



HEALTH COMMUNICATION  
**MESSAGE GUIDE**

Reproductive,  
Maternal, Newborn and  
Child Health

2017



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Federal Democratic Republic of Ethiopia  
Ministry of Health



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The health sector in Ethiopia has made significant progress over the past years in reducing maternal and child mortality. However, the country still has long ways to go in order to meet the sustainable development goals as it relates to health in general and RMNCH in particular. RMNCH services have been expanded to reach different corners of the country although utilization of these services remained low. Health communication, thus, plays a vital role in improving the health status of mothers and children.

For maximum impact, health communication requires the concerted effort of different stakeholders including government agencies, donors, development and humanitarian partners, media houses, and health workers at different levels. Coordination among these stakeholders is key for impactful health communication interventions in such a way that accurate and timely content is transmitted via different channels of communication.

This National RMNCH Message Guide has been developed to support the Ethiopian government's and its partners' efforts to improve reproductive, maternal, newborn and child health across the country. It is a step forward to ensure that RMNCH messages are technically accurate and consistent across all communication channels. I encourage health providers, program implementers, media professionals and other stakeholders to use this guide in order to be sure that accurate, timely and reinforcing RMNCH messages are transmitted to communities and households..

The content in this guide has been generated through the participation of technical experts from the Federal Ministry of Health and its partners in line with the intervention priorities of the RMNCH Directorate. I would like to thank all partner organizations as well as the experts from the Ministry and partners who have contributed in making this guide possible.

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# Acronyms

|          |  |
|----------|--|
| ADA      | Agriculture Development Army   |
| ANC      | Antenatal Care   |
| ARV      | Antiretroviral   |
| DA       | Development Army   |
| DHS      | Demographic and Health Survey  |
| ECD      | Early Childhood Development  |
| EID      | Early Infant Diagnosis   |
| FANC     | Focused Antenatal Care   |
| FGM      | Female Genital Mutilation  |
| FHC      | Family Health Card   |
| FHG      | Family Health Guide  |
| FMoH     | Federal Ministry of Health   |
| FP       | Family Planning  |
| GALIDRAA | Greet, Ask, Listen, Identify, Discuss, Recommend, Agree, and Appoint |
| HCP      | Healthcare Professional  |
| HDA      | Health Development Army  |
| HEI      | HIV-exposed infant   |
| HEW      | Health Extension Worker  |
| Hib      | Haemophilus Influenza Type B   |
| HIV      | Human Immunodeficiency Virus   |
| HO       | Health Officer   |
| HW       | Health worker  |

|        |   |
|--------|---|
| IPC    | Interpersonal Communication                               |
| IPTp   | Intermittent Preventive Treatment of malaria in pregnancy |
| ITN    | Insecticide-treated Bed Net                               |
| LAPMs  | Long-acting and Permanent Methods                         |
| MNCH   | Maternal, Newborn, and Child Health                       |
| MoE    | Ministry of Education                                     |
| MoWA   | Ministry of Women's Affairs                               |
| PCV 14 | Pneumococcal Conjugate Vaccine                            |
| PHCU   | Primary Health Care Unit                                  |
| PM     | Pregnant Mothers  |
| PMTCT  | Preventing Mother-To-Child Transmission                   |
| PNC    | Postnatal Care  |
| PPFP   | Postpartum Family Planning                                |
| RHB    | Regional Health Bureau                                    |
| RMNCH  | Reproductive, Maternal, Newborn, and Child Health         |
| RV1    | Rotavirus Vaccine   |
| SBC    | Skilled Birth Attendant                                   |
| SRH    | Sexual and Reproductive Health                            |
| STI    | Sexually Transmitted Infections                           |
| TBA    | Traditional Birth Attendants                              |
| WDA    | Women's Development Army                                  |

Health communication is most effective when consistent messages are communicated to similar audiences through multiple channels. A standard set of core messages should be developed for use by health communicators to ensure consistency across the country. To that end, the Federal Ministry of Health (FMOH), Regional Health Bureaus, and other stakeholders have begun coordinating health communication efforts to ensure delivery of consistent messages to communities across different health areas. This document provides standard core messages for reproductive, maternal, newborn, and child health (RMNCH).

Health communication practitioners can use these core messages by adapting them to the channels being used and their respective contexts. Communication on these core messages should incorporate key benefits. These benefits depend on the psychographic, cultural and demographic context of their audiences.

The core messages were developed through a consultative process that began with a workshop held June 6 to 8, 2016, involving the Maternal, Newborn and Child Health Directorate and the Health Education Case Team of the FMOH as well as partners working in the relevant health areas. Several subsequent meetings were held

with partners to analyze the core messages. The core messages that are included in the resultant documents relate to

1. Maternal Health,
2. Preventing Mother-To-Child Transmission (PMTCT),
3. Family Planning,
4. Newborn and Child Health,
5. Immunization, And
6. Nutrition.

The process of developing the core messages began with setting a shared vision for RMNCH, reviewing the current situation, identifying and prioritizing health problems, identifying root causes, identifying audiences based on the root causes, and, finally, developing the core messages for each of the identified audiences. The core messages should be revisited and, if necessary, revised every two years to reflect the progress made or other changes.

## Purpose of the Guide

This RMNCH message guide is intended to serve as a reference for health communication interventions in order to reduce the use of confusing or conflicting messages from various sources. All health communication practitioners working in RMNCH in Ethiopia are expected to adhere to the core messages provided in this guide.

At the end of the guide are annexed summary tables where barriers, recommended behaviors, audiences, and list of core messages.

## Methodology

The workshop was designed to ensure every activity was engaging and participatory and to expand on work that had been done previously. Both the Health Promotion and Communication and the technical Maternal Health, Newborn and Child Health (MNCH) case teams in the Ministry played a significant role in designing and facilitating the workshop activities. Six working groups—based on the MNCH, PMTCT, nutrition, immunization, and family planning case teams—reviewed each of the group outputs to finalize the core messages. Feedback from group work presentations were considered and incorporated accordingly throughout the process. The workshop ultimately produced a summary of health problems, priority levels, recommended behaviors, root causes (barriers), audiences, and respective core messages/message content for each of the health areas.

Establishing a shared vision was the first essential exercise. This engaging exercise enabled participants to express what they wanted to see in the community. The majority of envisioned goals were similar in every



group. With this foundation, participants could understand the current situation in terms of knowledge, attitudes, and practices across the six health areas based on presentations by each case team in the MNCH directorate. A literature review conducted by the Johns Hopkins Center for Communication Programs was presented, which helped participants clearly identify the recommended behaviors according to the health problems.

The second main activity of the workshop was prioritizing the health problems in each health area. Each group held in-depth discussions until they reached a consensus on which health areas should have a higher priority than others. Because messages delivered to similar members of the community must be harmonized, a review of the current situation was essential. Data on the current situation were compiled and presented by each of the case teams.

A matrix was used to rank health problems as high, medium, and low priority based on their importance within columns representing specific factors—magnitude, severity, feasibility, and community readiness, government priority. Consequently, problems could be compared and prioritized based on their overall rank.

Once recommended behaviors for the prioritized issues were identified, the root causes hindering individuals, the community, or health workers from benefiting from the healthy practices were precisely characterized. Root causes of the health problems that can be solved with communication interventions were then highlighted as barriers or communication problems. Audiences for the recommended behaviors were identified to help tailor messages delivered through the interventions.

## Working Definitions

**Core Messages** are generic messages that help advance recommended behaviors for solving health problems. Core messages relate to actions by a specific group (audience) that would help address root causes of a health problem.

**Key Messages** are specific core messages that include key benefits for the intended audiences. The key messages explain why the audience should practice the recommended behaviors.

**Barriers or Communication Problems** are root causes that health communication interventions can and should address. Communication problems can be root causes of a specific prioritized health problem.

## Using the Core Messages

The core messages provided in this guide are generic and designed to be tailored to specific audiences. The messages must be presented in a manner that appeals to and resonates with the intended audiences. To do so, health communication practitioners must assess the demographic, cultural, and psychosocial characteristics of the specific audiences they aim to reach. The key messages should then be developed based on the findings of the formative assessment.

The key messages can be targeted to the intended audiences through different channels, including interpersonal communication. If communication material(s) need to be developed, the creative concept should be developed with input from relevant communication professionals.

NOTE: Refer to the Health Communication Material Development Guide for detailed information on developing health communication materials.

## Summary

Maternal health refers to the health of women during pregnancy, childbirth, and the postpartum period. Ethiopia has high maternal, newborn, and infant mortality, although these rates have declined over the past two decades. Because mothers play a central role in the household, improving maternal health is a key priority and an important indicator of progress. For continued improvement related to maternal health, health workers, pregnant women, traditional birth attendants, and close relatives must take significant action and follow recommended behaviors. In general, ensuring that pregnant women receive antenatal care (ANC) from trained health workers, deliver in health facilities with assistance, and receive postnatal care (PNC) from a skilled health worker will be crucial to significantly reducing maternal, newborn, and infant morbidity and mortality.

### Priority Issues

- Early initiation of ANC visits and follow-ups
- Focused ANC (FANC) uptake
- Skilled attendance at birth
- PNC uptake
- Lack of effective communication on FANC due to poor interpersonal communication (IPC) skills of the health workers

### Recommended Behaviors for Prioritized Issues

- The first ANC visit should occur before 16 weeks.
- A minimum of four ANC visits is required.
- Every delivery should be attended by a skilled birth attendant.
- All new mothers and their newborns should attend four PNC visits.
- Early discharge of mothers and newborns before 24 hours should be delayed.
- Mothers and newborns should not be discharged before 24 hours.

### Barriers

- Socio-cultural influences on women to reveal pregnancy early
- Lack of knowledge on the importance of early ANC, Skilled Birth Attendant (SBA), and PNC visits and services among pregnant women
- Women's perception that every ANC visit offers the same services
- Lack of husband or partner involvement
- Lack of motivation among health workers and inadequate up-to-date technical skills
- Women's previous risk-free pregnancy or home delivery experience
- Lack of effective communication on FANC due to poor IPC skills of health workers

## Core Messages

### To Health Workers

- Talk to pregnant women and their families in a compassionate and respectful way.
- Communicate about FANC and its importance during all her visits.
- Provide respectful and culturally sensitive maternity care.
- Adhere to the FANC protocol/guideline.
- Follow the GALIDRA ( Greet, Ask, Listen, Identify, Discuss, Recommend, Agree and Appoint) when interacting with clients and their families.
- Create home-like environments in facilities.
- Involve boys, men, and in-laws in ANC.

