

Engaging Grandmothers to Improve Nutrition

A GUIDE FOR DIALOGUE GROUP MENTORS



Photos: Judi Aibel (left) and PATH/Eveyn Hockstein (right)

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Introduction

This guide was prepared by the Infant and Young Child Nutrition (IYCN) Project to support grandmother dialogue group mentors who have been trained to facilitate dialogue group meetings with their peers. Mentor grandmothers facilitate discussions to enhance maternal and child health practices. Grandmothers play a pivotal role in advising mothers and families on how to raise young children and care for pregnant women, Therefore, it is critical that grandmothers have the best health and feeding information for the optimal growth of infants and care for pregnant women and breastfeeding mothers, and are provided with a forum for discussion.

This guide is designed to provide dialogue group mentors with key questions to encourage lively discussions around issues such as breastfeeding, complementary feeding, and prevention of mother-to-child transmission of HIV and encourage reflection, support, and experience sharing.

This guide was inspired by the influential work of Dr. Judi Aibel, the founder and executive director of The Grandmother Project, a nonprofit international development organization that aims to improve the health and well-being of women and children.

About the Infant & Young Child Nutrition Project

The IYCN Project is the United States Agency for International Development's flagship project on infant and young child nutrition. Begun in 2006, the five-year project aims to improve nutrition for mothers, infants, and young children, and prevent the transmission of HIV to infants and children. IYCN builds on 25 years of USAID leadership in maternal, infant, and young child nutrition. Our focus is on proven interventions that are effective during pregnancy and through the first two years of life.

Notes to dialogue group mentors

Purpose of this guide

This guide was developed to support grandmother dialogue group mentors to facilitate discussions with their peers to improve support for improved maternal, infant, and young child nutrition. The sample sessions in this guide are not meant to be presented as “health talks” during dialogue group meetings, but to be used by mentors to think about the kinds of questions they will ask to encourage discussion, reflection, and experience sharing. Dialogue group meetings are successful when the mentor raises a topic and then asks questions to prompt discussion among the members. Using the sample discussion guides as the basis for a lecture would discourage group members from expressing their own ideas and sharing their strategies for improving optimal infant and young child nutrition practices. The sample sessions can be read beforehand to help a mentor feel better prepared for her dialogue group meeting. More than one topic can be presented during a session depending on the participants’ interest.

Dialogue groups overview

Grandmother dialogue groups are groups of elder women who come together to learn about and discuss issues of maternal, infant, and young child nutrition. These women also support each other as they care for their families. One member of each group will be trained on optimal nutrition practices, as well as on basic group facilitation techniques. This person will be responsible for engaging group members in discussion and providing basic health education in an interactive, participatory manner.

Understanding grandmother dialogue groups

Feeling **support** usually means that we feel a sense of trust, acceptance, self-worth, value, and respect. When we are supported we can share information better, learn new skills, talk about our thoughts and feelings, and feel connected to others.

Dialogue group members have a common interest or life experience. The group may be informal or formal, but includes the following:

- Safe environment
- Sense of respect
- Sharing information
- Availability of practical help
- Sharing responsibility
- Acceptance
- Learning together and from each other
- Emotional connection

Dialogue groups have the following characteristics:

- Groups have up to 15 participants.
- Members decide how often they meet.
- Members decide how long their meetings are.
- Members support each other through sharing experiences and information.
- The group is open, allowing for new members.
- Members decide on the topics to be discussed.

Mentor responsibilities include:

- Choosing the date, time, and meeting place.
- Preparing for the topic.
- Inviting participants to the meeting.
- Encouraging active participation.

Choosing the meeting time and place:

- Time: It should not interfere with the primary activities of the members (preparation of meals, washing, market days, chores, work schedules, etc.).
- Accessibility: If the meeting place is a home, it should not be more than 15–25 minutes walking distance from the homes of members. If the community is spread out, the health centre, church, or school could be a good alternative.
- Place: The place should be safe so that members can bring their children.

Preparing for a meeting:

- Think of who was invited and prepare a topic that would be of interest to them and that they are able to discuss.
- Prepare questions that will generate a discussion.
- Review the content so you feel prepared to answer questions.

Facilitating the first meeting:

- At the beginning of the meeting, the mentor greets and welcomes everyone.
- She explains the objectives of the meeting.
- She asks each participant to introduce themselves, tell the others how they feel about being there, what they expect from the group, and to answer a question to help everyone feel comfortable. For example: What do you like most about being a grandmother?
- After introductions, the participants make agreements about how the group will function.

Suggested ground rules for dialogue groups:

- Any personal experience or information shared during the groups should not be discussed outside the group.
- Each person has the right to express themselves, give suggestions, and propose activities or topics.
- No one should dominate the conversation.
- Each person defines the type of support she needs in the group—for example, advice, support, information, or just being listened to.
- Each person has the right to be listened to and the duty to listen to others.

