

# **Women's agency and perception of vulnerability: A qualitative analysis of breastfeeding, contraception and food insecurity in Burkina Faso**

## **Introduction**

In the development discourse it is often noted that women, especially breastfeeding and pregnant women, are the most vulnerable to food insecurity (see for example reports by USAID and Food for Peace). Because they require more calories than other women, this portion of the population is anticipated to be the least capable of physically coping with reduced calories that may come as a result of limited food access or availability (Ramakrishnan 2004, Young 2001). Despite the assumption of vulnerability of this population, the relationship between breastfeeding, contraceptive use and food insecurity has rarely been studied. Specifically research addressing women's own decisions of when to avoid pregnancies (through the use of contraception/family planning) or when to stop breastfeeding and how these decisions are impacted by reduced (or perceptions of reduced) food availability have not been explored. Therefore, examining how women respond to seasonal periods of food insecurity or to food crises to avoid placing themselves or their children in vulnerable positions is unknown. The goal of this research is to examine pregnancy and breastfeeding behaviors with attention to the vulnerability brought about by food insecurity in Burkina Faso, a country characterized by high food insecurity and some of the highest fertility rates on the planet. This research will contribute to an improved understanding of women's reproductive agency and empowerment in highly food insecure environments.

Burkina Faso is one of the least developed countries in the world (UNDP 2009). Economic development and access to health care and educational opportunities are very low (UNDP 2009, WHO 2010, Storeng et al 2012). Rather than wage-earning occupations, the majority of the population (approximately 90%) relies on subsistence agriculture or pastoralism to produce food and to provide a source of income. High rates of malnutrition, likely related to the instability of the subsistence lifestyle, results in high rates of child and infant morbidity and mortality which may ultimately inhibit the country's economic progression (UNDP 2009, WHO 2010). While the role of high infant mortality as a component of high fertility has long been established in the demographic literature (this is a fundamental piece of Demographic Transition Theory), current frameworks used to examine high fertility do not incorporate food insecurity despite the strong relationship between infant mortality and food insecurity. Qualitative research into the link between food security, vulnerability and empowerment will be helpful in improving frameworks used to analyze high fertility in food insecure settings.

In this analysis we use recently collected qualitative data from focus groups conducted with Burkinabe women in and around Ouagadougou, Burkina Faso. The focus groups explore questions relating to women's breastfeeding and contraceptive use during periods of food insecurity and aim to uncover patterns in the perspectives of the participants regarding their experiences with food insecurity and reproductive decision-making. The outcomes of the focus groups reveal the perceived linkages between breastfeeding, contraception, and food insecurity, and assist in developing improved hypothesis of the

links between fertility and food insecurity and in constructing detailed surveys for future data collection.

## **Background**

### *Context: Burkina Faso*

We conducted this study in Burkina Faso, a former French colony in West Africa and one of the least developed countries in the world (HDI rank 183 out of 186; UNDP, 2013). The ethnic makeup of Burkina is diverse, with half of the population belonging to the Mossi, one of 60 ethnic groups. Sixty percent of the population is Muslim, and the rest belongs to various Christian or animist faiths (INSD, 2012). The country is land-locked and shares borders with several countries including Mali, Ghana, Côte d'Ivoire, Benin, Togo, and Niger. The geography of Burkina Faso is, like many other countries in the region, distinctly north-south. The rainfall and environmental conditions vary widely from the semi-arid north, which receives approximately 500 mm of precipitation a year, to the lush south, which receives approximately 1000 mm a year (FEWS, 2010). These environmental conditions greatly affect the agricultural potential and resulting livelihoods throughout the country. In this study, the populations surveyed are found within the peri-urban zone around Ouagadougou, the nation's capital, which sits in the center of the country.

Peri-urban Ouagadougou has particular opportunities and constraints for households. Generally peri-urban areas represent a hybrid of rural and urban livelihoods and land-uses. Housing tends to be denser, there are more non-farm income opportunities and access to markets, but households often have limited access to urban services and suffer from pressure on land resources (Simon, 2008). In the case of Ouagadougou, the proximity to an urban population means that they are close to market demand but soil conditions are poor and land holdings small as a result of higher population density. Households in the peri-urban central zone combine crop production for sale and subsistence alongside non-farm income (FEWS, 2010). In general, households that work in local non-farm jobs are usually the poorest in peri-urban communities, whereas households that are better-off in terms of material assets and income earn cash from cash crop and livestock sales (FEWS, 2010).

The majority of the families here are Mossi and are mostly Muslim. In the Mossi culture, polygamy is common and men are most often the decision makers<sup>1</sup> with older men holding more decision-making power than younger men (Nanama and Frongillo 2012b, McMillan, 1995; Skinner, 1964). However, in Ouagadougou (peri-urban and urban) polygamy is on the decline possibly because of the higher costs of living and denser

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<sup>1</sup> Although, based on our time in Burkina Faso and our informal discussions with local Mossi women we noted that the way that decisions are made is complex and related women, daughters and mothers-in-law for example, sometimes work in partnership to protect the interests of a woman in the family and *encourage* a male household head to make certain decisions.

housing. Based on our observations and discussions with local women, child-care and food preparation for children is almost entirely the responsibility of the women with husbands/partners contributing money or providing grain rarely.

