

DJIBO

Background



The Sahel region, outlined in purple on the map, lies in the upper north of Burkina Faso, bordering with Mali and Niger. The Sahel region was the site for the Peulh kingdom: it is home to the dominant Peulh ethnic group and predominantly Muslim (95%).

The region's population has the lowest education levels of Burkina Faso, due to the weight of sociocultural tradition and constrained financial resources. The population are very dispersed, living in small hamlets. The region has a short and unstable rainy season, so agriculture is prone to environmental risk. The economic mainstay is livestock rearing; Sahel cattle supply the rest of the country and are also exported to neighbouring countries (Togo, Ghana, Ivory Coast). The 2014 population numbers 1,233,559 people.

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 Djibo included:

- two rounds of feedback research (3/2013, 2/2014), focusing on message retention and appreciation, barriers and facilitators of behaviour change: 87 mothers and 65 fathers (villages: Borguendé, Silguéye, Banikani, Maty).

Key Findings

Baseline survey

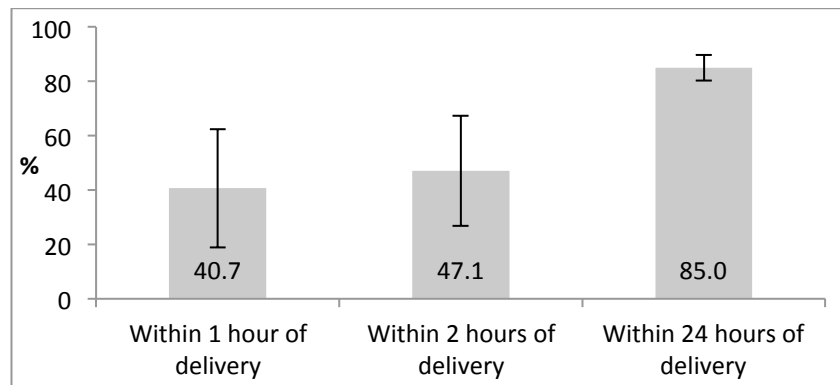
Our baseline survey was conducted between December 2011 and February 2012 (by the London School of Hygiene and Tropical Medicine and Centre Muraz), before the media intervention was launched. In total 5,000 mothers of a child under 5 years were interviewed about maternal and child health behaviours,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

Sahel Region: Djibo

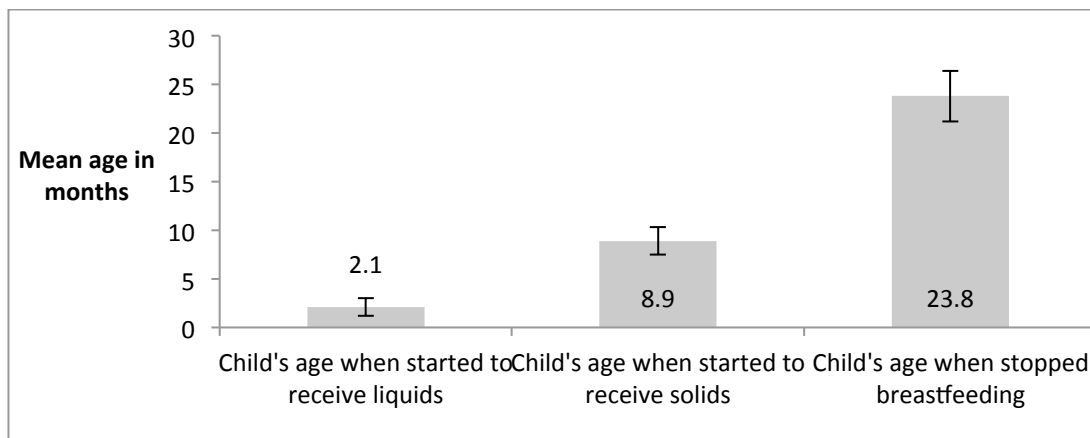
Demographic Information

The mean age of mothers interviewed in the baseline survey was 29 years. In Djibo 95% of women interviewed were of Peulh ethnicity and 99.4% of women were married. The mean number of children aged less than 5 years living with women interviewed in Djibo was 1.6.

