



Project Support Communications **Newsletter** • Information Division, UNICEF, New York, N.Y. 10017

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## The Promotion of Breastfeeding and Proper Weaning Practices in the Ivory Coast

by **Ute Deseniss, UNICEF—Abidjan**

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"Do you have children?"

"Yes, I have 29 children."

"Were they breastfed?" we asked a vigorous man of about fifty while pretesting the draft of the breastfeeding poster at the National Social Security Office in Abidjan, the capital of the Ivory Coast.

"Sure," he affirmed, "all my children were breastfed, and I will have more children, and they will all be breastfed."

He is a Muslim and has four wives. He works as an accountant in a private enterprise in an inland town of the Ivory Coast. While looking again at the poster, he continued, "It is good to see this African woman breastfeeding her baby. This is something so natural, but people start to forget it, and it may even disappear one day. So it is good to remind us not to give up our traditions!"

He read the text under the picture about the advantages of breastfeeding and said, "I insisted

that my wives breastfeed the children as long as possible, as I know it is important for the children, especially baby boys, so that they will always come back to their mothers."

It was interesting to note that all male respondents expressed their support for breastfeeding while the reaction from female respondents was quite different. This confirmed the result of a survey which revealed that only 0.7% of 421 children were bottle-fed due to the decision of the husband.

This was part of the survey undertaken by the Ivorian National Public Health Institute (INSP) from December 1981 to May 1982 investigating the child feeding practices in and around Abidjan. In collaboration with 20 socio-medical centres for MCH Care, the health education team of the INSP examined the nutritional status of 2284 children and found that about 20.3% of them were malnourished.

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# Breastfeeding & Proper Weaning Practices

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According to the survey, 96% of the examined children were breast-fed for about six months. Malnutrition before six months was only about 8.3%. This proves that breast-milk is the most appropriate food for babies for the first six months. Malnutrition increased to 17.6% for the one-year olds and to 33.9% for the 12 to 17-month-olds. This is due to a rather late introduction of supplementary food. Indeed, children in the Ivory Coast are weaned on the average between the age of 11 and 15 months, varying from one ethnic group to another. On the basis of this survey, the INSP decided to carry out a nutrition education programme, starting with a nationwide sensitization campaign for the revalorization of breastfeeding and proper weaning practices based on local food products.

The campaign, which was launched on television by the Ministry of Public Health and Population on 4 April 1983, lasted until the end of 1983. It was divided into two parts. The first part, lasting until the end of July 1983, dealt exclusively with breastfeeding. The second part, from October to December 1983, emphasized appropriate weaning practices.

All kinds of communications media, such as TV, radio, newspaper, poster, booklet, and popular song, were used in the campaign. The INSP contacted UNICEF for funds to cover the production costs of the posters, booklets, and the expenses for a health education workshop for its paramedical staff working in the MCH Centres.

In the course of the cooperation,

UNICEF staff, particularly the Regional Nutrition and PSC Advisers, became more and more involved. This was especially true in the conception and preparation of the two posters and booklets. The WHO and UNICEF Representatives in the Ivory Coast were interviewed on TV on the breastfeeding code, and the Regional Information Officer had at prime time an exclusive interview on the "B" of UNICEF's GOBI (Growth Monitoring, Oral Rehydration Therapy, Breastfeeding, Immunization)!

During the second phase of the campaign, the Regional Nutrition Adviser contributed to the National Child Nutrition Workshop on Growth Monitoring, and the Regional PSC Officer demonstrated educational techniques on Oral Rehydration Therapy.

It is too early at this stage to say anything definite about the impact of the campaign. An evaluation is planned for the second half of 1984. However, there is no doubt that the campaign had at least succeeded in raising awareness. The breastfeeding theme became a regular feature in the media. The posters were hung up not only in MCH Centres, but also in public places. Even while waiting for the bus, people's attention was drawn to the breastfeeding poster placed on the back of the buses.

