

# Is the Poverty Gap a Barrier to Early Initiation of Breastfeeding in Rural Niger?

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## Short Communication

There is strong evidence about the benefits of early, exclusive and continued breastfeeding to mitigate maternal and child mortality risk and illnesses [1–4]. Breastfeeding has been globally recognized as a measurement indicator for the health outcome of populations [5]. However, a secondary analysis of the Niger 2012 demographic health survey showed that exclusivity of postpartum breastfeeding was compromised too early by prelacteal feeding: half of the interviewed women (50.3%) reported having given their child other liquids than breast milk in the first 3 days of birth [6]. The 67<sup>th</sup> World Health Assembly adopted a resolution on sustainable actions across sectors to improve health equity [7]. Community based interventions led by a non-health sector were recognized to improve neonatal health of the poorest [8]. Studies showed that early initiation of breastfeeding, a critical protective factor for neonatal survival, is impaired by socio-economic vulnerability of mothers [9–11]. A recently published article by the author clearly revealed the importance of identifying risk factors hindering early initiation of breastfeeding for which the scientific evidence remains scarce in Sub-Saharan Africa [12].

A cross-sectional quantitative study was conducted to evaluate a UNICEF led behavior change communication (BCC) program promoting community based child health care in rural Niger. The uniqueness of this study underpinned intra-family interactions, community involvement of the interviewed women and their families in neonatal and child health care promotion. This post-intervention survey included behavioral indicators known to determine the timing of initiating breastfeeding after birth at family and community levels. It analyzed BCC program strategies led by various actors selected as communication channels to interact directly or indirectly with the interviewed mothers to promote family do-able child health care outside the health system.

Effects of breastfeeding promotion are difficult to measure and to sustain as a short and long term preventive measurement of neonatal and infant death and illnesses. Causal relations between early and exclusive breastfeeding after birth and neonatal survival and health are not always clear to mothers, traditional birth attendants and even to trained health workers. Transfer of knowledge into practice is possible if mothers make their own decision to change behavior and if there is a sustainable supportive environment within their family and community encouraging mothers to adopt early breastfeeding after birth [13,14]. The above study provided a few clues to understand what community based BCC strategy and action worked the best to promote early initiation of breastfeeding through statistical analysis of the post-intervention survey datasets. It concluded that peer breastfeeding support to other women suggested a behavior change model as a response to socio-economic disparity.

In Sarkinyama village of Maradi region, one of the pilot areas covered by the BCC program promoting child health care, we held a participatory workshop with a group of mothers to share the findings of health behavioral outcomes that have been collected through a program based participatory monitoring led by trained community volunteers. Although the findings came from scientifically unreliable sources without rigorous study design and data collection methods, the processes of collecting information and involving mothers in discussing the findings contributed to enhancing the confidence in optimal breastfeeding practices as beneficial acts to their child health. After sharing visual images in form of histograms representing numbers of mothers practicing and not practicing each type of child health care, a few mothers started spontaneously sharing their experience about breastfeeding: one declared that the first child who was not breastfed often had diarrhea and was ill and that the second child put to the breast immediately after birth and exclusively breastfed was healthy, gaining more weight and growing faster than the first child. Another mother confessed she was not confident and reluctant about breastfeeding but after listening to this testimony, she felt like doing the same to follow the previous mothers' experience. This type of participatory community led social change approach illustrates an example of sustainable behavior change in early breastfeeding promotion regardless of socio-economic status of mothers.

Whereas individual counseling at antenatal care provided by health workers and home visits by community volunteers showed limited impact on promoting early initiation of breastfeeding among mothers deprived from accessing basic health care and hygiene facilities, peer breastfeeding support through active involvement of mothers reached socio-economically vulnerable populations [12]. This is a key to overcome discrepancy between the better-off and poor who are inclined to be excluded from accessing BCC program support [15,16].

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