

COMMUNITY HEALTH WORKER (CHW) TRAINING DIALOGUES FOR COUNSELLING ON EXCLUSIVE BREASTFEEDING

INTRODUCTION

HOW TO USE THESE TRAINING DIALOGUES

This is a guide for CHW supervisors to help you use findings from *Mtoto Mwerevu's* research to support effective counselling. Using the steps in this guide, you can help CHWs to discuss (step 5 of negotiation) and recommend (step 6) practices people can try to improve the nutrition of their children. These new, detailed messages on exclusive breastfeeding are based on research in communities like theirs and can assist CHWs to help families overcome challenges such as babies crying a lot or mothers struggling to breastfeed exclusively. It is important for you to review the details of these messages in advance so that you can explain them to CHWs.

During your monthly meetings, CHWs will:

- Discuss their own experiences;
- Hear more detailed messages about exclusive breastfeeding;
- Listen to success stories from families in communities like theirs; and
- Role play home visits using negotiation with the mother or father.

You should devote two hours of your monthly meetings with CHWs to these activities. You can use these guides to help families:

- Breastfeed exclusively (session 1);
- Know what to do when babies cry (session 2);
- Give children a variety of foods to eat (session 3);
- Encourage children to eat (session 4); and
- Give healthy snacks (session 5).

During role plays, *one* CHW will play his or her own role as CHW. *One* or *two* CHWs will play the role of mother, father, and/or other family members. The remaining CHWs will observe the role play. At the end, CHWs can ask questions about the role play and provide helpful feedback. During role plays, as CHW supervisors, please do not demonstrate how to conduct negotiation using these more detailed messages. Rather, let CHWs demonstrate and practise this on their own, as specified below. While this is happening, you can observe then provide feedback that is supportive, not judgmental.

Now have two CHWs demonstrate in front of the entire group the role play in section 5, below (Baby Aadila). One CHW plays his or her own role as the CHW and the other CHW is the mother or father. After the role-play, you can use the discussion questions listed or others you think may be helpful to generate a discussion amongst CHWs.

Small groups of three will now role play simultaneously to give more opportunity for each CHW to play each of the three roles. Once 2-3 CHWs have completed the first role play and all CHWs have had the opportunity to discuss it, give every CHW the chance to role play. In smaller groups of three CHWs:

- One CHW plays the role of CHW;
- One CHW plays the role of mother, father (or other family member); and
- One CHW is the observer.

For this part of role playing, use the same case in section 5 (Baby Aadila). In your role plays, every CHW gets an opportunity to practise, in groups of three (CHW, mother or father, and observer). This way, every CHW learns together how to support families. As you role play in small groups of three, think about the demonstration you just saw with one CHW and one mother or father. What went well? What can be improved? Try to incorporate what you learnt into your own role play in groups of three.

As with the role play in plenary, after the role-play, you can use the discussion questions listed or others you think may be helpful to generate a discussion amongst CHWs.

Once you have finished role-playing one time in your small group of three, conduct a second role play with the CHW becoming the mother or father, the mother or father becoming the observer, and the observer becoming the CHW. Then discuss what went well and what could be improved. During the third role play, switch roles once again so that everyone has the opportunity to practise being a CHW.



Note: Some CHWs may struggle with the basic steps of negotiation. If this is the case, discuss each step that is a challenge to them. Have the CHWs demonstrate a home visit, and give CHWs feedback, based on what you observe. Steps that may be particularly challenging for CHWs may include:

- Spending enough time asking about the caregiver's situation (step 2: Ask) before identifying recommendations the caregiver might try (step 4: Identify);
- Identifying then giving several recommendations the caregiver can try (step 4: Identify and step 6: Recommend), not just one;
- As part of step 6 (Recommend), asking caregivers what they understand each recommendation to be to make sure that they fully understand the actions presented to them (step 7: Agree);
- Recommending things caregivers can try (step 6: Recommend) before asking about, listening, and discussing the caregiver's situation;
- Making sure the caregiver agrees to a practise (step 7: Agree) before setting up the next home visit; and
- Using the job aid that corresponds to the age of the child. *This is particularly important!*

WHAT DID WE LEARN FROM THE HOUSEHOLD TRIALS RESEARCH?

