

RECOMMENDATIONS

ENGAGE MOTHERS AND INFLUENCERS

- ☑ **Involve the mother and baby's support system in breastfeeding counseling** to improve understanding of the benefits of, risks averted, skills and practical strategies to ensure babies receive breastmilk only, no water in the first six of life. For example:
 - Correct misconceptions.
 - Discuss the added-value of giving breastmilk only.
 - Build mothers' ability to express and store breastmilk and caregivers' ability to handle and feed expressed breastmilk.
 - Ensure mothers and caregivers can respond appropriately to baby's cues and behaviors, including when the baby is sick.
- ☑ **Work with traditional healers, traditional birth attendants and religious leaders** to modify their practices and recommendations to facilitate giving breastmilk only from the moment of birth and for the first six months of life. For example:
 - Ask religious leaders to place holy water on the newborn's forehead during the welcome ceremony, rather than feeding the baby water.
- ☑ **Engage communities in *Stronger With Breastmilk Only* social and behavior change interventions** to raise awareness and build momentum around giving breastmilk only, on demand (day and night)—no water, other liquids or foods from the moment of birth and for the first six months of life. For example:
 - Work with community leaders, existing women associations and other structures to foster a dialogue around early childhood feeding, stimulation and care.
 - Draw attention to the benefits of and strategies for giving breastmilk only, by showcasing the experiences of mothers and families who have adopted this change.

STRENGTHEN POLICIES AND PROGRAMS

- ☑ **Embed *Stronger With Breastmilk Only* approaches and messaging** into IYCF-specific and -related programs to improve breastfeeding support.
- ☑ **Implement the revised *Ten Steps to Successful Breastfeeding* and evidence-driven provider behavior change activities** to enhance health care workers' ability to correct common misconceptions and persuade mothers and family members to give breastmilk only.
- ☑ **Implement strong and well-enforced national legislation** to reduce the unethical marketing of breastmilk substitutes, including bottled water marketed for infants, bottles and teats.
- ☑ **Advocate for family-friendly policies and breastfeeding support** for mothers who work, study, or must be separated from their babies for short periods of time, especially during the baby's first six months.

COUNSELING APPROACHES AND KEY MESSAGES

- Increase understanding of the risks of giving babies water (other liquids and foods) both in terms of illness—diarrhea and respiratory infections—and under-nutrition.
- Convey breastmilk's safety: "Breastmilk is the most uniquely tailored, safest, healthiest and best source of food and water for babies from the moment of birth and for the first six months of life, no matter where they live."
- Emphasize the benefits of giving colostrum and explore acceptable alternatives to giving water or other liquids to bless or welcome the newborn.
- Build confidence, particularly in hot and dry climates, that breastmilk is enough to hydrate a child by conveying the message: "Breastmilk contains all the food and water a baby needs from the moment of birth and for the first six months of life".
- Reassure mothers' concerns related to breastmilk supply by improving understanding that breastmilk is naturally produced in response to a baby's need—the more and the better a baby suckles, the more a mother produces breastmilk for her baby.
- Address mothers' practical concerns regarding giving breastmilk only, in terms of convenience, freedom, rest, motivation and body image.



STRONGER WITH
BREASTMILK ONLY

no water until 6 months
for a healthier baby

Exclusive Breastfeeding IN WEST AND CENTRAL AFRICA

Highlights from a literature review of the social and behavioral determinants and influencers of infant feeding in the first six months



Breastmilk is the only nourishment babies need from the moment of birth and for six months of life. Its uniquely tailored source of food and water supports physical, emotional and intellectual development while providing what babies need to fight off life-threatening diseases, such as diarrhea and respiratory infections. Even in the hottest and driest climates, babies remain well hydrated if they are exclusively breastfed—given breastmilk only, on demand (day and night), for the first six months.

In West and Central Africa, seven out of 10 breastfed infants are given water, other liquids, or food in the first six months. In an effort to stop this harmful practice that is deeply rooted in social norms, the *Stronger With Breastmilk Only* campaign is advocating for improved policies and promoting social and behavior change, with its sights set on achieving the global exclusive breastfeeding target of 50 percent by 2025.

