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Addressing Barriers to Exclusive Breastfeeding in Haiti: A Qualitative Assessment

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Abbreviations

BF	Breastfeeding
EBF	Exclusive Breastfeeding
MCSP	Maternal and Child Survival Program
SGD	Structured Group Discussion
TBA	Traditional Birth Attendant

Introduction

Optimal breastfeeding (BF) practices are known to reduce neonatal and child mortality and morbidity, including respiratory infection, diarrhea, and otitis media; and growing evidence indicates BF may be protective against obesity and diabetes (Victora et al. 2016; Black et al. 2008). Although some countries have made gains in exclusive breastfeeding (EBF), early initiation and EBF rates in many countries, such as Haiti, are low and sub-optimal (International Food Policy Research Institute [IFPRI] 2015; IFPRI 2016; UNICEF 2016). While nearly all Haitian infants are breastfed, only about half of mothers reported early initiation of BF within the first hour after birth. Moreover, only 40 percent of mothers reported EBF of children aged 0-6 months. In Haiti, according to recent Demographic and Health Survey data, mixed feeding is common, with only 23.9 percent of infants exclusively breastfed by 4-5 months of age, indicating most are introduced to other foods and liquids, likely due to cultural practices and beliefs (Cayemittes et al. 2013).

Given the importance of EBF to child survival, the Maternal and Child Survival Program (MCSP) led a qualitative community consultation to gain a better understanding of the challenges and constraints faced by Haitian mothers and the approaches, messages, and supporting materials that could address these constraints.

Objectives

- To gather information about barriers to EBF in the first six months of life.
- To gather information about barriers to initiation of BF within the first hour after birth.

Methodology

Structured group discussions (SGDs) and in-depth interviews were carried out in study sites.

Study sites

Data were collected from July 21-29 2016, in four study sites in West department:

1. **Pyron – Thomassin:** Participants from this area have been exposed to some education on BF as part of an integrated community health program.
2. **Lasserre – Croix-des-Bouquets:** Participants from this area have not been exposed to a structured BF promotion intervention.
3. **Martissant – Port-au-Prince metropolitan area:** Participants from this area have been well educated about BF. An intensive nutrition promotion program that includes strong support for BF has been conducted in this area for more than five years.

4. **Delmas 75 – Port-au-Prince metropolitan area:** Participants from this area have a level of BF education similar to participants from Martissant.

Structured group discussions

Four SGD's were conducted, with each SGD consisting of 15 women (20-40 years of age) who had at least 1 child 3 to 36 months of age. These discussions were about two to three hours in duration. The SGD's took place in both rural and suburban areas.

In-depth interviews

Following the SGD's, in-depth interviews were conducted with two participants selected from each group. Selection for in-depth interviews were based on the following: level of participation in the discussions and/or the wealth of their experience. These exchanges allowed for more thorough understanding of women's experiences on EBF.

Eight additional interviews were also conducted with people who accompanied women to carry out EBF: traditional birth attendants (TBAs), health workers, nurses, auxiliary nurses, fathers, and mother counselors. This second group of interviews provided the opportunity to collect data related to the mentoring of women, particularly in the early initiation of BF.

Processing and analysis of results

The SGD's were recorded with the participants' consent. A rapporteur also noted main elements of the group dynamic and key points of the discussions. The opinions expressed by the participants during the interviews were noted with detail.

The recordings of SGD's were transcribed, and key themes that emerged were extracted from the transcripts. The transcripts of SGD's and interviews notes were translated into English.

The analysis took into account sub-themes that emerged from the data. Notes taken during the in-depth interviews were analyzed and a summary of the key points prepared.

This report presents the main findings of this qualitative study designed to guide the conception of BF promotion materials.

Results

Early initiation of breastfeeding

Current practices: Initiation of breastfeeding

In general, it is known that BF is to be initiated right after delivery. However, this is usually not done early enough due to various factors. In communities not reached by BF promotion interventions, women do not have the information on optimal timing for initiation and continue to wait for some post-delivery care before putting the newborn to the breast. In rare situations, BF has been initiated after the first day of life.

Many Haitian women do not master the concept of “time” and did not have awareness of the time elapsed between birth and initiation of BF, therefore the timing of initiation cannot be specified in most cases.

“I didn’t evaluate how long it took.” (Martissant)

“After two to three minutes because it takes time to get the bath.” (Martissant)

“I gave birth at home. The matron cleansed me right away and gave him to me to start breastfeeding. It didn’t take long, about five minutes.” (Martissant)

However, from their experiences, it can be inferred that most newborns were put to the breast at some point during the first day of life, as illustrated in the following quotes:

- In all study sites, some women reported that the child was put to the breast immediately after birth, even before the expulsion of the placenta

“You are supposed to breastfeed right after birth so the baby can get rid of goudwon [black stool] and also in order for the mother to deliver [expulse the placenta] more rapidly.” (Lasserre)

“Right after giving birth we breastfeed.” (Lasserre)

“If it’s at the doctor’s [in a health center or hospital], the nurse puts him on the breast immediately.” (Lasserre)

“The moment the doctor gave him to me, I put him on the breast. The doctor asks me to hold the baby while he was cutting the umbilical cord, and I put him on the breast.” (Martissant)

“Right after I had the child, the nurse gave him to me and I put him on the breast.” (Martissant)

“I had him at home. The traditional birth attendant [Matron] gave him to me right away to start breastfeeding.” (Martissant)

“Although I gave birth in an ambulance because I did not have time to reach the hospital, after I did, they gave me the child to breastfeed. Because we weren’t in the hospital and the child didn’t have his first vaccine, the first yellow milk acted as his first vaccine.” (Martissant)

- In general, most newborns were put to the breast in the within the first hour after birth, once the mother and baby have been bathed

“After giving birth you have to take a shower to wash your breasts before putting the baby on the breast because it is said that the first milk will clean the inside its belly and prevent stomachaches and the baby won’t get sick.” (Pyron)

“If it is at home, after one hour. Once you’ve given birth and once they’ve cleaned you, they clean the baby, they put you in bed, and later they tell you to put the breast in the baby’s mouth to see if the milk has come.” (Lasserre)

“Right after, the nurse took the child to clean him. When they were done with me, they put me on the bed and then they brought me the baby and made me put the breast in his mouth.” (Martissant)

“Some people, after taking a bath, they gently massage her breast and then they tell her to give it to the child to get the milk to start flowing.” (Martissant)

“After taking a bath and washing your breasts, you put the baby on the breast.” (Delmas 75)

“When I laid in bed, within about half an hour.” (Delmas 75)

- Some women delayed initiation of breastfeeding, and put the infant to the breast, later at some point during the first 24 hours of life.

“About two hours later, once I lay in bed.” (Pyron)

“When people have C-section, they don’t breastfeed right away because of the surgery.” (Martissant)

“I had a C-section. I put the baby on the breast about two and half hours later.” (Delmas 75)

- Rarely, women initiated breastfeeding after the first day of life, even up to 15 days after birth, awaiting lactation or due to complications of pregnancy or the delivery.

“Sometimes, the milk doesn’t come right after delivery. I had my child at the hospital, after his birth, the milk didn’t come right away.” (Pyron)

“I got out of the hospital, and the next day the milk came. This took only a day.” (Pyron)

“When my baby was born, I had no milk. He got breastfed after two days.” (Pyron)

“It took me three days before I could breastfeed my child because the milk wouldn’t come.” (Pyron)

“It took me about 15 days because the milk could not flow. I had problem with the nipples. I had to express the breast milk and put it in the bottle to feed him, but only drops came out. I had to wait many days before the milk flowed normally in order to be able to feed him properly.” (Pyron)

“From the moment he’s born you put the baby on it [breast], but not everyone has the same body; the breast milk might not come. Mine came after three days. The child would be crying but you couldn’t find milk.” (Lasserre)

“When I had my first child that after they have given me the bath that the milk came. I had milk three days later. It hurt, but I had the milk.” (Lasserre)

“I start breastfeeding after three days. Not only I had a C-section, but also I suffered from eclampsia and was unconscious.” (Delmas 75)

Perspectives on early initiation of breastfeeding

Early initiation of BF does not solely depend on where a mother gives birth to her infant, (health institution vs. home) but on the presence and action of a healthcare provider, a matron, a parent, and/or a relative convinced of the importance and benefits of colostrum and EBF. Some mothers relayed that the level of knowledge of BF and the mother’s determination to breastfeed exclusively are factors which play a role in early initiation of BF.

