

The environment affecting infant and young child feeding

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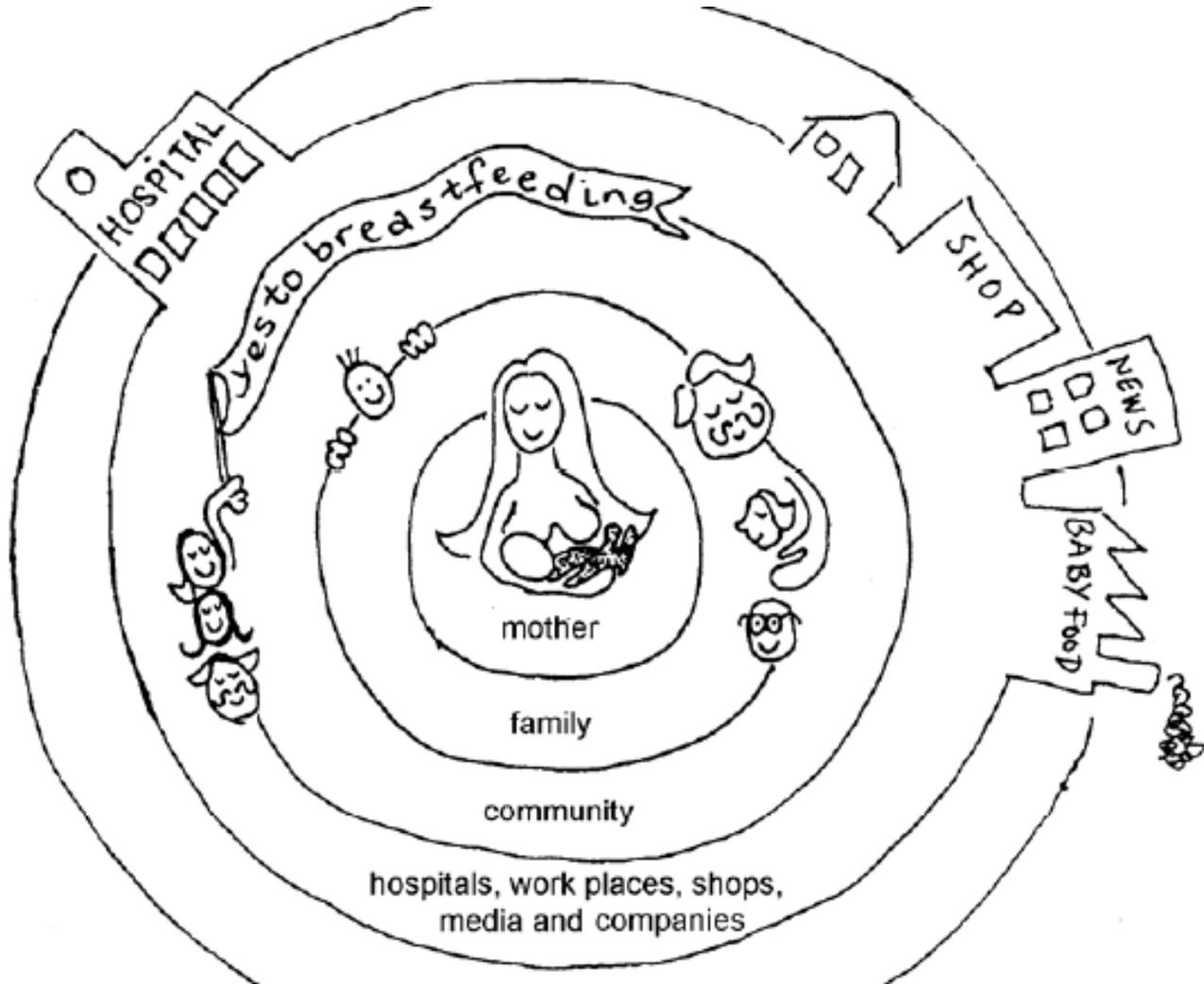


Introduction

- Many different influences exist in a mother's environment involving many stakeholders who can either support or hinder her ability to optimally feed her children
- These could include the mother herself, the father and family members







