

SAPOUY & KOUDOUGOU

Background



The Centre West region, outlined in purple on the map, lies just West of Burkina Faso's center and stretches along the border with Ghana. Koudougou is the regional capital and a main transport thoroughfare for traffic between Ouagadougou and Bobo Dioulasso, as well as to and from Ivory Coast (via rail). It is a busy agricultural area, has intensive forestry (and the capital's charcoal supplier) and mining potential, but demographic pressure increases environmental degradation. The 2014 population numbers 1,468,966 people. The region is populated by the Gourounsi ethnic group (the original settlers, with Nouni as mother tongue), Mossi and Peulh.

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 Sapouy included:

- one round of formative research (4/2012), focusing on diarrhoea and neonatal health: 34 mothers and 17 fathers (villages: Latian, Ladiga)
- two rounds of feedback research (2/2013, 12/2013), focusing on message retention and appreciation, barriers and facilitators of behaviour change: 78 mothers and 58 fathers (villages: Tiagao, Soubouoré, Obonon, Sourou).

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,

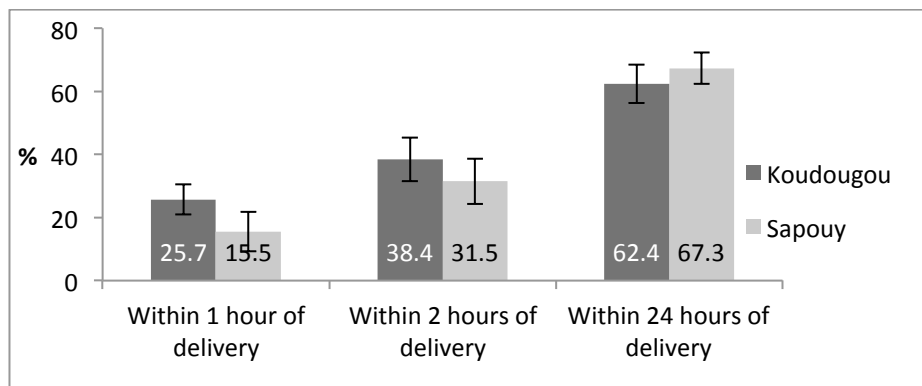
so our data provides a representative sample of mothers throughout the country. For the Centre West region, we have grouped the data Sapouy (an intervention zone) and Koudougou (a control zone):

Centre Ouest Region: Sapouy, Koudougou

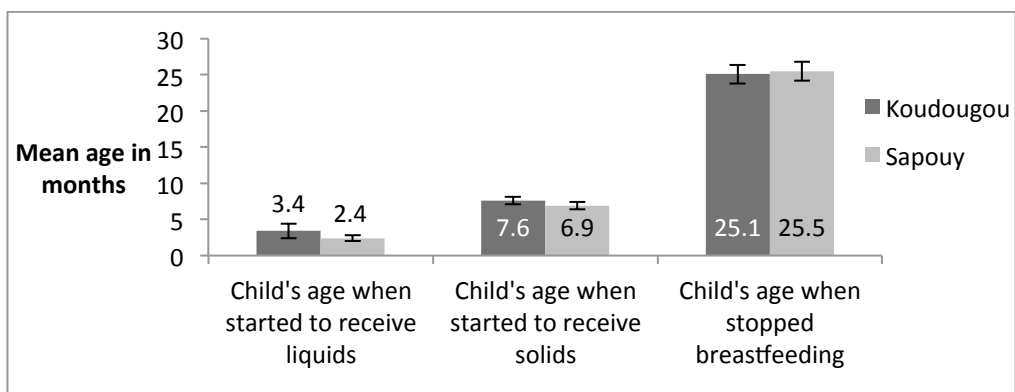
Demographic Information

In Sapouy 65% of the women interviewed were of Mossi ethnicity and 24% were Gourounssi. In Koudougou, 78% of women were Mossi and a similar proportion (22%) were of Gourounssi ethnicity. Most women in both Sapouy (99.7%) and Koudougou (97.5%) were married. The mean number of children aged under 5 years living with women in Sapouy is 1.5 and in Koudougou was 1.4. The average age of mothers interviewed in the baseline survey was 29 years.

