

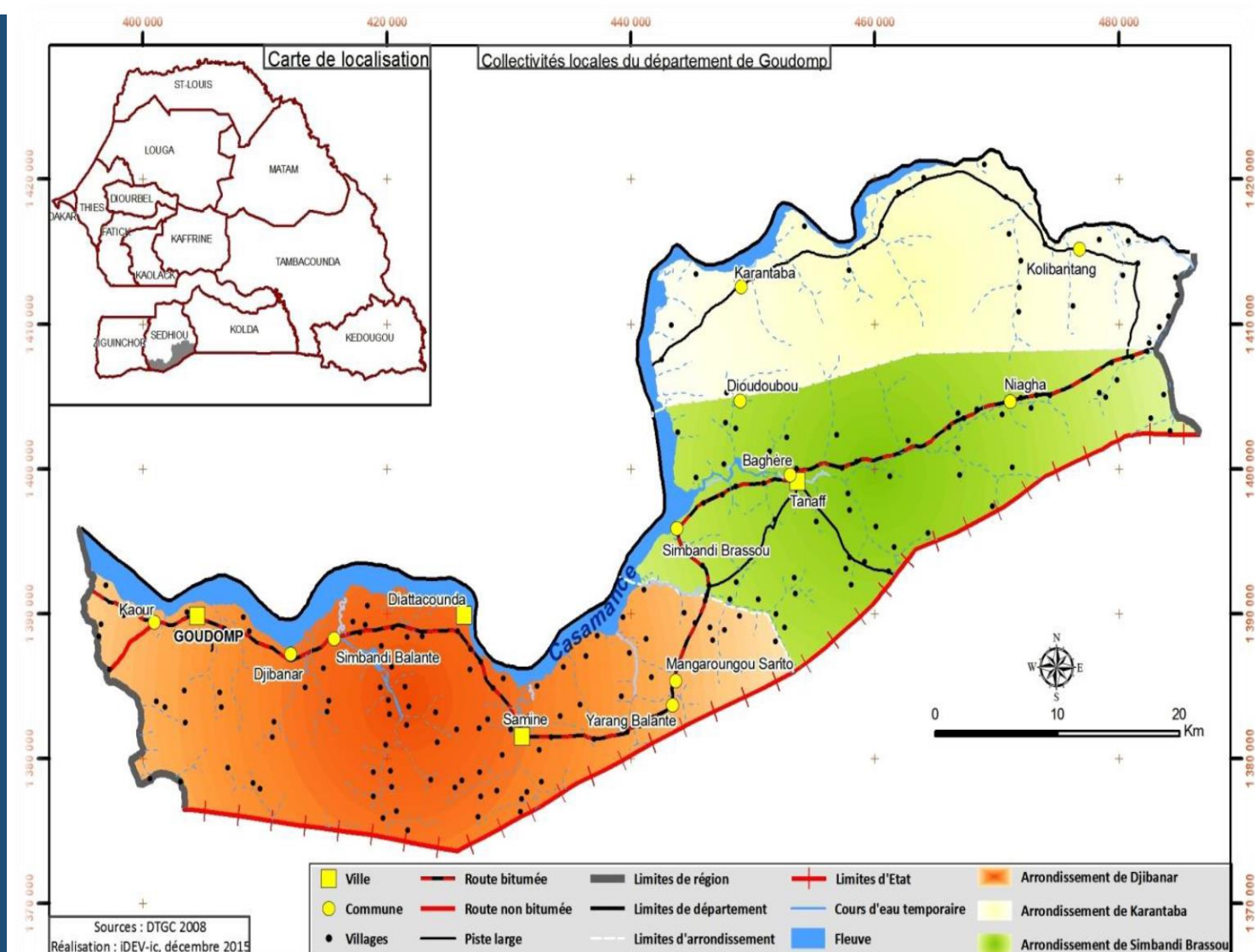


Exclusive breastfeeding's determinants among children aged between 6 and 12 months in the Goudomp Health District in 2019.

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HIGHLIGHTS: (i) EBF practice (39%) with milk intronization in 1st life hour (73,1%) gave children good nutritional status (81.4%) versus 1.7% of severe acute malnutrition cases ; (ii) Community support (69.4%) allowed this performance through “*Bajenu Gox*”; (iii) Main significant link was: Age, Household size, ANC & PNC.



