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## **APPENDICES**



## APPENDIX 1

### INFORM CONSENT SHEET (STUDY GROUP)

My name is Nattacha Charoonsak, Master Public Health student, Health System Development, College of public Health Chulalongkhon University. I am studying “Promoting Breast feeding through Participatory learning:Case study at Nayong District Trang province”.If you would like to participate the research, I would interview you five times. You would learn breastfeeding through participatory learning four day at 8.00 a.m. to 16.00 p.m., Health center office in Nayong, Trang Province. After learning the researchers would visit at your home five times.

If you uncomfortable for participation in the research you can't participate and health team take care your as the past. This is no cost to participate this research and no financial reward.

If you have any question or opposite ideas during research participating, please contact me.

Thank you very much.

Miss Nattacha Charoonsak

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#### **For Participant**

This study information has been explained and I voluntarily agree to give my consent to participate in this study.

.....Participant 's signature

(Name of participant)

### INFORM CONSENT SHEET (CONTROL GROUP)

My name is Miss Natthacha Charoonsak, Master Public Health Student, Health System Development, College of public Health, Chulalongkron University. I am studying “ Promoting Breast feeding through Participatory Learning: case study at Nayong District Trang province ” If you would like to participate the research, I would interview you two times.

If you uncomfortable for participation in the research you can't participate and health team take care your as the past. This is no cost to participate this research and no financial reward.

Thank you very much.

Miss Nattacha Charoonsak

.....

#### For Participant

This study information has been explained and I voluntarily agree to give my consent to participate in this study.

..... Participant 's signature

(Name of participant)

**APPENDIX 2****QUESTIONERS**

Number .....

**Mother's Interview**

ID.....

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> 1. Case    | <input type="checkbox"/> 1. Before-Training |
| <input type="checkbox"/> 2. Control | <input type="checkbox"/> 2. After-Training  |

*Directions : This interview form has 3 parts as following*

**Part 1: General data.**

**Part 2: Knowledge of breastfeeding.**

**Part 3: Supporting of breastfeeding.**

**Part 4: Record of duration for feeding breast-milk to child.**

## Part 1: General data.

### 1.1 Mother

**Direction: The interviewer record the mother' data in the blanks or please mark or Check (/) for the best and true answer.**

1. mother's name.....Surname.....
2. Age.....years. (more than 6 months can be counted as year)
3. Marital Status
  - 1. Unmarried       2. Married
  - 3. widow           4. Divorce
4. Estimated Data Calculate.....
5. Gravida
  - Primiparous
  - Multiparous What kind of milk that mother feeds the previous child?

- |                |  |  |
|----------------|--|--|
| children no. 1 | <input type="checkbox"/> Breastfeeding.....month | <input type="checkbox"/> Breastfeeding+Formular milk<br>.....month |
|                | <input type="checkbox"/> Formular milk.....month | <input type="checkbox"/> Others (specify).....                     |
| children no. 2 | <input type="checkbox"/> Breastfeeding.....month | <input type="checkbox"/> Breastfeeding+Formular milk<br>.....month |
|                | <input type="checkbox"/> Formular milk.....month | <input type="checkbox"/> Others (specify).....                     |
| children no. 3 | <input type="checkbox"/> Breastfeeding.....month | <input type="checkbox"/> Breastfeeding+Formular milk<br>.....month |
|                | <input type="checkbox"/> Formular milk.....month | <input type="checkbox"/> Others(specify).....                      |
| children no. 4 | <input type="checkbox"/> Breastfeeding.....month | <input type="checkbox"/> Breastfeeding+Formular milk<br>.....month |
|                | <input type="checkbox"/> Formular milk.....month | <input type="checkbox"/> Others(specify).....                      |

6. This time, do you intend to feed the child with breast milk?

( ) Yes How long do you intend to feed the child with breast milk?

( ) Breastfeeding.....month ( ) Breastfeeding+Formular milk.....month

( ) Formular milk.....month ( ) Others(specify).....

( ) No (Specify).....

7. How many your childrens.....Persons?

8. How many your family's member.....Persons?

9. Occupation

( ) 1. Agriculturist

( ) 2. farmer

( ) 3. Merchant

( ) 4. Factory labour

( ) 5. Civil service

( ) 6. employee (please specify).....

( ) 7. housewife

( ) 8. Others (please specify).....

10. Education background

( ) 1. Primary school level

( ) 2. Secondary school

( ) 3. Bachelor or higher level ( ) 4. None

11. Average family income .....baht/month

Address When you will stayed post partum

No.....Soi.....Moo .....Road.....

Subdistrict.....District.....Province.

Telephone number .....

12. Your House nearly place.....

13. For mother who return to work after birth.

a. When would you expect to restart working? .....month

b. Are there the place for keeping the milk at your workplace?

(refrigerator, flask)

Yes

No

c. Referring to your occupation, are you convenient to keep your

breastmilk?

Yes

No because.....



4. What was the relationship between mother (mother, mother in law, sister, cousin ).....

5. Age ..... years

6. Occupation

1. Agriculturist

2. farmer

3. Merchant

4. Factory labour

5. Civil service

6. employee (please specify).....

