BEHAVIOR PROFILE: CONTINUED BREASTFEEDING

HEALTH GOAL

BEHAVIOR

Improve maternal and child survival and reduce malnutrition

Mothers breastfeed until children are at least two years old

 ${\it \ref{M}}$ Mean duration of any breastfeeding (months) [Source: DHS]

BEHAVIOR ANALYSIS			STRATEGY
BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM ST RAT EGIES
What steps are needed to practice this behavior?	What factors may prevent or support practice of this behavior?	Who must support the practice of this behavior, and what actions must they take?	What strategies will best focus our efforts based on this analysis?
Behavior	STRUCTURAL	INSTITUTIONAL	Strategy requires Communication Support
Mothers breastfeed until children are at least two years old	Accessibility: Mothers lack time to breastfeed due to competing responsibilities (household chores, caring for multiple children, lack of work breaks, agricultural labor, etc.).	Policymakers: Update maternity leave policies to meet the International Labor Organization's Maternity Protection Convention's (2000) recommendations.	ENABLING ENVIRONMENT Partnerships and Networks: Create structured policy framework supportive of continued breastfeeding, including maternity protection regulations and the enactment and enforcement of the BMS code. ⁴
 Make a decision to continue breastfeeding until child is at least two years old Breastfeed multiple times during the day and night, responding to baby's cues and diminishing frequency as consumption of complementary foods increases Plan with family members and other supporting actors for ways to work through breastfeeding concerns and challenges (e.g. feed the baby breastmilk if away from the baby) 	Accessibility: Mothers are often unable to breastfeed because they are separated from the child due to competing responsibilities (household chores, work outside the home, agricultural labor, etc.).	Policymakers: Require complementary food labels to recommend serving sizes and total daily servings per requirements for breastfed children and to clearly state optimal duration of breastfeeding.	Partnerships and Networks: Advocate to promote, support, and protect continued breastfeeding, establishing continued breastfeeding as the norm. SYSTEMS, PRODUCT S AND SERVICES Infrastructure: Ensure appropriate spaces for breastfeeding and expressing breastmilk are available in workplaces and communities. Products and Technology: Ensure products and technologies are available to protect, promote, and spaces to store expressed breastmilk).
		Managers: Im prove provider training on breastfeeding support.	
	Accessibility: Mothers do not continue breastfeeding until their child is at least two years old because they lack appropriate spaces for breastfeeding in the community and at work (formal and informal sector).	Managers: Allow staff to breastfeed and model continued breastfeeding.	
		Providers: Provide accurate and timely counseling on continued breastfeeding to mothers and family members at all contacts including sick and well child visits.	
	Accessibility: Mothers do not continue breastfeeding until their child is at least two years old because they lack safe storage options for expressed breastmilk.	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.	
			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.
	Service Provider Competencies: Mothers feel they receive conflicting information on when to stop breastfeeding (e.g. if mother becomes pregnant again, if mother or child are ill, or if mother has a breastfeeding problem).	COMMUNITY CommunityLeaders: [sub-national, local,	DEMAND AND USE Communication: Discuss importance of continued breastfeeding and work through barriers to successfully continue breastfeeding until at least 2 years of age (e.g., as part of well child visits). Collective Engagement: Engage men and extended family members to support women to continue breastfeeding.
		and community level Support community- level implementation of policies that protect and promote continued breastfeeding.	
	Service Provider Competencies: Mothers feel they do not receive enough direct support for breastfeeding past six months, including support for expressing milk and managing feeding during separation. Religious Leaders: Promo breastfeeding and family su through actions and guidant	Community Leaders : Education sector reinforces continued breastfeeding as a norm and supports adolescent girls and women who are breastfeeding while in school.	
		SOCIAL Family and Community Support: Mothers do not breastfeed until their child is at least two years old because they do not receive family support for household chores and care taking for other children to allow time to breastfeed.	HOUSEHOLD Family Members: Especially fathers, grandmothers, and other caretakers, encourage and support mothers to continue breastfeeding (help with chores as needed and ensure a nutritious diet for the mother, don't offer or buy breastmilk substitutes).
		Family and Community Support: Mothers do not continue breastfeeding until their child is at least two years old because they feel pressured by family members to stop breastfeeding earlier due to varying beliefs (e.g. concerns for mother or baby).	

Gender: Mothers breastfeed for different durations based on the gender of the child.

Norms: Mothers do not breastfeed until their child is at least two years old because they adhere to community beliefs about the best age, time of year, or developmental stage of child to stop breastfeeding.

Norms: Mothers adhere to expectations that religious leaders influence the general age when breastfeeding should stop and follow advice from religious leaders on when each mother should stop breastfeeding their children.

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

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Attitudes and Beliefs: Mothers believe that breastmilk is harmful in certain situations (i.e. illness, shock, pregnancy, if sexually active, etc.).

Attitudes and Beliefs: Mothers believe that prolonged breastfeeding is harmful to their own health or the health and development of their child.

Attitudes and Beliefs: Mothers feel that weaning is a struggle between them and the child, which can increase anxiety, leading to early or abrupt cessation of breastfeeding.

Attitudes and Beliefs: Mothers feel too busy and exhausted to continue breastfeeding.

Self-Efficacy: Mothers stop breastfeeding or supplement with breastmilk substitutes because they lack confidence that their breastmilk is sufficient in quality or quantity, even with complementary foods.

Knowledge: Mothers do not breastfeed until their child is at least two years old because they lack accurate information about the optimal duration of breastfeeding.

Knowledge: Mothers do not continue breastfeeding until their child is at least two years old because they follow incorrect or incomplete information provided by commercial breastmilk substitutes or commercial complementary food labels and advertising that encourages them to stop breastfeeding earlier.

Skills: Mothers do not continue breastfeeding until their child is at least two years old because they lack the skills to transition from exclusive breastfeeding to continued breastfeeding with complementary feeding, including managing timing and length of breastfeeding with complementary feeding.

Skills: Mothers do not breastfeed until their child is at least two years old because they lack the skill to express their milk.