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From Relief to Self-Reliance



**Breastfeeding in Emergency Response
Settings:
Barrier Analysis with Syrian Refugees**

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What is Barrier Analysis

An assessment tool to identify barriers and facilitators of key behaviors promoted in programming

45 “Doers” and 45 “Non-Doers” of a specific behavior are interviewed (n=90)

Focused on determinants

Behavioral Determinants

1. Perceived self-efficacy
2. Perceived social norms
3. Perceived positive consequences
4. Perceived Negative consequences
5. Access
6. Cues for action/reminders
7. Perceived susceptibility/risk
8. Perceived severity
9. Perceived action efficacy
10. Perceived divine will
11. Policy
12. Culture

Barrier Analysis

- Analysis
 - differences between “Doers” and “NonDoers”
- Interpretation (Designing for Behavior Change Framework)
 - **Bridge to Activity**: The thing that must change, based on our findings, for the behavior to change.
 - **Activities**: based on Bridges to Activities

BAs of breastfeeding practices among Syrian refugees : 2016

- Barrier Analysis in Lebanon: Exclusive Breastfeeding, First Trimester ANC, and Minimum Dietary Diversity
- Barrier Analysis in Azraq Camp, Jordan: Timely Initiation of BF, 1st Trimester ANC, and Iron-rich Food Consumption
- Barrier Analysis of Infant & Young Child Feeding and Maternal Nutrition Behaviors Among Adolescent Syrian Refugees in Urban Turkey

Key Differences Across Syrian refugee Settings

- Camp vs. non-camp
- Urban vs. peri-urban
- Population spread out vs. condensed
- Government regulations differ
- Adolescents

... BA methodology worked in all settings, though with some challenges

Jordan: Early Initiation of BF

4 **determinants** found to be significant for this behavior:

1. Perceived Self-Efficacy
2. Perceived Social Norms
3. Perceived Access
4. Cues for Action

Perceived Self-Efficacy

	Times more likely to give response	What makes it EASIER to put baby to the breast within 1 hour of delivery?
Doers	1.8	medical staff giving the baby to the mother after birth
	1.5	mother's desire/emotional trigger
	1.8	previous experience allowing them to know the benefits
Non-Doers	2.6	Mother's health
	7.4	having a natural birth

	Times more likely to give response	What makes it DIFFICULT to put baby to the breast within 1 hour of delivery?
Doers	1.7	breast pain
Non-Doers	4.2	lack of support from medical staff
	2.7	C-section/anesthesia

Perceived Social Norms

	Times more likely to give response	Who APPROVES of you practicing early initiation?
Doers	1.5	NGO/other
Non-Doers	1.6	Their mother
	1.6	Their mother-in-law

Perceived Access

	Times more likely to give response	How difficult is it to ACCESS the resources you need to practice early initiation of BF?
Non-Doers	2.9	Very difficult

Cues for Action

	Times more likely to give response	How difficult is it to REMEMBER to put the newborn to the breast within 1 hour of delivery?
Non-Doers	2.4	Very difficult

Early Initiation of BF: Recommendations

- Establish **Care Groups** of pregnant women to provide sessions on:
 - Importance and benefits of early initiation (even for C-section cases)
 - Practical skills for initiating BF within the first hour of birth
 - How to overcome difficulties with early initiation (focus on pain reduction techniques)
 - Testimonies of mothers / mothers-in-law
 - Stories that address all of the Bridges to Activities (e.g. a story on a C-section birth where immediate BF was possible)

Early Initiation of BF: Recommendations

- Increase coverage of ongoing IYCF counseling activities
- Standardize medical staff messages (using existing, standard materials on key maternal health behaviors)
- Advocate with camp management/hospital management for Baby Friendly Hospital Initiative adoption and uptake in field hospital maternity ward
- Post visual reminders in maternity ward depicting medical staff giving the newborn to the mother for early BF

Lebanon: Exclusive Breastfeeding

6 **determinants** found to be significant for this behavior:

1. Perceived Self-Efficacy
2. Perceived Positive Consequences
3. Perceived Negative Consequences
4. Perceived Social Norms
5. Perceived Severity
6. Perceived Action Efficacy

Turkey: Exclusive BF

9 determinants were found to be significant for this behavior:

1. Perceived Self-Efficacy
2. Perceived Social Norms
3. Perceived Positive Consequences
4. Perceived Negative Consequences
5. Perceived Access
6. Perceived Risk
7. Perceived Severity
8. Action Efficacy
9. Divine Will

Perceived Self-Efficacy

	Times more likely to give response	What makes it EASIER to exclusively breastfeed?
Doers	3.9	Bonding or positive feedings
	3.1	Economic savings
	8.1	Baby is satisfied
	3.3	Producing enough milk
Non-Doers	6.9	Good maternal health and nutritional status

