



WELLSTART
INTERNATIONALSM

PD-ABJ-274

ISA 90162

TO: Dr. Cate Johnson, CTO
G/PHN/HN

FROM: Chloe O'Gara, Director, Expanded Promotion of Breastfeeding Program

DATE: September 15, 1994

SUBJECT: TRIP REPORT

RE: Cooperative Agreement # DPE-5966-A-00-1045-00

Handwritten signature/initials

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Enclosed are two copies of the trip report described below:

- Report title: Trip Report
- Date of trip: July 12-28, 1994
- Travelers: Richard K. Manoff
- Country: Armenia

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The attached trip report is not in our usual format but is useful in the current form. If, upon reviewing it, you determine that revisions are necessary, please send them to us within 30 days from the above date. If changes/additions or deletions are received from you or other reviewers, these will be incorporated into the report and revisions will be distributed. Otherwise, this report will stand as final.

WASHINGTON DC OFFICE
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We hope you find this document useful and welcome communication about it.

Enclosures: trip report with attachments

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WHO Collaborating Center on
Breastfeeding Promotion and
Protection, with Particular Emphasis
on Lactation Management Education



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TRIP REPORT

AUTHORS: Richard K. Manoff
Consultant, The Manoff Group

WHERE: Yerevan, Armenia

WHEN: July 12 - July 28

EXECUTIVE SUMMARY

This trip was undertaken for The Manoff Group Inc. as requested by Wellstart. The purpose was to assess the possibilities for a social marketing intervention on behalf of breastfeeding promotion, with time being of the essence. Wellstart hoped that such an intervention might be possible as early as September.

This assignment was completed with the assistance of Wellstart consultant Kim Hekimian and the work included a series of visits to MOH and USAID officials, mass media organizations, media materials production people, maternity wards, etc.. Kim Hekimian will provide details regarding these meetings in a separate report.

The key finding of this trip is that a mass media/social marketing intervention is possible and should be carried out as soon as possible. To that end and with the participation of MOH, the author began working on a campaign by designing the actual messages for TV, radio and newspapers (in English, to be translated into Armenian). All such materials and the social marketing plan were presented to Drs. Vahagn Demirdjian and Anahit Demirchian of the MOH and enthusiastically received. These materials and plan are described in the following pages.¹

¹Though the report follows an outline more congenial to social marketing presentation, all the information required by "The Technical Report Format" is more than adequately covered herein. The author apologizes for taking this liberty but also expresses the hope that, since "form follows function", the reader will find that the content more logically presents itself in the format used.

1

BACKGROUND

The background of the Armenia situation with regard to infant feeding has been described in previous reports and hence there is no need to elaborate it once again.

We were fortunate to have the results of recent research undertaken by Kim Hekimian, both through focus groups for qualitative information and a quantitative study for validation. The insights gained have provided grist for the mill of our strategic analysis and planning, and our media and message design requirements.

THE BREASTFEEDING CHALLENGE

Armenian mothers have for some years been seduced by artificial milks. The reasons have been well reported by Hekimian and O'Gara. But the discontinuances of infant formula supplies by the U.S. has at least had the consoling effect of dramatizing the urgent need for reviving national enthusiasm for breastfeeding.

The "Resistance Points"

The problem in Armenia, to put it paradoxically, is not the problem. That is to say: the problem is not that mothers do not prefer breastfeeding, do not believe its incomparability, do not choose to breastfeed, but that, because of one damaging practice or another, they believe that they cannot breastfeed, that they have no milk, cannot produce any, or if they can, that it is "weak, watery and insufficient." These are the "resistance points" that block our way. Some of these discouraging environmental influences are within the control of the women themselves. Others are societal as in the case of hospitals whose traditional separation of mother from infant at birth requires bottle feeding, demoralizes the maternal instinct and fosters dependency on artificial milk, on the "tyranny of its commercial marketplace" and exposure of an immature immune system to "the terrors of the environment."

In Armenia the breastfeeding trend has been in the wrong direction. The time has come to reverse it by correcting the practices responsible. This requires behavior change in the individual mothers and in the whole birthing system, its doctors, its nurses, its hospital maternity wards and the marketplace which never accepts any restraints on its behavior unless mandated by law or regulation.

Resolving The "Resistance Points"

Thus, a social marketing intervention must address itself to resolving these "resistance points" to satisfy:

1. The need to build public awareness and demand for "rooming in" to accelerate the encouraging pace of its adoption by all the hospitals of Yerevan (already three of the hospitals have done so).
2. The need for mothers to initiate breastfeeding within one-half hour of birth (requiring mother's demand and hospitals' cooperation).
3. The need for breastfeeding exclusively in the first 4-6 months of an infant's life.

4. The need to breastfeed on demand of the infant and not by the arbitrary schedule of hospital, doctor or mother.
5. The need to reassure mothers who worry about the quality and/or quantity of their milk that persistent, more frequent and longer periods of breastfeeding can overcome this problem.
6. The need to build public awareness and support of breastfeeding among government officials, the community at large and their PVOs and NGOs.
7. The need to confine the distribution of artificial milk to mothers who have been certified as needing them by a physician.

Target Audiences

1. The pregnant woman: the prime prospect for behavior change because she is reachable and more likely to be responsive before her birthing experience.
2. The lactating mother: Though she may already be committed to bottle feeding, there are other commendable behaviors to which she can be responsive. Moreover, she may be induced to manage her next pregnancy with a stronger resolve and a more successful breastfeeding outcome. (She may even seek to re-lactate, though relactation is not always possible.)
3. Health care personnel in hospitals, polyclinics and pre-natal services.
4. Doctors, public officials and all those with influence with all the above i.e., families, friends, etc.

