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**MotherCare<sup>TM</sup>**

**The State  
of Breastfeeding  
in Dominican Republic:  
Practices  
and Promotion**

*Summary of the Final Report*

Prepared for:  
The U.S. Agency for International Development  
by MotherCare/ John Snow, Inc., The Manoff Group  
and LAC Health and Nutrition Sustainability Project: ISTI/URC

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# ***T**able of Contents*

<b>Introduction</b> .....	1
<b>Purpose and Methodology</b> .....	1
<b>Country Background</b> .....	2
Nutritional Status .....	2
Morbidity and Mortality .....	3
Fertility and Contraception .....	4
<b>Current Breastfeeding Practices</b> .....	5
Most Breastfeeding Practices Appear to Be Changing Little over Time .....	5
Non-Optimal Breastfeeding Practices Prevail .....	5
Knowledge and Attitudes of Mothers .....	7
<b>Breastfeeding Promotion and Support</b> .....	8
The Political, Legal and Financial Context .....	8
Formal Health Services .....	10
Traditional Health Care .....	11
Training Programs for Health Care Providers .....	11
Women's Work and Support Systems .....	12
Marketing of Breast Milk Substitutes .....	13
Information, Education and Communication (IEC) .....	13
<b>Recommendations</b> .....	16
Policy and Planning .....	16
Health Care Providers and Institutions .....	16
Household .....	17
<b>Sources</b> .....	19

# *Introduction*

In the 1990 Innocenti Declaration, the international health community recognized breastfeeding's critical role in the health of mothers and children and called for support of a global initiative to improve breastfeeding practices. Taking up this call, the U.S. Agency for International Development (A.I.D.) issued its *Strategy for Breastfeeding*. Activities included under the strategy are: the conduct of country-level assessments to document the current situation and serve as the basis for planning; the development of national infant feeding strategies and action plans; and the implementation and evaluation of national programs.

## **Purpose and Methodology**

USAID/Dominican Republic and A.I.D.'s Latin America and Caribbean (LAC) Bureau requested this assessment of the status of breastfeeding in the Dominican Republic, including supportive factors and obstacles to reaching optimal breastfeeding and areas requiring immediate action. It was felt that this assessment could help strengthen breastfeeding activities in A.I.D.'s child survival program.

Using the *Guide for a Country Assessment of Breastfeeding Practices and Promotion* produced by MotherCare, an interdisciplinary team conducted the assessment in June 1991. Activities included:

- a literature review;
- interviews with representatives from international, nongovernmental organizations (NGOs), and public and private health institutions; and
- site visits to health promoters of five different NGOs carrying out child survival programs, to a regional hospital and clinics in Regions IV and VI, and to the following facilities in Santo Domingo: a maternity hospital, a private clinic and a nutrition project of a local NGO, pharmacies, supermarkets and eateries.

The methodology gives a relatively quick means to assess infant feeding practices and the status of programs and policies that affect infant feeding. The results described here can be used for program planning and can serve as a baseline for assessing improvements in optimal breastfeeding practices.

# Country Background

The majority of the Dominican Republic's seven million people live in urban areas. Literacy rates exceed 80 percent for males and fall slightly short of 80 percent for females. The population's economic well-being has declined in recent years as a result of high unemployment, high inflation, a decrease in trade balance, and an increase in foreign debt. Nearly half of the population lives below the poverty level. 20 percent are unemployed, and 40 percent are under-employed (UNICEF, 1991). In Santo Domingo, it is estimated that 85 percent of the people live below the poverty level (USAID, 1991). The cost of the family food basket outstrips the family's earnings, leaving 80 percent of families unable to obtain even a minimal level of nutrition (CENISMI, MEPES). The economic crisis has stimulated Dominicans to leave the rural areas for the cities. Despite the Dominican Republic's weak economy, many Haitians continue to immigrate, primarily to the rural south-eastern part of the country.

## Nutritional Status

Dominican children are chronically undernourished, especially those over a year old in rural areas. Stunting affects over 20 percent of the 6-36 month old population. Although stunting increases dramatically after one year of age, it begins in the first months of life and corresponds with the transition from breast milk to other liquids, when nutrients and antibodies provided by breast milk are minimal. Children are small, but not necessarily thin, as reflected in the low rates of acute malnutrition.

