Media Promotion of Breastfeeding:
A Decade's Experience

Nutrition Communication Project
a project of the
United States Agency for International Development

PN-ABF-089

Media Promotion of Breastfeeding :
A Decade's Experience

by Cynthia P. Green, Ph.D.
July 1989

Nutrition Communication Project (NCP)
a project conducted by the
Academy for Educational Development
1255 23rd Street, N.W.
Washington, D.C. 20037
U.S.A.
~~for the~~
U.S. Agency for International Development
Bureau for Science and Technology
Office of Nutrition

Typography by Peggy Miller Associates

Library of Congress Cataloging-in-Publication Data

Green, Cynthia P.
Media Promotion of Breastfeeding/ by Cynthia P. Green
ISBN 0-89492-067-7

"July 1989."
1. Mass media in breast feeding promotion. I. Title. [DNLM: 1. Breast Feeding 2. Health promotion—methods. 3. Health Promotion—Organization & administration. 4. Mass media.WS 125 G795m]
RJ216.G75 1989
613.2'6—dc20 89-17866 CIP

Funded by the Academy for Educational Development's Nutrition Communication Project

Includes bibliographical references

Table of Contents

Acknowledgements

Preparation of this manual was supported by the United States Agency for International Development (A.I.D.), Bureau of Science and Technology, Office of Nutrition, under the Nutrition Communication Project (NCP), the Academy for Educational Development, contract no. DAN-5113-Z-00-7031-00. In 1987, the Academy for Educational Development was competitively contracted by A.I.D. to implement the Nutrition Communication Project (#936-5113). The project applies state-of-the-art knowledge about communication and social marketing to priority issues in international nutrition such as breastfeeding, growth monitoring, and Vitamin A deficiency. The contents of this manual do not necessarily reflect the views or policies of A.I.D.

Margaret Burns Parlato, Project Director of the Nutrition Communication Project, deserves special recognition for her pivotal role in developing this manual; she provided the conceptual framework as well as background materials, facts and insights for this report. Gayle Gibbons and her staff at the Clearinghouse on Infant Feeding and Maternal Nutrition, American Public Health Association, were very helpful in identifying relevant articles and other resource materials, conducting literature searches, and suggesting sources and contacts. The faculty and staff of Wellstart provided expert advice on the current state-of-the-art regarding breastfeeding.

Numerous people were generous with their time and documents; they deserve much credit for their wisdom and sound advice but should not be held accountable for the end product: Naomi Baumslag, Bette Booth, Judy Canahuati, Gerson da Cunha, Farag Elkamel, Michael Favin, Claudia Fishman, Holly Fluty, Dennis Foote, Norbert Hirschhorn, Robert Homik, Sandra Huffman, Ronald Israel, Peggy Koniz-Booher, Miriam Labbok, Mark Lediard, Don Levy, Michèle Lioy, José Mata, Luis Hernando Ochoa, Chloe O'Gara, Anne Rapoza, Jose G. Rimon III, William A. Smith, Benedict Tisa, Martin Vaessen, and Virginia Yee.

Special thanks also go to Nutrition Communication Project staff, Vincent G. Theel and Valerie Uccellani for identifying and preparing the photos and graphic materials for this manual and overseeing its production.

The photograph reproduced on the cover of this publication is credited to BUNSO. Special thanks go to IOCU/IBFAN for assistance in obtaining the photograph.

Executive Summary

In order to assess the role of mass media in breastfeeding promotion, programs in more than 25 countries were reviewed in addition to the international press and supporting materials. This review shows that a small number of programs are outstanding in their use of the popular media, including radio, television, newspapers and magazines. The majority of breastfeeding promotion programs currently in operation, however, make little use of the mass media. But nearly all programs have used print materials, such as booklets and posters, to support counseling of pregnant women and new mothers, and many respond to information requests from the press and general public through ad-hoc distribution of educational materials. Since there have been few systematic, large-scale media campaigns, it must be emphasized that the full potential of mass media to promote breastfeeding is as yet unrealized and therefore unknown.

What has been learned is that breastfeeding promotion programs are designed to address three types of factors affecting breastfeeding practices: 1) negative public attitudes toward breastfeeding; 2) lack of knowledge of specific breastfeeding skills such as correct positioning of the baby on the breast and increasing milk production; and 3) social norms that define breastfeeding as unusual behavior.

A number of countries have used mass media effectively to tackle these problem areas by:

1. Providing information, support and advice to nursing mothers and educating women of all ages on the many benefits of breastfeeding;

2. Strengthening interpersonal interventions intended to inform and support new mothers and pregnant women, such as changing hospital practices, promoting support groups, and training health workers;

3. Reaching audiences other than mothers such as policymakers, government officials, administrators, employers, and other influentials to promote changes in health services delivery, hospital procedures, promotion of infant formula, and employer policies regarding maternity leave, crèches, equipment and facilities for nursing mothers, and work breaks for breastfeeding; and

4. Creating a favorable social environment for breastfeeding mothers by encouraging husbands and other family members to be supportive, emphasizing the many advantages of breastfeeding, and portraying breastfeeding as normative behavior.

Despite the growing understanding of the need for breastfeeding promotion, few countries have initiated major mass media programs since 1983. As media coverage of the infant formula controversy faded after adoption of an International Code of Marketing of Breastmilk Substitutes in 1981, many national breastfeeding promotion programs were cut back or eliminated. Virtually all of the mass media campaigns of the late 1970s and early 1980s were considered "successful" by knowledgeable observers. The reason for their

reduction was that decisionmakers in national governments and donor agencies gave less priority to breastfeeding in part because they felt the removal of formula advertisements would resolve the problem of declining breastfeeding trends. Hence funds for breastfeeding mass media campaigns and other initiatives have been limited over the past six years.

Two major lessons can be learned from the programs conducted during the past decade. One is that general messages proclaiming the benefits of breastfeeding are not effective since they do not address the major impediments to optimal breastfeeding practice. To be successful, future programs will need to make effective use of proven social marketing techniques to identify obstacles to breastfeeding and design specific messages to address them. The second major lesson to be drawn from past experience is that program managers need to give particular attention to placing breastfeeding promotion activities within a larger institutional framework in order to assure permanent funding and staff and coordination with related health activities. Without this base even successful programs have been short-lived.

The most successful mass media campaigns had the following qualities in common:

1. An overall communication strategy based on an in-depth analysis of the main impediments to optimal breastfeeding;

2. A plan for ensuring long-term sustainability of breastfeeding promotion programs;

3. A well-designed media plan with messages and media appropriate to the target audience(s).

4. Interpersonal support systems such as health workers and counselors; and

5. Sound administrative and financial management;

The review shows that relatively modest budgets have supported well-executed programs that have included research, production, broadcast and evaluation. All of these elements are critical, particularly evaluation which is used to improve, replicate or expand programs and provide feedback to field staff and supporters.

Successful breastfeeding programs use mass media as part of a long-range promotion strategy, rather than as sporadic, short-lived campaigns. A change in group norms favoring breastfeeding, which some experts believe is the key factor determining breastfeeding practices, cannot be achieved by a brief media campaign. Similarly, specific breastfeeding skills and advice also need to be provided on a continuous basis: there are always new mothers giving birth, newly trained health workers starting to work, as well as newly elected or appointed policymakers and administrators taking up posts. Program managers need to plan for the future and make a special effort to ensure that fledgling breastfeeding promotion efforts continue.

Integrating selected breastfeeding messages with other programs such as oral rehydration therapy and child nutrition has been less successful than focusing on key problems ~~associated with breastfeeding in a specific locale. However, it should be pointed out that~~ few of these integrated programs to date have been designed to give strong emphasis to breastfeeding. Future efforts will need to explore whether breastfeeding can be given sufficient attention in such contexts.

Introduction

1

This publication is intended to provide program managers with practical information on planning and implementing mass media programs promoting breastfeeding. Drawing from the experience of breastfeeding promotion programs in more than 25 countries, this guide discusses what works and what does not, how to develop cost-effective media campaigns, how to determine whether a program is effective, and how to ensure that promotional efforts continue.

Specifically, this guide is directed to all those who must make decisions regarding breastfeeding promotion programs: program administrators and implementers, donors, policymakers, government officials, advocates working with private organizations, communication specialists, and health workers. While there are no easy answers to questions such as "What proportion of the budget should be devoted to mass media?," this guide will review the factors that enter into such a decision. No special expertise in communication is assumed.

Readers seeking information on how to conduct a mass media campaign are referred to Appendix A, which lists a number of excellent guides available at little or no cost.

Generally, people think of radio, television, newspapers and magazines as the major mass media channels, since they reach large segments of the public. However, due to the lack of breastfeeding promotion programs using such channels, this analysis was extended to encompass all types of mass-produced materials, including booklets, posters, audio tapes and visual aids. General discussions of mass media use refer to media which reach large groups of people and not to materials having limited coverage and distribution, although such materials are often useful as adjuncts to a broader program using broadcast media and the press.

The lessons learned in mass media promotion of breastfeeding fall into three major categories: 1) management issues unrelated to the content and design of the mass media promotion; 2) overall communication strategy which dictates the relative emphasis given to mass media; and 3) mass media promotion, both in terms of specific campaigns and materials developed to support interpersonal interventions. At first glance, a discussion of management issues may seem unnecessary. However, the experience of many countries indicates that they are inextricably linked with the success and even the survival of many mass media programs.

Few major national campaigns to promote breastfeeding have been initiated since 1983, and many of the large promotional programs established in the 1970s and early 1980s have been cut back or eliminated. The factors leading to this hiatus in activity seem to be mainly related to the larger climate of public opinion and the commitment of high-level decisionmakers, with little bearing on program quality. Virtually all the mass media campaigns were well-received and deemed generally "successful" by knowledgeable observers. While the need for improvements can always be seen in the light of experience, the major flaw in most of the discontinued mass media activities seems to be inadequate attention to the larger context in which the project works. Key project management issues include: efforts to secure the continued support of influential leaders who set program priorities, allocate funds,

Photo: IBFAN

Breastfeeding enjoyed very high media visibility in the 1970s and early 1980s when the infant formula controversy was at its height. As the controversy faded, breastfeeding no longer became a featured news story. Today, generating the high-profile media coverage of the past takes a major effort.

and assign staff members; placement of the project within the larger bureaucratic structure; coordination of activities with agencies working in related areas; and acquisition of long-term funding sources. Therefore, this report will devote some attention to the larger management issues, as well as those which relate directly to mass media promotion.

Another program weakness pertains to the identification of key obstacles to optimal breastfeeding and specific behavioral problems and the development of programs specifically designed to address these issues. Few breastfeeding promotion programs have used social marketing techniques to develop program strategies. While this omission affects all aspects of program activities, it is especially damaging to mass media components. Hence, this report will discuss some of these larger strategic issues as well.

Overall Impact of Breastfeeding Promotion Programs

2

Some people assume that the decline in the practice of breastfeeding is an inevitable byproduct of modernization and urbanization. Recent research indicates that this is not true; breastfeeding practices can be changed. In many countries, declines in the practice of breastfeeding observed in the 1970s have been halted and even reversed. Based on the results of national surveys made in 16 developing countries, Millman (1987) found that the incidence of breastfeeding had declined in five countries, remained stable in eight, and risen in three. Millman (1987:14) concludes that efforts to forestall the decline in breastfeeding such as promotion of breastfeeding in the mass media and in public health programs and greater regulation of infant formula marketing may have been "more successful than has been realized." Other hypotheses to explain improvements in breastfeeding behavior include the lack of imported infant formula and milk products due to foreign exchange shortages. In addition, estimates of length of breastfeeding may be statistical artifacts due to increased infant survival rates and concomitant lack of statistical adjustment of these data. The assumption that a revival of breastfeeding must first be achieved among the elites, then the urban poor, and finally the rural poor has not proved true for all countries (Brown, 1986; Haaga, 1986; Ivesoef, Annest and Utomo, 1989).

Other researchers have found that specific interventions such as changes in hospital practices and establishment of support groups can increase initiation and duration rates within a short period of time (Huffman and Combest, 1988; U.S. Agency for International Development, 1987). In Malaysia, breastfeeding initiation rates increased during the 1970s, suggesting that a shift in the practices and recommendations of health professionals and efforts by volunteer groups can change breastfeeding behavior (Haaga, 1986).

Highly Favorable Cost/Benefit Ratio

Promoting breastfeeding is highly cost-effective. First, an improvement in infant health and nutrition saves health delivery costs; the birth spacing benefits of breastfeeding also promote better maternal and child health. Diarrheal infection and susceptibility to other illnesses are reduced. Secondly, hospitals and health centers save money by not having to purchase large supplies of formula and bottles and by needing fewer staff to mix formula and care for infants, since most are rooming in with their mothers. Also, low-income families can save money by not having to buy formula, thereby giving them more purchasing power for food and other necessities. Reduced formula sales can help to decrease foreign imports in many developing countries, with positive effects on hard currency reserves and the balance of trade.

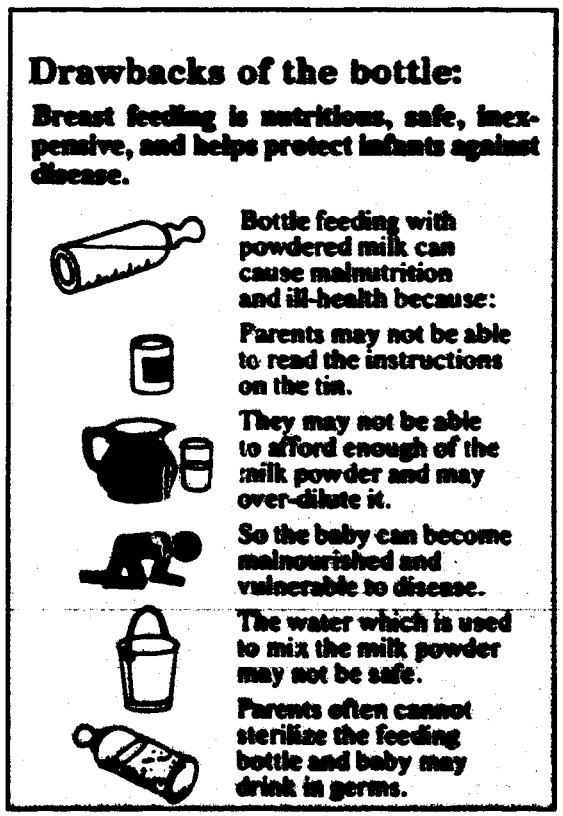
Need for Continuous Effort

In many countries the impetus for breastfeeding promotion programs came in the wake of the infant formula controversy of the late 1970s and early 1980s, when extensive media coverage underscored the dangers of bottlefeeding and the many benefits of breastfeeding. Unfortunately, it appears that the adoption in 1981 of the International Code of Marketing of Breastmilk Substitutes served to diminish the high profile of the controversy, resulting in less spontaneous media coverage of breastfeeding and in less fund-

ing for breastfeeding promotion. Many of the major breastfeeding initiatives of the 1970s and early 1980s have disappeared, mainly due to funding constraints, bureaucratic rivalries, and lack of support by high-level government administrators and policymakers.

Ironically, more children are being fed infant formula today than ever before, both in developing and industrialized nations, according to Professor James E. Post, a management policy expert (Post, 1988). Infant formula continues to be heavily promoted to health workers, who are offered not only free samples and educational materials, but also free seminars and trips (Clement, 1988). Because these activities are less visible than the media advertising campaigns of the past, they are largely unchallenged. One source of assistance for those monitoring implementation of the Code at the national level is the International Baby Food Action Network (IBFAN), a coalition of health workers, consumers and women's organizations based in Penang, Malaysia. IBFAN is conducting a major media campaign on breastfeeding during 1989.

The need for continuous promotion of breastfeeding is underscored by recent reports from Brazil. Following a major promotional program in 1981-82, including an intensive media campaign, training for health workers, establishment of support groups, and other activities, the proportion of women breastfeeding rose from 50 to 60 percent and the duration increased by 200 percent in some areas. Television spots were remembered after a three-year gap. After the media campaign and other outreach efforts were cut back in 1983 and suspended in 1985, breastfeeding prevalence and duration declined almost to the pre-campaign levels (Da Cunha, 1988b). The lesson to be learned from this reversal is that it takes many years for "new" behavior and social norms to become established and that early success can be easily eroded if promotional efforts are curtailed.



A health workers' guide developed by the International Organization of Consumers Unions and the International Baby Food Action Network highlights the important features of the International Code of Marketing of Breastmilk Substitutes. This box explains common problems associated with bottlefeeding that adversely affect infant health and development.

Role of Mass Media in Breastfeeding Promotion

3 Attitudes, Skills and Social Norms

Basically, breastfeeding promotion programs are designed to address three types of factors affecting breastfeeding practices: 1) negative public attitudes toward breastfeeding; 2) lack of knowledge of specific breastfeeding skills such as correct positioning and increasing milk production; and 3) social norms that define breastfeeding as unusual behavior. While research can identify various behaviors and attitudes that affect breastfeeding, program leaders must make a basic decision as to which factors are paramount: are women poorly motivated, do they lack specific skills, or are they discouraged by all the influences in their immediate environment?

Most media campaigns on breastfeeding have addressed attitudinal issues, although messages on breastfeeding skills have been added in recent years. These approaches assume that women will change their breastfeeding practices once they have sufficient information. An alternative view offered by development communication specialist Robert Hornik (1988) is that breastfeeding practices may be largely determined by expectations within a social network and that group norms, rather than individual preferences, may be the key factors influencing breastfeeding behavior. If the group expectations scenario is predominant, the implications for breastfeeding promotion programs are: 1) Campaigns emphasizing skills transmission or confidence-building may have limited success; 2) A change in group norms cannot be altered by a brief media campaign but rather requires long-term institutional zed support; and 3) Messages making breastfeeding exempt from the influence of social networks may permit some women to adopt it (e.g. "The doctors say I have to.") (Hornik, 1988:106).

In regard to attitudes toward breastfeeding, mass media messages can help mothers as well as people who are influential in their daily lives to understand the many benefits of breastfeeding. Mass media can also correct widespread misconceptions about breastfeeding, such as the idea that it can cause the breasts to sag or that it is less convenient than bottlefeeding. To some extent, mass media coverage can also provide support to mothers who may be influenced by negative interpersonal channels such as a friend who extols the convenience of bottle feeding. Advertising expert Richard Manoff points out that "The new mother is a very lonely, uncertain person. . . All her support systems are very shaky." (Manoff, 1982:B4). Media coverage about breastfeeding can help to instill confidence and to suggest sources of advice and assistance.

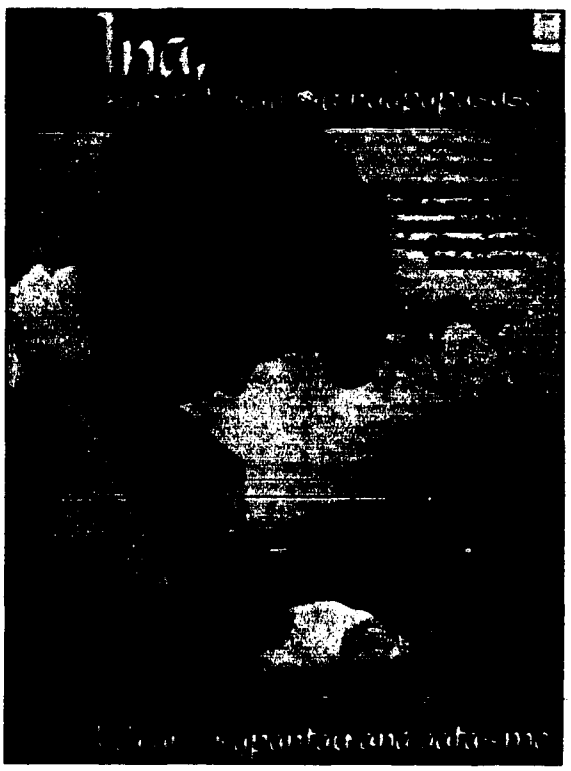
Breastfeeding programs may need to address deeply entrenched social norms governing how babies are fed. For example, this airport sign uses a bottle to denote the nursery, rather than a symbol of a breastfeeding mother.

Photo: Joel Peter-Johnson
Subtle cultural cues such as this illustration found in a newspaper from the United States reinforce the idea that bottlefeeding is expected behavior.

Media coverage can also be helpful in persuading husbands to be more supportive of their wife's efforts to breastfeed and to reassure both spouses that it is indeed the "modern" and enlightened thing to do.

In regard to skills transmission, mass media can also be used to educate mothers on techniques of breastfeeding and ways to overcome common problems, to answer questions from nursing mothers and to promote advisory services and support groups. Many kinds of breastfeeding problems such as nipple soreness, concerns about inadequate milk, and breast infections can be addressed through the mass media. For example, interviews, panel discussions and call-in shows on radio and television can discuss common breastfeeding problems and refer women to their local health center and/or breastfeeding support group for individual assistance. Correct positioning of the baby on the breast can be shown on television. Newspaper and magazine columns can answer questions and provide first-person "success stories" of women overcoming obstacles to breastfeeding. Posters, radio spots and newspaper advertisements can be used to promote advisory services, telephone hotlines, leaflets and other aids as well as to publicize specific meetings and events.

In regard to social norms, mass media can play a unique role in legitimizing behavior and educating people on what is socially acceptable. Testimonials by television personalities and soccer stars in Brazil helped to promote the idea that breastfeeding was the "in" thing to do. Several countries use well-dressed, elegant women in their breastfeeding promotional materials to emphasize that breastfeeding is not just for those women too poor to buy infant formula. Mass media, with their ability to shape perceptions, may be particularly effective in countering the "poverty image" of breastfeeding where this exists.



This poster from the Philippine National Movement for the Promotion of Breastfeeding shows a well-dressed mother nursing her child. This is a good example of a general motivational poster: the baby's position at the breast is correct and there is eye contact between mother and child.

In several countries, mass media campaigns promoting breastfeeding have been especially effective in persuading policymakers to adopt policies promoting breastfeeding such as changes in hospital practices and employer policies and limitations on formula promotion. Similarly, mass media campaigns not targeted at health workers have had the ancillary effect of motivating them to learn more about breastfeeding and to take an active role in promoting it.

The preceding discussion should not be construed as suggesting that mass media can do the entire job of breastfeeding promotion. Breastfeeding is a complicated behavior which requires learning specific skills and making a sustained effort over many months, and therefore it cannot be solely influenced by the mass media. Other sources of information and support, including health workers, husbands, friends and relatives, can be very influential in both the initial decision to breastfeed and subsequent efforts to initiate and continue breastfeeding.

