### BEHAVIOR PROFILE: COMPLEMENTARY FEEDING: DIET DIVERSITY

**Health Goal**: Improve maternal and child survival and reduce malnutrition

Caregivers use a variety of nutrient-rich foods each day in the meals and snacks of their 6-23 month old child.

- Percentage of children age 6-23 months fed four or more food groups. The food groups are: a. infant formula, milk other than breast milk, cheese or yogurt or other milk products; b. foods made from grains, roots, and tubers, including porridge and fortified baby food from grains; c. vitamin A-rich fruits and vegetables (and red palm oil); d. other fruits and vegetables; e. eggs; f. meat, poultry, fish, and shellfish (and organ meats); g. legumes and nuts. [Source: DHS]

#### Behavior and Steps

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<th>Factors</th>
<th>Supporting Actors and Actions</th>
<th>Strategy</th>
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<td><strong>Behavior and Steps</strong></td>
<td><strong>Factors</strong></td>
<td><strong>Supporting Actors and Actions</strong></td>
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<tr>
<td>What steps are needed to practice this behavior?</td>
<td>What factors may prevent or support practice of this behavior?</td>
<td>Who must support the practice of this behavior, and what actions must they take?</td>
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<td><strong>Structural</strong></td>
<td>Accessibility: Caregivers do not feed their children diverse diets because many nutrient-rich foods are only available seasonally.</td>
<td>Policymakers: Enact and enforce social protection policies to increase accessibility and affordability to food year-round.</td>
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<td>Accessibility: Caregivers do not have nutrient rich foods available for children because markets selling nutrient rich foods are too far away to visit regularly.</td>
<td>Policymakers: Enact and promote agriculture policies to support production and local marketing of a variety of nutrient-rich foods, with a focus on foods appropriate for young children.</td>
<td><strong>Institutional</strong></td>
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<td>Accessibility: Caregivers do not feed children nutrient-rich foods because they lack the facilities to safely store them.</td>
<td>Policymakers: Enact and enforce special guidance on the inappropriate promotion of processed foods to infants and young children.</td>
<td><strong>Enabling Environment</strong></td>
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<td>Accessibility: Caregivers do not feed children nutrient-rich and diverse foods because they cannot afford them.</td>
<td>Policymakers: Enact guidance to encourage markets to promote local fresh foods for nutritional content.</td>
<td>Financing: Work with the public and private sector to develop and implement context-specific financing schemes to help those in need purchase or obtain nutrient-rich foods. (For example: vouchers, shops that sell foods at a discount, barter schemes, etc.)</td>
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<td>Service Provider Competencies: Caregivers do not trust providers because they receive high quality, appropriate, and timely counseling on feeding children a wider variety of nutrient-rich foods.</td>
<td>Managers: Train and support facility and community level workers to provide high quality ICF counseling, including counseling on dietary diversity, and ensure that the providers work is structured such that time and space is available for counseling and that home visits can be made as needed.</td>
<td>Partnerships and Networks: Convene community and government stakeholders, religious institutions, and civil society organizations to promote young children's access to nutritious foods.</td>
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<td>Service Provider Competencies: Caregivers do not believe in the advice they are giving and are not practicing it in their own homes.</td>
<td>Managers: Ensure all caregivers are reached with appropriate and accurate information about diet diversity.</td>
<td>Policies and Governance: Implement and enforce policies that regulate the promotion of highly-processed foods to young children and encourage local production of culturally-appropriate and high-quality nutrient-rich foods for young children.</td>
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<td>Service Experience: Caregivers often miss the counseling portion of their facility visit because of long wait times and the lack of privacy to discuss problems.</td>
<td>Providers: Enquire about the caregiver's home situation and provide follow-up support as necessary, for example when more privacy is needed or other families should be included in the conversation.</td>
<td>Policies and Governance: Invest in agriculture policies that improve diet quality for infants and young children, including increasing availability, affordability, and accessibility of nutrient-rich foods year-round.</td>
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<td><strong>Social</strong></td>
<td>Family and Community Support: Caregivers do not feed children nutrient-rich foods because they lack family support.</td>
<td>Providers: Provide quality, accurate and timely counseling on complementary feeding, including dietary diversity and nutrient-rich foods, to caregivers at all contacts including sick and well child visits.</td>
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<td>Community Leaders: Encourage and support community action to improve safe storage of nutrient-rich foods at the household and community level.</td>
<td>Community Leaders: Address traditional practices or community norms that prevent caregivers from obtaining and feeding nutrient-rich foods to children.</td>
<td><strong>Systems, Products and Services</strong></td>
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<td>Community Leaders: Encourage all family members, particularly male partners, to do</td>
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<td>Infrastructure: Develop space a health facilities and especially at community health or growth promotion events where caregivers can wait comfortably and be spoken to about diet and care behaviors in privacy.</td>
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Family and Community Support: Caregivers are unable to feed children nutrient-rich foods because they do not receive the financial support needed to purchase these foods.

