



Elizabeth and Aidan at work.
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Talk
to
Me!

Breastfeeding Education
Campaign in School.
© Dr. Rajinder Gulati



WABA 2011

www.worldbreastfeedingweek.org

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Talk to Me! Breastfeeding – a 3D experience?

This year, we join together to celebrate the collective efforts around the world to protect, support, and promote breastfeeding. As global exclusive breastfeeding rates continue to rise, you may wonder – why talk about breastfeeding? Isn't it a normal, physiological process? What do I have to do with it? This year's action folder is a collaboration among some of the breastfeeding movement's newest faces along with several veteran champions.



We are all traveling along our own continuum of time and place, but what makes our journey so robust is the 3rd dimension of **communication**. "Talk to Me!", the "3D" theme for WBW 2011, speaks to YOU! You as a caregiver (past, present, future), you as an integral member of society, you as a receiver and giver of knowledge and support, and you as the young person thinking of this issue for the first time. Each of us plays a variety of roles and has the most powerful tool needed – a voice to talk to others about why breastfeeding matters, not only for health and well-being, but also for the environment, for women's rights, and for social advancement. Let's enhance the perception and knowledge about breastfeeding, and bring the dialogue to life, making this year's World Breastfeeding Week (WBW) celebration a true 3D experience: an opportunity for outreach, an investment in a healthy future, and ultimately, a unifying lens through which to see the world.

The Storyboard

Breastfeeding – a biological function; a public health issue that has been revisited time and time again; a bond between a mother and child. Breastfeeding supports each of the Millennium Development Goals and has a large impact on the future well-being of our society.

Here's a quick snapshot ¹:

- ▶ **MDG 1 (hunger and poverty):** The first step towards reducing undernutrition of children is optimal exclusive breastfeeding, enabling them to grow well from the first days of life; and continued breastfeeding when complementary foods are introduced, to improve the quality of the mixed diet. This also contributes to reducing household costs particularly in poverty stricken economies. ²
- ▶ **MDG 3 (gender equality):** Children receive an equal start through breastfeeding regardless of family income. Breastfeeding also empowers women by enabling them to be in control of their reproductive lives and be self-

1. http://www.breastfeeding.asn.au/advocacy/aba_millenniumDevelopmentGoals.pdf
2. Black RE, Allen LH, Bhutta ZA, Caulfield LE, de Onis M, Ezziati M, et al. Maternal and child undernutrition: global and regional exposures and health consequences. Lancet. 2008 Jan 19;371(9608):243-60.

sufficient in nourishing their infants (without spending money on breastmilk substitutes).

- ▶ **MDG 4 (reduce child mortality):** If all infants were placed immediately skin-to-skin, breastfed exclusively for six months and then up to two years or longer with age appropriate complementary feeding, under five mortality would be reduced 13-20% worldwide.^{3,4}
- ▶ **MDG 5 (maternal health):** Mothers' risk of postpartum hemorrhage is reduced by early initiation of breastfeeding. Breastfeeding also protects against anemia and maternal iron depletion due to lactational amenorrhea, and reduces the risk of breast and ovarian cancers, and diabetes.

To help highlight the various entry points for communication, let's zoom in and follow the path of a young woman, **Kim**, and her encounters with breastfeeding. **Where will she receive information, how will she use it, who will she talk to, and what does it indicate for her life ahead?**

Note: Please feel free to edit or adapt any portion of the storyline to better suit your region's needs

- ▶ Kim is a girl born in today's world. Her mother, a healthy individual, chose not to breastfeed Kim because she experienced some physical pain and was given conflicting advice from her various support networks. Kim's exposure to breastfeeding is therefore limited, although she does see an aunt breastfeed her cousin. She sees many dolls that are sold with bottles and sees breasts portrayed only as sexual objects in magazines and posters. Many events in her life will impact and positively or negatively influence her perception of breastfeeding.

Talking Point: Have you witnessed breastfeeding in your own family circle? Talk to your family members about infant feeding, share in a bit of family history, and pledge to support each other. Mothers of young adults need to explore their experiences of infant feeding, have them validated and be given the opportunity to learn how to support their children to breastfeed in the realities of the modern world.

Breastfeeding for a healthy future.
© Carmen Pfuyo Cahuantico



- ▶ Kim has grown into a young woman about to embark on her own life journey. She considers what the future holds and how her independence will influence her experiences in this world. Knowing that she was not breastfed, Kim talks to her mom about her difficulties. Kim's mother struggled with breastfeeding and wasn't given the chance to ask question or talk to anyone about her uncertainties and fears during her pre-natal visits at the health center.