Dialogue group structure

Dialogue group meetings can focus on one topic or be open. When the dialogue group is open, the mentor asks each participant if she would like a turn doing the introduction and may make a list of people who wish to participate during that meeting. Participants then take turns discussing topics of personal interest, sharing information, or requesting support from each other. The participants in the group may decide they wish to have an agreed topic for each meeting and they decide on the topic. Groups may decide to have a combination with some meetings open for discussion and some meetings structured, or meetings that have times that are structured and times that are open. Whatever the decisions, they should be made and agreed upon by the group as part of the process to set rules for the meeting. For example:

- If a group has an open structure, the mentor may ask for any announcements that participants have, ask people how they are feeling, and whether they would like to have a turn to speak.
- If the group is more structured, the mentor may announce the topic, give a brief introduction, and then ask a question to generate a discussion.
- Topics are decided based on the interests of the group members.

Encouraging participation:

- Ask other questions to encourage discussion.
- When there is a question, the mentor should direct it to the group to see if another member can answer it.
- Mentors should talk only when there are questions that the group cannot answer or to offer an explanation or share information to clarify some confusion.
- The best dialogue group meeting is one when the members have spoken more than the mentor.

Characteristics of a dialogue group

1. Provides a safe environment of respect, attention, trust, sincerity, and empathy.
2. Allows women to:
 - Share information and personal experiences.
 - Support each other through their own experiences.
 - Strengthen or modify certain attitudes and practices.
 - Learn from each other.
3. Allows women to reflect on their experiences, doubts, difficulties, popular beliefs, information, and caregiving practices.
4. Is not a LECTURE or CLASS. All participants play an active role.
5. Focuses on the importance of grandmother-to-grandmother communication. In this way all the women can express their ideas, knowledge, and doubts; share experiences; and receive and give support to the other women who make up the group.
6. Has a seating arrangement that allows all participants to have eye-to-eye contact.
7. Varies in size from 3 to 15 participants.
8. Is facilitated by an experienced grandmother who is supportive of optimal nutrition practices and who listens and guides the discussion.
9. Is open, allowing the admission of all interested grandmothers and elder women.
10. The mentor and the participants of the dialogue group decide on the length of the meeting and the frequency of the meetings (number per month).

Mentor responsibilities

1. Greet and welcome all who are attending.
2. Create a comfortable atmosphere in which women feel free to share their experiences.
3. Lead introductions.
4. Explain the objectives of the meeting and give a brief introduction of the topic.
5. Listen actively to the participants and give each one full attention.
6. Maintain eye contact and exhibit other appropriate body language.
7. Ask questions to generate a discussion.
8. Raise other questions to stimulate discussion when necessary.
9. Direct questions to other participants of the group.
10. Limit interruptions and outside distractions.
11. Talk only when there are questions that the group cannot answer; offer explanations and clarify information.
12. Briefly summarize the theme of the day.

Facilitation tips

Participation and dialogue are essential. When facilitating a workshop, think of it as a discussion—not a lecture. Be sure to involve participants in the discussion, listen to them with interest and respect, and ask them questions. Talking about health topics and personal experiences can be uncomfortable. Try to talk in a way that makes people feel comfortable and encourages them to ask questions and listen closely. It is important that people feel respected and safe.

The following facilitation tips can help engage participants:

- Thank participants when they contribute to the discussion or share their views or experiences. People need to feel that their comments and questions are valued.
- Try to have as many different people participate in the discussion as possible. To encourage participation, say, “Is there anyone else who has something to share?” Never call on an individual directly as it can make her uncomfortable.
- Listen closely when people are talking. Demonstrating that you are listening can help participants feel confident and comfortable when speaking in front of the group.
- Do not interrupt people when they are speaking. If someone is talking for too long and you must interrupt them, be sure to apologize.

1. Role of grandmothers in infant and young child feeding and maternal nutrition

1. Facilitate a discussion on the roles of grandmothers in how babies and young children are fed and how pregnant and breastfeeding women eat using the following questions.

Encourage participants to share personal experiences:

- What are the responsibilities of grandmothers in the home?
- How do grandmothers help take care of young children?
- Is it different when the mother is home compared with when the mother is away?
- Do grandmothers help feed children under 2 years? If so, how?
- Do grandmothers cook for the family? If so, when and what do they prepare?
- Do grandmothers advise mothers on child care and feeding? What types of advice do they give?
- Do mothers listen to their mothers-in-law and mothers for advice on how to feed their babies?
- What advice do you give mothers on how to feed the baby?
- How do you feel about your role as a grandmother in your family? In the community?
- How do you think grandmothers can help improve the health of babies and young children?
- What additional support and information do you need to help improve the health of your family?

2. Explain that you are going to start to tell a story and that you would like the participants to take turns adding information to the story.

