

Infant and Young Child Feeding and Gender

A PARTICIPANT MANUAL FOR MALE GROUP LEADERS



Photos: PATH/Evelyn Hockstein



USAID | APHIA II
FROM THE AMERICAN PEOPLE | WESTERN



IYCN USAID's Infant
& Young Child
Nutrition Project

This document was produced through support provided by the United States Agency for International Development, under the terms of Cooperative Agreement No. GPO-A-00-06-00008-00. The opinions herein are those of the author(s) and do not necessarily reflect the views of the United States Agency for International Development.

IYCN is implemented by PATH in collaboration with CARE;
the Manoff Group; and University Research Co., LLC.

1800 K Street NW, Suite 800
Washington, DC 20006 USA
Tel: (202) 822-0033
Fax: (202) 457-1466
Email: info@iycn.org

Acknowledgments

We wish to thank Peter Maero from the AIDS, Population and Health Integrated Assistance II (APHIA II) Western project at PATH in Kenya for co-facilitating the pilot training workshop that provided the basis of this manual, and for providing us with feedback and recommendations. We appreciate the support of the APHIA II Western program staff for partnering with us to incorporate infant feeding into their ongoing community-level activities.

We are also grateful to all the participants of the first training workshop held in Busia, Kenya, in August 2009 for their active participation and valuable feedback:

Mark Abundo	Badson Liluma	Peter Owiti Omotsi
Gerishom S. Abung'ana	Christopher Mukabi	Silvanus Omunyenji
Morrice Ahuna	Aggrey O. Mulwale	Dismas Omwerema
Geoffrey Akhwale	Alfred Musumba	Francis Otima Ongalo
David Alumasa	David Nyonje	Wellington Ongima
Samuel Anyanga	James Maumo Ogot	Anthony Opae P.
Wellington Ashiemi	Patrick Okochi	Africanus Otyengi
Francis Emojong	Evans Okoth	Alfred N. Simiyu
Festo Kihima	Vincent Oluoch	Peter Wafula

Table of contents

Acknowledgments	iii
Introduction.....	1
Activity: Values clarification.....	2
Understanding gender	3
Gender roles	4
Activity: Division of labor and child care in the home.....	5
Healthy and unhealthy relationships	6
Activity: Healthy relationships	7
Effective communication	8
Thinking about fatherhood.....	10
Activity: Family care	11
Child health and gender	12
What your family eats.....	13
Understanding maternal and child nutrition	14
Supporting good infant feeding practices during the first six months	17
Complementary feeding.....	18
What to do when your child falls ill.....	20
Mother-to-child transmission of HIV	22
Activity: Mother-to-child transmission of HIV	24
Infant feeding and HIV	25
Disclosure of HIV status.....	26
Men, women, and caregiving.....	27
Men's role in health promotion.....	28
Key terms	29
Handout 1: The gender game	30
Handout 2: Risks of HIV infection and death by different feeding methods during the first six months of life.....	31
Handout 3: Activity plan.....	32
References.....	33

Introduction

This manual was originally prepared by the Infant & Young Child Nutrition (IYCN) Project for the men's groups activities being implemented through the AIDS, Population and Health Integrated Assistance II (APHIA II) Western project by PATH. APHIA II Western is a project funded by the United States Agency for International Development that seeks to improve the quality of, and access to health services pertaining to HIV, malaria, tuberculosis, maternal and child health, and family planning in Western Province, Kenya.

This participants' manual is designed to serve as a reference for male group leaders who participated in the two-day training in order for them to be able to share information and encourage discussions on gender issues and support optimal maternal dietary and infant and young child feeding practices. This manual includes summaries of key content, suggested questions to promote discussion, and activities that group leaders can use when facilitating their group sessions.

About the Infant & Young Child Nutrition Project

The IYCN Project is the United States Agency for International Development's flagship project on infant and young child nutrition. Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. IYCN builds on 25 years of United States Agency for International Development leadership in maternal, infant, and young child nutrition. Our focus is on proven interventions that are effective during pregnancy and through the first two years of life.

Activity: Values clarification

Read the following statements one at a time and decide whether you agree or disagree.

- The health of a child is a woman's business.
- Women make better parents than men.
- Making sure the family eats well is solely a woman's responsibility.
- Children should sometimes go hungry so that they can learn to do without when they grow older.
- Because men work hard to provide for the family, they should be given priority at meal times.
- Women should always consult their husbands before going to a health center.
- A man should not be seen taking his children to hospital.
- Infant formula (Nan, etc.) is very good for babies.
- Breastmilk is best for babies when they are first born, but after two to three months, babies start to be hungry and need to eat other foods.
- Women who are HIV positive should not breastfeed their children because HIV can be transmitted through breastmilk.
- It is more important for women than men to know their HIV status.
- Men can always know their HIV status following the results of their wives.
- A couple should go for HIV testing together.
- If a woman tests positive for HIV, her husband should kick her out of the home.
- A woman's most important role is to take care of her home and cook for her family.
- There are times when a woman deserves to be beaten.
- It is important that a father is present in the lives of his children, even if he is no longer with their mother.

Questions to think about:

- Which statements, if any, did you have strong opinions and not very strong opinions about? Why do you think so?
- How do you think people's attitudes about the statements might affect the way that they deal with men and women in their lives?
- How do you think people's attitudes about the statements affect the health of children and women?

Everyone has their own attitudes about gender. Often, our attitudes about gender may be in conflict with others. It is important to respect other people's attitudes about gender, but to also challenge them if their attitudes and values can be harmful to them and to others. As you do gender-related work, it is equally important to challenge your own personal values and beliefs about gender.

Understanding gender

Sex refers to physiological attributes that identify a person as male or female.

Gender refers to widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations.

