

Final product Fieldwork

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Fenneken Plaat & Anne Scholten
Breastfeeding

Coach: Karin Schepman
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Orientation

This final product is about breastfeeding. Our fieldwork was conducted in Granada, Nicaragua.

In our project plan we stated the following research question:

'What is the main reason for women in Nicaragua to feed their infants by bottle instead of breastfeeding?'

Subquestions are:

'What is the general opinion about breastfeeding in public?'

'What do women know about the benefits of breastfeeding for their infant?'

'What do women know about the disadvantages of bottle feeding for their infant?'

In this final product we will answer these questions based on our ethnographic research.

Nicaragua is one of the poorest countries in Latin-America. Almost half of the population live in overcrowded conditions. Some numbers to give an idea of the quality of life;

73% of households in rural areas have an unsuitable water supply; 33% of the country's households have no electricity service, with the rate twice as high in rural areas; and 33 % of adults are illiterate. 20% Of children under the age of five suffer from chronic malnutrition, and average life expectancy is under 70 years (1).

Nicaragua's epidemiological profile is considered pretransitional, with high rates for both infectious diseases and maternal and child morbidity and mortality. The rates corresponding to chronic diseases, accidents, and violence are also increasing. The Ministry of Health's stated top priorities include (1):

- Infant and maternal mortality
- High fertility and birth rates (2.7 children per woman, with big differences between urban zones (2.2) and rural zones (3.5))
- Chronic infant malnutrition 28.6% of children suffer from malnutrition, 36.9% in rural area
- High prevalence of acute respiratory illness and diarrheal disease
- High prevalence of endemic diseases, such as malaria, dengue fever, and TB, and increased prevalence of HIV/AIDS
- Elimination of measles, rubella, malaria, and rabies
- High prevalence of mental health problems

These priorities reflect in the top causes of admission to hospital:

TABLE 1. Top six causes of admission to hospital in Nicaragua, 2007

Cause of admission	Percentage of admissions
Maternal health related	29.37%
Pneumonia	7.03%
Diarrhea	3.71%
Appendicitis	2.23%
Gall bladder and related disorders	2.18%
Diabetes	2.18%

Source: Ministry of Health statistics

figure 2 (1)

As seen in the figure 2, Maternal related problems are the biggest reason for hospital admission. As suggested in our literature study breastfeeding can prevent a number of maternal problems and can be beneficial for both mother and child. As infant and maternal mortality is one of the Ministry of Health's top priorities, breastfeeding has been on the agenda for some time.

During our studies in the Netherlands we already learned a few things about breastfeeding and the importance of it. Even though it has been established that breastfeeding is incredibly beneficial for children, in the Netherlands it is not something you see in everyday life. This something that is very much influenced by culture and we were very interested to see how this works in Nicaragua.

Neither of us had ever been to Latin-America and we were both very interested in getting to know the people and the culture.

We chose breastfeeding as our topic because it gave us a chance to get to know the culture in a different way than with a topic like diabetes. Breastfeeding is a 'yes' or 'no' choice and we wanted to get to know the motivation.

Analysis

The World Health Organization recommends that mothers should breastfeed exclusively for the first 6 months of age and then continue to do so alongside complementary foods for the first 2 years and beyond. However, levels of breastfeeding around the world are below the recommended targets. In Nicaragua, only 31% of the mothers meet this target (2). The prevalence of breastfeeding mothers is not only a problem in Nicaragua, but a global problem.

Breastmilk provides all of the nutrients and vitamins newborns need. It transfers the mother's immunity to her baby to prevent various illnesses, it's always the perfect temperature, it never spoils and...it's free!

According to UNICEF babies who were breastfed have less risk of obesity, diabetes, respiratory infections and allergies. Women who breastfeed also decrease their chances of getting ovarian cancer and postmenopausal symptoms (3).

These are only a few reasons why supporting breastfeeding is so important.

Given the dangers of bottle feeding in an environment of no clean water and infectious diseases, what made bottle feeding a better choice for infant feeding?

According to Hannah Grow, who has been peace corps volunteer in Nicaragua for several years, Nicaraguan perceptions of modesty appear to be a paradox. Wearing short shorts is perceived to be very sexual, and bikini's are almost never seen on the beaches, yet the exposure of cleavage is largely acceptable. Most importantly though, women generally feel comfortable breastfeeding everywhere, regardless of whether it is a convenient location (2).

There are different reasons why women would stop breastfeeding. For example, almost half of US adults (45%) agreed that a breastfeeding mother has to give up too many lifestyle habits.