The campaign was probably biased towards the urban audience. All programmes, except a few radio broadcasts, were in French. There was also too much dependence on TV, which was not very reliable as programmes could be cancelled and schedules changed without prior

notice. This affected the campaign in the sense that it lacked a logical progression.

Nevertheless the public became aware of the importance of breastfeeding. Several times we witnessed people making remarks like: "...at least now we have proof that breastfeeding is the best for the baby."

The campaign aimed at a nationwide sensitization about the advantages of breastfeeding. It did not intend to frustrate mothers who cannot fully breastfeed because they have to work to earn a living, or attend classes. To deal with the problem of working mothers, the training of the *nounous* (nannies), who look after the babies while the mothers go to work, is considered as one of the follow-up activities of the campaign. In general these *nounous* are young girls without any schooling. They are mostly members of the extended family of the children that they look after. They come from the village attracted by the city life. Unfortunately, research showed that only 20% of these *nounous* know how to prepare infant formula correctly. The training approach agreed on is to first make an inventory of their educational needs, and then prepare the training package. Personnel from Social Centres and MCH Centres will visit spots where *nounous* usually sit together and talk in the afternoon, with the babies in their arms or on their backs, or crawling on the floor. These leisurely moments offer opportunities for educating the *nounous* on appropriate infant formula preparation, hygiene, weaning practices, first aid, etc.

With reference to weaning, special activities on family nutrition education are envisaged. Malnutrition of children is often a consequence of the mother's ignorance of a balanced diet, and not necessarily a problem of means. Thus the weaning poster ex-

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explicitly showed food for body building, for strength, and for protection. The tradition of serving food to men before the other family members

also has to be questioned.

Men can play an important role in the promotion and protection of breastfeeding and proper weaning practices by providing their wives

with the encouragement and support that they need. An appropriate family nutrition education programme is probably a good starter to get the men involved.

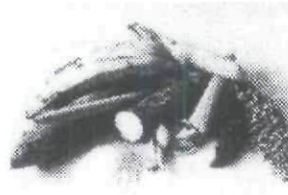
## **A PARTIR DE 5 MOIS EN PLUS DU SEIN...**



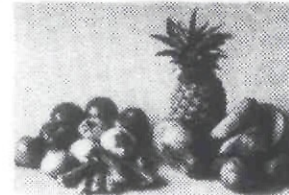
## **JE LUI DONNE CHAQUE JOUR**



*Un aliment de croissance*



*Un aliment de force*



*Un aliment de protection*

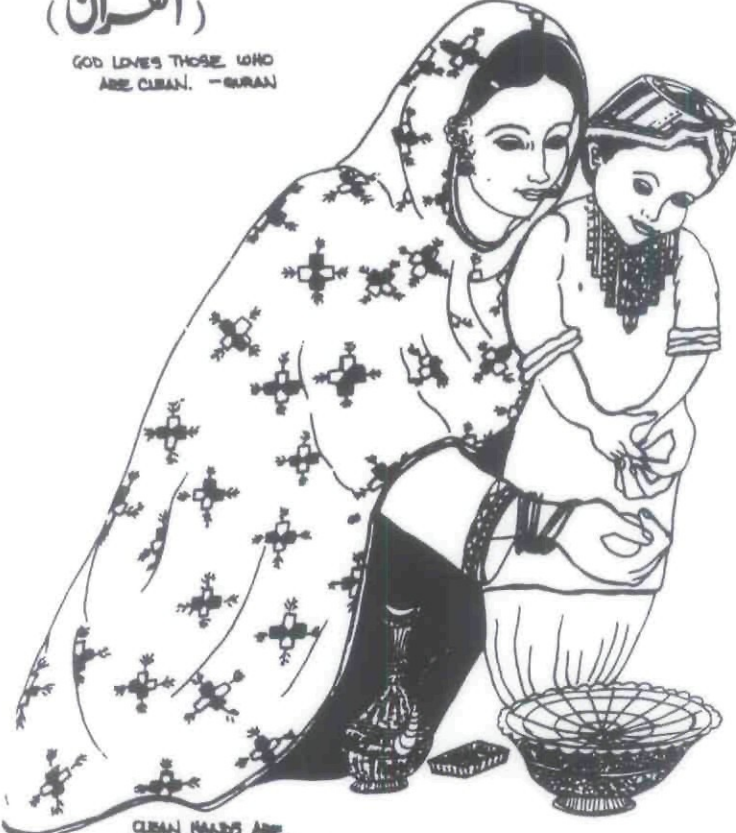
*Starting from the fifth month, in addition to breastmilk, I give him everyday food for body building, for strength, and for protection.*