Family and Community Support: Caregivers do not feed children nutrient-rich foods because the community environment supports easy access to inexpensive highly-processed foods for young children.

Gender: Female caregivers are unable to feed children diverse diets because they are expected to reserve certain nutrient-rich foods for men and other high-status family members.

Gender: Female caregivers do not offer diverse foods to children because they are not allowed to participate in decisions about what foods are available in the home, purchased or grown.

Norms: Caregivers are unable to provide diverse diets to children because they follow religious norms around food restrictions.

Norms: Caregivers cannot always feed nutrient-rich foods because they are expected to follow cultural beliefs about certain foods (e.g., certain foods will spoil children, children cannot digest certain foods, certain foods are not appropriate for children).

Norms: Caregivers do not feed animal-source foods because they do not eat family livestock, except on special occasions.

Norms: Caregivers do not feed nutrient-rich foods as they follow common practice of feeding starchy staples as primary or only foods for children.

INTERNAL

Attitudes and Beliefs: Caregivers feed commercially produced snack foods to young children because they believe they are healthy.

Attitudes and Beliefs: Caregivers believe that a diverse diet consists of different types of starchy staple foods rather than a variety of food groups.

Attitudes and Beliefs: Caregivers do not feed an appropriate variety of foods because they decide what to feed children based on each child's preferences, including when children reject new foods.

Attitudes and Beliefs: Caregivers believe that certain nutrient-rich foods cause diarrhea and other problems so do not feed young children these foods.

Self-Efficacy: Caregivers lack confidence in their ability to get their children eat nutrient-rich foods.

Self-Efficacy: Caregivers feed commercially produced snack foods to young children in order to appease them and their part in ensuring that children are fed a diverse diet.

Community Leaders: Engage the support of others including educators, business owners, market vendors to limit the availability of highly-processed foods near schools and at community events, for example outside health centers, at growth monitoring and promotion sessions, and at agriculture fairs.

Religious Leaders: Discourage caregivers from restricting foods for religious reasons for children under 2 and engage the community on the importance of diverse and nutrient-rich diets for children.

Market Vendors: Promote nutrient-rich foods and their value to young children while displaying them prominently.

HOUSEHOLD

Family Members: Obtain, remind, and add nutrient-rich foods to young child's meal; if feeding child be sure child eats nutrient-rich food.

Family Members: Avoid buying highly processed sweets and snack foods for young children.

DEMAND AND USE

Advocacy: Develop an advocacy kit on the importance of food diversity to promote locally available nutrient rich foods including enforcing the guidance on marketing in appropriate foods for children.

Communication: Conduct multimedia campaigns highlighting the importance and value of locally available nutrient-rich foods for IYCF that addresses local issues at each level and draws on local desires for healthy, smart, productive children.

Communication: Brand and promote specific, locally available nutrient rich foods for easy identification by caregivers.

Communication: Use multimedia and commonly used community and social networks to establish a norm that highly processed foods as inappropriate for children.

Collective Engagement: Engage men as positive role models and agents of change for their community who champion positive IYCF practices like providing and feeding their children nutrient-rich foods and empowering female caregivers to do the same.

Skills Building: Implement women's groups in which caregivers are supported and given the skills to manage discussions about the use of household food production and expenditures for the benefit of young children and providing a more nutrient-rich diet.

Skills Building: Develop a package of materials and guidance for hands-on training in preparation, tasting, and feeding of new foods and implement through community organizations, peer support groups, or nutrition outreach.
as they don’t feel confident in convincing them to eat nutrient-rich foods.

**Knowledge:** Caregivers lack knowledge about dietary diversity, including the importance of and what foods will contribute to a diverse diet.

**Skills:** Caregivers do not prepare a diverse range of foods in an appropriate way for their children because they lack the skills to do so.