Perceived Self-Efficacy

	Times more likely to give response	What makes it DIFFICULT to exclusively breastfeed?
Non-Doers	11.8	A sick or hospitalized baby
	6	Poor maternal health and nutritional status
	5.2	Stress and crowding
Non-Doers	Multiple locations	Baby not being satisfied
	Multiple locations	Baby not being able to suckle

Perceived Positive Consequences

	Times more likely to give response	What is an ADVANTAGE of EBF?
Doers	5.2	Diarrhea prevention
	Multiple locations	Increased Immunity / disease prevention in child
Non-Doers	5.8	Better baby development and cognition

Perceived Negative Consequences

	Times more likely to give response	What is a DISADVANTAGE of EBF?
Non-Doers	4.6	Low baby weight / poor growth
	multiple locations	Not enough to satisfy baby

Perceived Social Norms

	Times more likely to give response	Who APPROVES of you practicing EBF?
Doers	3.9	Father-in-Law
	2.9	Father
	Multiple locations	Mother-in-Law

	Times more likely to give response	Who DISAPPROVES of you practicing EBF?
Non-Doers	6.9	Husbands

Exclusive Breastfeeding: Recommendations

- Advocacy
 - For incentive structures or enforcement of the Baby Friendly Hospital Initiative
 - For including breastfeeding module in doctors' & health care workers curriculum at the university level
 - For mother's ability to breastfeed / pump for baby in NICU

Exclusive Breastfeeding: Recommendations

- Promote EBF among men:
 - Hold focus groups with husbands to confirm their perspective of EBF
 - Hire male CHWs to conduct education for husbands on EBF
 - Engage doctors/ male health care providers to speak to men
- Build capacity of relevant groups working with adolescent refugee girls (health care providers, support group facilitators, NGO staff, IYCF or ANC/PNC/other MCH counselors) in adolescent friendly programming

Exclusive BF: Recommendations

- Develop educational materials and mass messaging (including mHealth) for behavior change promotion focusing on key topics, such as:
 - nutritional requirements for adolescent mothers
 - address the “chubby baby = healthy baby” misconception
 - “Breast milk is free”

Exclusive BF: Recommendations

- Provide IYCF support through one-on-one counseling and educational sessions
 - Discuss benefits of EBF
 - Explain that breast milk is sufficient to meet the nutritional needs and to satisfy the baby and that most mothers are able to produce sufficient breastmilk
 - To address perceptions of inadequate milk supply or babies not being satisfied by breastmilk or unable to suckle, one-on-one support should include assessment of the breastfeeding mother and child, support for mothers experiencing difficulties and referral of complications
 - Refer mothers for nutrition assessment, micronutrient supplementation, food security interventions and psychosocial support s needed

Exclusive BF: Recommendations

- Provide talking points for all service providers (including religious leaders) to deliver accurate information during counseling or educational sessions, such as:
 - Mothers experiencing stress and anxiety can still breastfeed successfully
 - EBF babies have better immunity, experience healthier physical and cognitive growth
 - Breast milk is sufficient to meet the nutritional needs and to satisfy the baby
 - Almost all mothers are able to produce sufficient breastmilk
 - Breastmilk is cheap/free
 - Infants who are not exclusively breastfed are at higher risk of diarrhoea
 - Women can continue breastfeeding during pregnancy
 - Pregnant and lactating mothers should not be fasting
 - Lactating adolescents have additional nutrient requirements

Exclusive BF: Recommendations

- Target family members with the same information so that they can support adolescent mothers in exclusively breastfeeding their children, through mass messaging, home visits or other mechanisms.
- Create group discussions with older mothers to discuss the benefits of EBF with adolescent mothers and develop Grandmother support and mentorship for adolescent mother peer groups

Challenges with Methodology

Identifying the target population

- Adolescents
- Refugees vs host

Accessing the target population

- House to house interviewing not allowed
- Reluctance to be identified as a refugee
- Access to camps?

General Challenges

Cultural issues:

- Interviewing women, particular adolescent, without an escort

Safety of Data Collectors:

- conflict, political, outbreaks, natural disaster

Lessons learned

BAs provide valuable information and insight, but are one tool in a package of tools

- May not identify key barriers if participants do not verbalize these
Ex: provision of BMS in food packages undermine EBF, but women may not specifically identify this as a barrier to EBF. Still need to analyse the context.
- May not provide sufficiently in depth information, need to follow with FGD
Ex: stated barrier is difficulty in remembering to EBF, when the real issue is the mother is temporarily away from the child

Lessons learned

- Emergency contexts are fluid, and as the situation changes rapidly, so can the barriers and facilitators
 - Basic needs: service provision being discontinued or intermittent
 - Social norms: influencers no longer near by, new influences
 - Stage of migration: newly arrived versus established refugees impacts awareness of available services