# Cloth Posters

خدا صاف رہنے والوں سے محبت کرتا ہے  
(القرآن)

GOD LOVES THOSE WHO  
ARE CLEAN. —(QURAN)




CLEAN HANDS ARE  
RESPONSIBLE FOR HEALTH.

صاف ہاتھ صحت کے ضامن ہیں


بلوچستان میں صحت کے ضامن ہیں

BLUCHISTAN INTEGRATED  
AREA DEVELOPMENT PROGRAMME  
—BIAD—




ڈھالی تین گلاس پانی بنائیں

Boil 2½-3 glasses  
of water.




اس سے دو گلاس پانی الگ لیں

Then separate 2 glasses  
from that boiled water.



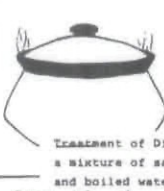
اب دو مٹھی چینی ڈالیں

Now put in 2 handfuls  
of sugar.



پھر دو چمکی نمک ڈال کر ملائیں

Then put in 2 pinches  
of salt and mix.



چینی نمک کے پانی کو ٹھنڈا کر لیں

Treatment of Diarrhoea is  
a mixture of salt, sugar,  
and boiled water.

Cool the mixture of  
sugar, salt, and water.

اسہال کا علاج نمک چینی کا ابلا ہوا پانی

بلوچستان میں صحت کے ضامن ہیں

Bluchistan Integrated Area  
Development Programme.  
—BIAD—

Cloth posters in support of the Baluchistan Integrated Area Development (BIAD) Programme printed locally using the silk-screen printing technique. For more information on the Communication aspect of the BIAD Programme, write to Dr. Pamela Hunte, UNICEF Sub-Office, 80-B, E-5, Satellite Town, Quetta, Pakistan.

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# Pakistan: ORT Promotion

**based on documents provided by David Mason, UNICEF—Islamabad**

A national campaign to popularize Oral Rehydration Therapy (ORT) in Pakistan was discussed at length at a recent ORT promotion workshop. The workshop formulated advocacy, motivation, promotion, and training plans. The following are messages on diarrhoea control and ORT promotion developed at the workshop.

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## Messages for Community Education

1. If not treated immediately, diarrhoea can be dangerous. Your child can die from diarrhoea.
2. If your child passes three or more loose watery stools in a day, he has diarrhoea.
3. Diarrhoea is dangerous. Much water is lost. Diarrhoea brings malnutrition.
4. Sometimes a child with diarrhoea starts vomiting. This speeds up water loss, and the danger is greater.
5. When your child has diarrhoea, give *Elaj-e-Julab* (ORS). Give it every few minutes. Give it as much as he wants.
6. *Elaj-e-Julab* called *Nimkol* is available free from all health facilities. Or you can buy *Elaj-e-Julab*.
7. To prepare *Elaj-e-Julab*, pour four glasses of drinking water into a pot and add a small packet of *Nimkol*. For a large packet, take one seer of water. This can be used for 24 hours.
- \*\*8. If *Elaj-e-Julab* is not available, it can be prepared at home. Put two scoops of sugar and two pinches (using three fingers) of salt into one seer of drinking water. Lemon or orange juice can also be added.
9. If your baby's eyes are sunken, his mouth, tongue, and eyes dry, and his skin when pinched does not go back quickly, he has lost too much water. These are signs of danger.
10. When you see the danger signs, rush your child to the health centre.
11. Take your child to the health centre if he has diarrhoea and you cannot feel his pulse. Take him if he keeps vomiting. Take him if he absolutely refuses to drink. Always try to feed *Elaj-e-Julab* on the way there.
12. If diarrhoea is only mild, keep on giving *Elaj-e-Julab* to your baby at regular intervals. Tea, rice water, or herb water is also good for diarrhoea.
13. During diarrhoea, keep on breastfeeding.
14. Do not stop feeding your child when he has diarrhoea.
15. When your child starts getting better, encourage him to take semi-solid foods, even if he does not want to. *Dahi*, *khitchri*, and mashed banana are good.
16. Breastfeeding is the best way to protect a baby against diarrhoea.
17. To prevent diarrhoea, always feed your child with a cup and spoon, never with a bottle. Bottle-feeding often causes diarrhoea.
18. Wash your hands before preparing food or feeding your baby. Wash your child's hands before he eats.
19. Cover your food to protect it from flies and dirt. Your baby's food must be kept clean or he will get diarrhoea.
20. Keep your home clean, especially the floor. Your children play on the floor and will get diarrhoea from dirt there.
21. Build a latrine if you can. Let the whole family use it.
22. Have your child immunized against the worst diseases. You must go three times. Immunization is free.
23. Your baby should be weighed regularly to ensure that his health is progressing satisfactorily after sickness.
24. Thousands of Pakistani children die from diarrhoea. Look after your baby. Give him *Elaj-e-Julab* when he has diarrhoea.