“Sometimes it’s from a mother who has experienced breastfeeding or from the health providers [doctors, nurses] present during the delivery [who encouraged and assisted the mothers].” (Delmas 75)

“When she is aware of the benefits of exclusive breastfeeding for the baby.” (Delmas 75)

Other reported factors that influence women’s willingness and/or ability to initiate BF were conveyed during SGDs.

- Conditions related to childbirth (e.g., cesarean section, episiotomy) make the woman feel uncomfortable and make it difficult to find a suitable position for BF

“When people have C-section, they don’t breastfeed right away because of the surgery.” (Martissant)

- Some women relayed that maternal health status (e.g., indisposition, eclampsia, hypertension, hemorrhage, postpartum psychosis, HIV infection) or the newborn’s health status (e.g., prematurity) affected ability to initiate breastfeeding within the first hour

“Sickness.” (Lasserre)

“Respiratory issues with the child. Sometimes the kid is born with respiratory issues and can’t be breastfed while he is on oxygen.” (Lasserre)

“Some women give birth and then have difficulties to expulse the placenta.” (Lasserre)

“The woman might die and the baby didn’t have the chance to get the milk.” (Lasserre)

“The baby might die as well.” (Lasserre)

“Some women are afraid of the child, some faint after having the baby, were unconscious so could not breastfeed.” (Martissant)

“Some women are sick and depending on what they have they can’t breastfeed, the doctor sometimes advise them not to breastfeed and that’s why they don’t.” (Martissant)

“The mother might be sick and unable to breastfeed right away.” (Delmas 75)

“If the mother has some kind of blood disease, like AIDS, she cannot breastfeed.”
(Delmas 75)

- Few women talked about the lack of knowledge or inexperience of the mother

“It’s not their fault because they had no training; they don’t know what they are doing.”
(Martissant)

“For some people there is no reason, just because they heard members of their family did it and they repeat it too.” (Delmas 75)

“Sometimes, pressure from the grandparents/the elders based on traditions will prevent the woman to give it.” (Delmas 75)

- Few participants mentioned the fear of the child of his appearance

“She might be afraid of the child after birth, especially if it is her first child and she is not yet used to the baby, because his body is soft, white, and the person is not used to breastfeeding.” (Lasserre)

“Some [women] are afraid of the child.” (Martissant)

Current practices: Use of colostrum

Almost all women interviewed recognized the importance of giving colostrum and its benefits for the newborn, as shown in the following quotes:

“Because it’s good. It cleans the baby. It keeps him from being sick; no diarrhea, no stomachaches. It gets rid of the goudwon [black stool/meconium].” (Pyron)

“When you give the first milk, it cleans the child. He has no gas in his stomach.” (Lasserre)

“They usually say that the first milk is like the lok. When you give the child the first yellow milk, you don’t have to give him the lok.” (Lasserre)

“It helps us a lot. It helps the baby as well because the first yellow milk cleanses him and gets rid of the goudwon that usually causes stomachaches.” (Lasserre)

“I gave it to him as the first vaccine.” (Lasserre)

“It’s the first vaccine.” (Martissant)

“The yellow milk is the child’s biggest protection.” (Martissant)

“I give it to him because I know it’s good for him.” (Martissant)

“It’s the best thing for the baby.” (Delmas 75)

The vast majority (85 percent) of participants in the SGDs gave colostrum to their babies.

“It’s a must.” (Delmas 75)

Pyron	Lasserre	Martissant	Delmas 75	Total
12/15 women	10/15 women	15/15 women	14/15 women	51/60 women

They acknowledge, however, that not all women in their community give colostrum to the newborn, as some prefer to discard the colostrum and administer the “lok,” or “bovaz.”¹

Participants also indicated several factors that influence whether mothers give colostrum, the “first milk”, which include:

- Beliefs that colostrum should not be given to the baby because of its color and thickness
- Lack of information about the importance and benefits of colostrum
- Traditional practices (e.g., administration of “lok”) and the influence of relatives
- Making the decision to practice EBF before giving birth, which helps the mother resist the pressure to give other liquids to the newborn

“They might think that it’s not good. They might not understand why to give it to the baby and continue to replace it by the lok in order to help the baby get rid of the goudwon.”
(Pyron)

“Nowadays, people are more informed about breast milk and breastfeeding compared to our grandparents, who did not know that this thick yellow liquid coming out from the breast was extremely good for the baby. And this is the reason they threw it away.”
(Pyron)

“Till today, some people believe that the baby shouldn’t have the first milk because they believe it not good for him because they lack information about breastfeeding.” (Pyron)

“People who don’t give the yellow milk give the lok.” (Lasserre)

“No, not everyone gave it because not everyone knows that the yellow milk cleans inside the child. They still think that they have to give him the lok before breastfeeding.”
(Martissant)

Management of problems related to initiation of breastfeeding

The main problems faced by women when initiating BF are linked in some way to the fact that lactation has not started yet, which makes the breasts sensitive and even painful. It seems that difficulty latching led to nipple irritations and cracked nipples. Despite this, nearly all the women continued to breastfeed the baby despite the pain in the nipples and breasts initially.

¹ “**Lok**,” also called “**bovaz**,” is a mixture of oil and other ingredients traditionally given to newborns in order to cleanse his bowel of the meconium. It is made of Palma Christi oil, garlic, nutmeg; sometimes, they also put roaches in it.

- Late lactation - on the first day following childbirth

“I had him at the hospital. I put the breast in his mouth, but despite everything I did, the milk wouldn’t flow. It came only after two days when I went home.” (Pyron)

“I have a friend who has three kids, but she could never get the milk to come. The child sometimes needs the breast milk, but it never comes.” (Lasserre)

“You continue breastfeeding, but sometimes the milk is not coming down yet.” (Lasserre)

- Issues related to the breast or the nipple

“When the nipples are not out, breastfeeding is painful.” (Pyron)

“The nipples sometimes can have cuts. I don’t know how it gets cut.” (Lasserre)

“If her breast is hurting, that could stop the woman from breastfeeding.” (Lasserre)

“Me, my breasts were hurting, but I still breastfeed. And every time the child would suck hard, the nipples swell, but I continued breastfeeding.” (Martissant)

“Some are afraid because the breast might be burning/hurting them. They say they won’t give it right now; they will wait before giving it to the baby.” (Martissant)

These problems were not perceived to be difficult for mothers to solve because of the agreement between the advice received from the health workers and the traditional practices. The recommendation was always to continue breastfeeding the newborn:

“You just let the baby suck until the nipples come out.” (Pyron)

“I had sore nipples; but parents and friends encourage me to continue breastfeeding. They said that this was caused by his mouth and it is his mouth that would treat it. That would help the baby and not hurt him.” (Pyron)

“I didn’t do anything because it became like that while breastfeeding, but my grandmother told me to continue breastfeeding even though it was burning and hurting me, she told me to continue and the child’s mouth would heal it so I continued and it went back to normal.” (Martissant)

“When I gave breast, each time I felt the pain, I changed breast (alternate).” (Delmas 75)

“Despite the pain I continue breastfeed. There was no other option.” (Delmas 75)

“You don’t have other choice but continue breastfeeding.” (Delmas 75)

“I cried a lot and was about to quit, but the nurse told me not to give anything but breast milk.” (Delmas 75)

Exclusive breastfeeding for the first six months

Current practices and major underlying factors

The data from this study show that EBF is well-known and relatively widespread in Haiti, particularly in areas reached by EBF promotion interventions. EBF is less common in more remote areas than in the selected urban areas around Port-au-Prince, where an intense and structured nutrition program with a strong promotion of EBF was carried out.

Nearly 70 percent of SGD participants had practiced EBF, at least for their youngest child.

Pyron	Lasserre	Martissant	Delmas 75	Total
7/15 women	5/15 women	15/15 women	14/14 women	41/59 women

According to participants, the practice of EBF is fairly widespread in their communities.