This is also applicable in Nicaragua. Even though most women are housewives and belong to a culture where breastfeeding is more status quo, it can still be difficult. According to Hannah Grow, several women said that it was impossible to maintain exclusively breastfeeding because they could not keep up with the daily chores in the house when they had to breastfeed every two hours (2).

We investigated what the reasons are for women in Nicaragua to stop breastfeeding and what we, as nurses, can do in terms of preventative measures. In our fieldwork we tried to understand the culture around breastfeeding activities.

Healthcare in Nicaragua

Topographically, Nicaragua is divided into three regions: Pacific, Caribbean, and Central. These regions are further subdivided into 17 political and administrative departments, which in health terms correspond to Local Comprehensive Health Care Systems (SILAIS). A total of 15 of the SILAIS are located in the Pacific and Central regions.

Health services in Nicaragua are financed by general taxes and provided by the public sector. The primary health provider is the MINSA. Only a small (wealthy) percentage of the population receives private health care services (4).

Figure 1 (4):

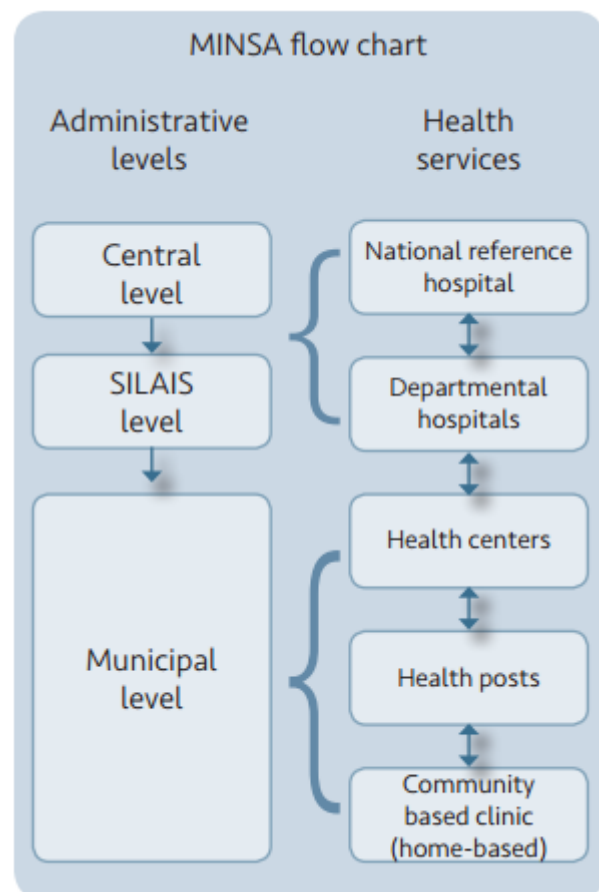
MINSA is like the ministry of health, they both regulate and provide health services. The Nicaraguan public health system can be divided into three administrative levels, each associated with certain types of health services, as shown in Figure 1.

At the central level, work is directed by the Minister of Health and implemented through four divisions and three directorates. Furthermore, each level has its own director.

Nicaragua has 32 public hospitals. Twenty-one are classified as departmental reference hospitals, and 11 are national reference and specialty hospitals.

According to MINSA data, the national service network has 1,059 health care units. These consist of 32 hospitals, 28 health centers with beds, 144 health centers without beds, and 855 health posts, which vary in the amount of population in the area served.

In Nicaragua we will be working in an health centre. Health centers provide all primary health care services and are usually staffed with general practitioners or nurses. They provide pharmacy, basic laboratory, immunization, mental health, and environmental health services, and some offer dentistry.



Certain health centers also have some beds for patients with minor health conditions. These health centers have emergency departments, while others located in more remote areas have specialized gynecology or pediatric outpatient consultations. On average, a health center with inpatient capabilities serves a population of about 170,000, and a health center without beds serves 36,000 people (4).

Government and breastfeeding

There is a lot of information available about breastfeeding in the health care centres. The government promotes breastfeeding by making awareness posters and creates textbooks to educate the community. The posters are hanging in the waiting room and in the treatment rooms. The nurses are well educated about breastfeeding. Because of this they can educate pregnant women about the benefits of breastfeeding and about the right way of breastfeeding.