### To Pregnant Women

- As soon as you miss your period, visit a health facility and check if you are pregnant.
- Reveal your pregnancy to your family and health workers.
- Visit the health institution for ANC visits as soon as you know you are pregnant.
- Follow your ANC visits because not all visits are the same.
- Attending a minimum of four ANC visits is crucial for you and your baby.
- Seek support from your husband or partner, mother-in-law, or other members of your family.

### To Traditional Birth Attendants, Partners and Relatives

- Encourage and support pregnant women to go to health facilities for ANC follow-up.
- Bring laboring mothers to health facilities.
- Encourage facility births.

### To Decision Makers

- Mobilize resources to increase the availability of transport services for new mothers, both to and from the health facilities.
- Continuously give refresher trainings on delivering effective maternal health services.
- Ensure compassionate and respectful care for pregnant women and new mothers.

**Table 1:**

*Specific Core Messages per Audience for Communication Problems Related to Maternal Health*

| Behavioral Problem   | Priority | Recommended Behavior                      | Communication Problems                                      | Audience                       | Core Messages   |
|--|----------|---|---|--------------------------------|---|
| Low first early Antenatal Care (ANC) (<16 weeks) follow-up and at least four FANC (Focussed Antinatal Natal Care) uptake | High     | First ANC visit should be before 16 weeks | Socio-cultural influence on women to reveal pregnancy early | Pregnant women (primary)       | <p>Go and check for your pregnancy if you miss your period; the test is free.</p> <p>Reveal your pregnancy as soon as you know. Revealing your pregnancy helps you get support from your husband, family and HEW.</p> <p>Plan to attend pregnant women’s conference.</p>                        |
|  |          |   |   | Husband or partner (secondary) | <p>Encourage your wife or partner to reveal her pregnancy and support her in seeking ANC.</p> <p>Support your wife, openly discuss if she misses a period and motivate her to go to a health facility for pregnancy check.</p> <p>Motivate your wife to attend pregnant women’s conference.</p> |
|  |          |   |   | Mother-in-Laws                 | <p>Encourage your daughter-in-law to reveal her pregnancy. Encourage her to go to a health facility for early ANC.</p> <p>Support your daughter-in-law with household chores, while she goes to a health facility for ANC and attends a pregnant women’s conference.</p>                        |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems   | Audience                             | Core Messages  |
|--------------------|----------|----------------------|--|--------------------------------------|--|
|                    |          |                      | Lack of knowledge on the importance of early ANC visits among pregnant women | Pregnant women (primary)             | <p>Early ANC visit has many benefits for both you and your baby.</p> <p>Make time to attend a pregnant women's conference.</p> <p>Go and visit a health facility for for ANC; you will get the following services:</p> <ul style="list-style-type: none"> <li>• Identification of pregnancy and examination of you and your expected child</li> <li>• Recognition and management of pregnancy-related complications, particularly pre-eclampsia</li> <li>• Recognition and treatment of underlying or concurrent illnesses</li> <li>• Screening for conditions and diseases such as anemia, STIs (particularly syphilis), HIV infection, mental health problems, and/or symptoms of stress or domestic violence</li> <li>• Preventive measures, including tetanus toxoid immunization, deworming, iron and folic acid supplementation, intermittent preventive treatment of malaria in pregnancy (IPTp), insecticide-treated bed nets (ITN)</li> <li>• Advice and support for you and your family for developing healthy home behaviors and birth and emergency preparedness</li> </ul> <p>The earlier you start ANC follow-up, the safer your pregnancy and delivery will be.</p> <p>Early ANC visits help you identify danger signs during pregnancy, delivery and postdelivery.</p> <p>ANC services are free of charge.</p> |
|                    |          |                      |  | Health providers HAD/HEW (secondary) | Inform pregnant women of the importance of early ANC and the risks associated with late ANC and fewer than four ANC visits.  |

| Behavioral Problem | Priority | Recommended Behavior   | Communication Problems  | Audience                               | Core Messages  |   |
|--------------------|----------|--|---|--|--|---|
|                    |          |  | Lack of male involvement  | Husbands (primary)                     | Support your pregnant wife or partner in starting early ANC visits before 16 weeks.<br><br>Accompany your wife or partner when she visits a health facility for ANC services.<br><br>Your pregnant wife or partner needs support for household chores. |   |
|                    |          |  |   | Pregnant women (secondary)             | Do not be shy or afraid to openly discuss your pregnancy with your husband or partner.<br><br>Seek support from him and your family during your pregnancy.   |   |
|                    |          |  | Lack of effective communication about FANC due to poor IPC skills | Health providers, HDAs, HEWs (primary) | Adhere to GALIDRAA whenever you communicate with pregnant women to persuade them to start early ANC and to convey its importance.  |   |
|                    |          | Complete at least four ANC visits, minimum of four ANC visits required | Lack of male involvement  | Husbands (primary)                     | Husbands (primary)   | Support your pregnant wife or partner in completing at least four ANC visits.<br><br>Accompany her when she visits a health facility for ANC services.<br><br>If transport is an issue, allow her to spend money for transport to get ANC services.<br><br>Your pregnant wife or partner needs support with household chores. |
|                    |          |  |   |  | Pregnant women (secondary)   | Do not be shy or afraid to openly discuss with your husband or partner the need for visiting a health facility for ANC services.<br><br>Seek support from your husband or partner and your family during your pregnancy, including when you want to visit a health facility for ANC services.                                 |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems  | Audience                                 | Core Messages  |
|--------------------|----------|----------------------|---|--|--|
|                    |          |                      | Perception among pregnant women that all ANC visits provide the same information and services | Pregnant women (primary)                 | <p>Completing at least four ANC visits reduces the risks associated with pregnancy and childbirth.</p> <p>Services you receive from health facilities during your ANC visits are not all the same from one visit to the next.</p> <p>During each ANC visit you will get information and the advice and service essential for both your health and your baby's health.</p> <p>Based on the changes in you and in your baby's development, the information, advice and services you receive vary; therefore, you always have to go and visit a facility for your appointment.</p> <p>You have to obtain your ANC service until you deliver at the facility.</p> <p>Talk to your nearby HAD or HEW about anything related to your pregnancy, whenever you feel you do not want to go to a facility for ANC.</p> <p>Attend a pregnant women's conference and actively participate by asking questions and sharing your experiences with others.</p> <p>You always have to come on your appointed day or any time you feel you need to talk to a health provider.</p> |
|                    |          |                      |   | Health providers, HADs, HEWs (secondary) | <p>When you set an appointment date for the next visit, explain the importance of coming and not missing the next visit.</p> <p>During the first visit, explain and make pregnant women understand the importance of completing all ANC visits.</p> <p>Help pregnant women understand that past risk-free pregnancies and deliveries do not provide any current guarantees.</p>  |

| Behavioral Problem               | Priority | Recommended Behavior                     | Communication Problems  | Audience                   | Core Messages   |
|----------------------------------|----------|--|---|----------------------------|---|
|                                  |          |  | Women's previous risk-free pregnancy and home delivery experience                     | Pregnant mothers (primary) | <p>Every pregnancy has risks.</p> <p>Completing at least four ANC visits essentially reduces the risks associated with pregnancy.</p> <p>A previous risk-free pregnancy or delivery does not guarantee no risk in the current pregnancy.</p>  |
|                                  |          |  |   | HDA, HEWs (primary)        | Adhere to GALIDRAA whenever you communicate with pregnant women about the importance of completing at least four ANC visits and how every pregnancy has its own risk, so each ANC visit counts.   |
| Low-skill birth attendants (SBA) | High     | Every delivery should be attended by SBA | Lack of knowledge on the importance of health facility delivery among pregnant women. | Pregnant women (primary)   | <p>Delivering at the institution is important both for you and for your baby's health:</p> <ul style="list-style-type: none"> <li>• Clean and safe delivery</li> <li>• Routine infection-prevention practices</li> <li>• Hygienic cutting and tying of the cord</li> <li>• Timely recognition and referral of danger signs for mother and newborn, for instance, <ul style="list-style-type: none"> <li>• If her water breaks, but she is not in labor after 6 hours</li> <li>• Labor pains continue for more than 12 hours</li> <li>• Heavy bleeding</li> <li>• Placenta not expelled 1 hour after birth of baby</li> <li>• Difficulty breathing (no cry at birth)</li> <li>• Not able to feed</li> <li>• Fever or feels cold</li> <li>• Very small or underweight</li> <li>• Fits or convulsions</li> <li>• Excessive bleeding</li> </ul> </li> </ul> |



| Behavioral Problem | Priority | Recommended Behavior | Communication Problems   | Audience                     | Core Messages   |
|--------------------|----------|----------------------|--|------------------------------|---|
|                    |          |                      | Lack of male involvement   | Husbands (primary)           | <p>You may save your wife's and your baby's lives if your wife delivers at the health facility.</p> <p>Support your pregnant wife or partner in delivering at the health facility, help her in preparations for birth and emergency.<br/>Accompany your wife when she wants to go a facility for delivery.</p> <p>If transport is an issue, be prepared ahead of the day, look at all possible options, including sending your wife to maternity waiting centers.</p> <p>Be responsible in supporting your family with household chores during the time your wife goes to the waiting rooms for delivery.</p> |
|                    |          |                      |  | Pregnant women (secondary)   | <p>Do not be shy or afraid to openly discuss with your husband or partner your need to visit the health facility for a facility delivery.</p> <p>Seek support from your husband or partner and your family during your stay in the maternity room for delivery.</p>   |
|                    |          |                      | Lack of transport to return women to their homes                     | Decision makers              | Mobilize resources to obtain ambulances for mothers giving birth to bring them to the health facility to and take them back home after delivery.  |
|                    |          |                      | Women's previous risk-free home delivery experience                  | Pregnant mothers (primary)   | <p>Every delivery has risks of complications during delivery.</p> <p>Delivering at the health facility is essential for both your health and your baby's health.</p> <p>A previous risk-free delivery does not guarantee no risk in the current pregnancy.</p>  |
|                    |          |                      | Lack of effective communication, poor IPC skills of health providers | Health providers, HDAs, HEWs | Adhere to GALIDRAA whenever you communicate with pregnant women about the importance of delivering at the health facility, both for the mothers' and the babies' health.  |
|                    |          |                      |  |                              |   |

