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Community Based Support on MCH & Nutrition: *A Training Curriculum*

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The Wellstart International's Expanded Promotion of
Breastfeeding (EPB) Program



The Asia Foundation



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What is Community Based Support on MCH and Nutrition?

Community Based Support on MCH and Nutrition-A Training Curriculum is a compilation of the experiences of collaborating partners under The Pakistan NGO Initiative. Many groups and individuals have worked extensively in facilitating the process to design support for mothers at the community level. One of the interventions was to design a curriculum to train NGO staff, health care providers and mothers in interpersonal communication (IPC) skills, design and program implementation of individual and group counselling aimed at promoting improved behaviors. Drafts of the manual were shared at different points in its development for review and comments. During technical assistance visits, the manual was discussed with individuals involved in community-based activities. Final revisions were made based on the results of field tests, conducted in 1996 and 1998 in NWFP, Balochistan, Punjab, Sindh and Gilgit. The authors express their appreciation to the many individuals and organizations that have helped to shape this manual. The views represented in the manual are those of the authors and may not totally reflect the viewpoints of the reviewers.

Why was it developed?

In December 1995, an initial dialogue, with a select group of NGOs partners representing all provinces, revealed a demand for low-literacy health education material to promote breastfeeding. In 1996, MotherCare Country Representative Judith Standley, with technical assistance from Wellstart/The Manoff Group, and in collaboration with Mark McKenna, TAF's Program Director for PNI, initiated activities to strengthen NGOs' community-based promotion of improved breastfeeding practices. These activities built on the communication strategy that had been developed as a result of qualitative research carried out by the National Breastfeeding Steering Committee in 1990. Supported by TAF and Wellstart, Standley coordinated the work of a group of NGOs that had requested good quality material to facilitate communication with mothers. During the pre-test of the material and the health facility assessment, the need to improve interpersonal communication skills of NGO workers emerged. This led to a training in improving their facilitation and counselling skills. This further led to the development and testing of guidelines for breastfeeding support groups and a set of counselling cards and cassette tapes on breastfeeding for use with individuals and groups.

In 1997/98, these same NGOs felt that they needed a broader MCH package and therefore collaborated in formative research on infant feeding, maternal nutrition, and pregnancy-related care with the intention of designing interventions beyond breastfeeding, for their communities.

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- ▶ Wellstart Curriculum on Community-based Support for Breastfeeding
- ▶ Lactation Management Curriculum, Pakistan
- ▶ Prime Minister's Curriculum for Training Village-based Workers for Family Planning and Primary Health Care, Pakistan
- ▶ Preventive Nutrition Curriculum, Pakistan
- ▶ Qualitative research on "Breast-Feeding A Tradition at Crossroads"
- ▶ Formative research on MCH and Nutrition "Taking Charge What Families in Pakistan Can Do to Improve the Health of Women and Children "

Table of Contents

Acknowledgements	vi
Glossary	viii
Abbreviations	ix
Introduction	x
Module 1 Mother's Support Groups	1-1
Module 2 Individual Counselling	2-1
Module 3 Training Guide to Train Community Workers for Individuals and Small-Group Counselling	3-1
Module 4 Breastmilk is Best	4-1
Module 5 Contents of Breastmilk	5-1
Module 6 How Breastmilk is Produced	6-1
Module 7 Women's Health and Nutrition	7-1
Module 8 Child Spacing	8-1
Module 9 How to Breastfeed Well	9-1
Module 10 Doubts and Beliefs That Affect Breastfeeding	10-1
Module 11 Difficulties and Special Situations of the Mother and Child	11-1
Module 12 Good Child Rearing	12-1
Module 13 Community Diagnostics	13-1

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A major activity under the USAID-funded Pakistan NGO Initiative (1995-1998) has been training for NGO staff. The collective experience of this training is reflected in the following comments of the few trainers:

"I have been working with family planning programs for the last 15 years as a Master Trainer and I always thought that I was counselling but being part of this workshop and curriculum development work has made me realize that when I was telling people to use contraceptives this was not counselling it was a one-way process of communication that we were using with mothers."

"As far as learning skills to counsel and adopt a two way communication process with mothers I feel we still have a long way to go. We have to practice a lot but personally I feel there is a change in my way of looking at things. I may not have perfected my listening skills but I have improved and have become more patient and attentive."

"I personally feel that there is an organizational level acceptance of participatory approach gradually things are being transferred from me to others in my organization."

The participants, along with the trainers, were the driving force behind this training program and their willingness to explore, field-test and provide feedback was commendable. We hope this work reflects in some small part the dedication and love they offer in support of women that they work with. Our visits to these communities were very meaningful, giving us a deeper understanding of the lives of women and informing the design of materials and messages.

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Glossary

Aarq	Essence of flowers diluted in water
Amaltaas	Herbal remedy of flower petals ground with water
Baqarkhani	Bakery product
Cerelac	Local brand, ready-made, semi-solid diet including wheat, barley, oats
Chella	Ritual period of 40 days after childbirth
Cholay	Grams
Chooñi	Roti mashed with sugar and ghee
Daal	Cooked dried legumes, usually lentils
Dañ	Traditional Birth Attendant (TBA)
Dalya	Wheat porridge
Farex	Cereal
Fuñi	Sweet dish made of rice, milk and sugar
Gajeela	Sweet dish made of carrots, sugar, milk and dry nuts
Ghee	Clarified butter
Ghutti	Mixture given as ritual first food to newborns, and later to soothe infants
Gound	Tree sap (used to make panjeeri)
Gravy	Broth
Halwa	Sweet dish made of semolina, ghee and dry nuts
Imlok	Type of dried fruit
Jaleebi	Sweetmeat made from flour, sugar, food coloring and fried in ghee
Kalakand	Sweetmeat made from milk and sugar
Kheer	Sweet dish of rice, sugar and milk
Khichñi	Rice and daal
Khun ki Kami	Deficiency of blood (anemia)
Lassi	Yogurt mixed with water to make a drink
Nimko	Snack made up of fried grams, lentils, potato chips, peanuts, etc.
Pakoriay	Deep-fried salty snack (gram flour and vegetables)
Palak	Spinach
Panjeeri	Sweet dish made of semolina, dried nuts, sugar, gound and ghee/oil
Pao	A portion, a standard measure
Paratha	Roti fried in oil/ghee
Qaawa	Green tea
Roti	Flat bread made of flour
Rusk	Dried-up bread
Saag	Spinach/mustard leaves
Salan	Curry
Saunf	Aniseed
Sheera	Thick mixture of water and sugar
Shebat	Drink made of water with some fruity artificial flavoring
Suji	Semolina
Tandoori	Big oven where flat bread is baked
Taqat	Energy
Urq-shuñm	Poppy flower extract
Yakhni	Soup

Abbreviations

AKU	Aga Khan University
AKHS	Aga Khan Health Services
APPNA-Sehat	Association of Pakistani Physicians in North America
ARI	Acute Respiratory Infection
BHU	Basic Health Unit
BRSP	Balochistan Rural Support Program
DIL	Daughter-in-law
FIL	Father-in-law
HANDS	Health and Nutrition Development Society
IDI	In-depth Interview
LHV	Lady Health Visitor
LHW	Lady Health Worker
MC	MotherCare
MCH	Maternal and Child Health
MCWAP	Maternity and Child Welfare Association of Pakistan
MDM	Medicine du Monde
MIL	Mother-in-law
NGO	Nongovernmental Organization
NWFP	North West Frontier Province
OPD	Organization for Participatory Development
ORS	Oral Rehydration Salts
Pak-CDP	Pakistan Community Development Program
PNI	Pakistan NGO Initiative
SIL	Sister-in-law
SSS	Sugar-salt solution
TAF	The Asia Foundation
TBA	Traditional Birth Attendant
TIPs	Trials of Improved Practices
USAID	U S Agency for International Development

Introduction

Community Based Support on MCH and Nutrition A Training Curriculum

Overview

In Pakistan today predominant breastfeeding is the norm for 90% of mothers. Recent research conducted under the Pakistan NGO Initiative has shown that mothers are eager to supplement the child with other milks and are also introducing semi-solids too late and not feeding them to children in the right amount and frequency. Similarly the diet of pregnant and lactating mothers is severely deficient in calories however, in household trials, mothers readily accepted some important recommendations. These results have been used to design counselling materials to develop community-based interventions. We still have mothers who are experienced in breastfeeding however with the bottle culture as a role model in mass media our communities can easily lose their cultural wisdom about when and how to breastfeed. Women need counselling and information in order to help them continue to nurse and to introduce food to the child at the right age and in the right amount and frequency.

In many areas of Pakistan most newborns are breastfed but only a small percentage are breastfed exclusively until the age of six months. Most Pakistani women of child bearing age need support to breastfeed however our primary aim is to reach rural and low-middle income women from urban areas. Poorer families live under conditions that increase the likelihood that bottle-fed infants will be undernourished and that they will suffer from diarrhea and acute respiratory infections.

The recent research targeted the families we hope to reach. They have limited financial resources some live under shockingly poor circumstances barely surviving. Many have no access to health services or must overcome social economic and cultural barriers to utilize them. In general, they have received little formal education. Annex A and Annex B give details of findings of this research.

Many of the problems identified for pregnant and lactating women and mothers of healthy and sick children resulted from lack of understanding about these problems. Once empowered with information the women found many of the suggested behavior changes acceptable and easy to implement. They had the support of their families who were concerned about the health of both women and children. Although the women were all from low-income families almost all recommendations seemed to be within the means of the families. While health care providers tended to know more about the ideal behaviors, they often were not effective educators or they promoted actions in a way that families did not understand clearly.

The research also revealed that 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 those 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.

What is Community-based Support for Breastfeeding, MCH and Nutrition?

Community-based support' is a way of working that 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, MCH and nutrition should build a network among mothers, transferring breastfeeding, MCH, and nutrition-related knowledge and communication skills to women leaders so that they can reach out to others in their communities. Such support may include individual peer counselling, mother-to-mother support groups, and a wide variety of popular education activities. These local leaders need interpersonal communication and facilitation skills as well as knowledge of behaviors that need to be promoted.

How to Use this Curriculum

This guide is designed for trainers and supervisors working in community-based mother-support activities throughout Pakistan. It should also be useful for nurses and other health workers who counsel mothers on breastfeeding, MCH, and nutrition. The community-based activities it describes may be implemented by NGOs focused on breastfeeding promotion, other NGOs promoting maternal and child health or NGOs working on education, credit or sanitation. It can also be used to improve counselling and communication skills of health care providers including doctors, nurses, LHVs, LHWs/PVBFWs, as well as fathers and mothers-in-law.

The curriculum is designed to follow the usual sequence of creating and implementing a community-based MCH and nutrition 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 mothers support groups
- ▶ conduct community education activities to promote better practices for MCH and nutrition
- ▶ provide support and supervision to breastfeeding counselors and promoters

While each chapter contributes to the training in its entirety, each can stand on its own as a guide to the specific activities described. The guide draws on the actual experience of NGOs that have initiated programs in communities in all four provinces of Pakistan.

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

- Part-I Introduction - interpersonal communication skills/group facilitation skills
Modules 1-2
 - ▶ Introduction
 - ▶ Mother's Support Groups
 - ▶ Individual Counselling

- Part-II Content summary for the trainer or supervisor. Module to be used by Master Trainers for training of community health workers/mothers on breastfeeding, MCH and Nutrition, Module-3
 - ▶ Training Guide to Train Community Workers for Individual and Small-Group Counselling

- Part-III Training modules to improve the knowledge, counselling and group facilitation skills of Nutrition counselors and promoters to develop their outreach interventions. Module 4-12
 - ▶ Breastmilk is Best
 - ▶ Contents of Breastmilk
 - ▶ How Breastmilk is Produced

- ▶ Women's Health and Nutrition
- ▶ Child Spacing
- ▶ How to Breastfeed Well
- ▶ Doubts and Beliefs That Affect Breastfeeding
- ▶ Difficulties and Special Situations of the Mother and Child
- ▶ Good Child Rearing

Part-IV A community-self diagnosis module to initiate community-based MCH and nutrition interventions Module 13

- ▶ Community Diagnostics

In consideration of the wide variation in literacy levels within poorer communities, our intention is to train mothers in the use of cards and tapes. The whole curriculum has been translated into Urdu and the 7-day training is aimed at training trainers. These trainers will initiate support groups and initiate the process of training community workers or mothers in the use of cards and tapes, which are available in regional languages.

What information does this curriculum contain?

A Training Curriculum contains the information necessary, 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 view of maternal and child health and nutrition. The curriculum can be taught in modular form, taking about 56 hours in total. Modules include information on components and protective factors in breastmilk, child spacing during breastfeeding, and other topics related to breastfeeding support.

Who can use A Training Curriculum?

This curriculum may be used to train community personnel in breastfeeding, MCH and nutrition. The curriculum is designed for use by a facilitator in training auxiliary nurses, health promoters and community volunteer personnel (LHVs, LHWs, counselors, health care workers, distributors of oral rehydration salts, family planning counselors, etc.). It can be used by a Ministry of Health, NGO or other organization that is providing training for community personnel or doing individual counselling through health facilities.

How can this curriculum be used?

The curriculum may be used in its entirety, or some modules may be used to provide knowledge in certain aspects of group facilitation, individual counselling, community diagnosis and evaluation as well as promotion of feasible MCH and nutrition-related behaviors, e.g. in response to the specific needs of the agency that asks for training services. The curriculum uses a training methodology in which the participants are actively involved in the development of the community-based intervention. The facilitator is responsible for creating conditions that foster group learning and participation. With this method, practice sessions are carried out to stimulate critical and reflective analysis and allow participants to search for the solution to problems themselves through sharing experiences of the group. These sessions may be supplemented by additional practicums in health centers or hospitals, as well as established community-based referrals and other community-awareness campaigns.

As a result of the training, the primary health care personnel become more conscious of the issues related to breastfeeding support and are able to initiate support groups and do individual counselling. Through modeling and use of cards and tapes, they can transfer skill to community volunteers, so these mothers can become counselors, followed by supportive monitoring and supervision of counselling sessions.

Training techniques used in this curriculum

Use will be made of diverse techniques and teaching methods such as

- ▶ Demonstrations
- ▶ Participatory talks
- ▶ Real cases
- ▶ Brain storming
- ▶ Presentations role playing, skits, hypothetical cases
- ▶ Modeling
- ▶ Work groups
- ▶ Exercises
- ▶ Practice sessions

The training methodology models the communication techniques used to run a mother's support group. It brings out the knowledge that each mother has acquired through her own life experiences. The trainer should make use of the participants' knowledge, bringing this experience to the fore by means of leading questions.

People learn by expressing their opinions, criteria and ideas. This also makes them feel important within the group. In this way, each participant re-evaluates her own thinking.

In sharing their experiences and contributing their ideas, a relationship between teaching and learning is established which makes the women conscious of the fact that they are agents who generate change.

The trainer should provide an atmosphere that stimulates active discussion.

The trainer must carefully observe the development of the group dynamics in order to prevent people from monopolizing the discussion and limiting the participation of the other participants. Also, the trainer should be on the watch for those participants who do not take part in the discussion and encourage them directly to participate.

Arranging the chairs in a circle or sitting on the floor in a circle and having the trainer situated as another participant in the circle creates an atmosphere of equality, allows each person to see the other, and facilitates the discussion.

The success of this methodology depends on the success of the trainer in having the participants do most of the talking.

The leading questions for discussion that are in the curriculum serve to start the discussion, but the questions that come out of the group ought to be the questions that the group is allowed to evaluate first. The most important task of the trainer in this moment is to analyze the answers and provide additional information with the concepts that are in the curriculum.

What will I need to use this curriculum effectively?

Audio-visual aids

- ▶ Cards and Audio-tapes
- ▶ Illustrations
- ▶ Flip charts
- ▶ Photographs
- ▶ Videos
- ▶ Dolls
- ▶ Manual

Equipment

- ▶ Portable flip chart

Materials

- ▶ Oral rehydration salts
- ▶ Samples of family planning materials
- ▶ Iron pills
- ▶ Iodized salt

Writing Materials

- ▶ Flip chart pads
- ▶ Colored cardboard
- ▶ Different colored markers
- ▶ Colored pencils
- ▶ Name tags for identifying the participants
- ▶ Masking tape
- ▶ Scissors

Symbols used in this Curriculum

- ▶ Note to the Trainer 
- ▶ Show Annex 
- ▶ Write on the flip chart 
- ▶ Reflection 
- ▶ Summary 
- ▶ Ask / Use 

How to Set up and Run a Training of Trainers

At the end of this module, participants will be able to

- 1 Assess trainee skills prior to training
- 2 Plan the training
- 3 Conduct the training
- 4 Evaluate the training
- 5 Follow-up and practice

1 Assess trainee skills prior to training

- ▶ Self-reporting - Ask trainees to describe how they train/plan to train
- ▶ Observation -- Observe trainees in training role plays Look at performance in the following areas
 - ▶ *Listening*
 - ▶ *Observing*
 - ▶ *Asking open-ended questions*
 - ▶ *Giving clear explanations*
 - ▶ *Helping trainee find answer(s)*
 - ▶ *Using training materials appropriately*
 - ▶ *Giving constructive feedback*

2 Plan the training

- ▶ Allocate more time to areas in which trainees need more help/practice and less to areas where they are strong
- ▶ Find out a time and a place that will be convenient for the trainees and appropriate for the training
- ▶ Arrange to have all necessary materials and supplies available
- ▶ Arrange to have as few distractions as possible

3 Conduct the training

- ▶ Welcome trainees
- ▶ Give overview of the training/review agenda and make adjustments, as needed
- ▶ Sessions
 - ▶ “What is training?”
 - ▶ “What are listening skills? Who needs them?”
 - ▶ “What are observation skills? Who needs them?”
 - ▶ “What are probing skills? Who needs them?”
 - ▶ “What’s the big deal about asking questions?”
 - ▶ “What is feedback? Why does it matter how I give feedback?”

4 Evaluate the training

- ▶ Participant skills
 - ▶ Observation throughout
 - ▶ Observation of real training situation
- ▶ Participant satisfaction
 - ▶ Sheet/questionnaire

5 Planning with trainees to initiate the community-based breastfeeding interventions

- ▶ Training plans to train mothers/community women in use of counselling card and tapes
- ▶ Follow-up supervision of trainees

Maternal Health Findings from Interviews and Trials of Improved Practices

A Summary of Findings

With maternal mortality at 270 per 100 000 births in 1998 (Pakistan Demographic and Health Survey) and 105 infant deaths per 1000 live births in 1996 (Pakistan Integrated Household Survey 1996-7), improvements in maternal health and nutrition can contribute significantly to the well-being of current and future generations in Pakistan. The aim of this research was to find ways to improve the health-related behavior of pregnant and lactating women, their families and health care providers so that their actions can help reduce preventable deaths of mothers and young children.

The research targeted pregnant women and lactating mothers with a child currently under five months of age. Trials of improved practices (TIPs) were conducted with 32 pregnant women and 46 lactating women to determine what behaviors would be acceptable and feasible for mothers and families. In addition, in-depth interviews were conducted with the main influencers of women's health decision-making: mothers-in-law, husbands, lady health volunteers (LHV), doctors, lady health workers (LHWs) and dais (traditional birth attendants). A total of 188 interviews and trials were conducted between November and December 1997. All provinces in Pakistan were represented. Samples were drawn from urban and rural areas although participants were predominantly rural. The sample of women, husbands and mothers-in-law (MILs) were low income and have the same level of literacy as the low-income population of Pakistan.

All those interviewed considered pregnancy a vulnerable time in which pregnant women need special care. The minimal prenatal care that women currently receive does not fully meet their needs. Family members and pregnant women themselves are unaware of many actions they can take to protect mothers' and babies' health. Many women believe they are healthy and consider it normal to be weak, tired and have other unpleasant symptoms during pregnancy and lactation. Family members reinforce these views. Pregnant women only see doctors when they believe that they are truly ill.

The pregnant women interviewed all felt a good diet is important during pregnancy, a belief shared by their families. They add such foods as milk and fruit to their diets but don't eat larger than normal quantities of food. They are unaware that women need more food during pregnancy. While health care providers know about these increased needs, this information is not reaching the women or their families. When women are aware of the need to eat well, their ability to do so is impeded by their inability to control food purchasing and intra-household distribution of food. In addition, many women are concerned about gaining too much weight, believing that this might result in a big baby and a dangerous delivery.

A gap exists between what health care providers know about prenatal care and what women know. Most pregnant women do not get tetanus immunizations and iron pills, even though they are available and families claim to be willing to get them. There is confusion about the correct dosage of iron pills, and inaccurate information is disseminated by all levels of care providers on when and how to take iron supplements.

Pregnant women and their families recognize danger signs but don't understand the causes, levels of severity or treatments for their problems. As a result, women delay treatment and often suffer unnecessarily. The preference to deliver at home compounds some problems, because the dais' lack of hygiene contributes to sepsis. Unsanitary practices seem to go unnoticed by families attending the birth.

The lactating women interviewed universally breastfeed and continue to do so for two years. Despite this, however, the majority of these women do not follow optimum practices. Most don't initiate breastfeeding during the first hour or even the first day, all give prelacteal feeds, and before six months most supplement breastmilk with water and sometimes other milks and semi-solid foods. Mothers' concern about having insufficient milk is usually addressed by doctors prescribing other milks. Lactating women also don't know about the increased caloric and fluid demands of lactation. They may eat milk, lassi, eggs or meat, but do not increase their intake and consume on average a little more than half of their caloric needs.

The trials of improved practices (TIPs) that were part of this research offered pregnant women recommended behaviors that addressed their need for more calories, a greater variety of foods, and iron pills. Once the women learned that they needed to eat more, they were able to increase the amount of food they ate. They received the support of MILs and husbands, who purchase the foods. Families, despite their low income, were able to purchase more food: fruits in season, and meat or eggs on an occasional basis. Many women who had skipped meals and were not eating snacks, were able to increase their number of meals to three and the average number of snacks to three. Within the week that they tried out the advice, their symptoms of weakness, dizziness, and breathlessness abated. New practices that women did not want to follow included increasing their caloric intake by eating every two hours, adding ghee to foods and eating while cooking.

Almost all of the women in the sample had heard of anemia, but most do not treat it properly, relying on foods alone to relieve the symptoms, rather than taking iron tablets. Iron tablets are available from a number of sources, many of them free. The majority of women weren't taking them even though they had symptoms of anemia that they recognized. Once clearly directed during the trials to take iron tablets, the number of women who took them increased four-fold. Families seem to prefer to purchase tablets at the bazaar with a prescription. However, a minority made the effort to get them free from government health workers or facilities. Complaints of side effects from iron tablets were rare.

To address the main problem that lactating women were not eating or drinking enough, the 46 women were given alternative behaviors to improve their diets. Women were able to increase their food intake by increasing the variety of foods and the number and size of meals and snacks they ate. The women frequently increased the number of roti they ate. After following these suggestions, they immediately felt better and reported that their milk supply increased. All liked the

recommendation to increase their fluid intake as well. Water was a popular addition, because it is available and free. They drank before each breastfeeding and felt this also contributed to an increased milk supply. Despite all the positive improvements, most lactating women still did not reach their caloric requirements.

Many of the problems identified for pregnant and lactating women resulted from lack of understanding about these problems. Once empowered with information, the women found many of the suggested behavior changes acceptable and easy to implement. They had the support of their families, who were concerned about the health of both the woman and the child. Although the women were all from low-income families, almost all recommendations seemed to be within the means of the families. While health care providers tended to know more about the ideal behaviors, they often were not effective educators or they promoted actions in a way that families did not understand clearly.

Based on the in-depth interviews and the TIPs, the following final recommendations can be made:

All pregnant women need to increase their food intake

- ▶ This includes increasing the amount of food, the variety of foods and the frequency of meals and snacks. (The overall caloric value of the foods also needs to be increased by eating more calorically-dense foods. This concept has yet to be tested.)
- ▶ Pregnant women should eat three meals and three snacks each day and include a variety of foods.

Pregnant women should get at least three prenatal check-ups during pregnancy

- ▶ At these check-ups, women should receive two tetanus injections, iron-folate pills and nutrition information.
- ▶ Health workers and pregnant women need to plan for a safe delivery.

Pregnant women need to take iron tablets

- ▶ Multiple sources of iron tablets should be recommended, because many families prefer the convenience of buying them in the bazaar with a prescription and others can find government workers or facilities to get them free.
- ▶ Iron tablets relieve the weakness of pregnancy and must be taken from the fourth month through lactation.
- ▶ Women need to understand that tablets are preventive and should be taken even without symptoms of anemia, and continued even when symptoms disappear.
- ▶ Medical providers/pharmacists must provide correct and clear information about how many tablets to take, when to take tablets and how to increase absorption.
- ▶ Pregnant women and their families need to know which foods are the best sources of iron so they can include them in their diet.

- ▶ If women experience side effects, they need to know how to limit them

Mothers and families need to know the danger signs of pregnancy and birth

- ▶ Mothers need to seek assistance for delivery from a trained person who will carry out a clean delivery

Women should initiate breastfeeding right after birth and give breastmilk exclusively until the end of the fifth month

- ▶ They should feed the traditional ghutti to the newborn not more than once

Lactating women need to increase their food intake

- ▶ This includes increasing the amount of food, the variety of foods and the frequency of meals and snacks
- ▶ Women need to eat three meals and have at least three snacks each day
- ▶ Women should have an additional roti with each meal
- ▶ Add some vegetables and fruits to each meal
- ▶ Eat high-protein foods like meat or eggs every other day

Lactating women need to increase their fluid intake

- ▶ Drink a glass of water before each breastfeed
- ▶ Drink more liquids, milk, juice, water, or lassi to help produce more milk

Lactating women need iron tablets throughout lactation

- ▶ Multiple sources of iron tablets should be recommended because many families prefer the convenience of buying them in the bazaar with a prescription and others can find government workers or facilities to get them free
- ▶ Iron tablets help relieve the weakness many women feel during lactation and help build the blood supply. The tablets should be taken even if the symptoms disappear
- ▶ Eat a small amount of meat every other day because it will help build healthy blood

Other factors that need to be considered are

- ▶ Families are concerned for the well-being of the woman, but are often ill-informed about their needs, the dangers involved and treatment for any of the problems that might arise. Once information is provided, families tend to support the required actions
- ▶ Families rely on health care providers for guidance when ill and follow their advice. However, health providers rarely take a preventive approach and do not clearly explain problems, treatment, or desired behaviors in a manner that is understandable to families

Families appear to have resources to buy more expensive food items periodically, purchase medicines and pay for medical treatment in emergencies or when ill. However, some of these expenses could be redirected by following preventive advice and encouraging families to first eat more of their traditional foods like roti, milk, yogurt, and vegetables and then add some higher-cost foods periodically in small amounts.

Child Health Findings from Interviews and Trials of Improved Practices

A Summary of Findings

During the past decade the Government of Pakistan has been working to change existing infant feeding practices that contribute to poor infant nutritional status and high infant morbidity and mortality rates. The results of the formative research described here will be used to inform the development of educational and counselling materials and activities designed to help improve the way mothers feed their young children. Researchers carried out in-depth interviews with mothers of healthy young children, young children with diarrhea and young children who were recovering from illness to gain a better understanding of their beliefs and practices regarding the care and feeding of their children. Due to the fact that decisions related to health care and nutrition are not made in isolation from other members of the society, researchers also identified three main categories of persons who could influence mothers' decision-making. In-depth interviews were therefore conducted with mothers-in-law (MILs), fathers, and health care providers who comprised doctors, lady health volunteers (LHVs), lady health workers (LHWs), and dais (traditional birth attendants).

Researchers' interviews with mothers of healthy children from six months to twenty-four months old revealed that most of the mothers are still breastfeeding their children and intend to continue doing so until the children are anywhere from two to three years old. Many mothers, however, also bottle-feed their children, often because they fear that they do not produce enough milk to satisfy them. Anywhere from one-third to one-half of the mothers interviewed indicated that they bottle-feed their children to be sure that they receive enough nourishment, and many add that they have been encouraged to do so by their MILs, husbands, or doctors.

Mothers also reported introducing complementary foods to their children at a variety of ages, ranging from four to twelve months old. More than half of the mothers started their children on semi-solids later than the recommended time (six months of age). Although the decision about when to introduce complementary foods seems to be influenced by advice from relatives, such as a mother's own mother, her mother-in-law, or her husband, the women interviewed also reported that they took cues from the children themselves in regards to their feeding. Several mothers reported waiting to start their children on semi-solids until they reach out for a food or indicate interest in some other way, and many mothers report deciding how much food to feed a child as a result of the child's level of interest in eating. Approximately one-half of the mothers feeding their children semi-solids reported giving the children their own bowl or plate of food, while the other half have the children share their bowls.

The research indicates that there is not enough nutritional variety in what the children are eating to assure them of a balanced diet. Most notably, the children are receiving too little vitamin A,

vitamin C, and iron. A number of food taboos restrict what the child is given and many of these forbidden foods could provide children with some of the nutrients they are lacking. For example, few mothers report giving their children fruits, vegetables or meat, because these are often seen as harmful to or hard to digest for a young child. Children are often not fed the same food or at the same time as the rest of the family.

During interviews with mothers of children zero to twenty-four months old with diarrhea, researchers found that although breastfeeding mothers tend to continue to breastfeed their children through episodes of diarrhea many of them have a number of questions and concerns regarding how to deal with the child during illness. For example they expressed doubts about how often to suckle the child whether to begin complementary feeding of a child previously only breastfed, and whether to give the child medicine to stop the diarrhea. Some mothers said that certain foods, such as bananas, are beneficial for the child with diarrhea. Many mothers mentioned food taboos that affect the diet not only of the child with diarrhea, but also of the lactating mother. Although only a few mothers of children under six months old with diarrhea reported bottle-feeding their children, nearly one third of the mothers of children ages six to twenty-four months with diarrhea were bottle-feeding their children at least some of the time, many upon the advice of their husbands, MILs and mothers. A majority of the mothers also reported beginning complementary foods with their children at seven months of age or later.

When researchers interviewed mothers of children recovering from illness, they found that some mothers increased breastfeeding during this period, while others decreased it or kept it at the same level. Opinions regarding when to introduce semi-solid foods varied and a number of food taboos were mentioned.

Mothers-in-law seemed to be well-informed of and very involved in the care and feeding of their young grandchildren, and many of them reported offering advice to their daughters-in-law regarding what and how to feed them. Fathers tended to know much of what their children ate, but did not often know how much or how often they ate. This may be because fathers often shop for the food, but mothers (or sometimes mothers-in-law or other female relatives) usually feed the children and prepare the food.

Doctors, LHVs, LHWs, and dais (trained or untrained traditional birth attendants), reported providing families with advice concerning child nutrition. There is, however, considerable variation in the advice they report giving, not only among the members of each group of health workers, but among the groups as well. LHVs, LHWs, and dais reported making house visits although dais limit theirs to the postpartum period.

The trials of improved practices (TIPs) that were part of this research tested recommendations with mothers of healthy children, children with diarrhea and children recovering from illness regarding breastfeeding, introduction of complementary foods, variety of foods, frequency of feedings and quantity of food given at each meal. Of particular concern to researchers was that most children involved in this research were receiving far fewer calories per day than necessary for their age and state of health.

Most mothers were able to significantly improve their children's diets in at least one of the following ways

- ▶ Increasing frequency of breastfeeding
- ▶ Mixing milk in foods (as opposed to serving it as a drink)
- ▶ Giving soft foods between breastfeeds
- ▶ Increasing the frequency of meals
- ▶ Improving variety by giving children the same foods as the rest of the family and adding seasonal vegetables and fruits to the child's diet

Despite significant improvements in caloric intake during the trials, only children in the younger healthy group (ages 6 - 11 months) reached an optimal number of daily calories. Improvements in the diets of younger and older sick or recovering children and older healthy children did not sufficiently raise their caloric intake. In a number of cases, children were receiving so many fewer calories to begin with that the improvements made by mothers were still not enough to raise their caloric intake to an appropriate level.

Mothers reported that they were able to adopt these practices for at least one of the following three main reasons: they wanted to improve their children's health and believed that these recommendations would help them do so, the practices were easy to carry out and they were practices that did not take a lot of extra time.

A majority of the recommendations that may be made as a result of this research focus upon specific ways in which mothers can improve the diets of their children under two years of age. Many suggestions are also made regarding the support that influential family members, such as husbands and mothers-in-law and health care providers, such as doctors, lady health visitors, lady health workers and dais can provide to the mothers in their efforts to improve the nutritional status of their children. In addition, the research suggests a need for improved sanitary practices on the part of the mothers as they prepare food and serve it to their children, and it is recommended that efforts be made to ensure improved vaccination coverage of children under two years of age.

Module 1
Mother's Support Groups

Contents		Page
I	Objectives	1-1
II	Development of the Topic	1-1
	A Definition of the Concept of Support and Support Groups	1-1
	B Characteristics of a Support Group	1-2
	C Organization of a Support Group	1-3
	D Methodology for Leading a Support Group	1-5
III	Exercise	1-9
IV	Summary	1-10

Module 1

Mother's Support Groups



Note to the Trainer Before beginning the session, arrange the chairs in a line like a class room arrangement. Sit in front of the class to interact with the participants.

- ▶ Begin the workshop by introducing yourself and your organization.
- ▶ Ask the participants to introduce themselves by using a technique that helps break the ice.
- ▶ Introduce your topic by explaining to the participants the objectives of the topic.
- ▶ Begin the discussion with the first question in your module.

Time Required Two Hours

I Objectives

After completing this session, the participants will be able to

- A Define the concept of a support group.
- B Describe the characteristics of a mother's support group for MCH and Nutrition.
- C Explain how to organize a support group, and
- D Apply the methodology that is used in conducting support groups.

II Development of the Topic

A Definition of the Concept of Support and Support Groups

Q Ask the participants: What does the word support mean to you?

A Listen to the participants and, if necessary, add to their responses with

Feeling support usually means that we feel a sense of trust, acceptance, self-worth, value, and respect. In this kind of relationship, we can share information better, acquire new skills, express our thoughts and feelings, and develop a sense of connection.

Group should use local language

Q Ask the participants What is a support group?

A Listen to the participants and, if necessary, add to their responses with

A support group is formed when people come together with a common interest or life experience. It may be informal or formal but has the following characteristics: safe atmosphere, sense of respect, sharing of information, availability of practical help, sharing of responsibility, acceptance, mutual learning, emotional connection, and a sense of participation.

Q Ask the participants What is a breastfeeding support group?

A Listen to the participants and round off their responses by saying

It's a meeting where pregnant women and breastfeeding mothers, as well as other people with similar interests, come together in a safe atmosphere to exchange ideas, share experiences, give and receive information, and, at the same time, offer and receive support in breastfeeding, child rearing, and woman's health.



Note Ask the participants to rearrange themselves and sit in a circle.

B Characteristics of a Support Group

Q Ask the participants What are the characteristics of a breastfeeding support group?

A Listen to the participants' comments, write them on a flip chart, and add the following, if necessary:

- ▶ All participants should be able to have eye-to-eye contact
- ▶ The group should include three to fifteen participants
- ▶ The group decides on the length of the session
- ▶ The members support each other through sharing experiences and information

- ▶ The group is made up of pregnant and lactating women and other interested people
- ▶ Facilitation is by a breastfeeding counselor with experience, with co-facilitation by a more inexperienced counselor
- ▶ The group is open, allowing for the admission of new members
- ▶ Group members decide on the frequency of meetings, and
- ▶ The members decide on the topics to be discussed



Show Annex 1-A Women seated in a typical classroom setting



Show Annex 1-B Women seated in a circle



Show both pictures and ask the participants to reflect which is a better way of seating and why?

C Organization of a Support Group

Q Ask the participants How can a counselor organize a support group?

A Listen to the participants and add the following if necessary

- ▶ Identifying future participants
- ▶ Choosing the date, time and meeting place
- ▶ Preparing the topic, and
- ▶ Personally inviting the participants Or through Co-Facilitator
- ▶ Arrangement for children

Q Ask the participants How do you identify the possible participants? Should all the mothers of the community be participants? Should there be additional participants who are not mothers?



A Listen to the participants and on a flip chart below the title 'Identifying New Participants' list the kinds of people that the participants agree on

Examples Pregnant women, women with newborns, breastfeeding mothers of whatever age, other women with experience in breastfeeding, teenage mothers, fathers, grandmothers, etc

Q Ask the participants How many participants should form a group?

A Listen to the participants and round off their responses, if necessary by saying that the number of participants ought to be no more than fifteen because communication is more difficult in a larger group. Where there are more than fifteen participants on a regular basis another group should be formed.

Q Ask the participants How do you choose the time and place for the meeting?



A Listen to the participants, write the alternatives on a flip chart under the title "Time Place and Frequency." Add that the counselor can decide the time and place of the first meeting, but that the group itself will decide about the subsequent meetings. The counselor ought to take into account the following aspects:

- ▶ **Time** it should not interfere with the primary activities of the members (preparation of meals, agricultural activities, washing, and market days, etc.) In urban and peri-urban areas the time of the market, popular soap operas has to be taken into account. Among women who work, their work schedule should be taken into account.
- ▶ **Accessibility** if it is a home it should not be more than fifteen minutes walking distance from the homes of the members, if the community is spread out the Health Center, a church or a school could be good alternatives, and community centers.
- ▶ **Place** the place should be safe so that the mothers can bring their children. Someone should be in charge of playing with the older children and there should be local games (toys) to keep them occupied.

Q Ask the participants How should the counselor prepare herself before a meeting?



A Listen to the participants, write their suggestions on a flip chart under the title "Preparing Yourself for a Meeting," round off their responses with the following information:

Think of who was invited and prepare a topic that would be of interest to them and which they themselves can discuss.

Examples If the majority of the mothers are pregnant, prepare topics such as advantages of breastfeeding, pregnancy, childbirth, preparation for breastfeeding, etc

Part of the preparation includes thinking of questions that will generate a discussion on the topic Think of questions that young mothers commonly have about their experiences

Q Ask the participants What is the best way to invite future participants to the group?

A Listen to the participants and add additional information to their responses, if necessary, by saying that one way that has given the best results is to visit the home and talk directly with the mother, thereby establishing a relationship with the woman to be invited

D Methodology for Facilitating a Support Group

Q Ask the participants What is the first meeting of a support group like?

A Listen to the participants and add the following

- ▶ At the beginning of the meeting, the facilitator greets and welcomes all who are attending
- ▶ She explains the objective of the meeting, and
- ▶ She says that in order to get to know each other, each one may introduce herself by name and in turn ask the members how they feel about being there, what they expect from the group, and then respond to a question that serves as an ice breaker

Examples What do you like most about breastfeeding? What do you like about yourself? Share an experience in which you felt truly supported

- ▶ After everyone's presentation, agreements on how the group will function should be established

Q Ask the participants What is necessary for a group to function with safety and trust for all the members?



A Listen to the participants' answers and write them on a flip chart



The word “rule” or “regulations” will probably be mentioned In a support group this is called an agreement

Review with them the following suggestions

- ▶ When sharing experiences, a person may speak of something intimate It should not be commented on outside the group
- ▶ Each person has the right to take a turn to express herself, to give suggestions, and to propose activities
- ▶ No one should monopolize the meeting
- ▶ Each person defines for herself the type of support that she needs within the limits of the group (advice support, specific information, or just being listened to)
- ▶ Recognize that the support group has limitations, especially of time and resources
- ▶ Each member has the right to be listened to and has the duty to listen to the others
- ▶ The group members ought to express mutual recognition for their achievements and support each other when there is a setback, and
- ▶ Other agreements that the group will reach

Q Ask the participants How do we begin a support group meeting?

A Listen to the participants and add, if necessary, that a support group can center around a topic, or can be open When the support group is open, the facilitator asks each participant if she would like a turn during the introduction and may make a list of people who wish to participate Participants may then use their turn to discuss topics of personal interest, share information, or request support from other members The participants in the group may decide that they wish to have an agreed upon topic for each meeting and they themselves may decide the topic or may use a prestructured guide Groups may decide to have a combination of the two structures with some meetings open for discussion and some meetings structured or some other combination of the two These decisions should be agreed upon by the group and the facilitator as part of the setting up of the agreements of the meetings

Q Ask the participants How do you begin a support group session?

A Listen to the participants and add that

If the support group has an open structure, the facilitator may ask for any announcements that participants may have, ask people how they are feeling, and whether they wish a turn to talk.

The facilitator could use the cards to enter the topic that will generate discussion or initiate discussion. If the support group meeting is more structured, the facilitator may announce the topic, give a brief introduction, and then ask a question to generate discussion.

Q Ask the participants How do you develop a topic?

A Listen to the answers and add information, if necessary, by saying that the topic will develop with the active participation of the group by asking questions that generate discussion.

Q Ask the participants How do you maintain the active participation of the group?

A Listen to the contributions of the participants and add the following:

- ▶ Raise other questions to stimulate discussion when necessary.
- ▶ When there are questions, the counselor should direct them to the group so that, if possible, another member can answer the question.
- ▶ The facilitator should be attentive to the development of the meeting, talking only when there are questions that the group cannot answer or offering an explanation or correct information to clarify some confusion, if necessary.
- ▶ The best support group meeting is the one in which the members of the group have spoken more than the counselor.

Q Ask the participants How can the facilitator handle a participant who wants to talk all the time and does not allow others to participate?

A Listen to the participants' answers and tell them that they have to remember that one of the agreements worked out for the smooth functioning of the group was that "no one should monopolize the meetings."

Q Ask the participants How can the facilitator handle a conflicting situation within the group?

A Listen to the participants' answers and add the following:

- ▶ Put a halt to the situation immediately, and
- ▶ Refer to the agreements, especially that of maintaining safety within the group. Agreement should be reviewed in case of new participants.

Q Ask the participants When can the participants deal with personal problems not directly related to breastfeeding?

A Listen to the participants' answers and analyze with them the following

The group can establish some agreement, assigning a time at the end of the session for dealing with and giving support to those who ask for special attention

Q Ask the participants How do you end the support group session?

A Listen to the participants' answers adding the following

- ▶ Ask each one of the participants to say a few words about how they felt during the session and
- ▶ Tell the participants that immediately after the session the next meeting will be discussed and planned. They will also discuss how to improve the next meeting

Q Ask the participants What is the function of the support group in improving exclusive breastfeeding practices?

A A support group allows us to reach a larger number of mothers in order to offer them information and support. Information and support is given especially to pregnant women to help prevent problems that interrupt the process of breastfeeding and may cause early weaning. If one mother is well informed it makes the counselor's work easier because she requires less home visits.

Q Ask the participants What are other situations in which you can use the support group methodology?

A Listen to the participants' answers adding the following

- ▶ Women can use support groups to talk about any issue on which they want to have a collective discussion

III Exercise:



Note to the Trainer The trainer will take the role of the facilitator and the participants will be members of the group

Do a skit modeling the following activities that demonstrate facilitating group for the first time

- ▶ Greeting and welcome
- ▶ Objective of the meeting
- ▶ Introductions
- ▶ Working out of agreements
- ▶ Initiation and development of the topic on woman's self-esteem

- ▶ Ask questions to generate discussion
 - 1 Tell of two qualities that you appreciate in yourself
 - 2 What is it that you like about yourself and why?
 - 3 What would you like to change and what is stopping you from doing it?
 - 4 How much time do you dedicate to yourself?

- ▶ **Summary**

Each person projects the image that she has If the person has a positive image of herself, this allows the person to act and make her own decisions and at the same time gives her the capacity to demand respect, support and esteem from the rest Concepts of self-esteem are formed in childhood

- ▶ **Closing**

Discussion of Exercise

At the end of the exercise, discuss with the participants how the facilitation of the modeled support group was carried out

- ▶ What elements of conducting a support group were present in the exercise and which were not?
- ▶ How did the facilitator begin the topic?
- ▶ Who answered the questions that came from the group?
- ▶ Who developed the theme?
- ▶ What did they talk about in the group?
- ▶ What did you like most?



Note for the Trainer One can use different aids to facilitate discussions in a support group. One can use annexes, counselling cards, problem cards for this purpose. Facilitators can use them with or without audio cassettes. Module number three explains in detail the way the cards and tapes can be used to facilitate individual or group counselling sessions with mothers.

IV Summary



A breastfeeding support group is important because it allows mothers to learn from each other's experiences. Together women can find different ways to resolve problems and difficulties they have with breastfeeding so they can continue to nurse. Through the support group self-esteem can be developed.

Annex 1 - A

Women seated in a typical classroom setting



Annex 1 - B

The support group of breastfeeding mothers



Module 2

Individual Counselling

Contents		Page
I	Objectives	2-1
II	Development of the Topic	2-1
	A Definition of Counselling	2-1
	B Difference Between Information and Advice	2-2
	C Elements of Counselling	2-2
III	Exercise	2-4
IV	Exercise	2-9
V	Summary	2-11

Module 2

Individual Counselling



Note to the Trainer Before beginning the session, sit in a circle to encourage group participation. In order to facilitate interaction with the participants, you should be a member of the circle. Start with self introduction and introduction by participants. Make the participants understand the objectives of that day's gathering, why we have gathered, telling them that we have come not to lecture but to learn by participatory method and from their experience as well.

Time Required Two to Three Hours

I Objectives

By the end of this session, participants should be able to

- A Define the concept of counselling
- B Establish the difference between giving information and offering advice
- C Identify the elements of counselling, and
- D Apply the methodology that is used to carry out counselling

II Development of the Topic

A Definition of Counselling

Q Ask the participants What is counselling? Let us talk about counselling.

A Listen to the participants' responses and add

Counselling is establishing a relationship between two people in which they share information and together discuss options that help the mother find what works best for her.

Q Ask the participants What is breastfeeding counselling?

A Breastfeeding counselling is a dialogue between the counselor who gives the pregnant and lactating mothers information and suggests alternatives that allow the mother make her own decision about breastfeeding

B Difference Between Information and Advice

Q Ask the participants What is the difference between giving information and offering advice?

A Listen to the participants and round out their responses, as necessary, by saying

- ▶ When someone gives advice they are giving an implicit message “lack of trust in the ability of the listener ”
- ▶ It is assumed that the listener needs to be told what to do, for example

You should breastfeed it’s good
You have to put the baby to the breast ”

Q Ask the participants What would happen if the counselor, instead of giving information, told the mother what she should do?

A Listen to the answers and round out their responses, as necessary, by saying

- ▶ The mother does not learn to trust herself and becomes dependent
- ▶ She can’t make her own decisions and
- ▶ If the advice fails, she loses confidence in the person who was counselling her and the institution which the counselor represents

Q Ask the participants What are the advantages of giving information to the mother?

A Listen to the participants and emphasize that by giving information the counselor expresses confidence in the mother’s ability to decide what is best for her and her baby. Transmitting trust is the basis of a successful support relationship

C Elements of Counselling

Q Ask the participants How is individual counselling carried out?

A Listen to the participants responses and add the following

- ▶ Creating a trusting environment
- ▶ Investigating the mother’s situation
- ▶ Defining the mother’s situation

- ▶ Offering information and support
- ▶ Finding alternatives, and
- ▶ Programming follow-up

Q Ask the participants How do you create a trusting environment?

A Listen to the participants' responses and add

- ▶ Saying Assalamalaikem
- ▶ Introducing yourself giving name and position of breastfeeding counselor
- ▶ Showing interest in her family
- ▶ Showing interest in the mother, asking her name and that of her child, and
- ▶ Asking for her agreement to discuss whatever topic she is concerned about

Q Ask the participants What other aspects should you keep in mind to create a trusting environment?

A Listen to the participants and add the following

The counselor should

- ▶ Have a kind, friendly and peaceful attitude
- ▶ Have a calm tone of voice
- ▶ Have a posture that indicates interest
- ▶ Maintain visual contact with the mother
- ▶ Begin a conversation by giving the mother the opportunity to express herself with confidence
- ▶ Recognize and accept the feelings of the mother
- ▶ Call the mother and baby by name, and
- ▶ Say something positive about the mother and her baby

Q Ask the participants How do you find more about the mother's situation?

- A** Listen to the participants and add additional information to their responses with the following
- ▶ Ask general questions that help the mother feel comfortable and at ease (e g , How are you feeling?)
 - ▶ Don't ask yes-or-no questions because these do not give sufficient information and do not allow the mother to express herself with freedom (e g , instead of asking, "is your baby doing well?", it is better to ask "how is your baby doing?")
 - ▶ Don't ask questions that have the answer you want (e g , instead of "You're nursing your baby every four hours, right?", it would be better to ask "How often do you nurse your baby?", or instead of "Is it true that you're sleeping with your baby?", it would be better to ask "Where does the baby sleep?")
 - ▶ Ask questions that generate an exploration of the mother's situation (e g , "How do you feel about this?", "How would you like to change this situation?", "Is there anything else that is worrying you?")

III Exercise



Note to the Trainer Divide participants into pairs to practice working on information they have gained so far. Ask one pair to come up with a close ended question. Ask the other pair to convert the same question into an open ended one. Ask the pairs to reverse their roles and ask them to write all open ended questions on a chart (Facilitator can share the following examples before they work on their exercise)

Q Ask the participants How might you begin a conversation with a pregnant mother?

A Listen to the participants' responses and add the following

- ▶ How have you thought about feeding your baby?
- ▶ What have you heard about breastfeeding?
- ▶ What concerns you most about breastfeeding?
- ▶ I imagine that many people have talked to you about the different ways to feed a newborn. Do you have any doubts or questions that I can help you answer?
- ▶ What's your husband's opinion about breastfeeding at home?

Q Ask the participants How would you begin a conversation with a mother who has just had her baby?

A Listen to the participants' responses and add the following

- ▶ What did you first give to your baby after birth?
- ▶ How's breastfeeding going?
- ▶ What have you liked most about breastfeeding?
- ▶ It looks like you, and your baby are doing well, what changes in your baby do you think will occur over the next few weeks?
- ▶ What does your family think of you breastfeeding?
- ▶ Has someone advised you to give formula to the baby, how have you managed that situation?
- ▶ How do you know that the baby is getting enough milk?
- ▶ What doubts or questions do you have about breastfeeding?

Q Ask the participants How do you identify the mother's concerns?

A Listen to the participants' responses and add the following

- ▶ Listen attentively to what the mother is expressing and then rephrase what she is trying to say in your own words to verify that you understand. Right afterwards ask her a question to help her reflect, such as "What makes you think that way?"

For example If the mother says that she believes she doesn't have enough milk, ask her "Fatima, I understand that you're worried because you believe you're not producing enough milk. What makes you think that?"

- ▶ Listen to the concerns that the mother expresses and continue asking her questions in order to delve deeper into the situation that makes her uneasy
- ▶ The counselor, based on what she knows, should be able to successfully pin-point the mother's concern, which could include

"The baby cries a lot"

"I no longer feel that my breasts are full"

"The baby wants to nurse all the time"

Q Ask the participants What is the best way of giving information to mothers?

A Listen to the participants' responses and add the following, if necessary

- ▶ One should present information by emphasizing the positive Try not to accuse the mother

For example Do not say, "Don't take the baby off the breast because you will be mistreating it " It is better to say, "By prolonging breastfeeding it will help the baby be healthy, strong, and sure of himself "

- ▶ The information that is given to the mother has to be based on the concern that she presents

Q **Ask the participants** How much information should the counselor give to the mother when she is counselling?

A Listen to the opinions of the participants and give additional information to their responses

- ▶ When the mother has a series of difficulties or worries, the counselor should not overburden her with information She ought to begin by trying to help the mother prioritize, starting with the most simple or most troublesome problem and arriving at specific solutions The counselor can ask what she is most concerned about in order to try to help her resolve her difficulties one by one

For example A mother can mention a long list of problems If the counselor responds to the mother by giving her advice, she does not help the mother to resolve her own problems For example "It looks like Amir (who is three years old) is very bothersome when you are nursing You should leave him in his room with some toys, he's old enough to be left alone for a while "

It would be better to respond by summarizing the concerns of the mother "You mentioned that this beautiful baby seems to be hungry right after he has nursed You also said that your three year old child distracts you while breastfeeding and that taking care of both of them leaves you little time to eat or sleep It seems to me that all these concerns are important, but maybe it would help to begin with one Which situation concerns you most?"

In this way the mother can make her own decision based on her priorities and not those imposed by the counselor

Q **Ask the participants** How do you and the mother find alternatives together?

A Listen to the participants and add the following

Don't impose solutions onto the mother, for example

- 1 Ask the mother, how have you tried to solve this concern?
- 2 Come up with ideas on how to solve the problem *together*
- 3 Evaluate the advantages and disadvantages of each alternative
- 4 Allow the mother to decide on the alternative that is most possible to her
- 5 Plan a way to put the solution into practice *together*
- 6 Make a summary of what the mother has decided to do This is a good way of reviewing the solution with her to make sure she remembers what you talked about
- 7 You may want to show her the appropriate card to help her remember what to do

Q Ask the participants What shouldn't the counselor do?

