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# **Community-based Breastfeeding Support: *A Guide for Trainers and Supervisors***

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for:

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# Foreword

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## **What is community-based breastfeeding support?**

Community-based support is a manner of promoting breastfeeding which focuses on identifying and strengthening the skills and abilities of community members themselves as primary resources to resolve their community's maternal and infant health and nutrition problems. To have maximum effect, community-based support for breastfeeding should build a network of mothers, who are able to exchange and transfer breastfeeding knowledge and develop the skills necessary to reach out to others in their communities. This support may include individual peer counseling, mother-to-mother support groups, and a wide variety of community education activities.

## **Why was the "Community-based Breastfeeding Support Trilogy" developed?**

In 1992 a workshop was held in Guatemala on strengthening community support for breastfeeding, with participation from Latin American Ministries of Health and non-governmental organizations. During this workshop, participants expressed the need for guidelines on development of community-based breastfeeding support activities. Three specific topics were identified: planning and implementation; training on lactation management at the community and primary health care levels; and, counseling and facilitation.

In response to the growing need for materials to strengthen the promotion and support of breastfeeding at the community level, a series of documents was developed. The materials were designed as three separate documents, intended to guide the various stages of program development at the primary health care and community level. These documents form a trilogy entitled "*Community-based Breastfeeding Support*," which includes the following:

- ▶ *A Planning Manual*
- ▶ *A Training Curriculum*
- ▶ *A Guide for Trainers and Supervisors*

## **What is the "Community-based Breastfeeding Support Trilogy"?**

The documents in this trilogy were designed to complement each other as support for breastfeeding in the community unfolds. While each volume can stand on its own, the series is intended to support a comprehensive plan for initiating, implementing, and improving community-based breastfeeding support. *A Planning Manual* is designed to help managers in NGOs and planners in Ministries of Health to create new community-based activities in support of breastfeeding, as well as to monitor, expand, or improve the breastfeeding components of existing programs. *A Training Curriculum* contains the information needed, utilizing a participatory, hands-on approach, to train volunteers and other community-level workers in the fundamentals of breastfeeding management and support, with an integrated approach to maternal and child health and nutrition. It can be easily adapted for use in different settings. *A Guide for Trainers and Supervisors* provides a detailed discussion of interpersonal counseling and facilitation skills. It also contains sections on implementation of educational and promotional activities in community-based breastfeeding programs.

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# Chapter 1: Introduction

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# Chapter 1: Introduction

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## Objectives:

After completing this chapter participants will be able to:

- 1) define community-based support for mothers and explain why it is important in promoting optimal breastfeeding; and,
- 2) use this manual for trainers and supervisors independently or in conjunction with other manuals in the *Community-based Breastfeeding Support* trilogy.

## Overview

Breastfeeding is a natural social and biological practice deeply connected to the culture of a community. Whether or not women breastfeed their babies, and if so, how they breastfeed their babies, generally depends on how each community expects women to behave. These community expectations change as a culture changes.

As Latin America becomes more urban and industrialized, women's lives are dramatically changing. More and more women are joining the paid labor force in addition to fulfilling their many responsibilities as homemakers. Working outside the home makes it much harder for a woman to exclusively breastfeed her baby for six months and to continue to breastfeed him well into his second year while giving him appropriate complementary foods.

A mother's situation in her family and community has a strong affect on her success in breastfeeding. A woman's relationship with her baby's father, her extended family, and her community may either help or limit her ability to breastfeed. For example, a mother who has several other small children as well as a new baby may feel so physically exhausted that she may choose to bottle-feed if this is the only way she can get people to help her with the baby. Or, a mother whose toddler feels jealous towards the new baby may give up breastfeeding early rather than face continuing stress in her family. A mother who returns to work and leaves her baby with a grandmother who wants to give a bottle may have no choice in the matter.

As trainers and supervisors working with community-based counselors and promoters to support pregnant and breastfeeding mothers, you need to prepare your staff to address the complete life circumstances of women and their families. This manual is designed to give you practical tools to help both paid and volunteer staff develop the skills of community-based social support.

## **Session 1: What is Community-based Support for Breastfeeding?**

### **Objectives:**

After completing this session, participants will be able to:

- 1) explain why community-based support is necessary for women to attain optimal breastfeeding; and,
- 2) explain why low-income women are especially in need of community support.

In Latin America today new mothers are often one or two generations removed from family and friends who are experienced in breastfeeding. When a community has lost its cultural wisdom about when and how to breastfeed, women need to be provided with counseling and information in order to help them continue to nurse.

### **Why Focus on Low-income Women?**

In many areas of Latin America most newborns are breastfed, but only a small percentage are breastfed exclusively until age four to six months. Most Latin American women of childbearing age need support to breastfeed; however, our primary aim is to reach low-income women. Poorer families live under conditions which increase the likelihood that bottle-fed infants will be undernourished and that they will suffer from diarrhea and acute respiratory infections.

The families we hope to reach have limited financial resources; some live under shockingly poor circumstances, barely surviving. Many have no access to health services. In general, they have received little formal education. Most live in small, simple houses, often with dirt floors and wood burning stoves, sometimes without plumbing. Many begin parenting in their teens and it is not uncommon for a woman of twenty-five to have four or more children. These women work very hard to take care of their families in difficult circumstances. Their needs include:

- ▶ food, shelter, health care, and education;
- ▶ information about health and parenting;
- ▶ practical support;
- ▶ successful models—seeing what has worked for others;
- ▶ companionship and connection with other women;
- ▶ motivation and hope for their future; and,
- ▶ understanding and respect from health care providers.

Despite the many difficult circumstances they must face each day, these women are resilient and have the necessary strength to effectively support themselves and each other. When we see them

only in terms of their needs, we lose perspective of their enormous abilities. Our task is to help them develop these abilities and to mobilize their own resources to strengthen their communities.

Women are most likely to accept support from their family and friends; in the absence of such support, we need to create community support systems on both an individual and group basis. We act as positive role models, offering practical help, encouragement, and accurate information.

“Community-based support” is a way of working which focuses on identifying and strengthening the skills and abilities of community members as the primary resource for resolving a community’s problems. To have maximum effect, community-based support for breastfeeding should build a network among mothers, transferring breastfeeding knowledge and skills to women leaders so that they can reach out to others in their communities. Such support may include individual peer counseling, mother-to-mother support groups, and a wide variety of popular education activities.

## Session 2: How to Use this Guide for Trainers and Supervisors

### Objectives:

After completing this session, participants will be able to:

- 1) identify appropriate situations in which to implement the activities described in this guide;
- 2) identify a number of ways to use the guide to strengthen community-based mother support activities; and,
- 3) identify other components of the *Community-based Breastfeeding Support* trilogy and know how to use them in conjunction with this guide.

This guide is designed for trainers and supervisors working in community-based mother support activities throughout Latin America. It should also be useful for nurses and other health workers who counsel mothers on breastfeeding. The community-based activities it describes may be implemented by NGOs focused on breastfeeding promotion, other NGOs promoting maternal and child health, by churches or through hospitals, community clinics and the Ministries of Health.

The guide is designed to follow the usual sequence of creating and implementing a community-based breastfeeding program. It offers step-by-step instructions on how to initiate and conduct outreach and mother-to-mother support activities in a wide variety of situations. It addresses how to:

- ▶ enter and begin to work in a community;
- ▶ communicate effectively;
- ▶ make individual contacts with mothers;
- ▶ establish and facilitate breastfeeding support groups;
- ▶ conduct community education activities to promote breastfeeding; and,
- ▶ provide support and supervision to breastfeeding counselors and promoters.

While it will probably prove most useful to read the guide through in its entirety, each of the chapters can stand on its own as a guide to the specific activities described. The guide draws on the actual experience of many successful program models which already exist throughout the region, and uses specific examples wherever possible. It addresses common difficulties encountered in the process of implementing a community-based breastfeeding support program and potential solutions for such difficulties. It provides references to other excellent written materials for further information on existing training and program models.

The guide can:

- ▶ be used to help plan start-up activities for the first three years of a new project;
- ▶ serve as a resource for existing projects to compare their experiences with those of other NGOs throughout the region;
- ▶ help evaluate strengths and weaknesses of existing projects; and,
- ▶ help plan and implement new components of existing projects.

The introduction and the chapters on recruiting, training, and supervising community-based breastfeeding personnel are intended to train trainers and supervisors how to work at the community level. The sessions in the following four chapters are divided into three parts:

- ▶ objectives;
- ▶ a content summary for the trainer or supervisor; and,
- ▶ a curricular module to use either for training or for ongoing supervision of breastfeeding counselors and promoters to develop their outreach, counseling and group facilitation skills.

In consideration of the wide variation in literacy levels within poorer communities, our intention is to keep the language of the curricular modules quite simple so they can be easily used at the community level.

# **Chapter 2: How to Recruit and Select Community Workers**

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# Chapter 2: How to Recruit and Select Community Workers

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## Objectives:

After completing this chapter trainers and supervisors will be able to:

- 1) build a relationship with existing community leadership to create support for breastfeeding; and,
- 2) mobilize the community to identify and select community personnel to support breastfeeding.

## Overview

Trainers and supervisors, as representatives of the sponsoring agency or NGO, are usually the staff members responsible for outreach to the community and for helping with community recruitment and selection of breastfeeding counselors and promoters. In order to build community-based support for breastfeeding mothers, we must first create a strong, positive relationship with the community.

## Personal Connections

The most important part of any outreach activity is making personal connections. A critical difference between community-based mother support activities and more formal health care interventions is the personal quality of the relationships established between the organizations' staff, the community counselors or promoters, and the families being served.

Establishing and strengthening personal relationships is a process which takes time and patience. It is an investment in the human potential of a community, based on a belief that the real resources for change and health lie within that community.

## **Session 1: How to Identify Community Leaders**

### **Objectives:**

After completing this session, trainers and supervisors will be able to:

- 1) begin collaborations with existing community-based organizations;
- 2) contact formal community leaders to seek their support for breastfeeding;
- 3) identify and work with informal community leaders to seek their support for breastfeeding; and,
- 4) begin work to support breastfeeding in a rural community.

### **Collaborating with Existing Community-based Organizations**

Sometimes a breastfeeding project will begin to work in a community by collaborating with an existing NGO or other community-based health or service organization, utilizing their staff and volunteers to promote breastfeeding. While the decisions whether and where to collaborate will usually be made by the managers of the breastfeeding project, trainers and supervisors should be included in the project planning process.

As trainers and supervisors, you will be the primary staff to implement the collaboration at the community level. You will need to work closely with the staff of the collaborating organization to build their personal support for breastfeeding, in the same ways you work with other community members. You may already have established relationships with staff of the other community organizations. If not, get to know the staff members, to understand their values and goals, and to relate breastfeeding to their existing concerns.

### **Entering a New Community**

In many communities no appropriate organization for such a collaboration exists. As the representative of a breastfeeding organization entering a new community, look for both the formal and the informal webs of community organization. Identify the formal leaders and seek their support. Talk with:

- ▶ elected leaders;
- ▶ NGOs operating in the community;
- ▶ community councils;
- ▶ doctors and nurses;
- ▶ midwives;

- ▶ teachers; and,
- ▶ ministers and church officials.

### **Identifying Informal Leaders**

While it is essential to connect with formal leaders, it is equally important to find the women and men who community members seek out to help with the problems and issues of their daily lives. The informal leaders we seek will usually include:

- ▶ lay midwives;
- ▶ traditional healers;
- ▶ grandmothers of large families; and
- ▶ women who run a community kitchen or corner store.

These are the women who are a quiet presence in the community, who know what is needed and who make sure that these needs are met.

To locate these informal leaders, ask people in the community who they turn to for advice and practical help. Make a list of those named; certain names will recur over and over.

- 1) Ask to be introduced to these individuals, and arrange to spend a morning or afternoon with them;
- 2) Let these informal leaders know they are held in high esteem by the community;
- 3) Ask them to help you bring a valuable service to the community; and,
- 4) Offer them training to build their skills if they choose to work with your program.

**Example**

Here is an example of how to approach an informal leader and to solicit her participation in your breastfeeding support program.

**Community Worker:** “Doña Sofia, we are here from (name of your organization) to offer a training program which will build the health of the women and children of your community. Do you know that nearly everyone in your community names you as someone they turn to for advice or help?”

**Doña Sofia:** “I do like to talk with people. Where did you say you were from?”

**Community Worker:** “I work with (name of organization). Our goal is to help your community to have healthier babies. We would like to work with you to support the things you are already doing to help your community, and to see if we can help you be even more effective. Would you like to come to a meeting to find out more about it?”

**Doña Sofia:** “I would like to hear more about it. When is the meeting?”

**Rural Areas**

In small or rural communities there are usually fewer formal leaders to approach. However, virtually every community has at least one official “leader” who needs to be contacted to enlist his support and permission for our work. To work in rural areas, it is important to see if the networks of support from the closest larger communities extend out into the surrounding areas. You will probably need to look beyond purely health related contacts, such as family planning, immunization, and growth monitoring programs, to include agricultural agents, food distribution systems, and traveling pastors.

What is crucial is that you are introduced to the community by someone who is known and liked in the community. Rural people may be quite mistrustful of outside “experts.” Rural communities may have limited experience with social programs, and the experience they have had may have been negative if they have been subjected to paternalistic “helpers” who see them as backward and incompetent.

## **Session 2: How to Win Community Support for the Importance of Breastfeeding**

### **Objectives:**

After completing this session, trainers and supervisors will be able to:

- 1) make themselves known to the community as breastfeeding advocates; and,
- 2) link the community's goals to breastfeeding.

### **Making Yourself Known**

In entering a community, assume the role of friendly observer. Get a respected community member to introduce you to people, if possible. Watch and listen much more than you talk. When you do talk, it is not in the capacity of teacher, or expert, but of a peer.

Talk in order to let people know you; be as open as possible. Talk about:

- ▶ your own family—your children if you have some;
- ▶ what it was like to breastfeed;
- ▶ why you love this work; and,
- ▶ common threads between your life and the lives of the women you are meeting.

Your goal is to make people feel safe with you, even though you are not from their community.

### **Focus on People's Own Concerns and Goals**

It is good to talk about your health concerns for the community, and why you think breastfeeding and infant care are important. However, it is best to do so briefly, in a general way, in order to open a conversation that will focus on people's own concerns and goals for their community, for women and children's health.

### **Link the Community's Goals to Breastfeeding**

Be patient. Talk slowly. Allow silences. Listen and wait. The process of becoming known and accepted may take several visits, especially in rural areas where people may be very wary of outsiders. Once you feel a warm, positive connection building, you can begin to link some of your ideas about community support for breastfeeding with people's other concerns.

Ask the people you talk with to personally introduce you to other community members to discuss their needs and hopes for their children. Ask general questions, like:

- ▶ How are your children? Do they seem healthy and strong, or have they been ill recently?
- ▶ How are your neighbors' children?
- ▶ What are your ideas about how to improve your children's health?

Use the community members' responses to begin a conversation on the benefits of breastfeeding and how it can address the problems they are experiencing. Keep a positive focus. Tell people about the skills and training which your organization can provide to them as a community resource.

### **Session 3: Selection and Recruitment of Breastfeeding Counselors and Promoters**

#### **Objectives:**

After completing this session, trainers and supervisors will be able to :

- 1) create criteria for breastfeeding counselors and promoters; and,
- 2) identify and select potential counselors and promoters.

#### **Characteristics of Successful Breastfeeding Counselors and Promoters**

Before beginning to recruit potential counselors and promoters, it is important to set clear criteria for their selection. Both counselors and promoters share certain common characteristics; however, there are differences between them, both in life experience and sometimes in personality.

Here are some sample criteria which have been used by La Leche League International throughout Latin America to select breastfeeding counselors:

- ▶ The potential counselor must have had one successful experience breastfeeding of at least one year duration;
- ▶ The counselor must be eighteen years of age or older;
- ▶ Mothers must be respected in the community where they will work as counselors;
- ▶ The potential counselor must believe in breastfeeding based on her personal experience and desire to share this conviction with others; and,
- ▶ She must have a strong desire to help others.

A breastfeeding promoter does not have to be a woman with breastfeeding experience; he or she may be someone who has never breastfed, who has a strong conviction about the importance of breastfeeding and a desire to share this with others. A promoter does not usually offer personal counseling to mothers. Some individuals who do not particularly enjoy one-on-one contact, who may be more extroverted and enjoy public speaking, or who are oriented more towards action and community development may make excellent promoters.

#### **Considerations in Rural Areas**

In a rural area, counselors and promoters should be permanent residents without plans to migrate out of the area. In a traditional community, age may be a more important factor in choosing successful breastfeeding advocates. It is also essential that the woman's husband supports her involvement in the community breastfeeding program and will allow her to devote the necessary

time to training and counseling, to give individual and group support to mothers, and to provide community education.

### **Profile of Breastfeeding Counselors**

A 1991 survey of breastfeeding counselors in Central America showed that only about one third have completed a secondary or professional education. most have only a primary education or little or no schooling. Formal education is not necessary to be a successful breastfeeding counselor or promoter.

The same study found that most counselors have several children and work at home; in addition to their homemaker activities they cut hair, wash clothes, make tortillas, sell things, etc. The majority do not own their homes; they rent or live with family members. From this we can conclude that successful counselors are typical members of the community in which they work.

### **How to Locate Potential Counselors and Promoters**

In order to recruit the first group of breastfeeding counselors and promoters, use the connections you have made with both formal and informal community leaders.

- ▶ Ask any of the leaders who meet your criteria if they would like to participate as a counselor or promoter;
- ▶ Ask them for suggestions of potential counselors;
- ▶ Ask personnel at the health centers for suggestions; and,
- ▶ As you follow up on these suggestions, ask everyone you meet for additional ideas;

In beginning a new program, people are often recruited who are already working as midwives, as auxiliary nurses, or as community health promoters. In a rural area where there are fewer people, your counselors and promoters will probably be drawn from the people who are already involved in other community activities.

### **Outreach by Word-of-Mouth**

Within the community, informal word of mouth is much more effective than a formal recruitment campaign based on mass communication (fliers, radio or television, advertisements in newspapers or magazines, etc.). If you have identified several community members who are already supportive of breastfeeding, involve them in making outreach presentations to community groups, NGOs, mothers clubs, neighborhood health committees, churches, patronatos, and schools. Once community support for your breastfeeding program develops, most new breastfeeding counselors

and promoters will be recruited through the mother support groups, through community education activities, or by referral from existing counselors or promoters.

#### Example

One strategy, effective in urban and peri-urban areas, used by La Liga de Lactancia Materna de Honduras, is to invite all potential counselors to a series of pre-training or orientation meetings. If the community already has an active health committee, the pre-training can be co-sponsored by that committee. At these pre-trainings, LLLM staff presents basic theory about breastfeeding: the advantages of breastfeeding, anatomy of breastfeeding, and the solution of common breastfeeding problems.

During the pre-training, LLLM staff look for the most active participants, those who have prior experience working in the community or counseling mothers, those who ask questions, and who seem self-confident and very enthusiastic. They look for women who are punctual, friendly, and who have no serious problems at home. Staff determines which potential volunteers to invite to take the breastfeeding counselor training course. Approximately half of the women attending a pre-training will be invited to attend the breastfeeding counselor training course.

# Chapter 3: How to Train Community Workers

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# Chapter 3:

## How to Train Community Workers

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### Objectives:

After completing this chapter trainers will be able to:

- 1) implement training activities based upon adult learning principles;
- 2) utilize participatory training methods appropriate for work in the community; and,
- 3) design and plan a training workshop for breastfeeding counselors and promoters.

### Overview

Training is best understood not as an event but as a process. By training community breastfeeding personnel over a period of time, we build a learning relationship which allows us to evaluate the trainees' understanding and skills in order to improve their capacity to support breastfeeding mothers. A training course may begin with an intensive workshop, but follow-up sessions are critical and should be extended over several weeks or months after the initial intensive course.

It may be a challenge to arrange an extended training schedule in rural areas where transportation is difficult and potential counselors live far from one another and from a central training site. To address this challenge, training sessions in rural communities may be scheduled to coincide with Saturday markets, church activities, or other community events which generally attract people from the surrounding countryside.

Once the participants have completed their training and are certified as community breastfeeding counselors or promoters, they will need ongoing support and supervised practical experience in order to apply what they have learned. Please see Chapter 4 of this for more information on mentoring and supervision.

## **Session 1: The Trainer's Role**

### **Objectives:**

After completing this session, trainers will be able to:

- 1) explain the role of the trainer in implementing a community based breastfeeding program;
- 2) use adult learning principles to design appropriate training activities; and,
- 3) utilize participatory training methods to train community counselors and promoters.

### **Trainer's Role**

A trainer teaches breastfeeding counselors and promoters by modeling behaviors necessary to work in the community. To be effective role models, trainers must have personal experience working in the community. This should be a criterion for the selection of community trainers.

It is critically important that trainers respect the community and that they can communicate in a way that makes sense to community members. It is easier to take someone with solid experience working in the community and teach them how to be an effective trainer than to take someone with formal preparation as a trainer and teach them how to work at the community level.

If at all possible, trainings should be led by two or more trainers, so that they can offer a variety of training styles and model how to work in a team. Moreover, when there are two or more trainers they can alternate sessions which is an effective way to keep participants attentive and focused. (See section on co-facilitation in Chapter 8: Meeting with Mothers in Groups).

### **Practical Learning Principles**

An effective trainer approaches the participants in a workshop as peers and forms a collaborative working relationship with them. She knows that most of the trainees will have had authoritarian learning experiences as children in which they were lectured and criticized by their teachers. Their expectations of a training will be influenced by these early school experiences; they will probably be afraid of making mistakes, which may inhibit their full participation in learning.

The trainer knows that the women she is training already have a practical knowledge of breastfeeding based on their own experiences and traditions. Her job is to help them bring their knowledge to the surface, by treating the participants respectfully and helping them to feel safe enough to talk openly about their own experiences.

Effective training applies well-tested information and principles to real life situations. The counselors and promoters we train know the real conditions in their communities. They are the ones who will be responsible for finding practical ways to use the information provided in the training. The trainer needs to promote their active input and involvement to make the training workshop useful.

#### Adult Learning Principles

Here are some adult learning principles, adapted from *Train-The-Trainer* by Penny Ittner and Alex Douds, which will assist the trainer in engaging the participants:

- ▶ Focus on real world problems;
- ▶ Emphasize how the learning can be applied;
- ▶ Relate the training to the participants' goals;
- ▶ Relate the training to the participants' experiences;
- ▶ Encourage discussion of ideas;
- ▶ Encourage participants to teach one another; and,
- ▶ Treat participants as peers.

When training is based upon these adult learning principles, participants will feel more involved in the training process and will be able to utilize what they have learned.

#### Training Methodology

Training that is primarily theoretical and didactic is not effective. Explanations and theory should be given in brief segments, with many practical examples. Trainers need to ask many questions of the participants, to help them relate the new material to experiences that are familiar to them. They need to feel that their input is valuable to the group and to the trainer.

During the training sessions trainers and supervisors model effective individual counseling and group contacts in community work. The trainees practice what they've learned in order to deepen their learning and skills.

### Example

The methodology of the training course should mirror the skills the counselors and promoters will be expected to use in their communities. For example, in Recife, Brazil, ORIGEM trains breastfeeding promoters to conduct community health assessments as well as health education sessions on breastfeeding. In training the promoters ORIGEM uses the same health questionnaires the promoters will use in the community, and shows them how to make and use breastfeeding dolls which they also will reproduce at the community level.

### Low-literacy Educational Materials

Because many counselors and promoters have a limited level of formal education, training should rely on participatory discussions, practical demonstrations and on-the-job supervision rather than on self-study of written materials. When using written materials, the language level should be quite simple, using idioms familiar in the region.

### Guidelines for Language in Training Materials

Felicity Savage and Peter Godwin have written about how to simplify language in training materials. They suggest the following clear guidelines:

- ▶ Use short sentences;
- ▶ Keep each idea in one simple sentence;
- ▶ Use simple, familiar words;
- ▶ Use the same word each time;
- ▶ Make positive sentences;
- ▶ Make active sentences;
- ▶ Use few pronouns;
- ▶ Use simple present or past tenses; and,
- ▶ Explain things in a clear, logical order.

Visual aids reinforce the verbal message of the trainer and should be used frequently in a training. Visual aids should either be clear photographs or simple drawings which are easily recognizable within the community. Written descriptions of images should be brief and to the point. Three-dimensional physical models are especially useful.

The training agenda should include exercises which help the trainers and supervisors construct their own models and training materials to use when they begin to work in their communities.

When video technology is available, it is an extremely useful teaching tool as it allows the new counselors to see themselves in action and discover ways to improve their performance.

## **Session 2: How to Plan a Training Workshop**

### **Objectives:**

After completing this session, trainers will be able to:

- 1) identify and prioritize topics to be included in a training workshop;
- 2) choose a variety of training activities to present the course content; and,
- 3) set a realistic agenda for a training workshop.

### **Curricula for Breastfeeding Counselors and Promoters**

A breastfeeding counselor training course must combine:

- ▶ information on breastfeeding;
- ▶ clinical training;
- ▶ skills development on peer counseling;
- ▶ skills development on mother support group facilitation; and,
- ▶ development of community education techniques.

Breastfeeding promoters may be included in the general counselor training, or they may be given a separate course without the clinical focus and with additional skills development on outreach, public speaking and community development activities. This guide will focus on the peer counseling, group facilitation, and community education techniques needed by both counselors and promoters.

### **Community Involvement in Planning a Workshop**

As a trainer you may be creating a course from scratch or you may be adapting already developed training materials to the specific needs of the community.

It is extremely valuable to ask participants what they see as their needs before you plan the training. In addition, it is helpful to involve experienced breastfeeding counselors in planning the training, and in developing and adapting the curriculum in order to address the training to the situations they actually face. By involving the counselors in planning a workshop, they learn additional skills which they are able to pass on to their community.

### **Developing a Training Program**

The following describes a typical sequence of events for developing a training program:

### ***Define the Course Content***

- 1) Establish a planning group that includes trainers, supervisors, and experienced breastfeeding counselors.
- 2) Define the target audience for the training.
  - a) Will they be new volunteers with little information about breastfeeding and counseling, or experienced health promoters or health personnel?
  - b) What is their education level and family background?
- 3) Determine the goals for the training: what do you want the participants to be able to do as a result of the training?
  - a) List community problems this training will address.
  - b) Rate the importance of these problems by frequency, severity, affect on families, and affect on community.
  - c) What could a counselor/promoter could do about these problems?
  - d) How easy would it be for the counselors to learn this behavior?
- 4) Based upon the above analysis, what skills will breastfeeding counselors and promoters need to accomplish these goals?
- 5) Break these skills down into small, teachable behaviors.
- 6) Which of these behaviors are best learned in a formal training workshop and which by supervised practice?
- 7) Set your priorities for which skills to teach in this workshop.
- 8) Design workshop evaluation to measure application of these skills.

### ***Choose a Variety of Activities to Teach Each Skill***

The following list of training methods are adapted from *Train-The-Trainer* by Penny Ittner and Alex Douds:

Lecture/Discussion	Trainer presents information verbally followed by discussion and/or questions and answers.
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Demonstration	Trainer models the desired behavior.
Visual aids/Flip charts	Combining pictures and simple words.
Case study	Trainer presents a “real life” situation or problem for participants to resolve.
Brainstorm	Participants state as many ideas as possible, without criticism or evaluation. Ideas are listed on flip chart.
Ice breaker	A game or activity to help people get to know one another in a relaxed way.
Exercise	Participants practice a new skill in pairs or small groups.
Role play	Participants act out roles in a skit, to experience a situation.
Peer support	Participants exchange information and resources.

### *Organize the Workshop Agenda*

In setting the workshop agenda there are several factors you should keep in mind:

- ▶ present basic skills early and practice them often;
- ▶ vary training methods and experiences;
- ▶ present topics in a logical sequence;
- ▶ schedule more playful activities after lunch;
- ▶ adjust the amount of time given an activity according to the importance of the topic;
- ▶ practice your activities to see how much time they really take;
- ▶ build extra time into the agenda to accommodate unexpected circumstance;
- ▶ allow breaks for mothers to attend to their children and other needs; and,
- ▶ schedule the workshop to take into account participants’ travel time.

### *Evaluate the Workshop*

The evaluation of the workshop must be done in a way that respects the limited formal education of the participants. Rather than using written pre- and post-tests ask participants to respond to a case situation that requires them to use the desired behaviors. Do this at the beginning of the training session and again at the end of the session. Assess their improvement in knowledge, skills and attitudes.

### Example

For example: When we want to evaluate the counselors' skills in giving information without giving advice, we can read them a case example of a mother who has not yet decided whether to breastfeed or give formula.

We observe:

- 1) if they give orders to the mother,
- 2) if they say, "You must..." or "You have to...";
- 3) if the information they are giving responds to the problems expressed by the mother; and,
- 4) if the information they give is adequate.

At the end of the session, we observe the counselors in general, to see if they have understood the lesson. We note those who are having difficulty as well as those who are silent, in order to be sure to give them extra attention during the training and in ongoing supervision and follow-up.

## Session 3: How to Prepare for a Training Workshop

### Objectives:

After completing this session, trainers will be able to:

- 1) identify practical considerations to be addressed prior to the training workshop; and,
- 2) create a timeline for tasks prior to the workshop.

### Pre-training Preparation

For a training workshop to be successful, careful attention must be paid to practical considerations such as transportation, food, and childcare.

*Transportation* Providing transportation from the participants' homes to the workshop assures their participation and punctuality, so that the agenda may be followed. If this is not possible, participants must be given funds for transportation. In a city, participants may need assistance in using public transportation to the workshop. You must pay attention to safety issues such when and where it is safe to travel.

*Food* Mothers will often arrive at a morning workshop without having eaten, because they have so many responsibilities to attend to before leaving the house. It is essential to provide nutritious food by mid-morning so they can have the attention to learn. Be sure to have water, cups, and napkins. A day-long workshop should also include lunch and an afternoon coffee break. Food must also be provided for children brought to the workshop.

*Childcare* If at all possible, mothers should be encouraged to make their own childcare arrangements for school age children. Mothers will usually keep nursing babies with them during the training. Childcare for toddlers should include activities and games that will educate as well as occupy them. Sometimes mothers will take turns helping the childcare providers. This is an opportunity to teach the mothers positive ways to interact with their children. (See section on children in the group in Chapter 8: Meeting with Mothers in Groups).

The site for the workshop should be chosen with consideration for the comfort of the participants. Chairs should be arranged in a circle to create a sense of open communication. The trainer also sits in the circle of participants as a member of the group.

## Teaching Materials

It is important to decide which parts of the course each trainer will facilitate and to have materials ready for each session.