In Tanzania, a lot of mothers (about 8 in 10) breastfeed their babies exclusively in the first two months of life, but as the child ages, fewer and fewer do so. By six months of age, less than 3 in 10 mothers breastfeed exclusively. To understand why, we consulted with mothers and fathers of babies 0-5 months old in two regions near Lake Victoria. Mothers and fathers were counselled then asked to choose and try new practices related to exclusive breastfeeding. Then fathers and mothers were interviewed about their experience trying the new practise, and their motivations and concerns so that we could identify barriers to improving exclusive breastfeeding.

Many parents know about exclusive breastfeeding but they need more details to understand that it means to *not give anything* other than breastmilk. For example, even if parents did not give any food other than breastmilk, some of them gave water, thinking infants were thirsty. Many parents gave gripe water as well as traditional herbal remedies and medicines from the pharmacy, usually to stop baby's crying or because they felt that the baby must be having stomach pain or other symptoms related to *mchango*.

Parents need practical strategies to address challenges, such as ways to soothe a crying baby without giving gripe water. Mtoto Mwerevu found that mothers did not have enough time and energy to breastfeed fully, due to having a lot of work to do inside and outside the home. Men did not usually help with household chores or child care.

Most mothers were willing to try the recommendations to breastfeed more frequently and not give gripe water and traditional medicines. Fathers were willing to provide food to breastfeeding mothers. Most fathers also encouraged mothers to breastfeed and some were willing to help with household chores or by encouraging others in the household to help.

Mtoto Mwerevu found that parents need more detailed counselling to help them overcome barriers to exclusive breastfeeding. For example:

- Mothers need support to breastfeed often enough and long enough. Fathers can help with this;
- Parents need help calming an infant who cries a lot and seems to have stomach pain or *mchango*, which they consider to be serious health problems; and
- Parents need to know why and how to avoid giving gripe water and traditional medicines that are not prescribed by a doctor

SESSION 1: HELPING FAMILIES TO BREASTFEED EXCLUSIVELY. A GUIDE FOR CHW SUPERVISORS DURING MONTHLY MEETINGS.

STRATEGIES TO ENSURE THERE IS ENOUGH BREAST MILK FOR THE BABY: FEEDING MORE OFTEN AND LONGER

1. What have CHWs experienced?

CHW supervisors, begin by asking what CHWs have heard from families:

We know that exclusive breastfeeding is recommended for babies from birth to 6 months. Ask: What do families tell you about challenges they face giving the baby only mother's milk?

2. What did we learn from the household trials research?

Tell CHWs: Many parents know about exclusive breastfeeding but mothers don't always manage to breastfeed exclusively. Practices can be improved:

- Mothers need time to breastfeed longer at each feed and breastfeed more often. This will help them make plenty of milk. The family can help by reducing mothers' workloads;
- Some parents believe that they are breastfeeding their child exclusively because they do not give other foods, but they give liquids such as water, gripe water, traditional medicine, or non-prescribed medicines; and
- Often, babies are given water because parents think their babies are thirsty.

3. What do families need to know?

Tell CHWs: Breastmilk has everything a baby needs to eat and drink to grow well. Breastmilk also helps protect the baby from many sicknesses.

Together with all CHWs, read then thoroughly discuss the messages and other information on exclusive breastfeeding in table 1. Keeping in mind the 8 steps of negotiation, make sure the CHWs understand and are able to *discuss* (step 5) the messages and why they are important, and *recommend* actions (step 6) for mothers and fathers. This information will be used in the role-plays discussed below.

4. Real experiences from families participating in household trials on exclusive breastfeeding

Supervisors, share the following success stories from mothers with your CHWs:

In its research, *Mtoto Mwerevu* found that some fathers and other family members were willing to help mothers with chores so that they had more time to breastfeed. Some parents reported they were more confident about the mothers' milk supply. Other families reported that their babies cried less and slept better when they breastfed fully.