7. housewife

8. Others (please specify).....

7. Education background

1. Primary school level  2. Secondary school

3. Bachelor or higher level  4 None

8. Average family income .....baht/month

9. Address When Stayed with mother.

No..... Soi..... Moo ..... Road.....

Subdistrict .....District .....Province.

Telephone number .....

site map



## Part 2: Knowledge about breastfeeding

**Direction: The interviewer record the mother' data in the blanks or please mark or Check (/) for the best and true answer.**

items	Yes	No	Don't know
1. Breastfeeding is great for the child age between 4-6 months.			
2. Breast-milk has an essence to prevent bacteria, have immunoglobulin, inflammatory.			
3. Breastfeeding can support affection between mother and child.			
4. Breastfeeding can stimulate child's brain developing to be intelligent.			
5. Mother should feed breast milk suddenly in order to stimulate producing breast -milk.			
6. Breastfeeding would not effect to breast shape, if the mother always wears supportable bra.			
7. Breastfeeding can help the uterine involution.			
8. Breastfeeding should feed the child directly from mother's breast.			
9. Quantity of breast milk depends on the breast shape.			
10. Mother should clean nipple with soap before and after feeding breast-milk.			
11. Crack nipple cause from dried skin at that area.			
12. Breast engorgment cause from no breastfeeding or do not press breast-milk.			
13. Breastfeeding should feed out by each side.			
14. Next Breastfeeding should start from the last side previous time, then feed another side until the child is full.			
15. Breastfeeding can be kept 4-8 hours outside refrigerator.			
16. It will not effect to producing breast-milk if the mother has tension.			
17. When mother has to separate from child such as, working outside, she can press out breast-milk feeding child instead.			

### Part 3: Supporting of breastfeeding.

Data concerning the support of supporters had been gathered by conducting the interview at breastfeeding supports

**Direction:** The interviewer record the mother' data in the blanks or please mark or Check ( / ) for the best and true answer.

Item	All true	Mostly true	Half true	Partial true	Fasle
<b>Taking care of the child by feeding enough milk</b>					
1. Supporter advises to feed breast-milk					
2. Supporter reminds you when the child should be fed milk.					
3. Supporter always reminds you when the child gets hungry.					
4. Supporter helps you like feeding milk, heating milk, preparing equipment for pressing breast-milk.					
5. Supporter advises on the way to press breast-milk.					
6. Supporter help you prepare equipment for pressing breast-milk.					
<b>Giving assistance to the mother</b>					
1. Supporter helps to do housework.					
2. Supporter stimulates you to eat more nutritious foods.					
3. Supporter advises you to drink more water at least 10-12 glasses per day.					
4. Supporter reminds you to take a rest enough.					
5. Supporter helps the mother like taking care of child, doing housework when the mother needs help.					
<b>Supporting mental health</b>					
1. Supporter supports the way to feed breast-milk always.					
2. Supporter always asks for problems of feeding breast-milk.					
3. Supporter can solve any problems.					
4. Supporter always talks to calm down when the mother get stress.					

What dose the mother needs for more help or support from the supporter in the family which can let you feeding the child only breast-milk at least 4-6 months continuously?

Specify .....

.....

.....

.....

What kind of assistance from the supporter in your family that you think it can support you to feed the child only breast-milk at least 4 months continuously?

Specify .....

.....

.....

.....

## **Part 4: Record of duration for feeding breast-milk to child**

**Direction** This record has an objective in order to survey the duration for feeding breast-milk after 1 month till 4 months born.

### **4.1 General Data**

Mother's name.....

Child 's name.....

Date of birth.....

Body weight of birth.....grams

Body weight.....grams

Mother's intention for feeding breast-milk to child for.....months.

#### 4.2 Breastfeeding Pattern and Duration Record Form.

Direction: Please put the given **numbers** on the right column or mark “X” sign to the most accurately message described your circumstances, and fill in the blanks.

Activities	Month			
	1	2	3	4
1. What kind of milk for your child (1) Exclusive Breastfeeding; please go to question 2 (2) Mixed Feeding (Breast milk + Formula ; please go to question 3 (3) Formula-Feeding; Please go to question 4	.....	.....	.....	.....
2. Exclusive Breastfeeding 2.1 Frequency of breastfeeding (1) half an hour (2) 1 hour (3) 2 hours (4) Others 2.2 Frequency of breastfeeding during daytimes. (times) (1) once (2) twice (3) 3 times (4) 4 times (5) 5 times (6) 6 times (7) 7 times (8) 8 times 2.3 Frequency of breastfeeding during nighttimes (times) (1) once (2) twice (3) 3 times (4) 4 times (5) 5 times (6) 6 times (7) 7 times (8) 8 times 2.4 How long does it takes for each feeding (1) 10-15 minutes (2) half an hour (3) 1 hour (4) Others (1) Water is NOT given to the baby whenever breastfeeding (2) Water is given to the baby whenever breastfeeding	.....	.....	.....	.....
3. Mixed Feeding (breast milk and formular milk ) 3.1 How breastfeeding mixed with and formula feeding (1) Breastfeeding alternate with formula feeding (2) Formula milk is given whenever breastfeeding.	.....	.....	.....	.....
4. Formular Feeding 4.1 Formular milk only is provided when the child is.....months old.	.....	.....	.....	.....