- ▶ All supplies (flip charts, markers, materials for activities) should be organized in advance and should be easily accessible during the workshop.
- ▶ Check any equipment that runs on electricity to make sure that it works and that you know how to use it. Don't forget extension cords, batteries and alternative ways to present the material in an emergency.
- ▶ It is important to pre-test any games and activities you will be using during the workshop, and to make sure all of the pieces are present.

<b>Pre-workshop Timeline</b>	
<i>Activity</i>	<i>Time Before Training</i>
1. Form Workshop Planning Team	10 weeks
2. Locate Site	9 weeks
3. Select Training Content	8 weeks
4. Design Training Agenda	6 weeks
5. Develop and Practice Activities	5 weeks
6. Begin Outreach for Participants	4 weeks
7. Confirm Participants to Attend	2 weeks
8. Logistics	2 weeks
9. Conduct Training	
10. Begin Follow-up	No more than a month after the training

Completing the following worksheet, adapted from *Community-based Breastfeeding Support: A Planning Manual* will ensure that you are prepared prior to conducting a workshop:

**Workshop Preparation Requirements and  
Equipment and Supplies Checklist**

**I. Preparation**

- Curriculum prepared or adapted
- Date set
- Site selected
- Restrooms
- Refreshments
- Childcare
- Participants selected

**II. Equipment and Supplies**

- flip charts and colored markers
- audiovisual equipment, if needed, with extra bulbs
- extension cords and plugs
- visual aids
- materials for games and activities
- handouts or training packets for participants
- name tags
- masking tape
- scissors
- blank paper
- pens or pencils

# Chapter 4: Follow-up and Supervision for Counselors and Promoters

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# Chapter 4: Follow-up and Supervision for Counselors and Promoters

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## Objectives:

After completing this chapter trainers and supervisors will be able to:

- 1) form and sustain personal, ongoing supervisory relationships with breastfeeding counselors and promoters to encourage their continued learning and skill development;
- 2) assist community personnel to monitor their activities and keep accurate records in a way that promotes the growth of the individual counselors as well as the organization as a whole;
- 3) assist counselors and promoters to create and sustain a variety of forms of peer consultation and support; and,
- 4) promote continued active and enthusiastic participation of community breastfeeding personnel.

## Overview

The initial training we provide for breastfeeding counselors and promoters allows them to begin to work in the community. In order to develop and strengthen their skills, we need to provide them with ongoing learning experiences and peer support.

This chapter is focused on ways supervisors and trainers can structure this ongoing learning. It also addresses how to utilize processes of monitoring and recordkeeping to strengthen the breastfeeding organization.

## Session 1: Supervision and Mentorship

### Objectives:

After completing this session, trainers and supervisors will be able to:

- 1) build and sustain positive mentoring relationships;
- 2) promote ongoing learning of breastfeeding counselors and promoters by modeling community contacts;
- 3) utilize regular meetings of institutional and volunteer staff to build a comprehensive team; and,
- 4) conduct group supervision sessions.

### What Is a Positive Supervisory or Mentoring Relationship?

For most people, supervision brings to mind a top-down relationship in which a powerful person watches over and disciplines people under his control. Many community organizations are trying to create a more supportive supervisory relationship in which the more experienced person assumes a helping role and gives suggestions rather than orders. This kind of positive supervisory relationship is sometimes called “mentorship.”

In a mentoring relationship:

- ▶ the supervisor and counselor work together as peers;
- ▶ both the less-experienced counselor and the more-experienced supervisor set goals together;
- ▶ goals are adapted to take into account each individual’s strengths and weaknesses; and,
- ▶ the counselor also helps the supervisor define and evaluate her own goals for growth.

Each breastfeeding counselor and promoter needs regular contact with a more experienced person in order to reflect on her experience, to learn from both her successes and her mistakes. Consistent contact is necessary to build trust and to reinforce a new process of thinking and acting. This support person may be either the trainer, supervisor, another staff member from a sponsoring breastfeeding NGO or public health institution, or a more experienced counselor.

The supervisor should take into account that the counselor may feel reluctant or uncomfortable when asked to talk about her personal feelings. When the counselor feels cautious or defensive, it is harder for her to learn effective counseling skills and to accept personalized supervision. Forming a personal relationship between the supervisor and the counselor will help create

comfort and confidence. In some cases, the supervisor may want to visit the counselor at home, meet her family, and better understand her personal situation.

**Supervision and Mentorship:  
More than Temporary Relief from Distress**

adapted from *Learning through Supervision and Mentorship: A Source Book*  
ZERO to THREE/National Center for Clinical Infant Programs

Supervisory and mentorship relationships embody what some call the golden rule of supervision: "Do unto others as you would have them do unto others."

Supervisory and mentoring relationships provide opportunities for the individual participant to:

- ▶ deepen and broaden knowledge and skills;
- ▶ have regularly-scheduled time in a safe environment to think about her personal reactions and experiences in her work as a counselor;
- ▶ discuss individual goals and measure progress toward them;
- ▶ develop self-understanding and learn how to use her own individual style effectively; and,
- ▶ learn from a more experienced practitioner who describes why and how she works as she does and also discusses her own success and failures.

Positive and respectful mentoring relationships strengthen the entire breastfeeding organization. As each member of the team grows she uses her abilities to help newer members to develop. Often, the ideal mentor will be one of the trainers from the breastfeeding volunteer training course, who will already have established a trusting relationship with the new counselors.

**Setting Goals**

In order to constantly improve the counselor's performance and for the agency to achieve its overall goals, it is important to be very clear with each counselor what we expect from her and what she needs from us.

Each counselor or promoter should have specific objectives for numbers of families to contact, numbers of support group meetings to be held each month, number of community presentations to organize each month, etc. They also should set objectives for skill development, such as “improve counseling skills,” “learn how to create and conduct community education activities,” etc. It is essential that these goals be jointly established by the supervisor and the counselor or promoter, and that they not be externally imposed without discussion. Even when funding or administrative requirements of the sponsoring organization dictate overall objectives, translating these requirements into concrete activities for the counselors must be a participatory process.

#### Example

For example: A breastfeeding NGO estimates that each community-based counselor will work with 30 families in her neighborhood. She will visit all of them to complete a baseline diagnostic survey and to see if anyone is pregnant or has children under one year old. She will maintain a data sheet for each eligible family, which she keeps in a notebook. The counselor is expected to visit each pregnant woman and nursing mother at specified intervals, and to conduct a monthly mothers support group for her neighborhood.

Martita is a new breastfeeding counselor who is very well liked and respected by her neighbors. She has had very little formal education, and is overwhelmed by the data sheet. Also, she feels she cannot possibly work with 30 families. Martita’s supervisor is sensitive to her feelings. She suggests that Martita begin with only ten families and add two more families each month. She also offers to help Martita keep up the data sheets for the first three months.

### Modeling Community Contacts

New breastfeeding counselors learn by watching, then by doing. Here are some ways to model community contacts to new counselors:

- ▶ a more experienced person accompanies each new counselor on home visits for her first month or two of work in the community;
- ▶ new facilitators of mother support groups are paired with experienced co-facilitators for the first six sessions;
- ▶ in rural areas, a new counselor may go to spend the day with an experienced counselor from a neighboring community; and,

- ▶ community education events are planned and implemented by teams who have varied levels of experience in organizing educational activities including community members as well as breastfeeding promoters.

When the mentor makes home visits with a new counselor, it is important to define roles—who will be “up front” in interacting with the mothers, and who will be observing. At first, the new counselor will want to observe, but after one or two weeks it will be more helpful for her to interact with the mothers while the mentor assumes a supportive, consultant role. Even if the new counselor feels shy or nervous, she is more likely to learn by doing than by just watching. The mentor should resist both the counselor’s and the mothers’ attempts to address her as the “real expert,” leaving the new counselor out of conversations.

#### Example

For example: Doña Graciela, an experienced counselor, and Irma, a new counselor, are visiting Conchita and her newborn daughter at home. Conchita’s mother, Doña Ana, is also at home. Doña Ana is insisting that the baby needs water because it is hot and the baby is thirsty. Conchita turns to Doña Graciela for support, saying, “I thought the baby only needs to nurse.” Doña Graciela resists the temptation to answer Conchita directly, and instead turns to Irma, asking, “Do you remember last week in the support group when somebody had the same question? What did the other mothers tell her?” Irma is then able to give the correct information.

Modeling community education activities follows along similar lines. For example, if a new promoter is going to teach a cooking class, the supervisor or mentor needs to practice preparing the recipe with her and the promoter needs to rehearse teaching about nutritional foods before her session with the mothers. Then, during the actual class, the mentor stays in the background and allows the new promoter to lead the session. Afterwards the promoter and mentor will meet to discuss what went well in the session and what might be improved in future sessions.

#### Regular Meetings of Counselors and Staff

For mentoring relationships to be successful, each new counselor needs regular meeting times with her supervisor or a more experienced counselor—ideally, weekly for the first three to four months, and at least monthly thereafter.

During these supervisory meeting times the counselor and supervisor will review the goals they have set together and revise them as the counselor progresses in her skills. It is usually helpful to allow the counselor to assess her own progress before the supervisor talks of her perceptions.

In this way, the counselor will be less fearful and will be able to bring up her own concerns without the supervisor controlling the interaction.

In rural areas, it may be very hard logistically to keep such a frequent supervision schedule. It may be difficult for the supervisor to reach the counselors; when traveling alone, she will need some form of reliable transportation for her own safety and security. In such rural settings, group supervision and peer supervision between counselors will become more important.

### **Sample Format to Structure a Mentoring Session**

First the counselor or promoter responds to the following questions:

- 1) How are you doing in relation to your goals?
- 2) What have you done well? What would you like to improve, and how?
- 3) What are you pleased with about your overall work in the community?
- 4) What help and support do you need to do your work?
- 5) What is working well in this mentoring relationship? How would you like to improve it?

After she has finished, the mentor answers the same questions about the counselor's work. Then they set goals together for the next session.

### **Group Supervision**

In addition to regular individual contacts between supervisors and new counselors, volunteers need regular monthly meetings with staff members of the sponsoring breastfeeding organization. These meetings can be focused on peer consultation, in-service training, evaluation, and planning. They may follow an adapted version of the meeting structure used for mother support groups. (See Chapter 8: Meeting with Mothers in Groups).

By combining a variety of levels of staff and volunteers in each supervision group, women can learn from one another and the organization develops a stronger sense of unity. When staff and volunteers meet separately for training, evaluation and planning, volunteers may feel like second-class members of the organization, who contribute services but are not involved in setting the overall direction of the work.

## Session 2: Monitoring and Follow-up/Recordkeeping

### Objectives:

After completing this session, supervisors will be able to:

- 1) design simple and brief monitoring/data collection forms for use by the community breastfeeding personnel;
- 2) use the review of data collection forms to help counselors and identify and address common issues in their work in the community; and,
- 3) assure that the review of data collection forms is a positive and supportive experience for breastfeeding counselors and promoters.

### Design of Simple Data Collection Forms

Both staff and counselors need to keep track of the families they serve, and of their own activities.

We collect data and keep accurate records in order to:

- ▶ be accountable to the community and to funders to meet our goals;
- ▶ evaluate the effectiveness of our activities;
- ▶ keep track of mothers and their needs;
- ▶ modify the way we work; and,
- ▶ plan our future actions in community support for breastfeeding mothers.

It is important to keep monitoring forms simple and brief. Neither staff or volunteers appreciate spending hours completing data forms. Many excellent volunteers may leave the organization due to excess paperwork.

Some counselors may be illiterate or marginally literate. Therefore, forms which use symbols are very helpful. A sample form which includes information on all maternal and child health activities in the community and can be adapted to local needs can be found in Chapter 11: Monitoring and Evaluating the Program of *Community-based Breastfeeding Support: A Planning Manual*.

Here is an example of how the monitoring form can be used by a counselor to help keep track of mothers and their needs:

**Example**

Consuelo is a mother of a five month old baby who has attended the support group since she was eight months pregnant. She missed the group meeting last month, and she did not attend again this month.

The group facilitator decides to look at her monitoring form to follow-up on members who are missing meetings, and notices that Consuelo is probably beginning to give her baby complementary foods. She realizes that Consuelo is likely to resume ovulating and that she needs to talk with her about family planning. She schedules a home visit in order to talk with Consuelo.

**Using Monitoring Sessions to Identify and Address Common Issues**

Too often, counselors are asked to complete data collection forms without fully understanding why recordkeeping is important, or how it can contribute to improving their work. We need to help the counselors and promoters make a bridge between the data collection forms and their experiences in the community.

The supervisor reviews data collection forms in monitoring sessions to help the counselors identify common issues which they face. She then asks who in the group has had experience dealing with these issues and begins a group discussion, drawing out successful counselors as role models to the group.

Here is an example of one way to review data collection forms in a monitoring session:

### Example

Nora is a trainer providing initial training to volunteer breastfeeding counselors in a community based program. She is explaining the importance of keeping up the group monitoring form.

She says, "It is important to fill out the support group meeting forms because they help to identify the kinds of help mothers need. When you register a new group member, don't only put down her name, write down other information such as the number of children she has, whether she breastfed them, if she is pregnant, and if so, how many months pregnant. This will help remind you when to visit the mother at home, and what topics to cover in the group.

In Doña Sofia's group yesterday, a mother who was already in her ninth month of pregnancy attended for the first time. Her baby was due in two weeks. When Doña Sofia completed the registration form she realized that the woman would have her baby before the next support group meeting. She also found, in completing the form, that this was the woman's first child and she had no experience breastfeeding. Doña Sofia guided the group meeting to be sure the woman received all the information she would need to successfully start breastfeeding when the baby was born. She also noted when she would have to make a postpartum follow-up home visit to the mother.

### Making Monitoring Sessions a Supportive Experience

It is important that the counselors experience reviewing their data forms as a positive and supportive process, and that they not feel judged or criticized for not meeting the agency's standards. In monitoring sessions, supervisors should emphasize that the quality of our contacts with mothers is more important than the number of contacts. This may be difficult when the supervisors and the sponsoring breastfeeding organization are under pressure to perform according to simple numerical standards.

The following illustration shows one way to use the review of data collection forms within a volunteer supervision group in order to build members motivation:

### Example

A supervisor was conducting a monthly supervision session with a group of experienced breastfeeding counselors. Most of the women reported ten or more informal contacts with mothers in the community. Two women were reluctant to speak, and when it was their turn, one said she had only visited one mother and the other said that she had made only three contacts. The supervisor asked them to explain a little more.

The first counselor, Rosita, said that she had made seven visits to only one mother who had stopped breastfeeding for a week when she had measles. Even though the mother had been taught by the nurse at the clinic how to relactate the baby, she needed a great deal of support. The supervisor asked Rosita to share with the group exactly what she did to help the mother so everyone could learn from her experience. She congratulated Rosita on her achievement.

The second counselor, Carmen, was very apologetic and explained that her daughter had been ill and she had not been able to work as a counselor this month. The supervisor asked if her daughter was better and if Carmen needed help. Carmen asked if any of the other counselors could facilitate her support group and visit two of her mothers who were due to have their babies. Several other counselors offered to help.

### **Session 3: Peer Consultation and Support among Counselors**

#### **Objectives:**

After completing this session, participants will be able to:

- 1) identify various forms of peer consultation which are helpful to community breastfeeding personnel; and,
- 2) explain the value of peer consultation as well as how to develop peer support networks in their organization.

#### **How to Create a Support System Between Community Personnel**

In order to provide supervision and support to volunteer counselors, many small NGOs must rely on the counselors themselves. Even in larger organizations it is preferable to build peer consultation networks than to only have staff supervise volunteers.

Our overall goal is to promote a permanent change in the community's attitude toward breastfeeding. For this reason, our work should be focused on:

- ▶ the creation of a system of community support between mothers;
- ▶ the development of permanently supportive relationships between the volunteer counselors and promoters;
- ▶ the continuation of community-based support for mothers even if the sponsoring NGO must discontinue its program.

When we work in remote or rural areas it is unlikely that staff members of the NGO will be able to visit frequently enough to provide the support needed by new counselors. In such cases peer support between counselors is even more important. The supervisor will need to introduce counselors from nearby communities to one another, and at least initially assist them in getting together by scheduling joint meetings.

The following are forms of peer supervision which can be established and promoted by breastfeeding program supervisors:

#### **1) Role Modeling by Experienced Counselors**

In both formal training sessions and in community-based learning, experienced counselors make excellent role models. It may be easier for a new counselor to relate to a peer as a mentor than to a trainer who she may perceive as “different”— more educated, wealthier, not from her community, etc.

For the first month or so, the mentoring counselor will usually do most of the talking when she accompanies a new counselor making informal community contacts and home visits and facilitating mother support groups. Gradually the mentor assumes the role of observer and adviser, as the new counselor gains confidence and tries on her roles.

## 2) Co-facilitation

In many urban or peri-urban communities, all mother support groups are co-facilitated by two or more counselors with varying degrees of experience.

Co-facilitators:

- ▶ model mutual support;
- ▶ share practical tasks of organizing and maintaining the group;
- ▶ each bring to the groups particular skills;
- ▶ can continue facilitating the session if one has a negative reaction to a particular member or to the group;
- ▶ help one another to learn from their mistakes; and,
- ▶ help one another evaluate and plan for the whole group.

(See “Working with a Co-facilitator” in Chapter 8: Meeting with Mothers in Groups).

In rural areas where there are fewer counselors, who live further from one another, it may be difficult to find a co-facilitator, but that is no reason to not have a support group.

## 3) “Each One Teach One”

Both in formal training sessions and in working in the community, it is very helpful for counselors to teach breastfeeding information and to demonstrate how to work with pregnant and breastfeeding mothers. Advantages of using the counselors as teachers include:

- ▶ people learn best from someone whose life experience resembles their own;
- ▶ counselors are able to present information in a way that is simple and relevant to their lives; and,
- ▶ a counselor's own learning is reinforced when she teaches someone else;

Even if a counselor makes a mistake in her teaching, it can be turned into a positive experience by allowing the supervising staff member to understand common misperceptions and to address these tactfully.

#### 4) Buddy Systems

Both new and experienced counselors need someone to turn to for immediate consultation when they encounter a problem they cannot resolve. Buddy systems are effective when such problems arise because:

- ▶ the agency may be a distance away from the community;
- ▶ few women have telephones to contact the staff;
- ▶ staff may be occupied; and,
- ▶ the sponsoring organization may be closed, or cease to exist.

Establishing a network of pairs or triads of volunteers within each community provides security so that so that counselors are not faced with difficult decisions alone. It is more likely that at least one of the “buddies” will have necessary information or know of additional resources to help breastfeeding or pregnant mothers.

Another function of a “buddy system” is to help breastfeeding counselors give each other support with their own emotional responses to their work, to be able to voice their own doubts or discouragement. This may be very useful in maintaining counselor participation over time.

## Session 4: Sustaining Ongoing Participation of Volunteers

### Objectives:

After completing this session, participants will be able to:

- 1) identify common practical and emotional needs of community-based volunteers which must be addressed to sustain their involvement;
- 2) motivate community personnel's ongoing participation;

To build community support for breastfeeding, we need to maintain a committed core group of volunteers. To sustain volunteers' involvement we must pay attention to their needs and motivations.

Here are some considerations for supervisors and trainers who are concerned with the continued involvement of volunteers:

### **Paying attention to counselors' practical needs: transportation, scheduling, childcare, need for income**

Counselors are volunteers and are typical members of the communities they serve. As people struggling to survive on limited incomes, their material needs must be taken into account if we expect them to continue to work for an extended period of time.

- ▶ Meetings, training sessions, mother support groups, etc. must be scheduled at an accessible, neutral place where everyone feels comfortable bringing their children;
- ▶ The meeting times must take into account the volunteers' responsibilities at home;
- ▶ If possible, meetings should include refreshments and childcare; and,
- ▶ Although breastfeeding counselors and promoters are volunteering their time, their related expenses (transportation to meetings, training expenses, childcare, etc.) must be reimbursed.

Community organizations have experimented with a number of different ways to address their volunteers' need for income, including:

- ▶ organizing the volunteers into job cooperatives;
- ▶ providing a communal bank for volunteers to start small home-based businesses; and,

- ▶ providing stipends to veteran counselors who promote breastfeeding outside their own communities (making public presentations, participating in trainings, working as liaisons in the health system, etc.).

There are many pros and cons to such attempts to address the volunteers' need for income. The risk of setting up competitive situations between the volunteers, or of attracting counselors more interested in the financial benefits than in breastfeeding, must be taken into account. The sponsoring organization also needs to be aware of their own country's labor laws as they relate to part-time employment. It may be preferable to help interested volunteers to create their own response to their economic situation, and to assist them by facilitating their access to resources outside the sponsoring NGO.

#### Example

Freedom from Hunger has addressed the issue of volunteer motivation by linking education with a service which is in high demand. Their "Credit with Education" program directly benefits women who participate, by creating a credit association which provides them with loans to start their own small businesses. The program is designed around the understanding that poor women's lives are very demanding, that a program which expects their continued investment of time and effort must provide them with concrete benefits.

Women are organized into small credit circles whose members guarantee each others' loans from the credit association. The credit circles meet monthly as support groups; each circle elects one "natural leader" as a representative to the credit association advisory board. These "natural leaders" are also trained as family health promoters; they receive regular training and supervision to bring the information they receive back to their credit circles and to their community.

#### Helping breastfeeding volunteers to handle their frustrations and discouragement

Volunteer breastfeeding counselors and promoters care deeply about their community and really want to make a difference. As they become more active in the community, they inevitably encounter a variety of problems which may be discouraging to them.

It is impossible to separate breastfeeding and infant nutrition from the economic conditions of women's lives. Poverty may prevent mothers from eating the necessary foods to be healthy and to keep their children healthy. Poverty also contributes to many other illnesses, and to family problems which impact on women and children.

When a volunteer lives in a poor community and shares its economic limitations, it may be very hard for her to tolerate the pain she witnesses while she works to support breastfeeding. Even when a community is moving towards necessary changes, these changes are often slow in coming, and people must continue to live in very difficult conditions.

Even though a counselor is giving correct information and necessary help, it is possible that the community will hold her responsible for babies who do not thrive. She herself may feel accountable, or guilty. While a health professional from outside the community can return home at the end of a work day, the community counselor lives in the middle of her work 24 hours a day. It is usually very hard for her to separate herself from the anguish she may feel about her work.

To build community support for breastfeeding, peer support between counselors is just as important as mother-to-mother support. Counselors need a place to talk of their personal responses to their work in the community, to maintain a sense of shared hope and positive purpose. If supervisors and trainers really value peer support between counselors, they need to make it a focus in group supervision sessions. For example, they can provide a fifteen minute exercise in which the counselors pair up and take turns listening to one another's concerns as a regular part of the supervision meeting.

### **Ongoing training/continuing education**

Many successful counselors say that being able to learn is one of their prime motivations for working as a volunteer. On-the-job training and inservice education are probably even more important sources of learning than the counselors' initial training program.

It is essential that the counselors themselves help define the curriculum for ongoing training. Once they have practical experience of their own, counselors are more able to relate to the information presented to them. They can frame their own questions so that the training is developed around their actual needs, rather than theoretical situations.

How often continuing education programs are scheduled will depend upon the resources of the sponsoring breastfeeding organization, the distance the counselors have to travel to attend, and their other family and community responsibilities.

### **Credentials to validate the breastfeeding counselors' and promoters' knowledge**

It is very important to provide community volunteers with a formal certificate upon their completion of a training program. A graduation ceremony or other public community gathering can be used to recognize and thank volunteers and to acknowledge their accomplishment. A diploma is a source of personal self-esteem; the diploma can include a photograph of the woman and can be laminated as a breastfeeding counselor sign to hang outside her house.

Participation in breastfeeding counselor training should contribute to entry into formal educational opportunities. For example, a breastfeeding organization might arrange for its volunteers to receive course credit towards completing high school, or to receive priority in applying for nursing education.

### **Transition to paid employment opportunities**

Most community-based volunteers spend the majority of their time at home raising their families. When their children are grown, or when other changes occur in their life circumstances, some will naturally seek paid employment.

A sponsoring organization must be clear with its volunteers about the limited likelihood that their work will lead to a job. However, it should also recognize the contributions of its volunteers when job openings do occur. Since such openings are usually few in relation to eligible applicants, the process of selecting the best person for the job may be quite challenging.

The sponsoring organization may also support its volunteer counselors by developing linkages with other NGOs and public health institutions to hire experienced volunteers for positions as health promoters. The sponsoring organization can also pay volunteers as teaching assistants in breastfeeding training courses for new volunteers and for health personnel.

# Chapter 5: Effective Communication

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# Chapter 5: Effective Communication

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## Objectives:

After completing this chapter participants will be able to:

- 1) use basic counseling skills in their work to support pregnant and breastfeeding women; and,
- 2) create and respect limits for themselves and to teach the women they work with to do the same.

## Overview

Throughout Latin America the training of breastfeeding counselors and promoters has usually focused on teaching breastfeeding content so that community workers give accurate information in their work with mothers and the community as a whole. Less attention has been paid to training in the art of communicating. When we do not communicate effectively, breastfeeding mothers may not understand or use what we say and do, no matter how accurate our information may be.

We need to help women talk about their personal feelings about mothering because these feelings affect breastfeeding. While we provide women with practical support and information, we also talk with them about their lives and about their relationships with their family.

## Different Forms of Communication

In building community-based support for breastfeeding, we use many forms of communication. The Institute for Development Training describes three main types of communication in their *Training Course in Women's Health*. These are:

- Promotion:* to motivate and stimulate people to accept a new health practice by creating a sense of need and convincing them of the benefits of the new behavior.
- Information:* to increase people's knowledge about health in a balanced way, without persuasion, so they can make their own decisions.
- Counseling:* to help a person improve her health, by focusing on her as an individual, listening to her concerns, and providing her with assistance to achieve her own goals.

We use each of these forms of communication at different times, and the forms of communication overlap. Breastfeeding counselors and promoters need training to use all of these forms of communication effectively.

## **Session 1: Basic Counseling Skills I**

### **Objectives:**

After completing this session, participants will be able to:

- 1) recognize the difference between effective and ineffective communication;
- 2) use active listening in counseling mothers;
- 3) express appreciation when counseling mothers;
- 4) help mothers define their own goals; and,
- 5) use their own experiences when counseling mothers.

### **Trainer's Summary**

#### **Effective Communication**

Effective communication is personal; it takes into consideration:

- ▶ who you are talking to;
- ▶ what their needs and abilities are; and,
- ▶ how to reach them with messages that make sense in their lives.

An effective communicator:

- ▶ listens carefully;
- ▶ treats people with respect;
- ▶ is warm and accepting; and,
- ▶ speaks in an adult-to-adult manner.

Ineffective communication:

- ▶ treats the person you are talking to like an object;
- ▶ sees information as more important than the person receiving it;
- ▶ treats a person as an empty pot into which you pour information; and,
- ▶ pays no attention to how a person is responding.

A poor communicator:

- ▶ is distracted;
- ▶ does not listen well;
- ▶ may be disrespectful;
- ▶ may be judgmental and harsh;
- ▶ talks down to people who she hopes to “improve.”

The first step in communicating effectively is to ask yourself:

- ▶ Who am I talking to?
- ▶ What do I know about her life?
- ▶ How is she likely to see me?

### **Appreciation**

It is important to approach each mother with a positive attitude. When responding to a woman's questions or concerns, always begin by expressing appreciation for what the woman is doing well. Even a mother who is “doing everything wrong.” can be congratulated for how much she loves her baby, for all the energy she puts into caring for her family, and for her wish to improve their situation. Change is not easy; mothers need to be appreciated for every step they take towards a new behavior.

While it is easy to point out someone's mistakes and to correct them, if a mother is criticized and feels bad about herself she may never hear or use the advice she receives, no matter how well-intentioned you may be.

### **Helping Mothers Define Their Own Goals**

Each woman has her own priorities based on her particular life experiences and values. We need to understand each mother's situation from her own point of view, to be able to respond to her concerns in a way that fits her goals and needs. Don't focus on what *you* have to teach the mother, but on what the *mother* really wants to accomplish or learn.

This way of communicating is quite different from a normal conversation. Normally when two people talk, each person focuses on expressing her own point of view. In counseling a mother, we focus on her point of view, not on our own.

Sometimes all a mother needs to help her solve her own problem is for someone to really listen to her. Ask the mother directly, “What do you see as the problem?” or “How would you like to solve this?” Then let her talk without interrupting.

## Sharing Personal Experiences

It is helpful to use your own experiences as a way to connect with mothers in the community. However, it is crucial not to present your particular experiences as typical of others'. When you make a general example from your own life, you may miss a mother's specific needs and concerns, which may be different from yours.

Messages such as "I had the same problem..." or "That happened to me too. What I did was..." divert attention away from the mother and will probably stop her from expressing her own ideas. It is better to use your experiences to open a conversation or to raise common issues. In this way you create a climate of warmth and safety without directing the conversation.

### Example

For example, a new mother comes to a breastfeeding support group so tired that she is falling asleep in the meeting. The counselor might say to her, "It looks like you haven't been getting very much sleep. I remember how tired I was when my son was just born. How are you adjusting to having a new baby?"

## Session 1: Training Guide

**Estimated Time:** 1 hour 45 minutes

**Method of Instruction:**

Participative discussion with the chairs in a circle  
Exercise: Story and Discussion

**Materials and Training Aids:**

Flip chart and markers

### Presentation:

#### 1) Effective Communication

**Explain to the participants:** “People think that talking to one another is communicating. However, much of the time we don’t really understand what the other person is trying to say. To communicate is to talk in a way that is understood and to understand others. In this session we will be learning about how to communicate effectively.”

**Q:** Ask the participants: “What are some things you do when you want to be sure you understand someone and that they understand you?”

**A:** Listen to the participants, write their responses on the flip chart, and add some of the following:

- ▶ listen carefully
- ▶ treat the person with respect
- ▶ think about who you are talking to
- ▶ make your message match their needs
- ▶ use examples that make sense in their lives
- ▶ be warm and accepting
- ▶ don’t talk down to people

**Discuss the responses as you write them.**

**Explain to the participants:** “Too often we pay more attention to what we want to say than to how we say it. If we don’t think about the person we are speaking with, no matter how important our message is they may fail to hear it.”

**Q:** Ask the participants: “What attitudes in another person prevent you from paying attention when they are talking to you?”

**A:** Listen to the participants and add to their responses some of the following:

The person who is talking

- ▶ treats me like an object
- ▶ insists on giving me information regardless of how I feel or whether I can do what she is suggesting
- ▶ is distracted
- ▶ does not listen to me
- ▶ is disrespectful
- ▶ is judgmental and harsh
- ▶ talks down to me

**Explain to the participants:** “The first step in communicating effectively is to ask yourself:

- ▶ Who am I talking to?
- ▶ What do I know about her life and her needs?
- ▶ How is she likely to see me?”

