

BEHAVIOR PROFILE: FEEDING DURING ILLNESS

HEALTH GOAL

Improve maternal and child survival and reduce malnutrition

BEHAVIOR

Caregivers ensure children continue to breastfeed and eat during illness

- 1- Percentage of children who were given the same or more breast milk during illness [Source: New DHS]
- 2- Percentage of children who were given the same or more food during illness. [Source: New DHS]

BEHAVIOR ANALYSIS

STRATEGY

BEHAVIOR AND STEPS	FACTORS	SUPPORTING ACTORS AND ACTIONS	POSSIBLE PROGRAM STRATEGIES
<p>What steps are needed to practice this behavior?</p>	<p>What factors may prevent or support practice of this behavior?</p>	<p>Who must support the practice of this behavior, and what actions must they take?</p>	<p>What strategies will best focus our efforts based on this analysis?</p>
<p>Behavior</p>	<p>STRUCTURAL</p>	<p>INSTITUTIONAL</p>	<p>Strategy requires Communication Support</p>
<p>Caregivers ensure children continue to breastfeed and eat during illness</p>	<p>Accessibility: Caregivers do not follow good feeding practices when their child is ill because they are not provided with correct information where they seek help.</p>	<p>Policymakers: Institute policies and guidelines within the health sector to mandate that providers counsel on child feeding during every sick child visit and whenever a medicine is dispensed.</p>	<p>ENABLING ENVIRONMENT</p> <p>Institutional Capacity Building: Review and strengthen medical pre-service training on feeding the sick child during common childhood illnesses such as diarrhea, respiratory infections, and malaria or fever.</p>
<p>Steps</p>	<p>Service Provider Competencies: Caregivers do not feel that they receive adequate counseling in feeding during illness because service providers only focus on medicating sick children, not on feeding sick children.</p>	<p>Managers: Develop and implement a counseling and follow-up system with health personnel that includes guidance tailored to the local context and the time available to discuss feeding with the caregiver and other family members.</p>	<p>Partnerships and Networks: Work through IMCI networks and partnerships (including organized traditional healers) to establish or reinvigorate discussion and guidance on feeding during illness so all providers are aware of local issues and solutions.</p>
<p>1. [Infants 0-6 months] Increase the frequency of breastfeeding and ensure full duration of feeds</p>	<p>SOCIAL</p> <p>Family and Community Support: Caregivers give children fluids other than breast milk because they feel pressure from family members to offer herbal tonics or watery porridge to sick children under six months of age.</p>	<p>Managers: Engage in regular supportive supervision ensuring that child feeding during illness is a part of all sick child contacts and contains advice for other family members when appropriate.</p>	<p>Policies and Governance: Develop a set of policies that focus on limiting commercial availability of unregulated tonics and remedies for use with young children.</p>
<p>2. [Infants 0-6 months] Do not give other fluids, except prescribed medicines</p>	<p>Family and Community Support: Caregivers do not ensure children eat during illness because they feel pressure from family members to withhold or to offer certain foods to prevent an illness from worsening or to cure an illness.</p>	<p>Providers: Offer counseling to caregivers and their family members at every sick child contact, taking the time to inquire about current practices and difficulties and to resolve problems.</p>	<p>SYSTEMS, PRODUCTS AND SERVICES</p> <p>Quality Improvement: Include high quality counseling on feeding during sick child visits as part of training and supervision checklists for frontline health workers, specifically addressing techniques for feeding children with poor appetites, substituting appropriate foods, and recognizing hunger cues.</p>
<p>3. [Children 6-23 months] Increase the frequency of breastfeeding</p>	<p>Norms: Caregivers do not continue to feed during illness because local customs dictate withholding or substituting foods regularly given to children.</p>	<p>Pharmacists and Medicine Vendors: Provide basic feeding advice or make a referral with every medicine dispensed for common childhood illnesses like diarrhea.</p>	<p>DEMAND AND USE</p> <p>Advocacy: Encourage and incentivize the use of best practices among medical practitioners and other healers or medicine dispensers when providing nutrition guidance to caregivers during consults about young child illness.</p>
<p>4. [Children 6-23 months] Continue complementary feeding, changing foods to soft, bland foods or what the child will eat if needed</p>	<p>Norms: Caregivers follow local practice to prepare special foods that provide the added fluid, probiotics, and carbohydrates beneficial to sustaining children through the illness, particularly when their children have diarrhea.</p>	<p>COMMUNITY</p> <p>Traditional Healers: Offer basic child feeding advice when working with a sick child.</p>	<p>Communication: Develop and train providers to use a comprehensive counseling guide on feeding the sick child that takes into account the type of illness and its severity and focuses on feeding techniques using appropriate local foods.</p>
<p>5. [Children 6-23 months] Feed the child in a responsive manner</p>	<p>INTERNAL</p> <p>Attitudes and Beliefs: Caregivers decrease the frequency of breastfeeding when children are ill because they believe that sick children are too tired or weak to suck.</p>	<p>Community Health Workers and Peer Educators: Offer counseling to caregivers and their family members at every sick child contact, taking the time to inquire about current practices and difficulties and resolve problems.</p>	<p>Communication: Use an appropriate media mix to address social norms, attitudes, and beliefs around child feeding during illness and time campaigns to disease seasonality.</p>
<p>6. [Children 6-23 months] Give ORS to children over 6 months with diarrhea and provide zinc supplementation according to protocol</p>	<p>Attitudes and Beliefs: Caregivers feed other fluids to sick children because they</p>	<p>HOUSEHOLD</p> <p>Family Members: Actively seek guidance on child feeding during illness from a trained professional and offer support to the caregiver in following the feeding advice.</p>	<p>Collective Engagement: Mobilize communities or groups to evaluate problems with feeding young children properly during episodes of illness, examining both breastfeeding and continued feeding, and work together to improve practices.</p>
			<p>Skills Building: Conduct activities with community groups that address the skills</p>

do not believe that breast milk is sufficient.

required to feed a sick child, differentiating between children with and without appetites.

Attitudes and Beliefs: Caregivers do not feed during illness because they do not want to bother children who are ill and do not want to eat.

Attitudes and Beliefs: Caregivers try to increase the amount of food their child eats during illness episodes by following specific beliefs about foods that are soothing to sick children and foods that may help increase the appetite of a sick child.

Attitudes and Beliefs: Caregivers do not feed children in a responsive manner because they believe that children who are sick and refusing to eat should be force-fed.

Attitudes and Beliefs: Caregivers do not continue breastfeeding during illness because they believe that breast milk is harmful to sick children.

Attitudes and Beliefs: Caregivers continue to feed children during illness because they believe that when a child has diarrhea, feeding should be more frequent because foods do not remain in the stomach.

Attitudes and Beliefs: Caregivers are not focused on feeding during illness because they prioritize medication in improving a child's health.

Self-Efficacy: Caregivers do not ensure children eat during illness because they doubt their ability to feed children correctly during an illness and feel discouraged when children lose weight.

Knowledge: Caregivers do not continue breastfeeding during illness because they do not know its benefits, nor do they know that children younger than six months do not need additional fluids unless they are prescribed.

Knowledge: Caregivers do not correctly feed during illness because they do not know which foods are good for sick children.

Skills: Caregivers do not feed sick children in a responsive manner because they cannot read hunger cues during illness.

Skills: Caregivers do not continue to feed sick children because they lack techniques, including patience to overcome a child's refusal to eat.