Monitoring Mothers’ Support Groups to Improve the Quality of Support for Breastfeeding

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Importance of Infant and Young Child Feeding for Child Survival

Breastfeeding & Complementary feeding = single largest impact on child mortality of all preventive interventions: 19%

Breastfeeding in Kenya
Mother, Infant, and Young Child Nutrition (MIYCN) Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Exclusive Breastfeeding</td>
<td>61%</td>
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<tr>
<td>Early Initiation</td>
<td>58%</td>
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<tr>
<td>EBF by 4-5 months of age</td>
<td>42%</td>
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<tr>
<td>Adequate dietary diversity</td>
<td>54%</td>
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<tr>
<td>Adequate complementary food</td>
<td>24%</td>
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Key Gaps in Maternal, Infant and Young Child Nutrition (MIYCN) in Kenya

• Inadequate knowledge of breastfeeding
• Inadequate capacity of health workers and CHVs to offer messaging and support on MIYCN
• Minimum workplace support
• Limited scale-up of community support groups
• Cultural myths and misconceptions
Key Gaps in Optimal Infant and Young Child Feeding

- Focus Group Findings with Caregivers:
  - Limited dietary diversity: Monotonous diets devoid of animal products, fruits and vegetables
  - Low feeding frequency: not receiving WHO recommended number of meals
  - Lack of knowledge regarding nutritious foods for children rather than inadequate resources
  - Most children left at home & cared for by extended family members
  - Myths, misconceptions, cultural beliefs, and practices that affect optimal IYCN
  - Influence of mothers-in-law; minimal male involvement
Baby-Friendly Community Initiative (BFCI) Addresses Nutrition Gaps During First 1000 Days

1. Support, promote, and protect optimal maternal nutrition, breastfeeding and complementary feeding practices

2. Works through formation of community support groups

3. Close link to health centers
What is the added value of BFCI?

• More than half of deliveries at home

• Increasing recognition that interventions are needed to create supportive environments at the community level

• Expands on Baby-Friendly Hospital Initiative (BFHI) - 10th step on community support

• Addresses nutrition-sensitive issues, e.g. environmental sanitation, personal hygiene and linkages to other sectors
BFCI’s Eight-Step Plan

Step 1: Write MIYCN policy summary statement that is routinely communicated to all health care workers and community workers/volunteers

Step 2: Train health providers/ CHWs on skills to implement MIYCN policy

Step 3: Promote optimal maternal nutrition for women and families

Step 4: Inform all pregnant women about benefits of breastfeeding

Step 5: Support mothers to initiate breastfeeding < 1 hour after birth & maintain exclusive breastfeeding for the first six months
BFCL’s Eight-Step Plan Cont.

**Step 6:** Encourage sustained breastfeeding beyond six months to two years alongside timely introduction of appropriate, adequate and safe complementary foods

**Step 7:** Provide a welcoming and conducive environment for breastfeeding families

**Step 8:** Promote collaboration between healthcare staff, community support groups and the local community members
BFCI Community Support Groups (CSGs) in Igembe North implemented by MOH and MCHIP

- BFCI orientation of 30 CHEWs and 500+ CHWs
- 25 CSGs in 20 community units
- Led and moderated by community health volunteers
- Linked with Ministry of Agriculture (MoA) to develop improved food recipes through demonstrations.

Kenyan mothers gathering for a community support group meeting in Igembe
How Does it Work?

• Working in communities
• Building strong linkages to/from the facility to the community
• Facilitating CSGs and involving key influencers – fathers, grandmothers, mothers-in-law, and local leaders
• Building capacity of health care workers and community health volunteers
• Multi-sectoral linkages with other sectors to address underlying causes of malnutrition
CSGs in Igembe North

- Involved mothers, grandmothers, mothers-in-law, fathers/partners, religious leaders and other community influencers as participants

- Activities included passing of MIYCN messages, FGDS on recipe development and demonstrations, and breastfeeding techniques

- Other messages and activities: growing of nutritious foods, FP/birth spacing, healthy pregnancies, hygiene and sanitation, childhood immunizations

*Food displayed at a recipe demonstration in Igembe*
CSG Assessment Purpose

1. Assess difference in knowledge regarding BF
2. Assess the differences in ANC attendance
3. Assess the difference in hospital delivery
4. Assess the differences in rates of breastfeeding initiation within the first hour
5. Assess introduction of CF before 6 months
6. Inform on value of CSGs through BFCI
CSG Assessment Methods

- Knowledge, attitude and practice (KAP) interviews were conducted with mothers of children 0-23 months of age attending the CSGs (N= 53) and non-attenders of CSGs (N= 50) in Igembe North.
- 15 of 25 CSGs participated in assessment.
- Total of 103 mothers recruited by CHWs were interviewed.
- Data inputted into Red-Cap and exported to IBM SPSS for analysis.
# BFCI CSG Assessment Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Non-CSG Mothers</th>
<th>CSG Mothers</th>
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<tbody>
<tr>
<td>Introducing complementary feeds before 6 mo</td>
<td>24</td>
<td>9</td>
</tr>
<tr>
<td>Understanding of BF benefits</td>
<td>52</td>
<td>62</td>
</tr>
<tr>
<td>Delivering in health facilities</td>
<td>51</td>
<td>86</td>
</tr>
<tr>
<td>Attending 3 ANC visits</td>
<td>38</td>
<td>63</td>
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BFCI CSG Assessment Results

- Non-CSG mothers understanding of 4 key points of positioning: 52%
- CSG mothers understanding of 4 key points of positioning: 72%
- Non-CSG mothers understanding of 4 key points of attachment: 34%
- CSG mothers understanding of 4 key points of attachment: 60%
- Non-CSG mothers not using prelacteal feeds: 86%
- CSG mothers not using prelacteal feeds: 92%
- Non-CSG mothers initiation of BF within 1 hour of birth: 84%
- CSG mothers initiation of BF within 1 hour of birth: 91%
“I used to tell my daughter-in-law to start the baby on food [early] because I thought breastmilk was not enough. Now [that I know her breastmilk is enough food for the baby] I will support her to breastfeed my grandchild until he is much older to eat.”

– Mother-in-law to a 16-year-old woman attending a BFCI support group meeting

A Kenyan mother shows off her exclusively breastfed baby during a breastfeeding support group meeting
BFCI Lessons Learnt and Opportunities

• Community engagement is key to the success of nutrition activities

• Optimal nutrition requires a multi-sectoral approach for success

• Integration of MIYCN in other health services is key to maximizing opportunities for nutrition services

• Male and grandmother or mother-in-law involvement is key for the uptake of nutrition services

• Implementation of BFCI is a promising opportunity to improve nutrition status at the community level
Conclusions

“These Community Support Groups have allowed us to bring mothers together and to change their knowledge, attitudes and practices on how they feed their infants. I am glad to see even mothers-in-law attend the support group meetings because they often tell their daughters-in-law that breastmilk alone is not enough for their infants. We have seen more mothers exclusively breastfeed their children for six months and this has really reduced the number of children we refer to the facility being malnourished.”

- CHV in Igembe North
Recommendations

• Scale up BFCI
• Use well-trained CHWs to improve MIYCN practices
• Develop sustainable approaches for initiating and strengthening community support groups, with clear objectives, funding, and target groups
• Improve general breastfeeding awareness through communication and social mobilization platforms
• Involve local sectors in strategic planning of community-based activities for ownership and sustainability of MIYCN
For more information, please visit
www.mcsprogram.org

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