

KNOWLEDGE OF SOLUTIONS TO BREASTFEEDING DIFFICULTIES

Output indicator

Indicator Phrasing

INDICATOR PHRASING: number of women of reproductive age who know how to address the most common breastfeeding difficulties

Français: to be added later

What is its purpose?

Women often do not breastfeed not because they are not aware of its importance but because they face problems which make breastfeeding difficult, such as latching pain, sore nipples, breast engorgement or a perception of not having enough breast milk. This indicator therefore assesses the extent to which the target women know how to address the most common breastfeeding difficulties.

How to Collect and Analyse the Required Data

Determine the indicator's value by using the following methodology:

- 1) **List a limited number (4 to 7) of the most common breastfeeding difficulties** that the targeted women experience and the project helped / will help address. If you conduct a baseline survey and you do not know yet what the most common difficulties are, you first have to identify them through conducting several key informant interviews with the local health workers and focus group discussions with targeted women. This is essential for ensuring that the survey covers the key breastfeeding difficulties local women experience.
- 2) **Define how many difficulties a respondent needs to know how to address** to be considered as “knowing how to address the most common breastfeeding difficulties” - for example, at least 4 out of 6 difficulties (ensure that the **baseline and endline surveys use the same benchmark** – e.g. always 4 out of 6 difficulties)
- 3) **Conduct interviews** with a [representative sample](#) of the targeted women, asking simple questions about the respondents’ knowledge of how to deal with each of the breastfeeding difficulties listed in point 1 (that the project addressed / plans to address).

EXAMPLE OF SURVEY QUESTION AND ANSWERS:

Q1: In your opinion, if a woman has a baby that is being breastfed but her nipples hurt because they are cracked, what is the best way how she can address this problem? (keep probing: “What else can she do?”)

A1:

- 1) the provided solution was correct and adequate
- 2) the provided solution was NOT correct or adequate
- 3) no solution was provided

4) **Count the number of respondents** who knew how to address at least the minimum number of the most common breastfeeding difficulties (e.g. at least 4 out of 6 difficulties).

5) To **calculate the indicator’s value**:

- Divide the number of respondents knowing how to address at least the minimum number of the most common breastfeeding difficulties by the total number of respondents
- Multiply the resulting number by 100 to convert it to a percentage
- Multiply the percentage by the total number of the target group members
- The resulting number is the “number of women of reproductive age who know how to address the most common breastfeeding difficulties”

See example: 175 respondents knowing how to address the most common breastfeeding difficulties divided by a total of 350 interviewed respondents equals 0.5. This multiplied by 100 equals 50%. If the total number of the targeted women is 6,000, then 50% out of 6,000 women equals to 3,000 women knowing how to address the most common breastfeeding difficulties.

Disaggregate by

Disaggregate the data based on the respondent’s age group and the number of children she had (zero and more).

Important Comments

- 1) **Consider reporting separately also on the individual breastfeeding difficulties**, such as:
 - % of women knowing how to address perceived lack of breastmilk
 - % of women knowing how to address cracked nipples

This data is very useful for your (or other actors’ – e.g. health workers’) further programming as they tell you where the main gaps are.

2) The data collectors need to be very well trained in **understanding the most common breastfeeding difficulties and effective solutions** (this might be much easier if the data collectors are women who breastfed their children). The promoted (and in the survey used) solutions must be based on the official recommendations of the relevant health authorities and local health workers.

3) At the same time, among the data collectors needs to be a **clear agreement on which answers can still be counted as "correct and adequate"** (i.e. the respondent knows how to effectively address the problem) and which are "incorrect or inadequate" (i.e. the respondent was not able to explain an effective solution to the given breastfeeding difficulty). Make sure that this part of your questionnaire receives maximum attention during training and **field-based piloting**.

4) Male data collectors might be hesitant to ask women about their breastfeeding difficulties and women might be uncomfortable discussing this topic with men. Discuss with your male and female colleagues (preferably also members of your target group) whether male data collectors should be collecting data for this indicator or **whether female-only data collectors need to be assigned**.

5) Since you already will have discussed the most common breastfeeding difficulties, you can add a question **assessing whether the respondent ever faced such a problem** (giving you an idea of how widespread such difficulties are).