HOSPITAL

Yes to breastfeeding

SHOP

NEWS

BABY FOOD

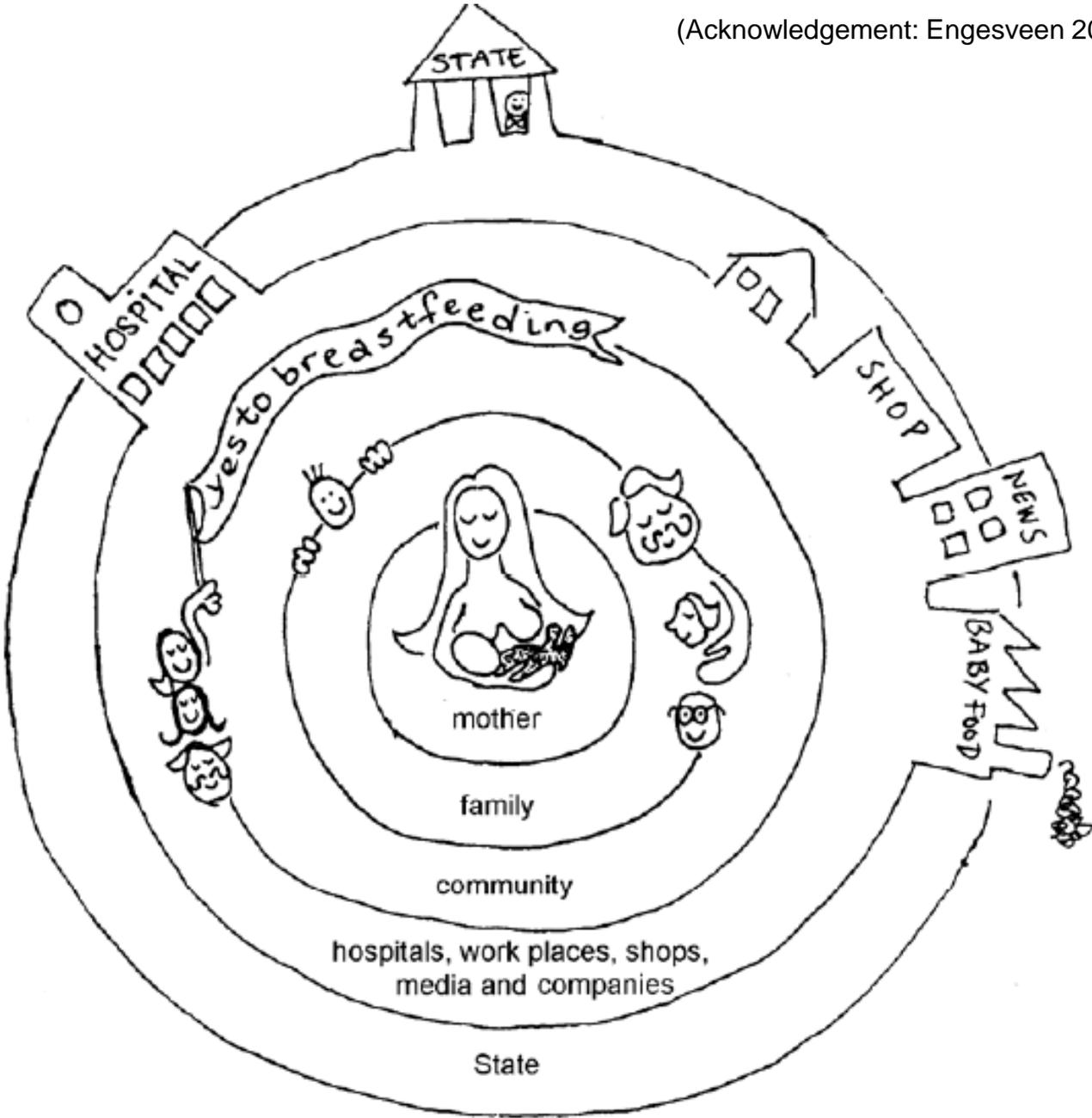
mother

family

community

hospitals, work places, shops, media and companies

(Acknowledgement: Engesveen 2008 & Kent 2000)