**Exercise: Story and Discussion** .....

**Objective:** To distinguish between effective and ineffective communication.

**Explain to the participants:** “We are going to read and discuss a story in order to apply effective communication skills.”

Read the following story with the participants:

**Sad Story**

adapted from *Learning to Listen to Mothers*

Mariana comes to the clinic with her very tiny baby. She has walked alone for three hours from her mountain village, and feels very tired and frightened that her baby is so small. While she is sitting in the clinic waiting room, a breastfeeding counselor gives an informational talk about the importance of breastfeeding. She points at Mariana and asks, "What are you feeding your baby?" Mariana whispers that she is feeding the baby formula and tea. The counselor says very sternly: "If you cared more about this little baby you would breastfeed him. Look at this other healthy, chubby baby over here—he is breastfed!"

Mariana looks down in shame and confusion and tries to comfort the child who is crying. The breastfeeding counselor shakes her head sadly and writes something down in her book. She continues giving her lecture.

Mariana is frightened and worried. She thinks, "There must be something wrong with my son." The breastfeeding counselor then speaks very quickly to Mariana, "Your baby is underweight. Maybe it isn't too late to breastfeed him. If you want my help you can talk to me later."

**Q: Ask the participants:**

- ▶ "What are some of the mistakes this counselor made, which prevented her from communicating effectively with the mother?"
- ▶ "How do you think this affected the mother?"
- ▶ "If you were the counselor in this story, how might you approach Mariana to help her with her baby?"

.....

**2) Attention**

**Explain to the participants:** "Our most valuable tool in helping mothers is giving them focused, positive attention. Listening carefully lets a mother know she is important and deserving of our time and attention. Most of us have had few opportunities to speak and be listened to—it may take awhile for a mother to talk freely about herself, or to frame her questions clearly."

**Q:** Ask the participants: “What are some ways you might let a mother know you are really listening to her?”

**A:** Listen to the participants and add to their responses some of the following:

- ▶ after asking a question, be silent and wait patiently for her to respond
- ▶ let the woman take her own time to describe her situation and tell her story
- ▶ don't interrupt
- ▶ don't get distracted
- ▶ make eye contact
- ▶ face the mother directly

### 3) Positive Attitude

**Explain to the participants:** “Approach each woman with a positive attitude. Always begin by expressing appreciation for what the woman is doing well, even if she seems to be ‘doing everything wrong.’ Change is not easy; women need to be appreciated for every step they take towards a new behavior.”

**Q:** Ask the participants: “What are some things we can appreciate about every mother?”

**A:** Listen to the participants' responses and add to their responses some of the following aspects:

- ▶ how much she loves her baby
- ▶ all the energy she puts into taking care of her family
- ▶ her wish to improve her family's situation
- ▶ that she is doing her best for herself and her family

**Explain to the participants:** “It is easy to point out someone's mistakes and to correct them. However, if a mother is criticized and feels bad about herself she may never hear or use the advice she receives, no matter how well-intentioned we may be. An important part of our work is to help each woman build her self-esteem.”

**Q:** Ask the participants: “What are some things that make you feel good about yourself?”

**A:** Listen to the participants' responses.

#### 4) Self-Esteem

**Explain to the participants:** “Self-esteem means that I matter as a person, and that I have the right, obligation and capacity to change for the better the things that affect me. I am the only one who can decide what these things are and how to change them.

As women we are taught that everyone knows better than we do what we should do, and that we must put our own needs last, after everyone else. This creates low self-esteem.

We need to learn that we are important as people, not just because of all we do to help others. We can make our own decisions.”

**Q:** Ask the participants: “How do you feel when you need to rest but everyone around you is demanding your attention?”

**A:** Listen to the participants’ responses.

**Q:** Ask the participants: “How do you feel when someone else tells you what should be important to you and what your priorities should be?”

**A:** Listen to the participants’ responses.

#### 5) Priorities

Explain to the participants: “We each have our own priorities based on our life experiences and values. We need to respond to each woman’s concerns in ways that match *her* goals and needs. Don’t focus on what *you* want to teach the mother, but on what *she* really wants to accomplish or learn.

This way of communicating is different. Normally, when two people talk each one focuses on expressing her own point of view. In counseling a mother, we focus on her point of view, not on our own.”

**Q:** Ask the participants: “What questions can we ask a mother to find out what her needs are?”

**A:** Listen to the participants’ and add to their responses some of the following:

- ▶ “What do you see as the problem?”
- ▶ “How would you like to solve this?”
- ▶ “How can I help you?”
- ▶ “If you had three wishes, what would they be?”

**Explain to the participants:** “We use our own experiences as a way to connect with mothers. However, it is extremely important not to present our particular experiences as typical for everyone. When you make your experiences into a general example you may miss a mother’s specific concerns, which may be different from yours.”

**Q: Ask the participants:** “What things do we say that focus attention on ourselves, instead of staying focused on the mother?”

**A:** Listen to the participants’ and add to their responses some of the following:

- ▶ “I had the same problem.”
- ▶ “That happened to me too. What I did was...”
- ▶ “I know just how you feel.”
- ▶ “Do you want to hear what happened to me?”

**Explain to the participants:** “It is better to refer to your experiences very briefly to open the conversation and quickly turn your attention to the mother’s situation.

**Example**

For example, a new mother comes to a breastfeeding support group so tired that she is falling asleep at the meeting. You might say to her, “It looks like you haven’t been getting very much sleep. I remember how tired I was when my son was just born. How are you sleeping at night now that you have a new baby.?”

## **Session 2: Basic Counseling Skills II**

### **Objectives:**

After completing this session, participants will be able to:

- 1) explain the difference between closed- and open-ended questions and be able to state their questions in an open-ended manner;
- 2) assist mothers to clarify their thoughts and needs; and,
- 3) explain the difference between giving advice and information and be able to support mothers without giving advice.

## **Trainer's Summary**

### **The Art of Questioning**

Some questions are answered with a simple “yes” or “no.” For example, “Is your baby doing well?” Other questions have an obvious “right” answer. When a question makes it clear to a mother what is expected of her, she will usually give the “right” answer even if it is not what she really feels.

For example, if a counselor asks, “Are you nursing the baby often enough?” most mothers will answer “yes.” Even if the mother answers “no,” you have learned very little and the mother is left feeling bad about herself. These questions are called “closed questions.”

Open-ended questions invite the mother to respond freely, to give any kind of answer she pleases. Open-ended questions provide the counselor with more information and encourage the mother to begin thinking about her situation. “What problems are you having when you nurse your baby?” or “What do you feed your baby?” are examples of open-ended questions.

Here are some open-ended questions which encourage a mother to explore her situation:

- ▶ “How do you feel about that?”
- ▶ “What else is bothering you?”
- ▶ “How would you like things to change?”
- ▶ “Will you please tell me more about that?”

### **Clarifying the Mother's Thoughts and Needs**

Sometimes a woman is unclear about her needs. She may tell a long complicated story containing many problems, so that it is hard to know where to begin to work with her. It may be helpful to

paraphrase what you heard the mother say, repeating what you heard in different words. It may also help to separate out the problems so that the mother can listen and see her needs in a different way. Then you can help her set priorities, to see which issue is most important to her.

Clarifying the mother's own thoughts is very different from interpreting her statements through your own values.

### Example

For example, a mother tells the counselor that she is exhausted because her husband wants her attention, her toddler wants to be held all the time, she has to nurse the baby and she can't get her housework done. If the counselor gives the mother advice and says, "What I would do is give more attention to the baby" the mother does not learn to resolve her own problems.

It would be more helpful to say, "It sounds like you have many demands on your time and attention and it's hard to know what to do. Let's see if we can discover together what to do."

- ▶ "Which issue is most important to you?"
- ▶ "Which problem is most immediate?"
- ▶ "Is there one problem which would be easy to solve?"

### Providing Information Rather Than Advice

We need to assist each mother to make her own decisions. When a mother expresses opinions or attitudes which differ from ours, it is important to try to put aside our own judgment about what the mother should or should not do.

We help the mother by offering a variety of possible alternatives to improve her situation. Present the mother with clear information in simple terms. Showing her several different choices supports her to become stronger and self-motivated.

When we are directive and give unasked-for advice, or try to solve the mother's problems for her, she will usually pull back and stop trying to communicate. Some of the problems with giving advice are:

- ▶ If the woman follows the advice, she has learned nothing about how to solve her own problems.

- ▶ If she disagrees with the advice, and doesn't say so, we will probably never know what she really thinks.
- ▶ The mother may even experience advice as a form of criticism, and feel worse than when the conversation started.
- ▶ If she follows the advice but it proves wrong for her, she will lose confidence in us.

## Session 2: Training Guide

**Estimated Time:** 1 hour 30 minutes

**Method of Instruction:**

Participative discussion with the chairs in a circle.

Case Study

Skit

**Materials and Training Aids:**

Flip chart and markers

### Presentation:

#### 1) Closed Questions

**Explain to the participants:** “Some questions are answered with a simple “yes” or “no.” For example, “Is your baby doing well?” or “You’re breastfeeding your baby, aren’t you?” These are called “closed questions.”

**Q:** Ask the participants: “What are some other examples of closed questions?”

**A:** Listen to the participants’ responses.

**Explain to the participants:** “Other questions have a built-in answer. When a mother knows what is expected of her, she will usually say what you want to hear, even if it is not what she really feels. For example, if a counselor asks, “Are you nursing the baby often enough?” most mothers will answer “yes.” Even if the mother answers “no,” little information has been gained and the mother is left feeling bad about herself.”

#### 2) Open-ended Questions

**Q:** Ask the participants: “Open-ended questions give the counselor more information and encourage the mother to begin thinking in a more focused way. What are some questions that invite a mother to respond freely, to give any answer she pleases?”

**A:** Listen to the participants’ and add to their responses some of the following:

- ▶ Are you having any problems breastfeeding your baby?
- ▶ What do you feed your baby?

- ▶ How do you feel about that?
- ▶ What else is bothering you?
- ▶ How would you like things to change?

### 3) Analyzing the Problem

**Explain to the participants:** “Sometimes a woman is unclear about her needs. She may tell a long complicated story containing many problems, so that it is hard to know where to begin to work with her.”

**Q: Ask the participants:** “What are some ways you can help a mother to sort out her ideas?”

**A:** Listen to the participants, write their responses on the flip chart, and add some of the following:

- ▶ repeat what you heard the mother say in different words
- ▶ separate out the problems
- ▶ ask which issue is most important to her
- ▶ ask which problem is most immediate
- ▶ ask if there is one problem which would be easy to solve

**Discuss the responses as you write them.**

**Exercise: Case Study** .....

**Objective:** To practice how to help mothers clarify their problems.

**Explain to the participants:** “Helping a mother to clarify her own thoughts is very different from looking at her statements through your own values. I am going to describe a situation to you and I would like you to tell me how you would help this mother.”

#### Situation

Ofelia is the mother of a one month old baby boy and an eighteen month old daughter. When the counselor visits her at home she says that she feels exhausted. The baby cries all the time. Her husband wants her attention, her toddler wants to be held, she has to nurse the baby and she can't get her housework done.

**Q:** Ask the participants: “Look at the list of skills we just developed. What might you say to this mother? Be sure to use open-ended questions.”

**The group analyzes the example and develops possible solutions.**

.....

#### 4) Looking for Alternatives

**Explain to the participants:** “When a mother expresses opinions or attitudes which are different from ours, we need to put aside our own judgment about what the mother should or should not do.”

**Q:** Ask the participants: “What are some ways you can help a mother to solve her own problems?”

**A:** Listen to the participants’ and add to their responses some of the following:

- ▶ do not tell her what to do
- ▶ offer a variety of possible alternatives
- ▶ present her with clear information in simple terms
- ▶ support her own choices

**Explain to the participants:** “When we give unasked for advice, or try to solve the mother’s problems for her, she will usually pull back and be silent.”

**Q:** Ask the participants: “What are some of the problems with giving advice?”

**A:** Listen to the participants’ and add to their responses some of the following:

- ▶ If the woman follows the advice, she has learned nothing about how to solve her own problems.
- ▶ If she disagrees with the advice, and doesn’t say so, we don’t know what she really thinks.
- ▶ The mother may even experience advice as a form of criticism, and feel worse than when the conversation started.
- ▶ If she follows the advice but it proves wrong for her, she will lose confidence in us.

**Exercise: Skit** .....

**Objective:** To practice how to give information rather than advice.

**Explain to the participants:** “Helping a mother to make her own decision is very different from giving advice. We are going to find ways to give complete information in a simple, straightforward manner.”

**Tell the participants:** “Think of an experience when someone gave you unwanted advice. Share it with the group.” (The Trainer begins and models this behavior.)

Listen to several examples and choose one to role play. Ask two participants to act out the example.

One participant gives the advice and the other receives it. Ask the recipient what it felt like to be lectured.

Ask the other participants to suggest ways of offering simple information without giving advice.

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## **Session 3: Non-verbal Communication**

### **Objectives:**

After completing this session, participants will be able to:

- 1) explain how we communicate without words and use this information when counseling mothers; and,
- 2) explain different ways in which we express our emotions and how these affect our interactions with mothers.

### **Trainer's Summary**

#### **Non-verbal Communication**

Up to 80% of our communication is non-verbal. When we work with mothers, we must pay attention not only to what they say in words, but to what they say with their body, tone of voice and facial expression.

All people react to each other's non-verbal communication. To be effective working with mothers, we have to learn and practice how to use our body language to help build trust and openness in their relationship.

#### **Each Emotion Has a Physical Expression**

As we go through life, each of us experiences in our body a variety of physical responses to the situations we encounter. We may feel hot or cold, heavy-hearted or bubbly, light-headed or weighted down, dull or excited, etc.

Over time, we begin to have certain reactions over and over again. We give these reactions names: anger, sadness, joy, boredom, fear, etc.

Each culture, and each individual, has a usual way to express these normal human emotions. Some cultures (or individuals) are generally very private and reserved; others are expressive and extroverted. In some cultures a woman may freely express sadness, or fear, but she is not supposed to show her anger openly. In other cultures, it is acceptable to show anger, but "weakness" (as shown by tears or fear) is criticized.

### Differences in How We Express Our Emotions

Our interactions with the women we serve are affected by how we feel and express our own emotions. To understand and empathize with a mother's situation, we must understand how we react to different situations, and how we handle problems.

If a mother's way of expressing her emotions is "too intense" for us, we may be tempted to withdraw to avoid the feelings her emotional intensity brings up in us. Or, we may be so swept up in the mother's situation that we lose perspective and get caught in her feelings.

#### Example

For example, an auxiliary nurse is making a home visit to a nursing mother who has mastitis. The woman's husband comes home drunk and the mother starts screaming at him. If the nurse is someone who hates conflict and confrontation, she may leave to avoid the fight and be reluctant to ever return. Or, if the nurse has a history of alcoholism in her own family, she may lose her distance from the woman's situation and get involved in the argument.

On the other hand, if a mother is very quiet and reserved and we are used to expressing emotions dramatically, we may miss important details of the mother's experience or fail to understand her real concerns.

#### Example

For example, we may misunderstand a pregnant woman who cries silently in a support group when another mother shows off her new baby. Without asking her, we would never know that she might be grieving the death of a child. However, it is important not to be intrusive, or probing, trying to get the mother to speak up about her feelings. It would be better to talk to her privately after the group meeting.

### Session 3: Training Guide

<p><b>Estimated Time:</b> 1 hour 30 minutes</p> <p><b>Method of Instruction:</b> Participative discussion with the chairs in a circle. Game: Our Emotions Somatic Exercise Sociodrama</p> <p><b>Materials and Training Aids:</b> Flip chart and markers</p>
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**Presentation:**

**Explain to the participants:** “To be effective working with mothers, we use our body language as well as our words to help build trust and openness.”

**Q:** Ask the participants: “What are some ways we communicate with mothers without using words?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ body posture
- ▶ tone of voice
- ▶ facial expression

**Explain to the participants:** “The way we communicate with our body often shows the emotions we are feeling. For each emotion that we feel we experience a physical response in our bodies. We may feel hot or cold, heavy-hearted or bubbly, light-headed or weighted down, dull or excited. We give these reactions names: anger, sadness, joy, boredom, or fear.”

**Game: Our Emotions** .....

**Objective:** To discover how we experience and express our emotions non-verbally. To see that there are many ways of experiencing and expressing feelings.

**Explain to the participants:** “We each have different ways of experiencing and expressing our emotions. We are going to play a game to learn how we express our emotions to others non-verbally.

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I am going to say the name of an emotion and I want you to show how you express it.”

*“Anger”*

In pairs, participants take turns showing one another how they feel and express anger.

**Q:** Ask the participants: “What did you feel when you were angry? Were you hot, cold, aggressive, withdrawn, etc.?”

**A:** Participants discuss their experiences.

**Q:** Ask the participants: “What was it like to have others near you express anger? Were you frightened, defensive, angry, protected?”

**A:** Participants discuss their experiences.

Trainer repeats this sequence with several other emotions, for example: *Grief, Confusion, Shyness, Shame.*

**Explain to the participants:** “The mothers we work with have different ways of experiencing feelings. We have to take the time to understand their ways of expressing themselves, so our support can be effective.”

**Explain to the participants:** “People vary in how comfortable they feel expressing these normal human emotions. Some of us are generally very private and reserved; others are expressive and glad to talk about our feelings. In some cultures a woman may freely express sadness, or fear, but she is not supposed to show her anger openly. In other cultures, it is acceptable to show anger, but ‘weakness’ (as shown by tears or fear) is criticized.”

**Q:** Ask the participants: “How do you feel about expressing your emotions? Are there some feelings you would be more open about than others?”

**A:** Listen to the participants’ responses.

**Explain to the participants:** “How we interact with mothers will depend on how we feel and how we express our emotions. To empathize with a mother, we must understand our own reactions.

If we are uncomfortable with strong emotions we may withdraw from a mother who is very intense. Or, we may be so swept up in the mother’s feelings that we lose perspective and have a hard time helping her.”

**Q:** Ask the participants: “How do you feel when someone cries or is very angry? Do you rush to quiet them down, or can you sit and listen to their feelings?”

**A:** Listen to the participants' responses.

**Explain to the participants:** "On the other hand, if a mother is very quiet and reserved and we are used to expressing our emotions openly, we may misunderstand her real concerns."

**Q:** **Ask the participants:** "How do you feel when you are talking to someone who is very distant and hard to reach? Do you push them to open up, or can you take the time to help them feel safe enough to talk about their feelings?"

**A:** Listen to the participants' responses.

**Explain to the participants:** "Each of us reacts differently to other people's emotions. We experience these feelings in our bodies."

**The trainer acts very critical of the participants and yells at them.**

**Q:** **Ask the participants:** "What did you feel when I yelled at you?"

**A:** Listen to the participants' responses, write them on the flip chart, and add some of the following:

- ▶ I tightened my stomach until it hurt
- ▶ I hid and shrunk into myself
- ▶ I became stiff and defensive
- ▶ I collapsed and wanted to run away
- ▶ I felt dizzy or disoriented
- ▶ I frowned, tensed up my forehead, and got a headache

.....

**Write the following steps on the flip chart to refer to during the following exercise:**

- 1) **What am I doing? How am I doing it?**
- 2) **Do it more.**
- 3) **Wait.**
- 4) **Do it less.**
- 5) **How do I use what I have learned?**

**Somatic Exercise** .....

adapted from *Embodying Experience* by Stanley Keleman

**Objective:** To practice how to change our emotional state by changing our body responses.

**Explain to the participants:** “The following exercise will help you learn how to manage your physical reactions to your emotions.

Whatever you felt when I yelled at you, intensify it.”

“For example, did your stomach feel tight? Try to tighten it more.”

“Is it still tight? Wait a moment and very slowly undo whatever you did to tighten it more. That means undo the tightness, little by little.”

“Wait another moment, then once again slowly undo the tightening.”

“Did you hide and shrink into yourself? Increase the pattern of hiding or shrinking, then gradually undo it by standing straighter, with more form.”

“The general idea is to first increase your physical reaction, to learn exactly what you are doing. Then you gently undo the reaction, by doing its opposite.”

“If we practice frequently, this exercise can become an automatic adjustment which helps us to manage our emotions.”

“Now let’s do it again.”

Repeat the above sequence.

“See if you feel less overwhelmed, if you can find a different way to respond now.”

.....

**Q:** Ask the participants: “How could you apply what you just learned in a recent situation in your life or in your work?”

**A:** Listen to the participants’ responses.

**Exercise: Sociodrama** .....

**Objective:** To continue to practice how to manage our physical responses so we are able to encourage mothers to express themselves.

**Explain to the participants:** “The following example illustrates a non-verbal interaction between counselors and a mother. We are going to practice ways to use our own emotions and body language to communicate effectively with mothers.”

**Read the following situation to the group:**

**Situation**

Anita is pregnant and the mother of a toddler. Her husband has just left her and she is feeling overwhelmed. A new and an experienced breastfeeding counselor visit Anita at home. They find her crying and deeply distressed. The new counselor over-identifies with Anita’s situation and becomes so emotionally involved that she cannot really help. Anita needs to cry for awhile, but the new counselor tries to quiet her in order to escape from her own emotional response.

The experienced counselor is more able to contain her own reactions, and be a little more objective about Anita’s situation. She comforts Anita without silencing her. Together they begin to sort out Anita’s difficulties.

**Note to the trainer:** The trainer takes the role of Anita and asks for two volunteers to play the new and the experienced counselors. They act out the story.

The trainer asks the two volunteers what it felt like to try to help Anita. She listens to their responses.

- Q:** Ask the participants: “What did you feel like seeing Anita so upset? What did you feel like doing or saying?”
  - Q:** Ask the participants: “Do you think you were too involved with Anita’s pain?”
  - Q:** Ask the participants: “How could you use the exercise we practiced on managing your physical response to emotions to step back, and think before acting to help her?”
- .....

## **Session 4: Boundaries and Limit-setting**

### **Objectives:**

After completing this session, participants will be able to:

- 1) recognize when they are emotionally out of balance and know how to calm themselves;
- 2) explain how setting limits makes their counseling and group facilitation more effective; and,
- 3) create boundaries and set limits when working with mothers.

### **Trainer's Summary**

#### **Finding a State of Balance**

We each have times in which we feel very stable, when we can handle even difficult situations easily, and times in which we are very vulnerable, when even small problems throw us off balance. When we are feeling vulnerable, we are often focused on ourselves and cannot give good attention to someone else.

We need to learn how to recognize when we are out of balance, and how to get back to a state of calm. In this state of balance and calm we can better focus on the women we serve.

#### **Creating and Keeping Your Boundaries**

One way that people keep this state of balance is by creating boundaries between themselves and other people. "Boundaries" mean the ways in which we let people get close to us, but keep enough distance so we don't feel intruded upon, or taken over.

We literally can make our muscles and soft tissues thicker and tighter (a strong boundary), or softer and more flexible (a soft boundary). When we are cuddling and nursing a baby, we soften our boundaries. We strengthen our boundaries when we are correcting a child who has misbehaved.

We each have ways of maintaining our boundaries that are typical of us, and which form our personality:

- ▶ Someone whose boundaries are inflexible will seem stiff and judgmental.

- ▶ Someone whose boundaries are too thick will seem distant and hard to reach.
- ▶ Someone whose boundaries are weak will be too easily influenced and caught up in others' problems, or they may try to involve everyone in their own problems.

From our "typical" personality, we react to different situations in life by varying the thickness, stiffness, and strength of our boundaries.

- ▶ When someone tells us something which we find threatening we intensify our boundaries to defend ourselves.
- ▶ We change how our brain lets in or keeps out information; we "tune out" when someone says something we don't want to hear.
- ▶ When we are overwhelmed by too much stimulation, we make our boundaries stronger.
- ▶ When we feel safe, we soften our boundaries and are able to accept new information.

As we gain counseling skill, we learn to recognize how we are setting our boundaries, and to adjust them to fit the situation we are in working with a pregnant or breastfeeding mother.

#### Example

For example, a counselor is working with a mother with congested breasts who needs a massage to help express the milk. The counselor remembers that when she was nursing her son and had congested breasts it hurt terribly. However, in this situation, the counselor cannot allow herself to have weak boundaries, to feel the mother's discomfort as if it were her own. She needs to strengthen her boundaries in order to separate her feelings from the pain the mother is experiencing, in order to give her the massage.

#### Setting Limits

We need to learn to recognize when we are feeling overwhelmed or reaching our limit—when our boundaries feel threatened. It is much easier to change our reactions when they are just starting to occur. That's why it is so helpful to know ourselves.

When our boundaries are threatened we may discover that we feel:

- ▶ stiff in our neck or back
- ▶ our jaws are tight
- ▶ very judgmental or self-righteous
- ▶ distant, like nothing can touch us

- ▶ tight in the stomach or chest
- ▶ withdrawn or disengaged

#### Example

For example: A breastfeeding promoter approaches a breastfeeding mother who wants to wean her baby at two months. The promoter wants to help her reconsider her decision, but the mother is not interested in talking about it.

The promoter notices that he is getting angry and that his lips are tight.

He knows it is important not to act out this anger at the mother. He takes five slow deep breaths in order to soften his anger. Then he talks with the mother about her life, to find out why she wants to wean the baby.

When we are feeling threatened, it is important to stop and take a moment to be quiet, to find another way to respond. Some possible alternatives might be:

- ▶ Take a few deep breaths
- ▶ Slowly tighten your hands, then relax them
- ▶ Soften your jaw
- ▶ Lower your shoulders
- ▶ Gently expand your chest
- ▶ Think about a time or place when you felt relaxed and safe
- ▶ Make a small smile and nod your head
- ▶ Soften your gaze
- ▶ Leave the room if you need to

## Session 4: Training Guide

**Estimated Time:** 2 hours

**Method of Instruction:**  
Participative discussion with the chairs in a circle.  
**Exercise:** Calming Yourself

**Materials and Training Aids:**  
Flip chart and markers

### **Presentation:**

**Explain to the participants:** “We each have good days, when we can handle even difficult situations easily. On bad days we may feel very vulnerable, and even small problems can throw us off balance. On such days we usually cannot pay attention to someone else.

We need to recognize when we are feeling vulnerable and out of balance. Then we need to learn how to get back to a state of calm.”

**Q:** **Ask the participants:** “How do you know you are emotionally sensitive and incapable of giving support?”

**A:** Listen to the participants’ responses.

**Q:** **Ask the participants:** “What are some things you do to calm yourself down when you are feeling upset?”

**A:** Listen to the participants’ responses.

**Explain to the participants:** “One way to stay in balance is by creating a boundary between yourself and other people. A “boundary” means the ways in which we let people get close to us, but keep enough distance so we don’t feel intruded upon, or taken over.”

**Q:** **Ask the participants:** “Who here has a mother or a mother-in-law who is always trying to tell you what to do? How do you keep her from getting to you?”

**A:** Listen to the participants’ and add to their responses some of the following:

- ▶ I play deaf.
- ▶ I listen, but I don’t hear.

- ▶ I pretend she's a million miles away.
- ▶ I keep myself busy with my work.

**Explain to the participants:** "Those are examples of 'keeping your boundary.' We can make a boundary stronger by making our muscles tighter. (The trainer takes a rigid stance.) We make our boundary softer by making ourselves more flexible. (The trainer assumes a soft, relaxed posture.) When we are cuddling and nursing a baby, we soften our boundaries. We strengthen our boundaries when we are correcting a child who has misbehaved."

**Q:** Ask the participants: "What are some situations in which you make yourself stiff and hard to reach?"

**A:** Listen to the participants' responses.

**Q:** Ask the participants: "What are some situations in which you make yourself soft and open to others?"

**A:** Listen to the participants' responses.

**Explain to the participants:** "We react to different situations in life by varying the thickness, stiffness and strength of our boundaries. When we are threatened, we intensify our boundaries or "tune out" to defend ourselves. When we feel safe, we soften our boundaries and are able to accept new information. In the same way, a mother who feels threatened, and "hard" will not be able to accept our support."

**Q:** Ask the participants: "What are some ways you can recognize in your body when your boundaries are too strong?"

**A:** Listen to the participants' responses and add to their responses some of the following:

- ▶ I feel stiff in our neck or back
- ▶ my jaw is tight
- ▶ I act very judgmental or self-righteous
- ▶ I feel distant, like nothing can touch me
- ▶ I feel a tightness in my stomach or chest
- ▶ I am withdrawn or disengaged.

**Explain to the participants:** "A mother who feels threatened will act in these same ways. If we recognize that a woman's boundaries are too strong, we need to help her feel safer before we start giving information."

**Q:** Ask the participants: "What are some ways we can help a mother feel safe when her boundaries seem too strong?"

**A:** Listen to the participants' responses and add to their responses some of the following:

- ▶ ask open-ended questions about a general topic
- ▶ listen to her story without interrupting
- ▶ appreciate something about her or her baby
- ▶ ask how she is feeling

**Explain to the participants:** "As we become skilled counselors, we learn to recognize when we don't feel safe and are reaching our limit—when our boundaries feel threatened. We stop and take a moment to be quiet, to find another way to respond."

**Q:** Ask the participants: "What are some ways to change our behavior when our boundaries are too strong?"

**A:** Listen to the participants' responses, write them on the flip chart and add to their responses some of the following:

- ▶ Take a few deep breaths
- ▶ Slowly tighten your hands and then relax them
- ▶ Soften your jaw
- ▶ Lower your shoulders
- ▶ Gently expand your chest
- ▶ Think about a time or place when you felt relaxed and safe
- ▶ Make a small smile and nod your head
- ▶ Soften your gaze
- ▶ Leave the room if you need to

**Exercise: Calming Yourself** .....

**Objective:** To identify ways to change our responses when we are feeling threatened.

**Explain to the participants:** "The following example illustrates a situation in which the breastfeeding promoter feels threatened. We are going to divide into pairs to practice other ways to handle our own emotions when we become tense or distant when with mothers."

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Manuela is a breastfeeding promoter who is talking with Adelita, a breastfeeding mother who wants to wean her baby at age two months. Manuela feels strongly that Adelita should reconsider her decision, but Adelita is not interested in even talking about it.

Manuela notices that she is feeling tight-lipped and angry. She knows it is important not to act out her anger at the mother.

**Q:** Ask the participants: “What are some ways that Manuela might handle her anger?”

**A:** Listen to the participants’ responses. Refer to the list on the flip chart.

**Explain to the participants:** “We’re going to divide into pairs to practice different ways of controlling our emotions when we feel tense or withdrawn. Think of a situation you might encounter in working with a mother that might make you feel angry or threatened. Help each other find ways to respond that will be supportive to the mother.”

The participants share their experiences with the group.

