

Community voices on the social and behavioural determinants of exclusive breastfeeding in Zimbabwe

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Introduction

Malnutrition in the early years increases infant mortality and morbidity, healthcare costs and social safety net expenditures, educational investments, reduces lifelong income-earning potential, and labour force productivity, resulting in a vicious cycle of poverty, ill health, and poor nutrition that is passed down through generations (Zimbabwe Nutritional Update, 2019). Breastfeeding is one of the most cost-effective approaches to reduce malnutrition in children under the age of five. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) recommend commencing exclusive breastfeeding within the first hour of life and continuing for at least six months (Aryeetey & Dykes 2018).

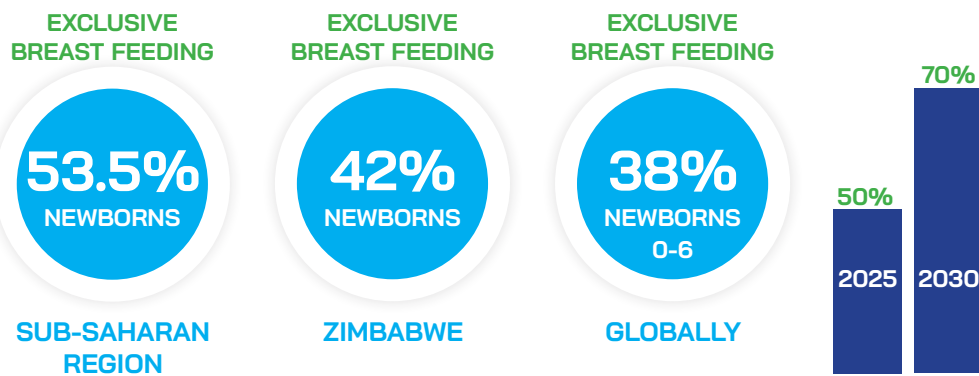
EBF is the practice of feeding newborns exclusively breast milk (and medications, oral rehydration salts, and vitamins as needed) throughout the first six months of their lives.

EBF is a vital health strategy since it enables the decrease of newborn morbidity, mortality, lowering the risk of paediatric ailments such as infections, pneumonia, sudden infant death syndrome, diabetes mellitus, malocclusion, and diarrhoea. Despite all of the benefits of EBF, present EBF rates remain low.



Methodology

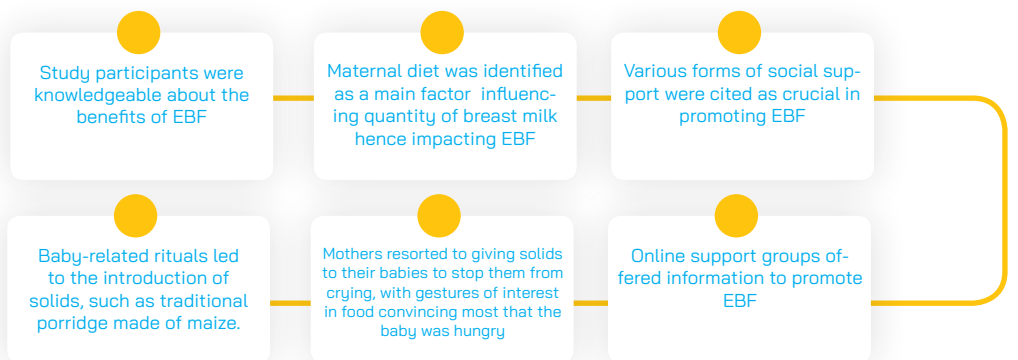
The researchers conducted a qualitative formative assessment, through conducting a desk review and primary data collection in four districts. Data was collected through Focus Group Discussions (FGDs), Key Informant Interviews (KIIs), in-depth interviews (Doers and non-Doers) and field observations. The study was informed by the social ecological model and the behavioural drivers' model. A total of 64 FGDs were held with 5 to 12 participants per session across the four districts. On average, one and half hour sessions were conducted with each group: 5-9 year boys, 5-9 year girls, 10-15 year boys, 10-15 year girls, 16-24 year females, 16-24 year men, 25 years and above (males and females). KIIs were conducted with heads of government departments from relevant ministries, traditional, community and religious leaders, officers from NGOs and CSOs doing similar work in four districts. Content analysis was used to present data in themes



Background

In terms of EBF, Zimbabwe ranks 62 out of 152 nations worldwide (Alive and Thrive, 2022). In terms of EBF Zimbabwe is ranked 26th out of 46 countries in Sub-Saharan Africa (Alive and Thrive, 2022). Breastfeeding without following WHO recommendations costs the global economy more than \$507 billion each year (Alive and Thrive, 2022). It is projected that not supporting breastfeeding causes 2663 deaths per year (Alive and Thrive, 2022). In Africa, 56.6 million children are stunted (under the low height-for-age or are suffering from chronic under nutrition). In Zimbabwe, this number stands at over 498,000 thousand children (1 in every 4 children in Zimbabwe are already stunted) (Zimbabwe Nutrition Brief, 2019). The aim of the formative assessment was to understand the drivers and barriers related to exclusive breastfeeding in selected districts in Masvingo, Mbire, Mutare and Beitbridge

