Background
The purpose of this study was to investigate Tanzanian health policy regarding the protection and promotion of breastfeeding.

Country Profile
- Tanzania is a United Republic composed of the mainland and also the islands of Zanzibar. Tanzania is located in east Africa with a population of approximately 46 million (Ministry of Health, 2008). The Ministry of Health and Social Welfare is a department within the Tanzanian government that coordinates all the health delivery services and publishes all health policy (Figure 1).
- About 1.6 million babies are born each year in Tanzania, however only approximately 140,000 are registered annually. Tanzania’s infant mortality rate is 68 infant deaths per 1000 live births. Tanzania makes up for approximately 0.5% of the world population but 2% of the global infant death (Ministry of Health, 2008).
- In low income nations like Tanzania, exclusive breastfeeding holds the highest potential as a primary intervention over all others; preventing an estimated 1.4 million infant and child deaths annually (UNICEF, 2008).

Approaches
- In this study, the primary assessment was of current legislation and health policy currently in place protecting breastfeeding practices. The secondary was the exploration of current breastfeeding interventions and practices performed in Tanzania, Africa.

Breastfeeding Policy:
What is the difference between policy and law?
- Policy is the overall plan for a specific goal and the procedural methods to guide future decision making set by a governing institution or government.
- A law is a set of rules providing privileges and or rights and also enforcing these rules by granting punishment for those who violate the law (American University College of Law, 2014).
- Hence there is a relationship between law and policy as policy works within the confines of a country’s legal system (Birkland, 2005).

Legislation and policy promoting and protecting breastfeeding in Tanzania:
- 2003 National Health Policy
- Maternity Leave (Labor Act, Art. 33)
- Breastfeeding Leave (Labor Act, Art. 33)
- Leave Related to Family Responsibility (Labor Law, Art. 34)
- Women’s Work-While Pregnant or Breastfeeding (Labor Act, Art. 33 & 20)
- Nondiscrimination Law (Labor Act, Art. 7 & 37)

Figure 2 is an example of promotion policy in action.

Complexity
- A well orchestrated system, such as healthcare with a reinforcing legal structure, consists of feedback control mechanisms denote complexity (Figure 3). These positive and negative balancing components allow for more successful policies to be created and thereby more efficient law to enforce that policy; providing desired health outcomes (Sterman, 2006).

Conclusion
- Complexity exists anywhere humans are involved as humans are attached to norms, values, and influence of other people. Objectivity in regards to public health and health policy creation therefore is impossible. However, if the health system can go beyond old system thinking to function more like an organism, health policy can have the potential to evolve health systems that balance themselves when met with challenges that arise over time.
- In public health systems and policy construction, time is a necessary factor in the equation to gaining desired health outcomes. It must be understood that obtaining sustainable, intrinsic population health takes time.
- Tanzanian breastfeeding education and promotional campaigns have done a successful job of raising awareness and promoting exclusive breastfeeding. Breastfeeding was found to be practiced by 94% of the Tanzanian population (National Bureau of Statistics, 2005).
- For Tanzania, pressing factors influencing low prevalence of exclusive breastfeeding consists of lack of trained healthcare workforce; lack of enforcement of training; and cultural beliefs and norms. Thus projecting future policy that takes cultural norms into consideration is highly important for Tanzania.

Recommendations for Tanzania and their Breastfeeding Policy
- Assessment of the informal organizational structure of the Ministry of Health and Social Welfare underlying the formal Tanzanian government structure.
- Examination of information flows and breakdowns within the Ministry of Health’s pyramid structure of communication.
- Development of future Health Policy based more on the current state of health systems infrastructure and resources.
- Incorporation of cultural norms, values, and beliefs regarding exclusive breastfeeding into policy constructing and current breastfeeding education and interventions so the social context is being considered.

References