“Yes, in the community, in the neighborhood.” (Pyron)

“There’s quite a few. There’s not a lot, but there’s a few.” (Pyron)

“The majority of the people in the church I serve breastfeed.” (Martissant)

“In my church too, a lot of people breastfeed.” (Martissant)

“I am friends with a lot of them. I am always with their kids, and I always see them together.” (Martissant)

In the opinion of study participants, EBF is the best choice for the child’s health, and it is highly desirable for women to practice EBF. The concept of EBF was well understood by participants in SGDs and interviews.

“Breastfeeding exclusively for six months without water, without food, without anything; only breast milk.” (Pyron)

“You breastfeed the child exclusively. The kid is breastfed only; you don’t give him milk or water.” (Lasserre)

“You breastfeed exclusively for six months without mixing with water.” (Martissant)

Nearly all participants in the SGDs and interviews clearly established the difference between “bay tete” (give the breast) and “fè alètman” (practice EBF).

“If you are breastfeeding exclusively, you cannot give other food to the child. You will spend six months doing exclusive breastfeeding, and after that you will be able to give some food while still breastfeeding.” (Pyron)

“If you are not breastfeeding exclusively, you will give the breast and food.” (Pyron)

“You will do exclusive breastfeeding for six months, and then after that you will continue breastfeeding while adding other foods.” (Pyron)

“You breastfeed exclusively for six months, and then you give the child food and you can continue to breastfeed for twenty-four months; it's normal. It is good for both you and the child.” (Martissant)

EBF is generally perceived positively because of its impact on child health and development, emotional bonding with the baby, savings, and birth spacing.

“They think that exclusive breastfeeding is good for the child because it keeps him healthy. The child doesn't get sick, and he grows well.” (Pyron)

“They think it's good for the child.” (Pyron)

“It is a very good thing. It helps you and helps the baby as well.” (Lasserre)

“At the level of the child's health.” (Lasserre)

“It will help us economically.” (Lasserre)

“It helps him learn well. It helps with brain development.” (Lasserre)

“When you are breastfeeding, it is beautiful to see the child smiling at you and touching your face.” (Lasserre)

The advantages of EBF are well-known and have been experienced by the majority of women who participated in the SGDs:

- Growth and harmonious development of the baby

“He is a very alert kid who is very intelligent and does well in school.” (Pyron)

“Child learns well in school.” (Pyron)

“The child is heavy. He gains weight; it makes him strong. Even if in the kid's body seems small, he weighs a lot.” (Lasserre)

“He's smart. When he goes to school he is always alert.” (Martissant)

“When you breastfeed exclusively, the child develops well.” (Martissant)

“The child is healthy, well developed, and not often sick.” (Delmas 75)

- Pride in feeding her child and having a beautiful healthy baby

“I felt proud of myself for breastfeeding exclusively this child because I didn't have to purchase milk, or corn flour, I didn't have to buy any food for the child. I had to purchase food to eat in order for me to breastfeed and it also helps our environment because I don't have to do trash, don't have to throw away can of milk in the garbage, I keep the neighborhood clean when I'm breastfeeding.” (Martissant)

- Appreciation of her partner and saving money

“It helps you save.” (Pyron)

“You have more money – you don’t buy milk, you don’t buy baby bottles, you don’t have to sterilize the baby bottles. You save money.” (Pyron)

“It helps the parents with the milk; it helps them economically. This money can be used to feed yourself while you are breastfeeding.” (Lasserre)

“It prevents the child from getting sick, and you don't have to spend money at the hospital.” (Martissant)

“The father of the child will be encouraged with you because he sees how the baby is developing well during breastfeeding.” (Martissant)

“Your husband loves you more because he sees that instead of spending a lot of money to buy milk, I breastfeed my baby; so he only has to buy food for the household. That makes him love you more and more.” (Delmas 75)

- Effective birth spacing method

“It’s like a family planning method called MAMA [LAM – Lactational Amenorrhea Method] while the child breastfeeds exclusively for 6 months.” (Martissant)

Many women also recognize that certain factors can prevent a woman from breastfeeding exclusively for the first six months. Women relayed the following constraints to EBF:

- Most women discussed that Formal/informal employment was a challenge to maintain exclusive breastfeeding during the entire period of six months

“If you can’t stay home all day, you can’t breastfeed exclusively.” (Pyron)

If you can breastfeed for six months, you should take your time in doing it. You have to give the child all your time. You don’t go out and stay too long because you have a child you are exclusively breastfeeding.” (Pyron)

“Some think it’s good, but because of their activities they can’t do it.” (Pyron)

“Some people get out early in the morning – they chose not to breastfeed exclusively. If they have to go out early, especially to go to work, to sell at the market, they don’t breastfeed exclusively.” (Pyron)

“If the mother has nobody to take care of her, I don’t think she would breastfeed exclusively.” (Pyron)

“I didn’t breastfeed because I like to go out. I am always out.” (Pyron)

“There are people in the community who know about exclusive breastfeeding but do not do it because they don't have time, they go to work and leave the child with someone.” (Martissant)

- The perception that the nursing mother must be well-fed to produce enough milk and to have the strength to breastfeed

“If you don’t eat well, you can’t breastfeed.” (Pyron)

- The health status of the mother and/or the baby

“Sometimes the mother wants to give it, but the child cannot take it.” (Lasserre)

- Lack of knowledge about BF

“Because they don’t have information, they don’t believe in it. They don’t know the importance of exclusive breastfeeding.” (Martissant)

- Influence of relatives and close friends, especially elders

“If you listen to the grownups [elders], you won’t breastfeed exclusively.” (Pyron)

“The problems come from the elders and other people from your environment. They can ask you where you got this weird idea; tell you that with exclusive breastfeeding, the baby will die.” (Pyron)

- Fear of sagging breasts
- A new pregnancy, which was cited by only a few women

Some negative attitudes toward the practice of EBF have also been reported.

In communities, some people negatively perceive women who practice EBF as “idle, with no occupation.” Others criticize them because they do not even have the means to care for themselves and they pretend to practice EBF. Some people do not support EBF because they think that breast milk is insufficient to nourish the baby up to six months. Some also claim that children exclusively breastfed tend to refuse to eat after six months.

“They used to say that the child is never full because he is fed only with milk. They think that the milk is not rich enough. That he should receive food.” (Pyron)

“Some do not want their breast to become sagging.” (Pyron)

“People in the community who do not do exclusive breastfeeding often say that the child suffers from gas, he doesn’t find enough food, and his intestine is getting “thin,” but it’s because they are not well informed like us.” (Martissant)

“They always say that after breastfeeding, the child is reluctant to eat food other than breastmilk.” (Martissant)

“Some people might say that she is an affluent woman that’s why she can stay at home to breastfeed exclusively for six months; she can eat food all day, she has money for that.” (Martissant)

“They don’t believe that there are benefits because they often think that you can breastfeed your child exclusively because you have money.” (Martissant)

“Some women used to call me names because I choose to do exclusive breastfeeding.”
(Delmas 75)

“Some people say that the reason why you breastfeed is because your husband is working; therefore, you can waste time breastfeeding.” (Delmas 75)

“Some people say the reason you breastfeed is because you have nothing else to do.”
(Delmas 75)

“Some people think it’s because you do not want to spend to buy food for the baby. They do not know it’s a privilege when you do exclusive breastfeeding.” (Delmas 75)

Almost all women who had practiced EBF for the full six-month period reported a very positive experience, especially when they could count on the support of their families and/or their partner. This was also true when they were able to eat properly. According to participants, other factors that can encourage and support a woman in the adoption or maintenance of EBF include:

- Advice and education

“Give them advice [on breastfeeding].” (Martissant)

“She has to get some training.” (Martissant)

“You can use yourself as an example to promote breastfeeding.” (Delmas 75)

- Adequate diet and sufficient food for the mother

“I ate well, drank well, I breastfed my child.” (Pyron)

“If you are breastfeeding, you have to be well nourished.” (Pyron)

“Eating a lot doesn’t mean that you are eating well. What you eat should be good; eat healthy and in quantity.” (Pyron)

“When you are not hungry, you can happily breastfeed.” (Lasserre)

“If she finds help as well, someone to help her with food and also help her with the child.”
(Delmas)

- Support from friends and family, especially from her partner or husband

“She should get encouragement/support.” (Martissant)

“She should have people to help her.” (Martissant)

“[She needs] A husband by her side.” (Delmas 75)

“I had great support from my husband who, since the pregnancy, told me ‘exclusive breastfeeding.’ Right after delivery, he reminded me about exclusive breastfeeding.”
(Delmas 75)

“It was my husband who asked me to breastfeed exclusively. I didn’t really want to, afraid that the baby might not stay on breastmilk alone, but he encouraged me, supported me. I did it for one month then two months and continued to do it.” (Delmas 75)

Perceptions of the quantity and quality of breast milk

Perceptions of insufficient breast milk were mentioned by some mothers. Milk quantity and quality was linked to the quality of the mothers’ diet. If a mother eats “well” and in sufficient quantity, breast milk production will be enough.