In practice, the education on breastfeeding mostly depends on the efforts of the staff of the healthcare centre. During our interviews we noticed that most women get their information on breastfeeding from the healthcare centre. There are no rules and regulations for the amount of education that needs to be given. If the staff think it is important, they will pay more attention to it. Because of this education in one healthcare centre can be very different in the other.

Research methods

We used different kind of sources to get more information about our subject.

First we collected information by using the ethnographic methodology. Ethnography is the branch of anthropology that involves trying to understand how people live their lives. This means we visited the local community in their homes or streets to observe and listen in a nondirected way. Our goal was to see people's behaviour on their terms, not ours. We applied this successfully to a windshield survey, because in this survey we must not include our perspective or beliefs about what you feel the community contains, or its strengths/weaknesses from our perspective; it should not be data we collected by looking at a community website or other sources. It must contain the data gathered by walking around the community and observing it (5).

We spent 8 weeks working in Elvira Rugama, a health care centre in Granada. It's a small health care centre with 2 doctors, 2 nurses and 2 assistants. The population of Elvira Rugama being treated is a number of 892 persons. Most of the patients are pregnant women and babies who visit the health care centre for their vaccinations. The health care centre pays a lot of attention to outreach activities. Within these outreach activities the staff goes into the community to educate people and they practice prevention programmes, such as vaccinations.

During this internship we observed the health care of Nicaragua and we saw how the health care is regulated. We had the opportunity to meet different key informants. We used the key informants to gather information.

We joined vaccination programs, this included providing health care in the community, educating people in their homes and chatting with the locals about their way of living. This was a good opportunity to see how people live.

One of the most important ways to educate people is to visit schools and educate the children about a certain topic. This is what we did at a primary school in Granada. We educated children at the age of 12 about breastfeeding. Nicaragua has a high rate of teenage pregnancies, because of this reason it's important that young children get educated about breastfeeding.

We wanted to see how other health care centres looked like, so we visited other health care centres to observe if they paid attention to making people aware of the benefits of breastfeeding. Compared to our health care centre there were less awareness posters.

This is the main product of study for an ethnography study because it enlightens us about the context in which citizens would live, and the meaning different compounds of the community might hold in their lives. Through this perspective we will study communities of Nicaragua by doing participant observations with a windshield survey.

We also conducted information by doing interviews with key informants of the community and informal interviews with the local people. We used people of the community, nurses and doctors of our health care centre as our key informant. After interviewing our key informants we got a clear picture of the thoughts and opinions about our health subject. We used semi-structured interviews so the respondent had the opportunity to explain things from their perspective. After conducting the interviews we analyzed the outcomes.

To promote our health subject searched for literature on the internet. We collected data from different kind of databases, for instance PubMed, Google scholar and Cochrane. To find the right data we had to set up a specified research question related to our health problem. With using keywords of this research question, we could build a search string. We also added inclusion and exclusion criteria:

Inclusion criteria:

- Women who are expecting and women with infants
- Studies stating clear references
- article is free full text so all the information is available.
- article is about women in Nicaragua or can be implemented on this group.

Exclusion criteria:

- Articles older than 5 years

Promoting our health problem was a bit difficult in Nicaragua, because a lot of people are under educated and illiterate. So we used another technique to message our promotion. We did this by making women aware of the benefits of breastfeeding their infants. We did this by spreading information face to face and gave education at schools.

Results and Recommendations

After ten weeks in Nicaragua we learned a lot about the culture. Breastfeeding is an great topic to explore a culture.

The results we'll be discussing here are all obtained by interviews and ethnographic research.

Walking on the streets in Granada we quickly learned that breastfeeding is everywhere, just like we found in our literature study. We have seen women breastfeed everywhere, regardless of whether it is a convenient location. For example; we saw a woman crossing the street and in the middle of the street she suddenly pulled out her breast and started to feed her child. It is clear that no one is ashamed of breastfeeding their child in public.

In our interviews we asked women why they breastfed. 100% Of the women that were questioned stated that breastfeeding was good for the baby's health; they wouldn't get diseases. The exact benefits were harder; none of the women knew what kind of diseases or what it does exactly. The women are very aware of a health benefit for their baby, but they don't know what health benefits there are for themselves.

During our project we noticed that a lot of women breastfeed their infant. Different kind of studies mentioned that the breastfeeding rate in Nicaragua is 31%, this number seems a little low (2). According to our interviews with different stakeholders we can say that the breastfeeding rate is incorrect. Every single women we interviewed said that all of her friends and family had more or less the same values on breastfeeding. One woman said she knew a women that did not breastfeed because of her work schedule, otherwise no one knew anyone who did not breastfeed. We concluded that the quantity of breastfeeding is not a problem. Noticing this we focused us on the way how women breastfeed. Thus, we looked at the exclusive breastfeed period and to the different kind of other nutrition who were given to an infant.

