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INTIMATE PARTNER VIOLENCE AND BREASTFEEDING: A SUMMARY OF THE EVIDENCE BASE

Evidence indicates that women who experience intimate partner violence are less likely to practice exclusive breastfeeding or to engage in early initiation of breastfeeding

Background

This brief summarizes some of the findings of a rapid evidence assessment that examined the linkages between exposure to gender-based violence (GBV) and nutrition outcomes for children in fragile settings.^{1,2} The assessment was commissioned as part of UNICEF's broader commitment to ensure that all programmatic interventions – including, but not limited to, those in the nutrition sector – are as safe and accessible as possible for women and girls. This approach involves proactively identifying and taking action to mitigate GBV-related risks, as outlined in *the IASC Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action*. While the full assessment includes a summary of the documented associations between GBV and nutrition outcomes for children more generally, this brief highlights the findings specifically related to maternal exposure to intimate partner violence and breastfeeding practices.³

Breastfeeding is a crucial part of infant and child nutrition due to the abundance of antibodies and nutrients available in breastmilk. During humanitarian emergencies, breastfeeding is also a lifesaving practice. When social systems and services are disrupted, breastfeeding continues to offer food and nutrition security and protects infants from infectious diseases. In the context of conflicts, natural disasters, epidemics and soaring food prices, breastfeeding provides a safe, nutritious and accessible food source for infants and young children and a protective shield against disease and mortality. However, as evidenced by the assessment, GBV, specifically intimate partner violence, has been found to negatively impact maternal breastfeeding practices in fragile settings, thereby compromising infant and young child nutrition.

Recommended breastfeeding practices include early breastfeeding initiation (within one hour of birth); exclusive breastfeeding during the first 6 months of life; and continued breastfeeding to age 2 or beyond, alongside age-appropriate, safe, and nutritionally adequate complementary foods from 6 months of age onwards.

¹ The studies included in the assessment were conducted in a country that received United Nations Central Emergency Response Funding from 2006 to 2021. Out of the 72 studies that fit these inclusion criteria, 15 examined exposure to intimate partner violence and breastfeeding practices.

² GBV refers to harm directed at an individual based on socially ascribed (i.e., gender) differences between males and females; it is most commonly perpetrated by men against women, and includes early/ forced marriage, non-partner sexual violence and intimate partner violence.

³ The rapid evidence assessment was led by by Dr. Sarah Meyer, Dr. Manuela Orjuela-Grimm, Luissa Vahedi, and Silvia Bhatt-Carreño.

Key findings of the assessment

The assessment identified 15 studies that examined the linkage between maternal exposure to intimate partner violence (IPV) and breastfeeding practices in fragile settings.⁴ **Consistently, studies reported that women exposed to IPV were less likely to engage in recommended breastfeeding practices.** In particular, a maternal caregiver's experience of violence made early breastfeeding initiation and exclusive breastfeeding less likely. While the research continues to evolve, there are several potential reasons why IPV could affect breastfeeding practices, including by negatively impacting maternal caregivers' mental health and psychosocial wellbeing – which has implications for her ability to care for herself and her children – and by contributing to an overall household environment that is not supportive of breastfeeding.

Policy and programmatic implications

The findings of the assessment – alongside UNICEF's practical experience implementing nutrition interventions around the world – illustrate that incorporating GBV considerations into nutrition policies and programming is crucial to the protection and promotion of infant and child health. **Taking action to proactively identify and mitigate GBV-related risks can help make nutrition programming more effective.** Specific examples of these interventions include: “*safety audits*” that have been tailored to identify and address potential GBV-related risks at nutrition facilities; training nutrition staff on *how to safely and appropriately respond to disclosures of GBV*; advocating for policies that create a safe and supportive environment for breastfeeding; and leveraging nutrition and other sector programming as a platform to disseminate information about available GBV response services.

While integrated GBV/nutrition programming continues to be an evolving area of work, there are already some promising examples emerging from the field. In particular, UNICEF is currently conducting operational research in South Sudan to examine the effectiveness of GBV risk mitigation interventions in nutrition programming. The study features a concrete programming package for integrating GBV considerations into nutrition programming, which UNICEF plans to roll out and evaluate in additional settings. In a related workstream, UNICEF and the Harvard Humanitarian Initiative have developed a set of tools and resources to *strengthen monitoring and evaluation of GBV risk mitigation within* nutrition programmes. In the coming year, UNICEF also plans to develop a forward-looking research agenda on GBV and nutrition.

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⁴ IPV was measured using different time frames, including during pregnancy, past year exposure and lifetime exposure. Forms of IPV – physical, sexual, emotional and controlling behaviors – were considered separately and in some studies, together, which are refer to as “combined IPV.”



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