A Listen to the participants' responses and add that the counselor should not give information by saying "YOU HAVE TO ", "YOU OUGHT TO ", and "YOU NEVER "

Examples Instead of saying, "You have to breastfeed the baby every two hours in order to have a lot of milk," it would be better to share the experience of other mothers For example "Mothers that breastfeed every two or three hours find that they have a lot of milk "

Instead of saying, ' Never wean the child abruptly,' you could say, "Weaning the baby gradually helps maintain the affectionate bond between mother and baby '

Q Ask the participants What value does sharing the personal experiences of the counselor have in a counselling session?

A Listen to the participants and round out their responses by saying that when the counselor shares her experience she does it to show alternatives She does not hope that the mother makes the same decision in regard to her problem

Examples "Some mothers have found ", "Many mothers say ", "When my baby was seven weeks, he went eight days without a bowel movement I was really worried, but the nurse at the health center told me that "

At the end, allow the mother to make her own decisions

Q Ask the participants How do you follow up with the mother?

A Listen to the participants' responses adding that the counselor makes appointments for subsequent visits with the mother to discuss the problem further

and offer her support by making herself available to the mother

Q **Ask the participants** In which situations will counselling techniques be useful to the women of your community?

A Listen to the answers and say

Counselling techniques are useful in situations where the mother needs help and support to clarify doubts, obtain information, and resolve problems which interfere with exclusive breastfeeding, good parenting, child feeding, and her own health

IV Exercise



Note to the Trainer: Explain to the participants that they are going to practice what they have learned with a skit that models a counselling session on the following case

A mother with a month-old baby who is going back to work in two weeks wants to start giving the baby a bottle



Ask a participant to play the part of the mother. The trainer will take the role of the counselor. Remember to incorporate each of the elements of counselling

Dialogue

- C Asalamalaikum, may I come in?
 M Wa'alaikum asalam, come right in
 C I see that you're breastfeeding your baby, congratulations, he is big and beautiful. What's his name?
 M Nadeem, just like his dad
 C Tell me, Marrison, how is breastfeeding going for both you and Nadeem?
 M I'm a little concerned because I have to go back to work. So I'm teaching Nadeem to take his milk from a bottle, but he doesn't like it and I don't know what I'm going to do if he only wants to nurse
 C I hear that you are concerned because you have to return to work and you want to be sure that your baby will stay as healthy and chubby as he is now. You want to be sure that he will receive adequate nutrition
 M Yes I'm concerned because I don't know what to do and frankly the only thing I can think of is to give him formula
 C Marrison, have you thought of continuing to breastfeed Nadeem when you return to work?
 M No, I don't think so because I wouldn't be able to
 C What makes you think you wouldn't be able to, Marrison?
 M Because I've seen that the mothers who work give a bottle
 C Do you want to continue to breastfeed the baby even when you are working?
 M Yes, if I could, I would really like to
 C Have you thought of some way in which you could do this?
 M I've thought that it might be best to not return to work for six months
 C Marrison, would you like to hear what other mothers have done in the same situation?
 M Yes, please

- ▶ Some have negotiated with their supervisors to use the breastfeeding hour that they're given and breaking it into three rest periods of twenty minutes. Each of these is used to express milk at work, store it in a covered container in a refrigerator at work, and take it home so that it can be given to the baby the next day.
 - ▶ Some have come to an agreement where they take their baby to work along with someone to look after the baby and thus be with the baby while they are working.
 - ▶ Others, when the situation allows, have the baby brought to the work place to be breastfed.
 - ▶ Some work places have nurseries and mothers can breastfeed their babies whenever they need to.
 - ▶ Babies who nurse generally will not accept a baby bottle. It is preferable to give it milk using a cup or glass.
- M And so that's how they've been able to continue breastfeeding?
- C Marrison, do you want to discuss each of these options to see what is the most agreeable for you and Nadeem?
- M Yes and I would also like to discuss it with my husband in order to decide what to do.
- C Good Marrison, think about it and discuss it with your husband and I will be waiting to hear from you next week.

At the end of the skit, ask the following questions

- ▶ Which counselling elements were present in the skit and which were not?
- ▶ Was a trusting environment created?
- ▶ Was the situation of the mother investigated?
- ▶ Did the counselor succeed in identifying the concerns of the mother?
- ▶ What was the mother's main concern?
- ▶ How did the counselor succeed in defining it?
- ▶ How did the counselor offer information and support?
- ▶ Did the counselor ask the mother to discuss and think about the alternatives?
- ▶ Did the counselor plan a follow-up meeting?



Tools that can help Remember cards can help for more effective counselling Seeing and hearing will help the mother remember

V Summary



Counselling is a dialogue which offers information and support but, in the end, allows a person to make her own decisions

Module 3
Training Guide to Train Community Workers
for Individual and Small-Group Counselling

Contents		Page
I	Introduction	3-2
II	Review of Individual Counselling Skills	3-3
III	Review of Basic Group Discussion Techniques	3-6
IV	Using the Counselling Cards	3-9
V	Use of Tape, Side A, and Corresponding Counselling Cards	3-14
VI	Use of Tape, Side B, and Corresponding Problem Cards	3-18
VII	Additional Practice Using the Counselling Cards	3-23
VIII	Concluding Activities	3-25
IX	Summary	3-26
	Annex 3-A	3-27
	Annex 3-B	3-28

Module 3

Training Guide to Train Community Workers for Individual & Small-Group Counselling



Note to Trainer The objective of this module is to train community-level health care workers to counsel mothers one-to-one and in small groups on various maternal and child nutrition topics. It is important that the trainer demonstrate good interpersonal communication and group discussion skills to provide a model for the health care workers who should use those same skills in counselling mothers in their communities.

Estimated Time Seven Hours

Methods of Instruction

Group discussion Sit in a circle with the participants. You may sit on chairs or on the ground whichever is appropriate for the situation and the participants.

Demonstration Keep the materials next to you for use in demonstration.

Role Plays Use those provided or adapt them for your own use.

Learner Materials

A set of MCH and Nutrition cards for each participant

A cassette for each participant

A carrying bag for each participant

Materials

Two sets of MCH and Nutrition cards

One cassette recorded on sides A & B

Equipment and Supplies

Two tape recorders

Extra batteries

I Introduction

- 1 The trainer should be seated together with the participants in a circle
- 2 Begin the training by introducing yourself and telling what work you do. Then ask the participants to introduce themselves and to say something about themselves (their family, their work in the community, etc.)
- 3 Choose one or two of the following questions to start a short discussion about what they do as health workers
 - ▶ What kinds of problems are you finding in your community?
 - ▶ What are some of the child health problems you find in the community?
 - ▶ How do you help mothers who have problems breastfeeding their babies?
 - ▶ What do you say to pregnant women and new mothers about how they should feed themselves and their babies?
- 4 When the participants have discussed one or two of these problems, explain that one role of the health worker is to counsel mothers about what they can do to improve their own health and their children's health.
- 5 Ask participants what counselling is. (If possible, write responses on a large sheet of paper for all to see.)

[Suggested responses: Add the following if they are not mentioned: observing, listening, asking for information, giving information, exploring possible solutions or answers, and agreeing on solutions or actions to try.]
- 6 Tell the participants that in this part of their training, they will learn about how to use materials that support good counselling. The main materials are counselling cards to help pregnant and breastfeeding mothers understand better how they should feed and take care of themselves and their young children of up to two years.
- 7 Tell them that they will receive a set of counselling cards and a cassette tape to help them in their work. During the training, they will learn about each of the cards and the tape and will have opportunities to practise using them.

- 8 Explain that although the cards and tape can help them in their work more important than cards or tapes is the way they talk with mothers as they seek to help and advise them. Add that in this module the participants will also talk about and practise the kinds of good counselling skills that a health worker needs

II Review of Individual Counselling Skills



Note to the Trainer Use the questions below to help you lead a discussion with the health workers

A Observing and Asking Questions

- 1 How do you find out what mothers are thinking and doing?

[Suggested responses By observing how mothers and children look, including their expressions by asking questions and listening]

- 2 How does observing a mother and her child help you?

[Suggested response How they look -- happy sad, tired worn out, etc -- may help you think of what questions to ask]

- 3 How does asking questions help you?

[Suggested responses By asking questions before giving any information, you are able to encourage a mother to talk about her experiences and share her ideas. Asking for and listening to a mother's experiences makes her feel important and valuable. When a mother feels listened to she is more open to receiving new information particularly if it is different from her own experience

Also by asking the mother questions you will come to understand her specific problems and counsel her appropriately]

- 4 After asking a question, what should you do?

[Suggested responses Listen Give a mother plenty of time to answer the question and discuss the topic. Do not give any information on the topic until she has shared her experiences. Expect that different mothers will give different kinds of experience]

- 5 “If you know what you want to say, why wait to hear from the mother? Why not just provide her with the information that you have and that you believe she needs?”

[Suggested response If you provide the information too soon, the mother will feel as if you are not listening to her and will be less likely to listen to what you have to say You will also run the risk of giving her advice on something that is not really a problem for her In addition, only the mother knows her own situation and what is easy, hard, or even impossible for her to do]

B Listening Skills

- 1 “How can you encourage a mother to say what she thinks and feels?”

[Suggested responses When you ask a question, ask the mother to share her ideas, opinions, and experiences Also, observe the mother as she talks]

- 2 “What should you do if what a mother is saying is incorrect?”

[Suggested response Do not interrupt the mother while she is talking, even if she is giving incorrect information When she has finished speaking, correct her gently, and provide the correct information yourself]

- 3 “Why is listening to what the mothers have to say important?”

[Suggested responses Listening well to what mothers say will help you understand how much they know about the topic, and exactly how they feed themselves and their babies It is essential for the health worker to understand the mother’s problems, and for the health worker to explore with the mother actions that are feasible for the mother and which will benefit her or her baby’s health It also makes the mothers know that you value what they have to say, and so they may then be more willing to speak with you]

- 4 “How can you let mothers know that you are listening to and understanding what they are saying?”

[Suggested response It is important to repeat what they have told you This lets them know that you are really listening to them, and it is a way to be sure that you have correctly understood what the mother is saying When you repeat what they tell you, be sure to use the very words that they use Do not try to repeat it in your own words]

C Identifying any specific problems and planning appropriate solutions

1 “How can you identify what specific problem(s) a mother may be having?”

[Suggested response Ask questions, such as the following “How are you feeling?” “What do you usually eat during one entire day?” “Do you have the energy you need to get your work done every day?” “How is the baby feeling?” “How often do you breastfeed your child?” “How often do you give the child snacks? And what do you give?”]

[In addition, observe the woman for signs of tiredness, weakness]

2 “What should you do next?”

[Suggested response Discuss the problem with the mother Find out whether she thinks that what you believe is a problem is, in fact, a problem, or whether she believes that things are “just that way” If necessary, gently explain why it is a problem]

3 “How can you help the mother identify a solution to her problem?”

[Suggested response Continue discussing the problem with the mother, asking questions to help the mother find an answer herself Questions may include the following “How do you think you can change this?” “What has to happen for you to be able to change this?” “Have you seen other mothers solve this problem?” “How did they do it?” “What can you do?”]

4 “What should you do once you and the mother have identified the problem and a possible solution?”

[Suggested response Ask the mother what she plans to do and how and when she plans to do it]

5 “What should happen next?”

[Suggested response Set a time with the mother when they will talk again, so that the health worker may follow up with the mother about her efforts to solve the problem Also, thank the mother for her time, and praise her for the good things that she is doing]

6 Even if the health worker and the mother agree that the mother does not have any problems to solve at the moment, they should discuss her situation in

general, perhaps looking ahead to actions that she should take in the near future to keep herself or her baby in good health

D Follow-up

- 1 'How long after helping the mother identify a problem and a possible solution should you try to follow up with the mother?'

[Suggested response Although there is no magic number of days, too much time should not be allowed to pass before the health worker visits the mother to follow up with her This should also be negotiated with the mother, who can tell the health worker how soon she would like to get together again]

- 2 "What should happen in the follow-up visit?"

[Suggested response Ask what change(s) the mother has been able to make and how the problem has changed as a result The health worker should not criticize the mother if she has done nothing, but should try to find out why Perhaps the mother needs more time, or perhaps another solution must be identified]



Note to the Trainer Explain to the participants that they will have opportunities to practise their counselling skills a little later in the training, after the use of counselling cards has been introduced

III Review of Basic Group Discussion Techniques



Note to the Trainer Use the questions provided to help lead a discussion with the health workers

E Purposes of a Group Discussion

- 1 What is a group discussion?"

[Suggested response A talk that is held by a group of people (usually 3 or more people) about a subject that is of interest to them]

- 2 "What are some of the reasons women might want to have a group discussion?"

[Suggested response People might want to have a group discussion for the following reasons

- ▶ To share problems, information, experiences
- ▶ To give each other support
- ▶ To identify solutions
- ▶ To plan joint actions
- ▶ To learn from each other and from the facilitator
- ▶ To build women's self-confidence, self-esteem]

F Seating Arrangements

1 'How many women should be in a small group discussion?'

[Suggested response It is best not to have more than 15 women. When the group is larger than that, it makes it harder to let every one talk.]

2 "How do you think that the seating should be arranged?"

[Suggested response Try to have them sit together in a circle, either on chairs or on the ground. This allows each person to see the others and encourages group discussion.]

3 "Where should you be?"

[Suggested response Sit in the circle with the mothers. Sitting down together helps create a friendly atmosphere. When mothers feel comfortable and in a friendly place, they will be more open to sharing their experiences and listening to advice.]

4 "How should you begin the meeting?"

[Suggested response Begin by welcoming the women to the group. Introduce yourself and then have the women introduce themselves.]

5 'What should happen next?'

[Suggested response That depends upon what type of meeting it is If it is a first meeting, the health worker/facilitator may either choose a discussion topic or ask the group what they would like to discuss At the end of the meeting, the health worker might ask the group what they would like to discuss the next time they get together

If it is a group of mothers whom the health worker has gathered together because of a situation they have in common -- pregnancy, children under 6 months, etc -- the health worker may choose a topic for discussion that would interest all of them]

G Asking Questions and Listening Well



Note to the Trainer Use the following questions to lead a discussion with the health workers

- 1 “Would someone please remind the group what was said before about *asking questions*?”

[Suggested response By asking questions before giving any explanations, you

- ▶ help start a discussion to gather mothers' experiences on the topic
- ▶ make the mothers feel that their ideas and experiences are important and valuable
- ▶ help the mothers be more open to receiving new information, particularly if it is different from their own experience]

- 2 And after asking a question, what should you do?

[Suggested response Give mothers plenty of time to answer the question and discuss the topic Do not give any information on the topic until the mothers have shared their experiences If you provide the information too soon, they will feel as if you are not listening to them and will be less likely to listen to what you have to say]

- 3 All that was said in to one-to-one counselling How important is it for the health worker to begin by asking questions in small group discussions?

[Suggested response It is equally important to ask questions first in small group discussions as in one-to-one counselling You should let mothers know that their ideas and experiences are important when you ask about them and listen to their responses]

- 4 What are some of the ways that you can make mothers aware that you are listening to them and paying attention to what they are saying?

[Suggested response You can do the following

- ▶ Observe the group of mothers as they talk If some people are talking too much, encourage those who have not spoken to talk
- ▶ Invite all mothers to share their experiences, but do not force a mother to talk if she does not feel like talking
- ▶ Repeat what mothers have said, trying to use the same or very similar words This lets them know that you are really listening to them It is also a way to be sure that you and others in the groups have understood what they have been saying
- ▶ If a mother is giving incorrect information, instead of correcting her yourself, ask the opinions of others in the group Perhaps they have had similar experiences If necessary, gently correct her yourself Never scold or make fun of any mother, no matter what she says



Note to the trainer Explain to the participants that they will have opportunities to practise their group counselling skills a little later in the training, after the use of counselling cards have been introduced

IV Using the Counselling Cards

A Introduction to the cards

- 1 Explain to the participants that they will be learning how to use these cards to help them counsel mothers in their communities Hold up the cards for participants to see Point out that there are pictures on the front and text on the back
- 2 Say that the colorful drawings are designed to help the mothers understand and remember what they and the health worker are talking about

- 3 Tell them that the text on the back of each card has simple messages for the health worker. These messages will help the health worker remember what information should come out during discussions with the mothers.
- 4 Explain to the participants that they may use these cards in several ways, such as
 - ▶ when talking with mothers and pregnant women one-to-one during home visits
 - ▶ when leading group discussions or educational talks
 - ▶ when counselling a woman or a small group of women on a specific breastfeeding or nutrition topic
- 5 Show the pink, blue and green-tabbed educational cards. Explain that each color covers a different topic -- the cards with pink tags cover prenatal topics, those with blue tags deal with child feeding from 0 - 6 months, and those with green tags cover child feeding from 6 - 24 months.
- 6 Now show the red-tabbed problem cards. Explain that the participants will use the red-tabbed cards when counselling a mother one-to-one or a small group of mothers about a specific breastfeeding or nutrition problem.
- 7 Divide participants into small groups and give each group one complete set of counselling cards.
- 8 Ask that the members of each group take turns reading to each other the text on the back of the cards until all the cards have been read. Add that as each participant reads the back of a card to her group, she should also explain to the group the picture(s) on the front of the card. If she has trouble, the other members of the group may help her.
- 9 The trainer should circulate among the groups and offer assistance as needed during their work.
- 10 When all groups have finished reading over the cards, call participants together and ask them what they think about the cards. Are they clear, for example? How will they be helpful?

B Using the cards in individual counselling



Before this part of the session, ask one of the participants to volunteer to do a demonstration with you. Explain that she will be the mother of a seven-month-old child and that you will play the part of a health worker who has come to do a home visit. Say that when you ask her to tell you how and what she is feeding her child, she should explain that she still breastfeeds the child, but she also gives the child some mashed banana every day and buffalo's milk occasionally in a bottle. Ask her to be rather vague about how much food she gives the child and how often.

- 1 Ask participants when they might expect to do one-to-one counselling with mothers in their communities.

[Suggested response: When the health worker is doing a home visit or when a mother seeks out the health worker for help or advice.]

- 2 Explain that in a moment you will do a demonstration of how to use one of the cards with a "mother" (one of the participants), and that after the demonstration you will ask the participants to describe what you have done.

- 3 Do the demonstration with the volunteer. Follow the steps outlined above, being sure to do the following:

- ▶ Ask questions
- ▶ Listen well
- ▶ Select the appropriate card to use
- ▶ Identify specific problems *
- ▶ Help the mother find appropriate solutions
- ▶ Ask the mother what she will do
- ▶ Arrange to follow-up with the mother

- * In this role play, you as the health worker should discover by asking questions that the woman's child is not eating enough. Praise the fact that she is still breastfeeding the child and that she is also giving some semi-solid food, but also choose card "Introduction of Semi-Solids-Feeding Babies 6-9 Months Old" (Green Card) and use it to help explain to the mother that her

child at this age needs to eat more to grow strong and healthy. Look at the text on the back of the card, and use the illustrations on the front of the card to help the mother understand that the child should be given fairly specific amounts of semi-solid foods after breastfeeds and in-between breastfeeds, and the mother should not give anything in a bottle. If she wishes to give the child milk, she should put it in a cup or perhaps mix it in with the child's food.

Ask the mother what she can do, then, to change the way she is feeding her child. When the mother has summarized what changes she will make, thank her, and then arrange to meet her in a few days to see how things are going and to answer any questions she may have.

- ▶ Thank the volunteer for her cooperation.

- 4 After the demonstration, ask the participants to explain what you did, step by step. (See the steps, above.) They do not need to name the steps exactly as they are written above, but should include all of the steps.
- 5 Ask the "mother" how she felt during the role play. For example, was the health worker attentive, did she feel free to speak, etc.
- 6 Answer any questions.
- 7 Divide participants into groups of three. Ask each group of three to take turns doing a role play in which one plays the mother, another the health worker, and the third is an observer who watches the role play and gives the other two feedback. The observer in each case should use the "Checklist for Counselling Using the Counselling Cards" found at the end of this module.
- 8 Give each group a copy of the role play descriptions found at the end of this module and ask them to begin.
- 9 Observe the groups as they practise and assist them as needed.
- 10 When all participants have had a chance to practise as the health worker in the role play, call the entire group together again and lead a short discussion about how the members feel about doing the individual counselling with the cards. Ask questions such as the following:
 - ▶ How is this different from what you have done in the past?
 - ▶ What were some of the difficulties?

- ▶ What did you like about using the cards?
 - ▶ How do you plan to use the counselling cards?
 - ▶ How easy or hard is it to choose the right card to use with a mother?
- 11 Thank the participants for their work and tell them that in the next section they will talk about how to use the counselling cards in small group meetings

C Use of the Cards in Small Groups

- ⇒ 1 Ask participants how they think they could use the cards with small groups of women

[Suggested responses

- ▶ A health worker could gather a group of mothers with children of the same age and use a card for that age group to help talk about appropriate child feeding practices
- ▶ A health worker could also gather a group of mothers who have a certain problem in common (such as feeling weak, tired and dizzy or experiencing family pressure to bottle-feed a child) and lead a discussion about how the mothers might solve the problem
- ▶ In addition, it would be possible to ask a group of mothers what they would like to discuss and then select a card accordingly]

- 2 Divide participants into small groups and give each group a set of counselling cards and a list of several kinds of groups (see sample list at the end of this module) Ask participants to take turns selecting a group from the list, choosing which counselling card(s) to use to counsel that group, and explaining the choice to the rest of the participants in the small (training) group
- 3 Circulate and be available to help and to answer questions
- 4 When all participants have had a chance to practise at least once, call everyone together and ask how they feel about the experience. For example, what was difficult, what did they like, how easy or difficult was it to select the correct cards to use when counselling various kinds of groups?

- 5 Thank participants and tell them that in the next part of the training, they will learn about using a cassette tape with the counselling cards to counsel a group of women about breastfeeding

V Use of Tape, Side A, and Corresponding Counselling Cards

A How to use the Tape Recorder



Note to the Trainer If possible, bring several tape recorders to the workshop so that a number of participants can practise at the same time. Be sure to have the cassette, side A in the recorder ready to start from the beginning

- 1 Hold up a tape recorder and show the health workers what it looks like. Point out all of the buttons on the recorder
- 2 Pass the recorder around so that all the health workers can see and feel it
- 3 Show the health care workers how to turn the tape recorder "On" and then "Off". The recorder should have a cassette in it so that health workers can hear when the recorder is turned on and off
- 4 Pass the recorder around again and let the health workers practise turning the recorder "On" and "Off" in front of you
- 5 Emphasize that they should be careful never to press the "Record" button, which could erase the cassette

B How to use Cassette, Side A, and the counselling cards

- 1 Point to side A of the cassette and show how to insert the cassette correctly into the tape recorder
- 2 Pass the recorder around with the tape and let the health workers practise inserting the tape correctly into the machine
- 3 Explain that the first part of the cassette is just for the health worker. It is a reminder of what the participants have just learned -- how to use the tape recorder and cassette

- 4 Play the first part of the cassette for the participants. When the music begins, turn the machine off. Explain that when the instructions for the health worker end and the music begins, the health worker should turn the recorder "Off". The next part of the tape is for the mothers to hear.
- 5 Explain that the tape contains a series of 12 conversations with questions and answers. Each of the conversations is part of a story about a health worker, "Baji" Halima, who visits a family in her community. While Halima is talking to the mother and family members, there are several conversations and questions. Each conversation and question is about a different breastfeeding situation.
- 6 Point out that each conversation will have the mother expressing a doubt or asking a question, and that after each question, music will begin to play. When the music begins, the health worker should turn the tape recorder "Off" and let the mothers in the group talk about the question and try to answer it together.
- 7 Demonstrate how this should be done. Turn the tape recorder on and let participants hear the first conversation and the question that is asked. When the music begins to play, turn off the machine.
- 8 Ask participants what should happen next if this were a counselling session.

[Suggested response: Mothers should discuss the question and try to answer it.]
- 9 Ask participants what the health worker should do while the mothers discuss the question and try to answer it.

[Suggested responses: Facilitate the discussion by
 - ▶ making sure that all mothers have a chance to be heard (If one or a few are doing all the talking, ask for others' opinions, ideas)
 - ▶ asking the others to comment, give other opinions, if incorrect information is given by one of the mothers
 - ▶ supplying the correct information, if necessary]
- 10 Ask, "How can the counselling cards help the health worker?"

[Suggested response Use the counselling card that corresponds to the breastfeeding or health topic to help summarize and perhaps add to what the mothers have said In addition, the card may be used to reinforce good behaviour]

- 11 Explain that when they have finished the discussion and the health worker has summarized what has been said, the health worker should turn on the machine again Halima will then give the mother whom she is visiting the same (or nearly the same) information that the mothers and health worker have just discussed In this way, the tape will reinforce what has been said
- 12 Explain that after Halima gives the information to the mother on the cassette, another conversation and question will come up It will be up to the health worker to decide whether to continue with the next segment at that point or to stop and do the next segment at a later time She can play just one conversation and question per women's group meeting or more, depending upon the women's time and interest

C Practise using Cassette, Side A, and Counselling Cards

- 1 Explain to the participants that they are now going to practise using the cassette and the cards
- 2 Hold up the two pink-tabbed counselling cards and explain that the first two conversations on the cassette are about these two cards
- 3 Rewind the cassette back to the music and give the tape recorder to one of the health workers sitting next to you
- 4 Tell the health worker to pretend that she is in a group of mothers and that she is going to talk with them about the first topic Ask her to describe what she will do before she begins (If she needs help naming all the steps, the others in the group could perhaps make suggestions)

[Suggested response

- ▶ Turn the tape recorder "On"
- ▶ When Halima asks a question and the music comes on, turn the recorder "Off"
- ▶ Ask the group to talk about the question

- ▶ After everyone has talked, use the first card with a pink tab to help summarize what they have said
- ▶ When the discussion is over, turn the recorder "On" to listen to Halima's information
- ▶ Let the recorder run until the next question and music come on, then turn the recorder "Off"]

5 Ask the participant if she has any questions. When she is ready, let her begin.

6 When she has finished, review the practice with the group and clarify any doubts or issues that may come up about the topic, the use of the card or the use of the recorder.



Note to the Trainer At this point, if the training group is large (more than 15 members), divide participants into smaller groups. A practice counselling session should have at least 5, but no more than 15, "mothers."

7 The next participant should use the second conversation on the tape and the second pink-tabbed card to lead a discussion.

8 Repeat until all participants have had a chance to practice. If there are more than 12 participants, show the participants how to rewind the cassette and repeat the practice with the beginning of the tape until each participant has practised.

9 Review the practice with the participants, asking questions such as the following:

- ▶ What was it like to use the recorder?
- ▶ What was it like to try to encourage the group to talk about the question?
- ▶ What was it like to use the card when summarizing and reinforcing information with the group?

D Helpful Hints for Using Tape, Side A, and Corresponding Counselling Cards

1 Ask the health workers to explain a number of ways to use this tape and the corresponding cards when discussing breastfeeding with a group of mothers.

[Suggested responses

- ▶ They can use the 12 conversations spread out in several meetings
- ▶ If there is a group of pregnant mothers gathered, they can choose just to talk about the prenatal conversations and use the pink-tabbed cards
- ▶ If the group of mothers have very young babies, the health worker may choose to have a group discussion with the mothers only about the conversations related to feeding during the first six months. Then they would use the blue-tabbed cards
- ▶ Similarly, if the health worker has a group of mothers who have infants older than six months, she may choose to focus on the green-tabbed cards and the corresponding conversations on the cassette that relate to child feeding from six months to two years]

- 2 Remind participants that mothers learn better when they get small but repeated pieces of information. The most effective way to teach these topics is not to tire the mother with too much information at one time
- 3 Explain that when all the conversations are over, the tape will end. When the tape no longer plays, remind them to push the "Rewind" button, and the tape will go back to the beginning

VI Use of Tape, Side B, and Corresponding Problem Cards

A How to Use Tape, Side B (should have a color like red to match corresponding problem cards)



Note to Trainer Have side B of the tape in the recorder and ready to play from the beginning of the tape

- 1 Explain to participants that Side B of the cassette explains how to counsel women who are having problems breastfeeding their babies
- 2 Emphasize that Side B of the tape is only for the health worker to listen to. By listening to Side B, a health worker will learn how to talk to mothers about common breastfeeding problems
- 3 Ask the health workers what kinds of problems mothers often have when they are breastfeeding

[Suggested response sore nipples, insufficient milk, concerns about baby not getting enough to eat, etc]

- 4 Ask the health workers how they can help mothers who are having problems

[Suggested response Listen to their problems, ask how they think they might solve them, offer advice, use the counselling cards, etc]

- 5 Summarize what the participants say, and add that a mother needs support, the health worker's full attention and interest, and acknowledgment that it is okay to feel what she is feeling

- 6 Explain that they will use the red-tabbed cards when they counsel a mother about a specific breastfeeding problem

- 7 Hold up the red-tabbed cards and explain that you will demonstrate how to use them in a few minutes

- 8 Explain that you will now play Side B of the cassette



Note to the Trainer There are three introductory sections at the beginning of side B, each one divided by music. Play these three first. When you hear music for the fourth time, turn the tape recorder "Off"

- 9 Ask participants to name the steps for individual counselling that they discussed earlier in the training

[Suggested response

- ▶ Observe and ask questions
- ▶ Listen well
- ▶ Select the appropriate card(s) to use
- ▶ Identify specific problems
- ▶ Help the mother find appropriate solutions
- ▶ Ask the mother what she will do
- ▶ Arrange to follow-up with the mother]

- 10 Turn the recorder on. The tape will begin with the following question "How many days has it been since your baby was born?" Listen to the section that describes the topic of the first red-tabbed problem card.
- 11 As each of the five cards is being described, hold up the card so that the health workers can see what each card looks like.
- 12 Turn the recorder "Off" at the end of this section, when the music comes on.

B How to Use the Problem (red-tabbed) Cards

- 1 Ask participants to explain again the difference between the problem cards and the educational cards.

[Suggested response

- ▶ The educational cards are for general education on breastfeeding either in a group setting or with one mother.
- ▶ The red-tabbed cards are to be used when speaking to a mother one-on-one about a specific problem, rather in a group setting or with one mother.]

- 2 Review each of the red-tabbed cards with the participants. Hold each card up as you describe it and pass it around for all the participants to see.

- 3 Explain each card as you hold it up and pass it around.

- ▶ Card #1 - Insufficient milk. Show the front of the card, explaining that it is for insufficient milk. Point out the small baby crying on the back of the card. Point out the messages on the back of the card.
- ▶ Card #2 - Mother too weak to breastfeed. Show the front of the card, explaining that it is for a mother who thinks she is too weak to breastfeed. Point out the mother with hand on her head on back of card and point out the messages.
- ▶ Card #3 - Baby with diarrhea. Show the front of the card, and point out that it is for a mother who has a baby with diarrhea. Point out the skinny baby lying down on the back of the card. Point out the following two messages: one on the use of ORS and the other one to continue to breastfeed frequently.

- ▶ Card #4 - Mother with sore nipples Show the front of the card and explain that it is for a mother who has sore nipples Point out the mother with distressed look on her face on back of card Point out the messages on the back
 - ▶ Card #5 - Breast engorgement and breast pain related to mastitis Show the front of the card with two illustrations, the top one of a mother with engorged breasts and the second, of a mother with a breast infection Point out the picture of the mother holding her breast on the back of the card Point out the following two messages on the back one on engorgement and the other on breast infections
- 4 Explain that the front of each card, the side with the big picture, is the solution for each problem described on each card
 - 5 Pass the cards around and ask participants to identify each one of the cards
• Make sure that each participant has a chance to identify a card and its topic
If a participant chooses the wrong topic for the card, ask the other participants what they think Allow them to correct her, if possible
 - 6 If there is some confusion among the participants about which card is for which topic, ask the participants what are the ways that will help them to remember Devise ways with the participants to know which card belongs to which topic
 - 7 Make sure that all participants identify each card and its topic before going on to the practice

C Practise Using the Problem (red-tabbed) Cards



Note to the Trainer If you do not have enough cassette players, cassettes and problem card sets, you may choose to do this exercise with the whole group instead of dividing the participants into small groups

- 1 Explain that after you do a brief demonstration of how to use side B, you will divide the participants into small groups and let them practise
- 2 Begin with Card #1 - Mother Thinks She Does Not Have Enough Milk Play the tape with the scene where the mother does not think she has enough milk and the health worker is counselling her

- 3 Turn the recorder "Off" after this first scene
- 4 Model a good counselling session with a mother using the card #1 Have one of the participants play a mother who thinks she does not have enough milk Be sure to do the following
 - ▶ Ask questions and listen well to the answers
 - ▶ Select the appropriate card to counsel her
 - ▶ Hold the card facing the mother so that she can see it
 - ▶ Point to each part of the card that illustrates what you are telling the mother
 - ▶ Ask the mother if she can do what is being shown in the card
 - ▶ If not, ask her what she would be willing to do Negotiate some change in her behavior that will make her situation better
 - ▶ Ask her to summarize what you have discussed and what she will do
 - ▶ Arrange to meet again to follow up with the mother
 - ▶ Ask the mother if she has any questions
 - ▶ Thank her
- 5 Have the participants divide into groups of three and take turns counselling each other on this first topic Walk around and listen to how they are doing Assist them as needed
- 6 Ask participants to continue working in their groups of three to practise using the other four problem cards They should play the tape of the next scene, turn it off and then practise their counselling skills on each other Ask them to begin
- 7 Circulate among the groups and assist them, as needed
- 8 When all have practised, call participants together and lead a short discussion about how it felt to use the problem cards Ask what problems they had and answer any questions they may have

VII Additional Practice Using the Counselling Cards



Note to the Trainer This section provides the trainer with several role play descriptions that may be used to provide health workers with additional practice in using counselling skills, as needed

A Directions

- 1 Explain that participants will now have an opportunity to practise selecting the correct card to use when counselling a mother. Add that in some cases, the “mother” will state that she has a problem, but that in others, it will be up to the health worker to recognize the problem and to counsel the mother accordingly.
- 2 Divide participants into groups of three. Ask that they take turns playing the health worker, the “mother” and the observer, who gives feedback when the role play is over.
- 3 Give each group of three a copy of the role play descriptions provided below. Ask that the “mother” in each case read what she should do. The observer may help her, as needed. In each case, however, the person playing the health worker will not know what problem the mother has. The health worker will need to ask enough questions to find out the problem, then she will have to select the appropriate problem card with which to counsel the mother.
- 4 Give each group a complete set of counselling cards, and ask them to begin.
- 5 Observe and assist the groups, as needed.
- 6 When all groups have finished (when all participants have had a chance to be the health worker in a role play), call everyone together. (Note to trainer: As you observe the groups practise role plays 5 and 6, be sure that participants can distinguish between engorgement and breast infection. Engorgement most often occurs during the first few days after birth when the breasts are full. Symptoms for the breast infections are different. They usually occur when the baby is older and the mother feels feverish and achy, not well.)
- 7 Lead a discussion about the use of the counselling cards, including how the participants feel about using them with “real” mothers back in their villages/towns/neighbourhoods.

B Role Play Descriptions

- #1 The mother has sore nipples. She should complain that her baby wants to breastfeed very often, but it hurts so she is thinking of giving him some tea with sugar to keep the baby quiet between feeds.
- #2 The mother's 8-month-old baby has diarrhea. She is no longer feeding him because he is sick. The health worker will need to select the appropriate card and give BOTH of the messages.
- #3 The mother thinks that she does not have enough milk. The baby, who is 3 months old, is crying all the time, and always wants to feed, therefore, she thinks that she does not have enough milk. She is also giving water to the baby.
- #4 The mother is feeling too weak to feed her 2-month-old baby. She does not have enough energy, feels like she is not eating well, has too many other things to do, and she cannot breastfeed.
- #5 The mother has just delivered a few days ago and is having a hard time feeding her baby. Her nipples are flat and the baby is having a hard time latching on.
- #6 The mother has an infant about 4 months old, and she has pain in her breasts and feels warm and achy.
- #7 The mother has a 10-month-old child who is still breastfeeding, but does not seem to be growing well. His cousin, who is 1 month younger, is larger and more active. The child is not being given any semi-solids.
- #8 The mother has five children under seven years of age. She is tired, not only because of the demands of her newborn, but also because her other children are so active and troublesome.
- #9 The woman is pregnant. She sometimes feels weak and dizzy and often does not have enough energy to do her work. She thinks that this is normal for a pregnant woman.



Note to the Trainer Repeat or add some role plays if the participants are having a hard time choosing the correct card with which to counsel the mother.

VIII Concluding Activities

A Summarize key learnings of the day

- 1 Have participants summarize the following
 - ▶ Individual counselling skills (Section II)
 - ▶ Group discussion techniques (Section III)
 - ▶ Use of the counselling cards (Section IV)
 - ▶ Use of the tape recorder (Section V)
 - ▶ Use of Side A of the tape for group discussion
 - ▶ Use of Side B for health worker practice
- 2 Have the participants correct each other or gently correct any wrong information yourself
- 3 Elicit any questions, doubts, concerns and answer them as they come up
- 4 Explain that each trainee will receive the counselling materials they used today in the training

B Distribute materials



Note to the Trainer Have the tape and all of the breastfeeding cards in each participant's carrying bag, ready for distribution

- 1 Distribute a carrying bag to each participant
- 2 Have them take out the contents of their bag Explain that each person should have the following in her bag
 - ▶ a set of cards
 - ▶ a tape

- 3 Ask participants to return the tape and cards to the bag so they do not get lost. Explain that these cards are meant to be used when talking to mothers so they should take them along during community visits.
- 4 Emphasize the fact that the cards have been designed for a lot of wear and tear and encourage the health workers to use the cards.
- 5 Explain where replacements can be found if something happens to the health worker's bag or cards.
- 6 Ask if the participants have any questions.

IX Summary



Thank the participants and then to initiate the process of individual counselling using the cards and tapes. Also reinforce that you would be available to facilitate the process to initiate the support-groups in their communities.

ANNEX 3-A

CHECKLIST FOR INDIVIDUAL COUNSELLING USING THE COUNSELLING CARDS

Instructions Check YES or NO for each behavior observed There is space below for comments

	Behaviors	YES	NO
1	Greets mother		
2	Asks open-ended questions		
3	Probes for better understanding		
4	Uses language the mother understands		
5	Repeats what mother says to indicate understanding		
6	Praises positive behaviors		
7	Helps mother identify problem(s)		
8	Selects appropriate counselling card(s) to use		
9	Holds card(s) up so that mother can see picture(s) on front		
10	Asks mother to describe what she sees on card		
11	Refers to text on back of card, but does not read it		
12	Helps mother explore different solutions		
13	Gives clear explanations		
14	Negotiates new behaviors with mother		
15	Asks mother to summarize what she will do		
16	Arranges for follow-up visit		
17	Reprimands mother for negative behaviors		
18	Interrupts mother		

Comments _____

ANNEX 3-B

ROLE PLAY DESCRIPTIONS FOR INDIVIDUAL COUNSELLING USING CARDS

- 1 A pregnant woman comes to the health worker to ask for advice. She feels tired and weak all the time and is occasionally dizzy. For the first few months she just assumed that this was how pregnant women feel, however, now she is 5 months pregnant and has heard from a friend that it is possible to do something to prevent feeling this way.
- 2 The health worker visits a new mother with a baby only a few days old. The mother is worried, because her breasts are so full that the baby cannot suckle. She wonders whether to give the baby water or buffalo milk.
- 3 The health worker visits the mother of a 1-month-old child. The mother is breastfeeding the child when the health worker arrives, but the health worker sees a bottle with water in it beside the mother. When asked about the water, the mother explains that she gives the baby some water between breastfeeds. She says that it is hot and the baby must be thirsty.
- 4 The health worker visits the mother of a 3-month-old who is recovering from diarrhea. The mother says that the child is sleeping so well that he does not need to be nursed as often as usual.
- 5 The mother of a 6-month-old baby is proud to say that she is still breastfeeding her baby, who seems healthy and happy. The baby still receives only breastmilk and no semi-solids.
- 6 The mother of a 7-month-old still breastfeeds her child, but also gives him buffalo milk in a bottle between breastfeeding, because she has heard that a child of this age needs more than just breastmilk.
- 7 The mother of a 9-month-old child still breastfeeds her child, but also gives her semi-solids such as mashed banana and rice between breastfeeds.
- 8 The health worker visits the mother of a 14-month-old who has diarrhea. The mother has heard that she should give the child less food and liquids so that the child will produce less stool, but she is not sure what to do.
- 9 The health worker visits the mother of a two-month-old baby. The mother complains that the non-folate pills that she is taking are upsetting her stomach and turning her stools black. She is thinking of not renewing the prescription when her pills run out.
- 10 The health worker visits the mother of four children, ages 3 months, 15 months, 3 years, and 4 years. The mother, who is breastfeeding the youngest when the health worker

arrives seems tired and worn. The other children are there in the house, looking a bit ragged, and two are fighting.

- 11 The health worker visits the mother of a 5-month-old baby. The mother says that breastfeeding is going well, and the baby seems content. Also, she reports that she is taking her iron-folate pills and is feeling well.

Module 4

Breastmilk is Best

Contents		Page
I	Objectives	4-1
II	Development of the Topic	4-1
	A Community Health and Child Survival Programs	4-1
	1 Health Problems in the Community	4-1
	2 Programs	4-2
	a Control of Diarrheal Diseases	4-2
	b Acute Respiratory Infections	4-3
	c Integrated Children's Health Care	4-4
	d Immunizations (Vaccines)	4-4
	e Prenatal Care	4-5
	B The Advantages of Breastfeeding	4-6
	1 Advantages for the Child	4-7
	2 Advantages for the Mother	4-8
	3 Advantages for the Family	4-9
	4 Advantages for Society	4-10
	5 Disadvantages of not breast feeding	4-10
III	Summary	4-11

Module 4

Breastmilk is Best



Note to the Trainer Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with participants, you should be a member of the circle.

I Objectives

After completing this session, the participants will be able to explain

- A The importance of breastfeeding for community health and child survival programs
- B Five advantages of breastfeeding for the child and the importance of breastmilk in brain development, and
- C Five advantages of breastfeeding for the mother, the family and society

Estimated Time Two Hours

II Development of the Topic

A Community Health and Child Survival Programs

1 Health Problems in the Community



Foster a discussion with the participants on how they see the health of the children in their community. Draw out the experiences of each participant by asking questions that will generate discussion.

- Q Ask the participants** Which illnesses do infants in your community suffer from the most?
- A** Listen to the participants' responses and add Colds, cough, diarrhea, fever, vomiting, skin rashes, intestinal infections, malnutrition, etc

Q Ask the participants Why do infants and young children suffer from these illnesses?

A Listen to the participants' responses and add, if necessary

- ▶ not giving colostrum to the child
- ▶ introduction of water to the child before six months of age
- ▶ early introduction of solid foods or late introduction
- ▶ use of the bottle
- ▶ introduction of other milk
- ▶ early weaning, and
- ▶ lack of public sanitation

Q Ask the participants What is being done in the community and through the NGO to prevent these illnesses?

A Listen to the participants' responses and add that the NGO conducts various programs which give medical attention to the mother and child. The community organizes itself into community organizations and health committees to support these programs

Encourage discussion among the participants by asking

Q Which NGO programs promote child health?

A Listen to the participants' responses, reinforce accurate information, and correct misunderstandings

- ▶ Control of diarrheal disease (CDD)
- ▶ Oral rehydration therapy (ORT)
- ▶ Acute respiratory infections (ARI)
- ▶ Integrated child health care for the child under five years old
- ▶ Immunizations (EPI)
- ▶ Prenatal care (PC), and
- ▶ Women's health

2 Programs

a Control of Diarrheal Diseases

Q Ask the participants Where do you take your child when he/she has diarrhea?

A Listen to the participants' responses and add

- ▶ to the Health Center
- ▶ to a hospital, and
- ▶ to a doctor
- ▶ MCH Center/CHW/LHW/DAIS
- ▶ treat at home
- ▶ Hakim

Q Ask the participants What do they give you in the health center to treat diarrhea?

A Listen to the participants' responses and add

- ▶ oral rehydration solution or packets, and
- ▶ a recommendation to continue breastfeeding
- ▶ Wheat Salt Solution W S S

Q Ask the participants How does breastmilk help a baby with diarrhea?

A Listen to the participants' responses and add

- ▶ it helps to replenish the water and salts that the baby loses because of diarrhea
- ▶ it nourishes the baby, and
- ▶ it gives the baby defenses to resist the infection that caused diarrhea

This program is called Control of Diarrheal Diseases

b Acute Respiratory Infections

Q Ask the participants Why is it good to breastfeed the baby when it has a bronchial illness?

A Listen to the participants' responses and add

- ▶ it replenishes lost liquids
- ▶ sometime the breast is all the baby will accept
- ▶ it strengthens the baby's defenses, and
- ▶ the baby recuperates more quickly

c Integrated Children's Health Care for the Child Under Five Years Old

Q Ask the participants When the baby is healthy, what other attention should it receive when taken to the Health Center?

A Listen to the participants' responses and add

- ▶ growth monitoring
- ▶ developmental monitoring
- ▶ vaccinations, and
- ▶ information on adequate nutrition

Q Ask the participants How does breastfeeding help the baby's growth and development?

A Listen to the participants' responses and add, if necessary, that breastfeeding

- ▶ is the best food
- ▶ protects the baby from getting sick, the baby does not lose weight, its growth is not halted
- ▶ stimulates the growth of the nervous system, allowing the baby to be more intelligent
- ▶ helps language development
- ▶ helps in the development of skills (walking, grabbing, crawling, sitting), and
- ▶ gives the baby a sense of security and strengthens the bond of love between mother and child

d Immunizations (vaccinations)

Q Ask the participants Why do you vaccinate a child?

A Listen to the participants' responses and add

In order to protect the child from illnesses which are preventable such as measles, tetanus, whooping cough, polio, and tuberculosis

Q Ask the participants How does breastmilk help keep the baby healthy?

A Listen to the participants' responses and add

- ▶ It helps protect the baby from illnesses that have no vaccine

e Prenatal Care

Q Ask the participants What medical attention should pregnant women receive at the Health Center?

A Listen to the participants' responses and add, if necessary

- ▶ her blood pressure is taken
- ▶ she is weighed
- ▶ her nipples are checked
- ▶ she is vaccinated against tetanus
- ▶ she receives information about the birth
- ▶ she receives information about breastfeeding, and
- ▶ she receives information about child spacing
- ▶ she receives information about nutrition
- ▶ she receives information about personal hygiene
- ▶ she receives information about health education

Q Ask the participants How can prenatal care help breastfeeding?

A Listen to the participants' responses and add that prenatal care

- ▶ prevents problems at birth, which allows for a good initiation of breastfeeding, and
- ▶ helps the mother decide to breastfeed her baby, and
- ▶ gives her some ideas about how to start breastfeeding, how to avoid problems, and where she can find help if she has difficulties



Show Counselling Cards on Prenatal Care and Annex-4A

Summarize key points



Annex 4-A, Annex 4-B and Summarize key points

Make sure the first part of the theme is understood by doing a general summary of health programs and their relationship with breastfeeding

B The Advantages of Breastfeeding



Note to the Trainer Take advantage of the breastfeeding experience of each mother, strengthening the confidence they have in themselves by providing them with an opportunity to appreciate all the knowledge they already have

Explain to the group that they will do an activity to develop this topic

1 Objectives

Share the ideas and knowledge that each of the participants has about the advantages of breastfeeding

2 Activity

- a Organize the participants into three groups and distribute the theme that each group will develop

- Group No 1 Advantages of breastfeeding for the child
 - Group No 2 Advantages of breastfeeding for the mother
 - Group No 3 Advantages of breastfeeding for the family and society

- b Distribute flip charts to each group
- c Each group should name someone as a secretary to take notes on the advantages of breastfeeding that are discussed in the group Assign 10 minutes for group discussion
- d Each group will present their results in front of all the participants The secretary of the group will give a report of the topic and the rest of her group will support her by adding any information necessary
- e During the presentations, correct and clarify doubts and incorrect information given by the mothers

3 Conclusion

The trainer should thank and encourage the participants for the work they have done in contributing to the development of the topic The trainer will continue to round off the topic mentioning the advantages that were not discussed, using the list that follows as a reference

1 Advantages for the Child



Use the flip chart of Group 1 Check the input of the group then add and explain the missing advantages

- ▶ Breastmilk is a complete food because it contains, vitamins, proteins, fats, calcium, phosphorous, sugars, iron and water
- ▶ Breastmilk also defends against diarrhea because it is pure
- ▶ Breastmilk contains good bacteria that destroy harmful germs and bacteria, and
- ▶ Breastmilk contains substances necessary to help keep the child hydrated (e g , water and minerals)
- ▶ Breastfeeding helps prevent infections such as bronchitis and measles because mothers transmit defenses through their breastmilk even before the child has been vaccinated
- ▶ Breastfeeding prevents infections such as cholera, because it prevents contamination Breastmilk also contains substances that prevent harmful bacteria from staying alive in the intestines
- ▶ Breastmilk protects an infant against allergies and skin diseases because it does not contain substances that can cause allergic reactions
- ▶ Breastfeeding protects against constipation because breastmilk curds are easily digested and stools are soft
- ▶ Breastmilk also protects against colic because it is easy to digest
- ▶ The child benefits from the colostrum (first milk) that provides protection against illnesses Colostrum helps eliminate phlegm of the newborn and acts like a laxative to clean its stomach, and
- ▶ Breastmilk also promotes brain development because it contains proteins, sugars and special fats that are important for development of the brain and nervous system



Show Annex 4-B and explain briefly the developmental growth stages of a child



Use Counselling Cards on the following topics to summarize key points

- ▶ Do not give Ghutti (Blue Card)
- ▶ Initiate BF immediately after birth (Blue Card)
- ▶ Frequency of BF (Blue)

- ▶ Do not bottle feed (Blue)
- ▶ Do not give water to the child (Blue)
- ▶ Breastfeeding promotes normal growth and development since there are fewer illnesses that result in growth retardation
- ▶ Breastmilk helps in the formation of teeth while the exercise of suckling develops the facial muscles, and
- ▶ Bonds of love between mother and child are developed and the baby learns to feel security and confidence in itself and others



Reflect with the group saying that each species produces special milk for its young. In the human species only females are capable of producing this precious liquid. Breastfeeding is the only form of feeding that provides a strong affectionate bond between mother and child.

2 Advantages for the Mother



Use the flip chart that Group 2 presented. Review the input of the group then add and explain the missing advantages.



Reflect with the group discussing each one of the advantages.

Breastfeeding contributes to maternal health by

- ▶ Diminishing the risk of pre-menopausal breast and ovarian cancers
- ▶ Helping to space pregnancies
- ▶ Helping the placenta separate more quickly because the baby's suckling stimulates uterine contractions
- ▶ Diminishing risk of postpartum hemorrhage as a result of the baby's suckling
- ▶ Helping the uterus return to its normal size and shape more rapidly



Show Annex 4-B and summarize the following key points

- ▶ Allowing the milk to come in more quickly when the baby nurses from birth
- ▶ Preventing breast engorgement by immediate and frequent suckling
- ▶ Strengthening the bond of love between mother and child
- ▶ Having breastmilk always ready and at the correct temperature
- ▶ Letting her companion recognize the contribution that his wife is making to the family when she breastfeeds, in addition to all her other work at home
- ▶ Allowing mothers to sleep more because they have to get up at night to breastfeed
- ▶ Allowing mothers to have fewer worries since breastfed children are healthier
- ▶ Allowing mother to leave the house with her baby without worry and without a lot to carry
- ▶ Getting her parenting experience off to a good start, and
- ▶ Less chance of early pregnancy, especially if she has not started to menstruate and is breastfeeding her under six month old exclusively



Reflection By breastfeeding, the mother feels satisfied and proud. Besides benefiting her child, she is caring for her own health at the same time by lessening the risk of illnesses such as bone problems, breast, uterine, or ovarian cancer and postpartum complications. All this can give her emotional and psychological security and help make her feel good about being a woman.

3 Advantages for the Family



Use the flip chart from Group 3. Review the input from the group then add and explain the missing advantages, if necessary.

- ▶ The money of the family is better distributed because there are no expenses in buying baby bottles, rubber nipples, milk, water, electricity, gas, wood, etc.
- ▶ The baby is sick less frequently so there are fewer expenses and the money of the family may be distributed better.