### Dominican Republic's Health-Related Statistics

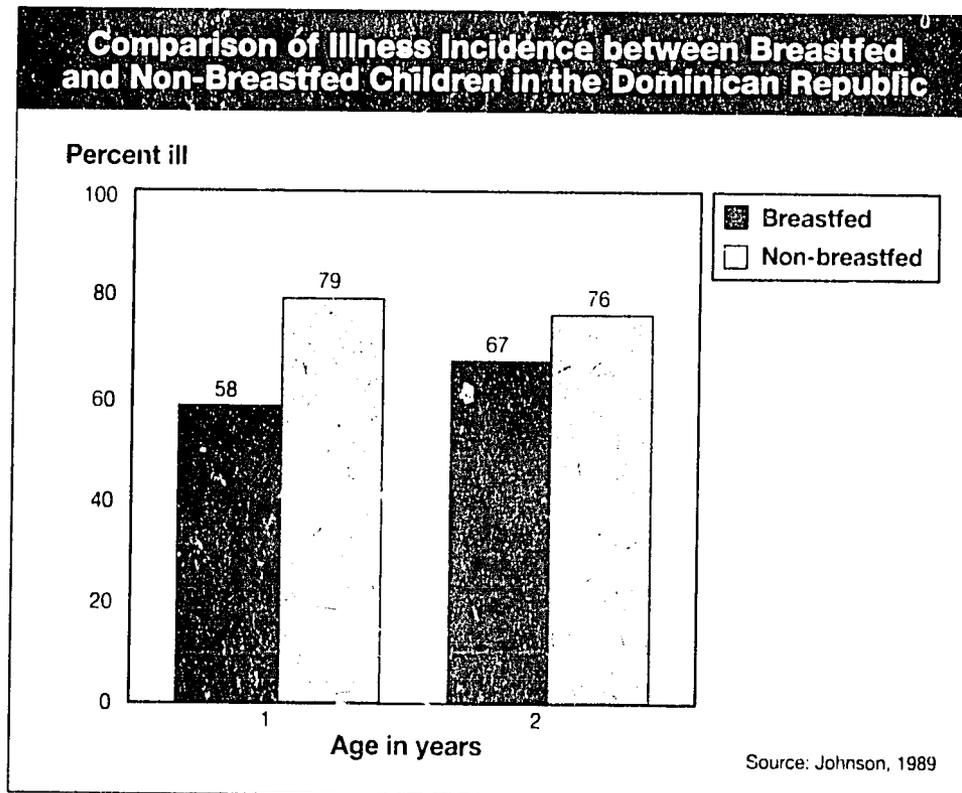
Total population	7.1 million (1990)
Percent urban	59% (1990)
Total fertility rate	3.3 children (DHS, 1991)
Percent of women in union using contraception	56% (DHS, 1991)
Female literacy	82% (World Bank, 1993)
Per capita GNP	US \$940 (1991 dollars) (World Bank, 1993)
Women receiving prenatal care	99% (DHS, 1986)
Deliveries in formal health facilities	90% (DHS, 1986)
Deliveries by trained attendant	90% (DHS, 1986)
Infant mortality rate (per 1000 live births)	65 (DHS, 1986) 45 (DHS, 1991)
Under 5 mortality rate (per 1000 live births)	63 (DHS, 1991)
Maternal mortality rate (per 100,000 live births)	300 (World Bank 1993)

#### Prevalence of undernutrition (DHS 1986)

Age	Wt/Age (undernourished)	Ht/Age (stunted)	Wt/Ht (wasted)
6-11 mos	6.7	9.6	3.2
12-23 mos	12.7	21.8	2.9
24-35 mos	15.3	25.6	1.3

