Breastfeeding promotion and support among infants aged less than six months in Maiduguri, Nigeria – Caregivers and health workers perspectives

Nieves Amat Camacho
Karolinska Institute, University Piamonte Orientale
MSF-OCB, LuxOR
• It is recommended that breastfeeding (BF) is protected, promoted, and supported for all infants in emergency settings

• The re-establishment of exclusive BF is a central part of the management of acutely malnourished infants under six months
AIM and SETTING

To explore caregivers and health workers perceptions and experiences of BF promotion and support in the context of MSF nutrition project in Maiduguri, North-east Nigeria

The Washington Post, 2016

- BF promotion as part of the general HP strategy
- BF support at ITFC
• Qualitative study using in-depth interviews, focus-group discussions and non-participant observations

• Participants recruited at MSF facility (ATFC and ITFC) and IDP camp

• Data analyzed using reflexive thematic analysis (Braun & Clarke, 2006)
## PARTICIPANT CHARACTERISTICS

<table>
<thead>
<tr>
<th>Participant</th>
<th>Age</th>
<th>IDP status</th>
<th>Education level</th>
<th>No. children</th>
<th>Interview setting</th>
<th>Days ITFC</th>
<th>Feeding practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother 1</td>
<td>30-35</td>
<td>Non-IDP</td>
<td>Illiterate</td>
<td>5-7</td>
<td>ITFC</td>
<td>6</td>
<td>EBF (inadequate)</td>
</tr>
<tr>
<td>Mother 2</td>
<td>30-35</td>
<td>Non-IDP</td>
<td>Basic education</td>
<td>8-10</td>
<td>ITFC</td>
<td>19</td>
<td>BF + powdered milk (cup)</td>
</tr>
<tr>
<td>Mother 3</td>
<td>25-30</td>
<td>IDP</td>
<td>Illiterate</td>
<td>4-6</td>
<td>ITFC</td>
<td>4</td>
<td>BF + formula with cereals (cup+spoon)</td>
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<tr>
<td>Mother 4</td>
<td>35-40</td>
<td>Non-IDP</td>
<td>Illiterate</td>
<td>8-10</td>
<td>ITFC</td>
<td>17</td>
<td>BF + powdered milk (cup)</td>
</tr>
<tr>
<td>Mother 5</td>
<td>35-40</td>
<td>Non-IDP</td>
<td>Illiterate</td>
<td>5-7</td>
<td>ITFC</td>
<td>6</td>
<td>BF + powdered milk (cup)</td>
</tr>
<tr>
<td>Mother 6</td>
<td>25-30</td>
<td>Non-IDP</td>
<td>Basic education</td>
<td>2-4</td>
<td>ITFC</td>
<td>19</td>
<td>Powdered milk (cup)</td>
</tr>
<tr>
<td>Grandmother 1</td>
<td>40-45</td>
<td>Non-IDP</td>
<td>Illiterate</td>
<td>5-7</td>
<td>ITFC</td>
<td>4</td>
<td>BF + fresh cow milk (bottle)</td>
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<td>Mother 7</td>
<td>30-35</td>
<td>Non-IDP</td>
<td>Illiterate</td>
<td>5-7</td>
<td>ITFC</td>
<td>6</td>
<td>BF + infant formula (bottle)</td>
</tr>
<tr>
<td>Mother 8</td>
<td>35-40</td>
<td>IDP</td>
<td>Illiterate</td>
<td>8-10</td>
<td>ATFC</td>
<td></td>
<td>BF + powdered milk</td>
</tr>
<tr>
<td>Mother 9</td>
<td>20-25</td>
<td>Non-IDP</td>
<td>Basic education</td>
<td>2-4</td>
<td>ATFC</td>
<td></td>
<td>BF + infant formula</td>
</tr>
<tr>
<td>Grandmother 2</td>
<td>45-50</td>
<td>IDP</td>
<td>Illiterate</td>
<td>8-10</td>
<td>ATFC</td>
<td></td>
<td>BF + powdered milk + Porridge</td>
</tr>
<tr>
<td>Grandmother 3</td>
<td>45-50</td>
<td>IDP</td>
<td>Illiterate</td>
<td>8-10</td>
<td>ATFC</td>
<td></td>
<td>BF + powdered milk + Porridge</td>
</tr>
<tr>
<td>Mother 10</td>
<td>35-40</td>
<td>IDP</td>
<td>Illiterate</td>
<td>5-7</td>
<td>IDP camp</td>
<td></td>
<td>EBF (inadequate)</td>
</tr>
<tr>
<td>Mother 11</td>
<td>20-25</td>
<td>IDP</td>
<td>Illiterate</td>
<td>2-4</td>
<td>IDP camp</td>
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<td>EBF</td>
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<tr>
<td>Mother 12</td>
<td>35-40</td>
<td>IDP</td>
<td>Illiterate</td>
<td>5-7</td>
<td>IDP camp</td>
<td></td>
<td>BF + water</td>
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<td>Mother 13</td>
<td>30-35</td>
<td>IDP</td>
<td>Illiterate</td>
<td>5-7</td>
<td>IDP camp</td>
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<td>EBF</td>
</tr>
<tr>
<td>Grandfather</td>
<td>50-55</td>
<td>IDP</td>
<td>Primary level</td>
<td>5-7</td>
<td>IDP camp</td>
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</tbody>
</table>
RESULTS

Follow up and community-based support
- Decreased self-efficacy at home
- Strengthen outpatient and comprehensive community-based support

BF as a collective experience: mother, family, community
- Wish to breastfeed
- Strong influence of the family
- Traditional beliefs and practices

Inpatient BF support as part of the management of malnutrition
- Challenges
- Acceptance and gratitude
- Infant formula dilemmas

Breastmilk Insufficiency and mixed feeding
- Poor maternal nutrition
- Stress
- Inadequate BF practice
- Maternal illness

Contribution of BF promotion to knowledge and practice
- Improvement overtime
- Enabling mechanisms
- Mild focus on BF and infants <6m
‘Giving the breastmilk only is the best way but most of the women are not able to produce enough breastmilk for the baby, so that’s why they decide to introduce formula.’ Mother

‘Some do have breastmilk, but the method, the way they position, or they latch the baby or the times they take to breastfeed are normally the issues’ Health worker

‘When I was in the facility, they gave us food (...) so it helped the breast to start producing breastmilk. But immediately when I went back home, because I can’t afford to buy this kind of food and eat, the supply of the milk is going down.’ Grandmother, wet-nurse
CONCLUSIONS

• BF practice is strongly influenced by household and contextual factors

• BF promotion messages should be tailored to specific BF barriers. Particular focus on perceptions on breastmilk insufficiency

• Creating an enabling environment and providing comprehensive inpatient care for caregivers and infants can lead to acceptance and effectiveness of BF support

• More emphasis should be placed in the follow up and the management of malnourished infants and their mothers in the community
THANK YOU!

Merci!

¡Gracias!

nieves.amat.camacho@ki.se