## Basic Messages for National ORT Campaign

1. Diarrhoea can kill.
2. *Elaj-e-Julab* is the best treatment.
3. If it is not available, make it yourself.
4. For mild diarrhoea, give drinks freely.
5. Continue breastfeeding and giving other foods.
6. If diarrhoea is very bad, or continues for two to three days, see a health worker.

*\*\*This message will be clarified following further studies into the best "formula" for specifying quantities.*



# Diarrhoea—Still a Mystery Killer

by Lorna Clarke, UNICEF—Islamabad

*Julaab. Dast. Paichach. Tatiyan.* It is hard to believe that such exotic names from the Punjab province in Pakistan could refer to one of the country's most virulent child-killers—diarrhoea. This disease accounts for between 20-40% of infant deaths in Pakistan. But why should this seemingly simple ailment be a killer in so many families? In an effort to unshroud the mystery, a study of 180 women with children under five was undertaken in six Punjab villages to determine:

- What people know (Knowledge) about diarrhoea, its causes, symptoms, prevention, cure, and relationship to bottle-feeding, and about Oral Rehydration Salts (ORS).
- How they feel (Attitude) about the seriousness of diarrhoea, the type and necessity of treatment; about breastfeeding as a preventive measure; and ORS as an effective "medicine."
- What they actually do (Practice) in diarrhoea cases from onset to end and after, either because of or despite this knowledge and attitude.

Attempts were made to define the influence of social, demographic, and geographical characteristics on these Knowledge, Attitude, and Practice (KAP) levels.

It is hoped that the findings will help us direct our programmes as well as communication strategies to make diarrhoea an understood and, therefore, controllable disease.

## FINDINGS

Some of our discoveries were expected; others were real eye-openers—but all signs pointed to the fact that for most people diarrhoea remains a killer shrouded in mystery.

## Knowledge

- Over one third of the respondents knew weakness and stomach pain as symptoms of diarrhoea other than lots of loose watery stools. Very few people knew any other symptoms.
- Overfeeding was stated as the main cause of diarrhoea. Bad food and teething were also cited as causes, but no one considered dirt or infection to be related to diarrhoea.
- The majority stated that diarrhoea was not infectious, and nearly half (41%) were not sure if a child could or could not die of diarrhoea.
- Only 12% of the respondents had seen ORS.

## Attitude

- Nearly three quarters of the mothers felt that diarrhoea was NOT a good thing.
- Two thirds of the mothers felt that bottle-fed babies were more prone to diarrhoea.
- Half of the mothers felt that breastfeeding prevented diarrhoea.
- Drink was considered more acceptable and useful during diarrhoea than food (80% saw food as exacerbating diarrhoea).
- Certain foods like rice and a mixture of rice and pulses were considered harmful in diarrhoea cases.