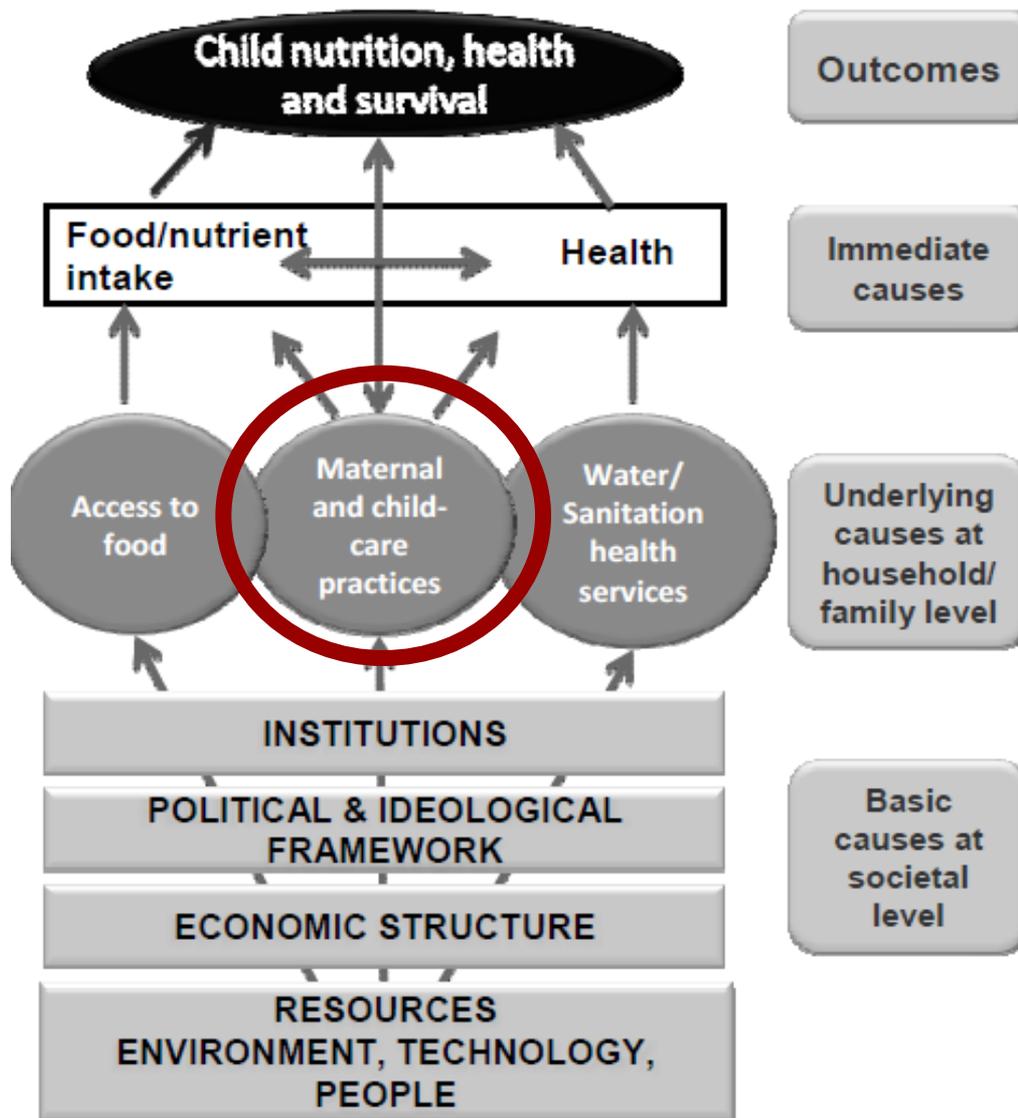
Baby's 1st environment

- Mother's womb
- Influenced by her specific setting, choices and practices
- Maternal nutritional status before and during pregnancy influences:
 - Overall fetal growth
 - Organ-specific growth
 - Fetal body composition
 - Physiologic functioning
 - Neonatal micronutrient status (brain development & function)



Mother and baby's environment

- Local data - maternal overnutrition and child undernutrition, particularly stunting, as well as child overnutrition co-exist
- IYCF practices and child anthropometric profiles considered parallel to anthropometric profile of SA women of child-bearing age
- Current practices in first 1000 days place the future development, growth and health of SA children in serious jeopardy
- Fathers, grandmothers and healthcare workers - most influential role players in mother's IYCF decision making