Photo: Office of the Queen, Jordan
Involving well-known public figures in special events associated with breastfeeding promotion helps to give the event prestige and visibility. In Jordan, Queen Noor's sponsorship of a 1988 seminar on breastfeeding, which was attended by 130 health professionals, resulted in extensive media coverage.

This wallchart, which was produced by UNICEF and the National Food and Nutrition Committee of Fiji, includes breastfeeding as well as growth monitoring, oral rehydration therapy and immunization as the four major ways parents can protect child health. The panel on breastfeeding emphasizes the importance of exclusivity in the baby's first four months and the immunological benefits of breastfeeding. It also points out that bottle feeding is expensive, involves difficult preparation, and can be dangerous.

Results of Breastfeeding Promotion Campaigns

4

Assessing Mass Media Effects

Ideally, it would be most helpful to program planners to be able to state definitively that an investment of X amount of money in one or several promotional activities would raise breastfeeding rates (however defined) by X amount. Unfortunately, in the real world such a statement cannot be made for a number of reasons. First of all, few breastfeeding promotion programs have collected baseline and evaluation data, and few reports include detailed information on costs. Secondly, there have been no studies comparing the relative effectiveness of different interventions such as hospital-based programs, training of health workers, support groups and use of mass media. Basically, the choice of interventions becomes a judgment call, based on an assessment of problem areas, overall breastfeeding promotion strategy, feasibility and cost.

In regard to evaluating use of mass media, most programs combine it with other interventions, making it difficult to discern specific mass media effects. Also, few country programs have collected data on breastfeeding practices both before and after mass media campaigns. In countries having data on breastfeeding practices based on surveys several years apart, mass media campaigns have been discontinued or of such short duration that no effects can be determined.

Nevertheless, the available data lend some support to the idea that mass media campaigns contribute to increases in breastfeeding practice and average duration. For the few countries in which before and after data exist, the evidence is circumstantial: mass media campaigns were mounted during the period in which the incidence and/or duration of breastfeeding increased. Thus, it cannot be inferred that the mass media campaigns caused the increase, but it is likely that they had some effect.

Ironically, the effectiveness of mass media promotion can be seen in the results of infant formula advertising. Surveys conducted in four countries found that a majority of women recalled mass media advertising of commercial infant foods, even though such ads had been discontinued prior to the time of the survey (Winicoff et al., 1983a,b,c, and d).

Behavioral Changes

In Honduras, average breastfeeding duration increased from 15.2 months in 1981 to 16.2 months in 1984 (Janowitz et al., 1987). During 1981-83, more than 1,600 radio spots on breastfeeding and, later, a radio course containing 11 15-minute programs were broadcast nationally as part of a government campaign to combat diarrheal diseases (Booth, 1983). PROALMA, a breastfeeding promotion program, began to work in urban hospitals and to train health workers in late 1982 ("Breastfeeding Promotion in Honduras," 1987). A survey made after the spots had been broadcast found that 65 percent of the mothers were breastfeeding (either exclusively or partially) their children aged 18 months or younger; after the radio course, the proportion breastfeeding rose to 81 percent. However, messages regarding the importance of exclusive breastfeeding in the first 3-4 months of life were not well-retained by the respondents (Applied Communication Technology, 1985). Intermittent "refresher" broadcasts

This poster produced by the Brazilian Ministry of Health in 1987 stresses the importance of rooming-in for newborns.

are needed to sustain knowledge levels and reinforce behavior patterns, the researchers state (Applied Communication Technology, 1985).

In Brazil, the Ministry of Health mounted extensive mass media campaigns in 1981 and 1982 and initiated other promotional activities on a smaller scale, including health worker education, hospital programs, and organization of support groups. Surveys conducted before and after the media campaigns have shown changes in both the prevalence and duration of breastfeeding. Two surveys conducted in São Paulo in 1973/74 and 1984/85 found an increase in the proportion of breastfed children at three and six months of age (Monteiro et al., 1987). UNICEF-sponsored surveys done in São Paulo also showed an increase in the proportion of children eight months old or younger who were breastfed: 49 percent were still being nursed at the time of the interview in 1984/85, compared with 38 percent in 1981; 26 percent were exclusively breastfed in 1984/85, compared with 16 percent in 1981 (Monteiro et al., 1987). About one year after the initial media campaign, a leading hospital in Brasilia reported a 20 percent increase in the average duration of breastfeeding among mothers it tracks after delivery (Da Cunha, 1982b). Following the 1981 and 1982 media campaigns, some areas reported an increase in prevalence from 50 to 60 percent and a 200 percent increase in duration; however, several years after the campaign ended, prevalence and duration had declined almost to pre-campaign levels (Da Cunha, 1988b).

In the Dominican Republic, CARITAS and Catholic Relief Services implemented a three-year campaign (1983-86) consisting of home visits by promoters supported by audiocassettes and visual aids for mothers of young children. An evaluation study found that the proportion of mothers reporting breastfeeding on demand during the child's first month of life increased from 35 percent in 1983/84 to 63 percent in 1986, and women said they breastfed exclusively longer. Knowledge that breastmilk alone is needed for a child

This counseling card produced in the Dominican Republic in 1985 is for babies under four months old who are not gaining weight adequately. It reminds the health worker to tell the mother that she should breastfeed eight times daily and should drink extra liquids and eat more than normal to increase her milk production.

under four months increased from 65 percent in 1983/84 to 76 percent in 1986. Also, the proportion of children under four months who were given food other than milk decreased from 27 percent in 1983/84 to 19 percent in 1986 (U.S. Agency for International Development, 1988).

In Jamaica, the government mounted a nationwide nutrition education campaign with a large mass media component during 1977-79. National surveys independent of the project found that the average duration of breastfeeding increased from 10 to 13 months after the campaign (Berg, 1987).

In Egypt, the National Control of Diarrheal Diseases Project of the Ministry of Health conducted four national campaigns during 1983-86 which included radio and television spots on the importance of continuing to breastfeed during the child's diarrhea. Surveys found that the proportion of mothers who breastfed during diarrhea increased from 68 percent in 1984 to 86 percent in 1986 (Social Planning, Analysis, and Administration Consultants, 1987a).

Changes in Knowledge and Attitudes

In Colombia, a 1980 evaluation of a nine-month mass media campaign conducted in 1979-80 found a significant change in attitudes toward breastfeeding among mothers with children under five years of age (Uribe, 1986). Whether the campaign resulted in ~~behavior change is difficult~~ to determine: a national survey done in 1980 at the end of the campaign found lower levels of average breastfeeding duration and a higher proportion of women who did not breastfeed at all, compared with a 1976 survey (see Table 1) (Corporación Centro Regional de Población, 1981 and 1977). Nevertheless, a 1986 survey found that average duration was close to the 1976 level and the proportion of women not breastfeeding at all was lower than in both 1976 and 1980 (Corporación Centro Regional de Población, 1987 and 1977). It is possible that the 1980 survey was done too close to the end of the campaign to show any changes in breastfeeding practice. Alternatively, one could argue that breastfeeding practice might have declined even further in the absence of the campaign.

Following a one-year mass media campaign in Chile during 1981-82, 65 percent of the women surveyed recalled the campaign messages one month after it ended, and 94 percent said that the campaign was good or very good (Search Consultores, 1982).

Egyptian ORT Campaign

Following is one television spot from the National Control of Diarrheal Diseases Project's 1985 ORT Campaign

Sayeda: What is the best kind of milk so I can buy it and have it ready for the baby?

Karima: The best kind of milk cannot be sold or bought.

Sayeda: What milk is that?

Karima: Mother's. The baby should take it from the first hours of birth.

Sayeda: First hour? Do you mean I should give it colostrum milk?

Karima: Of course. That's what cleans up the baby's stomach and protects it from many diseases. And mother's milk makes the child grow and become healthy.

Sayeda: Is there a difference between mother's milk and other kinds of milk?

Karima: There is nothing like mother's milk. It's warm, ~~clean, and protects the baby~~ from diseases.

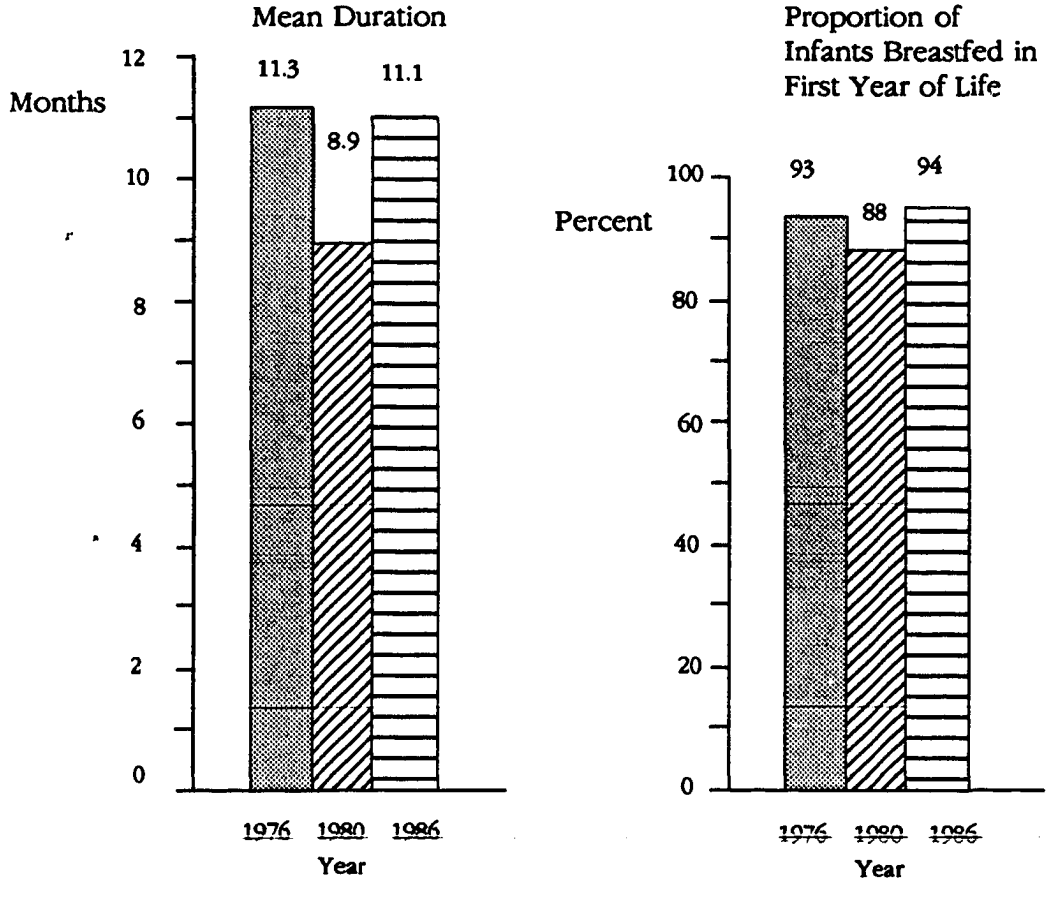
In Trinidad and Tobago following an intensive six-week mass media campaign in 1974, 93 percent of the women interviewed at maternity hospitals recognized at least one of the campaign advertisements, and women who were familiar with the campaign's messages were more likely to continue breastfeeding when their infants were two months old (Gueri et al., 1978).

Policy Changes

A largely unacknowledged benefit of mass media campaigns is their effect on policymakers, hospital administrators, physicians and other decisionmakers. The increased visibility of the issue appears to be a catalyst for policy changes. For example, less than a year after a major mass media campaign in Colombia in 1979-80, the Ministry of Health adopted an official resolution to encourage breastfeeding in all of its facilities and the President signed a decree regulating the promotion and packaging of milk substitutes (Restrepo, 1981). In Honduras, the media campaign that preceded training of hospital staff may have elevated the importance of breastfeeding in the eyes of hospital administrators and staff.

Table 1

Changes in Breastfeeding Practices – Colombia



Sources: Corporación Centro Regional de Población, 1977, 1981 and 1987.

Types of Mass Media Campaigns

5 Mass Media Used as the Sole Intervention

No studies have been made to determine whether mass media alone can change breastfeeding behavior. However, breastfeeding experts believe that it is best to use mass media in conjunction with other promotional activities such as changing hospital practices, training health workers, promoting support groups, and influencing policymakers and employers. In most contexts, an intensive media campaign by itself is inappropriate because interpersonal support is important to both initiation and continuation of breastfeeding. Women motivated to breastfeed as a result of media coverage may be frustrated if they cannot receive help and answers to their questions, and health workers may undermine the media campaign by presenting conflicting information.

A few countries have launched media campaigns of several months duration without any changes in interpersonal support systems such as counseling by health workers (usually because of bureaucratic inertia or lack of funds). These media campaigns have caused short-term increases in mothers' knowledge about breastfeeding and more positive attitudes, but they do not seem to have influenced behavior in the long term. Due to the limited number of countries having stand-alone media campaigns, it is difficult to draw any firm conclusions as to the merits of this approach. In other fields of development communication, mass media programs supported by interpersonal systems have been considered more effective.

Use of Mass Media in Promotion Programs

Most breastfeeding promotion programs currently in operation are making little use of the popular media, including radio, television, newspapers and magazines. Nearly all programs use print materials such as booklets and posters to support counseling of pregnant women and new mothers.

Many programs receive periodic broadcast and press coverage based on reports of their activities or interviews with leaders. While such coverage is highly beneficial and should be cultivated, programs are missing the opportunity to present key issues in a forceful and persuasive way and to direct their messages to specific audiences. A pro-active approach—suggesting topics and speakers for interviews, news and feature stories—is more effective than passively waiting for journalists to request information.

Few programs have made a systematic diagnosis of the incidence and underlying causes of specific behaviors that need to be corrected (e.g. low rates of initiation or early drop-out, supplementation or weaning). All too many programs reiterate the benefits of breastfeeding in all their outreach efforts, without knowing whether women are already convinced of the benefits or whether other issues might be more salient to them, or even whether other approaches such as changing policies in the workplace or in hospitals might be more productive. Promotion programs could benefit greatly from applying the principles of social marketing in the development of communication strategies which encompass both mass media and interpersonal approaches.

The largest mass media campaigns with breastfeeding as their main focus, such as those conducted in Brazil, Canada, Chile, Colombia, Costa Rica, Indonesia, Jamaica, Malaysia, Mexico, Philippines and Thailand, have been part of major health initiatives led by government agencies. Smaller-scale promotion of breastfeeding by public and private agencies has taken place in Australia, Bangladesh, Belize, Bolivia, Cape Verde, Congo, Dominican Republic, Ecuador, Egypt, El Salvador, Ethiopia, Fiji, Ghana, Guatemala, Haiti, Honduras, Hong Kong, Indonesia, Kenya, Liberia, Libya, Mauritius, Morocco, Nepal, Nicaragua, Nigeria, Panama, Papua New Guinea, Peru, Portugal, Singapore, Swaziland, Sweden, Tonga, Trinidad and Tobago, United States, Yemen Arab Republic, and Zimbabwe. (See Appendix B for a complete listing of breastfeeding promotion programs identified through a literature review and canvassing of organizations and individuals active in breastfeeding promotion.)

Mass Media Used to Support Program Components

Several countries have used mass-produced materials to support hospital-based programs. For example, in Thailand a university-based project (1984-86) developed a booklet for pregnant women which included a "passport" signifying their intention to breastfeed, a comic book for low-income mothers, posters, leaflets for pregnant women, and audio-cassettes containing answers to frequently asked questions (Durongdej et al., 1986). In Costa Rica, radio programs, television spots and booklets were developed during 1983-86 to support changes in hospital practices (Arias et al., 1986).

This colorful, well-illustrated booklet produced by the Social Security Institute of Costa Rica provides basic information on why and how to breastfeed. This page explains how to resume breastfeeding if it has been suspended for a short period and advises working mothers that the law requires employers to give them time off from work to breastfeed and that they can express their milk if they do not work near home.

Breastfeeding support groups have initiated mass media campaigns to promote their services and to raise awareness of the importance of breastfeeding. In Belize, the Breast Is Best League has used a variety of media since 1981 to publicize its counseling services, including radio and TV spots, newspaper articles, pamphlets for mothers and children, calendars, a telephone hotline, displays at fairs, T-shirts and bags. Extensive press coverage has resulted from specific initiatives such as "Breast Is Best Week" (Brechin and Middleton, 1987).

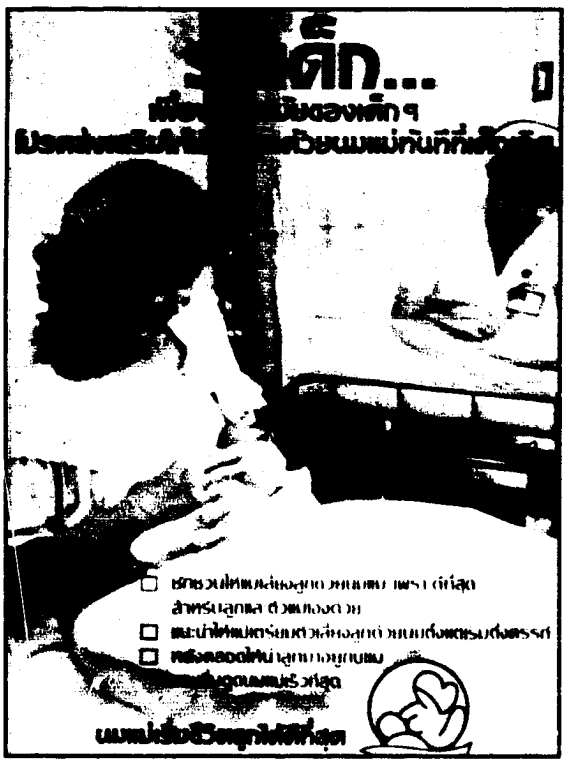
Numerous countries have developed materials to be used in the training of health workers, including on-the-job training and curricula for medical and nursing schools. Some countries have coordinated materials for health workers with those for mothers. The 1981-82 Chile breastfeeding promotion campaign developed a coordinated set of materials designed for different audiences, including a manual for health workers, a booklet for pregnant women, a flipchart to be used in group discussions, a poster, and radio and television spots (Griffiths et al., 1985). Messages included the benefits of breastfeeding, diet during pregnancy and lactation, and breastfeeding techniques. In the United States, the Population Council in 1985 developed a colorful, illustrated booklet for low-income mothers in New York City, which was coordinated with a nurses' guide and a clinicians' sourcebook, both designed to fit in a coat pocket for easy reference (Landman, 1987). In 1988, the Ghana Ministry of Health devoted a special issue of its newsletter for government health workers to breastfeeding (Ghana Ministry of Health, 1988). In 1981, the Zimbabwe Ministry of Health developed an attractive booklet on breastfeeding for health workers, based on a survey of health workers on infant feeding knowledge and practices (Zimbabwe Ministry of Health, 1981).

In the Brazil campaign, government officials in charge of health and social welfare were identified as a primary target audience because of their key role in allocating funds and staff time to necessary interventions such as training health workers, changing hospital practices, and enforcing existing labor laws. A special slide/tape presentation was prepared for this group, emphasizing the economic benefits of extending breastfeeding duration, including the high cost of formula in relation to family income among the poor and the drain on foreign exchange for formula purchases. After the campaign was started, the presentation was used in teaching and health institutions and was shown to community leaders (Da Cunha, 1982b). This example demonstrates that a relatively low cost, but carefully designed, presentation can be highly effective. Slide presentations can be varied for different audiences, further increasing their cost-effectiveness.

These bottles containing dollar bills were used in a slide/tape presentation for Brazilian policymakers to dramatize the large amount of foreign exchange used in infant formula purchases, and hence the value of breastfeeding to the domestic economy.

Mass media have also been used to promote awareness of policy changes in regard to infant formula promotion. Many countries have incorporated all or part of the International Code of Marketing of Breastmilk Substitutes into law and have endeavored to control advertising and promotion of infant formula (American Public Health Association, 1988). Media coverage of such new

policies is an intrinsic part of effective monitoring and enforcement. In Papua New Guinea, the 1977 law requiring bottles and nipples to be sold by prescription received extensive media coverage. Radio programs and newspapers have emphasized the importance of breastfeeding, and Susu Mamas, a mothers' support group, writes regular features for the daily newspaper (Biddulph, 1981).



This poster from Thailand is displayed in hospitals and tells health workers, "It's your responsibility to encourage mothers to breastfeed."

One underexploited use of mass media is publicizing existing policies affecting breastfeeding practices such as maternity leave, crêches in the workplace, equipment and facilities for breastfeeding mothers, and work breaks for breastfeeding, or to push for changes in such policies. In Brazil, existing laws requiring crêches in businesses having more than 30 employees and a three-month maternity leave for new mothers are not well-known or widely enforced by local authorities (Manoff, 1982). In Santa Catarina state in Brazil, enforcement of the law during 1982/83 received prominent media coverage. As a result, the proportion of industries having crêches increased from less than 10 percent to 85 percent within one year (Huffman, 1984).

Breastfeeding Promotion Linked with Other Issues

Linking breastfeeding with other related topics helps to publicize its many benefits and to promote correct behavior. Experts believe that behavioral change usually comes about after an individual has heard the same message a number of times, and therefore brief mentions of breastfeeding in relation to other nutritional and health issues help to reinforce breastfeeding messages.

On the other hand, integrating breastfeeding messages with other topics is unlikely to be sufficient to address the key impediments to optimal breastfeeding. Most countries or regions have specific problems associated with breastfeeding practice, such as low initiation rates or early drop-out, supplementation or weaning. In many cases, people working in other development sectors do not have the resources to do a detailed analysis of breastfeeding problems, nor the mandate to stray far from their main focus.

For example, in many countries too-early and inappropriate supplementation is a major problem. The severity of this problem may not be well recognized or resources to address it may be inadequate, and hence health and nutrition communication programs may include only general information about the nutritional benefits of breastmilk, instead of stressing the importance of exclusive breastfeeding during the first 4-6 months of life.

Similarly, problems of declining rates of breastfeeding initiation and early drop-out have not been adequately addressed by oral rehydration therapy (ORT) programs, which have as their main objective the treatment of diarrhea. ORT programs generally empha-

size the importance of continuing to breastfeed when the child has diarrhea, but this message is primarily directed to those women currently breastfeeding.

Integrated campaigns often include brief references to breastfeeding. When breastfeeding is one of six or one of 37 different messages, it tends to become lost. As a portion of the larger campaign messages, breastfeeding can only be covered in a general way and may be more easily forgotten than messages given greater emphasis. Thus, while program managers should encourage inclusion of the breastfeeding message in related nutrition and health promotional activities, these efforts should not preclude a separate initiative specifically promoting breastfeeding.