Julia has just given birth to her first child. She gave birth in the health centre and started breastfeeding right away. She has now arrived home and is talking with her mother-in-law, Margaret, about how she should feed her baby. She says, "The nurse told me I can give my baby only breast milk for 6 months and he will grow well. What do you advise?"

3. Ask for a participant to continue the story. After they have told part of the story, ask another participant to continue. Allow this to continue until all participants who would like to add have had a chance to share. After they agree that the story has ended, use the following questions to facilitate a discussion:

- Is this story similar to what happens in our community? Why or why not?
- Do you agree with the characters' choices in the story? Why or why not?
- What would you suggest they do differently?
- Would the ending have been different if they made different choices?

2. Eating during pregnancy and breastfeeding

1. Share the following key messages:

Pregnant or breastfeeding women should:

- Eat an extra meal every day.
 - Eat a variety of fruits and vegetables every day and use iodated salt.
 - Eat animal products as often as possible.
 - Take iron/folic acid tablets during pregnancy.
 - Take vitamin A supplements after giving birth.
2. Ask: What can happen if women do not eat properly, especially during pregnancy and breastfeeding?
 3. Ask: How can we support our daughters and daughters-in-law to eat properly during pregnancy and breastfeeding? Encourage participants to share experiences and ideas.
 4. If participants do not mention accompanying their daughters-in-law and daughters to the clinic for antenatal (ANC) visits while pregnant and postnatal care and child visits after giving birth, suggest it. Grandmothers will be better able to support their daughters-in-law and daughters if they hear the messages their daughters-in-law and daughters are receiving.
 5. Ask: How can grandmothers help their daughters and daughters-in-laws to take iron during pregnancy and vitamin A after giving birth? Encourage participants to share personal experiences and ideas.
 6. Present the following information:
 - In addition to eating properly, it is important for women to get plenty of rest during pregnancy and avoid strenuous hard work.
 - Doing hard work (such as carrying heavy loads, or being on your feet for several hours) can cause the baby to be born too early or to be small at birth, or cause the pregnancy to end.
 7. Ask: What do you think of the advice for pregnant women to rest during pregnancy? Encourage participants to discuss.
 8. Ask. Do you think most mothers-in-law and husbands agree with this advice or do you think pregnant women are just being lazy? Encourage participants to discuss.

3. Benefits of exclusive breastfeeding

1. Share the following information:
 - During a baby’s first 6 months, optimal infant feeding practices include:
 - Starting to breastfeed within the first 30 minutes to 1 hour of birth.
 - Giving only breast milk (and no other foods or liquids—not even water) whenever the baby wants for the first 6 months.
 - These optimal infant feeding practices are necessary to ensure that babies start to grow and develop properly.
2. Ask: What are the benefits of breastfeeding for a baby?
3. Ask: What are the benefits of breastfeeding for a mother?
4. Ask: What are the benefits of breastfeeding for a family?
5. Ask: What are the benefits of breastfeeding for a community?

Benefits of exclusive breastfeeding		
Baby	Mother	Family and community
Supplies everything the baby needs to grow well during the first 6 months of life.	Reduces blood loss after birth (immediate breastfeeding).	Is available 24 hours a day.
Digests easily and does not cause constipation.	Is always ready at the right temperature.	Reduces the need to buy medicine because the baby is sick less often.
Protects against diarrhoea and pneumonia.	Saves time and money.	Is always ready at the right temperature.
Provides antibodies to illnesses.	Makes night feedings easier.	Delays new pregnancy, helping to space and time pregnancies.
Protects against infection, including ear infections.	Delays return of fertility.	Reduces time lost from work to care for a sick baby.
During illness helps keep baby well-hydrated.	Reduces the risk of breast and ovarian cancer.	Children perform better in school.
Reduces the risks of allergies.	Promotes bonding.	More children survive.
Increases mental development.		
Promotes proper jaw, teeth, and speech development.		
Suckling at breast is comforting to baby when fussy, overtired, ill, or hurt.		
Promotes bonding.		
Is the baby’s first immunisation.		

6. Ask: Which of these benefits are most important to you, to mothers, and to families?
Encourage participants to discuss and answer any questions.