Gender equality means that men and women enjoy the same status in society. They both share the same opportunities for realizing their human rights and potential to contribute to and benefit from all parts of society (economic, political, social, and cultural).

- Women in many countries are more likely to experience sexual and domestic violence than men.
- Men are paid more than women for the same work (in most cases).
- Men are in more positions of power within the business sector.
- Women bear the brunt of the AIDS epidemic, both in terms of total infections and in care and support for those living with HIV.

Supporting communities to be more gender sensitive can result in men and women living healthier and happier lives. To achieve this, we must encourage men and women to make joint decisions about their health, men respecting a woman's right to say no to sex, men and women settling differences without violence, and men and women sharing responsibility for parenting and care for others.

Gender roles: Behave like a man; behave like a woman

It is not uncommon for someone to be told to “behave like a man,” or “you are behaving like a woman.”

These two statements show how society creates very different rules for how men and women are supposed to behave. These rules are sometimes called “gender norms.” This is because they say what is “normal” for men to think, feel, and act and what is “normal” for women. These rules restrict the lives of both women and men. The rules try to keep men in their “Act like a man” box. And they try to keep women in their “Act like a woman” box.

Throughout men’s and women’s lives, they receive messages from family, media, and society about how we should act as men, and how we should relate to women and other men. As we have seen, many of these differences are constructed by society, and are not part of our nature or biological make-up. Many of these expectations are completely fine, and help us enjoy our identities as either a man or a woman. However, we all have the ability to identify unhealthy messages and the right to keep them from limiting our full potential as human beings. As you become more aware of how some gender stereotypes can negatively impact your lives and communities, you can think constructively about how to challenge them and promote more positive gender roles and relations in your lives and communities. We are all free to create our own gender boxes, of how we choose to live our lives as men or women.

If and how a father is involved in child care is not linked exclusively to biological characteristics, but depends more on how men and women are raised and whether they are raised to believe that men can also take care of children. Although girls and women are frequently brought up from an early age to care for children, men can also learn to care for a child—and learn to do it well.

Questions for discussion

- Have you ever been told to “behave like a man”? Ask them to share some experiences of someone saying this or something similar to them. Ask: Why do you think you were told this? How did it make you feel?
- Have you ever been told that “you are behaving like a woman”? Ask them to share some experiences of someone saying this or something similar to them. Ask: Why do you think you were told this? How did it make you feel?

Activity: Division of labor and child care in the home

1. Below is a list of some household duties:
 - Cooking
 - Upkeep and maintenance, including repairing household items
 - Shopping for food, clothes, and household items
 - Cleaning the house
 - Farming
 - Trading
 - Collecting water
 - Collecting fuel
 - Looking after animals
 - Washing clothes
 - Child care
 - Elder care
 - Safety
 - School-related activities (transportation, homework, meetings at school, etc.)
 - Paying the bills
2. Identify if the activities listed are usually done in your own household by a woman, man, or equally by both.
3. Tally the number of activities that women, men, and both sexes normally do. Think about the following questions:
 - Did the tally of activities done by women and men in the household surprise you? Why or why not?
 - Was there a lot of variation among the tallies of different participants? Why do you think that is?
 - Do you think the division of labor between men and women in the home is changing or continuing to remain the same? Why?
 - Do men help take care of young children when the mother is around, or only when she is away?
 - Do men feed children less than 2 years of age (babies and/or young children)?
 - Do men help decide what young children are going to eat?
 - If men do not participate in child care and/or feeding, what factors contribute to men not participating?
 - How has the need to provide additional home-based care to family members living with HIV affected the division of household labor between men and women?
 - What are some of the benefits that come from men playing an active role in household duties?
 - What can be done to promote more equitable distribution of labor in households?
 - What have you learned from this activity? Have you learned anything that could be applied in your own life and relationships?

Healthy and unhealthy relationships

Romantic relationships can be healthy or unhealthy. In healthy relationships, both partners are happy to be with the other person. In unhealthy relationships, one or both partners are unhappy with the relationship because of one or more problems. Qualities of a healthy relationship include respect, equality, responsibility, and honesty, among others.

Questions to think about:

- Why do you think some people stay in unhealthy relationships?
- How can friends and family help people in unhealthy relationships?
- Can relationships get better? Can they change from unhealthy to healthy over time?
- Can relationships get worse? Can they change from healthy to unhealthy over time?

Activity: Healthy relationships

Read the list of opinions below. Determine whether each scenario is “Healthy,” “Unhealthy,” or “Depends” and encourage participants to discuss why.

- The most important thing in the relationship is sex.
- Partners should never disagree.
- You spend some time by yourself without your partner.
- You have fun being with your partner.
- Your partner is still close to his or her ex-boyfriend or ex-girlfriend.
- A woman continues to spend a lot of time with her mother or sister after marriage.
- You spend time with your unmarried friends after marriage.
- You feel closer and closer to your partner as time goes on.
- How money is spent is the decision of the man alone.
- You will do anything for your partner.
- Sex is not talked about.
- One person makes all of the decisions for the couple.
- You stay in the relationship because it is better than being alone.
- You are in control and you are able to do what you want to do.
- When a man beats his wife, it is a sign of love.
- You talk about problems when they arise in the relationship.
- You argue and fight often.

Effective communication

Good communication is a quality of strong families and it can help families make it through difficult times. However, it is during hard times, when family members need each others' support the most, that communication can be the most difficult. A family member who has a problem may find it difficult to ask someone else for help, or the person might think that he or she has to be happy and not worry the other family members. People can also be ashamed and worry that the other family members will be disappointed or angry if they learn of the problem.