Examples of Integrated Campaigns

Programs promoting child nutrition often underscore the nutritional value of breastmilk and the dangers of too-early supplementation. Countries that have included breastfeeding in nutrition campaigns using mass media include Bolivia, Cameroon, Colombia, Congo, Dominican Republic, Ecuador, Ethiopia, Fiji, Guatemala, India, Indonesia, Liberia, Peru, Sierra Leone, Thailand, Tunisia and Zaire. The Congo Nutrition Education Project, for example, was designed to educate mothers of young children living in towns and villages on the appropriate timing of breastmilk supplementation and weaning (Huntington, 1986).

Growth monitoring programs generally include breastfeeding as part of child nutrition education; growth monitoring charts often include a symbol of a nursing mother in the columns for the first 4-6 months. The Applied Nutrition Education Program in the Dominican Republic (1983-86) produced a series of materials incorporating breastfeeding information, including a growth chart for mothers to retain, laminated cards for promoters to use in home visits, a flipchart for home visits, audio-cassettes containing stories, and a large growth chart for group meetings (U.S. Agency for International Development, 1988:8).

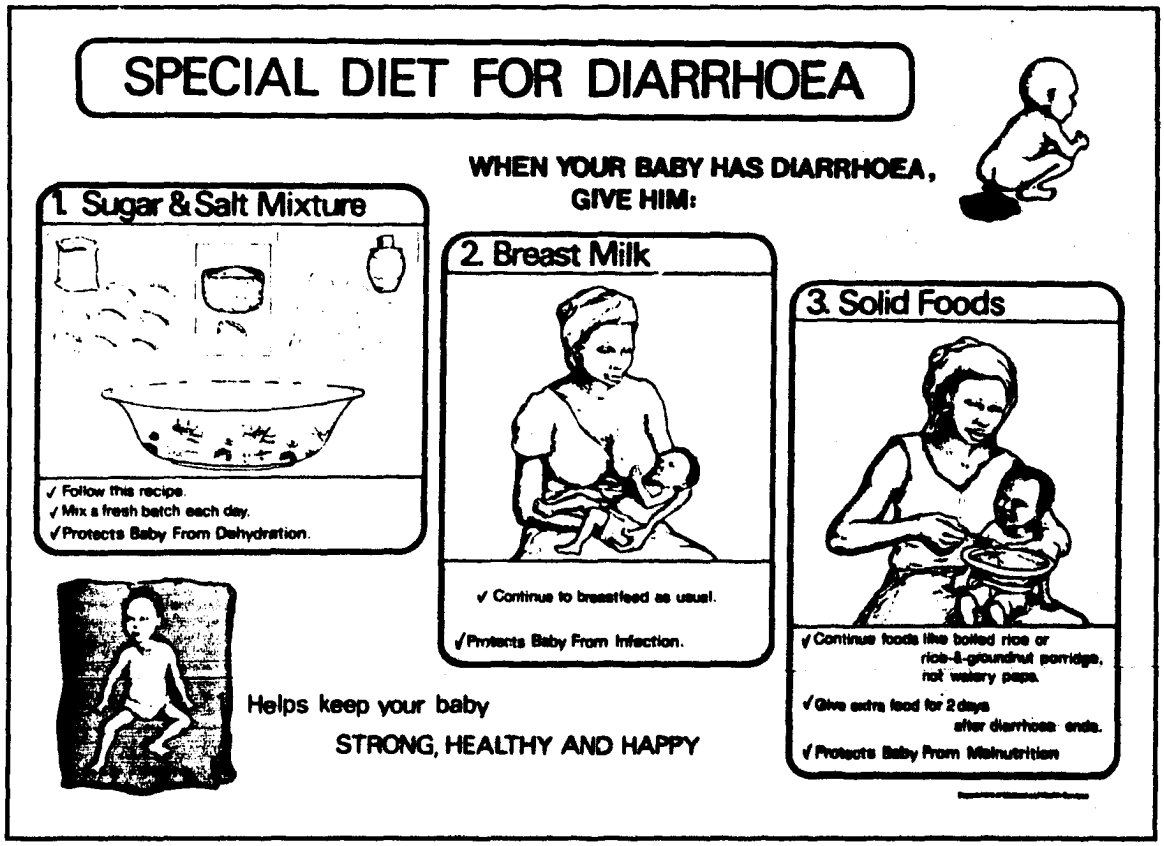
Examples of oral rehydration therapy (ORT) programs promoting breastfeeding include those in Ecuador, Egypt, Gambia, Honduras, India and Swaziland. All programs urge

This infant health card produced by the Ministry of Public Health of Ecuador underscores the importance of breastfeeding.

mothers to continue breastfeeding while the child has diarrhea; some emphasize the nutritional and health benefits of breastfeeding for infants. Since exclusive breastfeeding helps to prevent diarrhea, many ORT programs should also incorporate this message in future media campaigns. ORT programs in Egypt, Gambia and Honduras showed an increase in the proportion of mothers breastfeeding during diarrhea fol-

lowing the campaign (Social Planning, Analysis, and Administration Consultants, 1987a; Applied Communication Technology, September 1985; Applied Communication Technology, June 1985). However, it is important to point out that the Honduras data suggest that reported levels of breastfeeding during diarrhea were higher around the time that the campaign was emphasizing this message. When the message content reverted to ORT promotion, fewer mothers breastfed during diarrhea. The researchers speculate that the mothers may have confused the breastfeeding message with the one on giving liquids during diarrhea (Applied Communication Technology, June 1985). A similar phenomenon was found in the Gambia, although the pre-intervention proportion of women who stopped breastfeeding during diarrhea was small (Applied Communication Technology, September 1985).

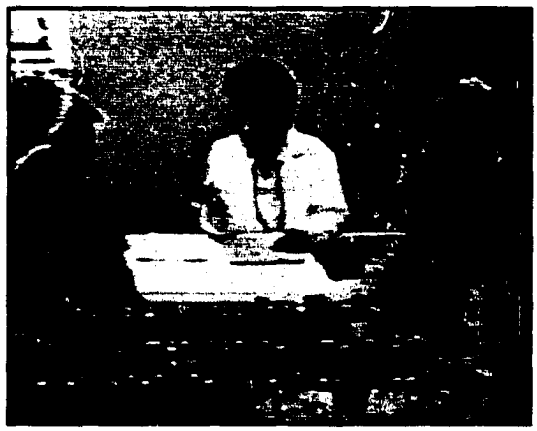
Family planning programs in Bangladesh, Costa Rica, Egypt, Ethiopia, Ghana, Honduras, Hong Kong, Jamaica, Kenya, Mexico, Morocco, Nepal, Nigeria, Philippines and Sri Lanka have included information about breastfeeding as a means of child spacing or have combined family planning and breastfeeding messages. Several programs have produced materials which have breastfeeding as their focus and contain the suggestion that spacing between births is important to child health and that mothers who wish to space births should seek family planning assistance. The Egypt campaign warns mothers that closely spaced births can interfere with breastfeeding and advises, "Before bearing a brother or sister for ~~your baby~~, ~~wait until the baby is big and~~ finished breastfeeding." (Zidan, 1988:2).



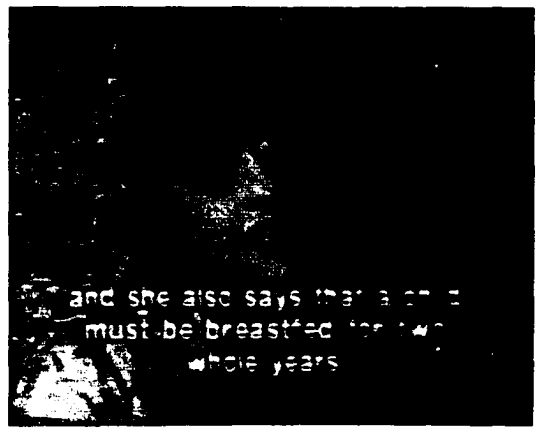
This colorful poster from the Gambia emphasizes the importance of continuing to breastfeed during diarrhea.

Some women may not be aware of the birth spacing effects of breastfeeding and may

Television spots on family planning developed in 1988 by the Egyptian Center for Development Communication also promote breastfeeding. Stressing the importance of child spacing and breastfeeding for infant health, the spots also point out that a second pregnancy can cause women to stop nursing before attaining the two years prescribed by the Koran. Intended for a rural audience, the one-minute spots feature Zanana, a wise but not necessarily well-informed, older woman who espouses traditional views, and her daughter, who is making decisions about birth spacing.

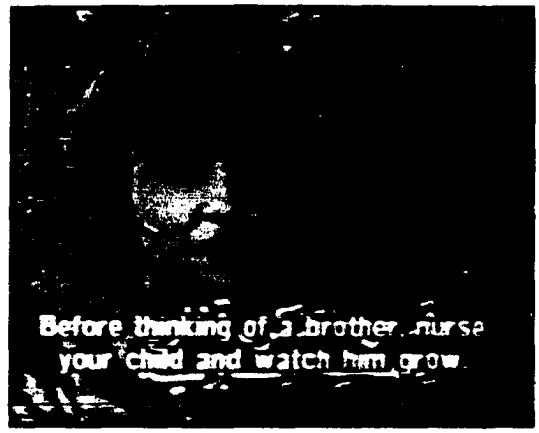


"Most women can become pregnant even when they are breastfeeding."



"And she also says that a child must be breastfed for two whole years."

"Before thinking of a brother, nurse your child and watch him grow."



"Most children who are sickly as infants have been bottlefed on formula."

not consider these effects to be desirable. Before citing its child spacing benefits as a selling point for breastfeeding, program planners need to ascertain the extent to which women wish to postpone their next birth and the degree to which breastfeeding practices are likely to postpone the return of fecundity.

The question of when to introduce contraception prior to the return of fertility is complex because it is closely linked to individual breastfeeding patterns (see Family Health International, 1988 and World Health Organization, 1988). Mass media campaigns can provide general guidelines regarding breastfeeding practices as-

sociated with the absence of menses but should urge women to seek the advice of health workers regarding their own situation.

Community development groups promoting women-in-development and child health themes have also promoted breastfeeding. In Kenya, Maendeleo ya Wanawake, the largest women's development organization, developed a booklet on breastfeeding and child nutrition in 1984 (Maendeleo ya Wanawake, 1984). In Bolivia, the Buena Madre Project (1979-82) developed a flipchart, manual and three regionalized posters for mothers' clubs. These materials were supplemented by radio spots and stories on breastfeeding techniques (Griffiths et al., 1985).

It is likely that labor unions and employers will become involved in breastfeeding promotion in the future as more women enter the formal employment sector and take up work that requires them to be away from their children for substantial periods of time each day. Assisting working mothers to breastfeed is likely to entail negotiations with employers regarding parental leave, safety in the workplace, work hours and breaks, crêches, and facilities and equipment for breastfeeding mothers. The advantages to the employer include less turnover of female workers and less absenteeism due to the need to care for sick children. In Panama, a breastfeeding training seminar for women labor union leaders was held, and 90 working groups were set up in various factories (Huffman, 1988). Many working mothers are seeking information on how to breastfeed while working. Susu Mamas, a breastfeeding support group in Papua New Guinea, prepared a booklet entitled "You Can Breastfeed and Work," which addresses specific concerns of working mothers. The booklet's content was developed from a survey of 50 working mothers (Griffiths et al., 1985).

Consumer groups, including those in Malaysia, Philippines and Trinidad and Tobago, have promoted breastfeeding as an economical source of food for infants. Typically, consumer groups tackle a wide range of issues and therefore their support is likely to be in the form of one-time, intensive campaigns.

Elements of Successful Campaigns

6

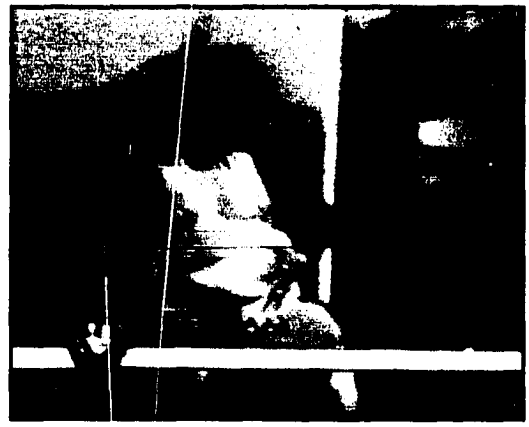
Obviously, the interventions that are most effective vary widely, depending upon the country or local context and the quality of program planning and implementation. Nevertheless, based on a review of breastfeeding promotion programs in more than 25 countries, some generalizations may be made.

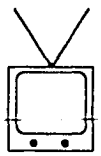
Successful programs have made use of research to diagnose the key impediments to optimal breastfeeding practice, to develop a communication strategy based on the key target audience(s), and to pretest materials with their intended audience (see Chapter 10). As Booth (1983: 13) states, "A campaign must be audience driven and build on what people already believe and do."

By careful attention to the needs of their target audiences, successful programs have developed appropriate messages that address specific concerns, misconceptions or desires (see Chapter 12). For example, in many countries a majority of women agree that breast milk is best for babies; mass media campaigns extolling the advantages of breastfeeding over infant formula may not change breastfeeding practices because they do not address the main impediments to breastfeeding discussed in Chapter 10.

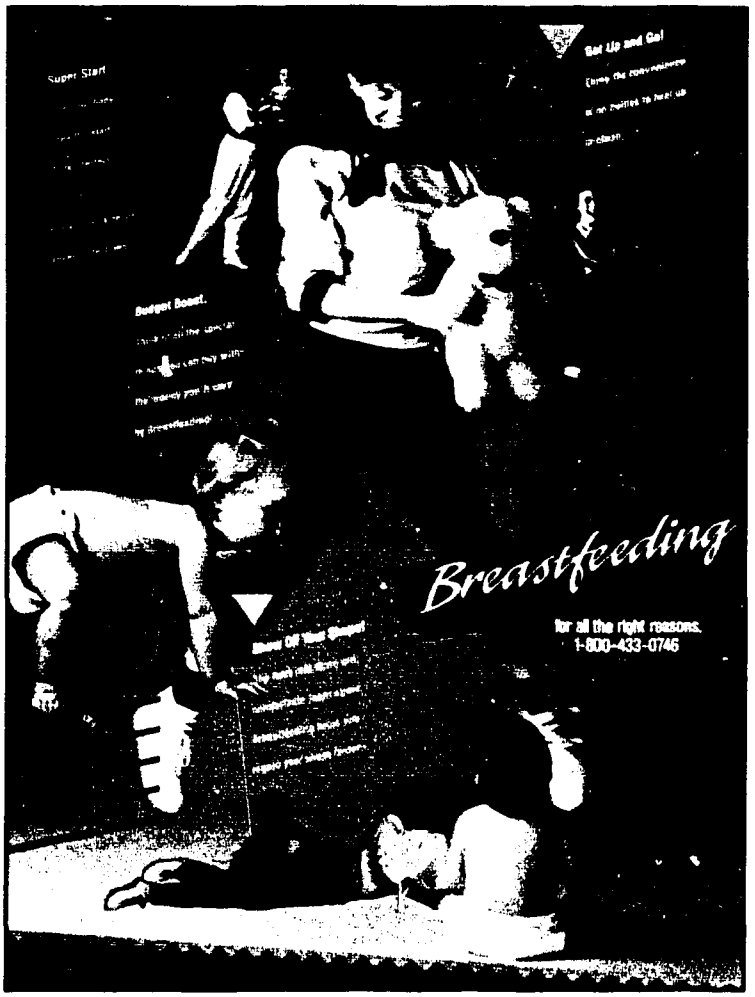
The most successful breastfeeding promotion programs have had sound administrative and financial management, which have enabled them to carry out most of their planned activities (see Chapter 7).

APROFAM, the Guatemalan family planning association, produced a series of 30-second television spots on breastfeeding using upbeat songs and featuring new parents and their child.





"You have been caring for your baby since he was born.
You offer him the warmth of your love.
You are breastfeeding him.
You give him all your love.
Because of that he will grow strong and healthy.
With your love, with your love.
His little heart is as close to you as it can be.
His future and his health depend on you.
Give your child mother's milk."



In the United States, a 1988 multimedia campaign by the Indiana State Board of Health stressed the health benefits, convenience, cost savings, and the positive effect on a mother's figure of breastfeeding. All materials featured a telephone number that can be called free of charge for more information.

The most effective programs have had staff and funds devoted exclusively to breastfeeding (see Chapter 7).

In general, breastfeeding experts believe that it is best to have the major interpersonal information and support systems in place before an extensive mass media campaign is initiated (see Chapter 8). Such systems include hospital-based programs, support groups, and trained health workers. Nursing mothers often need expert advice and reassurance geared to their individual situation, which is best delivered in a face-to-face setting. A lack of interpersonal support systems can create a negative reaction when women seek information and assistance and are either frustrated in their efforts or advised to adopt bottle feeding.

Successful programs generally have sufficient funds to have an impact. Funding is essential to obtain the necessary media coverage of the target audience and to convey messages at the desired intensity. Nevertheless, some of the most successful programs have been relatively low-budget operations, mainly due to their use of donated media time or space or volunteer workers and their concentration on a limited geographical area (see Chapter 9).

Many programs have found that professionally produced materials have more impact than materials developed by non-experts. The added cost to hire professional writers and designers and to pretest materials pays off in terms of better attention, comprehension and retention of the key messages (see Chapter 14). High-level audiences are especially sensitive to quality materials.

Key Management Issues

7

Many of the important management issues are relevant for all breastfeeding programs, not just those using the mass media. In some cases, breastfeeding programs have been so quickly implemented that little attention has been devoted to the larger context in which these programs operate and the practical aspects of managing funds. A number of breastfeeding programs have been discontinued or reduced in size after a major initiative lasting 1-3 years; usually this hiatus has its root cause in institutional rivalries, poor management, precipitious funding declines, and staff or volunteer turnover.

Another contributing factor has been the decline in the infant formula controversy following approval of the International Code of Marketing of Breastmilk Substitutes in 1981. The net effect seems to have been a decline in interest among the international donor agencies and government officials, greatly diminished media coverage of the controversy and breastfeeding in general, and a reduced role for local advocacy groups. At the same time, infant formula is being heavily promoted in many countries. Although mass media promotion to parents has been curtailed in many countries, promotion through health workers has been stepped up. The need for extensive breastfeeding promotion is greater than ever, given trends such as increased urban migration and growing numbers of hospital deliveries.

Because there are always new mothers giving birth, newly trained health workers starting work, and newly elected or appointed policymakers and administrators, breastfeeding promotion efforts must be continuous. Rather than planning for one or two brief, episodic campaigns, breastfeeding promoters must give priority to the long-term perpetuation of their programs.

Institutional Setting

One of the most difficult issues in establishing a breastfeeding promotion program is determining its institutional base. In government programs, a separate entity set apart from ongoing programs is more likely to attract outside funding and ensures that the breastfeeding issue will receive specific attention and will not be obscured by numerous other health and nutrition issues. The drawback of this idea is that when the funding ends after a few years the project is either closed or absorbed into ongoing departments and given low priority. While incorporation into existing government departments should remain the long-term goal of breastfeeding promotion efforts in order to ensure continuation and expansion, continued attention will be needed to keep breastfeeding promotion a priority long enough for the desired practices to be well established.

In many cases, government agencies lack the funds to establish separate breastfeeding promotion units. One solution to this problem might be to develop a strategy for breastfeeding promotion and implement it in conjunction with other health and nutrition programs. To date there is insufficient experience with this approach to determine whether it is effective.

Private voluntary agencies experience a different set of problems: modest budgets restrict their geographical outreach and forces them to focus on a few interventions and to

rely heavily on volunteers. Because of their low budgets and dedicated volunteers, private agencies often have a longer life span than special government bureaus, although the struggle for funding is a constant preoccupation.

In terms of longevity, it must be recognized that many private breastfeeding support groups have been operating continuously for 5-10 years or longer, whereas few government breastfeeding promotion programs have lasted more than five years. Despite their limited resources and lack of paid staff, private groups have had a considerable impact on public opinion in many countries.

Breastfeeding experts note that the most effective breastfeeding promotion programs have had their own staff and funds and have generally had breastfeeding as their single focus. Programs which have linked breastfeeding with other issues such as child nutrition and oral rehydration therapy have often been successful in promoting specific aspects of breastfeeding practice, but they have been unable to offer a more comprehensive approach addressing key problem areas.

"Breastfeeding is easy," this poster from the La Leche League of Mexico proclaims. It provides information on where to go for free instruction and support group meetings.

When breastfeeding promotion programs are affiliated with public or private agencies, it is important to consider the advantages and disadvantages of such affiliation carefully, since the institutional setting is often the determining factor in maintaining ongoing programs.

Program Management

Regardless of whether it is integrated into ongoing programs or separate, a national breastfeeding promotion program needs a full-time director and needs a specific budget (Canahuati, 1986; Manoff, Griffiths and Israel, 1986; Report on the Conference for the Evaluation of Nutrition Education/Communication Programme [Jamaica]," no date). If it is not possible to allocate a full-time position to breastfeeding, one staff person should at least be given major responsibility for breastfeeding.

In establishing staff positions, it is important to balance expertise in breastfeeding content with communication expertise. Program managers also need to decide whether to rely on in-house expertise or an advertising agency for campaign planning and implementation and materials production. In general, the more successful mass media promotion programs have utilized advertising agencies, although there are several noteworthy exceptions. Several excellent publications discuss the elements involved in selecting an advertising agency, including the quality of the creative product, sound strategic thinking, and staff dedication and skills (Futures Group/SOMARC, 1984; Manoff, Griffiths and Israel, 1986).

Internal Policies

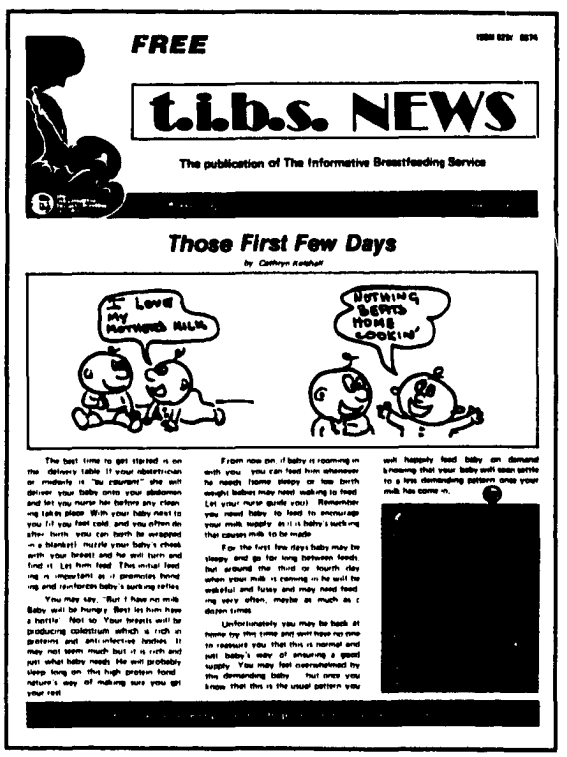
All programs need a clear policy framework regarding the status and role of the breastfeeding promotion program and well-defined administrative functions ("Report on the Conference for the Evaluation of Nutrition Education/Communication Programme [Jamaica]," no date). The program also needs to obtain a consensus among key influentials regarding specific aspects of breastfeeding behavior to be advocated, e.g. how many months of exclusive breastfeeding and of breastfeeding supplemented by solid foods are recommended. (See Chapter 12, Message Content for specific recommendations.)