4. Starting breastfeeding immediately

1. Facilitate a discussion with participants about practices using the following questions. Allow several participants to share their thoughts and experiences.
 - Who is with a woman when she gives birth?
 - What do family members do to prepare before birth and at the time of the birth?
 - Who delivers the baby?
 - What is done with the baby immediately after birth?
 - Where is the baby placed?
 - What is given to the baby to eat or drink as soon as it is born? Why?
 - When does a mother start to breastfeed? Why?
2. Ask: What do the breasts make during the first three days after a woman gives birth? (During the first three days the breasts make a yellow, thick liquid that is the first milk.)
3. Ask: Why is it important for the baby to have this first milk?
4. After participants discuss this question, add:
 - It helps protect babies against viruses and bacteria. It is like the baby's first immunisation.
 - It cleans the baby's stomach and helps protect the digestive track.
 - It has all the food and water the baby needs.
 - Putting the baby in skin-to-skin contact helps regulate the baby's temperature.
5. Present the following information:
 - The Ministry of Health recommends that women begin to breastfeed within the first 30 minutes of birth.
 - There are many benefits to mothers and babies if breastfeeding is started very soon after giving birth.
 - Early initiation of breastfeeding helps stop bleeding.
 - The earlier you put the child to the breast, the faster the milk comes. This will help mothers to make enough breast milk.
 - Starting breastfeeding soon after birth helps reduce the risk of newborns dying.
 - Giving other liquids including warm water, sugar-salt solution, thin porridge, or other milks can be dangerous.
6. Ask: Do women in our community start to breastfeed as soon as they should? Why or why not?
7. Ask: What do most elder women/grandmothers in our community recommend to give to a baby when he or she is first born?
8. Ask: How can grandmothers support the women in their families and the women in our community to start breastfeeding right after giving birth? Encourage participants to discuss.

5. Supporting good infant feeding practices during the first 6 months

1. Ask: What are the reasons why mothers in our communities give their babies food and liquids other than breast milk before they are 6 months old?
2. Ask: What are the reasons why mothers in our communities do not start breastfeeding immediately after giving birth?
3. Ask participants to look at all of the reasons posted on the wall. Which of these reasons are they able to help address in their families and communities? Take down any reasons that they do not think that they can help address.
4. Ask: How can we, as grandmothers, support women to exclusively breastfeed their babies for the first 6 months?
5. Facilitate a discussion with the following questions:
 - We have talked about the benefits of giving babies only breast milk in the first 6 months of life. Is it possible for mothers to exclusively breastfeed their babies for 6 months? Why or why not? What would make it easier for mothers to do it?
 - Do most mothers have enough breast milk? Is quality of the breast milk enough to support a baby for 6 months? Do mothers have enough time? How are some mothers able to do it and others are not?
 - When women have to go back to their regular activities, they are advised by the clinic to express the milk and leave it for the baby. What do you think about this advice? Do you know whether women in your community express their breast milk? Do you know any grandmothers who give their grandchildren expressed breast milk while they are caring for them? Why or why not?
 - How can we support women (in our families and communities) to start breastfeeding immediately and to exclusively breastfeed for 6 months?
6. Review the following key messages:
 - Breast milk is the perfect food for babies. It has everything that a baby needs to grow and develop for the first 6 months.
 - Babies who take only breast milk grow better, fall sick less often, and perform better in school than children who are not exclusively breastfed.
 - For the first 6 months, babies do not need any other foods or liquids, not even animal milk, water, porridge, or fruits. Breast milk has enough water so that even babies in hot climates do not need water.
 - Giving other foods and liquids (including animal milk and water) to babies during the first 6 months is very dangerous for their health and can make them sick.
 - Human breast milk is perfect for human babies, just as cow's milk is perfect for baby cows and goat's milk is perfect for baby goats. We never see baby goats drinking cow's milk because animal milks are different and perfectly meet the needs of each baby animal.

6. How the body makes breast milk

1. Ask: Do the size of a woman's breasts affect how much milk she can make for her baby? Encourage participants to discuss.
2. Ask: Do you think it is possible for a woman to produce enough to feed a baby only breast milk for 6 months? What if a woman does not get enough food to eat?
3. Share the following information.
 - Almost all women can make enough milk to feed their baby only breast milk for 6 months and continue breastfeeding until their baby is 2 years or older.
 - The size of a woman's breast does not affect how much milk she can make.
 - Even women who are sick or thin can make enough milk for their baby.
 - When a baby suckles at the breast, the tongue and the mouth touch the nipple. The suckling causes a message to be sent to the mother's brain that the baby wants milk.
 - The brain responds and tells the body to make the milk flow for this feed and to make milk for the next feed. The more the baby suckles, the more milk is produced.
 - How a mother feels and what she thinks can affect how her milk flows. 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.
 - It is important for a woman to feed from one breast and then let the baby come off on its own before switching to the other breast. As milk is removed from the breast it lets the body know more milk needs to be made.
4. Ask: Is it common for women to feel like they are not making enough milk? Encourage participants to share their experiences and those of their relatives.
5. Ask: How can we support mothers who are breastfeeding and are worried that their baby is not getting enough breast milk?
6. Ask: Do you believe that women can make enough breast milk for a baby for 6 months? Why or why not?
7. Ask: What would you say to a mother who believed she could not make enough milk because she was not eating well herself?
8. Ask if participants have any questions or experiences that they would like to share. Thank participants for participating.