“The more you are eating, the milk will flow well.” (Pyron)

“One who eats well and is at peace, does not have stress, is not anxious, live well, the milk comes normally, so you will have more motivation to breastfeed.” (Pyron)

“If she doesn’t eat well she won’t have milk.” (Pyron)

“There is certain food to eat to maintain the quantity of milk for the child.” (Pyron)

“Yes, I had milk because they made me eat a lot of papaya.” (Lasserre)

Some foods were mentioned that were believed to cause milk to flow in larger quantity and with better quality.

“When you eat a lot of sorghum, papaya, corn mill, corn mill with black beans, lots of green leaves, lot of fruit juice, green juice, natural juices.” (Martissant)

“When she drinks a lot.” (Martissant)

“She drinks natural fruit juices.” (Martissant)

Some mothers mentioned that they had a lot of breast milk and did not have an issue with breast milk supply.

“After the child is done breastfeeding, I have to put a piece of towel to pick up the milk that is flowing.” (Martissant)

“Because the child is born with his own food, that’s why I am saying that it’s enough for him.” (Martissant)

“I had so much that it was leaking on the floor.” (Delmas 75)

“My milk flows a lot, and when I breastfeed, I have to put a cloth on the other breast and I have to alternate the breasts frequently to avoid the milk to leak. I have lot of milk.” (Delmas 75)

Generally, most women believe they produced good quality breast milk, defined as “heavy” and “rich” enough to nourish their baby to support optimal growth and health.

“It is rich enough to feed the baby.” (Pyron)

“If it was not rich enough, the child would be weak.” (Pyron)

“The child consistently gained weight, he's well, not sick, and we see that the milk is rich.”
(Pyron)

“Because the child does not get sick, when he's breastfed, he's doing well.” (Pyron)

“Because children get everything from what their mothers eat [through breastmilk]. They found water, protein, all of it because breast milk is a complete food.” (Pyron)

“Yes, I think the breastmilk is rich. It is full of vitamins. The milk is heavy [thick].”
(Lasserre)

However, it is noteworthy that the belief of spoiled or salty milk persists in some communities. It is a cause of discontinuation of EBF and the introduction of other foods before six months.

During the second month, a woman has discontinued EBF because, according to her and the matron, the milk was not good; it was spoiled. The baby was crying at night, vomited milk, and had diarrhea. His father sent Gallia milk powder that was given to the baby. (Interview in Lasserre)

“If the milk is salty [The woman will stop breastfeeding].” (Martissant)

Early introduction of foods and liquids prior to six months

A few women reported that their milk was not sufficient to properly nourish their baby. Some took infusions of leaves to stimulate milk production, but others chose to start giving other foods to their babies, including milk powder and flour porridge, before six months of age.

“It's not me, the way he was crying continuously, the breast milk didn't do anything for him. I gave him food.” (Pyron)

“I didn't have enough milk.” (Lasserre)

“They gave me a leaf infusion, after three days the milk came. Infusion made of papaya leaves and other...” (Lasserre)

“I give him formula because I don't have enough milk for him.” (Lasserre)

“I didn't have enough milk. I gave him milk, but sometimes it wasn't enough because he would keep on crying, I made porridge for him at four months.” (Lasserre)

“I did exclusive breastfeeding for my child during four months. After that, I got sick and couldn't continue, so I bought formula until he turned six months. At six months I gave him food.” (Lasserre)

Milk seems to be the first food introduced into the diet of infants who are not exclusively breastfed. In general, “first age milk” (Enfamil, Nactalia, Celia, Gallia) is given to start, but in some cases, babies are given any type of milk (Alaska, Holandia, Bongu). Flour porridge is usually added around six months when the milk seems insufficient to satisfy the baby's

appetite, but porridge had been given as early as two and four months by some women in Lasserre.

“All types of milk as long as it’s milk. The person needs milk to give to the child.”
(Lasserre)

“I don’t have specific milk that I give. Today I go somewhere I find milk and I give it to the baby.” (Lasserre)

“A pediatrician prescribed the milk Gallia to me.” (Lasserre)

Management of breastfeeding problems during the first six months

After the first week of BF, SGD participants reported no major problems other than having to stay at home so as to be available to breastfeed on demand. Those who had to go out were afraid that family members would give the child food or drink in their absence.

“If you can breastfeed for six months, you should take your time in doing it. You have to give the child all your time. You don’t go out and stay too long because you have a child you are exclusively breastfeeding.” (Pyron)

“I became a slave to my child the moment he was born. If I had to go out, he would be with me because I had no one to leave him with. I wasn’t working. I was always with him. Therefore, any time he needed it [the breast], I was available. That is the only way.”
(Pyron)

“In order to do exclusive breastfeeding you have to be stable, to give all your time for the baby because you can’t be going out and say you are breastfeeding. It is frequently, the baby depends on your milk for his nourishment that is the only food he is given, you must give it to him frequently.” (Pyron)

“If you leave the child with them, by the time you come back they had given him water.”
(Lasserre)

“If you’re not vigilant, other kids will give him water, the kids playing with him.” (Lasserre)

“Other kids give him crackers or cookies.” (Lasserre)

“You have to watch over the baby to prevent other people to put other thing in his mouth.”
(Lasserre)

“When you have to go out, even though you leave milk for the baby, you are afraid people might give him other food. You are always thinking about what could happen when you are not home. That’s why you cannot go to work until you are done with exclusive breastfeeding.” (Delmas 75)

Mothers also stressed the fact that the practice of EBF affects their sleep, since they have to wake up several times to breastfeed during the night. The very frequent feedings make them feel tired. They also reported increased appetites, with mothers having to eat and drink a lot before feeling satiated.

“Sometimes you feel fatigue, you feel tired.” (Delmas 75)

“You have to wake up at night to breastfeed the baby. That makes you feel tired.” (Delmas 75)

“I do like sleeping but could not because I have to wake up at night to breastfeed him.” (Delmas 75)

“When you do exclusive breastfeeding, even when you eat, your stomach is never full. You need to drink a lot in order to have a lot of milk to breastfeed, but your stomach is never full.” (Delmas 75)

“You have to eat well if you are doing exclusive breastfeeding: eat a lot, drink a lot.” (Delmas 75)

The women, convinced of the importance and numerous benefits of EBF, showed a strong determination to EBF. With the advice and support received, most mothers have applied the following solutions to the problems encountered as indicated in the table below.