The communications strategies for message and media design are premised on the use of the mass media and all identifiable delivery systems in the city and country that will enable the breastfeeding messages to reach our target populations as frequently as possible.

THE CREATIVE STRATEGY

Breastfeeding is universally regarded among women as the best method for the care and feeding of the infant. However, this respect for breastmilk does not include an awareness and appreciation of the behaviors necessary for breastfeeding success. This ignorance of the breastfeeding ecology leads to half-efforts and whole failures in too many cases. The demoralization that sets in is contagious. The despair travels from one young mother to the next. Busy doctors and nurses, even if inclined to urge breastfeeding, tire of fighting against the tide, end up swimming with it and succumbing with the mothers to the seduction of a commercial substitute.

The objective is a radical reversal of this trend, a change in the maternal environment in which the young mother's somewhat tentative expectations of breastfeeding are buttressed with a new understanding of the practices necessary to assure breastfeeding success.

Thus, creative strategy for our message designs will:

1. Focus on and seek to resolve the "resistance points."
2. Set forth the necessary new behaviors and practices and persuade their adoption.
3. Motivate understanding and willingness to try.
4. Present them in memorable graphic executions and language easy to remember.
5. Employ a message tonality sympathetic to young mothers' apprehensions.
6. Present the "new" breastfeeding as a fresh experience, one our audience has not yet had a chance to try, and dissociate it from the dissatisfactions of the past.
7. Insure message harmony in all the media -- TV, radio, newspapers -- and all materials (brochures, posters, etc.) Key phrases and graphics will be common to messages in all media so as to build cumulative impact.

The Message Executions

The story board for the TV message, the radio script and rough layouts for 2 full-page and 5 half-page newspaper ads appear at the end of this report. The brochure text and layout will be done during a subsequent consultancy.

These can be tested in focus groups for: 1) comprehension and credibility; 2) motivation; 3) appropriate language; 4) tonality; and, 5) interest (not for such irrelevancies as "like" or "dislike"). The radio script can be used for that purpose since the text will be virtually identical to that of the TV and newspaper ads. A "scratch" radio audio track to be played for the group can be arranged for that purpose.

THE MEDIA STRATEGY

TV, radio and daily newspapers will be employed. There are no audience measurements, as we know them in the U.S., for any of the media. Workers in several government and non-government agencies will be used to distribute reprints and brochures.

Television:

TV is a government monopoly at present. There is one Armenian channel and a second, in Russian, from Moscow. Both are popular. Audiences do the usual thing: they shift with programs from one channel to the other (as we do in the U.S.) since a sizable section of the population is reported to be bi-lingual. We will use only the Armenian channel.

TV set ownership is believed to be nearly total. Given the population of 1,500,000 for Yerevan with an average of 5 people per household would seem to produce an estimate of roughly 300,000 sets. There are probably another 500,000 sets in the rest of the country. The figures are academic. Regardless of their accuracy, television offers the major means for creating public awareness. It is virtually the only

evening entertainment available. Theater, cinema, sporting events, etc. are rare and limited. Economic stringency has restricted the enjoyment of paid entertainment to a privileged few. TV, of course, is free. TV hours vary by season and by "electrical blackout." The authorized TV time period is 6 pm - 12 midnight daily except Sunday when the hours are extended to 11 am to 12:30 am. This varies by time of year. The TV "season" is late spring, summer and early fall. At other times the electricity demands for heat and light require diversion of power from TV. TV's availability is best described by experience. Two years ago, in January and February TV was on for 2 hours daily. Last winter, TV was allowed 5 hours daily during the 3 winter months.

The first messages for TV will be 1.5 minutes in length (perhaps 2.0 minutes in Armenian) and will play with maximum daily frequency affordable.

Radio:

There are four radio channels, but only one to carry commercial messages. A new cable radio channel is also operating but with limited subscription. We will use radio saturation schedules in a flighting pattern with TV and newspapers as illustrated below. Because our campaign is non-commercial, we have urged Dr. Dermerdjian to get our messages on all the radio channels for free. This will require further inquiry.

The radio message will be identical with TV, except for adaptations required by the absence of visuals.

Unlike TV, radio is seemingly unaffected by electricity blackouts due to radio's importance in national security. This circumstance enables radio to be the "continuity" medium in the winter months when TV suffers its worst interruptions.

Newspapers:

Newspapers provide only limited reach because of the limitations imposed by paper scarcity, lack of advertising, and limited purchasing power of readers. Most papers run only one folio -- a mere 4 pages. There are four major newspapers: two operated by the government and two by private interests. We shall run full-page advertisements in all four on an affordable budget.

This may be done as either free-standing inserts (FSIs) for the two full page ads and therefore useable as flyers and posters for other delivery systems (schools, PVOs, NGOs, pre-natal clinics, polyclinics, etc.) or as a display advertisement with its own page. The No. 1 publication ordinarily has a daily print run of 20-25,000 copies. However, paper shortages currently hold the run to about 12-15,000. It reportedly sells out at the kiosks daily. Readership may run 2-3 times that number because of the pass-on circulation motivated by the economy. The three other papers to be used have print runs of about 12,000 each.

The papers and their normal circulation according to UNICEF:

HH	20,000 normally
AZG	20-25,000 normally
YERKIR	30-35,000 normally
Republica Armenia (Russian)	12,000 (note the paper will do the translation to Russian)

Again, headline, language and message points will be identical with both TV and radio.