| Behavioral Problem               | Priority | Recommended Behavior  | Communication Problems   | Audience                             | Core Messages  |
|----------------------------------|----------|---|--|--------------------------------------|--|
| Low Post Natal Care (PNC) uptake | High     | All mothers should attend four PNC visits with their newborns (this may be subject to an updated frequency)/all PNC visits. | Seclusion of mothers, traditional practices that influence women to not leave their homes for PNC services | Mothers (primary)                    | <p>Go to a health facility for all PNC services; it is essential for both your health and your newborn's health.</p> <p>Be open and discuss the reasons why you do not want to go to a health facility for PNC services.</p> <p>Seek support from your husband or partner, family and the HEWs/ HDAs to visit a facility for PNC services.</p> |
|                                  |          |   |  | Husbands, mother-in-laws (secondary) | <p>Support and encourage you wife to go to a health facility for PNC services.</p> <p>Provide all the necessary services for your daughter-in-law, so that she will visit a health facility for PNC services.</p>  |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems                                   | Audience | Core Messages  |
|--------------------|----------|----------------------|--|----------|--|
|                    |          |                      | Lack of awareness of the importance of PNC among mothers | Mothers  | <p>PNC is essential for both you and your newborn; that is,</p> <ul style="list-style-type: none"> <li>• Both you and your newborn will be assessed and checked for bleeding and fever</li> <li>• You will get support for breastfeeding, examination of your breasts to prevent mastitis</li> <li>• Services to manage anemia, advice and promotion of nutrition and insecticide-treated bednets, vitamin A supplementation</li> <li>• Complete tetanus toxoid immunization, if required</li> <li>• Provision of counseling and a range of options for family planning</li> <li>• Referral for complications such as bleeding, infections or postnatal depression</li> <li>• Counseling on danger signs and home care</li> </ul> <p>Be aware of the danger signs that might happen to either you or your newborn.</p> <p>When you follow up for complete PNC, your newborn will benefit; that is,</p> <ul style="list-style-type: none"> <li>• Assessment for danger signs, measurement and recording of weight, and check of temperature and feeding</li> <li>• Support for optimal feeding practices, particularly exclusive breastfeeding</li> <li>• Promotion of hygiene and good skin, eye and cord care</li> <li>• If prophylactic eye care is local policy and has not been given, it is still effective until 12 hours after birth</li> </ul> <p>Clean, dry cord care, identify superficial skin infections (e.g., pus draining from umbilicus, redness extending from umbilicus to skin, more than 10 skin pustules, and swelling, redness, and hardness of skin), and treat or refer if the baby has danger signs i.e</p> <ul style="list-style-type: none"> <li>• Ensure warmth by delaying the baby's first bath to after the first 24 hours, practicing skin-to-skin care, and putting a hat on the baby</li> <li>• Encourage and facilitate birth registration</li> <li>• Refer for routine immunizations</li> <li>• Counsel on danger signs and home care</li> </ul> |

| Behavioral Problem | Priority | Recommended Behavior   | Communication Problems   | Audience                          | Core Messages   |
|--------------------|----------|--|--|-----------------------------------|---|
|                    |          |  | Lack of effective communication, poor IPC skills of health providers | Health providers, HEWs, HDAs      | Educate mothers and their families about the signs of danger that could happen to mothers and their newborns.   |
|                    |          | Delay of early discharge of mothers and newborns before 24 hours | Lack of women-friendly, home-like environment at the health facility | Decision makers, health providers | <p>Ensure women-friendly and home-like waiting rooms are available and accessible in the facility.</p> <p>The more home-like the environment (according to the existing cultures) in the facility, the more women and their families will feeling comfortable and prefer to stay.</p> |
|                    |          |  | Limited waiting room for PNC   | Decision makers, health providers | <p>Proportional number of waiting rooms increases the likelihood of mothers staying in the facility.</p> <p>Mobilize resources and expand the number of waiting rooms with necessary equipment.</p>   |

## Summary

PMTCT is a critical and closely tracked health area. Given the preventable nature of HIV transmission, health workers and lactating mothers and couples living with HIV must take necessary steps to lower incidence rates in newborns and infants.

### Priority Issues

- Uptake of antiretroviral (ARVs) for pregnant and lactating women living with HIV
- Uptake of ARV prophylaxis for HIV-exposed infants
- Uptake of early infant diagnosis (EID) and follow-up of HIV-exposed infants
- Partner testing

### Recommended Behaviors for Prioritized Issues

- Pregnant and lactating women living with HIV should take ARVs.
- HIV-exposed infants should be given ARV prophylaxis.
- HIV-exposed infants should be tested for HIV as early as 6 to 8 weeks.
- Partners should test for HIV together.

### Barriers

- Low awareness on the risks of HIV and importance of ARVs
- Fear of stigma and partner rejection
- Low awareness of the benefits of EID and benefits of ARVs
- Low awareness of the importance of partner testing
- Lack of IPC skills of health workers

## Core Messages

### For Pregnant Women and Lactating Mothers Living with HIV

- HIV-exposed infants should take prophylaxis to prevent mother-to-child HIV transmission.
- Bring your husband or partner to ANC visits too.
- Test for HIV with your husband or partner during an ANC visit.
- HIV can be transmitted from mothers to their children during pregnancy, labor and delivery, and breastfeeding.
- Infants born to HIV-positive mothers should be exclusively breastfed for the first six months of life.
- Prophylaxis is lifesaving, and the drug is safe for children.
- Caring for the infants and providing prophylaxis are responsibilities of both the mother and the father.

### For Health Workers

- Link mothers living with HIV and their exposed infants to PMTCT services.
- Giving prophylaxis to newborn infants significantly reduces the chance of mother-to-child HIV transmission.
- Prophylaxis is lifesaving.
- Prophylaxis is safe for children.
- Adhere to GALIDRAA whenever you talk to women and families who come for services.

### **For Religious Leaders**

- “Stigma and discrimination should be addressed because it may hamper HIV control efforts.”
- HIV cannot be transmitted through eating together, shaking hands, or hugging.
- Pregnant women should be tested for HIV during antenatal follow-up with their husband or partner.
- HIV can be transmitted from mothers to their child during pregnancy, labor and delivery, and breastfeeding.
- Taking ARVs can significantly reduce mother-to-child HIV transmission.
- Encourage your constituencies to seek ANC/PMTCT services.
- Encourage pregnant women and lactating mothers living with HIV to take ARVs and to continue follow-up.

### **For Mother-in-laws**

- HIV can be transmitted from mothers to their children during pregnancy, labor and delivery, and breastfeeding
- HIV-exposed infants should be given prophylaxis to prevent opportunistic infections.
- The prophylaxis is lifesaving, and the drugs are safe for children.

### **For Husbands and Partners**

- Husbands and partners should be tested for HIV, especially during antenatal follow-up of their wives.
- Untreated fathers living with HIV have a high chance of transmitting HIV to the newborn.
- Testing parents for HIV during pregnancy helps to prevent HIV transmission to the newborn.
- HIV can be transmitted from mothers to their children during pregnancy, labor and delivery, and breastfeeding.
- Taking ARVs can significantly reduce mother-to-child HIV transmission.

**Table 2:**

*Specific Core Messages per Audience for Communication Problems Related to PMTCT*

| Behavioral Problem   | Priority | Recommended Behavior   | Communication Problems  | Audience   | Core Message  |
|--|----------|--|---|--|---|
| Low uptake of ARVs for HIV-positive pregnant and lactating women | High     | Pregnant and lactating women with HIV infection should take ARVs | Poor knowledge about HIV and ARVs<br><br>Fear of stigma<br>Fear of partner rejection<br>Religious beliefs | Pregnant and lactating women and their partners                            | Pregnant women and their partners should be tested for HIV during antenatal follow-up.<br><br>HIV can be transmitted from mother to child during pregnancy, labor and delivery and breastfeeding<br><br>Mother-to-child HIV transmission can be significantly reduced by taking ARVs  |
|  |          |  |   | Pregnant women and lactating mothers with HIV infection and their partners | HIV can be transmitted from mothers to their children during pregnancy, labor and delivery, and breastfeeding<br><br>Using condom during sex can reduce the risk of HIV transmission to the child by reducing the viral load in the mother<br><br>Mother-to-child HIV transmission can be significantly reduced by taking ARVs<br><br>ARVs are lifesaving, serious side effects are not common, and they can be managed through proper follow-up<br><br>Once started, ARVs should not be discontinued |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems | Audience          | Core Message  |
|--------------------|----------|----------------------|------------------------|-------------------|---|
|                    |          |                      |                        | WDAs leaders      | <p>Stigma and discrimination should be avoided because they may hamper HIV control efforts</p> <p>HIV cannot be transmitted through eating together, shaking hands, or hugging</p> <p>Pregnant women should be tested for HIV during antenatal follow-up with their husband or partner</p> <p>HIV can be transmitted from mothers to their children during pregnancy, labor and delivery, and breastfeeding</p> <p>Mother-to-child HIV transmission can be significantly reduced by taking ARVs</p> <p>Encourage pregnant women and lactating mothers with HIV infection to take ARVs and to continue follow-up.</p>  |
|                    |          |                      |                        | Religious leaders | <p>Stigma and discrimination should be avoided because they may hamper HIV control efforts</p> <p>HIV cannot be transmitted through eating together, shaking hands, or hugging</p> <p>Pregnant women should be tested for HIV during antenatal follow-up with their husband or partner</p> <p>HIV can be transmitted from mothers to their children during pregnancy, labor and delivery and breastfeeding</p> <p>Mother-to-child HIV transmission can be significantly reduced by taking ARVs</p> <p>Encourage your constituencies to seek ANC/PMTCT services</p> <p>Encourage pregnant women and lactating mothers with HIV infection to take ARVs and to continue follow-up.</p> |



| Behavioral Problem  | Priority | Recommended Behavior  | Communication Problems  | Audience   | Core Message   |
|---|----------|---|---|--|--|
| Low uptake of ARV prophylaxis for HIV-exposed infants (HEIs)          | High     | HEIs should take ARV prophylaxis  | Low awareness on the benefits of ARV prophylaxis for HEIs     | Pregnant and lactating women with HIV infection and their partners | <p>HEIs should be given prophylaxis to prevent mother-to-child HIV transmission</p> <p>HIV can be transmitted from mothers to their children during pregnancy, labor and delivery, and breastfeeding</p> <p>Mother-to-child HIV transmission can be significantly reduced by giving prophylaxis to the newborn</p> <p>Infants born to mothers with HIV infection should be exclusively breastfed till 6 months of life</p> <p>Prophylaxis is lifesaving, and the drugs are safe in children</p> <p>Caring for the infants and providing prophylaxis are the responsibilities of both the mother and the father</p> |
| Low uptake of early infant diagnosis (EID) and poor follow-up of HEIs | High     | More than 90% of HEIs should be tested for HIV as early as 6 to 8 weeks | Low awareness on the benefits of early infant diagnosis (EID) | Lactating mothers with HIV infection and their partners            | <p>EID helps to save lives of HEIs</p> <p>Infants born to parents with HIV infection should receive follow-up care and prophylaxis for opportunistic infections</p>  |
|   |          |   |   | Mother-in-laws (mothers with HIV infection)                        | <p>EID helps to save lives of HEIs</p> <p>HIV can be transmitted from mothers to their children during pregnancy, labor and delivery, and breastfeeding</p> <p>HEIs should be given prophylaxis to prevent opportunistic infections</p> <p>The prophylaxis is lifesaving, and the drug is safe for children</p>  |
|   |          |   |   | Health professionals and HEWs                                      | <p>Use missed opportunities and link mothers with HIV infection and their HEIs to PMTCT services</p>   |