1- BACKGROUND

Developing countries record a large number of maternal and infant-juvenile deaths that could be prevented by practicing exclusive breastfeeding (EBF). In 2017, Senegal had an EBF rate of 33%, despite 99% of women breastfeeding. In order to help reduce these deaths while following WHO and UNICEF recommendations, it was very usefulness to analyze EBF determinants using the conceptual framework (Figure 1) below in Goudomp Health District (HD) in 2019

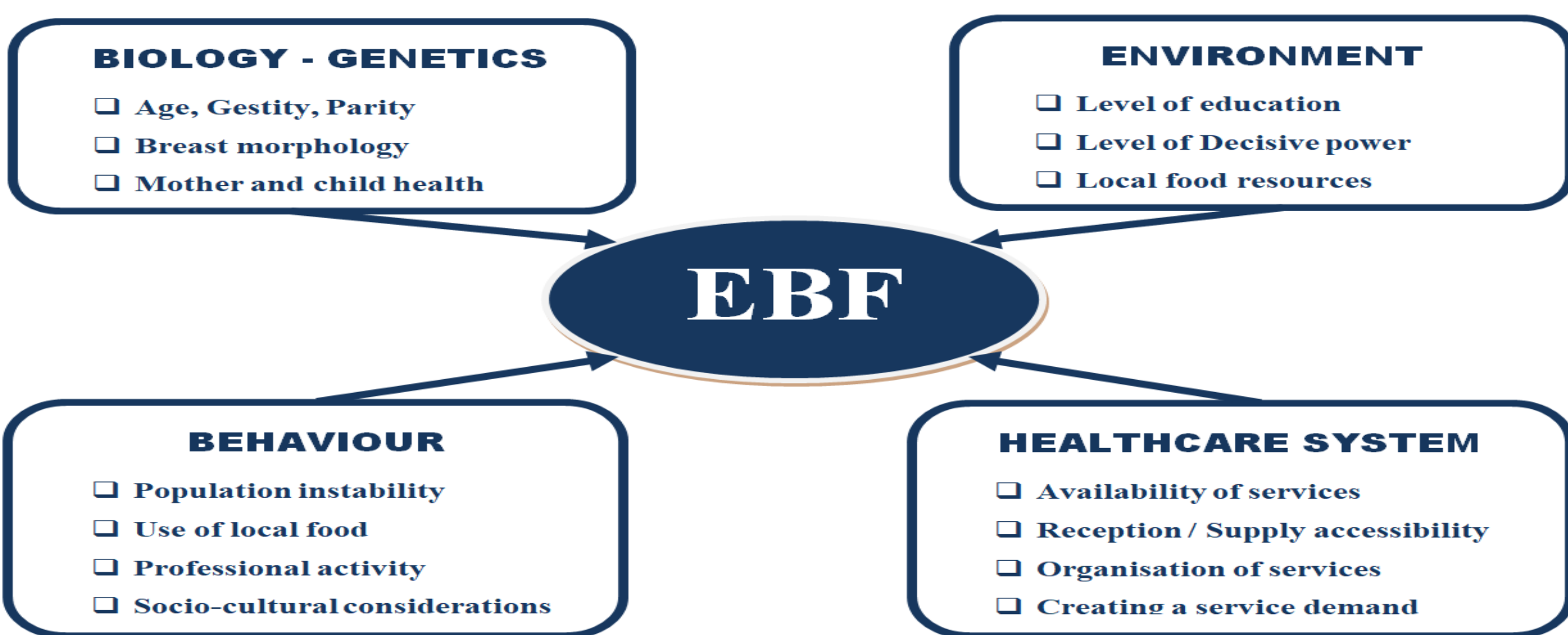


Fig 1: Marc LALONDE conceptual framework adapted to EBF determinants study in the Goudomp HD

2- METHODS

- ❖ **Study Type:** Observational (Cross-sectional / Retrospective / Analytical)
- ❖ **Study Period:** From November, The 25th 2018 to May, The 24th 2019
- ❖ **Study Data management:** It consisted of:
 - **Data collection and entry:** Document reviews, Registers and Data base exploitation among 350 children aged 6-12 months born in the above mentioned study period, their Mother/Babysitter as responders. Sampling involved all the district's service delivery points with a functional maternity unit, based on a two-stage cluster survey.
 - **Data analysis:** First, a descriptive analysis using Excel[®] Software ; Then multiple binary logistic regressions with EpiInfoTM3.5.3 Software
 - **Results presentation:** Tables and Graphics (Diagrams & Histograms)
- ❖ **Ethical Considerations:** Confidentiality and Anonymity Compliance, such as Goudomp HD Leaders Authorizations was previously obtained.