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# Chapter 6: Emotions, Pregnancy, and Mothering

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# Chapter 6:

## Emotions, Pregnancy, and Mothering

### Objectives:

After completing this chapter participants will be able to:

- 1) assist women to talk about the feelings they experience during pregnancy and after the baby is born; and,
- 2) understand how these feelings affect breastfeeding and how to counsel women to support breastfeeding.

### Overview

Pregnancy and new parenting are very emotional times in a woman's life. As a new mother, she experiences both biological changes and major shifts in her family life. These changes can produce strong and often conflicting feelings.

Breastfeeding counselors and promoters who work with pregnant women and new mothers need to understand how women's emotions affect their ability to receive breastfeeding support. If someone is feeling depressed or exhausted she is unlikely to be able to listen to health information. Even when a woman is very happy with her new baby, she may be in her own private world and not want to be with people outside her family.

We need to learn how to assess each woman's life situation, to plan effective ways to support her.

Here are some sample questions to answer as we talk with a pregnant or nursing mother:

- ▶ Is this your first pregnancy? How many of your children are living with you?
- ▶ Who is in your household? Do other family members live nearby?
- ▶ How do you feel about being pregnant (or a new mother)?
- ▶ Is the baby's father living here with you? Is he supportive of you? How does he feel about the baby?
- ▶ What kind of help and support do you have from family and friends?

- ▶ What are your financial resources? Do you work outside your home?

When breastfeeding counselors work with pregnant women and new mothers their greatest strength is sharing the experience of being mothers. By honestly talking about their own joys and struggles, the counselors help other mothers in the community provide the best care they can for their children.

## Session 1: Emotions During Pregnancy

### Objectives:

After completing this session, participants will be able to:

- 1) assist women to talk about the feelings they experience during pregnancy; and,
- 2) explain how a woman's feelings during pregnancy affect breastfeeding, and use this information in counseling pregnant women.

### All Women Need Support During Pregnancy

We sometimes think that only first-time mothers need emotional support during pregnancy. In some respects, each pregnancy is a "first time." A woman who had an "easy" first pregnancy, but who is severely nauseous during her second pregnancy, may have a harder time than someone who has never been pregnant.

Each woman has a unique response to being pregnant, as well as a particular response to each of her pregnancies. In fact, her responses may change several times in the course of any one pregnancy. For example, a difficult first trimester may be followed by a relatively easy later pregnancy.

Pregnancy is often a time of great happiness and inner peace. Being pregnant may give meaning to a woman's life and add a feeling of fullness and purpose. However, many pregnancies are unplanned and may be unwanted, because:

- ▶ another child can alter even a strong marriage;
- ▶ an unmarried woman may face disapproval;
- ▶ a teen mother may be forced to quit school;
- ▶ a single mother may have no means to support herself and a child; or,
- ▶ it puts financial stress on the family.

### Pregnancy Loss

Pregnancy can also be a time of sadness and fear for the expecting mother, especially when the feeling of the baby moving inside her reminds her of previous losses or miscarriages. Even while she is happy to be pregnant, a woman may also feel sad, resentful, or frightened. Women rarely feel free to talk publicly about these mixed feelings. A breastfeeding counselor needs to explore with each woman what this particular pregnancy means to her and to her family.

### Example

A breastfeeding counselor visits a pregnant mother at home to invite her to a mother support group. She asks the mother if this is her first pregnancy and the mother looks sad and doesn't answer. The breastfeeding counselor is quiet and continues to pay attention.

The woman says, "I was pregnant before, but my baby died." The counselor says, "would you like to tell me about it?" The mother tells her that the baby died during birth because she had German measles early in the pregnancy. She ends by saying she is so afraid the same thing will happen again.

The counselor tells her that it is completely normal to worry in this situation. "Everyone worries when they are pregnant, especially when you have lost a baby. It is good you are going for prenatal care, and it is very unlikely to happen again. Call me if you need to talk, I'd be glad to come and spend some time with you." She invites the mother to come to the support group to share experiences with other women from the neighborhood.

### Discomforts of Pregnancy

Pregnancy brings a variety of physical discomforts. Women have different abilities to tolerate pain and discomfort, and few people want to listen to a pregnant woman talk about her changing symptoms. One benefit of a mothers' support group is that members tend to be much more sympathetic and interested in one another's minor complaints, and women generally love to pass on their lore of useful home remedies.

### Dreams and Secret Fears

Pregnancy is a time when a woman's emotions have a stronger impact on her. Women often experience dreams during pregnancy, which they may take as omens or premonitions. They may hold many secret fears, that the baby may be born with a disability, that something they ate or thought or experienced will hurt the vulnerable life inside them. If a breastfeeding counselor is able to establish a warm and trusting relationship with the pregnant woman so that she can speak honestly of all these emotions, both the pregnancy, breastfeeding, and the woman's future relationship with her baby will benefit enormously.

It is important for breastfeeding counselors to distinguish between cultural beliefs which are positive, those which are neutral, and those which may potentially be harmful to the mother and/or baby. We only try to change those which are negative, and do so in a way which is respectful of the mother. We help her analyze the pros and cons of the belief then allow her to

draw her own conclusions. Here is an example of an approach used by La Liga de Lactancia Materna in Honduras to deal with a potentially harmful popular belief:

<b>Belief</b>	<b>Affects Mother/Baby</b>	<b>Doesn't Affect Mother/Baby</b>	<b>How</b>
Food cravings must be satisfied	X		Some cravings are for non-foods or unhealthy foods
Wearing red will protect the baby from the evil eye		X	

## Session 1: Training Guide

**Estimated Time:** 1 hour 45 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle.  
Art Exercise—Collages  
Role Play

**Materials and Training Aids:**  
Flip chart and markers  
Art materials:  
▶ Old magazines  
▶ Fabric and yarn scraps  
▶ Leaves, flowers, and other natural materials  
▶ Crayons, colored pens, and pencils  
▶ Paper  
▶ Glue

### Presentation:

#### 1) Helping Women Talk about Their Feelings During Pregnancy

**Explain to the participants:** “Being pregnant can be a very emotional time for a woman. A pregnant woman’s body is constantly changing and so is her family life. We need to understand the many different emotions a woman feels when she is pregnant in order to give her the support she needs.”

**Q:** Ask the participants: “What kinds of feelings did you have when you were pregnant?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ happy and fulfilled
- ▶ worried about money and limited resources
- ▶ sick and uncomfortable
- ▶ tired and sleepy
- ▶ proud
- ▶ not wanting another child
- ▶ full of new life

- ▶ anxious
- ▶ confused
- ▶ ashamed

**Explain to the participants:** “Each woman has many different feelings about being pregnant, and her feelings may change during her pregnancy. For example, a woman may feel terrible during her first three months but feel calm and happy later in her pregnancy. Each pregnancy is different. Even someone who had an “easy” first pregnancy may have a hard time with her second or third.”

**Q:** Ask the participants: “How did your feelings change during your pregnancies? How was one pregnancy different from another?”

**A:** Listen to the participants’ responses.

**Explain to the participants:** “We usually assume that women are happy to be pregnant and to become mothers. Pregnancy is a very happy time for many women, but for others pregnancy may create a lot of difficulties.”

**Q:** Ask the participants: “What kinds of difficulties have you found among pregnant women that you know?”

**A:** Listen to the participants’ responses, and add to their responses some of the following aspects:

- ▶ a couple may not be ready for another child so soon
- ▶ the mother is not married
- ▶ the mother may be too young
- ▶ a woman may be very frightened or sad if she has had a miscarriage, a handicapped child, or has lost a baby in the past
- ▶ the family may have too many children
- ▶ the woman may feel very sick and unable to function
- ▶ the woman may fear her husband will no longer find her attractive

**Explain to the participants:** “Women often have vivid dreams when they are pregnant, which they may take as signs about the baby. They may have secret fears, that the baby will be born with a disability, or that something they ate will hurt the baby. Many women believe they must think good thoughts the whole time they are pregnant in order to protect the baby from the bad influence of their own emotions.”

**Q:** Ask the participants: “How can we help pregnant women handle these feelings in our mother support groups?”

**A:** Listen to the participants' responses.

**Exercise: Collage** .....

**Objective:** To use our own experience to connect with other mothers.

**Explain to the participants:** "One way to help mothers explore and share their feelings in a support group is to use art activities. When we work with pregnant women and new mothers, our own experiences help us to understand how they are feeling."

"A collage is a picture made up of several different things. We are going to make collages that remind us of what it feels like to be pregnant."

"Think about a time when you were pregnant."

"Look through the pictures in the magazines and tear out several which catch your attention. They do not have to be pictures of women or babies. You might even tear out a strong color or something that just feels right to you for no particular reason."

"Glue the magazine pictures together onto the blank paper to make a collage."

"You may add some leaves, or pieces of fabric, or yarn that you like. You can also use the crayons, to add words or other ideas you don't see in the magazines. We'll take fifteen minutes to make our collages."

**Q:** Ask the participants to share her collage with the group and tell what the collage means to her.

Use the participants' sharing as the basis for a group discussion on being pregnant. Suggest that they can try this activity in their support groups.

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## 2) How a Woman's Feelings During Pregnancy Affect Breastfeeding

**Explain to the participants:** "When a woman is unhappy about having another child, she is more likely to want to distance herself from the baby. She may not get prenatal care, or want to listen to breastfeeding information. She may choose to give a bottle to avoid feeling close to the baby. This is why it is important to find out how a woman feels about being pregnant, before you just give her information about breastfeeding that she may not use."

**Q:** Ask the participants: “What are some questions you can ask women when you talk with them in their homes, or in a mother support group, in order to understand their feelings about being pregnant?”

**A:** Listen to the participants’ responses, write them on the flip chart and add some of the following:

- 1) “How are you feeling about being pregnant?”
- 2) “How does your family feel about your pregnancy?”
- 3) “Have you been pregnant before?”
- 4) “Have you had any difficulties with your previous pregnancies?”
- 5) “Have you ever had a miscarriage, or lost a child?”

**Exercise: Role Play** .....

**Objective:** To practice helping mothers to talk about their feelings about their pregnancy.

Ask the participants to choose a partner. One participant will act as the counselor and the other will act as a mother. Each participant should speak from her real experiences as a mother.

The “counselor” asks the “mother” how she felt during her last pregnancy.

After five minutes, ask the participants to switch roles and ask the same questions.

Write the following questions on the flip chart. After five minutes, call the group back together and ask:

- ▶ How did it feel to be asked personal questions?
- ▶ What was it like being the counselor in this situation?
- ▶ As the mother, what made you feel safe?
- ▶ As the mother, what made you feel shy?
- ▶ As a counselor, how could you have been more effective talking with mothers?

.....

## **Session 2: After the Baby Is Born**

### **Objectives:**

After completing this session, participants will be able to:

- 1) assist women to talk about the feelings they experience after the baby is born; and,
- 2) explain how mothers' feelings affect breastfeeding and how to use this information in counseling new mothers.

### **Post-partum Changes**

Most women are coping with overwhelming change during the first three months after the baby is born. Their relationship with their husband and family changes as the new baby becomes a part of their lives. A new mother's hormones shift unpredictably, causing her emotions to swing up and down. These emotional swings may make it harder for her to adjust to the changes in her life.

### **A Woman Needs Help from Family Members**

During the first three or four months after her baby is born, each woman has to adjust her fantasy about what it would be like to be a mother to the reality of caring for a dependent infant. Each new mother has to adapt to increased responsibility, juggling the demands of the rest of her family with the needs of the baby. Most new mothers do not get enough sleep at night and they may have no quiet time during the day to catch up. We need to teach post-partum mothers how to manage their time, how to set priorities, and how to ask for help from their husband and other family members.

### **Pregnancy Loss**

Not every pregnancy ends successfully. Babies may be lost through miscarriage, stillbirth or death during delivery. Some babies are born with serious illnesses and developmental disorders. Parents who face these painful situations need assistance in working through their loss and mourning. It may be very difficult for a counselor to confront the depth of parents' grief. A counselor should know that "just listening" is the most useful help she can offer in this situation. Encourage the parents to repeat the story of the loss in great detail. It is essential not to offer false reassurance, or try to cut short someone's tears. It is normal for parents to take many months to grieve the loss of a baby.

Many new mothers experience post-partum “blues.” Certainly it is completely normal for a woman to go through intense and rapid emotional changes after giving birth. However, it is important to learn the difference between normal mood swings and true post-partum depression.

### Depression

We can recognize true depression when a mother really cannot cope—not a woman who cries sometimes, but one who cannot stop crying, or who feels numb and disconnected. Other signs of post-partum depression can be seen in a mother who:

- ▶ can't take care of her infant's needs
- ▶ may not get out of bed
- ▶ may be uninterested in eating
- ▶ may feel detached from her baby and her family.
- ▶ may sleep too much or too little
- ▶ may feel terribly inadequate and guilty
- ▶ may feel nothing
- ▶ may think about suicide or about hurting her baby.

### Help for Depressed Mothers

If the counselor finds a mother with some or all of these symptoms, she needs to talk with her supervisor to plan how to best help the mother, baby and family. Depressed mothers need professional help, if such resources exist. She also needs a great deal of support from her family and friends.

#### Respite Care

Whether or not professional mental health services are available, a good way to help a depressed mother is to arrange for family members or friends to care for the baby and/or other children to give the mother a break.

An experienced staff member or counselor should meet with the mother daily during this respite period and encourage her to talk openly about what she is feeling. She should be asked directly if she is thinking of hurting herself or the baby, so that appropriate steps may be taken to protect them.

Gradually the mother should be expected to resume structured activity and family responsibilities, but the counselor should remain in frequent contact with her for a month or more.

## **Returning to Work**

Women who worked outside the home before giving birth will have additional adjustments to make. Staying at home with the baby may be a welcome change from working, but it also brings a loss of social connections outside the home as well as a loss of income which may have a serious impact on the family as a whole. Many women have to return to work within six or eight weeks after giving birth in order to keep their jobs. Women in rural settings whose fields are far from their homes may have to leave the baby behind with a caretaker.

In any case, new mothers are rarely ready to leave their infants to return to work. They may feel very sad, and disconnected so that it is hard to concentrate on their work. We can help working mothers to talk about their feelings about returning to work. We can also help them strategize how to best manage their time and how to breastfeed even when she does return to work.

## Session 2: Training Guide

**Estimated Time:** 1 hour 45 minutes

**Method of Instruction:**

Participatory discussion with the chairs in a circle.

Role Play

Psychodrama: The Shadows

**Materials and Training Aids:**

Flip chart and markers

Photocopies of the exercise "The Shadows"

### Presentation:

**Explain to the participants:** "Today we are going to talk about the changes we experience right after our babies are born."

**Q:** Ask the participants: "Can you tell me some of the feelings you experienced in the first few months of your baby's life?"

**A:** Listen to the counselors' responses and write the key words on the flip chart. Add to their responses some of the following:

- ▶ *overwhelmed*, trying to juggle the needs of the rest of your family with the needs of the baby
- ▶ *exhausted* because of not getting enough sleep
- ▶ very *tired* and having no quiet time during the day to rest
- ▶ *happy* to have a healthy new baby
- ▶ *frustrated*, trying to adjust your dreams about being a mother to the reality of caring for a baby
- ▶ *disappointed* at having a baby of a different sex
- ▶ *sad* or *moody* because her hormones are changing

**Explain to the participants:** “A woman who is feeling sad or exhausted cannot listen to health information. Even a woman who is very happy with her new baby may need privacy and time to be alone with her baby. When we approach a new mother to talk with her about breastfeeding, we first need to see how she is feeling and if she is ready to talk.”

**Exercise: Role Play** .....

**Objective:** To practice approaching mothers to talk about their feelings about their new baby.

**Explain to the participants:** “We are going to practice how to approach a new mother and start a conversation. First, we will show you how.”

The trainers (or trainer and a participant) model the following example:

**Example**

Counselor: “Good morning, Doña Juanita. I see you had your baby. How are you feeling?”

Mother: (looking sad) “I’m fine.”

Counselor: “It’s wonderful to have a healthy baby, but I can remember after my last one was born, I was so tired I didn’t know how I could keep going.”

Mother: “That’s kind of how I feel. The other children won’t let me rest for a minute, and my husband is a little disappointed because it wasn’t a boy.”

Counselor: “Would you like to talk a little more about it? I’d be glad to listen.”

Ask the participants to choose a partner and take turns playing the roles of counselor and new mother. Ask them to create their own dialogue, using one of the feelings from the flip chart, and practice with each other. Each participant should experience both roles.

After three minutes ask the participants to come back to the group as a whole to discuss what they experienced, as the mother and as the counselor.

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**Explain to the participants:** “Not every pregnancy ends successfully. Babies may be lost through miscarriage, stillbirth or death during delivery. Parents who face these painful situations need help with their grief.”

**Q:** Ask the participants: “What are some ways we can help parents who have lost a baby?”

**A:** Listen to the participants’ responses, and add to their responses some of the following:

- ▶ “just listen”
- ▶ encourage the parents to repeat the story of the loss in great detail
- ▶ don’t offer false reassurance
- ▶ don’t try to cut short someone’s tears
- ▶ let parents know it is normal to take many months to grieve the loss of a baby

**Explain to the participants:** “The same hormones that help a mother to breastfeed and which bring her body back to normal can also create very strong emotions. It is important to learn the difference between normal “after-the-baby-is-born” moods and true depression, in order to get additional help for mothers who need it.

A mother who is truly depressed:

- ▶ cannot perform the regular tasks of her daily life;
- ▶ sometimes cannot stop crying;
- ▶ may feel numb and far away;
- ▶ can’t take care of her baby;
- ▶ may not get out of bed;
- ▶ may feel detached from her baby and her family; or,
- ▶ may think about suicide or about hurting her baby.”

**Write the symptoms of depression on the flip chart and review them a second time.**

**Q:** Ask the participants to share any experiences they may have had with a mother with some or all of these symptoms.

**A:** Listen to the participants’ responses.

**Q:** Ask the participants if the mother was able to get any help, and what kind of help.

**A:** Listen to the participants’ responses.

**Q:** Ask what they think a counselor should do in this situation.

**A:** Listen to the participants’ responses.

**Explain to the participants:** “Under these circumstances you need to talk with your supervisor to plan how to help the mother, baby, and family. A mother who is seriously depressed needs professional help. Whether or not professional help is available, the counselor can help the mother in the following ways:

- ▶ help organize support from her family and friends with childcare and household tasks;
- ▶ meet with the mother daily and encourage her to talk openly about what she is feeling;
- ▶ ask her directly if she is thinking of hurting herself or the baby. If she says yes, she should not be left alone;
- ▶ gradually expect the mother to resume structured activity and family responsibilities; and,
- ▶ remain in frequent contact with her for a month or more.”

**Psychodrama: “The Shadows”** .....

**Objective:** To practice helping mothers recognize and talk about their feelings.

Arrange three chairs, two side by side and one facing the other two.

Select three participants to play:

- ▶ Rosa, new mother — 25 years old, married, has a five year old son, Julio, and a fourteen month old daughter, Rosamaria, who she is still breastfeeding. She just had another daughter, Martita, four days ago. She has been a member of the mother support group for three months.
- ▶ Doña Marta, grandmother — 45 years old, lives nearby and is visiting.
- ▶ The counselor — has been a volunteer breastfeeding counselor for two years. She co-facilitates the mother support group that Rosa attends.
- ▶ Three additional participants to play their “shadows.”

Give each person a copy of the script with their part highlighted in yellow.

The counselor is seated facing the new mother and grandmother. A “shadow” stands behind each actor.

The counselor has come to visit Rosa to see how her breastfeeding is going, both for the toddler and the new baby.

During the psychodrama, the “shadows” will speak aloud the thoughts or feelings each actor may have but would normally not express.

### Dialogue

**Counselor:** “Hello Rosita, Doña Marta. How are you doing? Rosita, how are you feeling, with your new baby?”

**Doña Marta:** “Ay, the girl is always tired!”

**Marta’s Shadow:** “These young girls are not the same as we were at that age - they’re not very strong.”

**Counselor’s Shadow:** “Oh, this grandmother isn’t going to let me talk freely with her daughter.”

**Rosa:** “Oh, I feel okay.”

**Rosa’s Shadow:** “I feel so tired, I wish I could sleep for ten hours straight. I wish my mother would just help me instead of telling me what to do.”

**Counselor:** “It must be really exhausting to have two babies so close together. You really need some help.”

**Counselor’s Shadow:** “I wonder if her mother will take the hint and offer some help.”

**Rosa:** “I know I’m supposed to have enough milk for both of them, but it’s hard to believe it will work out all right when I feel this tired. It’s a good thing that Julio is going to kindergarten- otherwise it would be even worse!”

**Rosa’s Shadow:** “I wish someone would give me permission to quit nursing Rosamaria.”

**Marta:** “If you hadn’t had another one so soon, you wouldn’t be so tired.”

**Marta’s Shadow:** “It’s that husband of yours - I know he forced this on you.”

**Counselor:** “I wonder what it feels like for you to be nursing two babies at once.”

**Rosa:** “Well, sometimes I wish I could just wean the older one, but I know from my support group that it’s not good to take her off the breast abruptly.”

**Counselor’s Shadow:** “I really want to help this mother find a way that helps her feel better but is good for all her children.”

**Counselor:** “Rosamaria is already eating a balanced diet. If you need to get more rest, maybe someone could help you by spending more time with her and letting you focus on the baby. You could lie down to breastfeed her. Probably Rosamaria won’t nurse so frequently if she is paying attention to other things.”

**Rosa’s Shadow:** “That would be an easy solution if my mother would help - but all she does is give advice.”

**Marta’s Shadow:** “This could be a good excuse to spend more time with my granddaughter without my son-in-law making a fuss.”

**Marta:** “I could arrange things so that I can be here with Rosamaria in the mornings. Since Julito is away at school you’ll have all the morning to yourself and the baby.”

**Counselor:** “That would be really wonderful.”

**Counselor’s Shadow:** “I’m glad the grandmother got the idea!”

Ask the participants to create their own psychodrama using a real example, or to repeat this example a second time.

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## **Session 3: Emotions and Mothering**

### **Objectives:**

After completing this session, participants will be able to:

- 1) assist women to talk about the feelings they experience about being a mother; and,
- 2) explain how mothers' feelings affect breastfeeding and how to use this information in counseling new mothers.

### **The "Good Mother"**

Being a mother can bring out the best and the worst in us. The feelings we have about being mothers are affected by how our own parents raised us. Most of us would like to live up to our parents best moments, but to never repeat some of their mistakes as parents.

As our children grow, each of their stages may remind us of our own experiences when we were that age. We try to be "good mothers," to give our children the kind of help and support we may not have received ourselves. All parents want the best for their children, and usually hope to provide a better life for them than they have lived. This hope for our children's future is not limited to improved economic conditions; it is a powerful motivator, and the basis for forming a strong community of parents.

### **Relationship with our Children**

Every mother has a unique relationship with each of her children. Each baby has its own temperament and personality, which affects the mother's response to being a parent. Two women with fairly similar babies may have very different responses. For example, one mother might find a quiet baby who sleeps a lot to be "perfect" while another might be concerned that the baby was not responsive enough. One mother might handle a baby who cries a great deal with calm and ease, while another might feel tense and anxious because she thinks the baby's crying shows that she is a failure as a mother.

### **Baby's Personality Affects Breastfeeding**

These interpersonal matches (or mismatches) between mother and baby profoundly influence the breastfeeding relationship. When we talk with a mother we need to know how she sees this particular baby and how she understands her relationship to the baby.

How a woman feels about having a child dependent upon her strongly affects her feelings about breastfeeding. A woman who delights in the strong bond she experiences nursing a newborn may be less likely to develop difficulties breastfeeding than a woman who feels empty when the baby suckles.

### **The Mothering Relationship Changes as the Child Grows**

Each mother's relationship with her child also changes as the child grows. One mother who is very comfortable nursing a dependent infant may become irritable and abrupt with a mobile toddler who nurses in a distracted way. Another mother who is upset by the seemingly endless physical and emotional needs of an infant may be an excellent parent to her verbal, independent two year old.

We need to help each woman identify her strengths and weaknesses as a parent, in order to help her cope with each stage in her baby's growth.

#### **Example**

Magdalena is the oldest of eleven children. She has had the main responsibility for raising seven siblings while her mother worked. Now she has her own eight month old baby. The breastfeeding counselor notices that she takes good care of the baby but seems strangely distracted or remote when she is breastfeeding. She asks Magdalena how she likes breastfeeding. Magdalena answers that she used to like it because it was the only time she had to be quiet and think her own thoughts. Now the baby is more active and won't keep still; she doesn't really like it any more. The counselor remarks that maybe they can find a way for her to have some other quiet space in her day, so that she can pay attention to her growing little girl.

### **No One "Right" Way to Be a Mother**

Sometimes in mother support groups mothers may compete about who is a "good mother" and how one should manage one's family and home. It is important to show by our own example that there is no one right way to be a mother and that everyone makes mistakes and has trouble from time to time. If we are able to speak openly about our ambivalent feelings about being a mother, or to talk about times when we feel a desperate to have a break, mother support group members will be more likely to talk openly about their emotions and experiences.

### Session 3: Training Guide

<p><b>Estimated Time:</b> 2 hours</p> <p><b>Method of Instruction:</b> Participative discussion with the chairs in a circle. Role plays Mother support group</p> <p><b>Materials and Training Aids:</b> Flip chart and markers</p>
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#### Presentation:

**Explain to the participants:** “Today we are going to talk about the kinds of feelings we have as mothers and how they affect breastfeeding. As mothers we all want the best for our children, and we hope to provide a better life for them than we have lived. In our mother support groups we share this hope for the future and come together to help one another reach our goals as mothers.”

**Q:** Ask the participants: “How does breastfeeding help us to reach our goals as mothers?”

**A:** Listen to the participants’ responses and write the key words on the flip chart. Add to their responses some of the following:

- ▶ a feeling of closeness to the baby
- ▶ helping the baby to get the best food
- ▶ making sure the baby is healthy
- ▶ making sure the baby develops well
- ▶ protecting the baby against disease

**Explain to the participants:** “Every mother has a special relationship with each one of her children. Each baby has a particular personality and that affects how the mother responds to him.”

**Q:** Ask the participants: “We’ve all have been in contact with babies that have different personalities. What are some of the different kinds of babies you know?”

**A:** Listen to the participants’ responses, and write the key words on the flip chart, making sure that some of the following are mentioned:

- ▶ sleeps a lot
- ▶ very active
- ▶ cries all the time
- ▶ loves to eat
- ▶ irritable
- ▶ smiles a lot
- ▶ very serious
- ▶ doesn't like to be held
- ▶ cuddly
- ▶ fussy, colicky
- ▶ watches everything

**Exercise: Game** .....

**Objective:** To learn how we react to babies with different personalities.

**Explain to the participants:** “We are going to play a game about the different kinds of babies and how they make us feel. The object of the game is to see that different people react in different ways to the same kind of baby.”

**Ask each participant** to choose one of the kinds of babies listed on the flip chart.

The trainer begins and acts out the kind of baby she has chosen to the participant sitting at her left, who will say how that kind of baby makes her feel.

The same participant acts out the baby she chose to the person on *her* left, who reacts and says how it makes her feel.

Continue in this way until the last person in the circle has acted her “baby.”

Discuss with the participants their different reactions to the babies. Use the participants’ answers to illustrate the variation in their responses.

**Example**

For example, Doña Maria said that a baby who slept a lot was “perfect” while Doña Carmen was concerned that her quiet baby was not active enough. Or, Patricia was able to handle a baby who cries a great deal calmly, but Nidia felt tense and anxious because the baby’s crying made her feel a failure as a mother.

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**Q:** Ask the participants: "How do you think these different reactions between mother and baby influence how the mother breastfeeds?"

**A:** Listen to the participants' responses and add to their responses some of the following:

- ▶ a mother who feels inadequate when the baby cries may be tempted to bottlefeed if she feels the crying shows she does not have enough milk.
- ▶ a mother who is tired of getting up during the night with a nursing baby who does not easily go back to sleep may decide to give solids too early in order to keep the baby asleep.
- ▶ a woman who enjoys the strong connection of nursing a newborn may have fewer problems breastfeeding than someone who feels tied down because she has a nursing baby.
- ▶ a mother who is very comfortable breastfeeding a dependent infant may become irritated with an active toddler who plays while he nurses.
- ▶ a mother who is upset by her infant's endless needs may be a calm and happy parent to her verbal, independent two year old.

**Explain to the participants:** "In mother support groups we help mothers talk about how they feel about nursing their baby. We help each woman recognize her strengths and weaknesses as a parent, to be the best mother she can at each stage of her baby's growth."

**Exercise: Mother Support Group** .....

**Objective:** To practice use of the mother support group format to promote discussion between mothers about their feelings.

**Explain to the participants:** "We are going to use a mother support group format to discuss our feelings about being mothers and how these feelings may affect breastfeeding."

The trainer acts as facilitator. The group is already in session. The normal procedures for beginning a meeting have already occurred.

The facilitator introduces the topic for discussion by saying, "Today we will be talking about our feelings about being mothers and how these feelings may affect breastfeeding. Babies have different personalities and we each react differently to different babies."

The facilitator asks the participants: "How would each one of us describe our babies?"

The facilitator breaks the ice by starting with one of her own children. The mothers then follow with their examples.

The facilitator says, “Some of you have said that your babies cry all the time. How do you feel when your baby won’t stop crying?”

The facilitator gives a personal example of negative feelings she has had. This allows the mothers to express their own feelings of frustration, anger, exhaustion, etc.

The facilitator says, “ We see that most of us have mixed feelings about our babies.” She asks, “When you have difficult feelings about your babies, how does it affect breastfeeding?”

The facilitator listens to the mothers’ responses. She says, “Sometimes it’s not clear what to do and we feel like stopping nursing, or giving the baby something else to eat to pacify him. This is a good time to ask for support—to talk with me or one of the other mothers, so we can help find alternatives to improve the situation.”

The facilitator asks, “ Is there anyone here today who would like a chance to talk about how you are feeling about nursing?”

Interested mothers take individual turns asking for support.

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### Example

Carmelita is a teen mother of a six month old boy. The breastfeeding counselor notices that when Carmelita holds the baby to feed him she seems very stiff and uncomfortable. Instead of giving advice on a better feeding position, the counselor asks, "So what is this little one like? Is he hard or easy, does he sleep a lot; does he like to eat?" Carmelita answers, "Oh, he's just like his father. Nothing every pleases him, no matter how hard I try. See how he squirms when I breastfeed him!"

The counselor will still show Carmelita a better feeding position, but while she does so she might say, "Well, this might help with the squirming, but he may just be an active boy. Is your husband pleased to have such a fine son?" Then Carmelita might open up and talk about how her husband no longer seems interested in her since she is nursing the baby, so she is thinking of quitting.

