

## Annex 2. Determinants for breastfeeding\*

Determinants for breastfeeding can be defined in many ways. In this example, we have grouped them into the following categories:<sup>1</sup>

- Social and demographic determinants: e.g. age, place of residence, size of the family, marital status, parity, educational level, income, employment, housing.
- Psychosocial determinants: e.g. interpersonal and intrapersonal characteristics, social support, self-confidence, maternal beliefs, shyness.
- Health care determinants and biomedical constraints: e.g. routines in maternity wards and in prenatal care, training of health care staff for good and consistent advice, discharge policies, existence of prenatal classes.
- Community determinants: e.g. local knowledge and action, acceptance of breastfeeding in public, support in the workplace, representation and advocacy in the media.
- Public policies: e.g. official recommendations, consensus statements, surveillance systems, maternity leave and benefits, marketing of breastmilk substitutes, training of health care staff, national plans of action.

The Table shows some important examples of determinants and their potential positive or negative impact on breastfeeding.<sup>2</sup> These and other identifiable determinants should be considered when designing breastfeeding promotion programmes, as well as for the design of monitoring systems. The different nature of these categories makes monitoring of some of them necessary at local and/or individual level (e.g. psychosocial factors), while others can be monitored at regional and/or national level (e.g. public policies, social and demographic factors) or within the health care system (e.g. health care factors).

Category	Positive association	Negative association
Social and demographic determinants <sup>3-14</sup>	Older age and high level of education of mother, small family	Younger age and lower level of education, single, urban, first child, early return to work
Psychosocial determinants <sup>7,15-28</sup>	Supportive family and peers, cultural acceptance, previous successful experience, positive maternal beliefs on breastfeeding and infant health	Low maternal confidence, shyness, mother not breastfed herself
Health care determinants and biomedical constraints <sup>29-46</sup>	Early initiation, prenatal class participation, skills training, apprenticeship	Premature birth, difficult labour, use of analgesics, sore nipples, maternity ward use of teats and bottles, ward distribution of free samples of breastmilk substitutes
Community determinants <sup>26,44,47-50</sup>	Consensus statements, media advocacy, workplace support, existence and acceptance of peer support groups, high level of community awareness and knowledge	Breastfeeding considered as indecent exposure, mis-beliefs, low level of community support and media advocacy
Public policies <sup>45,51-54</sup>	Official recommendations, surveillance systems, maternity benefits including prolonged paid maternity leave, Baby Friendly Hospital Initiative, inclusion in school curricula and in training of staff, code of marketing of breastmilk substitutes	Short maternity leave, low priority of breastfeeding as a health concern, no supportive structure for breastfeeding issues

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