Other Delivery Systems:

1. The Welfare System: Each pregnant woman is entitled to a modest government stipend. She must visit the pre-natal clinic to register. This is an ideal occasion for her to be given a reprint of the newspaper advertisement and perhaps the copy of the special brochure to be produced for this campaign.
2. The School System: Teachers are paid on some periodic basis which is to be verified at a meeting with the Education Ministry. If there is enough paper for printing, we suggest that the same reprint, which will also serve as a paper poster, be distributed by teachers of the 2 or 3 youngest grades to their pupils. They will be instructed to take the reprint home to their mothers, on the assumption that women of young children are more likely than not to be still in their reproductive years.
3. PVOs and NGOs: To be mobilized to deliver the reprint to targeted local families through their community volunteers.
4. MOH Polyclinics: Reprints and brochures for polyclinic health workers, nurses, doctors. Reprints are to be used for take home, as posters, flyers, etc.

The efforts will be launched with a press conference hosted by the Ministry of Health with the assistance from UNICEF. (See "Launch" section in following pages.) The "launch" will be in all media for 2 weeks. After "launch," TV will be the only medium until its "season" comes to an end sometime in October-November.

It will be replaced by radio and newspapers until the TV resumes its normal schedule, budget permitting. Thus the first year's schedule would be:

	Sept		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug
TV	X	X	X								X	X	X
Radio	X				X	X	X	X	X				
News	X				X	X	X	X	X				

Scheduling:

Launch period (2 weeks in September):

TV	3-5 spots a night
Radio	Saturation (to be negotiated)
Newspapers	Full-pages, one each week half-pages, other days

Winter months:

No TV

Only radio and newspapers

Radio: every day in a dominant pattern (to be negotiated)

Newspapers: all four papers, 3-4 insertions a week

Spring and summer 1995:

TV only: 2-3 spots a night, budget permitting

All schedules will be negotiated with sizeable discounts expressed in "free TV and radio spots," "free ads" in newspapers, in addition to those paid for. Preliminary discussions have assured us of this probability.

Launch activities and promotion possibilities that include t-shirts and buttons are described further in this report.

MESSAGE PRODUCTION

All the circumstances conspire against over-ambitious production values. Television is a haphazard experience. The shortage of electrical power that confines telecasting to a few unpredictable hours a day has the same effect on most production facilities. When energy demands ease in the summer months, TV viewing expands. In the late fall and winter then power is diverted to the more mundane demands of light and heat, TV dwindles away, some days to nothingness. But even during the best of times, electrical power may fail. The city darkens. Not only TV and radio but electric power may be gone for hours. Production stops.

But the power and appeal of TV in the precious times it is available is worth the gamble but only at a minimum risk. Thus, production costs should be kept low. This imposes a burden of designing TV messages in straightforward style: no elaborate, complicated scenic effects, large costs, expensive sets or intricate lighting etc. The objective is to use existing exterior/interior locations and as few scene changes as possible. The challenge is to get our message across in as interesting a fashion as possible, relying more on the creative ingenuity of message design than on cinematic wizardry.

The print media present the same challenge. Newspaper production is without the exquisite photography and graphics to which we are accustomed in the U.S. or Western Europe. There is almost no consumer advertising in any of the media because there is literally no organized consumer market with its stocks of consumer merchandise awaiting elaborate marketing schemes to move them into consumer hands. Consumption is basic: the daily struggle of the Armenian populace is to procure the basic commodities of fruits, vegetables, bread, meat and fish which are scant and expensive. A satisfactory daily diet even of these exceeds the average family budget. The processed foods -- the snacks, the soft drinks, the fun foods that dominate the American diet are almost non-existent here and with them the marketing systems, the advertising and promotion that drive them.

So there is little experienced talent to work with in any medium. Someone has described Armenia as a country "that has gone from the space age to the stone age." Once the "high-tech" republic of the USSR, the home of the computer, of telecommunications, and other space age industries, Armenia is struggling to rise once more from its ashes.

Nevertheless, the need to get the breastfeeding messages out means that we still have to utilize whatever talent exists, however raw, work with it, and mobilize it for the task. This is another reason that the production designs are best kept simple with as little demand on art and graphic skills as possible.

The consolation is that any other communication is similarly handicapped. Our audience's eye has not been jaded by dazzling communications' performances. We still have the opportunity of standing out above the rest.

The cost of production for TV is a separate charge. So are the costs for still photography. But production for radio and newspapers is included in the cost of time and space. The newspapers are becoming computerized so that production will be immeasurably improved. Not only will this offer more breadth to production possibilities, but it will substantially improve the quality of both design and reproduction. We will deliver to newspapers: 1) rough layout; 2) copy, headlines and body text; 3) photography and other graphics. The newspapers will follow the layouts on computers with pre-selected fonts, scan the photos and graphics and position them in accordance with the layouts.

THE LAUNCH

Orientation Meetings:

In advance of the "launch," orientation meetings will be planned for:

- 1) Managers and key staff of the polyclinic and MOH officials;
- 2) PVOs and NGOs (the Armenia Assembly to assist);
- 3) Doctors and other health officials.

For these meetings a week or two in advance of the launch, special kits should be prepared with appropriate material like: 1) reprints of all print advertising; 2) copies of TV storyboards (if available); 3) radio scripts; 4) brochures; 5) USAID/ Wellstart acknowledgement; 6) MOH letter of sponsorship, etc.

A press conference should precede the official launch by one day. Press kits containing the above-mentioned materials plus a background on the infant feeding/breastfeeding situation. Press releases should include: 1) a general release on the campaign; 2) a release about the TV message with a still picture or two from the video; 3) copies of the newspaper ads; 4) pictures of the key players; 5) a release on the strategies behind the media messages; 6) a release on the U.S. role, etc.