Below is a list of some of the qualities of a healthy relationship:

- | | | |
|-----------------|-------------------|-----------------------|
| 1. Trust | 6. Transparency | 11. Patience |
| 2. Honesty | 7. Caring | 12. Protection/safety |
| 3. Love | 8. Tolerance | |
| 4. Respect | 9. Mutual respect | |
| 5. Appreciation | 10. Endurance | |

These qualities are supported by good communication. And in order for good communication to take place, these qualities must be present.

Listening: When you listen carefully to family members, you encourage them to talk about what is most important to them. It is normal for family members to not listen carefully to each other. We might think that since we know the person well, we do not have to listen as closely, or we may pretend to listen while we do something else. To listen well, we can:

- Pay attention. Paying attention and putting aside what you are doing shows the speaker you want to listen. While you are listening, it is important to put aside your own opinions, thoughts, and judgments until you have heard all of what the speaker is trying to say.
- Be open and show respect. You may not agree, but being willing to hear what the other person believes shows that you respect that person.
- Hear words and sense feelings. Ask questions to be sure that you are understanding correctly: "Do you mean...?" "Are you saying...?" This can help you be sure that you have understood what your family member really means.
- Give responses, but not always answers. Saying things like "Tell me more about that" or "How long have you felt that way?" shows the other person that you are ready to listen more. Giving someone advice too soon or telling someone what to do may discourage them from talking with you more in the future.
- Listening is not always easy. It can be difficult to listen when strong emotions are present. Just being with a spouse or child or sibling who is going through a hard time shows that you care. Letting someone know that you will be ready to listen whenever he or she is ready to talk is a good beginning. Encourage talking by asking questions like "What do you think about...?"
- Listen patiently. Do not interrupt the speaker.
- Respond positively. Even if you do not agree with the speaker's ideas, give him/her time to explain his/her thoughts.

Listening:

- Encourages people to speak.
- Encourages people to express their feelings.
- Helps people feel valued, building self-esteem.

Good communication is more than just listening. It is also important for the person talking to express him/herself clearly.

Talking: You cannot assume that other family members know your needs, feelings, and thoughts if you have not told them. To share your thoughts and feelings in a way that is easy for other people to understand, you may need to take time first to listen to yourself. Ask yourself, “What am I really feeling right now?” “What do I really think about this issue?” Try to focus on how something is affecting you, and try not to blame someone else or think about what another person has done or said. Remember, the other person’s feelings are involved too.

- Describe your feelings. Say, “I feel sad” or “I feel afraid.”
- Say what you mean in a simple, direct way.
- Do not blame or judge. Say, “I really need to talk with you,” instead of, “You never listen to me.”
- If something is important, talk about it, even if you are worried about how the other person will respond. Be ready to listen and try to understand the other person’s reaction.

It is not always easy to communicate well as a family. Improving family communication takes practice, and taking time to communicate is even more important than practicing new skills. A family can provide a safe place for its members to share feelings, thoughts, ideas, fears, dreams, and hopes. Try to find time to talk with each person alone, and together as a family. When you are busiest and most worried, it is especially important to plan a few minutes when everyone can be together. A few minutes spent at the end of the day just talking about how things have gone that day and planning for tomorrow can be a relief from stress. Be sure to save difficult problem-solving conversations for times when you are not tired.

Thinking about fatherhood

The ideas we all have about being a father have a lot to do with (a) how we were raised, (b) our relationships with other men, and (c) the things that have happened to us in our lives.

Men who are more active in caring for their children report more satisfaction in their relationships with their partners and in their daily lives. It is important to consider that if boys interact with men (fathers, uncles, family friends, etc.) in a caregiving situation, they will more likely view men's caregiving as part of the male role. They may also be encouraged to question gender inequality in the home. In other words, the greater participation of men in caring for their children may have a positive impact on gender relations, insofar as children will be able to observe their parents' behavior and learn a broader meaning of what it means to be men and women.

Activity: Family care

1. Divide into groups of three. Two men will be the walls of a house, one facing the other, both with their hands raised. By putting the palms of their hands together, they will form the roof of the house. The third will be the occupant (who will remain standing between the walls).
2. Ask one participant to remain outside and not join a group of three. This participant will be neither a wall nor an occupant. Instruct this participant to shout out “house,” “occupant,” or “house and occupant.”
 - If he shouts **house**, the **walls** should move and take up their position around another occupant.
 - If he shouts **occupant**, the walls remain static and the occupants change houses.
 - If he shouts **house and occupant**, everyone should change places at the same time.
 - The one who shouts should run and occupy an available place. The one who is “left out” should give a new order (shout) and try to occupy a place, and so on.
3. At the end of the exercise, explore the following questions with the group, asking them to reflect on the exercise:
 - Describe ways in which occupants or families sometimes change within or leave households:
 - a. Children go away to boarding school or college.
 - b. Grandparents, parents, or siblings die.
 - c. Husbands leave the household seeking work elsewhere.
 - d. Wives leave the household seeking work or to go back to school.
 - e. One or the other parent abandons the family.
 - f. Adult children move back home (married or divorced, with or without children).
 - g. Because of HIV, families take in additional children to raise.
 - h. Someone gets sick and moves in because they need care.
 - i. Other.
 - Describe ways in which houses change based on families’ needs or circumstances:
 - a. Move to a larger house or a smaller house.
 - b. House burns down or is destroyed in a storm or other disaster.
 - c. People move to another location because of work.

There is no single family model, and although our cultural model associates family with the relationships between father, child, and mother, there are different family structures that can provide a child with equally healthy development. In principle, there is no family model that is better than another—families are only different from each other.

Grandparents, aunts, uncles, neighbors, and friends, in addition to parents, all contribute to families and to the support and care of children and each other.

Families are not static, nor are roles within families static. They change and reconfigure, ever adapting to changes presented by life. All of these changes impact people in their roles and responsibilities, particularly around child care and feeding.

