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**BREASTFEEDING IN GUINEA**  
**Assessment of Practices and Promotion**

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**November 1995**

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## LIST OF ACRONYMS

<b>AFPAMNIG</b>	Women's Association for the Promotion of Breastfeeding and Infant Nutrition in Guinea
<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ARI</b>	Acute Respiratory Infection
<b>BFHI</b>	Baby Friendly Hospital Initiative
<b>DHS</b>	Demographic and Health Survey
<b>ENAMOG</b>	Food and Nutrition Survey in Middle Guinea
<b>ENCOMEC</b>	Household Consumption Survey in Conakry
<b>FAO</b>	Food and Agriculture Organization
<b>FP</b>	Family Planning
<b>HIV</b>	Human Immunodeficiency Virus
<b>IBFAN</b>	International Baby Food Action Network
<b>IEC</b>	Information, education and communication
<b>INSE</b>	Institute for Child Health and Nutrition
<b>HPA</b>	Health and Population Assessment
<b>KAP</b>	Knowledge, Attitudes, and Practices
<b>LME</b>	Lactation Management Education
<b>MCH</b>	Maternal and Child Health
<b>MOH</b>	Ministry of Health
<b>NGO</b>	Non-Governmental Organization
<b>STD</b>	Sexually Transmitted Disease
<b>TBA</b>	Traditional Birth Attendant
<b>UNICEF</b>	United Nations Children's Fund
<b>USAID</b>	United States Agency for International Development



- WB**                      World Bank
- WDR**                    World Development Report
- WHO**                    World Health Organization



## EXECUTIVE SUMMARY

Malnutrition is among the major causes of morbidity and mortality of Guinean children. The cycle of malnutrition begins at birth with rates of low-birth weight (<2500 grams) ranging from between 18% and 25%. More than one of every ten children less than five years old suffers from acute malnutrition, and one of every three children suffers from chronic malnutrition (Ministry of Health (MON+H), 1994).

### Early Feeding Practices

Breastfeeding is internationally recognized as a critical component in the health of mothers and children. In Guinea, nearly all (93%) children are breastfed. Nevertheless, of the five defined criteria for optimal breastfeeding, only two are met by the present breastfeeding practices in Guinea: long duration of breastfeeding (median duration in Guinea is 23.5 months) and frequent, on-demand feedings (88% of babies less than six months were fed six or more times during a 24 hour period).

Status of the remaining three criteria — early initiation of breastfeeding, exclusive breastfeeding to four to six months, and age-appropriate supplementation — indicates need for improvement. The Demographic and Health Survey (DHS, 1992) found that only 37.5% of infants are put to the breast within an hour after birth and 57.5% within the first 24 hours. The survey further documented a very low rate of exclusive breastfeeding (4.4% exclusive breastfeeding within the first month of life). Late supplementation is of equal concern; only half the children (54%) age 12-13 months receive other foods in addition to breastmilk.

### Promotion and Support of Breastfeeding

By including a specific strategy for breastfeeding promotion in the National Food and Nutrition Policy and by designating a Breastfeeding Coordinator, the Government of Guinea has indicated their support and concern for the issue. Currently, the United Nations Children's Fund (UNICEF) and the World Bank (WB) Health Project are carrying out, or have a plan for, activities related to breastfeeding promotion. These activities include: a national breastfeeding knowledge, aptitudes, practices (KAP) survey (presently being analyzed); a study on the commercialization of breastmilk substitutes and subsequent formulation of a code regulating the commercialization of breastmilk substitutes; production of educational and promotional materials; training health personnel in lactation management; and organizing community breastfeeding support groups.

Aside from the Ministry of Health and donor-supported activities, breastfeeding promotion efforts are largely limited to the work of a local non-governmental organization (NGO) called the Women's Association for the Promotion of Breastfeeding and Infant Nutrition in Guinea (*L'Association pour la Promotion de l'Allaitement Maternel et la Nutrition de l'Enfant en Guinée*) (AFPAMNIG). This small organization, associated with The International Baby Food Action Network (IBFAN), was established in 1993. AFPAMNIG's strategies include information, education and communication (IEC), training, policy, operations research, supervision, and evaluation. Recently twenty Association members received UNICEF training to organize and supervise community-based support groups for breastfeeding women. The NGO plans to start organizing these groups this year.

