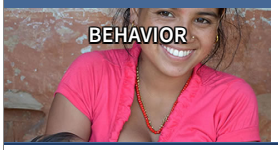
USAID
FROM THE AMERICAN PEOPLE

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?

Behavior

Mothers breastfeed exclusively for six months after birth

Steps

1. Make the decision to exclusively breastfeed
2. Plan with family members and other supporting actors for ways to work through breastfeeding concerns and challenges (i.e. feed the baby breastmilk if away from the baby)
3. Do not give any other substance before initiating breastfeeding within the first hour (See Early Initiation of Breastfeeding Behavior Profile)
4. Make sure baby latches properly to the breast
5. Feed only breastmilk day and night when the baby is hungry or when it is time (8-12 times per 24 hour period)
6. Do not give or allow others to give the child water, other liquids, substances, or foods
7. Allow time to feed, feeding until the first breast offered feels soft, and then offering the second breast
8. Seek care for breast or breastfeeding problems

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

Accessibility: 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 are often unable to exclusively breastfeed because they are separated from the child due to competing responsibilities (household chores, work outside the home, 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 do not exclusively breastfeed because they 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 are unable to safely store expressed breastmilk 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.

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 do not seek advice from providers because they do not trust them to support breastfeeding or resolve issues.

SUPPORTING ACTORS AND ACTIONS

Who must support the practice of this behavior, and what actions must they take?

INSTITUTIONAL

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.

Policymakers: Enact and enforce WHO/UNICEF ten steps to successful breastfeeding (Baby Friendly Hospital Initiative) in hospitals, maternity homes, health centers, and communities.

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

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

Providers: Encourage and empower mothers to practice exclusive breastfeeding.

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

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 and Providers: [including supervisory and coordinating staff] Ensure and provide respectful and quality counsel to mothers and fathers on the value and benefits of exclusive breastfeeding and on techniques that will help them succeed at exclusive breastfeeding, with a focus on what to expect for first time parents.

COMMUNITY

Community Leaders: [sub-national and local level] Support community-level implementation of policies that protect and promote exclusive breastfeeding.

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

STRATEGY

POSSIBLE PROGRAM STRATEGIES

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

Strategy requires Communication Support

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, maternity protection regulations, and the enactment and enforcement of the BMS code.

Policies and Governance: Ensure that professional standards of care for exclusive breastfeeding are codified.

SYSTEMS, PRODUCTS AND SERVICES

Infrastructure: Ensure that there are spaces and products or technologies available that protect, promote, and support 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: Advocate to promote, support, and protect exclusive breastfeeding, establishing exclusive breastfeeding as the norm.

Communication: Discuss importance of exclusive breastfeeding and work through barriers to successfully exclusively breastfeed until age 6 months (e.g., as part of new parent support).

Communication: Mass communication campaigns that promote and encourage exclusive breastfeeding, often by targeting one singular action (e.g. babies get all the water they need from breastmilk).

Collective Engagement: Engage men and extended family members to support women to exclusively breastfeed.

Skills Building: Ensure availability of high quality support (e.g., lactation consultants, peer educators, nurses) to provide one-on-one

Service Provider Competencies: Mothers do not seek advice from providers when they have breastfeeding challenges because they have been poorly treated by providers.

Service Experience: Mothers are often unable to exclusively breastfeed because they are separated from their baby after delivery.

Service Experience: Mothers do not seek help for breastfeeding problems because health facilities do not have appropriate spaces for breastfeeding, counseling, etc.

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.

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).

skills transfer to help breastfeeding mothers work through challenges.

Attitudes and Beliefs: Mothers use breastmilk substitutes because they believe it is better for the baby than breastmilk alone.

Self-Efficacy: Mothers do not exclusively breastfeed because they are not confident in the quality of their milk due to their diet and health status.

Self-Efficacy: 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.

Knowledge: Mothers do not exclusively breastfeed because they lack accurate information.

Skills: Mothers do not exclusively breastfeed because they lack the skill to express their breastmilk..

Skills: Mothers do not exclusively breastfeed because they lack skills on how to treat common issues, such as mastitis or poor latching, and do not know when and where to seek care.

Skills: 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.

ACCELERATE is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and is implemented under Task Order No. AID-OAA-TO-15-00052 by T Manoff Group, Inc. in association with Howard Delafield International, OneWorld UK, Social Impact, Inc., and Sonjara, Inc. ACCELERATE is issued through the Transform IDIQ (Contract No. AID-OAA-I-14-00002).