## BEHAVIOR PROFILE: EXCLUSIVE BREASTFEEDING

### HEALTH GOAL
Improve maternal and child survival and reduce malnutrition

### BEHAVIOR
Percentage of youngest children under two years of age living with the mother who are exclusively breastfed from age 0-5 months

### BEHAVIOR ANALYSIS

#### BEHAVIOR AND STEPS
What steps are needed to practice this behavior?

#### FACTORS
What factors may prevent or support practice of this behavior?

#### SUPPORTING ACTORS AND ACTIONS
Who must support the practice of this behavior, and what actions must they take?

### STRATEGY
What strategies will best focus our efforts based on this analysis?

#### POSSIBLE PROGRAM STRATEGIES
- **STRATEGY**
  - **POSSIBLE PROGRAM STRATEGIES**

### ENABLING ENVIRONMENT

#### PARTNERSHIPS AND NETWORKS
Create networks and alliances to promote, support, and protect exclusive breastfeeding (e.g., health provider associations, social welfare systems, and environmental groups).

#### POLICIES AND GOVERNANCE
Create structured policy framework and operational standards supportive of exclusive breastfeeding, including the ten steps to successful breastfeeding, maternal protection regulations, and the enactment and enforcement of the BMS Code.

#### INFRASTRUCTURE
Ensure that there are spaces and products or technologies available that protect breastfeeding, including safe storage of expressed breastmilk.

#### QUALITY IMPROVEMENT
Enable facility and community-based providers with the right tools and sufficient training to provide high quality services and counseling on breastfeeding and lactation management.

#### DEMAND AND USE
- **Advocacy**
  - **Strategy requires Communication Support**

#### SYSTEMS, PRODUCTS AND SERVICES

#### COMMUNITY

- **Community Leaders**
  - Sub-national and local level implementation of policies that protect and promote exclusive breastfeeding.

- **Religious Leaders**
  - Promote exclusive breastfeeding and family support for mothers through actions and guidance.

### SERVICE PROVIDER COMPETENCIES

- **Service Provider Competencies**: Mothers do not seek care for breastfeeding problems because they feel like they receive confusing, conflicting, or bad advice from providers (especially c-sections and difficult deliveries, low birth weight babies, and HIV positive women).

- **Service Provider Competencies**: Mothers lack time to exclusively breastfeed due to competing responsibilities (household chores, caring for multiple children, lack of work breaks, agricultural labor, etc.).

- **Accessibility**: Mothers do not exclusively breastfeed because they lack appropriate spaces to breastfeed within the community or at work (formal and informal sector).

- **Accessibility**: Mothers lack access to assistance on the proper techniques and tools (i.e., pumps, shields, etc.) to breastfeed or how to resolve problems when they occur.

- **Accessibility**: Mothers do not exclusively breastfeed because they lack safe storage options.

- **Accessibility**: Mothers use breastmilk substitutes (BMS) because they are provided with and encouraged to use free samples instead of exclusively breastfeeding.

- **Employers**: Adhere to the ILO’s Maternity Protection Convention; e.g., offer and enable mothers adequate time and breastfeeding friendly spaces including private areas to breastfeed or pump and safe storage for expressed breastmilk.

- **Managers**: Implement the WHO/UNICEF ten steps to successful breastfeeding in communities, hospitals, maternity homes, health centers, and communities.

- **Managers**: Respectfully assist and support mothers who encounter difficulties breastfeeding.

- **Providers**: Screen for mothers who have experienced IPV and provide targeted counseling programs.

- **Providers**: Respectfully assist and support mothers who encounter difficulties breastfeeding.

- **Providers**: Encourage and empower mothers to practice exclusive breastfeeding.

- **Policymakers**: Enact and enforce legislation on the Code of Marketing of Breast-milk Substitutes (BMS).

- **Policymakers**: Update maternity leave policies to meet the International Labor Organization’s Maternity Protection Convention’s (2000) recommendations.

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**Religious Leaders**: Education sector reinforces exclusive breastfeeding as a norm and supports adolescent girls and women who are breastfeeding while in school.

**HOUSEHOLD**

**Family Members**: Especially fathers, grandmothers, and other caretakers, encourage and support mothers to exclusively breastfeed (do not offer the infant water or foods, help with chores as needed and ensure a nutritious diet for the mother).

**SOCIAL**

**Family and Community Support**: Mothers do not exclusively breastfeed because they do not feel supported by family members for household chores and care taking for other children to allow time to breastfeed.

**Family and Community Support**: Mothers make the decision to exclusively breastfeed when they are allowed to participate in breastfeeding decision-making.

**Family and Community Support**: Mothers and other caregivers provide substances other than breastmilk because they feel pressured by family members to give children other foods or liquids, including water.

**Gender**: Mothers exclusively breastfeed for shorter duration based on the gender of the child.

**Gender**: Mothers do not exclusively breastfeed because they experience controlling behaviors or gender-based violence from their male partners.

**Norms**: Mothers use breastmilk substitutes (BMS) because they are highly exposed to pervasive BMS marketing.

**Norms**: Mothers feel ashamed or uncomfortable to breastfeed in public because it is not socially acceptable.

**Norms**: Mothers feel the need to give babies water on hot days.

**INTERNAL**

**Attitudes and Beliefs**: Mothers do not exclusively breastfeed because they fear it will create unattractive breasts.

**Attitudes and Beliefs**: Mothers give the baby other foods or liquids because they believe breastmilk alone is insufficient.

**Attitudes and Beliefs**: Mothers give the baby other foods or liquids because they believe that breastmilk is harmful in certain situations (i.e. illness, shock, pregnancy, hot weather, etc.).

**Attitudes and Beliefs**: Mothers fear that exclusively breastfeeding may be harmful to their own health.
<table>
<thead>
<tr>
<th><strong>Attitudes and Beliefs:</strong> Mothers use breastmilk substitutes because they believe it is better for the baby than breastmilk alone.</th>
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<tbody>
<tr>
<td><strong>Self-Efficacy:</strong> Mothers do not exclusively breastfeed because they are not confident in the quality of their milk due to their diet and health status.</td>
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<tr>
<td><strong>Self-Efficacy:</strong> Mothers sometimes provide foods or liquids other than breastmilk because they lack confidence in their ability to produce sufficient milk due to beliefs about their diet, breast size, self-confidence, etc.</td>
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<td><strong>Knowledge:</strong> Mothers do not exclusively breastfeed because they lack accurate information.</td>
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<td><strong>Skills:</strong> Mothers do not exclusively breastfeed because they lack the skill to express their breastmilk.</td>
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<td><strong>Skills:</strong> Mothers do not always feed their baby when the baby is hungry because they are unable to recognize hunger cues and respond to their infant.</td>
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