

**BOGANDE, KANTCHARI AND GAYERI**

---

**Background**

---



The East region, outlined in purple on the map, is situated at the extreme east of Burkina Faso by the borders with the Republic of Niger, Benin and Togo. It is the largest region of the country (17% of the national territory) and features among the regions with the lowest population density: the East has 26 inhabitants per km<sup>2</sup> (compared to the national average of 51,8). The 2014 population numbers 1,564,144 people. The East is the third largest cattle-producing area of the country.

This region is home to the Gourmantché ethnic group (who speak at least two distinct Gourmantché dialects).

**Research studies**

---

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 Bogandé and Kantchari included:

- one round of formative research in Kantchari (7/2012), focusing on family planning and maternal health: 70 mothers and 38 fathers (villages: Bupiéna, Sakoani)
  - one round of formative research in Bogandé (11/2012), focusing on respiratory infections: 30 mothers and 38 fathers (villages: Kossogoudou, Ouadangou)
  - two rounds of feedback research (Bogandé 4/2013, 11/2013 & Kantchari 5/2013, 3/2014), focusing on message retention and appreciation, barriers and facilitators of behaviour change: 172 mothers and 145 fathers (villages: Leoura, Djonfriga, Sambalgou, Mouadougou, Komonga, Dapili, Bantoini, Mantchagou).
-

**Key Findings**

**Baseline survey**

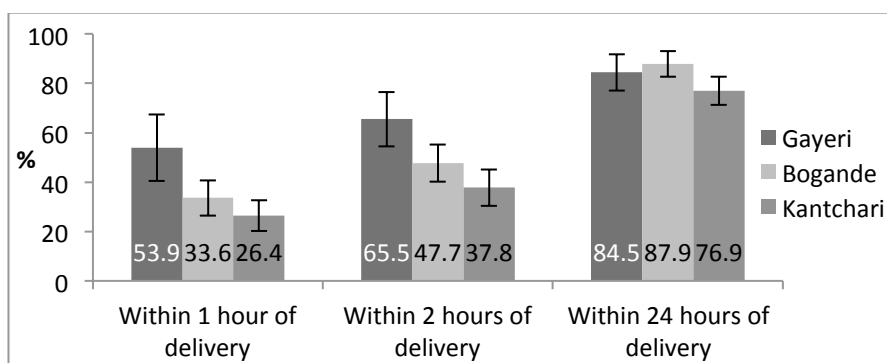
Our baseline survey was conducted between December 2011 and February 2012 (by the London School of Hygiene and Tropical Medicine and Centre Muraz), before the media intervention was launched. In total 5,000 mothers of a child under 5 years were interviewed about maternal and child health behaviours, from several regions across Burkina Faso, so our data provides a representative sample of mothers throughout the country. For the East region, we have grouped the data of Bogandé and Kantchari (two of our intervention zones) and Gayeri (a control):

**East Region: Bogandé, Kantchari, Gayeri**

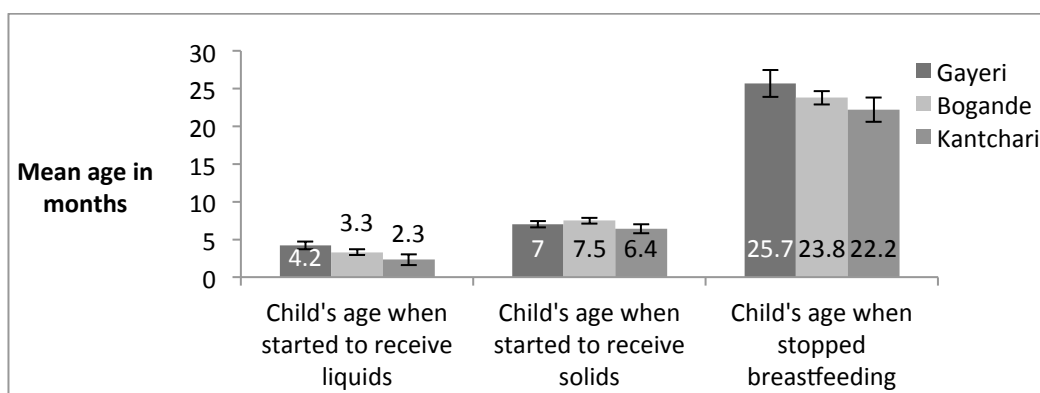
**Demographic information**

In Bogandé 96% of the women interviewed were of Gourmantché ethnicity. In Kantchari 90% of those sampled were Gourmantché, while in Gayeri 79% were Gourmantché and 15% were of Mossi ethnicity. The average age of mothers interviewed was 29 years. In Bogandé 99.7% of women were married, while in Kantchari 99.2% and Gayeri 99.5% of women were married. The mean number of children aged under 5 years living with the women interviewed was 1.5 in all three areas.

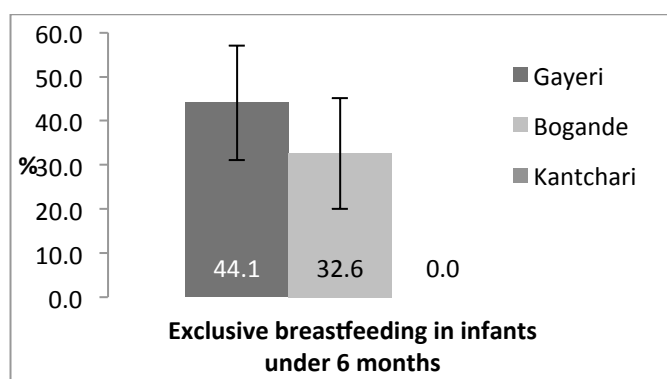
**Initiation of breastfeeding**



**Breastfeeding duration**



### Exclusive breastfeeding in infants under 6 months



Most new-borns receive colostrum. About 32% of infants between 0-6 months are exclusively breastfed in Bogandé, comparable to the 25% found nationally during the 2010 DHS. Exclusive breastfeeding until 6 months is not yet firmly established in the East.