Table I: Management of breastfeeding problems, perspectives and local solutions relayed by women

Problem	Reported problem management strategies
Nipple cracked or wounded; pain in the nipple and the breast	<ul style="list-style-type: none"> • Continue to breastfeed, despite the pain • Frequently alternate breasts • Ensure that the baby’s mouth covers the areola (good latch-on)
Breast abscess	<ul style="list-style-type: none"> • Seek appropriate care in a clinic or a hospital and continue breastfeeding the child, giving him/her the breast that is not sick
Belief that the baby has burped in the breast <i>(The breasts are heavy and very painful)</i>	<ul style="list-style-type: none"> • Hit the baby’s mouth with the breast three times, watch for a burp • Warm a cabbage leaf soaked with Palma Christi oil and apply it to the breast • Wash the breast vigorously with soap • Continue to breastfeed the baby with the painful breast, regardless of the treatment applied
Hunger and increased appetite; lack of resources to eat well	<ul style="list-style-type: none"> • Consume foods that are particularly suitable for lactating women and drink lots of water and fruit juices • Husbands try hard to make food available • Without a steady partner, save money in advance of pregnancy or do not practice EBF • When the economic situation is extremely difficult, put a grain of sea salt under the tongue or drink a glass of water plain, with sugar, or with sugar and salt
Fatigue; lack of time; insufficient sleep	<ul style="list-style-type: none"> • Get some rest while the baby is napping or use this time for housework • Go to bed at night at the same time as the baby, even if it seems early
Lack of confidence in family members who can take advantage of any opportunity to give other	<ul style="list-style-type: none"> • If you must go out, take your baby with you • Stay home as much as possible to watch and take care of your baby yourself

foods and drinks to the baby	
Difficulty or even impossibility to go out to engage in other activities (work, small commerce, etc.)	<ul style="list-style-type: none"> • If possible, resume your usual activities at the end of the period of EBF
Pressure to give other foods to the child	<ul style="list-style-type: none"> • Continue to exclusively breastfeed the child, while respectfully disregarding other opinions

Proposed actions to strengthen exclusive breastfeeding promotion

The participants' recommendations to get more women to practice EBF revolve around two main areas of action: education/advice and support. The suggested actions are to be undertaken at different levels; some by the government or the state (public health) and others by members of the community. Approaches mentioned include counseling, testimonials, home visits, and use of radio.

"Educate, talk with them, and train more women [on breastfeeding]." (Pyron)

"There should be more support available. Help the mothers; give them a push (help/support) with their babies. Some mothers can't take care of themselves while breastfeeding. Help them by providing food such as rice, beans, and oil." (Pyron)

"Go to everyone's house and tell them what exclusive breastfeeding is, especially if the woman is pregnant, we can go to her house and talk to her about exclusive breastfeeding and encourage her to practice it." (Lasserre)

"You can use yourself as an example to promote breastfeeding." (Delmas 75)

"People should counsel each other and encourage everyone to go to the hospital to find more information/knowledge about exclusive breastfeeding." (Delmas 75)

"Could use microphone or go on radio. Organize meetings with women to share information about that." (Delmas 75)

"Mobilize the people and spread the word everywhere in the community." (Delmas 75)

"If she finds help as well, someone to help her with food and also help her with the child." (Delmas 75)

Conclusions and Recommendations

Participants in the SGDs shared their personal experiences and provided information about their communities' attitudes and practices related to BF. The four selected sites are quite different (mountain vs. plain, rural vs. semi-urban, higher vs. lower socioeconomic status, and low vs. high coverage of EBF promotion interventions). Therefore, the information gathered sheds light on the situation of BF in Haiti from various perspectives which can

guide the development of promotion materials to address barriers to EBF and the adjustment of program considerations

Proposed messaging elements to address challenges and constraints

Table II: Elements for message design based on study findings

Main barriers to exclusive breastfeeding	Recommended messaging elements	Reasons
Delayed initiation of breastfeeding (BF): most newborns are put to the breast after the first hour but within the first day of life	<ul style="list-style-type: none"> • Mothers initiate BF at birth, during the first hour of the newborn life • Healthcare providers, TBAs, and family members encourage and assist mothers for immediate initiation of BF 	<ul style="list-style-type: none"> • Putting your baby to the breast immediately will help to expel the placenta quickly and stop bleeding after you give birth • This will also stimulate lactation and prevent breast engorgement
Discarding of colostrum and prelacteal feeding of “lok”/“bovaz” to the newborn before starting BF	<ul style="list-style-type: none"> • Mothers give colostrum to their newborn right after birth. • Healthcare providers, TBAs, and family members encourage and assist mothers for immediate initiation of BF • Babies do not need any other food or liquid, such as “lok” or bovaz,” before or instead of colostrum • Healthcare providers, TBAs, and community and family members encourage and assist mothers to give colostrum to the newborn 	<ul style="list-style-type: none"> • Colostrum is the “first vaccine,” and it protects your baby against germs and infections • Colostrum does not have any side effects
Late lactation: breastmilk does not flow in the first days	<ul style="list-style-type: none"> • Mothers give the colostrum to the newborn right after birth • Mothers initiate BF at birth, during the first hour of the newborn life. • Mothers take a warm bath or apply warm compresses on the breast. • Mothers drink plenty of liquids (e.g., water, juice) 	<ul style="list-style-type: none"> • Exclusive breastfeeding (EBF) is a gift of love and the best start for a healthy life • It is fulfilling for women to breastfeed their newborn
Painful breasts and sore, cracked nipples	<ul style="list-style-type: none"> • Mothers initiate BF at birth, during the first hour of the newborn life • You can breastfeed your baby while you are lying down, but it is important to remember: <ul style="list-style-type: none"> - The baby’s body should be straight, not bent or twisted - The baby should be facing the breast - The baby’s body should be close to the mother so that the baby is close to the breast 	<ul style="list-style-type: none"> • Immediate initiation of BF prevents breast engorgement, as it facilitates correct latching • Correct latching protects the nipples and prevent sores and cracking • BF can be enjoyable for both mother and newborn, with correct latching

	<ul style="list-style-type: none"> - Support the baby’s body on the bed or with a pillow, your lap, or your arm - The baby’s head can be slightly extended at the neck, which helps his/her chin to be close to the breast - The baby’s mouth should be around the areola, not just the nipple • Healthcare providers, TBAs, community and family members assist mothers in putting the newborn to the breast • Healthcare providers, TBAs, community and family members counsel mothers on adequate care of sore and cracked nipples 	
Early introduction of foods, starting from two months of age	<ul style="list-style-type: none"> • Stop giving your baby other liquids, formula, or foods (e.g., porridge, soup) • If the baby cries, breastfeed more frequently and for longer periods at each breastfeed to increase your breast milk production • Use both breasts and be sure the baby leaves them soft and empty • Increase the number of times you breastfeed your baby (at least eight times, day and night, after the first month) • Drink more fluids to increase your breastmilk production (e.g., fresh fruits and vegetables, juices, milk, water) • Eat nutritious foods during breastfeeding (e.g., fruits, vegetables, meat) 	<ul style="list-style-type: none"> • EBF supports your child to grow well and to be healthy • Breastmilk is rich enough with nutrients to nourish the baby, who does not need any other food or liquid, even water • All mothers are able to produce enough milk for their babies, and some mothers notice that the more the baby sucks, the more milk they produce • If you breastfeed frequently and empty each breast so it is soft, you will produce lots of milk. • Babies who have only breast milk in the first six months grow much better physically and mentally and get sick less often • Babies need only breast milk to grow well and quench their thirst
Cultural belief that breast milk is “spoiled” or “salty”	<ul style="list-style-type: none"> • Your breast milk is the best food you can give to your baby, and the breastmilk cannot become spoiled, bad, or sour 	<ul style="list-style-type: none"> • Even if you have stopped BF for a few days, your breast milk is not bad or sour and will not cause diarrhea in your baby
Lack of community support to aid mothers to exclusively breastfeed for the full six months duration, particularly from elders	<ul style="list-style-type: none"> • Healthcare providers, TBAs, community leaders, and family members, including partners and fathers, should encourage mothers to initiate BF, continue, and only give breast milk for the first six months 	<ul style="list-style-type: none"> • EBF is a good family investment and your baby’s best start for a healthy life • EBF is rewarding, financially sound, and efficient, as your family doesn’t need to purchase other foods or liquids, such as formula • EBF contributes to birth spacing

Recommendations for programmatic reorientation

- Strengthen EBF promotion interventions as an essential component of both primary healthcare and nutrition programs
- Training and supervision of healthcare providers and community workers, including “matrons,” on addressing breastfeeding problems including: , proper latching and positioning to support early initiation, pre lacteal feeding, management of breast engorgement and sore nipples, addressing perceptions of insufficient milk and early introduction of foods and liquids
- Include other key influencers , like young women, male partners/fathers, grandmothers, and religious leaders to recognize and support mothers who face these challenges
- Community mobilization for EBF promotion and support, particularly with male involvement
- Better use of the critical mass of mothers who have succeeded in EBF, as champions, include baby friendly community initiative (BFCl) to support EBF at the community level, which includes community and mother support groups

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Appendix I: Guide de discussion

Salutations et présentation de l'équipe de facilitation

La pratique de l'allaitement maternel est universellement répandue dans le pays, cela fait partie des traditions de donner le sein aux bébés. Mais, dans l'ensemble les femmes haïtiennes ne suivent pas les conditions requises pour bénéficier de tous les avantages de l'allaitement maternel.