3- RESULTS

Children's average age was 8.62 ±1.85 months. Mothers/Babysitters mean gestity and median parity were 3.81 ±2.5 and 3 respectively and medical expenses were most covered by the Fathers (82.6%) as shown in the adjacent Figure 2

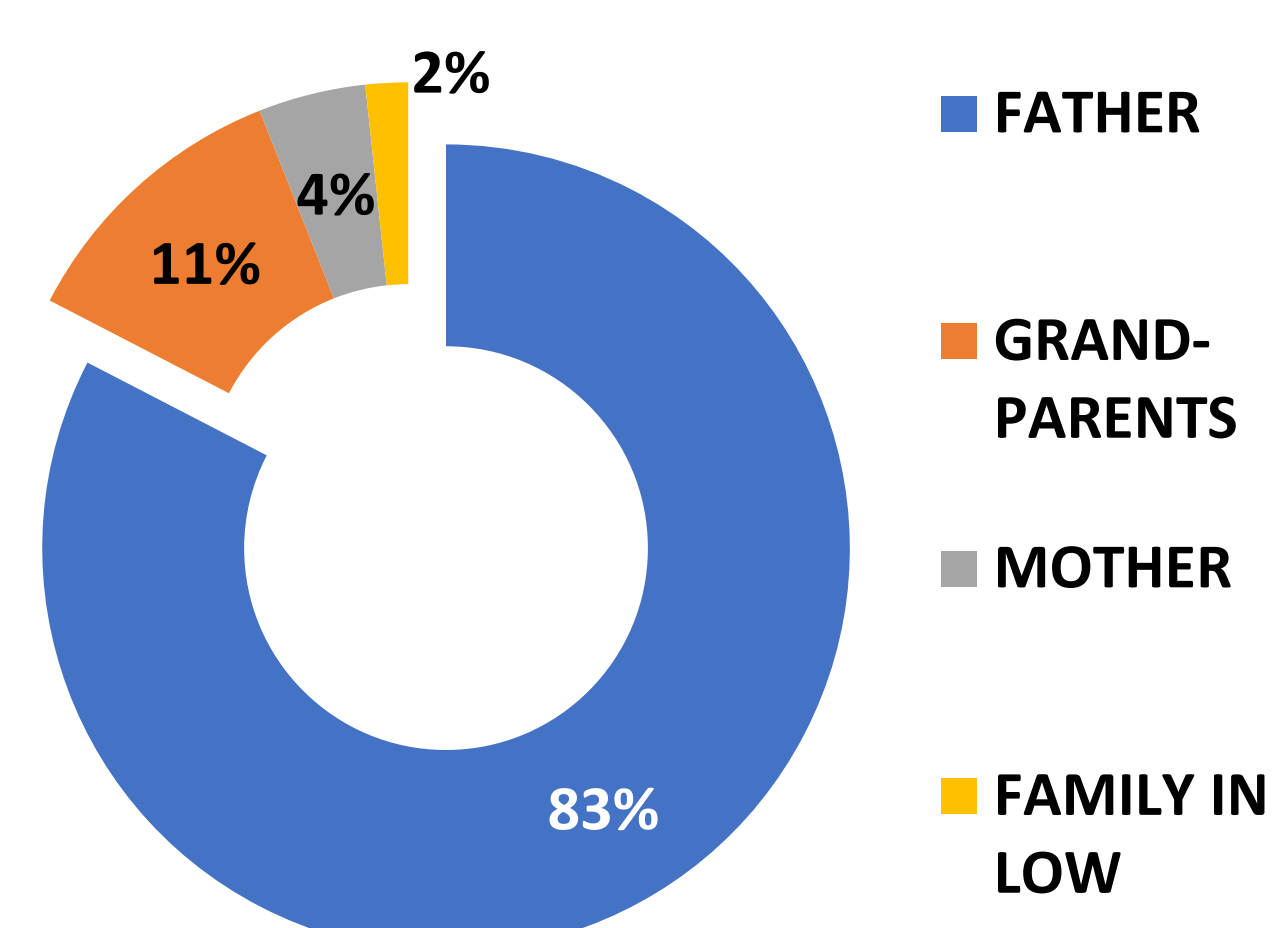


Fig 2: Children distribution by 3rd part financing.

