Improving Exclusive Breastfeeding Practices by using Communication for Development in Infant and Young Child Feeding Programmes

“If a child survives the first month of life... exclusive breastfeeding goes a long way towards cancelling out the health difference between being born into poverty and being born into affluence.”

—James P. Grant, former Executive Director of UNICEF
LEARNING OBJECTIVES

Be able to:

• cite the benefits and challenges of making exclusive breastfeeding (EBF) the norm for babies for their first 6 months of life

• cite the risks of artificial and mixed feeding

• know the major elements of interventions to improve EBF rates

• understand the shift to the Communication for Development (C4D) approach

• discuss how to integrate C4D principles into major elements of the programme, beginning with the planning phase

• understand why both individual and community empowerment and social transformation are necessary to achieve and sustain improvements in EBF practices
CONTENTS OF MODULE

1. Benefits and Challenges of Exclusive Breastfeeding
2. A Shift in Approach
3. Integrating C4D into Programme Planning
4. Putting C4D for EBF into practice
5. Integrating C4D into Programme Monitoring and Evaluation
6. Maintaining Gains through Social Transformation
1. BENEFITS AND CHALLENGES OF EXCLUSIVE BREASTFEEDING
Impact of Exclusive Breastfeeding

- Excl. breastfeeding for 6m & continued BF to 12m: 13%
- Insecticide treated materials: 7%
- Complementary feeding (with continued BF): 6%
- Zinc: 5%
- Hib vaccine: 4%
- Clean delivery: 4%
- Water, sanitation, hygiene: 3%
- Antenatal steroids: 3%

Single largest impact on mortality of all preventive interventions
Source: Lancet Child Survival Series 2003

Early initiation of BF can reduce neo-natal mortality by up to 20%
(Edmond et al 2006, Ghana study, & Mullany et al 2008, Nepal study)
Benefits of breastfeeding and risks of artificial feeding

**BENEFITS OF BREASTFEEDING:**

- Improved growth and nutrition status
- Less likely to die
- Less diarrhoea and respiratory infections
- Lower risk of later chronic diseases
- Lower risk of overweight/obesity
- Improved cognitive and motor development

**RISKS OF ARTIFICIAL FEEDING:**

- Poorer growth and nutrition status
- More likely to die
- More diarrhoea and respiratory infections
- Increased risk of later chronic diseases
- Increased risk of overweight/obesity
- Lower scores on intelligence tests
Many factors influence mothers’ infant feeding practices

Positive, supportive factors:

• Social support
• Positive social norms around breastfeeding
• Correct information
• Practical support from a lactation counsellor, etc.
• Skilled support and correct advice from medical personnel
• Maternities with “baby-friendly” policies.
• Workplace with appropriate mother and baby friendly policies
Analysis: what are the programmatic challenges to BF in your country?

• Low priority, under-supported, or neglected
• Best intervention, worst marketing
  – Complacency, perception that BF is “cultural” & rates can’t improve
• Countered by many forces
  – Widespread promotion of breastmilk substitutes
  – No commercial advocate, unlike infant formula
• Controversial
  – HIV transmission
Progress is possible with integrated, multi-level programmes

But: almost no progress at global level, due to large countries not improving.
Factors for success

Communication and advocacy can play a key role in addressing some of the challenges to breastfeeding.

- Reviews from many successful countries have shown that success on BF can be achieved by:
  - doing all of the right things (comprehensive, evidence-based package, based on assessment of needs and situation)
  - at all levels (national, health system, community, communication)
  - in the right way (applying best practices, using effective strategies, providing appropriate training & supervision)
  - for everyone (national scale and ensuring equity)
  - all the time (sustained, ongoing implementation, fully institutionalized)

➢ Ultimate goal is to make exclusive breastfeeding the norm for all children, in all countries.
Key breastfeeding interventions

1. Legislation to protect breastfeeding
2. Institutionalizing the BFHI/10 Steps
3. Counselling & support through primary health care (integrated IYCF counselling)
4. Counselling & support by trained community cadres (integrated IYCF counselling)
5. Mother to mother support groups in the community
6. Implementation of evidence-based comprehensive communication strategy
Recent UNICEF IYCF programming tools & reviews
Lessons learned on communication for breastfeeding