Les nouveau-nés sont mis au sein, en général, trop tard, entre 1 heure et 24 heures après l'accouchement; alors que l'allaitement maternel devrait être initié dans les 30 premières minutes de vie. L'utilisation du colostrum n'est pas bien documentée; on ne sait donc pas bien si le colostrum est donné aux nombreux enfants qui ne sont pas mis au sein immédiatement après l'accouchement.

La pratique de l'allaitement maternel exclusif durant les six premiers mois de naissance telle que recommandée, pour une bonne santé et un développement harmonieux des enfants, a augmentée au cours des 20 dernières années. Mais, jusqu'à présent, plus de la moitié des enfants de moins de six mois (seulement 40 pour cent des enfants 0-6 mois) ne sont pas allaités exclusivement au sein. Très tôt les bébés reçoivent un liquide autre que le lait maternel (25 pour cent des enfants de moins de 2 mois) voire même des aliments de complément. La durée médiane de l'allaitement maternel exclusif n'atteint pas deux mois (seulement 1,7 mois). De plus, les enfants ne sont pas toujours allaités au sein jusqu'à 24 mois. En moyenne, les petits haïtiens sont sevrés dès 17 mois.

Cette situation empêche aux enfants, aux familles, aux communautés et au pays de tirer tous les bénéfices de l'allaitement maternel. Il est donc nécessaire que des actions concrètes et efficaces soient menées, de manière méthodique, structurée et soutenue, pour promouvoir une pratique correcte de l'allaitement maternel exclusif. Pour cela, une nouvelle génération de messages sur l'allaitement maternel, plus efficaces, devrait être conçue en tenant compte de la réalité des femmes haïtiennes, de leurs expériences et touchant les défis réels confrontés par les femmes et leur famille pour bien réussir un allaitement maternel exclusif selon les conditions établies.

C'est dans cette optique que le MCSP qui appuie le MSPP, s'est proposé de rencontrer des femmes ayant fait l'expérience de l'allaitement maternel pour recueillir des informations pertinentes et actualisées sur la pratique de l'allaitement maternel ainsi que sur les facteurs qui la favorisent ou qui la freinent. Pour cela, nous souhaitons organiser les activités suivantes:

- Discussions structurées avec un petit groupe de femmes, ayant pratiqué l'allaitement maternel
- Interview avec deux d'entre elles pour approfondir les leçons potentielles de leur expérience

- Interview avec deux personnes qui ont supporté une femme dans la pratique de l'allaitement maternel

Remerciements des participants pour leur collaboration.

Pour créer une ambiance détendue, favorable aux échanges, inviter les participantes à se présenter brièvement et à partager avec le groupe un souvenir agréable de leur expérience d'allaitement maternel.

- Demander aux participants l'autorisation d'enregistrer les discussions en leur expliquant pourquoi cela est important
- Rappel des conditions pour des échanges riches et fructueux
- Présentation des thèmes autour desquels les discussions seront menées

Thèmes

Les discussions seront centrées sur les deux comportements clés pour une pratique correcte de l'allaitement maternel:

1. Initiation de l'allaitement maternel dans les 30 à 60 minutes suivant la naissance et utilisation correcte du colostrum.
2. Allaitement maternel exclusif – sans eau, ni thé, rien par la bouche pendant 6 mois.

Il sera aussi intéressant de se pencher sur trois autres aspects qui sont fortement associés à la pratique correcte de l'allaitement maternel exclusif pendant les six premiers mois:

- Gestion des problèmes: montée laiteuse tardive et engorgement, fissures de l'aréole mammaire, insuffisance de lait, etc.
- Expression manuelle du lait maternel, conservation et utilisation du lait exprimé
- Gestion des difficultés – maladies de la mère ou du bébé, absence ou déplacement de la mère, retour au travail

Conduite/facilitation des discussions

Initiation précoce de l'allaitement maternel et utilisation du colostrum

- I.1. A quel moment un nouveau-né est-il mis au sein dans votre famille? Dans votre communauté/quartier?
- I.2. Pourquoi le met-on au sein à ce moment-là?
- I.3. Pourquoi ne met-on pas le bébé au sein tout de suite après sa naissance?
- I.4. Qu'est-ce qui peut empêcher une femme de mettre son bébé au sein tout de suite après l'accouchement?

- 1.5. Qu'est-ce qu'il faudrait à une femme pour mettre son bébé au sein tout de suite après l'accouchement?
- 1.6. Quels sont les avantages ou les bénéfices qu'une femme aurait à mettre son bébé au sein tout de suite après l'accouchement?
- 1.7. A-t-on l'habitude de donner le "colostrum" aux nouveau-nés, dans votre famille? Dans votre communauté/quartier?
- 1.8. Si oui, pourquoi? Quand? Comment?
- 1.9. Si non, pourquoi pas?
- 1.10. Que pensez-vous du fait de donner ou de ne pas donner le colostrum aux nouveau-nés?
- 1.11. Selon vous, qu'est-ce qui pourrait motiver une femme à donner le colostrum à son bébé?
- 1.12. Quelle a été votre expérience personnelle d'allaitement tout de suite après l'accouchement? Pouvez-vous nous expliquer comment cela s'est passé?
- 1.13. Avez-vous pu donner le colostrum à votre bébé?
- 1.14. Si oui, à quel moment? Avez-vous expérimenté des difficultés?
- 1.15. Qu'avez-vous fait? Comment avez-vous géré ces difficultés?
- 1.16. Qui était avec vous à ce moment? Vous a-t-on donné des conseils à ce moment? Que vous a-t-on conseillé?

Pratique de l'allaitement maternel exclusif jusqu'à six mois

Nous venons de partager des expériences et des opinions sur l'allaitement pendant la première heure ou le premier jour de vie du bébé. Nous allons continuer les discussions pour mieux comprendre comment se passe l'allaitement pendant les six premiers mois de la vie d'un enfant.

- 2.1. Connaissez-vous des femmes, dans votre famille, votre quartier, votre communauté qui ont pratiqué l'allaitement maternel exclusif?
- 2.2. Que veut dire/que signifie: allaitement maternel exclusif?
- 2.3. Avez-vous personnellement fait l'expérience de l'allaitement maternel exclusif ?
- 2.4. Comment a été votre expérience d'allaitement maternel exclusif pendant les premiers six mois de vie de votre enfant? Pourquoi dites-vous cela? Avez-vous fait face à des problèmes? Lesquels?
- 2.5. Comment avez-vous géré les problèmes rencontrés dans la pratique de l'allaitement maternel exclusif?

- 2.6. Aviez-vous reçu des conseils sur l'allaitement? Qui vous a donné des conseils sur l'allaitement maternel exclusif?
- 2.7. Pensez-vous que vous aviez assez de lait pour nourrir votre enfant? Pourquoi dites-vous cela? Si non, qu'avez-vous fait pour gérer cette situation?
- 2.8. Pensez-vous que votre lait n'était pas suffisamment riche pour nourrir votre enfant? Pourquoi dites-vous cela? Selon vous, qu'est-ce qui lui manquait?
- 2.9. D'après vous, qu'est-ce qui peut agir sur la capacité de production de lait (quantité, qualité) d'une femme allaitante? Pourquoi? Comment?
- 2.10. Pendant les 6 premiers mois, avez-vous donné à votre bébé d'autres aliments? D'autres boissons? Pourquoi?
- 2.11. Que pensent les gens dans votre communauté de l'allaitement maternel exclusif?
- Avantages/bénéfices
 - Résultats
 - Difficultés
 - Défis et contraintes
 - Autres éléments: à rechercher, à partir des réponses obtenues
- 2.12. Et vous, personnellement que pensez-vous de l'allaitement maternel exclusif?
- Avantages/bénéfices
 - Résultats
 - Difficultés
 - Défis et contraintes
 - Autres éléments: à rechercher, à partir des réponses obtenues
- 2.13. En général, d'après vous, qu'est-ce qui empêche les femmes de pratiquer correctement l'allaitement maternel exclusif jusqu'à six mois?
- 2.14. Comment pourrait-on aider plus de femmes à pratiquer correctement l'allaitement maternel exclusif jusqu'à 6 mois?