7. Starting to give food

1. Facilitate a discussion with the following questions:

- How do you know when a baby is ready to start eating solid foods?
 - What are the cues and milestones (specific ages, teeth, sitting, crying, reaching for food, etc.)?
 - When and how should mothers start to give solid foods?
- When should babies start to drink other liquids? And eat solids?
 - At what age should mothers start to give water to babies? Why?
 - At what age should mothers start to give other fluids/liquids? Why?
 - Should other milks besides breast milk be given? Which ones, and when? Why?
 - How should these other liquids be given?
- What are the best foods for babies and children of the following ages?
 - Newborns and babies up to 2 months.
 - Babies 2 to 6 months.
 - Children 6 to 12 months.
 - Young children 1 to 2 years.
- What are the first foods typically given to young babies?
 - What are the names of foods given?
 - What are the ingredients in the foods?
 - If porridge is mentioned, ask: What other things are added to the porridge? Why?
- Do young children under 2 years eat the same foods as the rest of the family?
 - If not, what do they eat differently?
 - How often do they eat?
- What foods or liquids should not be given to young children under 2 years? Why?

2. Share the following information:

- At 6 months children start to need a variety of other foods in addition to breast milk. As babies grow, more and more foods can be added to their diet.
- Before 6 months, breast milk provides everything a baby needs, but at 6 months and as babies continue to grow they need other foods.
- Breast milk continues to be important to help children grow well and protect them from illnesses until 2 years and beyond.
- The foods that are given to children at 6 months are called complementary foods, because they are given in addition to breast milk (they complement breast milk)—they do not replace breast milk.
- Giving a variety of different foods in addition to breast milk helps children 6–24 months of age to grow well. When children are short for their age (which shows that they are malnourished), it is permanent and affects intelligence. Rates of malnutrition are usually highest during the 6–24 months of age period, with lifelong consequences.
- Good complementary feeding involves continued breastfeeding and giving the right amount of other good quality foods.
- Babies 6–12 months old are especially at risk, because they are just learning to eat.
- Babies 6–12 months old must be fed soft foods frequently and patiently. These foods should complement, not replace, breast milk.

8. Feeding babies and young children 6–24 months of age

1. Ask: How many times a day do you eat (including tea, snacks, and meals)?
2. Explain that babies and young children have small stomachs and need to eat much more often to keep filled up.
3. How many times a day do you think a young child of 6–8 months needs to eat solid foods? 9–11 months? 12–24 months?
4. Explain that when children do not eat properly it affects their growth, health, and intelligence.
5. Ask: What are common beliefs about what foods can and cannot be given to babies?
6. Emphasize that the kinds of foods given to young children are similar for those aged 6–12 months and 12–24 months, although they are often prepared in a different way, and older children eat more food, more often.
7. Explain that as children grow they need to eat more. To be sure they are eating enough, mothers can continue to breastfeed often, but it is also important that children are given more food, more often, and that the foods given have a lot of energy even in small amounts (like fats and oils). Review the following amounts that children should receive.

6 months

- Two to three tablespoons at each meal
- Two meals each day

7–8 months

- One-half cup at each meal
- Three meals each day

9–11 months

- Three-fourths of a cup at each meal
- Three meals each day
- One snack

12–24 months

- One cup at each meal
- Three meals each day
- Two snacks

8. Facilitate a discussion with the following questions:
 - How should food be prepared for children? [Mashed, soft, etc.]
 - Should uji be thin or thick? Why? [It should be thick enough to stay on the spoon. Otherwise it is too watery and will not give children enough energy.]

9. Giving a variety of foods

1. Explain that different foods help the body in different ways. There are foods that make children strong, foods that give energy, and foods that help prevent and fight illness.

2.

<u>Body building</u> Make children strong	<u>Energy giving</u> Give children energy	<u>Protecting foods</u> Prevent and fight illness
Participants may list: <i>Beans, meat, chicken, fish, and egg yolks</i>	Participants may list: <i>Rice, potatoes, maize, millet, and plantain</i>	Participants may list: <i>Fruits and vegetable such as leafy greens, carrots, pumpkin, oranges, mangoes, and paw paws</i>

3. Explain that children should be fed food from at least two different food groups at each meal. Ask: Do you think this is possible? What are some possible combinations based on foods that are normally prepared for the family? What are foods that you have given to your grandchildren? Some foods are better than others—what foods are especially good for children and why? What can we do to help ensure that children are given at least three different types of food at each meal?
4. Ask: What are some of the traditional vegetables that are commonly eaten by adults? Are these given to children? Why not? How can we encourage families to give children these traditional, healthy vegetables?
5. Ask: What are some of the challenges that women and families in our communities face that prevent them from feeding their 6–24 month old children appropriately? [Possible answers: lack accurate information, heavy workloads limit time to help feed children, perception that there is not enough food.] Note participants' responses on a flip chart. For each response noted on the flip chart, ask: How can we work together with our daughters/daughters-in-law to overcome these challenges? Encourage participants to share experiences.
6. Explain that foods are often introduced too early. Many times caregivers say that children seem interested in the food being eaten by the rest of the family. Ask: What advice would you give to a grandmother in your group who said her grandchild wanted food before 6 months? Encourage participants to discuss. [Possible recommendations include: suggest that they give the baby a spoon to play with and see if that satisfies his/her interest.]
7. Ask: How do you know if a child is growing well? Where can a child be taken to be weighed and measured? How often should a child be weighed and measured? Are most children in our communities taken to be weighed and measured as often as they should?
8. Explain that weight gain is a sign of good health and nutrition. It is important to continue to take children to the health facility for regular check-ups and immunizations and to monitor growth and development. Ask: Can grandmothers be encouraged to go with mothers to the clinic for these visits?