**Don’ts:**
1. Use generic messages with no discussion of WHY and no context
2. Focus only on the benefits of BF & not on risks of artificial or mixed feeding
3. Rely heavily on information, education, communication (e.g., posters, slogans, mass media)
4. Expect a campaign approach to be adequate on its own (e.g., World Breastfeeding Week)

**Do’s:**
1. Use evidence from KAP studies and barrier analysis to design strategies (including messages)
2. Emphasize the risks of artificial or mixed feeding
3. Use multiple channels with emphasis on inter-personal communication and community-based approaches
4. Ensure continuous communication at multiple levels
2. EXCLUSIVE BREASTFEEDING: A SHIFT IN APPROACH
Using a C4D Approach

Objective: To change behaviour as part of a desired social change process that involves women, men, children and other key groups

Understand view(s) of breastfeeding: Behaviour requires the support of family, community, health system, employers and ultimately is agreed upon / practiced by each community

Mix of communication channels: Interpersonal and community and media – should be two-way (or more!) dialogue, consultative, empowering

Messages: Tailored to circumstances of different participant groups (women, men, other family members, health workers)

Materials: Address immediate and long-term benefits and highlight risks of not breastfeeding exclusively; specific to participant groups; clear, non-technical language; position EBF as children’s right
C4D always:

- Builds on evidence and lessons learned to change behaviours across levels and create a sustainable process of social change.
- Is a participatory process built on values-based strategies, messages and activities to promote social transformation.
- Supports changing health systems, other public systems and social norms through ongoing efforts, not only short term campaigns or one-off events, but by using a systematic approach.
Coordinating and Harmonizing Across Levels
to Effect Behaviour and Social Change

adapted from Strengthening Infant and Young Child Feeding Programmes: Programme Guidances, UNICEF New York
C4D, Exclusive Breastfeeding and IYCF

Coordination at national level: Multi-disciplinary team of nutrition specialists, C4D specialists, monitoring specialists, community groups, contractors and consultants, other partners

Coordination on communication strategy: Work on strategy can start at any point, but development of messages and materials is last part of planning, not first.

Coordination with IYCF: Plan together; agree on common objectives; share research and evidence; develop monitoring mechanism; develop evaluation strategy

Community participation and many voices are essential at all levels to engage people in long-lasting process of social transformation
3. Exclusive Breastfeeding: Integrating C4D into Programme Planning
Three Major Steps

• Assessment (Research)
• Analysis
• Design the Communication Strategy
Assessment (Research) Phase

Formative research – may be needed or may exist
Examples of research methods: Focus group discussions, direct observation, door-to-door surveys

- What information already exists about EBF practices of different groups of women and behaviors of groups who may influence them?
- What resources for EBF are in place?
- Learn about views of different participant groups on infant care, breastfeeding, EBF, formula feeding/mixed feeding, family roles.
- Ensure special efforts to include marginalized or excluded groups
Participant Analysis Phase

Analyze your new research data and important secondary data!

Identify **key primary, secondary and tertiary participant groups**; involve them in planning and system-changing activities

• What behaviours to improve EBF practices do you want to achieve at each level? Why haven’t these results been achieved?

• What policies are needed? What kinds of behaviours should be encouraged among policy-makers?

• Which family and community members can support mothers during EBF?
Behaviour Analysis Phase

Use results of formative research to analyze actual behaviours of different participant groups!

Identify **motivators** for infant feeding behaviour

• Main problem behaviours and reasons people practice them?
• Via participatory process, discuss ideas to improve practices and whether it’s feasible to implement them
  – What messages, channels and approaches resonate with different participant groups
  – Solicit additional ideas and feedback.
Design the C4D Strategy

Based on identified motivators for infant feeding behaviour in society:

Articulate clear, feasible, measurable EBF objectives that

- are based on dialogue with key participants and
- can be achieved through communication and advocacy

Design the monitoring & evaluation system for the objectives / indicators / to establish baselines & track change

Identify suitable strategies for key participant groups through consultative processes

- test and use a diverse mix of communication channels, messages, materials to reach all intended participants at scale – consider C4D components/all participant groups
Agree on both EBF Programme and Communication (C4D) Objectives - FOR EXAMPLE:

**Programme Objective:** To increase national EBF rate for infants < 6 months by at least 20 percentage points in 5 years

**Communication Objectives:**

1. From baseline, **at least 20 percentage points** more women who breastfeed do not introduce water or other liquids during first 6 months of infant’s life.

