

**BANFORA**

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**Background**

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The Cascades region, outlined in purple on the map, is situated at the extreme west of Burkina Faso by the borders with Mali and Ivory Coast. It has good rainfall and about 50% of soils are very suitable for agriculture. The 2014 population numbers 713,059 people. 90% of the population is involved in farming and livestock.

This region is home to many different ethnic groups. Each village is organized traditionally: land chiefs (*chef de terre*) handle land management and maintain a peaceful balance.

**Research studies**

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A baseline survey and 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. A quantitative baseline survey was administered in all of DMI’s intervention and control areas to a sample of about 5,000 women. 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.

Other research activities in Banfora included:

- one round of formative research (2/2012), focusing on malaria: 33 mothers and 23 fathers (villages: Tengrela, Sitiéna)
- one round of formative research (9/2012), focusing on maternal and neonatal health: 47 mothers and 31 fathers (villages: Tengrela, Sitiéna)
- three rounds of feedback research (9/2012, 6/2013, 1/2014), focusing on message retention and appreciation, barriers and facilitators of behaviour change: 104 mothers and 101 fathers (villages: Sitiéna, Soubakagnédougou, Toumousséni, Malon, Niankar, Nianiagara).

**Key Findings**

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**Baseline survey**

Our baseline survey was conducted between December 2011 and February 2012 (by the London School of Hygiene and Tropical Medicine and Centre Muraz), 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. For the Cascades region, we have grouped the data for Banfora (an intervention zone):

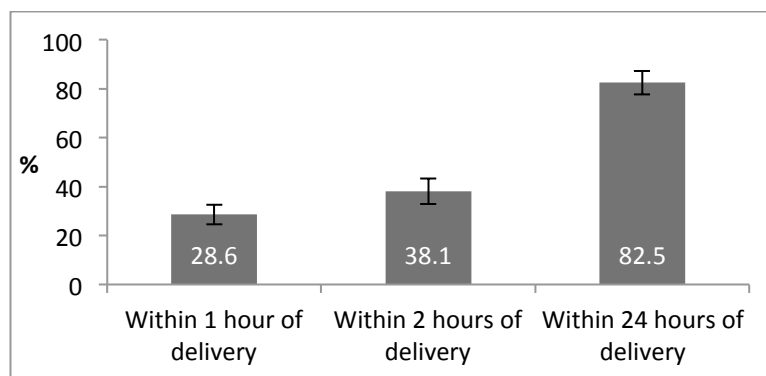
**Cascades Region: Banfora**

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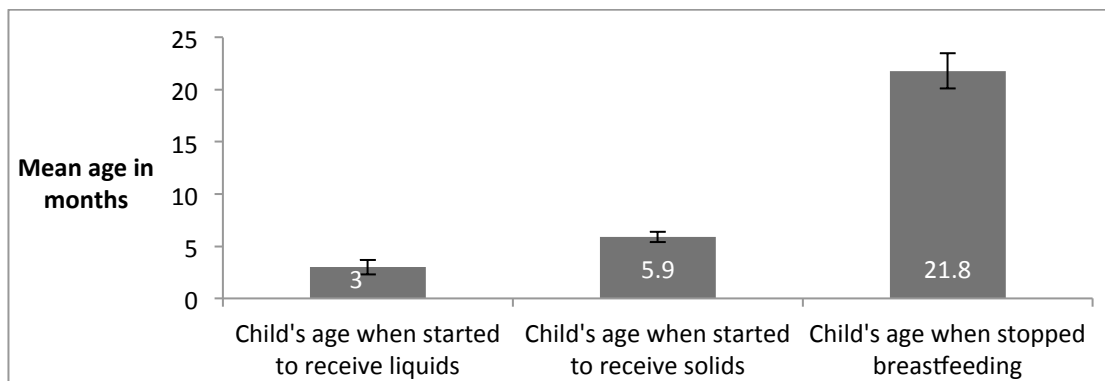
**Demographic Information**

In Banfora 93.3% of women were married. The mean number of children aged less than 5 years living with women in Banfora was 1.4. The mean age of mothers interviewed included in the baseline survey was 29 years. Among women in Banfora, 39% were of Karaboro ethnicity, 30% were Turka and 25% were Gouin.

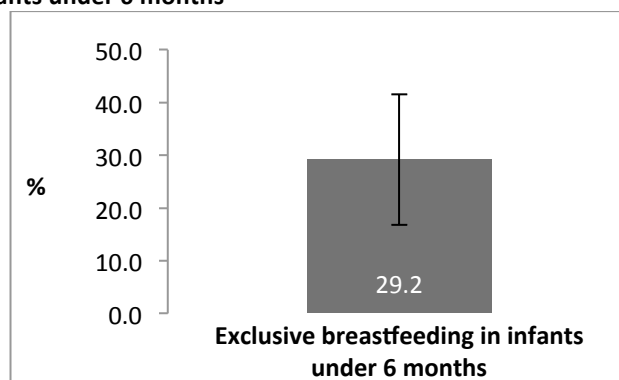
**Initiation of breastfeeding**



**Breastfeeding duration**



**Exclusive breastfeeding in infants under 6 months**



Most new-borns receive colostrum after delivery. About 29% of infants between 0-5 months are exclusively breastfed in Banfora, higher than the 25% found nationally during the 2010 DHS. In the Cascades, cultural traditions feed all aspects of everyday life, including pregnancy, childbirth, and infant feeding practices. While mothers make antenatal care visits and deliver in health centres, they also use traditional medicines in parallel, and these practices start soon after birth, thus complicating the benefits of colostrum and exclusive breastfeeding.