Child health and gender

Childhood illness can be caused by many different factors, some of which are related to cultural and gender norms. When a child is sick, a woman may wait until the father is home to get money for transport to take the child to the doctor. Because women do not have the power to make decisions and men are not involved in their children's health, this may lead to a child not getting the care needed in a timely manner, and possibly experiencing more serious health consequences than if care had been sought earlier.

What your family eats

Eating is not just a simple act of putting food in the mouth and digesting it. Eating is a cultural, social, and heavily value-laden activity. We need food to be healthy and strong, but what and how we eat is almost as important as the nutrition we derive from the food. Food means different things to different people.

Questions for discussion:

- What is your role in deciding what your family eats?
- How can you be more involved in ensuring that what your family eats is healthy?

Understanding maternal and child nutrition

In order to live, we must eat. The kind of food we eat affects how our bodies work. Not eating enough or not eating the right kinds of foods can cause people to have a higher risk of illness and death. Children are especially affected when they do not eat properly. When children are not fed properly, they become malnourished and their bodies are less able to fight off disease and infection. Not eating properly, falling ill often, not being cared for well, and poor hygiene and sanitation can lead to young children being malnourished.

When a woman is malnourished prior to and during pregnancy, it will affect the outcome of her pregnancy. She may not bring the pregnancy to full term, or she may give birth to a very small child. This will affect the child's development throughout life.

During pregnancy, a woman needs to eat more to support her growing baby, and she needs extra iron to support the increased demand for blood in her system. She is given iron tablets during pregnancy that she needs to take for at least 90 days. She needs plenty of rest and should not be engaged in heavy work. She needs the father's and the family's support to help with chores to reduce her workload. The mother needs to eat foods high in calcium to keep her bones and teeth strong.

After she gives birth, the mother needs vitamin A, which passes through her breastmilk to the baby. Although the baby can store iron, it cannot store vitamin A. The mother is given a large dose of vitamin A within two months of giving birth. After that, the child is given vitamin A every six months, starting at 6 months of age.

If a child is malnourished during the first two years of life, the child's physical and mental growth and development may be slowed. This cannot be fully made up when the child is older—it will affect the child for the rest of his or her life. For these reasons, a mother's nutrition and how children are fed during the first two years is especially important. Children have the right to a caring, protective environment and to healthy food and basic health care to protect them from illness and promote growth and development.

These optimal infant feeding practices are necessary to ensure adequate nutrition, growth, and development during infancy and early childhood. In many countries, current poor breastfeeding and complementary feeding practices, coupled with the high rates of childhood diseases, result in high rates of malnutrition during the first two years of life. It is essential to ensure that mothers, caregivers, family members, and communities have accurate information on how to optimally feed infants and young children, and that community leaders help to protect, promote, and support optimal infant feeding practices.

Optimal infant and young child feeding practices include starting to breastfeed within the first 30 minutes of birth, and exclusive breastfeeding for the first six months with continued breastfeeding for at least two years and longer. At 6 months, babies start to need other foods in addition to breastmilk; this is called complementary feeding. Complementary feeding practices include the frequency, quantity, quality, variety, and hygienic preparation and storage of food, as well as responsive feeding, among others. Feeding the right amount and

the right kinds of safely prepared nutritious complementary foods is very important for a young child from 6 to 24 months.

It is important that children eat the best foods they can get, so that they grow well and do not get sick. Malnutrition affects health and resources. Children who are malnourished are more at risk for illness and becoming less intelligent, so they will not perform as well in school as children who are not malnourished. As adults, the long-term effects of malnutrition can make workers less productive and miss work more often, causing them to earn less money during their lifetime. Malnutrition can also result in problems during pregnancy for a mother's health and the health of her child. Optimal infant and young child feeding practices are important because they have significant health, social, and economic benefits.

International health experts recommend giving babies only breastmilk (and nothing else) from the time they are born until they are 6 months old. This is called exclusive breastfeeding.

- Breastmilk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first six months.
- Babies who take only breastmilk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed.
- For the first six months, babies do not need any other foods or liquids, not even animal milk, water, porridge, or fruits. Breastmilk has enough water so even babies in hot climates do not need water.
- Giving other foods and liquids (including animal milk and water) to babies during the first six months is very dangerous for their health and can make them sick.
- Human breastmilk is perfect for human babies, just as cow's milk is perfect for baby cows and goat's milk is perfect for baby goats. We never see baby goats drinking cow's milk because animal milks are different for the needs of each animal.
- For most HIV-positive women in our communities, exclusive breastfeeding is the safest way to feed their baby for the first six months. Giving other foods and liquids in addition to breastmilk during this time increases the risk of HIV transmission, illness, and death.

Even though breastfeeding is common in countries such as Kenya, almost all babies take other foods and liquids in addition to breastmilk before 6 months of age. This means that every day, most babies in Kenya face a risk of illness, malnutrition, and death. Almost every mother can exclusively breastfeed successfully. Those who might lack the confidence to breastfeed need the encouragement and practical support of the baby's father and their family, relatives, neighbors, and the wider community. Everyone should have access to information about the benefits of exclusive breastfeeding.

Mothers should begin breastfeeding their babies within the first 30 minutes of birth. The first milk that comes is a sticky, yellow-white milk. It is very important that babies have the first milk. They should not be given water, other liquids, or ritual foods.

In summary:

- Breastmilk is the best first food for babies.
- The first milk protects babies from illness and is like a baby's first immunization.
- Starting breastfeeding immediately after birth reduces the chance of the baby dying.
- The mother's body helps keep the baby warm.

- Starting breastfeeding helps create good breastfeeding practices and makes it more likely that babies will be exclusively breastfed for six months.
- Breastfeeding immediately also helps mothers by stopping bleeding.