### Recommendations

#### *Legislative Changes*

- Develop and implement a national breastfeeding policy and a code regulating commercialization of breastmilk substitutes.



- Launch a public awareness campaign directed toward policy makers. Include a cost/benefit analysis.
- Designate at least one hospital as a "model" for breastfeeding promotion.
- Review and revise, as necessary, labor legislation for working mothers to allow more time with their breastfed child.

### *Training*

- Support pre- and post-service training of health personnel in lactation management.
- Include lactation management in the training curriculum for all health care providers including community-based health workers.

### *Information, Education and Communication*

- Determine appropriate messages and approaches to breastfeeding promotion through surveys and research.
- Improve the Ministry of Health's (MOH) capacity in IEC/nutrition.
- Mobilize active participation of communities, including establishing breastfeeding support groups.
- Support appropriate mass media campaigns to promote improved infant feeding.

### *Research*

- Support qualitative research to understand obstacles and beliefs pertaining to breastfeeding.
- Support in-depth evaluation of breastfeeding promotional activities.
- Support operations research to test new breastfeeding promotion strategies.



## INTRODUCTION

In the 1990 Innocenti Declaration, the international health community recognized breastfeeding as a critical component in the health of mothers and children and called for support of a global initiative to improve breastfeeding practices. Taking up this call, the United States Agency for International Development (USAID) issued its Strategy for Breastfeeding. Activities proposed in the strategy are: the completion of country-level assessments to document the current situation and serve as the basis for planning; the development of national infant feeding strategies and action plans; and the implementation and evaluation of national programs.

### Methodology

In March 1995, USAID/Guinea requested a Wellstart breastfeeding program specialist to participate in an inter-disciplinary project recommendation team. During this visit, the consultant conducted a cursory assessment of infant feeding practices and the status of programs and policies. Information for the assessment was collected from:

- a literature review of existing documentation related to infant feeding practices in Guinea, such as the Demographic and Health Survey (DHS, 1992); food and nutrition research conducted by the MOH in conjunction with Cornell University and Tulane University (ENCOMEC, 1990; ENAMOG, 1990); and USAID's recent Health and Population Assessment (HPA, 1994);
- interviews with representatives from MOH's Food and Nutrition Division and the Institute of Nutrition and Child Health (INSE), USAID, UNICEF, the Food and Agriculture Organization (FAO), WB's Health and Nutrition Project coordinator, the World Health Organization (WHO), and NGOs;
- site visits to health and nutrition facilities in Conakry.

Albeit a relatively quick assessment of the status of programs, policies and practices that affect infant feeding, this methodology is nonetheless useful for assisting in program planning and also can serve as a baseline for assessing improvements in breastfeeding practices in Guinea.

This paper presents the results of this assessment and is divided into four sections. The first section provides background on Guinea from the perspective of child and maternal health. The second and third sections examine current breastfeeding practices and the status of breastfeeding promotion and support in Guinea. The fourth section features recommendations for improving breastfeeding practices in Guinea.

## COUNTRY BACKGROUND

Nearly three-quarters of Guinea's 6.4<sup>1</sup> million people reside in rural areas. With an average annual growth rate of 2.8%, the country's population will double by the year 2025 (HPA, 1994). Approximately 47% of the population is under the age of 15; nearly 19% are children under the age of five years (Jha & Bangoura, 1995). Conakry, the capital of Guinea, presently has between 1 and 1.5 million residents and is growing at an annual rate of 5% (World Bank, 1993). Guinea is naturally divided into four geographic regions, each with a different predominant ethnic group.

Eighty percent of Guinea's population is actively involved in agriculture. Second to agriculture is industry, predominantly mining, employing at least 6% of the population.

Literacy rates are low, more so for women than for men. Seventy-nine percent of women and 56% of men in Guinea have received no formal education. People living in rural areas tend to have had less formal education than those living in urban areas.

Since 1984, when the Second Republic was declared, Guinea has made tremendous progress in responding to the health care needs of its population. In 1987, Guinea's MOH began implementing a National Primary Health Care Program which has helped set health standards among its African neighbors. Despite its advances in health care management, Guinea's health profile indicators are among the lowest in the world.