9. Explain that after 6 months of age, children should receive vitamin A supplements twice a year or take multiple micronutrients on a daily basis. Encourage mothers to consult a health care provider for the proper advice.

10. Preparing food safely

1. Ask: How do most families in our community store, clean, prepare, and cook food for babies and young children? Encourage participants to discuss.
2. Explain that how we store, clean, prepare, and cook food is also important. Ask: Why is this important? What are the risks if we do not handle food properly? Encourage participants to discuss. After participants discuss, explain that more than half of all illnesses and deaths among young children are caused by germs that get into their mouths through food or water or dirty hands.
3. Ask: How can we store, clean, prepare, and cook food safely? Encourage participants to discuss. Mention the following additional information as needed:
 - Cooked food should be eaten without delay or thoroughly reheated.
 - Store cooked food in a covered container and use it within one hour. Always reheat food well if it has been sitting.
 - Wash all bowls, cups, and utensils with clean water and soap.
 - Only use water that is from a safe source or is purified. Water containers need to be kept covered to keep the water clean.
 - Raw or leftover food can be dangerous. Raw food should be washed or cooked.
 - Food, utensils, and food preparation surfaces should be kept clean. Food should be stored in covered containers.
 - Safe disposal of all household rubbish helps prevent illness.
4. Explain that washing our hands with clean, running water and soap is very important. Ask: When are the times that we should wash our hands? Allow participants to discuss and mention the following as needed: before cooking food, before and after feeding a baby, after changing nappies or going to the toilet, and after touching animals.
5. Ask: How can you help support families to practice these behaviours?

11. Helping children to eat

1. Explain that it is very important for caregivers to encourage the child to learn to eat the foods offered. Facilitate a discussion by asking the following questions:
 - How do you encourage your grandchildren to eat?
 - How do you know your grandchild has eaten enough?
 - What advice do you give to mothers with young children if they are concerned about how to feed their child or that their child will not eat enough?
2. Explain that force feeding is common in our community. Facilitate a discussion on this practice using the following questions:
 - Why do mothers and grandmothers force feed?
 - What are the dangers of force feeding?
 - How can we encourage babies and young children to eat without force feeding?
3. Ask: Is it common for older children to feed younger children? Is it common for children to be given food to eat without much supervision?
4. Ask: Why is it important for babies and young children to be watched and helped to eat by an adult caregiver? Encourage participants to discuss.
5. Summarize the discussion and share the following information:
 - Feed infants directly and assist older children when they feed themselves.
 - Offer favorite foods and encourage children to eat when they lose interest or have depressed appetites.
 - If children refuse many foods, experiment with different food combinations, tastes, textures, and methods for encouragement.
 - Talk or sing to children during feeding.
 - Look at children when you are feeding them.
 - Feed slowly and patiently and minimize distractions during meals.
 - Do not force children to eat.
6. Emphasize these points:
 - A child needs food, health, and care to grow and develop. Even when food and health care are limited, good care-giving can help make best use of these limited resources.
 - Care refers to the behaviours and practices of the caregivers and family that provide the food, health care, and emotional support necessary for the child's healthy growth and development.

12. What to do when a child falls ill

1. Facilitate a discussion with the following questions:
 - How do you know that a baby or young child is healthy?
 - What does a healthy baby look like?
 - How does a healthy baby behave?
 - How does a sick baby look different or behave differently than healthy babies?
 - What makes babies sick?
 - What types of illnesses do babies have before they are 6 months old?
 - What causes these illnesses?
 - How can mothers prevent their babies from getting sick?
 - Are special foods or liquids fed to infants when they are sick?
 - When a child falls ill, who decides how the child should be cared for?
 - Who decides when a child should be taken to a health facility?
 - What do men typically do when a child is ill? What is their role?
2. Ask: Does anyone have a story to share about when a child fell ill?
3. Ask: What are signs that a child should be taken to a health facility immediately?
[Participants should mention the child is not able to drink or breastfeed, the child vomits everything, the child has convulsions (fits), or the child is lethargic or unconscious.]
4. Ask: What are some of the challenges to bringing an ill child to a health facility?
5. Ask: How can we overcome these challenges?
6. Explain that often time or money for transport is a challenge to getting care. Ask: How can we be prepared in the case of an emergency? What can families do to be prepared? Encourage participants to discuss.
7. Ask: Have you ever heard of parents waiting to take their child to a health facility (or taking children to traditional healers) and the child dying?
8. Explain that it is common for caregivers to wait to take children for care at a facility. Share the following information:
 - Young infants can become ill suddenly and may need to be seen and treated urgently by a health provider.
 - If a child is not feeding well, has fever or diarrhoea, is vomiting, is losing weight or becoming thin, has difficulty breathing, or has other signs that he or she may not be well, it is important to have him or her examined at the nearest health centre or hospital.
 - It is also important for caregivers to take children for routine immunizations, vitamin A supplementation twice yearly, and growth monitoring until they are 5 years of age.
 - Women who are HIV positive can take their children for HIV testing at 6 weeks of age to learn if they are infected with HIV and begin to receive treatment and care.
9. Ask: How can we encourage families to take sick children to a health facility for treatment?