An overview of findings



PRELIMINARY FINDINGS

BARRIERS TO EXCLUSIVE BREASTFEEDING

PROXIMAL BARRIERS

1. Maternal factors

- Body image myth & beauty concerns
- Concern about expressed breast milk
- Body image myth-cause their breasts to droop that affect their body shape.
- Loss of weight- Misinterpreted as indication of abuse.
- Insufficient breastmilk
- Maternal diet- Mothers accused of not eating foods that promote milk production.
- Concern about expressed breast milk eg can easily get contaminated, it might be used for rituals, its disgusting
- Ignorance about the nutritional value of breast milk substitutes

2.-Concerns about breastfeeding while pregnant (known among the 'kuyamwisira')

- It leads to contamination of breastmilk.
- It compromises the quality and quantity of the breastmilk
- Makes the baby vulnerable to attacks by evil spirits leading to sickness or death.

Baby-related factors

Crying as a sign of hunger
baby gestures eg sucking thumbs are signs of hunger

INTERMEDIARY BARRIERS

1. Work demands - formal and non-formal working nursing mothers felt breast feeding consumed a lot of their time.

- chores had a huge toll on nursing mothers in rural areas.

2. Absence of social support - Family support

-Strong influencers, mothers-in-law, were reportedly hindered EBF initiating feeding of solids and criticizing young mothers who chose EBF

3. Baby Rituals - Fontanelle rituals were the biggest obstacle to EBF eg giving cooking oil from the moment of delivery, porridge with traditional medicines.

DISTAL BARRIERS

Communication Environment

- Absence of effective communication channels (eg radio programs, information through local leadership) hindered EBF.
- Having standalone humanitarian programs and working in silos came out as a barrier to EBF

Governing Entities

- After return to formal employment woman stopped EBF
- Absence of childcare services at or near workplaces

EXCLUSIVE BREASTFEEDING DRIVERS

Proximal drivers

- Knowledge about EBF benefits
- Knowledge about benefits to the child
- Knowledge about benefits to the mother
- Knowledge about attachment benefits

Interest in EBF

- Having interest and curiosity in engaging in EBF
- Active information search

EBF as contraception

Mainly apostolic sect women- EBF as aiding child spacing (acts as a contraception)

Past EBF experience

- Having practised EBF before led to a positive

attitude towards EBF.

- Having mother in law or biological mother who practised EBF enhanced adoption of EBF

Breast feeding self-efficacy

Breastfeeding skills are key in success of EBF. Skills about baby positioning and latching enabled EBF

INTERMEDIARY DRIVERS

Social influence

- Education during antenatal care visits promotes EBF.
- Antenatal clinic visits provided education on EBF skills

Influence of power holders

- Biological parents, husbands and mothers-in-laws had a great impact on whether an individual continues with EBF or not.
- Support from biological parents especially the mother-in-law was found to be key to adopting EBF especially for the first-time mother.

Collective self-efficacy

In most rural areas in Zimbabwe, there are robust leadership structures that allow for EBF information dissemination.

Fontanelle rituals that promote EBF

fontanelle rituals done while the mother was pregnant helped to avoid introduction of solids in the first 6 months.

Seclusion of nursing mothers

Some religious and traditional practices enhanced EBF by allowing women to stay at home for the first three months after giving birth.

Distal drivers

Role of Government and NGOs

- Ministry of Health staff and NGOs were very instrumental in promoting EBF.
- They helped by educating nursing mothers and their spouses.
- Through the care group model, lactating mothers had a chance to interact with other nursing mothers who had done EBF
- Community provided information on EBF during home visits.

Communication environment

social media helped to positively influence EBF. Facebook groups for new mothers had information about EBF

Recommendations

- There is need for education on how the mother's body changes before, during and after pregnancy
- Diets that increase milk production need to be recommended
- Older members of the family need education of EBF so that they can support lactating mothers
- Positive deviants ie women who have managed to do EBF should be part of campaigns for adoption of EBF
- Information on process of milk production and amounts that babies consume need to be available
- Giving babies BMS substitutes need to be discouraged through use of role models
- Fontanelle rituals that do not hinder EBF need to be promoted
- Older woman who have managed to exclusively breastfeed need to be part of campaigns to increase EBF
- Couples need to discuss and agree on EBF before birth of the child

Conclusion

- At a personal level – lactating mother's attitude influenced EBF
- Behaviour and attitude of various audiences influence EBF
- Social and behavioral strategies may influence uptake of EBF



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