## Practice

- Proper diet was the best preventive measure practised by mothers—including exclusion of sour and gas-causing food.
- Brand medicine was the major curative (45% of the mothers used this).

- Local water-based medicines were also given: green tea, cardamom water, egg-white and water.
- Some people gave castor oil but luckily these were few.
- 81% of the mothers said they continued breastfeeding, but on double-checking, though three quarters of the respondents had children in the 0-2 age-group, only 19 were actually breastfeeding and 66 were bottle-feeding.
- Of the 22 persons who knew of ORS, 17 had actually used it and knew how to prepare it correctly.
- Nearly 90% of all the respondents consulted a 'doctor' in diarrhoea cases, but it is not clear whether in all cases the title refers to a trained medical practitioner.
- Some people (though comparatively few) waited three days, and in some instances as much as five days, before seeking assistance in diarrhoea cases. A few never bothered at all.
- Some interesting though ineffective remedies were used even by people who did consult a physician, such as massaging with herbs and oils, and putting an egg on the child's head.

Generally it was found by cross-tabulation that:

- Access to health facilities did not appreciably affect KAP levels concerning diarrhoea and ORS use.
- Age, experience, and education did not seem to significantly affect KAP levels among mothers as far as diarrhoea was concerned.

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# The Child Survival Revolution Postal Campaign

by Richard Pordes, UNICEF—New York

A new initiative—the Child Survival Revolution Postal Campaign—has been launched to create awareness of the goals of the Child Survival Revolution (CSR) which is a world-wide effort to save the lives and improve the well-being of children through the use of low-cost measures.

At UNICEF's request, the International Bureau of the Universal Postal Union (UPU) in Berne, Switzerland, recently asked each country's postal administration to use postage stamps, wall posters as well as other means to highlight four of the basic themes of the CSR (Growth Monitoring, Oral Rehydration Therapy, Breastfeeding, Immunization). Post offices offer opportunities for displaying in a convenient and highly visible area locally-designed and -produced posters using symbols and slogans that demonstrate the importance of these four themes.

The growing use of the postage stamp as a vehicle for public awareness and public education suggests that it can also be an extremely effective way of conveying the CSR message. Since postage stamps must be issued anyway, this measure is also cost-free.

In many developing countries, the postal system is one of the few distribution and communication vehicles which reach into remote or inaccessible rural areas. Moreover, in many towns and villages, the post office is located in the centre of a community, with regular visits by hundreds of people daily. For this reason, this Postal Campaign offers a potentially effective way of publicizing the essential messages of the CSR.

UNICEF Regional and Field Representatives are being

asked to assist in the implementation of this campaign. By individually contacting National Postal Administrations in their particular country, they will be able to highlight the major communications role the post offices can play in this life-saving effort. It is hoped that maximum compliance can be achieved from the postal administrations in the production and distribution of stamps, cancellations, and posters about the CSR.

UNICEF has also asked the UPU to include the CSR Postal Campaign on the agenda of the upcoming UPU Congress in Hamburg, Federal Republic of Germany, this June. The possibility of an invitation for the Executive Director of UNICEF or another high-level UNICEF official to address the assembled delegates is being explored.

The postal campaign offers new and creative opportunities for UNICEF to take advantage of a communications and information vehicle available in all developing countries. It could also open doors to other communications media by making Ministries of Communication aware of the importance of the CSR.



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## CONCLUSIONS

The study is a preliminary test to determine the usefulness of this exercise for replication on a larger scale in other areas of the country. The results are, however, area-specific and may not necessarily apply elsewhere, though experience has taught us that similar myths and problems prevail throughout the country.

It is clear from this study that:

- There is widespread misunderstanding amongst mothers about diarrhoea, its causes, symptoms, etc.
- Optimum breastfeeding is not being practised, and KAP levels are low regarding its effectiveness in preventing and helping diarrhoea cases.
- ORS is still virtually unknown. KAP levels are low among mothers.