## QUALITATIVE FINDINGS

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### ***Breastfeeding Initiation***

Most mothers in Banfora will start breastfeeding soon after birth, certainly within 24 hours after birth, and so most babies will receive the beneficial first milk. The fact that many women have taken up antenatal care and deliver at health centres helps this practice, as health workers and midwives push new mothers to start breastfeeding soon after delivery. Radio has reinforced this, as one father said he insisted his wife give the first milk because the radio messages emphasised that colostrum gives babies *“strength, health, and intelligence.”*

However, while babies are fed the first milk, mothers also abide by traditions passed down generations that prescribe a variety of herbal concoctions, tonics and lotions at specific times in the life of a new-born, starting even in the first week of life. Many women talked about the importance of following the traditional guidelines of mothers, mothers-in-law, and grandmothers to wash the baby with special herbal lotions, rub its body with herbal extracts, and make babies drink herbal brews. *“At home (after delivering), we cook leaves to wash the baby and we also have the baby drink the brew, then we’ll rub the baby with shea butter”* (37-year-old father, Tengrela). One mother in Niankar said she started giving water after her baby was three days old.

The diversity of ethnicities is reflected in the variety of traditional practices and some ethnic groups do consider the first milk as ‘dirty’ or not ‘real’ milk and may express it. They make up a minority. What is much more difficult to change is the ubiquitous use of herbal and traditional concoctions to clean, strengthen, invigorate, and heal very young infants.

### ***Exclusive breastfeeding***

As the previous section already shows, the promotion of exclusive breastfeeding has to contend with pervasive and persuasive traditional beliefs about culturally appropriate childcare. Mothers do adopt modern health services but easily integrate this into an idiosyncratic multi-therapy: *“on top of modern drugs, a mother will seek out herbal brews to wash and feed the baby, once it reaches two weeks or one month”* (mother, Tengrela). In addition to brews, mothers introduce solid foods and water early, well before six months. There are rules governing the different dietary supplements, and the regimen can be quite complicated: *“Nothing but breast milk during about two months, then we give porridge and by the fourth month, tô (a starchy, firm polenta-type food). Starting at three months, one gives herbal concoctions to drink in small quantities. We do this so that the baby develops physically and grows while gaining a lot of strength. Water too, that starts at three months. That’s a new idea the health agents taught us, because in the past we would give water even at one month of age”* (41-year-old mother, Sitiéna).

These types of traditionally regulated multi-therapies are widespread and resistant to change. They are given out of health concerns, for good development, and to cure illness. A baby who has a cough may get drugs prescribed by a health agent but mothers will add a traditional cure, to be safe. Other mothers will use herbal brews to pacify babies because they are too busy with work, either in the bush or on the household's agricultural plots – most women in Banfora take on a heavy workload, on top of child care: the village development chief in Nianiagara said this makes exclusive breastfeeding difficult, *“all women go into the bush so some think that if they have to breastfeed their baby until he's satisfied, this will slow them down in their work, so they prefer to give herbal brews to babies in order to make them sleep.”*

Despite the prevalence of custom, positive behavioural change is occurring due to the combined efforts of health agents and the DMI radio campaign. Some mothers said they stopped giving water before six months, others said they abandoned giving herbal brews. A community health worker said many women now adopt exclusive breastfeeding. They do so because of the health benefits, because they have learned that the introduction of brews and water may cause illness episodes. Women in a focus group in Nianiagara said nowadays women working in their fields even stop work to allow breastfeeding time because of the radio messages.

People in a mothers' entourage are also changing. Men counsel other men who have young infants to not give water before six months. Mothers-in-law are also becoming convinced because they see that babies can be healthy with only breast milk: *“My grandson does not drink water. He is three months old and I do not accept that he drinks water. He hasn't fallen ill. I follow the advice and believe it because we frequently hear it. If it wasn't true or beneficial, we wouldn't tell others”* (40-year-old grandmother, Nianiagara). Examples of mothers who breastfeed exclusively, help to demonstrate to others that the practice is feasible and good for an infant's health. A 50-year-old grandmother first argued with her daughter because she did not give her baby water; she accused her of trying to kill the baby but now has come around and even promotes exclusive breastfeeding among her non-believer peers.

### **Communication and Key Influencers**

In Banfora, the key influencers are mothers and mother-in-laws who keep the tradition alive. But because of the pervasiveness of traditional practices in all aspects of life, the entire community needs to be involved in behavioural change. For that purpose, community radio is an ideal, and trusted, medium as it can address multiple concerns and reach a variety of population segments. Health agents and community health workers are credible sources of information. Clear messaging is crucial: the radio messages have to compete with complicated traditional dietary regimens and some listeners seem to mix up dates and foods, leading to some misunderstanding about the exact dates when one should introduce solid foods or when one can begin giving water.

### **Conclusions**

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Banfora is a cultural mosaic of ethnicities and cultural traditions, and this feeds women's beliefs of maternal, neonatal and infant health. The diversity complicates and creates multiple barriers for healthy infant feeding practices. Intensive behavioural change communication is an obligatory strategy to change this, and the current DMI campaign, alongside the sensitisation actions of health centres, is already leading to behavioural shifts.