Activities	Month			
	1	2	3	4
<p>5. Baby's feces</p> <p>5.1 What is the baby's stool like during breastfeeding</p> <p><b>(1) Normal:</b> stool is soft and liquid like, with golden colored and acid smell.</p> <p><b>(2) Abnormal:</b> quantity of liquid is more than solid substance or more than six times a day or it looks different than normal.</p> <p>Frequency per day (Please specify).....times</p> <p>5.2 If formular milk is given, Is it different? What's it like?</p> <p><b>(1) Not different</b></p> <p><b>(2) Different (Please specify).....</b></p>				
<p>6. Baby's illness</p> <p>6.1 During breastfeeding</p> <p>6.1.1 Any sign of illness</p> <p><b>(1) No</b></p> <p><b>(2) Yes And what are the symptoms?</b> (Please specify).....</p> <p>7.2 During formula feeding, if any.</p> <p>7.2.1 Any sign of illness</p> <p><b>(1) No</b></p> <p><b>(2) Yes And what are the symptoms?</b> (Please be specific).....</p>				

Thank you for your corporation

**4.3** The factors affect the decision for initiating either breastfeeding or formula-feeding gathered through in-depth interview consist of

1. Readiness for having a child.
2. The meaning of breastfeeding according to mothers' view.
3. Understanding and knowledge of breastfeeding, for instance, benefits of breastfeeding, quantity of breast milk, baby demand, and methods for lactation.
4. Preparation for breastfeeding such as breast preparation, healthy food consumption, knowledge acquisition and equipment preparation.
5. Mother's beliefs to breastfeeding such as quantity and quality of breast milk, foods consumed during breastfeeding period, as well as other beliefs.
6. Relevant skills and experiences to child nursing.
7. Family supporter's opinion of breastfeeding in mother's view.
8. Maternity services received from health care personnel in health office.
9. Assistance and support received from family supporters such as advise, motivation , mutual support and chores helping.
10. Nature and needs of breastfeeding support from mothers.
11. Problems and obstacles during breastfeeding and its solutions such as breast problems, quantity of milk and solutions.

#### 4.4 Observation Guidelines During Home Visit Period comprise three following parts

##### **Part 1** General data contains:

- 1.1 Living condition and family environments
- 1.2 Mother's status in family
- 1.3 Mother's role and duty in family
- 1.4 Interaction between mother and family

##### **Part 2** Behavior of mothers and babies relevant to breastfeeding contains:

- 2.1 Breast care
- 2.2 Baby's crying Interpretation and practices
- 2.3 Daily lactation pattern
- 2.4 Equipments such as milk containers, milk bottle and stopper.
- 2.5 Approaches for breastfeeding include
  - 2.5.1 Preparation before breastfeeding such as hand washing, carrying and soothing a baby.
  - 2.5.2 Mother's behaviors (looks, actions, speech, and what's mother call herself during breastfeeding), breast changing, how to bring the nipple out of baby's mouth, and baby's reaction while being fed.
  - 2.5.3 Practices after breastfeeding, such as, air expelling, sleep postures.
- 2.6 Others baby's behaviors such as milk throwing up, sleep, waste disposal.

##### **Part 3** Behavior of mothers, supporters and related family members.

- 3.1 Practices and beliefs relevant to breastfeeding.
- 3.2 Consumption and resting behaviors.
  1. Assistance to mothers from family supporters during breastfeeding.



## APPENDIX 3

### Curriculum for the study group Training Program for promoting breastfeeding

1. Advantages of Breastfeeding
2. How the Breast Makes Milk
3. proper Positioning and Attachment
4. Initiation of Breastfeeding
5. Exclusive breastfeeding
6. Common Breastfeeding Difficulties
7. Breastfeeding in Special Situations
8. Infant Feeding Mother-to-Mother Support Groups
9. Scheduling Home Visits

General objective of Training : To develop and Implement a health education program for the study group.

#### 1. Introductions and Objectives

Learning objectives/content	Materials/time/activities
<ul style="list-style-type: none"> <li>• Name three advantages of</li> <li>• Define exclusive breastfeeding.</li> <li>• List key recommendations for complementary feeding, using the participatory learning.</li> <li>• Apply the participatory learning methodology, using a counseling card in a group talk.</li> </ul>	<ul style="list-style-type: none"> <li>• Flipchart with learning objectives</li> </ul> <p><b>Time:</b> 15 minutes</p> <p><b>Activity:</b> Welcome mothers and supporters and review the purpose of this training: 1) to give trainers an opportunity to practice, and 2) to train mothers and supporters in behavior change communication and infant feeding. Divide the group into pairs. Ask mothers and supporters to share their names, positions, and organizations and try to find three things they have in common. Then ask them to introduce each other to the group and share one thing they have in common. Present learning objectives to mothers and supporters. Answer questions.</p>