| Behavioral Problem  | Priority | Recommended Behavior                                     | Communication Problems   | Audience             | Core Message   |
|---------------------|----------|--|--|----------------------|--|
| Low partner testing | Medium   | Individuals should be tested for HIV with their partners | Lack of interpersonal communication skills of HCWs, lack of awareness of husbands on the importance of testing | Health care provider | Follow the GALIDRAA technique when counseling couples.   |
|                     |          |  |  | Pregnant women       | A husband's or partner's HIV status should be known to prevent mother-to-child transmission of HIV<br>Test for HIV with your partner during an ANC visit   |
|                     |          |  |  | Husbands             | Husbands and partners should be tested for HIV, especially during antenatal follow-up of their wives or partners<br>Fathers with untreated HIV infection have a high chance of transmitting HIV to the newborn<br>Parents' HIV testing during pregnancy helps to prevent HIV transmission to the newborn<br>HIV can be transmitted from mothers to their children during pregnancy, labor and delivery, and breastfeeding<br>Mother-to-child HIV transmission can be significantly reduced by taking ARVs. |

## Summary

Newborn and child health refers to the health of the child from birth through five years of age. The PNC rate and care-seeking behavior are important indicators for this population. For meaningful improvement in this health area, recommended behaviors require action from multiple parties: mothers, fathers, mother-in-laws, HEWs, and traditional and spiritual leaders. Policy-level actors also have a role to play in improving the health of newborns and children.

### Priority Issues

- Integrated early childhood development
- Awareness and interest in PNC and infant and newborn care
- Quality of care for newborns and children
- Household practices for newborns and children (care-seeking preference for traditional treatments, which can have fatal risks)
- Recommended behaviors for prioritized issues
- Immediate notification of HEWs about new births and provision of quality PNC
- Early PNC to save lives regardless of where the birth took place, including at home
- Timely health care for sick newborns and children
- Understanding and practice of proper household care for newborns

- Fathers' involvement in child care and household chores

### Barriers

- With low male involvement and limited support in household, overworked mothers do not seek or cannot make decisions on household resources.
- Services are not promoted and households receive limited information on service availability at health posts and health centers.
- A preference exists for care from traditional service providers. Family members and peers influence mothers to conform to traditional practices related to newborn and childcare such as Hamechisa, Holy Water, etc.
- Newborn death is considered highly likely and not preventable, and households link newborn illnesses with supernatural factors.
- Mothers and newborns are secluded during the immediate postpartum period, often until a spiritual leader ordains that the mother and child are fit to leave the house or room.
- The presence of unhealthy household practices for newborns, such as bathing within 24 hours after birth, applying substances to the umbilical cord, and so forth.

- Mothers do not know about the benefits of PNC and are often unable to recognize illnesses and danger signs.
- HEWs and health workers are not notified of births in a timely way for several reasons. In particular, mothers who deliver at home do not notify health-service providers for fear they will not be receptive to them.
- PNC services focus only on the mother and often neglect the newborn. The service is also not prioritized by leadership at kebeles and woreda levels because there is no impact.
- HEWs demonstrate low use of job aids and tools.

## Core Messages

### To Mothers, Caregivers, Mother-in-laws, and Grandmothers

- Newborn illnesses that are traditionally known as mich, berd, likift, diarrhea and so forth are signs of serious but treatable illnesses. Leaving the house does not cause these illnesses; infections cause them.
- Shivering, unconsciousness, refusal to breastfeed, breathing difficulty, umbilical cord bleeding or infection, and fever are signs of life-threatening danger in the

newborn. These symptoms are treatable. If you notice any of them, seek treatment immediately.

- Mothers and newborns should stay in an adequately lit and ventilated room that allows observation of a newborn for danger signs.
- Allow health care providers to assess your newborn for danger signs.
- Demand that HEWs provide PNC services to mother and newborn on days 1, 3 and 7 and at 6 weeks.
- Newborn and child illnesses can be treated effectively at the health post and health center. Treatment at health posts is free, and treatment at health centers is affordable. Choose health posts and health centers for treatment of newborns and children. Encourage other parents and friends to also seek treatment for newborn and child illnesses from health facilities rather than from traditional healers.
- Healthful household practices are critical to the well-being of your newborn and any other children. You should make sure your hands are clean every time you come in contact with your baby, make sure that the baby's body heat is preserved, and exclusively breastfeed for the first six months. You should not put any foreign substance on the umbilical cord or bathe

the baby within 24 hours after birth, and you should refrain from harmful practices such as uvulectomy.

### To HEWs/HDAs

- Inform or educate parents about signs and symptoms of newborn and child illnesses and encourage them to seek health services immediately if they observe such signs and symptoms.
- Make sure your constituencies know about sick newborn and child health services and their effectiveness, and ensure that they know the services are free (at the health post) or affordable (at the health center).
- Recognize or reward traditional and spiritual healers who promote services and refer clients to health facilities.
- PNC is important even if delivery was safe and especially if the delivery occurred at home.

### To Men

- Caring for newborns and children is the responsibility of both parents.
- Support your wife in seeking treatment services for your children by encouraging her, making resources available and sharing household responsibility.
- Be role models for men in your community.

### **To Religious and Traditional Leaders**

- Newborn and child illnesses can be treated effectively at the health post for free and the health center at affordable fees. Refer and encourage clients to receive care from health facilities.
- Prompt men to support their wives in seeking treatment for their children.
- Encourage fathers to be more involved in child care.
- Be role models for men in your community. Do what is recommended for fathers yourselves.

### **To Policy and Decision-Makers**

- PNC is a critical intervention for maternal and newborn health, ensure inclusion of PNC among the key health indicators' list.
- Make sure Kebele administrations and Woreda Health Office's include PNC in their key health indicators list.
- Encourage families to seek care for sick newborns and children.
- Work with Development Agents and Men's Development Army to encourage the role of men in childcare.

### Table 3:

*Specific Core Messages per Audience for Communication Problems Related to Newborn and Child Health*

| Behavioral Problem                              | Priority | Recommended Behavior                                      | Communication Problems                     | Audience   | Core Messages   |
|---|----------|---|--|--|---|
| Low care seeking for sick newborns and children | High     | Timely health care seeking for sick newborns and children | Unable to recognize illnesses/danger signs | Mothers (caregivers), fathers, mother-in-laws/grandmothers | <p>These are the danger signs that threaten the life of the newborn but are treatable. If you notice any of these signs, seek treatment immediately. Shivering, body and/or eyes turning yellow, unconsciousness, refusal to breastfeed, difficulty to breath or irregular breathing, bleeding or infection around the umbilical cord, fever, coldness.</p> <p>Newborn illnesses that are traditionally known as mich, berd, likift, diarrhea, and so forth are signs of serious but treatable illnesses. They are not caused by leaving the house but by infections.</p> <p>These are the danger signs that threaten the life of the child but are treatable. If you notice any of these signs seek medical service immediately. Vomiting, refusal to eat, shivering, unconsciousness, loss of energy, fever, difficulty to breath or irregular breathing.</p> <p>Treatment will significantly increase the chances of survival of your child.</p> |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems   | Audience                      | Core Messages  |
|--------------------|----------|----------------------|--|-------------------------------|--|
|                    |          |                      |  | HDA's<br>(secondary)          | <p>These are the danger signs that threaten the life of the newborn but are treatable. If you notice any of these signs, seek treatment immediately. Shivering, body and/or eyes turning yellow, unconsciousness, refusal to breastfeed, difficulty to breath or irregular breathing, bleeding or infection around the umbilical cord, fever, coldness.</p> <p>Newborn illnesses that are traditionally known as mich, berd, likift, diarrhea, and so forth are signs of serious but treatable illnesses. They are not caused by leaving the house but by infections.</p> <p>These are the danger signs that threaten the life of the child but are treatable. If you notice any of these signs seek medical service immediately. Vomiting, refusal to eat, shivering, unconsciousness, loss of energy, fever, difficulty to breath or irregular breathing.</p> <p>Treatment will significantly increase the chances of survival of your child.</p> <p>Inform and educate about signs and symptoms of newborn and child illness and encourage parents to seek service immediately.</p> |
|                    |          |                      |  | HEW's<br>(secondary)          | <p>Inform and educate about signs and symptoms of newborn and child illness and encourage parents to seek service immediately.</p>   |
|                    |          |                      | Low male involvement. Mothers do not seek care because they have too much housework and because they cannot make decisions on household resources. | Husbands or partners/ fathers | <p>Caring for newborns and children is the responsibility of both parents.</p> <p>Support your wife or partner in seeking treatment services for your children by encouraging her, making resources available, and sharing household responsibility.</p>   |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems   | Audience  | Core Messages  |
|--------------------|----------|----------------------|--|---|--|
|                    |          |                      |  | Men 1-5 network (ADA)   | <p>Caring for newborns and children is the responsibility of both parents.</p> <p>Support your wife or partner in seeking treatment services for your children by encouraging her, making resources available, and sharing household responsibility.</p> <p>Promote men to support their wives to seek treatment for their children.</p> |
|                    |          |                      |  | Community elders (secondary)  | <p>Encourage fathers to be more involved in child care.</p> <p>Be role models for men in your community. (Do what is recommended for fathers yourselves.)</p>  |
|                    |          |                      |  | Women (secondary)   | <p>Involve and encourage your spouse or partner in child care.</p>   |
|                    |          |                      |  | Women's groups (secondary)  | <p>Initiate dialogue and encourage members to discuss the role of their husband or partner in child care.</p> <p>Work with DAs and Men Development Army to encourage the role of men in child care.</p>  |
|                    |          |                      | Service not promoted, which leads to a lack of information in households on service availability at health posts and health centers. | HEWs, HDAs, Health Workers, Kebele Administration, Woreda and Regional Health Offices | <p>Make sure your constituencies know about sick newborn and child health services and their effectiveness and that they are free (at the health post) or affordable (at the health center).</p>   |