## ***Morbidity and Mortality***

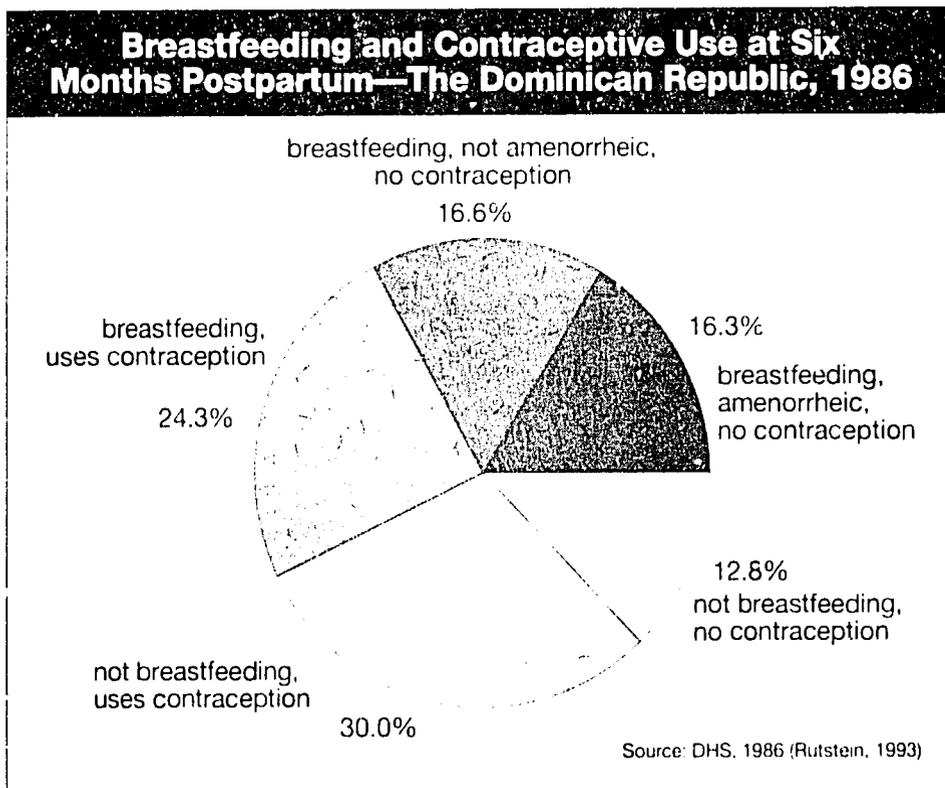
Respiratory illness and diarrhea are the two main causes of infant mortality. The prevalence of diarrhea among infants less than six months old is 15.7 percent. Diarrhea prevalence nearly doubles for infants 6-12 months old due to a drop in the immunological protection of breast milk, a higher exposure to contamination and poor complementary foods (DHS, 1991). While more children suffer from acute respiratory infections (ARI) than diarrhea, fewer die from ARI. Extrapolations from an urban study found that Dominican children spend 15 percent of the year ill (Mendoza, 1987). However, children included in the 1987 National Nutrition Survey had a significantly lower incidence of illness when breastfed, particularly in the first year of life. As shown in the following graph, 79 percent of non-breastfeeders vs. 58 percent of breastfed infants were ill in the previous year.



A study of risk factors for mortality in slightly malnourished children, at one year of age concluded that breastfeeding is the most significant factor. The risk of death for non-breastfed one-year-old children is almost 20 times that of their breastfed counterparts. (CENISMI/MEPES, 1991)

## ***Fertility and Contraception***

The majority (56 percent) of women in union are using some kind of contraceptive method. At three months postpartum, almost half of new mothers are fertile. With an average of five months of amenorrhea for nursing mothers, breastfeeding is clearly not having its full impact on postponing fertility.



# Current Breastfeeding Practices

## Most Breastfeeding Practices Appear to Be Changing Little over Time

While breastfeeding initiation rates have improved, other practices are static or declining.

- Almost all Dominican babies are breastfed. From 1978 to 1991, the percent of women initiating breastfeeding increased by six percentage points to 92 percent (WFS, 1978; DHS, 1991). However, this is still less than the virtually universal initiation of breastfeeding seen in other countries.
- It appears that more women from upper socio-economic groups are initiating breastfeeding than were doing so in the 1970s.
- Median duration of breastfeeding has declined. Infants are breastfed for an average of 5.9 months, one and a half months less than in 1986 (DHS, 1986; DHS, 1991).