## 2. Advantages of Breastfeeding

Objective/content/messages	Materials/time/activities
<p><b>Learning objective:</b> By the end of this session, mothers and supporters will be able to list the advantages of breastfeeding for the baby, mother, family, and community.</p> <p><b>Content:</b> <i>Advantages for baby</i></p> <ul style="list-style-type: none"> <li>• Supplies all necessary nutrients in proper proportions</li> <li>• Digests easily and does not cause constipation</li> <li>• Protects against diarrhea</li> <li>• Provides antibodies that protect against common illnesses</li> <li>• Protects against infection, including ear infections</li> <li>• Keeps baby well hydrated during illness</li> <li>• Reduces the risk of developing allergies</li> <li>• Is always ready at the right temperature</li> <li>• Increases mental development</li> <li>• Prevents hypoglycemia (low blood sugar)</li> <li>• Promotes proper jaw, teeth, and speech development</li> <li>• Suckling at the breast is comforting to fussy, overtired, ill, or hurt baby</li> <li>• Promotes bonding</li> <li>• Is the baby's first immunization</li> </ul> <p><i>Advantages for mother</i></p> <ul style="list-style-type: none"> <li>• Reduces blood loss after birth (early or immediate breastfeeding) and helps expel the placenta</li> <li>• Saves time and money</li> <li>• Makes night feeds easier</li> <li>• Delays return of fertility</li> <li>• Reduces the risk of breast and ovarian cancer</li> </ul> <p><i>Advantages for family and community</i></p> <ul style="list-style-type: none"> <li>• Is available 24 hours a day</li> <li>• Reduces cost for medicines for sick baby</li> <li>• Delays new pregnancy</li> <li>• Reduces time lost from work</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Pieces of paper in three colors, markers, masking tape</li> <li>• Title cards: Baby, Mother, Family and Community</li> <li>• Handout 5: "Advantages of breastfeeding for baby, mother, and family"</li> </ul> <p><b>Time:</b> 30 minutes</p> <p><b>Activity:</b> Pass out colored cards to form three working groups to discuss:</p> <ul style="list-style-type: none"> <li>• Advantages for the baby (blue)</li> <li>• Advantages for the mother (green)</li> <li>• Advantages for the family and community (red)</li> </ul> <p>Ask working groups to write one advantage per card for their topics (pass out additional cards as needed).</p> <p>Post title cards on the wall:</p> <ul style="list-style-type: none"> <li>• Advantages for Baby</li> <li>• Advantages for Mother</li> <li>• Advantages for Family and Community</li> </ul> <p>Ask each group to post its cards with advantages under appropriate title cards. Ask the groups to explain each card as they post it and ask the other groups whether they have any advantages to add. Pass out Handout "Advantages of Breastfeeding" handout and review any advantages that are not listed.</p>

### 3. How the Breast Makes Milk

Objective/content/messages	Materials/time/activities
<p><b>Learning objectives:</b> By the end of this session, mothers and supporters will be able to:</p> <ul style="list-style-type: none"> <li>• Identify parts of the breast and describe their functions.</li> <li>• Describe how the breast makes milk.</li> </ul> <p><b>Content:</b> Anatomy of the breast: gross structure (nipple, montgomery glands, areola, skin) microscopic structure (alveoli, milk ducts, milk sinuses) Milk is produced as a result of the action of hormones (which send a message to the brain) and stimulated by suckling at the breast. When a baby suckles, the tongue and the mouth stimulate the nipple. The nerves in the nipple send a message to the mother's brain that the baby wants milk. The brain responds and orders the production of two hormones, prolactin and oxytocin. Prolactin works after the feed and makes the milk for the next feed. Oxytocin works while the baby is suckling and makes the milk flow for this feed. The oxytocin reflex can be affected by a mother's thoughts, feelings, and sensations. If a woman is happy and confident that she can breastfeed, her milk flows well. But if she doubts whether she can breastfeed, her worries may stop the milk from flowing.</p> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• The more the baby suckles, the more milk is produced.</li> <li>• To help a mother's milk flow, be kind and supportive, help her not to worry, and reassure her that she can breastfeed.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• An orange cut into two pieces</li> </ul> <p><b>Time:</b> 30 minutes</p> <p><b>Activity:</b> Divide mothers and supporters into groups of four and pass out flipchart paper and markers. Form working groups and ask each group to draw:</p> <ul style="list-style-type: none"> <li>• The breast as it looks on the outside</li> <li>• The breast as it looks from the inside</li> </ul> <p>Ask mothers and supporters to use their drawings to talk about how the breast makes milk. Ask each group in plenary to describe its drawings and explain how milk is produced. Answer any questions and correct any descriptions. Begin a running list of key messages on a flipchart.</p>