13. Feeding children when they are ill

1. Explain that when children are ill, it is important for them to eat properly. Ask: What are common beliefs and practices around feeding children who are ill? Are they encouraged to eat or not eat? Are there foods that should be given or not given?
2. Explain that it is important for children to eat more when they are ill and when they are recovering from an illness. Present the following:
 - Children who are ill may lose weight because they have little appetite or their families may believe that ill children cannot tolerate much food.
 - If a child is ill frequently, he or she may become malnourished, causing them to be at higher risk of more illness. Children recover more quickly from illness and lose less weight if they are helped to eat when they are ill.
 - Children who are fed well when healthy are less likely to lose weight when they are ill and more likely to recover faster. They are better protected.
 - Breastfed children are protected from many illnesses. Special care needs to be given to those who are not breastfed and who do not have this protection.
3. Ask: Why might a baby or young child feed less during illness? Refer to the participants' responses as you make these points:
 - The child does not feel hungry, or is weak and lethargic.
 - The child is vomiting, or the child's mouth or throat is sore.
 - The child has a respiratory infection, which makes eating and suckling more difficult.
 - Caregivers withhold food, thinking that this is best during illness.
 - There are no suitable foods available in the household.
 - The child is hard to feed and the caregiver is not patient.
 - Someone advises the mother to stop feeding or breastfeeding.
4. Ask: What can you do to make sure that children eat enough when they are ill? Ensure that the following are mentioned:
 - Encourage children to drink and eat during illness and provide extra food after illness to help them recover quickly.
 - The goal in feeding a child during and after illness is to help the child return to the growth he or she had before becoming ill.
 - Give small amounts frequently.
 - Give foods that the child likes.
 - Give a variety of nutrient-rich foods.
 - Encourage the mother to continue to breastfeed—often ill children breastfeed more frequently.
5. Ask: What can you do to make sure that children eat enough when they are recovering from an illness? Ensure that the following are mentioned:
 - Encourage the mother to breastfeed more often.
 - Feed an extra meal.
 - Give an extra amount.
 - Use extra rich foods.
 - Feed with extra patience and love.

- The child's appetite usually increases after the illness so it is important to continue to give extra attention to feeding after the illness.
 - This is a good time for families to give extra food so that lost weight is quickly regained.
 - Young children need extra food until they have regained all their lost weight and are growing at a healthy rate.
6. Ask: How can grandmothers be more supportive to their daughters-in-law in caring for their grandchildren when they fall ill? Encourage participants to discuss.

14. Mother-to-child transmission of HIV

1. Ask: When can HIV be transmitted from HIV-infected mothers to their children? Allow participants to answer. [Participants should mention: during pregnancy, during labour and delivery, and through breastfeeding.]
2. Ask: Do most children born to mothers who are HIV infected become infected with HIV themselves? Encourage participants to discuss.
3. Explain that even when women do not use services for prevention of mother-to-child transmission (PMTCT) of HIV, most children will not become infected. But because there are ways to reduce the risk of HIV transmission, it is important for all pregnant women to be tested so that if they are positive, they can learn how to reduce the risk of HIV transmission to their baby. Women who are negative need to protect themselves from HIV infection during pregnancy and breastfeeding.
4. Ask: Why do some babies who are born to HIV-infected women become infected with HIV while others do not? Encourage participants to discuss.
5. After participants discuss, present the following information:
 - Research has shown that there are many factors that can increase the risk that mothers will pass HIV to their babies. These factors include:
 - Recently infected or re-infected with HIV while pregnant or breastfeeding.
 - Being in labour for a long time.
 - The mother is very sick with HIV (the stage of her illness).
 - Mother has breast problems while breastfeeding, including cracked nipples, swollen breasts, or mastitis.
 - The baby has oral thrush or sores in his or her mouth.
 - The baby breastfeeds and receives other foods or liquids at the same time.
6. Ask: What can be done to help prevent or reduce the risk of an HIV-positive woman passing HIV to her baby? Encourage participants to discuss. They should mention the following:
 - All pregnant women and their partners should go for HIV testing and seek health care services if they are positive.
 - A woman who is positive should give birth in a health facility.
 - A woman who is positive should seek PMTCT services.
 - A woman who is positive should take antiretroviral drugs (ARVs) during labour and give ARVs to her baby when it is born.
 - A woman who is positive should talk with a health worker about how best to feed her baby safely.
 - A woman who is positive should sleep under an insecticide-treated net during pregnancy. These nets are available for all pregnant women for free or at a subsidised fee at the antenatal care (ANC) clinic.
7. Ask: How can grandmothers support women who are HIV positive and pregnant? Allow participants to discuss.