## Non-Optimal Breastfeeding Practices Prevail

- Teas and water are customarily given immediately after birth, often in a bottle.
- In 1986, only 14 percent of infants under four months old were exclusively

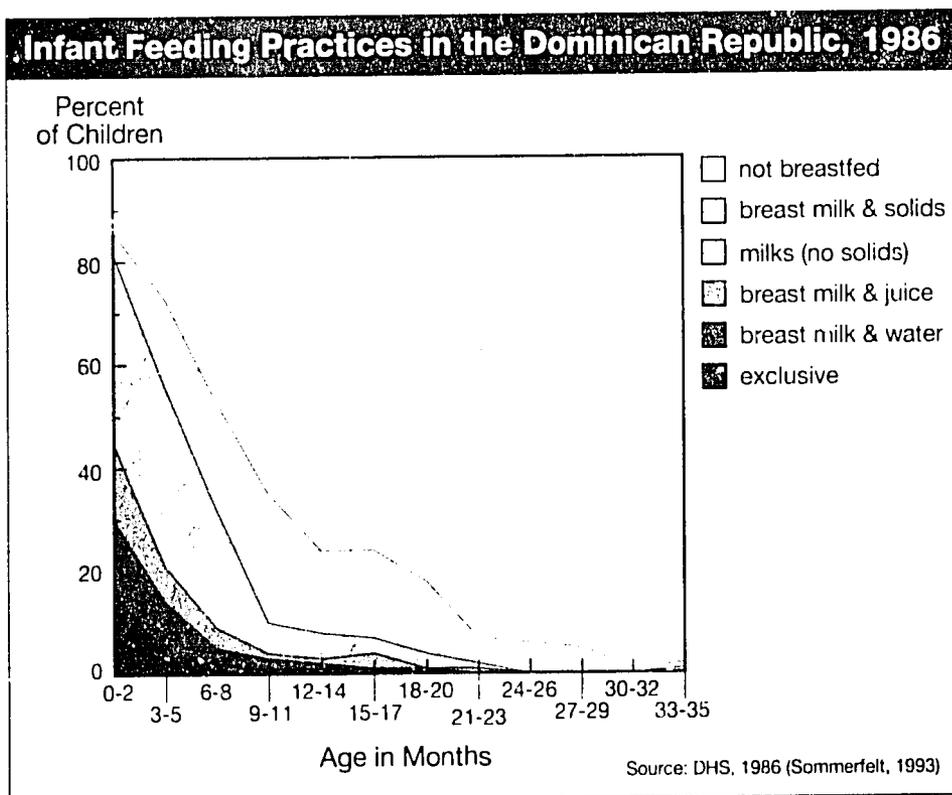
### WHO Indicators on Breastfeeding in the Dominican Republic

<u>WHO Indicator</u>	<u>Percent of Children</u>
Ever breastfed	87 (World Fertility Survey, 1978) 90 (DHS, 1986) 92 (DHS, 1991)
Exclusively breastfed 0-3.9 months	14 (DHS, 1986) 10 (DHS, 1991)
Predominantly breastfed 0-3.9 months (with or without water)	29 (DHS, 1986) 23 (DHS, 1991)
Still breastfed 0-3.9 months	82 (DHS, 1986) 82 (DHS, 1991)
Solids and breast milk 6-9 months	24 (DHS, 1986) 23 (DHS, 1991)
Bottle fed and breast milk 0-3 months	65 (DHS, 1986) 65 (DHS, 1991)
Breastfed 12-15 months (1st year of life)	23 (DHS, 1986) 29 (DHS, 1991)
Breastfed 20-23 months (2nd year of life)	11 (DHS, 1986) 7 (DHS, 1991)
Median duration (months)	7.5 (DHS, 1986) 5.9 (DHS, 1991)

NB: Percentages calculated from previous day's intake for children currently in age categories.

breastfed. The 1991 DHS indicated that only 10 percent of women exclusively breastfed their infants under four months old.

- Bottles are introduced early, before or around one month of age, which strongly limits breastfeeding. Two-thirds of breastfed 0-3 month old infants also had been given a bottle (DHS, 1991).
- Only one-quarter of 12-15 month old children continue to breastfeed. By 18-19 months, less than 10 percent of children breastfeed. Under one percent of 34-35 month old children breastfeed. Mean breastfeeding duration declines with increasing years of maternal education (DHS, 1991).



