

Social and Behaviour Change Interventions for Promoting

Early and Exclusive Breastfeeding

Statement of Issue

In India, 1.5 million under-fives die every year (SRS, 2011), half of these deaths occur in the first 28 days of life, a time referred to as the neonatal period. Global evidence shows that children who are exclusively breastfed are 14 times more likely to survive the first six months of life than non-breastfed children (Black et al., 2008). Therefore, supporting mothers to initiate breastfeeding within one hour of delivery is a high-impact child survival intervention.

In 2009, 34 per cent mothers initiated breastfeeding within one hour of birth (CES, 2009). According to NFHS-3 (2005-2006), only 46 per cent of infants younger than six months are exclusively breastfed. According to RSOC (2013-2014), only 44.6 per cent of children aged 0-23 months are breastfed immediately/within an hour of birth and 64.9 per cent of infants aged 0-5 months are exclusively breastfed. Initiatives to promote EBF are hampered by traditional feeding practices associated with introduction of water and food supplementation prior to six months. A majority of mothers (70 per cent) perceived that even children less than six months of age would be thirsty especially in summer and therefore they should be fed water. Many (33 per cent) also believed that their breast milk alone would not be sufficient for the child so they fed animal milk and food (Aruldass et al., 2010). One of the additional challenges faced by stakeholders is conflicting advice from family members and health staff regarding giving pre-lacteal feeds. Mothers feel that no milk is coming soon after delivery and their mothers-in-law reinforce this assumption. This leads to delay in early initiation of breastfeeding and giving prelacteal

Methodology

Under Call to Action, Population Council in partnership with UNICEF and USAID conducted an evidence review to identify key social and behaviour change (SBC) strategies and health outcomes supporting child survival in the South Asia region, especially in India. More than 7605 articles on Maternal and Child Health published during the last 13 years (2002-2015) were scanned after database searching, and of these, 156 intervention studies were selected for analysis. On Handwashing behaviour, a total of 332 articles were identified and screened, 80 abstracts were read, 43 articles were downloaded and reviewed and 20 were selected for final review. The outcome of the review was a Report, "Evidence Review on Population Level Social and Behaviour Change in South Asia for Enhancing Child Survival and Development" on which this policy brief is based. In addition, a technical group in UNICEF India has enhanced the findings and recommendations with new literature and relevant evidence.

feeds. In a study conducted in 7 countries, including 2 sites in India, factors associated with failure to initiate early breastfeeding included nulliparity, caesarean section, low birth weight, resuscitation with bag and mask, and failure to place baby on the mother's chest after delivery (Patel, A. et al. 2015).

Early breastfeeding initiation is a simple intervention that has the potential to significantly improve neonatal health outcomes, the Government of India and international organisations recommend infants to be initiated into breastfeeding within one hour of birth and fed only breast milk for the first six months of life, with no other foods or fluids added, not even water. They also recommend that children continue to breastfeed for two years or beyond while receiving age-appropriate complementary foods. Although breastfeeding is natural and may seem instinctive, it is essential to create an enabling environment for it to become the norm. Counselling, education and support can increase exclusive breastfeeding rates among children less than six months old by up to 90 per cent (The Lancet, 'Evidence-based interventions for improvement of maternal and child nutrition', Page 7, [http://www.thelancet.com/journals/lanctn/article/PIIS0140-6736\(13\)60996-4/fulltext](http://www.thelancet.com/journals/lanctn/article/PIIS0140-6736(13)60996-4/fulltext)). Combined individual and group counselling are more effective than individual or group counselling alone (Bhutta et al., 2013).

Literature Review: Key Findings

The results of the evidence review indicate that the following interventions could lead to near-universal adherence to exclusive breastfeeding for the first six months..

- 1. Build capacity of government community health workers to promote EBF through interpersonal communication.** In a mapping of training resource packages for CHWs, it was found that no training package addressed the range of evidence-based interventions that can be delivered by CHWs as per World Health Organization guidance. Gaps include weakness in the assessment of competencies of trainees, in supportive supervision, and in impact assessment of packages. In another intervention reviewed, quality of the training being imparted to community health workers (CHWs) was found to be critical. The trainings focused on demonstrations and role plays, listening to mothers, learning about their difficulties, assessing the position and attachment of babies during a breastfeed, building mothers' confidence, giving support, and providing relevant information and practical help when required. Practical training included counselling prenatal and postpartum mothers of newborns less than 5 months of age. Proportion of mothers who breastfed their infants exclusively for six months improved from 19 per cent to 70 per cent when breastfeeding counseling sessions were conducted for public health midwives.

[Bhandari et al., (2003; 2005); Tran, N. et al., (2014); Kumar et al. (2008)].

- 2. Implement community-based initiatives through government systems (ICDS centres).** The results of the review of breastfeeding promotion suggest that facility-based group counselling is more effective than individual counselling. However, this strategy might not reach women who rarely use health facilities.

The positive influence of peer counsellors through mother-to-mother support on initiation, exclusivity, and duration of breastfeeding among low-income groups, as well as peer support, has been proven in many countries around the world.