- ▶ The other children in the family learn the importance of breastfeeding the baby and understand the responsibility of parenting better, and
- ▶ When mothers seek and obtain the support of their spouses in caring for the baby and other children, it contributes to family understanding and provides an excellent parenting model for the children



Reflection By breastfeeding the woman makes a great economic and social contribution to the family and fosters family unity

4 Advantages for Society



Use the flip chart prepared by Group 3 Review the input of the group and then add and explain any missing advantages, if necessary

Breastfeeding is advantageous to society because

- ▶ A very valuable natural renewable resource is used
- ▶ It contributes to fewer infant illnesses and deaths
- ▶ It contributes to a better use of hospital resources
- ▶ It saves money that would be spent on formula
- ▶ It protects brain development at a critical time, helping the human resources of the country to reach their highest human and intellectual potential, and
- ▶ It helps to develop a child's capacity to love which can help to reduce the risk of crime and violence in adults

Ask the participants what are the disadvantages of not breastfeeding

5 Disadvantages of not breastfeeding

- 1 Waste of time
- 2 Waste of money
- 3 Waste of fuel
- 4 Recurrent infection

- 5 Bottle feeding is inconvenient
- 6 Animal milk is not the best for growth and development
- 7 Sucking from bottle differs from breastfeeding and may lead to difficulties such as swallowing air and nipple confusion
- 8 Baby can suffer from malnutrition due to poor mixing or dilution of milk



Reflection Women are unique in that through breastfeeding, they can both nourish the child and establish a bond of affection with the child that will help to guarantee healthy, balanced adults with a high potential for learning

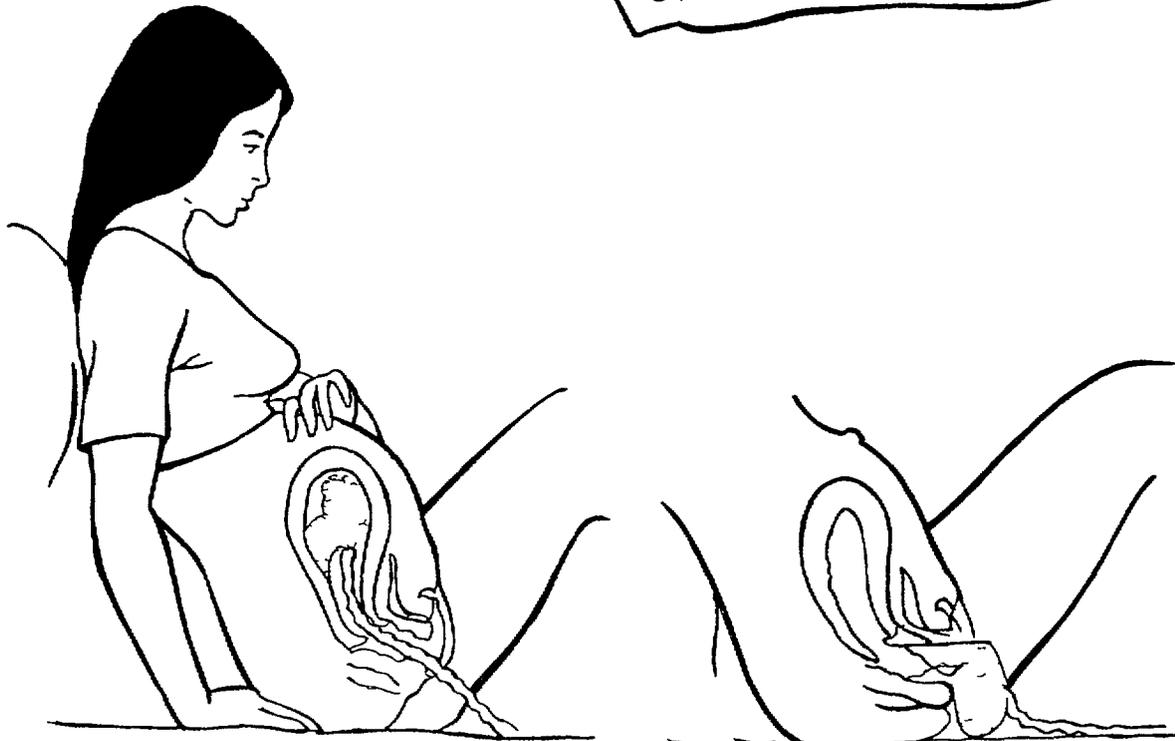
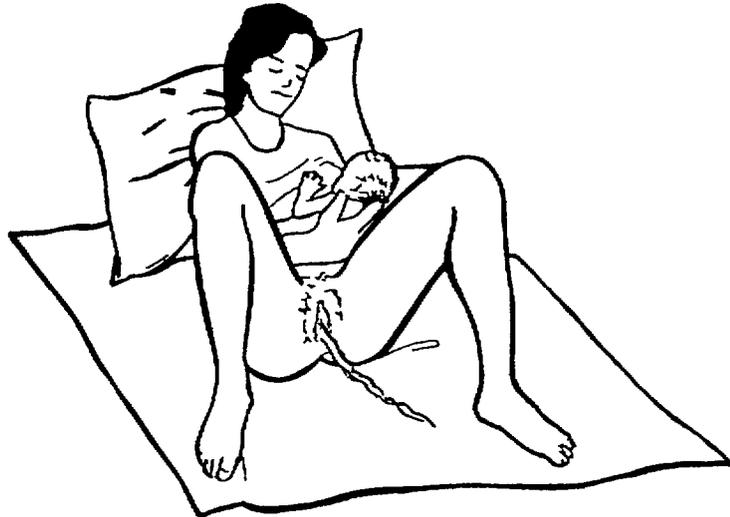
III Summary



Breastfeeding is central in the development of child, offering multiple benefits to the mother, child, family and society, so much so that “Breastmilk is Best” and the role of the woman should not be underestimated Show Annex 2-1 once more

Annex 4 - A

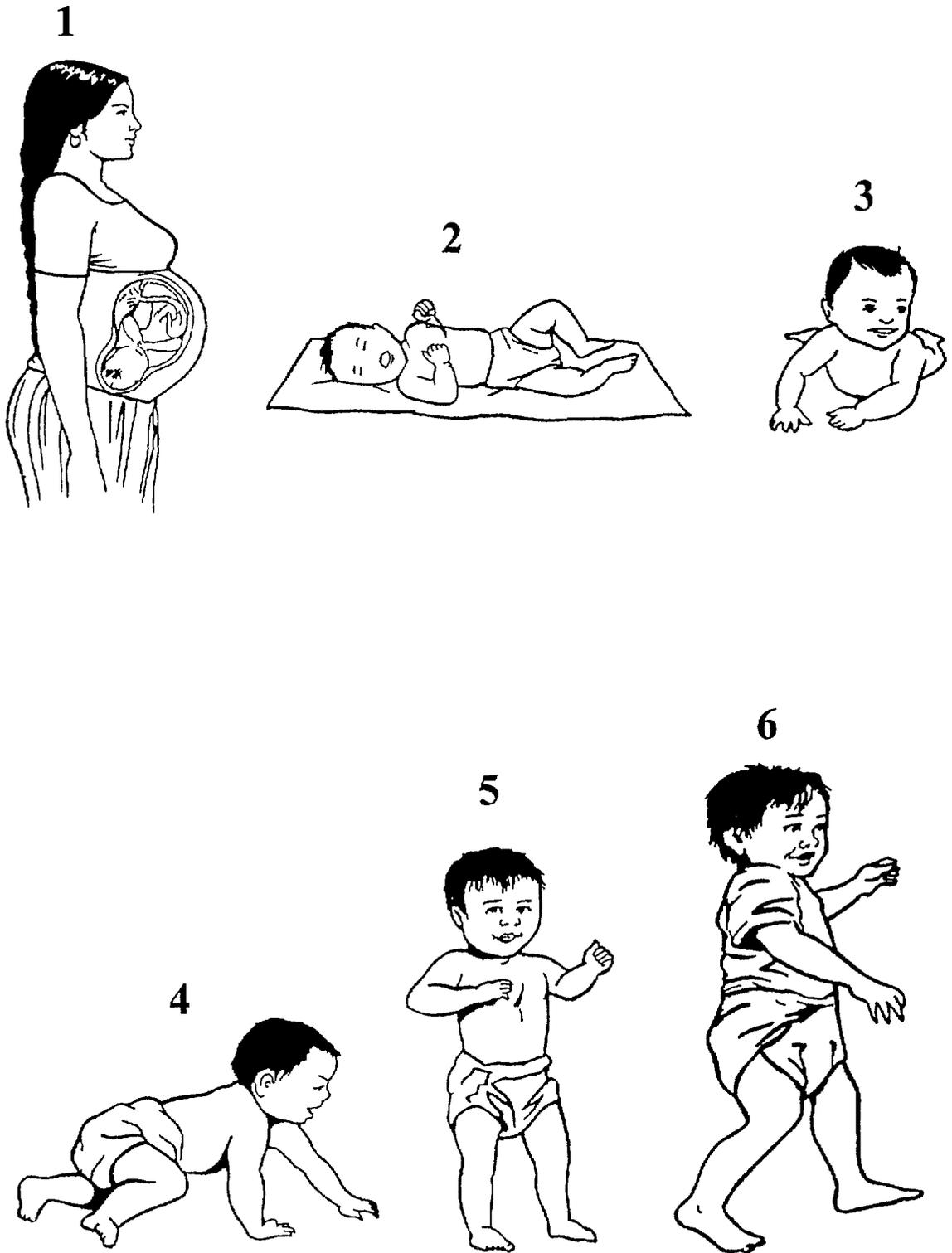
Delivery of placenta



A short while after the birth, the uterus pushes the placenta out. If this doesn't happen, gently massage the stomach with your hand to facilitate the coming-out of the placenta. If there is excessive or continuous bleeding, medical aid is needed.

Annex 4 - B

Various stages of pregnancy and after birth



Module 5
Components and Protective Factors in Breastmilk

Contents		Page
I	Objectives	5-1
II	Development of the Topic	5-1
	A Colostrum	5-2
	B Mature Milk	5-2
	C Protective Factors of Breastmilk	5-5
	D Digestion of Breastmilk	5-6
	E Cases	5-6
III	Exercise	5-7
IV	Summary	5-7

Module 5

Components and Protective Factors in Breastmilk



Note to the Trainer Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

I Objectives

After completing this session, the participants will be able to

- A Explain what colostrum is and list its most important components
- B Explain what breastmilk is and list its components
- C Explain the protective factors present in breastmilk
- D Explain why breastmilk is easier to digest than cow's milk, and
- E Resolve different situations of breastfeeding mothers by applying the knowledge acquired in the training

Estimated Time Three Hours

II Development of the Topic

- Q Ask the participants** What does breastmilk contain that makes babies grow, become healthy and gain weight?
- A** Listen to the participants answers



In the development of this topic there will be a lot of technical words, it is not necessary to mention them, but it is important that the trainer emphasize the function of these substances



Write the input of the participants on a flip chart, reinforcing and completing their contributions with the following information

A Colostrum

Q Ask the participants What do the breasts produce during the first three days postpartum?

A Listen to the participants' responses and add

During the first three days the breasts produce a yellow, thick liquid called colostrum. This is the first milk.

Q Ask the participants What is the importance of colostrum for the baby?

A Listen to the participants' responses and add

Colostrum is important because

- ▶ It contains defensive antibodies that the baby needs to protect itself against bacteria and viruses which surround the infant at the time of birth
- ▶ It contains Vitamin A (which is why the milk appears to be yellow)
- ▶ It is rich in nutrients to keep the baby nourished until the milk lets down
- ▶ Colostrum cleans the baby's stomach and forms a protective coat in the digestive track
- ▶ It is God's given gift; if the mother feeds colostrum, she does not need to feed ghutti which can give the baby an infection



Use the following counselling card and summarize the importance of ghutti (Blue Card)

B Mature Milk

Q Ask the participants What do the breasts produce after the colostrum?

A Listen to the participants' responses and add

After the colostrum, the breasts produce a greater quantity of milk which is thinner, has a bluish-white color, it is called mature milk.

Q Ask the participants What nutrients does mature milk contain?

A Listen to the participants' responses and write them on a flip chart, rounding off their responses with the following information

- ▶ Water
- ▶ Fats
- ▶ Sugar

- ▶ **Water**

Q Ask the participants What do you think about giving water to breastfed babies?

A Listen to the participants' responses and add that one of the principal ingredients of breastmilk is water. There are sufficient quantities to quench the baby's thirst even in hot climates. For this reason, breastfed babies do not need water, juices or any other liquid during the first six months of life



Use counselling on the following topic to emphasize your point

Do not give water to the child

- ▶ **Fats**

Q Ask the participants How can the fat content in the mother's milk benefit the child?

A Listen to the participants' responses and add Fat content helps provide energy, in weight gain and strengthens the body. The water content in the milk helps in quenching the child's thirst and provides essential dietary minerals

- ▶ **Sugar**

Q Ask the participants What do you know about the flavour of breastmilk?

A Listen to the participants' responses and add

Breastmilk is sweet because it contains sugar which gives the baby energy and strength to accomplish its movements. The first milk from the breast has a lot of sugar and is watery in appearance

▶ **Proteins**

Q Ask the participants What substances help to form the muscles, bones, skin and other organs of the baby?

A Listen to the participants' responses and add

These substances are called proteins and breastmilk contains the exact quantities that the baby needs. Cow's milk has too much protein for babies so that a lot of water must be added to cow's milk, before it can be fed to babies. Breastmilk is perfect as it is.

▶ **Iron**

Q Ask the participants What benefits does iron provide to a baby's health?

A Listen to the participants' responses and add

Mother's milk has enough stores of iron according to the need of the child. The iron present in mother's milk gets easily absorbed. Breastfed children do not become anemic and do not require iron supplements in the first six months.

▶ **Vitamins**

Breastmilk contains the vitamins that the baby needs for its growth and development.

Q Ask the participants What purpose do vitamins serve?

A Listen to the participants' responses and add, if necessary.

Vitamins prevent infections and protect the eye sight, skin and nervous system. They also help in the better absorption of iron. Mother's milk contains enough vitamins that the child needs. Mothers' milk specially contains vitamin A which helps in prevention of diseases. This is the reason that a child does not need any supplements, vegetable or fruit juices in the first six months. To increase the vitamin content of breast milk the lactating mother should eat fruits and vegetables every day.

▶ **Calcium and other minerals**

Q Ask the participants What purpose does calcium serve?

A Listen to the participants' responses and add, if necessary.

Calcium is important for the healthy growth of bones and teeth. Mothers' milk contains phosphorus and iodine (according to the need of the child) which help in the development.

of healthy bones and teeth. The calcium present in breastmilk is more easily absorbed than the calcium present in cow's milk.

Q Ask the participants What makes human beings superior to animals?

A Listen to the participants' responses and add, if necessary

Intelligence

Q Ask the participants What is the organ that produces intelligence?

A Listen to the participants' responses and explain brain development

Q Ask the participants How does breastmilk help in brain development?

A Listen to the participants and support their answers by adding, if necessary

All the substances mentioned above help to develop the brain, but there are other substances that especially aid in this development. One of these is taurine, a protein which fulfills an important role in the growth and development of the brain, nerves and the retina of the eye. Another special substance is lactose which is a sugar found in the milk that provides energy to the brain. Fats help in the development of the nervous system. In addition, breastmilk contains many other substances that together contribute to brain development.



Only a woman is capable of producing such a marvellous substance as breastmilk, the perfect food for the growth of the baby and it cannot be substituted by any other milk.

C Protective Factors of Breastmilk

Q Ask the participants Why do breastfed babies become sick less often? What is the difference between a breastfed baby and a baby fed with artificial milk?



Show Annex 5-A of a healthy active baby and mother

A Reaffirm the knowledge of the mothers and round off their responses with the following information

In addition to helping the baby grow and protect the infant from infections and illnesses, breastmilk is important because the less sick the baby becomes it will develop faster and better.

D Digestion of Breastmilk

Begin the discussion by generating leading questions

Q Ask the participants How does a person feel when he eats something “heavy”?

A Listen to the participants’ responses and round off by saying

- ▶ Stomach pain, heaviness, gas pain, tiredness, sleepiness All of these are signs of poor or slow digestion, it is the same way a baby feels when it has been given something “heavy” to eat

Q Ask the participants What milk makes a baby feel “heavy”?

A Summarize the participants’ responses by saying that the baby’s stomach cannot digest any other milk well because it forms hard curds in its stomach and causes a lot of discomfort like colic and gas

Q Ask the participants Why does breastmilk make the baby feel better?

A Listen to the participants’ responses and add that the baby feels better because breastmilk is easy to digest

E Cases

Q Ask the participants How would the counselor resolve the following situations, applying the knowledge she has acquired about the components of breastmilk?

- ▶ A mother-to-be says that she is going to give a bottle to her baby for its first few days till her milk comes in

A Speak to her about colostrum

- ▶ A mother wants to give water to her child who is under six months old because she thinks it is thirsty and hot

A Speak to her about the water content of milk

- ▶ A mother thinks that she has to give her child under six months solids, juices, teas, and other milk because her baby is not well nourished

A Speak to her about the nutrients found in breastmilk

- ▶ A mother says that due to teething her baby has diarrhea

A Speak to her about protective factors of breastmilk and defense system

III Exercise

Do the activity "Breastfeeding Commercial"

- a Objective Look at knowledge acquired
- b Development

⇒ 1 Ask the participants to divide into three groups in order to do an exercise
Before beginning, explain to them that there are many commercials that advertise for formula but that commercials for breastfeeding also exist

⇒ 2 Ask each group to prepare a commercial advertising breastfeeding, highlighting the following aspects

Group # 1 - the components of breastmilk

Group # 2 - the protective factors of breastmilk

Group # 3 - the digestion of breastmilk

At the end, each group will read their commercial, the whole group will discuss it

⇒ Use cards and audio-cassettes to facilitate your discussion. Module three explains in detail the use of cards and tapes to facilitate or summarize a discussion

IV Summary



Breastmilk is the best food for human growth and development because it protects against infections, is easy to digest and prevents illnesses

Annex 5 - A

A healthy active baby & mother



Module 6
How Breastmilk is Produced

Contents		Page
I	Objectives	6-1
II	Development of the Topic	6-1
	A Breast Anatomy	6-1
	1 The External Parts of the Breast	6-1
	2 The Internal Parts of the Breast	6-2
	B Mechanism of Milk Production	6-3
	C Mechanism of Milk Let-down	6-4
III	Exercise	6-5
IV	Summary	6-5

Module 6

How Breastmilk is Produced



Note to the Trainer Before beginning the session, place the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

I Objectives

After completing this session, the participants will be able to

- A Describe the external and internal parts of the breast and recognize the distinct types of nipples
- B Explain how milk is produced, and
- C Explain how milk is let down

Estimated Time One to One and Half Hours

II Development of the Topic

A Breast Anatomy

1 The External Parts of the Breast



Note to the Trainer Begin the theme by asking everyone to draw the external and internal parts of the breast on a piece of paper and show these to the facilitator.



Reflect on the drawings with the group, then ask questions on the functions of the different parts of the breast.

- Q Ask the participants What do you know about the structure of the breast?
What do you call the dark portion of the breast and what is its function?



Show Annex 6-A

A Listen to the participants' responses and add that the *areola* is the darker part around the nipple. During pregnancy it gets even darker, helping the baby to find the nipple more easily.

Q Ask the participants What do you call the part of the breast where the milk comes from?

A Listen to the participants' responses and add that the *nipple* is the protruding point of the breast where there are fifteen to twenty openings for the milk to come out.

Q Ask the participants What kinds of nipples do women have?

A Round off the participants' answers by saying that there are three kinds of nipples which are the most frequent: common, flat, and inverted. Mothers can breastfeed with all of these types of nipples. In the last two cases, however, the mother may need more support in order to initiate breastfeeding.



Use Annex 6-B to show illustrations of different kinds of nipples

Q Ask the participants What is the purpose of the small bumps that are on the areola?

A Round off their information by saying that the small bumps on the areola produce a substance that helps to keep the nipples soft and clean. They give off a special odour that helps the baby find the nipple, thus developing its sense of smell.

2 The internal parts of the breast



In order to explain the internal parts of the breast, do the following: take a cauliflower, pass it around and have the participants take off a flowered section and look at it, next the trainer will make a comparison with the alveoli by asking questions. At the same time show the illustration of the internal parts of the breast.

Q Ask the participants What part of the illustration looks like the flowered section of the cauliflower?



Show Annex 6-C to illustrate

A Tell the participants that the figure represents the alveoli

Q Ask the participants What is the function of the alveoli?

A Listen to the participants' responses and give additional information, if necessary, by saying that milk production takes place in the alveoli. At every feeding they fill up with milk.

Q Ask the participants What part of the breast do the stems of the flowers look like?

A Listen to the participants' responses and add that these little stems look like milk ducts.

Q Ask the participants What is the function of the milk ducts?

A Listen to the participants' responses and explain that the milk ducts carry the milk from the alveoli to the milk sinuses.

Q Ask the participants What are the little bags or sacks that are visible under the areola near the nipple?

A Round off the participants' responses adding that they are called milk sinuses where the milk is collected. For this reason it is very important that the mother introduces part of the areola into the baby's mouth in order to squeeze the milk that has collected in the milk sinuses.

Q Ask the participants What is the function of the fatty tissue that covers the breast?

A Listen to the input of the participants saying that the fatty tissue acts like a protective mattress. Some women have more fatty tissue in the breasts than others. This explains differences in breast size. The size of the breasts has nothing to do with milk production. All women are capable of producing milk.

Q Ask the participants Why is the nipple so sensitive?

A Listen to the answers of the participants and round off the discussion by telling them that the nipples are sensitive because they are full of nerve endings. The nerves transmit a message to the brain so that the breast produces and lets down milk.

B. Mechanism of Milk Production



While you explain prolactin, place the arrow that goes from the breast to the brain using Annex 6-D. Use arrows to illustrate the point.

Q Ask the participants What does the mother have to do to produce plenty of milk?

A Round off the participants' responses saying that

- ▶ The mother will have plenty of milk if she breastfeeds the baby frequently
- ▶ If she lets the baby finish the first breast before offering it the second
- ▶ If she lets the baby nurse as long as it wants, and
- ▶ If the latch-on is correct, that is the major portion of the areola is in the baby's mouth in order to squeeze the milk sinuses

Nature has given women the capacity to produce the quantity of milk that the baby needs

Q Ask the participants What will happen if the mother does not nurse her baby frequently?

A Round off the participants' responses saying that

- ▶ If the baby does not suckle there is no stimulation for milk production, and
- ▶ The less the baby nurses the less milk the mother produces to the point where the milk can dry up

C Mechanism of Milk Let Down

Q Ask the participants How does a mother recognise when the milk starts flowing

A Listen to the participants' responses



Show Annex 6-D to demonstrate the milk let-down reflex By placing the arrows in the direction of the baby's mouth

Conclude this theme with a little summary

When the baby begins to nurse, a message is sent to the brain saying "I WANT MILK." As nursing continues and as a response to the stimulus, the brain orders the breast "MAKE MILK," completing a circle that constantly says "I WANT MILK, MAKE MILK, I WANT MILK, MAKE MILK." At the same time the mother strengthens her affectionate bonds with her baby and produces the necessary milk in quantity and quality for her baby's nourishment

Q Ask the participants In what situations will the counselor need to apply her knowledge of breast anatomy and how milk is produced?

A Listen to the participants' responses and add

- ▶ To explain the correct position to breastfeed

- ▶ To explain that the shape and size of the breast have nothing to do with milk production
- ▶ To help the mother increase her milk supply
- ▶ To explain to the mother that she doesn't need to clean her nipples each time she breastfeeds
- ▶ To calm doubts a mother may have about her capacity to produce milk
- ▶ To emphasize to the mother that it is important to nurse frequently, she should not substitute any nursing with water or other liquids

III Exercise

- 1 Participants will identify the different parts of the breast using puzzles
- 2 Draw puzzles on cardboard to show the internal and external parts of the breast using Annexes 6-E and 6-F
- 3 Place two sheets of cardboard on the wall each with the silhouette of a woman in profile, using Annex 6-E as a guide for the silhouette and Annexes 6-F and 6-G as guides for the parts of the breast
- 4 Divide the participants into two groups
- 5 Ask Group 1 to assemble the pieces that make up the internal parts of the breast explaining the function of each part
- 6 Ask Group 2 to assemble the pieces that make up the external parts of the breast explaining the function of each part

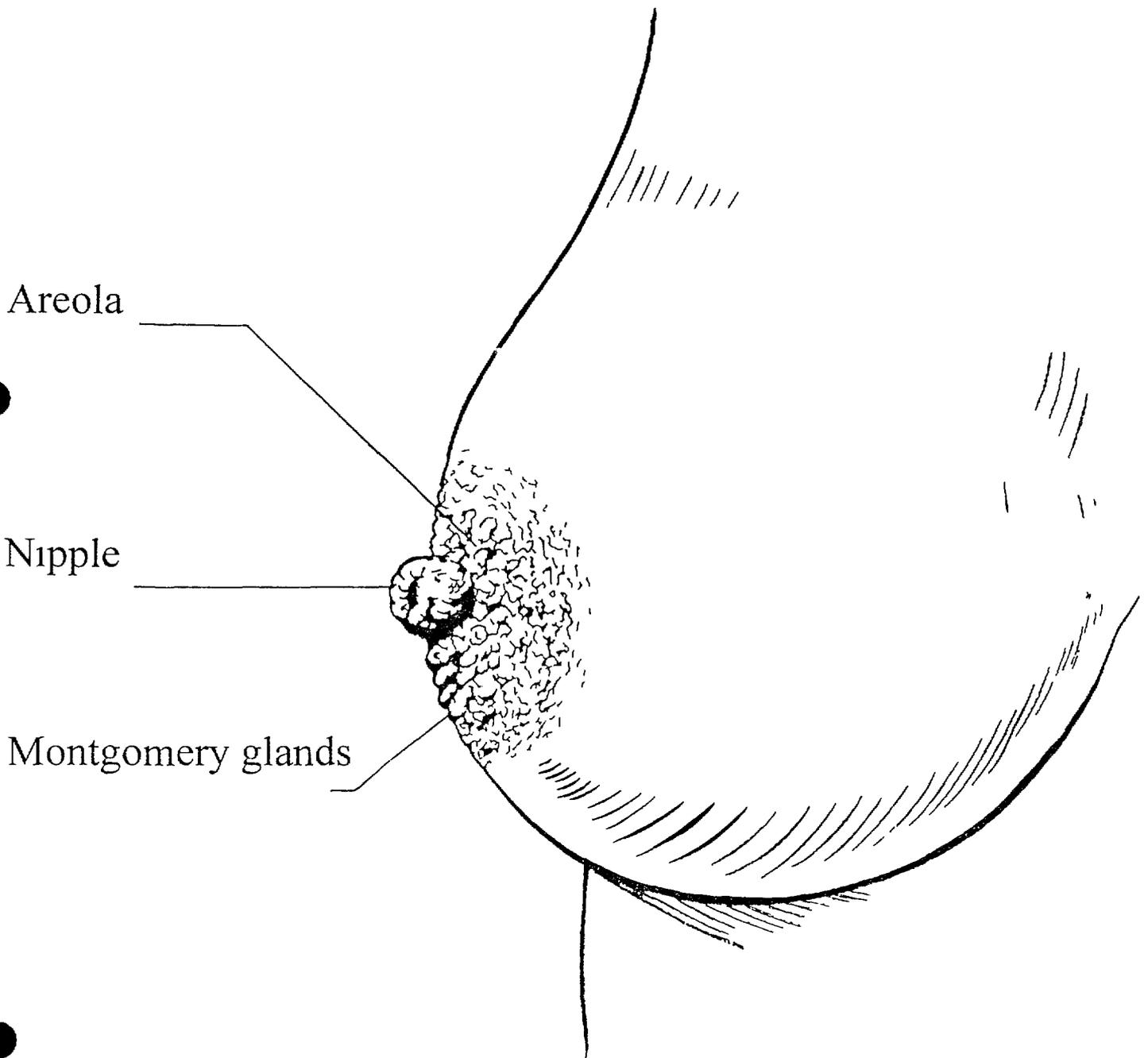
IV Summary



Neither the shape nor the size of the breast determines the quantity of milk produced, the more the baby nurses, the more milk is produced

Annex 6 - A

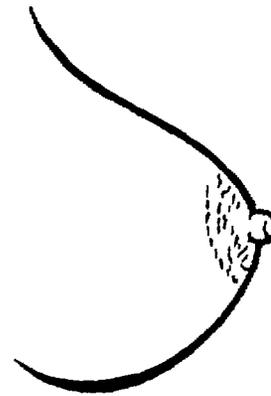
Exterior of breast



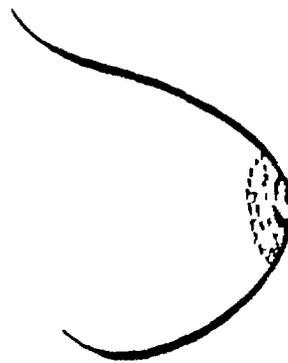
Annex 6 - B

Shapes of nipples

Raised



Flat

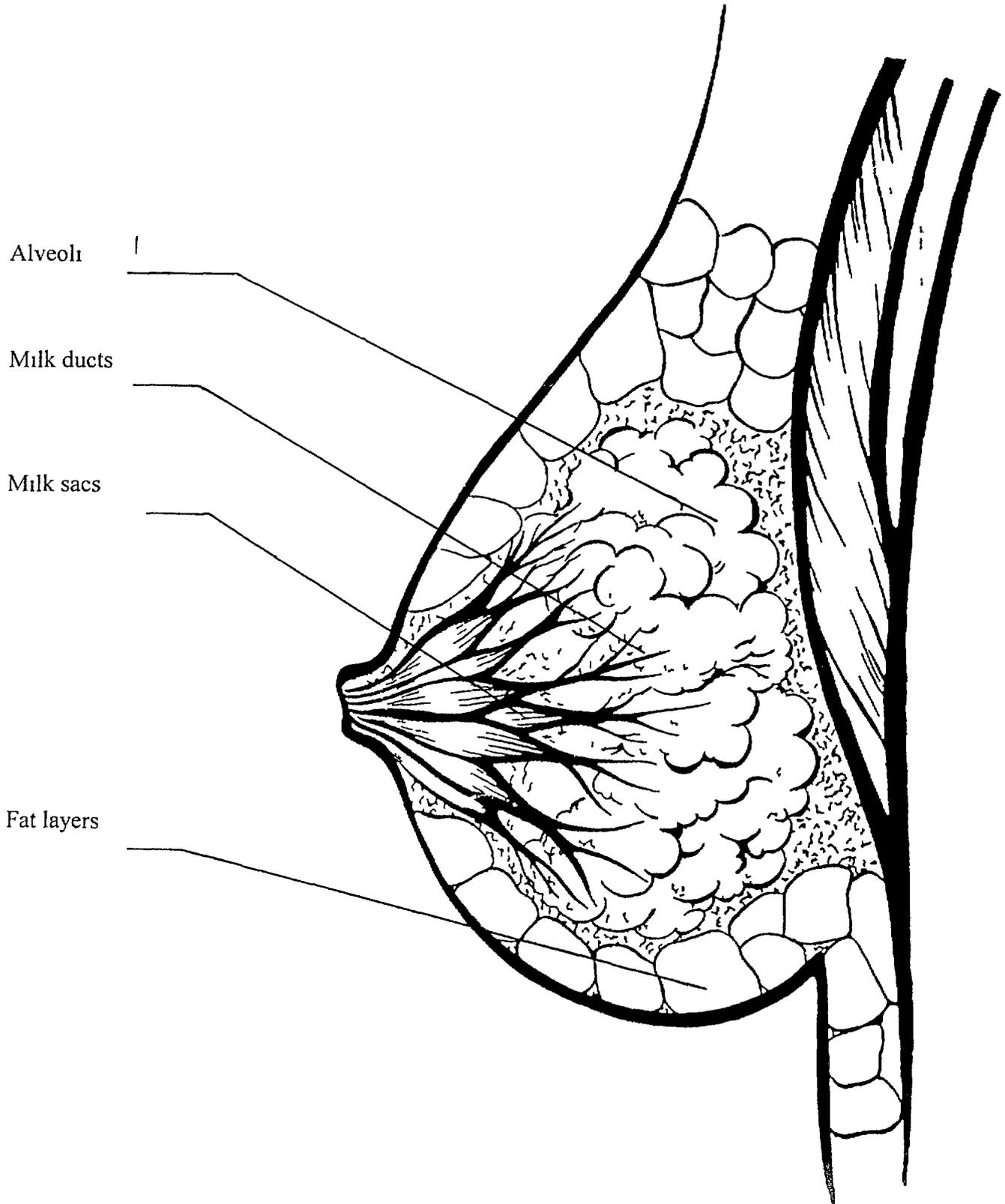


Inwardly pressed



Annex 6 - C

Internal structure of breast



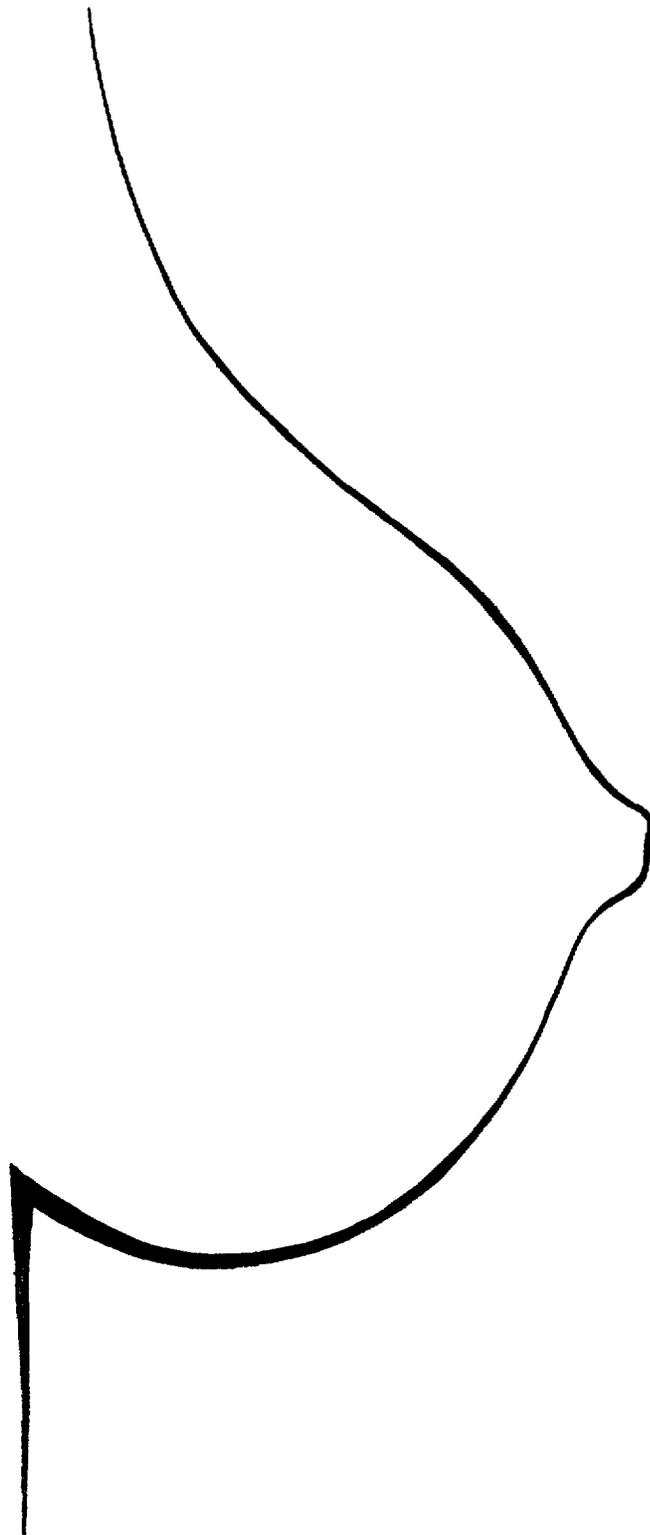
Annex 6 - D

The way mother's milk is produced.



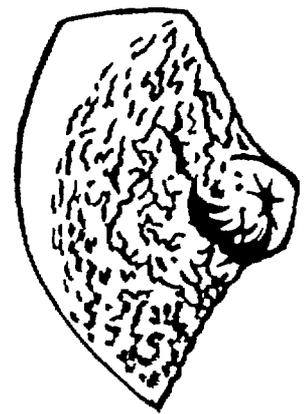
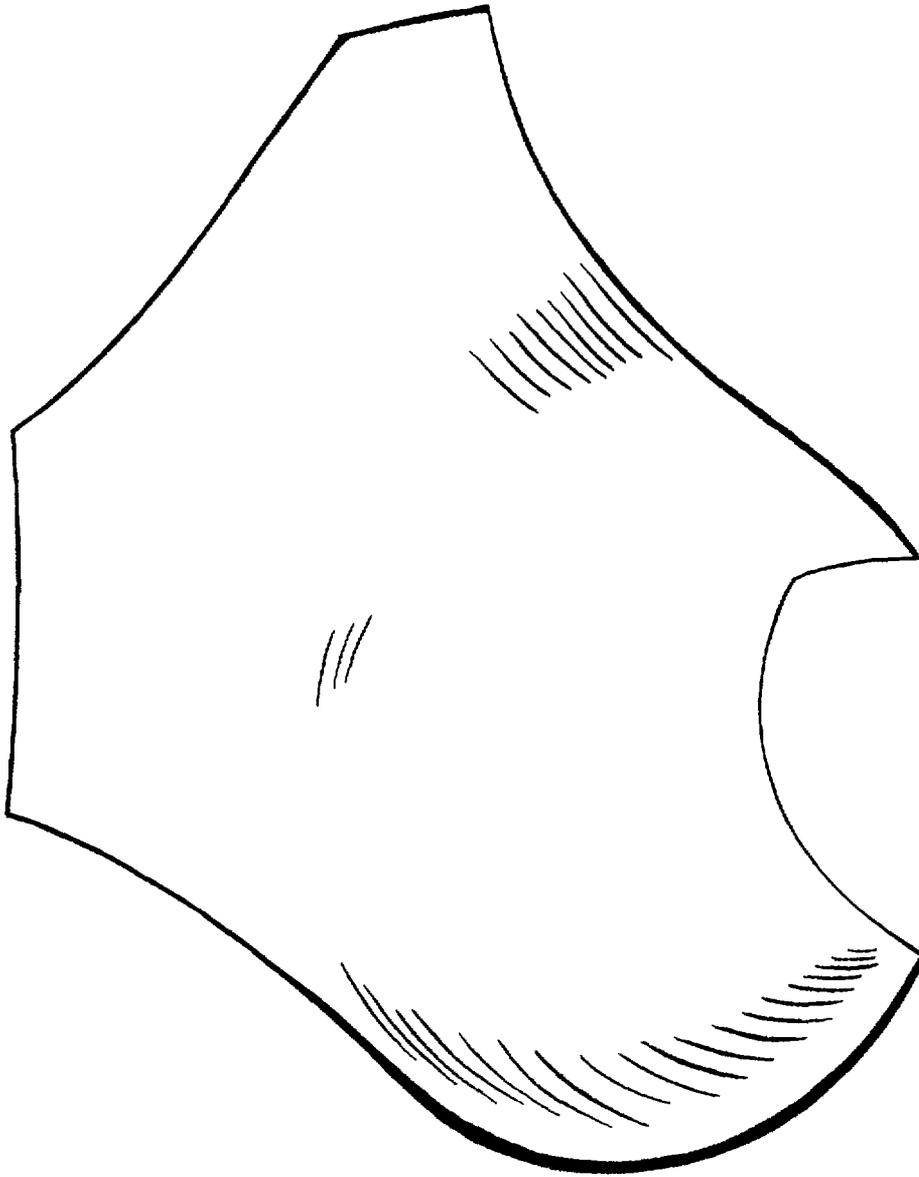
Annex 6 - E

Stick parts of the breast on illustration



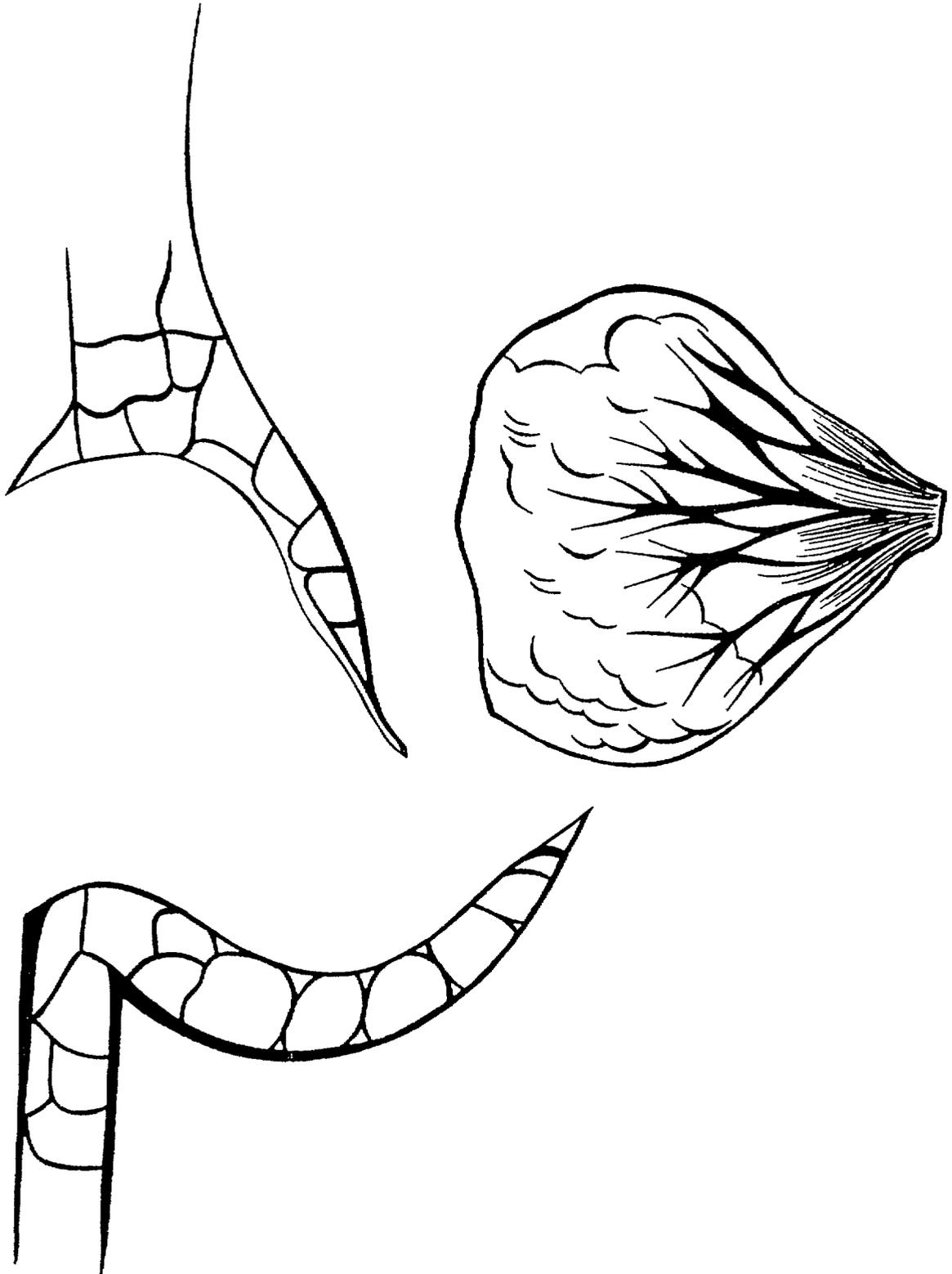
Annex 6 - F

For exercise only



Annex 6 - G

For exercise only



<p>Module 7 Women's Health and Nutrition</p>

Contents	Page
I Objectives	7-1
II Development of the Topic	7-2
A Reproductive Organs	7-2
1 Female Reproductive Organs	7-2
2 Male Reproductive Organs	7-5
B The Importance of Women's Health During Reproductive Age	7-6
C Pregnancy	7-8
D Care During Pregnancy	7-9
1 Prenatal Care	7-9
2 Two Important Nutrients	7-10
3 Nutrition During Pregnancy	7-12
E Childbirth	7-15
1 Labor	7-15
2 Birth	7-17
3 Early Bonding	7-18
4 Postpartum	7-20
5 Nutrition	7-20
F 1 Importance of Child Spacing and Family Planning in Women's Health	7-21
III Exercise	7-22
IV Summary	7-23

Module 7

Women's Health and Nutrition



Note to the Trainer Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

Estimated Time Two to Three Hours

I Objectives

After completing this session, the participants will be able to

- A Identify and be able to explain the basic functions of the female and male reproductive organs
- B Explain how to protect women's health during reproductive age, including
 - ▶ Best age to have children
 - ▶ Risks during child bearing years
- C Explain the development of pregnancy, including
 - ▶ Fertilization
 - ▶ How do you know you are pregnant?
 - ▶ How the baby grows
- D Explain how the counselor or health worker can help prepare the mother during pregnancy, for a good initiation to motherhood and breastfeeding, including
 - ▶ Prenatal care and preparing for birth
 - ▶ Knowing about iron and iodine – two important nutrients
 - ▶ Nutrition during pregnancy

- E Explain the importance of preparing for child birth and early initiation of breastfeeding, including
 - ▶ Labor
 - ▶ Birth
 - ▶ Early bonding
 - ▶ Postpartum
 - ▶ Dealing with emergencies
 - ▶ Nutrition of the postpartum lactating mother, and

- F Explain the important link between child spacing and women's health

II Development of the Topic



Note for the Trainer Ask participants if they would like an open discussion on the female and male bodies. If they are shy, try and break the ice, explaining that it is important to understand the function of their own bodies in order to make the right decisions to protect and promote their health.

A Reproductive Organs

1 Female Reproductive Organs

Q Ask the participants What do you know about female reproductive organs?



Write down on a flip chart The names they mention, separating them into external organs, those of outside the body, and internal organs, those inside the body. List the 'common' names if there are any, as well as the medical names (for example the common name for labia minora may be 'inner lips'). Remind the health workers that when speaking with mothers - either in support groups or individually - they may want to use the commonly used names so mothers will understand them easier.

A Listen to the participants' answers and say that the reproductive organs are divided into organs outside and inside the body.

External organs (on the outside)
 Common Name – Scientific Name
 inner lips labia minora
 labia majora

Internal organs (on the inside)
 Common Name – Scientific Name
 vaginal canal
 cervix

clitoris
vaginal orifice
urethral opening
breasts

ovaries
uterus (womb)
fallopian tubes
pelvic bones

Function of the External Organs

If you have a plastic model, have the participants point out each of the organs as you discuss them

Q Ask the participants What is the function of the clitoris?

A Listen to the participants' answers and add, if necessary, that the clitoris is the organ where the woman's sexual excitation and satisfaction are concentrated

Q Ask the participants What is the function of the labia minora and the labia majora?

A Listen to the participants' responses and add

The labia minora and labia majora are folds of skin that protect the urinary and vaginal openings

Q Ask the participants What is the function of the urethral opening?

A Listen to the participants' responses and add

The urethral opening is where urine comes from

Q Ask the participants What is the function of the vaginal opening?

A Listen to the participants' responses and add

The vaginal opening has three functions

- ▶ The menstrual blood flows from the vagina
- ▶ The penis enters through the vaginal opening during sexual relations, and
- ▶ The baby passes through the vaginal opening during birth

Function of the Internal Organs

Q Ask the participants What is the function of the pelvic bones?

A Listen to the participants' responses and if necessary add

The pelvic bones are inside a woman's body forming a shape like a bowl with a hole (or opening) at the bottom. The pelvic bones protect the uterus. During childbirth, the

baby must pass through this opening to get out



Show Annex 7-A The pelvic bones

Q Ask the participants What is the function of the vaginal canal?

A Listen to the participants' responses and add

The vaginal canal connects the womb to the opening of the vagina and has three functions similar to the vaginal opening

- ▶ The menstrual blood flows through it
- ▶ It receives the penis during sexual relations, and
- ▶ It is the canal through which the child passes at birth

Q Ask the participants What is the function of the uterus or womb?

A Listen to the participants' answers and round off their responses, if necessary, by explaining that the uterus or womb is made up of strong muscle, and is the place where the baby develops and grows during pregnancy. When a woman is not pregnant, menstruation is produced there

Q Ask the participants What is the cervix, and what is its function?

A Listen to the participants' responses and add

- ▶ The cervix is the bottom of the uterus
- ▶ It has a plug during pregnancy so that the uterus will provide a safe place for the baby to grow
- ▶ The cervix dilates (opens up) during labor to allow the baby to enter the vagina to be born

Q Ask the participants What is the function of ovaries?

A Listen to the participants' answers and give additional information by saying

They are the organs that produce a woman's ovum or egg

Q Ask the participants What is the function of the ovum (egg)?

A Listen to the participants and say that the ovum are a woman's sex cells that produce a new baby when fertilized by a man's sperm or seed

Q Ask the participants What is the function of the (Fallopian) tubes?

A Listen to the participants' responses and add

They are the tubes through which the egg travels in order to unite with a man's sperm. Fertilization takes place in the tubes, and the fertilized ovum travels to the womb where it becomes implanted and grows.



Show Annex 7-B & 7-C The womb, tubes, ovaries and vagina



Do a demonstration of the uterus and the Fallopian tubes Asking a participant to stand up with her arms extended, and explaining that her torso is the uterus and her arms are the Fallopian tubes whose extremities grab the ovum (egg) to bring it into the uterus.

2 Male Reproductive Organs

Q Ask the participants What are the male reproductive organs?



Write down on a flip chart The names mentioned, separating them into organs on the outside of the body (external organ) and those on the inside (internal organs)

A Listen to the participants and add that the male reproductive organs are

External

Penis
Testicles

Internal

Prostate
Seminal Vesicles
Vas Deferens

Q Ask the participants What is the function of the testicles?

A Listen to the comments of the participants and give additional information, as needed, saying that the testicles are where sperm (a man's sex cells) is produced.

Q Ask the participants What is the function of the vas deferens?

A Listen to the responses of the participants and explain, if necessary, that the vas deferens is the duct that transports the sperm from the testicles to the seminal vesicles where it is stored.

Q Ask the participants What is the function of the prostate?

A Listen to the responses of the participants and say that the prostate produces a fluid which mixes with the sperm to form semen.

Q Ask the participants What is the function of the seminal vesicles?

A Listen to the participants' responses and say that they are small glands where the semen (sperm and other fluid) is stored.

Q Ask the participants What is the function of the penis?

A Listen to the participants' responses and round off their answers, if necessary, by saying that the penis has two functions it passes the urine and it deposits semen (man's seed) in the vagina

Q Ask the participants What are sperm?

A Listen to the participants and, if necessary, say that sperm are the man's sex cells that unite with the woman's egg to form a new baby



Show Annex 7-D Male reproductive organs



SUMMARY Review male and female anatomy This can be done through questions and answers, having participants label a line drawing on white paper, or by pointing out the different organs on a model if you have one

B The Importance of Women's Health During Reproductive Age

Q Ask the participants When does reproductive age begin in the woman?

A Listen to the participants' answers and give additional information, if necessary, by saying that reproductive age in women begins with the arrival of menstruation

Q Ask the participants When does reproductive age begin in man?

A Listen to the participants' answers and give additional information, as needed, by saying that reproductive age in man begins when he "develops" (change in voice, appearance of beard/pubic hair, growth of penis, etc) This usually happens during the teenage years

Q Ask the participants At what age does the first menstruation occur?

A Listen to the participants' answers and round off their information saying that menstruation usually occurs between 11-15 years of age

Q Ask the participants What is menstruation?

A Listen to the comments and round off their answers by saying that there is a cushion of blood which forms a new lining of the uterus each month This lining will help nourish the egg that is fertilized by a sperm If fertilization does not take place that month, the lining is expelled through the cervix and vagina, and a new lining starts to form The expelling of this lining of blood thus is menstruation

Q Ask the participants At what age is a woman's body ready for pregnancy? When do

you think she should stop having children?

A Listen to the participants' responses and add the following information, if necessary

- ▶ Although a woman has menstruated, she is neither physically nor mentally ready for pregnancy before eighteen years of age, and
- ▶ After 35 years of age, the woman's body is tired out, and she loses strength

Q Ask the participants What are the health risks for a woman who becomes pregnant before eighteen and after 35?