#### 4. Proper Positioning and Attachment

Objective/content/messages	Materials/time/activities
<p><b>Learning objective:</b> By the end of this session, mothers and supporters will be able to help a mother of a 0–2-month-old baby with correct positioning and attachment.</p> <p><b>Advanced preparation:</b> Arrange for mothers and supporters to visit a maternity ward or have mothers of 0–2-month-old babies come to the training site for 1 hour. Have enough mothers for each participant pair.</p> <p><b>Content:</b> Ask the mother of a 0–2-month-old baby to show how she breastfeeds. Offer the mother help only if she is having difficulty. Note: Once a child is over 2 months old, the mother and child have worked out a system, and interfering with positioning and attachment is rarely necessary (except when the baby is not gaining weight or positioning and attachment are incorrect). Let the mother do as much as possible herself. If necessary, demonstrate on your own body to show her how to support the breast and so on. If she needs assistance, put your own hand over her hand rather than touch her breast.</p> <ul style="list-style-type: none"> <li>• Baby should be facing the breast</li> <li>• Mother and baby should be stomach to stomach</li> <li>• Baby’s back and the head should be in a straight line</li> <li>• Mother should bring baby to the breast</li> <li>• Baby’s mouth should be wide open</li> <li>• Baby should take the areola, not only the nipple, in his or her mouth</li> </ul> <p><b>Key message:</b> Position and attach the baby correctly at the breast to prevent sore and cracked nipples and ensure the baby is getting enough breastmilk.</p>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handout 7a: “Signs of Proper Positioning and Attachment”</li> <li>• Handout 7b: “Illustration of proper attachment”</li> <li>• Demonstration doll</li> </ul> <p><b>Time:</b> 30 minutes</p> <p><b>Activity:</b> Demonstrate correct positioning and attachment with a doll. Ask mothers and supporters to describe what they see. Discuss in plenary the most important elements of proper attachment and positioning. Facilitators should role-play a health worker helping a new mother. Have mothers and supporters in a circle take turns holding a doll and demonstrating proper positioning, with the people to their left helping correct their actions if needed.</p> <p>-----</p> <p><b>Time:</b> 60 minutes (+30 minutes for transport)</p> <p><b>Activity:</b> Divide mothers and supporters into pairs. Have each pair work with at least one mother to observe and improve positioning and attachment. After each participant has had an opportunity to practice helping a mother with positioning and attachment, ask mothers and supporters to share their experiences in plenary.</p>

## 5. Initiation of Breastfeeding

Objective/content/messages	Materials/time/activities
<p><b>Learning objective:</b> By the end of this session, mothers and supporters will be able to give two reasons why immediate initiation of breastfeeding is important.</p> <p><b>Content:</b> Early initiation of breastfeeding helps expel the placenta and reduce bleeding. The first milk (colostrum or yellow milk) is the baby's first immunization and contains everything the baby needs until the milk starts to flow (about the 3rd day after birth). Immediately putting the baby the breast can prevent engorgement.</p> <p><b>Key message:</b></p> <ul style="list-style-type: none"> <li>• Put the baby to the breast immediately after delivery (within the first 30 minutes).</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Flipchart paper, markers, masking tape</li> <li>• Handout 8: "LINKAGES' Facts for Feeding: Birth, Initiation of Breastfeeding, and the First Seven Days after Birth"</li> </ul> <p><b>Time:</b> 50 minutes</p> <p><b>Activity:</b> Ask working groups of four to six people to respond to the following questions, based on practices in their communities (20 minutes):</p> <ol style="list-style-type: none"> <li>1. Who is with a woman when she gives birth?</li> <li>2. What do family members do to prepare before birth and at the time of the birth?</li> <li>3. Who delivers the baby?</li> <li>4. What is done with the baby immediately after birth?</li> <li>5. Where is the baby placed?</li> <li>6. What is given to the baby to eat or drink as soon as s/he is born? Why?</li> <li>7. When is the baby placed at the mother's breast? Why?</li> </ol> <p>Facilitate discussion in plenary. Ask each group to share their responses. Write responses on flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct misinformation (30 minutes).</p>