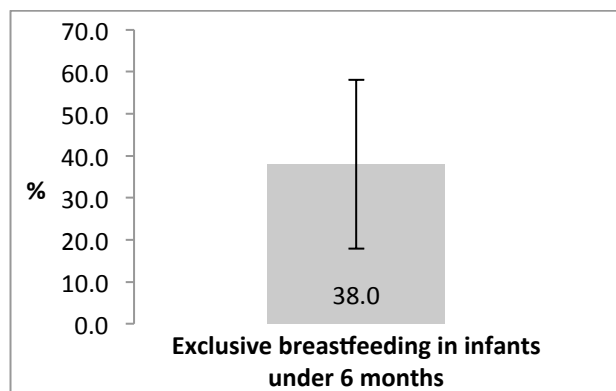
Initiation of breastfeeding



Breastfeeding duration



Exclusive breastfeeding in infants under 6 months



The number of new-borns receiving colostrum is very high (85%). At 38%, levels of exclusive breastfeeding in the Sahel are higher than the national average of 25% (2010 DHS). Exclusive breastfeeding until 6 months is not yet firmly established in the Sahel.

QUALITATIVE FINDINGS

Breastfeeding Initiation

In Dijbo, giving colostrum is well embedded in new-born feeding practices. Peulh women say this has always been the case in the past as well. The long experience of rearing livestock may strengthen the cultural value of first milk; among the Peulh it is also considered that new-born animals receive their mother's colostrum.

Some women say that other ethnic groups let the new-born breastfeed with another lactating woman, until the new-born mother's 'real' and 'good' milk comes through (Tondiata village). Among those who did not give the first milk in the past, there has also been a change, according to our last feedback research trip. A 39-year-old father in Maty said his wife used to discard the colostrum but now, *"since we heard on the radio that one should not discard this milk, we give the baby the first milk. We've done that the past year, because it gives the baby health and makes it develop well."*

Exclusive breastfeeding

In the Sahel, the introduction of water, herbal brews, or cereal porridge before the age of 6 months, form the greatest barriers to exclusive breastfeeding. Giving water (the extent of which varies, from drops to humidify a baby's lips to sipping water when a baby is bathed) is done because in the hot Sahel climate, mothers worry that a baby will dehydrate. This worry is taken very seriously: mothers believe babies will die if they do not give water. A 30-year-old mother of two says she believes in giving only breast milk and even admitted to giving up herbal brews but *"You have to give a baby plain water because his throat needs it. Even if other mothers do not want to give water, I cannot accept that because without water the baby will die"* (Maty village).

Another important reason is a belief that women may not have sufficient breast milk and that babies need complementary food sooner than at 6 months. The Sahel region suffers from droughts and food shortages, especially for the poorest sectors of the population, occurring during the long period between harvests. Malnutrition affects infants as well as adults. Several women reported that there may be mothers with insufficient breast milk. Their infants will then be fed other available foods, even if they have not yet reached 6 months. A grandmother said her daughter could not breastfeed her baby, so *"from the 5th day, I gave the baby an enriched porridge"* (Tondiata village). Another 50-year-old mother of 7 said that it is difficult to avoid introducing solid foods before 6 months *"because mothers don't have enough nutritious food to produce enough milk"* (Maty village).

The last reason to not adopt exclusive breastfeeding is the belief that herbal brews are good for a baby, for example when he/she is sick. Brews are thought to be curative and give strength but they are also given to pacify a baby. A 40-year-old mother of 6 said, *"The single advantage of brews (tisanes) is that they help the baby fall asleep; when you*

force-feed a baby with a brew and shea butter, he sleeps well, all day long. You are not disturbed and you can work well” (Maty village).

Communication and Key Influencers

The remoteness of villages in the Sahel region contributes to non-exclusive breastfeeding. Mothers in villages far from health centres and lacking community health workers, receive little sensitisation about the benefits of exclusive breastfeeding. Community radio can and has made a difference in Djibo: it spreads information and testimonies of what is possible, and strengthens what women may have heard at health centres. During the recent feedback research trip, many mothers who were interviewed stated that they had adopted exclusive breastfeeding because of what they heard on the radio, as well as the experience of other mothers. The following quotation is typical for these women: *“For my last-born I only gave breast milk because I heard it on the radio and I wanted to try and see”* (30-year-old mother, Banikani village).

Community radio is seen as a serious, truthful, and beneficial means of communication about health issues, *“otherwise they would not say it”* (60-year-old grandmother, Maty village). A community health worker in Maty confirmed this and himself urged mothers to listen to the radio. As elsewhere, older women are key influencers and decision-makers. If they are convinced of the value of exclusive breastfeeding, younger women follow their advice. Husbands also are key deciders: one father, following the radio’s advice, managed to convince his two wives to adopt it for their infants.

Conclusions

Due to it being a remote area, with few health centres, traditions in the Sahel change slowly. Local community radio is helping to shift traditional feeding practices, presenting alternative ways of feeding new-borns. Coupling this with people’s own observations on the ground, of seeing mothers who raise healthy babies through exclusive breastfeeding, mothers are changing how they feed their new-borns.