A Listen to the participants and give additional information, as needed, by saying that

Before eighteen, a woman runs a greater risk of

- ▶ complications in delivery
- ▶ premature babies
- ▶ low birth weight babies
- ▶ miscarriages and
- ▶ not being mature enough to give good care to the baby

After 35 there is a greater risk of

- ▶ complications in delivery
- ▶ babies with some defects at birth
- ▶ very big babies
- ▶ stillborns
- ▶ being too busy and tired to give the baby good care

Q Ask the participants In what other situations is a woman's health at risk if she becomes pregnant?

A Listen to the participants' answers and add to their responses, if necessary, by saying that every woman who is pregnant is at risk of complications no matter what her age or if she is healthy or not, although a woman runs a greater risk if she has

- ▶ Several closely-spaced pregnancies
- ▶ A baby under a year

- ▶ Anemia
- ▶ High blood pressure
- ▶ Medical problems like diabetes, heart problems etc
- ▶ Several previous miscarriages
- ▶ Previous caesareans

Q Ask the participants What role does a counselor play for a mother in situations like those mentioned above?

A Listen to the participants' responses and add, if necessary, that

- ▶ She should inform the mother that her pregnancy could be at risk, she should refer her (or accompany her) to the Health Center for prenatal care
- ▶ She should help all pregnant women and their families make a plan for what to do if emergency referral is needed during the pregnancy or during the birth
- ▶ If she is not pregnant, inform her that there are risks if she becomes pregnant frequently or her pregnancies are close. Refer her (or accompany her) to a family planning office or Health Center if she expresses interest in family planning

C Pregnancy

Q Ask the participants How is a baby made?

A Give additional information to the participants, if necessary, by saying

- ▶ When a woman of reproductive age isn't pregnant or breastfeeding an infant, an egg (ovum) is released from one of her ovaries every month
- ▶ The sperm (man's sex cells) are produced in the testicles
- ▶ In every sexual relation the man ejects millions of sperm (in the semen) depositing them in the woman's vagina
- ▶ The sperm go up to the uterus and the tubes looking for an egg
- ▶ If the egg (the woman's sex cells) and the sperm (the man's sex cells) meet each other and join together, fertilization takes place
- ▶ The fertilized ovum (egg) is the beginning of a new baby

 **SUMMARIZE key points using Annexes 7-A, 7-B, 7-C and 7-D if required**

Q Ask the participants How does a woman know if she is pregnant?

A Complete the answers of the participants, if necessary, by saying that the changes that can be observed in a woman are

- ▶ The monthly bleeding (menstruation) stops
- ▶ The breasts get bigger and may feel tender
- ▶ She may feel nauseous especially in the morning
- ▶ She may urinate more often
- ▶ The abdomen gets bigger
- ▶ The hips widen
- ▶ The nipples and areola darken
- ▶ Blemishes on the face can appear
- ▶ Emotional changes



Ask the participants to tell the group how they knew they (or their sister or friend) were pregnant

Q Ask the participants How does the baby develop during pregnancy?



Show Annex 7-E and 7-F

A Listen to the participants' answers and if not already said, show Annexes 7-6, explaining that the baby grows in the womb, using nutrient it gets from the mother's blood. So, women need to eat well so the baby has enough to grow well. The first row of illustrations shows the baby's growth in the first 6 months, and the second row shows the changes in the last 3 months. Although the baby looks like it grows much faster in the last three months, a lot of important growth – in the body and the brain – takes place in the first six months. Therefore it is very important that the mother eats well throughout pregnancy.

D Care During Pregnancy

1 Prenatal Care

Q Ask the participants Why is prenatal care important?

A Listen to participants' responses. Discuss with participants that prenatal care is important because the mother

- ▶ can get tetanus injections to protect her and her baby from tetanus
- ▶ can receive information regarding nutrition during pregnancy
- ▶ can receive iron and folic tablets to cure and prevent anemia
- ▶ receives regular check-ups, problems can be detected and attended to
- ▶ can receive information on how to prepare for birth and breastfeeding, making sure a trained attendant and clean birth kit are used
- ▶ can get her breasts checked and recommendations given to prepare the nipples for breastfeeding
- ▶ and her family can receive help and support to plan and pre-arrange for emergency referral, if that should become necessary



Show Annex 7-I and explain how immediate breastfeeding can help in the removal of placenta & stop bleeding

- ▶ can have an initial discussion about family spacing so she knows what her options for family planning are after the delivery, and where she can obtain these services



Use Counselling Cards on the following topics to facilitate discussion

- Pre-Natal Care (Pink Card)
- Maternal Nutrition Card (Pink Card)
- Readiness for delivery (Pink Card)
- Danger signs during pregnancy (Pink Card)
- Danger signs during and after delivery (Pink Card)
- Child Spacing / Family Planning (Blue Card)

2 Iron and Iodine – two important nutrients

Q Ask the participants What is anemia?

A Listen to the participants' responses and add the following

Anemia is a problem of your blood caused when it lacks an important nutrient called iron

- ▶ Most women in Pakistan are anemic especially in pregnancy, it is NOT Normal and CAN be cured
- ▶ Anemia causes fatigue, dizziness, weakness, pale complexion and breathlessness
- ▶ Anemia – if not treated – can cause problems during delivery and can even cause a mother and baby to die
- ▶ Having many and frequent pregnancies is a major cause of anemia



Use the Counselling Card on the following topic and read the 'why' and the 'what to do about it' columns to facilitate the discussion

What is Anemia, why is it dangerous? What can be done to prevent and cure it (Pink Card)



Note to the Trainer Have two participants perform a role play – one plays the pregnant mother, the other the health worker
Scene Pregnant mother comes to the health worker. She is very tired, pregnant with her fifth child. She is weak and pale. She doesn't want to take medicine for a long time.

Processing the role play Trainer must make sure the main concerns of the mother are addressed

- ▶ that she understands the risks of being anemic
- ▶ she is given opportunity to ask questions
- ▶ the health worker listens and gently probes
- ▶ her fears about taking 'medicine' for a long time are addressed – this can be done by explaining that iron is not a medicine but a nutrient (perhaps like a natural fertilizer or other local analogy)
- ▶ mother has agreed to try the tablets
- ▶ mother understands when and how to take them
- ▶ health worker gives a sufficient quantity of tablets to the mother or else a prescription to buy them
- ▶ health worker discusses child spacing with the mother and the link between too many children too close and anemia, this will be followed up after delivery
- ▶ health worker agrees with mother on a time for follow-up (to see if she is taking the tablets without any problem) in a few days

Discuss the role play with participants Try and come up with ways of explaining the important issues to women using words and analogies they can understand and appreciate

Q Ask the participants What are some of the common complaints when taking iron-folate tablets?

A Listen to the participants and if necessary add. Common complaints are stomach aches, dark stools and constipation

Q Ask the participants What can be done for these complaints?

A Listen to the participants and if needed add

- ▶ Explain to the woman that having dark stools shows that the iron is working in the body, it is not a problem
- ▶ The woman should continue taking the tablets usually problems go away in 3-5 days
- ▶ Make sure to take the tablets with water or better yet with fresh lemon or orange juice the vitamin C in the juice helps the iron work in the body more effectively
- ▶ Do not take tablets within two hours of taking tea or milk A substance in the tea hinders the iron from working well
- ▶ If problems continue try dividing the dose, taking 1 tablet in the morning and 1 tablet at night
- ▶ Try taking the tablets with a little food



Use Problem Counselling Card to summarize discussion on

How to deal with side effects from iron-folate tablets

Q Ask the participants What do you know about diseases caused by lack of iodine?

A Listen to the participants If needed, add that iodine deficiency causes goiters (enlargement of the thyroid gland), and people with goiters can be tired and sick It also causes cretinism (lack of physical and mental development) in infants born to mothers with iodine deficiency

Q Ask the participants What can be done about iodine deficiency? Where do people get iodine from?

A Listen to the participants and if necessary add the best place to get iodine is to use iodized salt (*put in local name here*) It used to be that there was enough iodine in vegetables and fresh water fish but iodine in the soil and water in Pakistan is depleted (not enough of it) and the only way to get enough is to eat iodized salt Iodized salt should be used in cooking for the whole family



Use IEC materials from the iodized salt campaign

3 Nutrition During Pregnancy

Q Ask the participants What should pregnant women eat?

A Listen to the participants' answers and give additional information as needed by saying that during pregnancy women should eat MORE This means eating 3 meals a day and

two snacks and increasing the amount of food at each meal



Use Counselling Cards on

Nutrition during pregnancy and have a discussion on the suggestions given on the card

1 You need to eat more than usual this will make you feel better and is best for the baby

- ▶ Eat three meals a day
- ▶ Eat an extra roti and double the quantity of curry at each meal
- ▶ Eat two snacks each day
- ▶ For snacks eat fruit and yoghurt or lassi roti with ghee, chat or halwa

2 Try eating snacks with the children, by yourself or while you cook

3 Eat vegetables (for example spinach cooked carrots) and dal during meals and snacks, if you eat a small amount at each meal you won't get gas or indigestion
If you have indigestion try eating smaller amounts more times a day

Q Ask the participants Why should women eat more during pregnancy?

A Listen to the participants answers and if necessary add Pregnant women need more food to keep healthy have more energy and be strong for the delivery If a mother eats enough the baby will not be born small small babies are at greater risk of sickness and even death

Q Ask the participants Some women are afraid to eat during pregnancy because they are afraid the baby will be too big to come out and that a caesarean (operation) will be necessary to deliver the baby How would you explain the need to eat more to these women?

A Listen to the participants If necessary help them find creative ways to explain to women that

- ▶ the risk of having a small baby who may be sickly is higher than having a baby too big to come out
- ▶ while the baby's body gets bigger when a mother eats well the baby's head only gets a little bigger and won't cause a problem during delivery In cases especially in Pakistan where the baby cannot fit through the mother's pelvic bones the problem is mostly caused by the woman's bones being too small (not well fed during childhood and adolescence!) rather than the baby's head being too big

Q Ask the participants How does a pregnant woman know if she is eating well?

A Listen to the participants responses and say that the mother can gauge her nutrition as

good if she eats vegetables, rice chappati and oil daily but it would be *better* if a fruit and dal were added and it would be *excellent* if along with the fruit and dal one of the foods from the following list could be added

- ▶ Milk
- ▶ Eggs
- ▶ Yogurt/Dahi
- ▶ Fish
- ▶ Keema Chicken Lamb, Mutton

Q Ask the participants If a pregnant woman says it is hard to eat all that food what do you recommend?

A Listen to the participants' answers and give additional information, as needed One suggestion is to describe the trials undertaken as part of the research during 1997-98 The NGO workers talked with pregnant women, and the women agreed to try something new to increase their food intake – like eating more meals during the day or adding more food at each meal etc Most of the time the women succeeded in eating more and felt much better 'Trials such as these can be very successful when done with the support of the local support group



Summarize the main points

Discuss with the participants how they will work with mothers in the support groups so that they adopt these behaviours Suggest one meeting where the group plans a meal and eats together, so women can see 'how much is enough' to eat at each meal, and for each snack

Exercise Role Play - Assessment of Food Intake

Note to the Trainers Invite a participant from the group and ask her to pose as a pregnant mother. She comes to a LHW (someone who knows how to conduct a 24-hour recall) because she is feeling weak. Conduct a 24-hour recall using (Annex 7-G)

Do a preliminary analysis of the food intake. Analyze with the group and make an assessment of the dietary intake using the dietary analysis sheets (Annex 7-H)

Identify deficiencies in the diet, energy and fluid intake. Ask the participants what cards they would use to counsel this mother.

At the end reflect on the process and invite comments on:

How was the food measured?

How was the 24-hour Recall recorded?

How was it analyzed? Using maternal analysis diet sheet (Annex 7-H)

What feedback was given to the mother and how?

Summarize the process and suggest to the trainees that using the 24-hour recall is a good way to

Identify food intake of pregnant and lactating mothers, identification of problems and providing feedback using the appropriate counselling cards.

E Childbirth**1 Labor**

Q Ask the participants What is childbirth?

A Listen to the participants' responses and add that childbirth is a process of three stages leading to a baby's birth. This normally happens in the ninth month of pregnancy.

Q Ask the participants What should be done to prepare for the birth?

A Listen to the participants and round off their answers by showing the Readiness for Birth counselling card.



Use Counselling Card on the following topic to facilitate discussion

Readiness for delivery (Pink Card)

1 Having a trained attendant can save your life and the life of your baby

▶ she knows how to protect you and your baby from getting fever

▶ she knows how to prevent you and your baby from tetanus

good if she eats vegetables, rice, chappati and oil daily, but it would be *better* if a fruit and dal were added and it would be *excellent* if along with the fruit and dal, one of the foods from the following list could be added

- ▶ Milk
- ▶ Eggs
- ▶ Yogurt/Dahi
- ▶ Fish
- ▶ Keema, Chicken, Lamb, Mutton

Q Ask the participants If a pregnant woman says it is hard to eat all that food, what do you recommend?

A Listen to the participants' answers and give additional information, as needed. One suggestion is to describe the trials undertaken as part of the research during 1997-98. The NGO workers talked with pregnant women, and the women agreed to try something new to increase their food intake – like eating more meals during the day, or adding more food at each meal etc. Most of the time, the women succeeded in eating more and felt much better. 'Trials' such as these can be very successful when done with the support of the local support group.



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Discuss with the participants how they will work with mothers in the support groups so that they adopt these behaviors. Suggest one meeting where the group plans a meal and eats together, so women can see 'how much is enough' to eat at each meal, and for each snack.

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▶ she knows how to protect you and your baby from getting fever,

▶ she knows how to prevent you and your baby from tetanus

Q Ask the participants What are some of the danger signs that can arise in pregnancy and during childbirth?

A Listen to the participants, discuss their responses and add anything missed by referring to the 'Danger Signs' counselling card



Use Counselling Card to summarize the key points given below on Danger Signs during Pregnancy and Childbirth (Pink Cards)

Antenatal

- ▶ Bleeding (that wets your shalwar and kameez through) during pregnancy is not normal and is very serious, bleeding can be painless and bright red, or be darker in color and very painful
- ▶ Swelling of face, and hands, and/or severe headache
- ▶ Baby is not lying 'head first'

During Delivery and Postpartum

- ▶ Prolonged labor active labor (contractions every 2-3 minutes apart) should not last more than 8 hours
- ▶ Eclampsia – high blood pressure (headache, swelling of face) and fits
- ▶ PPH – bleeding more than 2 paos (half liter) of blood A mother with PPH can die in 2 hours
- ▶ Postpartum Infection very high fever after delivery, sometimes with abdominal pain



Have participants tell their stories Of people they know who have had an emergency what was done what could have been done better?

What is the best way to talk to families about possible problems arising?

3 Early Bonding

Q Ask the participants What should be done as soon as the baby is breathing and crying?

A Listen to the participants and if needed add

- ▶ As soon as the baby is breathing and crying, it should be quickly dried up and the umbilical cord cut with a clean blade or scissors Then the baby is put - skin to skin – on the mother's chest, covered with a cloth, and helped to breastfeed

- ▶ Some people leave the baby attached to the cord until the placenta is delivered. During this time the baby gets cold, misses the opportunity to bond with its mother and start feeding, and is at risk of hypothermia (being too cold) which can cause death.

Q Ask the participants Why is it important to put the baby to the breast immediately after birth?

A Listen to the participants' answers and add if necessary

- ▶ By putting the baby to the breast quickly, without separation from the mother, it will help in the following ways
- ▶ Suckling helps in contracting the womb and detaching the placenta (the third stage of childbirth)
- ▶ Contracting the womb decreases the mother's blood flow
- ▶ The baby will get important nutrients from the milk which it needs after its coming into the world
- ▶ the milk will "come in" more quickly and there will be less engorgement (especially if the baby continues to nurse frequently)



Emphasize that Early bonding and skin contact between the mother and the baby immediately after birth facilitates the last stage of childbirth which is the detachment of the placenta. Childbirth without complications or difficulties is one of the guarantees for the successful establishment of breastfeeding.



Use Counselling Card on the following topic to summarize key points

Initiation of breastfeeding immediately after birth (Blue Card)

Q Ask the participants Some people think that breastfeeding should be withheld until after the bath and 'azan' and some people think the breast shouldn't be offered until the third day when the milk comes in. What do you think?

A Listen to the participants, and add as needed

- ▶ Babies need nourishment after their hard passage into the world. Mother's first milk has all the nutrients and energy the baby needs. A mother's milk is made just for her baby, and should be given to the baby immediately after birth. Although we know that breastfeeding immediately after delivery is best for the baby and the mother, there are no religious instructions about when to bathe the baby and give 'azan'. Since it is best for the baby to breastfeed immediately, suggest the following order of events (from the 'Be Ready for the Birth' Pink counselling card)
- ▶ After delivery cut the cord within 1-2 minutes

- ▶ Dry the baby put on the mother's chest and cover to keep warm
- ▶ MIL or relative to help baby breastfeed, this stimulates expulsion of placenta and contraction of uterus and minimizes bleeding
- ▶ After bathing, make sure baby is dried up and warm, then the baby is ready for 'azan'

4 Postpartum

Q Ask the participants What special care should the mother have during the first 40 days postpartum?

A Listen to the participants' answers and give the following additional information if necessary

During the first 40 days postpartum, the mother needs to recoup her physical as well as emotional strength after pregnancy and childbirth. She does this by doing the following

- ▶ Resting during the day
- ▶ Going to the clinic for a postpartum check-up
- ▶ Keeping an eye on the blood flow which should be moderate in the first days, decreasing little by little. The color of the flow changes from dark red to pink, to white
- ▶ Watching out for fever
- ▶ Continuing to eat more and if possible add quality foods
- ▶ Continuing to take iron-folate tablets
- ▶ Bathing daily

5 Nutrition

Q Ask the participants What should the mother eat after childbirth and while breastfeeding?

A Listen to the participants' answers and add the following information to their responses, if necessary

The nutritional needs of the postpartum and breastfeeding mother are even greater than during pregnancy. For this reason she should continue to eat more as she did in pregnancy, and add more food if possible



Use Counselling Card on the following topic to facilitate discussion on

Diet for Lactating Mothers (Blue Card)

- ▶ Eat 3 meals and 2 snacks a day
- ▶ At each meal eat 2 rotis and double the amount of curry and vegetables, add a serving of yogurt
- ▶ For snacks, try dalia and milk, sweet paratha, fruit and lassi, continue until the baby is 6 months old
- ▶ Continue taking iron-folate tablets
- ▶ Drink more milk, water and sherbat



Note to the Trainer Discuss specific foods that can be recommended to the participants from the local areas

Explore ways to encourage women in the support groups to eat more, how can you measure this

Q Ask the participants Why is an adequate diet important for the postpartum and breastfeeding mother?

A Listen to the participants' answers and, if necessary, say that an adequate diet is important because

- ▶ She needs to maintain her health and prevent malnutrition
- ▶ She needs to produce enough milk without using her own body reserves, and
- ▶ She needs to maintain and replace nutrients

6 Importance of Child Spacing and Family Planning in Woman's Health

Q Ask the participants What happens when women have too many children at very short intervals?

A Listen to the participants and if necessary add

- ▶ Women with many children close in age are often anemic, tired and very weak. If they are pregnant too soon they are at risk of getting very sick or even dying during delivery
- ▶ Women with many children are over-worked, often children are not taken care of properly
- ▶ With lots of children, families do not have enough money to provide them with good food and education

- ▶ One of the best ways to prevent problems, is to adopt family planning, so mothers can have enough time to recover after giving birth Child Spacing and Family Planning are covered in Module 8

III Exercise

Skit



Note to the Trainer Explain to the participants that they are going to practise what they have learned by observing a counselling session with the following case

A first time mother who is seven months pregnant Ask two participants to volunteer, one to be the mother and the other a relative The trainer will act as the counselor Remember to incorporate each element of counselling

Dialogue

The counselling session takes place at a home visit with Rukhsana, who lives with her aunt Nighat

M Rubina, they told me at the Health Center that you would be coming to visit me

C Assalam-o-Alekum, Is Rukhsana home?

R Yes she's here, come in, who is asking for her?

C My name is Rubina, a breastfeeding counselor in the community, and I'd like to talk with her for a moment

C Yes, the LHV told me that you are seven months pregnant Rukhsana, tell me how have you been doing?

M The first months were very difficult, but now I feel better The baby moves a lot

C I'm very happy that you are feeling fine, Rukhsana Are you going to the Health Center for your prenatal care?

M Yes, I've been to the Health Center and I have another appointment for Thursday

C Oh good! Going to prenatal care helps prevent problems How are you thinking of feeding the baby?

M In the Health Center they told me that mother's milk is the best, but I'm scared because my breasts are small and I don't think I'll have enough milk

C Rukhsana, I understand that you want to nurse your baby but you're worried because you think you may not have enough milk

M Yes, and I don't know what to do

C I understand your concern, Rukhsana, but it is important for you to know that the size of the breast has nothing to do with milk production If given the proper advice and help, all women can breastfeed successfully For example, the amount of milk you have doesn't depend on the size of your breasts, but on how frequently the baby suckles

M Really? I want to know more

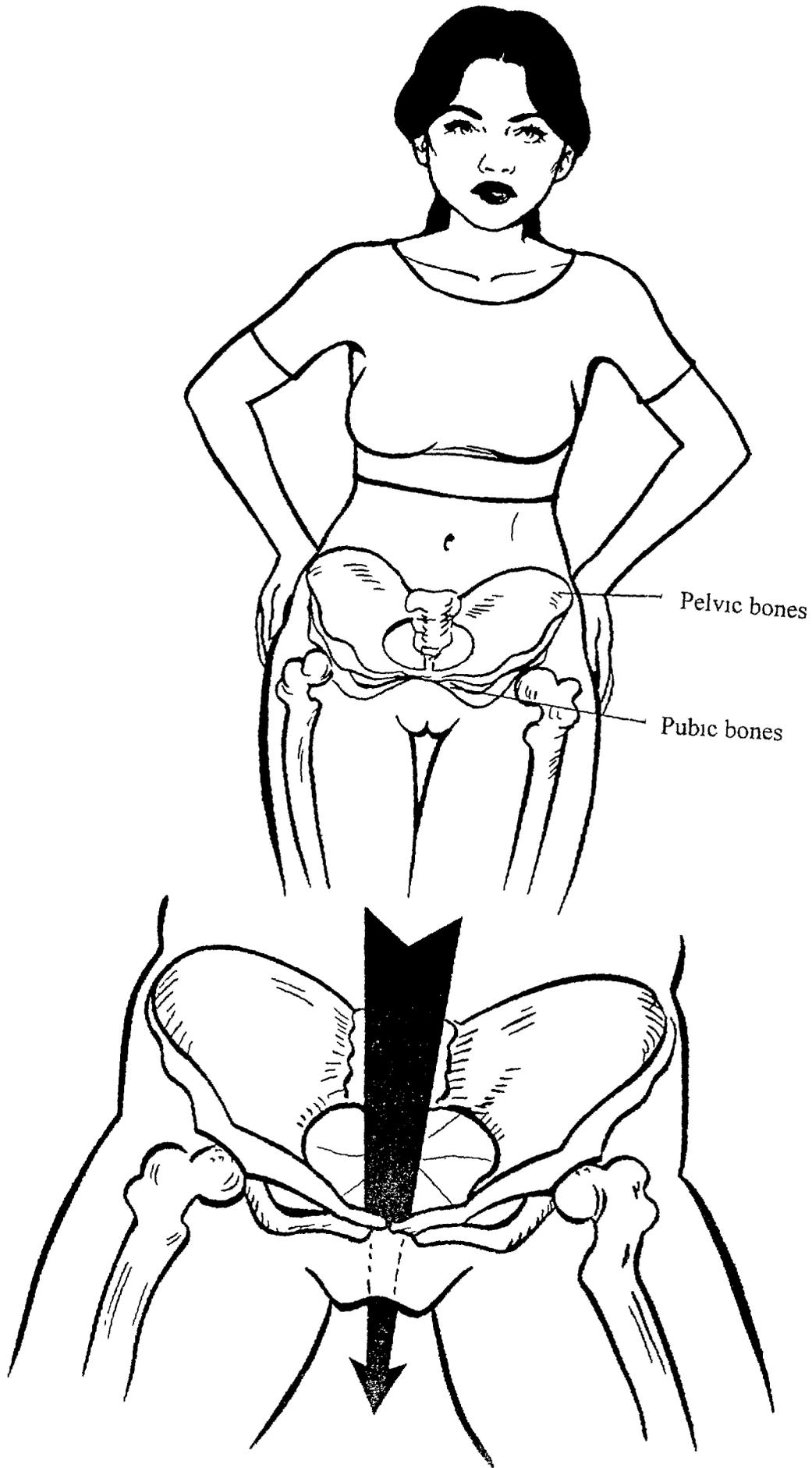
IV Summary



A woman's participation in the care and protection of her own health forms the basis of her capacity to recognize herself as a person, strengthen her self-esteem, and allow her the right to make decisions about her own health. If the woman is capable of caring for herself, she is also capable of caring for her children. In the exchange of information between the counselor and the mother, the role of the counselor is to help the mother strengthen her ability to look after herself.

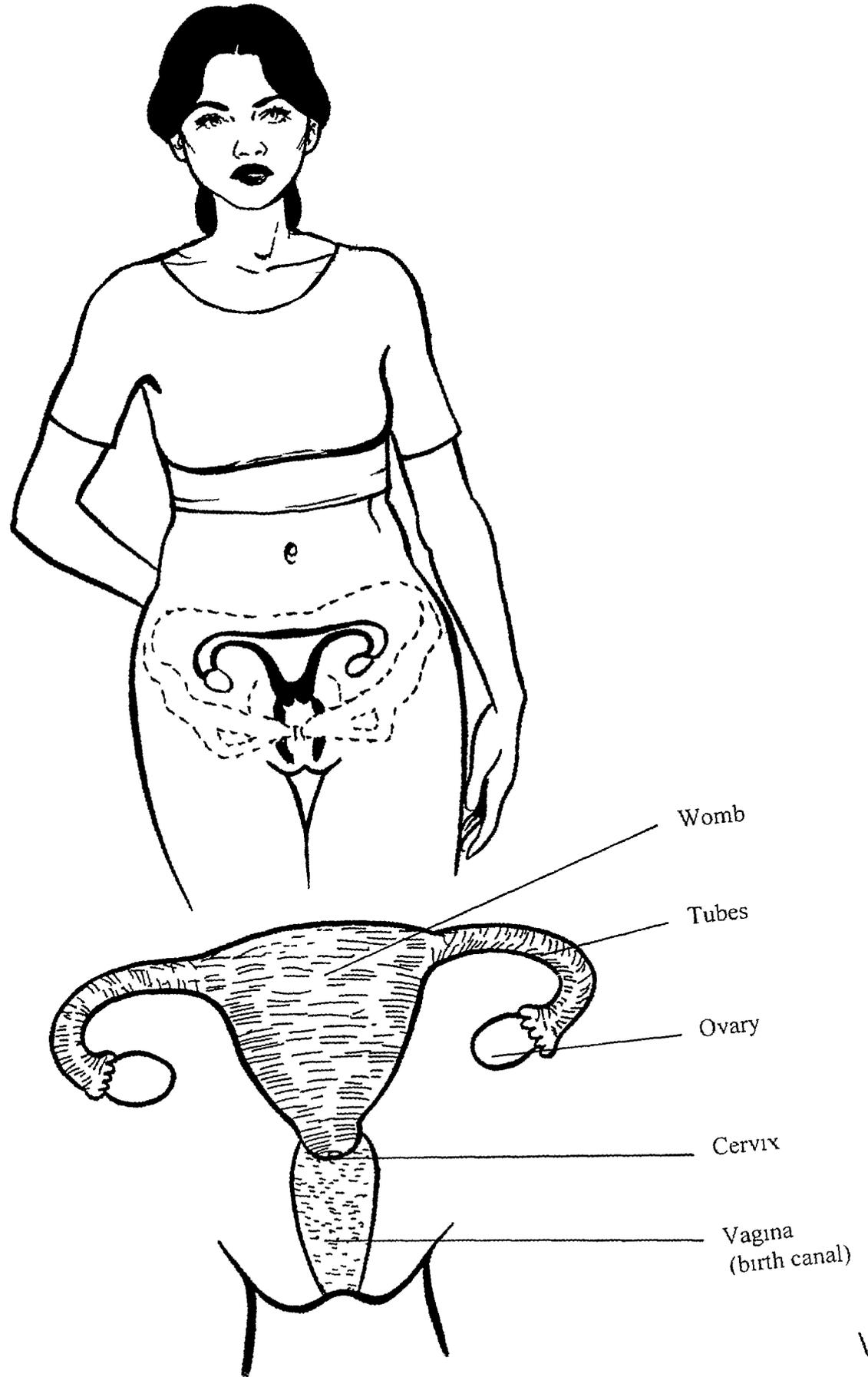
Annex 7 - A

Pelvic Bones



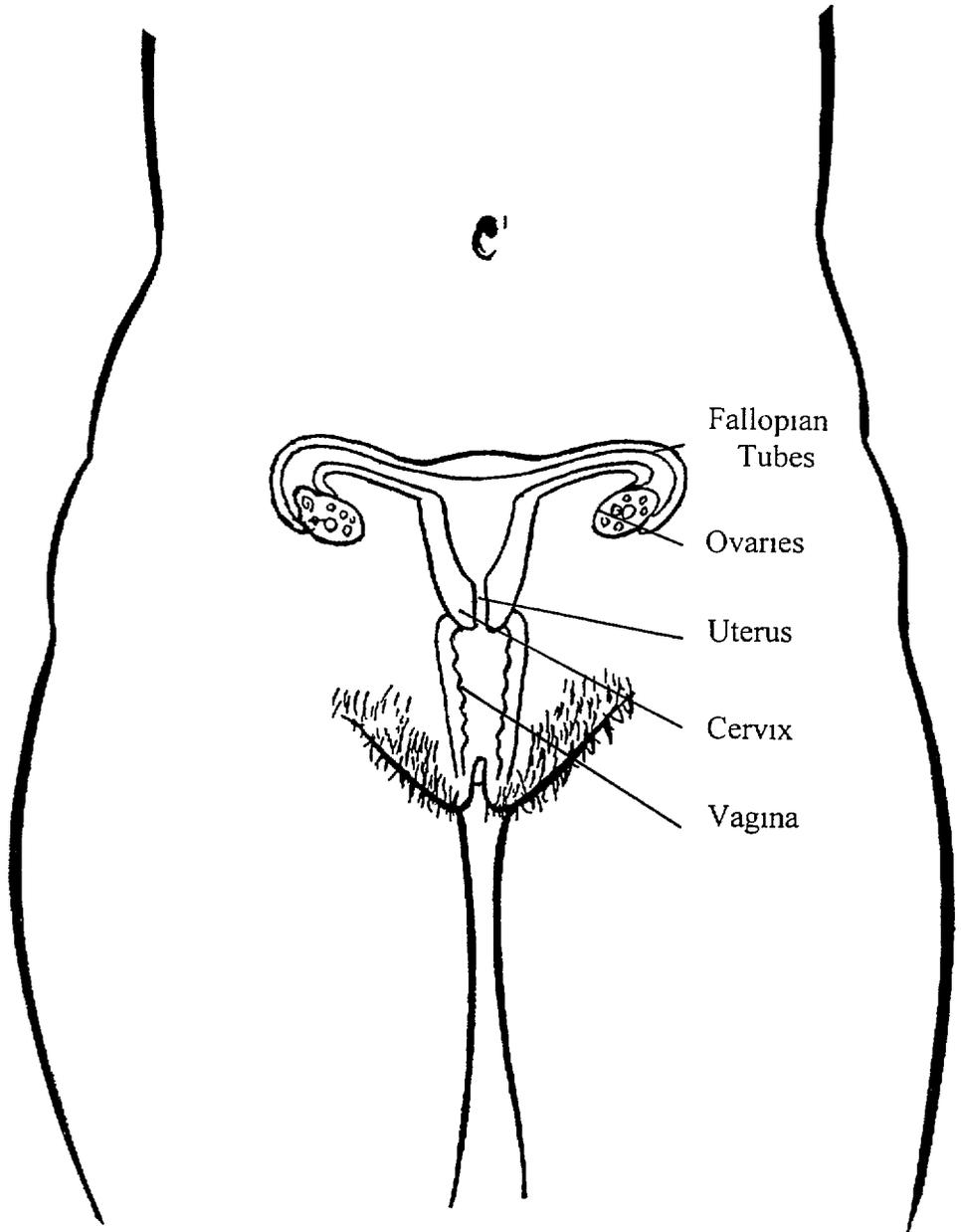
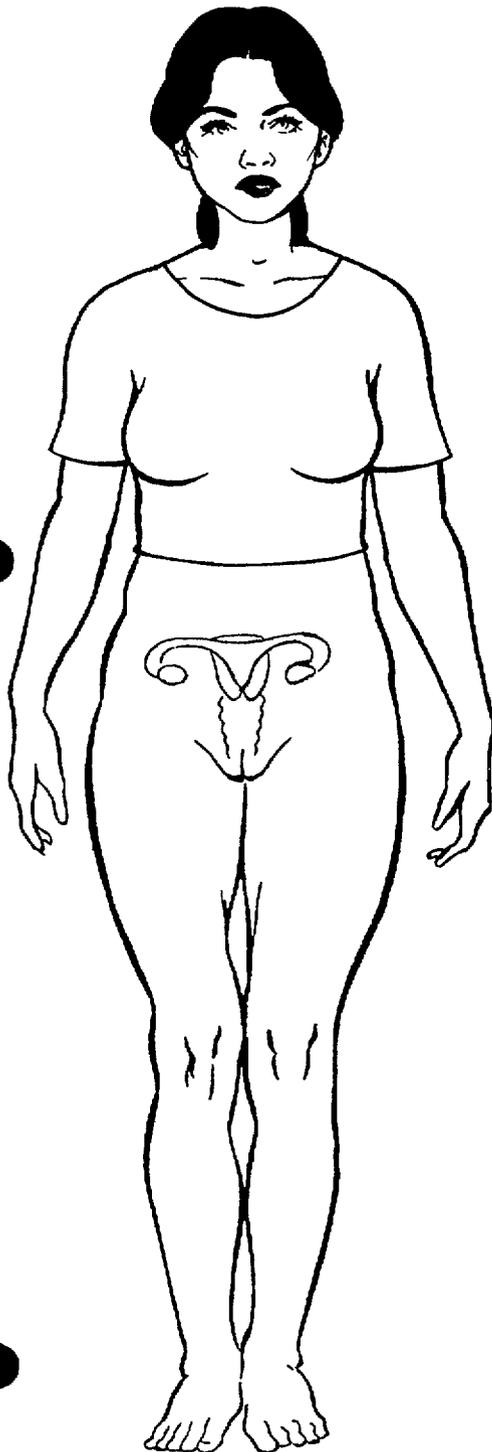
Annex 7 - B

Women's uterus



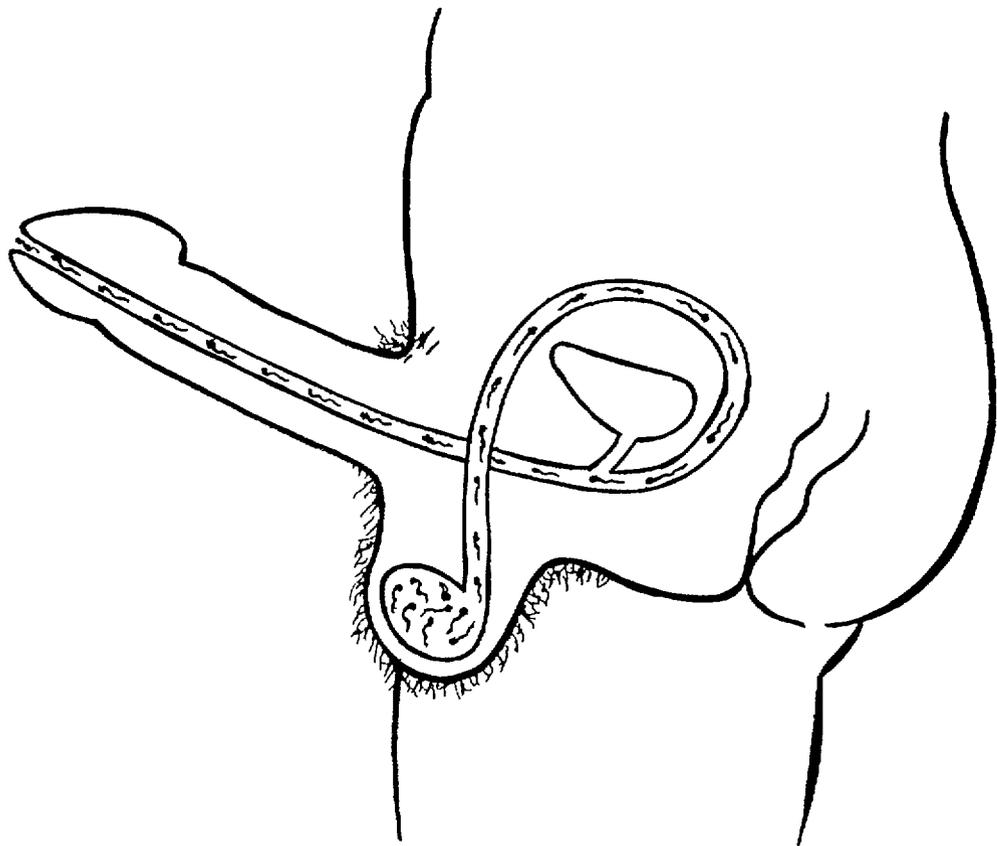
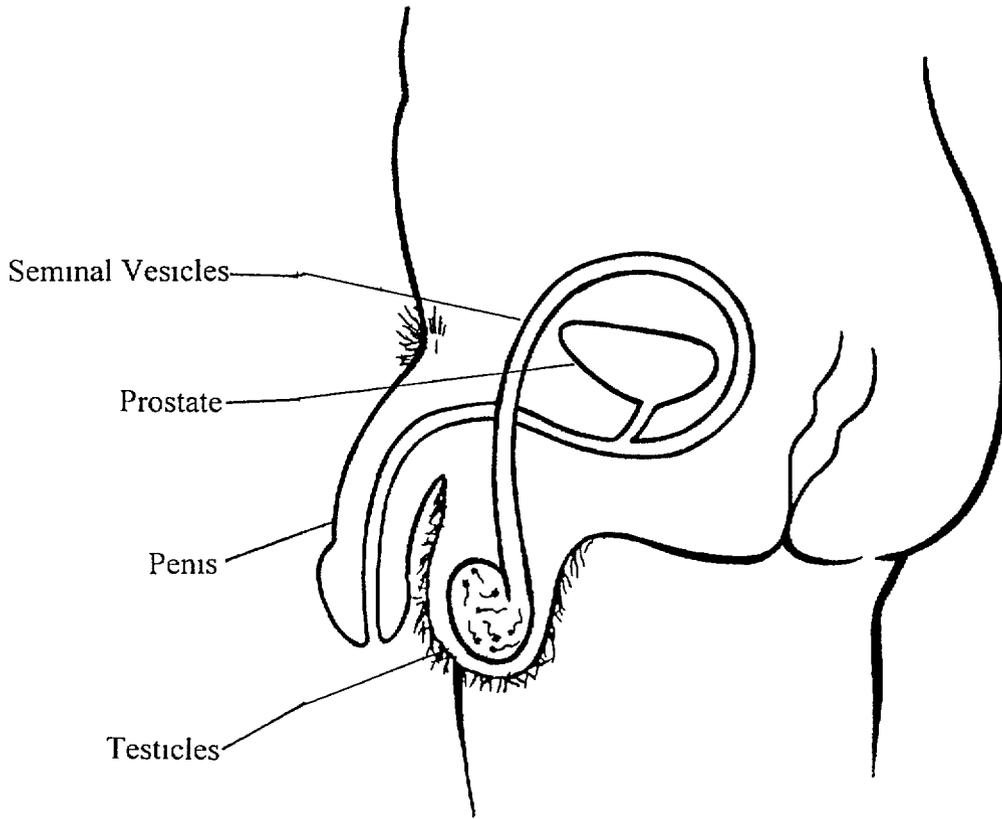
Annex 7 - C

Parts of the female Reproductive System



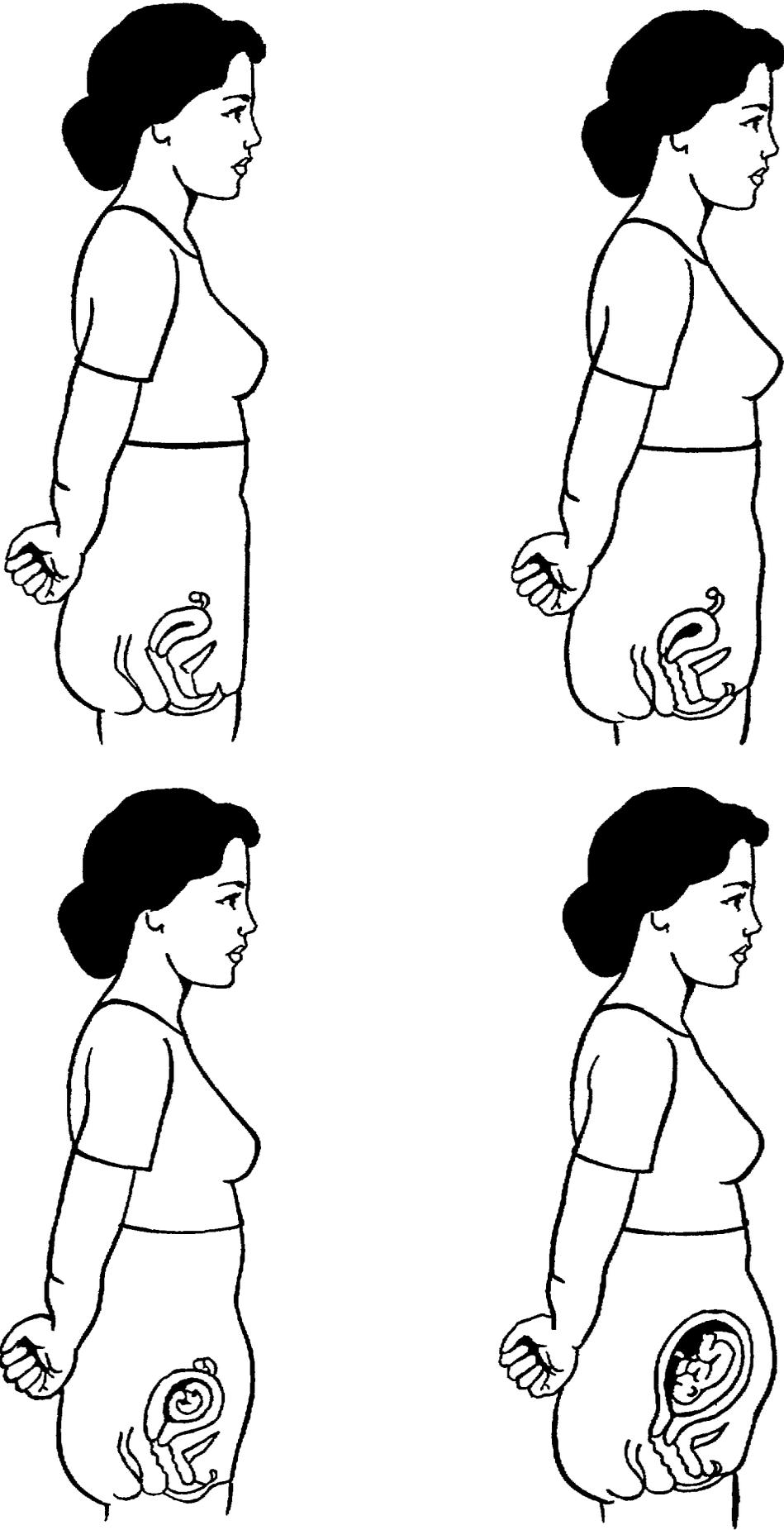
Annex 7 - D

Male reproductive organs



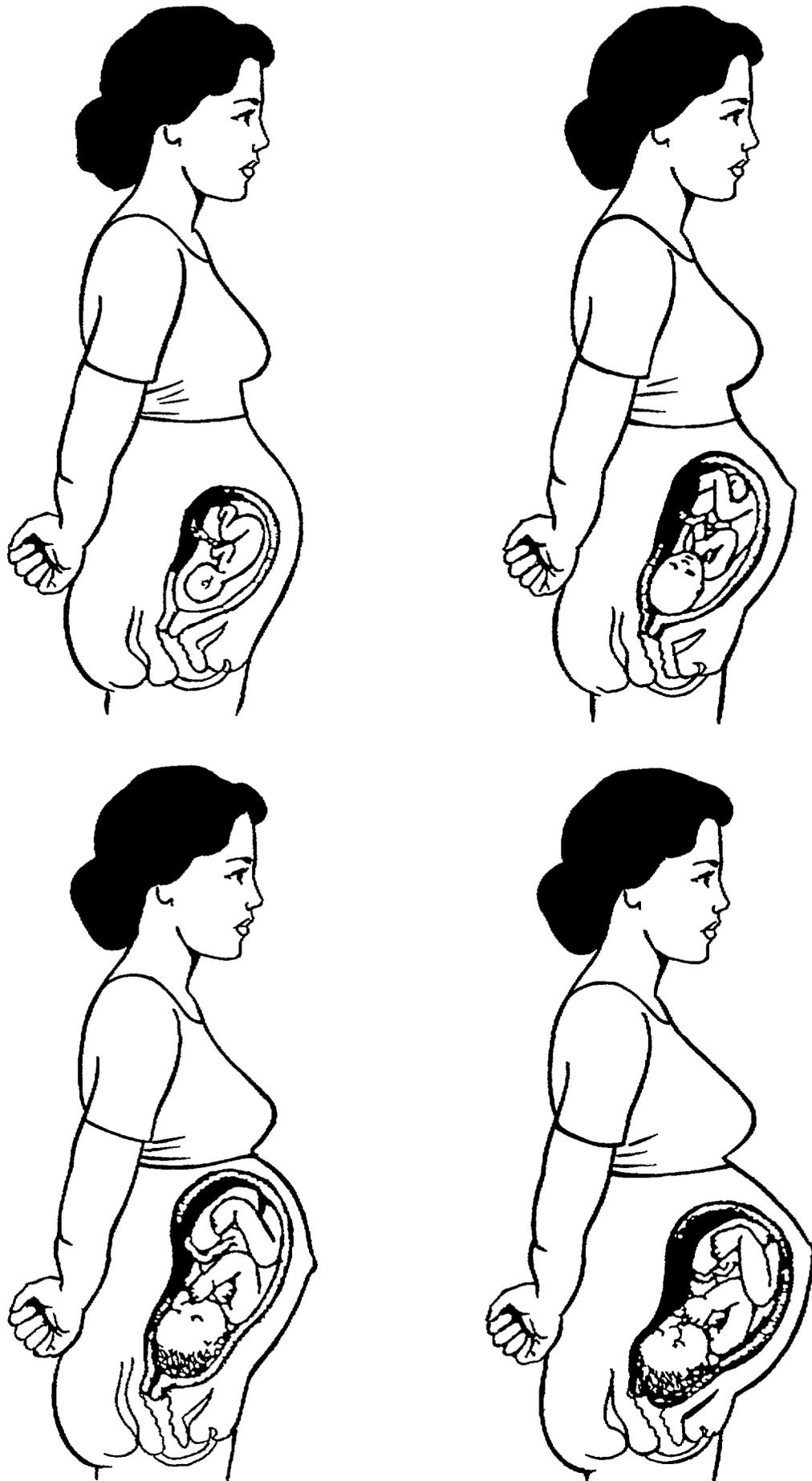
Annex 7 - E

Growth of baby in mother's uterus



Annex 7 - F

Growth of baby in mother's uterus



ANNEX 7-G

To conduct 24-hour recall on sheets

Instructions Explain the following to the mother

- You would like to ask her about everything that she ate yesterday
- You start when you woke up and go through the entire day until this morning when you woke up, listing everything that passed your lips
- The respondent should try to remember not only meals but also snacks and anything eaten from someone else's plate or drunk from someone else's glass or cup
- **We are interested in what was consumed, not in what was in the glass or plate**

First, ask if any food or drink was consumed when they woke up and then at the morning meal, then what was eaten or drunk between the morning meal and lunch, at lunch, between lunch, the evening meal, and after the evening meal up to the next morning

For each food and drink, ask the respondent to

- estimate the time of consumption
- the quantity consumed (using standard measures to help)
- the ingredients (if a mixed dish, find out the quantity of the major ingredients and added oil)
- how it was prepared

Food and drink consumed by the mother in the last full day (morning to morning)

<i>Time</i>	<i>Food or drink (including iron pills)</i>	<i>Quantity consumed (estimated volume)</i>	<i>Ingredients (and proportion of each) How prepared (boiled fried etc)</i>	<i>Estimated amount of calories</i>

Please think again about what you ate yesterday and tell me if you ate any other foods or candy, soda, biscuits or other drinks

**Was the way you ate yesterday typical of your usual diet? Y[], N[]
If no, how was it different?**

Was there food the family ate that you did not? What? Why?

FOODS	WHY

ANNEX 7-H

Maternal Diet Analysis Sheet

Recommended Intake

3 meals and 2 snacks
a good source of iron at each meal (no size specified)
a vitamin C source
a vitamin A source
daily iron supplements
2500 calories- Pregnant
2700 calories-Lactating

Caloric content in common foods

Staples

roti - (1/2 pao atta) - 200 calories
rice - 1 pao - 150 calories
bread - 1 slice - 70 calories

Proteins

daal - 1/4 pao cooked - 75 calories
daal - 1/4 pao cooked with ghee - 100 calories
1 egg - 70 calories
milk - 1 pao - 160 calories
buffalo milk - 1 pao - 250 calories
lassi - 1 pao - 120 calories
paneer - 1/4 pao - 160 calories
meat - 1/8 pao - 1 ounce - 75 calories
nuts - 10 pieces - 75 calories

Mixed foods

shuabat - 1 pao - 160 calories
halva - 1/2 pao - 125 calories
vegetable curry - 1/2 pao - 70 calories
meat curry - 1/4 pao - 100 calories
sagg - 1/2 pao - 70 calories

Fruits and Vegetables

1 fruit (small) - 40 calories
vegetables, cooked - 1/2 pao - 35 calories
vegetables, raw - 1 pao - 35 calories
juice - 8 ounces - 80 calories
sakonjbeem - 1 pao - 60 calories

Energy sources

soda (cola etc) - 12 ounces - 120 calories
fat - 1 teaspoon - 45 calories
sugar - 1 teaspoon - 16 calories
candy, biscuit - 1 piece - 20 calories

Sources of Iron

meat fish poultry
organ meats

whole grain wheat products (chapati)

bitter gourd
spinach and other LGV
dried fruits, dates/ raisins

nuts and legumes
sesame seeds walnuts almonds,
dal chick peas kidney beans mung beans

Vitamin A Sources

liver
egg yolk
milk
beast milk

papaya
mango
apricot
loquat
persimmon

carrots
spinach
mustard greens
pumpkin
green onion
tomatoes

fortified vegetable oils and ghee

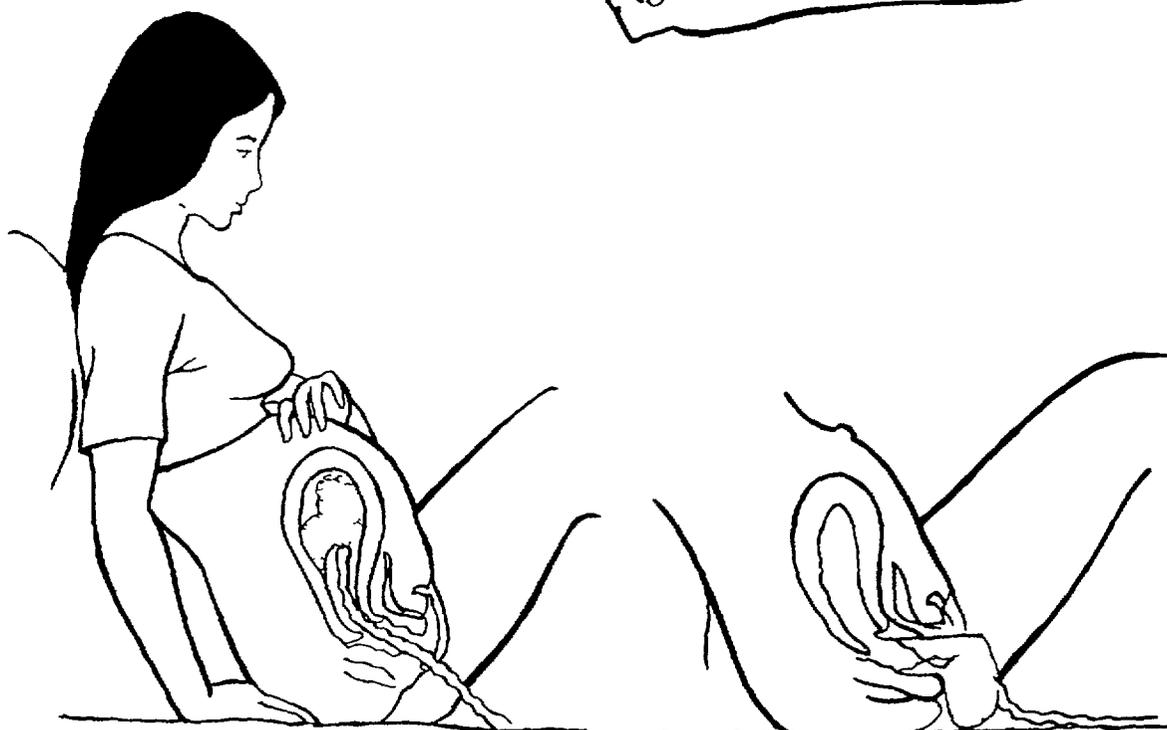
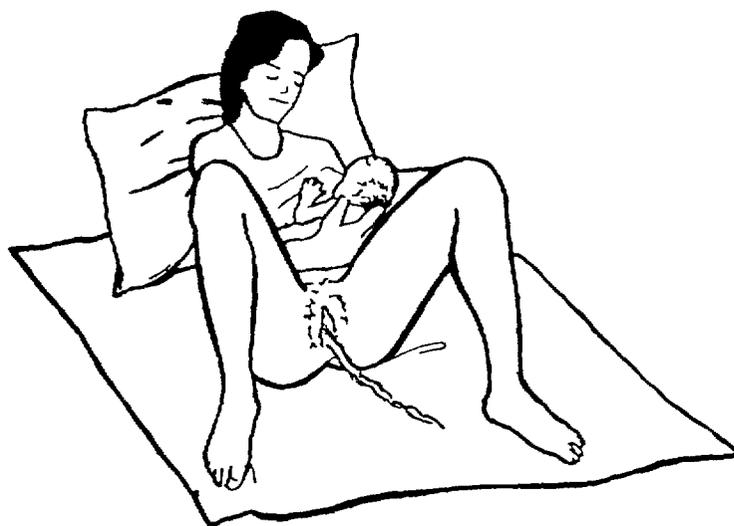
Sources of Vitamin C

guava
lemon and lime
orange
pineapple
mango

cabbage
cauliflower
potato
sweet potato
spinach and LGV
tomato
turnip
green pepper
radish
green onions

Annex 7 - I

Delivery of placenta



A short while after the birth the uterus pushes the placenta out. If this doesn't happen, gently massage the stomach with your hand to facilitate the coming-out of the placenta. If there is excessive or continuous bleeding, medical aid is needed.