Talking Point: As a new mother's first point of contact, the health system should have staff that not only possess updated knowledge, but also offer guidance and clarification on how to sustain breastfeeding. A 2011 metasynthesis of women's perceptions and experiences of breastfeeding support indicated that an authentic and facilitative style of health workers along with **practical** information was the best received. We learn best when we are active participants in the process.⁵

Mother overcome obstacles.
© Edith Rojas Lopez.



- ▶ Kim needs to complete a school project and chooses breastfeeding as her topic. Her peers are puzzled and joke about her choice. When she asks them what they think about breastfeeding, none of them seems to have encountered it before. Discouraged, Kim begins searching for answers and comes across 20 years of research on breastfeeding, along with many other commentaries and articles. There's so much information out there, but why hasn't she heard of it before?

Talking Point: There's a lot of research geared toward mothers, but what about before she begins motherhood? Introducing breastfeeding into health curricula and tying it in with public health is a great way to address preliminary information. Young people are always curious about new things and ways to improve their own livelihood. Knowing that breastfeeding has a wider impact will help them make informed decisions for their future ahead. If Kim decides to start a family with her significant other in

3. Black et al Global regional and national causes of child mortality 2008: a systematic analysis. Lancet on line May 12, 2010.
4. Danzhen You, Wardlaw, Chopra et al Levels and trends in child mortality 1990 – 2009, Lancet September 18, 2020, page 932.

5. Schmied, Virginia, et. al. "Women's Perception and Experiences of Breastfeeding Support: A Metasynthesis". 1 Mar 2011.

the near future, they will need to make these decisions together. He may not have had the same awareness on breastfeeding issues or may face pressure from friends or family to behave a certain way. He may have learned to think of women's breasts as sexual, and not appreciate their importance for motherhood. Preparing men as breastfeeding advocates creates shared awareness, accountability, and support.



District commissioner's remarks on the Importance of exclusive breastfeeding during the World Breastfeeding Week launch.
© Sarah Onsase

- Kim has a friend, Mary, who is a single mother and domestic worker. While the two women lead different lives, they both share an interest in family life and maternal/child health. Kim asks Mary about her experience with pregnancy and how she found support. Mary: *"When I found out I was pregnant, I went to the community health center for a consultation. I was nervous about the doctor's possible 'reprimand' for not knowing how to follow all the procedures for being pregnant. To calm myself down, I imagined that the health workers were cordial, kind, and willing to support me by clearly communicating all the steps. However, when I got to the center, I was scared – 'are the neighbors gossiping? How will I tell my mother? Will I be fired from my job? Will I still be able to go to school with such a big belly? What will life be like when the baby is born? How will I get money to buy milk, diapers, and bottles for the baby? Didn't I learn that exclusive breastfeeding is free?'* As these thoughts raced in my head, a kind nurse calmed me down. She listened, understood my anguish, answered my questions, and explained that I would be giving my baby all the nutrition from my breasts for the first 6 months. Most of all, she empowered me to believe in myself and not let formula marketing pressure my decision. After I returned home, my mom hugged me and cried. She remembered how hard it was to go through the same experience after moving into the city from the countryside. Despite her new environment, she had good support from my grandmother. So many friends appeared. I am not alone, and my baby has me and my breastmilk!"



Teen Mother Support – first time mother assisted by nurse and support group in achieving successful breastfeeding – James Achanyi-Fontem.

Talking Point: In 2008, the WBW theme focused on mother support, particularly peer support. Here, the two women have divergent paths yet Mary shares with Kim the challenges and successes of her own experience. Kim can then use Mary's story as an entry point when talking to other mothers who may feel discouraged. As an ally of a breastfeeding mother, you can link mothers with each other, identify opportunities for them to share their stories, or do something creative that would gain a wider community audience. You can also help a mother identify people in her natural social network (older children, men, partner, mother/grandmother, neighbor, etc) who can help with domestic tasks. Be a voice for mothers around the world!

- Kim wonders what the transition is like for women who want to work and continue to breastfeed. She asks her teacher about maternity guidelines in the country. The teacher is stumped. From his experience, pregnancy and child-raising are personal issues, not something with which the employer was involved. The next day, Kim sees a local trade union poster stating that working women have the right to six months paid maternity leave. She decides to call the union and ask for more information.