Gestion de l'allaitement maternel exclusif

Faire rapidement un résumé des principales difficultés et contraintes énoncées par les membres du groupe (référence questions 1.3, 1.4, 1.9, 1.14, 1.15, 2.4, 2.5, 2.8, et 2.9) en les situant dans le temps:

- Début de l'allaitement: montée laiteuse tardive et engorgement, fissures de l'aréole mammaire, douleurs au dos ou aux épaules
- Au cours de l'allaitement: maladies de la mère ou du bébé, absence ou déplacement de la mère, retour au travail
- Autres – selon les points soulevés par les participantes – jugés importants, pertinents par les facilitatrices

En tenant compte des trois aspects fortement associés à la pratique correcte de l'allaitement maternel (voir Thèmes), identifier/sélectionner quelques-uns des points les plus pertinents soulevés par les participantes.

- Pour chaque point retenu, poser les questions suivantes:
 - Dans ce cas, (indiquer la difficulté ou contrainte)
 - Qu'est – ce qu'on fait?
 - Que fait la femme?
 - Que font les membres de sa famille?
 - Quels sont les conseils donnés par les membres de la communauté?
 - Quelles sont les recommandations ou prescriptions du personnel de santé?
- Demander si les conseils, recommandations ou prescriptions du personnel de santé sont suivis, en général.
 - Si oui, pourquoi?
 - Si non, pourquoi pas?
 - Selon vous, qu'est-ce qui pourrait encourager les femmes à suivre les recommandations du personnel de santé?

Clôture de la rencontre

- Remerciements pour leur participation et leurs contributions
- Rappel sur l'utilité et l'utilisation qui sera faite des résultats de ces discussions
- Invitation à prendre un petit rafraîchissement avant de reprendre la route
- En aparté, invitation aux deux femmes sélectionnées à rester un peu (une demi-heure environ) pour un entretien individuel

Appendix II: Guide d'interview pour femmes ayant pratiqué l'allaitement maternel

Introduction

Faire une rapide mise en contexte: rappel des objectifs de l'activité, se présenter et inviter la personne à faire de même, la remercier encore d'avoir accepté de rester un peu plus longtemps pour l'interview. Expliquer à l'invité(e) la raison qui vous a porté à la choisir pour une interview – expérience intéressante d'allaitement maternel (*dire clairement pourquoi vous trouvez son expérience intéressante*) que vous souhaitez mieux comprendre, approfondir pour pouvoir en tirer des leçons utiles pour d'autres femmes et les aider à réussir leur propre expérience d'allaitement maternel.

Conduite de l'Interview

Inviter la femme à vous décrire brièvement son expérience d'allaitement au sein. Noter soigneusement et avec précision tous les points de son récit. L'écouter avec attention, reformuler au besoin pour valider ce que vous avez compris, demander des clarifications ou précisions, recentrer le récit. A certains moments, faire une synthèse ou tout simplement répéter les éléments qui vous semblent importants à retenir de l'expérience.

Poser des questions appropriées pour compléter les informations reçues:

- Lieu de l'accouchement (domicile ou institution de santé: dispensaire, centre de santé, hôpital)
- Personne ayant assisté l'accouchement (matrone, personnel infirmier, sage-femme, médecin, membres de la famille, voisins, etc.)
- A quel moment, l'enfant a-t-il été mis au sein après l'accouchement? Pourquoi?
- Quel âge a cet enfant maintenant? Et vous quel âge aviez-vous? Quelle était votre occupation à ce moment? Et maintenant, que faites-vous comme travail?
- Comment cela s'est passé: le premier jour? La première semaine? Le premier mois? Au seconde mois? A sixième mois?
- Avez-vous rencontré des difficultés? Des problèmes? Lesquels? A quels moments?
- Comment avez-vous géré ces problèmes?
- Qui vous a aidé? Comment vous a-t-on aidé?
- Combien de temps avez-vous allaité cet enfant? Combien de temps exclusivement?
- Si exclusivement moins de six mois, pourquoi?

- Avez-vous introduit d'autres boissons? D'autres aliments? Pourquoi?
- Avez-vous réussi, une fois, à allaiter un bébé exclusivement au sein pendant six mois?
- Comment avez-vous pu le faire?
- Aviez-vous reçu des conseils sur l'allaitement maternel? Sur l'allaitement maternel exclusif? Qui vous a donné ces conseils?
- Quels conseils donneriez-vous à une jeune femme pour l'aider à réussir son expérience d'allaitement maternel exclusif?
- A partir de votre expérience, qu'est-ce que les prestataires de santé pourraient ou devraient faire pour supporter les nouvelles accouchées et les femmes allaitantes dans la pratique de l'allaitement maternel exclusif.
- Si allaitement maternel exclusif jusqu'à six mois non réalisé, comment s'appelle le dernier enfant que vous avez allaité? Noter le nom de l'enfant.
- Qu'est-ce que vous lui avez donné à manger les deux premiers jours?
 - Quelle a été la première chose que vous lui avez donnée à manger? À boire?
 - Pour quelles raisons lui avez-vous donné cela avant?
 - Combien de temps après sa naissance, avez-vous commencé à lui donner le sein? Le colostrum?
 - Si le délai a été plus qu'une demi-journée, pourquoi avez-vous attendu si longtemps? Qu'avez-vous fait du colostrum?
 - Quels problèmes avez-vous rencontré dans l'initiation de l'allaitement maternel?
 - Qui vous a aidé à faire face à ces problèmes? Quels conseils vous ont-ils donné?
- Qu'est-ce que vous lui avez donné à manger les deux à trois premiers mois?
 - Quand avez-vous introduit chacun de ces aliments ou boissons?
 - Pour quelles raisons lui avez-vous donné ces aliments à ces moments? Indiquer chaque aliment et chaque boisson.
- Parlez-moi de votre expérience d'allaitement maternel pendant les deux à trois premiers mois.
 - Combien de fois avez-vous allaité (nom de l'enfant) pendant la journée? Pendant la nuit?
 - Parlez-moi un peu de votre lait. Comment était le lait? Son apparence? La quantité?

- Parlez-moi des problèmes que vous avez rencontrés pour continuer l'allaitement pendant les deux à trois premiers mois.
 - Quels problèmes avez-vous rencontré pour continuer l'allaitement maternel?
 - Comment avez-vous géré ces problèmes?
 - Qui vous a aidé à faire face à ces problèmes? Quels conseils vous ont-ils donné?
- Qu'est-ce que vous lui avez donné à manger de trois à six mois?
 - Étaient-ce les mêmes aliments et boissons qu'à deux à trois mois? Était-ce différent?
 - Quand avez-vous introduit chacun de ces aliments ou boissons? Pourquoi?
 - A quel âge avez-vous commencé à lui donner les aliments liquides ou légers [*watery or thin foods*]?
 - Quels sont les aliments liquides ou légers [*watery or thin foods*] que vous lui donnez habituellement?
 - Comment avez-vous su que l'enfant était prêt pour recevoir/manger ces aliments?

Clôture de la rencontre

- Remerciements pour sa participation et sa contribution
- Rappel sur l'utilité et l'utilisation qui sera faite des résultats de ces discussions
- Salutations et encouragement

Appendix III: Guide d'interview pour personnes ayant supporté la pratique de l'allaitement maternel

Introduction

Faire une rapide mise en contexte: rappel des objectifs de l'activité, se présenter et inviter la personne à faire de même, la remercier encore d'avoir accepté de rester un peu plus longtemps pour l'interview. Expliquer à l'invité(e) la raison qui vous a porté à la choisir pour une interview – expérience ou possibilité de supporter des femmes dans l'initiation précoce ou la pratique de l'allaitement maternel exclusif. Dire que vous souhaitez mieux comprendre leur expérience ainsi que les défis rencontrés dans la démarche d'accompagnement des nouvelles accouchées et des femmes allaitantes pour pouvoir en tirer des leçons utiles en vue d'aider les femmes à réussir leur expérience d'allaitement maternel.