| Behavioral Problem | Priority | Recommended Behavior | Communication Problems   | Audience   | Core Messages  |
|--------------------|----------|----------------------|--|--|--|
|                    |          |                      | Preference for care from traditional service providers         | Mothers, mother-in-laws, grandmothers                          | <p>Many traditional treatments have fatal risks.</p> <p>Newborn and child illnesses can be treated effectively at the health post and health center.</p> <p>Treatment at health posts is free, and treatment at health centers has affordable fees.</p> <p>Choose health posts and health centers for treatment of newborns and children.</p> <p>Encourage other parents and friends to seek treatment for newborn and child illnesses from health facilities rather than traditional healers.</p> |
|                    |          |                      |  | Spiritual leaders  | <p>God/Allah has given health professionals the power to treat illnesses. Encourage constituencies to seek services at health facilities for newborn and child health.</p> <p>Modern treatment and some spiritual healing practices are not contradictory and can be done concurrently. (Important to consider and exempt those practices that contradict, such as drinking Holy Water from unsafe water sources for newborns)</p>   |
|                    |          |                      |  | HEWs, Health Workers, command posts                            | Recognize/reward traditional and spiritual healers who promote services and refer clients to health facilities.  |
|                    |          |                      | Death of newborns considered highly likely and not preventable | Mothers, Fathers, Caregivers, Mother-in-Laws, and Grandmothers | <p>Most illnesses of newborns are preventable and treatable. Take your newborns to health facilities when you see danger signs.</p> <p>Newborns can be treated successfully even if they are little. Even premature babies and babies with low birth weight can receive treatment and thrive.</p>  |
|                    |          |                      |  | Religious leaders (secondary)                                  | <p>Most illnesses of newborns are preventable and treatable. Encourage parents to take newborns to health facilities when they see danger signs.</p> <p>Encourage families to seek treatment for newborns.</p>   |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems   | Audience   | Core Messages  |
|--------------------|----------|----------------------|--|--|--|
|                    |          |                      | Spiritual beliefs and restrictions (households link illnesses with supernatural factors)                     | Mothers, caregivers, fathers, mother in-laws                   | Newborn and child illnesses are preventable and treatable.   |
|                    |          |                      |  | Religious leaders  | <p>Delaying treatment for sick newborns and children can have fatal consequences. Health services are your partners in saving lives in your communities. Let us work together to improve lives.</p> <p>Encourage families to seek care for sick newborns and children.</p>   |
|                    |          |                      | Seclusion of mothers and newborns during the postpartum period   | Mothers, Fathers, Caregivers, Mother-in-Laws, and Grandmothers | <p>Mothers and newborns should stay in an adequately lit and ventilated room to enable observation of danger signs in newborns.</p> <p>Consult with HDAs or HEWs for any concerns you may have about your newborn's health.</p> <p>Allow health care providers to assess your newborn for danger signs.</p> <p>Getting out of the house during early postpartum will not make the mother or the newborn vulnerable to any problem (mich,evil eye, tila, berd, likift, etc.).</p> |
|                    |          |                      |  | Religious or spiritual leaders                                 | <p>Delaying treatment for sick newborns and children can have fatal consequences. Health services are your partners in saving lives in your communities. Let us work together to improve lives.</p> <p>Encourage families to seek care for sick newborns and children. Getting out of the house during early postpartum will not make the mother or the newborn vulnerable to any problem and is not against religious beliefs.</p>  |
|                    |          |                      | Influences of family members and peers to conform to traditional practices related to newborn and child care | Mother-in-laws, grandmothers, neighbors, friends, peers        | <p>Delaying treatment for sick newborns and children can have fatal consequences.</p> <p>Most illnesses of newborns are preventable and treatable. Take newborns to health facilities when you see danger signs.</p>   |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems  | Audience   | Core Messages   |
|--------------------|----------|----------------------|---|--|---|
|                    |          |                      | Lack of information about the benefits of healthy household practices | Mothers, Fathers, Caregivers, Mother-in-Laws, and Grandmothers | <p>Healthy household practices are critical to the health of your newborn and child. Do not bath your newborn for at least 24 hours after birth. Initiate breastfeeding as soon as possible, preferably within an hour after birth, and do not discard the colostrum. Exclusively breastfeed for the first 6 months. Do not apply anything to the umbilical cord unless prescribed by a doctor or a health professional. Watch the cord closely and make sure there is no bleeding or infection. Go to a health professional immediately if you notice bleeding, redness or infections around the umbilical cord. Do not perform other traditional practices such as uvulotomy, FGM and others. If you are in doubt about something, consult with a health professional.</p> <p>Ask for information from HDAs, HEWs, and HWs on optimal household health practices.</p> |
|                    |          |                      |   | HDAs (secondary)   | <p>Healthy household practices are critical to the health of your newborn and child. Do not bath your newborn for at least 24 hours after birth. Initiate breastfeeding as soon as possible, preferably within an hour after birth, and do not discard the colostrum. Exclusively breastfeed for the first 6 months. Do not apply anything to the umbilical cord unless prescribed by a doctor or a health professional. Watch the cord closely and make sure there is no bleeding or infection. Go to a health professional immediately if you notice bleeding, redness or infections around the umbilical cord. Do not perform other traditional practices such as uvulotomy, FGM and others. If you are in doubt about something, consult with a health professional.</p> <p>Promote healthy household practices for households in your catchment</p>                |
|                    |          |                      |   | HEWs (secondary)   | Promote healthy household practices for households  |
|                    |          |                      | Low support in the household  | Family members   | Help mothers with household chores so that they can take proper care of newborns and children.  |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems  | Audience  | Core Messages   |
|--------------------|----------|----------------------|---|---|---|
|                    |          |                      | Low male involvement to support the household   | Husbands or partners/ fathers   | Help mothers with household chores so that they can take proper care of newborns and children.  |
|                    |          |                      |   | Men 1-5 network (ADA)   | Help mothers with household chores so that they can take proper care of newborns and children.<br>Prompt men to support their wives and partners with household chores  |
|                    |          |                      |   | Religious leaders (secondary)   | Encourage fathers to be more involved in child care.  |
|                    |          |                      |   | Community elders (secondary)  | Encourage fathers to be more involved in child care.<br>Be role models for the men in your community.   |
|                    |          |                      |   | Women (secondary)   | Involve and encourage your spouse or partner in child care.   |
|                    |          |                      |   | Women's groups (secondary)  | Initiate dialogue and encourage members to discuss the role of their husbands or partners in child care.<br>Work with DAs and Men Development Army to encourage the role of men in child care.                            |
|                    |          |                      | More trust in harmful traditional home remedies and the influence of peers and elders | Mothers, fathers, caregivers, mother-in-laws, and grandmothers, neighbors, friends, peers | It is important to seek the advice of HEWs and/or HWs before applying home remedies.<br><br>Stick to the advice of HEWs and HWs for your newborn's or child's health. Ask a HW before applying traditional home remedies. |

| Behavioral Problem | Priority | Recommended Behavior  | Communication Problems   | Audience  | Core Messages   |
|--------------------|----------|---|--|---|---|
| Low PNC/INC        | High     | Improved quality of care for newborns and children and improved PNC/INC | HEWs/HWs not notified of birth in a timely manner                          | Fathers   | Notify the birth of your child immediately to the HEW or the HDA and demand PNC services.   |
|                    |          |   |  | HDA   | Notify HEWs about new births in your catchment immediately.   |
|                    |          |   |  | PHCU/HWs  | Notify HEWs about births in your health facility immediately.   |
|                    |          |   | PNC not prioritized by leadership at kebele and woreda levels              | Woreda and Kebele admins and health offices       | PNC is a critical intervention for maternal and newborn health. Ensure inclusion of PNC in your key health indicators list.   |
|                    |          |   |  | PHCU  | PNC is a critical intervention to maternal and newborn health. Ensure inclusion of PNC in your key health indicators list.<br><br>Make sure Kebele administrations and WoHOs include PNC in their key health indicators list. |
|                    |          |   | Unfavorable attitude of health providers towards women who deliver at home | HEWs  | Early PNC is important to save lives no matter where the birth took place, including at home. PNC is actually more important for home deliveries and can save newborns' lives.  |
|                    |          |   |  | HDA   | Demand that HEWs conduct PNC for mothers who deliver at home.   |
|                    |          |   |  | Health workers and Woreda Health Office staff     | Encourage HEWs to visit for PNCs even when births occur at home.  |
|                    |          |   | Not seeing the impact of doing PNC   | HEWs and other health workers                     | You can save many lives by providing early PNC services.<br><br>You can provide better and effective PNC services when you use existing standard job aids.  |
|                    |          |   | PNC services focus only on the mother                                      | HEWs  | PNC services cover both maternal and newborn health. Refer to the FHG and other job aids that you have to provide proper PNC services.  |
|                    |          |   | Mothers do not know the benefits of PNC                                    | Mothers, caregivers, mother-in-laws, grandmothers | PNC is important even if delivery is safe.<br><br>Early PNC can prevent the maternal, newborn and child illnesses and save your child.  |

| Behavioral Problem | Priority | Recommended Behavior | Communication Problems   | Audience   | Core Messages   |
|--------------------|----------|----------------------|--|--|---|
|                    |          |                      | Service not promoted well  | HEWs, HDAs and health workers                                  | Make sure your constituencies know about PNC services and their effectiveness.  |
|                    |          |                      | Seclusion  | Mothers (caregivers)   | Inform HDAs or family members to call HEWs and demand PNC services on days 1, 3, and 7 and at 6 weeks.<br>Allow health care providers to assess yourself and newborn.                             |
|                    |          |                      |  | Fathers, mother-in-laws and grandmothers                       | Demand that HEWs provide PNC services to the mother and newborn on days 1, 3, and 7 and at 6 weeks.   |
|                    |          |                      | Traditional/spiritual practices (e.g., Hamechisa, Holy Water)            | Mothers, fathers, caregivers, mother-in-laws, and grandmothers | PNC services are not contradictory to your religious beliefs. (Important to consider and exempt those practices that contradict, e.g. drinking Holy Water from unsafe water sources for newborns) |
|                    |          |                      |  | Religious or spiritual leaders                                 | Health services are your partners in saving lives in your communities. Let us work together to improve lives.<br>Encourage families to seek care for sick newborns and children.                  |
|                    |          |                      | Mothers who deliver at home are afraid of providing a birth notification | Mothers  | Even if you deliver at home, it is crucial that you and your baby receive PNC services. Do not be afraid to demand these services.  |
|                    |          |                      |  | Fathers  | Make sure your wife or partner and newborn receive PNC services, even if the baby is delivered at home.   |

| Behavioral Problem                                    | Priority | Recommended Behavior | Communication Problems                          | Audience  | Core Messages  |
|---|----------|----------------------|---|---|--|
| Poor integrated early childhood development practices | Medium   |                      | The benefit of availing services not understood | FMOH and RHBS   | <p>Conduct or facilitate the conduct of research around ECD to generate evidence about its impact.</p> <p>Integrate important ECD elements into the existing health extension program package and develop specific tools, implementation modalities and monitoring mechanisms at different levels (National, Regional, Zonal, Woreda, Kebele and Health Facility).</p> |
|   |          |                      |   | Donors and implementing partners, and other sectors (e.g., MoE, MoWA) | Support the integration and implementation of important ECD elements into existing health extension program package and develop specific tools, implementation modalities, and monitoring mechanisms at different levels (National, Regional, Zonal, Woreda, Kebele, and Health Facility).   |
|   |          |                      |   | Family members and HDAs   | Interventions (psychosocial, nutrition, etc.) during early childhood are very important for the child's mental development.  |