The counselor can begin to give her support about her relationship with her husband, *and* how to continue breastfeeding. She might say, "You know, the baby is just about big enough to start giving solids. Sometimes men feel shut out by the birth of a child. Maybe now is a good time to get your husband involved with feeding his son, to be more of a family together."

### Talking About Sexuality

Sexuality is a very important part of life which greatly affects women's place in their home and family. It also directly impacts women's health and the health of their babies, especially in relation to spacing their children, family violence, AIDS, and other sexually transmitted diseases.

Sometimes it is hard to talk openly with women about sexuality and personal relationships with their partners. In many cultures, such conversation is considered so personal that women never talk with one another about their sexual experiences and feelings.

Trainers and supervisors need to help community-based counselors to open up with one another and begin to explore their own life experiences in this area. This is an important area to focus on by working on values clarification, and with how to separate your own values from those of the women you counsel. For example, counselors may have strong feelings about whether it is right to have sex outside of marriage. Unless they are careful, this may negatively affect their work with unmarried mothers.

## **Session 4: Changing Family Relationships**

### **Objectives:**

After completing this session, participants will be able to:

- 1) assist women to talk about how being pregnant and having a child affects their relationships with their family; and,
- 2) explain how a woman's relationships with close family members affect breastfeeding.

### **Each New Baby Changes the Family**

Pregnancy and having a new baby change a woman's relationship with the baby's father and with her whole family. This is true not only of a first child; each additional child brings added responsibilities, and requires that the family share its economic and emotional resources. In a family where the father is the primary or sole breadwinner, the increased financial responsibility may be frightening or stressful to him.

A first child changes a couple into a family. In caring for a dependent infant, the mother and father can no longer think only of themselves and move from young adulthood towards maturity. This may either strengthen or strain the marriage.

### **Fathers May Be Jealous**

If the marriage has been based on the woman's pampering her husband, that focus will now be split or redirected to the baby. When the mother is intensely involved with the baby (which may be especially true when she is breastfeeding) the father may feel there is no place for him in the new family. Many new mothers express a loss of interest in sexuality, which places additional stress on the marriage. Often a father feels displaced and jealous of the new baby, especially when a breastfeeding baby seems to have taken over his wife's breasts. Sometimes fathers are very involved in the shared joy of parenting, which strengthens the bond between the couple.

### **Children's Reactions to a New Baby**

Children are also very much affected by the birth of a new sibling. They may feel jealous, or they may welcome the opportunity to become the "big brother" or "big sister" to the baby. Some parents talk with their children to prepare them for the birth of a new baby. Others do not even acknowledge the mother's pregnancy, and young children may be quite taken aback when the baby is born.

A mother who has had a particularly close relationship with one child, and then becomes pregnant again very soon, may find it difficult to make room in her heart for a new baby. This is especially complicated if she is still nursing the first child, whether she decides to wean him or to nurse both the toddler and the baby. Many women feel it is dangerous to be pregnant while still breastfeeding an older child, and so may wean that child abruptly. The toddler will very likely be jealous of the new baby. We need to stress that mothers can continue to nurse during pregnancy as long as they eat well and drink enough liquids.

### **Extended Family and Friends**

A couple's parents and extended family also are affected by their having a child. New grandparents may be very actively involved in decision making about the baby, and may be involved in his direct care if the mother returns to paid employment. Young parents may welcome or resent the advice and support of in-laws and other relatives.

Once a couple become parents their friendship circle also tends to change, to center more on other families with children whose needs and interests more closely match their own. Breastfeeding mother support groups bring together women with common concerns about their children, which may form the basis of new friendships.

### **Needs of Single Mothers**

Single mothers are affected by all the stresses and changes described above, and they are less likely to receive the individual and social support which everyone needs when going through a major life changes. A single mother may have no continued contact with the baby's father, or the contact she has may be quite negative. Her parents and relatives may or may not be pleased about her having a baby. Culturally, she may experience moral disapproval of her position. Financially, it is very hard to care for an infant and secure even minimal economic resources. Breastfeeding counselors should give extra concern to the needs of single mothers and take care to integrate them into mothers support groups.

## Session 4: Training Guide

**Estimated Time:** 1 hour 30 minutes

**Method of Instruction:**

Participatory discussion with the chairs in a circle.

Role Plays

Skits

**Materials and Training Aids:**

Flip chart and markers

### Presentation:

**Explain to the participants:** “Pregnancy and having a new baby change a woman’s relationship with the baby’s father and with her whole family. Each child brings added responsibilities, and the family has to share its resources.”

**Q:** Ask the participants: “How did having a baby affect your relationship with your family?”

**A:** Listen to the participants’ responses, and add to the responses some of the following:

- ▶ Being responsible for a baby leaves the mother and father with less time for themselves.
- ▶ When the mother is very involved with the baby (especially when she is breastfeeding) the father may feel there is no place for him in the new family. Many fathers feel jealous of the new baby.
- ▶ Many new mothers lose interest in sexuality; the father may turn to another woman.
- ▶ Sometimes fathers are very involved with the new baby. This strengthens the bond between the couple.
- ▶ Children may feel jealous, or they may welcome the chance to become the “big brother” or “big sister.”
- ▶ The grandparents may be very involved in making decisions about the baby, and may take care of him if the mother returns to work.

- ▶ Young parents may welcome or resent the advice and support of in-laws.

**Q:** Ask the participants: “How do you think these changes in family relationships affect a woman’s breastfeeding?”

**A:** Listen to the participants’ responses, and add to the responses some of the following:

- ▶ a woman who is worried about her relationship with her husband will be less able to focus on the baby;
- ▶ a grandmother may become intrusive after the baby is born, and it may be hard for the mother to resist her advice, even if she knows it’s wrong;
- ▶ a woman whose husband is jealous of the baby may try to make the baby sleep all night by feeding solids or cow’s milk in order to have uninterrupted time with her husband;
- ▶ a woman whose toddler is active and demands a lot of attention may be distracted and not attend the baby’s needs;
- ▶ a woman whose husband no longer finds her sexually attractive because she is breastfeeding may want to stop nursing; and,
- ▶ a woman expects her seven year old to help her with the baby but instead finds he is acting very babyish and needy himself, and that he rejects the baby. She is confused and overwhelmed.

**Q:** Ask the participants: “How can you as a counselor support a mother whose family relationships are negatively affecting her breastfeeding?”

**A:** Listen to the participants’ responses, and add to the responses some of the following:

- ▶ provide her with information that will give her additional alternatives;
- ▶ listen and provide emotional support;
- ▶ help her clarify her situation and plan how to improve it; and,
- ▶ invite her to the mother support group, to gain a different perspective on her situation from other mothers.

**Exercise: Skit** .....

**Objective:** To practice preparing children for the arrival of a new baby.

**Explain to the participants:** “We are going to prepare a skit to practice how to help a new mother to handle a family problem that affects her breastfeeding.”

Divide the participants into groups of five: mother, father, counselor and two children ages four and six.

Read the following scenario:

**Scenario**

Susana, age thirty and Jorge, age thirty-six are parents of two children, Raul and Monica, ages four and six. Susana is beginning her ninth month of pregnancy. The counselor, Chela, is making a home visit to ask Susana when she is due so she can plan to help her breastfeed after the baby is born.

When she arrives and begins talking with Susana, Susana says she is concerned about how the two older children will feel about the new baby. She tells Chela that when Raul was born Monica was very upset and clingy for months. This made breastfeeding extremely difficult and tiring.

Jorge, who is standing in the background, laughs and says, “You should have seen how surprised Monica was when we brought Raul home from the hospital!”

**Explain to the participants:** “In your small group, take ten minutes to create a skit that shows how Chela can help Susana and Jorge talk with their children about the new baby that is coming, so that they will be supportive to her so she can enjoy breastfeeding the baby.”

Each small group will present their skit to the rest of the participants.

After all the presentations, the participants will discuss what they learned.

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## Chapter 7: Individual Contacts

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# Chapter 7: Individual Contacts

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## Objectives:

After completing this chapter participants will be able to:

- 1) connect with pregnant women and mothers in the community to provide them with informal support for breastfeeding;
- 2) provide individual peer counseling to mothers to support them to breastfeed; and,
- 3) know when and how to make necessary referrals for problems beyond their level of expertise.

## Overview:

In many countries, individual peer counseling is the primary or only function of a breastfeeding counselor or promoter. For example, Pastoral de Crianza, a rural mother support program in the state of Rio, Brazil, has a network of 2,000 volunteers organized through the Catholic Church who make home visits to mothers, providing health education and peer support.

Individual breastfeeding support may be provided informally wherever women gather or meet one another. Or, it may be part of a scheduled home visit. In any situation, the peer counselor establishes a relationship of trust and openness with the mother and works with her to define her problems as well as solutions based on her strengths and community resources.

## **Session 1: Introducing Yourself**

### **Objectives:**

After completing this session, participants will be able to:

- 1) make themselves known to mothers in the community as breastfeeding counselors; and,
- 2) establish a relationship with pregnant women and new mothers and begin to offer them support.

## **Trainer's Summary**

### **Making Yourself Known in the Community**

A breastfeeding counselor or promoter's first task is to let the community know about her interest in supporting pregnant women and breastfeeding mothers. We can do this informally, by talking about breastfeeding with people we meet in the course of the day. A counselor who is a nursing mother can model successful breastfeeding with her own child.

We introduce ourselves to local community leaders to explain the support and services we can provide, and ask for their help in identifying women needing these services. We may also give informational talks at schools or community groups about the importance of breastfeeding. In remote rural settings we may ask a traveling pastor, or a representative of an immunization program, to let us go along on his circuit of visits to the villages, to introduce us and the services we can provide. Posters promoting breastfeeding can be displayed in clinics, stores, bus stops, and other public places; they should provide an address or telephone number to help people locate breastfeeding counselors and mother support groups.

### **Informal Contacts**

Most of the initial contacts a breastfeeding counselor or promoter makes in the community are informal. Our goal is to give basic information about breastfeeding and to begin to form a relationship with the mother. We locate and meet pregnant women and mothers in many different ways in the course of our daily lives. We become identified by the community as breastfeeding advocates and resources.

### **Outreach Skills**

In all of our outreach contacts, it is important to be warm and friendly, and to show a personal interest in the individual or group we are addressing. Introduce yourself, and ask for and use the name of the mother you are talking with. Be direct and relaxed.

You might approach a pregnant woman on the street and say, "I see you are expecting a baby. Have you thought about breastfeeding? I am a breastfeeding counselor in this neighborhood and I'd like a chance to talk with you." Or, if you see a mother with an infant you might say, "What a beautiful child, you must be very proud of him. What are you feeding him? I am an auxiliary nurse at your neighborhood health center and I'd like to talk with you about the best possible food for your baby."

### **Being Sensitive to the Local Culture**

In our contacts with mothers it is important to be aware of women's values and experiences within their local culture. This will affect what they see as a "healthy baby," as well as their standards for child care. In very poor areas, for example, most of the babies may be malnourished and women may need visual images of a healthy, breastfed baby to make them aware that their own children could be healthier. Or, in rural areas women who work in the fields may be accustomed to leaving the baby with an older sibling as young as seven or eight. While this may be "normal" in that community, the child may not be able to prepare appropriate complementary foods for the baby.

Especially when we are working outside of our own culture, if we find local customs and standards different or inadequate we must be careful to watch and listen without expressing a negative judgment.

## Session 1: Training Guide

**Estimated Time:** 1 hour 30 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle.  
Role play

**Materials and Training Aids:**  
Flip chart and markers

### Presentation:

**Explain to the participants:** As a new breastfeeding counselor, your first task is to let the community know about your interest in helping pregnant women and breastfeeding mothers.”

**Q:** Ask the participants: “What are some ways you might make yourself known in the community ?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ Talk with people you meet about your positive experiences breastfeeding your own children.
- ▶ Introduce yourself to community leaders, doctors and midwives, teachers, and religious leaders. Explain the kind of help you can provide, and ask if they know women who need these services.
- ▶ Give talks at schools and community groups about the importance of breastfeeding and the kinds of help you can offer.
- ▶ Prepare a variety of colorful and attractive fliers and leave them with people you’ve talked to. Write your name and address on the fliers so people know where to reach you.
- ▶ Let people know you are a breastfeeding counselor by placing a sign outside your home.

**Explain to the participants:** “Most of the time when you talk with women about breastfeeding, you share information while having an informal conversation.”

**Q:** Ask the participants: "What are some ways you might hear about a mother who needs help with breastfeeding?"

**A:** Listen to the participants' responses and add to their responses some of the following:

- ▶ from someone in the woman's family, or through a friend.
- ▶ through referrals by community leaders, or through churches.
- ▶ by visiting places you would expect to find pregnant women or mothers, such as schools, at church meetings, or clinic waiting rooms, and introducing yourself as a breastfeeding counselor.
- ▶ by looking for pregnant or nursing mothers in the street or at your neighborhood store.
- ▶ by talking with women you meet at your neighbors' homes, when you walk by their front porches or yards, when you are traveling on the bus, or waiting in line.

**Explain to the participants:** "In order to begin a new relationship with a pregnant or breastfeeding mother, it is important to be warm and friendly, and show a personal interest in her."

**Q:** Ask the participants: "What are some ways you can show a positive interest in a mother you are meeting for the first time?"

**A:** Listen to the participants' responses and add to their responses some of the following:

- ▶ Smile and look directly at the women you meet.
- ▶ Congratulate the mother about her baby, or her pregnancy.
- ▶ Ask her about her pregnancy or birth.
- ▶ Ask how the mother is doing with her new baby.
- ▶ Ask the mother how she is feeding the baby.

**Exercise: Role Play** .....

**Objective:** to practice how to approach a pregnant woman to introduce ourselves as breastfeeding counselors.

**Explain to the participants:** “We are going to practice how to introduce ourselves as breastfeeding counselors.”

“Choose a partner and take the roles of the Counselor and Sandra, a pregnant woman. Each participant will have a turn practicing being the Counselor.”

**The trainers model the following example:**

Example
<p><b>Counselor:</b> (approaching Sandra, a pregnant woman in the street) “Hello. I see you are expecting a baby.”</p>
<p><b>Sandra:</b> “Yes, this is my first.”</p>
<p><b>Counselor:</b> “You must be very excited. Have you thought about how you are going to feed the baby?”</p>
<p><b>Sandra:</b> “My friends tell me to give him a bottle, my mother is telling me to breastfeed and my mother-in-law is telling me to breastfeed and give him a bottle too. I really don’t know what to do.”</p>
<p><b>Counselor:</b> “My name is Gloria. I am a breastfeeding counselor in this neighborhood and I’d like a chance to talk with you and give you some information about breastfeeding.”</p>
<p><b>Sandra:</b> “Thank you. Maybe that will help me decide what to do.”</p>

**Use the following questions to promote a discussion:**

- ▶ What was it like for you to be the mother, and to practice being the Counselor?
  - ▶ What do you feel you did well, and what would you like to do better?
  - ▶ What did your partner do well?
  - ▶ How might your partner improve her approach?
- .....

**Explain to the participants:** “Most women are glad for the chance to talk with someone about their pregnancy or a new baby, and the conversation will usually continue easily. At this point you may want to explain to the woman what a mother support group is and invite her to a meeting.”

## Session 2: Recognizing Critical Moments

### Objectives:

After completing this session, participants will be able to:

- 1) recognize mothers who are especially at risk for stopping breastfeeding prematurely;
- 2) assist mothers returning to work to continue to breastfeed; and,
- 3) work with the woman to identify and find the support she needs to continue to breastfeed successfully.

### Trainer's Summary

As we meet women in the community who are breastfeeding, we pay careful attention to how they seem to feel about their babies and about breastfeeding. We use the effective communication skills we have learned, and listen for any doubts they may express. We think about the woman's emotions and her family's response to her breastfeeding as they affect her decisions.

There are certain critical moments in each mother's breastfeeding experience when she is especially likely to quit breastfeeding, or to introduce complementary foods in an inappropriate or untimely fashion. Frequently these critical moments coincide with growth spurts in a baby's development—at age two weeks, six weeks, and three months for example—when there may be a mismatch in the baby's demands and the mother's milk supply.

Other critical moments may occur in conjunction with particular events in the mother's social or family life, such as having to return to work, a family death or illness, or lack of support from husband or in-laws. In assessing a woman's needs, we need to pay attention to:

- 1) the mother's and child's general health;
- 2) the mother's attitude towards breastfeeding; and,
- 3) the general family and social situation of the mother and child.

Sometimes counselors establish rapport with a woman who is at home during the last month of her pregnancy and the first six weeks after the baby is born, only to lose contact with her when she returns to work. Even if the mother initially intends to continue to breastfeed, it is likely that she will succumb to the temptation of giving a bottle if she and her support people are not

provided extra assistance during her transition back to work. It is crucial for breastfeeding counselors to give extra attention and support to new mothers when they return to work.

At our supervision or training meetings we need to determine what the most common critical moments are in our particular community or region. By sharing this information, we will be more prepared to assess mothers' situations, in order to intervene and offer additional support to mothers who are at greater risk of discontinuing optimal breastfeeding.

## Session 2: Training Guide

**Estimated Time:** 1 hour 30 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle  
Brainstorming  
Exercise: Case Study

**Materials and Training Aids:**  
Flip chart and markers

### Presentation:

**Explain to the participants:** “There are certain critical moments in each mother’s breastfeeding experience when she is especially likely to quit breastfeeding, or to introduce solid foods too soon or in a way that is not good for the baby.”

**Q:** **Ask the participants:** “What are some situations in which a mother is particularly at risk to quit breastfeeding, or to give the baby inappropriate foods?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ soon after the baby is born, if the mother develops any kind of problem and does not know how to solve it;
- ▶ during growth spurts in a baby’s development, when the baby cries a lot because of a mismatch in the baby’s needs and the mother’s milk supply;
- ▶ when the mother has to return to work;
- ▶ when the mother or baby is sick;
- ▶ during a family crisis, such as a death or illness;
- ▶ when there is lack of support from her husband or family; and,
- ▶ when she is following incorrect cultural beliefs about when to stop breastfeeding or to introduce solids.

**Explain to the participants:** “We need to be aware of these critical moments so that we can address them in our mother support groups to prepare the women before the problems arise. Ask support group members to let you know about any other mothers in the community who may be experiencing these problems.”

“We may need to make home visits to mothers we know may be at high risk to discontinue breastfeeding.”

**Exercise: Role Play** .....

**Objective:** to practice helping mothers find the support they need.

**Explain to the participants:** “We are going to practice how to help a working mother who is breastfeeding.”

“Choose a partner and take the roles of the Counselor and Gloria, the mother of a two week old girl, Conchita. Each participant will have a turn practicing being the Counselor.”

**The trainers model the following example:**

**Example**

**Counselor:** “Gloria, I heard Conchita is sick. I came by to see how you both were doing.”

**Gloria:** “My baby has had diarrhea for the last three days. She’s crying a lot and wants to nurse all the time. I am so worried and I don’t know what to do. My mother says my milk is making her sick and that I should stop breastfeeding and give her rice-water.”

**Counselor:** “I can see you’re very worried, but I really doubt it’s your milk. How many times has Conchita soiled her diaper in the last twenty-four hours.”

**Gloria:** “Eight times yesterday, and she keeps crying.”

**Counselor:** “Does she feel hot to you?”

**Nora:** “No. She doesn’t have a fever.”

**Counselor:** “What color is her stool?”

**Nora:** “Yellowish. It hasn’t changed, it’s just more liquid.”

**Counselor:** “It doesn’t sound to me like she has diarrhea. When a baby soils six to eight diapers it means she is eating very well. If she doesn’t have a fever, and her stool is not green, I don’t think she’s sick.”

**Gloria:** “But why is she crying so much?”

**Counselor:** “Remember in our support group we talked about that when a baby cries a lot and wants to nurse all the time she may be experiencing a growth spurt. She just needs to nurse more, so she soils more diapers. This is normal.”

**Gloria:** “But shouldn’t I give her some cereal so she won’t be so hungry?”

**Counselor:** “No. If you can just keep nursing her when she cries the situation should be better in a few days. Actually, this will probably happen again when she is two months, and three months old. Would you like me to check back with you to see how it goes?”

**Gloria:** “Thank you, yes. How about next Friday?”

To promote discussion, ask the participants the following:

- ▶ What was it like for you to be the mother, and to practice being the Counselor?
  - ▶ What do you feel you did well, and what would you like to do better?
  - ▶ What did your partner do well?
  - ▶ How might your partner improve her approach?
- .....

**Explain to the participants:** “One of the most common critical moments when mothers stop breastfeeding is when they return to work. Breastfeeding is an important way for a mother to maintain an intimate bond with her baby even when she has to work outside the home. However, mothers need time and support to be able to continue optimal breastfeeding.

We need to talk within the mother support groups about how to continue breastfeeding after returning to work. We also need to help mothers identify their needs and plan for the transition back to work. Here are some topics to include in the educational portion of the group meetings:

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- ▶ Successful expression of milk and exclusive breastfeeding;
- ▶ Safe storage of breastmilk;
- ▶ Infrequent breastfeeding and family planning;
- ▶ How to continue breastfeeding when you are home;
- ▶ Strategies on how to use the rest periods you are given to breastfeed; and,
- ▶ How to manage your energy.

If it is possible to schedule at least some support group meetings on weekends, mothers who are continuing to breastfeed while working outside the home can come to the sessions and serve as role models for those women who are pregnant, or who have not yet returned to work.”

**Exercise: Case Studies** .....

**Objective:** to increase participants’ abilities to help mothers continue to breastfeed after returning to work.

**Explain to the participants:** “A working mother’s needs for breastfeeding support vary depending upon where she works. We are going to look at several situations of working mothers and practice how to help them continue to breastfeed.”

“The following questions will help a mother identify her needs and plan how to continue breastfeeding after returning to work.

- ▶ Can you take your baby with you to work?
- ▶ Do you live close enough to your work to be able to come home to breastfeed the baby?
- ▶ Do you know anyone who lives near your place of work who can care for your baby?
- ▶ Are there any family, friends, or neighbors who are willing and able to help care for the baby?
- ▶ If you are not able to nurse the baby during the day, do you know how to maintain your milk supply?
- ▶ Do you know the laws which protect your continuing to nurse when you are working, and how to use them to help you?
- ▶ Do you know how and when to express your milk and how to care for it safely?
- ▶ Do you know how to give the baby expressed breastmilk without using a bottle?

- ▶ Do you know how to teach the person who will care for your child how to give expressed breastmilk?
- ▶ How can you talk with your family to get their support so you can continue to breastfeed?"

"I am going to describe a situation to you and I would like you to tell me how you would help this mother."

**Case Study A**

Magdalena is a seamstress who works out of her own home. Emma lives next door and makes tortillas for a living. Both have new babies and are members of the mother support group. How can we help them find a way to help one another to continue to breastfeed?

**Case Study B**

Amelia lives in the country and helps her husband farm a field fifteen minutes walk from their home. In addition to their baby they have five other children, ages four to fifteen. There are no neighbors or family nearby.

**Case Study C**

Isabel lives in a poor urban barrio and works in a textile factory an hour bus ride from her house. Her neighbors work in the same factory. Her husband is self-employed at home, and she is allowed a half-hour to breastfeed.

Have the group analyze each case studies and think of questions they would ask to help each mother.

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### **Session 3: In-home Peer Counseling**

#### **Objectives:**

After completing this session, participants will be able to:

- 1) identify situations in which we make home visits to pregnant and breastfeeding mothers; and,
- 2) counsel pregnant and breastfeeding mothers in their homes.

#### **Trainer's Summary**

##### **When Do We Make Home Visits**

We usually provide in-home peer counseling when:

- ▶ we are following-up on breastfeeding problems we have uncovered through informal contacts;
- ▶ we provide post partum follow-up to new mothers who have been referred by hospitals, physicians or mid-wives;
- ▶ we are following-up on situations which have been discussed by group members during a mothers' support group; and,
- ▶ we are following-up on support group members who miss a meeting.

##### **Assessment**

Within the home, we first talk with the mother to assess together the type of support she needs, and then decide with her how best to help her. We use peer counseling techniques to clarify the mother's concerns and to look for practical solutions with her.

##### **Mobilizing Resources**

We try to understand the mother's whole life situation, to appreciate the woman's strengths and what she is doing well. Then, we help the mother use these resources in order to address the problem at hand. We may use educational materials and visual aids to illustrate a point. However, our most effective tool is our ability to connect personally with the mother.

### Session 3: Training Guide

**Estimated Time:** 1 hour 30 minutes

**Method of Instruction:**

Participatory discussion with the chairs in a circle

Exercise: Case Study

Role play

**Materials and Training Aids:**

Flip chart and markers

#### Presentation:

**Q:** Ask the participants: “What are some situations in which we would visit a pregnant woman or nursing mother at home?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ a pregnant woman about to deliver who has not attended the mother support group;
- ▶ a woman with a breastfeeding problem (mastitis, congestion, cracked nipples, inverted nipples, etc.);
- ▶ to follow-up on problematic situations discussed by a group member during a mother support group;
- ▶ a postpartum home visit to a new mother referred by the hospital, physician or mid-wife (post-cesarean, mother or baby is ill); and,
- ▶ to follow-up on support group members who miss a meeting.

**Explain to the participants:** “When you visit a mother in her home, talk with her about her situation in order to understand what type of support she needs. Then plan together how she can get that support.”

**Q:** Ask the participants: “If you are making a home visit to a mother you do not already know, how do you find out from her what problems she is having and what resources she has to meet the problems?”

- A:** Listen to the participants' responses and add to their responses some of the following:
- ▶ introduce yourself and explain why you are visiting, or if you were referred, who sent you;
  - ▶ ask about her health, and about her baby's health;
  - ▶ ask how she feels about being pregnant, or having a new baby;
  - ▶ ask how she feels about breastfeeding;
  - ▶ ask if she is having any difficulties;
  - ▶ ask what she is doing to resolve the difficulties; and,
  - ▶ ask if there is anyone to help her out.

**Exercise: Case Studies** .....

**Objective:** to increase participants' abilities to make in-home assessments.

**Explain to the participants:** "We are going to look at a number of situations you might find when making a home visit, to practice how to evaluate the mother's situation. I am going to describe a situation to you and I would like you to tell me how you would evaluate the problem."

**Case Study A**

Hortencia is a teen mother of a four day old baby. The health worker at the hospital referred her to the breastfeeding counselor for follow-up. When the counselor arrives, she finds the baby laying next to the mother in bed. The baby seems fine, but the mother isn't holding him. She seems detached. How would you identify the problem?

**Assessment:**

- a) Ask the mother how she is feeling. How is she eating and sleeping?
- b) Ask about her birth and how she feels about being a mother.
- c) Ask how she is feeding the baby.

- d) Ask how she feels when she feeds the baby.
- e) Ask who is helping her with the baby.
- f) Ask how her family feels about her having a baby.

If you find that Hortencia is feeling sad, is eating or sleeping poorly, feels numb or unhappy about being a mother, is uninterested in the baby and detached from him, that she is isolated or rejected by her family, you should think she is depressed.

This is a case in which you should talk with your supervisor about a referral for psychological help.

**Case Study B**

Daisy has a two month old son who cries a lot. When the counselor visits them at home, the father and two older children seem upset with Daisy for not being able to calm him. She is rocking him in a chair, but it doesn't seem to help.

**Assessment:**

- a) Ask the mother about the baby's health. Has he been ill?
- b) Ask if he has always cried a lot, or if this is a new behavior?
- c) Ask how she feels when the baby keeps crying? How do other family members feel?
- d) Ask if he always cries, or only sometimes. Does he always cry at a particular time of day?
- e) Ask about her diet, checking for foods you know produce colic.

The baby is healthy. You discover the mother eats a lot of dairy products, which are probably causing colic. You found out that she feels guilty when he cries, so you must reassure her that even though her diet is causing the colic, she had no idea and is not responsible. She is not a bad mother.

**Ask the participants to present case examples from their experience.**

Have the group analyze the case examples and think of questions they would ask to assess each situation.

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**Explain to the participants:** “Try to understand what is happening in the mother’s life so you can appreciate her strengths and what she is doing well. Then, help the mother use her own resources in order to solve her problems. Pay attention not only to particular breastfeeding problems, but to the general family situation of the mother and child because this affects breastfeeding.”

**Q:** Ask the participants: “Remember the counseling techniques we studied in previous meetings. How would you use them to work with a mother to increase her alternatives and make a plan to meet her needs?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ help her to clarify her situation
- ▶ help her to prioritize her needs
- ▶ name the people and resources available to meet these needs and suggest alternatives
- ▶ be clear about what help you can and cannot provide
- ▶ set a time when you will visit again to follow-up on her progress

**Exercise: Role Play** .....

**Objective:** to practice helping mothers find the support they need.

**Explain to the participants:** “We are going to practice how to help a mother find the support she needs to continue to breastfeed successfully.”

“Choose a partner and take the roles of the Counselor and Nora, the mother of a seven month old boy, Javier. Each participant will have a turn practicing being the Counselor.”

“Nora is a working mother who has been able to continue breastfeeding. She introduced solid foods to the baby one month ago. Nora is having difficulty getting her neighbor, who cares for Javier, to provide correct foods.”

**The trainers model the following example:**

### Example

**Counselor:** “Nora, I came by to see how you were doing. You mentioned at the end of our support group meeting that you’re not happy with how your neighbor is feeding Javier when you are at work. What seems to be the problem?”

**Nora:** “Everything was fine when the only food Javier needed was my breast milk, but now my neighbor Sara wants to feed Javier with the rest of her family, and she gives him everything she gives her children.”

**Counselor:** “What have you said to Sara about this?”

**Nora:** “Nothing, because I’m afraid she’ll get angry and won’t watch him any more?”

**Counselor:** “Let me see if I can help you find a way to explain to her what Javier needs to eat without offending her.”

**Nora:** “Oh, would you do that for me? It would be a great help.”

**Counselor:** “What do you want to feed Javier?”

**Nora:** “All kinds of fruits and vegetables. But Sara’s family doesn’t eat fruit and vegetables—they eat a lot of fried beans and other foods fried in lard. I don’t want him to have that.”

**Counselor:** “You don’t need to say to her that you don’t like what she feeds her children. You can talk about what you need without being critical of her.”

**Nora:** “But how do I do that? She’s very touchy.”

**Counselor:** “Tell her that because you are only nursing at night, if Javier eats the heavy food that the bigger children eat he is sleepy and doesn’t nurse enough, so that your breasts are hurting you, and you’re afraid your milk will dry up.”

**Nora:** “I think I could do that. If I bring enough fruit for Javier and her children it probably won’t be a problem.”

**Counselor:** “Would you like me to check back with you in a couple of days to see how it goes?”

**Nora:** “Thank you so much. The support group meets on Sunday—we could talk then.”

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**To promote discussion, ask the participants the following:**

- ▶ What was it like for you to be the mother, and to practice being the Counselor?
  - ▶ What do you feel you did well, and what would you like to do better?
  - ▶ What did your partner do well?
  - ▶ How might your partner improve her approach?
- .....

