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BEHAVIOR PROFILE: COMPLEMENTARY FEEDING: RESPONSIVE FEEDING

HEALTH GOAL

Improve maternal and child survival and reduce malnutrition

BEHAVIOR

Caregivers feed the young child in a responsive manner

No proxy indicator is available: studies are underway to validate a responsive feeding indicator.

BEHAVIOR ANALYSIS

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Caregivers feed the young child in a responsive manner

Steps

1. Decide who will be with the child during a meal or feeding time to encourage the child
2. Take time to sit with and engage the child during the meal either with the family or separately, patiently feeding the child or helping the child feed him or herself
3. Watch for cues from the child on pace of eating and hold child's interest in food by engaging with the child (singing, talking or supporting child in feeding him or herself)
4. Encourage the child to finish food prepared for the meal
5. Feed the child when they express hunger cues, even when at different times from family meals

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

Accessibility: Caregivers do not feed children in a responsive manner due to completing responsibilities (household chores, caring for multiple children, work, agricultural labor, etc.).

Accessibility: Caregivers are not available to feed children, so children are fed by others without responsive feeding skills.

Accessibility: Caregivers do not feed children in a responsive manner because they are exhausted and lack the energy and patience required.

SOCIAL

Family and Community Support: Caregivers do not sit with and engage children during feeding times because they do not receive family support to allow them time to do so.

Gender: Fathers, male caregivers, do not participate in responsive feeding because they do not feel responsible feeding children.

Norms: Caregivers do not always feed responsively because they follow culturally acceptable practices such as force feeding or coercing, especially if a child is a fussy eater.

Norms: Caregivers follow child feeding norms which do not include responsive feeding.

Norms: Caregivers practice responsive feeding, teaching a child to eat because they value building children's independence when eating and their ability to compete with other children for food.

INTERNAL

Attitudes and Beliefs: Caregivers believe that child feeding is best when led by the child, as they perceive the child will eat more.

SUPPORTING ACTORS AND ACTIONS

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

INSTITUTIONAL

Managers: Ensure that IYCF strategy and program includes culturally appropriate responsive feeding information for caregivers and other family members, as well as skill-building sessions with a special session on the fussy or poor eater.

Providers: Demonstrate sensitivity to the emotional state of the caregiver and offer advice on responsive feeding appropriate for the context.

Providers: Ensure that basic responsive feeding techniques that foster improved food intake are part of IYCF sessions and counseling for both the caregiver and family members. In areas where force-feeding is common, include an explanation that this is not responsive feeding.

Providers: Offer special instructions and demonstrate skills to help a caregiver with a child who is a fussy eater or has problems eating.

COMMUNITY

Community Leaders: Publicly support men being engaged in child feeding including how the feeding should be done; model the behavior when possible.

Community Leaders: Support community discussions about how caregivers and family members can nurture child development in culturally-relevant ways, including the use of responsive feeding to foster healthy eating practices.

Community Health Workers and Peer Educators: Counsel and support caregivers who are force feeding or having trouble feeding their child, encouraging responsive feeding techniques and family support.

Community Health Workers and Peer Educators: Model responsive feeding practices that include allowing children to manage their own feeding as part of learning to eat and support others to do the same.

HOUSEHOLD

Family Members: Take over the primary caregiver's duties to allow time for them to responsively feed the child and encourage the primary caregiver to spend that time on responsive feeding.

STRATEGY

POSSIBLE PROGRAM STRATEGIES

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

Strategy requires Communication Support

ENABLING ENVIRONMENT

Partnerships and Networks: Build relationships with early childhood development programs to foster responsive feeding as a way to improve early stimulation among infants and young children.

SYSTEMS, PRODUCTS AND SERVICES

Quality Improvement: Expand technical training for providers on age-appropriate responsive feeding techniques and how to work with caregivers and other family members to employ them.

Quality Improvement: Improve provider's ability to identify and provide appropriate counseling on responsive feeding for caregivers in stressful personal and family situations.

DEMAND AND USE

Communication: Use tried and true communications channels appropriate for locale to define responsive feeding and describe its importance in the culture, the need for family support, and tips on how to do it successfully.

Communication: Provide direct communication and support to women who are having trouble engaging and feeding their young children by offering techniques, demonstrations, and encouragement for what they can do.

Collective Engagement: Use community mobilization techniques to create a culture of responsive feeding, and develop collective action around male involvement and family support for responsive feeding.

Skills Building: Conduct on-site demonstrations with practice sessions and peer problem solving on feeding techniques during every IYCF session.

Attitudes and Beliefs: Caregivers do not allow children to take an active role in feeding themselves because they are afraid of food wastage, the mess, or the potential for choking.

Attitudes and Beliefs: Caregivers do not engage in responsive feeding because they are concerned that it will take too long and children will not eat enough.

Self-Efficacy: Caregivers do not engage in responsive feeding because they do not feel they have the patience required to feed their children in a responsive manner.

Self-Efficacy: Caregivers find it difficult to engage responsively with their children due to low self-esteem, a lack of confidence, or depression.

Knowledge: Caregivers do not responsively feed because they do not know the benefits of techniques such as talking to children even if a child does not respond.

Knowledge: Caregivers do not continue responsive feeding because they do not know that responsive feeding should continue even after a child is self-feeding.

Skills: Caregivers do not practice responsive feeding because they do not know the techniques (e.g. keeping children engaged in eating, teaching children to feed themselves).

Skills: Caregivers do not responsively feed because they do not have the techniques for handling children who are fussy eaters or have eating difficulties.

Skills: Caregivers are unable to practice responsive feeding because they cannot properly recognize when children are hungry or not (e.g., mistake crying and fussiness as a hunger cue, believe that when a child spits out or refuses food that they are not hungry).

Family Members: Actively engage with child feeding by seeking advice on how it should be done and ensuring that the child is always accompanied by someone who can engage directly with him or her.