2010 DHS exclusive breastfeeding prevalence in Burkina Faso was 24.8%.

Duration of breastfeeding

- The mean age at which mothers started to regularly give children other liquids was 3.3 months (95% CI 2.8 to 3.9 months).
- The mean age at which mothers regularly start giving solid foods to their children was reported to be 7.6 months (95% CI 7 to 8.3 months).
- The mean at which mothers reported they stopped breastfeeding their child was 24 months (95% CI 23.3 to 24.9 months).

Qualitative findings summary

Baseline qualitative research (on all maternal, neonatal and child health –MNCH– health issues) was carried out in 2011 to gather data on knowledge and preventive and curative behaviours of relevance to child health. Baseline qualitative research through focus groups, individual interviews, and key informants was conducted in all DMI’s intervention areas: this included 163 women (84 grandmothers; 79 mothers) and 149 men (68 grandfathers; 81 fathers), as well as key informants (district medical officers, health centre staff, community health workers, pharmacy manager, village chiefs, and traditional health practitioners). Please note, this research focused on all child health issues not just breastfeeding.

Initiation of breastfeeding

In the past, several ethnic groups around the country believed that colostrum was bad for the new-born and his/her mother. It was considered “dirty, bad, rotten, sticky, sour milk,” etc. so mothers expressed and discarded the first milk, substituted other liquids and brews, and only started breastfeeding once the regular breast milk was produced. Most women had little knowledge of the health benefits of colostrum, e.g., the role it plays in transferring immunity, in starting a new-born’s digestion process.

This situation is generally changing and a high proportion of new-borns nowadays receive the valuable first milk. Radio campaigning as well as health centre sensitisation during antenatal care and post-delivery guidance – to put new-borns to breast as soon as possible after delivery – have helped to change traditional resistance. With deliveries

carried out in health centres, the immediate pressure of elder women, who are the main decision-makers for infant feeding practices and the main advocates for discarding colostrum, is diminished.

Generally, the practice of discarding colostrum is fading across Burkina Faso. However, in the Banfora zone of the Cascades region, custom and tradition is pervasive in communities: new mothers there may interrupt the first week of breastfeeding to introduce herbal concoctions which are believed to bring health, strength, and protection against illness.

Exclusive breastfeeding

Breastfeeding is well-accepted in Burkina Faso and most mothers breastfeed their babies up to two years of age. However, in most regions, only about a third of mothers exclusively breastfeed their infants up to the age of 6 months. The obstacles to exclusivity are the weight of traditional beliefs about infant feeding practices, which are pushed by key decision-makers in households (elder women, husbands and elder men) and lack of knowledge about the dangers of other liquids.

Many mothers believe exclusive breastfeeding is not possible because they do not consider breast milk an adequate source of nutrients and/or water. Other liquids are given, so that the baby does not “dry up” in the heat. People associate breast milk with solid food and think the baby will have greater thirst because of the breast milk’s fat: breast milk is not seen as a source of water.

Special herbal brews (and lotions, baths) – to stimulate a baby’s appetite, to give strength and vigour, to heal illness, or to pacify a crying baby – are common throughout Burkina Faso. A mother’s entourage influences these traditional practices and often gives other liquids when taking care of the baby, particularly if it is crying. Even if the mother resists this, elder women find occasions to apply traditional ways. They need to be discouraged from this and can help mothers instead by creating time for the mother to breastfeed until the baby is satisfied. The entourage also has a great responsibility to check that pregnant women and mothers get proper nutrition.

Mothers who think their baby needs other liquids or foods, risk reducing their milk production, because if the baby breastfeeds less often, the mother will have less milk. Other liquids/foods will not help the baby or mother, because the baby risks getting sick and the mother will have to spend more time and resources on taking care of her sick child.

Mothers who are breastfeeding often worry that their baby wants to breastfeed more often than usual. They may associate this behaviour with insufficient breast milk. There are many reasons why a baby may want to breastfeed more often: if he goes through an intensive growth phase; he is simply more thirsty/hungry; during illness, babies breastfeed more frequently; teething; a need for comfort. A mother can also interpret a baby’s cries as signs of hunger, which they often are, but a baby can also cry because he is tired, because he is gassy or wants to burp.