

BEHAVIOUR 1: IMPROVING THE NUTRITIONAL STATUS OF WOMEN BEFORE AND DURING PREGNANCY

Behaviour to promote

In order to prevent Low Birth Weight (LBW) among newborns, the nutritional status of women who may become pregnant or who are pregnant should be improved. During pregnancy, all women need more nutritious meals, larger quantities of food and more rest than usual.

Reasons

Low Birth Weight (LBW) is defined by the World Health Organization (WHO) as weighing less than 2.5kg at birth. The main cause of LBW in sub-Saharan Africa is maternal malnutrition or poor nutritional status at conception. According to the DHS, 16% of children suffer from LBW. In 2010, 16% of women had a body mass index (BMI) of less than 18.5 and therefore were in a state of chronic energy deficiency. The proportion of women with a BMI of less than 18.5 is higher in the East (31%), the Sahel (23%), the south-central and the north (20%) regions of the country.

The risks associated with pregnancy are significantly reduced for both the mother and the child when mothers are healthy and well-nourished before becoming pregnant. During pregnancy and breastfeeding, women need more nutritious meals, larger quantities of food, more rest than usual, as well as iron supplements and folic acid or multiple micronutrients even if they eat fortified foods and iodized salt, to ensure healthy mental development of the child.

Barriers to behaviour change

Ideas

Several barriers prevent women from realising that being underweight can influence the development of their pregnancy and can cause LBW. Some women associate, for example, the thinness of a newborn with *sogo* (translated as "meat, fish flesh, game, doe"), an illness with a traditional cause, and not with the mother's diet during pregnancy.

During pregnancy, some women even avoid eating more than usual. They believe that improving nutrition during pregnancy can affect the size of the foetus which can cause complications at birth. Other women avoid certain foods due to traditional beliefs, for example, eating eggs will cause the newborn to smell bad, and eating rat will produce a child thief. Nausea during pregnancy can also be a barrier to good nutrition: small, frequent meals (not spicy) may reduce nausea.

Overworking pregnant women does not help their state of health. In rural areas, women devote most of their time to work, chores, childcare and working in the fields. This can lead to physical overexertion in addition to an inadequate level of nutrition and a poorly balanced diet. In the event of food shortages, women (and girls) are served food last and so they are the first to suffer from deficiencies such as anaemia and low energy.

Decisions

The family play a very important role in the health status of women: the husband, the mother-in-law and father-in-law decide what the women should (or should not) do. They have the ultimate responsibility and must act to reduce the level of work undertaken by women during pregnancy.

Contributing factors to behaviour change

Pregnant women have more energy and are healthier if they have a nutritious diet, consume larger quantities of nutritious food and have more rest than usual. Foods that include iron, vitamin A and folic acid, such as meat, fish, eggs, green leafy vegetables, as well as orange or yellow fruits and vegetables. These foods can be consumed safely during pregnancy and lactation.

BEHAVIOUR 2: CARE FOR LOW BIRTH WEIGHT (LBW) BABIES

Behaviour to promote

Low birth weight children require proper care and monitoring by a trained health worker to survive, so make sure your newborn is weighed at the local health centre after birth. Low birth weight children require the following treatments:

- Always keep the newborn warm with continuous skin-to-skin contact, day and night.
- Avoid bathing the newborn until at least two days after birth.
- Ensure you breastfeed your baby exclusively and more frequently. If you have difficulty breastfeeding, you can express milk and give it to the baby using a spoon or cup.

Reasons

There are many risks to low birth weight babies in the first days and weeks, but health professionals can teach parents appropriate postnatal care (so-called 'kangaroo care') to reduce these risks. With professional monitoring, serious problems can be quickly detected and treated. In an emergency, the baby may be transferred into a special care unit until it is developed enough or healthy enough to return home.

So that the infant spends less energy and does not use valuable calories, it must be kept warm continuously, day and night, by skin-to-skin contact. In order to gain weight, the infant should be breastfed exclusively and more frequently than normal. Sometimes, low birth weight babies have difficulty sucking. In this case, the mother should express her milk and feed the baby with a spoon or cup.

Barriers to behaviour change

Ideas

The biggest challenge in the care of low birth weight newborns is identifying them at birth. Not all newborns are weighed at birth. The mother cannot know herself what constitutes 'low birth weight'; this is the job of a trained health worker.

If the baby is delivered at the local health centre, the health worker will be able to identify LBW children but there are cases when they forget to weigh newborns. If the baby is delivered at home, they cannot know if the child is LBW. It is therefore necessary to bring the newborn to the local health centre after birth to check their state of health and their weight. The family must watch over the baby's state of health and see that first aid is given and that the baby is weighed.

Training health workers on the care of low birth weight babies does not yet include kangaroo care. The training is being extended to Burkina Faso.

Contributing factors to behaviour change

The Ministry of Health started training with Hospital Reference Centres (HRC) in 2012. In these nine centres, 20 people from paediatric and maternity departments were trained on essential newborn care, including kangaroo care. Training other health workers will continue, first in medical centres with surgical units (CMA) and then the Centres for Health and Social Promotion (CSPS).