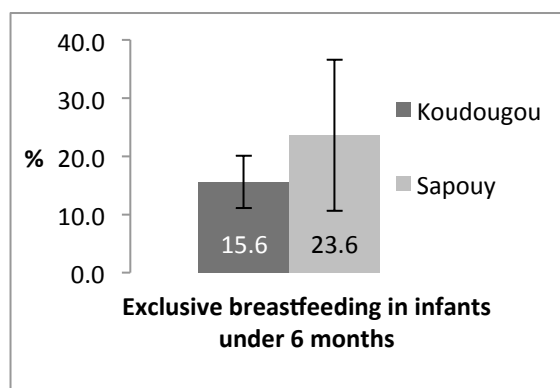
Initiation of breastfeeding



Breastfeeding duration



Exclusive breastfeeding in infants under 6 months



Around 2/3 of new-borns receive colostrum. About 24% of infants between 0-6 months are exclusively breastfed in Sapouy, similar to the national average of 25% (2010 DHS). Exclusive breastfeeding until 6 months is not yet firmly established in the Centre West region.

QUALITATIVE FINDINGS

Breastfeeding Initiation

The Gourounsi mothers generally give their new-borns colostrum and have done so in the past: *“Among us, we don’t discard the first milk, even all the old women gave it to their children”* (24-year-old mother, Soubouoré). Among Mossi women, a number still expresses and discards the first milk, under the influence of older women, while waiting for the ‘good’ milk. As a substitute, tamarind juice is given to *“clean the throat and belly”* of the new-born.

The increasing number of women giving birth in a health centre aids giving colostrum, as health agents and midwives counsel women to start breastfeeding as soon as possible after delivery. Radio spots further reinforce the health centre sensitisation, reaching other relevant members of a mother’s entourage.

Exclusive breastfeeding

Exclusive breastfeeding is not the norm in the Centre West. The main obstacle is not that mothers believe strongly that babies need herbal brews to become strong, but that mothers do not wait to give water or complementary feeding before 6 months are over. Some start adding water after one month, others introduce it between three and four months.

Mothers give water because of climate conditions. A 28-year-old mother in Obono refers to the Harmattan (a dry, dust-laden West African trade wind) and the dryness: *“Because of the wind, my co-wife stopped giving only breast milk because the baby’s lips became dry. She puts her fingers in water and gives it once or twice to the infant. She started this about a month ago. It’s too dry right now, and with the harvest season, there’s also the sun.”* Elder women confirm that the combination of heat and a dry wind ‘forces’ mothers to give water to infants. Not giving water here would be considered endangering the baby’s health. This is still a widely-held belief, especially among older women: in one focus

group (Sourou), 5 grandmothers all admitted to giving their young grandchildren under 6 months water because they feel it is necessary.

Those who do exclusively breastfeed go against the region's tendency; they follow the health centre advice which is bolstered by frequent radio spots. In addition, the benefit of having successful examples in their community boosts mothers' willingness to try out exclusive breastfeeding: *"My current baby is now 8 months old and, him, I only fed him breast milk following the radio's information. I also did it because I saw other women who only gave breast milk and their babies are in good health. On top of that, I noticed the difference with my other children; this one doesn't tire me out like the other ones"* (21-year-old mother, Tiagao).

Communication and Key Influencers

Radio is considered a trusted source of information on feeding practices and reaches people who do not receive direct communication from health centres and their agents. Radio convinced one 30-year-old father to ask his highly pregnant wife to apply the breastfeeding advice: *"she accepted and my child is in good health... he's in good shape and more alert compared to his older siblings."* Health agents are equally trusted persons when it comes to health information.

As illustrated by some of the quotations, older women are key influencers and need to be involved in the decision-making processes around infant feeding practices. Husbands also have a key role to play to support and motivate exclusive breastfeeding practices.

Conclusions

Giving colostrum is becoming the norm, though there is a group of unmoved mothers that needs to be convinced. For exclusive breastfeeding, more needs to be done. In the Centre West region, what matters is pushing back the date at which mothers (or infant caretakers) begin to introduce water and complementary food. The presence of mothers who successfully go through 6 months of exclusive breastfeeding is a strong motivator for other women who may be hesitant to adopt the new practice. Radio can spread this model further by offering testimonies and reinforcing the health benefits of exclusive breastfeeding.