Conduite de l'interview

Demander à votre interlocuteur (trice) si, il/elle a déjà eu l'opportunité d'encadrer ou d'assister des nouvelles accouchées à initier à temps ou à pratiquer correctement l'allaitement maternel exclusif, (*au cours des trois dernières années*).

- Dans le cadre de son travail de prestataire de service de santé (matrone, agent de santé, personnel infirmier, sage-femme, médecin, etc.)
- Dans sa famille, sa communauté, son voisinage (partenaire/mari, membres de la famille, amis, voisins, etc.)

L'inviter ensuite à décrire brièvement son expérience et noter soigneusement et avec précision tous les points clés de son récit. L'écouter avec attention, reformuler au besoin pour valider ce que vous avez compris, demander des clarifications ou précisions, recentrer le récit. A certains moments, faire une synthèse ou tout simplement répéter les éléments qui vous semblent importants à retenir de l'expérience.

Poser des questions appropriées pour, au besoin, compléter les informations reçues:

- Lieu de l'accouchement (domicile ou institution de santé: dispensaire, centre de santé, hôpital)
- Relations avec la nouvelle accouchée ou la femme allaitante
- A quel moment, l'enfant a-t-il été mis au sein après l'accouchement? Pourquoi?
- Rôle ou contribution dans l'initiation de l'allaitement maternel ou la pratique de l'allaitement maternel exclusif? Comment cela s'est-t-il passé?
- Réaction/attitude/comportement de la femme ou de sa famille, de son entourage face à votre intervention

- Avez-vous rencontré des difficultés? Des problèmes? Lesquels? A quels moments?
- Comment avez-vous géré ces problèmes?
- En tenant compte de votre expérience de support à l'allaitement maternel:
 - Qu'est-ce qui peut empêcher une femme de mettre son bébé au sein tout de suite après l'accouchement?
 - Qu'est-ce qu'il faudrait faire pour qu'une femme mette son bébé au sein tout de suite après l'accouchement?
 - Que signifie pour vous allaitement maternel exclusif? Qu'en pensez-vous?
 - En général, d'après vous, qu'est-ce qui empêche les femmes de pratiquer correctement l'allaitement maternel exclusif jusqu'à six mois?
 - Comment pourrait-on aider plus de femmes à pratiquer correctement l'allaitement maternel exclusif jusqu'à six mois? Quels sont les principaux défis? Comment peut-on les relever?
 - Quels conseils donneriez-vous à une jeune femme pour l'aider à réussir son expérience d'allaitement maternel exclusif jusqu'à six mois?
- Que pensez-vous de l'allaitement maternel exclusif?
- Est-ce une bonne chose ou non pour les femmes?
- Pourquoi?
- Est-ce que vous avez déjà donné des conseils sur l'allaitement à des mères?
 - Si oui, que leur dites-vous? Pourquoi?
- Quels sont les défis/problèmes rencontrés par les femmes dans cette communauté en rapport avec l'allaitement maternel?
 - Au début de l'allaitement - premiers jours, première semaine
 - Deux à trois premiers mois
 - Quatre à six mois
 - De six à douze mois
- Ont-elles arrêté l'allaitement? Pourquoi?
- Comment ont-elles résolu ces problèmes?
- Ont-elles reçu de l'aide?
- A partir de votre expérience, qu'est-ce que les prestataires de santé pourraient ou devraient faire pour encourager plus de gens dans la communauté à supporter les

nouvelles accouchées et les femmes allaitantes dans la pratique de l'allaitement maternel exclusif?

Clôture de la rencontre

- Remerciements pour sa participation et sa contribution
- Rappel sur l'utilité et l'utilisation qui sera faite des résultats de ces discussions
- Salutations et encouragement

Appendix IV: Profil des participants

Profil des participants aux discussions de groupes structurées

Pyron, Thomassin 32: Jeudi 21 juillet 2016

	Âge de la mère	Age du plus jeune enfant
1.	24 ans	3 ans
2.	31 ans	11 ans
3.	25 ans	4 ans
4.	42 ans	2 mois
5.	40 ans	3 ans
6.	24 ans	2 ans, 8 mois
7.	24 ans	2 ans
8.	18 ans	4 mois
9.	18 ans	1 an
10.	25 ans	1 an, 2 mois
11.	32 ans	3 ans
12.	28 ans	3 ans
13.	21 ans	3 ans
14.	29 ans	3 ans, 4 mois
15.	26 ans	4 ans

Laserre, Croix-de-Bouquets: Vendredi 22 juillet 2016

	Âge de la mère	Nombre d'enfants	Age du plus jeune enfant
1.	23 ans	2	8 mois
2.	22 ans	1	10 mois
3.	35 ans	1	1 an, 6 mois
4.	24 ans	3	1 an, 10 mois
5.	30 ans	1	2 ans, 7 mois
6.	32 ans	1	3 mois
7.	26 ans	1	1 an, 11 mois
8.	16 ans	1	2 ans, 3 mois
9.	33 ans	6	3 mois
10.	30 ans	2	1 an, 5 mois
11.	25 ans	1	1 an, 5 mois
12.	38 ans	4	1 an, 3 mois
13.	32 ans	2	1 an, 6 mois
14.	34 ans	1	1 an, 9 mois
15.	30 ans	3	1 an, 11 mois

Clinique Communautaire de Martissant: Jeudi 28 juillet 2016

	Âge de la mère	Nombre d'enfants	Age du plus jeune enfant
1.	27 ans	2	7 mois
2.	22 ans	1	6 mois
3.	24 ans	3	3 ans
4.	36 ans	3	4 ans, 6 mois
5.	35 ans	5	1 an, 6 mois
6.	26 ans	2	1 an, 9 mois
7.	20 ans	2	6 mois

8.	36 ans	5	1 an
9.	26 ans	4	6 mois
10.	32 ans	3	7 mois
11.	27 ans	4	1 an
12.	35 ans	4	3 ans
13.	18 ans	1	6 mois
14.	31 ans	5	2 ans, 1 mois
15.	19 ans	2	6 mois

Centre de santé Communautaire de Delmas - Vendredi 29 juillet 2016

	Âge de la mère	Nombre d'enfants	Age du plus jeune enfant
1.	31 ans	2	1 an, 2 mois
2.	23 ans	3	4 mois
3.	35 ans	2	3 ans
4.	15 ans	1	2 ans, 6 mois
5.	46 ans	1	6 mois
6.	41 ans	2	5 mois
7.	29 ans	2	3 mois
8.	21 ans	1	1 an
9.	35 ans	2	9 mois
10.	35 ans	4	1 an
11.	41 ans	4	3 mois
12.	25 ans	1	9 mois
13.	33 ans	1	4 mois
14.	16 ans	1	1 an
15.	37 ans	3	2 ans, 6 mois
16.	24 ans	1	2 ans

Profil des participants aux interviews

Mères ayant pratiqué l'allaitement maternel

	Emplacement	Âge	Nombre d'enfants	Age du plus jeune enfant
1.	Pyron	32 ans	3	2 ans, 3 mois
2.	Pyron	26 ans	3	4 ans
3.	Lasserre	38 ans	4	1 an, 3 mois
4.	Lasserre	25 ans	1	1 an, 5 mois
5.	Martissant	32 ans	3	7 mois
6.	Martissant	18 ans	1	6 mois
7.	Delmas 75	25 ans	1	9 mois
8.	Delmas 75	35 ans	2	9 mois

Personnes ayant/pouvant supporter la pratique de l'allaitement maternel

	Emplacement	Âge	Emploi
1.	Pyron	29 ans	Agent de santé
2.	Pyron	--	Nurse communautaire - superviseur 5 agents de santé
3.	Lasserre	55 ans	Père
4.	Lasserre	71 ans	Matrone (retraîtée)
5.	Martissant	50 ans	Matrone (certifiée depuis 5 ans)
6.	Martissant	40 ans	Père
7.	Delmas 75	--	Infirmière – superviseur de 8 agents de santé
8.	Delmas 75	30 ans	Mère conseillère