### Infant and Child Morbidity and Mortality

The DHS reported an infant mortality rate and a child mortality rate for Guinea of 136 per thousand live births and 229 per thousand live births, respectively, for children born within five years preceding the survey (DHS, 1992). Eleven percent of childhood deaths are associated with malnutrition. Infectious, communicable, parasitic and perinatal diseases (diarrheal diseases - 19%, vaccine preventable diseases - 16%, malaria - 16%, respiratory infections - 18%, perinatal causes - 11%) cause at least another 80% of these deaths (Jha and Bangoura, 1995). Nearly 70% of childhood morbidity in Guinea is due to malaria, acute respiratory infections (ARI) and diarrheal diseases. Other major causes of morbidity are intestinal worms and malnutrition (MOH, 1991).

Significant risk factors for childhood mortality and morbidity include rural residence, poverty, illiteracy, and lack of access to quality health services (geographical, financial, socio-cultural) (Jha and Bangoura, 1995).

### Child Nutritional Status

Malnutrition is widespread among Guinean children. Between 18% and 25% of infants are born weighing less than 2,500 grams and this pattern continues through childhood. Upon reviewing regional and localized studies and medical data, the MOH reported that more than one of every ten children less than five years old suffers from acute malnutrition and one of every three children suffers from chronic malnutrition.

The prevalence of malnutrition varies throughout the four natural regions. The rate of wasting is most profound in the region of Haute Guinée (17%) followed by Conakry (13%), Moyenne Guinée (12%), and Guinée Forestière (4.7%). Rates of stunting are reported to be greater than 40% in the regions of Guinée

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<sup>1</sup>Estimated population based on demographic projections using census data from the 1983 National Population Census.



Forestière and Haute Guinée, 27.3% in Moyenne Guinée and 18.2% in Conakry.

### Maternal Health and Nutrition

Maternal mortality in Guinea is estimated between 500 and 1000 per 100,000 live births (UNICEF, 1995), accounting for more than one-quarter of all deaths among women of reproductive age (age 15-44). Complications arising from abortion or attempted abortion, hemorrhage and toxemia during pregnancy are primary causes of maternal mortality (WB, 1993). UNICEF (1995) found that 25% of maternal deaths in Conakry were due to complications of abortion, which was also the main cause of death for women under 30 in Conakry (UNICEF, 1995).

The MOH estimates that twenty to twenty-five percent of Guinea's mothers suffer from nutritional deficiencies. Although reliable national statistics are not available, localized studies lead to this conclusion. In the region of Moyenne Guinée, energy deficiency was reported in two of every ten mothers. Women aged 15-44 who were not pregnant at the time of the study had a slightly higher prevalence of malnutrition, approximately 24% (ENAMOG, 1990). In Conakry, nearly 11% of adult women were found to be malnourished (ENCOMEC 1990). Little is known about the state of micronutrient intake. However, in 1990 anemia constituted 2% of the reported general morbidity suggesting that at least iron deficiency is a public health problem (MOH, 1993). These findings of poor maternal health are evidenced by the high rate of low birth weight babies in Guinea.

The impact of the Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) is just becoming evident in Guinea. Although the reported prevalence is still less than 1%, the percentage of women among those infected has risen from none in 1987 to 38% in 1994. A small study of

### Guinea's Health-Related Statistics

Total population	6.4 million
Percent urban	26%
Total fertility rate	6.0 children
Percent of married women using contraception	1%
Female literacy	13%
Per capita GNP	\$460
Women receiving prenatal care:	
Urban	90%
Rural	53%
Deliveries in formal health facilities:	
Urban	58%
Rural	14%
Deliveries by trained attendant:	
Urban	69%
Rural	17.5%
Infant mortality rate (per 1000 live births)	153
Under 5 mortality rate (per 1000 live births)	252
Maternal mortality rate (per 100,000 live births)	666

### Prevalence of undernutrition by Region

Region	Acute % (Wasting)	Chronic % (Stunting)
Conakry	13	18.2
Guinée Forestière	4.7	>40
Moyenne Guinée	12.1	27.3
Haute Guinée	17.1	>40

commercial sex workers showed a sero-prevalence of 32%. The available data probably underestimate the real prevalence.

Reliable national data on the incidence of sexually transmitted diseases (STDs) do not exist. However, it is widely believed that STDs are an important public health problem, especially in urban areas. The steady spread of HIV infection supports this suspicion.

