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LISS Technologies



# LISS Gender Equality Strategy: Addressing Barriers to Breastfeeding

A FIT Case Study in Somalia

Lessons Learned from LISS Technologies Inc. with Benadir Hospital,  
Noble Health Consultancy (NOHEC), and Somali National University



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# Overview

LISS Technologies Inc., together with Benadir Hospital, Noble Health Consultancy (NOHEC), and Somali National University, tested its innovative low-cost (less than \$40 USD), easy-to-use, solar-powered electric breast pump with mothers living in Somalia. The aim was to identify whether solar-powered electric breast pumps developed specifically for mothers living in low-resource contexts, will increase breastfeeding duration when compared to mothers who are not given the breast pump.

While breast milk is the best source of nutrition for newborns, Somalia has high levels of malnutrition and food insecurity, coupled with high levels of maternal and newborn morbidities and low rates of exclusive breastfeeding.

Furthermore, many women face challenges when it comes to breastfeeding. Some of the challenges identified at baseline included limited breastfeeding support for mothers, the need for access to breastfeeding support in a comfortable and private space, and limited access to resources such as time, money, and support with household responsibilities that impact breastfeeding rates.

**Somalia's exclusive breastfeeding rate is currently 34%**

This innovation offered a low-cost, practical solution with an array of tools and support for promoting safe breastfeeding practices.



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Disclaimer: This resource includes photos of participants. FIT has refrained from identifying names of individuals and organisations to allow for privacy and safety. FIT SMOs receive approval to share photos from the participants or those responsible for participants portrayed.



# Gender Equality Strategy

LISS Technologies Inc. developed a Gender Equality Strategy (GES) to guide the testing during all stages. The purpose of the GES was to prioritize promoting and supporting breastfeeding while addressing the challenges that women in Somalia face that prevent them from being able to breastfeed exclusively, or for as long as they'd wish.

This learning document outlines the primary barriers addressed during testing through the implementation of the GES including limited breastfeeding support, breastfeeding culture and other issues impacting breastfeeding duration and rates.



## Limited Breastfeeding Support



Many new mothers struggle with breastfeeding and require assistance but may not have access to key breastfeeding supports such as lactation consultants, peer support groups, or other resources such as breast pumps. To address this issue, LISS implemented several solutions over the course of the project including the testing of an innovative low-cost breast pump and sensitization around breastfeeding.

Supporting mothers who breastfeed with access to breast pumps had been, in and of itself, an empowering process.

Mothers participating in the innovation test relayed how supportive the pump had been in their breastfeeding journey. It was found that the overwhelming majority of mothers experienced many benefits as a result of using the pumps and recommended that these pumps be made available for all lactating mothers in Somalia.



# Breastfeeding Culture – Spaces and Language

## Safe Spaces

While breastfeeding is culturally and religiously supported in Somalia and is a natural process that provides many benefits for mothers and babies, it is often viewed as a private matter which impacts how, when how often and where women breastfeed.

Over the course of the project, it was very clear that LISS had to be mindful of how staff talked about and visually represented breastfeeding. Private spaces were utilized where participants received information and counselling during testing. This can be especially important in a more conservative setting like Somalia where women may feel more vulnerable or exposed while breastfeeding in public. Having a private space to breastfeed or express milk can provide women with the privacy and dignity they need to breastfeed or express milk comfortably and confidently.

By providing safe spaces in public settings, the project team found they were able to promote gender equality by ensuring that women have the same opportunities to participate in public life as men.

When women are able to breastfeed their babies comfortably in public and participate in supportive initiatives like this, they are more likely to participate in activities and events outside the home.

## Language and Content

When designing breastfeeding resources, LISS ensured the appropriateness of images which stemmed from many discussions with different content developers, consultants, and within the team regarding which types of images and pictures were culturally acceptable.

Resources had to carefully balance critical and clear health information while respecting cultural and religious norms, to ensure mothers could utilize the resources without concern.

As a result, LISS made many pivots over the course of the project. For example, LISS removed many images from videos and pictures and added adapted images that ensured breasts were covered just enough to convey the information.

Although it is hard to quantify the success of these various pivots on the ability to ensure mothers felt comfortable with the testing process, the majority of mothers remained involved at project end and that these mothers liked the resources, breast pumps, and had no complaints regarding their overall involvement.

## Other Issues Impacting Breastfeeding Duration

Time, resource constraints, and the amount of household responsibilities required from women were identified as key barriers to breastfeeding during the gender scan.

The Gender Equality Strategy to address these barriers was multifaceted.

- At baseline, LISS pivoted to a mostly remote study format. Although the security situation at several points in time warranted this, LISS was especially mindful of the lived realities of mothers in the study setting. This meant considering things like the high fertility rate (meaning multiple children at home), the fact that mothers are likely the most responsible parent in the household with many responsibilities (such as cooking, cleaning, and childrearing), their additional resource constraints (such as the inability to travel around the city affordably, if they lived far from the NOHEC office or Benadir), and the fact that all of our study participants were in their first year postpartum.

- Ensuring the process was as remote as possible greatly facilitated testing efforts and women's ability to stay enrolled in the project. LISS did this by calling all mothers to fill out the survey and delivering project resources (such as pumps and knowledge translation tools) to their homes. If mothers came into the hospital, the project always had two Research Assistants available, so that one could support with childcare if necessary.

- LISS also shortened the data collection process wherever possible, to limit any time poverty as a result of this project.

## Incorporating Lived Realities

LISS incorporated their understanding of mothers' lived realities into all project products.

Displaying understanding and empathy in the resources such as using statements like "breastfeeding can be challenging, here are some helpful tips" could help women feel empowered rather than disempowered.

Regardless of the kinds of support made available to mothers, over the course of testing it was evident that if LISS did not make the process and intervention as relevant to mothers lives as possible, the project would have had limited success.

The majority of the innovation team were mothers themselves, so provided much helpful insight. This included ensuring the messaging would feel relevant to women's lives in Somalia, and that participants were aware that LISS designed everything from start to finish with these nuances in mind, in order to prevent exacerbating gender inequality.

Abdifatah Ahmed Mohamed, project coordinator of LISS's local partner NOHEC reflected at the end of the testing: "The team in Somalia are always available and will continue working on this project so that all the lessons learnt can be further used to improve mother and child health in Somalia. There is severe drought going on in the country and as a result many children are malnourished. Therefore, promoting breastfeeding is very crucial for children."

Ultimately, the intervention was well received, with many mothers relaying that the impact of the breast pump meant they could now be away from their baby, if need be, to take care of other responsibilities. They also appreciated the fact that another household member could now support them with infant feeding.





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