2. **At least 60%** of selected field workers use at least four communication skills learned in training when in group education sessions with women who are breastfeeding.

3. **At least 60%** of women with infants < 6 months report at least one contact with a mother support group.

4. **At least 80%** of district directors of health allocate adequate human, material, and financial resources to implement district-level IYCF communication activities.
Agree on Monitoring & Evaluation System for C4D on EBF

Monitoring answers, “How are we doing?”
Evaluation answers, “How did we do?”

Monitoring:

• Highlights what is working with participant groups
• Identifies problem areas and why they are not working as planned
• Fixes problems during implementation
• Solicits continuous feedback from participants and their communities
Design and Test Messages, Materials & Channels of Communication

As part of EBF communication strategy, be sure to pre-test messages, materials and communication channels with a representative sample of intended participant groups to ensure they are:

- Clear and understandable: small, doable actions
- Appealing, memorable and can hold attention of intended participants
- Credible /believable
- Acceptable and appropriate to local culture and language
- Relevant to intended participants’ circumstances
- Addresses barriers, norms and beliefs in community

Pre-test messages and materials for both benefits and risks
A Few Tips

• Use non-technical language for non-technical groups
• Focus on doable actions for all groups
• Develop different messages and materials for different participant groups, including policy-makers
• Design strategies to stimulate discussion of barriers and how to overcome them
• Emphasize positive immediate results of EBF while recognizing constraints for the mother and discussing how they might be overcome

Listen and learn.

Don’t repeat the same messages and approaches that were used in the past with limited impact and expect different results.
4. Exclusive Breastfeeding: Putting C4D into practice in EBF Programming
Integrating Communication as Part of a Comprehensive Approach in Ghana

EBF rate increased from 3.8% in 1988 to 63% in 2008 for children < 6 mo. Strategy featured:

• Advocacy resulting in prioritization and commitment by Govt.
• Formative research: showed importance of grandmothers and fathers
• Community level BCC strategy: initiated by Linkages
• Training of health facility staff, baby-friendly hospital, and revision of the curricula
• Print, traditional media and radio.
National Communication Framework & Plan for IYCF in Bangladesh – 2010-2013

• **C4D objective**: to create demand for early initiation of breastfeeding, EBF and quality complementary feeding for infants/young children

• **Framework/plan based on formative research**, national/district level data/info and **participatory processes** with different stakeholders as well as **analysis of behaviours** (barriers and facilitators), participant groups / stakeholders, communication channels, messaging

• **Comprehensive, systematic and dynamic C4D implementation strategy** using multiple communication channels and approaches at all levels to support demand creation for basic services and adoption of life saving behaviours / social norms

• **Clear M&E plan with C4D indicators**, integrated into IYCF from the start
5. Exclusive Breastfeeding: Integrating C4D into Programme Monitoring & Evaluation
Monitoring framework for communication

**Inputs**
- Training
- Materials
- Broadcasting
- Outreach
- Supervision/support

**Coverage and behavioural outcomes**
- Percentage of selected participant groups reached
- Recall of messages and knowledge of ideal practices
- Key behaviours changed
- Communication skills practised
- Commitment by decision makers

**Impact**
- Changes in breastfeeding and complementary feeding practices
- Changes in social norms on feeding
Monitoring & Evaluation of C4D

Remember: M&E answer “How are we doing?” and “How did we do?”

Common components:
• baseline data (qualitative and quantitative)
• ongoing monitoring mechanism and analysis
• post-strategy/implementation survey

Results should focus on changes (positive and negative) in:
• social norms and social processes
• power relations within different levels of society
• policies, systems and funding
• knowledge and skills
• health and social practices
6. Maintaining Gains
Through Social Transformation
Maintaining Change

Maintaining desired behaviours \textit{(personal and community empowerment)}

Strengthening systems \textit{(institutional / political commitment to create system shifts)}

Strengthening commitment and skills (of people who support changes in community and social behaviour)

By reporting data on behaviour and social outcomes and their impact on health and nutrition \textit{(evidence)}, EBF programmes can celebrate successes, address weak spots \textit{(feedback and problem-solving)} and advocate for resources \textit{(support)} to enable long-lasting results and system shifts.
Questions? Comments?

Thank you!