## ***Knowledge and Attitudes of Mothers***

Breastfeeding studies conducted in the Dominican Republic delineate a major gap between mothers' knowledge and practices.

- Ninety-nine percent of Dominican mothers believe breast milk to be the superior milk for their children, yet optimal breastfeeding rates are extremely low (CSP/KAP, 1990).
- Nearly three-quarters of mothers think colostrum is good, but herb teas and water are widely used to "cleanse the newborn's system" (CSP/KAP, 1990).
- Over three-quarters of mothers believe it is possible to exclusively breastfeed an infant for four months; however, nearly all of these mothers introduce bottles during this period (CARE, 1990).
- The majority of mothers believe that breastfeeding is important for a year or more, yet only 18 percent of infants breastfeed for over a year (CSP/KAP, 1990).

Studies also point out areas where mothers are misinformed and show how this leads to early supplementation.

- **Other liquids are needed.** Mothers believe that infants are thirsty, so they give water and teas from the first days of life, followed by juices and milks to make babies strong (CARE, 1991).
- **Insufficient milk.** Mothers stop breastfeeding or introduce supplements because they believe they did not have enough breast milk.
- **Harmful milk.** The majority of mothers believe in the existence of "salty" milk that is harmful to the baby. The milk of pregnant women is also believed to be harmful (CSP/KAP, 1990).
- **Sick babies or mothers.** Breast milk is often withheld when the baby is sick with diarrhea and vomiting, or when the mother is sick with a fever, hepatitis, anemia or malnutrition, hot or sweaty, or when walking (CSP/KAP, 1990).
- **Uninformed health workers.** Many mothers say that they were advised by their doctor to give other milks (CSP/KAP, 1990).
- **Non-nutritive breast milk substitutes.** Infants from poor families who receive supplements by bottle are mostly fed low-cost, non-nutritive liquids such as diluted corn starch (Johnson, 1989).

# ***B**reastfeeding Promotion and Support*

## ***The Political, Legal and Financial Context***

The National Breastfeeding Program was established in 1988 in the Nutrition Division under the direction of a Wellstart graduate. Public hospitals instituted rooming-in, early initiation of breastfeeding, and breast milk banks. However, in 1991, the Breastfeeding Program was integrated into Maternal and Child Health Division's National Plan for Child Survival (PLANSI) of Ministry of Public Health and Social Assistance (SESPAS). Since then the program has lost its director, its funding and its momentum.

- The PLANSI norms which describe breastfeeding policies are confusing and do not define optimal breastfeeding practices, for example:
  - Immediate breastfeeding initiation is incorrectly contraindicated for infants and mothers with complications.
  - The importance and definition of exclusive breastfeeding is not emphasized.
  - There is no mention of prolonged breastfeeding for at least one year.
- Although the PLANSI norms were distributed to government hospitals and health centers, workers lack necessary training.
- Training of all health promoters and 60 percent of medical personnel was planned but not accomplished.
- SESPAS/MCH policies do not agree with WHO/UNICEF's "Ten Steps."

A Code for the Marketing of Breast Milk Substitutes, modeled after the WHO International Code, was drafted and presented to Congress in 1986, but it has not been approved to become law.

Pregnant women are allowed six weeks of leave prior to delivery and six weeks leave after delivery. The law also provides for three 25-minute nursing breaks until the child is eight months old. However, these are rarely provided.

According to the 1990 program plan for the PLANSI, over US \$100,000 was programmed for breastfeeding from the government and donors. Additional private funding has been provided by the Dominican Pediatrics Society and Nestlé.

## Activities for Support of Breastfeeding

<u>Activity</u>	<u>Level</u>
National Breastfeeding Policy	Yes, 1988
National Breastfeeding Committee/ Coordinator	No
Comprehensive National Breastfeeding Program	Yes, 1988. Integrated with MCH Program in 1991
Significant National Allocations for Breastfeeding Promotion	US \$100,000
Health Services Hospitals with rooming-in Supplies given to mothers	Majority Free in private facilities
National Code of Marketing	Draft 1985, not law
Companies Distributing Breast Milk Substitutes	19 imported brand names
Companies Advertising Breast Milk Substitutes	See above
Breast Milk Substitutes in Hospitals	Private hospitals—prescribing is norm for all infants Public hospitals—prescribed for low birth weight babies and for mothers with Caesarean sections
Programs Providing Milk Supplements to Infants under 6 months	None, programs moving away from this
Number of Professionals Trained in Lactation Management	1 Wellstart, 1 attended Contradora breastfeeding conference, 1982
Mothers' Breastfeeding Support Programs	La Leche League, Santiago
Support for Working Women	Maternity leave (12 weeks) Nursing breaks (three 25-minute breaks)
Communications Program to Improve Practices	Ad hoc efforts, no integrated program