Prior to the campaign, a literature review was conducted by UNICEF and Alive & Thrive identifying the social and behavioral determinants of exclusive breastfeeding. This brief shares some of the main findings from the literature and makes recommendations for programmatic action. For an in-depth look, see the full report, *Factors Influencing the Practice of Exclusive Breastfeeding in West and Central Africa*.

ABOUT THE ANALYSIS

The review analyzed 225 references of peer-reviewed and grey reports of quantitative (n=167), qualitative (n=31) and mixed (n=27) research, up to August 2018, from 19 countries.

WHO INFLUENCES BREASTFEEDING?

In West and Central Africa, a baby's diet is not up to the mother alone. In most cases, feeding decisions are influenced by people close to the mother and baby who share their knowledge, beliefs, experiences and observations. Their influence can work in favor of or against exclusive breastfeeding. Regardless, literature shows that the people who regulate feeding practices in the first six months of life have the best interest of the baby in mind, with a focus on the baby's survival, growth and health. Below are the most common influencers and the roles they play.

GRANDMOTHERS (AND TRUSTED ELDER WOMEN)



- Powerful decision-makers
- Guardians of norms and traditional practices
- Respected teachers
- Helpful caregivers

HEALTH CARE WORKERS



- Providers of reproductive, maternal, newborn and child health care and support, including antenatal care, delivery, postnatal care and breastfeeding counseling
- Sources of official health recommendations

FATHERS (AND GRANDFATHERS)



- Usually the ultimate decision-makers
- Financial providers who determine access to care
- Guardians of norms and traditions

FEMALE FRIENDS AND NEIGHBORS



- Role models
- Trendsetters
- Trusted advisors

TRADITIONAL HEALERS AND BIRTH ATTENDANTS



- Trusted advisors for development and health
- Providers of traditional treatments, care and blessings
- Present at birth and first hours of a baby's life

RELIGIOUS LEADERS (AND OTHER OPINION LEADERS)



- Bearers of tradition and standards of religious practice

THE ROLE OF HEALTH CARE WORKERS

Health care workers are important agents of change. However, the literature revealed that they are challenged by their own knowledge, skills, beliefs and practices. As a result, some health care workers may:

- Give incorrect or confused messages due to inaccurate or insufficient knowledge, communication barriers (language, lack of counseling skills), or their own beliefs
- Lose credibility among community members because of the inconsistency between what they advise and what they do
- Deviate from the standard recommendations based on a family's beliefs and situation

“Truly, giving some water will be my choice. Just imagine someone living without water for up to six months?”

—Traditional birth attendant, Ghana: Iddrisou, 2013



WHAT FACTORS INFLUENCE EXCLUSIVE BREASTFEEDING?