A mother said: "I liked the recommendation to breastfeed longer each time the child breastfeeds. In the past, I used to breastfeed my son for a shorter time and the milk was not coming out. Now, I breastfeed him until he finishes all the milk and he is satisfied."

A young mother said: "My daughter wasn't getting any sleep before but now she sleeps just after being breastfed. This is a good outcome...you can even do other chores comfortably."

Here are some success stories from fathers:

A young father of a 2-month old said: "I decided to help my wife with household chores so that she gets enough time to breastfeed. I encouraged her to use all the time she needed to breastfeed the baby. She listened and worked on it. She now breastfeeds the baby more often. I did this because I want to fulfil my duties of ensuring that my baby has good health. I made sure that whenever I was at home, my wife should breastfeed the baby as often as possible. The results were excellent. My wife realised that if the baby is properly fed, the baby sleeps a lot and this improves the baby's health. This gives me enough time to work on other things."

A young father of a 3-month old daughter said: "My wife was happy when other family members started assisting with small chores like cleaning utensils and collecting vegetables from the market. Her breastmilk has increased and the baby is breastfed whenever needed. What I like is that since family members started assisting my wife, the baby cries less because she is breastfed frequently."

TABLE 1: RECOMMENDATIONS TO HELP MOTHERS BREASTFEED EXCLUSIVELY, USING THE 8 STEPS OF NEGOTIATION

During negotiation, *discuss* the following messages, *recommend* 2-3, and help the mother or their family member pick 1-2 and *agree* to try them.

NEGOTIATION STEP 5: DISCUSS		NEGOTIATION STEP 6: RECOMMEND	
MESSAGE	WHY THIS IS IMPORTANT	FOR MOTHERS	FOR FATHERS
<p>Breastfeed often throughout the day and night.</p> <p>Ask the father, mother-in-law, and other family members to help with one of the tasks you normally carry out outside the home. What small task might a family member or friend help you with?</p>	<ul style="list-style-type: none"> • The more a baby suckles, the more milk is produced. • Breastfeeding frequently day and night: <ul style="list-style-type: none"> • Helps your baby grow; • Helps you make plenty of milk; • Gives the baby all the food and water she needs; • Because your baby has a small stomach, your baby needs to breastfeed often. • Breastfeeding often also prevents breast engorgement and pain. 	<ul style="list-style-type: none"> • Ask others to help with work outside the home so you can stay home more to breastfeed during the day. • Ask your husband to let you return home from the field early so that you have time to breastfeed longer. • Ask family members to help with household chores so you can rest and breastfeed the baby fully. • Take your baby with you when you leave home, or ask someone to bring your baby to you for feeding. 	<ul style="list-style-type: none"> • Help your wife with work such as farming, fetching water and getting firewood so she has time to breastfeed often and long enough. This helps your child to grow well and be happy and healthy. • Let your wife return home from the field early so that she has time to breastfeed longer. • Buy nutritious foods for your wife and encourage her to eat well to build confidence in her breastmilk supply.
<p>Take time to breastfeed for as long as the baby wants at each feed.</p> <p>Let the baby finish all the milk in one breast and then offer the other breast.</p>	<ul style="list-style-type: none"> • When a baby breastfeeds longer each time, the baby gets more nutrient-rich milk. • A baby needs both the “foremilk” (high in water for thirst and sugar for energy) and “hindmilk” (high in fat so baby feels full and grows strong). 	<p>See recommendations above. Also:</p> <ul style="list-style-type: none"> • Eat a balanced diet and eat more frequently to ensure that you produce enough milk. 	<p>See recommendations above.</p>
<p>Do not give the baby any foods or liquids other than breast milk.</p> <p>Only give medicines when instructed by a doctor or a health worker.</p>	<ul style="list-style-type: none"> • Breastmilk alone protects the baby’s health. • Breastfeeding fully (as described above) means no other food or drink is needed. • Babies who breastfeed exclusively are less likely to get diarrhoea and other illnesses because breast milk is clean and protects against infections. • Foods, water, or drinks other than breastmilk that are given to the baby before 6 months can take up space in the baby’s small stomach. Less room for breast milk can mean the baby will not grow as well. • Other medicines can hurt your baby. Most gripe water contains alcohol that can affect the baby’s brain and does not cure any sickness. • Giving any other liquids including plain water, gripe water and traditional medicines increases the risk that your baby will get sick. 	<ul style="list-style-type: none"> • Talk to other family members about the importance of exclusive breastfeeding. 	<ul style="list-style-type: none"> • Encourage your wife to breastfeed exclusively. • Ask your wife not to give porridge or other foods to the baby before 6 months. • Do not buy gripe water