## ***Formal Health Services***

Both public and private formal health services are available throughout the Dominican Republic. Breastfeeding practices and policies are quite deficient.

- 95 percent of women make 4-7 prenatal visits per pregnancy. Breastfeeding counselling during these visits is not done.
- 90 percent of births are attended in hospitals and health subcenters by professional personnel.
- For normal deliveries, public health facilities commonly practice rooming-in, and it is unusual for glucose water or formula to be given to babies before breastfeeding. However, mothers are not given any orientation on how to breastfeed and are dismissed within 12 hours of delivery.
- Private hospitals and clinics, referred to as "formula warehouses," do not practice rooming-in. Free infant formula samples are given to mothers upon leaving these hospitals.
- Newborns are separated from mothers in such cases as low birth weight or prematurity, neonatal asphyxia, potentially septic babies, toxemic mothers, mothers with Caesarean sections or mothers with infections. Newborns are fed infant formula "donated" by pharmaceutical companies. This separation has a negative impact on breastfeeding and on the survival of infants with low birth weight and perinatal problems.
- Between 15 and 30 percent of public hospital deliveries are Caesarean sections in comparison to 90 percent in private hospitals. As a rule, these newborns are separated at birth and fed formula.
- Of the ten breast milk banks established in the mid-1980s, only three continue to function, thanks to the goodwill of the persons managing them. No support for the banks comes from the National Breastfeeding Program.

### **Ten Steps to Successful Breastfeeding in Maternities**

1. Have a written breastfeeding policy.
2. Train all health care staff in necessary skills.
3. Inform all pregnant women.
4. Initiate breastfeeding within a half-hour.
5. Show mothers how to breastfeed.
6. Give newborn infants no food or drink.
7. Practice rooming-in.
8. Encourage breastfeeding on demand.
9. Give no artificial teats or pacifiers.
10. Refer mothers to breastfeeding support groups.

Source: WHO/UNICEF

There is a large gap between the attitudes of health workers, especially doctors, and their practices. Doctors were identified by mothers and health promoters as the primary obstacle to the promotion of exclusive breastfeeding. While public facilities generally encourage rooming-in, the benefit of colostrum, and early initiation of breastfeeding, doctors and nurses lack the technical training to actively promote breastfeeding. When faced with a clinical breastfeeding problem, physicians recommend the use of breast milk substitutes.

There is limited integration of breastfeeding promotion in health programs.

- Since the integration of PLANSI under the Maternal and Child Division, the breastfeeding program has suffered from a lack of institutional support, lack of funds for training, and delays in printing of educational materials.
- The integration of breastfeeding messages and activities into the Acute Diarrheal Disease Control and the Family Planning programs is incomplete.
- Although family health records forms used in SESPAS facilities provide space for the collection of breastfeeding data, none is collected.
- The integration of breastfeeding with health programs is most evident in the activities of NGOs working with USAID's Child Survival Program. Breastfeeding has been integrated into nutrition and control of diarrheal disease activities.
- Family planning clinics provide no breastfeeding promotion at prenatal visits, or during counseling in family planning.
- When functioning, supplementary feeding programs for pregnant and lactation mothers and small children in Secretariat of Health centers have no guidelines for breastfeeding.

### ***Traditional Health Care***

There is little information about traditional health care providers in the Dominican Republic. Some medical professionals deny their existence, although traditional midwives assist in seven percent of deliveries (DHS, 1991). The Obstetric Nurses Association is currently undertaking a study on traditional midwives and hopes to obtain funding to train them in safe, clean delivery practices.

