The Role of Consumers

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The way in which in scientific research finds its way into policy documents to provide recommendations for professionals and guidance for practice is important, but often opaque. The preferred approach to producing guidelines is through consensus amongst stakeholders, including practitioners, commissioners, and service user representatives around the available evidence [1], with the final decisions about the health effects of breastfeeding that are included depending on the influence of a variety of contextual factors such as the local interest groups and the balance of committee membership. It is, however, particularly important that in areas of strategic public health significance, e.g. infant feeding, the processes used to extract robust scientific findings are timely, rigorous and transparent.

Low rates of breastfeeding, poor weaning practices and variability within and between countries have been reported by many authors and resulted in call for more consistency across regions such as Europe [e.g. 2]. The Social Ecological Framework [e.g. 3, see also figure 1] offers a means for understanding the levels through which people’s behavior can be influenced, and the following levels can be distinguished: intrapersonal, community, organizational, and public policy levels.

The adoption of consumer behaviors in line with recommendations is of course not guaranteed. The consumers in this instance are both the infant and their mother or other carers. As infants completely depend on their carers to make food choices for them, it is important that they understand nutrition, and the importance of food choices for health of the baby and in future life. Parents obtain information from a variety of sources, the quality of which may vary, and is not necessarily evidence based.

Women usually already receive information about infant feeding during pregnancy from different sources, including formal sources such as health care providers and prenatal health education classes, and informally from family and friends, as well as audiovisual and
reading materials [4]. A recent systematic review of decision support needs of parents making child health decisions [5] suggests a parental need: (a) for timely, consistent, up-to-date, evidence-based information tailored to the individual, delivered in a variety of formats from trustworthy sources; (b) to talk with others in the same situation to share information, experiences and ideas; and (c) to be in control of one's level of preferred involvement in the decision-making process (see also fig. 2).

Although carers decide what is offered or withheld, the infant may contribute to this decision by expressing dissatisfaction or refusing food. At the heart of all feeding choices lies this interplay between carer and child, influenced by the decisions and practices at the household, community and societal level. In making infant feeding decisions, carers are likely to benefit from:

- having access to timely, consistent, up-to-date, evidence-based information tailored to the individual, delivered in a variety of formats from trustworthy sources,
- being able to talk with others in the same situation to share information, experiences and ideas, and
- being in control of one’s level of preferred involvement in the decision-making process (i.e. the extent to which one wants to take on board advice from health professionals, family friends, etc.).

Infant feeding decisions are shaped and constrained by the social and cultural norms exist (e.g. regarding breastfeeding in public,
Fig. 2. Child health decisions: parents’ decision support needs. Based on Jackson et al. [5].

expectations of ‘motherhood’, culinary traditions), and there are policies (e.g. legislation governing maternity leave, parental support initiatives) in place that support healthy infant feeding practices and will also influence the extent to which healthy choices are easily and readily made.

References


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