15. Infant feeding and HIV

1. Ask: Since we know that HIV can be passed through breast milk, how should HIV-positive women feed their babies? Encourage participants to share their thoughts.
2. Share the following information:
 - For most HIV-positive women in our communities, **exclusive** breastfeeding is the best way to feed their babies for the first 6 months, with continued breastfeeding through at least 12 months.
 - However, if in the first 6 months women breastfeed and give other foods or liquids (including water) at the same time, it makes the risk of HIV transmission and death from other illnesses much higher. This is called mixed feeding.
 - Although never breastfeeding can reduce the risk of HIV transmission, giving infant formula can double the number of children who become sick and die from other illnesses, such as pneumonia and diarrhoea. For this reason, exclusive breastfeeding for the first 6 months and continued breastfeeding through at least 12 months is the safest option for most women in our community.
 - We need to support HIV-positive women to exclusively breastfeed and be sure that people know about the dangers of giving other foods and liquids while breastfeeding before 6 months. At 6 months, HIV-positive mothers should introduce complementary foods and continue breastfeeding through 12 months. At 12 months, mothers should talk with a health worker again about how best to feed their babies and about whether stopping breastfeeding would be appropriate.
 - If, despite recommendations to exclusively breastfeed, mothers choose to feed their children using infant formula instead of breastfeeding, they should talk with a health worker to learn if this would be an appropriate option for them and how to do it safely.
3. Encourage participants to ask questions about any of the information presented above.
4. Ask: Why do you think mixed feeding is so dangerous? Why do you think giving formula is so dangerous?
5. Ask: How can grandmothers support HIV-positive women to exclusively breastfeed for 6 months? What services are available in our community to help women and families who are HIV positive?

16. Effective communication

1. Ask participants to think about communication in their own families. Explain that good communication is a quality of strong families, and it can help families make it through difficult times. However, it is during hard times, when family members need each others' support the most, that communication can be the most difficult. A family member who has a problem may find it difficult to ask someone else for help, or the person might think that he or she has to be happy and not worry the other family members. People can also be ashamed and worry that the other family members will be disappointed or angry if they learn of the problem. Elders in the household may have difficulty communicating with other family members. It is important to learn how to convey messages effectively.
2. Ask if anyone is willing to share an example from their family or a family of someone they know where not talking about a problem made it worse. Ask volunteers to describe who was involved, what the problem was, why the person did not talk about it, and what happened as a result of not talking about it. Allow participants to comment.
3. Ask if anyone has an example from their family or a family they know where someone with a problem shared it with another family member or the whole family and they were able to deal with the problem successfully. Allow participants to share.
4. Explain that families can change and improve the way they communicate. Ask if anyone has any advice for how to improve communication in their family.
5. Explain that it is not always easy to communicate well as a family. Improving family communication takes practice, and taking time to communicate is even more important than practicing new skills. A family can provide a safe place for its members to share feelings, thoughts, ideas, fears, dreams, and hopes. Try to find time to talk with each person alone, and together as a family. When you are busiest and most worried, it is especially important to plan a few minutes when everyone can be together. A few minutes spent at the end of the day just talking about how things have gone that day and planning for tomorrow can be a relief from stress. Be sure to save difficult problem-solving conversations for times when you are not tired.

17. Common infant feeding beliefs

1. Ask: What are common breastfeeding beliefs in our community that keep women and families from practicing? Discuss beliefs that affect breastfeeding practices. Participants may mention the following:
 - Mothers cannot eat certain foods when breastfeeding.
 - Colostrum should be discarded because it is not good for the newborn baby.
 - Mothers who are angry, scared, or stressed should not breastfeed.
 - Mothers who are sick should not breastfeed.
 - Mothers who are pregnant should not breastfeed.
 - Breast milk is not enough to meet a baby's needs for 6 months.
 - Every baby needs water, especially when it is hot.
 - Do not start breastfeeding until the milk comes in/lets down.
 - Babies who are given infant formula grow faster and are fatter and healthier than breastfed babies.
 - If mothers do not eat enough they cannot breastfeed.
 - Babies need more than breast milk, especially if they cry a lot.
 - If a baby is sick, s/he should stop breastfeeding.
 - Once breastfeeding is stopped, breastfeeding cannot be started again.
2. Ask participants to discuss each of the beliefs mentioned that can keep mothers and children from eating properly.

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