### ***Training Programs for Health Care Providers***

Typically, medical and nursing school curricula cover a few hours of breastfeeding theory, but instructors lack training in the clinical management of breastfeeding. The public Autonomous University of Santo Domingo is coordinating an effort with other medical

schools to revise and standardize the curricula for medicine and nursing and to incorporate primary health care content, including breastfeeding.

The PLANSI training manual for health promoters supports the importance of optimal breastfeeding. However, it fails to promote frequent and on-demand feeding or to provide specific techniques for mothers with breastfeeding problems.

The Dominican Pediatrics Society has trained over 13,000 health workers and 8,000 mothers in eight-hour workshops. Again, this course lacks teaching on the technical or clinical management of breastfeeding problems.

NGOs, including Catholic Relief Services/CARITAS and CARE, have developed and distributed training materials and modules for health promoters and their supervisors, as well as flip charts for community education.

#### **Groups Active in Breastfeeding Support**

- CARE
- Catholic Relief Services/CARITAS
- Centro de Integración Familiar in Santo Domingo
- Dominican Pediatric Society
- La Leche League in Santiago

### ***Women's Work and Support Systems***

Women's work influences breastfeeding patterns. Rural and urban Dominican women rarely carry their babies with them, leaving infants with siblings or neighbors. On average, infants of working women are introduced to the bottle one week earlier and are weaned sooner (6.4 vs. 9 months) than infants of non-working mothers.

Dominican women make up 42 percent of the economically active work force in urban areas. In the formal sector, a twelve-week maternity leave, with guaranteed pay and position upon return, is available to women. Businesses with 30 or more employees are required to have nurseries to facilitate breastfeeding, and workers have the right to three 25-minute nursing breaks until the child is eight months old. But most businesses are unaware of these laws.

The government is working toward establishing nurseries in all Free Trade Zone industries, although the law is currently held up in the Senate. Although the government discourages labor unions in the Free Trade Zones, several predominantly female unions are organizing. Women's unions and groups, although slow to organize, are working to protect women and their rights.

Two breastfeeding support groups are La Leche League in Santiago and the Centro de Integración Familiar in Santo Domingo. There are numerous women's groups in the country

working to promote women's self-esteem and rights. NGO child survival programs are supposed to be forming women's groups but progress toward this is slow.

## ***Marketing of Breast Milk Substitutes***

There are 22 name brands of imported infant formulas available in pharmacies, supermarkets, small shops, and eateries throughout the Dominican Republic. For the most part, pharmaceutical and food distributors seem to comply with the International Code for the Marketing of Breast Milk Substitutes even though it is not a law in the Dominican Republic. Representatives of formula companies do not contact pregnant or lactating mothers, nor do companies advertise through the media. One-half of a percent of formula import costs is donated to the Association of Dominican Doctors. Nestlé supports breast milk banks and libraries.

Representatives from Abbot and Mead Johnson, which dominate the infant formula market, claim that hospitals and doctors solicit bottles and formula. Doctors encourage non-compliance with the Code, since they distribute samples and bottles to mothers and prescribe formulas whenever mothers indicate a breastfeeding problem. They promote the use of formula for infants when the infant or mother has had any complication. As previously mentioned, up to 90 percent of mothers have a Caesarian section in private hospitals and clinics, where prescribing and distribution of formula is the norm.

The prohibitive cost of formula, which has risen up to 50 percent in the last two years, makes it unaffordable for most Dominican mothers.

## ***Information, Education and Communication (IEC)***

Communication between mothers and health professionals in hospitals and health clinics about breastfeeding is rare. The Breastfeeding Program of PLANES/SESPAS developed an integrated IEC plan, but it has never been implemented. Over the years, ad hoc efforts have been undertaken by NGOs.

- The Dominican Pediatric Society produced a pamphlet over 10 years ago, but it is not appropriate for mass distribution.
- A mimeographed pamphlet for mothers by TU Mujer requires corrections before it is distributed further.
- A simple and well illustrated pamphlet by the Dominican Institute for Integrated Development is widely distributed to mothers in its project area, but it includes little on appropriate breastfeeding techniques.

- The Center for Cultural Research and Action includes breastfeeding in their popular non-formal education strategies, including programming for local Catholic radio stations.

Two additional projects, both funded by USAID could contribute greatly to a coordinated communication effort, since they carefully designed and thoroughly pretested messages and materials.