30min (62.3%) mostly and 48.7% were satisfied. Home birth occurred in 22,6% (Figure 3) & 93.3% had received EBF information during A/PNC which was mainly (99.4%) deemed useful with community support (69.4%) during breastfeeding. The “*Bajenu Gox*” were the main (Table I) facilitators of information provided through home visits (56.8%), follow-up visits (23%) and appointment reminders (20.2%).

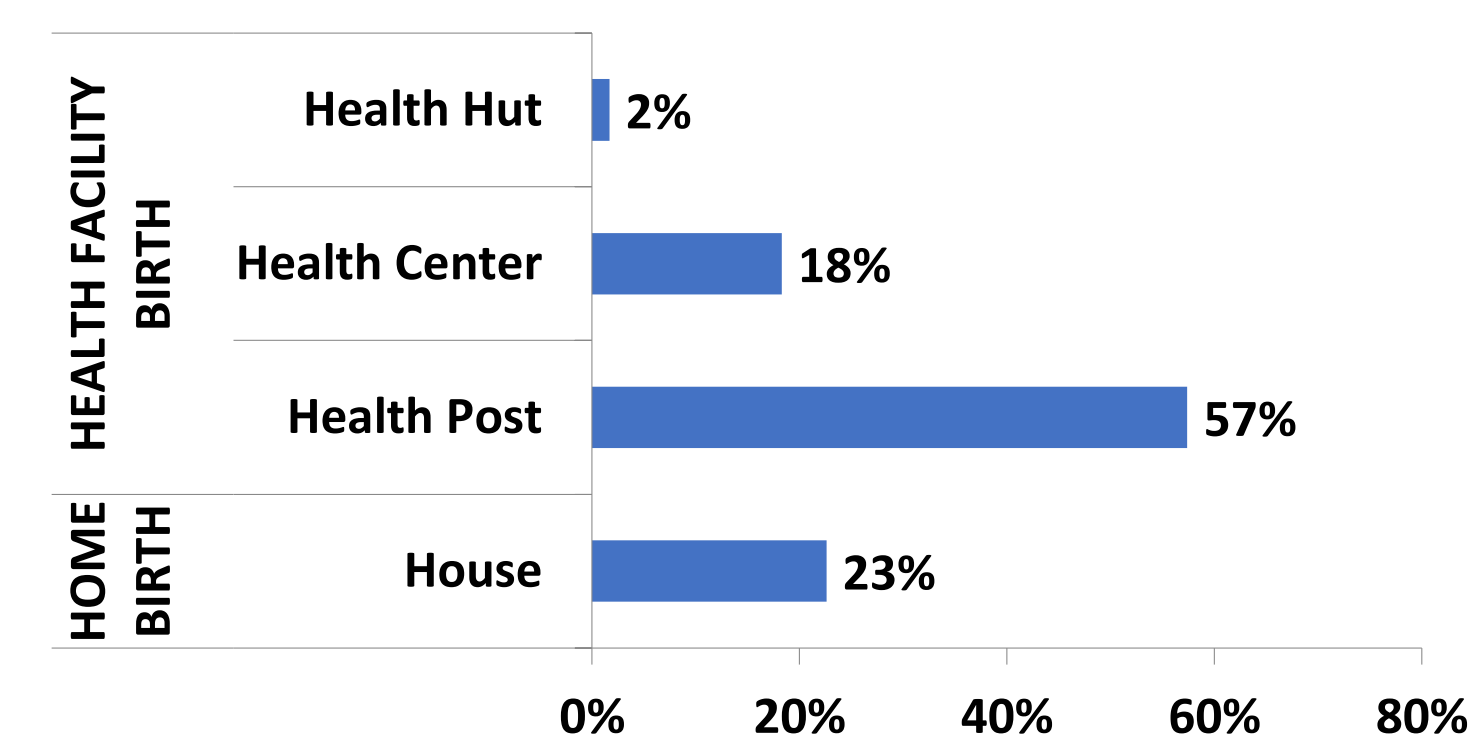


Fig 3: Birth location of children, and Facility type.

Tab I: Community support information givers profile

EBF Info. giver	Frequency (n)	Percentage (%)
<i>Bajenu Gox</i>	81	33.3
Relays	66	27.2
Matrona	47	19.3
CHAs	32	13.2
Others	17	7.0
Total	243	100.0

EBF awareness-raising activities reached 88% of mothers and were most carried out by qualified healthcare staff (53%, Figure 4). They mainly (80.7%) preferred a female provider. EBF practice occurred in 39.4% [CI: 34.3-44.8] and the children majority (81.4%) status of nutrition was “GOOD” compare to 1.7% of children with severe acute malnutrition cases as highlighted by the following right Figure 5.