## 6. Exclusive Breastfeeding

Objective/content/messages	Materials/time/activities
<p><b>Learning objectives:</b> By the end of this session, mothers and supporters will be able to:</p> <ul style="list-style-type: none"> <li>• Define exclusive breastfeeding.</li> <li>• Explain the importance of exclusive breastfeeding.</li> </ul> <p><b>Content</b></p> <ul style="list-style-type: none"> <li>• Put the baby to the breast immediately after birth and allow baby to remain with the mother.</li> <li>• Breastfeed frequently, as often and as long as the baby wants, day and night.</li> <li>• Give only breastmilk (no water, other liquids, or foods) the first 4 months (exclusive breastfeeding).</li> <li>• Breastmilk contains enough water and nutrients for babies 0–4 months old.</li> <li>• Continue breastfeeding even if the mother or the baby becomes ill.</li> <li>• Avoid using bottles, pacifiers (dummies), or other artificial nipples.</li> <li>• Mothers should eat and drink enough to satisfy their own hunger and thirst.</li> </ul> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• A baby should be given only breastmilk for the first 4 months, with no water, other liquids, or foods.</li> <li>• Breastmilk contains all the water and food the baby needs for the first 6 months of life.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Questions for working groups on exclusive breastfeeding, written on flipchart</li> <li>• Flipchart paper, markers, masking tape</li> <li>• Handout : “Optimal Breastfeeding Practices for Infants 0–6 Months”</li> <li>• Handout : “Composition of Breastmilk”</li> <li>• Handout : “Summary of Differences among Milks”</li> <li>• Handout : “LINKAGES Facts for Feeding: Recommended Practices to Improve Infant Nutrition during the First Four Months”</li> </ul> <p><b>Time:</b> 30 minutes</p> <p><b>Activity:</b> Ask working groups to respond to the following questions, based on practices in their communities:</p> <ul style="list-style-type: none"> <li>• When and how many times a day do mothers in your community breastfeed? A night?</li> <li>• Do mothers of babies under 6 months old give their babies water, other liquids, or foods? Which liquids and foods? Why?</li> <li>• What are barriers to changing this behavior of giving water, liquids, or foods to babies under 4 months old? In plenary facilitate a discussion of mothers and supporters’ responses to these questions. Write responses on the flipchart. Compare current practices to optimal infant feeding practices as each question is reported. Answer questions and correct any misinformation. Pass out “Facts for Feeding” and handouts and. Summarize discussion on exclusive breastfeeding and review handouts with mothers and supporters.</li> </ul> <p><b>9. Exclusive Breastfeeding (continued)</b></p> <p><b>Objective/content/messages</b></p> <p><b>Materials/time/activities</b></p> <p><i>Note:</i> If mothers and supporters are skeptical about the adequacy of water in breastmilk, suggest that they ask a mother to express breastmilk into a glass and wait a few hours until the water separates from the cream. Invite personal testimonies from mothers and supporters.</p>

## 7. Common Breastfeeding Difficulties

Objective/content/messages	Materials/time/activities
<p><b>Learning objective:</b> By the end of this session, mothers and supporters will be able to identify three common breastfeeding difficulties and their symptoms, causes, counseling, and prevention.</p> <p><b>Content:</b> Refer to handout 10a-10e for content on</p> <ul style="list-style-type: none"> <li>• Insufficient milk</li> <li>• Plugged ducts</li> <li>• Mastitis</li> <li>• Sore or cracked nipples</li> <li>• Engorgement</li> </ul> <p><b>Key messages:</b></p> <ul style="list-style-type: none"> <li>• Position and attach the baby correctly to the breast.</li> <li>• Continue to breastfeed baby on demand, day and night, while managing the difficulty.</li> <li>• With information and support, all women can overcome breastfeeding difficulties.</li> </ul>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handouts: common breastfeeding difficulties</li> </ul> <p><b>Time:</b> 30 minutes</p> <p><b>Activity:</b> Divide mothers and supporters into five working groups and assign one of the following breastfeeding difficulties to each group:</p> <ul style="list-style-type: none"> <li>• Insufficient milk</li> <li>• Plugged ducts</li> <li>• Mastitis</li> <li>• Sore or cracked nipples</li> <li>• Engorgement</li> </ul> <p>Ask group to discuss and present the symptoms, causes, counseling, and prevention related to difficulty assigned. Ask whether other mothers and supporters have anything to add. Answer questions, correct misinformation, and add information that was not discussed. Facilitate discussion in plenary:</p> <ul style="list-style-type: none"> <li>• What other breastfeeding difficulties have you or other women in your community experienced?</li> <li>• What breastfeeding resources are available in the community?</li> <li>• Where and to whom can referrals be made to help women with breastfeeding?</li> </ul>

## 8. Scheduling Home Visits

Objective/content/messages	Materials/time/activities
<p><b>objective:</b> By the end of this session, mothers and supporters will be able to identify points in a child's life cycle when key feeding changes are likely and contact should be made with the mother.</p> <p><b>Content</b> Dates of home visits and messages: <i>Prenatal visit:</i> Birth plan, early initiation and colostrum, exclusive breastfeeding (decisions about infant feeding are usually made before delivery) <i>At birth:</i> Positioning and attachment, exclusive breastfeeding, emptying one breast first before offering the second <i>Around the 1-2 weeks-4 month:</i> Increasing milk production, taking the time needed to breastfeed, feeding on demand day and night</p>	<p><b>Materials:</b></p> <ul style="list-style-type: none"> <li>• Handout 30: "Scheduling Home Visits and Messages"</li> <li>• Flipchart with timeline (from pregnancy to birth to 4 months)</li> <li>• Flipchart paper, markers, masking tape</li> </ul> <p><b>Time:</b> 30 minutes</p> <p><b>Activity:</b> Show timeline on flipchart (pregnancy to birth to 4 months). Ask mothers and supporters to identify the important points in a baby's life to discuss with the mother. Ask about the time before birth. Is it important? Why? Ask what to emphasize and discuss at each point. Complete the timeline on the flipchart. Discuss related messages. Pass out handouts. Ask mothers and supporters what they plan to discuss with the women when they make their follow-up visits in the community.</p>