DETERMINANT	FACILITATING FACTORS	BARRIERS
Utilization of health services	<ul style="list-style-type: none"> • Attending antenatal care and postnatal care 	<ul style="list-style-type: none"> • Not attending antenatal care
Type of delivery	<ul style="list-style-type: none"> • Delivery by a skilled birth attendant • Vaginal birth 	<ul style="list-style-type: none"> • Delivery by an unskilled birth attendant • Birth by caesarian-section • Birth of multiple babies • Birth of a premature or low-birthweight baby
Early initiation of breastfeeding	<ul style="list-style-type: none"> • Immediate skin-to-skin contact • Belief in the importance and benefits of early initiation of breastfeeding and colostrum giving 	<ul style="list-style-type: none"> • Perceived negative attributes and consequences of giving colostrum • Traditional and/or religious use of liquids to welcome, protect, purify and/or cleanse the newborn • Perception of not enough breastmilk in the first few days after birth
Exclusive breastfeeding knowledge	<ul style="list-style-type: none"> • Knowledge of exclusive breastfeeding 	<ul style="list-style-type: none"> • Lack of understanding or misunderstandings about the meaning of exclusive breastfeeding and its duration
Health care worker counseling	<ul style="list-style-type: none"> • Receiving accurate breastfeeding counseling, education, or advice from health care workers 	<ul style="list-style-type: none"> • Poor counseling skills and inconsistent recommendations: <ul style="list-style-type: none"> – Sometimes health care workers advise giving water, other liquids, or foods for medical or non-medical reasons
Perceived costs and benefits	<ul style="list-style-type: none"> • Perceived importance and benefits of giving breastmilk only, such as: <ul style="list-style-type: none"> – Prevention of diseases – Infant safety and wellbeing – Convenience 	<ul style="list-style-type: none"> • Perceived costs of giving breastmilk only, especially for the mother: <ul style="list-style-type: none"> – Inconvenience – Body changes (loss of beauty, appeal) – Loss of nutrients – Babies become clingy
Perceived self-efficacy	<ul style="list-style-type: none"> • High perceived self-efficacy: courage, conviction, persistence and intention 	<ul style="list-style-type: none"> • Mother's perception that she can't overcome challenges such as lack of breastmilk, breast pain/ailments, her insufficient nutrition, or stress
Perceived breastmilk efficacy	<ul style="list-style-type: none"> • Perception that breastmilk is the best food for the baby, especially during the first months of life • In general, breastmilk is perceived to have many benefits: health, strength, protection against illness, intelligence, comfort and convenience 	<ul style="list-style-type: none"> • Misconceptions regarding breastmilk: <ul style="list-style-type: none"> – Perception that there's not enough breastmilk – Belief that breastmilk cannot fully meet baby's needs – Belief that it can spoil in the breast and cause diarrhea – Belief that a mother's physical or mental state can contaminate breastmilk, making it unsafe for the baby to drink
Perceived cues to action	<ul style="list-style-type: none"> • The baby's cry is perceived to signal the need to breastfeed 	<ul style="list-style-type: none"> • Perception that the baby needs something in addition to breastmilk due to: <ul style="list-style-type: none"> – Illness – Low weight gain (perceived or real) – Persistent crying or crying after being breastfed – Not suckling well – Interest in family foods
Maternal availability	<ul style="list-style-type: none"> • Maternity leave of three months or more 	<ul style="list-style-type: none"> • Separation of baby and mother due to work, school, or household chores
Social support	<ul style="list-style-type: none"> • More mothers practicing exclusive breastfeeding in a community tend to motivate other mothers 	<ul style="list-style-type: none"> • Family's advice to give water, other liquids, or foods because they believe it will ensure the baby's survival, health and development
Social norms	<ul style="list-style-type: none"> • Breastfeeding is a norm: <ul style="list-style-type: none"> – It's the best, most natural source of good nutrition – It's an everyday practice, performed on demand – A mother's duty, which is necessary for the baby 	<ul style="list-style-type: none"> • Exclusive breastfeeding is not a norm • Giving water is a habit and a social norm in certain communities, driven by the beliefs that babies need water for life or by tradition, and the risks are high if water is not given

WHY IS WATER GIVEN TO BABIES?

FEW PERCEIVED RISKS

- Low perception of risks associated with giving water
- Belief that risks are minimized by giving safe water or a very small amount of water

MANY PERCEIVED BENEFITS

- Deeply-rooted belief that water is good for the baby
- People believe water helps:
 - Quench baby's thirst
 - Prevent heat burn
 - Cleanse and aid digestion
 - Strengthen baby
 - Calm baby
 - Prevent illness
 - Satisfy hunger

SOCIAL NORMS

- In hot and dry climates, giving water is an expected behavior. Water is believed to be necessary for life
- Fear that not giving water threatens the lives of babies, particularly in hot and dry climates
- Mothers who do not give water may be blamed or even repudiated by their families

EXPERIENCE

- Real-life experiences demonstrate that babies can be given water and survive

ADVERTISING

- Bottled water brands promote that there are benefits of giving babies water

KNOWLEDGE GAP

- Lack of understanding of exclusive breastfeeding and its life-saving benefits

Exclusive breastfeeding is in conflict with the common practice of giving babies water. In the words of a traditional healer from Mauritania:

“Water is human. You should see what a thirsty person does. Water is life.” —Kane, 2016