PROMOTION POSSIBILITIES

The Baby T-shirt. This item derives from a closing shot of the TV message. The baby, kicking and gurgling with joy (the reference in the Voice Over: "Your baby will be proud of you (his mother).") The video shows the baby in a T-shirt imprinted with:

MY MILK
COMES
FROM
MAMMA
(in Armenian, of course)

If affordable, the campaign would have a popular give-away (funded perhaps by some Armenian diaspora group) for mothers on the birth of their children or after 4 months of exclusively breastfeeding.

The Ubiquitous Button. Since everyone likes buttons (especially young people), the campaign could have its own: the picture of the nursing mother surrounded by "You Can Do It If You Do It Right."

Other promotional aids will inevitably suggest themselves by the unfolding events of the campaign. Such opportunistic developments should be considered for their strategic relevance and, budget permitting, be employed to bring added zest to ongoing activities.

BUDGET

These are tentative figures for production (TV) and media costs. Kim Hekimian will finalized these figures with the appropriate agencies and people.

Production: (12 months)

TV - 1 message	\$1200-1500
Photography	\$500-750

Media Schedules:

	3 mos. Sept-Nov	3 mos. Dec-Feb	3 mos. Mar-May	3 mos. Jun-Aug
TV	19,500			10,500
RADIO	250*	1,750	1,750	
PRINT	4,400*	3,900	3,900	
			Grand Total:	50,000
			+ 10%	<u>5,000</u>
				55,000

*2 weeks only

Still to be estimated are:

1. Brochure and distribution (polyclinics, etc.)
2. Reprints of newspaper ads and distribution (welfare, school, etc.)
3. T-shirt, button, etc. and distribution
4. Miscellaneous (the unpredictable, opportunistic ideas)

FOLLOW-UP

1. All scripts and layouts, including the TV storyboard, rough layouts for newspaper ads, rough "dummy" for the brochure have been left with Kim Hekimian, with some revisions due from the author as soon as possible.
2. With Elizabeth Gold, consultant, to follow after the author's departure, all production is to be carried out with the selected producers, BARS Media, for TV; AZG, the newspaper, for all newspapers.
3. Reported meetings with both were held. Some actual shooting for TV was begun. Some actual newspaper production was started at AZG, but curtailed before completion by an electrical cut-out. Kim Hekimian accompanied the author at all sessions and together with Elizabeth Gold will see to the production of all materials as planned.

The author remains available for continuing contact and, as of this writing, has already done so.

Annexes

1. TV message storyboard
2. Radio script
3. Full-page newspaper ad layouts and texts (2)
4. Half-page newspaper ad layouts and texts (5)

POST-SCRIPT

The author apologizes for the rough-rough nature of the drawings for the TV storyboard and the newspaper ads. We were without adequate facilities in Yerevan -- no office, no secretarial help, no word processor (or typewriter), no artists to render our graphics, etc.

The author did what he could under time pressures. It is more than adequate for guiding the ensuing production. But it is a bane for the reader and for this he profoundly apologizes. Once back in more familiar surroundings he will see to their proper rendering. They will be provided on request to one and all.

ANNEX 1

TV MESSAGE STORYBOARD

①

INTRODUCING

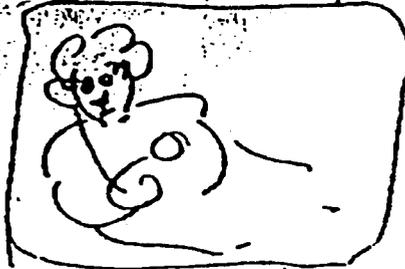
Man: Introducing...

②

INTRODUCING THE WORLD'S BEST BABY FOOD

The world's best baby food.....

③ (6-4 mos)



~~It's~~ It's the New way of Breastfeeding. ~~Introduce~~ The old way, some women who were stressed found breast feeding difficult.

④ She took



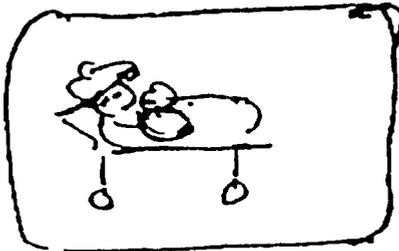
woman: When I had my baby I was afraid I would have no milk. Or too little. But I followed the rule of the new way of breastfeeding and I overcame my fears. You can do it if you do it right.

5

1. BREASTFEED WITHIN HALF-HOUR AFTER BIRTH

Same woman (off camera now) Rule No. 1. Breastfeed within a half-hour after birth.....

6



~~Don't wait~~ Right in the delivery room. Don't wait. The sooner you begin the better.

7

2. KEEP YOUR BABY WITH YOU

Rule No. 2. Keep your baby with you.....

8



with rooming in you can breastfeed frequently. That's good for your baby - good for your milk.

12

9
3.
THROW AWAY
THE BOTTLE

Rule No. 3. Throw
away the bottle...



No milk in a
bottle. No water
No juice. No food
of any kind.

11
4.
ONLY
BREASTMILK
FOR 4-6 MONTHS

Rule No 4. Only
breastmilk for
4-6 months.



Woman ~~back~~ on
Camera (as in Frame 4):
that's All the food
you baby needs. But
don't go by a schedule.