Supporting good infant feeding practices during the first six months

As fathers, you can help support women to exclusively breastfeed their babies for the first six months. It is important to talk about the beliefs and attitudes people have about infant feeding and to be sure that everyone in our community has correct information about how to properly feed their child. There are many myths about how to feed our children that can contribute to poor infant feeding practices, which make our children fall sick, do poorly in school, and die. Correcting these myths and providing support are important first steps toward improving our children's health. It is important for you to support good infant feeding practices in your family and community.

Examples of ways men can support women to exclusively breastfeed for the first six months include:

- Buying meat for her to eat.
- Helping her with her other responsibilities so she has time to breastfeed.
Being supportive and encouraging to her so she does not feel stressed.

Complementary feeding

- At 6 months of age, children start to need a variety of other foods in addition to breastmilk. As children grow more and more, foods can be added to their diet.
- Before 6 months, breastmilk provides everything a baby needs, but at 6 months and as babies continue to grow, they need other foods.
- Breastmilk continues to be an important source of nutrients to help children grow well and protect them from illnesses until 2 years of age and beyond.
- The foods that are given to children beginning at 6 months are called complementary foods, because they complement breastmilk—they do not replace breastmilk.
- Giving a variety of different foods in addition to breastmilk helps children 6 to 24 months of age to grow well. When children are short for their age (which shows that children are malnourished), it can be permanent and can affect intelligence. Rates of malnutrition usually peak during this 6- to 24-month period, with lifelong consequences.
- Good complementary feeding involves continued breastfeeding and giving the right amounts of good-quality foods.
- Babies 6 to 12 months old are especially at risk, because they are just learning to eat.
- Babies 6 to 12 months must be fed soft foods frequently and patiently. These foods should complement, not replace, breastmilk.
- Babies and young children have small stomachs and need to eat much more often than an adult to keep it filled up.
- When children do not eat properly, it affects their health, intelligence, and productivity, and ultimately, it affects a country's potential to develop.
- Weight gain is a sign of good health and nutrition. It is important to continue to take children to the health facility for regular check-ups and immunizations and to monitor growth and development.
- After 6 months of age, children should receive vitamin A supplements twice a year or take multiple micronutrients on a daily basis. Encourage mothers to consult a health care provider for the proper advice.
- When a mother is HIV positive, it is important for her to consult a health care provider for counseling on infant feeding options when her baby reaches 6 months old, such as safer breastfeeding or the use of other suitable milks.

<u>Body building</u>	<u>Energy giving</u>	<u>Protecting foods</u>
Make children strong	Give children energy	Prevent and fight illness
Beans, lentils, meat, chicken, fish, and egg yolks	Rice, potatoes, maize, millet, and plantains	Fruits and vegetables like leafy greens, carrots, pumpkin, oranges, mangoes, and paw paws

Children should be fed foods from at least two different food groups at each meal. As children grow, they need to eat more. To be sure they are eating enough, mothers can breastfeed more often, but it is also important that children are given more food, more often, and that the foods given have a lot of energy, even in small amounts (like fats and oils).

The following table shows amounts that children should receive.

Age	Amount of food
Beginning at 6 months	<ul style="list-style-type: none">• 2 to 3 tablespoons at each meal• 2 meals each day
7 to 9 months	<ul style="list-style-type: none">• ½ cup at each meal• 3 meals each day
9 to 12 months	<ul style="list-style-type: none">• ¾ cup at each meal• 3 meals each day• 1 snack
12 to 24 months	<ul style="list-style-type: none">• 1 cup at each meal• 3 meals each day• 2 snacks

What to do when your child falls ill

When children are ill, it is important for them to eat properly. It is important for children to eat more when they are ill and when they are recovering from an illness.

- Children who are ill may lose weight because they have little appetite or their families may believe that ill children cannot tolerate much food.
- If a child is ill frequently, he or she may become malnourished, causing them to be at higher risk of more illness. Children recover more quickly from illness and lose less weight if they are helped to eat when they are ill.
- Children who are fed well when healthy are less likely to lose weight when they are ill and more likely to recover faster. They are better protected.
- Breastfed children are protected from many illnesses. Special care needs to be given to children who are not breastfed and who do not have this protection.

Reasons a child may eat less during an illness:

- The child does not feel hungry, is weak and lethargic.
- The child is vomiting or the child's mouth or throat is sore.
- The child has a respiratory infection that makes eating and suckling more difficult.
- Caregivers withhold food, thinking that this is best during illness.
- There are no suitable foods available in the household.
- The child is hard to feed and the caregiver is not patient.
- Someone advises the mother to stop feeding or breastfeeding.

In order to ensure children eat enough while they are sick:

- Encourage children to drink and eat during illness and provide extra food after illness to help them recover quickly.
- The goal in feeding a child during and after illness is to help him to return to the growth he had before he was ill.
- Give small amounts frequently.
- Give foods that the child likes.
- Give a variety of nutrient-rich foods.
- Encourage the mother to continue to breastfeed—often, ill children breastfeed more frequently.

Make sure that children eat enough when they are recovering from an illness by doing the following:

- Encourage the mother to give extra breastfeeds.
- Feed an extra meal.
- Give an extra amount.
- Use extra-rich foods.
- Feed with extra patience and love.
- The child's appetite usually increases after the illness, so it is important to continue to give extra attention to feeding after the illness.

- This is a good time for families to give extra food so that lost weight is quickly regained.
- Young children need extra food until they have regained all their lost weight and are growing at a healthy rate.

Mother-to-child transmission of HIV

HIV can be transmitted from mothers to their children during pregnancy, during labor and delivery, or through breastfeeding.