Nursing and working.
© Jennifer L. Kleckner

Talking Point: Every place of employment should have a maternity leave policy that allows a mother to continue to breastfeed while working. When at all possible, communication between mother and employer must take place before the projected birth date and both parties should agree on a feasible plan for the woman to fulfill her role as a worker and as a mother so she can continue to breastfeed. While working, the employer must recognise a woman's right to breastfeed (International Labor Organisation, Maternity Protection Convention C183, 2000). By becoming familiar with these rights, you can help trade unions and women's groups communicate this important information to mothers no matter if they work at home, or in the formal or informal sector.

As Kim continues to discover more about her surroundings, she begins to realise that one choice will inevitably cascade into another, and communication at each juncture can either be empowering or misleading. We all have, or will find ourselves in similar situations as Kim. **As a health professional, you may also be a family member. As a youth, you may also be a caregiver. As an employer, you are also a mentor.** The various dimensions of our lives intersect, and we need to realise that breastfeeding affects all of these dimensions.

Where does the ownership of communication and decision making lie? In what ways can a government effectively communicate with its people, an employee communicate with his/her employer, a family communicate with each other to shape and change the landscape so that breastfeeding can be normalised rather than marginalised? You can begin by establishing a knowledge base on breastfeeding, and then pairing the statistics and guidelines with useful action steps.

A 2010 study highlights the fact that community engagement is an area of increasing interest and attention and is essential to sustainable improvements in community health.⁶ The idea of community-based participatory research has been successful because it focuses on **local** voices. Coalitions made up of health care organisations, human service organisations, mother support groups, insurers, businesses, child-care providers, mothers, and family members bring together the dimensions by aligning them with the same goal of creating breastfeeding-friendly environments.

Let's Talk!

After you read this story and begin to see the many entry points for communication, you might be wondering "how do I communicate? Will it make a difference?" Let's look at the second question first. Yes, information conveyed in a supportive manner does make a difference. Good communication is the basis of behavior change theories, which explain that behavior change is based first on awareness and the perception that there is a possibility of success. So, yes, your efforts to share your knowledge and support, and to share your questions, does make a difference. Then, ask yourself how you normally share new information with someone who is uninformed and how you learn from this person's views. How do you make sure they understand what you say and that what you say is what they need to hear? All of the technical information about breastfeeding has been carefully reviewed and synthesized in medical journals throughout the years, but what we must focus on now is communicating this information to wider audiences who are traditionally uninvolved in breastfeeding advocacy, like young people.

A review of California's WIC Association provides key insight on how we communicate.⁷

The study states that each person has his/her own style of conveying a message. Some prefer illustrations, others prefer statistics, while others prefer sharing an experience. Communication isn't just the content, but rather it's what you bring from prior understanding, experience, and culture. We can see from the story above that there were many "episodes" over Kim's life that influenced her perception of breastfeeding.

When sharing about breastfeeding to someone who may not be aware, listen closely to their end of the story. *Where have they heard about breastfeeding or seen it in their personal lives? How does their role in the community add to or detract from breastfeeding support?* Frame your key points in a way where they fit into the picture. For example, when talking to a young student, talk about how breastfeeding impacts the environment or what maternity policies are in place for young professionals.

You might want to explore your own community and its cultural practices. What are the exclusive breastfeeding rates? What are health practices like? How are marketing strategies affecting breastfeeding or infant formula use? How are images of breastfeeding portrayed? This will help you identify relevant and pertinent messages. As we all know, health messages about breastfeeding can educate the public, but education alone cannot create an environment that supports breastfeeding.

As a communicator, it's also vital that we "watch our language". Diane Weissinger points out that the way we talk to people about breastfeeding can impact the way they internalise and subsequently share the information.⁸ Words matter.

- ▶ **Avoid using "best, ideal, optimal, perfect, or special"** – This can imply that breastfeeding is something additional to achieve and not part of everyday life. Breastfeeding should be portrayed as "normal" and any other alternatives are "less than normal", therefore an inferior choice.
- ▶ **Be careful of guilt** – Women don't breastfeed for a multiple of reasons. It's not their fault. Let's work on normalising breastfeeding and not blaming. Never add guilt to guilt and support whatever decision a mother makes.
- ▶ **Focus on the relationship** – Breastfeeding represents a union of nurture and nature. We tend to discuss the intricacies of how the breast feeds the child rather than the elements of bonding and mothering. Let's not forget the latter element and what it can provide for child development as well as for women's empowerment and well being. Breastfeeding is about more than the milk.



