

# Communication for Breastfeeding Promotion

## – Concept note for Campaign

**1<sup>st</sup> - 7<sup>th</sup> August 2011**

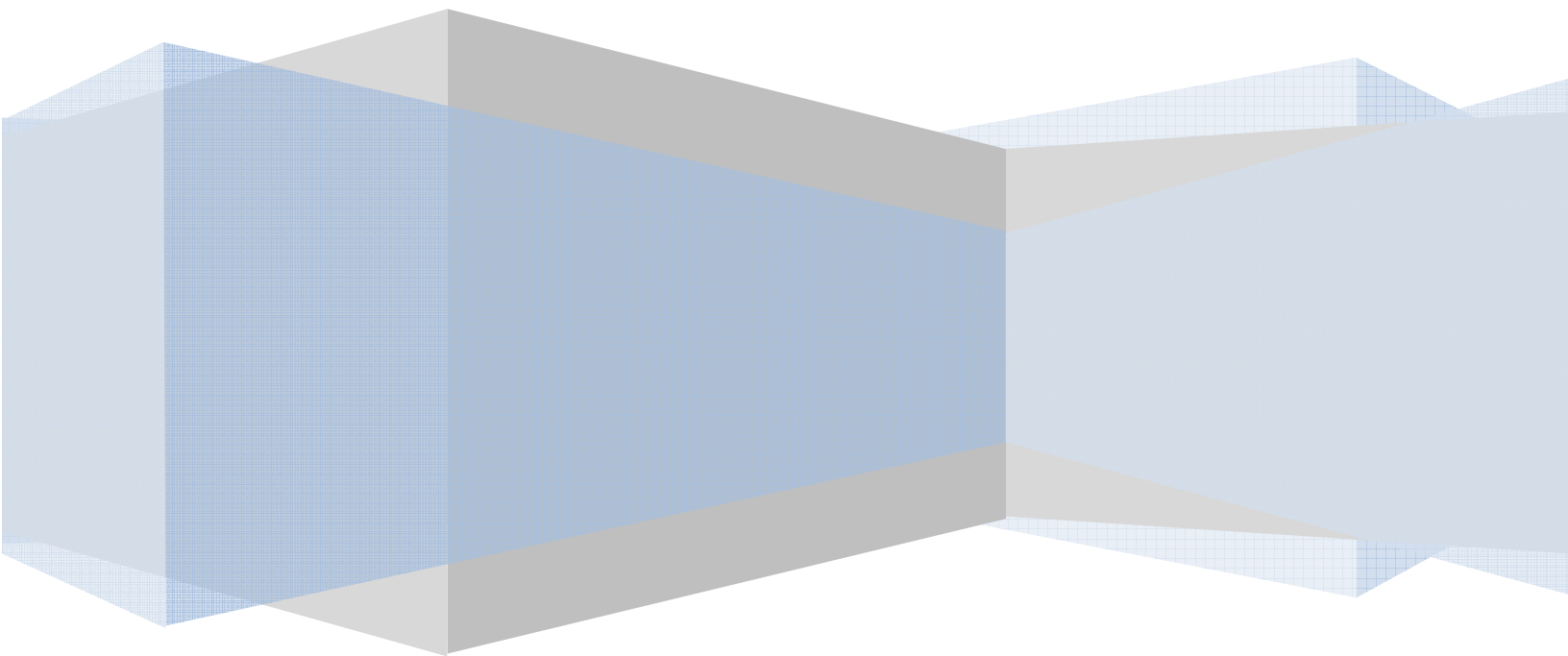
Behavioural Change Communication Cell

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## Communication for Breastfeeding Promotion

### Background

Breastfeeding is the right of every new born baby. Proper infant feeding, starting from the time of birth, is important for the physical and mental development of children. Breastfeeding improves the nutritional status of young children and reduces morbidity and mortality. Breast milk not only provides important nutrients but also protects the child against infection.

The Government of India recommends that initiation of breastfeeding should begin immediately after childbirth. The first breast milk (colostrums) is highly nutritious and has antibodies that protect the newborn from disease. Late initiation of breastfeeding not only deprives the child of invaluable colostrums but becomes a reason for introduction of prelactate feeds which are potentially harmful and contribute to diarrhea in the new born.