## **Session 4: Referrals**

### **Objectives:**

After completing this session, participants will be able to:

- 1) identify mothers' needs which are beyond their skill level;
- 2) refer mothers for additional support in the community; and,
- 3) explain the importance of follow-up with mothers on referrals they have made.

## **Trainer's Summary**

### **Recognizing Our Limits**

It is important to recognize when a mother needs more assistance than we can provide on a one-to-one basis. It is always fine to turn to your supervisor for help. Recognizing your limits, and being able to say, "I don't know how to help you with your problem, but let me see if I can find someone else to help" is a basic skill for any peer counselor.

Referrals are essential when we uncover needs and situations beyond our experience and training. Supervisors in community-based breastfeeding programs need to develop a resource manual or list of frequent referrals for counselors to use. With their program directors, supervisors should develop strong referral linkages with other NGOs serving the same client population. (See *Community-based Breastfeeding Support: A Planning Manual*).

### **Referral Resources**

Breastfeeding mother support groups are our first referral resource. Even if she is not facilitating a group herself, each counselor or promoter should be able to refer women to nearby groups facilitated by other counselors in her community.

We may refer mothers to a variety of related health services. In addition to maternal and child health services, counselors need to be informed about sources of assistance to address other problems such as: childcare, AIDS programs, community development organizations, alcohol and drug abuse services, credit associations, information about divorce and child custody, treatment for family violence and other mental health issues.

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### **Need for Training and Support**

As supervisors, we need to provide training and support about when and how to make necessary referrals to other services. Making referrals may be intimidating for counselors who can't read, or who have little personal experience with other health and social service agencies. It may help to personally introduce representatives from a variety of related services to the counselors during a training session, so that they have a direct contact person.

It is often difficult for a community volunteer, who may have a variety of relationships with the mothers and families she serves, to acknowledge family problems she sees when visiting women in their homes. It may be even more difficult for her to address these issues when necessary services to assist women and children do not exist, or when access to medical care and psycho-social services is severely limited by the poor economic conditions of a family or community.

We need to provide ongoing support and supervision for breastfeeding counselors and promoters to discuss the situations they encounter in their work, and to help them decide the best possible ways to intervene, or to not intervene, in such situations.

### Example

Adelina, an experienced breastfeeding counselor, makes a postpartum home visit to a young mother in her community. When she enters the home, she finds the mother crying, and when she looks up the counselor can see she has a black eye and bruises on her face. Adelina says, "I can see you are feeling very upset and it looks like you are hurt. Do you feel like telling me what happened?"

The mother tells her that her husband came home drunk the night before, and when she refused to have sex with him he hit her. Adelina asks, "Has this happened before?" The mother tells her that her husband frequently threatens her when he drinks too much, but this is the first time he hit her. She also says she is afraid her milk will hurt her baby because she is so upset.

Adelina knows that this mother recently moved here from another town, and that she has no family in the area. She also knows that the husband has a reputation for getting into fights when he drinks. She feels like offering the young mother the possibility of staying with her if the husband threatens her again, but remembers her supervisor talking at a training about the risks of getting too involved in family problems.

Adelina says to the mother, "First of all, your milk is not going to hurt your baby, and it may even help you calm down to continue breastfeeding her. However, I am really concerned about you, and I need to get some advice to know the best way to help you. Is it all right with you if I ask my supervisor for help? She knows about these things." The mother agrees and Adelina arranges to check back with her later that afternoon.

### Session 4: Training Guide

**Estimated Time:** 1 hour 45 minutes

**Method of Instruction:**  
 Participatory discussion with the chairs in a circle  
 Introductory Exercise  
 Group Story  
 Role Play

**Materials and Training Aids:**  
 Flip chart and markers

**Presentation:**

**Explain to the participants:** “As a breastfeeding counselor, you need to know when and how to refer mothers to other services in the community. It is important to know your own limits, and be able to say, “I don’t know how to help you with your problem, but let me see if I can find someone else to help.”

**Introductory Exercise (in pairs)** .....

**Objective:** to be able to draw on our own experiences with referrals.

Divide the group into pairs.

**Explain to the participants:** “Share with your partner one positive and one negative experience you have had when someone referred you for help or to receive a service.”

After five minutes, bring the group back together for a discussion of their experiences.

.....

**Q:** Ask the participants: “What kinds of needs and situations might you find that are beyond your experience and training?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ mother’s illness
- ▶ baby’s illness

- ▶ mother needs help with family planning
- ▶ mother has no prenatal care
- ▶ baby needs vaccinations
- ▶ the family is undernourished
- ▶ family conflicts or violence
- ▶ alcoholism or drug use

**Q:** Ask the participants: “What resources do you know that are available in your community to help with some of these situations?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ public health clinics
- ▶ prenatal care
- ▶ post partum and well baby care
- ▶ family planning
- ▶ La Leche League and lactation clinics
- ▶ pediatric care
- ▶ nutrition programs
- ▶ childcare
- ▶ AIDS programs
- ▶ Alcoholics Anonymous
- ▶ information about divorce and child custody
- ▶ mental health treatment
- ▶ services on family violence
- ▶ drug abuse services
- ▶ other NGOs

**Exercise: Group Story** .....

**Objective:** to recognize when to make a referral.

**Explain to the participants:** “We are going to create a story together about the kinds of situations you might find when visiting a pregnant mother at home. In the story the counselor discovers that the mother has a problem which needs more help than the counselor can offer, so she makes a referral. I’ll start the story and as we go around the circle each of you will add a piece.”

The trainer starts the story: “Betty is seven months pregnant. When the breastfeeding counselor visits her at home she finds her crying.”

The participant to the trainer’s right adds another small piece of the story.

The person to her right continues until all the participants have added a piece.

Discuss with the participants how the counselor helped Betty by making a referral.

Draw out elements of a successful referral and write them on the flip chart. Include:

- ▶ Develop a resource list with all the counselors.
- ▶ Know your resources.
- ▶ Be certain the referral is realistic.
- ▶ If possible, have a direct contact person.
- ▶ Tell the mother what to expect when she gets there.
- ▶ Tell the mother you will visit her after her referral visit to see how it went.

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**Explain to the participants:** "Remember these key points when we do our next exercise."

**Exercise: Role Play** .....

**Objective:** to practice making a referral.

**Explain to the participants:** "We are going to practice making a referral."

Divide the participants into groups of three.

One participant will play the counselor, one will play the mother, and one will observe the role play.

Each small group will create its own referral scenario.

After a participant has made a referral as Counselor, the observer will give her feedback in a positive way.

Each participant will take a turn in each role.

After fifteen minutes the trainer calls the group back together to discuss what the role plays were like for them, and to see if they have any questions.

.....

**Explain to the participants:** “When you are close to the mothers and families you serve, it may be hard to admit that these families have serious problems. The services needed to help them may not exist, and families may be suffering and living in very poor economic conditions. It is important to ask your supervisor for support and to talk with her about the situations you find in your work, to decide the best possible ways to help.”

Generate a discussion among the participants about their feelings when they encounter difficult situations when they are working in the community.

# Chapter 8: Meeting with Mothers in Groups

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# Chapter 8: Meeting with Mothers in Groups

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## Objectives:

After completing this chapter participants will be able to:

- 1) invite pregnant and breastfeeding mothers to a mother support group;
- 2) begin a mother support group;
- 3) facilitate a mother support group; and,
- 4) resolve common problems that may arise in a support group.

## Overview

### Why Is Mother-to-Mother Support Important?

When we work with breastfeeding mothers, our goal is to help them identify and meet their practical and emotional needs. For most mothers, it may be hard to admit they have problems, or to be able to say exactly what is bothering them. Often when mothers do acknowledge a problem, they tend to blame themselves and to think they are the only ones facing such issues.

By meeting with other pregnant and new mothers, women are able to learn from one another's experiences. By talking and listening to others, it is easier to define one's needs and ask for help. It is easier to learn from peers than from experts; together women can find ways to continue breastfeeding and to resolve situations they face in their families.

## **Session 1: Beginning a Mother Support Group**

### **Objectives:**

After completing this session, participants will be able to:

- 1) explain to mothers what a mother support group is and how it might be helpful to them;
- 2) invite mothers to attend a support group;
- 3) make and implement basic decisions necessary to form a group;
- 4) identify the roles of a group facilitator; and,
- 5) conduct an initial session of a mother support group.

### **What Is a Support Group?**

Breastfeeding mother support groups are bi-weekly or monthly meetings where women receive information on breastfeeding, share experiences and support one another. Groups usually are open to new members but have a core group of women who attend regularly. Attendance may vary from three or four mothers to twenty.

A mothers' support group is different from a class. In a support group, the mothers do most of the talking, and talk to each other rather than just to the group leader. The support group is a place to share information and practical hints, happy times and celebrations, as well as questions and problems. Mothers enjoy being able to help others in the group as well as getting support.

### **Benefits of Attending a Mother Support Group**

When we invite women to attend a mother support group we first explain what a support group is, and what will happen at the group meeting. We explain the benefits of the support group for them and for their community. Our goal is to help the women feel safe, and interested in attending.

### **Strategies to Find and Invite Members to a Mother Support Group**

- ▶ Walk through the neighborhood looking for pregnant women, women with babies, or houses with diapers on the clothesline, where you might knock at the door and

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say, "Do you have a baby here at home? How are you doing?" Invite the woman to attend a group the next day.

- ▶ Ask your neighbors, family and friends to refer members to the group.
- ▶ Talk about the advantages of breastfeeding at patronatos, schools, church, or community gatherings.
- ▶ Distribute posters or fliers at community clinics.
- ▶ In an ongoing group, encourage group members to bring their friends.

### **Acknowledge Real Reasons for Not Attending**

Some women will not be able to attend the support group. When we invite mothers to attend, we should acknowledge legitimate reasons for not attending a group, such as:

- ▶ a woman's time is limited and needed for other purposes;
- ▶ she may be uncomfortable talking about personal information with strangers;
- ▶ family members may oppose her participation; or,
- ▶ the time and place of the group meeting may be inconvenient.

### **Our Goal Is "Support," Not a "Support Group"**

Our goal is to support mothers in whatever way possible. Even a mother who never attends a group may benefit by having met and talked with us about breastfeeding, and by knowing the group is there when she wants support.

### **How to Form a Group**

To begin a mother support group, start by finding an experienced facilitator to work with you. Or, if you have been a support group member for some time, you might find another member to co-facilitate a new group with you, as long as there is someone with more experience to support you if you need help.

### **Basic Decisions**

In forming a new group the facilitators must decide:

▶ ***Who can be a member?***

Support groups can be quite successful even when there are major differences among the members such as age, marital status, ethnicity, educational level, first-time versus experienced mothers, pregnant and new mothers, etc.

If there are too many mothers in a particular neighborhood for one group, separate groups may be offered for pregnant women and for new mothers. Or, groups may be scheduled at different times for the members' convenience. In a rural area where there are fewer women, groups tend to be more inclusive, with grandmothers and other family members attending as well.

▶ ***Where will the group meeting be held?***

The meeting site for the support group should be easy to get to. It should be a neutral place where the mothers feel comfortable with their children—a church, the house of the counselor or of a member, a school, community center, health center, etc.

Ideally, there should be enough room for mothers to sit in a circle, and a surface where the facilitator can write and display educational materials. However, lack of an ideal meeting place should not prevent a group from occurring.

▶ ***When will the group meeting be held?***

It is important to find a regular meeting time so that both new and old members can plan ahead to attend. Meetings usually last one and a half to two hours. The meeting time should be chosen with the members to meet their interests and needs. For example, most at-home mothers are busy with domestic chores in the morning, so they may prefer an afternoon group. Or, a group may meet in the evening or on a weekend in order to include mothers working outside the home.

Group meetings should have a clear beginning and ending time; if mothers arrive late, they can quietly join the meeting.

▶ ***Will the group provide refreshments?***

The question of food is a highly charged one which directly affects a mother's ability to breastfeed and to offer appropriate complementary foods to her child. Food is warm and nurturing, and can be an important feature helping mothers to feel safe and comfortable within a support group. Some groups prepare food together as part of nutrition education. However, lack of financial resources profoundly affects our ability to provide refreshments. It may be difficult to think about refreshments if members lack basic food

for survival. If there are no resources to provide refreshments, this is *not* a reason to not have a support group.

Ideally, a sponsoring breastfeeding NGO or community organization can help provide resources for food. There may not be enough money to provide food every meeting. Sometimes, refreshments can be offered at special events, or parties. Sometimes the responsibility of providing refreshments is rotated among members who volunteer to help. However, many members are living at marginal levels of nutrition and cannot possibly provide snacks; still they may feel so embarrassed to speak of their difficulties that they will exceed their limits in order to take their turn.

Facilitators may need to openly raise the issue of lack of money and food for a group discussion among the members. It should be the group's decision how to manage food within the group.

### **Facilitator Roles**

As group facilitators, we are:

#### ***Teachers and role models who:***

- ▶ listen with respect to understand the mothers' situations;
- ▶ provide correct information on breastfeeding;
- ▶ correct misinformation with respect and caring;
- ▶ model correct breastfeeding practices;
- ▶ help women define their own solutions to breastfeeding and family problems;
- ▶ make sure every member feels safe and free to participate;
- ▶ model giving and receiving support; and,
- ▶ help members to listen to one another.

#### ***Community organizers who:***

- ▶ create networks of support inside and outside the group;
- ▶ link women with similar problems or issues;
- ▶ model being someone who helps her community; and,
- ▶ link women to other necessary resources.

#### ***Evaluators and community researchers who:***

- ▶ keep records about group membership and participation;
- ▶ learn and recording what works and what doesn't within her groups; and,

- ▶ define the needs of group members and reflecting this back to the staff of the sponsoring organization.

### **First Meeting**

The first meeting of a support group is especially important because it sets the tone for the whole group. If the meeting is positive, and feels like a friendly, safe place to learn new things and make new friends, the members will return and bring their relatives and neighbors.

Most of the first meeting is spent on introducing ourselves to one another, explaining what the group will be about, and presenting a sample structure and agreements for the group. Practical details such as scheduling, child care, and meeting place need to be decided.

## Session 1: Training Guide

**Estimated Time:** 1 hour 30 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle  
Role Plays  
Planning Exercise

**Materials and Training Aids:**  
Flip chart and markers

### Presentation:

#### 1. What Is a Support Group?

**Explain to the participants:** “In a mothers’ support group women meet once or twice a month to get information on breastfeeding and to support one another. By talking with other pregnant and new mothers, women learn from each other’s experiences and learn how to get the help they need.

A mothers’ support group is different from a class. In a support group, the mothers do most of the talking, and talk to each other rather than just to the group leader. The support group is a place to share information and practical hints, happy times and celebrations, as well as questions and problems. Mothers enjoy being able to help others in the group as well as getting support.”

**Q:** Ask the participants: “How would you describe to a mother what a support group is?”

**A:** Listen to the participants’ responses, write the key words on the flip chart and add to their responses some of the following:

- ▶ common interest;
- ▶ regular meetings;
- ▶ mutual support;
- ▶ share information;
- ▶ practical help; and,
- ▶ emotional support.

**Using the key words on the flip chart, create a definition of a support group and write it on the flip chart.**

## **2. Benefits of a Mothers' Support Group**

**Q: Ask the participants:** "What are the benefits of a support group for a mother?"

**A:** Listen to the participants' responses and add to their responses some of the following:

- ▶ learn something new about breastfeeding or childbirth;
- ▶ prevent common breastfeeding problems women have;
- ▶ solve a problem they are having with breastfeeding;
- ▶ learn better ways to take care of their children;
- ▶ get to know their neighbors;
- ▶ find something interesting to do outside their house; and,
- ▶ increase her self-esteem by helping others.

**Q: Ask the participants:** "What are the benefits of a support group for a counselor?"

**A:** Listen to the participants' responses and add to their responses some of the following:

- ▶ a group setting is a more efficient use of her time;
- ▶ mothers learn to support each other and do not depend so much on the counselor;
- ▶ counselor gets feedback from mothers and experienced woman of the community which increases her knowledge and skills;
- ▶ counselor gets to know the women of her community; and,
- ▶ counselor learns and practices group facilitation skills that are useful in other settings.

## **3. What Is a Support Group Facilitator?**

**Explain to the participants:** "As support group facilitators, we help the group members in a variety of ways. These are skills which we develop over time, through practice. A group facilitator is not the expert, with all the answers. She is responsible for paying attention to the group as a whole, and making sure that the group is a safe place for all the members. She teaches the mothers by acting as a role model."

**Q:** Ask the participants: "Who can facilitate a support group?"

**A:** Listen to the participants' responses and add to their responses some of the following:

- ▶ a breastfeeding counselor or promoter;
- ▶ a nurse;
- ▶ a social worker;
- ▶ a nutritionist; or,
- ▶ any interested community member who is trained.

**Q:** Ask the participants: "What does a counselor do to facilitate a support group?"

**A:** Listen to the participants' responses and add to their responses some of the following: Counselors facilitate a support group by:

- ▶ listening with respect to understand the mothers' situations;
- ▶ providing correct information on breastfeeding;
- ▶ correcting misinformation with respect and caring;
- ▶ modeling correct breastfeeding practices;
- ▶ making sure every member feels safe and free to participate;
- ▶ modeling giving and receiving support;
- ▶ helping members to listen to one another;
- ▶ creating networks of support inside and outside the group;
- ▶ linking women to other necessary resources; and,
- ▶ keeping records about group membership and participation.

#### 4. How to Form a Mother Support Group

**Explain to the participants:** "Forming a new support group takes time and careful preparation. In order to begin a mother support group there are certain basic questions we must answer."

**Write the following questions on the flip chart:**

- 1) Who will facilitate the support group?
- 2) Who can help facilitate the group?
- 3) Who do we invite?
- 4) Where will the group meeting be held?
- 5) When will the group meeting be held?
- 6) Will the group provide refreshments?
- 7) How will the group provide for child care?

**Planning Exercise in Small Groups** .....

**Objective:** to practice how to plan to begin a mother support group.

**Explain to the participants:** “We’re going to use the questions on the flip chart to plan how to begin a mother support group.”

Divide into groups of four. Take ten minutes to complete the exercise.

Each small group will present their plan and explain why they arrived at their decisions.

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**5. How to Invite Mothers to Attend a Support Group**

**Write the following list on the flip chart.**

**Explain to the participants:** “When we invite a mother to attend a support group, we need to follow the following steps:”

<p><b>Steps in Inviting a Mother to a Support Group</b></p> <ul style="list-style-type: none"><li>▶ Form a personal connection with the mother.</li><li>▶ Try to discover her own needs and goals.</li><li>▶ Explain what occurs in a mother support group.</li><li>▶ Relate the mother support group to her goals.</li><li>▶ Make a follow-up plan with her to attend the group.</li></ul>
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**Exercise: Role Play** .....

**Objective:** to practice inviting women to attend a mother support group.

**Explain to the participants:** “In order to practice inviting women to attend a mother support group, we are going to role play the following example:

**The trainers model the following case example:**

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**Example**

**Counselor:** "Hello Sonia. Doña Josefa told me you have a new little baby, three months old. Is this your first?"

**Sonia:** "Yes. I love being a mother, but ever since he was born I never get out of the house."

**Counselor:** "There is a group of women that meets at my home every Thursday afternoon. At the meeting, pregnant and nursing mothers from this neighborhood get together to talk about the best food for our children. We get to know each other and share our experiences. Would you like to come?"

**Sonia:** "But what will do with my baby?"

**Counselor:** "Babies are some of the most important members of the group. He should come with you. So do you think you'll come?"

**Sonia:** "Maybe...but I don't think I'll know anybody there."

**Counselor:** "Do you know Laura who lives around the corner in the blue house? She's a member of the group."

**Sonia:** "Sure, I know Laura. Is she going too?"

**Counselor:** "Oh yes, Laura loves to come to the mother support group. I'll ask her to come by and get you so you can come together, Okay?"

**Sonia:** "That will be great! I'll get to get out of the house."

Analyze this role play using the list on the flip chart "Steps in Inviting a Mother to a Support Group."

Choose a partner and take the roles of the Counselor and Gladys, a mother of a three month old baby. Practice inviting the mother to a support group. Each participant will have a turn practicing being the Counselor.

After ten minutes, call the group back together and ask each pair to discuss:

- ▶ What was it like to be the mother?
- ▶ What was it like to practice being the Counselor?

- ▶ What do you feel you did well, and what would you like to do better?
- ▶ What did your partner do well?
- ▶ How might your partner improve her approach?

Ask a few pairs to present their role plays to the group and use these examples as the basis of a discussion. Refer to the list on the flip chart “**Steps in Inviting a Mother to a Support Group.**”

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**Explain to the participants:** “If a mother says she can’t come to the group because she doesn’t have enough time, she feels shy, or her husband doesn’t want her to come, tell her that you understand. Stay in touch with her; she still needs your support and she may change her mind about the group.”

## 6. First Meeting

**Explain to the participants:** “Now let’s look at how we can apply some of these skills as we plan the first meeting of a new support group. Keep in mind that the first meeting of a support group is especially important because it sets the tone for the whole group.

If the meeting is positive, and feels like a friendly, safe place to learn new things and make new friends, the members will return and bring their relatives and neighbors.”

**Q:** Ask the participants: “What are some ways we help members feel comfortable during a first meeting?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ try to be relaxed, comfortable, and friendly;
- ▶ greet each member individually, by name;
- ▶ make sure that each person has a place to sit;
- ▶ smile at the children and make them feel welcome; and,
- ▶ if members arrive early, introduce them to one another and help them find a common interest to talk about.

**Explain to the participants:** “Most of the first meeting is spent on introducing ourselves to one another, explaining what the group will be about, and presenting a sample structure and agreements for the group. We need to decide with the members practical details such as scheduling, child care, and meeting place.”

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**Q:** Ask the participants: “What are some ways we can introduce people to one another?”

**A:** Listen to the participants’ responses, write them on the flip chart and add to their responses some of the following:

- ▶ ask people to say their name and something about their family;
- ▶ divide members into pairs to introduce themselves to one another. Then each person introduces her partner to the group; or,
- ▶ use a game to introduce the members. For example, each person draws a paper with a number from a hat when they come into the group. The facilitator calls out the numbers, and each person introduces herself when her number is called.

**Explain to the participants:** “We have already practiced explaining what the group will be about when we invited the members to attend. You need to repeat this at the first meeting because some people will have brought friends and neighbors with them.

We will discuss group structures and agreements in our next session together.”

## Session 2: Creating a Group Structure and Agreements

### Objectives:

After completing this session, participants will be able to:

- 1) describe a variety of possible structures and will be able to present a sample structure to their group;
- 2) name sample agreements for a support group and will be able to develop agreements with group members; and,
- 3) explain the importance of confidentiality and develop an agreement about confidentiality with group members.

### The Need for Structure

Every support group needs a structure to help decide who speaks, who doesn't and when. Structure also helps balance the time you take to present information on breastfeeding with time members take to ask for practical and emotional support.

### Various Structures Are Possible

Some possible support group structures include:

- ▶ each member takes an individual turn to talk about her personal needs related to breastfeeding and parenting;
- ▶ only those members who ask for a turn take one;
- ▶ the entire meeting is a discussion on one topic about breastfeeding;
- ▶ the leader gives information about breastfeeding and asks the members questions about the topic; and,
- ▶ experienced members take turns giving information about breastfeeding to new members.

In groups which follow the La Leche League model, each mother support group meeting is focused on one of four topics:

- ▶ Advantages of breastfeeding;
- ▶ Preparation for the arrival of the baby;
- ▶ Techniques of breastfeeding; or,
- ▶ Nutrition and weaning.

### Sample Structure

This sample structure, from *Perinatal Support Groups Facilitator Training Manual* by Judith Rosenberg and Deborah Lee of the Support Group Training Project of Berkeley, California, has been adapted and used by breastfeeding counselors of La Liga de Lactancia Materna in Honduras.

**Announcements:** Members share community news, resources, and social events.

**Leftover Feelings:** Members talk briefly about any thoughts or feelings "left over" from the last meeting. This allows everyone to pay full attention, rather than being distracted by positive or negative feelings from previous sessions.

**Checking in and Signing up for Time:** Each mother introduces herself, says briefly how she is feeling today, and may ask for an individual turn or suggest a group activity. No one has to take a turn. Some groups time individual turns, others divide the time equally among those asking for turns. Sometimes a special object, such as a rock or doll, may be passed around the circle to show whose turn it is. When a mother is taking her personal turn she controls how her time is used.

**Individual and Group Work:** The facilitator gives a brief talk on breastfeeding, with time for a group discussion, followed by the mothers' individual turns which may or may not be focused on breastfeeding. Mothers take their turns when they are ready, not when they are called on. Each mother may use her time to talk about her life, to ask for practical help, to ask for advice, or emotional support. Facilitators help each member decide what she wants from the group and make sure the group stays focused on what the mother has asked for. Members may suggest discussion topics in addition to breastfeeding, such as how to discipline toddlers.

**Wrapping up:** Ten minutes is saved at the end of the meeting for appreciations and for the mothers to celebrate their successes together. Some groups like to end with a moment of silence, or by holding hands.

### The Importance of Group Agreements

Each support group must create basic agreements on how to behave in the group so that the members feel safe and the group stays focused. Agreements help the facilitator to address common problems which occur in support groups.

For example, if a member is speaking and several other mothers begin to whisper and hold a side conversation, the facilitator may gently remind them of the group's agreement about listening and ask them to wait until the first mother finishes her turn, to open up their discussion to the group.

### **Typical Agreements for a Breastfeeding Support Group**

Typical Agreements for a Breastfeeding Support Group include:

- ▶ No one may criticize or attack another member;
- ▶ Each mother decides what kind of support or information she wants and needs.;
- ▶ No one may offer advice to any member without her permission;
- ▶ Listening is a sign of respect and caring. No one may talk when someone else is speaking; and,
- ▶ Group discussions should be cooperative; everyone has experiences and ideas to share.

### **How to Develop Group Agreements**

At the first meeting, the facilitator may suggest sample agreements and the group may discuss which agreements they wish to adopt. The facilitator may re-state the agreements at the beginning of each meeting, or she may ask some of the women who attend regularly to explain the agreements to new members before the meeting begins.

### **Confidentiality and Safety in the Group**

It is important to discuss confidentiality with the support group members. This may be as simple as asking the women what they need in order to feel safe in the group. Especially in a small village, or neighborhood, women may be reluctant to share personal information if they know it may become local gossip. In such situations, confidentiality may require that nothing is said about the group outside the group, even to another member. Sometimes confidentiality will mean that members agree not to talk about each others' personal situations outside the group, but they will still be free to share breastfeeding information they have learned with others who are not in the group.

Here is an example of how a breastfeeding counselor brings up the issue of confidentiality to a new mother support group:

**Example**

"I would like to talk about what you need in order to feel safe to share your personal experiences with one another. Sometimes women need to know that nothing personal will be repeated outside of the group.

If I were to tell you about a problem I was having with my husband wanting to have sex before the "forty days," I would certainly not want you to tell anyone outside this group what I said.

Other times, it may be all right to share information as long as we don't identify who said what. If I had a problem with my husband drinking and I learned in the support group where I could go to get help, I would want anyone to be able to share the information about where to get help, but not to say that I was the one who asked about it.

Think about what kind of agreements about privacy you would need to feel safe if you were to tell something personal from your life."

## Session 2: Training Guide

**Estimated Time:** 2 hours

**Method of Instruction:**

Participatory discussion with the chairs in a circle

Sample Support Group

Exercise: Creating Sample Agreements

Storytelling

**Materials and Training Aids:**

Flip chart and markers

Copies of Sample Support Group Structure

### Presentation:

**Explain to the participants:** “In a support group, a structure helps to make the group feel safe.”

**Q:** Ask the participants: “What are the benefits of a clear structure in a support group?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ balancing the needs of individual members with the needs of the whole group;
- ▶ deciding who speaks, who doesn’t and when; and,
- ▶ balancing the presentation of information on breastfeeding with time for mothers to get individual practical and emotional support.

**Explain to the participants:** “Breastfeeding mother support groups may follow any of several different formats for dividing the group’s time. For example:

- ▶ each member takes an individual turn focused on her particular needs related to breastfeeding and early parenting;
- ▶ only those members requesting a personal turn will take one;
- ▶ the entire meeting is an open discussion on the selected breastfeeding theme, with no individual turns;
- ▶ the counselor/facilitator presents information and asks members to respond to questions about the theme; or,

- ▶ experienced members take turns presenting information about the theme to new members.

**Exercise: Sample Support Group** .....

**Objective:** to practice how to effectively use a support group model.

**Explain to the participants:** “Here is a written copy of a group model taught by the Support Group Training Project in Berkeley, California which has been used successfully by La Liga de Lactancia Materna de Honduras. The model is simple and very easy to learn.

Let’s take forty-five minutes to practice a sample group using this model. We will not role play in this group; we will be ourselves, using our own real experiences. (If there are more than twelve participants in the workshop, select eight to participate in the sample group, with the other participants functioning as observers.)

- ▶ We start with **Announcements:** Members share community news, resources, and social events.
- ▶ We proceed with **Leftover Feelings:** Members talk briefly about any thoughts or feelings “left over” from the last meeting.

These may be positive feelings. For example: Thank you, Mary, for your support at our last meeting. I had a very hard week, but it helped me to think of you when I was feeling sad.”

Or, they may be negative feelings. For example: “Jane, I have been feeling angry and criticized because of what you said last meeting.” Sharing leftover feelings allows everyone to begin this meeting without being distracted by positive or negative feelings from previous sessions.

- ▶ Next, members **Check in and Sign up for Time:** Each mother introduces herself, says briefly how she is feeling today, and may ask for an individual turn or suggest a group activity.

No one has to take a turn. Some groups time individual turns, others divide the time equally among those asking for turns. Sometimes a special object, such as a rock or doll, may be passed around the circle to show whose turn it is.

When a mother is taking her personal turn she controls how her time is used.

- ▶ After everyone has checked in, we proceed with **Individual and Group Work**: The facilitator gives a brief talk on breastfeeding, with time for a group discussion, followed by the mothers' individual turns which may or may not be focused on breastfeeding.

Mothers take their turns when they are ready, not when they are called on. Each mother may use her time to talk about her life, to ask for practical help, to ask for advice, or emotional support.

Facilitators help each member decide what she wants from the group and make sure the group stays focused on what the mother has asked for. Members may suggest discussion topics in addition to breastfeeding, such as how to discipline toddlers.

- ▶ We end the meeting by **Wrapping up**: Ten minutes is saved for appreciations and for the mothers to celebrate their successes together. Some groups like to end with a moment of silence, or by holding hands.