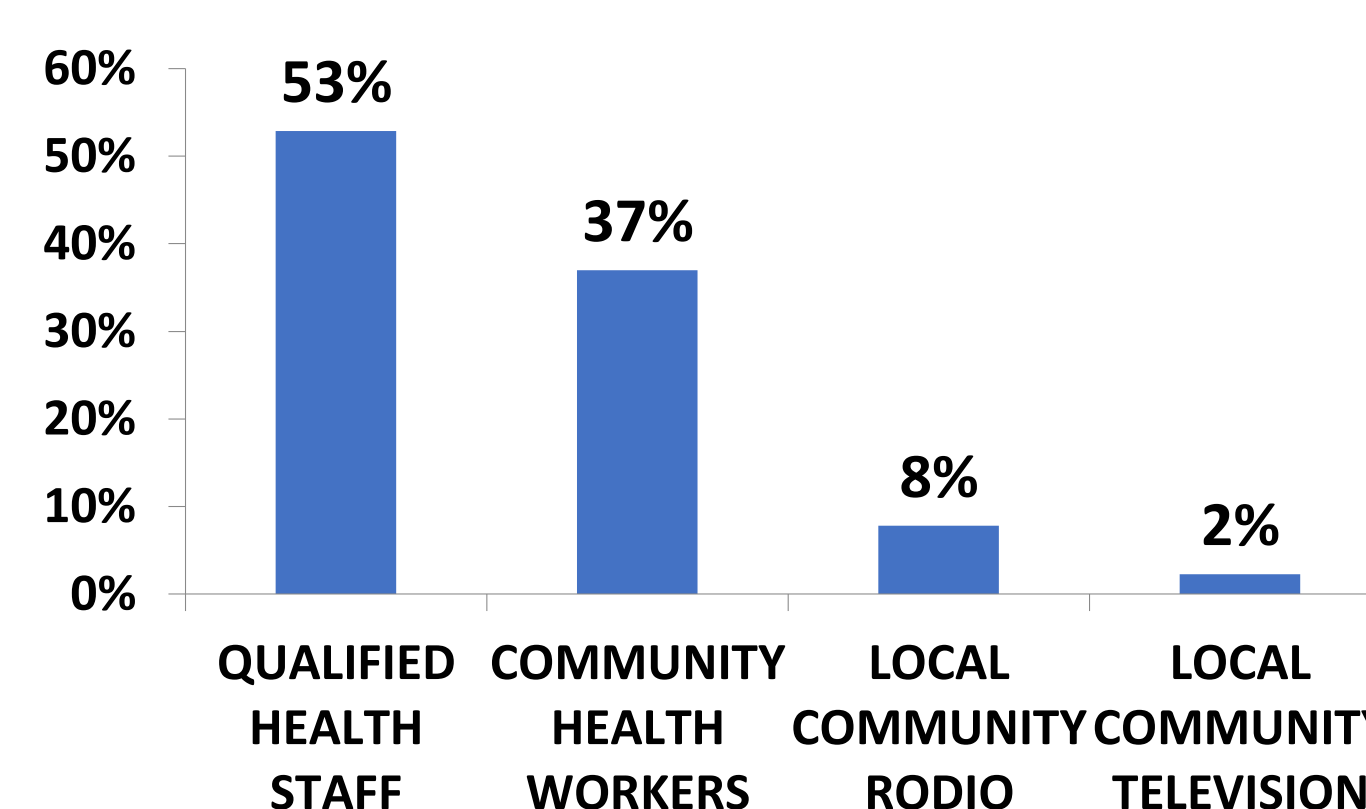


Fig 4: Awareness-raising providers profile or type.