Most women stated that they gave other foods or drinks as well as breast milk. Our supervisor at the healthcare centre stated that most women start with exclusive breastfeeding and give other foods like cow milk, rice, potatoes, juice or water after 3 or 4 months. The most disturbing thing we saw is a woman feeding her infant coca cola in a bottle. Women do not seem to have a idea of what the quality of breastmilk is.

It's unnecessary to add other nutrition in the first 6 months of an infant, because breastmilk contains all the needed nutrition (6).

Our recommendations are based on this. By interviewing women about the exclusive breastfeed period we noticed that not many women were aware of the important 6 months. Our recommendations are based on this problem. Many women receive education about breastfeeding during their pregnancy. We can tell this is a successful strategy to make women aware of the benefits of breastfeeding. We think that women need to be more aware of the benefits of the exclusive breastfeed period. And that women need to get educated about other nutrition after the exclusive breastfeed period.

On the other hand we noticed that a lot of women keep on breastfeeding for a very long time. Most

kids get breastfed on the side until they are two years old. One woman stated; “The children get addicted to the breast milk and it is impossible to get them off. A friend of mine breastfed her child until he was five and she had to put chili powder on her nipples to get him off.’

We recommend that during the education programs the women get educated about how important it is to breastfeed the infant in the first 6 months exclusively. Also the family needs to get educated about other added nutrition after the 6 months of exclusive breastfeeding. This can be done during the consultations in a health care centre or hospital. This intervention is easily applicable in different kinds of health settings because it doesn’t cost extra money and the nurse or doctor can spread the information during the consultations.

During our ethnographic research we went to different kinds of health institutions. We noticed that the government is really busy with promoting breastfeeding campaigns. This was manifested by lots of posters about breastfeeding and textbooks which were lying in the waiting rooms.

The nurses of the health care centre were very busy with observing how the mother breastfed her infant. When the nurse noticed a wrong breastfeeding position the nurse educated the mother how to practice breastfeeding in a right way.

Reasons why women would stop breastfeeding were hard to think of by the nurses. The two biggest reasons were work schedule and physical reasons. This includes not being capable of breastfeeding and physical changes. Because these problems are not widespread and hard to investigate we chose to focus our recommendations on the practice of breastfeeding instead of the quantity.

Discussion

We conducted our research in Granada, the wealthiest city of Nicaragua. Because Nicaragua is a 3rd world country, Granada can not be considered a good reflection for the entire country. Most parts of Nicaragua, especially the rural parts, are very poor. The findings might be very different in these surroundings. This discussion point needs to be taken into consideration through the whole research.

One of our strengths to practice this research was that we were well prepared. Before we travelled to Nicaragua we set up a project plan. This project plan was our common thread for our research. In the project plan we described the background of Nicaragua's health care system, thus we knew what to expect of the health care system. Also we received a planning for the upcoming 10 weeks with tasks we needed to perform.

Because we travelled to Nicaragua we were able to perform ethnographic research. This was definitely a strength to our research. We got the opportunity to get to know the culture and the health care system very well. Because of this we were able to collect information of the local people.

One of our limitations to practice this research was our language barrier. At the beginning of this project we couldn't speak Spanish but after a Spanish course of two weeks it went better and better. Despite of the Spanish courses, it was still hard to keep up with the Spanish conversations. Because of this barrier we weren't able to practice long conversations and we only could talk about prepared subjects.

Conclusion

In our project plan we stated the following research question:

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Subquestions are:

'What is the general opinion about breastfeeding in public?'

'What do women know about the benefits of breastfeeding for their infant?'

'What do women know about the disadvantages of bottle feeding for their infant?'

The answers to these questions can be found in our recommendations. Pretty soon into our research we discovered that not breastfeeding was not a problem we should focus on. Breastfeeding has been a topic of the government for many years and it seems to be paying off. One of the interviewed women said that she thought 90% of the women in Nicaragua breastfed. As stated in our discussion we can not account for the rural areas, but based on our research in the city of Granada we can say that this is correct.

With the knowledge of today we would change our research question to:

'How is the quality of breastfeeding in Nicaragua?'

To improve the breastfeeding practices in Nicaragua our overall recommendation would be; Focus on the breastfeeding practices rather than the quantity.

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