### **Fertility and Contraception**

According to data from the 1992 DHS, Guinea's total fertility rate is nearly six children per woman of childbearing age. Guinean women marry at an early age (median age 15.8 years) and 60% of women have given birth to their first child by the age of nineteen. Low education level (13% female literacy rate), low contraceptive use, and high infant mortality are fundamental determinants of high fertility in Guinea.

The contraceptive prevalence rate in Guinea is less than 4% (DHS, 1992; UNICEF, 1993). The 1992 DHS demonstrated that there is a great unmet need for family planning services. Approximately 26% of the women surveyed said that they would like to space (19.2%) or limit (7.2%) their births. This unmet need is further confirmed through analysis of maternal mortality where a large percentage of women are dying due to consequences of abortion (UNICEF, 1995).

In a survey conducted by UNICEF (1993), sixty percent of women responded that they would like to have longer birth intervals. These findings are notable given that the median birth interval is already 35 months (DHS, 1992). This long birth interval may, in part, be explained by strict adherence to postpartum sexual abstinence (median duration of 23.1). Additionally, women in Guinea tend to have a long duration of postpartum amenorrhea (median duration twelve months) (DHS, 1992), which may be reflective of the long duration of breastfeeding.

Statistics for younger women indicate that there may be a decline in postpartum sexual abstinence. For women aged fifteen to nineteen, 42%<sup>2</sup> reported birth intervals of less than 24 months (23% between seven and seventeen months and 18.8% between 18-23 months). For all women, the reported rate of birth intervals less than 24 months was strikingly lower at 19%. This appears significant even when taking into account the higher infant mortality rate for babies born to mothers aged fifteen to nineteen (161.1 compared to 148 for mothers aged 20-39) (DHS, 1992).

Although median birth intervals in Guinea are long, the effects of short birth intervals on infant mortality still exist. The importance of breastfeeding for maintaining the long birth interval duration, thus the need to promote optimal, exclusive breastfeeding, becomes evident in looking at the developing patterns and contraceptive prevalence figures.

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<sup>2</sup>NB: The next birth was not considered in the calculation.



## CURRENT BREASTFEEDING PRACTICES

Although nearly all (93%) Guinean children are breastfed, infant feeding patterns are far from ideal. Breastfeeding practices achieve only two of the five established standards for optimal breastfeeding, namely: continuation of breastfeeding for at least one year and frequent, on-demand feedings.

### Appropriate Feeding Practices

Although much still needs to be done to insure that all Guinean children are receiving the full benefits of breastfeeding, Guinean mothers' customary practices of long breastfeeding duration and frequent feedings must be appreciated.

#### *Continuation of Breastfeeding*

Breastfeeding for at least two years has been shown to benefit the child by maintaining a source of nutrients and continuing to bolster immunological protection. The median duration of breastfeeding in Guinea is 23.5 months, ranging from 20 months in Conakry to 26 months in Moyenne Guinée. At the age of one year, 95% of Guinean children are still nursing and roughly 81% of 22-23 month olds are receiving breastmilk. By the age of 24-25 months the percentage of breastfed babies drops to 48.5%.

#### *Frequent, On-demand Feeding*

Ideally, breastfed babies should be fed frequently — as often as twelve times during a 24 hour period. In Guinea, 88% of mothers who had babies less than six months old fed their children six or more times during the preceding 24 hour period (DHS, 1992). Although reliable data is not yet available, it is generally reported that mothers do feed on-demand day and night (Beavogui, et.al., 1994, interviews with researchers in process of collecting data).

### Breastfeeding Practices Needing Improvement

Despite the benefits that Guinean mothers are granting their children through the practice of breastfeeding, several infant feeding practices need improvement. Exclusive breastfeeding is extremely low and only slightly more than one third of mothers initiate breastfeeding within one hour of delivery. Data show that appropriate and timely introduction of weaning foods is an issue that needs to be addressed in Guinea.