- Infrastructure already in place, hence easily scalable
- Monthly Village Health and Nutrition Day is an opportunity to connect with the community
- Work with women's groups to disseminate health messages among women in the community through group meetings and interpersonal communication

[Intervention by CARE India, 2001-06, evaluated in Uttar Pradesh by Baqui et al., 2008, Bhutta ZA, Ahmed T, Black RE, et al., 2008]

3. Provide timely counselling to promote breastfeeding practices during the antenatal and postnatal period until the child is 6 months old. As per a study to evaluate the breastfeeding knowledge of the mother, there was 'good attachment' in 42 per cent mother–infant pairs and infants were held in 'correct position' by 60 per cent mothers. However, additional intervention studies reviewed showed that a total of 15 visits – two in the last trimester of pregnancy, four in the first month (one within 48 hours of delivery, one on day 5, one during days 10–14, and one during days 24–28) and fortnightly visits during months 2–5 have high impact in ensuring EBF. Counselling was given to mothers at home and key family members were included. The literature review suggests that there is a positive correlation between the number of contacts made by the health care providers and change in breastfeeding practices

[Haider et al., (2000), Kishore M.S. et al. (2009)]

4. Supportive supervision of community health workers (Anganwadi workers, accredited social health activists and nurses). As the fundamental link between a community and its health facility, and between the population and the health workers, CHWs can also promote adherence to treatment and follow-up. Community health workers are an important option for investment as part of a comprehensive primary health care system. The literature review reveals that in addition to high quality training, ensuring adequate supervision through mentoring and support in the field, timely supplies and task-based incentives to community health workers were critical to enhance EBF. In the intervention studies, counsellors/CHWs received continuous mentoring (fortnightly to monthly) by trained supervisors.

(Bhandari N., Bahl R., Mazumder S., Martines J., Black R.E., Bhan M.K., 2003, Aboubaker, S. (2014))

5. Combination of mother support groups and breastfeeding counsellors works well. In Uttar Pradesh, a baby friendly community initiative with mother support groups (AWW+ASHA+community women) and breastfeeding counsellors showed significant improvements in infant and young child feeding practices at an average annual cost of USD 1.50 per child. Each woman of the support group was responsible for 30–40 households as her cluster for home visits and counselling. This was reinforced with theme-focused group counselling meetings with eligible families once every week. A study demonstrated significant improvement in IYCF practices when pregnant and lactating mothers were supported with skilled counselling. The intervention also effectively increased the initiation of breastfeeding within an hour of birth of baby, exclusive breastfeeding for 6 months, and appropriate start of complementary feeding.

(Nutrition Moves, How States are Creating Promising Change for Child Nutrition in India, UNICEF India, 2013; Kushwaha, K.P., 2014).

Policy Recommendations

- 1. Develop comprehensive and integrated IYCF plans.** The plans should be comprehensive, integrated to include monitoring and evaluation system to improve coverage, equity, scale, and enhance resource mobilisation for IYCF programmes. They should also focus on fostering strong and broad-based partnerships for IYCF programming.
- 2. Invest very systematically in enhancing the communication skills of frontline functionaries and community based organisations (CBOs).** Effective promotion of optimal breastfeeding during the first 6 months requires a synergistic response to address the gaps and ensure an evidence-based comprehensive package of interventions to be delivered by CHWs. Appropriate knowledge and skills should be imparted to the frontline workers and CBOs. This will enable them to promote optimal breastfeeding and will also help them support mothers/caregivers to optimally feed their infants/ young children, and take care of their own nutritional needs.
- 3. Fix a minimum number of home visits (like 10-12) spanning prenatal to postnatal period.** Evidence shows that 15 visits work best. Planning home visits and small group discussions at the right intervals and intensity is required to improve effectiveness. When effects of CHW visits on feeding problems were assessed, only 6 per cent of newborns who received home visit by CHWs within 3 days had feeding difficulties, compared to 34 per cent of those who did not. As indicated in the literature review, home visits were scheduled starting in the third trimester and continued during the first week postnatally, and thereafter at weeks 2, 4, 8, 16, and 20.
- 4. Integrate various mutually reinforcing communication components:** In addition to large scale mass communication-based promotional approach, one-on-one counseling and hands-on support to mothers for proper breastfeeding techniques by trained workers should be part of any postpartum package, and such support should be made available in the very early days, possibly within 72 h, to ensure a successful initiation of breastfeeding.
It is critical to devise comprehensive advocacy strategies, with IYCF interventions prioritised beyond nutrition and health into other programmes such as those related to women's empowerment. Equally important is designing a comprehensive communication strategy that leads to provision of timely, need-based, and quality counselling and support to communities and families, mobilisation of communities and networks to influence behaviours and social norms and reinforcement of IYCF messages with multiple communication channels and innovative approaches.
- 5. Supportive supervision:** Improve performance and motivation of frontline workers and service providers by enhancing key skills such as interpersonal communication and counselling in household and community settings through supportive supervision. Supportive supervision helps identify and correct problems, and proactively improve the quality of service, build key skills and competencies such as counselling on key behaviours and monitor performance. Breastfeeding counseling with emphasis on correct technique can improve the EBF rates.
- 6. Initiation of breastfeeding in facilities:** In recent years, while the percentage of institutional deliveries has increased significantly, the percentage of infants initiated into breastfeeding within one hour of birth has increased only marginally.

The existing public health infrastructure can be used effectively to improve six months EBF in places where the care is given primarily by public health system. Counseling and hands-on support on breastfeeding techniques by trained workers within first 3 days of birth, should be part of community-based postpartum interventions.

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