Pregnancy: Normally, the mother and the fetus (fetus is the medical word for a baby before it is born) do not share the same blood. The placenta allows food and other helpful substances to pass from the pregnant woman to the fetus, and blocks most germs and toxins. As long as the pregnant woman stays healthy, the placenta helps protect the fetus from infection. If the pregnant woman has other infections or illnesses, if her HIV infection is new, if she has HIV and is sick, or if she is not eating enough, the placenta may not be able to protect the fetus from HIV. Infections like malaria and sexually transmitted infections may keep the placenta from working properly, making it easier for HIV to pass to the fetus.

Labor and delivery: Most HIV transmission takes place during labor and delivery, when the baby can come into contact with maternal blood and fluids. If a woman gives birth in a health facility, there are actions health workers can take to help reduce the risk of transmission to the baby.

Breastfeeding: HIV is in breastmilk, and it is possible for HIV to be transmitted to a baby through breastfeeding. However, for most HIV-positive women in our community, breastfeeding is the safest option. There are ways to make breastfeeding safer. During the first six months, mothers should give only breastmilk. The risk of transmission is much higher if babies are breastfed and given other foods and liquids (even water) at the same time.

Risk of transmission: The most important risk factor for mother-to-child transmission is the amount of HIV in the mother's blood. This is called the viral load. The risk of transmission to the baby is greatest when the viral load is high. Women who have recently been infected with HIV or have late-stage HIV or AIDS often have high viral loads. Antiretroviral treatment can reduce viral load.

There are services available that can help reduce the risk of transmission. These services are called prevention of mother-to-child transmission or PMTCT services. Even when women do not use PMTCT services, most children will not become infected. But because there are ways to reduce the risk of HIV transmission, it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are HIV negative need to protect themselves from HIV infection during pregnancy and breastfeeding.

To prevent or reduce the risk of an HIV-infected woman passing HIV to her baby:

- All pregnant women and their partners should go for HIV testing and seek health care services if they are positive.
- Women who are positive should give birth in a health facility.
- Women who are positive should attend PMTCT services.
- Women who are positive should take antiretroviral drugs during labor and give the drugs to their baby when it is born.
- Women should talk with a health worker about how best to feed the baby safely.

- Women should sleep under an insecticide-treated net during pregnancy. These nets are available for all pregnant women for free or at a subsidized fee at the antenatal care clinic.

Husbands and partners can help pregnant women stay healthy and reduce the risk of HIV transmission to the child by:

- Going for voluntary counseling and testing together.
- Supporting the woman to go to the health facility for antenatal care regularly and to receive early treatment of infections and illness.
- Talking with a counselor about how to safely feed the baby.
- Using condoms during sexual intercourse to prevent infection or re-infection.
- Making sure the woman delivers in the health facility or with a skilled and trained attendant.
- Encouraging the woman to eat healthy meals and extra food during pregnancy and breastfeeding.
- Supporting her to take her antiretrovirals (if recommended by her doctor).

A woman who is infected or re-infected with HIV during pregnancy or breastfeeding is more likely to pass the virus to her child. Unprotected sexual intercourse while pregnant or breastfeeding places a woman at risk of HIV infection, and increases the risk of HIV infection to her child. When someone is newly infected or re-infected with HIV, the amount of HIV in her blood is very high, increasing the risk of mother-to-child transmission.

Activity: Mother-to-child transmission of HIV

Ask 20 participants to stand up in the front of the room. Present the following:

- Imagine that each person standing up is a baby born to an HIV-infected mother.
- How many of these 20 babies do you think will become infected with HIV during pregnancy, labor, or birth? *Encourage several participants to discuss.*
- *After participants discuss, ask five people to raise their hands.*
- About five out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. These are the numbers based on women who do not go for prevention of mother-to-child transmission (PMTCT) services during pregnancy. The number of babies who would be infected would be lower for women who use PMTCT services.
- How many of these 20 babies do you think will become infected with HIV through breastfeeding? *Encourage several participants to discuss.*
- *After participants discuss, ask three **other** people to raise their hands.*
- About three out of 20 babies would be infected during breastfeeding. A baby's risk of HIV infection depends on how he or she is breastfed. When mothers breastfeed and give other foods and liquids before 6 months (which is how most children in our community are fed), it almost doubles the risk of passing HIV to the baby.
- In summary, out of 20 babies born to HIV-positive mothers, around eight would be infected with HIV, even if the mothers do not use PMTCT services or practice safer infant feeding. So most children will not become infected.

Ask the same 20 participants to stay in the front of the room. Present the following:

- Now imagine that each person standing up is a baby who was born to an HIV-infected mother, but this time, the mother and baby take antiretrovirals and practice exclusive breastfeeding.
- How many of these 20 babies do you think will become infected with HIV during pregnancy, labor, or birth? *Encourage several participants to discuss.*
- *After participants discuss, ask two people to raise their hands.*
- About two out of the 20 babies will be infected with HIV during pregnancy, labor, or birth. The number is lower because these women use PMTCT services.
- How many of these 20 babies do you think will become infected with HIV through breastfeeding? *Encourage several participants to discuss.*
- *After participants discuss, ask one **other** person to raise his/her hand.*
- About one baby would be infected during breastfeeding if a mother breastfeeds exclusively for six months.
- In summary, out of 20 babies born to HIV-positive mothers, around three would be infected with HIV if their mothers use PMTCT services and practice exclusive breastfeeding. So by taking these preventive actions, mothers can reduce the risk of transmission to their baby by more than half.

Explain that even when women do not use PMTCT services, most children will not become infected. But because there are ways to reduce the risk of HIV transmission, it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.