13
5.
THROW AWAY
YOUR CLOCK

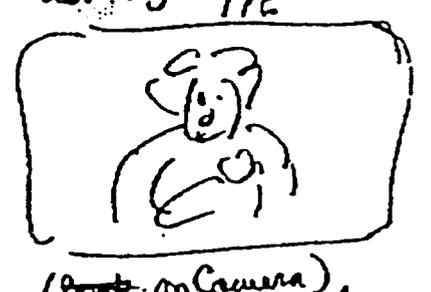
~~That's~~ That's Rule
No. 5. Throw away
your clock.....



(She picks up clock
as she talks and
drops it into trash)
Your baby knows the
right time day and
night... when he's
hungry.

15
6.
DON'T WORRY
~~ABOUT~~
YOUR MILK

Rule No. 6. Don't
worry about your
milk. It may seem
weak + watery to
you.....



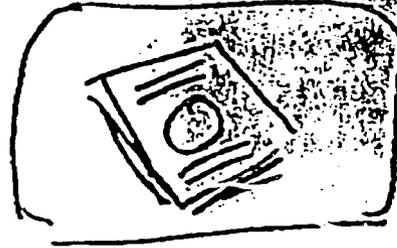
(Back on Camera)
But to your baby
it feels wonderful.
If you baby sucks
enough, the milk will
flow enough....
Remember if you can
become pregnant you
can breast feed.
Remember.....

YOU CAN DO IT
IF
YOU DO IT RIGHT

You can do it
if you do it
right. And....



(woman turns baby
around to camera -
comes in tight)
your baby will be
proud of you.



For more advice
Ask your polyclinic
for this brochure.

ANNEX 2

RADIO SCRIPT

RADIO SCRIPT

MUSIC: Nice announcement music. Maybe horns or trumpets.

MAN: Introducing...the world's best baby food.

MUSIC: Stops.

MAN: It's The New Way of Breastfeeding.

MUSIC: Mood music in the background under the voice.

MAN: Some women who were stressed used to find breastfeeding difficult. Listen:

MOTHER: When I had my first baby I was afraid I could not breastfeed or my milk would be weak and watery or too little. I was stressed. But I tried to follow the rules of the New Way of Breastfeeding and I overcame my fears.

I put my baby on my breast only a half hour after birth and let her suck till the milk came.

MUSIC: Up and out.

MAN: Yes, you can do it if you do it right. Remember the rules of the New Way of Breastfeeding.

MUSIC: A single chord.

MAN: Rule number one:

MOTHER: Keep your baby with you. Tell your doctor you want your baby's crib next to your bed right after delivery.

MUSIC: The chord again - one note higher.

MAN: Rule number two:

MOTHER: Put your baby to your breast within a half hour after birth. The baby's sucking makes the milk come.

MUSIC: Chord - one note higher still.

MAN: Rule number three:

MOTHER: Throw away the bottle. Do not give your baby a bottle for 4-6 months. No milk. No juice. No water. No food of any kind.

MUSIC: The same chord again - one note higher still.

MAN: Rule number four:

MOTHER: Feed only breastmilk for at least 4 to 6 months. Your milk is all the food or fluid your baby needs. Breastfeed frequently.

MUSIC: Chord - still higher.

MAN: Rule number five:

MOTHER: Throw away your clock. Don't breastfeed by a schedule. Your baby doesn't become hungry by a schedule. Breastfeed frequently.

MUSIC: Chord - still higher.

MAN: Rule number six:

MOTHER: Don't worry about your milk. It may seem weak and watery to you but it tastes wonderful to your baby. Let your baby do the work ... frequently.

MUSIC: Final closing chord followed by the BG MUSIC up and under.

MAN: The New Way of Breastfeeding. You can do it if you do it right. For more information ask for the New Breastfeeding Brochure at your Polyclinic.

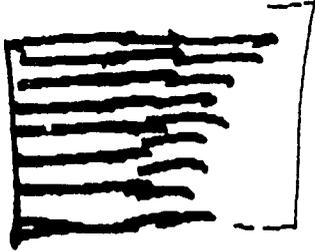
ANNEX 3

FULL-PAGE NEWSPAPER AD LAYOUTS & TEXT

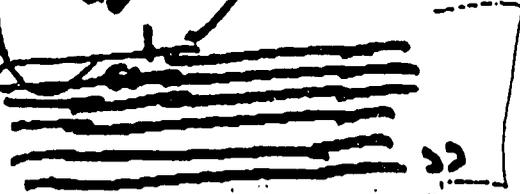
INTRODUCING

THE WORLD'S BEST BABY FOOD

A



B



C

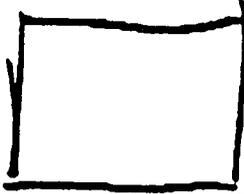
You Can Do It If You Do It Right

D

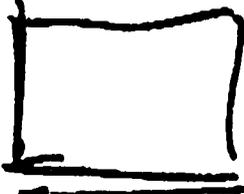
HOW TO REVERSE



1
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4.
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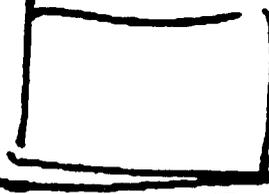
2
[Horizontal lines]



5.
[Horizontal lines]

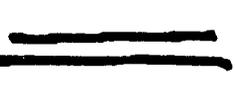
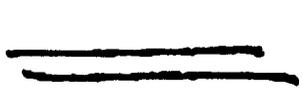


3
[Horizontal lines]



6
[Horizontal lines]