Family environment

- Care refers to the behaviours and practices of caregivers (mothers, siblings, fathers and childcare providers) that provide the food, health care, stimulation and emotional support necessary for children's healthy growth and development
- It is impossible for caregivers to provide this care without sufficient resources, such as knowledge, time and energy

Engle et al, 2000



Family environment

- Factors that contribute to disturbances in the mother–infant relationship; gender inequality, violence against women, social adversity and poverty, maternal depression, position of women in many societies
- The emerging processes of self – and mutual regulation and social capacities make infants particularly vulnerable to early disruptions to interactions with their caregivers

Tomlinson and Landman (2007)



Community environment

- Even when poverty causes food insecurity and limited health care, enhanced caregiving can optimize the use of existing resources to promote good health and nutrition in women and children
- Under these circumstances care is most important
- Breastfeeding is an example of a practice that provides food, health and care simultaneously

(Engle et al, 2000)



Family feeding environment

- Cultural and behavioural factors in children's nutrition, particularly with regard to feeding – NB (Engle et al, 2000)
- Responsive feeding (RF) refers to a reciprocal relationship between infant/child and caregiver
- RF is the foundation for the development of healthy eating behaviour and optimal skills for self-regulation and self-control of food intake

(Harborn et al, 2013)



Family feeding environment

- Nonresponsive feeding (NRF) practices are associated with feeding problems and the development of under- or overnutrition
- South African Paediatric Food Based Dietary Guidelines
- “Feed slowly and patiently, and encourage your baby to eat, but do not force him or her”

(Harborn et al, 2013)



Service environment

- Health services for antenatal, intra-partum and postnatal care provide basket of evidence-based services
- Have been described as an environment that lacks a “caring ethos”
- Evaluation of services to children < 5 yrs indicates many areas in need of improvement feeding; including BF & Comp feeding support and counselling

(Department of Health, Department of Social Development. 2014)



Service environment

- Media - important communication channel to the public
- Should be strengthened
 - Social media – very powerful
 - “Modern technologies” (cell-phone sms)
 - Traditional routes (radio, newspaper, magazine)



Legislative environment

- Although progress has been made on various resolutions of the Tshwane Declaration, important issues still need to be addressed
- A review of legislation regarding maternity protection for working mothers, including domestic and farm workers, is needed for them to benefit from an enabling workplace
- Regulation 991 (2012) - comprehensive and appropriate for enforcing the International Code
- Not possible to determine if enforcement is effective yet, since full spectrum of reg only came into effect in 2014



Enabling environment

- Definition - Enabling environment:
 - “political and policy processes that build and sustain momentum for the effective implementation of actions that reduce malnutrition”*
- Three linked elements for enabling environment
 - **knowledge and evidence**
 - **politics and governance**
 - **capacity and resources**

Gillespie et al, Lancet Series (2013)

Knowledge and evidence

- For “inner rings”
- **Knowledge** of the **evidence-based** interventions to address IYCF and improve child malnutrition must be **scaled-up** and **monitored** with immediate effect



Knowledge and evidence

“Three linked elements for enabling environment”

- **Knowledge and evidence**
 - Rigorous evaluation
 - Advocacy strategies
 - Framing & Branding – NB!



Framing and branding the SA story

- Need for well-planned communication strategy expressed in report on “*Evaluation of Nutrition Interventions for Children from Conception to Age 5*” in the following statement:
- “*change the **focus of services and communication** across relevant sectors towards more nutrition promotion, exclusive breastfeeding, complementary feeding, dietary diversity, hygiene education and to help create an enabling environment.*”
- *DoH to create a specific, well-defined, and dedicated **promotion and communication strategy on nutrition for under 5s**, as happened for HIV/AIDS, and interventions to address the growing problem of **overweight and obesity** among children under 5 years of age.*

Framing and branding the SA story

- Research in Breede Valley, Western Cape
- *“...what we are facing of tiny, tiny, little babies coming in this clinic, and in five or ten years, we don't have any intelligent child in this country. They need to know that!”*
(FGD 3: Participant 2 to Du Plessis, 2014)
- *“We need to enable people at all levels to carry the message. If we've agreed that this is the universal message that needs to go into the system, then we must mature the messages all over the place.”*
(Interview 2 to Du Plessis, 2014)

