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**A STRATEGY FOR BREASTFEEDING
PROMOTION AND SUPPORT IN HAITI:
IDEAS FOR NEXT STEPS**

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A STRATEGY FOR BREASTFEEDING PROMOTION AND SUPPORT IN HAITI: Ideas for Next Steps

The USAID-funded MotherCare project has as its goal the improvement of maternal and neonatal health and nutritional status. Part of its strategy to achieve this goal is to provide assistance for the promotion of breastfeeding with an emphasis on the following objectives:

- ▶ initiation within an hour of the birth of the baby; and
- ▶ the feeding of breast milk to the exclusion of all other substances for the first four to six months of the child's life.

To realize these objectives, experience has shown that a comprehensive country strategy is required that can address the specific country problem from a variety of angles. These may include: policy formulation, training, improving formal health services protocols, collaboration with traditional practitioners, and awareness creation and behavior change among the public. At the request of country governments and USAID missions, MotherCare provides experts in breastfeeding programming to assist in making an analysis of the breastfeeding situation, defining a strategy to address major problems and developing activities to improve breastfeeding practices.

In August/September 1990, at the request of USAID/Port-au-Prince, Maria Alvarez, a consultant from The Manoff Group--a collaborator on the MotherCare project--provided technical assistance in a) reviewing the experience to-date in Haiti in the area of breastfeeding promotion, and b) in identifying activities for immediate implementation that would effect initiation rates and timing, and rates and duration of exclusive breastfeeding. Following is a brief synopsis of her report, including additions made by MotherCare, The Manoff Group and AID/Washington. The components and activities of the overall plan identified in Ms. Alvarez' report have been reordered so that they are now more consistent with what experience has shown to be a comprehensive strategic approach to improving breastfeeding practices.

Breastfeeding Practices in Haiti

An extensive literature review and interviews with program managers in Haiti point to several important features of the existing breastfeeding situation. They are:

- Breastfeeding initiation rates are high. Depending on the study area, 99 to 92 percent of the women breastfeed their infants.

However, in some areas this may be changing. In 1979, almost ten percent of urban women (in contrast to one percent of rural women) had never breastfed their infants.

- Initiation of breastfeeding is delayed often for three to five days while colostrum is discarded and the mother "waits for her milk to come". Water is given during these days.
- There is virtually no exclusive breastfeeding. Only 12.5 percent of children under three months are exclusively breastfed.
 - Lok, a castor oil-based purgative, is given soon after birth.
 - Bottles with water, teas, juices, soft drinks, water with laundry starch or flour, soups and "milks" are common and often given as early as the first week of life.
 - In poorer families, the introduction of semi-solids in the first weeks of life has been reported. Otherwise, semi-solids are commonly given in the second month of life.
- Duration of breastfeeding is prolonged, especially compared with many countries in the Caribbean. The median age for the cessation of breastfeeding nationally is 17.5 months. But, this national median may disguise a problem in some areas. Depending on the study area, median ages range from 12 to 21 months and, the mean duration of breastfeeding shows a decreasing trend over time. For example, in 1978, 96 percent of mothers with children between 6 and 11 months were breastfeeding; in 1990, that percentage was 88. In 1978, 63 percent of mothers were breastfeeding their children in the second year of life while in 1990, only 46 percent of mothers were breastfeeding this age child.

Looking at urban/rural differences reveals that urban and metropolitan areas have a significantly earlier weaning age than rural areas. One study found the median age in rural areas to be 18 months, while in urban areas it was 14.5 months, indicating that significant numbers of mothers do not breastfeed for the first year.

The anthropological literature documents some of the reasons for the practices mentioned above and elucidates the barriers that programs must overcome to improve practices. Some of these insights are:

- The mother and child need to be cleansed after the birth—hence the lok purgative for baby and possible purgative for mother.
- Colostrum is not perceived as having any beneficial effect for the baby; however, generally, it is not perceived as harmful.
- Mothers believe their milk is slow to come in so there is nothing for the infant immediately after birth, making other liquids necessary.
- Water is viewed as essential for the newborn to quench thirst and to assist the proper assimilation of food.
- Some women believe breast milk is not a food but a complement to food. Children cry for food. Some are more demanding than others. Therefore, some need solids earlier than others, including during the first weeks of life.
- Mothers feel that they cannot produce sufficient milk to satisfy their babies. Linked to this is the feeling among some women that undernourished mothers who are thin and weak cannot breastfeed.
- An increasing number of women claim they have spoiled milk, let gaté, due to having stopped breastfeeding for a few days because of a serious illness or due to an adverse emotional state because of bad news or a fight.
- The influence health professionals have through their promotion of bottles and formulas is great.
- The influence various media have had by their promotion of breast milk substitutes is also great.
- Many mothers feel they are doing their best by using a bottle and powdered milk because of the status of bottle feeding that is associated with the health establishment and of powdered milk that is sold in stores and is an expensive item.
- Rapid urbanisation is causing breaks with extended family networks and rural traditions. There is a mind-set of changing to new, "modern" practices.

- Younger women and women from a more middle socio-economic class worry about breastfeeding leading to sagging breasts.
- There is a lack of teaching about how to overcome common breast problems, such as engorgement, mastitis, inverted nipples.
- There are economic pressures that force women back to work early to jobs not near home and where they cannot take their child.