## Summary

Immunization is a key child health indicator, and it is crucial for decreasing rates of infant and child mortality. In Ethiopia, the basic child immunization protocol calls for protection against common vaccine-preventable diseases: tuberculosis, diphtheria, whooping cough (pertussis), tetanus, polio, and measles. Hepatitis B, Haemophilus influenzae type b (Hib), pneumococcal conjugate vaccine (PCV 13) and monovalent human rotavirus vaccine (RV1). To increase vaccination rates, recommended behaviors require support from mothers, fathers, and health workers.

### Priority Issues

- Service uptake (specifically related to vaccination coverage)
- Caregiver adherence to immunization schedule (affects vaccination coverage)
- Maternal tetanus vaccine uptake
- Recommended behaviors for prioritized issues
- Full vaccination of all children by nine months or under one year
- Pregnant and new mothers following the recommended schedule (including tetanus vaccination)
- Keeping immunization cards safe.

### Barriers

- Lack of knowledge about the benefits of vaccines for preventing diseases, the vaccination schedule and the need to return (especially for the tetanus vaccine)
- Misconceptions about immunization and fear of adverse effects (compounded by lack of information from health workers)
- Lack of support from fathers (linked with poor involvement of husbands or partners)
- Lack of commitment from political, religious and community leaders
- Poor IPC skills and application by HEWs and health workers
- Lack of proper card retention by caregivers

## Core Messages

### To Mothers, Fathers, and Caregivers

- Immunize your child because immunization protects children from several dangerous vaccine-preventable diseases
- Vaccines are safe and prevent several diseases.
- Fathers' support is vital to ensure his child's protection against vaccine-preventable diseases and associated illness, disability and death.



- If you have any questions, please ask the health professionals until all your concerns are addressed. Ask questions about what immunization is, the benefits and safety of vaccines, where and when immunization occurs, potential adverse effects following immunization and the importance of keeping the immunization card safe and bringing it along to the vaccination site.
- Make sure to understand, follow and complete the specific immunization schedule provided by the health worker. Complete vaccination is necessary to ensure that your child is protected against several dangerous diseases.

#### **To HEW and HDAs**

- Adhere to the GALIDRAA technique of communication. Explain to mothers, fathers and caregivers what immunization is, the benefits and safety of vaccines, the place and schedule of immunization, potential adverse effects following immunization and the importance of keeping the immunization card safe and bringing it along to the vaccination site. Explain to mothers, fathers and care givers the need for follow-up with vaccinations.

- Make sure that you communicate to mothers the benefits and safety of tetanus vaccines, the place and schedule of immunization, and the importance of keeping the immunization card safe.

#### **To Decision-Makers**

- The involvement of all stakeholders is vital to ensure that all children are fully immunized.

**Table 4:**

*Specific Core Messages per Audience for Communication Problems Related to Immunization*

| Behavioral Problem   | Priority | Recommended Behavior   | Communication Problems   | Audience                              | Core Messages  |
|--|----------|--|--|---------------------------------------|--|
| Caregivers do not bring their children for immunization, services uptake | High     | All children should be fully immunized by 9 months or under 1 year | Lack of knowledge about the benefits of vaccines for preventing diseases | Mothers, fathers, caregivers (family) | Immunize your children because immunization protects them from several dangerous vaccine-preventable diseases  |
|  |          |  | Misconceptions about immunization  | Mothers, fathers, caregivers (family) | Vaccines are safe, and they protect children from many vaccine-preventable diseases. Should you have any questions, please ask the health professionals until all your concerns are addressed.   |
|  |          |  | Lack of information from health workers                                  | Health workers, HEWs, HDAs            | Encourage mothers/caregivers to ask questions and communicate with them about what immunization is, the benefits and safety of vaccines, the place and schedule of immunization, potential adverse effects following immunization, and the importance of keeping the immunization card safe and bringing it to the vaccination site. |
|  |          |  | Lack of support from fathers   | Fathers, mothers                      | Fathers' support is vital to ensure their children's protection against vaccine-preventable diseases and associated illness, disability, and death.  |

| Behavioral Problem   | Priority | Recommended Behavior  | Communication Problems   | Audience                                | Core Messages  |
|--|----------|---|--|---|--|
| Caregivers do not let their children receive all recommended vaccines as per the immunization schedule (high dropout rate) | High     | All children should be fully immunized by 9 months or under 1 year                                  | Poor IPC skills and application by HEWs and HWs                        | HEWs, HWs                               | Adhere to GALIDRAA technique of communication. Explain to mothers, fathers, and caregivers what immunization is, the benefits and safety of vaccines, the place and schedule of immunization, potential adverse effects following immunization, and the importance of keeping the immunization card safe and bringing it to the vaccination site. Explain to mothers, fathers, and caregivers about the need for follow-up of vaccination. |
|  |          |   | Unaware of the schedule and the need to return                         | Mothers, fathers, caregivers (family)   | Make sure to understand, follow, and complete the specific immunization schedule provided by the HW. The completion of the vaccines is necessary to ensure that your child is protected against several dangerous diseases.  |
|  |          |   | Fear of adverse effects  | Mothers, fathers, caregivers (family)   | Vaccines are safe and the benefits of immunization outweigh the temporary adverse effects. The adverse effects can be managed.   |
|  |          |   | Poor involvement of husbands   | Fathers                                 | Fathers' support is vital for full immunization of children to ensure their protection against vaccine-preventable diseases and associated illness, disability, and death.   |
|  |          |   | Lack of proper card retention  | Mothers, caregivers                     | Make sure to keep your children's immunization cards safe, and do not forget to bring them to the facility for the next vaccination visit.   |
| Low maternal tetanus vaccine uptake  | High     | Pregnant women and new mothers to receive all the tetanus vaccinations per the recommended schedule | Lack of knowledge about the benefits and timing of the tetanus vaccine | Pregnant women, new mothers and fathers | Tetanus vaccination is safe, it can protect the coming baby from Neonatal Tetanus and it also gives you lifelong protection against tetanus.   |
|  |          |   | Lack of information from HEWs  | HEWs, HWs                               | Make sure that you communicate to mothers about the benefits and safety of tetanus vaccines, the place and schedule of immunization, and the importance of keeping the immunization card safe.   |

## Summary

Family planning has far-reaching implications for maternal health, adolescent and child health, nutrition and reproductive health. Women of reproductive age and their providers should aim to follow recommended actions to reduce unintended pregnancy, teenage pregnancy and unmet family planning needs.

### Priority Issues

- Unintended pregnancy
- Teenage pregnancy (13–19 years old)
- Unmet need for family planning among adolescents
- Unmet need for family planning among postpartum women
- Uptake of long-acting and permanent methods (LAPMs)

### Recommended Behaviors for Prioritized Issues

- Use family planning methods to avoid unintended pregnancy.
- Delay early pregnancy.
- Avoid unsafe sex among unmarried teens.
- Choose LAPMs as an option.
- Use postpartum contraceptives.

### Barriers

- Lack of awareness about the benefits of family planning and the different contraceptive methods available
- Negative attitude toward or misconceptions of family planning (such

- as belief that having more children brings more blessing)
- Low involvement of men in contraceptive utilization
- Low decision-making power of women
- Pressure from families and friends to give birth
- Lack of information about available methods and where to obtain them
- Lack of information or misinformation about side effects
- Lack of information or misinformation about use
- Poor counseling on all contraceptive methods and side effects
- Lack of knowledge about fertility
- Lack of open discussion with parents
- Lack of engagement of schools on providing info on SRH issues
- Provider's bias or judgmental attitude when teenagers seek family planning services
- Traditions that promote early marriage
- Lack of awareness about the benefits of LAPMs
- Misconceptions about LAPMs causing impotence and the fear of the procedure for using LAPMs
- Lack of service integration by service providers
- Traditions that prohibit women's mobility after birth
- Low perceived risk of pregnancy
- Lack of service integration by providers

## Core Messages

### To Women and Men of Reproductive Age

- Family planning utilization has health, social, and economic benefits. Birth control allows you to prevent pregnancy and plan the timing of a pregnancy.
- Different options are available (short acting, long acting, and permanent). For further information, seek family planning information and services in health facilities and select the one appropriate for you and your partner.
- Discuss openly and decide together with your partner how many children you want to have and when.
- Talk to your extended family openly to gain their support about your decision to space your children and plan when to have them.
- LAPMs are simple procedures performed by skilled health professionals. Trained health professionals can also remove any devices. Consult health workers in nearby health facilities for details on the procedures and side effects associated with LAPMs.
- LAPMs are the most effective methods for pregnancy prevention. Seek LAPM information and services in public health facilities for free.
- Seek information from health care providers about postpartum family planning (PPFP) methods and their side effects to make an informed decision

### To Men

- Family planning is not an issue for woman only. You have the responsibility to support your partner. You should attend family planning services together and together decide the method appropriate for both of you.
- Discuss family planning openly and decide together how many children you want to have and when.

### To Lactating Mothers

- Breastfeeding alone does not guarantee prevention of pregnancy.
- Breastfeeding is an effective family planning method only if the mother is not menstruating and is exclusively breastfeeding and the infant is less than six months.
- You may be at risk of becoming pregnant immediately after delivery. So, you must use PPFM to avoid pregnancy for at least two years.