Politics and governance

- **Politics and governance**
 - horizontal and vertical coordination
 - accountability, incentives, regulation, legislation
 - investments
 - leadership in nutrition / nutrition “champions”
- In SA, elements of a broader enabling environment exist in the Intergovernmental Relations Framework Act (IGRFA, 2007), which legislates for the establishment of appropriate IGR forums at the three spheres of government

Politics and governance

- This includes the provincial sphere, through the premier's IGR forum that must engage actively with various district IGR forums convened by district mayors
- It also offers a potential infrastructure for multi-sectoral engagement on malnutrition and other issues
- The National Development Plan 2030 provides clear direction in terms of a vision for addressing malnutrition
- This is a real opportunity to guide the various IGR forums on nutrition issues, including IYCF

Politics and governance

- Breede Valley - Intergovernmental liaison committee
- Most senior person in local government in the Cape Winelands dealing with the aspects relating to rural and social development; regional directors of education, health and social development
- Champions can make a big impact; often same people for different causes and they become overburdened
- Need designated organisation/NGO, who receives funding from government, with a focus to promote optimal IYCF practices with focus on first 1000 days

(Du Plessis et al, 2015 – unpublished data)

Capacity and resources

- **Capacity and resources**
 - emphasis on sufficient capacity of the right type and at the right level
- Low government health sector budgetary allocation to nutrition (less than 0.3% of the health budget)
- In current expenditure, most funds are spent on targeted supplementary feeding
- Funds not always available for other nutrition interventions due to reallocation to other priorities

(DOH, Nutrition Roadmap 2012-2016)

5 Key factors for change

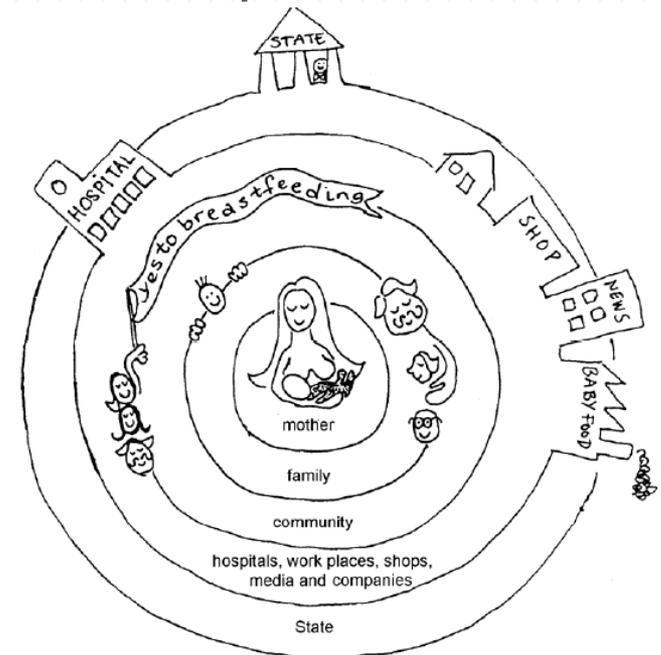
- Early indications from work done at internationally (country and local levels) show that, apart from the 3 linked elements, there are also five key factors to generate change, namely
 - (1) local government capacity to deliver effective nutrition services,
 - (2) local politicians who care about nutrition and are empowered via decentralised budgets
 - (3) timely data on malnutrition
 - (4) nutrition funding channelled through one funding mechanism rather than fragmented funding streams, and
 - (5) earmarked and protected nutrition funding commitments and exploration of new revenue streams

Conclusion

- Environment affecting IYCF – broad concept
- Take direction from international literature and experience
- Apply 3 linked elements
 - knowledge and evidence
 - politics and governance
 - capacity and resources

(Lancet 2013)

- To ensure we create an enabling environment and translate momentum into action for IYCF



Conclusion

“We should remind ourselves that in order to support families in providing the best possible care, we will need to learn to conceptualize the multiple tasks of child feeding and development from the perspective of the family, rather than the service agency”

(Engle et al, 2000)

Thank you!



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