The facilitator reminds people of the time and place of the next meeting.

Ask the participants what they learned from their experience of the sample support group.

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**Explain to the participants:** "Agreements help make the support group feel safe and help focus the group. They make sure that everyone gets a chance to speak and that people feel really listened to when it is their turn.

It is usually helpful to create the group agreements with the members at the first or second meeting of the mother support group. Some facilitators bring sample agreements with them and ask for the members to add to or change them. Others create agreements anew with each group."

**Exercise: Creating Group Agreements** .....

**Objective:** to practice how to create agreements within a support group.

**Explain to the participants:** "We are going to model how to involve the members in creating group agreements."

"Here are some agreements we have found to be useful in our breastfeeding mother support groups. I'd like to review them with you, to see if they make sense and if there are others you'd like to add."

The trainer reads the handout "Sample Group Agreements."

- ▶ No one may criticize or attack another member.
- ▶ Each mother decides what kind of support or information she wants and needs.
- ▶ No one may give advice to any member without her permission.
- ▶ Listening is a sign of respect and caring. No one may talk when someone else is speaking.

**Q:** Ask the participants: "How might these agreements be helpful when you are facilitating a group?"

**A:** Listen to the participants responses and add the following:

- ▶ prevents members from interrupting one another;
- ▶ prevents one member from dominating the group;
- ▶ prevents receiving unwanted advice;
- ▶ prevents side conversations; and,
- ▶ prevents conflict.

**Q:** Ask the participants: "Are you happy with these agreements? Would you like to change them, or add to them? If so, how?"

.....

**Explain to the participants:** "It is helpful to remind the members of their agreements each session. You may repeat the agreements at the beginning of each meeting. Or, ask some of the mothers who attend regularly to explain the agreements to new members before the meeting begins."

**Exercise: Storytelling** .....

**Objective:** to show the importance of confidentiality within a support group.

Tell the following story to the participants:

**Scenario**

“Paula was a seventeen year old first time mother who came to the support group when she was eight months pregnant. She had inverted nipples and was concerned she couldn’t breastfeed. The facilitator reassured her and showed her how to start preparing her nipples and asked her to continue to attend the group, because she would need additional help when the baby was born.

The next meeting Paula didn’t come. The facilitator asked the members if Paula had already had her baby, or if anyone knew why she hadn’t returned. No one answered and the members looked down in embarrassment. After the meeting, the facilitator asked a member if she knew what had happened to Paula. The member sheepishly answered that someone from the group had told her family about Paula’s inverted nipples and now the whole neighborhood was talking about it. Paula felt terrible and never came back to the group.”

**Q:** Ask the participants: “What happened to Paula?”

**A:** “In any group it is important to create an agreement about not repeating each other’s personal stories outside of the group. Especially in a small village, or neighborhood, women may not want to share any personal information if they know it will quickly become local gossip.”

**Q:** Ask the participants: “What kinds of agreements would have protected Paula after she talked openly about her situation in the group?”

**A:** Listen to the participants’ responses, and add to their responses some of the following:

- ▶ nothing is to be said about the group outside the group;
- ▶ we will not to talk about each others’ personal situations but we can still share breastfeeding information with others outside the group;
- ▶ we can share resources without saying whose situation they relate to;
- ▶ a personal story can only be shared with that person’s consent; and,
- ▶ all personal stories can be shared unless a person asks you not to do so.

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### Session 3: Providing Information in a Support Group

#### Objectives:

After completing this session, participants will be able to:

- 1) present educational topics in a support group format; and,
- 2) provide information without dominating the group discussion.

#### Education on Breastfeeding

Most breastfeeding mother support groups reserve some portion of the agenda to address one or more specific topics related to optimal breastfeeding practices. In groups which follow the La Leche League model, each support group meeting is focused on one of four topics:

- ▶ Advantages of breastfeeding;
- ▶ Preparation for the arrival of the baby;
- ▶ Techniques of breastfeeding; or,
- ▶ Introduction of appropriate complementary foods.

When the facilitator presents a topic to the group she often starts with a question. For example, she might say, "Have any of you ever had sore nipples? Tell us what you did about it." She encourages the mothers to talk about their own experiences, asks them about current problems and involves the group in devising possible solutions.

However, if members begin to give too much advice rather than help a mother find her own answers, the facilitator should intervene.

#### Example

For example, the facilitator might say, "Inez is suggesting using cream to help Marta's sore nipples. I know that worked very well for Inez, but it might not work for everyone. Does anyone know of some other approaches, so that Marta can choose which is best for her?"

At the end of the discussion that facilitator sums up what the mothers have learned, and thanks them for their contributions.

### Providing Information without Dominating

Helen Armstrong, in her *Training Guide in Lactation Management* for IBFAN and UNICEF, suggests that facilitators:

- ▶ be selective and just give the information that is needed;
- ▶ not argue with people who have mistaken ideas; come back to the topic later;
- ▶ postpone giving information for a few minutes to see if other mothers will provide it;
- ▶ avoid saying "You must" or "You should"; and,
- ▶ keep what they say short.

She offers the following teaching approaches to encourage group participation:

- ▶ invite an older woman to talk about her breastfeeding experiences;
- ▶ give a case study and ask the group, "What do you think this mother could do?";
- ▶ tell a true success story and discuss it;
- ▶ do a role play and talk about it; and,
- ▶ show pictures and ask questions about them.

### Balancing Education and Support Within the Group

While the focus of the group is clearly on supporting mothers to breastfeed, it is essential that mothers are able to define their own agendas and talk about the real issues in their lives. When a woman receives information in response to a concern which is immediate in her life, she is much more likely to put it into practice.

### Learning from Experience

The crucial difference between a mother support group and a formal class is that members of a support group learn from each other and from their own life experiences. The group facilitators give accurate information when the members ask for it. They present a brief informational talk on breastfeeding at each session, then turn the agenda over to the members.

Generally, most of the topics the facilitators want to cover will be brought up by members in response to their own needs. To be sure all the important subjects are covered, the facilitators may also want to create a list of sample topics with the group members, and ask the mothers to

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choose the topic for the next meeting from this list. It will help if the facilitator prepares both a talk on this topic as well as an activity or game to make it more lively.

### Session 3: Training Guide

<p style="text-align: center;"><b>Estimated Time:</b> 2 hours</p> <p style="text-align: center;"><b>Method of Instruction:</b> Participatory discussion with the chairs in a circle Game: Hot Potato Exercise: Leading a Group Discussion</p> <p style="text-align: center;"><b>Materials and Training Aids:</b> Flip chart and markers A potato</p>
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**Presentation:**

**Explain to the participants:** “A mother support group is not a class where a teacher lectures about what she thinks is important and the students just listen. In a support group, mothers define their own needs. When a woman receives information in response her own needs, she is much more likely to use it.

A group facilitator helps each member define her own questions. She teaches by getting the group members to answer each others’ questions, using their own experiences.”

**Game: Hot Potato** .....

**Objective:** to illustrate a way to involve members in asking their own questions.

**Explain to the participants:** “We are going to play a game you can use in your support groups to get mothers involved in asking their own questions.”

The trainer takes a potato and says to the participants, “This potato is very hot and you have to get rid of it fast. As soon as you catch it, throw it to someone else. When I clap my hands, whoever is holding the potato has to ask a question of the group, and the group has to answer it.”

Play the game until five or six participants have each asked a question.

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**Explain to the participants:** “As facilitators, it is important to learn how to present information in a way that lets each mother contribute something special. If the facilitator “knows all the answers” the mothers soon learn to keep quiet.”

**Q: Ask the participants:** “What are some ways in which we can involve mothers in sharing information?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ don’t tell everything you know, just give the information that is needed;
- ▶ don’t argue with people who have mistaken ideas; come back to the topic later;
- ▶ wait for a few minutes before giving information to see if other mothers will provide it;
- ▶ avoid saying “You must” or “You should”; and,
- ▶ keep what you say short.

**Explain to the participants:** “When the facilitator presents a topic to the group she often starts with a question. For example, she might say, “Have any of you ever had sore nipples? Tell us what you did about it.”

She encourages the mothers to talk about their own experiences, asks them about current problems and involves the group in devising possible solutions.”

**Exercise: Leading a Group Discussion** .....

**Objective:** to illustrate a way to involve members in a group discussion.

**Explain to the participants:** “We are going to practice how to make breastfeeding topics relevant to your group members.”

The trainer has written on small slips of paper possible members of support groups, for example: first time mothers; mothers with toddlers; teen mothers; mixed group of men and women; and, working mothers.

She folds the papers and puts them inside a balloon, which she inflates.

The trainer says to the participants, “ Let’s hit the balloon to one of the participants and asks them to bat it back and forth until the balloon breaks. When the papers fall down, each of you take one.”

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The trainer calls on each participant to explain how she would open a discussion on the topic of breastfeeding and family planning to her audience. She asks the participants to help one another with suggestions, which should include the following:

- ▶ open-ended questions
- ▶ asking for personal experiences
- ▶ drawings or printed materials
- ▶ games
- ▶ exercises

**Explain to the participants:** “In a breastfeeding support group mothers also need to talk about other issues in their lives. The group facilitators give a brief talk on breastfeeding at each session, then turn the meeting over to the members.

In groups which follow the sample structure we used before the facilitator can sign up for an individual turn to address a breastfeeding topic at each meeting.”

**Q:** **Ask the participants:** “What are some topics mothers might want to talk about in their support group?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ how to discipline with love
- ▶ how to play with your children in a way that teaches them
- ▶ family planning
- ▶ managing family responsibilities when you work outside the home
- ▶ how to get support from your family
- ▶ how to improve your family’s economic situation

**Explain to the participants:** “When women are able to use the support group to address the full range of their concerns as women and as mothers, they are much more likely to keep attending the group.”

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## Session 4: Skills to Encourage Participation in the Group

### Objectives:

After completing this session, participants will be able to:

- 1) work effectively with members who are quiet, and with those who talk too much;
- 2) motivate participation by including a variety of activities in the group agenda; and,
- 3) promote leadership among group members.

### Working with Quiet Group Members

Mother support group facilitators often worry about group members who are quiet and who do not speak in the group. They feel these women may be unhappy, dissatisfied, embarrassed or confused.

Many women participate in a group by paying careful attention without speaking very much. A good group facilitator learns to notice *how* a person is silent in order to understand the meaning of that silence.

If a quiet person is actively involved in the group she looks alert; her eyes, body and facial expression show interest in what others are saying. If a quiet person is not engaged with the group she may look restless, stiff and uncomfortable, or generally distracted. It is important to remember that even someone who talks a lot in the group may show these same signs.

If a group member seems unusually quiet, it may help for the facilitator to ask for her help with group tasks, such as setting up the meeting space or serving refreshments. Then the facilitator should publicly appreciate the member's contribution. Or, the facilitator can appreciate the quiet, focused attention the member gives to the group.

Sometimes the facilitator will talk with the quiet woman outside the group to ask what is going on with her. More often than not the woman has other issues in her life with which she is preoccupied, but she does not feel safe enough to talk about them in the group. Talking with the facilitator privately may be a better solution for her. Also, feeling a stronger personal connection with the facilitator will probably help her feel safer in the group.

Under *no* circumstances should you single out a quiet member and demand her verbal participation by asking questions, or worse, by saying, "You are so quiet, tell us what you are thinking about X." If the mother was already feeling embarrassed or unsafe in the group, focusing on her lack of participation will only make her feel worse and may drive her away.

### **How to Handle a Member Who Dominates the Group**

Some group members may be very controlling and demand a great deal of attention from the facilitators and the other members. They may rush to answer every question, preventing other women from participating. Or, they may interfere in other mothers' turns and give unasked for advice and opinions.

It is usually hard to be direct when addressing the behavior of a dominating group member. We don't want to insult anyone or make her feel bad. However, as a group facilitator our first responsibility is to make the group safe for everyone. If we allow one person to control the group other members will probably feel intimidated. They may not speak at all or may stop attending. The group may be ruined for everyone.

It is very important to act in these situations, to make the group safe for all the women to speak. The agreements the group establishes about not interrupting or giving unsolicited feedback will prove very helpful in this situation.

The following example shows how a facilitator can successfully limit a member who is constantly interrupting:

Meches is a grandmother attending a group with her daughter-in-law. She often interrupts to give unasked for advice. To handle this situation, the facilitator refers to the group agreements in a general way, and says, "We need to make room for everyone to participate." or, "I'd like to see if anyone who hasn't spoken yet would like a chance to contribute." This does not solve the problem, so the facilitator is more direct, and says, "Maria was talking about breastfeeding her twins and I don't think she was finished explaining her situation. If she wants our advice she will ask for it."

Sometimes a member who interrupts, or who always takes over the conversation to talk about her own situation, is someone who has many problems and crises in her life. While the group may be able to help her with one or two of these issues, it cannot be the only or main place she tries to work out her problems. A breastfeeding mothers support group which meets monthly or bi-monthly cannot provide that much help to any one member.

If the facilitator wants to try to help a troubled mother outside the group, it is important for her to be clear about the kind of support she can offer. Most group members will experience difficult times on occasion. However, someone whose whole life is in a continual crisis needs help not just with solving her problems, but with changing how she lives.

A community-based counselor or promoter is not a psychotherapist, and her training is focused on breastfeeding rather than on psychological issues. She may meet with the woman individually, but she should focus on identifying other resources in the community or in the woman's life to deal with these problems.

### **Activities/Motivating Members**

In order to motivate ongoing participation in the breastfeeding support groups the facilitators may include a variety of activities in the group agenda. Whenever possible, the facilitators should involve the group members in selecting, planning for and conducting the activities.

Facilitators may also use other incentives to increase group members' involvement:

- ▶ Raffles or prizes;
- ▶ Diplomas;
- ▶ Group dynamics and games; or,
- ▶ Speakers on other topics in addition to breastfeeding.

It may take money and time to successfully implement some of these activities. It is important that the sponsoring breastfeeding organization help to find these resources, and not expect the individual counselors or promoters to be able to provide materials, refreshments, etc.

### **Encouraging Members to Take on Leadership in the Group**

One goal of the support group is to develop mothers' self-confidence. To accomplish this goal, the facilitators should share as many of the group's tasks and responsibilities as possible, including:

- ▶ setting up the meeting space;
- ▶ preparing refreshments;
- ▶ contacting members who miss a meeting;
- ▶ arranging for childcare;
- ▶ inviting a guest speaker; and,
- ▶ preparing visual aids.

Some members may be interested in developing facilitation skills and may want to take turns facilitating the group. Others might like to help prepare the presentation on a breastfeeding topic for the next meeting. Facilitators need to appreciate each member's contribution, and support the women as they develop new leadership skills.

### **Group Sustainability**

Facilitators often worry when women stop attending the breastfeeding support groups. Evaluation research conducted by La Liga de Lactancia Materna in Honduras has highlighted some typical reasons why group members cease to participate.

- ▶ Lack of interest in the theme, or repetition of the same information
- ▶ Other problems in their lives
- ▶ Their husbands do not let them come
- ▶ Problems with the time and place for the meetings
- ▶ Too much other work to do at home
- ▶ Feeling shy, they do not want to be called on to speak

If a mother who still needs the group has stopped attending, we will want to visit her at home to understand her situation and offer help, if that is appropriate. Sometimes we can help a woman to prioritize what really matters to her so she can negotiate with her husband or other family members and continue attending the group.

However, if our goal is to create community-wide support for breastfeeding, we do not necessarily need women to participate indefinitely in a mother support group. Some mothers outgrow their need for a breastfeeding support group. For these women, the question becomes not “How do we keep people in the group?” but “What other kinds of activities and ways of involving people can we create to keep mothers part of a breastfeeding community?” (see Chapter 9: Community Education).

### **Creating Networks of Support Outside the Group**

Our goal is to create community-wide support for breastfeeding. We encourage mothers to support one another outside the group. Sharing practical support, such as baby-sitting, or going with another mother to the health clinic, will naturally lead women to build friendships. We also show public recognition for women’s successes, such as diplomas for support group members, or flags for mothers to display outside their door saying “I’m a breastfeeding Mom and doing well!”

Some mothers who no longer have the time or need for regular participation in the support group might like to help plan an outreach or social event about breastfeeding, such as a celebration for mothers who have breastfed for one year, a movie or video party, or a reunion for women who have been support group members in the past but whose children are now older.

## Session 4: Training Guide

**Estimated Time:** 1 hour 30 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle  
Game on Interrupting

**Materials and Training Aids:**  
Flip chart and markers

### Presentation:

#### 1. Working with Quiet Group Members

**Explain to the participants:** “When group members are quiet and do not speak in the group we sometimes worry that they are unhappy, dissatisfied, embarrassed or confused. Many women pay careful attention without speaking very much. We need to look at *how* a person is quiet in order to understand what her silence means.”

**Q:** **Ask the participants:** “What are some ways to notice if someone who is quiet is actively involved in the group?”

**A:** Listen to the participants’ responses, and add to their responses some of the following:

- ▶ she looks alert;
- ▶ her eyes, body and face show interest in what others are saying; and,
- ▶ she follows others’ questions attentively.

**Q:** **Ask the participants:** “What are some ways to notice if someone who is quiet is not actively involved in the group?”

**A:** Listen to the participants’ responses, and add to their responses some of the following:

She may look:

- ▶ restless;
- ▶ stiff and uncomfortable; or,
- ▶ distracted.

**Explain to the participants:** “If a group member seems shy, ask her to help with setting up the meeting space or serving refreshments—then thank her in the group for her help.

You may want to talk with a quiet woman outside the group to ask what is going on in her life. Often she is thinking about other problems, but does not feel safe enough to talk about them in the group. Talking with you privately may be better for her; feeling a stronger connection with you will probably help her feel safer in the group.”

**Q:** **Ask the participants:** “Would anyone like to tell about a time when you were quiet in a group and the facilitator called on you and forced you to speak?”

**A:** Listen to the participants’ responses.

**Q:** **Ask the participants:** “What are some of the results of forcing someone to speak?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ a shy person may withdraw further;
- ▶ she may feel embarrassed;
- ▶ she may not return to the group;
- ▶ she may start to cry; and,
- ▶ she may become angry and defensive.

**Explain to the participants:** “People will find their own time of when it feels right to them to talk. We need to respect each group member and not force her to participate.”

## 2. Managing Members Who Dominate in the Group

**Explain to the participants:** “On the other hand, some members may be very controlling and demand a great deal of attention from you and from the other members. They may rush to answer every question, preventing other women from sharing their experiences. Or, they may jump in on others’ turns and give unasked-for advice and opinions.”

**Q:** **Ask the participants:** “Would anyone like to tell about a time when you were facilitating a group and a member was taking too much of the group’s time?”

**A:** Listen to the participants’ responses.

**Explain to the participants:** “It is hard to stop someone from dominating. You don’t want to insult her or make her feel bad. However, as a group facilitator your first

responsibility is to make the group safe for everyone, and if you let one person control the group other members may not speak at all, or may stop attending; the group may be ruined for everyone.”

**Q:** Ask the participants: “What are some ways to handle someone who is dominating the group?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ Use the group agreements about:
  - each member controlling her own turn;
  - not interrupting; and,
  - not giving advice.
- ▶ Say “I’d like to see if anyone who hasn’t spoken yet would like a chance to talk.”
- ▶ Be direct. Say “Maria was talking and I don’t think she finished explaining her situation. Please let her finish.”

**Exercise: Game on Interrupting** .....

**Objective:** to help overcome facilitators’ embarrassment about interrupting a talkative member.

**Explain to the participants:** “Sometimes we know we need to limit a member who is taking too much of the group’s time and attention, but it can be very embarrassing to say something. We are all trained to be polite, and it seems rude to interrupt. But sometimes, even though it feels awkward, you just have to do it. So, we are going to play a game to practice interrupting.”

The trainer turns to the person on her left and says, “I’m going to tell a story and you have to interrupt me. I’m going to keep talking so that you have to be forceful to make me stop.”

After the participant has successfully interrupted the trainer, she then tells a story to the person on her left, who has to interrupt her.

Continue in this way around the circle, until everyone has had a turn. If there are more than ten participants, practice the exercise in pairs, with each person having a turn as the talkative member and as the one who interrupts.

Ask the participants how they would use this experience when they are facilitating a group.

.....

**Explain to the participants:** “Sometimes the member who interrupts, or who always turns the conversation to her own situation, is someone who has many problems in her life. While the group may be able to help her with one or two of these issues, it cannot be the only or main place she tries to work out her problems. A breastfeeding mother support group which meets once or twice a month cannot give that much help to any one member.

If you want to try to help a troubled mother outside the group, be clear about the kind of support you can offer. Most mothers have hard times now and then, but someone whose life is always in crisis needs help changing *how* she lives. Meet with the woman individually to help her find other resources for her problems.”

### 3. Motivating Participation in the Group

**Q:** Ask the participants: “What are some activities we might include in a support group meetings in order to hold the members’ attention?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ films;
- ▶ speakers;
- ▶ field trips;
- ▶ preparing food together;
- ▶ making baby clothes, or crafts;
- ▶ weighing babies;
- ▶ baby showers; and,
- ▶ birthday celebrations.

**Explain to the participants:** “It is important to involve the group members in planning and implementing these activities.”

**Q:** Ask the participants: “What are some other ways to motivate members’ continued involvement in the group?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ Incentives for participation (raffles, prizes, diplomas, etc.);
- ▶ Group dynamics and games; and,

- ▶ Talking about other topics in addition to breastfeeding, such as: family planning, childhood illnesses, sexually transmitted diseases, pregnancy and birth, nutrition during pregnancy, deparasitization, etc.

#### 4. Building Leadership among Group Members

**Explain to the participants:** “One of our goals is to help build the leadership skills of the group members, to share the work of running the group.”

**Q:** Ask the participants: “What are some ways to encourage members to be involved in planning and running the group?”

**A:** Listen to the participants’ responses and add to their responses some of the following:

- ▶ helping set up the meeting space;
- ▶ preparing refreshments;
- ▶ contacting members who miss a meeting;
- ▶ arranging for childcare;
- ▶ inviting a guest speaker;
- ▶ making posters or signs;
- ▶ taking turns facilitating;
- ▶ giving the breastfeeding talk; and,
- ▶ finding new members.

**Explain to the participants:** “Public appreciation is an important motivation to keep women involved in the group. Thank each woman for the help she gives. Show public recognition for women’s successes, such as diplomas for support group members, or flags for mothers to display outside their door saying ‘I’m a breastfeeding Mom and doing well!’”

## Session 5: Handling Conflict Between Members

### Objectives:

After completing this session, participants will be able to help resolve conflicts between group members.

### Conflict Between Members

Conflict is a normal part of life; when it occurs in a support group it does not have to threaten the facilitators or group members. Conflict can include:

- ▶ strong differences of opinion;
- ▶ competition between members;
- ▶ an unspoken antagonism between individuals or sub-groups; or,
- ▶ a direct verbal attack.

Subtle conflict, in which one woman undermines another by questioning everything she says or by showing disapproval in her facial or body expression, can be just as hurtful as a direct verbal attack. The facilitator must take the risk of talking about such behavior openly. This protects the woman being undermined, and also reassures the other members that such negative behavior will not be allowed in the group.

Here is an example of a conflict that arose in a support group, and how a facilitator managed the situation:

### Example

Clarita is a 36 year old mother of four children, the last of whom are only eleven months apart in ages. She is exhausted, does not want to have more children, and asks the group's advice about family planning methods they have tried.

Doña Zulema suggests that Clarita should be sterilized and several other members look shocked. Clarita asks her to tell her what happens when you are sterilized.

Another member, Mimi, interrupts, "How can you think of doing such a thing! The Bible says you must have the number of children that God gives you."

The facilitator intervenes and says, "I know that family planning is a topic that brings up strong feelings and beliefs for many of us. Our goal here is not to make decisions for one another, but to share information so each of us can make her own decision. Can we agree to disagree and respect each other's point of view?"

The facilitator's role requires that she remain neutral in any conflict within the group, even if she has strong opinions herself which would lead her to side with one party. Her function is to make sure that everyone involved gets a chance to express herself and to be heard. She may or may not be able to resolve the difference between the women.

Every issue can be seen from many perspectives, because every individual has had different experiences in her life and brings different values to the situation. In a conflict, the group facilitator:

- ▶ stops the action between the conflicting members;
- ▶ asks them to take turns listening to each other;
- ▶ asks each party to re-state what she understood from the other's statement; and,
- ▶ asks everyone to look for what is true in each side of the conflict.

If a direct confrontation occurs between two members, it is important to remember that the person who appears to be attacking is usually as frightened as the one being attacked. The facilitator should be careful not to side with the "victim." Because the "angry one" is already having a hard time controlling herself, the facilitator asks her to speak first to tell her experience of what happened. Then she asks the other woman to relate her experience.

If the conflicting members are not able to stop fighting within the meeting, the facilitator may have to ask them to meet with her outside the group to work on their differences. Occasionally, two individuals will have such a hard time being together that they cannot stay in the same group. This is more likely to occur if the women also have a conflictual relationship with one another outside the group. If the conflict is dominating the group so that other members cannot feel comfortable and provide one another with support, the counselor should find ways to support them individually outside of the group.

## Session 5: Training Guide

**Estimated Time:** 1 hour 30 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle  
Case Study and Analysis

**Materials and Training Aids:**  
Flip chart and markers

### Presentation:

**Explain to the participants:** "Conflict is a normal part of life and sometimes it occurs in a support group."

**Q:** Ask the participants: "What are some ways conflict can occur within a support group?"

**A:** Listen to the participants' responses, and add to their responses some of the following:

- ▶ when members have strong, different opinions
- ▶ competition between members
- ▶ small groups of women who seem to dislike each other
- ▶ calling names or insulting someone
- ▶ subtle conflict, in which one woman questions everything another says or looks disapproving whenever she speaks.

**Explain to the participants:** "If members are being negative or competitive in the group, here are some ways to handle the situation."

**Write the key words on the flip chart.**

- ▶ Stop the action.
- ▶ Talk openly about the conflict.
- ▶ Stay neutral even if you have strong opinions yourself.

- ▶ **Ask each person to re-state what she understood** from what the other woman said.
- ▶ **Make sure that everyone involved gets a chance to express herself and to be heard.**
- ▶ **Ask all the members not to take sides, but to look for what is true** in each side of the conflict.
- ▶ **Because the person who is attacking is already having a hard time controlling herself, ask her to speak first, to tell her experience of what happened.** Then ask “the victim” to tell her story.
- ▶ **If the members are not able to stop fighting within the meeting, you may have to talk with them outside the group to work on their differences.**

**Exercise: Case Study and Analysis** .....

**Objective:** to help participants learn how to intervene when two members have a conflict.

The trainer presents the following case example:

**Example**

Ofelia is a new member of a mother support group that has been meeting for three months. During the check-in she takes out a bottle and begins to feed her baby. One of the long-time members, Teresa, interrupts another member's check-in and explodes, "How could you give that filthy thing to your baby?"

Ofelia looks crushed, and answers very softly, "I was very sick after I my son was born and he didn't want to nurse anymore. I had no choice."

Teresa persists, "You always could have tried again when you got well."

Ofelia begins to cry. The other members look angrily at Teresa. One member, Cristina, says, "How can you talk to her like that! Can't you see you've upset her!"

Ask the participants, "What should the facilitator do?"

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Refer to the key words on the flip chart to analyze the situation.

Remind the participants that Teresa is probably as frightened as Ofelia. Be careful not to side with the "victim."

Say to the participants, "People may continue to disagree. Every woman has had different experiences in her life and has her own values. You may or may not be able to solve the conflict between the women. Your job as facilitator is simply to help everyone feel safe and understood."

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## Session 6: Children in the Group

### Objectives:

After completing this session, participants will be able to:

- 1) help group members handle issues of childcare within or nearby the group meetings; and,
- 2) address parenting problems which occur in the support group.

### Handling the Needs of Mothers and Children in the Group

Mothers bring their breastfeeding babies to the support groups. Many women also bring older children who may be very active and have a hard time being quiet during a group meeting. If there are three or more toddlers or pre-school age children present, the group will need to plan for childcare to prevent disruption of the meetings.

If childcare is an issue for a mother support group, the whole group needs to be involved in planning how to share the responsibility, not only those whose children attend. Members may take turns watching the children, or one or more members may have older children who can watch and play with the younger ones.

### Flexible Childcare Policies

In setting a policy about childcare, it is important to take into account individual differences in needs and resources, rather than to make firm rules.

#### Example

For example, one group decided not to have toddlers present at their meetings. However, one toddler was having a very hard time adjusting to his mother having a new baby, and would not leave her side. The group decided to take turns playing with him nearby. This gave the overwhelmed mother a break without upsetting the child further.

### Difficulties in Parenting

Because mothers bring their children with them to the breastfeeding support group, problems in the ways they treat the children will be apparent to the facilitators and to other members. It may

be quite difficult for the facilitator to talk openly about inappropriate parenting. How the members and facilitator respond in these situations will depend on what the mother is doing.

For example, a mother who is frustrated and overwhelmed may react to a normal request from her child in anger. If the group is sharing a snack and a toddler reaches for food before it is his turn, the mother may hit his hand.

In this situation, the facilitator may gently model a different way of handling the child. It may be possible for her to introduce a general discussion of how to discipline toddlers. However, if the mother acts angrily towards her child most of the time, the facilitator will want to talk with her outside the meeting to explore what she is feeling and to help her find other ways to express it.

If a mother shows a more serious problem, such as angrily shaking her baby, the facilitator would be much more alarmed. Nothing an infant does could possibly be cause for punishment. A woman who would mistreat her baby in a public situation might seriously hurt him in private. Her action must be understood as a cry for help. It is important for the facilitator to show her concern not only for the baby but for the mother.

In this situation, the facilitator must immediately intervene, and ask the mother what is wrong. If the mother is silent, or seems ashamed, the facilitator might say, "Sometimes, when we are having a hard time with other problems in our lives it may be very difficult to handle the demands of a baby. Even though we know it isn't the baby's fault, it is hard not to react to their needing us so much, especially if we feel we have little to give."

The counselor should offer to visit the woman at home, to talk with her privately, and should remain in frequent contact with her.

The facilitator should definitely speak with her supervisor immediately about this situation, and should not try to handle it all by herself. The mother is going to need additional support for some time to help her and to protect the baby.

If their community has a system for child abuse prevention and treatment, or for psychological counseling, a referral will be in order. Or, the doctor or nurse from the local health center may be able to serve as a resource.

The supervisor will need to help the volunteer counselor deal with her own feelings about the situation, and remain in regular contact with her. It may be quite difficult for the counselor to handle circumstances clearly beyond her control or training, especially when other necessary community resources are limited or non-existent. (See "Making Necessary Referrals" in Chapter 7: Individual Contacts).