### QUALITATIVE FINDINGS

---

#### **Breastfeeding Initiation**

In Bogandé and Kantchari, the majority of new-borns get colostrum within 24 hours after delivery, both among Gourmantché and Peulh populations. Discussions with mothers and health agents confirm that the first milk is considered a necessary substance for new-borns. A 36-year-old mother of 6 said: *“There has been a change because in the past we used to wait two days, when we would wash the breasts before the mother would breastfeed. Now that all women do their best to deliver in a health centre, we give the first milk. Nowadays, even when a woman gives birth at home by accident or because of her entourage, she does not accept to discard the first milk, and husbands as well say we shouldn’t discard the first milk”* (Mouadougou village).

The practice of giving colostrum is aided by the increasing numbers of women who attend antenatal care visits and who give birth in health centers. In our intervention zones, this is strongest in Bogandé. Grandmothers who usually defend traditional ways also come out in favour of colostrum: *“We give it to babies; that first milk can help the baby by giving it strength”* (focus group, Tanlomo). Women have faith in the health benefits of colostrum and testified that babies who received the first milk are healthier than those who were not fed the colostrum and who were given water and teas. Several mothers spoke of their own changed experience: whereas in the past they themselves had given water and teas, discarded their first milk, and urged others to do the same, they now have tried giving colostrum to their last born and found it beneficial, to the extent that they counselled other women in their family to give the first milk.

### ***Exclusive breastfeeding***

Traditional beliefs remain strong in the East and this affects exclusive breastfeeding. Giving herbal brews to drink, bathing and washing babies in such brews is still a well-established practice. It is felt to be a necessary step for a baby's 'normal' development, one that provides strength and vigor: *"Women may hear about exclusive breastfeeding but do not put it into practice because of customs. According to them, only giving milk cannot make a baby grow up normally"* (49-year-old mother, Komonga). Brews are also given to treat child illnesses. Brews have to be given early in life, around 3 or 4 months, to allow them to be efficacious. At that time, a mother should wash her baby with a herbal tea during three days; the baby is also given the tea with a spoon (grandmother, Tanlomo).

A midwife in Sampiéri said that new mothers will give herbal brews right after they have left the maternity. A 25-year-old father confirmed this and said people normally give these brews right after birth. There is especially strong pressure from mothers-in-law and grandmothers to continue this practice. Traditional beliefs play in their favour: one example is that mothers should not go out of their concession with their babies before the age of 6 months, for fear that witches attack them (priest, Mantchagou). If women do go out, they will leave their baby in the care of the older women. Even when mothers and fathers want to try exclusive breastfeeding, it is difficult to convince these older women to adopt a new practice. The above-mentioned father said he told his mother not to give water or brews before 6 months but he wondered whether his mother might have done so behind his back.

As elsewhere, people will give young infants water because it is hot. But in the East another reason for non-exclusive breastfeeding was that mothers themselves often do not have sufficient food or may be sick, and so people believe they will not have enough milk: hence that is why one should give additional brews to help the babies. Although these traditional practices persist—in one focus group in Kantchari, six women admitted to having given their babies herbal teas before the age of six months—, there are indications that a number of parents are shifting towards exclusive breastfeeding. Radio seems to influence this positive change, and multiple women directly referred to DMI's radio partners in the East and DMI's spots as the cause for this change. One argument for the change was the fear that herbal concoctions might actually be harmful.

Some mothers were curious about the new practice of exclusive breastfeeding and had decided to try it with their last-born, even if they already had 4-5 children who were given water and teas. One mother said she did everything to circumvent her mother-in-law and succeeded with a ruse: for 2 days she pretended to have given her baby the mother-in-law's teas and claimed that the baby threw up the teas. It is this experience, the observation of other mothers successfully trying out exclusive breastfeeding, and the resulting healthy babies that contributes to the growing numbers of exclusively-breastfed babies.

### ***Communication and Key Influencers***

The community radio has definitely played a role in helping mothers adopt exclusive breastfeeding within an environment that strongly favours tradition and herbal brews for strong babies. Many of the women who testified that they tried exclusive breastfeeding, or counselled others, said they did so because of the radio messages. Other valued sources of information were health agents.

Of course, as keepers of the traditional feeding practices, the older women—mothers-in-law and grandmothers—need to be considered where behaviour change communication is concerned. When they are convinced that exclusive breastfeeding is possible and beneficial, the main source of resistance for those willing to adopt exclusive breastfeeding changes into a strong motivating force.

In parts of the East, especially the area of Bogandé, the growing protestant church is a key ally for positive health behaviours. Aside from religious guidance, the church is deeply embedded in communities and provides an effective support system for parishioners who adopt healthy lifestyles, that impact maternal, neonatal, and community health.

## **Conclusions**

---

Cultural traditions are still a party of daily life in the East and can hamper efforts to increase exclusive breastfeeding, but culture is a dynamic phenomenon. Radio campaigns, real-life success stories of healthier, exclusively-breastfed babies, and reinforcement from health centres are able to shift the dynamic to healthier infant feeding practices.