As mentioned before, much of this

information was previously known to us, but the study has provided quantifiable data about the important socio-cultural factors connected to the high incidence of diarrhoeal diseases. We now have a sound basis for the design of messages, teaching materials, and communications training for lady health visitors and other community workers to enable them to better communicate with the rest of the population, especially mothers of children under five.

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## Staff Changes

### APPOINTMENTS

**Mr. Juan Braun**, Regional PSC Officer, Nairobi.  
**Ms. Monique Clesca**, Assistant PI/PSC Officer, Port-au-Prince.  
**Mr. Yalcin Gülpinar**, Assistant PSC Officer, Ankara.  
**Mr. David Nturibi**, Co-ordinator, Regional PSC Training Programme, Nairobi.  
**Mr. Hugh Rigby**, Art and Design Officer, Nairobi.  
**Mr. Mohammed Salem**, Communications Officer, Abu Dhabi.  
**Mr. Lakshman Wickramasinghe**, PSC Officer, Colombo.

**CHANGES IN FUNCTIONAL TITLE AT DUTY STATION**  
**Mrs. Scholastica Kimaryo**, PSC Officer, Dar-es-Salaam.  
**Ms. Suha Majdalani**, Assistant PSC Officer, Beirut.  
**Mr. Francisco Sandoval**, PSC Officer, Guatemala City

**CHANGES IN DUTY STATION AND FUNCTIONAL TITLE**  
**Mr. Moncef Bouhafa**, PSC Officer, Nairobi.

### SEPARATION

**Mr. Kabwe Kasoma**, Co-ordinator, Regional PSC Training Programme, Nairobi.

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# Health and Nutrition Learning Package

This learning package contains an assortment of communication aids:

- **Booklets** on infant care, protein energy deficiency, environmental sanitation, and immunization.
- A **Leaflet** on iron deficiency anaemia.
- A **Flashcard Story** on the importance of Vitamin A.
- **Picture and Poetry** to teach the importance of Vitamin A.
- **Nursery Rhymes** to explain the importance of personal hygiene to children, and to teach children about nutritious foods.

### OTHER ITEMS

- A card on the immunization status of the child.
- A rehydration spoon.

- A plastic bangle for measuring mid-arm-circumferences to judge the nutritional status of the child.
- A tricolor tape for measuring the middle portion of the upper left arm to assess the nutritional status of the child.

The booklets, leaflet, and flashcard story are all simply written, and well-illustrated. They are interesting to read, and easy to understand. The other items included are all very practical for keeping track of the nutritional and immunization status of the child. This is a very useful learning package. It was designed and tested by the Vikram A. Sarabhai Community Science Centre in Ahmedabad, India. For more information, contact UNICEF, Regional Office for South Central Asia, UNICEF House, 73 Lodi Estate, New Delhi—110003, India.



*Nursery Rhyme on Nutritional Foods.*





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**PSC Newsletter. Vol 8, No.1, April 1984. Produced by PSC Service, UNICEF Hq, New York**

Date Created / From Date

4/1/1984

Date Registered

8/10/2007 at 2:21 PM

Date Closed / To Date

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F13: Record Copy? **No**

Document Details **Record has no document attached.**

Contained Records

Container **CF/RA/BX/PD/CM/1985/T001: PSC Newsletter. 1977 - 1985. Prepared**

Date Published

Fd3: Doc Type - Format

Da1:Date First Published

Priority

Record Type **A01 PD-GEN ITEM**

Notes

**Lead article: The promotion of breastfeeding and proper weaning practices in the Ivory Coast, by Ute Deseniss, UNICEF, Abidjan;**

**Other contents: Pakistan oral rehydration promotion, based on documents from David Mason, UNICEF, Islamabad; Diarrhoea - still a mystery killer, by Lorna Clarke, UNICEF, Islamabad; The Child Survival Revolution Postal Campaign, by Richard Pordes, UNICEF, New York; UNICEF Staff changes; Health and nutrition learning package (booklets, leaflet, flashcard story, picture and poetry, nursery rhymes).**

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