Program leaders also need to agree on definitions and terminology for key concepts such as exclusivity, incidence, duration and weaning. Patterns of breastfeeding and supplemental feeding may vary greatly, making it difficult to ascertain food inputs and identify undesirable practices.

Sustainability

Given the short duration of many of the breastfeeding programs reviewed, program managers must give considerable attention to the long-term continuation of the program. In government programs, the program needs to find a comfortable niche within an appropriate agency and to gain assurance that breastfeeding promotion will be allocated funds and staff positions. Often such a commitment requires that the breastfeeding promotion program demonstrate that it has made a difference and that its work is cost-effective in terms of saving infant lives, improving their nutritional status, and conserving funds of low-income families. Ways of measuring these outcomes need to be built into the project from the beginning. Such measures should be simple and feasible. In many cases, timeliness in yielding results is more important to program administrators than voluminous information.

Private agencies need to protect themselves from the episodic nature of outside funding by developing independent funding sources. CALMA, the breastfeeding support group based in El Salvador, sells baby carriers to generate funds and has broadened its activities to include infant stimulation projects (Countryman, 1986). Yayasan Kusuma Buana, an Indonesian family health foundation, receives royalties from its breastfeeding manual, which is sold by a commercial publisher (Landman, 1987). The Informative Breastfeeding Service (TIBS) of Trinidad and Tobago lines up various companies to sponsor issues of its newsletter, "t.i.b.s. News"; advertisers include manufacturers of diapers and products for new mothers, a bank, and a cement company. TIBS also sells baby slings and T-shirts to raise funds ("News! News! News!", 1988). The Malaysian Breastfeeding Advisory Association


FREE

t.i.b.s. NEWS

The publication of The Informative Breastfeeding Service

Those First Few Days

"t.i.b.s. News," published by the Informative Breastfeeding Service of Trinidad and Tobago, features first-person stories, answers to common questions, notices of garage sales and other fundraising events, and summaries of the latest research findings.

holds jumble sales and food bazaars to raise funds and accepts commercial advertising on its leaflets to cover printing costs (Education Development Center, 1983).

Donor agencies need to be realistic regarding the time needed for private organizations to become self-sufficient. For example, CALMA from El Salvador raises less than US$5,000 annually from member fees, sale of services, and breastfeeding equipment (King, 1988). Extensive fundraising or income-generation efforts are likely to compromise the work of private organizations, since they divert scarce staff time and other resources.

Coordination

If several agencies are involved in the program, regular meetings, internal memoranda and/or a newsletter may be needed to facilitate coordination and information exchange. Each agency's responsibilities need to be clearly delineated. Regular updates of progress and consultations on problem areas can keep the momentum flowing.

Scheduling and Timing

8

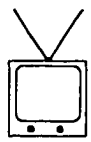
Advance Planning

One of the critical elements in campaign planning is allowing sufficient time for baseline data collection, materials testing and production, and periodic evaluation. If the campaign is forced to move ahead before these phases can be completed, their value is severely diminished, since information learned in each phase cannot be incorporated into later activities.

The amount of time needed to plan and implement an extensive multimedia campaign is frequently underestimated.

Timing of Mass Media Campaigns

What is the best way to phase the mass media and training components of a comprehensive breastfeeding promotion program? Responses from breastfeeding experts differ. Some advise hospital staff and MCH health workers be fully trained, and support groups established, before a media campaign is launched so that women who might seek help are not stymied by lack of support or guidance. Other experts, however, point out that mass media efforts such as the successful campaigns in Honduras and Brazil, which preceded major training



In Jordan, the Noor Al Hussein Foundation developed 10 television and seven radio spots on breastfeeding which were aired in 1989. The spots address specific breastfeeding problems identified in the baseline research, including delayed initiation, early supplementation and early weaning.

"In order to increase your milk supply, drink more nutritious liquids and eat more healthy foods."

"Do not worry, your milk will be enough for him. Actually, your milk increases the more you breastfeed him... The best thing you did was to breastfeed him as soon as he was born, and now you must continue to breastfeed him whenever he needs to, because this will increase your milk."

efforts, succeeded in arousing interest among health workers and policymakers and the general public. Such campaigns are important first steps to begin changing social norms and behavior and to begin gaining political support while interpersonal networks are developed. Further study will be needed to identify appropriate breastfeeding promotion strategies for different country situations. Clearly, however, even if a full-scale mass media campaign seems premature, selective activities such as holding a conference or press conference or issuing a publication can generate useful media coverage. For example, a two-day breastfeeding seminar held in Jordan in 1988 resulted in major television, radio and newspaper coverage including call-in programs to answer questions from the public. Future breastfeeding promotion work can build on public recognition and media contacts resulting from such coverage.

Many program managers wonder how long a campaign should run. This judgment is best left up to communication professionals who have experience with several campaigns. Factors such as the intensity, coverage and content of the campaign affect the audience's reaction. Nearly all of the campaigns reviewed lasted less than nine months. The most effective programs had periodic intensive media campaigns of several months' duration; the overall themes remained the same but the messages changed in each campaign. In Thailand, the Department of Health has launched a month-long breastfeeding campaign every August since 1982, including extensive mass media coverage, distribution of leaflets, posters and flipcharts, and a health competition among breastfed children (Chatranon, 1988).

Ideally, communication efforts should be continuous. Campaigns should consist of regular infusions of new messages and approaches, based on feedback from previous work.

Coordination with Key Advisors and Decisionmakers

Mass media and interpersonal promotion components need to be closely coordinated and to deliver mutually reinforcing messages. Health and social service workers who are in contact with pregnant women and new mothers need to be oriented to the content and rationale of media campaigns so that they are supportive and can supplement the information presented. Other influential people, including high-level policymakers and government officials, should be briefed on the goals and content of media campaigns. Besides ministries of health and social welfare, other ministries such as education and finance need to understand the relevance of breastfeeding promotion to their sector.

Assuming that health workers have been adequately trained and are willing to undertake additional responsibilities, their role can be enhanced by specific designation of them as sources of additional information. Mass media can make their task easier by imparting basic information, clarifying areas of misinformation or uncertainty, and publicizing community resources. Conversely, health and social workers can assist the communication staff by providing feedback from nursing mothers and other target audiences on which messages and channels are effective and what problems need to be addressed.

Costs

9

Campaign Costs

Among the mass media campaigns reviewed, costs varied greatly, depending upon local media costs, the length and intensity of the campaign, and the quality and type of materials. Phillips, Feachem and Mills (1987) estimated that a campaign to reach 1 million people in a developing country would cost between US$20,000 (using only radio) and US$537,500 (using radio, print materials and TV). They note that it is difficult to achieve costs below US$1 per mother exposed unless more than 1 million people are covered. Promotions involving intensive use of mass media, including TV, radio and print materials, and exposure of 80 percent of the target audience can be conducted in populations of more than 10 million for less than $11 per mother and for less than $1.50 in populations greater than 50 million (Phillips, Feachem and Mills, 1987).

In general, there is a trade-off between effectiveness and costs: "the longer the exposure to messages or the more appropriately designed the messages (and the more background research required) or the more incentives provided, the more effective and the more costly the education will be." (Phillips, Feachem and Mills, 1987:114).

Program managers need to budget for all the essential elements of a campaign: baseline data collection and analysis, pretesting, materials production and dissemination, media placement costs, and evaluation. Start-up costs are high due to the cost of materials development and production. Once materials are available, the cost to expand outreach to additional people may be relatively low.

Manoff, Griffiths and Israel (1986:32) warn of the pitfalls of combining "ambitious objectives with modest budgets." An intensive campaign of several weeks may produce a momentary surge of interest and activity, followed by a return to the status quo.

Agencies with limited funds can still be effective by planning media promotion activities carefully and selectively. For example, a soap opera episode featuring breastfeeding might be more effective in reaching women than several hundred 30-second spots, yet the costs of influencing soap opera producers and writers might be considerably lower than production and air time for spots.

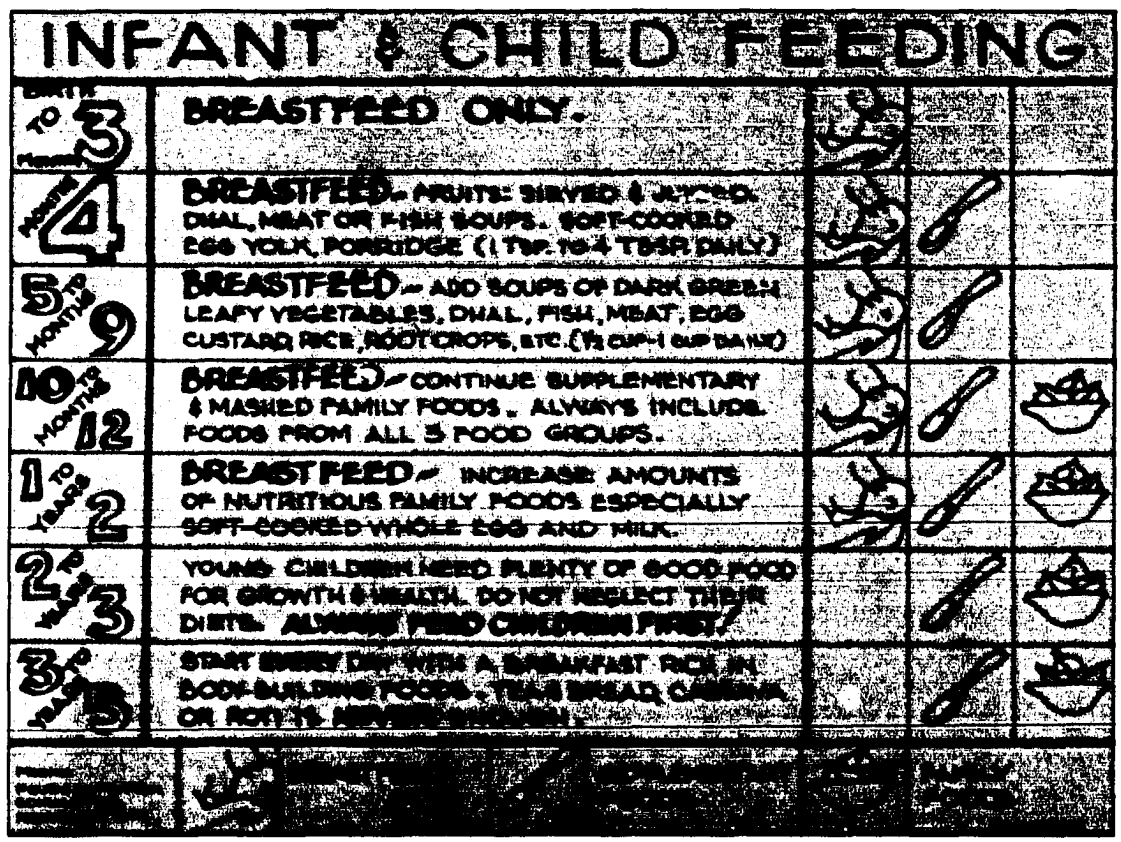
Savings

Breastfeeding promotion programs can realize substantial savings by negotiating for discounted or free professional services, air time or print space. In Brazil, the value of advertising agency and production services and 10 months' TV coverage was estimated to be nearly $1 million in 1981, which was obtained for an outlay of US$22,000 for materials costs (DaCunha, 1987). In Indonesia, 16 private radio stations contributed nearly 6,000 minutes of free air time over a six-month period, and private companies contributed nearly US$70,000 to the 1985-86 campaign (Landman, 1987). The 1979-80 Colombia program received discounts of 70 percent from all broadcasting stations (Restrepo, 1983). One caveat here is that dependence on free time can limit message dissemination if the station neglects to air public service materials or airs them at times

when the audience is small. "Free" air time can have a price tag attached if staff or volunteers must monitor broadcasts to gauge media coverage.

Program managers should not overlook free sources of media coverage. Print and broadcast journalists are usually looking for newsworthy items; supplying them regularly with story ideas, including new information, people to be interviewed, and special events to cover is not expensive, although labor-intensive. Several countries have held seminars for journalists which have generated extensive free publicity. Radio and television stations are often willing to air public service announcements, songs, dances and dramatic presentations, and ideas for talk shows are welcomed. PROALMA, the breastfeeding promotion program in Honduras, has received considerable free media coverage through panel discussions, guest speakers featured in call-in radio and television shows, and newspaper articles (Canahuati, 1988). Leaders of the Kenya Breastfeeding Information Group have made frequent radio and television appearances and are quoted regularly in the press (Nakhisa and Bagenda, 1988).

For print materials, an investment in quality graphic design is worthwhile in terms of impact and can have major implications for production costs. An experienced graphic designer can generate considerable savings by selecting formats that are less costly to print. Examples of such savings include using a standard paper size, designing the shape of a publication to minimize paper waste, exploring the most cost-effective



This infant feeding wallchart from Fiji is simply produced in black and white and is used in several ways: as a wallchart, as part of booklets for mothers as well as nurses, and as a handout for mothers. The breastfeeding and feeding symbols make it easily understood by non-readers. It can be inexpensively reproduced in black ink on white or colored paper.

ways of folding or binding publications, and relying on shades of one or two ink colors rather than full color.

Some countries require that locally produced documentaries be shown before foreign films; thus a short, 10-minute film can receive wide exposure before urban audiences at little cost (Restrepo, 1981). Slides can also be used in cinemas.

Research for Program Planning

10 Strategic Planning

It is essential for program planners to diagnose the problems in their own country and locale in order to decide which points of intervention would be most productive. Whatever the specific problems, program planners must understand the main barriers to optimal breastfeeding and their underlying causes. Based on this analysis, program planners then select the high priority areas needing change and develop an overall communication strategy to address them.

The following sections describe the major types of problems associated with breastfeeding practices that have adverse health and/or nutritional consequences and discuss the interventions that might be appropriate for each type. The problems are associated with attitudes about breastfeeding, specific skills, and broad social norms. The examples of appropriate interventions are hypothetical, since so few breastfeeding promotion programs have tried to address specific behavioral problems.

Possible Campaign Themes

Low Initiation Rates. In many countries, the proportion of women initiating breastfeeding is declining. A related problem is the delay in initiating breastfeeding until the second or third day after birth. Program planners need to determine which women are not initiating breastfeeding, why they are not breastfeeding, and which approaches might reach them most effectively. For example, women who attend prenatal clinics might be counseled by health workers (who may need orientation on breastfeeding), since studies show that most women make up their mind regarding breastfeeding before birth. Media campaigns and materials could emphasize the benefits of breastfeeding (if these are not already widely known), address specific concerns (such as worry about sagging breasts), and encourage women to talk with knowledgeable health workers and other women who have successfully breastfed and are skilled in counseling. Women who deliver in hospitals might be aided by changes in hospital policies such as rooming-in, feeding on demand, elimination of supplemental feedings, and restrictions on infant formula promotion. Media campaigns and materials could emphasize the importance of starting breastfeeding soon after birth, the value of colostrum, and other salient issues.

Early Drop-out. In some countries, many women stop breastfeeding two or three weeks after birth. Program planners need to understand what specific problems breastfeeding women encounter and what kinds of support and advice are available to them, as well as the social and cultural environment. Nursing mothers should be able to obtain immediate, individualized help with specific problems from either health workers or other women who have breastfed. Media campaigns and materials

Continued

could publicize these services, provide advice regarding common problems, and urge husbands, relatives and friends to be supportive of new mothers.

Early Supplementation. In many countries, mothers begin adding bottle feedings, teas or starchy foods before the baby is 4-6 months old. Common explanations for this behavior are that the mother had too little milk, the baby was thirsty and/or hungry, specific foods will make the baby strong, and the mother had to be away during the day to work or perform essential tasks. In traditional cultures, views regarding the value of specific foods and the timing of supplementation may affect breastfeeding patterns. Once the specific reasons for early supplementation are identified, program planners need to develop specific types of interventions. If the problem is related to erroneous beliefs about breastmilk production or appropriate foods, training of health workers, educational materials, media campaigns and other outreach efforts might be appropriate. However, if the problem is related to the demands of the workplace or of daily living, program planners will need to address policy issues such as maternity leave, work breaks for breastfeeding or expressing milk, and crêches in the workplace. Media materials and campaigns can be developed to inform policymakers, employers, women and other audiences about the need to facilitate breastfeeding by employees.

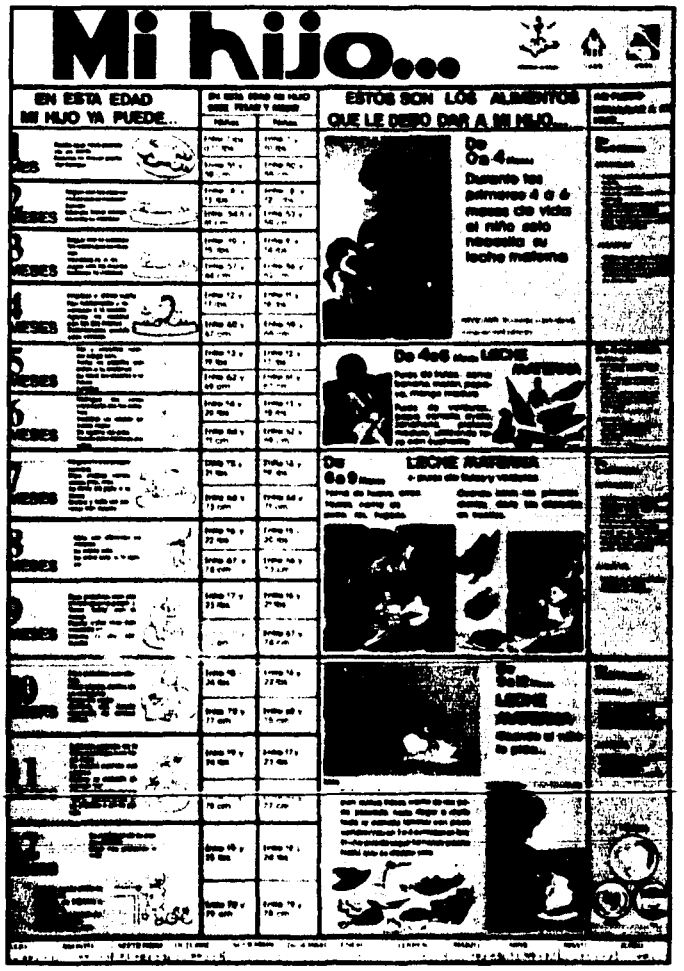
Late Supplementation. In some cultures, mothers wait to add solid foods until the baby is 10 months or older. Reasons given for this behavior are that the child does not cry and therefore is satisfied with breastmilk, the child does not like solid food, that the child should have teeth before giving solid food, that the child will ask for it, or that adult food is not easily adaptable to babies. Mothers need to understand the importance of timely supplementation. Media campaigns, educational materials, training of health workers, and other outreach programs need to stress the correct timing of supplementation.

Early Weaning. Some mothers stop breastfeeding without introducing nutrient-dense foods with adequate calories. Mothers offer a variety of explanations for this behavior: the child was too old to be breastfeeding; breastfeeding was too difficult because of work or family obligations; and other foods were thought to be better for the child. Program planners need to understand the underlying causes of early weaning and to devise ways to counter its harmful effects. Possible messages might include encouraging mothers to breastfeed longer, suggesting the most nutritious foods for infants who have already been weaned, and publicizing available nutrition services.

Sudden Weaning. Some mothers stop breastfeeding abruptly before the child is accustomed to a solid food diet. Sometimes this behavior is linked to misconceptions about milk quality and quantity, such as the idea that breastmilk is spoiled if the baby does not suckle for three consecutive days or if the mother is upset or shocked by a tragedy. In other instances, the mother becomes pregnant again or she or the infant becomes ill. Media materials and campaigns need to address the social norms and attitudes that lead to sudden weaning and to educate the public on the harmful consequences of this practice.

Typically, several behavioral/attitudinal problems are identified and a variety of explanations are provided. For example, women may delay breastfeeding newborns because they believe that colostrum should be thrown away, they may supplement breastmilk because they believe that their milk is too watery or too salty, and they may stop breastfeeding because they think that being overheated or sick or having sex spoils breastmilk. In many countries, low-income women believe that using the bottle is modern and a mark of social status; breastfeeding women are deprecated for being too poor to buy infant formula. Program planners must decide which of these behaviors is most deleterious to children's health and development, which audiences are most likely to bring about the desired change, which messages will be most effective, and which media will reach the target audiences.

In Peru, ethnographic research identified feeding infants with teas and other liquids as a common practice. Peru-Mujer, a women's group, included a message about supplemental feedings in a series of counseling cards on breastfeeding as well as a poster/calendar. This card explains that the baby will not have room in his stomach for mother's milk if it is full of teas and other liquids. Also, unsanitary bottles can cause infection.



PROALMA, a breastfeeding support group in Honduras, produced this child nutrition chart/calendar which emphasizes exclusive breastfeeding during the first four to six months and breastfeeding supplemented by other foods through the baby's months 6-12. The large numbers and illustrations of baby movements at various ages convey the key points to women who may have low reading skills. In addition to information on appropriate feeding practices, the wallchart includes the average weights for boys and girls by month and suggestions on infant stimulation.

