Implications of Ready-to-use Therapeutic Foods on Breastfeeding Practices: A Qualitative Study of Lactating Women at the Canaan Clinic in Montrouis and Rousseau, Haiti

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Globally, millions of children die from nutritional risk exposures, which include underweight, inadequate breastfeeding practices, and vitamin and mineral deficiencies. In Haiti, the severe burden of maternal and child malnutrition and low percentage of women practicing proper breastfeeding are major contributors to its poor ranking in under-five mortality in the Western hemisphere.

Malnutrition Stats

- 925 million undernourished people in the world today
- Malnutrition accounts for 11 percent of the global burden of disease
- Annually, 171 million chronically malnourished children under the age of five have stunted growth and 115 million children with acute malnutrition suffer from wasting
- Kills 3.5 million children under five years old and impairs hundreds of thousands of growing minds
- Malnutrition is implicated in about 40 percent of the 11 million deaths of children under five in developing countries
- Lack of immediate and exclusive breastfeeding in infancy causes an additional 1.5 million deaths

Of Haiti’s population of malnourished children, approximately 20% have chronic malnutrition and 10% have acute malnutrition.

Treatment and Prevention of Malnutrition

- Breast milk prevents malnutrition in children under 2 years of age
- Therapeutic foods are energy-dense micronutrient foods designed to rehabilitate children from severe wasting by causing rapid weight gain or catch-up growth

Types of Therapeutic Foods

- F75 & F100 (milk-based)
- Ready-to-use-therapeutic foods (RUTF)
  - Medika Mamba (MM) in Creole means “Peanut Butter Medicine
    Consists of peanut butter, vegetable oil, sugar, full milk fat, and vitamins
  - BP100 (energy-rich biscuit)

Medika Mamba Research

Setting

Montrouis, Haiti
Canaan Christian Community consists of an orphanage, school, and clinic.

Rousseau, Haiti
Osapo Centre de Sante de Rousseau is a hospital and health center nestled in the mountains and 45 min from Montrouis

Total Participants (15 mothers): 12 interviewed at Canaan Clinic and 3 interviewed in Rousseau
**Research Design**
- Medika Mamba clinic staff actively recruited participants
- Face-to-face, semi-structured interviews were administered with the assistance of two Creole interpreters
- Interview transcripts were reviewed utilizing the Thematic Content Analysis method with elements of Framework Analysis

**Summary of Findings**

**Alteration of Breastfeeding Practice**
MM treatment for acute malnourished children was perceived to alter the breastfeeding practices of some lactating mothers in the following ways:
1. Decrease in breastfeeding due to MM usage as food replacement;
2. Decrease in breastfeeding due to child’s decreased desire for breast milk;
3. Increase in breastfeeding due to MM usage as food replacement and child’s increased desire for breast milk.

Half of the mothers stated no change in breastfeeding practice. Displacement and timing of feeding MM by mothers also led to a decrease in breastfeeding. Overall, more mothers decreased than increased breastfeeding practices after implementation of Medika Mamba.

**Attitudes toward MM**
How the mother understands the causes of malnutrition indicates, in a sense, their perceptions of MM. Thus, their perceptions of MM impact the mothers’ attitudes toward MM. In all, the attitudes of mothers toward Medika Mamba are twofold: 1. Acceptance with reservation 2. Acceptance without reservation. There was an expressed acceptance without reservation of MM by most lactating mothers, except for one who accepted with reservation based on the influences of medical advice and their child’s expressed acceptance.

**Traditional Food vs. MM**
Findings from this study indicated that mothers expressed the need for traditional Haitian food to treat malnutrition. However, further research needs to be done on the cultural aspects that lead to a preference of traditional food or RUTF.

**Recommendations**
- Breastfeeding is noted as being affected by environmental constraints imposed by complex emergencies. Improved breastfeeding counseling that incorporates cultural perspectives of a healthy infant is suggested to better educate the mothers on health advantages of breast milk.
- Recommended timing of MM feeding affects mothers giving timely and appropriate breastfeeding. The MM protocol recommendation of MM given before any feeding interferes with appropriate breastfeeding. The high energy density of MM results in many infants satisfied before being breastfed. A revision in the MM protocol where breastfeeding is recommended prior to MM feeding could possibly resolve this issue.
- Based on the findings, complementary feeding can also be affected by the MM intervention. Even though the Sphere Handbook and MM protocol clearly state MM is not complementary food, a mother’s environment heavily impacts her perception of MM. Improvement in appropriate complementary feeding could occur through increased access to food through a community garden and animal husbandry.
- More research is needed to improve the design of the MM intervention and support data on MM’s effect on breastfeeding.
- Further investigation needs to be done on the impact of RUTF on complementary feeding and a quantitative methodology needs to be implemented to substantiate if the effects of MM on breastfeeding practice is a significant public health issue.

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