5. Role play: Practise counselling families on exclusive breastfeeding

For the role play session, please remember to have CHWs learn by acting out roles of CHWs and family members, observing each other, and sharing ideas to improve negotiation with families on breastfeeding practices. Encourage those acting as family members to raise challenges and not be too agreeable! Role plays should be as realistic as possible.

ROLE PLAY #1: BABY AADILA

The **CHW** should follow the 8 steps of negotiation:

1. Greet the mother and father with respect;
2. Ask them about current caregiving practices—regardless of whether or not they breastfeed exclusively;
3. Listen to their problems or concerns;
4. Identify a few messages to share with the mother and father, based on their situation (see table 1);
5. Discuss each of the practices (table 1);
6. Recommend 2 or 3 of the practices parents can try (table 1);
7. Ask the parents to agree to practise 1-2 of these behaviours; Ask what might make it easy or difficult to try them;
8. Set up an appointment for a return visit at which time you can ask the mother and father how things have gone.

CHWs:

Do *not* read the scenario for mothers and fathers in advance;

In your first few practices, please consult table 1. When you feel comfortable with the recommendations in table 1, you don't need to refer to it in subsequent role plays; and

Remember to have the mother or father tell you what you have learnt. When family members “teach back” what they have learnt about new practices, you can be sure that they understand the practices that they have agreed to try.

The **mother** and **father** read the scenario below and act their parts, per the scenario.

Baby Aadila is 3 months old. Mama Aadila is exclusively breastfeeding the baby but she is worried about having enough milk for the baby. Baba Aadila and the baby's grandmother say it is time to give the baby some porridge because milk is not enough, and Mama Aadila has a lot of work to do. During the day, Mama Aadila goes to the fields and leaves the baby at home with the older children. Baba Aadila works to provide money for the family and normally spends days away at the island for fishing. When he comes home, he is always tired.

Observers: Watch how the CHW identifies problems, concerns, and negotiates a solution.

CHW supervisors: after the role-play, it is very important to discuss what the group learnt. Do this in a supportive way, not blaming anyone for mistakes. Remind CHWs that role-playing is just a way to practise and learn from each other!

CHW supervisors: first ask for comments from the group. Some ideas for possible questions after the role play are as follows:

For the CHW, how did it feel to deliver the new messages? What worked well? What was difficult? What needs more practise? Did the family ask questions that you did not know how to answer?

For the mother or father, what did the CHW do well? Were the messages clear? Did the CHW address your concerns? Did you feel comfortable asking the CHW questions?

For observers, how did the CHW try to build rapport with family members and was it successful? How did the CHW try to understand the family situation and help them with challenges? For example, did the CHW find out about mothers' concerns about whether she had enough breastmilk? Did the CHW ask about any challenges mothers and fathers have with heavy workloads? What suggestions do you have for CHWs? Has this situation ever come up for you during your home visits? What did you do?

SESSION 2: HELPING FAMILIES WHEN THEIR BABIES CRY. A GUIDE FOR CHW SUPERVISORS DURING MONTHLY MEETINGS WITH CHWS.

Supportive strategies to reduce parents' worry when a baby cries and help them to exclusively breastfeed

1. What have CHWs experienced?

CHW supervisors, begin by asking CHWs: what have you heard from families related to crying or *mchango*? What do family members tell you about crying and *mchango*? How do these affect breastfeeding practices?

