

**Training for Mother to Mother Support Groups**



**Mother-to Mother Support groups Training**

Basic Information	
<b>Training name</b>	<b>Mother-to Mother Support groups Training</b>
<b>Funded by</b>	UNICEF
<b>Implemented by</b>	ISDP
<b>Training facilitators:</b>	<b>Halima Abdullahi Warsame</b>

<b>Type of training</b>	<b>Mother-to Mother Support groups Training</b>
<b>Target group/s:</b>	supported mother baby areas in Bosaso IDPs
<b>Number of participants:</b>	15 participants.
<b>Days of the Training</b>	2Days

## Introduction

Malnutrition is an underlying cause of high mortality rates among children below the age of five years in Somalia. It also has a devastating effect on their health, development and normal body functions, with vitamin A and iron deficiencies common among children under five and women of reproductive age. As chronic and acute malnutrition, as well as micronutrient deficiencies, are associated with poor infant and young child feeding (IYCF) practices, promoting and supporting recommended IYCF and IYCN practices are the key to positively changing the nutrition status of many Somali children. In view of the above situation, ISDP training to mothers to mother support groups selected mother baby areas in Bosaso IDPs. Equipping mothers with skills related to IYCF practices can reduce malnutrition if proper mobilization of IYCF is done at community level. Ministry of Health and ISDP conducted a

mother to mother support group (MTMSG) training for 15 mothers. The training was officially opened by MOH regional nutrition coordinator Farhia Osman.

## Objectives

- ✓ By the end of the training participants should be able to understand appropriate practices of IYCF.

## Material used

- ✓ Key messages booklets
- ✓ Chairs to sit to the participants
- ✓ Pens and note books
- ✓ Flip charts and mark pens
- ✓ Mask and hand sanitizers
- ✓ Gloves

## Methodology

- ✓ Discuss
- ✓ Group work
- ✓ Presentation as lecture
- ✓ Brain storm
- ✓ Role play

### **Training norms**

- ✓ Switched of mobile or silent
- ✓ Punctuality
- ✓ Good participation
- ✓ No side meeting
- ✓ No movements

### **Participants profile :**

ISDP conducted this training for 15 mother to mother support groups to support IYCF activities in the community and contribute to community mobilization based on community

### **Day1 training**

Agreed the recap of every morning to done before beginning the lessons. Groups of the participants/learners were also established on day1 and they have discussed the following topics and presented their ideas using wall chats, flip char papers that were fixed on the front wall

Participants and facilitators discussed beliefs and myths that affect breastfeeding practices, Participants said they believed in the following:

- ✓ Colostrums should be discarded because it is not good for the newborn baby
- ✓ Mother who is pregnant should not breastfeed
- ✓ Breast-milk is not enough to meet a baby's needs
- ✓ Every baby needs water
- ✓ Do not start breastfeeding until the breasts have milk.
- ✓
- ✓ Babies who are given formula grow faster, are fatter and healthier than breastfed babies.
- ✓ Babies need more than breast milk especially if they cry a lot
- ✓ A sick baby should not be breastfed.
- ✓ Breastfeeding would cause breasts to sag
- ✓ Once breastfeeding is stopped, breastfeeding cannot be started again.

### **Day2**

We made a brainstorming session on early initiation of breastfeeding. Participants were able to learn that early initiation of breastfeeding helps expel the placenta and reduce bleeding. They also learnt that first milk (colostrums) is the baby's first immunization and it contains everything the baby needs. During the brainstorming some participants expressed the belief that a baby cannot live without water for six months. They later came to appreciate that breast-milk contains enough water for infants from 0 to 6 months old and that the earlier you put the child to the breast, the faster the milk comes. They also learnt the benefits of skin to skin for babies immediately after bath especially for low birth and premature babies.

The lessons were started with a brainstorming session on good positioning and attachment during breastfeeding. A demonstration of good positioning and attachment techniques was conducted using dolls.

