

BREASTFEEDING PROMOTION AND SUPPORT AMONG INFANTS AGED LESS THAN 6 MONTHS IN MAIDUGURI, NIGERIA: CAREGIVERS' AND HEALTH WORKERS' PERSPECTIVES

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Background and aims: International guidelines on infant feeding in emergencies advise protecting, promoting, and supporting breastfeeding (BF) for all infants in these settings. The re-establishment of exclusive BF (EBF) is also a central part of the management of acutely malnourished infants under six months old. More evidence on the feasibility, acceptance, and impact of BF promotion and support during emergencies is needed. Médecins Sans Frontières (MSF) runs a nutrition project in Maiduguri, a protracted emergency setting in North-East Nigeria. This study aimed to explore caregivers' (CGs) and health workers' (HWs) experiences and perceptions of BF practice, promotion, and support.

Methods: We conducted a qualitative study using in-depth interviews, focus group discussions and non-participant observations. Participants included CGs of young infants enrolled in MSF nutritional programmes or reached during health promotion activities in a displacement camp. MSF HWs were involved at different levels in BF promotion and support. Data was collected involving a local translator and analysed using reflexive thematic analysis directly from audio recordings.



Participant	Age	IDP status	Education level	No. children	Infant age (months)	Interview setting	Days ITFC	Infant feeding practice before reaching MSF services
Mother 1	30	Non-IDP	Illiterate	5	1	ITFC	6	EBF (inadequate)
Mother 2	30	Non-IDP	Islamic education	8	2	ITFC	19	BF + powdered milk (cup)
Mother 3	26	IDP	Illiterate	4	6	ITFC	4	BF + formula with cereals (UBT18000)
Mother 4	39	Non-IDP	Illiterate	9	4	ITFC	17	BF + powdered milk (cup)
Mother 5	40	Non-IDP	Illiterate	7	2	ITFC	6	BF + powdered milk (cup)
Mother 6	25	Non-IDP	Basic education	3	3	ITFC	19	Powdered milk (cup)
Grandmother 1 (wet nurse)	45	Non-IDP	Illiterate	6	2	ITFC	4	BF + fresh cow milk (bottle)
Mother 7	31	Non-IDP	Illiterate	7	3	ITFC	6	BF + infant formula (bottle)
Mother 8	36	IDP	Illiterate	10	3 (triplets)	ATFC	-	BF + powdered milk
Mother 9	23	Non-IDP	Basic education	2	4 (twins)	ATFC	-	BF + infant formula
Grandmother 2 (wet nurse)	50	IDP	Illiterate	7	6	ATFC	-	BF + powdered milk + Porridge
Grandmother 3 (wet nurse)	50	IDP	Illiterate	9	4	ATFC	-	BF + powdered milk + Porridge
Mother 10	40	IDP	Illiterate	7	1	IDP camp	-	EBF (inadequate)
Mother 11	20	IDP	Illiterate	2	2	IDP camp	-	EBF
Mother 12	40	IDP	Illiterate	7	4	IDP camp	-	BF + water
Mother 13	30	IDP	Illiterate	5	4	IDP camp	-	EBF
Grandfather	55	IDP	Primary level	6	6	IDP camp	-	-

ATFC: Ambulatory Therapeutic Feeding Centre; ITFC: Inpatient Therapeutic Feeding Centre; IDP: Internally Displaced Person; BF: Breastfeeding; EBF: Exclusive breastfeeding

Results: Data shows how BF practices are strongly influenced by family and community. BF is common, although EBF for the first six months remains suboptimal. Frequent perception of breastmilk insufficiency, leading to early supplementary feeding, is associated with poor maternal nutrition, stress, and inadequate BF practice, in a context shaped by displacement and food insecurity. Yet, EBF seems to increase over time, due to growing access to BF promotion. The provision of comprehensive in-patient care generally leads to acceptance and positive outcomes of BF support. The achievement of EBF may be reversed after discharge if CGs lack an enabling environment for BF.

Conclusions: When designing promotion and support strategies, BF should be understood as an embodied experience shaped by socio-cultural and contextual factors. More emphasis should be placed on the follow-up and management of nutritionally at-risk mothers and infants in the community.

This study is: Approved by an Ethics Review Board (ERB). Please specify:

Details: The study was revised and approved by the MSF Ethics Review Board (ID2207) and by the Ethical Review Board of Borno State, Nigeria.

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