2. What did we learn from the household trials research?

Tell CHWs:

- Some parents worried that breast milk was not sufficient for the baby and that crying was a sign of hunger. Parents said cues to breastfeed were when the baby was crying or urinated, particularly at night;
- Many parents said that when their babies continued to cry, they worried that the baby had stomach pain or an illness like *mchango* so they gave gripe water or traditional herbal medicines;
- Sometimes, health workers recommended gripe water (it is important that CHWs not do so!); and
- Many parents did not realise that gripe water contains alcohol and is not good for babies. After counselling, some parents were able to soothe the baby and stop giving gripe water. Some parents were motivated to stop using gripe water because they wanted to protect the baby's brain development.

3. What do families need to know?

Tell CHWs: Crying is normal for babies, especially during the first few months of life. Babies cry for many reasons. Breastmilk is the best thing to offer a baby when he or she cries. But sometimes crying is not due to hunger, pain, or anything parents can control. Some babies just cry a lot while others cry a little and it is not the mother's fault. Many babies will cry less once they are 3 or 4 months old.

Tell CHWs: Excessive crying by the baby can upset the relationship between the baby and the mother, and can cause tension with other members of the family. An important way to help a breastfeeding mother is to counsel her and her family about the baby's crying. CHWs and health professionals can support families who worry about a baby crying by reassuring parents and offering ways to respond to crying. No single approach works for everyone so it is important to support families to find what helps them to manage fussy or distressed babies and to respond appropriately.

Together with all CHWs, read then thoroughly discuss the messages and other information on calming the crying baby in table 2. Keeping in mind the 8 steps of negotiation, make sure the CHWs understand and are able to *discuss* the messages (step 5) and why they are important, and *recommend* actions (step 6) for mothers and fathers. This information will be used in the role-plays discussed below.

4. Real experiences from families participating in household trials on exclusive breastfeeding

CHW supervisors, share the following success stories from mothers who tried these recommendations:

An older mother said the following about her 1-month old daughter: "Whenever I calm the baby, she stops crying and the stomach pain ceases to the point that she sleeps."

Another mother said she was able to calm the baby by carrying the baby around in the morning while the mother continued her chores. The mother said "When the baby cried a lot, I carried her and played with her so that I had freedom to complete my other chores. When I soothed the baby, she stopped crying regularly, she had no problems with colic, and she ate nicely. My husband and other children helped me a lot by also calming my daughter."

Another mother said "When I stopped giving gripe water, I was able to put my child on my thighs and caress her back. Sometimes I would carry her and move her around with me. Now, I'm not facing any difficulty and there have been no problems for the baby or me."

Here is a success story from a father: "The advice to calm the child is good. I made a mistake. I encouraged my wife to give my child gripe water. But once I heard that giving gripe water was not good, I told my wife to stop giving it to the baby. At night, our baby continued to cry but we kept soothing the child and she fell asleep. At first, my family members told me to give gripe water but I was patient and kept soothing the child. My neighbours thought I was crazy. But now they see that soothing is better than giving gripe water."

TABLE 2: RECOMMENDATIONS TO HELP FAMILIES RESPOND TO BABIES CRYING, USING THE 8 STEPS OF NEGOTIATION

During negotiation, *discuss* the following messages, *recommend* 2-3, and help the mother or other family member pick 1-2 and *agree* to try them.