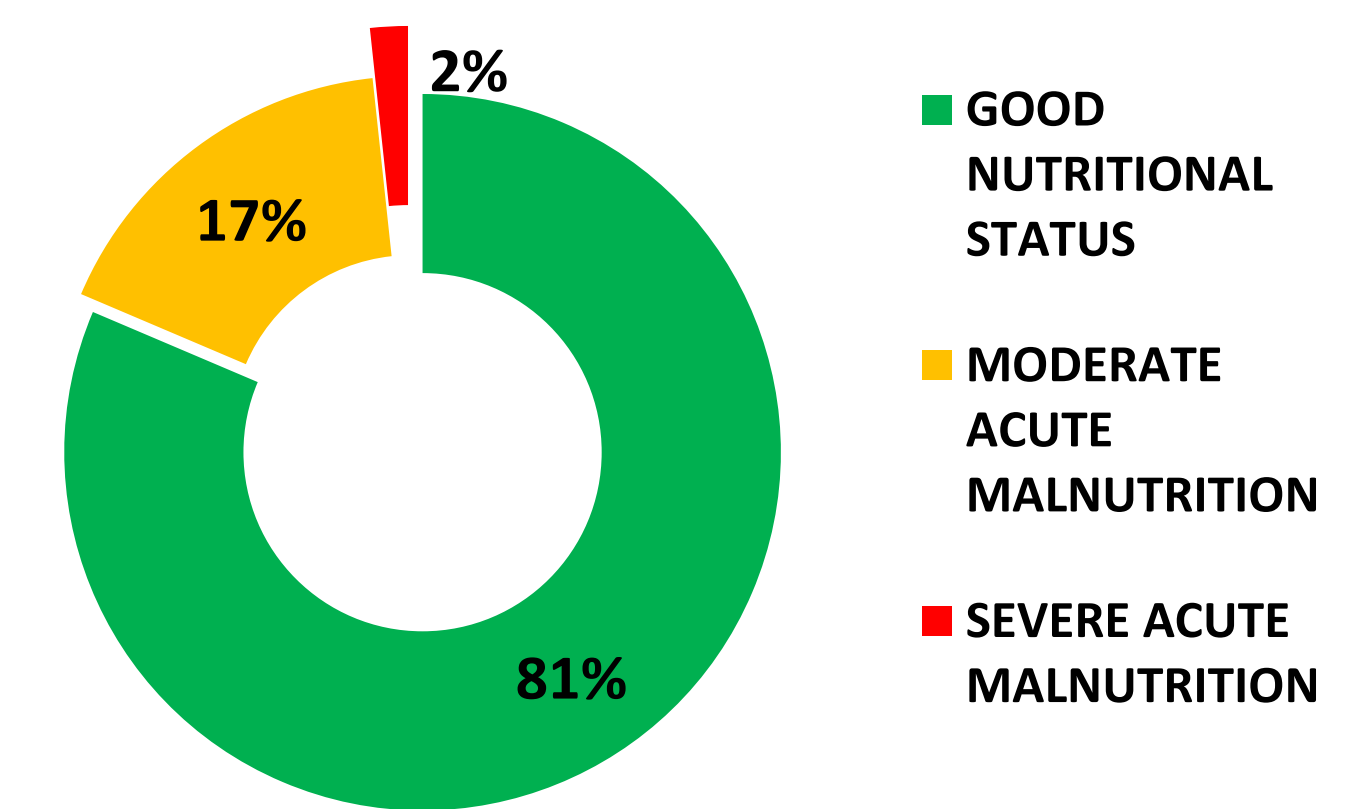


Fig 4: Nutritional status of children receiving EBF

The statistically significant EBF link found, are presented in Table II.

Tab II: The determining factors associated with children EBF in Goudomp Health District, 2018-2019.

EBF ASSOCIATED FACTORS	OR _{Adjusted} [95% CI]	p Value	EBF ASSOCIATED FACTORS	OR _{Adjusted} [95% CI]	p Value
BIOLOGY AND GENETICS			ENVIRONMENT (2/2)		
Multigest (4 and over)		0.001	Radio availability		0.042
No	7.69 [2.72-25.00]		No	1.78 [1.12-3.12]	
Yes	1		Yes	1	
ENVIRONMENT (1/2)			HEALTHCARE SYSTEM		
Number of living children		0.007	Hospital reach time satisfaction		0.000
≤3	5.84 [1.63-21.0]		Yes	6.2 [2.98-12.92]	
≥4	1		No	1	
Child age		0.006	Healthcare supply satisfaction		0.003
<9 months	2.16 [1.25-3.73]		Yes	7.05 [1.98-25.15]	
≥9 months	1		No	1	
BEHAVIOUR			EBF information during A/PNC and Vaccination sessions appointment		
Medical expenses covered		0.013	Yes	5.52 [1.11-27.5]	0.037
Other one	2.00 [1.16-3.45]		No	1	
Father	1		PREFERENCE FOR SERVICE PROVIDER GENDER		
			Woman	2.58 [1.25-5.33]	0.010
			Other	1	

4- CONCLUSION

This work has shown EBF need for optimal early child development.

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