Module 8 Child Spacing

Contents		Page
I	Objectives	8-1
II	Development of the Topic	8-1
	A Importance of Child Spacing	8-1
	B Choosing a Family Planning Method	8-3
	1 Discussions between couples	8-3
	2 Counselling	8-3
	C Family Planning Methods	8-4
	1 Natural	8-5
	a Lactational Amenorrhea Method (LAM)	8-5
	b Withdrawal	8-9
	2 Barrier Methods	8-10
	a Intrauterine Device (IUD)	8-10
	b Condoms	8-12
	3 Hormonal Methods	8-14
	a Pills	8-14
	b Injectables	8-17
	4 Surgical or Permanent Method	8-19
III	Exercise	8-23
IV	Summary	8-24

Module 8

Child Spacing

- **Note to the Trainer** Before beginning the session, sit in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

I Objectives

After completing this session, the participants will be able to

- A Explain the importance of child spacing for the health and well-being of the mother, the child and the family, and
- B Describe contraceptive methods, temporary as well as permanent, that women can use even when breastfeeding

Estimated Time One Hour

II Development of the Topic

A Importance of Child Spacing



Introduce the topic by asking questions that generate discussion

Q Ask the participants For mothers to stay healthy, how long an interval should there be between one birth and the next?

A Listen to the participants' answers and round off their responses by saying that a woman should wait at least two years between one birth and the next

Q Ask the participants How, in general, is a woman affected by having too many pregnancies less than two years apart?

A Listen to the participants' responses and add, if necessary, that the effects on a woman can include the following

- ▶ Loss of self-esteem and lack of attention to herself

- ▶ Premature aging
- ▶ Loss of sexual desire and satisfaction
- ▶ Feelings of anxiety because there is no time to look after herself and the rest of the family

Q Ask the participants How is a woman's health affected when she has closely spaced pregnancies?

A Listen to the participants' answers and add, if necessary, that it

- ▶ Increases the risk of getting sick and dying
- ▶ Increases the risk of anemia and feeling tired
- ▶ Increases the risk of the womb tearing during labor and delivery (uterine rupture)
- ▶ Increases the risk of the womb coming into the vagina due to weak muscles (uterine prolapse)
- ▶ Increases the risk of suffering from weakening of the bones (osteoporosis)

Q Ask the participants How is the family affected when a woman has closely spaced pregnancies?

A Listen to the participants' answers and add, if necessary

- ▶ Reduces the possibilities of giving adequate attention to the family
- ▶ Increases the risk of abandonment by the husband
- ▶ Reduces the opportunities in education, health and nutrition for the family members

Q Ask the participants How is the child's health affected when the mother does not space her pregnancies?

A Listen to the participants' responses and add that the effects on the child are the following

- ▶ breastfeeding may be interrupted too early
- ▶ the weaned child, or child on mixed feeds, has a greater risk of malnutrition
- ▶ the child may not receive the same attention as before

- ▶ the child may become sick more frequently, illness slows growth and development
- ▶ the child is at greater risk of dying before reaching two years of age
- ▶ older children may not receive the care and attention that they need from the mother

B Choosing a Family Planning Method

1 Discussion between couples

Q Ask the participants Why do women and men need to discuss child spacing together?

A Listen to the participants. Most will probably say that the husband's consent is needed for them to start practising family planning. Most women also need the husband's permission to leave home to go to the clinic. Discussing these issues may be hard, but the decision to use family planning should be made by both husband and wife.

Q Ask the participants In your experience, what have you tried – either in your own family or with families you work with, to get women and men to discuss child spacing and family planning? What has been successful?

A Listen to the participants and discuss their experiences. Come up with strategies to discuss in the support groups. In the support groups, ask the women if they have talked to their husbands. How did they start the conversation? What worked and what didn't? Will they be willing to try to talk to their husbands about child spacing methods?

2 Counselling

Q Ask the participants What is counselling and why is it important?

A Listen to the participants. Round off their answers if needed with

Counselling is one person helping another as they talk face to face. Through counselling you help couples (or women and men individually) choose and continue to use correctly the best family planning methods for them. (Refer to the counselling modules)

The best method for a couple is the most effective one (has the best chance of always preventing pregnancy) that is safe for them and that they want to use

A good counselor

- 1 shows clients that they want to help
- 2 finds out and understands how the clients feel
- 3 gives the clients accurate information
- 4 helps the clients make their own decisions about family planning
(reference "Why Counselling Counts" Population Reports Series J, No 36, Reprinted Nov 1990, Population Information Program, Johns Hopkins University, USA)

C Family Planning Methods



Begin the theme by asking questions that will help group discussion

Q Ask the participants What family planning methods do you know?



Have 4 flip chart sheets of paper previously prepared with the following titles natural, barrier, hormonal, permanent

A Listen to the participants' answers and write them on the flip chart according to the classification which they belong natural, barrier, hormonal permanent There may be traditional or folk methods mentioned which are based on local herbs Put these under 'natural' Try and find out more information on the effectiveness and use of these methods to discuss with the group

At the end of their responses look at the list and explain that we have various types of methods We will discuss those available in Pakistan Among the temporary methods there are

1 Natural

- ▶ Lactational Amenorrhea Method (LAM)
- ▶ Withdrawal (Coitus interruptus)

2 Barrier

- ▶ Intrauterine Device (IUD)
- ▶ Condoms

3 Hormonal

- ▶ Pills
- ▶ combined estrogen and progesterone
- ▶ progestin (progesterone only)
- ▶ Injectables

4 Permanent methods

- ▶ Operation for the woman (ligation of the Fallopian tubes)
- ▶ Operation for the man (Vasectomy)

Q Ask the participants What family planning methods can a breastfeeding mother safely use?

A Listen to the participants' answers and round off their responses by saying that when a mother is breastfeeding she can use all the methods mentioned above **except those using** estrogen (the estrogen in combined pills and some injectable preparations decreases breast milk production). However, some of the methods are more effective in spacing pregnancies than others, and the decision to adopt any method should be made by both the mother and her husband after receiving reliable information.

1 Natural

a Lactational Amenorrhea Method (LAM)

Q Ask the participants Why does a woman often not menstruate when she is breastfeeding?

A Listen to the participants' opinions.

**Show Annex 8-A**

Using the illustration of Annex 8-A, explain that when the baby nurses vigorously and often, the tongue and the mouth stimulate the nipple and the nerve endings, sending a message to the brain saying “make milk”. The brain orders the breast to “make milk” and at the same time the ovaries receive the order “don’t release an egg, it’s too soon to get pregnant again”. This sequence of messages functions better the more frequently the baby is nursed. For this reason the majority of mothers who breastfeed exclusively and often do not menstruate within the first 6 months and do not become pregnant. This natural child spacing method is called ‘LAM, or lactational amenorrhea method (amenorrhea means ‘absence of menstruation’)

**Group practice**

After discussing the mechanism of lactational amenorrhea, ask the participants to organize themselves in groups of three in order to practise explaining to each other how the lactation amenorrhea method works using the illustration 8-A. Participants should discuss and try out ways to explain LAM to mothers in their community.

Q Ask the participants Can you use LAM as a method of child spacing? What do you have to do to use LAM and be confident that you won’t get pregnant?

A Listen to the opinions of the participants and round off their responses by saying “yes” provided that the following conditions are met

- ▶ the baby is under six months of age
- ▶ your monthly period has not started since the birth and
- ▶ the mother is exclusively breastfeeding day and night

**Show Annex 8-B**

Q Ask the participants What happens when the baby nurses less frequently?

A Listen to the participants’ responses and add to them if necessary, by saying that when the baby nurses less, the frequency and strength of the messages sent to the brain ‘make milk,’ and “it’s too soon for another pregnancy” decrease. When this happens, the ovaries will begin to function and an ovum or egg is produced. If the ovum is fertilized by a sperm the woman can become pregnant. If the ovum

is not fertilized, then the woman starts menstruating again



It is important to note that the egg is released before menstruation, so the woman doesn't know she has started ovulating. During that time, between ovulation and menstruation, the woman is at risk of getting pregnant. As mentioned above, in mothers exclusively breastfeeding, ovulation mostly restarts after 6 months, when babies start eating other food besides breastmilk and suckling decreases. At this time, another child spacing method is needed.

Q Ask the participants Of the mothers who have had experience using breastfeeding as a child spacing method, how many times did the baby nurse during the day and how many times during the night?

A Complete the answers of the participants by saying that The baby should nurse a minimum of eight to twelve times during the day and night in order to delay menstruation and the feedings should be fairly long

Q Ask the participants How can nursing at night be made easier for the mother?

A Listen to the participants' responses and add to their answers by saying that if the baby wakes at night, she can consider taking the baby to bed with her in order to rest more

Q Ask the participants Why does the LAM method only work if the mother's period has not come after the baby's birth and the baby is under six months of age?

A Listen to the opinions of the participants and add to their responses saying that the frequent nursing when the baby is exclusively breastfed during the first 6 months, decreases the activity of the ovaries. Once the baby is 6 months old, other foods besides breastmilk should be introduced. Because the baby feeds less frequently at the breast, the message from the brain to stop ovulation is lessened, and ovulation starts again. Once a mother has started to menstruate again, she knows that her ovaries are active and she could get pregnant

Q Ask the participants Why does exclusive breastfeeding delay the return of the period (menstruation)?

A Listen to the participants' responses and give additional information, if necessary, by saying that during exclusive breastfeeding, no other liquids or

foods are given to the baby so the frequency and duration of the suckling is greater and constant. It is this stimulation that diminishes the activity of the ovaries so they don't release any eggs.

Q Ask the participants What happens when a woman who is exclusively breastfeeding a baby under six months begins to menstruate?

A Listen to the participants and add information to their responses, if needed, explaining that the appearance of menstruation is a sign that the ovaries are producing ova (eggs). It could be that ovulation returned (even though she was exclusively breastfeeding), because the mother was not feeding her baby frequently enough during the day and night. If the mother doesn't want to become pregnant, she should use another family planning method.

Q Ask the participants Can LAM function when the child is older than six months or when the mother begins to give food to a baby under six months?

A Listen to the participants' responses and add that while the mother is breastfeeding frequently day and night, the function of the ovaries is diminished, so LAM is probably still working. However, the older the baby the less certain the method. If the mother begins to give food or liquids to a baby under six months, the baby will nurse less, the messages to stop the ovaries from working will diminish, and the ovaries will start to function. Therefore the protection of the LAM will disappear. The same mechanism applies for the child over six months, the frequency and intensity of suckling diminishes as complementary food is introduced, there are weaker messages from the brain to keep the ovaries quiet, the ovaries start to function, an ova is released, and if not fertilized, menstruation follows.

Q Ask the participants Is LAM a safe method for spacing pregnancies?

A Allow the participants to give their opinion and then round off their answers by saying that

When practised correctly, LAM is very effective, but it must be remembered that LAM only works if the 3 conditions are met. After 6 months, breastfeeding should continue, AND another method is needed for child spacing.

Q Ask the participants What other advantages does LAM have?

A Listen to the participants, adding that it is a good method for the breastfeeding woman because it allows her to practise birth control with a natural method.

that is reliable to use immediately after childbirth without having to seek medical attention. At the same time, LAM offers an incentive to the mother to continue exclusively breastfeeding for her own well-being as well as the baby's. Using LAM, the mother has a time frame of around five months to decide what method to choose in order to space her pregnancies (as long as she has not begun to menstruate)

b Withdrawal (Coitus Interruptus)

Q Ask the participants Can someone from the group explain what it is?

A Listen to the participants and round off the discussion adding that this method consists of the man withdrawing his penis from inside the woman before ejaculation, and ejaculating his semen outside and away from the woman's vagina

Q Ask the participants Can someone from the group explain what the method's benefits and disadvantages are?

A Listen to the participants and if needed add

▶ **Benefits**

- 1 the withdrawal method is natural and can be practised without visiting a medical clinic
- 2 It is a popular and well accepted method in Pakistan (Population Council 1998)

▶ **Disadvantages**

- 1 It has a very high failure rate. This means that many women practising the withdrawal method get pregnant
- 2 The husband is in control of the method, sometimes a man is not able to pull out before he ejaculates, and even if he pulls out in time, some liquid containing sperm can leak out of his penis before he ejaculates and can cause pregnancy



Discuss with the participants How will they discuss the withdrawal method with women in the support group or in the community? What is their advice to women practising the method? Practise role-playing

2 Barrier methods

a Intrauterine Device (IUD)



Show Annex 8-C Where the IUD is placed



Show the illustration of the IUD and if possible bring some IUDs to the group for them to examine

Q Ask the participants What is an IUD?

A Listen to the participants and add that it is a small device made of plastic or plastic and copper that is placed inside the womb

Q Ask the participants What shapes of IUD do you know? Which IUD is used in Pakistan?

A Listen to the participants and round off their answers saying that there are various shapes like the Lippes Loop, Copper "T" etc, but that the most frequently used IUD in Pakistan is the Copper "T"

Q Ask the participants Where is the IUD placed?

A Listen to the participants' answers and round off their responses by saying

The IUD is placed in the uterus or womb by a doctor, LHV, or other trained personnel in clinics, health centers, hospitals, and family planning centers

Q Ask the participants How does the IUD work?

A Listen to the participants and add as needed The IUD prevents the sperm from fertilizing the egg It is a very effective method

Q Ask the participants When can an IUD be inserted?

A Listen to the participants and discuss their answers Some people feel that an IUD should be inserted 40 days after childbirth or when menstruating Some experts (AVSC) say that an IUD can be inserted within days after delivery In women who just had a miscarriage or abortion, and are not having any complications like infection, the IUD can be inserted right away This is a

good method to follow LAM, the IUD can be inserted before the baby reaches six months or menstruation returns

Q Ask the participants How long is the IUD effective?

A Listen to the participants and add if needed

- ▶ The Copper T380 A is good for 10 years, at which time it should be replaced You need to know which kind of IUD is being inserted, and find out how long that IUD is good for, then counsel mothers accordingly
- ▶ An IUD can be taken out whenever a woman wants to get pregnant, or whenever she wants it out
- ▶ Sometimes the IUD moves out of place or comes out The woman using the IUD should learn how to check each month to see if the IUD strings are in place

Q Ask the participants How does a woman check for strings?

A Listen to the answers and add as needed

- 1 wash your hands with soap
- 2 sit in a squatting position or stand with one foot up on a step
- 3 gently insert your finger into your vagina Feel for the cervix It feels firm like the tip of your nose
- 4 feel for the strings but *do not* pull the strings (pulling the strings might move the IUD or cause it to come out)

Q Ask the participants What problems or dangers have you heard about when some women use an IUD?

A Listen to the responses – discuss each one The group should decide which response is a real risk and which is likely to be from a false story or rumor Make sure the following risks are covered

- 1 you have a late period or other signs of pregnancy – this may mean the IUD came out or is misplaced

- 2 you have bleeding or spotting between periods or after intercourse beyond the first few months after insertion
- 3 you have severe pain in your belly
- 4 you have pain during sex
- 5 you have unusual discharge from the vagina
- 6 you notice a missing string, or a shorter or longer string
- 7 you can feel the hard part of the IUD when checking for strings
- 8 you are not feeling well, fever or chills

Q Ask the participants If a woman has one or more danger signs what should she do?

A Listen to the participants a health care provider should be consulted

b Condoms

Q Ask the participants What are condoms?

A After listening to the participants' comments, explain that a condom is

A narrow bag of thin rubber the man wears on his penis during sex

Q Ask the participants How does the condom prevent pregnancy?

A Listen to the participants answers making sure they say "the condom collects the man's semen and prevents it from entering the woman"

Q Ask the participants What are the advantages of the condom?

A Listen to their answers and if not mentioned, add

- 1 condoms prevent the spread of AIDS and other Sexually Transmitted Diseases (STDs)
- 2 it has no side effects

3 condoms are easily available without needing to see a health worker

Q Ask the participants How do you put a condom on?

A Listen to the participants' answers and give additional information as needed by saying that

The condom should be put on an erect (hard) penis. In order to do it, place the rolled condom on the head of the penis and unroll it carefully with the finger tips until the penis is completely covered, leaving a small space at the tip of the condom to collect the semen.



Ask the participants to demonstrate how to place a condom correctly

Distribute condoms and ask the participants to practise unrolling a condom onto a model (a banana can be used)

Q Ask the participants How do you remove the condom?

A Listen to the participants and if needed add

At the end of sexual intercourse the man must take his penis out of the vagina before it goes soft, holding on to the condom carefully.

Q Ask the participants What should you do with a used condom?

A Listen to the answers and round off their responses by saying that

After using a condom, tie it in a knot and put it where children cannot find it. Each condom can only be used once.

Q Ask the participants what are the disadvantages of using the condom?

A Listen to the participants making sure the following are mentioned

- 1 it is not as effective as LAM (when practised correctly) or the IUD or the pills/injectable
- 2 you have to use a new condom each time you have sex
- 3 it interrupts sex (it has to be put on the penis before going into the vagina)

3 Hormonal Methods

Q Ask the participants What is a hormonal method?

A Listen to the participants and round off their answers if needed with

A hormonal method contains hormones like those made in our bodies – either estrogen and progesterone or just progesterone. Hormonal methods include birth control pills, injectables and implants. Pills and injectables are available in Pakistan.

Q Ask the participants How do hormonal methods work?

A Listen to the participants. If needed add

Hormonal methods work by preventing the woman's ovaries from releasing an egg. The hormones also make the mucus at the opening of the womb thick, which helps stop the sperm from getting inside the womb.

a Pills

Q Ask the participants What is the pill?

 **Show different packets of pills available in Pakistan**

A Listen to the participants' responses and add that there are two main types of pills:

1. The combined pill which includes both estrogen and progesterone, and
2. The progestin or 'progesterone only' pill.

Q Ask the participants Why is the combined estrogen and progesterone pill not recommended for the lactating mother?

A Give additional information to their answers by saying that the pill may interfere with

- ▶ milk production
- ▶ breastfeeding duration and

- ▶ possible side effects in the child (weight gain breast tissue enlargement etc)

Therefore, it is not recommended that the lactating mother use the combined pill as a family planning method

Q Ask the participants Can the progestin only or 'mini' pill be used during breastfeeding?

A Listen to the responses and if needed say 'yes'

Q Ask the participants What would you advise a mother who is not breastfeeding and who wants to use the combined pill as a family planning method?

A Listen to the participants answers and tell them that a mother who is not breastfeeding can take the combined pill provided that she is under the care of a doctor or health worker. She should NOT take pills if

- ▶ she has breast cancer
- ▶ she is pregnant
- ▶ she has hepatitis
- ▶ she ever had a stroke
- ▶ she has blood clots in the veins of her legs
- ▶ she has high blood pressure

Q Ask the participants How do you use the pill?

A Listen to the opinions of the participants and tell them that a woman should begin to take the pill on the fifth day of menstruation. The woman should take the pill every day at a time that is most convenient for her. The important thing is that it is taken at the same hour. If your packet has arrows, follow the order of the arrows. Pills should always be taken even when there is no sexual intercourse

- ▶ If you forget to take one pill, take it as soon as you remember. Then take the next pill at the usual time

- ▶ If you forget to take two pills take 2 pills per day for 2 days then continue taking one per day as usual Use condoms or don't have sex until you have taken a pill for 7 days in a row
- ▶ If you miss three or more pills stop taking the pills and use condoms or don't have sex Start the pills again on the fifth day after your next period begins

Q Ask the participants What danger signals or warning signs – that need medical help - have you heard of when taking combined pills?

A Listen to the participants Discuss each answer Try and differentiate minor side-effects (weight gain pimples on the face etc) that may go away after 1-2 months, and the more serious problems that need medical help Make sure the following are covered

- ▶ Severe headaches with blurred vision (migraines) that begin after taking the pill
- ▶ Weakness or numbness in arms or legs
- ▶ Severe chest pain and shortness of breath
- ▶ Severe pain in one leg

Q Ask the participants What are the advantages of the pill?

A Listen to the participants Make sure the following main points are covered

- 1 it is very effective
- 2 monthly bleeding is often reduced less blood flow means less risk of anemia
- 3 a breastfeeding mother can use the progestin only pill
- 4 does not interrupt sex

Q Ask the participants What are some of the disadvantages of the combined pill?

A Listen to the answers, adding if necessary

- 1 a breastfeeding woman cannot use the combined pill
- 2 a pill has to be taken everyday even when there is no sex
- 3 the pills have to be obtained from the clinic or the chemist
- 4 some women have side effects such as headaches, mild nausea, tender breasts, weight gain especially during the first three months
- 5 in rare cases, pills may cause a blood clot in the leg



Note Using the progestin only pill is similar to the combined pill although more care must be taken to take the pill at the same time each day. For example, if you are 3 or more hours late, you can get pregnant, use another method or do not have sex until you've taken the pill for 7 days. Since these pills do not contain estrogen the warning signs are different. For the progestin only pill, the main warning sign is severe pain in the belly.

b Injectables

Q Ask the participants What are injectables?

A Listen to the participants if needed add injectable is the name for contraceptive hormones given by injection. They work for 1 to 3 months depending on the brand and dose. Injectables are usually 'progesterone' only, although some injectables provide a combination of estrogen and progesterone.

Q Ask the participants Can a breastfeeding woman safely use injectables?

A Listen to the participants and add if necessary breastfeeding women can safely use progesterone-only injectables. It is safe to start them as early as 6 weeks after delivery.

Q Ask the participants What are the advantages of injectables?

A Listen to the participants, making sure the following main points are covered

- 1 it is an effective method

- 2 it lasts from 1-3 months
- 3 it is not linked to intercourse or doing something every day
- 4 a mother can safely breastfeed when taking progesterone injectables
- 5 it can be given on the same day as a miscarriage or abortion
- 6 women who cannot take estrogens can use progesterone-only injectables
- 7 it is a private method – others don't have to know you are using it

Q Ask the participants What are the disadvantages of the method?

A Listen to the participants making sure the following are mentioned

- 1 you need access to a health provider or clinic to get it
- 2 there may be menstrual changes, it may take some time (6-12 months) to get pregnant after stopping the injections

Q Ask the participants What are some of the danger signals or problems you've heard of when women are using injectables?

A Listen to the participants Discuss the responses in the group, deciding which are important and which are based on rumor Make sure the following are mentioned

- ▶ women with unexplained, abnormal vaginal bleeding
- ▶ women who have had or are suspected to have breast cancer (although progestins do not cause breast cancer)



Ask the participants if they have had or know anyone who has experience with injectables Share experiences and think of ways to discuss injectables with women in the community

Are they available locally? Where? How would you help women access these services?

146

4. Surgical or Permanent Methods

Q Ask the participants What do you do if rather than delay the next birth, you and your husband decide you do not want any more children?

A Listen to the participants. If needed, add that sterilization – either for the woman or the man, is an option for couples either not wanting, or for medical reasons not able to have, more children

Q Ask the participants What does the woman's operation consist of?



Show Annex 8-D – Cutting the tubes (tubal ligation)

A Listen to the participants' responses and add the following

It is a simple surgical procedure that consists of tying or cutting the ovarian tubes. This stops the ovum (egg) from moving through the tube and meeting the sperm, thus preventing pregnancy.

Q Ask the participants When should a woman decide on sterilization?

A Listen to the opinions of the group and add the following

- ▶ When the couple agrees they desire no more children
- ▶ If the woman has three or more children
- ▶ When becoming pregnant would cause a health risk for the woman or her child
- ▶ When a woman cannot convince her husband to have a vasectomy

Q Ask the participants What are women's doubts with regards to the operation?

A Listen to the opinions of the participants and then make clear that sterilization does not interfere with the sexual pleasure of the woman nor the man. On the contrary, as there is no fear of a new pregnancy the couple can relax and their sexual relationship may be more

satisfying Sterilization also does not interfere with menstruation

Q Ask the participants What have you heard about female sterilization?

A Listen to all the participants Discuss their responses in the group, trying to work out which are real facts, and which are rumors

Q Ask the participants What are the advantages of female sterilization?

A Listen to the participants making sure the following points are mentioned

- 1 it is very effective
- 2 once the operation is done, it is permanent, - a woman doesn't have to worry about getting pregnant again
- 3 it does not interfere with sex or menstruation
- 4 no long term side effects

Q Ask the participants Do you know of any disadvantages of female sterilization?

A Listen, discuss each point making sure the following are mentioned

- 1 it is difficult to reverse if a woman wants to get pregnant again
- 2 slight chance of bleeding or infection during or soon after the procedure

Q Ask the participants How long is the recovery period?

A Listen to the group and fill in if needed

- 1 the woman should rest 2 days after the procedure
- 2 she should not have sex or do hard work for 1 week
- 3 if she has severe pain or fever within a month of the procedure she should see the health provider

Q Ask the participants Besides using a condom what other family planning method can a man use?

A Listen to the participants' comments and add the following information

Men, like women, can permanently control their fertility by having an operation (vasectomy)

Q Ask the participants What does the man's operation consist of?



Show Annex 8-E Vasectomy

A Listen to the participants' responses and round off their answers saying that it is a small operation which ties the man's tubes (vas deferens) and prevents the sperm from joining the semen. The man still ejaculates but the semen does not have sperm and therefore cannot make a woman pregnant. Vasectomy is an easier and less complicated operation than the woman's operation.

Q Ask the participants What precaution should a man take after vasectomy?

A Listen to the participants answers and add if not mentioned

- 1 a man should use condoms for 3 months to prevent pregnancy, as some sperms are usually left in the semen. It takes about 15-20 ejaculations to clear them
- 2 the procedure takes 15 minutes and he can leave the clinic in 1-2 hours, he should rest at home for 2 days, and not do hard work for a week
- 3 he should see his health provider if he has bleeding from the cuts, very painful or swollen scrotum or fever within one month of the procedure

Q Ask the participants What are men's doubts with regard to the operation?

A Listen to the opinions of the participants and discuss them. Make clear that sterilization in the man does *not*

- ▶ affect the general health of the man
- ▶ produce any negative effect on the man s sexuality
- ▶ diminish sexual desire, or
- ▶ result in sexual impotency



Show the Child Spacing Counselling Card, read it and discuss it

with the participants

Have the participants use the card in role plays

III. Exercise

Role play a counselling session with a breastfeeding mother whose baby is less than 40 days old, take into account the elements that are included in counselling (see Module 3 on counselling)

Dialogue

- C Assalam-o-Alekum, Jamila, may I come in?
 M Assalam-o-Alekum, sure of course, come on in
 C Jamila, I've come to visit you to find out how you're doing
 M Well, we're doing well
 C How is breastfeeding going?
 M Very well, but I'm concerned because the baby is nearly 40 days old and I would like to use a family planning method but am not sure which one because I'm breastfeeding
 C You're right to be concerned, Jamila, what contraceptive methods have you used in the past?
 M I used the pill, but I've been told that the pill is bad when I'm breastfeeding
 C That's right, Jamila, the pill is not recommended during the first months to mothers who are breastfeeding. Would you like for us to talk about some family planning methods that don't affect breastfeeding?
 M Yes, it would be great if we could talk about this so I could be really prepared (CAN USE CHILD SPACING Counselling CARD HERE)
 C There are mothers who use breastfeeding to space their children when
 - ▶ Their baby has not yet turned six months old,
 - ▶ Their period has not returned, and,
 - ▶ They give only breastmilk, day and night, without any water, teas, or foods
 When the mother meets these conditions, breastfeeding can protect her during the first six months
 M Well I plan to exclusively breastfeed for six months, so I can use the breastfeeding method! What shall I start using at 6 months?
 C Other methods that you can use are
 - ▶ Condoms,
 - ▶ IUD
 - ▶ Injectables (progesterone only)
 - ▶ Progestin-only pills
 - ▶ Withdrawal method (coitus interruptus)
 - ▶ Sterilization - this is a permanent method

The only family planning method that breastfeeding mothers cannot use is the combined pill

- C Jamila, do you need more information on what method is most convenient for you after six months?
- M Yes I'm going to speak to my husband about this in order to come to an agreement We should have more information to choose what is most convenient for us
- C That's great I'm going to refer you to the family planning clinic and they can provide you with more details
- M Thank you very much, Samina
- C I'll see you later Jamila, at the support group on Friday and you can tell me what you and your husband decided to do to space your pregnancies

At the end of the role play the trainer will discuss with the participants, each one of the elements that was present in the counselling session with the purpose of strengthening each of them

IV Summary



Spacing pregnancies is very important because it contributes to the good health and care of a woman's body It prevents the competition of attention and care between babies and provides more family security The LAM method is a natural method of spacing pregnancies that does not compromise the woman's health Besides being very effective for the first 6 months, it has the added benefit of giving the baby the best start in life After 6 months, another child spacing method is required

Annex 8 - A

The way mother's milk is produced



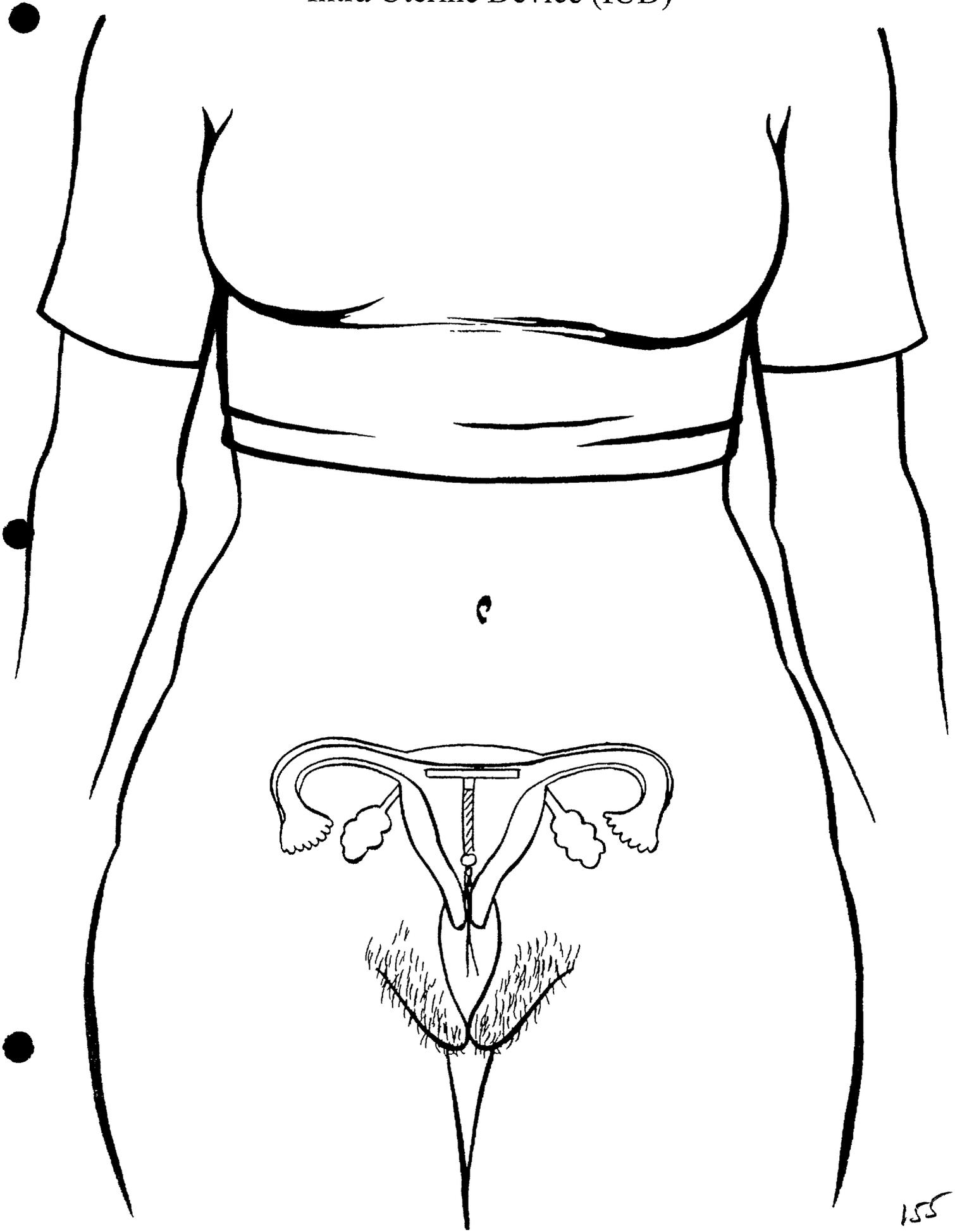
Annex 8 - B

A woman practising LAM method



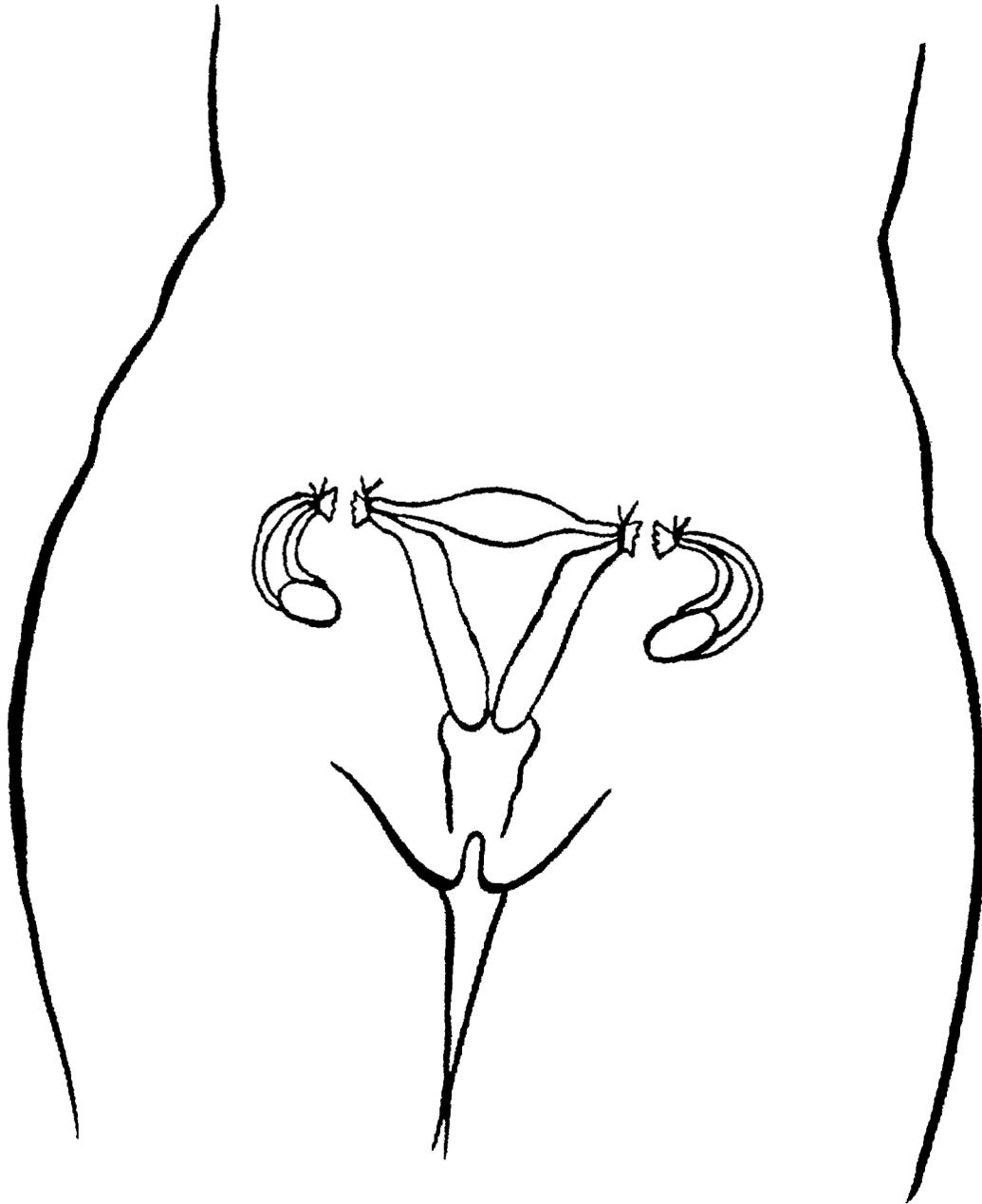
Annex 8 - C

Intra Uterine Device (IUD)



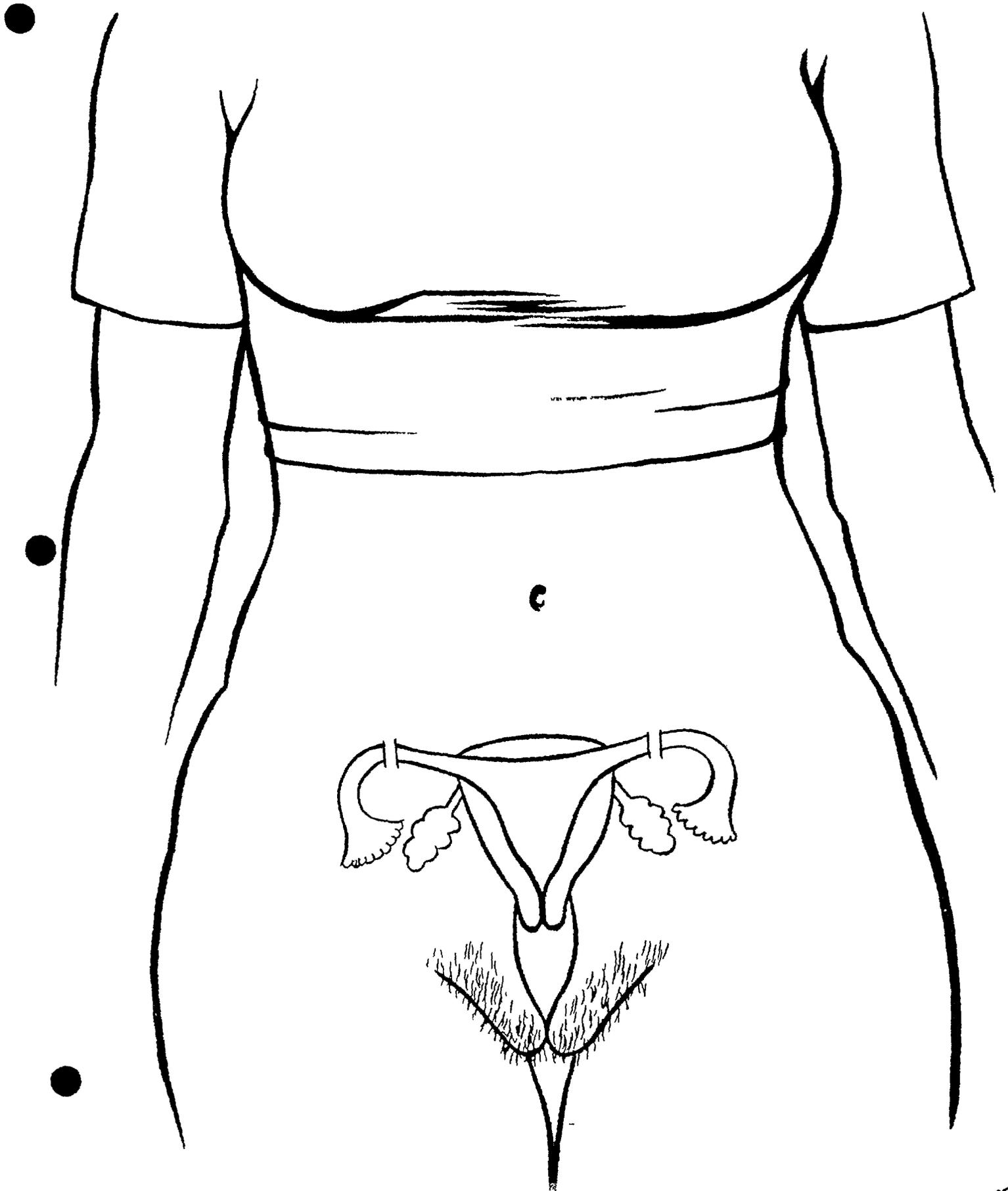
Annex 8 - D

Tubal ligation

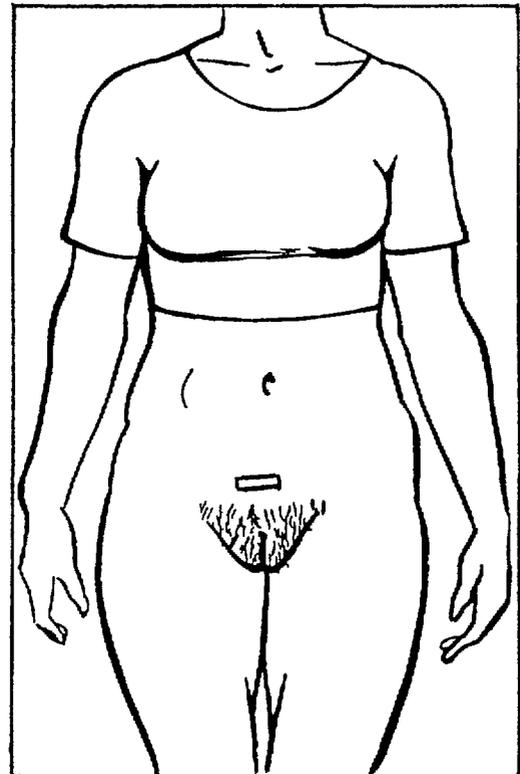
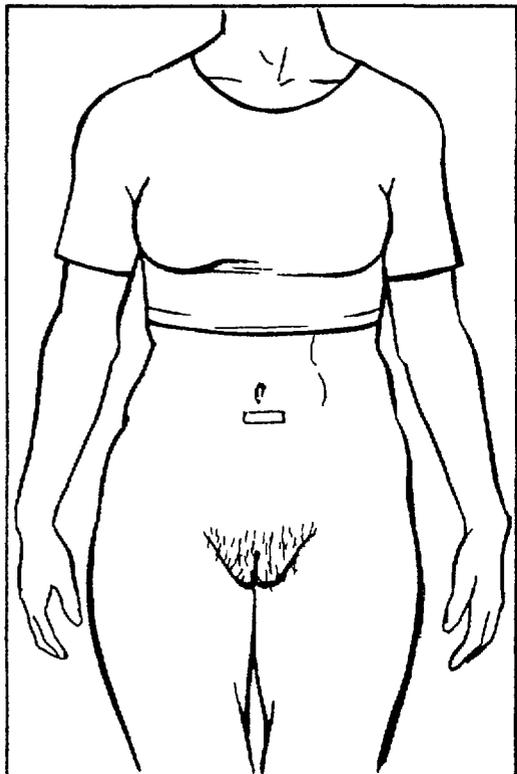


Annex 8 - D₂

Tubal Ligation

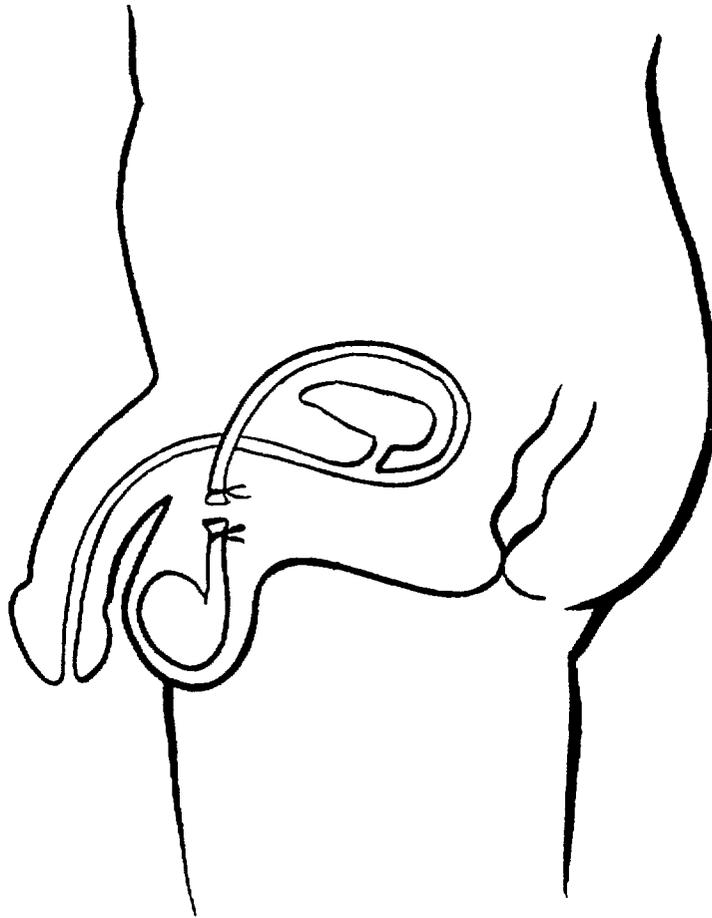


Annex 8 - D₃



Annex 8 - E

Vasectomy



Module 9
How to Breastfeed Well

Contents		Page
I	Objectives	9-1
II	Development of the Topic	9-1
	A First Feedings	9-1
	B Positions for Breastfeeding Adequately	9-2
	C Nursing Without a Time Limit and Frequency of Breastfeedings	9-4
	D Different Ways of Suckling	9-5
	E Taking the Baby off the Breast	9-7
	F How to Burp the Baby	9-8
III	Exercise	9-9
IV	Summary	9-10

Module 9

How to Breastfeed Well



Note to the Trainer Before starting the session, sit in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

I Objectives

After completing this session, the participants will be able to

- A Explain the importance of the first feedings in starting breastfeeding off well
- B Demonstrate the different positions for breastfeeding adequately
- C Explain the importance of nursing without a time limit and the importance of the frequency of breastfeedings
- D Explain the mechanism of suckling from the breast and the different patterns of suction
- E Demonstrate how to withdraw the baby from the breast, and
- F Demonstrate how to burp the baby

Estimated Time One Hour

II Development of the Topic

A First Feedings

- Q Ask the participants** Why is it important that the baby nurse during the first three days even if the milk hasn't come in?
- A** Listen to the participants' answers and add that it is important to put the baby to the breast at the time of birth and during the first three days when the milk hasn't come in yet because the baby receives all of the colostrum, the milk will come in faster, the baby learns to suckle more rapidly, and it begins to establish a bond of affection between mother and baby.

Q Ask the participants What is colostrum?

A Listen to the participants' responses and add that colostrum is the first milk the mother produces. There is a relatively small amount, it has a yellowish color, is thick and is present mostly during the first three to four days. It helps the baby to clean its stomach, transmits defenses to it, and nourishes it until the mature milk (white milk) lets down.

⇒ **Use Counselling Cards on the following topics and ask the participants to summarize the key messages**

Do not give Ghutti (Blue Card)

Initiate BF immediately after birth (Blue Card)

B Positions for Breastfeeding Adequately

⇒ **Ask two participants to demonstrate how to put the baby to the breast with dolls or with their babies. You may use chairs, a rug, or mattress and pillows for the practice.**

Q Ask the participants Which is a good position for breastfeeding a newborn?

A Observe how the mothers position their babies and give additional information and correction by recommending the following position:

- ▶ The mother must be comfortable
- ▶ Place the baby with its face looking at the mother's breast
- ▶ The baby's stomach should be facing the mother's stomach, and
- ▶ The mother should hold the breast with her fingers behind the areola in the shape of a "C," with the thumb at the top. Holding the fingers in the shape of scissors may interfere with the baby getting enough of the areola in his mouth.

 **Show Annex 9-A and ask the mothers to summarize key messages**

- ▶ Lightly touch the baby's bottom lip with the nipple so that the baby will open its mouth wide
- ▶ Quickly pull the baby onto the breast so that the nipple and part of the areola are inside the baby's wide-open mouth, and
- ▶ This way the areola and the nipple stretch and become longer inside the baby's mouth

⇒ **After doing the demonstration, ask the participants to practise the breastfeeding position and end the activity when you are sure that it has been understood**

Q Ask the participants What happens to the mother if the newborn isn't placed in the correct position for breastfeeding?

A Listen to the participants' responses and add

The nipples get sore, they may crack, and become very painful. The baby may not be able to take the milk out well. So the mother may think she doesn't have enough milk?

Q Ask the participants What type of help from the counselor does the mother need in the first weeks after giving birth?

A Listen to the participants' answers and add that the first days after birth are the critical moments during which the mother needs support to begin breastfeeding.

Q Ask the participants What other positions for breastfeeding do you know?



Ask the participants to explain and demonstrate every position they know. Add and demonstrate the positions that are not mentioned and correct any incorrect information they may have. If there are no babies for these demonstrations, use a doll.



Show Annex 9-B, 9-C, 9-D and 9-E then discuss the following positions with the mothers

A Lying Down Position It is more comfortable after birth and helps the mother to rest during breastfeeding. The mother and the baby must be on their sides lying down facing each other. The mother can use a pillow to prop the baby so that she is more comfortable. This position can be used with newborns and older children. The baby can also lie on top of the mother.

Sitting Position The mother can be supported by the back of a chair or the wall? The baby's head must be supported in the curve of the mother's arm. The baby's stomach must be facing the mother's stomach.

Football position This is a good position to use after a cesarean, with sore nipples, and to nurse twins. The mother is sitting down with a pillow on each side of her. The baby's feet stretch out behind the mother under her arm. The mother puts her arm under the baby's body and she holds the baby's head with her hand as if she were carrying a football.



Show Annex 9-F, 9-G and 9-H to demonstrate these positions. Ask the mother to summarize the key messages

Dancer's Hand Position Hold the baby's chin while it nurses. This is a good position for children with a weak suckle. It is helpful when nursing a baby with Down Syndrome.

Riding Horse Position The baby is placed facing the mother and riding her leg. This is a good position to nurse babies with cleft palates and children that regurgitate a lot every time they nurse.

Supine Position This position is used for older children or infants. Children can be breastfed lying on top of the mother. This position is also helpful for the caesarian babies.



Use Counselling Card on the following topic to summarize other positions
Different positions for Breastfeeding

Bear in mind that when the child is older it adopts the position that is most comfortable. Ask the participants to demonstrate every one of the positions for breastfeeding. You may use chairs, a rug, or mattress and pillows for the practice. Use the relevant card and ask the mother to summarize the key messages.