NEGOTIATION STEP 5: DISCUSS		NEGOTIATION STEP 6: RECOMMEND	
MESSAGE	WHY THIS IS IMPORTANT	FOR MOTHERS	FOR FATHERS
Do not give gripe water, traditional medicines (including traditional medicines applied to the breast), herbal treatments that are given by mouth, or any other liquids to the baby, even if a family member, friend, health worker, or anyone else recommends it.	<ul style="list-style-type: none"> • Giving only breast milk is the best way to protect the baby's health. Breastmilk protects babies from diseases such as diarrhoea, upper respiratory infections, and other illnesses; • Often, there is no way to keep babies from crying, and babies usually grow out of this phase when they are 3 or 4 months old; • Often, gripe water contains alcohol that can damage the baby's brain; • Sometimes, crying is not due to hunger, pain, or anything parents can control. It is common in babies and is not unique to your baby. 	<ul style="list-style-type: none"> • When your baby is crying, try giving breastmilk or see if the baby is wet; • Ask other family members not to give gripe water, traditional medicines, herbal treatments, or any other liquids to the baby. Explain to them that breastmilk is the best way to protect the baby's health. 	<ul style="list-style-type: none"> • Ask your wife and other family members to not give gripe water, traditional medicines, herbal treatments, or other liquids that have not been provided at the health facility. Explain to them that breastmilk is the best way to protect the baby's health.
When the baby is crying, try calming the baby by rocking the baby to sleep or holding the baby on his or her tummy on your lap and rubbing the baby's back.		<ul style="list-style-type: none"> • It may help to speak or sing softly to your baby while you rock or massage him or her. • Ask other family members to hold and soothe the baby. 	<ul style="list-style-type: none"> • Be patient when the baby cries. Reassure the mother. • Assist the mother with soothing or distracting the baby (rock the baby to sleep; hold the baby on his or her tummy on your hand or lap and rub baby's back). • Ask other family members to hold and soothe the baby.
If you are worried the baby is crying due to sickness, the best thing to do is to see a health worker.		<ul style="list-style-type: none"> • Babies cry for many reasons. It is not your fault. • If crying seems unusual and severe, talk to a health worker. 	<ul style="list-style-type: none"> • Babies cry for many reasons. It is not your wife's fault.

5. Role play: Practise counselling families on exclusive breastfeeding when babies cry

For the role play session, please remember to have CHWs learn by acting out roles of CHWs and family members, observing each other, and sharing ideas to improve negotiation with families on calming the crying baby. Encourage those acting as family members to raise challenges and not be too agreeable! Role plays should be as realistic as possible.

ROLE PLAY #2: BABY EMMANUEL

The **CHW** should follow the 8 steps of negotiation:

1. Greet the mother and father with respect;
2. Ask them about current caregiving practices—regardless of whether or not they breastfeed exclusively;
3. Listen to their problems or concerns;
4. Identify a few messages to share with the mother and father, based on their situation (see table 1);
5. Discuss each of the practices (table 1);
6. Recommend 2 or 3 of the practices parents can try (table 1);
7. Ask the parents to agree to practise 1-2 of these behaviours; Ask what might make it easy or difficult to try them;
8. Set up an appointment for a return visit at which time you can ask the mother and father how things have gone.

CHWs:

Do not read the scenario for mothers and fathers in advance;

In your first few practices, please consult table 2. When you feel comfortable with the recommendations in table 2, you don't need to refer to it in subsequent role plays; and

Remember to have the mother or father tell you what you have learnt. When family members “teach back” what they have learnt about new practices, you can be sure that they understand the practices that they have agreed to try.

The **mother** and **father** read the scenario below and act their parts, per the scenario.

Scenario: Baby Emmanuel is one month old. Mama Emmanuel says she is exclusively breastfeeding however she also gives gripe water to the baby. She gives gripe water to stop the baby from crying and because she believes he is suffering from stomach pain due to mchango. Baba Emmanuel says it is sad to see the baby cry, and gripe water is good because it helps the baby sleep. Both Mama Emmanuel and baba Emmanuel give gripe water so they can complete work without being distracted by Baby Emmanuel's cries.

Observers: Watch how the CHW identifies problems, concerns, and negotiates a solution.

CHW supervisors: after the role-play, it is very important to discuss what the group learnt. Do this in a supportive way, not blaming anyone for mistakes. Remind CHWs that role-playing is just a way to practise and learn from each other!

CHW supervisors: first ask for comments from the group. Some ideas for possible questions after the role play are as follows:

For the CHW, how did it feel to deliver the new messages? What worked well? What was difficult? What needs more practise? Did the family ask questions that you did not know how to answer?

For the mother or father, what did the CHW do well? Were the messages clear? Did the CHW address your concerns? Did you feel comfortable asking the CHW questions?

For observers, how did the CHW try to build rapport with family members and was it successful? How did the CHW try to understand the family situation and help them with challenges? For example, did the CHW find out about their concerns about the child crying? Has this situation ever come up for you during your home visits? What did you do?