#### *Exclusive Breastfeeding:*

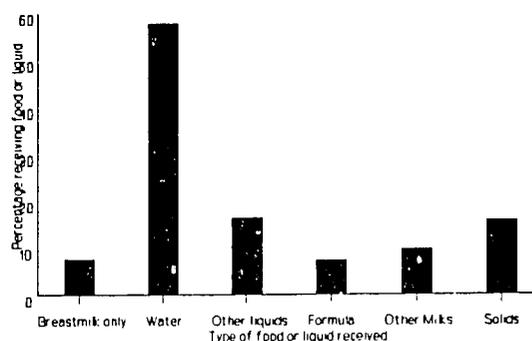
Though breastfeeding is customary in Guinea, exclusive breastfeeding is rare. The DHS (1992) examined feeding patterns of children less than three years old at the time of the survey. Results showed that only 4.4% of infants less than one month were exclusively breastfed. Children aged two to three months and four to five months showed slightly higher rates of exclusive breastfeeding (10.6% and 12.9%, respectively). This pattern may be explained by the fact that nearly all Guinean babies receive either water, sugar water, or teas before receiving breastmilk. Among the breastfed children, 57.6 percent

#### Optimal breastfeeding

- \* Initiation of breastfeeding within one hour of birth
- \* Frequent, on-demand feeding (including night feeds)
- \* Exclusive breastfeeding until the infant is four to six months of age
- \* Continuation of breastfeeding for at least one year
- \* Supplementation of breastmilk with appropriate weaning foods by the time the infant has reached six months of age

received water and 33.3% received other food or drink in addition to breastmilk before four months of age. Supplementation foods included formula, rice and other porridge, other milks and other liquids. Among children less than four months, 16.2% received other liquids besides water, 7.2% received formula, 9.6% received other milks, and 15.7 received solids. Bottles were used in approximately 10% of the cases. A study examining the commercialization of breastmilk substitutes is planned for 1995. Results of this study will give more in-depth insight into the market effects on breastfeeding practices.

Liquids and Foods Received by Guinean Children before 4 months of age



Source: DHS, 1992.

### *Early Initiation of Breastfeeding*

Little information is available to reliably assess the practice of early breastfeeding initiation (within one hour following birth). The DHS (1992) found that only 37.5% of infants are put to the breast within an hour after birth and 57.5% within the first 24 hours. The study did document regional variances ranging from 24% in Moyenne Guinée to 59.5% in Guinée Forestière for initiation of breastfeeding within one hour after birth and 36% in Haute Guinée to 82% in Guinée Forestière for initiation within the first 24 hours. Anecdotal information from health workers in the field and various researchers indicates that colostrum may be withheld altogether in certain regions. In the prefecture of Maferinyah, researchers documented that babies are given sugar water, coconut milk, or a local tea while waiting for the mother's milk to arrive (Beavogui, et. al, 1994).

### Indicators on Breastfeeding in Guinea, 1992

<u>Indicator</u>	<u>Percent of Children</u>
Ever breastfed	99.6
Exclusively breastfed 0-3 months	7.5
Predominantly breastfed 0-3 months (with or without water)	65.1
Still breastfed 2-3 months	98.4
Complementary foods 6-11 months and breastmilk	60
Bottle fed 0-3 months	1.6
Breastfed 12-13 months	95.2
Breastfed 14-23 months	84.7
Breastfed 24-35 months	32.8
Median duration (months)	23