### To Teenagers

- You can prevent unwanted pregnancy by using various family planning methods.
- Seek family planning information and services at all health facilities including private ones.
- You are at risk of early pregnancy, which can lead to school drop out, unsafe

abortion, fistula and family disapproval.

- Drug/alcohol abuse puts you at risk for unprotected sex, which can lead to unwanted pregnancy.
- Get the correct information from a reliable source, such as health facilities and youth clubs.
- Be assertive—your future is in your hands, not your friends' hands.

### For Health Extension Workers (HEWs)/Health Development Army Workers (HDAs)

- Always use the family health card as a reference when discussing family planning issues.
- Encourage male partners to participate in seeking family planning information and services.
- Provide information on SRH for students.

### To Service Providers

- Properly address all contraceptive methods, side effects and misconceptions during reproductive health education and counseling.
- Encourage male partners to participate in seeking family planning information and services.
- Adolescent have the right to get SRH services so do not be judgmental when providing them. Addressing adolescent SRH needs is investing in future mothers.

- Provide comprehensive information on LAPM options to couples.
- Provide comprehensive information on the PFP methods during the fourth ANC visit and after delivery.
- Encourage mothers who have recently given birth to be mobile and physically active, including leaving home for PNC and PFP.
- Integrate family planning counseling and services in other health services such as ANC, PNC, immunization, and treatment of sick children.

#### **For Family, Grandparents, and Mother-in-laws**

- Using family planning helps families to space their children and to care for them.
- Encourage couples to have children only when they are ready.
- Know that delaying the first pregnancy and spacing pregnancies protects the mother's and the baby's health.
- Discuss openly with your children their SRH needs.
- Encourage mothers who have recently given birth to be mobile and physically active, including leaving home for PNC and PFP.

#### **For Religious Leaders**

- Family planning utilization has health, social, and economic benefits. Encourage your congregation to limit the number of children that they have to a number they can afford to raise.
- Early marriage leads to health, social, and economic burdens. Discourage early marriage by disapproving such requests in your social network.
- Encourage mothers who have recently given birth to be mobile and physically active, including leaving home for PNC and PFP.

**Table 5:**

*Specific Core Messages per Audience for Communication Problems Related to Family Planning*

| Behavioral Problem                                 | Priority | Recommended Behavior                                    | Communication Problems   | Audience                             | Core Messages  |
|--|----------|---|--|--------------------------------------|--|
| Unintended pregnancy among reproductive age groups | High     | Use contraceptive methods to avoid unintended pregnancy | Lack of awareness about the benefits of FP and different contraceptive methods                             | Women and men of reproductive age    | <p>FP utilization has health, social, and economic benefits.</p> <p>Birth control allows preventing pregnancy and planning the timing of pregnancy.</p> <p>There are different options available (short acting, long acting, and permanent). For further information, seek FP information and services in health facilities and select the one appropriate for you and your partner.</p> |
|  |          |   |  | HDA's, HEW's (secondary audience)    | Always use FHC as a reference when discussing about FP issues  |
|  |          |   | Poor counseling on all contraceptive methods and side effects  | Health service providers             | Properly address about all contraceptive methods, side effects, and misconceptions during reproductive health education and counseling.  |
|  |          |   | Attitude towards FP (e.g., belief that having more children brings more blessing, misconceptions about FP) | Religious Leaders                    | <p>FP utilization has health, social, and economic benefits.</p> <p>Encourage your congregation to have only the number of children they can afford to raise.</p>  |
|  |          |   |  | Family (grandparents, mother-in-law) | Using FP helps families space their children and provide quality of care.  |

| Behavioral Problem                        | Priority  | Recommended Behavior | Communication Problems   | Audience                                      | Core Messages   |
|---|---|----------------------|--|---|---|
|   |   |                      | Low involvement of men in contraceptive utilization (e.g., FP considered to be a women's issue, masculinity associated with fertility) | Women and men of reproductive age             | FP is not a woman's issue only. It is your responsibility to support your partner and to get FP services together.              |
|   |   |                      |  | Health service providers (secondary audience) | Encourage male partners to participate in seeking FP information and services.  |
|   |   |                      | Low decision-making power of women   | Women and men of reproductive age             | Discuss FP openly and decide together how many children you want to have and when.  |
|   |   |                      | Pressure from families and friends to give birth   | Women and men of reproductive age             | Talk to your extended family openly to gain their support about your decision to space your children and when to have children. |
| Families and friends (secondary audience) | Encourage couples to have children only when they are ready. Know that delaying the first pregnancy and spacing pregnancies protect the mother's and the baby's health. |                      |  |   |   |



| Behavioral Problem   | Priority | Recommended Behavior   | Communication Problems   | Audience  | Core Messages  |
|--|----------|--|--|---|--|
| Teenage (15–19) pregnancy and high unmet needs among adolescents | High     | Delay early pregnancy, avoid premarital sex, delay underage marriage, avoid unsafe sex among unmarried teens | Knowledge gap about FP methods, the benefits of FP, and where the service is available | Teenagers                                       | You can prevent unwanted pregnancy by using various FP methods.<br><br>Seek FP information and services in all health facilities including private health facilities.  |
|  |          |  |  | Health care providers (secondary audience)      | Properly counsel about all contraceptive methods, potential side effects, and misconceptions   |
|  |          |  | Pressure from families and friends to give birth                                       | Families, friends, health care providers (HEWs) | Delaying the first pregnancy and spacing pregnancies protect the mother's and the baby's health.   |
|  |          |  | Lack of knowledge about fertility and its outcome and low risk perception              | Teenagers                                       | You are at risk of early pregnancy, which can lead to school drop out, unsafe abortion, fistula, and family disapproval.<br><br>Drug and alcohol abuse puts you at risk for unprotected sex, which can lead to unwanted pregnancy. |
|  |          |  | Lack of open discussion with parents   | Parents   | Discuss openly with your children about their sexual and reproductive health needs.  |
|  |          |  | Lack of engagement of schools in providing information on SRH issues                   | Schools, HEWs                                   | Provide comprehensive information on sexual and reproductive health for students.  |

| Behavioral Problem      | Priority | Recommended Behavior  | Communication Problems  | Audience                             | Core Messages  |
|-------------------------|----------|-----------------------|---|--------------------------------------|--|
|                         |          |                       | Provider's bias or being judgmental when teenagers seek FP service              | Health care providers                | Adolescents have the right to obtain sexual and reproductive health services. Do not be judgmental during service provision.<br><br>Addressing adolescents' sexual and reproductive health needs is investing in future mothers. |
|                         |          |                       | Peer pressure   | Teenagers                            | Get the correct information from reliable sources, such as health facilities and youth clubs.<br><br>Be assertive; your future is in your hands, not your friends' hands.  |
|                         |          |                       | Traditions that promote early marriage  | Religious leaders, community leaders | Early marriage leads to health, social, and economic burdens. Discourage early marriage by disapproving such requests in your social network.  |
| Low utilization of LAPM | High     | Use of LAPM as option | Lack of awareness about the benefits of LAPM and where the service is available | Women and men of reproductive age    | LAPM is the most effective method (in terms of preventing pregnancy and cost), with a high continuity rate.<br><br>Seek LAPM information and services in public health facilities for free.                                      |
|                         |          |                       | Poor counseling   | Health care providers                | Properly inform about all contraceptive methods, potential side effects, and misconceptions during reproductive health education and counseling.   |
|                         |          |                       | Fear of procedure   | Women and men of reproductive age    | LAPM is a simple procedure performed by skilled health professionals. The device can be removed by trained health professionals. Consult the health providers in a nearby health facility on LAPM procedures and side effects.   |

| Behavioral Problem                       | Priority | Recommended Behavior          | Communication Problems   | Audience                                   | Core Messages   |
|--|----------|-------------------------------|--|--|---|
| High unmet need (among postpartum women) | High     | Use postpartum contraceptives | Lack of information about available methods, how to use them, and their side effects | Women and men of reproductive age          | Seek information from health care providers about PPFM methods and their side effects to make an informed decision.   |
|  |          |                               |  | Health care providers (secondary audience) | Provide comprehensive information on the PPFM methods during visits for ANC, after delivery and during PNC.   |
|  |          |                               | Tradition that prohibits women's mobility after giving birth                         | Mothers and mother-in-laws                 | Encourage mothers who recently gave birth to be mobile and physically active, including leaving home for PNC and PPFM.  |
|  |          |                               | Low perceived risk of pregnancy  | Lactating mothers                          | Breastfeeding alone does not guarantee the prevention of pregnancy. Breastfeeding is an effective FP method only if the mother is not menstruating and is exclusively breastfeeding and the infant is less than 6 months.<br><br>You may be at risk of becoming pregnant immediately after delivery. So, you must use PPFM to avoid pregnancy for at least 2 years. |
|  |          |                               | Lack of service integration by service providers                                     | Health care service providers              | Provide FP counseling and service to mothers and their partners after delivery.   |

## Summary

Nutrition and feeding practices for infants and young children provide critical information used to assess the health status of infants, children, adolescents, woman and families across Ethiopia. Key indicators used by the demographic and health survey (DHS) to measure nutritional status include pregnant women, new mothers, husbands, mother-in-laws, and health workers in the community.

### Priority Issues

- Maternal nutrition during pregnancy
- Initiation of complementary feeding
- Early initiation of breastfeeding and the importance of colostrum
- Dietary diversity for children 6–24 months
- Feeding of sick children
- Adolescent girls' nutrition

### Recommended Behaviors for Prioritized Issues

- Start breastfeeding within one hour after birth.
- Do not discard the colostrum; give it to the newborn.
- Diversify baby food: animal source, vegetables. Four food groups: three to five meals a day
- Diversify diet four times a day, take Iron Folate once a day
- Husbands, provide access to household resources for mothers to buy nutrient-rich foods
- After six months, start complementary feeding

- Provide appropriate feeding during sickness
- Provide a healthy balanced diet to all members of the family

### Barriers

- Misconceptions about the effects certain foods have on the fetus
- Misconception of colostrum as dirty and used for cleaning purposes
- Lack of awareness by family members about the benefits of colostrum
- Perception that breast milk is adequate and/or the perception that the baby is thirsty and breast milk does not satisfy the child
- Lack of knowledge of proper positioning and attachment
- Prelacteal feeding used for cleaning of the infant's bowel
- Perception that solid foods will choke baby
- Low knowledge about dietary diversity among fathers, reluctance to support increased budget and the perception of proper nutrition as an inappropriate use of family resources
- Need for health care providers to focus on integrating nutrition into services, with less focus on early initiation at the facility level
- Lack of patience and the belief that feeding a sick child will aggravate problems
- Low knowledge about the quantity, frequency and consistency of foods for sick child

- Belief that sick children do not need special food and should eat normal family food
- Lack of knowledge and skills on how to prepare complementary foods
- Poor or no knowledge about special dietary needs of adolescent girls
- Incorrect perception that some foods are harmful to adolescent girls
- Early marriage and teenage pregnancy
- Lack of availability of some food items in the market, such as meat, at times, for instance, during fasting seasons

## Core Messages

### **To Pregnant Women, Husbands, Partners, and Mother-in-laws**

- Consuming nutritious food (meat, egg, fruits, vegetables) during pregnancy benefits both the fetus and the mother. A pregnant woman should eat at least three meals and one additional meal daily to get adequate nutrition.
- Pregnant woman should take iron folate for at least three months to prevent anemia.
- A family should keep and use food items such as eggs, milk, chickens, vegetables, and fruits produced by the household to diversify the food for pregnant women. Households should buy diverse nutritious foods for their meals. Some food items such as meat can be preserved by drying (quanta).