E



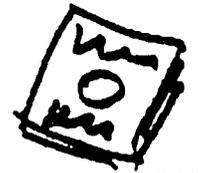
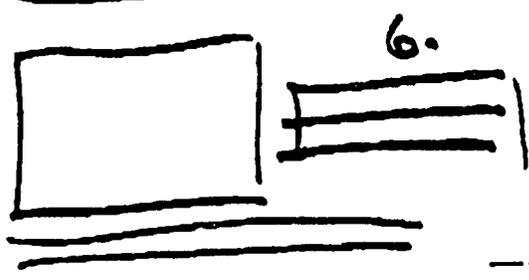
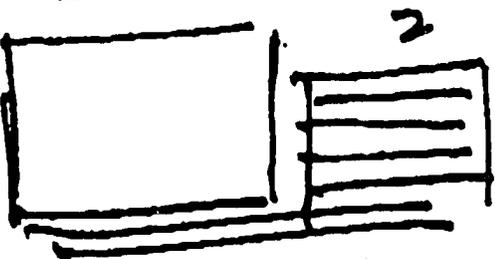
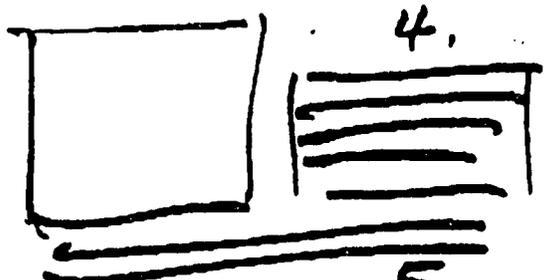
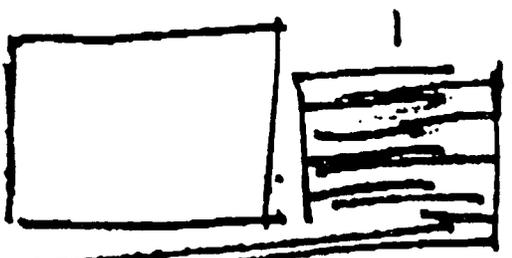
F



The New Way of BREASTFEEDING
 You Can Do It If You Do It Right

A →
 D

6 RULES TO REMEMBER



F (AD No. 1)

F
 (A)
 (M)

NEWSPAPER COPY

ADS NO.1 AND NO.2

INTRODUCING
THE WORLD'S BEST BABY FOOD

All babies love it. No cost. Pure. In a
sanitary package. Always fresh. No
refrigeration needed. Ready to serve.

"When I had my baby I was afraid I could not breastfeed.
That my milk would be weak and watery, or too little. I was
stressed. But I tried to follow the rules of the new way of
breastfeeding and overcame my fears. I put my baby on my
breast within a half-hour after birth and let him suck till
the milk came."

YOU CAN DO IT IF YOU DO IT RIGHT.

The New Way of BREASTFEEDING.
YOU CAN DO IT IF YOU DO IT RIGHT.

] A
(only)

] B
(Nos
1 & 2)

] C
(Both
Ads)

] D (No

] D (No

- E1 (Picture of Room in Hospital) 1. Keep your Baby with you. Tell your doctor you want your baby's crib in your room. He will advise you if it can be done.
- E2 BREASTFEED WITHIN 1/2 HOUR AFTER BIRTH 2. This is important. The baby's sucking makes the milk come. The sooner, the better. Frequent sucking increases the flow.
- E3 (Picture of bottle being thrown away) 3. Throw Away The Bottle. Do not give your baby a bottle for 4-6 months. No milk. No juice. No water. No food of any kind.
- E4 ONLY BREASTMILK FOR 4-6 MONTHS 4. This will help keep infection away. Your milk is all the baby will need. Breastfeed frequently.
- E5 (Picture of clock being thrown away) 5. Throw away the clock. Do not breastfeed by a schedule. Your baby knows when it's time. Breastfeed frequently. The more the baby sucks, the better the milk will flow.
- E6 DON'T WORRY ABOUT YOUR MILK 6. It may seem weak and watery to you but it tastes wonderful to your baby. Let the baby feed frequently. Frequent feeding keeps the milk flowing.

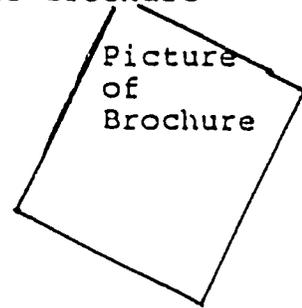
E

(B.H)

Ad:

26

F [Ask at your Polyclinic for a copy of This Brochure



17

ANNEX 4

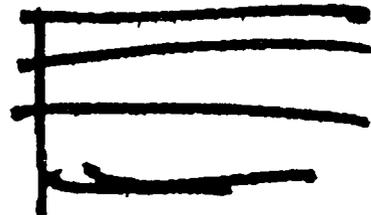
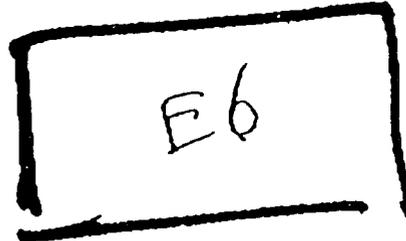
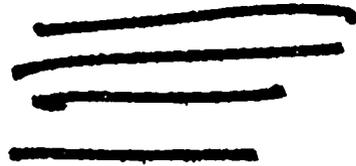
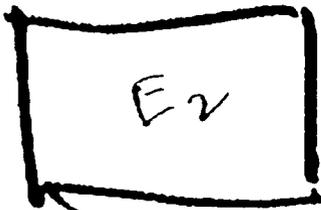
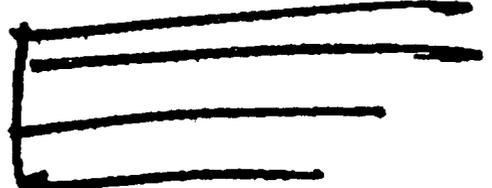
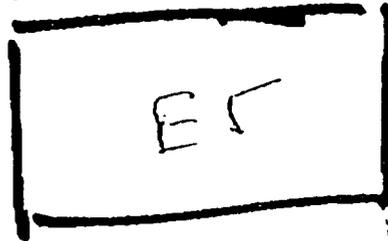
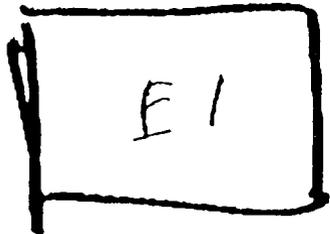
HALF-PAGE NEWSPAPER AD LAYOUTS & TEXT

