BEHAVIOR PROFILE: COMPLEMENTARY FEEDING: DAILY INTAKE

HEALTH GOAL

Improve maternal and child survival and reduce malnutrition

BEHAVIOR

Caregivers feed with age-appropriate frequency, amount and consistency, while continuing to breastfeed the child

Among children who ate solid, semi-solid, or soft foods, in the last 24 hours, the average number of times children ate these foods. [Source: new DHS] (*Note the percentage of children NOT eating food at different age intervals should be noted as well as the percentage of children who are not breastfed or no longer breastfed.)

BEHAVIOR ANALYSIS

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Caregivers feed with age-appropriate frequency, amount and consistency, while continuing to breastfeed the child

Steps

1. Introduce semi-solid food, complementary to breast milk when the baby is 6 months of age
2. Obtain enough food for the child's needs, so it is in the home for meal or snack preparation
3. Decide on the time and way that food will be available for the child, even if the family is not eating
4. Offer the child food the appropriate number of times per day based on age
5. Prepare and feed meals and snacks of an adequate quantity based on age
6. Offer food that is of an age-appropriate consistency, such as thick puree, mashed food, or small pieces rather than liquids like broth or drinkable porridge
7. Offer the child food in his or her own bowl or plate
8. Offer breast milk enough in advance or following meals and at night to not hinder the child learning to eat food

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

Accessibility: Caregivers do not feed with sufficient frequency or quantity because they do not have the food to offer children during certain seasons.

Accessibility: Caregivers do not feed children at appropriate frequencies because they do not have food available at the house for all meals (i.e. breakfast).

Accessibility: Caregivers, especially in food insecure settings, do not feed sufficient amounts to children because markets or food distribution centers are too far away to visit regularly or lack food.

Accessibility: Caregivers do not offer children food with sufficient frequency or for long enough to feed sufficient quantity because they lack time due to competing responsibilities (household chores, caring for multiple children, work, agricultural labor, etc.).

Accessibility: Caregivers do not have the means to cook small amounts for children in an affordable and convenient way.

Accessibility: Caregivers do not feed with sufficient frequency because they cannot afford to.

Service Provider Competencies: Caregivers do not feel that they receive high quality, appropriate, and timely counseling on child feeding during periods when the children's needs are rapidly changing.

Service Provider Competencies: Caregivers do not trust providers because they feel that providers do not believe in the advice they are giving and are not practicing it in their own homes.

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.

SOCIAL

Family and Community Support: Caregivers are able to feed their children

SUPPORTING ACTORS AND ACTIONS

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

INSTITUTIONAL

Policymakers: Enact and enforce social protection policies to increase accessibility and affordability to food year-round.

Policymakers: Enact and promote agriculture policies to support production and local marketing of foods, with a focus on foods appropriate for young children.

Managers: Train and support facility and community level workers to provide high quality IYCF counseling, including on daily intake, and integrate counseling sessions into health workers' routine work.

Managers: Ensure all caregivers are reached with appropriate and accurate information about the appropriate daily intake for children.

Providers: Inquire about the caregiver's home situation and provide follow-up support, as necessary.

Providers: Provide quality, accurate and timely counseling on complementary feeding, including appropriate daily intake, to caregivers at all contacts including sick and well child visits.

Providers: Offer or demonstrate specific evidence-based IYCF advice or skills to address a caregiver's problem with child feeding in a way that allows that caregiver to ask questions or practice the skill.

COMMUNITY

Community Leaders: Encourage all family members, but particularly male partners, to do their part in ensuring that the child is fed with appropriate frequency and quantity for their age. This includes giving advice on household food availability, supporting practices such as feeding the child from a separate bowl, and promoting improved cooking facilities.

Religious Leaders: Discourage caregivers from restricting foods for religious reasons for children under 2 and encourage families to feed their children appropriately for their age.

HOUSEHOLD

Family Members: Support the caregiver with child feeding and food preparation to ensure the child eats food with the frequency, quantity, and consistency appropriate for his or her age.

Family Members: Discourage force feeding and offer assistance with feeding so that the caregiver does not feel pressured to force feed, especially when the child is a fussy eater.

STRATEGY

POSSIBLE PROGRAM STRATEGIES

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

Strategy requires Communication Support

ENABLING ENVIRONMENT

Financing: Work with the public and private sector to develop and implement context-specific financing schemes to help those in need purchase adequate amounts of food. (For example: vouchers, shops that sell foods at a discount, barter schemes, etc.)

Partnerships and Networks: Engage and coordinate with public and private sectors to support improved IYCF, including access to access to and use of products such as bowls and spoons.

Private Sector Engagement : Stimulate private sector involvement to increase the availability, affordability, convenience, and desirability of nutritious and safe foods.

SYSTEMS, PRODUCTS AND SERVICES

Products and Technology: Develop inexpensive, convenient, and transportable nutritious foods for young children.

Products and Technology: Produce and promote a child bowl or plate that will allow the caregiver or family member to estimate the quantity of food a child should be getting for his or her age.