## APPENDIX 4

### BREASTFEEDING HANDOUT

#### • Handout : The Advantages of Breastfeeding for Baby, Mother, and Family Baby

##### **Colostrum**

- Chief defense against infection
- High in protein
- First immunization

##### **Breastmilk**

- Supplies all necessary nutrients in proper proportion
- Digests easily without causing constipation
- Protects against diarrhea
- Provides antibodies that protect against common illnesses
- Protects against infection, including ear infections
- During illness helps keep baby well-hydrated
- Reduces the risk of developing allergies
- Is always ready at the right temperature
- Increases mental development
- Prevents hypoglycemia (low blood sugar)
- Promotes proper jaw, teeth, and speech development
- Is comforting to fussy, overtired, ill, or hurt baby

##### **Early skin to skin contact**

- Stabilizes temperature and prevents hypothermia (cold)
- Promotes bonding

##### **Mother**

- Reduces blood loss after birth (early/immediate breastfeeding) and helps expel the placenta

- Saves time and money
- Makes night feedings easier
- Delays return of fertility
- Reduces the risk of breast and ovarian cancer
- Is available 24 hours a day
- Ensures close physical contact
- Makes mother calmer and more relaxed because of hormones

### **Family**

- Is economical
- Is accessible
- Needs no preparation
- Reduces cost for medicines for sick baby
- Delays new pregnancy
- Reduces time lost from work

### **Handout : Signs of Proper Positioning and Attachment**

When positioning and attachment are correct:

- The baby's whole body is facing the breast, and the baby's stomach is touching the mother's stomach.
- The baby's head, back, and buttocks are in a straight line.
- The baby's face is close to the breast.
- The baby is brought to the breast with buttocks supported.
- The baby's chin is touching the breast.
- The baby's mouth is wide open.
- The baby's lower lip is curled outward.
- More areola is showing above the baby's upper lip and less below the lower lip (baby should take most of the dark part into his/her mouth).
- The baby takes slow, deep sucks.
- The baby is relaxed and satisfied at the end of the feed.
- The mother does not feel nipple pain.
- The mother may be able to hear the baby swallow.
- The breast feels softer after a feeding.

### **Handout : Optimal Breastfeeding Practices for Infants 0-4 Months**

1. Put the baby to the breast immediately after birth and allow baby to remain with the mother.
2. Breastfeed frequently, as often as the baby wants, day and night.
3. Give only breastmilk the first 6 months, with no water, other liquids, or foods (exclusive breastfeeding).
4. Continue breastfeeding even if the mother or the baby becomes ill.
5. Avoid using bottles, pacifiers (dummies), or other artificial nipples.
6. Mothers should eat and drink sufficient to satisfy their own hunger and thirst.1

### **Handout : Summary of Differences among Milks**

#### **Human milk    Animal milk    Infant formula**

**Protein**    Correct amount, easy to digest    Too much, difficult to digest    Partly corrected

**Fat**    Enough essential fatty acids, lipase to digest    Lacks essential fatty acids, no lipase  
Lacks essential fatty acids, no lipase

**Vitamins**    Enough    Not enough A and C    Vitamins added

**Minerals**    Correct amount    Too much    Partly corrected

**Iron**    Small amount, well absorbed    Small amount, not well absorbed    Added, not well absorbed

**Water**    Enough    Extra needed    May need extra

### **Handout : Common Breastfeeding Difficulties:**

#### **• Engorgement**

**Symptoms**    Swelling, tenderness, warmth, redness, throbbing,pain, low-grade fever, and flattening of the nipple    Taut skin on breast(s)    Usually begins within a few days after birth

**Causes**    Poor positioning and attachmen    Delayed initiation of breastfeeding    Not emptying the breast    Infrequent feeding

**Counseling**    Apply warm compresses to breast(s) and gently stroke the breast to get the milk flowing. Apply a warm jar to help get the milk out. Express some

milk. After expressing milk, apply cabbage leaves or cold compresses to reduce swelling. Breastfeed more frequently and/or longer. Improve infant positioning and attachment. Massage breasts.

**Prevention** Correct positioning and attachment in the first few days

Breastfeeding immediately after birth

Breastfeeding on demand (as often and as long as baby wants), day and night

- **Sore or Cracked Nipples**

**Symptoms** Breast or nipple pain Cracks in the nipples Occasional nipple bleeding  
Reddened nipples

**Causes** Improper positioning and attachment Washing breast with soap and antiseptics Thrush (fungal infection)

**Counseling** Begin to breastfeed on the side that hurts less. Make sure baby is positioned and attached correctly to the breast. Let the baby come off the breast alone after feeding. Apply drops of hindmilk to nipples and allow to air dry. Expose breasts to air and sunlight. Do not wait until the breast is too full to breastfeed. If too full, express some milk first. Do not stop breastfeeding. Do not use soap or cream on nipples.