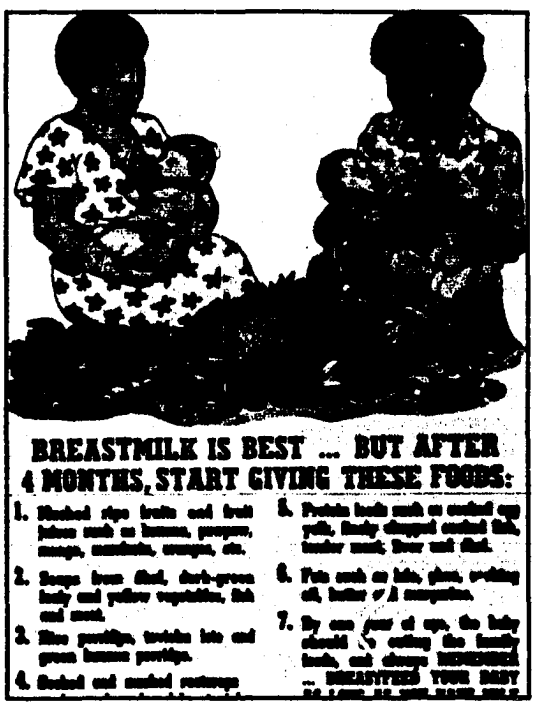
Assessment

In designing any mass media intervention, program managers must first analyze the specific problems that need corrective action. While this may seem obvious, few programs have done so. To influence breastfeeding practices, it is insufficient to present generalized, factual information on the benefits of breastfeeding and breastfeeding techniques. Program planners need to understand why mothers do not breastfeed and/or engage in inappropriate feeding practices. This information can be used to identify the key attitudes and behaviors that need to be addressed. At a minimum, program planners need to be able to answer the following questions:

Questions to Guide Message Formulation

Breastfeeding Behavior: What proportion of new mothers initiate breastfeeding? How long do they maintain exclusive breastfeeding? When do women begin to introduce other liquids and foods, and how do these practices interfere with breastfeeding or affect infant nutrition and health? Do women experience specific problems initiating and continuing breastfeeding? Are there specific groups for which less-than-optimal breastfeeding is life-threatening to infants (due to poverty, unclean water or poor sanitation)? Do women discard colostrum? Do women have time to breastfeed, or do they relegate infant feeding to older children or others? Do breastfeeding practices differ among geographic areas or ethnic groups?

Knowledge and Attitudes about Breastfeeding: Do women believe that breastmilk is best for infants? How important are the time and other opportunity costs of breastfeeding? Are there some groups of women who hold unfavorable views about breastfeeding? What are those views, and why do women believe them? What do women actually know about breastfeeding practices (e.g. need for frequent feedings, correct positioning, use of alternate breasts) and ways of addressing common problems (e.g. continued suckling for low milk production)? What explanations or rationales do women have for their breastfeeding or infant feeding practices? What issues are important to them (e.g. convenience, cleanliness and conformity)? Are there misconceptions, false rumors or cultural taboos that need to be counteracted? Do women believe that breastfeeding is inconvenient or embarrassing? Do husbands believe that it is more modern to bottlefeed and that breastfeeding reflects negatively on their ability to provide for their family? Are there misconceptions about colostrum?



"Breastmilk is best," declares this poster from Fiji, which lists appropriate supplementary foods for babies older than four months.

(continued)

(continued)

Sources of Support: What are the attitudes of health personnel, spouses, close relatives and others who interact with pregnant women and new mothers? What are the existing social services that could support breastfeeding mothers? Are there people the new mother can approach if she is having problems breastfeeding? Who shares household chores?

Social Norms: Is breastfeeding generally seen as expected, normative behavior or as old-fashioned or appropriate only for those who cannot afford infant formula? How do popular films and television shows portray infant feeding—breastfeeding or bottlefeeding? Do little girls feed their dolls with bottles? Are there social taboos against breastfeeding in public? Is it unusual to see women breastfeeding in public?

Structural Barriers: Are the new mother's efforts to breastfeed thwarted by hospital practices such as keeping newborns in nurseries, routinely feeding them by bottle and passing out free formula samples? Are working women prevented from breastfeeding due to employer policies regarding maternity leave, crêches in the workplace, and nursing breaks during the day? Do mothers leave their infants at home while they are out at work or performing essential household tasks? If there are laws governing hospital practices and employer policies, are they being implemented and are health workers, employers and women aware of them?

Answers to these questions can guide the development of messages and can identify specific themes and issues to be covered in a media campaign.

Because definitions of various aspects of breastfeeding (such as exclusivity and weaning) are not uniform, program managers need to understand the measures used in past studies and adopt consistent measures for future studies.

This booklet for health workers issued by the World Health Organization emphasizes the importance of night feeding for delaying the return of ovulation and menstruation.

Information Sources

Sources of information to answer the basic questions posed above include: national and local surveys, focus group discussions, interviews at hospitals or health clinics, observation, and reports from health workers and others in contact with new mothers. Large surveys using scientific sampling techniques provide information of more certain accuracy than qualitative methods, but they are not only more costly but also more time-consuming. Focus group discussions and in-depth interviews can elicit information about beliefs and practices that cannot be covered by survey questions. Well-planned observations can also provide valuable in-

formation. A mixture of quantitative and qualitative research methods would be ideal. Based on the adequacy of existing data and available resources, program planners must decide what additional information is needed and what level of accuracy is acceptable.

Surveys and other information-gathering devices should be streamlined to yield only essential facts. Several breastfeeding programs have fallen into the trap of designing elaborate baseline studies which did not yield results until the campaign was well underway and therefore were of limited utility (Restrepo, 1981; Weiss and Marin, 1982). In other cases, the data collected were too copious to analyze thoroughly (U.S. Agency for International Development, 1988).

In addition to collecting basic information needed to develop an appropriate communication strategy, baseline studies provide an important means of assessing the effect of the interventions on breastfeeding practices. An evaluation plan should be designed at the same time as the baseline studies in order to ensure that before- and after-measures are incorporated.

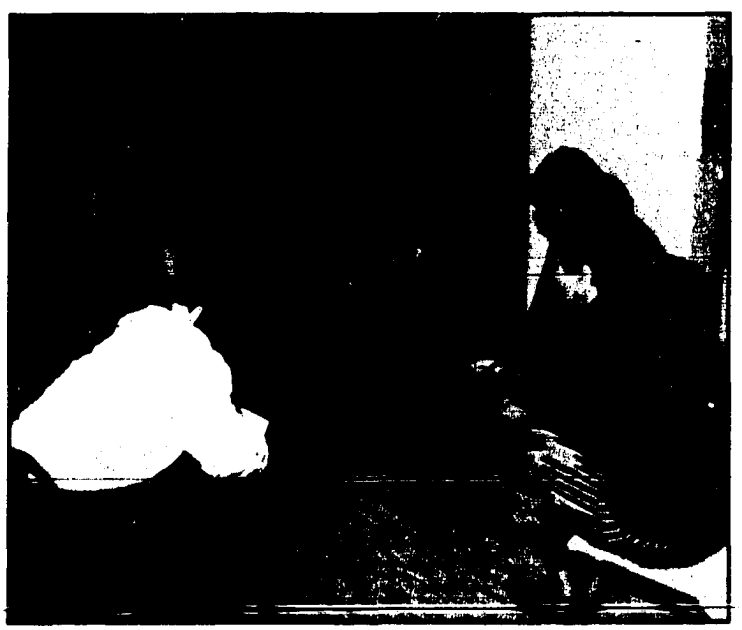


Photo: Hisham
Focus group discussions help to identify common attitudes and problems in regard to breastfeeding. In this scene from Jordan, women are discussing how to increase breastmilk supply.

Target Audiences

11

Priority-Setting

The selection of one or more target audiences is based on the communication strategy developed from formative research. In some cases, pregnant women and new mothers may not be a priority audience. For example, the research may indicate that women want to breastfeed but are discouraged by health personnel or their husbands, or are unable to obtain help for problems. To alter this situation, health workers—specifically those who come in contact with pregnant women and new mothers—might be the key audience; policymakers who allocate funds for health services might be a secondary audience.

Based on the communication strategy, the highest priority groups (three at most) are designated as the primary audience. These groups should be defined as narrowly as possible—for example, not all pregnant women and mothers of children under age 2, but specifically those who live in a low-income area within a five-mile radius of the maternal and child health clinic. Secondary audiences may also be designated, but it should be made clear that they are lower priority.

Each target audience may require different messages, materials and approaches. Sometimes materials such as brochures may be shared by two or more audiences, but an assessment of their appropriateness should be made prior to extensive distribution.

Examples of Possible Audiences

- Women who are either pregnant or nursing, especially first-time mothers
- All girls and women
- Health professionals, including pediatricians, obstetricians, nurse/midwives, health educators, and field-level health staff
- Policymakers, including ministers and legislators
- Family members, especially husbands and grandmothers
- Media representatives
- Teachers and students
- Government officials, including those in the Ministry of Health
- Community leaders
- Employers and industrial leaders
- Union officials.

Men are often neglected in breastfeeding promotion programs. This flipchart from Thailand shows husbands helping to feed the child and being supportive of a nursing mother.

Reaching Men

Men are often left out of breastfeeding promotion efforts, despite their central role in family decisionmaking. Where infant formula is seen as a measure of high status, men may discourage their wives from breastfeeding because of its low-status image. A few breastfeeding promotion programs have encouraged husbands to help their wife to breastfeed by taking on additional household chores and thus freeing up her time to do so.

Low-Income Women

Many breastfeeding promotion programs have tried to focus on low-income women. This can be a difficult group to reach, depending upon their attendance at health clinics, use of hospitals for delivery, exposure to mass media, level of education, and involvement in community groups. In designing messages and materials, communication specialists need to take special care to match the world view, educational level and speaking style of low-income women.

The Breastfeeding Information Group of Kenya produced an illustrated, two-color brochure containing information on the importance of breastfeeding, ways of increasing milk production, breastfeeding techniques, breastfeeding while working, and introducing solid foods. A panel addressed to the husband, entitled "Please help your wife to breastfeed," emphasizes that nursing mothers need healthy foods, liquids, plenty of rest, and encouragement.

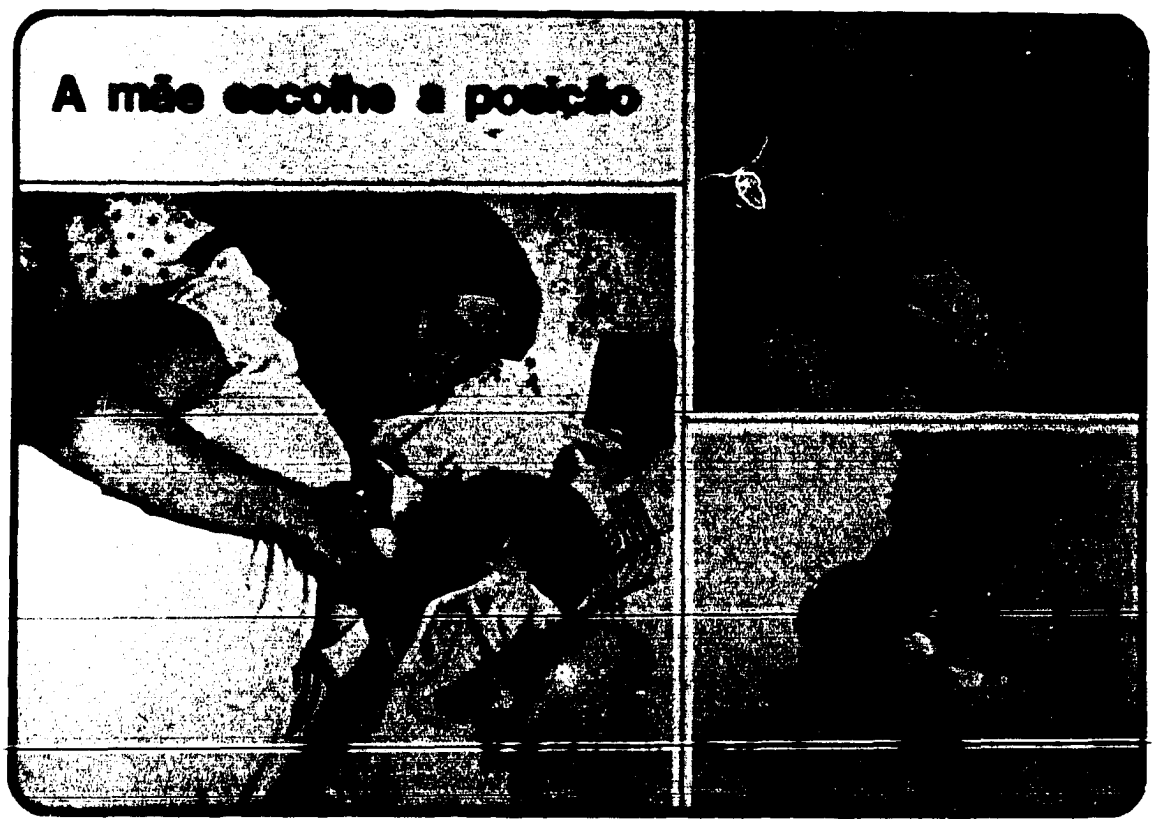
Message Content

12

Basically, the message content is derived from the overall strategy to address specific problems and is based on the knowledge and attitudes of the target audience(s). This section will present some generalizations based on the experiences of the national campaigns reviewed, but it cannot be emphasized too strongly that message content must be developed locally.

Meaningful Messages

In designing messages, program specialists must avoid two common pitfalls: 1) making vague pronouncements extolling the benefits of breastfeeding; and 2) over-idealizing the breastfeeding mother. Vague messages such as "Breast is best" are unlikely to change breastfeeding behavior because they do not address mothers' major concerns (Matthai, 1983). In many countries surveys have found that most women know that breastmilk is better than formula for their babies (Hornik, 1985; Solon, 1982), but various obstacles stand in their way. These obstacles may include problems in initiating and continuing breastfeeding, lack of social support, anxiety, and decreased milk supply due to supplemental or infrequent feeding. Thus, effective messages for mothers might include practical informa-



This flipchart from Brazil shows correct positions for breastfeeding. Incorrect positioning is a common cause of sore or cracked nipples.

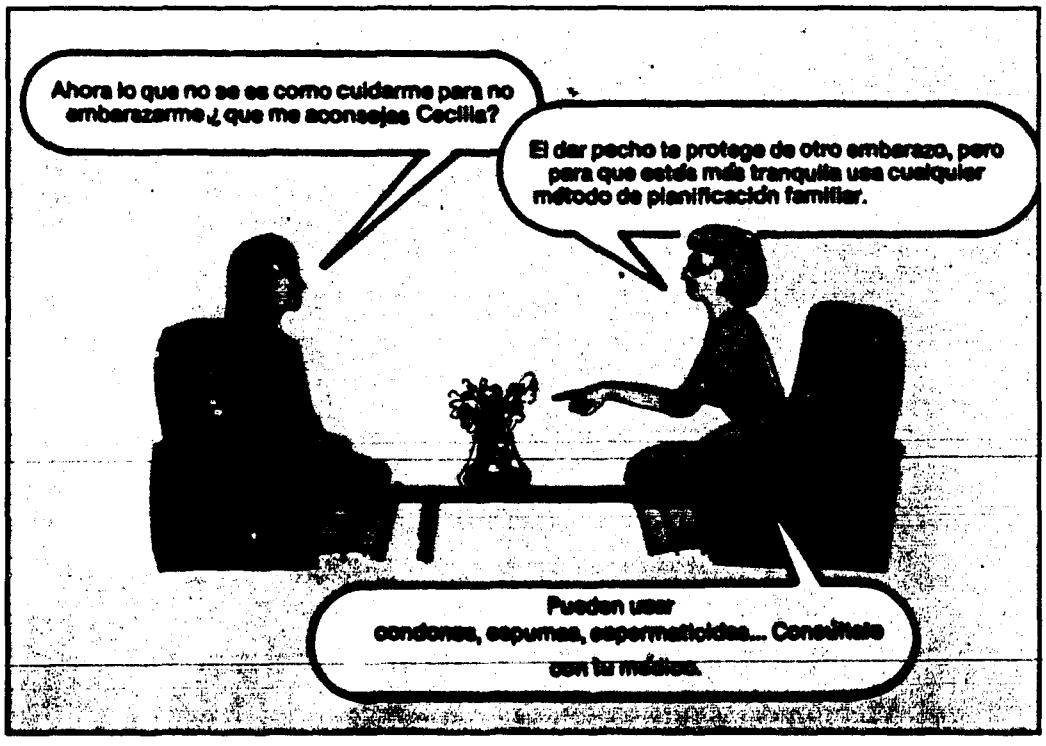
tion on breastfeeding management, encouragement to persevere, and reassurance that they have enough milk (Da Cunha, 1982b).

In Brazil, the formative research found that women lacked information on breastfeeding techniques and felt inadequate, insecure and guilty. To overcome these problems, a mass media campaign was designed to provide advice on basic techniques and to reassure mothers. The two themes were: "Every mother can! Stay with it!" and "Breastfeeding: the six months that are worth a lifetime" (Da Cunha, 1982b).

Empty slogans can alienate women who do not meet the implied expectations of a "perfect" mother who does the most for her child. Similarly, posters depicting a Madonna-like mother nursing her baby may be counter-productive because women may feel that they cannot live up to this ideal (e.g. they are exhausted and dishevelled, their baby is crying, and their husband is demanding dinner). On the other hand, some women prefer images of well-dressed, glamorous nursing mothers. Audience research, pretesting and campaign monitoring can provide clues as to the likely reaction of key audiences to different approaches.

Promoting Correct Practices

Depending upon the target audience, programs may be seeking to promote better breastfeeding practices—typically, longer periods of exclusivity and overall duration. Optimal breastfeeding is defined as exclusive, no intervals greater than 4-6 hours, and no bottles or pacifiers for the first six months, changing to substantial/high (80 percent of the infant's feedings) and progressing to substantial/low (20 percent of the infant's feedings) over many months (Interagency Working Group on Breastfeeding, 1988).



Using the slogan "healthy baby: happy family," the Mexican Federation of Private Family Planning Associations (FEMAP) initiated a breastfeeding promotion program which includes posters, flipcharts and other print materials. The booklet designed for mothers addresses concerns about becoming pregnant while nursing. The visiting health worker advises the new mother that breastfeeding protects against pregnancy and tells her that she can use various contraceptive methods for an extra measure of security.

Experts' Advice

- Breast preparation during pregnancy is generally unnecessary, although it might be helpful in cases of flat or inverted nipples.
- Although a good diet is recommended, even women with poor diets can breastfeed; usually their babies receive better nutrition from breastfeeding than they would otherwise.
- Breastfeeding is a learned behavior; it requires practice and support.
- Women should initiate breastfeeding as soon as possible after birth; babies should be given colostrum.
- To establish and maintain their milk supply, mothers should breastfeed on demand day and night (8-12 or more times per 24 hours).
- Mothers should nurse with both breasts and alternate the one used first in each feeding.
- Frequent bowel movements in the newborn indicate good milk intake; infrequent stools in the first few weeks could be a warning sign.
- Babies do not need sugar and extra water.
- Babies should be fed breastmilk exclusively (i.e. no other food or drink) for the first 4-6 months.
- As long as the baby is growing well, there is no need to add supplementary foods until 4-6 months of age.
- Breastfeeding mothers should drink to thirst.
- Soap should not be used to wash nipples. The breasts should not be washed before feeding, and after feeding they should be air dried, if possible.
- Mothers should continue to breastfeed when they and/or their child are sick, including during diarrhea and infection.
- Women who nurse exclusively (with no regular supplements) and remain amenorrheic (with no menstrual period) are not likely to become pregnant during the first six months after delivery (Family Health International, 1988; World Health Organization, 1988).
- The only contraceptive method contraindicated during lactation is oral contraceptives containing estrogen; progestin-only pills, known as mini-pills, may be used during lactation (Winikoff, Semeraro, and Zimmerman, [1985]).
- Optimally, mothers should breastfeed for 1-2 years.

One often overlooked aspect of promoting correct practices is insisting on accuracy in visual materials, especially those which might be used by people with weak reading skills. Photographs and drawings should show nursing mothers using the correct position (i.e. baby close to mother, with mouth covering the nipple and open wide) (Jelliffe and Jelliffe, 1984; Minchin, 1985). A review of breastfeeding promotion materials from various countries shows many examples of how not to breastfeed—mothers hunched over their babies, babies dangling from the end of the nipple, etc. Similarly, materials depicting exclusivity in the early months and the later addition of solid foods should differentiate newborns from six-month-old infants, at least in size if not in other characteristics (e.g. sitting up, crawling).

If print materials from formula manufacturers are used, program staff should review them carefully to ensure that they have correct information and present a positive image of breastfeeding.

This cover of a breastfeeding leaflet shows the importance of showing the baby correctly positioned at the breast. If a baby were actually breastfed in this position, the mother would have sore nipples and backstrain.

Correcting Misinformation

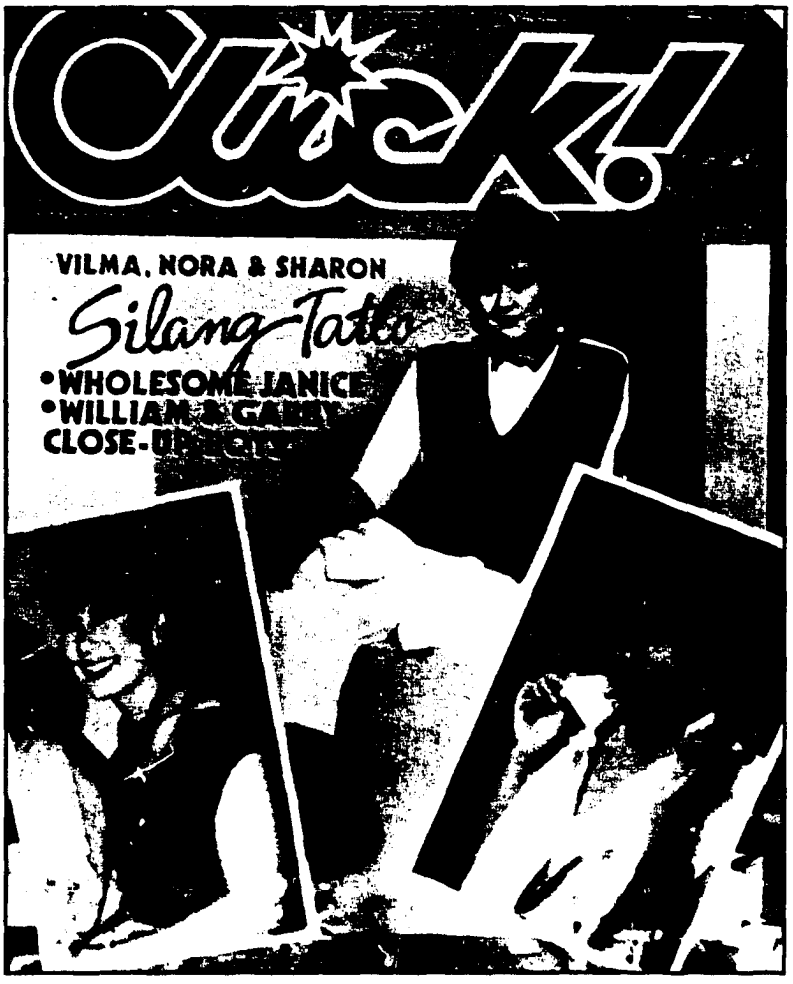
In areas that are rapidly urbanizing, women have increasing access to the modern medical system and commercial advertising and are more likely to be exposed to infant formula promotional activities. Thus, they may receive erroneous or conflicting messages about breastfeeding from sources they regard as credible.