C Nursing Without a Time Limit and the Frequency of Breastfeeding

Q Ask the participants To the mothers who have breastfed. How long have you let the baby nurse on each breast?

A Listen to the participants' responses

Q Ask the participants What happens to the baby if the nursing time is limited?

A Listen to the participants' responses and add the following

- ▶ The baby isn't satisfied and cries frequently, and
- ▶ The baby can have an inadequate weight gain or it can lose weight

Q Ask the participants How does limiting the time of breastfeeding affect the baby's growth?

A Give complementary information to the participants' answers saying that

The baby doesn't receive adequate nourishment because the milk changes as the baby spends more time at the breast

- ▶ At the beginning of the breastfeeding the milk is thin and contains a lot of water that quenches the baby's thirst
- ▶ A little later during the feed the milk is thicker because it contains proteins, fats and other nutrients the baby needs to develop well
- ▶ At the end of the feed the milk contains a lot of fats and this is what makes the baby put on weight

So, if the baby doesn't stay at the breast and nurse long enough, it won't receive what is necessary to gain weight adequately

Q Ask the participants How often should the baby be breastfed?

A Listen to the participants' answers and add that

- ▶ At the beginning the baby won't be hungry at regular hours, but little by little it will establish a schedule
- ▶ After a few weeks, the mother and the baby establish their own feeding rhythm together
- ▶ The baby should be breastfed every time it wants to and should be left at the breast for sufficient time during each feeding, and
- ▶ The baby should be breastfed on demand. Every baby has its individual way of nursing



Use the Counselling Card on the following topic and ask the mothers to summarize the key message

Frequency of BF (Blue Card)

Q Ask the participants How does the mother know that her baby is getting enough milk?

A Listen to the participants' answers and add

- ▶ The baby wets at least six to eight diapers during one day and night
- ▶ The babies have a bowel movement every time they eat, others once a day in early weeks. In few weeks they have few but larger
- ▶ The baby is gaining weight, its clothes fit tightly, and its legs get chubby
- ▶ The baby is active
- ▶ The baby's skin is soft and smooth, and
- ▶ When the baby is suckling, the other breast may drip during the first months



Use the Counselling Card on the following topic and ask the mothers to summarize the key message

Insufficiency of mother's milk (Red tabbed card)

D Different Ways of Suckling

Q Ask the participants What happens if a newborn is given a baby bottle instead of the breast?

A Listen to the participants' answers and add that the baby learns to suckle the artificial nipple and when given the breast, it may reject it or suckle incorrectly and damage the mother's nipple

Q Ask the participants Why does a baby reject the breast?

A Add information to the participants' answers saying that the suckling mechanisms of the breast and the baby bottle are different

Q Ask the participants How does the baby suck the breast?



Show Annex 9-I

A Listen to the participants' answers and explain the following

- ▶ The baby should open its mouth wide (rooting reflex)
- ▶ The nipple and the part of the areola should be placed inside the baby's mouth so that the baby will stretch the nipple and the areola to make them longer with its suckling
- ▶ Placed under this elongated nipple and areola, the tongue extracts the milk from the lactiferous sinuses
- ▶ If the suckling is adequate you will be able to observe the baby's tongue pushed forward between the areola and its bottom lip
Use the relevant picture

Q Ask the participants How does the baby suckle the baby bottle?



Show Annex 9-J

A Listen to the participants' responses and explain the following

- ▶ The baby places its tongue towards the back of the mouth to regulate the continuous flow of milk from the baby bottle,
- ▶ The lips and gums squeeze the baby bottle's rubber nipple, and
- ▶ The muscles of the face make a slight sucking movement but the baby hardly makes an effort Use the relevant picture (Transparency No 88 NBSC Islamabad) and ask the mothers to summarize the key messages

Q Ask the participants How is the mother harmed by initiating feeding with a baby bottle?

A Listen to the participants' answers and add the following

- ▶ Delays the milk coming in
- ▶ The baby grasps the nipple like a baby bottle and can damage it

- ▶ If the baby is only suckling the nipple the message is not strong enough, so milk production decreases
- ▶ Nipple soreness can initiate a chain of problems and make breastfeeding a failure
- ▶ A reduced number of nursings makes menstruation return, and
- ▶ The breast can get infected with the accumulation of milk

Q Ask the participants What are the different suckling behaviors that babies adopt in breastfeeding?

A Listen to the participants' answers and give additional information with the following

Not all children suckle in the same way Every child is different and they may adopt the following behaviors

- a) **Lazy** These children prefer to suckle a few minutes, resting a little between every suckle You shouldn't hurry them
- b) **Uninterested** These babies aren't very interested in taking the nipple during the first days of life and it isn't until the fourth or fifth day that they start to suckle, waiting for the milk to come down easily These children shouldn't be forced because they continue to suckle on their own
- c) **Gourmet** These babies take the nipple, tasting some drops of milk, then they lick their lips making a noise with their mouth before starting to suckle If you insist that they suckle, they will get angry For this reason it is better to wait until they develop their own rhythm
- d) **Strict** The breastfeeding sessions are strictly for breastfeeding In ten minutes they can empty the breast Because of this the mother shouldn't get desperate and should take advantage of another time to establish a dialogue with her baby
- e) **Excited** The babies who come under this category get so excited about taking the breast that they squeeze it and let it go It is necessary that the mother calm the baby down before placing it again to the breast After several days mother and child adapt to this behavior

E Taking the Baby off the Breast

Q Ask the participants How do you take the nipple out of the child's mouth?



Show Annex 9-K

A Listen to the participants' answers and have every participant explain the way she has been doing it If necessary, explain that there is a very good way of taking the nipple from the baby's mouth without running the risk of hurting the nipple, and that is

- ▶ Placing your little finger on the baby's bottom gum
- ▶ Pressuring the bottom gum, and
- ▶ In this way the baby releases the nipple and the mother pulls it out easily

F How to Burp the Baby

Q Ask the participants How do you burp a baby?



Show Annex 9-L Use a doll for a demonstration if there are no babies

- A** Listen to the participants' responses and give complementary information as to what the mothers do, rounding off their responses, correcting and giving demonstrations of each of the techniques
- ▶ If it is a woman who is going to burp the baby, place the baby on her shoulder so that it will exert pressure on the baby's stomach
 - ▶ If it is a man who is going to burp the baby, there is no need to lift the baby to his shoulder because his chest is flat and will exert pressure on the baby's stomach
 - ▶ Place the baby face down on your forearm and give it small pats on the back
 - ▶ Place the baby face down over the mother's leg and give it small pats on the back
 - ▶ Place the baby on the mother's chest with the baby facing outward and flex the baby's legs against its stomach

III Exercise



Note the the Tramer Explain to the participants that they are going to practise what they learned by means of a skit, modeling a counselling session a breastfeeding mother with a baby who is forty days old Ask one participant to cooperate in the counselling session The trainer will play the role of the counselor

Dialogue

- C Assalam-o-Alekum, Saira, may I come in?
 M Assalam-o-Alekum, Rozina, please come in
 C How is everybody?
 M We're fine, and you, Rozina?
 C I am doing well, and you? Your baby looks very healthy
 M I am worried because the baby nurses and nurses and doesn't seem satisfied He is still hungry
 C Saira, what makes you think your baby isn't satisfied?
 M Well he cries because he wants to nurse all the time and he does nurse but doesn't stop crying
 C Saira, how are you feeding your baby?
 M Only with my milk
 C How often are you breastfeeding?
 M Every time the baby wants to He wants to nurse all the time
 C How much time does the baby spend nursing on each breast?
 M Just like the neighbor advised me ten minutes on one side and ten minutes on the other
 C Saira, I understand that you were advised to nurse the baby ten minutes on each breast Is that the way you are doing it?
 M Yes, but he always cries
 C Saira, I can hear the baby crying right now Do you want to put him to your breast so I can see how he nurses?
 M Yes, I am going to breastfeed him
 C Look Saira, can you see the baby's attitude? He is nursing slowly as if tasting the milk, that is characteristic of the playful baby and look, he is only suckling the nipple May I help you?

When the baby is placed stomach to stomach his ear, shoulder, and hip are in a straight line, and his face is in front of the breast In this position he can take the nipple and most of the areola into his mouth being able to extract the milk better without hurting your nipple

Your child nurses slowly, so he needs to be at each breast for a longer period of time in order to be able to take out hind milk which has a higher fat content (Explain the variation in the contents of the milk and the importance of not limiting the nursing time)

- M Thank you very much for the help you have given me If it's not a lot to ask can we see each other again?

After finishing the skit the trainer will discuss the counselling elements that were present with the participants in order to strengthen each of them

IV Summary



In the first days and weeks after birth a woman may be very sensitive and lack self-confidence and experience She needs a lot of support to be able to establish exclusive breastfeeding well

Annex 9 - A

Correct method of breastfeeding



Annex 9 - B

How to breastfeed while lying on your side



Annex 9 - C

Breastfeeding in a sitting position



Annex 9 - D

Football hold



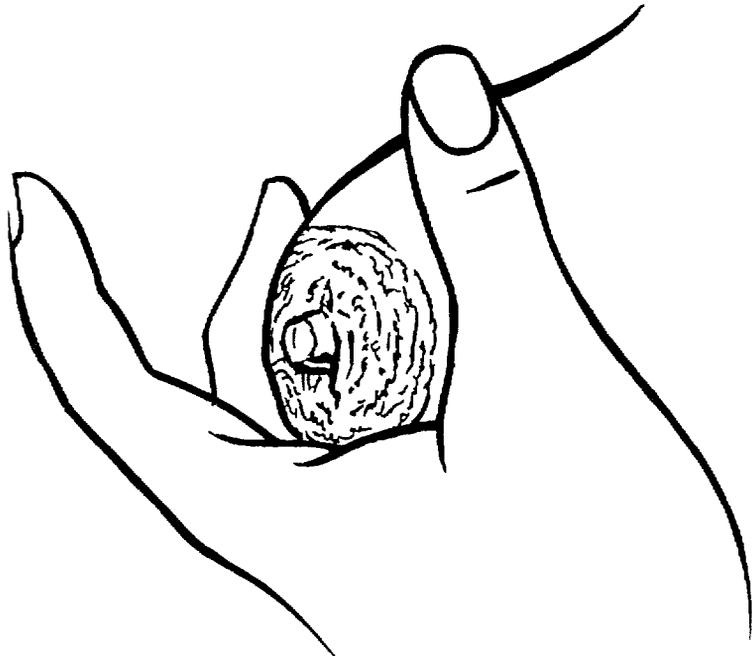
Annex 9 - E

Hand's position in football hold



Annex 9 - F

Dancer's hand position



Annex 9 - G

Breastfeeding in seated position



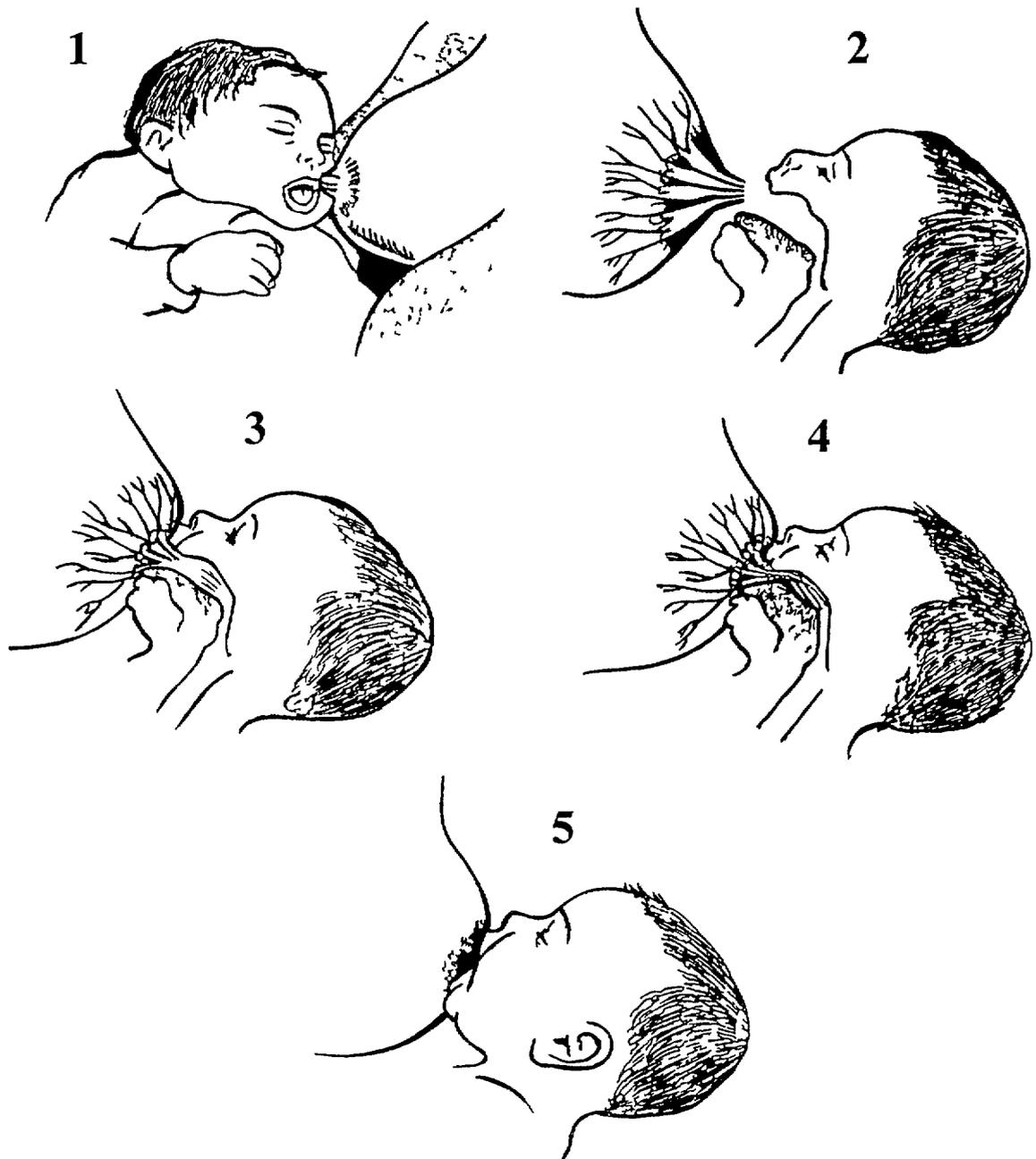
Annex 9 - H

Supine position



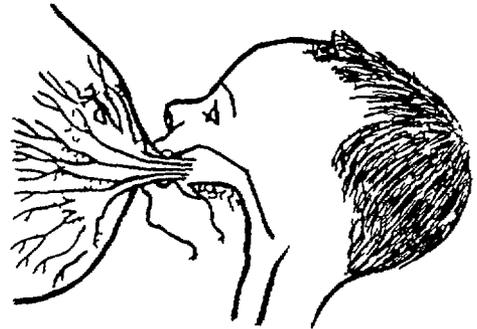
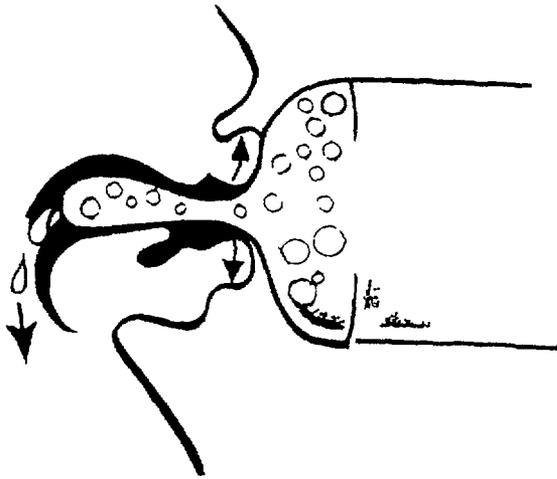
Annex 9 - I

The position of nipple and tongue while sucking milk from mother's breast



Annex 9 - J

How a bottle fed child holds the mother's nipple in his mouth



Annex 9 - K

Removal of breast from baby's mouth



Annex 9 - L

Various methods of helping a child burp



Module 10
Doubts and Beliefs that Affect Breastfeeding

Contents		Page
I	Objectives	10-1
II	Development of the Topic	10-2
A	Doubts That Make Breastfeeding Difficult	10-2
1	“I don’t have enough milk”	10-2
2	“My milk is too watery, it no longer sustains the baby”	10-4
3	“My baby has loose stools all the time, could it be diarrhea?”	10-5
4	“My baby is thirsty Should I give it water?”	10-6
5	“My baby is biting me, doesn’t it want the breast?”	10-6
6	“If I nurse I’m going to ruin my breasts and figure”	10-7
B	Beliefs That Affect Breastfeeding	10-8
1	Use of Pre-lacteal Teas, Foods and Drinks	10-8
2	Straining	10-9
3	“Agitated” or “Hot” Milk	10-10
4	Breastfeeding and Pregnancy	10-11
III	Exercise	10-13
IV	Summary	10-13

Module 10

Doubts and Beliefs that Affect Breastfeeding



Note to the Trainer Arrange the chairs in a circle in order to create an atmosphere of trust and to encourage group participation. Don't forget to include yourself as a member of the circle.

I Objectives

After completing this session, the participants will be able to

- A Analyze with the mother doubts that make breastfeeding difficult and discuss the information that the mother needs to resolve the doubt including

- "I don't have enough milk
- "Can I breastfeed while weak and anemic and sick?"
- "My milk is thin, my baby doesn't get full."
- "My baby has loose stools all the time, can it be diarrhea?"
- "My baby is thirsty. I have to give it water."
- "My baby is biting me. Can it be that it doesn't want the breast?"
- "If I nurse I'm going to ruin my breasts and figure."
- "If I have sore nipple can I continue breastfeed?"
- "Milk is not enough due to evil eye/myth."

- B Analyze the beliefs that affect breastfeeding and discuss the information and support that a mother needs to change her attitude, including

- 'The negative effects of using a pacifier
- 'The reasons the baby exerts force
- 'The belief of nursing when the mother is upset, angry, distressed, scared"
- Why the milk of a pregnant mother does not affect the child

Estimated Time One Hour

II Development of the Topic

A Doubts That Make Breastfeeding Difficult

1 "I don't have enough milk"

Q Ask the participants What makes mothers think they don't have enough milk?

A Listen to the participants and round off their answers saying that

- ▶ The baby cries often and the mother believes she cannot satisfy it
- ▶ The breasts no longer feel tense and hard like in the first weeks
- ▶ Lack of confidence on the part of the mother about the quantity of milk that the baby is receiving
- ▶ If the mother doesn't eat well, she believes that she will not produce enough milk
- ▶ Lack of confidence in her own milk, and
- ▶ The mother compares her baby with bottle-fed babies in the mass media

Q Ask the participants What is the role of the counselor when the mother expresses the doubt that she doesn't have enough milk?

A Listen to the explanations of the participants and round off their answers saying that there are signs that indicate to the mother that she is producing milk and that the child is breastfeeding well

Q Ask the participants What are the signs that tell us that the child is nursing sufficiently?

A Listen to the participants' responses and add the following, if necessary

- ▶ The baby wets six to eight diapers during the day and night
- ▶ The mother may feel the 'let down' and the other breast may begin to leak
- ▶ If the baby suckles strongly swallowing often for a time and then suckles more quickly but less strongly and swallowing less
- ▶ The baby has a bowel movement each time it nurses once a day in small quantity or once after some days in abundance

- ▶ The baby is gaining weight and the mother notices it because its clothes are tight and its legs get chubby
- ▶ The baby is very active, and
- ▶ The baby's skin is soft and smooth



Use Problem Counselling Card on the following topic and summarize key points
Insufficiency of Mother's milk (Red Card)

- Q Ask the participants** Why does the baby have some periods in which it cries a lot and frequently wants to breastfeed at every moment as though its never full?
- A** Listen to the participants' comments Explain the following, if it was not mentioned
- ▶ There are periods of growth spurts in which the babies ask for more milk or rather they want to nurse more frequently
 - ▶ These periods of growth spurts normally occur when the baby is three weeks, six weeks, and three months, and
 - ▶ What is really happening is that the baby by frequently suckling, is signaling mother's body that it will soon need more milk than before
- Q Ask the participants** Can a malnourished and anemic mother breastfeed her baby?
- A** Listen to the participants' responses and add the following
- A** malnourished mother can breastfeed her baby because
- ▶ The mother's milk even if she is malnourished continues protecting the baby against illnesses
 - ▶ The mother's milk, even if she is malnourished is always the best food for her baby
 - ▶ The milk of the malnourished mother is always superior to non-nutritive liquids that the mother gives to her child (mention appropriate foods)
- Q Ask the participants** What can the counselor do to support a malnourished mother who is breastfeeding?
- A** Listen to the participants' responses and add the following

- ▶ You have to remember that at times the mothers think they are malnourished because they are thin and cannot eat meat, panir or eggs. It's good to remind them of the outline of the "Good," "Better," and "Excellent" dietary intake
- ▶ The counselor can teach the mother to prepare and eat highly nutritious foods which are a combination of lentils and vegetables. They are very good foods which are within their reach and which perhaps they don't even know about. It is a very economic way of obtaining the necessary nutrients for the mother's good health, and
- ▶ Besides, the counselor can refer the mother to a health center or a community organization in order to help nourish her if she really is malnourished

Do not recommend foods that are expensive and impossible for the mother to get

Form work groups in order to develop recipes for alternative foods (the trainer should know these recipes)

a Objective

Exchange recipes and make a list of edible foods from the region

b Development

Organize three groups with the participants, each group developing one or two recipes they know about and are nutritious with green leaves and alternative foods

Assign ten minutes for the work in groups and ten minutes for sharing with the entire group



Use the Counselling Card on the following topic at the end of the group work to review nutritional needs of the lactating mother

Diet of Lactating Mother (Blue Card)

2 "My milk is watery, it no longer sustains the baby"

Q Ask the participants. Why do some mothers say that their milk is watery?

A Listen to the participants and, if necessary, say that mothers think their milk is watery because the baby cries a lot

Q Ask the participants Why do babies cry?

A Listen to the participants and add the following

Crying is the only language the baby has. When it cries, it is usually trying to communicate.

- ▶ Discomfort
- ▶ Hunger
- ▶ Loneliness, working attention
- ▶ Fear
- ▶ Pain, or
- ▶ Sickness



Emphasize that the baby does not cry only from hunger

Q Ask the participants Why else could a mother believe that her milk is too watery?

A Listen to the participants' responses and add that when the mother squeezes her breast she sees that the milk which comes out is not white and thick but watery and bluish in color.

Q Ask the participants Why do they believe that the milk the mother squeezes out looks like that?

A Listen to the participants' opinions and round off their answers saying that

During nursing the milk changes. The first milk is thin and watery but later it becomes white and creamy.

Therefore the mother's doubt is because in squeezing her breast what she sees is the first watery milk which quenches the baby's thirst and gives it quick energy because it contains a lot of lactose, the milk's sugar. But if she were to continue squeezing her breast, she would notice that the milk that comes out afterwards is thicker and white. It contains a lot more fat.

3 "My baby has loose stools all the time, could it be diarrhea?"

Q Ask the participants What are the stools of breastfed babies like?

A Listen to the participants' responses and give additional information, if necessary, by saying that the stools of breastfed babies are soft, a golden yellow color, without bad odour and generally every time that the baby feeds it has stools. This doesn't mean that the baby has diarrhea.

Q Ask the participants How much time can pass without the baby having a bowel movement?

A Listen to the participants and round off their responses saying that, after the first weeks, thriving babies can go several days without having a bowel movement. This does not mean that the baby is constipated. Usually, even after several days, the baby's stools are soft, abundant and yellow in color.

Q Ask the participants Why do you think this happens to breastfed babies?

A Listen to the participants' responses and explain that all of this happens because the baby is assimilating all the milk that it receives. The intestines accumulate the small amount of waste and discard it all at once after several days.

4 "My baby is thirsty. Should I give it water?"

Q Ask the participants Why do mothers believe that their babies need water?

A Listen to the participants' responses and add that mothers see the child sweat in the heat as they themselves do. This leads them to think that the baby is thirsty because they are thirsty. What they don't realize is that their milk has a lot of water and the baby's thirst is quenched by breastfeeding. They don't relate the quantity of breastmilk that the baby takes in with the quantity that it urinates. They also may observe that if the baby receives water it calms down and therefore they believe that the baby needs it.

Q Ask the participants How can the counselor help the mother who has this doubt?

A Listen to the participants and add that the use of water and sugar water is one of the most common practices that prevents exclusive breastfeeding. The mothers usually think that their babies feel what they themselves feel. The counselor can help them to reflect about the relationship between the amount of the baby's urine and the amount of water in the milk. The milk at the beginning of nursing has a lot of water. For this reason it is said that this milk quenches the baby's thirst. The counselor must explain to the mother that when she feels that the baby is thirsty she should breastfeed it and herself drink water.



Use the Counselling Card on the following topics to summarize key points

Do not give water to the child (Blue Card)

Diet of Lactating Mother (Blue Card)

5 "My baby is biting me, doesn't it want the breast?"

Q Ask the participants Why would the baby bite the mother's nipple?

A Listen to the participants' answers and round off their responses saying that

- ▶ When the baby begins teething it wants to bite everything, including the nipple
- ▶ Babies may bite the nipple when they are not hungry anymore and are just playing with it

Q Ask the participants What is the role of the counselor when the mother says that the baby is biting the nipple?

A Listen to the responses given and add, if necessary, that the mother shouldn't laugh because the baby will think that biting the nipple is fun. She should be serious, say "no," and take the nipple out of the baby's mouth. If the baby would like to continue nursing, it may, but if the baby bites again, the mother should distract it with something else to bite (like a carrot or chicken bone) but not nurse it until the next time it is hungry. The baby will learn not to bite.

6 "If I nurse I'm going to ruin my breasts and figure"

Q Ask the participants Why do breasts sag?

A Listen to the participants and round off their responses saying

- ▶ The breasts increase in size during pregnancy
- ▶ Afterwards they return to their previous size but are more flabby even without having breastfed
- ▶ If the mother becomes pregnant often, they also become more flabby
- ▶ When the breasts are very large, they tend to sag more easily and
- ▶ With age all tissues including breast tissue become less firm

Q Ask the participants What is the role of the counselor with the woman who doesn't want to breastfeed because her breasts will become more flabby?

A Listen to the participants' comments and round off their answers saying that a woman with this uncertainty probably has not thought much about her role as a mother

- ▶ Therefore, the role of the counselor is to offer information and give some ideas so that she can see herself in her role as mother without it interfering with her own concept of beauty

- ▶ Discuss the disadvantages of not breastfeeding both for the mother and the child. Refer to the module on special situations. Specially let the mothers know that one of the risks could be a higher chance of getting cancer.



Use Problem Counselling Cards to discuss some of the disadvantages of not breastfeeding

Problem Card # 4 on Sore Nipples (Red Card)

Problem Card # 5 on Breast Engorgement (Red Card)

B Beliefs That Affect Breastfeeding

1 Use of the Pre-lacteal feeding

Q Ask the participants How does the use of the bottle affect breastfeeding and the baby?

A Listen to the participants' answers and add the following

- ▶ it delays the coming in of the milk
- ▶ it decreases the number of breastfeedings
- ▶ the baby doesn't benefit from the colostrum
- ▶ the breasts can get engorged because of lack of suckling
- ▶ the baby runs the risk of getting sick and
- ▶ it can interfere with the process of learning normal suckling behavior

Q Ask the participants Why does the use of herb teas and waters delay the milk coming in?

A Listen to the participants and say that if the baby does not stimulate the nipple, it will take longer for milk production to begin

Q Ask the participants Why does the use of gutti, honey, ghee water, and waters delay the milk from coming?

A Listen to the participants and say that the mother substitutes the teas for breastfeeding

Q Ask the participants Why is it that with the use of drinks and water the child loses the opportunity to receive the benefits of colostrum, when it needs it the most?

A Listen to the participants and add that other drinks have the same characteristics as the milk of the first days. This milk is called *colostrum*.

Q Ask the participants Why is the coming in of the milk so uncomfortable for some mothers?

A Listen to the participants' answers and add that this happens because instead of giving the child the colostrum, they are giving it the gutta.

Q Ask the participants What risks exist when babies are given pre-lacteal teas/waters/gutta?

A Listen to the participants' answers and add that

- ▶ When the baby receives pre-lacteal teas, there is a risk of introducing an infection to the baby because of the lack of hygiene in its preparation, and
- ▶ The baby runs the risk that the gutta can go to its lungs and cause an irritation or pneumonia.

Q Ask the participants What does the mother produce in those first three days?

A Listen to the participants and explain that

In the first days before the milk lets down, the mother produces colostrum, which is a thick and yellow milk in small quantities, but it offers protection and large amounts of vitamin A. As the baby is fed, it receives its first vaccination. Colostrum also serves as a mild laxative.

Q Ask the participants Why do some mothers not give the colostrum to the baby?

A Listen to the participants' experiences and give additional information saying that it is because they don't realize the importance of colostrum and are wary of the yellow color, and mothers think it is dirty, and also they are waiting for the milk to come.

2 Straining

Q Ask the participants What does straining refer to?

A Listen to the participants and say that it is when the baby strains, stretches, and hunches up its body, becomes red, and emits sounds.

Q Ask the participants Why do babies strain in this way?

A Listen to the answers and add

Newborns often strain in this manner and not because they are sick.

- ▶ The baby strains when it is having a bowel movement, this is normal
- ▶ The baby strains when it wakes up, this is natural
- ▶ The baby strains (pushes) when the mother has not burped it and
- ▶ The baby strains when he is colicky

Q Ask the participants What can you say to the mother about this belief?

A Listen to the participants and round off their answers with the following

- ▶ That the action of straining is a natural activity for the child Therefore you should not give the baby any medicinal liquids
- ▶ It is not necessary to suspend breastfeeding because it is normal that the newborn strains

3 “Agitated” or “Hot” Milk

Q Ask the participants What have you heard about the belief of ‘ agitated or hot’ milk?

A Listen to the participants’ answers

Q Ask the participants What happens with the milk when the mother is scared or angry has worked hard or been out in the sun?

A Listen to the participants’ responses and add that

The milk does not change with the emotional state (fear, anger, grief) or hard work of the mother

Q Ask the participants How does this belief harm the child?

A Listen to the participants’ responses and add the following

This belief is harmful because the mothers think that they have to rest a long time before they can breastfeed. If they arrive home upset they believe that they should wait until the milk is calm. Meanwhile they calm the baby with other liquids and foods. This can make the baby sick.

Q Ask the participants How does this belief affect the mothers?

A Listen to the answers and explain that

If the mother has to wait a certain amount of time before breastfeeding, her breasts can become congested and she may develop a plugged duct. If this happens frequently she runs the risk of decreasing her milk supply and weaning early.



Use Problem Counselling Card on the following Topic and Summarize key points

Problem Card #1 Insufficiency of Mother's milk

Q Ask the participants What advice should you give the mother who has this belief?

A Listen to the participants' answers and fill in with the following aspects

- ▶ Although the mother is upset she can breastfeed. Her physical and emotional state does not affect the milk, and
- ▶ In order to be more calm the mother can rest for a few minutes, drink a glass of water or some type of refreshment or juice, and then breastfeed

4 Breastfeeding and Pregnancy

Q Ask the participants What is the belief in the community concerning the pregnant mother who is breastfeeding?

A Listen to the answers and say that some mothers believe that if they are pregnant and breastfeeding the baby will be malnourished as well as the unborn child

Q Ask the participants How is breastfeeding affected when the mother becomes pregnant?

A Listen to the participants' responses and add that

- ▶ Pregnancy changes the taste of the breast milk and the baby may reject the breast
- ▶ The mother can think that she has to immediately wean the baby
- ▶ Pregnancy is the reason for early introduction of solids and milk other than breastmilk
- ▶ Nursing while pregnant does not cause diarrhea to the baby

Q Ask the participants How can the counselor help the pregnant mother who wants to continue breastfeeding?

A Listen to the participants' responses and add that

- ▶ If the mother has any bleeding or uterine contractions she must suspend breastfeeding and be referred to a doctor
- ▶ If the child is under six months and the mother decides to continue to breastfeed, she can do so if she has no uterine contractions and if she is paying attention to the child's growth and development and is sure that the baby is receiving enough food
- ▶ If the child is older than six months, the mother can increase the quantity and number of its meals and gradually wean it from breastfeeding
- ▶ If the child continues to breastfeed throughout pregnancy, the mother may be faced with breastfeeding both babies. There will be sufficient milk and this will not harm either child. The mother should be advised to eat a little more. She needs to think about whether she wants to do this. She should be able to consider the advantages and disadvantages
- ▶ In the case where the baby refuses to nurse or the mother decides to wean it, it is important to show constant affection to the baby so that it doesn't feel displaced or rejected by the arrival of the new born

III Exercise



Note to the Trainer Have a Support Group including all its elements

- ▶ Greeting and welcome
- ▶ Objective of the meeting Analysis of the doubts and myths of the community that affect breastfeeding
- ▶ Introductions
- ▶ Work out agreement
- ▶ Initiation and development of the topic What are the most frequent doubts and myths in the community that impede exclusive breastfeeding?
- ▶ Summary
- ▶ Closing

Ask for two volunteers from the participants to play the roles of the facilitator and co-facilitator The others will make up the members of the group The trainer will be a part of the group

At the end of the exercise, discuss with the participants which elements of counselling were present in the exercise and which were missing

IV Summary



Every community has myths regarding some aspects of breastfeeding, but the informed mother must analyze those which affect her health and affect breastfeeding

<p>Module 11 Difficulties and Special Situations of the Mother and Child</p>

Contents	Page
I Objectives	11-1
II Development of the Topic	11-2
A Difficulties of Breast and Nipples	11-2
1 Sore Nipples	11-2
2 Inverted Nipples	11-5
3 Engorgement	11-6
4 Obstructed or Plugged Ducts	11-7
5 Mastitis	11-8
6 Abscess	11-10
7 Caesarean Births	11-11
8 Sick Mother	11-12
9 Medication and Drugs	11-13
10 The Working Mother	11-14
B Infant Special Situations	11-17
1 Babies That Don't Gain Weight	11-17
2 Refusing the Breast	11-19
3 Diarrhea	11-21
4 Acute Respiratory Infection (ARI)	11-23
5 Breastfeeding Twins	11-23
III Exercise	11-25
IV Summary	11-27

Module 11

Difficulties and Special Situations of the Mother and Child



Note to the Trainer Before beginning the session, arrange the chairs in a circle in order to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

Also note: It is helpful for this session if participants can visit a health facility to observe real situations and practise skills described in this session.

I Objectives

After completing this session, the participants will be able to

A Identify the problems and special situations of the mother that make breastfeeding difficult and discuss alternatives to solve them

- ▶ Sore nipples
- ▶ Engorgement
- ▶ Obstructed ducts
- ▶ Mastitis
- ▶ Abscess
- ▶ Mother with Caesarean
- ▶ Sick mother
- ▶ Medicines and drugs
- ▶ Working mother
- ▶ Inverted nipples

B Identify the problems and special situations of the child that make breastfeeding difficult and discuss alternatives to solve them

- ▶ Babies who don't gain weight
- ▶ Refusal to nurse
- ▶ Babies with diarrhea
- ▶ Babies with respiratory infections

- ▶ Breastfeeding twins

Estimated Time Three to Four Hours

II Development of the Topic

A Difficulties of Breast and Nipples

1 Sore Nipples

Q Ask the participants What do you feel when you have sore nipples?

A Listen to the participants' answers and round off their responses with the following information

- ▶ Pain
- ▶ Inflamed, red nipple
- ▶ Bleeding nipple
- ▶ Cracked nipple

Q Ask the participants Why do nipples get sore and cracked?

A Listen to the participants' answers and round off their responses with the following information

- ▶ Poor positioning of the baby for breastfeeding
- ▶ Thrush
- ▶ Flat or inverted nipples
- ▶ Excessive cleaning of the nipples, and
- ▶ The mother gives a baby bottle



Show Annex 11-A On bad positioning and cracked nipples

A Listen to the participants' answers and say that the nipple becomes sore because the baby suckles only on the tip of the nipple due to poor positioning

Q Ask the participants How can the counselor help the mother who is not positioning her baby well for nursing?

A Ask for two participants to volunteer to show the correct positioning for breastfeeding

Q Ask the participants What happens if the mother washes her nipples with soap, water?



Show Annex 11-B showing a mother with cracked nipples

A Listen to the participants' answers and say that this will produce dryness, cracking and pain in the nipples

Q Ask the participants What is thrush?

A Listen to the participants' answers and explain that thrush is tiny white spots which can be observed in the baby's mouth, tongue and gums. The baby may be uncomfortable. There is also redness and warmth on the mother's areola and nipple

Q Ask the participants What is the cause of thrush?

A Listen to the participants' answers and explain that thrush is caused by a fungus and the baby catches it

Q Ask the participants How can the counselor help the mother when her baby has thrush?

A Listen to the participants' responses and add that the counselor should inform the mother that home remedies (alam water ash) are not effective in the case of thrush and that the mother should go to the health center so that the doctor or nurse can direct her to the correct medicine for her and her baby. The counselor should return to see the mother in order to confirm the doctor's visit and to give follow-up

Q Ask the participants What recommendations can you give to the mother in the case of sore nipples?



Show Counselling Cards and summarize ways of correct positioning



Use Counselling Card on the following topic to explain different positions

Get Support (Blue Card)

A Listen to the participants' responses and add that the mother should

- ▶ Use her finger to break the baby's suction when removing the baby from the breast

- ▶ Express some milk and put it on the tip of the nipple leaving it to dry there when she finishes nursing. The milk can help to heal the nipple.
- ▶ Expose the nipples to sunlight and air.
- ▶ Do not wash or clean the nipples each time you nurse. A daily bath is sufficient.
- ▶ Follow-up to make sure that the problem has been resolved.

Q Ask the participants What can the mother do so that nursing is not so painful?

A Listen to the participants' responses and add the following: the mother should wait for the baby to open its mouth wide then put the baby on the breast. She can try positions until the suckling is not painful. This indicates that the baby is not putting pressure on the cracked part of the nipple.

The mother should begin nursing on the breast that is not as sore in order to avoid the strong pressure, such as of a very hungry baby, on the more sore nipple. This will also prevent the initial let down causing even more pain.

The mother can express some milk so it lets down and then put the baby on the breast. When the milk is already flowing, often the pain is less.

Q Ask the participants What can the mother do if she can't stand the pain in her nipples?

A Listen to the participants' responses and add the following: If the mother cannot stand the pain even with the recommendations mentioned above, she can express her milk and give it to the baby with a spoon, an eye dropper, or in a small cup until the nipple heals or until it doesn't hurt so much and she can nurse again.

Q Ask the participants What happens when the mother has a flat nipple?



Show Annex 11-C, showing various types of nipples

A Listen to the participants' answers and say that when the mother has a flat or inverted nipple and is engorged, the baby will not be able to take the nipple and areola into its mouth. The baby can only grasp the tip of the nipple and this is what makes it hurt.

Q Ask the participants What recommendations can you give to the mother so that she can nurse when she has a flat nipple?

A Listen to the participants' answers and round off their responses saying that

- ▶ When the nipple is flat or inverted and is detected before the let down, the most obvious thing to do is to stimulate the baby's lip so that the baby opens its mouth wide and takes a greater part of the areola in the mouth.

- ▶ If the problem is made worse when the milk comes in, the mother can express her milk to relieve the congestion and try to insert the areola and nipple into the baby's mouth when the breast is softer, and
- ▶ The counselor should see the mother frequently until the problem is resolved



Use Problem Counselling Card 4 (Red Card) to summarize key points

2 Inverted Nipples

Q Ask the participants What are inverted nipples?

A Listen to the participants' answers and explain that they may be flat or seem to protrude but are sunken into the breast and when the areola is pressed, they become flatter instead of protruding

Q Ask the participants How can the counselor help the pregnant mother who has inverted nipples prepare for breastfeeding?

A Listen to the participants' answers and give additional information to their answers, if necessary, with the following

- ▶ Some times these nipples, with special techniques, come out during pregnancy
- ▶ These mothers need constant support, after childbirth to help bring it out

Q Ask the participants How can the counselor help a mother with inverted nipples who wishes to breastfeed but whose baby has already been born?

A Listen to the participants' responses and add the following

- ▶ The counselor should make sure clearly that the baby 'milks' the whole breast (areola, breast, and nipple) and is not just pulling on the nipple,
- ▶ If the baby is born at home, the person who delivered the baby should initiate breastfeeding immediately after birth when the breasts are still soft and not wait until the milk comes in because it is difficult for the baby to grasp the nipple of an engorged breast even when the nipple protrudes
- ▶ The mother should strive to see that the baby opens its mouth wide in order to grasp the areola, taking into its mouth a lot of areola tissue to stretch the nipple
- ▶ When the mother begins breastfeeding she should press her breast towards her chest with her hand well behind the areola in the shape of the letter C
- ▶ The mother should be referred to a breastfeeding clinic or to the health center if these suggestions do not work or if the breast is too engorged

- ▶ The counselor should give constant follow-up because the mother needs a lot of support



Emphasize to the group that these women have better results when they are given close follow-up

3 Engorgement

Q Ask the participants What are engorged breasts? Summarize the key points with the mother



Show Annexes 11-D, and 11-E to explain engorgement of breasts

A Listen to the participants' answers and add, if necessary, that engorgement occurs when there is an accumulation of milk in the breasts

Q Ask the participants Why do the breasts become engorged?

A Listen to the participants' answers and round off their responses with the following information

- ▶ The baby did not begin to nurse immediately after the birth
- ▶ The baby was not put to the breast until the milk came in and was given some pre-lacteal or ritual substances (tea, "waters," gutti, etc)
- ▶ The baby drinks from a baby bottle
- ▶ The baby is not suckling well because of some problem or an incorrect latch-on
- ▶ The mother has a flat or inverted nipple and the baby cannot grasp the areola and the nipple well
- ▶ The baby sleeps a lot
- ▶ There are large intervals between nursings, and
- ▶ There is a time limit to the nursings

Q Ask the participants What can the mother do with engorged breasts?



Note to the Trainer Demonstrate what to do using a wash bowl, cloths, mattresses, pillows, etc., photographs and the artificial breast to teach about engorgement

- A Listen to the participants' responses and add that some of the following alternatives can help to decongest the breast
- ▶ Put the breasts into a wash bowl with warm water, massaging with the hand to help stimulate the milk let-down
 - ▶ Place cloths of warm water on the breast massaging it to help stimulate let-down and to soften the breast (Demonstrate how to massage in a circular motion)
 - ▶ Massage by 'combing' the breast from the top down to the nipple
 - ▶ Nurse the baby frequently
 - ▶ Express milk before putting the baby to the breast to soften the area around the areola and the nipple so the baby can grasp the nipple, and
 - ▶ If there is a lot of pain, alternate between warm and cold water compresses warm before nursing and cold after nursing to alleviate the swelling



Use Problem Counselling Card No 5 on the following topic and show the top portion only

Engorgement of Breasts (Red Card)

Q Ask the participants How can you prevent breast engorgement?

A Listen to the participants' responses and add the following

- ▶ Frequently nurse the baby from birth
- ▶ Nurse without setting a time limit
- ▶ Wake the baby every two to three hours if it is sleeping a lot
- ▶ Don't give baby bottles or other foods before six months. Give only breast milk, and
- ▶ Give follow-up to the mother until the problem is resolved



Use the Problem Counselling Card on the following topic and ask the mother to summarize the key messages

Engorgement of Breasts (Red Card)

4 Obstructed or Plugged Ducts

Q Ask the participants What are obstructed or plugged ducts?

A Listen to the participants' responses and add that obstructed or plugged ducts are hard and painful little lumps that sometimes form in the breasts

Q Ask the participants Why are there obstructed or plugged ducts?

A Listen to the participants and add that an obstructed or plugged duct is the result of not emptying the breast. The milk accumulates and the breast becomes hard because

- ▶ The baby does not empty the breast
- ▶ There is something that presses against the breast and blocking a duct (such as the mother's arm, a bra, etc), and
- ▶ The use of baby bottles that fill the baby and delay the next nursing

Q Ask the participants What is recommended to the mother who has obstructed or plugged ducts?

A Listen to the participants' answers and give additional information, if necessary, with the following

- ▶ Apply warm cloths to stimulate the let-down
- ▶ Massage in a circular motion before nursing, gently pressing the area that is hard and painful
- ▶ Nurse the baby frequently
- ▶ If the baby does not empty the breasts, manually express the milk
- ▶ Get plenty of rest, and
- ▶ The counselor should give continual follow-up until the problem is resolved



Show Annex 11-E and summarize key points

5 Mastitis



Show Annex 11-F of mothers with mastitis

Q Ask the participants What can happen to a mother who has obstructed ducts or cracked nipples and does not receive adequate help?

A Listen to the participants' answers and explain that it can produce a breast infection called mastitis

Q Ask the participants What is mastitis?

A Listen to the participants' answers and say that mastitis is an infection in the breast. The breast is inflamed, red, warm and very painful. The mother generally feels bad and has a headache accompanied with fever.

Q Ask the participants What are the causes of mastitis?

A Listen to the participants' answers and give the following additional information:

Mastitis is caused by a growth of bacteria because of milk accumulation in the breast due to:

- ▶ Untreated cracked nipples that prevent the baby from suckling effectively
- ▶ Untreated obstructed or plugged ducts, and
- ▶ Very long intervals between nursings because of the use of baby bottles

Q Ask the participants What are the recommendations that you can give to a mother with mastitis?

A Listen to the participants' responses and add:

- ▶ Refer the mother to the doctor because the treatment for mastitis requires antibiotics
- ▶ The mother should take complete bed rest
- ▶ Apply warm compresses
- ▶ Lightly massage the breast in a circular motion
- ▶ Breastfeed more often from the affected breast, and
- ▶ If it is too painful to nurse, express the milk at least every two hours and give it to the baby in a small cup or spoon

The counselor should give continual follow-up until the problem diminishes.



Use Problem Card on engorgement If there is a mother with engorged breasts, practise giving massages and apply compresses to a mother with mastitis in order to reinforce skills. Practise using compresses, manual expression. Practise the use of a referral slip and discuss accompanying the mother to the health center.

6 Abscess

Q Ask the participants What happens if a mother with mastitis does not receive quick and adequate help?

A Listen to the participants' responses and add that if mastitis is not treated, in a short time it will cause an accumulation of pus in the breast called an abscess

Q Ask the participants How can you know if an abscess has formed?

A Listen to the participants and give the following additional information, as needed

- ▶ A localized enlargement in a part of the breast is visible
- ▶ It feels firm to the touch, but it can move and change color from red to yellow
- ▶ There is much pain in the breast that increases when the baby nurses
- ▶ The mother has a fever, and
- ▶ Generally not feeling well

Q Ask the participants What recommendations can be given to a mother with an abscess?

A Listen to the participants' answers and add the following

Refer the mother to the doctor to receive antibiotics. And advise her to follow the instructions of the doctor.

Q Ask the participants What recommendations can a counselor give to a mother who has had an incision in the abscess to drain it?

A Listen to the participants' responses and round off their answers saying

- ▶ After the incision, the mother should nurse the baby on the unaffected breast
- ▶ The mother should temporarily suspend breastfeeding on the draining breast (from 48 to 72 hours) in order to permit healing of the incision if it is in a place where the baby's mouth touches it (express milk frequently, if it is possible). If breastfeeding does not affect the incision and is not uncomfortable, the mother may continue to nurse from this breast
- ▶ As soon as the incision has healed, the mother can resume feeding once more from the breast that received the incision or drainage
- ▶ The mother should complete the treatment recommended by the doctor

- ▶ The counsellor should give continual follow-up until the problem diminishes

7 Caesarean Births

- Q Ask the participants** Why some women who've had caesareans don't successfully breastfeed?



Use Counselling Card on the following topic to explain breastfeeding positions

- A** Listen to the participants' answers and explain that

Some women with general or local anesthesia don't have their babies with them until the following day. During this time the baby is given a bottle. It then may reject the breast or become confused about the type of suckling.

- Q Ask the participants** How can we help a mother who has had a caesarean and who wants to breastfeed her baby?



Show Annex 9-B and 9-H to explain the lying down and the supine position for breastfeeding

- A** Listen to the participants' answers and give additional information, if necessary

- ▶ A woman with a caesarean or someone who is going to have a caesarean needs to know the alternatives she has in order to breastfeed without problems. The counsellor should give information to the mother about her options because in the hospital they don't always know what support to give.
- ▶ At the beginning the mother can breastfeed lying down in order to feel more comfortable. The baby should be put to the breast as soon as possible so that the baby can start suckling while the breast is soft and the let down is not uncomfortable.



Show Annex 9-D and 9-E to demonstrate the Football position

- ▶ When she is able to sit, a very comfortable position for breastfeeding can be the football hold so that the baby does not rub against her incision.
- ▶ If the baby could not be with the mother immediately and received a bottle, it may have nipple confusion. While the baby learns to suckle, the mother can express her milk, put the baby to the breast, and let drops of milk fall on the nipple from an eye dropper in order to stimulate the suckle reflex in the baby.
- ▶ In the beginning, a caesarean is very uncomfortable and the mother needs a lot of support from the people around her and above all from the counsellor in her community, and

- ▶ The counselor should give continual follow-up until the problem diminishes



Note to the Trainer If the training takes place in a health facility the participants can visit the mothers with caesarean to interview them. If not, they can ask the health center to invite a mother who had a caesarean so that the group can interview her about her experiences and the type of support she received.

8 Sick Mother

Q Ask the participants What happens with breastfeeding when the mother becomes sick?

A Listen to the participants' answers and give additional information, as needed

- ▶ The mother who is sick can continue to breastfeed because her illness does not pass through the milk
- ▶ The baby receives the defenses that the mother is producing, and
- ▶ If breastfeeding is suspended
 - ▶ the mother can have other complications related to sudden stopping of breastfeeding
 - ▶ the baby will not receive defenses against the sickness to which it has been exposed

Q Ask the participants What illnesses justify stopping of breastfeeding?

A Listen to the participants' responses and add that at times breastfeeding has to be suspended permanently, for example

- ▶ Cancer (if there is radioactive treatment and the use of strong medications)
- ▶ Advanced AIDS because of the mother's condition and the possibility of contagion (especially if the child is not infected), and
- ▶ Hepatitis "B" if there are no possibilities of a vaccine for the baby

There are some illnesses in which the mother and baby are temporarily separated

- ▶ Herpes when the lesions are localized on the breast or some part of the body where the mother touches her baby
- ▶ Chickenpox if it appears the last two days before childbirth or the first two to four days after childbirth because the baby has not received the mother's

antibodies. If it appears after the first week, there is no need for separation. The mother can always give milk to her baby.

- ▶ Tuberculosis: if the mother is not on treatment and TB is detected at the moment of childbirth, then mother and baby should be separated until the mother has been on treatment for a week. Afterwards, the baby can be with the mother and nurse but should receive prophylactic treatment.

The mother should always express her milk during illnesses where temporary suspension of breastfeeding is recommended because of the medications that the mother is receiving. This will prevent complications related to breastfeeding.

Q Ask the participants What help can the counselor give to the mother who is sick and breastfeeding?

A Listen to the participants' answers and give additional information, if necessary, by saying that the sick mother who is breastfeeding needs a lot more support from the counselor to make sure that complications related to breastfeeding will not develop. The counselor should visit the mother often.

9 Medication and Drugs

Q Ask the participants Why can mothers who are taking medication continue to breastfeed?

A Listen to the participants' responses and add that the majority of medications are taken for a short time and do not harm the baby even though they are secreted into the milk. However, the mother should always speak to the health personnel about continuing breastfeeding before taking any medication.

Q Ask the participants What medications should the mother who is breastfeeding not take?

A Explain that there are common medications which are secreted in the milk that can affect the baby. For this reason, the mother should not self-prescribe any medications and explain to the doctor that she is breastfeeding so the doctor can prescribe medicines accordingly. The following medications should be avoided if possible, during breastfeeding:

- ▶ *Cloramphenicol* should not be used if there is no medical indication. It is very strong for the mother as well.
- ▶ *Metronidazole* can be used according to the baby's age, if the doctor has prescribed it.
- ▶ Medication for cancer, and

▶ *Aspin*

Q Ask the participants How does the use of tobacco and drugs affect the mother and her baby?

A Listen to the participants' answers and give them the following information

▶ Nicotine, alcohol, and drugs (such as marijuana and cocaine) are secreted in the milk and can affect the growth and development of the baby and the health of the mother. She should not breast feed

Q Ask the participants What is the role of the counselor with regard to the mother in a special situation (caesarean, illness, taking medications)

A Listen to the participants and say that the counselor should give support to the mother by offering her information, listening to her, and discussing with her how to look for alternatives

10 The Working Mother

Q Ask the participants What are the reasons for the mother to be away from her baby sometimes?