- The Manoff Group designed counseling cards, flipcharts and cassettes to be used for face-to-face counseling and group education sessions in the promotion of proper infant feeding. Although the project was internationally recognized as a success, lessons from this project demonstrate the difficulty of changing mothers' behavior regarding use of bottles and exclusive feeding.
- As part of the Child Survival Program, University Research Corporation has included promotion of breastfeeding and other child survival interventions using flipcharts with face-to-face counselling. It is hoped that these materials will be adopted by the SESPAS and other government agencies.

These projects provide a substantial base of qualitative research on which to build culturally appropriate and effective programs. Furthermore, effective health-related IEC efforts have been carried out in the Dominican Republic addressed specifically to immunization and AIDS. Lessons can also be drawn from these efforts.

Mass media have not been fully utilized and offer a great deal of potential—particularly radio, which can be accessed at a relatively low cost.

***On the basis of the assessment team's findings, the Dominican Republic received a score of 54 of 154 points on the Breastfeeding Situational Analysis Score Sheet.***

### **Supportive Factors for Breastfeeding**

- Positive attitude toward breastfeeding.
- High level of attendance in prenatal care.
- High level of deliveries in health facilities.
- Most hospitals practice rooming-in.
- University medical curricula are being revised.
- Substantial donor interest.
- Laws supporting working women are established.
- Unions with significant female participation can potentially strengthen rights for women and children.
- Strong women's groups.
- Good communication materials exist, especially for interpersonal communication related to breastfeeding.
- Local talent exists for developing communication materials.
- A good base of qualitative research on practices from which to build.
- High potential for mass media education.

### **Constraints to Breastfeeding**

- Strong maternal will to use bottles.
- Cultural norm for early introduction of water, teas and other liquids.
- Cultural norm to leave infants at home when mother goes out.
- Absence of a director of the National Breastfeeding Program.
- Unclear protocols for health facilities.
- Code on Marketing of Breast Milk Substitutes has not yet become a law.
- Lack of training of health professionals in lactation management.
- Absence of breastfeeding support for new mothers.
- Private hospitals and clinics are "formula warehouses."
- Lack of a concerted communication effort in breastfeeding.

# ***Recommendations***

## **Policy and Planning**

Make the Code for the Marketing of Breast Milk substitutes a law and monitor compliance of physicians as well as formula manufacturers.

Reorient the SESPAS Breastfeeding Program:

- Hire a coordinator for the program.
- Revise, reorganize and correct PLANSI's Manual of Norms and the Child Survival Program's Health Promoter Manual.

Plan a coordinated and integrated breastfeeding promotion/IEC program. This program should use existing models of interpersonal communications materials along with a continuous mass media program.

Coordinate donors to prevent duplication of efforts and to ensure consistency in program support through regular exchanges.

Coordinate IEC efforts with UNICEF, PAHO, NGOs, Dominican Pediatrics Society, SESPAS, and other agencies to assure harmony of messages and acceptance of breastfeeding promotion as a national program.

## **Health Care Providers and Institutions**

Breastfeeding promotion strategies must target the education and training of medical personnel first. Training must include the management of breastfeeding problems as well as the promotion of optimal breastfeeding.

- Train medical teams in clinical management of breastfeeding per the Wellstart model.
- Train lactation counselors for the large urban hospitals.
- Strengthen clinical management training through the current revision of the medical curriculum for the Autonomous University of Santo Domingo.
- Revise public sector hospital policies to reflect "Ten Steps." Immediately change the protocol regarding breastfeeding and mothers and/or infants with complications.

- Promote the benefits of breastfeeding among administrators and personnel of private health facilities.
- Learn more about the attitudes and practices of health care workers in their promotion of breastfeeding vs. bottle feeding.
- Write breastfeeding promotion in protocols for prenatal care and family planning counseling.

## ***Household***

Although some good research exists with regard to breastfeeding practices, there is a need to better understand motivations for key "problem" practices if there is to be a major behavior shift in practices. These practices are:

- lack of exclusive breastfeeding;
- common use of bottles; and
- leaving infants at home as opposed to taking them to work.

Also, more work could be done to segment audiences—that is identifying messages suitable for men and other family members who could support the women's efforts to breastfeed optimally.

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