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

BEHAVIOR AND STEPS

What steps are needed to practice this behavior?

Behavior

Caregivers ensure children continue to breastfeed and eat during illness

Steps

1. [Infants 0-6 months] Increase the frequency of breastfeeding and ensure full duration of feeds
2. [Infants 0-6 months] Do not give other fluids, except prescribed medicines
3. [Children 6-23 months] Increase the frequency of breastfeeding
4. [Children 6-23 months] Continue complementary feeding, changing foods to soft, bland foods or what the child will eat if needed
5. [Children 6-23 months] Feed the child in a responsive manner
6. [Children 6-23 months] Give ORS to children over 6 months with diarrhea and provide zinc supplementation according to protocol

FACTORS

What factors may prevent or support practice of this behavior?

STRUCTURAL

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.

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.

Service Provider Competencies: Caregivers do not feel that they receive counseling on sick child feeding that is responsive to maternal/family beliefs and cultural considerations.

Service Provider Competencies: Caregivers do not feel that they receive counseling that is personalized to the individual needs.

SOCIAL

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.

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.

Norms: Caregivers do not continue to feed during illness because local customs dictate withholding or substituting foods regularly given to children.

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.

INTERNAL

Attitudes and Beliefs: Caregivers decrease the frequency of breastfeeding when children are ill because they

SUPPORTING ACTORS AND ACTIONS

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

INSTITUTIONAL

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.

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.

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.

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.

Pharmacists and Medicine Vendors: Provide basic feeding advice or make a referral with every medicine dispensed for common childhood illnesses like diarrhea.

COMMUNITY

Traditional Healers : Offer basic child feeding advice when working with a sick child.

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.

HOUSEHOLD

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.

STRATEGY

POSSIBLE PROGRAM STRATEGIES

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

Strategy requires Communication Support

ENABLING ENVIRONMENT

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.

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.

Policies and Governance: Develop a set of policies that focus on limiting commercial availability of unregulated tonics and remedies for use with young children.

SYSTEMS, PRODUCTS AND SERVICES

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.

Quality Improvement: Offer in-service and pre-service training in counseling for malnutrition and IYCF, including how to personalize counseling and respond to family beliefs and cultural considerations.

Quality Improvement: Expand space and private rooms for individual counseling.

Quality Improvement: Reduce health workers' time pressure and workload to counsel adequately including on sick child feeding.

DEMAND AND USE

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.

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 and family and cultural considerations.

Communication: Use an appropriate media mix to address social norms, attitudes, and beliefs around child feeding during illness and time campaigns to disease seasonality.

	believe that sick children are too tired or weak to suck. **Attitudes and Beliefs**: Caregivers feed other fluids to sick children because they do not believe that breast milk is sufficient. **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. **Attitudes and Beliefs**: Caregivers limit fluids when children are ill with diarrhea because they believe that the more a child drinks the looser stools they will pass. **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.		**Communication**: Provide community-based peer counseling and home visits when children are sick. **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. **Skills Building**: Conduct activities with community groups that address the skills required to feed a sick child, differentiating between children with and without appetites.

ACCELERATE is made possible by the generous support of the American people through the United States Agency for International Development (USAID) and is implemented under Task Order No. AID-OAA-TO-15-00052 by T
Manoff Group, Inc. in association with Howard Delafield International, OneWorld UK, Social Impact, Inc., and Sonjara, Inc. ACCELERATE is issued through the Transform IDIQ (Contract No. AID-OAA-I-14-00002).

Downloaded from: https://thinkbigonline.org/admin_work_area/custom_behavior_profile_pdf?behavior_profile_id=46&country_id=&__pdfoutput=1 on Wednesday November 17, 2021