Programs that Address Breastfeeding Problems

1. Reform of Maternity Service Protocols
 - a) Cité Soleil Hospital has initiated major reforms supportive of breastfeeding with positive results. Examples of these reforms are: encouraging mothers to initiate early breastfeeding, not allowing bottles, establishing a milk bank for premature infants, delivering breastfeeding messages via video, and counselling by staff.
 - b) The MOH Family Planning and Maternal/Child Health Unit is interested in initiating a national program to bring comprehensive modifications in protocols to maternity hospitals.
2. Training Programs
 - a) The Pediatrics Society dedicated an annual meeting to breastfeeding to update all pediatricians.
 - b) PRONACODIAM has retrained prenatal, well baby and maternity health professionals.
 - c) PAHO is working with the MOH to revitalize TBA training.
3. Community-based Education
 - a) CARE's RICHES program addresses major breastfeeding problems and reports success at decreasing the use of bottles and increasing exclusive breastfeeding. RICHES is a well-designed and tested program that transmits messages by mass media and community workers.
 - b) Konesans Fanmi se Lespwa Timoun, sponsored by UNICEF, promotes improved infant and child development by mobilizing resources to increase the range of services available to meet identified problems. As part of this program, exclusive breastfeeding is promoted. This

program has developed a set of educational videos, TV and radio spots, a newsletter, and magazine features. Child care schemes for rural markets and factories are planned.

- c) PRONACODIAM, the MOH's immunization and breastfeeding program, has promoted through a variety of media, the fact that every woman can breastfeed, regardless of occupation or socio-economic level. They have developed a hospital video on breastfeeding and have carried out promotional events such as the exchange of baby bottles for t-shirts in the market place.

Recommendations for Next Steps

1. *Writing a Strategy to Unify and Coordinate Breastfeeding Efforts.* While a variety of activities are underway, many of which have demonstrated success, together they will not have a national impact on breastfeeding practices unless they can be expanded, strengthened where needed, and combined with other activities required for them to have their full impact. The following activities are recommended for immediate action.

Write a comprehensive breastfeeding strategy that would include all of the important components and guidelines now recognized internationally. A five-year work program should accompany the strategy. (Ideas for this strategy follow.)

Identify a coordinating group or agency that would manage and coordinate the implementation of the strategy.

Develop and disseminate guidelines on the integration of breastfeeding into child survival and family planning programming. Currently, many of these efforts at integration are tokens. Much more needs to be done. This may necessitate budget modifications as only two to three percent of child survival money is spent on breastfeeding.

Integrate questions on breastfeeding in major data collection efforts and data analysis plans, for example, EMMUS II and fertility surveys.

2. *Improve Breastfeeding Practices in Maternity Wards and Hospitals.* Modifications in hospitals usually include, among other things: institution of rooming-in, initiation of breastfeeding within the first hour, milk banks, cessation of use of bottles and formulas/promotion of exclusive breastfeeding, breastfeeding counselling for women. (See WHO/UNICEF guidelines, Protecting, Promoting and Supporting Breastfeeding : The Special Role of Maternity Services).

Identify a demonstration hospital. The hospital at Cité Soleil could function as one such site. However, another large, urban hospital could also be selected. These demonstration hospitals would offer guidance to others and be a center for training health professionals.

Enact legislation on health service delivery related to improving breastfeeding practices in hospital systems controlled centrally.

3. *Training of Health Practitioners in the Formal and Traditional Sectors.* The full support of health practitioners is critical to the success of changing hospital norms, conducting popular education and many other reforms.

Send teams from major, public and private hospitals, to WellStart/San Diego Lactation Management Center for their one-month course in lactation management.

Run WellStart-style courses in Haiti. This possibly could be done through INSHAC.

Review pre-service medical and nursing curricula and update them on breastfeeding-related topics.

Train TBAs With 70 percent of Haitian mothers delivering their babies at home, training TBAs is important. The Ministry of Health/UNICEF project is developing a new training curriculum.

Develop Training Materials. It merits mention that all of the different training activities will need their requisite training materials. Coordinating their development will save money and harmonize messages among a variety of health practitioners. Training and training materials development should feature a unit on how to counsel women.

4. *Policy, Legislation, and Enforcement.*

Work to develop, disseminate and enforce the Code of Marketing of Breast Milk Substitutes for Haiti.

Enforce the laws that are written for working women, allowing breastfeeding breaks and the establishment of a day care center at the work site by any employer with more than 50 women employees.

5. *Research*

Demonstrate that infants can survive in Haiti on breast milk alone for four to six months. Begin with qualitative research with a nationally-representative sample to carefully document perceptions, attitudes, images, etc. of breastfeeding. Next, establish incentives/motivations that can be used to encourage

women to exclusively breastfeed. Then enlist the participation of women in communities throughout Haiti in exclusively breastfeeding their infants. Establish a monitoring system to track growth and illness rates among these children.

6. *Communications*

Establish a clearinghouse for the collection and dissemination of up-to-date materials on breastfeeding. These should include, for example, recent medical insights and successes in counselling/communication. The clearinghouse would also be the repository for all Haitian materials, statistics, etc. and could be charged with generating a breastfeeding report each year.

Establish a sustainable public communications program that would promote and motivate specific behavioral changes. This program should be geared to non-literate or low-literacy adults and should put priority on expanding the successful efforts of existing programs.

7. *Women's Support*

Follow-up the demonstration research on exclusive breastfeeding by establishing a system for women supporting one another or of a lay counsellor to disseminate the research experience and motivate women to begin and continue exclusive breastfeeding.

Expand community child care and market-based child care schemes.

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MotherCare is ready to work with the parties interested and involved in promoting and supporting breastfeeding to write the section strategy that would be consistent with global recommendations, but tailored to the Haitian situation. MotherCare can assist in carrying out some of the activities of the strategy, particularly those related to training TBAs, developing training materials, and establishing a sustainable public communications program.