## Session 6: Training Guide

**Estimated Time:** 1 hour

**Method of Instruction:**  
Participative discussion with the chairs in a circle.  
Discussion in Pairs

**Materials and Training Aids:**  
Flip chart and markers

### **Presentation:**

**Explain to the participants:** “Most women bring their small children to support group meetings because they have no one to leave them with. While we want mothers to keep their babies with them, toddlers and pre-school aged children get bored and need someone to pay attention to them.”

**Q:** Ask the participants: “What are some ways we can address the needs of older children in the group?”

**A:** Listen to the participants’ responses, write the key words on the flip chart and add to their responses some of the following:

- ▶ members may take turns watching the children;
- ▶ one or more members may have teenagers who can watch and play with the younger ones;
- ▶ the sponsoring agency may provide toys and drawing materials so the children may play near to the group and have something to do;
- ▶ a group may have three facilitators, two of whom lead the group and the third plays with the children;
- ▶ look for a woman’s organization or church in the community who will help with childcare during the meetings; and,
- ▶ teachers’ and other professional training programs sometimes need time practicing with children and may send students to work with the children during the meetings.

**Explain to the participants:** “Mothers appreciate feeling that their children are members of the group. We should see this not as a “childcare problem” but as an opportunity to model creative and educational ways for mothers to play with their children.

Mothers raise their children in many different ways. We may not agree with everything a mother does or says to her child. Usually it is not appropriate for the group facilitator to tell a mother how to behave towards her child.

You may want to suggest a group discussion topic of "Ways to effectively discipline our children" without pointing fingers at a particular mother. You may want to invite an outside speaker for this topic.

Occasionally mothers may ask a facilitator for help with an older child. While the facilitator may be happy to talk with her, mother-to-mother, you may need to refer her to an expert in this area for additional help."

**Exercise: Discussion in Pairs** .....

**Objective:** to identify mother-child interactions in which a child may need to be protected.

**Explain to the participants:** "In order to recognize when we need to protect a child, we are going to talk with a partner about a time we witnessed a parent hurting a child, physically or verbally."

"Think about an incident of abuse you personally saw.

- ▶ What happened?
- ▶ How did it make you feel?
- ▶ What did you do?
- ▶ What was the result of your action?"

Each participant will take five minutes explaining her own experience to her partner.

The trainer asks the participants to share some of their experiences and writes on the flip chart a list of kinds of abuse.

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**Explain to the participants:** "If you encounter any of these kinds of situations in your support group, it is extremely important not to ignore them and to act immediately. While it may be very difficult to confront the issue of abuse, you must ask the mother what is wrong."

If the mother is silent, or seems ashamed, the facilitator might say,

“Sometimes, when we are having a hard time with other problems in our lives it may be very difficult to handle the demands of a child. Even though we know it isn’t the child’s fault, it is hard not to react to their needing us so much, especially if we feel we have little to give.”

The mother is going to need additional support for some time to help her and to protect the child. Offer to visit the woman at home, to talk with her privately, and remain in frequent contact with her. Talk with your supervisor immediately about this situation; don’t try to handle it all by yourself.”

# Chapter 9: Community Education

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# Chapter 9: Community Education

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## Objectives:

After completing this chapter participants will be able to:

- 1) define “community education” and explain its applicability in promoting community support for breastfeeding;
- 2) utilize storytelling as an effective way to teach breastfeeding information;
- 3) name and practice at least five different kinds of games to use in breastfeeding promotion at the community level;
- 4) design and implement a community activity or event in support of breastfeeding;
- 5) involve community members in creating and performing their own popular theater production in support of breastfeeding; and,
- 6) integrate breastfeeding education and support within direct service programs such as community kitchens and nurseries.

## Overview

“Community education” is a strategy to build support for breastfeeding by teaching community members in ways that connect with their daily lives. We use simple and inexpensive materials which can be readily obtained even in a small community.

In order to effectively reach a community our educational techniques need to be lively and entertaining. Every culture has strong artistic traditions of storytelling, theater and music. When we use these familiar and powerful media to present information we capture people’s attention so they remember and integrate the information we share with them.

Some community-based breastfeeding programs in Latin America use community education as their primary means of promoting breastfeeding. Others combine this methodology with individual peer counseling and peer support groups for breastfeeding mothers. The community education techniques described in this chapter may be used and adapted to train breastfeeding counselors, in making formal or informal presentations to the community, or as part of mother support groups.

## Session 1: Storytelling

### Objectives:

After completing this session, participants will be able to:

- 1) explain why storytelling is an effective way of teaching about breastfeeding; and,
- 2) name and practice at least three different ways to tell stories.

### Trainer's Summary

In rural, non-industrialized communities storytelling is the primary way people teach one another and share information. Storytelling is entertaining and is a way to maintain cultural traditions. Telling stories helps unite people into a strong community. When counselors or promoters use storytelling to teach about breastfeeding, they can illustrate community problems without making anyone feel criticized, and they can suggest possible solutions without giving unnecessary advice.

When we use storytelling to teach breastfeeding information, it is important to learn about the traditional stories and beliefs of the communities where we are working, in order to fit our messages into their familiar models. Each culture has familiar language patterns and popular characters about whom they tell stories. People usually bring these patterns and characters with them when they migrate to the city, or even to another country. By using familiar stories and characters it is easier to introduce new ideas in a form that is comfortable for people.

### Ways to Tell Stories

David Werner and Bill Bower give the following example in *Helping Health Workers to Learn*. The Lardin Gabas Rural Health Programme in Nigeria uses this story to teach about the benefits of child spacing:

“A father and his son were planting corn. The son asked his father why the corn wasn’t planted closer together in order to obtain more per hectare. The father explained that if there is space between the plants, they grow strong and healthier and produce more grain. Can you see the relationship between little corn plants and children?”

The health worker tells the story, then uses it in a group discussion on child spacing. She may also use a variety of related techniques to bring the story to life for the community. Using the above story as a starting point, here are some examples of storytelling techniques.

**Flip Charts or Flash Cards:** Telling a story with pictures can help the audience understand what is happening, and can help guide the storyteller. If duplicate sets of the pictures are made available to them, community members can easily repeat the story to others. To tell the child-spacing story we can use pictures: of crowded and well-spaced corn; of a dog with too many pups so that one is too small; of a large family crowded in a very small house and of a smaller, more prosperous looking family with children of obviously differing ages.

**Role-playing:** By acting out the story the audience becomes more involved and accepts the message more personally. Instead of assigning parts in a play, the counselor or promoter asks for volunteers for each part (in this case, the father and the son) and encourages them to create their own dialogue.

**Group Stories:** When community members create their own story together they are very likely to become attached to it and to repeat it. Group stories are more likely to reflect the culture and situation of a community than stories written by outsiders. To begin a group story a breastfeeding promoter might say, “Let’s make up a story about why it is better to wait awhile before having another baby. I’ll start, then we can go around the circle and each person can add a little to the story.”

**Songs:** Putting a story to music makes it especially memorable. Simple melodies, clear rhythms and rhyming lyrics are easier to learn. One approach is to use a well-known popular song and change the lyrics.

**Journals and Scrapbooks:** In journal writing, members of a mothers group, or health education class, are asked to write down or draw something about their own experiences on a particular topic. (In this case they would write about babies born close together and babies born several years apart.) The group then shares what they have each written or drawn and this material is used as the basis for creating a story about child-spacing.

## Session 1: Training Guide

**Estimated Time:** 90 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle  
Storytelling Exercise

**Materials and Training Aids:**  
Flip chart and markers

### Presentation:

**Explain to the participants:** “In much of the world, storytelling is the main way to teach and to share information. In this session we will learn ways to use storytelling to teach community members about breastfeeding.”

- Q:** **Ask the participants:** “What are some of the advantages of using storytelling to teach about the importance of breastfeeding?”
- A:** Listen to the participants’ responses, write the key words on the flip chart and add to their responses some of the following aspects:
- ▶ entertaining;
  - ▶ maintains cultural traditions;
  - ▶ creates a strong community;
  - ▶ makes people feel comfortable;
  - ▶ illustrates community problems without making anyone feel criticized; and,
  - ▶ we can offer solutions without giving advice.
- Q:** **Ask the participants:** “What are some situations in which you might tell a story to teach about the importance of breastfeeding?”
- A:** Listen to the participants’ responses, and add to their responses some of the following:
- ▶ when giving formal or informal talks to the community;
  - ▶ to train breastfeeding counselors and promoters; and,
  - ▶ as part of mother support groups.

**Explain to the participants:** “Each culture has familiar ways of talking and popular characters in their stories. People bring these characters with them when they move to the city, or even to another country.

When we use storytelling to teach about breastfeeding, we need to learn the traditional stories of the communities where we work and fit our messages into their familiar models. Then we can introduce new ideas in a form that is comfortable for people.”

**Storytelling Exercise** .....

**Objective:** to practice a variety of ways to tell stories in teaching about breastfeeding.

**Explain to the participants:** “To practice telling stories to teach about breastfeeding we are going to use the following example from a rural health program in Nigeria to teach about the benefits of child spacing.”

**Example**

“A father and his son were planting corn. The son asked his father why the corn wasn’t planted closer together in order to obtain more per hectare. The father explained that if there is space between the plants, they grow strong and healthier and produce more grain. Can you see the relationship between little corn plants and children?”

**Q:** **Ask the participants:** “Suggest a variety of ways to use this example working in the community.”

**A:** Listen to their responses, write their suggestions on the flip chart and add to their responses some of the following techniques:

- ▶ Flip Charts or Flash Cards
- ▶ Role-playing
- ▶ Group Stories
- ▶ Songs
- ▶ Journals and Scrapbooks

Divide the participants in small groups of three or four and ask each group to select one of the suggested techniques and to create a brief activity using the example story.

Give the groups twenty minutes to work on their activities.

Each group takes a ten minute turn practicing their activity with the other participants.

**Explain to the participants:** “Now we see how many different ways there are to use storytelling in our work.”

**Q:** Ask the participants: “What are some stories you know and how might you use or adapt them to teach about the importance of breastfeeding?”

**A:** Listen to the participants’ responses.

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## Session 2: Games

### Objectives:

After completing this session, participants will be able to:

- 1) explain why games are an effective way of involve community members in learning about breastfeeding; and,
- 2) name and practice at least five different kinds of games to use in breastfeeding promotion at the community level.

### Trainer's Summary

Games are fun; their informality actively engages community members more than lectures, films, or other visual aids.

When a volunteer breastfeeding counselor or promoter wants to involve community members in an educational presentation, she can use one of the following games to encourage their participation:

▶ **Puzzles:**

- 1) Draw a poster about a breastfeeding slogan, such as "Breast is Best."
- 2) Glue the drawing onto heavy cardboard, and cut it into puzzle pieces.
- 3) Divide the class into two groups; each group prepares a puzzle for the other group to solve. Or, the counselor may prepare the puzzle in advance, for participants to play.

▶ **Choosing Cards from a Hat:**

- 1) Prepare a set of numbered cards; each card has a question about breastfeeding on it. Place the cards in a hat or basket.
- 2) Each participant selects a card from the hat.
- 3) The person who draws card number 1 asks the question on her card of the person with card number 2, who answers it and then asks her question of the person with card number 3, until all the participants have read their cards aloud.

▶ **Picture Bingo:**

- 1) Create a set of visual images related to optimal breastfeeding. Make bingo cards using these images instead of numbers. Make a large poster as well as small tokens showing each image.
- 2) A breastfeeding counselor or promoter draws the tokens from a hat, and marks the corresponding square on the poster. When she calls out the token and marks the poster, she repeats a related slogan to the group. For example, "Just breastmilk until 6 months."
- 3) Community members mark their bingo cards as their images are drawn, until someone wins by completing a row on their card.

▶ **Concentration:**

- 1) The picture cards described above can be used to play the game of concentration. Prepare two small cards for each image.
- 2) Place the cards face down on a table so that the pictures are invisible.
- 3) Participants take turns turning two cards face up, trying to find a pair. When someone successfully matches a pair of cards, she tells the message contained on the card to the group.

▶ **Question and Answer Game:**

- 1) Divide the group into two teams.
- 2) Each team thinks of five questions on breastfeeding. Sample questions might include:

"What should you do to have plenty of milk?"  
"If a baby has diarrhea, should you continue to breastfeed?"  
"What should you do with the first milk (colostrum)?"
- 3) The teams take turns asking each other their questions; the team which answers the most questions correctly wins.

## Session 2: Training Guide

**Estimated Time:** 90 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle  
Puzzle Exercise  
Card Games

**Materials and Training Aids:**  
Flip chart and markers

Puzzle made by gluing a large, colorful breastfeeding poster to a piece of cardboard and cutting it into pieces.

Set of cards with images and or words related to breastfeeding. There should be at least twenty-five matched pairs of cards in the set. (see samples at the end of this chapter)

Bingo cards with the same images. Beans.

Masking tape

### **Presentation:**

**Explain to the participants:** "Games are a very effective way to involve community members in sharing information about breastfeeding. In this session we will learn a number of different entertaining games to use in our work as breastfeeding promoters."

**Exercise: Puzzle** .....

**Objective:** to illustrate a way to use a game in teaching about breastfeeding.

**Explain to the participants:** "Let's complete this puzzle as a way to reinforce learning about breastfeeding."

The trainer gives the participants a puzzle to solve which when completed forms a breastfeeding poster.

The trainer then begins a group discussion on the topic illustrated by the poster.

**Q:** Ask the participants: “What are some other kinds of games hat we might adapt to teach about the importance of breastfeeding?”

**A:** Listen to the participants’ responses, write their suggestions on the flip chart and add to their responses some of the following ideas:

- ▶ games of chance;
- ▶ number games;
- ▶ team games; and,
- ▶ question-and-answer games.

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**Exercise: Card Games** .....

**Objective:** to illustrate ways to use a breastfeeding card set in a variety of games as part of a mother support group.

Show the participants a set of twenty-five matched pairs of breastfeeding cards. Explain that these can be made by the counselors or promoters using cardboard packaging or other recycled materials. It is not important that they look polished or uniform.

**Explain to the participants:** “It is possible to adapt one simple set of materials to play a variety of games. We will play Concentration and Bingo with these cards, then practice using them as part of a mother support group.”

**Picture Bingo:**

Use one half of the breastfeeding cards and the bingo cards. Each participant receives a bingo card and twenty-five beans.

Put the cards in a basket, box, or bag. Draw a card from the basket, and use the masking tape to attach it to the flip chart so everyone can see it.

As you call out the card you state a related slogan to the group. For example, “Just breastmilk until six months.” Members use a bean to cover the same image on their bingo cards as they are drawn, until someone wins by covering five spaces in a row.

**Concentration:**

The pairs of cards can be used to play the game of concentration. The cards are placed face down on a table so that the images are invisible.

Ask the participants to take turns turning two cards face up, trying to find a pair. When someone successfully matches a pair of cards, she tells the message contained in the card to the group.

Divide the participants into pairs.

Explain that we are going to practice how to present a game within a mother support group.

The Trainer models how to introduce the game: "I have a game for us to play to help remember some of what we have learned about breastfeeding. I think this will be fun!"

Ask each person to choose one of the two games and to take a few minutes to describe to her partner how to play the game.

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## Session 3: Activities

### Objectives:

After completing this session, participants will be able to:

- 1) explain how combining a variety of community activities with breastfeeding promotion increases community support for breastfeeding;
- 2) design and implement a community activity or event.

### Trainer's Summary

Incorporating activities into breastfeeding events and mother support groups makes it easier to get people to come; meetings are fun, so the women stay involved. For example, breastfeeding events can be combined with cooking classes, layette-making, or a crafts cooperative.

Activities can also be used to integrate mother support groups with the larger community. A sponsoring breastfeeding organization can hold monthly baby showers for all the new babies in a community, providing refreshments, music and prizes. Fathers, grandparents, godparents and other relatives are invited to attend; their involvement helps build their support for the breastfeeding mothers' group.

Trainers and supervisors may organize other social activities just for the breastfeeding counselors and promoters to help strengthen the connection between them. Picnics and family outings are popular activities. These social events can also become an informal means of recruiting new counselors, when mothers from the support groups are invited to attend the counselors' social event.

### Session 3: Training Guide

**Estimated Time:** 90 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle  
Exercise: Planning a Community Event

**Materials and Training Aids:**  
Flip chart and markers

#### **Presentation:**

**Explain to the participants:** “Combining activities with breastfeeding events and mother support groups makes it easier to get people to come. Meetings are fun, so the women stay involved.”

**Q: Ask the participants:** “What are some other kinds of activities we might combine with breastfeeding classes or mother support groups?”

**A:** Listen to the participants’ responses, write their suggestions on the flip chart and add to their responses some of the following ideas:

- ▶ cooking classes; and,
- ▶ layette-making.

**Explain to the participants:** “Sometimes we plan events for the families of mothers in a support group. The goal is to build a sense of community among the members and to increase support from their families for them to attend the support group.”

**Q: Ask the participants:** “What are some kinds of events we might organize to build family support for breastfeeding?”

**A:** Listen to the participants’ responses, write their suggestions on the flip chart and add to their responses some of the following ideas:

- ▶ monthly baby showers;
- ▶ picnics;
- ▶ movies about breastfeeding open to the whole community;
- ▶ piñatas for all the children; and,
- ▶ group art projects for the children.

**Exercise: Planning a Community Event** .....

**Objective:** to practice planning a gathering for family members of mothers in a breastfeeding support group.

**Explain to the participants:** “We are going to practice planning a community event with members of a mother support group.”

The first step in helping the mothers plan an event is to explain the purpose of the event and to ask them for their ideas of possible activities.

The support group members discuss the ideas and evaluates them as to who they might reach, what resources they would require (food, materials, transportation, etc.) and if it would be possible to obtain all that is necessary.

The mothers form a committee and divide up tasks, with clear timelines of when each task must be accomplished for the event to succeed. One or two mothers will serve as coordinators for all the work, with the support of the support group facilitator.

**Q: Ask the participants:** “What are some tasks to be accomplished for an event?”

**A:** Listen to their responses and write them on the flip chart. Check to make sure they include: site selection, food, transportation, materials, invitations, etc.

Divide the participants into three working groups. Each group chooses a sample event and develops a plan.

The work groups report back to the group as a whole.

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## **Session 4: Street Theater/Village Theater**

### **Objectives:**

After completing this session, participants will be able to:

- 1) explain the value of dramatic presentations in building community support for breastfeeding; and,
- 2) involve community members in creating and performing their own street or village theater production.

### **Trainer's Summary**

Mothers' decisions about when and how to breastfeed take place within the overall context of their lives. Street theater allows mothers to express their life stories through drama and art, to express what they are feeling in a more open form than is possible in formal discussions or classes. These stories are familiar within the community and create a matrix of common experience within which breastfeeding makes sense.

To create a drama or sketch for street theater, a breastfeeding promoter works with a group of women to elicit their personal experiences about breastfeeding. She may ask them to draw a picture, or tell a story about what breastfeeding means to each of them. Then the group discusses what they have each created and puts the stories together to write a script.

The process of creating the script may take some time. The breastfeeding promoter facilitates the group process, allowing the members to talk about their own experiences, rather than interpreting these experiences into a pre-conceived pattern. Her role as facilitator is to appreciate every attempt at self-expression, and to find a way to include everyone in the production. Women who are uncomfortable with performing can help design and create the sets and props, or they can make and distribute fliers to publicize the skit.

Sometimes street theater is performed impromptu, in the marketplace or plaza. It may be incorporated as part of a community event or celebration, it may be presented at community clinics, or it may become the centerpiece of an event on breastfeeding planned by the counselors or breastfeeding advisors, such as a community baby shower (see above).

## Session 4: Training Guide

**Estimated Time:** 90 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle.  
Exercise: Creating a Skit

**Materials and Training Aids:**  
Flip chart and markers

### **Presentation:**

**Explain to the participants:** “Drama and art can help people express what they are feeling more easily than formal discussions or classes. Street theater allows mothers to act out the stories of their lives.”

**Q:** Ask the participants: “Has anyone seen a play or skit acted out in the street or a community theater that showed the lives of the people of your community?”

**A:** Listen to the participants’ responses.

**Explain to the participants:** “Sometimes we make up a play about breastfeeding and perform it in the marketplace or plaza. We look for a place where women normally gather and bring our message to them.”

**Q:** Ask the participants: “What are some other places we might perform a skit about breastfeeding?”

**A:** Listen to the participants’ responses, and add to their responses some of the following ideas:

- ▶ at a community event or celebration;
- ▶ at community clinics; and,
- ▶ at an event on breastfeeding planned by the counselors or promoters.

**Explain to the participants:** “There are many different ways to involve people in street theater. We do not need a complicated script or fancy props. The most important point to remember is that the skit or drama should come from the mothers’ own life experiences.”

**Exercise: Creating a Skit** .....

**Objective:** to teach how to create a street theater piece on breastfeeding.

**Explain to the participants:** "We are going to create a play together about breastfeeding that we could present at a community event."

Ask each of the participants to tell a story which shows her personal experience breastfeeding.

As a group, discuss the stories they have created. Put them together to create one story.

This process may take some time. It is important to allow participants to talk about their own experiences, rather than write the script yourself.

To create a script, change the story into a dialogue.

Talk about how you might produce this skit in the community.

Find a way to include everyone in the production. People who are uncomfortable with performing could help create props, or make and distribute fliers to publicize the skit.

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## Session 5: Community Health Promotion Campaigns

### Objectives:

After completing this session, participants will be able to:

- 1) explain how to build community support for breastfeeding within programs which address women's practical needs, such as community kitchens and nurseries; and,
- 2) utilize existing community resources to design and develop a popular breastfeeding promotion campaign.

### Trainer's Summary

We have all experienced formal health promotion campaigns, which are usually organized by the government, to address major public health issues such as infectious diseases and sanitation. These campaigns often rely upon mass media and the distribution of written health education materials. They may also involve using paid health promoters to bring public health messages directly to the community.

Community-based health promotion may use some of these formal approaches. However, it primarily relies upon mobilizing and training community members as resources to their families and neighbors. It depends upon the use of free or inexpensive supplies to eliminate financial barriers to spreading the word. It incorporates person-to-person education into existing community activities.

#### Example

Sometimes breastfeeding promoters work collaboratively with teachers and ministers to develop breastfeeding education and support programs within the community. For example, teachers may include breastfeeding as part of a health unit in class, or promoters may give a presentation at a parent meeting. Or, a women's organization in the church may decide to produce posters on breastfeeding for a community clinic, or to provide refreshments for the mother support group.

### Community Kitchens and Nurseries

One effective community education approach to health promotion is to teach about breastfeeding while responding to mothers' practical needs in caring for their children. Two well-tested programs are:

- ▶ community kitchens, which provide a nutritious meal each day for children in very poor peri-urban areas; and,
- ▶ nurseries, which provide infant care that includes feeding breastfed babies without using bottles or formula.

Both community kitchens and nurseries usually require active participation by the mothers who use their services. Breastfeeding counselors or promoters are able to talk with the women about breastfeeding while the mothers take a turn preparing or serving a meal, or when they come for a work shift to help care for the babies.

Some of the aspects of mother support groups can be introduced informally as the women work together. Women share information, help each other with common concerns, and form a community of mothers. Sometimes, mothers are organized to participate in rallies and marches advocating for their needs and the needs of their children.

#### Example

CEPREN has been working in Peru for over six years to promote breastfeeding and positive infant nutrition. They have utilized the strong, existing organization of community kitchens to train a network of volunteer delegates in each community. The delegates conduct a community census of pregnant women and mothers of children under age two as part of their outreach for the kitchens. They meet weekly for ongoing training on breastfeeding and infant nutrition. In addition to working to sustain the tasks of the kitchen, they informally pass on to the mothers of their community what they have learned.

#### Creating Popular Materials to Promote Breastfeeding

Community education involves community members in designing and producing their own materials to teach about breastfeeding. By doing so, they learn the breastfeeding messages at a deeper level and are more likely to become personal advocates, sharing the materials with family and friends.

Materials that can be made inexpensively at the community level are more likely to be reproduced and can continue to be a source of breastfeeding education even if outside funding is discontinued. Find out what skills your community members already have and use these in designing a publicity program. For example, if women have strong embroidery or sewing skills, appliquéd fabric paintings may be a better idea than photographic posters.

**Example**

La Leche League of Guatemala has produced a series of cloth paintings, or mantas, depicting the advantages of breastfeeding and the components of optimal breastfeeding. Their monitoras (volunteer breastfeeding counselors) use these mantas when providing breastfeeding education and mother support in the community. La Leche League has also been able to sell some of the mantas as a fundraising strategy for their work.

It is important to make breastfeeding educational materials as lifelike as possible, so that community members can recognize the people and objects within the images presented. Before reproducing a particular poster or image, ask other members of the community for feedback, to make sure they can understand the meaning of the materials.

## Session 5: Training Guide

**Estimated Time:** 90 minutes

**Method of Instruction:**  
Participatory discussion with the chairs in a circle  
Exercise

**Materials and Training Aids:**

Flip chart and markers  
Food for cooking class:  
Boiled soybeans  
One large onion  
One green pepper  
Two garlic cloves  
Salt and pepper  
Lemon or vinegar  
Cumin  
Eggs  
Oil  
Tortillas  
Frying pan  
Stove

**Presentation:**

**Explain to the participants:** “Another effective way to reach mothers is to address breastfeeding while working with them caring for their children. In many countries breastfeeding education and support are combined with community kitchens, which provide a nutritious meal each day for children in very poor peri-urban areas, or with nurseries.”

**Q:** Ask the participants: “Are there community kitchens or nurseries in your community?”

**A:** Listen to the participants’ responses.

**Q:** Ask the participants: “Are there breastfeeding or other health promotion activities connected to these community kitchens or nurseries?”

**A:** Listen to the participants’ responses.

**Explain to the participants:** “One way to work with mothers in a community kitchen is to teach new ways of cooking nutritious foods with ingredients available in the community. For example, soy beans are inexpensive and can be easily used to produce a wide variety of foods such as soy cheese, milk, meat substitute, and beverages.

If mothers have not cooked and tasted a new food themselves they are unlikely to use it. Teaching them in the community kitchen lets them sample the food, give it their children, and feel confident about using it.”

**Exercise: Cooking Lesson** .....

**Objective:** to use a cooking lesson to introduce new and healthy foods and build a sense of community among mothers at a community kitchen.

**Explain to the participants:** “When we teach a woman how to use new foods it helps her feed herself, her toddler and her whole family better. We are going to prepare chorizo using soybeans, so you can teach mothers at the community kitchen how to do it.”

To teach a cooking class at the community kitchen, first you must invite the mothers to a cooking class the next week to learn a delicious and inexpensive new way to make chorizo without meat.

Ask each woman to contribute something to the meal. Ask for foods which are inexpensive and readily available, such as tomatoes, garlic, onions, peppers, green vegetables, masa, etc.

Read the following recipe to the participants:

“To prepare samples of chorizo for ten people you will need:

- ½ pound cooked and ground soybeans
- 1 medium onion, finely chopped
- 2 cloves of garlic, finely chopped
- 1 green pepper, finely chopped
- vinegar or lemon, to taste
- salt, pepper, and cumin to taste
- 4 eggs
- oil
- tortillas

- 1) Chop the vegetables.
- 2) Mix first six ingredients.
- 3) Fry the mixture in oil for fifteen minutes, until the vegetables are soft.
- 4) Beat the eggs and add to the bean mixture and cook until the egg is done.
- 5) Heat the tortillas and eat with chorizo and eggs.”

“Let’s do it now.”

While you are cooking, explain to the mothers: “This food is good for your family. It is much less expensive than meat and has the same nutritional value. You can make many other dishes with soybeans. If you like this dish, we can organize a series of classes to teach you all the other things you can do with them.”

.....

**Explain to the participants:** “In the same way that we involved mothers in cooking together we can introduce other shared activities and crafts in which we can teach information about breastfeeding.

Often a community has a particular craft it is known for and this can be used to create the educational materials. When women design and produce their own educational materials they learn by doing as well as talking. Also, they are more likely to share the information with family and friends.”

**Q:** Ask the participants: “What kinds of arts and crafts are popular in your community?”

**A:** Listen to the participants’ responses.

**Q:** Ask the participants: “What skills or talents do you have that you might use to create educational materials about breastfeeding?”

**A:** Listen to the participants’ responses, and add to their responses some of the following ideas:

- ▶ sewing
- ▶ embroidery
- ▶ painting
- ▶ appliqué
- ▶ dolls
- ▶ wooden toys

**Explain to the participants:** “These activities can be used with mothers at a daycare center, as part of a mother support group, as the focus for a community gathering, to organize mothers clubs, to entertain children during an event or training workshop, etc.”

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## WELLSTART INTERNATIONAL

Wellstart International is a private, nonprofit organization dedicated to the promotion of healthy families through the global promotion of breastfeeding. With a tradition of building on existing resources, Wellstart works cooperatively with individuals, institutions, and governments to expand and support the expertise necessary for establishing and sustaining optimal infant feeding practices worldwide.

Wellstart has been involved in numerous global breastfeeding initiatives including the Innocenti Declaration, the World Summit for Children, and the Baby Friendly Hospital Initiative. Programs are carried out both internationally and within the United States.

### International Programs

Wellstart's *Lactation Management Education (LME) Program*, funded through USAID/Office of Nutrition, provides comprehensive education, with ongoing material and field support services, to multidisciplinary teams of leading health professionals. With Wellstart's assistance, an extensive network of Associates from more than 40 countries is in turn providing training and support within their own institutions and regions, as well as developing appropriate in-country model teaching, service, and resource centers.

Wellstart's *Expanded Promotion of Breastfeeding (EPB) Program*, funded through USAID/Office of Health, broadens the scope of global breastfeeding promotion by working to overcome barriers to breastfeeding at all levels (policy, institutional, community, and individual). Efforts include assistance with national assessments, policy development, social marketing including the development and testing of communication strategies and materials, and community outreach including primary care training and support group development. Additionally, program-supported research expands biomedical, social, and programmatic knowledge about breastfeeding.

### National Programs

Nineteen multidisciplinary teams from across the U.S. have participated in Wellstart's lactation management education programs designed specifically for the needs of domestic participants. In collaboration with universities across the country, Wellstart has developed and field-tested a comprehensive guide for the integration of lactation management education into schools of medicine, nursing and nutrition. With funding through the MCH Bureau of the U.S. Department of Health and Human Services, the NIH, and other agencies, Wellstart also provides workshops, conferences and consultation on programmatic, policy and clinical issues for healthcare professionals from a variety of settings, e.g. Public Health, WIC, Native American. At the San Diego facility, activities also include clinical and educational services for local families.

*Wellstart International is a designated World Health Organization Collaborating Center on Breastfeeding Promotion and Protection, with Particular Emphasis on Lactation Management Education.*

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