Source: DHS, 1992

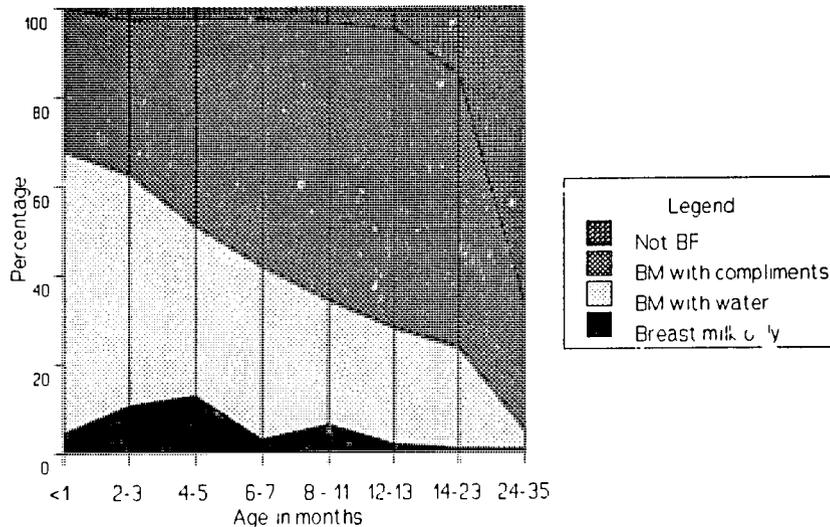


*Supplementation*

Statistics for Guinea indicate that optimal breastfeeding practices are being further hindered by inappropriate supplementation. Supplementation of breastmilk with appropriate weaning foods should normally begin between four and six months of age. In Guinea, among the children surveyed who had breastfed less than 30 months, only 29% of children aged six to seven months and 46% of children twelve to thirteen months had begun to receive other foods in addition to breastmilk. At 22-23 months, 81% of Guinean children were found to be breastfed, but only 57% were receiving an adequate diet consisting of breastmilk and an appropriate solid (DHS, 1992). In the province of Maferinyah, Beavogui, et. al., (1994) found that nearly exclusive breastfeeding (breastfeeding mixed with water or teasines) was commonly practiced until seven to eight months.

## Breastfeeding Practices in Guinea

Children 0-35 months of age



Source: DHS, 1992



## BREASTFEEDING PROMOTION AND SUPPORT

### The Political, Legal and Financial Context

In 1991, the Government of Guinea established a national health policy. Directed by this plan, the MOH's Division of Food and Nutrition developed a national food and nutrition policy and action plan in 1994. The plan recognizes breastfeeding as a major component to achieving the policy's overall goal and objectives. Although, the document awaits official Government approval, the MOH has unofficially accepted and adopted the plan. The plan's strategy for breastfeeding promotion includes the development of a national breastfeeding policy, and IEC.

Although there is presently no national breastfeeding policy or program in Guinea, several breastfeeding activities are presently underway with assistance from UNICEF and the WB's health project. A member of the MOH's Food and Nutrition Division has been selected as breastfeeding coordinator. The Government is also in the process of creating an inter-ministerial committee for breastfeeding promotion. Several of the ministries have already selected their representatives.

Government funding for breastfeeding promotion is limited. Although the Institute of Nutrition and Child Health is government sponsored, little funding is available for breastfeeding promotion aside from periodic group information sessions. Since 1992, the major financial support for breastfeeding activities has come from UNICEF. UNICEF's strategy has been to concentrate on IEC activities and institute the Baby-Friendly Hospital Initiative (BFHI) throughout the country. One of UNICEF/MOH's first activities was to train personnel from the Ignace Deen Hospital, a tertiary care hospital located in Conakry. Ignace Deen Hospital is now the only hospital near attaining baby-friendly status; only condition 10, organization of community support groups, is left to be implemented. Additionally, UNICEF has financed the distribution of IEC messages, including posters, mass media information on exclusive breastfeeding, and billboard presentations.

More recently, the WB began to implement a five year health project, which includes some breastfeeding activities. The project plans for breastfeeding activities include a breastfeeding KAP survey, message development and dissemination, development of technical materials, and an evaluation. The first activity to be undertaken by the project was the KAP survey. Questionnaires for the survey have been completed and are now being analyzed. Results should be available by early 1996. A follow-on breastfeeding KAP survey is scheduled for 1998.

Financial and technical assistance for various nutrition efforts have also been accepted from WHO and FAO. Currently, WHO has a resident advisor for food and nutrition who is involved with a community growth monitoring project in six villages and a salt iodization project. Results of these interventions are not yet available.

### *Breastfeeding Promotion Efforts*

Aside from the MOH and donor-supported activities, breastfeeding promotion efforts are largely limited to the work of the local NGO called AFPAMNIG. This small organization, associated with IBFAN, was established in 1993. AFPAMNIG's strategies include IEC, training, policy, operations research, supervision, and evaluation.

Although AFPAMNIG's activities have been restricted by lack of financial stability and time constraints of its members, the Association has a recognized role promoting breastfeeding in Guinea. With assistance from UNICEF, AFPAMNIG conducted a workshop in 1994 to increase awareness for the need to promote and support breastfeeding. UNICEF also plans to use Association members to assist hospitals in meeting the 10th condition of the Baby-Friendly Hospital Initiative.