Infant feeding and HIV

- For most HIV-positive women in our communities, **exclusive** breastfeeding is the best way to feed their babies for the first six months, with continued breastfeeding through at least 12 months.
- If women breastfeed and give other foods or liquids (including water) at the same time before 6 months of age, it makes the risk of HIV transmission and death from other illnesses much higher. This is called mixed feeding.
- Although giving only formula (and never breastfeeding) can reduce the risk of HIV transmission, it can double the number of children who become sick and die from other illnesses, like pneumonia and diarrhea. For this reason, exclusive breastfeeding for the first six months and continued breastfeeding through at least 12 months is the safest option for most women in our communities.
- We need to support HIV-positive women to exclusively breastfeed and be sure that people know about the dangers of giving other foods and liquids while breastfeeding before 6 months. At 6 months, HIV-positive mothers should introduce complementary foods and continue breastfeeding through 12 months. At 12 months, mothers should talk with a health worker again about how best to feed their babies and about whether stopping breastfeeding would be appropriate.
- If, despite recommendations to exclusively breastfeed, mothers choose to feed their children using infant formula and not to breastfeed, they should talk with a health worker to learn if this would be an appropriate option for them and how to do this safely.

Disclosure of HIV status

Knowing your HIV status is a key part of being able to protect yourself and your partners. When you know your HIV status, you can disclose it to your partner and take the necessary steps to protect yourself, your partner, and your children, either from infection, or in the case that you are or a partner is HIV positive, from re-infection.

Men, women, and caregiving

It is common for women to be responsible for the tasks of caring for people, animals, and plants, as well as daily housework. On the other hand, men are often viewed as being responsible for caring for objects, such as cars, electrical work in the house, painting the walls, repairing the roof, etc. (depending on local culture). It is important to stress that many of these ideas about caregiving come about as a result of learned behavior. For example, girls are encouraged from an early age to play with dolls, practicing what supposedly lies ahead for them: domestic life and caring for family members. On the other hand, boys are generally discouraged from playing with dolls or helping out with domestic chores. This lack of male involvement in caregiving often means that women carry a heavy burden and that men miss out on many of the pleasures involved in caring for children. As you think about promoting equality between men and women in your communities, it is important for you to start in the home and think about how you as men can start to participate more in caregiving tasks in your family, as well as how you can encourage other men to do likewise in their own homes.

Men's role in health promotion

Many pregnant and breastfeeding women do not eat enough and do not get the rest that they need because of all their household responsibilities. Men can help contribute to the health of their wives and daughters by promoting and supporting the following:

- At any age, women should:
 - a. Eat more food if underweight to protect health and establish reserves for pregnancy and lactation.
 - b. Eat a variety of foods to get all of the vitamins and nutrients needed.
 - c. Eat more fruits and vegetables daily.
 - d. Eat animal products as often as possible.
 - e. Use iodized salt.
- During adolescence and before pregnancy, women should:
 - a. Eat more food for the adolescent “growth spurt” and for energy reserves for pregnancy and lactation.
 - b. Delay the first pregnancy until after age 18 to help ensure full growth and nutrient stores.
- During pregnancy, women should:
 - a. Eat an extra meal a day for adequate weight gain to support fetal growth and future lactation.
 - b. Take iron/folic acid tablets daily.
 - c. Rest during the day.
- During lactation, women should:
 - a. Eat an extra, healthy meal (made of a variety of foods) each day.
 - b. Take two high-dose vitamin A capsules (200,000 IU) within 24 hours of each other, as soon after delivery as possible, but no later than eight weeks postpartum, to build stores, improve the vitamin A content of breastmilk, and reduce infant and maternal morbidity. This helps women to recover from childbirth and prevents illness.
 - c. Be supported to exclusively breastfeed.

In order for women to exclusively breastfeed for six months, they need time to feed their baby often (at least 8-12 times a day). The more often a woman breastfeeds, the more milk she will make. Although it is important for a woman to eat healthy foods for her own health and recovery from pregnancy, she can make enough milk for her baby even if she does not eat well. The amount of breastmilk a woman makes is a result of how often she breastfeeds—the more she breastfeeds, the more milk she will make—it is not a result of how much she eats. Women who are not eating enough may be tired and may be less likely to breastfeed often, so the amount of breastmilk could be indirectly affected. Stress can also affect a woman's ability to breastfeed successfully. Men can support their partners to exclusively breastfeed by helping reduce the amount of stress they experience.