A Listen to the participants' answers and round off their responses saying that mothers may sometimes be separated from their babies when

▶ The mother leaves the home for work, does house work (such as laundry), or works in the fields

▶ The mother or baby are hospitalized

▶ Special occasions such as emergencies, elective surgery, etc

Q Ask the participants How can a mother who will be away from her baby under six months old prepare herself to continue breastfeeding?

A Listen to the participants' answers and round off their responses adding the following aspects if they were not mentioned

If the separation is planned, the mother can begin to express her milk two weeks before going to work or being away from her baby. If she has access to a freezer, she can store it there. During this time, the mother learns how to express her milk manually and lessens her anxiety because she builds up a supply of milk to feed the baby.

Q Ask the participants When the woman goes to work, what can she do in order to continue breastfeeding?

A Listen to the participants' responses and add the following

- ▶ The mother should express milk at work or at home in order to maintain milk production and feed the baby
- ▶ The expressed milk should be given by another person and the baby should drink it from a cup and not a bottle
- ▶ When the mother is at home she only breastfeeds
- ▶ The mother should let the baby breastfeed at night as many times as it wants in order to help maintain milk production. This is easier if the mother sleeps with the baby in the same bed, and
- ▶ Discuss the mother's needs for support with the father of the baby so that he can help her to continue breastfeeding

Q Ask the participants How can the mother express her milk at work? How do you plan feeding your baby during work?

A Listen to the participants' responses and add the following

In many countries, the working mother has the right to a nursing break of an hour or more a day. She can divide it up like this: half an hour in the morning and half an hour in the afternoon to express her milk. She can also take advantage of her lunch hour to express her milk.

Q Ask the participants What do you know about existing laws regarding pregnant/lactating working mothers?

A Listen to the participants' responses and round off your discussion



Have a pitcher of water, soap, wash bowl, towel, container or glass, pencil, paper, and tape ready

Q Ask the participants What are the steps to express milk manually?



Show Annex 11-G to demonstrate different steps

A Listen to the answers and model each step of the manual expression technique asking for the collaboration of a mother in the following manner

Discuss with the group that in order to express milk the mother has to do the following

- ▶ Have a clean wide-mouth container or cup ready
- ▶ Wash her hands well
- ▶ Take her breast with her fingers on the edge of the areola forming a C shape
- ▶ Press on the lactiferous sinuses and press towards the thorax with the tips of the fingers in order for the milk to come out Move her fingers to press all the milk ducts Manual expression takes between fifteen and twenty minutes
- ▶ Cover the container and label it It should be labelled with the hour and date of expression so that the first milk given to the baby is the oldest milk

Q Ask the participants if they know what a double boiler is?

A Listen to their responses and add or give additional information, if necessary, explaining

- ▶ that heating with a double boiler consists of placing the container of cold milk into a pan of water and heating the water in order to thaw or warm the milk
- ▶ the milk should not be heated directly over the fire Do a demonstration with the jar and the pan

Q Ask the participants How long does the expressed milk keep?



Show Annex 11-H and 11-I and explain the following



Note to the Trainer Have a piece of flip chart paper ready with the length of time the milk lasts written on it Have storage alternatives of milk including a clay jug with cool water

A Listen to the participants' responses and give the following information

- ▶ Eight to ten hours in a cool place at room temperature
- ▶ Eight hours in a cool place at room temperature The milk can be stored in a home made container that preserves fresh things like an ice cooler, a large pan with ice, a clay jug with cool water, a large pan with wet sand
- ▶ 48 hours refrigeration
- ▶ Two weeks in the referigerator
- ▶ Six months in a deep-freezer (-20°C or 0°F)

Q Ask the participants How do you give the baby the expressed milk?

- A** Listen to the participants' responses and model each step of the technique in the following way
- ▶ The milk should not be thawed suddenly
 - ▶ The milk should be given with a cup or spoon, placing the baby in a semi-seated position to make sure that the baby swallows without difficulty
 - ▶ Because the baby under four months pushes anything that touches his tongue outward, the caretaker should not touch the baby's tongue with the spoon or cup to ensure that the baby swallows well
 - ▶ The edge of the cup should be placed immediately below the top lip without touching the baby's tongue
 - ▶ If the baby does not drink all the milk, the left-over milk should be thrown away So it is better to express small quantities



Note to the Trainer Ask the participants to practise giving milk to the baby using a doll and practising how to hold the baby and the cup

Q Ask the participants What should the caretaker of the baby know about feeding the expressed milk?

A Listen to the participants' answers and say that

The person who will care for the baby should be trained on how to warm the milk and how to give it to the baby. The milk should never be boiled because it loses some of its most important properties. The mother should ask the caretaker to demonstrate to be sure she understands the instructions.

B Infant Special Situations

1 Babies That Don't Gain Weight

Q Ask the participants What are the reasons why some breastfed babies do not gain weight?

A Listen to the participants and add, if necessary, that the baby usually does not gain weight because it is not feeding well.

Q Ask the participants What are some possible reasons why a baby is not feeding well?

A Listen to the participants and say that, most commonly, the baby may be feeding poorly for the following reasons

- ▶ The baby sleeps a lot and does not nurse sufficiently in 24 hours (generally a newborn should nurse atleast twelve times in 24 hours)
- ▶ The baby grasps only onto the nipple and is not suckling well, and
- ▶ The mother is not positioning the baby well and the baby is not suckling correctly

Q Ask the participants What are some other reasons why the baby doesn't gain weight?

A Listen to the participants and say that it can be because

- ▶ The baby is sick and not hungry
- ▶ The baby does not drink the hind milk (the cream) because the mother limits the nursing time
- ▶ A newborn baby is sleeping a lot, or
- ▶ The baby is not nursing at night

Q Ask the participants What can you do if the baby is not suckling well?

A Listen to the participants and add to their responses the following information

- ▶ correct poor positioning
- ▶ correct poor latch-on, and
- ▶ advise the mother to insert as much of the nipple and the areola that she can in order to help the baby suckle with effectiveness

Q Ask the participants What can be done if the reason for not gaining weight is that the baby is sleeping too much?

A Listen to the participants and say that if the baby sleeps too much, you have to wake it every two hours to breastfeed. Wake the baby by tickling its feet, taking off its clothes, rubbing the body

Q Ask the participants What can the mother do if the baby is not gaining weight because there is an established schedule for nursing ?

- A** Listen to the participants' answers and explain that the baby has to be fed without a schedule (breast milk digests rapidly) Therefore the baby will be hungry more frequently
- Q Ask the participants** What is recommended if baby does not empty each breast and therefore is not gaining weight?
- A** Listen to the participants and say that it is better if the mother lets the baby finish the first breast before giving the second without limiting the time The reason is that at the beginning of the nursing the milk that comes out has more water which quenches the baby's thirst Afterwards the hind milk which is rich in nutrients comes At the end of the nursing the milk is rich in fats which increases baby's weight The mother should then offer the second breast If the baby wants it, it will take it
- Q Ask the participants** If the reason is because the baby is sick, what do you recommend to the mother?
- A** Listen to the participants' responses and add that the mother should offer the breast frequently to the sick baby along with any other treatment that the doctor has recommended If the baby doesn't want to nurse, expressed milk should be given with a spoon, eye dropper, or cup Water or other liquids should not be offered since they fill the baby's stomach substituting for breastmilk
- Q Ask the participants** What can you do if by following these suggestions the baby still does not gain weight?
- A** Listen to the participants' answers and emphasize that if the baby does not show signs of weight gain within a few days (more wet and dirty diapers, more activity) by these actions, the counselor must refer it to a health center, doctor, or breastfeeding clinic even though there are no signs of sickness

2 Refusing the Breast

- Q Ask the participants** Why do some babies refuse the breast?
- A** Listen to the participants' answers and round off their responses, if necessary, explaining that the baby can refuse the breast because
- ▶ it is confused by having been bottle-fed
 - ▶ its nose is congested and it is hard to breathe
 - ▶ occasionally there are babies who reject the breast when the mother is menstruating, has eaten something that changes the flavor of the breastmilk, or is wearing a new perfume, or
 - ▶ if the baby is a little older it may be on "strike"

Q Ask the participants How can the counselor help a mother who faces one of these situations?

A Listen to the participants' answers and round off their responses saying that the counselor can help the mother identify the situation understand that the baby's behavior is not one of rejecting the mother and it doesn't mean that the baby should now be weaned Also the counselor can give some suggestions based on the experiences of many mothers in order to overcome the situation

- ▶ inform the mother that the refusal due to menstruation or some other temporary condition will not last
- ▶ explain to the mother how to relieve congestion in the baby's nose with some drops of boiled water with a little salt and, few drops of breastmilk can also be put in the nose
- ▶ request that the mother stop using bottles so that the baby will forget the wrong type of suckling

Q Ask the participants How do you teach the baby to suckle the breast when it has nipple confusion?

A Listen to the responses and add the following

The baby can be taught how to suckle the breast by helping it in the following way

- ▶ Show the mother how to stimulate the suckling by inserting a well-washed finger into the baby's mouth with the pad against the palate nail side down trying to lower the tongue in order to maintain it underneath the finger and produce the action of suckling
- ▶ As soon as the baby begins suckling the finger, have the mother place drops of milk on the finger with an eye dropper while the suckling is stimulated
- ▶ Afterwards have the mother do the same exercise by inserting the nipple into the baby's mouth ensuring that the tongue is beneath the nipple, and
- ▶ If the mother has a good milk production, she can do this exercise with expressed milk If this is not the case, she will need to use formula



Do a demonstration with a doll or a baby if there is one

Q Ask the participants What have you heard regarding a breastfeeding strike?

A Listen to the participants and round off their responses saying that when the breastfed baby rejects the breast suddenly without apparent reason, and acts as if it resents the mother, the baby may be on a breastfeeding strike

Q Ask the participants Why does a breastfeeding strike occur?

A Listen to the responses and discuss with the group that a breastfeeding strike occurs

- ▶ After an illness
- ▶ When the mother has scolded the baby
- ▶ When the mother has left the baby alone for a long time or too often, or
- ▶ When the baby demands attention and no one responds

Q Ask the participants What alternative solutions can you suggest to a mother that has a baby on a nursing strike?

A Listen to the participants' responses and discuss the following points

- ▶ The mother should pay more attention to the baby, giving love and care, not punishing it or speaking to it in a harsh way
- ▶ Attempt to breastfeed the baby when it is nearly asleep taking advantage of this moment to 'be reconciled' with it
- ▶ Give massages
- ▶ Bathe with the baby and carry it, or
- ▶ Take a weekend together and have lots of skin-to-skin contact without trying to force the baby to nurse

The counselor should advise the mother to give the baby food and liquids with a spoon and cup and not a bottle because the bottle can reinforce the strike

3 Diarrhea

Q Ask the participants What is the stool of a baby with diarrhea like?

A Listen to the participants' responses and add the following

- ▶ It is watery with a bad smell
- ▶ It can have blood or mucus
- ▶ It may be accompanied by fever
- ▶ It may be accompanied by vomiting

- ▶ It is frequent and usually green in color

Q Ask the participants What causes diarrhea?

A Listen to the participants' answers and explain that diarrhea is caused because

- ▶ the use of bottles and poor hygiene in handling them are a source of infection
Also the liquids that are given in them may cause diarrhea
- ▶ sugar water may cause green stools
- ▶ the use of artificial milk
- ▶ when the baby is older
- ▶ poor hygiene in the preparation of foods
- ▶ putting hands and dirty toys in the mouth
- ▶ a viral infection

Q Ask the participants What help can the counselor give to the mother whose breastfed baby has diarrhea?

A Listen to the participants' answers and round off their responses with the following

- ▶ Continue breastfeeding and refer the baby to the doctor
- ▶ Give the baby oral rehydration salts or a home-made rehydrating salt solution with a spoon or cup
- ▶ Do not give liquids in a bottle at any time
- ▶ Encourage the mother to feed the baby more frequently with breastmilk and other foods if the baby is older
- ▶ The counselor should do follow-up and encourage the mother to feed more and more frequently



Use Problem Counselling Card on the following topics and ask the mothers to revise the key messages

Problem Card # 3 Feeding a baby (0-5) months old who is ill (Red Card)

Problem Card # 6 Feeding a baby who is ill or recovering 6-11 months (Red Card)



Show Annex 11-J and 11-K on how to prepare and give ORS to children above six months

4 Acute Respiratory Infection (ARI)

Q Ask the participants What are the symptoms of a baby that has respiratory problems?



Show Annex 11-L and summarize information on how mothers should take care of children with respiratory problems

A Listen to and give the following additional information to the participants' answers connecting as you go along

The baby may have a persistent cough, sound in the chest, agitated breathing, a fever, pain, and/or pus in its ears

Q Ask the participants What help can the counselor give to the mother who has a baby with respiratory problems?

A Listen to the participants' responses and add the following

- ▶ Refer the baby to the doctor
- ▶ When the baby cannot breathe through its nose, it makes it difficult to nurse. In this case, the mother can express her milk and give it to the baby with a spoon or cup
- ▶ To relieve the congestion in the baby's nose, the mother can use drops of chamomile or boiled water with a little salt and put two drops in each nostril
- ▶ Give the greatest quantity of breastmilk possible because it nourishes and rehydrates the baby
- ▶ Many times the baby doesn't want to eat, but it does want to nurse
- ▶ As soon as the baby regains its appetite, the counselor should encourage the mother to feed more breastmilk and other foods if it is an older child

5 Breastfeeding Twins

Q Ask the participants How can a mother breastfeed twins?

A Listen to the participants' answers and explain that the mother can use the following breastfeeding positions

- ▶ Football position
- ▶ Babies crossed in front position

- ▶ Riding horse position

Q Ask the participants How does the mother know that she is producing enough milk and that the babies are taking what is necessary?

A Listen to the participants and say that the babies

- ▶ will show that they are satisfied
- ▶ will wet six to eight diapers in 24 hours
- ▶ will be having soft and abundant bowel movements several times a day or a larger amount once a day after the first few weeks, and
- ▶ will gain weight



Show Annex 11-M and summarize key points for feeding twins through various breastfeeding positions

III Exercise



Note to the Trainer Explain to the participants that they will practise what they have learned in a skit, modelling a counseling session with name whose baby is two months old and is not gaining weight. The doctor has already recommended that she feed the baby better.

Ask for the collaboration of two participants, one will play the part of Raesa, the counselor, and the other that of Hamida, the mother.

Dialogue

- C Assalam-o-Alekum, Hamida, I've come again to visit you to see how all your family is doing.
- M Very well, thank you, come on in.
- C How are you and little Hameed?
- M I'm doing well but Hameed just turned two months and the doctor told me that he is undernourished, that I have to feed him better and that I can only breastfeed.
- C Hamida, how have you been feeding Hameed?
- M Until recently, only breastmilk but now that I make "samosas" to sell, I nurse him when I'm not busy. Meanwhile I give him a bottle with sugar water.
- C I understand Hamida that you breastfeed him when you're free and in the meantime you give him a bottle of sugar water.
- M Yes, as you know one has to work in order to help out a little.
- C How many times do you nurse Hameed during the day?
- M I think about four times a day.
- C Tell me Hamida, how many diapers does Hameed wet?
- M Well, I almost don't wash diapers. I think it's three or four.
- C Hamida, I would like to tell you that other mothers, who like you have to work, they seem to be able to breastfeed their children without them losing weight. Some mothers who work at home look for support from someone who can continue their work while they stop to nurse. Other mothers, when they cannot find someone to substitute for them, use a baby carrier because it allows them to nurse the baby and at the same time continue their work. (Show the baby carrier)

Other mothers cannot find anyone to substitute for them at work, but they can find someone to help them feed the baby. So they express their milk in the morning and the person who supports them gives the baby the expressed milk in a little cup.

M How can such a small baby drink milk from a cup, won't he choke, wouldn't it be better to give him a bottle?

C Hamida, some mothers that breastfeed and have given a bottle to their babies have observed that the baby begins to reject the breast and prefers the bottle. They also may begin to get sick.

M How can I get him to drink from a cup?

C I would be happy to teach you and we will give him your milk. I'll show you how to express your milk. (Do a demonstration of manual expression and how to give the baby milk from a cup)

Hamida, sugar water is not a food for your baby. He will not gain weight. What will help him to continue to be healthy and chubby is breastmilk.

To be sure that your baby is eating well you should observe the following:

- ▶ That Hameed is nursing eight to twelve times in the day and night
- ▶ That he is wetting six to eight diapers in 24 hours
- ▶ That he is nursing well at least on one breast or both every time he nurses

C Which option do you think will work for you out of all that we've discussed?

M I have a sister who lives with me, I'm going to talk to her to see how she can help me and I think I'll make a baby carrier.

C Hamida, what do you think about me coming over tomorrow to see how it went?

M Thanks Raeesa, come on tomorrow.

At the end of the exercise the trainer will discuss each one of the elements of counseling that was presented with the participants to strengthen each one.

IV Summary

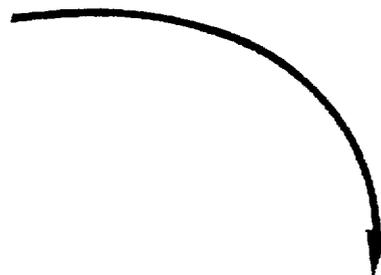


When the child is sick or in a critical situation breastfeeding not only provides the food that the child needs but also gives emotional support, comfort and security, all of which help overcome the problem more quickly

Breastfeeding, besides providing nutrition for the baby, is the best way to give love, affection, warmth and stimuli for good development. Therefore, the mother needs support from the health system, community and family in order to take care, protect and look for solutions to the difficulties that increase risks to the success of optimal breastfeeding

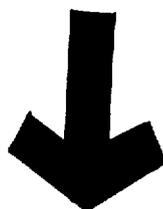
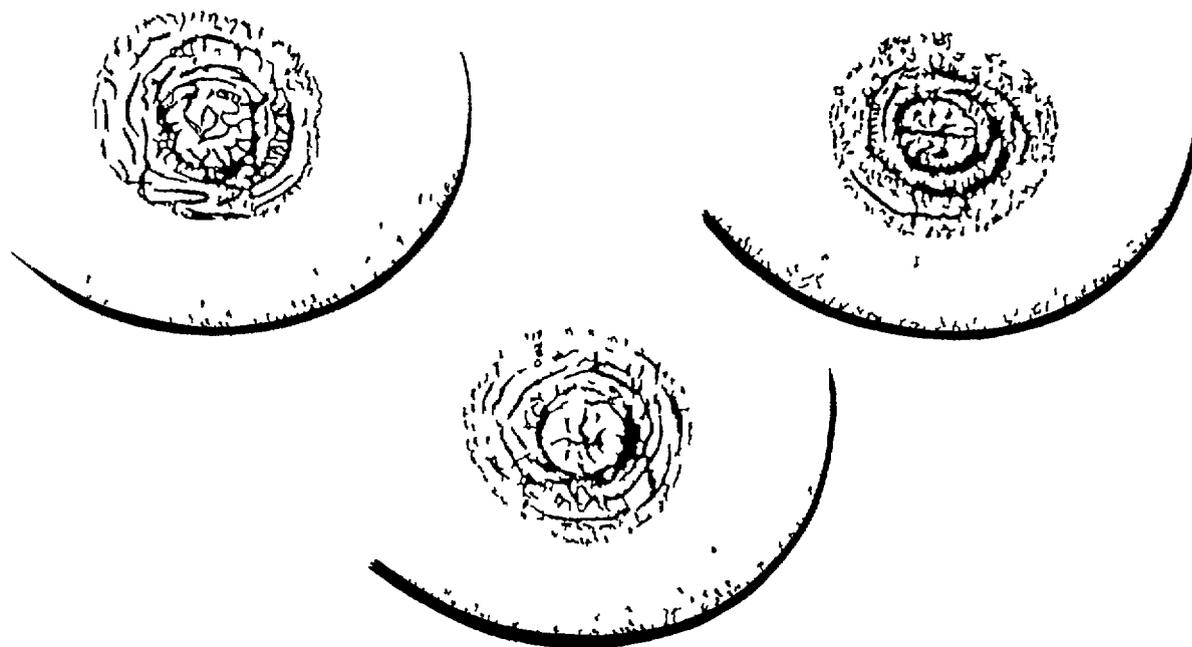
Annex 11 - A

The incorrect method of breastfeeding and its consequences



Annex 11 - B

Worried mother with cracked nipples



Annex 11 - C

1) flat nipples

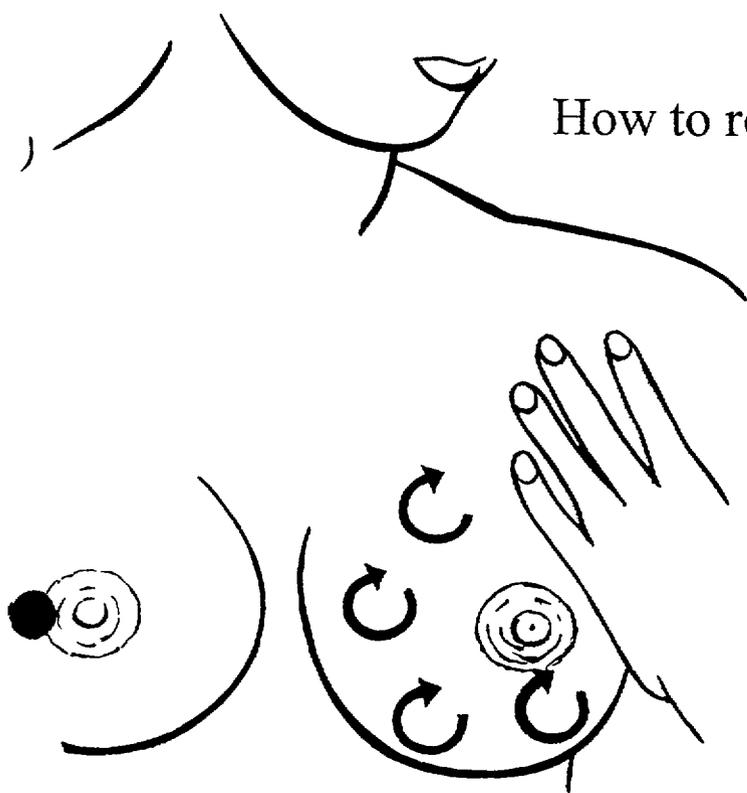
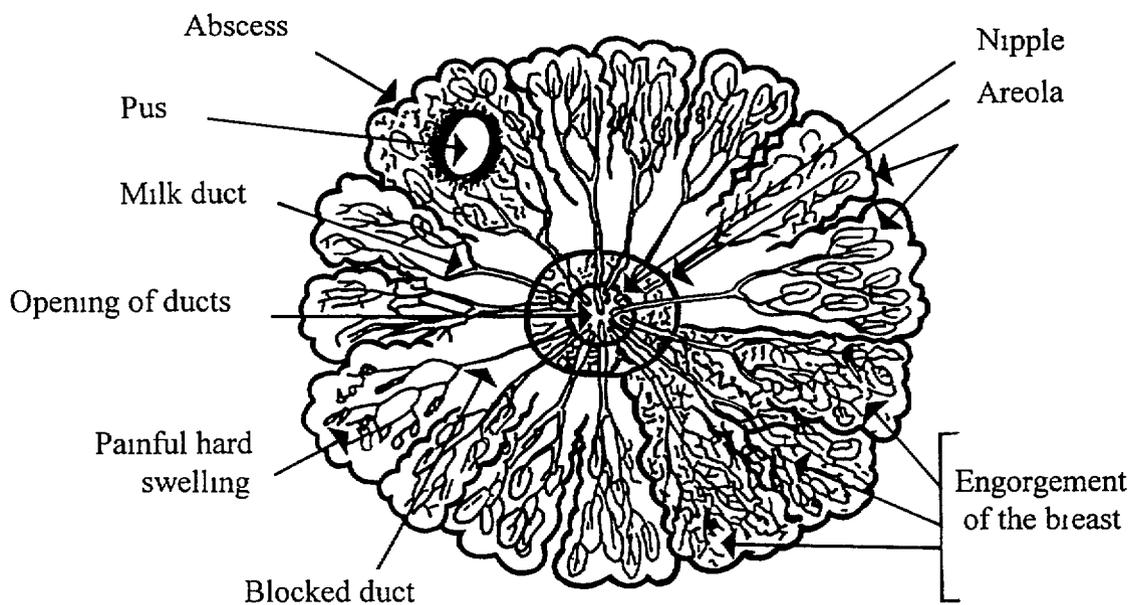


2) Inwardly pressed nipples.



Annex 11 - D

Various Problems arising in breasts



How to reduce engorgement in breast



Annex 11 - E

A mother worried about her engorged breast



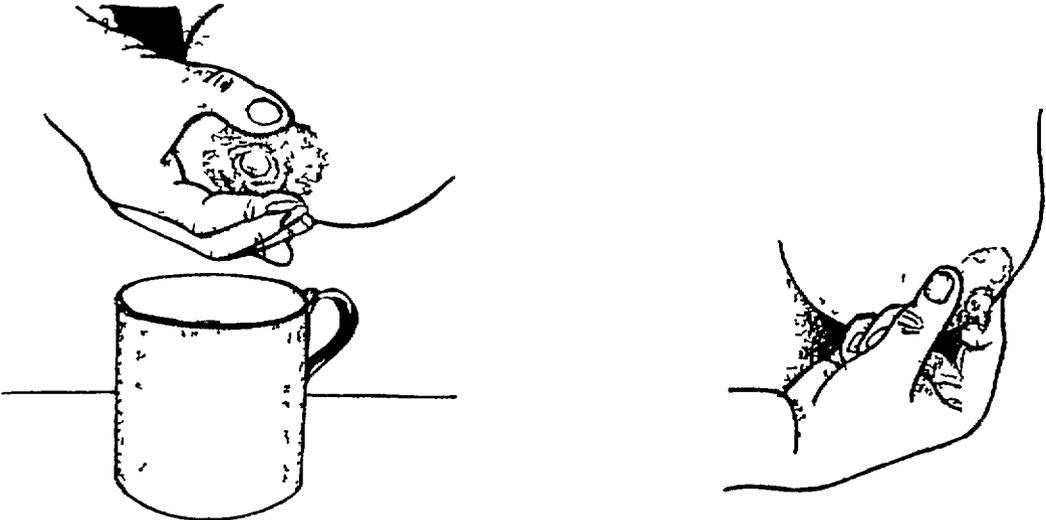
Annex 11 - F

Woman with swollen breasts



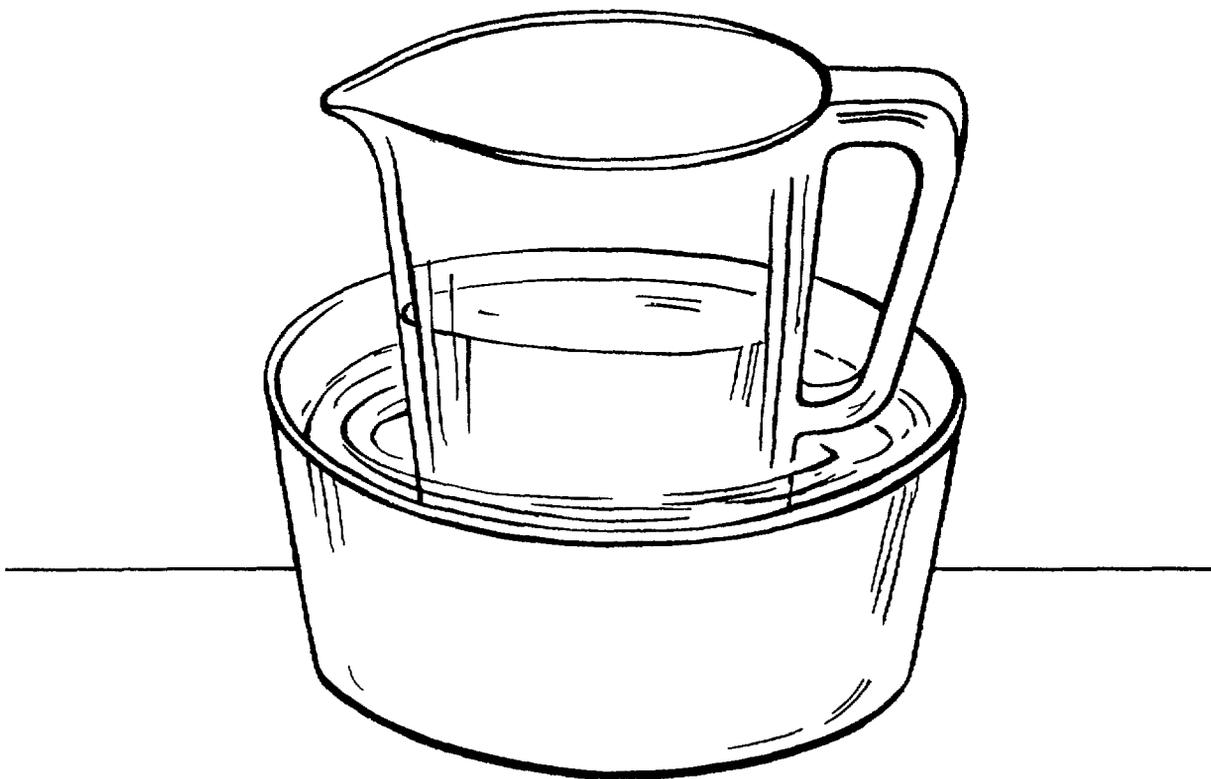
Annex 11 - G

Correct way of expressing milk from breast



Annex 11 - H

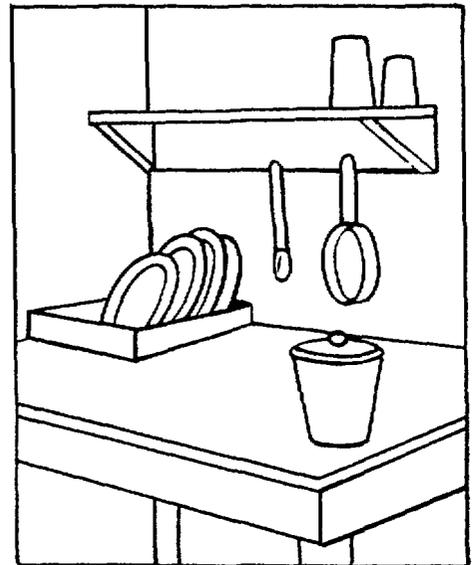
Method of heating milk after expressing from breast



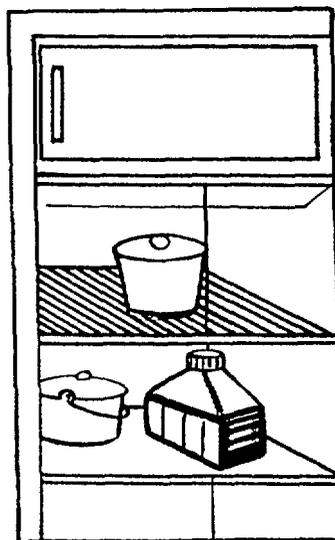
Annex 11 - I

How to store mother's milk and duration of storage

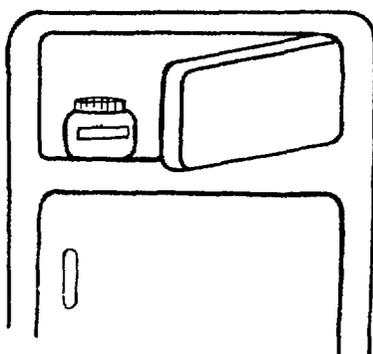
8-10 hrs



2-3 days

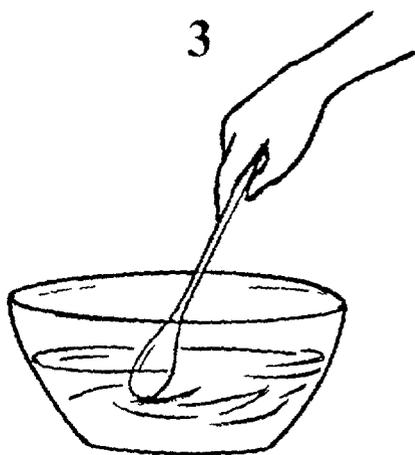
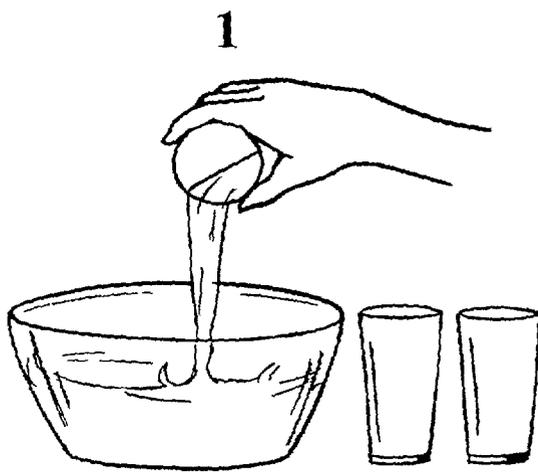


2 weeks



Annex 11 - J

Preparing ORS and feeding it to the child



Annex 11 - K

- Feed the child your milk and ORS regularly during the diarrhea



Annex 11 - L

How to take care of baby during Acute Respiratory Infection (ARI)



How to feed twins



<p>Module 12</p> <p>Good Child Rearing</p>
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Contents	Page
I Objectives	12-1
II Development of the Topic	12-2
A Growth and Development of the Child	12-2
B Nutritional Necessities and Growth of the Child	12-3
1 Feeding from birth through 5 months	12-4
i) Feeding the infant from birth to 5 months who is ill, not growing well or recovering from an illness	12-7
2 Introducing Complementary Foods - 6 through 9 months	12-8
3 Introducing Solid Foods - 10 through 11 months	12-12
ii) Feeding the baby 6-11 months who is ill, not growing well, or recovering from an illness	12-15
4) Eating Family Foods - 12 through 24 months	12-15
m) Feeding the child 12-24 months who is ill, not growing well, or recovering from an illness	12-17
C Caring for Children from birth through 24 months	12-18
1 Immunization	12-18
2 When a child stops breastfeeding	12-20
3 Importance of play and accident prevention	12-21
4 Discipline with love	12-22
5 Hygienic care	12-23
6 Self-esteem	12-24
III Exercise	12-26
IV Summary	12-26

Module 12

Good Child Rearing



Note to the Trainer Before starting the session, arrange the chairs in a circle to encourage group participation. To facilitate interaction with the participants, you should be a member of the circle.

I Objectives

After completing this session, the participants will be able to

- A Describe the relationship between growth and development and how mothers know if their children are growing and developing properly
- B Describe the best way to feed children from birth until 2 years old to encourage proper growth and development
 - ▶ Explain the importance of exclusive breastfeeding from birth through five months
 - ▶ Explain how to feed the baby 0-5 months who is ill, not growing properly or recovering from an illness
 - ▶ Describe the process of introducing complementary foods to breastfeeding children from 6 through 9 months
 - ▶ Describe how to start feeding solid foods at 10-11 months
 - ▶ Explain how to feed the baby 6-11 months who is ill, not growing well or recovering from an illness
 - ▶ Describe how to feed a child 12 through 24 months with foods from the family pot
 - ▶ Explain how to feed a child 12 through 24 months who is ill, not growing well or recovering from an illness
- C Orientate mothers in the community about the importance of paying attention to the following in the baby and young child under two years old
 - ▶ Immunization
 - ▶ Weaning
 - ▶ Importance of play and accident prevention
 - ▶ Discipline with love
 - ▶ Hygienic care and

- ▶ Self-esteem

II Development of the Topic

A Growth and Development of the Child

Q Ask the participants How do you know if a baby is healthy?

A Listen to the participants if not mentioned add to their answers the following the baby is growing its clothes are getting small, it is feeding well it can start doing more with its body it starts communicating more through sound and facial expressions These are some signs of growth and development

Q Ask the participants When we talk about monitoring a child's growth and development what do we mean?

A Listen to the participants answers and add

- ▶ *Growth* is the increase in the child's weight and height
- ▶ *Development* is the abilities the child acquires sitting crawling standing up walking and talking according to its age

Babies should show signs of growing and developing as they grow older

Development Stages

- ▶ One to three months the baby holds its head up and moves from the side-to-side
- ▶ Three to six months the baby lifts its chest supports itself with its arms follows objects with its eyes and may start to reach for things
- ▶ Six to nine months the baby sits crawls and can grasp objects
- ▶ Nine to twelve months the child stands supporting itself on furniture and can grasp small objects with its fingers
- ▶ One to two years the child walks
- ▶ Two to three years the child runs

Q Ask the participants What is the counselor's role in the growth and development of the child?

- A Listen to the participants' answers and add that the counselor will help the mother understand the relationship between weight gain and proper growth and development. The counselor can work with mothers so they know what to feed their children at different stages of childhood and so mothers can determine if their children are growing and developing well.



Show Annex 5-A and Counselling Card on Growth Monitoring (Blue Card)



Note to the Trainer Use any growth chart being used in Pakistan. Ask the participants who has used a growth chart? Have one of the participants explain how it is used.

Explain how to interpret the growth chart. (This may require a special session, especially if weighing is to be taught). Simply, if there is a gain in weight since the last weighing, the line drawn between the two points (the weight last time and the weight this time) goes upward. If there is no weight gain, the line is straight across, and if there is weight loss, the line goes in a downward direction.



Show examples (with a pencil) of the three directions – gaining weight, not gaining weight and losing weight - on the growth chart

Q Ask the participants What should the counselor do with children who are gaining weight regularly?

A Listen to the participants' answers and add: Congratulate the mother and encourage the mother to continue breastfeeding her baby and checking on its development and growth.

Q Ask the participants What can the counselor do if a baby doesn't have good weight or development for its age?

A Listen to the participants' answers. The counselor can offer support and counselling to the mother about how to feed and care for her baby. If appropriate, she can use specific counselling cards to address the problem. The counselor must follow-up with the mother to see if the child is improving. The counselor may need to refer the mother and child to the health center.

B Nutritional Necessities and Growth of the Child

Q Ask the participants What is the child's growth like during the first year of life?

- A Listen to the participants' answers and add information, as needed, by saying that the child's growth from birth is rapid and accelerated

At birth a child may weigh 3.5 kilograms (kg), at about six months this weight will double to 7 kgs and at one year it may triple to 10.5 kgs

- Q **Ask the participants** What food does a child need during this period of accelerated growth?



- A Listen to the participants' responses, write them on the flip chart



Note to the Trainer The participants may talk about proteins, carbohydrates, fats and vitamins or they may talk about specific foods (breastmilk, khichri etc) When discussing nutritional needs with mothers, it may be easier to talk about

- ▶ Grow foods – (proteins or body-builders) lentils, milk, meat, chicken, fish
- ▶ Glow foods – (vitamins and minerals or protective helpers i.e. Vitamin A, Iron, Iodine) green leafy vegetables, fruit
- ▶ Go foods – (fats - energy helpers) ghee, oil, nuts, sweets
- ▶ Main foods – (carbohydrates - the center of the meal) chappatis, rice, potatoes, bananas

An infant under one year of age and young children need the right proportion of the above foods because growth is very fast. Breastmilk is the perfect food for the newborn infant. It has the correct proportions of grow, go, glow and main foods to meet all the infant's needs from birth through five months of age. After that, breastmilk continues to provide much of the baby's needs, but additional foods are needed. (This is further discussed in the section on feeding a child solid foods 10 – 11 months)

1 Feeding from birth through 5 months

- Q **Ask the participants** What should a baby younger than six months eat?

A Listen to the participants' answers and when someone says exclusive breastfeeding, reinforce their answer or explain that breastfeeding should start immediately after delivery – at least within half an hour. The first milk the baby receives from the breast - colostrum - is specifically made for the newborn infant in the first days of life. At about three days the breast milk comes in, since it is perfectly suited to the needs of the growing newborn, only breastmilk should be given to the baby until it is around six months old.

- Q **Ask the participants** What is exclusive breastfeeding?

A Listen to the participants' answers and add that exclusive breastfeeding is giving the baby only breastmilk without water, sugared water, juices, teas, or any other food

Q Ask the participants Why should the child receive exclusive breastmilk from birth through five months?

A Listen to the participants answers and add the following information

- ▶ A child from birth through five months only has the ability to suckle, this means it can only accept food in liquid form
- ▶ At this age the baby has a reflex of pushing its tongue towards the front of its mouth when given a solid food, giving the impression that it is spitting out the food
- ▶ Because the child is not able to chew and take other foods and because breastmilk has the exact proportion of nutrients needed by the baby breastmilk is recommended during this period



Use Counselling Cards on the following topics for discussion on exclusive breastfeeding (Blue Cards)

Initiate breastfeeding immediately after delivery

No ghutti please

Frequency of breastfeeding

No bottlefeeding

No water for the baby

Q Ask the participants What are the advantages of giving the infant exclusive breastfeeding during the first six months?

A Listen to the participants and add

- ▶ Breastfeeding is established
- ▶ The infant receives the nourishment that is suitable for its age and development
- ▶ The production of the mother's milk increases
- ▶ The risk of infection from diarrhea and other illnesses diminishes
- ▶ The infant stays healthy
- ▶ The mother is protected from a new pregnancy
- ▶ The baby's growth and development is adequate
- ▶ The baby's risk for allergies is lower
- ▶ The baby doesn't suffer from constipation but normal movement may start 2-7 days after birth

- ▶ The baby receives nourishment that has a high nutritional quality

Q Ask the participants What risks does the baby run if it is not exclusively breastfed?

A Listen to the participants' answers and add

A baby that is not nourished exclusively with breastmilk receives other liquids (water sugared water, fruit juices, other types of milk, teas, etc) in a baby bottle

The use of the baby bottle puts the baby at the risk of

- ▶ Not receiving as much protection against illness from breastmilk
- ▶ Nipple confusion and rejection of the breast, causing premature weaning
- ▶ Getting infections because of the lack of hygiene in preparing the bottles
- ▶ Getting filled with other liquids and decreasing the number of breastfeedings and therefore decreasing a mother's milk production, and
- ▶ Receiving foods of low nutritional quality

Q Ask the participants How does the fact that some babies cry a lot and want to be constantly at the breast affect exclusive breastfeeding?

A Listen to the participants' responses and add

The mother gets desperate because she thinks that her milk isn't satisfying her baby and starts to give it sugared water and other milks. It is helpful to mothers to know that

- ▶ Babies go through periods of rapid growth spurts in which they need a lot of milk and they cry so that the mother will breastfeed them more frequently
- ▶ Breastfeeding them frequently will make the mother produce all the milk that the baby needs and the baby will go back to breastfeeding at its normal rhythm
- ▶ These periods occur when the baby is around two weeks, six weeks, two months, three months and between four and six months

⇒ Use **Problem Counselling Card #1** on the following topic and summarize key points

Mother's milk is insufficient for the baby (Red Card)

Q Ask the participants How can the counselor support a mother when her baby is going through a growth spurt period?

A Listen to the participants' responses and add

When mothers go through these periods they generally think that their milk doesn't satisfy the baby and that they have to give it other foods. The counselor can explain to her that babies go through these periods. If the mother breastfeeds more frequently in two or three days the baby will probably return to its normal routine. The counselor can also show the mother Problem Card 1, and explain that if the mother is feeding 6 times during the day and 6 times during the night if the baby is wetting often, and if the baby is growing (weighing more) then the breast milk is enough, and she should be assured that her milk is enough.

Q Ask the participants With what information can the counselor support the mother so that she establishes exclusive breastfeeding well?

A Listen to the participants' responses and add

- ▶ Importance of having the baby with the mother (rooming-in) so she can breastfeed during the day and night
- ▶ Importance of giving colostrum before the milk lets down
- ▶ Being able to know if her milk is sufficient
- ▶ Supporting her effort to NOT give additional fluids
- ▶ Correct positions for breastfeeding
- ▶ How to deal with growth spurts or rapid growth periods

1) **Feeding the new born to 5 month-old baby who is ill, not growing well, or recovering from an illness**

Q Ask the participants When a baby between birth and 5 months is ill, recovering from an illness or not growing well, how do you feed and care for the baby?

A Listen to the participants. The main point is that these babies need MORE breastmilk than usual so the number of breastfeeds per day and night should increase. It is also important to find out WHY the child was sick – was it diarrhea? Are they giving other fluids besides breastmilk?



Use Problem Counselling Card #3 on the following topic

Feeding an infant from birth to 5 months who is ill, not growing properly or recovering from an illness (Red Card)



Note to the Trainer Using the card, have two participants do a role play, one playing the worker the other a mother with an infant who is not growing well (on questioning, we learn she gives the baby sugared tea once a day)

Process the role play with the participants what was good? what needs improvement? Did the health worker listen to the mother and give appropriate advice?

2 Introduction of Complementary Foods - Feeding from 6 through 9 months

Q Ask the participants At what age should you start giving the baby other foods?

A Listen to the participants' answers and explain that health providers and mothers - after looking at babies in many countries including Pakistan - recommend that breastfeeding be complemented with other foods at around six months of age. At this time, the baby starts needing additional energy and nutrients than is provided from breastmilk and the baby shows signs of being ready to eat, such as grabbing for food, crawling around, and cutting teeth.

Q Ask the participants What should the baby be eating from six through nine months?

A Listen to the participants' answers and add that during this period the baby should continue to breastfeed and also receive soft, mashed (semi-solid) food in order to continue healthy growth and development.

The period between six and nine months is considered an adaptation stage. The objective is to introduce the breastfeeding baby to different tastes and textures of food. At the same time, the mother is becoming familiar with special preparations and learning how to feed her infant with a spoon. It is also a test period to see if the baby shows a tendency to food sensitivities or food allergies.

Q Ask the participants Which foods should a mother start off with for babies between six and seven months of age? What foods are appropriate and available in the local market?



Write their contributions on the flip chart. Discuss the suggestions one by one.

Answers may include

fruits ripe bananas, ripe mangoes, watermelon, melon and papaya
vegetables mashed carrots, potatoes, sweet potatoes and squash
grains corn, rice, wheat etc

Q Ask the participants How should foods be prepared for babies between six and nine months?

A Listen to the participants' answers and add the following information:

During this period the foods should be prepared by mashing or making a puree. Breastmilk may be used to soften foods during this period.

Q Ask the participants How often and how much food should be given?

A Listen to the participants' answers and say that mothers should start with small amounts and with only one type of food. Begin with a small teaspoon of soft, mashed food 3 times a day. This should be increased until the baby is eating 2 spoonfuls for each month of age at each meal.

Q Ask the participants What happens if the child rejects the food?

A Listen to the participants' answers and add: Don't worry if the child doesn't accept the food at the beginning; try again after three days, and don't force it. However, if the mother watches the child for signs of readiness, the child will be less likely to reject the food.



Besides the semi-solid food, breastmilk should also be given. Remind the participants that the child is still breastfeeding and that breastmilk is still the child's principal food. In the early months, the mother should always breastfeed before giving the soft food.

Q Ask the participants For how many days should mothers give the same food they started with?

A Listen to the participants' responses and add: The child should be offered the same food several times a day for a couple of days. On the third or fourth day add a new food if the baby has not shown an allergic reaction.

Q Ask the participants When mothers start giving their babies semi-solid foods why shouldn't they give different foods at the same time?

A Listen to the participants' answers and add: When foods are introduced one by one, the mother will have the opportunity to know if the baby is allergic to the food that is being introduced. After she has introduced several foods and the baby has not shown any reactions, she can give the baby a combination of the foods already tried.

Q Ask the participants How can an allergy to a food show itself?

A Complete the participants' answers saying: An allergy is when the baby develops a rash, has a red bottom, or has diarrhea after the introduction of a new food. If this happens, the mother should stop that food and try again after a couple of weeks.



Remind the group of the following The introduction of food doesn't mean substituting other types of milk or solid foods for breastmilk. Breastmilk remains the main source of nutrition for the baby during 6-9 month period

Q Ask the participants From your experience, what are some of the main problems in Pakistan in terms of starting complementary foods to babies after 6 months?

A Listen to the participants. Make sure their answers include

- ▶ Complementary food is often started much later than 6 months. Children already are affected by lack of food and have poor growth
- ▶ Most often the amount of food given is not enough
- ▶ Mothers and family members do not find time, or think it is important to sit down and feed the baby complementary foods 3 times a day
- ▶ Children need special nutrients – like iron and vitamin A – they need to eat a variety of foods



Use Counselling Card on the following topic to summarize key points

Feeding the baby 6-9 months (Green Card)

Q Ask the participants How often should a baby at six months be fed?

A Listen to the participants' answers and add the following

During this period it is recommended to breastfeed about 8 times during the day and night. In addition, the baby should be fed soft foods three times a day.

Q Ask the participants How much should a baby of 7 months be eating?

A Listen to the participants. Clarify their answers if needed

- ▶ besides breastfeeding a baby 6 months old should be eating 3 times a day
- ▶ at each meal it should have 2 spoonfuls of food for each month of age. If the baby is 7 months then it needs 14 spoonfuls of food at a meal. This is just about 1/2 pao at each meal
- ▶ it may be helpful to get the child its own bowl so a mother can see how much has been eaten



Note to the Trainer Explain to the mothers that

2 big spoonfuls = 1 tablespoon

14 spoonfuls for feeding a 7 month old = 7 tablespoons

8 tablespoons = 1/2 pao

Q Ask the participants Give an example of what a baby of 7 months in your community should be eating



A Listen to the participants Write down the different suggestions An example could be

Breastfeeding 6-8 times during the day and night plus

Morning mashed banana with breastmilk – 1/2 pao

Mid-day khichri with yogurt - 1/2 pao (14 spoonfuls)

Evening meal kheer 1/2 pao

You may find that some mothers don't want to feed vegetables or daal to their baby because they are afraid he or she will get gas. Assure these mothers. If the daal and vegetables are cooked and mashed, and if she starts by giving the baby a small amount and slowly adds more at each meal, then the baby will get used to the food and won't develop a lot of gas.



Show Annexes 12-A, 12-B Recipes



Have participants review recipes and write up any additional ones and add to these Annexes

Exercise

Role Play - Assessment of Food Intake



Note to the Trainer Invite a participant from the group and ask her to pose as a mother of a 7 month old child. She comes to a LHW (someone who knows how to conduct a 24-hour recall)

- ▶ Conduct a 24-hour recall using Annex 12-C



Use the 24-hour recall for 6-11 months healthy child

- ▶ Do a preliminary analysis of the food intake. Analyze with the group and make an assessment of the dietary intake using the Food Analysis Table for children

Annex 12-D

- ▶ Identify deficiencies in the energy, variety and amount intake (food, breastmilk) and counsel this mother using the appropriate cards

At the end reflect on the process and invite comments on

- ▶ How was the food measured?
- ▶ How was the 24-hour recall recorded?
- ▶ How was it analyzed?
- ▶ What feedback was given to the mother and how ?

Summarize the process and suggest to the trainees that using the 24-hour recall is a good way to

- ▶ Identify food intake in children with faltering or static growth over the last two months Will help to understand their problems with dietary intake, and follow-up with individual counselling
- ▶ It can also be used with mothers of children who are from the same community and are healthy and thus will help to understand and promote some of the positive feeding practices prevailing in the village Identification of problems and providing feed back using the appropriate counselling cards

Q Ask the participants Why is it important that mothers or other care givers feed the baby three times a day?

A Listen to the participants Round off their answers if needed with

Babies at 6 months need to start eating foods in addition to breastmilk Babies at this age cannot yet feed themselves They need someone to feed them patiently and slowly At 6 months babies are learning how to move food with their tongues and how to swallow They are getting used to new tastes and textures It is important to set up a regular routine so that the baby knows it's meal-time A lot of patience is needed!

3 Introducing Solid Foods-Feeding at 10 - 11 months

Q Ask the participants What should the child be eating between ten and eleven months?

A Listen to the participants' answers and add

At this age the child has some teeth and can chew food cut in small pieces. The child can also hold food and start to feed itself. It can eat the same foods as in the previous months, but it must eat more food, and eat a greater variety of food.

Q Ask the participants Why is it important for children to eat a variety of foods?

A Listen to the participants' answers and add the following

Food provides energy and body building nutrients for healthy growth and development. Everyone, especially growing children, need the proper combination of

- ▶ grow foods - proteins are needed for the growth of tissues. They can be found in products of animal origin such as breastmilk, egg, meat, and milk products. They are also found in foods of vegetable origin such as beans combined with corn, potatoes, rice, wheat, or sweet potatoes
- ▶ main foods – like rice, wheat, other grains, bananas
- ▶ go foods – oils, ghee, nuts
- ▶ glow foods – foods rich in vitamins and minerals - certain 'glow foods' are very important for healthy growth in young children

Vitamin A keeps the child's eyes and skin healthy. It can be found in breastmilk and yellow, green, red, and orange fruits and vegetables, such as spinach, carrots, sweet potatoes, melon, and parsley.