The central region receives around 700 mm of rain a year, which falls during the summer months, from June to October. The summer also marks the peak of the hunger period as crop harvests mainly occur after the growing season and therefore periods of hunger start in around April and last until October. The most dominant cash crops are cereals, particularly maize, millet, and sorghum, and livestock mostly consists of goats or sheep and poultry. Households that engage in agriculture tend to eat from their own harvest for as long as possible, and then need to purchase food with cash obtained by working in non-farm employment (when close to urban centers) or selling market produce (in rainy season), livestock, or harvested products such as wood or other wild plants (FEWS, 2010). Land ownership is somewhat complex here with normally the village head making land-use decisions. Women farm their own plots alone or with their children and aid their husbands/partners with their plots (Nanama and Frongillo, 2012a). As we observed, husbands/partners do not typically assist the woman in the maintenance of her own plot, however the woman is the “owner” of what she produces and either sells her products or uses them to feed her and her children.

Approximately 16 percent of married women use any form of family planning, which includes both modern and traditional methods (INSD, 2012). Birth control and family planning, as well as total fertility rate, vary throughout Burkina Faso between rural (77 percent) and urban (23 percent) populations. The urban fertility rate is approximately 3.9 while the rural fertility rate is 6.7 (INSD, 2012). Peri-urban fertility, including the communities near Wapassi report much higher fertility than the urban center<sup>2</sup> (Rossier et al., 2011). The difference in fertility rates is reflective also of the use of any family planning methods (traditional or modern) since 34.3 percent of women in urban areas use birth control, while 11.3 percent of women in rural settings employ any birth control method. Although these rates are low on an international scale, they almost doubled from 2003 to 2010 (INSD, 2012).

## **Methods**

### *Focus Groups*

In order to gain insight into the perceptions of Burkinabe women, we conducted three focus groups with female residents in the peri-urban community north of Ouagadougou called Wapassi. Focus groups are a useful method to obtain “combined local perspectives” of certain issues that can uncover initial hypotheses and inform further research. These groups were organized through contacts in the communities and were conducted by the authors and research assistants in public spaces. A list of questions was utilized to guide the focus group discussions while retaining a casual and fluid

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<sup>2</sup> [http://www.issp.bf/opo/Publications/OuagaFocus/OuagaFocus\\_2013\\_1\\_FR.pdf](http://www.issp.bf/opo/Publications/OuagaFocus/OuagaFocus_2013_1_FR.pdf)

conversation space in order to allow participants to speak freely and in a “naturalistic” manner. The information obtained in the focus groups was supplemented by informal interviews conducted with health workers and residents throughout the city of Ouagadougou. The interviews and focus groups were conducted either in French, or in Moore, the dialect of the Mossi people, and transcribed into French by a Burkinabe fluent in both Moore and French. The authors have translated relevant passages from French to English. Back translation (from English to Moore) has been done to validate the multiple translations required for this research.

## **Anticipated Results**

The information obtained in the focus groups and interviews were organized into themes related to food security and reproductive health. The themes as we are currently organizing them are listed below. The authors are currently analyzing the interviews and based on preliminary findings expect to increase understanding of how household food insecurity and hunger are experienced by women with very young children. Also, issues of their own ability to control their fertility are contrasted with religious and community cultures as well as with their own husband’s preferences.

## **Coding Categories**

*1. Hunger – information about the definition of hunger according to interviewees. Also included detailed answers about what is eaten. Other issues related to hunger are coded with the categories below. If an answer is both defining hunger and also related to a subcategory both are coded*

- a. Buying food – the act of buying certain items, the need for non-agricultural work*
- b. Climate – rainy season changes, this particular season*
- c. Food Quality – what means good food*
- d. Gender – how hunger affects women differently*
- e. Hunger & Pregnancy – how hunger can affect a pregnancy*
- f. Hunger season – when is the hunger season and what is it like, how people cope*
- g. Hygiene – the idea of cleanliness in food*
- h. Land – access to land, what can be produced on certain amount of land, having*

- enough or not enough land to grow what is needed*
1. *Contraception – general comments about contraception*
    - a. *Becoming pregnant – What does it take to become pregnant, who decides*
    - b. *Birth spacing – how many years is ideal between pregnancies, whether it is attained*
    - c. *Gender – Issues of gender in reproductive health (i.e. man wanting or not to abstain or allow for contraception)*
    - d. *Modern birth control – if people take modern birth control, how it is used*
    - e. *Unplanned pregnancy – Whether pregnancies can be controlled or if they are a surprise/gift from God*
  2. *Breastfeeding*
    - a. *Breastfeeding & hunger – how hunger affects breastfeeding (quality/quantity)*
    - b. *Breastfeeding & pregnancy – ceasing to breastfeed while pregnant, the idea that one cannot get pregnant while breastfeeding (or admitting one can)*
    - c. *Breastfeeding duration – what is ideal amount of time to breastfeed*
    - d. *Quality breastfeeding – what does good breastfeeding mean (quantity/quality) and what someone can do to achieve this (certain foods)*

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