**Current Status :** As per DLHS – 3, although breastfeeding is nearly universal in India and Andhra Pradesh as well, very few children are put to the breast immediately after birth. Besides, most mothers gave their last born child something to drink other than breast milk in the three days after delivery. Pre-lactate feeds were more common in rural areas than in urban areas and among women with no education, and women whose child was born at home or whose delivery was assisted by someone other than health personnel. The following table shows comparative status of breastfeeding indicators for India, Andhra Pradesh and Medak.

Indicators	India Urban	India Rural	Andhra Pradesh	Medak
Initiated breastfeeding within one hour of birth (colostrums feeding)	42.5%	39.8%	<b>47.8%</b>	44%
Percentage who received pre-lactate feed (exclusive breastfeeding)	43.2%	48.1%	43.9%	62%
Infant mortality			49	47
Institutional delivery	70.5%	37.9%	71%	90%

Evidence shows that early initiation of breastfeeding can prevent 22% of all deaths among babies below one month, in developing countries. Initiation of breast-feed within an hour of birth (Colostrums feeding) can save up to 2.5 lacs newborns in the state from dying.



As per DLHS data in the above table, Colostrums feeding in the state Andhra Pradesh is as low as 47.8% and Medak only. Traditionally, Colostrums is considered dirty indigestible milk and hence is thrown away. Practices related to pre-lacteal feeds, which are as high as 60.6% in Andhra Pradesh, become a major reason for infant diarrhea leading to high IMR in the state.

## Challenges

As the DLHS data indicates, breastfeeding in general is almost universal in Andhra Pradesh. However, the critical practices related to breastfeeding such as early initiation within one hour of birth of the child, feeding of the rich and nutrient colostrums and exclusive breastfeeding without water and any other supplementary food up to six months of age are largely ignored. This negligence leads to the risks of neonatal & infant deaths due to infections from supplementary feeding, impacts mental and physical development of the child and malnourishment. Breastfeeding is a natural and simple tool in the hands of the mothers, which if practiced correctly, can bring tremendous gains both the child and the mother.

In the district of Medak, following areas require attention to promote the breastfeeding practices:

- Lack of knowledge & skills related to latch-on & positioning
- Communities lacking knowledge about benefits of early initiation, colostrums feeding & exclusive breastfeeding
- Prevalent traditions, myths & misconceptions among the communities
  - Colostrums is dirty, heavy, harmful and indigestive for the baby and hence is thrown away
  - Mothers start lactating after 3 days (Colostrums not considered as lactation)
  - Negligence health providers where deliveries happening in private nursing homes
  - Mothers milk alone is not enough for the baby
  - Water is necessary besides breast milk, esp. in summers
  - Breast milk does not fully serve complete nutritional requirements
  - Cultural rituals to give honey to the child, feed bottle's milk instead of mother's milk

## Identified Communication Need

- Promote importance of early initiation, colostrums & exclusive breastfeeding among pregnant women & lactating mothers
- Engage grassroots networks like SHG, CBOs in community dialogue to
  - Encourage and support mothers to practice recommended behavior



- influence mother, mother-in-law and husbands to support mothers to practice recommended behaviour

## Launch of Breastfeeding Promotion Campaign in Medak

The state office of UNICEF assisted the Government of Medak to implement a district wide communication campaign on breastfeeding promotion. The campaign proposed to launch by the Honorable District Collector, Shri. S. Suresh Kumar on 1st August 2011 at Sangareddy during the World Breastfeeding Week.

### Objectives of WBW 2011

- Sustain the momentum from WBW celebrations – Campaign a breastfeeding friendly environment
- Reach out to people especially youth with information on breastfeeding & support mother's needs
- Advocate for community and family support to help enhance breastfeeding and complementary feeding

## The Campaign Strategy & Components

**Key Messages:** In order to address the knowledge gaps, myths & misconceptions and change the behaviours from traditional to recommended practices, the following messages were identified to be delivered to the providers, change agents and the primary audiences.