Mass media can often be used effectively to refute common misconceptions such as breastfeeding is not "modern" and will cause breasts to sag. Widely held beliefs that constitute barriers to optimal breastfeeding practice can be identified from the program planning research; focus group discussions are often used to elicit this information. Concerns about the quality of breastmilk (e.g. too watery, salty, spoilt when the mother feels hot) are especially important to address. In some countries, it may also be necessary to counter formula company publicity designed to make breastfeeding seem unattractive and difficult.

In many countries, there is a social stigma associated with breastfeeding, since it is thought to be practiced by only those women too poor to purchase infant formula. In Mauritius, materials developed to counter this perception featured affluent, sophisticated, urban women breastfeeding (Mamet, 1983).

Providing Role Models

Several media campaigns have used well-known personalities to promote breastfeeding; others have selected models or announcers who convey the desired image. A low-cost way to influence media coverage of breastfeeding is to monitor popular radio and television programs such as situation comedies and dramas and to suggest that new babies be breastfed and that appropriate information and encouragement be



In the Philippines, the magazine Click! included statements from movie stars and other celebrities about breastfeeding. The magazine, which was marketed on a trial basis in 1985, showed the commercial feasibility of a popular magazine interspersing breastfeeding messages with advice columns, feature stories and comics.

provided. Often television producers are unaware of the subtle message conveyed by a bottlefed baby.

The staff of a children's hospital in Mexico found another way to emphasize their support for breastfeeding: photographs of hospital physicians, nurses and social workers breastfeeding were displayed in the waiting room of the antenatal clinic (Jones, 1988).

Message Characteristics

Messages should be carefully designed and pretested with representatives of the target audience to ensure their effectiveness. Manoff, Griffiths and Israel (1986) list the established principles of message design:

- Messages must be appropriate in terms of language, custom, tone, and empathy;
- The desired action(s) must be clear and practicable;
- Messages must motivate the audience to overcome "resistance points" and change their behavior; and
- "The message must be tested for comprehension, clarity, compatibility, language, cultural values, etc."

To make an impact, messages need to be exciting and appealing. They should also generate trust by using authoritative figures or invoking widely shared beliefs or traditions (Rasmuson et al., 1988). Factors such as the type of appeal (e.g. emotional or rational, educational or motivational), the image (e.g. modern or traditional), and the tone (e.g. humorous or serious) need to be taken into account (Academy for Educational Development, 1987).

Each media campaign should build on the themes presented in previous campaigns. In Jamaica, for example, the Ministry of Health emphasized the benefits of breastmilk. Newspaper advertisements from 1978 ("The Breast is Best") and 1982 ("The Best Feed is Breast Feed") both emphasize that breastmilk is the best food for babies during the first four months of life and protects them from several diseases although they should be immunized at three months of age. The 1978 ad stresses the convenience of breastfeeding, while the 1982 ad introduces two new themes: maternal nutrition during pregnancy and lactation is important, and frequent nursing increases milk production. The 1982 ad also promotes radio programs on breastfeeding.

During a media campaign, it is most effective to introduce messages in phases. Rasmuson et al. (1988) provide an example of three campaign phases, each lasting from 3-6 months:

1. Informing and creating awareness—messages should cover topics which are essential to basic comprehension and trial behavior;

2. Motivating behavior—messages should describe desired behavior in more detail; and

3. Reinforcing behavior—messages should provide more detail and reinforce ~~correct behavior~~, ~~based on monitoring~~ information.

Once these phases have been completed, program implementers should assess which topics need further attention and incorporate them into future campaigns and other public education activities.

Different target audiences may require different messages, but the messages should be consistent with each other. For example, if health workers are told to emphasize the importance of exclusive breastfeeding for the first six months, radio spots should not suggest that supplemental foods be given at four months.

Channels

13 Audience-based Selection

The choice of media and relative emphasis on each medium should be based on a well-defined strategy of reaching specific target audiences. As Okwesa (1984:222) states, channels "must be appropriate, culturally relevant, familiar, accessible and acceptable." Program planners need to have as much information as possible about the media utilization habits of the target audience(s). For example, in Colombia the radio programs for rural families were transmitted in early morning; a follow-up study found that few families were listening at this hour and that they preferred other radio stations (Restrepo, 1983).

Program planners need to take into account the special characteristics of each medium and the particular characteristics of the target audiences. For example, posters are popular staples in many breastfeeding promotion programs, yet many of them bear no relationship to the messages delineated in the communication strategy and are often not displayed in places frequented by the target audience.

The Breast Is Best League of Belize uses a variety of media, including radio and TV spots, posters, adult and baby T-shirts, pamphlets, bumper stickers, and certificates for mothers who have breastfed fully for their baby's first four months.

Likewise, calendars are seldom a cost-effective method of promoting breastfeeding because they typically convey only a generalized message which may not address the main impediments to breastfeeding. Also, they tend to be distributed to program supporters rather than to the target audience and are quickly outdated. A different approach to calendars is being tested in Peru, where calendars will be distributed to new mothers with each one individually marked with the appropriate dates to introduce solids, start using contraceptives, and bring the child for immunizations, etc.

Some programs spend substantial amounts on "reminder" media which contain a simple slogan and/or image, such as bumper stickers, buttons, T-shirts, matchbooks and key chains. Program managers should evaluate such expenditures in terms of their effectiveness and/or their commercial value to generate revenues to support the program.

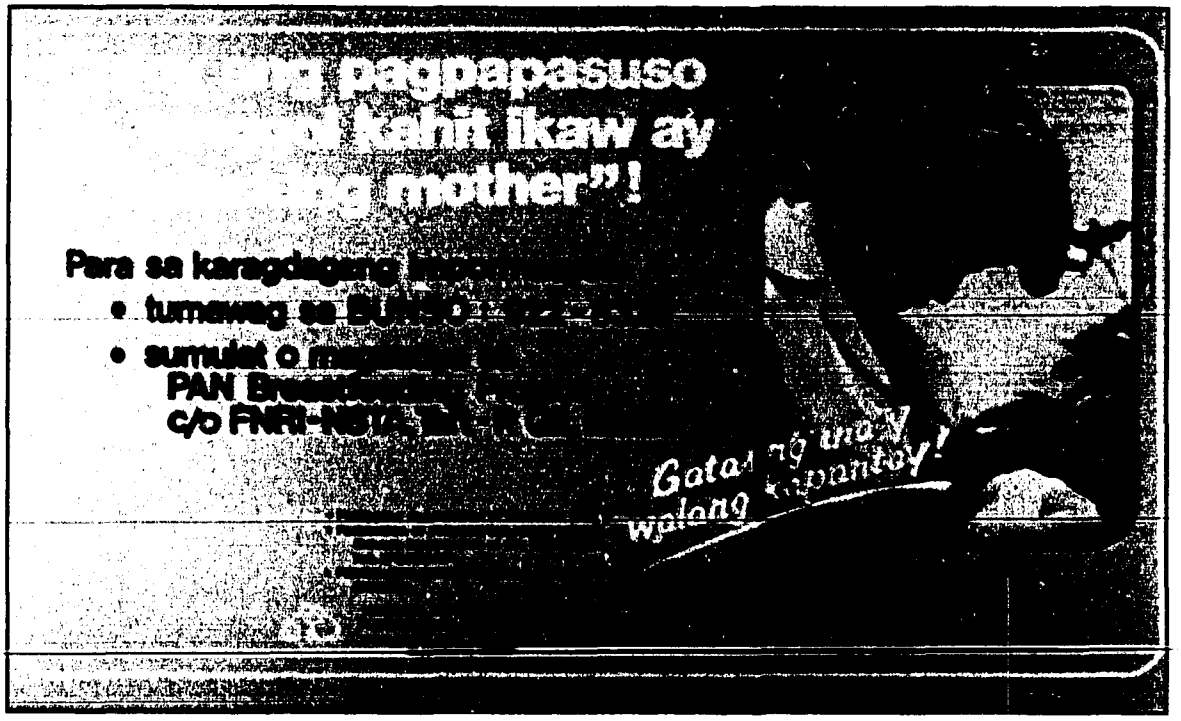
Media Mix

Generally a mix of channels is the most effective, although for some audiences one or two media might work best. Members of the target audience often use a variety of media, and the presentation of messages in several media helps to reinforce the key points. In selecting media to be used, communication specialists need to take factors such as media reach, frequency, cost

and authority into account. The objective is to use the media identified by research as the most effective ones, rather than to select media on the basis of diversity or innovativeness.

The Brazil breastfeeding campaign is renowned for its use of multiple channels, including: television, radio, newspapers, booklets, posters, training manuals, flipcharts, slide/tape sets, billboards, singers on street corners, lottery tickets, telephone, electricity and water bills, bank statements, loudspeaker units, and employee newsletters (Da Cunha, 1982b). These channels were part of a multi-pronged approach to several target audiences, including mothers, physicians, health services and hospital employees, industrial leaders, and government officials. The Brazil program extended the use of materials it developed by providing state health agencies with camera-ready copy of two booklets for mothers and health workers so that the states could reproduce their own copies, playing radio spots on loudspeakers in the main squares of small cities or from motorcycles, and persuading the national association of editors of employee newsletters to include an article on breastfeeding in several of its members' publications (Da Cunha, 1982b).

In the Philippines, the National Movement for the Promotion of Breastfeeding has used a variety of media to reach urban and rural women of childbearing ages, including several mini-vans, known as "Nutribuses," which show videos, hold classes for mothers, and provide supplementary foods and nutrition advice; posters displayed in health centers and on railroad cars, buses and jeepneys; TV spots; radio jingles; pamphlets in three languages and nine dialects; and video documentaries. Special materials for health workers include training manuals for clinic staff and a curriculum, instructional manual and slide set for use in medical schools (Fishman, 1988; "National Program on Breastfeeding in the Philippines, [1988]).



This placard, which provides tips on breastfeeding for working mothers and information on a local support group, is part of a series produced in the Philippines for use on buses and jeepneys.

The Congo Nutrition Education Program used a combination of materials designed for the two main audiences: 1) field educators—a training guide and manual for training of trainers; and 2) mothers—flannelgraph kits for group discussions, posters and radio programs as well as "reminder media," including coloring books, ink stamps, and tote bags (Huntington, 1986). Songs were developed for use in group meetings as well as on the radio (see box) ("Nuted Nutrition Education Project . . .", 1986).

In Honduras, a radio course consisting of 11 programs teaching the "Nine Golden Rules of Breastfeeding" was complemented by radio spots and a song, a brochure for mothers, a guide for health workers, a diploma for course participation, and a membership card in AMA-MAS (Booth, 1983).

In Haiti, the PRONACODIAM program has developed slide-sound sets, radio spots, pamphlets, posters and a promotional film to be shown in health facilities and communities (Mock, 1988).

Photo: Healthcom Project, AED.
This Honduran woman holds her diploma for completing a radio course in breastfeeding.

Congo Breastfeeding Song

"Mother's Milk"

Mother's milk is good for the baby.

It is better than any other food on earth.

We babies don't want the bottle, we prefer our mother's milk.

Dear mother, you must breastfeed your child for two years.

Even when the child has diarrhea, keep breastfeeding.

Dear friends, mother's milk is priceless, whether bottle feeding is expensive.

Source: "Nuted Nutrition Education Project, CARE—Congo." December 1986.

Ensuring Quality Media Products

The experience in a number of countries is that high-quality, professionally produced materials make a real difference in terms of their overall impact. Hiring professional writers and designers and pretesting materials may add considerably to the cost of materials, but the resulting products are likely to result in better attention, comprehension and retention of the key messages. Quality is especially important for materials aimed at high-level audiences. As Matthai (1983:244) stated, "Innovative and sophisticated techniques in advocacy are worth the investment . . ." In Brazil, a slide/tape presentation supported by saturation media coverage helped to convince national and state-level policymakers and health professionals to become involved in breastfeeding promotion (Da Cunha, 1982b; Matthai, 1983). Promotion programs focusing on altering social norms about breastfeeding need widescale diffusion and must pay special attention to high-quality media products.

Pretesting

The most successful breastfeeding promotion programs have involved representatives of the target audience in materials development by pretesting draft materials before they are printed or broadcast. Pretesting can help determine whether materials are understandable and credible and can prevent major mistakes. For example, in Colombia the popular radio announcer engaged to make radio spots was rejected by the pretesting group on the basis that he was too well-known to be credible as a doctor advocating breastfeeding. The pretesting also found that half the women misunderstood a radio spot stating that the child should be put to the breast within three hours after birth; they thought it said to wait at least three hours (Restrepo, 1983). In Honduras, a radio spot for men featuring well-known soccer players was rejected by the pretest group because of the players' reputation as womanizers and therefore their lack of credibility in pontificating that the breastfeeding mother needs special care (Booth, 1983). The importance of pretesting is underscored by the fact that a popular soccer player advocating breastfeeding was a big hit in Brazil (Da Cunha, 1982).

Pretesting can also be used to select among different types of presentation and to convince high-level decisionmakers that the channels and format are appropriate for the target audience. For example, in Egypt pretesting found that low-income mothers overwhelmingly preferred songs and dramas to interviews with doctors, which were the preference of the elites in charge of the program (Elkamel, 1985).

Evaluation

14

Documenting Results

Due to limited funds, short duration and staff turnover, few breastfeeding promotion programs have produced information on their overall effectiveness. This lack of documentation has contributed to the perpetuation of low funding levels. Therefore, program managers need to pay particular attention to generating indicators of changes in breastfeeding practices. This information does not necessarily have to come from elaborate surveys; smaller-scale research techniques can also generate much useful information.

Program managers should not neglect to build evaluation into overall program planning, since documentation of results is often needed for continued commitment by policymakers, health workers, other leaders, and donors. Evaluation is essential to sound program management. Evaluation results can be used to replicate or expand programs, refine strategies, improve programs, identify areas needing additional support, and provide feedback to volunteers and other supporters.

The major types of evaluation include:

- Implementation Indicators: Was the plan followed? How many materials were produced, programs or spots broadcast, articles published, briefings for journalists held, etc.?
- Intermediate Indicators: What proportion of the target audience was exposed to the message? What proportion of the target audience can recall key information promoted in the campaign? Have knowledge levels increased? Have attitudes changed?
- Outcome Indicators: What proportion of the target audience has adopted the desired behavior? Are there changes in breastfeeding practices?

Each project needs its own unique evaluation plan, based on program priorities, questions regarding various implementation strategies and techniques, donor requirements, and other factors.

Hornik (1986) argues that most evaluations assess the technical merits of the intervention and fail to zero in on the specific aspects that are amenable to change within the institutional framework. He advocates that scarce evaluation resources be used to answer only those questions that the program can use in an important way. "The best evaluation . . . points the way, with less than perfect confidence, to problems worth fixing and plausible solutions," Hornik (1986:61-62) states.

Planning Issues

Ideally, an evaluation plan should be developed at the time of project planning so that the appropriate information can be collected during the course of the project. Information needed for evaluation can be included in periodic project reports so that it is compiled on a regular basis.

In selecting research designs, the evaluator must trade off cost, reduction of uncertainty, and the relative importance of the research question (Hornik, 1986). Precision is not always worth the extra cost. For example, an extensive survey with 160 questions may not be necessary to determine whether the project had an impact.

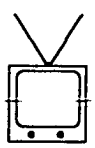
Attempting to assess changes in the target audience often requires a special data collection effort, which should be scaled to the magnitude of the intervention. For example, distribution of booklets in a health clinic could be evaluated by interviews with clinic patients and workers; a community survey would not be warranted, since it would be unrealistic to expect major changes in behavior. Similarly, a six-month media campaign is unlikely to cause dramatic changes in behavior; evaluators should look for intermediate indicators such as whether the key messages were attended to and understood.

The timing of surveys to assess campaign effects is problematic. To determine whether more women are initiating breastfeeding and whether average duration is increasing, the survey should be made at least one year after the end of the campaign. However, measurement of recall, knowledge gain and attitude change should be made close to the end of the campaign. The judgment regarding timing should be made by research specialists, based on the specific research questions.

Program managers should have a realistic view of what effects can be seen and measured. As Hornik (1986) notes, it is difficult to sort out the effects of different program components because they are usually used together. Estimating media effects is also difficult because the audience may not choose to expose itself to the message (i.e., they may not turn on the radio or buy the newspaper), they may not pay attention to the message, or they may forget it. Since media coverage is widespread, there is usually no control group (those who did not see or hear the message) to compare audiences exposed to the message to determine whether they learned more or changed their behavior.

Evaluation results should be used to improve future efforts, not to assign blame for mistakes on individual staff members. Mak-

Television spots aired in the state of Indiana, U.S.A.



"My husband had lots of reasons to support my decision to breastfeed. Like it helps prevent infections. And it's more nutritious. But the closeness we share is the most important one."

"I had lots of reasons to consider breastfeeding. Like saving money to buy things like this toy. But my baby is the most important one... Breastfeeding for all the right reasons."

ing mistakes and gaining insights from experience are part of the learning process that will lead to better campaigns in the future.

Research to Expand the Knowledge Base

Few systematic studies have been conducted on the use of mass media in breastfeeding promotion programs. Many larger issues remain unresolved:

1. What types of messages can be effectively transmitted through the mass media, and which are better for face-to-face interaction?

2. Can better use be made of mass media to teach breastfeeding skills and provide basic counseling?

3. Can mass media messages change social norms regarding breastfeeding, by promoting it as modern, enlightened behavior?

4. Can mass media programs increase the proportion of women breastfeeding exclusively in the first 4-6 months of life?

5. Can mass media be used to address breastfeeding obstacles and problems experienced by working women, and what messages are most appropriate for them?

6. Should some interpersonal components be in place before a mass media campaign is launched?

Until more large-scale breastfeeding promotion programs are operational and baseline and evaluation data are collected, the true potential of mass media in promoting breastfeeding remains unknown.

Conclusions

15

Most breastfeeding promotion programs currently in operation in the more than 25 countries reviewed are making little use of the popular media, including radio, television, newspapers and magazines. Nearly all programs use print materials such as booklets and posters to support counseling of pregnant women and new mothers. Few programs are using social marketing techniques to develop strategies and materials. The relative emphasis given to mass media depends upon the size and scope of breastfeeding promotion efforts, the length of time promotional efforts have been underway, and the target audiences. As programs mature and develop support networks accessible to new mothers, interest grows in using broadcast media and the press to broaden public awareness and reach different audiences.

Program managers should consider mass media campaigns and materials to be an integral part of ongoing breastfeeding promotion and should develop long-range communication strategies rather than sporadic, short-lived campaigns. Similarly, breastfeeding promotion needs to be a continuous effort because there are always new mothers giving birth, newly trained health workers starting to work, newly elected or appointed policymakers and administrators taking up posts, and more employers establishing policies and programs with implications for breastfeeding practice. Bringing about changes in social norms and expectations is also a long-term effort. It is important to keep public attention focused on breastfeeding as a practice which has many benefits for mothers and children. Program managers need to plan for the long-term and make a special effort to ensure that fledgling breastfeeding promotion efforts continue.

One of the chief lessons learned from a review of breastfeeding promotion programs is that the effectiveness of mass media interventions is heavily dependent upon effective management of the overall program.

Key Elements of Successful Programs

- An overall communication strategy based on an in-depth analysis of the main impediments to optimal breastfeeding;
- A plan for ensuring long-term sustainability of breastfeeding promotion programs;
- Use of research to diagnose key impediments to breastfeeding, develop a communication strategy, and pretest materials;
- Sound administrative and financial management;
- Funds and staff devoted exclusively to breastfeeding promotion;
- Sufficient funds to have an impact;
- Messages appropriate to the target audience(s);
- Professionally produced materials; and
- Interpersonal information and support systems such as health workers and counselors to complement media programs.

Program managers without special expertise in communication can implement effective mass media programs if they ensure that the necessary management, strategy and interpersonal support elements are in place and are willing to rely on experienced communication professionals.

Mass media campaigns and materials have been effective in strengthening interpersonal support systems and reaching influential leaders. Mass media can play a key role in reinforcing the importance of breastfeeding, promoting correct practices, providing encouragement to mothers, publicizing available services, and garnering support for changes in policy and practices that hinder breastfeeding.

Integrating breastfeeding messages within other programs such as child nutrition and oral rehydration therapy is useful as a means of reminding the audience of the importance of breastfeeding and may bring about specific changes in breastfeeding behavior. However, past experience shows it is no substitute for a focused initiative designed to address specific problems associated with breastfeeding. Future efforts will need to explore whether breastfeeding can be given sufficient attention in the context of broader child survival communications programs.

Budgets for mass media programs should be adequate, but they need not be lavish. The experience to date indicates that a relatively modest, but well-executed, mass media program can influence knowledge, attitudes and behavior in regard to breastfeeding. Both government and private agencies have mounted effective mass media campaigns on relatively small budgets. Cost-conserving measures used by breastfeeding promotion agencies include: concentrating on a specific geographic area or target audience; using volunteers; negotiating for free or discounted media coverage and materials development services; ensuring maximum usage and distribution of newly developed

Photo: BUNSO
Many breastfeeding promotion programs started out with general messages about the benefits of breastfeeding such as "Breast Is Best," and then added more sophisticated messages geared to influencing specific attitudes or behaviors.

Major Conclusions

- **Depending upon the local situation, the primary target audiences may not be pregnant women and new mothers; program planners need to identify the barriers to optimal breastfeeding, develop an overall strategy for overcoming these problems, and designate target audiences based on the strategy.**
- **General messages proclaiming the benefits of breastfeeding are not effective, since they do not address the major impediments to optimal breastfeeding practice. In many countries, women believe that breastmilk is best for their babies, but they need information and support to practice breastfeeding correctly.**
- **Materials should not over-idealize the breastfeeding mother, since such images may alienate women who feel they do not meet the implied expectations of the "perfect" mother.**
- **Messages need to be designed locally and pretested with their intended audience.**

materials; and enlisting commercial sponsors for advertisements or events.

It should be emphasized that few programs have used mass media extensively or done evaluation studies, and therefore few definitive conclusions can be reached regarding media promotion of breastfeeding.

The paucity of systematic evaluations of breastfeeding promotion campaigns using mass media probably has discouraged donors and government officials from allocating additional funds to this area. It is in the self-interest of program managers to document program results. Program managers need to introduce evaluation measures into the program planning process and ensure that there are adequate funds and time to implement them.

Appendix A

"How to Do It" Guides

Assifi, Najib M., and French, James H. *Guidelines for Planning Communication Support for Rural Development Campaigns.* Bangkok: UNDP Asia and Pacific Programme for Development Training and Communication Planning, September 1984.