Iron is a mineral that the body needs to make blood. It can be found in breastmilk, meat, eggs, potatoes, and some very green vegetables.

Calcium is necessary for the formation of the bones, teeth, nails and hair. It can be found in breastmilk, spinach, yoghurt, lassi.

Iodine is very important for mental and physical development. Using salt with iodine is the best way to get enough iodine.

Q Ask the participants What types of food combinations can Pakistani women prepare for their young children?

A Listen to the participants' answers. Write down the different combinations and amounts needed for a meal for a 10 month old infant. For example

- ▶ cooked spinach or other vegetables and daal - ½ pao
- ▶ rusk soaked in milk – ½ pao

Suggestions

- ▶ adding a spoonful of oil to the food adds energy
- ▶ if vegetables are cooked and mashed well they will not be too hard to digest
- ▶ fruits should be ripe and soft
- ▶ the iron contained in vegetables is better absorbed in the body if it is combined with vitamin C or citric fruits like lemon, oranges or tomatoes
For example, mash spinach and add some drops of lemon or slices of tomato

Q Ask the participants What foods can't be mixed because they hinder iron absorption?

A Listen to the participants' answers and give the following additional information
Foods like tea and coffee inhibit iron absorption. Tea and coffee have no nutritional value and are harmful because they can produce anemia in the child

Q Ask the participants What amount of food should a child of 10 to 11 months eat?

A Listen to the participants' answers and give the following additional information

- ▶ at this age the child should receive food five times a day - three meals and two snacks
- ▶ each meal should contain 1/2 pao of food
- ▶ for snacks the child can have a piece of fruit, a lassi or a ½ roti with ghee
- ▶ the child will still be breastfeeding – about 6 times a day
- ▶ the child may continue to breastfeed first and then receive solid foods afterwards however once or twice a day, the child might eat a meal or snack independently



Use Counselling Card on the following topic to summarize key points. Review the text on the back

Introducing solid foods - feeding the baby 10-11 months (Green Card)

Practise using the cards and performing role plays

Role Play the participants play members of a support group. One of the participants is the facilitator. One of the support group members doesn't know how much to feed her 10 month old baby. Perform the role play and discuss what happened in the group. What could be improved?

Prepare food in class – showing how much ½ pao of food is

(ii) Feeding the baby 6-11 months who is ill, not growing well, or recovering from an illness

Q Ask the participants How do you feed a baby 6-11 months who is ill, not growing well, or recovering from an illness?

A Listen to the participants The main point is that these babies need to EAT MORE They need to breastfeed more frequently, so feed the baby more frequently than usual

- ▶ breastfeed more often about 8 – 12 times during the day and night
- ▶ you can feed smaller amounts at each meal (at least $\frac{1}{4}$ to $\frac{1}{2}$ pao) but increase the number of meals from 5 to 6
- ▶ if the baby has diarrhea, breastfeed more often (10 times) and continue to feed soft foods, look for signs of dehydration, if present, see a health worker immediately
- ▶ try to find out why the baby has diarrhea, ask if baby receives other milks or
- ▶ the child who is ill with a cold or cough also needs more fluids and feeding more often
- ▶ pay attention to how fast the child is breathing, if there is rapid breathing (more than 50 times per minute), the child may have pneumonia and need the care of health provider immediately
- ▶ be patient and calm when feeding the baby



Use the Problem Counselling Card # 6 on the following topic

feeding a baby who is ill, not growing well or recovering 6-11 months (Red Card)



Note to the Trainer Read the text on the back

Role Play one participant is the community worker, another a mother with a child who has diarrhea

Process the role play with participants what was well done? What can be improved? Was there an effort to speak to the mother using local words? Do mothers in your community continue to breastfeed and feed during illness? If not, how can you help them to change?

4 Eating Family Food - Feeding from 12 - 24 months

Q Ask the participants What should the twelve-month old baby eat?

A Listen to the participants and add as needed

- ▶ In this period the child should be eating foods from the family pot and can be

eating meals with the family

- ▶ The child should continue to eat three meals and two to three snacks a day
- ▶ The child can start to eat by itself, with help from a family member
- ▶ The mother should continue breastfeeding, - at least 3 times a day - but in this period she should offer solid foods first and breastfeed *afterwards*

Q Ask the participants Can children eat all foods at this age?

A Listen to the participants' answers and add the following

At one year, the mother can introduce most foods, care should be taken with very spicy foods, in this case mix in extra yogurt or potatoes

Q Ask the participants How much food should a child 12 - 24 months be given?

A Listen to participants If needed add

- ▶ 1 pao of food at each meal
- ▶ for each snack, a piece of fruit, roti with ghee, small portion ($\frac{1}{2}$ pao) khee, khichu, yogurt or lassi

Q Ask the participants How should the food be prepared for the child between 12 and 24 months?

A Listen to the participants' answers and give additional information

The child should get the same foods as the rest of the family, but care must be taken with some foods that are difficult to chew like meat which should always be cut in small pieces or chopped Beans should be mashed Mothers should never give only the soup that the beans are cooked in



Show Annex 12-E Recipe for the family pot



Discuss the recipe If participants have other recipes have them write the recipes down and add to the Annex

Q Ask the participants Are special skills required to help a child learn to eat by itself?

A Listen to the participants Make sure the following is discussed

Introducing food to a child is helping it acquire a new skill The family needs to have

patience and needs to encourage the child, sitting with it, offering freshly prepared and appetizing foods, and helping when necessary. Like any new skill, it takes time to learn, but the rewards are great — a healthy, well-nourished child.



Use Counselling Card on the following topic

Eating from the family pot, feeding the child 12-24 months old (Green Card)



Note to the Trainer Read the text on the back, discuss in the group and conduct a role play. One participant is the community worker, another a mother with a child 12 months old who doesn't eat by itself.

Process the role play with participants, what was well done? What can be improved? Was there an effort to speak to the mother using local words? Are mothers in your community concerned that their children aren't eating enough? What can be done to help?

(iii) Feeding a child 12-24 months old who is ill, not growing well, or recovering from an illness

Q Ask the participants How do you feed and care for a child 12-24 months old, who is ill, not growing well, or recovering from an illness?

A Listen to the participants The main point is that these children need to continue to be fed and given attention.

- ▶ They may not want to eat a lot at one time, give smaller portions (1/2 pao) but FEED MORE OFTEN, 6 times instead of 5. If the child is unable to eat family foods give soft foods like

- khichri with yogurt
- mashed potato or banana

- ▶ Add a spoonful of oil for more energy
- ▶ Add foods rich in vitamin A. If the foods are well mashed and soft they will not be hard to digest

- cooked, soft, mashed carrots
- ripe, mashed mango
- well cooked, chopped spinach

- ▶ The child with diarrhea needs to be breastfed more frequently, at

least 6 times to prevent dehydration

- ▶ Breastfeed more frequently
- ▶ Besides breastmilk give soup, juices and rice water
- ▶ Look for signs of dehydration, if seen, go immediately to the clinic or trained health worker
- ▶ The child who is ill with a cold or cough also needs more fluids and feeding more often
- ▶ Pay attention to how fast the child is breathing, if there is rapid breathing (more than 50 times per minute), the child may have pneumonia and needs the care of a health provider immediately
- ▶ Take time out to help the child eat
- ▶ Be extra patient and persistent in feeding
- ▶ Encourage the child, play with the child
- ▶ Feed the child his favorite foods



Use Problem Counselling Card # 7 on the following topic

Feeding a child 12-24 months who is ill, not growing well, or recovering from an illness (Red Card)



Note to the Trainer Read the text on the back, discuss in the group and conduct the following role play one participant is the community worker, another a mother with a child 16 months old who has a bad cold and cough

Process the role play with participants, what was well done What can be improved How do mothers currently take care of sick children What does the group suggest

C Caring for children from zero to 24 months

1 Immunization

Q Ask the participants What do you know about immunization?

A Listen to the participants making sure at least the following is mentioned

- ▶ immunization is the process where a vaccine (or special medicine) is given to the child to help protect the child from dangerous illnesses like polio measles tetanus, tuberculosis, diphtheria and whooping cough
- ▶ most immunizations (or vaccinations) are given by injection, polio vaccine is

given as drops in the mouth

Q Ask the participants Does breastfeeding have a role in the immunization program?

A Listen to the participants' answers and add

Breastfeeding is often considered the infant's first immunization because breastmilk contains substances from the mother's body which protect the newborn from disease. Since breastmilk is the perfect food for the newborn, the breastfed baby gets all the nutrients it needs. This strengthens the baby's ability to fight infections and stay healthy.

Q Ask the participants Should babies receive vaccination at the time of birth?

A Listen to the participants' answers and if needed add that in the first days after delivery, the newborn should receive the BCG vaccination which protects against tuberculosis.

Q Ask the participants What are the vaccinations a baby should have when it is 6 weeks old?

A Listen to the participants' answers and say that at 6 weeks of age, the baby should have the first dose of polio and DPT, a combination vaccine against diphtheria, whooping cough and tetanus.

Q Ask the participants How many polio and DPT immunizations are needed, and when should the child get them?

A Listen to the participants' answers and explain that three doses of polio and DPT are needed, the first dose at 6 weeks, the second at 10 weeks and the third at 14 weeks.

Q Ask the participants What vaccination should the baby have when it is nine months old?

A Listen to the participants. The correct answer is for measles.

Q Ask the participants Do you know of any side effects of immunization?

A Listen to the participants. Most side effects are mild, sometimes soreness at the site of the injection, and sometimes a mild fever. These are not serious and are usually over in a day or two. Mothers can comfort the child by breastfeeding more, and in the case of mild fever, not wrapping the child in too many clothes.



Use the Counselling Card on the following topic

Immunization (Blue Card)

- ▶ **Review** the text on the back including the Pakistan EPI Program Schedule
- ▶ Have participants **Discuss** where community children get immunization
- ▶ **What can be done** to improve immunization coverage in villages where the participants work?

2 When a child stops breastfeeding

Q Ask the participants When should a child stop breastfeeding?

A Listen to the participants, most will cite the holy Quira'an Children should be breastfed for 2 years A child can stop breastfeeding at anytime, but it is advised that breastfeeding continue for at least two years to give the child a good nutritional base, protection from disease and comfort

Q Ask the participants How did you stop breastfeeding your babies?

A Listen to the participants' answers

Q Ask the participants How does it affect a baby when breastfeeding is stopped abruptly? Did anyone have a difficult time?

A Listen to the participants' answers and add
Stopping breast feeding abruptly can emotionally harm the child and mother because their special relationship is suddenly disrupted If the mother stops breastfeeding gradually, the baby will feel more secure and experience less frustration

Q Ask the participants What advantages does a slow, gradual, child-led stopping of breastfeeding have for the mother and the child?

A Listen to the participants' answers and add

- ▶ The mother - child relationship is not suddenly disrupted
- ▶ Breastmilk is often the only food the child accepts when it is sick and it continues to nourish the child during sickness
- ▶ Breastmilk contributes to protection from sickness during the whole breastfeeding period
- ▶ In poor communities, breastmilk may be the only food of high nutritive value the child receives, especially if the mother cannot give other foods of animal origin like meat, eggs, etc

- ▶ No matter what the baby's age, breastmilk is a highly nutritious food

Q Ask the participants How can a mother stop breastfeeding her child in a slow and gradual way?

A Listen to the participants' answers and add

- ▶ Eliminate one breastfeed a week
- ▶ Substitute this breastfeeding by distracting and playing with the child
- ▶ Before putting the child to bed offer him/her a fruit or something nutritious
- ▶ Increase the number of snacks and also the amount of food

3 Importance of play and accident prevention

Q Ask the participants Why is 'play' important for babies?

A Listen to the participant's answers. Re-emphasize that 'playing' with an infant – or 'stimulating' the infant is important because it can help in developing the infant's brain. Babies who are stimulated during infancy and childhood are more curious and do better in school. Mothers, fathers and other family members can play an important part in the baby's development.

Q Ask the participants How can mothers or other family members 'play' with a baby?

A Listen to the participants and write down their suggestions which should include

- ▶ Breastfeeding, bathing and massage are traditional activities that stimulate the baby and promote healthy development
- ▶ Making faces, smiling, holding the baby close, or tickling the baby are also ways to play
- ▶ Singing, talking and cooing with the baby also are stimulating

Q Ask the participants Is play important for a baby when it starts crawling and walking?

A Listen to the participants. Make sure they mention that play is important for children of all ages, but in terms of mental and physical development, play from birth to 6 years is vitally important.

Q Ask the participants How can you play with a young child?

A Listen to the participants, and as needed add

Singing, talking, telling stories, playing simple games, giving the child safe toys (made from local products) arranging for the young child to play with other children

Q Ask the participants What is accident prevention?

A Listen to the participants If necessary, add many babies and young children get hurt, either because no one is paying attention to make sure they don't wander off into a dangerous situation (near a road with cars, a river or lake etc), or because dangerous things – like knives pesticides, or guns are left where children can find them

Accident prevention is thinking ahead, so that dangerous objects are put in places where children cannot find them and hurt themselves

Accident prevention is also learning to pay attention while children play so that they stay safe

Q Ask the participants What can be done to talk to mothers about the need for stimulation of their infants and children, and the need for safety?

A Listen to the participants The mother's support group is an excellent place to talk about the importance of play and stimulation The mothers may even decide to set up a movable crèche, or teach older siblings about safe play with infants etc

4 Discipline with Love

Q Ask the participants What does discipline mean to you?

A Listen to the responses and add, if necessary, that discipline means teaching the child Remind mothers that it is hard to learn through anger or violence

Q Ask the participants How can we discipline a child with love?

A Listen to the participants' answers and add

▶ When the child starts to crawl and walk it wants to discover the world around it and so it touches, grabs, and tries everything This is normal and desirable Mothers shouldn't punish, but prevent accidents by keeping dangerous objects out of children's reach, and by watching the child

▶ The word "no" should be used when it is really necessary

Q Ask the participants In what other ways can mothers discipline their children?

A Listen to the participants' comments adding, if necessary, that

- ▶ Discipline is not punishing, yelling, or hitting. It is guiding and helping the child learn how to choose between right and wrong.
- ▶ The family should be patient and distract the baby from the undesirable activity in order to shift its attention to another activity.

Example If the baby is holding something harmful or breakable, then the mother or family member can put it out of the child's reach, and in a place where the child can't reach it. Parents can find simple and safe things for the child to play with.

5 Hygienic Care

Q Ask the participants Why is it important to practise good hygiene habits with food and with children?

A Listen to the participants' answers and give the following additional information

Keeping a child clean and handling food with proper hygiene are very important to prevent diarrhea, the illness that most affects a children's growth. To protect the child from diarrhea, food, water, and the utensils used in food preparation should be thoroughly clean.

Q Ask the participants What is the source of water in the community?

A Listen to the responses of the participants

Q Ask the participants What does the hygienic care of foods consist of?

A Listen to the participants' answers and give the following complementary information

- ▶ *Washing* All fruits and vegetables should be washed with chlorinated or boiled water and soaked in a solution of water and potassium permanganate (Pink Alum) for 20 minutes. This should remove most of the germs. Legumes (common beans, lentils), are washed, rinsed, and put to soak the night before they are cooked, so that they will soften better.
- ▶ *Boiling* This is a method that destroys practically all the microorganisms and parasites. The drinking water should be boiled and stored in a small mouthed and well closed container. Dirty utensils shouldn't be introduced into the container to remove some of the water. If the container doesn't have a spout, tip the container to get water. All drinks given to small children should be boiled or prepared with water that has been

previously boiled

- ▶ *Storing* Food should be prepared at mealtimes and not stored in order to avoid contamination and the growth of harmful germs

Q Ask the participants What other concerns should you have with the child's hygiene?

A Listen to the participants' answers and give the following additional information

- ▶ bathing daily
- ▶ washing of hands before and after every meal
- ▶ cleaning clothes and using shoes by the time the child can walk and brushing teeth

Q Ask the participants What should be the personal hygiene practices of the person who prepares the food and feeds the child?

A Listen to the participants' answers and give the following additional information

- ▶ Bathe daily to clean the body adequately
- ▶ The hands and nails of the child and mother should be kept clean all the time. They should be washed with water and soap before preparing or eating food and feeding the child
- ▶ Hands should also be washed after using the latrine, changing diapers or when in contact with animals or dirt

6 Self-esteem

Q Ask the participants What is self-esteem?

A Listen to the participants' comments and give additional information if necessary by saying that

Self-esteem means that you value yourself and that you are capable of receiving and giving love. It means respecting yourself because you deserve respect and teaching others to give and receive respect.

Q Ask the participants How can a child's self-esteem develop?

A Listen to the participants' answers and add the following information as needed

Self-esteem is developed by the quality of the relationship between children and the people that are important to them in their home. Children notice words, tones of voice, and facial expressions. They notice how the mother reacts and responds. They also notice if they are taken seriously, if they are listened to, if they are respected and if adults enjoy their company. Every child and person deserves and needs respect and unconditional acceptance and love. The parent's job is to fulfill those needs in their children.

Q Ask the participants How does self-esteem begin to develop?

A Listen to the participants' answers and add the following, as needed

The most important moments occur when the newborn and the mother have skin-to-skin contact when the baby is hugged, breastfed, has eye contact, is caressed and lulled to sleep, given warmth, and talked to while breastfeeding.

Human bonding is important to establish trust, love and self-esteem. Self-esteem starts with breastfeeding.

Q Ask the participants How do you continue developing the child's self-esteem?

A Listen to the participants' answers and add the following

- ▶ Self-esteem depends on unconditional love, a love that says 'it doesn't matter what you do, I love you and accept you as you are'. This means that the child shouldn't be told 'you are loved only when because' or 'if it does'. Children that receive conditional love never feel really loved.
- ▶ Newborns are totally dependent on adults, but as the child grows it needs more liberty to act its age. It is important to give them responsibilities when they are ready for them. For example, you may help a four-year-old to cross the street but realize that the child is old enough to pick up its toys and clothes from the floor. Parents should give responsibilities according to the age so that in the future their children will be responsible young adults.
- ▶ Protect the child by putting limits or rules in the home. For example, in this house you will not yell, hit, call names, or ridicule anyone, etc. It is very important for the development of self-esteem and good child rearing. It is even more important that parents model the kind of behavior that strengthens self-esteem. Fathers and mothers should show respect to each other.
- ▶ It is important for a father to understand how his relationship and behavior towards his wife affects a child's personality. If needed and requested by the mother, the counselor will be happy to talk to the couple.

III Exercise



Note to the Trainer Carry out the activity “Buying at the Market ”

1 Objective To strengthen knowledge

2 Development

- ▶ Organize a market stall with fruits, vegetables, cereals, grains, eggs, meats, canned foods, deep fried batter, cookies, etc
- ▶ The trainer can draw market products or paste pictures from magazines on cardboard
- ▶ Ask two or three participants to go shopping at the market
- ▶ One participant will play the part of Nazia whose baby is six months old, another will have a baby of nine months, and a third participant will have a baby who is one year old
- ▶ Choose a participant to be a stallkeeper who will insist on offering the women products that are not suitable like deep fried batter, packaged soups, coca-colas, etc
- ▶ After they finish shopping, have them explain how they will “prepare” the food Discuss the presentations of the mothers who “went shopping” and “prepared” the food with the participants

IV Summary



Exclusive breastfeeding till six months is important to maternal and child health It has everything the baby needs for its growth and development during that period The child's first two years are considered the most vulnerable For this reason a mother needs good support from the health system, from her family and from the community to protect and maintain her baby's health

ANNEX 12-A

Recipes

Khichri (Plain)

Ingredients	Quantity
Rice	1 pao (4 table spoons)
Mung ki daal	2 (table spoons)
Oil or Ghee	1 (tea spoon)
Water	1 Cup

Method

- 1 Wash the rice and daal together
- 2 Let them soak for half an hour
- 3 Boil water, add rice and daal till the water dries, and daal becomes soft
- 4 Mash the mixture and add oil to the khichri

Approximate Calories 300

ANNEX 12-B

Recipes

Suji ki Kheer

Ingredients	Quantity
Suji	1 (table spoon)
Milk	½ pao (½ cup)
Sugar	2 tea spoons

Method

- 1 Fry the suji on slow heat till it turns light brown
- 2 Add milk and sugar, keep stirring
- 3 Cook on slow heat, till the mixture thickens slightly
- 4 One pao kheer is ready

Note If it gets too thick you can add a little more milk

Approximate Calories 300

ANNEX 12-C

24-HOUR RECALL FOR A CHILD

How to Feed a Child

Note the procedure of the mother during the past 24 hours on the following chart

Note to the Trainer Explain in detail the following to the mother Ask about whatever the child ate or drank during the previous day, it includes the number of times mother breastfeeds the child

Start from the morning i.e., when the child wakes up, then the whole day and night followed, by the next morning when the child wakes up again Note every thing that the child takes in, such as water, medicine or any tonic etc

Request the mother to recall whether during the meal or in between, the child ate or drank from other people's plates or glasses

We Just Want to Find Out How Much A Child Ate or Drank, Not What Was There in The Bottle Plate or Glass

- 1 First ask whether the child ate or drank anything before having breakfast in the morning
What did the child eat or drink between breakfast and lunch, at lunch while having food
At the evening meal
From the evening meal till the next morning

Ask the participants who have answered about eating and drinking

How much time did it take to eat and drink?

What was the quantity? (For an estimate use standard measures)

Ingredients (If various ingredients have been used then ask about the quantity of basic ingredients and ghee/oil that the child took)

How was the food prepared?

At what time was it prepared (Note the time in hours between preparing food and eating it and what type of food - solid, semi solid or liquid like water)

ANNEX 12-D

CALORIC INTAKE FOR INFANTS 12-24 MONTHS

AGE	CALORIC NEEDS	BREASTFEEDING	MILK IN CUP	FOOD	AMOUNT	DENSITY
6-9 Months	680	6-8/day	4/day/5oz	2-3/day 100 cal/ meal min	½ pao meal	+ firm
9-12 Months	830	6-8/day	4/day/5oz	3-4/day 125 cal/ meal min	½ pao meal	+ khichri
12-24 Months	1100	6-7/day	3/day/6oz	4-5/day 160 cal/ meal min	1 pao meal	+ choori
CALORIES		50/feed	20/ounce			

CALORIE CONTENT OF COMMON FOODS

100 CALORIES PER ½ PAO SERVING

Dalia
Firm
Khichri
Kheer
Custard
Sago
½ roti

EQUIVALENTS

3 TEASPOONS=1 TABLESPOON
16 TABLESPOONS=1 PAO
2 BIG SPOONS=1 TABLESPOON

40 CALORIES PER ½ PAO SERVING

banana - small
mango - average
apple - small
fruit
rice*
potato*
vegetables*

75 CALORIES PER SERVING

1 piece bread (double roti)
1 egg
¼ pao daal*
1 ounce meat (1-2 piece)*

LOW NUTRIENT FOODS

tea with 2 sugars - 40 calories
biscuits, candy - 20 per piece
cola, sherbert - ½ pao - 75 calories

HIGHER CALORIE FOODS

Halva - ½ pao - 125 calories
Choori - ½ pao - 160 calories
Lassi - 1 glass - 120 calories
Oil/butter - 1 teaspoon - 45 calories

*WITHOUT ADDED FAT

Sources of Iron

Meat, Fish, Poultry
Organ meats

Whole grain wheat products (chapati)

Bitter gourd
Spinach and other LGV
Dried fruits, dates/raisins

Nuts and legumes
sesame seeds, walnuts, almonds,
daal chick peas kidney beans mung beans

Source of Vitamin C

Guava
Lemon and lime
Orange
Pineapple
Mango

Cabbage
Cauliflower
Potato
Sweet potato
Spinach and LGV
Tomato
Turnip
Green pepper
Radish
Green onions

Vitamin A Sources

Liver
Egg yolk
Milk
Breastmilk

Papaya
Mango
Apricot
Loquat
Persimmon

Carrots
Spinach
Mustard greens
Pumpkin
Green onion
Tomatoes

Fortified vegetable oils and ghee

ANNEX 12-E

Recipes from Family Foods

Chappati with daal and vegetables, banana

Ingredients

Quantity

Chappati

Wheat flour

30 gram (2 table spoons)

One small chappati

Method

Make atta dough and cook one small chappati

Curry

Daal

1/4 pao (2 table spoons)

Spinach

2 (table spoons)

Cooked Carrots

2 (table spoons)

Ghee or oil

1 (tea spoon)

Method

- 1 Wash daal and cook in enough water till it becomes soft
- 2 Add chopped Spinach and cooked carrots. Keep stirring, till the mixture becomes soft
- 3 Add oil and serve it to the child with roti
- 4 After food serve the banana
- 5 Continue breastfeeding as the child demands

Module 13

Community Diagnostics

Contents	Page
I Objectives	13-1
II Development of the Theme	13-1
A Breastfeeding Counsellor	13-1
B Counsellor's Profile	13-2
C Counsellor's Functions	13-2
D Needs Assessment Plans of the Community	13-8
III Exercise	13-13
IV Summary	13-14
Annex 13-A	13-15
Base Line Questions	13-16
A Pregnant Women	13-16
B Women with Infants 0-5 Months Old	13-17
C Women with Infants 6-11 Months Old	13-18
D Women with Infants 12-24 Months Old	13-19
Analysis of Base Line and Discussion in the Support Group	13-20

Module 13

Community Diagnostics



Note to the Trainer Arrange the chairs in a circle to create an atmosphere of confidence and foster group participation. Don't forget to incorporate yourself as another member of the circle.

I Objectives

After completing this session, the participants will be capable of

- A Defining the concept of a breastfeeding counselor
- B Defining the breastfeeding counselor's profile
- C Describing the functions of a breastfeeding counselor
- D Carrying out a needs assessment plan to execute breastfeeding actions
 - ▶ Survey
 - ▶ Sketch of the community
 - ▶ Meet the community leaders
 - ▶ Register system (taken from the survey and making a list of the mothers)

Estimated Time Two hours

II Development of the Theme

A Breastfeeding Counselor

Q Ask the participants Who is a community breastfeeding counselor?

- A** Listen to the participants' answers and say
It is a woman from the community with experience in breastfeeding for at least 1 year, who has completed her training and has been accredited as a counselor to offer information and support to other mothers in the rearing of their children through

breastfeeding and health self-care through breastfeeding

B Counselor's Profile

Q Ask the participants What can be the criteria for selection of Breastfeeding Counselor?

A Listen to the participants' opinions and round off their answers with the following information

- ▶ Must be a member of the community
- ▶ Must have breastfed or breastfeeding her baby
- ▶ Not have given or presently giving a baby bottle
- ▶ Must have received breastfeeding training
- ▶ Have time available and be willing to do the work voluntarily
- ▶ Have the desire to help other people
- ▶ Must know how to read and write

C Counselor's Functions

Q Ask the participants What are the functions of a breastfeeding counselor?



A Listen to the participants' responses and write them on a page of the flip chart, adding the functions that are missing

- ▶ Identify the target population pregnant women, women who have just given birth and mothers that have children who are older than two months and younger than six years
- ▶ Make counselling available to pregnant women, to mothers in the first 40 days postpartum, working mothers, mothers who are sick and mothers with breastfeeding problems

In the communities where the literacy level is very low, you may accept counselors that don't know how to read and write

- ▶ Make home visits to
 - ▶ Pregnant women 1 monthly visit in the last three months of the pregnancy
 - ▶ Lactating mothers in the first 40 days postpartum 1 visit during the first 7 days, 1 visit after 15 days and another visit after two months
 - ▶ Mothers with children older than two months will receive a visit when the child is 4 months and another at 6 months

- ▶ Refer mothers and children to the Health Center for
 - ▶ prenatal care
 - ▶ postpartum care (within the first 40 days after birth)
 - ▶ integrated attention to the mother and child
 - ▶ children who are underweight and children who are not gaining any weight
 - ▶ sick children (respiratory infections/diarrhea)
 - ▶ mothers with mastitis
 - ▶ mothers with breast abscess
 - ▶ premature babies, babies that have jaundice and congenital deformities

- ▶ Organize and facilitate support groups to discuss themes of interest to the group which will always include breastfeeding themes and those related to it family planning, discipline with love, etc

- ▶ Make support available for national campaigns or emergency situations

- ▶ Be vigilant of the growth and development of the children of your target population

- ▶ Be vigilant of the immunization of the children in your target population

- ▶ Get to know the situation of breastfeeding in your assigned community (45 families)

Q Ask the participants What is the target population that a breastfeeding counselor should care for and why?

A Listen to the participants' responses and add

a) Pregnant women, mainly to offer counselling and obtain the following objectives

- ▶ physical and emotional preparation for breastfeeding
- ▶ make sure the mother attends prenatal care
- ▶ orientation about nutrition and preparation for childbirth
- ▶ explain any doubts and beliefs about breastfeeding, preparation for breastfeeding

b) Mothers who have just given birth, mainly to offer counselling and obtain the following objectives

- ▶ guarantee a good initiation of breastfeeding
- ▶ guarantee the success of the first nursings
- ▶ avoid the problems of the milk let down
- ▶ avoid nipple problems
- ▶ avoid the introduction of other liquids such as sugared water and other milks
- ▶ orientate about doubts and beliefs that have to do with breastfeeding
- ▶ breastfeed on demand
- ▶ that the mother sleeps with the child
- ▶ make sure the mother cares for herself with postpartum care, good nourishment and iron supplementation

c) Mothers with lactating children younger than two months to give counselling and obtain the following objectives

- ▶ support the mother so that she breastfeeds exclusively
- ▶ give information and support about growth patterns
- ▶ explain any doubts about milk production or other doubts related to breastfeeding
- ▶ promote rooming in
- ▶ guarantee no introduction of solid foods before 6 months
- ▶ be vigilant of the immunizations
- ▶ refer to the integrated attention of the mother and child program

d) Mothers with lactating children older than 2 months and younger than 6 months through Support Groups, to obtain the following objectives

- ▶ support the mothers for continuing breastfeeding after the first 6 months and the introduction of solid foods
- ▶ support the process of introducing solid foods
- ▶ benefits of breastfeeding
- ▶ doubts and beliefs about breastfeeding
- ▶ preparation for pregnancy, childbirth and lactation
- ▶ nourishment for the pregnant woman and breastfeeding mother
- ▶ self-care of the mother's and her children's health
- ▶ share concepts regarding milestones of child development

Q Ask the participants How is the counselor going to take care of the mothers of her target population?

A Listen to the participants' responses and add

The counselor is going to take care of her target population by individual counselling on home visits, counselling in Support Groups and unplanned counselling

Q Ask the participants To whom and when will the counselor plan home visits to give counselling?

A Listen to the participants' answers and give complementary information saying

The counselor will plan home visits to the following mothers

- ▶ For the pregnant mother, the counselor will plan a monthly visit during the last trimester of pregnancy
- ▶ For the woman who has just given birth, ideally she should be visited every day during the first 7 days, but the counselor should plan at least 1 visit during that time, 1 visit 15 days after birth and 1 visit 6 weeks after birth
- ▶ For the mother who has just given birth and who works, she should be visited 2 weeks before she returns to her job
- ▶ For the lactating mother, she should receive a visit when the child is two months old
- ▶ For the lactating mothers who have any breastfeeding problem sore nipples, engorgement, mastitis, plugged ducts nipple confusion etc
- ▶ For the mothers and children that she has referred to the Health Center

Q Ask the participants In what situations should the counselor refer the mothers to the health services?

A Listen to the participants' answers and give the following complementary information

The counselor should refer those cases that require evaluation and medical management

- ▶ Prenatal care
- ▶ Vaccination for the mother
- ▶ Inverted nipples
- ▶ Postpartum care

- ▶ Relactation
- ▶ Thrush
- ▶ Mastitis
- ▶ Breast abscess
- ▶ Family Planning
- ▶ Other cases that the counselor judges she can't resolve

Q Ask the participants In what situations should the counselor refer the children to the health services?

A Listen to the participants' responses and add

The counselor should refer those cases that require evaluation and medical management

- ▶ Integrated control
- ▶ Vaccination
- ▶ Premature children
- ▶ Children with jaundice
- ▶ Children with low weight
- ▶ Sick children (diarrhea, respiratory infections, others)
- ▶ Thrush
- ▶ Children born with deformities
- ▶ Children with problems the counselor cannot identify

Q Ask the participants How can the counselor make sure the child or the mother that she referred received the necessary service?

A Listen to the participants' answers and add

The counselor should visit the mother to give a follow-up If the mother or the

child received attention from the health service, the reference was effective

Q Ask the participants Whom will the counselor invite to receive the Support Group counselling?

A Listen to the participants' answers and give the following complementary information

The counselor will invite the following people

- ▶ The mothers of her target population by priority, pregnant mothers and mothers with children younger than 6 months
- ▶ Fathers of the children from her target population
- ▶ People who have influence in the mother's decisions about nourishment for the child (neighbors, grandmothers, women of reproductive age, etc)

D Needs Assessment Plan of the Community

Q Ask the participants Why is it important that the counselor has information about the population she cares for and the activities they carry out?

A Listen to the participants' answers and give complementary information by saying that

Having information about the population one is working with helps to plan the work, to know the mothers of the target population and to know where they live within the community Also, it allows the counselor to recognize the results of her community work

Q Ask the participants How could the counselor identify within the community the mothers she is going to work with?

A Listen to the participants' responses and give complementary information

Making use of

- ▶ midwife census
- ▶ census of the Health Center
- ▶ census of the NGO that works in the community

▶ a community diagnostics

Q Ask the participants What is a community diagnostics?

A Listen to the participants' responses and give complementary information with the following

It is knowing the health situation of the community and at the same time lets the counselors know where the mothers they are going to work with live

Q Ask the participants How do you do the community diagnostics?

A Listen to the participants' answers and say that a community diagnostics is done by elaborating a sketch or map of the community and conducting a survey

Q Ask the participants How do you elaborate a sketch or map of the community?

A Listen to the participants' answers and explain that it is locating and drawing the houses around your own until covering at least 45 families

Q Ask the participants How do you start the sketch?

A Listen to the participants' answers and explain that you start by locating the house of the counselor, which you will identify with a #1 over the square, like this

1
□

From there on you will continue drawing the rest of the houses from right to left, numbering them in sequence 2, 3, 4, In the case of finding a grocery store, a mosque, a school or any other business, each one will be identified with the following symbols

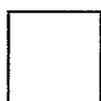
G = Grocery
 ◡ = Mosque
 [= School
 H = Health Centre
◡ = Water source

Q Ask the participants How are you going to identify in the sketch the population you are going to work with?

A Listen to the participants and explain that they will identify the pregnant mothers, the children younger than 2 months and younger than 6 months, like this

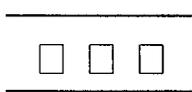
 = Pregnant woman

 = Child younger than 2 months

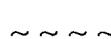
 = Child younger than 6 months

Q Ask the participants How are you going to symbolize the access routes?

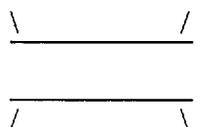
A Listen to the participants and say that they will symbolize them like this

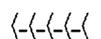
 = Paved road

 = Unpaved road

 = Path

 = Railway track

 = Bridge

 = Brook or river



Note to the Trainer Explain that it is important that the sketch have the community's name, the date and the counselor's name, as well as the meaning of the symbols used Show them examples of a sketch

Q Ask the participants What is a survey?

A Listen to the participants' answers and explain

A survey is an interview held to obtain information which is registered on a specific form

Explain that the survey form is attached as an annex at the end of the module

Q Ask the participants Who is the counselor going to interview?

A Listen to the participants' answers and give complementary information saying that The interview will be held with each of the 45 families in her community that will be the population that she will be responsible for. Apart from this she will establish mother's support groups so that they can share their breastfeeding and health experiences. By sharing information mothers can adopt better breastfeeding practices which will improve the health of their own children.

Q How can support groups help in community diagnosis and the community mapping exercise?

A Listen to the participants answers and add

- ▶ In order to understand the community mothers in the support groups should be asked to draw a map of their village
- ▶ PRA tools can be used to do this
- ▶ Women can also go house to house and mark the houses and then convert them on a paper sheet
- ▶ It will help in the identification and marking of households with pregnant mothers, lactating mothers of babies 0-5 months and 6-12 months old
- ▶ After identification of these mothers a member of the support group and an NGO should visit and collect the baseline information from these mothers
- ▶ Repeat a follow-up survey after initiation of group and individual counselling to measure change in behaviours and to identify new mothers who have become pregnant
- ▶ Mothers support groups can also initiate community weighing days for the community to assess the growth of their children (0-2 years old). This information will enable the community to identify nutritional problems and will motivate the mothers to look for collective solutions through support groups
- ▶ Support group facilitators can repeat the community weighing exercise after 6 to 12 months. This will help the community to measure change, and make future plans, based on the community growth assessment exercise



Note to the Trainer Ask the participants to take the interviews out of their materials folder



Note to the Trainer Ask the participants to take the interviews out of their materials folder

- ▶ Ask for two volunteers, one to play the role of the interviewee and the other to play the role of the interviewer
- ▶ The interviewer will hold the interview without any previous information as to how she thinks it should be done

Analyze the role playing with the participants using the following questions

- 1 Ask the group what it observed in the role playing?
- 2 Ask the person who held the interview, how did you feel?
- 3 Ask the person who was interviewed, how did you feel?
- 4 Ask the group why did this situation arise?
- 5 Ask the group what have we learned from this experience?

Q Ask the participants Before starting the interview, what should the counselor do?

A Listen to the participants' answers and explain that the counselor should read the instructions, get used to the questions and avoid in this way any improvisation



Note to the Trainer Ask the participants to read directly from the instructions and to discuss each one of them

Q Ask the participants How many parts does the interview have?

A Listen to the participants' answers and say that the survey has two parts the interview that contains the questions that are going to be asked to the mothers and the page where the information from the interview is registered

Q Ask the participants What is the first interview you are going to make?

A Listen to the participants' answers and make clear that the first interview is to be made in the house marked with #1 on the sketch, which is the counselor's family

Q Ask the participants What is the next family that you are going to interview?



Note to the Trainer Explain that if during the interview they find a pregnant mother, a lactating mother with a child younger than two months or another mother with a child older than two but younger than six, mark the house on the sketch with the symbols explained above

III Exercise



Note to the Trainer Do a practice run using the survey with the participants

a) Objectives

To acquire skills in the management of the survey

b) Development

- 1 Ask the participants to take out of their folder the page of the survey where the information will be registered and the instructions
- 2 Explain that they will fill in the information on the survey page according to the cases that present themselves
- 3 You come to house #1 where Begum Jehanara Batul receives you

What is the first thing you do when you get to the house?

- ▶ Presentation and objective of the survey
- ▶ Ask the participants to start the interview, asking questions by turn, in the order they are found in the instruction to agree with the following cases

House #1 Eight people live in the family of Mr Aslam Khan Razia is pregnant and doesn't work outside the house, Date of Last Period (DLP) = 15-01-99
Approximate Date of Birth (ADB) = October 99 Razia has had one check-up as prenatal care She has received information on breastfeeding from the LHV

Maimoona has a little girl who is 2 months old, she went to the postpartum care offered to mothers who have just given birth and the doctor attended her, she hasn't received any information on Family Planning (FP), she doesn't use any method, she has received information on breastfeeding from the midwife, she was

given vitamin A, she works outside the home, the child was born on May 2nd 1998, she has given her water, fruit juices and breastmilk, she has the problem that she works and produces very little milk, she doesn't sleep with the child and she hasn't vaccinated her yet nor taken her to the Health Center for any illness

House #2 Five people live in the family of Mr Tauqir Ahmed Amna is pregnant, she works outside the house in a factory Date of Last Period (DLP) = 20-06-96, Approximate Date of Birth (ADB) = February 97 She hasn't gone to prenatal care and hasn't received information on breastfeeding nor Family Planning (FP)

House #3 Seven people live in the family of Ibrahim Hassan there are no pregnant women in the family, there is a lactating mother with a child who is 4 months old (Ismail), she hasn't gone to the postpartum care offered to mothers that have just given birth, she received information on Family Planning (FP) from the TBA and on breastfeeding from the doctor She wasn't given vitamin A, she doesn't work, the child was born on January 96 He only nurses, she sleeps with the child, the child has a complete vaccination record, she had an infected breast once and has taken her child to Growth and Development Well Baby Clinic twice

House #4 Three people live in the family of Rauf Mairaj there are no pregnant women, no mothers with children younger than six months

Make sure that the participants are filling out the information in the right places on the form Also check for the incorrect use of the instructions

IV Summary



The network of Breastfeeding Community Counselors is a strategy that permits continuity, maintenance and follow-up of the adequate practices in child and mother nutrition in the community - the adequate practices of exclusive breastfeeding and continued breastfeeding plus complementary foods after six months until the child is at least 2 years of age

ANNEX 13-A

Community Self-Diagnosis and Evaluation -- Maternal & Child Health and Nutrition

Discuss with the women in the support group the need to find out more about how mothers care for and feed themselves and their children. Through the mothers group and counselling, the women will share information and figure out the best way to eat and care for themselves and to feed and care for their babies. The new things that mothers do will improve their own and their children's health, and this improvement can be measured.

- 1 Develop a map with the women in the mothers group. This can be done through PRA mapping techniques or by house-to-house visits and then transposed to a large paper.
- 2 The group should design symbols for pregnant women, for lactating women with infants 0-5 months, for children 6-11 months, and for children 12-24 months old. They should put the symbols on the map to show where these women and children live.
- 3 Each household should be visited to validate the information and to obtain information for the baseline (see indicators - questions to ask - below).
- 4 A follow-up mini-survey should be carried out 6-12 months after the start of the intervention (support group and/or individual counselling) to identify newly pregnant women and to see if reported practices have changed.
- 5 To complement this survey, and to give a visual presentation of the nutritional status of the village's young children at a particular time, the mothers support group, with assistance from the NGO, can organize a community growth monitoring session. All infants 0-24 months in the village are weighed one day and their weights plotted on a large community growth chart. The whole community is able to see how many children are well nourished, how many are undernourished and at which ages the children seem to have most trouble. This information can motivate the whole community and help clarify action for the mothers group.

This community growth chart exercise can be repeated at the same time as the follow-up mini-survey (6-12 months later), to show progress and plan future work.

BASELINE QUESTIONS

A Pregnant Women (First Child)

- 1 For how many months have you been pregnant?
- 2 Have you had a prenatal check from a trained dai or health worker during this pregnancy?
 - a If yes, how many?
- 3 Are you taking iron and folic acid tablets?
- 4 Have you been counseled by a counselor using cards?
- 5 Have you attended at least two mothers' group meetings in the last 3 months?
- 6 Now that you are pregnant, would you say you are eating more, less, or the same as before you were pregnant?

Pregnant Women with a Previous Pregnancy

- 7 Have you had a prenatal check up during this pregnancy?
- 8 Are you using iron and folic acid tablets?
If yes then in what quantity? When did you start using these tablets?
- 9 From where did you get these tablets?

Experience with the Last Child

- 10 How long after the birth of the baby did you breastfeed it?
- 11 Did you give your baby colostrum or wasted it?
- 12 Did you give your child water, other milk, fruit juice or tea?
If yes then at which age?
- 13 How did you feed these fluids to your child?

14 Apart from breastfeeding when did you start giving solid diet to your child?

B Women with infants 0-5 months old

- 1 How old is your baby?
- 2 How many hours or days after the birth did you wait before you began putting the baby on your breast to feed?
- 3 Did you give colostrum (the first milk) or discard it?
- 4 Have you started to give your baby water, other milk, fruit juice or teas?
 - a If yes, how old was the baby when you started?
 - b If yes, how do you give these fluids? Ever by bottle?
- 5 Have you started to give your baby food that is semi-solid or solid (not liquid)?
 - a If yes, at what age?
- 6 The last time your baby had diarrhea, did you breastfeed less than usual, more than usual or as much as usual?
- 7 How many times has your baby received immunizations?
- 8 How many meals and snacks do you yourself eat most days?
 - a Are you taking iron and folic acid tablets each day?
- 9 Are you and your husband trying to delay your next pregnancy (or not have any more children)?
 - a If yes, with what method?
- 10 Have you been counseled by a counselor using cards?
- 11 Have you attended at least two mothers' group meetings in the last 3 months?

C Women with infants 6-11 months old

- 1 How old is your youngest baby?
- 2 How many hours or days after the birth did you wait before you began putting the baby on your breast to feed?
- 3 Did you give colostrum (the first milk) or discard it?
- 4 Do you give your baby water, other milk, fruit juice or teas?
 - a If yes, how old was the baby when you started?
 - b If yes, how do you give these fluids? Ever by bottle?
- 5 Have you started to give your baby food that is semi-solid or solid (not liquid)? If yes
 - a At what age?
 - b How many times per day do you give non-liquid food to your baby?
 - c How much do you give each time (in pao)?
- 6 The last time your baby had diarrhea, did you
 - a Breastfeed less than usual, more than usual, or as much as usual?
 - b Give extra fluids or rehydration drink?
 - c (if yes to 5) continue feeding non-liquid food?
- 7 How many times has your baby received immunization?
- 8 How many meals and snacks do you yourself eat most days?
- 9 Are you and your husband trying to delay your next pregnancy (or not have any more children)?
 - a If yes, with what method?

- 10 Have you been counseled by a counselor using cards?
- 11 Have you attended at least two mothers' group meetings in the last 3 months?

D Women with infants 12-24 months old

- 1 How many months old is your child?
- 2 How many hours or days after the birth did you wait before you began putting the baby on your breast to feed?
- 3 Did you give colostrum (the first milk) or discard it?
- 4 How old was your baby when you started to give your baby water, other milk, fruit juice or teas?
- 5 How do you give these fluids now? Ever by bottle?
- 6 Have you started to give your baby food that is semi-solid or solid (not liquid)?
 - a If yes, how many times each day does your baby eat these foods?
 - b How much do you give each time (in pao)?
- 7 The last time your baby had diarrhea, did you
 - a Breastfeed less than usual, more than usual, or as much as usual?
 - b Give extra fluids or rehydration drink?
 - c (if yes to 6) continue feeding non-liquid food?
- 8 How many times has your baby received immunization?
- 9 How many meals and snacks do you yourself eat most days?
- 10 Are you and your husband trying to delay your next pregnancy (or not have any more children)?

a If yes, with what method?

11 Have you been counseled by a counselor using cards?

12 Have you attended at least two mothers' group meetings in the last 3 months?

ANALYSIS OF BASELINE AND DISCUSSION IN THE SUPPORT GROUP

After the survey, help the women collate the information, then discuss the findings in the support group. Findings from the survey can help focus the discussions in the group.

1 Total number of households in the community from map

2 Total number of women interviewed from A+B+C+D

3 Total number of pregnant women from A

4 Number of mothers with infants 0-5 months from B

5 Number of mothers with infants 6-11 months from C

6 Number of mothers with infants 12-24 months old from D

7 Number of mothers with infants 0-24 months old sum of 4+5+6

8 Number of mothers with infants 6-24 months old sum of 5+6

9 Number of pregnant women receiving prenatal checks from A2

10 % of pregnant women receiving prenatal checks total in 9 divided by total in 3, times 100
What we want high % increasing over time

11 Number of pregnant women with more than 2 prenatal visits from A2a

12 % having more than 2 visits total in 11 divided by total in 3, times 100
What we want high % increasing over time

13 Number of pregnant women taking iron and folic acid tablets from A3

- 14 % taking iron and folic acid tablets total in 13 divided by total in 3, times 100
What we want high %, increasing over time
- 15 Number of pregnant women eating more than usual from A6
- 16 % of pregnant women eating more than usual total in 15 divided by total in 3, times 100
What we want high %, increasing over time
- 17 Number of mothers who started breastfeeding immediately after birth (within an hour) from B2, C2, D2
- 18 % of mothers who started breastfeeding within an hour total in 17 divided by total in 7, times 100
What we want high %, increasing over time
- 19 Number of mothers of children under 2 who gave colostrum from B3, C3, D3
- 20 % who gave colostrum total in 19 divided by total in 7, times 100
What we want high %, increasing over time
- 21 Number who started giving water or other fluids before 6 months from B4, C4a, D4
- 22 % who gave water or other fluids before 6 months total in 21 divided by total in 7, times 100
What we want low %, decreasing over time
- 23 Number of mothers exclusively breastfeeding for 5 months from B4, C4a, D4
- 24 % of mothers exclusively breastfeeding for 5 months total in 24 divided by total in 7, times 100
What we want high %, increasing over time
- 25 Number of mothers using bottles from B4b, C4b, and D5
- 26 % of mothers using bottles total in 25 divided by total in 7, times 100
What we want low % decreasing over time
- 27 Number of mothers who introduced complementary food before five months from B5, C5, and D6

- 28 % who introduced complementary food before five months total in 27 divided by total in 7, times 100
What we want low % decreasing over time
- 29 Number of mothers who started feeding complementary foods in the 5th or 6th month from B5a and C6
- 30 % who started feeding complementary foods in the 5th or 6th month total in 29 divided by total in 5 + number of mothers in B whose babies are 5 months old, times 100
What we want high % increasing over time
- 31 Number of mothers of babies 0-5 months old taking iron and folic acid tablets from B8a
- 32 % taking iron and folic acid tablets total in 31 divided by total in 4, times 100
What we want high % increasing over time
- 33 Number of all women who have been counseled with the counselling cards from A4, B10, C10, and D11
- 34 % of women counseled with counselling cards total in 33 divided by total in 2, times 100
What we want high %, increasing over time
- 35 Number of women who have attended at least 2 mothers' support group meetings in the past 3 months from A5, B11, C11, D12
- 36 % of women who have attended at least 2 support group meetings in the past 3 months total in 35 divided by total in 2, times 100
What we want high %, increasing over time
- 37 Number of mothers of children who breastfed more than usual the last time their baby had diarrhea from B6, C6a and D7a
- 38 % of mothers of children who breastfed more than usual the last time their baby had diarrhea total in 37 divided total in 7, times 100
What we want high % increasing over time
- 39 Number of mothers who gave extra fluids or rehydration drink the last time their child had diarrhea from C6b and D7b
- 40 % of mothers who gave extra fluids or rehydration drink the last time their child had diarrhea total in 39 divided by total in 8, times 100

What we want high %, increasing over time

41 Number of mothers of children 6-24 months old who are feeding non-liquid foods who continued feeding during the last episode of diarrhea from C6c and D7c

42 % of mothers of children 6-24 months old who are feeding non-liquid foods who continued feeding during the last episode of diarrhea total in 41 divided by total who responded yes to C5 and D6, times 100

What we want high %, increasing over time

43 Number of children 12-24 months old who have received immunization at least 4 times from D8

44 % of children 12-24 months old who have received immunization at least 4 times total in 43 divided by total in 6, times 100

What we want high %, increasing over time

45 Number of babies 6-11 months old who receive three or more meals + snacks per day from C8

46 % of babies 6-11 months old who receive three or more meals + snacks per day total in 45 divided by total in 5, times 100

What we want high %, increasing over time

47 Number of mothers of children 6-11 months old who are feeding non-liquid food who are feeding at least 1/2 pao at each serving from C5C

48 % of mothers of children 6-11 months old who are feeding non-liquid food who are feeding at least 1/2 pao at each serving total in 47 divided into total yes for C5, times 100

What we want high %, increasing over time

49 Number of mothers of children 12-24 months old who are feeding non-liquid food who are feeding at least 1 pao at each serving from D6b

50 % of mothers of children 12-24 months old who are feeding non-liquid food who are feeding at least 1 pao at each serving total in 49 divided into total yes for D6, times 100

What we want high %, increasing over time

51 Number of babies 12-24 months old who receive four or more meals + snacks per day from D6a

- 52 % of babies 12-24 months old who receive 4 or more meals + snacks per day total in 51 divided by total in 6, times 100
What we want high % increasing over time
- 53 Number of mothers of children 6-24 months old who are eating at least 3 meals + snacks each day from C8 and D9
- 54 % of mothers of children 6-24 months old who are eating at least 3 meals + snacks each day total in 53 divided by total in 5+6 , times 100
What we want high %, increasing over time
- 55 Number of couples that are trying to delay their next pregnancy from B9, C9, and D10
- 56 % of couples that are trying to delay their next pregnancy total in 55 divided by total in 7, times 100
What we want high % increasing over time
- 57 Number of couples that are using a modern method from B9a, C9a, and D10a
- 58 % of couples that are using a modern method total in 57 divided by total in 7, times 100
What we want high % increasing over time