Participants practiced correct positioning and attachment with dolls. We discussed the fact that breast size of a woman's breast can not affect how much milk is available for the baby. Participants also learnt that the amount of milk produced can be increased through proper positioning and attachment, frequency breastfeeding and by the mother eating and drinking healthy foods. The benefits of exclusive breastfeeding for both the baby and mother were explained. Babies are healthier and are sick very rarely and mothers also benefit by preventing pregnancies. Prevention of pregnancy through exclusive breastfeeding is achieved through delaying ovulation and menstruation during the first 6 months after giving birth. Participants also learned that Mothers who do exclusive breastfeeding are less likely to die in childbirth, Mothers are less likely to miscarry, and their newborns are less likely to die, be underweight, or be born early.

We asked the participants to describe how a mother would express milk. After discussions of their descriptions the following points were presented.

- ✓ Express as much as you can as often as your baby would breastfeed. This should be at least every three hours, including during the night.
- ✓ If you express only a few times, or if there are long intervals between expressions, you may not be able to make enough milk. To keep up your milk supply to feed a sick baby, express at least every three hours.
- ✓ To build up your milk supply, if it seems to be decreasing after a few weeks, express very often for a few days (every two hours or even every hour), and at least every three hours during the night.
- ✓ To leave milk for a baby while you are out at work, express as much as possible before you go to work, to leave for the baby. It is also very important to express while at work to help keep up your supply. To relieve symptoms, such as engorgement, or leaking at work, express only as much as is necessary

We explained that although breastfeeding is common in Somalia, almost all babies take other foods and liquids in addition to breast-milk during the first 6 months. Feeding of foods and other liquids, it is very dangerous for the baby's health and is a cause of sickness and malnutrition. Babies should not be given any other foods or liquids before the age of 6 months. Almost every mother can exclusively breastfeed successfully, which is why proper positioning and attachment are so important.

Later, Participants were encouraged to share their experiences with the class. The experiences of participants were then discussed and benefits were derived from each. An example of note was an experience shared by a participant who we will call Fatimo for privacy. Fatimo had a first baby who is now one year old. She said that when the baby was born, she fed her goat milk and water with sugar. Fatimo continued by saying that her baby was always sick. Fatimo expressed her sadness and said that this training has helped her

understand the benefits of exclusive breastfeeding and was thankful for the training. Last day After covered all lessons reporting tools, post test and action plan was done.

### Annex Pre & post Assessment

No	Question	Aggregated Pre Test Results %	Aggregated post Test Results %
1	Poor child feeding during the first 2 years of life harms growth and brain development.	40%	90%
2	An infant aged 6 up to 9 months needs to eat at least 2 times a day in addition to breastfeeding.	20%	79%
3	A pregnant woman needs to eat 1 more meal per day than usual.	52	90%
4	At 4 months, infants need water and other drinks in addition to breast milk.	23%	80%
5	A woman who is malnourished can still produce enough good quality breast milk for her baby.	30%	81%
6	Correct information alone on how to feed her child changes mother's practice.	50%	100%
7	The mother of a sick child older than 6 months should wait until her child is healthy before giving him/her solid foods	49%	90%
8	The more milk a baby removes from the breast, the more breast milk the mother makes.	52%	99%
9	When complementary feeding starts at six months, the first food a baby takes should have the texture or thickness/consistency of breast milk so that the young baby can swallow it easily.	41%	87%
10	During the first six months, a baby living in a hot climate needs water in addition to breast milk.	61%	100%
11	A young child (aged 6 up to 9 months) should not be given animal foods such as fish and meat.	55%	100%
12	Breast milk substitutes should not be allowed under any circumstances during an emergency even if infants are artificially fed before the emergency.	65%	99%
13	Solid foods should provide greater proportion of total nutrient requirement for a child aged 6 to 12 month than breast milk	61%	100%

14	A mother living with HIV should never breastfeed.	48%	91%
<b>Average</b>			

**Annex:Photos**