Products and Technology: Increase access to and use of available cook stoves or fuel that will allow caregivers to cook food specifically for the child before or after the main cooking has been done for the family.

Products and Technology: Develop, introduce, and scale labor saving technologies for women to reduce their time and energy burden.

Quality Improvement: Develop context specific methods (practice sessions, cell phone support, on-the-job mentoring) to systematically and regularly implement and monitor improvements in areas such as provider expertise related to IYCF, provider counseling and problem-solving skills, regular and timely follow up with clients, appropriate referral to relevant services, etc.

DEMAND AND USE

Advocacy: Support regular stakeholder meetings and cultivate champions for age-appropriate IYCF at every level: national policies, private sector engagement, consumer education, and frequent, quality community and health system support.

Advocacy: Establish a network of IYCF mentors or champions who are responsible for promotion efforts on all aspects of IYCF in their

with the recommended frequency when they have reliable help in the home.

Family and Community Support: Caregivers are unable to feed children at regular frequencies because they rely on multiple family members (both younger and older) to support feeding and these family members often only feed as convenient or based on what they believe each child needs.

Gender: Female caregivers are unable to feed children with sufficient frequency and amount because they are expected to reserve food for adult males and other high-status family members.

Gender: Female caregivers are unable to offer food with appropriate frequency and amount because they are not allowed to participate in decisions about what foods are available in the home, purchased or grown.

Norms: Caregivers find it more difficult to feed their children with the appropriate frequency when they are following religious food restrictions.

Norms: Caregivers do not feed their children appropriate amounts because they follow cultural norms about teaching children not to want or expect a lot of food, i.e. to expect some hunger.

Norms: Caregivers do not know the amount of food consumed by children because children's food is typically not separated from the rest of the family (for reasons of socialization, bonding, etc.).

Norms: Caregivers feed watery porridge and soups to young children because these foods are considered safer, i.e. no choking.

Norms: Caregivers use watery porridge to force feed their children because it is a traditional and quick method for feeding, especially for children who refuse to eat.

Norms: Caregivers do not feed young children frequently enough because they follow norms that restrict eating outside of meal times.

INTERNAL

Attitudes and Beliefs: Caregivers, especially of children who are small for their age, do not feed adequate amounts because they believe children's stomachs are too small.

Attitudes and Beliefs: Caregivers often do not achieve minimum meal frequency because they believe children cannot digest food quickly.

Attitudes and Beliefs: Caregivers do not begin complementary feeding at the appropriate time because they believe that the transition to a solid diet should not be sudden, that children cannot safely swallow or digest solid foods, and that they should wait until children have teeth to feed solid foods.

Family Members and Male Partners: Include female caregivers in decisions about household food provisions, prioritizing food purchases and foods grown by the family for young children's meals.

areas: connecting stakeholders across sectors and ensuring that supplies, information, and support are readily available.

Communication: Develop a strategic, targeted, multimedia IYCF communication program at national, community, and household levels that addresses local issues at each level and draws on local desires for healthy, smart, productive children.

Communication: Strengthen existing IYCF materials and communication with digital and other interactive support to allow for frequent reminders and advice tailored for the context and for children of different ages.

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.

Collective Engagement: Create or engage with existing savings and loan groups to work with vulnerable female caregivers and include peer support for nutrition.

Collective Engagement: Communities analyze how to improve the growth and development of their young children by looking at constraints to appropriate IYCF and then taking action to address them.

Skills Building: Implement women's groups in which caregivers are supported and given IYCF skills to visualize food quantities and consistency.

Skills Building: Develop a package of skills-based IYCF sessions on food consistency, feeding a fussy child, and other topics that can be integrated into on-going activities and through various platforms, i.e. peer-to-peer support mechanisms, care groups, and advocacy groups.

Attitudes and Beliefs: Caregivers only feed children twice a day because they believe feeding late in the afternoon will prevent children from sleeping.

Attitudes and Beliefs: Caregivers may give too many liquids to children (replacing needed food and breast milk) because they believe they quench thirst and help the food go down.

Attitudes and Beliefs: Caregivers feed soups and broths to children because they follow common belief that these liquids contain the substance of the food and therefore the vitamins and minerals.

Self-Efficacy: Caregivers lack patience and confidence in their ability to persist in feeding children adequate amounts when they perceive a child does not want to eat or is finished eating.

Knowledge: Caregivers do not feed adequate amounts or at appropriate frequencies because they lack knowledge about appropriate quantities and timing as children age.

Skills: Caregivers do not prepare foods of adequate consistency because they lack the skills to do so.

Skills: Caregivers feed children less food than is appropriate when a child is fussy because they lack the skills to feed fussy or picky eaters.

Skills: Caregivers do not feed adequate amounts because they prioritize breastfeeding and are unable to manage complementary feeding with continued breastfeeding (ex. offering foods immediately after breastfeeding, unable to balance the amount of breastmilk and complementary foods).