## Formal Health Services

The health care system can be effective in promoting and encouraging breastfeeding. Prenatal, delivery and early childhood health care are prime opportunities for the promotion and support of breastfeeding.

In Guinea, health care is provided through the formal sector (physicians, nurses, pharmacists, and community health workers) or the informal sector (traditional healers and traditional birth attendants). Even though about 81% of the population outside of Conakry has access to a formal health site within ten kilometers, general utilization of the national health care system is low. The informal sector is the favored choice of care for the rural populations. Presently, there are no norms or protocols for maternal and newborn care.

Prenatal care is delivered to approximately 63-65% of the country's pregnant women (DHS, 1992; UNICEF, 1993). Thirty-eight percent of women receive prenatal services from a trained mid-wife and another 19% from a doctor. Prenatal coverage is much higher in urban areas (90% of women received some prenatal care) than in rural areas (only 53% of women received prenatal care) (DHS, 1992).

Just one quarter of all deliveries within the last five years occurred in health facilities. Birth at home was predominant; 72% percent of women surveyed had given birth at home. Thirty-eight percent of women delivering were attended by either a parent or other non-qualified birth attendant (26%) or no one (12%), with regional differences ranging from 6% in Conakry to 77% in Moyenne Guinée. Another 24% of women were attended by a traditional birth attendant and almost 36% received assistance from a doctor (6.4%), a mid-wife (24.1%) or a trained traditional birth assistant (5.3%). Of those women who delivered at home, 97% reported having no prenatal care.

## Traditional Health Care

In most of Guinea, a significant portion of maternity care is provided at home by traditional birth attendants (TBAs), some of whom have received training from formal sector health workers. TBAs delivered 29% of all births in the five years preceding the DHS survey. The majority of these births (approximately 82%) were attended by TBAs who have received no formal midwifery training. In the regions of Haute Guinée and Guinée Forestière, TBAs assisted in 47.4% and 55% of births, respectively.

Some TBAs are receiving training and supervision from area nurses and technical health agents. Nutrition is one component of the training, which has been developed by the MOH with assistance from UNICEF. The content of the training presently includes nutrition and hygiene of pregnancy, identification of danger signs and referral when necessary, clean delivery, delivery of the placenta, and normal newborn care. However, many, if not most, of these nurses and technical health agents are themselves in need of training.

## Training Programs for Health Care Providers

UNICEF has been instrumental in initiating training in lactation management. Eleven health care providers were trained as trainers in lactation management in 1994 and early 1995. These eleven trainers now provide a core team for training health agents from each of the 33 prefecture hospitals. This will be the first step in implementing the Baby-Friendly Hospital Initiative throughout the country. Five agents from each hospital will be trained in lactation management. Additionally, MOH with UNICEF support trained twenty members of the NGO, AFPAMNIG, in lactation management and support group organization.

In mid 1995, USAID sponsored five health care providers to attend Wellstart's Lactation Management Education (LME) course in San Diego, California.



Training of mid-wives, professional nurses and laboratory technicians is carried out in Guinea's Ecole de Sante located in Kindia. Additionally, Guinea has three health schools for training Technical Health Agents. The level of training in breastfeeding is minimal, if existent at all. It appears that training in nutrition includes recuperation of malnourished children and nutrition education. The MOH, with assistance from FAO and UNICEF, has developed a nutrition training manual to be adopted by Guinea's health training institutions.

### **Women's Work and Support Systems**

By Guinean law, mothers working in the formal sector receive three months of paid maternity leave. One month of leave should be taken before the birth and two months following the birth. Lactating women are allowed one hour per day for breastfeeding; however, most women are unable to take advantage of this break for breastfeeding due to travel time and cost restraints. These laws apply strictly to women in the formal sector.

### **Information, Education and Communication**

IEC materials to promote breastfeeding are limited in Guinea. With UNICEF assistance, messages promoting exclusive breastfeeding have been disseminated through radio and television broadcasts and posters. Billboards encouraging exclusive breastfeeding until six months may be seen around Conakry. The WB lent their technical assistance to produce a flip chart for advising mothers on nutritional needs of women and children. Sixty four boards were produced but have not been distributed due to lack of finances.

UNICEF and WB both have planned for future breastfeeding IEC activities.