Key terms

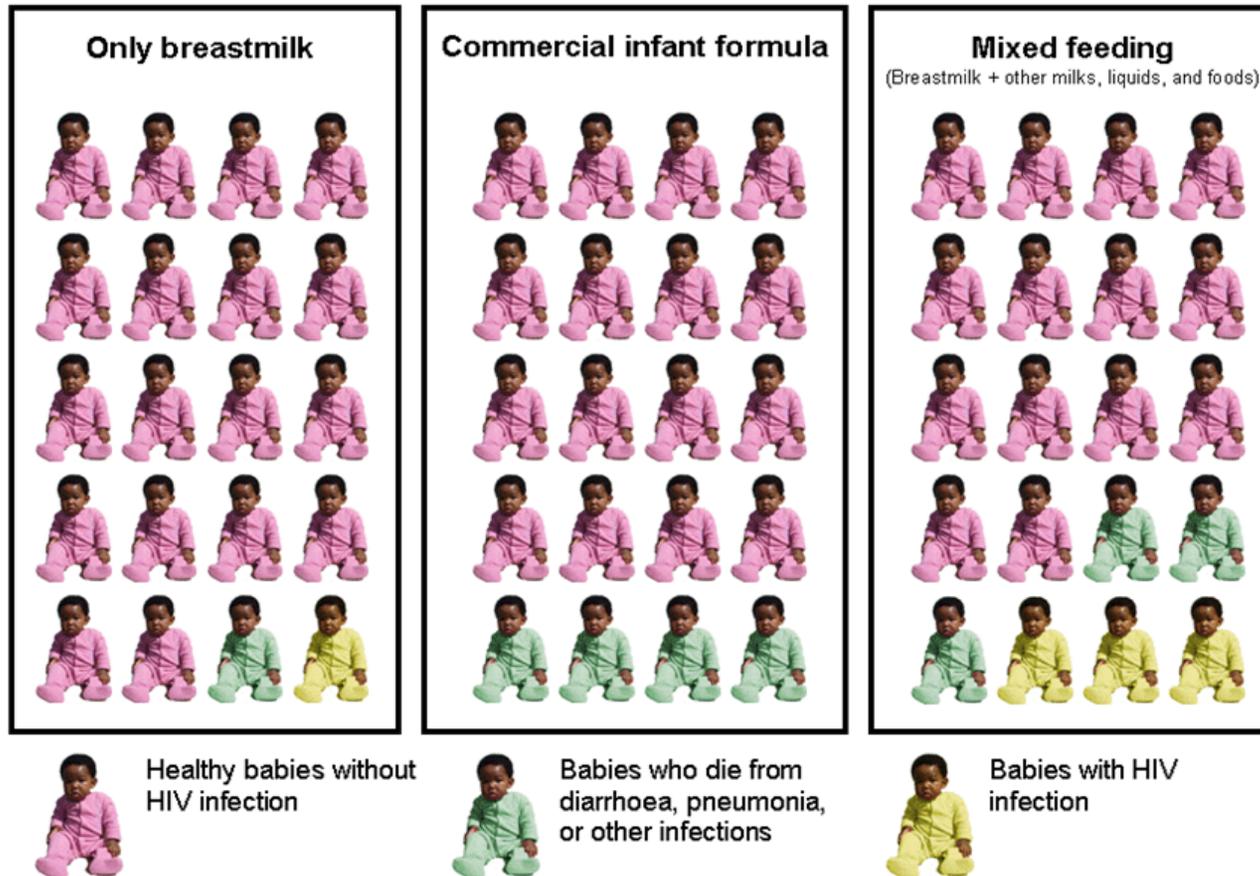
Antiretrovirals	A medication that weakens or halts the reproduction of retroviruses such as HIV.
Colostrum	The first milk that lasts for 3-4 days after the baby is born. It is thick and yellow in color. It is very good for your baby. It helps protect against illness, and the small amounts are enough to fill your baby's stomach.
Complementary feeding	At 6 months of age, children start to need a variety of other foods in addition to breastmilk. The foods that are given to children beginning at 6 months are called complementary foods, because they complement breastmilk—they do not replace breastmilk. Good complementary feeding involves continued breastfeeding and giving the right amounts of good-quality foods.
Exclusive breastfeeding	Giving babies only breastmilk (and nothing else, not even water) from the time they are born until they are 6 months old.
Gender	Widely shared ideas and expectations concerning women and men. These include ideas about typically feminine/female and masculine/male characteristics and abilities and commonly shared expectations about how women and men should behave in various situations.
Gender equality	Men and women enjoy the same status in society. They both share the same opportunities for realizing their human rights and potential to contribute to and benefit from all parts of society (economic, political, social, and cultural).
Malnutrition	A state of poor nutrition. This manual focuses on undernutrition, which is caused by not eating enough of the right types of foods or from the body not using foods properly because of illness or infection.
Prevention of mother-to-child transmission services	A package of services for preventing mother-to-child transmission of HIV includes at least all four of the following services: <ol style="list-style-type: none"> 1. Counseling and testing for pregnant women. 2. Antiretroviral prophylaxis to prevent mother-to-child transmission of HIV. 3. Counseling and support for safe infant feeding practices. 4. Family planning counseling or referral.
Sex	Physiological attributes that identify a person as male or female.

Handout 1: The gender game

Identify whether the statement refers to gender or sex:

Gender	Sex	
		1. Women give birth to babies, men do not.
		2. Girls should be gentle, boys should be tough.
		3. Women are the primary caregivers for children.
		4. Women can breastfeed babies, men can bottle-feed babies.
		5. Many women do not make decisions with freedom, especially regarding health, sexuality, and relationships.
		6. Men's voices change with puberty, women's voices do not.
		7. There are many more men MPs than women.
		8. Women get paid less than men for doing the same job.

Handout 2: Risks of HIV infection and death by different feeding methods during the first six months of life



Adapted from: Ministry of Health, National AIDS/STI Control Programme. Infant and Young Child Feeding in the Context of HIV and AIDS: Kenyan National Counselling Cards. Nairobi; 2008.

Handout 3: Activity plan

Goal:

Activity	Dates	Measures of success

References

EngenderHealth. *Men as Partners: A Program for Supplementing the Training of Life Skills Educators*. Second edition. New York, NY: EngenderHealth; 2001.

LINKAGES Project. *Behavior Change Communication for Improved Infant Feeding Training of Trainers for Negotiating Sustainable Behavior Change*. Washington, DC: Academy for Educational Development; 2004.

Ministry of Health, National AIDS/STI Control Programme. *Infant and Young Child Feeding in the Context of HIV and AIDS: Kenyan National Counselling Cards*. Nairobi; 2008.

PATH. *APHIA II Western: Community Health Volunteers' Manual*. Nairobi: PATH; 2007.

Wellstart. *Community-based Breastfeeding Support: A Training Curriculum*. San Diego, CA: Wellstart; 1996.

World Health Organization (WHO), United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS. *Infant and Young Child Feeding Counselling: An Integrated Course*. Geneva: WHO; 2006.

World Health Organization (WHO), United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS. *Guidelines on HIV and Infant Feeding 2010. Principles and Recommendations for Infant Feeding in the Context of HIV and a Summary of Evidence*. Geneva: WHO; 2010.