- Early initiation of breastfeeding and importance of Colostrums
- Exclusive breast feeding
- Position and attachment during breast feeding
- Benefits of breastfeeding to mother & child
- Overcoming traditional practices, myths and misconception related to breast feeding

### Audience Segmentation:

#### Primary

- Frontline functionaries
- Mothers of new borns
- Lactating mothers (having children less than 6 months of age)
- Expectant mothers (esp. in last trimester)

#### Secondary

- Mothers-in-law (*of mothers belonging to above categories*)
- Husbands & extended family



- Networks such as women SHGs, community & religious leaders

### **Territory**

- Medical officers & Private Nursing home doctors (sensitization workshop)

**The Campaign Components :** With the above strategy, the campaign constituted the following components :

- Knowledge & skill building of facility based service providers and front line functionaries for effective IPC / counseling on breastfeeding
- IPC of expectant mothers at the health facilities
- IPC of expectant and lactating mothers at family level
- IPC materials : Congratulation card
- Outdoor media – **posters and SRIKARAM Audio & Video CDs**

### **Implementation Plan**

The breastfeeding campaign will start simultaneously from district level to village level. The sensitization activities will carry for whole week.

#### **District Level**

A walk on the theme "**Talk to Me! Breastfeeding - a 3D Experience**" with the District Collector, concerned district officials, Nehru Yuva kendra and civil society organizations from Inspection banglow to Integrated Collectorate Complex.

launching of **Congratulations** card and **Poster** by the District Collector which follows a presentation on current trends of breast feeding and sharing of Campaign objectives.

Though the prevalence of institutional deliveries are high(90%) in the district, initiation of early colostrum feeding is low in private nursing homes. For this a district level workshop planned to sensitization the private nursing home's doctors.

#### **Mandal(Block) Level**

The BCC Master trainers will observe the week at mandal level with close coordination and involvement of Health, ICDS, Mandal Samakyas and Nehru Yuva Kendra youth and other civil society organization. The mandal level group will conduct rallies and have discussions on importance of breast feeding.

The following days the Master Trainer, ICDS Supervisor, Mandal Mahila Samakya leader and NYK leaders will paste the posters in private nursing homes, primary health centers and MMS buildings.



## Village Level

Anganwadi worker, ASHA, ANM, SHG leader and NYK youth will take initiative at village level and conduct rallies with SHG women and school children with relevant slogans.

The team (Master Trainer, ANM, AWW, ASHA) will paste the Posters in Anganwadi centers and distribute congratulatory cards to the mothers of new borns and conduct IPC sessions.

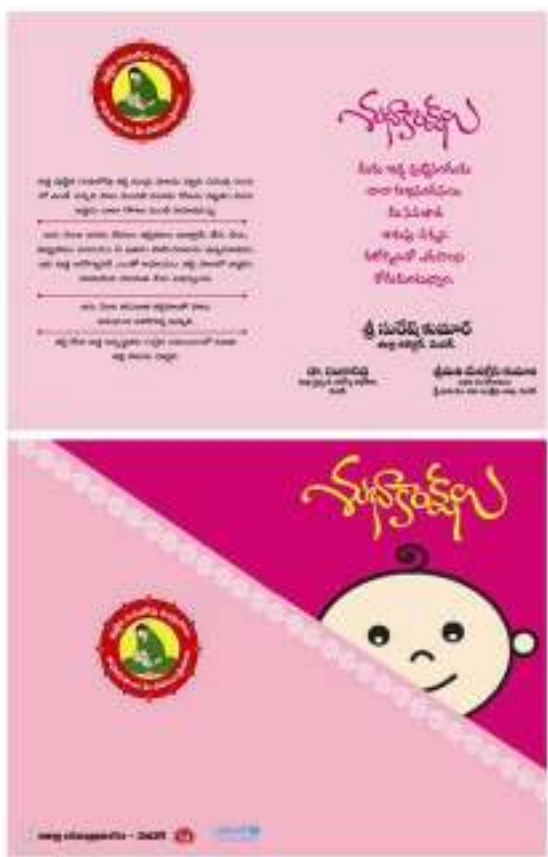
**Suggested Communication Plan and Indicative Budget :** Given below is an indicative budget for implementation of the above mentioned activities.

UNICEF will provide the artworks and prototypes for all the print materials and outdoor communication activities. District Women & Child development and Health departments will provide material printing that Congratulatory card and Poster. BCC cell will carry the campaign involving all stakeholders in the district to achieve WBW objectives.

## Designs of Communication Materials

### Poster





Congratulations Card