Single copies free from: Mr. Romeo Gecolea, DTCP Director, United Nations Development Programme (UNDP), P.O. Box 7285 ADC, MIA Road, Pasay City, Metro Manila 3120, Philippines.

Elkamel, Farag. *Developing Communication Strategies and Programs: A Systematic Approach.* Amman: UNICEF Middle East and North Africa Region, February, 1986.

Available in English and Arabic. Order copies from: Center for Development Communication, 53 Shehab Street, Mohandiseen, Giza, Cairo, Egypt.

Futures Group/SOMARC. "A Program Manager's Guide to Media Planning." Washington, D.C.: The Futures Group/SOMARC, 1988.

Single copies free from: Mr. Santiago Plata, SOMARC Director, The Futures Group, 1101 14th St. N.W., Washington, D.C. 20005, U.S.A.

Israel, Ronald C. "Operational Guidelines for Social Marketing Projects in Public Health and Nutrition." *Nutrition Education Series Issue 14* Paris: UNESCO, 1987.

Single copies free from: Mr. Ronald Israel, Director of International Programs, Education Development Center, 55 Chapel St., Newton, MA 02160, U.S.A.

Johns Hopkins University/Population Communication Services (JHU/PCS). "Basic Processes and Principles for Population/Family Planning Communication." Baltimore, MD: JHU/PCS, 1983.

Available in English, French and Spanish. Single copies ordered from developing countries are free; $3.00 for U.S. purchasers. Order from: Media/Materials Collection, Population Communication Services, Johns Hopkins University, 527 St. Paul Place, Baltimore, MD 21202, U.S.A.

Johns Hopkins University/Population Communication Services (JHU/PCS). "Working with the Media." *Packet No. 6* Baltimore, MD: JHU/PCS, 1986.

Available in English, French and Spanish. Single copies ordered from developing countries are free; $3.00 for U.S. purchasers. Order from: Media/Materials Collection, Population Communication Services, Johns Hopkins University, 527 St. Paul Place, Baltimore, MD 21202, U.S.A.

Rasmuson, Mark R. et al. *Communication for Child Survival.* Washington, D.C.: Academy for Educational Development, June 1988.

Available in English, French and Spanish. Up to 5 copies free ordered from developing countries; $10.00 for U.S. purchases. Order from: Ms. Kristen Cooney, HEALTHCOM, Academy for Educational Development, 1255 23rd St. N.W., Suite 400, Washington, D.C. 20037, U.S.A.

World Health Organization (WHO). *Communication: A Guide for Managers of National Diarrhoeal Disease Control Programmes.* Geneva: WHO, Diarrhoeal Diseases Control Programme, 1987.

Available in English and French. Single copies free from: Director, Diarrhoeal Diseases Control Programme, World Health Organization, 1211 Geneva 27, Switzerland.

Appendix B

Breastfeeding promotion programs identified through the literature review, listed by country

Angola—Organization of Angolan Women

Bangladesh—Consumers Union of Bangladesh; Community Health Research Association

Belize—Breast Is Best League (1981-present)

Bolivia—Buena Madre (Good Mother) Experimental Project, National Bureau of Food and Nutrition (1979-1982); National Committee for the Promotion of Breastfeeding (1980-1985); Child Improvement Project, CRS Bolivia and CARITAS (1985-present)

Brazil—Institute of Food and Nutrition (INAN), Ministry of Health and Ministry of Social Welfare (1981-1985); Ministry of Health (1986-present)

Burkina Faso—Ministry of Health

Cape Verde—Save the Children Program (1977-1987); Ministry of Health (1987-present)

Chile—National Council on Food and Nutrition (CONPAN) (1981-1982); Ministry of Health (1981-present)

Colombia—Plan Nacional de Alimentación y Nutrición de Colombia (National Plan for Feeding and Nutrition—PAN) (1979-1980); Ministry of Health (1985-present)

Congo—Congo Nutrition Education Project (NUTED) (1980-1988)

Costa Rica—National Breastfeeding Promotion Program (1975-79); National Commission for the Promotion of Breastfeeding (1977-present); "War on the Bottle," Ministry of Health (1986-present)

Côte d'Ivoire—Ministry of Health (1983)

Djibouti—Ministry of Health

Dominican Republic—Center for the Promotion of Breastfeeding; Applied Nutrition ~~Education Program, CARITAS Dominicana (1983-1987); National Commission on Breastfeed-~~ ing; Ministry of Health

Ecuador—Better Mothers, Better Children Campaign, National Institute of Nutrition; PREMI Child Survival, Ministry of Health (1985-present)

Egypt—National Control of Diarrheal Disease Project (NCDDP) (1982-present); Family Planning Information, Education and Communication, State Information Service; Egyptian Society of Breast Milk Friends (1983-present)

El Salvador—Centro de Apoyo de Lactancia Materna (CALMA—Breastfeeding Support Center) (1981-present); Ministry of Health; La Leche League

Ethiopia—Ministry of Health

Fiji—National Food and Nutrition Committee and Ministry of Health (1983-present)

Ghana—Ghana Infant Nutrition Action Network

Guatemala—Comisión Nacional de Promoción de la Lactancia Materna; Child Survival Mass Media Campaign, Ministry of Health (1987-present); La Leche League

Haiti—ORT and Breastfeeding Promotion Program (PRONACODIAM) (1983-present)

Honduras—AMA-MAS Campaign, PROCOMSI, Ministry of Health (1982-1983); Breastfeeding Support Project (PROALMA) (1982-present); Ministry of Health; Social Security Institute; Honduran Breastfeeding Association (1986-present)

Indonesia—Technical Commission of the Minister for People's Welfare and Health (1974-1982); BK-PP-ASI (1977-present); National Family Nutrition Improvement Program (1974-present); Yayasan Kusuma Buana (YKB) (1980-present); National Breastfeeding Council

Jamaica—Nutrition Education Programme, Ministry of Health (1977-1979); National Nutrition Education Programme, Ministry of Health (1981-present)

Kenya—Infant Feeding Committee, Ministry of Health (1983-present); Breastfeeding Information Group (B.I.G.) (1978-present); International Baby Food Action Network (IBFAN); Maendeleo ya Wanawake

Korean Republic—Ministry of Health

Liberia—Ministry of Health; Breastfeeding Advocacy Group

Libya—People's Committee on Health; Ministry of Health

Madagascar—Ministry of Health

Malaysia—Persatuan Penasihar Penyusuan Ibu Malaysia (Malaysian Breastfeeding Advisory Association—PPPIM) (1974-present); National Breastfeeding Campaign (1976-present); Consumers Association of Penang; International Baby Food Action Network (IBFAN)

Mauritius—Mother and Child Health Project, Mauritius College of the Air (1981-present); Ministry of Health

Mexico—SAM; Federación Mexicana de Asociaciones Privadas de Planificación Familiar (1986-present); Instituto Nacional Salvador Zubiran

Morocco—Government campaigns

Nicaragua—National Commission for Breastfeeding Promotion (1980-present); Ministry of Health; CISAS; CIPAD

Panama—National Commission for Breastfeeding Promotion (1983-present); National Breastfeeding Promotion Program, Maternal and Child Health Division, Ministry of Health (1983-present); Division of Nutrition; Sociedad Panameña de Pediatria (1980-present)

Papua New Guinea—Konedobu Nutrition Campaign, Department of Health (1976-present); Susu Mamas (1976-present)

Peru—Ministry of Health (1987-present); Peru Mujer; Comité Peruano Pro-Alimentación

Philippines—National Movement for the Promotion of Breastfeeding (1983-present); Department of Health; National Economic Development Authority; Nutrition Foundation of the Philippines; Nutrition Center of the Philippines; Food and Nutrition Research Institute; National Nutrition Council

São Tomé e Príncipe—Ministry of Health

Singapore—Singapore Breastfeeding Mothers Group

Swaziland—Swazi Breastfeeding Group

Thailand—Ministry of Public Health (1979-present); Bangkok Breastfeeding Promotion Project, Mahidol University (1984-1986); Model Mothers Program, National Commission on Food and Nutrition; Thailand Baby Food Action Network (TBFAN); Pediatric Association of Thailand (1977-present)

Tonga—Ministry of Health (1983-1987); National Food and Nutrition Committee; Tonga National Council of Churches; Rural Development Centre; Tonga Red Cross

Trinidad and Tobago—Housewives Association of Trinidad and Tobago (1974); The Informative Breastfeeding Service (TIBS) (1977-present); IBFAN Caribbean (1981-present)

Tunisia—National Institute for Nutrition and Food Technology (1970s)

United States of America–Indiana State Board of Health Breastfeeding Promotion Project (1988)

Yemen Arab Republic—Breastfeeding Promotion Project (1978-1981)

Zimbabwe—Department of Nutrition, Ministry of Health (1981-present)

Appendix C

Bibliography

Academy for Educational Development (AED). *Health Communication Field Notes: Communication for Child Survival.* Washington, D.C.: AED, October 1985.

Academy for Educational Development (AED). "Public Health Communication Model." Washington, D.C.: AED, August 1987.

Academy for Educational Development (AED). "A Working Paper on the Development of a Breastfeeding Promotion Project [Egypt]." Washington, D.C.: AED, August 1984.

Allen, Lindsay H., and Pelto, Gretel H. "Research on Determinants of Breastfeeding Duration: Suggestions for Biocultural Studies." *Medical Anthropology* 9 (Spring 1985): 97-105.

American Public Health Association (APHA), Clearinghouse on Infant Feeding and Maternal Nutrition. *Government Legislation and Policies to Support Breastfeeding, Improve Maternal and Infant Nutrition, and Implement a Code of Marketing of Breastmilk Substitutes.* Report No. 5. Washington, DC: APHA, 1988.

Applied Communication Technology. "The Mass Media and Health Practices Evaluations in Honduras and the Gambia: Summary Report of the Major Findings." Menlo Park, CA: Applied Communication Technology, September 1985.

Applied Communication Technology. "The Mass Media and Health Practices Evaluation in Honduras: The Final Report of the Major Findings." Menlo Park, CA: Applied Communication Technology, June 1985.

Arias, Cecilia et al. *Evaluación de las Actividades de Promoción de Lactancia Natural, A Partir del Seminario de Contadora, Panama en 1983.* San José, Costa Rica: Costa Rica Comisión Nacional de Fomento de Lactancia Materna, April, 1986.

Assifi, Najib M., and French, James H. *Guidelines for Planning Communication Support for Rural Development Campaigns.* Bangkok: UNDP Asia and Pacific Programme for Development Training and Communication Planning, September 1984.

Baer, Edward C. "Promoting Breastfeeding: A National Responsibility." *Studies in Family Planning* 12:4 (Apr. 1981):198-206.

Baranowski, David E. et al. "Social Support, Social Influence, Ethnicity and the Breastfeeding Decision." *Social Science and Medicine* 17:21 (1983):1599-1611.

Barbeau, William et al. "Appropriate Strategies to Improve Infant and Young Child Feeding." In *The Decline of the Breast: An Examination of Its Impact on Fertility and Health, and Its Relation to Socioeconomic Status* edited by Michael C. Latham. Cornell International Nutrition Monograph Series Number 10. Ithaca, NY: Cornell University Program in International Nutrition, 1982.

Baume, Carol. "HEALTHCOM: Preliminary Report on the Results from the 1987 Resurvey in Honduras." Menlo Park, CA: Applied Communication Technology, February 1987.

Baumslag, Naomi. "Overview: Infant Feeding Practices—Asia/Near East." Washington, D.C.: U.S. Agency for International Development, Asia/Near East Bureau, January 1988.

Berg, Alan. *Malnutrition: What Can be Done?* Baltimore, MD: The Johns Hopkins University Press, 1987.

Berg, Alan, and Brems, Susan. "A Rationale for Promoting Breastfeeding in World Bank Projects with Fertility Limitations Objectives." Washington, DC: World Bank, November 1988.

Biddulph, John. "Impact of Legislation Restricting the Availability of Feeding Bottles in P.N.G." Port Moresby, Papua New Guinea, [c. 1980].

Biddulph, John. "Promotion of Breast-feeding: Experience in Papua New Guinea." In *Advances in International Maternal and Child Health*, Volume I. London, England: Oxford University Press, 1981.

Bolivia Ministerio de Planeamiento y Coordinación, Departamento de Alimentación y Nutrición. "Hábitos Alimentarios y Algunos Patrones Culturales Frenta a: Alimentación Complementaria, Lactancia Materna, Diarrea, Bocio, en Areas Rurales de Bolivia." La Paz: Bolivia Ministerio de Planeamiento y Coordinación, 1981.

Booth, Elizabeth Mills. "AMA - MAS: A Radio Course on Breastfeeding." Field Note 6. Washington, D.C.: Academy for Educational Development, September 1983.

Booth, Elizabeth; Pareja, Reynaldo; and Smith, William A. "Radio Scripts Honduras." Washington, D.C.: Academy for Educational Development, [1983].

Breastfeeding Information Group, Nairobi. "Breastfeeding Information for Kenyans." *Mothers and Children* 3:1 (January 1983):1-3.

"Breastfeeding Promotion in Honduras: The PROALMA Project." *Mothers and Children* 6:1 (1987):1-4.

Brechin, Susan J. Griffey, and Middleton, Eva. "Successful Breastfeeding Promotion in Belize Through the Breast Is Best (BIB) League," November 24, 1987.

Brown, Roy E. "Breastfeeding Trends." *American Journal of Public Health* 76:3 (March 1986):238-239.

Brown, Roy, and Biellik, Robin. "Consultant Report for Honduras (June 12-July 1, 1982)." Newton, MA: Education Development Center, 1982.

Bryant, Carol et al. "Determinants of Breastfeeding in the Southeast Region." (1989).

Canahuati, Judy. "PROALMA: A Case Study of the Pilot Breastfeeding Promotion Program in Honduras." *In A Retrospective and Prospective Look at International Breastfeeding Promotion Programs*, pp. 130-139. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1986.

Canahuati, Judy. (Management Sciences for Health) [Honduras PROALMA program] Personal communication, July 4, 1988.

Caribbean Food and Nutrition Institute. "The Use of Mass Media in Food and Nutrition Programmes: Guidelines for Planners and Decision-Makers." Kingston, Jamaica: Caribbean Food and Nutrition Institute, 1978.

Carrington, Maria E.; Griffiths, Marcia; and Diamond, Maggie. "Guide to Mass Media and Support Materials for Nutrition Education in Developing Countries: A Supplement." Washington, D.C.: Manoff International Inc., June 1987.

Chatranon, Wirapong. "Thailand's National Breast-Feeding Promotion Programs." [1988].

Clavijo T., Martha et al. "Needs Assessment—Bolivia Nutrition Communication Project, March 7-25, 1988." Washington, D.C.: Academy for Educational Development, 1988.

Clearinghouse on Development Communication. "Breastfeeding Campaign: Trinidad and Tobago." Washington, D.C.: Academy for Educational Development, June 1977.

Clearinghouse on Infant Feeding and Maternal Nutrition. "Government Legislation and Policies to Support Breastfeeding, Improve Maternal and Infant Nutrition, and Implement a Code of Marketing of Breastmilk Substitutes." Report No. 5. Washington, D.C.: American Public Health Association, 1988.

Clement, Douglas. "Commerciogenic Malnutrition in the 1980s." In *Programmes to Promote Breastfeeding*, pp. 348-359. Edited by Derrick B. Jelliffe and E.F. Patrice Jelliffe. New York: Oxford University Press, 1988.

"Communication and Child/Family Welfare: A Regional Seminar." Paris, International Children's Centre, 1981.

Condori, Ana Maria et al. "Proyecto de Mejoramiento Infantil Caritas Boliviana, Informe de Evaluación de Progreso, Agosto 24-Septiembre 4, 1987." Rockville, MD: U.S. Department of Health and Human Services, Office of International Health, 1987.

Cooke, Thomas et al. "Consultant Report for Panama, November 13-15, 1980." Newton, MA: Education Development Center, 1980.

Corporación Centro Regional de Población (CCRP). *Encuesta Nacional de Fecundidad, Colombia 1976, Resultados Generales.* Bogotá, Colombia, CCRP, 1977.

Corporación Centro Regional de Población (CCRP). *Encuesta de Prevalencia Demografía y Salud.* Bogotá, Colombia, CCRP, 1987.

Corporación Centro Regional de Población. *National Contraceptive Prevalence Survey, Colombia 1980, Survey Report Second Round.* Columbia, MD: Westinghouse Health Systems, 1981.

Countryman, Betty Ann. "Case Study: El Centro de Apoyo de Lactancia Materna (CALMA) in El Salvador." In A Retrospective and Prospective Look at International Breastfeeding Promotion Programs, pp. 126-129. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1986.

Da Cunha, Gerson. "Communications and a Breastfeeding Programme in Brazil." Workshop on Communications for Social Development, Ocho Rios, Jamaica, April 22-29, 1981.

Da Cunha, Gerson. "Communications and a Breastfeeding Programme in Brazil." New York: UNICEF, January 1982a.

Da Cunha, Gerson. "Marketing Social Change." New York: UNICEF, October 1987.

Da Cunha, Gerson. "Telling the Mothers: 'You *Can* Breastfeed!'" *UNICEF News* 114 (1982b):15-17.

Da Cunha, Gerson. (UNICEF) [Brazil breastfeeding campaign] Personal communication, July 9, 1988a.

Da Cunha, Gerson (UNICEF) [Brazil breastfeeding campaign] Personal communication, September 23, 1988b.

Danamitta, Sakorn, and Smitasiri, Suttilak. "Nature and Background of Thailand National Nutritional Policy." Bangkok, Thailand: Institute of Nutrition, Mahidol University, March 15, 1988.

de Yale, Magali B. et al. "Proyecto Experimental 'Buena Madre': Educación Nutricional por Medios de Comunicación Social." La Paz, Bolivia: Ministerio de Planeamiento y Coordinación, May 1982.

Durongdej, Somchai, and Israel, Ronald C. "Using Educational Strategies to Promote Breastfeeding: A Case Study of Thailand." In *A Retrospective and Prospective Look at International Breastfeeding Promotion Programs*, pp. 157-162. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1986.

Durongdej, Somchai et al. "Thailand, August 1986, Evaluation of the Bangkok Breastfeeding Promotion Project." Newton, MA: Education Development Center, 1986.

Education Development Center, International Nutrition Communication Service (ed.). *A Retrospective and Prospective Look at International Breastfeeding Promotion Programs.* Newton, MA: Education Development Center, 1986.

Egyptian National Control of Diarrheal Diseases Project. "Impact of the National Control of Diarrhoeal Diseases Project on Infant and Child Mortality in Dakahlia, Egypt." *Lancet*(July 16, 1988:145-148.

Eissa, Ahmad M. "The Egyptian Movement to Promote Breast Feeding." *Journal of Tropical Pediatrics* 33 (August 1987):223-224.

Elkamel, Farag. *Developing Communication Strategies and Programs: A Systematic Approach.* Amman: UNICEF Middle East and North Africa Region, February, 1986.

Elkamel, Farag M. "How the Egypt ORT Communication Campaign Succeeded." Paper presented at the Second International Conference on Oral Rehydration Therapy, Washington, D.C., December 10-13, 1985.

Family Health International (ed.) "Breastfeeding as a Family Planning Method." *Lancet* (November 19, 1988):1204-1205.

Favin, Michael. "Health Education." *Information for Action Issue Paper* Washington, D.C.: World Federation of Public Health Associations, January 1986.

Fiji National Food and Nutrition Committee (ed.) "Media Campaign Launched." *Fiji Food and Nutrition Newsletter* 3:1 (April 1982):1.

Fiji National Food and Nutrition Committee (ed.) "National Campaign to Improve Maternal and Infant Nutrition." *Fiji Food and Nutrition Newsletter* 3:1 (April 1982):1.

Fishman, Claudia. "Breastfeeding Promotion in the Philippines: Social Marketing and Communication Accomplishments, Plans, Opportunities and Resources." Washington, D.C.: Academy for Educational Development, July 1988.

Forman, Michele R. "Review of Research on the Factors Associated with Choice and Duration of Infant Feeding in Less-Developed Countries." *Pediatrics* 74:4 Part 2 Supplement (October 1984):667-694.

Fuenzalida F. Valerio, and Risopatron E., Felipe. "Comunicación Masiva para el Fomento de la Lactancia Materna." Santiago, Chile: University of Chile, [no date, c. 1981].

Futures Group/SOMARC. "A Program Manager's Guide to Media Planning." Washington, D.C.: The Futures Group/SOMARC, 1988.

Futures Group/SOMARC. "Selecting, Reviewing and Evaluating Advertising Agencies for CSM Programs." Washington, D.C.: The Futures Group/SOMARC, November 1984.

Ghana Ministry of Health, Health Education Division. "Breastfeeding Must Be Encouraged." *Health Today* 1 (January-March 1988):1-3.

González-Richmond, Alejandro. "Evaluation of the National Breastfeeding Programme (PNIAM), Great[er] São Paulo: Summary." Brasilia, UNICEF, 1988.

Greiner, Theodore Herman, Jr. "The Planning, Implementation and Evaluation of a Project

to Protect, Support and Promote Breastfeeding in the Yemen Arab Republic." Ph.D. dissertation, Cornell University, 1983.

Griffiths, Marcia. "Nutrition Education's Promise: Can It Be Kept? (The Example of the Indonesia Nutrition Improvement Program)." In *Using Communications to Solve Nutrition Problems: A Compendium*, pp. 91-104. Edited by Christine Hollis. Newton, MA: Education Development Center, International Nutrition Communication Service, June 1986.

Griffiths, Marcia, et al. *Guide to Mass Media and Support Materials for Nutrition Education in Developing Countries* Newton, MA: Education Development Center, 1985.

Gueri, Miguel. "Evaluation of a Breast-Feeding Campaign in Trinidad." Mona, Jamaica: Caribbean Food and Nutrition Institute, University of the West Indies, 1975.

Habermann, Doris. "Evaluation of the Nutrition Education/Communication Programme: Report." Mona, Jamaica: Caribbean Food and Nutrition Institute, University of the West Indies, 1980.

Haaga, John G. "Evidence of a Reversal of the Breastfeeding Decline in Peninsular Malaysia." *American Journal of Public Health* 76:3 (March 1986):245-251.

Hardy, Ellen E. "Breastfeeding Promotion: Effect of an Educational Program in Brazil." *Studies in Family Planning* 13:3 (March 1982):79-86.

Hirschhorn, Norbert. (John Snow, Inc.) [Egypt ORS program] Personal communication, July 14, 1988.

Hollis, Christine, ed. *Using Communications to Solve Nutrition Problems: A Compendium.* Newton, MA: Education Development Center, International Nutrition Communication Service, June 1986.