THROW AWAY THE BOTTLE.

ONLY BREASTMILK
FOR 4 TO 6 MONTHS.



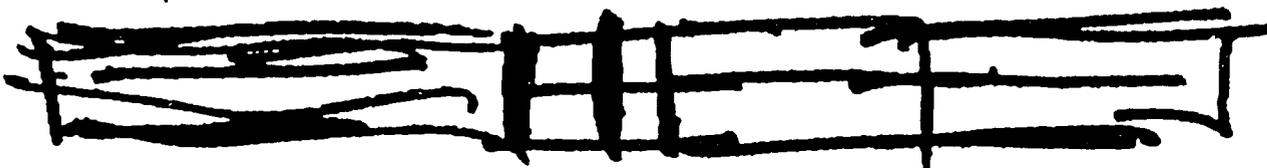
ALSO REMEMBER!



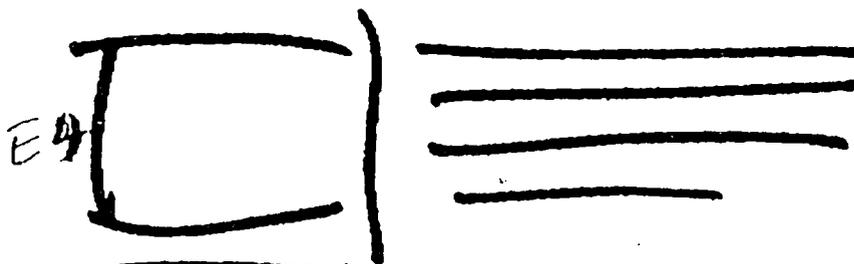
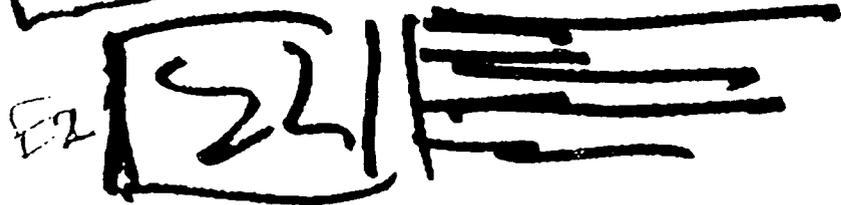
The New Way of
BREASTFEEDING You Can Do It If You Do It Right!



THROW AWAY YOUR ~~ALARM~~ CLOCK!
YOUR BABY KNOWS WHEN IT'S TIME



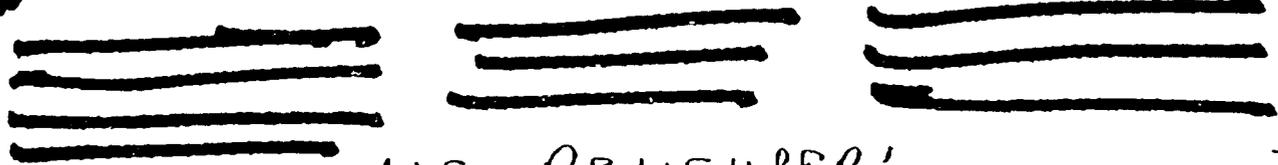
ALSO REMEMBER:



The way to do it:
BREAST FEED. YOU CAN DO IT IF YOU DO IT RIGHT!



ONLY ONE HOUR OLD
AND BREAST FEEDING.
SMART BABY?
NO! SMART MOTHER!



ALSO REMEMBER!

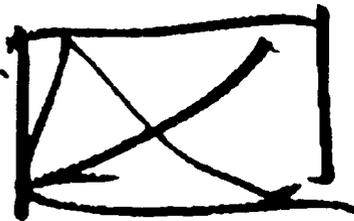
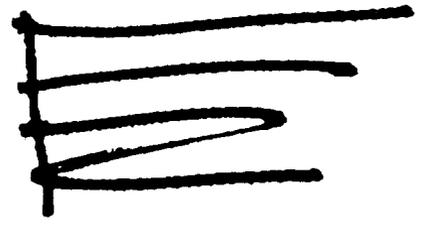
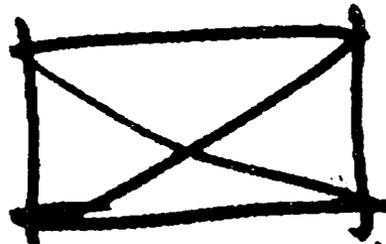
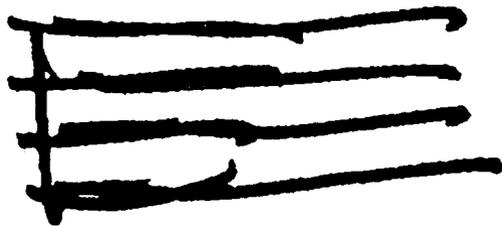
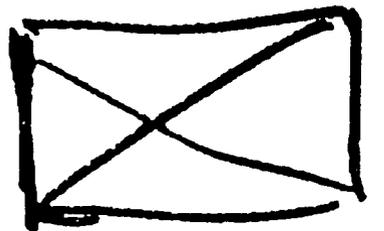


The New Way of
BREAST FEEDING You Can Do It If You Do It Right.

