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

*Presenter: Suzanne Brinkmann, Senior Nutrition Advisor,  
International Medical Corps*



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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, 1<sup>st</sup> 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 <b>EASIER</b> to put baby to the breast within 1 hour of delivery?
Doers	1.8	<b>medical staff giving the baby to the mother after birth</b>
	1.5	<b>mother's desire/emotional trigger</b>
	1.8	<b>previous experience allowing them to know the benefits</b>
Non-Doers	2.6	<b>Mother's health</b>
	7.4	<b>having a natural birth</b>

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

## Perceived Social Norms

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

## Perceived Access

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

## Cues for Action

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

# 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?
<b>Doers</b>	3.9	Bonding or positive feedings
	3.1	Economic savings
	8.1	Baby is satisfied
	3.3	Producing enough milk
<b>Non-Doers</b>	6.9	Good maternal health and nutritional status

# Perceived Self-Efficacy

	Times more likely to give response	What makes it DIFFICULT to exclusively breastfeed?
<b>Non-Doers</b>	11.8	A sick or hospitalized baby
	6	Poor maternal health and nutritional status
	5.2	Stress and crowding
<b>Non-Doers</b>	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?
<b>Doers</b>	5.2	Diarrhea prevention
	Multiple locations	Increased Immunity / disease prevention in child
<b>Non-Doers</b>	5.8	Better baby development and cognition

# Perceived Negative Consequences

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

# Perceived Social Norms

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

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

# 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