6. <http://www.liebertonline.com/doi/pdf/10.1089/bfm.2010.0051>

7. http://bmsg.org/pdfs/BMSG_Issue_18.pdf

8. <http://www.motherchronicle.com/watchyourlanguage.html>

Three, Two, One ➡ Action!

Now that we've learned how to engage in dialogue, it's time for some brainstorming to see what we can do during our WBW celebration to begin to communicate!

PROTECT: Sustain the momentum from your WBW celebrations - interview participants, gather simple statistics and testimonies on breastfeeding in your community, and use these results to lobby for a breastfeeding-friendly environment!

PROMOTE: Take advantage of the 2011 theme and find creative ways to publicise your events – try linking with




schools, universities, child care centers, health centers, community organisations, and social movements. This is often where young people can be the most helpful!

SUPPORT: Identify people in your network to work with and design programs or events for WBW. Remember, it's a team effort!

AND

Ask questions yourself – learn about the power of communication to change behavior! Practice the communication techniques offered! Find out about new e-communication, apps and social media that can help in our communications with young people everywhere!

Here are a few action ideas and success stories to inspire your imagination!

	WBW OBJECTIVE	ACTION IDEAS	SUCCESS STORY
1.	Encourage the use of new media to reach larger numbers of people with breastfeeding information.	Connect with other breastfeeding advocates by contributing to or following a blog, browsing relevant Facebook pages and Twitter feeds.	kellymom.com has over 30,000 followers on Facebook and uses this platform to share information and help mothers connect.
2.	Create and increase communication channels between different sectors so breastfeeding information and feedback can be accessed and enhanced.	<p>Contact local communicators: teachers, journalists, media officers, students, community organisers – to help them build and share vital messages and raise awareness.</p> <p>Host a "World Café" event to discuss breastfeeding.⁹</p>	The Tamizhosai Radio Youth and Science Forum in India hosted a quiz program on breastfeeding. Students, health workers, professors, and mothers participated in the event and the event was broadcast on National TV along with the All India Radio.
		<p>Cameroon teen mother talking to TV channel on baby positioning during breastfeeding. © James Achanyi-Fontem</p> 	
3.	Develop and scale-up communication skills in breastfeeding and health trainings	Get in touch with local health centers and help them implement outreach efforts and trainings.	Force 7, a youth social marketing team, successfully increased breastfeeding initiation rates by creating an innovative training and info sharing program for health care professionals on how to best promote breastfeeding to young parents. ¹⁰
4.	Encourage mentorship of new breastfeeding advocates.	Engage grandmothers and older family members in active advocacy by working with them to update their breastfeeding messages so they appeal to young mothers.	We're waiting for your success story this year!

9. http://www.swaraj.org/shikshantar/expressions_brown.pdf

10. <http://www.force-7.co.uk/news-article/breastfeeding-training-programme.php>

- 5.** Creatively explore, support, recognise, and implement innovative communication approaches and provide a space for people to develop their ideas.

Host an event where people can share their stories or showcase breastfeeding in a creative way.



Best Beginnings put together the "Get Britain Breastfeeding" exhibition in collaboration with several art institutions which features iconic designs to inspire, celebrate, and change perceptions surrounding breastfeeding and engaging parents of tomorrow.¹¹

Taking Breastfeeding Awareness to the next generation with Art.
© Lynette Sampson

- 6.** Broaden the scope of breastfeeding advocacy to involve traditionally less interested parties (e.g., unions, human rights and environmental activists, youth).

Encourage breastfeeding education across the curriculum in schools and universities and link with existing social cause groups to highlight breastfeeding through a variety of lenses.

Contact your employer or governments and ask them to sponsor a WBW event and emphasise the need to prevent conflicts of interest by avoiding sponsorship or any form of collaboration with manufacturers and distributors of products under the scope of the Code.

The Carolina Global Breastfeeding Institute and the Center for Women's Health and Welfare at the University of North Carolina campuses host the Breastfeeding & Feminism Symposium each year and link both students and professionals in dialogue on breastfeeding and gender issues.¹²



The present and the future is in our children. Educating children on breastfeeding and the environment.
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11. <http://www.bestbeginnings.info/get-britain-breastfeeding>
12. <http://www.uncg.edu/hhp/cwhw/symposium/homepage.html>

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WABA does not accept sponsorship of any kind from companies producing breastmilk substitutes, related equipment and complementary foods. WABA encourages all participants of World Breastfeeding Week to respect and follow this ethical position.

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