The New
Way of

~~The New Way of~~
BREASTFEEDING

You Can Do It If You Do It Right.

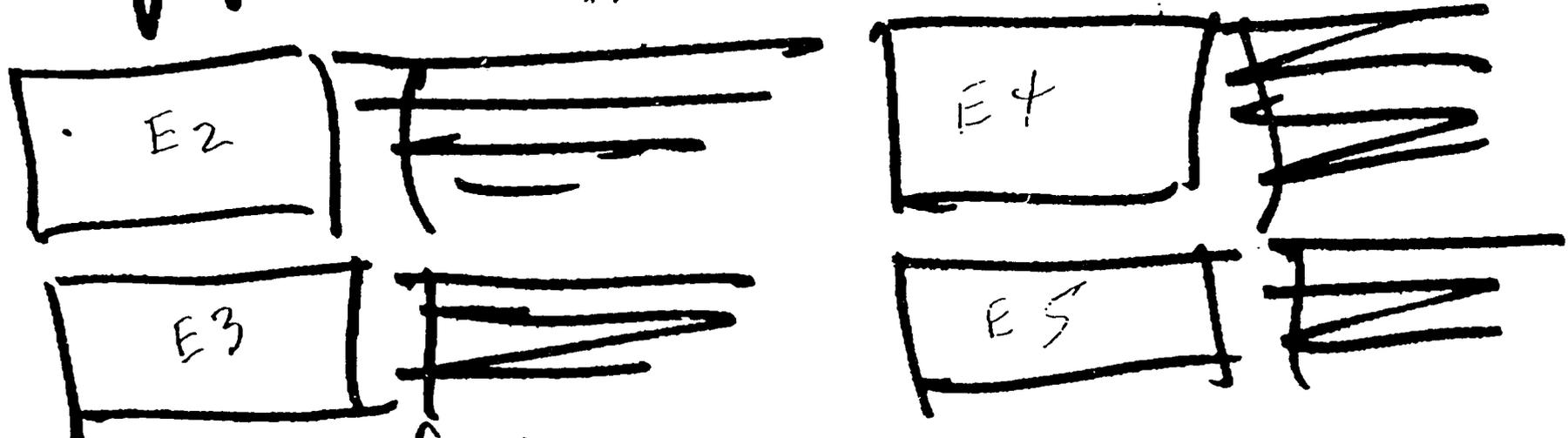




DON'T WORRY ABOUT YOUR MILK
JUST LET ^{YOUR} BABY DO THE WORK.



ALSO REMEMBER:



the New way of
BREAST FEEDING you can do it if you do it right!

HALF PAGE ADS

AD No. 1

(same
type face)

THROW AWAY THE BOTTLE.
ONLY BREASTMILK
FOR 4 TO 6 MONTHS.

Follow the rules of the
new way of breastfeeding.
No milk in a bottle. No
water. No juice. No
food of any kind except
breastmilk.

This will help keep
infection away. Your milk
is all the food the baby
needs for the first 4 to 6
months. Breastfeed
frequently.

ALSO REMEMBER:

SAME AS
E1

SAME AS
E5

SAME AS
E2

SAME AS
E6

The New Way of BREASTFEEDING! You Can Do It If You Do It Right.

A

B

C

HALF AD NO.2

THROW AWAY THE CLOCK!
YOUR BABY KNOWS WHEN IT'S TIME.

Do not breastfeed by a schedule.
Go by what the baby needs.
Whenever the baby needs to feed.

Breastfeed frequently.
That's important. The
more the baby sucks, the
better the milk flows.

ALSO REMEMBER:

E2

E3

E4

E6

HALF AD NO.3

ONLY ONE HOUR OLD
AND BREASTFEEDING.
SMART BABY?
NO! SMART MOTHER!

She knows the milk doesn't come so soon. So the earlier you start, the sooner the milk comes. The baby's sucking does the job. Let the baby do his or her work as soon and as much as possible. The more the baby does, the better for your milk.

ALSO REMEMBER:

E3

E4

E5

E6

The New Way of BREASTFEEDING! You Can Do It If You Do It Right.

A

A

B

HALF AD NO.4

The New
Way of BREASTFEEDING.

YOU CAN DO IT IF YOU DO IT RIGHT.

"When I had my baby I was afraid I could not breastfeed, that my milk would be weak and watery or too little. I was stressed. But I tried to follow the rules of the new way of breastfeeding and overcame my fears. I put my baby on my breast within a half-hour after birth and let her suck till the milk came."

All babies love breastmilk. And it comes at no cost. Pure. In a sanitary package. Always fresh. No refrigeration needed. Ready to serve.

ALSO REMEMBER:

E1

E2

E3

E4

E5

E6

HALF AD NO.5

DON'T WORRY ABOUT YOUR MILK.

JUST LET YOUR BABY DO THE WORK.

You may worry that your milk seems weak and watery, but to your baby it tastes wonderful. Let the baby feed frequently. I will keep your milk flowing.

ALSO REMEMBER:

E2

E3

E4

E5

The New Way of BREASTFEEDING! You Can Do It If You Do It Right!