Honduras Ministerio de Salud Pública, División Materno Infantil. "Evaluación Inicial de Salud Materno Infantil con Énfasis en Lactancia Materna, Honduras, 1986." Tegucigalpa: Ministerio de Salud Pública, 1986.

Honduras Ministerio de Salud Pública, División Materno Infantil. "Normas de Atención del Niño Menor de Cinco Años con Enfoque Integral." Tegucigalpa: Ministerio de Salud Pública, February 1987.

Hornik, Robert C. "An Approach to Evaluation for Breastfeeding Campaigns." In *A Retrospective and Prospective Look at International Breastfeeding Promotion Programs*, pp. 54-70. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1986.

Hornik, Robert C. *Development Communication: Information, Agriculture, and Nutrition in the Third World.* New York: Longman, Inc., 1988.

Hornik, Robert C. "Nutrition Education: A State-of-the-Art Review." Nutrition Policy Discussion Paper No. 1. ACC/SCN State-of-the-Art Series, United Nations, Jan. 1985.

Homik, Robert, and Solomon, Douglas. "The Role of Communication in Nutrition." Stanford, CA: Stanford University Institute for Communication Research, November 1978.

Hosang, G. "Report on National Nutrition Education Programme." Kingston, Jamaica: Ministry of Health Nutrition Division, [no date].

Huffman, Sandra L. "Determinants of Breastfeeding in Developing Countries: Overview and Policy Implications." *Studies in Family Planning* 15:4 (July/Aug. 1984):170-183.

Huffman, Sandra L. "Evaluation of the Panama Breastfeeding Promotion Project." Bethesda, MD: Center to Prevent Childhood Malnutrition, 1988.

Huffman, Sandra L., and Combest, Cheryl. "Promotion of Breastfeeding: Yes, It Works!" Bethesda, MD: Center to Prevent Childhood Malnutrition, 1988.

Huntington, Dale. "The CARE/Congo Nutrition Education Project." In *Using Communications to Solve Nutrition Problems: A Compendium,* pp. 120-128. Edited by Christine Hollis. Newton, MA: Education Development Center, International Nutrition Communication Service, June 1986.

Instituto de Nutrición de Centro America y Panama (INCAP). "Contenido y Desarrollo de la Presentación y Uso de Material Audiovisual y Didáctico en la Promoción de la Lactancia Natural." INCAP, 1984.

Interagency Working Group on Breastfeeding. "Guidelines for Paper Preparation." August 12, 1988.

International Baby Food Action Network (IBFAN). "Breast Is Best: From Policy to Practice." Geneva: IBFAN, [no date].

Israel, Ronald C. "Operational Guidelines for Social Marketing Projects in Public Health and Nutrition." *Nutrition Education Series Issue 14* Paris: UNESCO, 1987.

Jamaica, Ministry of Health. "Miscellaneous Documents (1976-82) on National Nutritional Education Programme, Including Summary of Baseline Survey 1974-77 and Evaluation of Nutrition Education/Communication Programme." Kingston, Ministry of Health, [no date].

Janowitz, Barbara et al. Contraceptive Use and Fertility in Honduras, 1981-84. *Studies in Family Planning* 18:5 (Sept./Oct. 1987):291-301.

Jelliffe, Derrick B., and Jelliffe, E.F. Patrice. "Consultant Report for Brazil, March 21-31, 1982, An Assessment of the Brazilian National Breast Feeding Promotion Campaign." Newton, MA: Education Development Center, 1982.

Jelliffe, Derrick B., and Jelliffe, E.F. Patrice. "Indonesia, July 12-22, 1984, Report on a Follow-Up Visit to Jakarta and Denpasar Concerning the Promotion of Breastfeeding in Indonesia." Newton, MA: Education Development Center, 1984.

Jelliffe, Derrick B., and Jelliffe, E.F. Patrice (eds). *Programmes to Promote Breastfeeding.*

New York: Oxford University Press, 1988.

Jelliffe, E.F. Patrice. "Programmes to Promote Breastfeeding." *Medical Journal of Malaysia* 41 (March 1986):64-71.

Joesoef, M. Riduan; Annest, Joseph L.; and Utomo, B. "A Recent Increase of Breastfeeding Duration in Jakarta, Indonesia." *American Journal of Public Health 79:1* (January 1989): 36-38.

Johns Hopkins University/Population Communication Services. "Basic Processes and Principles for Population/Family Planning Communication." Baltimore, MD: Johns Hopkins University/Population Communication Services, 1983.

Johns Hopkins University/Population Communication Services. "Working with the Media." *Packet No. 6* Baltimore, MD: Johns Hopkins University/Population Communication Services, 1986.

Johnson, Douglas A. "Confronting Corporate Power: Strategies and Phases of the Nestle Boycott." *Research in Corporate Social Performance and Policy* 8 (1986):323-344.

Johnson, J.S. "A Programme to Promote Breastfeeding and Improve Infant Nutrition in Fiji." *Fiji Food and Nutrition Newsletter* 3:4 (January 1983):1.

Jones, Elizabeth G. "Personal Example: Tijuana, Mexico." In *Programmes to Promote Breastfeeding*, pp. 52-54. Edited by Derrick B. Jelliffe and E.F. Patrice Jelliffe. New York: Oxford University Press, 1988.

José, Alma M. et al. "Breastfeeding Information-Education-Communication (IEC) Projects and Activities among Agencies, Institutions and Organizations." Manila, Philippines: National Movement for the Promotion of Breastfeeding, [no date].

Kigondu, J.G. "Case Study: Breastfeeding Promotion in Kenya." In *A Retrospective and Prospective Look at International Breastfeeding Promotion Programs*, pp. 149-156. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1986.

Kim-Farley, Robert; Collins, Constance; and Tinker, Anne. "Breastfeeding/Immunization Update." Paper presented at the Breastfeeding: The Passport to Life Workshop sponsored by the National Council for International Health, New York, NY, December 10, 1988.

King, Joyce. "Centro de Apoyo a la Lactancia Materna (CALMA) Project Mid-Term Assessment and Planning." Boston: John Snow, Inc., May 1988.

Kotler, Philip. *Marketing for Nonprofit Organizations* 2nd ed. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1982.

Lambert, Julian. "Bottle-Feeding Legislation in Papua New Guinea." *Journal of Human Nutrition* 34 (1980):23-25.

Lambert, Julian, and Bolabola, Cema. "An Evaluation of the Food of the Week Radio

Programme." Suva, Fiji: National Food and Nutrition Development Programme, August 1981.

Landman, Lynn C. "Breastfeeding: Can Social Marketing Make a Difference?" Queretaro, Mexico: The Social Marketing International Association, 1987.

Leslie, Joanne. "Evaluation of Mass Media for Health and Nutrition Education." In *Health Education by Television and Radio*, pp. 198-223. Edited by Manfred Meyer. Munchen, New York, London, Paris: K.G. Saur, 1981.

Leslie, Joanne. "Evaluation of Mass Media for Health and Nutrition Education." Baltimore: Johns Hopkins University School of Hygiene and Public Health, May 1978.

Leslie, Joanne. "Mass Media for Nutrition Education." Baltimore: Johns Hopkins University School of Hygiene and Public Health, April 1977.

McCann, Margaret F. et al. "Breast-Feeding, Fertility, and Family Planning." *Population Reports* J-24 (March 1984):J-525-J576.

McDivitt, Judith A., and Myers, Christine. "HEALTHCOM: Preliminary Results from the Follow-up Survey in The Gambia." Menlo Park, CA: Applied Communication Technology, December 1987.

McNight, Agnes, and Fildes, Valerie. "Breastfeeding 1987—More than Just Health Education." Paper presented at the Royal College of Midwives 105th Annual Meeting, Owens Park, University of Manchester, England, July 4-17, 1987.

Maendeleo ya Wanawake. "Anzisha Mtoto Wako Kwa Afya Njema, Mlishe Vyema [Get Your Child Off to a Healthy Start, Feed Him Well]." Nairobi, Kenya: Maendeleo ya Wanawake, April 1984.

Magalhaes, Rebecca A. "Brasilian National Breastfeeding Program, 1981-1988." Paper presented at the Breastfeeding: The Passport to Life Conference sponsored by the NGO Committee on UNICEF and National Council for International Health, New York, NY, December 10, 1988.

Mamet, Linda. "Health Education in Mauritius." *Media in Education and Development* December 1983, p. 180-183.

Maninang-Dalisay, Soledad; Valdecanas, Ofelia C.; and Lipton, Robert L. "Breastfeeding and Weaning Beliefs and Practices Among Selected Mothers in San Pablo City." *Philippine Journal of Nursing* (January-June 1986):48-54.

Manoff, Richard K. "Consultant Report for Brazil, Volume II, March 21-31, 1982." Newton, MA: Education Development Center, 1982.

Manoff, Richard K.; Griffiths, Marcia; and Israel, Ron. "Communications in Breastfeeding Promotion Programs." In *A Retrospective and Prospective Look at International Breastfeeding Promotion Programs*, pp. 31-53. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1986.

Manoff, Richard K. et al. "Mothers Speak and Nutrition Educators Listen: Formative Evaluation for a Nutrition Communications Project in Special Territory of Yogyakarta, Central Java, and South Sumatra." Volume III. Washington, D.C.: Manoff International, Inc., 1982.

Marin, Patricia. "Case Study: The Breastfeeding Program in Brazil." In *A Retrospective and Prospective Look at International Breastfeeding Promotion Programs*, pp. 117-125. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1985.

Marin, Patricia, and Oliveira, Yedda P. "The Breastfeeding Programme in Brazil." [no date].

Mata, Leonardo (Costa Rica) [Breastfeeding promotion in Costa Rica] Personal communication, July 7, 1988.

Matthai, Jacob. "The Brazilian National Breast-Feeding Programme." *Assignment Children* 61/61 (1983):225-247.

Matulessy, Paul. "Case Study: The Indonesian National Breastfeeding Program." In *A Retrospective and Prospective Look at International Breastfeeding Promotion Programs*, pp. 140-148. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1986.

Mendoza Villalobos, Edgar. "El Fomento de la Lactancia Materna en Colombia." Paper presented at the Regional Workshop on Maternal and Infant Nutrition and the Promotion of Breastfeeding. Bogota, October 21, 1980.

Millman, Sara. "Breastfeeding Trends in Eighteen Developing Countries." Research Triangle Park, NC: Family Health International, June 3, 1987.

Millman, Sara. "Trends in Breastfeeding in a Dozen Developing Countries." *International Family Planning Perspectives* 12:3 (September 1986):91-95.

Minchin, Maureen. *Breastfeeding Matters: What We Need to Know About Infant Feeding* Sydney: Alma Publications and George Allen & Unwin, 1985.

Mock, Nancy B. et al. "Exposure to the Modern Health System as a Predictor of the Duration of Breastfeeding: A Cross-Cultural Study." *Medical Anthropology* 9 (Spring 1985):123-138.

Mock, Nancy et al. "Nutrition in Haiti: An Analysis of Problems and Solutions." Academy for Educational Development, September 1988.

Monteiro, Carlos Augusto et al. "The Recent Revival of Breast-Feeding in the City of São Paulo, Brazil." *American Journal of Public Health* 77:8 (August 1987):964-966.

Munger, Sara J. "Mass Media and Nonformal Nutrition Education: Final Study Report." Allison Park, PA: Synectics Corporation, October 1978.

Myres, A.W. "The National Breast-Feeding Promotion Program Part 2. Public Information Phase—A Note on its Development, Distribution and Impact." *Canadian Journal of Public*

Health 74 (November/December 1983):404-408.

Nakhisa, Sellah A., and Bagenda, M.A. [Kenya Breastfeeding Information Group] Personal communication, August 19, 1988.

"National Program on Breastfeeding in the Philippines." Manila, Philippines: National Movement for the Promotion of Breastfeeding, 1988.

"News! News! News!", *t.t.b.s. News* 10:3 (May/June 1988):7.

"Nuted Nutrition Education Project, CARE—Congo." December 1986.

Nutrition Foundation of the Philippines. *Annotated Bibliography: Breastfeeding in the Philippines, 1956-1986.* Manila, Philippines: Nutrition Foundation of the Philippines, 1987.

O'Gara, Chloe. "PROALMA Project: First Year Implementation Mid-Term Evaluation." Tegucigalpa: U.S. Agency for International Development, February 1984.

Okwesa, B.A. "Mass Media and Community-Centred Approaches in Jamaica's Nutrition Education Programme." *Cajanus* 15:1 (1982):19-27.

Okwesa, B.A. "Perspectives on Communication Problems in the English-Speaking Caribbean." *Cajanus* 17:4 (1984):215-222.

Parlato, Ronald. "Jamaica Breastfeeding Campaign: A Review." June 1983.

Phillips, Margaret A.; Feachem, Richard G.; and Mills, Anne. "Options for Diarrhoea Control: The Cost and Cost-Effectiveness of Selected Interventions for the Prevention of Diarrhoea." EPC Publication No. 13. London: Evaluation and Planning Centre for Health Care, London School of Hygiene and Tropical Medicine, 1987.

Popkin, Barry M. et al. "Breastfeeding Trends in the Philippines, 1973 and 1983." *American Journal of Public Health* 79:1 (January 1989):32-35.

Post, James E. (Boston University) [The infant feeding controversy and breastfeeding promotion] Personal communication, August 11, 1988.

"Proceedings: International Conference of Community-Based Support Groups for Breastfeeding Mothers, Montego Bay, Jamaica, 29 November-3 December, 1982." Newton, MA: Education Development Center, 1983.

Putney, Pamela. "National Breastfeeding Network Blanketing Belize." *Action for Children* 11:4 (1987):2.

Quandt, Sara A. "Biological and Behavioral Predictors of Exclusive Breastfeeding Duration." *Medical Anthropology* 9 (Spring 1985):139-151.

Raphael, Dana, and Davis, Flora. *Only Mothers Know: Patterns of Infant Feeding in Traditional Cultures.* Westport, CN: Greenwood Press, 1985.

Rapoza, Anne. (CARE) [Congo nutrition education program] Personal communication, June 24, 1988.

Rasmuson, Mark R. et al. *Communication for Child Survival.* Washington, D.C.: Academy for Educational Development, June 1988.

"Report on the Conference for the Evaluation of Nutrition Education/Communication Programme [Jamaica]," [no date].

Restrepo, Sonia. "A Multi-Media Strategy for a Breastfeeding Campaign in Colombia." *Educational Broadcasting International,* March 1981, p. 30-34.

Restrepo, Sonia. "Personal Comments About the Usage of the Mass Media Breastfeeding Campaign in Colombia." Bogota, June 1983.

Rice, Ronald E., and Paisley, William J. (eds.) *Public Communication Campaigns.* Berkeley Hills, CA: Sage Publications, 1981.

Riordan, Brian M. (ed.). "South Pacific Regional Maternal and Infant Nutrition Seminar: Seminar Report." New York: Foundation for the Peoples of the South Pacific, Inc., 1981.

Rodriguez-Garcia, Rosalia et al. "A Community-Based Approach to the Promotion of Breastfeeding in Mexico." Washington, D.C.: Georgetown University Institute for International Studies in Natural Family Planning, June 30, 1988.

Rodriguez-Garcia, R. et al. "Mexico: Breastfeeding Promotion." *Mothers and Children* 7:(1988):4.

Search Consultores. "Evaluación de la Campaña de Medios Masivos de Comunicación—Programa de Fomento de Lactancia Materna." Santiago, Chile: Search Consultores, October 1982.

Shears, Arthur E., and Shears, Elizabeth. "The Use of Media in Nutrition Education." *Media in Education and Development* 20:3 (September 1987):95-99.

Silva, Ernesto. "Brazil: Breastfeeding Program." [no date].

Sjolin, S. "Present Trends in Breast-Feeding." *Current Medical Research Opinion* 4 (suppl. 1976):17-27. Smith, C.F., and Trendell, J.M. "The Development of a Statewide Breastfeeding Campaign." Indianapolis, Indiana State Board of Health, 1989.

Social Planning, Analysis and Administration Consultants (SPAAC). "Draft Final Report, SIS/IEC Center Impact Evaluation Study." Cairo: SPAAC, April 1988.

Social Planning, Analysis and Administration Consultants (SPAAC). "Evaluation of NCDDP

National Campaign: KAP of Mothers, 1986. Final Report." Cairo: SPAAC, February 11, 1987a.

Social Planning, Analysis and Administration Consultants (SPAAC). "Research Brief for Family Planning TV Social Drama." Cairo: SPAAC, March 2, 1987b.

Solon, Mercedes A. "Communication and Advocacy Techniques." International Conference on Actions Needed to Improve Maternal and Infant Nutrition in Developing Countries, Manila, Philippines, February 8-12, 1982.

"Summary of Market Research for 'Healthy Mothers, Healthy Babies' Campaign." *Public Health Reports* 98:4 (July/August 1983):356-358.

Tisa, Benedict. "Consultant Report for the People's Republic of the Congo (November 5-December 8, 1981)." Newton, MA: Education Development Center, 1981.

Tognetti, Janet. "A Review of Breastfeeding Program Evaluations." In *A Retrospective and Prospective Look at International Breastfeeding Promotion Programs*, pp. 71-113. Edited by Education Development Center, International Nutrition Communication Service. Newton, MA: Education Development Center, 1986.

Tully, Julia, and Dewey, Kathryn. "Private Fears, Global Loss: A Cross-Cultural Study of the Insufficient Milk Syndrome." *Medical Anthropology 9* (Summer 1985):225-243.

U.S. Agency for International Development, Office of Nutrition. "Growth Monitoring and Nutrition Education: Impact Evaluation of an Effective Applied Nutrition Program in the Dominican Republic, CRS/CARITAS, 1983-1986." Washington, D.C.: Office of Nutrition, Bureau of Science and Technology, U.S. Agency for International Development, February 1988.

U.S. Agency for International Development, Office of Nutrition. "A.I.D. Position Paper on Breastfeeding." Washington, D.C.: Office of Nutrition, Bureau of Science and Technology, U.S. Agency for International Development, October 30, 1987.

University of the West Indies, Institute of Mass Communication. "A Summary of the Results of the Maternal and Child Health Education/Communication Baseline Survey 1976/77." [no date].

Uribe, Consuelo. "Limitations and Constraints of Colombia's Food and Nutrition Plan (PAN)." *Food Policy* 2:1 (February 1986):47-70.

Valdecanas, Ofelia C.; Dorado, Julieta B.; and Casin, Juliet A. "Report on Monitoring of the Distribution and Utilization of IEC Materials for the Promotion of Breastfeeding, 1. Radio Jingle." Manila, Philippines: National Movement for the Promotion of Breastfeeding, December 1984.

Valdecanas, Ofelia C.; Jose, Alma M.; and Gamboa, Diana. "Report on Pretesting of IEC Materials for the Promotion of Breastfeeding, 1. Breastfeeding Jingle." Manila, Philippines: National Movement for the Promotion of Breastfeeding, November 7, 1983.

Valdecanas, Ofelia C. et al. "Breastfeeding Knowledge, Attitudes and IEC Practices of Health and Other Program Personnel." Manila, Philippines: National Movement for the Promotion of Breastfeeding, [no date].

Valdecanas, Ofelia C. et al. "Report on Pretesting of IEC Materials for the Promotion of Breastfeeding, 5. English Primer." Manila, Philippines: National Movement for the Promotion of Breastfeeding, March 30, 1984.

Vicente, Leticia M. et al. "Breastfeeding Knowledge and Practice Among Mothers in Metro Manila." *Philippine Journal of Nutrition* (January-June 1986):36-44.

Vicente, Leticia M. et al. "Breastfeeding Knowledge, Practices and IEC Exposure Among Mothers." Manila, Philippines: National Movement for the Promotion of Breastfeeding, [no date].

Weiss, Joseph, and Marin, Patricia. "National Breastfeeding Programme: Breastfeeding Baseline Study, São Paulo and Recife Metropolitan Areas, Summary and Conclusions." Brasilia: Centro Brasileiro de Planejamento and UNICEF, January 1982.

White, Alison. "Aspects of Nutrition Education Put Forward by the Housewives Association of Trinidad and Tobago." Paper prepared for a Seminar on Consumer and Nutrition Education, Caracas, March 4-9, 1974.

Williamson, Nancy E. et al. "Site Visit Report to Assess Opportunities for USAID Support of Breastfeeding Promotion Activities in the Philippines." Manila: U.S. Agency for International Development, July 1988.

Winikoff, Beverly; Semeraro, Patricia; and Zimmerman, Margot. "Contraception During Breastfeeding: A Clinician's Sourcebook." New York: Population Council, [1985].

Winikoff, Beverly et al. "The Infant Feeding Study: Bangkok Site Report." New York: Population Council, 1983a.

Winikoff, Beverly et al. "The Infant Feeding Study: Bogota Site Report." New York: Population Council, 1983b.

Winikoff, Beverly et al. "The Infant Feeding Study: Nairobi Site Report." New York: Population Council, 1983c.

Winikoff, Beverly et al. "The Infant Feeding Study: Semarang Site Report." New York: Population Council, 1983d.

World Health Organization (WHO). "Breast-Feeding and Child Spacing: What Health Workers Need to Know." Geneva: WHO, 1988.

World Health Organization (WHO). "Communication: A Guide for Managers of National Diarrhoeal Disease Control Programmes." Geneva: WHO, Diarrhoeal Diseases Control Programme, 1987.

World Health Organization (WHO). *Contemporary Patterns of Breast-Feeding: Report on the WHO Collaborative Study on Breast-Feeding.* Geneva: WHO, 1981.

Zeitlin, M.F. et al. *Indonesia Nutrition Development Programme.* Vol. 4 Household Evaluation. Nutrition Communication and Behaviour Change Component. Report by Manoff International Inc. to Department of Health, Republic of Indonesia.

Zeldin, Leslie. "Evaluation Report of the Breastfeeding Support Project PROALMA (Proyecto de Apoyo a la Lactancia Materna), Honduras, May 1985." Newton, MA: Education Development Center, 1985.

Zeldin, Leslie P. "Results of a 1986 Baseline Evaluation for Maternal and Child Health Care with Emphasis on Breastfeeding: Honduras." San Diego, CA: Wellstart, April 1987.

Zeldin, Leslie P., and Burkhalter, Barton R. "Methodology and Conduct of a 1986 Baseline Evaluation for Maternal and Child Health Care with Emphasis on Breastfeeding: Honduras." San Diego, CA: Wellstart, March 1987.

Zidan, Abla. "English Translation of 15 CDC-SIS TV Spots." Cairo, Egypt: State Information Service, 1988.

Zimbabwe Ministry of Health, Department of Nutrition. "Baby Feeding: Behind and Toward a Health Model for Zimbabwe." Harare: Government of Zimbabwe, 1981.