



An intervention combining breastfeeding education, cell phone messaging, and microcredit programs improved breastfeeding practices.

ALIVE & THRIVE

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Integrating breastfeeding education, cell phones, and microcredit to improve breastfeeding practices in Nigeria

Alive & Thrive (A&T) is an initiative to save lives, prevent illness, and ensure healthy growth and development through improved breastfeeding and complementary feeding practices. Good nutrition in the first 1,000 days, from conception to two years of age, is critical to enable all children to lead healthier and more productive lives.

A&T tested the effect of an intervention—combining breastfeeding education, cell phone messaging, and microcredit programs—on breastfeeding practices in urban and rural areas of Bauchi State in northern Nigeria. The University of North Carolina at Chapel Hill collaborated with Partners for Development to implement the project with funding from A&T's small grants program. The goal of the small grants program, managed by the University of California, Davis, was to identify new solutions for scaling up effective and sustainable interventions to improve infant and young child feeding by linking research to program delivery.

The project promoted optimal breastfeeding behaviors—early initiation of breastfeeding (within the first hour after birth) and exclusive breastfeeding (giving babies only breast milk with no additional foods or fluids for the first six months). Exclusive breastfeeding improves child survival, growth, and development, yet only one-third of infants less than six months of age are exclusively breastfed in sub-Saharan Africa.¹ The rate is even lower in Nigeria, declining from 17 percent in 2003 to 13 percent in 2008.^{2,3}

About Alive & Thrive

From 2010 to 2011, the project encouraged pregnant women involved in microcredit programs to practice early initiation of breastfeeding and exclusive breastfeeding. Trained credit officers led monthly breastfeeding learning sessions

during regular microcredit meetings over 10 months. Each 20 to 30-minute session contained one to three key messages and included counseling cards, posters, and leaflets. To extend breastfeeding support between monthly microcredit meetings,

Participation among pregnant women (ages 15 to 45) involved in microcredit programs

- **69%** of participants attended all seven breastfeeding learning sessions
- **96%** of cell phones received all text and voice messages
- **85%** of small groups presented a song or drama at least once per month

the project gave each small group of borrowers (five to six women) a single mobile phone. The project sent weekly text and voice messages prompting each small group to discuss the messages and create a song or a drama based on the breastfeeding content to present at the next meeting.

The phone was usually given to the leader of the small group. She was instructed to share the messages with her group members weekly, by either visiting them individually or inviting them to listen as a group. Women in the small groups lived in close proximity, which offered opportunities for them to interact and discuss the messages frequently, even outside their regular meetings.

Evaluation and Results

The intervention successfully improved breastfeeding practices among participants. Using a cluster-randomized controlled study design, the project compared breastfeeding practices in women receiving microcredit plus breastfeeding promotion with a microcredit-only control group. Among the 390 pregnant women interviewed during the final survey, those participating in the intervention had higher

rates of early initiation of breastfeeding and higher rates of exclusive breastfeeding at three and six months. Intervention participants were also less likely to give fluids other than breast milk in the first three days of life (see Table 1 below).⁴

Lessons Learned

- **A program that integrates breastfeeding promotion into women's microcredit** using face-to-face counseling and cell phone messaging can successfully improve breastfeeding norms and behaviors.
- **Providing a group cell phone was feasible.** Many participants said that sharing a phone worked well or very well.
- Qualitative data collected at the end of the intervention indicated that **participants spread the messages to other women in their communities** and they were interested in extending the program to other maternal and child health topics.

Conclusion

An intervention integrating breastfeeding education, cell phones, and microcredit improved breastfeeding practices. This intervention could be scaled up in Nigeria, where local organizations provide microcredit to more than 500,000 clients. With more than 150 million women, many of childbearing age, involved in microfinance globally, other countries and programs can adopt the approach to promote healthy growth and development of children. ■

Table 1. Breastfeeding outcomes for each study group

	Control group	Breastfeeding education plus cell phones
Early initiation of breastfeeding*	48%	70%
Exclusive breastfeeding at 1 month	61%	73%
Exclusive breastfeeding at 3 months*	58%	71%
Exclusive breastfeeding at 6 months*	43%	64%
Gave only colostrum in the first three days*	71%	86%
Gave water before six months*	49%	24%

* Significant difference between groups

Geographic Coverage: Bauchi State, Nigeria

Implementation Partners: Alive & Thrive (Managed by FHI 360); University of California, Davis; University of North Carolina at Chapel Hill; Partners for Development/Nigeria; Gerewa Women Multipurpose Cooperative Society; Rahama Women's Development Program; Women Development Association for Self-Sustainers; and Wuruno Kowanaka Community Development Centre (Nigeria)

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