### **Ten Steps to Successful Breastfeeding in Maternities**

1. Have a written breastfeeding policy.
2. Train all health care staff in necessary skills.
3. Inform all pregnant women.
4. Initiate breastfeeding within a half hour of birth.
5. Show mothers how to breastfeed.
6. Give newborn infants no food or drink.
7. Practice rooming-in.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers.
10. Refer mothers to breastfeeding support groups.

Source: WHO/UNICEF



**Activities for Support of Breastfeeding  
in Guinea**

<u>Activity</u>	<u>Level</u>
National Breastfeeding Policy	No
National Breastfeeding Coordinator	Yes
National Breastfeeding Committee	In Planning
Government Financial Allocations for Breastfeeding Promotion	No
National Code of Marketing and Study of Commercialization of Breastmilk Substitutes	Underway, UNICEF
Number of Professionals Trained in Lactation Management	2 Wellstart 20 UNICEF
Breastfeeding Support Programs	BFHI started
Support for Women	Limited
Communications Program to Improve Practices	UNICEF, limited WB, planned

## RECOMMENDATIONS

### Policy and Planning

Development and implementation of a national breastfeeding policy and a code regulating commercialization of breastmilk substitutes is urgently needed. Development of a national breastfeeding policy would provide an official and legal basis upon which to build a comprehensive national breastfeeding program, including detailed plans developed at the sub-prefecture and community levels. Additionally, with an official written policy and operational guidelines for integration of breastfeeding into existing Maternal and Child Health/Family Planning (MCH/FP) services, the promotion of breastfeeding would have a higher profile and a chance to attract more donor financing.

A public awareness campaign would help policy makers understand the importance of optimal breastfeeding practices and foster a supportive environment for positive changes in health facility practices. To make the campaign more effective, a cost/benefit analysis could be carried out and presented to policy makers.

At least one hospital should become a model hospital for breastfeeding promotion. Although Ignace Deen Hospital in Conakry lacks one step in "Ten Steps for Successful Breastfeeding" before officially being recognized as a baby-friendly hospital, it could be used as a model hospital for appropriate breastfeeding practices. However, it is important that Ignace Deen Hospital quickly adopt Step number 10, "refer mothers to community support groups."

Labor legislation for working mothers should be reviewed and revised as necessary to allow mothers more time with their breastfed babies.

### Programs

#### *Training*

Training health personnel in lactation management will not only upgrade technical and managerial skills but will ensure the establishment of adequate planning, monitoring, and evaluation systems for breastfeeding promotion. Personnel involved in the perinatal care of women and newborn care need pre- and post-service education in multi-disciplinary lactation management. Additionally, lactation management training should be an established part of the curriculum for all community-based health workers. Training strategies include:

- Ensure follow-up training and supervision for the core group of health professionals trained at Wellstart's LME Program.
- Organize training teams at the regional and prefecture level.
- Complete lactation management training for all hospital staff.
- Ensure that all health training curricula include breastfeeding.
- Support in-service training, supervision and follow-up.
- Support positive changes in curriculum development for medical and health schools and evaluate the possibility of incorporating breastfeeding and child health information into secondary school curricula.



### *Information, Education and Communication*

Concentrated efforts on effective IEC activities would strengthen breastfeeding promotion activities. Appropriate messages and approaches should be determined through surveys and research directed specifically at infant feeding practices. Strategies include:

- Improve the capacity of the MOH to implement IEC and nutrition activities especially in hospitals and health centers.
- Focus education and communication activities on mobilizing active participation of communities, including setting up breastfeeding support groups.
- Disseminate appropriate infant feeding messages through mass media channels.

### *Research*

More knowledge on infant feeding practices in Guinea would serve to direct breastfeeding program activities.

- Qualitative research is needed to understand obstacles and beliefs pertaining to breastfeeding and help identify the real issues that are directing behavior
- Studies to measure the benefits of breastfeeding promotional activities.
- Operations research to test strategies such as community-based support groups, individual counseling approaches, and approaches to changing hospital practices.



**ANNEX I: BIBLIOGRAPHY**



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## WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

### **International Programs**

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multidisciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health, broadens the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts include assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expands biomedical, social, and programmatic knowledge about breastfeeding.

### **National Programs**

Nineteen multidisciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences and consultation on programmatic, policy and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

*Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.*

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