**Prevention** Correct positioning of baby Correct attachment to the breast No use of soap on nipples

- **Insufficient breastmilk**

**Symptoms** Mother's feeling of not having enough milk Insufficient weight gain  
Number of wet diapers (fewer than six a day) Dissatisfied (frustrated and crying)  
baby

**Causes** Infrequent breastfeeding Tiredness, stress, hunger, and pain of mother  
Incorrect positioning and attachment Giving baby pacifiers or bottles

**Counseling** Feed baby on demand, day and night. Increase frequency of feeds. Stop giving water, other liquids, formulas, and pacifiers. Wake baby up to feed if baby sleeps for too long. Make sure baby is correctly positioned and attached to the breast. Reassure mother that she is able to produce sufficient milk, regardless of breast size. Understand growth spurts, especially between 3 and 5 months.

Empty one breast first (baby takes fore and hind milk) before offering the second breast. Check how many diapers a day the baby wets: six or more indicates enough milk.

**Prevention** Breastfeed more frequently. Give only breastmilk, no water, liquids, or foods. Breastfeed on demand, day and night. Correctly position and attach baby to the breast. Encourage support from the family to help with household chores. Do not give bottles and pacifiers.

- **Plugged ducts**

**Symptoms** Breast pain in affected area  
Redness in affected area of the breast  
Swelling  
Warmth to the touch  
Hardness with a red streak

**Causes** Tight clothing and brassieres  
Pressure on the ducts in the breasts

**Counseling** Give affected breast first during feeding. Massage lump toward the nipple as baby is feeding. Rest (mother). Breastfeed more frequently. Properly position and attach baby. Use a variety of positions to hold baby to rotate pressure points on breasts.

**Prevention** Ensure correct positioning and attachment. Breastfeed on demand. Avoid holding the breast in scissors hold. Avoid tight clothing and brassieres. Avoid sleeping on stomach (mother). Use a variety of positions to hold baby to rotate pressure points on breasts.

- **Mastitis**

**Symptoms** Breast pain  
Redness in one area of the breast  
Swelling  
Warmth to touch  
Hardness with a red streak  
General feeling of malaise  
Fever

**Causes** Plugged ducts and engorgement if not properly treated  
Infection

**Counseling** Continue breastfeeding, even on the affected breast. Apply heat before breastfeeding. Breastfeed more frequently. Correctly position and attach baby. Seek medical treatment; antibiotics may be necessary. Increase maternal fluid intake. Encourage maternal rest.

**Prevention** Breastfeed frequently. Treat engorgement and plugged ducts. Ensure correct positioning and attachment.

## Expressing breastmilk

It is easy to express breastmilk by hand. This simple skill can be very useful:

- You can express your milk and leave it with a family member or baby sitter to feed your baby while you're away.
- You can express breastmilk to maintain your milk supply after you return to work, or if your baby has to be hospitalized and cannot nurse for a while. By emptying your milks regularly, you'll send your body the signal to produce more milk. When your baby is able to nurse again, you'll be ready.
- If you have a premature baby, it is particularly important to give her or him your milk. Many premature babies cannot nurse, however. Expressing your milk lets you overcome this problem.
- You can express a little milk for engorgement relief. This will also make your breast softer so your baby can latch on more easily.
- If you are sick and worried about transmitting germs or harmful chemicals or radiation to your baby, you can express a little breastmilk and have it checked at the hospital. Chances are your milk is fine and you'll be able to breastfeed. Otherwise, you can continue expressing milk to keep up your milk supply until your milk is safe again.

### 1. OBSERVE

- Hold the counseling card so everyone can see it.
- Ask the group: **Who do you see in the picture? Where are they?**
- For each character in the picture, ask: **What is he or she doing? How does s/he feel about what s/he is doing? Why is s/he doing that?**

### 2. REFLECT

- **Ask what the group thinks of what each person is doing in the picture.** Ask with whom they agree? Why?
- Ask with whom they disagree? Why?
- Ask: **What is the advantage of adopting the practice shown on the counseling card?**
- Discuss the key messages of today's topic

### 3. PERSONALIZE

- Ask: **What do the women (or others) in this community do in the same situation? Why?** What would you do in the same situation? Why?
- Ask: What difficulties have you experienced? Were you able to overcome them? How?

### 4. ACT

- Repeat the key messages
- **Ask the group whether they would be willing to try or recommend the practice shown on the counseling card.**
- **Ask the group how they might overcome any obstacles to trying the new practice.**
- Set a time for the next meeting and encourage mothers and supporters to come ready to talk about what happened when they tried the new practice and how they overcame any obstacles.

#### **Handout 12c: Observation Checklist for Using a Counseling Card with a Group**

Introduces self (name and organization) and puts people at ease

Shows respect and interest

Listens and looks attentively

Shows counseling card to everyone

Asks who is in the picture and what they are doing. Then explains picture giving main message

Asks whether the audience agrees with the practice shown in card and why or why not

Explains appropriate messages:

- .....
- .....
- .....

Asks how mothers and supporters would handle the situation on the card Asks what keeps people from doing the recommended practice and how they might overcome these obstacles Repeats the message

Asks mothers and supporters if they would be willing to try this practice

Sets a time for the next meeting and encourages mothers and supporters to try the new practice and talk about how it went next time

Name one or more things the facilitator did well:

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What do you recommend the facilitator work on to improve the next time?  
(Name one important thing)

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## CURICULUM VITAE

Name : Natthacha Charoonsak

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