- Colostrum is naturally thick and yellow in color. Feeding colostrum to the newborn is the first immunization; it helps a child cleanse his or her bowel and fight infections. Breastfeeding within the hour after birth facilitates expulsion of the placenta and reduces bleeding for the mother.
- To breastfeed adequately, hold the baby properly, draw the child towards you, keep eye contact and sit comfortably. Make sure the infant's lips are opened widely; the chin must touch the breast, and both lips should be turned outward.
- After six months, a child needs to start eating solid foods in addition to breast milk.
- A child's digestive system is ready to start eating small amounts of soft and mashed foods at six months. If fed correctly, the child will not choke.
- Prepare the child's food using cereals, animal source foods, vegetables, oil and an age-appropriate amount of iodized salt. If animal source food is not available, use legumes.
- Preserve food items that are specially prepared for the household during holiday events to be used to diversify the child complementary food.
- A child needs diverse nutritious food items to remain healthy and to grow.
- Active and responsive feeding helps a child

recover from illness quickly.

- Consult a health care provider, who can give advice on giving small frequent portions of nutrient-dense foods to a sick child to enable a fast recovery
- The husband or partner should support the mother in other household activities so that she will have more time to take care of a child's needs (such as feeding the child)
- The husband or partner must support feeding of the child by providing money, keeping food produced by the household and purchasing additional nutritious foods that fulfill the child's needs for growth and health.

### **To HEWs/HDAs**

- Health workers (skilled birth attendants) must support the mother immediately after birth to initiate early breastfeeding and feeding of colostrum within one hour of birth.
- Integrate maternal nutrition messages during ANC visits. Make sure that you have provided iron folate to the pregnant woman.

### **To Adolescent Girls and to Teachers**

- For a growing girl, all healthy animal source foods are helpful.
- Eat a variety of foods, particularly animal products and iron-rich foods.
- Discourage marriage proposals or arrangements involving adolescent girls.

**Table 6:**

*Specific Core Messages per Audience for Communication Problems Related to Nutrition*

| Behavioral problem                       | Priority | Recommended Behavior   | Communication Problems  | Audience  | Core Messages   |
|--|----------|--|---|---|---|
| Poor maternal nutrition during pregnancy | High     | Diverse diet with meals four times a day, take IFA once a day, access to household resources for mothers to buy nutrient foods | Pregnancy perceived as normal                                     | Pregnant women, husbands or partners and mother-in-laws   | Additional nutritious food (meat, eggs, fruits, vegetables) during pregnancy benefit both the fetus and the mother. A pregnant woman should eat at least three meals and one additional meal daily to get adequate nutrition. Pregnant women should take iron folate supplements for at least 3 months to prevent anemia. |
|  |          |  | Perception that certain foods have a negative impact on the fetus | Pregnant mothers, husbands or partners and mother-in-laws | Eating diverse foods, such as meat, eggs, fruits, and vegetables and avoiding alcohol will make the pregnant woman strong and will not make the delivery difficult. These actions also help the child to have an appropriate weight.  |
|  |          |  | Inappropriate use of family resource                              | Husbands (primary), pregnant women (secondary) PM         | Family should keep and use food items such as eggs, milk, chickens, vegetables, and fruits produced by the household to diversify the food for the pregnant woman. Households should buy nutritious food for diversifying their meals. Some food items such as meat can be preserved by drying ( quanta).                 |
|  |          |  | Less of focus by health care providers                            | Midwives, nurses, doctors, and HEWs                       | Integrate maternal nutrition messages during ANC visits. Make sure that you have provided iron folate to the pregnant woman.  |

| Behavioral problem                  | Priority | Recommended Behavior                              | Communication Problems  | Audience   | Core Messages   |
|-------------------------------------|----------|---|---|--|---|
| Initiation of complementary feeding | High     | After (at) 6 months, start complementary feeding  | Poor hygiene practices (Thinking babies' feces are free from bacteria)                          | Family members   | Ensure that mothers prepare homemade washable diapers for proper disposal of infant feces.  |
|                                     |          |   | Perception that a baby will choke on solid foods  | Parents (mothers, fathers and mother-in-laws)                                  | A child's digestive system is ready for small amounts of soft mashed foods at 6 months, and such food will not cause choking.   |
|                                     |          |   | Lack of support from family members inhibits a mother from taking care of babies                | Husbands (primary) mother-in-laws (secondary)                                  | Husbands and partners should support the pregnant woman in other household activities so she will have more time to take care of her child's needs (e.g., feeding the child).                           |
|                                     |          |   | Perception that breast milk is adequate   | Mothers, fathers and grandmothers  | After 6 months, a child needs to eat solid foods in addition to breast milk.  |
| Discarding colostrum                | High     | Do not discard colostrum, give it to baby/newborn | Misconception that colostrum is not clean (Yellowish) and often used for a cleaning the nipples | Mothers, Traditional Birth Attendants (TBA), grandmothers, and other relatives | Colostrum is thick, and the yellow color is natural.  |
|                                     |          |   | Lack of awareness by family members on the benefit of colostrums                                | Mothers, TBA, grandmothers, and other relatives                                | Feeding colostrum is the first immunization. It helps the child empty his or her bowel and fight infections, and it facilitates expulsion of the placenta and reduces or stops bleeding for the mother. |

| Behavioral problem                         | Priority | Recommended Behavior  | Communication Problems  | Audience   | Core Messages   |
|--|----------|---|---|--|---|
|  |          |   | Less focus on early initiation at facility level by health care providers                         | Midwives, nurses, health officers (HOs) and HEWs | Health providers (skilled birth attendants) must support the mother immediately after birth to initiate breastfeeding within 1 hour of birth.   |
| Dietary diversity for children 6–24 months | High     | Diversify baby food/ animal source/ vegetables/ (four food groups), three to five meals a day | Husbands/ fathers have low knowledge on dietary diversity and the need to support it by budgeting | Fathers (primary) and grandmothers (secondary)   | The husband or partner must support feeding of the child by providing money, keeping food produced by the household, and purchasing additional nutritious food that fulfills the child's needs for growth and health. |
|  |          |   | Do not believe that sick children need special food beyond normal family food                     | Mothers, fathers, and grandmothers               | The child needs special food and diverse nutritious food items to remain healthy and to grow.   |
|  |          |   | Some food items like meat are not available all the time.   | Family members                                   | Preserve food items that are specially prepared for the household during holiday events for use in diversifying the child's complementary food.   |
|  |          |   | Lack of knowledge and skills on how to prepare complementary foods.                               | Mothers, fathers, HWs/ HEWs, and grandmothers    | Prepare the child's food using cereals, animal source foods, vegetables, oil, and iodized salt (using an age-appropriate proportion). If animal source food is not available, use legumes.                            |



| Behavioral problem                    | Priority | Recommended Behavior                          | Communication Problems   | Audience                           | Core Messages   |
|---------------------------------------|----------|---|--|------------------------------------|---|
| Low exclusive breastfeeding practices | High     | Exclusive breastfeeding                       | Lack of proper positioning and attachment                                      | Mothers (primary), HWs (secondary) | For the child to breastfeed adequately, hold the baby properly, draw the child towards you, keep eye contact, and sit comfortably. Make sure the infant's lips are opened widely; the chin must touch the breast, and both lips should be turned outward. |
|                                       |          |   | Perception that baby is thirsty and breast milk does not satisfy the child     | Mothers, grandmothers, and TBAs    | The breast milk has two parts (foremilk and hindmilk). The foremilk is watery and helps the child satisfy his or her thirst. The hindmilk provides an adequate supply of nutrients that supports the child's growth.                                      |
| Low early initiation of breastfeeding | High     | Start breastfeeding within 1 hour after birth | Prelacteal feeding for cleaning of bowel                                       | Mothers, TBA, and grandmothers     | Intake of anything other than breast milk before starting breastfeeding exposes the child to different kinds of infection.  |
| Sick child feeding                    | Medium   | Provide appropriate feeding during sickness   | Feeding child will aggravate problems  | Mothers, grandparents, husband     | Feeding nutritious food will help a sick child recover quickly.   |
|                                       |          | Lack of patience for feeding sick child       | Mothers, grandparents, husband   | Mothers, grandparents, husband     | Active and responsive feeding helps in the fast recovery of your child from illness.  |
|                                       |          |   | Low knowledge of quantity, frequency and consistency of foods for a sick child | HCP                                | HCPs advise frequent feeding of small amounts of nutrient-dense foods for sick children to enhance fast recovery.   |

| Behavioral problem          | Priority                     | Recommended Behavior                             | Communication Problems   | Audience  | Core Messages  |
|-----------------------------|------------------------------|--|--|---|--|
| Adolescent girls' nutrition | High (but no local evidence) | Provide a healthy diet                           | Poor or no knowledge for the special dietary needs of adolescent girls | Adolescent girls, mothers, fathers, teachers, and health care providers | Eat a variety of foods, particularly animal products and iron-rich foods.  |
|                             |                              | Include animal source foods in adolescent's diet | Incorrect perception that some foods are harmful to adolescent girls   | Adolescent girls, mothers, fathers, and grandparents                    | For a growing girl, all healthy animal source foods are helpful.   |
|                             |                              | Delay teenage pregnancy                          | Engaged in early marriage or teenage pregnancy                         | Adolescent girls, mothers, fathers, and communities                     | Say no to any marriage proposal or arrangement.<br>Avoid early marriage or provide family planning service to teenagers. |



